	ce Request Detail	Ref No.	Goodwill		BRC Type PAR
SR No.	1-362037001	Site	GW SubType	•	Bus. Unit BRC
ccount		First Name	Approval	Not Initiated	Area PAR
ast Name	_	Evening #	UCC	Steering - General	Sub-Arca Initiate PAR- Collision
aytime #		City Munster	Involved Dir		Safety Yes
ddress			Source	Phone	Updated 12/22/2005 4:17:50 PM
ate	IN ZipCd	Model Year 2006	Priority	Medium License # PONTIAC	Owner DIMAREM
erial #/VIN	1G2ZG558864	Warr. Start	Status	Open	Opened 12/19/2005 4:54:30 PM
ake odel	Pontiac .	Mileage 900	Sub-Status		Closed
stract	Steering - General				
ustomer escription	This is a PAR file, ref. calls to Mik	e DiMare. 57009 Do not assume this file.			

Pre-PAR								
PAR Notifier	Incident Date/Time	Injuries # Other Ve	h #People in	Road S	Surface	Road Cond.	Fire Report#	
	12/16/2005 6:45:00 PM		1	Asphal	t	Snowy	n/a	
Driver Last Name		Driver First Name		Height DOB		Disabilities		
Dilver Last Maine				5' 5"		No		
neuroneo A goot I	act Name	Insurance Agent	First Name	Phone #		Insurance Ager	ю	

(219) 972-7575 Lucy unknown driver was going about 20mph and had no control over the veh and hit a parked car 9139 Beach St., Munster, IN Incident Incident Desc Loc

Component Steering Damage was mainly on the right front end of the car. No estimate for repair cost Damage Vehicle Loc Duneland Collision, 15th ana Broadway in Chesterton ph# 219-921-0965

Daughter was the only one in the veh. Add'I Info Emgcy Syc Officer Talas Badge? #39

Emgcy SVC Officer raias badge: #00		
Names	Maint Loc None yet, it's new.	056 74
		DE-O
PAR Detail		T TIVIS

names				Want Loc Hone you no non.					ESIS-GM CLAUMS UNIT		
PAR Det	tail								AIMS UNIT		
Collision	Y	Non Collision	Property Y Damage	Thermal Evt	N	Spec Equip	None				
Vehicle Speed	20		Weather Condition	Snowed previously, of at the time.	clear	Prop Owner	:	Property Type	1995 Honda Accord		
Last Service Date	)		Loc Last Service			Property Location	Owner's possession.	Prop Est Repair Cost	\$3,800.00		
Veh Est Repair Cost	\$0.00		Spec Equip			Prop Damage Description	Right front.				
Primary Veh Use	Personal		Inspection Type			Inspected By	Inspection Not Performed	Inspection Date/Time			
Vob Domage	Dight front	· · · · · · · · · · · · · · · · · · ·				Explain Other					

Veh Damage Right front. Description

Report Generated for TOPOROWM on 12/23/2005

Page 1 of 10

05MU2186



### Activities

reated 2/22/2005 4:59:08 PM	Created By DUBOSE	DUBOSE	Activity Type BRC PAR	Activity Sub-Type Close	Status Done	Completed 12/22/2005 5:00:03 PM	Description CLOSING PAR FILE
		Contact Fire	t Name	Account		BAC Code	
Oniments USINESS SUMMARY: UST STATES COLLIS OVERED.FORWARDI ARA DUBOSE/BRC/PA	ION OCCUREI NG TO ESIS A	D DUE TO STE ND CLOSING I	ERING FAILURE AND SEEK PAR FILE.	S FOR PROPERTY DAMAG	GE OF 3800.00 T	O BE	
onfidential Comments							
reated 2/22/2005 4:58:13 PM	Created By DUBOSE	Assigned To	Activity Type Escalation	Activity Sub-Type	Status In Progress	Completed	Description PROPERTY DAMAGE
ontact Last Name		Contact Fire	t Name	Account		BAC Code	
omments onfidential Comments							
ormacrition commonts							Description
reated 2/22/2005 4:57:43 PM	Created By DUBOSE	Assigned To DUBOSE	Activity Type BRC PAR	Activity Sub-Type ESIS- Property Damage	Status Done	Completed 12/22/2005 4:58:12 PM	ESIS ESCALATION
ontact Last Name		Contact Fire	t Name	Account		BAC Code	
omments ORWARDING TO ESIS ARA DUBOSE/BRC/PA	S DUE TO PRO R 58606	PERY DAMAG	E.				
onfidential Comments							
reated 2/22/2005 4:56:24 PM	Created By DUBOSE	Assigned To DUBOSE	Activity Type Scheduled Outbound Call Cust	Activity Sub-Type Cancelled	Status Done	Completed 12/22/2005 4:57:41 PM	Description Reason for the call
Contact Last Name		Contact Firs		Account		BAC Code	
comments	III I. Dhana N	lumber					
ate and Time ESTCa	ilback Priorie is						

Report Generated for TOPOROWM on 12/23/2005

Page 2 of 10

### Activities

	BOSE	Assigned To DUBOSE Contact First	PAR Case Assessment	Activity Sub-Type Collision Account	Status Done	12/22/2005 4:57:18 PM BAC Code	Steering
omments teering failure. No inspection		Contact First	Name	Account		BAC Code	
eering failure. No inspectior	n required. 1						
eering failure. No inspectior	n required. 1						
onfidential Comments		forwarding to es	sis				
		Assigned To	Activity Type BRC PAR	Activity Sub-Type Inspection Not Required	Status Done	Completed 12/22/2005 4:57:34 PM	Description Type of Inspection
2/22/2005 4:56:23 PM DUI	BOSE	DUBOSE Contact First		Account		BAC Code	
ontact Last Name		Contact First	Natite				1
omments ONE REQUIRED. ARA DUBOSE/BRC/PAR 58	3606						1
onfidential Comments							
reated Cre 2/22/2005 4:56:20 PM	eated By	Assigned To	Activity Type	Activity Sub-Type	Status Done	Completed 12/22/2005 4:56:38 PM	Description 1-382057661, BRC PAR Case Ass Collision
ontact Last Name		Contact First	l Name	Account		BAC Code	
omments							·
onfidential Comments							•
				Activity Sub-Type	Status	Completed	Description
	eated By MAREM	Assigned To DIMAREM	Activity Type Other	Activity Otto-17pe	Done	12/22/2005 4:36:26 PM	The cust I spoke to was Patricia Hayduk.
ontact Last Name layduk		Contact First Michael	t Name	Account		BAC Code	; 
omments							
onfidential Comments							İ

Report Generated for TOPOROWM on 12/23/2005

Page 3 of 10

### Activities

Teated	Created By DIMAREM	Assigned To DIMAREM	Activity Type Ownership Changed	Activity Sub-Type Ownership Escalated to BRC	Status Done	Completed 12/22/2005 3:54:16 PM	Description Ownership Escalated to BRC
entest Last Nama		Contact Firs	t Name	Account		BAC Code	
omments							
onfidential Comments							
eated (/22/2005 10:30:32 AM I	Created By DELONGKI	Assigned To DIMAREM	Activity Type Notify CRM	Activity Sub-Type	Status Done	Completed 12/22/2005 3:54:22 PM	Description See I/B call customer
ntact Last Name	-	Contact Firs	t Name	Account		BAC Code	
mments sist only n DeLong/CAC/TPA							
onfidential Comments							
eated (22/2005 10:28:28 AM I	Created By DELONGKI	Assigned To DELONGKI	Activity Type Inbound Call Customer	Activity Sub-Type Transfer/Referral	Status Done	Completed 12/22/2005 10:30:29 AM	Description Cust called in
amelA toe I toetne		Contact Firs	t Name	Account		BAC Code	
mments istomer states would like	to speak to	the owning CRM	I to determine what the stat	us is on her file.			
ustomer seeks to speak	to the owning	CRM.					
RM advised of the owning	g CR <b>M</b> 's пат	ne and extention	and then transferred the ca	all.			
m DeLong/CAC/TPA							
Calantial Comments							
Confidential Comments							

Report Generated for TOPOROWM on 12/23/2005

Page 4 of 10

### **Activities**

Description Completed Activity Sub-Type Status Created By Assigned To Activity Type Created Transfer/Referral Done Inbound Call Customer 12/22/2005 10:12:44 AM DANZEYS DANZEYS BAC Code Contact First Name Contact Last Name

Crm received a call from the cust. The cust states she reported a concern on the power steering causing her daughter to be in a collision. Crm advised there is no file on same for last 8 of vin#64. Crm attempted to transfer the cust to Pontiac CAC to create a Par case. Crm then advised the cust of a long is no file on same for last 6 of vin#64. Each of the cust of bondard CAC to create a Par case. Crim then advised the cust of a limit of the cust then advised of Par rep she was told was assigned to her case. Crim spoke with crim, Mike DiMare, who confirmed case# and vin#. Crim provided all to the cust. Crm transferred the cust to owning crm voicemail ext#57009. Cheryl Danzey/Tampa Par/ext 57275

### Confidential Comments

O-rated Co.	Assigned To Activity Type	Activity Sub-Type	Status		Description
Greated	DIMAREM Ownership Changed		Done	12/20/2005 10:21:56 AM	Service Request Ownership has
12/20/2005 10:21:56 AM LOTTM	Contact First Name	Account			changed FROM: LOTTM TO: DIMAREM
Contact Last Name	Contact First Name	7.0003.11			Diller # veni
(O					
Comments					
Confidential Comments					

			Activity Sub-Type	Status	Completed	Description
Created Created By		Activity Type BRC PAR	Initial Contact- Phone	Done	12/22/2005 3:53:10 PM	Cust called in and confirmed facts.
12/20/2005 10:21:16 AM LOTTM	DIMAREM	BRUPAR			BAC Code	
Contact Last Name	Contact Fire	t Name	Account		DAC Code	

Summary: Cust states the mileage is approximately 900 and there was no prior service. Cust states her daughter was going about 20mph, there was a car facing the wrong way on her side of the street, (at night with no tail lights with reflectors facing this inexperienced driver), she tried to go around it, but could not steer (alleges the steering locked) and hit the parked car. Cust states when her husband drove the veh. home he said the raido had a message that the steering was dissabled, she did not know if there were any warning lights on before the collision. Cust is seekig for GM to cover the collision damage to their veh, and the car her daughter hit, \$3,800.00 and the woman keeps calling her about it. Cust states there were no problems noted with the steering before

CRM advised the cust, this file will be forwarded to ESIS/GM claims due to the amount of property damage and they will be contacted by a representative from ESIS in 8-10 days. Mike DiMare/Tampa PAR 57009

Confidential Comments

Report Generated for TOPOROWM on 12/23/2005

Page 5 of 10

# Activities

reated Created By 2/20/2005 10:21:15 AM LOTTM	Assigned To DIMAREM	Activity Type BRC PAR	Activity Sub-Type Initial Contact- Dealer	Status Done	Completed 12/22/2005 4:29:05 PM	Description Called Jack Connors, Inc., (219) 9
ontact Last Name	Contact Firs	t Name	Account		BAC Code 116083	<sup>7100.</sup>
omments ummary:states he spoke to the nen they found out about the collision Mare/Tampa PAR 57009	cust and did ge CRM advised	t 2 codes out of it, C0550 S Jack, the file is being forwa	Symtom 39 and U2105 symton arded to ESIS due to the prop	m 00, TAN would enty damage the	d not tell him what they mean cust is seeking. Mike	l
onfidential Comments						
reated Created By 1/20/2005 10:21:15 AM LOTTM	Assigned To DIMAREM	Activity Type BRC PAR	Activity Sub-Type Acknowledgement	Status Done	Completed 12/22/2005 3:45:16 PM	Description Cust called in and confirmed facts
ontact Loct Name	Contact Firs	t Name	Account		BAC Code	
omments immary: Cust called in and confirmed onfidential Comments	facts. Mike Di	Mare/Tampa PAR 57009				
eated Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
/20/2005 10:21:14 AM LOTTM	DIMAREM	BRC PAR	Initial Contact- AVM	Done	12/22/2005 4:34:16 PM BAC Code	Called the AVM, 630092 8137.
ontact Last Name	Contact Firs	t Name	Account General Motors		Field	
mments mmary: CRM advised the AVM of th nfidential Comments	e PAR case det	ails and resolution. Mike D	DiMare/Tampa PAR 57009			
eated Created By		Activity Type	Activity Sub-Type	Status Done	Completed 12/22/2005 4:34:29 PM	Description File Assigned
/20/2005 10:21:13 AM LOTTM Intact Last Name	DIMAREM Contact Firs	Notify CRM Name	Account	Dolle	BAC Code	, no
omments						
onfidential Comments						

Page 6 of 10

### Activities

contact Last Name contact Last Name comments summary: CRM reviewe confidential Comments	LOTTM	DIMAREM Contact Firs	Activity Type Research t Name  d. Mike DiMare/Tampa PA	Activity Sub-Type  Account  AR 57009	Status Done	Completed 12/22/2005 3:53:38 PM BAC Code	Description Researched VIN 1G2ZG558864175018.
reated 2/20/2005 10:21:12 AN Contact Last Name Comments Confidential Comments	Created By	Assigned To DIMAREM Contact Firs	Activity Type BRC PAR t Name	Activity Sub-Type Case Assigned Account	Status Done	Completed 12/22/2005 4:34:36 PM BAC Code	Description Assigned File to Mike Dimare at Ex 57509
reated 2/20/2005 10:21:10 AM ontact Last Name omments	Created By	Assigned To  Contact Firs	Activity Type t Name	Activity Sub-Type Account	Status Done	Completed 12/20/2005 10:21:52 AM BAC Code	Description 1-382057661, BRC PAR Assignor
reated 1/20/2005 8:01:57 AM Instact Last Name	Created By LOTTM	Assigned To LOTTM Contact Firs	Activity Type Ownership Changed t Name	Activity Sub-Type Account	Status Done	Completed 12/20/2005 8:01:57 AM BAC Code	Description Service Request Ownership has changed FROM: BECKDO TO: LOTTM
onments onfidential Comments							

Report Generated for TOPOROWM on 12/23/2005

Page 7 of 10

### **Activities**

	Constant Du	Accioned To	Activity Type	Activity Sub-Type	Status	Completed	Description
On Carton	BECKDO	LOTTM	Escalation	Initiate PAR	Done	12/20/2005 10:21:06 AM	Assigning activity to PAR QUEUE
12/13/2003 8:10:01 1	5207.50	Contact Fir	st Name	Account		BAC Code	
Contact Last Name		Comaccin	Striding				
Comments							
CRM adv cust that some	one would con	tact them w/in	2 business days.				
Of the Box Good and Table							
donald beck/atx/cac							
Confidential Comments							
Committee of				<del></del>			

### **Activities**

Constant	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
Greated 12/19/2005 4:56:04 PM		BECKDO	Inbound Call Customer	Complex Request	Done	12/19/2005 5:32:38 PM	Pre Par
12/19/2005 4.56.04 FM	BECKDO			Assunt		BAC Code	
Contact Last Name		Contact Fire	st Name	Account		B/10 0000	
Comments							
Spoke to	(mother).		daughter) was the driver				

Cust Sts: Daughter was involved in a wreck on Friday night. Sts that the veh steering locked up and driver was unable to control the veh and hit a parked car. Sts that there were no injuries to anyone.

Owner Specific: Orig Owner? Y Primary driver? Daughter Personal or business use? Personal

Veh Specific:

Current approx mig? approx 900 Ext Svc Plan?

Concern Specific: Concern? Pwr steering went out and caused wreck

Where purchased? jack Connors in Chesterton IN

Current location of veh? Duneland Collision.

Veh repaired? If yes, cost & where completed? No If not GM dIr, phone # of repair facility? Duneland Collision (Albert) 15th adn Broadway in chesterton ph# 2199210965

**Business Decision:** Where maint performed? Prev GM veh? Prev related repairs? When? Out of Pocket expense (document repairs & cost):

Cust. Sks: Assistance on damaged veh due to faulty part

CRM adv: will escalate case to BRC. Adv cust that someone will contact them w/in 2 business days.

Donald Beck/ATX/CAC

Confidential Comments

Report Generated for TOPOROWM on 12/23/2005

Page 9 of 10

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

January 4, 2006

Diane R. Evans, AIC Claims Administrator

Munster, IN

RE:

Claimant:

Our File No.:

505399

Our Client:

General Motors Corporation

Date/Event:

12/16/05

Subject vehicle: 2006 Pontiac G6

VIN:

1G2ZG558864

Dear

I am writing to confirm our conversation of today during which you agreed to allow us to inspect your 2006 G6 and retrieve data from the Sensing and Diagnostic Module. 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. This data does include the 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 this data and provide you with a copy of this data and the translation of the Supplemental Inflatable Restraint (SIR) data.

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 7:30 AM to 4:00 PM.

Sincerely,

Diane R. Evans, AIC

12/22/2205 14:15 21993798: INDIANA OFFICER'S STAND AD CRASH REP	CC YAT	Design				PAGE	82
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### Munster Police Department Incident Report

See State Crash Report.

On 1-6-06 I was contacted by Stated that on 12-16-05 after the stated that on 12-16-05 after the collision had occurred, her husband drover their 2006 Pontiac (94 L 2991) back to their residence. Further, she stated that the Power Steering Failure light was illuminated on the dashboard of the vehicle at that time. Delieves that the accident was caused by the power steering unit failing, and not icy road conditions. It should be noted that the 2006 Pontiac had heavy front end damage, and that it is possible the impact of the collision may have caused damage to the power steering unit.

Fri Jan 06 17:23:13 CST 2006





**CDR File Information** 

1G2ZG55886
BALL
505399
Monday, January 16 2006
Friday, December 16 2005
1G2ZG558864 CDR
Monday, January 16 2006 at 11:12:04 AM
Crash Data Retrieval Tool 2.7140
3E9CCEC5
Crash Data Retrieval Tool 2.7140
Crash Data Netheval 10012.7 140
3E9CCEC5
Block number: 00
Interface version: 4A
Date: 11-08-05
Checksum: 7500
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.
- -Calculated Principal Direction of Force (PDOF) is the arctangent of the maximum observed lateral velocity change divided by the maximum observed longitudinal velocity change. PDOF is displayed where zero degrees is located at the front of the vehicle, with 90 degrees is displayed to the right side of the vehicle and so on, clockwise around the vehicle.
- -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 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.

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.





### **Hexadecimal Data**

This page displays all the data retrieved from the air bag module. It contains data that is not converted by this program.

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\$09	03	FF	52	00	00	00	0.0
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\$0B	00	00	01	0F	00	00	00
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\$13	00	00	00	00	00	00	00
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$0E 01 5A 39 A4
SOF
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    01 5A 39 A4
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1G2ZG558864
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### Comments

- -DOWNLOAD AT DUNELAND COLLISION, CHESTERTON, IN
- -DLC USED
  -VEHICLE BATTERY CONNECTED AND USED FOR POWER U
  -NON DEPLOYMENT
- -MILEAGE:
- -SIR INSTRUMENT LAMP FLASHED SEVEN TIMES AND WENT OFF DURNING KEY ON POWER UP

Servi	ce Request Detail					
SR No.	1-406578703	Ref No.	Goodwill		BRC Type	N/Δ
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	
Address		City Niagara Falls	Involved Dir		Safety	Yes
State	NY ZipCd	Con Acct	Source	Phone	Updated	4/21/2006 1:58:57 PM
Serial #/VIN	1G1ZS52FX5F	Model Year 2005	Priority	Medium License # CHEVROL	Owner	BALDWICQ
Make	Chevrolet	Warr. Start 01/03/2005	Status	Open	Opened	4/20/2006 3:02:09 PM
Model	Malibu	Mileage 5850	Sub-Status			4/20/2000 3.02.09 PIVI
Abstract	Steering - Power Steering Pump		- Out-Olates		Closed	
Customer Description	***This is a BRC PAR case***Do not	Assume***Pls Forward all inc	uires to Charles Baldwin ext 212	67		

### Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in	Road Surface	Road Con	id. Fire Report#	Police Report	
Owner	4/6/2006 7:30:00 AM	Y	1	1	Concrete	Dry	n/a	Police Report#	
Driver Last I	Name	Driver	First Name		Height DO			mva-104	
insurance Ai Booth	gent Last Name	Insura Judy	nce Agent Fire	st Name	5'9 1/2 Phone # (518) 782-2541 x3	<b>permanen</b> Insurance Ag	t/partial disability to shou lency	lder and spine	
Incident Interstate 290 W intersecting st Colvin BLVD in Tonawanda Loc				Incident Desc	Lost control because power steering stopped working at 55 mph and the veh swerved into the other lane and hit another veh				
Component	Power Steering								
Vehicle Loc	At a salvage yard for Liberty	Mutual	<del></del>		Damage Desc	Veh is completly	totaled - Rear of veh, mo	ost damage is the passenger side rear	
Emgcy Svc Patrolman Micheal P Milbraud badge #19 NCIC #01472 - Town of				Add'l Info Liberty Mutual may be moving veh very soon to auc RECEIVE.					
Names	Tonarana Tonos deparanent					Delta Sonic - Ind	lepedent svc center	MAY 1 1 2006	
PAR Def	tali							THE STATE OF THE S	

Collision	Y Non Collision	Property Y Thermal Evt	N S	pec Equip	NA	ESIS-GM	CLAIMS UNIT
Vehicle Speed	50	Weather clear Condition	P	rop Owner	R. E. Mariacher Jr. 240 Powd Rd	Property Type	Guard rail, and the other vehicle
Last Service Date	2/10/2006	Loc Last Service		roperty ocation	Unkown	Prop Est Repair Cost	
Veh Est Repair Cost		Spec Equip NA Installer		rop Damage escription	The driver side rear quater pane	<u>-</u>	
Primary Veh Use	Personal	Inspection Type	In	spected By		Inspection Date/Time	

Veh Damage The vehicle was totaled the veh rear end was damaged the tail lamps are smashed Explain Other Description and that he is unaware of all of the damage

# **PAR Injuries**

Last Name First Name DOB	Location Occupant of Owner's Vehicle	Phone #	Seating Pos Driver	Restraint Type Seatbelt
Injury Description back, neck, knees pains, head was implost consciousness, and memory	Medical Rpt# pacted and that he n/a		Treatment Location Mount Saint Mary's	Treated By Dr. Gosy,
Street Address	City Niagara Falls	···	State Zio Co-l	

### **Activities**

Created Created		Activity Type	Activity Sub-Type	Status	Completed	Description
5/10/2006 4:24:01 PM MERZTIF		Escalation		In Progress		Insurance dec.
L Antact Last Name	Coatest Fire	* Name	Account		BAC Code	1
Oominguta						•

### Confidential Comments

Created By 5/10/2006 3:55:18 PM JACKSOLI	Assigned To Activity Type MERZTIFD Notify CRM	Activity Sub-Type	Status Done	Completed 5/10/2006 4:24:01 PM	Description ESIS
Contact Last Name	Contact First Name	Account		BAC Code	1

### Confidential Comments

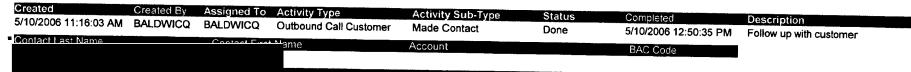
Created		Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/10/2006 12:58:20 PM	BALDWICQ	JACKSOLI	Escalation	ESIS - Insurance Involvement	Done	5/10/2006 3:55:15 PM	Customer seeks insurance deductible
Contact Last Name		Contact Fire	t Name	Account		BAC Code	

### Comment

Received and assigned for ESIS escalation.

Linette Jackson/atx/par workflow





CRM adv: that was calling to follow up with the customer, about the accident that the customer had and since the customer is seeking the insurance deductible that the case will have to be forwarded but will need additional information before the case can be forwarded.

CRM seeks: information about the case

Cust sts: that the insurance company will be holding the vehicle for 60 days from April 26, 2006 and that he will fax the police report over and that he does not kow what the police report number is and that it can either be 06-61546z, or 0210A, or mva-104. That he was driving at 7:30 in the morning he was headed westbound on 290 and that the power steering failed and that the next thing he remembers that he could not control the vehicle and that he hit his head and that he lost consciousness, that he went into someone elses lane and hit a vehicle.

CRM adv: that will be forwarding the customers case over and the claims department has 7-10 business days to contact the customer.

Charles Baldwin/BRC/PAR/21267

### Confidential Comments

Created By 5/10/2006 11:11:00 AM BALDWICQ	Assigned To BALDWICQ	Activity Type Inbound Call Customer	Activity Sub-Type Voice Mail Received	Status Done	Completed 5/10/2006 11:15:58 AM	Description Customer called in
Contact Last Name	Contact Firs	t Name	Account		BAC Code	

### Comments

Customer called on May 9, 2006 at 11:08 and stated that he can be reached at 716-285-0757.

Charles Baldwin/BRC/PAR/21267

Created			Activity Type	Activity Sub-Type	Status	Completed	Description
5/2/2006 6:05:59 PM	BALDWICQ	BALDWICQ	Scheduled Follow-up		Done	5/10/2006 11:09:39 AM	1-406578703 Call customer to get
Contact Last Name		Contact Fire	±Name	Account		BAC Code	additional information
				, toodtiit		BAC Code	
Comments							
Confidential Comments							



Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/21/2006 10:39:21 AM	REIDPA	BALDWICQ	BRC PAR	Initial Contact- Phone	Done	4/21/2006 4:09:37 PM	Called
Contact Last Name		Contact Firs	t Name	Account		BAC Code	
							_

Summary:

CRM adv: that was calling to get some additional information about the customers incident

Cust sts: Cust sts did not have enough time to talk to CRM. That he is seeking for GM to come and inspect the vehicle because he does not want his premium to go up and that GM needs to contact his insurance company so that they can hold the vehicle. That he wants his deductible back and that the most pressing issue is that he needs for GM to have the insurance company hold the vehicle at the salvage yard.

CRM adv: that CRM will need to gather information about the incident and that once that is done the customer case will be forwarded to the claims department. The claims department would do their own investigation and that CRM is unaware of the business processes for their investigation and that if the customer would like he can notify his insurance company and let the insurance company know that he would like GM to investigate the vehicle and provide the insurance company with CRMs contact information. That will try to obtain additional information at a better time for the customer.

Charles Baldwin/BRC/PAR/21267

### Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/21/2006 10:39:20 AM	REIDPA	BALDWICQ	Research		Done	4/21/2006 2:22:21 PM	Researched VIN
Contact Last Name		Contact First	Name	Account		BAC Code	

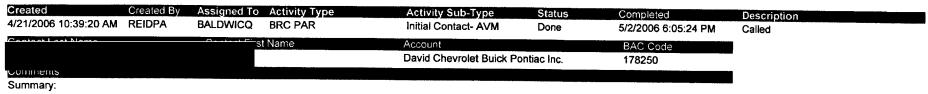
COMMENTS

Summary:

CRM Preformed case scan and found no other case related to the current claim. CRM performed VIN scan and found no related repairs, CRM did not find any related closed or open recalls on the vehicle.

Charles Baldwin/BRC/PAR/21267





FAVM 91405

914055 8107 DAVID CHEVROLET BUICK PONTIAC INC. NIAGARA FALLS NY

CRM left message for avm informing him of the information about the customers vehicle and the customers case.

Charles Baldwin/BRC/PAR/21267

Confidential Comments

	· -				
Created Created By	Assigned To Activity Type	Activity Sub-Type	Status	Completed	Description
4/21/2006 10:39:20 AM REIDPA	BALDWICQ BRC PAR	Initial Contact- Dealer	Done	5/2/2006 5:56:54 PM	Called
Contact Last Name	Contact First Name	Account		BAC Code	•
		David Chevrolet Buick Po	ntiac Inc.	178250	-
d					•
Summary:					

CRM left message for svc mgr about customers case informing of the customer case and that the case will be forwarded to the claims department.

Charles Baldwin/BRC/PAR/21267

Created 4/21/2006 10:39:19 AM	Created By REIDPA	Assigned To BALDWICQ	Activity Type BRC PAR	Activity Sub-Type Case Assigned	Status Done	Completed 4/21/2006 2:10:19 PM	Description Assigned File to Charles Baldwin an
Contact Last Name Comments		Contact Firs	t Name	Account		BAC Code	Ext. 21267
Confidential Comments							



Created 4/21/2006 10:39:19 AM	Created By REIDPA	Assigned To BALDWICQ	Activity Type Notify CRM	Activity Sub-Type	Status Done	Completed 4/21/2006 2:22:31 PM	Description File Assigned
Contact Last Name		Contact Firs	*	Account		BAC Code	The 7 Sagned
Comments							
Confidential Comments							
Created 4/21/2006 10:39:16 AM	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
Contact Last Name		Contact Firs	st Name	Account	Done	4/21/2006 10:39:29 AM BAC Code	1-406578703, BRC PAR Assignor
Comments							
Confidential Comments							
Created 4/20/2006 3:27:13 PM	Created By HAYWARAN	Assigned To REIDPA	Activity Type Escalation	Activity Sub-Type Initiate PAR	Status Done	Completed 4/21/2006 8:15:11 AM	Description Forwarding file to PAR Que
Contact Last Name		Contact Firs		Account	Done		Totwarding the to FAR Que
Contact East Harrie	<b>`</b>		ATTOMO	710000111		BAC Code	
N a				Account		BAC Code	
d	teone would be i		n 2 Business daysCust ver		calling sooner but C		
CRM informed cust som					calling sooner but C		
CRM informed cust som guarantee that.	PDX in PAR.				calling sooner but C		





Contact Last Name Contact First Name Account BAC Code

Comments

Cust states: April 6th was in an accident because the 2005 Malibu power steering failed and it impacted another veh. He has been told by his insurance company that if he wanted to try to recover his deductible, he would have to pursue the Company that made his veh. He saw 3 complaints on the NHTSA website about the same symptoms.

Cust seeks: Have someone call the insurance company in the PAR form so that they do not move the veh so GM can inspect.

CRM advsd: Filled out a form so someone will be in touch w/ him within 2 business days. Provided SR#

Cust states: Does not know how to make it any clearer that someone needs to go to the insurance company to stop the veh going to auction

AndrayaHayward/CAC/PDX

Confidential Comments

### **UCC Information**

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

THROUGH

AND PCM

96/80000 FEDERAL EMISSION CATALYTIC CONV.

84/70000 CALIFORNIA SELECT COMPONENT

36/50000 CALIFORNIA EMISSIONS

# **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:	1G1ZS	IG1ZS52FX5F							
		VEHIC	LE IN	FORMATIC	ON		<del></del>	· · · · · · · ·	
Merchandising Model :	1ZS	669 -2005 MALIBU BAS	SE SEI	DAN	Warranty	Start	Date: 0	1/03/2	005
BARS Order Type :	70 -	RETAIL - STOCK							
Delivering Dealer :	INC	DAVID CHEVROLET BUICK PONTIAC INC. 10225 NIAGARA FALLS BLVD				urce :		13 - CHEVROLET	
	NIA	NIAGARA FALLS BLVD NIAGARA FALLS , NY 14304-2941 (716) 298-9700			Site Code	:	1	3368	
	(716				Business Associate Code:			178250	
Service Contract :	No	Branded Title :	No	0 Warranty Block: No PDIS			PDI Stat	us :	Paid
		REQUIR	ED FI	ELD ACTIO	ONS				
Vehicle Has No Curre	nt Rec	ord Of Outstanding Ca	mpaig	ŗns					
		SERVICE IN	FORM	<b>IATIONAL</b>	ITEMS		-		
Vehicle Has No Curro	ent Rec	ord Of Outstanding Se	rvice I	nformation				<del> </del>	
	0	ON STAR AND XM SA	TELL	ITE RADIO	INFORM	ATIO	N		
Vehicle Has No Assoc	iated O	n Star or XM Radio In	ıforma	ition.					
		APPLICA	ABLE	WARRANT	IES				
	Descri	ption		Effective Date	Effectiv Odomet		End Date	o	End dometer
36/36000 BUMPER T	O BUM	PER		01/03/2005	7 1	miles	01/03/2008	3	36007 miles
72/100000 SHEET ME THROUGH	TALC	OVERAGE RUST		01/03/2005	7 :	miles	01/03/2011	10	00007 miles

### **CLAIM HISTORY**

01/03/2005

01/03/2005

01/03/2005

7 miles

7 miles

7 miles

01/03/2013

01/03/2008

01/03/2012

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

80007 miles

50007 miles

70007 miles

09/16/2004	A56348	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles			
			CHECK HISTORY INFORMATION				
Vehicle Has No Associated Check History Information.							

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1G1ZS52FX5F

VIN:

# GM Vehicle Inquiry System Claim History

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

Help

				CLAIM H	HISTORY								
Repair Ord	ler Date	: 09	/16/2004	Repair Order Number :	A56348 Odometer Reading: 0 m								
Serviced By:	INC.			BUICK PONTIAC	Selling So			13 - C	13 - CHEVROLET				
		RA FA	LLS, NY	Y 14304-2941	Business A		te Code :	+	178250				
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation	P	art	Auth Code	Person Code	Line Total	Comments			
09/21/2004	519	01	I	Z7000 - PRE-DELIVER INSPECTION - BASE	Y N/A		N/A	N/A	\$ 89.96	N			

### **CHECK HISTORY**

Vehicle Has No Associated Check History.

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**Build Date:** 

15FZ

# GM Vehicle Inquiry System Vehicle Build

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

### Help

VIN	1G1ZS52F	X5F		
		VEHICLE BUI	LD	
Merchandising	g Model :	1ZS69 -2005 MALIBU	BASE SEDAN	
Gross Vehicle	Weight Rating :	1844 kg (4066 lb)	Order Number:	HNMDW2

### **OPTION CODES**

**Build Plant:** 

09/16/2004

VI.	ION CODES
AK5 - DRIVER & PASS FRONT AIR BAGS	AU0 - REMOTE KEYLESS ENTRY
A51 - SEATS, CUSTOM	B37 - FLOOR MATS
C60 - AIR CONDITIONING	DL5 - ROADSIDE SERVICE INFORMATION DECAL
D49 - POWER OUTSIDE MIRRORS	FAI - FAIRFAX
FEO - SUSPENSION SYSTEM-ACTIVE	FY1 - TRANS/AXLE 3.63 RATIO
IBD - INTERIOR TRIM	J41 - BRAKES, FRONT DISC, REAR DRUM
K34 - CRUISE CONTROL & REMOTE KEYLESS ENTRY	K64 - GENERATOR 115 AMPS
L61 - 2.2L 4 CYL ENGINE	MN5 - TRANSMISSION AUTO 4 SPEED
MX0 - 4-SPEED AUTO TRANSMISSION	NE1 - 50-STATE EMISSIONS
NU4 - CAL EMISSION SYSTEM, LEV2 PLUS	N46 - STEERING WHEEL
PA7 - (4) 15" WHEELS W/BOLT ON COVERS	QMR - (4) TOURING TIRES P205/65R15
R9U - GM ACCESS - AUTOBOOK IDENTIFIER	SLM - STOCK ORDERS
UW4 - SPEAKER SYSTEM 4, CUSTOM	UIC - AM/FM STEREO W/CD PLAYER
U77 - ANTENNA RR WINDOW	VK3 - FRONT LICENSE PLATE BRACKET
VM3 - CONSUMER INFORMATION LABEL	V73 - STATEMENT OF VEHICLE CERT U.S./CANADA
1SA - MALIBU BASE EQUIPMENT GROUP	1SZ - PREFERRED EQUIPMENT SAVINGS PREFERRED EQUIPMENT GROUP SAVINGS
12U - GALAXY SILVER METALLIC	14D - GRAY CLOTH
14I - GRAY INTERIOR TRIM	6AK - FRONT SPRING
7AK - FRONT SPRING	8AB - REAR SPRING
9AB - REAR SPRING	

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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

Ma, 12 = 306

Diane R. Evans, AIC Claims Administrator

Niagra Falls, NY

RE: Claimant:

Our File No.: 510/32

Our Client: General Motors Corporation

Date/Event: April 6, 2006

Subject vehicle: 2005 Chevrolet Malibu

VIN: 510732

Dear :

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,

Diane R. Evans, AIC

May 12 206

Diane R. Evans, AIC Claims Administrator

Niagara Falls, NY

RE: Claimant:

Our File No.: 510732

Our Client: General Motors Corporation

Date/Event: April 6, 2006

Subject vehicle: 2005 Chevrolet Malibu

VIN: 510732

Dear :

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. Proof of defect in your vehicle, including expert's reports, mechanic statements, or other supporting documentation;
- 2. 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;
- 3. Original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim;
- 4. Documentation to substantiate the type and amount of damages claimed;

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,

Diane R. Evans, AIC C: File

Servi	ce Request Detail					, , , , , , , , , , , , , , , , , , ,
SR No.	1-410075585	Ref No.	Goodwill	No Goodwill Offered	BRC Type	NIZA LA
Account		Site	GW SubType		Bus. Unit	
Last Name		First Name	Approval	Not Initiated	Area	PAR
Daytime #		Evening #	UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address		City Plainsville	Involved Dir		Safety	Yes
itate	MA ZipCd	Con Acct	Source	Phone	Updated	5/12/2006 9:54:38 AM
erial #/VIN	1G2ZH158864	Model Year 2006	Priority	Medium License # PONTIAC	Owner	ROSSRA
lake	Pontiac	Warr. Start 01/28/2006	Status	Open		5/10/2006 11:55:39 AM
lodel	G6	Mileage 2000	Sub-Status	Dissatisfied		3/10/2000 11.33.39 AW
bstract	"Veh flipped/ Steering - General		Out-Olucus	Dissatisfied	Closed	
Customer Description	This is a BRC PAR case; do not assu	me case; forward all inquiries to Rachal I	Ross @ 21200			

### Pre-PAR

PAR Notifier Owner		dent Date/Time /2006 5:00:00 PM	Injuries N	# Other Ve	h #F		oad Surfa	ice		d Cond	Fire Report#		æ Report#
Driver Last N				r First Name	9	Heigh	<u> </u>	ΩR	Dry Disa	bilities	N/A	Unki	nown
						6'1"			None	9			
Semenkow	geni Last i	vame		ance Agent	First Na					ce Agen			
			Susa	n		(508)	384-2452		Comme	rce Insu	rance		
Incident Loc	Hwy 495	in Wrentham, MA					Incider Desc	nt	Cust felt a highway; a	slight vil	oration coming from front end	d of the veh. Cus	st pulled off to the side of the xit 15 the power steering failed
Component	Power st	eering system					_		in the midd	le of a to	ırn to the right, the veh slid, l	hit the median a	nd then flipped on to the driver
Vehicle Loc	Vendetti	Motors	· · · · · · · · · · · · · · · · · · ·				Damag Desc	je			ide, including wheels and tire		
							Add'l Ir	· fo	boo obooks	ho olah da			
Emgcy Svc Names	Unknown	· 15		* ******				_			g record since the day cust g	ot driving licens	e. 
PAR Det	ail	·					Maint L	oc.	Vandetti Mo	otors		<del></del>	
Collision	Y	Non Collision	N	Property Damage	N	Thermal Evt	N	Sp	ec Equip	None			
Vehicle Speed	30			Weather Condition				Pro	p Owner	N/A		Property Type	N/A
Last Service Date	5/12/200	6		Loc Last Service					perty	N/A		Prop Est Repair Cost	\$0.00
Veh Est Repair Cost	\$6,000.00	)		Spec Equi	p Nor	e		Pro	p Damage scription	N/A	RECEIVE		
Primary Veh Use	Personal			Inspection Type					pected By		MAN IN SOS	Inspection Date/Time	
Veh Damage Description	the entire scraped	driver's side, inclu	ding wheel	s and tires; f	ront and	rear bumper w	ras	Ехр	lain Other		Trainer Trainer	·	

ESIS-GM CLARVES UNIT

Report Generated for TOPOROWM on 5/12/2006

Page 1 of 9

# Activities

Created 1/12/2006 1:00:43 PM Contact Last Name	Created By MERZTIFD	Assigned To ESISBIQU Contact Fire	Activity Type Escalation	Activity Sub-Type  Account	Status In Progress	Completed BAC Code	Description insurance deductible
onfidential Comments	-						-    -
reated 12/2006 11:35:15 AM	Created By JACKSOLI	Assigned To MERZTIFD	Activity Type Notify CRM	Activity Sub-Type	Status Done	Completed 5/12/2006 1:00:42 PM	Description ESIS
antact Last Mains		0	Name -	Account		BAC Code	 
onfidential Comments							
reated 12/2006 10:35:04 AM	Created By ROSSRA	JACKSOLI	Activity Type BRC PAR	Activity Sub-Type ESIS- Insurance Involvement	Status Done	Completed 5/12/2006 11:35:12 AM	Description Escalating file to ESIS
		Contact Evel	; ven is already repaired.	Account		BAC Code	
chal Ross/atx/par	on lor ma maar	ance deductible	, ven is already repaired.				
ceived and assigned for		ion.					
ette Jackson/ab/par wo	orkflow						

Report Generated for TOPOROWM on 5/12/2006

Page 2 of 9

### **Activities**

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/12/2006 9:39:11 AM	ROSSRA	ROSSRA	Inbound Call Customer	Complex Request	Done	5/12/2006 10:35:03 AM	cust return crm's call
Contact Last Name		Contact Firs	t Name	Account		BAC Code	

Coust sts: it cost him \$95 to have veh extracted from the median; sts that he has to submit an application costing \$50 to the surcharge appeals board to proof that cust is not guilty; sts that he paid \$500 deductible; sts that until sur charge is overturn, cust was placed in a 16 months high risk group and would have to pay a higher premium for his insurance; sts that he had been in a rental since 4/7/08 at \$25 a day; so far amount is estimated around \$900+ to date; sts that veh was repaired by dlr, but veh is still at the dlr; dlr still could not resolve issue to his satisfaction; sts he has no confidence in the dlr's ability; sts that he would like another veh;

Cust seeks: compensation for insurance deductible and all the other expenses that he had to pay; sts that he had perfect driving record until now;

Crm adv cust that since he is seeking compensation for expenses and deductible, his case would be escalated to the central claims department; adv cust that an agent will contact cust within 7-10 bus days.

Cust thanked crm.

Rachal Ross/ab/par

### Confidential Comments

Created 5/12/2006 9:30:16 AM	Created By ROSSRA	Assigned To ROSSRA	Activity Type Outbound Call Customer	Activity Sub-Type Left Message	Status Done	Completed 5/12/2006 9:30:34 AM	Description called cust at daytime #
<u> </u>			me	Account		BAC Code	

Crm left msg for cust, left SR #, 866 and ext; left crm's schedule.

Rachal Ross/atx/par

Confidential Comments

Report Generated for TOPOROWM on 5/12/2006

Page 3 of 9

### **Activities**

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/11/2006 3:22:30 PM	ROSSRA	ROSSRA	Outbound Call Customer	Left Message	Done	5/11/2006 3:23:59 PM	called cust at daytime # (508) 695-2611
Contact Lost Name		A	* me	Account		BAC Code	

Comments

Crm left msg for cust; left SR #, 866 and ext.

Rachal Ross/ab/par

# Confidential Comments

Created			Activity Type	Activity Sub-Type	Status	Completed	Description
5/11/2006 10:17:38 AM	ROSSRA	ROSSRA	Outbound Call Dealer	Made Contact	Done	5/11/2006 10:30:04 AM	Called Svc Mgr, Mike Bouchard
Contact Last Name		Contact Fire	t Namo	Account		BAC Code	
				Vendetti Motors, Inc.		117931	
Comments							

Crm spoke to Svc Mgr, Mike Bouchard

Crm adv: cust's allegation

Dir sts: power steering module was replaced; it is an electrical component; the shaft or rod was not broken; the power steering just lost power and extra effort is needed to steer veh; this repair is covered by GM 100%; the body repair was covered by cust's insurance's com; sts that Body Shop Mgr is Dennis Zincone.

Crm req to be transfered to Body Shop Mgr but line disconnected in mid transfer.

Rachal Ross/atx/par

Confidential Comments	 	 	

Report Generated for TOPOROWM on 5/12/2006

Page 4 of 9

# Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/11/2006 10:08:34 AM	ROSSRA	ROSSRA	Outbound Call Customer	Left Message	Done	5/11/2006 10:10:48 AM	called cust at daytime # (508) 695-2611
Contact Last Name		Contact First	Name	Account		BAC Code	

Crm left msg for cust stating that case has been rec by PAR; left 866 # and ext.

Rachal Ross/ab/par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/11/2006 9:37:03 AM	JACKSOLI	ROSSRA	Ownership Changed		Done	5/11/2006 9:37:03 AM	Service Request Ownership has changed FROM: HENNEKBE TO:
Contact Last Name		Contact Firs	t Name	Account		BAC Code	ROSSRA
Comments							

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/11/2006 9:36:07 AM	JACKSOLI	ROSSRA	BRC PAR	Acknowledgement	Done	5/11/2006 3:24:44 PM	Called cust at daytime # (508) 695-
Contact Last Name		Contact Firs	t Name	Account		BAC Code	2611

Summary: Crm left msg on vme; left SR #, 866 and ext.

Rachal Ross/atx/par

Confidential Comments

Report Generated for TOPOROWM on 5/12/2006

Page 5 of 9

### Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description	
5/11/2006 9: 36:07 AM	JACKSOLI	ROSSRA	BRC PAR	Initial Contact- Phone	Done	5/12/2006 9:52:57 AM	Called	
Contact Last Name		Contact Firs	t Name	Account		BAC Code		

Comments

Summary: Cust called back in on 5/12/06 at approx 9.50 am est.

Rachal Ross/ab/par

Confidential Comments

Greated 5/11/2006 9:36:06 AM	Created By JACKSOLI	Assigned To ROSSRA	Activity Type Research	Activity Sub-Type	Status Done	Completed 5/11/2006 9:48:58 AM	Description Researched VIN
Contact Last Name		Contact Firs	t Name	Account		BAC Code	1

Rachal Ross/atx/par

Confidential Comments

Report Generated for TOPOROWM on 5/12/2006

Page 6 of 9

### **Activities**

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/11/2006 9:36:06 AM	JACKSOLI	ROSSRA	BRC PAR	Initial Contact- AVM	Done	5/12/2006 10:34:49 AM	Called AVM Carol Frey 914055 8357
Contact Last Name		Contact Firs	t Name	Account		BAC Code	
				Vendetti Motors, Inc.		117931	
Comments							
Summary:							

FYI for AVM Carol Frey 914055 8357

SR 1-41007558<u>5</u> Cust's name is Cust's phone # is Original owner
Veh is currently at the dlr
Dlr involved is Vendetti Motors, Inc.
Located in 411 W Central St, Franklin, MA
Veh is a 2006 Pontiac G6 w/ 2,000 mi Last 8 digits of vin is 6417 6241 In-svc date is 1/28/06

Cust sts that the steering wheel failed and caused veh to flipped to the side and hit a median; veh was already repaired; GM paid for steering repair and insurance paid for body repair; however veh is still having issues; sts that he has no confidence in the dlr b/c dlr has not been able to resolve the problem; b/c of that he does not want veh anymore and seeking another veh;

Cust is seeking compensation for deductible and other expenses;

Svc Mgr has been notified.

ed for TOPOROWM on 5/12/2006 Page 7 of 9

Page 7 of 9

### Activities

Created 5/11/2006 9:36:06 AM	Created By JACKSOLI	Assigned To ROSSRA	Activity Type BRC PAR	Activity Sub-Type Initial Contact- Dealer	Status Done	Completed 5/11/2006 10:26:45 AM	Description Called Svc Mgr, Mike Bouchard
Contact Last Name		Contact Fire	Name	Account Vendetti Motors, Inc.		BAC Code 117931	
Comments Summary: Crm spoke to Svc Mgr, M	like Bouchard	on 5/11/06 at ap	prox 10.25 am est. ( re	efer to outbound call dealer)			

Rachal Ross/atx/par

Confidential Comments	
***	

Created 5/11/2006 9:36:05 AM Contact Last Name	Created By JACKSOLI	Assigned To ROSSRA Contact Fire	Activity Type BRC PAR st Name	Activity Sub-Type Case Assigned Account	Status Done	Completed 5/11/2006 9:48:15 AM BAC Code	Description Assigned File to Rachal Ross an Ext.21200
Comments  Confidential Comments							 
reated	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
711/2006 9:36:05 AM Contact Last Name	JACKSOLI	ROSSRA Contact Firs	Notify CRM t Name	Account	Done	5/11/2006 9:48:04 AM BAC Code	File Assigned

#### Confidential Comments

Created Created By 5/11/2006 9:36:03 AM	Assigned To Activity Type	Activity Sub-Type	Status	Completed	Description
			Done	5/11/2006 9:36:17 AM	1-410075585, BRC PAR Assignor
Contact Last Name	Contact First Name	Account		BAC Code	•
Comments					
Confidential Comments					

Report Generated for TOPOROWM on 5/12/2006

Page 8 of 9

### **Activities**

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/10/2006 12:14:33 PM	HENNEKBE	JACKSOLI	Escalation	Initiate PAR	Done	5/10/2006 3:45:46 PM	Assigning activity to PAR QUEUE
Control Look Norse		Contact Fire	Nome	Account		RAC Code	

Comments

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

beckyhenneker/cac/chatham

Received and assigned in par.

Linette Jackson/atx/par workflow

### Confidential Comments

Created Cre	eated By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/10/2006 12:08:28 PM HEI	NNEKBE I	HENNEKBE	Inbound Call Customer	Complex Request	Done	5/10/2006 12:12:58 PM	Alleged product allegation-property
Contact Last Name		Contact First	Name	Account		BAC Code	damage

Cust states: Cust felt a slight vibration coming from front end of the veh. Cust pulled off to the side and the veh looked fine. As cust was pulling off onto exit 15 the power steering failed in the middle of a turn, the veh slid andflipped on to the drivers side.

CRM advised customer that their information will be forwarded to the Product Allegation Department within the BRC

beckyhenneker/cac/chatham

Confidential Comments

### **UCC** Information

UCC Code	Symptom	Description
M01	Inoperative	Steering - General

Report Generated for TOPOROWM on 5/12/2006

Page 9 of 9

R.O

Number

Type

R.O Date

# 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:		16271	1150064											· · · · · · · · · · · · · · · · · · ·
VIN:		IG2ZI	1158864											
	<del>-</del>				VEHIC			)RMA	TIC	)N				
Merchandising		el:	2ZH37	-20	06 G6 - GT	COL	PE		Warranty Start Date: 01/28/2006					/2006
BARS Order T	ype:		70 - RE	TA	IL - STOCI	K								
Delivering Dea	ler :		VEND	ETT	TI MOTORS	s, inc	2.		Selling Source: 16 - PONTIA					ONTIAC
			FRANK	Lľ	N, MA 0		1899	. [	Site Code: 12187					
			(508) 52	28-3	3450				Bu	siness Associate Code: 117931			1	
Service Contr	act :	No	Bra	nde	d Title :	No	, T	Warra	ant	y Block :	No	PDI Sta	ius :	Paid
					REQUI	RED	FIEL	D AC	TIC	NS				<u></u>
Vehicle Has No	Curr	ent Rec	ord Of (	Out	standing C	ampa	igns				-			
				SI	ERVICE II	NFOF	MA	TION	AL	ITEMS				······································
Vehicle Has No	Curr	ent Rec	ord Of C	Out	standing S	ervice	Info	ormatic	on					
				_						INFORMA	TIO	N		
OnStar	No		tar Statu		N/A	T						ww.onstaren	rollmor	
Equipped	1	Olisi	ai Statu	3	N/A	(88	8)ON	NSTAR	11 (	888)667-827	71		ollmer	it.com or
XM Equipped	Yes	XM R ID	adio	01	XVC00T	XM Stati	ıs	Inact	ive	Refer to Help page for details or: www.gm.xmradio.com or (800)556-3600				-3600
					APPLIC	ABLI	E WA	ARRA	NT	IES			-	
		Descri					E	ffective Date	e	Effectiv Odomete		End Date	0	End dometer
36/36000 BUMP	ER TO	O BUM	PER				01/	/28/200	)6	47 n	niles	01/28/2009	3	6047 miles
72/100000 SHEE THROUGH	ЕТ МЕ	TAL C	OVERA	GE	RUST		01/	/28/200	)6	47 n	niles	01/28/2012	10	0047 miles
96/80000 FEDEI AND PCM	RAL E	MISSI	ON CAT	AL'	YTIC CON	V.	01/	/28/200	6	47 m	niles	01/28/2014	8	0047 miles
36/50000 CALIF	ORNI	A EMI	SSIONS				01/	28/200	6	47 m	niles	01/28/2009	5,	0047 miles
84/70000 CALIF	ORNI	A SELI	ECT CO	MР	ONENT		01/	28/200	6	47 m		01/28/2013	├	0047 miles
							1	•	· 1	11:	*****	0112012013	· /	uu4/miles I

**CLAIM HISTORY** 

**Labor Operation** 

Odometer

Reading

05/01/2006	159329	#	E7631 - MOTOR AND CONTROLLER ASSEMBLY, ELECTRONIC POWER STEERING -	1500	miles
09/28/2005	A76241	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0	miles

# CHECK HISTORY INFORMATION

	Vehicle Has No Associated Check History Information.
	I VENICLE TIRS NO ASSOCIATED C'heck History Information
1	interest and the resolution of the control in the c

© 1998-2005 General Motors Corporation. All Rights Reserved.

# **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:			1G2ZI	H158864						<del></del> -					
						VEHI	CLE	INFO	DRMA'	TIC	ON				
Merchand	lising	Mode	el:	2ZH37 -	-2006	G6 - G1	r cot	JPE		W	arranty Sta	rt Da		01/28	/2006
BARS Or	der T	ype :		70 - RE	TAIL	- STOC	K			_				01/20/	
Delivering	g Deal	er:		VENDETTI MOTORS, IN- 411 W CENTRAL ST				C.		Sel	lling Source	:		16 - P	ONTIAC
				FRANK	LIN,	MA 0	2038-	1899	,	Sit	e Code :			12187	,
				(508) 52	28-345	0			Ī	Bu	siness Assoc	ciate	Code:	11793	1
Service (	Contr	act:	No	Bran	ided ]	Γitle :	N	o T	Warra	ant	y Block :	No	PDI Sta	tus :	Paid
					1	REQUI	RED	FIEL	D AC	LIC	ONS				
Vehicle Ha	as No	Curr	ent Rec	ord Of O	Outsta	nding (	Campa	igns						<del></del>	
					SER	VICE [	NFOI	RMA	TION	AL	ITEMS				
Vehicle Ha	as No	Curr	ent Rec	ord Of O	utsta	nding S	ervice	Info	ormatic	n On				<u> </u>	
											INFORMA	TIO			
OnStar Equipped		No	OnSt	ar Status	N	/A	Re: (88	fer to 8)ON	Help p VSTAR	age 1 (8	for details (888)667-827	or: w	ww.onstaren	rollmen	nt.com or
XM Equip	ped	Yes	XM R	adio	0LX\	/C00T	XM Statu	ıs	Inacti	ve	Refer to Ho	elp p mrac	age for detail lio.com or (8	s or: 00)556	-3600
···					A	PPLIC	ABLI	E WA	RRAN	TI				<del></del>	
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Odometer Reading

05/01/2006	159329	#	E7631 - MOTOR AND CONTROLLER ASSEMBLY, ELECTRONIC POWER STEERING -	1500	miles
09/28/2005	A76241	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0	miles

# CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.	
There 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

May 19, 2006

Nancy Johnson Claims Administrator

Plainsville, MA

RE:

Claimant:

Our File No.:

510850

Our Client:

General Motors Corporation

Date/Event:

4-7-06

Subject vehicle:

2006 Pontiac G6

VIN:

1G2ZH158864

Dear

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 <u>copy</u> of your expert report and <u>color copies</u> 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,

Nancy Johnson Claims Administrator 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

July 25, 2006

Nancy Johnson Claims Administrator

Plainsville, MA

RE:

Claimant:

Our File No.:

510850

Our Client:

General Motors Corporation

Date/Event:

4-7-06

Subject vehicle:

2006 Pontiac G<u>6</u>

VIN:

1G2ZH158864

Dear

This will have reference to the above product liability subrogation claim that you filed with General Motors Corporation.

I have thoroughly reviewed the documentation provided to date in support of your subrogation claim. However, our file reflects that we have not been provided with your specific technical documentation, which supports your theory of liability as being that of General Motors Corporation.

Correspondence that was sent to you on May 19, 2006 requested specific information, which would enable us to perform our evaluation. Unless we are provided with the requested supporting technical documentation within thirty (30) days from the date of this letter, we will be unable to take further action in this matter and I will have to close our file. Finally, if it is your intention to pursue this matter further, you will be responsible for preserving the subject vehicle and/or defective component in their immediate post loss condition.

Thank you for your time and attention in this regard.

Sincerely,

Nancy Johnson Claims Administrator



# RECEIVED

JUN 1 3 2006

ESIS-GM CLAIMS UNIT

June 7, 2006

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

RE: File No: 510850 (VIN: 1G2ZH158864

Dear Ms. Johnson,

I have received your letter dated May 19, 2006 in which you respond to my claim on the subject vehicle.

Based upon your claim that there is insufficient technical documentation, I would like to offer several comments relative to your requests for additional information with the several comments of the several comments and the several comments of th

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- The vehicle was repaired by an authorized GM dealer, Vendetti Motors, Inc. I would therefore consider them to be experts on the repair, operation, and maintenance of all GM vehicles. If you desire expert information regarding the repairs made to my vehicle, you may contact them for complete documentation as to all repairs made to the vehicle. The failure of the electronic steering module and its subsequent need for replacement is well documented. The Collision Center Repair Manager, Dennis Zincone can also verify that the module had several intermittent failures, and then had a total failure during road tests by GM trained mechanics. The repair of the electronic module was made under GM warranty, so you have the legal liability in the matter.
- A copy of the police report will be submitted.
- The police report includes a statement of events prior to the incident. An additional operator statement can be provided if necessary.
- I did notice a very strange vibration/sensation prior to the incident. This was the strong enough to make me pull over on the shoulder of the highway to visually inspect the vehicles place as the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the highway to visually the strong enough to make me pull over on the shoulder of the shoulder o

- At the time of the incident, the vehicle had only 2,000 miles on it. No repairs or other maintenance work were required or performed on the vehicle prior to the event. The only repairs made to the vehicle, were performed by Vendetti Motors Inc., after the incident. The incident, loss of steering control and subsequent crash was clearly caused by defective parts as manufactured by GM. Since your firm represents General Motors, you have access to all warranty and repairs orders performed on the vehicle by Vendetti Motors Inc.
- No after market equipment was installed.
- No modifications were made to the vehicle.
- No recall notices were ever received by me from General Motors. I do have a deep concern that GM may be covering up a known defect in this vehicle.
- The vehicle was not involved in any prior accidents.
- Proof of personal losses can be provided. Please be advised that the vehicle is still
  experiencing problems related to the incident, and repair and the costs are not yet
  finalized. I am in the process of scheduling the additional repairs necessary.
- There were no injuries requiring medical attention at the time of the accident.

At this point I would like to summarize the basis of my claim. I purchased a brand new Pontiac G6 from Vendetti Motors Inc. The vehicle had only 2,000 miles on it at the time of the incident. The failure of the electronic steering module during a turn caused extreme steering difficulties and caused the vehicle to roll over on to its sidé. It was fortunate for all parties involved in this incident that there was not a serious injury or a fatality involved. At this point in time, I have no confidence in this vehicle.

I would like the processing of this claim to be handled in the most expeditious manner possible. I am hereby requesting that GM agree to pay my <u>documented</u> out of pocket expenses, and work out a <u>no cost trade-in</u> for another GM Vehicle. If you wish to proceed to settle the claim, I will provide a police report, copies of expenses, and any other reasonable documents requested. I believe it would be in the best interests of all parties involved to resolve the claim in this manner. The cost to settle the claim this way is relatively minor.

If GM declines to settle the claim, then I will hire legal counsel and file a lawsuit against all parties involved. This will dramatically increase the costs of the claim for all parties.

General Motors has a **legal and moral** obligation to provide a settlement of this claim. Please advise me in writing of the status of this claim as soon as possible.

Sincerely,



# PNV. 098593P. 1 VENDETTI MOTORS, INC

411 West Central Street Franklin, MA 02038 (508) 528-3450 Fax (508) 528-1291 Toll Free 1-888-VENDETTI

(836-3388)

PNWS159329 P76241

PRODUCTION DATE

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www.vendettimotors.com

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PARTS DEPT. HOURS Monday - Friday 7:30AM - 5PM Wednesday 7:30AM - 8PM Saturday 8AM - 12PM Sunday - Closed

Visit us online at www.vendettimotors.com for our latest Coupons and Specials

### **VENDETTI MOTORS, INC.** MISSION STATEMENT

Following in their father's footsteps, Joseph L Vendetti, Jr. and Nancy V. McDonald have anchored their family business in continuing efforts toward quality automotive sales and service and exemplary commu-nity involvement. These are the building blocks that form the strength of this 45-year-old business.

Now adding to this tradition are Julie A. Vendetti, Joe's class daughter and E. Joseph Moulson, Nancy's son. Vendetti Motors, Inc. is very proud of the fact that their farmily has been able to service generations. ations of customers. They will continue to treat every visitor to their dealership as an honored guest in their home, every day, every time, without fail, no exceptional



You may receive a questionnaire from General flotors. If for any reason you feel you cannot rate our services completely satisfied, please contact Mike Bouchard. A "Completely Satisfied" rating does not mean we are perfect but rather that we did our job well and served you

Copyright © 1928 The Reynalds and Raynolds Commun. ERLINTINYE SPEETSES (\$7502)

95. Ton Truck 500 deductible 50 surchary

PAGE 1 OF 1

I END OF INVOICE ] 02:15pm

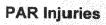
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# Activities

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Alyssa Peterson/ATX/BRC-PAR

Received and escalated to ESIS.

Linette Jackson/atx/par workflow

### Confidential Comments

7/25/2006 8:26:44 AM PE	<u>Gelfad By</u> ETERSAR		Activity Type Inbound Call Third Party	Activity Sub-Type Voice Mail Received	Status Done	Completed 7/25/2006 8:28:21 AM	Description  Donna Calling with Atty David Warso
Contact Last Name		Contact First	Name	Account		BAC Code	
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office Call	ina						ĺ

Calling to get some information about GMs file For Cust Romy Fortin, they both were injured, and are in a rental vehicle. Atty Seeks some additional iNformation Can be reached at: 702-240-5285

Alyssa Peterson/ATX/BRC-PAR

tivity Sub-Type Status Completed Description	Status	Activity Sub-Type	Activity Type		Created By 20 PM TARRENTK
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# **Activities**

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		90 THE AVE. 1945				선물 그 경기 시간 중을 하는 것이다.

OMITTER:

Atty David Warso office calling to speak with ocrm.

3rd party state has been leaving messages for ocrm with no return call.

ACRM advised: attempted to transfer to ocrm who was not avialable.

ACRm advised will transfer to BRC for assistance.

Kimberly of BRC states: alyssa has left for the day, and she would not be able to assist. attorney would need to leave message and will be contacted back,

ACRM advised this to Atty and transfered to OCRM vm.

Tracy tarrence/CAC/PDX/Ivl 2

### Confidential Comments

	Orested By TARRENTK	Assigned to PETERSAR	Activity Type SR Opened	Activity Sub-Type	Status Done	Completed 7/24/2006 4:52:39 PM	Description SR in Status of Closed has been Re
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Preated 7/24/2006 9:46:19 AM	Created By PETERSAR	PETERSAR	Activity Type Outbound Call Customer	Activity Sub-Type Left Message	Status Done	Completed 7/24/2006 9:46:21 AM
Contact Last Name			at Name	Account		BAC Code
CRM left Message Requested callback						

Alyssa peterson/ab/brc-PAR

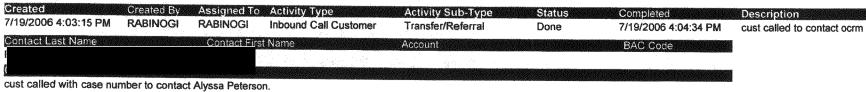
Confidential Comments

7/24/2006 9:46:11 AM F	PETERSAR		Activity Type Outbound Call Customer	Activity Sub-Type Left Message	Status Done	Completed 7/24/2006 9:46:13 AM	Description
Contact Last Name		<del>i e e e e e</del>	Name	Account		BAC Code	

Alyssa peterson/ab/brc-PAR

			Activity Sub-Type	Status	Completed	Description
ARINOGI	PETERSAR	Notify CRM		Done	7/24/2006 9:46:34 AM	Informing of contact with the customer
	<u>Conscien</u> is	! Name	Account		BAC Code	in the Section of the Control of the
		eggs				•
		10 mm				•
	eated By ABINOGI	ABINOGI PETERSAR		ABINOGI PETERSAR Notify CRM	ABINOGI PETERSAR Notify CRM Done	ABINOGI PETERSAR Notify CRM Done 7/24/2006 9:46:34 AM





assisting crm provided ocrm phone number and ext, and then transferred the cust.

Giselle Rabinowicz (Regina Raw)/CAC/BA

Confidential Comments

The state of the s		Assigned To	Activity Type	Activity Su	b-Туре	Status	Completed	Description
7/19/2006 4:03:07 PM	RABINOGI	PETERSAR	SR Opened			Done	7/19/2006 4:03:08 PM	SR in Status of Closed has been Re-
Contact Last Name		Contact First	Name	Account			BAC Code	Opened by RABINOGI
			Ber William					

Confidential Comments

	The same of the sa	Sub-Type Status Completed	Description
7/18/2006 9:57:44 AM PETERSAR	PETERSAR SR Closed - Satisfied	Done 7/18/2006 9:57:44 AM	Service Request has been Closed
Contact Last Name	Contact Eirst Name Account	BAC Code	Satisfied.
F			

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/18/2006 9:38:24 AM	MERZTIFD	PETERSAR	Notify CRM		Done	7/18/2006 9:57:16 AM	Correspondence Rejected
Contact Last Name		Contact Fire	Name	Account		BAC Code	
Comments							
Confidential Comments							
Compenia Commens							



WPFORWS TEMPORTOR					
ontact First Na	ame	Account		BAC Code	
			Account to the second s	Account to the second s	BAC Code

Tiffany merz/par/21196

Confidential Comments

Greated 7/17/2006 9:17:02 AM	PETERSAR	BRCPARLQ	Activity Type Submit for Approval	Activity Sub-Type Letter (Non Goodwill)	Status Done	Completed 7/18/2006 9:37:08 AM	Description UTR Letter
Contact Last Name			Name	Account		BAC Code	
ounments							

7/17/2006 9:16:43 AM	Created By		Activity Type	Activity Sub-Type	Status	Completed	Description
	PETERSAR	PETERSAR	Correspondence		Done	7/17/2006 12:00:00 AM	Created:BRCPAR_PA0005. SR#1-
Contact Last Name		Contact Fire	i Name	Account		BAC Code	420542110
Confidential Comments				Control of the Contro			

# Activities

Alyssa peterson/ab/brc-PAR
Confidential Comments

Created 7/17/2006 9:15:41 AM Contact Last Name	Created By PETERSAR	Assigned To PETERSAR Cooked Eijs	Outbound Call Customer	Activity Sub-Type Left Message Account	Status Done	Completed 7/17/2006 9:15:42 AM BAC Code	Description
CRM left Message Requested callback							
Alyssa peterson/ab/brc-	PAR						
Confidential Comments							
Created 7/14/2006 12:13:10 PM	Created By PETERSAR	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
Contact Last Name	FEIEROAR	PETERSAR	Outbound Call Customer Name	Left Message	Done	7/14/2006 12:13:13 PM	
		<i>(87)</i>	<u>Neme</u>	Account		BAC Gode	
CRM left Message Requested callback							
Nyssa peterson/atx/brc-l	PAR						
onfidential Comments							
reated /13/2006 2:03:48 PM	Created By PETERSAR	Assigned To PETERSAR	Activity Type	Activity Sub-Type	Status	Completed	Description
ontaci Lasi Mama		Elel	Outbound Call Customer	Left Message Account	Done	7/13/2006 2:04:15 PM	
				A CONTRACTOR OF THE CONTRACTOR		BAC Code	
RM left Message tequested callback							



		Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 11:18:47 AM PETERSAR PET	ERSAR C	Outbound Call Dealer	Received No Answer	Done	7/12/2006 11:19:05 AM	Vista Chevrolet Llc Ltd
Contact Last Name Co	onicio Ensulo	ame	Account		BAC Code	#

Comments

**Dealer Closed** 

Alyssa Peterson/ATX/BRC-PAR

Confidential Comments

Preated 7/12/2006 10:34:46 AM		Activity Type Ownership Changed	Activity Sub-Type	Status Done	Completed	Description
Jordagi Lasi Name	Control Sts			שווטע		Service Request Ownership has changed FROM: EVERSODA TO
AUTHORNES NAME	MARKET IN MUZGISIO PO PROMINENTE	LINEINE TO THE STATE OF THE STA	Account		BAC Code	PETERSAR
		40 mm				1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6

Confidential Comments

				***************************************	
Created Created		Activity Sub-Type	Status	Completed	Description
7/12/2006 10:33:37 AM JACKSC	DLI PETERSAR BRC PAR	Acknowledgement	Done	7/12/2006 11:20:08 AM	
		. without cogonium	Done	7712/2000 11.20.00 AWI	
Contact Last Name	Contact First Name	Account		BAC Code	

Comments

CRM Left Message...

CRM advised GM PAR has received customers file.

CRM advised of Number and Ext. And requested callback. CRM Advised of Her hours

Alyssa Peterson/ATX/BRC-PAR



Created 7/12/2006 10:33:37 AM Contact Last Name	Created By JACKSOLI	Assigned To PETERSAR  Contact Firs	Activity Type BRC PAR	Activity Sub-Type Initial Contact- 10 Day Letter	Status Done	Completed 7/14/2006 12:13:52 PM	Description
Comments Unable to Reach Confidential Comments		Contraction	(Name	Account		BAC Code	
Created 7/12/2006 10:33:36 AM Contact Last Name Comments Confidential Comments	Created By JACKSOLI	Assigned To PETERSAR Contact Firs	Activity Type BRC PAR t Name	Activity Sub-Type Initial Contact- AVM Account	Status Done	Completed 7/14/2006 12:13:58 PM BAC Code	Description Called
reated /12/2006 10:33:36 AM contact Last Name	Created By JACKSOLI	Assigned To PETERSAR Contact First	Activity Type BRC PAR Name	Activity Sub-Type Initial Contact- Dealer Account	Status Done	Completed 7/14/2006 12:14:05 PM BAC Code	Description Called
Comments CRM Spoke to: SVC MGI DLR STATES: Alyssa Peterson/ATX/BRI Confidential Comments							



	Assigned To Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 10: 33:35 AM JACKSOLI	PETERSAR BRC PAR	Case Assigned	Done	7/12/2006 11:16:56 AM	Assigned File to Alyssa Peterson an
Contact Last Name	Contact First Name	Account		BAC Code	Ext.21264

Comment

CRM received notification.

Alyssa Peterson/ATX/BRC-PAR

Confidential Comments

		Activity Type	Activity Sub-Type	Slatus	Completed	Description
/12/2006 10:33:35 AM JACKSOLI	PETERSAR	Notify CRM	and the second	Done	7/12/2006 11:14:27 AM	File Assigned
ontact Last Name	Contact Firs	(Name	Account		BAC Code	
	ake in the second	200	Application of the State of the	ie waard also also also also also also also also		
omments						

# Confidential Comments

	Assigned To Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 10:33:35 AM JACKSOLI	PETERSAR Research		Done	7/12/2006 11:17:00 AM	Researched VIN
Contact Last Name	Contact First Name	Account		BAC Code	

#### Domments

Research Summary:

Alyssa Peterson/ATX/BRC-PAR

<sup>\*</sup>CRM performed VIN/Case scan in Siebel

<sup>\*\*</sup>Found previous files related to allegation 1-420592006

<sup>\*\*\*</sup>CRM checked GMVIS and found previous repairs related to allegation.
04/05/20 06 154748 # E7680 - COLUMN ASSEMBLY, STEERING - REPLACE 24717 miles

<sup>\*\*\*\*</sup>No open re calls.



Created Created B	y Assigned To Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 10:33:29 AM			Done	7/12/2006 10:33:58 AM	1-420542110, BRC PAR Assignor
Contact Last Name	Contact First Name	Account		BAC Code	_
Comments					

### Confidential Comments

	ub-Type Status Completed Description
7/11/2006 5:02:30 PM EVERSODA JACKSOLI Escalation Initiate PA	
Contact Last Name Contact Erst 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.

Linette Jackson/atx/par workflow

### Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/11/2006 4:50:06 PM	EVERSODA	EVERSODA	Inbound Call Customer	Complex Request	Done	7/12/2006 11:09:29 AM	Pre Par
Contact Last Name		Contact Fire	<u>Man</u> ne	Account		BAC Code	
Comments							
CUST STATES: Spoke	with	Lawye	r who was calling to create	a pre par case as directed by	y the BRC		

CUST SEEKS: to go through steps of Pre Par

CRM ADV: Will do so...

VIN wouldn't apply

David Everson\CAC\STJ

# **UCC Information**

UCC Code Symptom Description
E01 Bent / Warped Chassis - General

# GM Vehicle Inquiry System Summary

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

### Help

- 1		
- 1		
	VIN:	1G1ZT52885F
- 1		
- 1	A STATE OF THE PARTY OF THE PAR	

### **VEHICLE INFORMATION**

Service Contract :	No	Branded Title :	No	Warranty Block:		No	PDI	Status :	Paid
				Business Associate Code:			112174		
		PROSPECT MOTORS/ALAMO/FL 4680 BLUE LAKE DRIVE BOCA RATON, FL 33431-4448			Site Code:			06498	
Delivering Dealer:					Selling Source	•	13 - CHEVROLET		
BARS Order Type:	5	50 - FLEET							
Merchandising Model	: 1	ZT69 -2005 MALIBU L	AN	Warranty Star	02/18/2005				

### REQUIRED FIELD ACTIONS

Туре	Number	Description	Posted Date	Status
ΥТ		ENGINE HARMONIC BALANCER NOT SEATED **EXPIRES AUGUST 31, 2006**	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	02/18/2005	10 miles	02/18/2008	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	02/18/2005	10 miles	02/18/2011	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	02/18/2005	10 miles	02/18/2013	80010 miles
36/50000 CALIFORNIA EMISSIONS	02/18/2005	10 miles	02/18/2008	50010 miles
84/70000 CALIFORNIA SELECT COMPONENT	02/18/2005	10 miles	02/18/2012	70010 miles

### **CLAIM HISTORY**

R.O Date	R.O Number	Туре	Labor Operation	Odometer Reading		
07/08/2006	E46856	#	Z2080 - ROADSIDE SERVICE (TOWING)	29000 miles		

04/05/2006	V0042 CUSTOMER SATISFACTION PROGRAM PETER OVER		24717	miles	
09/16/2005	117100	#	Y0042 - CUSTOMER SATISFACTION PROGRAM - RETORQUE HARMONIC BALANCE	13472	miles
02/17/2005	A52235	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0	miles

# CHECK HISTORY INFORMATION

- 1	
- 1	
- 3	Vehicle Has No Associated Check History Information.
- 1	i a curric read the vegoticistic of circle utilities allum
1	· · · · · · · · · · · · · · · · · · ·

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	09/23/2005	624	01	#	PROGRAM - RETORQUE HARMONIC BALANCE	N/A	N/A	N/A	\$ 24.00	N	# CONTRACTOR OF THE PROPERTY OF THE PARTY OF
--	------------	-----	----	---	---	-----	-----	-----	----------	---	--

Repair Ord	der Date	: 02/	/17/2005	Repair Order Number :	A52235	Odome	ter Rea	ding:		0 miles	
Serviced By:						rce:	13 - C	CHEVROLET			
<i></i>				94010-2413	Site Code :				99635		
					Business Associate Code:			12688	126880		
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation	Pa	rt	Auth Code	Person Code	Line Total	Comments	
02/22/2005	563	01	1	Z7000 - PRE-DELIVER' INSPECTION - BASE TIME	Y N/A		N/A	N/A	\$ 73.53	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	1G1ZT52885F

### **VEHICLE BUILD**

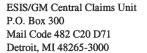
Merchandising Model :	1ZT69 -2005 MALIBU LS SEDAN			
Gross Vehicle Weight Rating:	1913 kg (4218 lb)	Order Number :	HWTM4W	
Build Date :	02/17/2005	Build Plant :	15FZ	

### **OPTION CODES**

AK5 - DRIVER & PASS FRONT AIR BAGS	A51 - SEATS, CUSTOM
B37 - FLOOR MATS	B9G - GM PRODUCTION WEEK #07
C60 - AIR CONDITIONING	DL5 - ROADSIDE SERVICE INFORMATION DECAL
D49 - POWER OUTSIDE MIRRORS	FAI - FAIRFAX
FEO - SUSPENSION SYSTEM-ACTIVE	FLT - FLEET PROCESSING OPTION
F83 - TRANSAXLE 3.05 RATIO	IBE - INTERIOR TRIM
J67 - 4-WHEEL ANTI-LOCK BRAKES W/ TRACTION CONTROL	KCV - ALAMO RENT A CAR
K64 - GENERATOR 115 AMPS	LX9 - 3.5L V6 ENGINE
MN5 - TRANSMISSION AUTO 4 SPEED	MX0 - 4-SPEED AUTO TRANSMISSION
NC7 - FEDERAL EMISSIONS OVERRIDE	NU1 - CALIFORNIA EMISSION SYSTM, LEV2
N46 - STEERING WHEEL	PF3 - (4) 15" ALLOY WHEELS
QMR - (4) TOURING TIRES P205/65R15	R6F - IDENTIFY B-CODE USERS
R8M - ALAMO/NATIONAL RENT A CAR TRACKING CODE	T43 - REAR SPOILER
UN0 - AM/FM STEREO W/CD & RDS (REPLACES STD/OPT/PKG RADIO)	UZ6 - SIX PREMIUM SPEAKERS
U77 - ANTENNA RR WINDOW	VK3 - FRONT LICENSE PLATE BRACKET
VM3 - CONSUMER INFORMATION LABEL	VN9 - DAILY RENTAL REPURCHASE PROGRAM
V2G - FULL FUEL FILL CREDIT	V73 - STATEMENT OF VEHICLE CERT U.S. /CANADA
YF5 - 50-STATE EMISSIONS	YT1 - DAILY RENTAL FLAT RATE DEPREC.
ISA - MALIBU BASE EQUIPMENT GROUP	1SZ - PREFERRED EQUIPMENT SAVINGS PREFERRED EQUIPMENT GROUP SAVINGS

14E - GRAY CUSTOM CLOTH	14I - GRAY INTERIOR TRIM
6AR - FRONT SPRING	7AR - FRONT SPRING
8AB - REAR SPRING	88U - MEDIUM GRAY METALLIC
9AB - REAR SPRING	

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800.888.0164 tel 313.665.0911 fax



Diane R. Evans, AIC Claims Administrator

Law Offices of David M. Warso

ATTN: Ms. Donna Bruno-Allen, Paralegal

2880 S. Jones Blvd, Suite #1 Las Vegas, NV 89146

RE:

Claimant:

513284

Our File No.:
Our Client:

**General Motors Corporation** 

Date/Event:

July 8, 2006

Subject vehicle:

2005 Chevrolet Malibu

VIN:

1G1ZT52885F

### Dear Ms. Bruno-Allen:

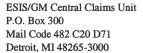
ESIS provides administrative claims handling services to General Motors (GM) in connection with product liability claims against GM. They have referred your claim to our office for further handling. Please address all future correspondence to my attention.

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 client's 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,



Diane R. Evans, AIC Claims Administrator 800.888.0164 tel 313.665.0911 fax



August 2, 2006

Law Offices of David M. Warso ATTN: Ms. Donna Bruno-Allen 2880 S. Jones Blvd., Suite 1

RE:

Claimant:

Las Vegas, NV 89146

Our File No.:

513284

Our Client:

General Motors Corporation

Date/Event: Ju

July 8, 2006

VIN:

1G1ZT52885F2

Dear Ms. Bruno-Allen:

I am writing to confirm our conversation of today during which you agreed to allow us to inspect your client's 2005 Chevrolet Malibu and retrieve data from the Sensing and Diagnostic module.

As part of the inspection, we will likely take photographs and measurements. Also, this 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 precrash 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 this office.

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,

Diane R. Evans, AIC

154748

INVOICE

SALES . SERVICE . PARTS

US	at Ann				Road
	Las Ve	gas, Ne	vada 8	9130	
		02) 96			
	*******	M_Vistme	വരണം പ	nat	

VEGAS MV LAS PAGE 1 Our goal
100% completely satisfied. · 100% of the time. HOME BUS: SERVICE ADVISOR: 9142 PAUL HUEBNER COLOR YEAR MAKE/MODEL LICENSE MILEAGE IN / OUT TAG GRAY CHEVROLET MALIBU 1G1ZT52885F 24717/24717 T603 DEL DATE PROD DATE! WARR EXP PROMISED PO NO. 1.41 PAYMENT INV. DATE 18FEB05 IS 11:18 06APR06 CASH 06APR06 R.O. OPENED READY **OPTIONS:** DLR:39623 ENG:3.5 Liter SFI 13:30 05APR06 14:55 06APR06 LINE OPCODE TECH TYPE HOURS LIST NET TOTAL A C/S STERRING WHEEL LOCKS UP WHILE DRIVING IN GEAR CAUSE: E7680 COLUMN ASSEMBLY, STEERING - REPLACE 9066 DARABANT, THOMAS LIC#: 4~ 1 88967179 S/COL REM 359.00 286.48 286.48 24717 STBERING LOCKS UP REPLACE STEERING COLUMN DIAGNOSE ID1241508 \*\*\*\*\*\*\*\*\*\*\*\*\* B COURTESY WASH WASH COURTESY WASH 203 RODRIGUEZ, WILLIAM LIC#: 203 24717 LIMITED WARRANTY DESCRIPTION TOTALS Any warranties on the parts and accessories sold hereby are made by the manufacturer. The selling dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranties 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 this part(s) and/or service. Buyer shall not be artified to requery from the callier. LABOR AMOUNT 0.00 PARTS & SERVICE HOURS PARTS AMOUNT 0.00 GAS, OIL, LUBE MON-FRI 0.00 7:00 AM - 9:00 PM SAT 7:00 AM - 5:00 PM SUBLET AMOUNT 0.00 service. Buyer shall not be entitled to recover from the selling MISC. CHARGES 0.00 dealer any consequential damages, damages to property, damages TOTAL CHARGES 0.00 for loss, loss of time, loss of profit or income or any other ALL VEHICLES MUST BE PICKED UP BY 5:00 P.M. SATURDAY LESS INSURANCE incidental damages. 0.00 SALES TAX 0.00

CUSTOMER SIGNATURE

PLEASE PAY THIS AMOUNT

0.00





**CDR File Information** 

Amas 1 1 10 A 11 11 A 11 1 1 1 1 1 1 1 1 1 1	
Vehicle Identification Number	1G1ZT52885F
Investigator	BILL SMITH
Case Number	513284
Investigation Date	Monday, August 28 2006
Crash Date	Saturday, July 8 2006
Filename	1G1ZT52885F
Saved on	Monday, August 28 2006 at 03:18:40 PM
Collected with CDR version	Crash Data Retrieval Tool 2.8045
Collecting program verification number	E9B7C0A4
Reported with CDR version	Crash Data Retrieval Tool 2.8045
Reporting program verification number	E9B7C0A4
Interface used to collected data	Block number: 00 Interface version: 51 Date: 08-03-06 Checksum: BD00
Event(s) recovered	Non-Deployment

#### **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 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	**1ZT528*5*252235
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)	Shift in Progress
Transmission Selector Position (If Equipped)	Drive
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)	100
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

3					
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)	55	48	40	27	19
Engine Speed (RPM)	1472	1280	1024	832	960
Percent Throttle	0	0	0	0	0
Accelerator Pedal Position (percent)	0	0	0	0	o
Antilock Brake System Active (If Equipped)	No	No	Yes	Yes	Yes
Lateral Acceleration feet/s²)(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	-16	64	272	496





Parameter	-5 sec	4 sec	-3 sec	-2 sec	-1 sec
Vehicle Dynamics Control Active (If Equipped)	invalid	Invalid	Invalid	Invalid	Invalid



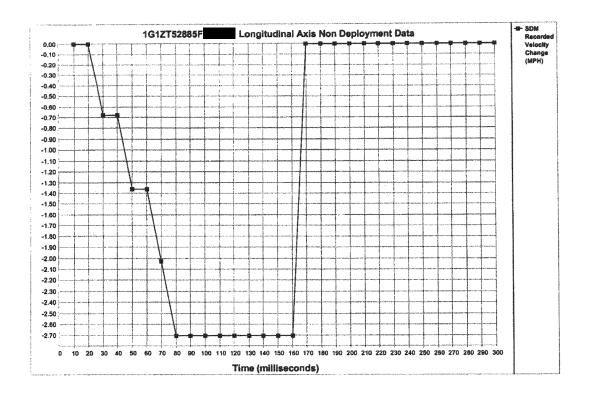


**System Status At Non-Deployment** 

Ignition Cycles At Investigation	2004
SIR Warning Lamp Status	3921 OFF
SIR Warning Lamp ON/OFF Time (seconds)	
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	655200 3913
Ignition Cycles At Event	3916
Ignition Cycles Since DTCs Were Last Cleared	254
Driver's Belt Switch Circuit Status	UNBUCKLED
Diagnostic Trouble Codes at Event, fault number: 1	N/A
Diagnostic Trouble Codes at Event, fault number: 2	NA NA
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
Maximum SDM Recorded Velocity Change (MPH)	5.23
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	90
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	No
Vehicle Event Data (Pre-Crash) Associated With This Event	Yes
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes



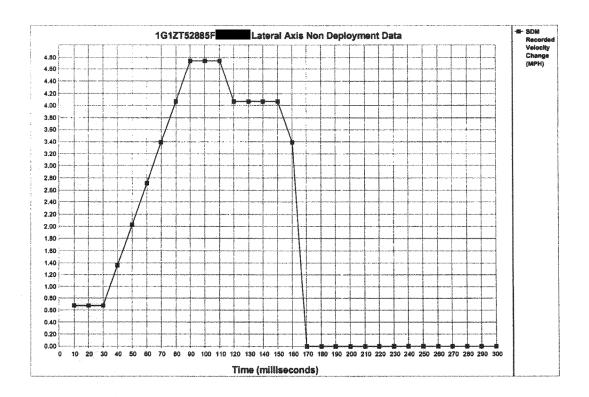




Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	0.00	-0.68	-0.68	-1.36	-1.36	-2.03	-2.71	-2.71	-2.71	-2.71	-2.71	-2.71	-2.71	-2.71
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	-2.71	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)	0.68	0.68	0.68	1.36	2.03	2.71	3.39	4.07	4.74	4.74	4.74	4.07	4.07	4.07	4.07
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Lateral Axis Recorded Velocity Change (MPH)	3.39	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**

401		.0.2	00	00	00	00	00
\$01 \$02	00 30	03	00	00	00	00	00
\$03	02	00	00	00	00	00	00
\$04 \$05	00	00	00	00	00	00	00
\$06	00	OA	00	00	OA.	72	78
\$07 \$08	00	60 FF	00	00	00	00	00
\$09	00	AB	AB	00	00	00	00
\$0A \$0B	3C	00	00 05	00 0F	00	00	00
\$0C	80	00	80	00	00	00	00
SOD	0.0	00	CO	00	00	00	00
\$0E \$0F	DA	00	00	00	00	00	00
\$10	47	31	5A	54	35	32	38
\$11 \$12	38	35 35	46 00	32 00	35 00	32	32 00
\$13	00	00		00	00	00	00
\$14	0.0	00		00	00	00	00
\$15 \$16	00	00	00 0C	16	34	00	00
\$17	03	03		03	00	00	00
\$18 \$19	03	02	.00	00	00	00	00
\$1B	3 F	30	00	67	00	7A	00
\$1C \$1D	3F	00	00	06	00	18	00
\$1E	4F	4F	00	00	00	00	00
\$1F \$20	20 40	00	00	00	00	00	00
\$21	FF	01	00	00	7.0	00	00
\$22	00	92	00	00	00	00	00
\$24 \$25	00	00	00	00	00	00	00
\$26	00	00	00	00	00	00	00
\$27 \$2A	FF 00	00	FF 00	00	00	00	00
\$2B	0.0	00	00	00	00	00	00
\$2D \$2E	00	00 FF	00 F0	00	00 4F	00	00
\$2F	00	FE	OF	51	05	.00	00
\$30 \$31	9D	00	00	00	00	00	00
\$32	00	00	00	00	00	00	00
\$33 \$34	00 0F	00 0D	00	00 14	00	00	00
\$35	1E	2B	40	4D	58	00	00
\$36 \$37	1F E0	00	04	FF 00	00 0B	00	00 20
\$38	9C	00	00	00	03	CO	00
\$39	00	00	00	00	00	80	00
\$3A \$3B	0.0	00	00 0C	00	00	80	00
\$3C	00	00	00	00	00	00	CO
\$3D \$3E	31 35	5A 25	54 22	35 35	32 00	38	00
\$3F	00	00	90	00	00	00	00
\$40 \$41	20	A5 00	00	00	00	00	00
\$42	00	FF	FO	OF	49	00	00
\$43	FE	OF	4C	00	00	00	00



1G1ZT52885F



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$44 00 00 00 00 00 00 00
$45 00 00 00 00 00 00 00
    00 00 00 00 00 00 00
$46
$47
    01 00 01 00 01 FF 00
    02 FF 03 FE 04 FE 00
$48
    05 FD 06 FC 07 FC 00
$49
    07 FC 07 FC 06 FC 00
$4A
$4B
    06 FC 06 FC 06 FC 00
    05 FC 00 00 00 00 00
$4C
    00 00 00 00 00 00 00
$4D
    00 00 00 00 00 00 00
$4E
    00 00 00 00 00 00 00
S4F
$50
    00 00 00 00 00 00 00
    70 00 00 00 00 00 00
$51
    80 00 00 00 00 00
$52
    09 00 41 00 00 00 00
$53
$54
    00 00 00 00 00 00 00
    00 00 00 00 00 00 00
$55
    00 00 00 00 00 00 00
$67
$68 F8 F8 90 C0 00 00 00
    80 FF FF FF FF 00 00
$69
$6A FF FF FF 00 00 00 00
    FF FF FF FF FF 00
$6B
    FF FF FF FF FF 00
$6C
    FF FF FF FF FF 00
$6D
$6E FF FF FF FF FF 00
    FF FF FF FF FF 00
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$70
    FF FF FF FF FF 00
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$71
$72
    FF PF FF FF FF 00
    FF FF FF FF FF FF 00
$73
$74 FF FF FF FF FF 00
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    FF FF FF FF FF 00
$76
    FF FF FF FF FF 00
$77
    FF FF FF FF FF 00
$78
    FO 00 00 FO 00 00 00
    81 FF FF FF 00 00 00
$79
    82 FF FF 00 00 00 00
$7A
$7B FF FF FF FF FF 00
    41 55 01 02 03 04 52 53 41 32 03 09 01 AA AA 01
$01
$02
    01 02 03 04
    41 54 01 02 03 04 52 53 41 32 03 09 01 AA AA 01
$03
    01 02 03 04
S04
    42 55 FF FF FF FF FF FF FF FF FF FF FF FF
$05
    FF FF FF FF
$06
    $07
$08 FF FF FF FF
    41 48 36 35 32 39 52 34 33 35 36 33 4D 55 4B 32
$0D
$0E 01 59 D3 B3
$0F 41 4A 36 35 32 39 52 34 33 35 38 31 4D 58 36 47
    01 59 D3 B3
$10
     $13
    FF FF FF FF
$14
$17
     FF FF FF FF
$18
     31 12 66 1A DO 2E 91 9A
$21
$22
     72 78
$23
     31 5A 53 54 55 55 32
     31 5A 53 54 55 55 32
$24
$25
     31 5A 53 54 55 55 32
$26
     31 5A 53 54 55 55 32
     00 00
$40
$41
     3F 00 00 06 00 18
$42
    10 C4
    00 00 8C 80
$43
     C6 00 00 FC C0 C0
$44
```

- 14





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$45 07 01 07 01 05 01
$46 00 0F 0F 64 64
$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
    FD FE 00
$B1
$B2 FF FF FF FF
$B4 41 53 37 32 37 38 32 33 32 30 39 43 20 20 20 $B7 50 AA 01 0F 01
$B8 54 41 68 02 11
$C1 30 46 30 31
$CA 30 46 30 31
$CB 01 5A CA 6E
    01 5A CA 6E
$CC
$D1
     00 00
$DB 00 00
$DC 00 00
```





### Comments

LAMP STATUS TEST OKAY FLASHES SEVEN TIMES DOWNLOADED THROUGH DLC NON DEPLOYMENT VEHICLE MILEAGE 30469 MILES BODY SHOP 3870 VANESSA, LAS VEGAS, NV Order Number: 60914097

Subject:

1G1ZT52885F

DOB:

Reference:

513284

Results Date: 08/18/2006 8:52:05 AM

Search:

**Vehicle Registration - VIN** 

Area:

THIS REPORT MAY NOT BE USED FOR ANY PURPOSE GOVERNED BY THE FEDERAL FAIR CREDIT REPORTING ACT AS DESCRIBED IN 15 U.S.C. 1681A(D), AS AMENDED.

RECORD CHECK

Dates Searched:

01/01/1999 - 08/15/2006

County:

Carson City

Search Type:

Vehicle Registration

Court:

Nevada Department of Motor Vehicles

Address:

Department of Motor Vehicles

Highway Patrol Division

555 Wright Way

Carson City, NV 89711

Total Hits:

Hit Number:

Search Comment:

Year: 2005Make: CHEVModel: M/LCvl: 06Vehicle Type:

Sedan 4 doorExp: 11/03/06Name:

Information On File: Business Name On File: 1G1ZT52885F

Address On File: 8032 Copperhead Creek St Las Vegas NV

89143

Identified By:

Business Name

For questions on the results of this search please call a ChoicePoint Representative at (888) 384-3666.

\*\*\*\*\* END REPORT \*\*\*\*\*

Report Generated for William L. Smith

For Personal Use Only

# CARFAX' Vehicle History Report An independent company established in 1986

2005 CHEVROLET MALIBU LS 1G1ZT52885F SEDAN 4 DR 3.5L V6 SFI / FRONT WHEEL DRIVE Standard Equipment | Safety Options

### **CARFAX Vehicle History - At A Glance**

- · 4 billion vehicle history events checked from public and private sources
- · Qualifies CARFAX Buyback Guarantee
- · 2 owners
- · Last reported mileage 13,624 miles

### SUMMART

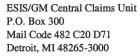
A CARFAX Vehicle History Report is based only on information supplied to CARFAX. Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.

OWNERSHIP HISTORY The number of owners is estimated by CARFAX	GWNERFI	OWNERD
Year purchased	2005	2005
Type of owner	Rental	93-45-00
Estimated length of ownership	6 months	8 months
Owned in the following states/provinces	Nevada	Nevada
Estimated miles driven per year	(Market offer	****
Last reported odometer reading	13,624	

TITLE PROBLEMS  CARFAX guarantees the information in this section	OWNERH	OWNERH
Salvage   Junk   Rebuilt	SUYBAC Guaranteed No Problem	Guaranteed No Problem
Fire/Flood   Hail Damage   Buyback/Lemon	ARFAM Guaranteed No Problem	Guaranteed No Problem
Not Actual Mileage   Exceeds Mechanical Limits	Guaranteed No Problem	Guaranteed No Problem
GUARANTEED - None of these major title problems were reported by a stat Motor Vehicles (DMV). If you find that any of these title problems were report not included in this report, CARFAX will buy this vehicle back.	e Department of ted by a DMV and Register	View Terms

OTHER INFORMATION  Not all accidents or other issues are reported to CARFAX	OWNERN	O W N E R FI
Frame Damage Check No frame damage reported to CARFAX.	No Issues Reported	No Issues Reported
Airbag Deployment Check No airbag deployment reported to CARFAX.	No Issues Reported	No Issues Reported
Odometer Rollback Check No indication of an odometer rollback.	No Issues Indicated	No Issues Indicated
Accident Check No accidents reported to CARFAX.	No Issues Reported	No Issues Reported
Manufacturer Recall Check Check with an authorized Chevrolet dealer for any open recalls.	No Recalls Reported	No Recalls Reported
Basic Warranty Check	<b>₩</b>	

8/24/2006



800.888.0164 tel 313.665.0911 fax



September 12, 2006

Diane R. Evans Claims Administrator

Law Offices of David M. Warso ATTN: Ms. Donna Bruno-Allen 2880 South Jones Blvd., Suite 1 Las Vegas, NV 89146

RE:

Claimant:

Our File No.:

513284

Our Client:

General Motors Corporation

Date/Event:

July 8, 2006

VIN:

1G1ZT52885F

Dear Ms Bruno-Allen:

Please find enclosed a copy of the air bag data retrieved from the above vehicle.

If you have any questions, please contact me at 800.888.0164 Monday through Friday 8:00 am to 4:30 pm EST.

Sincerely,

Diane R. Evans, AIC

Enclosure

1038560

154748

VISTA CHEVROLET

INVOICE

SALES • SERVICE • PARTS
US 95, at Ann Read · 5501 Drexel Road
Las Vegas, Nevada 89130
(702) 967-5588

www.vistachevy.net TECNC ME LAS PAGE 1 Our goal 100% completely satisfied. 100% of the time. HOME: BUS: SERVICE ADVISOR: 9142 PAUL HUEBNER LICENSE MILEAGE IN / OUT TAG COLOR YEAR MAKE/MODEL "VIN CHEVROLET MALIBU 1G1ZT52885F 24717/24717 T603 GRAY HATE | PAYMENT DEL. DATE PROD DATE! WARR, EXP. PROMISED PO NO. 1 INV. DATE 18FEB05 IS 11:18 06APR06 CASH 06APR06 R.O. OPENED READY OPTIONS: DLR:39623 ENG:3.5 Liter SFI 14:55 06APR06 13:30 05APR06 LINE OPCODE TECH TYPE HOURS LIST NET TOTAL A C/S STERRING WHERE LOCKS UP WHILE DRIVING IN GEAR CAUSE: E7680 COLUMN ASSEMBLY, STEERING - REPLACE 9066 DARABANT, THOMAS LIC#: 4~ 1 88967179 S/COL REM 359.00 286.48 286.48 24717 STEERING LOCKS UP REPLACE STEERING COLUMN DIAGNOSE AT PER ID1241508 B COURTESY WASH WASH COURTESY WASH 203 RODRIGUEZ, WILLIAM LIC#: 203 ISP 24717 \* LIMITED WARRANTY DESCRIPTION TOTALS Any warranties on the parts and accessories sold hereby are made by the manufacturer. The selling dealer hereby expressly disclaims LABOR AMOUNT 0.00 PARTS & SERVICE HOURS PARTS AMOUNT 0.00 all warranties, either express or implied, including any implied warranties 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 this part(s) and/or GAS, OIL, LUBE 0.00 MON-FRI 7:00 AM - 9:00 PM SAT 7:00 AM - 5:00 PM SUBLET AMOUNT 0.00 MISC. CHARGES 0.00 service. Buyer shall not be entitled to recover from the selling dealer any consequential damages, damages to property, damages for loss, loss of time, loss of profit or income or any other TOTAL CHARGES 0.00 LESS INSURANCE 0.00 ALL VEHICLES MUST BE incidental PICKED UP BY 5:00 P.M. SATURDAY SALES TAX 0.00 PLEASE PAY THIS AMOUNT **CUSTOMER SIGNATURE** 0.00

RO DATE MILEAGE W I OP CODE	DESCRIPTION OP CODE E	DESCRIPTION OF CODE DESC	RIPTION OP C	ODE	
					4
SHOWN ABOVE ARE THE MOST RECENT SERVICES PERFORMED ON YOUR VEHICLE.			////		
CURRENT MILEAGE 24717		Ja. Ja. Ja. Ja. Ja. Ja. Ja. Ja. Ja. Ja.		)	
BASED ON THE CURRENT MILEAGE OF YOUR VEHICLE, THE MANUFACTURER RECOMMENDS THAT THE SERVICES MARKED WITH AN 'X' BE PERFORMED NOW.				entre en en en en en en en en en en en en en	ggyggag gan tha gan gan gan gan gan gan gan gan gan ga
CHEVROLET (70	5, at Ann Road 11 Drexel Road as, Nevada 89130 02) 967-5588 . vistachevy.net	Any warranties on the parts and accessories sold understands and agrees that dealer makes no war including warranties of merchantability or fitness purchased; and that in no event shall dealer be a srising out of such purchase. The undersigned include, but are not limited to, any warranties they will enable any vehicle or any of its systems. DATE:	for a particular purpose, wi lable for incidental or consi purchaser further agrees it auch parts and/or access to perform with reasonable	vanudacturer. The unde	rsigned purchaser ms all warranties, and/or accessories commercial losses ictuded by dealer ole quality or that emfort.
CUST. NO1038560 STOCK NO.  DATE VEHICLE IDENTIFICATION NUMBER	TAG NO. T603 MILEAGE:   DELIVER DATE   LICENI	COLOR GRAY SE NUMBER   YEAR   MAKE A	ND MODEL	PAGE WRITTEN BY	1 OF 1 RO NUMBER
05APR2006   1G1ZT52885F	24717   18FEB05   USD	andre statement in the figure of the contract	00000000000000000	9142 TIME PR	154748 OMISED
I hereby estherze the repair work herebt set forth to be done along with the nedesteen material and agrice that you are not reponential for less or desmaps to whick or at retains his you were the control of the contr				11:18 0	
PRELIMINARY ESTIMATE \$				400	PHONE
AUTHORIZED BY: X Keny CWS	LAS VEGAS NV		P.O. NO.		
REVISED DATE TIME BY REVISED	BILL TO:	•	P.O. NO.	BOSINE	SS PHONE
ESTIMATE(2) \$  I HEREBY ACKNOWLEDGE THAT I WAS NOTIFIED & GAVE	engine no. 3.5 Liter SFI	TRANSM, NO.	AXLE NO.	PROD. DATE	LABOR RATE
ORAL APPROVAL OF THE ABOVE REVISED ESTIMATES:  X CUSTOMER SIGNATURE		ggyanggapan gapan iningi di minanggapan ani di 1600 magamanggan da 1600 da ini mananan ini 1600 da inamanan ani		METHOD OF PAYMENT SELLING DEALER WARRANTY EXPIRES	CASH 39623
UNE OF CODE  # A S140   C/S STEERING WHEE	LABOR INSTRUCTIONS AND EL LOCKS UP WHILE DRIVI			GAS/OIL/GREASE	AMOUNT
3 17/46	110515				
77		17 2:45			
# B WASH COURTESY WASH	-			TOWING	AMOUNT
				MISC. CHARGES	AMOUNT
					one constant in the constant i
				We will see the second	onicarior — volucione
				SUBLETS P.O. NO.	AMOUNT
				P.O. NO.	
	FOREMAN' SIGNATUR	s E X			NATURAL DESCRIPTION OF THE PROPERTY OF THE PRO

COMPLAINT: QTV	) odulne	LABOR RECORD
	6-06	FLAG SHEET
	ml Hell	FLAG SHEET
COMPLAINT:		FLAG SHEET
CAUSE:	n top ordes set costs.	FLAG SHEET
TA	1241508	FLAG SHEET
COMPLAINT: 5 &	en sor out of Lang. E76	FLAG SHEET
CORRECTION:	motol /	AND CONTROLLE ELEC POWER STEED POP PA
COMPLAINT:	ENGINE: CID	FLAG SHEET
CAUSE:	TRANSMISSION:  3 SPEED [] 4 SPD [] 5 SPD [] AUTO [] TYPE  ACCESSORIES:	FLAG SHEET
	PIST PIBT AIGT AIRT OTHER  BRAKE CONDITION	FLAG SHEET
CAUSE:	RF /32 % LF /32 % RR /32 % LR /32 9	NIDICATE ANY DAMAGE CUSTOMER HAS ON VEHICLE PREVIOUS TO MAKING REPAIRS.
CORRECTION:	FUEL GAUGE           1/4         1/2         FULL	PRIOR DAMAGE
	QUALITY TECH	_ HI F□ R□



# 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: IGIZT52885F

### **VEHICLE INFORMATION**

Merchandising Model:	12	1ZT69 -2005 MALIBU I.S SEDAN Warranty Start Date:					ranty Start Date: 02/18/2		
BARS Order Type :	50	0 - FLEET							
Delivering Dealer:		ROSPECT MOTORS/AI		/FL	Selling Source	*		13 - CHE	VROLET
		4680 BLUE LAKE DRIVE BOCA RATON, FL 33431-4448			Site Code:			06498	
	And the second				Business Assoc	iate C	ode :	112174	
Service Contract :	No	Branded Title :	No	Wai	ranty Block :	No	PDI	Status :	Paid

### REQUIRED FIELD ACTIONS

Ту	e Number	Description	Posted Date	Status
YT		ENGINE HARMONIC BALANCER NOT SEATED **EXPIRES AUGUST 31, 2006**	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	02/18/2005	10 miles	02/18/2008	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	02/18/2005	10 miles	02/18/2011	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	02/18/2005	10 miles	02/18/2013	80010 miles
36/50000 CALIFORNIA EMISSIONS	02/18/2005	10 miles	02/18/2008	50010 miles
84/70000 CALIFORNIA SELECT COMPONENT	02/18/2005	10 miles	02/18/2012	70010 miles

### **CLAIM HISTORY**

R.O Date	R.O Number	Туре	Labor Operation	Odometer Reading
09/16/2005			Y0042 - CUSTOMER SATISFACTION PROGRAM - RETORQUE HARMONIC BALANCE	13472 miles
02/17/2005	A52235	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

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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



Diane R. Evans, AIC Claims Administrator

Law Offices of David M. Warso ATTN: Ms. Donna Bruno-Allen, Paralegal 2880 S. Jones Blvd, Suite #1 Las Vegas, NV 89146

RE:

Claimant:

Our File No.:

513284

Our Client:

**General Motors Corporation** 

Date/Event:

July 8, 2006

Subject vehicle:

2005 Chevrolet Malibu

VIN:

1G1ZT52885F

#### Dear Ms. Bruno-Allen:

As you are aware, ESIS provides administrative claims handling services to General Motors (GM) in connection with product liability claims against GM, and after reviewing the file, I still need the following documentation in order to properly review this matter with our client:

- 1. Proof of defect in your client's vehicle, including expert's reports, mechanic statements, or other supporting documentation; Please *note*: If there are any additional inspections of this vehicle, please contact me to advice me of this inspection, as I want our investigator to be present as well.
- 2. All medical records concerning the injuries suffered as a result of this accident; An Authorization for Use and/or Disclosure of Confidential Medical Information was sent to your office on August 2, 2006, and I have still not received the same. Please make arrangements to have your client's sign the same, and provide the names and complete addresses for all medical providers who treated the injuries sustained in the above incident.
- 3. Original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim;
- 4. Documentation to substantiate the type and amount of damages claimed;

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 4:00 p.m., EST

Sincerely,

Diane R. Evans, AIC



							71
Servi	ce Request Deta	il e e					
SR No.	1-428064309	Ref No.		Goodwill	No Goodwill Offered	BRC Type	N/A
Account		Site		GW SubType		Bus. Unit	BRC
Last Name	THE RESIDENCE OF THE PROPERTY	First Name		Approval	Not Initiated	Area	PAR
Daytime #	proceedings of an artistic and a second and a second and a second and a second and a second and a second and a	Evening #	ence en en en en en en en en en en en en en	UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address	national and a second a second and a second	City C	anton	Involved Dir	Progressive Chevrolet Company	Safety	Yes
State	OH ZipCd	Con Acct		Source	Phone	Updated	9/7/2006 9:57:40 AM
erial #/VIN	1G1ZT51886F	Model Year	2006	Priority	Medium License # CHEVROL	Owner	VALVERDM
lake	Chevrolet	Warr. Start	05/04/2006	Status	Open	Opened	8/21/2006 9:31:49 AM
flodel	Malibu	Mileage	6458	Sub-Status		Closed	
bstract	Steering - General	The state of the s					
Customer Description	brc par case please do not a	ssume forward all inquiri	es to Mark Valverde ext 1	1215			

### Pre-PAR

PAR Notifier	r Incident Date/Time	Injuries # Other	Veh #People in	Road Surface	Road Cond. Fire Report# Police Report#			
Relative	8/19/2006 6:30:00 PM	N 0	ADMICTOR AND PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	Asphalt	Dy			
Driver Last I	Name	Driver First Na	ame	Height DOR	Disabilities			
				5'5" '				
Allen	Seremone	Lynn	, First Name	Phone # (330) 649-6134	Insurance Agency Progessive Insurance			
Incident At the corner of Route 43 and 24th st Loc					Noticed the Power Steering Light came on (blinking) on when she was in Andover. She called in regarding the light but was told it was probably just the sensor and it should be fine. Requested to bring to a dir in Andover and was told that it wasn't necessary and that it would			
Component	Power Steering Wheel	·			Requested to bring to a diffin Andover and was told that it wasn't necessary and that it would			
	·			Damage	Crushed the passenger side bumper			
Vehicle Loc	Progressive Chevrolet Compa	iny		Desc	Ordanica the passenger side samps.			
	8000 Hills & Dales Rd, N.W.			Add'l Info				
Emgcy Svc								
Names				Maint Loc	Progressive Chevrolet Company			
PAR De	tail	aanneen seelemine kiiriste järistä siisisteen ole ole ole ole ole ole ole ole ole ole			TAME UNIT			

#### TAMES UNITS Property Spec Equip Collision Υ Thermal Evt N none Non Collision Damage **Prop Owner** Property sunny and dry 20 Weather Vehicle Type Speed Condition Prop Est **Property** Last Service 8/3/2006 Loc Last Repair Cost Location Date Service Spec Equip Installer **Prop Damage** Veh Est Description Repair Cost Inspection Primary Veh Use Inspection Inspected By Personal Date/Time Type **Explain Other** Veh Damage front bumper is pushed in and scratched



Description

### **Activities**

Created 9/11/2006 5:27:30 PM	Created By VALVERDM		Activity Type Inbound Call Dealer t Name		y Sub-Type ex Request	Status Done	Completed 9/11/2006 5:31:21 PM BAC Code	Description dealer called
dealer called to get info	on deductible o	n the vehicle.						
Mark Valverde/PAR/AT)	<b>(</b>							
Confidential Comments								
Created 9/11/2006 3:12:27 PM	Created By VALVERDM	Assigned To VALVERDM	Activity Type Scheduled Outbound Call Cust	Activity	/ Sub-Type	Status Scheduled Alam	Completed 1	Description (1-428064309)
Contact Last Name		Contact Firs	t Name	Account			BAC Code	
offer ccl (09-12)3-5pm								
Confidential Comments								
Created 9/11/2006 3:08:22 PM	Created By VALVERDM	Assigned To VALVERDM	Activity Type Outbound Call Customer	Activity Left Me	Sub-Type sage	Status Done	Completed 9/11/2006 3:11:41 PM	Description offer ccl
Contact Last Name		Contact First	Name	Account			BAC Code	
Comments	now would offe	r cel on steering	system but she was not then	e so did la	pave voice mail			
Mark Valverde/PAR/ATX		our on occurring	System but one was not then	000 010 11				
Confidential Comments								
Created 9/11/2006 2:40:05 PM	Created By MERZTIFD	Assigned To	Activity Type Escalation	Activity	Sub-Type	Status In Progress	Completed	Description Insurance dec
Contact Last Name		Centact First	Name	Account			BAC Code	
Comments								
Confidential Comments								
Reconstruction in the secretary and an electrical described in the secretary and a second and a								

### Activities

							<ul> <li>Bas Sale</li> </ul>	
reated	Created By	Assigned To		Activity Sub-Type	Status	Completed	Description	. Ve
11/2006 2:21:08 PM	JACKSOLI	MERZTIFD	Notify CRM	3 m	Done	9/11/2006 2:40:04 PM	ESIS	
ontact Last Name			ne ne	Account		BAC Code		
onnionia								
					14 B 18 C		■	
onfidential Comments								
reated	Created By	Assigned To	Activity Type					
11/2006 10:56:15 AM		VALVERDM	Scheduled Outbound Call	Activity Sub-Type	Status Scheduled A	Completed Narm	Description (1-428064309)	
			Cust	80.				
ontact Last Name		Contact Firs	t Name	Account		BAC Code		
omments								
neck esis 19-18)3-5pm								
onfidential Comments							r Ay	
reated	Created By	Assigned to	Activity Type	Activity Sub-Type	Status	Completed	Description	
11/2006 10:53:12 AM	VALVERDM	JACKSOLI	BRC PAR	ESIS- Insurance Involvement	Done	9/11/2006 2:21:07 PM	escalate to esis	
ontact Last Name		Contact First	Name	Account		BAC Code	port de la companya de la companya de la companya de la companya de la companya de la companya de la companya d Per servicio de la companya de la companya de la companya de la companya de la companya de la companya de la c	
		92000000000000000000000000000000000000						
imments st is seeking to get ded	laustible back f	rom renair of the	e vehicle done by insurance	Company				
			o volucio dono dy modranco	company.				
ark Valverde/PAR/ATX								
ceived and escalated t	o ESIS							
ette Jackson/atx/par w	orkflow							
nfidential Comments								
2000000 Alderson on the communication of the commun		The state of the s					**************************************	

### Activities

Created Created By	Assigned To Activity Type	Activity Sub-Type S	itatus Completed	Description	
9/11/2006 10:14:04 AM VALVERDM	VALVERDM Outbound Call Dealer		universal de la company de la	0:17:29 AM check status	JOHNNINS PARTIES CANOS

ontact Last Name Contact Eist Name Account BAC Code

#### Comments

John Gaddis/service manager

did order a steering column for the vehicle are going to install today. did say the vehicle should be ready either today or tomorrow.

Mark Valverde/PAR/ATX

#### Confidential Comments

Created Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2006 10:07:29 AM VALVERDM	VALVERDM	Outbound Call Customer	Made Contact	Done	9/11/2006 10:14:02 AM	give cust resolution
Coolean Collings			100 miles			

ontact Last Name Account BAC Code

#### Comments

did call cust to let them know that inspector did not find anything wrong with the vehicle. did find an error code in the vehicle computer. vehicle is still within b2b warranty. cust did say that vehicle is still at dealership.

Mark Valverde/PAR/ATX

#### Confidential Comments

Created Created By Assigned To	Activity Type Activity Sub-Type	Status Completed	Description
9/7/2006 3:58:31 PM VALVERDM VALVERDM	Outbound Call Tech	In Progress	eaa inspector/phil grinager
	Assist-Prem	-	

Contact Last Name Account BAC Code

did say that did find a code in the system that had to do with the steering system. inspector did say that insurance company had already started the repair.

Mark Valverde/PAR/ATX



Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/5/2006 2:55:06 PM	VALVERDM	VALVERDM	Inbound Call Field	Provided Info	Done	9/5/2006 3:02:50 PM	cust called/avm called
			Rep/Whisi				
Contact Last Name		Control Sic	Name	Account		BAC Code	

david brea/avm did call to get the status of the vehicle and told him that have not heard from the inspector yet.

Mark Valverde/PAR/ATX

Confidential Comments

				5		
Created Created	By Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/25/2006 12:39:42 PM VALVE	RDM VALVERDM	Scheduled Outbound Call	Cancelled	 Done		(1-428064309)
		Cust				

Contact Last Name BAC Code Contact First Name

Comments

inspection result (09-08)3-5pm

made call early

Mark Valverde/PAR/ATX

Created	Created By	Assigned To	Activit	у Туре	Activity Sub-Type	Status	Completed	Description
8/25/2006 12:39:30 PM	VALVERDM	VALVERDM	Other			Done	8/25/2006 12:39:40 PM	inspection sent
Contact Last Name		Contact First	Name		Account		BAC Code	
V 2 131WW								
omments								
Confidential Comments								



### Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/25/2006 10:57:49 AM	VALVERDM	VALVERDM	Outbound Call Customer	Made Contact	Done	8/25/2006 11:07:15 AM	check status/330-209-7404
Contact Last Name		Contact Firs	. Name	Account		BAC Code	
oviilliento.							
lid call and speak with p	hillip telaroli wł	no did give perm	ision to set up inspection.				
Mark Valverde/PAR/ATX							
Confidential Comments							

### Activities

Greated 8/25/2006 10:21:56 AM	Created By VALVEROM	Assigned To VALVERDM	Activity Type Inbound Call Customer	Activity Sub-Type Complex Request	Status Done	Completed 8/25/2006 10:41:14 AM	Description cust called
Contact Last Name		Contact First		Account		BAG Code	
PAR INCIDENT QUEST	IONNAIRE		er en en en en en en en en en en en en en				
•□Can we start from the route 43 close to her hou		at were you doir	ng prior to the accident?				
-k What was the vehicle	speed?	20 mph					
•y Unable to stop -Did yo work fine	ou come to a fu	Il stop or were yo	ou slowing down?	_Was your foot on the acce	lerator or brake?	brakes did	
			l go a few yards and the sil did slam on the brakes.	steering wheel did lock up ar	nd the power stee	ering light did come on. the	
•□Describe Damage- bur	mper is scratch	ed and pushed i	n				
•e Police Report? yes. #							
•□How was vehicle remo	ved from the so	ene - Was the v	ehicle towed or driven?	_towed from the scene			
are u the original owner of where do you have the m who did the last maint on what are you seeking from would like vehicle inspect are there any injuries? In weather cond? sunny and veh damage desc? est repair cost? prim vehicle use?personal spec equipment? none equipment installer? 330-209-7404	aint done on the the vehicle?be in gm?would like ted. o d dry	e vehicle?yes efore aug 7th ma	ybe 4th intee that nothing bad wou	uld happen to the vehicle be	fore would allow	gm to inspect the vehicle.	
Mark Valverde/PAR/ATX							
				en og gjære <sup>for</sup> stæren og storet. Det og gjære forstetter			
Confidential Comments							

### **Activities**

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/24/2006 5:56:35 PM	GATORH	VALVERDM	Notify CRM		Done	8/30/2006 9:26:21 AM	Informing of Contact w/ customer
Control Col Name			Name	Account		BAC Code	
zommenis							
see previous IB activity	A STATE OF THE STA						
Confidential Comments							
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		경기 등 교육인 중 기		얼마 가 하시다 않는데 화가를 잃어지는 때문에			

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/24/2006 5:50:58 PM	GATORH	GATORH	Inbound Call Customer	Complex Request	Done	8/24/2006 6:00:50 PM	wants to speak w/ OCRS
Contact Last Name		Contact Fire	<u>Mame</u>	Account		BAC Code	
-							
Comments							

cust states: wants to speak w/ OCRS

cust seeks: to speak w/OCRS

crs advised:OCRS is not available, asked cust if she wants to be transferred to OCRS voicemail to leave a message to request for call back

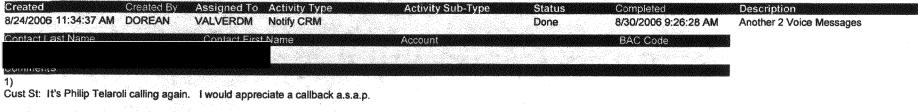
cust states: agreed to be transferred to OCRS voicemail & wants to let OCRS to call her back at

crs advised:will transfer cust to OCRS voicemail & will notify OCRS

ROBBIE/CAC Elemental/MLA

reated 24/2006 1:44:27 PM	Created By VALVERDM	Assigned To VALVERDM	Activity Type Outbound Call Third Party	Activity Sub-Type Cancelled	Status Done	Completed 8/24/2006 1:46:44 PM	Description (330) 833-8564/insurance rep
ontaci Last Name		<u>Control Eirs</u>	Name	Account		BAC Code	
					4		
шиенъ							
ened in error.							
and a contract of the contract							
rk Valverde/PAR/AT)	x ·						





2) SM - Mike from Progressive Chevrolet

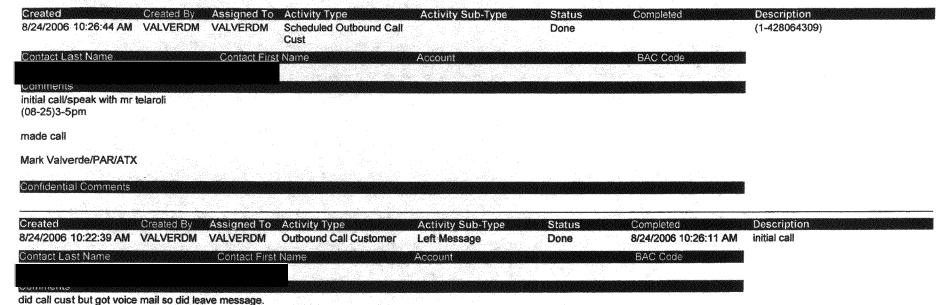
Dir St. Gave the SR number for reference and said that he is calling re Mr. Telaroli's Malibu case. Please give me a call at direction regarding this situation.

to give me some

Andrea Doré/CAC/Chatham/Level 0

Created 8/24/2006 11:21:31 AM	Orealed By DOREAN	Assigned to VALVERDM	Activity Type Notify CRM	Activity Sub-Type	Status Done	Completed 8/30/2006 9:26:35 AM	Description Customer called in
Contact Last Name		Contact Firs		Account		BAC Code	
and a second							
Comments	(10 miles   10 miles   10 miles						
Customer's father 2686 or his cell		voice message contact.	for me stating that they	haven't heard anything reg	arding their case and	would like a call at	
	am/Level 0						





Mark Valverde/PAR/ATX

### Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/23/2006 6:14:28 PM	PABLORU	VALVERDM	Notify CRM		Done	8/30/2006 9:34:30 AM	informing cust contact
Contact Last Name		Contact First	Name	Account		BAC Code	
WWW.W.C. N. P. C. LLOY OF STATE OF STAT							
Cust states she's returning	a call from I	Mark x11215, Cu	st said that her dad	knows all abt her car but OCRS in:	sisted to speak w/	her. She's at work from 7am	···

Cust states she's returning a call from Mark x11215. Cust said that her dad knows all abt her car but OCRS insisted to speak w/ her. She's at work from 7am-5pm EST, MF.

Cust seeks to be connected to Mark x11215.

aCRS offered to xfer call to OCRs but calls keep getting misrouted. aCRS tried 3x and got the same result. Advised cust of such and offered to send a notification instead for OCRS for a c/b.

Cust very irate.

Cust said OCRS can call her at: 7am-5pm EST, MF- (330)8754678 after 5pm: (330) 484-2686 or cellphone: 3302659107

ann/elem CAC/manila

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/23/2006 3:00:33 PM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	8/23/2006 3:04:38 PM	initial call
ontact Last Name		Contact First	Name	Account		BAC Code	
omments							
d call cust to let them I	(now that would	be handling the	ir case but cust was at work	so did leave message fath	IET.		
lark Valverde/PAR/AT>							
Zantidential Comments							

### Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description	
8/22/2006 3:08:08 PM	VALVERDM	VALVERDM	Scheduled Outbound Call		Done		(1-428064309)	
			Cust				Z	
Contact Last Name		Contact Firs	! Name	Account		BAC Code		
Nationality								

initial call (08-23)3-5pm

made call

Mark Valverde/PAR/ATX

### Confidential Comments

Created Greated By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		Scheduled Outbound C	all Cancelled	Done		(1-428064309)
		Cust				

Contact First Name Account BAC Code

Comments

initial call (08-23)3-5pm

made call early

Mark Valverde/PAR/ATX

Created 8/21/2006 3:19:10 PM	Created Ey JACKSOLI	Assigned To VALVERDM	Activity Type Ownership Changed	Activity Sub-Type	Status Done	Completed 8/21/2006 3:19:10 PM	Description Service Request Ownership has changed FROM: DOREAN TO:
Contact Last Name		Contact Firs	l Name	Account		BAC Code	VALVERDM
JOHINENIS							
Confidential Comments							



Created Create	ed By Assigned To Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 3:17:57 PM JACKS	SOLI VALVERDM BRC PAR	Acknowledgement	Done	8/22/2006 2:49:51 PM	Called
Contact Last Name	Contact First Name	Account		BAC Code	

Comments

Summary:

did call cust to let her know that will be handling case but got voice mail so did leave message.

Mark Valverde/PAR/ATX

Confidential Comments

Created Created By	Assigned To Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 3:17:57 PM JACKSOLI	VALVERDM BRC PAR	Initial Contact- Phone	Done	8/22/2006 2:51:57 PM	Called
Contact Last Name	Contact First Name	Account		BAC Code	

Comments

Summary:

call attempts made

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 3:17:56 PM	JACKSOLI	VALVERDM	Research		Done	8/22/2006 2:48:06 PM	Researched VIN
Contact Last Name		Contact First	Name	Account		BAC Code	
					100		

Comments

Summary:

did look in gmvis and found no open recalls. no repairs related to the steering. found no other cases.

Mark Valverde/PAR/ATX



Created Created By	Assigned To Activity Type	Activity Sub-Type	Status Completed	Description
8/21/2006 3:17:56 PM JACKSOLI	VALVERDM BRC PAR	Initial Contact- AVM	Done 8/22/2006 3:0	7:55 PM Called
Contact Last Name	Contact First Name	Account	BAC Code	

### Comments

AVM/ASM - Brei David Node - 630092 8198 MBX -1st/2nd Contact - 1st

Dealer - PROGRESSIVE CHEVROLET COMPANY

Location - MASSILLON OH

Cust issue - that steering did lock up and caused accident.

Cust seeks - not sure

SVC MGR states - no history of any repairs to the steering.

CAC seeks - just to give u and fyi that might need to inspect.

Agent Name/Location/<Site 866# and CRM Extenstion> - Mark Valverde/PAR/ATX

### Confidential Comments

		· · · · · · · · · · · · · · · · · · ·	And the second s				
Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 3:17:56 PM	SPECKER MANAGEMENT AND AND AND AND AND AND AND AND AND AND	VALVERDM	BRC PAR	Initial Contact- Dealer	Done	8/22/2006 2:55:56 PM	Called
0/2 1/2000 G. 17 .50 T W	W (C) (C)	ALAM APPLIANTED	<i></i>				
Contact Last Name		Contact Firs	t Name	Account		BAC Code	

### Comments

Summary: Dave Gamary/service manager would be glad to host the inspection.

no history of any repairs to the steering.

Mark Valverde/PAR/ATX

### **Activities**

Preated 3/21/2006 3:17:55 PM	Created By JACKSOLI	VALVERDM	Activity Type BRC PAR	Activity Sub-Type Case Assigned	Status Not Started	Completed	Description Assigned File to Mark Valverde an Ext.11215
Contact Last Name		Contact Firs	st Name	Account		BAC Code	LALITE IV
Comments							
Confidential Comments							I
reated	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
/21/2006 3:17:55 PM	JACKSOLI	VALVERDM	Notify CRM		Not Started		File Assigned
ontact Last Name		Contact Firs	it Name	Account		BAC Code	
omments							l
onfidential Comments							I
eated 21/2006 3:17:50 PM	Created By	Assigned To	Activity Type	Activity Sub-Type	Status Done	Completed 8/21/2006 3:18:12 PM	Description 1-428064309, BRC PAR Assignor
intact Last Name		Contact Firs	t Name	Account	5000	BAC Code	
mments							l
nfidential Comments							
eated	Created By		Activity Type	Activity Sub-Type	Status	Completed	Description
1/2006 11:07:25 AM	DOREAN		Escalation	Initiate PAR Account	Done	8/21/2006 2:32:59 PM BAC Code	Assigning activity to PAR QUEUE
※ 京本が おねる。4回 心 ななかり 4回 97 元かり 自己 での何知知は知知知知知	iis saassa ka	######################################	LINAING.	Account			
mments M advised that a pers	on from the PA	VR Department v	vill contact the custome	er within 2 business days			
eived and assigned in	par						
ette Jackson/atx/par w	orkflow						
nfidential Comments							

### **Activities**

Created	Created By	Assigned To	Activity	Туре	Activity Sub-Type	Status	Completed	Description
8/21/2006 11:06:31 AM	DOREAN	DOREAN	Other			Done	8/21/2006 11:12:02 AM	Created in Error
Contact Last Name		Contact First	Name		Account		BAC Code	
Comments								
Created in Error								
Confidential Comments								

Created Created By	Assigned To Activity I	ype Activity Sub-Type	Status	Completed	Description
8/21/2006 10:57:20 AM DOREAN	DOREAN Outbound	Call Customer Made Contact	Done	8/21/2006 11:16:46 AM	Alleged product allegation-Power
Contact Last Name	Contact First Name	Account		BAC Code	Steering Wheel

### Comments

CRS: Got the name and # of the insurance company. Told him that someone would be in contact with him within 48 business hours.

Cust States: That he wants to be there when someone comes to check out his daughters vehicle. Philip Telaroli (Angela's father) can be reached at (cell) He also stated that he would like to see the test results for the Steering Wheel.

Andrea Doré/CAC/Chatham/Level 0

### Confidential Comments

Created Cre	ated By A	ssigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 10:19:19 AM DO	REAN D	OREAN	Outbound Call Customer	Made Contact	Done	8/21/2006 10:57:11 AM	•
Contact Last Name		Contact First	Name	Account		BAC Code	Steering Wheel

CRS: Filled out Pre PAR form

Cust States: That he wants to get his Insurance info and wants me to call back b/c he is on his cell.

CRS: I will call back in a couple minutes

Andrea Doré/CAC/Chatham/Level 0

### **Activities**

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 9:38:07 AM	DOREAN	DOREAN	Inbound Call Customer	Complex Request	Done	8/21/2006 9:50:05 AM	Customer calling re concern
Contact Last Name		Contact Fire	<u>f N</u> ame	Account		BAC Code	Apple Commence
					The same		

### comments

Cust States: That his daughter said said that her power steering light came on and brought the veh to adlr and nothing was found. The light came on again, followed by beeping and then the steering locked up and she crashed into a guard rail. She is scared to drive her car now. Wanted to know if there was anything reported about Malibu's. Car is being towed to dir right now. So, he gave me his cell number and wants me to call back b/c he is going to the dir with the veh. Taking it to Progressive Chevrolet.

Cust Seeks: To see if there is a defect in this model. What can we do about this? It's not safe.

CRS Adv: There are no recalls in GMVIS. That I would look into this and give him a call back since he was heading out to the dlr.

Andrea Doré/CAC/Chatham/Level 0

### Confidential Comments

Created Cr	eated By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 9:28:12 AM DO	DREAN	DOREAN	CTI - Inbound Call	production and the second	Done	8/22/2006 2:35:55 PM	Inbound CAC call with single record,
Contact Last Name		Contact First	Name	Account		BAC Code	#entered 3304842686

### Comment

### Confidential Comments

### **UCC Information**

		The second secon		
UCC Co	de	Symptom	Description	
M01		Excessive Effort	Steering - General	



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

5

Nancy Johnson Claims Administrator

September 20, 2006

Canton, OH

RE:

Claimant:

Our File No.:

Our Client:

General Motors Corporation

Date/Event:

8/19/06

515093

Subject vehicle:

2006 Chevrolet Malibu

VIN:

1G1ZT151886F

Dear

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.

# 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,

Nancy Johnson Claims Administrator

# GM Vehicle Inquiry System Summary

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

Help

VIN:	IG1ZT	751886F							
	VEHICLE INFORMATION								
Merchandising Model	: 1.	ZT69 -2006 MALIBU SI	LIBU SEDAN 2LT Warranty Start Date: 05/04/2006			06			
BARS Order Type:	7	70 - RETAIL - STOCK							
Delivering Dealer:		WING CHEVROLET, II 29 CLEVELAND AVE 1			Selling Source	*		13 - CHE	VROLET
	C	ANTON, OH 44702-1			Site Code :			28202	
	(-	330) 454-8011			Business Associate Code:			113638	
Service Contract :	Yes	Branded Title :	No	War	ranty 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	05/04/2006	6 miles	05/04/2009	36006 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	05/04/2006	6 miles	05/04/2012	100006 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	05/04/2006	6 miles	05/04/2014	80006 miles
36/36000 FEDERAL EMISSION	05/04/2006	6 miles	05/04/2009	36006 miles

### **CLAIM HISTORY**

R.O Date	R.O Number	Туре	Labor Operation	Odometer Reading
03/30/2006	177281	I	Z6999 - PDI RELATED FLUID ADDS	3 miles
03/16/2006	A46115	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

November 27, 2006

Nancy Johnson Claims Administrator

Canton, OH

RE:

Claimant:

Our File No.:

515093

Our Client:

General Motors Corporation

Date/Event:

8/19/06

Subject vehicle:

2006 Chevrolet Malibu

VIN:

1G1ZT15188F

Dear

This will have reference to the above product liability subrogation claim that you filed with General Motors Corporation.

I have thoroughly reviewed the documentation provided to date in support of your subrogation claim. However, our file reflects that we have not been provided with your specific technical documentation, which supports your theory of liability as being that of General Motors Corporation.

Correspondence that was sent to you on September 20, 2006 requested specific information, which would enable us to perform our evaluation. Unless we are provided with the requested supporting technical documentation within thirty (30) days from the date of this letter, we will be unable to take further action in this matter and I will have to close our file. Finally, if it is your intention to pursue this matter further, you will be responsible for preserving the subject vehicle and/or defective component in their immediate post loss condition.

Thank you for your time and attention in this regard.

Sincerely,

Nancy Johnson Claims Administrator

SEP 2.0 2006

# ESIS-GM CLAIMS UNIT



P.O. BOX 970910, COCONUT CREEK, FL 33097 TEL: 954-949-3160 • FAX: 954-418-0946

September 12, 2006

**Chevrolet Motor Division** P.O. Box 7047 Troy, MI 48007

7005 1160 0002 3461 1517

RE:

Date of Loss: 08/25/06

Vehicle:

2007 Chevy Malibu

VIN:

1G1ZT58N37F

Our File No.: 128206

To Whom It May Concern:

Please be advised this office handles claims for Enterprise Leasing Company. The driver of the above listed vehicle alleged a steering defect. Due to this allegation, we isolated this vehicle for inspection.

NAmo

If you wish to inspect the vehicle, please contact us upon receipt of this letter.

Enterprise reserves all rights of recovery relating to inspection costs, loss of use and storage fees which continue to increase each day the vehicle is held.

Please contact me at 954-949-3190 to discuss this matter further.

Sincerely,

**ELCO ADMINISTRATIVE SERVICES** 

Sacha Sabin

Via Certified Mail No.:

**Received from MSX** 



"Sabin, Sacha R " To: <Paul.olle@gm.com> <Sacha .R.Sabin@erac Subject: Lecifort

.com>

09/26/2006 03:05 PM















FL8842.pdf DSCF0941.JPG DSCF0936.JPG DSCF0937.JPG DSCF0938.JPG DSCF0939.JPG DSCF0940.JPG

### COASTAL APPRAISAL SERVICE

P.O. BOX 565

POMPANO BEACH, FL 33061

PHONE: (954) 941-8051 FAX: (954) 941-5853

CD LOG NO 4991 -0 DATE 09-13-06

CORRECTED ESTIMATE

CLAIM INFORMATION

CLAIM # UNIT FL8842

POLICY #

COMPANY WEST PALM

CLAIM REP MARK

INSURED ENTERPRISE CAR RENTAL

LOSS DATE 09-12-06

CLAIMANT

LOSS TYPE COLLISION

INSPECTION

TYPE

FIELD

PRIMARY POI FRONT END CENTER

SECOND POI

APPRAISER NAME JOHN VALKO

WORK PHONE

(954) 941-8051

FAX (954) 941-5853

ADDRESS

P.O.BOX 565

INSP DATE 09-12-06

FL LOCATION SOUTHERN LOT

CITY STATE POMPANO BEACH

33061-

CITY STATE

FL

OWNER

ZIP

ENTERPRISE CAR RENTAL

WORK#

REPAIR

ENTERPRISE

CAR IN

VEHICLE

2007 CHEVROLET MALIBU LS V6 4 DR SEDAN

6CYL GASOLINE 3.5

OPTIONS

TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES

ANTI-LOCK BRAKE SYSTEM

CRUISE CONTROL

REMOTE KEYLESS ENTRY SYSTEM

BODY COLOR

WHT

MILEAGE

CONDITION GOOD

VIN

1G1ZT58N37F

LICENSE #

CODE

U264

LICENSE STATE FL

VEH INSP #

### REMARKS:

THIS IS AN ESTIMATE OF REPAIRS ONLY AND DOES NOT REPRESENT THE TOTAL DAMAGES INCURRED WHICH MAY INCLUDE BUT NOT BE LIMITED TO LOSS OF USE , DEPRECIATION, ADMINISTRATIVE EXPENCES, ETC. THE ACTUAL COST OF REPAIRS MAYALSO BE HIGHER OR LOWER THEN INDICATED ON THIS FORM DEPENDING UPON VAROIUS FACTORS. THIS ESTIMATE IS PRESENTED IN AN ATTEMPT TO RESOLVE THIS CLAIM BY WAY OF ACCORD AND SATISFACTION.

### OP CODES:

UI OI TI I TI	C = REPI M = REMA E = PXN E = PART = REPA T = TWO- = ADDD	ACE ECONOMY  UE = O  N/REBUILT PRT  OE SRPLS  PC = P  L REPL PRICE  L = R  TONE  CG = C  TIONAL LABOR  RI = R	EPLACE OEM E SURPLUS IKE KIND & QUAL.PRT XN RECONDITIONED ARTL REPL LABOR EFINISH HIPGUARD &I ASSEMBLY ELATED PRIOR	NG = REPL UC = RECO EP = REPL PM = PXN IT = PART BR = BLEN SB = SUBL P = CHEC UP = UNRE	NDITIONE ACE PXN REMAN/RE IAL REPA D REFINI ET K	D PRT BUILT IR SH
OP	GDE MO	DESCRIPTION	MFR.PART NO.	PRICE	AJ% B%	HOURS R
E	0005 07 0005	BUMPER, FRONT BUMPER, FRONT	22626161 GM PART REFINISH 0.6 Surface 0.1 Two-stage		-20	1.0 1 0.7 4
E L	0006 0006	COVER, FRONT BUMPER COVER, FRONT BUMPER	15266276 GM PART REFINISH 2.6 Surface 0.6 Two-stage set		-20	1.3 1 3.7 4
E	1023	RET, FRT BUMPER COVER	MULTI-PARTGM PART	2.44	-20	INC 1
E	1091	RET, FRT BUMPER COVER	MULTI-PARTGM PART	8.78	-20	INC 1
E	0159 01	GRILLE, FRT BMPR CVR	15266332 GM PART	110.00	-20	INC 1
E	0062	DEFL, FRONT BUMPER LWR	21993643 GM PART	58.88	-20	INC 1
L	0062	DEFL, FRONT BUMPER LWR	REFINISH 0.5 Surface 0.1 Two-stage			0.6 4
E	0063 01 1218	FILLER, FRONT BUMPER LT RETAINER, FRONT BUMPER		75.00 INC	-20	INC 1 1

E	0050	ABSORBER, FRONT BUMPER	15266330 GM PART	87.74	-20	INC	1
	0043 07	BRKT, FRONT BUMPER M LT	REPLACE OEM	INC			1
L	0043	BRKT, FRONT BUMPER M LT				0.2	4
			0.2 Surface				
	0044 07	BRKT, FRONT BUMPER M RT		INC			1
L	0044	BRKT, FRONT BUMPER M RT		2110		0.2	
_			0.2 Surface			0 * 22	
E	0019	SUPT, FRONT BUMPER MTG		38.06	-20	INC	1
E	0028	GRILLE ASSEMBLY	15266336 GM PART	127.44		0.2	
E	0040	MLDG, GRILLE UPPER	15853884 GM PART	30.00*		INC	
E	0040						
E	0041	HEADLAMP ASSY, HALOG LT		210.00	-20	INC	
		HEADLAMP ASSY, HALOG RT		210.00	-20	INC	
N	0973	HEADLAMPS AIM	ADDITIONAL LABOR			0.4	
E		HARNESS, FRT LAMP WIRI		71.04			1
E	0083	PANEL, HOOD	22730964 GM PART	407.17	-20	1.2	
L	0083	PANEL, HOOD	REFINISH			5.0	4
			3.0 Surface				
			1.2 Edge				
			0.8 Two-stage				
E	1024	STRIKER, HOOD LATCH	22629680 GM PART	33.38	-20	INC	1
E	8800	LATCH, HOOD PANEL	22687904 GM PART	57.60	-20	INC	1
E	0090	CABLE, HOOD LOCK	22717576 GM PART	23.73	-20	0.5	1
$\mathbf{E}$	0084	HINGE, HOOD PANEL LT	22729165 GM PART	15.56	-20	INC	1
L	0084		REFINISH			0.2	4
			0.2 Surface				
E	0085	HINGE, HOOD PANEL RT	22729166 GM PART	15.56	-20	INC	1
L	0085		REFINISH		-	0.2	4
			0.2 Surface			0.0	-
E	0091	HINGE, HOOD PANEL LT	22718839 GM PART	19.04	-20	INC	1
L	0091	•	REFINISH	19.01	20	0.2	
43	0071	IIIIIOD, IIOOD I ANGEL HI	0.2 Surface			0.2	4
E	0092	HINGE, HOOD PANEL RT	22718838 GM PART	19.04	-20	INC	1
L	0092		REFINISH	17.04	20	0.2	
L	0092	HINGE, HOOD PANEL RI				0.2	-1
41	0000	DAD TAIGUTAMAD HAAD		E0 00	-20	0.3	1
E	0086	PAD, INSULATOR HOOD	15292396 GM PART	52.90		6.0	
E		CRSMBR, RAD PANEL UPR	15221968 GM PART	153.40	-20		
L	0077	CRSMBR, RAD PANEL UPR	REFINISH			0.5	4
			0.4 Surface				
			0.1 Two-stage			Mar. 14. 19. 15.	
E	0178	BRKT, RAD SUPT LOWER LT	22660577 GM PART	26.39	-20	INC	1
		·					

2007	CHI	EVROLE	ET	MALIBU	LS	V6	4	DR	SEDAN
CLAIN	1 #	UNIT	FI	38842					

DATE 09-13-06 LOG 4991 -0

L	0178	BRKT, RAD SUPT LOWER LT	REFINISH	(	0.1 4
			0.1 Surface		
E	0179	BRKT, RAD SUPT LOWER RT	22660578 GM PART 26.39	-20	INC 1
L	0179	BRKT, RAD SUPT LOWER RT		(	0.1 4
			0.1 Surface		
E	0755	RADIATOR	52494386 GM PART 275.04	-20	INC 1
E	0033	LABEL, RADIATOR SUPPOR	22711205 GM PART 19.80		0.1 1
E	0072	SEAL, RAD MOUNTING PNL	22731300 GM PART 10.39	-20	1
E	0074	LABEL, RADIATOR SUPPOR	10309116 GM PART 20.50		0.1 1
E	0081	LABEL, EMISSION CONTRO	12457796 GM PART 16.40		0.1 1
E	0165	BAFFLE, RADIATOR PAN LT			INC 1
E	0166	BAFFLE, RADIATOR PAN RT			INC 1
E	0184	BAFFLE, RADIATOR PANEL	22691394 GM PART 26.39		INC 1
L	0184	BAFFLE, RADIATOR PANEL	REFINISH		0.1 4
			0.1 Surface		
E	0047	PANEL, LOWER SPLASH	22634048 GM PART 18.97	-20	INC 1
$\mathbf{E}$	0701	FAN ASSY, ENG COOLING	15254643 GM PART 259.73		0.3 1
E	0757	HOSE, RADIATOR UPPER	22682505 GM PART 24.75	-20	0.2 1
E	0012		15217071 GM PART 38.60		INC 1
E	0731	CONDENSER, A/C	15777890 GM PART 289.33		1.3 2
E	0737	PIPE, A/C	15239827 GM PART 145.64		0.1 2
E	0739	HOSE, A/C	15801505 GM PART 71.09	-20	0.3 2
E	0128 #	WHLHS, FRT FENDER IN LT		-20	7.0 1
		# = 01, 07			
L	0128	WHLHS, FRT FENDER IN LT	REFINISH	(	0.8 4
			0.7 Surface		
			0.1 Two-stage		
E	0129 #	WHLHS, FRT FENDER IN RT	and the second s	-20	6.9 1
		# = 01, 07			
L	0129	WHLHS, FRT FENDER IN RT	REFINISH	(	0.8 4
			0.7 Surface		
			0.1 Two-stage		
E	0079 07	REINF, INNER FENDER LT	22734767 GM PART 178.04	-20	0.2 1
L	0079		REFINISH		0.5 4
		,	0.4 Surface		
			0.1 Two-stage		
E	0080 07	REINF, INNER FENDER RT	22734766 GM PART 183.78	-20	INC 1
L	0080		REFINISH 100 TIME		0.5 4
	10- 10-		0.4 Surface	_	
			0.1 Two-stage		

		VROLET MALIBU LS V6 4 D UNIT FL8842	R SEDAN		DATE 09-13-06 LOG 4991 -0
E	0596	CRADLE, ENGINE	15231118 GM PART	759.56	-20 5.0 2
E	0103		10398518 GM PART	187.29	-20 1.3 1
L	0103		REFINISH	107.25	2.6 4
			1.7 Surface		2.0 4
			0.5 Edge		
			0.4 Two-stage		<b>&gt;</b> .
E	0104	FENDER, FRONT RT	10398517 GM PART	187.29	-20 1.3 1
L	0104	10	REFINISH	107.25	2.6 4
			1.7 Surface		2.0 4
			0.5 Edge		
			0.4 Two-stage		
E	0029	BRKT, FRONT FENDER LT	22723711 GM PART	5.75	-20 0.2 1
E	0030		15813650 GM PART	5.75	-20 0.2 1
E	0115 07	SIDE MEMBER ASSEMBL LT		415.36	-20 8.4 1
L	0115	SIDE MEMBER ASSEMBL LT			0.6 4
			0.5 Surface		
			0.1 Two-stage		
E	0116 07	SIDE MEMBER ASSEMBL RT		415.36	-20 8.8 1
L	0116	SIDE MEMBER ASSEMBL RT			0.6 4
			0.5 Surface		
			0.1 Two-stage		
E	0868	HORN	89046918 GM PART	62.50	-20 0.3 1
RI	0776	ENGINE & TRANSAXLE AS	R&I ASSEMBLY		10.0 2
E	0674	SHIELD, ENGINE LOWER LT	15809319 GM PART	11.95	-20 0.2 2
E	0675	SHIELD, ENGINE LOWER RT	15285242 GM PART	17.12	-20 0.2 2
$\mathbf{E}$	1798	PIPE, TRANS OIL COOLER	15212982 GM PART	71.95	=20 INC 2
E	0901	WHEEL, FRONT LT	9593961 GM PART	99.71	-20 0.2 1
E	0723	COVER, FRONT WHEEL LT	9594229 GM PART	54.70	-20 INC 1
E		PUMP, WASHER	22675866 GM PART	46.92	-20 0.1 1
E		RESERVOIR, W/S WASHER	22675475 GM PART	33.23	-20 INC 1
	0153	GRILLE, UPPER COWL	R&I ASSEMBLY		0.7 1
TE		PANEL ASSY, BODY SID LT	PARTL REPL PRICE	649.45	-20 1
			PARTL REPL LABOR		9.1 1
L	0627	PANEL, ROCKER LT	REFINISH	(	1.5 4
			1.1 Surface		
			0.2 Edge		
			0.2 Two-stage		
	0274	W/STRIP, FRT DOOR UP LT			0.3 1
	0275	W/STRIP, FRT DOOR UP RT	R&I ASSEMBLY		0.3 1
RI	0243	MLDG, FRONT DOOR SID LT	R&I ASSEMBLY		0.3 1

		HEVROLET MALIBU LS V6 4 DE # UNIT FL8842	R SEDAN		DATE 09-13-06 LOG 4991 -0
RI RI	0244 0229 0230	MIRROR, SPORT R/C RT	R&I ASSEMBLY R&I ASSEMBLY	С	0.3 1 0.3 1 0.7 1
RI	0227	HANDLE, FRONT DOOR O LT HANDLE, FRONT DOOR O RT	R&I ASSEMBLY		0.2 1 0.2 1
	0287 0287		REPAIR REFINISH	C	6.0*1 2.3 4
			1.9 Surface 0.4 Two-stage		
	0346		R&I ASSEMBLY	С	0.2 1
	0310	W/STRIP,RR DOOR BOD LT	R&I ASSEMBLY	С	0.5 1
	0260	MLDG, REAR DOOR SIDE LT	R&I ASSEMBLY	С	0.3 1
	0305	HANDLE, RR DOOR OUTE LT	R&I ASSEMBLY	С	0.2 1
	0533	TAILLAMP ASSEMBLY LT	R&I ASSEMBLY	С	INC 1
	0566		R&I ASSEMBLY	С	2.1 1
L		COLOR BLEND / TINT	REFINISH		2.2*4*
			2.2* Surface		
L		FLEX	REFINISH	4.00*	4*
L		TINT COLOR TO MATCH	REFINISH		1.0*4*
an		4	1.0* Surface		
SB		4 WHEEL ALIGNMENT	SUBLET	69.99*	2*
EC		ENGINE COOLANT	REPLACE ECONOMY	15.00*	2*
N		RECHARGE AC SYSTEM	ADDITIONAL LABOR	49.00*	1.4*2*
N		FRAME SET UP	ADDITIONAL LABOR		2.0*1*
I		PULL UNIBODY	REPAIR		5.0*3*

### 115 ITEMS

MC MESSAGE

01 CALL DEALER FOR EXACT PART # / PRICE

07 STRUCTURAL PART AS IDENTIFIED BY I-CAR

# FINAL CALCULATIONS & ENTRIES PARTS

111110	
GROSS PARTS	\$ 7,244.48
OE SURPLUS PARTS	
OTHER PARTS	\$ 68.00
PAINT MATERIAL	\$ 400.00 **

ADJUSTMENTS LINE ITEMS		DISCOUNT 1,448.90	MARKUP		
PARTS & MATERIAL				\$	6,263.58
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL \$	30.00	61.9	8.4 \$	2,109	.00
2-MECH/ELEC \$	45.00	17.1	1.4 \$	832	.50
3-FRAME \$	30.00		5.0 \$	150	.00
4-REFINISH \$	30.00	28.0	\$	840	.00
5-PAINT \$	16.00				
LABOR TOTAL				\$	3,931.50
SUBLET REPAIRS				\$	69.99
TOWING STORAGE					
SIONAGE					
GROSS TOTAL				\$	10,265.07
LESS: DEDUCTIBLE				•	UNKNOWN-
NET CORRECTED TOTAL	L			\$	10,265.07

PXN No SPPL No

ADP PENPRO W0412 CES LOG4991 -0 09-13-06 06:11:56 REL 4.12.12 DT08/06

(C) 1993 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.

- \*\* THIS IS AN ADP "FAST START" ESTIMATE. PLEASE CALL YOUR LOCAL DEALER TO CONFIRM PART NUMBERS AND PRICES. \*\*
- \*\* USER-ESTABLISHED THRESHOLD FOR PAINT MATERIAL HAS BEEN REACHED AND CALCULATED IN THIS ESTIMATE. ANY ADDITIONAL MATERIALS MAY REQUIRE FURTHER APPROVAL. \*\*
  - 4.2 HRS WERE ADDED TO THIS EST. BASED ON ADP'S TWO-STAGE REFINISH FORMULA.



"Sabin, Sacha R " <Sacha .R.Sabin@erac .com>

To: <Paul.olle@gm.com> Subject: Vin #1G1ZT58N37F

09/27/2006 01:41 PM

Paul,

For the inspection set up, you can contact the loss control manager. Her name is Wynda Waller. She is at 954-354-5000 and her claim number is DX411W063. Please let me know if you need anything else. Sacha



Paul Olle Sent by: Paul F Olle

Subject:

To: "Sabin, Sacha R" <Sacha.R.Sabin@erac.com> vin #1G1ZT58N37F

10/05/2006 03:59 PM

### Sacha,

I assigned this to an investigator in Florida who is to make contact with Wynda Waller to arrange an inspection. If the claimant specifies an allegation at a later date, GM would want to inspect the vehicle again regarding that allegation.

Paul Olle **ESIS** 313-665-3396 "Sabin, Sacha R" <Sacha.R.Sabin@erac.com>



"Sabin, Sacha R " <Sacha .R.Sabin@erac

To: <Paul.olle@gm.com> cc:

.com>

Subject: vin #1G1ZT58N37F

10/05/2006 03:16 PM

### Paul,

I was just following up on this vehicle to make sure you were able to arrange an inspection. Please let me know if I can help you with anything else.

### Sacha



Paul Olle Sent by: Paul F Olle

11/07/2006 08:55 AM

To: "Sabin, Sacha R" < Sacha.R.Sabin@erac.com> Subject: Vin #1G1ZT58N37F

Sacha,

I do not have the materials from the investigator yet. I spoke with him this morning and he will be sending them to me soon. He is not the person who makes a determination on the defect allegation. The file will need to be sent to GM engineers and they are the people making that determination.

Paul Olle **ESIS** 313-665-3396 "Sabin, Sacha R" <Sacha.R.Sabin@erac.com>



"Sabin, Sacha R " <Sacha .R.Sabin@erac

.com>

11/01/2006 11:00 AM

To: <Paul.olle@gm.com>

Subject: Vin #1G1ZT58N37F

Paul,

Your inspector looked at this vehicle on October 13. Can you email or fax me something in writing indicating if you found any defect with the vehicle?

Thanks, Sacha

									\$		***		****			*******************	-	
	1	E OF 1	/2006		TIME 0	F CRASH		тыя 7:	о <del>лкы</del> 12	MOTERED AM (XI PM	7:28		# F	MEST. MENCY REP HPK060FF		1	1ASH REI 0660	PORT MAJEER
& Location			CHY CODE	T	PEET		ulE(8)	T.	a #		T. PIE		m )	П	St. Lu	 ^ie		
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Vehicle #1 was traveling north on	State Road 91 Florida's Turnpike. Vehicle #1 drifted fr	om its lane onto the east
shoulder. The driver over corrected i	n an attempt to reenter the north travel lane and lost c	ontrol of the vehicle. The
vehicle traveled across both Northbor	und lanes and entered the grass median. Vehicle #1 s	truck the guardrail and came to
final rest in the median facing north.		
Contributing Cusees: 77 All Other	driver got distracted drifted from travel lane.	
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		VEHICLE PUNCTIONS
CONTRUTING CAUSES - DANER / PED.	VEHICLE DESECTS VEHICLE MOVEMENT  81 NO Defects 2 2 On Straight Abased 4 2	1 Hans _1_2_1_1_
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,是这个情况,我们就是这种情况,我们就是这种情况,我们就是这种情况,我们就是这种情况,也可以是这种情况,也可以是这种情况,也可以是这种情况,也可以是这种情况,也可以是这种情况,也可以是这种情况,也可以



Paul Olle Sent by: Paul F Olle

12/04/2006 03:09 PM

To: "Sabin, Sacha R" <Sacha.R.Sabin@erac.com>

Subject: Re: VIN #1G1ZT58N37F132388

Sacha,

Our investigator has photographed the subject vehicle. We have not heard from Felder Lecifort, either.

Paul Olle ESIS 313-665-3396 "Sabin, Sacha R" <Sacha.R.Sabin@erac.com>



"Sabin, Sacha R " <Sacha .R.Sabin@erac

\_ . . C

To: <Paul.olle@gm.com>

.com>

Subject: VIN #1G1ZT58N37F

12/04/2006 01:59 PM

Paul,

Did you ever receive the initial inspection results back? Could you please send me something in writing? We have never been able to get back in touch with the driver of our car and he has never come forward to present a claim. Once we have something indicating you have looked at it, we will likely release it for sale.

Thanks, Sacha

# FARMERS

March 3, 2008

12630 Motor Way

Received from MSX

Send all correspondence to: Farmers National Document Center P.O. Box 268994 Oklahoma City, OK 73126-8994

Fax: (877) 217-1389

Email: claimsdocuments@farmersinsurance.com

RECEIVED

MAR 1 3 7008

ESIS-GM CLAIMS UNIT

RE:

4404

Insured:

\* Moreno Valley Pontiac/gm

Moreno Valley, CA 92555-

Claim Unit Number: 1008900796-1-2

Policy Number: Loss Date: 1008900796-1-2 67-0169772661 08/29/2006

To Whom It May Concern:

Our insured was involved in a motor vehicle accident on August 29, 2006 in which she stated the loss occurred due to malfunctioning/defective power steering in her vehicle. We were later made aware that our insured received a memo from your dealership stating that you were replacing the power steering in her vehicle due to a malfunction in her power steering.

We have paid out for the damages caused in the above loss; however, we are completing an investigation to see if the actual cause of this loss was due to our insured's inability to maintain her vehicle due to the malfunctioning power steering. I have made several attempts to obtain all related documents (diagnostic testing, actual repairs/cost, etc) to help complete my investigation.

You can forward the information to the address above or you can contact me at (702) 436-1152 to further discuss the case.

Sincerely,

Farmers Insurance Exchange

Joneishia L Johnson

Special Field Claims Representative-Liability

11 Neishia Nohrsm

Cc: \* General Motors Corporation



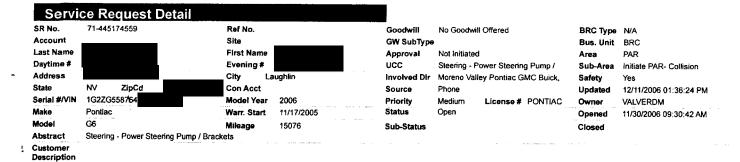
March 3, 2008

00172

ldulluladdulluddudludludludludluddl \* General Motors Corporation Po Box 33170 Detroit, MI 48232



National Document Center P.O. Box 268994 Oklahoma City, OK 73126-8994 claimsdocuments@farmersinsurance.com Fax Number: (877) 217-1389



### Pre-PAR

PAR Notifier	Incident E		Injuries # Other Veh	# People in Veh	Road Surfa	e Roa	ad Cond. Fire Report#	Police Report#
Insurance Ag		09:00:00 PM	N 1	1	Asphalt	Dry		Unknown
Driver Last N	lame		Oriver Firet Manie	Heig			abilities	
Insurance An	ent Last Name		Insurance Agent Fire		nown ne #		known nce Agency	
Lewis	rent cast Name		Delores		) 243-6012		r's Insurance	
Incident Loc	Van Buren and	Woodroad in Riv	verside, CA		Inciden Desc		breaking for a traffic stop a	and the power steering went out making her collide with
Component	Power Steering							
/ehicle	Moreno Valley	GMC-Pontiac (B/	AC: 159174)		Damag Desc	e Front fend	ler area and the power stee	ering are damaged.
Loc	•		•		Add'l in	fo The insura	ance company is reporting t	the case because the problem was caused by an apparent
Emgcy Svc Names	Unknown					defect in the	he veh's power steering. In:	surance agent avds the cost of the cust's veh was of
	4 - 11	······································	·		Maint L	oc Unknown		
PAR De	taii							
Collision	Y <b>No</b> n	Collision	Property Damage	N Thermal Ev	t N	Spec Equip	none	FC
ehicle peed			Weather Condition	clear and dry		Prop Owner		Property Type
ast Service late			Loc Last Service			Property Location		Prop Est Repeir Cost
eh Est epair Cost			Spec Equip Installer			Prop Damage Description		Repair Cost
rimary eh Use	Personal		inspection Type			Inspected By		Inspection Date/Time
eh Damage escription	front bumper w	as crushed and o	dented.			Explain Other		i

Report Generated for toporowm

on 12/11/2006

Page 1 of 9

### **Activities**

Created 12/11/2006 01:30:11 PN Contact Last Name	Created By GREERM	Assigned To ESISBIQU Contact Firs	Escalation	Activity Sub-Type Account	Status In Progress	Completed BAC Code	Description Reimb of med bills, ins deduct, subrogation
Confidential Comments							I
Created 12/11/2006 11:31:52 AM	Created By JACKSOLI	Assigned To GREERM	Activity Type Notify CRM	Activity Sub-Type  Account	Status Done	Completed 12/11/2006 12:58:28 PM BAC Code	Description ESIS
Confidential Comments Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/8/2006 03:28:12 PM Contact Last Name	VALVERDM	JACKSOLI Contact First	BRC PAR	ESIS- Insurance Involvement Account	Done	12/11/2006 09:51:43 AM BAC Code	escalate file to esis
cust is requesting reimbu	rsement for insu	rance deductible	e paid for repair of th	ne vehicle.			
Mark Valverde/PAR/ATX received and escalated to	ESIS						
linette jackson/atx/par wor Confidential Comments							

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on 12/11/2006

Page 2 of 9

### **Activities**

Created	Created By_	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/8/2006 03:27:08 PM	VALVERDM	VALVERDM	Other		Done	12/11/2006 12:57:30 PM	outbound call cust only shows as
Contact Last Mama		^	NI	Account		BAC Code	activity only
PAR INCIDENT QUESTION	DAINAIDE						
PAR INCIDENT QUESTIC	JNNAIRE						
Can we start from the be in riverside CA	eginning? What	were you doing	prior to the acciden	t?			
What was the vehicle sp	eed?	_ dont know					
did almost come to a start	and then pow	er steering wen	t out and then vehic	le went left. cust did pull hard right :	and did hit another	vehicle	
Unable to stop –Did you fine	come to a full s	top or were you	slowing down?	Was your foot on the accelera	tor or brake?	brakes did work	
Describe Damage- front	bumper was cr	ushed and dente	ed.				
Police Report? no							
How was vehicle remove vehicle is at cust residence are u the original owner of where do you have the ma who did the last maint on what are you seeking from weather cond? clear and s veh damage desc? est repair cost? prim vehicle use?personal spec equipment?none equipment installer?	the vehicle?ye. int done on the the vehicle?dor gm? would lik	s vehicle?dealers It know	ship				
Mark Valverde/PAR/ATX							
Confidential Comments							

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on 12/11/2006

Page 3 of 9

### **Activities**

Created 12/7/2006 01:56:02 PM	Created By VALVERDM	Assigned To VALVERDM	Activity Type Scheduled Outbound Call Cust	Activity Sub-Type	Status Done	Completed 12/11/2006 01:04:33 PM	Description (71-441574559)
Contact Last Name		Contact Fire	<sup>i</sup> Name	Account		BAC Code	
coniments esis check (12-14)3-5pm Confidential Comments							
Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Convictor	
12/7/2006 01:54:03 PM	VALVERDM	VALVERDM	BRC PAR	ESIS- Insurance Involvement	Done	Completed 12/7/2006 01:55:26 PM	Description escalate to esis
Contact Last Name		Contact First	Name	Account		BAC Code	
cust is seeking reimburse	ment for medic	al bills due to ac	cident.				
Mark Valverde/PAR/ATX Confidential Comments							
Created 12/7/2006 01:37:06 PM	Created By VALVERDM	Assigned To VALVERDM	Activity Type	Activity Sub-Type	Status	Completed	Description
Contact Last Name	VALVERDIN	Contact Eval	Outbound Call Dealer	Made Contact Account	Done	12/7/2006 01:40:36 PM BAC Code	get phone number
did call dealership to get n	umber for cust.	they did provid	e a new number.				
Mark Valverde/PAR/ATX Confidential Comments							

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on 12/11/2006

Page 4 of 9

### **Activities**

Created 12/6/2006 02:50:22 PM	Created By VALVERDM	Assigned To VALVERDM	Activity Type Scheduled Outbound Call Cust	Activity Sub-Type Cancelled	Status Done	Completed 12/7/2006 01:36:50 PM	Description (71-445174559)	
Contact Last Name		Contact Fire	st Name	Account		BAC Code	<b>!</b>	
call dealer get cust phon number listed is wrong (12-07)3-5pm	e number							
made call early								
Mark Valverde/PAR/ATX Confidential Comments								
		A i 1 T-	A-N. St. T.	A 45 (A C A T				
Created 12/6/2006 02:46:37 PM	Created By VALVERDM	Assigned To VALVERDM	Activity Type Outbound Call Customer	Activity Sub-Type Reached Wrong No./Disconnect	Status Done	Completed 12/6/2006 02:50:13 PM	Description initial call	
Contact Last Name		Contact First	t Name	Account		BAC Code		
did call cust but she did r	not live at reside	ence.						
Mark Valverde/PAR/ATX Confidential Comments								
Created 12/5/2006 02:51:12 PM	Created By VALVERDM	Assigned To VALVERDM	Activity Type Scheduled Outbound Call Cust	Activity Sub-Type	Status Done	Completed 12/6/2006 02:45:07 PM	Description (71-445174559)	
Contact Lact Mame		Contact First	Name	Account		BAC Code		
initial call (12-06)3-5pm						,		
made call								
Mark Valverde/PAR/ATX Confidential Comments								
				<u> </u>				

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on 12/11/2006

Page 5 of 9

### **Activities**

reated 2/1/2006 11:29:24 AM notact Last Name	Created By JACKSOLI	Assigned To VALVERDM Contact Fire	Activity Type Ownership Changed	Activity Sub-Type Account	Status Done	Completed 12/1/2006 11:29:24 AM BAC Code	Description Service Request Ownership has changed FROM: ALENTOFR TO:
mac i casi Name		CATHESIA I II.	it its inc	7.0000.111		5.10 5.00	VALVERDM
omments							
onfidential Comments							
reated /1/2006 11:29:11 AM	Created By JACKSOLI	Assigned To VALVERDM	Activity Type BRC PAR	Activity Sub-Type Acknowledgement	Status Done	Completed 12/6/2006 02:45:51 PM	Description Called
intact Last Name	UNONOCE:	Contact Firs		Account		BAC Code	
omments ade call						· · · ·	
rk Valverde/PAR/ATX infidential Comments							
minderniai Comments							
eated	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
/1/2006 11:28:21 AM	JACKSOLI	JACKSOLI	BRC PAR	Acknowledgement	Done		Called
atast Last Mania		Contact Firs	Name	Account		BAC Code	
nments	<u> </u>						
mmarv:							
			N . No. 1981				
nfidential Comments	Created By	Assigned To		Activity Sub-Type	Status	Completed	Description
eated 1/2006 11:28:21 AM	Created By JACKSOLI	VALVERDM	BRC PAR	Initial Contact- Phone	Status Done	12/6/2006 02:46:16 PM	Description Called
eated 1/2006 11:28:21 AM			BRC PAR				
ntidential Comments sated 1/2006 11:28:21 AM stact Last Name		VALVERDM	BRC PAR	Initial Contact- Phone		12/6/2006 02:46:16 PM	
ntidential Comments sated 1/2006 11:28:21 AM ntact Last Name		VALVERDM	BRC PAR	Initial Contact- Phone		12/6/2006 02:46:16 PM	
eated 1/2006 11:28:21 AM nlact Last Name niments		VALVERDM	BRC PAR	Initial Contact- Phone		12/6/2006 02:46:16 PM	
mmary: Infidential Comments  Pastod  1/2006 11:28:21 AM  Infact Last Name  Infinents  Inmary:  Ide call  Int Valverde/PAR/ATX		VALVERDM	BRC PAR	Initial Contact- Phone		12/6/2006 02:46:16 PM	
eated 1/2006 11:28:21 AM nlact Last Name niments		VALVERDM	BRC PAR	Initial Contact- Phone		12/6/2006 02:46:16 PM	

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on 12/11/2006

Page 6 of 9

### **Activities**

Description
Called
Description
File Assigned
Description Researched VIN
Incacaroned And

Report Generated for toporowm

on 12/11/2006

Page 7 of 9

### **Activities**

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 11:28:21 AM	JACKSOLI	VALVERDM	BRC PAR	Case Assigned	Done	12/11/2006 01:04:49 PM	Assigned File to Mark Valverde an
Contact Last Maine		Contact Firs	Name	Account		BAC Code	Ext.11215
ZUHRING III.O							
Confidential Comments							
created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
Created 11/30/2006 10:02:10 AM		Assigned To	Activity Type Escalation			Completed 12/1/2006 10:48:27 AM	
			Escalation	Activity Sub-Type	Status		Description
1/30/2006 10:02:10 AM		JACKSOLI	Escalation	Activity Sub-Type Initiate PAR	Status	12/1/2006 10:48:27 AM	Description

Alentom-Frank)/Elemental CAC/BA

Received and assigned in PAR.

Linette Jackson/atx/par workflow Confidential Comments

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on 12/11/2006

Page 8 of 9

#### **Activities**

ACTIVICS _							
Created	Created By	Assigned To		Activity Sub-Type	Status	Completed	Description
11/30/2006 00:52:20 AM	ALENTOFR	ALENTOFR	Inbound Call Third Party	Complex Request	Done	11/30/2006 10:00:23 AM	Alleged product allegation-Collisio
Contact Last Name		Contact Firs	st Name	Account		BAC Code	
							<u>.</u>
ominents							
Cust sts her name is						6 due to an apparent defect on	
			ed, but there's a bulletin on it.				
			nce agent. Cust sts she work				
vnich was \$941,05, but to or the other veh's damag		ay as well for th	e omer vens damage, which	in total will be over \$1000,	out they re still not	t sure of what the cost will be	
or the other vensualitag	je.						
Cust sks to file a report or	n this.						
CRS adv a specialist from	the PAR depa	artament will con	ntact her back in 2 business of	lays since she's escalating	the info right now.		
,	·				•		
Noelle Andersen (Noelia							
lentorn-Frank)/Elementa	I CAC/BA						
Confidential Comments							
JCC Information	on						

UCC Code	Symptom	Description
M30	No Symptom Indicated	Steering - Power Steering Pump / Brackets

Report Generated for toporowm

on 12/11/2006

Page 9 of 9

## Received from MSX



National Document Center P.O. Box 268992 Oklahoma City, OK 73126-8992 claimsdocument@farmersinsurance.com Fax: 877-217-1389

01/09/2007

Pontiac General Motors/ Mark Valverde Po Box 33172 Detroit, MI 48232-5172

Re: Our Insured:

Our Claim #:

Date of Loss: Your Insured:

Your Claim #: Deductible Amount:

Loss of Use Amount:

Total Amount Owed:

099 SUB 1008900796-1

08/29/2006

General Motors 71-445174559

\$500.00 \$0.00

\$941.05

RECEIVED

JAN 22 2007

ESIS-GM CLAIMS UNIT

#### Dear Pontiac General Motors/ Mark Valverde:

We have made payment to our insured for damages resulting from this accident. Our investigation has established that the above loss was caused by the negligence of your driver. By virtue of our subrogation rights this letter is to advise you that we expect payment from you for the amount of damages within 14 days of the receipt of this letter.

Be advised that no partial payment, which is less than the full amount claimed herein, will be considered in any way an acceptance of benefits, a novation or an accord and satisfaction of this claim without the express written release of our claim executed by an individual who identifies himself/herself as a member of our subrogation department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you.

If you need additional support for our claim or require further information, please call me at 951-243-6081 with your FAX number so that the requested information can be sent to you.

Loues

Sincerely.

Farmers Insurance Exchange

Auto Subrogation Representative

Self Insured

ATTACHMENT(S)



National Document Center P.O. Box 268992 Oklahoma City, OK 73126-8992 claimsdocument@farmersinsurance.com

Fax: 877-217-1389

01/09/2007

Payment Log

Account Number:

Date of Loss:

Insured

AAA672484

08/29/2006

Claim Number

Loss Type

099 MD 1008900796-1-1

Material Damage

Proof of Payment

Date

11/03/2006

Payee:

INTERNATIONAL AUTOCRAFTERS

14156 BUSINESS CENTER

MORENO VALLEY, CA, 92553

Payment Description: Material Damage

Payment

\$441.05

Sub Total:

\$441.05

Deductible Amount:

\$500.00

Salvage

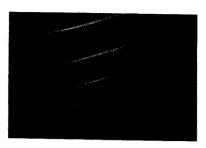
\$0.00

Total Amount:

\$941.05



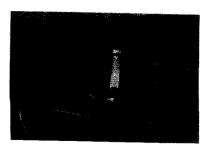
frb rt panel #2



fbr rt panel



for it panel



fbr absorber

1008900796-1-1

File Name

PHOTO14

File Date

09/27/2006

Label

frb rt panel #2

Note

Style:6, PONT, G6| Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:

ShopName:INTERNATIONAL A

**Photo Location** 

**INTERNATIONAL AUTO CRAFTERS** 

Photo Taken By

Jason Huntsman

**Estimate Indicator** 

E01

Claim Reference Id

1008900796-1-1

File Name

**PHOTO13** 

File Date

09/27/2006

Label

fbr rt panel

Note

Style:6, PONT, G6 Insured

LossDate:08/29/06| ClaimNumber:

PolicyNumber:

ShopName:INTERNATIONAL A

**Photo Location** 

INTERNATIONAL AUTO CRAFTERS

Photo Taken By

Jason Huntsman

Estimate Indicator

E01

Claim Reference Id

1008900796-1-1

File Name

PHOTO12

File Date

09/27/2006

Label

fbr it panel

Note

Style:6, PONT, G6| Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:

ShopName:INTERNATIONAL A

**Photo Location** 

INTERNATIONAL AUTO CRAFTERS

Photo Taken By

Jason Huntsman

Estimate Indicator

E01

Claim Reference Id

1008900796-1-1

File Name

PHOTO11

File Date

09/27/2006

Label

fbr absorber

Note

Style:6, PONT, G6| Insured:

14010

ory root, root in sureu:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber:

ShopName:INTERNATIONAL A

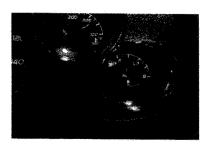
Photo Location

INTERNATIONAL AUTO CRAFTERS

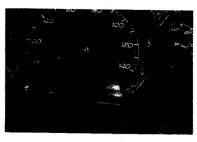
Photo Taken By

Jason Huntsman

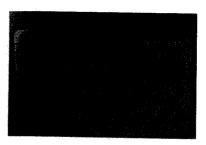
Estimate Indicator



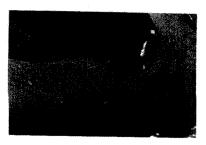
fuel



mileage



VIN



RT HLP- SCRATCHED

1008900796-1-1

**File Name** 

**PHOTO10** 09/26/2006

File Date Label

fuel

Note

Style:6, PONT, G6| Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:

ShopName:INTERNATIONAL A

**Photo Location** 

**INTERNATIONAL AUTO CRAFTERS** 

Photo Taken By

Jason Huntsman

**Estimate Indicator** 

E01

Claim Reference Id

1008900796-1-1

File Name

**PHOTO9** 

**File Date** 

09/26/2006

Label

mileage

Note

Style:6, PONT, G6 Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:

ShopName:INTERNATIONAL A

**Photo Location** 

INTERNATIONAL AUTO CRAFTERS

Photo Taken By

Jason Huntsman

**Estimate Indicator** 

E01

Claim Reference Id

1008900796-1-1

File Name

РНОТО8

File Date

09/19/2006

Label

VIN

Note

Style:6, PONT, G6| Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:(

ShopName:INTERNATIONAL A

**Photo Location** 

INTERNATIONAL AUTO CRAFTERS

Photo Taken By

Jason Huntsman

Estimate Indicator

E01

Claim Reference Id

1008900796-1-1

File Name

PHOTO7

File Date

09/19/2006

Label

RT HLP- SCRATCHED

Note

Style:6, PONT, G6| Insured

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber

ShopName:INTERNATIONAL A

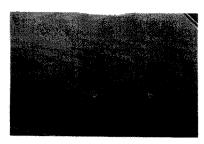
**Photo Location** 

INTERNATIONAL AUTO CRAFTERS

Photo Taken By

Jason Huntsman

**Estimate Indicator** 



**FBR RT** 



FBR-LT



LT REAR



RT REAR

1008900796-1-1

File Name

**PHOTO6** 

File Date

09/19/2006

Label

FBR RT

Note

Style:6, PONT, G6| Insured

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:

ShopName:INTERNATIONAL A

Photo Location

**INTERNATIONAL AUTO CRAFTERS** 

Photo Taken By

Jason Huntsman

**Estimate Indicator** 

E01

Claim Reference Id

1008900796-1-1

File Name

**PHOTO5** 

File Date

09/19/2006

Label

FBR-LT

Note

Style:6, PONT, G6| Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:

ShopName:INTERNATIONAL A

**Photo Location** 

**INTERNATIONAL AUTO CRAFTERS** 

Photo Taken By

Jason Huntsman

**Estimate Indicator** 

E01

Claim Reference Id

1008900796-1-1

File Name

**PHOTO4** 

File Date

09/19/2006

Label

LT REAR

Note

Style:6, PONT, G6| Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:

ShopName:INTERNATIONAL A

**Photo Location** 

**INTERNATIONAL AUTO CRAFTERS** 

Photo Taken By

Jason Huntsman

**Estimate Indicator** 

E01

Claim Reference Id

1008900796-1-1

**File Name** 

**РНОТОЗ** 

**File Date** 

09/19/2006

Label

RT REAR

Note

Style:6, PONT, G6| Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:

ShopName:INTERNATIONAL A

**Photo Location** 

INTERNATIONAL AUTO CRAFTERS

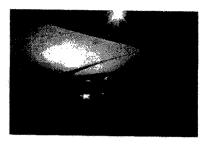
Photo Taken By

Jason Huntsman

**Estimate Indicator** 



RT FRNT



LT FRNT

1008900796-1-1

File Name

PHOTO2

File Date

09/19/2006

Label

**RT FRNT** 

Note

Style:6, PONT, G6| Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber:

ShopName:INTERNATIONAL A

**Photo Location** 

**INTERNATIONAL AUTO CRAFTERS** 

Photo Taken By

Jason Huntsman

**Estimate Indicator** 

E01

Claim Reference Id

1008900796-1-1

File Name

PHOTO1

File Date

09/19/2006

Label

LT FRNT

Note

Style:6, PONT, G6 Insured:

LossDate:08/29/06| ClaimNumber:1008900796-1-1|

PolicyNumber

ShopName:INTERNATIONAL A

**Photo Location** 

**INTERNATIONAL AUTO CRAFTERS** 

Photo Taken By

Jason Huntsman

Estimate Indicator

10/03/2006 AT 05:32 PM 12656

> INTERNATIONAL AUTO CRAFTERS LICENSE #:03333 FEDERAL ID #:330420799 "OUR QUALITY SHOWS" 14156 BUSINESS CENTER DR. MORENO VALLEY, CA 92553 (951)697-4120 FAX: (951)697-4123

SUPPLEMENT OF RECORD 3 WITH SUMMARY

WRITTEN BY: 10/03/2006 05:31 PM ADJUSTER:

INSURED: OWNER: ADDRESS:

LAUGHLIN, NV

EVENING:

OTHER:

INSPECT LOCATION:

INSURANCE FARMERS

COMPANY: PO BOX 268994

OKLAHOMA CITY,, OK 73126

2006 PONT G6 6-3.5L-FI 4D SED GOLD INT: VIN: 1G2ZG558764 LIC: 179SZZ NV PROD DATE: 09/2005 ODOMETER: 15076

CONDITION: EXCELLENT

AIR CONDITIONING

CRUISE CONTROL KEYLESS ENTRY FOG LAMPS

POWER BRAKES POWER MIRRORS FM RADIO

DRIVER AIR BAG

CLOTH SEATS

CLAIM #1008900796-1-1 POLICY #

DEDUCTIBLE: \$500.00

DATE OF LOSS: 08/29/2006 AT 12:00 AM

JOB NUMBER: 30337

TYPE OF LOSS: COLLISION POINT OF IMPACT: 12. FRONT

> BUSINESS: (800)445-7911 2 DAYS TO REPAIR

REAR DEFOGGER TILT WHEEL

TELESCOPIC WHEEL INTERMITTENT WIPERS

BODY SIDE MOLDINGS DUAL MIRRORS CLEAR COAT PAINT POWER STEERING POWER WINDOWS POWER LOCKS POWER TRUNK/TAILGATE AM RADIO

STEREO CD PLAYER PASSENGER AIR BAG

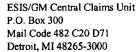
4 WHEEL DISC BRAKES BUCKET SEATS AUTOMATIC TRANSMISSION OVERDRIVE \_\_\_\_\_\_

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1 2 3 S0 4 S0 5 S0	O/H 1 REPL ENE 1 REPL RT	FRONT BUMPER BUMPER ASSY RGY ABSORBER LOWER GRILLE LOWER GRILLE	1 1 1	130. 39. 39.	•	2.2 INCL. INCL.	

ERROR: timeout

OFFENDING COMMAND: timeout

STACK:



800.888.0164 tel 313.665.0911 fax



Yolanda Johnson Claims Administrator

March 8, 2007

Attn: Ericka Morell
Farmers Insurance
P.O. Box 268992
Oklahoma City, OK 73126-8992

RE:

Claimant:

Our File No.:

Our Frie No..

Our Client:

General Motors Corporation

Date/Event:

8/29/06

625493

Subject vehicle:

2006 Pontiac G6

Your File No.: 1008900796

#### Dear Ms. Morell:

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 <u>copy</u> of your expert report and <u>color copies</u> 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.



## esis

- 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.
- 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.

Yolanda Johnson

Claims Administrator

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

5

Yolanda Johnson Claims Administrator

May 15, 2007

Attn: Jo Johnson Farmers Insurance P.O. Box 268992

Oklahoma City, OK 73126-8992

RE:

Claimant:

Our File No.:

625493

Our Client:

General Motors Corporation

Date/Event:

8/29/06

Subject vehicle:

2006 Pontiac G6

Your File No.:

1008900796

Dear Ms. Johnson:

This will have reference to the above product liability subrogation claim that you filed with General Motors Corporation.

I have thoroughly reviewed the documentation provided to date in support of your subrogation claim. However, our file reflects that we have not been provided with your specific technical documentation, which supports your theory of liability as being that of General Motors Corporation.

Correspondence that was sent to you on 3/8/07 requested specific information, which would enable us to perform our evaluation. Unless we are provided with the requested supporting technical documentation within thirty (30) days from the date of this letter, we will be unable to take further action in this matter and I will have to close our file. Finally, if it is your intention to pursue this matter further, you will be responsible for preserving the subject vehicle and/or defective component in their immediate post loss condition.

Thank you for your time and attention in this regard.

Sincerely,

Yolanda Johnson Claims Administrator

#### Service Request Detail SR No. 71-454696487 Ref No. Goodwill No Goodwill Offered BRC Type N/A Account GW SubType Site Bus. Unit BRC Last Namo First Name Approval Not Initiated Area PAR Daytimo # Evening # UCC Suspension - Rear Tie Rods Sub-Aroa Initiate PAR- Collision Address City Minneapolis Involved Dir Brookdale Motor Sales, Inc. Safety Yes State MN ZipCd Con Acct Source Phone Updated 1/10/2007 10:55:14 AM Serial #/VIN 1G2ZG558564 Priority Model Year 2006 Medium Licenso# Owner VALVERDM Make Pontiac Warr. Start 07/29/2005 Status Open Opened 12/15/2006 04:24:03 PM Model G8 Miloage Sub-Status Satisfied Closed Abstract Pre Par-power steering went out Customer

## Description Pre-PAR

PAR Notifier:		juries # Other Veh: #	People in Veh Ro	ad Surface	.5 Roa	Cond. Fire Report#	ari 現れた。このでは、Police Report#
Owner	12/12/2006 09:30:06 AM	N 1	2 Ası	hall	Wet	N/A	N/A
Oriver Last N		Driver First Name	5'3"			bilities cust wears ayogiasse:	s but during the night only
Stanford	ent Last Name - Roste Auto .	Insurance Agent First N Mike		77-6473 x7		ce Agency 🙈 💮	CONTROL OF CONTROLS CONTROLS
incident Loc	Highway 100 and Summit drive	***************************************		Incident Desc	Taking dau	ghler to daycare, the cu	st went to the exit tane and when she was trying to turn the eh suddenly skitted and the tires went out of the veh and the
Component	tires and drivers tire rod				ven got so	me ourt	
Vehicle Loc	dealership			Damage Desc		ers tire rod fell off,currer	
Emgcy Svc Names	N/A			Add'i Info	oi the ven.		ust call gm first and have someone from gm to look at the tires
PAR De	tail	·		Maint Loc	Brookdale (	pontiac	
	<del>-</del>						
Collision	Y Non Collision	Proporty N Damage	Thermal Evt	N Sp	ec Equip	none	
Vehicle Speed	55		did rain earlier road : little wet	was a Pr	op Owner		Property Type
Last Service Date		Loc Lest Service			operty cation		Prop Est Repair Cost
Voh Est Repair Cost		Spec Equip Installer			op Damage scription		
Primary Veh Use	Personal	inspection Type		Ins	pocted By		Inspection Date/Time
Veh Damage Description	tie rod fell off under carriage is d	ented. coolant leaking		Ex	plain Other		ween silia

Report Generated for toporowm

on 1/10/2007

Page 1 of 13

## **Activities**

Greated 1/10/2007 01:03:35 PM	Created By DRAHEICM	Assigned To ESISBIQU	Activity Type Escalation	Activity Sub-Type  ESIS - Insurance  Involvement	Status In Progress		Coscription ESIS-Insurance Deductible Reimb.	
Contact Last Name	50 F	Contact Firet	Name	Account	24	BAC Code	<b>!</b>	
Confidential Comments	<u> </u>		×*: .		<u> </u>		ı	
Created 1/10/2007 10:57:06 AM	Created By VALVERDM	Assigned To VALVERDM	Activity Typo Scheduled Outbound Call Cust	Activity Sub-Type	Status Scheduled Alam	Completed	Description (71-454696487)	
Contact Last Name Comments		Confact First	Name	Account		BAC Codo	[ 	
check esis (01-17)3-5pm Confidential Comments								
Greated 1/10/2007 10:55:18 AM	Created By VALVERDM	Assigned To	Activity Type BRC PAR	Activity Sub-Type ESIS- Insurance	Status Don <del>e</del>	Completed 1/10/2007 01:03:30 PM	Description	
Contact Last Name	<i>i.</i>	Contact First		Involvement Account	Duile	BAC Code	send to esis	
cust was involved in accident and thinks brakes might have caused accident seeks reimbursement for insuirance dedcutible.								
Mark Valverde/PAR/ATX received and assigned for	r esis escalation	1						
chad draheim/abt/par wor Confidential Comments	kflow		9 to 1 17 th 1 1 2	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Maga <sup>r</sup> ,			

Report Generated for toporowm

on 1/10/2007

Page 2 of 13

## **Activities**

Greated 6 1/10/2007 10:44:53 AM VALVERO		Activity Sub-Type Made Contact Account	Status Dane	Completed 1/10/2007 10:53:20 AM BAC Code	Description Initial call
darin swanberg/service manager sal Mark Valverde/PAR/ATX Confidential Comments	d he would be glad to host inspection of the ve	ehide.			<b>!</b>

Report Generated for toporowm

on 1/10/2007

Page 3 of 13

## **Activities**

Created	Created By	Assigned To:	Activity Type	Activity Sub-Type	Status =	- Completed	Doscription
1/10/2007 09:57:07 AM	VALVERDM	VALVERDM	Outbound Call Custome	r Made Contact	In Progress		initial call
Contact Last Name	A Section 1	Contact First	Name	Account		BAC Code	
							•
PAR INCIDENT QUESTI	ONNAIRE			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Can we start from the b hwy 100 south summit di	eginning? What rive exit	were you doing	prior to the accident?				
• What was the vehicle s	peed?	_55 mph					
• Unable to stop -Did you fine	u come to a full :	stop or were you	slowing down?	Was your foot on the acceler	rator or brake?	brakes did work	
was driving exiting off the as well.	hwy as was ex	iting was making	a short turn in the middle	e of the turn steering wheel fo	cked up and went ove	er a curb and tie rod fell off	
• Describe Damage- lie re	od fell off under	carriage is denie	ed. coolant leaking				
Police Report? no How was vehicle remov Brookdale gmc brooklyn are u the original owner or where do you have the m who did the last maint or what are you seeking frou weather cond? did rain e veh damage desc? est repair cost? prim vehicle use? persor spec equipment? none equipment installer?	park (763-549- of the vehicle?ye valnt done on the of the vehicle? in m gm? to repaid one earlier road was	1600) es e vehicle? dealer one r the damages. v	ship	_towed eed for deductible from Insura	nce.		
М							
Confidential Comments	Band Sec	(E. 13.13E	era e e e e e e e e e e e e e e e e e e		alfancials ( ) - Colon	Total Control	

Report Generated for toporowm

on 1/10/2007

Page 4 of 13

## **Activities**

9/2007 11:57:41 AM	VALVERDM	VALVERDM	Activity Typo Scheduled Outbound Call Cust	Activity Sub-Type Cancelled	Status Done	Completed 1/10/2007 09:51:58 AM	Posciption (71-454696487)
amell test bast		Cantant Ejrsi		Account		BAC Code	1
		<u>,                                    </u>		11	* "		•
al call -10)3-5pm							•
ie call early							
k Valverde/PAR/ATX	•						
ifidential Comments							
ated	Created By	Assigned To	Activity Type	Activity Sub-Typo	Status	Completed	Description
2007 11:51:51 AM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	1/9/2007 11:55:45 AM	Initial caff
lart Fact Nama		Contact First	Name	Account		BAC Code	
плена					1.84, 34		
call cust to let them i	snow that will be	handling their fil	le but did get voice mail did te	ave message.			•
k Valverde/PAR/ATX	· •						
fidential Comments					1 Kg 1		
atod ·	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2007 10:47:55 AM	VALVEROM	VALVERDM	Scheduled Outbound Call Cust	Cancelled	Done	1/9/2007 11:51:28 AM	(71-454696487)
2007 10:47:55 AM	VALVEROM	VALVERDM  Contact First	Cust	Cancelled			
2007 10:47:55 AM	VALVEROM	Contact First	Cust Name	Account	Done	1/9/2007 11:51:28 AM	
2007 10:47:55 AM tact Last Name	VALVEROM		Cust Name	Account	Done	1/9/2007 11:51:28 AM	
2007 10:47:55 AM lact Last Name	VALVEROM	Contact First	Cust Name	Account	Done	1/9/2007 11:51:28 AM	
2007 10:47:55 AM Noci Last Name al call 09)3-5pm	VALVERDM	Contact First	Cust Name	Account	Done	1/9/2007 11:51:28 AM	
2007 10:47:55 AM loci Lasi Name al call 09)3-5pm de call early k Valverde/PAR/ATX		Contact First	Cust Name	Account	Done	1/9/2007 11:51:28 AM	
2007 10:47:55 AM loct Last Name al call 09)3-5pm		Contact First	Cust Name	Account	Done	1/9/2007 11:51:28 AM	

Report Generated for toporowm

on 1/10/2007

Page 5 of 13

## **Activities**

Contract Lost to let them know that would be handling their file but got voice mail so did leave.  Mark Valverde/PAR/ATX Confidential Comments  Created Created By Assigned To Activity Type Activity Sub-Type Status Completed Done 1/8/2007 10:43:04 AM (71-454696487)  Contact Lost Name Contact First Name Account BAC Code  Comments Initial call (01-08)3-5pm made call early  Mark Valverde/PAR/ATX Confidential Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Done 1/8/2007 10:30:35 AM PALVERDM VALVERDM Outbound Call Custs  Confidential Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Done 1/5/2007 10:30:35 AM PALVERDM VALVERDM Outbound Call Customer Left Message Done 1/5/2007 10:30:35 AM PALVERDM PALVERDM Account BAC Code  Comments  Confidential Contract First Name Activity Sub-Type Status Completed Done 1/5/2007 10:30:35 AM PALVERDM  Croated 1/8/2007 10:44:01 AM Contact Last Name	Created By VALVERDM	Assigned To VALVERDM Contact Fire	Activity Typo Outbound Call Customer Name	Left Message	Status - Sta	Completed 1/8/2007 10:47:43 AM BAC Code	Description Initial call	
Consider Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description 1/5/2007 10:31:18 AM VALVERDM VALVERDM Scheduled Outbound Cell Cancelled Done 1/8/2007 10:43:04 AM (71-454696487)  Contact Lost Name Contact First Name Account BAC Code  Comments Initial cell (01-08)3-5pm made cell early  Mark Valverde/PAR/ATX Confidential Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description 1/5/2007 10:28:00 AM VALVERDM VALVERDM Outbound Cell Customer Left Message Done 1/5/2007 10:30:35 AM Initial cell  Confidential Comments  Account BAC Code  did call cust to let them know would be handling their case cust was not home so told person who answered phone would call back.		know that would	be handling the		l leave.	<sup>1</sup> w-	· · · · · · · · · · · · · · · · · · ·	I
1/5/2007 10:31:18 AM VALVERDM VALVERDM Scheduled Outbound Call Cust  Contact Last Name  Contact First Name  Account  Account  Account  Cancelled  Done  1/8/2007 10:43:04 AM (71-454698487)  Account  Account  Account  Cancelled  Done  1/8/2007 10:43:04 AM (71-454698487)  Done  1/8/2007 10:43:04 AM (71-454698487)  Account  Account  Contact First Name  Account  Account  Account  Activity Sub-Typo  Status  Completed  Done  1/5/2007 10:30:35 AM Initial call  Account  Account  BAC Code  Contact First Name  Account  Activity Sub-Typo  Done  1/5/2007 10:30:35 AM Initial call  Account  BAC Code		-	- <u> </u>	e f	લક્ષા સંભળ કરા છે. પૂર્વ નથી છે.	The State of the S	. • •	ľ
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Created Created By Assigned To Activity Typo Activity Sub-Typo Status Completed Description  1/5/2007 10:28:00 AM VALVERDM VALVERDM Outbound Call Customer Left Message Done 1/5/2007 10:30:35 AM Initial call  Continents  did call cust to let them know would be handling their case cust was not home so told person who answered phone would call back.	made call early							
1/5/2007 10:28:00 AM VALVERDM VALVERDM Outbound Call Customer Left Message Done 1/5/2007 10:30:35 AM Initial call  Control of the North				27	Negative reco			
did call cust to let them know would be handling their case cust was not home so told person who answered phone would call back.	1/5/2007 10:28:00 AM	VALVEROM	VALVERDM	Outbound Call Customer	Left Message	Done	1/5/2007 10:30:35 AM	
		now would be h			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Confidential Comments Same Same Same Same Same Same Same Same	Mark Valverde/PAR/ATX						288	

Report Generated for toporowm

on 1/10/2007

Page 6 of 13

## **Activities**

Groated 1/4/2007 08:43:03 PM	Created By VALVERDM	Assigned To VALVERDM	Activity Type Scheduled Outbound Call Cust	Activity Sub-Type	Status Done	Completed 1/5/2007 10:27:32 AM	Poseription (71-454696487)
			me	Account	<u> </u>	BAC Code	
initial call		· · ·	The state of the s				Ī
(01-05)3-5pm							
made call							
Mark Valverde/PAR/ATX							
Confidential Comments							1
Created	Created By	Assigned To	Activity Typo	Activity Sub-Type			
12/27/2006 01:00:32 PM	RUIZMARL	RUIZMARL	Inbound Call Customer	Requesting Status	Status Done	Completed 12/27/2006 01:06:44	Description update
Contact Last Name		Cantact First	Name	Account		PM BAC Code	1
Офинена						DVC CD08	
Customer sts that Mark \	is going to be	out till next week				<u> </u>	
Cust seeks new agent							
CRS Adv I aplogize but I	cannot re-assig	In the case what	f can do is assist her w/ the o	ase			
Cust sts ok nevermind III							
mariaruiz/atx/par/11180							
Confidential Comments		1.1					
Created	Created By-	• • • (• • • • • • • • • • • • • • • •	A				
12/27/2006 11:15:27 AM	LAYSONMA	Assigned To VALVERDM	Activity Type Notify CRM	Activity Sub-Type	Status In Progress	Completed >	Doscription
Contact Last Name		:: Contact First	Name	Account to the second	ve training	BAC Code	Informing of contact with the customer
Comments (2)		The Section	Company was prairie.	1 2 1 240	ST 1889.4.	A Control of the Control	
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Page 7 of 13

#### **Activities**

12/27/2008 11:12:23 AM LAYSONMA	Assigned To Activity Type Activity Sub-Type LAYSONMA Inbound Call Customer	Status Done	Completed 12/27/2006 11:16:15 AM	Description seeking to speak with someone from
Contact Last Nama	Contract First Name Account 11.	er e	BAC Code	BRC

#### Comments cust sts:

- was informed that ocrs not available until 01/02/2007

- since veh at dirship , would like to speak with someone who can assist her today

- crs advsd: number for BRC PAR # 1-800-231-1841 cold transfer cust to BRC PAR 72455

m j / cac elemental / mla

## Confidential Comments

Greated 12/22/2006 02:05:00 PM	Created By RUFINOJO		ity Typo ind Call Customer	Activity Sub-Type Service Request Update	Status Done	Completed 12/22/2006 02:08:22 PM	Description Cust requests updates on SR
Contect Last Name		Contact First Name		Account	· .	BAC Code	ſ
Comments Cust wanted to be trans	ferred to extens	ion 11215		724	7		1

Dialling that ext, on the voice mail message it says that the OCRS will be out from 12/22/2006 to 01/02/2007. If the customer needs to talk abt the case w/somebody right away, he/she can call the General Number w/c is 1-800-231-1841

Customer said she needs to talk to somebody now so was transferred to the general line.

Also gave the SR number to the customer as she doesn't have it at hand.

\*\*\*āssisting\*\*\*
Erin Nolan/CAC/Elemental/MLA
Confidential Comments \*\*\* (1980) 28 (基础) · 以中

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on 1/10/2007

Page 8 of 13

## Activities

Croated 12/20/2006 10:38:21 AM Contact Last Name	Created By VALVERDM	Assigned To VALVERDM	Scheduled Outbound Call Cust	Activity Sub-Type Cancelled Account	Sialtus Done	Completed 1/5/2007 10:27:50 AM BAC Code	Doscription (71-454696487)
Initial call (12-21)3-5pm Confidential Comments		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		2			I I
Created 12/20/2006 10:37:28 AM Contact Last Name Comments		Assigned To VALVERDM	Outbound Call Customer Name	Activity Sub-Typo Left Message Account	Status Done	Comp <sup>1</sup> eled 12/20/2006 10:38:16 AM BAC Code	Description initial call
did call to get more Info o Mark Valverde/PAR/ATX Confidential Comments	n their case but	got voice mail s	to did leave message.				
Created 12/19/2008 04:54:12 PM Contact Last Name		Assigned To VALVERDM	Activity Typo Scheduled Outbound Call Cust Name	Activity Sub-Type Cancelled Account	Status Done	Completed 12/20/2008 10:35:23 AM BAC Code	Doscription (71-454896487)
Initial call (12-20)3-5pm made call early				a sy s	56,		
Mark Valverde/PAR/ATX Confidential Comments	e (4) (5) (5)	18 Sec.	· Oraș re reș la ca	C We make	tt 📆		

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Page 9 of 13

## **Activities**

Groated 12/19/2006 04:49:54 PM Contact Lock Manage did call cust but they wer	Created By VALVERDM  e not available	VALVERDM	Activity Typo Outbound Call Customer st Namo	Activity Sub-Type Left Message Account	Status Done	Completed 12/19/2006 04:53:59 PM BAC Cods	Doscription Initial call
Mark Valverde/PAR/ATX Confidential Comments	المشهدية	D <sub>1</sub>	ten el transcelat	**************************************			_
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12/18/2006 01:06:13 PM	Created By DRAHEICM	Assigned To VALVERDM	Activity Typo Ownership Changed	Activity Sub-Typo	Status Done	Completed 12/18/2006 01:06:13	Doscription Service Request Ownership has
Confact Lact Movie		rs	il Name	Account		PM BAC Code	changed FROM: AURELIJO TO: VALVERDM
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Confidential Comments				<u> </u>			I
Croated :	Created By	Assigned To	Activity Typo	Activity Sub-Typo			_
12/18/2006 01:05:17 PM	DRAHEICM	VALVERDM	BRC PAR	Acknowledgement	Status Done	Completed 12/19/2006 04:44:01 PM	Description Called
Contact Last Name	- 2	Contact First	t Name	Account		BAC Code	
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Mark Valverde/PAR/ATX							
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Created 12/18/2006 01:05:11 PM	Created By DRAHEICM	Assigned To :	Activity Type	Activity Sub-Type	Status .	Completed NAS 1.456	Description
Contact East Name 1 655%		Contact First			Done Special Control	r BAC Code %	Called
Comments :	gracina <u>r</u> ass	5 . NOSS	Marie Care Control of Season	1982 TE TE	64. 172.200 P	Parkett taken to the	
Confidential Comments 🛫		क्ष्यान्यस्ट्रमास्त्रः क	NAMES OF THE PARTY OF	CARLES CARE	CARCOLAR FOR SUCH	THE SAME OF STATE OF STATE	

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on 1/10/2007

Page 10 of 13

## **Activities**

entod /18/2006 D1:05:11 PM	Created By DRAHEICM	VALVEROM	Activity Typo BRC PAR	Activity Sub-Type Initial Contact- Phone	Status Done	Completed 12/19/2006 04:44:24 PM	Description Called
ntact Last Name:		Contact First	Name.	Account		BAC Code	
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ide call							
rk Valverde/PAR/ATX							
And Controlled					et free g	<u> </u>	
nated 18/2006 01:05:11 PM	Created By DRAHEICM	Assigned To VALVERDM	Activity Type BRC PAR	Activity Sub-Type Initial Contact- Dealer	Status Done	Completed 12/19/2006 04:55:49	Doscription Called
ntact Last Nama		Contact Elec	Name	Account		PM BAC Code	
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catt							
rk Valverde/PAR/ATX							
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	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
18/2006 01:05:11 PM	DRAHEICM	VALVERDM	BRC PAR	Initial Contact- AVM	Done	12/19/2006 04:58:09 PM	Called
ntact Last Name		Contact First	Name 1719 13	Account	. 4	BAC Code	
nmary:		sod	<del>e d</del> e Pettine, 1984		<u> </u>		
call							
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ifidential Comments :	Car Billion	A247 11 145	ASSESSED FRANCIS		719Sa.	M. Barrier Service	

Report Generated for toporowm

on 1/10/2007

Page 11 of 13

## **Activities**

Created 12/18/2006 01:05:10 PM Contact Last Name	Created By DRAHEICM	Assigned To VALVERDM	Notify CRM	Activity Sub-Type	Status Not Started	Completed	Dascription File Assigned
Constitutions		Contact Ein	st Name	Account		BAC Code	I I
Confidential Comments	i i in	n e	100	1986 (N. 1986 (N. 1986)	Maria Maria da Sala	/.e. <u>.</u>	1
Created 12/18/2006 01:05:10 PM	Created By DRAHEICM	Assigned To VALVERDM	Research	Activity Sub-Type	Status Done	Completed 12/19/2006 04:56:20 PM	Doscription Researched VIN
Contact Last Name		Contact Fire	t Name	Account		BAC Code	•
Summary: looked Ingmvis and foun	d no open recall	s. no repairs re	lated to the sleering.	found no other cases.			•
Mark Valverde/PAR/ATX Confidential Comments							ľ
Greated 12/18/2006 01:05:10 PM	DRAHEICM	Assigned To VALVEROM	BRC PAR	Activity Sub-Typo Case Assigned	Status Not Started	Completed	Description Assigned File to Mark Valverde at Ext.
Contact Last Name	N	Contact Fire	t Name	Account		BAC Code	11215
Confidential Comments	254 . 122		6 T 183(1936)	***	, X, 2.	ма <b>н</b> .	

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on 1/10/2007

Page 12 of 13

#### **Activities**

	realed By Assigned URELUO DRAHEIC	To: Activity Type  M Escalation	Activity Sub-Type Initiate PAR	Status Done	Completed 12/18/2006 01:04:58 PM	Pescription Assigning activity to PAR QUEUE
Contact Last Name 538.	Contact	Firet Name 💝 🗀 🗀 🗀	Account		A BAC Code To Transport	
Comments		170, 170, 170, 170	10 13 16 C	eriolist Mariette	34 C 1 C 1 SEE 1 C	
CRM advised that a person :	from the PAR Departmen	il will contact the customer with	nin 2 business days			

received and assigned in PAR

chad draheim/ab/par workflow

Confidential Comments

Created 12/15/2006 04:52:56	Created By		Activity Type	Activity Sub-Type	Status	Completed	Description
PM	AURELIJO	AURELIJO	Inbound Call Customer	Complex Request	Done	12/15/2006 04:59:17 PM	alleged product allegation-power steering went out
Contact Last Name		Contact Fire	t Name	Account	914	BAC Code	
Comments			The state of the state of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N. 1	
cust sis:product allegation	-power steerin	g went out laki	ng daughter to daycare,the cus	t went to the exit lane and v	when she was trying	to turn the power steering	

Cust sks:to make a report regarding the incident

CRS advise: CRM advised customer that their information will be forwarded to the Product Allegation Department within the BRC and expect a call from them within 2 business days.

Jonas Summers/Elemental/CAC/Mla Confidential Comments: 191

#### **UCC** Information

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on 1/10/2007

Page 13 of 13

# GM Vehicle Inquiry System Summary

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

Help

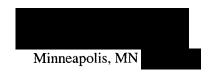
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Vehicle	e Has No	Curre	nt Rec	ord Of Outstanding Serv					l .		
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Vehicle	e Has No	Associ	_	n Star or XM Radio Info					1		
	-			APPLICAE	_		TIES			-	
	•		Descri	ntion		Effective Date	Effective Odometer		End Date	End Odometer	
36/3600	00 BUMI	PER TO	BUM	PER	(	7/29/2005	10 n	niles	07/29/2008	36	5010 miles
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R.O Da		R.O Imber	Type		La	bor Opera	ation				ometer eading
12/12/20	006   15	4736	#	Z2080 - ROADSIDE SE	RVIC	E (TOWI	NG)			300	00 miles

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

5

January 19, 2007

**Deborah Chisholm** Claims Administrator



RE: Claimant:

Our File No.: 627230

Our Client: General Motors Corporation

Date/Event: 12/12/06

Subject vehicle: 2006 Pontiac G6

VIN: 1G2ZG558564

Dear

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. If you are being represented by an attorney or your insurance company, please forward this letter to them.

In that regard, I am in receipt of your correspondence to General Motors. 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:

- 1. Please provide a **copy** of an 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 you 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 you receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
- 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



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

March 19, 2007

Minneapolis, MN

RE:

Claimant:

Our File No.:

627230 Our Client: General Motors Corporation

Date/Event:

12/12/06

Subject vehicle:

2006 Pontiac G<sub>6</sub>

VIN:

1G2ZG558564

Dear

This will have reference to the above product liability subrogation claim that you filed with General Motors Corporation.

I have thoroughly reviewed the documentation provided to date in support of your subrogation claim. However, our file reflects that we have not been provided with your specific technical documentation, which supports your theory of liability as being that of General Motors Corporation.

Correspondence that was sent to you on January 19, 2007 requested specific information, which would enable us to perform our evaluation. Unless we are provided with the requested supporting technical documentation within thirty (30) days from the date of this letter, we will be unable to take further action in this matter and I will have to close our file. Finally, if it is your intention to pursue this matter further, you will be responsible for preserving the subject vehicle and/or defective component in their immediate post loss condition.

Thank you for your time and attention in this regard.

Sincerely,

Deborah Chisholm Claims Administrator

R No.	71-484972606	Ref No.		Goodwill	No Goodwi	il Offered	BRC Type	PAR
\ccount	17 17 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Site		GW SubType	)		Bus. Unit	BRC
ast Name		First Name		Approval	Not Initiated	d	Area	PAR
Daytime #		Evening #		UCC	Steering W	heel Touch Controls	Sub-Area	Initiate PAR- Collision
\ddress	100 100 100 100 100 100 100 100 100 100	City		involved Dir		and the second of the second of the second	Safety	Yes
State	ZipCd	Con Acct		Source	Phone		Updated	2/21/2007 01:24:51 PN
erial #/VIN	1G1ZU64855F	Model Year	2005	Priority	Medium	License # CHEVROL	Owner	GARCIAJR
lake	Chevrolet	Warr. Start	03/03/2006	Status	Open	The state of the s	Opened	2/20/2007 07:32:24 PN
lodel	Malibu MAXX	Mileage	- man to a community of the second contract of the contract of	Sub-Status	Dissatisfied		Closed	
bstract	Steering - 05 Chev Malibu MAXX	-						
Abstract Customer Description	Steering - 05 Chev Malibu MAXX  This is a BRC PAR Case. Do not assi	ume case. Forwa	rd any inquiries to Joe Gar	rcia at ext 11291.	a management of the same and	MAIN DANIES M		**************************************

### Pre-PAR

<b>EAR Mollie</b>	Incident Date/Time - I	niuries #OtherVeh #1	eoule in Veh. Ro	ad Surface.	Road Cond Fire Repor	# Folice Report#
Attorney	12/10/2006 07:55:57	Υ 0	AND THE PERSON NAMED AND PARTY OF THE PERSON NAMED IN	phalt	Dry	unknown
Driver Last N	lame	Driver First Name	Height	DOB		
		388	6'2"	5/18/		
Clements		Mary		# 57-7429	Insurence Agency Liberty Mutual	
ncident _oc	95 Freeway Las Vegas Nevada	TO A THE STATE OF		Incident Desc		is Nevada and was by the Rancho exit when steering wheel divider while making a lane change, cust had not control and ve
Component	steering column	4**		Dames		DEF 21,6 2,6 (\$2.7% \$4.002)
Vehicle	with insurance for storage	TOTAL TITLE SHAPES AT ALTHOUGH AND A CONTRACT OF THE STATE OF THE STAT		Damage Desc	veh was totalled	
-0C	was made for storage			Add'l Info	Roy Emeterio calling in for cust	from Gerard Fierro Law offices. cust states that the veh was
Emgcy Svc	unknown					oncern and the veh has been having problems with this
Names				Maint Loc	unknown	
PAR De	tail			***************************************		
Collision	Y Non Collision	Property N Damage	Thermal Evt	N S	pec Equip	magnetic magnetic actions, the second second second second second second second second second second second se
/ehicle Speed	•	Weather Condition		P	rop Owner	Property Type
ast Service Date	The second secon	Loc Last Service			roperty ocation	Prop Est Repair Cost
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rimary /eh Use		Inspection Type		In	spected By	Inspection Date/Time
/eh Damage Description				E	plain Other	

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on 2/22/2007

Page 1 of 7

## **PAR Injuries**

	OB	Location		Phone# Seating	<sub>l</sub> Pos	Restrai	
		Occupant of	Owner's Vehicle	Driver	ent Location	was we Iteated	aring seatbelts
off tissue injuries and bi	rulsing		Riedical repr#	unknow State		ri Haileu	oy
Activities	A second						
reated /21/2007 03:57:40 PM	Greated Ey	Assigned To ESISBIQU	Activity Type Escalation	Activity Sub-Type	Status In Progress	Completed	Description Attorney Involvement
ontact I asi Name		Contact Fire	<sup>a</sup> Name	Account		BAC Code	
omments							
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reated 21/2007 01:38:58 PM	Orealed by DRAHEICM	Assigned To GREERM	Activity Type Notify CRM	Activity Sub-Type	Status Done	Completed 2/21/2007 03:57:31 PM	Description ESIS-Attorney Involvement
ontact Last Name		Contact Firs	Name	Account	y service of the serv	BAC Code	
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reated 21/2007 12:43:47 PM	Greated By GARCIAJR	Assigned To DRAHEICM	Activity Type BRC PAR	Activity Sub-Type ESIS- Atty Involvement	Status Done	Completed 2/21/2007 01:38:53 PM	Description escalating file to ESIS
intact Last Name		Contact First	Name	Account		BAC Code	
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on 2/22/2007

Page 2 of 7

### Activities

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Called law office @ (							l
Orm stated calling to veri	fy if cust is bein	ng represented b	y law office.				
Office receptionist, Gloria	, stated this cu	st is being repre	sented by this office. Reception	nist stated the lawyer on rec	cord is Gerard Fierd	<b>).</b>	
Crm stated will have som							
oe G/PAR/ATX					was a site of the second of		
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Tealed /21/2007 12:38:18 PM	Created by GARCIAJR	Assigned To GARCIAJR	Activity Type Ownership Changed	Activity Sub-Type  Ownership Escalated to BRC	Status Done	Completed 2/21/2007 12:38:18 PM	Description Ownership Escalated to BRC
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21/2007 12:31:41 PM	DRAHEICM	GARCIAJR	Ownership Changed	Activity Sub-Type	Status Done	2/21/2007 12:31:41 PM	Description Service Request Ownership has
ontact Last Name		Contact First	Name .	Account		BAC Code	changed FROM: VALENCDO TO: GARCIAJR
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#### Activities

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Created 2/21/2007 12:30:49 PM	Orealed By DRAHEICM	Assigned to GARCIAJR	BRC PAR	Activity Sub-Type Initial Contact- Phone	Status Done	Completed 2/21/2007 12:43:39 PM	Description Called
Contact Last Name		Contact Fire	t Name	Account		BAC Code	l
Comments Summary:							
Cust is being represented	by law office.	Lawyer on reco	rd is Gerard Fiero, 213	387-1400			
Joe G/PAR/ATX Confidential Comments	and the second second second						l
Greated 2/21/2007 12:30:49 PM	Greated By DRAHEICM	Assigned To GARCIAJR	BRC PAR	Activity Sub-Type Acknowledgement	Status Done	Completed 2/21/2007 12:43:33 PM	Description Called
Contact Last Name  Conments  Summary:		Contact Firs	t Name	Account		BAC Code	
Cust is being represented	l by law office. I	_awyer on recor	d is Gerard Fiero, 213	387-1400			
Joe G/PAR/ATX							
Created 2/21/2007 12:30:49 PM	Created EV DRAHEICM	Assigned To GARCIAJR	BRC PAR	Activity Sub-Type Initial Contact- Dealer	Status Done	Completed 2/21/2007 12:43:27 PM	Description Called
Contact Last Name		Contact First	l Name	Account		BAC Code	
Comments Summary:				n n			
Cust is being represented	by law office. L	awyer on recon	d is Gerard Fiero, 213-	387-1400			
Joe G/PAR/ATX							

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on 2/22/2007

Page 4 of 7

## Activities

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Greated 2/21/2007 12:30:49 PM	DRAHEICM	Assigned To GARCIAJR	Activity Type BRC PAR	Activity Sub-Type Initial Contact- AVM	Status Done	2/21/2007 12:43:21 PM	Description Called
Contact Last Name		Contact Fire	st Name	Account		BAC Code	
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Summary:							
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Joe G/PAR/ATX							
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Created 2/21/2007 12:30:49 PM	DRAHEICM	Assigned to GARCIAJR	Activity Type Notify CRM	Activity Sub-Type	Status Done	2/21/2007 12:43:15 PM	Description File Assigned
Contact Last Name		Contact Firs	t Name	Account		BAC Code	
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Created	Orealer By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
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Contact Last Name		Contact First	Name	Account		BAC Cede	
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loe G/PAR/ATX							

Report Generated for toporowm

on 2/22/2007

Page 5 of 7

### Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:30:49 PM	DRAHEICM	GARCIAJR	BRC PAR	Case Assigned	Done	2/21/2007 12:43:00 PM	Assigned File to Jose Garcia an Ext.
Contact Last Name		Contact First	Name	Account		BAC Code	11291
Comments							
Cust is being represented	d by law office. L	awyer on recor	l is Gerard Fiero, 213	-387-1400			

Joe G/PAR/ATX

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/20/2007 07:54:36 PM	VALENCDO	DRAHEICM	Escalation	Initiate PAR	Done	2/21/2007 11:22:04 AM	Assigning activity to PAR QUEUE
			Name	Account		BAC Code	

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

Gayle Vaughn (Dorothy Gayle Valencia)/Elemental CAC/Mla

received and assigned in par

chad draheim/atx/par workflow Confidential Comments

Report Generated for toporowm

on 2/22/2007

Page 6 of 7

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#### **Activities**

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/20/2007 07:47:55 PM	VALENCOO	VALENCDO	Inbound Call Third Party	Complex Request	Done	2/20/2007 07:54:35 PM	Alleged product allegation-steering
Contact Last Name		Contact Firs	Name	Account		BAC Code	wheel locked
Comments							
Roy Emeterio	n Gera	ird Flerro Law of	fice calling in for cust				

Cust states: client was driving on 95 freeway in Las Vegas Nevada last 12/10/06 (doesnt know exact time and is still waiting for police report) and was by the Rancho exit when steering wheel locked up and car hit the center divider while making a lane change, client had not control of the veh and veh continued to go through its path and hit the wail. 5 people were on the veh. car was totalled, and the driver sustained soft tissue injuries and bruising because the airbag did not deploy, cust states that the veh had a problem with this component before and was in the dir for svc for the same problem, cust contact with Mary Clements insurance company Liberty Mutual 18005774299 ext 2289 and the collision claim number is 007826218-01

Cust seeks: to file for product allegation claim

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

Gayle Vaughn (Dorothy Gayle Valencia)/Elemental CAC/Mla

Confidential Comments

### **UCC** Information

UCC Code	Symptom	Description
R54	No Symptom Indicated	Steering Wheel Touch Controls

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on 2/22/2007

Page 7 of 7



### **GM Vehicle Inquiry System** Summary

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

<u>Help</u>

VIN:	1G	ZU64	855F							
			VEHIC	LE INI	ORM	ATION				
Merchandising Model:		1ZU68 -2005 MALIBU LT MAXX			XX	Warranty Start Date :			03/03/200	6
BARS Order Ty	ype:	70 - RETAIL - STOCK								
Delivering Deal	er:		HENDERSON CHEVROLET CO.			Selling Source:		13 - CHE	13 - CHEVROLET	
		HE	PO BOX 90610 HENDERSON, NV 89009-0610			Site Code :		39013		
		(702	(702) 558-2438			Business Associate Code:			132366	
Service Contra	act: N	lo l	Branded Title :	No	Wa	rranty Block :	No	PDI	Status:	Paid

#### REQUIRED FIELD ACTIONS

Warranty Block:

PDI Status:

Paid

Туре	Number	Description	Posted Date	Status
RC	05094	SUN VISOR MIRROR COVER NONFUNCTIONAL/BREAKAGE *IN EFFECT UNTIL DEC. 31, 2006*	N/A	Closed

#### SERVICE INFORMATIONAL ITEMS

Туре	Number	Description	Posted Date	Status
SB	06047	ONSTAR HARDWARE CAN BE UPGRADED TO DIGITAL. SEE TSB 05-08-46-006.	02/21/2007	See Bulletin

#### ON STAR AND XM SATELLITE RADIO INFORMATION

OnStar Equipped	Yes	OnStar Statu	IS	Active Refer to Help page for details or: http://www.onstarenrollment.com or (888)ONSTAR1 (888 8271. In Canada, http://onstar.enrollment.ca or (877)438-96			
XM Equipped	Yes	XM Radio ID	ХВ	8U0B04W	XM Status	Inactive	Refer to Help page for details or: http://www.gm.xmradio.com or (800)556- 3600. In Canada, http://xmradio.ca or (877) 438-9677.

#### **APPLICABLE WARRANTIES**

Description	Effective Effective Odometer		End Date	End Odometer
36/36000 BUMPER TO BUMPER	03/03/2006	51 miles	03/03/2009	36051 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	03/03/2006	51 miles	03/03/2012	100051 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	03/03/2006	51 miles	03/03/2014	80051 miles

36/50000 CALIFORNIA EMISSIONS	03/03/2006	51 miles	03/03/2009	50051 miles
84/70000 CALIFORNIA SELECT COMPONENT	03/03/2006	51 miles	03/03/2013	70051 miles

#### **CLAIM HISTORY**

R.O Date	R.O Number	Туре	Labor Operation	Odometer Reading	
07/29/2005	A41759	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

#### <u>Help</u>

VIN:			1G1	ZU64855F:								
		······································		CLAIM I	IISTORY							
Repair Ord	ler Date	: 07	/29/2005	Repair Order Number :	A41759	Odometer Reading :			0 miles			
Serviced By:	HENDERSON CHEVROLET CO. PO BOX 90610 HENDERSON, NV 89009-0610								13 - CHEVROLET 39013			
	(702) 55	8-243	8		Business Associate Code:			1323	132366			
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation	Par	-t	Auth Code	Person Code	Line Total	Comments		
08/02/2005	609	01	jamed	Z7000 - PRE- DELIVERY INSPECTION - BASE TIME	N/A		N/A	N/A	\$ 102.95	N		

#### **CHECK HISTORY**

Vehicle Has No Associated Check History.

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## GM Vehicle Inquiry System Vehicle Build

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

#### Help

VIN	1G1ZU64855F

#### **VEHICLE BUILD**

Merchandising Model :	1ZU68 -2005 MALIBU LT MAXX			
Gross Vehicle Weight Rating:	2049 kg (4518 lb)	Order Number: JFXBCI		
Build Date:	07/29/2005	Build Plant :	15FZ	

#### OPTION CODES

OPTIO!	CODES
AY0 - FRONT SIDE IMPACT AIR BAGS & HEAD- CURTAIN SIDE AIR BAGS	A51 - SEATS, CUSTOM
CF5 - SUNROOF, POWER TILT AND SLIDE	C68 - AUTOMATIC AIR CONDITIONING
DD7 - AUTO DIMMING INSIDE REAR VIEW MIRROR WITH COMPASS	DL5 - ROADSIDE SERVICE INFORMATION DECAL
DL8 - PWR HEATED OUTSIDE MIRRORS	FAI - FAIRFAX
FEO - SUSPENSION SYSTEM-ACTIVE	FR9 - TRANSAXLE 3.29 RATIO
IB2 - INTERIOR TRIM	JL9 - 4-WHEEL ANTI-LOCK DISC BRAKES W/ TRACTION CONTROL
K64 - GENERATOR 115 AMPS	LX9 - 3.5L V6 ENGINE
MN5 - TRANSMISSION AUTO 4 SPEED	MX0 - 4-SPEED AUTO TRANSMISSION
NC7 - FEDERAL EMISSIONS OVERRIDE	NRO - LEATHER WRAPPED STEERING WHL
NUI - CALIFORNIA EMISSION SYSTM, LEV2	QD1 - (4) 16" ALLOY WHEELS, MACHINED
QPE - (4) TOURING TIRES P215/60R16	SLM - STOCK ORDERS
UC6 - AM/FM 6 DISC CD PLAYER (REPLACES STD/OPT RADIO)	UE1 - ONSTAR SYSTEM INCLUDES 1 YR SAFE & SOUND
UG1 - HOMELINK TRANSMITTER 3-CHANNEL	UK3 - STEERING WHEEL CONTROLS
UZ6 - SIX PREMIUM SPEAKERS	U2K - XM SATELLITE RADIO - OVER 130 CHNLS OF DIGITAL ENTERTAINMENT SERVICE FEE EXTRA.1ST 3MOS.INCL
U32 - REAR DVD ENTERTAINMENT SYSTEM	U73 - FIXED MAST ANTENNA
VK3 - FRONT LICENSE PLATE BRACKET	VM3 - CONSUMER INFORMATION LABEL
V73 - STATEMENT OF VEHICLE CERT U.S. /CANADA	YF5 - 50-STATE EMISSIONS

1SB - MALIBU PREFERRED EQUIP GRP 1SB *HOMELINK TRANSMITTER 3-CHANNEL *AUTO DIMMING INSIDE REAR VIEW MIRROR WITH COMPASS *XM SATELLITE RADIO - OVER 130 CHNLS OF DIGITAL ENTERTAINMENT * SUNROOF, POWER TILT AND SLIDE	1SZ - PREFERRED EQUIPMENT SAVINGS PREFERRED EQUIPMENT GROUP SAVINGS
14I - GRAY INTERIOR TRIM	142 - GRAY LEATHER APPOINTED
41U - BLACK	6AR - FRONT SPRING
7AR - FRONT SPRING	8AB - REAR SPRING
9AB - REAR SPRING	

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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



February 28, 2007

Anna Avalos, Esquire Gerard Fierro Law Office 3450 Wilshire Blvd. Suite 608 Los Angeles, CA 90010

RE:

Your Client:

Date of Event: December 10, 2006

File Number: 628995

Our Client:

General Motors Corporation

Dear Ms. Avalos:

ESIS provides claims handling services to General Motors involving product liability claims. I am the Claims Administrator assigned to handle this file. Please direct all future correspondence to my attention.

I am writing as a follow up to our conversation of February 28, 2007 in which your client alleges that the steering wheel locked up causing an accident. In order to substantiate your client's claim, I will need the following information and documentation:

- 1. A letter of retention.
- 2. All medical records concerning the injuries suffered as a result of this accident;
- 3. Proof of a defect in the vehicle, including expert's reports, mechanic statements or other supporting documentation;
- 4. A copy of any police report taken by the Las Vegas Police Department;
- 5. A copy of all medical bills and expenses incurred documenting the services that Mr. Savelio received related to this accident;
- 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 vehicle and its related components are maintained and preserved in their post-incident condition for as long as you intend to pursue a claim and/or cause of action.

ESIS Field Investigator, William Smith has been assigned to assist me in the investigation of this claim. He will contact you to schedule an appointment to interview your client.

If you have any questions or concerns, please give me a call.

# 5

I can be reached directly at 313.665.3401, between 8:00 a.m. to 4:00 p.m., Eastern Time.

Sincerely,

Tiffini Hails



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

**Tiffini Hails**Claims Administrator

April 18, 2007

Andrew Nelson Liberty Mutual Insurance P.O. Box 52043 Phoenix, AZ 85072

RE:

Claimant:

Our File No.:

628995

Our Client:

**General Motors Corporation** 

Date/Event:

December 10, 2006

VIN:

1G1ZU64855F

Dear Mr. Nelson:

Please find enclosed a copy of the air bag data retrieved from the above vehicle.

If you have any questions, please contact me at 800.888.0164 Monday through Friday 8:00 am to 4:00 pm EST.

Sincerely,

Tiffini Hails

Enclosure



Liberty Mutual Group

5050 W Tilghman Street Suite 200 Allentown, PA 18104-9154 (610) 398-9800 (800) 521-0986

May 16, 2007

ESIS/GM CLMS PO BOX 300 DETROIT, MI. 48265-3000

RE:

Our policyholden

Our Claim No:

Your policyholder:

Your Claim No: 628995 OR 623995

Date of Loss: 12/10/06

#### Dear TIFFANY HAILES:

Based on our completed investigation of the above referenced accident, we believe your insured to be responsible for the damages to our policyholder's vehicle.

Due to the amount of damages sustained to our policyholder's vehicle, it has been determined that our vehicle is a total loss. A complete Subrogation package will be forwarded to your office, once the salvage process is complete.

At this time, it would be appreciated if you could contact our office to provide a status of your investigation.

If you have any further questions, please feel free to contact me at 800-521-0986, on extension 397.

Sincerely,

Kathy Norton Drago Sr. Customer Claims Representative Allentown Subrogation

cc: File

RECEIVED

MAY 18 2007

ESIE-CM CLAIMS UNIT



P.O. Hox 906 (0. 240 North Electron Policy Francisco No. 240 06 to • (702):558-2438

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NEW VEHICLE INSPECTION

TOTAL CHARGE:

IF YOU HAVE ANY CLESTICUS ? PLASE SEE CAMPACH ? VILLEBUS

THANK YOU FOR CHOISING REMERSING SERVICE

FOR TOLR SERVICE NEEDS!

WE KNOW YOU HAVE A CHOICE AND THEN WE ARE PROVIDED

TO HAVE YOU AS A CLESTMENT CONSERVED.

NE WILL OUT EVERYTHING POSSON STOOT WAKE MOUT CONSERVED.

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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



June 20, 2007

Roy Emeterio **GERARD FIERRO LAW OFFICES** 3450 Wilshire, Suite 608 Los Angeles, CA 90010

RE:

Your Client:

Date of Event: December 10, 2006

File Number:

628995

Our Client:

**General Motors Corporation** 

Dear Mr. Emeterio:

ESIS provides claims handling services to General Motors involving product liability claims. I am the Claims Administrator assigned to handle this file. Please forward all future correspondence to my attention.

I understand that you represent the interest of Augustino Savelio in a products case against General Motors, please forward a letter of retention. On June 5, 2007, I called you and left a message requesting that you contact me to discuss the above-referenced file and as of this date, I have not received a response. In order for ESIS/GM to review and evaluate this claim properly, your cooperation is needed.

Once you have received this letter, please contact me to discuss. I can be reached directly at 313.665.3401, between 8:00 a.m. to 4:00 p.m., Eastern Time. If I do not receive a response from you by July 6, 2007, I will assume you are no longer making a claim and will close my file.

Sincerely,

Tiffini Hails

# GERARD A. FIERRO & ASSOCIATES A PROFESSIONAL LAW CORPORATION

CENEW PAVA SUITE 608 3450 WILSHIRE BOULEVARD LOS ANGELES, CALIFORNIA 90010

TEL. (213) 387-1400 FAX. (213) 387-4400

\* ALSO ADMITTED IN NV

GERARD A. FIERRO \* LAUREN A. BEMIS RAHULAN KATHIR (OF COUNSEL)

JUNE 18, 2007

FIRST CLASS MAIL

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

ATTN: Tiffini Hails

Claims Representative

RECEIVED

JUN 22 2007

ESIS-GM CLAIMS UNIT

Re:

Our Client (s):

Your Client:

Date of Event:

Your File No:

General Motors Corporation

December 10, 2006

068916693

Dear Ms. Hails:

Enclosed please find copies of the doctors's lien and medical records.

If you have any questions please feel free to contact our office.

Thank you for your attention to this matter.

777

Marc L. Fierro Legal Assistant

GAF:mlf

Enclosure (s): Doctor's lien, Medical records

<u>DOCTOR</u>	<u>'S LIEN</u>
ATTORNEY/INSURANCE CARRIER:	PATIENT:
Gerard A. Fierro & Associates 3450 Wilshire Blvd. Suite 608	SS #:
Los Angeles, Ca 90010	D. O. I. 17 / 10/06 f Injury)
I do hereby authorize the Neck and Back Clinic to with all records regarding the accident/injury for wl	furnish the above attorney and/or insurance carrier nich I am receiving treatment.
I hereby authorize and direct you, my attorney and/Back Clinic such sums as may be due and owing for accident and by reason of any other bills that are dujudgment or verdict which may be paid to you, my behalf, and/or by you the insurance carrier, as may account with the Neck and Back Clinic. I hereby Clinic against any and all proceeds of any settleme my attorney, or myself or to another individual on the result of the injuries for which I have been treat	to services rendered me both by reason of this the and to withhold such sums from any settlement, attorney, to myself or to another individual on my be necessary to adequately protect and clear my give a Lien on my case to the Neck and Back ont, judgment or verdict which may be paid to you,
I agree never to rescind this document and that a re hereby instruct that in the event another attorney is honor this lien as inherent to the settlement and enf him/her.	scission will not be honored by my attorney. I
I fully understand that I am directly and fully responsibilitied for service rendered me and that this again consideration of awaiting payment. And, I further any settlement, judgment or verdict by which I may	eement is made solely for additional protection and
Interest on this lien is eighteen percent per annum of settlement, judgment or award relating to services in	commencing 30 days from the date of payment of rendered by Dr. Michael W. Barney to me.
I waive the Statue of Limitation regarding the Necl	k and Back Clinic's right to recover.
It is understood and agreed that a copy of this lien	shall have the same force and effect as the original.
Date: 17   14 Patient's Signature:	
verdict, as may be necessary to adequately protect sums to said clinic.	
Date: 10/9/01 Attorney/Insurance Carrier	's Signature:
Mich 7450	twest Neck and Back Clinic acl W. Barney, D.C. W. Cheyenne Ave #114 egas NV 89129

702-255-5930 FAX 702-644-3336

#### DOCTOR'S LIEN

Gerard A. Fierro & Associates 3450 Wilshire Blvd. Suite 608 Los Angeles, Ca 90010 P-213-387-1400 F-213-387-4400 SS#:

PATIENT:

D. O. I.

12 /10/06

(Date of Injury)

I do hereby authorize the Neck and Back Clinic to furnish the above attorney and/or insurance carrier with all records regarding the accident/injury for which I am receiving treatment.

I hereby authorize and direct you, my attorney and/or insurance carrier, to pay directly to the Neck and Back Clinic such sums as may be due and owing for services rendered me both by reason of this accident and by reason of any other bills that are due and to withhold such sums from any settlement, judgment or verdict which may be paid to you, my attorney, to myself or to another individual on my behalf, and/or by you the insurance carrier, as may be necessary to adequately protect and clear my account with the Neck and Back Clinic. I hereby give a Lien on my case to the Neck and Back Clinic against any and all proceeds of any settlement, judgment or verdict which may be paid to you, my attorney, or myself or to another individual on my behalf, and/or by you the insurance carrier, as the result of the injuries for which I have been treated or injuries in connection therewith.

I agree never to rescind this document and that a rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney shall honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him/her.

I fully understand that I am directly and fully responsible to the Neck and Back Clinic for all bills submitted for service rendered me and that this agreement is made solely for additional protection and in consideration of awaiting payment. And, I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Interest on this lien is eighteen percent per annum commencing 30 days from the date of payment of settlement, judgment or award relating to services rendered by Dr. Michael W. Barney to me.

I waive the Statue of Limitation regarding the Neck and Back Clinic's right to recover.

It is understood and agreed that a copy of this lien shall have the same force and effect as the original.

		_
Date: 17 14	War 47 49	
Date Willel	Patient's Signature:	
	9	

The undersigned attorney of record and/or insurance carrier for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment or verdict, as may be necessary to adequately protect the Neck and Back Clinic and to disperse such sums to said clinic.

Date: Of 108 2 Attorney/Insurance Carrier's Signature:

Please date, sign and return original to:

Northwest Neck and Back Clinic Michael W. Barney, D.C. 7450 W. Cheyenne Ave #114 Las Vegas NV 89129

702-255-5930 FAX 702-644-3336

NECK & BACK CLINIC NW 7450 W. Cheyenne Ave. Ste 114 Las Vegas, NV 89129 702-255-5930 Ofc 702-515-0803 Fax 702-644-3333 Billing

NECK AND BACK CLINIC MICHAEL W. BARNEY, D.C. BENJAMIN S. LURIE, D.C. MATTHEW C. OLMSTEAD, D.C. CRAIG W. CALDER, D.C. AARON JORGENSEN, D.C. NECK & BACK CLINIC NLV 3603 N. Las Vegas Blvd Ste 109 Las Vegas, NV 89115 702-644-9155 Ofc 702-644-1255 Fax 702-644-3333 Billing

MEDSOURCE BILLING SERVICE CURTIS E. BAZEMORE, M.D.

MCLEAN RADIOLOGY
[an McLean, D.C., D.A.C.R.R.

Date:	
Patient/Client Name	Date of Injury: <u>12-10-01</u>
Dear Attorney: Terard Fierro	

Enclosed herewith please find the medical records and Account Balances, in connection with your above referenced client, for all services rendered by our facilities. The patient treatment totals are as listed:

treatment totals are as listed:	patient
Neck and Back Clinic- Chart #(	15R54 Balance: \$ 1905.00
Please remit payment payable Please mail payments to: P.O	
Dr. Curtis Bazemore- Chart #:	Balance: \$
Please remit payment payable to: Medsource fo Please mail payments to: P.O. Box 3  Ian McLean D.C. D.A. C.R.D. D. H.	
Ian McLean, D.C., D.A.C.B.R. Radiology-	Chart #: Balance:\$
Please remit payment payable to: Ian Mcl Please mail payments to: PO Box 4672 Da	Lean, D.C., D.A.C.B.R. Radiology venport, IA 52808-4672

If you have any questions regarding the enclosed medical records please do not hesitate to call our office at 644-9155. If your question is regarding the balance please contact our billing office at 644-3333 or fax to 644-3336. Thank you for your cooperation.

Sincerely yours,
Neck and Back Clinic,
Medsource Billing Service (Advanced Funding Inc.)
Ian McLean, D.C., D.A.C.B.R. Radiology

**Enclosures** 

NECK AND BACK CLINIC PO BOX 36853 LAS VEGAS, NV 89133-6853 (702)644-3333

Statement Date 3/27/2007





Chart Number CSR00541

Date	CPT Code	Unit	s Description		Amount
Last Pay	ment Received:		Amount:	Previous Bala	108:
Patient: AU	GUSTINA N. SOVE	LIO Ch	nart #: CSR00541	Case Description: MVA/121006	G/G FIERRO
12/14/2006	99204	1	New Pt 45 Min		245.00
12/14/2006	98941	1	Manip - 3-4		70.00
12/14/2006	97010	1	Thermo/Cryo Therapy		30.00
12/14/2006	97014	1	Interferential Current/6	Electrical Muscle	45.00
12/14/2006	72050	1	X-ray Cervical Spine -	4 View	200.00
12/14/2006	72080	1	X-ray Thoracolumbar	Spine 4 Views	90.00
12/14/2006	72100	1	X-ray Lumbosacral Si	ine - 2-3 Views	145.00
12/15/2006	98941	1	Manip - 3-4		70.00
12/15/2006	97010	1	Themo/Cryo Therapy		30.00
12/15/2006	97014	1	Interferential Current/I	Electrical Muscle	45.00
12/18/2006	98941	1	Manip - 3-4		70.00
12/18/2006	97010	1	Thermo/Cryo Therapy		30.00
12/18/2006	97014	1	Interferential Current/I	Electrical Muscle	45.00
12/26/2006	98941	1	Manip - 3-4		70.00
12/26/2006	97010	1	Thermo/Cryo Therapy		30.00
12/26/2006	97014	1	Interferential Current/I	Electrical Muscle	45.00
12/29/2006	98941	1	Manip - 3-4		70.00
12/29/2006	97010	1	Thermo/Cryo Therapy		30.00
12/29/2006	97014	1	Interferential Current/I	Electrical Muscle	45.00

\$1405.00	\$0.00	\$0.00	1,405.00
Total Charges	Total Payments	Total Adjustments	Balance Due

#### **INITIAL REPORT**

Patient's Name:

Date of Birth:

5/18/88

Date of Injury: Treating Doctor: 12/10/06 Craig W. Calder, D.C.

Date of Initial Exam:

12/14/06

The following is a report respectfully submitted with the permission of the above-mentioned patient with regard to a motor vehicle collision sustained on 12/10/06. Due to his symptomatology, sought care at this office on 12/14/06. The following is the information I have on file relative to his case.

This objective functional evaluation follows the S.O.A.P. note format. It is based upon scientific peer-reviewed literature and recognized functional/structural outcome assessments. The examination procedures and report are in compliance with The Guidelines for Evaluation and Management Services published by the Health Care Financing Administration (HCFA) of the United States Federal Government (May 1997).

#### Past Medical History:

stated he can remember having the usual childhood illnesses.

stated that he is not currently receiving regular medical care for any other health conditions.

stated that he has no history of surgery in the past that he can recall.

stated that he had a right hand fracture approximately 3 months ago.

denied any other fractures in the past that he can recall.

stated that he has no history of serious illness in the past that he can recall.

denied any worker's compensation injuries in the past that he can recall.

denied any motor vehicle collisions in the past that he can recall.

denied any recent change in bowel functioning.

denied any recent change in bladder functioning.

#### Family History:

denied any history of serious illness in his family.

also stated that he has no history of bone or joint problems in his family.

#### Social History:

stated that he smokes approximately 1 cigar per week and has done so for approximately the past 2 years.

stated he does not drink alcoholic beverages.

stated that he is single.

3603 N. Las Vegas Blvd #110 Las Vegas, NV 89115

Office: 702-644-9155 Fax: 702-644-2155



7450 W. Cheyenne Blvd #114 Las Vegas, NV 89129

> Office: 702-255-5930 Fax: 702-515-0803

<u>Medications:</u>
stated he has not used any over the counter medications since the injury.  stated that he has been using the following prescription medications: Valium for received from Dr. Koka.
Mechanism of Injury:  stated that he was involved in a motor vehicle collision on 12/10/06 in which he was the driver of a 2005 Malibu. At the time of the collision the pavement was dry. The collision was a front impact collision. The primary impact received during the collision was in the front end, more on the driver side.  stated that while changing lanes to the left his steering wheel locked up and he lost control of the vehicle causing him to hit a wall on the right. After the initial collision his vehicle then spun clockwise and the driver's side hit the wall and finally the rear of the car hit the wall.
stated that he was wearing his lap belt and was wearing his shoulder harness at the time of the collision.  Stated that his headrest was positioned in line with the top of his head. At the moment of impact was looking straight ahead and his body was facing forward.  Stated that his airbag did not deploy at the point of impact. Stated that he was aware of the impending collision and therefore he did brace himself for the impact. Stated that he was not broken that he is aware of. Stated that his head struck the door inside the car during the collision.  Stated that he had 2 hands on the wheel at the moment of impact. Stated he did not lose consciousness before, during or after the impact occurred. Stated that the police did come to the scene of the collision and they did file a police report. Stated that after leaving the scene of the collision he was experiencing nervousness.
Treatment History Following the Injury:  stated that he has not received a medical evaluation or treatment from any other doctors since the collision and before presenting in my office.
stated he did not seek immediate medical treatment following the motor vehicle collision on 12/10/06 due to the following reasons:

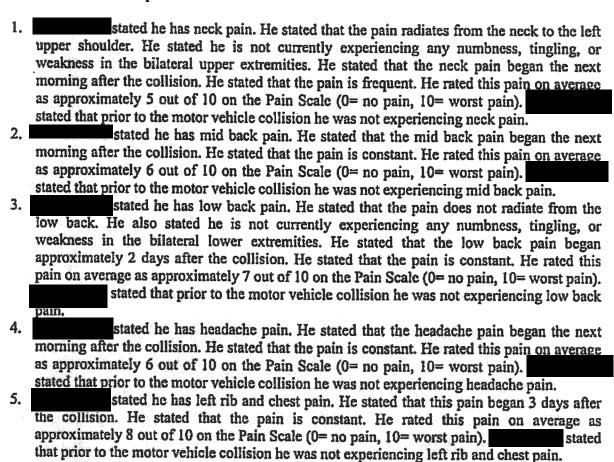
stated that the pain did not seem serious until 12/11/06.

stated that he was concerned about outstanding medical bills that would accrue and did not want to increase any further financial obligations at that time.

#### Present Complaints in our Office:

- 1. Neck pain
- 2. Mid back pain

- 3. Lower back pain
- 4. Headache pain
- 5. Left rib and chest pain



stated that overall his pain has worsened since it began. He stated that nothing has helped to decrease the pain. He stated that the following activities of daily living cause his pain to increase: lifting, and lying down, and walking, and bending forward, and reaching overhead. He stated that the following transitional movements increase his pain: lying to sitting, sitting to standing, and sitting to lying. He stated that the pain and discomfort he experiences makes it difficult for him to sleep soundly.

stated that prior to the motor vehicle collision he has never had any significant injuries to any of the currently injured areas.

#### Percentage Impairment:

stated that since the motor vehicle collision on 12/10/06, he has been unable to perform his normal activities of daily living without experiencing a moderate amount of pain.

#### **Current Work Status:**

is currently a student.

#### General Examination:

The patient was alert, cooperative and oriented X3. He was casually dressed and generally pleasant. Mental/psychological observation showed no evidence of anxiety or depression. Mr. appeared to be in pain during the consultation and examination. was 6°2" tall and weighed 271 pounds. His temperature was normal to the touch. His gait was within normal limits. He had normal respiration. Ear and nose observation showed no signs of abnormality. Upon examination the skin showed no signs of abnormality. There was no evidence of cardiovascular related extremity edema. Fingernail observation showed no signs of abnormality. He showed no evidence of impaired judgment, inappropriate behavior or magnified behavior.

#### Cervicothoracic Examination:

Cervical compression did elicit local cervical pain.

Maximum cervical compression on the right and on the left did elicit local cervical pain consistent with cervical facet inflammation and cervical sprain/strain.

Odonoghue's Maneuver was positive for sprain/strain of the cervical spine.

George's test was negative for signs of arterial insufficiency.

#### Cervical Ranges of Motion (ROM):

Flexion: 45/50 degrees with moderate pain on active and passive ROM Extension: 40/60 degrees with moderate pain on active and passive ROM

Right Lateral Flexion: 45/45 degrees with moderate pain on active and passive ROM

Left Lateral Flexion: 45/45 degrees with no pain on active and passive ROM Right Rotation: 70/80 degrees with moderate pain on active and passive ROM

Left Rotation: 70/80 degrees with no pain on active and passive ROM

#### Lumbosacral Examination:

Kemp's Test on the right and on the left did elicit low back pain consistent with lumbar facet inflammation and lumbosacral sprain/strain.

Odonoghue's Maneuver was positive for sprain/strain of the lumbosacral spine.

#### <u>Lumbosacral Ranges of Motion (ROM):</u>

Flexion: with moderate pain on active and passive ROM Extension: with moderate pain on active and passive ROM

#### Other Procedures/Comments:

Palpation of the chest and ribs was positive for reproducing the chief complaint pain in that area. This is consistent with chest and rib contusions.

#### Neurological Examination:

Cranial Nerves: II-XII are intact.

Sharp/Dull and Light Touch Sensation: WNL=Within normal limits.

C5 Dermatome:	Right	WNL	Left	WNL
C6 Dermatome:	Right	WNL	Left	WNL
C7 Dermatome:	Right	WNL	Left	WNL
C8 Dermatome:	Right	WNL	Left	WNL
T1 Dermatome:	Right	WNL	Left	WNL
L4 Dermatome:	Right	WNL	Left	WNL
L5 Dermatome:	Right	WNL	Left	WNL
S1 Dermatome:	Right	WNL	Left	WNL

Deep Tendon Reflexes: (0 to 4, 0 is no reflexive response and 4 is hyper-reflexive X = unable to perform due to pain)

Biceps (C5)	Right	+1	Left	+1
Brachioradialis (C6)	Right	+1	Left	+1
Triceps (C7)	Right	+1	Left	+1
Patellar (L4)	Right	+I	Left	+1
Achilles (S1)	Right	+1	Left	+1

Muscle Strength Testing: (0 to 5, 0 is lack of muscle contraction and 5 is maximum contraction against maximum resistance, X = unable to perform due to pain

Deltoid (C5)	Right	+5	Left	+5
Biceps (C6)	Right	+5	Left	+5
Triceps (C7)	Right	+5	Left	+5
Finger Flex. (C8)	Right	+5	Left	+5
Tibialis Ant. (L4)	Right	+5	Left	+5
Ext. Hallicus (L5)	Right	+5	Left	+5
Peroneals (S1)	Right	+5	Left	+5

There is no significant muscle-wasting present,

#### Chiropractic Examination:

A thorough Chiropractic initial examination was conducted. This examination consisted of static and motion palpation of the cervical, thoracic, lumbar spine and pelvis. It included intervertebral joint play analysis, visual range of motion evaluation and subjective muscle strength testing. This portion of the examination suggested articular dysfunction in the following regions: cervical, thoracic, and lumbar regions.

These articular dysfunctions were associated with and accompanied by intervertebral joint fixation, deep and superficial muscle spasm/tenderness, and moderate pain and tenderness upon digital examination of the cervical, thoracic, and lumbar regions.

#### Radiographic Examination:

Radiographs were performed within our office and consisted of a cervical 4/5 view study, and a thoracic 2 view study, and a lumbosacral 2 view study, and a study. Dr. Ian McLean, D.C., D.A.C.B.R. read the films. (See radiographic report.)

Radiographs had previously been performed at . Radiographs obtained include a cervical 4/5 view study, and a thoracic 2 view study, and a lumbosacral 2 view study, and study. (See radiographic report.)

#### Assessment/Working Diagnosis:

- 1. Sprain/strain injury to the cervical spine (847.0) with associated upper extremity pain/parasthesia—neuritis/radiculitis (723.4) vs scleratogenous referral (723.9), segmental dysfunction of the cervical spinal articulations (739.1) & myospasm (728.85).
- 2. Sprain/Strain injury to the thoracic spine (847.1) with associated segmental dysfunction of the thoracic spinal articulations (739.2) & myospasm (728.85).
- 3. Sprain/Strain injury to the lumbosacral spine (846.0) with segmental dysfunction of the lumbar and sacral articulations (739.3, 739.4) & myospasm (728.85).
- 4. Muscle Contraction Headaches (307.81) with associated cervical segmental dysfunction (739.1) & myospasm (728.85).
- 5. Contusion injury to the chest/ribs (922.1).

#### Causation:

symptoms have come on as a result of the motor vehicle collision described in this report. His history, subjective and objective findings, and radiological examination show evidence, from a medical viewpoint that his injuries are due to the collision only and no contributing factors are present from pre-existing conditions.

#### Neck Injury Risk Assessment:

There are several risk factors that can be used to assess an individual's risk for cervical whiplash injuries from a motor vehicle collision. The appearance of these risk factors makes it more likely for an individual to be injured and more likely to have injuries of greater severity than someone without them. The following risk factors were present for motor vehicle collision.

- 1. Use of seat belts/shoulder harness (i.e. standard three point restraint).
- 2. Being the driver vs. front seat passenger.

Reference: Foreman S., Croft A. Whiplash Injuries The Cervical Acceleration/Deceleration Syndrome Third Edition. Lippincott Williams & Wilkins Publ. 2002 pp. 361-367

#### Present Treatment Plan:

Treatment is currently scheduled at 3 times per week with a gradual reduction in office visit frequency, as clinical objective findings would indicate.

#### **Current Type of Treatment:**

After completing an initial examination and evaluation of Mr. Savelio, I have selected a plan of treatment that should return him to pre-injury status and minimize the possibility of future residuals. Treatment in this office may consist of:

- <u>Diversified technique Chiropractic Manipulative Therapy (CMT) (Grade V Maitland)</u> to modulate pain and improve neuromusculoskeletal function and healing as well as spinal joint mobility.
- Trigger Point Therapy, joint and soft-tissue mobilization (Grades I-IV Maitland), stretching, and manual traction, as indicated, to affected areas to lengthen spasmed/tightened muscles, reduce trigger points, reduce edema, and improve joint motion.
- <u>Electrical Muscle Stimulation in the regions of involvement</u> in the form of Premodulated Interferential Current Therapy to aid in reducing pain, inflammation, and edema; to improve tissue healing, reduce spasticity, and improve pain-free range of motion.
- Therapeutic Ultrasound to aid in reducing pain, inflammation, and edema; to improve tissue healing, reduce spasticity, and improve pain free range of motion.
- Hot or Cold Packs as indicated to alter circulation, reduce pain, and improve healing time. Patient will be instructed on how to utilize hot and cold therapy at home for modulation of pain and improvement of healing.
- Neuromuscular re-education and Therapeutic Exercises consisting of sensory and motor training and proprioceptive neuromuscular facilitation, spinal stabilization exercises, stretch education, neuromuscular training on labile surfaces (i.e. balance board or gymnastic ball) and finally, incorporation of these exercises into activities of daily living to improve or restore balance, flexibility, strength, endurance, movement, coordination, kinesthetic awareness, posture and proprioception.

#### Prognosis:

The initial prognosis of section is guarded pending further treatment and evaluation with a follow-up prognosis scheduled approximately 12 office treatments from the date of this report.

#### Recommendations:

will be recommended nutritional support if necessary to facilitate ligamentous stability and growth as well as to assist in the reduction of swelling. At the proper time, Mr. will be given home stretching and strengthening exercises.

#### Discussion:

The patient is a 18-year-old male who presented to this office on 12/14/06 complaining of neck pain, mid back pain, lower back pain, headache pain, and left rib and chest pain. He was injured in a motor vehicle collision on 12/10/06. History and physical exam suggest he is suffering from

the diagnosed injuries listed in the Assessment/Working Diagnosis section of this report, as a result of the collision. He will be started on a course of conservative therapy and his progress will be monitored. An update exam will be performed after approximately 12 visits and outcome measures will be used to document progress.

For further assistance regarding condition, please contact my office.

Treatment rendered will be in accordance with the standards of the profession. Fees for services rendered are usual and customary for this geographic region.

Sincerely,

Craig W. Calder, D.C.

CWC:jdp

DICTATED, BUT NOT READ

Cray W. Calder, DC

Disclosure: This report is for medical/legal assessment of the injury noted and not to be construed as a complete physical examination for general health purposes. This examiner has assessed only those symptoms which are believed to have been involved in the injury or that might have been related to the injury.

I declare under penalty of perjury, that the information obtained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to the information I have indicated received from others. As to that information, I declare under penalty of perjury, that the information accurately describes the information provided to me and accept as noted herein, that I believe it to be true.

#### PATIENT: CSR00541 - Savelio, Augustino

Page 1

Friday, December 15, 2006

**Routine Office Visit** 

Seen By: Craig W. Calder, D.C.

Chief Complaint - Neck Pain, Mid Back Pain, Low Back Pain, Headeches, and Chest Pain

SUBJECTIVE: On Sunday, December 10, 2006 Mr. Savelio was involved in a motor vehicle accident in which his vehicle was struck from the front end. He was the driver of the vehicle. Mr. Savelio stated that he was wearing his seat belts when the accident occurred and that the air bag did not deploy. The seat that he was sitting in did not break. Today, Mr. Savelio described having frequent moderate neck pain. Radiation of pain from the neck to his left posterior upper shoulder was noted. He further reported having constant moderate mid-thoracic pain. He was also experiencing constant moderate to severe lower back pain. These symptoms did not radiate. He also described experiencing constant moderate headache symptoms. He further reported having constant moderate to severe left chest pain. His score on the 0 to 10 pain scale today for the neck pain was a 5. His score on the 0 to 10 pain scale today for the mid back pain was a 6. He stated that today his low back pain was a 7 on a 0 to 10 pain scale. He stated that today his headaches was a 6 on a 0 to 10 pain scale. He stated that today his chest pain was an 8 on a 0 to 10 pain scale.

OBJECTIVE: On manual palpation, spasm and tendemess were found in the cervical region, the cervico-thoracic region, the lumbar region and the thoracic region. Tendemess is also noted in the left mid to upper chest region. On spinal evaluation, fixations were observed in the cervical area, the thoracic spine and the lumbar area.

ASSESSMENT: The primary diagnosis is cervical sprain strain (847.0) with associated myospasm (728.85) and cervical segmental dysfunction (739.1). The second diagnosis is thoracic sprain strain (847.1) with associated myospasm (728.85) and thoracic segmental dysfunction (739.2). The third diagnosis is lumbar sprain strain (847.2). The fourth diagnosis is tension headache (307.81). Contusion/chest.

PLAN: The treatment schedule will be three times per week for one month. This case will be reevaluated in 1 month. Manipulation consisted of diversified maneuvers to the cervical spine, the lumbar spine and the thoracic spine. Modalities performed to the area of chief complaint consisted of full range interferential EMS set to patient tolerance, moist heat. We discussed all of the possible side effects of treatment performed in this office, alternative treatments for his condition and that post treatment soreness is to be expected. We also discussed the importance of keeping his regular scheduled appointments and the possibility of his symptoms worsening before they improve. Mr. Savelio indicated understanding of the items discussed. He tolerated today's treatment well. At home, I have instructed Mr. Savelio to ice the area for 20 minutes several times per day.

#### PATIENT: CSR00541 - Savelio, Augustino

Page 1

Monday, December 18, 2006

Routine Office Visit

Seen By: Craig W. Calder, D.C.

Chief Complaint - Neck Pain, Mid Back Pain, Low Back Pain, Headaches, and Chest Pain

SUBJECTIVE: Today, Mr. Savelio described having frequent moderate neck pain. Radiation of pain from the neck to his left posterior upper shoulder was noted. He further reported having constant moderate midthoracic pain. He was also experiencing constant moderate to severe lower back pain. These symptoms did not radiate. He also described experiencing constant moderate headache symptoms. He further reported having constant moderate to severe left chest pain. His score on the 0 to 10 pain scale today for the neck pain was a 5. His score on the 0 to 10 pain scale today for the mid back pain was a 6. He stated that today his low back pain was a 7 on a 0 to 10 pain scale. He stated that today his headaches was a 6 on a 0 to 10 pain scale. He stated that today his chest pain was an 8 on a 0 to 10 pain scale.

OBJECTIVE: On manual palpation, spasm and tendemess were found in the cervical region, the cervico-thoracic region, the lumbar region and the thoracic region. Tendemess is also noted in the left mid to upper chest region. On spinal evaluation, fixations were observed in the cervical area, the thoracic spine and the lumbar area.

ASSESSMENT: The primary diagnosis is cervical sprain strain (847.0) with associated myospasm (728.85) and cervical segmental dysfunction (739.1). The second diagnosis is thoracic sprain strain (847.1) with associated myospasm (728.85) and thoracic segmental dysfunction (739.2). The third diagnosis is lumbar sprain strain (847.2). The fourth diagnosis is tension headache (307.81). Contusion/chest.

PLAN: Manipulation consisted of diversified maneuvers to the cervical spine, the lumbar spine and the thoracic spine. Modalities performed to the area of chief complaint consisted of full range interferential EMS set to patient tolerance, moist heat. He tolerated today's treatment well. At home, I have instructed Mr. Savelio to ice the area for 20 minutes several times per day.

#### PATIENT: CSR00541 - Savelio, Augustino

Page 1

Tuesday, December 26, 2006

Routine Office Visit

Seen By: Craig W. Calder, D.C.

Chief Complaint - Neck Pain, Mid Back Pain, Low Back Pain, Headaches, and Chest Pain

SUBJECTIVE: During today's consultation, Mr. Savelio indicated that he was experiencing slightly decreased neck pain. He further reported having slightly decreased mid-thoracic pain. He also described experiencing slightly decreased lower back pain. He also described experiencing no significant headache symptoms.

OBJECTIVE: On manual palpation, spasm and tenderness were found in the cervical region, the cervico-thoracic region, the lumbar region and the thoracic region. Tendemess is also noted in the left mid to upper chest region. On spinal evaluation, fixations were observed in the cervical area, the thoracic spine and the lumbar area.

ASSESSMENT: The primary diagnosis is cervical sprain strain (847.0) with associated myospasm (728.85) and cervical segmental dysfunction (739.1). The second diagnosis is thoracic sprain strain (847.1) with associated myospasm (728.85) and thoracic segmental dysfunction (739.2). The third diagnosis is lumbar sprain strain (847.2). The fourth diagnosis is tension headache (307.81). Contusion/chest.

PLAN: Manipulation consisted of diversified maneuvers to the cervical spine, the lumbar spine and the thoracic spine. Modalities performed to the area of chief complaint consisted of full range interferential EMS set to patient tolerance, moist heat. He tolerated today's treatment well.

Friday, December 29, 2006

Routine Office Visit

Seen By: Craig W. Calder, D.C.

Chief Compleint - Neck Pain, Mid Back Pain, Low Back Pain, Headaches, and Chest Pain

SUBJECTIVE: indicated that he was experiencing decreased neck pain. He further reported having slightly decreased mid-thoracic pain. He also described experiencing slightly decreased lower back pain.

OBJECTIVE: On manual palpation, mild spasm and tenderness were found in the cervical region, the cervicothoracic region, the lumbar region and the thoracic region. Tendemess is also noted in the left mid to upper chest region. On spinal evaluation, fixations were observed in the cervical area, the thoracic spine and the lumbar area.

ASSESSMENT: The primary diagnosis is cervical sprain strain (847.0) with associated myospasm (728.85) and cervical segmental dysfunction (739.1). The second diagnosis is thoracic sprain strain (847.1) with associated myospasm (728.85) and thoracic segmental dysfunction (739.2). The third diagnosis is lumbar sprain strain (847.2). The fourth diagnosis is tension headache (307.81). Contusion/chest.

PLAN: Manipulation consisted of diversified maneuvers to the cervical spine, the lumbar spine and the thoracic spine. Modalities performed to the area of chief complaint consisted of full range interferential EMS set to patient tolerance, moist heat. He tolerated today's treatment well.





#### **CDR File Information**

All the a d a a substitution of a second second second	
Vehicle Identification Number	1G1ZU64855F
Investigator	BILL SMITH
Case Number	628995
Investigation Date	Thursday, March 29 2007
Crash Date	Sunday, December 10 2006
Filename	1G1ZU64855F: CDR
Saved on	Thursday, March 29 2007 at 02:08:04 PM
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	Non-Deployment Non-Deployment

#### **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 out 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"
- -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:

1G1ZU64855F

Printed on: Friday, March 30 2007 at 08:53:18 AM





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.

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**Multiple Event Data** 

121 Miles de Sant de la casa de l	
Associated Events Not Recorded	1
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)	Yes
The Event(s) Not Recorded was a Deployment Event(s)	No
The Event(s) Not Recorded was a Non-Deployment Ever	it(s) Yes

**System Status At AE** 

OVOLUII OLULUO AL AL	
Vehicle Identification Number	**1ZU648*5*341759
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** 

Fourth Gear
Drive
No
OFF
OFF
61
Closed
Closed
Unused
Unused
Closed

Pre-crash data

R. E. Mr. Max diameter and presented			L.
Parameter	-2 sec	-1	sec
Reduced Engine Power Mode	OFF	(	)FF
Cruise Control Active (If Equipped)	No		No
Cruise Control Resume Switch Active (If Equipped)	No		No
Cruise Control Set Switch Active (If Equipped)			No

Pre-crash data

CAN AND MARKS AND AND AND AND AND AND AND AND AND AND	O. A. 2001. M. 2000.				i .		
Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec		
Vehicle Speed 81		83	85	81	60		
Engine Speed (RPM)	3264	3968	4032	3008	1792		
Percent Throttle	99	99	99	0			
Accelerator Pedal Position (percent)	100	100	100	0	0		
Antilock Brake System Active (If Equipped)	No	No No		No	No		
Lateral Acceleration (feet/s²)(If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid		
Yaw Rate (degrees per second) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid		
Steering Wheel Angle (degrees) (If	-16	o	16	16	-400		
Equipped)		0 - 0 - 644		n: Eriday March 30 2007 at	08-E2-18 AM		





Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Dynamics Control Active (If Equipped)	Invalid	Irvalid	Invalid	Invalid	Invalid

Page 4 of 11

1G1ZU64855F

Printed on: Friday, March 30 2007 at 08:53:18 AM



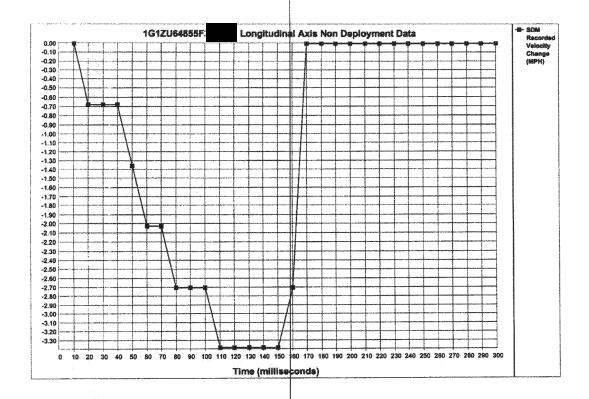


System Status At Non-Deployment

System Status At Mon-Deproyment	
Ignition Cycles At Investigation	2813
SIR Warning Lamp Status	OFF
SIR Warning Lamp ON/OFF Time (seconds)	655200
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	2809
Ignition Cycles At Event	2813
Ignition Cycles Since DTCs Were Last Cleared	254
Driver's Belt Switch Circuit Status	UNBUCKLED
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
Maximum SDM Recorded Velocity Change (MPH)	8.44
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	120
Driver First Stage Deployment Loop Commanded	No
Driver Second Stage Deployment Loop Commanded	No
Driver Side Deployment Loop Commanded	No 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 No
Driver Knee Deployment Loop Commanded	No
Passenger First Stage Deployment Loop Commanded	No 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	No
Vehicle Event Data (Pre-Crash) Associated With This Event	Yes
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes
CASH LACORDINA AND AND AND AND AND AND AND AND AND A	******





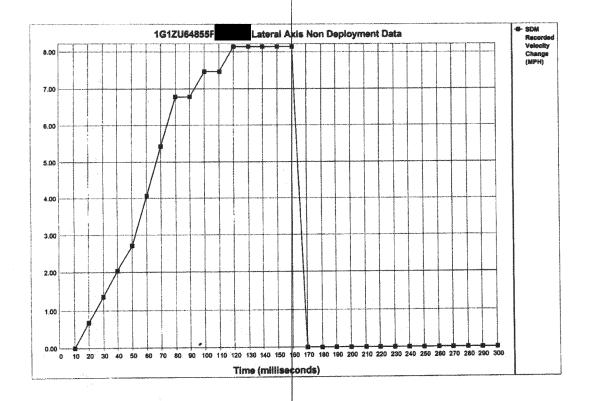


Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	-0.68	-0.68	-0.68	-1.36	-2.03	-2.03	-2.71	-2.71	-2.71	-3.39	-3.39	-3.39	-3.39	-3.39
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	-2.71	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

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and the state of t						1		***************************************			<del></del>				4.00
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	0.68	1.36	2.03	2.71	4.07	5.42	6.78	6.78	7.46	7.46	8.13	8.13	8.13	8.13
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Lateral Axis Recorded Velocity Change (MPH)	8.13	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**

ėn1	08	00	00	00	00	00	00
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					00		
\$03	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	03	0A	00	00
\$07	00	20	00	00	00	00	00
\$08	00	00	00	00	00	00	00
\$09	00	00	00	00	00	00	00
\$0A	00	00	00	00	00	0.0	00
\$0B	00	0.0	05	0F	00	00	00
\$0C	00	0.0	00	00	00	00	00
\$0D	00	00	40	00	00	00	00
\$0E	00	00	00	00	00	00	00
\$0F	BA	80	00	00	00	00	00
\$10	00	00	0.0	00	00	00	00
\$11	0.0	00	00	00	00	00	00
\$12	00	00	00	00	00	00	00
\$13	0.0	0.0	00	00	00	00	00
\$14	00	00	00	00	00	00	00
\$15	00	00	0.0	00	00	00	00
\$16	03	06	0C	16	34	00	00
\$17	0.0	00	00	00.	00	00	00
\$18	00	00	00	00	00	00	00
\$19	00	00	00	00	00	00	00
\$1B	FF	33	00	66	00	78	00
\$1C	FF	30	00	66	00	18	00
\$1D	00	0.0	00	00	00	00	00
\$1E	00	00	0.0	00	00	00	00
\$1F	20	00	00	00	00	0.0	00
\$20	40	00	00	00	00	00	00
\$21	00	00	00	00	FO	00	00
\$22	00	94	00	00	00	00	00
\$24	00	00	00	00	00	00	00
\$25	00	00	00	00	00	00	00
\$26	00	00	0.0	00	00	00	00
\$27		0.0		00	00	00	00
\$2A	00	00	0.0	00	00	00	00
\$2B	0.0	00	00	00	00	00	00
\$2D	00	00	0,0	00	00	00	00
\$2E	00	FF	FO	0A	FA	00	00
\$2F	0.0	FE	OA	FD	00	00	00
\$30	9D	00	00	00	0.0	00	00
\$31	00	00	FF	FF	FF	00	00
\$32	00	00	00	00	00	00	00
\$33	00	00	FC	FC	FC	00	00
\$34	1C	2F	3F	3 E	33	00	00
\$35	60	82	89	86	82	00	00
\$36	E7	01	01	00	FF	00	00
\$37	00	00	00	04	0B	00	20
\$38	70	00	40	00	03	CO	00
\$39	00	00	00	00	00	80	00
\$3A	00	00	.00	.00	00	80	00
\$3B	06	0C	0B	00	12	00	00
\$3C	1F	0C	9D	CE	91	B6	00
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\$3E	35	34	17	59	00	00	00
\$3F	29	00	90	00	00	00	00
\$40	20	A5	00	00	00	00	00
\$41	00	00	00	00	00	00	00
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\$43	FE	A0	FD	00	00	00	00

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Printed on: Friday, March 30 2007 at 08:53:18 AM

Page 8 of 11



1G1ZU64855F



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$44 00 00 00 00 00 00 00
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    00 00 00 00 00 00 00
$46
    00 00 00 00 00 00 00
$47
    00 00 01 FF 02 FF 00
$48
    03 FF 04 FE 06 FD 00
$49
    08 FD 0A FC 0A FC 00
    OB FC OB FB OC FB OO
$4A
    OC FB OC FB OC FB OO
S4B
$4C
    OC FC 00 00 00 00 00
    00 00 00 00 00 00 00
$4D
$4E
    00 00 00 00 00 00 00
$4F
    00 00 00 00 00 00 00
$50
    00 00 00 00 00 00 00
    70 00 00 00 00 00 00
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$52
    80 00 00 00 00 00 00
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    OC 00 A9 00 00 00 00
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$55
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    F8 F8 90 C0 00 00 00
    80 FF FF FF FF 00 00
$69
    FF FF FF 00 00 00 00
$6A
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    FF FF FF FF FF 00
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    81 FF FF FF 00 00 00
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$7A
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    FF FF FF FF FF 00
$7B
    41 55 36 35 32 38 52 35 30 33 31 33 36 58 50 59
$01
$02
    41 0A 22 34
    41 54 36 35 32 38 52 35 30 33 31 32 36 58 37 5A
$03
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    41 0A 22 34
    $05
$06
    FF FF FF FF
    $07
    FF FF FF FF
$08
    41 48 36 35 32 39 52 35 31 33 37 $3 54 4C 52 39
$0D
$0E
    01 59 D3 B3
    41 4A 36 35 32 39 52 35 31 37 32 33 54 56 5A 4E
SOF
$10
    01 59 D3 B3
    42 52 FF FF FF FF FF FF FF FF FF FF FF FF
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    FF FF FF FF
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    $17
$18
    FF FF FF FF
    31 12 66 1A DO 2E 91 9A
$21
$22
    19 46
$23
    31 5A 53 54 55 55 34
    31 5A 53 54 55 55 34
$24
    31 5A 53 54 55 55 34
$25
$26
    31 5A 53 54 55 55 34
    00 00
$40
    FF 30 00 66 00 18
$41
$42
    FO C4
    00 00 8C 80
$43
$44 C6 OA OO FC CO CO
                                    Page 9 of 11
```

Printed on: Friday, March 30 2007 at 08:53:18 AM





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$45 07 01 07 01 05 01
$46 00 OF OF 64 64
$47 OA 64 06 04 04 05 OA 06 04 OA 00 00 FA 00 00 FF 04 64
$48 18 08 08
$B0 58
$B1 FD FE 00
$B2 FF FF FF FF
$B4
    41 53 31 39 34 36 32 33 32 57 30 4C 20 20 20 20
$B7
     50 AA 01 OF 01
$B8 54 41 68 02 11
$C1 30 46 30 31
$CA 30 46 30 31
$CB 01 5A 8E 8A
$CC 01 5A 8E 8A
$D1
    00 00
$DB 00 00
$DC 00 00
```





#### Comments

NO IGNITION KEY TO TEST LAMP
DOWNLOADED THROUGH FUSE BLOCK
NON DEPLOYMENT
UNKNOWN MILEAGE
CO-PART 4810 N. LAMB BLVD., LAS VEGAS, NV 89115

1G1ZU64855F:

Printed on: Friday, March 30 2007 at 08:53:18 AM

Page 11 of 11



September 21, 2007

Liberty Mutual Fire Insurance Company

5050 W Tilghman St Ste 200 Allentown PA 18104-9154

Tel: (610) 398-9800 / (800) 521-0986

RECEIVED

OCT 0 1 2007

ESIS-GM CLAIMS UNIT

Fax: (603) 334-0372

**ESIS/GM CLAIMS PO BOX 300 DETROIT MI 48265-3000** 

ATTN CLM# 628995 OR 623995

YOUR INSURED:

YOUR CLAIM NUMBER:

DATE OF LOSS: LOSS LOCATION: 12/10/2006

95 & RANCHO

LAS VEGAS, NV

OUR CLAIM NUMBER: PD647-007826218-01

**OUR INSURED:** 

ADDRESS:

HENDERSON NV

OUT OF POCKET:

(if known)

Dear TIFFINI HAILSS:

Based on our investigation of this accident, we believe your Insured to be responsible for the damage to our Insured's vehicle. I have enclosed documentation to support the following subrogation claim:

Amount we have paid	\$ 18509.59
Our Insured's deductible	\$ 1000.00
Total amount of damages	\$ 18936.84
Salvage (if applicable)	\$ 572.75
Rental (if applicable)	\$ 0.00
Total Subrogation Amount Due	\$ 18936.84

Please include our claim number or your check for the total amount of damages shown above. Please deal directly with our insured to discuss any out of pocket expenses they may have incurred. Payment for out of pockel expenses should be made directly to our insured.

(over)

Helping People Live Safer, More Secure Lives

SUB127A

Please call me if you have any questions. If you prefer to communicate by email, my address is listed below. When communicating by email, please be sure to include the claim number in the subject line.

Sincerely,
KATHY NORTON DRAGO
Recovery Team
Subrogation Department
(610) 398-9800 / (800) 521-0986
Extension 397 7333 |

Email: KATHY.NORTONDRAGO@LIBERTYMUTUAL.COM

Enclosure

## SUNLAND COLDISION CENTER 5947 BOULDER HIGHWAY LAS VEGAS. NEVADA 89122

(702)898-9600

FAX: (702)898-9601

CD LOG NO 62-11

DATE 12/13/06

SUNLAND COLLISION CENTER SHOP: 5947 BOULDER HIGHWAY ADDRESS:

CITY STATE: LAS VEGAS, NV

ZIP:

89122-

BRENDA@SUNLANDCOLLISION.COM EMAIL:

EMETERIO DELGADO. MARIA OWNER: ADDRESS: 1504 SPRING RAIN RD

CITY STATE: LAS VEGAS, NV

ZIP:

89142-0999

CLAIM#: 007826218-01 INSURED: EMETERIO.MARIA

LOSS DATE: 12/10/06 POINT OF IMPACT: 15

INS. CO: LIBERTY MUTUAL

ADDRESS: 2510 WEST DUNLAP AVE #100

P.O. BOX 52043

CITY STATE: PHOENIX, AZ ZIP: 85072-4299

LIC#:

BODY COLOR: BLACK

CONDITION: GOOD

DRIVEABLE: YES

\*=USER-ENTERED VALUE E=NEW PART

EC=QUALITY REPLACEMENT PART

UM=NEW DISCOUNT OEM PRT UC=RECONDITIONED PRT

EP=SEE QUAL. REPL. PRT. RPT.

PC=PXN RECONDITIONED

ET=LABOR/PARTIAL REPLACE

L=REFINISH

CG=CHIPGUARD

RI=R&I ASSEMBLY

RP=RELATED PRIOR DAMAGE

STATE: NV

PM-PXN REMAN/REBUILT IT-LABOR/PARTIAL REPAIR

BR=BLEND REFUNISH

SB=SUBLET

P=CHECK

UP=UNRELATED PRIOR DAMAGE

INSP DATE:

12/13/06 ROBIN LEWIS CONTACT:

PHONE 1: FAX:

(702)898-9600 (702)898-9601

HOME PHONE: (702)292-7700 WORK PHONE:

(702)292-7700

POLICY#: PD647

CLAIM REP: MARY CLEMENTS TYPE OF LOSS: COLLISION/DRP

DAYS TO REPAIR: 29

CONTACT: MARY CLEMENTS

PHONE 1:

(602)997-4700 (800) 577 - 4299

PHONE 2:

VIN:

1G1ZU64855F

MILEAGE: 24,000

ACCING CIL#: ZZZZZZZZZ

VEH. INSP#:

NG=REPLACE NAGS

UE=DISABLED

EU=REPLACE RECYCLED

OE=DISABLED

TE=PART/PARTIAL REPLACE

I=REPAIR

TT=TWO-TONE

N=ADDNL LABOR OPERATION

AA=APPEARANCE ALLOWANCE

PAGE 1 12/13/06 \*ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL BY A LIBERTY MUTUAL REPRESENTATIVE. PLEASE CONYACT LIBERTY MUTUAL'S PHOENIX CLAIMS CENTER AT 1-800-577-4299 EX 2699 FOR ANY SUPPLEMENT REQUEST. COPY OF APPRAISAL MAILED TO VEHICLE OWNER.
\*BOTH: MATERIALS & LABOR FOR TINT COLOR & CAR COVER ARE INCLUDED OPERATIONS WITHIN ADP DATA BASE.
LKQ SEARCH NUMBER 1:AA ROW 702-649-2222 FRANK
LKQ SEARCH NUMBER 2:ALL FOREIGN 702-564 6222 PHIL
LKQ SEARCH NUMBER 3:GREENLEAF 702-644-7/22 WILL
\*\*\*\*VEHICLE IS A TOTAL LOSS\*\*\*\*

2005 CHEVROLET MALIBU MAXX LT 4DOOR HATCHBACK 6CYL GASOLINE 3.5 CODE: U2653C/B OPTNS H/2ACBDILEFGM

#### **OPTIONS:**

TWO-STAGE - EXTERIOR SURFACES HEATED FRONT SEATS REMOTE KEYLESS IGNITION REAR WIPER ROOF MOUNTED AIRBAGS FRONT SIDE IMPACT AIRBAGS BUMPER COVER MOUNTED FOG LAMPS HEATED REMOTE CONTROL MIRRORS REAR SPOILER CLIMATE CONTROLLED A/C STRG WHEEL MTD RADIO CONTROLS

OP	GDE	MC	DESCRIPTION	•	MFG.P.	lrt	NO.	•	PRICE	AJ%	B%	HOURS	R
24	0000	~~	*****		AA2A2		****	***	*****	***	***	* *	*
E			BUMPER, FRONT						195.70			1.0	
UG	UUUO		COVER, FRONT BUMPER			2						1.5	1
			THIS IS A RECONDITIONE			g							
			EYSTONE PLATINUM PLUS							<u>Y</u>			
			UTUAL AND SPECIFY RECO					WHEN (	JRDERING.				
L	0006	13	COVER, FRONT BUMPER	•	refin.	2		<u> </u>				3.7	4
								PACE					
								STAGE	SETUP				
			and the same and t					STAGE					
E			BRKT, FRONT LIC PLATE						4.44	-		0.2	1
E	0050		ABSORBER, FRONT ENERGY						76.09	-5		INC	1
E	0028								137.11	-5		0.1	
E	0158		MLDG, GRILLE UPPER		22686	49	GM	PART	159.50	-5		INC	1
E	0011	01	EMBLEM, GRILLE		22670	158	GM	PART	23.45	-5		0.2	1
E	0041		HEADLAMP ASSY, HALOG L	JT	152870	23	GM	PART	210.00	-5		INC	1
E	0042		HEADLAMP ASSY, HALOG R	T	15207	24	GM	PART	210.00	-5		INC	1
N	0973		HEADLAMPS AIM		ADDTL	LA	BOR					0.4	1
E	0051		LAMP ASSEMBLY, FOG L	II.	22626.	67	GM	PART	94.02	-5		INC	1
E	0083		PANEL, HOOD		22730	64	GM	PART	407.17	-5		1.1	1
L	0083		PANEL, HOOD		REFIN.	B ' ' '						4.8	4
					3.	0 1	SURI	FACE					
					1	ž.	SDGE						
					ō.			STAGE					
E	0088		LATCH, HOOD PANEL	٠.	22687	2			63.06	-5		INC	1
E	0084		HINGE, HOOD PANEL L						16.10	-5		INC	
L	0084				REFIN		w-4 A	420 42 Noon 15 686		***		0.2	
and .	****		an man trop and g is a by the and is in it has the about the shift	analis d		T***						*** **********************************	*

PAGE 2 12/13/06

					.2 SURFACE		***	100 h 10 miles
E	0085		HINGE, HOOD PANEL RI	22729	166 GM PART	16.10	-5	INC 1
L	0085		HINGE, HOOD PANEL RI					0.2 4
E"	0077	07	CRSMBR, RAD PANEL UPR		.2 SURFACE	153 40	. 5	7.7 1
	0077		CRSMBR, RAD PANEL UPR			172.30	- 2	0.4 4
4.0	WW//		Valuation and value		.4 SURFACE			913 3
EC	0755	46	RADIATOR			198.00*		ING 1
E	0701	46	RADIATOR FAN ASSY, ENG COOLING	15254	643 GM PART	259.73	-5	0.3 1
EC	0731	46	CONDENSER, A/C	QUAL	TY REPL. PAR	198.69*		INC 2
I	0101	07	PANEL, INNER FENDER LI	REPA	R			3.0*1
L	0101		PANEL, INNER FENDER LT		<b>a</b> .			0.5 4
		an inte		(	.5 SURFACE			
			PANEL, INNER FENDER RI	8895	963 GM PART	43.45	-5	2.0 1
La	UIUZ		PANEL, INNER FENDER RI		15H .5 SURFACE			0.5 4
E7	0645	ממ	SIDE MEMBER, FRONT L/F					4.2 1
			SIDE MEMBER, FRONT R/F					3.4 1
E	0103	•	FENDER, FRONT LT	10398	518 GM PART	187.29	-5	
L	0103		FENDER, FRONT LT	REFI	ISH			2.5 4
					.7 SURFACE			
					.5 EDGE			
				(	.3 TWO STAGE			
E	0104		FENDER, FRONT RT	10398	517 GM PART	187.29	-5	1.3 1
L	0104		FENDER, FRONT RI		<b>1</b>			2.5 4
					.7 SURFACE .5 EDGE			
					.3 TWO STAGE			
TE	0115	07	SIDE MEMBER ASSEMBL LI			415.36	-5	1
			SIDE MEMBER ASSEMBL LI			m years a saw ye	•	0.5 4
					.5 SURFACE			
			SIDE MEMBER ASSEMBL RI			415.37	-5	1
L	0646		SIDE MEMBER ASSEMBL RT					0.5 4
979a	00/0		22.00 m 20 m	0001	.5 SURFACE		مر	
5 17	0000		HORN	89040	918 GM PART	04.20	-3	0.1 1 4.8 2
II.	0574		ENGINE & TRANSAXLE R&I SHIELD, ENGINE LOWER LT	NUULL 15800	THEOR 310 CM DADT	19 27	_ 5	INC 2
iic:	0915	46	WHEEL, FRONT LT	RECOI	INTTTONEN PET	74.30*		0.2 1
*****	****		JPPLIED BY KEYSTONE 702			1 3 1 5 4		<b>0,2</b>
L	0915			REFIN	8 ···			0.5 4
					.5 SURFACE			
			organization and the contraction of the contraction		NC TWO STAGE			
UC	0916				DITIONED PRT	74.30*		0.2 1
9	0016		IPPLIED BY KEYSTONE 702					0 5 4
La	0916		WHEEL, FRONT RT	REFIN	.5 SURFACE			0.5 4
					NC TWO STAGE			
N	0978		SUSPENSION R&I LT L/F					1.5 2
			SUSPENSION R&I RT R/F					1.5 2
			SENSOR, FLUID LEVEL	22675	864 GM PART	22.72	-5	0.1 1
			PUMP, WASHER	22675	866 GM PART	47.86		0.1 1
E	0248	07	PANEL ASSY, BODY SID LT	15144	935 GM PART	606.42	-5	34.5 I
								yes 2 answers or
								PAGE 3
								12/13/06

	)5 CHI LOG 1		OLET MALIBU 62-1	I MAXX LI	' 4I	000R 1	<i>IATCHBACK</i>				
L	0248		PANEL ASS	Y.BODY SID	LT		.8 SURFACE .2 EDGE				7.0 4
273 'S'	0117		M DO DOOM	373 FYA 1973F	T M	ner.	.O TWO STAG	E			INC 1
			MLDG, ROCKE								1.0 4
i.	VII/		fildo, kooke	or emater	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	RDE 11	.O SURFACE				1.0 4
r	กวยว		DOOR SHELL	DPAD	T.T	DEDA	D SOVEWOR				2.0*1
wife.	V4V/		ARTIAL REFI				an an an an an an an an an an an an an a				2.02
T.	0287		DOOR SHELL				VTSH				2.0 4
-	,		tion, and an an arrangement and	ar gr na napane com n	1000 100		.7 SURFACE				
							.3 TWO STAG	Œ			
RI	0334		W/STRIP, BE	LT OUTER	LT		•				0.4 1
RI	0260		MLDG. REAR	DOOR SIDE	LT	R&I A	SSEMBLY				0.3 1
RI	0305		HANDLE, RR	DOOR OUTE	LT	R&I A	SSEMBLY				0.2 1
I	0341		PANEL, ROOF	?		REPA.	t <b>R</b>				3.0*1
		A	FTER PULLS								
L	0341		PANEL, ROOF				VISH .				3.2°4
		P	ARTIAL REFI	INISH OPERA	TIC		:				
							.8*SURFACE				
							.4 TWO STAG	Œ			
SB	0142	OI	GLASS PANE	SL, ROOF		SUBL	T REPAIR		80.00*		1
RI	0348		MLDG, ROOF	SIDE	LT	R&I Z	SSEMBLY				INC 1
RI	0349		MLDG, ROOF	SIDE	RT	R&I /	SSEMBLY				0.3 1
KI	02/0		FKAME, GLAS	S PANEL	9 84	KOT 1	T REPAIR SSEMBLY SSEMBLY SSEMBLY 817 GM PARI	a	40 27	g.is	3.6 1
2	0490		EXIN, QUARI	IBK PANEL	LI	IUSY.	røl/ GM PAKI		40.27	-2	1.0 1 0.2 4
مد	0490		BAIN, QUAKI	LEK PANEL	LL		).2 SURFACE				0.2 4
F	0402		PTITED ATE	DANIDI DY	7 72		7.2 SUREROE 7285 GM PARI		17 12	5	0.5 1
			FILLER, QT					•	***	w/	0.3 4
dud	W.Z. J. Zo		a anamari 9 of a a	2222 222222 2	4.0 .2.		.3 SURFACE				510 2
R	0379		DUCT OHART	TER LOUVER	T.T	1514	603 GM PART	R	10.31	-5	INC 1
E	0509		PANEL REAL	BODY		2199	603 GM PARI 241 GM PARI	P 1	32.52	-5	4.8 1
L	0509		PANEL, REAL	R BODY		REFI	ISH			-	1.5 4
							.O SURFACE				
			e de la companya de l				.5 EDGE				
E	0533		TAILLAMP A	SSEMBLY	LT	1585.	072 GM PART	. 2	28.46	-5	INC 1
E	0566					2269	160 GM PART	. 3	15.70	-5	0.5 1
L	0566		COVER, REAL	R BUMPER		REFI					3.1 4
							.6 SURFACE				
							.5 TWO STAG	Œ			
N	0966										5.7 2
E	0729	Ø	HUB, REAR W		LT	2270	424 GM PARI	r 2	86.42	-5	0.9 2
			# = 01, 46					_		_	
	0881						356 GM PARI		04.94		ING 2
	1830				LT		357 GM PARI		5.44	-5	INC 2
	M03		FLEX ADDIT		*		TY REPL. PA	ιχ	5.00*		0.3*1
	M14			PROTECTION					5.00*		2.0*1
			SET-UP & M			REPA. REPA.	ž				4.0*3
	M45		FRAME DIAM				i				4.0*3
	M64			FRAME ALIC		1	i				2.0*3
4	4447		~a~a&~&&	White masses,	-a +A -A	mand to did.	p spe 16				- T T T T

PAGE 4 12/13/06

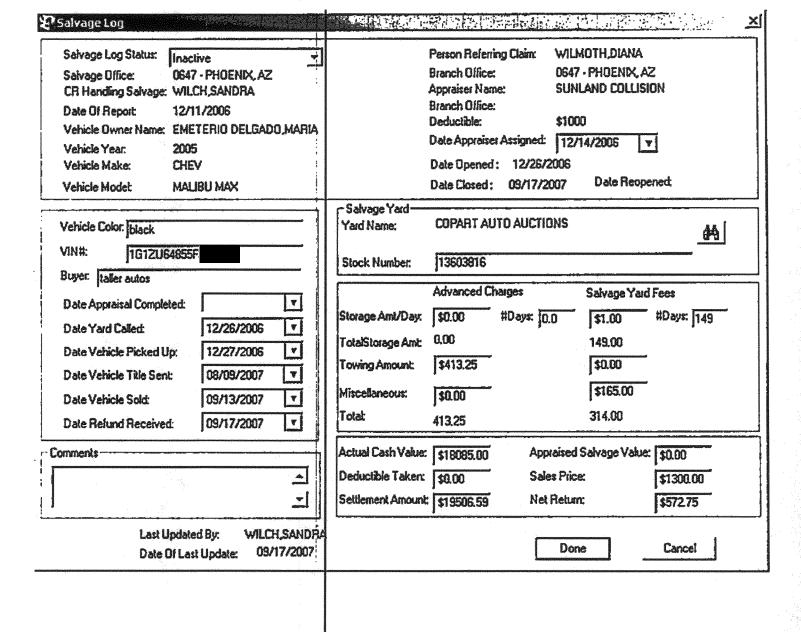
2005 CHEVRO		LIB	U MAXX	LT 4DO	OR H	TCHBACK	ş.			
			FRONT FRONT			Y REPL. Y REPL.		105.00*		1 ° 1 °
86 ITEM	S									
		01 07 10 13	STRUCTURA INCLUDES	LER FOR AL PART AUDATE 0.6 HO	AS I X TII URS I	DENTIFI Œ TO CL 'IRST PA	ED B EAR	ER / PRICE Y I-CAR ENTIRE PANEL TWO-STAGE ALL	OWANCE	
FINAL CALC		is &	ENTRIES						E 17E &&	
44-4-4-	PARTS PARTS								5,175.44 895.29	
	ITEM DI	sco	INT						258.77-	
	MATERI		30° 0. 4 .00						450.00**	
PARTS & MA			AL						6,261.96	
TAX O	N PARTS	· & .	MATERIAL	@				7.750%	485.30	
LABOR				RATE	RI	PLACE H	RS	REPAIR HRS		
1 - SHE	et meta	T.		40.00		71	. 1	10.7	3,272.00	
2-MEC	H/ELEC			85.00		0	. 9	13.5	1,224.00	
3-FRA	ME			45.00				10.0	450.00	
	INISH			40.00		35	. 6		1,424.00	
	nt mate	RIA	L	24.00						
LABOR TOTA									6,370.00	
	T REPAI	RS							80.00	
TOWIN									413.25	
STORA	GE									
GROSS TOTA	T.								13.610.51	
	DEDUC1	TBL	E						1.000.00-	
			***			,				
NET TOTAL								TOTAL LOSS	12,610.51	
PXN: Y/06/ HOST LOG	00/00/0	06/0	6 CUM 06,	/00/00/	06/0	GEOCOD		06PM R6.37 CD 0122	11/06	
	ABLISHE	D T	HRESHOLD	FOR PA	int A	MTERIAL		BEEN REACHED		TED
								O-STAGE REFIN		

4.5 HRS WERE ADDED TO THIS EST. BASED ON AUDATEX TWO-STAGE REFINISH FORMULA AUDATEX TWO-STAGE EXTERIOR THRESHOLD OF 2.5 HOURS WAS CALCULATED IN THIS ESTIMATE.

PAGE 5 12/13/06

Pemeterio del Gado, Maria - El Te Edit Tools Help	METERIO DELGA	DO, MARTA	<b>Y007826218</b> ;000	11001-112/10/	2005(Inimala)	Chr. and	<u>                                      </u>
Mext Next							
Amounts per Coverage:							
Coverage	Gross Paid		Net Paid to Date	Loss Estima	es	Estimales	
COLL	18509.59		17936,84	18510.00			
		E-100000					
Gross Expenses Paid to Date: \$0.00 Net Expenses Paid to Date: \$0.00		Selec	t New Process:		<u> </u>	en New Process	j
Financial Transaction History:		Refur	nd Reason:			***************************************	]
	e/Issuer Type	Status	Amount	Pay From	Pay Through	Transaction Date	
No COPART AUTO Billing	Annual Company of the	Anni anni anni anni anni anni anni anni	onlin 572.75			09/20/2007	
No SALEM BOYS A BILLIN	g Provider	Void	3000.00			04/13/2007	J
No GMAC Loss	Payee	Disbused	18509.59			01/12/2007	
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ACV \$ 18085.00 Tax 7.75% (NV) \$ 1401.59 T&T \$ 20.00 VLF **\$ NONE** Gross \$ 19506.59 Deductible \$ 1000.00 Final Settlement \$ 18506.59 Owner Retained \$ NO Lien/Lease Pymt \$ 18506.59





Invoice Display

ADVChages提

Ong /Add, Does: 日日日日日

Sale Doce :目目

Lot#: 13603816

Options: Lot Display for Lot # 13603816 New Search

COPART AUTO AUCTIONS	pate 9/21/07
4810 M. LAMB BLVD	
LAS VEGAS, NV 89115	Visit us at www.copart.com
PHONE (702) 638-9300 TAX ID# 942867490	·
1VY 104 34500/430	FINAL INVOICE
Copart Lot# 13603816 57 NV -	LAS VEGAS
Loss Date 12/10/06 Called In 12/26/06	
Called In 12/26/06	
P/U Cleared 12/26/06 Pickup Date 12/27/06	L235 PIP720A
original Title 8/10/07	SANDY WILCH LIBERTY MUTUAL INSURANCE CO
Trans Title 8/13/07	2510 W. DUNLAP #100
Sale Document 8/17/07	PHOENIX, AZ 85021
LOSS Type COLLISION	A SALE AND A SALE
Description O5 CHEV MALIBU MA Vehicle ID# 1G12U64855F	X BLACK Claim# 007826218-01
License∮/ST	Policy#
Mileage 25,720	Loss Code
Pickup From SUNLAND COLLISION 5947 BOULDER HWY	
LAS VEGAS, NV 8912	Insured  P Owner Control of the Cont
(702) 898-9600	Onaici
ADVANCE CHARGES PAID BY COPART	
TOW SERVICE	413.25
TOTAL ADVANCE CHARGES	413.25
COPART SERVICE CHARGES	
TITLE PROCESSING	
RE-RUW	
PIP PROGRAM CHARGE STORAGE	
· · · · · · · · · · · · · · · · · · ·	
TOTAL COPART SERVICE CHAR	GES 314.00 727.25 1300.00cR *Bid Raised By Internet*
PROCEEDS FROM SALE	727.25 1300.00CR *Bid Raised By Internet*
PREVIOUS PAYMENTS FROM COPART.	1300.00CR *Bid Raised By Internet*
NET DUE COPART	\$ .00
COPART PAYMENTS DETAIL COPART CHECK# 06282167	09/14/07 572.75
FOLVEL FILEFUL ROSOSTOL	SALE INFORMATION
Lot# 13603816	Sold to 115193 taller autos el Naranjo
Sale Date 9/13/07	526 BRONCE BLVO
Sale Amount 1300.00 ACV 16245.00	BAJA CALIFORNIA, BJ (323) 270-7510 RES# 4356 CANACO
Repair Est 13611.00	feest elaminate and manne
Return 8.0%	Item# 2102
Cert# Nv002048363	Parisi no Pobo A /4 4 /479
Payment From Suver	Invoice Date 9/14/07 Invoice Amount .00 USD
Reported To NICB 9/13/07	Turne warmer .aa aan

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and errors.

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## **\$unland Collision Center**

RO#001805

Date: 12/19/2005 Fane: 7:36:51AM 5947 Boulder Hwy Las Vegas, NV 89122 (702) 898-9600 Fax: (702) 898-9601

Flaal Bill Page 1 of 1

Home: Work: Est: ROBIN LEWIS	Make: Model: Style: License: Color: VIN: Mileage: Hat No:	2005 Chevrolet Malibu Maxx LI 4 Dr HB 024 ILX IG1ZU64855F	Adjuster: Ins Co Phone (702) - x Claim #: 007826218-01 Date of Loss:
Scheduled: 12/12/2006 Arrival: 12/12/2006			Source:

<b>*</b> * *	Thank you fo	choosing Sunland Collision for your repairs. ***								
Line	Line	liems		Price	Lahor	Paint	Other			
Cl	Towing		•				413 25 I			
	To	als		TotalS						
	Towing (T)			413 25						
	Other Total	Anny control services and a service and a se		413.25	-		<b>i</b>			
	Subtotal	5		413.25	ļ					
	Total		the transmission of	413.25						
	Customer Due	DOCAMOLOGISTATULA		413.25						
		THE PROPERTY OF THE PROPERTY O	1							
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				5 CHEV MAI		<b>i</b> il 5				
			Po essalado dividentes	Constitution of the Consti	4 32 mgs					
					energencon :	3				
			Loomer	er-right-passes	4.000	argog.				



# Autosource Valuation

**ATTN: Mary Clements** 

Claims Dept.

Liberty Mutual Insurance

Phoenix Branch

2510 West Dunlap Ave Ste 100

Phoenix AZ 85021

2005 Chevrolet Mallbu MAXXII TAD Hatchbar

Claimant

Insured

Claim 007826218-01

Loss Date 12/10/2006

Loss Type Collision

**Policy** 

Other (None)

/IN 1G1ZU64855F

Decodes as 2005 Chevrolet Malibu MAXX LT 4D Hatchback

Acculacy Decodes Correctly

History Activity was reported

- o Autosource activity: (NONE).
- o Autotrak activity: (NONE).
- Audatex/Estimating activity: Reported on 12/11/2006, claim number 007826218-01 (customer information is not available). Loss date is 12/10/2006.
- Audatex/Estimating activity: Reported on 12/14/2006, claim number 007826218-01 (customer information is not available). Loss date is 12/10/2006.
- o Sales history activity: (NONE)

33: 2005 Chevrolet Malibu MAXXI-T/4D Hatchback

2005 Chévrolet Mallbu MAXX LT 4D Hatchback

No recall buildelins have been issued that apply to this vehicle

2005 Ghevrolet Mallbu MAXX UT/4D Hatchback

After your claim is settled, Autosource provides free assistance in locating your next vehicle. Your request can be submitted online 24hrs. per day at www.support.audatex.us/Autosource. Please click the Online Submission link and then click the Vehicle Locator Service Form link to complete the VLS form. Or you can call us Monday through Friday, between 8:00 AM and 5:00 PM, Pacific time at (800)351-3133, ext 7428. Our specialists will work with you to find a new or used vehicle in your area.

statement.

1 2005 Chevrolet Malibu MAXX LT4D Hatchback

Odometer, equipment, trim level and condition must all be carefully considered on this vehicle. The vehicle's typical mileage and condition is based on comparison of dealer and private party vehicles of the same year, vehicle type and state/province. The average miles driven for this vehicle is 30,889. Numerous descriptions have been described within each condition sub-category rating and are separated by a period. Each description is meant to be independent, but can also be interpreted as an "and/or

#### Condition

#### Description

#### INTERIOR

Seats Good

Carpets Good

No obvious damage. Very slight wear visible on close inspection. Slight soiling removable with detail. No fading or discoloration.

No obvious damage. Very slight wear visible on close Inspection. Slight soiling removable with detail. No fading or discoloration.

Version: 2

Page: 1

12/26/06 13:14

	Condition	Description
Int Trim	Good	Very slight wear visible on close inspection. Slight sailing removable with detail. No damage fading or discoloration.
Glass	Good	No obvious damage. 1-3 small pits. Light scratches visible on close inspection.
Headliner	Good	No damage. Very slight wear visible on close inspection. Slight soiling removable with detail.
EXTERIOR		
Body	Good	No visible damage. 1-3 small dings possible on close inspection.
Paint	Good	No obvious damage. 1-3 very small chips. 1-3 very small scratches. Slight swirl marks, can be polished out.
Ext Trim	Good	No damage. No dents. No impact damage. Good shine on chrome, brightwork or bumper covers. Color-keyed sections in good condition. 1-3 scratches or marks throughout.
MECHANICAL		
Engine	Well Maintained	Engine compartment generally clean. No obvious leaks. All accessories in good working condition. Recommended maintenance performed. Service records well documented.
Transmission	Well Maintained	Transmission housing, transaxle, differential, transfer case areas generally clean. No obvious leaks. Recommended maintenance peformed. Service records well documented.
TIRES		
Front Tires	Good	Tires are in good condition, 30-79% of tread remains. Rubber nubs visible between tire tread.
Rear Tires	Good	Tires are in good condition. 30-79% of tread remains. Rubber nubs visible between tire tread.
	maintained vehicle will iil all decrease the mark	add to its market value Prior body damage, rust, extensive interior damage or at value of this vehicle.

## Loss Vehicle Valuation

2005 Chovrolet Malibu MAXX LT 4D Hatchback

Autosource has been chosen by Liberty Mutual Insurance to assist in establishing a fair and reasonable market value for your vehicle. We are proud to offer you the most current and comprehensive automotive valuations available today.

Your vehicle was inspected and/or described the Autosource by a trained representative of Liberty Mutual Insurance. Autosource has evaluated all aspects of your vehicle provided by Liberty Mutual Insurance as well as those features identified by the Vehicle Identification Number (VIN) or known to be standard equipment for your vehicle.

The market value of your vehicle is determined by comparing it to other vehicles in your area of similar make, model, equipment, mileage and condition that have been offered for sale or sold. The sources for this comparison include new and used car dealers, newspapers, traders, specialty journals and the Internet. Our exclusive Dealer Access program provides us with electronic inventories from thousands of affiliated dealers in North America.

Each week, over 2,000,000 vehicles are listed from these sources, representing over 100,000 dealerships and 3400 publications, making our database the largest in the industry. We utilize the industry's largest electronic network and leading edge technology to provide you with the most current inspected, surveyed or advertised market data. We will find the closest vehicle matches in the area nearest your home.

#### Valuation Summary.

#### 2005 Chevrolet Mallbu MAXX (574D Hatchback

Typical Vehicle	Loss Vehicla	Adjustment		
\$15,610		\$15,610		
6 Cylinder 3.5 Engine	6 Cylinder 3.5 Engine			
4 Speed Automatic	4 Speed Automatic			
30,888 Mi(1)ypical)	25,720 Mi(Actual)	335		
Equipme	ent/Package Adjustment (See Valuation Detail)	2,140		
Aı	Autosource Value Before Condition Adjustments			
	S15,610 6 Cylinder 3.5 Engine 4 Speed Automatic 30,888 Mi(Typical) Equipme	S15,610 6 Cylinder 3.5 Engine 6 Cylinder 3.5 Engine 4 Speed Automatic 4 Speed Automatic 30,888 Mi(Typical) 25,720 Mi(Actual) Equipment/Package Adjustment (See Valuation Detail)		

To	al Condition Adjustments (See Condition Adjustment Detail)	0
	Total Condition Adjusted Market Value	\$18,085
	General Sales Tax 7.750%	1,401.59
	Title Fee	
Waming		
The market value displayed may not	Transfer Fee	
reflect the activity detected by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VINSOURCE and/or NICB research.	Deductible	•
Please contact Client Services at		
1-800-351-3133 for review.	Net Adjusted Value	
	Salvage/Other	4
Vehicle Valuation Detail No. 476 (1972)	2005 Chevrolet Malibu MA	XX(II) 4D Halchback

The TYPICAL VEHICLE represents the average mileage, condition, equipment level and estimated selling price of a vehicle of the same year, make, model, doors, edition, body and fuel type as the LOSS VEHICLE and is representative of the market area.

same year, make, model, doors, ed	ition, body at	d fuel type as the LOSS	<b>SVEHICLE</b> and is representative of the market are	:a.
	Typical Veh	icia	Loss Vehicle Adju	stment
City/State	Las Vegas,	W	Las Vegas, NV	
Price	\$15,610		•	\$15,610
Description				
Year	2005		2005	
Make	Chevrolet		Chevrolet	
Model	Malibu MAX	<b>x</b>	Malibu MAXX	
Edition	LT		LT	
Door	4D		4D	
Body	Halchback		Hatchback	
Drive	2WD		2WD	
Engine	6 Cylinder 3	5 Engine	6 Cylinder 3.5 Engine	0
Transmission	4 Speed Au	omatic	4 Speed Automatic	0
Color	Not Applicat	le	Black	
Odometer	30,888 Mi(T	ypical)	25,720 MI(Actual)	335
Equipment				
Convenience Options		301200000000000000000000000000000000000	Automatic Dimming Mirror	0
	Air Condition	ing	Air Conditioning	
	Tilt Steering	Wheel	Tilt Steering Wheel	
	Strg Wheel	Radio Control	Strg Wheel Radio Control	
			Garage Door Opener	0
	Climate Cor	trol For A/C	Climate Control For A/C	
	Cruise Cont	ol	Cruise Control	
	Telescopic S	Steering Whl	Telescopic Steering Whi	
	Rear Windo	v Defroster	Rear Window Defroster	
	Rem Trunk-	JGate Release	Rem Trunk-L/Gate Release	
Other Optional Equipment	Fog Lights		Fog Lights	
	Head Alrbag	s	Head Airbags	
	Leather Ste	ering Wheel	Leather Steering Wheel	
	Tinted Glass		Tinted Glass	
	Keyless Ent	y System	Keyless Entry System	
	Lighted Entr	y System	Ughted Entry System	

	Typical Vehicle	Loss Vehicle	Ad]ustmen
	Rear Window Wiper/Washer	Rear Window Wiper/Washer	•
	Anti-lock Brakes	Anti-lock Brakes	
	Remote Starter	Remote Starter	
	NAME OF THE PROPERTY OF THE PR	Rear Entertainment Systm	630
	Power Adjustable Pedals	Power Adjustable Pedals	
	and the same of th	OnStar System	44
	Rear Spoler	Rear Spoiler	
	900 mm m m m m m m m m m m m m m m m m m	Tinted Windows (car)	100
	Dual Airbags	Oual Airbags	
	Tonneau/Cargo Cover	Tonneau/Cargo Cover	
	Center Console	Center Console	
	Traction Control System	Traction Control System	
	Tachometer	Tachometer	
	Intermittent Wipers	Intermittent Wipers	
	Side Airbags	Side Airbags	
Power Accessories	Power Steering	Power Steering	
	Heated Power Mirrors	Heated Power Mirrors	
	Power Drivers Seat	Power Drivers Seat	
	Power Brakes	Power Brakes	
	Power Windows	Power Windows	
	Power Door Locks	Power Door Locks	
Radio/Phone/Alarm Options		XM Satellite Radio	20
	Compact Disc Player	AM/FM In-dash CD Changer	19
	Alarm System	Alarm System	
	Rear Seat Audio Controls	Rear Seat Audio Controls	
Roof Options		Power Moonroof	46
Seat Options	Heated Front Seats	Heated Front Seats	
	Leather Seats	Leather Seats	
Wheel Options	Aluminum Alloy Wheels	Aluminum/Alloy Wheels	
Packages		Preferred Equipment Group	11
	Autosou	rrce Value Before Condition Adjustments	18,08
		ments (See Condition Adjustment Detail)	.1
	enche a ration este de la transferie de la companya de la companya de la companya de la companya de la company	otal Condition Adjusted Market Value	\$18,08

#### Valuation (1009)

#### 2005 Chevrolet Mallbu MAXXI-T/4D Halchback

#### Adjustments of Special Note

- An adjustment of \$100 was made for the reported aftermarket Tinted Windows (car). The date of purchase was not provided.
- o Information provided by Liberty Mutual Insurance
  - Loss vehicle description was provided by Liberty Mutual Insurance
  - All values are in U.S. dollars.
- Autosource Valuation Process
  - Over 2,000,000 vehicles are entered weekly into the database used for researching this value. This database includes dealer inspected, dealer inventory, dealer advertised, phone verified and advertised private party vehicles.

    The originating search area for this valuation was Las Vegas, Nevada.

  - \* The VIN decoded correctly.
  - The value of the Package adjustments displayed include only those items that cannot be purchased individually. Other equipment items included in the package that can be purchased separately are adjusted with the vehicle equipment, and these adjustments are noted by the applicable options.

- The tax was calculated based or a date of loss of 12/10/2006 using zip 89142, in Las Vegas, Clark County, Nevada. The city may vary from search area to reflect correct tax location.
- Other Adjustments or Comments
  - Vehicle has not been torn down, would expect to find substantial amount of additional damage.
  - \* Autosource has revalued the loss vehicle with revised equipment and conditions, as reported by Andrew Nelson on 12/26/06.
  - A mileage adjustment of 6.50 certs per mile/kilometer has been applied. This adjustment is based on the vehicle year, vehicle category and market area. Mileage adjustments are capped at 40% of the vehicle's starting value.

Condition Adjustment detail		S 15 Mary 2005 Ghevrolet Mallibu MAXXI at	4D Hatchback
Typical Vehic		Loss Vehicle	Adjustment
INTERIOR			
Seats Good		Good	
Carpets Good	Management of the Control of the Con	Good	
Int Trim Good	-	Good	
Glass Good	68000000000000000000000000000000000000	Good	
Headliner Good	Name of the Control o	Good	
EXTERIOR	THE PROPERTY OF THE PROPERTY O		
Body Good		Good	
Paint Good		Good	
Ext Trim Good		Good	
MECHANICAL			
Engine Well Maintains	d	Well Maintained	
Transmission Well Maintains	4	Well Maintained	
TIRES			
Front Tires Good		Good	
Rear Tires Good	<u> </u>	Good	
		Total Condition Adjustments	\$0
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Original Equipment Guido Holder		2005 Chevrolet Malibu MAXX Lt	4D Hatchback
Origina) Equipment Guido (1982)			40 Hatchback
	STD	Z005 Chevrolet Malibu MAXXIII  Transmission Options  4 Speed Automatic	4D Haighback STD
Engine Options	STD	Transmission Options 4 Speed Automatic	idgessaltenstation procedure in test section and a section
Engine Options 6 Cylinder 3.5 Engine	STD	Transmission Options	
Engine Options 6 Cylinder 3.5 Engine Other Optional Equipment	STD	Transmission Options  4 Speed Automatic Convenience Options	STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment Anti-lock Brakes Center Console Dual Airbags	STD STD	Transmission Options  4 Speed Automatic Convenience Options Climate Control For A/C	STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment Anti-lock Brakes Center Console	STD STD STD	Transmission Options  4 Speed Automatic Convenience Options Climate Control For A/C Air Conditioning	STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment Anti-lock Brakes Center Console Dual Airbags	STD STD STD STD	Transmission Options  4 Speed Automatic Convenience Options Climate Control For A/C Air Conditioning Automatic Dimming Mirror	STD STD STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment  Anti-lock Brakes Center Console Dual Airbags Engine Block Heater Fog Lights Head Airbags	STD STD STD STD \$35	Transmission Options  4 Speed Automatic Convenience Options Climate Control For A/C Air Conditioning Automatic Dimming Mirror Cruise Control	STD STD STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment  Anti-lock Brakes  Center Console  Dual Airbags Engine Block Heater  Fog Lights  Head Airbags  Intermittent Wipers	STD STD STD STD \$35 STD	Transmission Options  4 Speed Automatic Convenience Options  Climate Control For A/C  Air Conditioning Automatic Dimming Mirror Cruise Control Rear Window Defroster	STD STD STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment  Anti-lock Brakes  Center Console  Dual Airbags Engine Block Heater  Fog Lights  Head Airbags Intermittent Wipers  Keyless Entry System	STD STD STD STD STD S35 STD STD	Transmission Options  4 Speed Automatic Convenience Options  Climate Control For A/C  Air Conditioning Automatic Dimming Mirror Cruise Control Rear Window Defroster Garage Door Opener Rem Trunk-L/Gate Release Strg Wheel Radio Control	STD STD STD STD STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment  Anti-lock Brakes  Center Console  Dual Airbags Engine Block Heater  Fog Lights  Head Airbags Intermittent Wipers  Keyless Entry System  Lighted Entry System	STD STD STD STD STD STD STD STD STD STD	Transmission Options  4 Speed Automatic Convenience Options  Climate Control For A/C  Air Conditioning Automatic Dimming Mirror Cruise Control Rear Window Defroster Garage Door Opener Rem Trunk-L/Gate Release Strg Wheel Radio Control Telescopic Steering Whi	STD STD STD STD STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment  Anti-lock Brakes Center Console Dual Airbags Engine Block Heater Fog Lights Head Airbags Intermittent Wipers Keyless Entry System Lighted Entry System Leather Steering Wheel	STD STD STD STD STD STD STD STD STD STD	Transmission Options  4 Speed Automatic Convenience Options  Climate Control For A/C  Air Conditioning Automatic Dimming Mirror Cruise Control Rear Window Defroster Garage Door Opener Rem Trunk-L/Gate Release Strg Wheel Radio Control Telescopic Steering Whi Tilt Steering Wheel	STD STD STD STD STD STD STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment  Anti-lock Brakes  Center Console  Dual Airbags Engine Block Heater  Fog Lights Head Airbags Intermittent Wipers  Keyless Entry System  Lighted Entry System  Leather Steering Wheel  OnStar System	STD STD STD STD STD STD STD STD STD STD	Transmission Options  4 Speed Automatic Convenience Options  Climate Control For A/C Air Conditioning Automatic Dimming Mirror Cruise Control Rear Window Defroster Garage Door Opener Rem Trunk-L/Gate Release Strg Wheel Radio Control Telescopic Steering Whil Tilt Steering Wheel Power Accessories	STD STD STD STD STD STD STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment  Anti-lock Brakes  Center Console  Dual Airbags Engine Block Heater  Fog Lights  Head Airbags Intermittent Wipers  Keyless Entry System  Lighted Entry System  Leather Steering Wheel  OnStar System  Power Adjustable Pedals	STD STD STD STD STD STD STD STD STD STD	Transmission Options  4 Speed Automatic Convenience Options  Climate Control For A/C  Air Conditioning Automatic Dimming Mirror Cruise Control Rear Window Defroster Garage Door Opener Rem Trunk-L/Gate Release Strg Wheel Radio Control Telescopic Steering Whl Tilt Steering Wheel Power Accessories Heated Power Mirrors	STD STD STD STD STD STD STD STD STD STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment  Anti-lock Brakes  Center Console  Dual Airbags Engine Block Heater  Fog Lights  Head Airbags Intermittent Wipers  Keyless Entry System  Lighted Entry System  Leather Steering Wheel  OnStar System  Power Adjustable Pedals  Rear Entertainment Systm	STD  STD  STD  STD  \$35  STD  STD  STD  STD  STD  STD  STD  ST	Transmission Options  4 Speed Automatic Convenience Options  Climate Control For A/C  Air Conditioning Automatic Dimming Mirror Cruise Control Rear Window Defroster Garage Door Opener Rem Trunk-L/Gate Release Strg Wheel Radio Control Telescopic Steering Whl Tilt Steering Wheel Power Accessories Heated Power Mirrors Power Drivers Seat	STD STD STD STD STD STD STD STD STD STD
Engine Options  6 Cylinder 3.5 Engine Other Optional Equipment  Anti-lock Brakes  Center Console  Dual Airbags Engine Block Heater  Fog Lights  Head Airbags Intermittent Wipers  Keyless Entry System  Lighted Entry System  Leather Steering Wheel  OnStar System  Power Adjustable Pedals	STD STD STD STD STD STD STD STD STD STD	Transmission Options  4 Speed Automatic Convenience Options  Climate Control For A/C  Air Conditioning Automatic Dimming Mirror Cruise Control Rear Window Defroster Garage Door Opener Rem Trunk-L/Gate Release Strg Wheel Radio Control Telescopic Steering Whl Tilt Steering Wheel Power Accessories Heated Power Mirrors	STD STD STD STD STD STD STD STD STD STD

Clai	m: 007826218-01	Autosource Val	uation 2005 Chevro	let Malib	u MAXX LT 4D Hatchback	AS Request	: 18747642
	Side Airbags		STD		Power Stearing		STD
٠	Rear Spoiler		STD		Power Windows		STD
	Tachometer		STD		Radio/Phone/Ali	arm Options	
*	Traction Control System		STD	•	Alarm System		STD
	Tonneau/Cargo Cover		STD		Compact Disc Player		STD
	Tinted Glass		STD	ŵ	AM/FM In-dash CD Changer	r	\$300
	Seat Opt	ions		•	Rear Seat Audio Controls		STD
	Heated Front Seats		STD		XM Satellite Radio		\$325
*	Leather Seats		STD		Roof Op	tions	
	Wheel Op	tions		*	Power Moonroof		\$725
۰	Aluminum/Alloy Wheels		STD				
			Option P	ackage	9 <b>\$</b>		
*	Preferred Equipment Group		\$1,230		ludes Automatic Dimming M wer Moonroof, XM Satellite R		r Opener.
					Ba	ise retall price	\$25,120
			Loss Vehicle ma	inufact	urer's suggested retail price	e as reported	\$28,340

Editions available for the same body style (in order of original cost, increasing): STD, LS, \*LT

#### Replacement Welfeles

#### 2005 Chovrolet Malibu MAXX LT/4D Hatchback

The following replacement vehicles may include a sampling of the actual vehicles used to calculate the selling price. The replacement vehicles represent vehicles that have recently been offered for sale in the marketplace. These vehicles have similar attributes and characteristics to the total loss vehicle.

	Dealer Inventory \	/ehicles			
2005 Chevrolet Malibu MAX	K LT 4D Hatchback	Last Listed	12/20/06	Last Price	\$14,98
	Details	First Listed		First Price	
21,778 Miles	VIN: 1G12U64875F	Source I	Dealer Specialtie	s inspected	
6 Cylinder 3.5 Engine	4 Speed Antomatic	Location I	Las Vegas, NV		
Heated Power Mirrors	Power Brates	Offered By \	Vista Chevrolet		
Power Door Locks	Power Drivers Seat	Contact I	Dave Hobick		
Power Steering	Power Windows	Stock Number 1	71144A		
Heated Front Seats	Leather Septs	Telephone (	(702) 967-5555		
Alarm System	Compact Disc Player	Market Area (	391		
Rear Seat Audio Controls	Aluminum/Alloy Wheels				
Air Conditioning	Automatic Dimming Mirror				
Climate Control For A/C	Cruise Corprol				
Rear Window Defroster	Rem Trunk L/Gate Release				
Strg Wheel Radio Control	Telescopic Steering Whi				
Till Steering Wheel	Anti-lock Blakes				
Center Console	Dual Airbağs				
Fog Lights	Head Airbolgs				
Intermittent Wipers	Keyless Erfry System				
Leather Steering Wheel	Lighted Entry System				
OnStar System	Power Adjustable Pedals				
Rear Spoiler	Rear Window Wiper/Washer				
Remote Starter	Side Airbags				
Tachometer	Tinted Gla≰s				
Tonneau/Cargo Cover	Traction Control System				
Silver	School Control				

2 2005 Chevrolet Malibu MAXX LS 4D Hatchback

Details VIN: 1G1Z 628X5F

28,753 Miles 4 Speed Automatic Power Door Locks Power Steering 6 Cylinder 3.5 Engine **Power Brakes Power Mirrors Power Windows** Velour/Cloth Seats

Lasi Listed 12/23/06 Last Price \$11,988 First Listed First Price Source Dealer Specialties Inspected Location Las Vegas, NV Offered By Vista Chovrolet Contact Dave Hobick Stock Number P3688

<sup>\*</sup> Indicates loss vehicle equipment.

AS Request: 18747642

Alarm System Aluminum/Alloy Wheels Cruise Control Rem Trunk-L/Gate Release **Tilt Steering Wheel** Center Console Intermittent Wipers Lighted Entry System Tachomeler

Compact Disc Player Air Conditioning Rear Window Defroster Telescop c Steering Whi Anti-lock Brakes Dual Airbags Keyless Entry System
Power Adjustable Pedais Tinted Glass

Telephone (702) 967-5555 Market Area 891

Tonneau/Cargo Cover

Silver

Charcoal

Traction Control System

#### 3 2005 Chevrolet Malibu MAXX LS 4D Hatchback

Details

VIN: 1G1ZT62825F

VIN: 1G1ZT62825F

4 Speed Automatic
Power Door Locks
Power Steering
Velour/Cipth Seats
Compact Disc Player 19,834 Miles 6 Cylinder 3.5 Engine **Power Brakes Power Mirrors Power Windows** Alarm System Compacture Hayer
Air Conditioning
Rear Windlow Defroster
Telescopic Steering Whil
Anti-lock Brakes
Dual Airbags
Keyless Entry System
Power Adjustable Pedals Aluminum/Alloy Wheels Cruise Control Rem Trunk-L/Gate Release Tilt Steering Wheel Center Console Intermittent Wipers Lighted Entry System Tinted Glass Traction Control System Tachomeler Tonneau/Cargo Cover

4 2005 Chevrolet Malibu MAXX LS 4D Hatchback

Details

34,240 Miles 6 Cylinder 3.5 Engine Power Brakes **Power Mirrors Power Windows** Alarm System Aluminum/Alloy Wheels Cruise Control Rem Trunk-L/Gale Release **Tilt Steering Wheel** Center Console

Intermittent Wipers Lighted Entry System Rear Window Wiper/Washer **Tinted Glass Traction Control System** 

VIN: 1G1 ZT62885F 4 Speed Automatic Power Door Locks Power Steering Velour/Cipth Seats Compact Disc Player Air Conditioning Rear Winflow Defroster Telescopic Steering White Anti-lock Brakes Dual Airbigs

Keyless Britry System
Power Adjustable Pedals Tachome[er

Tonneau Cargo Cover

5 2005 Chevrolet Malibu MAXX LS 4D Hatchback

Details

19,112 Miles 6 Cylinder 3.5 Engine Power Brakes **Power Mirrors Power Windows** Alarm System Aluminum/Alloy Wheels Cruise Control Rem Trunk-L/Gate Release Tilt Steering Wheel Center Console Intermittent Wipers Lighted Entry System Rear Spoiler **Tinted Glass** 

tails
VIN: 1G1 ZT62835F
4 Speed Automatic
Power Door Locks
Power Steering
Velour/Cloth Seats
Compact Disc Player
Air Conditioning
Rear Window Defroster
Telescopic Steering White Rear Winpow Defroster
Telescopic Steering Whi
Anti-lock Brakes
Dual Airbags
Keyless Entry System
Power Adjustable Pedals
Tachometer

Tonneau Cargo Cover

Last Listed 12/02/06

Last Price \$12,495

First Price First Listed Source Dealer Specialties Inspected

Location Las Vegas, NV Offered By Friendly Ford Slock Number 151570A Telephone (702) 877-6595 Market Area 891

Last Listed 10/10/06

Last Price \$12,988

First Price First Listed Source Dealer Specialties Inspected

Location Las Vegas, NV Offered By Vista Chevrolet Contact Dave Hobick Stock Number 63281A Telephone (702) 967-5555 Market Area 891

Last Listed 09/19/06

Last Price \$14.888

First Listed

First Price Source Dealer Specialties Inspected

Location Las Vegas, NV Offered By Vista Chevrolet **Contact Dave Hobick** Stock Number P3340A Telephone (702) 967-5555

Market Area 891

Claim: 007826218-01

**Traction Control System** 

### NICB Report 1993 (1994) And Charles 1994 (1994) Service 1994 (1994) Chevrolet Malibu MAXX LT.4D Hatchback

NICB/ISO L005 LIBERTY MUTUAL INSURANCE COMPANY

Member

Claim 007826218-01

Type of Loss ESTIMATE

Phone

Loss Date 12/10/06 NICB/ISO File H0124872127 Point of Impact Total Loss

NICB/ISO L005 LIBERTY MUTUAL INSURANCE COMPANY

Member

Claim 7826218

Type of Loss PROPERTY/CASUALTY

Phone 6029974700

or impact rotal coss

2005 Chavrolet Malibu MAXX/LT/40 Hat

Loss Date 12/10/06 NICB/ISO File H0124872127

#### Reported Phone Number Analysis

No Vehicles Advertised at (702) 292-7700

## About Your Valuation 2005 the Bank Apple 2005 the Violet Malibu MAXX LT/4D Hatchback

This report contains proprietary information of Audatex and shall not be disclosed to any third party (other than the insured or claimant) without Audatex's prior written consent. If you are the insured or claimant and have questions regarding the description of your vehicle, please contact the insurance company that is handling your claim. Information within VINsource/NICB is provided solely to identify potential duplicative claims activity. User agrees to use such information solely for lawful purposes.

Tax rates contained herein are based on general sales tax data provided by Vertex Inc. Excise, use, registration, licensing and other taxes and fees that may be applicable are not included. Audatex makes no representations or warranties concerning the applicability or accuracy of such tax data.

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## Liberty Mutual Fire Insurance Company

5050 W Tilghman St Ste 200 Allentown PA 18104-9154

Tel: (800) 521-0986 / (800) 521-0986

Fax: (603) 334-0372

November 15, 2007

ESIS/GM CLMS PO BOX 300 **DETROIT MI 48265-3000** 

ATTN CLM# 628995

RECEIVED

NOV 2 6 2007

ESIS-GM CLAIMS UNIT

**OUR INSURED:** 

**OUR CLAIM NUMBER:** 

PD647-007826218-01

YOUR CLAIM NUMBER: YOUR INSURED:

DATE OF LOSS:

AMOUNT OF LOSS: LOCATION OF LOSS: 12/10/2006 \$ 18936.84

95 & RANCHO LAS VEGAS, NV

Dear TIFFINI HAILSS:

We have not yet received a response to our letter of 09/21/2007 informing you of our subrogation claim relating to the loss referenced above.

IMPORTANT!

If you wish to settle this claim, please contact me immediately at the

number listed above, extension 73331.

If you do not respond within 14 days to this second notice, we will file for arbitration or suit.

I appreciate your prompt response to this notice.

Sincerely,

KATHY NORTON DRAGO **Subrogation Department** 

\*006709\*
Liberty Mutual Fire Insurance Company
5050 W Tilghman St Ste 200
Allentown PA 18104-9154

ATTN CLM# 628995 ESIS/GM CLMS PO BOX 300 DETROIT MI 48265-3000



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



December 7, 2007

Roy Emeterio **GERARD FIERRO LAW OFFICES** 3450 Wilshire Blvd., Suite 608 Los Angeles, CA 90010

RE:

Your Client:

Date of Event: December 10, 2006

File Number:

628995

Our Client:

**General Motors Corporation** 

Dear Mr. Emeterio:

As you know ESIS provides claims handling services to General Motors involving product liability claims.

Thank you for your patience during the course of our investigation.

A review of your client's claim involving a 2005 Chevrolet Malibu Maxx has been complete.

ESIS must respectfully deny your client's claim for any damages.

If you have any questions or concerns, please give me a call. I can be reached at 800.888.0164, between 8:00 a.m. to 4:00 p.m., Eastern Time.

Sincerely,

Tiffini Hails

# GERARD A. FIERRO & ASSOCIATES A PROFESSIONAL LAW CORPORATION

GERARD A. FIERRO \*
KATYA A. DOUZJIAN
RAHULAN KATHIR (OF COUNSEL)

SUITE 101 7462 N. FIGUEROA STREET LOS ANGELES, CALIFORNIA 90041

TEL. (323) 550-1400 FAX. (323) 550-1411

ALSO ADMITTED IN NV

**DECEMBER 8, 2008** 

FIRST CLASS MAIL

ESIS/GM Central Claims Unit Post Office Box 300 Mail Code 482 C20 D71 Detroit, MI 48265-3000

Attention: Tiffini Hails, Claims Representative

Re:

Our Former Client(s)

\$ .

Your Insured(s)

: General Motors Corporation

Date of Loss

: December 10, 2006

Claim No.:

: 628995

Dear Ms. Hails:

Please be advised that our office no longer represents the above mentioned client(s) in referenced to the above stated incident of December 10, 2006.

You may contact our client directly for any further information. If you have any questions, please feel free to contact our office.

Thank you for your prompt attention to this matter.

Sincerely

Gerard A. Fierro

GAF/mlf

RECEIVED

DEC 1 2 2008

ESIS-GM CLAIMS UNIT

													DENGERAL PROPERTY OF THE PROPE				
Event Number: 0612100757					~~ a		TE OF				•			nt Number: :006-014598			
	14/2004				INA	SCENE	ACCID INFORM	ATION .	SHE	ET ET				enty 🗆 Injury	/ 🗆 F	atai	
Ø yrban I [	J Ememe	ncy Use					•			m.	-d D.			/ Name:			
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Collision Date 12/10/2006	Tin 16:1		SUNC	Jay NAV	Beat / S		☐ Cgui	ity		City			sphalt	□Four Way		⊠ <sub>None</sub>	
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Mile Marker #	Vehicles	# Non	Motor	rists #	Occupan	ls   # F	atalities	# Inju	ared	#Res	trainec	T D g	ravel		□Right Side □Both Side		
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☐Curve & Grade		Ø <sub>Dry</sub>	□sju	sh			Main Ros	d	1	Travel Lan	ŧ	12	F	1		Relative To	
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# STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET Revised \$22(03)

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WHP	<b>-L2</b>	00	3-0	14	59	É

Agency Name:

0612100757

Description of Accident / Narrative Continuation

THEN STRUCK THE CONCRETE WALL. V-1 CONTINUED TRAVELING BACKWARDS IN A SOUTHERN DIRECTION. V-1 CAME TO REST ON ITS WHEELS FACING NORTH WEST IN THE NUMBER THREE TRAVEL LANE. D-1 REPORTED THAT THE STEERING OF V-1 "LOCKED UP" AS D-1 WAS MAKING THE LANE CHANGE FROM THE NUMBER TWO TRAVEL LANE TO THE NUMBER ONE TRAVEL LANE.

Indicate North

A.I.C.:

Page

2 of 5

Event Number: 08	12100757				OF NE	EVADA Accident Nu				umber: P-L2006-014598			
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Direction □Nonh □E of Travel: South □W	ası 🗆 Linksown	Highway /	Street Na	mes	US95 <b>S</b> /B						Travel Lane #: 2		
3 - 4110-424									*	Lane Change Other	Oyeknown		
Driver: (Last Hams, First Hams, Middle Hams Sullis)							orted By: her	Milot Transpo	пна Пемя	☐ <u>E</u> galice	Ognanowa		
Street Address:		Lancas and the same of the sam	oried To:			-							
City:	<u> </u>	ate / Country NV	/ Ø <sub>67</sub> /	Zip C	od <b>e:</b>	Person Type:	1	Seating Position	: 01	Occup	ent Ints: 7		
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INFORMAL STATEMENT BY:		ACCIDENT
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₩itness □ Other	HIGHWAY PATROL	NUMBER:
1384		OTHER NUMBER: 0 U/2/0 6757
DATE: 12/10/06 TIME: 4:27	AM PM FULL NAME:	
RESIDENCE ADDRESS:	CITY:	STATE: ZIP CODE: TELEPHONE:
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SIGNATURE OF PERSON WRITING STATE	JENT:	**************************************
SIGNATURE OF PERSON WRITING STATE	bell	

#### Service Request Detail SR No. 71-484834776 Ref No. No Goodwill Offered BRC Type N/A Account GW SubType Site Bus. Unit BRC Last Name First Name Approval Not Initiated Area PAR Daytime # Evening # UCC Steering - General Sub-Area Initiate PAR- Injury Address City Weirton Involved Dir Pavlik Motor Cars, Inc. Safety Yes State W ZipCd Con Acct Source Phone Updated 2/22/2007 04:21:38 PM Serial #/VIN 1G1ZS52FX5F Model Year 2005 Priority Medium License # CHEVROL GREERM Owner Make Chevrolet Warr. Start 09/15/2005 Status Open 2/20/2007 03:50:39 PM Opened Model Malibu Mileage 13267 Sub-Status Closed PREPAR: SEEKING MEDICAL REIMBURSEMENT FOR THE POWER STEERING PROBLEM SHE HAD W/ THE VEH Abstract THIS IS A BRC PAR CASE do not assume forward inquiries to many green X 11135 Customer Description

#### Pre-PAR

ymer .		2/8/2007 01:20:04 PM	Injuries #Oth Y	0	People in Veh Ro 1 C	oncrete	Wet	l Cond - Fire Re n/a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Police Report# n/a	
river Last N	ame		Driver First I	lame	Heighi	DOB		bilities problem	5 5 1 5 5 F		
surance Ag h	enț La	st Name	insurance A n/a	ieni First Na	and the second of the second o	# 531-8111	9.77	ce Agency	M. Zantzenier, m. 18. 77.		
cident oc	area	of customer's home				Incident Desc	went out, i	nad dilliculles w	/ the Dower steering	nd was about to park paralle for a month now, due to the	difficulty and
omponent	n/a						tightness in	power steering.	I suffered some so	t of sprain w/ my left arm an	d chest. There was
	n/a	· ·				Damage Desc	n/a	ر دند د			
00 	_*-					Add1 Info			4		
ngcy Svc ames	n/a					Maint Loc	BCB Garan	e, Pavlik Chevy	· · · · · · · · · · · · · · · · · · ·		
AR De	tall	**************************************		<del>Openino i de la constanta de la constanta de</del>	<del>(~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	***************************************		101 . 04111 031017	<i>f</i>		
oilision		Non Collision	Proj Dam		Thermal Evt	Sį	pec Equip <sub>,</sub>		A STATE OF		
ahicle poed			Wea Con	ther dition		P	op Owner		. M.J.	Property Type	
ast Sorvice ate			Los Serv				operty scation			Prop Est Ropair Cost	
nh Est Spair Cost			Spec Insta	Equip lier			op Damage Scription			•	
lmary h Use			lnsp Type	ection		In	spected By			Inspection Date/Time	
h Damage scription						Ex	plain Other				

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on 2/26/2007

Page 1 of 10

## PAR Injuries

Description   Medical Rpt#   Treatment Location   Locati	ast Namo - First Name - DOI	About the second second second second		Phono# Soating Pos	Restraint Typo
I suifered some sort of sprain w/ my left arm and chest due to difficulty in steering the wheel Centrer, tel.# 3047976100/ 6000 Centrer, tel.# 3047976100/ 600		Occupant of		Oriver	wearing seatbelt
Activities  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  Medical Reimbursement  Contact Last Name Account BAC Code  Comments  Confidential Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  Medical Reimbursement  Confidential Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  Activity Sub-Type Status Completed Description  Medical Reimbursement  Confidential Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  MCALLISTER/CALL DLR  First Name Account BAC Code	suffered some sort of sprain w/ m o difficulty in sleering the wheel	y left arm and chest (		EMERGENCY RM : WE	IRTON MEDICAL DR. KAYE RAJASHEKAR (TEL:3047876100/ 6100/6000 WIERTON MEDICAL CENTER), DR.
Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  2224/2007 10:33:37 AM GREERM ESISBIQU Escalation In Progress  Contact Last Name Account BAC Code  Comments  Confidential Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  Description  Medical Reimbursement  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  2224/2007 10:28:33 AM GREERM GREERM Scheduled Follow-up In Progress  MCALLISTER/CALL DLR	Street Address				
224/2007 10:33:37 AM GREERM ESISBIQU Escalation In Progress Medical Reimbursement Contact Last Name Account BAC Code  Comments Confidential Comments  Created Greated By Assigned To Activity Type Activity Sub-Type Status Completed Description 224/2007 10:28:33 AM GREERM GREERM Scheduled Follow-up In Progress MCALLISTER/CALL DLR  First Name Account BAC Code	Activities				
Confidential Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  1/24/2007 10:28:33 AM GREERM GREERM Scheduled Follow-up In Progress MCALLISTER/CALL DLR  First Name Account BAC Code	maranan marana da basa da basa da basa da basa da basa da basa da basa da basa da basa da basa da basa da basa	noine benomination distributes, distributes distributes distributes de la constant de la constan	SCHOOL STREET, TOWNS OF CONTRACTOR STREET, STR	The second secon	
Confidential Comments  Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  2/24/2007 10:26:33 AM GREERM GREERM Scheduled Follow-up In Progress MCALLISTER/CALL DLR  First Name Account BAC Code	Zontact Last Name	Contact Fire	it Name	Account	BAC Code
Treated Created By Assigned To Activity Type Activity Sub-Type Status Completed Description  1/24/2007 10:28:33 AM GREERM GREERM Scheduled Follow-up In Progress MCALLISTER/CALL DLR  First Name Account BAC Code	Comments				
2/24/2007 10:28:33 AM GREERM GREERM Scheduled Follow-up In Progress MCALLISTER/CALL DLR First Name Account BAC Code	Confidential Comments				
#2A/2007 10:28:33 AM GREERM GREERM Scheduled Follow-up In Progress MCALLISTER/CALL DLR First Name Account BAC Code	Created Created	By Assigned To	Activity Type	Activity Sub-Type Status	Completed Description
		designer of workers to be to encountry to	and the first that the first of the second section of the second	to the control of the	MCALLISTER/CALL DLR
Comments	Company of the Company of the Section Company of the Company of th	FIR	l Name	Account	BAC Code
	Zonments				
Confidential Comments	Confidential Comments				

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on 2/26/2007

Page 2 of 10

### **Activities**

Created	Created By	Assigned To	Activity Type	Activity Sub-Typo	Status	Completed	Description
2/22/2007 03:54:41 PM	RUIZMARL	GREERM	Inbound Call Customer	Service Request Update	Done	2/22/2007 04:35:02 PM	Customer transferred by CAC
Contact Last Name		Contact First	Name	Account		BAC Code	·

Customer sts she was having difficulty with the steering in her vehicle, it was very HARD to turn the wheel. When she would try to park the vehicle, it would

Customer sits new was naving unactiny with the steering in her vehicle, it was very narro to turn the wheel, which sits would cause her considerable pain.

Once, she had to have someone come and complete the parallel parking of her vehicle because she was in pain. She feels that the difficulty with the steering caused a severe medical problem for her. This medical problem caused her to seek medical care, and she is still under a doctor's care.

The dealership replaced a Lower Control Arm on her vehicle

Customer seeks reimbursement of her medical expenses.

CRS advised I am escalating this file to our claims dept and they will be contacting her within 7-10 business days. Provided her with my contact info, if she should have any questions in the interim.

mary greet/parlate/11135 Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/22/2007 03:53:38 PM	RUIZMARL	RUIZMARL	Inbound Call Customer	Transfer/Referral	Done	2/22/2007 03:54:35 PM	seeking update
Contact Last Name		Caniari Sesi	Name	Account		BAC Code	• ,

Cust sts she was supposed to get a call but does not have info on case

CRS Adv I found her case and gave her the SR number and agent info

CRS xfered the customer

mariaruiz/atx/par/11160 Gonficential Communis

Created	Created By	Assigned To	Activity Typo Activity Sub-	Typo Status	Completed	Description
2/21/2007 12:40:23 PM	DRAHEICM	GREERM	Ownership Changed	Done	2/21/2007 12:40:23 PM	Service Request Ownership has
Contact Last Name	1-165	Contact First	Name Account	****	BAC Code	changed FROM: ARMENTSH TO:
						GREERM
Comments					100.00	
Confidential Comments					e Reize and extensive consistency of the constant of the constant of the constant of the constant of the constant	

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on 2/26/2007

Page 3 of 10

### Activities

Created 2/21/2007 12:39:31 PM Contact Last Name	Orealed By DRAHEICM	Assigned To GREERM Contact Firs	BRC PAR	Activity Sub-Type Initial Contact- Phone Account	Status Done	Completed 2/22/2007 04:37:19 PM BAC Code	Description Called
mary green/pan/abs/11135 Confidential Comments							
2/21/2007 12:39:31 PM	Greated By DRAHEICM	Assigned To GREERM Contact First	Activity Typa BRC PAR Name	Activity Sub-Type Acknowledgement Account	Status Done	Completed 2/22/2007 04:37:34 PM BAC Code	Description Called
See Inbound Call Activity mary greenpanabe/11135 Confidential Comments							
2/21/2007 12:39:30 PM Contact Last Nama	Greated By DRAHEICM	Assigned To GREERM	Activity Type  BRC PAR	Activity Sub-Typo Initial Contact- Dealer Account	Status In Progress	Completed  BAC Code	Description Called
PAVLIK MOTOR CARS, IP 3662 MAIN ST WEIRTON, WV 26062-45 (304) 748-5516 Considential Comments							

Report Generaled for toporowm

on 2/26/2007

Page 4 of 10

### Activities

Created 2/21/2007 12:39:30 PM Contact Last Name	Greated By DRAHEICM	Assigned I GREERM	o Activity Type BRC PAR rst Name	Activity Sub-Typo Initial Contact-AVM Account	Status Done	Completed 2Z4/2007 10:31:55 AM BAC Code	Description RCCASM Bennett Edmond 914244 8155 PAVLIK MOTOR CARS, INC. WEIRTON WV 40 113429
Micali							•
mary greenpanate/1113 Confidential Comments		## 1 <u>*</u>					
Croated 2/21/2007 12:39:30 PM Contact Last Name	Created By DRAHEICM	Assigned To GREERM	Notify CRM	Activity Sub-Type Account	Status Done	Completed 2/22/2007 04:38:41 PM BAC Code	Description File Assigned
File received. Working file.							
mary green/par/11135 Confidential Comments							
Created 2/21/2007 12:39:30 PM Contact Last Marce		Assigned To GREERM	Activity Typo Research It Namo	Activity Sub-Type Account	Status Done	Completed 2/22/2007 04:41:10 PM BAC Code	Description Researched VIN
Research – Summary:							
*Reviewed pre-PAR							
*performed VIN/case scan	, no other SRs,	no related issi	Jes				
*Reviewed GMVIS - no op	en or related re	calls or history					
mary greedpat/11135 Confidential Comments							

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on 2/26/2007

Page 5 of 10

### Activities

Croated 2/21/2007 12:39:30 PM	Created By DRAHEICM	Assigned to GREERM	BRC PAR	Activity Sub-Type Case Assigned Account	Status Done	<ul> <li>Completed</li> <li>2/22/2007 04:38:52 PM</li> <li>BAC Code</li> </ul>	Description Assigned File to Mary Greer an Ext. 11135
File received. Warking file.							
mary greenpan/11135 Confidential Comments							
Created 2/21/2007 12:07:27 AM Centact Last Name	Greated by ARMENTSH	Assigned To DRAHEICM Contact Firs	Escalation	Activity Sub-Type Initiale PAR Account	Status Done	Completed 2/21/2007 11:26:22 AM BAC Code	Description Assigning activity to PAR QUEUE
CRS advised that a person		l Department w	ill contact the customer within	2 business days			
chad drahein/ab/par wo	-						

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on 2/26/2007

Page 6 of 10

### **Activities**

Created Crea	led By Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/20/2007 05:03:51 PM ARM	ENTSH ARMENTSH	Inbound Call Customer	Complex Request	Done	2/20/2007 09:55:48 PM	*Alleged product allegation (POWER
Contact Last Name	Contact Firs	! Name	Account		BAC Code	STEERING WHEEL HARD TIME TO
			The state of the s	TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWN		TURN)*.

CUST STS: due to the difficulty and tightness in power steering, she suffered some sort of sprain w/ her left arm and chest, there was no light to warn her that the power steering is out, she had the steering difficulty for about a month now and it eventually went out on Jan.28 when she arrived at home and she was trying to parallel park, the pain she felt caused her to got to the doctor and and medical center's emergency room for treatment and was diagnosed to be experiencing some sprain. List was apparently due to the excessive effort she had to put into driving the power steering wheel, she had \$250 deductible for emergency and \$250 for doctor's fee bringing the total to \$270, she still has to return to the dr. as her pain is not yet resolved and she might have to go through some physical therapy, she can't turn the wheel to the right w/ her left arm, can't even turn the doorknob to the right, these shouldn't be on my medical bill. Itm on medication right now, I thought I would be better but at the end of the day, I stilf feel the pain

cust sks: for the medical expenses be shouldered / reimbursed by GM

crs adv. your information will be forwarded to the Product Allegation Department within the BRC and will be contacting you in 2 business days

Kelly/CAC/Elemental/Mla

Confidential Comments

2/20/2007 04:19:48 PM	ARMENTSH	ARMENTSH	Outbound Call Compound	Made Contact	Status Done	2/20/2007 04:37:21 PM	Description  advised by gencec that hills is a prepar
		Firs	Name	Account		BAC Code	case, cancelled the xler
Comments				and the second second			
Confidential Comments							

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on 2/26/2007

Page 7 of 10

### **Activities**

		Activity Sub-Type Status	Completed	Description
2/20/2007 04:17:19 PM ARMENTSH	ARMENTSH Other	Done	2/20/2007 04:19:45 PM	Inbound cont'd
Contact Last Mama	Contrat Circ   Name A	ocount Page	BAC Code	

Contents

Cust STS: I WAS DRIVING IN THE SNOW WHEN THE POWER STEERING WENT OUT. THERE WAS NO LIGHT TO WARN ME THAT IT WAS OUT. HAD IT REPAIRED AT PAVLIK MOTORS UNDER WARRANTY. BUT DUE TO THE POWER STEERING GOING OUT, I ENDED UP IN THE HOSPITAL BEC. I SPRAINED MY ARM AND CHEST STEERING FROM THE SNOW. I STILL HAVE TO GO BACK TO THE DOCTOR. I was sent to the emergency room, sent back to doctor, not yet resolved. \$250 deductible for emergency and \$20 for doctor, right now my bill is \$270. I can't turn the wheel to the right w/ my left arm, can't even turn the doorknob to the right. they might send me P.T. these shouldn't be on my medical bill. I'm on medication right now, I thought I would be better but at the end of the day, I still feel it.

cust sks: expenses for her pains should not be on her medical bill

crs adv: will escalate call

Kelly/CAC/Elemental/Mla

Confidential Comments

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on 2/26/2007

Page 8 of 10

Activities

CMD

_ created	Created Sv	Assigned To	Activity Typo	Activity Sub-Type	Status	Completed	
2/20/2007 0) 50:54 PM	ARMENTSH		Inbound Call Customer	A CONTRACT OF THE PARTY OF THE	Done	2/20/2007 04:19:41 PM	Description SEEKING MEDICAL
c Name		Contact First	Name	Account		BAC Code	REIMBURSEMENT FOR THE
Comments							STEERING PROBLEM
Cust Sis:							

Owner Specific:

Orig owner?-yes

Primary driver? —YES

Personal or business use? - PERSONAL

Veh Specific:

Where purchased?---JOHN SERETTI CHEVROLET, INC. 5854 UNIVERSITY BLVD MOON TOWNSHIP . PA 15108-2571 (412) 264-3325

Current approx mig?-13,267M

Ext Svc Plan?-NO

Concern Specific:

Concern?—POWER STEERING WHEEL

When 1st notice concem?—THIS FEBRUARY

Where diagnosed?--PAVLIK MOTOR CARS, INC. 3552 MAIN ST WEIRTON WV 26062-4567 3D4-748-5515

Est cost of the repair? —REPAIR DONE UNDER WARRANTY

Current location of veh?-W/ CUST

Business Decision:

Where maint performed?--PAVLIK CHEVY

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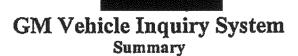
Page 9 of 10

UCC Information Symptom Excessive Effort Description Steering - General

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on 2/26/2007

Page 10 of 10



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

### Help

VIN:	1G1ZS52FX5F
8	

### **VEHICLE INFORMATION**

		OON TOWNSHIP , PA 12) 264-3325	Business Ass	ociate	Code:	113457			
Delivering Dealer:	58	JOHN SERETTI CHEVROLET, INC. 5854 UNIVERSITY BLVD MOON TOWNSHIP. PA 15108-2571			Selling Source	c:		13 - CHEVROLET	
BARS Order Type:	70	70 - RETAIL - STOCK							
Merchandising Model	: 12	S69 -2005 MALIBU BA	DAN	Warranty St	art Da	09/1 <i>5/</i> 2005			

### 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	09/15/2005	25 miles	09/15/2008	36025 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	09/15/2005	25 miles	09/15/2011	100025 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	09/15/2005	25 miles	09/15/2013	80025 miles
36/36000 FEDERAL EMISSION	09/15/2005	25 miles	09/15/2008	36025 miles

### **CLAIM HISTORY**

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
02/05/2007	011430	Ŋ.	E9422 - LOWER CONTROL ARM REPLACE - BOTH	11565 miles
02/05/2007	011430	#	Z7903 - 3-DAY COURTESY TRANSPORTATION	11565 miles
11/08/2006	010571	#	J9995 - CUSTOMER CONCERN NOT DUPLICATED	10764 miles

11/08/2006	010571	#	Z7902 - 2-DAY COURTESY TRANSPORTATION	10764	miles
08/08/2006	009555	#	H0127 - ROTOR ASSEMBLY - FRONT - BOTH - REPLACE	9505	miles
08/08/2006	009555	#	Z7901 - 1-DAY COURTESY TRANSPORTATION	9505	miles
02/18/2005	A53047	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

r-a-n-fr												
VIN:			IGI	ZS52FX5F.	***************************************				5000000000			
				CLAIM	HI	STORY			***************************************			
Repair Ord	ler Date	: 02	/0 <i>5/</i> 2007	Repair Order Number :		011430	Odom	cter Re	ad	ing:		11565 miles
Serviced	PAVLII 3662 M			RS, INC.	S	ielling Sou	rce:			13 <b>-</b> C	HEVROL	ET
By:	WEIRT	ON, W	V 2606	2-4567	S	iite Code :				13620	)	
	(304) 74	18-3313			I	Business A	ssociate	Code:		11342	.9	
Cycle Date	Cycle Nbr	Case	Турс	Labor Operation		Par	t	Auth Code		erson Code	Line Total	Comments
02/09/2007	768	01	#	E9422 - LOWER CONTROL ARM REPLACE - BOTH		22730775 ARM	5 =	N/A		N/A	S 341.06	N
02/09/2007	768	02	Ħ	Z7903 - 3-DAY COURTESY TRANSPORTATION		N/A		N/A		WA	\$ 111.00	N
					melen meren							
Repair Order Date: 11/08/2006 Repair Order Number:				010571 Odometer Reading:					10764 miles			
Serviced By:	PAVLII 3662 M			RS, INC.	Selling Source :					13 - CHEVROLET		
Dy .	WEIRT	ON, W	V 2606	2-4567	Site Code:					13620		
	(304) 74	(0-33 I3			Business Associate Code :					113429		
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation		Pa	ri	Auth Code		Person Code	Line Total	Comments
12/05/2006	749	01	#	J9995 - CUSTOMER CONCERN NOT DUPLICATED	-	N/A		NA		N/A	S 16.55	N
12/05/2006	749	03	ij	Z7902 - 2-DAY COURTESY TRANSPORTATION		N/A		NA		N/V	S 74.00	N
										ionement and a		
Repair Ord	er Date	: 08/	08/2006	Repair Order Number :		009555 Odometer Read			ad:	ling: 9505 miles		
Serviced By:	PAVLIK 3662 M			RS, INC.	Selling Source: 13 - CHEVROLET				Eľ			
by:	300Z IVI/	116 211										

	WEIRT			2-4567	Site Code:			13620	13620		
	(304) 748-5515			Business Associate Code:			11342	113429			
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation		Part	Auth Code	Person Code	Line Total	Comments	
08/15/2006	717	01	#	H0127 - ROTOR ASSEMBLY - FRONT - BOTH - REPLACE		N/A	N/A	N/A	\$ 66.19	N	
08/15/2006	717	02	#	Z7901 - 1-DAY COURTESY TRANSPORTATION		N/A	N/A	N/A	\$ 37.00	N	

Repair Ore	der Date	: 02	02/18/2005 Repair Order Number:		A53047 Odometer Read			ding:	ling: 0 miles		
Serviced JOHN SERETTI CHEVROLET, INC. 5854 UNIVERSITY BLVD								13 - CHEVROLET			
	MOON (412) 26			-	Site Code:  Business Associate Code:			-	113457		
Cycle Date	Cycle Nbr	Case	Турс	Labor Operation	Pa	ırt	Auth Code	Person Code	Line Total	Comments	
02/22/2005	563	01		Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	N/A		N/A	N/A	\$ 84.42	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	IGIZS52F	X5F:		
		VEHICLE BUI	LD	
Merchandising Mo	del:	1ZS69 -2005 MALIBU	BASE SEDAN	
Gross Vehicle Wei	ght Rating:	1855 kg (4090 lb)	Order Number :	НШУДИМ
Build Date:		02/18/2005	Build Plant :	15FZ

### OPTION CODES

OPTIO	N CODES
AK5 - DRIVER & PASS FRONT AIR BAGS	AP3 - REMOTE VEHICLE STARTER SYSTEM
AP9 - CARGO CONVENIENCE NETS	A51 - SEATS, CUSTOM
B37 - FLOOR MATS	C60 - AIR CONDITIONING
DL5 - ROADSIDE SERVICE INFORMATION DECAL	D49 - POWER OUTSIDE MIRRORS
E90 - POCKET, SEAT BACK, DRIVER	E91 - FRONT SEATBACK MAP POCKETS
FAI - FAIRFAX	FEO - SUSPENSION SYSTEM-ACTIVE
FE9 - 50-STATE EMISSIONS	FYI - TRANS/AXLE 3.63 RATIO
IBD - INTERIOR TRIM	JF4 - PWR ADJ BRAKE & ACCEL, PEDALS
J41 - BRAKES, FRONT DISC, REAR DRUM	K34 - CRUISE CONTROL
K64 - GENERATOR 115 AMPS	L61 - 2.2L 4 CYL ENGINE
MN5 - TRANSMISSION AUTO 4 SPEED	MX0 - 4-SPEED AUTO TRANSMISSION
NT9 - FED EMIS SYS, TIER 2 PHASE-OUT	N46 - STEERING WHEEL
PA7 - (4) 15" WHEELS W/BOLT ON COVERS	QMR - (4) TOURING TIRES P205/65R15
R9U - GM ACCESS - AUTOBOOK IDENTIFIER	SLM - STOCK ORDERS
UN0 - AM/FM STEREO W/CD & RDS (REPLACES STD/OPT/PKG RADIO)	UZ6 - SIX PREMIUM SPEAKERS
U77 - ANTENNA RR WINDOW	VM3 - CONSUMER INFORMATION LABEL
V73 - STATEMENT OF VEHICLE CERT U.S. /CANADA	ISB - MALIBU PREFERRED EQUIP GRP ISB * CRUISE CONTROL * AM/FM STEREO W/ CD & RDS (REPLACES STD/OPT/PKG RADIO * DRIVER SEAT MANUAL LUMBAR * FRONT SEATBACK MAP POCKETS * REMOTE KEYLESS ENTRY * FLOOR MATS * CARGO CONVENIENCE NETS * PWR ADJ BRAKE & ACCEL. PEDALS

ISZ - PREFERRED EQUIPMENT SAVINGS PREFERRED EQUIPMENT GROUP SAVINGS	14D - GRAY CLOTH
14I - GRAY INTERIOR TRIM	25U - DARK BLUE METALLIC
6AK - FRONT SPRING	7AK - FRONT SPRING
8AB - REAR SPRING	9AB - REAR SPRING

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Source: Public Records > People, Business & Asset Locators > License Locator > Driver Licenses > West Virginia Driver

License Records []

Terms: mcallister /3 rosie (Edit Search | Suggest Terms for My Search)

### ROSIE JEANE MCALLISTER

#### THIS DATA IS FOR INFORMATIONAL PURPOSES ONLY

WEST VIRGINIA DRIVERS LICENSE RECORD

Name: Address: WEIRTON, WV

LICENSE INFORMATION

**License Class:** 

**OPERATORS LICENSE** 

License Issue Date: 11/13/1995

**License Expiration Date: 11/1/1999** 

PERSONAL INFORMATION

Date of Birth:

**Gender: FEMALE** 

Height: 5 ft. 7 in.

Weight: 182 lbs

Eyes: BROWN

Source: Public Records > People, Business & Asset Locators > License Locator > Driver Licenses > West Virginia

Driver License Records 🗓

Terms: mcallister /3 rosie (Edit Search | Suggest Terms for My Search)

View: Full

Date/Time: Tuesday, February 27, 2007 - 3:32 PM EST



About LexisNexis | Terms & Conditions LexisNexis® Copyright © 2007 LexisNexis, a division of Reed Elsevier Inc. All rights 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



Sean Kelly Claims Administrator

Weirton WV

RE:

Claimant:

Our File No.:

Our Client:

629146 General Motors

Date/Event:

2-4-07

Subject vehicle:

2005 Chevrolet Malibu

Dear

ESIS provides administrative claims handling services to General Motors (GM) for all product liability claims. Thank you for discussing this matter with me on Feb. 27 and Feb. 28, 2007.

As we discussed, I will need to obtain your medical records to properly document your claim. Thus, please fill out the enclosed *Authorization for Use and/or Disclosure of Confidential Medical Information*. Please provide the names and complete addresses for all medical providers who treated the injuries sustained in the incident.

When we have received this information, we will be in a better position to consider your claim.

Sincerely,

Sean Kelly

**Enclosure: Medical Authorization** 

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X

# 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 psoulder:	to word at the address below:
Name.:	weirton, wu
	We. 4 ton, well.
Na Na	celeirtee, was
Name, address, telephone number of medical provider:	Weirton, WU.
Name, address, telephone number of medical provider:	

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 2-4-07.

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
- 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.

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	Social Security Number
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Signature of Patient on B. Weirton, WV.	
	Date Signed
kerationship to individual*	3-13-07
	Authority to act for individual*
*If you are a personal representative signing this Authorization also	
** JVW art a prisonal representative coming this Authorities at	2.4

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:

629146

Claims Administrator:

Sean Kelly

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



ESIS/GM Central Claims Unit P.O. Box 300 Mail Code 482 C20 D71 Detroit, MI 48263-3000

800.888.0164 tel 313.665.0911 fax

RECELIVED
WAR 30 TON

Stan Kelly Claims Administrator

March 14, 2007

Amrik Chatta, MD 485 Colliers Way Weirton WV 26062

Attention: Medical Records Department

RE:

Our File No.:

629146

Our Client:

General Motors Corporation

Patient Name:

2-4-07

Date/Event:

Date of Birth:

6-9-64

Dear Medical Records Department:

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

Please provide me with a complete copy of Ms. McAllister's 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,

Enclosure: Medical Authorization

A PAGE SAMA STATES OF THE CONTRACT OF COLUMN AND APPOINT OF CONTRACTS

PATIENT RECEIPT Phone: (304) 723-4250

AMRIK S. CHATTHA, M.D. 485 COLLIERS WAY, SUITE C

WEIRTON, WV 26062

Date:

3/28/2007

Patient No: 16602.0

Phone:

(304) 723-4260

Federal ID: 550580076

WEITRTON, WV

					Beginning	Balance:	\$0.00
Date	Code	POS	Description	Prov	Amount	Balance	Total
01/08/2007	99244	11	NEW PATIENT OFFICE VISIT	CHATTHA	\$250.00	\$250.00	\$250.00
01/08/2007	2	PO	PAYMENT - CHECK#	СНАТТНА	(\$20.00)	\$230.00	\$230.00
02/26/2007	5	PO	Payment - Ins . Check##	CHATTHA	(\$218.14)	\$11.86	\$11.86
02/26/2007	43	MT	BA WRITE OFF	CHATTHA	(\$11.86)	\$0.00	\$0.00
01/16/2007	95861	11	ENG-S LINES	CHATTHA	\$450.00	\$450.00	\$450.00
01/16/2007	95900	11	NERVE CONDUCTION-EACH	CHATTHA	\$500.00	\$950.00	\$950.00
01/16/2007	95904	11	SENSORY MERVE CONDUCTION (EA	C CHATTHA	\$500.00	\$1,450.00	\$1,450.00
02/26/2007	5	PO	Payment-Ins.Check##	CHATTHA	(\$580.23)	\$869.77	\$869.77
02/26/2007	43	W1	BA WRITE OFF	CHATTHA	(\$869.77)	\$0.00	\$0.00
01/18/2007	99213	11	OFFICE VISIT-ESTABLISHED	CHATTHA	\$80.00	\$80.00	\$80.00
02/26/2007	\$	PO	Payment - Ins . Check##	CHATTHA	(\$58.44)	\$21.56	\$21.56
02/26/2007	43	MI	BA WRITE OFF	CHATTHA	(\$21.56)	\$0.00	\$0.00
01/12/2007	7055126	22	INTERP MRI BRAIN W/O CONTRAS	I CHATTHA	\$300.00	\$300.00	\$300.00
03/05/2007	5	PO	Payment-Ins.Check##407122	Chattha	(\$94.54)	\$205.46	\$205.46
03/05/2007	43	W1	BA WRITE OFF	CHATTHA	(\$205.46)	(\$0.00)	(\$0.00)
01/25/2007	99213	11	OFFICE VISIT-ESTABLISHED	CHATTHA	\$80.00	\$80.00	\$80.00
01/25/2007	2	PO	PAYMENT - CHECK#	CHATTHA	(\$20.00)	\$60.00	\$60.00
03/05/2007	5	PO	Payment - Ins . Check##	CHATTHA	(\$58.44)	\$1.56	\$1.56
03/05/2007	43	Wl	BA WRITE OFF	CHATTHA	(\$1.56)	\$0.00	(\$0.00)
02/06/2007	99214	11	OFFICE FOLLOW UP	CHATTHA	\$90.00	\$90.00	\$90.00
02/06/2007	2	PO	PAYMENT - CHECK#	CHATTHA	(\$20.00)	\$70.00	\$70.00
01/23/2007	7314126	22	INTERP MRI CERVICAL W/O CONT	F CHATTHA	\$300.00	\$300.00	\$370.00
03/26/2007	99213	11	FOLLOW UP ESTABLISHED PATIEN	I CHATTHA	\$90.00	\$90.00	\$460.00
03/26/2007	2	PO	PAYMENT - CHECK#	CHATTHA	(\$20.00)	\$70.00	\$440.00
					Ending	Balance:	\$440.00

FESP.	Current,	/:-31/-= 60 <b>.</b>	61 - 90	FT Over 90	7.4	Balance .
Patient	0.00	0.00	0.00	0.	00	0.00
Insurance	70.00	370.00	0.00	0	00	440.00
Total	70.00	370.00	0.00	0.	00	440.00



Name:

Phys: Chattha, Amrik

DOB: 06/09/1964 Age: 42

Sex: F

Loc: WMRI

Exam Date: 01/12/2007 Status: REG REF

Radiology No: 140432

Unit No: M119663 PH: 304-797-7499 Diagnosis: MULTIPLE SCLEROSIS/TIA

Amrik Chattha 485 Colliers Way P. O. Box 2249 Weirton, WV 26062

304-723-4260

EXAM: 001185923 MR-BRAIN W & W/O CONTRAST

Reason For Procedure: MS

MRI SCAN OF CEREBRAL HEMISPHERES:

MRI scan of cerebral hemispheres was done using T1 fast spin echo sequence, FLAIR perfusion and diffusion methodology. Sagittal, axial, and coronal views were obtained. Gadolinium was injected. The gyral pattern is unremarkable. The ventricle systems are within the normal range. The posterior fossa structures including cerebellum and brainstem were intact. There were no areas of altered signal intensity seen anywhere. No mass lesion was seen. Gadolinium did not pick up any contrast.

IMPRESSION:

THIS WAS NORMAL MRI SCAN OF CEREERAL HEMISPHERES WITH AND WITHOUT GADOLINIUM.

Reported By: AMRIK CHATTHA, M.D./jls

Q

CC: Krishan K Aggarwal; Amrik Chattha; Ghassan Alayli

Technologist: JULIANNE M DELVECCHIO, RT/R/MR

Transcribed Date/Time: 01/14/2007 (1322)

Transcriptionist: RAD.JLM

Printed Date/Time: 01/16/2007 (1414) Batch No: 903

PAGE 1

Amrik Chattha

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FORM #7040-45A (5/97)

### PROGRESS NOTE

NAME:

DOS:

02/08/07

CHIEF COMPLAINT: This patient came to me with history of pain around left elbow few weeks ago. Now, she has pain in upper extremity.

<u>PAST MEDICAL HISTORY:</u> The patient in the past had memory problem and mild depression.

**ALLERGIES:** 

She was allergic to castor oil.

MEDICATIONS: She was on Estratest.

<u>PHYSICAL EXAMINATION:</u> Her general physical examination revealed mild obesity. Vital signs were stable. Neurologically, she was awake and alert. There were no focal motor abnormalities.

<u>DIAGNOSTIC TESTS</u>: MRI scan of cervical spine as well as EMG of upper extremities were unremarkable.

<u>IMPRESSION/RECOMMENDATIONS:</u> This patient has chest pain with radiation into left upper extremity. I am referring her to a family physician for thorough cardiac evaluation. No medication was prescribed. For the time being, no appointment was given for followup in my office yet.

M.D.

A. Chattha, M.D.

AC/va

### PROGRESS NOTE

N	AME:

DOS:

01/25/07

**CHIEF COMPLAINT:** This young female continues to have pain confined to left upper arm with some numbness of the hand.

PHYSICAL EXAMINATION: Her general physical examination unremarkable. Vital signs were stable. Neurologically, she was awake and alert. There were no focal motor abnormalities.

**DIAGNOSTIC TESTS:** EMG and motor nerve conduction velocities were normal in lower extremities and MRI scan of cervical spine was unremarkable.

IMPRESSION/RECOMMENDATIONS: the left upper extremity of unknown etiology. I have suggested mild analgesics and revaluation in 4 weeks' time.

halle M.D.

This patient has peculiar pain in

A. Chattha, M.D.

AC/Sp

### EMG AND MOTOR NERVE CONDUCTION VELOCITIES REPORT

NAME:

DOS: 01/16/07

<u>CHIEF COMPLAINT:</u> EMG and motor nerve conduction velocities were done in upper extremities only. Both median and both ulnar nerves were evaluated. EMG pattern of biceps and thenar muscles were studied on both sides.

Motor sensory distal latencies of both median nerves were within the normal range. Motor nerve conduction velocities were normal. Amplitude of compound muscle action potential was normal.

Both ulnar nerves had normal motor sensory distal latencies and motor nerve conduction velocities were normal. Amplitude of compound muscle action potential was normal. EMG pattern of biceps and thenar muscles revealed full pattern without any denervation.

<u>IMPRESSION:</u> This patient had normal EMG and motor nerve conduction velocities in upper extremities.

M.D.

Chatho

A. Chattha, M.D.

AC/va

# PHYSICIÁN

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### PROGRESS NOTE

DOS:

01/18/07

<u>CHIEF COMPLAINT:</u> This middle-aged female was complaining of pain in the neck with radiation into left upper extremity. Originally, the problem was more of numbness. Now, she was having pain as well as frequent headaches.

<u>PAST MEDICAL HISTORY:</u> The patient in the past was treated for some memory problem and mild depression, though symptoms improved.

MEDICATIONS: She has been on Estratest.

ALLERGIES:

She was allergic to castor oil

SOCIAL HISTORY: alcohol.

She does not smoke but very occasionally she drinks

<u>PHYSICAL EXAMINATION:</u> Her general physical examination was unremarkable. Vital signs were stable. Neurologically, she was awake and alert. There were no focal motor abnormalities.

<u>DIAGNOSTIC TESTS</u>: MRI scan of cerebral hemisphere was unremarkable. EMG and motor nerve conduction velocities did not reveal any abnormality.

<u>IMPRESSION/RECOMMENDATIONS:</u> This patient appears to have features of brachial radiculopathy. I have recommended MRI scan of cervical spine. For pain she can use over-the-counter Tylenol or Advil.

I will see her now in 1-week time.

A. Chattha, M.D. AC/Sp

### PROGRESS NOTE

NAME:

DOS:

01/08/07

CHIEF COMPLAINT: This young female came to me with history of: 1) Numbness of the left hand and whole left arm. 2) Frequent headaches. These symptoms continue to persist. She has difficult time in separating these. According to her, headache and numbness go together.

<u>PAST MEDICAL HISTORY:</u> In the past, she was treated for memory problem and was thought to have mild depression. She also had history of sharp pain to the right mandible from which she got better and also was diagnosed to have fibromyalgia.

MEDICATIONS: She was on Estratest.

ALLERGIES: She was allergic to castor oil.

SOCIAL HISTORY: She does not smoke and very occasionally she drinks liquor.

FAMILY HISTORY: She is married. Her husband is in good health. They have 3 children. Her father died of a stroke. Mother was in good health. Her husband made many trips in service to other countries.

<u>PHYSICAL EXAMINATION:</u> Examination revealed a moderately overweight, young female, who was not in any acute distress. She did not have any anemia, jaundice or cyanosis. Chest, cardiovascular unremarkable. Vital signs were stable.

Neurologically, she was awake and alert. She knew the day, time, place, and person. Her recent memory and remote memory were intact. Cranial nerve examination revealed normal sense of smell. Visual acuity was normal. Fields were normal. There was no nystagmus. Extraocular movements were intact. Pupils were reactive. Fundi normal. Fifth nerve, motor, and sensory component were normal. Seventh nerve did not reveal any facial asymmetry. Eighth nerve, cochlear, and vestibular division were unremarkable. Ninth, tenth, and eleventh cranial nerves revealed normal movement of the palate. Normal shoulder shrug. Twelfth nerve did not reveal any wasting of the tongue and movement of the tongue was normal.

01/08/07 Page: 2

Motor exam did not reveal any drift. There was no wasting. Strength was 5/5. Tone was normal. Coordination was normal on finger-nose and heel-to-shin testing. Reflexes were 2+. Plantars were down going. Sensation of touch, pain, and position sense was normal. Her gait was normal. Bowel and bladder function were intact. Per rectal and per vaginal examination were deferred.

<u>DIAGNOSTIC TESTS</u>: The patient had an MRI scan of the brain on April 9, 2005, which was normal. Similarly, she had an EEG at that time which was normal. CBC and chemistry profile were done at that time and were normal as well.

<u>IMPRESSION:</u> This patient had episodes of numbness particularly in the left arm along with headache.

### **DIAGNOSTIC POSSIBILITIES:**

- 1. TIA.
- 2. MS.
- 3. Brachial radiculopathy.

### **RECOMMENDATIONS:**

- I. MRI scan of cerebral hemisphere with gadolinium.
- 2. EMG and motor nerve conduction velocities of upper extremities.

If the above diagnostic testing did not help in diagnoses I will go head and do MRI scan of cervical spine.

From therapeutic point of view; for the time being, I did not have any recommendation.

I will reevaluate her in 2 weeks' time.

A. Chattha, M.D.
AC/va



ESIS/GM Central Claims Unit P.O. Box 300 Mail Code 482 C20 I771 Detroit, MI 48265-3000 800.888.0164 tel 313.665.0911 fax

RECEIVED

MAR 30 2007

ESIS-GM CLEIMS UNIT

Sean Kelly Claims Administrator

March 14, 2007

Weirton Medical Center 601 Colliers Way Weirton WV 26062

Attention: Medical Records Department

RE:

Our File No.:

629146

Our Client:

**General Motors Corporation** 

Patient Name:

2-4-07

Date/Event:
Date of Birth:

6-9-64

Dear Medical Records Department:

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

Please provide me with a complete copy of management me above incident.

medical records and medical bills for the

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,

Sean Kelly

**Enclosure: Medical Authorization** 

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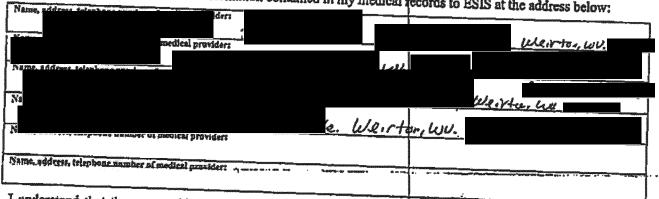
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# AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

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:



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 2-4-07.

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
- . 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
- the above-listed medical providers may not condition (withhold or refuse) treating me on whether I sign this

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

Printed Name o	7,77	same aumonity as the original.	* * * * * * *
		Date of Bilds	
Address City State and Tin			
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<u> </u>	Weirton, WV.		
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		Anthority to act for individuals	
*If you are a personal represents	tive ciming this Academi		

\*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: Claims Administrator:

629146 Sean Kelly

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

10.9

504 797 7499 204 797 7499

WAR-13-2007 06:24 PM ROSIE.

**DATE OF EXAM: 2/8/2007** 

CHIEF COMPLAINT: Chest pain

HISTORY OF PRESENT ILLNESS: Patient is a 42 year-old female who presents to the Emergency Room with history of chest pain. She had arm pain for the past couple of weeks and for the past 3 days she had constant chest pain. It is more on the right side and the pain is worse with deep breath and she also had some shortness of breath and no fever or chills, no significant cough or expectoration, no hemoptysis, no nausea, vomiting, or abdominal pain. No diaphoresis. The pain does not get worse with exertion. No significant risk factors for pulmonary embolism or coronary artery disease. Does not have any history of smoking, no family history of coronary artery disease or PE and denies any hypertension or diabetes mellitus. Patient had previous history of similar pain and she was evaluated with a stress test that was apparently negative.

REVIEW OF SYSTEMS: All other systems reviewed and negative.

PAST MEDICAL HISTORY: Significant for fibromyalgia.

MEDICATIONS: Celebrex and Climara patch.

ALLERGIES: Custor oil

SOCIAL HISTORY/FAMILY HISTORY: Negative

PHYSICAL EXAMINATION: Patient is a 42 year-old female, alort and oriented x 3. Afebrile. Vital signs are stable. O2 sat 100% on room air. HEENT – head atraumatic, normocephalic. EN1 exam is clear. Mucus membranes are moist and pink. Neck is supple. No lymphadenopathy. Exam of the lungs clear for auscultation bilaterally. Normal breath sounds. Heart is regular rate and rhythm. No nurmur or gallop. Abdomen is soft, nontender. No organomegaly. Bowel sounds are heard and she does have chest wall tenderness, reproducible over the anterior upper right chest. Extremities – no edema or rash. Neuro exam is normal.

MEDICAL DECISION MAKING AND EMERGENCY DEPAR' MENT COURSE: Patient presenting with chest pain.

DIFFERENTIAL DIAGNOSIS: Acate coronary syndrome, pulmonary embolus, pneumonia, costo:hondritis and pericarditis

EKG was done and read by me and showed normal sinus rhythm a 95. Normal axis and minor non-specific change in the inferior leads. No acute ST-elevation or depression. Compared to her old EKG no significant change is seen. CBC is normal. Chemistry profile is normal. Sed rate is slightly elevated at 42 and troponin is normal. Chest x-ray read by the radiologist showed no acute cardiopulmonary disease and CT scan of the chest

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AMANDEEP PUREWAL, M.D.

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EMERGENCY REPORT
Page 1 of 2

ORIGINAL.

was done, which was negative for pulmonary embolus. There was slightly thickened pericardium that was seen on a previous study in 05 and has not changed. There is no evidence of dissection and minimal atelectasis or scarring in the left base.

Patient remained hemodynamically stable during her ED-stay and discussed about the options of 23-hour observation versus outpatient follow-up. I did discuss with Dr. K. Aggarwal and he will be able to see her tomorrow. Patient preferred to be discharged for outpatient follow-up. She was discharged home in stable condition.

CLINICAL IMPRESSION: CHEST PAIN, UNCERTAIN ETIOLOGY, LIKELY MUSCULOSKELETAL COSTOCHONDRITIS

She is already on nonsteroidal at home. She was given Vicodin for more pain and advised follow-up with Dr. K. Aggarwal tomorrow and return if worse.

cc: AMANDEEP PUREWAL, M.D.

KR:jlm

DD: 02/08/2007 4:32 P DT: 02/08/2007 5:17 P

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KALPANA RAJASHEKAR, M.D.

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Ins. Codes: HP1 / 2TC

Fri, Mar 23, 2007

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Fri, Mar 23, 2007

Ins. Codes: HP1 / 2TC

PatientNumber: 31990

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

Sean Kelly

800.888.0164 tel 313.665.0911 fax



Ms. Rosie McAllister 3336 Orchard Street Weirton WV 26062 Claims Administrator

RE:

Claimant:

629146

Our File No.:
Our Client:

General Motors

Date/Event:

2-4-07

Subject vehicle:

2005 Chevrolet Malibu

Dear

This will acknowledge my conversation with you on June 18, 2007, during which we agreed to settle the above matter for \$1,000.00.

Prior to issuing the check, the enclosed Release needs to be signed by you and your husband, Please read the Release carefully, as this will be considered the full and final settlement of any and all claims with regard to this matter.

Once I have the completed Release, a settlement check will be issued in the agreed amount of \$1,000.00.

Should you have any questions, please call me at 800.888.0164.

Sincerely,

Sean Kelly

Enclosure: Release

#### RELEASE AND INDEMNIFICATION OF ALL CLAIMS

FILE NUMBER: 8213-259-629146 Claims Administrator: Sean Kelly

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned, being of lawful age, for the sole consideration of One Thousand and zero/100 dollars, (\$1,000.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, does hereby and for my heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge General Motors Corporation, ESIS Inc., and John Seretti Chevrolet and Pavlik Motor Cars, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships, the "Releasees", of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have, or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily, personal injury and property damage, and the consequences thereof resulting to or resulting from the accident, casualty or event which occurred on or about the 4th day of February, 2007, at or near Weirton, West Virginia.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said Releasees deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned hereby declare(s) and represent(s) that the injuries sustained are, or may be, permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this Release, it is understood and agreed, that the undersigned relies wholly upon the undersigned's own judgment, belief and knowledge of the nature, extent, affect and duration of said injuries and liability therefore, and it is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives, or by any physician or surgeon by them employed.

It is understood and agreed that this Release is intended to cover, and does cover, without limitation, claims which are known and unknown, claims for known and unknown injuries, and/or damage claims for anticipated or unanticipated injuries and/or damage; and claims for expected or unexpected consequences of injuries and/or damages, which have resulted or may result from any alleged conduct, acts, or omissions of any of the Releasees.

It is understood and agreed that the undersigned, his/her heirs, executors, administrators, and assigns does agree to indemnify, save harmless and defend the Releasees from all claims and demands for damages, costs, expense or compensation on account of, or in any way arising out of the accident, casualty or event which occurred on or about 2-4-07, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

FILE NUMBER: 8213-259-629146

Initials <u>PSM RMM</u> Sean Kelly

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT, IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 324 day of	October, 2007.
CAUTION: READ	BEFORE SIGNING
Karen Faleraniel	<u>L</u> LS
WITNESS ODONEHUL	LS
State of W.S	
County of Hanesck	
On the 3 day of Arts had) 20	07, before me personally appeared
H. The state of th	to me known to be
<i>"</i>	going Release and <u>Fidemnification</u> acknowledged arily executed the same.
My term expires	Latishe Shank
	OFFICIAL SEAL. NOTARY PUBLIC STATE OF WEST VIRGINIA LATISHA SHANK 347 Thurman Street Welton, Wast Virginia: 25052 My Commission Expires Nov. 18, 2013
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