

Service Request Detail

SR No.	1-382057661	Ref No.		Goodwill		BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - General	Sub-Arca	Initiate PAR- Collision
Address		City	Munster	Involved Dir	Jack Connors, Inc.	Safety	Yes
State	IN	ZipCd		Source	Phone	Updated	12/22/2005 4:17:50 PM
Serial #/VIN	1G2ZG558864	Model Year	2006	Priority	Medium	License #	PONTIAC
Make	Pontiac	Warr. Start		Status	Open	Owner	DIMAREM
Model	G6	Mileage	900	Sub-Status		Opened	12/19/2005 4:54:30 PM
Abstract	Steering - General						
Customer Description	This is a PAR file, ref. calls to Mike DiMare. 57009 Do not assume this file.						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in	Road Surface	Road Cond.	Fire Report#	Police Report#									
Owner	12/16/2005 6:45:00 PM	N	1	1	Asphalt	Snowy	n/a	05MU2186									
Driver Last Name	Driver First Name	Height	DOB	Disabilities													
		5' 5"		No													
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency														
unknown	Lucy	(219) 972-7575	Progressive														
Incident Loc	9139 Beach St., Munster, IN	Incident Desc	driver was going about 20mph and had no control over the veh and hit a parked car														
Component	Steering	Damage Desc	Damage was mainly on the right front end of the car. No estimate for repair cost														
Vehicle Loc	Duneland Collision, 15th ana Broadway in Chesterton ph# 219-921-0965	Add'l Info	Daughter was the only one in the veh.														
Emgcy Svc Names	Officer Talas Badge? #39	Maint Loc	None yet, it's new.														

PAR Detail

Collision	Y	Non Collision	Property Damage	Y	Thermal Evt	N	Spec Equip	None
Vehicle Speed	20	Weather Condition	Snowed previously, clear at the time.		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 Installer			Prop Damage Description	Right front.	Inspected By	Inspection Not Performed
Primary Veh Use	Personal	Inspection Type			Inspection Date/Time			
Veh Damage Description	Right front.		Explain Other					

Report Generated for TOPOROWM on 12/23/2005

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INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 4:59:08 PM	DUBOSE	DUBOSE	BRC PAR	Close	Done	12/22/2005 5:00:03 PM	CLOSING PAR FILE
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

BUSINESS SUMMARY:
CUST STATES COLLISION OCCURED DUE TO STEERING FAILURE AND SEEKS FOR PROPERTY DAMAGE OF 3800.00 TO BE COVERED.FORWARDING TO ESIS AND CLOSING PAR FILE.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 4:58:13 PM	DUBOSE	ESISBIQU	Escalation		In Progress		PROPERTY DAMAGE
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 4:57:43 PM	DUBOSE	DUBOSE	BRC PAR	ESIS- Property Damage	Done	12/22/2005 4:58:12 PM	ESIS ESCALATION
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

FORWARDING TO ESIS DUE TO PROPERTY DAMAGE.
LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 4:56:24 PM	DUBOSE	DUBOSE	Scheduled Outbound Call Cust	Cancelled	Done	12/22/2005 4:57:41 PM	Reason for the call
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Date and Time EST...Callback Phone Number

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 4:56:23 PM	DUBOSE	DUBOSE	PAR Case Assessment	Collision	Done	12/22/2005 4:57:18 PM	Steering

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Steering failure. No inspection required, forwarding to esis

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 4:56:23 PM	DUBOSE	DUBOSE	BRC PAR	Inspection Not Required	Done	12/22/2005 4:57:34 PM	Type of Inspection

Contact Last Name	Contact First Name	Account	BAC Code

Comments

NONE REQUIRED.

LARA DUBOSE/BRC/PAR 58606

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 4:56:20 PM					Done	12/22/2005 4:56:38 PM	1-382057661, BRC PAR Case Assess Collision

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 4:34:51 PM	DIMAREM	DIMAREM	Other		Done	12/22/2005 4:36:26 PM	The cust I spoke to was Patricia Hayduk.

Contact Last Name	Contact First Name	Account	BAC Code
Hayduk	Michael		

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 3:54:16 PM	DIMAREM	DIMAREM	Ownership Changed	Ownership Escalated to BRC	Done	12/22/2005 3:54:16 PM	Ownership Escalated to BRC

Contact Last Name Contact First Name Account BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 10:30:32 AM	DELONGKI	DIMAREM	Notify CRM		Done	12/22/2005 3:54:22 PM	See I/B call customer

Contact Last Name Contact First Name Account BAC Code

Comments

Assist only

Kim DeLong/CAC/TPA

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 10:28:28 AM	DELONGKI	DELONGKI	Inbound Call Customer	Transfer/Referral	Done	12/22/2005 10:30:29 AM	Cust called in

Contact Last Name Contact First Name Account BAC Code

Comments

Customer states would like to speak to the owning CRM to determine what the status is on her file.

Customer seeks to speak to the owning CRM.

CRM advised of the owning CRM's name and extension and then transferred the call.

Kim DeLong/CAC/TPA

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2005 10:12:44 AM	DANZEYS	DANZEYS	Inbound Call Customer	Transfer/Referral	Done	12/22/2005 10:22:48 AM	Crm received a call from the cust.
Contact Last Name		Contact First Name	Account		BAC Code		

Comments

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 wait. The cust then advised of Par rep she was told was assigned to her case. Crm spoke with crm, Mike DiMare, who confirmed case# and vin#. Crm provided all to the cust. Crm transferred the cust to owning crm voicemail ext#57009. Cheryl Danzey/Tampa Par/Ext 57275

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2005 10:21:56 AM	LOTTM	DIMAREM	Ownership Changed		Done	12/20/2005 10:21:56 AM	Service Request Ownership has changed FROM: LOTTM TO: DIMAREM
Contact Last Name		Contact First Name	Account		BAC Code		

Comments

Confidential Comments

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

Comments

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 radio had a message that the steering was disabled, she did not know if there were any warning lights on before the collision. Cust is seeking 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 the collision. 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

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2005 10:21:15 AM	LOTTM	DIMAREM	BRC PAR	Initial Contact- Dealer	Done	12/22/2005 4:29:05 PM	Called Jack Connors, Inc., (219) 926-7100.

Contact Last Name	Contact First Name	Account	BAC Code
			116083

Comments

Summary: states he spoke to the cust and did get 2 codes out of it, C0550 Symtom 39 and U2105 symtom 00, TAN would not tell him what they mean when they found out about the collision. CRM advised Jack, the file is being forwarded to ESIS due to the property damage the cust is seeking. Mike DiMare/Tampa PAR 57009

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2005 10:21:15 AM	LOTTM	DIMAREM	BRC PAR	Acknowledgement	Done	12/22/2005 3:45:16 PM	Cust called in and confirmed facts.

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Summary: Cust called in and confirmed facts. Mike DiMare/Tampa PAR 57009

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2005 10:21:14 AM	LOTTM	DIMAREM	BRC PAR	Initial Contact- AVM	Done	12/22/2005 4:34:16 PM	Called the AVM, 630092 8137.

Contact Last Name	Contact First Name	Account	BAC Code
		General Motors	Field

Comments

Summary: CRM advised the AVM of the PAR case details and resolution. Mike DiMare/Tampa PAR 57009

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2005 10:21:13 AM	LOTTM	DIMAREM	Notify CRM		Done	12/22/2005 4:34:29 PM	File Assigned

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2005 10:21:13 AM	LOTTM	DIMAREM	Research		Done	12/22/2005 3:53:38 PM	Researched VIN 1G2ZG558864175018.
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Summary: CRM reviewed the file, no other cases found. Mike DiMare/Tampa PAR 57009

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2005 10:21:12 AM	LOTTM	DIMAREM	BRC PAR	Case Assigned	Done	12/22/2005 4:34:36 PM	Assigned File to Mike Dimare at Ext. 57509
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2005 10:21:10 AM					Done	12/20/2005 10:21:52 AM	1-382057661, BRC PAR Assignor
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2005 8:01:57 AM	LOTTM	LOTTM	Ownership Changed		Done	12/20/2005 8:01:57 AM	Service Request Ownership has changed FROM: BECKDO TO: LOTTM
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2005 5:16:57 PM	BECKDO	LOTTM	Escalation	Initiate PAR	Done	12/20/2005 10:21:06 AM	Assigning activity to PAR QUEUE

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

CRM adv cust that someone would contact them w/in 2 business days.

donald beck/atx/cac

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2005 4:56:04 PM	BECKDO	BECKDO	Inbound Call Customer	Complex Request	Done	12/19/2005 5:32:38 PM	Pre Par

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Spoke to [REDACTED] (mother). [REDACTED] (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:

Where purchased? Jack Connors in Chesterton IN

Current approx mlg? approx 900

Ext Svc Plan?

Concern Specific:

Concern? Pwr steering went out and caused wreck

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 and 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

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Diane R. Evans, AIC
Claims Administrator

January 4, 2006

[REDACTED]
Munster, IN [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 505399
Our Client: General Motors Corporation
Date/Event: 12/16/05
Subject vehicle: 2006 Pontiac G6
VIN: 1G2ZG558864 [REDACTED]

Dear [REDACTED]

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

12/28/2005 14:15

219937961

TAYCO DESIGN

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INDIANA OFFICER'S STANDARD CRASH REPORT

State Form 23658 (Revised 5/03) Stock 302

Mail to:

Indiana State Police, Crash Records Section

100 North Senate Avenue, Indianapolis, IN 46204

001295082

Report ☒ Original ☐ Supplemental Page 1 of 4

Local ID

05 MU 2196

Date of Crash Month <u>12</u> Day <u>28</u> Year <u>2005</u>	Day of Week <u>FRI</u>	Actual Local Time <u>6:55</u> <u>PM</u>	County <u>LAKE</u>	Township <u>NORTH</u>	# Motor Vehicles <u>0</u>	# Injured <u>0</u>	# Dead <u>0</u>	# Commercial Vehicles <u>0</u>	# Deer <u>0</u>
Road Crash Occurred On <u>BECH</u>		Nearest Intersecting Road/Mile Marker/Interchange <u>GREENWOOD</u>		1st at an intersection number of feet from <u>100</u>	Direction <u>N</u>	Road Class. <u>State Road</u>	<input type="radio"/> Interurban <input type="radio"/> US Road <input checked="" type="radio"/> State Road <input type="radio"/> Other	<input type="radio"/> County Road <input checked="" type="radio"/> Local/Key Road <input type="radio"/> Other	
Inside Corporate Limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		City/Town or Nearest City/Town <u>MUNSTER</u>		Property? <input type="radio"/> Public <input checked="" type="radio"/> Private	Crash Latitude		Crash Longitude		
Driver #1 <u>[REDACTED]</u>		Driver #2 <u>[REDACTED]</u>		Driver #3 <u>[REDACTED]</u>		Driver #4 <u>[REDACTED]</u>			

Fill in up to two ovals per vehicle for Driver Contributing Circumstances

Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances

Area 1 Information: Fill in one oval per category

Hit and Run <input type="radio"/> Yes <input checked="" type="radio"/> No	Light Condition <input type="radio"/> Daylight <input type="radio"/> Dawn/Dusk <input type="radio"/> Dark (Lighted) <input type="radio"/> Dark (Not Lighted) <input type="radio"/> Unknown	Type of Median <input type="radio"/> Divisible <input type="radio"/> Curbed <input type="radio"/> Barrier Wall <input checked="" type="radio"/> None
Locality <input type="radio"/> Rural <input checked="" type="radio"/> Urban	Weather Conditions <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Freezing Rain <input type="radio"/> Fog/Smoak/Smog <input type="radio"/> Severe Cross Wind <input type="radio"/> Blowing Sand/Salt/Snow	Type of Roadway Junction <input type="radio"/> No Junction Involved <input type="radio"/> Four-Way Intersection <input type="radio"/> T-Intersection <input type="radio"/> Y-Intersection <input type="radio"/> Circle/Roundabout <input type="radio"/> Ave. Point or More Interchange <input type="radio"/> Ramp
School Zone <input type="radio"/> Yes <input checked="" type="radio"/> No	Surface Condition <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Snow/Slush <input type="radio"/> Loose Material on Road (Gravel, etc.) <input type="radio"/> Water <input type="radio"/> Standing or Moving	Road Character <input type="radio"/> Straight/Level <input type="radio"/> Straight/Grade <input type="radio"/> Straight/Miscast <input type="radio"/> Curve/Level <input type="radio"/> Curve/Grade <input type="radio"/> Curve/Miscast <input type="radio"/> Non-Roadway Crash
Construction <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Backlog	Construction Type <input type="radio"/> Lane Closure <input type="radio"/> X-Over Lane Shift <input type="radio"/> Work on Shoulder <input type="radio"/> Unknown Item or Moving Work	Roadway Surface <input type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Gravel <input type="radio"/> Other
Was this crash a result of aggressive driving? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Traffic Control Devices <input type="radio"/> 0 from Crossing Guard/Flagman <input type="radio"/> R1 Crossing Gate/Flagman <input type="radio"/> R2 Crossing Flashing Signal <input type="radio"/> R3 Crossing Sign <input type="radio"/> Traffic Control Signal <input type="radio"/> Flashing Signal		
Stop Sign <input type="radio"/> Yield Sign <input type="radio"/> Lane Control <input type="radio"/> No Passing Zone <input type="radio"/> Other (Explain in Narrative) <input checked="" type="radio"/> None		

Total Estimated at all damage in the Crash:

☐ Under \$1000 ☐ \$1001-\$5000 ☐ \$5001-\$25,000 ☐ \$25,001-\$50,000 ☐ \$50,001-\$100,000 ☐ Over \$100,000

Other Property Damage (Include Cargo)

Name of Object (1)	State <input type="radio"/> Yes <input type="radio"/> No	Owner's Name and Address
(2)	State <input type="radio"/> Yes <input type="radio"/> No	Owner's Name and Address

Traffic Control Device Operational? ☐ Yes ☒ No

Witness/Other Participant

Non-Motorist

(Last Name, First Name, MI)

<input type="radio"/> Witness <input type="radio"/> Other Participant Address etc. Phone # Location at Time of Crash	<input type="radio"/> Witness <input type="radio"/> Other Participant Address etc. Phone # Location at Time of Crash	Non-Motorist <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Other Cared? <input type="radio"/> Yes <input checked="" type="radio"/> No Direction Street/Highway Traffic Control? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, was traffic control operative? <input type="radio"/> Yes <input checked="" type="radio"/> No	Apparent Physical Condition <input type="radio"/> Normal <input type="radio"/> Had Been Drinking <input type="radio"/> Handicapped <input type="radio"/> Ill <input type="radio"/> Sleepy/Fatigued <input type="radio"/> Drugged/Medications <input type="radio"/> Unknown	Non-Motorist Action <input type="radio"/> On designated non-motorist lane <input type="radio"/> Not in roadway <input type="radio"/> On shoulder <input type="radio"/> On roadway <input type="radio"/> With traffic <input type="radio"/> Against traffic <input type="radio"/> Crossing at intersection <input type="radio"/> Crossing not at intersection <input type="radio"/> Moving <input type="radio"/> Standing <input type="radio"/> Working <input type="radio"/> Getting in or out of a vehicle <input type="radio"/> Getting off or on a school bus <input type="radio"/> Other (Explain in Narrative)
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001299082

Type of Crash

- ☐ Rear End ☐ Same Direction Sideswipe ☐ Right Angle ☐ Backing Crash
☐ Hit & On ☒ Opposite Direction Sideswipe ☐ Left Turn ☐ Other
☐ Run & Rear ☐ Run off Road ☐ Right Turn ☐ Non-Collision
☐ Left/Right Turn

Diagram: Indicate North by Arrow

N

B
F
A
H9139
BECCA

BT Diagram is not to scale
Based on statements at
scene.

GREENWOOD

Narrative:

Vehicle #1 was northbound through the 9100 block of Green. Vehicle #2 was parked against the curb on the east side of the street, facing southbound in front of 9139 Becca. Driver of Vehicle #1 stated that as she was northbound her vehicle slid on the icy pavement and collided with Vehicle #2. All parties involved received emergency medical attention to the scene. Two collision reports in the declared lanes at the scene.

Time Notified ☐ AM ☒ PM

7:01

Time Arrived ☐ AM ☒ PM

7:09

Other Location of Investigation

Assisting Officer

ID No.

Agency

Investigation Complete? ☒ Yes ☐ NoPhotos Taken? ☐ Yes ☒ No

Assisting Officer

ID No.

Agency

Date of Report

Investigating Officer (printed)

ID No.

Agency

Reviewing Officer

J. Lucas

39

MUNSTER P.D.

JS

Local ID

05 MAY 2186

00429508

Officer's Name (Last, First, MI) [Redacted]		Safety Equipment Used <input type="checkbox"/> No restraint <input type="checkbox"/> Helm <input type="checkbox"/> Airbag <input type="checkbox"/> (No 1 restraint) <input type="checkbox"/> Airbag <input type="checkbox"/> Belt <input type="checkbox"/> Child restraint <input type="checkbox"/> Under seat		Safety Equipment Effective? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable		Position/Injured <input checked="" type="radio"/> Not Injured or Trapped <input type="radio"/> Partially Ejected <input type="radio"/> Ejected <input type="radio"/> Trapped In <input type="radio"/> Pinned Under <input type="radio"/> Unknown	
Address (Street, City, State, Zip) [Redacted]		Date Month Day Year / Age [Redacted]		DOB Month Day Year / Birth [Redacted]		Lic Type CDL Class Use State [Redacted]	
Apparent Physical Status <input checked="" type="radio"/> Normal <input type="radio"/> Has Been Drinking <input type="radio"/> Handcuffed <input type="radio"/> Ill <input type="radio"/> Asleep/Feigned <input type="radio"/> Drugs/Medication <input type="radio"/> Unknown		<input type="radio"/> Glasses/Contact Lenses <input type="radio"/> Outside Rearview Mirror <input type="radio"/> Daylight Driving <input type="radio"/> Automatic Transmission <input type="radio"/> Special Controls <input type="radio"/> Employment Only <input type="radio"/> Motorcyclist Only <input type="radio"/> To/From Employment		<input type="radio"/> Employer's Vehicle Only <input type="radio"/> State-Owned Vehicle Only <input type="radio"/> PP (Distracted/Tool Only) <input type="radio"/> Power Steering <input type="radio"/> Special Registrations <input type="radio"/> Probation DMV <input type="radio"/> Probation HTV <input type="radio"/> None		Insurance <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> SFST <input type="radio"/> PST	
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Unknown		Test Results <input checked="" type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Drug <input type="radio"/> Alcohol & Drug <input type="radio"/> Refusal		Alcohol Results <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> SFST <input type="radio"/> PST		Drug Results <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Pending	
Valid Color Vehicle Year Make Model Name Style 1 Gold 2006 Pontiac G6 4D		Occupants 1 2015 94L-291 IN		Actions Speed Limit Insured By Phone Number 2 85 PROGRESSIVE 219-570-2525		Registered Owner's Name (Last, First, MI) [Redacted]	
Address (Street, City, State, Zip) [Redacted]		Address (Street, City, State, Zip) [Redacted]		Address (Street, City, State, Zip) [Redacted]		Address (Street, City, State, Zip) [Redacted]	
Towed? <input type="radio"/> Yes <input checked="" type="radio"/> No		Towed To Towed By [Redacted]		Vehicle Type <input checked="" type="radio"/> Passenger Car/Station Wagon <input type="radio"/> Pick-up <input type="radio"/> Van <input type="radio"/> School Utility Vehicle <input type="radio"/> Truck (Single Unit 2 axles, 6 tires) <input type="radio"/> Truck (Single Unit 2 or more axles) <input type="radio"/> Truck (Tractor Unit) <input type="radio"/> Truck (Tractor Unit) <input type="radio"/> Truck (Double Trailer) <input type="radio"/> Truck (Triple Trailer)		<input type="radio"/> Tractor (Cab Only/Flat Trailer) <input type="radio"/> Motor Home/Recreational Vehicle <input type="radio"/> Motorcycle <input type="radio"/> Buses/Seats 9-15 Persons (including the driver) <input type="radio"/> Buses/Seats 15+ Persons (including the driver) <input type="radio"/> School Bus <input type="radio"/> Farm Vehicle <input type="radio"/> Combination Vehicle <input type="radio"/> Unknown Type (not classified) <input type="radio"/> Hoped	
License # Address (Street, City, State, Zip) [Redacted]		License # Address (Street, City, State, Zip) [Redacted]		License # Address (Street, City, State, Zip) [Redacted]		License # Address (Street, City, State, Zip) [Redacted]	
Vehicle Make Vehicle Year Vehicle Make Vehicle Year		Vehicle Make Vehicle Year Vehicle Make Vehicle Year		Vehicle Make Vehicle Year Vehicle Make Vehicle Year		Vehicle Make Vehicle Year Vehicle Make Vehicle Year	
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Vehicle Make Vehicle Year Vehicle Make Vehicle Year		Vehicle Make Vehicle Year					

Driver's Name (Last, First, MI)				Safety Equipment Effective?				Safety Equipment				Safety Equipment			
Address (Street, City, State, Zip)				No restraint				No restraint				No restraint			
Date Month Day Year				No restraint				No restraint				No restraint			
Age				No restraint				No restraint				No restraint			
Driver's License #				No restraint				No restraint				No restraint			
Lic Type				No restraint				No restraint				No restraint			
CDL Class				No restraint				No restraint				No restraint			
Lic State				No restraint				No restraint				No restraint			
Apparent Physical Status				No restraint				No restraint				No restraint			
Normal				No restraint				No restraint				No restraint			
Had Been Drinking				No restraint				No restraint				No restraint			
Was Clipped				No restraint				No restraint				No restraint			
Was				No restraint				No restraint				No restraint			
Adapted/Fatigued				No restraint				No restraint				No restraint			
Drug/Medication				No restraint				No restraint				No restraint			
Unknown				No restraint				No restraint				No restraint			
Gender				No restraint				No restraint				No restraint			
Male				No restraint				No restraint				No restraint			
Female				No restraint				No restraint				No restraint			
Unknown				No restraint				No restraint				No restraint			
Type of Vehicle				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Type of Injury				No restraint				No restraint				No restraint			
None				No restraint				No restraint				No restraint			
Alcohol				No restraint				No restraint				No restraint			
None				No restraint											

Munster Police Department
Incident Report

See State Crash Report.

On 1-6-06 I was contacted by [REDACTED] (Driver #1) mother, [REDACTED] stated that on 12-16-05 after the collision had occurred, her husband drove 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. [REDACTED] believes 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

Upalas

Jan. 17 2006 03:47PM PI

FRX NO. :

FROM :

CDR File Information

Vehicle Identification Number	1G2ZG55886
Investigator	BALL
Case Number	505399
Investigation Date	Monday, January 16 2006
Crash Date	Friday, December 16 2005
Filename	1G2ZG55886.CDR
Saved on	Monday, January 16 2006 at 11:12:04 AM
Collected with CDR version	Crash Data Retrieval Tool 2.7140
Collecting program verification number	3E9CCEC5
Reported with CDR version	Crash Data Retrieval Tool 2.7140
Reporting program verification number	3E9CCEC5
Interface used to collected data	Block number: 00 Interface version: 4A Date: 11-08-05 Checksum: 7500
Event(s) recovered	None

SDM Data Limitations

SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It can contain Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also can contain Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced. The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, then the Deployment Level Event will overwrite the Non-Deployment Event file.

SDM Data Limitations:

- SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 220 milliseconds of data after deployment criteria is met and up to 70 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record up to the first 300 milliseconds of data after algorithm enable. The minimum SDM Recorded Vehicle Forward Velocity Change, that is needed to record a Non-Deployment Event, is 5 MPH.
- Maximum Recorded Vehicle Velocity Change is the maximum recorded velocity change in the vehicle's combined "X" and "Y" axis.
- 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:

1G2ZG55886

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.

```

$01 68 00 00 00 00 00 00
$02 30 00 00 00 00 00 00
$03 00 00 00 00 00 00 00
$04 00 00 00 00 00 00 00
$05 80 00 00 00 00 00 00
$06 00 4A 00 00 19 53 52
$07 00 00 00 00 00 00 00
$08 00 00 00 00 00 00 00
$09 03 FF 52 00 00 00 00
$0A 00 00 00 00 00 00 00
$0B 00 00 01 0F 00 00 00
$0C 80 00 80 00 00 00 00
$0D 00 00 80 00 00 00 00
$0E 00 00 00 00 00 00 00
$0F A2 00 00 00 00 00 00
$10 47 32 5A 47 35 35 38
$11 38 36 34 31 37 35 30
$12 31 38 00 00 00 00 00
$13 00 00 00 00 00 00 00
$14 00 00 00 00 00 00 00
$15 00 00 00 00 00 00 00
$16 03 06 0C 16 34 00 00
$17 03 03 02 02 00 00 00
$18 02 02 00 00 00 00 00
$19 07 07 00 00 00 00 00
$1B 3F 00 00 67 00 7A 00
$1C 3F 00 00 06 00 1A 00
$1D 00 00 00 00 00 00 00
$1E 00 00 00 00 00 00 00
$1F 20 C0 00 00 00 00 00
$20 40 00 00 00 00 00 00
$21 FF FF 00 00 50 00 00
$22 00 8F 00 00 00 00 00
$24 00 00 00 00 00 00 00
$25 00 00 00 00 00 00 00
$26 00 00 00 00 00 00 00
$27 FF 00 FF 00 00 00 00
$2A 00 00 00 00 00 00 00
$2B 00 00 00 00 00 00 00
$2D 00 00 00 00 00 00 00
$2E 00 3C 7B 00 E5 00 00
$2F 00 E1 00 E5 00 00 00
$30 9D 00 00 00 00 00 00
$31 FF FF FF FF FF 80 00
$32 F8 80 FF 80 00 00 00
$33 FF FF FF FF FF 80 00
$34 FF FF FF FF FF 80 00
$35 FF FF FF FF FF 80 00
$36 FF FF FF FF FF 80 00
$37 F8 80 F8 0F 0F CA FE
$38 FF 80 C0 80 FF C0 FC
$39 FF FF FF FF FF 80 00
$3A FF FF FF FF FF 80 00
$3B 7F 0F 1F 1F 3F 00 00
$3C FF FF FF FF FF FF C0
$3D FF FF FF FF FF FF 00
$3E FF FF FF FF 00 00 00
$3F 00 00 F0 00 00 00 00
$40 E0 FF 00 00 00 00 00
$41 F8 F8 90 00 00 00 00
$42 80 FF FF FF FF 00 00

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$43 FF FF FF 00 00 00 00
$44 FF FF FF FF FF FF 00
$45 FF FF FF FF FF FF 00
$46 FF FF FF FF FF FF 00
$47 FF FF FF FF FF FF 00
$48 FF FF FF FF FF FF 00
$49 FF FF FF FF FF FF 00
$4A FF FF FF FF FF FF 00
$4B FF FF FF FF FF FF 00
$4C FF FF FF FF FF FF 00
$4D FF FF FF FF FF FF 00
$4E FF FF FF FF FF FF 00
$4F FF FF FF FF FF FF 00
$50 FF FF FF FF FF FF 00
$51 F0 00 00 F0 00 00 00
$52 81 FF FF FF 00 00 00
$53 FF FF FF 00 00 00 00
$54 82 FF FF 00 00 00 00
$55 FF FF FF FF FF FF 00
$67 A0 FF 00 00 00 00 00
$68 F8 F8 90 C0 00 00 00
$69 80 FF FF FF FF 00 00
$6A FF FF FF 00 00 00 00
$6B FF FF FF FF FF FF 00
$6C FF FF FF FF FF FF 00
$6D FF FF FF FF FF FF 00
$6E FF FF FF FF FF FF 00
$6F FF FF FF FF FF FF 00
$70 FF FF FF FF FF FF 00
$71 FF FF FF FF FF FF 00
$72 FF FF FF FF FF FF 00
$73 FF FF FF FF FF FF 00
$74 FF FF FF FF FF FF 00
$75 FF FF FF FF FF FF 00
$76 FF FF FF FF FF FF 00
$77 FF FF FF FF FF FF 00
$78 F0 00 00 F0 00 00 00
$79 81 FF FF FF 00 00 00
$7A 82 FF FF 00 00 00 00
$7B FF FF FF FF FF FF 00

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$01 41 55 01 02 03 04 52 53 41 32 03 09 01 AA AA 01
$02 01 02 03 04
$03 41 54 01 02 03 04 52 53 41 32 03 09 01 AA AA 01
$04 01 02 03 04
$05 42 55 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$06 FF FF FF FF
$07 42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$08 FF FF FF FF
$0D 41 48 36 34 37 33 52 35 31 38 36 31 33 57 4A 56
$0E 01 5A 39 A4
$0F 41 4A 36 34 37 33 52 35 31 38 35 33 33 55 4A 4D
$10 01 5A 39 A4
$13 42 52 39 38 32 30 44 32 35 32 35 30 32 33 5A 30
$14 16 46 3D 35
$17 42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$18 FF FF FF FF
$21 32 16 B8 0B 5E 11 91 9A
$22 53 52
$23 32 5A FA FA FA FA FA
$24 32 5A FA FA FA FA FA
$25 32 5A FA FA FA FA FA
$26 32 5A FA FA FA FA FA
$40 00 00
$41 3F 00 00 06 00 1A
$42 D0 E4
$43 00 00 8E 80

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\$44 C6 00 00 FC 80 C0
\$45 07 01 07 01 05 01
\$46 00 0F 0F 64 64
\$47 0A 64 04 04 04 05 0A 06 04 0A 00 00 FA 00 00 FF 04 64
\$48 18 08 08
\$B0 58
\$B1 FD FE 00
\$B2 FF FF FF FF FF
\$B4 41 53 35 33 35 32 32 31 31 5A 38 4E 20 20 20 20
\$B7 50 AA 01 0F 02
\$B8 54 41 68 06 15
\$C1 30 46 30 32
\$CA 30 46 30 32
\$CB 00 F0 B6 78
\$CC 00 F0 B6 78
\$D1 00 00
\$DB 00 00
\$DC 00 00

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

Service Request Detail

SR No.	1-406578703	Ref No.		Goodwill		BRC Type	N/A
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - Power Steering Pump /	Sub-Area	Initiate PAR- Collision
Address		City	Niagara Falls	Involved Dir	David Chevrolet Buick Pontiac Inc.	Safety	Yes
State	NY	ZipCd		Source	Phone	Updated	4/21/2006 1:58:57 PM
Serial #/VIN	1G1ZS52FX5F	Model Year	2005	Priority	Medium	License #	CHEVROL
Make	Chevrolet	Warr. Start	01/03/2005	Status	Open	Owner	BALDWICQ
Model	Malibu	Mileage	5850	Sub-Status		Opened	4/20/2006 3:02:09 PM
Abstract	Steering - Power Steering Pump					Closed	
Customer Description	***This is a BRC PAR case***Do not Assume***Pls Forward all inquires to Charles Baldwin ext 21267						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in	Road Surface	Road Cond	Fire Report#	Police Report#
Owner	4/6/2006 7:30:00 AM	Y	1	1	Concrete	Dry	n/a	mva-104
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		5'9 1/2		permanent/partial disability to shoulder and spine				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
Booth	Judy	(518) 782-2541 x329	Liberty Mutual					
Incident Loc	Interstate 290 W intersecting st Colvin BLVD in Tonawanda				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				Damage Desc	Veh is completly totaled - Rear of veh, most damage is the passenger side rear		
Vehicle Loc	At a salvage yard for Liberty Mutual				Add'l Info	Liberty Mutual may be moving veh very soon to auction		
Emgcy Svc Names	Patrolman Micheal P Milbraud badge #19 NCIC #01472 - Town of Tonawanda Police department				Maint Loc	Delta Sonic - Independent svc center		

PAR Detail

Collision	Y	Non Collision		Property Damage	Y	Thermal Evt	N	Spec Equip	NA
Vehicle Speed	50	Weather Condition	clear	Prop 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		Property Location	Unkown		Prop Est Repair Cost		
Veh Est Repair Cost		Spec Equip Installer	NA	Prop Damage Description	The driver side rear quater panel, does not know		Inspected By		
Primary Veh Use	Personal	Inspection Type		Inspection Date/Time					
Veh Damage Description	The vehicle was totaled the veh rear end was damaged the tail lamps are smashed and that he is unaware of all of the damage				Explain Other				

RECEIVED

MAY 11 2006

ESIS-GM CLAIMS UNIT

Service Request Detail

PAR Injuries

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

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/10/2006 4:24:01 PM	MERZTIFD	ESISBIQU	Escalation		In Progress		Insurance dec.
Contact Last Name	Contact First Name	Name	Account	BAC Code			
Comments							
Confidential Comments							

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

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
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 First Name	Account	BAC Code				
Comments							
Received and assigned for ESIS escalation.							
Linette Jackson/atx/par workflow							
Confidential Comments							

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/10/2006 11:16:03 AM	BALDWICQ	BALDWICQ	Outbound Call Customer	Made Contact	Done	5/10/2006 12:50:35 PM	Follow up with customer
Contact Last Name	Contact First Name	Account	BAC Code				

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 know 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 else's lane and hit a vehicle.

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

Charles Baldwin/BRC/PAR/21267

Confidential Comments

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

Confidential Comments

Created	Created By	Assigned To	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 additional information
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/21/2006 10:39:21 AM	REIDPA	BALDWICQ	BRC PAR	Initial Contact- Phone	Done	4/21/2006 4:09:37 PM	Called

Contact Last Name	Contact First 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

Confidential Comments

Service Request Detail

Activities

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- AVM	Done	5/2/2006 6:05:24 PM	Called
Contact Last Name		Contact First Name		Account		BAC Code	
				David Chevrolet Buick Pontiac Inc.		178250	

Comments

Summary:

FAVM [REDACTED] 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 Pontiac Inc.		178250	

Comments

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

Confidential Comments

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

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/21/2006 10:39:19 AM	REIDPA	BALDWICQ	Notify CRM		Done	4/21/2006 2:22:31 PM	File Assigned
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/21/2006 10:39:16 AM					Done	4/21/2006 10:39:29 AM	1-406578703, BRC PAR Assignor
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/20/2006 3:27:13 PM	HAYWARAN	REIDPA	Escalation	Initiate PAR	Done	4/21/2006 8:15:11 AM	Forwarding file to PAR Que
Contact Last Name	Contact First Name	Account	BAC Code				

CRM informed cust someone would be in contact within 2 Business days.....Cust very adimate about someone calling sooner but CRM told him we could not guarantee that.

AndrayaHayward/CAC/PDX

Received and assigned in PAR.
PAULA REID/PAR/Workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/20/2006 3:20:53 PM	HAYWARAN	HAYWARAN	Inbound Call Customer	Complex Request	Done	4/20/2006 3:27:12 PM	PAR collision

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

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 :	1G1ZS52FX5F [REDACTED]
-------	------------------------

VEHICLE INFORMATION

Merchandising Model :	1ZS69 -2005 MALIBU BASE SEDAN				Warranty Start Date :		01/03/2005		
BARS Order Type :	70 - RETAIL - STOCK								
Delivering Dealer :	DAVID CHEVROLET BUICK PONTIAC INC. 10225 NIAGARA FALLS BLVD NIAGARA FALLS , NY 14304-2941 (716) 298-9700				Selling Source :		13 - CHEVROLET		
					Site Code :		13368		
					Business Associate Code :		178250		
Service Contract :	No	Branded Title :		No	Warranty Block :		No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns
--

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information
--

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.
--

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	01/03/2005	7 miles	01/03/2008	36007 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	01/03/2005	7 miles	01/03/2011	100007 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	01/03/2005	7 miles	01/03/2013	80007 miles
36/50000 CALIFORNIA EMISSIONS	01/03/2005	7 miles	01/03/2008	50007 miles
84/70000 CALIFORNIA SELECT COMPONENT	01/03/2005	7 miles	01/03/2012	70007 miles

CLAIM HISTORY

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

5/11/2006

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

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GM Vehicle Inquiry System

Claim History

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

[Help](#)

VIN :	1G1ZS52FX5F [REDACTED]
-------	------------------------

CLAIM HISTORY

Repair Order Date :		09/16/2004		Repair Order Number :		A56348		Odometer Reading :		0 miles	
Serviced By :		DAVID CHEVROLET BUICK PONTIAC INC. 10225 NIAGARA FALLS BLVD NIAGARA FALLS, NY 14304-2941 (716) 298-9700				Selling Source :		13 - CHEVROLET			
						Site Code :		13368			
						Business Associate Code :		178250			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
09/21/2004	519	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 89.96	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	1G1ZS52FX5F [REDACTED]
-----	------------------------

VEHICLE BUILD

Merchandising Model :	1ZS69 -2005 MALIBU BASE SEDAN		
Gross Vehicle Weight Rating :	1844 kg (4066 lb)	Order Number :	HNMDW2
Build Date :	09/16/2004	Build Plant :	15FZ

OPTION 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
FE0 - 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	U1C - 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	

5/11/2006

Local Codes
06-61546ZNew York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

POLICE COPY 1

☐ AMENDED REPORT

0210A

✓

1		Accident Date Month Day Year 04 06 06		Day of Week THUR	Military Time 0733	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
		Accident Reconstructed <input type="checkbox"/>										26	
2		VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN							
		VEHICLE 1 - Driver License ID Number				VEHICLE 2 - Driver License ID Number				State of Lic. NY			
		Driver Name - exactly as printed on license				Driver Name - exactly as printed on license				State of Lic. NY			
		Address				Address (Include Number & Street)				Apt. No.			
		City or Town				City or Town				State			
		Niagara Falls NY				Tona				NY			
3		Date of Birth		Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth		Sex	Unlicensed	No. of Occupants	Public Property Damaged
		Month Day Year		M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month Day Year		M	<input type="checkbox"/>	2	<input type="checkbox"/>
		Name - exactly as printed on registration				Name - exactly as printed on registration				Date of Birth			
										Month Day Year			
		Address (Include Number & Street)				Address (Include Number & Street)				Apt. No.			
4		City or Town		State	Zip Code	City or Town		State	Zip Code				
		Niagara Falls NY		NY		Tona NY		NY					
5		Plate Number		State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number		State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
					2005 chevy	40SD	182				2002 Saturn	40SD	011
6		Ticket/Arrest Number(s)				Ticket/Arrest Number(s)							
		N/A				N/A							
7		Violation Section(s)				Violation Section(s)							
		N/A				N/A							
8		Check if involved vehicle is:				Check if involved vehicle is:				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.			
		<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				<div style="display: flex; justify-content: space-around;"> <div> <p>Rear End</p> <p>1. ← ← ←</p> <p>Sideways (same direction)</p> <p>2. ← ← ←</p> </div> <div> <p>Left Turn</p> <p>3. ↙ ↙ ↙</p> <p>Left Turn</p> <p>4. ↙ ↙ ↙</p> </div> <div> <p>Right Angle</p> <p>5. → → →</p> <p>Right Turn</p> <p>6. → → →</p> </div> <div> <p>Head On</p> <p>7. → → →</p> <p>Sideways (opposite direction)</p> <p>8. → → →</p> </div> </div>			
9		VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				ACCIDENT DIAGRAM			
		Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				← I-290 EAST #33 A RAILROAD SKID MARKS I-290 WEST →			
		Vehicle By ATKINSON'S Towed To ATKINSON'S				Vehicle By ATKINSON'S Towed To ATKINSON'S				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
10		VEHICLE DAMAGE CODING:				Place Where Accident Occurred:							
		1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				County Erie <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of Tonawanda Road on which accident occurred Interstate 290 WEST at 1) intersecting street _____ or 2) 1/2 Mile of _____ (Milepost, Nearest Intersecting Route Number or Street Name)							
11		Reference Marker				Coordinates (if available)				Accident Description/Officer's Notes			
		1 2 9 0 5 3 0 1 1 0 2 7				Latitude/Northing: Longitude/Easting:				WEATHER: Snowy - 42-34° - Vehicle #1 and Vehicle #2 both WESTBOUND ON I-290. Driver Vehicle #2 STATES Vehicle #1 spins out of control, collides with Vehicle #2 (Driver's Side Rear) causing Vehicle #2 to spin out and collide with guide Rail on Median. Skid Marks in Roadway support driver Vehicle #2's claim. Driver Vehicle #1 states he doesn't know who happened. WITNESS Anthony DiPasquale phone # 693-3562 & 697-3838.			
12		Names of all involved				Date of Death Only							
		A 1 1 4 1 99 M 6 12 6 1115-ET 3104 B 2 1 4 1 47 M 4 12 6 (1151) - C 2 3 4 1 15 F - 12 6 - D E F											
13		Officer's Rank and Signature				Badge/ID No.				NCIC No.			
		PTLM 220222				019				01472			
14		Precinct/Post Troop/Zone				Station/Beat Sector				Reviewing Office			
		TTPO				6				L. W. 417			
15		Date/Time Reviewed											
		4/6/06											

DMV-CR-2002-1

USE
COVER
SHEET
N

Local Codes

06-615462

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

POLICE COPY 1

☒ AMENDED REPORT

0210B



19

1 Accident Date Month: 04 Day: 06 Year: 06		Day of Week: THUR	Military Time: 0733	No. of Vehicles: 2	No. Injured: 1	No. Killed: 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2 VEHICLE 1 License ID Number: _____ State of Lic.: _____ Driver Name - exactly as printed on license: _____ Address (Include Number & Street): _____ Apt. No.: _____ City or Town: _____ State: _____ Zip Code: _____		VEHICLE 2 <input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN License ID Number: _____ State of Lic.: _____ Driver Name - exactly as printed on license: _____ Address (Include Number & Street): _____ Apt. No.: _____ City or Town: _____ State: _____ Zip Code: _____		21		22		23		24	
3 Date of Birth: _____ Sex: _____ Unlicensed: <input type="checkbox"/> No. of Occupants: _____ Public Property Damaged: <input type="checkbox"/>		Date of Birth: _____ Sex: _____ Unlicensed: <input type="checkbox"/> No. of Occupants: _____ Public Property Damaged: <input type="checkbox"/>		25		26		27		28	
4 Name - exactly as printed on registration: _____ Sex: _____ Date of Birth: _____ Address (Include Number & Street): _____ Apt. No.: _____ Haz. Mat. Code: _____ Released: <input type="checkbox"/>		Name - exactly as printed on registration: _____ Sex: _____ Date of Birth: _____ Address (Include Number & Street): _____ Apt. No.: _____ Haz. Mat. Code: _____ Released: <input type="checkbox"/>		29		30		31		32	
5 Ticket/Arrest Number(s): _____ Violation Section(s): _____		Ticket/Arrest Number(s): _____ Violation Section(s): _____		33		34		35		36	
6 Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.		Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.		25		26		27	
7 VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: _____ Box 2 - Most Damage: _____ Enter up to three more Damage Codes: _____		VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: _____ Box 2 - Most Damage: _____ Enter up to three more Damage Codes: _____		ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No		28		29		30	
Reference Marker: _____ Coordinates (if available): _____ Latitude/Northing: _____ Longitude/Easting: _____		Place Where Accident Occurred: County: <u>ESSEX</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of <u>TONAWANDA</u> Road on which accident occurred: <u>INTERSTATE 290 WEST</u> (Route Number or Street Name) at 1) intersecting street: _____ (Route Number or Street Name) or 2) <u>1/2</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>EUT Col</u> (Milepost, Nearest Intersecting Route Number or Street Name)		31		32		33		34	
Accident Description/Officer's Notes: <u>FURTHER INFORMATION ON Anthony Dipasquale, d/b 6-29-06</u> <u>7252 Edgewood Creek, Audubon NY. Anthony Dipasquale STATE TO OFC STATE THE</u> <u>VEHICLE 1 WAS DRIVING BRACELY, WEAVING FROM LANE TO LANE PRIOR TO ACCIDENT.</u> <u>THERE WAS PLOT OF VEHICLE 2 THAT MATCHED COLOR OF VEHICLE #1.</u>		35		36		37		38		39	

8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature: <u>PILM 2020</u>	Badge/ID No.: <u>017</u>	NCIC No.: <u>952</u>	Precinct/Post Troop/Zone: <u>TTPD</u>	Station/Beat Sector: <u>6</u>	Reviewing Officer: <u>K. Wing 417</u>	Date/Time Reviewed: <u>4/6/06</u>
--	--------------------------	----------------------	---------------------------------------	-------------------------------	---------------------------------------	-----------------------------------

USE COVER SHEET

N

5
May 12, 2006

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

Niagra Falls, NY

RE: Claimant: [REDACTED]
Our File No.: 510732
Our Client: General Motors Corporation
Date/Event: April 6, 2006
Subject vehicle: 2005 Chevrolet Malibu
VIN: 510732

Dear [REDACTED]:

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

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

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

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

Sincerely,

Diane R. Evans, AIC

5
May 12, 2006

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

Niagara Falls, NY

RE: Claimant: [REDACTED]
Our File No.: 510732
Our Client: General Motors Corporation
Date/Event: April 6, 2006
Subject vehicle: 2005 Chevrolet Malibu
VIN: 510732

Dear [REDACTED]:

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

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

1. 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

Service Request Detail

SR No.	1-410075585	Ref No.		Goodwill	No Goodwill Offered	BRC Type	N/A
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address		City	Plainsville	Involved Dir	Vendetti Motors, Inc.	Safety	Yes
State	MA	ZipCd		Source	Phone	Updated	5/12/2006 9:54:38 AM
Serial #/VIN	1G2ZH158864	Model Year	2006	Priority	Medium	License #	PONTIAC
Make	Pontiac	Warr. Start	01/28/2006	Status	Open	Owner	ROSSRA
Model	G6	Mileage	2000	Sub-Status	Dissatisfied	Opened	5/10/2006 11:55:39 AM
Abstract	*Veh flipped/ Steering - General						
Customer Description	This is a BRC PAR case; do not assume case; forward all inquiries to Rachal Ross @ 21200						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in	Road Surface	Road Cond	Fire Report#	Police Report#				
Owner	4/7/2006 5:00:00 PM	N	0	1	Asphalt	Dry	N/A	Unknown				
Driver Last Name	Driver First Name	Height	DOB	Disabilities								
		6'1"		None								
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency									
Semenkow	Susan	(508) 384-2452	Commerce Insurance									
Incident Loc	Hwy 495 in Wrentham, MA				Incident Desc	Cust felt a slight vibration coming from front end of the veh. Cust pulled off to the side of the highway; and the veh looked fine. As cust was pulling off onto exit 15 the power steering failed in the middle of a turn to the right, the veh slid, hit the median and then flipped on to the driver's						
Component	Power steering system				Damage Desc	the entire driver's side, including wheels and tires; front and rear bumper was scraped						
Vehicle Loc	Vendetti Motors				Add'l Info	has absolute driving record since the day cust got driving license.						
Emgcy Svc Names	Unknown				Maint Loc	Vandetti Motors						

PAR Detail

Collision	Y	Non Collision	N	Property Damage	N	Thermal Evt	N	Spec Equip	None
Vehicle Speed	30			Weather Condition				Prop Owner	N/A
Last Service Date	5/12/2006			Loc Last Service				Property Location	N/A
Veh Est Repair Cost	\$6,000.00			Spec Equip Installer	None			Prop Damage Description	N/A
Primary Veh Use	Personal			Inspection Type				Inspected By	
Veh Damage Description	the entire driver's side, including wheels and tires; front and rear bumper was scraped							Inspection Date/Time	
								Explain Other	

RECEIVED

ESIS-GM CLAIMS UNIT

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/12/2006 1:00:43 PM	MERZTIFD	ESISBIQU	Escalation		In Progress		insurance deductible

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/12/2006 11:35:15 AM	JACKSOLI	MERZTIFD	Notify CRM		Done	5/12/2006 1:00:42 PM	ESIS

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/12/2006 10:35:04 AM	ROSSRA	JACKSOLI	BRC PAR	ESIS- Insurance Involvement	Done	5/12/2006 11:35:12 AM	Escalating file to ESIS

Contact Last Name	Contact First Name	Account	BAC Code

Cost seeking compensation for his insurance deductible; van is already repaired.

Rachal Ross/atx/par

Received and assigned for ESIS escalation.

Linette Jackson/atx/par workflow

Confidential Comments

Service Request Detail

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 First Name		Account		BAC Code	

Comments

Cust 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 4/7/06 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/atx/par

Confidential Comments

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

Comments

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

Rachal Ross/atx/par

Confidential Comments

Service Request Detail

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 Last Name	Contact First Name	Account	BAC Code

Comments

Crm left msg for cust; left SR #, 886 and ext.

Rachal Ross/atx/par

Confidential Comments

Created	Created By	Assigned To	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 First Name	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

Service Request Detail

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/abx/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: ROSSRA

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
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) 695-2611

Contact Last Name	Contact First Name	Account	BAC Code

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

Rachal Ross/abx/par

Confidential Comments

Service Request Detail

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 First Name		Account		BAC Code	

Comments

Summary:

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

Rachal Ross/abx/par

Confidential Comments

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

Comments

Summary: Crm scan vin and found no other SRs; crm researched GMVIS and found no open recalls.

Rachal Ross/abx/par

Confidential Comments

Service Request Detail

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 First Name		Account		BAC Code	
				Vendetti Motors, Inc.		117931	
Comments							
Summary:							

FYI for AVM Carol Frey 914055 8357

SR 1-410075585

Cust's name is [REDACTED]

Cust's phone # is [REDACTED]

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.

BRC has escalated case to ESIS.

Rachal Ross/atx/par

Confidential Comments

Service Request Detail

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- Dealer	Done	5/11/2006 10:26:45 AM	Called Svc Mgr, Mike Bouchard
Contact Last Name		Contact First Name		Account		BAC Code	
				Vendetti Motors, Inc.		117931	
Comments							
Summary:							
Crm spoke to Svc Mgr, Mike Bouchard on 5/11/06 at approx 10.25 am est. (refer to outbound call dealer)							

Rachal Ross/atx/par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/11/2006 9:36:05 AM	JACKSOLI	ROSSRA	BRC PAR	Case Assigned	Done	5/11/2006 9:48:15 AM	Assigned File to Rachal Ross an
Contact Last Name		Contact First Name		Account		BAC Code	
						Ext.21200	
Comments							

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/11/2006 9:36:05 AM	JACKSOLI	ROSSRA	Notify CRM		Done	5/11/2006 9:48:04 AM	File Assigned
Contact Last Name		Contact First Name		Account		BAC Code	
Comments							

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/11/2006 9:36:03 AM					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

Service Request Detail

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

Contact Last Name	Contact First Name	Account	BAC Code

Comments

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

beckyhenneker/cac/chatham

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
5/10/2006 12:08:28 PM	HENNEKBE	HENNEKBE	Inbound Call Customer	Complex Request	Done	5/10/2006 12:12:58 PM	Alleged product allegation-property damage

Contact Last Name	Contact First Name	Account	BAC Code

Comments

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 and flipped 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

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 :	1G2ZH158864 [REDACTED]
-------	------------------------

VEHICLE INFORMATION

Merchandising Model :		2ZH37 -2006 G6 - GT COUPE		Warranty Start Date :		01/28/2006	
BARS Order Type :		70 - RETAIL - STOCK					
Delivering Dealer :		VENDETTI MOTORS, INC. 411 W CENTRAL ST FRANKLIN , MA 02038-1899 (508) 528-3450		Selling Source :		16 - PONTIAC	
				Site Code :		12187	
				Business Associate Code :		117931	
Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns
--

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information
--

ON STAR AND XM SATELLITE RADIO INFORMATION

OnStar Equipped	No	OnStar Status	N/A	Refer to Help page for details or: www.onstarenrollment.com or (888)ONSTAR1 (888)667-8271			
XM Equipped	Yes	XM Radio ID	0LXVC00T	XM Status	Inactive	Refer to Help page for details or: www.gm.xmradio.com or (800)556-3600	

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	01/28/2006	47 miles	01/28/2009	36047 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	01/28/2006	47 miles	01/28/2012	100047 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	01/28/2006	47 miles	01/28/2014	80047 miles
36/50000 CALIFORNIA EMISSIONS	01/28/2006	47 miles	01/28/2009	50047 miles
84/70000 CALIFORNIA SELECT COMPONENT	01/28/2006	47 miles	01/28/2013	70047 miles

CLAIM HISTORY

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

5/12/2006

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.**

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GM Vehicle Inquiry System Summary

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

[Help](#)

VIN :	1G2ZH158864 [REDACTED]
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VEHICLE INFORMATION

VEHICLE INFORMATION

Merchandising Model :		2ZH37 -2006 G6 - GT COUPE		Warranty Start Date :		01/28/2006	
BARS Order Type :		70 - RETAIL - STOCK					
Delivering Dealer :		VENDETTI MOTORS, INC. 411 W CENTRAL ST FRANKLIN, MA 02038-1899 (508) 528-3450		Selling Source :		16 - PONTIAC	
				Site Code :		12187	
				Business Associate Code :		117931	
Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

OnStar Equipped	No	OnStar Status	N/A	Refer to Help page for details or: www.onstarenrollment.com or (888)ONSTAR1 (888)667-8271		
XM Equipped	Yes	XM Radio ID	0LXVC00T	XM Status	Inactive	Refer to Help page for details or: www.gm.xmradio.com or (800)556-3600

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	01/28/2006	47 miles	01/28/2009	36047 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	01/28/2006	47 miles	01/28/2012	100047 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	01/28/2006	47 miles	01/28/2014	80047 miles
36/50000 CALIFORNIA EMISSIONS	01/28/2006	47 miles	01/28/2009	50047 miles
84/70000 CALIFORNIA SELECT COMPONENT	01/28/2006	47 miles	01/28/2013	70047 miles

CLAIM HISTORY

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

5/12/2006

05/01/2006	159329	#	E7631 - MOTOR AND CONTROLLER ASSEMBLY, ELECTRONIC POWER STEERING -	1500 miles
09/28/2005	A76241	1	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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5

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

800.888.0164 *tel*
313.665.0911 *fax*

Nancy Johnson
Claims Administrator

May 19, 2006

[REDACTED]
Plainsville, MA [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 510850
Our Client: General Motors Corporation
Date/Event: 4-7-06
Subject vehicle: 2006 Pontiac G6
VIN: 1G2ZH158864 [REDACTED]

Dear [REDACTED]

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

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

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

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

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

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Nancy Johnson
Claims Administrator

July 25, 2006

[REDACTED]
[REDACTED]
Plainsville, MA [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 510850
Our Client: General Motors Corporation
Date/Event: 4-7-06
Subject vehicle: 2006 Pontiac G6
VIN: 1G2ZH158864 [REDACTED]

Dear [REDACTED]

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

Plainville, MA

RECEIVED

JUN 13 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.

- 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 strong enough to make me pull over on the shoulder of the highway to visually inspect the vehicle.

- 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.

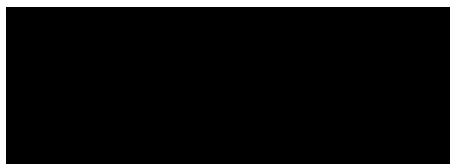
At this point I would like to summarize the basis of my claim. I purchased a brand new Pontiac G6 from Vendetti Motors Inc. The vehicle had only 2,000 miles on it at the time of the incident. The failure of the electronic steering module during a turn caused extreme steering difficulties and caused the vehicle to roll over on to its side. 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 documented out of pocket expenses, and work out a no cost trade-in 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,



AUG. 24. 2006 2:05PM

VENDETTI MOTORS

NO. 098 P. 1

PNWS159329

VENDETTI MOTORS, INC.

411 West Central Street

Franklin, MA 02038

(508) 528-3450

Fax (508) 528-1291

Toll Free 1-888-VENDETTI

(836-3388)

www.vendettimotors.com

PNWS159329

1. PRINTED HISTORY (TIME) HISTORY (VEHICLE) HISTORY (DATE) AND HISTORY (TIME) PRINTED HISTORY (TIME) PRINTED HISTORY (TIME)

0101PNWS159329

CUSTOMER NO. 36455	ADVISOR JOE PAPA	TAG NO. 718	INVOICE DATE 05/04/06	INVOICE NO. PNWS159329
[REDACTED] PLAINVILLE, MA	LABOR RATE 72.48	LICENSE NO.	COLOR GRANITE MET	STOCK NO. P76241
	YEAR / MAKE / MODEL 06/PONTIAC/G6/2DR CPE GT.	MILEAGE 1,500	DELIVERY DATE 01/28/06	DELIVERY MILES 47
	VEHICLE I.D. NO. 1 G 2 Z H 1 5 8 B 6 4	SELLING DEALER NO.	PRODUCTION DATE	
	F.T.E. NO.	P.O. NO.	R.O. DATE 05/01/06	
BUSINESS PHONE	COMMENTS			MO: 1500

LABOR & PARTS-----
 J# 1 01BUZ DRIVABILITY ANALYSIS HOURS: 1.30 TECH(S):447 94.22
 C.S THE VEHICLE LOST POWER STEERING
 NECESSARY TO REPLACE MODULE AND REPROGRAM SENSORS
 PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----U/COST--E/COST--U/PRICE
 JOB # 1 1 15775370 MOTOR 6.605 183.62 183.62 257.07 257.07
 JOB # 1 COST TOTAL 183.62
 JOB # 1 TOTAL PARTS 257.07
 JOB # 1 TOTAL LABOR & PARTS 351.29

R/O TAX 0.00
 R/O TOTALS 351.29

WARRANTY CLAIM DETAIL TOTALS-----

CLAIM#..... TOTAL.....
 159329 351.29
 CLAIM TOTALS 351.29

RECEIVED

AUG 24 2006

APPROVED BY SIGNATURE

ESIS-GM CLAIMS UNIT

DCS AUDIT SLIP-----

DCS DATA FILE: GMCWF.036

05/04/2006

1153

RO NUMBER RO DATE

159329 05/01/2006

WARRANTY NEW CLAIM

VIN

1G2ZH158864

DIV

6

DEALER

12187

ODOMETER

1500

SERVICE ADVISOR #

CUSTOMER NAME: FIRST: GREGORY

MIDDLE: F

HOME: 508-695-2611

LAST: TETREAUULT

PHONE:WORK:

LN JOB CT CC PC PART-NO. TOT-PTS FC LABOP LHRS OHRS NET-AMT. LAB-TOT.

1 01 OG 1 15775370 257.07 6C E7631 1.3 94.22

LN-TOT: 351.29 TECH SSN AUTH CODE: AUTH. AUTHOR.:

R.O. TOTAL: 351.29

***** DUPLICATE INVOICE *****

✓ 95. Tow Truck
 ✓ 500 deductible
 ✓ 50 surcharge
 ✓ Rental 498.75

1,143.75

1. 528-3450

PAGE 1 OF 1

SERVICE FILE COPY 1

[END OF INVOICE] 02:15pm

53W FRONT END DAMAGE

**FOR YOUR CONVENIENCE
SERVICE DEPT. HOURS**

Mon., Tues., Thurs. & Friday
 7:30AM - 5PM

Wednesday 7:30AM - 8PM

Saturday 8AM - 12PM

Sunday - Closed

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 community 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 oldest daughter and E. Joseph Moulson, Nancy's son. Vendetti Motors, Inc. is very proud of the fact that their family has been able to service generations 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 exceptions!

IMPORTANT

You may receive a questionnaire from General Motors. 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 professionally.

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BRADTUNE SP007320 07/02

Service Request Detail

SR No.	1-420542110	Ref No.		Goodwill		BRC Type	N/A
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Chassis - General	Sub-Area	Initiate PAR- Collision
Address		City	Las Vegas	Involved Dir	Vista Chevrolet Llc Ltd	Safety	Yes
State	NV	ZipCd		Source		Updated	7/24/2006 4:52:38 PM
Serial #/VIN	1G1ZT52885F	Model Year	2005	Priority	Medium	License #	
Make	Chevrolet	Warr. Start	02/18/2005	Status	Open	Owner	PETERSAR
Model	Malibu LS	Mileage		Sub-Status	Satisfied	Opened	7/11/2006 3:58:26 PM
Abstract	2005 MALIBU< Loss of steering Caused Collision						
Customer Description	***THIS IS A BRC PAR FILE--DO NOT ASSUME--PLEASE FORWARD ANY INQUIRIES TO ALYSSA PETERSON @ EXTENSION 21264***						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in	Road Surface	Road Cond	Fire Report#	Police Report#
Attorney	7/8/2006 4:30:00 PM	Y	0	2	Asphalt	Dry		
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		5'2						
	First Name	Phone #	Insurance Agency					
			State Farm					
Incident Loc	Cross Streets: Grand Tee Ton and Spanish Dove				Incident Desc	She was turning right on to spanish dove, Her sterring wheel froze, she couldn't turn the wheel, the car went diagonal into the curb in front of her and she hit a fire hydren		
Component	Steering Column Freezing, unable to turn wheel.							
Vehicle Loc	Collision Plus	RECEIVED		Damage Desc	Front of car totalled... Estimated over 2000 worth of damage not including cause (Steering Column froze)			
Emgcy Svc Names			Add'l Info	Please Contact Attorney Donna @ 702-240-5285				
			Maint Loc	Unknown				

PAR Detail

Collision	Non Collision	Property Damage	Thermal Evt	Spec Equip		
Vehicle Speed		Weather Condition		Prop Owner	Property Type	
Last Service Date		Loc Last Service		Property Location	Prop Est Repair Cost	
Veh Est Repair Cost		Spec Equip Installer		Prop Damage Description		
Primary Veh Use		Inspection Type		Inspected By	Inspection Date/Time	
Veh Damage Description				Explain Other		

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Driver	Seatbelt
Injury Description			Medical Rpt#	Treatment Location		Treated By
Back pain, Neck shoulder, headache						
Street Address			City	State	Zip Code	
			Las Vegas	NV		
Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
Smith	Emilio		Occupant of Owner's Vehicle		Front Passenger	Seat Belt
Injury Description			Medical Rpt#	Treatment Location		Treated By
Passenger - Back pain, Neck shoulder, headache						
Street Address			City	State	Zip Code	
			Las Vegas	NV	89143	

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/25/2006 9:50:41 AM	MERZTIFD	ESISBIQU	Escalation		In Progress		Attny involvement
Contact Last Name	Contact First Name	Account	BAC Code				
Confidential Comments							
Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/25/2006 9:28:24 AM	JACKSOLI	MERZTIFD	Notify CRM		Done	7/25/2006 9:50:41 AM	ESIS
Contact Last Name	Contact First Name	Account	BAC Code				
Comments							
Confidential Comments							

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/25/2006 8:28:23 AM	PETERSAR	JACKSOLI	BRC PAR	ESIS- Atty Involvement	Done	7/25/2006 9:28:23 AM	CRM Escalating File..
Contact Last Name	Contact First Name		Account		BAC Code		

Alyssa Peterson/ATX/BRC-PAR

Received and escalated to ESIS.

Linette Jackson/atx/par workflow

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/25/2006 8:28:44 AM	PETERSAR	PETERSAR	Inbound Call Third Party	Voice Mail Received	Done	7/25/2006 8:28:21 AM	Donna Calling with Atty David Warso
Contact Last Name	Contact First Name		Account		BAC Code		

office Calling.....

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

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/24/2006 5:03:20 PM	TARRENTK	PETERSAR	Notify CRM		In Progress		Atty called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

seeks to speak with OCRM for resolution

Confidential Comments

Service Request Detail



Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/24/2006 4:52:40 PM	TARRENTK	TARRENTK	Inbound Call Third Party	Service Request Update	Done	7/24/2006 5:03:18 PM	Donna of Atty David Warso office calling
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

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/IM 2

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/24/2006 4:52:39 PM	TARRENTK	PETERSAR	SR Opened		Done	7/24/2006 4:52:39 PM	SR in Status of Closed has been Re-Opened by TARRENTK
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/24/2006 9:46:35 AM	PETERSAR	PETERSAR	SR Closed - Satisfied		Done	7/24/2006 9:46:35 AM	Service Request has been Closed Satisfied.
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/24/2006 9:46:19 AM	PETERSAR	PETERSAR	Outbound Call Customer	Left Message	Done	7/24/2006 9:46:21 AM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

CRM left Message
Requested callback

Alyssa peterson/atx/brc-PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/24/2006 9:46:11 AM	PETERSAR	PETERSAR	Outbound Call Customer	Left Message	Done	7/24/2006 9:46:13 AM	

Contact Last Name	Contact First Name	Account	BAC Code

CRM left Message
Requested callback

Alyssa peterson/atx/brc-PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/19/2006 4:04:39 PM	RABINOI	PETERSAR	Notify CRM		Done	7/24/2006 9:46:34 AM	Informing of contact with the customer

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/19/2006 4:03:15 PM	RABINOI	RABINOI	Inbound Call Customer	Transfer/Referral	Done	7/19/2006 4:04:34 PM	cust called to contact ocrm

Contact Last Name	Contact First Name	Account	BAC Code

cust called with case number to contact Alyssa Peterson.

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

Giselle Rabinowicz (Regina Raw)/CAC/BA

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/19/2006 4:03:07 PM	RABINOI	PETERSAR	SR Opened		Done	7/19/2006 4:03:08 PM	SR in Status of Closed has been Re-Opened by RABINOI

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
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 Satisfied.

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

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 First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/18/2006 9:38:01 AM	MERZTIFD	PETERSAR	Outbound Correspondence	Rejected	Done	7/18/2006 9:57:13 AM	Correspondence Rejected

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Initial AVM and dir calls must be made

Tiffany merz/par/21196

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/17/2006 9:17:02 AM	PETERSAR	BRCPARLO	Submit for Approval	Letter (Non Goodwill)	Done	7/18/2006 9:37:08 AM	UTR Letter

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/17/2006 9:16:43 AM	PETERSAR	PETERSAR	Correspondence		Done	7/17/2006 12:00:00 AM	Created:BRCPAR_PA0005. SR#1-420542110

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/17/2006 9:15:41 AM	PETERSAR	PETERSAR	Outbound Call Customer	Left Message	Done	7/17/2006 9:15:42 AM	
Contact Last Name	Contact First Name	Account	BAC Code				

CRM left Message
Requested callback

Alyssa peterson/abx/brc-PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/14/2006 12:13:10 PM	PETERSAR	PETERSAR	Outbound Call Customer	Left Message	Done	7/14/2006 12:13:13 PM	
Contact Last Name	Contact First Name	Account	BAC Code				

CRM left Message
Requested callback

Alyssa peterson/abx/brc-PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/13/2006 2:03:48 PM	PETERSAR	PETERSAR	Outbound Call Customer	Left Message	Done	7/13/2006 2:04:15 PM	
Contact Last Name	Contact First Name	Account	BAC Code				

CRM left Message
Requested callback

Alyssa peterson/abx/brc-PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 11:18:47 AM	PETERSAR	PETERSAR	Outbound Call Dealer	Received No Answer	Done	7/12/2006 11:19:05 AM	Vista Chevrolet Llc Ltd
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Dealer Closed

Alyssa Peterson/ATX/BRC-PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 10:34:46 AM	JACKSOLI	PETERSAR	Ownership Changed		Done	7/12/2006 10:34:46 AM	Service Request Ownership has changed FROM: EVERSODA TO: PETERSAR
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 10:33:37 AM	JACKSOLI	PETERSAR	BRC PAR	Acknowledgement	Done	7/12/2006 11:20:08 AM	
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

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 10:33:37 AM	JACKSOLI	PETERSAR	BRC PAR	Initial Contact- 10 Day Letter	Done	7/14/2006 12:13:52 PM	

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Unable to Reach

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 10:33:36 AM	JACKSOLI	PETERSAR	BRC PAR	Initial Contact- AVM	Done	7/14/2006 12:13:58 PM	Called

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 10:33:36 AM	JACKSOLI	PETERSAR	BRC PAR	Initial Contact- Dealer	Done	7/14/2006 12:14:05 PM	Called

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

CRM Spoke to: SVC MGR:

DLR STATES:

Alyssa Peterson/ATX/BRC-PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	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 Ext.21264
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

CRM received notification.

Alyssa Peterson/ATX/BRC-PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/12/2006 10:33:35 AM	JACKSOLI	PETERSAR	Notify CRM		Done	7/12/2006 11:14:27 AM	File Assigned
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
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	

Comments

Research Summary:

*CRM performed VIN/Case scan in Siebel

**Found previous files related to allegation
1-420592006

***CRM checked GMVIS and found previous repairs related to allegation.
04/05/2006 154748 # E7680 - COLUMN ASSEMBLY, STEERING - REPLACE 24717 miles

****No open recalls.

Alyssa Peterson/ATX/BRC- PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	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

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
7/11/2006 5:02:30 PM	EVERSODA	JACKSOLI	Escalation	Initiate PAR	Done	7/12/2006 9:56:01 AM	Assigning activity to Par Queue
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

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

Received and assigned in par.

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 First Name	Account	BAC Code				

Comments

CUST STATES: Spoke with [REDACTED] Lawyer who was calling to create a pre par case as directed by the BRC

CUST SEEKS: to go through steps of Pre Par

CRM ADV: Will do so..

VIN wouldn't apply

David Everson\CAC\STJ

Confidential Comments

Service Request Detail

UCC Information

UCC Code	Symptom	Description
E01	Bent / Warped	Chassis - General

GM Vehicle Inquiry System Summary

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

[Help](#)

VIN :	1G1ZT52885F [REDACTED]
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VEHICLE INFORMATION

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

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
YT	<u>05548</u>	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	Type	Labor Operation	Odometer Reading
07/08/2006	E46856	#	Z2080 - ROADSIDE SERVICE (TOWING)	29000 miles

.. 7/25/2006

04/05/2006	154748	#	E7680 - COLUMN ASSEMBLY, STEERING - REPLACE	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

Vehicle Has No Associated Check History Information.

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09/23/2005	624	01	#	PROGRAM - RETORQUE HARMONIC BALANCE	N/A	N/A	N/A	\$ 24.00	N
------------	-----	----	---	---	-----	-----	-----	----------	---

Repair Order Date :		02/17/2005		Repair Order Number :		A52235		Odometer Reading :		0 miles	
Serviced By :		NATIONAL CAR RENTAL 40 EDWARDS CT. BURLINGAME, CA 94010-2413				Selling Source :		13 - CHEVROLET			
						Site Code :		99635			
						Business Associate Code :		126880			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
02/22/2005	563	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 73.53	N

CHECK HISTORY

Vehicle Has No Associated Check History.
--

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7/25/2006

GM Vehicle Inquiry System

Vehicle Build

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

[Help](#)

VIN	1G1ZT52885F[REDACTED]
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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
FE0 - 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.
1SA - 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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5
Aug 12 2006

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: [REDACTED]
Our File No.: 513284
Our Client: General Motors Corporation
Date/Event: July 8, 2006
Subject vehicle: 2005 Chevrolet Malibu
VIN: 1G1ZT52885F [REDACTED]

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

A Risk Management Services Company- One of the ACE Group of Companies

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Diane R. Evans, AIC
Claims Administrator

August 2, 2006

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

RE: Claimant: [REDACTED]
Our File No.: 513284
Our Client: General Motors Corporation
Date/Event: July 8, 2006

VIN: 1G1ZT52885F2 [REDACTED]

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 pre-crash data: vehicle speed, throttle position, brake application and engine RPM for 5 seconds prior to the deployment or near deployment event. As part of our investigation, we will download the SDM data using the Vetronix Crash Data Retrieval software. We will provide you with a copy of that data at the time we retrieve it or as soon after as is practical. As we discussed, we will also provide a copy of the air bag data to 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

1038560

154748



SALES • SERVICE • PARTS
 US 95, at Ann Road • 5501 Drexel Road
 Las Vegas, Nevada 89130
 (702) 967-5588
 www.vistachevy.net

INVOICE

PAGE 1

SERVICE ADVISOR: 9142 PAUL HUEBNER

Our goal
 100% completely satisfied. • 100% of the time.

LAS VEGAS, NV

HOME: [REDACTED] BUS: [REDACTED]

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
GRAY	05	CHEVROLET MALIBU	1G1ZT52885F [REDACTED]	[REDACTED]	24717/24717	T603
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT
18FEB05 IS			11:18 06APR06			CASH
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 STEERING WHEEL LOCKS UP WHILE DRIVING IN GEAR							
CAUSE:							

E7680 COLUMN ASSEMBLY, STEERING - REPLACE
 9066 DARABANT, THOMAS LIC#: 4~

1 88967179 S/COL REM

115.47	115.47
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

0.00	0.00
------	------

24717

LIMITED WARRANTY

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 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 incidental damages.

X _____ CUSTOMER SIGNATURE

PARTS & SERVICE HOURS

MON-FRI
 7:00 AM - 9:00 PM
 SAT
 7:00 AM - 5:00 PM

ALL VEHICLES MUST BE
 PICKED UP BY 5:00 P.M.
 SATURDAY

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY

CDR File Information

Vehicle Identification Number	1G1ZT52885F [REDACTED]
Investigator	BILL SMITH
Case Number	513284
Investigation Date	Monday, August 28 2006
Crash Date	Saturday, July 8 2006
Filename	1G1ZT52885F [REDACTED] CDR
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 before deployment criteria is met. For Non-Deployment Events, the SDM will record up to the first 300 milliseconds of data after algorithm enable. The minimum SDM Recorded Vehicle Forward Velocity Change, that is needed to record a Non-Deployment Event, is 5 MPH.
- Maximum Recorded Vehicle Velocity Change is the maximum recorded velocity change in the vehicle's combined "X" and "Y" axis.
- Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.
- SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.
- Brake Switch Circuit Status indicates the status of the brake switch circuit.
- Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.
- Driver's and Passenger's Belt Switch Circuit Status indicates the status of the seat belt switch circuit. The Passenger Belt Switch Circuit Status for 2005 vehicles is only available on the Cadillac STS. Also, the Passenger Belt Switch Circuit Status for 2006 Chevrolet Cobalt Sport Coupe (AP) model vehicles, with the option package that includes Recaro brand seats (RPO ALV), will always report a default value of "Buckled".
- The Time Between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than 5 seconds, "N/A" is displayed in place of the time. If the value is negative, then the Deployment Event occurred first. If the value is positive, then the Non-Deployment Event occurred first.
- If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.
- The ignition cycle counter relies upon the transitions through OFF->RUN->CRANK power-moding messages, on the GMLAN communication bus, to increment the counter. Applying and removing of battery power to the module will not increment the ignition counter.
- Steering Wheel Angle data is displayed as a positive value, when the steering wheel is turned to the right, and a negative value, when the steering wheel is turned to the left.

SDM Data Source:

1G1ZT52885F [REDACTED]

All SDM recorded data is measured, calculated, and stored internally, except for the following:

- Vehicle Status Data (Pre-Crash) is transmitted to the SDM, by various vehicle control modules, via the vehicle's communication network.
- The Belt Switch Circuit is wired directly to the SDM.

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

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

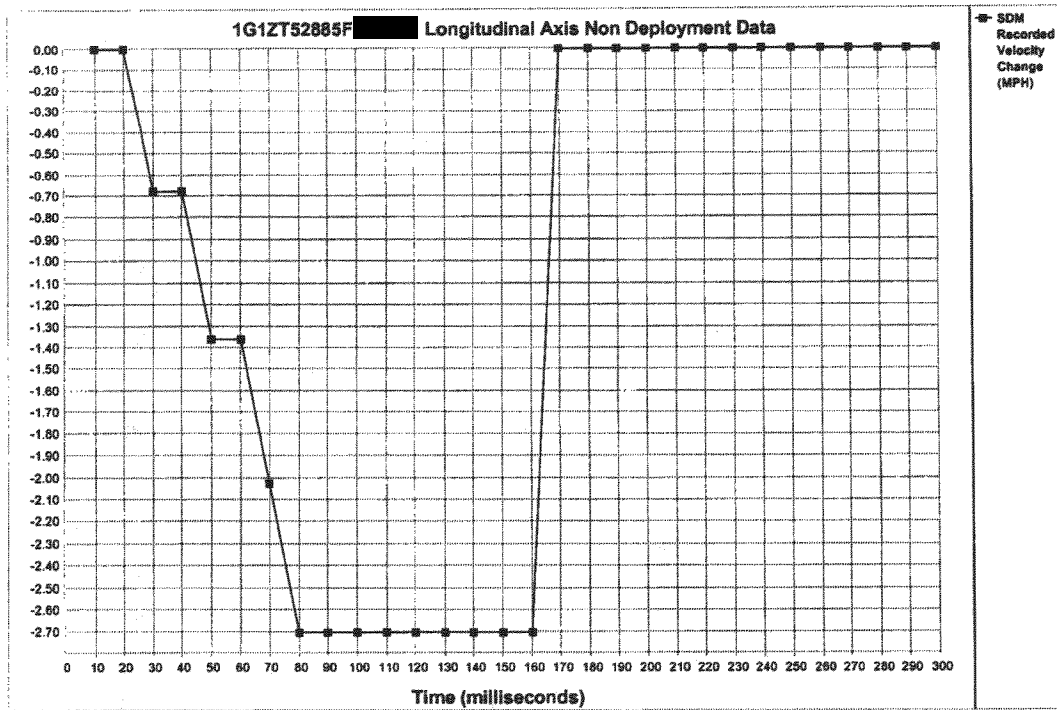
Pre-crash data

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	0
Antilock Brake System Active (If Equipped)	No	No	Yes	Yes	Yes
Lateral Acceleration (feet/s ²) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Yaw Rate (degrees per second) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Steering Wheel Angle (degrees) (If Equipped)	0	-16	64	272	496

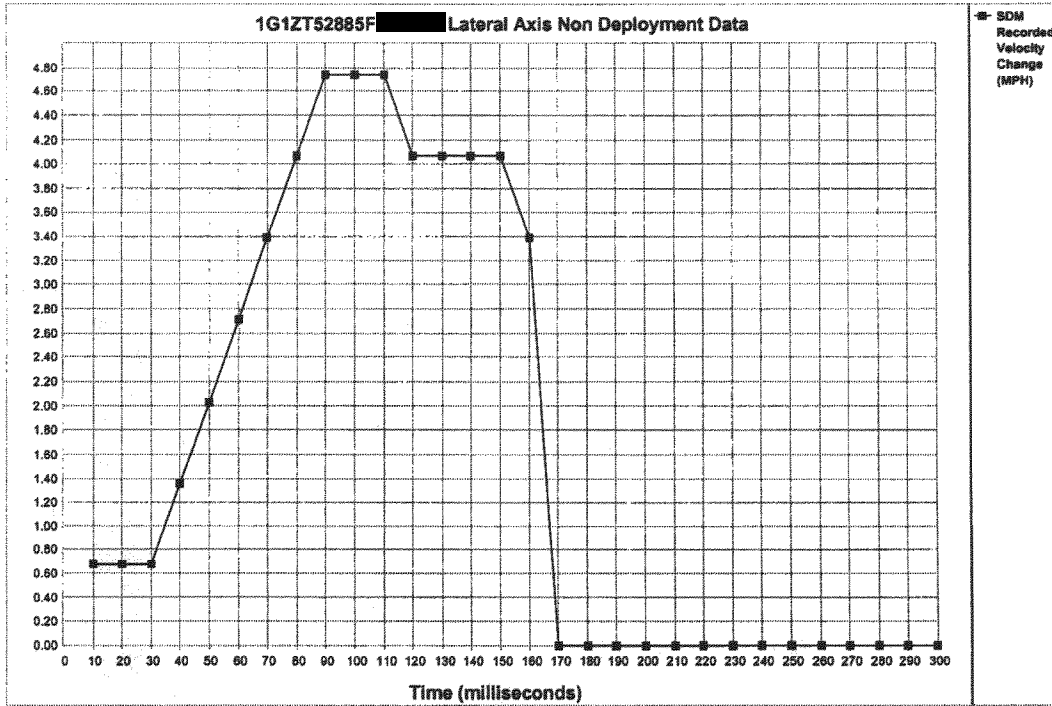
Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Dynamics Control Active (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid

System Status At Non-Deployment

Ignition Cycles At Investigation	3921
SIR Warning Lamp Status	OFF
SIR Warning Lamp ON/OFF Time (seconds)	655200
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	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	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)	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

```

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$02 30 00 00 00 00 00 00
$03 02 00 00 00 00 00 00
$04 02 00 00 00 00 00 00
$05 00 00 00 00 00 00 00
$06 00 0A 00 00 0A 72 78
$07 00 60 00 00 00 00 00
$08 00 FF 00 00 00 00 00
$09 00 AB AB 00 00 00 00
$0A 00 00 00 00 00 00 00
$0B 3C 01 05 0F 00 00 00
$0C 80 00 80 00 00 00 00
$0D 00 00 C0 00 00 00 00
$0E 00 00 00 00 00 00 00
$0F BA 00 00 00 00 00 00
$10 47 31 5A 54 35 32 38
$11 38 35 46 32 35 32 32
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$13 00 00 00 00 00 00 00
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$15 00 00 00 00 00 00 00
$16 03 06 0C 16 34 00 00
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$1C 3F 00 00 06 00 18 00
$1D 00 00 00 00 00 00 00
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$26 00 00 00 00 00 00 00
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$2A 00 00 00 00 00 00 00
$2B 00 00 00 00 00 00 00
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$31 00 00 00 00 00 00 00
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$37 E0 00 00 00 0B 00 20
$38 9C 00 00 00 03 C0 00
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$3B 03 06 0C 00 00 00 00
$3C 00 00 00 00 00 00 C0
$3D 31 5A 54 35 32 38 00
$3E 35 25 22 35 00 00 00
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$44 00 00 00 00 00 00 00
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$4C 05 FC 00 00 00 00 00
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$4F 00 00 00 00 00 00 00
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$7B FF FF FF FF FF FF 00

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$06 FF FF FF FF
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$08 FF FF FF FF
$0D 41 48 36 35 32 39 52 34 33 35 36 33 4D 55 4B 32
$0E 01 59 D3 B3
$0F 41 4A 36 35 32 39 52 34 33 35 38 31 4D 58 36 47
$10 01 59 D3 B3
$13 42 52 FF FF FF FF FF FF FF FF FF FF FF FF FF
$14 FF FF FF FF
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$18 FF FF FF FF
$21 31 12 66 1A D0 2E 91 9A
$22 72 78
$23 31 5A 53 54 55 55 32
$24 31 5A 53 54 55 55 32
$25 31 5A 53 54 55 55 32
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$40 00 00
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$42 10 C4
$43 00 00 8C 80
$44 C6 00 00 FC C0 C0

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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
\$B1 FD FE 00
\$B2 FF FF FF FF FF
\$B4 41 53 37 32 37 38 32 33 32 30 39 43 20 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
\$CC 01 5A CA 6E
\$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 [REDACTED]
DOB:
Reference: 513284
Results Date: 08/18/2006 8:52:05 AM
Search: Vehicle Registration - VIN
Area: NV

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: 1

Hit Number: 1
Search Comment: Year: 2005 Make: CHEV Model: M/LCyl: 06 Vehicle Type:
Sedan 4 door Exp: 11/03/06 Name: [REDACTED]
Information On File: Business Name On File: 1G1ZT52885F [REDACTED]
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 *****

[REDACTED] 8/18/2006

Report Generated for William L. Smith

For Personal Use Only



CARFAX® Vehicle History Report™

An independent company established in 1986

carfax.com

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

SUMMARY

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	OWNER 1	OWNER 2
The number of owners is estimated by CARFAX		
Year purchased	2005	2005
Type of owner	Rental	—
Estimated length of ownership	6 months	8 months
Owned in the following states/provinces	Nevada	Nevada
Estimated miles driven per year	—	—
Last reported odometer reading	13,624	

TITLE PROBLEMS	OWNER 1	OWNER 2
CARFAX guarantees the information in this section		
Salvage Junk Rebuilt	Guaranteed No Problem	Guaranteed No Problem
Fire/Flood Hail Damage Buyback/Lemon	Guaranteed No Problem	Guaranteed No Problem
Not Actual Mileage Exceeds Mechanical Limits	Guaranteed No Problem	Guaranteed No Problem
<p>GUARANTEED - None of these major title problems were reported by a state Department of Motor Vehicles (DMV). If you find that any of these title problems were reported by a DMV and not included in this report, CARFAX will buy this vehicle back.</p>		
<p align="center">  Register View Terms </p>		

OTHER INFORMATION	OWNER 1	OWNER 2
Not all accidents or other issues are reported to CARFAX		
Frame Damage Check No frame damage reported to CARFAX.	<input checked="" type="checkbox"/> No Issues Reported	<input checked="" type="checkbox"/> No Issues Reported
Airbag Deployment Check No airbag deployment reported to CARFAX.	<input checked="" type="checkbox"/> No Issues Reported	<input checked="" type="checkbox"/> No Issues Reported
Odometer Rollback Check No indication of an odometer rollback.	<input checked="" type="checkbox"/> No Issues Indicated	<input checked="" type="checkbox"/> No Issues Indicated
Accident Check No accidents reported to CARFAX.	<input checked="" type="checkbox"/> No Issues Reported	<input checked="" type="checkbox"/> No Issues Reported
Manufacturer Recall Check Check with an authorized Chevrolet dealer for any open recalls.	<input checked="" type="checkbox"/> No Recalls Reported	<input checked="" type="checkbox"/> No Recalls Reported
Basic Warranty Check	<input type="checkbox"/>	<input type="checkbox"/>

8/24/2006

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Diane R. Evans
Claims Administrator

September 12, 2006

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

RE: Claimant: [REDACTED]
Our File No.: 513284
Our Client: General Motors Corporation
Date/Event: July 8, 2006
VIN: 1G1ZT52885F [REDACTED]

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

154748



INVOICE

PAGE 1

SERVICE ADVISOR: 9142 PAUL HUEBNER

Our goal
100% completely satisfied. 100% of the time.

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
GRAY	05	CHEVROLET MALIBU	1G1ZT52885F [REDACTED]	[REDACTED]	24717/24717	T603	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	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
1	0000	0000	0000	0000
2	0001	0001	0001	0001
3	0010	0010	0010	0010
4	0011	0011	0011	0011
5	0100	0100	0100	0100
6	0101	0101	0101	0101
7	0110	0110	0110	0110
8	0111	0111	0111	0111
9	1000	1000	1000	1000
10	1001	1001	1001	1001
11	1010	1010	1010	1010
12	1011	1011	1011	1011
13	1100	1100	1100	1100
14	1101	1101	1101	1101
15	1110	1110	1110	1110
16	1111	1111	1111	1111

A C/S STEERING WHEEL LOCKS UP WHILE DRIVING IN GEAR

CAUSE:

E7680 COLUMN ASSEMBLY. STEERING - REPLACE

9066 DARABANT, THOMAS LIC#: 4~

10

1 88967179 S/COL REM

	115.47	115.47
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



0.00 0.00

24717

.....

LIMITED WARRANTY

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 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 incidental damages.

X

CUSTOMER SIGNATURE

PARTS & SERVICE HOURS

MON-FRI
7:00 AM - 9:00 PM
SAT
7:00 AM - 5:00 PM

**ALL VEHICLES MUST BE
PICKED UP BY 5:00 P.M.
SATURDAY**

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

FILE COPY

100% completely satisfied - 100% of the time

COMPLAINT:

CAUSE:

CORRECTION:

COMPLAINT:

CAUSE:

CORRECTION:

COMPLAINT:

CAUSE:

CORRECTION:

COMPLAINT:

CAUSE:

CORRECTION:

COMPLAINT:

CAUSE:

CORRECTION:

ENGINE: CID _____

4 CYL ☐ 6 CYL ☐ V/6 ☐ V/8 ☐ DIESEL ☐

TRANSMISSION:

3 SPEED ☐ 4 SPD ☐ 5 SPD ☐ AUTO ☐ TYPE _____

ACCESSORIES:

P/S ☐ P/B ☐ A/C ☐ AIR ☐ OTHER _____

BRAKE CONDITION

RF _____ / 32 _____ % LF _____ / 32 _____ %

RR _____ / 32 _____ % LR _____ / 32 _____ %

FUEL GAUGE

1/4 _____ 1/2 _____ FULL _____

QUALITY _____ TECH _____

CONTROL _____ ASM _____

FOREMAN'S SIG. **X**

LABOR RECORD

FLAG SHEET

FLAG SHEET

FLAG SHEET

FLAG SHEET

FLAG SHEET

FLAG SHEET

FLAG SHEET

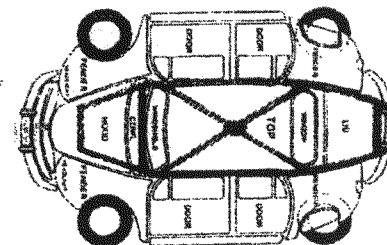
FLAG SHEET

FLAG SHEET

FLAG SHEET

INDICATE ANY DAMAGE CUSTOMER HAS ON VEHICLE
PREVIOUS TO MAKING REPAIRS.

PRIOR DAMAGE

RF ☐ RR ☐F ☐ R ☐LF ☐ LR ☐

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 :	1G1ZT52885F
-------	-------------

VEHICLE INFORMATION

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

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
YT	05548	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	Type	Labor Operation	Odometer Reading
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

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4/5/2006

5
October 11, 2006

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: [REDACTED]
Our File No.: 513284
Our Client: General Motors Corporation
Date/Event: July 8, 2006
Subject vehicle: 2005 Chevrolet Malibu
VIN: 1G1ZT52885F [REDACTED]

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 advise 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

Service Request Detail

SR No.	1-428064309	Ref No.		Goodwill	No Goodwill Offered	BRC Type	N/A
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address		City	Canton	Involved Dir	Progressive Chevrolet Company	Safety	Yes
State	OH ZipCd	Con Acct		Source	Phone	Updated	9/7/2006 9:57:40 AM
Serial #/VIN	1G1ZT51886F	Model Year	2006	Priority	Medium License #	Owner	VALVERDM
Make	Chevrolet	Warr. Start	05/04/2006	Status	Open	Opened	8/21/2006 9:31:49 AM
Model	Malibu	Mileage	6458	Sub-Status		Closed	
Abstract	Steering - General						
Customer Description	brc par case please do not assume forward all inquiries to Mark Valverde ext 11215						

Pre-PAR

PAR Notifier	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	1	Asphalt	Dry		
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		5'5"						
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
Allen	Lynn	(330) 649-6134	Progressive Insurance					
Incident Loc	At the corner of Route 43 and 24th st				Incident Desc	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 dlr in Andover and was told that it wasn't necessary and that it would		
Component	Power Steering Wheel				Damage Desc	Crushed the passenger side bumper		
Vehicle Loc	Progressive Chevrolet Company 8000 Hills & Dales Rd, N.W.				Add'l Info			
Emgcy Svc Names					Maint Loc	Progressive Chevrolet Company		

PAR Detail

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

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2006 5:27:30 PM	VALVERDM	VALVERDM	Inbound Call Dealer	Complex Request	Done	9/11/2006 5:31:21 PM	dealer called

Contact Last Name	Contact First Name	Account	BAC Code

dealer called to get info on deductible on the vehicle.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2006 3:12:27 PM	VALVERDM	VALVERDM	Scheduled Outbound Call Cust		Scheduled Alarm		(1-428064309)

Contact Last Name	Contact First Name	Account	BAC Code

offer ccl
(09-12)3-5pm

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2006 3:08:22 PM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	9/11/2006 3:11:41 PM	offer ccl

Contact Last Name	Contact First Name	Account	BAC Code

Comments

did call cust to let them know would offer ccl on steering system but she was not there so did leave voice mail.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2006 2:40:05 PM	MERZTIFD	ESISBIQU	Escalation		In Progress		Insurance dec

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2006 2:21:08 PM	JACKSOLI	MERZTIID	Notify CRM		Done	9/11/2006 2:40:04 PM	ESIS

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2006 10:56:15 AM	VALVERDM	VALVERDM	Scheduled Outbound Call		Scheduled Alarm		(1-428064309)

Contact Last Name	Contact First Name	Account	BAC Code

Comments

check esis
(09-18)3-5pm

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2006 10:53:12 AM	VALVERDM	JACKSOLI	BRC PAR	ESIS- Insurance Involvement	Done	9/11/2006 2:21:07 PM	escalate to esis

Contact Last Name	Contact First Name	Account	BAC Code

Comments

cust is seeking to get dedcustible back from repair of the vehicle done by insurance company.

Mark Valverde/PAR/ATX

Received and escalated to ESIS

Linette Jackson/abx/par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2006 10:14:04 AM	VALVERDM	VALVERDM	Outbound Call Dealer	Made Contact	Done	9/11/2006 10:17:29 AM	check status
Contact Last Name	Contact First 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
Contact Last Name	Contact First 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 Assist-Prem		In Progress		eea inspector/phil grinager
Contact Last Name	Contact First 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

Confidential Comments

Service Request Detail

Activities

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 Rep/Whsl	Provided Info	Done	9/5/2006 3:02:50 PM	cust called/avm called

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

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

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

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

inspection result
(09-08)3-5pm

made call early

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	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
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Comments

Confidential Comments

Service Request Detail

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 First Name	Account	BAC Code

Comments

did call and speak with phillip telaroli who did give permission to set up inspection.

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/25/2006 10:21:56 AM	VALVERDM	VALVERDM	Inbound Call Customer	Complex Request	Done	8/25/2006 10:41:14 AM	cust called
Contact Last Name	Contact First Name	Account	BAC Code				

PAR INCIDENT QUESTIONNAIRE

•☐ Can we start from the beginning? What were you doing prior to the accident?
route 43 close to her house

•k What was the vehicle speed? _____ 20 mph

•y Unable to stop -Did you come to a full stop or were you slowing down? _____ Was your foot on the accelerator or brake? _____ brakes did work fine

was driving down her street turned right at stop sign. did go a few yards and the steering wheel did lock up and the power steering light did come on. the vehicle pulled and the light came on and did hit guard rail did slam on the brakes.

•☐ Describe Damage- bumper is scratched and pushed in

•e Police Report? yes. #

•☐ How was vehicle removed from the scene - Was the vehicle towed or driven? ____ towed from the scene

are u the original owner of the vehicle?yes

where do you have the maint done on the vehicle?yes

who did the last maint on the vehicle?before aug 7th maybe 4th

what are you seeking from gm?would like a written guarantee that nothing bad would happen to the vehicle before would allow gm to inspect the vehicle.

would like vehicle inspected.

are there any injuries? no

weather cond? sunny and dry

veh damage desc?

est repair cost?

prim vehicle use?personal vehicle

spec equipment? none

equipment installer?

330-209-7404

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

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
Contact Last Name		Contact First Name		Account		BAC Code	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Comments							
see previous IB activity							
Confidential Comments							

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 First Name		Account		BAC Code	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
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 [REDACTED]							
crs advised:will transfer cust to OCRS voicemail & will notify OCRS							

ROBBIE/CAC Elemental/MLA

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/24/2006 1:44:27 PM	VALVERDM	VALVERDM	Outbound Call Third Party	Cancelled	Done	8/24/2006 1:46:44 PM	(330) 833-8564/insurance rep
Contact Last Name		Contact First Name		Account		BAC Code	
Comments							
opened in error.							
Mark Valverde/PAR/ATX							
Confidential Comments							

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/24/2006 11:34:37 AM	DOREAN	VALVERDM	Notify CRM		Done	8/30/2006 9:26:28 AM	Another 2 Voice Messages

Contact Last Name	Contact First Name	Account	BAC Code

Comments

1)

Cust St: It's Philip Telaroli calling again. I would appreciate a callback a.s.a.p.

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 [REDACTED] to give me some direction regarding this situation.

Andrea Doré/CAC/Chatham/Level 0

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/24/2006 11:21:31 AM	DOREAN	VALVERDM	Notify CRM		Done	8/30/2006 9:26:35 AM	Customer called in

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Customer's father [REDACTED] left a voice message for me stating that they haven't heard anything regarding their case and would like a call at [REDACTED] 2686 or his cell [REDACTED]. Please contact.

Andrea Doré/CAC/Chatham/Level 0

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/24/2006 10:26:44 AM	VALVERDM	VALVERDM	Scheduled Outbound Call		Done		(1-428064309)

Contact Last Name	Contact First Name	Account	BAC Code

Comments

initial call/speak with mr telaroli
(08-25)3-5pm

made call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/24/2006 10:22:39 AM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	8/24/2006 10:26:11 AM	initial call

Contact Last Name	Contact First Name	Account	BAC Code

Comments

did call cust but got voice mail so did leave message.

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

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				

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

Confidential Comments

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
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

did call cust to let them know that would be handling their case but cust was at work so did leave message father.

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

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	Cust	Done		(1-428064309)

Contact Last Name	Contact First Name	Account	BAC Code

Comments
initial call
(08-23)3-5pm

made call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/22/2006 1:47:20 PM	VALVERDM	VALVERDM	Scheduled Outbound Call	Cancelled	Done		(1-428064309)

Contact Last Name	Contact First Name	Account	BAC Code

Comments
initial call
(08-23)3-5pm

made call early

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 3:19:10 PM	JACKSOLI	VALVERDM	Ownership Changed		Done	8/21/2006 3:19:10 PM	Service Request Ownership has changed FROM: DOREAN TO: VALVERDM

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail



Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 3:17:57 PM	JACKSOLI	VALVERDM	BRC PAR	Acknowledgement	Done	8/22/2006 2:49:51 PM	Called

Contact Last Name	Contact First Name	Account	BAC Code
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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
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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
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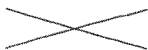
Comments

Summary:

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

Mark Valverde/PAR/ATX

Confidential Comments



Service Request Detail

Activities

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 3:07:55 PM	Called

Contact Last Name	Contact First Name	Account	BAC Code
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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 Extension> -
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	BRC PAR	Initial Contact- Dealer	Done	8/22/2006 2:55:56 PM	Called

Contact Last Name	Contact First Name	Account	BAC Code
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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

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 3:17:55 PM	JACKSOLI	VALVERDM	BRC PAR	Case Assigned	Not Started		Assigned File to Mark Valverde an Ext.11215

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 3:17:55 PM	JACKSOLI	VALVERDM	Notify CRM		Not Started		File Assigned

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 3:17:50 PM					Done	8/21/2006 3:18:12 PM	1-428064309, BRC PAR Assignor

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 11:07:25 AM	DOREAN	JACKSOLI	Escalation	Initiate PAR	Done	8/21/2006 2:32:59 PM	Assigning activity to PAR QUEUE

Contact Last Name	Contact First Name	Account	BAC Code
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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/ab/par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	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 Type	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 Steering Wheel

Contact Last Name	Contact First Name	Account	BAC Code

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	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 10:19:19 AM	DOREAN	DOREAN	Outbound Call Customer	Made Contact	Done	8/21/2006 10:57:11 AM	Alleged product allegation-Power Steering Wheel

Contact Last Name	Contact First Name	Account	BAC Code

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

Confidential Comments

Service Request Detail

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 First Name	Account	BAC Code

Comments

Cust States: That his daughter [REDACTED] 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 dlr right now. So, he gave me his cell number and wants me to call back b/c he is going to the dlr 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	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2006 9:28:12 AM	DOREAN	DOREAN	CTI - Inbound Call		Done	8/22/2006 2:35:55 PM	Inbound CAC call with single record, #entered 3304842686

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Excessive Effort	Steering - General

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

800.888.0164 *tel*
313.665.0911 *fax*

Nancy Johnson
Claims Administrator

September 20, 2006

[REDACTED]
Canton, OH [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 515093
Our Client: General Motors Corporation
Date/Event: 8/19/06
Subject vehicle: 2006 Chevrolet Malibu
VIN: 1G1ZT151886F [REDACTED]

Dear [REDACTED]

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

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

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

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

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

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

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

Sincerely,

Nancy Johnson
Claims Administrator

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 :	1G1ZT51886F [REDACTED]
-------	------------------------

VEHICLE INFORMATION

Merchandising Model :		1ZT69 -2006 MALIBU SEDAN 2LT			Warranty Start Date :		05/04/2006				
BARS Order Type :		70 - RETAIL - STOCK									
Delivering Dealer :		EWING CHEVROLET, INC. 929 CLEVELAND AVE NW CANTON , OH 44702-1895 (330) 454-8011			Selling Source :		13 - CHEVROLET				
					Site Code :		28202				
					Business Associate Code :		113638				
Service Contract :		Yes	Branded Title :		No	Warranty Block :		No	PDI Status :		Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	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	Type	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

9/12/2006

Vehicle Has No Associated Check History Information.

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

800.888.0164 *tel*
313.665.0911 *fax*

Nancy Johnson
Claims Administrator

November 27, 2006

[REDACTED]
Canton, OH [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 515093
Our Client: General Motors Corporation
Date/Event: 8/19/06
Subject vehicle: 2006 Chevrolet Malibu
VIN: 1G1ZT15188F [REDACTED]

Dear [REDACTED]

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

RECEIVED

SEP 20 2006

ESIS-GM CLAIMS UNIT

ELCO

ADMINISTRATIVE SERVICES

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 [REDACTED]
Our File No.: 128206

Name [REDACTED]

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.

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. *LS*

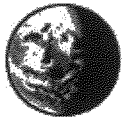
Sincerely,

ELCO ADMINISTRATIVE SERVICES

Sacha Sabin

Via Certified Mail No.: _____

Received from MSX



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

To: <Paul.olle@gm.com>
Subject: Lecifort

09/26/2006 03:05 PM



FL8842.pdf



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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
CITY STATE	POMPANO BEACH FL	LOCATION SOUTHERN LOT
ZIP	33061-	CITY STATE FL

OWNER

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 [REDACTED]
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 VAROIOUS FACTORS.THIS ESTIMATE IS PRESENTED IN AN ATTEMPT TO RESOLVE THIS CLAIM BY WAY OF ACCORD AND SATISFACTION.

OP CODES:

* = USER-ENTERED VALUE	E = REPLACE OEM	NG = REPLACE NAGS
EC = REPLACE ECONOMY	UE = OE SURPLUS	UC = RECONDITIONED PRT
UM = REMAN/REBUILT PRT	EU = LIKE KIND & QUAL.PRT	EP = REPLACE PXN
OE = PXN OE SRPLS	PC = PXN RECONDITIONED	PM = PXN REMAN/REBUILT
TE = PARTL REPL PRICE	ET = PARTL REPL LABOR	IT = PARTIAL REPAIR
I = REPAIR	L = REFINISH	BR = BLEND REFINISH
TT = TWO-TONE	CG = CHIPGUARD	SB = SUBLET
N = ADDITIONAL LABOR	RI = R&I ASSEMBLY	P = CHECK
AA = APPEAR ALLOWANCE	RP = RELATED PRIOR	UP = UNRELATED PRIOR

OP	GDE	MC	DESCRIPTION	MFR.PART NO.	PRICE	AJ%	B%	HOURS	R
E	0005	07	BUMPER,FRONT	22626161 GM PART	195.70	-20		1.0	1
L	0005		BUMPER,FRONT	REFINISH				0.7	4
				0.6 Surface					
				0.1 Two-stage					
E	0006		COVER,FRONT BUMPER	15266276 GM PART	366.78	-20		1.3	1
L	0006		COVER,FRONT BUMPER	REFINISH				3.7	4
				2.6 Surface					
				0.6 Two-stage setup					
				0.5 Two-stage					
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				0.6	4
				0.5 Surface					
				0.1 Two-stage					
E	0063	01	FILLER,FRONT BUMPER LT	15269117 GM PART	75.00	-20		INC	1
	1218		RETAINER,FRONT BUMPER	REPLACE OEM	INC				1

2007 CHEVROLET MALIBU LS V6 4 DR SEDAN
CLAIM # UNIT FL8842

DATE 09-13-06
LOG 4991 -0

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	REFINISH				0.2	4
			0.2 Surface					
	0044	07 BRKT,FRONT BUMPER M RT	REPLACE OEM		INC			1
L	0044	BRKT,FRONT BUMPER M RT	REFINISH				0.2	4
			0.2 Surface					
E	0019	SUPT,FRONT BUMPER MTG	22728872	GM PART	38.06	-20	INC	1
E	0028	GRILLE ASSEMBLY	15266336	GM PART	127.44	-20	0.2	1
E	0040	MLDG,GRILLE UPPER	15853884	GM PART	30.00*	-20	INC	1
E	0041	HEADLAMP ASSY,HALOG LT	15287023	GM PART	210.00	-20	INC	1
E	0042	HEADLAMP ASSY,HALOG RT	15207724	GM PART	210.00	-20	INC	1
N	0973	HEADLAMPS AIM	ADDITIONAL LABOR				0.4	1
E	1129	01 HARNESS,FRT LAMP WIRI	15803736	GM PART	71.04	-20		1
E	0083	PANEL,HOOD	22730964	GM PART	407.17	-20	1.2	1
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	0088	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
E	0084	HINGE,HOOD PANEL LT	22729165	GM PART	15.56	-20	INC	1
L	0084	HINGE,HOOD PANEL LT	REFINISH				0.2	4
			0.2 Surface					
E	0085	HINGE,HOOD PANEL RT	22729166	GM PART	15.56	-20	INC	1
L	0085	HINGE,HOOD PANEL RT	REFINISH				0.2	4
			0.2 Surface					
E	0091	HINGE,HOOD PANEL LT	22718839	GM PART	19.04	-20	INC	1
L	0091	HINGE,HOOD PANEL LT	REFINISH				0.2	4
			0.2 Surface					
E	0092	HINGE,HOOD PANEL RT	22718838	GM PART	19.04	-20	INC	1
L	0092	HINGE,HOOD PANEL RT	REFINISH				0.2	4
			0.2 Surface					
E	0086	PAD,INSULATOR HOOD	15292396	GM PART	52.90	-20	0.3	1
E	0077	07 CRSMBR,RAD PANEL UPR	15221968	GM PART	153.40	-20	6.0	1
L	0077	CRSMBR,RAD PANEL UPR	REFINISH				0.5	4
			0.4 Surface					
			0.1 Two-stage					
E	0178	BRKT,RAD SUPT LOWER LT	22660577	GM PART	26.39	-20	INC	1

2007 CHEVROLET MALIBU LS V6 4 DR SEDAN
CLAIM # UNIT FL8842

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 REFINISH				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	-20		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	-20		0.1	1
E	0081	LABEL,EMISSION CONTRO 12457796 GM PART	16.40	-20		0.1	1
E	0165	BAFFLE,RADIATOR PAN LT 22710540 GM PART	7.01	-20		INC	1
E	0166	BAFFLE,RADIATOR PAN RT 22629714 GM PART	7.01	-20		INC	1
E	0184	BAFFLE,RADIATOR PANEL 22691394 GM PART	26.39	-20		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
E	0701	FAN ASSY,ENG COOLING 15254643 GM PART	259.73	-20		0.3	1
E	0757	HOSE,RADIATOR UPPER 22682505 GM PART	24.75	-20		0.2	1
E	0012	TRAY,BATTERY LT 15217071 GM PART	38.60	-20		INC	1
E	0731	CONDENSER,A/C 15777890 GM PART	289.33	-20		1.3	2
E	0737	PIPE,A/C 15239827 GM PART	145.64	-20		0.1	2
E	0739	HOSE,A/C 15801505 GM PART	71.09	-20		0.3	2
E	0128 #	WHLHS,FRT FENDER IN LT 15800737 GM PART	93.05	-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 15800736 GM PART	93.05	-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	REINF,INNER FENDER LT 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	REINF,INNER FENDER RT REFINISH				0.5	4
		0.4 Surface					
		0.1 Two-stage					

2007 CHEVROLET MALIBU LS V6 4 DR SEDAN
CLAIM # UNIT FL8842

DATE 09-13-06
LOG 4991 -0

E	0596	CRADLE,ENGINE	15231118	GM PART	759.56	-20	5.0	2
E	0103	FENDER,FRONT	LT 10398518	GM PART	187.29	-20	1.3	1
L	0103	FENDER,FRONT	LT REFINISH				2.6	4
			1.7	Surface				
			0.5	Edge				
			0.4	Two-stage				
E	0104	FENDER,FRONT	RT 10398517	GM PART	187.29	-20	1.3	1
L	0104	FENDER,FRONT	RT REFINISH				2.6	4
			1.7	Surface				
			0.5	Edge				
			0.4	Two-stage				
E	0029	BRKT,FRONT FENDER	LT 22723711	GM PART	5.75	-20	0.2	1
E	0030	BRKT,FRONT FENDER	RT 15813650	GM PART	5.75	-20	0.2	1
E	0115 07	SIDE MEMBER ASSEMBL	LT 15844076	GM PART	415.36	-20	8.4	1
L	0115	SIDE MEMBER ASSEMBL	LT REFINISH				0.6	4
			0.5	Surface				
			0.1	Two-stage				
E	0116 07	SIDE MEMBER ASSEMBL	RT 15844075	GM PART	415.36	-20	8.8	1
L	0116	SIDE MEMBER ASSEMBL	RT REFINISH				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
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	1041 01	PUMP,WASHER	22675866	GM PART	46.92	-20	0.1	1
E	0149 01	RESERVOIR,W/S WASHER	22675475	GM PART	33.23	-20	INC	1
RI	0153	GRILLE,UPPER COWL	R&I ASSEMBLY				0.7	1
TE	0248 07	PANEL ASSY,BODY SID	LT PARTL REPL PRICE	649.45	-20			1
ET	0627 07	PANEL,ROCKER	LT PARTL REPL LABOR				9.1	1
L	0627	PANEL,ROCKER	LT REFINISH			C	1.5	4
			1.1	Surface				
			0.2	Edge				
			0.2	Two-stage				
RI	0274	W/STRIP,FRT DOOR UP	LT R&I ASSEMBLY				0.3	1
RI	0275	W/STRIP,FRT DOOR UP	RT R&I ASSEMBLY				0.3	1
RI	0243	MLDG,FRONT DOOR SID	LT R&I ASSEMBLY			C	0.3	1

2007 CHEVROLET MALIBU LS V6 4 DR SEDAN
CLAIM # UNIT FL8842

DATE 09-13-06
LOG 4991 -0

RI 0244	MLDG,FRONT DOOR SID	RT R&I ASSEMBLY	C	0.3 1
RI 0229	MIRROR,SPORT R/C	LT R&I ASSEMBLY		0.3 1
RI 0230	MIRROR,SPORT R/C	RT R&I ASSEMBLY		0.7 1
RI 0227	HANDLE,FRONT DOOR O	LT R&I ASSEMBLY		0.2 1
RI 0228	HANDLE,FRONT DOOR O	RT R&I ASSEMBLY		0.2 1
I 0287	DOOR SHELL,REAR	LT REPAIR	C	6.0*1
L 0287	DOOR SHELL,REAR	LT REFINISH	C	2.3 4
		1.9 Surface		
		0.4 Two-stage		
RI 0346	W/STRIP,REAR DOOR	LT R&I ASSEMBLY	C	0.2 1
RI 0310	W/STRIP,RR DOOR BOD	LT R&I ASSEMBLY	C	0.5 1
RI 0260	MLDG,REAR DOOR SIDE	LT R&I ASSEMBLY	C	0.3 1
RI 0305	HANDLE,RR DOOR OUTE	LT R&I ASSEMBLY	C	0.2 1
RI 0533	TAILLAMP ASSEMBLY	LT R&I ASSEMBLY	C	INC 1
RI 0566	REAR BUMPER COVER R&I	R&I ASSEMBLY	C	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*
		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

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

2007 CHEVROLET MALIBU LS V6 4 DR SEDAN
CLAIM # UNIT FL8842

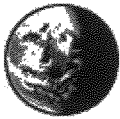
DATE 09-13-06
LOG 4991 -0

ADJUSTMENTS	DISCOUNT	MARKUP
LINE ITEMS	\$ 1,448.90	
PARTS & MATERIAL TOTAL		\$ 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		
GROSS TOTAL		\$ 10,265.07
LESS: DEDUCTIBLE		UNKNOWN-
NET CORRECTED TOTAL		\$ 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 [REDACTED]

09/27/2006 01:41 PM

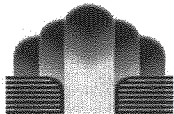
Paul,

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

Sacha Sabin
Liability Administrator
ELCO Administrative Services
(954) 949-3190



Paul Olle
Sent by: Paul F Olle

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

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
.com>

To: <Paul.olle@gm.com>
cc:
Subject: vin #1G1ZT58N37F [REDACTED]

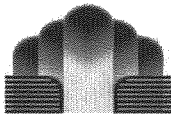
10/05/2006 03:16 PM

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

Sacha Sabin
Liability Administrator
ELCO Administrative Services
(954) 949-3190



Paul Olle
Sent by: Paul F Olle

To: "Sabin, Sacha R" <Sacha.R.Sabin@erac.com>
Subject: Vin #1G1ZT58N37F [REDACTED] Lecifort (515900) [REDACTED]

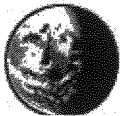
11/07/2006 08:55 AM

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>

To: <Paul.olle@gm.com>
cc:
Subject: Vin #1G1ZT58N37F [REDACTED]

11/01/2006 11:00 AM

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

Sacha Sabin
Liability Administrator
ELCO Administrative Services
(954) 949-3190

SECTION

1. ☒ LAW ENFORCEMENT SHORT FORM REPORT
 2. ☐ DRIVER REPORT OF TRAFFIC CRASH
 3. ☐ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 08/25/2006		TIME OF CRASH 07:09		TIME OFFICER NOTIFIED 7:12		TIME OFFICER ARRIVED 7:28		INVEST. AGENCY REPORT NUMBER FHPK06OFF048572		HSMV CRASH REPORT NUMBER 07706609	
COUNTRY / CITY CODE 24 / 00		FEET or MILE(S) 12		N S E W N		FT. PIERCE		COUNTY St. Lucie			
AT NODE NO.		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES 4		ON STREET, ROAD OR HIGHWAY SR-91 FL TURNPIKE	
AT INTERSECTION OF		FEET or MILE(S)		N S E W N		STATE ROAD 70					
YEAR 05		MAKE (car, truck, motorcycle, etc.) CHEV		TYPE (car, truck, motorcycle, etc.) 4 DR		VEHICLE LICENSE NO. S626TL		STATE FL		VEHICLE IDENTIFICATION NUMBER 1G1JC52F957	
Check Area of Vehicle Damage		Front		R / Front		L / Front		R / Side		L / Side	
		X		X		X					
EST. VEHICLE DAMAGE		\$6,000		VEHICLE REMOVED BY:		FT PIERCE CITGO		1 Tow Rotation Ltd		01	
INSURANCE COMPANY (LIABILITY OR PP)		ENTERPRISE SELF INS.		POLICY NO.		3703					
NAME OF VEHICLE OWNER (Check if Same as Driver)		ENTERPRISE COMPANY		CURRENT ADDRESS (Number and Street)		5105 JOHNSON RD		CITY AND STATE		COCONUT CREEK FL 33073	
NAME OF DRIVER (Taken From Driver's License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)		ORLANDO FL		CITY AND STATE		ZIP CODE	
DRIVER'S LICENSE NUMBER		STATE		DL TYPE		DRIVER / PEDESTRIAN		RACE		SEX	
		FL		E		HOME PHONE		B		M	
PASSENGER'S NAME				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
YEAR		MAKE (car, truck, motorcycle, etc.)		TYPE (car, truck, motorcycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		VEHICLE IDENTIFICATION NUMBER	
Check Area of Vehicle Damage		Front		R / Front		L / Front		R / Side		L / Side	
EST. VEHICLE DAMAGE				VEHICLE REMOVED BY:				1 Tow Rotation Ltd			
INSURANCE COMPANY (LIABILITY OR PP)				POLICY NO.							
NAME OF VEHICLE OWNER (Check if Same as Driver)				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
NAME OF DRIVER (Taken From Driver's License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
DRIVER'S LICENSE NUMBER		STATE		DL TYPE		DRIVER / PEDESTRIAN		RACE		SEX	
						HOME PHONE					
PASSENGER'S NAME				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
YEAR		MAKE (car, truck, motorcycle, etc.)		TYPE (car, truck, motorcycle, etc.)		VEHICLE LICENSE TAG NO.		STATE		VEHICLE IDENTIFICATION NUMBER	
Check Area of Vehicle Damage		Front		R / Front		L / Front		R / Side		L / Side	
EST. VEHICLE DAMAGE				VEHICLE REMOVED BY:				1 Tow Rotation Ltd			
INSURANCE COMPANY (LIABILITY OR PP)				POLICY NO.							
NAME OF VEHICLE OWNER (Check if Same as Driver)				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
NAME OF DRIVER (Taken From Driver's License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
DRIVER'S LICENSE NUMBER		STATE		DL TYPE		DRIVER / PEDESTRIAN		RACE		SEX	
						HOME PHONE					
PASSENGER'S NAME				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE	
SECTION#		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER			
1				316.089.1		LANE- FAIL TO DRIVE SINGLE LANE		5086-SDW			
PROPERTY DAMAGED - Other than vehicles		EST. AMOUNT		OWNER - Name		ADDRESS		City / State / Zip			
GUARDRAIL		\$525		DEPT O TRANSPORT/DOBOX 9828		FT LUADERDALE FL 33310					
WITNESS NAME (1)		CURRENT ADDRESS - Number and Street		City / State / Zip		WITNESS NAME (2)		CURRENT ADDRESS - Number and Street		City / State / Zip	
INVESTIGATOR - RANK AND SIGNATURE		LD. / BADGE NO.		DEPARTMENT		FHP		CPD		OTHER	
TPR. T. KINGERY		2002/		Traffic Accident		2006					

HSMV 90000 (Rev. 12/02) 8

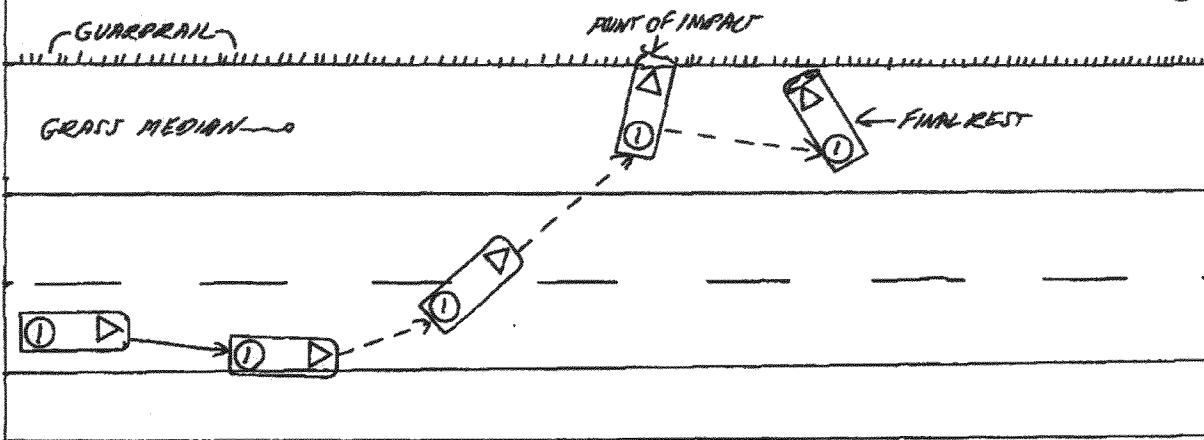
☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM.
☒ NO FURTHER ACTION REQUIRED BY YOU, REPORT COMPLETED BY LAW ENFORCEMENT AGENCY.

Date

Authorized Signature

DIAGRAM SR-91 FL TURNPIKE

INDICATE NORTH WITH ARROW
NOT TO SCALE




Vehicle #1 was traveling north on State Road 91 Florida's Turnpike. Vehicle #1 drifted from its lane onto the east shoulder. The driver over corrected in an attempt to reenter the north travel lane and lost control of the vehicle. The vehicle traveled across both Northbound lanes and entered the grass median. Vehicle #1 struck the guardrail and came to final rest in the median facing north.

Contributing Causes: 77 All Other: driver got distracted drifted from travel lane.

CONTRIBUTING CAUSES - DRIVER / PED.				VEHICLE DEFECTS				VEHICLE MOVEMENT				VEHICLE FUNCTIONS			
01 No Impaired Driving / Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3	1 None	1	2	3
02 Careless Driving (Explain in Narrative)	77			02 Def. Brakes				02 Stopping / Stopped / Stalled				2 Farm			
03 Failed to Yield Right-of-Way				03 Worn / Squeaky Tires	01			03 Merging Left Turn	01			3 Police Pursuit	1		
04 Impaired Braking				04 Defective / Impaired Lights				04 Backing				4 Recreational			
05 Impaired Lane Change				05 Puncture / Blowout				05 Merging Right Turn				5 Emergency Operation			
06 Impaired Turn				06 Swerving / Weaving				06 Changing Lanes				6 Construction / Maintenance			
07 Alcohol/Drugs Influence				07 Windshield Wipers				07 Entering / Leaving Parking Space				7 Not Applicable	1	2	3
08 Drugs-Under Influence				08 Equipment / Vehicle Defect				08 Properly Parked				8 Shipping Papers			
09 Alcohol & Drugs-Under Influence				09 Equipment / Vehicle Defect	77			09 Improperly Parked				9 Vehicle Title	1		
10 Followed Too Closely				10 Point of Collision				10 Merging U-Turn				0 Driver			
11 Disregarded Traffic Signal	19 Impaired Load			11 On Road	1	2	3					0 Other			
12 Exceeded Safe Speed Limit	20 Disregarded Other Traffic Control			12 Not On Road											
13 Disregarded Stop Sign	21 Driving Wrong Side / Way			13 Shoulder	04										
14 Failed to Maintain Equip. / Vehicle	22 Fleeing Police			14 Median											
15 Impaired Passing	23 Vehicle Malfunction			15 Turn Lane											
16 Drove LWR of Center	24 Driver Distraction														
17 Exceeded Stated Speed Limit	27 All Other (Explain in Narrative)														
18 Obstructing Traffic															
FIRST / SUBSEQUENT HARMFUL EVENT				WORK AREA				PEDESTRIAN ACTION				LOCATION TYPE			
01 Collision With MV in Transport (Rear End)	19 Collision with Animal			01 Name	1	2	3	01 Crossing Not at Intersection				01 Primarily Business			
02 Collision With MV in Transport (Head-on)	20 MV Hit Sign / Sign Post			02 Nearly	04			02 Crossing at Non-Stock Crosswalk				02 Primarily Residential			
03 Collision With MV in Transport (Angle)	21 MV Hit Utility Pole / Light Pole			03 Entered				03 Crossing at Intersection				03 Open Country			
04 Collision With MV in Transport (Left Turn)	19 MV Hit Guardrail							04 Walking Along Road With Traffic							
05 Collision With MV in Transport (Right Turn)	20 MV Hit Fence							05 Walking Along Road Against Traffic							
06 Collision With MV in Transport (Backed Up)	21 MV Hit Concrete Barrier Wall							06 Standing in Pedestrian Island							
07 Collision With MV in Transport (Stacked Into)	22 MV Hit Bridge / Pier / Abutment / Rail							07 All Other (Explain)							
08 Collision With Pushed Car	23 MV Hit Tree / Straddleway														
09 Collision With MV on Other Roadway	24 Collision with Construction Barriers / Sign														
10 Collision with Pedestrian	25 Collision with Traffic Cone														
11 Collision with Bicycle	26 Collision with Crates / Measurements														
12 Collision with Bicycle (Bike Lane)	27 Collision with First Object Above Road														
13 Collision with Moped	28 MV Hit Other Flared Object														
14 Collision with Train	29 Collision with Movable Object on Road														
CONTRIBUTING CAUSES - ROAD				CONTRIBUTING CAUSES - ENVIRONMENT				TRAFFIC CONTROL				SITE LOCATION			
01 No Defects	01 Vision Not Observed			01 No Control				01 Not at Intersection / R/W / Bridge							
02 Obstruction With Warning	02 Inconsistent Weather			02 Special Speed Zone				02 Speed Control at Sign							
03 Obstruction Without Warning	03 Paved / Stopped Vehicle			03 School Zone											



Paul Olle
Sent by: Paul F Olle

To: "Sabin, Sacha R" <Sacha.R.Sabin@erac.com>
Subject: Re: VIN #1G1ZT58N37F132388 

12/04/2006 03:09 PM

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
.com>

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

Sacha Sabin
Liability Administrator
ELCO Administrative Services
(954) 949-3190



FARMERS

Received from MSX

Send all correspondence to:
Farmers National Document Center
P.O. Box 26899-1
Oklahoma City, OK 73126-8994
Fax: (877) 217-1389
Email: claimsdocuments@farmersinsurance.com

March 3, 2008

* Moreno Valley Pontiac/gm
12630 Motor Way
Moreno Valley, CA 92555-
4404

RECEIVED

MAR 13 2008

ESIS-GM CLAIMS UNIT

RE: Insured: [REDACTED]
Claim Unit Number: 1008900796-1-2
Policy Number: 67-0169772661
Loss Date: 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

Joncishia L. Johnson
Special Field Claims Representative-Liability

Cc: * General Motors Corporation

\$TB4VZPZ12

02 02 001727 \$TB4VZPZ12 CD0003P1 02 001727



FARMERS

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

March 3, 2008

001727



* General Motors Corporation

Po Box 33170

Detroit, MI 48232



Service Request Detail

SR No. 71-445174559	Ref No.	Goodwill No Goodwill Offered	BRC Type N/A
Account	Site	GW SubType	Bus. Unit BRC
Last Name	First Name	Approval Not Initiated	Area PAR
Daytime #	Evening #	UCC Steering - Power Steering Pump /	Sub-Area Initiate PAR- Collision
Address	City Laughlin	Involved Dir Moreno Valley Pontiac GMC Buick,	Safety Yes
State NV ZipCd	Con Acct	Source Phone	Updated 12/11/2006 01:36:24 PM
Serial #/VIN 1G2ZG558764	Model Year 2006	Priority Medium License # PONTIAC	Owner VALVERDM
Make Pontiac	Warr. Start 11/17/2005	Status Open	Opened 11/30/2006 09:30:42 AM
Model G6	Mileage 15076	Sub-Status	Closed
Abstract Steering - Power Steering Pump / Brackets			

Customer Description

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Insurance Agent	8/29/2006 09:00:00 PM	N	1	1	Asphalt	Dry	N/A	Unknown
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		Unknown	Unknown	Unknown				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
Lewis	Delores	(951) 243-6012	Farmer's Insurance					
Incident Loc	Van Buren and Woodroad in Riverside, CA				Incident Desc	Cust was breaking for a traffic stop and the power steering went out making her collide with another veh.		
Component	Power Steering				Damage Desc	Front fender area and the power steering are damaged.		
Vehicle Loc	Moreno Valley GMC-Pontiac (BAC: 159174)				Add'l Info	The insurance company is reporting the case because the problem was caused by an apparent defect in the veh's power steering. Insurance agent avds the cost of the cust's veh was of		
Emgcy Svc Names	Unknown				Maint Loc	Unknown		

PAR Detail

Collision Y	Non Collision	Property Damage N	Thermal Evt N	Spec Equip none	
Vehicle Speed		Weather Condition clear and dry		Prop Owner	Property Type
Last Service Date		Loc Last Service		Property Location	Prop Est Repair Cost
Veh Est Repair Cost		Spec Equip Installer		Prop Damage Description	
Primary Veh Use Personal		Inspection Type		Inspected By	Inspection Date/Time
Veh Damage Description front bumper was crushed and dented.				Explain Other	

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/11/2006 01:30:11 PM	GREERM	ESISBIQU	Escalation		In Progress		Reimb of med bills, ins deduct, subrogation
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/11/2006 11:31:52 AM	JACKSOLI	GREERM	Notify CRM		Done	12/11/2006 12:58:28 PM	ESIS
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/8/2006 03:28:12 PM	VALVERDM	JACKSOLI	BRC PAR	ESIS- Insurance Involvement	Done	12/11/2006 09:51:43 AM	escalate file to esis
Contact Last Name	Contact First Name	Account	BAC Code				

cust is requesting reimbursement for insurance deductible paid for repair of the vehicle.

Mark Valverde/PAR/ATX

received and escalated to ESIS

linette jackson/atx/par workflow

Confidential Comments

Service Request Detail

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 activity only
Contact Last Name		Account				BAC Code	

Comments

PAR INCIDENT QUESTIONNAIRE

• Can we start from the beginning? What were you doing prior to the accident?
in riverside CA

• What was the vehicle speed? _____ dont know

did almost come to a start. and then power steering went out and then vehicle went left. cust did pull hard right and did hit another vehicle

• Unable to stop --Did you come to a full stop or were you slowing down? _____ Was your foot on the accelerator or brake? _____ brakes did work fine

• Describe Damage- front bumper was crushed and dented.

• Police Report? no

• How was vehicle removed from the scene - Was the vehicle towed or driven? _____driven

vehicle is at cust residence

are u the original owner of the vehicle?yes

where do you have the maint done on the vehicle?dealership

who did the last maint on the vehicle?dont know

what are you seeking from gm? would like gm to pay the deductible for the insurance

are there any injuries?none

weather cond? clear and sunny

veh damage desc?

est repair cost?

prim vehicle use?personal

spec equipment?none

equipment installer?

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/7/2006 01:56:02 PM	VALVERDM	VALVERDM	Scheduled Outbound Call	Cust	Done	12/11/2006 01:04:33 PM	(71-441574559)

Contact Last Name	Contact First Name	Account	BAC Code
-------------------	--------------------	---------	----------

Comments

esis check
(12-14)3-5pm

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/7/2006 01:54:03 PM	VALVERDM	VALVERDM	BRC PAR	ESIS- Insurance Involvement	Done	12/7/2006 01:55:26 PM	escalate to esis

Contact Last Name	Contact First Name	Account	BAC Code
-------------------	--------------------	---------	----------

cust is seeking reimbursement for medical bills due to accident.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/7/2006 01:37:06 PM	VALVERDM	VALVERDM	Outbound Call Dealer	Made Contact	Done	12/7/2006 01:40:36 PM	get phone number

Contact Last Name	Contact First Name	Account	BAC Code
-------------------	--------------------	---------	----------

did call dealership to get number for cust. they did provide a new number.

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/6/2006 02:50:22 PM	VALVERDM	VALVERDM	Scheduled Outbound Call Cust	Cancelled	Done	12/7/2006 01:36:50 PM	(71-445174559)

Contact Last Name	Contact First Name	Account	BAC Code
-------------------	--------------------	---------	----------

Comments

call dealer get cust phone number
number listed is wrong
(12-07)3-5pm

made call early

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/6/2006 02:48:37 PM	VALVERDM	VALVERDM	Outbound Call Customer	Reached Wrong No./Disconnect	Done	12/6/2006 02:50:13 PM	initial call

Contact Last Name	Contact First Name	Account	BAC Code
-------------------	--------------------	---------	----------

Comments

did call cust but she did not live at residence.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/5/2006 02:51:12 PM	VALVERDM	VALVERDM	Scheduled Outbound Call Cust		Done	12/6/2006 02:45:07 PM	(71-445174559)

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

initial call
(12-06)3-5pm

made call

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 11:29:24 AM	JACKSOLI	VALVERDM	Ownership Changed		Done	12/1/2006 11:29:24 AM	Service Request Ownership has changed FROM: ALENTOFR TO: VALVERDM
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 11:29:11 AM	JACKSOLI	VALVERDM	BRC PAR	Acknowledgement	Done	12/6/2006 02:45:51 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

made call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 11:28:21 AM	JACKSOLI	JACKSOLI	BRC PAR	Acknowledgement	Done		Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Summary:

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 11:28:21 AM	JACKSOLI	VALVERDM	BRC PAR	Initial Contact- Phone	Done	12/6/2006 02:46:16 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Summary:

made call

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

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	Initial Contact- Dealer	Done	12/8/2006 03:18:45 PM	Called
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Summary:

did call dealer and got phone listing for cust.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 11:28:21 AM	JACKSOLI	VALVERDM	BRC PAR	Initial Contact- AVM	Done	12/8/2006 03:19:18 PM	Called
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Summary:

made call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 11:28:21 AM	JACKSOLI	VALVERDM	Notify CRM		Done	12/11/2006 01:05:06 PM	File Assigned
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 11:28:21 AM	JACKSOLI	VALVERDM	Research		Done	12/11/2006 01:04:57 PM	Researched VIN
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Summary:

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 11:28:21 AM	JACKSOLI	VALVERDM	BRC PAR	Case Assigned	Done	12/11/2006 01:04:49 PM	Assigned File to Mark Valverde an Ext.11215

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 10:02:10 AM	ALENTOFR	JACKSOLI	Escalation	Initiate PAR	Done	12/1/2006 10:48:27 AM	Assigning Activity To The PAR Queue

Contact Last Name	Contact First Name	Account	BAC Code
-------------------	--------------------	---------	----------

Comments

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

Noelle Andersen (Noelia

Alentom-Frank)/Elemental CAC/BA

Received and assigned in PAR.

Linette Jackson/abx/par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 09:52:20 AM	ALENTOFR	ALENTOFR	Inbound Call Third Party	Complex Request	Done	11/30/2006 10:00:23 AM	Alleged product allegation-Collision
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Cust sts her name is [REDACTED] and is calling on behalf of Betty Hoffman, owner of a 2006 G6 which collided at approx. 15,076 due to an apparent defect on the power steering of the veh. Cust sts this is not recalled, but there's a bulletin on it. Cust sts she can be reached at the phone number [REDACTED] during the daytime and she's notifying this as the cust's insurance agent. Cust sts she works for Farmer's Insurance and they had to pay for the cust's veh damage, which was \$941.05, but they'll have to pay as well for the other veh's damage, which in total will be over \$1000, but they're still not sure of what the cost will be for the other veh's damage.

Cust sks to file a report on this.

CRS adv a specialist from the PAR departament will contact her back in 2 business days since she's escalating the info right now.

Noelle Andersen (Noelia

Alentorn-Frank)/Elemental CAC/BA

Confidential Comments

UCC Information

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



FARMERS

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: [REDACTED]
Our Claim #: 099 SUB 1008900796-1
Date of Loss: 08/29/2006
Your Insured: General Motors
Your Claim #: 71-445174559
Deductible Amount: \$500.00
Loss of Use Amount: \$0.00
Total Amount Owed: \$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.

Sincerely,
Farmers Insurance Exchange


Ericka Morell
Auto Subrogation Representative

Self Insured
ATTACHMENT(S)



FARMERS

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: AAA672484
Date of Loss: 08/29/2006
Insured: [REDACTED]
Claim Number 099 MD 1008900796-1-1
Loss Type Material Damage

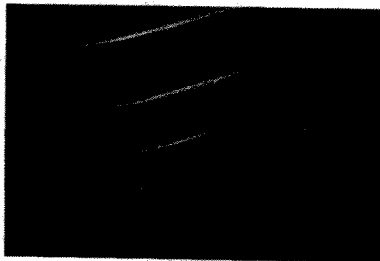
Proof of Payment

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



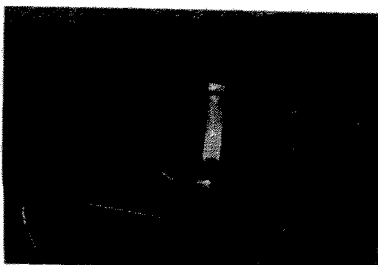
frb rt panel #2



fbr rt panel



fbr lt panel



fbr absorber

Claim Reference Id 1008900796-1-1
File Name PHOTO14
File Date 09/27/2006
Label frb rt panel #2
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber:[REDACTED]
ShopName:INTERNATIONAL A
INTERNATIONAL AUTO CRAFTERS
Photo Location
Photo Taken By Jason Huntsman
Estimate Indicator E01

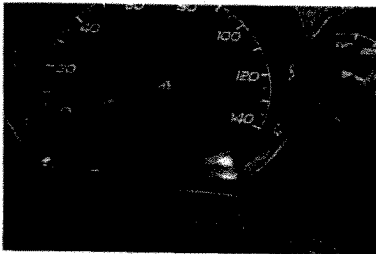
Claim Reference Id 1008900796-1-1
File Name PHOTO13
File Date 09/27/2006
Label fbr rt panel
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:[REDACTED]
PolicyNumber:[REDACTED]
ShopName:INTERNATIONAL A
INTERNATIONAL AUTO CRAFTERS
Photo Location
Photo Taken By Jason Huntsman
Estimate Indicator E01

Claim Reference Id 1008900796-1-1
File Name PHOTO12
File Date 09/27/2006
Label fbr lt panel
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber:[REDACTED]
ShopName:INTERNATIONAL A
INTERNATIONAL AUTO CRAFTERS
Photo Location
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: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber:[REDACTED]
ShopName:INTERNATIONAL A
INTERNATIONAL AUTO CRAFTERS
Photo Location
Photo Taken By Jason Huntsman
Estimate Indicator E01



fuel



mileage



VIN



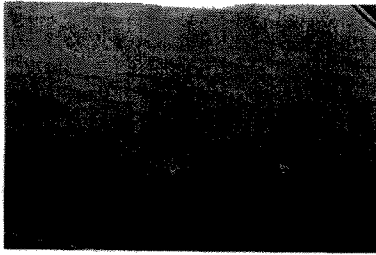
RT HLP- SCRATCHED

Claim Reference Id 1008900796-1-1
File Name PHOTO10
File Date 09/26/2006
Label fuel
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber: [REDACTED]
ShopName:INTERNATIONAL A
INTERNATIONAL AUTO CRAFTERS
Photo Location
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: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber: [REDACTED]
ShopName:INTERNATIONAL A
INTERNATIONAL AUTO CRAFTERS
Photo Location
Photo Taken By Jason Huntsman
Estimate Indicator E01

Claim Reference Id 1008900796-1-1
File Name PHOTO8
File Date 09/19/2006
Label VIN
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber: [REDACTED]
ShopName:INTERNATIONAL A
INTERNATIONAL AUTO CRAFTERS
Photo Location
Photo Taken By Jason Huntsman
Estimate Indicator E01

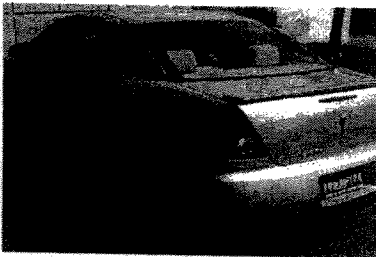
Claim Reference Id 1008900796-1-1
File Name PHOTO7
File Date 09/19/2006
Label RT HLP- SCRATCHED
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber [REDACTED]
ShopName:INTERNATIONAL A
INTERNATIONAL AUTO CRAFTERS
Photo Location
Photo Taken By Jason Huntsman
Estimate Indicator E01



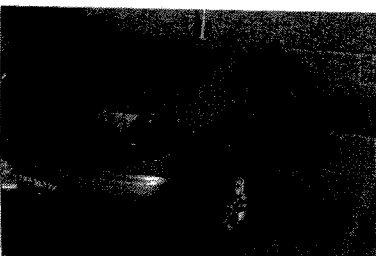
FBR RT



FBR- LT



LT REAR



RT REAR

Claim Reference Id 1008900796-1-1
File Name PHOTO6
File Date 09/19/2006
Label FBR RT
Note Style:6, PONT, G6| Insured [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber:[REDACTED]
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: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber:[REDACTED]
ShopName:INTERNATIONAL A
Photo Location INTERNATIONAL AUTO CRAFTERS
Photo Taken By Jason Huntsman
Estimate Indicator E01

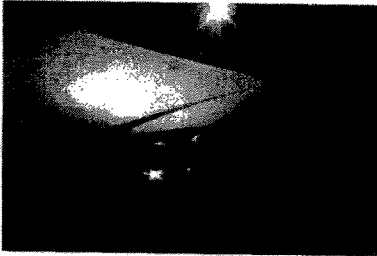
Claim Reference Id 1008900796-1-1
File Name PHOTO4
File Date 09/19/2006
Label LT REAR
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber:[REDACTED]
ShopName:INTERNATIONAL A
Photo Location INTERNATIONAL AUTO CRAFTERS
Photo Taken By Jason Huntsman
Estimate Indicator E01

Claim Reference Id 1008900796-1-1
File Name PHOTO3
File Date 09/19/2006
Label RT REAR
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber:[REDACTED]
ShopName:INTERNATIONAL A
Photo Location INTERNATIONAL AUTO CRAFTERS
Photo Taken By Jason Huntsman
Estimate Indicator E01



RT FRNT

Claim Reference Id 1008900796-1-1
File Name PHOTO2
File Date 09/19/2006
Label RT FRNT
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber: [REDACTED]
ShopName:INTERNATIONAL A
Photo Location INTERNATIONAL AUTO CRAFTERS
Photo Taken By Jason Huntsman
Estimate Indicator E01



LT FRNT

Claim Reference Id 1008900796-1-1
File Name PHOTO1
File Date 09/19/2006
Label LT FRNT
Note Style:6, PONT, G6| Insured: [REDACTED]
LossDate:08/29/06| ClaimNumber:1008900796-1-1|
PolicyNumber: [REDACTED]
ShopName:INTERNATIONAL A
Photo Location INTERNATIONAL AUTO CRAFTERS
Photo Taken By Jason Huntsman
Estimate Indicator E01

10/03/2006 AT 05:32 PM
12656

JOB NUMBER: 30337

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: [REDACTED] 10/03/2006 05:31 PM
ADJUSTER:

INSURED: [REDACTED] CLAIM #1008900796-1-1
OWNER: [REDACTED] POLICY # [REDACTED]
ADDRESS: [REDACTED] DEDUCTIBLE: \$500.00
LAUGHLIN, NV DATE OF LOSS: 08/29/2006 AT 12:00 AM
EVENING: [REDACTED] TYPE OF LOSS: COLLISION
OTHER: [REDACTED] POINT OF IMPACT: 12. FRONT

INSPECT
LOCATION:

INSURANCE FARMERS
COMPANY: PO BOX 268994
OKLAHOMA CITY,, OK 73126

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

2006 PONT G6 6-3 5L-EI 4D SED GOLD INT:
VIN: 1G2ZG558764 [REDACTED] LIC: 179SZZ NV PROD DATE: 09/2005 ODOMETER: 15076
CONDITION: EXCELLENT

AIR CONDITIONING	REAR DEFOGGER	TILT WHEEL
CRUISE CONTROL	TELESCOPIC WHEEL	INTERMITTENT WIPERS
KEYLESS ENTRY	BODY SIDE MOLDINGS	DUAL MIRRORS
FOG LAMPS	CLEAR COAT PAINT	POWER STEERING
POWER BRAKES	POWER WINDOWS	POWER LOCKS
POWER MIRRORS	POWER TRUNK/TAILGATE	AM RADIO
FM RADIO	STEREO	CD PLAYER
DRIVER AIR BAG	PASSENGER AIR BAG	4 WHEEL DISC BRAKES
CLOTH SEATS	BUCKET SEATS	AUTOMATIC TRANSMISSION
OVERDRIVE		

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2		O/H BUMPER ASSY					
3	S01	REPL ENERGY ABSORBER	1	130.78		2.2	INCL.
4	S01	REPL RT LOWER GRILLE	1	39.62			INCL.
5	S01	REPL LT LOWER GRILLE	1	39.62			INCL.

ERROR: timeout
OFFENDING COMMAND: timeout

STACK:



esis

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

800.888.0164 *tel*
313.665.0911 *fax*

Yolanda Johnson
Claims Administrator

March 8, 2007

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

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



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.
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,

Yolanda Johnson
Claims Administrator

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Yolanda Johnson
Claims Administrator

May 15, 2007

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

RE: Claimant: [REDACTED]
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		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Suspension - Rear Tie Rods	Sub-Area	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	Model Year	2006	Priority	Medium License #	Owner	VALVERDM
Make	Pontiac	Warr. Start	07/29/2005	Status	Open	Opened	12/15/2006 04:24:03 PM
Model	G6	Mileage	27000	Sub-Status	Satisfied	Closed	
Abstract	Pre Par-power steering went out						
Customer Description							

Pre-PAR

PAR Notification	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	12/12/2006 09:30:06 AM	N	1	2	Asphalt	Wet	N/A	N/A
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		5'3"		none, cust wears eyeglasses but during the night only				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
Stanford	Mike	(180) 077-6473 x7	Progressive					
Incident Loc	Highway 100 and Summit drive	Incident Desc	Taking daughter to daycare, the cust went to the exit lane and when she was trying to turn the power steering went out and the veh suddenly skidded and the tires went out of the veh and the veh got some dirt					
Component	tires and drivers tire rod	Damage Desc	whole drivers tire rod fell off, currently at the dealership					
Vehicle Loc	dealership	Add'l Info	cust was told at the dealership to just call gm first and have someone from gm to look at the tires of the veh.					
Emgcy Svc Names	N/A	Maint Loc	Brookdale pontiac					

PAR Detail

Collision	Y	Non Collision	Property Damage	N	Thermal Evt	N	Spec Equip	none
Vehicle Speed	55	Weather Condition	did rain earlier road was a little wet	Prop Owner				
Last Service Date		Loc Last Service		Property Location				
Veh Est Repair Cost		Spec Equip Installer		Prop Damage Description				
Primary Veh Use	Personal	Inspection Type		Inspected By				
Veh Damage Description	tire rod fell off under carriage is dented.	coolant leaking		Explain Other				
					Property Type			
					Prop Est Repair Cost			
					Inspection Date/Time			

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 01:03:35 PM	DRAHEICM	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		ESIS-Insurance Deductible Reimb.

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 10:57:08 AM	VALVERDM	VALVERDM	Scheduled Outbound Call		Scheduled Alarm		(71-454698487)

Contact Last Name	Contact First Name	Account	BAC Code

Comments

check esis
(01-17)3-5pm

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 10:55:18 AM	VALVERDM	DRAHEICM	BRC PAR	ESIS- Insurance Involvement	Done	1/10/2007 01:03:30 PM	send to esis

Contact Last Name	Contact First Name	Account	BAC Code

Comments

cust was involved in accident and thinks brakes might have caused accident seeks reimbursement for insurance deductible.

Mark Valverde/PAR/ATX

received and assigned for esis escalation

chad draheim/vab/par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 10:44:53 AM	VALVERDM	VALVERDM	Outbound Call Dealer	Made Contact	Done	1/10/2007 10:53:20 AM	Initial call
			First Name	Account	BAC Code		

Comments

darin swanberg/service manager said he would be glad to host inspection of the vehicle.

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 09:57:07 AM	VALVERDM	VALVERDM	Outbound Call Customer	Made Contact	In Progress		Initial call
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

PAR INCIDENT QUESTIONNAIRE

• Can we start from the beginning? What were you doing prior to the accident?
hwy 100 south summit drive exit

• What was the vehicle speed? _____ 55 mph

• Unable to stop -Did you come to a full stop or were you slowing down? _____ Was your foot on the accelerator or brake? _____ brakes did work fine

was driving exiting off the hwy as was exiting was making a short turn in the middle of the turn steering wheel locked up and went over a curb and tie rod fell off as well.

• Describe Damage- tie rod fell off under carriage is dented. coolant leaking

• Police Report? no

• How was vehicle removed from the scene - Was the vehicle towed or driven? ____towed
Brookdale gmc brooklyn park (763-549-1600)

are u the original owner of the vehicle?yes

where do you have the maint done on the vehicle? dealership

who did the last maint on the vehicle? none

what are you seeking from gm? to repair the damages. would like to get reimbursed for deductible from insurance.

are there any injuries? none

weather cond? did rain earlier road was a little wet

veh damage desc?

est repair cost?

prim vehicle use? personal vehicle

spec equipment? none

equipment installer?

M

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/9/2007 11:57:41 AM	VALVERDM	VALVERDM	Scheduled Outbound Call	Cancelled	Done	1/10/2007 09:51:58 AM	(71-454696487)

Contact Last Name	Contact First Name	Account	BAC Code
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initial call
(01-10)3-5pm

made call early

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/9/2007 11:51:51 AM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	1/9/2007 11:55:45 AM	Initial call

Contact Last Name	Contact First Name	Account	BAC Code
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did call cust to let them know that will be handling their file but did get voice mail did leave message.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/8/2007 10:47:55 AM	VALVERDM	VALVERDM	Scheduled Outbound Call	Cancelled	Done	1/9/2007 11:51:28 AM	(71-454696487)

Contact Last Name	Contact First Name	Account	BAC Code
-------------------	--------------------	---------	----------

initial call
(01-09)3-5pm

made call early

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/8/2007 10:44:01 AM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	1/8/2007 10:47:43 AM	Initial call
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

did call cust 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	Description
1/5/2007 10:31:18 AM	VALVERDM	VALVERDM	Scheduled Outbound Call Cust	Cancelled	Done	1/8/2007 10:43:04 AM	(71-454698487)
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Initial call
(01-08)3-5pm

made call early

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	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
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

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.

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/4/2007 08:43:03 PM	VALVERDM	VALVERDM	Scheduled Outbound Call		Done	1/5/2007 10:27:32 AM	(71-454696487)
Contact Last Name		mo	Account			BAC Code	

Comments

Initial call
(01-05)3-5pm

made call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/27/2006 01:00:32 PM	RUIZMARL	RUIZMARL	Inbound Call Customer	Requesting Status	Done	12/27/2006 01:06:44 PM	update
Contact Last Name		Contact First Name	Account			BAC Code	

Comments

Customer sts that Mark V is going to be out till next week

Cust seeks new agent

CRS Adv I aplogize but I cannot re-assign the case what I can do is assist her w/ the case

Cust sts ok nevermind I'll wait for mark

marianruiz/ab/pa/11180

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/27/2006 11:15:27 AM	LAYSONMA	VALVERDM	Notify CRM		In Progress		Informing of contact with the customer
Contact Last Name		Contact First Name	Account			BAC Code	

Comments

Confidential Comments

Service Request Detail

Activities

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

Comments

cust sis:

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

cust aks:

- 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 / mia

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/22/2006 02:05:00 PM	RUFINOJO	RUFINOJO	Inbound Call Customer	Service Request Update	Done	12/22/2006 02:08:22 PM	Cust requests updates on SR
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Cust wanted to be transferred to extension 11215.

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.

assisting

Erin Nolan/CAC/Elemental/MLA

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2006 10:38:21 AM	VALVERDM	VALVERDM	Scheduled Outbound Call	Cancelled	Done	1/5/2007 10:27:50 AM	(71-454696487)

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Initial call
(12-21)3-5pm

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2006 10:37:28 AM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	12/20/2006 10:38:16 AM	initial call

Contact Last Name	Contact First Name	Account	BAC Code

Comments

did call to get more info on their 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
12/19/2006 04:54:12 PM	VALVERDM	VALVERDM	Scheduled Outbound Call	Cancelled	Done	12/20/2006 10:35:23 AM	(71-454696487)

Contact Last Name	Contact First Name	Account	BAC Code

Initial call

(12-20)3-5pm

made call early

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2006 04:49:54 PM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	12/19/2006 04:53:59 PM	Initial call
Contact Last Name		Contact First Name		Account		BAC Code	

did call cust but they were not available so did leave message.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 01:06:13 PM	DRAHEICM	VALVERDM	Ownership Changed		Done	12/18/2006 01:06:13 PM	Service Request Ownership has changed FROM: AURELIO TO: VALVERDM
Contact Last Name		Contact First Name		Account		BAC Code	

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 01:05:17 PM	DRAHEICM	VALVERDM	BRC PAR	Acknowledgement	Done	12/19/2006 04:44:01 PM	Called
Contact Last Name		Contact First Name		Account		BAC Code	

Comments
made call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 01:05:11 PM	DRAHEICM	DRAHEICM	BRC PAR	Acknowledgement	Done		Called
Contact Last Name		Contact First Name		Account		BAC Code	

Comments
Summary:

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 01:05:11 PM	DRAHEICM	VALVERDM	BRC PAR	Initial Contact- Phone	Done	12/19/2006 04:44:24 PM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

made call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 01:05:11 PM	DRAHEICM	VALVERDM	BRC PAR	Initial Contact- Dealer	Done	12/19/2006 04:55:49 PM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

will call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 01:05:11 PM	DRAHEICM	VALVERDM	BRC PAR	Initial Contact- AVM	Done	12/19/2006 04:58:09 PM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

will call

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 01:05:10 PM	DRAHEICM	VALVERDM	Notify CRM		Not Started		File Assigned

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 01:05:10 PM	DRAHEICM	VALVERDM	Research		Done	12/19/2006 04:56:20 PM	Researched VIN

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Summary:

looked Ingmvis and found no open recalls. no repairs related to the steering. found no other cases.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2006 01:05:10 PM	DRAHEICM	VALVERDM	BRC PAR	Case Assigned	Not Started		Assigned File to Mark Valverde at Ext. 11215

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/15/2006 04:59:22 PM	AURELIJO	DRAHEICM	Escalation	Initiate PAR	Done	12/18/2006 01:04:58 PM	Assigning activity to PAR QUEUE
Contact Last Name	Contact First Name		Account			BAC Code	

Comments

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

received and assigned in PAR

chad draheim/alk/par workflow

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/15/2006 04:52:56 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 First Name		Account			BAC Code	

Comments

cust sts:product allegation-power steering went out.taking daughter to daycare,the cust went to the exit lane and when she was trying to turn the power steering went out and the veh suddenly skidded and the tires went out of the veh and the veh got some dirt.

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/Elementa/CAC/Mia

Confidential Comments

UCC Information

UCC Code	Symptom	Description
F36	Broken	Suspension - Rear Tie Rods
E49	Separation	Tires - General Tire Brand

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 :	1G2ZG558564
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VEHICLE INFORMATION

Merchandising Model :	2ZG69 -2006 G6 - 6CYL SEDAN	Warranty Start Date :	07/29/2005
BARS Order Type :	50 - FLEET		
Delivering Dealer :	WALDEN FLEET GROUP, INC. 6 SYLVAN WAY PARSIPPANY, NJ 07054-3826	Selling Source :	16 - PONTIAC
		Site Code :	14040
		Business Associate Code :	111571
Service Contract :	No	Branded Title :	No
		Warranty Block :	No
		PDI Status :	Paid

REQUIRED FIELD ACTIONS

Type	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

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	07/29/2005	10 miles	07/29/2008	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	07/29/2005	10 miles	07/29/2011	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	07/29/2005	10 miles	07/29/2013	80010 miles
36/50000 CALIFORNIA EMISSIONS	07/29/2005	10 miles	07/29/2008	50010 miles
84/70000 CALIFORNIA SELECT COMPONENT	07/29/2005	10 miles	07/29/2012	70010 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
12/12/2006	154736	#	Z2080 - ROADSIDE SERVICE (TOWING)	30000 miles

1/10/2007

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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*

Deborah Chisholm
Claims Administrator

January 19, 2007

[REDACTED]
Minneapolis, MN [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 627230
Our Client: General Motors Corporation
Date/Event: 12/12/06
Subject vehicle: 2006 Pontiac G6
VIN: 1G2ZG558564 [REDACTED]

Dear [REDACTED]

We are the third-party administrators on behalf of General Motors Corporation for matters involving allegations of product liability. I am the Claims Administrator assigned to this file. **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.
9. Advise if the subject vehicle was ever involved in any prior accidents. If applicable, identify the nature and extent of the damages and repairs completed.
10. Provide copies of your proof of payment (cancelled checks). If this was a total loss, please submit a salvage **estimate** and your total loss work sheet.
11. Advise of any injuries.

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

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

Sincerely,

Deborah Chisholm
Claims Administrator



esis

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

800.888.0164 *tel*
313.665.0911 *fax*

Deborah Chisholm
Claims Administrator

March 19, 2007

[REDACTED]
Minneapolis, MN [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 627230
Our Client: General Motors Corporation
Date/Event: 12/12/06
Subject vehicle: 2006 Pontiac G6
VIN: 1G2ZG558564 [REDACTED]

Dear [REDACTED]

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

Service Request Detail

SR No.	71-484972606	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering Wheel Touch Controls	Sub-Area	Initiate PAR- Collision
Address		City		Involved Dir		Safety	Yes
State	ZipCd	Con Acct		Source	Phone	Updated	2/21/2007 01:24:51 PM
Serial #/VIN	1G1ZU64855F	Model Year	2005	Priority	Medium	License #	CHEVROL
Make	Chevrolet	Warr. Start	03/03/2006	Status	Open	Owner	GARCIAJR
Model	Malibu MAXX	Mileage		Sub-Status	Dissatisfied	Opened	2/20/2007 07:32:24 PM
Abstract	Steering - 05 Chev Malibu MAXX					Closed	
Customer Description	This is a BRC PAR Case. Do not assume case. Forward any inquiries to Joe Garcia at ext 11291.						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Attorney	12/10/2008 07:55:57	Y	0	5	Asphalt	Dry		unknown
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		6'2"	5/18/1988	none				
Insurance Agency Name	Insurance Agency First Name	Phone #	Insurance Agency					
Clements	Mary	(180) 057-7429	Liberty Mutual					
Incident Loc	95 Freeway Las Vegas Nevada				Incident Desc	driving on 95 freeway Las Vegas Nevada and was by the Rancho exit when steering wheel locked up and car hit the center divider while making a lane change. cust had not control and veh continued to go through its pat and hit the wall		
Component	steering column				Damage Desc	veh was totalled		
Vehicle Loc	with insurance for storage				Add'l Info	Roy Emeterio calling in for cust from Gerard Fierro Law offices. cust states that the veh was serviced by a dir for the same concern and the veh has been having problems with this		
Emgcy Svc Names	unknown				Maint Loc	unknown		

PAR Detail

Collision	Y	Non Collision	Property Damage	N	Thermal Evt	N	Spec Equip	
Vehicle Speed			Weather Condition				Prop Owner	Property Type
Last Service Date			Loc Last Service				Property Location	Prop Est Repair Cost
Veh Est Repair Cost			Spec Equip Installer				Prop Damage Description	
Primary Veh Use			Inspection Type				Inspected By	Inspection Date/Time
Veh Damage Description	Explain Other							

Service Request Detail

PAR Injuries

DOB	Location	Phone #	Seating Pos	Restraint Type
	Occupant of Owner's Vehicle		Driver	was wearing seatbelts
Medical Description	Medical Rpt#	Treatment Location	Treated By	
soft tissue injuries and bruising		unknown		
Street Address	City	State	Zip Code	

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 03:57:40 PM	GREERM	ESISBIQU	Escalation		In Progress		Attorney Involvement
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 01:38:58 PM	DRAHEICM	GREERM	Notify CRM		Done	2/21/2007 03:57:31 PM	ESIS-Attorney Involvement
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:43:47 PM	GARCIAJR	DRAHEICM	BRC PAR	ESIS- Atty Involvement	Done	2/21/2007 01:38:53 PM	escalating file to ESIS
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Cust is being represented by law office. Lawyer on record is Gerard Fiero, 213-387-1400

Joe G/PAR/ATX

received and assigned for ESIS escalation

chad draheim/atx/par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:38:29 PM	GARCIAJR	GARCIAJR	Outbound Call Third Party	Made Contact	Done	2/21/2007 12:40:52 PM	cust is being represented by attorney
			Time	Account	BAC Code		

Comments

Called law office @ [REDACTED]

Crm stated calling to verify if cust is being represented by law office.

Office receptionist, Gloria, stated this cust is being represented by this office. Receptionist stated the lawyer on record is Gerard Fiero.

Crm stated will have someone from our legal staff at office.

Joe G/PA/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:38:18 PM	GARCIAJR	GARCIAJR	Ownership Changed	Ownership Escalated to BRC	Done	2/21/2007 12:38:18 PM	Ownership Escalated to BRC
Contact Last Name		Contact First Name	Account		BAC Code		

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:31:41 PM	DRAHEICM	GARCIAJR	Ownership Changed		Done	2/21/2007 12:31:41 PM	Service Request Ownership has changed FROM: VALENCDO TO: GARCIAJR
Contact Last Name		Contact First Name	Account		BAC Code		

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:30:49 PM	DRAHEICM	GARCIAJR	BRC PAR	Initial Contact- Phone	Done	2/21/2007 12:43:39 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Summary:

Cust is being represented by law office. Lawyer on record is Gerard Fiero, 213-387-1400

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:30:49 PM	DRAHEICM	GARCIAJR	BRC PAR	Acknowledgement	Done	2/21/2007 12:43:33 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Summary:

Cust is being represented by law office. Lawyer on record is Gerard Fiero, 213-387-1400

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:30:49 PM	DRAHEICM	GARCIAJR	BRC PAR	Initial Contact- Dealer	Done	2/21/2007 12:43:27 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Summary:

Cust is being represented by law office. Lawyer on record is Gerard Fiero, 213-387-1400

Joe G/PAR/ATX

Confidential Comments

Service Request Detail

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	Initial Contact- AVM	Done	2/21/2007 12:43:21 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Summary:

Cust is being represented by law office. Lawyer on record is Gerard Fiero, 213-387-1400

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:30:49 PM	DRAHEICM	GARCIAJR	Notify CRM		Done	2/21/2007 12:43:15 PM	File Assigned
Contact Last Name	Contact First Name		Account		BAC Code		

Cust is being represented by law office. Lawyer on record is Gerard Fiero, 213-387-1400

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:30:49 PM	DRAHEICM	GARCIAJR	Research		Done	2/21/2007 12:43:09 PM	Researched VIN
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Summary:

Cust is being represented by law office. Lawyer on record is Gerard Fiero, 213-387-1400

Joe G/PAR/ATX

Confidential Comments

Service Request Detail

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. 11291
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Cust is being represented by law office. Lawyer on record is Gerard Fiero, 213-387-1400

Joe G/PAR/ATX

Confidential Comments

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	

Comments

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

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

received and assigned in par

chad draheim/atx/par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/20/2007 07:47:55 PM	VALENCDO	VALENCDO	Inbound Call Third Party	Complex Request	Done	2/20/2007 07:54:35 PM	Alleged product allegation-steering wheel locked
Contact Last Name	Contact First Name	Account	B/C Code				

Comments

Roy Emeterio [REDACTED] n Gerard Fierro Law office 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 wall. 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/Mia

Confidential Comments

UCC Information

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

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 :	1G1ZU64855F
-------	-------------

VEHICLE INFORMATION

Merchandising Model :		1ZU68 -2005 MALIBU LT MAXX		Warranty Start Date :		03/03/2006					
BARS Order Type :		70 - RETAIL - STOCK									
Delivering Dealer :		HENDERSON CHEVROLET CO. PO BOX 90610 HENDERSON , NV 89009-0610 (702) 558-2438		Selling Source :		13 - CHEVROLET					
				Site Code :		39013					
				Business Associate Code :		132366					
Service Contract :		No	Branded Title :		No	Warranty Block :		No	PDI Status :		Paid

REQUIRED FIELD ACTIONS

Type	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

Type	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 Status	Active	Refer to Help page for details or: http://www.onstarenrollment.com or (888)ONSTAR1 (888)667-8271. In Canada, http://onstar.enrollment.ca or (877)438-9677.		
XM Equipped	Yes	XM Radio ID	XBU0B04W	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 Date	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

2/22/2007

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	Type	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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2/22/2007

GM Vehicle Inquiry System

Claim History

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

[Help](#)

VIN :	1G1ZU64855F
-------	-------------

CLAIM HISTORY

Repair Order Date :	07/29/2005	Repair Order Number :	A41759	Odometer Reading :	0 miles				
Serviced By :	HENDERSON CHEVROLET CO. PO BOX 90610 HENDERSON, NV 89009-0610 (702) 558-2438			Selling Source :	13 - CHEVROLET				
				Site Code :	39013				
				Business Associate Code :	132366				
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
08/02/2005	609	01	I	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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2/22/2007

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	1G1ZU64855F [REDACTED]
-----	------------------------

VEHICLE BUILD

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

OPTION 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
FE0 - 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	NR0 - LEATHER WRAPPED STEERING WHL
NU1 - 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

2/22/2007

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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5

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

800.888.0164 *tel*
313.665.0911 *fax*

February 28, 2007

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

RE: Your Client: [REDACTED]
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

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Tiffini Hails
Claims Administrator

April 18, 2007

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

RE: Claimant: [REDACTED]
Our File No.: 628995
Our Client: General Motors Corporation
Date/Event: December 10, 2006
VIN: 1G1ZU64855F [REDACTED]

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

RECEIVED
MAY 18 2007
ESIS-GM CLAIMS UNIT

RE: Our policyholder [REDACTED]
Our Claim No: [REDACTED]
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

HENDERSON

CHEVROLET

P.O. Box 90610 • 240 NORTH HILL BLVD • HENDERSON, NV 89009-0610 • (702) 558-2438

UNLESS OTHERWISE NOTED, ALL
PARTS ITEMIZED ON THIS INVOICE
ARE NEW GENERAL MOTORS PARTS.

(ACKNOWLEDGE RECEIPT
OF THE PARTS AND LABOR
LISTED BELOW.)

INVOICE TO		OWNER/USER INFORMATION		INVOICE
000K2689		000K2689		182735
FOR OFFICE USE		VEHICLE INFORMATION		
TAG: 1759	ADV: 136 VILLEGAS, INVOICE: MICH INT I	RV: VIN 1G1ZL4G83		
TAX RULES: YINW INVOICED: 05/18/2005 11:07:03		05 CHEVROLET MALIBU LT MAXI SR SRN BLACK		
ODOMETER IN: 8		STOCK# 000K2689 INV ACCT 231		
DATES: BEGIN: 05/18/05, DONE: 05/18/05				
CONCERN 24 CAR WINDOW TINT COMPLETE				
CAUSE	FIAT	OPERATION	TECH	AMOUNT
CORRECTION	CAR WINDOW TINT COMPLETE	12345	714	189.00
PART NUMBER	POW	NOTE	DESCRIPTION	QTY
000 00000TINT			NO TINT	1
FACTORY	TECH: 7141- SUNDERS, JATHEN			30.00
SUBTOTAL				30.00
PARTS				30.00
LABOR MECHANICAL				189.00
SERVICE SPECIAL ADJUSTMENT				10.00
TOTAL CHARGE FOR CONCERN				229.00
GRAND TOTAL				
SUMMARY OF CHARGES FOR INVOICE 182735		PAYMENT DISTRIBUTION FOR INVOICE 182735		
PARTS	30.00	TOTAL CHARGE		
SUPPLIES	9.45	229.45		
LABOR MECHANICAL	189.00	INTERNAL		
SERVICE SPECIAL ADJUSTMENT	10.00	229.45		
TOTAL CHARGE	238.45			
IF YOU HAVE ANY QUESTIONS, PLEASE SEE KATHLEEN VILLEGAS.				
THANK YOU FOR CHOOSING HENDERSON CHEVROLET.				
FOR YOUR SERVICE NEEDS!				
WE KNOW YOU HAVE A CHOICE AND THAT WE ARE PRIVILEGED				
TO HAVE YOU AS A CUSTOMER!				
WE WILL DO EVERYTHING POSSIBLE TO MAKE YOU COMPLETELY SATISFIED!				

WHITE - ACCOUNTING COPY, CANARY - CUSTOMER COPY
PINK - WARRANTY/SERVICE, BLUE - CUSTOMER FILE COPY

PAGE 1
LAST PAGE

1963-1964

ACKNOWLEDGE RECEIPT
OF THE PARTS AND CHARGES
LISTED BELOW.

WHITE - ACCOUNTING COPY. CANARY - CUSTOMER COPY
PINK - WARRANTY/SERVICE BLUE - CUSTOMER FILE COPY

5

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

800.888.0164 *tel*
313.665.0911 *fax*

June 20, 2007

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

RE: Your Client: [REDACTED]
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**

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

CENTRA PLAZA
SUITE 608
3450 WILSHIRE BOULEVARD
LOS ANGELES, CALIFORNIA 90010

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

* ALSO ADMITTED IN NV

JUNE 18, 2007

FIRST CLASS MAIL

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

RECEIVED
JUN 22 2007
ESIS-GM CLAIMS UNIT

ATTN: Tiffini Hails
Claims Representative

Re:	Our Client (s):	[REDACTED]
	Your Client:	General Motors Corporation
	Date of Event:	December 10, 2006
	Your File No:	068916693

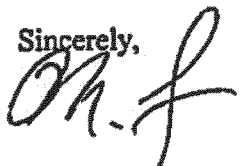
Dear Ms. Hails:

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.

Sincerely,



Marc L. Fierro
Legal Assistant

GAF:mlf

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

DOCTOR'S LIEN

ATTORNEY/INSURANCE CARRIER:

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

PATIENT:

SS #:

D. O. I.

(Date of Injury)

12 / 10 / 06

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 Statute 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: 12 / 14

Patient's Signature: _____

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: 10/10/07

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

DOCTOR'S LIEN

ATTORNEY/INSURANCE CARRIER:

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

PATIENT: [REDACTED]

SS #: [REDACTED]

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: 12 / 12 / 1

Patient's Signature: [REDACTED]

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: 06 / 08 / 07 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 & 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

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.

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

MCLEAN RADIOLOGY
Ian McLean, D.C., D.A.C.B.R.

Date: 5-31-07

Patient/Client Name: 

Date of Injury: 12-10-06

Dear Attorney: Gerard Ferro

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:

Neck and Back Clinic- Chart # <u>CSR541</u> Balance: \$ <u>1405.00</u>	
Please remit payment payable to: <u>Neck and Back Clinic</u> Please mail payments to: <u>P.O. Box 36853 Las Vegas, NV 89133-6853</u>	
Dr. Curtis Bazemore- Chart #:	Balance: \$
Please remit payment payable to: <u>Medsource for benefit of Advanced Funding Inc., L.L.C.</u> Please mail payments to: <u>P.O. Box 36853 Las Vegas, NV 89133-6853</u>	
Ian McLean, D.C., D.A.C.B.R. Radiology- Chart #:	Balance: \$
Please remit payment payable to: <u>Ian McLean, D.C., D.A.C.B.R. Radiology</u> Please mail payments to: <u>PO Box 4672 Davenport, IA 52808-4672</u>	

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

Page
1

LAS VEGAS, NV

Chart Number
CSR00541

Date	CPT Code	Units	Description	Amount
Last Payment Received:		Amount:		Previous Balance:
Patient: AUGUSTINA N. SOVELIO		Chart #: CSR00541		Case Description: MVA/121006/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/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 Spine - 2-3 Views	145.00
12/15/2006	98941	1	Manip - 3-4	70.00
12/15/2006	97010	1	Thermo/Cryo Therapy	30.00
12/15/2006	97014	1	Interferential Current/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/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/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/Electrical Muscle	45.00

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



R. CRAIG W. CALDER

North West Neck & Back Clinics ♦ Chiropractic Physician

INITIAL REPORT

Patient's Name: [REDACTED]
Date of Birth: 5/18/88
Date of Injury: 12/10/06
Treating Doctor: 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, [REDACTED] 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:

[REDACTED] stated he can remember having the usual childhood illnesses.
[REDACTED] stated that he is not currently receiving regular medical care for any other health conditions.
[REDACTED] stated that he has no history of surgery in the past that he can recall.
[REDACTED] stated that he had a right hand fracture approximately 3 months ago. [REDACTED] denied any other fractures in the past that he can recall.
[REDACTED] stated that he has no history of serious illness in the past that he can recall.
[REDACTED] denied any worker's compensation injuries in the past that he can recall.
[REDACTED] denied any motor vehicle collisions in the past that he can recall.
[REDACTED] denied any recent change in bowel functioning.
[REDACTED] denied any recent change in bladder functioning.

Family History:

[REDACTED] denied any history of serious illness in his family.
[REDACTED] also stated that he has no history of bone or joint problems in his family.

Social History:

[REDACTED] stated that he smokes approximately 1 cigar per week and has done so for approximately the past 2 years.
[REDACTED] stated he does not drink alcoholic beverages.
[REDACTED] 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

Medications:

██████████ 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 the seat he was in had an adjustable headrest. ██████████ 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 his seatback was not altered/repositioned by the impact and that it 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 the collision he was experiencing nervousness. ██████████ stated that after leaving the scene of the collision he went home.

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

1. [REDACTED] stated he has neck pain. He stated that the pain radiates from the neck to the left upper shoulder. He stated he is not currently experiencing any numbness, tingling, or weakness in the bilateral upper extremities. He stated that the neck pain began the next morning after the collision. He stated that the pain is frequent. He rated this pain on average as approximately 5 out of 10 on the Pain Scale (0= no pain, 10= worst pain). [REDACTED] stated that prior to the motor vehicle collision he was not experiencing neck pain.
2. [REDACTED] stated he has mid back pain. He stated that the mid back pain began the next morning after the collision. He stated that the pain is constant. He rated this pain on average as approximately 6 out of 10 on the Pain Scale (0= no pain, 10= worst pain). [REDACTED] stated that prior to the motor vehicle collision he was not experiencing mid back pain.
3. [REDACTED] stated he has low back pain. He stated that the pain does not radiate from the low back. He also stated he is not currently experiencing any numbness, tingling, or weakness in the bilateral lower extremities. He stated that the low back pain began approximately 2 days after the collision. He stated that the pain is constant. He rated this pain on average as approximately 7 out of 10 on the Pain Scale (0= no pain, 10= worst pain). [REDACTED] stated that prior to the motor vehicle collision he was not experiencing low back pain.
4. [REDACTED] stated he has headache pain. He stated that the headache pain began the next morning after the collision. He stated that the pain is constant. He rated this pain on average as approximately 6 out of 10 on the Pain Scale (0= no pain, 10= worst pain). [REDACTED] stated that prior to the motor vehicle collision he was not experiencing headache pain.
5. [REDACTED] stated he has left rib and chest pain. He stated that this pain began 3 days after the collision. He stated that the pain is constant. He rated this pain on average as approximately 8 out of 10 on the Pain Scale (0= no pain, 10= worst pain). [REDACTED] stated that prior to the motor vehicle collision he was not experiencing left rib and chest pain.

[REDACTED] 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.

[REDACTED] 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.

Lumbosacral Ranges of Motion (ROM):

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	+1	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. Hallucis (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:

- Diversified technique Chiropractic Manipulative Therapy (CMT) (Grade V Maitland) 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.
- Electrical Muscle Stimulation in the regions of involvement 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 [REDACTED] is guarded pending further treatment and evaluation with a follow-up prognosis scheduled approximately 12 office treatments from the date of this report.

Recommendations:

[REDACTED] 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. [REDACTED] 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 [REDACTED] 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, DC

Craig W. Calder, D.C.

CWC:jdp

Dictated, but not read

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.

Friday, December 15, 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: On Sunday, December 10, 2006 Mr. Savello 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. Savello 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. Savello 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 tenderness were found in the cervical region, the cervico-thoracic region, the lumbar region and the thoracic region. Tenderness 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. Savello indicated understanding of the items discussed. He tolerated today's treatment well. At home, I have instructed Mr. Savello to ice the area for 20 minutes several times per day.

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. Savellio 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 tenderness were found in the cervical region, the cervico-thoracic region, the lumbar region and the thoracic region. Tenderness 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. Savellio to ice the area for 20 minutes several times per day.

PATIENT: CSR00541 - Savello, 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. Savello 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. Tenderness 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.

PATIENT: CSR00541 - [REDACTED]

Page 1

Friday, December 29, 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: [REDACTED] 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 cervico-thoracic region, the lumbar region and the thoracic region. Tenderness 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

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

SDM Data Limitations

SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It can contain Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also can contain Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced. The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, then the Deployment Level Event will overwrite the Non-Deployment Event file.

SDM Data Limitations:

- SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 220 milliseconds of data after deployment criteria is met and up to 70 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record up to the first 300 milliseconds of data after algorithm enable. The minimum SDM Recorded Vehicle Forward Velocity Change, that is needed to record a Non-Deployment Event, is 5 MPH.
- Maximum Recorded Vehicle Velocity Change is the maximum recorded velocity change in the vehicle's combined "X" and "Y" axis.
- Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.
- SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.
- Brake Switch Circuit Status indicates the status of the brake switch circuit.
- Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.
- Driver's and Passenger's Belt Switch Circuit Status indicates the status of the seat belt switch circuit. The Passenger Belt Switch Circuit Status for 2005 vehicles is only available on the Cadillac STS. Also, the Passenger Belt Switch Circuit Status for 2006 Chevrolet Cobalt Sport Coupe (AP) model vehicles, with the option package that includes Recaro brand seats (RPO ALV), will always report a default value of "Buckled".
- The Time Between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than 5 seconds, "N/A" is displayed in place of the time. If the value is negative, then the Deployment Event occurred first. If the value is positive, then the Non-Deployment Event occurred first.
- If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.
- The ignition cycle counter relies upon the transitions through OFF->RUN->CRANK power-moding messages, on the GMLAN communication bus, to increment the counter. Applying and removing of battery power to the module will not increment the ignition counter.
- Steering Wheel Angle data is displayed as a positive value, when the steering wheel is turned to the right, and a negative value, when the steering wheel is turned to the left.

SDM Data Source:

1G1ZU64855F

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	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 Event(s)	Yes

System Status At AE

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

Transmission Range (If Equipped)	Fourth Gear
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)	61
Left Front Door Status (If Equipped)	Closed
Right Front Door Status (If Equipped)	Closed
Left Rear Door Status (If Equipped)	Unused
Right Rear Door Status (If Equipped)	Unused
Rear Door(s) Status (If Equipped)	Closed

Pre-crash data

Parameter	-2 sec	-1 sec
Reduced Engine Power Mode	OFF	OFF
Cruise Control Active (If Equipped)	No	No
Cruise Control Resume Switch Active (If Equipped)	No	No
Cruise Control Set Switch Active (If Equipped)	No	No

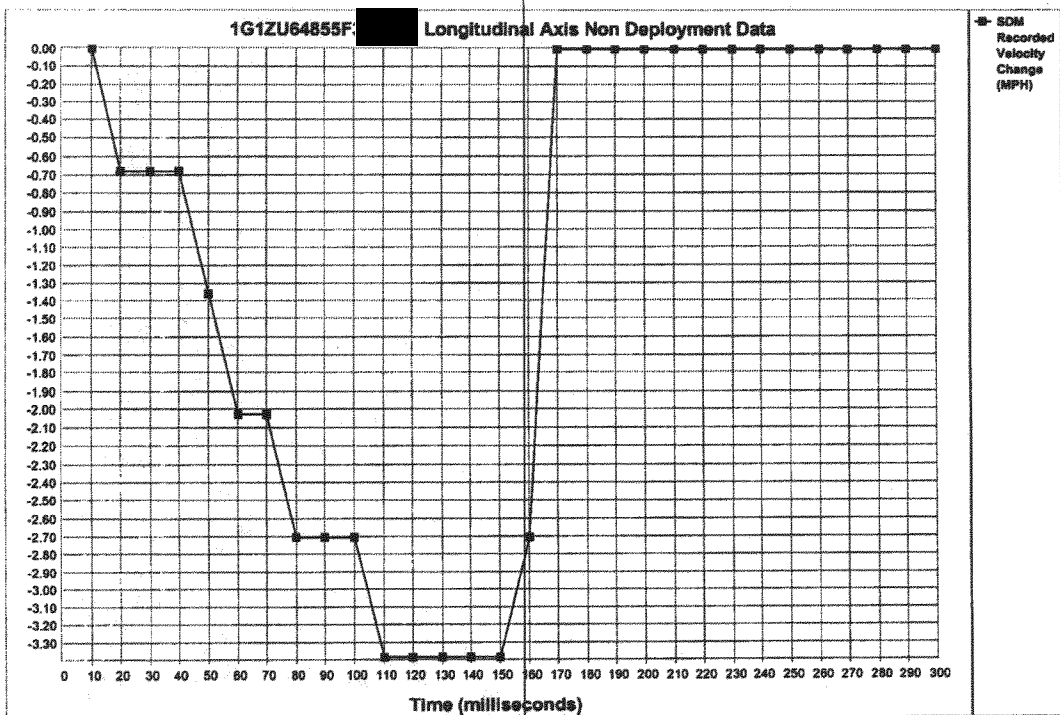
Pre-crash data

Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Speed (MPH)	81	83	85	81	60
Engine Speed (RPM)	3264	3968	4032	3008	1792
Percent Throttle	99	99	99	0	0
Accelerator Pedal Position (percent)	100	100	100	0	0
Antilock Brake System Active (If Equipped)	No	No	No	No	No
Lateral Acceleration (feet/s ²) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Yaw Rate (degrees per second) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Steering Wheel Angle (degrees) (If Equipped)	-16	0	16	16	-400

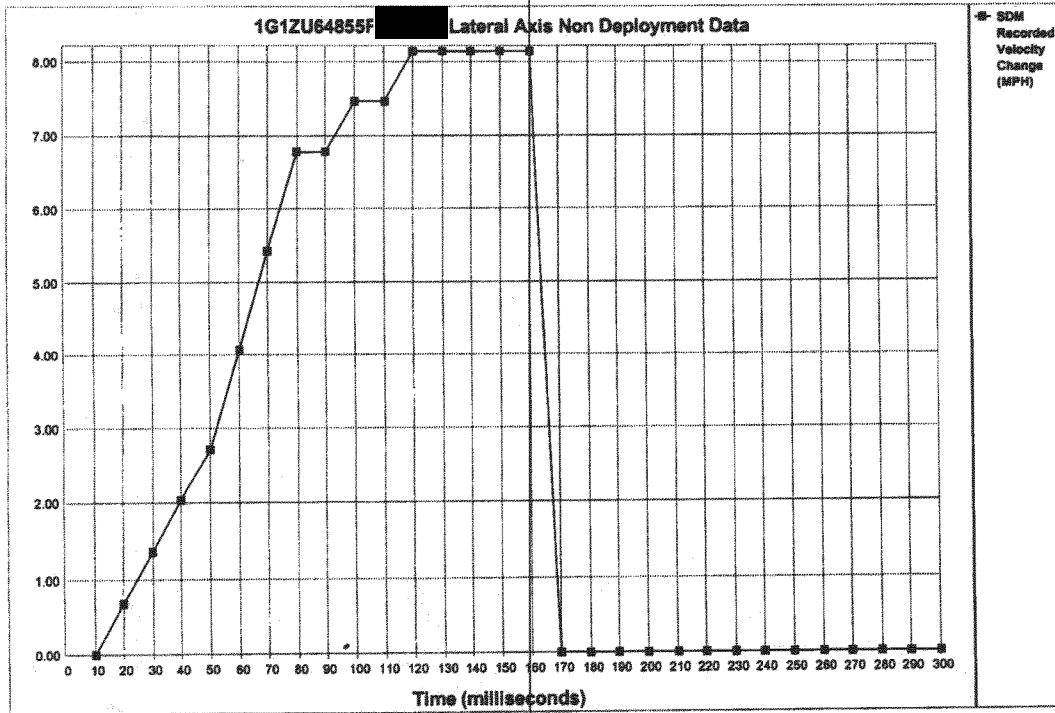
Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Dynamics Control Active (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid

System Status At Non-Deployment

Ignition Cycles At Investigation	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
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	-0.68	-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



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

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$3E 35 34 17 59 00 00 00
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$40 00 00
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$42 F0 C4
$43 00 00 8C 80
$44 C6 0A 00 FC C0 C0

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$45 07 01 07 01 05 01
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$B8 54 41 68 02 11
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$CA 30 46 30 31
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$CC 01 5A 8E 8A
$D1 00 00
$DB 00 00
$DC 00 00

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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



**Liberty
Mutual.**

Liberty Mutual Fire Insurance Company

5050 W Tilghman St Ste 200
Allentown PA 18104-9154
Tel: (610) 398-9800 / (800) 521-0986
Fax: (603) 334-0372

September 21, 2007

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

ATTN CLM# 628995 OR 623995

YOUR INSURED:
YOUR CLAIM NUMBER:
DATE OF LOSS: 12/10/2006
LOSS LOCATION: 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 on 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 pocket expenses should be made directly to our insured.

(over)

RECEIVED
OCT 01 2007
ESIS-GM CLAIMS UNIT

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 COLLISION CENTER
5947 BOULDER HIGHWAY
LAS VEGAS, NEVADA 89122
(702)898-9600 FAX: (702)898-9601

CD LOG NO 62-1 DATE 12/13/06

SHOP: SUNLAND COLLISION CENTER
ADDRESS: 5947 BOULDER HIGHWAY
CITY STATE: LAS VEGAS, NV
ZIP: 89122-
EMAIL: BRENDA@SUNLANDCOLLISION.COM

INSP DATE: 12/13/06
CONTACT: ROBIN LEWIS
PHONE 1: (702)898-9600
FAX: (702)898-9601

OWNER: EMETERIO DELGADO, MARIA
ADDRESS: 1504 SPRING RAIN RD
CITY STATE: LAS VEGAS, NV
ZIP: 89142-0999

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

CLAIM#: 007826218-01
INSURED: EMETERIO, MARIA
LOSS DATE: 12/10/06
POINT OF IMPACT: 15

POLICY#: PD647
CLAIM REP: MARY CLEMENTS
TYPE OF LOSS: COLLISION/DRP

DAYS TO REPAIR: 29

INS. CO: LIBERTY MUTUAL
ADDRESS: 2510 WEST DUNLAP AVE #100
P.O. BOX 52043
CITY STATE: PHOENIX, AZ
ZIP: 85072-4299

CONTACT: MARY CLEMENTS
PHONE 1: (602)997-4700
PHONE 2: (800)577-4299

LIC#: [REDACTED] STATE: NV
BODY COLOR: BLACK
CONDITION: GOOD

VIN: 1G1ZU64855F [REDACTED]
MILEAGE: 24,000
ACCTNG CTL#: ZZZZZZZZ

DRIVEABLE: YES

VEH. INSP#:

*=USER-ENTERED VALUE E=NEW PART
EC=QUALITY REPLACEMENT PART
UC=RECONDITIONED PRT UM=NEW DISCOUNT OEM PRT
EP=SEE QUAL. REPL. PRT. RPT.
PC=PXN RECONDITIONED PM=PXN REMAN/REBUILT
ET=LABOR/PARTIAL REPLACE IT=LABOR/PARTIAL REPAIR
L=REFINISH BR=BLEND REFINISH
CG=CHIPGUARD SB=SUBLET
RI=R&I ASSEMBLY P=CHECK
RP=RELATED PRIOR DAMAGE UP=UNRELATED PRIOR DAMAGE

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

2005 CHEVROLET MALIBU MAXX LT 4DOOR HATCHBACK
CD LOG NO 62-1

()
*ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL BY A LIBERTY MUTUAL
REPRESENTATIVE. PLEASE CONTACT 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 702-644-7722 WILL
*****VEHICLE IS A TOTAL LOSS*****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	BUMPER COVER MOUNTED FOG LAMPS
HEATED FRONT SEATS	HEATED REMOTE CONTROL MIRRORS
REMOTE KEYLESS IGNITION	REAR SPOILER
REAR WIPER	CLIMATE CONTROLLED A/C
ROOF MOUNTED AIRBAGS	STRG WHEEL MTD RADIO CONTROLS
FRONT SIDE IMPACT AIRBAGS	

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0005	07	BUMPER, FRONT	22626161 GM PART	195.70	-5		1.0	1
UC	0006		COVER, FRONT BUMPER	RECONDITIONED PRT	235.00*			1.5	1
			*THIS IS A RECONDITIONED OEM BUMPER AVAILABLE THROUGH KEYSTONE PLATINUM PLUS PROGRAM. PLEASE MENTION LIBERTY MUTUAL AND SPECIFY RECONDITIONED OEM WHEN ORDERING.						
L	0006	13	COVER, FRONT BUMPER	REFINISH				3.7	4
			2.6 SURFACE						
			0.6 TWO STAGE SETUP						
			0.5 TWO STAGE						
E	0076		BRKT, FRONT LIC PLATE	22687868 GM PART	4.44	-5		0.2	1
E	0050		ABSORBER, FRONT ENERGY	10380103 GM PART	76.09	-5		INC	1
E	0028		GRILLE ASSEMBLY	22735737 GM PART	137.11	-5		0.1	1
E	0158		MLDG, GRILLE UPPER	22686449 GM PART	159.50	-5		INC	1
E	0011	01	EMBLEM, GRILLE	22670858 GM PART	23.45	-5		0.2	1
E	0041		HEADLAMP ASSY, HALOG LT	15287023 GM PART	210.00	-5		INC	1
E	0042		HEADLAMP ASSY, HALOG RT	15207724 GM PART	210.00	-5		INC	1
N	0973		HEADLAMPS AIM	ADDTL LABOR				0.4	1
E	0051		LAMP ASSEMBLY, FOG LT	22626167 GM PART	94.02	-5		INC	1
E	0083		PANEL, HOOD	22730964 GM PART	407.17	-5		1.1	1
L	0083		PANEL, HOOD	REFINISH				4.8	4
			3.0 SURFACE						
			1.2 EDGE						
			0.6 TWO STAGE						
E	0088		LATCH, HOOD PANEL	22687904 GM PART	63.06	-5		INC	1
E	0084		HINGE, HOOD PANEL	LT 22729165 GM PART	16.10	-5		INC	1
L	0084		HINGE, HOOD PANEL	LT REFINISH				0.2	4

		0.2 SURFACE				
E	0085	HINGE,HOOD PANEL	RT 22729166 GM PART	16.10	-5	INC 1
L	0085	HINGE,HOOD PANEL	RT REFINISH	0.2 4		
		0.2 SURFACE				
E	0077 07	CRSMBR,RAD PANEL UPR	15221968 GM PART	153.40	-5	7.7 1
L	0077	CRSMBR,RAD PANEL UPR	REFINISH	0.4 4		
		0.4 SURFACE				
EC	0755 46	RADIATOR	QUALITY REPL. PAR	198.00*		INC 1
E	0701 46	FAN ASSY,ENG COOLING	15254643 GM PART	259.73	-5	0.3 1
EC	0731 46	CONDENSER,A/C	QUALITY REPL. PAR	198.69*		INC 2
I	0101 07	PANEL,INNER FENDER	LT REPAIR	3.0*1		
L	0101	PANEL,INNER FENDER	LT REFINISH	0.5 4		
		0.5 SURFACE				
E	0102 07	PANEL,INNER FENDER	RT 88957963 GM PART	43.45	-5	2.0 1
L	0102	PANEL,INNER FENDER	RT REFINISH	0.5 4		
		0.5 SURFACE				
ET	0645 07	SIDE MEMBER,FRONT	L/F LABOR/PART'L REPL	4.2 1		
ET	0646 07	SIDE MEMBER,FRONT	R/F LABOR/PART'L REPL	3.4 1		
E	0103	FENDER,FRONT	LT 10398518 GM PART	187.29	-5	1.3 1
L	0103	FENDER,FRONT	LT REFINISH	2.5 4		
		1.7 SURFACE				
		0.5 EDGE				
		0.3 TWO STAGE				
E	0104	FENDER,FRONT	RT 10398517 GM PART	187.29	-5	1.3 1
L	0104	FENDER,FRONT	RT REFINISH	2.5 4		
		1.7 SURFACE				
		0.5 EDGE				
		0.3 TWO STAGE				
TE	0115 07	SIDE MEMBER ASSEMBL	LT PART/PARTIAL RPLA	415.36	-5	1
L	0645	SIDE MEMBER ASSEMBL	LT REFINISH	0.5 4		
		0.5 SURFACE				
TE	0116 07	SIDE MEMBER ASSEMBL	RT PART/PARTIAL RPLA	415.37	-5	1
L	0646	SIDE MEMBER ASSEMBL	RT REFINISH	0.5 4		
		0.5 SURFACE				
E	0868	HORN	89046918 GM PART	64.26	-5	0.1 1
N	0972	ENGINE & TRANSAXLE R&I	ADDTL LABOR	4.8 2		
E	0674	SHIELD,ENGINE LOWER	LT 15809319 GM PART	12.37	-5	INC 2
UC	0915 46	WHEEL,FRONT	LT RECONDITIONED PRT	74.30*		0.2 1
		SUPPLIED BY KEYSTONE 702-247-1313				
L	0915	WHEEL,FRONT	LT REFINISH	0.5 4		
		0.5 SURFACE				
		INC TWO STAGE				
UC	0916 46	WHEEL,FRONT	RT RECONDITIONED PRT	74.30*		0.2 1
		SUPPLIED BY KEYSTONE 702-247-1313				
L	0916	WHEEL,FRONT	RT REFINISH	0.5 4		
		0.5 SURFACE				
		INC TWO STAGE				
N	0978	SUSPENSION R&I LT	L/F ADDTL LABOR	1.5 2		
N	0979	SUSPENSION R&I RT	R/F ADDTL LABOR	1.5 2		
E	1197	SENSOR,FLUID LEVEL	22675864 GM PART	22.72	-5	0.1 1
E	1041 01	PUMP,WASHER	22675866 GM PART	47.86	-5	0.1 1
E	0248 07	PANEL ASSY,BODY SID	LT 15144935 GM PART	606.42	-5	34.5 1

L	0248	PANEL ASSY,BODY SID LT REFINISH				7.0	4
					4.8 SURFACE		
					1.2 EDGE		
					1.0 TWO STAGE		
RI	0117	MLDG,ROCKER PANEL LT R&I ASSEMBLY				INC	1
L	0117	MLDG,ROCKER PANEL LT REFINISH				1.0	4
					1.0 SURFACE		
I	0287	DOOR SHELL,REAR LT REPAIR				2.0*	1
		PARTIAL REFINISH OPERATION					
L	0287	DOOR SHELL,REAR LT REFINISH				2.0	4
					1.7 SURFACE		
					0.3 TWO STAGE		
RI	0334	W/STRIP,BELT OUTER LT R&I ASSEMBLY				0.4	1
RI	0260	MLDG,REAR DOOR SIDE LT R&I ASSEMBLY				0.3	1
RI	0305	HANDLE,RR DOOR OUTE LT R&I ASSEMBLY				0.2	1
I	0341	PANEL,ROOF REPAIR				3.0*	1
		AFTER PULLS					
L	0341	10 PANEL,ROOF REFINISH				3.2*	4
		PARTIAL REFINISH OPERATION					
					2.8* SURFACE		
					0.4 TWO STAGE		
SB	0142	01 GLASS PANEL,ROOF SUBLET REPAIR	80.00*				1
RI	0348	MLDG,ROOF SIDE LT R&I ASSEMBLY				INC	1
RI	0349	MLDG,ROOF SIDE RT R&I ASSEMBLY				0.3	1
RI	0270	FRAME,GLASS PANEL R&I ASSEMBLY				3.6	1
E	0490	EXTN,QUARTER PANEL LT 10392817 GM PART	46.27	-5		1.0	1
L	0490	EXTN,QUARTER PANEL LT REFINISH				0.2	4
					0.2 SURFACE		
E	0492	FILLER,QTR PANEL EX LT 15275285 GM PART	17.12	-5		0.5	1
L	0492	FILLER,QTR PANEL EX LT REFINISH				0.3	4
					0.3 SURFACE		
E	0379	DUCT,QUARTER LOUVER LT 15149603 GM PART	10.31	-5		INC	1
E	0509	PANEL,REAR BODY 21998241 GM PART	132.52	-5		4.8	1
L	0509	PANEL,REAR BODY REFINISH				1.5	4
					1.0 SURFACE		
					0.5 EDGE		
E	0533	TAILLAMP ASSEMBLY LT 15851072 GM PART	228.46	-5		INC	1
E	0566	COVER,REAR BUMPER 22697160 GM PART	315.70	-5		0.5	1
L	0566	COVER,REAR BUMPER REFINISH				3.1	4
					2.6 SURFACE		
					0.5 TWO STAGE		
N	0966	ENG CRADLE/STRG/SUSP R ADDTL LABOR				5.7	2
E	0729	# HUB,REAR WHEEL LT 22706424 GM PART	286.42	-5		0.9	2
		# = 01, 46					
E	0881	DISC,REAR BRAKE LT 22705356 GM PART	104.94	-5		INC	2
E	1830	PLATE,REAR BACKING LT 22705357 GM PART	5.44	-5		INC	2
EC	M03	FLEX ADDITIVE QUALITY REPL. PAR	5.00*				1
N	M14	CORROSION PROTECTION ADDTL LABOR	5.00*			0.3*	1*
I	M18	SET-UP & MEASURE REPAIR				2.0*	1*
I	M45	FRAME DIAMOND REPAIR				4.0*	3
I	M46	FRAME SIDESWAY, R. REPAIR				4.0*	3
I	M64	UNIBODY - FRAME ALIGNM REPAIR				2.0*	3

2005 CHEVROLET MALIBU MAXX LT 4DOOR HATCHBACK
CD LOG NO 62-1

EC	TIRE, LT FRONT	QUALITY REPL. PAR	105.00*	1*
EC	TIRE, RT FRONT	QUALITY REPL. PAR		1*

86 ITEMS

MC MESSAGE(S)

01 CALL DEALER FOR EXACT PART NUMBER / PRICE

07 STRUCTURAL PART AS IDENTIFIED BY I-CAR

10 INCLUDES AUDATEX TIME TO CLEAR ENTIRE PANEL

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

46 PRINTABLE PXN COMPARE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	5,175.44
OTHER PARTS	895.29
LINE ITEM DISCOUNT	258.77-
PAINT MATERIAL	450.00**
PARTS & MATERIAL TOTAL	6,261.96
TAX ON PARTS & MATERIAL @	7.750% 485.30

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	40.00	71.1	10.7	3,272.00
2-MECH/ELEC	85.00	0.9	13.5	1,224.00
3-FRAME	45.00		10.0	450.00
4-REFINISH	40.00	35.6		1,424.00
5-PAINT MATERIAL	24.00			
LABOR TOTAL				6,370.00
SUBLET REPAIRS				80.00
TOWING				413.25
STORAGE				

GROSS TOTAL	13,610.51
LESS: DEDUCTIBLE	1,000.00-

NET TOTAL	TOTAL LOSS	12,610.51
-----------	------------	-----------

SHOPLINK UU581 ES CD LOG 62-1 DATE 12/13/06 03:20:06PM R6.37 CD 11/06

PXN: Y/06/00/00/06/06 CUM 06/00/00/06/06 GEOCODE 89122

HOST LOG

(C) 1998 - 2006 AUDATEX NORTH AMERICA, INC.

**USER-ESTABLISHED THRESHOLD FOR PAINT MATERIAL HAS BEEN REACHED AND CALCULATED
IN THIS ESTIMATE. ANY ADDITIONAL MATERIALS MAY REQUIRE FURTHER APPROVAL.

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.

File Edit Tools Help

  Next

Amounts per Coverage:

Coverage	Gross Paid to Date	Net Paid to Date	Loss Estimates
COLL	18509.59	17936.84	18510.00

 Estimates...

Gross Expenses Paid to Date: \$0.00

Net Expenses Paid to Date: \$0.00

Financial Transaction History:

Select New Process:

Open New Process...

Refund Reason:

	Sched	Name	Payee/Issuer Type	Status	Amount	Pay From	Pay Through	Transaction Date
	No	COPART AUTO	Billing Provider	Refund Confirm	572.75			09/20/2007
	No	SALEM BOYS A	Billing Provider	Void	3000.00			04/13/2007
	No	GMAC	Loss Payee	Disbursed	18509.59			01/12/2007

Ready

NUM

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

Salvage Log Status: Inactive
Salvage Office: 0647 - PHOENIX, AZ
CR Handling Salvage: WILCH, SANDRA
Date Of Report: 12/11/2006
Vehicle Owner Name: EMETERIO DELGADO, MARIA
Vehicle Year: 2005
Vehicle Make: CHEV
Vehicle Model: MALIBU MAX

Person Referring Claim: WILMOTH, DIANA
Branch Office: 0647 - PHOENIX, AZ
Appraiser Name: SUNLAND COLLISION
Branch Office:
Deductible: \$1000
Date Appraiser Assigned: 12/14/2006
Date Opened: 12/26/2006
Date Closed: 09/17/2007 Date Reopened:

Vehicle Color: black

VIN#: 1G1ZU64855F

Buyer: taller autos

Date Appraisal Completed:
Date Yard Called: 12/26/2006
Date Vehicle Picked Up: 12/27/2006
Date Vehicle Title Sent: 08/09/2007
Date Vehicle Sold: 09/13/2007
Date Refund Received: 09/17/2007

Comments

Salvage Yard
Yard Name: COPART AUTO AUCTIONS

Stock Number: 13603816

Advanced Charges		Salvage Yard Fees	
Storage Amt/Day:	\$0.00 #Days: 0.0	\$1.00	#Days: 149
Total Storage Amt:	0.00	149.00	
Towing Amount:	\$413.25	\$0.00	
Miscellaneous:	\$0.00	\$165.00	
Total:	413.25	314.00	

Actual Cash Value:	\$18085.00	Appraised Salvage Value:	\$0.00
Deductible Taken:	\$0.00	Sales Price:	\$1300.00
Settlement Amount:	\$19506.59	Net Return:	\$572.75

Last Updated By: WILCH, SANDRA
Date Of Last Update: 09/17/2007

Done

Cancel



Invoice Display

POVChgs: [icon]

Orig/Adj. Docs: [icon]

Sale Docs: [icon]

Lot #: 13603816

Options: Lot Display for Lot # 13603816 New Search

COPART AUTO AUCTIONS 4810 N. LAMB BLVD LAS VEGAS, NV 89115 PHONE (702) 638-9300 TAX ID# 942867490		Date 9/21/07 Visit us at www.copart.com	
Copart Lot# 13603816 57 NV - LAS VEGAS Loss Date 12/10/06 Called in 12/26/06 P/u Cleared 12/26/06 Pickup Date 12/27/06 Original Title 8/10/07 Trans Title 8/13/07 Sale Document 8/17/07 Loss Type COLLISION Description 05 CHEV MALIBU MAX BLACK Vehicle ID# 1G1ZU64855F License#/ST Mileage 25,720 Pickup From SUNLAND COLLISION 5947 BOULDER HWY LAS VEGAS, NV 89122 (702) 898-9600		FINAL INVOICE L235 PIP720A SANDY WILCH LIBERTY MUTUAL INSURANCE CO 2510 W. DUNLAP #100 PHOENIX, AZ 85021 Claim# 007826218-01 Policy# Loss Code Reference# Insured Owner	
ADVANCE CHARGES PAID BY COPART TOW SERVICE		413.25	
TOTAL ADVANCE CHARGES		413.25	
COPART SERVICE CHARGES TITLE PROCESSING. RE-RUN. PIP PROGRAM CHARGE. STORAGE		10.00 35.00 120.00 149.00	
TOTAL COPART SERVICE CHARGES.		314.00	
TOTAL DUE COPART		727.25	
PROCEEDS FROM SALE		1300.00CR	
PREVIOUS PAYMENTS FROM COPART.		572.75	
NET DUE COPART		\$.00	
COPART PAYMENTS DETAIL COPART CHECK# 06282167		09/14/07 572.75	
Lot# 13603816 Sale Date 9/13/07 Sale Amount 1300.00 ACV 16245.00 Repair Est 13611.00 Return 8.0% Cert# NV002048363		SALE INFORMATION Sold To 115193 TALLER AUTOS EL NARANJO 526 BRONCE BLVD BAJA CALIFORNIA, 83 (323) 270-7510 RES# 4356 CANACO Item# 2102	
Payment From Buyer Reported To NICB 9/13/07		Invoice Date 9/14/07 Invoice Amount .00 USD	

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9/21/2007

Sunland Collision Center

RO #001805

Date: 12/19/2006

5947 Boulder Hwy
Las Vegas, NV 89122

(702) 898-9600 Fax: (702) 898-9601


Final Bill Page 1 of 1

Time: 7:36:31AM

LAS VEGAS, NV Home: [REDACTED] Work: [REDACTED] Est: ROBIN LEWIS Scheduled: 12/12/2006 Arrival: 12/12/2006	Make: 2005 Chevrolet Model: Malibu Maxx LI Style: 4 Dr HB License: 024TLX Color: VIN: 1G1ZU64855F [REDACTED] Mileage: Est No: TL Unit No.:	LIBERTY MUTUAL Adjuster: Ins Co Phone (702) - x Claim #: 007826218-01 Date of Loss: Source:

*** Thank you for choosing Sunland Collision for your repairs. ***

Line	Line Items	Price	Labor	Paint	Other
C 1	Towing				413.25
Totals		Total \$			
	Towing (T)	413.25			
	Other Total	413.25			
	Subtotal	413.25			
	Total	413.25			
	Customer Due	413.25			

05 CHEV MALIBU MAX BLACK

13603816 A Advance Charges



Autosource Valuation

Administrative Data

ATTN: Mary Clements
Claims Dept.
Liberty Mutual Insurance
Phoenix Branch
2510 West Dunlap Ave Ste 100
Phoenix AZ 85021

Claimant
Insured [REDACTED]
Claim 007826218-01
Loss Date 12/10/2006
Loss Type Collision
Policy
Other (None)

VINSOURCE Analysis

VIN 1G1ZU64855F [REDACTED]

Decodes as 2005 Chevrolet Malibu MAXX LT 4D Hatchback

Accuracy Decodes Correctly

History Activity was reported

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

Recall Bulletins

No recall bulletins have been issued that apply to this vehicle

Vehicle Locator Service

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.

Typical Condition Statement

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 30,888. 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" statement.

Condition	Description
INTERIOR	
Seats Good	No obvious damage. Very slight wear visible on close inspection. Slight soiling removable with detail. No fading or discoloration.
Carpets Good	No obvious damage. Very slight wear visible on close inspection. Slight soiling removable with detail. No fading or discoloration.

Condition	Description
Int Trim Good	Very slight wear visible on close inspection. Slight soiling 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 chroma, 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 performed. 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.

Having a clean, well maintained vehicle will add to its market value. Prior body damage, rust, extensive interior damage or mechanical problems will all decrease the market value of this vehicle.

Loss Vehicle Valuation 2005 Chevrolet 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 to 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 Malibu MAXX LT 4D Hatchback

Typical Vehicle	Loss Vehicle	Adjustment
Price \$15,610		\$15,610
Engine 6 Cylinder 3.5 Engine	6 Cylinder 3.5 Engine	
Transmission 4 Speed Automatic	4 Speed Automatic	
Odometer 30,888 Mi(Typical)	25,720 Mi(Actual)	335
	Equipment/Package Adjustment (See Valuation Detail)	2,140
	Autosource Value Before Condition Adjustments	18,085

Total Condition Adjustments (See Condition Adjustment Detail) 0

Total Condition Adjusted Market Value \$18,085

General Sales Tax 7.750% 1,401.59

Title Fee

Warning

The market value displayed may not reflect the activity detected by VINSOURCE and/or NICB research.

Please contact Client Services at 1-800-351-3133 for review.

Transfer Fee

Deductible

Net Adjusted Value

Salvage/Other

Vehicle Valuation Detail 2005 Chevrolet Malibu MAXX LT 4D Hatchback

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.

	Typical Vehicle	Loss Vehicle	Adjustment
City/State	Las Vegas, NV	Las Vegas, NV	
Price	\$15,610		\$15,610
Description			
Year	2005	2005	
Make	Chevrolet	Chevrolet	
Model	Malibu MAXX	Malibu MAXX	
Edition	LT	LT	
Door	4D	4D	
Body	Hatchback	Hatchback	
Drive	2WD	2WD	
Engine	6 Cylinder 3.5 Engine	6 Cylinder 3.5 Engine	0
Transmission	4 Speed Automatic	4 Speed Automatic	0
Color	Not Applicable	Black	
Odometer	30,888 Mi(Typical)	25,720 Mi(Actual)	335
Equipment			
Convenience Options		Automatic Dimming Mirror	0
Air Conditioning		Air Conditioning	
Tilt Steering Wheel		Tilt Steering Wheel	
Strg Wheel Radio Control		Strg Wheel Radio Control	
		Garage Door Opener	0
Climate Control For A/C		Climate Control For A/C	
Cruise Control		Cruise Control	
Telescopic Steering Whl		Telescopic Steering Whl	
Rear Window Defroster		Rear Window Defroster	
Rem Trunk-L/Gate Release		Rem Trunk-L/Gate Release	
Other Optional Equipment			
Fog Lights		Fog Lights	
Head Airbags		Head Airbags	
Leather Steering Wheel		Leather Steering Wheel	
Tinted Glass		Tinted Glass	
Keyless Entry System		Keyless Entry System	
Lighted Entry System		Lighted Entry System	

	Typical Vehicle	Loss Vehicle	Adjustment
	Rear Window Wiper/Washer	Rear Window Wiper/Washer	
	Anti-lock Brakes	Anti-lock Brakes	
	Remote Starter	Remote Starter	
		Rear Entertainment System	630
	Power Adjustable Pedals	Power Adjustable Pedals	
		OnStar System	440
	Rear Spoiler	Rear Spoiler	
		Tinted Windows (car)	100
	Dual Airbags	Dual 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	205
	Compact Disc Player	AM/FM In-dash CD Changer	190
	Alarm System	Alarm System	
	Rear Seat Audio Controls	Rear Seat Audio Controls	
Roof Options		Power Moonroof	460
Seat Options	Heated Front Seats	Heated Front Seats	
	Leather Seats	Leather Seats	
Wheel Options	Aluminum Alloy Wheels	Aluminum Alloy Wheels	
Packages		Preferred Equipment Group	115
		Autosource Value Before Condition Adjustments	18,085
		Total Condition Adjustments (See Condition Adjustment Detail)	0
		Total Condition Adjusted Market Value	\$18,085

Valuation Notes**2005 Chevrolet Malibu MAXX LT 4D Hatchback**

- o 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.
- o 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 on 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 cents 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	2005 Chevrolet Malibu MAXX LT 4D Hatchback
-----------------------------	--

	Typical Vehicle	Loss Vehicle	Adjustment
INTERIOR			
Seats Good		Good	
Carpets Good		Good	
Int Trim Good		Good	
Glass Good		Good	
Headliner Good		Good	
EXTERIOR			
Body Good		Good	
Paint Good		Good	
Ext Trim Good		Good	
MECHANICAL			
Engine Well Maintained		Well Maintained	
Transmission Well Maintained		Well Maintained	
TIRES			
Front Tires Good		Good	
Rear Tires Good		Good	
Total Condition Adjustments			\$0

Original Equipment Guide	2005 Chevrolet Malibu MAXX LT 4D Hatchback
--------------------------	--

Engine Options		Transmission Options	
• 6 Cylinder 3.5 Engine	STD	• 4 Speed Automatic	STD
Other Optional Equipment		Convenience Options	
• Anti-lock Brakes	STD	• Climate Control For A/C	STD
• Center Console	STD	• Air Conditioning	STD
• Dual Airbags	STD	• Automatic Dimming Mirror	
Engine Block Heater	\$35	• Cruise Control	STD
• Fog Lights	STD	• Rear Window Defroster	STD
• Head Airbags	STD	• Garage Door Opener	
• Intermittent Wipers	STD	• Rem Trunk-L/Gate Release	STD
• Keyless Entry System	STD	• Strg Wheel Radio Control	STD
• Lighted Entry System	STD	• Telescopic Steering Whl	STD
• Leather Steering Wheel	STD	• Tilt Steering Wheel	STD
• OnStar System	\$695	Power Accessories	
• Power Adjustable Pedals	STD	• Heated Power Mirrors	STD
• Rear Entertainment System	\$995	• Power Drivers Seat	STD
• Remote Starter	STD	• Power Brakes	STD
• Rear Window Wiper/Washer	STD	• Power Door Locks	STD

* Side Airbags	STD	* Power Steering	STD
* Rear Spoiler	STD	* Power Windows	STD
* Tachometer	STD	Radio/Phone/Alarm Options	
* Traction Control System	STD	* Alarm System	STD
* Tonneau/Cargo Cover	STD	Compact Disc Player	STD
* Tinted Glass	STD	* AM/FM In-dash CD Changer	\$300
Seat Options		* Rear Seat Audio Controls	STD
* Heated Front Seats	STD	* XM Satellite Radio	\$325
* Leather Seats	STD	Roof Options	
Wheel Options		* Power Moonroof	\$725
* Aluminum/Alloy Wheels	STD		
Option Packages			
* Preferred Equipment Group	\$1,230	Includes Automatic Dimming Mirror, Garage Door Opener, Power Moonroof, XM Satellite Radio	

Base retail price \$25,120

Loss Vehicle manufacturer's suggested retail price as reported **\$28,340**

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

* Indicates loss vehicle equipment.

Replacement Vehicles **2005 Chevrolet 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 Vehicles			
1	2005 Chevrolet Malibu MAXX LT 4D Hatchback	Last Listed 12/20/06	Last Price \$14,988
	Details	First Listed	First Price
21,778 Miles	VIN: 1G1ZJ64875F [REDACTED]	Source Dealer Specialties Inspected	
6 Cylinder 3.5 Engine	4 Speed Automatic	Location Las Vegas, NV	
Heated Power Mirrors	Power Brakes	Offered By Vista Chevrolet	
Power Door Locks	Power Drivers Seat	Contact Dave Hobick	
Power Steering	Power Windows	Stock Number 71144A	
Heated Front Seats	Leather Seats	Telephone (702) 967-5555	
Alarm System	Compact Disc Player	Market Area 891	
Rear Seat Audio Controls	Aluminum/Alloy Wheels		
Air Conditioning	Automatic Dimming Mirror		
Climate Control For A/C	Cruise Control		
Rear Window Defroster	Rem Trunk-L/Gate Release		
Strg Wheel Radio Control	Telescopic Steering Whl		
Tilt Steering Wheel	Anti-lock Brakes		
Center Console	Dual Airbags		
Fog Lights	Head Airbags		
Intermittent Wipers	Keyless Entry System		
Leather Steering Wheel	Lighted Entry System		
OnStar System	Power Adjustable Pedals		
Rear Spoiler	Rear Window Wiper/Washer		
Remote Starter	Side Airbags		
Tachometer	Tinted Glass		
Tonneau/Cargo Cover	Traction Control System		
Silver			
2	2005 Chevrolet Malibu MAXX LS 4D Hatchback	Last Listed 12/23/06	Last Price \$11,988
	Details	First Listed	First Price
28,753 Miles	VIN: 1G1ZJ628X5F [REDACTED]	Source Dealer Specialties Inspected	
6 Cylinder 3.5 Engine	4 Speed Automatic	Location Las Vegas, NV	
Power Brakes	Power Door Locks	Offered By Vista Chevrolet	
Power Mirrors	Power Steering	Contact Dave Hobick	
Power Windows	Velour/Cloth Seats	Stock Number P3688	

Alarm System
Aluminum/Alloy Wheels
Cruise Control
Rem Trunk-L/Gate Release
Tilt Steering Wheel
Center Console
Intermittent Wipers
Lighted Entry System
Tachometer
Tonneau/Cargo Cover
Silver

Compact Disc Player
Air Conditioning
Rear Window Defroster
Telescopic Steering Whl
Anti-lock Brakes
Dual Airbags
Keyless Entry System
Power Adjustable Pedals
Tinted Glass
Traction Control System

Telephone (702) 967-5555
Market Area 891

3 2005 Chevrolet Malibu MAXX LS 4D Hatchback

Details

19,834 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
Tachometer
Tonneau/Cargo Cover
Charcoal

VIN: 1G1ZT62825F [REDACTED]
4 Speed Automatic
Power Door Locks
Power Steering
Velour/Cloth Seats
Compact Disc Player
Air Conditioning
Rear Window Defroster
Telescopic Steering Whl
Anti-lock Brakes
Dual Airbags
Keyless Entry System
Power Adjustable Pedals
Tinted Glass
Traction Control System

Last Listed 12/02/06

Last Price \$12,495

First Listed

First Price

Source Dealer Specialties Inspected
Location Las Vegas, NV
Offered By Friendly Ford
Stock Number 151570A
Telephone (702) 877-6595
Market Area 891

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/Gate Release
Tilt Steering Wheel
Center Console
Intermittent Wipers
Lighted Entry System
Rear Window Wiper/Washer
Tinted Glass
Traction Control System

VIN: 1G1ZT62885F [REDACTED]
4 Speed Automatic
Power Door Locks
Power Steering
Velour/Cloth Seats
Compact Disc Player
Air Conditioning
Rear Window Defroster
Telescopic Steering Whl
Anti-lock Brakes
Dual Airbags
Keyless Entry System
Power Adjustable Pedals
Tachometer
Tonneau/Cargo Cover

Last Listed 10/10/06

Last Price \$12,988

First Listed

First Price

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

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

VIN: 1G1ZT62835F [REDACTED]
4 Speed Automatic
Power Door Locks
Power Steering
Velour/Cloth Seats
Compact Disc Player
Air Conditioning
Rear Window Defroster
Telescopic Steering Whl
Anti-lock Brakes
Dual Airbags
Keyless Entry System
Power Adjustable Pedals
Tachometer
Tonneau/Cargo Cover

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

Traction Control System

NICB Report

2005 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

Loss Date 12/10/06

NICB/ISO File H0124872127

Reported Phone Number Analysis

2005 Chevrolet Malibu MAXX LT 4D Hatchback

No Vehicles Advertised at (702) 292-7700

About Your Valuation

2005 Chevrolet 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.

Report Generated by Audatex, a Solera Company

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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 26 2007
ESIS-GM CLAIMS UNIT

OUR INSURED: [REDACTED]
OUR CLAIM NUMBER: PD647-007826218-01

YOUR CLAIM NUMBER:
YOUR INSURED:

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



40000002D6470078260100006709

5

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

800.888.0164 *tel*
313.665.0911 *fax*

December 7, 2007

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

RE: Your Client: [REDACTED]
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) : [REDACTED]
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 12 2008

ESIS-GM CLAIMS UNIT

Event Number: 0612100757		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 1/14/04</small>				Accident Number: NHP-L2006-014598			
Code Revision: 01/14/2004						<input checked="" type="checkbox"/> Property <input type="checkbox"/> Injury <input type="checkbox"/> Fatal			
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> Emergency Use <input type="checkbox"/> Office Report	<input checked="" type="checkbox"/> Preliminary Report <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial Report <input type="checkbox"/> Supplement Report		<input type="checkbox"/> Hit and Run <input type="checkbox"/> Private Property		Agency Name:			
Collision Date 12/10/2006	Time 16:18	Day SUNDAY	Beat / Sector LA10	<input type="checkbox"/> County	<input checked="" type="checkbox"/> City LAS VEGAS	Surface <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt <input type="checkbox"/> Other	Intersection <input type="checkbox"/> Four Way <input type="checkbox"/> > Four Way <input type="checkbox"/> T <input type="checkbox"/> Y <input type="checkbox"/> Roundabout <input type="checkbox"/> Other	Paddle Markers <input checked="" type="checkbox"/> None <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Both Side <input type="checkbox"/> Unknown	
Mile Marker 77	# Vehicles 1	# Non Motorists 0	# Occupants 5	# Fatalities 0	# Injured 0	# Restrained 5			
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot US95 S/B							Access Control		
<input type="checkbox"/> At Intersection With: <input checked="" type="checkbox"/> Or 300 Feet <input type="checkbox"/> Miles <input type="checkbox"/> Approximate							<input type="checkbox"/> None <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial		
NORTH RANCHO DRIVE RAMP # 3									
Roadway Character <input type="checkbox"/> Curve & Grade <input type="checkbox"/> Curve & Hillcrest <input type="checkbox"/> Curve & Level <input type="checkbox"/> Straight & Grade <input type="checkbox"/> Straight & Hillcrest <input checked="" type="checkbox"/> Straight & Level <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Roadway Conditions <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Slush <input type="checkbox"/> Icy <input type="checkbox"/> Standing Water <input type="checkbox"/> Wet <input type="checkbox"/> Moving Water <input type="checkbox"/> Snow <input type="checkbox"/> Unknown <input type="checkbox"/> Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> Other		Total Thru Lanes Main Road <input type="checkbox"/> One <input type="checkbox"/> Two <input checked="" type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> > 5 Total All Lanes: 4		Average Roadway Widths Travel Lane: 12 Ft Storage / Turn Lane: 12 Ft Median: 2 Ft Paved Shoulder: Inside: 2 Outside: 6		Roadway Grade <input checked="" type="checkbox"/> Not Determined <input type="checkbox"/> Relatively Level Roadway <input type="checkbox"/> Up Slope (+) <input type="checkbox"/> Down Slope (-) Relative To: _____ Grade: _____ %	
Pavement Markings and Type _____ Centerline, Broken Yellow _____ No Passing, Either Direction <input type="checkbox"/> None _____ Centerline, Solid Yellow _____ Turn Arrow Symbols <input type="checkbox"/> Unknown _____ Centerline, Double Yellow _____ Center Turn Lane Line 4 _____ Lane Line, Broken White 1 _____ Edge Line, Left, Yellow _____ Lane Line, Solid White 1 _____ Edge Line, Right, White _____ Other				Highway Description <input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Div., Unpro. Median <input checked="" type="checkbox"/> Two-Way, Div., Median Barrier <input type="checkbox"/> One-Way, Not Div. <input type="checkbox"/> Unknown <input type="checkbox"/> Off Road		Weather Conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fog, Smog, Smoke, Ash <input type="checkbox"/> Cloudy <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Rain <input type="checkbox"/> Unknown <input type="checkbox"/> Blowing Sand, Dirt, Soil, Snow <input type="checkbox"/> Other			
Light Conditions <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - No Roadway Lighting <input type="checkbox"/> Dawn <input type="checkbox"/> Dark - Spot Roadway Lighting <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark - Continuous Roadway Lighting <input type="checkbox"/> Unknown <input type="checkbox"/> Dark - Unknown Roadway Lighting <input type="checkbox"/> Other		Vehicle Collision Type <input type="checkbox"/> Head On <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear End <input type="checkbox"/> Sideswipe - Meeting <input type="checkbox"/> Backing <input type="checkbox"/> Sideswipe - Overtaking <input type="checkbox"/> Angle <input checked="" type="checkbox"/> Non - Collision <input type="checkbox"/> Unknown		Location of First Event <input type="checkbox"/> Travel Lane <input checked="" type="checkbox"/> Outside Shoulder <input type="checkbox"/> Ramp <input type="checkbox"/> Turn Lane <input type="checkbox"/> Intersection <input type="checkbox"/> Unknown <input type="checkbox"/> Gore <input type="checkbox"/> Private Property <input type="checkbox"/> Median <input type="checkbox"/> Roadside <input type="checkbox"/> Inside Shoulder <input type="checkbox"/> Other					
Highway / Environment Factors <input checked="" type="checkbox"/> None <input type="checkbox"/> Shoulders <input type="checkbox"/> Ruts, Holes, Bumps <input type="checkbox"/> Weather <input type="checkbox"/> Road Obstruction <input type="checkbox"/> Active Work Zone <input type="checkbox"/> Debris <input type="checkbox"/> Worn Traffic Surface <input type="checkbox"/> Inactive Work Zone <input type="checkbox"/> Glare <input type="checkbox"/> Wet, Icy, Snow, Slush <input type="checkbox"/> Animal in Roadway <input type="checkbox"/> Other Highway <input type="checkbox"/> Unknown <input type="checkbox"/> Other Environmental		Property Damage To Other Than Vehicle Describe Property Damage: TRAFFIC BARREL Owner's Name (Last First Middle): _____ <input checked="" type="checkbox"/> 1) Owner Notified NEVADA OF DEPARTMENT OF TRANSPORTATION Owner's Address: (Street Address City, State Zip) 123 E WASHINGTON LAS VEGAS NV 89108							
First Harmful Event Code #: 319 Description: 319 FENCE / WALL									
Description of Accident / Narrative V-1 WAS TRAVELING SOUTH ON US95 IN THE NUMBER TWO TRAVEL LANE. D-1 ATTEMPTED TO CHANGE LANES FROM THE NUMBER TWO TRAVEL LANE TO THE NUMBER ONE TRAVEL LANE. D-1 SHARPLY STEERED V-1 TO THE LEFT ENTERING INTO THE NUMBER ONE TRAVEL LANE AND THEN QUICKLY TO THE RIGHT. V-1 BEGAN TO ROTATE IN A CLOCKWISE MANNER. V-1 ENTERED INTO A BROADSIDE SKID, CROSSING FROM THE NUMBER TWO, THREE TRAVEL LANES AND THE RIGHT TURN LANE AND HAVING THE LEFT FRONT OF V-1 STRIKE THE CONCRETE WALL. THE LEFT REAR OF V-1 THEN STRUCK A TRAFFIC BARREL AND									
Investigation Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Scene Diagram <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statements# <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2	Date Notified 12/10/2006	Time Notified 16:18	Arrival Date 12/10/2006	Arrival Time 16:21		
Investigator(s) 611 JAMES SIMPSON		ID Number 611	Date 12/10/2006	Reviewed By 		Date Reviewed	Page 1 of 5		

Event Number: 0612100757	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 8/21/03</small>	Accident Number: NHP-L2006-014598 <hr/> Agency Name:
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.		
<div data-bbox="191 1472 334 1497">Indicate North</div> <div data-bbox="110 1602 191 1629">A.I.C.:</div> <div data-bbox="1344 1612 1494 1709" style="border: 1px solid black; padding: 5px; text-align: right;">Page 2 of 5</div>		

Event Number: 0612100757		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 1/1/04</small>		Accident Number: NHP-L2006-014598	
Vehicle # 1	# Occupants 5	<input checked="" type="checkbox"/> At Fault <input type="checkbox"/> Non Contact Vehicle		Agency Name:	
Direction of Travel: <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> South <input type="checkbox"/> West		Highway / Street Name: US95 S/B			Travel Lane #: 2
Vehicle Action: <input type="checkbox"/> Straight <input type="checkbox"/> Left Turn <input type="checkbox"/> U-Turn <input type="checkbox"/> Wrong Way <input type="checkbox"/> Passing <input type="checkbox"/> Leaving Parked <input type="checkbox"/> Leaving Lane <input type="checkbox"/> Enter Parked (P) <input checked="" type="checkbox"/> Lane Change <input type="checkbox"/> Unknown <input type="checkbox"/> Backing <input type="checkbox"/> Right Turn <input type="checkbox"/> Parked <input type="checkbox"/> Stopped (S) <input type="checkbox"/> Backing <input type="checkbox"/> Entering Lane <input type="checkbox"/> Other Turning <input type="checkbox"/> Driverless Vehicle <input type="checkbox"/> Other					
Driver: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input checked="" type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address: [REDACTED]			Transported To:		
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> NV	Zip Code: [REDACTED]	Person Type: 1	Seating Position: 01
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female		DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity: 0	Injury Location: 0
OLN: 2102279285		State: <input checked="" type="checkbox"/> NV	<input type="checkbox"/> DDL <input checked="" type="checkbox"/> DL	License Status: 0	Airbags: 2
Compliance: <input type="checkbox"/> Restrict <input type="checkbox"/> Endorse		Endorsements		Restrictions	
Alcohol/Drug Involvement: <input checked="" type="checkbox"/> Not Involved <input type="checkbox"/> Suspected Impairment <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Unknown		Method of Determination (check up to 3) <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Blood Test <input type="checkbox"/> Driver Admission <input type="checkbox"/> Preliminary Breath Test		Test Results:	
Vehicle Year: 2005			Vehicle Make: CHEVROLET	Vehicle Model: MALIBU	Vehicle Type: 4D
Plate / Permit No.: [REDACTED]		State: <input checked="" type="checkbox"/> NV	Expiration Date: 04/03/2007	Vehicle Color: BLACK	
Vehicle Identification Number: 1G1ZU64855F [REDACTED]			Registered Owner Name: EMETERIO MARIA <input type="checkbox"/> Same As Driver		
Registered Owner Address: 1504 SPRING RAIN ROAD LAS VEGAS NV 89142			Insurance Company Name: LIBERTY MUTUAL		
Policy Number: A02-261-899872-01		Effective: 7/24/2006	To: 7/24/2007		
Insurance Company Address or Phone Number: 800-225-2467					
<input type="checkbox"/> Vehicle Towed		Towed By: CUSTOM TOWING			
Removed To: OWNERS REQUEST					
Traffic Control <input checked="" type="checkbox"/> Speed Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Signal Light <input type="checkbox"/> Yield Sign <input type="checkbox"/> Flashing Light <input type="checkbox"/> B. R. Sign <input type="checkbox"/> School Zone <input type="checkbox"/> R. R. Gates <input type="checkbox"/> Red. Signal <input type="checkbox"/> R. R. Signal (R) <input type="checkbox"/> No Passing <input type="checkbox"/> Marked Lanes <input type="checkbox"/> No Controls <input type="checkbox"/> Tire Chains/Snow Req. <input type="checkbox"/> Warning Sign <input type="checkbox"/> Permissive Green <input type="checkbox"/> Turn Signal <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Distance Traveled After Impact 224 1 - FEET	Speed Estimate From To Limit 70 70 60		Extent Of Damage <input type="checkbox"/> Minor <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Total <input checked="" type="checkbox"/> Major <input type="checkbox"/> Unknown
Sequence Of Events					
Code #	Description	Collision With Fixed Object	Most Harmful Event		
1st 319	319 FENCE / WALL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
2nd 218	218 OTHER MOVABLE OBJECT	<input type="checkbox"/>	<input type="checkbox"/>		
3rd 319	319 FENCE / WALL	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4th		<input type="checkbox"/>	<input type="checkbox"/>		
5th		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> HRS <input type="checkbox"/> CFR <input type="checkbox"/> CC/MC <input type="checkbox"/> Pending		Violation		NOC	Citation Number
<input type="checkbox"/> HRS <input type="checkbox"/> CFR <input type="checkbox"/> CC/MC <input type="checkbox"/> Pending		Violation		NOC	Citation Number
Investigator(s) 611 JAMES SIMPSON		ID Number 611	Date 12/10/2006	Reviewed By [Signature]	Date Reviewed Page 3 of 5

Event Number: 0612100757		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/21/03</small>		Accident Number: NHP-L2006-014598 Agency Name:	
Name: (Last Name, First Name, Middle Name Suffix) <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>			Transported By: <input checked="" type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address: <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>			Transported To:		
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> NV		Zip Code:	
Person Type: 2		Seating Position: 03		Occupant Restraints: 7	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female		DOB:		Phone Number:	
Injury Severity: 0		Injury Location: 0			
Airbags: 2		Airbag Switch: 1		Ejected: 0 Trapped: 0	
Name: (Last Name, First Name, Middle Name Suffix) <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>			Transported By: <input checked="" type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address: <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>			Transported To:		
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> NV		Zip Code:	
Person Type: 2		Seating Position: 04		Occupant Restraints: 7	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female		DOB:		Phone Number:	
Injury Severity: 0		Injury Location: 0			
Airbags: 1		Airbag Switch: 1		Ejected: 0 Trapped: 0	
Name: (Last Name, First Name, Middle Name Suffix) <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>			Transported By: <input checked="" type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address: <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>			Transported To:		
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> NV		Zip Code:	
Person Type: 2		Seating Position: 05		Occupant Restraints: 7	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female		DOB:		Phone Number:	
Injury Severity: 0		Injury Location: 0			
Airbags: 1		Airbag Switch: 1		Ejected: 0 Trapped: 0	
<input type="checkbox"/> Trailing Unit 1 VIN:		Plate:		State: <input type="checkbox"/> NV Type:	
<input type="checkbox"/> Trailing Unit 2 VIN:		Plate:		State: <input type="checkbox"/> NV Type:	
<input type="checkbox"/> Trailing Unit 3 VIN:		Plate:		State: <input type="checkbox"/> NV Type:	
Commercial Vehicle Configuration					
<input type="checkbox"/> Bus, 9 - 15 Occupants <input type="checkbox"/> Tractor Only <input type="checkbox"/> Tractor / Semi Trailer <input type="checkbox"/> Bus, > 15 Occupants <input type="checkbox"/> Tractor / Trailer <input type="checkbox"/> Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> Single 2 Axle and 6 Tires <input type="checkbox"/> Tractor / Doubles <input type="checkbox"/> Light Truck, (Haz-Mat) <input type="checkbox"/> Single > 3 Axle <input type="checkbox"/> Tractor / Triples <input type="checkbox"/> Other Heavy Vehicle <input type="checkbox"/> Any 4 Tire Vehicle <input type="checkbox"/> Truck with Trailer			<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> School Bus Source <input type="checkbox"/> Driver <input type="checkbox"/> State Reg. <input type="checkbox"/> Log Book <input type="checkbox"/> Side Of Vehicle <input type="checkbox"/> Shipping Papers / Trip Manifest <input type="checkbox"/> Other		
Carrier Name:			Power Unit GVWR <input type="checkbox"/> ≤ 10,000 Lbs <input type="checkbox"/> 10,000 - 26,000 Lbs <input type="checkbox"/> ≥ 26,000 Lbs <input type="checkbox"/> Haz-Mat <input type="checkbox"/> Released		
Carrier Street Address:			City: State: <input type="checkbox"/> NV Zip:		
Cargo Body Type <input type="checkbox"/> Pole <input type="checkbox"/> Van / Box <input type="checkbox"/> Grain, Gravel Chpts <input type="checkbox"/> Tank <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Bus, 9 - 15 Occupants <input type="checkbox"/> Flatbed <input type="checkbox"/> Auto Carrier <input type="checkbox"/> Bus, > 15 Occupants <input type="checkbox"/> Dump <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable		Haz-Mat ID #: Hazard Classification #:		Type of Carrier <input type="checkbox"/> Single State <input type="checkbox"/> USDOT <input type="checkbox"/> Mexico <input type="checkbox"/> Canada <input type="checkbox"/> None	
NAS Safety Report #: Carrier Number:				Page 4 of 5	

Event Number: 0812100757		STATE OF NEVADA TRAFFIC ACCIDENT REPORT Occupant / Witness Supplement <small>Revised 1/14/04</small>			Accident Number: NHP-L2006-014598	
		Agency Name:				

V # 1	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input checked="" type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address: [REDACTED]				Transported To:		
City: LAS VEGAS		State / Country <input checked="" type="checkbox"/> NV		Zip Code: [REDACTED]		
		Person Type: 2		Seating Position: 06		Occupant Restraints: 7
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Unknown	DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: 0	
<input type="checkbox"/> Female					Injury Location: 0	
				Airbags: 1	Airbag Switch: 1	Ejected: 0
				Trapped: 0		

V # Wit	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input checked="" type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address: [REDACTED]				Transported To:		
City: LAS VEGAS		State / Country <input checked="" type="checkbox"/> NV		Zip Code: [REDACTED]		
		Person Type: 3		Seating Position:		Occupant Restraints:
<input type="checkbox"/> Male <input type="checkbox"/> Unknown	DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity:	
<input checked="" type="checkbox"/> Female					Injury Location:	
				Airbags:	Airbag Switch:	Ejected:
				Trapped:		

V #	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address:				Transported To:		
City:		State / Country <input type="checkbox"/> NV		Zip Code:		
		Person Type:		Seating Position:		Occupant Restraints:
<input type="checkbox"/> Male <input type="checkbox"/> Unknown	DOB:		Phone Number:		Injury Severity:	
<input type="checkbox"/> Female					Injury Location:	
				Airbags:	Airbag Switch:	Ejected:
				Trapped:		

V #	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address:				Transported To:		
City:		State / Country <input type="checkbox"/> NV		Zip Code:		
		Person Type:		Seating Position:		Occupant Restraints:
<input type="checkbox"/> Male <input type="checkbox"/> Unknown	DOB:		Phone Number:		Injury Severity:	
<input type="checkbox"/> Female					Injury Location:	
				Airbags:	Airbag Switch:	Ejected:
				Trapped:		

V #	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address:				Transported To:		
City:		State / Country <input type="checkbox"/> NV		Zip Code:		
		Person Type:		Seating Position:		Occupant Restraints:
<input type="checkbox"/> Male <input type="checkbox"/> Unknown	DOB:		Phone Number:		Injury Severity:	
<input type="checkbox"/> Female					Injury Location:	
				Airbags:	Airbag Switch:	Ejected:
				Trapped:		

Investigator(s) 611 JAMES SIMPSON		ID Number 611	Date 12/10/2006	Reviewed By [Signature]	Date Reviewed	Page 5 of 5
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V-1

INFORMAL STATEMENT BY: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Officer From <input type="checkbox"/> Passenger <input type="checkbox"/> Other Department <input type="checkbox"/> Witness <input type="checkbox"/> Other		NEVADA HIGHWAY PATROL		ACCIDENT NUMBER: L200W-014598 CITATION NUMBER: OTHER NUMBER: 0012100757																	
DATE:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	FULL NAME: [REDACTED]																			
RESIDENCE ADDRESS: [REDACTED]		CITY: LV	STATE: NV	ZIP CODE: [REDACTED]	TELEPHONE: [REDACTED]																
SOCIAL SECURITY NUMBER: D88 [REDACTED]		DRIVER'S LICENSE NUMBER: [REDACTED]		STATE: NV																	
VEHICLE LICENSE NUMBER: [REDACTED]		STATE: NV		YEAR AND MAKE OF VEHICLE: 2005 MAZDA																	
MY OBSERVATION OR INVOLVEMENT IN THIS MATTER WAS AS FOLLOWS: <p>I WENT TO SWITCH LANES AND STEERING WHEEL LOCKED UP AND SENT US OUT OF CONTROL INTO SIDE WIND</p>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 30%;">ADDRESS</th> <th style="width: 20%;">Phone #</th> <th style="width: 20%;">DOB</th> </tr> </thead> <tbody> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED] M</td> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </tbody> </table>						NAME	ADDRESS	Phone #	DOB	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] M	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
NAME	ADDRESS	Phone #	DOB																		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] M																		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		
SIGNATURE OF PERSON WRITING STATEMENT: 																					

NHP 61 Rev. 8-97

(N5PO 3702) (O) 4238 ~~SECRET~~

Service Request Detail

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

Pre-PAR

PAR Nollifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#				
Owner	2/8/2007 01:20:04 PM	Y	0	1	Concrete	Wet	n/a	n/a				
Driver Last Name	Driver First Name	Height	DOB	Disabilities	back problem							
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency									
n/a	n/a	(800) 531-8111	USAA									
Incident Loc	area of customer's home				Incident Desc	Last Feb. 4, while I was driving and got home and was about to park parallel, the power steering went out. I had difficulties w/ the power steering for a month now. due to the difficulty and tightness in power steering, I suffered some sort of sprain w/ my left arm and chest. There was no						
Component	n/a				Damage Desc	n/a						
Vehicle Loc	n/a				Add'l Info							
Emgcy Svc Names	n/a				Maint Loc	BCB Garage, Pavlik Chevy						

PAR Detail

Collision	Non Collision	Property Damage	Thermal Evt	Spec Equip		Property Type
Vehicle Speed		Weather Condition		Prop Owner		
Last Service Date		Loc Last Service		Property Location		Prop Est Repair Cost
Veh Est Repair Cost		Spec Equip Installer		Prop Damage Description		
Primary Veh Use		Inspection Type		Inspected By		Inspection Date/Time
Veh Damage Description				Explain Other		

Service Request Detail

PAR Injuries

Last Name	First Name	DOR	Location	Phone #	Seating Pos	Restraint Type
Occupant of Owner's Vehicle			Driver		wearing seatbelt	
Injury Description			Medical Rpt#	Treatment Location	Treated By	
I suffered some sort of sprain w/ my left arm and chest due to difficulty in steering the wheel				EMERGENCY RM : WEIRTON MEDICAL CENTER, TEL# 3047976100/ 6000	DR. KAYE RAJASHEKAR (TEL:3047976100/ 6000 WERTON MEDICAL CENTER), DR. AMRIK CHATTA (TEL# 3047234260)	
Street Address		City	State	Zip Code		
		Weirton	WV			

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/24/2007 10:33:37 AM	GREERM	ESISBIQU	Escalation		In Progress		Medical Reimbursement
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/24/2007 10:28:33 AM	GREERM	GREERM	Scheduled Follow-up		In Progress		MCALLISTER/CALL DLR
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/22/2007 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 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.greer@par/abw/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		Contact First 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

marianruiz@abw/par/11180

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	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 changed FROM: ARMENTSH TO: GREERM
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:39:31 PM	DRAHEICM	GREERM	BRC PAR	Initial Contact- Phone	Done	2/22/2007 04:37:19 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

See Inbound Call Activity

mary green/pat/abv/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:39:31 PM	DRAHEICM	GREERM	BRC PAR	Acknowledgement	Done	2/22/2007 04:37:34 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

See Inbound Call Activity

mary green/pat/abv/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:39:30 PM	DRAHEICM	GREERM	BRC PAR	Initial Contact- Dealer	In Progress		Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

PAVLIX MOTOR CARS, INC.
3662 MAIN ST
WEIRTON, WV 26062-4567
(304) 748-5515

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:39:30 PM	DRAHEICM	GREERM	BRC PAR	Initial Contact- AVM	Done	2/24/2007 10:31:55 AM	RCCASM Bennett Edmond 914244 8155 PAVLIK MOTOR CARS, INC. WEIRTON WV 40 113429
Contact Last Name		First Name		Account		BAC Code	

BAC: 113429

fyi call

mary greer/par/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:39:30 PM	DRAHEICM	GREERM	Notify CRM		Done	2/22/2007 04:38:41 PM	File Assigned
Contact Last Name		Contact First Name		Account		BAC Code	

File received.
Working file.

mary greer/par/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:39:30 PM	DRAHEICM	GREERM	Research		Done	2/22/2007 04:41:10 PM	Researched VIN
Contact Last Name		St Name		Account		BAC Code	

Research --
Summary:

*Reviewed pre-PAR

*performed VIN/case scan, no other SRs, no related issues

*Reviewed GMVIS - no open or related recalls or history

mary greer/par/11135

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:39:30 PM	DRAHEICM	GREERM	BRC PAR	Case Assigned	Done	2/22/2007 04:38:52 PM	Assigned File to Mary Greer an Ext. 11135
Contact Last Name			Name	Account	BAC Code		

Comments

File received.
Working file.

mary greer/par/11135

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/21/2007 12:07:27 AM	ARMENTSH	DRAHEICM	Escalation	Initial PAR	Done	2/21/2007 11:26:22 AM	Assigning activity to PAR QUEUE
Contact Last Name			Contact First Name	Account	BAC Code		

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

received and assigned in par

chad draheim/atx/par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/20/2007 05:03:51 PM	ARMENTSH	ARMENTSH	Inbound Call Customer	Complex Request	Done	2/20/2007 09:55:48 PM	"Alleged product allegation (POWER STEERING WHEEL HARD TIME TO TURN)".
Contact Last Name	Contact First Name	Account	BAC Code				

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 get to the doctor and and medical center's emergency room for treatment and was diagnosed to be experiencing some sprain. this was apparently due to the excessive effort she had to put into driving the power steering wheel. she had \$250 deductible for emergency and \$20 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. i'm on medication right now. i thought i would be better but at the end of the day, i still 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

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/20/2007 04:19:48 PM	ARMENTSH	ARMENTSH	Outbound Call Compound	Made Contact	Done	2/20/2007 04:37:21 PM	advised by gencac that this is a prepar case. cancelled the xler
	First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/20/2007 04:17:19 PM	ARMENTSH	ARMENTSH	Other		Done	2/20/2007 04:19:45 PM	Inbound cont'd....
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

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 asks: expenses for her pains should not be on her medical bill

crs adv: will escalate call

Kelly/CAC/Elemental/Mia

Confidential Comments

Service Request Detail

Activities

CMD

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/20/2007 04:50:54 PM	ARMENTSH	ARMENTSH	Inbound Call Customer		Done	2/20/2007 04:19:41 PM	SEEKING MEDICAL REIMBURSEMENT FOR THE STEERING PROBLEM
Name	Contact First Name	Account	BAC Code				

Comments:

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 concern?—THIS FEBRUARY

Where diagnosed?—PAVLIC MOTOR CARS, INC. 3662 MAIN ST WEIRTON WV 26062-4567 304-748-5515

Est cost of the repair? —REPAIR DONE UNDER WARRANTY

Current location of veh?—W/ CUST

Business Decision:

Where maint performed?—PAVLIC CHEVY

Report Generated for toporowm on 2/26/2007

Service Request Detail

UCC Information

UCC Code	Symptom	Description
M01	Excessive Effort	Steering - General

GM Vehicle Inquiry System Summary

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

[Help](#)

VIN :	1G1ZS52FX5F
-------	-------------

VEHICLE INFORMATION

Merchandising Model :	1ZS69 -2005 MALIBU BASE SEDAN			Warranty Start Date :	09/15/2005		
BARS Order Type :	70 - RETAIL - STOCK						
Delivering Dealer :	JOHN SERETTI CHEVROLET, INC. 5854 UNIVERSITY BLVD MOON TOWNSHIP , PA 15108-2571 (412) 264-3325			Selling Source :	13 - CHEVROLET		
				Site Code :	13745		
				Business Associate Code :	113457		
Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	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	#	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

2/26/2007

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

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VIN :	1G1ZS52FX5F
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CLAIM HISTORY

Repair Order Date :		02/05/2007		Repair Order Number :		011430		Odometer Reading :		11565 miles	
Serviced By :		PAVLIK MOTOR CARS, INC. 3662 MAIN ST WEIRTON, WV 26062-4567 (304) 748-5515				Selling Source :		13 - CHEVROLET			
						Site Code :		13620			
						Business Associate Code :		113429			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
02/09/2007	768	01	#	E9422 - LOWER CONTROL ARM REPLACE - BOTH		22730775 - ARM		N/A	N/A	\$ 341.06	N
02/09/2007	768	02	#	Z7903 - 3-DAY COURTESY TRANSPORTATION		N/A		N/A	N/A	\$ 111.00	N

Repair Order Date :		11/08/2006		Repair Order Number :		010571		Odometer Reading :		10764 miles	
Serviced By :		PAVLIK MOTOR CARS, INC. 3662 MAIN ST WEIRTON, WV 26062-4567 (304) 748-5515				Selling Source :			13 - CHEVROLET		
						Site Code :			13620		
						Business Associate Code :			113429		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
12/05/2006	749	01	#	J9995 - CUSTOMER CONCERN NOT DUPLICATED		N/A		N/A	N/A	\$ 16.55	N
12/05/2006	749	03	#	Z7902 - 2-DAY COURTESY TRANSPORTATION		N/A		N/A	N/A	\$ 74.00	N

Repair Order Date :	08/08/2006	Repair Order Number :	009555	Odometer Reading :	9505 miles
Serviced By :	PAVLIK MOTOR CARS, INC. 3662 MAIN ST			Selling Source :	13 - CHEVROLET

2/26/2007

WEIRTON, WV 26062-4567 (304) 748-5515					Site Code :		13620		
					Business Associate Code :		113429		
Cycle Date	Cycle Nbr	Case	Type	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 Order Date :		02/18/2005		Repair Order Number :		A53047		Odometer Reading :		0 miles	
Serviced By :	JOHN SERETTI CHEVROLET, INC. 5854 UNIVERSITY BLVD MOON TOWNSHIP, PA 15108-2571 (412) 264-3325					Selling Source :		13 - CHEVROLET			
						Site Code :		13745			
						Business Associate Code :		113457			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
02/22/2005	563	01	I	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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2/26/2007

GM Vehicle Inquiry System Vehicle Build

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VIN	1G1ZS52FX5F
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VEHICLE BUILD

Merchandising Model :	1ZS69 -2005 MALIBU BASE SEDAN		
Gross Vehicle Weight Rating :	1855 kg (4090 lb)	Order Number :	HWVQNM
Build Date :	02/18/2005	Build Plant :	15FZ

OPTION 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
FA1 - FAIRFAX	FE0 - SUSPENSION SYSTEM-ACTIVE
FE9 - 50-STATE EMISSIONS	FY1 - 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	1SB - MALIBU PREFERRED EQUIP GRP 1SB * 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

2/26/2007

1SZ - 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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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** 

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5

February 28, 2007

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

[REDACTED]
Weirton WV [REDACTED]

RE: Claimant: [REDACTED]
 Our File No.: 629146
 Our Client: General Motors
 Date/Event: 2-4-07
 Subject vehicle: 2005 Chevrolet Malibu

Dear [REDACTED]

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



PAVLIK MOTOR CARS, Inc.

3662 MAIN STREET
WEIRTON, WV 26062

SALES: 748-5515 SERVICE: 748-5517 PARTS: 748-5514

SERVICE HOURS: MONDAY - FRIDAY: 8:00 AM - 5:00 PM

Chrysler

A/J 11430		VIN 1G1ZS52FX5F		DATE 02/05/07	
YEAR 2005	MAKE CHEVROLET	MODEL MALIBU	COLOR DR. BLUE	TIME 03:42	
SALES IN	MALES OUT	POSTURE 00/00/00	LIB.	PROB. CALL 00:00	
SERVICE CONTRACT Expires:			RES.	C: H: W: PEGGY	

1) NO POWER STEERING
IN THRIFTY RENTAL 02/05/2007 STARTED VEHICLE AFTER SITTING OUTSIDE IN COLD (0°F) STEERING STIFF ON INITIAL STARTUP AFTER
SITTING IN 60°F SHOP - STEERING FELT FINE. Replaced
BOTH FRONT LOWER CONTROL ARMS PER TSB BELOW,

22730774

22730775

11589341

INSPECTED STEERING COMPONENTS AND
SCANNED, FOR DTC'S - SYSTEMS O.K.
AT THIS TIME

TSB# 05-02-32-001C

1.1
K9422

11430

ESTIS-OM CHRYSLER UNIT

ESTIMATE BY LAW YOU HAVE THE RIGHT TO AN ESTIMATE OF THE EXPECTED COST OF REPAIRS OR SERVICES		Original Estimate \$
INITIAL YOUR CHOICE WRITTEN ESTIMATE ORA ESTIMATE NO ESTIMATE		CUSTOMER ACCEPTANCE Authorized Additions \$ Date Time By

All parts are new or factory rebuilt unless specified otherwise. Replaced parts will be returned unless specified otherwise. Parts replaced under the manufacturer's warranty are retained by the dealer for inspection by the manufacturer. ☐ DISCARD

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability of fitness for a particular purpose, and neither assumes nor authorizes any person to assume for it any liability in connection with the sale of said products. The product is sold by the seller "As is" and the entire risk as to quality and performance of the product is with the buyer and/or manufacturer. If the product proves to be defective after purchase, the buyer and/or manufacturer, not the seller, shall assume the entire cost of all necessary remedies.

ITEM	DATE	QTY	TECH TYPE	DESCRIPTION
10571C	11/08/2006	10764	00 W	COURTESY TRANSPORTION.
10571B	11/08/2006	10764	08 W	CHECK FOR VIBRATION AN
10571A	11/08/2006	10764	08 W	CHECK FOR INTERMIT NO
09555B	08/09/2006	9499	00 W	
09555A	08/09/2006	9499	10 W	PULSATION IN FRONT WHE

TERMS: STRICTLY CASH UNLESS ARRANGED OTHERWISE

I hereby authorize the repair work herein set forth to be done by you along with the necessary parts and materials to be furnished by you and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or materials for which you neither assume nor authorize anyone to assume any liability in connection with such repair. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repairs thereto. In the event that you, the customer, authorize commencement but do not authorize completion of a repair or service, a charge will be imposed for disassembly, reassembly or partially completed work. Such charge will be directly related to the actual amount of labor or parts involved in the inspection, repair, or service. Customer labor charges may be based on the complexity of the repair and the level of expertise required to effect the repair.

Labor Rate 70.00

Page 1 of 1

11430 Job 11430

X

CUSTOMER'S SIGNATURE

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

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

Name, address, telephone number of medical provider:	[Redacted]
Name:	[Redacted] Weirton, WV
[Redacted]	Weirton, WV
[Redacted]	Weirton, WV
Name, address, telephone number of medical provider:	Weirton, WV
Name, address, telephone number of medical provider:	[Redacted]

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 revocation.
- the above-listed medical providers may not condition (withhold or refuse) treating me on whether I sign this Authorization.

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

Printed Name of Patient:	[Redacted]	Date of Birth	[Redacted]
[Redacted]	Weirton, WV	Social Security Number	[Redacted]
Signature of Patient or Representative:	[Redacted]	Date Signed	3-13-07
Relationship to individual*	[Redacted]	Authority to act for individual*	[Redacted]

*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: 629146
Claims Administrator: Sean Kelly

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



esis

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

800.888.0164 tel
313.665.0911 fax

Sean Kelly
Claims Administrator

March 14, 2007

Amrik Chatta, MD
485 Colliers Way
Weirton WV 26062
Attention: Medical Records Department

RECEIVED
MAR 30 2007
ESIS-GM CLAIMS UNIT

RE: Our File No.: 629146
Our Client: General Motors Corporation
Patient Name: [REDACTED]
Date/Event: 2-4-07
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,


Sean Kelly

Enclosure: Medical Authorization

PATIENT RECEIPT
Phone: (304) 723-4260

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

WEIRTON, 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#	CHATTHA		(\$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	W1 BA WRITE OFF	CHATTHA		(\$11.86)	\$0.00	\$0.00
01/16/2007	95861	11 EMG-2 LIMBS	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 NERVE CONDUCTION (EAC	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	5	PO Payment-Ins.Check##	CHATTHA		(\$58.44)	\$21.56	\$21.56
02/26/2007	43	W1 BA WRITE OFF	CHATTHA		(\$21.56)	\$0.00	\$0.00
01/12/2007	7055126	22 INTERP MRI BRAIN W/O CONTRAST	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	W1 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	7214126	22 INTERP MRI CERVICAL W/O CONTR	CHATTHA		\$300.00	\$300.00	\$370.00
03/26/2007	99213	11 FOLLOW UP ESTABLISHED PATIENT	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

RESP	Current	31--60	61--90	Over 90	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



WEST

Name: [REDACTED]
Phys: Chattha, Amrik
DOB: 06/09/1964 Age: 42 Sex: F
Acct: [REDACTED] 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 CEREBRAL HEMISPHERES WITH AND WITHOUT GADOLINIUM.

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

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

PROGRESS NOTE

NAME: [REDACTED]

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 the chest with radiation into left upper extremity.

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

ALLERGIES: She was allergic to castor oil.

MEDICATIONS: She was on Estratest.

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

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

IMPRESSION/RECOMMENDATIONS: 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.

Chattha M.D.
A. Chattha, M.D.
AC/va

PROGRESS NOTE

NAME: [REDACTED]

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 was 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: This patient has peculiar pain in the left upper extremity of unknown etiology. I have suggested mild analgesics and revaluation in 4 weeks' time.

Chattha M.D.
A. Chattha, M.D.
AC/Sp

EMG AND MOTOR NERVE CONDUCTION VELOCITIES REPORT

NAME: [REDACTED]

DOS: 01/16/07

CHIEF COMPLAINT: 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.

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

Chattha M.D.
A. Chattha, M.D.
AC/va

NAME

ADDRESS

AGE

DATE

PHYSICIAN

NERVE CONDUCTION VELOCITY AND LATENCY STUDIES

ELECTROMYOGRAPHY

NERVE	LATENCY	NORMAL	NCV/M/SEC	NORMAL	MUSCLE TESTED	FIBR	FASC	MUP
MEDIAN N.	R	3.2	4.0	57	DELTOID	R L		
	L	3.8		57				
ULNAR N.	R	2.3	5.0	66	BICEPS	R L	0 0	0 0
	L	2.3		65				
RADIAL N.	R			47 - 59	TRICEPS	R L		Finger 11
	L							
PERONEAL N.	R		7.0		SUPRASPINATUS	R L		
	L							
POST-TIBIA N.	R		7.3		INFRA SPINATUS	R L		
	L			43 - 57				
FEMORAL N.	R		5.0		THERNAR MUSC	R L	0 0	0 0
	L							
FACIAL N.	R		4.0	41 - 60	RHOMBOLD	R L		
	L							
H. REFLEX	R				OPPOS	R L		
	L							
F. REFLEX	R				POLICIS	R L		
	L							
	R				QUADRICEPS	R L		
	L							
	R				GASTROCNEMUS	R L		
	L							
	R				TIBIALIS	R L		
	L							
	R				PERONEUS LONGUS	R L		
	L							

SENSORY CONDUCTION VELOCITIES

MEDIAN N.	R	3.2	PERONEAL	R
	L	3.3		L
ULNAR N.	R	2.3	POST TIBIAL	R
	L	2.4		L

SUMMARY OF FINDINGS:

Signature

Amrik S. Chaittha, M.D.

PROGRESS NOTE

NAME: [REDACTED]

DOS: 01/18/07

CHIEF COMPLAINT: 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.

PAST MEDICAL HISTORY: 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: She does not smoke but very occasionally she drinks alcohol.

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

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

IMPRESSION/RECOMMENDATIONS: 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.

Chatter M.D.
A. Chattha, M.D.
AC/Sp

PROGRESS NOTE

NAME: [REDACTED]

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.

PAST MEDICAL HISTORY: 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.

PHYSICAL EXAMINATION: 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 system, and abdomen were 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.

DIAGNOSTIC TESTS: 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.

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

DIAGNOSTIC POSSIBILITIES:

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

RECOMMENDATIONS:

1. 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.

Chattha M.D.
A. Chattha, M.D.
AC/va



esis

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

800.888.0164 tel
313.665.0911 fax

#102113

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: [REDACTED]
Date/Event: 2-4-07
Date of Birth: 6-9-64

RECEIVED
MAR 30 2007
ESIS-GM CLAIMS UNIT

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 [REDACTED] medical records and medical bills for the above incident.

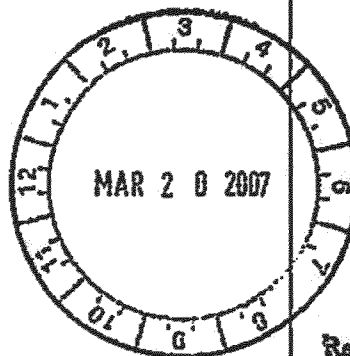
Enclosed please find the *Authorization for Use and/or Disclosure of Confidential Medical Information* form for your file. If there is a copying charge for these records, please forward the records along with your invoice and your Tax Identification Number.

Thank you for your cooperation.

Sincerely,

Sean Kelly

Enclosure: Medical Authorization



A FIRM THAT PROVIDES SERVICES TO GM - ONE OF THE BIG GROUP OF COMPANIES

SOURCECORP HEALTHSERVE

Req #: 382233 Initial: MB 3/27/07

Pages: 2 Fiche: _____

<input type="checkbox"/> FS	<input type="checkbox"/> PATH	NOTES NECESSARY
<input type="checkbox"/> DS	<input type="checkbox"/> XPT	
<input type="checkbox"/> HP	<input type="checkbox"/> D	CR
<input checked="" type="checkbox"/> ER	<input type="checkbox"/> I	
<input type="checkbox"/> CONS	<input type="checkbox"/> G	
<input type="checkbox"/> OR	<input type="checkbox"/> MEL	
<input type="checkbox"/> EKG	<input type="checkbox"/> VERBAL RPT	

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

Printed Name of [REDACTED]		Date of Birth [REDACTED]
Address, City, State and Zip [REDACTED]		Social Security Number [REDACTED]
[REDACTED] Weirton, W.V. [REDACTED]		Date Signed 3-13-07
[REDACTED]		Authority to act for individual*

*If you are a personal representative signing this Authorization, please

*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.

Claim Number:	629146
Claims Administrator:	Sean Kelly

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

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: Castor oil

SOCIAL HISTORY/FAMILY HISTORY: Negative

PHYSICAL EXAMINATION: Patient is a 42 year-old female, alert and oriented x 3. Afebrile. Vital signs are stable. O2 sat 100% on room air. HEENT - head atraumatic, normocephalic. ENI 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 murmur 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 DEPARTMENT COURSE: Patient presenting with chest pain.

DIFFERENTIAL DIAGNOSIS: Acute coronary syndrome, pulmonary embolus, pneumonia, costochondritis and pericarditis

EKG was done and read by me and showed normal sinus rhythm at 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

10-29-93

6070174977

EMR

EMR

AMANDEEP PUREWAL, M.D.

42 F 02/08/2007

DOB: [REDACTED]



WEIRTON MEDICAL CENTER
601 COLLIER'S WAY WEIRTON, WV 26062-5021

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:jlh

DD: 02/08/2007 4:32 P

DT: 02/08/2007 5:17 P

DOC #1057044:JOB #000122302

KALPANA RAJA/SHEKAR, M.D.

10-29-93

6070174977

EMR

EMR

AMANDEEP PUREWAL, M.D.

42 F 02/08/2007

DOB: [REDACTED]



WEIRTON MEDICAL CENTER
801 COLLIER WAY WEIRTON, WV 26062-5091

EMERGENCY REPORT

Page 2 of 2

ORIGINAL

William K. Agnew, M.D.
Internal Medicine

PROGRESS NOTES

NAME: [REDACTED]

DOB: [REDACTED]

ALLERGIES: *penicillin*

DATE

NOTES

RECEIVED

MAR 29 2007

ISIS-GM CLAIMS UNIT

10/25/06 *Detia*

Comp Appt Jm

3-2-07

Exam

L/R arm. Very painful -

refused w/
mod B.S.

134/84

hyp

infr + r. chest. wall, wrist. R

Celebrex 200 B/D

4cm

inner arm. 6cm

Chimara rich

As

pyloric nte 74c

10 PRAL x 50 PRN

safe o. tender near

752 [signature]

Current Transactions

Fri, Mar 23, 2007

Ins. Codes: HP1 / 2TC

Patient Number: 31990

No.	Trx. No	Date	CPT No.	POS	CPT Description	ICDA Code Number	Amount
1	053511110.	1/06	99214.0	3W	ESTABLISHEDPATIENT	723.1	105.00
2	053511210.	1/06	1	3W	E Health Plan	For \$105.00	0.00 X
3	053985311.	6/06	20		Insurance Payment		-83.69
4	053985411.	6/06	30		Adjustment		-11.31
5	053985511.	6/06	1	3W	F Private Insurance	For \$105.00	0.00 X
6	054490012.	2/06	29		APPLIED TO DEDUCTIBLE		0.00
7	054490112.	2/06	9999.00	3W	Rem Bal \$10.00	Trk #0535112	0.00 P
8	055416803.	2/07	99213.0	3W	ESTABLISHEDPATIENT	786.50	70.00
9	055416903.	2/07	1	3W	E Health Plan	For \$70.00	0.00 P
10	055417003.	5/07	19		Patient Pmt To Ins		-10.00
							=====
Total Balance Due							70.00

Press Return To Continue

CurrentTransact ons

Fri, Mar 23, 2007

Ins. Codes: HP1 / 2TC

PatientNumber: 31990

No. Trx. No Date CPT No. POS CPT Description ICDA Code Number Amount

CurrentBalance	70.00	No. Of StmtS Sent	3
Last Charge Date	030207	Last PaymentDate	030507
Last Charge Code	99213.0	Last PaymentCode	19
Last Charge Amou:	70.00	Last PaymentAmount	10.00
Last Note Date	0	Last StatementDate	031307
Last Note Number	0	Last StatementAmount	70.00

CurrentAmount Due From Patient	10.00
CurrentAmount Due From Insurance	60.00

Do You Want To RestartThis ReportN

5
June 18, 2007

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

Ms. Rosie McAllister
3336 Orchard Street
Weirton WV 26062

RE: Claimant: [REDACTED]
 Our File No.: 629146
 Our Client: General Motors
 Date/Event: 2-4-07
 Subject vehicle: 2005 Chevrolet Malibu

Dear [REDACTED]

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, [REDACTED]. 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, [REDACTED] 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.

Initials PSM RMM

FILE NUMBER: 8213-259-629146

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.

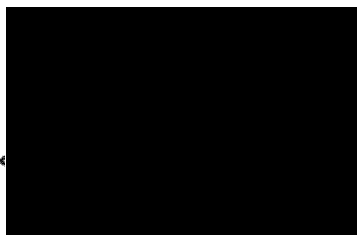
THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 3rd day of October, 2007.

CAUTION: READ BEFORE SIGNING

Karen Jakubovich
WITNESS

Imma J. Donohue
WITNESS



LS

LS

State of W.V.

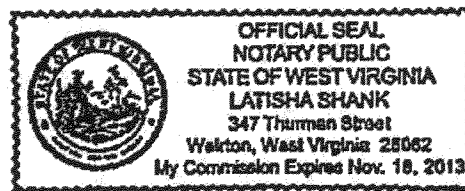
County of Mingo

On the 3 day of October, 2007, before me personally appeared

[Redacted Name] to me known to be the person(s) named herein and who executed the foregoing Release and Indemnification acknowledged to me that [Redacted Name] voluntarily executed the same.

My term expires Nov 18, 2013

Latisha Shank
Notary Public



RECEIVED
OCT 08 2007
ESIS-GM CLAIMS UNIT