

Service Request Detail

SR No. 71-490629277	Ref No.	Goodwill	No Goodwill Offered	BRC Type	PAR
Account	Site	GW SubType		Bus. Unit	BRC
Last Name	First Name	Approval	Not Initiated	Area	PAR
Daytime #	Evening #	UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address	City Gonzales	Involved Dir	Supreme Chevrolet, LLC	Safety	Yes
State LA ZipCd	Con Acct	Source	Phone	Updated	4/12/2007 06:22:14 PM
Serial #/VIN 1G1ZT52825F	Model Year 2005	Priority	Medium License # CHEVROL	Owner	GARCIAJR
Make Chevrolet	Warr. Start 05/14/2005	Status	Closed	Opened	3/6/2007 12:25:23 PM
Model Malibu	Mileage 22000	Sub-Status	Satisfied	Closed	4/12/2007 06:22:11 PM
Abstract Steering - 05 Chev Malibu					
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's	# People in Veh	Road Surface	Road Cond	Fire Report#	Police Report#
Owner	3/4/2007 07:00:58 PM	N	0	1	Asphalt	Dry	n/a	07-9420
Driver Last Name	Driver First Name	Height	Weight	Disabilities				
		5'5"		n/a				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
n/a	Joanie	(800) 628-0250 x1464	Hanover Claims					
Incident Loc	Roddy Road	Incident Desc	Cust was driving down road doing speed limit of 40, was coming upon a bridge and the steering locked up. Cust daughter jerked the wheel to the left and the car hit off the bridge. Cust then ended up in a ditch					
Component	C01, E02, E40	Damage Desc	Front grill is messed up, left front fender, left front tire, left front rim, scratch down driver side, gash left rear quarter panel, frame twisted					
Vehicle Loc	Highway 44 Paint and Body Shop, 225-644-7516	Add'l Info	-airbags also deployed -Car towed to Body Shop					
Emergency Svc Names	S. Cummins 225-621-8340	Maint Loc	Supreme Chevrolet, 225-644-8411					

PAR Detail

Collision	Y	Non Collision	Property Damage	N	Thermal Evt	N	Spec Equip	n/a
Vehicle Speed	40	Weather Condition	clear	Prop Owner	n/a	Property Type	n/a	
Last Service Date		Loc Last Service		Property Location	n/a	Prop Est Repair Cost		
Veh Est Repair Cost	\$0.00	Spec Equip Installer		Prop Damage Description	n/a	Inspected By		
Primary Veh Use	Personal	Inspection Type		Inspected By		Inspection Date/Time		
Veh Damage Description	veh totaled	Explain Other						

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/12/2007 06:22:11 PM	GARCIAJR	GARCIAJR	SR Closed - Satisfied		Done	4/12/2007 06:22:11 PM	Service Request has been Closed Satisfied.
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
4/11/2007 05:25:09 PM	GARCIAJR	GARCIAJR	Outbound Call Dealer	Made Contact	Done	4/11/2007 05:32:51 PM	returning call
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Called daytime phone #.

Crm stated calling to return message.

Cust stated subro rep, Trish Neal, from his insurance company wants to know who is going to f/u w/ her in re to the subro demand.

Crm stated I will ct her.

Cust provided subro rep's ct info, 800-628-0250 X3018. Cust stated the claim # is 03660106.

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/11/2007 05:24:47 PM	GARCIAJR	GARCIAJR	Inbound Call Customer	Voice Mail Received	Done	4/11/2007 05:25:05 PM	recvd vlm from cust
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

asked to be c/b.

Joe G/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/9/2007 11:31:28 AM	RODRIJOS	TOPOROW M	Escalation	ESIS - Insurance Involvement	Done	4/12/2007 01:47:50 PM	Assigned to ESIS

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

Subrogation

631377 Nancy Johnson

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/9/2007 10:18:47 AM	DRAHEICM	RODRIJOS	Notify CRM		Done	4/9/2007 11:31:27 AM	ESIS-Subrogation

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

received and assigned to ESIS.

Jose Rodriguez/ATX/PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/9/2007 10:08:59 AM	GARCIAJR	DRAHEICM	BRC PAR	ESIS- Insurance Involvement	Done	4/9/2007 10:18:44 AM	escalating file to ESIS

Contact Last Name	Contact First Name	Account	BAC Code
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Comments

recvd subrogation docs from insurance company

Joe G/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
4/9/2007 08:55:03 AM	MITCHELB	GARCIAJR	Notify CRM	Other	Done	4/9/2007 10:08:57 AM	docs rec'd
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
4/9/2007 08:54:00 AM	SADMIN	GARCIAJR	Inbound White Mail	Customer	Done	4/9/2007 10:09:56 AM	Scanned: 2007-04-06-11.29.06.000000, MSXDocNum: 0709600087
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

docs rec'd:

1. assorted insurance-related items

Bruce Mitchell/cac/pdx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/9/2007 08:53:40 AM	MITCHELB	GARCIAJR	SR Opened		Done	4/9/2007 08:53:41 AM	SR in Status of Closed has been Re-Opened by MITCHELB
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
3/9/2007 01:11:32 PM	GARCIAJR	GARCIAJR	SR Closed - Satisfied		Done	3/9/2007 01:11:32 PM	Service Request has been Closed Satisfied.
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
3/9/2007 01:11:00 PM	GARCIAJR	GARCIAJR	BRC PAR	Close	Done	3/9/2007 01:11:27 PM	closing PAR file
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Insurance company is subrogating against GM

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/9/2007 01:09:58 PM	GARCIAJR	GARCIAJR	Outbound Call Customer	Made Contact	Done	3/9/2007 01:10:57 PM	closing PAR file - insurance company subrogating
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Called cust's cell phone #

Crm stated calling to inform that GM will not be doing a veh inspection, Insurance company is subrogating against GM.

Cust stated he understands.

Joe G/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/9/2007 12:53:28 PM	GARCIAJR	GARCIAJR	Inbound Call Third Party		Done	3/9/2007 01:01:42 PM	Insurance company will be subrogating
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Insurance agent, Joanie Shaler, stated calling to return cm's message that was left on her v/m.

Crm stated I am trying to find out veh's whereabouts & possibly get permission to inspect the veh.

Agent stated the veh has been deemed a total loss, will be subrogating. Agent asked for address to send subro papers.

Crm provided division address, also to ref the SR#.

Agent transferred call to total loss claim rep, Jennifer Butler.

Crm left message for claim rep to c/b.

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/9/2007 12:00:03 PM	GARCIAJR	GARCIAJR	Scheduled Follow-up		Done	3/9/2007 01:09:54 PM	71-490629277, ct claim rep
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Monday 3/12/07, 1-5 pm et. @ (800) 628-0250.

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/9/2007 11:59:19 AM	GARCIAJR	GARCIAJR	Outbound Call Third Party	Left Message	Done	3/9/2007 12:00:02 PM	l/m for claim rep, Joanie Shaler
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Called claim rep @ (800) 628-0250 X1464:

Calling to get some info on cust's claim.

Joe G/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/8/2007 10:25:07 AM	GARCIAJR	GARCIAJR	Scheduled Follow-up		Done	3/9/2007 11:59:18 AM	71-490629277, cl claim rep
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Friday 3/9/07, 12-4 pm et, @ (225) 647-1369.

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/8/2007 10:24:52 AM	GARCIAJR	GARCIAJR	Ownership Changed	Ownership Escalated to BRC	Done	3/8/2007 10:24:52 AM	Ownership Escalated to BRC
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/7/2007 05:10:15 PM	GARCIAJR	GARCIAJR	Scheduled Follow-up		Done	3/8/2007 10:24:01 AM	71-490629277, cl cust
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Thursday 3/8/07, 8-12 pm et, @ (225) 715-2585.

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/7/2007 12:03:13 PM	DRAHEICM	GARCIAJR	Ownership Changed		Done	3/7/2007 12:03:13 PM	Service Request Ownership has changed FROM: SUTTONBO 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
3/7/2007 12:01:44 PM	DRAHEICM	GARCIAJR	BRC PAR	Initial Contact- Phone	Done	3/8/2007 10:23:49 AM	made initial ct w/cust
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Called cust's cell phone #.

Crm stated calling to f/u w/cust re the product allegation case, understand that veh was involved in an accident where there is an allegation against the steering system.

Cust stated that is correct, his 17 yrd old daughter was driving. Cust stated was going approx 40 mph when the steering wheel starting acting funny. Cust stated his daughter tried to gain control of the steering, lost control & went into a ditch.

Crm stated would like to get the veh inspected.

Cust stated the veh is going to be totaled, just recvd word from his insurance company. Cust stated he is going to settle w/his insurance company so that he can get another veh.

Crm stated if cust settles w/his insurance company and if they feel that this accident was caused by a mechanical failure, they will subrogate against GM. Crm stated at that time, cust will not be involved in those proceedings.

Joe G/PARI/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/7/2007 12:01:44 PM	DRAHEICM	GARCIAJR	BRC PAR	Acknowledgement	Done	3/7/2007 05:10:06 PM	acknowledgement made
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Called cust's cell phone #.

Crm stated calling to f/u w/cust re the product allegation case.

Cust stated he is in a meeting, asked if can c/b in a couple of hours.

Crm stated I might be gone for the day, provided ct info.

Crm stated will c/b in the morning.

Joe G/PARI/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/7/2007 12:01:44 PM	DRAHEICM	GARCIAJR	BRC PAR	Initial Contact- Dealer	Done	3/7/2007 05:04:45 PM	Supreme Chevrolet
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Called dir @

Crm stated calling to get any details that may be related to cust's product allegation case.

Svc adv, Sharon, stated the cust had a noise in the rt frt cowl area. Svc adv stated they replaced the rack & pinion. Svc adv stated they replaced the steering box again due to a noise concern, nothing mentioned on steering wheel locking up.

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/7/2007 12:01:44 PM	DRAHEICM	GARCIAJR	BRC PAR	Initial Contact- AVM	Done	3/7/2007 05:01:38 PM	Urn for AVM, Kevin Phillips
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

ASM/AVM: Kevin Phillips
Node: 972075
Mailbox: 8387

Dealer: Supreme Chevrolet
Location: Gonzales, LA

Calling to provide heads-up/FYI on cust's product allegation case.

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/7/2007 12:01:44 PM	DRAHEICM	GARCIAJR	Notify CRM		Done	3/7/2007 04:58:19 PM	File Assigned
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/7/2007 12:01:43 PM	DRAHEICM	GARCIAJR	Research		Done	3/7/2007 04:58:15 PM	Researched VIN
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

Repairs - 12/13/2006 053379 # E9740 - GEAR ASSEMBLY, POWER STEERING - REPLACE, related to allegation

08/09/2006 049311 # E9740 - GEAR ASSEMBLY, POWER STEERING - REPLACE, related to allegation

Recalls - no open recalls

SR's - no other files for this veh

Joe G/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/7/2007 12:01:43 PM	DRAHEICM	GARCIAJR	BRC PAR	Case Assigned	Done	3/7/2007 04:55:19 PM	Assigned File to Joe Garcia ext 11291
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
3/6/2007 01:10:37 PM	SUTTONBO	RODRIGOS	Escalation	Initiate PAR	Done	3/7/2007 09:57:31 AM	Assigning activity to PAR QUEUE
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

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

Bobbi Sutton/CAC/STJ

received and assigned to PAR

Jose Rodriguez/ATX/PAR workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/6/2007 01:06:34 PM	SUTTONBO	SUTTONBO	Inbound Call Customer	Complex Request	Done	3/6/2007 01:10:33 PM	Alleged product allegation- Steering Wheel Locked Up
Contact Last Name	Contact First Name	Account	BAC Code				

Customer states: Custs daughter was driving down road doing speed limit of 40, was coming upon a bridge and the steering locked up. Cust daughter jerked the wheel to the left and the car hit off the bridge. His daughter then ended up in a ditch.

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

Bobbi Sutton/CAC/STJ

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
3/6/2007 12:28:36 PM	SUTTONBO	SUTTONBO	Inbound Call Customer	Complex Request	Done	3/6/2007 01:08:36 PM	created in error
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Created in Error

Bobbi Sutton/CAC/STJ

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Inoperative	Steering - General
E40	No Symptom Indicated	Tires - General
E02	Bent / Warped	Chassis - Frame / Cradle (including bolts)
S97	Insurance Company	Referred Customer to CAC

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 :	1G1ZT52825F
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VEHICLE INFORMATION

VEHICLE INFORMATION

Merchandising Model :	1ZT69 -2005 MALIBU LS SEDAN	Warranty Start Date :	05/14/2005				
BARS Order Type :	50 - FLEET						
Delivering Dealer :	WALDEN FLEET GROUP, INC. 4680 BLUE LAKE DRIVE BOCA RATON , FL 33431-4448	Selling Source :	13 - CHEVROLET				
		Site Code :	04023				
		Business Associate Code :	111571				
Service Contract :	No	Branded Title :	Yes	Warranty Block :	Yes	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
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	05/14/2005	10 miles	05/14/2008	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	05/14/2005	10 miles	05/14/2011	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	05/14/2005	10 miles	05/14/2013	80010 miles
36/36000 FEDERAL EMISSION	05/14/2005	10 miles	05/14/2008	36010 miles

CLAIM HISTORY

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

12/13/2006	053379	#	C0010 - COWL AREA - RESEAL	20589 miles
12/13/2006	053379	#	E9740 - GEAR ASSEMBLY, POWER STEERING - REPLACE	20589 miles
10/30/2006	051927	#	V1427 - 05094 - REPLACE BOTH MIRROR ASSEMBLIES	19749 miles
08/09/2006	049311	#	E9740 - GEAR ASSEMBLY, POWER STEERING - REPLACE	17867 miles
12/12/2005	041526	#	C2020 - SUNSHADE AND/OR SUPPORT - RIGHT - R&R OR REPLACE	11983 miles
12/12/2005	041526	#	Y0042 - 05548 - CUSTOMER SATISFACTION PROGRAM - RETORQUE HARMONIC	11983 miles
05/13/2005	A04085	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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Received from MSX

440 Lincoln Street
PO Box 15149
Worcester MA 01615 0149
Fax Number: 508/853-6281
Telephone: 800/628-0250 Ext 3018

April 11, 2007

CHEVROLET MOTOR DIVISION
CUSTOMER ASSISTANCE CTR
5505 CORP DR
PO BOX 7047
DETROIT MI 48007 7047

RECEIVED

APR 19 2007

Re: Our Insured: [REDACTED]
Claim Number: [REDACTED] Adjuster Code: 0S7
Date of Loss: 03/04/07
Your Insured: CHEVROLET
Your Claim: [REDACTED]

ESIS-GM CLAIMS UNIT

Dear CLAIMS DEPARTMENT:

Our preliminary investigation indicates that the above accident was caused by the negligence of your insured. Please accept this letter as notice of our rights of subrogation.

Upon completion of our investigation, we will forward you our supporting documents. Thank you for your cooperation in this matter.

Very truly yours,

Patricia Neale, CCLA
Subro Specialist

INTER-COMPANY REIMBURSEMENT NOTIFICATION

March 16, 2007

OUR INSURED: [REDACTED]
ADDRESS: [REDACTED]
DATE OF LOSS: 03/04/07
LOCATION: GONZALES LA
OUR FILE: 03 - 660106

YOUR INSURED: CHEVROLET
ADDRESS: PO BOX 33170
DETROIT MI 48232

YOUR FILE: 71-490629277

CHEVROLET MOTOR DIVISION
~~5505 CORP DR~~ PO Box 33170
DETROIT MI 48232
48232

Allen
Joe Shucic

Our investigation of this accident indicates that liability rests with your insured. We request reimbursement under the provisions of the Massachusetts Personal Protection Law for benefits and expenses paid and/or for amounts paid under physical damage coverages.

I. PERSONAL INJURY PROTECTION (PIP)

NAME OF INJURED	AGE	BENEFITS			EXPENSE		TOTAL
		MEDICAL	WAGE	OTHER	UNALLOCATED	ALLOCATED	

[NOTE: \$0.00 AMOUNT INDICATES PENDING]

II. COLLISION/LIMITED COLLISION/COMPREHENSIVE

TOTAL AMOUNT OF DAMAGES	TOTAL LOSS?	SALVAGE AMT	BAILMENT	RENTAL AMOUNT PAID	TOTAL CLAIMED
14,308.43	NO	0.00	NO	0.00	14,308.43

Patricia Neale, CCLA
Subro Specialist
THE HANOVER INSURANCE COMPANY
440 Lincoln Street PO Box 15149
Worcester MA 01615-0149
800/628-0250 3018

Preliminary Subrogation

CCC Valuescope Market Report

The Hanover Insurance Group Market Report

Report Reference Number: 37251569

Adjuster : Shaler, Joan

Claim reference : [REDACTED]

Claim Submitted Date: 03/07/2007

Loss Incident Date: 03/04/2007

Appraiser : SPENCE, DARYN

Insured: [REDACTED]

Owner: [REDACTED]

Policy Number: ASO7772055

Introduction

The Hanover Insurance Group has conducted an inspection of your 2005 Chevrolet Malibu LS 4 Door Sedan located in Gonzales, LA. The inspection information was then used to conduct research in your local market to determine the local market value of your vehicle.

The local market value for your vehicle was defined by the ZIP code 70737 – Gonzales, LA.

The recommended settlement amount based on the loss vehicle description provided by The Hanover Insurance Group is \$ 13,127.00.

Vehicle Valuation Summary

Provides the market valuation summary

Vehicle Valuation Allowances

Describes factors affecting the value of the vehicle

Vehicle Description

Describes the components of the vehicle

Vehicle Condition

Details the vehicle's pre-accident condition and Appraiser inspection recap

Local Market Comparable Vehicles Detail

Presents the comparable vehicles located in your market

VINwardTM Vehicle Identification

Details the vehicle configuration information

VINwardTM Vehicle History Information

Provides the results of vehicle history research

Experian AutoCheckSM Vehicle History Report

Provides the results of an Experian AutoCheck database search

Valuation Methodology

Describes the method used to evaluate the loss vehicle

Local Market Definition

Details the local market basis for this valuation

Vehicle Appraisal and Valuation Notes

Lists detailed log notes for this file

Claim reference : 03-660106-01-001

[Return to top](#)

Report Reference Number: 37261569

Vehicle Valuation Summary

2005 Chevrolet Malibu LS 4 Door Sedan - Gonzales, LA

VIN: 1G1ZT52825F [REDACTED]

Local Market Value		\$ 12,775.00
Current Condition Adjustment		+ 352.00
Actual Cash Value		\$ 13,127.00
Pre Tax Amount		\$ 13,127.00
Vehicular Sales Tax	___ %	\$ _____
License/fees (if applicable)		\$ _____
Adjusted Vehicle Value		\$ 13,127.00

The Local Market Value is derived from comparable vehicle(s) available or recently sold in the marketplace at the time of valuation.

Vehicle Valuation Allowances

Compared to the typical vehicle in this local market, your vehicle's value was affected by these factors:

Odometer		22,289	+ 952.00
Options			
Rear Spoiler	SL	Reported	+ 150.00

These allowances illustrate factors that influence the settlement amount when compared to a typical vehicle. The typical vehicle is a vehicle of the same year, make, and model as the loss vehicle, including average mileage, and all standard and predominant equipment.

In cases where a standard or predominant option is superseded by a replacement or upgrade, a corresponding addition will appear for the option to reflect this.

The vehicle valuation allowances also reflect proper deductions for all standard or predominant equipment not present on the loss vehicle.

These allowances are illustrative only. The actual Local Market Value is calculated entirely from the comparable vehicles contained in this report with adjustments to reflect the loss vehicle configuration.

Claim reference : 03-660106-01-001

Return to Ion

Report Reference Number: 37251569

Vehicle Description

2005 Chevrolet Malibu LS 4 Door Sedan - Gonzales, LA

Below are the components for your vehicle, provided to CCC by The Hanover Insurance Group, included in this local market valuation:

Component		Loss Vehicle Information
Odometer		22,289
Equipment		
<u>Transmission</u>		
Automatic Transmission		
Overdrive	AT	Standard
Traction Control	OD	Standard
	TX	Standard
<u>Power</u>		
Power Steering	PS	Standard
Power Brakes	PB	Standard
Power Windows	PW	Standard
Power Locks	PL	Standard
Power Driver Seat	SP	Standard
Power Mirrors	PM	Standard
Power Trunk/Tailgate	PT	Standard
<u>Decor/Convenience</u>		
Air Conditioning	AC	Standard
Rear Defogger	RD	Standard
Tilt Wheel	TW	Standard
Cruise Control	CC	Standard
Cloth Seats	CS	Standard
Bucket Seats	BS	Standard
4-Wheel Disc Brakes	DB	Standard
Telescopic Wheel	TL	Standard
Dual Mirrors	DM	Standard
Keyless Entry	KE	Standard
Rear Spoiler	SL	Reported
<u>Radio</u>		
AM Radio	AM	Standard
FM Radio	FM	Standard
Stereo	ST	Standard
Search/Seek	SE	Standard
Compact Disc Player	CD	Standard
<u>Other</u>		
Aluminum/Alloy Wheels	AW	Standard
Body Side Moldings	BN	Standard
Intermittent Wipers	IW	Standard
Metallic Paint	MP	Reported
Air Bag	AG	Standard
Passenger Air Bag	RG	Standard
Anti-Lock Brakes (4)	AB	Standard

Claim reference : 03-660106-01-001

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Report Reference Number: 37261569

VINGuard™ Vehicle Identification

VIN: 1G1ZT52825F [REDACTED]

Every vehicle sold in the United States is required to have a manufacturer assigned Vehicle Identification Number (VIN). This number provides the exact specifications of the vehicle. Decoding the VIN identifies the exact vehicle for which the local market value will be determined.

	Insurer Description	VINGuard Analysis
Year	2005	2005
Make	Chevrolet	Chevrolet
Model	Malibu LS	Malibu LS
Model Number	ZTS	ZTS
Body Style	4 Door Sedan	4 Door Sedan
Engine	6-3.5L-FI	6-3.5L-FI
Transmission	Automatic Transmission Overdrive	
Restraints	Air Bags (Driver+Pass.)	Air Bags (Driver+Pass.)
Curb Weight		3,174
Odometer	22,289	

This vehicle was assembled in U.S.A.

VINGuard™ is a database used to decode completely and accurately all manufacturer assigned Vehicle Identification Numbers.

VINGuard™ Vehicle History Information

Using the VIN for this vehicle, VINGuard™ detected discrepancies or prior history requiring additional research. Please review the information detailed below.

VINGuard has decoded this VIN without any errors.

Collision History Information:

Collision Incident reported by The Hanover Insurance Group on 03/07/2007.

Claim # 03-660106-01-001 in Baton Rouge, LA

Repair estimate: \$10,062 Miles: 22289

Damage Location: Total Loss.

AutoCheck Vehicle History Report

experian
AUTOMOTIVE

Report Run Date: 03/16/2007

Key:	= No Problem Found	= Problem Found	= Information Found
------	--------------------	-----------------	---------------------

Title Check

AutoCheck's results for this 2005 Chevrolet Malibu LS (1G1ZT52825F) show no significant title events. When found, events often indicate automotive damage or warnings associated with the vehicle.

Problems Checked

Abandoned
Damaged
Fire Damage
Grey Market
Hail Damage
Insurance Loss
Junk
Rebuilt
Salvage

Results Found

No Abandoned Record Found
No Damaged Record Found
No Fire Damage Record Found
No Grey Market Record Found
No Hail Damage Record Found
No Insurance Loss Record Found
No Junk Record Found
No Rebuilt Record Found
No Salvage Record Found

Problem Check

AutoCheck's database for this 2005 Chevrolet Malibu LS (1G1ZT52825F) show no historical events that indicate a significant automotive problem. These problems can indicate past previous car damage, theft, or other significant problems.

Problems Checked

NHTSA Crash Test Vehicle
Frame Damage
Major Damage Incident
Manufacturer Buyback/Lemon
Odometer Problem
Recycled
Salvage Auction
Water Damage

Results Found

No NHTSA Crash Test Vehicle Record Found
No Frame Damage Record Found
No Major Damage Incident Record Found
No Manufacturer Buyback/Lemon Record Found
No Odometer Problem Record Found
No Recycled Record Found
No Salvage Auction Record Found
No Water Damage Record Found

Odometer Check

For this 2005 Chevrolet Malibu LS (1G1ZT52825F) no indication of odometer rollback or tampering was found. AutoCheck determines odometer rollbacks by searching for records that indicate odometer readings less than a previously reported value. Other odometer events can report events of tampering, or possible odometer breakage.

Date Reported

2005-06-13
2005-11-03
2005-11-09
2005-12-08

Odometer Reading

10
11608
11610
11632

Vehicle Information

Information Found. AutoCheck found additional information on this vehicle.

These records will provide more history for this 2005 Chevrolet Malibu LS
(1G1ZT52825F [REDACTED])

Problems Checked	Results Found
Accident	No Accident Record Found
Corrected Title	No Corrected Title Record Found
Driver Education	No Driver Education Record Found
Duplicate Title	No Duplicate Title Record Found
Emissions Safety Inspection	No Emissions Safety Inspection Record Found
Fire Damage Incident	No Fire Damage Incident Record Found
Lease	No Lease Record Found
Lien	Lien Record(s) Found
Livery Use	No Livery Use Record Found
Government Use	No Government Use Record Found
Police Use	No Police Use Record Found
Fleet	No Fleet Record Found
Rental	Rental Record(s) Found
Fleet and/or Lease	No Fleet and/or Lease Record Found
Fleet and/or Rental	Fleet and/or Rental Record(s) Found
Repossessed	No Repossessed Record Found
Taxi use	No Taxi use Record Found
Theft	No Theft Record Found

Full History

Below are the historical events for this vehicle listed in chronological order.

Report Run Date: 03/16/2007

Event Date	Event Location	Odometer Reading	Data Source	Event Detail
2005-05-24	FRANKLIN PARK, IL		Motor Vehicle Dept.	REGISTRATION EVENT/RENEWAL
2005-05-24	FRANKLIN PARK, IL		Motor Vehicle Dept.	RENTAL
2005-05-24	IL		Motor Vehicle Dept.	TITLED OR REGISTERED AS A FLEET/RENTAL VEHICLE
2005-06-13	FRANKLIN PARK, IL	10	Motor Vehicle Dept.	TITLE (Lien Reported)
2005-06-13	FRANKLIN PARK, IL		Motor Vehicle Dept.	RENTAL
2005-11-03	MI	11608	Auto Auction	REPORTED AT AUTO AUCTION
2005-11-09	FL	11610	Auto Auction	REPORTED AT AUTO AUCTION AS DEALER VEHICLE
2005-12-08	GONZALES, LA	11632	Motor Vehicle Dept.	TITLE
2005-12-08	GONZALES, LA		Motor Vehicle Dept.	REGISTRATION EVENT/RENEWAL

AUTOCHECK TERMS AND CONDITIONS:

Experian's Reports are compiled from multiple sources. It is not always possible for Experian to obtain complete discrepancy information on all vehicles; therefore, there may be other title brands, odometer readings or discrepancies that apply to a vehicle that are not reflected on that vehicle's Report. Experian searches data from additional sources where possible, but all discrepancies may not be reflected on the Report.

These Reports are based on information supplied to Experian by external sources believed to be reliable, BUT NO RESPONSIBILITY IS ASSUMED BY EXPERIAN OR ITS AGENTS FOR ERRORS, INACCURACIES OR OMISSIONS. THE REPORTS ARE PROVIDED STRICTLY ON AN "AS IS WHERE IS" BASIS, AND EXPERIAN FURTHER EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE REGARDING THIS REPORT.

YOU AGREE TO INDEMNIFY EXPERIAN FOR ANY CLAIMS OR LOSSES, INCLUDING COSTS, EXPENSES AND ATTORNEYS FEES, INCURRED BY EXPERIAN ARISING DIRECTLY OR INDIRECTLY FROM YOUR IMPROPER OR UNAUTHORIZED USE OF AUTOCHECK VEHICLE HISTORY REPORTS.

Experian shall not be liable for any delay or failure to provide an accurate report if and to the extent which such delay or failure is caused by events beyond the reasonable control of Experian, including, without limitation, "acts of God", terrorism, or public enemies, labor disputes, equipment malfunctions, material or component shortages, supplier failures, embargoes, rationing, acts of local, state or national governments, or public agencies, utility or communication failures or

delays, fire, earthquakes, flood, epidemics, riots and strikes.

These terms and the relationship between you and Experian shall be governed by the laws of the State of Illinois (USA) without regard to its conflict of law provisions. You and Experian agree to submit to the personal and exclusive jurisdiction of the courts located within the county of Cook, Illinois.

Claim reference : 03-660106-01-001

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Local Market Definition

The local market value for your 2005 Chevrolet Malibu LS 4 Door Sedan was defined by the ZIP code 70737 -- Gonzales, LA. If required, the search area may have been expanded for additional information. Details of the specific markets searched follow.

Baton Rouge New Orleans

The state of Louisiana is composed of 5 distinct local markets. The following 2 local markets were used in the preparation of this vehicle market report.

Baton Rouge LA - Primary local market vehicle database

In this market, CCC maintains a database of 1,867 inspected dealer vehicles located at 11 dealerships, and 8,175 dealer advertised, and 2,805 privately advertised vehicles taken from 11 local papers or magazines.

New Orleans LA - Secondary local market vehicle database

In this market, CCC maintains a database of 2,972 inspected dealer vehicles located at 21 dealerships, and 8,307 dealer advertised, and 2,546 privately advertised vehicles taken from 16 local papers or magazines.

From these 2 local markets, comparable vehicles were selected based on the year, make, model, body style and engine configuration of your vehicle. Adjustments were made to the value of each comparable vehicle to compensate for differences in year, model, body style, engine configuration, packages, options, and mileage.

For your vehicle's CCC Valuescope Market Report, CCC identified 5 inspected dealer vehicles and 24 advertised vehicles as comparable to your vehicle, and used their values to determine the Local Market Value.

Vehicles are determined to be comparable to the loss vehicle based on:

- Nearness to the loss vehicle's primary garage location
- Similarity of model, equipment, and odometer
- Precision of the data (inspected versus advertised)

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Report Reference Number: 37261559

Valuation Methodology

This CCC Valuescope Market Report was prepared for The Hanover Insurance Group by CCC Information Services Inc. CCC has been preparing market value reports for the insurance industry since 1981. CCC physically inspects vehicles for sale at vehicle dealerships in the local markets, and subscribes to local newspapers and automotive publications in these markets. CCC maintains vehicle databases containing these inspected dealership vehicles along with the dealer and private party advertised vehicle information.

When The Hanover Insurance Group requests a CCC Valuescope Market Report from CCC, they provide CCC the VIN (Vehicle Identification Number) of the loss vehicle. Decoding this VIN identifies the exact vehicle for which the local market value will be done. See the VINguard™ Vehicle Identification section.

The Hanover Insurance Group also provides CCC the vehicle owner's ZIP code. This identifies the local market that will be used to determine the market value. See the Local Market Definition section.

Finally, The Hanover Insurance Group provides CCC with the configuration of the loss vehicle including equipment, odometer, condition, maintenance, etc. This information is the starting point for determining the local market value.

Using this information, CCC searches its databases to find comparable vehicles in the local market. Vehicles located are compared to the loss vehicle, and adjustments are made for differences such as model, equipment, and odometer. The comparable vehicles are used to determine the local market value. See the Local Market Definition section.

After the Adjusted Value for the comparable vehicles are calculated (see the Local Market Comparable Vehicles section), CCC calculates the Local Market Value. This calculation is a weighted average. Using a weighted average allows those vehicles most similar to the loss vehicle to contribute a greater percentage to the Local Market Value than less similar vehicles.

Factors that determine similarity are:

- Precision of the data (inspected versus advertised)
- Equivalency of model, equipment, and odometer
- Nearness to the loss vehicle's primary garage location

Using a weighted average results in a more accurate Local Market Value as the vehicles most similar and closest to the loss vehicle contribute more to the value than less similar, more distant vehicles.

Comparable vehicles used in the determination of the vehicle value are not intended to be replacement vehicles, but are reflective of the local market value.

Claim reference : 03-660106-01-001

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Vehicle Condition

The Hanover Insurance Group uses Condition Inspection Guidelines to determine the condition of key components of the loss vehicle. These guidelines are specific to geographic location, year, and vehicle type. The guidelines describe physical characteristics for each of the vehicle components. Based on these guidelines, The Hanover Insurance Group has determined the condition of the vehicle prior to the loss.

Component	Condition	Value Impact	Inspection Notes
<u>Interior</u>			
Seats	Dealer ready	\$54	CLEAN. NO SIGNIFICANT FADING. NO TEARS, HOLES OR BURN MARKS.
Carpets	Dealer ready	\$41	CLEAN. NO TEARS, HOLES OR BURN MARKS.
Dashboard	Dealer ready	\$54	COMPONENTS INTACT. NO SIGNIFICANT WEAR.
Headliner	Dealer ready	\$54	CLEAN. NO TEARS, SAGGING OR FADING.
<u>Exterior</u>			
Body	Normal wear	\$0	NO DENTS. SMALL/FEW DINGS.
Glass	Dealer ready	\$95	NO SCRATCHES, PITTING OR CHIPS. SEALS ARE INTACT AND WATERTIGHT.
Paint	Normal wear	\$0	MINIMAL SURFACE CHIPPING OR SCRATCHING.
<u>Mechanical</u>			
Engine	Normal wear	\$0	NO SEEPAGE EVIDENT. BELTS AND HOSES FIRM, SHOW NO WEAR. NO SIGNIFICANT DIRT AND GREASE IN ENGINE COMPARTMENT. NO BURN MARKS AROUND TAILPIPE.
Transmission	Normal wear	\$0	FLUID MAY BE SLIGHTLY DISCOLORED. NO SEEPAGE EVIDENT.
<u>Tires</u>			
Front Tires	Dealer ready	\$27	8/32ND AVERAGE TREAD LEFT
Rear Tires	Dealer ready	\$27	10/32ND AVERAGE TREAD LEFT
Total Adjustments:		\$352	

- The Condition Inspection Guidelines provide information based on vehicle age, vehicle type, and geographic location. Your vehicle has been identified as being located in the Southwest region as a newer passenger car.
- The Condition Inspection Guidelines, and all dollar adjustments, are determined by surveys, inspections, and interviews with dealerships across the United States.

Claim reference : 03-680106-01-001

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Local Market Comparable Vehicles Detail

The local market comparable vehicles are compared to the loss vehicle, and adjustments are made for differences in equipment, odometer, model, etc. The Adjusted Value represents the price of the comparable configured exactly as the loss vehicle.

Loss Vehicle	Inspected Dealer Comparable 1	Inspected Dealer Comparable 2	Inspected Dealer Comparable 3
2005 Chevrolet Malibu LS 4 Door Sedan Automatic Transmission Overdrive 6-3.5L-FI Radio:AM/FM Stereo Seek Compact Disc Player Anti-Lock Brakes (4) Air Conditioning Air Bag Aluminum/Alloy Wheels Cruise Control Keyless Entry Power Locks Power Windows Rear Defogger Passenger Air Bag Power Driver Seat Telescopic Wheel Tilt Wheel Traction Control Rear Spoiler *	2005 Chevrolet Malibu LS 4 Door Sedan Automatic Transmission Overdrive 6-3.5L AM/FM Stereo Seek Compact Disc Player Anti-Lock Brakes (4) Air Conditioning Air Bag Aluminum/Alloy Wheels Cruise Control Keyless Entry Power Locks Power Windows Rear Defogger Passenger Air Bag Power Driver Seat Telescopic Wheel Tilt Wheel Traction Control Theft Deterrent/Alarm*	2005 Chevrolet Malibu LS 4 Door Sedan Automatic Transmission Overdrive 6-3.5L AM/FM Stereo Seek Compact Disc Player Anti-Lock Brakes (4) Air Conditioning Air Bag Aluminum/Alloy Wheels Cruise Control Keyless Entry Power Locks Power Windows Rear Defogger Passenger Air Bag Power Driver Seat Telescopic Wheel Tilt Wheel Traction Control Theft Deterrent/Alarm* Rear Spoiler*	2005 Chevrolet Malibu Maxx LS 4 Door Hatchback Automatic Transmission Overdrive 6-3.5L AM/FM Stereo Seek Compact Disc Player Anti-Lock Brakes (4) Air Conditioning Air Bag Aluminum/Alloy Wheels Cruise Control Keyless Entry Power Locks Power Windows Rear Defogger Passenger Air Bag Power Driver Seat Telescopic Wheel Tilt Wheel Traction Control Theft Deterrent/Alarm* Manual Glass Roof* Rear Spoiler*
22,289 miles	54,111 miles	23,491 miles	33,663 miles
	List Price \$11,995 Take Price \$10,995	Recently Available for \$12,995	Recently Available for \$14,995
Adjustments			
Model/Year			-150
Options		-150	-450
Mileage	+2,355	+97	+949
Baseline Adjustment	-692	-692	-692
Adjusted Value	\$12,658	\$12,250	\$14,652
Location	Premier Honda	Bergeron Chryl/Jeep	Crown Buick/GMC
Contact	Orvis Sanchez	Mike Miskowicz	Sam Coco
Telephone	504-245-1777	504-888-2131	504-455-6666
Stock ID	Stock: 020272C	Stock: 0704281	Stock: P2180
VIN	1G1ZT52865F [REDACTED]	1G1ZT52875F [REDACTED]	1G1ZT62885F [REDACTED]
Distance from Gonzales	59 Miles- New Orleans	48 Miles- Metairie	48 Miles- Metairie

- List Price is the sticker price of the vehicle.
- Take Price is the amount for which the vehicle can be purchased as defined by the contact at each dealership.
- The baseline is defined as the condition of the typical vehicle on the road. Baseline Adjustments are made when a comparable vehicle's condition varies from that of a typical vehicle.
- All dollar adjustments are determined by surveys, inspections, and interviews with dealerships across the United States.
- Note that some comparable vehicles that were recently available in the local market may no longer be available.
- Option adjustments are made in comparison to the typical vehicle. Typical options that are not present are enclosed in parentheses. Items followed by an asterisk (*) indicate non-typical options that add value to the vehicle.

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Additional Local Market Comparable Vehicles

The following Inspected Vehicles and Local Advertisements also support the local market value of the loss vehicle, but are displayed in less detail. The complete configuration of the comparable vehicle is compared to the loss vehicle to determine the Adjusted Value. The Adjusted Value represents the price of the comparable configured exactly as the loss vehicle.

Inspected Vehicles

Source	Vehicle	Take Price	Adjusted Value
Leson Chevrolet Harvey, LA (504) 366-4381 57 Miles From Gonzales, LA	2005 Chevrolet Malibu LS Status: Recently Available Odometer: 11,160 VIN: 1G1ZT548X5F [REDACTED]	\$ 15,384	\$ 13,845
Mossy Motors New Orleans, LA (504) 822-2050 53 Miles From Gonzales, LA	2005 Chevrolet Malibu LS Status: Recently Available Odometer: 39,698 VIN: 1G1ZT54895F [REDACTED]	\$ 11,988	\$ 12,603

Local Advertisements

Source	Vehicle	Take Price	Adjusted Value
Enterprise Rent-a-Car Ad Date: Rec. Avail (800) 741-8377 Verified	2005 Chevrolet Malibu Odometer: 32,015	\$ 11,695	\$ 13,559
Enterprise Rent-a-Car Ad Date: Rec. Avail (800) 565-0349 Verified	2005 Chevrolet Malibu Odometer: 43,291	\$ 10,995	\$ 13,754
News On Wheels Cars Ad Date: 02/06/2007 (985) 718-9800 Slidell, LA 68 Miles From Gonzales	2005 Chevrolet Malibu LS Odometer: 34,000	\$ 11,500	\$ 12,478
Baton Rouge Sunday Advocate Ad Date: 01/21/2007 (225) 753-2000 Baton Rouge, LA 13 Miles From Gonzales	2005 Chevrolet Malibu LS Odometer: 40,192	\$ 11,500	\$ 12,437
Times Picayune Ad Date: 01/14/2007 (504) 887-1530 New Orleans, LA 48 Miles From Gonzales	2005 Chevrolet Malibu Odometer: 12,000	\$ 11,400	\$ 12,564
News On Wheels Cars Ad Date: 02/20/2007 (866) 750-1587	2005 Chevrolet Malibu Odometer: 31,000	\$ 8,990	\$ 10,242
News On Wheels Cars Ad Date: 02/06/2007 (504) 488-9817 Kenner, LA 42 Miles From Gonzales	2005 Chevrolet Malibu LS Odometer: Unlisted	\$ 11,995	\$ 12,405

Hammond Daily Star Ad Date: 02/11/2007 (985) 345-1285 Hammond, LA 33 Miles From Gonzales	2006 Chevrolet Malibu LS Odometer: Unlisted	\$ 11,998 \$ 12,533
Steals N Deals Ad Date: 03/05/2007 (504) 887-3131 New Orleans, LA 46 Miles From Gonzales	2005 Chevrolet Malibu Odometer: Unlisted	\$ 7,995 \$ 10,205
Baton Rouge Sunday Advocate Ad Date: 01/14/2007 (225) 774-4152 Baton Rouge, LA 27 Miles From Gonzales	2006 Chevrolet Malibu LS Odometer: Unlisted	\$ 12,995 \$ 13,430
Baton Rouge Sunday Advocate Ad Date: 01/28/2007 (225) 932-8515 Baton Rouge, LA 18 Miles From Gonzales	2006 Chevrolet Malibu LS Odometer: Unlisted	\$ 10,950 \$ 11,485
Opelousas Daily World Ad Date: 02/11/2007 (504) 948-8255 New Orleans, LA 55 Miles From Gonzales	2005 Chevrolet Malibu LS Odometer: Unlisted	\$ 13,490 \$ 13,750
Baton Rouge Sunday Advocate Ad Date: 01/21/2007 (225) 924-1316 Baton Rouge, LA 18 Miles From Gonzales	2005 Chevrolet Malibu Odometer: Unlisted	\$ 10,000 \$ 12,110
News On Wheels Cars Ad Date: 01/09/2007 (504) 467-4678 Kenner, LA 42 Miles From Gonzales	2005 Chevrolet Malibu Odometer: Unlisted	\$ 10,900 \$ 13,010
Opelousas Daily World Ad Date: 02/11/2007 (504) 942-9701 New Orleans, LA 55 Miles From Gonzales	2005 Chevrolet Malibu Odometer: Unlisted	\$ 12,400 \$ 14,610
Baton Rouge Sunday Advocate Ad Date: 12/10/2006 (225) 273-5373 Baton Rouge, LA 16 Miles From Gonzales	2005 Chevrolet Malibu Odometer: Unlisted	\$ 9,995 \$ 12,205
Times Picayune Ad Date: 01/28/2007 (504) 975-3680 New Orleans, LA 54 Miles From Gonzales	2005 Chevrolet Malibu Odometer: Unlisted	\$ 12,900 \$ 14,385
St. Tammany News Ad Date: 01/28/2007 (985) 960-7070 Slidell, LA 68 Miles From Gonzales	2005 Chevrolet Malibu Odometer: Unlisted	\$ 10,500 \$ 13,402
Baton Rouge Sunday Advocate Ad Date: 02/11/2007 (866) 206-4657	2006 Chevrolet Malibu LS Odometer: Unlisted	\$ 11,998 \$ 12,533
News On Wheels Cars Ad Date: 01/23/2007 (985) 692-2000	2005 Chevrolet Malibu Odometer: Unlisted	\$ 9,995 \$ 12,205

Covington, LA
52 Miles From Gonzales

Times Picayune
Ad Date: 01/28/2007
(504) 348-4500
New Orleans, LA
54 Miles From Gonzales

Baton Rouge Sunday Advocate
Ad Date: 01/21/2007
(800) 435-3019

Houma Courier
Ad Date: 02/04/2007
(504) 868-4400

News On Wheels Cars
Ad Date: 12/19/2006
(888) 744-9786

2005 Chevrolet Malibu
Odometer: Unlisted

\$ 10,950 \$ 13,160

2006 Chevrolet Malibu LS
Odometer: Unlisted

\$ 11,450 \$ 11,985

2006 Chevrolet Malibu LS
Odometer: Unlisted

\$ 13,990 \$ 14,525

2005 Chevrolet Malibu LS
Odometer: Unlisted

\$ 12,469 \$ 12,879

Claim reference : 03-860106-01-001

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Report Reference Number: 37261569

Vehicle Appraisal and Valuation Notes

Adjustment amounts are based on a combination of factors including the region of the country, the age of the vehicle, and the type of vehicle. The loss vehicle has been valued in the Southwest region as a newer passenger car with 34% less than average mileage of 33,700

The following options are included in the valuation although the options do not appear in the valuation summary:
Overhead Console, Clearcoat Paint

Backup vehicles may be one year newer than the loss vehicle. Proper adjustments were made to reflect model, year and mileage differences for this valuation.

Included in our backup are similar models to the loss vehicle. Proper adjustments were made for this valuation.

Your valuation has been prepared in compliance with all local rules and regulations.

(C) Copyright 2007 CCC Information Services Inc. All Rights Reserved.

Various aspects of our Market Report are covered by one or more pending patent applications.

The trade names and/or trademarks used herein are owned by their respective trademark owners.

ED 1.00.00078system32:md.307

Claim No: 03-660105		Fea :01 Insured . . :	
		Rpt Ofc: SS	
Total Loss payments	13,308.43	Current Loss Reserve	0.00
Total Expense payments	0.00	Current Expense reserve	0.00

Trans Date	Payment Description	Amount	Payee
03/27/2007	Open loss Reserve	2,600.00	
03/08/2007	Statistical Change	0.00	
03/13/2007	Final	13,308.43	CAYLE BABIN
03/16/2007	Create Anticipated Subro	10.00	

37 Enter=Continue/Commit Esc=Cancel F12=Menu PgUp=Bkwd PgDn=Fwd F5=Refresh
 F5=Reverse Order F9=Start Date

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 8, 2007

[REDACTED]
Gonzales, LA [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 631377
Our Client: General Motors Corporation
Date/Event: 3/4/07
Subject vehicle: 2005 Chevrolet Malibu
VIN: 1G1ZT52825F [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. 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 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.
7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.

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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. If you choose to dispose of the salvage, it will be to your own peril and spoliation may become an issue. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

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 8, 2007

Hanover Insurance
440 Lincoln Street
P.O. Box 15149
Worcester, MA 01615-0149

Patricia Neale:

RE: Claimant: [REDACTED]
 Our File No.: 631377
 Our Client: General Motors Corporation
 Date/Event: 3/4/07
 Subject vehicle: 2005 Chevrolet Malibu
 VIN: 1G1ZT52825F [REDACTED]

Dear Ms. Neale:

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

5

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

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

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

Sincerely,

Nancy Johnson
Claims Administrator



esis

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

800.888.0164 *tel*
313.665.0911 *fax*

Nancy Johnson
Claims Administrator

July 8, 2007

Hanover Insurance
440 Lincoln Street
P.O. Box 15149
Worcester, MA 01615-0149

Patricia Neale:

RE: Claimant: [REDACTED]
 Our File No.: 631377
 Our Client: General Motors Corporation
 Date/Event: 3/4/07
 Subject vehicle: 2005 Chevrolet Malibu
 VIN: 1G1ZT52825F [REDACTED]

Dear Ms. Neale:

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy', followed by a horizontal line extending to the right.

Nancy Johnson
Claims Administrator



American International Recovery

6675 Corporate Center Parkway, Suite 320 • Jacksonville, FL 32216 • P.O. Box 5605 • Jacksonville, FL • 32247-5605
(904) 281-9231 • Toll Free: 1-800-733-0739 • Facsimile: (904) 281-9241

April 17, 2007

GMAC INSURANCE
P. O. BOX33170
DETROIT, MI 48232

Attention: Claims Representative

RE: Our Insured [REDACTED]
Our File No. : 305 - 600460632
Your File No. : SER # 71-443888903
Responsible Party : GENERAL MOTORS CORP.
Date of Loss : Nov 28, 2006
Damages : \$2224.87

RECEIVED

APR 25 2007

ESIS-GM CLAIMS UNIT

Dear Claims Representative :

We are the recovery agents for AUDUBON INSURANCE CO. who have made payment to their policyholder for damages arising out of the referenced loss. Based on the investigation, the responsible party listed above is at fault and our client is entitled to recovery of the damages.

The investigation has determined that the responsible party is insured with your company. Accordingly, we are subrogating on behalf of our client and request payment of the damages.

Please note our file number on your remittance and send your check made payable to:

American International Recovery
P.O. Box 105795
Atlanta, GA 30348-9864

If you have any questions, please feel free to contact me using the telephone number listed on the letterhead.

Sincerely,

KATHLEEN A SMITH
Recovery Representative
EXT 116

Date: 12/ 4/2006 11:59 AM
 Estimate ID: 87b9ef
 Estimate Version: 0
 Committed
 Profile ID: 38-38

Circle E: Inspections and Appraisals

Damage Assessed By: FREDDY EASTERLING

Appraised For: doris blaine

Condition Code: Good
 Date of Loss: 11/28/2006
 Accident Date: 11/28/2006
 Deductible: 500.00
 File Number: 06-1067E
 Policy No: 6625819

Type of Loss: Collision
 Arrival Date: 11/30/2006

Claim Number: AIGM-600460632-1

Insured: [REDACTED]
 Address: [REDACTED] HERNANDO, MS [REDACTED]
 Telephone: [REDACTED] Work Phone: [REDACTED]

Home Phone: [REDACTED]

Mitchell Service: 910410

Description: 2005 Pontiac G6 GT
 Body Style: 4D Sed
 VIN: 1G2ZH528354 [REDACTED]
 Mileage: 30,000
 OEM/ALT: A
 Color: White

Drive Train: 3.5L Inj 6 Cyl 4A FWD
 License: 361FM MS

Search Code: B855509

Options: ALUM/ALLOY WHEELS, AIR CONDITIONING, POWER STEERING, POWER WINDOWS
 POWER DOOR LOCKS, TILT STEERING WHEEL, CRUISE CONTROL, ELECTRIC DEFOGGER
 AUTOMATIC TRANSMISSION, AM-FM STEREO/CDPLAYER(SINGLE), FRONT WHEEL DRIVE, 4-DOOR
 DRIVER-FRONT AIR BAG, PASSENGER-SIDE AIR BAG

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	000008	BDY	REPAIR	FRT BUMPER COVER	Existing		1.0 #
2	AUTO	REF	REFINISH	FRT BUMPER COVER			C 2.6
3	001100	REF	BLEND	HOOD OUTSIDE			C 1.0
4	000137	BDY	REMOVE/REPLACE	R FENDER PANEL	** QRP CAPA	129.00	2.5 #
5	AUTO	REF	REFINISH	R FENDER OUTSIDE			C 1.9
6	AUTO	REF	REFINISH	R FENDER EDGE			0.5
7	000148	BDY	REMOVE/REPLACE	R FENDER LINER	15255733 GM PART	30.33	INC
8	000218	BDY	REMOVE/REPLACE	WHEEL	88967381 GM PART	331.80	0.3
9	001339	MCH	CHECK/ADJUST	FRONT SUSPENSION -M			1.5"
10	000277	MCH	REMOVE/REPLACE	R LWR FRT SUSP CONTROL ARM ASSY -M	22730776 GM PART	174.26	1.6 #
11	001212	REF	BLEND	R FRT DOOR OUTSIDE			C 0.8
12	001222	BDY	REMOVE/INSTALL	R FRT OTR BELT MOULDING			INC #
13	900500	BDY	REMOVE/REPLACE	TIRE-P225/50-17	New	112.23 *	0.0*
14	001224	BDY	REMOVE/INSTALL	R FRT UPR REVEAL MOULDING			INC #
15	001226	BDY	REMOVE/INSTALL	R FRT DOOR REAR APPLIQUE			1.2 #
16	936001		ADD'L COST	TOWING		125.00 *	
17	936002		ADD'L COST	STORAGE		150.00 *	
18	936012		ADD'L COST	HAZARDOUS WASTE DISPOSAL		5.00 *	
19	AUTO	REF	ADD'L OPR	CLEAR COAT			1.9
20	AUTO		ADD'L COST	PAINT/MATERIALS		330.60 *	

ESTIMATE RECALL NUMBER: 12/ 4/2006 11:59:15 87b9ef

UltraMate is a Trademark of Mitchell International

Mitchell Data Version: NOV_06_A
 UltraMate Version: 5.0.215

Copyright (C) 1994 - 2005 Mitchell International
 All Rights Reserved

Page 1 of 3

* - Judgement Item
 # - Labor Note Applies
 ** QRP CAPA - Quality Replacement Parts CAPA Certified
 C - Included in Clear Coat Calc

KEYSTONE AUTOMOTIVE
 865 BOLING ST.
 JACKSON
 MS 39209
 (800) 939-9669

4 ** GM1241321C 129.00

Remarks

REPAIRABLE UNIT AND PHOTOS WILL SHOW LEFT FRONT DAMAGE.NO LKQ PARTS
 FOUND.OWNER WILL CARRY ESTIMATE TO SHOP.

Prior Damage

FRONT AND ALL 4 TIRES Passenger Side Front

		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals			Amount
I. Labor Subtotals							II. Part Replacement Summary		
	Body	5.0	38.00	0.00	0.00	190.00 T	Taxable Parts		777.62
	Refinish	8.7	38.00	0.00	0.00	330.60 T	Sales Tax @ 7.000%		54.43
	Mechanical	3.1	55.00	0.00	0.00	170.50 T	Total Replacement Parts Amount		832.05
		Taxable Labor				691.10			
		Labor Tax @ 7.000 %				48.38			
Labor Summary		16.8				739.48			
III. Additional Costs						Amount	IV. Adjustments		Amount
	Taxable Costs					616.80	Insurance Deductible		500.00-
	Sales Tax @ 7.000%					42.74	Customer Responsibility		500.00-
Total Additional Costs						653.34			
							I. Total Labor:		739.48
							II. Total Replacement Parts:		832.05
							III. Total Additional Costs:		653.34
							Gross Total:		2,224.87
							IV. Total Adjustments:		500.00-
							Net Total:		1,724.87

Point(s) of Impact

1 Right Front Corner (P)

Insurance Co: AIG

ESTIMATE RECALL NUMBER: 12/ 4/2006 11:59:15 87b9ef

UltraMate is a Trademark of Mitchell International

Mitchell Data Version:

NOV_06_A

Copyright (C) 1994 - 2005 Mitchell International

UltraMate Version:

5.0.315

All Rights Reserved

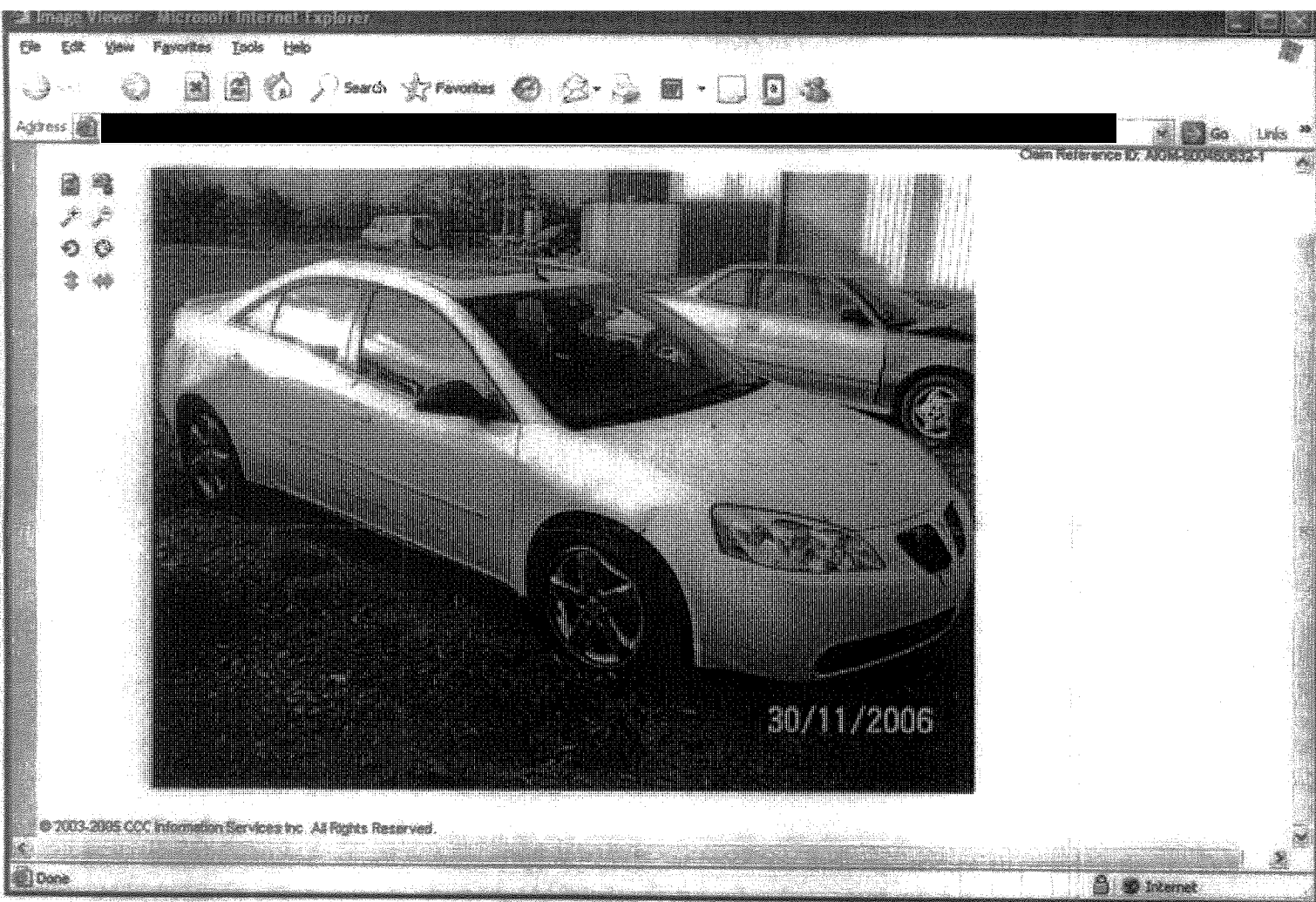
Date: 12/4/2006 11:59 AM
Estimate ID: 87b9ef
Estimate Version: 0
Committed
Profile ID: 39-30

ESTIMATE RECALL NUMBER: 12/4/2006 11:59:13 87b9ef

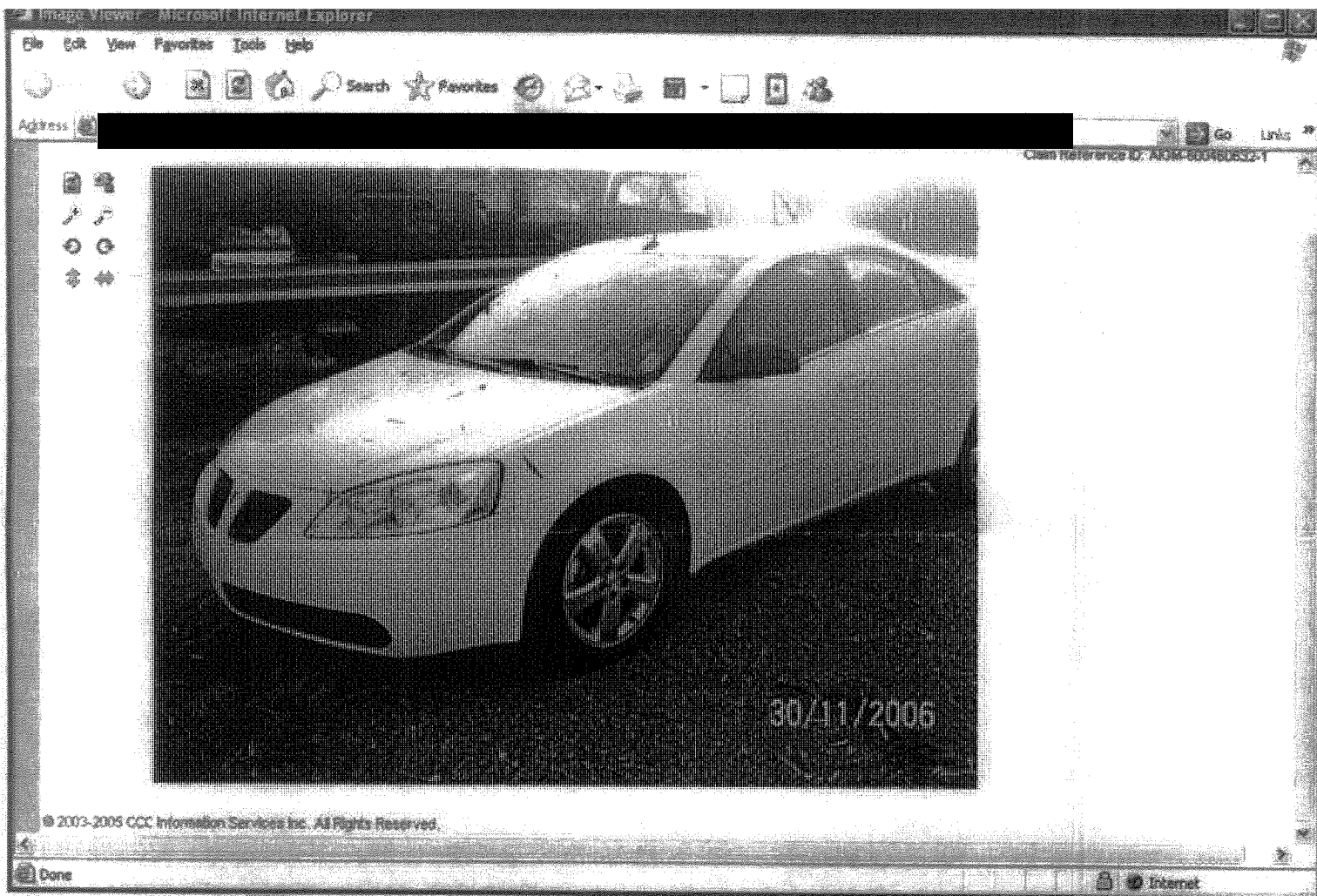
Mitchell Data Version: NOV_06_A
UltraMate Version: 5.0.215

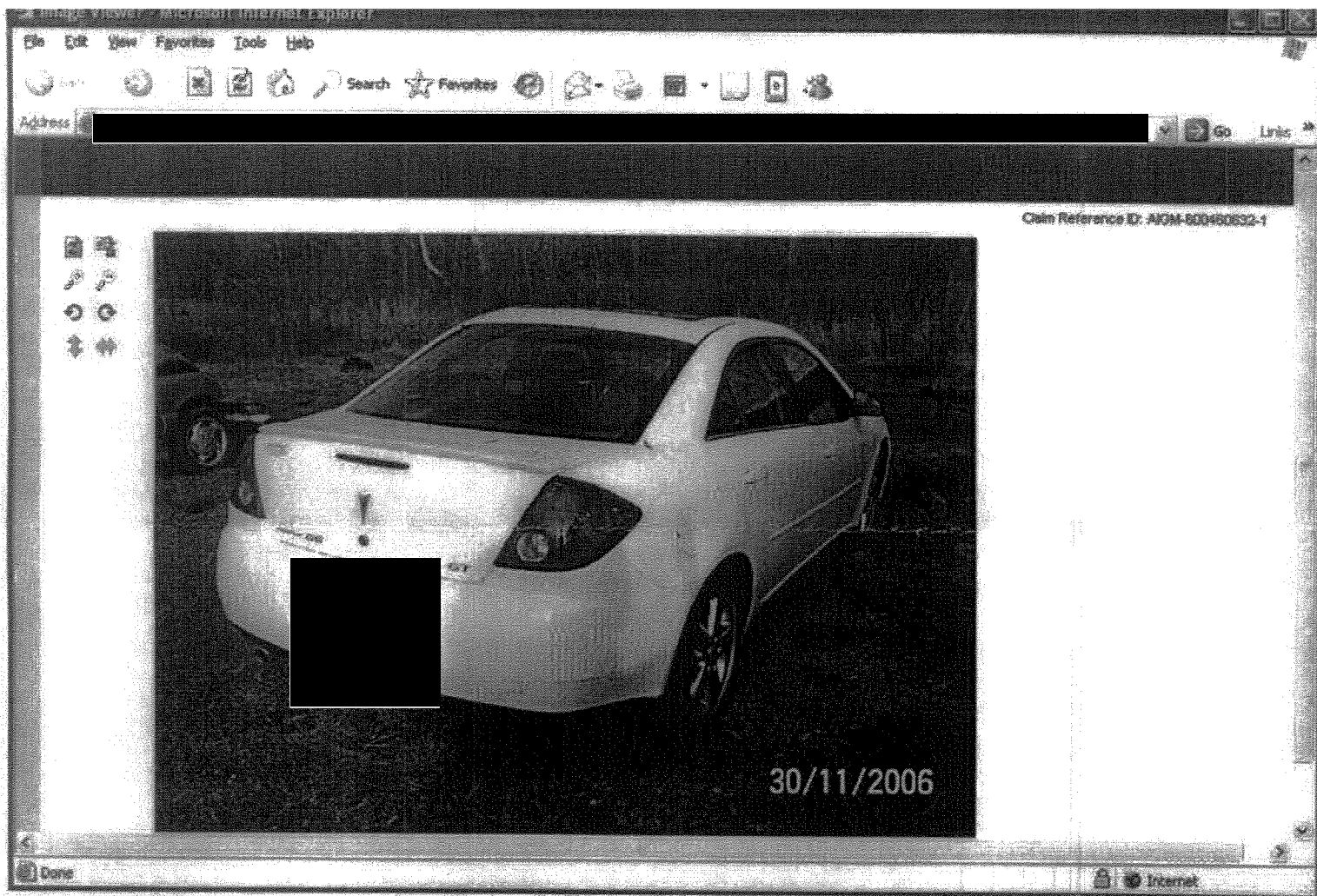
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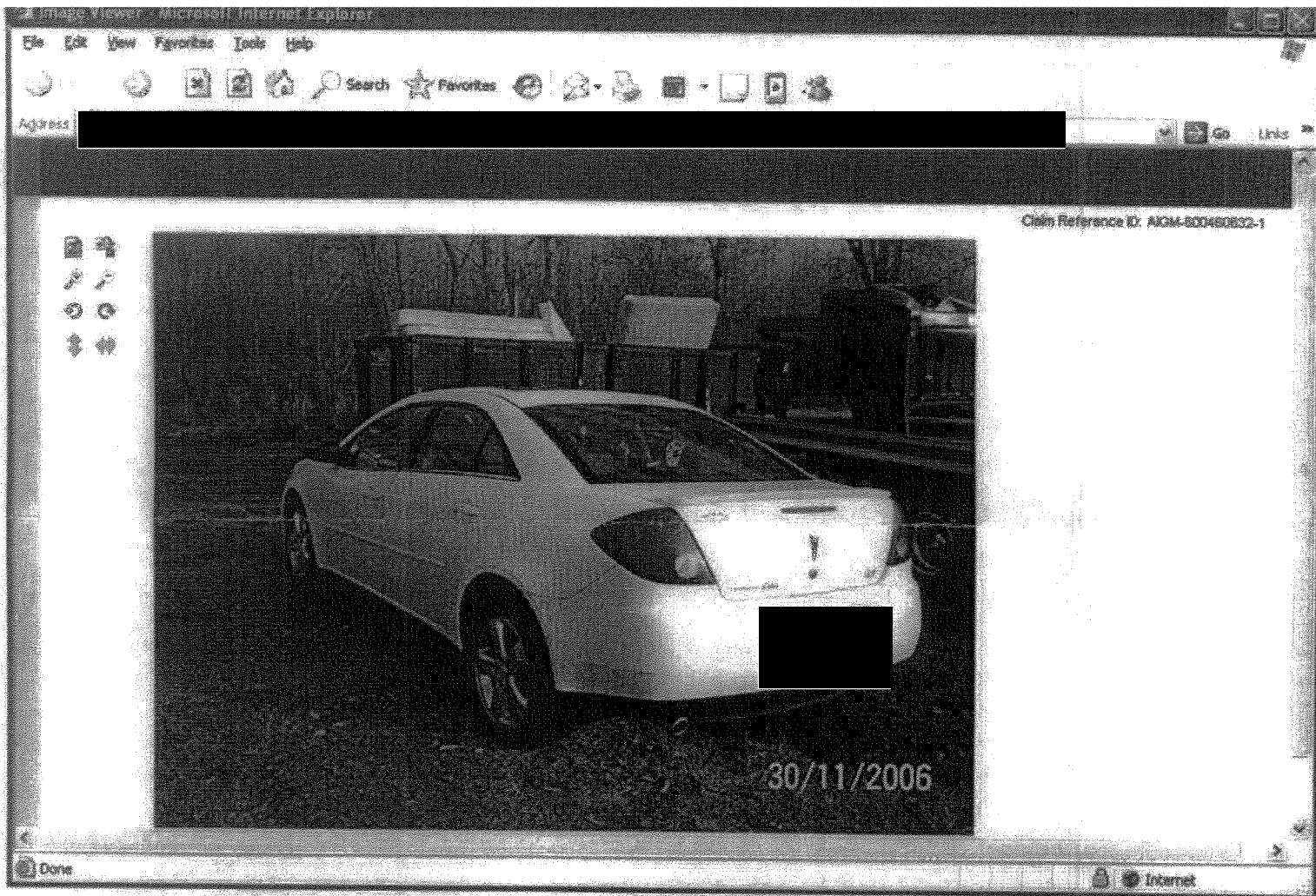
Page 3 of 3



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Exposure Details

Party Name

Coverage Type

COL

Cause Code

PL

Check Details

Check #

7954128

Amount

\$1,724.87

Bank Paid

01/11/2007

Do Not Mail

N

Payment Office

Pay To Phrase

FAA FCU AND BRANDON ROOP

Payment Details

Transaction Type

FP

Payment Type

Indemnity

Class

Individual

Entered By

dbaine

Approved By

touran

RFP #

72766019

Reason for Payment

Collision Less Deductible

Expense Details

Mail to Details

Address

1685 READY CV

City

HERNANDO

State

MS

Zip

38632

Suit Details

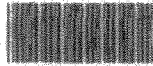
Suit Identifier

Referral Status

Not Referred

Is this the final settlement payment

Notes To File



Account No: 31218P

AIGP-FL

VM

ATTENTION: Odavis

PLEASE REPLY TO:
METROPOLITAN REPORTING BUREAU
Box 926, William Penn Annex
Philadelphia PA 19105-0926
Phone: (800) 245-6686
FAX: (800) 343-9047
www.metroreporting.com

DELAY MEMO

INSURED : [REDACTED]
CLAIM NUMBER : 600450632
POLICY NUMBER :
REFERENCE NUMBER: 35064241
DATE OF LOSS : 11/28/06
STATE OF LOSS : MS

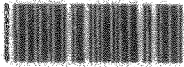
**WE HAVE LEARNED THAT THERE WILL BE A DELAY IN SECURING A RESPONSE TO
THIS REQUEST FOR CLAIM NUMBER: 600460632**

WE WILL FORWARD THE RESPONSE AS SOON AS RECEIVED.

CONTROL NUMBER



5033341347



Account No. 31218P

AIGP-FL

VM

Attention: odavis

AIG Personal Lines

Customer Service:

Metro Reporting Customer Support 1-800-245-6686 or help@metroreporting.com

Metropolitan Reporting Bureau
Box 926, William Penn Annex
Philadelphia, PA 19105-0926

Type of Report: ACCIDENT REPORT

INSURED : [REDACTED]
CLAIM NUMBER: 600460632
POLICY NUM. : Time: 06:00 P
DATE OF LOSS: 11/28/2006
LOSS STREET : 1000 OAKS RD
LOSS CITY : HERNANDO , MS
POLICE DEPT.: City Police (PD)
REPORT NUM. : UNK
INS. DRIVER : [REDACTED]
OTHER DRIVER: ,
PCT./DIST. : UNK
VIN NUMBER : 1G2ZH520354 [REDACTED]
PLATE/TAG # : UNK
DRIVER # : ,

THANK YOU FOR THE ORDER!

Any questions or problems please feel free to contact us.

PH. (800) 245-6686 or Help@MetroReporting.com



5033341347

METROPOLITAN REPORTING BUREAU
P.O. BOX 926
WILLIAM PENN ANNEX
PHILADELPHIA, PA 19105

Tel. (800)245-6686
Fax (800)343-9047
www.metroreporting.com

TO: 31218P
AIG Personal Li

DATE: 02/07/07

INSURED: [REDACTED]

CLAIM #: 600460632

CONTROL#: 5033341347

THE Hernando, Ms. POLICE/FIRE DEPT. STATED THERE IS NO RECORD OF
A REPORT IN THEIR FILES WITH THE INFORMATION PROVIDED.

WE HAVE ALSO CHECKED WITH THE FOLLOWING POLICE/FIRE DEPARTMENT(S)
WHO STATED NO REPORT.

Desoto County, Ms.

Note that there is always the possibility that the accident/incident in question was reported to the police, but no investigation was made by the police. The police of a few municipalities will inform us that there is a notation on their daily log that an accident/incident was reported and no investigation was made, but most police forces will report a no record of the accident/incident because no investigation was made following the reporting of the accident/incident to them.



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*

Nancy Johnson
Claims Administrator

May 8, 2007

[REDACTED]
Hernando, MS [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 632174
Our Client: General Motors Corporation
Date/Event: 11/28/06
Subject vehicle: 2005 Pontiac G6
VIN: 1G2ZH5283541 [REDACTED]

Dear [REDACTED]

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

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

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

A handwritten signature in black ink, appearing to read 'Nancy Johnson', with a long, sweeping horizontal line extending to the right.

Nancy Johnson
Claims Administrator

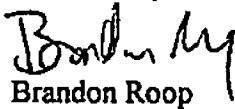
2005 Pontiac G6 VIN: 1G2ZH528354

Case # 632174

Additional Information:

In early 2007, I was able to have the information from the car's computer downloaded. There are many failure codes listed, most of which can be attributed to the depletion of the car's battery. The car has not been driven since 11/28/2006, as such the mileage is the same as on the day of the incident. The power steering failure message code is still stored in the computer, as DTC C0545 (Symptom 00), which is the steering column shaft torque sensor, at the exact mileage at the time of the accident. Attached is the maintenance action to be taken when the code is discovered, I have highlighted what I feel proves GM's liability in this case.

Thank You,


Brandon Roop

Attachments:

Police Report

Photos of Damage

Receipts

Service Repair Orders

Service information sheets for DTC C0545 (Symptom 00)

Total Loss Worksheet

2005 Pontiac G6 VIN: 1G2ZH528354

Case # 632174

Cost Action

\$500.00 AIG Insurance Deductable

\$1,925.00 Towing Bill

\$594.52 Mileage costs of two trips to Alabama to obtain a second driveable vehicle. 334 miles one way.

\$1,837.44 6 hours driving time one way, times four, multiplied by my hourly overtime rate (\$76.56).

\$2,993.00 Difference of Edmunds.com trade in value (\$14,993.00) and actual trade in received by Tommy Heafner Motors (\$12000.00)

\$1,173.83 Rental cost for the first 47 days.

\$9,023.79 Total Loss

2005 Pontiac G6 VIN: 1G2ZH528354 [REDACTED] Case # 632174

Cost	Action
------	--------

\$500.00	AIG Insurance Deductable
----------	--------------------------

\$1,925.00	Towing Bill
------------	-------------

\$594.52	Mileage costs of two trips to Alabama to obtain a second driveable vehicle. 334 miles one way.
----------	--

\$1,837.44	6 hours driving time one way, times four, multiplied by my hourly overtime rate (\$76.56).
------------	--

\$2,993.00	Difference of Edmunds.com trade in value (\$14,993.00) and actual trade in received by Tommy Heafner Motors (\$12000.00)
------------	---

\$1,173.83	Rental cost for the first 47 days.
------------	------------------------------------

\$9,023.79	Total Loss
-------------------	-------------------

505305

125069

502 Norfleet Drive

Senatobia, Mississippi 38668

SALES (662) 562-4191

SERVICE (662) 562-9038 • PARTS (662) 562-9031

INVOICE

HERNANDO, MS

HOME:

BUS:

PAGE 1

SERVICE ADVISOR: 2 TIGE K STEWART



COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	05	PONTIAC G6	1G2ZH528354		30993/30993		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO. NO.	RATE	PAYMENT	INV. DATE
19AUG05 IS			17:00 07NOV06		57.00	CASH	17NOV06
R.O. OPENED	READY	OPTIONS: ENG:3.5_Liter_SFI					
10:35 07NOV06	09:47 17NOV06						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUST STATES THE CD PLAYER WILL JAM AT TIMES. WILL TAKE A COUPLE DAYS AND THEN IT WILL WORK AGAIN.

9996 COULD NOT DUPLICATE THE CUST CONCERNS AT THIS TIME.

20	CPC	0.00	0.00	0.00
----	-----	------	------	------

B CUST STATES THE VEHICLE WILL RUN ROUGH FOR A COUPLE OF MINUTES WHEN FIRST STARTED.

9996 COULD NOT DUPLICATE THE CUST CONCERNS AT THIS TIME.

20	CPC	0.00	0.00	0.00
----	-----	------	------	------

C CUST STATES THE VOLUME BUTTON ON THE STEERING WHEEL AND THE POWER MIRROR BUTTON WILL BOTH NOT WORK AT TIMES.

9996 COULD NOT DUPLICATE THE CUST CONCERNS AT THIS TIME.

20	CPC	0.00	0.00	0.00
----	-----	------	------	------

D CUST STATES THE LIGHT ON THE FOGLIGHT BUTTON TO INDICATE WHEN THE FOGLIGHTS ARE ON WILL NOT WORK.

CAUSE: FAULTY SWITCH

N2232 SWITCH-FOG LAMP REPLACE

20	W94	0.50		
----	-----	------	--	--

1 15850573 SWITCH

FC: 6C

PART#: 15850573

COUNT: 1

CLAIM TYPE:

AUTH CODE:

OJ

(N/C)
(N/C)

E CUST STATES THE REAR DEFROST WILL NOT WORK THE CENTER OF THE REAR

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

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

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

CUSTOMER COPY

505305

125069

Tommy H. Hafner Motors, Inc.

502 Norfleet Drive

Senatobia, Mississippi 38668

SALES (662) 562-4191

SERVICE (662) 562-9038 • PARTS (662) 562-9031

INVOICE

HERNANDO, MS

HOME: [REDACTED] BUS:

PAGE 2

SERVICE ADVISOR: 2 TIGE K STEWART



COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	05	PONTIAC G6	1G2ZH528354		30993/30993		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
19AUG05 IS			17:00 07NOV06		57.00	CASH	17NOV06
R.O. OPENED		READY	OPTIONS: ENG:3.5_Liter_SFI				
10:35 07NOV06		09:47 17NOV06					
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

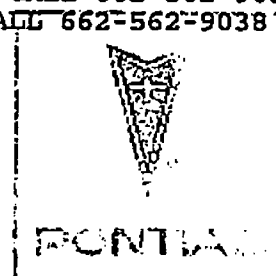
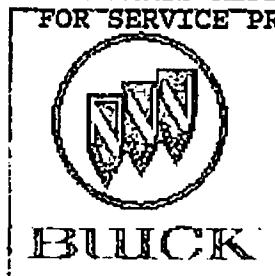
WINDOW.

9996 FOUND THE ELEMENTS ON THE REAR DEFROST
DAMAGED DUE TO DRIVE OUT TAG. NEEDS TO GO TO
THE SELLING DEALER.

1 CPC 0.00

0.00 0.00

CHECK ALL FLUIDS _____ CHECK AIR FILTER HOSES _____
CHECK WIPER BLADES _____ INSPECT BRAKES _____
CHECK BELTS & HOSES _____ CHECK FUEL FILTER _____
CHECK TIRE PRESSURE _____
CHECK FOR NEED TO ROTATE TIRES _____
FOR PARTS REPLACEMENTS CALL 662-562-9031
FOR SERVICE PROBLEMS CALL 662-562-9038



ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

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The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

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

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

CUSTOMER COPY

Tommy Heafner Motors, Inc.

505305

125194

502 Norfleet Drive
Senatobia, Mississippi 38668
SALES (662) 562-4191

INVOICE

SERVICE (662) 562-9038 • PARTS (662) 562-9031

HERNANDO, MS

HOME: BUS:

PAGE 1



SERVICE ADVISOR: 2 TIGE K STEWART

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	05	PONTIAC G6	1G2ZH528354		31057/31057		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PD NO.	RATE	PAYMENT	INV. DATE
19AUG05 IS			17:00 21NOV06		57.00	CASH	22NOV06
R.O. OPENED		READY	OPTIONS: ENG:3.5 Liter SFI				

12:37 21NOV06 10:10 22NOV06

LINE OPCODE TECH TYPE HOURS

LIST NET TOTAL

A CUST STATES THE VEHICLE LOST POWER STEERING WHILE DRIVING. ALSO SAYS
THE STEERING HAS A BUMP NOISE WHEN TURNING.

CAUSE: 1

E9740 GEAR ASSEMBLY, POWER STEERING REPLACE

20 W94 0.70

1 15858368 GEAR

FC: 6C

PART#: 15858368

COUNT: 1

CLAIM TYPE:

AUTH CODE:

OJ

(N/C)

(N/C)



CHECK ALL FLUIDS CHECK AIR FILTER HOSES
CHECK WIPER BLADES INSPECT BRAKES
CHECK BELTS & HOSES CHECK FUEL FILTER
CHECK TIRE PRESSURE
CHECK FOR NEED TO ROTATE TIRES
FOR PARTS REPLACEMENTS CALL 662-562-9031
FOR SERVICE PROBLEMS CALL 662-562-9038

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item(s). The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item(s).

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

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

CUSTOMER COPY

< Back

Forward >

Document ID# 1241508
2005 Pontiac G6

Feedback

Print

DTC C0545 (Symptom 00)

Circuit Description

The steering column shaft torque sensor is a 5-volt dual analog inverse signal device which is used to sense steering direction and the amount of torque being applied to the steering column shaft when the steering wheel is turned. The valid signal voltage range of the sensor is 0.25–4.75 volts. When applying torque to the steering column shaft during a right turn, the sensor's signal 1 voltage increases, while the signal 2 voltage decreases within the valid signal voltage range. When applying torque to the steering column shaft during a left turn, the sensor's signal 1 voltage decreases, while the signal 2 voltage increases within the valid signal voltage range.

DTC Descriptor

This diagnostic procedure supports the following DTC:

DTC C0545 Steering Wheel Torque Input Sensor

This vehicle has DTCs which include DTC symptoms. For more information on DTC symptoms, refer to DTC Symptom Description .

DTC Symptom	DTC Symptom Descriptor
00	No Additional DTC Information

Condition for Running the DTC

- The ignition is ON, with the engine ON.
- Steering column shaft torque input is present.

Condition for Setting the DTC

- The torque sensor's signal 1/signal 2 voltages are less than 0.25 volt, or greater than 4.75 volts.
- A short to ground, short to voltage, or an open in the torque sensor, or the circuits to the sensor

Action Taken When the DTC Sets

- DTC C0545 00 is stored in memory.
- The DIC displays the POWER STEERING warning message.
- No steering assist is provided.

Conditions for Clearing the DTC

- A current DTC will clear on the next malfunction-free ignition cycle.
- A history DTC will clear after 100 consecutive malfunction-free ignition cycles.
- Using a scan tool

Test Description

The numbers below refer to the step numbers on the diagnostic table.

- Tests if the sensor is within the valid signal voltage range.
- The use of EL-4756-4 power steering control module (PSCM) test harness in steps 3-5 tests if the malfunction is internal to the PSCM.
- Tests if the low reference circuit is opened or shorted internal to the PSCM. Since the torque sensor's signal 1 and signal 2 data parameters both drop to 0.0 V when the torque/position sensor connector is disconnected, the position sensor's signal 1 data parameter is used to verify low reference circuit operation.
- Tests if the torque/position sensor harness is damaged. Since both ends of the harness cannot be accessed, only visual circuit inspection can be performed.

Step	Action	Value (s)	Yes	No
<i>Schematic Reference: Power Steering Schematics</i>				
<i>Connector End View Reference: Power Steering Connector End Views</i>				
1	Did you perform the Diagnostic System Check - Vehicle?	—	Go to Step 2	Go to Diagnostic System Check - Vehicle
2	1. Install a scan tool. 2. Turn ON the ignition, with the engine OFF. 3. With a scan tool, observe the Torque Sensor Signal 1 and the Torque Sensor Signal 2 Data parameters in Data Display. Does the scan tool indicate the Torque Sensor Signal 1 and Signal 2 Data parameters are within the specified range?	0.25-4.75 V	Go to Testing for Intermittent Conditions and Poor Connections	Go to Step 3
	1. Turn OFF the ignition. 2. Disconnect the torque/position sensor harness connector from the power steering control module (PSCM). 3. Connect the EL-4756-4 PSCM test			

3	<p>harness.</p> <ol style="list-style-type: none"> Connect a 3-amp fused jumper wire between the 5-volt reference circuit and the steering shaft torque signal 1 circuit of the PSCM test harness connector end. Turn ON the ignition, with the engine OFF. With the scan tool, observe the Torque Sensor Signal 1 data parameter. <p>Does the scan tool indicate the Torque Sensor Signal 1 data parameter is less than the specified value?</p>	4.9-5 V	Go to Step 8	Go to Step 4
4	<ol style="list-style-type: none"> Connect a 3-amp fused jumper wire between the 5-volt reference circuit and the steering shaft torque signal 2 circuit of the PSCM test harness connector end. With the scan tool, observe the Torque Sensor Signal 2 data parameter. <p>Does the scan tool indicate the Torque Sensor Signal 2 data parameter is less than the specified value?</p>	4.9-5 V	Go to Step 8	Go to Step 5
5	<ol style="list-style-type: none"> Connect a 3-amp fused jumper wire between the low reference circuit and the steering position sensor signal 1 circuit of the PSCM test harness connector end. With the scan tool, observe the Steering Position Sensor Signal 1 data parameter. <p>Does the scan tool indicate the Steering Position Sensor Signal 1 data parameter is greater than the specified value?</p>	0.0 V	Go to Step 8	Go to Step 6
6	<ol style="list-style-type: none"> Turn OFF the ignition. Inspect for poor connections at the torque/position sensor harness connector. Refer to Testing for Intermittent Conditions and Poor Connections and Connector Repairs . <p>Did you find and correct the condition?</p>	—	Go to Step 10	Go to Step 7
7	<p>Visually inspect the torque/position sensor harness for any damaged wires. Refer to Wiring Repairs and Repairing Damaged Wire Insulation .</p> <p>Did you find and correct the condition?</p>	—	Go to Step 10	Go to Step 9
	Replace the power steering motor/module			

8	assembly. Refer to Motor Replacement - Power Steering Assist . Did you complete the replacement?	—	Go to Step 10	—
9	Replace the torque sensor. Refer to Steering Column Replacement . Did you complete the replacement?	—	Go to Step 10	—
10	1. Use the scan tool in order to clear the DTC. 2. Operate the vehicle within the conditions for running the DTC. Does the DTC reset?	—	Go to Step 2	System OK

<- Back Forward ->

Document ID# 1241508
2005 Pontiac G6

Feedback Print

STATE OF MISSISSIPPI
UNIFORM CRASH REPORT

Agency Number

1 7 0 1

Report Case Number

2 0 0 6 1 1 0 2 2 7

Page 0 1 of 0 4

Agency Name

HERNANDO POLICE DEPT

G1. County

1 7

G2. State Code

C P U

G3. Reported Date (MM/DD/YYYY)

1 1 / 2 8 / 2 0 0 6

G4. Reported Time (24HR)

1 8 0 9

Arrival Time (24HR)

1 8 1 6

15-24 Time (24HR)

1 8 5 1

G6. Vehicles

0 1

G7. Killed

0 0

G8. Injured

0 1

G9. Address Number

G10. Street Name

T H O U S A N D

O A K S

G11. Hwy/County Road #

G12. Trafficflow Direction

N E
S W

G13. Int.

Y
N

G14. Distance

G15. Direction

N E
S W

G16. Intersecting Street Name

H E R I T A G E

G17. Int. Hwy/County Road

G18. City Name

H E R N A N D O

G19. Latitude

N 3 4

4 9 . 4 7 9

W 0 8 9

5 8 . 0 9 5

- G21. First Harmful Event
- ☐ Rear end slow or stop
 - ☐ Rear end turn
 - ☐ Left turn same roadway
 - ☐ Left turn cross traffic
 - ☐ Right turn cross traffic
 - ☐ Head on
 - ☐ Sideswipe
 - ☐ Angle
 - ☐ Hit and run

- ☐ Overturn
- ☐ Jackknife
- ☐ Fall from vehicle
- ☒ Other
- ☐ Pedestrian
- ☐ Parked Vehicle
- ☐ Train
- ☐ Bicyclist
- ☐ Deer
- ☐ Animal (other than deer)

- ☐ Bridge/Overlet
- ☐ Embankment/Ditch/Curb
- ☐ Guardrail/Median Barrier
- ☐ Tree
- ☐ Utility pole/light support
- ☐ Other fixed object
- ☐ Sign Post
- ☐ Signal standard
- ☐ Building/Other Structure
- ☐ Maint. Equip. - Not Moving
- ☐ Maint. Equip. - Moving
- ☐ Other non-fixed object

- G22. Crash Location
- ☐ Roadway
 - ☐ Off-Roadway
 - ☐ Median
 - ☐ Roadside
 - ☒ Shoulder
 - ☐ Parking Lot
 - ☐ Gone

- G23. Intersection Type
- ☐ None
 - ☐ Four-way T-intersection
 - ☒ T-Intersection
 - ☐ Crossover
 - ☐ Driveway
 - ☐ Five-point or more
 - ☐ Off Ramp
 - ☐ On Ramp
 - ☐ Path/Tail
 - ☐ RR Xing
 - ☐ Traffic Circle/Round
 - ☐ Y-Intersection

- G24. Roadway System
- ☒ City Street
 - ☐ State Highway
 - ☐ U.S. Highway
 - ☐ County Road
 - ☐ Parking Lot/Private Drive
 - ☐ Interstate
 - ☐ Off Road
 - ☐ State Park

- G25. Light Condition
- ☐ Daylight
 - ☒ Dark-Lit
 - ☐ Dark-Unlit
 - ☐ Dawn
 - ☐ Dusk

- G26. Road Condition
- ☐ Dry
 - ☒ Wet
 - ☐ Water
 - ☐ Sand/Mud/Dirt/Oil/Gravel
 - ☐ Ice
 - ☐ Slush
 - ☐ Snow

- G27. Weather Condition (2)
- ☐ Clear
 - ☐ Blown Debris
 - ☒ Rain
 - ☐ Fog/Smog/Smoke
 - ☐ Cloudy
 - ☐ Sleet/Hail
 - ☐ Highwinds
 - ☐ Snow

- G28. Workzone Relationship
- ☒ Not Workzone Related
 - ☐ Within Construction Zone
 - ☐ Advance Warning Area

- G29. Workzone Type (2)
- ☒ None
 - ☐ Intermittent or Moving Work
 - ☐ Lane Closure
 - ☐ Lane Shift/Crossover
 - ☐ Shoulder/Median Work
 - ☐ Utility

WITNESSES:

G30. First Name

M

Last Name

G31. Address

G32. Phone Number

G33. City

G34. State

G35. Zip Code

G36. Sex ☐ M ☐ F

G37. Age

G38. First Name

M

Last Name

G39. Address

G40. Phone Number

G41. City

G42. State

G43. Zip Code

G44. Sex ☐ M ☐ F

G45. Age

G46. Badge Number

1 2 1

G47. Investigating Officer Name (Please Print)

D. SPOONER

G48. Officer Signature

D. SPOONER

G49. Reviewing Badge Number

G50. Reviewing Officer Initials

G51. Photos Taken

☐ Y ☒ N

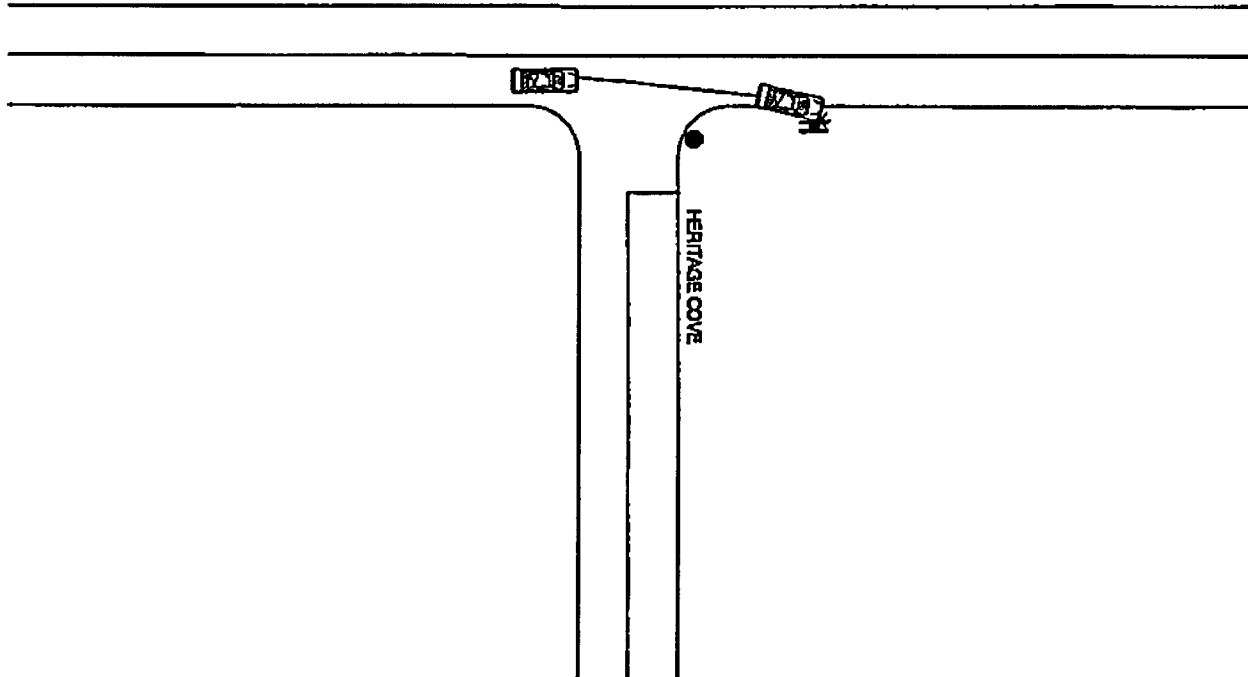
G52. Photographer and Badge #

9582404259

N1. Collision Diagram



THOUSAND OAKS



N2. Collision Narrative

VEH 1 WAS TRAVELING EAST ON THOUSAND OAKS WHEN ACCORDING TO DRIVER STATEMENTS THE STEERING LOCKED UP AND VEHICLE RAN OFF OF ROADWAY. CURBSIDE PROVIDED POINT OF IMPACT AND VEHICLE QUICKLY CAME TO REST.

MUCR
Vehicle

V8. Vehicle #: V9. Total Occupants Agency Number

01

01

1701

Agency Case Number

2006110227

Page 04 of 04

V2. State V3. Year V4. License Plate Number

MS

2007

361 FM

V5. Make V6. Model Year

PONTIAC

2006

V7. Vehicle Model V8. Vehicle Color

G3

WHIT

Owner Information

V12. Owner Name

Same as Driver

☒

V13. Address

V14. City

HERNANDO

V15. State

MS

V16. Zip Code

V9. Damage: ☐ Heavy ☒ Light ☐ None

V10. Speed Zone

V11. Est. Speed

30

30

V13. No Proof of Insurance

☐

V17. Insurance Company Name

AIG AUTO

V18. Policy Number

6825819

Collision of Person, Vehicle/Non-Road Object

1	2	3	4	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Animal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bicyclist
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Maintenance Equip.
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Moving Vehicle
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parked Vehicle
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pedestrian
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Train
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Slowing Vehicle
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stopped Vehicle in Road

Non-Collision

1	2	3	4	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cargo Loss/Shift
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Crossover
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Equipment Failure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fell/Jump from Vehicle
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fire/Explosion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Immersion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Jackknife
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Median/Centerline
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thrown/Falling Object
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Off roadway/Left
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Off roadway/Right
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Overtake/Rollover
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unit Separation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Over Correcting/Steering

Collision of Fixed Object

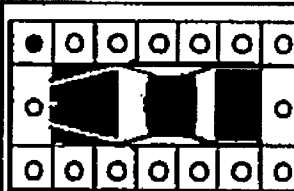
1	2	3	4	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Attenuator/Cushion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bridge Structure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Culvert
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Curb
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ditch
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Embankment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fence
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Guardrail
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mailbox
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Median Barrier
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post/Pole/Support
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other Fixed Object

V21. Vehicle Action

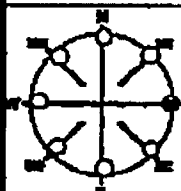
<input checked="" type="radio"/> Going Straight	<input type="radio"/> Avoidance
<input type="radio"/> Making Left Turn	<input type="radio"/> Lane Change
<input type="radio"/> Stopped	<input type="radio"/> Leaving Parking
<input type="radio"/> Slow Stop in Road	<input type="radio"/> Overtaking/Passing
<input type="radio"/> Parked	<input type="radio"/> Parking Position
<input type="radio"/> Backing	<input type="radio"/> Making U Turn
<input type="radio"/> Making Right Turn	<input type="radio"/> In Tow

V22. Vehicle Combination

<input checked="" type="radio"/> Passenger Car	<input type="radio"/> School Bus	<input type="radio"/> Train
<input type="radio"/> Light Truck	<input type="radio"/> Single-Unit Truck(2)	<input type="radio"/> Truck/Trailer
<input type="radio"/> Stationwagon/Van	<input type="radio"/> Single-Unit Truck(3+)	<input type="radio"/> Emergency Veh.
<input type="radio"/> SUV	<input type="radio"/> Farm Tractor	<input type="radio"/> Commercial Bus
<input type="radio"/> Motorcycle	<input type="radio"/> Tractor/Trailer	<input type="radio"/> ATV
<input type="radio"/> Other	<input type="radio"/> Tractor(2)	<input type="radio"/> Farm Equip.
<input type="radio"/> RV	<input type="radio"/> Tractor(3)	<input type="radio"/> Unknown Truck



<input type="radio"/> Under
<input type="radio"/> Overturn
<input type="radio"/> None
<input type="radio"/> Other



V25. Roadway Type

<input checked="" type="radio"/> None
<input type="radio"/> Right only
<input type="radio"/> Left Only
<input type="radio"/> Both Sides
<input type="radio"/> Separate
<input type="radio"/> Signed

V26. Traffic Control Device

<input type="radio"/> Channel-Painted	<input type="radio"/> Officer
<input type="radio"/> Channel-Physical	<input type="radio"/> RR Flashing Signal
<input type="radio"/> Flag Person	<input type="radio"/> RR Signal and Gate
<input type="radio"/> Flashing Signal Red	<input type="radio"/> Signal
<input type="radio"/> Flashing Signal Yellow	<input type="radio"/> Stop Sign
<input type="radio"/> No Passing	<input type="radio"/> Railroad Sign
<input checked="" type="radio"/> None	<input type="radio"/> Yield Sign

V28. Road Character

<input type="radio"/> Straight/Level	<input type="radio"/> Bridge
<input checked="" type="radio"/> Intersect two roads	<input type="radio"/> Private Drive
<input type="radio"/> Straight/Grade	<input type="radio"/> Curve/Hillcrest
<input type="radio"/> Curve/Level	<input type="radio"/> Crossover
<input type="radio"/> Straight/Hillcrest	<input type="radio"/> Begin/End Divided Road
<input type="radio"/> Curve/Grade	<input type="radio"/> One-Way

V29. Road Design

<input checked="" type="radio"/> 2 Lane	<input type="radio"/> 3 Lane
<input type="radio"/> 4+	<input type="radio"/> Frontage/Ramp
<input type="radio"/> Parking Lot	<input type="radio"/> One Way
<input type="radio"/> 1 Lane	<input type="radio"/> Unpaved
V30. Divided? <input type="radio"/> Yes <input type="radio"/> No	
V31. Center Turn Lane? <input type="radio"/> Yes <input type="radio"/> No	

V32. Road Surface Type

<input checked="" type="radio"/> Asphalt
<input type="radio"/> Concrete
<input type="radio"/> Dirt
<input type="radio"/> Gravel
<input type="radio"/> Other - See Narrative

V33. Towed? ☒ Yes ☐ NoV34. Authority: ☐ Owner ☒ Police ☐ Other

V35. Towed By: NICKS WRECKER SERVICE

Commercial Vehicle

C1. Carrier ID Number:

--	--	--	--	--	--	--	--	--	--

C2. Authority: ☐ US DOT ☐ State ☐ Mexico ☐ MC ☐ Canada

C3. Carrier Name

--	--	--	--	--	--	--	--	--	--

C4. Carrier Address

--	--	--	--	--	--	--	--	--	--

C5. City

--	--	--	--	--	--	--	--	--	--

C6. State

--	--

C7. Zip Code

--	--	--	--	--	--

C8. GVWR#

--	--	--	--	--	--

C9. Cargo Body Type

<input type="radio"/> Auto transporter	<input type="radio"/> Flatbed
<input type="radio"/> Bus<15	<input type="radio"/> Garbage/refuse
<input type="radio"/> Bus 15+	<input type="radio"/> Grain/bins/gravel
<input type="radio"/> Cargo tank	<input type="radio"/> Other
<input type="radio"/> Concrete Mixer	<input type="radio"/> Poletop
<input type="radio"/> Dump	<input type="radio"/> Van/enclosed box
<input type="radio"/> None	<input type="radio"/> N/A

C10. Commodity Hauled

--	--	--	--	--	--

C11. Placard ID

--	--	--	--	--	--

C12. HAZMAT Released ☐ Yes ☐ No

1471024009

MUCR
Person/Occupant

V8. Ver. 8 P8. Person 8: Agency Number

Agency Case Number

01 01 1701

2006110227

Page 03 of 04

P1. Person Type <input checked="" type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Train Engineer <input type="radio"/> Hit and Run Driver <input type="radio"/> LE		P2. License I 800362509 P3. First Name [Redacted] P4. Last Name [Redacted] P5. City HERNANDO P6. State MS P7. Zip Code [Redacted]		P8. DOB (MM/DD/YYYY) M S / 10 / 24 / 1977 P9. PL Status <input checked="" type="radio"/> Valid <input type="radio"/> Suspended - DUI <input type="radio"/> No License <input type="radio"/> Lesser Permit <input type="radio"/> Expired <input type="radio"/> Improper DL <input type="radio"/> Suspended <input type="radio"/> Other		P10. Safety Equip. (2) <input checked="" type="checkbox"/> Shoulder & Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet P11. Injury Type <input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed P12. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally	
P13. Citel 1 [Redacted] 2 [Redacted]		P14. EMS 0046 P15. Medical 0318		P16. Sex <input checked="" type="radio"/> M <input type="radio"/> F P17. Race <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other			
P18. Condition <input type="radio"/> No Defects Apparent <input type="radio"/> Unknown <input type="radio"/> Hit and Run <input type="radio"/> Drinking - Not Impaired <input type="radio"/> Drinking - Impaired <input type="radio"/> Fell Asleep/Fainted/Fatigue <input type="radio"/> Obviously Intoxicated <input type="radio"/> Physical Impairment <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Pending Lab Results		P19. Non-Motorist Action <input type="radio"/> Unknown <input type="radio"/> Entering/Crossing Roadway <input type="radio"/> Walking/running/playing/cycling <input type="radio"/> Working <input type="radio"/> Pushing vehicle <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Playing/working on vehicle <input type="radio"/> Standing		P20. Position <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right P21. Airbag <input type="radio"/> Deployed - Front <input type="radio"/> Deployed - Side <input type="radio"/> Deployed - Both <input type="radio"/> Not Deployed <input type="radio"/> No Airbag			
P22. Circumstances (3) <input type="checkbox"/> No Apparent Improper Driving <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Speed Too Fast For Conditions <input type="checkbox"/> Driving Under The Influence <input type="checkbox"/> Animal on Roadway <input type="checkbox"/> Faulty Equipment <input type="checkbox"/> Exceeded Legal Speed <input type="checkbox"/> Improper Passing/Overtaking		<input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Left of Center <input type="checkbox"/> Failure to keep proper lane/run off road <input type="checkbox"/> Avoidance <input type="checkbox"/> Drove on Wrong Side of Road <input type="checkbox"/> Fatigued/Asleep <input type="checkbox"/> Illegally Crossing Median <input type="checkbox"/> Improper Lane Change <input type="checkbox"/> Lying and/or Illegally in roadway		<input type="checkbox"/> Not Visible (Dark Clothing) <input type="checkbox"/> Operating Defective Equipment <input type="checkbox"/> Passed Stop Sign <input type="checkbox"/> Pedestrian Actions <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Roadway Defects <input type="checkbox"/> Visibility Obstructed <input type="checkbox"/> Improper Backing <input checked="" type="checkbox"/> See Crash Description			
P23. Status <input type="checkbox"/> None given <input type="checkbox"/> Test refused <input type="checkbox"/> Test given, pending		P24. Recv [Redacted]		P25. Drug Test Information <input type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> None given <input type="radio"/> Test given, pending <input type="radio"/> Test given			
P26. Vehicle 8: 01. First Name [Redacted] 02. Address Same as Driver 8 [Redacted] 03. Address [Redacted] 04. City [Redacted] 05. State MS 06. Sex M 07. Race White 08. Age [Redacted] 09. Education Y 10. Ejection Y 11. Injury Type None 12. Airbag Deployed - Front 13. Safety Equip. (2) Shoulder and Lap Belt		P27. Vehicle 8: 01. First Name [Redacted] 02. Address Same as Driver 8 [Redacted] 03. Address [Redacted] 04. City [Redacted] 05. State MS 06. Sex M 07. Race White 08. Age [Redacted] 09. Education Y 10. Ejection Y 11. Injury Type None 12. Airbag Deployed - Front 13. Safety Equip. (2) Shoulder and Lap Belt		P28. Vehicle 8: 01. First Name [Redacted] 02. Address Same as Driver 8 [Redacted] 03. Address [Redacted] 04. City [Redacted] 05. State MS 06. Sex M 07. Race White 08. Age [Redacted] 09. Education Y 10. Ejection Y 11. Injury Type None 12. Airbag Deployed - Front 13. Safety Equip. (2) Shoulder and Lap Belt			

5899010293

113006		Miles	Hours	Days	Weeks	Months	Waiver	PAI	Special
0924 AM	#			47					
011507	@			22.50					
0600 PM	\$			1057.50					

000000	
0000	#
000000	@
	\$

000000	
0000	#
000000	@
	\$

000000	
0000	#
000000	@
	\$

Totals	.00	.00	1057.50	.00	.00	.00	.00	.00
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MVR TAX	63.45
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Sales Tax %	5.000	Gas	.00	Disc @	0 %
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Sales Tax	52.88	Drop	.00	Misc	.00
-----------	-------	------	-----	------	-----

Alternate Date	_____	_____	_____
----------------	-------	-------	-------

1173.83	Total
.00	Deposits
1173.83	BALANCE



NICK'S TOWING SERVICE
1170 Gwynn Rd.
Nasbit, MS 38651
(901) 413-6775

**ROAD
SERVICE**

TIME OF CALL 11:28 AM	DATE IN 11-28-02	DATE OUT 11-28-02	TIME START 6:28 AM	TIME FINISH 7:41 AM	REQUESTED BY HPD	P.O. CASE #	OFFICER NAME Terry
NAME [REDACTED]		ADDRESS [REDACTED]		CITY Horn Lake		STATE MS	ZIP [REDACTED]
YEAR 05	MAKE/MODEL Ford 6-6	COLOR White	ODOMETER	DRIVER [REDACTED]		REGISTERED OWNER Sena	
MARKER PLATE BIA 1 Fm ms		STATE MS	VIN #	LOCATION OF VEHICLE Thousand Oaks / Myrtle Ave		TOWED TO 1170 Gwynn Rd	
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE	DRIVER		
RELEASED BY		DATE	PHONE #				
REASON FOR TOW <input type="checkbox"/> ACCIDENT <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> ABANDONED <input type="checkbox"/> UNREGISTERED <input checked="" type="checkbox"/> NO START <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> FIRE LANE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> NO TRESPASS <input type="checkbox"/> TOW ZONE <input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> SNOW REMOVAL		TYPE OF TOW <input type="checkbox"/> SLINGHOIST <input checked="" type="checkbox"/> FLAT BED RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> TOWED PER ORDER OF <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF A CAR <input type="checkbox"/> DEALER <input checked="" type="checkbox"/> OTHER SERVICES <input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		PERSONALS TAKEN BY DATE PHONE # VEHICLE STORAGE TIME FROM 11-28-02 8-07 22 DAYS @ \$25.00 INDICATE DAMAGED AREA(S) ON VEHICLE [Diagram of car with damage marked] KEYS LEFT Y N RADIO Y N MILEAGE FINISH START TOTAL LABOR TIME FINISH START TOTAL EXTRA PERSON FINISH START TOTAL SPECIAL EQUIPMENT STORAGE SUBTOTAL TAX TOTAL			
METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # <input type="checkbox"/> CREDIT CARD CREDIT CARD # EXPIRATION DATE ALTERNATE SIGNATURE DATE DRIVER SIGNATURE DATE		TOTAL 1925.00		TOTAL 1925.00			

We cannot be responsible for damages caused by heavy tires, bumper brackets, etc. This company assumes no responsibility for loss or damage by theft, fire or any other cause beyond our control, to any vehicle placed with them for storage or repair.

©1998 ATW Direct, Inc.
THANK YOU!
PROFESSIONAL
HUV

nancy Johnson

end to end
4/8/07



✓

Service Request Detail

SR No. 71-443888903	Ref No.	Goodwill No Goodwill Offered	BRC Type N/A
Account	Site	GW SubType	Bus. Unit BRC
Last Name [REDACTED]	First Name [REDACTED]	Approval Not Initiated	Area PAR
Daytime # [REDACTED]	Evening # [REDACTED]	UCC Steering - Column / Ignition Lock /	Sub-Area Initiate PAR- Collision
Address [REDACTED]	City Hemando	Involved Dir	Safety Yes
State MS ZipCd [REDACTED]	Con Acct	Source Phone	Updated 2/15/2007 02:03:57 PM
Serial #/VIN 1G2ZH528354 [REDACTED]	Model Year 2005	Priority Medium License # PONTIAC	Owner VALVERDM
Make Pontiac	Warr. Start 04/15/2005	Status Closed	Opened 11/28/2006 10:41:23 PM
Model G6	Mileage 30000	Sub-Status Satisfied	Closed 2/15/2007 02:00:26 PM
Abstract pre-par			
Customer Description			

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	11/28/2006 07:00:00 PM	Y	0	1	Asphalt	Dry	n/a	unknown
Driver Last Name	Driver First Name	Height	DOB	Disabilities				
		5'3"	10/24/1977	none				
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
BNlaine	Doris		AIG					
Incident Loc	thousand oaks rd Hemando MS	Incident Desc	wife was driving and the steering wheel suddenly locked; veh got thrown at the right side of the road and nearly ran into a telephone pole					
Component	steering wheel locked	Damage Desc	front right side dented; front right wheel broken					
Vehicle Loc	veh was towed; garage unknown	Add'l Info						
Emgcy Svc Names	unknown	Maint Loc	Tommy Heafner Motors Sanitobia,MS					

PAR Detail

Collision	Y	Non Collision	N	Property Damage	Y	Thermal Evt	N	Spec Equip	none
Vehicle Speed	15	Weather Condition	overcast and cool did rain earlier in the day ground		Prop Owner				
Last Service Date	11/23/2006	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 right rim is tore off. front corner panel is pushed in. right suspension is resing on the wheel well. Explain Other								
		Property Type			Prop Est Repair Cost				
		Inspection Date/Time							

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
cuts and and bruises on the foot and pain in the neck			unknown	Baptist Memorial Hospital		unknown
Street Address		City	State	Zip Code		

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2007 02:01:25 PM	KATHYH	KATHYH	Inbound Call Customer	Complex Request	Done	2/15/2007 02:06:58 PM	cust does not agree with inspection
Contact Last Name		Contact First Name	Account		BAC Code		

Cust states that he wants to speak to someone other than the crm Mark Valverde he has been working with. Cust states that he has been denied his claim and that a dirship found something wrong with steering shaft which happened at exact time of wife's accident. Cust states crm is using the report that he has from the inspector to make his decision.

Crm advised cust that crm Valverde is the manager of this case and he is the one that cust would speak with.

Cust states then would my attorney call him. Crm advised that if you retain an attorney, then you may call and give us the name, phone number and we will tfr your file to the proper unit.

Cust states okay.

Kathy Hodges/Par/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/15/2007 02:00:24 PM	VALVERDM	VALVERDM	SR Closed - Satisfied		Done	2/15/2007 02:00:24 PM	Service Request has been Closed Satisfied.
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
2/15/2007 01:49:13 PM	VALVERDM	VALVERDM	Outbound Call Customer	Made Contact	Done	2/15/2007 01:50:09 PM	gave cust resolution
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

did call cust back to let him know that will not change resolution. will go by first inspection.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/14/2007 04:09:59 PM	RODRIJOS	VALVERDM	Notify CRM		Done	2/15/2007 02:00:14 PM	Cust called
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/14/2007 04:06:08 PM	RODRIJOS	RODRIJOS	Inbound Call Customer	Complex Request	Done	2/14/2007 04:09:58 PM	Cust called
Contact Last Name	Contact First Name	Account	BAC Code				

Cust called seeking reimbursement for out of pocket expenses.

Cust sts that his report took more than 14 bussisness days and he paid out of pocket.

Cust seeks call back.

Crs advised will notify ocrs.

jose Rodriguez/ATX/PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/14/2007 04:06:00 PM	RODRIJOS	VALVERDM	SR Opened		Done	2/14/2007 04:06:00 PM	SR in Status of Closed has been Re-Opened by RODRIJOS
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/6/2007 03:36:02 PM	VALVERDM	VALVERDM	SR Closed - Satisfied		Done	2/6/2007 03:36:02 PM	Service Request has been Closed Satisfied.
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
2/6/2007 03:10:09 PM	ROSSRA	ROSSRA	Inbound Call Customer	Transfer/Referral	Done	2/6/2007 03:13:21 PM	seek copy of reports
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Cust sts: he is seeking a copy of the reports

Crs seeks: to speak to OCRS/ seeks copy of reports

Crs adv: cust that he would need to speak w/ OCRS regarding case; adv cust that the only doc that we can provide is the vetronix data if the case calls for the down-loading the data; however, the inspector's reports are proprietary so we are unable to provide copies; offers to transfer cust to OCRS, cust accepted.

Crs transfer to OCRS.

Rachal Ross/atx/par

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
2/6/2007 03:06:31 PM	ROSSRA	VALVERDM	SR Opened		Done	2/6/2007 03:06:31 PM	SR in Status of Closed has been Re-Opened by 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
1/26/2007 02:07:25 PM	DECANJE	DECANJE	Inbound Call Field Rep/Whlsl	Service Request Update	Done	1/26/2007 02:09:21 PM	DVM Jason Lee
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

DVM Sts: I was just wondering if you could give me an update on this case file

DVM Sks: Case info

CRS Adv: Happenings in case file.

Jen Decan/Field Assistance/Chatham

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/12/2007 04:18:08 PM	VALVERDM	VALVERDM	SR Closed - Satisfied		Done	1/12/2007 04:18:08 PM	Service Request has been Closed Satisfied.
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/12/2007 04:14:18 PM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	1/12/2007 04:18:01 PM	return cust call
Contact Last Name	Contact First Name	Account	BAC Code				

Comments
did call cust back and let him know that cannot send inspection.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/12/2007 04:12:59 PM	VALVERDM	VALVERDM	Inbound Voice Mail		Done	1/12/2007 04:13:41 PM	cust called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments
cust seeking call back and copy of inspection.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/12/2007 04:12:57 PM	VALVERDM	VALVERDM	SR Opened		Done	1/12/2007 04:12:57 PM	SR in Status of Closed has been Re-Opened by 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
1/10/2007 04:32:14 PM	VALVERDM	VALVERDM	SR Closed - Satisfied		Done	1/10/2007 04:32:14 PM	Service Request has been Closed Satisfied.
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 04:29:59 PM	VALVERDM	VALVERDM	BRC PAR	Close	Done	1/10/2007 04:30:31 PM	closing par file
Contact Last Name	Contact First Name		Account		BAC Code		

did call cust to let them know that inspection did not reveal any problems with steering system. no leaks were found in the system either. damag to vehicle looks like was caused by impact. crm is denying claim.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 04:20:30 PM	VALVERDM	VALVERDM	Outbound Call Customer	Made Contact	Done	1/10/2007 04:29:38 PM	gave resolution
Contact Last Name	Contact First Name		Account		BAC Code		

did call cust to let them know that inspection did not reveal any problems with steering system. no leaks were found in the system either. damag to vehicle looks like was caused by impact. crm is denying claim.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 04:13:49 PM	VALVERDM	VALVERDM	Outbound Call Customer	Made Contact	Done	1/10/2007 04:20:24 PM	call eaa
Contact Last Name	Contact First Name		Account		BAC Code		

did talk with eaa inspector/richard munn and he found nothing wrong with the steering or power steering. did say that damage did look like it came from a hard impact.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 01:39:48 PM	PARAISJE	VALVERDM	Notify CRM		Done	1/10/2007 04:31:01 PM	Informing of Contact
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
1/10/2007 01:34:52 PM	PARAISJE	PARAISJE	Inbound Call Third Party	Service Request Update	Done	1/10/2007 01:39:41 PM	f/u on sr
Contact Last Name	Contact First Name	Account	BAC Code				
Jahn	Jeremy						

Comments

Cust. States: friend of Cust fr another Pontiac dlrshp called in, requesting for info abt case/says no one fr grm tried to get in touch w/Cust yet/

Cust. Seeks: status of case/wants to speak w/agent handling the case/

CRM Advises: tried x11215, got vm/offered to Xfer/will notify/

Jessica Johnson/CAC/elemental/MLA

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 12:18:41 PM	COUTONO	COUTONO	Inbound Call Customer	Complex Request	Done	1/10/2007 12:28:05 PM	Cust called back, hasn't heard back from Ocrs YET!***Assisting Only***
Contact Last Name	Contact First Name	Account	BAC Code				

Cust sts:

Has been waiting for Ocrs to contact him for 6 weeks already, this is a BRC case, Acrs cannot further assist cust on these matters. Checked with TL, will notify sup for him to get in touch with BRC and provide more help to this cust.

Cust NO LONGER wishes to WORK W/OCRS. Cust wants another BRC agent to start working on his request.

Molly Cobain/CAC/BA 1-866-790-5600 ext 12419

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/10/2007 11:51:40 AM	GRABATCH	VALVERDM	Notify CRM		Done	1/10/2007 04:31:07 PM	cust left a msg to OCRS voicemail
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
1/4/2007 10:37:47 AM	BARNSJA	VALVERDM	Notify CRM		Done	1/10/2007 04:31:11 PM	CONTACT YOUR CUSTOMER!!!!
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
1/4/2007 10:30:40 AM	BARNSJA	BARNSJA	Inbound Call Customer	Complex Request	Done	1/10/2007 04:31:16 PM	in accideent
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

cust states wife was in an accident. states that he hasn't heard anything in 5 wks

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/4/2007 10:27:56 AM	LIVOLSFL	LIVOLSFL	Outbound Call Compound	Made Contact	Done	1/4/2007 10:30:40 AM	Transfer to compound
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

JAsen Barns EXT: 10986

Livolsi Florencia (Flower Moore) CAC/BA

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2006 10:01:15 AM	VALVERDM	VALVERDM	Outbound Call Tech Assist-Prem	Left Message	Done	12/20/2006 10:02:41 AM	eea inspector/richard munn/662-895-5508

Contact Last Name	Contact First Name	Account	BAC Code

Comments

did call to get more information on inspection 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
12/6/2006 11:44:14 AM	VALVERDM	VALVERDM	Scheduled Outbound Call Cust	Cancelled	Done	12/20/2006 10:01:08 AM	(71-443888903)

Contact Last Name	Contact First Name	Account	BAC Code

check inspection result
(12-13)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 11:43:25 AM	VALVERDM	VALVERDM	Other		Done	12/6/2006 11:44:09 AM	inspection sent

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/6/2006 10:42:33 AM	VALVERDM	VALVERDM	Outbound Call Third Party	Made Contact	Done	12/6/2006 11:27:59 AM	set up inspection/Nicks towing service
Contact Last Name	Contact First Name	Account	BAC Code				

1170 winn road
nesbit, MS 38651

Nick

did say would be happy to allow 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
12/6/2006 10:23:37 AM	VALVERDM	VALVERDM	Outbound Call Customer	Made Contact	Done	12/6/2006 10:40:29 AM	initial call
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?
1000 oaks rd in fernando MS

• What was the vehicle speed? _____ 15 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

did just get off interstate and the steering wheel did lock up. did go off the road. did hit a square curb 8 inches high and did hit a telephone poll as well.

• Describe Damage- front right rim is tore off. front corner panel is pushed in. right suspension is resing on the wheel well.

• Police Report? yes #

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

Nicks towing service 901-413-6775

are u the original owner of the vehicle?yes

where do you have the maint done on the vehicle?tommy heffner motors

who did the last maint on the vehicle?week before

what are you seeking from gm? would like to get the vehicle repurchased.

are there any injuries?cut her foot bruised her hip. neck was sore

weather cond?overcast and cool did rain earlier in the day ground may have been damp.

veh damage desc?

est repair cost?

prim vehicle use?personal vehicle

spec equipment?no

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
12/5/2006 01:17:57 PM	VALVERDM	VALVERDM	Scheduled Outbound Call	Cust	Done	12/6/2006 10:23:04 AM	(71-443888903)
Contact Last Name	Contact First Name	Account	BAC Code				

initial call
(12-06)3-5pm

made call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/5/2006 01:14:48 PM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	12/5/2006 01:17:42 PM	initial call
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

did call cust to get status of the 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
12/1/2006 10:52:50 PM	MANDARSE	VALVERDM	Notify CRM		Done	1/10/2007 04:31:45 PM	Informing of contact with customer
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 10:49:49 PM	MANDARSE	MANDARSE	Inbound Call Customer	Transfer/Referral	Done	12/1/2006 10:52:48 PM	Seeking OCRS
Contact Last Name	Contact First Name	Account	BAC Code				

Cust called trying to speak with OCRS
CRS transfered the call and adv cust will notify OCRS in case he gets VM
Scott Miller (Sebastian Mndaradoni) CAC/BA

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 10:45:57 PM	MANDARSE	MANDARSE	CTI - Inbound Call		Done	12/1/2006 10:46:56 PM	Inbound CAC call with multi records, #entered 9014051755
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 05:27:47 PM	WENGERAB	VALVERDM	Notify CRM		Done	1/10/2007 04:31:50 PM	see previous activity
Contact Last Name	Contact First Name	Account	BAC Code				

notification of DVM contact

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 05:18:28 PM	WENGERAB	WENGERAB	Inbound Call Field Rep/Whlsl		Done	12/1/2006 05:22:04 PM	DVM called for status on PAR case
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Chris Swanner, DVM called cac for information on status of par case.

crs adv: case has been escalated to BRC/PAR dept.

abbe wenger/cac/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/1/2006 05:10:56 PM	BONGALDA	BONGALDA	Inbound Call Dealer/Partner	Complex Request	Done	12/1/2006 05:15:37 PM	Dealer
Contact Last Name	Contact First Name	Account	BAC Code				

Cust sts: I'm Chris Swanner, I'm with a dealer; i'm calling about SR#71-443888903; and VIN(last8)5

cust sks: Whats the case about?

Crs Adv: "cust states:

- cust took the veh in for warranty work 3 weeks ago
- initial concern was the fog light
- on the way home after it was picked up, power steering locked -while wife was driving
- cust doesn't know if it's a factory defect or it was the dlr's fault"

Dan/ CAC Elemental/ Mia

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 04:47:48 PM	VALVERDM	VALVERDM	Scheduled Outbound Call Cust	Cancelled	Done	12/5/2006 08:46:31 AM	(71-443888903)
Contact Last Name		Contact First Name	Account		BAC Code		

initial call
(12-01)3-5pm

made call early

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 02:24:52 PM	JACKSOLI	VALVERDM	Ownership Changed		Done	11/30/2006 02:24:52 PM	Service Request Ownership has changed FROM: SUROPIV TO: VALVERDM
			ne	Account	BAC Code		

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 02:24:38 PM	JACKSOLI	VALVERDM	BRC PAR	Acknowledgement	Done	12/5/2006 08:40:33 AM	Called
Contact Last Name		Contact First Name		Account		BAC Code	

made call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 02:24:00 PM	JACKSOLI	JACKSOLI	BRC PAR	Acknowledgement	Done		Called
Contact Last Name		Contact First Name		Account		BAC Code	

Summary:

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 02:24:00 PM	JACKSOLI	VALVERDM	BRC PAR	Initial Contact- Phone	Done	12/5/2006 08:40:59 AM	Called
Contact Last Name		Contact First Name		Account		BAC Code	

Summary:

will make call

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 02:23:59 PM	JACKSOLI	VALVERDM	BRC PAR	Initial Contact- Dealer	Done	12/5/2006 08:41:24 AM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Summary:

will make call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 02:23:59 PM	JACKSOLI	VALVERDM	BRC PAR	Initial Contact- AVM	Done	12/5/2006 08:41:48 AM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:

will make call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 02:23:59 PM	JACKSOLI	VALVERDM	Notify CRM		Done	1/10/2007 04:32:02 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
11/30/2006 02:23:59 PM	JACKSOLI	VALVERDM	Research		Done	12/5/2006 08:45:29 AM	Researched VIN
Contact Last Name	Contact First Name	Account	BAC Code				

Summary:

did look in gmvis and found recall:04088 DRIVER DOOR WATER INTRUSION 11/05/2004. no repairs related to the steering system. found no other open cases.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/30/2006 02:23:57 PM	JACKSOLI	VALVERDM	BRC PAR	Case Assigned	Done	1/10/2007 04:32:09 PM	Assigned File to Mark Valverde an
Contact Last Name		Contact First Name		Account		BAC Code	Ext.11215
Comments							

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/28/2006 11:23:29 PM	SUROPIV	JACKSOLI	Escalation	Initiate PAR	Done	11/30/2006 01:51:22 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.

amy hudson/cac elemental/mla

Received and assigned in PAR.

Linette Jackson/atx/par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/28/2006 11:19:12 PM	SUROPIV	SUROPIV	Inbound Call Customer	Complex Request	Done	11/28/2006 11:23:15 PM	pre-par
Contact Last Name	Contact First Name	Account	BAC Code				

cust states:

- cust took the veh in for warranty work 3 weeks ago
- initial concern was the fog light
- on the way home after it was picked up, power steering locked -while wife was driving
- cust doesn't know if it's a factory defect or it was the dlr's fault

cust sks:

- complaint

crs advsd:

will document call and will be notified by a brc rep within 2 business days

amy hudson/cac elemental/mla

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M41	No Symptom Indicated	Steering - Column / Ignition Lock / Parts

GM Vehicle Inquiry System Summary

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VIN :	1G2ZH528354
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VEHICLE INFORMATION

Merchandising Model :	2ZH69 -2005 G6 - GT SEDAN				Warranty Start Date :		04/15/2005	
BARS Order Type :	70 - RETAIL - STOCK							
Delivering Dealer :	SOUTHAVEN PONTIAC-BUICK-GMC, INC. 78 GOODMAN RD SOUTHAVEN , MS 38671 (662) 349-5600				Selling Source :		16 - PONTIAC	
					Site Code :		08190	
					Business Associate Code :		164744	
Service Contract :	Yes	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid	

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
RC	04088	DRIVER DOOR WATER INTRUSION	11/05/2004	Open
RC	05005	REAR SEAT CHILD RESTRAINT ANCHORAGE OWNER MANUAL UPDATE	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	No	XM Radio ID	N/A	XM Status	N/A	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	04/15/2005	109 miles	04/15/2008	36109 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	04/15/2005	109 miles	04/15/2011	100109 miles

96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	04/15/2005	109 miles	04/15/2013	80109 miles
36/36000 FEDERAL EMISSION	04/15/2005	109 miles	04/15/2008	36109 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
11/22/2006	125194	#	E9740 - GEAR ASSEMBLY, POWER STEERING - REPLACE	31057 miles
11/18/2006	H90975	#	Z2080 - ROADSIDE SERVICE (TOWING)	31000 miles
11/17/2006	125069	#	N2232 - SWITCH - FOG LAMP - REPLACE	30993 miles
08/18/2005	687212	#	Z2080 - ROADSIDE SERVICE (TOWING)	8323 miles
11/02/2004	047091	I	Z6999 - PDI RELATED FLUID ADDS	3 miles
10/18/2004	A25563	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

632174

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[Help](#)

VIN :	1G2ZH528354
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VEHICLE INFORMATION

Merchandising Model :	2ZH69 -2005 G6 - GT SEDAN	Warranty Start Date :	04/15/2005
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	SOUTHAVEN PONTIAC-BUICK-GMC, INC. 78 GOODMAN RD SOUTHAVEN , MS 38671 (662) 349-5600	Selling Source :	16 - PONTIAC
		Site Code :	08190
		Business Associate Code :	164744
Service Contract :	Yes	Branded Title :	No
Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
RC	04088	DRIVER DOOR WATER INTRUSION	11/05/2004	Open
RC	05005	REAR SEAT CHILD RESTRAINT ANCHORAGE OWNER MANUAL UPDATE	N/A	Closed

SERVICE INFORMATIONAL ITEMS

Type	Number	Description	Posted Date	Status
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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	No	XM Radio ID	N/A	XM Status	N/A
				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

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08/18/2005	687212	#	Z2080 - ROADSIDE SERVICE (TOWING)	8323 miles
11/02/2004	047091	I	Z6999 - PDI RELATED FLUID ADDS	3 miles
10/18/2004	A25563	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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4/30/2007

CDR File Information

Vehicle Identification Number	1G2ZH528354
Investigator	
Case Number	71-443888903
Investigation Date	Friday, December 15 2006
Crash Date	Tuesday, November 28 2006
Filename	1G2ZH528354 CDR
Saved on	Friday, December 15 2006 at 10:46:43 AM
Collected with CDR version	Crash Data Retrieval Tool 2.8061
Collecting program verification number	3528E9B2
Reported with CDR version	Crash Data Retrieval Tool 2.8061
Reporting program verification number	3528E9B2
Interface used to collected data	Block number: 00 Interface version: 52 Date: 08-16-06 Checksum: C100
Event(s) recovered	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:

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.

1G2ZH528354

Multiple Event Data

Associated Events Not Recorded	
An Event(s) Preceded the Recorded Event(s)	0
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	**2ZH528*5*125563
Low Tire Pressure Warning Lamp (If Equipped)	OFF
Vehicle Power Mode Status	Run
Remote Start Status (If Equipped)	Inactive
Run/Crank Ignition Switch Logic Level	Active
Brake System Warning Lamp (If Equipped)	OFF

System Status At 1 second

Transmission Range (If Equipped)	Second Gear
Transmission Selector Position (If Equipped)	Drive
Traction Control System Active (If Equipped)	No
Service Engine Soon (Non-Emission Related) Lamp	OFF
Service Vehicle Soon Lamp	ON
Outside Air Temperature (degrees F) (If Equipped)	64
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

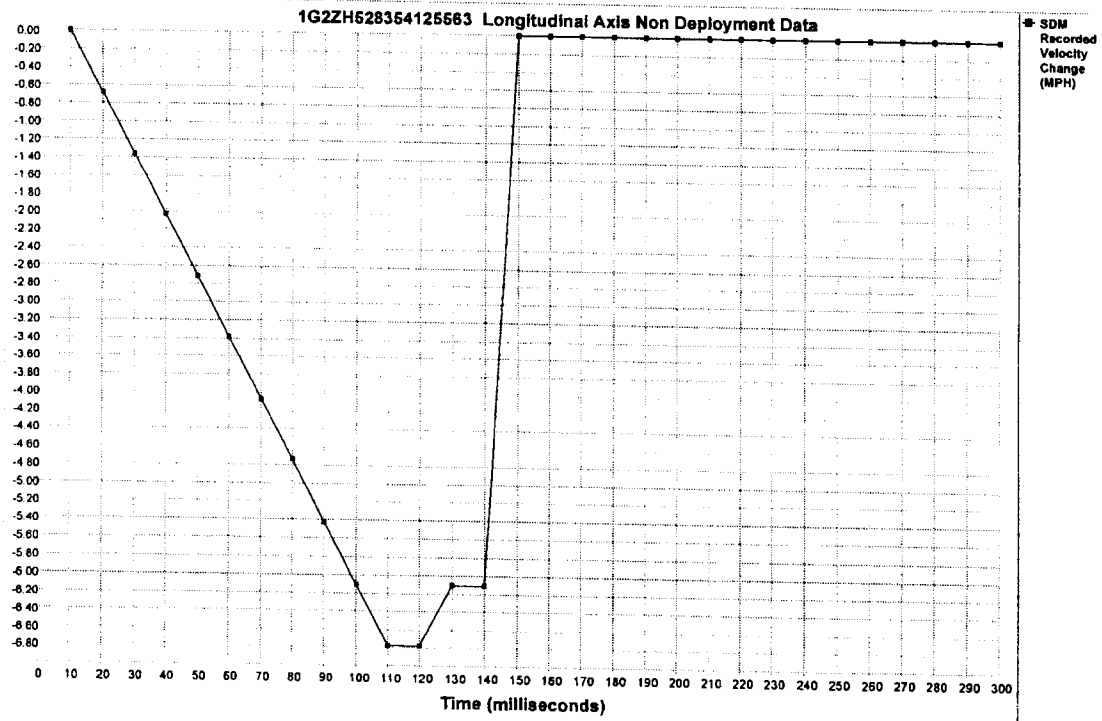
Pre-crash data

Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Speed (MPH)	7	8	10	12	11
Engine Speed (RPM)	1344	1280	1280	1920	896
Percent Throttle	9	8	2	33	0
Accelerator Pedal Position (percent)	12	12	7	37	0
Antilock Brake System Active (If Equipped)	No	No	No	No	Yes
Lateral Acceleration (feet/s ²) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Yaw Rate (degrees per second) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Steering Wheel Angle (degrees) (If Equipped)	-16	-16	-16	-16	-16

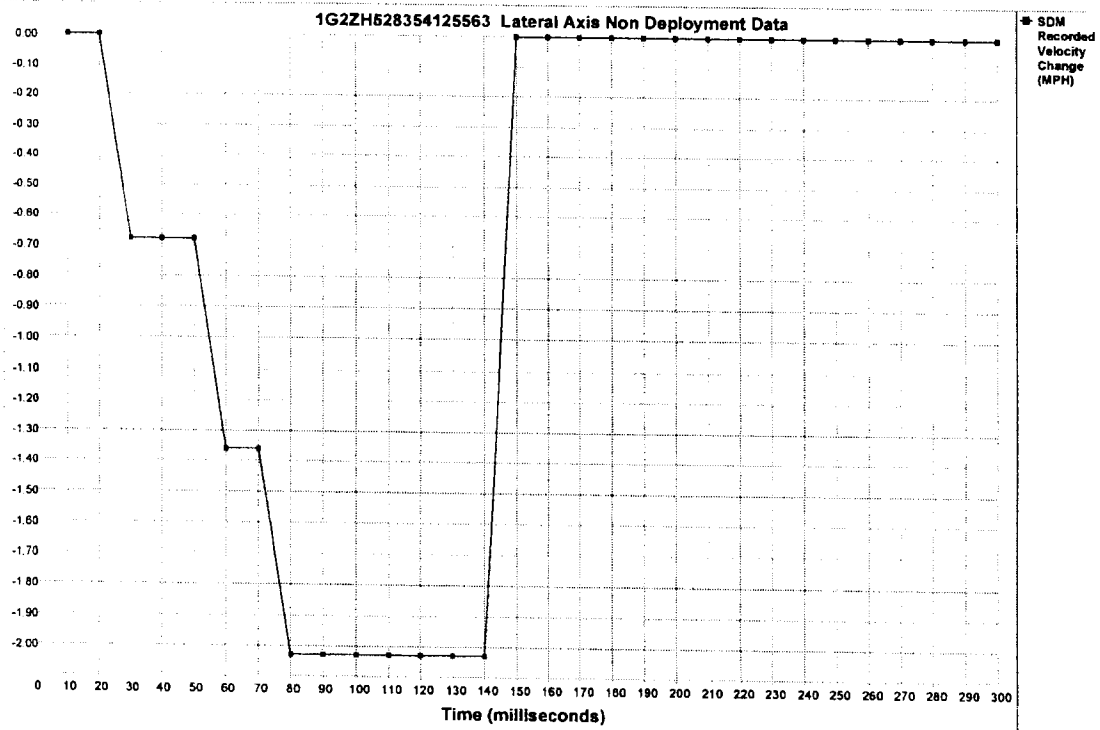
Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Dynamics Control Active (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid

System Status At Non-Deployment

Ignition Cycles At Investigation	3016
SIR Warning Lamp Status	OFF
SIR Warning Lamp ON/OFF Time (seconds)	655200
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	3010
Ignition Cycles At Event	3015
Ignition Cycles Since DTCs Were Last Cleared	254
Driver's Belt Switch Circuit Status	BUCKLED
Diagnostic Trouble Codes at Event, fault number: 1	N/A
Diagnostic Trouble Codes at Event, fault number: 2	N/A
Diagnostic Trouble Codes at Event, fault number: 3	N/A
Diagnostic Trouble Codes at Event, fault number: 4	N/A
Diagnostic Trouble Codes at Event, fault number: 5	N/A
Diagnostic Trouble Codes at Event, fault number: 6	N/A
Maximum SDM Recorded Velocity Change (MPH)	6.78
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	110
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	-1.36	-2.03	-2.71	-3.39	-4.07	-4.74	-5.42	-6.10	-6.78	-6.78	-6.10	-6.10	0.00
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	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	0.00



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

Hexadecimal Data

```

$01 00 00 00 00 00 00 00
$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 56 64
$07 00 20 00 00 00 00 00
$08 00 FF 00 00 00 00 00
$09 00 6E 6E 00 00 00 00
$0A 00 00 00 00 00 00 00
$0B 1C 06 01 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 80 00 00 00 00 00
$10 47 32 5A 48 35 32 38
$11 33 35 34 31 32 35 35
$12 36 33 00 00 00 00 00
$13 01 0B C8 00 00 00 00
$14 07 7B DC 91 00 00 00
$15 6C AF C4 91 00 00 00
$16 06 0C 0F 10 2F 08 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 30 00 66 00 78 00
$1C 3F 00 00 06 00 18 00
$1D 00 00 00 00 00 00 00
$1E 4F 4F 00 00 00 00 00
$1F 20 00 00 00 00 00 00
$20 40 00 00 00 00 00 00
$21 FF 01 00 00 70 00 00
$22 00 8C 00 00 00 00 00
$24 00 00 00 00 00 00 00
$25 00 00 00 00 00 00 00
$26 00 00 00 00 00 00 00
$27 FF 00 FF 00 00 00 00
$2A 00 00 00 00 00 00 00
$2B 00 00 00 00 00 00 00
$2D 00 00 00 00 00 00 00
$2E 00 FF F0 0B C4 00 00
$2F 00 FE 0B C8 01 00 00
$30 9D 00 00 00 00 00 00
$31 00 5E 13 1F 1F 00 00
$32 00 00 00 00 00 00 00
$33 00 53 06 14 18 00 00
$34 0E 1E 14 14 15 00 00
$35 11 13 10 0D 0B 00 00
$36 FF FF FF FF FF 00 00
$37 80 00 00 02 0B 40 20
$38 74 00 40 00 03 C0 00
$39 00 00 00 00 00 80 00
$3A 00 00 00 00 00 80 00
$3B 06 0B 1D 00 03 00 00
$3C 1D E5 11 D9 63 AD 00
$3D 32 5A 48 35 32 38 00
$3E 35 12 55 63 00 00 00
$3F 00 00 90 00 00 00 00
$40 20 A5 00 00 00 00 00
$41 00 00 00 00 00 00 00
$42 00 FF F0 0B C2 00 00
$43 FE 0B C7 00 00 00 00

```

```

$44 00 00 00 00 00 00 00
$45 00 00 00 00 00 00 00
$46 00 00 00 00 00 00 00
$47 00 00 00 FF FF FE 00
$48 FF FD FF FC FE FB 00
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$43 00 00 8C 80
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$B8 53 42 67 02 11
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$CA 30 46 30 31
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$CC 00 9E 2A E0
$D1 00 00
$DB 00 00
$DC 00 00

```

Date: 12/ 4/2006 11:59 AM
Estimate ID: 87b9ef
Estimate Version: 0
Committed
Profile ID: 38-30

Circle E: Inspections and Appraisals

Damage Assessed By: FREDDY EASTERLING

Appraised For: doris blaine

Condition Code: Good

Type of Loss: Collision

Date of Loss: 11/28/2006

Arrival Date: 11/30/2006

Accident Date: 11/28/2006

Deductible: 500.00

File Number: 06-1067E

Policy No:

Claim Number:

Insured:

Address: HERNANDO, MS 38632

Telephone: Work Phone:

Home Phone:

Mitchell Service: 910410

Description: 2005 Pontiac G6 GT

Body Style: 4D Sed

Drive Train: 3.5L Inj 6 Cyl 4A FWD

VIN: 1G2ZH528354

License: 361FM MS

Mileage: 30,000

OEM/ALT: A

Search Code: B855509

Color: White

Options: ALUM/ALLOY WHEELS, AIR CONDITIONING, POWER STEERING, POWER WINDOWS
POWER DOOR LOCKS, TILT STEERING WHEEL, CRUISE CONTROL, ELECTRIC DEFOGGER
AUTOMATIC TRANSMISSION, AM-FM STEREO/CDPLAYER(SINGLE), FRONT WHEEL DRIVE, 4-DOOR
DRIVER-FRONT AIR BAG, PASSENGER-SIDE AIR BAG

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	000008	BDY	REPAIR	FRT BUMPER COVER	Existing		1.0* #
2	AUTO	REF	REFINISH	FRT BUMPER COVER			C 2.6
3	001100	REF	BLEND	HOOD OUTSIDE			C 1.0
4	000137	BDY	REMOVE/REPLACE	R FENDER PANEL	** QRP CAPA	129.00	2.5 #
5	AUTO	REF	REFINISH	R FENDER OUTSIDE			C 1.9
6	AUTO	REF	REFINISH	R FENDER EDGE			0.5
7	000145	BDY	REMOVE/REPLACE	R FENDER LINER	15255733 GM PART	30.33	INC
8	000218	BDY	REMOVE/REPLACE	WHEEL	88967381 GM PART	331.80	0.3
9	001339	MCH	CHECK/ADJUST	FRONT SUSPENSION -M			1.5*
10	000277	MCH	REMOVE/REPLACE	R LWR FRT SUSP CONTROL ARM ASSY -M	22730776 GM PART	174.26	1.6 #
11	001212	REF	BLEND	R FRT DOOR OUTSIDE			C 0.8
12	001222	BDY	REMOVE/INSTALL	R FRT OTR BELT MOULDING			INC #
13	900500	BDY *	REMOVE/REPLACE	TIRE-P225/50-17	New	112.23 *	0.0*
14	001224	BDY	REMOVE/INSTALL	R FRT UPR REVEAL MOULDING			INC #
15	001226	BDY	REMOVE/INSTALL	R FRT DOOR REAR APPLIQUE			1.2 #
16	936001		ADD'L COST	TOWING		125.00 *	
17	936002		ADD'L COST	STORAGE		150.00 *	
18	936012		ADD'L COST	HAZARDOUS WASTE DISPOSAL		5.00 *	
19	AUTO	REF	ADD'L OPR	CLEAR COAT			1.9
20	AUTO		ADD'L COST	PAINT/MATERIALS		330.60 *	

ESTIMATE RECALL NUMBER: 12/ 4/2006 11:59:15 87b9ef

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Page 1 of 3

Estimate ID: 87b9ef
Estimate Version: 0
Committed
Profile ID: 38-30

* - Judgement Item
- Labor Note Applies
** QRP CAPA - Quality Replacement Parts CAPA Certified
C - Included in Clear Coat Calc

KEYSTONE AUTOMOTIVE
865 BOLING ST.
JACKSON
MS 39209
(800) 939-9669

4	** GM1241321C	129.00
---	---------------	--------

Remarks

REPAIRABLE UNIT AND PHOTOS WILL SHOW LEFT FRONT DAMAGE.NO LKQ PARTS
FOUND.OWNER WILL CARRY ESTIMATE TO SHOP.

Prior Damage

FRONT AND ALL 4 TIRES Passenger Side Front

[illegible]

Point(s) of Impact

1 Right Front Corner (P)

Insurance Co: AIG

ESTIMATE RECALL NUMBER: 12/ 4/2006 11:59:15 87b9ef

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Mitchell Data Version: NOV_06_A
UltraMate Version: 5.0.215

Page 2 of 3



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*

Nancy Johnson
Claims Administrator

September 8, 2007

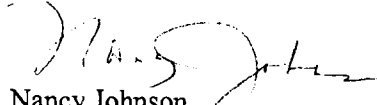
[REDACTED]
Hernando, MS [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 632174
Our Client: General Motors Corporation
Date/Event: 11/28/06
Subject vehicle: 2005 Pontiac G6
VIN: 1G2ZH528354 [REDACTED]

Dear [REDACTED]

Attached please find a release pertaining to our agreed upon settlement for your deductible in the amount of \$500.00 of the above-captioned matter. Please return the properly executed release to my attention and I will promptly request the settlement draft. Thank you for your assistance in this regard. Should you have any questions, please do not hesitate to contact me.

Sincerely,


Nancy Johnson
Claims Administrator



esis

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

800.938.0164 tel/
313.665.0911 fax

Nancy Johnson
Claims Administrator

September 8, 2007

AIG Insurance
P.O. Box 5605
Jacksonville, FL 32247-5605

Kathleen Smith:

RE: Claimant: [REDACTED] 305-600460632
Our File No.: 632174
Our Client: General Motors Corporation
Date/Event: 11/28/06
Subject vehicle: 2005 Pontiac G6
VIN: 1G2ZH528354 [REDACTED]

9/21/07 KASC
RECEIVED
SEP 21 2007
AMERICAN INT'L RECOVERY
JACKSONVILLE, FLORIDA

Dear Ms. Smith:

Attached please find a release pertaining to our agreed upon settlement of the above-captioned matter. I also submitted your insured his release letter for his deductible in the amount of \$500.00. Please return the properly executed release to my attention and I will promptly request the settlement draft. Thank you for your assistance in this regard. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Nancy Johnson
Claims Administrator

KASC

INDIVIDUAL RELEASE AND INDEMNIFICATION OF ALL CLAIMS

RECEIVED

SEP 25 2007

FILE NUMBER: 8213-259-632174

Claim Administrator: Nancy Johnson

ESIS-GM CLAIMS UNIT

KNOW ALL MEN BY THESE PRESENTS:

The undersigned [REDACTED] being of lawful age, for the sole consideration of Five hundred dollars, and zero cents (\$500.00) 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, 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 Second day of November, 2006, at or near Hernando, MS.

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 November 2, 2006, 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.

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. 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.

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 20 day of SEPTEMBER, 2007.

CAUTION: READ BEFORE SIGNING

Initials BR

WITNESS

LS

WITNESS

LS

State of ALABAMA }

County of MONTEGOMERY }

On the 20 day of SEPTEMBER 2002, before me personally appeared

_____ to me known to be the

person(s) named herein and who executed the foregoing Release and Indemnification acknowledged to me that

_____ voluntarily executed the same.

My term expires March 9, 2011

Notary Public

Haron Masley

Service Request Detail

SR No.	71-502755093	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address		City	Indianapolis	Involved Dir	Blossom Chevrolet, Inc.	Safety	Yes
State	IN ZipCd	Con Acct		Source	Phone	Updated	5/4/2007 10:57:25 AM
Serial #/VIN	1G1ZT81828F	Model Year	2006	Priority	Medium License #	Owner	RODGERMA
Make	Chevrolet	Warr. Start	08/18/2005	Status	Open	Opened	4/4/2007 09:31:11 AM
Model	Malibu MAXX	Mileage	33173	Sub-Status	Satisfied	Closed	
Abstract	Steering - General						

Customer Description This is a BRC PAR file pls do not assume forward all inquiries to Maryann Rodgers@ X 11181

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond	Fire Report#	Police Report#
Owner	3/30/2007 01:30:00 PM	N	0	0	Asphalt	Dry	n/a	n/a
Driver Fact Name	Driver Fact Name	Height	DOB	Disabilities				
		5'6	9/6/1971	n/a				

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
n/a	Mike	(800) pro-gres xsive	Progressive Insurance

Incident Loc	on woodsmall drive 300 feet of our house	Incident Desc	there was stop sign when to turn left a car coming down turned left and hit some gas when to excell 0-60 in 3 Or 4 sec it snateded the wheel out of my hand the steering didn't communitie with the care the wheels of the vehicle went one way went into another direction of what i sterred the
Component	when i turned left and gave it gas as i was turing left it turned to the right then turned to the left and made me hi the curb	Damage Desc	the steering and the suspension and the 2 front rims are gouged from the curp got a ahir lipe fracture made the tire go flat and front rims
Vehicle Loc	Blossom Chevrolet	Add'l Info	
Emgcy Svc Names	n/a	Maint Loc	Husband

RECEIVED

MAY 08 2007

ESIS-GM CLAIMS UNIT

PAR Detail

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

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/7/2007 05:16:26 PM	RODRUJOS	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		Assigned to ESIS

Contact Last Name	Contact First Name	Account	BAC Code

Subrogation

Mike Rohlfing
Progressive Insurance
Phone: 317 594 6618
Claim # 075211300

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/7/2007 10:13:04 AM	DRAHEICM	RODRUJOS	Notify CRM		Done	5/7/2007 05:16:24 PM	ESIS-Subrogation

Contact Last Name	Contact First Name	Account	BAC Code

Comments
received and assigned to ESIS.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/4/2007 10:56:10 AM	RODGERMA	DRAHEICM	BRC PAR	ESIS - Insurance Involvement	Done	5/7/2007 10:13:03 AM	subrogation

Contact Last Name	Contact First Name	Account	BAC Code

Comments
Mike Rohlfing
Progressive Insurance
Phone: 317 594 6618
Claim # 075211300

Received and assigned for ESIS escalation.
Chad Draheim/ATX/Workflow PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/4/2007 10:49:31 AM	RODGERMA	RODGERMA	Outbound Call	Third Party	Done	5/4/2007 10:56:09 AM	called ins. co: Mike Rohlfing Progressive Insurance Phone: 317 594 6618 Claim # 075211300
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

crs called ins co: Mike Rohlfing
Progressive Insurance
Phone: 317 594 6618
Claim # 075211300

crs left msg adv that I had recvd notification that he had called for subrogation adv that I will be forwarding file to ESIS for further asst and someone will be getting in contact w/him w/in 7-10 bussiness days

maryann rodgers/ext/brc par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/3/2007 04:25:43 PM	ROSSRA	RODGERMA	Notify CRM		Done	5/4/2007 08:03:09 AM	refer to previous activity
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
5/3/2007 04:19:18 PM	ROSSRA	ROSSRA	Inbound Call Third Party	Complex Request	Done	5/3/2007 04:25:38 PM	Progressive Insurance Agent, Mike Rohlfing seeks to sabrogate
Contact Last Name	Contact First Name	Account	BAC Code				

Progressive Insurance Agent, Mike Rohlfing sts that insurance has already settled w/ the cust;

Agent seeks to sabrogate

Crs adv that case was handled by Ms. Maryann Rodgers@ X 11181; adv will notify OCRS of call; verifies agent's info;

Mike Rohlfing
Progressive Insurance
Phone: 317 584 6618
Claim # 075211300

Cust req call back.

Crs adv will forward req.

Rachal Ross/atx/par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/3/2007 04:19:04 PM	ROSSRA	RODGERMA	SR Opened		Done	5/3/2007 04:19:05 PM	SR in Status of Closed has been Re-Opened by 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
4/16/2007 12:36:16 PM	RODGERMA	RODGERMA	SR Closed - Satisfied		Done	4/16/2007 12:36:16 PM	Service Request has been Closed
Contact Last Name	Contact First Name	Name	Account	BAC Code			Satisfied.
Comments							

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/16/2007 12:35:10 PM	RODGERMA	RODGERMA	BRC PAR	Close	Done	4/16/2007 12:35:28 PM	cust working w/ins co
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
4/16/2007 12:28:06 PM	RODGERMA	RODGERMA	Outbound Call Customer	Made Contact	Done	4/16/2007 12:35:01 PM	crs spoke w/cust
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

cust sts that ins co got tired of waiting and they went ahead and auth repairs of the veh sts that they are repairing the steering as well as the body
crs adv that we did attempt to get in contact w/her and the svc mgr so that we could get inspection done.....apologized to cust for delay in auth
crs adv cust that the ins can do a subrogation if they feel that the veh did have a defect.
cust sts that after veh is repaired she is going to take the veh back to dir so that they can do inspection of the steering

maryann rodgers/atx/brc par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/12/2007 10:37:22 AM	RODGERMA	RODGERMA	Outbound Call Customer		Done	4/12/2007 10:38:44 AM	called cust @ 3172057698
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

crs left msg req that cust call back

maryann rodgers/atx/brc par

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/9/2007 10:45:39 AM	RODGERMA	RODGERMA	Outbound Call Dealer	Made Contact	Done	4/9/2007 10:55:24 AM	(317) 357-1121
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

crs spoke w/Steve(svc mgr)
crs adv that I am calling about cust alleging that steering is defective causing her to get into accident w/veh

svc mgr sts that they did a preliminary inspectino on veh and found no defects

sts that he is willing to do a more thorough inspection and fax over the findings to us

crs will call cust to adv to take veh in to dlr for inspection

maryann rodgers/axt/brc par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/9/2007 10:41:51 AM	RODGERMA	RODGERMA	Ownership Changed	Ownership Escalated to BRC	Done	4/9/2007 10:41:51 AM	Ownership Escalated to BRC
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/8/2007 02:39:37 PM	RODGERMA	RODGERMA	Outbound Call Dealer		Done	4/8/2007 02:42:34 PM	(317) 357-1121
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

crs called svc vc mgr still unavail...did leave msg req call back

maryann rodgers/axt/brc par

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/6/2007 01:31:14 PM	DRAHEICM	RODGERMA	Ownership Changed		Done	4/6/2007 01:31:14 PM	Service Request Ownership has changed FROM: BARRYHE TO: RODGERMA
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
4/6/2007 01:29:48 PM	DRAHEICM	RODGERMA	BRC PAR	Initial Contact- AVM	Done	4/9/2007 10:13:33 AM	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
4/6/2007 01:29:48 PM	DRAHEICM	RODGERMA	BRC PAR	Initial Contact- Phone	Done	4/9/2007 10:13:38 AM	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
4/6/2007 01:29:48 PM	DRAHEICM	RODGERMA	BRC PAR	Acknowledgement	Done	4/6/2007 01:43:45 PM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Summary:crs called and left msg req call back

maryann rodgers/axl/brc par

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/6/2007 01:29:48 PM	DRAHEICM	RODGERMA	BRC PAR	Initial Contact- Dealer	Done	4/6/2007 01:41:48 PM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Summary:crs spoke w/svc adv...he sts that svc mgr is out to lunch

maryann rodgers/axt/brc par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/6/2007 01:29:48 PM	DRAHEICM	RODGERMA	Notify CRM		Done	4/6/2007 01:38:47 PM	File Assigned
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/6/2007 01:29:48 PM	DRAHEICM	RODGERMA	Research		Done	4/6/2007 01:38:22 PM	Researched VIN
Contact Last Name	Contact First Name	Account	BAC Code				

Summary:crs did vin scan and found no open recalls or other related SR's

maryann rodgers/axt/brc par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/6/2007 01:29:48 PM	DRAHEICM	RODGERMA	BRC PAR	Case Assigned	Done	4/6/2007 01:37:53 PM	Assigned File to Mary Rodgers ext 11181
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
4/6/2007 10:00:50 AM	SEAWARDY	BARRYHE	Notify CRM		Done	4/6/2007 11:15:44 AM	Progressive Auto Insurance agent called CAC.
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Progressive Auto Insurance agent called CAC to see if GM would cover cust's auto rental. Please refer to previous Inbound Call Third Party.

Dylan Seaward/CAC/STJ

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/6/2007 09:57:43 AM	SEAWARDY	SEAWARDY	Inbound Call Third Party		Done	4/6/2007 10:00:48 AM	Progressive Auto Insurance agent called about PAR issue.
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Agent stated that he wished to know if GM would cover cust's rental vehicle or if insurance had to cover it.

CRS advised that PAR would contact agent with 2 business days.

Dylan Seaward/CAC/STJ

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/5/2007 09:43:55 PM	CLEARYAM	CLEARYAM	Scheduled Outbound Call	Cust	Done	4/6/2007 11:15:08 AM	
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Please contact [REDACTED] and find out if the file has been assumed by PAR and if PAR has been in contact with the customer. Please call the customer between 430-630pm EST on Tuesday @ [REDACTED]

Amy Cleary/CAC/STJ

Closed activity, PAR assuming file.

Jose Rodriguez atx par workflow

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/5/2007 01:35:11 PM	BARRYHE	RODRIGOS	Escalation	Initiate PAR	Done	4/6/2007 11:15:28 AM	Assigning activity to PAR QUEUE
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

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

Heatherbarry/cac/stj LVL 2

Received and assigned to PAR.

Jose Rodriguez/ATX/PAR Workflow

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/5/2007 01:04:26 PM	BARRYHE	BARRYHE	Outbound Call Dealer	Made Contact	Done	4/5/2007 01:13:16 PM	Called Dir
Contact Last Name	Contact First Name	Account	BAC Code				
Comments							

Comments

Spoke with the sm Steve dare

Crs Advises: cust states she was told to contact us to get the ok to repair the vehicle and run a daignoses I'm calling to see get a little info about this concern

Sm States: this was suposed to be sent to product liability my gm svr rep mr bian gruel told us to call us to set up a gm libality claim there claming they lost sterking causing them to smach into the wall there insurance progressive in involved with this we are waiting for gm to take care of this thinks it's gm fault 100% Brian guol is gm avm 3175092404 if i can call him as well her may have contact with him and he may have some info for you as well

Heatherbarry/cac/stj LVL 2

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/5/2007 12:59:47 PM	BARRYHE	BARRYHE	Ownership Changed		Done	4/5/2007 12:59:47 PM	Service Request Ownership has changed FROM: RAFAELJ1 TO: BARRYHE
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
4/5/2007 12:59:21 PM	BARRYHE	BARRYHE	Inbound Call Customer	Complex Request	Done	4/6/2007 11:14:12 AM	Alleged product allegation- Collision
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Cust States: i just need to find out i have rec a phone call today we called blossom chevy they said they are waiting on something from gm to tell them to go ahead a do what needs to be done to daignoses the problem they said they can't do anything until we authroize the repair they said they will not put any mehcains in the vehicle because it's ot sar this happned since last firday it's free because our auto insurance not going to pay for it forever got to get an ok to check it to see if it is gm who needs to cover it or the insurance to daignoses the accident i was in we all know that gm has major service bulliton with the steering with the malibu

Cust Seeks: have the vehicle fixed

Crs Advises: advised customer that their information will be forwarded to the Product Allegation Department within the BRC."

Heatherbarry/cac/stj LVL2

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/5/2007 12:58:17 PM	ONGBE	ONGBE	Outbound Call Compound	Made Contact	Done	4/5/2007 01:01:25 PM	Please assist cust
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

compound heather berry ext 11940 1:00 PM 4/5/2007

kindly assisted cust

Fin/CAC/Elemental/Mla

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/5/2007 12:41:29 PM	ONGBE	ONGBE	Inbound Call Customer	Complex Request	Done	4/5/2007 01:00:05 PM	IB Call Tmpl
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Cust Sls:Cust states that when she hits the gas, the steering locks up which made her hit one curb and bounced to another curb. No one was hurt but both rims were damaged. Vehicle was sent to dir for diagnosis but refused and needs to coordinate with gm, warranty wont cover auto insurance should insurance company adv that this is gm concern.dir std there are a lot of similar concerns Steering hold on one direction it goes the different way veh needs to be repaired piece by piece with gm consent

Owner Specific:

Orig owner?n

Primary driver?

Personal use?y

Veh Specific:

Where purchased? BRADLEY CHEVROLET, INC.

If 2nd Owner of Veh, when/what mig?jan29,2007/28,000mi

Current approx mig?33,173

Ext Svc Plan?n

Concern Specific:

Concern?Steering

When 1st notice concern? a week after purchase

What conditions does concern occur?accelerating

Where diagnosed?BLOSSOM CHEVROLET, INC.

Est cost of the repair?none

Current location of veh?BLOSSOM CHEVROLET, INC.

Veh repaired?no

What has Dir told you about a diagnosis?warranty wont cover

Who working with?Scott Hammons,service manager

Business Decision:

Where maint performed?BRADLEY CHEVROLET, INC.

Prev GM veh?'98Le Sabre,'89Century,'90buick regal,'90park ave,'91&93 grand am,2grand prix

Prev related repairs?none

Out of Pocket expense:none

Cust Sks:repair assistance

CRS adv:transfer to compound

Finl/CAC/Elemental/Mia

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/5/2007 12:38:36 PM	ONGBE	RAFAELJ1	SR Opened		Done	4/5/2007 12:38:37 PM	SR in Status of Closed has been Re-Opened by ONGBE

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/4/2007 04:37:01 PM	MILLANEM	RAFAELJ1	SR Closed - Satisfied		Done	4/4/2007 04:37:01 PM	Service Request has been Closed Satisfied.

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
4/4/2007 04:33:11 PM	MILLANEM	MILLANEM	Inbound Call Third Party	Complex Request	Done	4/4/2007 04:36:57 PM	Update

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Customer called:
requesting information on if the vehicle repairs are covered under warranty

CRS advised:
-repair warranty coverage depends on what would be the diagnosis of the servicing dealership...if the accident is caused by a defective steering system then all repairs should be covered under warranty.

Customer states: they will confirm everything with Boston Chevrolet

Beau_Casset/Elemental_CAC/Manila

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/4/2007 04:33:08 PM	MILLANEM	RAFAELJ1	SR Opened		Done	4/4/2007 04:33:09 PM	SR in Status of Closed has been Re-Opened by MILLANEM

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/4/2007 09:40:38 AM	RAFAELJ1	RAFAELJ1	SR Closed - Satisfied		Done	4/4/2007 09:40:38 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
4/4/2007 09:38:07 AM	RAFAELJ1	RAFAELJ1	Outbound Call Dealer	Made Contact	Done	4/4/2007 09:38:52 AM	Verifying VIN

Name	Account	BAC Code

Comments

CRS spoke with Scott - 1G1ZT61826F110939

Mileage - 33,173

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
4/4/2007 09:32:11 AM	RAFAELJ1	RAFAELJ1	Inbound Call Customer	Complex Request	Done	4/4/2007 09:40:26 AM	Steering Issue
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Cust states:

Cust states that they were told by the dir to call CAC to report a steering issue regarding their 2006 Malibu. Cust states that when she hits the gas, the steering locks up which made her hit one curb and bounced to another curb. No one was hurt but both rims were damaged. Vehicle is at the dealership.

Cust seeks:

Vehicle Repaired

CRS advise:

CRS advised the cust that issue has been documented and if dir was able to find a defect then all repairs will be covered. CRS advised the cust that if she needs any further assistance, she can call CAC and refer to the SR# provided.

Jon/Elemental/CAC/Manila

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Locks Up	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 :	1G1ZT61826F
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VEHICLE INFORMATION

Merchandising Model :	1ZT68 -2006 MALIBU MAXX LT				Warranty Start Date :		08/18/2005		
BARS Order Type :	50 - FLEET								
Delivering Dealer :	JAMES WOOD CHEV OLDS/THE HERTZ CORP 14501 HERTZ QUAIL SPRINGS PARKWAY OKLAHOMA CITY , OK 73134-2628				Selling Source :		13 - CHEVROLET		
					Site Code :		07485		
					Business Associate Code :		112243		
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	08/18/2005	10 miles	08/18/2008	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	08/18/2005	10 miles	08/18/2011	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	08/18/2005	10 miles	08/18/2013	80010 miles
36/36000 FEDERAL EMISSION	08/18/2005	10 miles	08/18/2008	36010 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
04/24/2007	586179	#	E7020 - WHEEL, STEERING - REPLACE	33175 miles

5/8/2007

08/17/2005	A10939	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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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

July 2, 2007

[REDACTED]
Indianapolis, IN [REDACTED]

RE: Our File No.: 632500
Our Client: General Motors Corporation
Date/Event: 3/30/07
Subject vehicle: 2006 Chevy Malibu
VIN: 1G1ZT61826F [REDACTED]

Dear [REDACTED]

ESIS is the third party claim administrator for General Motors. As part of our claim handling process, we need to confirm and document the nature of your damages as we evaluate this matter on behalf of General Motors.

Please confirm in writing if you have tendered this claim to your insurance carrier for coverage. In the event you do not have any insurance, please confirm that fact with us as well.

Please check the area below, and have your signature(s) notarized and return this letter to my attention.

_____ I have advised my insurance company of this claim and have made a settlement with my insurance company

_____ I have not advised my insurance company of this claim, and I do not intend to make a claim with my insurance company

_____ I do not have insurance to cover this claim

Thank you in advance for your cooperation regarding this matter. If you have any questions, please contact me at 800.888.0164 extension 53413 Monday through Friday 8:00 AM to 5:00 PM EST.

Sincerely,

Yolanda Johnson
Claims Administrator

The Law Office Of
LOU A. D'APOLITO
Attorney at Law

4800 Market Street • Suite A • Boardman, Ohio 44512 • phone 330.783.9222 • fax 330.783.5552

Lou A. D'Apolito
Anthony M. D'Apolito

FAX COVER SHEET

TO: Mark Valverde FAX NO. 1-866-480-3630
FROM: Lou A. D'Apolito, Esq.
DATE: 3/27/07
TIME: 12:05 p.m.
COMMENTS: RE: Your Client: General Motors
Accident Date: March 15, 2007
My Client: [REDACTED]

Please be advised that I represent [REDACTED] with regards to the injuries she sustained on March 15, 2007.

It is my understanding that you have revoked a rental agreement initially authorized by Antonio Castanera. Please provide me with the name of your manager or your attorney so that I can deal with this problem.

Enterprise Rental agrees that this rental was handled through your facility "Product Allegation".

If you have any questions regarding this matter, please call me or my Consultant, Ralph DeFabio.



LOU A. D'APOLITO
ATTORNEY AT LAW

Number of Pages: 1

The Law Office Of
LOU A. D'APOLITO
Attorney at Law

4800 Market Street • Suite A • Boardman, Ohio 44512 • phone 330.783.9222 • fax 330.783.5552

Lou A. D'Apolito
Anthony M. D'Apolito

FAX COVER SHEET

TO: Pontiac Legal Dept. FAX NO. 1-866-962-2868
FROM: Lou A. D'Apolito, Esq.
DATE: 4/3/07
TIME: 9⁵¹ A.M.
COMMENTS: RE: Service Request #71-494-958300
My Client: [REDACTED]

Dear Sir/Madam:

Please be advised that I represent [REDACTED] with regard to the injuries she sustained on March 15, 2007.

I had been referred to a Mr. Mark Ververde by three separate individuals at General Motors and today was advised that I need to deal with the Pontiac Legal Department.

Please provide me with the name of the individual assigned to this matter. You can call me or my Consultant, Ralph DeFabio, if you have any questions.

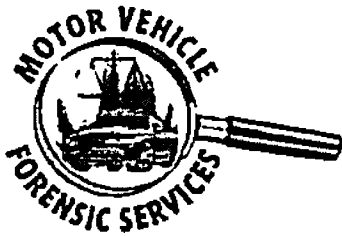
I also include a copy of the fax sent to Mark Ververde on March 27, 2007.

Very truly yours,



LOU A. D'APOLITO
ATTORNEY AT LAW

Number of Pages: 2



5255 Commerce Parkway West • Parma • OH • 44130
Phone (440)887-0645 • Fax (216)398-7202

April 26, 2007

State Farm Insurance Company
25001 Emery Road, Suite 250
Warrensville Heights, OH 44128

ATT: Ms Linda Albright

RE:	INSURED:	[REDACTED]
	TYPE OF VEHICLE:	2006 Pontiac G6
	DATE OF LOSS:	March 15, 2007
	CLAIM NO:	35-Y830-174
	OUR FILE NO:	GN202

Dear Ms Albright:

This report is in regard to the loss of steering control evaluation of a 2006 Pontiac G6 bearing short VIN [REDACTED]. Evaluation of the subject vehicle took place on April 24, 2007 at King Collision in Youngstown, OH.

Prior to the evaluation of the subject vehicle, we were informed by your office that the insured, Ms [REDACTED] claimed that the vehicle's power steering had failed and caused her to loose control of the vehicle resulting in a collision. Your office subsequently asked us to evaluate the vehicle to determine if any loss of functionality in the steering system had occurred.

During the evaluation of the subject vehicle, full photo documentation was performed. Any photographs not provided in this report will be maintained in the file for a period of up to ten (10) years. Should further photo documentation become necessary, please contact our office and arrangements will be made.

Evaluation of the subject vehicle began by verifying that the VIN, depicted in Figure No. 1, matched the VIN supplied by your office. The VIN did match and positively identified the subject vehicle. At this point we proceeded with our evaluation.

FIGURE #1

GM	MFD BY GENERAL MOTORS CORP.		
DATE	GVWR	GAWR FRT	GAWR RR
10/05	1930 KG	1084 KG	846 KG
	4255 LB	2389 LB	1866 LB
THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S. FEDERAL MOTOR VEHICLE SAFETY, BUMPER, AND THEFT PREVENTION STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.			
1G2ZH158564		TYPE: PASS CAR	

Figures No. 2 thru 6 depict overall views of the exterior. Damage was identified on the left side of the vehicle's exterior. The damage was consistent with the vehicle striking an object(s) while traveling forward as impact damage was noted on the left side of the front bumper and along the left side of the vehicle while no impact damage was found on the rear face of the rear bumper.

FIGURE #2

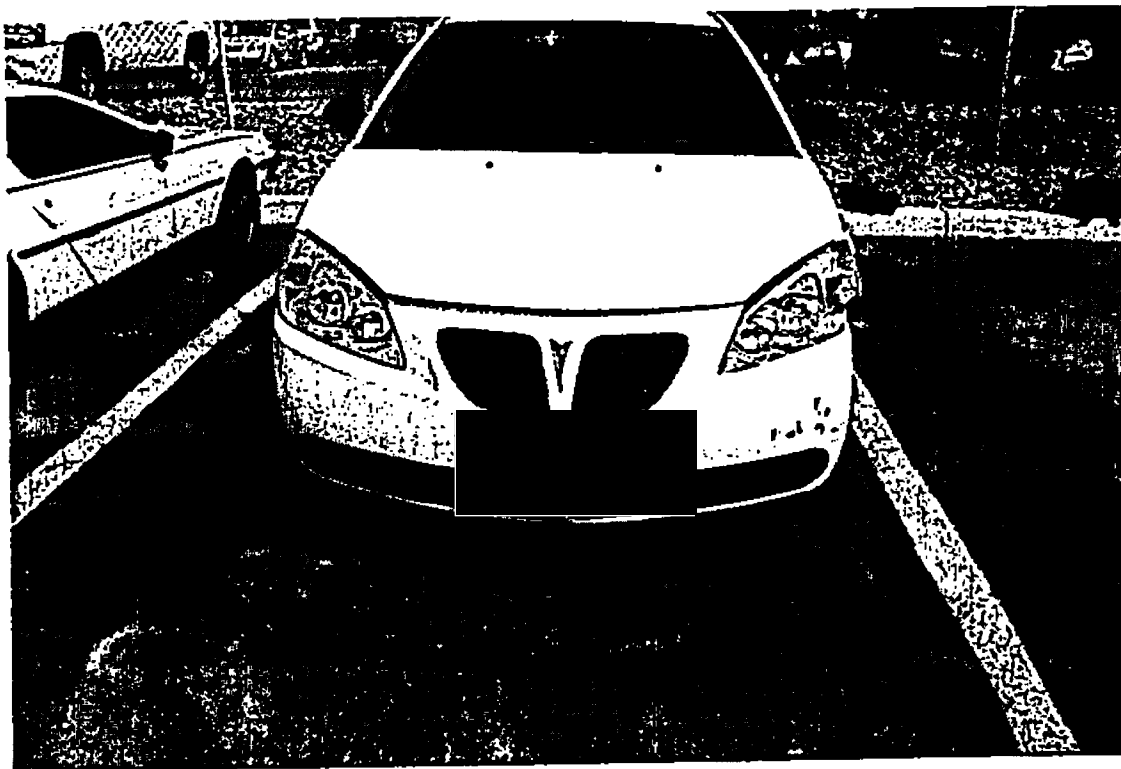


FIGURE #3



FIGURE #4

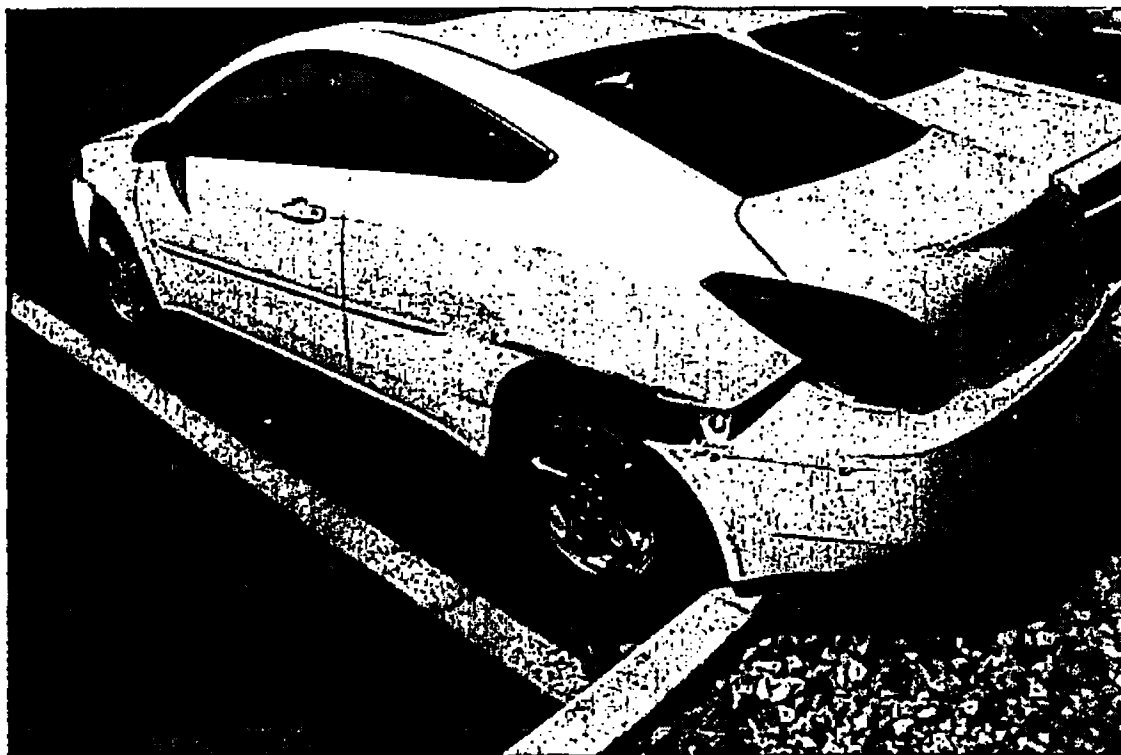


FIGURE #5



FIGURE #6



Figures No. 7 and 8 depict impact damages on the left front areas of the exterior. Damage here was noted as being consistent with the vehicle striking an object while traveling forward as there were impact marks on the front bumper with other damages trailing rearward.

FIGURE #7

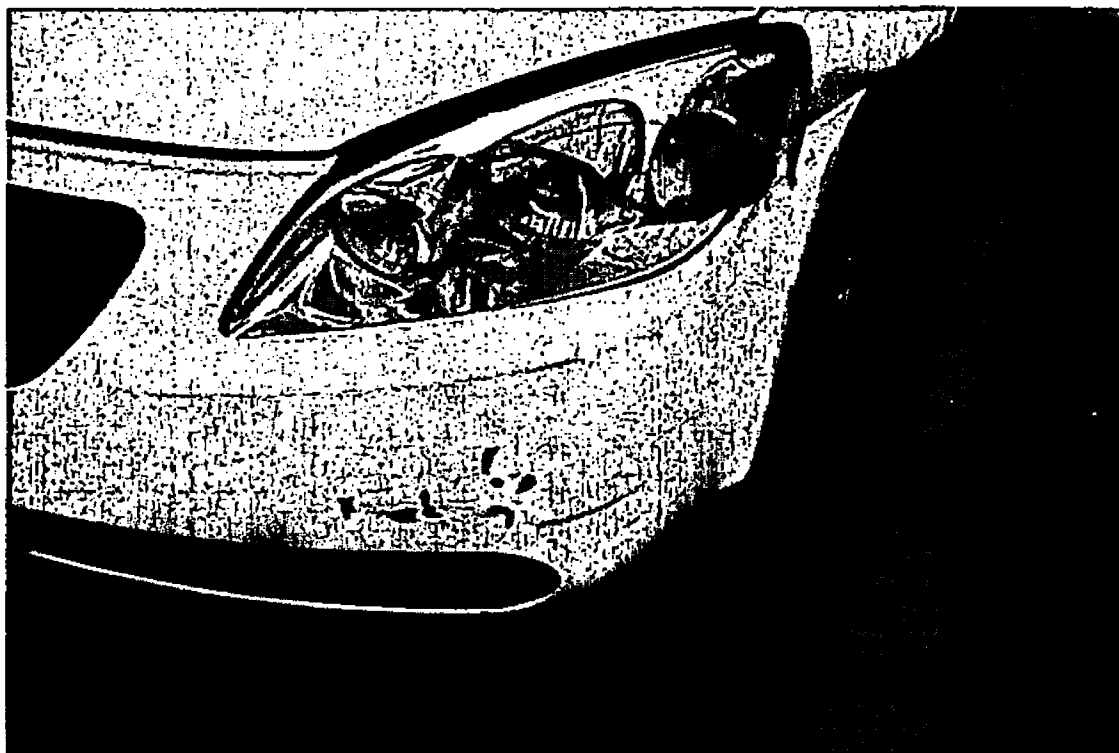
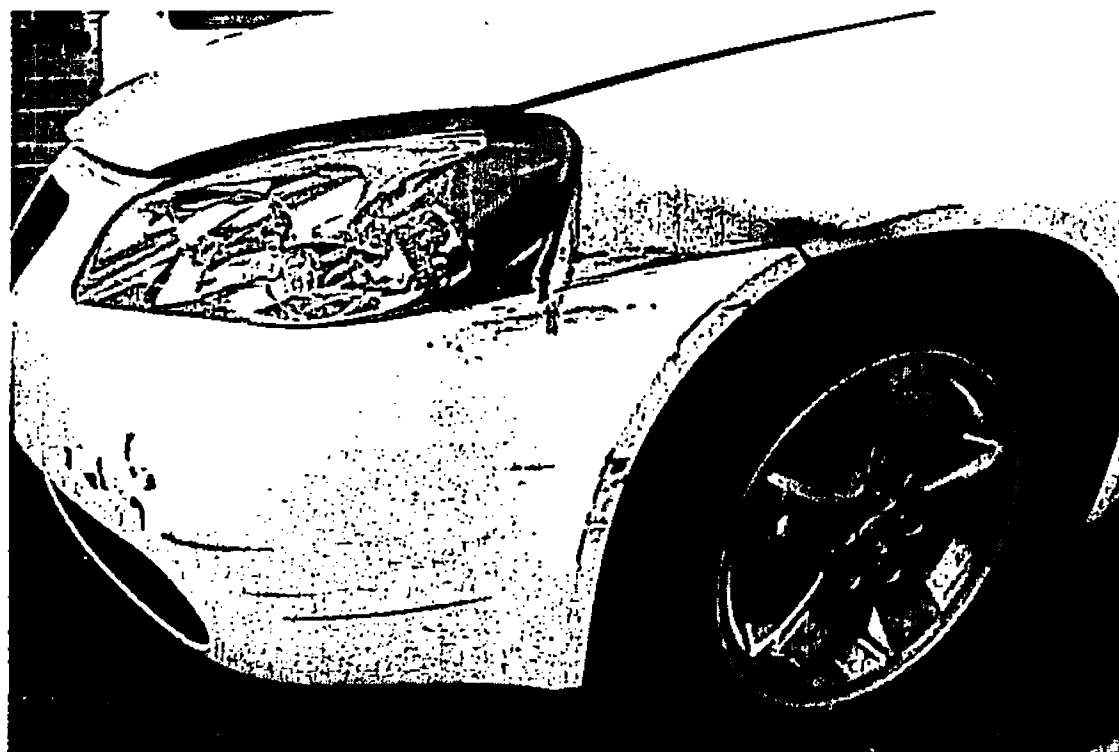


FIGURE #8



Figures No. 9 and 10 depict impact damages on the left rear areas of the exterior. Damage here was noted as being consistent with the vehicle striking an object while traveling forward as there was a relatively deep impression just forward of the left rear wheel well with directional scrapes trailing rearward.

FIGURE #9

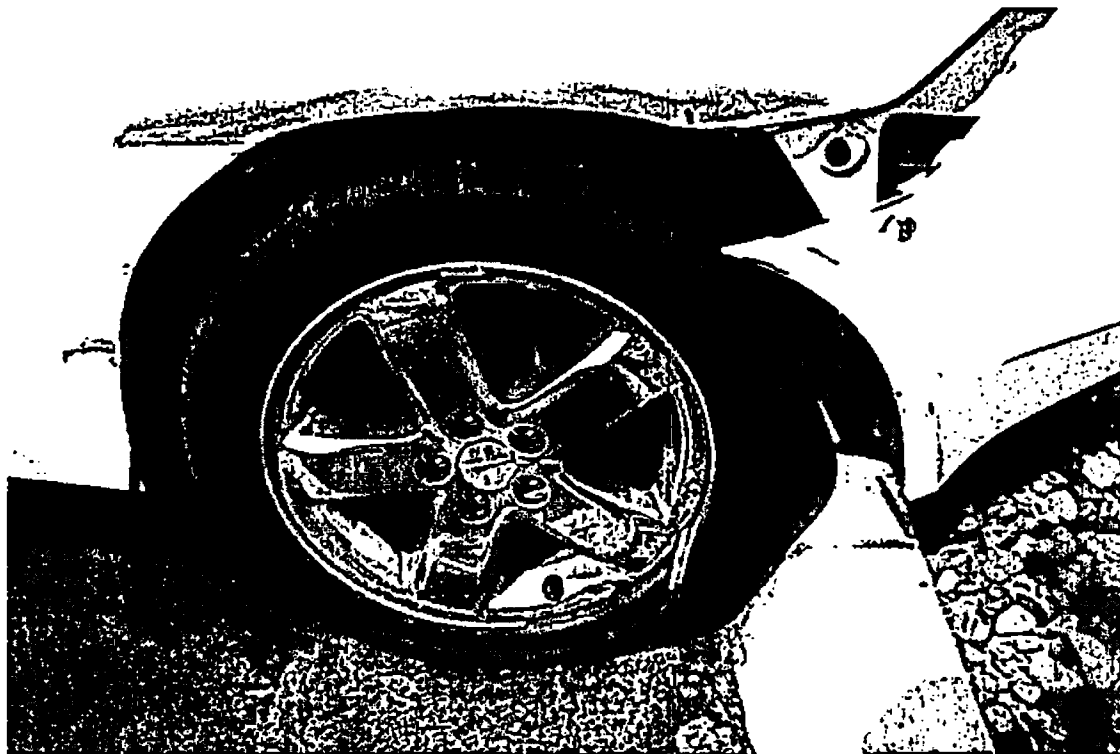
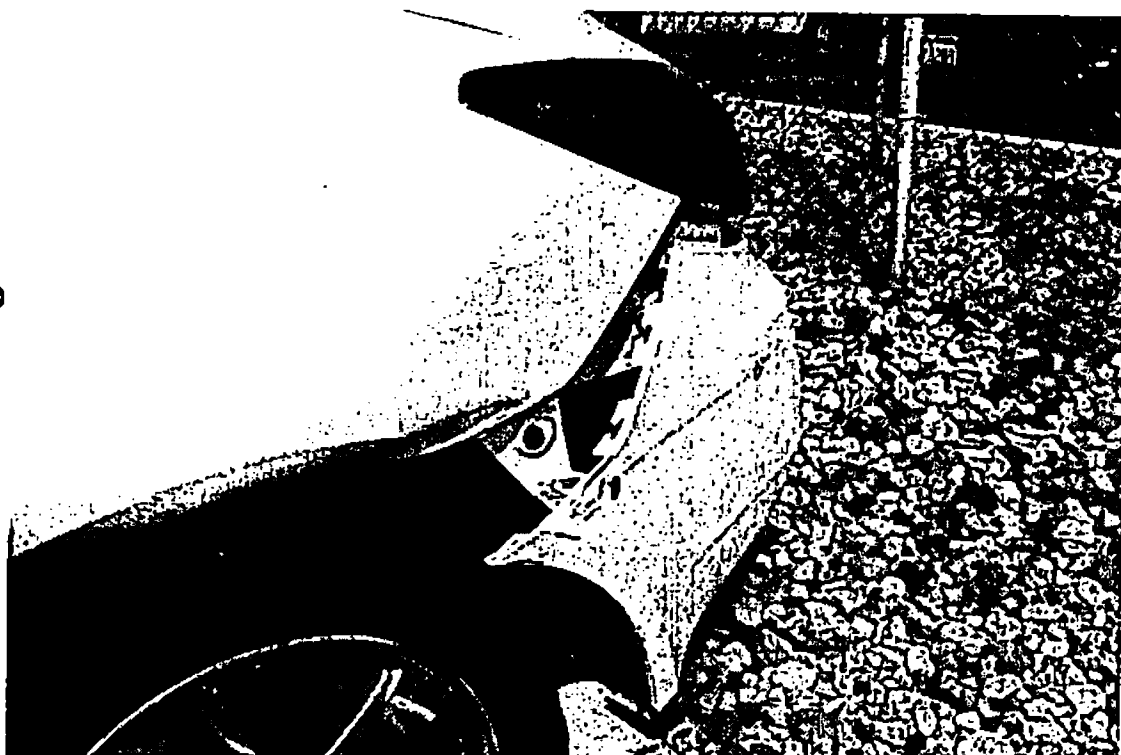


FIGURE #10



Figures No. 11 thru 13 depict overall views of the interior. No damage was identified in the interior at the time of our evaluation.

FIGURE #11



FIGURE #12

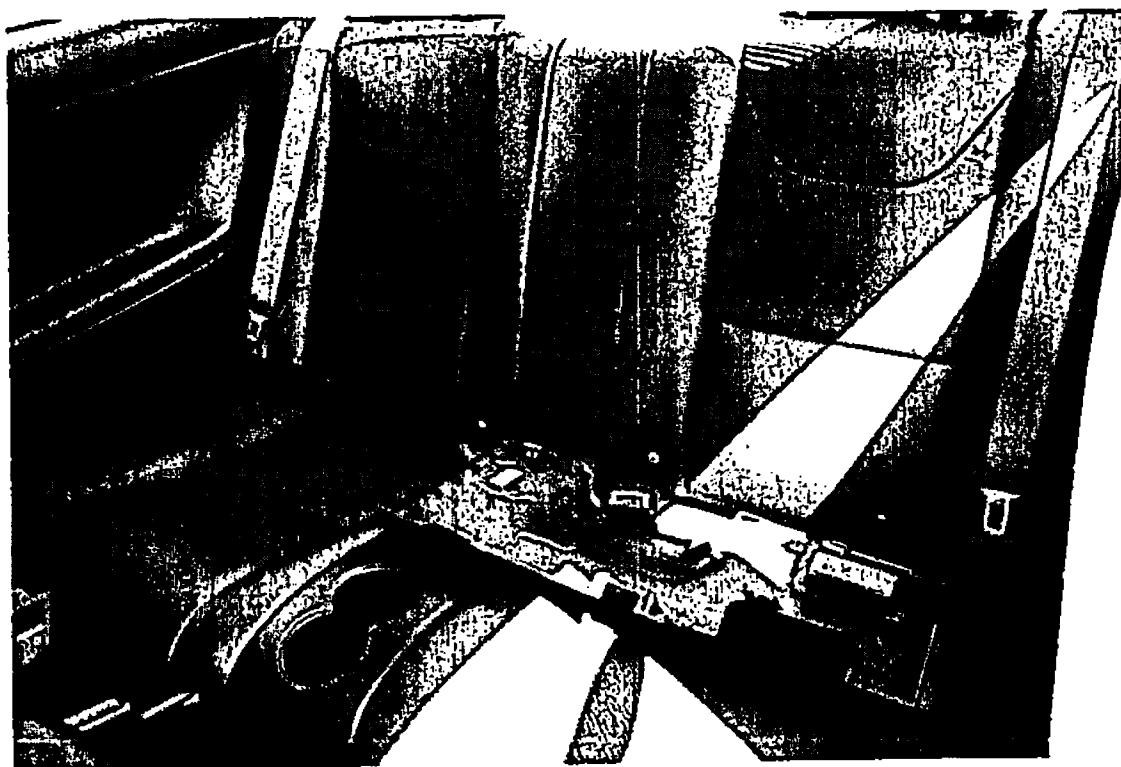


FIGURE #13



Figure No. 14 depicts an overall view of the engine compartment. Little to no damage from the collision was noted in the engine compartment. The engine oil, engine coolant, and brake fluid levels were inspected and found to be proper at the time of our evaluation. It should be noted that the transmission was not equipped with a dipstick to verify its fluid level and there was no power steering pump installed. It should further be noted that the absence of a power steering pump indicated that the steering system was assisted by means of an electric steering motor.

FIGURE #14

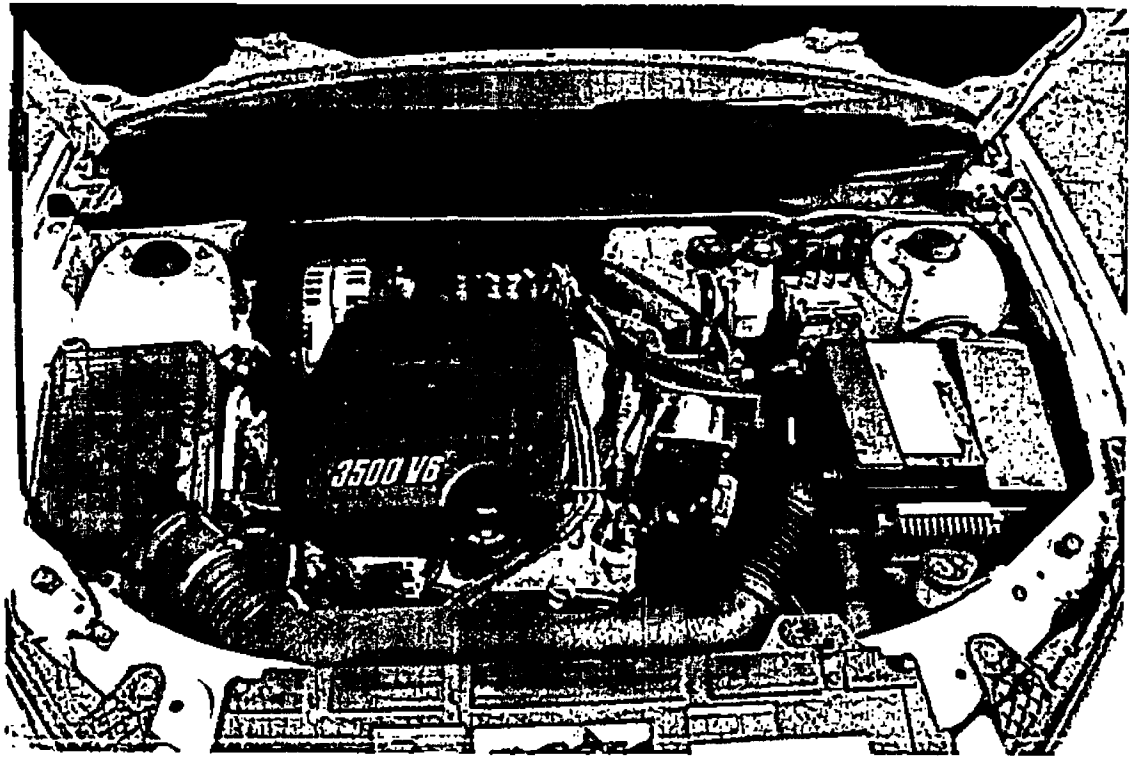
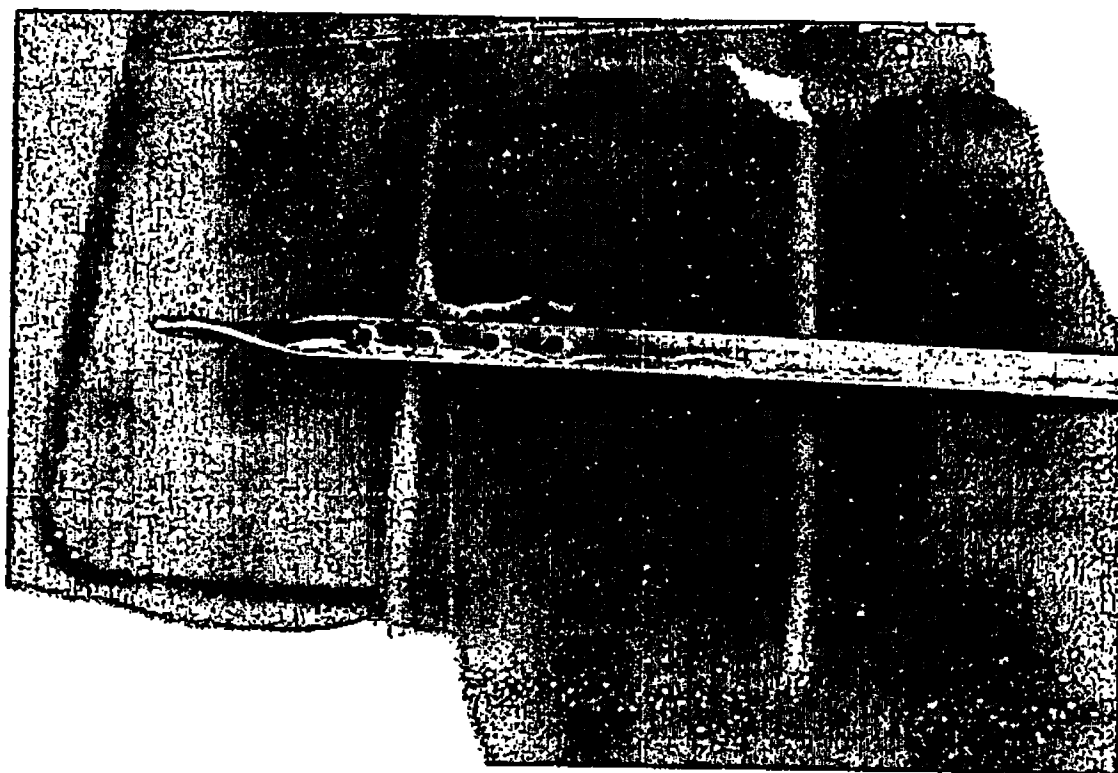


Figure No. 15 depicts the engine oil level measured during our inspection.

FIGURE #15



The vehicle was started during our inspection and the vehicle's modules were scanned for both current and historical diagnostic codes, at which time history codes were found in the "HYDRAULIC BRAKES" and "ABS BCM" modules as will be discussed later in this report. Figure No. 16 depicts a view of the instrument panel while the engine was idling. It should be noted that no indicator lamps were illuminated and no audible alarm was sounded. It should further be noted that the vehicle was driven on the King Collision premises during our evaluation and the power steering assist was found to be nonfunctional without an indicator lamp being illuminated and without an audible alarm being sounded.

FIGURE #16

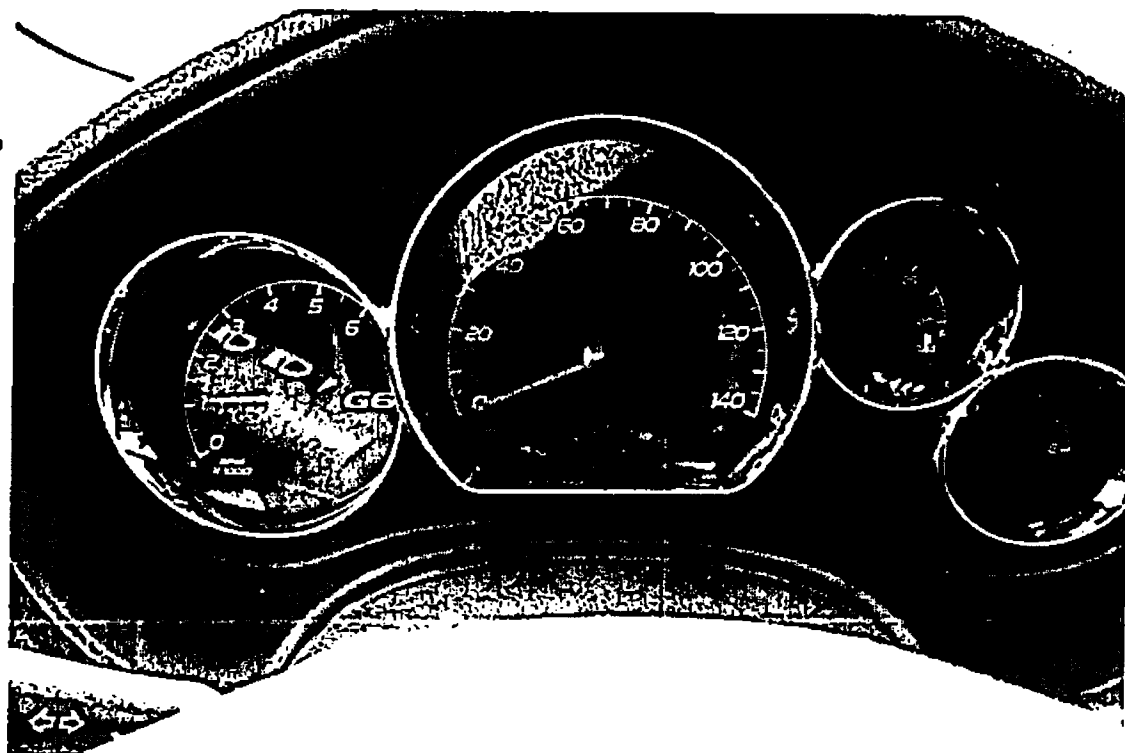
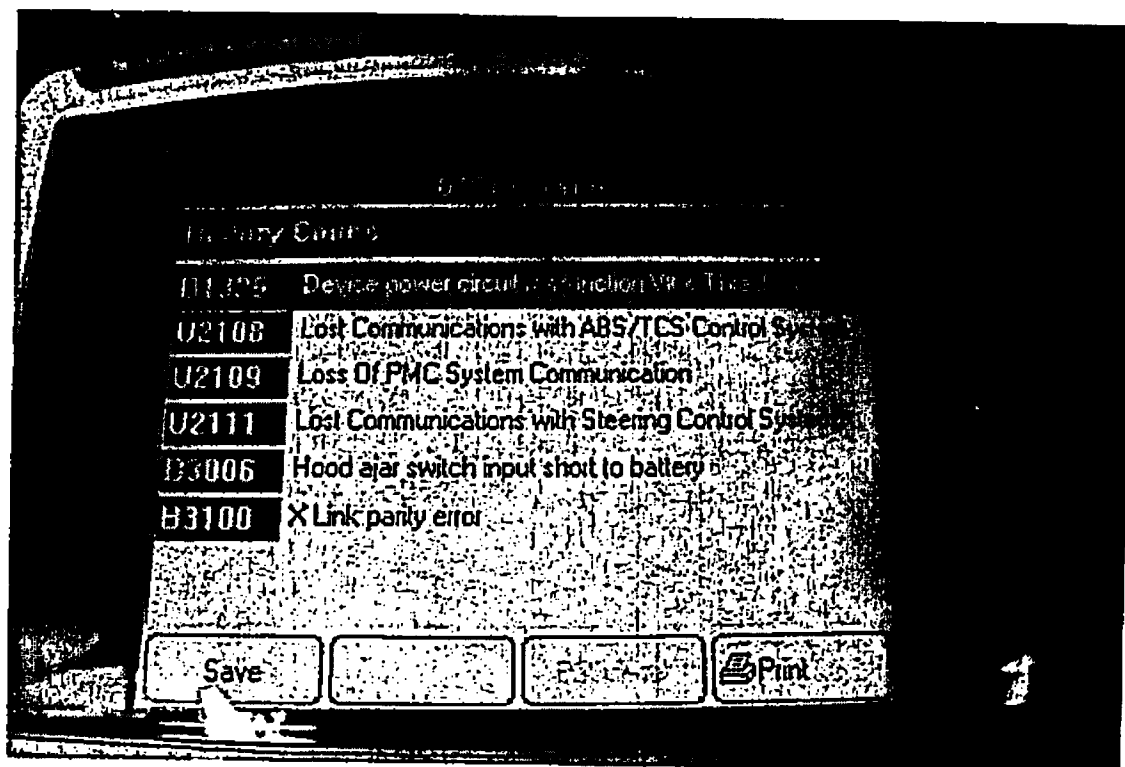


Figure No. 17 depicts the history codes that were found on both the "HYDRAULIC BRAKES" and "ABS BCM" modules during our inspection. It should be noted that a "U2111: LOST COMMUNICATIONS WITH STEERING CONTROL SYSTEM" was present as a stored history code.

FIGURE #17



The undercarriage was inspected during our evaluation. Figures No. 18 and 19 respectively depict overall views of the front portion of the undercarriage as viewed from the front of the vehicle and from the middle of the undercarriage. No damage attributed to causing the loss of steering control was identified during this portion of our evaluation, however the left side tie rod was found to be bent and this was noted as being consistent with the previously discussed collision damage to the left side of the vehicle.

FIGURE #18

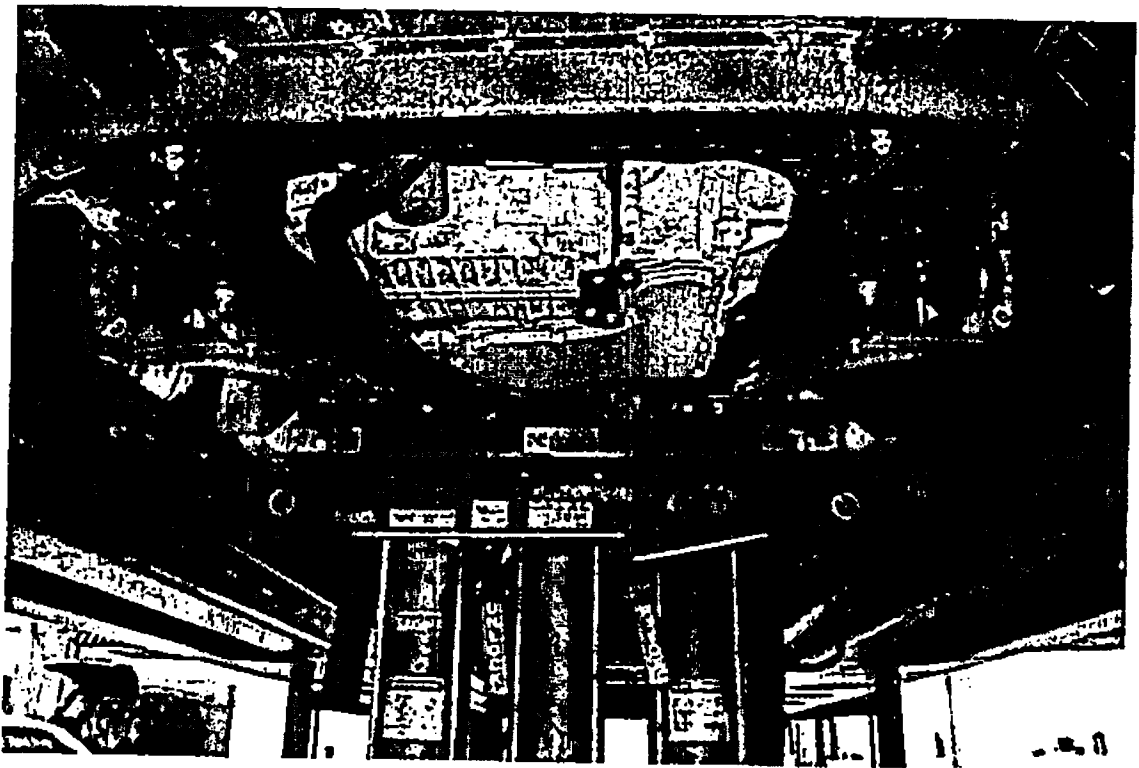
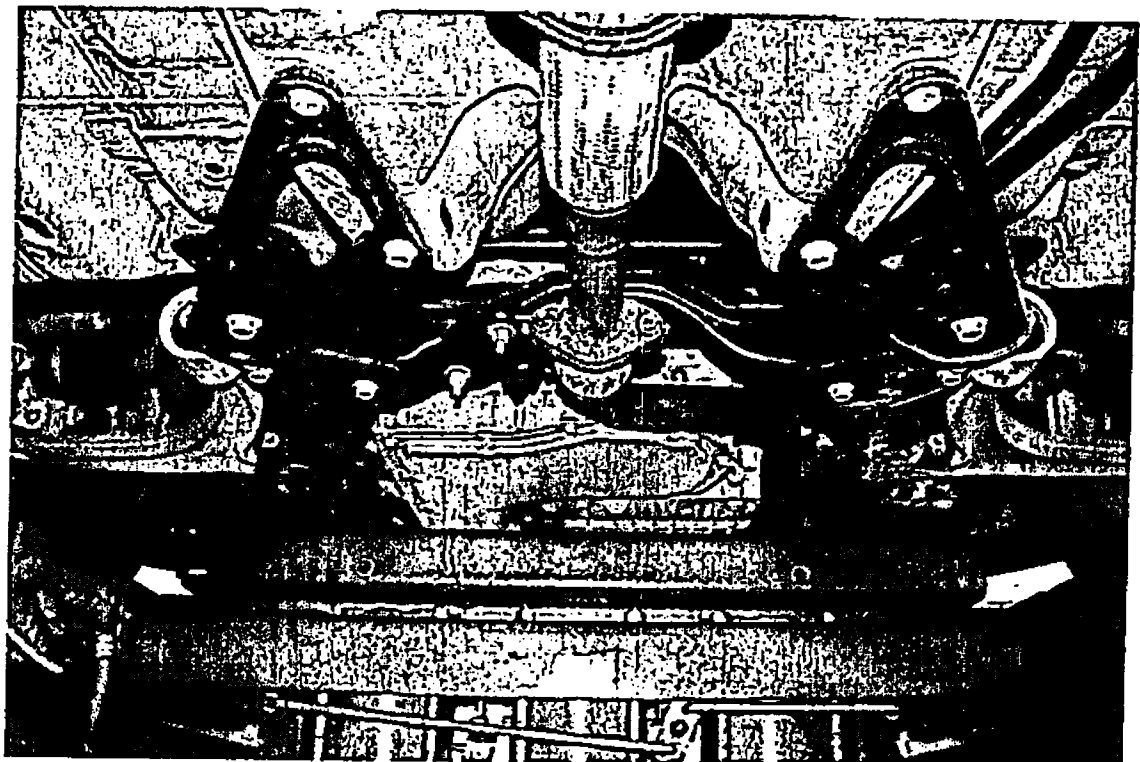


FIGURE #19



Figures No. 20 thru 22 depict views of the left side steering and suspension components. The left side tie rod was found to be bent, but this damage was a result of the collision and not a cause of steering control loss as previously discussed.

FIGURE #20

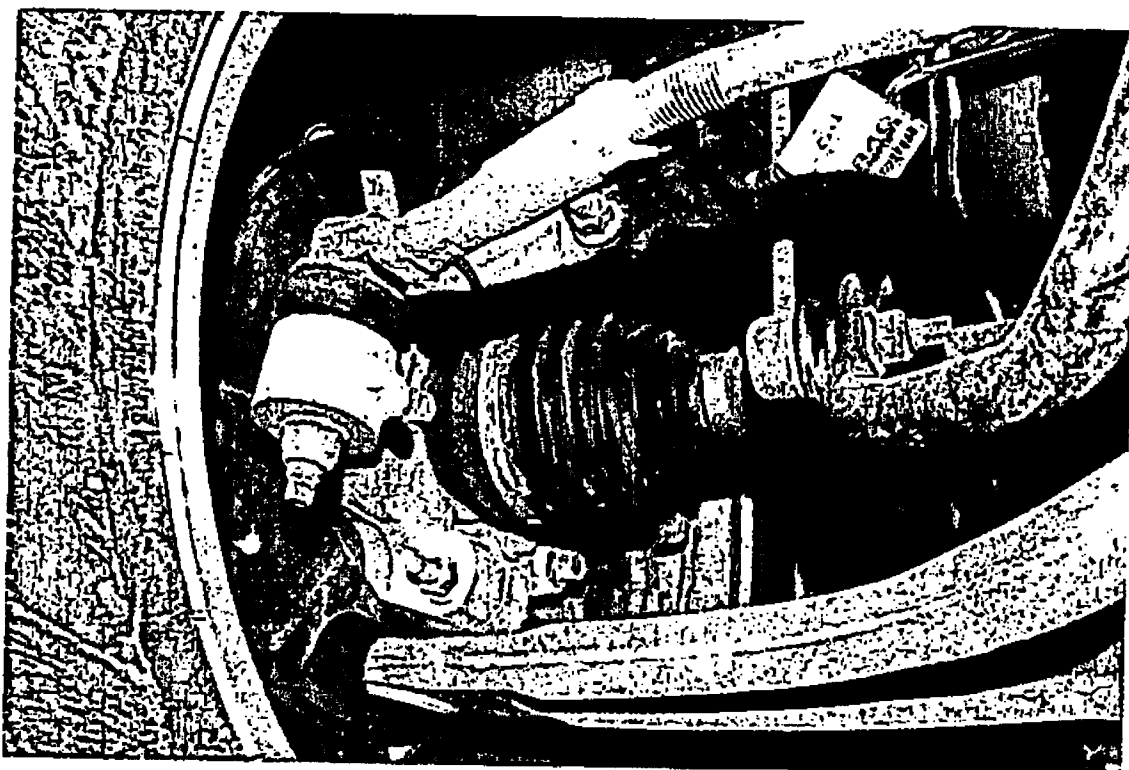


FIGURE #21

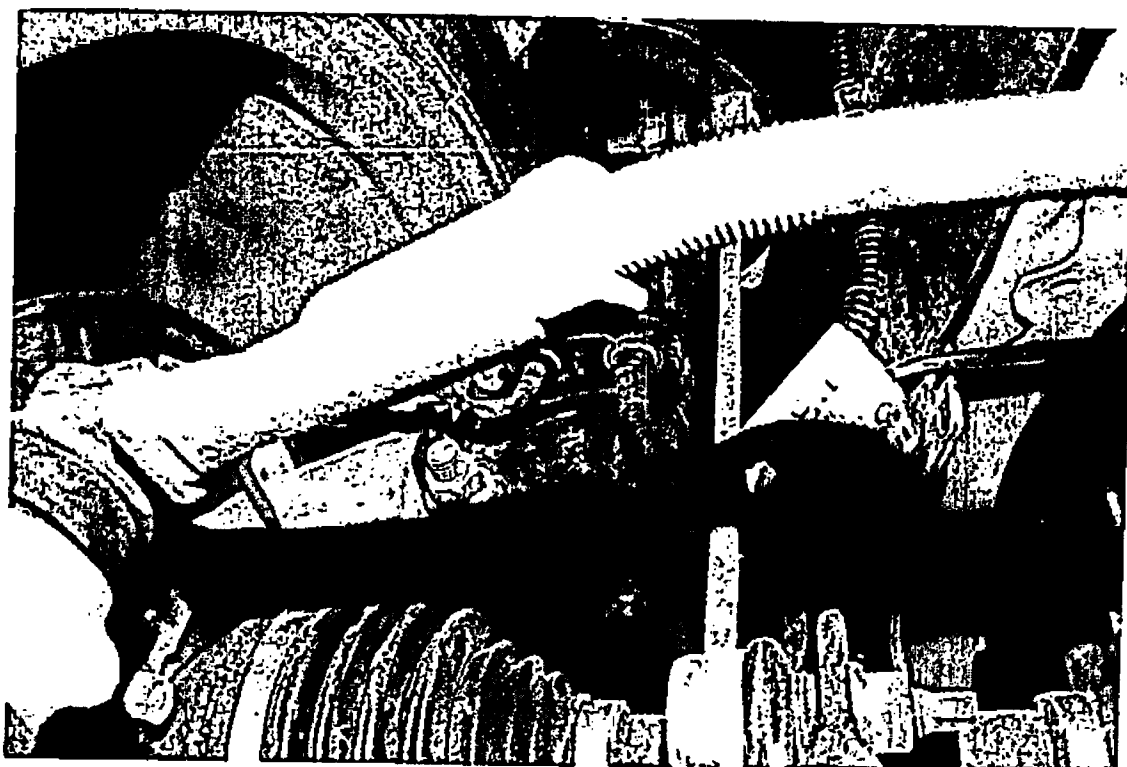
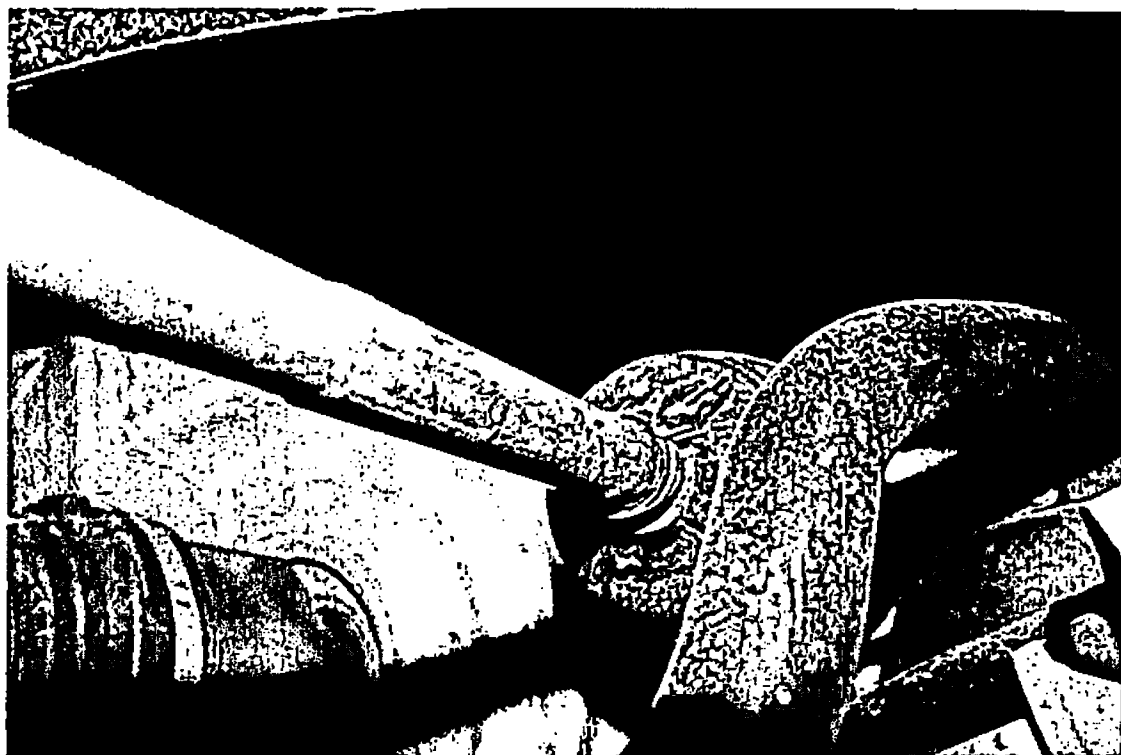


FIGURE #22



Figures No. 23 thru 25 depict views of the right side steering and suspension components. No damage was identified on these components at the time of our evaluation.

FIGURE #23

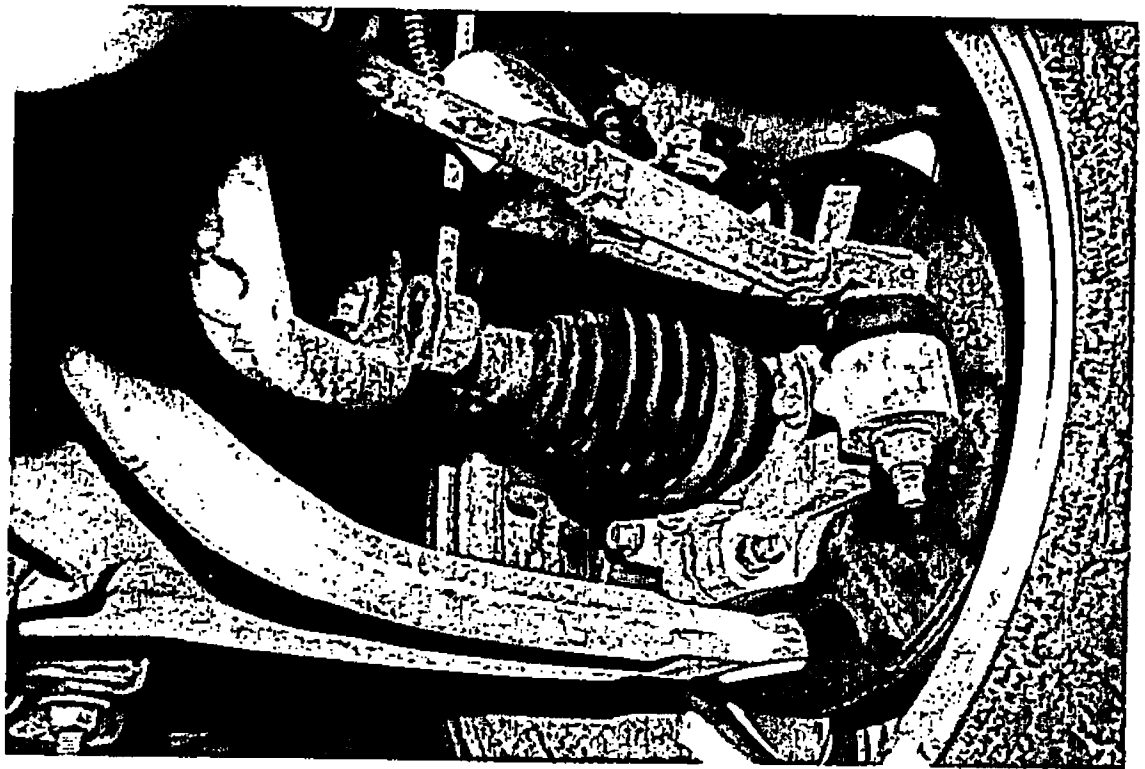


FIGURE #24

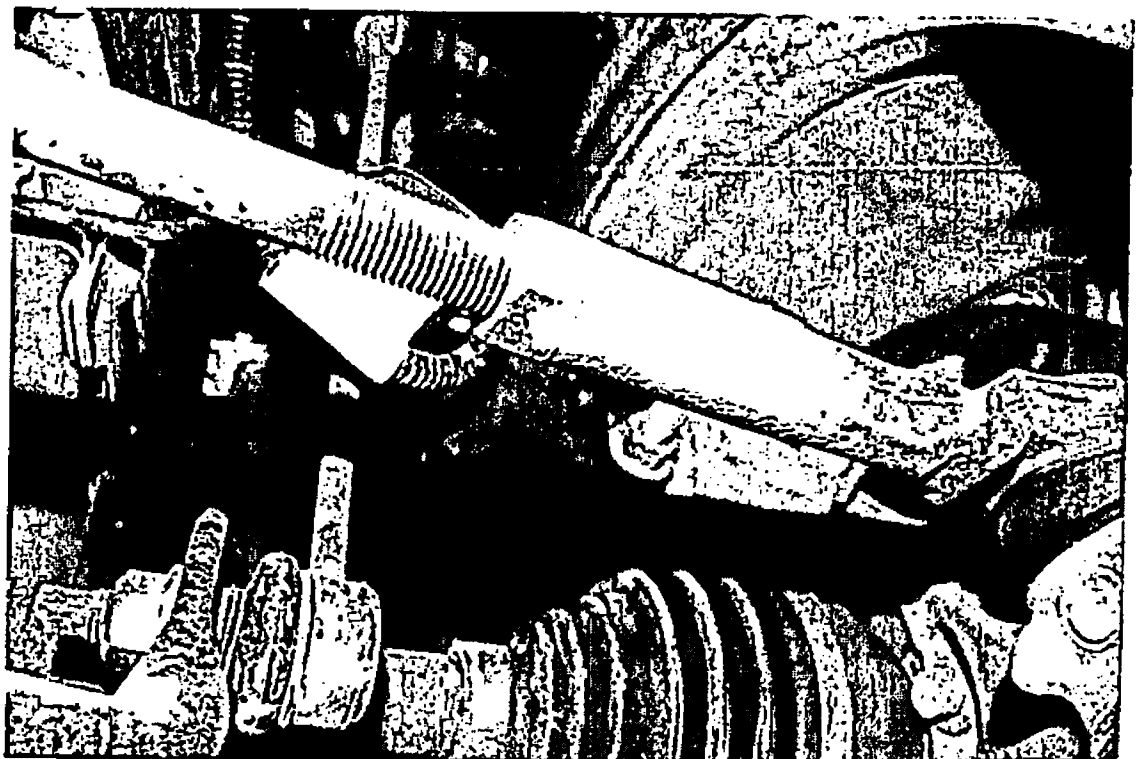
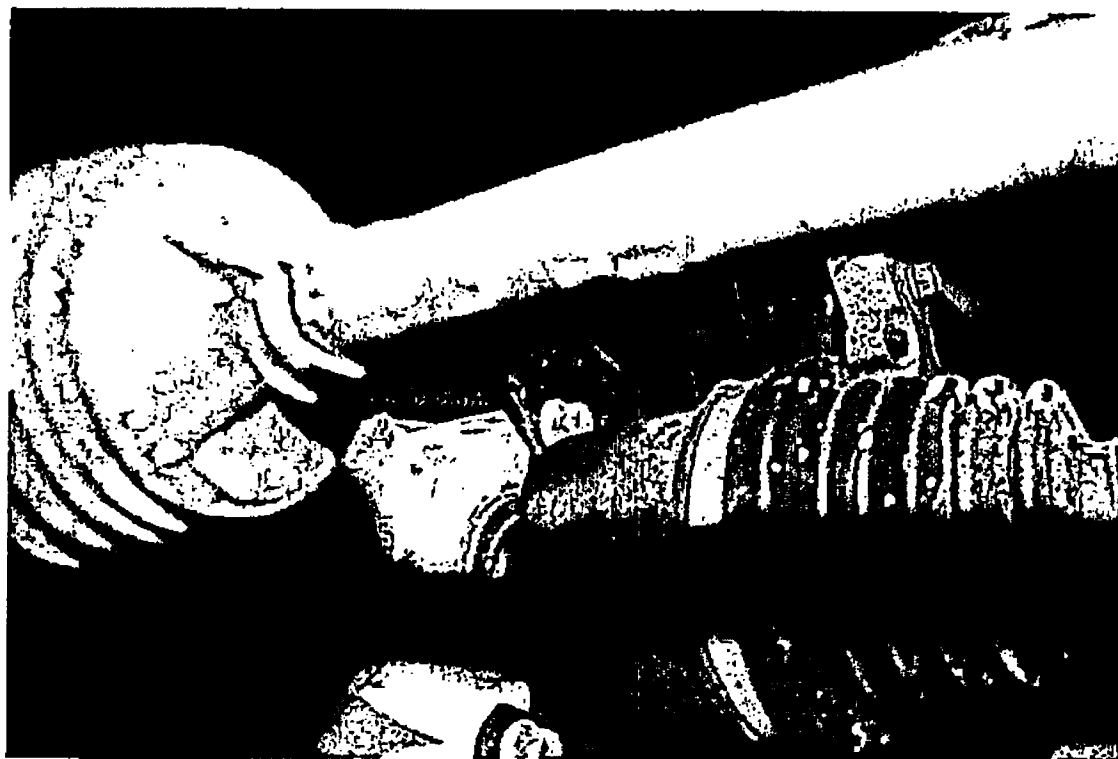


FIGURE #25

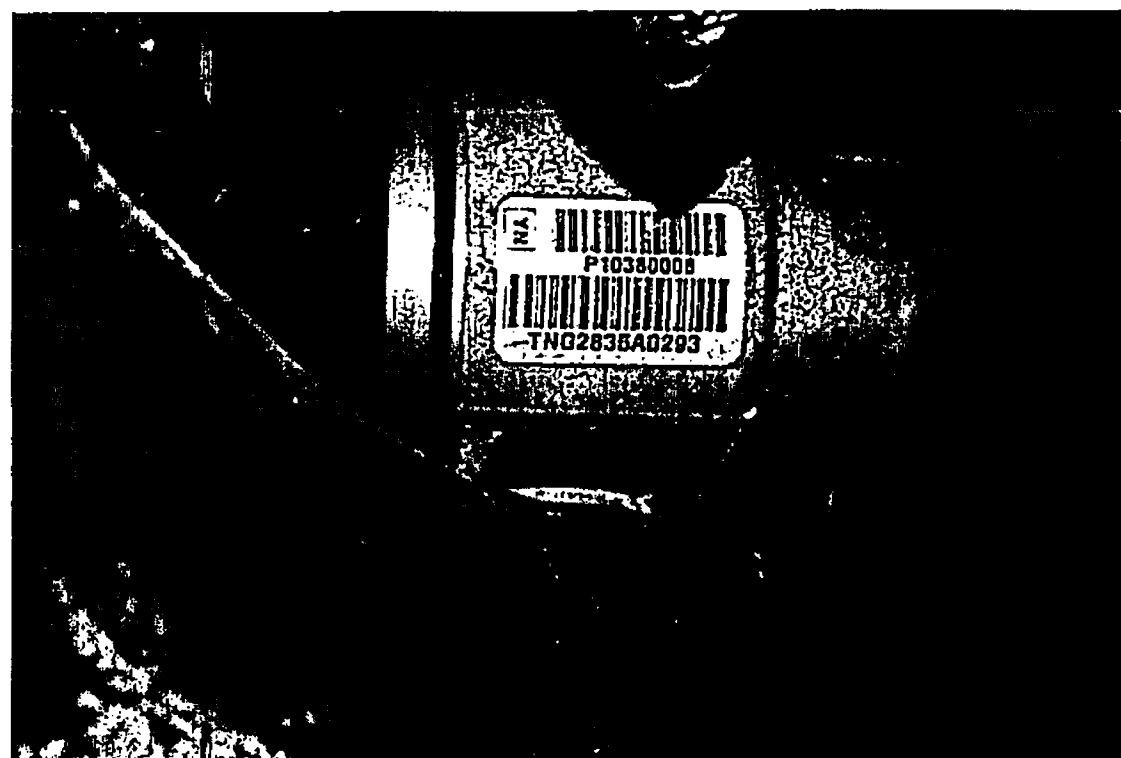


Figures No. 26 and 27 respectively depict a portion of the rack and pinion assembly for the steering system and an identification label found on the assembly. No damage was identified on the assembly during our inspection, however only portions of the assembly could be clearly viewed as destructive testing would be necessary to inspect the entire assembly. It should be noted that no destructive testing was performed during this part or any other part of our evaluation.

FIGURE #26



FIGURE #27



As part of our evaluation, reported complaints, defect investigations, technical service bulletins, and recalls pertaining to the subject vehicle were reviewed. Five (5) complaints and one (1) technical service bulletin were found to be related to the subject vehicle. The complaints are identified as NHTSA ODI Number 10185394, 10177975, 10163118, 10169632, and 10178440 and the technical service bulletin is identified as NHTSA Item Number 10019283.

Following a thorough and complete evaluation of all remaining evidence in this case, and based on our knowledge, training and years of experience as a Forensic Mechanic and a Professional Engineer, it is our professional opinion to a reasonable degree of certainty that the subject vehicle's power steering system was nonfunctional at the time of our evaluation. It is further our opinion that no indicator lamp was illuminated on the instrument cluster and nor was there any audible alarm sounded, and that a warning should have been provided to alert the driver of this loss of functionality in vehicle controls.

Regarding the vehicle's involvement in the insured losing control of the vehicle, it is our opinion that a loss of power steering functionality would have resulted in a dramatically increased steering effort in controlling the vehicle's direction of travel. It is further our opinion that such an increase in steering effort would certainly jeopardize the safe operation of the vehicle, especially if such an increase in effort was unexpected.

Regarding the cause of the loss of power steering functionality, it is our opinion that damage to components associated only with the mechanical operation of the steering system did not cause loss of steering control and is attributed to being a result of collision as previously stated. It is further our opinion that destructive testing would provide further insight into the cause of power steering failure and that all involved parties, including General Motors Corporation, be present for such testing. As previously mentioned, we have not performed any destructive testing at this point in our evaluation. If such testing becomes necessary, please contact our office and arrangements will be made.

If you have any further questions regarding this matter, please feel free to contact us at any time.

Respectfully Submitted,



Mark Sargent
Forensic Mechanic
Licensed Investigator
Ohio License No. 6868
ASE Recertified Master Technician



William C. Harrington, Jr., P.E.
Mechanical Engineer
Licensed Investigator
Ohio License No. 6868

**Office of Defects Investigation****Technical Service Bulletins - Search Results****Report Date : April 24, 2007 at 02:56 PM****SEARCH TYPE : VEHICLE****YEAR : 2006****Make : PONTIAC****Model : G6****Make : PONTIAC****Model : G6****Year : 2006****Manufacturer : GENERAL MOTORS CORP.****Service Bulletin Num : 3797****Date of Bulletin: JAN 01, 1901****NHTSA Item Number: 10018531****Component: STEERING:ELECTRIC POWER ASSIST SYSTEM****Summary:****INTERMITTENT STEERING WHEEL DITHER AFTER FRONT END ALIGNMENT WAS PERFORMED. *TT****Make : PONTIAC****Model : G6****Year : 2006****Manufacturer : GENERAL MOTORS CORP.****Service Bulletin Num : 3795****Date of Bulletin: JAN 01, 1901****NHTSA Item Number: 10019283****Component: STEERING:ELECTRIC POWER ASSIST SYSTEM****Summary:****ELECTRIC STEERING IS INOPERATIVE WITH C0545. *AK**



Office of Defects Investigation

Complaints - Search Results

2 Records Displayed.

Report Date : April 24, 2007 at 02:44 PM
SEARCH TYPE : VEHICLE
YEAR : 2006
Make : PONTIAC
Model : G6

Make : PONTIAC

Model : G6

Year : 2006

Manufacturer : GENERAL MOTORS CORP.

Crash : Yes

Fire : No

Number of Injuries: 1

ODI ID Number : 10167190

Number of Deaths: 0

Date of Failure: August 31, 2006

VIN : 1G2ZF55B764...

Component: STEERING:COLUMN

Summary:

MY 2006 PONTIAC G6 WAS INVOLVED IN AN ACCIDENT ON THE INTERSTATE. TRAFFIC HAD SLOWED DOWN TO ABOUT 25 MPH AND THE VEHICLE BEHIND DID NOT NOTICE AND STRUCK MY VEHICLE AT ABOUT 60 MPH. THIS FORCE PUSHED MY VEHICLE INTO THE VEHICLE IN FRONT OF IT. THE DRIVER WAS WEARING THEIR SEAT BELT AND SHOULDER STRAP AT THE TIME. DURING THIS INCIDENT, THE STEERING WHEEL ALONG WITH THE MAIN SHAFT CAME FREE OF THE COLUMN AND WAS SITTING IN THE DRIVER'S LAP WHEN THE VEHICLE CAME TO A STOP. THE AIRBAGS DID NOT DEPLOY AND THE WIRING HARNESS WAS STILL ATTACHED TO THE STEERING WHEEL. MY MAIN CONCERN WAS THAT, WITH THE STEERING WHEEL IN THE DRIVER'S LAP WITH THE SHAFT STICKING STRAIGHT UP, THE DRIVER COULD HAVE BEEN IMPALED WITH THE SHAFT THROUGH THEIR JAW AND UP THROUGH THEIR SKULL IF THE AIRBAG HAD DEPLOYED AT THAT TIME. I DO HAVE A DIGITAL PICTURE OF THE STEERING WHEEL PLACED LOOSELY BACK INTO THE COLUMN IF YOU NEED TO SEE IT. *JB

Make : PONTIAC

Model : G6

Year : 2006

Manufacturer : GENERAL MOTORS CORP.

Crash : Yes

Fire : No

Number of Injuries: 1

ODI ID Number : 10185394

Number of Deaths: 0

Date of Failure: March 15, 2007

VIN : 1G2ZH158564...

Component: STEERING:COLUMN

Summary:

4/24/2007

POWER STEERING COMPUTERIZED MODULE FAILED DURING HIGHWAY DRIVING AT HIGH RATE OF SPEED. POWER STEERING LOSS ALERT APPEARED ON RADIO. WHEEL OF CAR LOCKED; VEHICLE WAS RENDERED UNSTEERABLE CAUSING CRASH AND PERSONAL INJURY. VEHICLE HAD THIS EXACT MODULE REPAIRED AT DEALERSHIP TWO WEEKS PRIOR WHEN POWER STEERING WAS LOST IN THE SAME MANNER W/THE SAME WARNING ALERT, BUT FIRST INSTANCE OCCURRED AT A 2MPH SPEED IN PARKING LOT.



SUBJECT INCIDENT

4/24/2007

Complaints - Search Results

1 Records Displayed.

Report Date : April 24, 2007 at 02:41 PM
SEARCH TYPE : VEHICLE
YEAR : 2006
Make : PONTIAC
Model : G6

Make : PONTIAC

Model : G6

Year : 2006

Manufacturer : GENERAL MOTORS CORP.

Crash : No

Fire : No

Number of Injuries: 0

ODI ID Number : 10177975

Number of Deaths: 0

Date of Failure: December 30, 2006

VIN : Not Available

Component: STEERING:ELECTRIC POWER ASSIST SYSTEM

Summary:

WHILE GOING AROUND A CURVE, POWER STEERING MESSAGE CAME ON CONSOLE. I LOST ALL POWER STEERING. I HAD TO RESTART CAR TO GET THE POWER STEERING BACK ON. I TOOK IT TO DEALER, THEY ARE GOING TO REPLACE THE STEERING COLUMN, SINCE THERE ISN'T A POWER STEERING PUMP IT IS ALL ELECTRICAL AND THE SWITCH IS IN THE COLUMN. THEY DON'T KNOW WHEN THE PIECE WILL COME IN, BUT THEY SAID I COULD DRIVE IT AND IF IT GOES OUT AGAIN, IT WON'T DO ANY HARM, JUST BE A "SURPRISE". I PRAY THAT IT DOESN'T GO OUT GOING AT A HIGHER SPEED AROUND A CURVE.
*JB

4/24/2007

Complaints - Search Results

3 Records Displayed.

Report Date : April 24, 2007 at 02:40 PM
SEARCH TYPE : VEHICLE
YEAR : 2006
Make : PONTIAC
Model : G6

Make : PONTIAC

Model : G6

Year : 2006

Manufacturer : GENERAL MOTORS CORP.

Crash : No

Fire : No

Number of Injuries: 0

ODI ID Number : 10163118

Number of Deaths: 0

Date of Failure: July 21, 2006

VIN : 1G2ZH558364...

Component: STEERING

Summary:

DT*: THE CONTACT STATED WHILE TRAVELING AT VARIOUS SPEEDS, THE DASHBOARD WARNING FOR STEERING ILLUMINATED AND WAS AUDIBLE. WHEN THIS OCCURRED THE STEERING FAILED . THE VEHICLE HAS BEEN TOWED TO THE DEALERSHIP WHERE THE COMPUTER HAS BEEN RESET THREE TIMES. THESE EFFORTS HAVE NOT REPAIRED THE PROBLEM. FOR THE MOST RECENT INCIDENT, THE STEERING SHAFT WILL BE REPLACED.

Make : PONTIAC

Model : G6

Year : 2006

Manufacturer : GENERAL MOTORS CORP.

Crash : No

Fire : No

Number of Injuries: 0

ODI ID Number : 10169632

Number of Deaths: 0

Date of Failure: September 22, 2006

VIN : 1G2ZG558X64...

Component: STEERING

Summary:

I WAS DRIVING APPROX. 55-60 MPH WHEN THE STEERING WHEEL LOCKED UP AND I LOST CONTROL OF THE VEHICLE, CROSSING THE CENTER LANE. IT REMAINED LOCKED FOR ABOUT 30 YARDS AND THEN RELEASED. *NM

4/24/2007

Make : PONTIAC**Model :** G6**Year :** 2006**Manufacturer :** GENERAL MOTORS CORP.**Crash :** Yes**Fire :** No**Number of Injuries:** 0**ODI ID Number :** 10178440**Number of Deaths:** 0**Date of Failure:** January 8, 2007**VIN :** 1G2ZM551964...**Component:** STEERING**Summary:**

2006 PONTIAC G6 GTP DRIVING (APPROX 20-30 MPH) DOWN A RESIDENTIAL STREET WHEN A LARGE TRUCK CAME DOWN THE STREET IN THE OPPOSITE DIRECTION. I TURNED MY WHEEL SLIGHTLY TO MOVE AWAY FROM THE CENTER LINE. THE STEERING WHEEL LOCKED, MAKING IT IMPOSSIBLE FOR ME TO TURN THE WHEEL BACK SO THAT I COULD GO STRAIGHT AGAIN. MY CAR HIT THE BACK WHEEL OF A PARKED CAR. THERE WAS DAMAGE TO BOTH CARS. FORTUNATELY, NO ONE WAS INJURED. THE DAMAGE TO BOTH CARS IS CURRENTLY BEING ASSESSED. *JB

4/24/2007

Service Request Detail

SR No. 71-494958300	Ref No.	Goodwill	No Goodwill Offered	BRC Type	PAR
Account	Site	GW SubType		Bus. Unit	BRC
Last Name	First Name	Approval	Not Initiated	Area	PAR
Daytime #	Evening #	UCC	Steering - Power Steering Pump /	Sub-Area	Initiate PAR- Collision
Address	City	Involved Dir	Youngstown Buick Pontiac GMC	Safety	No
State	Con Acct	Source	Phone	Updated	5/14/2007 04:47:23 PM
Serial #/VIN 1G2ZH158554	Model Year 2006	Priority	Medium	Owner	VALVERDM
Make Pontiac	Warr. Start 07/18/2006	Status	Closed	Opened	3/15/2007 04:04:34 PM
Model G6	Mileage 22000	Sub-Status	Dissatisfied	Closed	5/14/2007 04:47:20 PM
Abstract Complaint-veh					
Customer Description					

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Driver	3/15/2007 08:23:58 PM	Y	2	1	Asphalt	Wet	na	10-910184
Driver Last Name					Height	DOR	Disabilities	
					5'2"		No	
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
NA	NA		NA					
Incident Loc	Int 80 turn pike	Incident Desc	was traveling @ 85 on freeway and everything was fine but out of nowhere the car started malfunctioning					
Component	NA	Damage Desc	front, side, back driver side damage					
Vehicle Loc	Dir	Add'l Info	NA					
Emgcy Svc Names	Columbus dpt	Maint Loc	king collision auto body shop					

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 Other Vehicle	(330) 774-5979	Driver	seatbelt
Injury Description	Medical Rpt#	Treatment Location	Treated By	
deep bruising on shoulder, neck, back, and head.	na	st Elizabeth-boardman emergency	Dr. Victor Mcees	
Street Address	City	State	Zip Code	

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/14/2007 04:47:20 PM	VALVERDM	VALVERDM	SR Closed - Dissatisfied		Done	5/14/2007 04:47:20 PM	Service Request has been Closed Dissatisfied.
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/9/2007 09:20:03 AM	DRAHEICM	VALVERDM	Notify CRM		Done	5/14/2007 04:47:12 PM	See prev activity
Contact Last Name	Contact First Name	Account	BAC Code				

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/9/2007 09:19:27 AM	DRAHEICM	DRAHEICM	Other		Done	5/9/2007 09:20:01 AM	see comments
Contact Last Name	Contact First Name	Account	BAC Code				

File ownership changed to VALVERDM as prev CAC agent accidentally assumed file.

chad draheim/abx/workflow par

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/9/2007 09:19:15 AM	DRAHEICM	VALVERDM	Ownership Changed		Done	5/9/2007 09:19:15 AM	Service Request Ownership has changed FROM: COUTINAP 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
5/7/2007 03:23:47 PM	COUTINAP	DRAHEICM	Notify CRM	Need to Assume SR	Done	5/9/2007 09:19:04 AM	This SR needs to be assumed
Contact Last Name		Contact First Name		Account		BAC Code	

BRC TYPE-PAR Please assume case

Accidently assume this case

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
5/7/2007 10:56:53 AM	VALVERDM	VALVERDM	Outbound Call Third Party	Made Contact	Done	5/7/2007 10:58:09 AM	did call and spoke with lawyer
Contact Last Name		Contact First Name		Account		BAC Code	

Ralph Defavio, Es did say he was making a legal request to the gm legal dept for reimbursement for rental. crm did tell him they would repnd in kind. did tell hi that with info available gm would not cover the rental.

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

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 :	1G2ZH158564
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VEHICLE INFORMATION

Merchandising Model :		2ZH37 -2006 G6 - GT COUPE		Warranty Start Date :		07/18/2006					
BARS Order Type :		70 - RETAIL - STOCK									
Delivering Dealer :		SWEENEY BUICK PONTIAC GMC PO BOX 3847 YOUNGSTOWN , OH 44513-3847 (330) 726-2277		Selling Source :		16 - PONTIAC					
				Site Code :		06289					
				Business Associate Code :		118178					
Service Contract :		No	Branded Title :		No	Warranty Block :		No	PDI Status :		Paid

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
YT	<u>07015</u>	POTENTIAL WATER LEAK - CHECK SUNROOF REAR DRAIN HOSE - ** EXPIRES 02/29/08 **	N/A	Closed

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

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	No	XM Radio ID	N/A	XM Status	N/A	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	07/18/2006	495 miles	07/18/2009	36495 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	07/18/2006	495 miles	07/18/2012	100495 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	07/18/2006	495 miles	07/18/2014	80495 miles
36/36000 FEDERAL EMISSION	07/18/2006	495 miles	07/18/2009	36495 miles

5/15/2007

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
02/27/2007	596335	#	E7680 - COLUMN ASSEMBLY, STEERING - REPLACE	21522 miles
02/27/2007	596335	#	N2232 - SWITCH - FOG LAMP - REPLACE	21522 miles
02/27/2007	596335	#	Y0138 - 07015 CUSTOMER SATISFACTION PROGRAM - INSPECT & SECURE DRA	21522 miles
10/18/2005	A89125	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System Claim History

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

[Help](#)

VIN :	1G2ZH158564
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CLAIM HISTORY

Repair Order Date :		02/27/2007		Repair Order Number :		596335		Odometer Reading :		21522 miles	
Serviced By :		SWEENEY BUICK PONTIAC GMC PO BOX 3847 YOUNGSTOWN, OH 44513-3847 (330) 726-2277				Selling Source :		16 - PONTIAC			
						Site Code :		06289			
						Business Associate Code :		118178			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part	Auth Code	Person Code	Line Total	Comments	
03/23/2007	780	01	#	E7680 - COLUMN ASSEMBLY, STEERING - REPLACE		15926870 - COLUMN	N/A	N/A	\$ 415.16	N	
03/23/2007	780	02	#	N2232 - SWITCH - FOG LAMP - REPLACE		15850573 - SWITCH	N/A	N/A	\$ 44.63	N	
03/23/2007	780	04	#	Y0138 - 07015 CUSTOMER SATISFACTION PROGRAM - INSPECT & SECURE DRA		N/A	N/A	N/A	\$ 42.89	N	

Repair Order Date :		10/18/2005		Repair Order Number :		A89125		Odometer Reading :		0 miles	
Serviced By :	SWEENEY BUICK PONTIAC GMC PO BOX 3847 YOUNGSTOWN, OH 44513-3847 (330) 726-2277					Selling Source :		16 - PONTIAC			
						Site Code :		06289			
						Business Associate Code :		118178			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation		Part		Auth Code	Person Code	Line Total	Comments
10/21/2005	632	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME		N/A		N/A	N/A	\$ 86.29	N

CHECK HISTORY

Vehicle Has No Associated Check History.

5/15/2007

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	1G2ZH158564
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VEHICLE BUILD

Merchandising Model :	2ZH37 -2006 G6 - GT COUPE		
Gross Vehicle Weight Rating :	1932 kg (4260 lb)	Order Number :	JNVCMF
Build Date :	10/18/2005	Build Plant :	164Z

OPTION CODES

AG1 - DRIVER SEAT 6-WAY POWER	AK5 - FRONT SIDE IMPACT AIR BAGS
AP3 - REMOTE VEHICLE STARTER SYSTEM	AP9 - CARGO NET
A51 - SEAT, FRONT 45/45 BUCKET	B37 - FLOOR MATS, CARPET
CF5 - SUNROOF, POWER TILT & SLIDE	C60 - AIR CONDITIONING, CUSTOM
DL5 - DECAL ROADSIDE SERVICE	D49 - POWER OUTSIDE REAR VIEW-MIRRORS
E90 - MAP POCKET, DRIVER SEATBACK	E91 - MAP POCKET, FRONT PASS SEATBACK
FE2 - SUSPENSION, SPORT	FE9 - 50-STATE EMISSIONS
FR9 - AXLE RATIO 3.29	IB2 - LEATHER PACKAGE: * LEATHER APPOINTED SEATING * 6-WAY POWER DRIVER SEAT * HEATED FRONT SEATS * LEATHER WRAPPED STEERING WHL * STEERING WHEEL RADIO CONTROLS * LEATHER WRAPPED SHIFT KNOB AND PARK BRAKE HANDLE
JA7 - HANDLE, PARK BRAKE RELEASE LTHR	JF4 - PWR ADJ BRAKE & ACCEL. PEDALS
JL9 - BRAKES, 4-WHEEL DISC W/TRACTION CONTROL	KA1 - HEATED SEAT, FRONT
KG7 - GENERATOR 125 AMP	LX9 - ENGINE, 3.5L V6 SFI
MN5 - TRANSMISSION 4SPEED	MX0 - AUTOMATIC TRANSMISSION
NT7 - FED EMIS SYS, TIER 2	NW9 - TRACTION CONTROL
N34 - STEERING WHL LEATHER WRAPPED	ORN - ORION ASSY
PED - PREMIUM VALUE PACKAGE INCLUDES: * (4) 17" CHROMETECH WHEELS * AM/FM STEREO 6 DISC CD PLAYER (REPLACES STD/OPT/PKG RADIO) * SUNROOF, POWER TILT & SLIDE	PFE - (4) WHEELS, 17" CHROMETECH
QWN - (4) P225/50/17 TOURING TIRES	R6P - PREMIUM PAINT

R9C - ALLOW NON RETAIL REQ. FOR FLEET	R9N - LEATHER PACKAGE: * LEATHER APPOINTED SEATING * 6-WAY POWER DRIVER SEAT * HEATED FRONT SEATS * LEATHER WRAPPED STEERING WHL * STEERING WHEEL RADIO CONTROLS * LEATHER WRAPPED SHIFT KNOB AND PARK BRAKE HANDLE
SLM - SALES STOCK ORDERS	UC6 - AM/FM STEREO 6 DISC CD PLAYER (REPLACES STD/OPT/PKG RADIO)
UE1 - ONSTAR SYSTEM -INCLUDES 1 YEAR SAFE & SOUND	UK3 - STEERING WHEEL AUDIO CONTROL
U77 - REAR WINDOW ANTENNA	U85 - 8 SPEAKER MONSOON PREMIUM SOUND SYSTEM
VK3 - LICENSE PLATE BRACKET, FRONT	VY7 - SHIFTER, LEATHER WRAPPED
V73 - VEHICLE CERTIFICATION U.S.	ISZ - PREMIUM PACKAGE DISCOUNT
19I - TRIM, EBONY	192 - EBONY
40U - IVORY WHITE	6AX - COMPONENT FRT LH COMPUT SEL SUS
7AX - COMPONENT FRT RH COMPUT SEL SUS	8AB - COMPONENT RR LH COMPUT SEL SUS
9AB - COMPONENT RR RH COMPUT SEL SUS	

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The Law Office Of
LOU A. D'APOLITO
Attorney at Law

Received from MSX

4800 Market Street • Suite A • Boardman, Ohio 44512 • phone 330.783.9222 • fax 330.783.5552

Lou A. D'Apolito
Anthony M. D'Apolito

May 7, 2007

General Motors Corporation
MSX Corporation
1919 Concept Drive
Warren, Ohio 48091

RECEIVED

MAY 14 2007

ESIS-GM CLAIMS UNIT

Attention: BRCPAR

RE: Service Request # 71-494-958300

Client: [REDACTED]

Accident Date: March 15, 2007

Dear Sir/Madam:

Please be advised that I represent [REDACTED] with regard to the injuries she sustained when the [REDACTED] in her 2006 Pontiac G6 [REDACTED] and caused her to lose control of the vehicle.

I have made repeated attempts to contact the proper people at General Motors, including Antonio Castaneda, Mark Valverde, Matthew Clancey, a receptionist named Marian and Celio Nurse. I should note that Celio Nurse was helpful and suggested I direct correspondence to this address.

Enclosed you will find copies of the facsimiles sent to Mark Valverde and one to your legal department. I am also enclosing a copy of the Motor Vehicle Forensic Services Report regarding their inspection of my client's vehicle.

To date, my client has incurred over [REDACTED] for a vehicle to drive to work. My client is also [REDACTED] for the injuries she suffered.

The [REDACTED] a previous employee of General Motors.

Please advise me, by return correspondence, with the name of the representative that will be assigned to handle this matter. I was advised on May 5, 2007 that April

May 7, 2007
Page 2

Zoutinho was assigned to this case, but it would be transferred upon receipt of my correspondence.

Very truly yours,



LOU A. D'APOLITO
ATTORNEY AT LAW

LAD/ct
Enclosures

5
May 16, 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

Mr. Lou A. D'Apolito
THE LAW OFFICE OF LOU A. D'APOLITO
4800 Market Street, Suite A
Boardman OH 44512

RE: Claimant: [REDACTED]
Our File No.: 632722
Our Client: General Motors Corporation
Date/Event: 3-15-07
Subject vehicle: 2006 Pontiac G6

Dear Mr. D'Apolito:

ESIS provides administrative claims handling services to General Motors (GM) for all product liability claims. I discussed your client, [REDACTED] steering claim against GM with Ralph DeFabio from your office on May 16, 2007.

Our investigator will be contacting your office shortly to set up a time to look at the subject vehicle.

In the meantime, please provide me with the following information:

1. All medical records and bills concerning the injuries suffered as a result of this accident;
2. Estimates for repair to the subject 2006 Pontiac G6;
3. Vehicle rental bills incurred to date.

Also, [REDACTED] has a responsibility to mitigate her damages. Although she claims a customer service representative approved her rental, there are no notes in the file to support this. However, Mr. Mark Valverde from customer service did advise [REDACTED] on March 23, 2007 that GM would not be able to assist her with her vehicle rental while her claim was being investigated.

Please feel free to call me at [REDACTED] if you have any questions.

Sincerely,

Sean Kelly

*Fax*

To Sean Kelley – GM
313-665-0911
Reference 632722 – [REDACTED]
From Lisa Noel/ Sweeney Buick Pontiac/4040008120
Date May 16, 2007
Page(s), incl. this cover sheet 7 (If you do not receive all pages, please call us immediately.)

Sean,

The link for the Ohio State Highway Patrol Crash Report was only good for 72 hours and the report was requested March 28, 2007.

Attached is the hard copy.

Thanks.

Zurich North America
Columbus Regional Claims
1 Easton Oval, Ste 310
Columbus, OH 43219

Lisa.zinnamon@zurichna.com

800-262-4328 ext 4145
877-334-7292

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FROM: _____

NUMBER OF PAGES INCLUDING COVER: _____

COMMENTS: _____

SWEENEY

6522723

596335

ACCOUNTING

BUICK - PONTIAC
GMC TRUCK

7997 MARKET STREET

P.O. BOX 3847

YOUNGSTOWN, OH 44513

PHONE (330) 726-2287

YOUNGSTOWN, OH

PAGE 1

HOME:

BUS:

SERVICE ADVISOR: 11 JOSEPH SCAHILL

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
IVORY WHITE	06	PONTIAC G6	1G2ZH158564		21522/21522	T6987	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT	INV DATE
18JUL06 IS							
18JUL06 DD		18JUL2009	14:15 01MAR07		0.00	CASH	01MAR07
R.O. OPENED		READY	OPTIONS: STK: P8356 DLR: 36390 ENG: 1.8 Liter MPI				

16:49 27FEB07 17:25 01MAR07

LINE	OPCODE	TECH	TYPE	A/HRS	S/HRS	COST	SALE	COMP	LIST	NET	TOTAL
------	--------	------	------	-------	-------	------	------	------	------	-----	-------

A CUSTOMER STATES CHECK STEERING SEEMS TO BIND UP AT TIMES WHILE

DRIVING AND MAKING RIGHT TURNS, WARNING LAMP COMING ON

CAUSE: SHORTED

E7680 COLUMN ASSEMBLY, STEERING REPLACE

75	WB4	0.72	1.80	3015	12868					128.68	128.68
1	15926870	COLUMN		20463	28648	0	359.00			286.48	286.48

PC: 6G

PART#: 15926870

COUNT: 1

CLAIM TYPE:

AUTH CODE:

OG

20463 28648 TPARTS

3015 12868 TLABOR

VERSION 1 (EMP# 75, 28FEB07 11:14): 21522 DIA. SENSOR SHORTED IN COLUMN
REPLACE STEERING COLUMN ASM. AND RECALIBRATE SENSORS

B CUSTOMER STATES CHECK FOG LAMP SWITCH WILL NOT ILLUMINATE

CAUSE: SHORTED

N2232 SWITCH FOG LAMP REPLACE

75	WB4	0.35	0.50	838	3575					35.75	35.75
1	15850573	SWITCH		634	888	0	11.12			8.88	8.88

PC: 6G

PART#: 15850573

COUNT: 1

CLAIM TYPE:

AUTH CODE:

OG

634 888 TPARTS

838 3575 TLABOR

VERSION 1 (EMP# 75, 28FEB07 11:35): 21522 DIA. SWITCH SHORTED REPLACE
FOG LIGHT SWITCH ASM.

C CUSTOMER STATES CHECK WINDSHIELD WIPERS ARE STREAKING WHILE IN USE

CAUSE: WORN

B1783 BLADE AND/OR INSERT, WIPER SYSTEM REPLACE

WARRANTY STATEMENT AND DISCLAIMER		SHOP SUPPLY COSTS: We have added a charge equal to 8% of the cost of labor, not to exceed \$15.00, to the Repair Order for shop supplies used in connection with the repair.		DESCRIPTION	TOTALS
The only warranty on parts and products sold in conjunction with repairs performed by Dealer are those of the manufacturer or supplier of said parts or products. Dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor supposes any other person to assume for it any liability in connection with the sale of parts or products. Dealer warrants its workmanship in conjunction with repairs performed by Dealer for 90 days or 4,500 miles, whichever comes first. If there is a failure within the stated period due to our workmanship, we will perform the necessary labor to rectify the failure. You are responsible for the cost of any necessary parts and products.		ALL PARTS INSTALLED ARE NEW UNLESS OTHERWISE INDICATED.		LABOR AMOUNT	
				PARTS AMOUNT	
				GAS, OIL, LUBE	
				SUBLET AMOUNT	
				MISC CHARGES	
				TOTAL CHARGES	
				LESS INSURANCE	
				SALES TAX	
				PLEASE PAY THIS AMOUNT	

SWEENEY

6522723

596335

ACCOUNTING

BUICK PONTIAC
GMC TRUCK7997 MARKET STREET
P.O. BOX 3847YOUNGSTOWN, OH 44513
PHONE: (330) 726-2287

YOUNGSTOWN, OH

PAGE 2

HOME: BUS:

SERVICE ADVISOR: 11 JOSEPH SCAHILL

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
IVORY WHITE	06	PONTIAC G6	1G2ZH158564		21522/21522	T6987	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PG NO	RATE	PAYMENT	INV DATE
18JUL06 IS							
18JUL06 DD		18JUL2009	14:15 01MAR07		0.00	CASH	01MAR07
R.O. OPENED	READY	OPTIONS:	STK: F8356 DLR: 36390 ENG: 1.8 Liter MPI				

16:49 27FEB07 17:25 01MAR07

LINE	OPCODE	TECH	TYPE	A/HRS	S/HRS	COST	SALE	COMP	LIST	NET	TOTAL
		75	WB4	0.00	0.20	335	1430			14.30	14.30
1	15779415	BLADE				1450	2030	0	29.00	20.30	20.30
1	15779416	BLADE				1450	2030	0	29.00	20.30	20.30
		FC: 4X									
		PART#: 15779415									
		COUNT: 2									
		CLAIM TYPE:									
		AUTH CODE:									
		07									

2900 4060 TPARTS

335 1430 TLABOR

VERSION 1 (EMP# 75, 28FEB07 11:35): 21522 WORN STREAKY REPLACE BOTH
FRONT WIPER BLADES

D CUSTOMER STATES RECHECK PASSENGER REAR WHEEL WELL PAINT CHIPPED,

CHECK HISTORY REPAIRED 7/25/06 RO# 577576 144 MILES

BS189 PAINT AND BODY REPAIR

44 FRANKLIN, WILLIAM LIC# A

IS 0.00 3.00 2400 2400

24.00 24.00

VERSION 1 (EMP# 44, 01MAR07 13:53): 21522 REPAIR AND PAINT REAR BUMPER

E PERFORM RECALL #07015 // POTENTIAL WATER LEAK - CHECK REAR DRAIN HOSE

- **EXPIRES 2/29/08**

CAUSE: RECALL

Y0138 Inspect & Secure Drain Hoses - No Rerouting
Required

75 WB4 0.26 0.60 1005 4289

42.89 42.89

FC: 96 PART#: COUNT: 0

CLAIM TYPE:

AUTH CODE:

MA

0 0 TPARTS

1005 4289 TLABOR

VERSION 1 (EMP# 75, 28FEB07 12:05): 21522 AS PER RECALL INSPECT REROUTE

& SECURE DRAIN HOSES

F LUBE WITH OIL AND FILTER CHANGE W/ 10 POINT INSPECTION

WARRANTY STATEMENT AND DISCLAIMER:		SHOP SUPPLY COSTS: We have added a charge equal to 8% of the cost of labor, not to exceed \$15.00, to the Repair Order for shop supplies used in connection with the repair.		DESCRIPTION	TOTALS
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				PARTS AMOUNT	
				GAS, OIL, LUBE	
				SUBLET AMOUNT	
				MISC. CHARGES	
				TOTAL CHARGES	
				LESS INSURANCE	
				SALES TAX	
				PLEASE PAY THIS AMOUNT	

596335

**BUICK · PONTIAC
GMC TRUCK**
7997 MARKET STREET
P.O. BOX 3847
YOUNGSTOWN, OH 44513
PHONE: (930) 726-2287

HOME: [REDACTED] BUS: [REDACTED]

SERVICE ADVISOR: 11 JOSEPH SCABILL

0 0 TLABOR

<p>WARRANTY STATEMENT AND DISCLAIMER:</p> <p>The only warranty on parts and products sold in conjunction with repairs performed by Dealer are those of the manufacturer or supplier of said parts or products. Dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of parts or products. Dealer warrants its workmanship in conjunction with repairs performed by Dealer for 90 days or 4,000 miles, whichever comes first. If there is a failure within the stated period due to our workmanship, we will perform the necessary labor to remedy the failure. You are responsible for the cost of any necessary parts and products.</p>	<p>SHOP SUPPLY COSTS: We have added a charge equal to 8% of the cost of labor, not to exceed \$15.00, to the Repair Order for shop supplies used in connection with the repair.</p>	DESCRIPTION	TOTALS
		LABOR AMOUNT	
		PARTS AMOUNT	
		GAS, OIL, LUBE	
		SUBLET AMOUNT	
		MISC. CHARGES	
		TOTAL CHARGES	
		LESS INSURANCE	
		SALES TAX	
		PLEASE PAY THIS AMOUNT	

SWEENEY

6522723

596335

* ACCOUNTING *

BUICK PONTIAC
GMC TRUCK
7997 MARKET STREET
P.O. BOX 9847
YOUNGSTOWN, OH 44513
PHONE (330) 726-2287

YOUNGSTOWN, OH

PAGE 4

HOME: BJS:

SERVICE ADVISOR: 11 JOSEPH SCAHILL

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
IVORY WHIT	06	PONTIAC G6	1G2ZH158564		21522/21522	T6987	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
18JUL06 IS							
18JUL06 DD		18JUL2009	14:15 01MAR07		0.00	CASH	01MAR07
R.O. OPENED		READY	OPTIONS: STR: P8356 DLX: 36390 ENG: 1.8_Liter_MFI				

16:49 27FEB07 17:25 01MAR07

LINE	OPCODE	TECH	TYPE	A/HRS	S/HRS	COST	SALE	COMP	LIST	NET	TOTAL
DATE	START	FINISH	DURATION	TYPE	TECH	LINE(S)	CHG				
02-28-07	09:20	09:27	0.12	W	75	A					
	10:38	11:14	0.60	W	75	A					
	11:14	11:35	0.35	W	75	B					
	11:35	11:35	0.00	W	75	C					
	11:35	11:35	0.00	W	75	F					
	11:36	11:36	0.00	W	75	G					
	11:36	11:36	0.00	W	75	H					
	11:37	11:42	0.08	W	75	E					
	11:54	12:05	0.18	W	75	E					

ACCOUNT	SALE	COST	CONTROL	ACCOUNT	SALE	COST	CONTROL
46200	22162	5193		48000	33596	23997	
46300	2400	2400		46002	2815	1676	
47800	575	340		49100	900	725	
46400	0	168		95551	0	0	
32400	279	0		26300	55758	*****	
6704	2400	*****		22500	4569	*****	
66400	0	*****					

COST, SALE, & COMP TOTALS 34499 62448 0

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SHOP SUPPLY COSTS: We have added a charge equal to 8% of the cost of labor, not to exceed \$15.00, to the Repair Order for shop supplies used in connection with the repair.

ALL PARTS INSTALLED ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	TOTALS
LABOR AMOUNT	28.15
PARTS AMOUNT	14.75
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	42.90
LESS INSURANCE	0.00
SALES TAX	2.79
PLEASE PAY THIS AMOUNT	45.69

P A R T S R E Q U E S T

Date/Time: 02/28/07/10:19:01
Technician: 75 VITULLO, JAMES
Service Advisor: 11 SCAHILL, JOSEPH
Repair Order: 596335 Tag: T6987

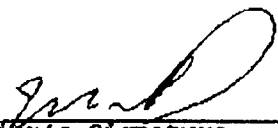
Page 1 of 1
Promise date: 02/28/07
Promise time: 15:00

Customer Number: 6522723
Customer Name: [REDACTED]
Customer Address: [REDACTED]
City, ST, ZIP: YOUNGSTOWN OH [REDACTED]
Phone: H: [REDACTED] B: [REDACTED]

VIN: 1G2ZH158564 [REDACTED] Year: 06 Make: PONT Model: G6
Mileage: 21522
Engine: 1.8 Liter MPI
Transmission: Production Date:
Axle: Delivery Date: 07/18/06
Options: In-Service Date: 07/18/06

Additional Info:

[] Warranty Parts Returned [] Core Return


Technician's Signature

Line QTY Part Description

A 1 STEERING COULNM

B 1 FOG LIGHT SWITCH

C 2 FRONT WIPER BLADES

F 1 OIL FILTER

WARRANTY

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



10-91-0164 2

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWNPRIVATE PROPERTY
HIT/SWIP
1 NOT HIT/SWIP
2 SOLVED
3 UNSOLVEDPHOTOS
TAKEN
XOH-2 OH-3 OH-1P OTHER
X X X

0ND91

REPORTING AGENCY *

State Highway Patrol

0101

M = ARREST
U = UNKNOWN

03152007

0630 THU

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

Brannville

78

LATITUDE

LONGITUDE

CRASH LOCATION

OHIO TURNPIKE / MR-80 WB

TYPE LOC

1 NAMED STREET 3 MARKED ROUTE
2 MARKED ROUTE

MP 208.7 NB

DET REFERENCE ON PHOTO REFERENCE
3M W

MP 209

NOT POINT

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORRESPONDENCE LIST
08 PLACE NAME TWO REFERENCE
09 DIRECTION
10 STREET OR ROUTE TWO REFERENCE

0101

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Boardman Ohio

HOME PHONE #

WORK PHONE #

DL STATE

DL #

DL STATE

DL #

OH 0V67362

INSURED

TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

REFUSED TREATMENT

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

2006 Pontiac

MODEL

66

COLOR

White

INSURANCE COMPANY

State Farm

TOWNSHIP SERVICE

Interstate

OWNER PHONE #

3307589962

OCCUPANT CHANGES

OCCUPANT DESCRIPTION

CITATION #

B

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE

DL #

DL STATE

DL #

OH 0V67362

INSURED

TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

REFUSED TREATMENT

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

2006 Pontiac

MODEL

66

COLOR

White

INSURANCE COMPANY

State Farm

TOWNSHIP SERVICE

Interstate

OWNER PHONE #

3307589962

OCCUPANT CHANGES

OCCUPANT DESCRIPTION

CITATION #

B

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE

DL #

DL STATE

DL #

OH 0V67362

INSURED

TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

REFUSED TREATMENT

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

2006 Pontiac

MODEL

66

COLOR

White

INSURANCE COMPANY

State Farm

TOWNSHIP SERVICE

Interstate

OWNER PHONE #

3307589962

OCCUPANT CHANGES

OCCUPANT DESCRIPTION

CITATION #

04

SEATING POSITION

01 FRONT - LEFT (DRIVER)

02 FRONT - MIDDLE

03 FRONT - RIGHT

04 SECOND - LEFT (DOOR)

05 SECOND - MIDDLE

06 SECOND - RIGHT

07 THIRD - LEFT

08 THIRD - MIDDLE (Rear Passenger)

09 THIRD - RIGHT

10 SLEEPER SECTION (if Cab)

11 UNLOCATED CARGO AREA

12 UNLOCATED CARGO AREA

13 TRAILER UNIT

14 EXTERIOR

15 OTHER

16 NON-MOTORIST

17 UNKNOWN

SAFETY EQUIPMENT

01 NONE USED

02 SHOULDER BELT ONLY

03 LAP BELT ONLY

04 SHOULDER/LAP BELT

05 CHILD SAFETY SEAT

06 SEC HELMET USED

07 USE UNKNOWN

08 NONE USED

09 HELMET USED

10 PROTECTIVE PADS

11 REFLECTIVE CLOTHING

12 LIGHTING

13 OTHER

14 UNKNOWN

AIR BAG

1 NOT DEPLOYED

2 DEPLOYED - FRONT

3 DEPLOYED - SIDE

4 DEPLOYED - BOTH

5 NOT APPLICABLE

6 UNKNOWN

AIR BAG SWITCH

1 NOT PRESENT

2 IN ON POSITION

3 IN OFF POSITION

4 UNKNOWN

EJECTION

1 NOT EJECTED

2 TOTALLY EJECTED

3 PARTIALLY EJECTED

4 NOT APPLICABLE

5 UNKNOWN

TRAPPED

1 NOT TRAPPED

2 EXTRACTED BY MECHANICAL MEANS

3 PULSED BY MECHANICAL MEANS

4 UNKNOWN

INJURIES

1 NO INJURY POSSIBLE

2 NON-INCAPACITATING

3 INCAPACITATING

4 FATAL INJURY

5 UNKNOWN

SUM TOTAL *

X = YES

BLANK FOR WITNESS

HSY7001

Top Copy - OOPS Bottom Copy - Agency

UNIT NUMBERS 01	DAMAGE AREA 	PRE-CRASH ACTIONS 01	SEQUENCE OF EVENTS 08 30 09 32	PORTED SPEED GS	DRUG TEST STATUS 1 1
NON-MOTORIST LOCATION 01 MAJOR CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (NOT BUT SHOULD BE) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS ON TRAILS 15 UNKNOWN	MOST DAMAGED AREA 09	MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 STOPPED/STOPPED IN TRAFFIC 12 OVERSLEPT 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NOT-COLLISION 01 OVERTURN/OVERLOVER 02 FIRE/EXPLOSION 03 IMPERSONATION 04 JACKKNIFE 05 CARJACKING/LOAN/SHORT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RUN OFF ROAD FRONT 09 RUN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL ROLLBACK 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FILED 14 PEDESTRIAN 15 BICYCLIST 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER ON ANTIWENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIELD OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIELD OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL 12 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALL/DONT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBLSCURED 16 OTHER	DRUG TEST TYPE 1 1 DRUG TEST 1&2 RESULT 1 1
TYPE OF UNIT 03 MOTORIST 01 BUS-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRACTOR 12 TRUCK/TRACTOR (BORTAR) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE LONG 15 TRACTOR/DOUBLE LONG 16 FIFTY WHEEL OR CONVERTIBLE DOLLY 17 TRACTOR/SEMI 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/PEDER 36 ANIMAL W/BIKEDY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER AND MOTORIST 42 UNKNOWN	POINT OF IMPACT 09 ACTION 3 STRIKING VEHICLE: OVERLAP / UNDERLAP 1 1	CONTRIBUTING CIRCUMSTANCES 19 MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCDA 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN IMPROPER, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VEHICLE OBSTRUCTION 17 DRIVER DISTRACTION 18 FATIGUE/ALZHEIMER 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WALKING SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT 2 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 2 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 1. STATED 2. ESTIMATED SPEED SPEED 66 1. SUPPLEMENTAL 2. X" Y" YTS 10-91-C1C4	CONDITION 1 1. APPARENTLY NORMAL 2. PHYSICAL IMPAIRMENT 3. EMOTIONAL 4. ILLNESS 5. FELL ASLEEP, FAINTED, FATIGUED, ETC 6. UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7. OTHER 8. UNKNOWN ALCOHOL/DRUG SUSPECTED 1 1. NONE 2. YES - ALCOHOL SUSPECTED 3. YES - MBD NOT IMPAIRED 4. YES - DRUGS SUSPECTED 5. YES - ALCOHOL / DRUGS SUSPECTED 6. UNKNOWN ALCOHOL TEST STATUS 1 1. NONE 2. TEST REFUSED 3. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4. TEST GIVEN, RESULTS KNOWN 5. TEST GIVEN, RESULTS UNKNOWN 6. UNKNOWN ALCOHOL TEST TYPE 1 1. NONE 4. BREATH 2. BLOOD 5. OTHER 3. URINE ALCOHOL TEST RESULT 1 1. NONE 2. BLOOD 3. URINE 4. OTHER 5. UNKNOWN 6. UNKNOWN	TYPE OF INTERSECTION 01 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS ON TRAILS 13 UNKNOWN OCCURRENCE 4 1. ON ROADWAY 2. ON SHOULDER 3. IN MEDIAN 4. ON ROADSIDE 5. ON GORE 6. OUTSIDE TRAFFICWAY 7. UNKNOWN ROAD CONTOUR 2 1. STRAIGHT LEVEL 2. STRAIGHT GRADE 3. CURVE LEVEL 4. CURVE GRADE ROAD CONDITIONS 03 04 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, CL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 PUT, MULES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY
IN EMERGENCY RESPONSE 1 1	DAMAGE SCALE 3 1. NONE 2. NON-FUNCTIONAL DAMAGE 3. FUNCTIONAL DAMAGE 4. DISABLING DAMAGE 5. SEVERE 6. UNKNOWN	VEHICLE DEFECT 05 CODE ONLY IF "19" SELECTED ABOVE 01 TWIN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PREVIOUS CRASH 11 OTHER DEFECTS	LOCAL REPORT # 10-91-C1C4	LOCAL REPORT # 10-91-C1C4	LOCAL REPORT # 10-91-C1C4

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER	10-91-0164	REPORTING AGENCY	State Highway Patrol	DATE OF CRASH	M 3 10 15 1907
IN COUNTY OF	Trumbull	CRASH LOCATION	OTR/80 WB 208.7		

DAMAGE:

UNIT 1:

- Front/REAR Bumpers
- LEFT SIDE FRONT/REAR Quarterpanels
(All Dented/Scratched/Buckled)
- LEFT HEADLAMP = Destroyed

No Sketch: Very Hazardous Road/Weather Conditions

DAMAGE TO Ohio Turnpike: - Minor Metal Scratches/Bouges
On Median Wall (Approximately
1 1/2 feet).
- 1 1/2 Sections of Guardrail
DAMAGE

Ohio Turnpike Commission
682 Prospect St.
Berea Ohio 44017
440-234-2081

UNIT 1'S STEERING WHEEL WAS CHECKED AT THE SCENE
AND WAS LOCKED IN PLACE.

OFFICER'S SIGNATURE:

X

BADGE NUMBER

1257

Narrative	
UNIT 1 WAS WESTBOUND ON IR-80/OTP. UNIT 1'S POWER STEERING MALFUNCTIONED CAUSING UNIT 1 TO LOSE CONTROL. UNIT 1 RAN OFF THE ROADSIDE AND STRUCK THE GAVDRAIL. UNIT 1 RE-ENTERED THE ROADWAY, EXITED THE LEFT ROADSIDE, AND STRUCK THE MEDIAN WALL.	
Diagram	
Write an "N" on the compass diagram to indicate the direction of north.	
MAJORITY OF COLLISION OR IMPACT	
1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDEWHEEL, SAME DIRECTION 8 SIDEWHEEL, OPPOSITE DIRECTION 9 UNKNOWN	
SCHOOL BUS RELATED	
1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	
WORK ZONE RELATED	
1 NO 2 YES 3 UNKNOWN	
TYPE OF WORK ZONE	
1 LANE CLOSURE 2 LANE SHIFTS/OVERLAP 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT MOVING WORK 5 OTHER	
LOCATION OF CRASH IN WORK ZONE	
1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	
WORKERS PRESENT	
1 NO 2 YES 3 UNKNOWN	
WEATHER	
05 01 CLEAR 02 CLOUDY 03 FOG, BRDG, BRDG 04 RAIN 05 SLEET, HAIL (FROSTING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	
LIGHT CONDITIONS	
5 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	
TRUCK/BUS	
UNIT 1	
1 IS CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	
A H D THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DRAGGING DAMAGE OR REQUIRED INTERVENEING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.	
COMPANY (PLEASE PRINT)	
COMPANY PHONE	
ADDRESS (STREET, CITY, ST, ZIP CODE)	
US DOT	
ICC MC	
PUCO	
TRAILER LP #1	
TRAILER LP YEAR	
TRAILER LP #2	
PLACARD #	
CDL	
Cargo BODY TYPE	
01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/DELIVERY BOX 04 GRABBER/GRABBER	
05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	
09 CONCRETE BULKER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	
Weight (GVWR)	
1 LESS THAN 10,000 2 10,001 - 30,000 3 MORE THAN 30,000	
CDL Class	
1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	
Hazardous Materials Placard	
1 NO 2 YES 3 UNKNOWN	
Hazardous Materials Released	
1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	
Police Action	
DATE CRASH REPORTED	
03/15/2007	
TIME REC CALL	
0646	
DISPATCH	
0646	
ARRIVAL	
0738	
CLEARED	
0815	
OTHER	
31	
TOTAL VEHICLES	
120	
Officer's Name	
VPR. R. Ramps	
SAFETY #	
1251	
CHECKED BY	
1028	
DATE REPORT FILED	
03/15/2007	
REPORT TAKEN BY	
1 POLICE AGENCY 2 MOTORIST	
REPORT TAKEN AT	
1 SCENE 2 STATION 3 OTHER	
SUPPLEMENT	
X = YES	
LOCAL REPORT #	
10-91-0104	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-91-0124	REPORTING AGENCY State Highway Patrol	DATE OF CRASH M 3 10/5/07
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)
Tpr. R. Ramps AT Scene (LOCATION)
(OFFICER'S NAME)

I WAS TRAVELING WEST ON THE TURNPIKE @ 66 MPH, CRUISE CONTROL. POWER STEERING LIGHT CAME ON RADIO. CAR WAS SHOT SIDEWAYS, DRIVER SIDE OF CAR GOING w/ FLOW OF TRAFFIC. CAR WAS PROPELLED ACROSS 3 LANES, STRUCK RAILING w/ FRONT OF CAR, BOUNCED OFF 3 TIMES. CAR WAS TURNED 360°, FACING ON COMING TRAFFIC. SIDE OF CAR STRUCK RAILING. SHOT CAR BACK ACROSS 3 LANES OF TRAFFIC, TRUNK OF CAR FACING RAILING. BACK CORNER OF CAR HIT AND BOUNCE OFF OF RAILING, STALLED AND CAME TO REST. POWER STEERING LIGHT WAS STILL LIT ON RADIO AND STEERING WHEEL WAS DISABLED. RESTARTED CAR AND WAS ABLE TO TURN WHEEL ENOUGH TO GET CAR OUT OF FAR LEFT PASSING LANE TO BRIM OF ROAD. I WAS WEARING MY SEATBELT DURING THE ACCIDENT. WAS UNABLE TO AVOID ACCIDENT -- COULD NOT STEER, COULD NOT BRAKE. CAR HAD POWER STEERING PROBLEM OF SAME NATURE 2 WEEKS AGO AND WAS REPAIRED @ SWEENEY DEALERSHIP ON MARKET ST., BOARDMAN, OH.

ADDRESS OF WITNESS [REDACTED]	BOARDMAN OH [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS Clyde E. Ambush	OFFICER'S SIGNATURE [Signature]	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-31-0164	REPORTING AGENCY State Highway Patrol	DATE OF CRASH M 3 10/15/07
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TOP R. Ramps
(OFFICER'S NAME)

AT

Scene

(LOCATION)

Q: What lane were you in?

A: Far left.

Q: On your initial impact, what part of your vehicle hit first?

A: Front.

Q: Are you injured?

A: Yes; My Neck, head, shoulders, and left arm.

Q: Do you want an ambulance?

A: No.

Q: Was your seatbelt on?

A: Yes.

Q: How many times has your power steering malfunctioned before?

A: Once.

Q: How long ago?

A: Two weeks.

Q: When was it repaired?

A: Two weeks ago, on the day it malfunctioned.

Q: Did you have any problems with it from then till now?

A: There was a vibration that started yesterday.

ADDRESS
OF
WITNESS
SIGNATURE
OF
WITNESSOFFICER'S SIGNATURE
OFFICER'S SIGNATURE

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*

Sean Kelly
Claims Administrator

May 17, 2007

Mr. Lou A. D'Apolito
THE LAW OFFICE OF LOU A. D'APOLITO
4800 Market Street, Suite A
Boardman OH 44512

RE: Claimant: [REDACTED]
Our File No.: 632722
Our Client: General Motors Corporation
Date/Event: 3-15-07
Subject vehicle: 2006 Pontiac G6

Dear Mr. D'Apolito:

I am writing to confirm my conversation with Mr. Ralph DeFabio on May 16, 2007 when he agreed to allow us to inspect [REDACTED] 2006 Pontiac G6 and retrieve data from the air bag system.

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

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 questions feel free to call me at 800.888.0164.

Sincerely,

Sean Kelly

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May 31, 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

VIA FACSIMILE (330.783.5552)

Mr. Lou A. D'Apolito
THE LAW OFFICE OF LOU A. D'APOLITO
4800 Market Street, Suite A
Boardman OH 44512

RE: Claimant: [REDACTED]
 Our File No.: 632722
 Our Client: General Motors Corporation
 Date/Event: 3-15-07
 Subject vehicle: 2006 Pontiac G6

Dear Mr. D'Apolito:

As I told Ralph DeFabio of your office today, our investigator, Jon Ball, was not able to complete the inspection of your client's 2006 Pontiac G6 yesterday. It may be necessary to have a GM engineer complete the inspection.

Thus, as I asked Ralph today, please hold off on any repairs or alterations to the vehicle, until either our GM engineer has had the chance to inspect the vehicle or until I advise that such an inspection will not be necessary. I should know whether the GM engineer wants to inspect the vehicle in the next day or so and will let you know immediately.

Sincerely,

Sean Kelly

Sean Kelly


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May 31, 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

Mr. Lou A. D'Apolito
THE LAW OFFICE OF LOU A. D'APOLITO
4800 Market Street, Suite A
Boardman OH 44512

RE: Claimant: 
Our File No.: 632722
Our Client: General Motors Corporation
Date/Event: 3-15-07
Subject vehicle: 2006 Pontiac G6

Dear Mr. D'Apolito:

Enclosed is the CDR Summary from the download performed on your client's 2006 Pontiac G6 on May 30, 2007.

Please feel free to call me if you have any questions.

Sincerely,

Sean Kelly

Sean Kelly

Enclosure: CDR Summary

CDR File Information

Vehicle Identification Number	1G2ZH158564 [REDACTED]
Investigator	BALL
Case Number	632722
Investigation Date	Wednesday, May 30 2007
Crash Date	Thursday, March 15 2007
Filename	DORBISH-1G2ZH158564 [REDACTED].CDR
Saved on	Wednesday, May 30 2007 at 11:41:14 AM
Collected with CDR version	Crash Data Retrieval Tool 2.900
Reported with CDR version	Crash Data Retrieval Tool 2.900
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:

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	2
An Event(s) Preceded the Recorded Event(s)	Yes
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)	Yes

System Status At AE

Vehicle Identification Number	**2ZH158*6*189125
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)	33
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

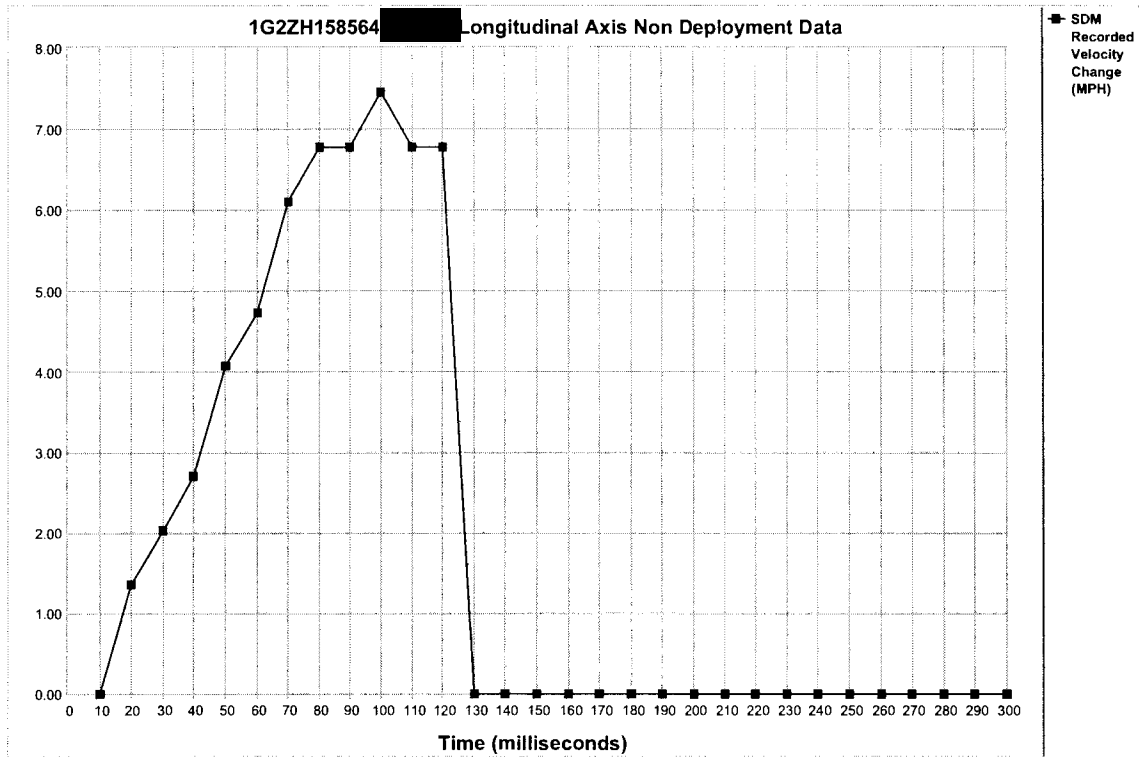
Pre-crash data

Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Speed (MPH)	68	65	63	42	4
Engine Speed (RPM)	2048	1984	1856	1344	768
Percent Throttle	25	26	0	0	0
Brake Switch Circuit Status	OFF	ON	ON	ON	ON
Accelerator Pedal Position (percent)	0	0	0	0	0
Antilock Brake System Active (If Equipped)	No	No	No	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

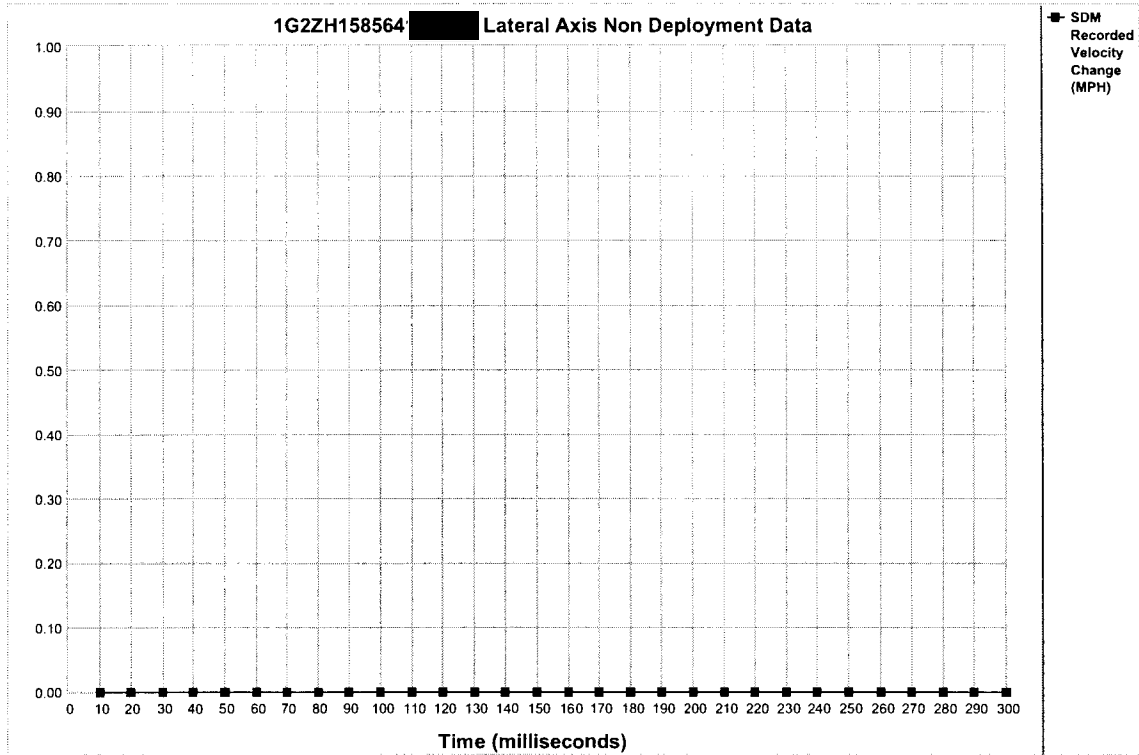
Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Steering Wheel Angle (degrees) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Vehicle Dynamics Control Active (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid

System Status At Non-Deployment

Ignition Cycles At Investigation	1459
SIR Warning Lamp Status	OFF
SIR Warning Lamp ON/OFF Time (seconds)	655200
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	1401
Ignition Cycles At Event	1439
Ignition Cycles Since DTCs Were Last Cleared	254
Driver's Belt Switch Circuit Status	BUCKLED
Passenger'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
Automatic Passenger SIR Suppression System Validity Status at AE	Valid
Automatic Passenger SIR Suppression System Status at AE	Air Bag Suppressed
Automatic Passenger SIR Suppression System Validity Status at First Deployment Command	Valid
Automatic Passenger SIR Suppression System Status at First Deployment Command	Air Bag Suppressed
Maximum SDM Recorded Velocity Change (MPH)	7.14
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	100
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	No
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	1.36	2.03	2.71	4.07	4.74	6.10	6.78	6.78	7.46	6.78	6.78	0.00	0.00	0.00
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	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	0.00



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

Hexadecimal Data

```
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$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
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$0A 00 00 00 00 00 00 00
$0B 00 00 05 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 BA 80 00 00 00 00 00
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$11 35 36 34 31 38 39 31
$12 32 35 00 00 00 00 00
$13 00 00 00 00 00 00 00
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$22 00 99 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
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$2A 00 00 00 00 00 00 00
$2B 00 00 00 00 00 00 00
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$2F 00 FE 05 B3 14 00 00
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$31 00 00 00 00 00 00 00
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$34 0C 15 1D 1F 20 00 00
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$39 00 00 00 00 00 80 00
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$3C 23 61 BF DD 41 6A 00
$3D 32 5A 48 31 35 38 00
$3E 36 18 91 25 00 00 00
$3F 8A 00 90 00 00 00 00
$40 00 A5 00 00 00 00 00
$41 00 00 00 00 00 00 00
$42 00 FF F0 05 79 00 00
$43 FE 05 9F 00 00 00 00
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$45 00 00 00 00 00 00 00
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$47 00 00 00 02 00 03 00
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$49 00 09 00 0A 00 0A 00
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$54 00 00 00 00 00 00 00
$55 00 00 00 00 00 00 00
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$79 81 FF FF FF 00 00 00
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$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 39 31 33 34 35 47 4A
$0E 01 5A 39 A4
$0F 41 4A 36 34 37 33 52 35 31 39 32 31 34 36 4E 32
$10 01 5A 39 A4
$13 42 52 39 38 32 30 44 31 35 32 38 30 32 4E 30 55
$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
$44 C6 00 00 FC 80 C0

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\$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 32 39 44 58 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 KING COLLISION, YOUNGSTOWN, OH
- DLC USED
- EXTERNAL POWER TO BATTERY CONNECTOR / VEHICLE BATTERY DEAD
- NON DEPLOYMENT
- SIR INSTRUMENT LAMP FLASHED SEVEN TIMES AND WENT OFF DURING KEY ON POWER UP
- MILEAGE: 23,129

The Law Office Of
LOU A. D'APOLITO
Attorney at Law

4800 Market Street • Suite A • Boardman, Ohio 44512 • phone 330.783.9222 • fax 330.783.5552

Lou A. D'Apollito
Anthony M. D'Apollito

FAX COVER SHEET

TO: *Seam Kelly* FAX NO. *1-313-665-0912*

FROM: Lou A. D'Apollito, Esq.

DATE: *5-31-07*

TIME: *4:15 PM*

COMMENTS: RE: *your file #632722*
our client [REDACTED]

I am faxing you the following material regarding

- [REDACTED] a clear title for her Vehicle (Purchase Price \$21,259.11).*
 - 2. Rental charges through the first week of June amount to \$2209.59*
 - 3. Medical bills and records amounting to \$1513.25 but not including treatment at Tri County Rehab which we are attempting to secure. That estimate of charges is \$1650.*
 - 4. [REDACTED] last 10 days work - her base is \$5,900 for 178 days of teaching. Her loss would be \$2920.*
 - 5. Repair estimate is attached.*
- Number of Pages: *22* (including cover)

Please call me with your proposal.

Ralph DeFabio
for
Attorney Lou A. D'Apollito

PATIENT RECEIPT

Phone: (330) 726-1138

FIRST MEDICAL ASSOCIATES
7341 EISENHOWER DR

BOARDMAN, OH 44512

Date: 3/19/2007
Patient No: [REDACTED]
Phone: (330) 726-1138
Federal ID: 34001347

Diagnosis:

847.0 - NECK SPRAIN
847.2 - LUMBAR SPRAIN
840.9 - SPRAIN OF UNSPECIFIED SITE C
850.9 - CONCUSSION, UNSPECIFIED

BOARDMAN, OH

Beginning Balance: \$94.00

Date	Code	POS Description	Prev	Diag	Amount	Balance	Total
03/19/2007	99215	11 OFFICE/OUTPATIENT VISIT, EST	DETESCO	847.0	\$158.00	\$158.00	\$252.00
03/19/2007	20	P0 PAYMENT CO-PAY CREDIT CARD	DETESCO		(\$15.00)	\$143.00	\$237.00

Ending Balance:

Patient	0.00	0.00	0.00	0.00	0.00
Insurance	237.00	0.00	0.00	0.00	237.00
Total	237.00	0.00	0.00	0.00	237.00

Scheduled Appointments	Location	Provider	Appt Class
Friday, 03/23/2007 08:15am (None)		2 - DETESCO, THOMAS N	F/U BRIEF

04/18/87 12:10:30

Remote ID->

338783952 Imprint ID

Page 884

FO707400558	21
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YOUNGSTOWN, OH

03201954	F	031567	03	23	01	00375630	
01	031537	A3	032054	B1	032054		
05						F.00 A3	996.74
YOUNG STORM OH							

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT
01/01/77	Pharmacy-General	031507	1	6 75	
01/02/77	Radiology-Diagnostic-Gen	031507	1	358 75	
01/03/77	Emergency Room-General	031507	1	651 25	
0001	Total charge		0	956 75	

NAME	DATE OF BIRTH	SEX	RELATIONSHIP	AMOUNT	TOTAL
AREZT77	340505560E	Y	Y	0.00	986.73
MEDICAL MUTUAL OF ONTO		Y	N	0.00	0.00

DUE FROM PATIENT			
DATE	AMOUNT	NAME	ADDRESS
01/01/73	302549763		999999
01/01/73	476711352169	KONE	1841350001

	07/07/2012 10:05:21	07/07/2012 10:05:21	07/07/2012 10:05:21
A			
B			
C			

[illegible]

U.S. DEPT. OF JUSTICE OFFICE OF THE ATTORNEY GENERAL

APPROXIMATE NATIONAL LITIGANT CLAIM COMPOSITION

06 (EU)

3646 APPROVED OMB-1936-0009 FORM CMS-1500 (09-03)

ST. ELIZABETH
HEALTH CENTER

Main Campus
1044 Belmont Ave
Youngstown, Ohio 44504
(330) 480-3667

Boardman Campus
8401 Market St
Youngstown, Ohio 44512
(330) 729-2929

ED-0 221418

[REDACTED]

STREET

CITY

DATE 3-15-07 BIRTH DATE


1 [REDACTED] has been in & out of hospital
2 from Emergency to day 3/15/07
3
4

PHARMACY FILING NUMBER EACH PRESCRIPTION WITH A CONTROLLED SUBSTANCE MUST BE ON A SEPARATE FORM

1 2
3 4

PHYSICIAN [REDACTED]
PLEASE PRINT LAST NAME
DEA NO [REDACTED]

Form 15-11401 201-0051-0000

 St. Elizabeth - Boardman Emergency 8401 Market Street	Patient Information [REDACTED] YOUNGSTOWN, OH Phone: [REDACTED]	Treating Provider Victor McKee M.D. 8401 Market Street Phone: 330-729-29-29	Discharge Instructions Date: 3/15/07 Time: 10:34:25 AM Patient Copy Page: 1 of 2
--	---	---	---

Patient Discharge Instructions	Document: 542	Last Update: 05/02/2002
---------------------------------------	---------------	-------------------------

MOTOR VEHICLE ACCIDENT

Because of the strong forces that may be involved in a car accident, it is important that you watch for any new symptoms that might be a sign of hidden injury.

Follow these instructions carefully:

1. A car accident can be emotionally upsetting even if you were not injured. Take time to rest and adjust to what has happened. Talking to others about your experience can help reduce anxiety and fear.
2. You may feel sore and tight in your muscles the following day. However, severe pain should be reported.
3. You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

Follow up with your doctor or this facility as advised by our staff. (NOTE: If X-rays were taken, a radiologist will review them. You will be notified of any other findings that may affect your care.)

Return to this facility immediately or contact your doctor if you begin to have any of the following:

- Headache or visual problems.
- New or worsening neck, back or abdominal pain.
- Shortness of breath or increasing chest pain.
- Repeated vomiting, dizziness or fainting.
- Excessive drowsiness or unable to awaken as usual.
- Confusion or change in behavior or speech.

Patient Discharge Instructions	Document: 89	Last Update: 04/15/2002
---------------------------------------	--------------	-------------------------

CONTUSIONS

You have a deep bruise (contusion). Contusions are areas of tenderness and swelling in the soft tissues. They are the result of trauma and bleeding in the injured area. Minor trauma will give you a painless bruise; more severe contusions may stay painful and swollen for a few weeks. There are no broken bones. This injury takes a few days to a few weeks to heal.

Follow These Instructions Carefully:

1. Keep the injured part elevated to reduce pain and swelling. This is especially important during the first 48 hours.
2. Make an ice pack by placing some ice cubes in a plastic bag and wrapping the bag in a towel. Apply this ice pack for 20 minutes every 1 to 2 hours the first day. Continue doing this 3 to 4 times a day until the swelling goes down.
3. You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

Follow up with your doctor or this facility if you are not improving within the next 3 days.

(NOTE: If X-rays were taken, a radiologist will review them. You will be notified of any new findings that may affect your care.)

Return to this facility immediately or contact your doctor if you begin to have any of the following:

- You find that the pain or swelling increases.
- The injured arm or leg becomes cold, blue, numb or tingly.
- You see redness, warmth or drainage from the skin.
- You have a fever over 99.5 (oral).

Patient Discharge Instructions	Document: 718	Last Update: 08/06/2002
---------------------------------------	---------------	-------------------------

SPRAINED NECK AND BACK

Both neck and back pain are usually caused by injury to the muscles or ligaments of the spine. Sometimes the disks that separate each bone of the spine may cause pain by putting pressure on a nearby nerve. Back and neck pain may appear after a sudden twisting/bending force (such as in a car accident), or sometimes after a simple awkward movement. In either case, muscle spasm is often present and adds to the pain.


Follow These Instructions Carefully:

1. **For Pain In The Neck** use a comfortable pillow that supports the head and keeps the spine in a neutral position. The position of the head should not be tilted forward or backward.
2. **For Pain In The Back** find a comfortable position. Try lying flat on your back on a firm surface with pillows under your knees. Or, try lying on your side with your knees drawn up towards your chest and a pillow between your knees. (You may need to place a piece of plywood under

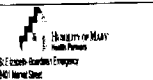
Powered by ScriptRx, Inc.

<http://www.ScriptRx.com>

you have been told to see a medical specialist, please make arrangements to be made and read by the ED physician, a radiologist will review them within 24 hours.

 St. Elizabeth- Boardman Emergency 8401 Market Street	Patient Information [Redacted] Phone: [Redacted] Acc: [Redacted] Reg: 00975630	Treating Provider Victor McKee M.D. 8401 Market Street Phone: 330-729-29-29	Discharge Summary Date: 3/15/07 Time: 10:34:28 AM Patient Copy
	1) Your Discharge Instructions: MOTOR VEHICLE ACCIDENT #Document: 542 (English) SPRAINED NECK & BACK #Document: 718 (English) CONTUSIONS #Document: 89 (English)		
		2) Your Prescriptions: Motrin Oral Tablet 800 Milligram 1 TABLET 3 TIMES DAILY # 15 TABLETS (0 Refills)	
3) You should Follow Up with:			
Follow Up Physician: THOMAS N DETESCO, 7341 EISENHOWER DRIVE YOUNGSTOWN OH 44512 Phone: (330)726-1138 Fax:	Follow Up Information On 03/15/2007 this patient was treated in the Emergency Department of St. Elizabeth- Boardman Emergency at 8401 Market Street for Refer to Discharge list above. The patient was asked to follow up As needed.		

<p>"Thank you for choosing us!"</p> <p>I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician immediately for continued and complete medical diagnosis, care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the referred physician listed above.</p>
--

 The Hospital of Mount Carmel Health System 3615 Research Boulevard, Suite 100 Westborough, MA 01581	Patient Information Name: [REDACTED] DOB: [REDACTED] Phone: [REDACTED]	Treating Provider Dr. [REDACTED] 1 Name: [REDACTED] Phone: 336-729-0005	Discharge Instructions Date: 3/26/07 Time: 10:30 AM Patient Copy Page 2 of 2
---	--	---	---

- your address if you feel it too hot.)
- For severe back pain stay in this position until the pain improves, getting up only to go to the bathroom or for meals.
 - For less severe back pain, sit and rest is not necessary. However, don't do anything that worsens the pain. Avoid prolonged sitting or doing anything over 15 pounds until the pain is gone. Practice safe lifting and carrying habits.
 - Ice packs (smaller or colder can fit in plastic bag, wrapped in a towel) are best for 20 minutes every 2 to 4 hours during the first 2 days after a new injury. Local heat (hot shower, hot bath or heating pad) and massage will help reduce muscle spasm. You can start with ice packs then switch to heat after 2 days. Some patients feel best alternating treatments. Use the method that feels best to you for.
 - You may take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

Follow up with your doctor or the facility as advised by our staff if your symptoms do not show signs of improvement after 1 week. Physical therapy may be needed. (NOTE: If X-rays were taken, a radiologist will review them. You will be notified of any new findings that may affect your care.)

Return to this facility immediately to contact your doctor if you begin to have any of the following:

- Pain becomes worse or spreads into your arm or leg.
- Numbness, numbness or pain in one or both arms or legs.
- Loss of bowel or bladder control.
- Numbness in the groin area.

Discharge Instructions Special Notes

Discharge Instructions Special Notes

Discharge Instructions Special Notes

"Thank you for choosing us"

THE EXAMINATION AND TREATMENT YOU HAVE RECEIVED HAS BEEN RENDERED ON AN EMERGENCY BASIS ONLY AND IS NOT INTENDED TO BE A SUBSTITUTE FOR OR AN EFFORT TO PROVIDE COMPLETE MEDICAL CARE. Other more treatment is necessary and should be provided by your family doctor or another physician. Tell your physician about any new or worsening problems because all elements of the injury or illness may not be recognized and treated in a single visit. REPORT BACK TO THIS EMERGENCY DEPARTMENT IF YOUR SYMPTOMS PERSIST OR BECOME WORSE. If you don't have a regular doctor, you should promptly make arrangements to get a family or regular physician. If you have been told to see a medical specialist, please make arrangements to see such a specialist as soon as possible. If emergency X-rays have been made and read by the ED physician, a radiologist will review them within 24 hours.

03/26/2007 AT 08:23 AM JOB NUMBER:
74546

KING COLLISION LLC - SOUTH
LICENSE # 50-098655 FEDERAL ID # 341567060
P.O. BOX 9246
8020 MARKET ST
BOARDMAN, OH 44513
(330)729-0525 FAX: (330)729-0005

ESTIMATE OF RECORD

WRITTEN BY: MIKE SICILIAN 03/26/2007 08:23 AM
ADJUSTER: ERIN PERDUE (888)816-6937

INSURED: [REDACTED] CLAIM #35-7830-17401
OWNER: [REDACTED] POLICY #
ADDRESS: [REDACTED] DEDUCTIBLE: \$500.00
[REDACTED] BOARDMAN, OH DATE OF LOSS: 03/15/2007 AT 06:15 AM
EVENING: [REDACTED] TYPE OF LOSS: COLLISION
DAY: [REDACTED] POINT OF IMPACT: 1. LEFT FRONT

INSPECT KING COLLISION LLC - SOUTH BUSINESS: (330)729-0525
LOCATION: P.O. BOX 9246
8020 MARKET ST
BOARDMAN, OH 44513

INSURANCE STATE FARM INSURANCE COMPANIES BUSINESS: (888)816-6937
COMPANY: 1499 BOARDMAN-CHAMFIELD RD DAYS TO REPAIR
BOARDMAN, OH 44512

2006 FORD GT 6T 6-3.5L PI 2D CPE WHITE INT:BLK
VIN: 1G2ZH1S564 [REDACTED] LIC: CNG1362 OH PROD DATE: 10/2005 ODOMETER: 23128
AIR CONDITIONING REAR DRIPPOGGER TILT WHEEL
CRUISE CONTROL TELESCOPIC WHEEL INTERMITTENT WIPERS
KEYLESS ENTRY BODY SIDE MOLDINGS DUAL MIRRORS
TRACTION CONTROL FOG LAMPS CLEAR COAT PAINT
POWER STEERING POWER BRAKES POWER WINDOWS
POWER LOCKS POWER MIRRORS POWER TRUNK/TAILOATE
AM RADIO FM RADIO STEREO
CD PLAYER ANTI-LOCK BRAKES (4) DRIVER AIR BAG
PASSENGER AIR BAG 4 WHEEL DISC BRAKES CLOTH SEATS
BUCKLE SEATS AUTOMATIC TRANSMISSION OVERDRIVE
ALUMINUM/ALLOY WHEELS

NO.	QTY	DESCRIPTION	EXT.	PRICE	LABOR	PAINT
1#	1	DATE IX 3-15				
2		FRONT BUMPER				
3*		RFR BUMPER COVER	3.5*	2.6		
4		ADD FOR CLEAR COAT				1.1
5	1	REPL BMBLEN	34.25	0.2		
6	1	REPL LT SIDE BRACKET	12.94			
7		R&I R&I BUMPER COVER		1.6		
8		GRILLE				
9		R&I RT GRILLE		0.2		

The Law Office Of
LOU A. D'APOLITO
Attorney at Law

4800 Market Street • Suite A • Boardman, Ohio 44512 • phone 330.783.9222 • fax 330.783.5552

Lou A. D'Apollito
Anthony M. D'Apollito

FAX COVER SHEET

TO: *Seam Kelly* FAX NO. */-313-665-0912*

FROM: Lou A. D'Apollito, Esq.

DATE: *5-31-07*

TIME: *4:16 PM*

COMMENTS: RE: *your file # 632722*
our client: [REDACTED]

- I am faxing you the following material regarding*
[REDACTED]
[REDACTED] has a clear title for her Vehicle (Purchase
Price \$21,259.11).
2. Rental Charges through the first week of June amount
to \$2209.59
3. Medical bills and records amounting to \$1513.25
but not including Treatment at Tri County Rehab
which we are attempting to secure. That estimate of
charges is \$1650.
4. [REDACTED] lost 10 days work - her base is \$4,900 for 178
days of teaching, her loss would be \$2920.
5. Repair estimate is attached.

Number of Pages: 22 (including Cover)

Please call me with your proposal.

Ralph DeFabio
for
Attorney Lou A. D'Apollito

PATIENT RECEIPT

Phone: (330) 726-1138

FIRST MEDICAL ASSOCIATES
7341 EISENHOWER DR
BOARDMAN, OH 44512

Date: 3/19/2007
Patient No: [REDACTED]
Phone: (330) 726-1138
Federal ID: 340,01547

Diagnosis:

847.0 - NECK SPRAIN
847.2 - LUMBAR SPRAIN
840.9 - SPRAIN OF UNSPECIFIED SITE C
850.9 - CONCUSSION, UNSPECIFIED

BOARDMAN, OH

Beginning Balance: \$94.00

Date	Code	POS Description	Prev	Diag	Amount	Balance	Total
03/19/2007	99215	11 OFFICE/OUTPATIENT VISIT, EST	DETESCO	847.0	\$158.00	\$158.00	\$252.00
03/19/2007	20	PO PAYMENT CO-PAY CREDIT CARD	DETESCO		(\$15.00)	\$143.00	\$237.00

Ending Balance:

Patient	0.00	0.00	0.00	0.00	0.00
Insurance	237.00	0.00	0.00	0.00	237.00
Total	237.00	0.00	0.00	0.00	237.00

Scheduled Appointments	Location	Provider	Appt Class
Friday, 03/23/2007 08:15am (None)		2 - DETESCO, THOMAS N	F/U BRIEF

ERROR: timeout
OFFENDING COMMAND: timeout
STACK:

RECEIPT

STATE OF OHIO

500212344

MAHONING COUNTY

02/13/2007 13:40:51

ANTHONY VIVO

CLERK OF COURTS

Batch Number: 502007021358173 - 1

Base Receipt #:

Receipt Name:

Control Number: 083520515

County of Residence: MAHONING

Property ID: 1G2ZWH158564

Year: 2006 Make: PONT Model: GGT Body: ED

Model Desc: --

Brand1:

Make Desc: PONTIAC

Brand2:

Owner Information

Brand3:

Name:

Previous Owner Information

Name: GMAC

Vendor License #:

Dealer Permit #:

Property/Tax Information

Fee Information

Purchase Date: 01/06/2007

Title Fee: \$300

Purchase Price:

Late Fee: \$900

Trade-in Amount: \$00

Total Fees: \$1200

Taxable Amount: \$21,359.11

Sales Tax: \$1,381.84

Sales Tax Credit: \$00

Vendor Discount: \$12.44

Total Tax: \$1,369.40

Payment Information

Total Due: \$1,379.40

Payment Type: CHECK - \$1,381.84

Total Paid: \$1,381.84

Check Number: - \$1,381.84

Remaining Due: \$00

Change Due: \$2.44

AMY

ERASURES AND ALTERATIONS VOID THIS TITLE ASSIGNMENT. (Type or print in ink.)

ASSIGNMENT OF OWNERSHIP

I (we) certify the vehicle or watercraft or outboard motor described in this title was delivered on _____ for the price of \$_____ to: _____
Transferee's/Buyer's printed name _____
Is Seller a Minor? ☐ Yes ☐ No

Transferee's/Buyer's printed address _____

ODOMETER CERTIFICATION

Federal and State laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing false information may result in fines and/or imprisonment.

I (we) certify to the best of my (our) knowledge that the odometer now reads _____, _____, _____, _____, _____, _____ and is the actual mileage of the vehicle unless one of the following statements is checked.

☐ The mileage stated is in excess of the mechanical limits.

☐ The odometer reading is not the actual mileage.
WARNING - ODOMETER DISCREPANCY

This vehicle was a (if applicable): ☐ Former Law Enforcement Vehicle ☐ Former Taxi ☐ Flood Vehicle

I (we) warrant the title to be free of all liens.

Transferor's/Seller's printed name _____

X
Transferor's/Seller's signature _____

Transferor's/Seller's printed address _____

NOTE: All blank spaces above must be completed before acknowledgement.

Sworn to and subscribed in my presence by _____ this _____ day of _____ yr.

My commission expires _____ yr.

Printed Notary Name _____

(seal) Clerk, Deputy Clerk of Courts - Notary _____

TRANSFEREE'S/BUYER'S ACKNOWLEDGEMENT OF ABOVE ODOMETER CERTIFICATION

Transferee's/Buyer's printed name _____

X
Transferee's/Buyer's signature _____

Warning to transferor and transferee (seller and buyer.) You are required by law to state the true selling price. A false statement is in violation of section 2921.13 of the Ohio Revised Code and is punishable by six months imprisonment and a fine of up to one thousand dollars, or both. All transfers are audited by the Department of Taxation. The seller and buyer must provide any information requested by the Department of Taxation. The buyer may be assessed any additional tax found to be due.

APPLICATION FOR CERTIFICATE OF TITLE (Type or Print in Ink) Fee of \$5.00 for failure to apply for title within 30 days of assignment.

Check type of application(s): ☐ Motor Vehicle ☐ Memorandum ☐ Watercraft ☐ Outboard Motor ☐ Salvage

Applicant's printed name _____ SSN/EIN _____

Applicant's printed address _____ STREET _____ CITY _____ ZIP _____ COUNTY _____

Purchase Price \$ _____ Gross Tax Due \$ _____ Vendor's Discount \$ _____ Tax Paid \$ _____

Tax exemption: ☐ Yes Reason _____ Dealer's Permit Number _____ Vendor's Number _____

Condition of vehicle or watercraft or outboard motor (check only one): ☐ Good ☐ Fair ☐ Poor ☐ Wrecked

LIEN INFORMATION: If no lien, state "none". If more than one lien, attach statement of all additional liens.

Lienholder _____ Address _____

I (we) state that all information contained in this application is true and correct.

Is Applicant a Minor? ☐ Yes ☐ No

Applicant's signature X _____ ☐ Printed ☐ Non Printed

Sworn to and subscribed in my presence by _____ this _____ day of _____ yr.

My commission expires _____ yr.

(seal) Clerk, Deputy Clerk of Courts - Notary _____

019

OHIO CERTIFICATE OF TITLE

ASSUMING CNTY MAHONING
RESIDENT CNTY MAHONING

STATE OF OHIO
ORIGINAL

No. 50 0212 3344

ISSUE DATE
02/13/2007

IDENTIFICATION NUMBER
1G2ZH158564

YEAR 2006 **MAKE** PONT **MAKE DESCRIPTION** PONTIAC
BODY TYPE 2D **MODEL** GGT **MODEL DESCRIPTION** —
SALES PRICE \$21,259.11
CONVERSION \$1,887.84
MILO BRAND ACTUAL

BRAND [REDACTED]

BOARDMAN, OH [REDACTED]

PREVIOUS OWNER
GMAC
25000 GRT NRTHN CORP
N OLMSTED, OH 44070-0000

18432906 **LD001917**

LIEN DISCHARGE
Lienholder _____
by: _____
Authorized signature _____
CLERK OF COURTS LIEN CANCELLATION _____
by: _____
Deputy Clerk _____

LIEN DISCHARGE
Lienholder _____
by: _____
Authorized signature _____
CLERK OF COURTS LIEN CANCELLATION _____
by: _____
Deputy Clerk _____

WITNESS MY HAND AND OFFICIAL SEAL THIS 13th DAY OF FEBRUARY, 2007
7.085520515
(SEAL)
Anthony Vivo
ANTHONY VIVO
CLERK OF COURTS

*** 085520515 ***
%085520515

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

	Miles	Hours	Days	Weeks	Months	Waiver	PAI Special
042007				7			
0243 PM #							
060807 @		10.00	27.80	150.99			
1200 PM \$				1056.93			

000000
 0000 #
 000000 @
 \$

000000
 0000 #
 000000 @
 \$

000000
 0000 #
 000000 @
 \$

Totals	.00	.00	.00	1056.93	.00	.00	.00	.00
					VLF*		9.80	

Sales Tax %	6.500	Gas	.00	Disc @	0 %	
Sales Tax	69.34	Drop	.00	Misc	.00	
Alternate Date _____						

total Thru 6/8/07
 \$ 2209.59

IN 02:36PM 4/20/07 CLERAC, INC. RENTAL AGREEMENT
OUT 10:44AM 3/16/07 7880 MARKET ST 330-726-7300 D484578
BOARDMAN OH 44512-5963 3981 PAGE 1 OF 1
24-HOUR DAY RENTAL TYPE I SOURCE K71122 - 999

UNIT 1 RENTER SUMMARY OF CHARGES
UNIT # QWJ759 DAY = 24 HOUR PERIOD
LIC# FC23ES MILES
MODEL CTS BOARDMAN OH NO CHARGE
COLOR BLACK LOCAL:
IN 26515
OUT 26305 36 DAYS @ 27.80 1000.80

UNIT 2 DR. LICENSE
UNIT # QW8F47 STATE OH EXPIRE 3/20/09
LIC# DZD6215 DOB WT
MODEL LUCE EYES HAIR
COLOR WHITE S.S.#
IN 24437 EMPLOYER
OUT 23995

UNIT 3 BILL TO N CUST # STF38AC
UNIT # QWS557 STATE FARM-ACC NEWARK OH
LIC# DVM1025 ATTN: UNKNOWN**
MODEL CHAR 843 N. 21ST STREET SUITE #110
COLOR BLACK NEWARK OH
IN 12684 740-364-1600 43055
OUT 9843

SALES TAX 6.50 65.52

ADDITIONAL DRIVER
NO OTHER DRIVER PERMITTED

36 VLP* .20 7.20

CLAIM INFO PERMISSION TO LEAVE STATE
POL/CLAIM/PO# YES NO X

CUST PAY TOTAL CHARGES 1073.52
INSURED CUSTOMER SIGNATURE ON FILE
DORBISH* JOYCE* DEPOSITS 1150.56
PAYMENT INFORMATION REFUND 77.04-

LOSS DATE AMOUNT PD.BY TYPE DATE AUTH
THEFT ACCIDENT I 250.00 VISA SALE 3/16/07 013611
200.00 VISA SALE 3/23/07 061217
TYPE CAR 225.42 VISA SALE 3/30/07 095314
225.14 VISA SALE 4/06/07 090213
250.00 VISA SALE 4/19/07 045714

SHOP KING COLLISI 77.04-VISA RFND 4/20/07

PHONE 330-729-0525

NAME DW-NO

CLOSED TICKET PAYMENT INFO

OPENED BY #91DH ZACHARY A MCPHEE
CLOSED BY #47CS RICHARD T CODOPON

KEYSTONE DISPLAY OF DEPOSITS D485816 - 3981 CCRA06-C1
 RENTER: DORBISH* JOYCE*

SO BR	Date	Cust #	Paid By	Amount	Update Code		Emp #	Comment
					Emp #	Comment		
CR 81	4/20/07	CCARD	* VISA	250.00	847C5			
CR 81	4/27/07	CCARD	* VISA	167.48	880B8			
CR 81	5/07/07	CCARD	* VISA	167.48	880B8			
CR 81	5/12/07	CCARD	* VISA	167.48	305DD			
CR 81	5/18/07	CCARD	* VISA	60.00	781CJ			
CR 81	5/31/07	CCARD	* VISA	323.63	880B8			

* = Swiped Card TOTAL: Auths Remaining: .00

Receipt Auth/Deposit: Cash _ Check _ .00

01-Total 07-AA 09-Detail 10-Credit Cards 11-Checks 18-Authizations

KEYSTONE

CUSTOMER CALLBACK DETAIL - D485816 - 3981

CCCB50/A

DATE OUT 4/20/07 2:43 PM
CUSTOMER [REDACTED]
RATE 27.80 /DAY 150.99 /WKL

CUST EXT 5/11/07

HOME PHONE# [REDACTED]
OFFICE PHONE# [REDACTED] EXT 0000
OTHER PHONE# [REDACTED]
SHOP# K71122 KING COLLISION - BOA
PHONE# [REDACTED] CONSOL 3993
ATTN DW=NO 812.44 DEPOSITS
YEAR MAKE/MODL
LOSS DATE 000000
INSURED SAME

BILL-TO N BILL-TO CUST#
BILL-TO NAME
PHONE# EXT
ID/ATTENTION
CLAIM/POL/PO#
MAX AMOUNT

UPDATE CODE EMP#
5/30/07 9:53 AM LMFC TO TAKE ANOTHER DEPOSIT 761CJ
5/18/07 3:19 PM TOOK ANOTHER DEPOSIT GOOD TILL 5/25 761CJ
5/16/07 3:09 PM CALL TO UPDATE CUST. ON CHARGES 761CJ +
STATUS _ LM ☒ DO _ OK CALLBACK TYPE _ B/S _ ADJ _ SVC ☒ CUST
CUST EXTENSION 000000

F2-Cust List	F3-Exit	F4-ID List	F5-Open Ticket	F6-Chgs to Date
F7-AAI	F8-Update Tkt	F9-Callback Notes	F10-Receipt Depos	Roll-Fwd/Back
F12-Previous	F13-Insurance	F14-Credit Check	F15-Reservation	

The Law Office Of
LOU A. D'APOLITO
Attorney at Law

4800 Market Street • Suite A • Boardman, Ohio 44512 • phone 330.783.9222 • fax 330.783.5552

Lou A. D'Apolito
Anthony M. D'Apolito

FAX COVER SHEET

TO: *Sean Kelly* FAX NO. *1-313-665-0912*
FROM: Lou A. D'Apolito, Esq.
DATE: *6-1-07*
TIME: *10²⁰ A.M.*
COMMENTS: RE: *your file # 632 722*
Our client: [REDACTED]

This fax will Supplement the fax sent to you on 5-31-07. The items noted below should satisfy the requests you made by telephone on 5-31-07.

- ① *State Farm Ins. has not made any medical payments to date, thus they do not have a subrogation claim. We have advised them not to make any payments.*
- ② *[REDACTED] broke her glasses and the replacement cost at Jene Crafters in Boardman Ohio is \$800.⁰⁰*

Number of Pages: _____

- ③ *Tri County Rehab is to fax their records and bill by Monday 6-4-07 and I will fax them to you.*

*Raelynn J. DeFalco
for Attorney
D'Apolito*

Facsimile Cover Sheet

To: South Side License
Bureau

Company:
Phone:
Fax: (330) 783-3282

From: Mayra Rodriguez
Company: GMAC
Phone: (877) 290-9544
Fax: (432) 688-2038

Date: 3/9/07

**Pages including this
cover page:** 2

Comments: This is the plate release notarized letter from GMAC for
customer [REDACTED] VIN# 1g2zh158564 [REDACTED]
Thanks!

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at the above number.

Thank you.....GMAC.

03/26/2007 AT 08:23 AM
74546

JOB NUMBER:

ESTIMATE OF RECORD
2006 PONT G6 GT 6-3.5L-FI 2D CPE WHITE INT:BLK

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: MANUALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE: 0
NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

OPTIONAL OEM PARTS

OPTIONAL OEM SELECTION METHOD: MANUALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN OPTIONAL OEM PART WAS AVAILABLE: 0
NO. OF OPTIONAL OEM PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

RECONDITIONED PARTS

RECONDITIONED SELECTION METHOD: MANUALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT A RECONDITIONED PART WAS AVAILABLE: 2
NO. OF RECONDITIONED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 2

RECYCLED PARTS

NO. OF TIMES USER WAS NOTIFIED THAT A RECYCLED PART WAS AVAILABLE: 1
NO. OF RECYCLED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

03/26/2007 AT 08:23 AM
74546

JOB NUMBER:

ESTIMATE OF RECORD
2006 PONT G6 GT 6-3.5L-FI 2D CPE WHITE INT:BLK

ALTERNATE PARTS SUPPLIERS

17 RECOND LT/FRONT WHEEL, ALLO	PART NO.	GX49	PRICE	282.00
18 RECOND LT/REAR WHEEL, ALLOY	PART NO.	GX49	PRICE	282.00
ACTION CRASH PARTS OF AKRON		(800) 822-5555		
1435 TRIPLETT BLVD.		(330) 733-5985		
AKRON, OH 44306				

03/26/2007 AT 08:23 AM
74546

JOB NUMBER:

ESTIMATE OF RECORD
2006 PONT G6 GT 6-3.5L-FI 2D CPE WHITE INT:BLK

CUSTOMER PAY \$ 500.00
INSURANCE PAY \$ 4918.40

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR1FQ05 DATABASE DATE 03/2007, CCC DATA DATE 03/2007, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. OPT OEM (OPTIONAL OEM) OR ALT OEM (ALTERNATIVE OEM) PARTS ARE OEM PARTS THAT MAY BE PROVIDED BY OR THROUGH ALTERNATE SOURCES OTHER THAN THE OEM VEHICLE DEALERSHIPS. OPT OEM OR ALT OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. OPT OEM OR ALT OEM PARTS MAY INCLUDE BLEMISHED PARTS PROVIDED BY OEM'S THROUGH OEM VEHICLE DEALERSHIPS. ASTERISK (*) OR DOUBLE ASTERISK (**) INDICATES THAT THE PARTS AND/OR LABOR INFORMATION PROVIDED BY MOTOR MAY HAVE BEEN MODIFIED OR MAY HAVE COME FROM AN ALTERNATE DATA SOURCE. TILDE SIGN (~) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RCY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECOND. RECORDED PARTS ARE DESCRIBED AS RECORE. NAGS PART NUMBERS AND BENCHMARK PRICES ARE PROVIDED BY NATIONAL AUTO GLASS SPECIFICATIONS. LABOR OPERATION TIMES LISTED ON THE LINE WITH THE NAGS INFORMATION ARE MOTOR SUGGESTED LABOR OPERATION TIMES. NAGS LABOR OPERATION TIMES ARE NOT INCLUDED. POUND SIGN (#) ITEMS INDICATE MANUAL ENTRIES. SOME 2006 VEHICLES CONTAIN MINOR CHANGES FROM THE PREVIOUS YEAR. FOR THOSE VEHICLES, PRIOR TO RECEIVING UPDATED DATA FROM THE VEHICLE MANUFACTURER, LABOR AND PARTS DATA FROM THE PREVIOUS YEAR MAY BE USED. THE PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PARTS NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP.

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

03/26/2007 AT 08:23 AM
74546

JOB NUMBER:

ESTIMATE OF RECORD
2006 PONT G6 GT 6-3,5L-FI 2D CPE WHITE INT:BLK

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
56#		VALVE STEMS	1	3.00		
57#		VALVE STEMS	1	3.00		
58#		4 - WHEEL ALIGNMENT	1	69.99		
59#		SET-UP AND MEASURE	1		2.0	
60#		HAZARDOUS WASTE	1	3.00		
61#		WELD THRU PRIMER	1	10.00	0.3	
62#		FLEX	1	8.00		
63#		PINCH WELD REPAIR AFTER PULL	1		0.8	0.8
64#		PULL AND SQUARE	1		2.0	F
65#		WELD THRU PRIMER	1	5.00	0.1	
66#		WINDSHIELD URETHANE KIT QTR GLASS	1	25.00		
67#		WINDSHIELD URETHANE KIT REAR GLASS	1	35.00		
68#	REPL	CONTINENTAL TIRE 225 50R 17 LOCATED AT YOUNGSTOWN BUICK	1	183.00		
69		QUARTER PANEL				
70	REPL	LT LOWER FILLER	1	25.54	2.0	1.0
71		OVERLAP MAJOR NON-ADJ. PANEL				-0.2
72		ADD FOR CLEAR COAT				0.2
SUBTOTALS ==>				2418.78	39.7	22.1

LINE 20 : OPEN UNDER FENDER

ESTIMATE NOTES:

NO LKQ QUAKER 80367
NO LOCAL ON MITCHELL SEARCH PER QUAKER
LEFT WHEEL IN AT TOP NOT ABLE TO TEAR DOWN TO MEASURE
LEFT FRONT SUSP AND STEERING OPEN

PARTS			2418.78
PARTS DISCOUNT	\$ 1475.79	+10.0%	-147.58
BODY LABOR	37.7 HRS	@ \$ 38.00/HR	1432.60
PAINT LABOR	22.1 HRS	@ \$ 38.00/HR	839.80
FRAME LABOR	2.0 HRS	@ \$ 40.00/HR	80.00
PAINT SUPPLIES	22.1 HRS	@ \$ 21.00/HR	464.10
SUBTOTAL			\$ 5087.70
SALES TAX	\$ 5087.70	@ 6.5000%	330.70
GRAND TOTAL			
ADJUSTMENTS:			
DEDUCTIBLE			500.00

03/26/2007 AT 08:23 AM
74546

JOB NUMBER:

ESTIMATE OF RECORD
2006 PONT G6 GT 6-3.5L-FI 2D CPE WHITE INT:BLK

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
10	R&I	LT GRILLE				INCL.	
11		FRONT LAMPS					
12	REPL	LT HEADLAMP ASSY	1	203.88		INCL.	
13		AIM HEADLAMPS				0.5	
14		HOOD					
15	BLND	HOOD					1.4
16		WHEELS					
17**	REPL	RECOND LT/FRONT WHEEL, ALLOY 17" PFE	1	282.00		M 0.3	
18**	REPL	RECOND LT/REAR WHEEL, ALLOY 17" PFE	1	282.00		M 0.3	
19		FENDER					
N 20	REPL	LT FENDER	1	169.30		2.0	1.8
21		ADD FOR CLEAR COAT					0.7
22		ADD FOR EDGING					0.5
23		DEDUCT FOR OVERLAP				-0.3	
24	REPL	LT FENDER LINER	1	32.77		INCL.	
25		DOOR					
26*	RPR	LT DOOR SHELL				2.0*	2.1
27		OVERLAP MAJOR ADJ. PANEL					-0.4
28		ADD FOR CLEAR COAT					0.3
29*	R&I	LT BELT MOLDING COUPE				0.2*	
30	REPL	LT BODY SIDE MLDG	1	83.34		0.3	0.4
31*	R&I	LT MIRROR ASSY				0.3*	
32*	R&I	LT HANDLE, OUTSIDE				0.4*	
33*	R&I	LT DOOR TRIM PANEL CLOTH BLACK				0.5*	
34		BACK GLASS					
35	REPL	UPPER MOLDING	1	19.15		0.3	
36		PILLARS, ROCKER & FLOOR					
37	SECT	LT UNISIDE ASSY QUARTER PANEL	1	561.60		S 15.0	3.7
38		OVERLAP MAJOR NON-ADJ. PANEL					-0.2
39		ADD FOR CLEAR COAT					0.7
40*	RPR	LT INNER UNISIDE WHEELHOUSE	*			S 2.5*	0.3*
41		TRUNK LID					
42	BLND	TRUNK LID					1.2
43	R&I	LOCK CYLINDER				0.3	
44	REPL	EMBLEM	1	19.15		0.2	
45	REPL	NAMEPLATE "PONTIAC G6"	1	20.39		0.2	
46	REPL	NAMEPLATE "GT"	1	19.45		0.2	
47		REAR LAMPS					
48	R&I	LT TAIL LAMP ASSY				INCL.	
49		REAR BUMPER					
50	REPL	BUMPER COVER	1	273.99		1.5	2.8
51		ADD FOR CLEAR COAT					1.1
52#		CORROSION PROTECTION	1	9.00		0.3	
53#		COVER CAR	1	5.00			
54#		MOUNT AND BALANCE	1	10.00			
55#		MOUNT AND BALANCE	1	10.00			

03/26/2007 AT 08:23 AM
74546

JOB NUMBER:

KING COLLISION LLC -SOUTH
LICENSE #:50-098655 FEDERAL ID #:341967060
P.O. BOX 9246
8020 MARKET ST
BOARDMAN, OH 44513
(330)729-0525 FAX: (330)729-0085

ESTIMATE OF RECORD

WRITTEN BY: MIKE SICILIAN 03/26/2007 08:23 AM
ADJUSTER: ERIN PERDUE (888)816-6937

INSURED:
OWNER:
ADDRESS:
EVENING:
DAY:

[REDACTED]
[REDACTED]
BOARDMAN OH
[REDACTED]

CLAIM #35-Y830-17401
POLICY #
DEDUCTIBLE: \$500.00
DATE OF LOSS: 03/18/2007 AT 06:15 AM
TYPE OF LOSS: COLLISION
POINT OF IMPACT: 11. LEFT FRONT

INSPECT KING COLLISION LLC -SOUTH
LOCATION: P.O. BOX 9246
8020 MARKET ST
BOARDMAN, OH 44513

BUSINESS: (330)729-0525

INSURANCE STATE FARM INSURANCE COMPANIES
COMPANY: 1499 BOARDMAN-CANFIELD RD
BOARDMAN, OH 44512

BUSINESS: (888)816-6937
DAYS TO REPAIR

2006 PONT G6 GT 6-3 5L-FI 2D CPE WHITE INT:BLK
VIN: 1G2ZH158564 [REDACTED] LIC: [REDACTED] OH PROD DATE: 10/2005 ODOMETER: 23128
AIR CONDITIONING REAR DEFOGGER TILT WHEEL
CRUISE CONTROL TELESCOPIC WHEEL INTERMITTENT WIPERS
KEYLESS ENTRY BODY SIDE MOLDINGS DUAL MIRRORS
TRACTION CONTROL FOG LAMPS CLEAR COAT PAINT
POWER STEERING POWER BRAKES POWER WINDOWS
POWER LOCKS POWER MIRRORS POWER TRUNK/TAILOATE
AM RADIO FM RADIO STEREO
CD PLAYER ANTI-LOCK BRAKES (4) DRIVER AIR BAG
PASSENGER AIR BAG 4 WHEEL DISC BRAKES CLOTH SEATS
BUCKET SEATS AUTOMATIC TRANSMISSION OVERDRIVE
ALUMINUM/ALLOY WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1#		DATE IN 3-15	1			
2		FRONT BUMPER				
3*	RPR	BUMPER COVER			3.5*	2.8
4		ADD FOR CLEAR COAT				1.1
5	REPL	EMBLEM	1	34.29	0.2	
6	REPL	LT SIDE BRACKET	1	12.94		
7	R&I	R&I BUMPER COVER			1.6	
8		GRILLE				
9	R&I	RT GRILLE			0.2	

<u>Facility</u>	<u>Date</u>	<u>Amount</u>
First Medical Assoc.	3/19/2007	\$237.00
St. Elizabeth	3/15/2007	\$996.73
St. Elizabeth	3/15/2007	\$265.00
Tri County	4/20/2007	\$610.00

<u>TOTAL</u>
\$2,108.73

The Law Office Of
LOU A. D'APOLITO
Attorney at Law

4800 Market Street • Suite A • Boardman, Ohio 44512 • phone 330.783.9222 • fax 330.783.5552

Lou A. D'Apolito
Anthony M. D'Apolito

FAX COVER SHEET

TO: *Seamus Kelly*

FAX NO. *1-313-665-0912*

FROM: Lou A. D'Apolito, Esq.

DATE: *6-4-07*

TIME: *4:25 P.M.*

COMMENTS:

RE: *your file # 632722*
my client: [REDACTED]

I am faxing you the following items per your request:

1. The itemized bill of Tri County Rehab in the amount of

2. The Tri County daily Records, 7 pages.

Please call me or Ralph DeFazio when you are prepared to discuss settlement of these claims.

Number of Pages: *9* *Including cover.*

PATIENT RECEIPT
 Phone: (330) 533-1080

TRI-COUNTY REHABILITATION, INC
 567 E MAIN STREET

CANFIELD, OH 44406

Date: 6/1/2007
 Patient No: 1990.0
 Phone: (330) 533-1080
 Federal ID: 341580931

Diagnosis:

847.0 - -
 847.1 - -
 847.2 - -

YOUNGSTOWN, OH

Date	Code	POS Description	Prov	Diag	Beginning Balance:		\$0.00
					Amount	Balance	Total
03/06/2007	97001	11 EVALUATION, INITIAL	WESTON	847.0	\$110.00	\$110.00	\$110.00
03/26/2007	97140	11 MANUAL THERAPY	WESTON	847.0	\$40.00	\$150.00	\$150.00
03/26/2007	97110	11 THERAPEUTIC EXERCISE	WESTON	847.0	\$30.00	\$180.00	\$180.00
04/10/2007	97140	11 MANUAL THERAPY	WESTON	847.0	\$40.00	\$220.00	\$220.00
04/11/2007	97035	11 ULTRASOUND	WESTON	847.0	\$30.00	\$250.00	\$250.00
04/11/2007	97110	11 THERAPEUTIC EXERCISE	WESTON	847.0	\$30.00	\$280.00	\$280.00
04/13/2007	97140	11 MANUAL THERAPY	WESTON	847.0	\$40.00	\$320.00	\$320.00
04/13/2007	97110	11 THERAPEUTIC EXERCISE	WESTON	847.0	\$30.00	\$350.00	\$350.00
04/13/2007	97035	11 ULTRASOUND	WESTON	847.0	\$30.00	\$380.00	\$380.00
04/18/2007	00000	11 Failed to Keep Appointment	WESTON	847.0	\$20.00	\$400.00	\$400.00
04/20/2007	97140	11 MANUAL THERAPY	WESTON	847.0	\$40.00	\$440.00	\$440.00
04/20/2007	97035	11 ULTRASOUND	WESTON	847.0	\$30.00	\$470.00	\$470.00
04/20/2007	97110	11 THERAPEUTIC EXERCISE	WESTON	847.0	\$30.00	\$500.00	\$500.00
04/27/2007	00000	11 Failed to Keep Appointment	WESTON	847.0	\$20.00	\$520.00	\$520.00
Ending Balance:							\$610.00

	Current	60	61	Over 90	Balance
Patient	570.00	60.00	0.00	0.00	610.00
Insurance	0.00	0.00	0.00	0.00	0.00
Total	570.00	60.00	0.00	0.00	610.00

Tri - C. nty Rehabilitation, Inc.

INITIAL PHYSICAL THERAPY EVALUATION

PATIENT: [REDACTED]

EVALUATION DATE: 3/26/07

DATE OF BIRTH: 3/20/54 (53)

ONSET DATE: 3/15/07

REFERRING PHYSICIAN: Thomas Detesco, M.D.

DIAGNOSIS: Cervical Strain/Sprain, Upper Thoracic Strain/Sprain, Lumbar Paraspinal Strain/Sprain

HISTORY: [REDACTED] is a [REDACTED]-year-old female who is a high school English teacher. Patient was involved in an auto accident 3/15/07 where her body hit against the car door and seat. She had x-rays and CT scan with results showing sign of disc problem at cervical and lumbar spine. Patient states her pain started at the anterior cervical spine and spread to her upper thoracic and lumbar spine along the R side of the paraspinal soft tissue. She has been absent from work since the accident but she is to return to work 3/27/07. Review of symptoms did not show any significant problems with the exception of vulvar cancer in 1999 and 2003. She reports she had major surgery in 1999 and she was absent from work for six months. The surgery in 2003 was outpatient and she went back to work quickly.

SUBJECTIVE: Patient's chief complaint is R sided cervical spine, thoracic spine and lumbar spine pain. She states her pain is constant and resting in sitting position decreases her pain and any movement of the spine increase her pain such as bending down, prolonged sitting, and prolonged standing. She ranks her pain as 4/10 at its best and 6/10 at its worst. She states she needs five to ten minutes to decrease the pain down to the original level after any movement. She stated she has difficulty sleeping. She awakens every four to five times per night. She needs to stretch her limbs every time she wakes up. Her major activity in the work place is prolonged sitting for a two hour drive to school and prolonged standing. Patient reports her functional level is 70 to 75% of normal.

OBJECTIVE: Upper and lower quarter screen reveals the following:

1. There is no abnormality in patient's posture.
2. There is significant limitation in cervical ROM for cervical retraction (-1/4 ROM), cervical flexion (-20 deg), cervical extension (20 deg), cervical rotation (L=57 deg, R=41 deg with pain), cervical side bending (L=22 deg, R=17 deg with pain).
3. There is significant limitation in shoulder ROM for flexion (L=170 deg, R=92 deg), abduction (L=170 deg, R=64 deg with recreation of tingling sensation down to fingers), shoulder internal rotation and external rotation WNL.
4. There is significant limitation in shoulder strength for flexion (L=5/5, R=3+/5), abduction (L=5/5, R=3+/5), shoulder external rotation (L=5/5, R=4/5).
5. There is significant limitation in SLR (L=90 deg, R=70 deg with recreation of numbness and tingling sensation down to calcaneal area).
6. There is significant limitation in hip muscle strength for gluteus maximus (L=4/5, R=2/5), psoas (L=3/5, R=3/5). Could not MMT other muscles secondary to increased irritability of the lumbar spine.
7. Upper limb neurotension test of RUE positive and slump test RLE positive.

ASSESSMENT/RECOMMENDATION: Patient demonstrates impaired strength, impaired mobility, and impaired function of RUE and RLE secondary to cervical, thoracic and lumbar spine pain. Recommendation is to initiate a program of physical therapy as prescribed by her physician, her program consisting of:

1. Modalities as needed to decrease pain and tightness and promote improved mobility.
2. Program of therapeutic exercise to restore mobility, strength, and function of cervical spine, UE's, and LE's.
3. Program of therapeutic activities to restore mobility, strength, and function of cervical spine, UE's, and LE's.

567 E. Main Street Canfield, Ohio 44406
330-533-1000 fax: 330-533-8886

Initial Evaluation

Page 2

Patient Name: [REDACTED]

FUNCTIONAL GOALS: TIME FRAME: Four Weeks

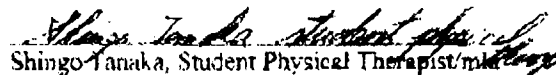
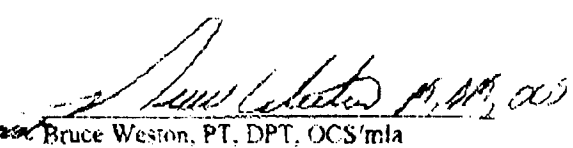
1. Perform appropriate activity for school work with maximal pain 1/10 or lower.
2. Increase functional level up to 90% of normal.

CLINICAL GOALS: TIME FRAME: Four Weeks

1. Increase B cervical rotation ROM up to 70 deg without pain.
2. Increase R shoulder flexion and abduction ROM up to 170 deg.
3. Increase R shoulder strength up to 5/5 MMT grade
4. Increase B SLR ROM up to 90 deg.
5. Increase hip muscle strength up to 5/5 MMT grade

Prognosis for this patient is: Excellent Good Fair Poor

Thank you for this referral.

 
Shingo Tanaka, Student Physical Therapist/mid-level Bruce Weston, PT, DPT, OCS/mla
Board Certified Specialist
Orthopedic Physical Therapy

DD: 3/27/07

DT: 3/28/07

DAILY PROGRESS NOTES**TRI-COUNTY REHABILITATION, INC., 567 E. Main St., Canfield, OH 44406****Phone: 330-533-1080-Fax 330-533-8838****Bruce Weston, PT, OCS-Board Certified Specialist-Orthopedic Physical Therapy**

3/26/07 [REDACTED]

Time in: 3:15 p.m. Time out: 4:30 p.m.

S: Patient has pain at cervical spine, upper thoracic area, B trapeziac and lumbar spine. Patient ranks her pain as 4/10 at its best and 6/10 at its worst. She stated resting in sitting position decreases her pain and any movement of shoulder and lumbar spine such as bending down, sitting for prolonged time increases her pain. She reports she has difficulty sleeping and she awakens four to five times each night. She also reports she frequently needs to stretch during sleeping time to subside her cervical and lumbar pain. She works as a high school English teacher and major activity at the work place is prolonged sitting, prolonged standing, and writing on the black board. She reports she is to return to work tomorrow. She states she needs to drive one hour 45 min. She had MVA 3/15/07. She reports her R knee gives way when she descends steps.

O: Initial evaluation performed. Trigger point noted at paraspinal tissue of cervical spine and upper thoracic area between T1 and T4 and lumbar spine between L4 and S1 area. Patient received 1 unit of manual therapy. Patient performed 1 unit of therapeutic exercise as per log.

A: Patient was instructed and initiated her new exercise and HEP. She was instructed on mechanisms of neck and low back injury. The handbook of cervical spine injury was given to patient. Patient performed all exercises without difficulty.

P: Continue POC as directed.

DD: 3/26/07 DT: 3/27/07

Strong Inadequate student physical therapy
Strong Inadequate student physical therapy

ST/mla

3/30/07 [REDACTED]

Patient failed to keep scheduled appointment. Phoned patient with message left on answering machine.

4/04/07 [REDACTED]

Patient canceled appointment d/t teacher's conference.

4/06/07 [REDACTED]

Patient canceled appointment.

4/11/07 [REDACTED]

Time in: 2:30 p.m. Time out: 3:30 p.m.

S: Patient stated she has pain at R cervical spine, shoulder, and lumbar spine area. Patient ranks her pain as 4/10 at its best and 8/10 at its worst. Patient reports that bending forward, prolonged driving and sitting increases her R paraspinal muscle pain. She states she cannot lie on her R side. She also reports tingling and numbness of R/LE and hand has decreased and it happens less frequently.

O: Patient received 1 unit of US to R medial border of scapula area at 1.8 w/cm². She received 1 unit of manual therapy for deep soft tissue mobilization to R paraspinal tissue from cervical to lumbar spine. Patient performed 2 units of therapeutic exercise as per log.

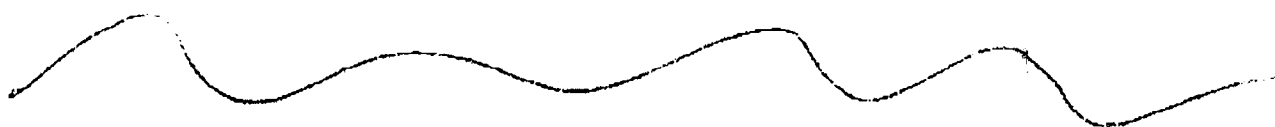
A: Patient tends to slouch her back during neck ROM exercise and required verbal cues to maintain correct posture. She initiated new therapeutic exercise of cervical isometric strengthening exercise and corner stretch. Patient performed all exercises without difficulty.

P: Continue POC as directed.

DD: 4/11/07 DT: 4/12/07

Strong Inadequate student physical therapy
Strong Inadequate student physical therapy

ST/mla



DAILY PROGRESS NOTES**TRI-COUNTY REHABILITATION, INC.-567 E. Main St.-Canfield, OH 44406****Phone: 330-533-1080-Fax 330-533-8838****Bruce Weston, PT, OCS-Board Certified Specialist-Orthopedic Physical Therapy**

4/13/07 - [REDACTED]

Time in: 8:15 a.m. Time out: 9:15 a.m.

S: Patient states she has pain at R paraspinal tissue from cervical spine to lumbar spine. She ranks her pain 2-3/10 at its best and 6-7/10 at its worst. She reports dusting and sweeping increases her pain. She still limited RUE function secondary to R shoulder and paraspinal tissue pain.

O: Patient received 1 unit of US to R medial border of scapula area at 1.7 w/cm². She received 1 unit of manual therapy for deep soft tissue mobilization to paraspinal tissue from cervical spine to lumbar spine. She performed 2 units of therapeutic exercise as per log.

A: Patient initiated new shoulder exercise with dumbbell. She was instructed on correct lifting form. She performed all exercises without difficulty.

P: Continue POC as directed.

DD: 4/13/07 DT: 4/16/07

*Alana Smith, student physical therapist**[Signature]* ST/mla

4/18/07 - [REDACTED]

Patient failed to keep scheduled appointment. Phone follow up performed with message left on machine.

4/20/07 - [REDACTED]

Time in: 3:15 p.m. Time out: 6:04 p.m.

S: Patient states she is feeling much better but not back to normal lifting activities and is sore after household chores.

O: 1 unit of manual therapy to R paraspinals from the cervico-thoracic to lumbar. 1 unit of US at 1.5 w/cm² x 8 min to R medial scapular border and 1 unit of therapeutic exercise as per log.

A: Patient felt better after treatment and states it lasts three days or so. She is compliant with her HEP and she is also experiencing increased awareness of her proper posture. Light painful arc of motion from 90 deg to neutral when lowering her RUE from flexion.

P: Continue with POC as directed.

DD: 4/20/07 DT: 4/23/07

*Alana Smith, PT**[Signature]* LD/mla

4/27/07 - [REDACTED]

Patient failed to keep scheduled appointment.

Tri-County Rehabilitation, Inc.

PATIENT NAME

EXERCISE & WORK HARDENING LOG

Description	3/26	4/1	4/12	4/20
NECK RETRACTION	7x 5sec	10x 5sec	10x 5sec	10x 5sec
NECK STRETCH	7x EA 5sec	10x EA 5sec	10x EA 5sec	10x 2x 5sec
NECK		5x EA	7x BA	7x EA
ISOMETRIC	#	5sec	5sec	5sec
		5x	7x	10x
CORNER STRETCH	#	5sec	5sec	5sec
SH. FLEX			7x	10x 3#
E.P.B.			5sec	5sec
SH. ABD			7x	10x 3#
E.P.B.			5sec	5sec

567 E. Main Street • Canfield, Ohio 44406 • (330) 533-1080 • FAX (330) 533-8838

Tri - County Rehabilitation Inc.**DISCHARGE SUMMARY****PATIENT:** [REDACTED]**PERIOD IN PHYSICAL THERAPY:** 3/26/07 - 4/20/07**DIAGNOSIS:** Cervical Strain/Sprain, Upper Thoracic Strain/Sprain, Lumbar Paraspinal Strain/Sprain**REFERRING PHYSICIAN:** Thomas Detesco, M.D.**SUMMARY:** [REDACTED] underwent evaluation and initiated treatment on 3/26/07. She attended four sessions of physical therapy, her program consisting of:

1. Deep soft tissue mobilization to involved areas.
2. Modalities as needed to decrease pain and tightness and promote improved mobility.
3. Program of therapeutic exercise to improve mobility, strength, and endurance of involved areas.

SUBJECTIVE: At time of final visit patient reported feeling much better but not yet back to full lifting or ADL activity level.**GOALS:** Established 3/26/07:

1. ADL activities with maximal pain 1/10 or lower.
2. Functional estimate of 90% or better.
3. Cervical rotations 70 deg+.
4. R shoulder flexion and abduction 170 deg+.
5. R shoulder strength 4/5 or better.
6. SLR to 80 deg+.
7. Hip muscle strength 4/5 or better.

COMMENTS: [REDACTED]'s last visit was 4/20/07. At that time she reported feeling much better but was not yet back to normal lifting activities and continued to have some soreness after household chores. She failed to keep her appointment of 4/27/07 and has not contacted us since that date. Attempts to contact her have been unsuccessful. She is discharged and assumed to be doing well.

Thank you for your referral.



Bruce Weston, PT, DPT, OCS
Board Certified Specialist
Orthopedic Physical Therapy

DD: 5/17/07 DT: 5/18/07

567 E. Main Street Canfield, Ohio 44406
330-533-1090 fax: 330-533-8638



Tel: 330-728-1100 Fax: 330-728-8128
 In San Antonio, Call MAIN BUREAU 330-742-7800 - OFFICE HOURS 9H AMSTO 5PM CST

D. (Pursuant to 1986)

London 5th 4/12/1918

24 - Thomas, Steven

(D NAME BRAND NAME DISCLOSED, IN ORDER THAT NAME "BRAND" AS WHITELY
"D & W" ON THE "PILLOPERS".

019

OHIO CERTIFICATE OF TITLE

STATE OF OHIO No. 50 0212 9344
ORIGINAL

ISSUE DATE
02/13/2007

MAHONING
MAHONING

IDENTIFICATION NUMBER
1GZZH158564

COMMENTS

PURCHASE PRICE
\$21,259.11

TAX
\$1,381.84

WARRANT ACTUAL

YEAR
2006

MAKE
PONT

MAKE DESCRIPTION
PONTIAC

BODY TYPE
2D

MODEL
GGT

MODEL DESCRIPTION

RELEASE
19,003

EVIDENCE
OH 5002060014

CONVERSION

GRAND

DEED

BOARDMAN, OH

PREVIOUS OWNER
GMAC

25000 GRT NRTHN CORP
N OLMSTED, OH 44070-0000

10432906 LD001917

LIEN DISCHARGE

Lienholder

by: _____ date _____
Authorized signature

CLERK OF COURTS LIEN CANCELLATION

by: _____ date _____
Deputy Clerk

LIEN DISCHARGE

Lienholder

by: _____ date _____
Authorized signature

CLERK OF COURTS LIEN CANCELLATION

by: _____ date _____
Deputy Clerk

WITNESS MY HAND AND OFFICIAL SEAL THIS 13th DAY OF FEBRUARY, 2007
(SEAL)

7.085520515

ANTHONY VIVO
CLERK OF COURTS

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS

HALL 12/20 Rev 3-04

ERASURES AND ALTERATIONS VOID THIS TITLE ASSIGNMENT. (Type or print in ink.)

ASSIGNMENT OF OWNERSHIP

I (we) certify the vehicle or watercraft or outboard motor described in this title was delivered on _____ for the price of \$ _____.

Is Seller a Minor? ☒ Yes ☐ No

Transferee's/Buyer's printed name _____

Transferee's/Buyer's printed address _____

ODOMETER CERTIFICATION

Federal and State laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing false information may result in fines and/or imprisonment.

I (we) certify to the best of my (our) knowledge that the odometer now reads 023128 miles and is the actual mileage of the vehicle unless one of the following statements is checked.

☐ The mileage stated is in excess of the mechanical limits.

☐ The odometer reading is not the actual mileage.
WARNING - ODOMETER DISCREPANCY

This vehicle was a (if applicable): ☒ Former Law Enforcement Vehicle

I (we) warrant the title to be free of all liens.

Transferor's/Seller's printed name _____

Transferor's/Seller's signature _____

Transferor's/Seller's printed address _____

NOTE: All blank spaces above must be completed before acknowledgement.

Sworn to and subscribed in my presence by _____ this _____ day of _____ yr _____

My commission expires _____ yr _____

Printed Notary Name _____

(Seal) Clerk, Deputy Clerk of Courts - Notary _____

TRANSFEE'S/BUYER'S ACKNOWLEDGMENT OF ABOVE ODOMETER CERTIFICATION

Transferee's/Buyer's printed name _____

Transferee's/Buyer's signature _____

Warning to transferor and transferee (seller and buyer.) You are required by law to state the true selling price. A false statement is in violation of section 2921.13 of the Ohio Revised Code and is punishable by six months imprisonment and a fine of up to one thousand dollars, or both. All transfers are audited by the Department of Taxation. The seller and buyer must provide any information requested by the Department of Taxation. The buyer may be assessed any additional tax found to be due.

ERROR: timeout
OFFENDING COMMAND: timeout

STACK:

13/04)



esis

FILE ID

8213 259 632722-2

DATE

6-11-07

EM 50 014631

DOLLARS:

***33,000.00**

51-44
119

PAY ***33,000.00**

TO THE ORDER OF

Law Office of Lou A. D'Apolito, and

[REDACTED]

ZIP: [REDACTED]

FOR

Full and Final Settlement

CLIENT

General Motors Corporation

Fleet National Bank, Hartford, CT

CLAIMANT

Derbish, Joyce

DATE OF EVENT

3-15-07

CLAIM OFFICE

Esis/GM es

AUTHORIZED SIGNATURE

Joseph A. Roche
Joseph D. Cobbley

7004911

PAYMENT REQUEST

AUTOMATED ☐

MANUAL ☒ REASON: Needed for exchange of Vehicle Title on June 13, 2007

FILE NUMBER:	632722
CLAIMANT:	
DATE OF EVENT:	3/15/2007

SUB LETTER	CLAIM CODE A	AMOUNT	PAYMENT CODE	P/F
A	PRBI	\$13,000.00	1XX	F
C	PRPD	\$20,000.00	3XX	F
TOTAL:		\$33,000.00		

PAYEE:	Law Office of Lou A. D'Apolito, and Joyce Dorbish
ATTY. TAX ID	29-2441657
ATTY. ADDRESS	4800 Market Street, Suite A
	Boardman OH 44512

PAID

DATE: 11-14-07

ERROR: timeout
OFFENDING COMMAND: timeout

STACK:

Ralph J. DeFabio
Claim Consultant
4800 Market Street, Suite A
Boardman, Ohio 44512
(330) 783-9222 - Phone
(330) 783-5552 - Fax

6-11-07

TO Sean Kelly: Re: file # 632722
Client: [REDACTED]

Per your request & enclose the original
release of claim executed by [REDACTED]

Thank you for your cooperation in concluding
this matter.

Regards,
Ralph J. DeFabio
Claim Consultant.

RECEIVED
ESIS-GM CLAIMS UNIT

RELEASE AND INDEMNIFICATION OF ALL CLAIMS**FILE NUMBER: 8213-259-632722**

Claims Administrator: Sean Kelly

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, [REDACTED] being of lawful age, for the sole consideration of Thirty Three Thousand and 0/100 dollars, (\$33,000.00), which includes \$20,000 for the purchase of [REDACTED] 2006 Pontiac G6, VIN: 1G2ZH158564 [REDACTED] and \$13,000 for settlement of all other claims associated to this matter, to the undersigned, does hereby and for my heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge General Motors Corporation, ESIS Inc., Sweeney Buick, Pontiac, GMC 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 15th day of March, 2007, at or near Braceville, Ohio.

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 March 15, 2007, 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.

Page 1 of 2

Initials _____

FILE NUMBER: 3213-259-632722

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.

- THIS RELEASE INCLUDES THE REPURCHASE OF THE 2006 PONTIAC G6, VIN: 1G2ZH158564 [REDACTED] WHICH WAS INVOLVED IN AN INCIDENT ON MARCH 15, 2007 AT OR NEAR BRACEVILLE, OHIO
- IT IS UNDERSTOOD THAT A CLEAR TITLE FOR THE 2006 PONTIAC G6, VIN: 1G2ZH158564 [REDACTED] WILL BE SIGNED AND GIVEN TO A REPRESENTATIVE FOR ESIS, INC. AT WHICH TIME ESIS, INC WILL TAKE POSSESSION OF THE VEHICLE
- THIS SETTLEMENT IS BASED UPON ESIS/GM RECEIVING FREE & CLEAR TITLE FOR THE 2006 PONTIAC G6, VIN: 1G2ZH158564 [REDACTED] AFTER DELIVERY OF THE SETTLEMENT CHECK

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

Signed, sealed and delivered this 8th day of June, 2008.

CAUTION: READ BEFORE SIGNING

WITNESS

LS

WITNESS

LS

State of Ohio }
County of McKean }

On the 8th day of June, 2008, before me personally appeared

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

My term expires March 18, 2012

Denise Morlan
Notary Public



OFFICIAL SEAL
DENISE MORLAN
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES MARCH 18, 2012

Service Request Detail

SR No.	71-551024485	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Sito		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	Dallas	Involved Dir	El Dorado Motors, Inc.	Safety	Yes
State	TX ZipCd	Con Acct		Source	Phone	Updated	8/28/2007 04:42:46 PM
Serial #/VIN	1G1ZT51676F	Model Year	2007	Priority	Medium License # CHEVROL	Owner	RODRIGOS
Make	Chevrolet	Warr. Start	09/22/2006	Status	Open	Opened	8/27/2007 01:56:53 PM
Model	Malibu	Mileage	21000	Sub-Status		Closed	
Abstract	Steering Wheel Locked Up						
Customer Description	*** BRC PAR CASE. DO NOT ASSUME. FORWARD ALL INQUIRIES TO JOSE RODRIGUEZ EXT 21333 ***						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond	Fire Report#	Police Report#
Owner	8/26/2007 04:30:00 PM	N	3	3	Concrete	Dry	n/a	638416
Driver Last Name	Driver First Name	Height	Disabilities					
		54"	n/a					
Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency					
		(800) 554-0595	Fred Loya Insurance Claim # 57657980					

Incident Loc	30 and Industrial hwy	Incident Desc	I was getting into the hi-way the car started going to the left side lane and I grabbed the wheel to go to the lane that I was in and I heard a clicking sound and the steering wheel went left again and then it locked up then a car hit me at the back
Component	the steering wheel steered towards to the left and then it locked and cust can't steer the wheel	Damage Desc	the driver side door, front light and the back door
Vehicle Loc	EL DORADO MOTORS, INC. 2300 N CENTRAL EXPRESSWAY MCKINNEY TX	Add'l Info	n/a
Emgcy Svc Names	Dallas Police Department	Maint Loc	Independent

PAR Detail

Collision	Y	Non Collision	Property Damage	Y	Thermal Evt	N	Spec Equip	n/a
Vehicle Speed	45	Weather Condition	Dry and clear	Prop Owner	2 different vehicles	Property Type	unknown	
Last Service Date		Loc Last Service		Property Location	unknown	Prop Est Repair Cost	\$0.00	
Veh Est Repair Cost		Spec Equip Installer	n/a	Prop Damage Description	unknown			
Primary Veh Use	Personal	Inspection Type		Inspected By	Inspection Not Performed	Inspection Date/Time		
Veh Damage Description	steering wheel, frontal damages, grill, drivers door front and rear			Explain Other	n/a			

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2007 04:42:46 PM	RODRIGOS	RODRIGOS	Ownership Changed	Ownership Escalated to BRC	Done	8/28/2007 04:42:46 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
8/28/2007 04:39:55 PM	RODRIGOS	ESISBIQU	Escalation	ESIS - Property Damage	In Progress		Assigned to ESIS
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Property Damage

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2007 01:32:12 PM	RODRIGOS	RODRIGOS	Inbound Call Customer	Voicemail Received	Done	8/28/2007 01:32:55 PM	Cust called
Contact Last Name	Contact First Name	Account	BAC Code				

Customer seeks call back.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2007 01:08:19 PM	DRAHEICM	RODRIGOS	Ownership Changed		Done	8/28/2007 01:08:19 PM	Service Request Ownership has changed FROM: ARZADORO TO: RODRIGOS
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
8/28/2007 01:07:22 PM	DRAHEICM	RODRIGOS	BRC PAR	Initial Contact- Phone	Done	8/28/2007 04:20:50 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

Spoke with _____

Crs advised received case.

Customer sts that she was driving the vehicle. she noticed that the steering wheel was loose and then it locked. this case for another vehicle to hit hers and the veh that hit her got hit by another vehicle.

Cust seeks to know whats going to happen.

Crs advised that this case will be sent to esls.
advised that they will contact her with in the next 7-10 business days.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2007 01:07:21 PM	DRAHEICM	RODRIGOS	BRC PAR	Acknowledgement	Done	8/28/2007 03:12:10 PM	Called
Contact Last Name	Contact First Name		Account		BAC Code		

Comments

See initial contact customer.

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2007 01:07:21 PM	DRAHEICM	RODRIGOS	BRC PAR	Initial Contact- Dealer	Done	8/28/2007 04:37:23 PM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

EL DORADO MOTORS, INC.
2300 N CENTRAL EXPRESSWAY
MCKINNEY TX 75070-3302
972-569-0101

Crs spoke With Svc Mgr Gary

advised that I wanted to know information in regards to the accident and the allegation.

dir sts that the customer told him that the steering was not working and caused an accident.

He checked the veh for codes in the steering, but there was none, he found the following codes.

EBCM C0561 Invalid Serial Data
Radio- u2100- can communication
B1325- Circuit 1 low Voltage
PCM- P1626 Theft Deterant loss

Crs advised that this case will go to esls. they will contact customer after they receive the case.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2007 01:07:21 PM	DRAHEICM	RODRIGOS	BRC PAR	Initial Contact- AVM	Done	8/28/2007 04:39:55 PM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

McLarty Michael Mike 972075 8132

Crs advised that the customer was in an accident. the steering wheel locked up and caused for another vehicle to hit her. and then a 3rd vehicle was involved. no one was injured.

vehicle is at the dir this case will be sent over to esls.

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2007 01:07:21 PM	DRAHEICM	RODRIGOS	Notify CRM		Done	8/28/2007 03:11:31 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
8/28/2007 01:07:21 PM	DRAHEICM	RODRIGOS	Research		Done	8/28/2007 03:11:26 PM	Researched VIN
		First Name		Account		BAC Code	

Comments

No open recalls

No other related cases

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/28/2007 01:07:21 PM	DRAHEICM	RODRIGOS	BRC PAR	Case Assigned	Done	8/28/2007 03:08:09 PM	Assigned File to Jose Rodriguez ext 21333
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/27/2007 02:17:34 PM	ARZADORO	DRAHEICM	Escalation	Initiate PAR	Done	8/28/2007 10:33:57 AM	Assigning activity to PAR QUEUE
Contact Last Name		Contact First Name		Account		BAC Code	

Comments

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

Received and assigned in PAR.

Chad Draheim/atx/workflow par

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/27/2007 02:08:02 PM	ARZADORO	ARZADORO	Inbound Call Customer	Complex Request	Done	8/27/2007 02:19:39 PM	pra par
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Cust Sits:

- the drship told me to call you and report what happened
- I was getting into the hi-way the car started going to the lefside lane and I grabbed the wheel to go to the lane that I was in and I heard a clicking sound and the steering wheel went left again and then it locked up then a car hit me at the back

Cust Sits:

- wants to report what happened

CRS advised:

- this will be handled by our PAR dept and they will contact you with in 2 business days

resources: Document ID : d_108767

Jay Williams/elemental/CAC/Mnl

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M40	Inoperative	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 :	1G1ZT51876F	
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VEHICLE INFORMATION

Merchandising Model :	1ZT69 -2006 MALIBU SEDAN 2LT	Warranty Start Date :	09/22/2006				
BARS Order Type :	70 - RETAIL - STOCK						
Delivering Dealer :	CHUCK FAIRBANKS CHEVROLET, INC. PO BOX 1047 DESOTO , TX 75123-1047 (972) 223-7611	Selling Source :	13 - CHEVROLET				
		Site Code :	07215				
		Business Associate Code :	112290				
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	09/22/2006	9 miles	09/22/2009	36009 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	09/22/2006	9 miles	09/22/2012	100009 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	09/22/2006	9 miles	09/22/2014	80009 miles
36/36000 FEDERAL EMISSION	09/22/2006	9 miles	09/22/2009	36009 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
03/08/2006	A39429	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

8/29/2007

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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

800.888.0164 *tel*
313.665.0911 *fax*

Deborah Chisholm
Claims Administrator

September 5, 2007

[REDACTED]
Dallas, TX [REDACTED]

RE: Claimant: [REDACTED]
Our File No.: 636977
Our Client: General Motors Corporation
Date/Event: 8/26/07
Subject vehicle: 2006 Chevrolet Malibu
VIN: 1G1ZT51876F [REDACTED]

Dear [REDACTED]

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

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

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



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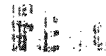
7. Advise as to any modifications, alterations, or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.
8. Did the owner receive any Recall Notices for the subject vehicle? If so, please provide copies of the notices.
9. Advise if the subject vehicle was ever 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. If you choose to dispose of the salvage, it will be to your own peril and spoliation may become an issue. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have had the opportunity to thoroughly evaluate your supporting technical documentation.

Sincerely,

Deborah Chisholm
Claims Administrator



El Dorado Chevrolet
2300 N Central Expressway
McKinney TX 75070
972.569.0130

To: D. J. MOIM From: GARY WERNER

Fax: 360-508-1111 Pages: 2

Phone: 972-569-0130 Date: 9/10/2007

Re: File # 0336977 CC:

☐ Urgent ☐ For review ☐ Please Comment ☐ Please Reply ☐ Please

Recycle

• Comment

389686

4 6 1 9 5 2



CHEVROLET

11111111

INVOICE

P.O. BOX 8002 • 2100 N. ...
 MCKINNEY, TEXAS ...
 METRO (972) ...
 METRO FAX (972) ...
 1-800-850-...

PAGE 1

BUS:

SERVICE ADVISOR: ANNE THUJAN

YEAR	MAKE/MODEL	VIN	PLATE	SALES TAX
06	CHEVROLET MALIBU	1G1ZT51876F	4918	
DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.
07 IS				
07 DD				
OPENED	READY	10:30 06SEP07	OPTIONS: DLR:07194	

05SEP07 14:18 08SEP07

OPCODE TECH TYPE HOUR

PROMER STATES LOST CONTROL OF STEERING WHILE DRIVING ON HIGHWAY -
 OIL CHECK OVER VEHICLE.

0.00 CC 0.00
 : 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

CODES: EBCM-C0561-INVALID SERIAL DATA RADIO-U2100-CAM
 NICATION: B1225-CIRCUIT ONE LOW VOLTAGE PCM-P1626-THEFT DETECTION
 E SIGNAL LOST

ATTENTION: VALUED CUSTOMERS
 ELDORADO CHEVROLET IS NOW OFFERING RENTAL
 VEHICLES, EXTENDED SERVICE CONTRACTS AND TIRE
 ROAD HAZARD WARRANTY. SEE YOUR SERVICE CONSULTANT
 FOR FURTHER INFORMATION.

THANK YOU FOR YOUR BUSINESS

PURSUANT TO §70.001, TEXAS PROPERTY CODE
 PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO
 AGED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE
 TO THE REPAIR CONTRACT. I UNDERSTAND THAT THIS
 IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.609,
 BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR
 T FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED
 OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE
 OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE
 T ON WHICH IT IS DRAWN HAS BEEN CLOSED.

Signature of Person Responsible or Agent for Person Responsible

R.O. #

STATEMENT OF DISCLAIMER

The factory warranty does not include
 of the warranties with respect to
 the sale of this item. The
 Seller hereby expressly disclaims all
 warranties, either express or
 implied, including any implied
 warranty of merchantability or
 fitness for a particular purpose.
 Seller neither assumes nor
 authorizes any other person to
 assume for it any liability in
 connection with the sale of this
 item/items.

CUSTOMER SIGNATURE

DESCRIPTION	AMOUNT
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
DISCOUNT	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY