

PE10-005

GM

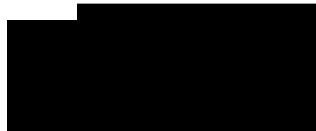
4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT



Service Request Detail

SR No. 71-800390906	Ref No.	Goodwill	No Goodwill Offered	BRC Type	PAR
Account	Site	GW SubType		Sus. Unit	BRC
Last Name	First Name Francisco	Approval	Not Initiated	Area	PAR
Daytime #	Evening #	UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address	City McAllen	Involved Dir	CS Auto, Ltd	Safety	Yes
State TX ZipCd	Con Acct	Source	Phone	Updated	2/8/2010 04:48:31 PM
Serial #VIN 1G1AL58FX87	Model Year 2008	Priority	Medium License # CHEVROL	Owner	SANCHERI
Make Chevrolet	Warr. Start 12/25/2007	Status	Open	Opened	2/3/2010 08:31:44 PM
Model Cobalt	Mileage 15721	Sub-Status	Dissatisfied	Closed	
Abstract Brake and steering failure					
Customer Description	***This is a BRC PAR Case. Please do not assume. Forward any inquiries to Rita Sanchez at ext.31227 ***				

Pre-PAR

PAR Number	Incident Date/Time	Injuries #	Other Veh.	# People In Veh.	Road Surface	Road Cond	Fire Report	Police Report
Owner	2/3/2010 08:30:23 PM	N	0	1	Asphalt	Wet	na	unknown
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		57	11/17/1971	na				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
unknown	unknown		State Farm					
Incident Loc	Well road 495 McAllen TX	Incident Desc	I was driving and when i go extremely left, the car lost the power steering, the steering wheel wasn't reacting and then i tried to press the brake, nothing happend. the veh went to the side walk. I got damage at the bottom on the engine. The veh went by itself.					
Component	Steering, brakes	Damage Desc	Bottom of the Engine is damaged					
Vehicle Loc	South Texas Pontiac GMC	Add'l Info	cust sts there is a insurance claim but i cant remember the name and number to the insurance company					
Emgcy Svc Names	McAllen Police Department	Maint Loc	na					

PAR Detail

Collision	Y	Non Collision	Property Damage	N	Thermal Evt	N	Spec Equip	na
Vehicle Speed	40	Weather Condition	raining	Prop Owner	na	Property Type	na	
Last Service Date		Loc Last Service		Property Location	na	Prop Est Repair Cost	\$0.00	
Veh Est Repair Cost	\$1,100.00	Spec Equip Installer	na	Prop Damage Description	na			
Primary Veh Use	Personal	Inspection Type	Steering and Suspension Sys	Inspected By	Inspection Not Performed	Inspection Date/Time		
Veh Damage Description	undercarriage, transmission cover, rims body damage			Explains Other	Brakes sending this to ESIS			

Service Request Detail

Activities

Created On	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 04:46:36 PM	MARTIRAM	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		ESIS - Insurance Involvement

Contact Last Name	Contact First Name	Account	BAC Code

Comments

State Farm, Claim # Unknown, Claim Rep Unknown, Phone # Unknown, claim made and pending.

Ramiro/PARIATX

Confidential Comments

Created On	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 02:17:19 PM	SANCHERI	SANCHERI	Scheduled Follow-up	Scheduled Alarm			to esis pick up

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created On	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 11:07:53 AM	SANCHERI	MARTIRAM	Notify CRM		Done	2/8/2010 06:07:20 PM	Esis Insurance

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/5/2010 04:13:18 PM	MARTIRAM	SANCHER	Notify CRM		Done	2/8/2010 11:07:42 AM	rejected

Contact Last Name	Contact First Name	Account	BAC Code

Comments
Please update customer address

Ramiro/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 04:27:59 PM	SANCHER	SANCHER	Scheduled Follow-up		Done	2/8/2010 02:17:17 PM	to esls pick up

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 04:27:30 PM	SANCHER	MARTIRAM	Notify CRM		Done	2/5/2010 04:11:50 PM	Esls Insurance

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 04:15:46 PM	SANCHER	SANCHER	Ownership Changed	Ownership Escalated to BRC	Done	2/4/2010 04:15:46 PM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:50:14 AM	MARTIRAM	SANCHER	Ownership Changed		Done	2/4/2010 09:50:14 AM	Service Request Ownership has changed FROM: SAVELLMA TO: SANCHER

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:50:03 AM	MARTIRAM	SANCHER	BRC PAR	Initial Contact- Phone	Done	2/4/2010 04:16:14 PM	called

Contact Last Name	Contact First Name	Account	BAC Code

Comments

cust st: I was driving and when I go extremely left, the car lost power steering, the steering wheel wasn't reacting and then I tried to press the brake, nothing happened, the veh went to the side walk. I got damage at the bottom on the vehicle. The veh went by itself. I contacted the insurance and they provided me an estimate of 1100.00, I have paid the deductible and they are going to be doing repairs. I was not injured

crs st: I understand and I am glad that you were not injured and I will be getting this over central claims department and they will contact you within 7-10 business days

cust st: ok thanks

rita sanchez/ATX/PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:50:02 AM	MARTIRAM	SANCHER	BRC PAR	Initial Contact- Dealer	Done	2/4/2010 04:24:23 PM	called CS Auto, Ltd

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Spoke with: Service Manager - Ramiro Quintanilla

CRS adv: Calling on regards to an claim that was called in by an cust by the names of [REDACTED]. They have an 2008 cobalt-. Calling to make dir aware of allegation and checking to see what dir knows of allegation brakes and steering

Dir st: the vehicle is here, and the concern on that was the steering

CRS Adv: Due to the allegation file will be forwarded to ESIS and will be incontact with cust on this concern.

Rita Sanchez/ATX/PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:49:59 AM	MARTIRAM	SANCHER	BRC PAR	Initial Contact-AVM	Done	2/4/2010 04:27:26 PM	called Sosa Manuel Manny 972075 8110

Contact Last Name	Contact First Name	Account	BAC Code

Comments

This is Rita Sanchez calling from gm par dept.

Customer:

Service Request: 71-800390906

Vehicle Information: 2008 Cobalt

Last 8 of the VIN: 81

Involved Dealership: South Texas Buick, Pontiac-GMC

Nature of allegation: steering concern and brake

CRS adv if you have any additional information pertaining to customer or vehicle please contact me at 1-866-790-5600 X 31227 If not then this is an FYI to let you know what is going on in your district.

Rita Sanchez/ATX/PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:48:51 AM	MARTIRAM	SANCHER	BRC PAR	Acknowledgement	Done	2/4/2010 04:02:23 PM	called

Contact Last Name	Contact First Name	Account	BAC Code

Comments

See Initial Contact

Rita Sanchez/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:48:47 AM	MARTIRAM	SANCHER	Notify CRM		Done	2/4/2010 04:01:29 PM	file assigned

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:49:43 AM	MARTIRAM	SANCHER	Research		Done	2/4/2010 04:01:25 PM	Research VIN 1G1AL58FX87
Contact Last Name	Contact First Name	Account	BAC Code				

Comments
CRS Performed VIN Scan
GMVIS - Found No Open Recalls

VIN: - Found No Duplicate File

SVC History: No Service History Related to Allegation

Rita Sanchez/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:49:25 AM	MARTIRAM	SANCHER	BRC PAR		Case Assigned	Done	2/4/2010 04:00:34 PM
Contact Last Name	Contact First Name	Account	BAC Code				file assigned To Rita Sanchez ext 31227

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:49:19 AM	MARTIRAM	SAVELLMA	SR Opened		Done	2/4/2010 09:49:19 AM	SR in Status of Closed has been Re-Opened by MARTIRAM
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/4/2010 09:49:17 AM	MARTIRAM	SAVELLMA	SR Closed - Dissatisfied		Done	2/4/2010 09:49:18 AM	Service Request has been Closed Dissatisfied.

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 08:51:00 PM	SAVELLMA	SAVELLMA	Scheduled Follow-up		Done	2/4/2010 09:49:03 AM	F/U on case

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 08:49:39 PM	SAVELLMA	MARTIRAM	Escalation	Initiate PAR	Done	2/4/2010 09:49:13 AM	Assigning activity to PAR QUEUE

Contact Last Name	Contact First Name	Account	BAC Code

Comments

CRS advised that a person from the PAR Department will contact the customer within 2 business days

cust was unable to provide any more info b/c he is currently speaking w/ a police officer when crs called back.

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 08:47:12 PM	SAVELLMA	SAVELLMA	Outbound Call Customer	Made Contact	Done	2/3/2010 08:48:38 PM	
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

cust sts: would like to get more info regarding the incident

cust sts: fm with a police officer right now and we're discussing a report. I'll be the one to call back

crs acknowledged

Mary.cac t1.mla Lvl 0. ext 42890

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 08:32:08 PM	SAVELLMA	SAVELLMA	Inbound Call Customer	Complex Request	Done	2/3/2010 08:50:58 PM	Alleged product allegation - COLLISION
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

cust sts: I want to report the problem that I have with the veh. If I go extremely left, the car loose the power steering, the steering wheel wasn't reacting and then I tried to press the brake, nothing happend, the veh went to the side walk. I got damage at the bottom on the engine. The veh went by itself. It will not go back to where I want to go. This is the first time that this has happened. I have called my insurance and their tow truck is on it's way here

cust sts: file complaint

crs adv: Have documented all info provided

cust sts: They're here. Will just call back

crs acknowledged

Mary.cac t1.mla Lvl 0. ext 42890

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Power - Lack of Inoperative	Steering - General Brakes - General

GM Vehicle Inquiry System Summary

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN :	1G1AL58FX87
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VEHICLE INFORMATION

Merchandising Model :	1AL69 -2008 COBALT 4-DOOR LT SEDAN		Warranty Start Date :		12/25/2007		
BARS Order Type :	50 - FLEET						
Delivering Dealer :	WALDEN FLEET GROUP, INC. 6 SYLVAN WAY PARSIPPANY , NJ 07054-3826			Selling Source :		13 - CHEVROLET	
				Site Code :		04681	
				Business Associate Code :		111571	
Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Type	Number	Description	Posted Date	Status
EI	08224	2.0L, 2.2L, 2.4L ENGINE OIL LEAK - REF. TSB 08-06-01-017.	07/18/2008	See Bulletin

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	12/25/2007	10 miles	12/25/2010	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	12/25/2007	10 miles	12/25/2013	100010 miles
60/100000 POWERTRAIN COVERAGE LIMITED WARRANTY	12/25/2007	10 miles	12/25/2012	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	12/25/2007	10 miles	12/25/2015	80010 miles
36/36000 FEDERAL EMISSION	12/25/2007	10 miles	12/25/2010	36010 miles

2/9/2010

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
12/11/2009		#	C6150 - HANDLE, SEAT ADJUSTER - REPLACE	14710 miles
11/10/2009		#	C6005 - FRONT SEAT ADJUSTER REPLACEMENT	14064 miles
04/01/2009		#	C0382 - REAR SIDE DOOR WINDOW REGULATOR REPLACEMENT - RIGHT SIDE	10169 miles
12/24/2007		I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System Claim History

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN :	1G1AL58FX87 [REDACTED]
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CLAIM HISTORY

Repair Order Date :		12/11/2009		Repair Order Number :		219421		Odometer Reading :		14710 miles	
Serviced By :		SOUTH TEXAS BUICK, PONTIAC-GMC 4220 W EXPRESSWAY 83 MC ALLEN, TX 78502-2525 (956) 687-5286				Selling Source :		11 - BUICK			
						Site Code :		45636			
						Business Associate Code :		218034			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
12/18/2009	67	01	#	C6150 - HANDLE, SEAT ADJUSTER - REPLACE		10386832 - HANDLE		B	N/A	\$ 47.94	Y

Repair Order Date :		11/10/2009		Repair Order Number :		218395		Odometer Reading :		14064 miles	
Serviced By :		SOUTH TEXAS BUICK, PONTIAC-GMC 4220 W EXPRESSWAY 83 MC ALLEN, TX 78502-2525 (956) 687-5286				Selling Source :		11 - BUICK			
						Site Code :		45636			
						Business Associate Code :		218034			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
11/17/2009	58	01	#	C6005 - FRONT SEAT ADJUSTER REPLACEMENT		15911972 - ADJUSTER		N/A	N/A	\$ 262.41	N

Repair Order Date :		04/01/2009		Repair Order Number :		211140		Odometer Reading :		10169 miles	
Serviced By :		SOUTH TEXAS BUICK, PONTIAC-GMC 4220 W EXPRESSWAY 83 MC ALLEN, TX 78502-2525 (956) 687-5286				Selling Source :		11 - BUICK			
						Site Code :		45636			
						Business Associate Code :		218034			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part	Auth Code	Person Code	Line Total	Comments	
				C0382 - REAR SIDE DOOR WINDOW		15906996 -					

04/07/2009	993	01	#	REGULATOR REPLACEMENT - RIGHT SIDE	REGULATOR	N/A	N/A	\$ 185.51	N
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Repair Order Date :		12/24/2007		Repair Order Number :		A09159		Odometer Reading :		0 miles	
Serviced By :	AVIS RENT A CAR 6 SYLVAN WAY PARSIPPANY, NJ 07054-3826					Selling Source :		13 - CHEVROLET			
						Site Code :		99022			
						Business Associate Code :		126374			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
12/28/2007	860	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 81.35	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System Vehicle Build

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN	1G1AL58FX87 [REDACTED]
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VEHICLE BUILD

Merchandising Model :	1AL69 -2008 COBALT 4-DOOR LT SEDAN		
Gross Vehicle Weight Rating :	1713 kg (3777 lb)	Order Number :	MMQVDJ
Build Date :	12/24/2007	Build Plant :	187A

GMVIS is not the definitive source of GM Vehicle RPO information and is intended for service reference only. Should there be any questions about the vehicle's original build or RPO information please refer to the original vehicle invoice or window sticker.

OPTION CODES

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AL0 - SENSOR INDICATOR INFLATABLE RESTRAINT, FRT PASS/CHILD PRESENCE DETECTOR
AR9 - DELUXE FRONT BUCKET SEAT	ASF - HEAD CURTAIN SIDE AIRBAGS, FRONT/REAR
AT8 - RESTRAINT PROVISIONS CHILD, RR SEAT, RR FACING	AU0 - REMOTE KEYLESS ENTRY
AU3 - POWER DOOR LOCKS W/REMOTE KEYLESS ENTRY	BQ2 - AVIS BUDGET CAR RENTAL, LLC
B34 - FLOOR MATS, FRONT/REAR	B35 - REAR FLOOR MATS
B8M - GM PRODUCTION WEEK #01	B84 - BODY COLOR, BODYSIDE MOLDINGS
C67 - ELECT. FRONT AIR CONDITIONER	DG7 - BODY COLOR POWER MIRRORS
DT4 - ASHTRAY AND LIGHTER	D36 - MIRROR I/S R/V TILT
FE1 - SUSPENSION SYSTEM-SOFT RIDE	FE9 - FEDERAL EMISSIONS
FLT - FLEET PROCESSING OPTION	FY1 - TRANS/AXLE 3.63 RATIO
IPC - INTERIOR TRIM DESIGN	J41 - BRAKE, FRONT DISC/REAR DRUM
K34 - CRUISE CONTROL	K64 - 115 AMP GENERATOR
LOD - ASSEMBLY PLANT - LORDSTOWN, OHIO	L61 - 2.2L DOHC 4 CYL ENGINE
MN5 - 4 SPEED AUTO TRANSMISSION	MX0 - TRANSMISSION, 4 SPD AUTOMATIC
NT7 - FEDERAL EMISSION TIER 2	N45 - 3 SPOKE STEERING WHEEL
PG1 - 15" STEEL WHEEL	QTU - P195/60R15 TOURING BW TIRES
R6F - IDENTIFY B-CODE USERS	R9N - PROCESSING CODE - SEAT

T43 - REAR SPOILER	UQ4 - BASE SPEAKER SYSTEM
US8 - AM/FM STEREO, CD PLAYER & MP3 FORMAT	U2J - DELETE XM SATELLITE RADIO AM/FM STEREO, CD PLAYER (REPLACES STD/OPT RADIO)
VN9 - DAILY RENTAL REPURCHASE PROGRAM	VT7 - OWNERS MANUAL ENGLISH
V2G - FULL FUEL FILL CREDIT	V73 - STATEMENT OF VEHICLE CERT.- U.S. /CANADA
ILT - ILT BASE PACKAGE	ISZ - OPTION PACKAGE DISCOUNT
14C - GRAY	14I - GRAY
50U - SUMMIT WHITE	6AR - FRONT SPRING
7AR - FRONT SPRING	8AA - REAR SPRING
9AA - REAR SPRING	

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PE10-005

GM

4/14/2010

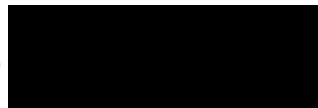
ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT

6



Service Request Detail

SR No.	71-800988121	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address		City	Leesburg	Involved Dir		Safety	Yes
State	FL	Con Acct		Source	Phone	Updated	2/8/2010 04:43:22 PM
Serial #/VIN	1G1AK55F477	Model Year	2007	Priority	Medium	License #	
Make	Chevrolet	Warr. Start	02/09/2007	Status	Open	Owner	KINZERTH
Model	Cobalt	Mileage	54000	Sub-Status	Satisfied	Opened	2/5/2010 12:14:16 PM
Abstract	Steering System - Collision w/injuries					Closed	
Customer Description	This is a BRC-PAR case / do not assume / forward all inquiries to Thaddeus Kinzer x41039						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	Other Veh	People In Veh	Road Surface	Road Cond	Fire Report	Police Report
Driver	9/9/2009 06:37:00 PM	Y	0	1	Asphalt	Wet	N/A	Unknown
Driver Last Name		Driver First Name		Height	DOB	Disabilities		
				5'10"	6/13/1980	None		
Insurance Agent Last Name		Insurance Agent First Name		Phone #		Insurance Agency		
Glass	Harry			(352) 357-4186		State Farm		
Incident Loc	Along Emerald Island Rd	Incident Desc	While driving about 40-50mi then slowing down I was taking the corner. Don't know if it was the tires or the powersteering but the car just started jerking left and right and I let go and pulled to right and I put my hands on it and it ran into a pole. The front car hit into a pole					
Component	Power steering	Damage Desc	Front Left side was completely totalled.					
Vehicle Loc	With the Insurance Company	Add'l Info	n/a					
Emergency Svc Names	Florida Highway Patrol	Maint Loc	At Home sometimes and had it twice at Tuffy Shop					

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	None
Vehicle Speed	50	Weather Condition	road wet from earlier rain	Prop Owner	n/a	Property Type	n/a	Prop Est Repair Cost	\$0.00
Last Service Date		Loc Last Service		Property Location	n/a	Inspection Date/Time			
Veh Est Repair Cost	\$12,000.00	Spec Equip Installer	n/a	Prop Damage Description	n/a				
Primary Veh Use	Personal	Inspection Type	Steering and Suspension Sys	Inspected By	Inspection Not Performed				
Veh Damage Description	front end crushed in	Explain Other	file forwarded to ESIS						

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Vehicle	Phone	Seating Pos	Restraint Type
		06/13/90	Occupant of Owner's Vehicle			Driver	Seatbelt
Injury Description		Medical Ref	Treatment Location	Treated By			
From the Airbag I had Burns across the forearms		Unknown	Leesburg Regional Hospital	Dr. Rivera			
Street Address		City	State	Zip Code			
		Leesburg	FL				

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 04:43:24 PM	MARTIRAM	ESISBIQU	Escalation	ESIS - Injuries	In Progress		ESIS - Injuries
Contact Last Name	Contact First Name	Account	BAC Code				
Comments							
Injuries - James Landrum - From the Airbag I had Burns across the forearms							

Ramiro/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 10:38:21 AM	KINZERTH	KINZERTH	Scheduled Follow-up	Scheduled Alarm			ESIS
Contact Last Name	Contact First Name	Account	BAC Code				
Comments							

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 10:37:47 AM	KINZERTH	MARTIRAM	Notify CRM		Done	2/8/2010 04:42:37 PM	ESIS - Injuries
Contact Last Name	Contact First Name	Account	BAC Code				

Customer claims collision due to steering system failure
Customer did receive medical treatment for injuries

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 10:13:23 AM	KINZERTH	KINZERTH	Ownership Changed	Ownership Escalated to BRC	Done	2/8/2010 10:13:23 AM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:51:31 AM	MARTIRAM	KINZERTH	Ownership Changed		Done	2/8/2010 09:51:31 AM	Service Request Ownership has changed FROM: PACETEEL TO: KINZERTH

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:48:48 AM	MARTIRAM	KINZERTH	BRC PAR	Initial Contact- AVM	Done	2/8/2010 10:37:44 AM	DVM Name Bruce Christianson

Contact Last Name	Contact First Name	Account	BAC Code

The request number is 71-800985121
The customer's name is
The vehicle is a (year / make / model) 2007 Chevrolet Cobalt
The last 8 of the VIN are 77
The concern involved is Customer claims collision due to steering failure

Thaddeus Kinzen/PA/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:48:45 AM	MARTIRAM	KINZERTH	BRC PAR	Initial Contact- Dealer	Done	2/8/2010 10:34:39 AM	Called (352) 343-2400

Contact Last Name	Contact First Name	Account	BAC Code

Spoke with [REDACTED] svc mgr at Vann Gannaway Chevrolet

- * Dealer states vehicle was in the dealer body shop due to the accident in Sept '09 before being totaled by the insurance company
- * Vehicle had previously been into the dealer body shop in June '09 for a front end collision for which repairs were done, no notes on RO indicate there was a steering concern at the time however
- * Under a previous owner the vehicle was repaired at the dealership for a steering concern in Sept '08 - BCM was replaced at that time
- * No other repairs appear to be related to concern

Thaddeus Kinzer/PARI/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:48:40 AM	MARTIRAM	KINZERTH	BRC PAR	Initial Contact- Phone	Done	2/8/2010 10:17:28 AM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Spoke with customer [REDACTED]

- * Customer claims collision due to steering system failure
- * Verified pre-par and completed per detail interview
- * Customer states he was going around a turn when the front of the vehicle pulled and steering system did not respond correctly, resulting in a collision with a pole - customer did receive medical treatment for injuries
- * Vehicle has been totaled by customer's insurance company
- * Advised customer that file would be forwarded to ESIS
- * Provided contact information

Thaddeus Kinzer/PARI/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:48:35 AM	MARTIRAM	KINZERTH	BRC PAR	Acknowledgement	Done	2/8/2010 10:07:55 AM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Initial completed during acknowledgment

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:48:22 AM	MARTIRAM	KINZERTH	Notify CRM		Done	2/8/2010 09:55:55 AM	File Assigned

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:48:17 AM	MARTIRAM	KINZERTH	Research		Done	2/8/2010 09:57:05 AM	Research VIN

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Open Recalls:

09226 FUEL ODOR OR SPOTTING ON GROUND - REPLACE FUEL PUMP MODULE

Related Repairs:None

Previous SRs:None

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:47:54 AM	MARTIRAM	KINZERTH	BRC PAR	Case Assigned	Done	2/8/2010 09:56:02 AM	Assigned to Thaddeus Kinzer x41039

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:47:41 AM	MARTIRAM	PACETEEL	SR Opened		Done	2/8/2010 09:47:41 AM	SR in Status of Closed has been Re-Opened by MARTIRAM

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 09:47:38 AM	MARTIRAM	PACETEEL	SR Closed - Dissatisfied		Done	2/8/2010 09:47:38 AM	Service Request has been Closed Dissatisfied.

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/5/2010 12:43:44 PM	PACETEEL	MARTIRAM	Escalation	Initiate PAR	Done	2/8/2010 09:47:32 AM	Assigning activity to PAR QUEUE

Contact Last Name	Contact First Name	Account	BAC Code
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Received and assigned in PAR.
Ramro MATX/Workflow Par

Comments
CRS advised that a person from the PAR Department will contact the customer within 2 business days

Elaine Pacete/CAC T1/MLA/LVL 0 ext 33079

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub Type	Status	Completed	Description
2/5/2010 12:14:37 PM	PACETEEL	PACETEEL	Inbound Call Customer	Complex Request	Done	2/5/2010 12:45:07 PM	Loss Control and had an accident

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Cust SIs:

- I have a Chevrolet Cobalt 2007
- I would like to ask on the Powersteering Recall
- The insurance covered it but I wanted info on this
- I went into an accident and had Minor Burns
- I was driving down the road and I totally loss control
- I wanted to know if this has something to do with the recall

Cust Sks:

- Recall on the powersteering

CRS Advised:

-GM is cooperating with NHTSA in its preliminary evaluation of power steering in the 2005-2009 Chevrolet Cobalt. A Preliminary Evaluation is the first step in an investigation.

-NHTSA will send questions that we will answer, then the Preliminary Evaluation will either be closed or advanced to an Engineering Analysis, which is the second stage of an investigation

-Will create a PAR Form

-Gave the file #

-CRS advised that a person from the PAR Department will contact the customer within 2 business days

Elaine Pacete/CAC T1/MLA/LVL 0 ext 33079

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Pulls	Steering - General

GM Vehicle Inquiry System Summary

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN :	1G1AK55F477
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VEHICLE INFORMATION

Merchandising Model :	1AK69 -2007 COBALT 4-DOOR LS SEDAN				Warranty Start Date :		02/09/2007	
BARS Order Type :	50 - FLEET							
Delivering Dealer :	HIGGINBOTHAM CHEVROLET- CADILLAC, LLC PO BOX 609 DELAND , FL 32721-0609 (386) 734-2661				Selling Source :		13 - CHEVROLET	
					Site Code :		26452	
					Business Associate Code :		224595	
Service Contract :	Yes	Branded Title :	Yes	Warranty Block :	Yes	PDI Status :	Paid	

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
RC	09226	FUEL ODOR OR SPOTTING ON GROUND - REPLACE FUEL PUMP MODULE	01/27/2010	Open

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	02/09/2007	10 miles	02/09/2010	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	02/09/2007	10 miles	02/09/2013	100010 miles
39/39000 GM CERTIFIED USED LIMITED WARRANTY	02/09/2007	10 miles	05/09/2010	39010 miles
60/100000 POWERTRAIN COVERAGE LIMITED WARRANTY	02/09/2007	10 miles	02/09/2012	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	02/09/2007	10 miles	02/09/2015	80010 miles

2/9/2010

36/36000 FEDERAL EMISSION

02/09/2007

10 miles

02/09/2010

36010 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
09/19/2008		#	N4800 - BODY CONTROL MODULE REPLACEMENT	35898 miles
08/01/2008		#	R0943 - RADIO FRONT SIDE DOOR SPEAKER REPLACEMENT - LEFT SIDE	35109 miles
02/08/2007		I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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2/9/2010

GM Vehicle Inquiry System

Claim History

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN :	1G1AK55F477
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CLAIM HISTORY

Repair Order Date :		09/19/2008		Repair Order Number :		081677		Odometer Reading :		35898 miles	
Serviced By :		VANN GANNAWAY CHEVROLET, INC. PO BOX 9 EUSTIS, FL 32727-0009 (352) 343-2400				Selling Source :			13 - CHEVROLET		
						Site Code :			26207		
						Business Associate Code :			114710		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
09/26/2008	938	01	#	N4800 - BODY CONTROL MODULE REPLACEMENT		25910845 - MODULE		N/A	N/A	\$ 291.98	N

Repair Order Date :		08/01/2008		Repair Order Number :		080074		Odometer Reading :		35109 miles	
Serviced By :	VANN GANNAWAY CHEVROLET, INC. PO BOX 9 EUSTIS, FL 32727-0009 (352) 343-2400					Selling Source :		13 - CHEVROLET			
						Site Code :		26207			
						Business Associate Code :		114710			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
08/08/2008	924	01	#	R0943 - RADIO FRONT SIDE DOOR SPEAKER REPLACEMENT - LEFT SIDE		15220244 - SPEAKER		N/A	N/A	\$ 64.39	N

Repair Order Date :		02/08/2007		Repair Order Number :		A79830		Odometer Reading :		0 miles	
Serviced By :	HIGGINBOTHAM CHEVROLET-CADILLAC, LLC PO BOX 609 DELAND, FL 32721-0609 (386) 734-2661					Selling Source :		13 - CHEVROLET			
						Site Code :		26452			
						Business Associate Code :		224595			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments

02/13/2007	769	01	1	Z7000 - PRE- DELIVERY INSPECTION - BASE TIME	N/A	N/A	N/A	\$ 100.36	N
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CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System Vehicle Build

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN	1G1AK55F47 [REDACTED]
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VEHICLE BUILD

Merchandising Model :	1AK69 -2007 COBALT 4-DOOR LS SEDAN		
Gross Vehicle Weight Rating :	1705 kg (3760 lb)	Order Number :	KQQJHD
Build Date :	02/08/2007	Build Plant :	177A

GMVIS is not the definitive source of GM Vehicle RPO information and is intended for service reference only. Should there be any questions about the vehicle's original build or RPO information please refer to the original vehicle invoice or window sticker.

OPTION CODES

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AL0 - SENSOR INDICATOR INFLATABLE RESTRAINT, FRT PASS/CHILD PRESENCE DETECTOR
AR9 - DELUXE FRONT BUCKET SEAT	AT8 - RESTRAINT PROVISIONS CHILD, RR SEAT, RR FACING
B9G - GM PRODUCTION WEEK #07	CIU - ENTERPRISE RENT A CAR
C67 - ELECT. FRONT AIR CONDITIONER	DC8 - MIRROR, O/S MANUAL FLDG, BLK
D36 - MIRROR I/S R/V TILT	FE1 - SUSPENSION SYSTEM-SOFT RIDE
FE9 - FEDERAL EMISSIONS	FLT - FLEET PROCESSING OPTION
FY1 - TRANS/AXLE 3.63 RATIO	IPB - INTERIOR TRIM DESIGN
J41 - BRAKE, FRONT DISC/REAR DRUM	K64 - 115 AMP GENERATOR
LOD - ASSEMBLY PLANT - LORDSTOWN,OHIO	L61 - ENGINE, 2.2L DOHC 4V ECOTEC
MN5 - 4 SPEED AUTO TRANSMISSION	MX0 - TRANSMISSION, 4 SPD AUTOMATIC
NT7 - FEDERAL EMISSION TIER 2	N45 - 3 SPOKE STEERING WHEEL
PG1 - 15" STEEL WHEEL	QTU - P195/60R15 TOURING BW TIRES
R6F - IDENTIFY B-CODE USERS	R6K
R6P - PREMIUM PAINT	R9N - HEATED LEATHER APPOINTED FRONT BUCKET SEATS
R9X - XM TRACKING CODE	UQ4 - BASE SPEAKER SYSTEM
U1C - AM/FM STEREO, CD PLAYER	VQ2 - FLEET ORDERING AND ASSISTANCE
VT7 - OWNERS MANUAL ENGLISH	VX7 - LONG TERM DAILY RENTAL PROGRAM

V2G - FULL FUEL FILL CREDIT	V73 - STATEMENT OF VEHICLE CERT.- U.S. /CANADA
1LS - 1LS BASE PACKAGE	1SZ - OPTION PACKAGE DISCOUNT
52B - NEUTRAL	52I - GRAY
6AR - FRONT SPRING	7AR - FRONT SPRING
8AA - REAR SPRING	9AA - REAR SPRING
95U - ULTRA SILVER METALLIC	

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PE10-005

GM

4/14/2010

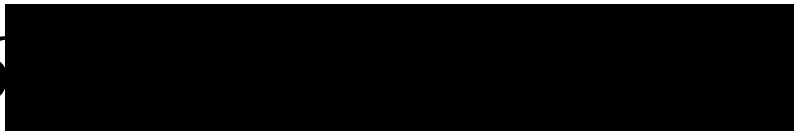
ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT

6



- 01



Nationwide®
On Your Side™

110 Elwood Davis Rd. * North Syracuse, NY 13212 **

VIA CERTIFIED MAIL

January 11, 2007

General Motors Corporation
300 Renaissance Center
Mail Code 482-C20-D71
Detroit, MI 48265-3000

RECEIVED
JAN 17 2007
ESIS-GM CLAIMS UNIT

OUR INSURED: [REDACTED]

OUR CLAIM NUMBER: [REDACTED]

DATE OF LOSS: 12-01-2006

VEHICLE: 2006 Chevrolet Cobalt

VIN: 1G1AK15F167 [REDACTED]

TYPE OF LOSS: Collision

INJURIES: none

PRODUCT DEFECT ALLEGATION: Vehicle engine shuts off when steering column being adjusted

INCIDENT DESCRIPTION: Vehicle shut off while Insured adjusting steering column, caused insd to lose control and strike curb.

Please be advised that Nationwide is the insurance carrier for the above-named insured, who sustained collision damage to his automobile on the above date of loss. Our preliminary investigation reveals that this collision may have resulted from a defect in the automobile, therefore we are placing you on notice of a potential claim against you, as well as providing you with the opportunity to inspect the vehicle.

Please contact the undersigned within the next 10 business days to advise regarding inspection of the vehicle.

Thank you for your prompt attention to this matter.

Nationwide General Insurance Company
Lynn Koenck
Claims Department
(315)453-3384

NOTICE - Section 817.234, Florida Statutes, provides in part: "Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

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ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Nancy Johnson
Claims Administrator

January 19, 2007

Nationwide Insurance
110 Elwood Davis Rd.
N. Syracuse, NY 113212

Lynn Koenck:

RE: Claimant: [REDACTED]
 Our File No.: 627500
 Our Client: General Motors Corporation
 Date/Event: 12/01/06
 Subject vehicle: 2006 Chevrolet Cobalt
 VIN: 1G1AK15F167 [REDACTED]

Dear Ms. Koenck:

We are the third-party administrators on behalf of General Motors Corporation for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to General Motors concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

1. Please provide a copy of your expert report and color copies of photos taken by your expert. Please do not send originals, as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.
6. Advise as to any after-market equipment that may have been installed on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.

5

7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your proof of payment (cancelled checks). If this was a total loss, please submit a salvage **estimate** and your total loss work sheet.
11. Advise of any injuries.

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

Nancy Johnson
Claims Administrator

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Deborah.Diehr@gm.com
ESIS/GM Product Liability Unit

June 15, 2007

Ms. Lynn Koenck, Claim Representative
Nationwide Insurance Company
110 Elwood Davis Rd
N. Syracuse, NY 13212

Re:	File Number:	627500 (your file#7709W1911521201200601)
	Date of Event:	12-1-06
	Claimant:	[REDACTED]
	Client/Account:	General Motors

Dear Ms. Koenck:

This letter serves, as a reminder that in order to give this claim proper consideration, the information requested in our letter dated 1-19-07 is still needed. If I do not hear from you within the next 30 days, I will assume that you are no longer interested in pursuing a claim against General Motors on behalf of your insured and I will close my file accordingly.

If you have any questions, please call me at 313.665.3384 or 800.888.0164 Monday through Friday between 8:00 am and 4:30 pm.

Sincerely,

Deborah Diehr for Nancy Johnson
Claim Administrator

PE10-005

GM

4/14/2010

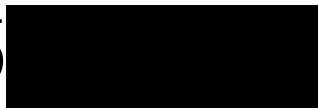
ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT

6



Service Request Detail

SR No. 71-718410003	Ref No.	Goodwill No Goodwill Offered	BRC Type PAR
Account	Site	GW SubType	Bus. Unit BRC
Last Name	First Name	Approval Not Initiated	Area PAR
Daytime #	Evening #	UCC Steering - General	Sub-Area Initiate PAR- Coll ision
Address	City Fort Worth	Involved Dir	Safety Yes
State TX ZipCd	Con Acct	Source Phone	Updated 7/23/2009 12:28: 31 PM
Serial #/VIN 1G1AL55F677	Model Year 2007	Priority Medium License # CHEVROL	Owner OGLESBIM
Make Chevrolet	Warr. Start 08/13/2007	Status Open	Opened 4/13/2009 01:29: 30 PM
Model Cobalt	Mileage 62000	Sub-Status Dissatisfied	Closed
Abstract 07 Cobalt-Steering malfunction			
Customer Description This is a BRC PAR Case. Do not assume. Forward any inquiries to Michelle Oglesby at ex. 31394.			

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	3/31/2009 04:00:00 PM	Y	0	2	Asphalt	Dry	n/a	n/a
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		5'2"	6/22/1968	none				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
Williams	Gary	(205) 803-8226	Infinity Insurance					
Incident Loc	I-35, Denton, TX				Incident Desc	I was driving home when the vehicle started to pull to the side. I tried to turn the steering wheel back, but it would not respond and my vehicle hit a concrete barrier with the back end. The vehicle spun around and hit the concrete median in the front end before coming to a stop.		
Component	Steering system, airbags did not deploy				Damage Desc	Whole front end is smashed. Damage to back end as well. Vehicle is totaled.		
Vehicle Loc	Insurance company took posession of the vehicle				Add'l Info			
Emgcy Svc Names	n/a				Maint Loc	VANDERGRIF CHEVROLET		

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	None
Vehicle Speed	55	Weather Condition	dry	Prop Owner	n/a	Property Type	n/a	Prop Est Repair Cost	
Last Service Date		Loc Last Service		Property Location	n/a	Prop Damage Description	n/a	Inspection Date/Time	
Veh Est Repair Cost	\$0.00	Spec Equip Installer	n/a	Prop Damage Description	n/a	Inspected By	Inspection Not Performed		
Primary Veh Use	Personal	Inspection Type	Steering and Suspension Sys	Inspected By	Inspection Not Performed	Inspection Date/Time			
Veh Damage Description	Whole front end is smashed. Damage to back end as well. Vehicle is totaled.			Explain Other	n/a				

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Driver	Seatbelt
Injury Description			Medical Rpt#		Treatment Location	Treated By
minor bruises			n/a		Did not seek treatment	Did not seek treatment
Street Address			City	State	Zip Code	
			Fort Worth	TX		

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/23/2009 04:15:03 PM	AMSTUTST	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		assigned to ESIS

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Insurance Involvement

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/23/2009 03:14:12 PM	KINZERTH	AMSTUTST	Notify CRM		Done	7/23/2009 04:15:01 PM	ESIS - Insurance Involvement

Contact Last Name	Contact First Name	Account	BAC Code
	Anna		

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/23/2009 12:33:19 PM	OGLESBMI	OGLESBMI	Scheduled Follow-up		Scheduled Alarm		Anna Castro—Check for ESIS pickup

Contact Last Name	Contact First Name	Account	BAC Code

Comments

PLEASE DO NOT ADVISE THE CUSTOMER OF THIS SCHEDULED ACTIVITY. FORWARD ANY QUESTIONS TO OCRS.

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/23/2009 12:32:19 PM	OGLESBMI	KINZERTH	BRC PAR	ESIS- Insurance Involvement	Done	7/23/2009 03:14:11 PM	Escalating to ESIS, Insurance company seeking subrogation
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Insurance company called seeking subrogation since they totaled the vehicle. Escalating to ESIS.

Michelle Oglesby/ATX/PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/23/2009 12:28:38 PM	OGLESBMI	OGLESBMI	Inbound Call Third Party	Service Request Update	Done	7/23/2009 12:32:17 PM	Agent Gary Williams from Infinity Insurance called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

TP sts: I am with the insurance company for this customer, and I am calling seeking to subrogate this claim. My company totaled the vehicle on the file and took possession of it.

Mailing address:
Infinity Insurance
P.O. Box 830807
Birmingham, AL 35283

CRS confirmed the Pre-PAR and PAR detail info with agent.

CRS adv: I will go ahead and escalate this case to ESIS since you are seeking subrogation. They will be in touch with you within 7-10 business days. If you haven't heard from them in ten business days from today, go ahead and give me a call and I can look up the new claim info and get you in touch with that office.

Michelle Oglesby/ATX/PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/23/2009 12:21:35 PM	OGLESBMI	OGLESBMI	SR Opened		Done	7/23/2009 12:21:35 PM	SR in Status of Closed has been Re-Opened by OGLESBMI
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Summary
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GM Vehicle Inquiry System

Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN :	1G1AL55F677 [REDACTED]
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VEHICLE INFORMATION

Merchandising Model :	1AL69 -2007 COBALT 4-DOOR LT SEDAN	Warranty Start Date :	08/13/2007
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	VANDERGRIFF CHEVROLET PO BOX 180189 ARLINGTON, TX 76096-0189 (817) 557-1200	Selling Source :	13 - CHEVROLET
		Site Code :	07327
		Business Associate Code :	159198
Service Contract :	No	Branded Title :	Yes
Warranty Block :	Yes	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Type	Number	Description	Posted Date	Status
EI	09110	SIR/AIRBAG LIGHT ILLUMINATED, DTC B0081 SET(REF. TSB 09-09-41-003)	05/05/2009	See Bulletin

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	08/13/2007	5 miles	08/13/2010	36005 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	08/13/2007	5 miles	08/13/2013	100005 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	08/13/2007	5 miles	08/13/2015	80005 miles
60/100000 POWERTRAIN COVERAGE LIMITED WARRANTY	08/13/2007	5 miles	08/13/2012	100005 miles
36/36000 FEDERAL EMISSION	08/13/2007	5 miles	08/13/2010	36005 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
05/24/2007	[REDACTED]	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System

Claim History

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VIN :	1G1AL55F677
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CLAIM HISTORY

Repair Order Date :		05/24/2007		Repair Order Number :		A63225		Odometer Reading :		0 miles	
Serviced By :	VANDERGRIFF CHEVROLET PO BOX 180189 ARLINGTON, TX 76096-0189 (817) 557-1200					Selling Source :		13 - CHEVROLET			
						Site Code :		07327			
						Business Associate Code :		159198			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
05/29/2007	799	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 105.73	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System

Vehicle Build

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VIN	1G1AL55F677 [REDACTED]
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VEHICLE BUILD

Merchandising Model :	1AL69 - 2007 COBALT 4-DOOR LT SEDAN		
Gross Vehicle Weight Rating :	1713 kg (3777 lb)	Order Number :	KXWM9Q
Build Date :	05/24/2007	Build Plant :	177A

GMVIS is not the definitive source of GM Vehicle RPO information and is intended for service reference only. Should there be any questions about the vehicle's original build or RPO information please refer to the original vehicle invoice or window sticker.

OPTION CODES

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AL0 - SENSOR INDICATOR INFLATABLE RESTRAINT, FRT PASS/CHILD PRESENCE DETECTOR
AP3 - REMOTE VEHICLE START	AR9 - DELUXE FRONT BUCKET SEAT
AT8 - RESTRAINT PROVISIONS CHILD, RR SEAT, RR FACING	AU3 - POWER DOOR LOCKS W/REMOTE KEYLESS ENTRY
B34 - FLOOR MATS, FRONT/REAR	B35 - REAR FLOOR MATS
B84 - BODY COLOR, BODYSIDE MOLDINGS	C67 - ELECT. FRONT AIR CONDITIONER
DG7 - BODY COLOR POWER MIRRORS	D36 - MIRROR I/S R/V TILT
FE1 - SUSPENSION SYSTEM-SOFT RIDE	FE9 - FEDERAL EMISSIONS
FY1 - TRANS/AXLE 3.63 RATIO	IPC - INTERIOR TRIM DESIGN
J41 - BRAKE, FRONT DISC/REAR DRUM	K34 - CRUISE CONTROL
K64 - 115 AMP GENERATOR	LOD - ASSEMBLY PLANT - LORDSTOWN, OHIO
L61 - ENGINE, 2.2L DOHC 4V ECOTEC	MN5 - 4 SPEED AUTO TRANSMISSION
MX0 - TRANSMISSION, 4 SPD AUTOMATIC	NT7 - FEDERAL EMISSION TIER 2
NW7 - TRACTION CONTROL	N45 - 3 SPOKE STEERING WHEEL
PG1 - 15" STEEL WHEEL	QTU - P195/60R15 TOURING BW TIRES
R6K	R6P - PREMIUM PAINT
R9M - WHOLESALE FLOORPLAN PLUS	R9N - HEATED LEATHER APPOINTED FRONT BUCKET SEATS
R9X - XM TRACKING CODE	SLM - STOCK ORDERS

UQ4 - BASE SPEAKER SYSTEM	US8 - AM/FM STEREO, CD PLAYER & MP3 PLAYER
VK3 - FRONT LICENSE PLATE BRACKET	VT7 - OWNERS MANUAL ENGLISH
V73 - STATEMENT OF VEHICLE CERT.- U.S. /CANADA	1LT - 1LT BASE PACKAGE
1SZ - OPTION PACKAGE DISCOUNT	14C - GRAY
14I - GRAY	41U - BLACK
6AR - FRONT SPRING	7AR - FRONT SPRING
8AA - REAR SPRING	9AA - REAR SPRING

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PE10-005

GM

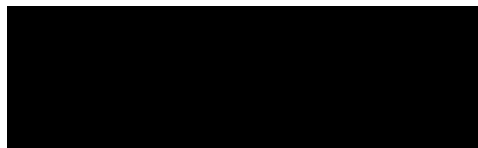
4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT



Service Request Detail

SR No.	1-331238733	Ref No.		Goodwill		BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address		City	Caldwell	Involved Dir	Lithia Cb, Inc.	Safety	Yes
State	ID	ZipCd		Source	Phone	Updated	4/28/2005 2:56:48 PM
Serial #/VIN	1G1AK52F857	Model Year	2005	Priority	Medium	License #	CHEVROL
Make	Chevrolet	Warr. Start		Status	Open	Owner	REIDPA
Model	Cobalt	Mileage	300	Sub-Status	Satisfied	Opened	4/27/2005 3:29:18 PM
Abstract	dangerous condition in veh						
Customer Description	DO NOT ASSUME BRC PAR FILE REFER ALL CALLS TO PAULA REID 600-231-1841 X58023						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	4/22/2005 3:00:00 PM	Y	0	2	Asphalt	Dry		C056448
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		5'9"	9/2/1945	N/A				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
Weaver	Gary		Farmer's Insurance					
Incident Loc	I-84 just after the Notice (TOWNS NAME) Exit				Incident Desc	Driver went to change lanes and noticed another car in the lane he was going to, when he tried to move back to the original lane, the steering locked up and the veh spun out and hit the concrete median.		
Component	Steering				Damage Desc	Front end was damaged, all the cust knows is that it can be fixed.		
Vehicle Loc	Lithia Body Shop				Add'l Info			
Emrgcy Svc Names	Canyon County Sheriff's Office Canyon County EMS				Maint Loc	Has not had to have the veh maintained as it only has 300 miles on it		

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	N/A
Vehicle Speed	50			Weather Condition	CLEAR			Prop Owner	N/A
Last Service Date				Loc Last Service				Property Location	N/A
Veh Est Repair Cost	\$0.00			Spec Equip Installer	N/A			Prop Damage Description	NONE
Primary Veh Use	Personal			Inspection Type				Inspected By	Inspection Not Performed
Veh Damage Description	Front end was damaged,							Inspection Date/Time	
								Explain Other	NEW VEHICLE

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Front Passenger	Seatbelt
Injury Description			Medical Rpt#	Treatment Location		Treated By
Chest injury, chest is badly bruised; Neck injury, neck is strained, will require therapy; Middle back injury, cust cannot remember what was said about the back.				West Valley ER		Richard Radnovich/ER PHYSICIAN
Street Address			City	State	Zip Code	

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
		09/02/45	Occupant of Owner's Vehicle		Driver	Seatbelt
Injury Description			Medical Rpt#	Treatment Location		Treated By
Having a lot of pain in the shoulder						
Street Address			City	State	Zip Code	
			Caldwell	ID		

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/29/2005 8:42:55 AM	KELSEYY	ESISBIQU	Escalation	ESIS - Injuries	In Progress		-forwarded to due to injuries
Contact Last Name		Contact First Name		Account	BAC Code		
Comments							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/29/2005 8:35:33 AM	LOTTM	KELSEYY	Notify CRM		Done	4/29/2005 8:42:54 AM	ESIS
Contact Last Name		Contact First Name		Account	BAC Code		
Comments							
Confidential Comments							

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 3:23:08 PM	REIDPA	LOTTM	BRC PAR	ESIS- Injuries	Done	4/29/2005 8:35:32 AM	INJURY

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Received and assigned for ESIS escalation.
Marjorie Lot/PAW/Workflow

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 3:17:55 PM	REIDPA	REIDPA	BRC PAR	Inspection Not Required	Done	4/28/2005 3:23:05 PM	Type of Inspection

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Vehicle Location

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 3:17:55 PM	REIDPA	REIDPA	BRC PAR		Done	4/28/2005 3:22:44 PM	CLOSE

Contact Last Name	Contact First Name	Account	BAC Code

Comments

THE CUSTOMER IS SEEKING MEDICAL COMPENSATION THE FILE IS BEING SENT TO ESIS.

PAULA REID PAR 58023

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 3:17:54 PM	REIDPA	REIDPA	PAR Case Assessment	Collision	Done	4/28/2005 3:21:25 PM	Steering,
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Type of collision.....CUSTOMER IS ALLEGING HER STEERING LOCKED UP AND CAUSED HER TO SPIN OUT OF CONTROL INTO THE MEDIAN. THERE WILL BE NO INSPECTION ON THE VEHICLE AT THIS TIME THE FILE WILL BE SENT TO ESI FOR FURTHER ASSISTANCE.

PAULA REID PAR 58023

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 3:17:49 PM					Done	4/28/2005 3:18:24 PM	1-331238733, BRC PAR Case Assess
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 12:15:51 PM	REIDPA	REIDPA	Ownership Changed	Ownership Escalated to BRC	Done	4/28/2005 12:15:51 PM	Ownership Escalated to BRC
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 11:20:17 AM	LOTTM	REIDPA	Ownership Changed		Done	4/28/2005 11:20:17 AM	Service Request Ownership has changed FROM: LOTTM TO: REIDPA
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 11:19:37 AM	LOTTM	REIDPA	BRC PAR	Acknowledgement	Done	4/28/2005 12:19:50 PM	Called (208) 455-0237 ADRIAN
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

CONTACT MADE

PAULA REID PAR 58023

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 11:19:37 AM	LOTTM	REIDPA	BRC PAR	Initial Contact- Phone	Done	4/28/2005 12:19:34 PM	Called (208) 455-0237 ADRIAN
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary: Called

PURCHASED NEW @ APPROX 300, VEHICLE

CUSTOMER STATED THAT HER HUSBAND WAS THE DRIVER AND THEY BOTH OWN THE VEHICLE

Driver went to change lanes and noticed another car in the lane he was going to, when he tried to move back to the original lane, the steering locked up and the veh spun out and hit the concrete median.

CUSTOMER IS SEEKING MEDICAL COMPENSATION

CRM ADVISED THE FILE WILL BE SENT TO ESIS FOR THIS REASON NO INSPECTION COMPLETED AT THIS TIME

CUSTOMER ALSO INDICATED THE INSURANCE COMPANY IS COVERING THE REPAIRS TO THE VEHICLE

PAULA REID PAR 58023

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 11:19:36 AM	LOTTM	REIDPA	BRC PAR	Initial Contact- AVM	Done	4/28/2005 3:14:48 PM	Called FAVM [REDACTED]
Contact Last Name	Contact First Name	Account	BAC Code				
[REDACTED]	[REDACTED]	General Motors	Field				

Summary: Called FAVM [REDACTED] 80509 58749 CHEVROLET OF BOISE

FYI

CRM ADVISED OF THE ALLEGATION AND OF THE INVOLVED DLR INFORMATION.
THE CUSTOMERS CASE WILL BE SENT TO ESIS FOR REVIEW FOR MEDICAL COMPENSATION THAT SHE IS SEEKING FROM GM.

CRM ADVISED OF CALL BACK INFORMATION AND HOURS OF OPERATION.

PAULA REID PAR 58023

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 11:19:36 AM	LOTTM	REIDPA	BRC PAR	Initial Contact- Dealer	Done	4/28/2005 3:02:36 PM	Called (208) 323-5000 Lithia Cb, Inc.
Contact Last Name	Contact First Name	Account	BAC Code				
[REDACTED]	[REDACTED]	Lithia Cb, Inc.	114383				

Comments

Summary: Called [REDACTED] Lithia Cb, Inc [REDACTED] Mgr

FYI

Crm advised of the allegation and of the customers information and of the allegation.

The file will be sent to ESIS for medical compensation.

paula reid par 58023

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 11:19:35 AM	LOTTM	REIDPA	BRC PAR	Case Assigned	Done	4/28/2005 12:20:07 PM	Assigned File to Paula Reid at Ext. 58023
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 11:19:35 AM	LOTTM	REIDPA	Notify CRM		Done	4/28/2005 12:20:20 PM	File Assigned
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 11:19:35 AM	LOTTM	REIDPA	Research		Done	4/28/2005 12:22:14 PM	Researched VIN
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

NO OTHER SR'S FOUND

NO OPEN RECALLS

PAULA REID PAR 58023

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 11:19:32 AM					Done	4/28/2005 11:20:13 AM	1-331238733, BRC PAR Assignor
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/28/2005 7:31:11 AM	LOTTM	LOTTM	Ownership Changed		Done	4/28/2005 7:31:11 AM	Service Request Ownership has changed FROM: WALTERAB TO: LOTTM
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/27/2005 3:58:45 PM	WALTERAB	LOTTM	Escalation	Initiate PAR	Done	4/28/2005 11:19:28 AM	Assigning activity to PAR Queue
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

CRM advised that a person from the PAR Department will contact the customer within 2 business days."

Received and assigned in PAR.
Marjorie Lott/PAR/Workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/27/2005 3:38:37 PM	KATHYH	KATHYH	Outbound Call Third Party		Done	4/27/2005 3:37:06 PM	tfr

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Tfr cust to Any in Chev Cac.

Kathy Hodges/oc

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/27/2005 3:35:56 PM	WALTERAB	WALTERAB	Inbound Call Customer	Complex Request	Done	4/27/2005 3:55:49 PM	PAR Case

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Cust states was driving down the road, went to switch, noticed that there was another car in the lane and went to move back into his lane, when he went back over, the steering wheel locked up and veh spun out and hit concrete median.

Cust seeks to report her concern with the problems with the cobalt.

CRM advised cust that CRM would forward request to the team that handles PAR requests and that she would be contacted within 24-48 hours.

Andy Walters/ATX/CAC

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/27/2005 3:35:55 PM	WALTERAB	WALTERAB	Ownership Changed		Done	4/27/2005 3:35:55 PM	Service Request Ownership has changed FROM: KATHYH TO: WALTERAB

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/27/2005 3:35:18 PM	KATHYH	KATHYH	Manager Review	Case Assessment	Done	4/27/2005 3:36:10 PM	approx mileage per cust 300 Kathy Hodges
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/27/2005 3:30:54 PM	KATHYH	KATHYH	Inbound Call Customer	Complex Request	Done	4/27/2005 3:33:56 PM	Chev
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Cust states that she needs to report a dangerous condition on Chevey Cobalt.

Cust seeks to speak to Chevrolet in regard to issue.

Cust states that cust tried to correct steering on veh, and steering locked and he hit concrete median.

Crm advised cust will tfr to Chevrolet cust asst.

Kathy Hodges/oc

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Power - Lack of	Steering - General

GM Vehicle Inquiry System Summary

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VIN :	1G1AK52F957 [REDACTED]
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VEHICLE INFORMATION

Merchandising Model :	1AK69 -2005 COBALT 4-DOOR SEDAN				Warranty Start Date :	03/28/2005		
BARS Order Type :	70 - RETAIL - STOCK							
Delivering Dealer :	CHEVROLET OF BOISE PO BOX 1338 BOISE , ID 83701-1338 (208) 323-5000				Selling Source :	13 - CHEVROLET		
					Site Code :	36017		
					Business Associate Code :	114383		
Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid	

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	03/28/2005	8 miles	03/28/2008	36008 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	03/28/2005	8 miles	03/28/2011	100008 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	03/28/2005	8 miles	03/28/2013	80008 miles
36/36000 FEDERAL EMISSION	03/28/2005	8 miles	03/28/2008	36008 miles
60/60000 POWERTRAIN - U.S.	03/28/2005	8 miles	03/28/2010	60008 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
02/14/2005	[REDACTED]	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

[REDACTED] =EN&VIN=1G1AK52F95... 4/29/2005

GM Vehicle Inquiry System

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VIN :	1G1AK52F957
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CLAIM HISTORY

Repair Order Date :		02/14/2005		Repair Order Number :		A62886		Odometer Reading :		0 miles	
Serviced By :	CHEVROLET OF BOISE PO BOX 1338 BOISE, ID 83701-1338 (208) 323-5000					Selling Source :		13 - CHEVROLET			
						Site Code :		36017			
						Business Associate Code :		114383			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
02/18/2005	562	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 84.16	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System Vehicle Build

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VIN	1G1AK52F957
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VEHICLE BUILD

Merchandising Model :	1AK69 -2005 COBALT 4-DOOR SEDAN		
Gross Vehicle Weight Rating :	1707 kg (3764 lb)	Order Number :	HXDVHC
Build Date :	02/14/2005	Build Plant :	157A

OPTION CODES

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AR9 - DELUXE FRONT BUCKET SEAT
C67 - ELECT. FRONT AIR CONDITIONER	DC8
FE1 - SUSPENSION SYSTEM-SOFT RIDE	FE9 - 50-STATE EMISSIONS
FY1 - TRANS/AXLE 3.63 RATIO	IPB - INTERIOR TRIM DESIGN
J41 - POWER DISC FRONT BRAKES	K64 - 115 AMP GENERATOR
LOD - ASSEMBLY PLANT - LORDSTOWN,OHIO	L61 - 2.2L DOHC 4 CYL ENGINE
MN5 - 4 SPEED AUTO TRANSMISSION	MX0 - 4-SPD. AUTO. TRANS. W/OVERDRIVE
NT7 - FEDERAL EMISSION TIER 2	N46 - 4 SPOKE STEERING WHEEL
PG1 - 15" STEEL WHEEL	QTU - P195/60R15 TOURING BW TIRES
R9U - GM ACCESS - AUTOBOOK IDENTIFIER	SLM - STOCK ORDERS
UQ4 - BASE SPEAKER SYSTEM	U1C - AM/FM STEREO W/CD AND CLOCK
VK3 - FRONT LICENSE PLATE MOUNT	VM3 - CONSUMER INFORMATION LABEL
V73 - STATEMENT OF VEHICLE CERT.- U.S. /CANADA	ISA - BASE PACKAGE
1SZ - OPTION PACKAGE DISCOUNT	15U - SANDSTONE METALLIC
52B - NEUTRAL	52I - GRAY
6AR - FRONT SPRING	7AR - FRONT SPRING
8AA - REAR SPRING	9AA - REAR SPRING

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5
May 6, 2005

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Tanya R. Morris
Claims Administrator

[REDACTED]
Caldwell, ID 8 [REDACTED]

RE: Our File No.: 496864
Our Client: General Motors Corporation
Date/Event: 04/22/05
Subject vehicle: 2005 Chevrolet Cobalt
VIN: 1G1AK52F957 [REDACTED]

Dear [REDACTED]

ESIS provides administrative claims handling services to General Motors (GM) in connection with product liability claims against GM. They have referred your claim to our office for further handling. Please address all future correspondence to my attention.

So we may further investigate your claim, we request that you provide us with the following information:

1. Statement describing the incident, outlining the date, time and events regarding this matter. Also statements of other witnesses, if available would be appreciated;
2. Proof of defect in your vehicle, including expert's reports, mechanic statements, or other supporting documentation;
3. All medical records concerning the injuries suffered as a result of this accident; An *Authorization for Use and/or Disclosure of Confidential Medical Information* form is enclosed to assist our office in obtaining these records. Please provide the names and complete addresses for all medical providers who treated the injuries sustained in the above incident;
4. Original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim;
5. Documentation to substantiate the type and amount of damages claimed;
6. Current location of the subject vehicle. If you are in possession of the subject vehicle, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action.

When we have received this information, we will be in a better position to consider your claim. Should you have any questions regarding this letter or your claim, please do not hesitate to contact me directly at 800.888.0164, Monday through Friday, 8:00 a.m. to 4:30 p.m., EST

Sincerely,

Tanya R. Morris
Claims Administrator

My husband & I was driving on I 84 near the Notes Idaho exit when a car came off the exit in front of use 2005so my husband had to move so they would not hit use. And when he did ther was a truck there so he just moved the wheel a little to stay in the lane we were in and the cars steering froze on him. He could not steer it so we spun around in the freeway and hit the concert medium.

That should not have happened as the roads where dry. Have other cars and they do not do that when all you do is correct a lane change. We went out there in are Honda pilot and did the same thing in it and nothing happened. I hope you check out the steering in your Colbolt I don't want what happened to us to happen to any one else. I will never buy another Chevy car as I'm afraid of them your larger suvs and trucks are good.

We have been driving for years and nothing like this has ever happened to use. I fell you should pay all my bills and also pay the reminder that I owe on the car .As I can not get another car until that one is paid in full. I also have not been able to work since the accident .So I want lost time from my job.

THE CAR WAS TAKEN TO LITHIA BODY SHOP I DO NOT NO IF THEY CHECKED THE STEERING AS I HAVE NOT TALKED TO ANYONE THERE MY INSURANCE HAS TALKED TO THEM I HAVE FARMERS IN CALDWELL IDAHO 208-454-8811

I also have a lot oF medical bills also.

I will not recommend your colbolt to no one as I fell it is not a safe car. When we started to change lanes to come back into the lane we where in it felt like the car went air born and we turned all the way around in the middle of the freeway then hit the medium in the middle of the freeway. Thank god every one stopped or we could have been killed.

If there were any witness to what happened you would have to talk to canyon county police, as I do not owe off anyone that the police talked to and we where sited for the accident.

Also I fill I Should get paid for pain and suffering as I have not been able to do nothing for the pain in my neck and chest.

Thursday, May 19, 2005

[REDACTED]
Caldwell Idaho
[REDACTED]
[REDACTED]

Idaho Vehicle Collision Report

ITD-90-5-2904 27-010800-0 Revised 11/28/99

Agency Code **1400** Officer # **230** Report District **17** Case No. **C05-06448**

Page 1

Date of Collision 04/22/2005	Day of Collision Friday (6)	Time 15:09	Police Dispatched 15:09	Police Arrived 15:09	EMS Dispatched 15:09	EMS Arrived 15:14	Location .05 Miles	City or Town Caldwell
If Collision location is in: Intersection of 2 streets 1, 2			Name of Street ON I84			County Canyon		
Intersection of Street and: Parking Lot / Driveway / Alley 1, 2, 3			Is the Intersection with: 2			Posted Speed 65		
Non-Intersection 1, 2			Outside an Intersection .05			Name of Cross Street or # of Rd. Mile Post Marker Exit 27		
UNIT 1 <input checked="" type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Peds/cyclist			Vehicle Owner Last [REDACTED] First [REDACTED] M.I. [REDACTED]			Unit Type 6		
Driver Last [REDACTED] First [REDACTED] M.I. [REDACTED]			Address Caldwell, ID			Unit Use 0		
Street Address [REDACTED]			Home Phone [REDACTED]			Attach 1 0		
City Caldwell			State ID			Attach 2 0		
Zip Code [REDACTED]			Work Phone [REDACTED]					
Driver's License No. [REDACTED]			Idaho Code # / Violation [REDACTED]			Est. Cost of Damage 5000		
Sex M			Date of Birth 09/02/1945			Policy Number [REDACTED]		
Prot Dev. 10			Injury 0					
Ejection 1			Trapped 1					
Transported 5			Insurance [REDACTED]					
Carrier Name FARMERS			Vehicle Year 2005					
Vehicle Color Gold			Make (Dodge-Chrv.) Chev					
Model (Dart-Nova) Cob			Style (2 Dr.) 4 Door					
License Plate No. [REDACTED]			State ID					
Vehicle Identification No. 1G1AK52F957			Est. Cost of Damage 5000					
Passenger Names and Addresses (Unit 1 only, additional passengers on page 3)			Same Address as Driver [REDACTED]					
Seating 3			Sex F					
Date of Birth 10			Prot. Dev. C					
Injury 1			Ejection 1					
Trapped 1			Transported 1					
UNIT 2 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Peds/cyclist			Vehicle Owner Last [REDACTED] First [REDACTED] M.I. [REDACTED]			Unit Type [REDACTED]		
Driver Last [REDACTED] First [REDACTED] M.I. [REDACTED]			Address [REDACTED]			Unit Use [REDACTED]		
Street Address [REDACTED]			Home Phone [REDACTED]			Attach 1 [REDACTED]		
City [REDACTED]			State [REDACTED]			Attach 2 [REDACTED]		
Zip Code [REDACTED]			Work Phone [REDACTED]					
Driver's License No. [REDACTED]			Idaho Code # / Violation [REDACTED]			Est. Cost of Damage [REDACTED]		
Sex [REDACTED]			Date of Birth [REDACTED]			Policy Number [REDACTED]		
Prot Dev. [REDACTED]			Injury [REDACTED]					
Ejection [REDACTED]			Trapped [REDACTED]					
Transported [REDACTED]			Insurance [REDACTED]					
Carrier Name [REDACTED]			Vehicle Year [REDACTED]					
Vehicle Color [REDACTED]			Make (Dodge-Chrv.) [REDACTED]					
Model (Dart-Nova) [REDACTED]			Style (2 Dr.) [REDACTED]					
License Plate No. [REDACTED]			State [REDACTED]					
Vehicle Identification No. [REDACTED]			Est. Cost of Damage [REDACTED]					
Passenger Names and Addresses (Unit 2 only, additional passengers on page 3)			Same Address as Driver [REDACTED]					
Seating [REDACTED]			Sex [REDACTED]					
Date of Birth [REDACTED]			Prot. Dev. [REDACTED]					
Injury [REDACTED]			Ejection [REDACTED]					
Trapped [REDACTED]			Transported [REDACTED]					

Injured Transported To: **Caldwell--W Valley Med Center Canyon Co Paramedic**

Front Seating <table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>10</td></tr> </table>	1	2	3	4	5	6	7	8	10	Front <table border="1"> <tr><td>1</td></tr> <tr><td>4</td></tr> <tr><td>7</td></tr> </table>	1	4	7	Protective Devices 0 None 1 Shoulder Belt Only 2 Lap Belt Only 3 Shoulder & Lap 4 Child Safety Seat 5 Helmet Used 6 Nonmotorist 7 Non-activated Air Bag, Belts in Use 8 Non-Activated Air Bag, No Belts in Use 9 Air Bag Activated, Belts in Use 10 Air Bag Activated, No Belts in Use	Injury A Death B Incapacitating C Non-Incapacitating D Possible E None Evident U Unknown	Unit Type 1 Pedestrian 2 Peds/cyclist 3 Motorcycle 4 Moped 5 Car 6 Pickup with Camper 7 Pickup / Van / Panel / Sport Utility Vehicle 12 Equestrian 30 Farm Equipment (List) 40 Construction Equip. (List) 10 Motorcycle 11 Snowmobile 5 ATV 20 Train 30 Other Non-Motor Veh.
1	2	3														
4	5	6														
7	8	10														
1																
4																
7																
14 Trailing Unit 15 Pedestrian 17 Peds/cyclist	18 Equestrian 30 Other U Unknown	Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected T Thrown from cycle etc.	Trapped 1 Not Trapped 2 Trapped / Ejection seat used 3 Trapped / other ejection method	Transported For Medical Care By 1 Ambulance 2 Police Car 3 Helicopter 4 Private Vehicle 5 Not Transported												
Passenger Codes - Non Trailing Unit 11 Sleeper Seat (Truck Cab) 12 Other enclosed Passenger/Cargo area 13 Unenclosed Passenger/Cargo area 14 Riding on Vehicle Exterior	Unit Use 1 Police 2 Ambulance 3 Driver Tang. 4 Government 5 Taxi 6 Flea 7 Wrecker 8 School Bus	Attachments 1 Boat Trailer 2 Utility Trailer 3 Travel Trailer 4 Toward Vehicle 5 Mobile Home 6 Other														

230050423075918124734

137581

Note: -U indicates Unknown

Locality		Officer # 230	Case No. C05-06448	Page 2
1 Business/Commercial 3 School/Playground 5 Agricultural 7 Residential 2 Industrial/Manufacturing 4 Recreational Area 6 Undeveloped		Road Type		
Light Conditions 1 Day 3 Dark - Street Lights On 5 Dark - No Street Lights 2 Dawn/Dusk 4 Dark - Street Lights Off		1 2-Way & Raised/Depressed Divider 5 Ramp 2 2-Way & 2-Way Left Turn Lane Divider 6 Alley 3 One-Way 7 Road Area 4 2-Way & No Divider 8 Port of Entry A 2-Way & 2 Double Yellow Painted Divider 9 Other		
Weather Conditions - Two Selections Possible 1 Clear 3 Rain 5 Sleet/Hail 7 Blowing Dust/Sand A Smoke/Smog 2 Cloudy 4 Snow 6 Fog 8 Severe Cross Winds		Road Surface Type		
Road Surface Conditions 1 Dry 3 Slush 5 Snow 7 Water 2 Wet 4 Ice 6 Mud 9 Other		1 Concrete 2 Paved (Asphalt/Brick) 3 Gravel/Stone 4 Dirt		
Other Road Conditions 0 None 4 High/Low Shoulder 6 Flooded 1 Ruts/Bumps/Holes 5 Loose Gravel/Seal Coat A Poor Pavement Markings 2 Slip Asphalt (Bleeding) 6 Under Construction C Construction Signing 3 Washboard 7 Lane Closed 9 Other		Roadway Geometrics 1 Straight 2 Curve 1 Upgrade/Downgrade 3 Hillcrest 5 Level		
		Traffic Control		
		0 None 4 Flashing Beacon 6 Officer/Traffic 1 Stop Sign 5 Traffic Signal-Pole Only A School Bus Signal 2 Yield 6 R. R. Gates/Signal B No-Pass Barrier Line 3 Traffic Signal 7 R. R. Flashing Beacon C Construction Signing SPECIFY 1 Functioning 2 Not Functioning 3 Removed		

UNIT # 1		CONTRIBUTING CIRCUMSTANCES - 3 Possible				UNIT # 2	
0 None 1 Exceeded Posted Speed 2 Speed Too Fast for Conditions 3 Too Slow for Traffic 4 Improper Overtaking		5 Improper Lane Change 6 Following Too Close 7 Drove Left of Center 8 Off Roadway / Over Corrected 9 Improper Backing 10 Improper Turn 11 Failed to Signal 12 Failed to Yield 13 Paced Stop Sign 14 Disregarded Signal 15 Tire Defect 16 Wheel Defect 17 Light Defect 18 Other Vehicle Defect 19 Alcohol Impaired 20 Drug Impaired 21 Intoxication 22 Vision Obstruction 23 Asleep/Drowsy 24 Sick 25 Fatigued 26 Physical Impairment 27 Improperly Parked 28 Previous Accident 29 Obstruction Vehicle (Lift) 30 Improper use of Turn Lane 31 Other					
		VISION OBSTRUCTION					
0 None 1 Curve in Road 2 Hill Crest 3 Roadway Slope/Snowbank 4 Trees/Crops/Brush 5 Reflection from Surface 6 Bright Sunlight 7 Bright Headlights 8 Weather Conditions 9 Rain/Snow/Ice on Windows 10 Cracked/Dirty Windows 11 Splash/Spray from Other Vehicle 12 Vehicle Stopped on Roadway 13 Moving Vehicle 14 Parked Vehicle 15 Traffic Sign 16 Billboard/Fence 17 Building 18 Other							
INITIAL Point of Impact		POINT OF IMPACT				INITIAL Point of Impact	
11 Auto / Motorcycle / Tractor with Semi Trailer 13 Top & Windows 14 Undercarriage		Trailing Unit #1 33 Top 34 Undercarriage				Trailing Unit #2 53 Top 54 Undercarriage	
PRINCIPLE Point of Impact		EXTENT OF DEFORMITY				PRINCIPLE Point of Impact	
3 None 1 Very Minor 2 Minor 3 Minor/Moderate 4 Moderate 5 Moderate/Severe 6 Severe 7 Very Severe							

Towed Due to Damage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Towed By: Valley View	Towed Due to Damage <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------------------------------------	------------------------------	---------------------------------------------------------------------------------

Driver of UNIT # 1		ALCOHOL / DRUG INVOLVEMENT		Driver of UNIT # 2	
1 Neither Alcohol or Drugs Detected 2 Yes - Alcohol 3 Yes - Drugs 4 Yes - Both					
Alcohol / Drug Test 1 None Given 2 Test Refused 3 Blood Test 4 Urine Test 5 Breath Test 6 Field Test					
BAC Test Results: Drug Used (if known): Drug Test Results: BAC Test Results: Drug Used (if known): Drug Test Results:					

UNIT # 1		COMMERCIAL VEHICLE Refer to Instruction Sheet before completing				UNIT # 2	
		Cargo/Body					
1 Box 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Pickup Bed							
# Axles GVWR-Power GVWR-All Trailers ICC # For Load DOT # For Load							
Hazardous Material Placard: <input type="checkbox"/> Yes <input type="checkbox"/> No Spilled: <input type="checkbox"/> Yes <input type="checkbox"/> No Haz-Mat #							
		Carrier Name & ICC# or DOT# for Load obtained from...					
1 Shipping Papers 2 Vehicle Side 3 Driver 4 Log Book 9 Other							
(If Carrier differs from Vehicle Owner) Carrier Name Address City State Zip							

Note: -U indicates Unknown

EVENTS - List events for ALL units in the order they occurred			Case No. C05-06448	Page 9
Event	Unit # of Units Involved	Event Location	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> 1 Overturn 2 Separation of Units 3 Cargo Loss/Shift 4 Jack-Knife 5 Run off Road 6 Down Hill Runaway 7 Fire/Explosion 8 Gas/Inhalation 9 Other Noncollision 10 Loss of Control 11 Felt Pushed/Jumped 12 Non-Collision Injury 13 Immolation 71 Came Back on Road 72 Drove L/R of Center </div> <div style="width: 33%;"> One Veh. Collision With 14 Pedestrian 15 Motorcycle 16 Railroad Train 17 Domestic Animal 18 Wild Animal 19 Other Object 20 Parked Vehicle on Private Property 21 Impact Afterside 22 Bridge/Pier/Abutment 23 Bridge parapet End 24 Bridge Post 25 Overpass 26 Guardrail Face 27 Guardrail End 28 Median Barrier 29 Highway Traffic Sign Post 31 Overhead Sign support 32 Street Light Support 33 Utility Pole 34 Other Pole 35 Delineator Post 41 Culvert 42 Curb 43 Ditch 44 Embankment 45 Fence 46 Mailbox 47 Tree 48 Building Wall 49 Other Fixed Object </div> <div style="width: 33%;"> 50 Head-On 51 Rear-End 52 Backed Into 53 Parked Veh. 54 Other </div> </div>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Side-swept Same 52 Side-swept Opposite 53 Angle 54 </div> <div style="width: 50%;"> Turning Events Head-On 54 Angle 55 Rear-End 56 Same Dir 57 </div> </div>
THE EVENT LOCATION 1. On Roadway 2. Left Shoulder 3. Right Shoulder 4. Roadside (includes Sidewalk) 5. Outside Right of Way 6. Off Roadway - Loc Unknown 7. Median 8. Gore 9. Other A. In Parking Lot B. Parking Lot Access Road P. Private Property				

UNIT # 1	UNIT # 2	FIRST EVENT RELATIONSHIP TO JUNCTION	
0		0. Not Junction 1. In Intersection 2. Intersection Related 3. At Driveway/Alley 4. Driveway/Alley Related 5. On Ramp 6. Ramp Related 7. At Railroad Crossing 8. Railroad Crossing Related 9. Other	
26		GENERAL DIRECTION OF TRAVEL (If turning, select direction before turning)	
26		General Direction of Street <input type="checkbox"/> South / North <input type="checkbox"/> West / East Unit Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West On Street I 84	General Direction of Street <input type="checkbox"/> South / North <input type="checkbox"/> West / East Unit Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West On Street
1		Driver / Ped Action	Driver Actions 1 Going Straight 2 Turning Right 3 Right Turn on Red 4 Turning Left 5 Left Turn on Red 6 U-Turn 7 Merging 8 Changing Lanes 9 Passing 10 Negotiating Curve 11 Stopped in Traffic 12 Slowing in Traffic 13 Starting in Traffic 14 Parking 15 Entering Driveway/Alley 16 Leaving Driveway/Alley 17 Backing 18 Avoiding Obstacle 19 Avoiding Veh./Ped. 20 Pursuing Vehicle 21 Fleeing Pursuit 22 Racing 23 Parked Vehicle 24 Driveway Vehicle in Motion Pedestrian/Bicyclist Actions 30 Crossing at Painted Intersection 31 Crossing at Unpainted Intersection 32 Crossing at Non-Intersection X-Mark 33 Crossing Not at Intersection 40 Walk/Slide with Traffic in Blue Lane 41 Walk/Slide with Traffic in Blue Lane 42 Walk/Slide Facing Traffic in Blue Lane 43 Walk/Slide Facing Traffic in Blue Lane 50 Standing on Roadway 51 Playing on Roadway 52 Working on Roadway 60 Entered Lane School Bus 70 Not on Roadway 99 Other

Sketch the scene

Property Damage (Name of Object/Block - Owner Name and Address)

None

Estimated Damage \$

Narrative / Additional Information / Additional Passengers (Indicate unit # and all information for additional passengers)

001 **UNIT ONE WAS EAST BOUND ON I 84. THE DRIVER SAID HE TRIED TO CHANGE LANES AND**

002 **LOST CONTROL.**

WITNESSES		Name	Address	Home Phone	Work Phone
X	Investigating Officer's Name and #	E. Miller 230 <i>[Signature]</i>			
	Date of Report	04/23/2005			
	Photos	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q			
	Approved By	patrol <i>[Signature]</i>			
	Date	4. 23. 2005			
	Impact	2K 1:0			

Send ORIGINAL to: Office of Highway Safety, P.O. Box 7120, Boise, Idaho 83707-1129

Note: -U indicates Unknown



esis

AUG -1 2005

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Tanya R. Morris
Claims Administrator

July 8, 2005

West Valley Medical Ctr
P.O. Box 31172
Tampa, FL 33631-1172

Attention: Medical Records Department

RE: Our File No.: 496864
Our Client: General Motors Corporation
Patient Name: [REDACTED]
Date/Event: 04/22/05
Date of Birth: 04/25/48

RECEIVED
AUG 22 2005
ESIS-GM CLAIMS UNIT

ESIS is the third party administrator handling claims on behalf of General Motors Corporation.

Please provide me with a complete copy of Mary Bautista medical records and medical bills for the above incident.

Enclosed please find the *Authorization for Use and/or Disclosure of Confidential Medical Information* form for your file. If there is a copying charge for these records, please forward the records along with your invoice and your Tax Identification Number.

Thank you for your cooperation.

Sincerely,

Tanya R. Morris
Claims Administrator

Enclosure

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Name, address, telephone number of medical provider:	1755 WESTGATE DR, STE 200 Caldwell Radiological Acc P.A. 208-472-8108 PO Box 9649 Boise ID 83707
Name, address, telephone number of medical provider:	PO Box 9160 Canyon County Ambulance District 208-466-8800 Nampa Idaho
Name, address, telephone number of medical provider:	PO Box 31172 WEST VALLEY MEDICAL CTR 800-307-8153 TAMPA, FL 33631-1172
Name, address, telephone number of medical provider:	208-466-9092 1200 Garrity Blvd Nampa ID
Name, address, telephone number of medical provider:	208-455-9591 1523 FAIRVIEW AVE, Caldwell ID 83605

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 04/22/05.

The confidential information from my medical records and/or x-rays to be disclosed has no limitations as to the dates of visits or injuries to be disclosed. I understand that full disclosure is authorized. This includes interviews of doctors, EMTs, and other attendants regarding all matters relating to my examination, diagnosis, care, and treatment.

I understand that:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- if my confidential health information is disclosed to someone who is not required to comply with the federal privacy protection regulations, then such information may be re-disclosed by the recipient and would no longer be protected.
- I may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.
- the above-listed medical providers may not condition (withhold or refuse) treating me on whether I sign this Authorization.

A photocopy of this Authorization can be accepted with the same authority as the original.

Printed Name of Patient*	Date of Birth
Address, City, State and Zip	Social Security Number
Signature of Patient or Personal Representative*	Date Signed
Relationship to individual*	Authority to act for individual*

05/105
MAY 25 2005
ESIS - GM CLAIMS UNIT

*If you are a personal representative signing this Authorization, please provide a description of your relationship to the individual and a description of your authority to act for the individual below.

EXPIRATION OF AUTHORIZATION: THIS AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION WILL REMAIN IN EFFECT FOR AS LONG AS MY CLAIM AGAINST GENERAL MOTORS CORPORATION IS PENDING UNLESS IT IS EXPRESSLY REVOKED IN WRITING BY ME AS NOTED ABOVE.

ESIS - General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000

Claim Number: 496864
Claims Administrator: Tanya R. Morris

ESIS is the third-party administrator for General Motors Corporation.

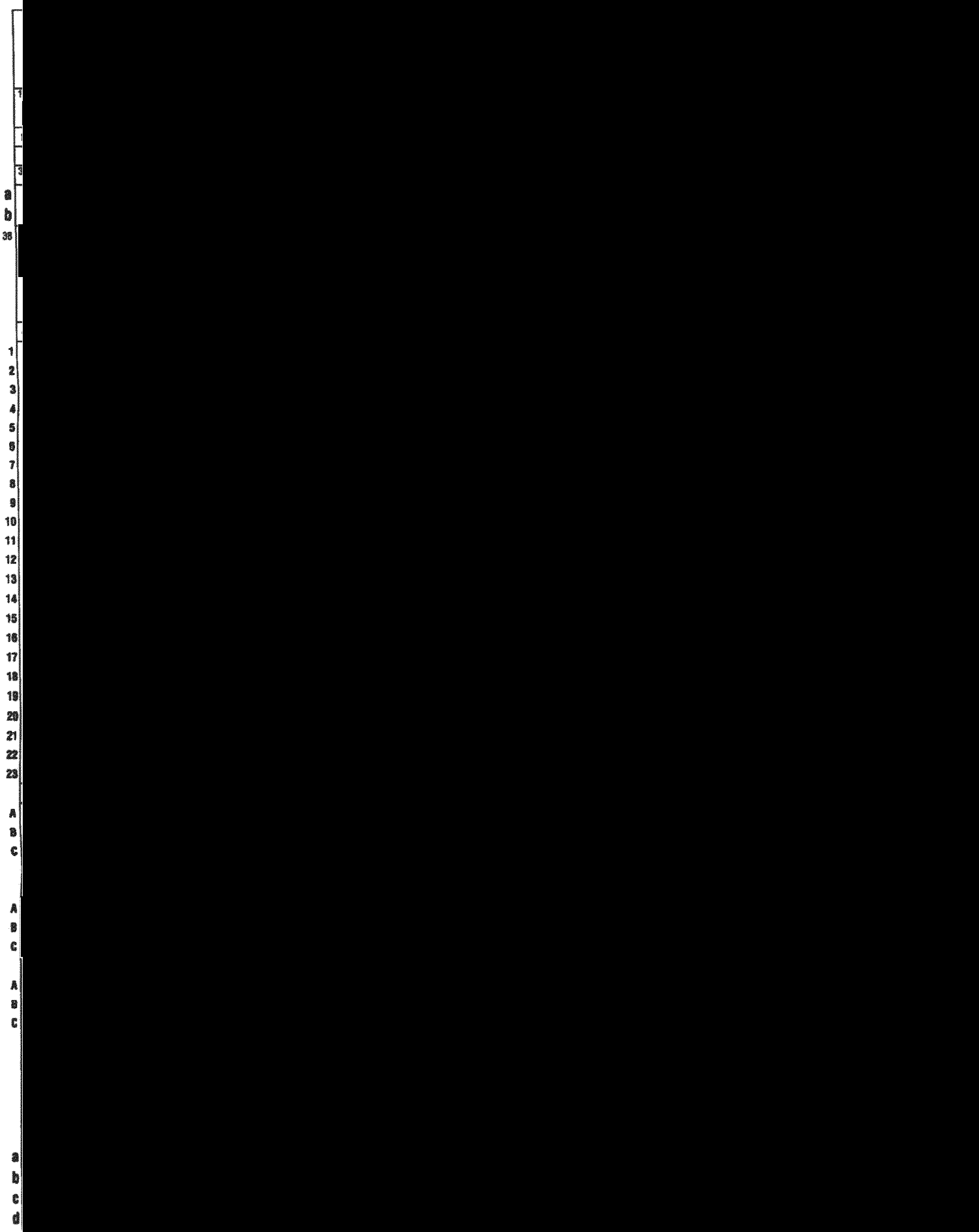
ADMISSION FORM

Printed 04/27/05 @ 0849

Admitted By MADSRG



SECRET



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Caldwell Radiological Associates, P.A.

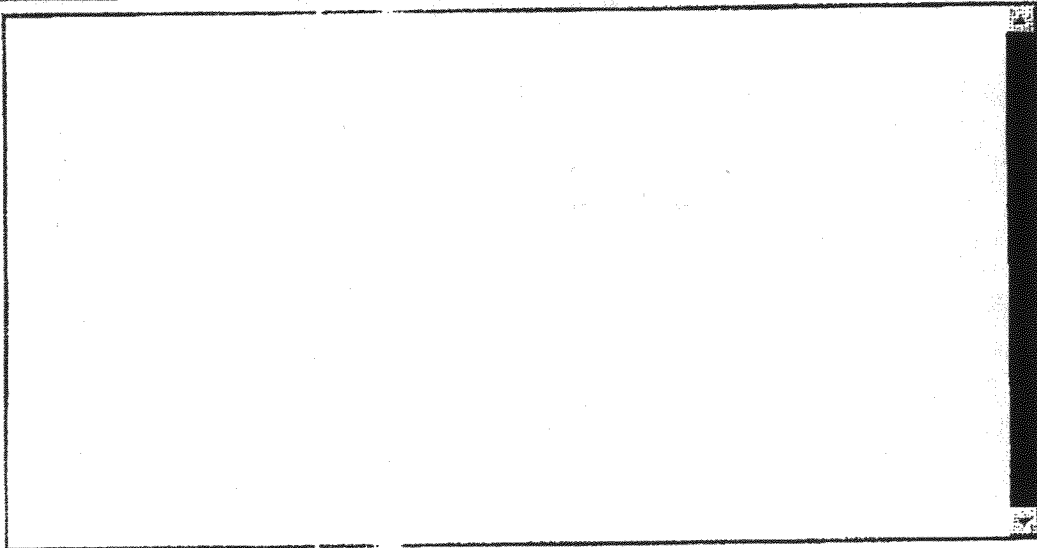
P.O. Box 9649
Boise, ID 83707
Phone: (208)-472-8108
Fax: (208)-344-1926

496864

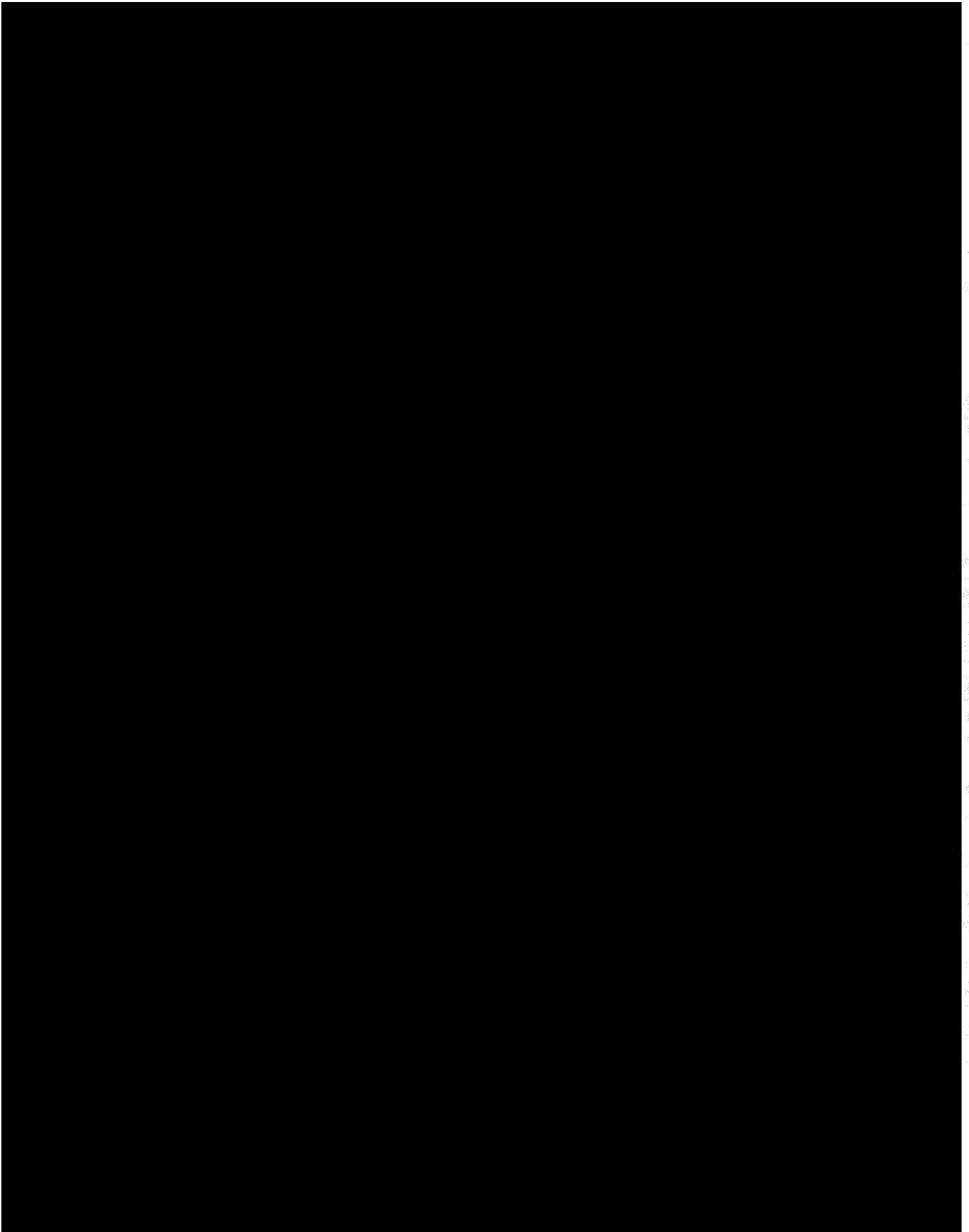
FAX COVER SHEET

To: From:
Company: Number of Pages:
Fax Number: Date:
Phone Number: Re:
Your Ref. # Our Ref. #

- Urgent - For Review - Please Comment - Please Reply - Please Recycle

**Confidential Facsimile Cover Sheet**

IMPORTANT: This facsimile, including any attachment, contains information that may be confidential or privileged, and is intended solely for the entity or individual to whom it is addressed. **If you are not the intended recipient, please notify us immediately by telephone and destroy all information received.** You are hereby notified that any disclosure, copying, or distribution of this message is strictly prohibited. Thank you.



Caldwell Radiological Associates, P.A.
PO Box 9649
BOISE, ID 83707
208-472-8108 (66 CRA.AR DEBORAH)

Printed 14:22:29 20 JUL 2005
TaxID:820303195
SSN: 519-58-8133
Phone: 208-455-0237

CALDWELL ID

259299.1*156977 [REDACTED])
Private
Posted Date: 04/29/2005
33 04/22/05 71020-26 RADIOLOGIC EXA 13.2 V71.4 34.00 042905LOR 259299.
43 05/16/05 3.100 \$22.80 PRINCIP 13.2 0.00 051605DEB 35940.3
Balance: 34.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
05/02/05 insur ECS-PRIN 125000
05/03/05 insur PRINCIPA 125000

259299.2*156977 [REDACTED]
Private
Posted Date: 04/29/2005
34 04/22/05 72100-26 RADIOLOGIC EXA 13.2 V71.4 34.00 042905LOR 259299.
42 05/16/05 3.100 \$22.80 PRINCIP 13.2 0.00 051605DEB 35940.2
Balance: 34.00

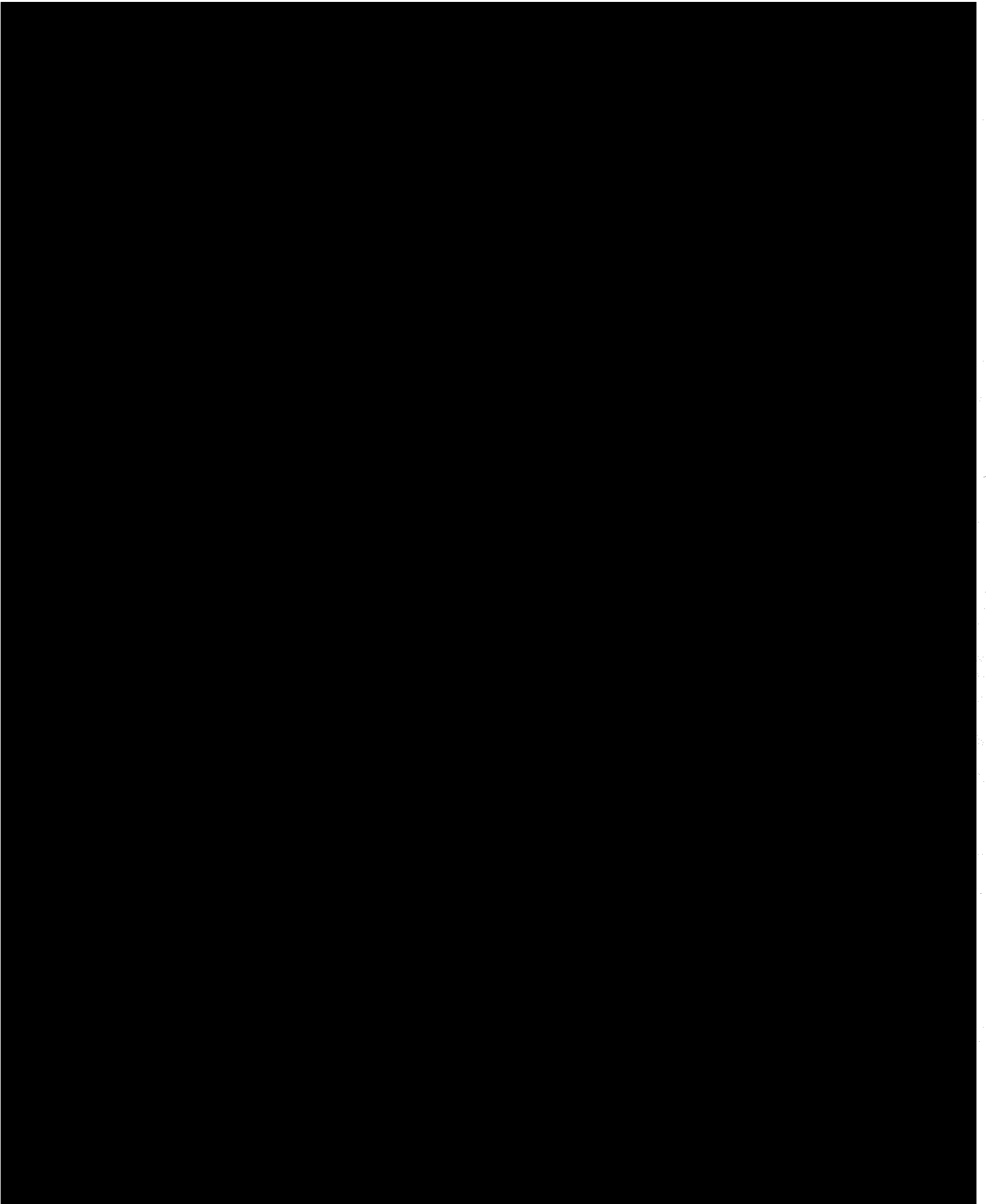
Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
05/02/05 insur ECS-PRIN 125000
05/03/05 insur PRINCIPA 125000

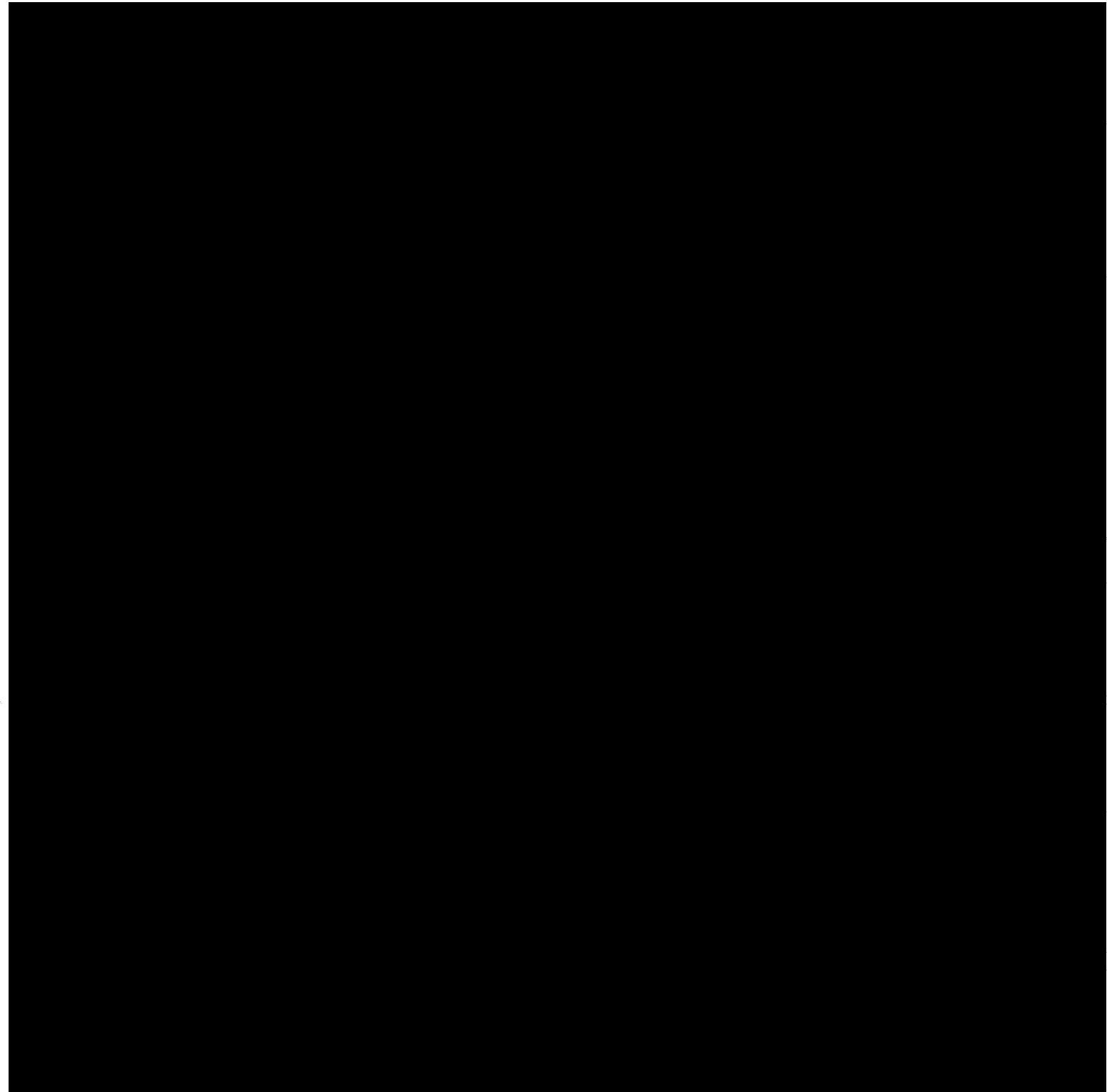
259301.1*156977 [REDACTED]
Private
Posted Date: 04/29/2005
35 04/22/05 72040-26 RADIOLOGIC EXA 13.2 V71.4 31.00 042905LOR 259301.
41 05/16/05 3.100 \$22.80 PRINCIP 13.2 0.00 051605DEB 35940.1
Balance: 31.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
05/02/05 insur ECS-PRIN 125001
05/03/05 insur PRINCIPA 125001

266910.1*156977 [REDACTED]
Private
Posted Date: 07/18/2005
46 06/29/05 72141-26 MR IMAG SP CAN 5.2 722.4 231.00 071605JES 266910.
Balance: 231.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00





West Valley Medical Center

1717 Arlington Avenue
Phone #: 208-455-3900

Caldwell, Idaho 83605
Fax #: 208-455-3735

Pt. Name: [REDACTED]
DOB: [REDACTED]
Age/Sex: [REDACTED]
Unit #: M000156977
Admit Diagnosis: NECK PAIN
Exam Date: 06/29/2005

Attending M.D.: Frost, Charles
Ordering M.D.: Frost, Charles
Location: M.RAD
Status: REG REF
Radiology #: 21912
Account #: [REDACTED]

Exams:
000266910 MRI-SPINE CERVICAL
<Continued>

CPT CODE:
72141

foraminal stenosis at C5-C6. No focal disc protrusion at any level. No abnormal signal to suggest an occult fracture.

** Electronically Signed by TERRY A. STOLL MD on 06/30/2005 at 1033 **
Reported and Signed by: TERRY A. STOLL, MD

CC: Charles Frost, PA/Dr. Hill

Dictated Date/Time: 06/29/2005 (0600)
Technologist: SONSUK KING RT(R) (MRI)
Transcribed Date/Time: 06/29/2005 (1046)
Transcriptionist: MRALKD/MRALHD/MRALKD/*
Electronic Signature Date/Time: 06/30/2005 (1033)
Orig Print D/T: S: 06/30/2005 (1351) Batch No: 2302

Robin W. King, D.C., C.C.R.D.
1523 Fairview Ave
Caldwell, ID 83605
(208) 455-9591
Fax (208) 459-2612

July 15, 2005

Esis/GM Central Claims Unit
P.O. Box 300
Detroit, MI 48265-3000
Attn: Tanya Morris

RECEIVED
JUL 26 2005
ESIS-GM CLAIMS UNIT

RE: [REDACTED]
DOL: 4/22/05
CLAIM NO. 496864

Enclosed please find a copy of [REDACTED] chart notes. There is a \$25.00 charge for this service. If you need any further assistance, please feel free to call my office.

Sincerely,



Robin W. King, D.C.
Tax Identification Number: 810592641

RWK/rh

Robin King, D.C.
1523 Fairview Avenue
Caldwell, ID 83605
(208)455-9591

Statement Date

7/15/2005

Page

1

Chart Number

BAUMA000

1528

CALDWELL, ID

Date	Code	Description	Amount
Previous Balance			0.00
5/5/2005	99203	NEW PATIENT30 MIN	60.00
5/5/2005	98940	CMT, 1 TO 2 REGIONS	30.00
5/5/2005	97110	THERAPEUTIC EXERCISE	25.00
5/5/2005	97014	ELEC. STIM.	25.00
5/9/2005	98940	CMT, 1 TO 2 REGIONS	30.00
5/9/2005	97110	THERAPEUTIC EXERCISE	25.00
5/9/2005	97014	ELEC. STIM.	25.00
5/11/2005	98940	CMT, 1 TO 2 REGIONS	30.00
5/11/2005	97110	THERAPEUTIC EXERCISE	25.00
5/11/2005	97014	ELEC. STIM.	25.00
5/13/2005	98940	CMT, 1 TO 2 REGIONS	30.00
5/13/2005	97110	THERAPEUTIC EXERCISE	25.00
5/13/2005	97014	ELEC. STIM.	25.00
5/17/2005	98940	CMT, 1 TO 2 REGIONS	30.00
5/17/2005	97110	THERAPEUTIC EXERCISE	25.00
5/17/2005	97012	INTERSEG	25.00
5/19/2005	98940	CMT, 1 TO 2 REGIONS	30.00
5/19/2005	97110	THERAPEUTIC EXERCISE	25.00
5/19/2005	97012	INTERSEG	25.00

Total Charges	Total Payments	Total Adjustments	Total Balance Due
Continued	Continued	Continued	Continued

Patient Responsibility

Robin King, D.C.
1523 Fairview Avenue
Caldwell, ID 83605
(208)455-9591

Statement Date

7/15/2005

Page

2

Chart Number

BAUMA000

1528

CALDWELL, ID

Date	Code	Description	Amount
5/23/2005	98940	CMT, 1 TO 2 REGIONS	30.00
5/23/2005	97110	THERAPEUTIC EXERCISE	25.00
5/23/2005	97012	INTERSEG	25.00
5/25/2005	98940	CMT, 1 TO 2 REGIONS	30.00
5/25/2005	97110	THERAPEUTIC EXERCISE	25.00
5/25/2005	97012	INTERSEG	25.00
5/31/2005	98940	CMT, 1 TO 2 REGIONS	30.00
5/31/2005	97110	THERAPEUTIC EXERCISE	25.00
5/31/2005	99213	ESTABLISHED PATIENT, 15 MII	50.00
6/2/2005	98940	CMT, 1 TO 2 REGIONS	30.00
6/2/2005	97110	THERAPEUTIC EXERCISE	25.00
6/2/2005	97012	INTERSEG	25.00
6/7/2005	98940	CMT, 1 TO 2 REGIONS	30.00
6/7/2005	97110	THERAPEUTIC EXERCISE	25.00
6/7/2005	97012	INTERSEG	25.00
6/9/2005	98940	CMT, 1 TO 2 REGIONS	30.00
6/9/2005	97110	THERAPEUTIC EXERCISE	25.00
6/9/2005	97012	INTERSEG	25.00
6/14/2005	97112	NEUROMUSCULAR RE-EDUCA	25.00
6/14/2005	97110	THERAPEUTIC EXERCISE	25.00
6/14/2005	99213	ESTABLISHED PATIENT, 15 MII	50.00

Total Charges	Total Payments	Total Adjustments	Total Balance Due
Continued	Continued	Continued	Continued

Patient Responsibility

Robin King, D.C.
1523 Fairview Avenue
Caldwell, ID 83605
(208)455-9591

Statement Date

7/15/2005

Page

3

Chart Number

BAUMA000

1528

CALDWELL, ID

Date	Code	Description	Amount
6/16/2005	98940	CMT, 1 TO 2 REGIONS	30.00
6/16/2005	97110	THERAPEUTIC EXERCISE	25.00

Total Charges	Total Payments	Total Adjustments	Total Balance Due
\$1200.00	\$0.00	\$0.00	1,200.00

Patient Responsibility

1200.-

Robin W. King, D.C., C.C.R.
Chiropractic & Rehabilitation

1523 Fairview Avenue
Caldwell, Idaho 83605
Telephone (208) 455-9591
Fax (208) 459-2612

May 5, 2005

Charlie Frost, PA-C
1200 Garrity Blvd.
Nampa, ID 83687

RE: [REDACTED]
DOB: [REDACTED]
MVA: 4-22-05

Dear Mr. Frost:

Thank-you for referring [REDACTED] to my office for treatment of a cervical spine strain. [REDACTED] states that on 4-22-05, she was a passenger in a car being driven by her husband that was side-swiped and thrown into a spin and the car eventually hit the concrete median. She was wearing a belt, the airbag was deployed, but she denies any loss of consciousness. She said she felt immediate neck, chest and low back pain. She was taken by ambulance to West Valley Medical Center where x-rays of the chest, lumbar spine and cervical spine revealed no acute fracture or pathology - mild osteopenia and DJD of the lumbar spine. She was prescribed some medications for her discomfort and eventually followed up with you. Upon referral from you I evaluated her on 5-5-05.

[REDACTED] presently complains of a constant 8/10 intensity cervicothoracic, right upper trapezius and anterior chest pain. Coughing and sneezing increase the right upper rib pain and she denies any discomfort into the upper extremities. She has had a constant suboccipital headache that refers to the frontal area and is accompanied by vertigo - no visual field defects or tinnitus are mentioned.

EXAM FINDINGS C-T SPINE 5-5-05

[REDACTED] is moderately tender to palpation in the right upper pectoralis region, right upper trapezius and subocciput. Active cervical spine flexion causes discomfort at 40-degrees in the interscapular region. Active cervical spine extension is limited to 30-degrees by discomfort in the cervicothoracic junction. Active cervical spine left rotation is limited to 20-degrees by discomfort in the right upper trapezius and right rotation 40-degrees by pain in the left upper trapezius. Active cervical spine lateral flexion cause discomfort at 20-degrees bilaterally by discomfort in the contralateral upper trapezius. Cervical spine compression tests in neutral increases the cervicothoracic discomfort. Cervical spine compression test in right flexion causes moderate discomfort in the cervicothoracic junction. Cervical spine compression test in left flexion is unremarkable. Cervical spine distraction test decreases the discomfort. Shoulder depression test on the right increases the right upper trapezius discomfort. Shoulder depression test on the left causes mild upper trapezius discomfort. No focal motor or sensory deficits are found in the upper extremities. Deep tendon reflexes are 2+ and symmetric at the biceps, brachioradialis and tricep tendons.

IMPRESSION

[REDACTED] suffers from a cervicothoracic spine sprain with right pectoralis strain and cervicogenic headaches.

FAXED TO CLINIC 5-10-05
BY PHONE

TREATMENT

1. Motor nerve stimulation of the upper trapezii.
2. Active ranges-of-motion for the cervical spine -- beginning with rotation.
3. Gentle manipulation of the upper thoracic spine and eventually the cervical spine.
4. Home stretching exercises for the pectorali and trapezii.

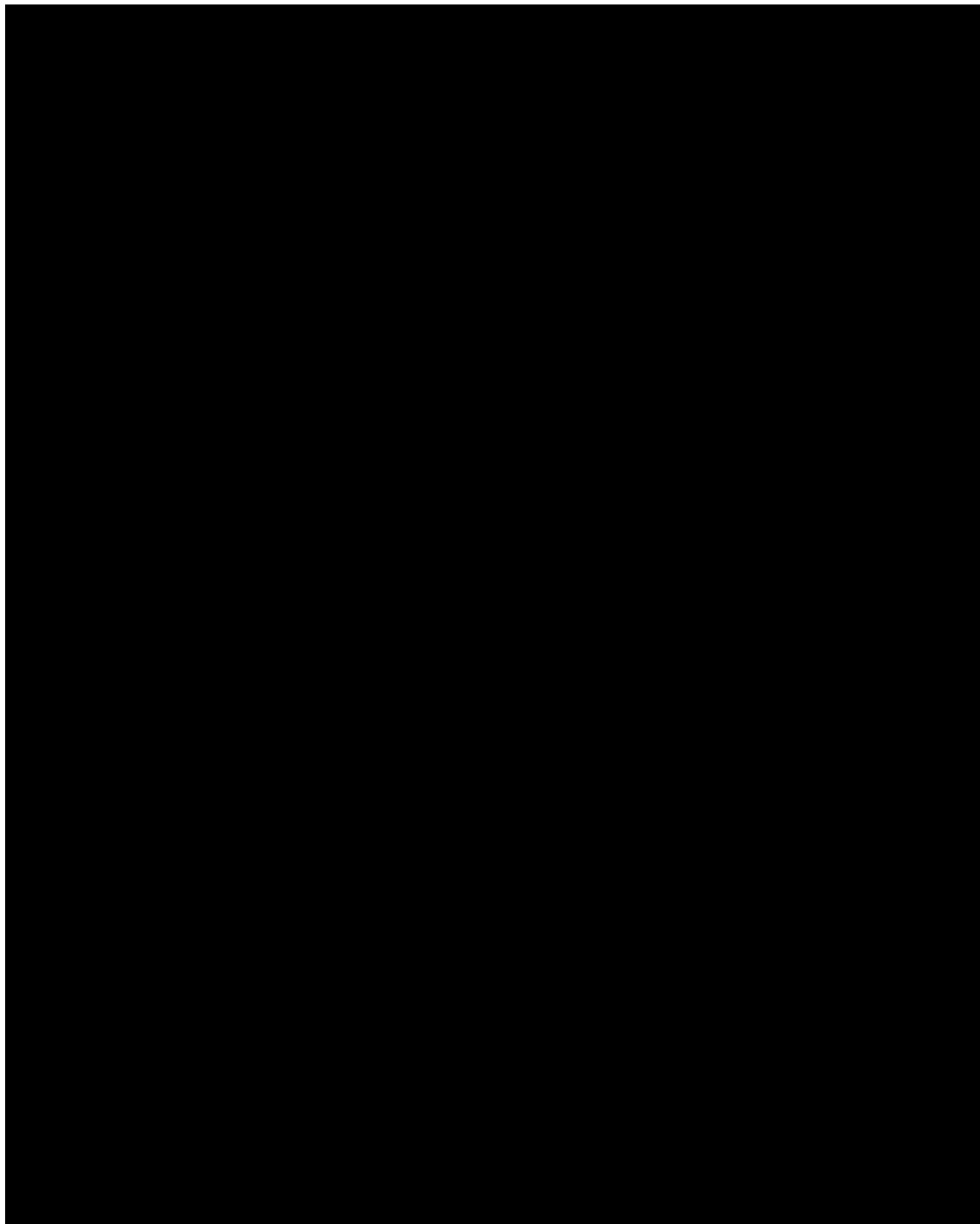
[REDACTED] will be seen 3 times per week over the next 2 weeks, after which time she will be re-evaluated and referred back to you. Thanks again for the referral.

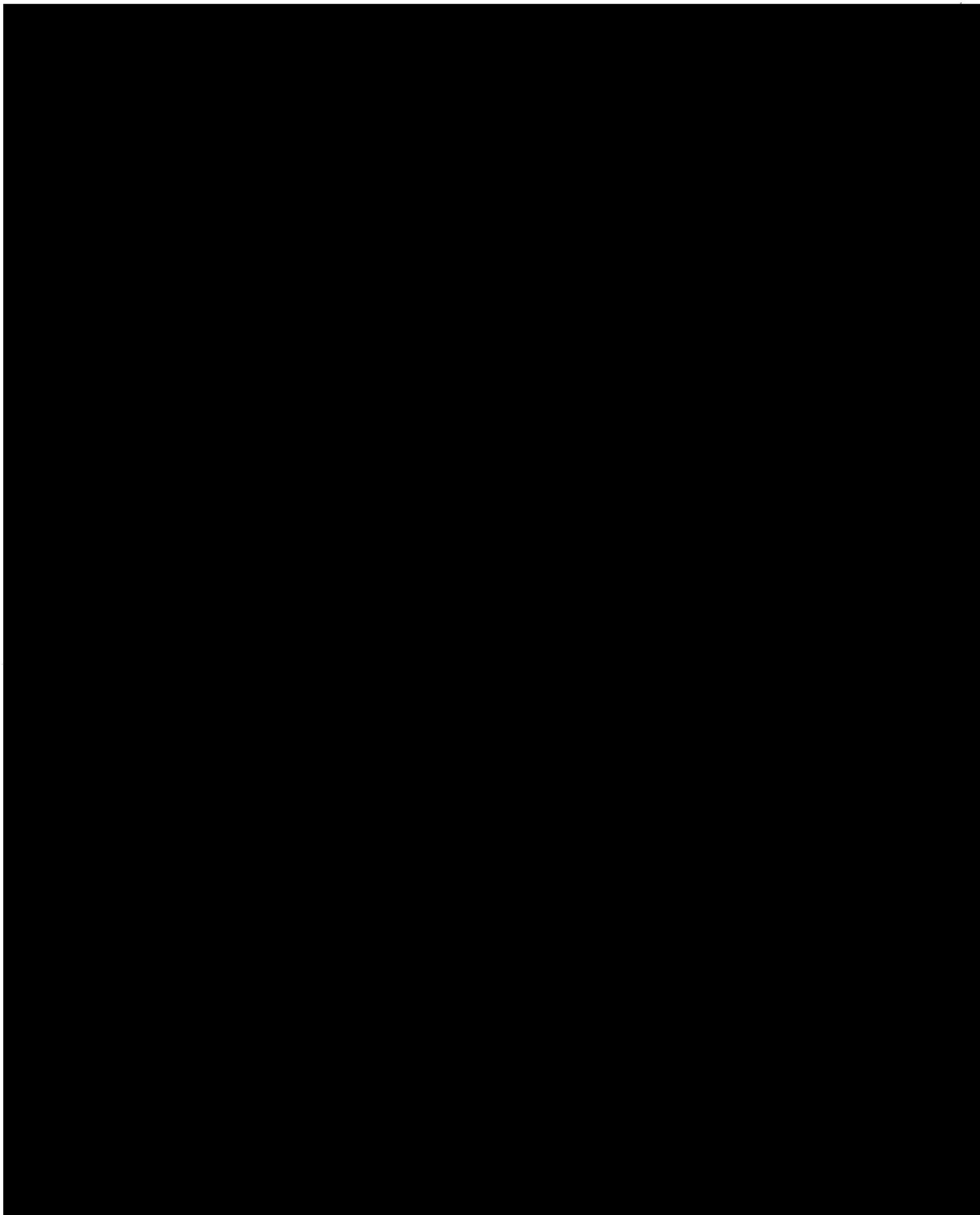
Sincerely,

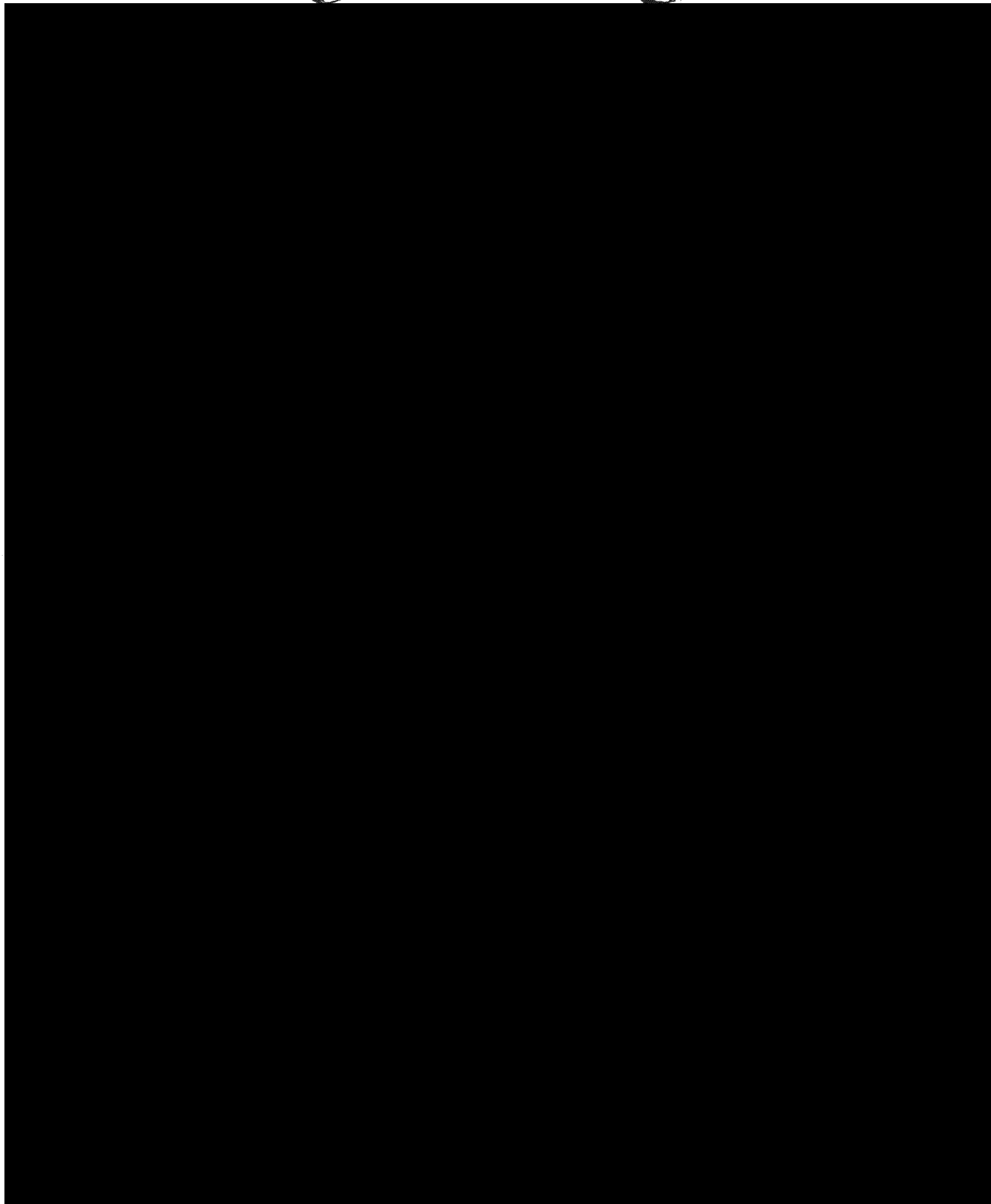


Robin W. King, D.C.

RWK:csk







Robin W. King, D.C., C.C.R.
Chiropractic & Rehabilitation

1523 Fairview Avenue
Caldwell, Idaho 83605
Telephone (208) 455-9591
Fax (208) 459-2612

May 17, 2005

Charlie Frost, PA-C
1200 Garrity Blvd.
Nampa, ID 83687

RE: [REDACTED]
DOB: [REDACTED]
MVA: 4-22-05

Dear Mr. Frost:

Thanks again for referring [REDACTED] to my office for treatment of a cervicothoracic spine sprain with pectorali strain and cervicogenic headaches. [REDACTED] has been treated a total of 5 visits over the past 2 weeks. The treatment sessions have consisted of: motor nerve stimulation of the upper trapezii, active ranges-of-motion and long axis distraction for the cervical spine, and manipulation of the upper thoracic spine. She has also been performing home stretching exercises for the pectorali (gently), trapezii and wall walking for the right shoulder.

[REDACTED] has responded relatively well to the treatment plan. The cervicothoracic discomfort and headaches have decreased significantly. The right pectoralis is still moderately sore - she can't lift much.

At this stage in care I have told her to continue with the ice and home exercise program, avoid repetitive lifting or grasping with the right pectoralis and recommend 2 more weeks of treatment at a frequency of 2-3 times per week to begin some strengthening exercises. She has not been rescheduled at this time, awaiting your recommendations.

Sincerely,

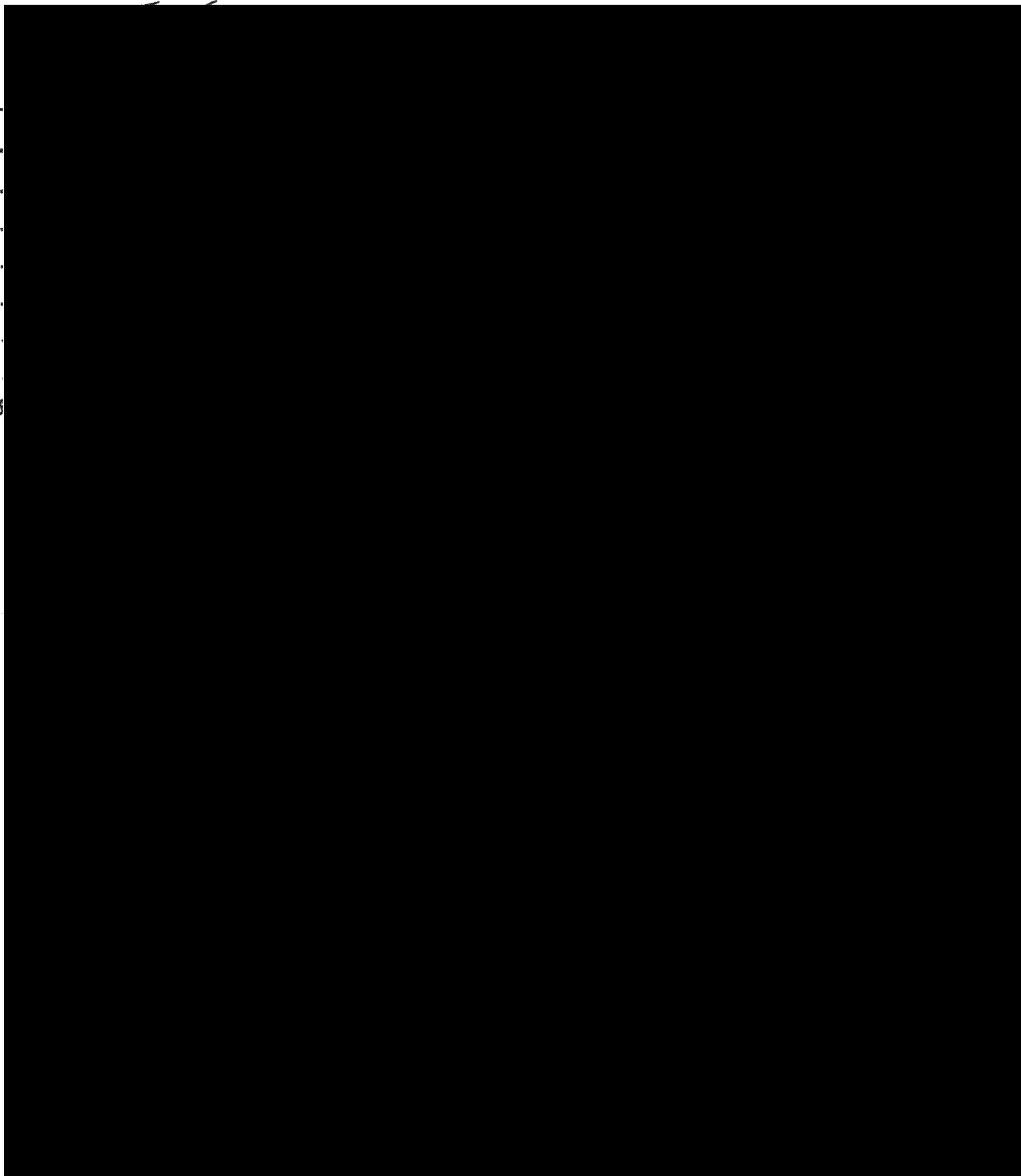


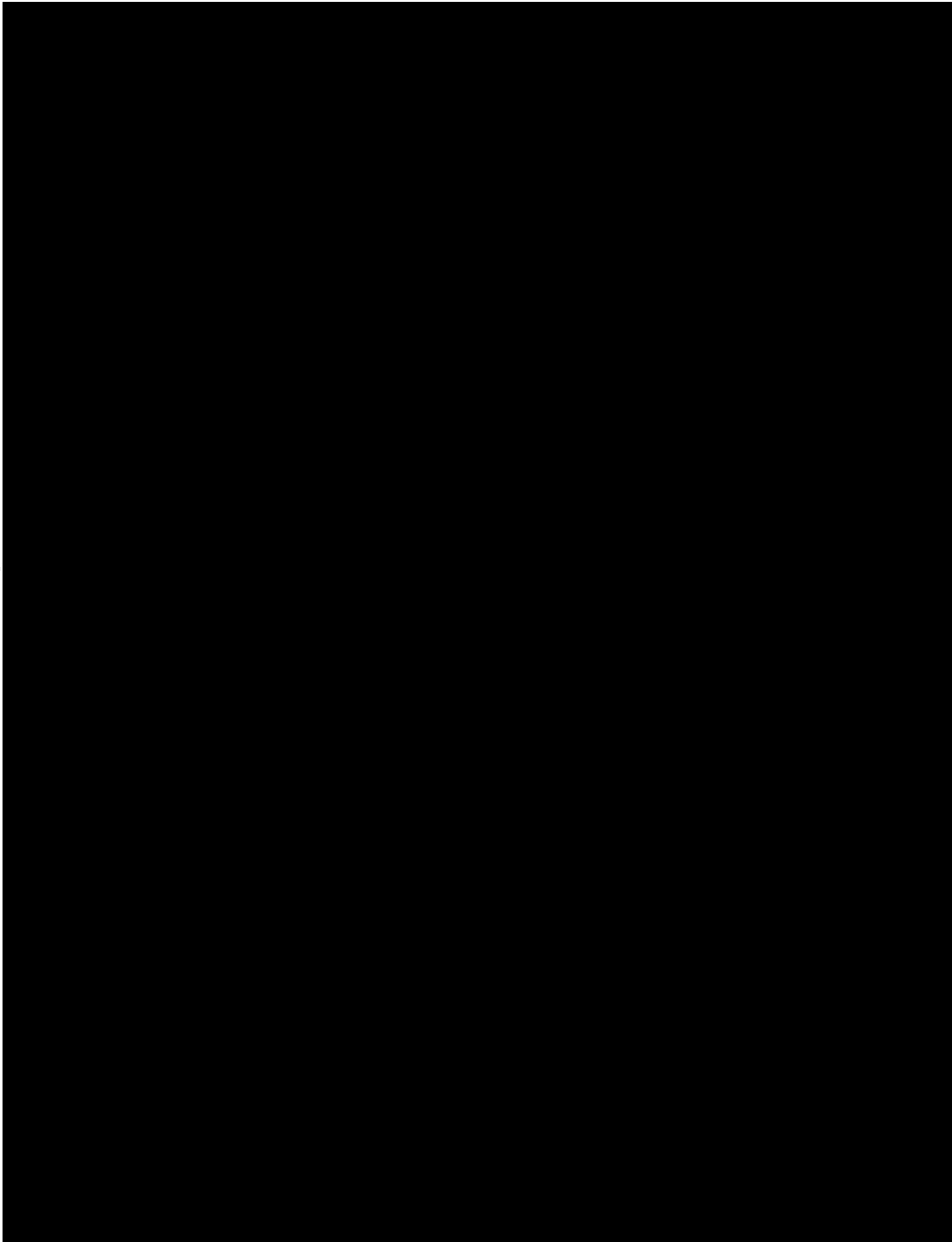
Robin W. King, D.C.

RWK:csk

C

C





Robi W. King, D.C., C.C.R.C.
Chiropractic & Rehabilitation

1523 Fairview Avenue
Caldwell, Idaho 83605
Telephone (208) 455-9591
Fax (208) 459-2612

May 31, 2005

Charlie Frost, PA-C
1200 Garrity Blvd.
Nampa, ID 83687

RE: [REDACTED]
DOB: [REDACTED]
MVA: 4-22-05

Dear Mr. Frost:

Thanks again for referring [REDACTED] to my office for ongoing treatment of a cervicothoracic spine sprain with pectorali strain and cervicogenic headaches. [REDACTED] has been treated a total of 8 visits over the past 4 weeks with a re-exam being performed today. The treatment sessions have consisted of: myofascial therapy to the upper trapezii, manipulation of the cervical and thoracic spine and stretching and strengthening exercises for the upper back, neck and right shoulder.

[REDACTED] has responded very well to the treatment plan. She reports a greater than 50 percent improvement in the pain of the upper back, neck, and right pectoralis/shoulder; the headaches are also less bothersome.

RE-EXAM FINDINGS C-T SPINE 5-31-05

[REDACTED] is mildly tender to palpation in the right subscapular and upper pectoralis region. Active cervical spine flexion and right rotation are full and painfree. Active cervical spine extension and left rotation cause discomfort at endrange in the cervicothoracic junction. Active cervical spine lateral flexion causes discomfort at endrange in the contralateral upper trapezius. Cervical spine compression tests in right flexion cause moderate cervicothoracic pain. Cervical spine compression tests in all other quadrants, and distraction tests are unremarkable. Shoulder depression tests both on the right and the left cause upper trapezius discomfort. No focal motor or sensory deficits are found in the upper extremities. Deep tendon reflexes are 2+ and symmetric at the biceps, brachioradialis and tricep tendons.

[REDACTED] is responding to care at an expected rate. Her strength is improving, but I am not sure if she will be able to handle a 50-pound load at work – she states this is a required job duty and will discuss work return options with you. I feel 2 more weeks of treatment to push some strengthening is warranted. She has not been rescheduled at this time, awaiting your recommendations.

Sincerely,

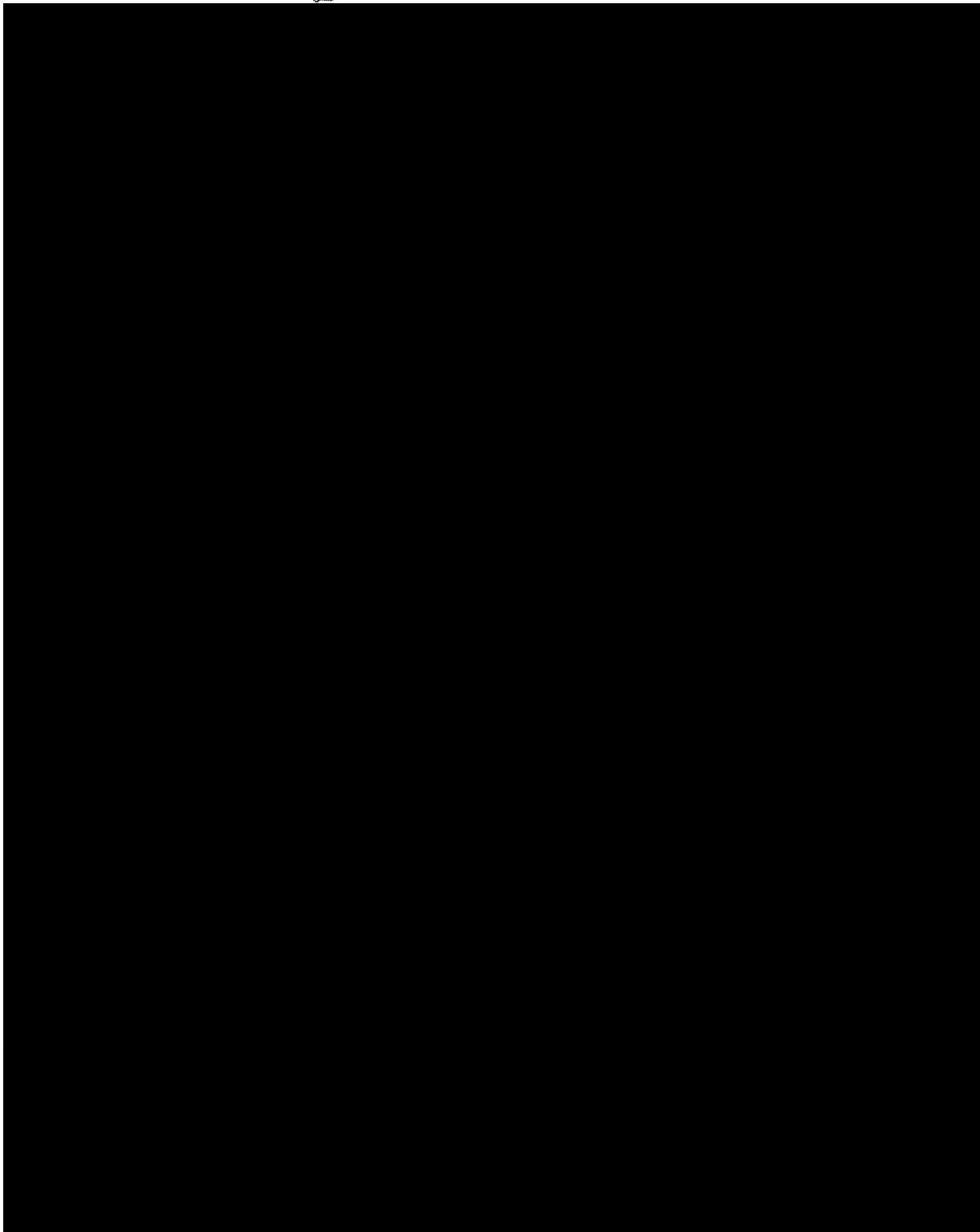

Robin W. King, D.C.

RWK:csk

241-6-1-0

C

C



PROGRESS REPORT / RE-EXAM

NAME [REDACTED]

DATE 6-14-05

No Pain
At All

Pain As Bad
As It Could Be

*Has been well in the (today)
no 6-14-05 9th week. Out @ 6:45 AM - 1st visit (when she saw a nurse)
(2) the 1st time she was in outpatient clinic*

Palpation: *72% improvement (A) 1/2*

C-SPINE ROM (A.P.R) ER-ENDRANGE/FAPP-FULL AND PAIN FREE

Flex /60 *on @ 1/3*
Ext /50 *full*
L rot /80
R rot /80
L flex /45
R flex /45

L-SPINE ROM

Flex /90
Ext /20
L rot /20
R rot /20
L flex /30
R flex /30

ORTHOPEDIC TESTS

George's
Comp *2/3*
Dist *7*
Sh. Dep. *7/8*
Allen's
Roos
Hal/Adson's
Rib Comp
T-Work *(A) sh L flex L ext - (over-ice sh sup) 7/8*
CN

ORTHOPEDIC TESTS

Kemp's
Bech/Lindn
Valsalva
SLR
Brag.
Gaens.
Sq/Gap
Yeom
Rea/Piri
Murphy

REFLEXES

	<u>R</u>	<u>L</u>
Biceps C5	012345	012345
BrRadi C6	012345	012345
Triceps C7	012345	012345

Dermatomes

	<u>R</u>	<u>L</u>
C5	<i>W/D</i>	
C6		
C7		
C8		
T1		

Myotomes

	<u>R</u>	<u>L</u>
Delts C5	12345	12345
Wrist ext C6	12345	12345
Wrist flex C7	12345	12345
Finger flex C8	12345	12345
Ab/Ad T1	12345	12345

REFLEXES

	<u>R</u>	<u>L</u>
Patella L4	012345	012345
Achilles S1	012345	012345

Dermatomes

	<u>R</u>	<u>L</u>
L1		
L2		
L3		
L4		
L5		
S1		

Myotomes

	<u>R</u>	<u>L</u>
L1-2 Hip flex	12345	12345
L3 Leg ext	12345	12345
L4 Dorsiflex	12345	12345
L5 Hallux ext	12345	12345
S1 Plantar flex	12345	12345

PX: *CT scan (A) All scan normal (C spine H's A normal)*

TX: *(A) Shoulder strain - myofascial therapy
Release E-400
W/D Sh - (recovery by 1st visit) 54 release to work*

Robi W. King, D.C., C.C.R.
Chiropractic & Rehabilitation

1523 Fairview Avenue
Caldwell, Idaho 83605
Telephone (208) 455-9591
Fax (208) 459-2612

June 14, 2005

Charlie Frost, PA-C
1200 Garrity Blvd.
Nampa, ID 83687

RE: [REDACTED]
DOB: 4-25-48
MVA: 4-22-05

Dear Mr. Frost:

Thanks again for referring [REDACTED] to my office for ongoing treatment of a cervicothoracic spine sprain with cervicogenic headaches and right shoulder strain. [REDACTED] was treated 3 times over the past 2 weeks with a re-exam being performed on this 4th visit. The treatment sessions have focused on: manual therapy of the upper back and neck and strengthening exercises for the neck and right shoulder.

[REDACTED] upper back and neck pain is nearly resolved – the headaches are not mentioned today, but the right shoulder still provides her with a lot of discomfort especially with overhead work.

RE-EXAM FINDINGS C-T SPINE 6-14-05

[REDACTED] is mildly tender to palpation in the right interscapular region. Active cervical spine flexion causes mild discomfort at endrange in the interscapular region. Active cervical spine extension, rotation and lateral flexion are full and painfree. Cervical spine compression, distraction and shoulder depression tests are unremarkable. Right shoulder range-of-motion is still restricted by pain at endrange flexion and abduction. No focal motor or sensory deficits are found in the upper extremities. Deep tendon reflexes are 2+ and symmetric at the biceps, brachioradialis and tricep tendons.

At this stage in care I feel [REDACTED] cervicothoracic sprain with right pectoralis strain has nearly resolved – as have the cervicogenic headaches. The right shoulder strain has been more resistant to treatment, and given the fact that she had shoulder surgery last year I am not sure if it will ever be painfree. I told her to discuss future management/special imaging studies for the right shoulder with you. She is being released from active care in my office. I told her that if there is any exacerbation of the neck or mid back complaint when she returns to work she can return to my office on an as-needed-basis. Thanks again for the referral of this challenging case.

Sincerely,



Robin W. King, D.C.

RWK:csk

11-1-05

Dr. King

C. P. Shacht

Date

6-16-85

Swan Prost, returned to full duty 6/12/05, our return here per
per 3) mobility in 44 1700V

TO: C.F.B. SUSAN

9/2 TPA

pm phagocytosis of debris & phagocytosis of debris (2)

Sq. Pw.

CANYON COUNTY AMBULANCE DISTRICT

P O BOX 9160, NAMPA, ID 83652

(208) 466-8800

Patient name: [REDACTED]

Run number: 05-2986
Date of call: 4/22/2005
Time of call: 15:14
Caller:

From: <I-84>

To: West Valley Medical Center

CALDWELL, ID [REDACTED]

Primary payor: FARMERS INSURANCE

CLAIM [REDACTED]

Secondary payor: Bill Patient

Description	Check #	Quantity	Unit price	Payment date	Amount
BLS BASE RATE EMERGENCY		1	365.00		365.00
MILEAGE		3	6.00		18.00
OXIMETER		1	15.00		15.00
SPINAL IMMOB. - C-COLLAR/HDBD		1	20.00		20.00
SPINAL IMMOB. - LBB		1	40.00		40.00
		0			
		0			

PLEASE PAY THIS AMOUNT:

\$458.00

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Patient name: [REDACTED]

Run number: 05-2986

Current date: 07/18/2005

Amount enclosed: \$ [REDACTED]

Due Upon Receipt

Remit to: CANYON COUNTY AMBULANCE DISTRICT
P O BOX 9160
NAMPA, ID 83652

We filed a claim with your insurance company 30 days ago. Please be advised that they have not responded. You need to contact them about payment on this account or pay the balance due. If you have any questions, please call our office. Thank you!



Canyon County Paramedics

1222 North Midland Blvd., Nampa, ID 83651
(208) 466-8800

www.CCParamedics.com

Run Number: 52876

Print Date: July 18, 2005

Call Summary		Outcome		Times	
Call received	04/22/2005 @ 15:06	Outcome	Scene > Hospital	Call Received:	15:06
Responded To	MVA - Auto	Call completed by	Bollar, Kevin	Dispatch:	15:09
Location	I-84, MP 26 1/2 Caldwell, Id, UNITED STATES 83605	Level of care	BLS	Enroute:	15:09
Medic Unit	4	Destination	West Valley Med. Ctr.	Scene:	15:14
Responded with	Middleton QRU EMTs	Receiving Physician	Radnovich, R.	Depart:	15:24
From zone	3	Reason	Closest	Destination:	15:30
To zone	1	Beginning Mileage	10.00	Clear:	15:51
		Ending Mileage	12.20	Transport:	
		Transport Mileage	2.20	Transport Depart:	
		(Physician not on List)	C. Frost, PA		

Patient Information					
Name	[REDACTED]	Phone	[REDACTED]	Occupation	[REDACTED]
SSN	[REDACTED]	Home Address	[REDACTED]	Relation	Self
DOB	Apr 25, 1948 (56 Y)		Caldwell, Id, UNITED STATES	SSN	[REDACTED]
Gender	F	NOK Name	[REDACTED]	Address	Caldwell, Id, UNITED STATES
Weight		NOK Relation	Spouse	Phone	[REDACTED]
Doctor	Not on List	NOK Phone	[REDACTED]	Work Related	No
Employer	Simplot Meat Products, Inc	NOK Address	Caldwell, Id, UNITED STATES		
Per. Effects	Cell Phone, Wallet, Given to Husband @ scene		[REDACTED]		

Insurance Information			
Insurance Company	FARMERS INSURANCE	Policy #	Motor Vehicle Unk.
			Ins. Group #
Insurance Company	PRINCIPAL MUTUAL-SIMPL	Policy #	Unk.
			Ins. Group #

History Information	
Chief Complaint:	Trauma - Pt. c/o cervical and lumbar spine pain, and chest pain associated with MVC.
Patient Denies:	Abdominal pain, Extremity pain, Flank pain, Head ache, Hip pain, Loss of consciousness, Nausea & vomiting, Numbness
Relevant Past History:	* - Pt. has a previous injury to her L-spine that has caused her pain, but states that the pain is much worse than normal.
Medications:	Denies any
Allergies:	Demerol



Canyon County Paramedics

1222 North Midland Blvd., Nampa, ID 83651
(208) 466-8800

www.CCParamedics.com

Run Number: 52876

Print Date: July 18, 2005

Assessment Information

Included below are the pertinent findings of the physical exam.

15:16	Assessed by: Bollar, Kevin	
Body Area	Assessment	Further Details
Pt presents	in mild pain	
	seated	in the passenger seat of the vehicle with her feet out of the vehicle on the ground
Neuro	alert & oriented x4, no neuro deficits	
Head	normocephalic	not tender to palpation, no deformities or crepitus noted on exam
Eyes	PERRL	
Ears	atraumatic, no drainage	
Nose	atraumatic, no drainage	
Oropharynx	clear, no oral trauma, no drainage	
Neck	tender to palpation	midline, Middleton had a No-Neck C-collar in place prior to our arrival
Chest	symmetrical	Pt. c/o pain to her L-anterior chest, lateral to the sternum, and just sub-clavicular that is reproducible upon palpation, no crepitus or sub-q air noted on exam.
Breath Sounds	all fields	
	clear & equal	
Heart tones	present	
Abdomen	soft & non-tender to palpation	
Thoracic	tender to palpation	@ the level of T-12-L-3, this is in the same area as her previous injury, but states that pain from her previous injury was lower in her L-spine.
Pelvis	non-tender to palpation	
Upper Extremities	atraumatic, full ROM, intact pulses, movement, & sensation	no deficits noted
Lower Extremities	atraumatic, full ROM, intact pulses, movement, & sensation	no deficits noted
MOI/Veh	*	Vehicle was traveling Eastbound on I-84 between mp 26 & 27, pt. states that her husband was attempting a lane change when he lost control and collided with the concrete divider of the freeway. The vehicle appears to have been traveling at about a 45 deg. angle to the divider with the impact head on to the front end of the vehicle. The vehicle spun and is now facing Westbound in the Eastbound lane. Pt. states that they were traveling at about 60-65 mph when her husband lost control. Pt. was restrained and airbags did deploy. There is moderate intrusion to the engine compartment.

Vital Signs

Time	BP	HR	RR	Pulse Rte.	SPO2	Resp. Rate	Resp. Effort	Cns. Refl.	GCS	ETCO2	Comments
15:25	114/90	86	Strong	Regular	97 %	16	Normal		15		
15:30	116/91	85	Strong	Regular	96 %	16	Normal		15		

Impression

Impression: Trauma - Pt. has probable contusion to L-lateral/anterior chest, probable exacerbation of her previous L-spine injury, and poss. new injury to C-spine and L-spine.

Interventions provided by Middleton QRU EMTs
prior to CCP Medic 4's arrival:

Treatment

Spinal Precautions

Further Details

No-Neck C-collar applied

Interventions provided by Canyon County Paramedics

Time	Treatment	Description	Further Details
15:28	Spinal Precautions	Immobilized: LBB, C-Collar; No-neck, Secured: Straps & headbed, Reassess: No neuro deficits noted, By: Bollar, Kevin	
Pt. Released to	ED Nurse @ bedside		



Canyon County Paramedics

1222 North Midland Blvd., Nampa, ID 83651
(208) 466-8800

www.CCParamedics.com

Run Number: 52876

Print Date: July 18, 2005

Narrative

Arrived to find TV Paramedics and Middleton volunteers, along with PD already on scene. The pt. is sitting in the passenger seat of the vehicle with c-collar in place and manual c-spine stabilization applied. Pt. was the passenger of the vehicle and her husband, the driver has no c/o pain or injury and denies the need for medical attention. Pt. assessed and treated per protocols, transferred to LSB, with "Back Raft" in place, and secured, pt. loaded into the amb. Pt. reassessed in the amb, and transferred to WVMC. Pt. began to c/o pressure in her head as we were arriving at WVMC, but still had no tenderness noted and palpation did not inc. the pressure. Pt. released to ED staff @ WVMC, status unchanged.

Crew

Crew #1	Bollar, Kevin	9-ADV
Crew #2	Black, Kevin	Y-ICP
Crew #3	Storer, Doug	D-ICP

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Tanya R. Morris
Claims Administrator

April 11, 2006

[REDACTED]
Caldwell, ID [REDACTED]

Re: Claim No: 496864
 Our Client: General Motors Corporation
 Date/Event: 04/22/05
 Vehicle: 2005 Chevrolet Cobalt
 Vin No: 1G1AK52F957 [REDACTED]

Dear [REDACTED]:

As you know, ESIS is the Third Party Administrator handling product liability claims on behalf of GM. We have been informed that the subject vehicle has been sold and scrapped. As I mentioned to you before, without the vehicle GM is unable to evaluate this matter.

Should you have any questions or additional information please submit for our review within the next 10 days. If I do not hear from you by April 25th I will close my file accordingly.

Sincerely,

Tanya R. Morris

PE10-005

GM

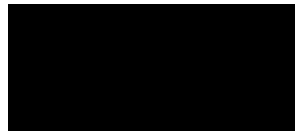
4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT



Service Request Detail

BI

SR No.	1-355114208	Ref No.		Goodwill		BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Restraints - (SIR) - Driver Front	Sub-Area	Initiate PAR- Injury
Address		City	Fulsom	Involved Dir	John L. Sullivan Chevrolet	Safety	Yes
State	CA	ZipCd		Con Acct		Updated	8/13/2005 12:08:03 PM
Serial #/VIN	1G1AL52F557	Model Year	2005	Source	Phone	Owner	KELSEYY
Make	Chevrolet	Warr. Start	05/13/2005	Priority	Medium	License #	CHEVROL
Model	Cobalt	Mileage	3000	Status	Open	Opened	8/10/2005 12:46:08 PM
Abstract	Restraints - (SIR) - Driver Front, non deployment			Sub-Status	Satisfied	Closed	
Customer Description	BRC File*Do Not Assume *Refer calls to Yolanda Kelsey/PAR/ ext 57082						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in	Road Surface	Road Cond	Fire Report#	Police Report#				
Relative	8/10/2005 1:30:00 AM	Y	0	1	Asphalt	Dry	unknown	9220				
Driver Last Name	Driver First Name	Height	DOB	Disabilities								
		5'4"	6/22/1980	none								
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency									
Houston	Melissa		Progressive Insurance (claim#unk)									
Incident Loc	exiting Hwy 65 near Blue Oak				Incident Desc	Cust mother stated thinks daughter was getting off hwy and was trying to turn when the steering column locked and veh spun out. Veh was not driveable as a result, did not hit other veh's but was towed from scene.						
Component	Steering column locked and veh spun out of control				Damage Desc	Believes whole front end was damaged						
Vehicle Loc	unknown: released to an ins				Add'l Info							
Emgcy Svc Names	Cust mother does not know				Maint Loc	Cust mother Does not know						

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	none(no svc since owning)
Vehicle Speed	75			Weather Condition	dry			Prop Owner	DOT
Last Service Date				Loc Last Service				Property Location	exiting Hwy 65 near Blue Oak
Veh Est Repair Cost	\$14,000.00			Spec Equip Installer	n/a			Prop Damage Description	pole was knocked down and guardrail dented
Primary Veh Use	Personal			Inspection Type				Inspected By	Inspection Not Performed
Veh Damage Description	trunk, passenegr side rear, front tires and grille							Inspection Date/Time	
								Explain Ot'er	

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
		06/22/80	Occupant of Owner's Vehicle		Driver	seatbelt
Injury Description		Medical Rpt#		Treatment Location		Treated By
3 broken ribs, multiple burns and abrasions on wrist, bruising and muscular injuries throughout body		n/a		Hospital Kaiser Roseville 1600 Eureka Road Roseville, CA 95661		ER staff
Street Address		City	State	Zip Code		
522 Rowlands CT		Folsom	CA	95630		

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 12:31:14 PM	KELSEYY	KELSEYY	Inbound Call Customer	Complex Request	Done	8/13/2005 12:46:01 PM	
Contact Last Name		First Name		Account		BAC Code	

Comments

Cust [REDACTED] called in..

Cust seeks to know that since the veh has been signed over to the ins carrier will it hinder GM's process. crm advised cust that since the file has been forwarded to ESIS-crm cannot state what will happen. crm advised it speaking of the veh only- there can be no 2 payments for the one veh. cust understood. crm advised cust that the file will be forwarded to ESIS.

Yolanda Kelsey/par/57092

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 12:04:38 PM	KELSEYY	ESISBIQU	Escalation	ESIS - Injuries	In Progress		Injuries
Contact Last Name		First Name		Account		BAC Code	

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:53:40 AM	KELSEYY	KELSEYY	Outbound Call Dealer	Cancelled	Done	8/13/2005 11:58:39 AM	no additional call required
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Yolanda Kelsey/PAR/ ext 57092

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:53:40 AM	KELSEYY	KELSEYY	BRC PAR	ESIS- Injuries	Done	8/13/2005 12:03:29 PM	Sending to ESIS due to injuries
Contact Last Name	Contact First Name	Account	BAC Code				

Notified of forwarding to ESIS

Yolanda Kelsey/PAR/ ext 57092

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:53:40 AM	KELSEYY	KELSEYY	PAR Case Assessment	Injury Major	Done	8/13/2005 12:04:05 PM	With Injury Major
Contact Last Name	Contact First Name	Account	BAC Code				

Type of Injury: 3 broken ribs, multiple burns and abrasions on wrist, bruising and muscular injuries throughout body

Yolanda Kelsey/PAR/ ext 57092

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:53:39 AM	KELSEYY	KELSEYY	BRC PAR	Close	Done	8/13/2005 12:04:37 PM	Sent to ESIS
Contact Last Name	Contact First Name	Account	BAC Code				

Comments
Final Business Case Summary:
1-CRM REVIEWED PAR FILE.
2-CRM CONTACTED CUSTOMER AND CONFIRMED 1241 FACTS.
3-CRM ADVISED CUSTOMER THAT FILE IS TO BE FORWARDED TO ESIS DUE TO INJURIES.
4-CRM CLOSED FILE AND FORWARDED TO ESIS...

NO OFFERS OF REPURCHASE/REPAIR EXTENDED.

YOLANDA KELSEY/PAR/57092

Yolanda Kelsey/PAR/ ext 57092

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:53:39 AM	KELSEYY	KELSEYY	Outbound Call Field Rep/Whist	Cancelled	Done	8/13/2005 11:58:15 AM	no additional call required
Contact Last Name	Contact First Name	Account	BAC Code				

Yolanda Kelsey/PAR/ ext 57092

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:53:30 AM					Done	8/13/2005 11:57:47 AM	1-355114208, BRC PAR Case Assess Injury Major
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:51:49 AM	KELSEYY	KELSEYY	BRC PAR	Initial Contact-AVM	Done	8/13/2005 11:56:54 AM	Renslow Michael 80509 58641
Contact Last Name		Contact First Name		Account		BAC Code	
Renslow		Mike		General Motors		Field	
Comments							
Renslow Michael 80509 58641 JOHN L. SULLIVAN CHEVROLET ROSEVILLE CA							

crm Wm advising of allegation of steering wheel locking up causing a collision. due to injuries the file is being forwarded to ESIS. FYI only.

Yolanda Kelsey/par/57092

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:47:43 AM	KELSEYY	KELSEYY	BRC PAR	Initial Contact- Dealer	Done	8/13/2005 11:51:00 AM	@ (916) 782-1243
Contact Last Name		Contact First Name		Account		BAC Code	
Stoe		Bryan		John L. Sullivan Chevrolet		112104	
Comments							

crm spoke w/ asst svc mgr Bryan Stoe @@ (916) 782-1243

crm spoke w/ asst svc mgr Bryan Stoe and advised of allegation of steering wheel locked. crm advised that due to the injuries the file is being forwarded to ESIS. crm advised svc mgr that if the cust should contact the dir in reference to same concern please refer cust to GM PAR.

Yolanda Kelsey/PAR/ ext 57092.

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:43:27 AM	KELSEYY	KELSEYY	Research		Done	8/13/2005 11:46:45 AM	-VIN search
Contact First Name			Account		BAC Code		

Crm performed VIN search

-1 open recalls found

05046 A/C SYSTEM WIRING AND DUAL STAGE AIRBAG MODULE WIRING

Crm performed case scan in Siebel

-No other sr's found

Yolanda Kelsey/PAR/ ext 57092

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/13/2005 11:18:50 AM	KELSEYY	KELSEYY	BRC PAR	Initial Contact- Phone	Done	8/13/2005 11:38:35 AM	
Contact First Name		Contact First Name		Account		BAC Code	

Crm contacted cust

cust states that he is the original from John L Sullivan Chevrolet. veh is used for personal and no aftermarket items. no svc since owning. current mileage: approx. 3,000. Property damage: light pole knocked down, guardrail was bent in a little. Injuries, Driver [REDACTED] 5/22/80, 3 broken ribs, multiple burns and abrasions on wrist, bruising and muscular injuries throughout body taken to Kaiser Hospital the day after- (medical report and Dr. info unk).

"Incident Description"

cust states that there were no warning lights or any prior concerns. cust states that she was driving down highway at 75 mph and she was getting off on exit and the steering wheel would not turn, she panicked, slammed on brakes, spun out and hit pole and guardrail. veh damage: pole hit trunk of veh and fell hitting the back passenger seat and the front end, grille is off and right tire is off and the left tire is flat, multiple dents throughout the veh \$est 14,000. cust states that she does not feel that her ins should have to cover this as it is not her fault. crm advised cust that the file now would be transferred to different dept due to injuries. crm explained ESIS waiting period. cust understood. cust thanked crm. crm made no offers to repair or repurchase.

Yolanda Kelsey/PAR/ ext 57092

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/12/2005 2:17:12 PM	BURCHAM	BURCHAM	Quality Review	BRC PAR	Done	8/12/2005 2:20:50 PM	completed audit.
Contact Last Name	Contact First Name	Account	BAC Code				pat burcham/brc par/tm/tampa
Comments							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/12/2005 11:22:29 AM	KELSEYY	KELSEYY	BRC PAR	Acknowledgement	Done	8/12/2005 11:23:25 AM	
Contact Last Name		Contact First Name	Account		BAC Code		
Comments							
Crm contacted cust							

CUSTOMER NOT AVAIL. CRM LEFT MESSAGE ON VME REQUESTING RETURN CALL TO DISCUSS CONCERNS.

YOLANDA KELSEY/PAR/57092

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/11/2005 4:04:04 PM	KELSEYY	KELSEYY	Ownership Changed	Ownership Escalated to BRC	Done	8/11/2005 4:04:04 PM	Ownership Escalated to BRC
Contact Last Name		Contact First Name		Account		BAC Code	
Comments							
Confidential Comments							

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/11/2005 11:45:29 AM	LOTTM	KELSEYY	Ownership Changed		Done	8/11/2005 11:45:29 AM	Service Request Ownership has changed FROM: LOTTM TO: KELSEYY
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/11/2005 11:45:18 AM	LOTTM	KELSEYY	Notify CRM		Done	8/13/2005 11:41:11 AM	file assigned
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/11/2005 11:44:54 AM	LOTTM	KELSEYY	BRC PAR	Case Assigned	Done	8/11/2005 11:45:17 AM	assigned file to Yolanda Kelsey at ext. 57092
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/11/2005 7:44:44 AM	LOTTM	LOTTM	Ownership Changed		Done	8/11/2005 7:44:44 AM	Service Request Ownership has changed FROM: JUAJONKA TO: LOTTM
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/10/2005 1:21:54 PM	JUAJONKA	LOTTM	Escalation	Initiate PAR	Done	8/11/2005 11:44:53 AM	Assigning activity to PAR QUEUE
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

CRM advised that a person from the PAR Department will contact the customer within 2 business days.

Received and assigned in PAR.
Marjorie Lott/PAR/Workflow

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/10/2005 12:47:56 PM	JUAJONKA	JUAJONKA	Inbound Call Third Party	Complex Request	Done	8/10/2005 1:21:51 PM	Cust mother called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Cust mother [REDACTED] called in, stated her Daughter was in a car accident in which the steering column locked up. Gave her own address as did not know daughter's current address. Cust evening phone# and cell# is cust mother's phone numbers as well.

Cust mother states: Wanting to find out if Chevrolet cobalt has had any recalls on it this year.

Original owner? Y

Where veh purchased? in Fulsom, Sullivan dir

Progressive Insurance is name of Insurance provider

Current approximate mileage? did not know

CRM advised: A representative from the PAR dept, will be in contact w/ cust or her w/in 2 business days. Gave Sr# to reference once has more information to call in and notify.

Kara Juarez-Jones/ATX/CAC

Confidential Comments

UCC Information

UCC Code	Symptom	Description
C46	SIR - Did Not Deploy	Restraints - (SIR) - Driver Front

GM Vehicle Inquiry System Summary

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[Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN :	1G1AL52F557
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VEHICLE INFORMATION

Merchandising Model :	1AL69 -2005 COBALT 4-DOOR LS SEDAN	Warranty Start Date :	05/13/2005
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	JOHN L. SULLIVAN CHEVROLET PO BOX 1028 ROSEVILLE, CA 95678-8028 (916) 782-1243	Selling Source :	13 - CHEVROLET
		Site Code :	06081
		Business Associate Code :	112104
Service Contract :	No	Branded Title :	No
Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
RC	05046	A/C SYSTEM WIRING AND DUAL STAGE AIRBAG MODULE WIRING	05/11/2005	Open

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

OnStar Equipped	No	OnStar Status	N/A	Refer to Help page for details or: www.onstarenrollment.com or (888)ONSTAR1 (888)667-8271	
XM Equipped	Yes	XM Radio ID	3B8M80WP	XM Status	Active
Refer to Help page for details or: www.gm.xmradio.com or (800)556-3600					

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	05/13/2005	32 miles	05/13/2008	36032 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	05/13/2005	32 miles	05/13/2011	100032 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	05/13/2005	32 miles	05/13/2013	80032 miles
84/70000 CALIFORNIA SELECT COMPONENT	05/13/2005	32 miles	05/13/2012	70032 miles

36/50000 CALIFORNIA EMISSIONS	05/13/2005	32 miles	05/13/2008	50032 miles
60/60000 POWERTRAIN - U.S.	05/13/2005	32 miles	05/13/2010	60032 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
03/28/2005	007648	#	Y0032 - INVENTORY UPGRADE WATER ON PASSENGER FLOOR/BLOWER MOTOR IN	10 miles
01/10/2005	A32653	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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8/15/2005

GM Vehicle Inquiry System

Claim History

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VIN :	1G1AL52F557 [REDACTED]
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CLAIM HISTORY

Repair Order Date :		03/28/2005		Repair Order Number :		007648		Odometer Reading :		10 miles	
Serviced By :	JOHN L. SULLIVAN CHEVROLET PO BOX 1028 ROSEVILLE, CA 95678-8028 (916) 782-1243					Selling Source :		13 - CHEVROLET			
						Site Code :		06081			
						Business Associate Code :		112104			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
04/01/2005	574	01	#	Y0032 - INVENTORY UPGRADE WATER ON PASSENGER FLOOR/BLOWER MOTOR IN	15296710 - DEFLECTOR	N/A	N/A	\$ 49.65	N		

Repair Order Date :		01/10/2005		Repair Order Number :		A32653		Odometer Reading :		0 miles	
Serviced By :	JOHN L. SULLIVAN CHEVROLET PO BOX 1028 ROSEVILLE, CA 95678-8028 (916) 782-1243					Selling Source :		13 - CHEVROLET			
						Site Code :		06081			
						Business Associate Code :		112104			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
01/14/2005	552	01	1	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	N/A	N/A	N/A	\$ 96.90	N		

CHECK HISTORY

Vehicle Has No Associated Check History.

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8/15/2005

GM Vehicle Inquiry System

Vehicle Build

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VIN	1G1AL52F557 [REDACTED]
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VEHICLE BUILD

Merchandising Model :	1AL69 -2005 COBALT 4-DOOR LS SEDAN		
Gross Vehicle Weight Rating :	1737 kg (3830 lb)	Order Number :	HRRWZN
Build Date :	01/10/2005	Build Plant :	157A

OPTION CODES

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AR9 - DELUXE FRONT BUCKET SEAT
C67 - ELECT. FRONT AIR CONDITIONER	DG7 - ELEC TWIN REMOTE SPORT MIRRORS
FE1 - SUSPENSION SYSTEM-SOFT RIDE	FY1 - TRANS/AXLE 3.63 RATIO
IPC - INTERIOR TRIM DESIGN	JM4 - 4-WHEEL ANTI-LOCK BRAKE SYSTEM
K64 - 115 AMP GENERATOR	LOD - ASSEMBLY PLANT - LORDSTOWN, OHIO
L61 - 2.2L DOHC 4 CYL ENGINE	MN5 - 4 SPEED AUTO TRANSMISSION
MX0 - 4-SPD. AUTO. TRANS. W/OVERDRIVE	NP5 - LEATHER WRAPPED STEERING WHEEL
NU1 - CALIF EMISSIONS LEV 2	NW7 - TRACTION CONTROL
PFD - 16" ALUMINUM WHEEL	QMF - P205/55R16 TOURING BW TIRES
RE8 - UPGRADE ORNAMENTATION	R9U - GM ACCESS - AUTOBOOK IDENTIFIER
SLM - STOCK ORDERS	TV5 - SPORT PACKAGE
T37 - DELUXE FOG LAMPS	T43 - REAR DECK-LID SPOILER
UK3	UN0 - AM/FM STEREO W/CD PLAYER
UQ4 - BASE SPEAKER SYSTEM	U2K - XM SATELLITE RADIO-OVER 130 CHNLS OF DIGITAL ENTERTAINMENT. SERVICE FEE EXTRA 1ST.3MOS.INCL
VG6 - NOTICE TO BUYER LABEL - 5 MPH BUMPER IMPACT, CALIFORNIA	VK3 - FRONT LICENSE PLATE MOUNT
VY7 - LEATHER SHIFT KNOB	V73 - STATEMENT OF VEHICLE CERT.- U.S./CANADA
YF5 - 50-STATE EMISSIONS	1SB - 1SB SPORT PACKAGE INCLUDES: *WHITE FACED SPORT GAUGES *LEATHER WRAPPED SHIFT LEVER *LEATHER WRAPPED STEERING WHEEL *SPORT FASCIA W/FOG LAMPS *REAR

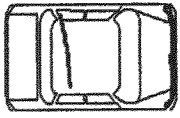
	SPOILER *16" ALUMINUM WHEELS *P205/55R16 TIRES *CHROME EXHAUST TIP
1SZ - OPTION PACKAGE DISCOUNT	14C - GRAY
14I - GRAY	46U - BLUE GRANITE METALLIC
6AP	7AP
8AB - REAR SPRING	9AB - REAR SPRING

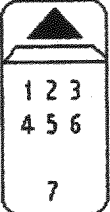

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TRAFFIC COLLISION REPORT

CHP 555 CARS Page 1 (Rev 1-03) OPI 061

Page 1 of 6

SPECIAL CONDITIONS		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED ROSEVILLE	JUDICIAL DISTRICT		LOCAL REPORT NUMBER 8/05 - 62			
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY PLACER	REPORTING DISTRICT		BEAT 265			
LOCATION	COLLISION OCCURRED ON: SR-65 (N/B) TO BLUE OAKS BLVD				MO 8/10/2005	DAY YEAR	TIME (2400) 0215	NCIC # 9220	OFFICER I.D. 011158	
	MILEPOST INFORMATION: 1875 FEET SOUTH OF 65 PLA M8.146				DAY OF WEEK WEDNESDAY		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE		
	<input type="checkbox"/> AT INTERSECTION WITH:				STATE HWY REL. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	<input checked="" type="checkbox"/> OR: 1875 FEET SOUTH OF BLUE OAKS BLVD									
PARTY 1	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2005	MAKE / MODEL / COLOR CHEV. COBALT BLU	LICENSE NUMBER 5NLW739	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/>				4 DR		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDES- TRIAN	STREET ADDRESS				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP ROSEVILLE CA				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		SIERRA HART AUTO CENTER - (916) 371-8028			
BICY- CLIST	SEX F	HAIR BRN	EYES HZL	HEIGHT 5-04	WEIGHT 120	BIRTHDATE Mo 6/22/1980 Day Year W	PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE NONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:					
	INSURANCE CARRIER PROGRESSIVE		POLICY NUMBER 61343632-2		VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input checked="" type="checkbox"/> MOD <input type="checkbox"/> NONE <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 	
	DIR OF TRAVEL N	ON STREET OR HIGHWAY SR-65		SPEED LIMIT 65		CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____				
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES- TRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:					
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA	
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____				
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES- TRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:					
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA	
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____				
PREPARER'S NAME S. T. HAMPTON 011158		DISPATCH NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME 1/150		DATE REVIEWED 8/19/05				

DATE OF COLLISION (MO. DAY YEAR) 8/10/2005		TIME(2400) 0215	NCIC # 9220	OFFICER I.D. 011158	NUMBER 8/05 - 62
PROPERTY DAMAGE	OWNER CA. DEPT. OF TRANSPORTATION	OWNER ADDRESS SACTO. CA			NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE ONE METAL LAMP POST AND LIGHT				
SEATING POSITION		OCCUPANTS		SAFETY EQUIPMENT	
		A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED		L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED	
				M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	
		CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE		EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	
				INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONNEL HYGIENE J - READING K - OTHER	
ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.					
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES		MOVEMENT PRECEDING COLLISION	
1 VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO A 22107		A CONTROLS FUNCTIONING		1 2 3 A HAZARDOUS MATERIAL	
B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*		B CELL PHONE HANDHELD IN USE	
C OTHER THAN DRIVER*		C CONTROLS OBSCURED		C CELL PHONE HANDSFREE IN USE X	
D UNKNOWN*		D NO CONTROLS PRESENT / FACTOR*		D CELL PHONE NOT IN USE	
		TYPE OF COLLISION		E SCHOOL BUS RELATED	
		A HEAD - ON		F 75 FT MOTORTRUCK COMBO	
		B SIDE SWIPE		G 32 FT TRAILER COMBO	
		C REAR END		H	
WEATHER (MARK 1 TO 2 ITEMS)		D BROADSIDE		I	
X A CLEAR		E HIT OBJECT		J	
B CLOUDY		F OVERTURNED		K	
C RAINING		G VEHICLE / PEDESTRIAN		L	
D SNOWING		H OTHER*		M	
E FOG / VISIBILITY FT.				N	
F OTHER*		MOTOR VEHICLE INVOLVED WITH		O	
G WIND		A NON - COLLISION		P	
		B PEDESTRIAN		Q	
LIGHTING		C OTHER MOTOR VEHICLE		OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)	
A DAYLIGHT		D MOTOR VEHICLE ON OTHER ROADWAY		1 2 3	
X C DARK - STREET LIGHTS		E PARKED MOTOR VEHICLE		A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 22349 (A)	
D DARK - NO STREET LIGHTS		F TRAIN		B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
E DARK - STREET LIGHTS NOT FUNCTIONING*		G BICYCLE		C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROADWAY SURFACE		H ANIMAL:		1 2 3	
X A DRY		I FIXED OBJECT:		D	
B WET				E VISION OBSCUREMENT:	
C SNOWY - ICY		J OTHER OBJECT: LAMP POLE		F INATTENTION*:	
D SLIPPERY (MUDDY, OILY, ETC.)				G STOP & GO TRAFFIC	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		PEDESTRIAN'S ACTIONS		H ENTERING / LEAVING RAMP	
A HOLES, DEEP RUT*		X A NO PEDESTRIANS INVOLVED		I PREVIOUS COLLISION	
B LOOSE MATERIAL ON ROADWAY*		B CROSSING IN CROSSWALK AT INTERSECTION		J UNFAMILIAR WITH ROAD	
C OBSTRUCTION ON ROADWAY*		C CROSSING IN CROSSWALK - NOT AT INTERSECTION		K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
D CONSTRUCTION - REPAIR ZONE		D CROSSING - NOT IN CROSSWALK		L UNINVOLVED VEHICLE	
E REDUCED ROADWAY WIDTH		E IN ROAD - INCLUDES SHOULDER		M OTHER*:	
F FLOODED*		F NOT IN ROAD		N NONE APPARENT	
G OTHER*:		G APPROACHING / LEAVING SCHOOL BUS		O RUNAWAY VEHICLE	
X H NO UNUSUAL CONDITIONS					
SKETCH		 INDICATE NORTH		MISCELLANEOUS	
REFER PAGE #4					

INJURED / WITNESSES / PASSENGERS

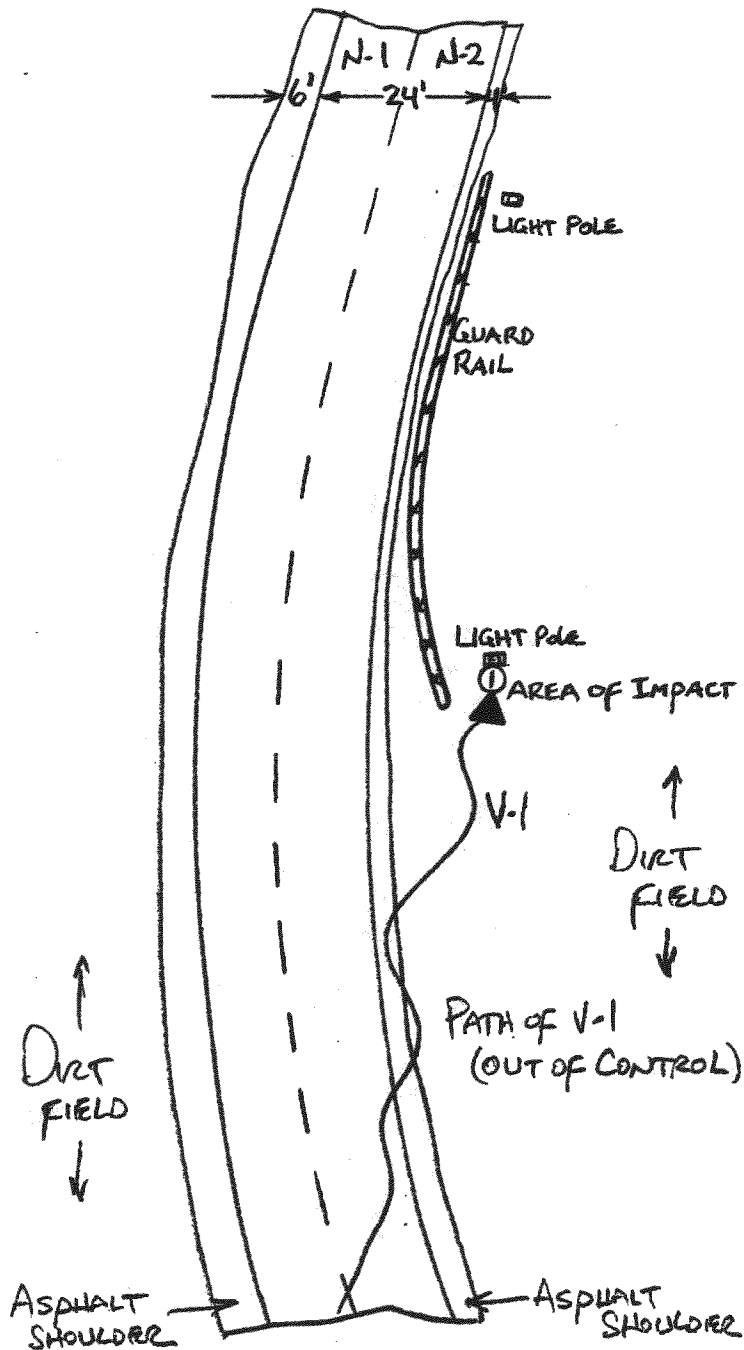
CHP 555 CARS Page 3 (Rev 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR) 8/10/2005				TIME(2400) 0215		NCIC # 9220		OFFICER I.D. 011158				NUMBER 8/05 - 62						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER						
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	30	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS [REDACTED] (06/04/1975) [REDACTED] SACRAMENTO CA [REDACTED]														TELEPHONE [REDACTED]				
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:				
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS														TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:				
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS														TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:				
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS														TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:				
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS														TELEPHONE				
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:				
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		

PREPARER'S NAME S. T. HAMPTON				I.D. NUMBER 011158		MO. DAY YEAR 8/10/2005		REVIEWER'S NAME				MO. DAY YEAR	
----------------------------------	--	--	--	-----------------------	--	---------------------------	--	-----------------	--	--	--	--------------	--

DATE OF COLLISION (MO. DAY YEAR) 8-10-05	TIME (2400) 0215	NCIC # 9-220	OFFICER I.D. 11158	NUMBER
----------------------------------------------------	----------------------------	------------------------	------------------------------	--------

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)



BLUE OAKS BLVD.
 (FROM SR-65)

PREPARED BY S.T. Hampton	I.D. NUMBER 11158	MO. DAY YEAR 8-10-05	REVIEWER'S NAME	MO. DAY YEAR
------------------------------------	-----------------------------	--------------------------------	-----------------	--------------

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/10/2005	0215	9220	011158	8/05 - 62

1 NOTIFICATION:

2

3 My partner (P. Williams # 11436) and I were dispatched at approximately 0216 hours to a
4 call of;

- 5 • a traffic collision with no details
6

7 We were investigating a previous traffic collision at W/B I-80 e/of Heather Glen and arrived
8 on scene at approximately 0320 hours. All times, speeds and measurements in this
9 investigation are approximate. Measurements were taken by pacing, estimation, and patrol
10 car odometer.
11

12 STATEMENTS :

13

14 Party 1 [REDACTED] was contacted by me at the traffic collision scene and she related the
15 following to me: I had been driving my car on N/B SR-65 at about 75 MPH and I took the Blue
16 Oaks exit ramp. My car went to the left, for some reason, and I steered to the right. My car then
17 started spinning around and I don't know what happened after that. Chevrolet Cobalt, V-1
18 sustained moderate damage to include: the front bumper, the grill, and front of the hood, and the
19 top of the car.
20

21 Witness # 1 [REDACTED] was contacted by me at the scene, by telephone, and he related the
22 following: I had been driving my car on SR-65 in the left lane at approximately 65-70 MPH and I
23 saw the blue car (V-1) pass me like I was standing still. I would have to say that the blue car was
24 going between 120-130 MPH when it went by me, it scared me to death. I went straight on SR-65
25 and the blue car took the Blue Oaks Blvd. exit lane. It was about 200 feet in front of me when I
26 saw a bunch of dust where it was and then I saw it spinning around. I lost sight of it then. I tried
27 to go back to see if the driver was OK but I couldn't figure out how to get back.
28
29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. T. HAMPTON	011158	08/10/2005		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/10/2005	0215	9220	011158	8/05 - 62

1 SUMMARY :

2
3 Based on all the data collected surrounding this traffic collision it is my opinion that it
4 occurred as follows: P-1 [REDACTED] was driving her car on N/B SR-65 at approximately 95-
5 105 MPH and was approaching the exit lanes to Blue Oaks Blvd. She exited at the split
6 and was traveling so fast that she swung wide and allowed her vehicle to enter the left side
7 dirt shoulder. P-1 over-reacted and steered hard to the right causing V-1 to start spinning
8 in a clock-wise motion. P-1 had no control of V-1 at that time. V-1 spun around for
9 approximately 873 ft. before it left the roadway and entered onto the right side dirt shoulder.
10 The front end of V-1 struck a metal light pole dislodging it from its base. The upper arm of
11 the light pole came crashing down onto the top of V-1 causing moderate damage. V-1 then
12 came to rest.
13

14 AREA OF IMPACT:

15
16 The Area of Impact (V-1 vs. the Metal light pole) was located based on;

- 17 • the unmoved base of the light pole

18
19 The Area of Impact was estimated to be;

- 20 • 25 feet e/ of the e/ roadway edge of SR-65
- 21 • 1780 feet s/ of the s/ roadway edge of Blue Oaks Blvd O/C

23 CAUSE:

24
25 Party 1 [REDACTED] caused this traffic collision because she was in violation of 22107 VC
26 (unsafe turning movement). An associated factor is that she was also in violation of 22349 (a) VC
27 (exceeding the maximum speed limit). No prosecution is being sought.
28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. T. HAMPTON	011158	08/10/2005		

5

August 23, 2005

ESIS
300 Renaissance Center
Mail Code 482 C20 D71
Detroit, MI 48265

313-665-3396 *tel*
313-665-0911 *fax*
www.esis.com

Paul Olle
Claims Administrator

[REDACTED]
FOLSOM, CA [REDACTED]

RE: Claimant: [REDACTED]
 Our File No.: 500839
 Our Client: General Motors Corporation
 Date/Event: 08/10/2005
 Subject vehicle: 2005 Chevrolet Cobalt
 VIN: 1G1AL52F557 [REDACTED]

Dear [REDACTED]

ESIS is the third party administrator for General Motors for all claims alleging a product defect.

I have been informed that you were injured in a General Motors vehicle and had concerns about the steering in that vehicle. I have been unable to reach you by phone. If you intend to make a claim against GM, please call me at 800-888-0164.

As part of an investigation of your claim, GM will need to inspect the subject vehicle. If you are in possession of the subject vehicle, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action

Sincerely,

Paul Olle

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Paul Olle
Claims Administrator

September 23, 2005

[REDACTED]
FOLSOM, CA [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 500839
Our Client: General Motors Corporation
Date/Event: 8/10/2005
Subject Vehicle: 2005 Chevrolet Cobalt

Dear [REDACTED]:

ESIS provides administrative claim services to General Motors for claims alleging a product defect. This letter is a follow-up to our telephone conversation of September 22, 2005.

I have asked ESIS Investigator Jim Delbridge to document the subject vehicle and provided him with the information about its location.

Please provide proof of a steering defect in the subject vehicle, including expert's reports, mechanic statements, or other supporting documentation.

You have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action. Failure to do so could result in spoliation of evidence.

Sincerely,

Paul Olle
Claims Administrator

5

November 22, 2005

ESIS
300 Renaissance Center
Mail Code 482 C20 D71
Detroit, MI 48265

313-665-3396 tel
313-665-0911 fax
www.esis.com

Paul Olle
Claims Administrator

[REDACTED]
FOLSOM, CA [REDACTED]

RE: Claimant: [REDACTED]
 Our File No.: 500839
 Our Client: General Motors Corporation
 Date/Event: 08/10/2005
 Subject vehicle: 2005 Chevrolet Cobalt
 VIN: 1G1AL52F557 [REDACTED]

Dear [REDACTED]

A review of your claim regarding a 2005 Chevrolet Cobalt has been completed.

We must respectfully deny your claim for any damages.

Please call me at 313-665-3396 if you have any questions concerning this matter.

Sincerely,

Paul Olle

PE10-005

GM

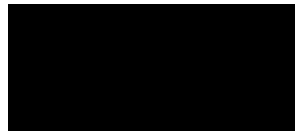
4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT



Service Request Detail

SR No.	1-361527441	Ref No.	42198	Goodwill		BRC Type	PAR		
Account	Enterprise Elco Admin Svcs	Site		GW SubType		Bus. Unit	BRC		
Last Name		First Name		Approval	Not Initiated	Area	PAR		
Daytime #		Evening #		UCC	Restraints - (SIR) - Driver Front	Sub-Area	Initiate PAR- Collision		
Address		City	Flushing	Involved Dir		Safety	Yes		
State	NY	ZipCd		Con Acct	Enterprise Elco Admin	Source	Phone	Updated	9/14/2005 9:26:59 AM
Serial #/VIN	1G1AK52F957	Model Year	2005	Priority	Medium	License #	Owner	DUBOSE	
Make	Chevrolet	Warr. Start	05/17/2005	Status	Open	Opened	9/9/2005 10:30:01 AM		
Model	Cobalt	Mileage	4324	Sub-Status	Satisfied	Closed			
Abstract	INADVERTANT AIRBAG DEPLOYMENT								
Customer Description	*DO NOT ASSUME*PAR FILE*REFER CALLS TO LARA DUBOSE 58606								

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in	Road Surface	Road Cond	Fire Report#	Police Report#
Owner	7/29/2005 3:32:00 PM	Y	0	3	Asphalt	Dry	none	sp2131000081
Driver Last Name	Driver First Name		Height		DOB	Disabilities		
Charles	Hans		unknown		8/21/1962	none		
Insurance Agent Last Name	Insurance Agent First Name		Phone #		Insurance Agency			
					self insured			
Incident Loc	Hwy instate 87 northbound in NY state Rosendale NY mile post 85.4				Incident Desc	wanting to report Air Deployment of both driver and passenger during customer rental useage and had accident where as vehicle hit deer fence and then struck a tree, damaged about 15ft of deer fence during this incident, total passenger in		
Component	Steering and brakes				Damage Desc	Front end damage both air bags deployed		
Vehicle Loc	CMM Auto body shop Middle town NY				Add'l Info	Police report # sp2131000081 or al051461		
Emgcy Svc Names	NY State Police-Troop 2 Station 21				Maint Loc	none		

PAR Detail

Collision	Y	Non Collision	Property Damage	Y	Thermal Evt	N	Spec Equip	none
Vehicle Speed		Weather Condition	dry	Prop Owner	NY State Freeway Authority		Property Type	public
Last Service Date		Loc Last Service		Property Location	side of hwy		Prop Est Repair Cost	
Veh Est Repair Cost	\$7,000.00	Spec Equip Installer		Prop Damage Description	deer fence damaged		Inspection Date/Time	
Primary Veh Use	Personal	Inspection Type		Inspected By	Inspection Not Performed		Explain Other	
Veh Damage Description	front end							

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Front Passenger	seatbelt
Injury Description		Medical Rpt#		Treatment Location		Treated By
contusion to head, left knee and cervical shoulder pain		unknown		Kingston Hospital		unknown
Street Address		City		State	Zip Code	
1787 Madison Ave Apt 208		New York		NY	10035-4519	
Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
Tseng	Michael		Occupant of Owner's Vehicle	(718) 352-1079	Driver-side Rear Passenger	none
Injury Description		Medical Rpt#		Treatment Location		Treated By
back and arm injury		unknown		Kingston Hospital		unknown
Street Address		City		State	Zip Code	
24206 Horace Harding Expy		Douglaston		NY	11362-1909	
Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
		08/21/62	Occupant of Owner's Vehicle		Driver	unknown
Injury Description		Medical Rpt#		Treatment Location		Treated By
broken arm, 2 broken legs, possible further injuries		unknown		Kingston Hospital		unknown
Street Address		City		State	Zip Code	
41 Greenway Ter		Middletown		NY	10941-1608	

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2005 10:23:35 AM	DUBOSE	ESISBIQU	Escalation		In Progress		INJURIES/ATTNY INVOLVEMENT
Contact Last Name	Contact First Name	Account		BAC Code			
		Enterprise Elco Admin Svcs					

Comments

DRIVER ATTN:
ALLAN GOLDBERG
108-18 QUEENS BLVD SUITE 903
FOREST HILLS, NY 11375
718-275-3300

PASSENGERS:
SCOTT WOLINETT
11 PARL PLACE 10TH FLOOR
NEW YORK, NY 10007
212-982-1133

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2005 10:20:41 AM	DUBOSE	DUBOSE	BRC PAR	ESIS- Atty Involvement	Done	9/14/2005 10:23:00 AM	Sending to ESIS
Contact Last Name	Contact First Name		Account		BAC Code		
			ELCO		215874774		

Comments

Notified of forwarding to ESIS due to injuries and attny involvement.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2005 10:20:41 AM	DUBOSE	DUBOSE	PAR Case Assessment	Injury Major	Done	9/14/2005 10:23:32 AM	With Injury Major
Contact Last Name	Contact First Name		Account		BAC Code		

Type of Injury: broken bones, attny involvement.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2005 10:20:38 AM	DUBOSE	DUBOSE	Outbound Call Dealer	Cancelled	Done	9/14/2005 10:22:31 AM	Notification
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Notified of forwarding to ESIS-not required.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2005 10:20:37 AM	DUBOSE	DUBOSE	Outbound Call Field Rep/Whisl	Cancelled	Done	9/14/2005 10:22:22 AM	Notification
Contact Last Name	Contact First Name	Account			BAC Code		

Comments

Notified of forwarding to ESIS-not required.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2005 10:20:38 AM	DUBOSE	DUBOSE	BRC PAR	Close	Done	9/14/2005 10:22:12 AM	Sent to ESIS
Contact Last Name	Contact First Name	Account	BAC Code				
		ELCO	215874774				

Final Business Case Summary:

Collision occurred with driver alleging steering and brake failure. Forwarding to esis due to injuries and attny involvement.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2005 10:20:33 AM					Done	9/14/2005 10:21:07 AM	1-361527441, BRC PAR Case Assess Injury Major
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2005 8:51:18 AM	DUBOSE	DUBOSE	Outbound Call Customer	Left Message	Done	9/14/2005 8:51:47 AM	Called agent (718) 762-3020 x339
Contact Last Name	Contact First Name	Account	BAC Code				
		Elco					

Summary: Called agent (718) 762-3020 x339 AND RECEIVED VOICE MAIL. CRM LEFT A MESSAGE ADVISING OF ALLEGATION CLAIM RECEIVED, HOURS CRM IS AVAILABLE, AND REQUESTED CALL BACK FROM CUSTOMER. LARA DUBOSE/PAR/BRC 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/13/2005 4:52:22 PM	DUBOSE	DUBOSE	Outbound Call Customer	Made Contact	Done	9/13/2005 4:52:52 PM	Called agent (718) 762-3020 x339
Contact Last Name	Contact First Name	Account	BAC Code				
		Elco					

Called agent (718) 762-3020 x339 no contact was made and no message left.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/13/2005 1:11:46 PM	DUBOSE	DUBOSE	Ownership Changed	Ownership Escalated to BRC	Done	9/13/2005 1:11:46 PM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code
		Enterprise Elco Admin Svcs	

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 12:11:10 PM	LOTTM	DUBOSE	Ownership Changed		Done	9/9/2005 12:11:10 PM	Service Request Ownership has changed FROM: LOTTM TO: DUBOSE

Contact Last Name	Contact First Name	Account	BAC Code
		Enterprise Elco Admin Svcs	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 12:10:21 PM	LOTTM	DUBOSE	BRC PAR	Initial Contact- Phone	Done	9/14/2005 10:04:36 AM	Call from elco agent

Contact Last Name	Contact First Name	Account	BAC Code
		ELCO	215874774

Summary: Crm received call from agent.

Veh mileage approx 4324 miles. Veh is an enterprise rental veh. No maint or svc yet needed on the veh. Enterprise is self insured. Height of driver unknown. Road and weather conditions unknown. Police report indicates veh went off the road and struck a deer fence and then a tree. Rate of speed unknown. Agent states he did not receive a clear statement as to what occurred in the incident. There was no fire report made. Property damage is to a deer fence, owned by the NY State Freeway authority, and a tree not privately owned, no further info known at this time. Veh is totalled, repair estimate is approx 7k and is not complete. Agent states that he has received a letter of representation from the driver's attny. Other 2 passengers represented by different attny. Driver alleging veh defect, possibly brakes and steering failed causing the incident to occur. All 3 passengers in the veh were injured. Dob for passengers and dr name and med report numbers for all unknown. Agent states he has sent a letter to the attny requesting they specify what his client is alleging failed, seeks to notify GM. Crm advised will forward file to esis for handling, will note attny contact info is esis escalation activity. LARA DUBOSE/BRC/PAR 58608

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 12:10:20 PM	LOTTM	DUBOSE	BRC PAR	Acknowledgement	Done	9/13/2005 1:15:31 PM	Called agent (718) 762-3020 x339

Contact Last Name	Contact First Name	Account	BAC Code
		Elco	

Comments

Summary:Called agent (718) 762-3020 x339 AND RECEIVED VOICE MAIL. CRM LEFT A MESSAGE ADVISING OF ALLEGATION CLAIM RECEIVED, HOURS CRM IS AVAILABLE, AND REQUESTED CALL BACK FROM CUSTOMER. LARA DUBOSE/PAR/BRC 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 12:10:19 PM	LOTTM	DUBOSE	BRC PAR	Initial Contact- AVM	Done	9/13/2005 1:16:11 PM	no contact required

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Summary:**No contact required. Enterprise fleet vehicle.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 12:10:19 PM	LOTTM	DUBOSE	BRC PAR	Initial Contact- Dealer	Done	9/13/2005 1:16:26 PM	no contact required

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Summary:**No contact required. Enterprise fleet vehicle.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 12:10:18 PM	LOTTM	DUBOSE	Research		Done	9/13/2005 1:12:55 PM	Researched VIN

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Summary:CRM COMPLETED VIN SEARCH AND FOUND NO OTHER FILES OR OPEN RECALLS. LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 12:10:17 PM	LOTTM	DUBOSE	BRC PAR	Case Assigned	Done	9/13/2005 1:12:46 PM	Assigned File to Lara Dubose at Ext. 58606
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 12:10:17 PM	LOTTM	DUBOSE	Notify CRM		Done	9/13/2005 1:12:46 PM	File Assigned
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 12:10:15 PM					Done	9/9/2005 12:11:05 PM	1-361527441, BRC PAR Assignor
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 11:58:05 AM	LOTTM	LOTTM	BRC PAR	Fleet	Done	9/9/2005 11:58:13 AM	FLEET
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 11:57:59 AM	LOTTM	LOTTM	Ownership Changed		Done	9/9/2005 11:57:59 AM	Service Request Ownership has changed FROM: MCCLAIN TO: LOTTM
Contact Last Name	Contact First Name	Account	BAC Code				
				Enterprise Elco Admin Svcs			

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 10:59:08 AM	MCCLAIN	LOTTM	Escalation	Initiate PAR	Done	9/9/2005 12:10:13 PM	Assigning activity to PAR QUEUE
Contact Last Name	Contact First Name	Account	BAC Code				
				Enterprise Elco Admin Svcs			

Comments
Received and assigned in PAR.
Marjorie Lott/PA/Workflow

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2005 10:30:44 AM	MCCLAIN	MCCLAIN	Inbound Call Third Party	Complex Request	Done	9/9/2005 10:59:04 AM	Customer claims product failure caused bodily injury
Contact Last Name	Contact First Name	Account	BAC Code				
				Enterprise Elco Admin Svcs			

Comments
Third Party States: wanting to report Air Deployment of both driver and passenger during customer rental useage and had accident where as vehicle hit deer fence and then struck a tree, damaged about 15ft of deer fence during this incident, total passenger in vehcile three 7/29/05

The renter of the vehicle Hans Charles, has obtained a lawyer and third party wants to document concern with gm due to Customer claims product failure caused bodily injury
Third party seeks: to report case for par dept

Crm Advised: will docuement concern and advised that a person from the PAR Department will contact the customer within 2 business days."

Dwaynemccain/tpa/cac/iv2/dissat

Confidential Comments

Service Request Detail

UCC Information

UCC Code	Symptom	Description
C46	SIR - Deployed	Restraints - (SIR) - Driver Front
C46	SIR - Deployed	Restraints - (SIR) - Passenger Front

GM Vehicle Inquiry System Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN :	1G1AK52F957
-------	-------------

VEHICLE INFORMATION

Merchandising Model :	1AK69 -2005 COBALT 4-DOOR SEDAN		Warranty Start Date :		05/17/2005		
BARS Order Type :	50 - FLEET						
Delivering Dealer :	FULTON CHEVROLET-CADILLAC CO INC. PO BOX 519 MIDDLETOWN , NY 10940-0519 (845) 343-3184		Selling Source :		13 - CHEVROLET		
			Site Code :		02228		
			Business Associate Code :		111165		
Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	05/17/2005	10 miles	05/17/2008	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	05/17/2005	10 miles	05/17/2011	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	05/17/2005	10 miles	05/17/2013	80010 miles
84/70000 CALIFORNIA SELECT COMPONENT	05/17/2005	10 miles	05/17/2012	70010 miles
36/50000 CALIFORNIA EMISSIONS	05/17/2005	10 miles	05/17/2008	50010 miles
60/60000 POWERTRAIN - U.S.	05/17/2005	10 miles	05/17/2010	60010 miles

CLAIM HISTORY

R.O Date	R.O	Type	Labor Operation	Odometer
----------	-----	------	-----------------	----------

9/14/2005

	Number			Reading
06/08/2005	165308	I	Z6999 - PDI RELATED FLUID ADDS	5 miles
05/16/2005	A44939	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System Claim History

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[Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

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VIN :	1G1AK52F957 [REDACTED]
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CLAIM HISTORY

Repair Order Date :		06/08/2005		Repair Order Number :		165308		Odometer Reading :		5 miles	
Serviced By :	FULTON CHEVROLET-CADILLAC CO INC. PO BOX 519 MIDDLETOWN, NY 10940-0519 (845) 343-3184					Selling Source :		13 - CHEVROLET			
						Site Code :		02228			
						Business Associate Code :		111165			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
07/01/2005	600	01	I	Z6999 - PDI RELATED FLUID ADDS		N/A		N/A	N/A	\$ 1.50	N

Repair Order Date :		05/16/2005		Repair Order Number :		A44939		Odometer Reading :		0 miles	
Serviced By :		FULTON CHEVROLET-CADILLAC CO INC. PO BOX 519 MIDDLETOWN, NY 10940-0519 (845) 343-3184				Selling Source :		13 - CHEVROLET			
						Site Code :		02228			
						Business Associate Code :		111165			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
05/20/2005	588	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 90.84	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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9/14/2005

GM Vehicle Inquiry System

Vehicle Build

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN	1G1AK52F957 [REDACTED]
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VEHICLE BUILD

Merchandising Model :	1AK69 -2005 COBALT 4-DOOR SEDAN		
Gross Vehicle Weight Rating :	1707 kg (3764 lb)	Order Number :	HZSMBM
Build Date :	05/16/2005	Build Plant :	157A

OPTION CODES

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AR9 - DELUXE FRONT BUCKET SEAT
B0B - GM PRODUCTION WEEK #20	C1U - FLT-ENTERPRISE RENT A CAR
C67 - ELECT. FRONT AIR CONDITIONER	DC8
FE1 - SUSPENSION SYSTEM-SOFT RIDE	FLT - FLEET PROCESSING OPTION
FY1 - TRANS/AXLE 3.63 RATIO	IPB - INTERIOR TRIM DESIGN
J41 - POWER DISC FRONT BRAKES	K64 - 115 AMP GENERATOR
LOD - ASSEMBLY PLANT - LORDSTOWN,OHIO	L61 - 2.2L DOHC 4 CYL ENGINE
MN5 - 4 SPEED AUTO TRANSMISSION	MX0 - 4-SPD. AUTO. TRANS. W/OVERDRIVE
NE1 - 50-STATE EMISSIONS	NU1 - CALIF EMISSIONS LEV 2
N46 - 4 SPOKE STEERING WHEEL	PG1 - 15" STEEL WHEEL
QTU - P195/60R15 TOURING BW TIRES	R6F - IDENTIFY B-CODE USERS
UQ4 - BASE SPEAKER SYSTEM	U1C - AM/FM STEREO W/CD AND CLOCK
VK3 - FRONT LICENSE PLATE MOUNT	VM3 - CONSUMER INFORMATION LABEL
VQ2 - FLEET ORDERING AND ASSISTANCE	VX7 - LONG TERM DAILY RENTAL PROGRAM
V2G - FULL FUEL FILL CREDIT	V73 - STATEMENT OF VEHICLE CERT.- U.S. /CANADA
1SA - BASE PACKAGE	1SZ - OPTION PACKAGE DISCOUNT
14B - GRAY	14I - GRAY
6AR - FRONT SPRING	7AR - FRONT SPRING
74U - VICTORY RED	8AA - REAR SPRING
9AA - REAR SPRING	

9/14/2005

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Bergman Bergman Goldberg & Lamonsoff, LLP

ATTORNEYS AND COUNSELORS AT LAW

QUEENS COUNTY OFFICE
108-18 QUEENS BOULEVARD
SUITE 903
FOREST HILLS, NY 11375
FAX (718) 275-0135
Tel. (718) 275-3300

FORWARD ALL REPLY CORRESPONDENCE TO FOREST HILLS OFFICE

MARVIN E. BERGMAN
MICHAEL E. BERGMAN
ERIC J. LAMONSOFF
ALLEN GOLDBERG

NASSAU COUNTY OFFICE
100 HERRICKS ROAD
SECOND FLOOR
MINEOLA, NY 11501

August 24, 2005

Via Facsimile (718) 762-3119
and DHL – Overnight Mail

ELCO ADMINISTRATIVE SERVICES
P.O. Box 541548
Flushing, New York 11354-1548

Attention: John Joseph Murdocco

Re: Our Client : [REDACTED]
Your Claim # : [REDACTED]
Date of Accident : 7/29/05
Vehicle : 2005 Chevrolet Cobalt

Dear [REDACTED]:

Please be advised that my office represents [REDACTED] for all claims resulting from injuries sustained in the above referenced accident. As such, all communications regarding this matter are to be addressed to my office.

Please be advised that it is my firm's intention to inspect the vehicle that was being operated by our client at the time of the above accident. As such, demand is made that the subject vehicle be preserved in its current condition and that no repairs, disassembly modifications, changes, alterations or otherwise be performed on said vehicle until my office has had the opportunity to inspect same.

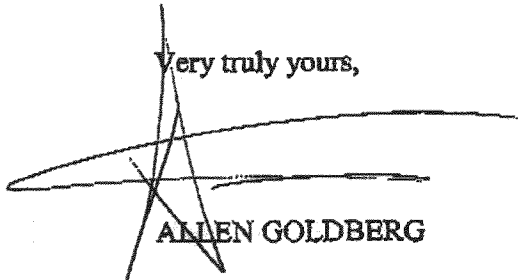
Further, it is my understanding that the software that allows the public to "read" the information stored by the vehicle's black box/on-board computer is only made available to the public by General Motors once per year and that this software is not yet available for the 2005 Chevrolet Cobalt. As such, demand is made that the black box/on-board computer be preserved in its current condition and that no repairs, disassembly modifications, changes, alterations or

otherwise be performed on said vehicle until such time as software that allows the public to "read" the information is made available to the public and my office has had the opportunity to inspect same.

As such, kindly advise my office as to dates that the vehicle will be available for inspection. Additionally, kindly confirm in writing that the vehicle, as well as the vehicle's black box/on-board computer, will be preserved as demanded herein.

Thank you for your anticipated cooperation and should you wish to discuss this further, do not hesitate to contact the undersigned.

Very truly yours,

A handwritten signature in dark ink, appearing to be "Allen Goldberg", written over a horizontal line. The signature is stylized with a large, sweeping loop.

ALLEN GOLDBERG

AG:dv

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
AL05 - 1461
SP2T31000081

☐ AMENDED REPORT

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
-	Month 7 Day 29 Year 2005	Friday	15:32	1	3	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-

VEHICLE 1				<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN			
-----------	--	--	--	---------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

2	VEHICLE 1 - Driver License ID Number	State of Lic. NY	21
-	Driver Name - exactly as printed on license		

Address (include Number and Street)		Apt. No.	22
41 GREENWAY TERRACE			
City or Town	State	Zip Code	
MIDDLETOWN	NY	10941	

3	Date of Birth	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input checked="" type="checkbox"/>	23
1	Month 8 Day 21 Year 1962	M		03		1

Name - exactly as printed on registration		Sex	Date of Birth	23
ELRAC INC.,			Month Day Year	1

Address (include Number and Street)		Apt. No.	24
1550 RT 23 NORTH			
City or Town	State	Zip Code	
WAYNE	NJ	07470	

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	24
	NY	2005 CHEV	4DSD	993	

5	Ticket/Arrest Number(s)	25
1		1

Violation Section(s)		25
		1

6	Check if involved vehicle is:	VEHICLE 1 DAMAGE CODES	26
1	<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	2 2 3 4 12 5

7	Vehicle Bc: PERRYS	27
1	Towed To: PERRYS	2

VEHICLE DAMAGE CODING:		28
1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		18

Reference Marker		Coordinates (if available)	Place Where Accident Occurred:	29
087I		Latitude/Northing:	County ULSTER <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ROSENDALE	15
TWYN		Longitude/Easting:	Road on which accident occurred I 87 NB MPM 85.4	
0854			at 1) intersecting street _____ (Route Number or Street Name)	
			or 2) 0 _____ <input checked="" type="checkbox"/> N <input type="checkbox"/> S _____ (Route Number or Street Name)	
			_____ <input type="checkbox"/> E <input type="checkbox"/> W of MPM 85.4 (Milepost, Nearest Intersecting Route Number or Street Name)	

Accident Description/Officer's notes		30
V 1 WAS TRAVELLING NB IN THE DRIVING LANE. OP V1 LOST CONTROL OF V1, ENTERED THE EAST SHOULDER AND RAN OFF ROADWAY. V1 CONTINUED ON AND STRUCK THE DEER FENCE AND THEN STRUCK A TREE HEAD ON. OPERATOR AND PASSENGERS OF V1 STATE THE DO NOT KNOW WHAT CAUSED OP V1 TO LOSE CONTROL OF V1. TWAY PROPERTY DAMAGE \$ 2-13949 - 15 FEET OF DEER FENCE. PROPERTY DAMAGE BY VEHICLE #01 - DEER FENCE, NYSTA PO BOX 189 ALBANY NY 12201		N

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A 1	1	1	1	42	M	01	04	6	ML# 259	5501	CHARLES, HANS R	
B 1	4	4	1	23	M	08	11	6	ML #272	5501	TSENG, CHUNGYEN	
C 1	3	4	1	35	F	02	11	6	ML# 272	5501	CHARLES, MARIE	
D												
E												
F												

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Trooper <i>J. A. Landi</i>	2383	15504	T2	21	<i>ROR</i>	8/2/05

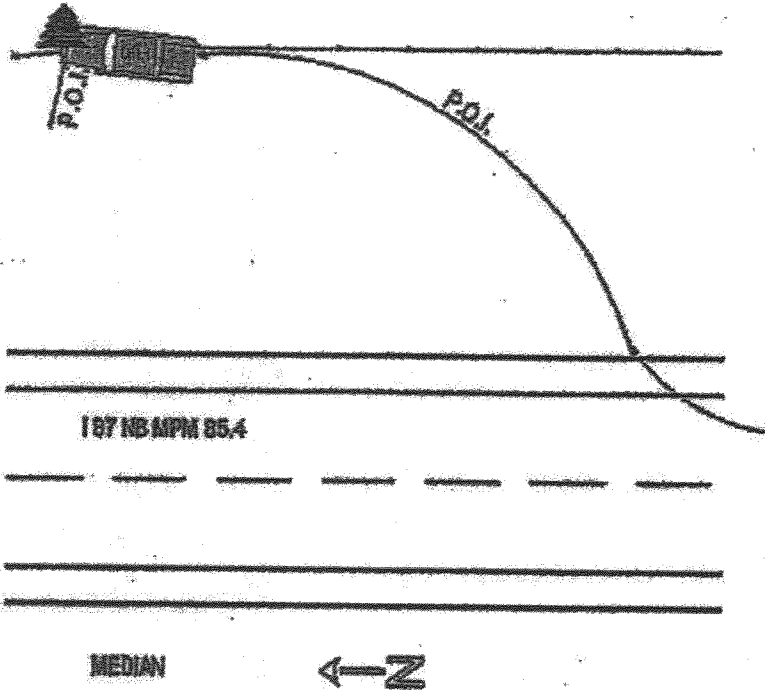
ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
AL05 - 1461
SP2T31000081

☐ AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
7	29	2005	Friday	15:32	1	3	0			



PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from In Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway*
14. Not in Roadway (Indicate)*

TRAFFIC CONTROL

1. None
2. Traffic Signal
3. Stop Sign
4. Flashing Light
5. Yield Sign
6. Officer/Guard
7. No Passing Zone
8. RR Crossing Sign
9. RR Crossing Flashing Light
10. RR Crossing Gates
11. Stopped School Bus-Red Lights Flashing
12. Construction Work Area
13. Maintenance Work Area
14. Utility Work Area
15. Police/Fire Emergency
16. School Zone
20. Other*

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
6. Flooded
0. Other*

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other*

WHICH VEHICLE OCCUPIED

1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other*
2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other*

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX

M/F

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY TO 18

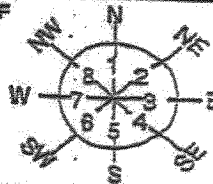
APPARENT CONTRIBUTING FACTORS

- Human
2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distracted*
5. Driver Inexperience*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
27. Failure to Keep Right
21. Fatigued/Drowsy
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Changing
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device*
25. Outside Car Distraction*
26. Reaction to Other Uninvolved Vehicle
28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Inadequate
50. Driverless/Runaway Vehicle
50. Other Vehicular*
- Environmental
51. Animal's Action
52. Glare
53. Lane Marking Improper/Inadequate
54. Obstruction/Debris
55. Pavement Defective
56. Pavement Slippery
57. Shoulders Defective/Improper
58. Traffic Control Device Improper/Non-Working
59. View Obstructed/Limited

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION:

1. Going Straight Ahead
2. Making Right Turn
15. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
16. Police Pursuit
20. Other*

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

1. Other Motor Vehicle
2. Pedestrian
3. Bicyclist
4. Animal
5. Railroad Train
6. In-Line Skater
7. Deer
8. Other Pedestrian
10. Other Object (Not Fixed)

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

Vehicle 1 19

Vehicle 1 20

Vehicle 2 21

Vehicle 2 22

Vehicle 1 23

Vehicle 2 24

Vehicle 1 25

Vehicle 2 25

27

First Event 28

Vehicle 1 29

Vehicle 2 30

COVER SHEET

N

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Michael K. Schulte
Claims Administrator

September 23, 2005

Mr. John Murdocco
ELCO Administrative Services
P.O. Box 541548
Flushing, NY 11354-1548

RE: Claimant: [REDACTED]
Our File No.: 501932
Our Client: General Motors Corporation
Date/Event: 7/29/2005
VIN: 1G1AK52F957 [REDACTED]

Dear Mr. Murdocco:

I am writing to confirm our conversation of 9/20/2005 during which you agreed to allow us to inspect your client's 2005 Chevrolet Cobalt and retrieve data from the air bag system. I estimate the inspection will take about 2-3 hours.

As part of the inspection, we will likely take photographs and measurements. Also, your vehicle is equipped with an air bag Sensing and Diagnostic Module (SDM). As explained in the Owner's Manual, in addition to its other functions, the SDM records information about the air bag system and other crash related data in an air bag deployment event and some near-deployment crashes. The SDM in your vehicle also records the following pre-crash data: vehicle speed, throttle position, brake application and engine RPM for 5 seconds prior to the deployment or near deployment event. As part of our investigation, we will download the SDM data using the Vetronix Crash Data Retrieval software. We will provide you with a copy of that data at the time we retrieve it or as soon after as is practical. As we discussed, we will also provide a copy of the air bag data to you at the above address.

Please note the potential GM uses of this crash data once GM has a copy in its files. Once collected, the SDM crash data is available for GM's research needs. Also, in summary form, this information may be provided to non-GM organizations (i) which have a reasonable need for it, (ii) which have a demonstrated ability to utilize such data, and (iii) which are expected to use it for studies aimed at improving safety to the benefit of the public at large, the auto industry, or GM. However, information which ties SDM crash data to a particular vehicle, such as VIN, owner name, or date and location, will generally not be disclosed by GM other than (a) to the involved owner/lessee or his/her designated agent, (b) in response to an official request of police or similar government office, (c) for research where appropriate confidentiality is maintained and need is shown, (d) as part of GM's defense of litigation involving the subject vehicle or other GM products, or (e) as otherwise required by law.

If you have any additional questions about our upcoming inspection, you can contact me at 1.800.888.0164 Monday through Friday from 8:00 AM to 4:30 PM.

Sincerely,

Michael K. Schulte

ESIS

September 23, 2005

An Insurance Services
Company

300 Renaissance Center
Mail Code 482 C20 D71
Detroit, MI 48265-3000
Telephone 313.665.3406
Facsimile 313.665.0911

Allen Goldberg, Esq.
Bergman, Bergman, Goldberg & Lamonsoff, LLP
Queens County Office
108-18 Queens Boulevard, Suite 903
Forrest Hills, NY 11375

Re: File Number: 501932
Date of Event: 7/29/2005
Claimant: [REDACTED]
Client/Account: General Motors Corporation

Dear Mr. Goldberg:

ESIS is the third-party administrator on behalf of General Motors Corporation for matters involving allegations of product liability.

In that regard, this claim has been forwarded to me for handling. ESIS is on notice of this matter and I have assigned an investigator to help gather information so that ESIS/GM can evaluate this claim of faulty steering and brakes. Also, the investigator may be asked to photograph the vehicle and the scene of the accident as well as interview your client with regard to the incident. Please be prepared to discuss this matter and if possible have the following documents and information ready for the investigator with regard to the 2005 Chevrolet Cobalt that is the subject of this claim:

1. Proof of a manufacturing defect in the subject vehicle. The proofs should establish the defect as the cause of this incident. All supporting documents, including an expert report, **original or laser color copies** of the photographs taken by your expert, videotapes, **the alleged defective component** and the insurance carrier's file should be presented to ESIS for evaluation. **(*NOTE*) If the inspection will occur in the future, please notify the sender in advance so that the appropriate arrangements to attend may be made.;**
2. Any official police/fire or incident reports and/or a complete description of the incident which includes their photographs, if any;
3. Did the vehicle owner and/or operator note anything wrong or unusual about the vehicle prior to the incident? Please include a description of the incident;
4. Copies of all available maintenance, warranty, or repair orders on the subject vehicle. If repairs and maintenance were performed by the vehicle owner, then a chronological summary of operations performed is needed;
5. Was any after-market equipment installed on the subject vehicle? If so, provide copies of receipts and/or invoices for installation of said equipment;

6. Were there any modifications, alterations, or changes to the subject vehicle? If so, provide copies of relevant installation receipts;
7. Was the vehicle involved in any prior accidents? If so, identify the nature and extent of damages and repairs completed. Supply repair orders and photographs depicting damage sustained;
8. Please provide the location of the subject vehicle and determine if it is available for inspection;
9. Please indicate who the insurance company is, if any, and describe how they relate to this incident including any contribution that your client's insurance company or any other insurance company in your knowledge has made for medical care and/or repair of the subject vehicle.

Your cooperation in providing the above-requested documents and information would be sincerely appreciated. During this entire process, the subject vehicle and its components should remain available for inspection if necessary. **If you should choose to pursue this matter further, you have a duty to preserve the evidence in its immediate post incident condition.**

If you have any questions, please call me.

Sincerely,

Michael K. Schulte
Claim Administrator
313.665.3406

PE10-005

GM

4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT

6



5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C19 B61
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Joshua Preister
Claims Administrator

February 22, 2010

CONNIE BITTNER
7 DUCK POND COURT
VOORHEES, NJ 08043-3686

RE: Claimant: [REDACTED]
 Our File No.: 685750
 Our Client: General Motors LLC
 Date/Event: 02/03/2010
 Subject vehicle: 2006 Chevrolet Cobalt
 VIN: 1G1AK15F967 [REDACTED]

Dear [REDACTED]:

We are the third-party administrators on behalf of General Motors LLC (GM) for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to GM concerning your loss. Your correspondence alleges that you sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

***** IF INSURANCE COMPANY OR AN ATTORNEY IS REPRESENTING YOU, PLEASE FORWARD THIS LETTER TO THE APPROPRIATE PARTY FOR FURTHER HANDLING*****

1. Please provide a copy of your expert report and color copies of photos taken by your expert. Please do not send originals, as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.

5

6. Advise as to any after-market equipment that may have been installed on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.
7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your proof of payment (cancelled checks). If this was a total loss, please submit a salvage **estimate** and your total loss work sheet.
11. Advise of any injuries.
12. Advise if there is any property damage other than the subject vehicle.
13. Advise the mileage for the subject vehicle.

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. If you choose to dispose of the salvage, it will be to your own peril and spoliation may become an issue. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

Joshua Preister
Claims Administrator

685750

Service Request Detail

SR No.	71-800351482	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - Power Steering Pump /	Sub-Area	Initiate PAR- Collision
Address		City	Voorhees	Involved Dir		Safety	Yes
State	NJ	ZipCd		Source	Phone	Updated	2/15/2010 12:52:41 PM
Serial #/VIN	1G1AK15F967	Model Year	2006	Priority	Medium	License #	CHEVROL
Make	Chevrolet	Warr. Start	07/31/2006	Status	Open	Owner	YOUNGJA
Model	Cobalt	Mileage	42524	Sub-Status	Dissatisfied	Opened	2/3/2010 04:43:18 PM
Abstract	Steering - Power Steering Pump / Brackets						
Customer Description	This is a BRC PAR File. Please do not Assume. DO NOT ADVISE. Forward all inquiries to Jaina @ ext 21115						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	Other Veh	People In Veh	Road Surface	Road Cond	Fire Report	Police Report
Relative	2/3/2010 04:30:00 PM	N	0	0	Asphalt	Dry	N/A	N/A
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		6'1"	10/13/1991	N/A				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
Unknown	Unknown	(800) 459-4038	Geico Direct					
Incident Loc	The Ritz Plaza parking lot				Incident Desc	My son was at highschool, he pulled out of school and as he was driving, the powersteering clicked off. I've had this problem three wks prior to the incident the powersteering will click off. Then when you start the veh back up it will click back on. He went to turn into a burrito placed		
Component	steering clicked back on and cust over compensated and hit a hydrant				Damage Desc	whole passenger door and panel is damaged		
Vehicle Loc	Lamon Auto Body 289 Rancocas Road, Mt Holly, NJ 08060				Add'l Info	n/a		
Emgcy Svc Names	None				Maint Loc	local place Melenke Muffler		

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	None
Vehicle Speed	10	Weather Condition	clear	Prop Owner	N/A		Property Type	N/A	
Last Service Date	1/16/2010	Loc Last Service		Property Location	N/A		Prop Est Repair Cost	\$0.00	
Veh Est Repair Cost	\$0.00	Spec Equip Installer	N/A	Prop Damage Description	N/A		Inspected By	Inspection Not Performed	
Primary Veh Use	Personal	Inspection Type	Steering and Suspension Sys	Inspected By	Inspection Not Performed		Inspection Date/Time	2/11/2010 01:23:26 PM	
Veh Damage Description	whole passenger door and panel is damaged			Explain Other	File going to ESIS for further handling				

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2010 12:52:44 PM	MARTIRAM	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		ESIS - Insurance Involvement
Contact Last Name	Contact First Name	Account	BAC Code				

Insurance Involvement - Geico Direct, Claim # [REDACTED] Claim Rep Unknown, Phone # (800) 459-4038, claim made and pending.

Ramiro/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2010 12:37:14 PM	YOUNGJA	YOUNGJA	Scheduled Follow-up		Scheduled Alarm		ESIS F/U
Contact Last Name	Contact First Name	Account	BAC Code				

CHECK CASE STATUS FOR ESIS P/U

NOTE TO ASSISTING CRS'S. THIS IS NOT A SCHEDULED CALL TO THE CUSTOMER. PLEASE DO NOT ADVISE CUSTOMER OF THIS SCHEDULED ACTIVITY. ALL INQUIRIES NEED TO BE FORWARDED TO OCRS @ EXT 21115

Jaina Young/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2010 12:36:11 PM	YOUNGJA	MARTIRAM	Notify CRM		Done	2/15/2010 12:51:35 PM	Insurance Involvement
Contact Last Name	Contact First Name	Account	BAC Code				

Customer's son was involved in a collision and alleges the steering failed causing the incident. Insurance company is involved

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2010 12:31:41 PM	YOUNGJA	YOUNGJA	Outbound Call Customer	Made Contact	Done	2/15/2010 12:35:54 PM	cust [REDACTED]
Contact Last Name	Contact First Name	Account	BAC Code				

crs sts: calling to obtain your mailing address, I did put it in the system last thursday, however it erased unfortunately and I apologize about that.

cust sts: 7 Duck Pond Court
Zorhees NJ 08043

jaina young/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/12/2010 01:06:25 PM	YOUNGJA	YOUNGJA	Scheduled Follow-up		Done	2/15/2010 12:31:41 PM	cust: [REDACTED]
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Action Plan: Obtain Address

jaina young/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/12/2010 01:04:21 PM	YOUNGJA	YOUNGJA	Outbound Call Customer	Left Message	Done	2/12/2010 01:06:21 PM	cust: [REDACTED]
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

crs sts: calling with the GM Product Allegation Dept in regards to your case, I need to obtain your mailing address. If you can please return my call to 866-790-5700 ext 21115. If I am unavailable please feel free to leave the information in a message

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/11/2010 05:12:45 PM	MERCADTO	YOUNGJA	Notify CRM		Done	2/11/2010 05:19:00 PM	Rejected

Contact Last Name	Contact First Name	Account	BAC Code

Comments

There's no address. Please Obtain address.

Tonie Mercado/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/11/2010 01:37:45 PM	YOUNGJA	YOUNGJA	Scheduled Follow-up		Done	2/12/2010 01:04:18 PM	cust: [REDACTED]

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Action Plan: Obtain address

Jaina Young/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/11/2010 01:36:44 PM	YOUNGJA	MARTIRAM	Notify CRM		Done	2/11/2010 05:12:44 PM	Insurance Involvement

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Customer's son was involved in a collision and alleges the steering failed causing the incident. Insurance company is involved

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/11/2010 01:11:24 PM	YOUNGJA	YOUNGJA	Ownership Changed	Ownership Escalated to BRC	Done	2/11/2010 01:11:24 PM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 06:00:35 PM	YOUNGJA	YOUNGJA	Scheduled Follow-up		Done	2/11/2010 01:16:19 PM	cust:

Contact Last Name	Contact First Name	Account	BAC Code

Action Plan: Continue Initial

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:54:39 AM	MARTIRAM	YOUNGJA	Ownership Changed		Done	2/10/2010 11:54:39 AM	Service Request Ownership has changed FROM: FLORESM2 TO: YOUNGJA

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:53:05 AM	MARTIRAM	YOUNGJA	BRC PAR	Initial Contact- Phone	Done	2/11/2010 01:27:08 PM	called
Contact Last Name	Contact First Name	Account	BAC Code				

crs sts: calling in regards to your case, I understand your veh was involved in a collision due to your steering. Can you give me a little bit more information in regards to the incident that took place?

cust sts: My son was at highschool, he pulled out of school and as he was driving, the powersteering clicked off. I've had this problem three wks prior to the incident the powersteering will click off. Then when you start the veh back up it will click back on. He went to turn into a burrito place and the powersteering clicked back on causing him to loose control of the veh and side swiped fire hydrant.

crs sts: I'm so sorry to hear that, is he ok? Was anyone injured?

cust sts: no he's fine no one got hurt. I just can't believe this is happening. I was online and the NHTSA website and I saw that so many other people were having the same issue with the 05 and 06 model years for the steering.

Crs Adv: I will be sending your file to our central claims office for further handling. Someone will be in contact w/ you w/ in 7-10 business days. If you haven't heard from someone by the end of the 2 weeks please give me a call back and by that time I should have the info of the new agent that will be handling your file which I can release to you at that time.

Jaina Young/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:53:03 AM	MARTIRAM	YOUNGJA	BRC PAR	Initial Contact- Dealer	Done	2/11/2010 01:24:21 PM	called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

No visit has been made to dealer in over 2 years

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:52:59 AM	MARTIRAM	YOUNGJA	BRC PAR	Initial Contact- AVM	Done	2/11/2010 01:36:25 PM	called Karen Calhoun 914055 8432

Contact Last Name	Contact First Name	Account	BAC Code

FFOM Name:

Node/Mailbox:

This is Jaina Young calling from the GM Product Allegation Dept to make you aware of a file that was received in your area.

The request number is:71-800351482

The Customer's name is:

There is no involved dealer at this time

The vehicle is a: 2006 Chevrolet Cobalt

With current mileage: 42,524

The last 8 digits of the VIN# are: 67

This involves: A collision in which the customer alleges the steering failed causing the incident

This message is for informational purposes only. The file will be going to central claims for further handling. However if you do have any questions please feel free to give me a call.

Provided contact info.

Jaina Young/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:52:54 AM	MARTIRAM	YOUNGJA	BRC PAR	Acknowledgement	Done	2/10/2010 06:00:32 PM	called

Contact Last Name	Contact First Name	Account	BAC Code

Crs Adv: This is Jaina calling from the GM Product Allegation Dept. I have received your file and do require further information. If you can please return my call to 866-790-5700 ext 21115

Jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:52:26 AM	MARTIRAM	YOUNGJA	Notify CRM		Done	2/10/2010 05:44:41 PM	file assigned

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:52:15 AM	MARTIRAM	YOUNGJA	Research		Done	2/10/2010 05:44:33 PM	Research VIN

Contact Last Name	Contact First Name	Account	BAC Code

Comments

- no open recalls
- no previous related repairs
- no previous SR's

jaina young/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:51:50 AM	MARTIRAM	YOUNGJA	BRC PAR	Case Assigned	Done	2/10/2010 05:44:12 PM	file assigned to Jaina Young ext 21115

Contact Last Name	Contact First Name	Account	BAC Code

Comments

received

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:51:44 AM	MARTIRAM	FLORESM2	SR Opened		Done	2/10/2010 11:51:44 AM	SR In Status of Closed has been Re-Opened by MARTIRAM
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:51:41 AM	MARTIRAM	FLORESM2	SR Closed - Dissatisfied		Done	2/10/2010 11:51:41 AM	Service Request has been Closed Dissatisfied.
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/9/2010 04:57:19 PM	FLORESM2	FLORESM2	Outbound Call Customer	Made Contact	Done	2/9/2010 05:16:42 PM	Alleged product allegation - Power Steering turning on and off
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Customer states:

=son was driving with the power steering out then when the steering clicked back on, son tried to compensate the weight then side swiped a fire hydrant

Customer seeks:

=get the power steering fixed

CRS advised:

=information will be forwarded to the Product Allegation Department within the BRC

MarkFlores/CAC/MANT1/LVL0

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/9/2010 04:54:51 PM	FLORESM2	MARTIRAM	Escalation	Initiate PAR	Done	2/10/2010 11:51:37 AM	Assigning activity to PAR QUEUE
Contact Last Name		Contact First Name		Account		BAC Code	Received and assigned in PAR. Ramiro MATX/Workflow Par
Comments							
CRS advised that a person from the PAR Department will contact the customer within 2 business days							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/9/2010 04:17:10 PM	FLQRESM2	FLQRESM2	Outbound Call Customer	Made Contact	Done	2/9/2010 04:54:49 PM	follow up
Contact Last Name		Contact First Name		Account		BAC Code	

Cust sts:

=apparently we were supposed to get authorization
 =never got an answer from anybody
 =it at a Lemans and i dont know if its a gm dir
 =my son hit a hydrant because the power steering keeps going out
 =when the power steering clicked back on, my son over compensated and side swiped a fire hydrant
 =whos going to repair our veh

Cust Sks:

=assistance

Crs Sts:

=following up on your concern
 =asked pre par question
 =provided SR and contact info

MarkFlores/CAC/MAN/T1/LVL0

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/9/2010 04:11:40 PM	FLORESM2	FLORESM2	Outbound Call Dealer	Made Contact	Done	2/9/2010 04:16:54 PM	dealer

Contact Last Name	Contact First Name	Account	BAC Code

Comments

CRS spoke w/ Adam (SA)
 John (SA)
 Dlr sts:
 =some body damage on the side of the veh
 =power steering code came up
 =need to replace the column and ignition
 =we diag and pulled that out
 =got it towed out of here about 5 mins ago
 =90 plus for the diag
 Diagnosis= steering column
 Estimated cost= \$1091 plus tax
 When will complete= few hours
 Maint at dlr= no
 Misuse/Abuse/Lack of maint= no
 Cust caused or prevented= no
 Prev out of pocket expense at dlr= none
 Dlr provided prev cost assistance= no, 1st time here
 Prev related repairs= none
 Related to age/mig= no
 General condition of vehicle= good except for that damage on the body
 Did you ride-along or test drive with the Cust= no
 TAC contacted? Case#= no
 Should cust receive asst? (clarify why or why not)= up yo you guys
 Will dlr be offering GW Asst on behalf of GM?/Dlr willing to participate= nothing on our part that has to do with it
 DVM contacted by dlr? What was decision? no

MarkFlores/CAC/MAN/T1/LVL0

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 02:30:59 PM	JAVIERA1	FLORESM2	Ownership Changed		Done	2/8/2010 02:30:59 PM	Service Request Ownership has changed FROM: CRUZJ5 TO: FLORESM2

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 02:09:22 PM	BARGOCH	FLORESM2	Scheduled Outbound Call	Dir	Done	2/9/2010 04:11:38 PM	Get diag info

Contact Last Name	Contact First Name	Account	BAC Code

Comments

For funneling.

Cherry/Man/Cac/T1/Lvl 0 Empowered

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 02:08:25 PM	BARGOCH	BARGOCH	Outbound Call Customer	Left Message	Done	2/8/2010 02:09:19 PM	Initial Attempt: [REDACTED]

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Crs left a msg.

Cherry/Man/Cac/T1/Lvl 0 Empowered

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 02:06:04 PM	BARGOCH	BARGOCH	Outbound Call Dealer	Made Contact	Done	2/8/2010 02:08:24 PM	Funnel Dir

Contact Last Name	Contact First Name	Account	BAC Code

Crs spoke with Matt:

Crs asked if the veh has been diag?

Dir sts that veh wasnt checked yet, it will be diag today but with reg to completing it, Dir not sure if that would be today afternoon or tom.

Cherry/Man/Cac/T1/Lvl 0 Empowered

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 11:45:31 AM	BARGOCH	BARGOCH	Scheduled Outbound Call	Dir	Done	2/8/2010 02:06:03 PM	Call Dirship

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 05:45:23 PM	CRUZJ5	CRUZJ5	Scheduled Outbound Call	Dir	Done	2/8/2010 11:45:29 AM	call dirship

Contact Last Name	Contact First Name	Account	BAC Code

Comments

-check the diagnosis of the veh.

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 05:34:25 PM	CRUZJ5	CRUZJ5	Outbound Call Third Party	Made Contact/Engineering Own	Done	2/3/2010 05:45:21 PM	called Roadside Assistance

Contact Last Name	Contact First Name	Account	BAC Code

Comments

-spoke with Jerry of Roadside Assistance and conferenced the cust to set-up an appointment.

-representative informed the cust that she is covered by the roadside assistance and her veh will be towed on Friday around 4-4:30 pm at zero cost.

-cust happy with the information she received for the depl.

Jose Cruz/CACT1/man/Lv10

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 04:57:19 PM	CRUZJS	CRUZJS	Inbound Call Customer	Complex Request	Done	2/3/2010 05:34:22 PM	power steering issue
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

cust sts :
-cust has a 2006 cobalt
-If there is a recall on the veh.
-power steering went in and out
-Independent shop said just lacks air in the tires.
-heard a recall in the news.
-veh is not driveble.
-power steering went clipped the fire hydrant.

Orig owner? No
Primary driver? Yes
Personal or business use? -personal
Where purchased? Burns Pontiac
If 2nd Owner of Veh, when/what mlg? 38,000 miles
Current approx mlg? 42,524 miles
Ext Svc Plan? No
Concern? power steering
When 1st notice concern? 2 weeks ago.
What conditions does concern occur?
Where diagnosed? No diagnosis yet.
Est cost of the repair? n/a
Current location of veh? at the the house.
Veh repaired? Not yet

cust sks :
-have the power steering of the veh fixed.

crs adv :
-advised the cust that in regard to the power steering of the veh itself, there is no recall yet posted on her veh.
-advised the cust to bring the veh to the dlrship for diagnosis.
-cust agreed to have it towed to the dlr, and also called roadside assistance to set-up an appointment for the cust.
-veh will be towed on friday to the dlr by friday 4-4:30 pm.
-will call the cust on saturday for verification.

Jose Cruz/CACT1/man/Lvl0

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M30	Inoperative	Steering - Power Steering Pump / Brackets

GM Vehicle Inquiry System Summary

685750

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN :	1G1AK15F967 [REDACTED]
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VEHICLE INFORMATION

Merchandising Model :	1AK37 -2006 COBALT 2-DOOR LS COUPE				Warranty Start Date :		07/31/2006		
BARS Order Type :	70 - RETAIL - STOCK								
Delivering Dealer :	BARLOW CHEVROLET INC. PO BOX 7003 DELRAN , NJ 08075-7003 (856) 461-8400				Selling Source :		13 - CHEVROLET		
					Site Code :		15018		
					Business Associate Code :		113866		
Service Contract :	Yes	Branded Title :		No	Warranty Block :		No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	07/31/2006	21 miles	07/31/2009	36021 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	07/31/2006	21 miles	07/31/2012	100021 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	07/31/2006	21 miles	07/31/2014	80021 miles
36/36000 FEDERAL EMISSION	07/31/2006	21 miles	07/31/2009	36021 miles
60/60000 POWERTRAIN - U.S. LIMITED WARRANTY	07/31/2006	21 miles	07/31/2011	60021 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading

05/16/2006	A66192	1	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles
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CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System

Vehicle Build

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VIN	1G1AK15F967
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VEHICLE BUILD

Merchandising Model :	1AK37 -2006 COBALT 2-DOOR LS COUPE		
Gross Vehicle Weight Rating :	1675 kg (3693 lb)	Order Number :	KBWFCN
Build Date :	05/16/2006	Build Plant :	167A

GMVIS is not the definitive source of GM Vehicle RPO information and is intended for service reference only. Should there be any questions about the vehicle's original build or RPO information please refer to the original vehicle invoice or window sticker.

OPTION CODES

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AR9 - DELUXE FRONT BUCKET SEAT
B34 - FLOOR MATS	B35 - REAR FLOOR MATS
B84 - BODY COLOR BODYSIDE MOLDINGS	C67 - ELECT. FRONT AIR CONDITIONER
DC8 - MIRROR, O/S MANUAL FLDG, BLK	FE1 - SUSPENSION SYSTEM-SOFT RIDE
FE9 - FEDERAL EMISSIONS	FY1 - TRANS/AXLE 3.63 RATIO
IPB - INTERIOR TRIM DESIGN	J41 - POWER DISC FRONT BRAKES
K64 - 115 AMP GENERATOR	LOD - ASSEMBLY PLANT - LORDSTOWN, OHIO
L61 - 2.2L DOHC 4 CYL ENGINE	MN5 - 4 SPEED AUTO TRANSMISSION
MX0 - 4-SPD. AUTO. TRANS. W/OVERDRIVE	NT7 - FEDERAL EMISSION TIER 2
N46 - 4 SPOKE STEERING WHEEL	PG1 - 15" STEEL WHEEL
QTU - P195/60R15 TOURING BW TIRES	R6M - NEW JERSEY SURCHARGE
R6P - PREMIUM PAINT	R8K - *****
SLM - STOCK ORDERS	UN0 - AM/FM STEREO W/CD & RDS
UQ4 - BASE SPEAKER SYSTEM	VK3 - FRONT LICENSE PLATE MOUNT
V73 - STATEMENT OF VEHICLE CERT.-U.S. /CANADA	1LS - 1LS BASE PACKAGE
1SZ - OPTION PACKAGE DISCOUNT	14B - GRAY
14I - GRAY	6AR - FRONT SPRING
7AR - FRONT SPRING	8AA - REAR SPRING
84U - MAJESTIC AMETHYST METALLIC	9AA - REAR SPRING

GM Vehicle Inquiry System

Claim History

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Service Contract - Warranty Block - Branded Title

Help

VIN :	1G1AK15F967 [REDACTED]
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CLAIM HISTORY

Repair Order Date :		05/16/2006		Repair Order Number :		A66192		Odometer Reading :		0 miles	
Serviced By :		BARLOW CHEVROLET INC. PO BOX 7003 DELRAN, NJ 08075-7003 (856) 461-8400				Selling Source :			13 - CHEVROLET		
						Site Code :			15018		
						Business Associate Code :			113866		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
05/19/2006	692	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 108.94	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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PE10-005

GM

4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT

5 



Nationwide®
On Your Side™

110 Elwood Davis Rd. * North Syracuse, NY 13212 **

VIA CERTIFIED MAIL

May 24, 2006

General Motors Corporation
300 Renaissance Center
Mail Code 482-C20-D71
Detroit, MI 48265-3000

RECEIVED

MAY 31 2006

ESIS-GM CLAIMS UNIT

OUR INSURED: [REDACTED]

OUR CLAIM NUMBER: [REDACTED]

DATE OF LOSS: 04-11-2006

LOSS LOCATION: Buffalo, New York

YEAR: 2006

MAKE/MODEL: Chevrolet Cobalt

TYPE OF LOSS: Single vehicle collision

INJURIES: Yes [REDACTED]

DEFECT ALLEGATION: Steering failure caused loss of control/Vehicle locked up.

Please be advised that Nationwide is the insurance carrier for the above-named insured, who sustained damage to his automobile on the above date of loss. Our investigation reveals that this loss resulted from a defect in the automobile, therefore we are placing you on notice of a claim against you, as well as providing you with the opportunity to inspect the vehicle.

Please contact the undersigned within the next 10 business days to advise regarding inspection of the vehicle.

Thank you for your prompt attention to this matter.

Nationwide Mutual Fire Insurance Company
Lynn Koenck
Claims Department
(315)453-3384

GM Vehicle Inquiry System

Summary

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VIN :	1G1AK15F667
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VEHICLE INFORMATION

Merchandising Model :	1AK37 -2006 COBALT 2-DOOR LS COUPE				Warranty Start Date :		02/04/2006		
BARS Order Type :	70 - RETAIL - STOCK								
Delivering Dealer :	WEST-HERR CHEVROLET OF ORCHARD PARK 3575 SOUTHWESTERN BLVD ORCHARD PARK , NY 14127-1706 (716) 662-9775				Selling Source :		13 - CHEVROLET		
					Site Code :		13305		
					Business Associate Code :		115360		
Service Contract :	Yes	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid		

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	02/04/2006	6 miles	02/04/2009	36006 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	02/04/2006	6 miles	02/04/2012	100006 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	02/04/2006	6 miles	02/04/2014	80006 miles
36/50000 CALIFORNIA EMISSIONS	02/04/2006	6 miles	02/04/2009	50006 miles
96/100000 CALIFORNIA SELECT COMPONENT	02/04/2006	6 miles	02/04/2014	100006 miles
60/60000 POWERTRAIN - U.S.	02/04/2006	6 miles	02/04/2011	60006 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
10/21/2005	A03130	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System

Claim History

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VIN :	1G1AK15F667 [REDACTED]
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CLAIM HISTORY

Repair Order Date :		10/21/2005		Repair Order Number :		A03130		Odometer Reading :		0 miles	
Serviced By :	WEST-HERR CHEVROLET OF ORCHARD PARK 3575 SOUTHWESTERN BLVD ORCHARD PARK, NY 14127-1706 (716) 662-9775					Selling Source :		13 - CHEVROLET			
						Site Code :		13305			
						Business Associate Code :		115360			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
10/25/2005	633	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 89.91	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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PE10-005

GM

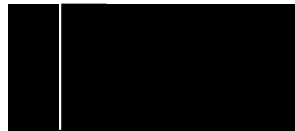
4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT



Service Request Detail

SR No.	1-429219645	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - Column / Ignition Lock /	Sub-Area	Initiate PAR- Collision
Address		City	Far Rockaway	Involved Dir	Arnold Chevrolet, LLC	Safety	Yes
State	NY	ZipCd		Source	Phone	Updated	8/29/2006 9:20:15 AM
Serial #/VIN	1G1AM18B767	Model Year	2006	Priority	Medium	License #	CHEVROL
Make	Chevrolet	Warr. Start	04/26/2006	Status	Open	Opened	8/25/2006 4:01:48 PM
Model	Cobalt	Mileage	2700	Sub-Status	Satisfied	Closed	

Abstract Steering - Column / Ignition Lock / Parts

Customer THIS IS NO LONGER A BRC PAR CASE*

Description

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	8/3/2006 2:45:00 PM	Y	0	2	Asphalt	Dry		06-436137
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		5'6"	6/6/1989	None				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
		(800) 464-5755	Gicel Insurance					

Incident Loc	Utal Rd. Middle School	Incident Desc	going around, making turn, steering wheel locked up, car jumped the curb, hit a tree and a pole. Front airbag deployed
Component	the steering wheel got locked	Damage Desc	Veh is "a total loss". Unusable
Vehicle Loc	Veh is unusable	Add'l Info	Cust has been contacted by two attorneys, has not hired either of them.
Emgcy Svc Names		Maint Loc	Arnold Chevrolet

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	
Vehicle Speed	22	Weather Condition	Dry	Prop Owner	N/A	Property Type	N/A		
Last Service Date		Loc Last Service		Property Location	N/A	Prop Est Repair Cost			
Veh Est Repair Cost		Spec Equip Installer		Prop Damage Description	N/A				
Primary Veh Use	Personal	Inspection Type		Inspected By	Inspection Not Performed	Inspection Date/Time			
Veh Damage Description	Vehicle is totaled	Explain Other	Insurance settlement complete						

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Driver	Buckled up.
Injury Description			Medical Rpt#	Treatment Location		Treated By
Cut on sholder Cut on neck				Good Samaritan Hospital Far Rockaway NY		
Street Address			City	State	Zip Code	

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Front Passenger	Buckled up
Injury Description			Medical Rpt#	Treatment Location		Treated By
He hit the windshield, they kept him at Emergency Room for observation				Good Samaritan Hospital		
Street Address			City	State	Zip Code	

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/30/2006 10:21:03 AM	MERZTIFD	ESISBIQU	Escalation		In Progress		Insurance dec
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/29/2006 1:44:22 PM	JACKSOLI	MERZTIFD	Notify CRM		Done	8/30/2006 10:21:03 AM	ESIS
Contact Last Name	Contact First Name	Name	Account	BAC Code			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/29/2006 9:20:15 AM	GREERM	GREERM	Ownership Changed	Ownership Escalated to BRC	Done	8/29/2006 9:20:15 AM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/29/2006 8:51:59 AM	GREERM	JACKSOLI	BRC PAR	ESIS- Insurance Involvement	Done	8/29/2006 1:44:21 PM	Customer seeks return of ins deductible & extended warranty fees paid and lost

Contact Last Name	Contact First Name	Account	BAC Code

Received and escalated to ESIS

Linette Jackson/atd/par workflow

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2006 10:28:15 AM	JACKSOLI	GREERM	Ownership Changed		Done	8/28/2006 10:28:15 AM	Service Request Ownership has changed FROM: LAUFERYA TO: GREERM

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2006 10:27:08 AM	JACKSOLI	GREERM	BRC PAR	Acknowledgement	Done	8/28/2006 4:39:46 PM	Called customer @
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

Reached vehicle owner, son (17) was driving the vehicle at the time of the incident. He was leaving the school parking lot at approx 22 mps. He sts the steering locked up, the vehicle jumped the curb and hit a tree. The vehicle is a total loss.

Settlement has been made with the insurance company, and customer has purchased another new 2006 Chevrolet Cobalt.

Customer seeks from General Motor the return of his insurance deductible, and the money he lost on the extended warranty.

CRS advised customer that I will need to escalate the file because of the insurance deductible.

Advised customer of approximate amount of time involved, and that he will be hearing from the Claims Department.

Provided customer with SR# and CRS c/b info.

CRS will escalate this file to ESIS.

mary greer/par/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2006 10:27:08 AM	JACKSOLI	GREERM	BRC PAR	Initial Contact- Phone	Done	8/28/2006 4:40:03 PM	customer contact
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

See Acknowledgement activity

mary greer/par/11135

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2006 10:27:07 AM	JACKSOLI	GREERM	Research		Done	8/28/2006 4:47:12 PM	Researched VIN
Contact Last Name	Contact First Name	Account				BAC Code	

Comments

*Reviewed pre-PAR

*performed VIN/case scan, no other SRs, no related issues
(father sts the steering has locked up while he was driving it, and he has addressed this with the dealership before)

*Reviewed GMVIS - no open or related recalls or history, one visit to dirshp: customer concern not duplicated.

mary greer/par/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2006 10:27:07 AM	JACKSOLI	GREERM	BRC PAR	Initial Contact- AVM	Done	8/29/2006 9:13:47 AM	FAVM Yorlano Todd 914055 8063 ARNOLD CHEVROLET, LLC WEST BABYLON NY 40 212292
Contact Last Name	Contact First Name	Account				BAC Code	

Comments

Summary:

fyi call to AVM

mary greer/par/11135

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2006 10:27:07 AM	JACKSOLI	GREERM	BRC PAR	Initial Contact- Dealer	Done	8/29/2006 9:55:48 AM	DEALER CONTACT
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

ARNOLD CHEVROLET, LLC
670 MONTAUK HWY
WEST BABYLON, NY 11704-8238
(631) 422-3700

Thomas Bolger, advisor

veh brought to dlr on 7/27/2006 - steering
"sometimes when braking, steering locks
have to release brake to release steering"

TAC case 908475 -
test drove veh could not dupl no similar concerns noted by TAC

found bulleting pertaining to concern:
Bulletin: #?
"electronic steering may go into mode to protect motor from burning out when parking or holding wheel at end of turns-"

dlrshp performed no repairs

mary greer/par/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2006 10:27:06 AM	JACKSOLI	GREERM	BRC PAR	Case Assigned	Done	8/28/2006 4:00:26 PM	Assigned File to Mary Greer an Ext.11135
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

File received.
Working file.

mary greer/par/11135

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2006 10:27:06 AM	JACKSOLI	GREERM	Notify CRM		Done	8/28/2006 3:59:48 PM	File Assigned
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

File received.
Working file.

mary greer/par/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2006 10:27:04 AM					Done	8/28/2006 10:27:16 AM	1-429219645, BRC PAR Assignor
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/25/2006 5:22:26 PM	LAUFERYA	JACKSOLI	Escalation	Initiate PAR	Done	8/28/2006 9:37:36 AM	Assigning activity to PAR QUEUE.
Contact Last Name		Contact First Name		Account		BAC Code	

CRM advised that a person from the PAR Department will contact the customer within 2 business days.

Received and assigned in par

Linette Jackson/ab/par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/25/2006 5:11:48 PM	LAUFERYA	LAUFERYA	Other		Done	8/25/2006 5:13:14 PM	Add more information

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Cust sts the veh is a total loss. He got \$18,000 returned by the insurance company. Cust sts he will need to put 33,000\$ to get a new veh.

Nina Weiss (Yanina Laufer) / CAC / BA

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/25/2006 4:09:16 PM	LAUFERYA	LAUFERYA	Inbound Call Customer	Complex Request	Done	8/25/2006 5:09:21 PM	Customer had a collision

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Custs sts: He owns a 2006 Chevrolet Cobalt with 2,700 miles approx. On July 27th he took the steering column got locked. He took veh to Arnold Chevrolet and they couldn't duplicate the concern. Then last week his son was driving the veh, and the steering wheel locked again, so the veh turned and hit a tree and a pole. Cust's son and his friend on the passenger side got injuries. Ambulance came and took both to the ER.

Cust sks: GM to do something about this situation.

CRS Adv: Prepar case. Cust will be contacted by Business Resource Deparment in 48 business hours.

Nina Weiss (Yanina Laufer) / CAC / BA

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/25/2006 4:00:03 PM	LAUFERYA	LAUFERYA	CTI - Inbound Call		Done	8/25/2006 5:09:34 PM	Inbound CAC call not found, #entered 6314226080

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M41	Inoperative	Steering - Column / Ignition Lock / Parts

GM Vehicle Inquiry System

Summary

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[Help](#)

VIN :	1G1AM18B767 [REDACTED]
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VEHICLE INFORMATION

Merchandising Model :		1AM37 -2006 COBALT SS COUPE		Warranty Start Date :		04/26/2006					
BARS Order Type :		60 - RETAIL - SOLD									
Delivering Dealer :		ARNOLD CHEVROLET, LLC 670 MONTAUK HWY WEST BABYLON , NY 11704-8238 (631) 422-3700		Selling Source :		13 - CHEVROLET					
				Site Code :		02281					
				Business Associate Code :		212292					
Service Contract :		Yes	Branded Title :		No	Warranty Block :		No	PDI Status :		Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	04/26/2006	5 miles	04/26/2009	36005 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	04/26/2006	5 miles	04/26/2012	100005 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	04/26/2006	5 miles	04/26/2014	80005 miles
36/50000 CALIFORNIA EMISSIONS	04/26/2006	5 miles	04/26/2009	50005 miles
84/70000 CALIFORNIA SELECT COMPONENT	04/26/2006	5 miles	04/26/2013	70005 miles
60/60000 POWERTRAIN - U.S.	04/26/2006	5 miles	04/26/2011	60005 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
07/27/2006	122603	#	N9995 - CUSTOMER CONCERN NOT DUPLICATED	2580 miles

8/30/2006

03/29/2006	A31721	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles
------------	--------	---	---------------------------------------------	---------

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System Claim History

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) -
[Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN :	1G1AM18B767 [REDACTED]
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CLAIM HISTORY

Repair Order Date :		07/27/2006		Repair Order Number :		122603		Odometer Reading :		2580 miles	
Serviced By :	ARNOLD CHEVROLET, LLC 670 MONTAUK HWY WEST BABYLON, NY 11704-8238 (631) 422-3700					Selling Source :		13 - CHEVROLET			
						Site Code :		02281			
						Business Associate Code :		212292			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
08/04/2006	714	01	#	N9995 - CUSTOMER CONCERN NOT DUPLICATED	N/A	N/A	N/A	\$ 27.42	N		

Repair Order Date :		03/29/2006		Repair Order Number :		A31721		Odometer Reading :		0 miles	
Serviced By :	ARNOLD CHEVROLET, LLC 670 MONTAUK HWY WEST BABYLON, NY 11704-8238 (631) 422-3700					Selling Source :		13 - CHEVROLET			
						Site Code :		02281			
						Business Associate Code :		212292			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
04/04/2006	679	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	N/A	N/A	N/A	\$ 118.83	N		

CHECK HISTORY

Vehicle Has No Associated Check History.

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8/30/2006

GM Vehicle Inquiry System

Vehicle Build

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN	1G1AM18B767 [REDACTED]
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VEHICLE BUILD

Merchandising Model :	1AM37 -2006 COBALT SS COUPE		
Gross Vehicle Weight Rating :	1738 kg (3832 lb)	Order Number :	JZFQ2J
Build Date :	03/29/2006	Build Plant :	167A

OPTION CODES

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AR9 - DELUXE FRONT BUCKET SEAT
ASF - AIRBAGS, SIDE HEAD-CURTAIN	C67 - ELECT. FRONT AIR CONDITIONER
DG7 - BODY COLOR POWER MIRRORS	E2C - ORDER TO DELIVERY - EXPEDITE
FE3 - SPORT SUSPENSION	FX2 - TRANS/AXLE 3.91 RATIO
IPC - INTERIOR TRIM DESIGN	JL9 - 4-WHEEL DISC ANTI-LOCK BRAKE SYSTEM
K64 - 115 AMP GENERATOR	LE5 - 2.4L 4 CYL DOHC HIGH OUTPUT GAS ENGINE W/VVT
LOD - ASSEMBLY PLANT - LORDSTOWN, OHIO	MN5 - 4 SPEED AUTO TRANSMISSION
MX0 - 4-SPD. AUTO. TRANS. W/OVERDRIVE	NE1 - 50-STATE EMISSIONS
NP5 - LEATHER WRAPPED STEERING WHEEL	NU1 - CALIF EMISSIONS LEV 2
NW7 - TRACTION CONTROL	PFE - 17 X 7 ALUMINUM WHEEL
QBU - P205/50R17 BLACKWALL TIRES	RE8 - UPGRADE ORNAMENTATION
R6P - PREMIUM PAINT	R8K - *****
R9Z - POMS EXPEDITE-SOLD ORDERS/TSE	SLL - SOLD ORDERS
UQ4 - BASE SPEAKER SYSTEM	US8 - AM/FM STEREO W/CD & MP3 (REPLACES STD/OPT RADIO)
VK3 - FRONT LICENSE PLATE MOUNT	V73 - STATEMENT OF VEHICLE CERT.- U.S. /CANADA
ISS - ISS BASE SS PACKAGE	ISZ - OPTION PACKAGE DISCOUNT
19C - EBONY	19I - EBONY
41U - BLACK	6AC - SUSPENSION COMPONENT
7AC - FRONT SPRING	8AD - REAR SPRING

9AD - REAR SPRING

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- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

Regional Office:

750 Woodbury Road ■ Woodbury, NY 11797-2589

September 8, 2006

WEST ISLIP, NY

CLAIM:

Dear

Recently an automobile accident occurred, involving a 2006 Chevy Cobalt VIN#1G1AM18B767 hereinafter described as "The Vehicle". This accident occurred on 08/03/2006 near the entrance to a parking lot of Udal Middle School in West Islip, NY. GEICO now has possession of The Vehicle.

If you wish to have access to The Vehicle for purposes of inspection, testing, documentation or preservation of The Vehicle, you are requested to notify GEICO of your need for access to The Vehicle within sixty (60) days of the date of this letter.

If GEICO does not receive a written request within sixty (60) days of the date of this letter, of your desire to have access to The Vehicle, GEICO will dispose of The Vehicle. Upon notification to GEICO within the sixty (60) day period of your desire to have access to The Vehicle, you will then need forthwith to make arrangements with GEICO for the inspection, testing, documentation, preservation and transfer of possession and title to The Vehicle.

You are hereby put on notice that GEICO requires that your notification to GEICO be in writing, by certified mail via the United Postal Service, Federal Express, United Parcel Service or other courier service sent to and received by GEICO at (750 Woodbury Road Woodbury, NY 11797 attn: Jaime Velez TA1 Department) not more than sixty (60) days from date of this letter.

Communication with GEICO by telephone, by facsimile, by e-mail, or by any method other than United States Postal Service mail, Federal Express, United Parcel Service or other courier service at any other address other than the aforementioned address, will not be honored or effective and GEICO will not otherwise agree to preservation.

If you do not receive a confirmatory response from GEICO, you must assume we did not receive your request.

Wholly Owned Subsidiary of Berkshire Hathaway Not Affiliated With The U.S. Government



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

Regional Office:

750 Woodbury Road ■ Woodbury, NY 11797-2589

PLEASED BE GOVERNED ACCORDINGLY

Sincerely,

Jaime Velez, Claims Examiner
F700
(800)645-7550 Ext. 7386

CC: GMAC
300 Renaissance Center
Mail Code 482C20D71
Detroit MI 48265
Attn: Paul Ali

Wholly Owned Subsidiary of Berkshire Hathaway Not Affiliated With The U.S. Government

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Paul Olle
Claims Administrator

September 8, 2006

GEICO
750 WOODBURY RD
WOODBURY NY 11797
ATTN: JAMIE VALEZ, TA1 DEPT

RE: Claimant: [REDACTED]
Our File No.: 514716
Our Client: General Motors Corporation
Date/Event: 8/3/2006
Subject Vehicle: 2006 Chevrolet Cobalt
Your File No.: 0234425310101024

Dear Mr. Valez:

ESIS provides administrative claim services for General Motors for claims alleging a product defect. This letter follows our telephone conversation today regarding the above captioned claim.

[REDACTED] contacted GM with concerns about the steering in the subject vehicle. GM would like to look into [REDACTED] concerns. As part of this, GM would like to retrieve the data from the subject vehicle's air bag module. The data may contain information about the position of the steering wheel at the time the data was recorded. Please let me know if Geico gives GM permission to retrieve the data from the air bag module. GM will provide a copy of the data obtained to Geico.

Sincerely,

Paul Olle
Claims Administrator

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Paul Olle
Claims Administrator

September 8, 2006

EDWARD FOLBER
755 PETER PAUL DR
FAR ROCKAWAY, NY 11695

RE: Claimant: [REDACTED]
 Our File No.: 514716
 Our Client: General Motors Corporation
 Date/Event: 8/3/2006
 Subject Vehicle: 2006 Chevrolet Cobalt
 VIN: 1G1AM18B767 [REDACTED]

Dear [REDACTED]

ESIS provides administrative claim services to General Motors for claims alleging a product defect. This letter follows our telephone conversation of September 5, 2006.

I have been in contact with your insurer, Geico, and am attempting to get permission to inspect the subject vehicle.

I have asked Tierney Liability Investigators to assist with the investigation of your claim regarding the steering locking on a 2006 Chevrolet Cobalt. You should hear from them in the near future.

When we spoke, you indicated that you wanted GM to pay for your deductible and for the cost of your extended warranty. Please provide documentation for the amount the extended warranty cost and the amount of your deductible.

Sincerely,

Paul Olle
Claims Administrator

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Paul Olle
Claims Administrator

September 28, 2006

GEICO
750 WOODBURY RD
WOODBURY, NY 11797
ATTN: JAIME VELEZ, TA1 DEPT

RE: Claimant: [REDACTED]
Our File No.: 514716
Our Client: General Motors Corporation
Date/Event: 8/3/06
VIN: 1G1AM18B767 [REDACTED]
Your File No: 0234425310101024

Dear Mr. Velez:

I am writing to confirm our conversation of September 28, 2006 during which you agreed to allow us to inspect a 2006 Chevrolet Cobalt owned by GEICO and retrieve data from the air bag system. I have asked Tierney Liability Investigators to do this. I estimate the inspection will take about 2-3 hours.

As part of the inspection, we will likely take photographs and measurements. Also, your vehicle is equipped with an air bag Sensing and Diagnostic Module (SDM). As explained in the Owner's Manual, in addition to its other functions, the SDM records information about the air bag system and other crash related data in an air bag deployment event and some near-deployment crashes. The SDM in your vehicle also records the following pre-crash data: vehicle speed, throttle position, brake application and engine RPM for 5 seconds prior to the deployment or near deployment event. As part of our investigation, we will download the SDM data using the Vetronix Crash Data Retrieval software. We will provide you with a copy of that data at the time we retrieve it or as soon after as is practical. As we discussed, we will also provide a copy of the air bag data to William Folber.

Please note the potential GM uses of this crash data once GM has a copy in its files. Once collected, the SDM crash data is available for GM's research needs. Also, in summary form, this information may be provided to non-GM organizations (i) which have a reasonable need for it, (ii) which have a demonstrated ability to utilize such data, and (iii) which are expected to use it for studies aimed at improving safety to the benefit of the public at large, the auto industry, or GM. However, information which ties SDM crash data to a particular vehicle, such as VIN, owner name, or date and location, will generally not be disclosed by GM other than (a) to the involved owner/lessee or his/her designated agent, (b) in response to an official request of police or similar government office, (c) for research where appropriate confidentiality is maintained and need is shown, (d) as part of GM's defense of litigation involving the subject vehicle or other GM products, or (e) as otherwise required by law.

If you have any additional questions about our upcoming inspection, you can contact me at 1.800.888.0164 Monday through Friday from 8:00 AM to 4:30 PM.

Sincerely,

Paul Olle

Page 1 of 1 Pages

Local Codes
06-436137New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month <u>08</u> Day <u>03</u> Year <u>2006</u>	Day of Week <u>Thur</u>	Military Time <u>1525</u>	No. of Vehicles <u>1</u>	No. Injured <u>01</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Present <input type="checkbox"/>	Accident Reconstructed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	-----------------------------------------------------------------	----------------------------	------------------------------	-----------------------------	--------------------------	------------------------	----------------------------------------------------	-------------------------------------	-----------------------------------------	-------------------------------------------------	----------------------------------------------------------

2	VEHICLE 1	VEHICLE 2	BICYCLIST	PEDESTRIAN	OTHER PEDESTRIAN
---	-----------	-----------	-----------	------------	------------------

2	VEHICLE 1 - Driver License ID Number <u>[redacted]</u>	VEHICLE 2 - Driver License ID Number <u>[redacted]</u>	State of Lic. <u>NY</u>
---	-----------------------------------------------------------	-----------------------------------------------------------	-------------------------

2	Driver Name - exactly as printed on license <u>[redacted]</u>	Driver Name - exactly as printed on license <u>Fixed Objects</u>	Apt. No. <u>[redacted]</u>
---	---------------------------------------------------------------	------------------------------------------------------------------	----------------------------

2	Address (Include Number & Street) <u>[redacted]</u>	Address (Include Number & Street) <u>[redacted]</u>	Apt. No. <u>[redacted]</u>
---	-----------------------------------------------------	-----------------------------------------------------	----------------------------

2	City or Town <u>West Islip NY</u>	City or Town <u>[redacted]</u>	State <u>NY</u>	Zip Code <u>[redacted]</u>
---	-----------------------------------	--------------------------------	-----------------	----------------------------

2	Date of Birth Month <u>06</u> Day <u>13</u> Year <u>87</u>	Sex <u>M</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	Public Property Damaged <input type="checkbox"/>	Date of Birth Month <u>03</u> Day <u>26</u> Year <u>93</u>	Sex <u>M</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>[redacted]</u>	Public Property Damaged <input type="checkbox"/>
---	---------------------------------------------------------------	--------------	-------------------------------------	---------------------------	--------------------------------------------------	---------------------------------------------------------------	--------------	-------------------------------------	------------------------------------	--------------------------------------------------

2	Name <u>[redacted]</u>	Name - exactly as printed on registration <u>[redacted]</u>	Sex <u>[redacted]</u>	Date of Birth Month <u>[redacted]</u> Day <u>[redacted]</u> Year <u>[redacted]</u>
---	------------------------	-------------------------------------------------------------	-----------------------	---------------------------------------------------------------------------------------

2	Address (Include Number & Street) <u>[redacted]</u>	Address (Include Number & Street) <u>[redacted]</u>	Apt. No. <u>[redacted]</u>	Haz. Mat. Code <u>[redacted]</u>	File Speed <u>[redacted]</u>
---	-----------------------------------------------------	-----------------------------------------------------	----------------------------	----------------------------------	------------------------------

2	City or Town <u>SIATA</u>	City or Town <u>[redacted]</u>	State <u>NY</u>	Zip Code <u>[redacted]</u>
---	---------------------------	--------------------------------	-----------------	----------------------------

2	State of Reg. <u>NY</u>	Vehicle Year & Make <u>2006 Chev</u>	Vehicle Type <u>2D3D</u>	Ins. Code <u>148</u>	Plate Number <u>[redacted]</u>	State of Reg. <u>[redacted]</u>	Vehicle Year & Make <u>[redacted]</u>	Vehicle Type <u>[redacted]</u>	Ins. Code <u>[redacted]</u>
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2	Ticket/Arrest Number(s) <u>[redacted]</u>	Ticket/Arrest Number(s) <u>[redacted]</u>
---	-------------------------------------------	-------------------------------------------

2	Violation Section(s) <u>[redacted]</u>	Violation Section(s) <u>[redacted]</u>
---	----------------------------------------	----------------------------------------

2	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.
---	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>33</u> Box 2 - Most Damage <u>33</u> Enter up to three more Damage Codes <u>412</u>	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>12</u> Box 2 - Most Damage <u>345</u> Enter up to three more Damage Codes <u>[redacted]</u>
---	------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

2	Vehicle By <u>HILBIE Collision</u> Towed To <u>SAME</u>	Vehicle By <u>[redacted]</u> Towed To <u>[redacted]</u>
---	------------------------------------------------------------	------------------------------------------------------------

2	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	Diagram of vehicle damage coding showing a car with a box labeled 12 in the center.
---	-------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

2	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	Diagram showing various accident scenarios: Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Right Turn, Sideswipe (opposite direction).
---	------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2	ACCIDENT DIAGRAM <u>Island</u> <u>School Parking lot</u> <u>Island</u>	Diagram showing a school parking lot with an island and a tree.
---	---------------------------------------------------------------------------------	-----------------------------------------------------------------

2	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:
---	------------------	------------------------------------------------------------------------

2	Place Where Accident Occurred: County <u>Suffolk</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of <u>Islip</u> Road on which accident occurred <u>700 Udall Rd</u> (Route Number or Street Name) at 1) intersecting street <u>50</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>Bellmore St.</u> (Route Number or Street Name) or 2) <u>50</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>Bellmore St.</u> (Milepost, Nearest intersecting Route Number or Street Name)
---	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2	Accident Description/Officer's Notes <u>vehicle #1 was going through the parking lot of the Udall Middle School when the operator lost control of the vehicle and hit a tree and light pole. operator #1 states his steering wheel locked up.</u>
---	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2	Names of all involved A <u>1</u> B <u>1</u> C <u>4</u> D <u>1</u> E <u>17</u> F <u>M</u> G <u>5</u> H <u>10</u> I <u>6</u> J <u>9997</u> K <u>5108</u> L <u>M</u>
---	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

2	Officer's Rank and Signature <u>PO Meynback 3398/30/3</u>	Badge/ID No. <u>3398</u>	NCIC No. <u>05101</u>	Precinct/Post/Station/Beat/Troop/Zone <u>3rd 3d 7</u>	Reviewing Officer <u>[signature]</u>	Date/Time Reported <u>8/4/06 14:0</u>
---	--------------------------------------------------------------	--------------------------	-----------------------	-------------------------------------------------------	--------------------------------------	---------------------------------------

2	Print Name in Full <u>Kenneth Meynback</u>
---	--------------------------------------------

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION		APPARENT CONTRIBUTING FACTORS		Vehicle	
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection		Human 1. Alcohol Involvement 2. Backing Unsafely 3. Driver Inattention/Distracted* 4. Driver Inexperience* 5. Drugs (Illegal) 6. Failure to Yield Right-of-Way 7. Failure to Keep Right 8. Fatigued/Drowsy 9. Fell Asleep 10. Following Too Closely 11. Illness 12. Lost Consciousness 13. Passenger Distraction 14. Passing or Lane Usage Improper 15. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion 16. Physical Disability 17. Prescription Medication 18. Traffic Control Disregarded 19. Turning Improperly 20. Unsafe Speed 21. Unsafe Lane Changing 22. Cell Phone (hand-held) 23. Cell Phone (hands-free) 24. Other Electronic Device* 25. Outside Car Distraction* 26. Reaction to Other Uninvolved Vehicle 28. Aggressive Driving/Road Rage		41. Accelerator Defective 42. Brakes Defective 43. Headlights Defective 44. Other Lighting Defects 45. Oversized Vehicle 46. Steering Failure 47. Tire Failure/Inadequate 48. Tow Hitch Defective 49. Windshield Inadequate 50. Driverless/Runaway Vehicle 60. Other Vehicular* Environmental 61. Animal's Action 62. Glare 63. Lane Marking Improper/Inadequate 64. Obstruction/Debris 65. Pavement Defective 66. Pavement Slippery 67. Shoulders Defective/Improper 68. Traffic Control Device Improper/Non-Working 69. View Obstructed/Limited	
PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION 1. Crossing, With Signal 2. Crossing, Against Signal 3. Crossing, No Signal, Marked Crosswalk 4. Crossing, No Signal or Crosswalk 5. Riding/Walking/Skating Along Highway With Traffic 6. Riding/Walking/Skating Along Highway Against Traffic 7. Emerging from in Front of/Behind Parked Vehicle 8. Going to/From Stopped School Bus 9. Getting On/Off Vehicle Other Than School Bus 11. Working in Roadway 12. Playing in Roadway 13. Other Actions in Roadway* 14. Not in Roadway (Indicate)*				Vehicle 1 19 Vehicle 1 20 Vehicle 2 21 Vehicle 2 22 Vehicle 1 23 Vehicle 2 24 Vehicle 1 25 Vehicle 2 26 Vehicle 1 29 Vehicle 2 30	
TRAFFIC CONTROL 1. None 2. Traffic Signal 3. Stop Sign 4. Flashing Light 5. Yield Sign 6. Officer/Guard 7. No Passing Zone 8. RR Crossing Sign 9. RR Crossing Flashing Light 10. RR Crossing Gates 11. Stopped School Bus-Red Lights Flashing 12. Construction Work Area 13. Maintenance Work Area 14. Utility Work Area 15. Police/Fire Emergency 16. School Zone 20. Other*					
LIGHT CONDITIONS 1. Daylight 2. Dawn 3. Dusk 4. Dark-Road Lighted 5. Dark-Road Unlighted				DIRECTION OF VEHICLE: 	
ROADWAY CHARACTER 1. Straight and Level 2. Straight and Grade 3. Straight at Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve at Hillcrest		New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (7/01) *EXPLAIN IN ACCIDENT DESCRIPTION If a question DOES NOT APPLY, enter a dash (-). If an answer is UNKNOWN, enter an "X".		PRE-ACCIDENT VEHICLE ACTION 1. Going Straight Ahead 2. Making Right Turn 16. Making Right Turn on Red 3. Making Left Turn 17. Making Left Turn on Red 4. Making U Turn 5. Starting from Parking 6. Starting in Traffic 7. Slowing or Stopping 8. Stopped in Traffic 9. Entering Parked Position 10. Parked 11. Avoiding Object in Roadway 12. Changing Lanes 13. Passing 14. Merging 15. Backing 18. Police Pursuit 20. Other*	
ROADWAY SURFACE CONDITION 1. Dry 2. Wet 3. Muddy 4. Snow/Ice 5. Slush 6. Flooded 0. Other*		LOCATION OF MOST SEVERE PHYSICAL COMPLAINT 1. Head 2. Face 3. Eye 4. Neck 5. Chest 6. Back 7. Shoulder-Upper Arm 8. Elbow-Lower Arm-Hand 9. Abdomen - Pelvis 10. Hip-Upper Leg 11. Knee-Lower Leg-Foot 12. Entire Body		LOCATION OF FIRST EVENT 1. On Roadway 2. Off Roadway	
WEATHER 1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail/Freezing Rain 6. Fog/Smog/Smoke 0. Other*		TYPE OF PHYSICAL COMPLAINT 1. Amputation 2. Concussion 3. Internal 4. Minor Bleeding 5. Severe Bleeding 6. Minor Burn 7. Moderate Burn 8. Severe Burn 9. Fracture - Dislocation 10. Contusion - Bruise 11. Abrasion 12. Complaint of Pain 13. None Visible 14. Whiplash		TYPE OF ACCIDENT - COLLISION WITH 1. Other Motor Vehicle 2. Pedestrian 3. Bicyclist 4. Animal 5. Railroad Train 6. In-Line Skater 7. Deer 8. Other Pedestrian 10. Other Object (Not Fixed) COLLISION WITH FIXED OBJECT 11. Light Support/Utility Pole 12. Guide Rail-Not At End 25. Guide Rail-End 13. Crash Cushion 14. Sign Post 15. Tree 16. Building/Wall 17. Curbing 18. Fence 19. Bridge Structure 20. Culvert/Head Wall 21. Median-Not At End 26. Median-End 27. Barrier 22. Snow Embankment 23. Earth Embankment/Rock Cut/Ditch 24. Fire Hydrant 30. Other Fixed Object* NO COLLISION 31. Overturned 32. Fire/Explosion 33. Submersion 34. Ran Off Roadway Only 40. Other	
WHICH VEHICLE OCCUPIED 1. Vehicle No. 1 2. Vehicle No. 2 A. All-Terrain Vehicle (ATV) B. Bicyclist I. In-Line Skater O. Other* P. Pedestrian S. Snowmobiler		POSITION IN/ON VEHICLE 1. Driver 2. 2-7. Passengers 8. Riding/Hanging on Outside		SAFETY EQUIPMENT USED 1. None 2. Lap Belt 3. Harness 4. Lap Belt/Harness 5. Child Restraint Only 6. Helmet (Motorcycle Only) 7. Air Bag Deployed 8. Air Bag Deployed/Lap Belt 9. Air Bag Deployed/Harness A. Air Bag Deployed/Lap Belt/Harness B. Air Bag Deployed/Child Restraint C. Helmet Only D. Helmet/Other E. Pads Only F. Stoppers Only 0. Other*	
EJECTION FROM VEHICLE 1. Not Ejected 2. Partially Ejected 3. Ejected		VICTIM'S PHYSICAL AND EMOTIONAL STATUS 1. Apparent Death 2. Unconscious 3. Semi-conscious 4. Incoherent 5. Shock 6. Conscious		INJURED TAKEN 17 BY TO 18	
AGE SEX M/F				COVER SHEET N	



POLICE DEPARTMENT, COUNTY OF SUFFOLK, N.Y.
MOTOR VEHICLE ACCIDENT SUPPLEMENT REPORT
SP-0207.. 01/02bg PDCS 1010b

CENTRAL COMPLAINT NO. <u>06-436137</u>	OWNER [REDACTED]
DATE OF MVA <u>8-3-06</u>	PCR <u>3</u>
COMMAND <u>310</u>	SECTOR <u>317</u>
GRID <u>4</u>	

WITNESS	NAME	D.O.B.	ADDRESS	CITY	STATE	AGE	SEX	STATE	ENT
	[REDACTED]	<u>6-15-89</u>	<u>753 Peter Paul Dr</u>	<u>West Islip</u>	<u>NY</u>	<u>17</u>	<u>M</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

USE ONLY BLACK INK
STATEMENTS OF INVOLVED DRIVERS AND WITNESSES

☐ PASSENGER ☐ OTHER WITNESS

I, [REDACTED] do hereby make the following statement:

I am _____ years of age. I was born on (date) _____.

I reside at _____.

My home telephone number is _____
(OPTIONAL)

On (date of MV Accident) _____ at (time) _____ I (witness statement)

NONE TAKEN

Check one of the following:

- ☐ I have read the above statement consisting of _____ page(s) and I swear that it is the truth.
☐ I had the above statement read to me by _____ and I swear that it is the truth.

**FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE
AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION
210.45 OF THE PENAL LAW, STATE OF NEW YORK.**

SIGNATURE

DATE

WITNESSED

SIGN HERE	OFFICER'S RANK AND NAME <u>PO Meyubach</u>	BADGE NO. <u>3398</u>	COMMAND <u>3rd</u>	REVIEWING OFFICER'S RANK AND NAME <u>[Signature]</u>	DATE <u>8/4/06</u>
-----------	-----------------------------------------------	--------------------------	-----------------------	---------------------------------------------------------	-----------------------

**WEST ISLIP SCHOOL DISTRICT SAFETY AND SECURITY
INCIDENT REPORT**

DATE OF OCCURRENCE : 8/3/06

TIME OF OCCURRENCE : 1525

LOCATION OF OCCURRENCE:

UDALL SCHOOL PARKING LOT

TYPE OF OCCURRENCE :

MOTOR VEHICLE CRASH -
WHILE DRIVING THROUGH PARKING LOT, SUBJECT CLAIMED
HIS "STEERING LOCKED" CAUSING HIM TO HAVE ACCIDENT.
VEH JUMPED CURB, WEDGING THE VEH BETWEEN TREE AND
LIGHT POLE (SEE DIAGRAM BELOW)

ACTION TAKEN IF ANY : SUBJECT: [REDACTED] DOB: 6-15-89
WEST ISLIP
VEH: 2006 CHEV. COBALT SS, BLACK, DPR 6.545 NY

SUBJECT TAKEN TO GOOD SAM FOR OBSERVATION - NO PASSENGERS
SCPD CC NO. 06-436137 (SEE ATTACHED)

VEH. REMOVED BY HIGBIE COLLISION.

AGENCIES OR PERSONS NOTIFIED:

SCPD/HIGBIE COLLISION/HEAD CUSTODIAN/SECURITY DIRECTOR

NAME OF PERSON FILING REPORT : RANDY SAMARTINO/SECURITY

SIGNATURE OF PERSON FILING REPORT : R. Samartino

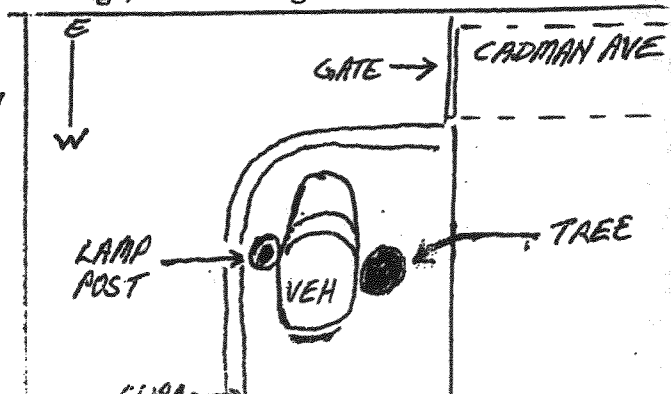
A copy of this report is to be forwarded to:

The Buildings Chief or Head Custodian and the Superintendent of Buildings and Grounds by 0700 next business day.

For any incident involving boilers or unsecured buildings, the buildings Head or Chief Custodian is to be notified immediately.

cc: Joe Nicolosi - Director of Safety and Security
File Copy

- VEH SUSTAINED MAJOR DAMAGE
AND PARTIALLY HUNG UP ON POST.
- DAMAGE TO POLE - UPPER PORTION LARDED
LOOSE & SOME DAMAGE TO BASE



ARNOLD CHEVROLET LLC CS122603

670 MONTAUK HIGHWAY
WEST BABYLON, NEW YORK 11704
Phone: (631)-422-3700
Fax: (631)-422-8621
NYS MV R/S 7099208
www.ArnoldAutos.com

Chevrolet

Chevrolet

JUL 28 2006

02011CVCS122603

CELL: 631-766-6070

CUSTOMER NO 35342	ADVISOR JACK	362	HAT NO 933	INVOICE DATE 07/27/06	INVOICE NO CVCS122603
WEST ILIP, NY	LABOR RATE 97.50	U	MILEAGE IN 2,580	COLOR BLACK/EBONY	STOCK NO 61014
	YEAR / MAKE / MODEL 06/CHEVROLET/COBALT/COBALT SS COUPE			DELIVERY DATE 04/26/06	DELIVERY MILES 5
	VEHICLE I.D. NO 1G1AM18B767			DEALER CODE	IN SERVICE DATE
	F.T.E. NO.		P.O. NO.	R.O. DATE 07/27/06	RENTAL REPRINT# 1
COMMENTS / SERVICE CONTRACT				MILEAGE OUT	SHUTTLE MO: 2581 <input type="checkbox"/> YES <input type="checkbox"/> NO

LABOR & PARTS
J# 1 27CVZ

STEERING HOURS: 0.30 TECH(S):1022
SOMETIMES WHEN BRAKING, STEERING LOCKS. HAS TO RELEASE BRAKE
TO LET THE STEERING RELEASE ITSELF
TECH AND ADVISOR BOTH TEST DROVE VEHICLE AND COULD NOT
DUPLICATE CONCERN. CALLED TECH SUPPORT NO SIMILAR
CONCERNS NOTED BY GM TAC CASE # 9084775
SCAN TESTS NO CODES
FOUND BULLETIN PERTAINING TO CONCERN. FOUND ELECTRONIC
STEERING MAY GO INTO MODE TO PROTECT MOTOR FROM BURNING
OUT WHEN PARKING OR HOLDING WHEEL AT END OF TURNS
NO PROBLEM FOUND. N9995 .3

WARRANTY

ANY WARRANTIES ON THE PRODUCT SOLD HEREBY
ARE THOSE MADE BY THE MANUFACTURER. THE
SELLER HEREBY EXPRESSLY DISCLAIMS ALL WAR-
RANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING
ANY IMPLIED WARRANTY OF MERCHANTABILITY OR
FITNESS FOR A PARTICULAR PURPOSE, AND NEI-
THER ASSUMES NOR AUTHORIZES ANY OTHER
PERSON TO ASSUME FOR IT ANY LIABILITY IN
CONNECTION WITH THE SALE OF SAID PRODUCTS.

GENERAL MOTORS PARTS COVERED AGAINST DE-
FACTS FOR 12 MONTHS OR 12000 MILES.

- ☐ NO GUARANTEE ON WORK
PERFORMED
- ☐ 30 DAYS OR 1,000 MILES WHICH-
EVER OCCURS FIRST
- ☐ 90 DAYS OR 4,000 MILES WHICH-
EVER OCCURS FIRST
- ☐ 12 MONTHS OR 12,000 MILES
WHICHEVER OCCURS FIRST
- ALL PARTS NEW UNLESS
OTHERWISE NOTED.**

TOTALS-----

* [] CASH [] CHECK CK NO. [] *
* * *
* [] VISA [] MASTER CARD [] DISCOVER *
* * *
* [] AMER XPRESS [] OTHER [] CHG *
* * *

TOTAL LABOR.... 0.00
TOTAL PARTS.... 0.00
TOTAL SUBLET... 0.00
TOTAL G.O.G.... 0.00
TOTAL MISC CHG. 0.00
TOTAL MISC DISC 0.00
TOTAL TAX..... 0.00

TOTAL INVOICE \$ 0.00

THANK YOU FOR YOUR BUSINESS
YOUR COMPLETE SATISFACTION IS OUR MAIN GOAL!

THANK YOU! RICH, SUE, JACK, TONY, FRED, & STEVE
VISIT OUR NEW WEB SITE AT WWW.ARNOLDCORVETTE.COM
VISIT US ON THE WEB AT WWW.ARNOLDCHEVROLET.COM

☐ CASH ☐ CHECK ☐ MC ☐ VISA
☐ AM. EX. ☐ DISCOVER

CUSTOMER ACKNOWLEDGES
REC. OF COPY ☒ X

*Thank you for this opportunity to
serve you. It is our aim to per-
form all the repairs requested on
this repair order to your com-
plete satisfaction. If our service
was satisfactory tell your friends,
if not, please tell us immediately.*

THANK YOU

ARNOLD CHEVROLET LLC

122603

20 MERRICK ROAD

AMITYVILLE, NEW YORK 11701

(631)-264-0909

NYS MV R/S 7075968

Chevrolet

Chevrolet

831721
06 CHEVROLET

RECOMMENDED SERVICES

OPERATION	OPERATION DESCRIPTION	MO/MI	TOTAL	OPERATION	OPERATION DESCRIPTION	MO/MI	TOTAL
00CVZ	LUBE OIL FILTER	MI		01CVMIN	MINOR TUNE UP	MI	

SERVICE HISTORY

DATE	REPAIR ORDER	MILEAGE	ADVISOR	TECHNICIAN	TYPE	OPERATION	OPERATION DESCRIPTION
04/26/06	120328	6	423	44 321 321 25202	I I I I	40CVZPOLISH 40CVZN/CPDI 40CVNYSI 40CVALARM	CLEAN AND POLISH NEW CAR PREP SAFETY INSPECTION INSTALL ALARM

SALESPERSON NO. 1107 RICHARD E WOODFORD SERVICE STATE REG# R7099208

TIME PROMISED	VEHICLE I.D. NO. 1G1AM18B767	YEAR/MAKE/MODEL 06/CHEVROLET/COBALT/COBALT SS COUPE	PRODUCTION DATE 61014	STOCK NO. 122603	LICENSE NO. 07/27/06	R.O. NO. 933
ROAD TESTED	CUSTOMER NO. 35342	SERVICE CONTRACT GMPP	DELIVERY DATE 04/26/06	DELIVERY MILES 5	EXPIRATION DATE 04/26/12	EXPIRATION MILES 72,000
WAITING	COLOR BLACK/EBONY	CONTRACT NO.	EXPIRATION DATE 04/26/12	EXPIRATION MILES 72,000	TAG NO. 933	
RESIDENCE PHONE	TURBO CVZZ	M/MC CVZZ	AIR COND.	P. S.	TRANS	MILEAGE 2,580
BUSINESS PHONE	ADVISOR NO. 362	ADVISOR JACK	I hereby authorize the repair work therein set forth to be done by you, together with the furnishing by you of the necessary parts and other material for such repair, and agree that you are not responsible for any delays caused by unavailability or delayed availability of parts or material for any reason; that you neither assume or authorize any other person to assume for you any liability in connection with such repair; that you shall not be responsible for loss or damage to the above vehicle, or articles left therein; in case of fire, theft or other cause beyond your control; that an express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto; that your employees may operate the above vehicle on streets, highways or elsewhere for the purpose of testing and/or inspecting such vehicle.			
APPOINTMENT	TIME RECEIVED 07:52am	DATE/TIME PROMISED 07/27/06 09:00pm	PRIORITY	LABOR RATE 97.50	CELL: 97.50	

1 **W 27CVZ STEERING**
SOMETIMES WHEN BRAKING, STEERING LOCKS. HAS TO RELEASE BRAKE TO LET THE STEERING RELEASE ITSELF

NEW YORK STATE REPAIR SHOP NO. 7075968

PRE-INSPECTION ESTIMATE	ADDITIONAL WORK	CALLER BY
PARTS	DATE	OK'D BY
LABOR		
ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED		
REPLACED PARTS WILL BE DISCARDED UNLESS SPECIFIED		
SAVE REPLACED PARTS YES <input type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/> NO GUARANTEE ON WORK PERFORMED <input type="checkbox"/> 30 DAYS OR 1,000 MILES WHICHEVER OCCURS FIRST <input type="checkbox"/> 60 DAYS OR 4,000 MILES WHICHEVER OCCURS FIRST <input type="checkbox"/> 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST		
DISCLAIMER OF WARRANTIES ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THE SAID PRODUCTS.		
CASH, CREDIT CARD & CERTIFIED CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AM. EX. <input type="checkbox"/> DISCOVER		
I HEREBY AUTHORIZE THE REPAIR WORK HEREIN SET FORTH TO BE DONE ALONG WITH THE NECESSARY MATERIAL AND AGREE THAT YOU ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND YOUR CONTROL OR FOR DELAYS CAUSED BY UNAVAILABILITY OF PARTS OR DELAYS IN PARTS SHIPMENTS BY THE SUPPLIER OR TRANSPORTER. I HEREBY GRANT YOU AND/OR YOUR EMPLOYEES PERMISSION TO OPERATE THE VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THEREON.		

CASE # 9084775
MATT COLMAN

VEHICLES LEFT FOR WORK MUST BE PICKED UP BY 6 P.M.

122603

0201J122603

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Paul Olle
Claims Administrator

November 9, 2006

GEICO
ATTN: JAIME VELEZ, TA1 DEPT
750 WOODBURY RD
WOODBURY, NY 11797

RE: Claimant: [REDACTED]
 Our File No.: 514/16
 Our Client: General Motors Corporation
 Date/Event: 8/3/2006
 Subject Vehicle: 2006 Chevrolet Cobalt
 Your File No.: 0234425310101024

Dear Mr. Velez:

ESIS provides administrative claim services to General Motors for claims alleging a product defect.

Enclosed is a copy of the data that was retrieved from the subject vehicle's air bag module. A copy of the data is being sent to Mr. Folber.

Sincerely,

Paul Olle
Claims Administrator

CC: [REDACTED]
 WEST ISLIP, NY [REDACTED]

CDR File Information

Vehicle Identification Number	1G1AM18B767 [REDACTED]
Investigator	TIM SMITH
Case Number	514716
Investigation Date	Wednesday, October 4 2006
Crash Date	Thursday, August 3 2006
Filename	1G1AM18B767 [REDACTED] CDR
Saved on	Wednesday, October 4 2006 at 02:30:07 PM
Collected with CDR version	Crash Data Retrieval Tool 2.8051
Collecting program verification number	63E7FCFD
Reported with CDR version	Crash Data Retrieval Tool 2.8055
Reporting program verification number	920E5B2A
Interface used to collected data	Block number: 00 Interface version: 52 Date: 08-16-06 Checksum: C100
Event(s) recovered	Deployment Non-Deployment

RECEIVED

ESIS-GM CLAIMS UNIT

SDM Data Limitations

SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It can contain Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also can contain Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced. The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, then the Deployment Level Event will overwrite the Non-Deployment Event file.

SDM Data Limitations:

-SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 220 milliseconds of data after deployment criteria is met and up to 70 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record up to the first 300 milliseconds of data after algorithm enable. The minimum SDM Recorded Vehicle Forward Velocity Change, that is needed to record a Non-Deployment Event, is 5 MPH.

-Maximum Recorded Vehicle Velocity Change is the maximum recorded velocity change in the vehicle's combined "X" and "Y" axis.

-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.

-SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.

-Brake Switch Circuit Status indicates the status of the brake switch circuit.

-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.

-Driver's and Passenger's Belt Switch Circuit Status indicates the status of the seat belt switch circuit. The Passenger Belt Switch Circuit Status for 2005 vehicles is only available on the Cadillac STS. Also, the Passenger Belt Switch Circuit Status for 2006 Chevrolet Cobalt Sport Coupe (AP) model vehicles, with the option package that includes Recaro brand seats (RPO ALV), will always report a default value of "Buckled".

-The Time Between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than 5 seconds, "N/A" is displayed in place of the time. If the value is negative, then the Deployment Event occurred first. If the value is positive, then the Non-Deployment Event occurred first.

-If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.

-The ignition cycle counter relies upon the transitions through OFF->RUN->CRANK power-moding messages, on the GMLAN communication bus, to increment the counter. Applying and removing of battery power to the module will not increment the ignition counter.

-Steering Wheel Angle data is displayed as a positive value, when the steering wheel is turned to the right, and a negative value, when the steering wheel is turned to the left.

SDM Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

- Vehicle Status Data (Pre-Crash) is transmitted to the SDM, by various vehicle control modules, via the vehicle's communication network.
- The Belt Switch Circuit is wired directly to the SDM.

Multiple Event Data

Associated Events Not Recorded	0
An Event(s) Preceded the Recorded Event(s)	No
An Event(s) was in Between the Recorded Event(s)	No
An Event(s) Followed the Recorded Event(s)	No
The Event(s) Not Recorded was a Deployment Event(s)	No
The Event(s) Not Recorded was a Non-Deployment Event(s)	No

System Status At AE

Vehicle Identification Number	**1AM18B*6*831721
Low Tire Pressure Warning Lamp (If Equipped)	OFF
Vehicle Power Mode Status	Run
Remote Start Status (If Equipped)	Inactive
Run/Crank Ignition Switch Logic Level	Active
Brake System Warning Lamp (If Equipped)	OFF

System Status At 1 second

Transmission Range (If Equipped)	Second Gear
Transmission Selector Position (If Equipped)	Fourth Gear
Traction Control System Active (If Equipped)	No
Service Engine Soon (Non-Emission Related) Lamp	OFF
Service Vehicle Soon Lamp	OFF
Outside Air Temperature (degrees F) (If Equipped)	90
Left Front Door Status (If Equipped)	Closed
Right Front Door Status (If Equipped)	Closed
Left Rear Door Status (If Equipped)	Unused
Right Rear Door Status (If Equipped)	Unused
Rear Door(s) Status (If Equipped)	Closed

Pre-crash data

Parameter	-2 sec	-1 sec
Reduced Engine Power Mode	OFF	OFF
Cruise Control Active (If Equipped)	No	No
Cruise Control Resume Switch Active (If Equipped)	No	No
Cruise Control Set Switch Active (If Equipped)	No	No

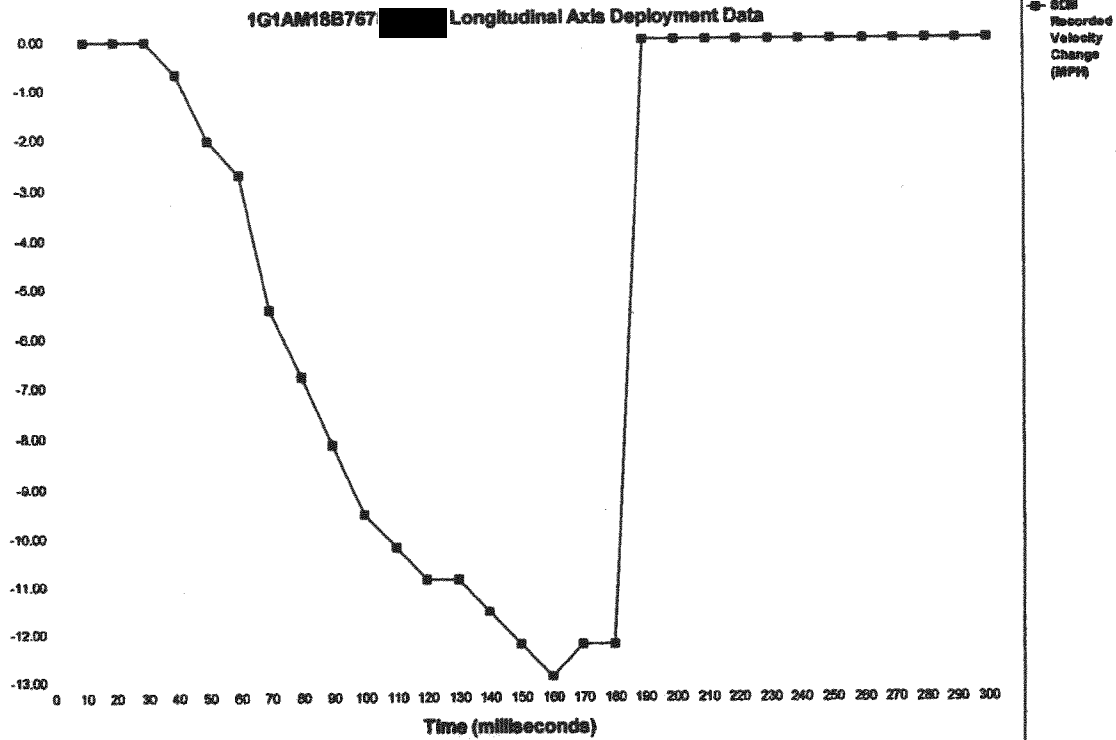
Pre-crash data

Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Speed (MPH)	21	29	39	40	38
Engine Speed (RPM)	3840	5056	6272	3840	3648
Percent Throttle	100	100	87	45	100
Accelerator Pedal Position (percent)	100	100	100	100	100
Antilock Brake System Active (If Equipped)	No	No	No	No	Yes
Lateral Acceleration (feet/s ²) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Yaw Rate (degrees per second) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Steering Wheel Angle (degrees) (If Equipped)	0	0	0	0	0

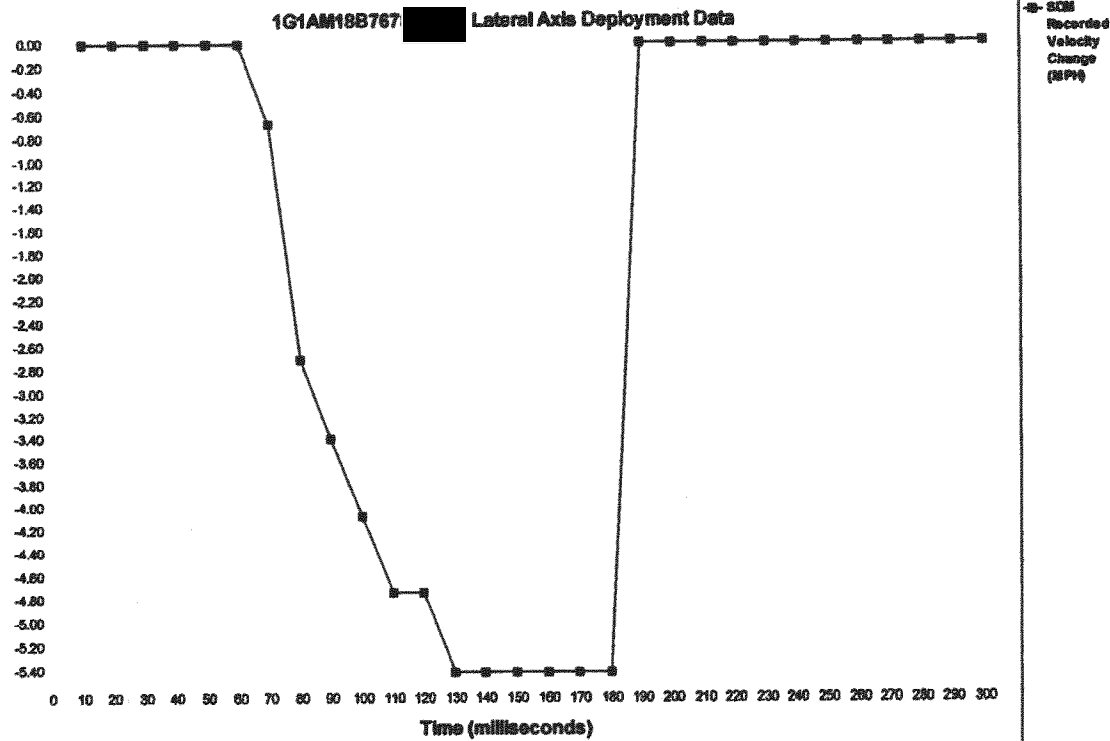
Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Dynamics Control Active (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid

System Status At Deployment

Ignition Cycles At Investigation	700
SIR Warning Lamp Status	OFF
SIR Warning Lamp ON/OFF Time (seconds)	520060
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	697
Ignition Cycles At Event	698
Ignition Cycles Since DTCs Were Last Cleared	254
Driver's Belt Switch Circuit Status	BUCKLED
Passenger's Belt Switch Circuit Status	BUCKLED
Diagnostic Trouble Codes at Event, fault number: 1	N/A
Diagnostic Trouble Codes at Event, fault number: 2	N/A
Diagnostic Trouble Codes at Event, fault number: 3	N/A
Diagnostic Trouble Codes at Event, fault number: 4	N/A
Diagnostic Trouble Codes at Event, fault number: 5	N/A
Diagnostic Trouble Codes at Event, fault number: 6	N/A
Automatic Passenger SIR Suppression System Validity Status at AE	Valid
Automatic Passenger SIR Suppression System Status at AE	Air Bag Not Suppressed
Automatic Passenger SIR Suppression System Validity Status at First Deployment Command	Valid
Automatic Passenger SIR Suppression System Status at First Deployment Command	Air Bag Not Suppressed
Driver 1st Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	36
Driver 2nd Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	52
Passenger 1st Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	36
Passenger 2nd Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	52
Driver Side or Roof Rail/Head Curtain Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Passenger Side or Roof Rail/Head Curtain Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Time Between Events (sec)	- .36
Driver First Stage Deployment Loop Commanded	Yes
Driver Second Stage Deployment Loop Commanded	Yes
Driver Side Deployment Loop Commanded	No
Driver Pretensioner Deployment Loop Commanded	Yes
Driver (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Driver (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Driver Knee Deployment Loop Commanded	No
Passenger First Stage Deployment Loop Commanded	Yes
Passenger Second Stage Deployment Loop Commanded	Yes
Passenger Side Deployment Loop Commanded	No
Passenger Pretensioner Deployment Loop Commanded	Yes
Passenger (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Passenger Knee Deployment Loop Commanded	No
Second Row Left Side Deployment Loop Commanded	No
Second Row Left Pretensioner Deployment Loop Commanded	No
Third Row Left Roof Rail/Head Curtain Loop Commanded	No
Second Row Right Side Deployment Loop Commanded	No
Second Row Right Pretensioner Deployment Loop Commanded	No
Third Row Right Roof Rail/Head Curtain Loop Commanded	No
Second Row Center Pretensioner Deployment Loop Commanded	No
Driver 2nd Stage Deployment Loop Commanded for Disposal	No
Passenger 2nd Stage Deployment Loop Commanded for Disposal	No
Crash Record Locked	Yes
Vehicle Event Data (Pre-Crash) Associated With This Event	Yes
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes



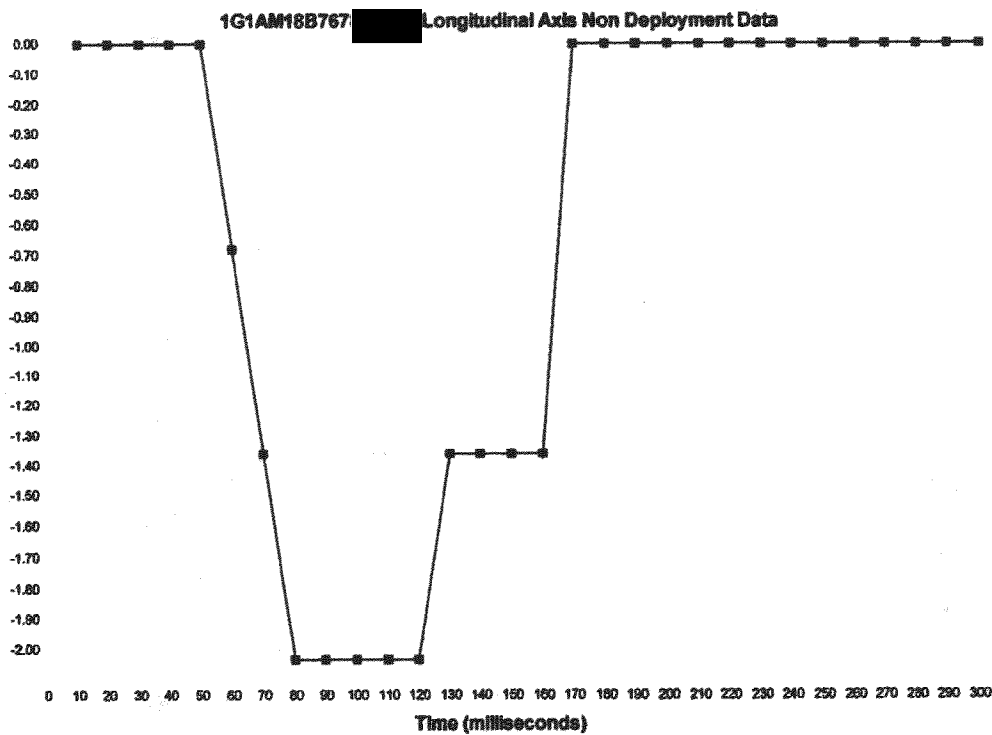
Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	0.00	0.00	-0.68	-2.03	-2.71	-5.42	-6.78	-8.13	-9.49	-10.17	-10.85	-10.85	-11.52	-12.20
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	-12.88	-12.20	-12.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



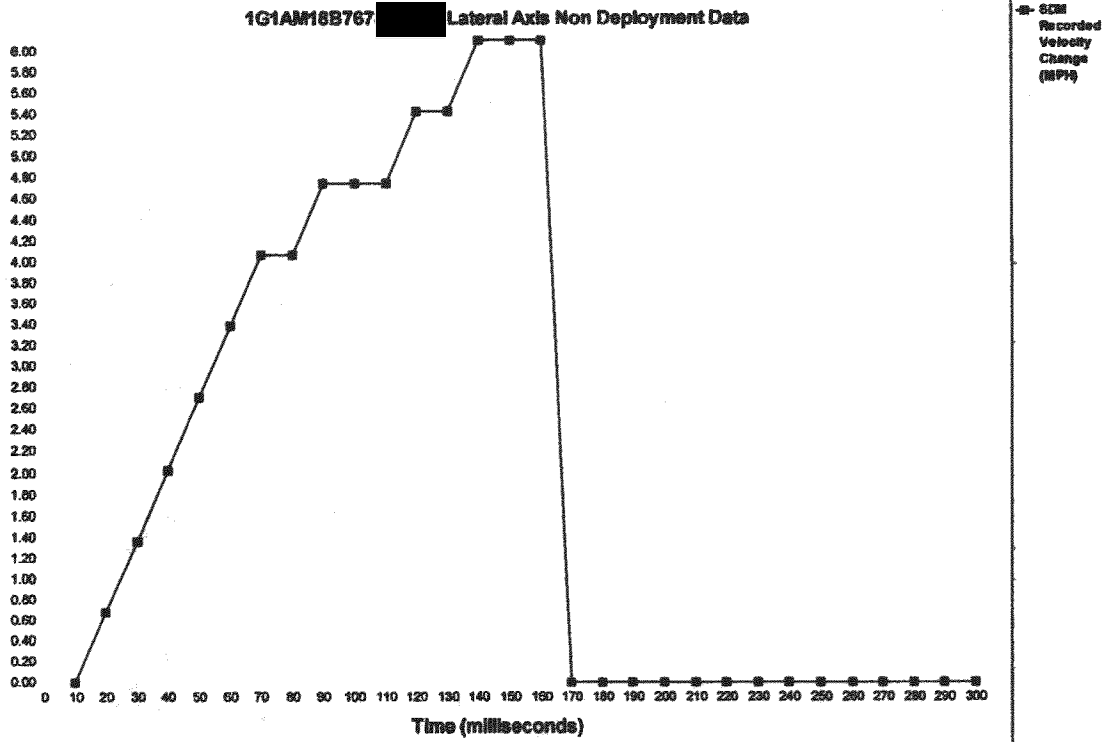
Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Lateral Axis Recorded Velocity Change (MPH)	0.00	0.00	0.00	0.00	0.00	0.00	-0.88	-2.71	-3.39	-4.07	-4.74	-4.74	-5.42	-5.42	-5.42
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Lateral Axis Recorded Velocity Change (MPH)	-5.42	-5.42	-5.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

System Status At Non-Deployment

Ignition Cycles At Investigation	700
SIR Warning Lamp Status	ON
SIR Warning Lamp ON/OFF Time (seconds)	0
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	0
Ignition Cycles At Event	698
Ignition Cycles Since DTCs Were Last Cleared	254
Driver's Belt Switch Circuit Status	BUCKLED
Passenger's Belt Switch Circuit Status	BUCKLED
Diagnostic Trouble Codes at Event, fault number: 1	B0052
Diagnostic Trouble Codes at Event, fault number: 2	N/A
Diagnostic Trouble Codes at Event, fault number: 3	N/A
Diagnostic Trouble Codes at Event, fault number: 4	N/A
Diagnostic Trouble Codes at Event, fault number: 5	N/A
Diagnostic Trouble Codes at Event, fault number: 6	N/A
Automatic Passenger SIR Suppression System Validity Status at AE	Valid
Automatic Passenger SIR Suppression System Status at AE	Air Bag Not Suppressed
Automatic Passenger SIR Suppression System Validity Status at First Deployment Command	Valid
Automatic Passenger SIR Suppression System Status at First Deployment Command	Air Bag Not Suppressed
Maximum SDM Recorded Velocity Change (MPH)	5.98
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	140
Driver First Stage Deployment Loop Commanded	No
Driver Second Stage Deployment Loop Commanded	No
Driver Side Deployment Loop Commanded	No
Driver Pretensioner Deployment Loop Commanded	No
Driver (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Driver (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Driver Knee Deployment Loop Commanded	No
Passenger First Stage Deployment Loop Commanded	No
Passenger Second Stage Deployment Loop Commanded	No
Passenger Side Deployment Loop Commanded	No
Passenger Pretensioner Deployment Loop Commanded	No
Passenger (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Passenger Knee Deployment Loop Commanded	No
Second Row Left Side Deployment Loop Commanded	No
Second Row Left Pretensioner Deployment Loop Commanded	No
Third Row Left Roof Rail/Head Curtain Loop Commanded	No
Second Row Right Side Deployment Loop Commanded	No
Second Row Right Pretensioner Deployment Loop Commanded	No
Third Row Right Roof Rail/Head Curtain Loop Commanded	No
Second Row Center Pretensioner Deployment Loop Commanded	No
Crash Record Locked	Yes
Vehicle Event Data (Pre-Crash) Associated With This Event	No
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	0.00	0.00	0.00	0.00	-0.68	-1.36	-2.03	-2.03	-2.03	-2.03	-2.03	-1.36	-1.36	-1.36
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	-1.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Lateral Axis Recorded Velocity Change (MPH)	0.00	0.66	1.36	2.03	2.71	3.39	4.07	4.07	4.74	4.74	4.74	5.42	5.42	6.10	6.10
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Lateral Axis Recorded Velocity Change (MPH)	6.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Hexadecimal Data

```

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$02 30 00 00 00 00 00 00
$03 02 00 00 00 00 00 00
$04 00 00 00 00 00 00 00
$05 00 00 00 00 00 00 00
$06 00 0A 00 00 0A 90 09
$07 04 49 00 00 00 00 00
$08 00 FF 00 00 00 00 00
$09 00 83 7E 00 00 00 00
$0A 00 00 00 00 00 00 00
$0B 3C 00 05 0F 00 00 00
$0C 00 00 00 00 00 00 00
$0D 00 00 00 00 00 00 00
$0E 00 00 00 00 00 00 00
$0F BA 00 00 00 00 00 00
$10 47 31 41 4D 31 38 42
$11 37 36 37 38 33 31 37
$12 32 31 00 00 00 00 00
$13 00 00 00 00 00 00 00
$14 00 00 00 00 00 00 00
$15 00 00 00 00 00 00 00
$16 03 06 0C 16 34 00 00
$17 07 07 07 07 00 00 00
$18 07 07 00 00 00 00 00
$19 03 02 00 00 00 00 00
$1B 3F 30 00 67 00 7A 00
$1C 3F 30 00 62 00 1A 00
$1D 4F 4F 00 00 00 00 00
$1E 4F 00 00 01 00 01 00
$1F 23 00 05 00 00 00 00
$20 40 00 00 00 00 00 00
$21 FF FF 00 00 50 00 00
$22 00 92 00 00 00 00 00
$24 00 00 00 00 00 00 00
$25 00 00 00 00 00 00 00
$26 00 00 00 00 00 00 00
$27 FF 00 FF 00 00 00 00
$2A 00 00 00 00 00 00 00
$2B 00 00 00 00 00 00 00
$2D 00 00 00 00 00 00 00
$2E 80 00 0D 00 00 00 00
$2F 00 FE 02 BC 02 00 00
$30 9D 00 00 00 00 00 00
$31 FE FE FE FE FE 00 00
$32 00 00 00 00 00 00 00
$33 FE 73 DE FE FE 00 00
$34 39 3C 62 4F 3C 00 00
$35 3D 40 3F 2E 21 00 00
$36 00 00 00 00 00 00 00
$37 80 00 00 02 04 00 20
$38 90 00 00 00 03 C0 00
$39 00 00 00 00 00 80 00
$3A 00 00 00 00 00 80 00
$3B 03 06 0C 00 00 00 00
$3C 00 00 00 00 00 00 C0
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$3E 36 83 17 21 00 00 00
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$44 80 52 00 00 00 00 00
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$4D 00 00 00 00 00 00 00
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$4F 00 00 00 00 00 00 00
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$52 01 00 00 00 00 00 00
$53 0E 00 55 00 00 00 00
$54 00 00 00 00 00 00 00
$55 00 00 00 00 00 00 00
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$68 D0 D0 00 00 00 00 00
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$6A FE 02 BA 00 00 00 00
$6B 00 00 00 00 00 00 00
$6C 00 00 00 00 00 00 00
$6D 00 00 00 00 00 00 00
$6E 00 00 00 00 00 00 00
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$71 FA F2 F9 F1 F9 F0 00
$72 F8 F0 F8 EF F8 EE 00
$73 F8 ED F8 EE F8 EE 00
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$75 00 00 00 00 00 00 00
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```

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$01 41 55 32 39 34 39 52 36 30 32 37 33 31 48 54 41
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$03 41 54 32 39 34 39 52 36 30 31 39 33 31 48 37 43
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$05 42 55 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$06 FF FF FF FF
$07 42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$08 FF FF FF FF
$0D 41 48 32 39 35 31 52 36 30 30 33 32 36 4D 46 55
$0E 01 5A 4B 31
$0F 41 4A 01 02 03 04 52 45 41 32 30 32 33 30 30 30
$10 01 02 03 04
$13 42 52 30 31 33 34 56 31 06 30 36 32 4A 51 43 30
$14 01 5A 74 02
$17 42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$18 FF FF FF FF
$21 33 19 2A B4 E6 87 91 9A
$22 90 09
$23 31 41 FA FA FA FA FA
$24 31 41 FA FA FA FA FA
$25 32 41 FA FA FA FA FA
$26 32 41 FA FA FA FA FA
$40 00 00
$41 3F 30 00 62 00 1A
$42 F0 C4
$43 00 00 8E 80
$44 C6 00 00 FC C0 C0

```

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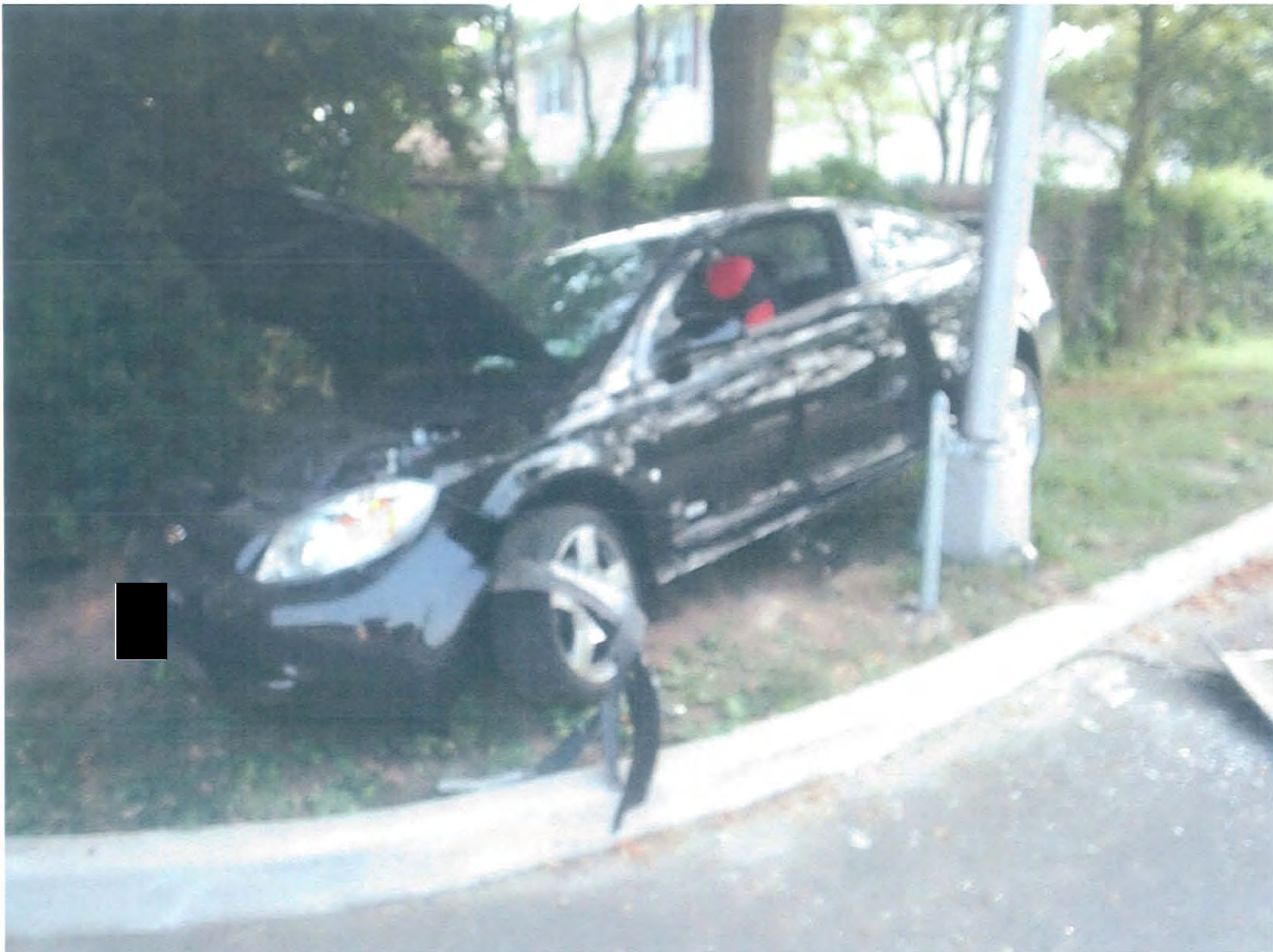
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$47 0A 64 06 04 04 05 0A 06 04 0A 00 00 FA 00 00 FF 04 64
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$B0 58
$B1 FD FE 00
$B2 FF FF FF FF FF
$B4 41 53 39 30 30 39 32 31 30 4A 59 45 20 20 20 20
$B7 50 AA 04 0F 03
$B8 41 57 68 09 19
$C1 30 46 30 33
$CA 30 46 30 33
$CB 01 5A D1 31
$CC 01 5A D1 31
$D1 00 00
$DB 00 00
$DC 00 00

```

Comments

DOWNLOAD THROUGH DLC
POWER FROM BOOSTER PAK
DRIVER/PASSENGER AIRBAG DEPLOYED
VEHICLE HAS NOT BEEN REPAIRED
MILEAGE 2904
LAMP TEST ON STEADY - SERVICE AIRBAG AT INFO CENTER
DOWNLOAD AT
IAA
66 PECONIC AVE.
MEDFORD, NY
PRESENT AT DOWNLOAD
GARY FAGERLAND GEICO





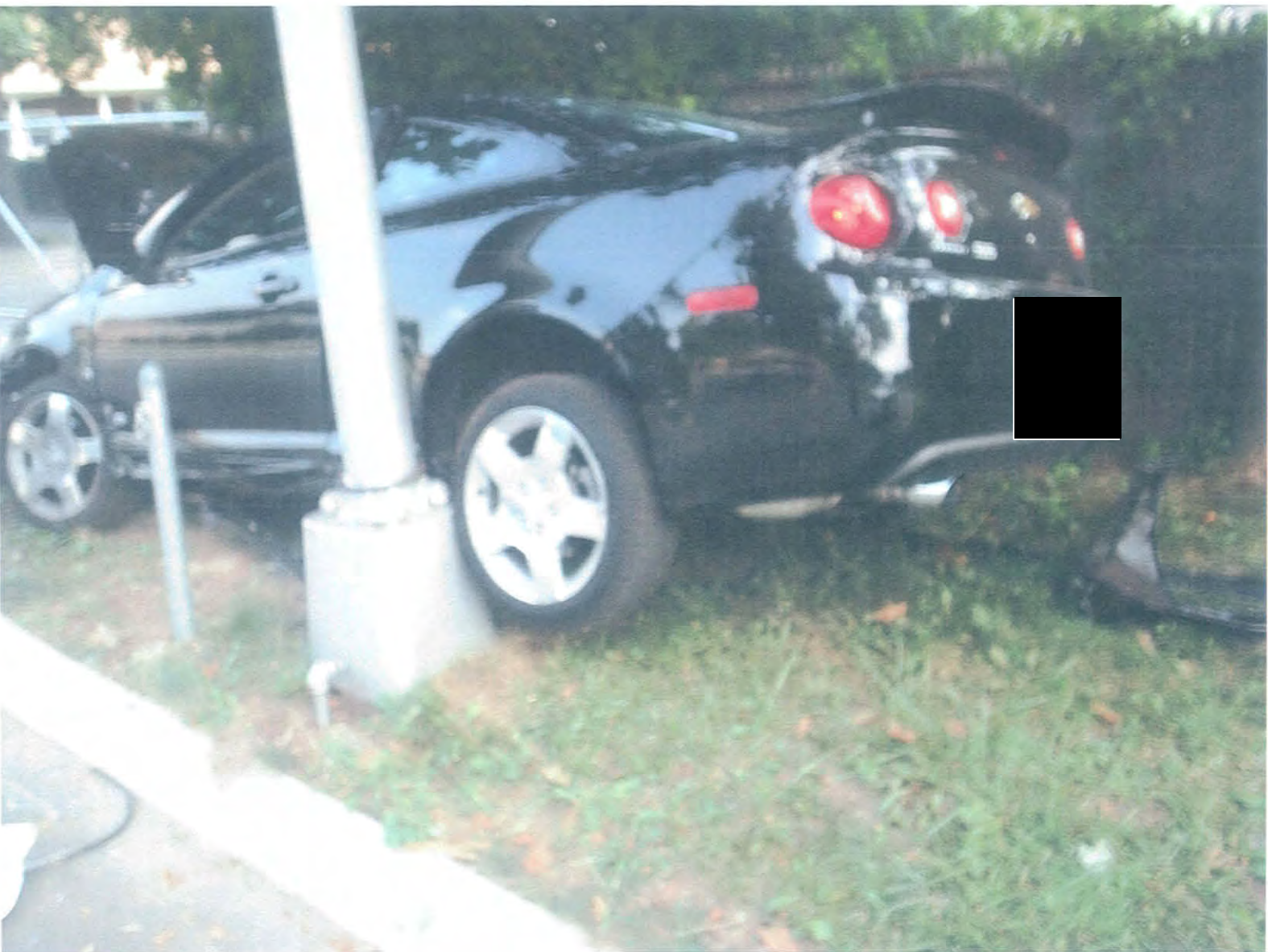














■ Government Employees Insurance Company
■ GEICO General Insurance Company
■ GEICO Indemnity Company
■ GEICO Casualty Company

Regional Office:

750 Woodbury Road ■ Woodbury, NY 11797-2589

February 21, 2007

ESIS/GM CENTRAL CLAIMS UNIT
PO BOX 300
MAIL CODE 482 C20 D71
DETROIT, MI 48265-3000
ATTN: PAUL OLLE

RE: Our Insured: [REDACTED]
Our File No: 0234425310101024
Your Client : General Motors Corporation
Date/Event 08/03/06
Vin#: 1G1AM18B767 [REDACTED]
Your File No: 514716

Dear Mr. Olle:

I am writing in regards to the 2006 Chevy Cobalt that was placed on safehold for your client GMAC to inspect. As per our prior conversations you have advised that the claim has been denied to the owners of this vehicle and that your investigation was complete. I am requesting if you could respond to us in writing that your investigation is complete and as far as your client GMAC is concerned that the inspection of the above vehicle is no longer requested or needed by your client and we can remove the vehicle from safehold.

If you have any questions you can contact me at (800)645-7550 Ext.7386 and reference our claim no.. noted above.

Sincerely,

Jaime Velez
Liability Claims Examiner
Code F700

Wholly Owned Subsidiary of Berkshire Hathaway Not Affiliated With The U.S. Government

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January 26, 2007

ESIS
300 Renaissance Center
Mail Code 482 C20 D71
Detroit, MI 48265

313-665-3396 tel
313-665-0911 fax
www.esis.com

Paul Olle
Claims Administrator

[REDACTED]
WEST ISLIP, NY [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 514716
Our Client: General Motors Corporation
Date/Event: 08/03/2006
Subject vehicle: 2006 Chevrolet Cobalt
VIN: 1G1AM18B767 [REDACTED]

Dear [REDACTED]

A review of your claim regarding a 2006 Chevrolet Cobalt has been completed.

We must respectfully deny your claim for any damages.

Please call me at 313-665-3396 if you have any questions concerning this matter.

Sincerely,

Paul Olle

PE10-005

GM

4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT

6



Service Request Detail

SR No.	71-449429612	Ref No.		Goodwill	No Goodwill Offered	BRC Type	N/A
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address		City	Bellwood	Involved Dir	Jerry Biggers Chevrolet, Inc.	Safety	Yes
State	IL ZipCd	Con Acct		Source	Phone	Updated	12/19/2006 09:50:28 AM
Serial #/VIN	1G1AK15F877	Model Year	2007	Priority	Medium License #	Owner	EVANSTE
Make	Chevrolet	Warr. Start	06/20/2006	Status	Open	Opened	12/7/2006 12:10:56 PM
Model	Cobalt	Mileage	5975	Sub-Status	Satisfied	Closed	
Abstract	Steering - General						
Customer Description	This is a BRC PAR Case. Forward any inquiries to Ted Evans at 21187						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond	Fire Report#	Police Report#
Insurance Agent	11/28/2006 12:00:00 AM	N	0	1	Concrete	Dry	Nil	32318
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
Manzella	Aliza	unknown	9/15/1985	None				
Insurance Agent Last Name	Insurance Agent First Name	Insurance Agency						
		(630) 424-6400 x338 Elco (Third Party Administrator for Entrprise)						

Incident Loc	Unknown	Incident Desc	Cust was trying to make a left turn cust turned the steering wheel and the vehicle did not turn and hit the curve straight ahead.
Component		Damage Desc	Broken Axle, Front Right Tire
Vehicle Loc	Unknown	Add'l Info	Nil
Emgcy Svc Names	Nil	Maint Loc	Unknown

PAR Detail

Collision	Non Collision	Property Damage	Thermal Evt	Spec Equip	
Vehicle Speed		Weather Condition		Prop Owner	Property Type
Last Service Date		Loc Last Service		Property Location	Prop Est Repair Cost
Veh Est Repair Cost		Spec Equip Installer		Prop Damage Description	
Primary Veh Use		Inspection Type		Inspected By	Inspection Date/Time
Veh Damage Description				Explain Other	

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/21/2006 01:33:08 PM	APOSTOCH	APOSTOCH	Inbound Call Customer	Complex Request	Done	12/21/2006 01:35:53 PM	3rd party calling seeking callback @ 8152529820
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

cst sts: I want to speak to OCRS

cst seeks: tackle some info about the case.

crs adv: OCRS currently unavailable
*will notify OCRS and adv him to call @ 8152529820

xian/elemental cac/mia

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/21/2006 01:32:48 PM	APOSTOCH	EVANSTE	Notify CRM		Done	12/27/2006 01:56:31 PM	cst f/u
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 11:43:14 AM	WILLIAM1	EVANSTE	Notify CRM		Done	12/19/2006 09:41:35 AM	Cust would like to have someone make contact with her. Pls see previous inbound activity.
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 11:40:09 AM	WILLIAM1	WILLIAM1	Inbound Call Customer	Voice Mail Received	Done	12/18/2006 11:43:09 AM	Cus left voicemail with CAC
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Cust would like to know if anyone will be contacting her soon in regards to SR. Cust would like to have someone call her as soon as they can. Cust can be reached at [REDACTED] Claim number [REDACTED] Cust is in the office Mon-Fri 7am to 3:30pm CST

Martell Williams/CAC/STJ

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:53:00 AM	LOWDENJ	WILLIAM1	Outbound Correspondence	Rejected	Done	12/19/2006 09:41:41 AM	rejected per crs request
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:27:20 AM	DRAHEICM	EVANSTE	BRC PAR	Acknowledgement	Done	12/19/2006 09:44:39 AM	Called [REDACTED]
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

My name is Ted Evans w/ GM PAR
I am calling for [REDACTED]
I am calling to let you know the case has been received by PAR.
CRM's Contact provided information (site 866# and CRM Service Request Number.)

Ted Evans ATX/BRC-PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:26:55 AM	DRAHEICM	EVANSTE	Ownership Changed		Done	12/18/2006 10:26:55 AM	Service Request Ownership has changed FROM: MARLEISA TO: EVANSTE
Contact Last Name		Contact First Name		Account		BAC Code	

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:25:46 AM	DRAHEICM	EVANSTE	BRC PAR	Initial Contact- AVM	Done	12/19/2006 09:45:06 AM	Fleet Veh
Contact Last Name		Contact First Name		Account		BAC Code	

Comments
-Ted Evans ATX/BRC-PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:25:46 AM	DRAHEICM	EVANSTE	BRC PAR	Initial Contact- Phone	Done	12/19/2006 09:42:17 AM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

What happened in the collision and the events that followed? The complaint was power steering. She hit a curb and broke the axel. She took the veh at 5 pm she was there until midnight. She noticed the speedometer didn't work. She said the next day it started and then started again the veh started slowing down she calls Enterprise. The next day cust was trying to make a left turn cust turned the steering wheel and the vehicle did not turn and hit the curve straight ahead. When was Enterprise was notified that a concern existed? less then 24 hours before the collision. What was the vehicle speed? She did not tell me how fast the veh is going.

Was there any injuries? No

Was the vehicle towed or driven? Towed

After market components? No

Damages-

On which side is the vehicle hit? Right wheel made contact w/ the curb and the front axel is broken.

Veh location:

Siglers Auto Body

Phone # 8478796790 - Anyone can help.

Address: 7501 Lincoln Ave

Skokie, IL 60077

Ted Evans ATX/BRC-PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:25:46 AM	DRAHEICM	EVANSTE	BRC PAR	Initial Contact- Dealer	Done	12/19/2006 09:45:26 AM	Fleet Veh
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

-Ted Evans ATX/BRC-PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:25:46 AM	DRAHEICM	EVANSTE	Notify CRM		Done	12/19/2006 09:45:31 AM	File Assigned
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:25:46 AM	DRAHEICM	DRAHEICM	BRC PAR	Acknowledgement	Done		Called
Contact Last Name	Contact First Name		Account		BAC Code		

Summary:

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:25:45 AM	DRAHEICM	EVANSTE	Research		Done	12/19/2006 09:47:15 AM	Researched VIN 1G1AK15F977
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Summary:

GMVIS: Open recalls found
06042 - 2.2L 2.4L P0128, OVERHEAT, COOLANT LOSS, INSUFFICIENT HEAT - TSB 06-06-02-013

VIN: No Duplicate files found/Duplicate file
SVC History: No svc history appears to be related

Ted Evans ATX/BRC-PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 10:25:45 AM	DRAHEICM	EVANSTE	BRC PAR	Case Assigned	Done	12/19/2006 09:45:38 AM	Assigned File to Ted Evans at Ext. 21187
Contact Last Name	Contact First Name		Account		BAC Code		

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 04:57:59 PM	MARLEYSA	DRAHEICM	BRC PAR	Workflow-Return-Need More Info	Done	12/18/2006 10:25:33 AM	reassigning to workflow - fleet veh
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

fleet veh

saramarley/perfabx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 12:08:11 PM	DRAHEICM	MARLEYSA	Ownership Changed		Done	12/13/2006 12:08:11 PM	Service Request Ownership has changed FROM: WILLIAM1 TO: MARLEYSA
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 12:07:04 PM	DRAHEICM	MARLEYSA	BRC PAR	Acknowledgement	Done	12/13/2006 04:57:44 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

fleet

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 12:06:58 PM	DRAHEICM	MARLEYSA	BRC PAR	Initial Contact- Phone	Done	12/13/2006 04:57:50 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

fleet

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 12:06:58 PM	DRAHEICM	MARLEYSA	BRC PAR	Initial Contact- Dealer	Done	12/13/2006 04:57:53 PM	Called

Contact Last Name	Contact First Name	Account	BAC Code

Comments

fleet

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 12:06:58 PM	DRAHEICM	MARLEYSA	BRC PAR	Initial Contact- AVM	Done	12/13/2006 04:57:56 PM	Called

Contact Last Name	Contact First Name	Account	BAC Code

Comments

fleet

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 12:06:58 PM	DRAHEICM	MARLEYSA	Notify CRM		Done	12/13/2006 04:54:20 PM	File Assigned

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 12:06:58 PM	DRAHEICM	MARLEYS	Research		Done	12/13/2006 04:54:14 PM	Researched VIN
Contact Last Name	Contact First Name	Account	BAC Code				

GMVIS: No open recalls found

VIN: No Duplicate files found

SVC History: No svc history appears to be related

Saramarley/par/abx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 12:06:58 PM	DRAHEICM	MARLEYS	BRC PAR	Case Assigned	Done	12/13/2006 04:53:00 PM	Assigned File to Sara Marley at Ext. 21481
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 12:06:58 PM	DRAHEICM	DRAHEICM	BRC PAR	Acknowledgement	Done		Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 10:04:53 AM	WILLIAM1	DRAHEICM	Escalation	Initiale PAR	Done	12/13/2006 12:06:42 PM	Assigning activity to PAR QUEUE
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

CRM advised that a person from the PAR Department will contact the customer within 2 business days."

Martell Williams/CAC/STJ

Received and assigned in PAR

chad draheim/atb/par workflow

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/13/2006 10:04:05 AM	WILLIAM1	WILLIAM1	Inbound Call Customer	Service Request Update	Done	12/13/2006 10:27:39 AM	Cust returned call from CRS
Contact Last Name		Contact First Name	Account		BAC Code		

Cust adv they were calling from a Third party Administrator of Enterprise and would like to have the vehicle inspected because the cust who is leasing the vehicle had an accident and says it is due to a product failure.

CRS asked what happen.

Cust adv Diver said at midnight when she drove the vehicle home the speedometer did not work. Then in the morning it wasn't working again. Vehicle started slowing down on the highway and driver pulled to the side. Cust contacted enterprise and was advised to have the vehicle taken in and another one will be issued and concern looked in. Driver then took the vehicle to work and when leaving work cust was driving the vehicle and was making a left turn out of work and Driver turned the steering wheel but the wheels did not turn and the vehicle drove across the street and into the curve.

CRS filled out the Pre Pare form for the cust and adv cust that she will be contacted in the next 24-48 hours (2 Business Days).

Martell Williams/CAC/STJ

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/8/2006 03:16:20 PM	WILLIAM1	LOWDENJ	Submit for Approval	Letter (Non Goodwill)	Done	12/18/2006 10:54:28 AM	UTC letter submitted for approval
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Please reject letter, Case is assigned in PAR

chad draheim/vab/par workflow

Letter rejected per crs request

Janelle Lowden/atv/lr appr

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/8/2006 03:14:54 PM	WILLIAM1	WILLIAM1	Correspondence		Done	12/8/2006 03:14:54 PM	Created: CAC_RS0006. SR#71-449429612
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/8/2006 03:12:46 PM	WILLIAM1	WILLIAM1	Outbound Call Customer	Left Message	Done	12/8/2006 03:14:24 PM	Contact cust to
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

CRS left a ms with cust asking to have a call back to look into file.

Martell Williams/CAC/STJ

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/7/2006 01:15:57 PM	WILLIAM1	WILLIAM1	Outbound Call Customer	Left Message	Done	12/7/2006 01:18:38 PM	Contact customer about vehicle
Contact Last Name	Contact First Name		Account		BAC Code		

Cust left a msg with cust asking to have a call back. CRS left contact info and SR number.

Martell Williams/CAC/STJ

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/7/2006 01:13:29 PM	WILLIAM1	WILLIAM1	Ownership Changed		Done	12/7/2006 01:13:29 PM	Service Request Ownership has changed FROM: TIMBALJA TO: WILLIAM1
Contact Last Name	Contact First Name		Account		BAC Code		

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/7/2006 01:09:27 PM	WILLIAM1	WILLIAM1	Inbound Call Third Party	Transfer/Referral	Done	12/7/2006 01:22:11 PM	Transfer from Elemental
Contact Last Name	Contact First Name		Account		BAC Code		

Cust calling from enterprise and wanting to start a claim because there is something wrong with the vehicle. Elemental agent did not know what was wrong with the vehicle or what cust wanted to have happen. Cust was not on the line when the agent called to attempt a transfer. CRS adv that he will attempt to call the customer.

Martell Williams/CAC/STJ

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/7/2006 01:00:19 PM	TIMBALJA	TIMBALJA	Outbound Call Compound		Done	12/12/2006 09:28:38 AM	requested specialist to call cust
		First Name	Account		BAC Code		

Comments:
Requested specialist: Martell Williams to call cust.

Johnny Rico/elemental/CAC/MLA

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/7/2006 12:11:00 PM	TIMBALJA	TIMBALJA	Inbound Call Customer		Done	12/7/2006 01:05:45 PM	inspection liability claim
		Contact Last Name	Contact First Name	Account		BAC Code	

Comments:
Cust states: Cust [REDACTED] is calling from Enterprise Leasing Company of Chicago and is saying that the company wants to start an inspection liability claim on a 2007 COBALT which is a part of its fleet. VIN: 1g1ak15f977 [REDACTED]. The claim number is [REDACTED].

****Telephone [REDACTED]

Cust seeks: Inspection liability claim on vehicle

CRS Adv: will call up specialist for assistance.

Johnny Rico/elemental/CAC/MLA

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Inoperative	Steering - General

GM Vehicle Inquiry System Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN :	1G1AK15F977 [REDACTED]
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VEHICLE INFORMATION

Merchandising Model :	1AK37 -2007 COBALT 2-DOOR LS COUPE	Warranty Start Date :	06/20/2006
BARS Order Type :	50 - FLEET		
Delivering Dealer :	JERRY BIGGERS CHEVROLET, INC. 1385 E CHICAGO ST ELGIN, IL 60120-4715 (847) 742-9000	Selling Source :	13 - CHEVROLET
		Site Code :	11056
		Business Associate Code :	113169
Service Contract :	No	Branded Title :	No
Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Type	Number	Description	Posted Date	Status
EI	06042	2.2L 2.4L P0128, OVERHEAT, COOLANT LOSS, INSUFFICIENT HEAT - TSB 06-06-02-013	11/29/2006	See Bulletin

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	06/20/2006	10 miles	06/20/2009	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	06/20/2006	10 miles	06/20/2012	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	06/20/2006	10 miles	06/20/2014	80010 miles
60/100000 POWERTRAIN COVERAGE	06/20/2006	10 miles	06/20/2011	100010 miles
36/36000 FEDERAL EMISSION	06/20/2006	10 miles	06/20/2009	36010 miles

CLAIM HISTORY

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R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
09/11/2006	407273	#	L1020 - CAP, FUEL TANK - REPLACE	4097 miles
06/13/2006	A02487	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN :	1G1AK15F977
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VEHICLE INFORMATION

Merchandising Model :	1AK37 -2007 COBALT 2-DOOR LS COUPE			Warranty Start Date :		06/20/2006	
BARS Order Type :	50 - FLEET						
Delivering Dealer :	JERRY BIGGERS CHEVROLET, INC. 1385 E CHICAGO ST ELGIN, IL 60120-4715 (847) 742-9000			Selling Source :		13 - CHEVROLET	
				Site Code :		11056	
				Business Associate Code :		113169	
Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Type	Number	Description	Posted Date	Status
EI	06042	2.2L 2.4L P0128, OVERHEAT, COOLANT LOSS, INSUFFICIENT HEAT - TSB 06-06-02-013	11/29/2006	See Bulletin

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	06/20/2006	10 miles	06/20/2009	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	06/20/2006	10 miles	06/20/2012	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	06/20/2006	10 miles	06/20/2014	80010 miles
60/100000 POWERTRAIN COVERAGE	06/20/2006	10 miles	06/20/2011	100010 miles
36/36000 FEDERAL EMISSION	06/20/2006	10 miles	06/20/2009	36010 miles

CLAIM HISTORY

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1/11/2007

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
09/11/2006	407273	#	L1020 - CAP, FUEL TANK - REPLACE	4097 miles
06/13/2006	A02487	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Deborah Chisholm
Claims Administrator

January 18, 2007

ELCO
PO Box 99
Lombard, IL 60148

RE: Claimant: [REDACTED]
 Our File No.: 626969 (Yours: I 00155521)
 Our Client: General Motors Corporation
 Date/Event: 11/28/06
 Subject vehicle: 2007 Chevrolet Cobalt
 VIN: 1G1AK15F977 [REDACTED]

Dear [REDACTED]

We are the third-party administrators on behalf of General Motors Corporation for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to General Motors concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

1. Please provide a copy of your expert report and color copies of photos taken by your expert. Please do not send originals, as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.

5

6. Advise as to any after-market equipment that may have been installed on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.
7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your proof of payment (cancelled checks). If this was a total loss, please submit a salvage **estimate** and your total loss work sheet.
11. Advise of any injuries.

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

Deborah Chisholm
Claims Administrator

CDR File Information

Vehicle Identification Number	1G1AK15F977 [REDACTED]
Investigator	Baumann, EAA
Case Number	71-449429612
Investigation Date	Friday, December 29 2006
Crash Date	Tuesday, November 28 2006
Filename	1G1AK15F977 [REDACTED].CDR
Saved on	Friday, December 29 2006 at 10:05:40 AM
Collected with CDR version	Crash Data Retrieval Tool 2.8061
Collecting program verification number	3528E9B2
Reported with CDR version	Crash Data Retrieval Tool 2.8061
Reporting program verification number	3528E9B2
Interface used to collected data	Block number: 00 Interface version: 52 Date: 08-16-06 Checksum: C100
Event(s) recovered	None

SDM Data Limitations

SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It can contain Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also can contain Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced. The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, then the Deployment Level Event will overwrite the Non-Deployment Event file.

SDM Data Limitations:

- SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 220 milliseconds of data after deployment criteria is met and up to 70 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record up to the first 300 milliseconds of data after algorithm enable. The minimum SDM Recorded Vehicle Forward Velocity Change, that is needed to record a Non-Deployment Event, is 5 MPH.
- Maximum Recorded Vehicle Velocity Change is the maximum recorded velocity change in the vehicle's combined "X" and "Y" axis.
- Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.
- SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.
- Brake Switch Circuit Status indicates the status of the brake switch circuit.
- Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.
- Driver's and Passenger's Belt Switch Circuit Status indicates the status of the seat belt switch circuit. The Passenger Belt Switch Circuit Status for 2005 vehicles is only available on the Cadillac STS. Also, the Passenger Belt Switch Circuit Status for 2006 Chevrolet Cobalt Sport Coupe (AP) model vehicles, with the option package that includes Recaro brand seats (RPO ALV), will always report a default value of "Buckled".
- The Time Between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than 5 seconds, "N/A" is displayed in place of the time. If the value is negative, then the Deployment Event occurred first. If the value is positive, then the Non-Deployment Event occurred first.
- If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.
- The ignition cycle counter relies upon the transitions through OFF->RUN->CRANK power-moding messages, on the GMLAN communication bus, to increment the counter. Applying and removing of battery power to the module will not increment the ignition counter.
- Steering Wheel Angle data is displayed as a positive value, when the steering wheel is turned to the right, and a negative value, when the steering wheel is turned to the left.

SDM Data Source:

1G1AK15F977 [REDACTED]

All SDM recorded data is measured, calculated, and stored internally, except for the following:

- Vehicle Status Data (Pre-Crash) is transmitted to the SDM, by various vehicle control modules, via the vehicle's communication network.
- The Belt Switch Circuit is wired directly to the SDM.

Hexadecimal Data

```

$01 68 00 00 00 00 00 00
$02 10 00 00 00 00 00 00
$03 00 00 00 00 00 00 00
$04 00 00 00 00 00 00 00
$05 80 00 00 00 00 00 00
$06 00 4A 00 00 19 39 15
$07 00 89 00 00 00 00 00
$08 00 00 00 00 00 00 00
$09 03 FF 6A 00 00 00 00
$0A 00 00 00 00 00 00 00
$0B 00 00 01 0F 00 00 00
$0C 80 00 80 00 00 00 00
$0D 00 00 00 00 00 00 00
$0E 00 00 00 00 00 00 00
$0F A0 00 00 00 00 00 00
$10 47 31 41 4B 31 35 46
$11 39 37 37 31 30 32 34
$12 38 37 00 00 00 00 00
$13 00 00 00 00 00 00 00
$14 00 00 00 00 00 00 00
$15 00 00 00 00 00 00 00
$16 03 06 0C 16 34 00 00
$17 03 03 02 03 00 00 00
$18 03 02 00 00 00 00 00
$19 07 07 00 00 00 00 00
$1B 3F 00 00 67 00 7A 00
$1C 3F 00 00 02 00 1A 00
$1D 00 00 00 00 00 00 00
$1E 00 00 00 00 00 00 00
$1F 20 C1 00 00 00 00 00
$20 40 00 00 00 00 00 00
$21 FF FF 00 00 50 00 00
$22 00 9B 00 00 00 00 00
$24 00 00 00 00 00 00 00
$25 00 00 00 00 00 00 00
$26 00 00 00 00 00 00 00
$27 FF 00 FF 00 00 00 00
$2A 00 00 00 00 00 00 00
$2B 00 00 00 00 00 00 00
$2D 00 00 00 00 00 00 00
$2E 00 FF F0 03 05 00 00
$2F 00 FE 03 05 00 00 00
$30 9D 00 00 00 00 00 00
$31 FF FF FF FF FF 80 00
$32 F8 80 FF 80 00 00 00
$33 FF FF FF FF FF 80 00
$34 FF FF FF FF FF 80 00
$35 FF FF FF FF FF 80 00
$36 FF FF FF FF FF 80 00
$37 F8 80 F8 0F 0F CA FE
$38 FF 80 C0 80 FF C0 FC
$39 FF FF FF FF FF 80 00
$3A FF FF FF FF FF 80 00
$3B 7F 0F 1F 1F 3F 00 00
$3C FF FF FF FF FF FF C0
$3D FF FF FF FF FF FF 00
$3E FF FF FF FF 00 00 00
$3F 00 00 F0 00 00 00 00
$40 E0 FF 00 00 00 00 00
$41 F8 F8 90 00 00 00 00
$42 80 FF FF FF FF 00 00
$43 FF FF FF 00 00 00 00

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1G1AK15F977

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$44 FF FF FF FF FF FF 00
$45 FF FF FF FF FF FF 00
$46 FF FF FF FF FF FF 00
$47 FF FF FF FF FF FF 00
$48 FF FF FF FF FF FF 00
$49 FF FF FF FF FF FF 00
$4A FF FF FF FF FF FF 00
$4B FF FF FF FF FF FF 00
$4C FF FF FF FF FF FF 00
$4D FF FF FF FF FF FF 00
$4E FF FF FF FF FF FF 00
$4F FF FF FF FF FF FF 00
$50 FF FF FF FF FF FF 00
$51 F0 00 00 F0 00 00 00
$52 81 FF FF FF 00 00 00
$53 FF FF FF 00 00 00 00
$54 82 FF FF 00 00 00 00
$55 FF FF FF FF FF FF 00
$67 A0 FF 00 00 00 00 00
$68 F8 F8 90 C0 00 00 00
$69 80 FF FF FF FF 00 00
$6A FF FF FF 00 00 00 00
$6B FF FF FF FF FF FF 00
$6C FF FF FF FF FF FF 00
$6D FF FF FF FF FF FF 00
$6E FF FF FF FF FF FF 00
$6F FF FF FF FF FF FF 00
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$72 FF FF FF FF FF FF 00
$73 FF FF FF FF FF FF 00
$74 FF FF FF FF FF FF 00
$75 FF FF FF FF FF FF 00
$76 FF FF FF FF FF FF 00
$77 FF FF FF FF FF FF 00
$78 F0 00 00 F0 00 00 00
$79 81 FF FF FF 00 00 00
$7A 82 FF FF 00 00 00 00
$7B FF FF FF FF FF FF 00

```

```

$01 41 55 01 02 03 04 52 53 41 32 03 09 01 AA AA 01
$02 01 02 03 04
$03 41 54 01 02 03 04 52 53 41 32 03 09 01 AA AA 01
$04 01 02 03 04
$05 42 55 FF FF FF FF FF FF FF FF FF FF FF FF FF
$06 FF FF FF FF
$07 42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF
$08 FF FF FF FF
$0D 41 48 32 39 35 31 52 36 30 38 33 33 42 45 57 58
$0E 01 5A 4B 31
$0F 41 4A 01 02 03 04 52 45 41 32 30 32 33 30 30 30
$10 01 02 03 04
$13 42 52 30 31 33 34 56 31 06 31 33 30 50 42 4E 38
$14 01 5A 74 02
$17 42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF
$18 FF FF FF FF
$21 37 35 E1 72 6A 74 91 9A
$22 39 15
$23 31 41 FA FA FA FA FA
$24 31 41 FA FA FA FA FA
$25 32 41 FA FA FA FA FA
$26 32 41 FA FA FA FA FA
$40 00 00
$41 3F 00 00 02 00 1A
$42 D0 C4
$43 00 00 8E 80
$44 C6 00 00 FC C0 C0

```



```

$45 07 01 07 01 05 01
$46 FF 1B 1B 64 28
$47 0A 64 06 04 04 05 0A 06 04 0A 00 00 FA 00 00 FF 04 64
$48 18 08 08
$B0 58
$B1 FD FE 00
$B2 FF FF FF FF FF
$B4 41 53 33 39 31 35 32 32 30 37 51 5A 20 20 20 20
$B7 50 AA 04 0F 07
$B8 43 48 70 02 09
$C1 30 46 30 37
$CA 30 46 30 37
$CB 01 89 6E 6B
$CC 01 89 6E 6B
$D1 00 00
$DB 00 00
$DC 00 00

```

February 19, 2007

[REDACTED]
Bellwood, IL [REDACTED]

Service request: 71-449429612

Vehicle Identification Number: 1G1AK15F977 [REDACTED]

Customer Relationship Specialist: Ted Evans

Dear [REDACTED]:

Thank you for allowing us the opportunity to review the product allegation involving your 2007 Chevrolet Cobalt.

After careful investigation of your case, none of the available data suggests that the product allegation has any merit. If you'd like to provide us with any additional evidence that you feel would further support your claim, please contact us again. However at this time, General Motors is unable to assume responsibility for damages and we suggest that you resolve this matter through your insurance carrier.

If you have further questions, please contact our Business Resource Center at 1-800-231-1841 Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

General Motors Corporation

PA0003
V05112006

PE10-005

GM

4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT

5 

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C19 B61
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Joshua Preister
Claims Administrator

February 22, 2010

CONNIE BITTNER
7 DUCK POND COURT
VOORHEES, NJ 08043-3686

RE: Claimant: [REDACTED]
Our File No.: 685750
Our Client: General Motors LLC
Date/Event: 02/03/2010
Subject vehicle: 2006 Chevrolet Cobalt
VIN: 1G1AK15F967 [REDACTED]

Dear [REDACTED]:

We are the third-party administrators on behalf of General Motors LLC (GM) for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to GM concerning your loss. Your correspondence alleges that you sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

***** IF INSURANCE COMPANY OR AN ATTORNEY IS REPRESENTING YOU, PLEASE FORWARD THIS LETTER TO THE APPROPRIATE PARTY FOR FURTHER HANDLING*****

1. Please provide a copy of your expert report and color copies of photos taken by your expert. Please do not send originals, as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.

5

6. Advise as to any after-market equipment that may have been installed on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.
7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your proof of payment (cancelled checks). If this was a total loss, please submit a salvage **estimate** and your total loss work sheet.
11. Advise of any injuries.
12. Advise if there is any property damage other than the subject vehicle.
13. Advise the mileage for the subject vehicle.

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. If you choose to dispose of the salvage, it will be to your own peril and spoliation may become an issue. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

Joshua Preister
Claims Administrator

685750

Service Request Detail

SR No.	71-800351482	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - Power Steering Pump /	Sub-Area	Initiate PAR- Collision
Address		City	Voorhees	Involved Dir		Safety	Yes
State	NJ	ZipCd		Source	Phone	Updated	2/15/2010 12:52:41 PM
Serial #/VIN	1G1AK15F967	Model Year	2006	Priority	Medium	License #	CHEVROL
Make	Chevrolet	Warr. Start	07/31/2006	Status	Open	Owner	YOUNGJA
Model	Cobalt	Mileage	42524	Sub-Status	Dissatisfied	Opened	2/3/2010 04:43:18 PM
Abstract	Steering - Power Steering Pump / Brackets						
Customer Description	This is a BRC PAR File. Please do not Assume. DO NOT ADVISE. Forward all inquiries to Jaina @ ext 21115						

Pre-PAR

PAR Notified	Incident Date/Time	Injuries	Other Veh	# People In Veh	Road Surface	Road Cond	Fire Report	Police Report
Relative	2/3/2010 04:30:00 PM	N	0	0	Asphalt	Dry	N/A	N/A
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		6'1"	10/13/1991	N/A				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
Unknown	Unknown	(800) 459-4038	Geico Direct					
Incident Loc	The Ritz Plaza parking lot				Incident Desc	My son was at highschool, he pulled out of school and as he was driving, the powersteering clicked off. I've had this problem three wks prior to the incident the powersteering will click off. Then when you start the veh back up it will click back on. He went to turn into a burrito placed		
Component	steering clicked back on and cust over compensated and hit a hydrant				Damage Desc	whole passenger door and panel is damaged		
Vehicle Loc	Lamon Auto Body 289 Rancocas Road, Mt Holly, NJ 08060				Add'l Info	n/a		
Emgcy Svc Names	None				Maint Loc	local place Melenke Muffler		

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	None
Vehicle Speed	10	Weather Condition	clear	Prop Owner	N/A				
Last Service Date	1/16/2010	Loc Last Service		Property Location	N/A				
Veh Est Repair Cost	\$0.00	Spec Equip Installer	N/A	Prop Damage Description	N/A				
Primary Veh Use	Personal	Inspection Type	Steering and Suspension Sys	Inspected By	Inspection Not Performed				
Veh Damage Description	whole passenger door and panel is damaged			Inspection Date/Time	2/11/2010 01:23:26 PM				
				Explain Other	File going to ESIS for further handling				

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2010 12:52:44 PM	MARTIRAM	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		ESIS - Insurance Involvement
Contact Last Name	Contact First Name	Account	BAC Code				

Insurance Involvement - Geico Direct, Claim # [REDACTED] Claim Rep Unknown, Phone # (800) 459-4038, claim made and pending.

Ramiro/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2010 12:37:14 PM	YOUNGJA	YOUNGJA	Scheduled Follow-up		Scheduled Alarm		ESIS F/U
Contact Last Name	Contact First Name	Account	BAC Code				

CHECK CASE STATUS FOR ESIS P/U

NOTE TO ASSISTING CRS'S. THIS IS NOT A SCHEDULED CALL TO THE CUSTOMER. PLEASE DO NOT ADVISE CUSTOMER OF THIS SCHEDULED ACTIVITY. ALL INQUIRIES NEED TO BE FORWARDED TO OCRS @ EXT 21115

Jaina Young/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2010 12:36:11 PM	YOUNGJA	MARTIRAM	Notify CRM		Done	2/15/2010 12:51:35 PM	Insurance Involvement
Contact Last Name	Contact First Name	Account	BAC Code				

Customer's son was involved in a collision and alleges the steering failed causing the incident. Insurance company is involved

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2010 12:31:41 PM	YOUNGJA	YOUNGJA	Outbound Call Customer	Made Contact	Done	2/15/2010 12:35:54 PM	cust: [REDACTED]
Contact Last Name		Contact First Name		Account		BAC Code	

crs sts: calling to obtain your mailing address, I did put it in the system last thursday, however it erased unfortunately and I apologize about that.

cust sts: 7 Duck Pond Court
Zoorhees NJ 08043

jaina young/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/12/2010 01:06:25 PM	YOUNGJA	YOUNGJA	Scheduled Follow-up		Done	2/15/2010 12:31:41 PM	cust: [REDACTED]
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Action Plan: Obtain Address

jaina young/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/12/2010 01:04:21 PM	YOUNGJA	YOUNGJA	Outbound Call Customer	Left Message	Done	2/12/2010 01:06:21 PM	cust: [REDACTED]
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

crs sts: calling with the GM Product Allegation Dept in regards to your case, I need to obtain your mailing address. If you can please return my call to 866-790-5700 ext 21115. If I am unavailable please feel free to leave the information in a message

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/11/2010 05:12:45 PM	MERCADTO	YOUNGJA	Notify CRM		Done	2/11/2010 05:19:00 PM	Rejected

Contact Last Name	Contact First Name	Account	BAC Code

Comments

There's no address. Please Obtain address.

Tonie Mercado/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/11/2010 01:37:45 PM	YOUNGJA	YOUNGJA	Scheduled Follow-up		Done	2/12/2010 01:04:18 PM	cust: [REDACTED]

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Action Plan: Obtain address

Jaina Young/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/11/2010 01:36:44 PM	YOUNGJA	MARTIRAM	Notify CRM		Done	2/11/2010 05:12:44 PM	Insurance Involvement

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Customer's son was involved in a collision and alleges the steering failed causing the incident. Insurance company is involved

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/11/2010 01:11:24 PM	YOUNGJA	YOUNGJA	Ownership Changed	Ownership Escalated to BRC	Done	2/11/2010 01:11:24 PM	Ownership Escalated to BRC
Contact Last Name		Contact First Name		Account		BAC Code	

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 06:00:35 PM	YOUNGJA	YOUNGJA	Scheduled Follow-up		Done	2/11/2010 01:16:19 PM	cust: [REDACTED]
Contact Last Name	Contact First Name	Account	BAC Code				

Action Plan: Continue Initial

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:54:39 AM	MARTIRAM	YOUNGJA	Ownership Changed		Done	2/10/2010 11:54:39 AM	Service Request Ownership has changed FROM: FLORESM2 TO: YOUNGJA
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:53:05 AM	MARTIRAM	YOUNGJA	BRC PAR	Initial Contact- Phone	Done	2/11/2010 01:27:08 PM	called
Contact Last Name	Contact First Name	Account	BAC Code				

crs sts: calling in regards to your case, I understand your veh was involved in a collision due to your steering. Can you give me a little bit more information in regards to the incident that took place?

cust sts: My son was at highschool, he pulled out of school and as he was driving, the powersteering clicked off. I've had this problem three wks prior to the incident the powersteering will click off. Then when you start the veh back up it will click back on. He went to turn into a turntable and the powersteering clicked back on causing him to lose control of the veh and side swiped fire hydrant.

crs sts: I'm so sorry to hear that, is he ok? Was anyone injured?

cust sts: no he's fine no one got hurt. I just can't believe this is happening. I was online and the NHTSA website and I saw that so many other people were having the same issue with the 05 and 06 model years for the steering.

Crs Adv: I will be sending your file to our central claims office for further handling. Someone will be in contact w/ you w/ in 7-10 business days. If you haven't heard from someone by the end of the 2 weeks please give me a call back and by that time I should have the info of the new agent that will be handling your file which I can release to you at that time.

Jaina Young/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:53:03 AM	MARTIRAM	YOUNGJA	BRC PAR	Initial Contact- Dealer	Done	2/11/2010 01:24:21 PM	called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

No visit has been made to dealer in over 2 years

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:52:59 AM	MARTIRAM	YOUNGJA	BRC PAR	Initial Contact- AVM	Done	2/11/2010 01:36:25 PM	called Karen Calhoun 914055 8432
Contact Last Name	Contact First Name	Account	BAC Code				

FFOM Name:

Node/Mailbox:

This is Jaina Young calling from the GM Product Allegation Dept to make you aware of a file that was received in your area.

The request number is:71-800351482

The Customer's name is:

There is no involved dealer at this time

The vehicle is a: 2006 Chevrolet Cobalt

With current mileage: 42,524

The last 8 digits of the VIN# are: 67

This involves: A collision in which the customer alleges the steering failed causing the incident

This message is for informational purposes only. The file will be going to central claims for further handling. However if you do have any questions please feel free to give me a call.

Provided contact info.

Jaina Young/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:52:54 AM	MARTIRAM	YOUNGJA	BRC PAR	Acknowledgement	Done	2/10/2010 06:00:32 PM	called
Contact Last Name	Contact First Name	Account	BAC Code				

Crs Adv: This is Jaina calling from the GM Product Allegation Dept. I have received your file and do require further information. If you can please return my call to 866-790-5700 ext 21115

Jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:52:26 AM	MARTIRAM	YOUNGJA	Notify CRM		Done	2/10/2010 05:44:41 PM	file assigned

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:52:15 AM	MARTIRAM	YOUNGJA	Research		Done	2/10/2010 05:44:33 PM	Research VIN

Contact Last Name	Contact First Name	Account	BAC Code

Comments

- no open recalls
- no previous related repairs
- no previous SR's

jaina young/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:51:50 AM	MARTIRAM	YOUNGJA	BRC PAR	Case Assigned	Done	2/10/2010 05:44:12 PM	file assigned to Jaina Young ext 21115

Contact Last Name	Contact First Name	Account	BAC Code

Comments

received

jaina young/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:51:44 AM	MARTIRAM	FLORESM2	SR Opened		Done	2/10/2010 11:51:44 AM	SR In Status of Closed has been Re-Opened by MARTIRAM
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/10/2010 11:51:41 AM	MARTIRAM	FLORESM2	SR Closed - Dissatisfied		Done	2/10/2010 11:51:41 AM	Service Request has been Closed Dissatisfied.
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/9/2010 04:57:19 PM	FLORESM2	FLORESM2	Outbound Call Customer	Made Contact	Done	2/9/2010 05:16:42 PM	Alleged product allegation - Power Steering turning on and off
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Customer states:

=son was driving with the power steering out then when the steering clicked back on, son tried to compensate the weight then side swiped a fire hydrant

Customer seeks:

=get the power steering fixed

CRS advised:

=information will be forwarded to the Product Allegation Department within the BRC

MarkFlores/CAC/MANT1/LVL0

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/9/2010 04:54:51 PM	FLORESM2	MARTIRAM	Escalation	Initiate PAR	Done	2/10/2010 11:51:37 AM	Assigning activity to PAR QUEUE
Contact Last Name		Contact First Name		Account		BAC Code	Received and assigned in PAR. Ramiro MATX/Workflow Par
Comments							
CRS advised that a person from the PAR Department will contact the customer within 2 business days							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/9/2010 04:17:10 PM	FLORESM2	FLORESM2	Outbound Call Customer	Made Contact	Done	2/9/2010 04:54:49 PM	follow up
Contact Last Name		Contact First Name		Account		BAC Code	

Cust sts:

=apparently we were supposed to get authorization
 =never got an answer from anybody
 =it at a Lemans and I dont know if its a gm dir
 =my son hit a hydrant because the power steering keeps going out
 =when the power steering clicked back on, my son over compensated and side swiped a fire hydrant
 =whos going to repair our veh

Cust Sks:

=assistance

Crs Sts:

=following up on your concern
 =asked pre par question
 =provided SR and contact info

MarkFlores/CAC/MAN/T1/LVL0

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/9/2010 04:11:40 PM	FLORESM2	FLORESM2	Outbound Call Dealer	Made Contact	Done	2/9/2010 04:16:54 PM	dealer

Contact Last Name	Contact First Name	Account	BAC Code

Comments

CRS spoke w/ Adam (SA)
 John (SA)
 Dlr sts:
 =some body damage on the side of the veh
 =power steering code came up
 =need to replace the column and ignition
 =we diag and pulled that out
 =got it towed out of here about 5 mins ago
 =90 plus for the diag
 Diagnosis= steering column
 Estimated cost= \$1091 plus tax
 When will complete= few hours
 Maint at dlr= no
 Misuse/Abuse/Lack of maint= no
 Cust caused or prevented= no
 Prev out of pocket expense at dlr= none
 Dlr provided prev cost assistance= no, 1st time here
 Prev related repairs= none
 Related to age/mig= no
 General condition of vehicle= good except for that damage on the body
 Did you ride-along or test drive with the Cust= no
 TAC contacted? Case#= no
 Should cust receive asst? (clarify why or why not)= up yo you guys
 Will dlr be offering GW Asst on behalf of GM?/Dlr willing to participate= nothing on our part that has to do with it
 DVM contacted by dlr? What was decision? no

MarkFlores/CAC/MAN/T1/LVL0

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 02:30:59 PM	JAVIERA1	FLORESM2	Ownership Changed		Done	2/8/2010 02:30:59 PM	Service Request Ownership has changed FROM: CRUZJ5 TO: FLORESM2

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 02:09:22 PM	BARGOCH	FLORESM2	Scheduled Outbound Call	Dir	Done	2/9/2010 04:11:38 PM	Get diag info

Contact Last Name	Contact First Name	Account	BAC Code

Comments

For funneling.

Cherry/Man/Cac/T1/Lvl 0 Empowered

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 02:08:25 PM	BARGOCH	BARGOCH	Outbound Call Customer	Left Message	Done	2/8/2010 02:09:19 PM	Initial Attempt: [REDACTED]

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Crs left a msg.

Cherry/Man/Cac/T1/Lvl 0 Empowered

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 02:06:04 PM	BARGOCH	BARGOCH	Outbound Call Dealer	Made Contact	Done	2/8/2010 02:08:24 PM	Funnel Dir

Contact Last Name	Contact First Name	Account	BAC Code

Crs spoke with Matt:

Crs asked if the veh has been diag?

Dir sts that veh wasnt checked yet, it will be diag today but with reg to completing it, Dir not sure if that would be today afternoon or tom.

Cherry/Man/Cac/T1/Lvl 0 Empowered

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/8/2010 11:45:31 AM	BARGOCH	BARGOCH	Scheduled Outbound Call	Dir	Done	2/8/2010 02:06:03 PM	Call Dirship

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 05:45:23 PM	CRUZJ5	CRUZJ5	Scheduled Outbound Call	Dir	Done	2/8/2010 11:45:29 AM	call dirship

Contact Last Name	Contact First Name	Account	BAC Code

Comments

-check the diagnosis of the veh.

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 05:34:25 PM	CRUZJ5	CRUZJ5	Outbound Call Third Party	Made Contact/Engineering Own	Done	2/3/2010 05:45:21 PM	called Roadside Assistance

Contact Last Name	Contact First Name	Account	BAC Code

Comments

-spoke with Jerry of Roadside Assistance and conferenced the cust to set-up an appointment.

-representative informed the cust that she is covered by the roadside assistance and her veh will be towed on Friday around 4-4:30 pm at zero cost.

-cust happy with the information she received for the depl.

Jose Cruz/CACT1/man/Lv10

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/3/2010 04:57:19 PM	CRUZJS	CRUZJS	Inbound Call Customer	Complex Request	Done	2/3/2010 05:34:22 PM	power steering issue
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

cust sts :
-cust has a 2006 cobalt
-If there is a recall on the veh.
-power steering went in and out
-Independent shop said just lacks air in the tires.
-heard a recall in the news.
-veh is not driveble.
-power steering went clipped the fire hydrant.

Orig owner? No
Primary driver? Yes
Personal or business use? -personal
Where purchased? Burns Pontiac
If 2nd Owner of Veh, when/what mlg? 38,000 miles
Current approx mlg? 42,524 miles
Ext Svc Plan? No
Concern? power steering
When 1st notice concern? 2 weeks ago.
What conditions does concern occur?
Where diagnosed? No diagnosis yet.
Est cost of the repair? n/a
Current location of veh? at the the house.
Veh repaired? Not yet

cust sks :
-have the power steering of the veh fixed.

crs adv :
-advised the cust that in regard to the power steering of the veh itself, there is no recall yet posted on her veh.
-advised the cust to bring the veh to the dlrship for diagnosis.
-cust agreed to have it towed to the dlr, and also called roadside assistance to set-up an appointment for the cust.
-veh will be towed on friday to the dlr by friday 4-4:30 pm.
-will call the cust on saturday for verification.

Jose Cruz/CACT1/man/Lvl0

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M30	Inoperative	Steering - Power Steering Pump / Brackets

GM Vehicle Inquiry System Summary

685750

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN :	1G1AK15F967
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VEHICLE INFORMATION

Merchandising Model :	1AK37 -2006 COBALT 2-DOOR LS COUPE				Warranty Start Date :		07/31/2006		
BARS Order Type :	70 - RETAIL - STOCK								
Delivering Dealer :	BARLOW CHEVROLET INC. PO BOX 7003 DELRAN , NJ 08075-7003 (856) 461-8400				Selling Source :		13 - CHEVROLET		
					Site Code :		15018		
					Business Associate Code :		113866		
Service Contract :	Yes	Branded Title :		No	Warranty Block :		No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	07/31/2006	21 miles	07/31/2009	36021 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	07/31/2006	21 miles	07/31/2012	100021 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	07/31/2006	21 miles	07/31/2014	80021 miles
36/36000 FEDERAL EMISSION	07/31/2006	21 miles	07/31/2009	36021 miles
60/60000 POWERTRAIN - U.S. LIMITED WARRANTY	07/31/2006	21 miles	07/31/2011	60021 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading

05/16/2006	A66192	1	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles
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CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System

Vehicle Build

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN	1G1AK15F967
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VEHICLE BUILD

Merchandising Model :	1AK37 -2006 COBALT 2-DOOR LS COUPE		
Gross Vehicle Weight Rating :	1675 kg (3693 lb)	Order Number :	KBWFCN
Build Date :	05/16/2006	Build Plant :	167A

GMVIS is not the definitive source of GM Vehicle RPO information and is intended for service reference only. Should there be any questions about the vehicle's original build or RPO information please refer to the original vehicle invoice or window sticker.

OPTION CODES

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AR9 - DELUXE FRONT BUCKET SEAT
B34 - FLOOR MATS	B35 - REAR FLOOR MATS
B84 - BODY COLOR BODYSIDE MOLDINGS	C67 - ELECT. FRONT AIR CONDITIONER
DC8 - MIRROR, O/S MANUAL FLDG, BLK	FE1 - SUSPENSION SYSTEM-SOFT RIDE
FE9 - FEDERAL EMISSIONS	FY1 - TRANS/AXLE 3.63 RATIO
IPB - INTERIOR TRIM DESIGN	J41 - POWER DISC FRONT BRAKES
K64 - 115 AMP GENERATOR	LOD - ASSEMBLY PLANT - LORDSTOWN, OHIO
L61 - 2.2L DOHC 4 CYL ENGINE	MN5 - 4 SPEED AUTO TRANSMISSION
MX0 - 4-SPD. AUTO. TRANS. W/OVERDRIVE	NT7 - FEDERAL EMISSION TIER 2
N46 - 4 SPOKE STEERING WHEEL	PG1 - 15" STEEL WHEEL
QTU - P195/60R15 TOURING BW TIRES	R6M - NEW JERSEY SURCHARGE
R6P - PREMIUM PAINT	R8K - *****
SLM - STOCK ORDERS	UN0 - AM/FM STEREO W/CD & RDS
UQ4 - BASE SPEAKER SYSTEM	VK3 - FRONT LICENSE PLATE MOUNT
V73 - STATEMENT OF VEHICLE CERT.-U.S. /CANADA	1LS - 1LS BASE PACKAGE
1SZ - OPTION PACKAGE DISCOUNT	14B - GRAY
14I - GRAY	6AR - FRONT SPRING
7AR - FRONT SPRING	8AA - REAR SPRING
84U - MAJESTIC AMETHYST METALLIC	9AA - REAR SPRING

GM Vehicle Inquiry System

Claim History

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN :	1G1AK15F967 [REDACTED]
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CLAIM HISTORY

Repair Order Date :		05/16/2006		Repair Order Number :		A66192		Odometer Reading :		0 miles	
Serviced By :		BARLOW CHEVROLET INC. PO BOX 7003 DELRAN, NJ 08075-7003 (856) 461-8400				Selling Source :			13 - CHEVROLET		
						Site Code :			15018		
						Business Associate Code :			113866		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
05/19/2006	692	01	1	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 108.94	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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PE10-005

GM

4/14/2010

ATTACHMENT

Q03

SUBJECT LEGAL

ATTACHMENT

6



Service Request Detail

SR No. 71-465226630
 Account [REDACTED]
 Last Name [REDACTED]
 Daytime # [REDACTED]
 Address [REDACTED]
 State NY ZipCd [REDACTED]
 Serial #VIN 1G1AL54F357 [REDACTED]
 Make Chevrolet
 Model Cobalt
 Abstract Power steering failed
 Customer Description THIS IS A BRC PAR FILE*do not assume*forward to mary greer X 11135

Ref No.
 Site [REDACTED]
 First Name [REDACTED]
 Evening # [REDACTED]
 City Hicksville
 Con Acct
 Model Year 2005
 Warr. Start
 Mileage

Goodwill No Goodwill Offered
 GW SubType
 Approval Not Initiated
 UCC Steering - General
 Involved Dir
 Source Phone
 Priority Medium License # CHEVROL
 Status Open
 Sub-Status Satisfied

BRC Type N/A
 Bus. Unit BRC
 Area PAR
 Sub-Area Initiate PAR- Collision
 Safety Yes
 Updated 1/11/2007 11:37:54 AM
 Owner GREERM
 Opened 1/4/2007 09:05:59 AM
 Closed

Pre-PAR

PAR Notifier Incident Date/Time 12/11/2006 10:00:22 AM Injuries # 0 Other Veh # 0 People in Veh 1 Road Surface Concrete Road Cond Dry Fire Report# N/A Police Report# N/A
 Insurance Agent Insurance Agent First Name Jenkins Aisha Phone # (800) 848-6502 Insurance Agency Gelco Insurance
 Driver Last Name [REDACTED] Driver First Name [REDACTED] Height Unknown DOB 3/6/1950 Disabilities None
 Insurance Agent Last Name Insurance Agent First Name Phone # Insurance Agency
 Jenkins Aisha (800) 848-6502 Gelco Insurance
 Incident Loc 80 Woodberry Rd Woodberry NY Incident Desc The veh was on an exit ramp and the power steering failed, veh hit concrete barrier
 Component Computer shuts down thus making the cust to lost control of the veh.
 Vehicle Loc Habby's Transmission 80 Woodberry Rd Woodberry NY 11797 Damage Desc Damaged the Transmission/key assembly/oil pan/axle/motor
 Loc 5164333086/Wayne Add'l Info None
 Emgcy Svc None
 Names Maint Loc Unknown

PAR Detail

Collision Y	Non Collision	Property Damage N	Thermal Evt N	Spec Equip None	
Vehicle Speed	Weather Condition Dry	Prop Owner n/a	Property Type n/a		
Last Service Date	Loc Last Service	Property Location n/a	Prop Est Repair Cost		
Veh Est Repair Cost \$5,442.00	Spec Equip Installer	Prop Damage Description			
Primary Veh Use Personal	Inspection Type	Inspected By Inspection Not Performed	Inspection Date/Time		
Veh Damage Description Damaged the Transmission/key assembly/oil pan/axle/motor		Explain Other			

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/11/2007 11:38:10 AM	GREERM	ESISBIQU	Escalation		In Progress		Insurance subrogation
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/11/2007 11:19:47 AM	GREERM	GREERM	Outbound Call Third Party	Made Contact	Done	1/11/2007 11:24:17 AM	Aisha Jenkins, Geico Insurance
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Insurance company is subrogating for the repairs of \$5442.70

There were no injuries in the accident, state the power steering quit while the vehicle was on the exit ramp.

Advised Ms. Jenkins that the file will be forwarded to our Claims Dept.

GEICO claim # 11135

mary green/part11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/11/2007 10:53:04 AM	GREERM	GREERM	Outbound Call Dealer		Done	1/11/2007 11:10:19 AM	Returning call to dirshp
Contact Last Name	Contact First Name	Account	BAC Code				

aisha jenkins

ARNOLD CHEVROLET, LLC
670 MONTAUK HWY
WEST BABYLON, NY 11704-8238
(831) 422-3700

spk with Rich in the svc dept.

He sts they do not have a Jenkins at their dirshp, and they have not seen this vehicle since July 2006.

mary green/part11135

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/11/2007 08:58:19 AM	CHANDLP1	GREERM	Notify CRM		Done	1/11/2007 09:48:38 AM	see prev. inbound call
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/11/2007 08:58:02 AM	CHANDLP1	CHANDLP1	Inbound Call Third Party	Transfer/Referral	Done	1/11/2007 08:58:14 AM	Looking for call back
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Call from Kelly, Geico Insurance looking for call back on this file. Said she had called earlier, and someone from BRC would contact her within 2 business days, and she has not heard anything.

Provided caller with contact info, etc. and transferred call

Patricia Chandler/ADR/CHATHAM/11552

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 10:06:26 AM	BAUGBOMA	GREERM	Notify CRM		Done	1/11/2007 09:48:54 AM	dir called in. if it is possible for ocrs to call dealership at 5402867367.
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 10:06:00 AM	BAUGBOMA	BAUGBOMA	Notify CRM		Done	1/10/2007 10:06:23 AM	dir called in. please call dir asap at 5402867367
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 10:03:12 AM	BAUGBOMA	BAUGBOMA	Inbound Call Dealer	Complex Request	Done	1/10/2007 10:05:44 AM	alsah jenkins from the dealership called in
			Account		BAC Code		

dir states: wants to speak with somebody regarding this case

dir seeks: to speak with ocrs

ocrs adv: gave out name and ext of ocrs offered to notify ocrs since her voicemail is not available and she is not able to take the call

mark smith/elemental CAC/mia

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/5/2007 01:32:04 PM	DRAHEICM	GREERM	Ownership Changed		Done	1/5/2007 01:32:04 PM	Service Request Ownership has changed FROM: CUNANAMI TO: GREERM
Contact Last Name			Contact First Name	Account	BAC Code		

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/5/2007 01:31:19 PM	DRAHEICM	GREERM	BRC PAR	Acknowledgement	Done	1/11/2007 11:30:48 AM	customer contact
Contact Last Name			Contact First Name	Account	BAC Code		

not needed, insurance is subrogating

mary green/par/11135

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/5/2007 01:31:15 PM	DRAHEICM	DRAHEICM	BRC PAR	Acknowledgement	Done		Called
Contact Last Name			Time	Account		BAC Code	

Summary:

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/5/2007 01:31:15 PM	DRAHEICM	GREERM	BRC PAR	Initial Contact- Phone	Done	1/11/2007 11:31:31 AM	Called
		First Name		Account		BAC Code	

Comments

no customer contact, insurance subrogation

mary green/pat/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/5/2007 01:31:15 PM	DRAHEICM	GREERM	BRC PAR	Initial Contact- Dealer	Done	1/11/2007 11:31:58 AM	Dealer contact
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

ARNOLD CHEVROLET, LLC
670 MONTAUK HWY
WEST BABYLON, NY 11704-8238
(631) 422-3700

see outbound activity

mary green/pat/11135

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/5/2007 01:31:15 PM	DRAHEICM	GREERM	BRC PAR	Initial Contact- AVM	Done	1/11/2007 10:49:07 AM	4451 FAVM Yorlano Todd 914055 8063 ARNOLD CHEVROLET, LLC WEST BABYLON NY 40 212282
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

FYI call to AVM

mary green/pas/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/5/2007 01:31:14 PM	DRAHEICM	GREERM	Notify CRM		Done	1/11/2007 09:50:14 AM	File Assigned
Contact Last Name		Contact First Name		Account		BAC Code	

File received.

Working file.

mary green/pas/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/5/2007 01:31:14 PM	DRAHEICM	GREERM	Research		Done	1/11/2007 10:43:32 AM	Researched VIN
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Research -

Summary:

*Reviewed pre-PAR

*performed VIN/case scan, no other SRs, no related issues

*Reviewed GMVIS - no open or related recalls or history

mary green/pas/11135

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/5/2007 01:31:14 PM	DRAHEICM	GREERM	BRC PAR	Case Assigned	Done	1/11/2007 09:50:32 AM	Assigned File to Mary Greer at Ext. 11135
			Contact Last Name	Contact First Name	Account	BAC Code	

File received.
Working file.

mary greer/par/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/4/2007 09:32:10 AM	CUNANAMI	DRAHEICM	Escalation	Initiate PAR	Done	1/5/2007 01:31:05 PM	Assigning activity to PAR QUEUE
			Contact Last Name	Contact First Name	Account	BAC Code	

Comments

CRM advised that a person from the PAR Department will contact the customer within 2 business days

Received and assigned in PAR

chad draheim/ab/par workflow

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/4/2007 09:28:31 AM	CUNANAMI	CUNANAMI	Inbound Call Customer	Complex Request	Done	1/4/2007 09:32:05 AM	Cust had a malfunction in the computer system causing the accident
			Contact Last Name	Contact First Name	Account	BAC Code	

Comments

Cust sts insurance agent calling in advising that the cust had an accident due to computer malfunction on his veh.

Cust sts reimbursement claim for the accident

CRS Adv cust that a report will be done and will be notified within two days

mark joseph/elemental cac/mla

Confidential Comments

UCC Information

UCC Code	Symptom	Description
K20 J73	Inoperative Broken	Transmission - Manual Engine - Oil Pump / Oil Pan / Oil cooler/lines



- ☐ Government Employees Insurance Company
- ☐ GEICO General Insurance Company
- ☐ GEICO Indemnity Company
- ☐ GEICO Casualty Company
- ☐ Criterion Insurance Agency, Inc.
(Colonial County Mutual Ins.)

Received from MSX

750 Woodbury Road
Woodbury, New York 11797-2589

June 19, 2007

Gmc
P.O. Box 33170
Detroit, MI 48232-5170

CLAIM NUMBER: [REDACTED]
INSURED: [REDACTED]
LOSS DATE: 12/01/06
YOUR CLAIM NUMBER: [REDACTED]
YOUR INSURED: Gmc Business Resource Center

Nancy
Dear Ms. Johnson:

We sent supporting documentation for our subrogation interest to you on January 10, 2007. Send your check payable to Government Employees Insurance Company as subrogee of [REDACTED]. Please include our claim number on the check.

If you are unable to remit payment, call me to discuss, or complete and return the form below to indicate the status of your file.

RECEIVED

Sincerely,

JUN 26 2007

AISHA JENKINS

ESIS-GM CLAIMS UNIT

Payment Recovery Unit 1-800-841-1003 X7367 L902
Government Employees Insurance Company

___ Investigation incomplete; please follow up on ___/___/___.
___ Bodily injuries pending; please follow up on ___/___/___.
___ Litigation pending: Plaintiff _____
___ Other _____

Date _____ Signed _____

ENC.: E216

PLEASE REFER TO OUR CLAIM NUMBER WHEN
WRITING OR CALLING ABOUT THIS CLAIM

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SL35

CLL14

GM Vehicle Inquiry System Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

VIN :	1G1AL54F357
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VEHICLE INFORMATION

Merchandising Model :	1AL69 -2005 COBALT 4-DOOR LS SEDAN	Warranty Start Date :	02/26/2005				
BARS Order Type :	70 - RETAIL - STOCK						
Delivering Dealer :	ARNOLD CHEVROLET, LLC 670 MONTAUK HWY WEST BABYLON , NY 11704-8238 (631) 422-3700	Selling Source :	13 - CHEVROLET				
		Site Code :	02281				
		Business Associate Code :	212292				
Service Contract :	Yes	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
RC	05046	A/C SYSTEM WIRING AND DUAL STAGE AIRBAG MODULE WIRING	N/A	Closed

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	02/26/2005	17 miles	02/26/2008	36017 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	02/26/2005	17 miles	02/26/2011	100017 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	02/26/2005	17 miles	02/26/2013	80017 miles
36/50000 CALIFORNIA EMISSIONS	02/26/2005	17 miles	02/26/2008	50017 miles
84/70000 CALIFORNIA SELECT COMPONENT	02/26/2005	17 miles	02/26/2012	70017 miles
60/60000 POWERTRAIN - U.S.	02/26/2005	17 miles	02/26/2010	60017 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
07/06/2005	1 [REDACTED]	#	V1359 - 05046 - REWIRE AIRBAG AND INSTALL JUMPER HARNESS	4928 miles
02/07/2005	A [REDACTED]	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Nancy Johnson
Claims Administrator

January 18, 2007

[REDACTED]
Hicksville, NY [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 627302
Our Client: General Motors Corporation
Date/Event: 12/1/06
Subject vehicle: 2005 Chevrolet Cobalt
VIN: 1G1AL54F37 [REDACTED]

Dear [REDACTED]

We are the third-party administrators on behalf of General Motors Corporation for matters involving allegations of product liability. I am the Claims Administrator assigned to this file.

In that regard, I am in receipt of your correspondence to General Motors concerning your insured. Your correspondence alleges that your insured sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

***** IF INSURANCE COMPANY OR AN ATTORNEY IS REPRESENTING YOU, PLEASE FORWARD THIS LETTER TO THE APPROPRIATE PARTY FOR FURTHER HANDLING*****

1. Please provide a copy of your expert report and color copies of photos taken by your expert. Please do not send originals, as they may not be returned.
2. A copy of the police and/or fire report.
3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.
4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.
5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.

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6. Advise as to any after-market equipment that may have been installed on the subject vehicle. If applicable, provide copies of receipts and/or invoices for installation of said equipment.
7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your proof of payment (cancelled checks). If this was a total loss, please submit a salvage **estimate** and your total loss work sheet.
11. Advise of any injuries.

As soon as the requested information has been received, a technical evaluation of this matter will be completed. Upon the conclusion of our evaluation, I will contact you with our position.

Also, you have the obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their post-event condition for so long as you intend to pursue a claim and/or cause of action. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

Nancy Johnson
Claims Administrator



esis

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Deborah.Diehr@gm.com
ESIS/GM Product Liability Unit

June 18, 2007

[REDACTED]
Hicksville, NY [REDACTED]

Re: File Number: 627302
Date of Event: 12-1-06
Claimant: [REDACTED]
Client/Account: General Motors

Dear [REDACTED]

This letter serves, as a reminder that in order to give this claim proper consideration, the information requested in our letter dated 1-18-07 is still needed. If I do not hear from you within the next 30 days, I will assume that you are no longer interested in pursuing a claim against General Motors and I will close my file accordingly.

If you have any questions, please call me at 313.665.3384 or 800.888.0164 Monday through Friday between 8:00 am and 4:30 pm.

Sincerely,

Deborah Diehr for Nancy Johnson
Claim Administrator