Service Request Detail

SR No.	71-547341262	Ref No.		Goodwill	Pre-Authorization	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Area	PAR
Daytime #	[redacted]	Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address	[redacted]	City	Washington	Involved Dlr	Jim Causley, Inc.	Safety	Yes
State	MI ZipCd [redacted]	Con Acct		Source	Phone	Updated	10/8/2007 01:43:52 PM
Serial #/VIN	1G2ZG558064 [redacted]	Model Year	2006	Priority	Medium License # PONTIAC	Owner	KINZERTH
Make	Pontiac	Warr. Start	01/03/2006	Status	Open	Opened	8/14/2007 02:48:05 PM
Model	G6	Mileage	36716	Sub-Status	Satisfied	Closed	
Abstract	Power Steering - Collision						
Customer Description	This is a BRC-PAR case / do not assume / forward all inquiries to Thaddeus Kinzer x41039						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Driver	7/28/2007 05:30:51 PM	N	0	1	Concrete	Dry	N/A	Unknown

Driver Last Name	Driver First Name	Height	DOB	Disabilities
[redacted]		57"	[redacted]	N/A

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
Popovski	Vince	[redacted]	Farmbureau

Incident Loc	Rochester Road in Hamlin MI	Incident Desc	Driving in the parking lot, turned the wheel right then back left power steering locked, wheel arm sprained ; bruises on leg
Component	turned the wheel right then left power steering locked		
Vehicle Loc	JIM CAUSLEY PONTIAC-GMC TRUCK 38111 GRATIOT AVE CLINTON TOWNSHIP MI 48036-3592 586-465-1281	Damage Desc	right side of the car, dent on the back door, bumper and right fog light damaged, bumber and hood crooked
		Add'l Info	N/A
Emgcy Svc Names	N/A		
		Maint Loc	PAV Converters in Dearborn MI

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	None		
Vehicle Speed	10			Weather Condition	dry and sunny			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	$2,760.00			Spec Equip Installer	N/A			Prop Damage Description	N/A		
Primary Veh Use	Personal			Inspection Type	Steering and Suspension Sys			Inspected By	Dealership	Inspection Date/Time	8/21/2007 12:00:00 AM
Veh Damage Description	right side of veh, bumper dented, back door dented, hood crooked							Explain Other			

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/10/2007 02:25:09 PM	RODRIJOS	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		Assigned to ESIS

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

- Inspection and repairs have been completed. GM has already paid out claim including a rental sublet beginning on 08/03/07
- Insurance company now seeking reimbursement for rental provided to cust from 07/30/07-08/03/07 in amount of $136.42
- Contact information for insurance company is:

Jocelyn Thelen
Farm Bureau Insurance
(517) 323-6603
Claim Number 11J32355

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/9/2007 09:13:06 AM	DRAHEICM	RODRIJOS	Notify CRM		Done	10/10/2007 02:25:06 PM	ESIS-Subrogation

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Received And Assigned to ESIS

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/8/2007 02:44:50 PM	KINZERTH	DRAHEICM	BRC PAR	ESIS- Insurance Involvement	Done	10/9/2007 09:13:03 AM	ESIS - Insurance Subrogation

Contact Last Name	Contact First Name	Account	BAC Code

Comments

- Inspection and repairs have been completed. GM has already paid out claim including a rental sublet beginning on 08/03/07
- Insurance company now seeking reimbursement for rental provided to cust from 07/30/07-08/03/07 in amount of $136.42
- Contact information for insurance company is:

Jocelyn Thelen
Farm Bureau Insurance
(517) 323-6603
Claim Number 11J32355

Thaddeus Kinzer/PAR/ATX

Received and assigned for ESIS escalation.
Chad Draheim/abdworkflow par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	
10/8/2007 02:37:35 PM	KINZERTH	KINZERTH	Outbound Call Third Party	Made Contact	Done	10/8/2007 02:44:48 PM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Spoke with Jocelyn Thelen from Farm Bureau Insurance

- Insurance company seeking reimbursement for rental veh provided to cust 7/30/07 - 08/03/07 in amount of $136.42
- Advised file would be forwarded to ESIS for handling

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/8/2007 02:18:29 PM	KINZERTH	KINZERTH	Inbound Call Third Party	Voice Mail Received	Done	10/8/2007 02:20:38 PM	Voicemail sent Mon Oct 8 1:45pm

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Received voicemail from Jocelyn with Farm Bureau Insurance

- Provided phone number (517) 323-6603
- Re claim number 11J32355
- Requests callback

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/8/2007 01:45:08 PM	VILLANAN	KINZERTH	Notify CRM		Done	10/8/2007 02:16:20 PM	Assisting only

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Jocelyn from the insurance company called and left msg in your voice mail

Binky roberts/CAC Elemental/Mia

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/8/2007 01:43:55 PM	VILLANAN	VILLANAN	Inbound Call Third Party	Complex Request	Done	10/8/2007 01:45:06 PM	assisting only

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Jocelyn from the Jones insurance company called and left msg in your voice mail

Binky Roberts/CAC elemental/Mia

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/8/2007 01:43:52 PM	VILLANAN	KINZERTH	SR Opened		Done	10/8/2007 01:43:52 PM	SR in Status of Closed has been Re-Opened by VILLANAN

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
10/8/2007 01:23:47 PM	KINZERTH	KINZERTH	SR Closed - Satisfied		Done	10/8/2007 01:23:47 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
10/8/2007 11:42:14 AM	NICHOLD2	KINZERTH	Notify CRM	Customer Called	Done	10/8/2007 01:21:30 PM	*****ASSISTING****

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Cust sts: I am looking for information, about my previous agent, I would like to have the name and number of them for my insurance agent.

CRS adv: I gave cust the name and number of Mr. Kinzer.

Cust sts: thank you will pass along the information.

Dawn Nichol/CAC/Chatham.

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/8/2007 11:42:00 AM	NICHOLD2	KINZERTH	SR Opened		Done	10/8/2007 11:42:01 AM	SR in Status of Closed has been Re-Opened by NICHOLD2

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/19/2007 03:28:14 PM	KINZERTH	KINZERTH	SR Closed - Satisfied		Done	9/19/2007 03:28:15 PM	Service Request has been Closed Satisfied.

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/19/2007 03:27:04 PM	KINZERTH	KINZERTH	BRC PAR	Close-Resolved with Repair	Done	9/19/2007 03:28:05 PM	CRS closing SR

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Repairs complete
GMWA approved

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/19/2007 02:55:23 PM	DRAHEICM	KINZERTH	Notify CRM		Done	9/19/2007 03:26:55 PM	GMWA approved

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/19/2007 02:54:25 PM	DRAHEICM	DRAHEICM	Final Approval	Goodwill	Done	9/19/2007 02:55:21 PM	GMWA approved to pay dlr

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Z1242 $4920.78
RO 848879
Jim Causley Pontiac 16-07100
Faxed to Nicole Vivier @ 586-463-0604

chad draheim/abz/workflow par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/17/2007 12:15:25 PM	DRAHEICM	DRAHEICM	Notify CRM		Done	9/19/2007 02:53:04 PM	GMWA (Please leave activity open, GMWA over $4k, pending TL final approval)

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/17/2007 09:19:33 AM	KINZERTH	DRAHEICM	Create Goodwill	Pre-Authorization	Done	9/17/2007 12:15:23 PM	GMWA Amount $4920.78

Contact Last Name	Contact First Name	Account	BAC Code

Warranty Clerks - Nicole Vivier
Fax number to dlrship - (586) 463-0604
Division Code - 16 Pon / 07100
RO number - 848879
Amount to be preauthorized - $4920.78

Claim Breakdown
Parts: $1767.04 (verified)
Labor: $1916.24
Sublet: $916.50 (rental)
Sublet: $302.50 (road service and tow)
Sublet: $18.50 (wheel balance)
Total: $4920.78

Thaddeus Kinzer/PAR/ATX

Received and assigned for dealer payment.
Chad Draheim/atx/workflow par

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2007 07:02:07 PM	SADMIN	KINZERTH	Inbound White Mail		Done	9/17/2007 09:01:06 AM	BRC PAR Scanned: 2007-09-14-16.22.00.000000, MSXDocNum: KIN46EAB5A

[illegible]	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2007 07:02:07 PM	SADMIN	KINZERTH	Inbound While Mail		Done	9/17/2007 09:01:03 AM	BRC PAR Scanned: 2007-09-14-15.23.00.000000, MSXDocNum: KIN46EAA85

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/14/2007 02:33:36 PM	KINZERTH	KINZERTH	Outbound Call Dealer	Made Contact	Done	9/14/2007 02:39:18 PM	Called (586) 465-1281

Contact Last Name	Contact First Name	Account	BAC Code

Spoke with Nicole Vivier, warranty administrator for Jim Causley

Reviewed billing process
Confirmed dlr fax number (586) 463-0604

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/12/2007 01:52:07 PM	KINZERTH	KINZERTH	Outbound Call Customer	Made Contact	Done	9/12/2007 01:53:31 PM	Called (586) 321-7173

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Spoke with cust Dina Bilanovic

Cust has picked veh up from dlr

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/12/2007 11:08:53 AM	KINZERTH	KINZERTH	Inbound Call Customer	Voice Mail Received	Done	9/12/2007 11:09:41 AM	Voicemail sent Wed Sep 12 10:37am

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Received voicemail from Dina Bilanovic

Cust requests callback

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/12/2007 10:36:58 AM	MARFILJA	KINZERTH	Notify CRM		Done	9/12/2007 11:08:26 AM	Cust requesting callback ASAP

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/12/2007 10:35:58 AM	MARFILJA	MARFILJA	Inbound Call Customer		Done	9/12/2007 10:36:57 AM	Dina Bilanovic called in

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Cust sts
Wishes to speak with OCRS

Cust sks
Same as sts

CRS advised
Re-opened SR, transferred cust to vme. Will also notify OCRS as cust is requesting a callback ASAP.

jan murphy/cac elem/mla

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/12/2007 10:34:47 AM	MARFILJA	KINZERTH	SR Opened		Done	9/12/2007 10:34:48 AM	SR in Status of Closed has been Re-Opened by MARFILJA

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2007 11:42:25 AM	KINZERTH	KINZERTH	SR Closed - Dissatisfied		Done	9/11/2007 11:42:25 AM	Service Request has been Closed Dissatisfied.

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2007 11:42:04 AM	KINZERTH	KINZERTH	BRC PAR	Close	Done	9/11/2007 11:42:22 AM	Temp closing file pending RO

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/11/2007 11:34:01 AM	KINZERTH	KINZERTH	Outbound Call Customer	Made Contact	Done	9/11/2007 11:40:16 AM	Called (586) 321-7173

Contact Last Name	Contact First Name	Account	BAC Code

Body damage to door was pre-existing and unrelated to current concern
Dlr has cleaned everything that was a result of their repairs but veh was extremely cluttered and dirty when brought in

Cust dissatisfied with results, states she plans on obtaining an attorney

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2007 05:57:20 PM	RAMOSDJ	KINZERTH	Notify CRM	Customer Called	Done	9/11/2007 09:03:46 AM	Informing contact with cust

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Cust was adv with regards to the scheduled callback on Tue Sep 11 between 11:30-1:30pm EST

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2007 05:51:25 PM	RAMOSDJ	RAMOSDJ	Inbound Call Customer	Complex Request	Done	9/10/2007 05:57:10 PM	***Assisting only

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Cust sts: I was told by Enterprise that GM is not covering the amount of repair and that they will charged me $500.Last friday I was supposed to pick the car but its not yet fix and its not ready.And the dlr is very rude and they just gave me 1year warranty on the power steering system.I was told by GM that my lawyer was suppose to contact you b/c GM will pay for the cost b/c GM is the one responsible for it.I want to hear and update from ocrs Thaddeus Kinzer ext#41039

Cust sks:contact with ocrs

CRS adv:Apologized.Since ocrs is currently not available,cust was transferred to his voicemail.
Cust is seeking callback the soonest possible time at cellphone[redacted] or fathers phone[redacted]

=====
Joana/Mia Simplified Pilot

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2007 09:52:39 AM	KINZERTH	KINZERTH	Outbound Call Dealer	Made Contact	Done	9/10/2007 09:57:29 AM	Called (586) 465-8441

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Spoke with Don Kersey, body shop mgr at Jim Causley

Body damage to door was pre-existing and unrelated to current concern
Dlr has cleaned everything that was a result of their repairs but veh was extremely cluttered and dirty when brought in
Obtained fax number (586) 463-0477 for dlr

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2007 09:50:34 AM	KINZERTH	KINZERTH	Scheduled Outbound Call Cust		Done	9/11/2007 11:33:41 AM	Dina Bilanovic

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Tue Sep 11 between 11:30-1:30pm EST

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2007 09:44:27 AM	KINZERTH	KINZERTH	Inbound Call Customer		Done	9/10/2007 09:50:31 AM	Dina Bilanovic

Contact Last Name	Contact First Name	Account	BAC Code
T[redacted]			

C[redacted]

Cust not happy with delivery condition of veh
Interior dirty, some body damage on doors not repaired

Provided contact information
Scheduled follow up call

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2007 09:43:44 AM	KINZERTH	KINZERTH	SR Opened		Done	9/10/2007 09:43:44 AM	SR in Status of Closed has been Re-Opened by KINZERTH

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/23/2007 11:15:08 AM	KINZERTH	KINZERTH	SR Closed - Satisfied		Done	8/23/2007 11:15:08 AM	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
8/23/2007 11:14:21 AM	KINZERTH	KINZERTH	BRC PAR	Close	Done	8/23/2007 11:15:04 AM	Temp closing pending RO

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
8/23/2007 11:09:55 AM	KINZERTH	KINZERTH	Outbound Call Dealer	Made Contact	Done	8/23/2007 11:11:32 AM	Called (586) 465-8441

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Spoke with Don Kersey, body shop mgr at Jim Causley

PAR is authorizing repairs to veh, including rental and towing charges
Dlr requested GMWA form be faxed back to him once pre-authorized
Dlr provided fax number (586) 463-0477

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/23/2007 11:03:49 AM	KINZERTH	KINZERTH	Outbound Call Customer	Made Contact	Done	8/23/2007 11:04:52 AM	Called [redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Spoke with Dina Bilanovic

Inspection has been completed, a concern with the veh has been identified and GM is taking responsibility for repairs

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/22/2007 01:07:36 PM	SADMIN	KINZERTH	Inbound White Mail		Done	8/22/2007 01:57:37 PM	BRC PAR Scanned: 2007-08-21-15.26.00.000000, MSXDocNum: KIN46CB04F

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2007 01:43:20 PM	KINZERTH	KINZERTH	Inbound Call Dealer	Service Request Update	Done	8/21/2007 01:44:15 PM	Don Kersey, body shop mgr at Jim Causley

[redacted]	Name	Account	BAC Code

Dlr has finished inspection of veh, power steering control module is inoperative
Will fax over inspection report and repair estimate

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2007 11:03:25 AM	KINZERTH	KINZERTH	Outbound Call Customer	Made Contact	Done	8/21/2007 11:04:14 AM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Spoke with Dina Bilanovic

Inspection still in progress, will follow up with cust when completed

Thaddeus Kinzer/PAR/ATX

Confidential Comments [redacted]

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/21/2007 11:02:51 AM	KINZERTH	KINZERTH	Scheduled Outbound Call Cust		Done	8/23/2007 11:01:11 AM	Dina Bilanovic

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Thur Aug 23 between 11:00-1:00pm EST

[redacted]

Review inspection results

Thaddeus Kinzer/PAR/ATX

Confidential Comments [redacted]

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/20/2007 03:57:18 PM	KINZERTH	KINZERTH	Outbound Call Dealer	Made Contact	Done	8/20/2007 03:57:55 PM	Don Kersey / body shop mgr at Jim Causley

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Dlr inspection still in progress, have not determined cause of power steering failure yet

Thaddeus Kinzer/PAR/ATX

Confidential Comments [redacted]

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/20/2007 11:17:06 AM	KINZERTH	KINZERTH	Inbound Call Customer		Done	8/20/2007 11:18:07 AM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Cust called in, requesting update

Callbacks scheduled with dlr for later today to follow up on current status of inspection

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/17/2007 09:24:43 AM	KINZERTH	KINZERTH	Scheduled Outbound Call Dlr		Done	8/20/2007 03:57:07 PM	Don Kersey / body shop mgr at Jim Causley

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Mon Aug 20 between 4-6pm EST

(

Get update on inspection

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/17/2007 09:23:28 AM	KINZERTH	KINZERTH	Inbound Call Customer		Done	8/17/2007 09:24:28 AM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Cust called in for status update

Dlr body shop currently in process of performing inspection of veh, scheduled follow up call

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/16/2007 11:35:14 AM	KINZERTH	KINZERTH	Inbound Call Customer		Done	8/16/2007 11:35:53 AM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Informed cust that dlr body shop is performing inspection, will follow up with results once complete

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed
8/16/2007 11:11:56 AM	KINZERTH	KINZERTH	Outbound Call Customer	Left Message	Done	8/16/2007 11:12:45 AM

Contact Last Name	t Name	Account	BAC Code

Comments

Left voicemail for cust

Dlr body shop is performing inspection, will follow up with results once complete

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/16/2007 11:10:46 AM	KINZERTH	KINZERTH	Scheduled Outbound Call Cust		Done	8/21/2007 11:02:41 AM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Tue Aug 21 between 10:00-12:00pm EST

Review for inspection results

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 04:44:09 PM	KINZERTH	KINZERTH	Outbound Call Dealer	Mado Contact	Done	8/15/2007 04:47:11 PM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Spoke with Don Kersey, body shop mgr at Jim Causley

Power steering on veh is inoperative
Dlr has already begun an inspection to attempt to determine cause
No body work has begun on veh yet

Provided contact information and fax number

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 03:09:39 PM	KINZERTH	KINZERTH	Ownership Changed	Ownership Escalated to BRC	Done	8/15/2007 03:09:39 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
8/15/2007 02:51:13 PM	KINZERTH	KINZERTH	Scheduled Outbound Call Cust	Cancelled	Done	8/16/2007 11:10:38 AM	Dina Blanovic

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Completed early

Thur Aug 16 between 11:30-1:30pm EST

Body shop is performing investigation

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	
8/15/2007 02:49:58 PM	KINZERTH	KINZERTH	Outbound Call Customer	Left Message	Done	8/15/2007 02:50:39 PM	[redacted]

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Provided contact information

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 11:28:12 AM	DRAHEICM	KINZERTH	Ownership Changed		Done	8/15/2007 11:28:12 AM	Service Request Ownership has changed FROM: AGTUTUJA TO: KINZERTH

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 11:26:38 AM	DRAHEICM	KINZERTH	BRC PAR	Initial Contact- Phone	Done	8/15/2007 03:22:49 PM	Cust Called

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Summary:

[redacted]

Completed PAR detail interview
Cust alleges steering wheel locked up while driving in a parking lot, and she hit a wall
Insurance company has been notified, but is holding off on repairs until after GMs investigation

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 11:26:38 AM	DRAHEICM	KINZERTH	BRC PAR	Acknowledgement	Done	8/15/2007 02:49:52 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Summary:

Confirmed that [redacted] is the veh owner, but [redacted] is the primary driver, and the one driving veh at time of incident
Provided contact information, and obtained phone number for [redacted]

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 11:26:38 AM	DRAHEICM	KINZERTH	BRC PAR	Initial Contact- Dealer	Done	8/15/2007 02:03:08 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Summary:

Spoke with Jeff Binfet, svc mgr at Jim Causley

No prior service history related to steering
Veh is currently at dlrshp body shop, provided phone number (586) 465-8441, Don is the manager

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 11:26:38 AM	DRAHEICM	KINZERTH	BRC PAR	Initial Contact- AVM	Done	8/15/2007 03:00:26 PM	Called DVM

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Summary:

DVM Name Bruce Bicknell
Node / Mailbox 630092 8400

The request number is 71-547341262
The customer's name is [redacted] is veh owner [redacted] is primary driver and the one that contacted PAR
The customer's phone number is [redacted]
The customer is the (original/second) owner Original
Current location of the vehicle is Dealerships body shop
The dealer involved is Jim Causley
Located in Clinton Township, MI
The vehicle is a (year / make / model) 2006 Pontiac G6
With currant mileage 35,000
The last 8 of the VIN are 641[redacted]
The concern involved is Cust alleges that the steering locked up while driving, resulting in a collision

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 11:26:38 AM	DRAHEICM	KINZERTH	Notify CRM		Done	8/15/2007 12:41:16 PM	File Assigned

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 11:26:38 AM	DRAHEICM	KINZERTH	Research		Done	8/15/2007 12:41:12 PM	Researched VIN

Contact Last Name | Contact First Name | Account | BAC Code

Comments

Summary:

Open Recalls: None
Related Repairs: None
Previous SRs: None

Thaddeus Kinzer/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/15/2007 11:26:38 AM	DRAHEICM	KINZERTH	BRC PAR	Case Assigned	Done	8/15/2007 12:38:38 PM	Assigned File to Thaddeus Kinzer ext 11182

First Name | Account | BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
8/14/2007 03:08:02 PM	AGTUTUJA	DRAHEICM	Escalation	Initiate PAR	Done	8/15/2007 09:52:30 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
8/14/2007 02:49:35 PM	AGTUTUJA	AGTUTUJA	Inbound Call Third Party	Complex Request	Done	8/14/2007 03:08:00 PM	Alleged product allegation on the power steering

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Cust sts:
- [redacted] called in
- owns a 2006 Pontiac G6 which is being leased
- on 07/28/07 was involved in accident due to power steering problem with car
- veh was towed to dlrship on 07/30/07 and took veh to body shop
- called body shop was informed that they are still investigating problem with car
- was informed by dlrship to contact pontiac cus assistance
- veh is still at the dlrship
- still paying for a lease
- scared of using the car

Cust sks:
- have the car fixed at no cost due to the pwer steering being faulty

CRS Advsd:
-a person from the PAR Department will contact the customer within 2 business days

Jasmin Cooper/Elemental/CAC/MLA

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Inoperative	Steering - General

GM Vehicle Inquiry System
Summary

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

Help

VIN :	1G2ZG558064[redacted]

VEHICLE INFORMATION

Merchandising Model :	2ZG69 -2006 G6 - 6CYL SEDAN	Warranty Start Date :	01/03/2006
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	JIM CAUSLEY PONTIAC-GMC TRUCK 38111 GRATIOT AVE CLINTON TOWNSHIP , MI 48036-3592 (586) 465-1281	Selling Source :	16 - PONTIAC
		Site Code :	07100
		Business Associate Code :	115912

Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	01/03/2006	12 miles	01/03/2009	36012 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	01/03/2006	12 miles	01/03/2012	100012 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	01/03/2006	12 miles	01/03/2014	80012 miles
36/36000 FEDERAL EMISSION	01/03/2006	12 miles	01/03/2009	36012 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
07/30/2007	848879	#	Z1242 - REPAIR/REIMBURSEMENT-PRODUCT ALLEGATION RESOLUTION	36716 miles
05/07/2007	843917	#	R0754 - RADIO RECEIVER-RETURN TO AC/DELCO ESC	29893 miles
05/07/2007	843917	#	R0760 - RADIO, REMOVE AND REPLACE	29893 miles

[redacted] 10/11/2007

11/02/2005	A99412	1	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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848879

Jim Causley

PONTIAC-GMC TRUCK
JIM CAUSLEY, INC.
38111 GRATIOT AVE. • CLINTON TWP., MI. 48036-3592
Phone: (586) 465-8465
REQUEST A SERVICE APPOINTMENT AT:
www.jimcausley.com
DEALER REGISTRATION NO. F-106453

848879

SERVICE HISTORY

DATE	REPAIR ORDER	MILEAGE	ADVISOR	TECHNICIAN	TYPE	OPERATION	OPERATION DESCRIPTION
05/07/07	843917	29893	1155	1921	W	55PNZ	ELEC INSTRUMENT WORK
08/22/06	828341	8645	1153	1936	W	40PNZ	ENG MECHANICAL WORK

BODY

SALESPERSON NO. 1002

VEHICLE ID NO. 1G2ZG558064 [redacted]	YEAR/MAKE/MODEL 06/PONTIAC/G6/G6 SEDAN		STOCK NO. 7931	LICENSE NO.	R.O. NO. 848879
[redacted] WASHINGTON, MI [redacted]	CUSTOMER NO. 77299	SERVICE CONTRACT VIP PREFFERED PLAN	DELIVERY DATE 01/03/06	DELIVERY MILES 25	SELLING DEALER NO. / R.O. DATE 07/30/07
	COLOR STEALTH GRAY/EBON	CONTRACT NO.	EXPIRATION DATE 01/03/09	EXPIRATION MILES 36,000	TAG NO. 230
	TURBO / TAXING PNZ / AIR COND. / P. S. / LOCKS / MILEAGE 36,716		ADVISOR NO. 1223	PRODUCTION DATE	

RESIDENCE PHONE [redacted] TIME RECEIVED 08:59am
BUSINESS PHONE [redacted] LABOR RATE

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

ORIGINAL ESTIMATE — PARTS / LABOR / TOTAL — TOTAL HOURS
AUTHORIZED ADDITIONS — PARTS / LABOR / TOTAL — HOURS

DATE/TIME PROMISED 08/07/07 06:00pm PRIORITY 2
APPOINTMENT ☐ Yes ☒ No
Advisor: GRETCHEN PIOTROWSKI
DATE X [redacted]
JOB 1 2

ORIGINAL CUSTOMER ESTIMATE: PARTS 0.00 LABOR 0.00 TOTAL 0.00

X _____

COMMENTS : TOW IN

1 C 61PNZ REPAIR PER ESTIMATE — BODY WORK

Rob
No Power Steering
Checked with Tech 2 Found code DTC U2111
Used Diagnostic Flow Chart Document ID1326540
to Step 10 which says replace Power Steering
Control Module
See attached
Flow Chart
Module is part
of Electronic
Power Steering Motor
& Controller Assy

2 C 62PNZ REPAIR PER ESTIMATE — PAINT SHOP WORK

TERMS: CASH ☐ CREDIT CARD ☐ CHECK ☐ (PRIOR APPROVAL) ☐ OTHER ☐
SAVE REMOVED PARTS FOR CUSTOMER: ☐ YES ☐ NO
CALL WHEN READY ☐ YES ☐ NO

CUSTOMER LABOR RATE IS BASED ON A PER FLAT RATE UNIT WHICH IS PREDICATED ON A TIME STUDY GUIDE AND MAY NOT REFLECT THE ACTUAL HOURS WORKED.

ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE.

THE ONLY WARRANTIES APPLYING TO THIS AUTOMOBILE ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER. THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS PART(S) AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS OR INCOME OR ANY OTHER INCIDENTAL DAMAGES.

All repairs and parts used are performed in compliance with the Michigan Motor Vehicle Service and Repair Act.
REPAIRS PROPERLY COMPLETED AND CHECKED BY.
X _____

RECOMMENDED SERVICES

OPERATION	OPERATION DESCRIPTION	MO / MI	TOTAL
01PNZ00LOF	LUBE/OIL/FILTER	MI	27.00
01PNZ30K	30,000 MAINTANCE	MI	0.00
01PNZ15K	15,000 SERVICE	MI	0.00
01PNZROT	ROTATE TIRES	MI	14.95

CONTACT YOUR SERVICE ADVISOR:

@ jimcausley.com

DEDUCTIBLE	R.O. NO.	OTHER AMOUNT
$.	+	$

INSURANCE COMPANY — FILE NUMBER
ADDRESS — SIGNATURES
ASSURED — CLAIMANT
TYPE OF PREMISE
Mixed Prior Damage

F.L. End ☐ R. Front ☐ R. Door(s) ☐ R. Q ☐ R. Door(s) ☐ R. Q ☐ Rear End ☐
L.Q. ☐ L. Door(s) ☐ L. Front ☐ Roof ☐ Interior ☐ Glass ☐ Other ☐

AUTOMOTIVE INT., INC. TROY, MI

08/27/2007 14:27 586-465-8477 CAUSLEY BODY SHOP PAGE 02

Date: 8/21/2007 03:13 PM
Estimate ID: 3982
Estimate Version: 0
Preliminary
Profile ID: CUSTOMIZED

JIM CAUSLEY PONTIAC - GMC

1313 S. GRATIOT, CLINTON TWP, MI 48036
(586) 465-8441
Fax: (586) 463-0477
Tax ID: 381545370

Damage Assessed By: DON KERSEY Appraised For: THADDEUS KINZER

Deductible: UNKNOWN

Owner: [redacted]
Address: [redacted] WASHINGTON, MI [redacted]
Telephone: Home Phone: [redacted]

Mitchell Service: 910410

Description: 2006 Pontiac G6
Body Style: 4D Sed
VIN: 1G2ZG558064[redacted]
Mileage: 36,716
Color: GRAY
Options: CRUISE CONTROL

Drive Train: 3.5L Inj 6 Cyl 4A FWD

Line Item	Entry Number	Labor Type	Operation	Line Item Description		Part Type/ Part Number		Dollar Amount		Labor Units	
1	AUTO	BDY	OVERHAUL	FRT BUMPER COVER ASSY						2.8	#
2	000008	BDY	REMOVE/REPLACE	FRT BUMPER COVER		19120467	GM PART	398.08		INC	#
3	AUTO	REF	REFINISH	FRT BUMPER COVER					C	2.6	
4	000011	BDY	REMOVE/REPLACE	FRT BUMPER ADHESIVE EMBLEM		25771372	GM PART	36.35		0.1	
5	000012	BDY	REMOVE/REPLACE	FRT BUMPER IMPACT ABSORBER		22624987	GM PART	134.70		INC	
6	931090	FRM*	REPAIR	UNIBODY STRUCTURE		Existing				6.0*	
7	931104	MCH	ADD'L LABOR OP	FRONT END ALIGNMENT		Sublet		43.95	*	0.0*	
8	000021	BDY	REMOVE/REPLACE	FRT BUMPER SPLASH SHIELD		15859479	GM PART	73.79		INC	
9	002488	BDY	REMOVE/REPLACE	R LWR GRILLE		15243287	GM PART	48.78		INC	#
10	000033	BDY	REMOVE/REPLACE	R FRONT COMBINATION LAMP ASSEMBLY		15835751	GM PART	210.00		INC	
11	AUTO	BDY	CHECK/ADJUST	HEADLAMPS						0.4	
12	000050	BDY	REMOVE/REPLACE	R FRT FOG LAMP ASSEMBLY		15162675	GM PART	149.04		INC	#
13	000058	BDY	REPAIR	HOOD PANEL		Existing				1.0*	
14	000137	BDY	REPAIR	R FENDER PANEL		Existing				2.0*#	
15	AUTO	REF	REFINISH	R FENDER OUTSIDE					C	1.9	
16	000138	BDY	REPAIR	L FENDER PANEL		Existing				2.0*#	
17	AUTO	REF	REFINISH	L FENDER OUTSIDE					C	1.7	
18	000145	BDY	REMOVE/REPLACE	R FENDER LINER		15255733	GM PART	32.77		0.4	
19	000217	BDY	REMOVE/REPLACE	WHEEL		89060324	GM PART	273.52		0.3	
20	931125	BDY	ADD'L LABOR OP	MOUNT & BALANCE TIRE		Sublet		15.00	*	0.0*	
21	001640	MCH	REMOVE/REPLACE	STEERING ASSIST MOTOR	-M	15775370	GM PART	352.33		0.9	
22	001213	REF	REFINISH	L FRT DOOR OUTSIDE					C	1.6	
23	001229	BDY	REMOVE/INSTALL	L FRT REAR VIEW MIRROR						INC	#
24	001223	BDY	REMOVE/INSTALL	L FRT OTR BELT MOULDING						0.8	#
25	000545	BDY	REMOVE/REPLACE	L FRT DOOR ADHESIVE MOULDING		89024127	GM PART	86.61		0.2	
26	AUTO	REF	REFINISH	L FRT DOOR MOULDING					C	0.5	

ESTIMATE RECALL NUMBER: 08/21/2007 15:11:04 3982

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Mitchell Data Version: JUL_07_A
UltraMate Version: 6.0.026

Date: 8/21/2007 03:13 PM
Estimate ID: 3982
Estimate Version: 0
Preliminary
Profile ID: CUSTOMIZED

27	936001	ADD'L COST	TOWING		302.50 *	
28	933006 FRM	ADD'L OPR	FRAME/RACK SET UP			1.0*
29	AUTO REF	ADD'L OPR	CLEAR COAT			2.2
30	AUTO	ADD'L COST	PAINT/MATERIALS		210.00 *	
31	AUTO	ADD'L COST	HAZARDOUS WASTE DISPOSAL		2.00 *	
32	900500 MCI*	ADD'L LABOR OP	DIAGNOSE POWER STEERING PROBLEM	Existing		6.0*
33	900500 MCI*	ADD'L LABOR OP	RELEARN PWR STEER ASSIST MOTOR TO B	Existing		1.0*

* - Judgment Item
\# - Labor Note Applies
C - Included in Clear Coat Calc

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
Body	10.0	36.00	0.00	15.00	375.00
Refinish	10.5	36.00	0.00	0.00	378.00
Frame	7.0	50.00	0.00	0.00	350.00
Mechanical	7.9	78.01	0.00	43.95	660.23
Non-Taxable Labor					1,763.23
Labor Summary	35.4				1,763.23

II. Part Replacement Summary			Amount
Taxable Parts			1,795.97
Sales Tax	@	6.000%	107.76
Total Replacement Parts Amount			1,903.73

III. Additional Costs			Amount
Taxable Costs			210.00
Sales Tax	@	6.000%	12.60
Non-Taxable Costs			304.50
Total Additional Costs			527.10

IV. Adjustments	Amount
Customer Responsibility	0.00

I.	Total Labor:	1,763.23
II.	Total Replacement Parts:	1,903.73
III.	Total Additional Costs:	527.10
	Gross Total:	4,194.06
IV.	Total Adjustments:	0.00
	Net Total:	4,194.06

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

ESTIMATE RECALL NUMBER: 08/21/2007 15:11:04 3982

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Document ID# 1326540
2006 Pontiac G6
1G2ZG558064 [redacted]

DTC U2105-U2199

Circuit Description

Modules connected to the GMLAN serial data circuits monitor for serial data communications during normal vehicle operation. Operating information and commands are exchanged among the modules. The modules have programmed information about what messages are needed to be exchanged on the serial data circuits, for each virtual network. The messages are also supervised and some periodic messages are used by the receiver module as an availability indication of the transmitter module. The supervision time-out period is 250 milliseconds. Each message contains the identification number of the transmitter module. When a message that indicates the availability of the transmitter module is not received, the receiver module sets a DTC 21xx where xx is equal to the 2-digit identification number of the transmitter module.

The DTC descriptors listed below provide a method for determining which module is not communicating. A module with a GMLAN serial data circuit malfunction or which loses power during the current ignition cycle will have a Loss of Communication DTC set by other modules that depend on information from that failed module. The modules that can communicate will set a DTC indicating the module that cannot communicate.

DTC Descriptors

This diagnostic procedure supports the following DTCs:

- DTC U2105 Lost Communications With Engine Control System
- DTC U2106 Lost Communications With Transmission Control System
- DTC U2107 Lost Communications With Body Control System
- DTC U2108 Lost Communications With ABS/TCS Control System
- DTC U2109 Lost Communications With Powertrain Multiple Control System
- DTC U2111 Lost Communications With Steering Control System
- DTC U2113 Lost Communications With Sensing Diagnostic Module (SDM)
- DTC U2116 Lost Communications With Instrument Panel Cluster (IPC)
- DTC U2122 Lost Communications With Radio
- DTC U2125 Lost Communication With Vehicle Communication Interface Module
- DTC U2127 Lost Communications With Front HVAC
- DTC U2137 Lost Communications With Vehicle Theft Deterrent (VTD)
- DTC U2171 Lost Communications With DVD Player
- DTC U2172 Lost Communications With Digital Radio Receiver

When more than one Loss of Communication DTC is set in either one module or in several modules, diagnose the DTCs

n the following order:

1. Current DTCs before history DTCs unless told otherwise in the diagnostic table.
2. The DTC which is reported the most times.

This vehicle has DTCs which include DTC Symptoms. For more information on DTC Symptoms, refer to DTC Symptom Description in Vehicle DTC Information.

DTC Symptom	DTC Symptom Descriptor
00	No Additional Information

Conditions for Running the DTCs

- Voltage supplied to the modules is in the normal operating voltage range.
- The vehicle power mode requires serial data communication to occur.
- DTC U2100 does not have a current status.

Conditions for Setting the DTC

A supervised periodic message that includes the transmitter module availability has not been received.

Action Taken When the DTC Sets

The module uses a default value for the missing parameter.

Conditions for Clearing the DTC

- A current DTC clears when the malfunction is no longer present.
- A history DTC clears when the module ignition cycle counter reaches the reset threshold, without a repeat of the malfunction.

Diagnostic Aids

- A poor connection at the inoperative module may cause this code to set.
- An improperly powered module may cause this code to set.

Test Description

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

3. If the body control module (BCM) will not power up the vehicle cannot establish the correct power mode. This step tests for the correct power supply conditions for the BCM.

4. If DTC U2105 to U2177 are set as history and you can communicate with the suspect module, the malfunction is an intermittent communication buss, power supply, ground or internal module connection.

[redacted]

5. This step tests for the correct power supply conditions of the suspect module or modules.

7. The powertrain control module (PCM) that is used in the 3.5L (LX9) powertrain package can lose communication with the buss if there is a malfunction in the camshaft position (CMP) or the crankshaft position (CKP) sensors 12-volt reference circuit.

8. This step identifies which of the GMLAN busses the module or modules use for communication. Use the Data Link References for identifying the correct buss to analyze.

13. The module which was not communicating due to an open in the GMLAN serial data circuits may have set Loss of Communication DTCs for those modules that it was monitoring.

14. The modules which can communicate indicate the module which cannot communicate. You must clear the DTC from these modules to avoid future misdiagnosis.

Step	Action	Yes	No
Schematic Reference: Data Link Connector Schematics *Connector End View Reference:* Master Electrical Component List in Wiring Systems			
1	Did you perform the Diagnostic System Check - Vehicle?	Go to Step 2	Go to Diagnostic System Check - Vehicle in Vehicle DTC Information
2	1. Install a scan tool. 2. Turn ON the ignition, with the engine OFF. 3. Attempt to communicate with the body control module (BCM). Were you able to communicate with the BCM?	Go to Step 4	Go to Step 3
3	1. Turn the ignition OFF. 2. Disconnect the harness connectors from the BCM. 3. Test the following circuits of the BCM harness connector for the indicated condition. Refer to Circuit Testing and Wiring Repairs in Wiring Systems. • Switched and constant B+ supply circuits, for power • Ground circuits, for continuity • All communications circuits, for continuity Did you find and correct the condition?	Go to Step 11	Go to Step 9
4	Attempt to communicate with all of the modules on the vehicle. Were you able to communicate with all of the modules?	Go to Testing for Intermittent Conditions and Poor Connections in Wiring Systems	Go to Step 5
	Test the following circuits of the modules that do not communicate:		

[redacted]

5	• Switched B+ supply circuits • Constant B+ supply circuits • Ground circuits Did you find and correct the condition?	Go to Step 11	Go to Step 6
6	Is the non-communicating module the powertrain control module (PCM) on a vehicle equipped with the 3.5L (LX9) VIN 8 engine?	Go to Step 7	Go to Step 8
7	Test the 12-volt reference circuit of the camshaft position sensor and the crankshaft position sensor of the 3.5L LX9 PCM for a short to ground or low reference. Refer to Engine Controls Schematics in Engine Controls - 3.5L (LX9) for the correct circuit identification. Did you find and correct the condition?	Go to Step 11	Go to Step 8
8	1. Refer to Data Link References to identify the GMLAN buss or busses that the modules use to communicate and make a note. 2. If more than one module is not communicating, use the data link connector (DLC) schematic to determine which module is closest to the DLC. Start the analysis at that module. Refer to Data Link Connector Schematics . 3. Disconnect the harness connectors from the non-communicating modules. 4. Test for an open circuit in the appropriate buss between the GMLAN terminals of the disconnected harness connector and the DLC. Use the note from item one for buss identification. Did you find and correct the condition?	Go to Step 11	Go to Step 9
9	Inspect for poor connections at the harness connector of the non-communicating module. Refer to Testing for Intermittent Conditions and Poor Connections and Connector Repairs in Wiring Systems. Did you find and correct the condition?	Go to Step 11	Go to Step 10
10	Important: Perform the module setup procedure. if required. Replace the non-communicating module. Refer to Control Module References for the correct setup procedure. Did you complete the replacement?	Go to Step 11	--
11	1. Make sure that the scan tool has been cycled OFF for at least 15 seconds in order to reset it. 2. Install the scan tool, if necessary. 3. Turn ON the ignition, with the engine OFF. 4. Retrieve DTCs from the module that was not communicating.	Go to the Diagnostic	

[redacted]

	Does the scan tool display any DTCs which do not begin with a "U"?	System Check - Vehicle in Vehicle DTC Information	Go to Step 12
12	Use the scan tool to clear the DTCs that begin with a "U". Did you complete the action?	Go to Step 13	–
13	Retrieve DTCs from the modules which had the Loss of Communications DTC set. Does the scan tool display any DTCs which do not begin with a "U"?	Go to the Diagnostic System Check - Vehicle in Vehicle DTC Information	Go to Step 14
14	1. Attempt to communicate with all the modules on the vehicle. 2. Continue diagnosing or clearing the DTCs until all the modules have been diagnosed and all the DTCs have been cleared. Does DTC U2105-U2177 set in any module?	Go to Step 2	System OK

[redacted]

document Index - 71-547341262

Class - BRCSiebel Docs

RequestNum
71-547341262

MSXDocNum
KIN46CB04F

Last

First

Timestamp
2007-08-21-15.26.00.000000

Division
PO

CorrType
B

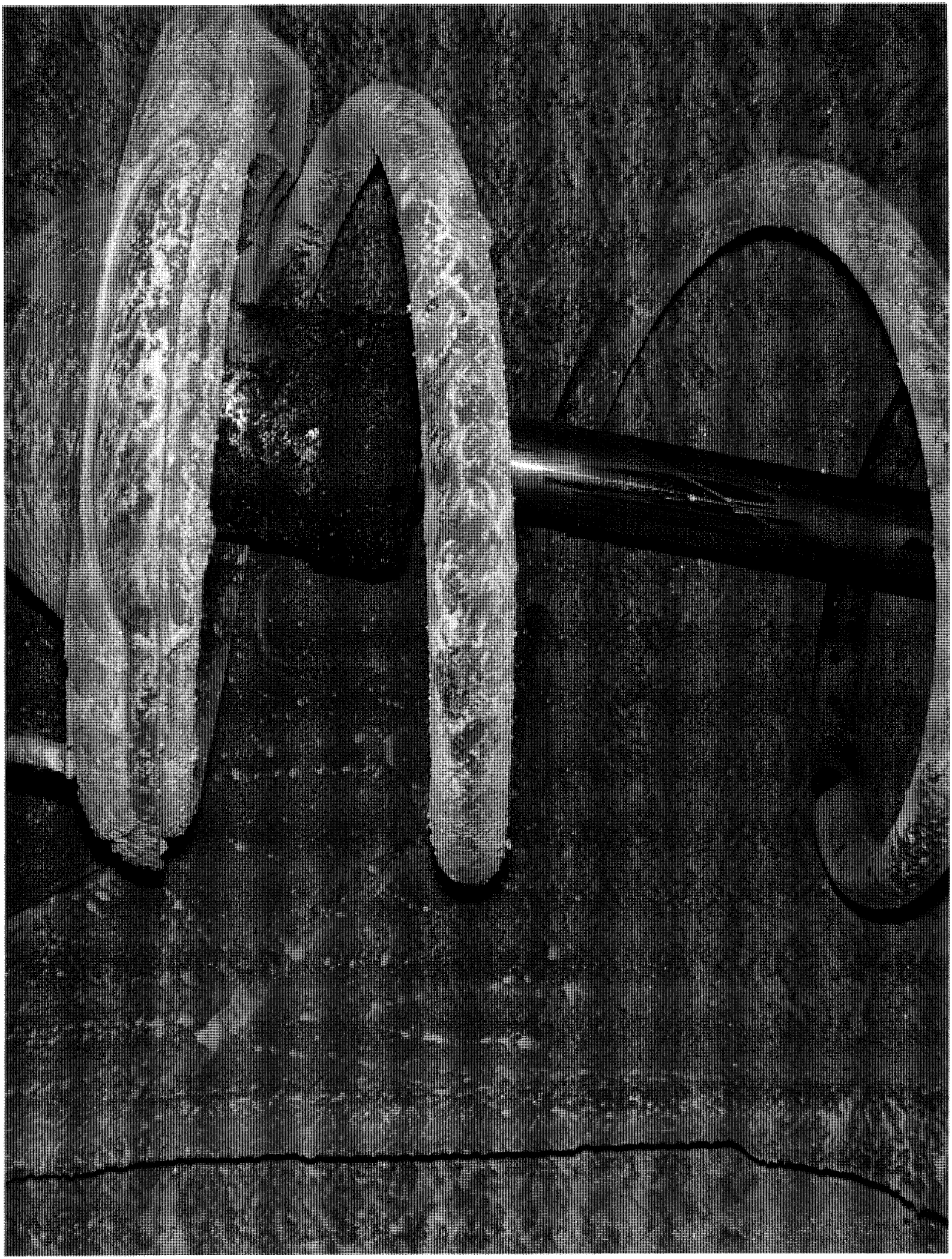
CatCode
02

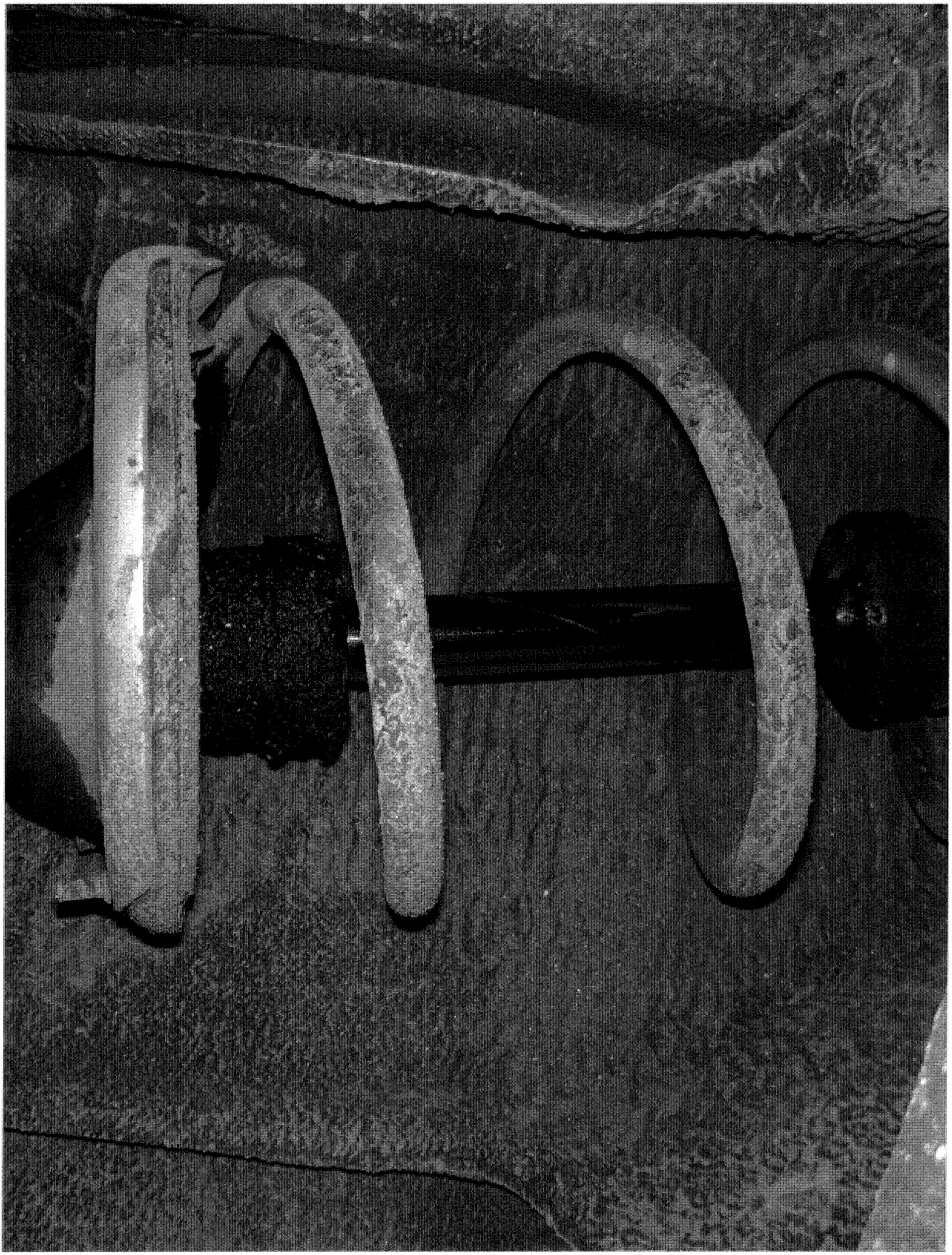
MSXSource
F

AttachNum

VIN







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 :	1G2ZG558064[redacted]

VEHICLE INFORMATION

Merchandising Model :	2ZG69 -2006 G6 - 6CYL SEDAN	Warranty Start Date :	01/03/2006
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	JIM CAUSLEY PONTIAC-GMC TRUCK 38111 GRATIOT AVE CLINTON TOWNSHIP , MI 48036-3592 (586) 465-1281	Selling Source :	16 - PONTIAC
		Site Code :	07100
		Business Associate Code :	115912

Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	01/03/2006	12 miles	01/03/2009	36012 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	01/03/2006	12 miles	01/03/2012	100012 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	01/03/2006	12 miles	01/03/2014	80012 miles
36/36000 FEDERAL EMISSION	01/03/2006	12 miles	01/03/2009	36012 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
07/30/2007	848879	#	Z1242 - REPAIR/REIMBURSEMENT-PRODUCT ALLEGATION RESOLUTION	36716 miles
05/07/2007	843917	#	R0754 - RADIO RECEIVER-RETURN TO AC/DELCO ESC	29893 miles
05/07/2007	843917	#	R0760 - RADIO, REMOVE AND REPLACE	29893 miles

11/02/2005	A99412	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System
Summary

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

Help

VIN :	1G2ZG558064[redacted]

VEHICLE INFORMATION

Merchandising Model :	2ZG69 -2006 G6 - 6CYL SEDAN	Warranty Start Date :	01/03/2006
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	JIM CAUSLEY PONTIAC-GMC TRUCK 38111 GRATIOT AVE CLINTON TOWNSHIP , MI 48036-3592 (586) 465-1281	Selling Source :	16 - PONTIAC
		Site Code :	07100
		Business Associate Code :	115912

Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER	01/03/2006	12 miles	01/03/2009	36012 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	01/03/2006	12 miles	01/03/2012	100012 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	01/03/2006	12 miles	01/03/2014	80012 miles
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R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
07/30/2007	848879	#	Z1242 - REPAIR/REIMBURSEMENT-PRODUCT ALLEGATION RESOLUTION	36716 miles
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05/07/2007	843917	#	R0760 - RADIO, REMOVE AND REPLACE	29893 miles

[redacted] 10/11/2007

11/02/2005	A99412	1	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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848879

PONTIAC-GMC TRUCK
JIM CAUSLEY, INC.
38111 GRATIOT AVE. • CLINTON TWP., MI. 48036-3592
Phone: (586) 465-8465
REQUEST A SERVICE APPOINTMENT AT:
www.jimcausley.com
DEALER REGISTRATION NO. F-100453

SERVICE HISTORY

DATE	REPAIR ORDER	MILEAGE	ADVISOR	TECHNICIAN	TYPE	OPERATION	OPERATION DESCRIPTION
05/07/07	843917	29893	1155	1921	W	55PNZ	ELEC INSTRUMENT WORK
08/22/06	828341	8645	1153	1936	W	40PNZ	ENG MECHANICAL WORK

BODY

SALESPERSON NO. 1002

VEHICLE ID NO. 1G2ZG55806[redacted]	YEAR/MAKE/MODEL 06/PONTIAC/G6/G6 SEDAN		STOCK NO. 7931	LICENSE NO.	R.O. NO. 848879
[redacted] WASHINGTON, M[redacted]	CUSTOMER NO. 77299	SERVICE CONTRACT VIP PREFFERED PLAN	DELIVERY DATE 01/03/06	DELIVERY MILES 25	SELLING DEALER NO. R.O. DATE 07/30/07
	COLOR STEALTH GRAY/EBON	CONTRACT NO.	EXPIRATION DATE 01/03/09	EXPIRATION MILES 36,000	TAG NO. 230
	TURBO M / TRANS. PNZ4	AIR COND. P. S.	MILEAGE 36,716	ADVISOR NO. 1223	PRODUCTION DATE

RESIDENCE PHONE [redacted] TIME RECORDED 08:59am
BUSINESS PHONE LABOR RATE

DATE/TIME PROMISED 08/07/07 06:00pm PRIORITY 2

APPOINTMENT ☐ Yes ☒ No [redacted]

Advisor: GRETCHEN PIOTROWSK[redacted]

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE

ORIGINAL ESTIMATE — PARTS / LABOR / TOTAL — TOTAL HOURS

AUTHORIZED ADDITIONS — PARTS / LABOR / TOTAL — HOURS

LABOR INSTRUCTIONS

ORIGINAL CUSTOMER ESTIMATE: PARTS 0.00 LABOR 0.00 TOTAL 0.00

X _____

COMMENTS : TOW IN

1 C 61PNZ REPAIR PER ESTIMATE — BODY WORK

Rob
No Power Steering
Checked with Tech 2 found code DTC U2111
Used Diagnostic Flow Chart Document ID1326540
to step 10 which says replace Power Steering
Control Module
See attached
Flow Chart
Module is part
of Electronic
Power Steering Motor
& Controller Assy

2 C 62PNZ REPAIR PER ESTIMATE — PAINT SHOP WORK

TERMS: CASH ☐ CREDIT CARD ☐ CHECK ☐ (CARD APPROVED) OTHER ☐

SAVE REMOVED PARTS FOR CUSTOMER: ☐ YES ☐ NO

CALL WHEN READY ☐ YES ☐ NO

CUSTOMER LABOR RATE IS BASED ON A PER FLAT RATE UNIT WHICH IS PREDICATED ON A TIME STUDY GUIDE AND MAY NOT REFLECT THE ACTUAL HOURS WORKED.

ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE.

THE ONLY WARRANTIES APPLYING TO THIS MOTOR ARE THOSE, WHICH MAY BE OFFERED BY THE MANUFACTURER. THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS PART(S) AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME OR ANY OTHER INCIDENTAL DAMAGES.

All repairs and parts listed were performed in compliance with the Michigan Motor Vehicle Service and Repair Act.

REPAIRS PROPERLY COMPLETED AND CHECKED BY.

X _____

RECOMMENDED SERVICES

OPERATION	OPERATION DESCRIPTION	MO / MI	TOTAL
01PNZ60LOF	LUBE/OIL/FILTER	MI	27.00
01PNZ30K	30,000 MAINTANCE	MI	0.00
01PNZ15K	15,000 SERVICE	MI	0.00
01PNZROT	ROTATE TIRES	MI	14.95

CONTACT YOUR SERVICE ADVISOR: _____ @ jimcausley.com

DEDUCTIBLE	R.O. NO.	OTHER AMOUNT
$.	+	$

INSURANCE COMPANY — FILE NUMBER

ADDRESS — SIGNATURES

ASSURED — CLAIMANT

TYPE OF PREMISE

Motor Prior Damage

F.E. ☐ Ext. ☐ Rt. Front ☐ Rt. Door(s) ☐ Rt. Q. ☐ Rt. Door(s) ☐ Rt. Q. ☐ Rear Ext. ☐
L.Q. ☐ L. Door(s) ☐ L. Front ☐ Roof ☐ Interior ☐ Glass ☐ Other ☐

AUTOMOTIVE INTERIORS INC. (810) 469-4144

PAGE 1 OF 1 — 848879 — TECHNICIAN COPY

12/17/2007 14:21 586-463-8477 CAUSLEY BODY SHOP PAGE 02

Jim Causley PONTIAC GMC TRUCK
A DIVISION OF JIM CAUSLEY, INC.

38111 GRATIOT • CLINTON TOWNSHIP, MI 48036-3592
TELEPHONE (586) 465-8465
FAX (586) 463-9850
www.jimcausley.com

FACSIMILE TRANSMISSION

DATE 09-14-07

TO: _____

ATTN: Thaddeus

FAX #: 810-775-9477

FROM: Nicole

RE: _____

COMMENTS:
RO 848879

NUMBER OF PAGES TRANSMITTED (INCLUDING THIS PAGE) 10

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE ADVISE THE SENDER AS SOON AS POSSIBLE
THANK YOU.

JIM CAUSLEY PONTIAC GMC TRUCK INC.
PHONE: 586-465-8465
FAX: 586-463-0604

77299 GRETCHEN PIOTROWSK 1223 230 09/14/07 PNCB848879

[redacted] 36,716 STEALTH GRA 7931

WASHINGTON, MI [redacted] 06/PONTIAC/G6/G6 SEDAN 01/03/06 25

1 G 2 Z G S 5 8 0 6 4 [redacted]

07/30/07

[redacted]

LABOR & PARTS

J# 1 61PNZ BODY WORK HOURS: TECH(S):1984 WARRANTY

REPAIR PER ESTIMATE

REPLACE PWR STEERING CONTROL MODULE - PER ESTIMATE

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1		19151158	FASCIA 7.831		WARRANTY
JOB # 1	1		22689321	EMBLEM 7.832		WARRANTY
JOB # 1	1		22624987	ABSORBER 7.840		WARRANTY
JOB # 1	1		25832756	SHIELD 8.153		WARRANTY
JOB # 1	1		15881658	HEADLAMP 2.725		WARRANTY
JOB # 1	1		15162675	CAPSULE A 2.725		WARRANTY
JOB # 1	1		15217067	TRAY 2.333		WARRANTY
JOB # 1	1		15775370	MOTOR 6.605		WARRANTY
JOB # 1	1		15243287	GRILLE 1.266		WARRANTY
JOB # 1	1		15255733	SHIELD 8.153		WARRANTY
JOB # 1	1		89060324	WHEEL KIT 5.803		WARRANTY
JOB # 1	1		89024127	HOLDING 12.112		WARRANTY
JOB # 1	1		15265732	SHIELD 8.153		WARRANTY
JOB # 1	2		15247800	NOZZLE 10.156		WARRANTY
JOB # 1	1		15876265	LATCH 8.080		WARRANTY
JOB # 1	1		22706425	HUB 6.311		WARRANTY
				JOB # 1 TOTAL PARTS		0.00
				JOB # 1 TOTAL LABOR & PARTS		0.00

J# 2 62PNZ PAINT SHOP WORK HOURS: TECH(S):1978

REPAIR PER ESTIMATE

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE
				JOB # 2 TOTAL PARTS	0.00
				JOB # 2 TOTAL LABOR & PARTS	0.00

J# 3+64PNZ BODY SHOP MECHANICAL HOURS: TECH(S):1924

REPAIR PER ESTIMATE

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE
				JOB # 3 TOTAL PARTS	0.00
				JOB # 3 TOTAL LABOR & PARTS	0.00

SUBLET	PO#	VEND INV#	INV.DATE	DESCRIPTION		
JOB # 1	139215	24096	07/30/07	TOWING INV 24096		WARRANTY
JOB # 1	139308	255478	08/06/07	WHEEL INV# 255478		WARRANTY
JOB # 1	139661	173351	09/07/07	MOUNT/BALANCE INV# 173351		WARRANTY
JOB # 1	139771	D989180	09/13/07	CAR RENTAL INV# D989180		WARRANTY
JOB # 1	139787	E	09/14/07	CREDIT WHEEL INV#255478		WARRANTY
				TOTAL - SUBLET		0.00

ESTIMATE

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF $0.00 (+TAX)

COMMENTS

TOW IN

[CONTINUED ON NEXT PAGE] 03:13pm

77299

[redacted]

WASHINGTON, MI [redacted]

GRETCHEN PIOTROWSK 1223 230 09/14/07 PNCB848879

36,716 STEALTH GRA 7931

06/PONTIAC/G6/G6 SEDAN 01/03/06 25

1 G 2 Z G 5 5 8 0 6 4 [redacted]

07/30/07

[redacted]

TECHNICIAN CERTIFICATION

1984	JEFFREY L GARDNER	M195436
1924	ROBERT KITCHEN	M186084

TOTALS

IF YOUR VEHICLE IS A 2004 THRU CURRENT MODEL
YOU MAY RECEIVE A SURVEY FROM THE MANUFACTURER.
IF FOR ANY REASON YOU CANNOT GIVE US A
"COMPLETELY SATISFIED SCORE"
PLEASE CALL YOUR SERVICE ADVISOR AT (586)-465-8465

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE $	**0.00**

CUSTOMER SIGNATURE

SEP 14. 2007 R/O CLOSE OUT Store 01 SERVC01 PORT 5015 3651

X. R/O NO.	848879	TYPE BDY SHOP D# 2	PR	2 ST K	11. ADVISOR	1223	
1. CUSTOMER	[redacted]				12. DATE IN	07/30/2007	
	WASHINGTON MI [redacted]				13. TIME IN	08:59am	
PHONE(B)		PHONE(H) [redacted]			14. DATE PR	09/13/2007	
					15. TIME PR	06:00pm	
					16. TAG NO.	230	
2. SERIAL#	1G2ZG558064[redacted]	PROD DT			17. MI I/O	36716/	
LICENSE#		STK#7931	DEL	01/03/2006	18. PO NO.		
DESC.	PN G6 STEALTH GRAY EBONY 06				19. COMMENTS	Y	
					20. RECOMMEN		
					21. JRNL PFX		PICKUP
3. JOBS (J#)	1	2	3		22.		
STATUS	F	F	F				
4. LABOR			0.00		1916.24		0.00
5. PARTS			0.00		1767.04		0.00
6. SUBLET			0.00		1237.50		0.00
7. G.O.G.			0.00		0.00		0.00
8. MISC			0.00		0.00		0.00
9. TAX			0.00		0.00		0.00
10. EST $ [	0.00] TOTALS [C]		0.00	[W]	4920.78	[I]	0.00

(S=SAVE) (I=INVOICE) (CR=CONS REACH) (W=CLAIMS) (A=ACCEPT PAYMENT) (TAB)

SEP 14, 2007 PARTS DISPLAY R/O 848879 Store 01 SERVC01 PORT 5015 3651

J#	PART-NO.	DESCRIPTION...	T	COST....	QTY	PRICE...	EXT.PRC.	CWI	GRP
1	GM19151158	FASCIA 7.831	N	216.76	1	303.46	303.46	W	
1	GM22689321	EMBLEM 7.832	N	18.58	1	26.01	26.01	W	
1	GM22624987	ABSORBER 7.840	N	79.47	1	111.26	111.26	W	
1	GM25832756	SHIELD 8.153	N	37.71	1	52.79	52.79	W	
1	GM15881658	HEADLAMP 2.725	N	132.12	1	184.97	184.97	W	
1	GM15162675	CAPSULE A 2.72	N	89.43	1	125.20	125.20	W	
1	GM15217067	TRAY 2.333	N	22.00	1	30.80	30.80	W	
1	GM15775370	MOTOR 6.605	N	200.83	1	281.16	281.16	W	
1	GM15243287	GRILLE 1.266	N	28.78	1	40.29	40.29	W	
1	GM15255733	SHIELD 8.153	N	19.33	1	27.06	27.06	W	
1	GM89060324	WHEEL KIT 5.80	N	161.37	1	225.92	225.92	W	

BILL TYPE	COST	PRICE
CUSTOMER	0.00	0.00
WARRANTY	1262.18	1767.04
INTERNAL	0.00	0.00
TOTALS	1262.18	1767.04

(E=ENTER) (P=PAGE) (T=TRANSFER) (F=FORWARD) (S=SP ORD)

SEP 14, 2007 PARTS DISPLAY R/O 848879 Store 01 SERVC01 PORT 5015 3651

J#	PART-NO.....	DESCRIPTION...	T	COST....	QTY	PRICE...	EXT.PRC.	CWI	GRP
1	GM89024127	MOLDING 12.112	N	51.10	1	71.54	71.54	W	
1	GM15255732	SHIELD 8.153	N	20.49	1	28.69	28.69	W	
1	GM15247800	NOZZLE 10.156	N	9.12	2	12.77	25.54	W	
1	GM15876265	LATCH 8.080	N	29.11	1	40.75	40.75	W	
1	GM22706425	HUB 6.311	N	136.86	1	191.60	191.60	W	

BILL TYPE		COST	PRICE
CUSTOMER		0.00	0.00
WARRANTY		1262.18	1767.04
INTERNAL		0.00	0.00
TOTALS		1262.18	1767.04

(E=ENTER) (P=PAGE) (T=TRANSFER) (S=SP ORD)

SEP 14, 2007 SUBLET DISPLAY R/O 848879 3651

J#	T	PO#.....	VENDOR.....	DESCRIPTION.....	COST....	PRICE...	CWI	LP	GRP
1	N	139215	UTICA VANDYKE T	TOWING INV 24096	302.50	302.50	W	L	
1	N	139308	TRANSWHEEL CORP	WHEEL INV# 255478	145.00	179.00	W	P	
1	N	139661	LESLIE TIRE SER	MOUNT/BALANCE INV	18.50	18.50	W	P	
1	N	139771	ENTERPRISE RENT	CAR RENTAL INV# D	916.50	916.50	W	L	
1	N	139787	TRANSWHEEL CORP	CREDIT WHEEL INV#	-145.00	-179.00	W	P	

BILL TYPE		COST	PRICE
CUSTOMER		0.00	0.00
WARRANTY		1237.50	1237.50
INTERNAL		0.00	0.00
TOTALS		1237.50	1237.50

(E=ENTER) (P=PAGE) (S=SUBLET PO)

Transwheel - void

CHECK# 56303

56303

...CA VAN DYKE TOWING
43500 ...tica Rd.
STER... HEIGHTS, MI 48313
(586) 739-2580

Road Service

TIME A.M. P.M.	REQUESTED BY	P.O. NO.	
NAME		PHONE	
ADDRESS			
CITY		STATE	ZIP
LOCATION OF VEHICLE			
YEAR MAKE MODEL		COLOR	DRIVER
STATE	LIC. PLATE NO.	VEHICLE I.D. NO.	REGISTERED OWNER

AFTER INVENTORY

MILEAGE	SERVICE TIME	EXTRA PERSON
FINISH	FINISH	FINISH
START	START	START
TOTAL	TOTAL	TOTAL

REASON FOR TOW
- ☐ ACCIDENT
- ☐ ARREST
- ☐ UNREGISTERED
- ☐ TOW ZONE
- ☐ SNOW REMOV...
- ☐ ABANDONED
- ☐ STOLEN CAR
- ☐ BREAK DOWN
- ☐ LOCK OUT
- ☐ START
- ☐ FLAT TIRE
- ☐ OUT OF GAS
- ☐ IMPOUNDED
- ☐
- ☐

VENDOR INV. DATE

CR A/C 30250

SPECIAL EQUIPMENT
- ☐ SINGLE LINE WINCHING
- ☐ DUAL LINE WINCHING
- ☐ SNATCH BLOCKS
- ☐ SCOTCH BLOCKS
- ☐ DOLLY

139215

TYPE OF TOW
- ☐ SLING/HOIST TOW
- ☐ FLAT BED/RAMP
- ☐ WHEEL LIFT
- ☐

TOWED PER ORDER OF
- ☐ STATE POLICE
- ☐ LOCAL POLICE
- ☐ OWNER
- ☐ DEALER

VEHICLE TOWED TO
FIRST TOW
SECOND TOW

STORAGE FROM
TO DAYS @ $

PAID BY
- ☐ CASH
- ☐ CHECK
- DRIVERS LIC. NO.
- ☐ CREDIT CARD
- ☐ AMEX
- EXP. DATE

CC NO.

OPERATOR'S SIGNATURE DATE

TRUCK NO.

AUTHORIZED SIGNATURE DATE

VEHICLE RELEASED TO DATE

TOWING CHARGE	
MILEAGE CHARGE	
EXTRA PERSON	
SPECIAL EQUIPMENT	
LABOR CHARGE	30250
STORAGE	
SUB-TOTAL	
TAX	
TOTAL	

24036

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.

Thank You

PRODUCT 2525

AMOUNT

$302.50

...M CAUSLEY, INC.
...D. ID. # 38-1545370

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

NAME

UTICA

INV

CTR

DATE

08/01/07

REMITTANCE ADVICE
DETACH AND RETAIN

Jim Causley

PONTIAC-GMC TRUCK
JIM CAUSLEY, INC.
38115 GRATIOT AVE.
CLINTON TWP., MI 48035-2582
(586) 466-8485
www.jimcausley.com

CHECK NO.	NET AMOUNT	
56303		$302.50

ALIGNMENTS*BATTERIES
BRAKES*SHOCKS*STRUTS
REG.#F-145135
FED ID#38-2652652
TIRE SCRAP#H-3-50-50606

LESLIE TIRE

DAILY
7:00AM TO 6:00PM
SATURDAY
7:00AM TO 3:00PM
SUNDAY
CLOSED

HERCULES TIRES

RETAIL
144 N.B. GRATIOT
MT. CLEMENS, MI. 48043
(586)463-0922

RETAIL/COMMERCIAL
4520 HIGHLAND ROAD
WATERFORD, MI. 48328
(248)673-8473

COMMERCIAL
41220 EXECUTIVE DRIVE
HARRISON TWP, MI. 48045
(586)469-3799

INVOICE [redacted] 173351
PAGE: 1
TIME CLOSED: 08:21:10

CUSTOMER: [redacted]
10101
CLINTON TWP.,M[redacted]

WORK: [redacted] 0
SALESMAN: 00004
INVOICE DATE: 09/07/07

VEHICLE:
PO NUMBER: BODY SHOP
2006 PONT G 6
LICENSE: CUSTPU MI
VIN: ZZZZZZZZZZZZZZZZZ
TERMS:

PRODUCT	LCT	DESCRIPTION	QUANTITY	PRICE	EXTENSION
100	0	PASSENGER DISMT/MT	1	10.00	10.00
115	0	PASSENGER TIRE BALANCE	1	8.50	8.50
				LABOR:	18.50
				INVOICE TOTAL:	18.50
		ON ACCOUNT A/R			18.50

242
9/10/07
R0848879

VENDOR _____ CR A/C 300 1850
INV. _____ DATE _____ P.O. 139661
RO A/C _____ AMT. _____

C48879 OK 1850

WARNING: FOR YOUR SAFETY, YOU SHOULD TIGHTEN [redacted]

PRINT NAME [redacted] SI[redacted]

LESLIE TIRE SERVICE INC. CERTIFIES [redacted] AND WORKMAN'S COMPENSATION INSURANCES, AND PAYS SUCH TAXES, ASSESSMENTS OR CONTRIBUTIONS AS REQUIRED BY LAW. THE FULL AMOUNT OF THIS INVOICE SHALL BE DUE AND PAYABLE AT THE OFFICE OF THE SELLER UPON DEFAULT HEREUNDER OR UPON DEFAULT ON ANY OTHER OBLIGATION OF BUYER TO SELLER.

ALL CLAIMS MUST BE ACCOMPANIED BY THIS BILL

A LATE CHARGE OF 1-1/2% PER MONTH, 18% PER ANNUM WILL BE ADDED TO UNPAID BALANCES. ALL INVOICES DUE "NET 10th"

AUDITOR'S COPY

PAGE 1 of 4

IMMIFALOS

Enterprise

Temp

RENTER'S LAST NAME: ENTERPRISE LEASING COMPANY OF DETROIT 586-954-3200

BRANCH ADDRESS: 2247 S. GRATIOT MOUNT CLEMENS MI 48036-3596

MO 8:00A- 6:00P TU 8:00A- 6:00P
WE 8:00A- 6:00P TH 8:00A- 6:00P
FR 8:00A- 6:00P SA 9:00A-12:00P
1031 SU CLOSED

D 286066 011 RENTAL AGREEMENT NO. D 939180

0220 PM 8/03/07

[redacted]

DAY = 24 HOUR PERIOD

NO CHARGE FOR MILES

ORIGINAL VEHICLE

SPAY BJH0464 SZ8643

ROCHESTER HILLS MI [redacted]

1/25/88 MI 1/25/09

HOURS @ 10.00/HOUR

DAYS @ 22.17/DAY

CAUSLEY PONTIAC* JIM- BODY SHOP*

DON B/S MGR 586-465-1281

RO#849879 VIN# KNADC1251563[redacted]

NO OTHER DRIVER PERMITTED

[redacted]

23.50/DAY

MI ONLY

TIONAL PRODUCTS NOTICE:
R CONTRACT OFFERS FOR
ADDITIONAL CHARGE, AS
TIONAL PRODUCTS: DAMAGE
IVER; PERSONAL ACCIDENT
SURANCE; AND SUPPLEMENTAL
BILITY PROTECTION BEFORE
CIDING WHETHER TO PUR
ASE ANY OF THESE PRODUCTS,
U MAY WISH TO DETERMINE
ETHER YOUR PERSONAL
SURANCE OR CREDIT CARD
OVIDES YOU COVERAGE DUR-
S THE RENTAL PERIOD. THE
RCHASE OF ANY OF THESE
TIONAL PRODUCTS IS NOT
QUIRED TO RENT VEHICLE.

RENTER: X [redacted]

DW 13.99/DAY

RENTER: X [redacted]

PAI 2.00/DAY

RENTER: X [redacted]

SLP 9.99/DAY

FUEL @ 4.49/GALLON

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, WHICH CONSISTS OF PAGES 1 THROUGH 4.

[redacted] 8/03/07

709DJ

TAX 6.0 %

RENTER CAR KEY: 8/04/07

DEPOSIT(S): 50.00 CASH 8/03/2007

Farm Bureau

#1000

Causley #39 Days @ $23.50 = 916.50

TOTAL CHARGES

DEPOSITS

REFUNDS

AMOUNT DUE

CLOSED BY

PAID BY	CASH	CHECK	CHARGE
RECEIPT OF CASH REFUND	DATE	AMOUNT	RECEIVED BY

RENTAL AGREEMENT VEHICLE

8/15/8 BEB245 WE10032 3946 DB

© Enterprise Leasing Company of Detroit, 2006

Class - BRCSiebel Docs

RequestNum
71-547341262

MSXDocNum
KIN46EAA85

Last

First

Timestamp
2007-09-14-15.23.00.000000

Division
PO

CorrType
B

CatCode
02

MSXSource
F

AttachNum

VIN

PAR GMWA
Pre-Authorization/Warranty Claim Tracking Form

Customer and Vehicle Information			
Date	09/17/07	Service Request #	71-547341262
Customer Name	[redacted]		
VIN	1G2ZG558064[redacted]		
In-Service Date	1/3/2006	Service Contract?	No
Current Mileage	36716	Purchased New/Used?	New
Warranty Blocked?	No		
Branded Title?	No	Mileage at Purchase	

Dealer and Claim Information			
Dealer Name	Jim Causley		
Dealer Svc Mgr	Don Kersey	Dlr Warranty Admin:	Nicole Vivier
Dealer Phone	(586) 465-1281	Dealer Fax	(586) 463-0604
Dealer BAC	115912		
Dealer Division and Code	16-Pontiac-07100		
Repair Order Number	848879		
Repair Order Close Date	09/14/07		
Labor Op. Code Z1242	Dollar Amt:	$4920.78	
Labor Op. Code Z1243	Dollar Amt:		
Cause Code (CC)	MJ		
Failure Code (FC)	98		

PUT EVERYTHING IN NET AMOUNT

Labor Hours and OLH:	DO NOT PUT IN HOURS
Parts and Labor Costs:	DO NOT PUT IN COSTS
Net Amount:	$4920.78

DO NOT H ROUTE THIS CLAIM

Authorization Code: DO NOT PUT IN AN AUTH CODE

Additional Comments for Dealer:

IF THIS CLAIM SHOULD REJECT FOR ANY REASON, PLEASE CONTACT ME ASAP AND FAX A COPY OF THE REJECTION W/TRACKING FORM TO ( ) -

Retain Copy with Dealer Repair Order

Internal PAR Information

Complaint: Collision

Cause: Steering failure

Correction: Repair

Justification: Power steering failure resulting in collision

PAR CRS: Thaddeus Kinzer

Additional Comments:

PAR GMWA
Pre-Authorization/Warranty Claim Tracking Form

Customer and Vehicle Information			
Date	09/17/07	Service Request #	71-547341262
Customer Name	[redacted]		
VIN	1G2ZG558064[redacted]		
In-Service Date	1/3/2006	Service Contract?	No
Current Mileage	36716	Purchased New/Used?	New
Warranty Blocked?	No		
Branded Title?	No	Mileage at Purchase	

Dealer and Claim Information			
Dealer Name	Jim Causley		
Dealer Svc Mgr	Don Kersey	Dir Warranty Admin:	Nicole Vivier
Dealer Phone	(586) 465-1281	Dealer Fax	(586) 463-0604
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Labor Op. Code Z1243	Dollar Amt:		
Cause Code (CC)	MJ		
Failure Code (FC)	98		

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Labor Hours and OLH:	DO NOT PUT IN HOURS
Parts and Labor Costs:	DO NOT PUT IN COSTS
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PAR CRS: Thaddeus Kinzer

Additional Comments:

document Index - 71-547341262

Class - BRCSiebel Docs

RequestNum
71-547341262

MSXDocNum
DRA46F1382

Last

First

Timestamp
2007-09-19-14.54.00.000000

Division
PO

CorrType
B

CatCode
07

MSXSource
F

AttachNum

VIN

Jim Causley PONTIAC GMC TRUCK
A DIVISION OF JIM CAUSLEY, INC.

38111 GRATIOT • CLINTON TOWNSHIP, MI 48036-3592
TELEPHONE (586) 465-8465
FAX (586) 463-9850
www.jimcausley.com

FACSIMILE TRANSMISSION

DATE 09-14-07

TO: _____

ATTN: Thaddeus

FAX #: 866-775-9477

FROM: Nicole

RE: _____

COMMENTS:
RO 848879

NUMBER OF PAGES TRANSMITTED (INCLUDING THIS PAGE) 2

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE ADVISE THE SENDER AS SOON AS POSSIBLE
THANK YOU.

JIM CAUSLEY PONTIAC GMC TRUCK INC.
PHONE: 586-465-8465
FAX: 586-463-0604

77299

[redacted]

WASHINGTON, MI[redacted]

GRETCHEN PIOTROWSK 1223 230 09/14/07 PNWB848879

36,716 STEALTH GRA 7931

06/PONTIAC/G6/G6 SEDAN 01/03/06 25

1 G 2 Z G 5 5 8 0 6 4 [redacted]

07/30/07

[redacted]

LABOR & PARTS

J# 1 61PNZ BODY WORK HOURS: TECH(S):1984 1916.24

REPAIR PER ESTIMATE

REPLACE PWR STEERING CONTROL MODULE - PER ESTIMATE

PARTS	QTY	FP-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
JOB # 1	1	19151158	FASCIA 7.831	216.76	216.76	303.46	303.46
JOB # 1	1	22689321	EMBLEM 7.832	18.58	18.58	26.01	26.01
JOB # 1	1	22624987	ABSORBER 7.840	79.47	79.47	111.26	111.26
JOB # 1	1	25832756	SHIELD 8.153	37.71	37.71	52.79	52.79
JOB # 1	1	15881658	HEADLAMP 2.725	132.12	132.12	184.97	184.97
JOB # 1	1	15162675	CAPSULE A 2.725	89.43	89.43	125.20	125.20
JOB # 1	1	15217067	TRAY 2.333	22.00	22.00	30.80	30.80
JOB # 1	1	15775370	MOTOR 6.605	200.83	200.83	281.16	281.16
JOB # 1	1	15243287	GRILLE 1.266	28.78	28.78	40.29	40.29
JOB # 1	1	15255733	SHIELD 8.153	19.33	19.33	27.06	27.06
JOB # 1	1	89060324	WHEEL KIT 5.803	161.37	161.37	225.92	225.92
JOB # 1	1	89024127	MOLDING 12.112	51.10	51.10	71.54	71.54
JOB # 1	1	15255732	SHIELD 8.153	20.49	20.49	28.69	28.69
JOB # 1	2	15247800	NOZZLE 10.156	9.12	18.24	12.77	25.54
JOB # 1	1	15876265	LATCH 8.080	29.11	29.11	40.75	40.75
JOB # 1	1	22706425	HUB 6.311	136.86	136.86	191.60	191.60
			JOB # 1 COST TOTAL		1262.18		
			JOB # 1 TOTAL PARTS				1767.04
			JOB # 1 TOTAL LABOR & PARTS				3683.28

SUBLET	PO#	VEND INV#	INV.DATE	DESCRIPTION	
JOB # 1	139215	24096	07/30/07	TOWING INV 24096	302.50
JOB # 1	139308	255478	08/06/07	WHEEL INV# 255478	179.00
JOB # 1	139661	173351	09/07/07	MOUNT/BALANCE INV# 173351	18.50
JOB # 1	139771	D989180	09/13/07	CAR RENTAL INV# D989180	916.50
JOB # 1	139787	E	09/14/07	CREDIT WHEEL INV#255478	-179.00
				TOTAL - SUBLET	1237.50

COMMENTS

TOW IN

TECHNICIAN CERTIFICATION

1984 JEFFREY L GARDNER N195436

R/O TAX	0.00
R/O TOTALS	4920.78

WARRANTY CLAIM DETAIL TOTALS

CLAIM#	TOTAL
848879	4920.78
CLAIM TOTALS	4920.78

APPROVED BY SIGNATURE

[CONTINUED ON NEXT PAGE] 04:10pm

77299 GRETCHEN PIOTROWSK 1223 230 09/14/07 PNWB848879

[redacted]
WASHINGTON, MI [redacted] 36,716 STEALTH GRA 7931

06/PONTIAC/G6/G6 SEDAN 01/03/06 25

1 G 2 Z G 5 5 8 0 6 4 [redacted] 07/30/07

[redacted]

DCS AUDIT SLIP

DCS DATA FILE: GMGMNF.224
09/14/2007 WARRANTY NEW CLAIM
1610

RO NUMBER	RO DATE	VIN	DIV	DEALER	ODOMETER	SERVICE ADVISOR #
848879	07/30/2007	1G2ZG558064[redacted]	6	07100	36716	XXX-XX-2435

CUSTOMER NAME: FIRST: [redacted] MIDDLE:
LAST: [redacted] PHONE:WORK: HOME: [redacted]

LN	JOB	CT	CC	PC	PART-NO.	TOT-PTS	FC	LABOP	LHRS	OHRS	NET-AMT.	LAB-TOT.
1	01		0J	17	15775370	1767.04	6C	A0001			3153.74	

LN-TOT: 4920.78 TECH SSN: AUTH CODE: AUTH. AUTHOR.:
COMMENTS: REPAIR PER ESTIMATE NA
REPLACE PN

R STEERING CONTROL MODULE - PER ESTIMATE
MEMO PART NUMBERS: 19151158 22689321 22624987 25832756 15881658 15162675
15217067 15243287 15255733 89060324 89024127 15255732 15247800 15876265 22706425

R.O. TOTAL: 4920.78

Class - BRCSiebel Docs

RequestNum
71-547341262

MSXDocNum
KIN46EAB5A

Last

First

Timestamp
2007-09-14-16.22.00.000000

Division
PO

CorrType
B

CatCode
02

MSXSource
F

AttachNum

VIN

FARM BUREAU INSURANCE

FARM BUREAU MUTUAL • FARM BUREAU LIFE • FARM BUREAU GENERAL
7373 West Saginaw Highway, Box 30400, Lansing, Michigan 48909-7900
Phone (517) 323-7000

October 17, 2007

Subrogation Unit
P.O. Box 30100
Lansing MI 48909
(517) 323-6603
(800) 292-2680 x6603

GENERAL MOTORS CLAIMS DEPARTMENT
ATTN: DEBBIE DIEHR
FAX # (313) 665-0912

Our Insured: [redacted]
Our Claim: [redacted]
Your File: 638703
Loss Date: 07/28/2007
Damages: $136.42

Our investigation of this loss reveals that you are responsible for the damages incurred by our insured. We are therefore attaching our subrogation material for your consideration.

Please forward your check in the amount of $136.42 to:

FARM BUREAU INSURANCE
SUBROGATION UNIT
P.O. BOX 30100
LANSING MI 48909-7900

Please include our claim number of **11J32355-161** on your reimbursement.

Sincerely,

Jocelyn Thelen
Subrogation Claims Representative

FARM BUREAU INSURANCE

PLEASE KEEP THIS NOTICE FOR YOUR RECORDS

ENTERPRISE LEASING COMPANY OF
DETROIT
11375 S MIDDLEBELT RD
ROMULUS, MI 48174

FARM BUREAU GENERAL INSURANCE COMPANY OF MICHIGAN

Policy Number: 1 326P00
Insured Name:

Draft Number: 0011822826
Draft Amount: $136.42
Date Issued: 08/15/2007
Claim Number: 11J32355
Claimant Number: 001
Date of Loss: 07/28/2007

Payment For BILANOVIC EDIN Invoice #: D989083-2031

Adjuster

THIS INSTRUMENT HAS A VISIBLE WATERMARK ON BACK

FARM BUREAU INSURANCE

FARM BUREAU GENERAL INSURANCE COMPANY OF MICHIGAN

ISSUE DATE: 08/15/2007

POLICY	CLAIM NUMBER	CLAIMANT		ADJUSTER
[redacted]	11J32355	001	20-1	

PAY TO: ENTERPRISE LEASING COMPANY OF DETROIT

$136.42

One Hundred Thirty Six dollars and 42/100

PAYABLE THROUGH COMERICA BANK, DETROIT, MICHIGAN.

ARMS® - Automated Rental Management System (Patent Pending)

ARMS® MICHIGAN FARM BUREAU

Rental Company: ENTERPRISE RENT-A-CAR
Invoice: D989083-2031

Bill To:
MICHIGAN FARM BUREAU
ATTN: HEATHER STARK
7373 W SAGINAW
LANSING , MI 48909

RENTER INFORMATION:
Renter: [redacted]

RENTAL INFORMATION:
Rental Branch Location:
ENTERPRISE RENT-A-CAR (2031)
1447 S. GRATIOT
MOUNT CLEMENS, MI 480363596
(586) 954-3700

ADDITIONAL CLAIM INFORMATION:
Claim Number :11J32355
Claim Type: Insured
Vehicle Condition: Non-Driveable
Date Of Loss: 7/28/07
Insured Name:
Owner's Vehicle: 2006 PONTIAC G6
Additional Driver:

Repair Facility:
CAUSLEY PONTIAC JIM- BODY SHOP
MT CLEMENS,, MI 48043
(586) 465-1281

Billing Detail:

Rental Period: 7/30/07 to 8/3/07 (5 days)
Billed Period: 7/30/07 to 8/3/07 (5 days)

Description	Rate:	Amount:
5 DAYS @	$25.74	$128.70
1 SALES TAX%	%6.00	$7.72
TOTAL CHARGES:		$136.42
Less Amount Received:		$0.00
AMOUNT DUE.....		$136.42

00118228 2L
CA 8-15

VEHICLES RENTED

Effective Date and Time	Year	Make	Model	VIN	Mileage
7/30/07 10:13 AM	2006	MAZD	3	JM1BK12F961513681	247

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
ENTERPRISE RENT-A-CAR (20M1)
33245 GROESBECK HWY
FRASER,, MI 48026
Federal ID:43-1454534

Total Charges:	$136.42
Less Amount Received:	$0.00
Total Amount Due.....	$136.42

Please Include on your check:
Invoice: D989083-2031

[redacted]

8/6/2007

5

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

800.888.0164 *tel*
313.665.0911 *fax*

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

October 19, 2007

Ms. Jocelyn Thelen, Subrogation Claim Representative
Farm Bureau Insurance Company
P.O. Box 30100
Lansing, MI 48909

Re:	File Number:	638703 (your file #11J32355-161)
	Date of Event:	7-28-07
	Claimant:	[redacted]
	Client/Account:	General Motors

Dear [redacted]

This letter serves to acknowledge that we have agreed to settle this claim in the amount of $136.42. Please find enclosed a release to be signed & notarized. As soon as the executed release is received in this office, the settlement check will be forwarded to your attention.

If you have any questions, please feel free to call me at 800.888.0164 or 313.665.3412 Monday through Friday between 8:00 am and 4:30 pm.

Sincerely,

Deborah Diehr
Claim Administrator

FARM BUREAU INSURANCE

FARM BUREAU MUTUAL • FARM BUREAU LIFE • FARM BUREAU GENERAL
7373 West Saginaw Highway, Box 30400, Lansing, Michigan 48909-7900
Phone (517) 323-7000

October 24, 2007

ESIS
ATTN: DEBORAH DIEHR
PO BOX 300
DETROIT MI 48265

RECEIVED
OCT 25 2007
ESIS-GM CLAIMS UNIT

Our Insured: [redacted]
Our Claim: 11J32355-161
Your Client: General Motors
Your File: 638703
Loss Date: 07/28/2007

Enclosed is the signed and notarized release that you requested. I look forward to receiving your payment in the amount of $136.42. Please contact me if you need anything else. I can be reached Monday through Thursday from 7:00 a.m. until 5:30 p.m. at (517) 323-6603.

Sincerely,

Jocelyn Thelen

Jocelyn Thelen
Subrogation Claims Representative

RELEASE AND INDEMNIFICATION OF ALL CLAIMS

FILE NUMBER: 8213-259-638703 Claims Administrator: Deborah Diehr

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, as representative of Farm Bureau Insurance and a/s/o [redacted] being of lawful age, for the sole consideration of One Hundred Thirty Six dollars and Forty Two cents, ($136.42) to the undersigned in hand paid, receipt whereof is hereby acknowledged, does hereby and for my heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge General Motors Corporation, ESIS Inc., and Jim Causley Pontiac, 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 28th day of July, 2007, at or near Hamlin, MI.

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 7-28-07, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

* Initial

Initials JT _____

FILE NUMBER: 8213-259-638703

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 24th day of October, 2007

CAUTION: READ BEFORE SIGNING

[redacted] Jocelyn Thelen LS
Representative of Farm Bureau

_____ _____ LS
WITNESS

State of Michigan }
County of Ingham }

On the 24th day of October, 2007, before me personally appeared
[redacted] to me known to be
the person(s) named herein and who executed the foregoing Release and she acknowledged to me that she voluntarily executed the same.

My term expires November 30, 2012 Melissa Ann Walley
Notary Public

MELISSA ANN WALLEY
NOTARY PUBLIC, STATE OF MI
COUNTY OF INGHAM
MY COMMISSION EXPIRES Nov 30, 2012
ACTING IN COUNTY OF Eaton

Service Request Detail

SR No.	71-561906018	**Ref No.**		**Goodwill**	No Goodwill Offered	**BRC Type**	PAR
Account		**Site**		**GW SubType**		**Bus. Unit**	BRC
Last Name	[redacted]	**First Name**	[redacted]	**Approval**	Not Initiated	**Area**	PAR
Daytime #	[redacted]	**Evening #**		**UCC**	Steering - General	**Sub-Area**	Initiate PAR- Collision
Address	[redacted]	**City**	Sunny Isles Beach	**Involved Dlr**	Zinn Companies, Inc.	**Safety**	Yes
State	FL **ZipCd** [redacted]	**Con Acct**		**Source**	Phone	**Updated**	11/1/2007 11:27:50 AM
Serial #/VIN	1G2ZH15816[redacted]	**Model Year**	2006	**Priority**	Medium **License #** PONTIAC	**Owner**	GARCIAFA
Make	Pontiac	**Warr. Start**	06/28/2006	**Status**	Pending Documentation	**Opened**	10/4/2007 02:44:28 PM
Model	G6	**Mileage**	21561	**Sub-Status**	Satisfied	**Closed**	
Abstract	Steering_06 G6 (FL)						
Customer Description	This is a BRC PAR Case. Forward any inquiries to Fabiola Garcia at 41006						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond	Fire Report#	Police Report#
Owner	9/24/2007 05:30:00 AM	N	0	1	Asphalt	Dry	n/a	n/a

Driver Last Name	Driver First Name	Height	DOB	Disabilities
[redacted]			9/4/1965	Good conditions

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
Etchison	Sara	(800) 692-1311	Infinity Auto Insurance Company

Incident Loc	Golden Glade going 826 Bridge	Incident Desc	driving and the steering was really hard to control it and he lost control. he crashed into a colum of a Bridge.
Component	Steering	Damage Desc	Fender right, bumper minimum thing. Scratches. But needs change
Vehicle Loc	16150 Pines Blvd- PEMBROKE PINES , FL 33027 phone# 954 443 2020. phone# 954 443 2770 Body shop	Add'l Info	
Emgcy Svc Names	none	Maint Loc	PINES PONTIAC-GMC-BUICK

PAR Detail

Collision	Y	**Non Collision**		**Property Damage**	N	**Thermal Evt**	N	**Spec Equip**	none
Vehicle Speed	40			**Weather Condition**	Clear			**Prop Owner**	n/a
Last Service Date				**Loc Last Service**				**Property Location**	n/a
Veh Est Repair Cost				**Spec Equip Installer**	n/a			**Prop Damage Description**	n/a
Primary Veh Use	Personal			**Inspection Type**	Steering and Suspension Sys			**Inspected By**	3rd Party Inspector
Veh Damage Description	few bumper scratches							**Explain Other**	EAA

Property Type	n/a		
Prop Est Repair Cost			
Inspection Date/Time			

Service Request Detail

SR No.	71-561906018	**Ref No.**		**Goodwill**	No Goodwill Offered	**BRC Type**	PAR
Account		**Site**		**GW SubType**		**Bus. Unit**	BRC
Last Name	[redacted]	**First Name**	[redacted]	**Approval**	Not Initiated	**Area**	PAR
Daytime #	[redacted]	**Evening #**		**UCC**	Steering - General	**Sub-Area**	Initiate PAR- Collision
Address	[redacted]	**City**	Sunny Isles Beach	**Involved Dlr**	Zinn Companies, Inc.	**Safety**	Yes
State	FL **ZipCd** [redacted]	**Con Acct**		**Source**	Phone	**Updated**	11/1/2007 11:27:50 AM
Serial #/VIN	1G2ZH15816[redacted]	**Model Year**	2006	**Priority**	Medium **License #** PONTIAC	**Owner**	GARCIAFA
Make	Pontiac	**Warr. Start**	06/28/2006	**Status**	Pending Documentation	**Opened**	10/4/2007 02:44:28 PM
Model	G6	**Mileage**	21561	**Sub-Status**	Satisfied	**Closed**	
Abstract	Steering_06 G6 (FL)						
Customer Description	This is a BRC PAR Case. Forward any inquiries to Fabiola Garcia at 41006						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	9/24/2007 05:30:00 AM	N	0	1	Asphalt	Dry	n/a	n/a

Driver Last Name	Driver First Name	Height	DOB	Disabilities
[redacted]			9/4/1965	Good conditions

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
Etchison	Sara	(800) 692-1311	Infinity Auto Insurance Company

Incident Loc	Golden Glade going 826 Bridge	Incident Desc	driving and the steering was really hard to control it and he lost control. he crashed into a colum of a Bridge.
Component	Steering		
		Damage Desc	Fender right, bumper minimum thing. Scratches. But needs change
Vehicle Loc	16150 Pines Blvd- PEMBROKE PINES , FL 33027 phone# 954 443 2020. phone# 954 443 2770 Body shop	Add'l Info	
Emgcy Svc Names	none		
		Maint Loc	PINES PONTIAC-GMC-BUICK

PAR Detail

Collision	Y	**Non Collision**	**Property Damage**	N	**Thermal Evt**	N	**Spec Equip**	none	
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			**Spec Equip Installer**	n/a			**Prop Damage Description**	n/a	
Primary Veh Use	Personal		**Inspection Type**	Steering and Suspension Sys			**Inspected By**	3rd Party Inspector	**Inspection Date/Time**
Veh Damage Description	few bumper scratches						**Explain Other**	EAA	

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
11/1/2007 11:28:06 AM	VITRANKA	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		Assigned to ESIS

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Assigning to ESIS for Insurance Involvement.

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/31/2007 09:35:04 AM	DRAHEICM	VITRANKA	Notify CRM		Done	11/1/2007 11:28:04 AM	ESIS-Insurance

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/30/2007 12:53:03 PM	GARCIAFA	DRAHEICM	BRC PAR	ESIS- Insurance Involvement	Done	10/31/2007 09:35:00 AM	ESIS-Insurance Involvement

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

The insurance has issued a check for the body repairs that were caused by the steering concern that we have taken liability for

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
10/30/2007 12:41:09 PM	GARCIAFA	GARCIAFA	Inbound Call Customer	Complex Request	Done	10/30/2007 12:53:02 PM	Cust Called In

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Crs adv that I was about to call him since I have recieved the inspection report already. The veh had a code advising that the connection with the steering control system had been lost. We will go ahead and take liability and repair the body and mechanical damage to the veh

Cust sts that the insurance sent a chack to cover the body repairs already and they want a copy of the inspection as proof that it was GM's liability and not his for quote purposes

Crs adv that I cannot provide a copy of the inspection to them but that if gives me permission and has the ins call me I can let them know what happened. Now since the insurance is paying for something that we are liable for and we still have to take care of the mechanical repairs I will escalate the file to ESIS and they will call in about 7 business days. I adv that he also save the recipts from the rental veh for reimbursement

Cust sts that he will have the insurance call me and he will wait for ESIS to call

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/29/2007 04:30:19 PM	GARCIAFA	GARCIAFA	BRC PAR	Inspection Received	Done	10/30/2007 12:38:46 PM	Inspection Received

	Name	Account	BAC Code

Comments

n/a

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/22/2007 01:44:41 PM	GARCIAFA	GARCIAFA	Outbound Call Customer	Made Contact	Done	10/22/2007 01:47:58 PM	(786) 222-2831

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Crs adv that I was calling to f/u with him and see if the inspector had adv him of an inspection date yet. As I adv him previously the inspector advises him of the date and once that is completed I recieve the inspection report. Please call at 866-790-5700 ext 41006 for any questions.

Fabiola Garcia/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/15/2007 04:42:59 PM	GARCIAFA	RODRIJOS	Escalation		Done	10/15/2007 05:01:08 PM	Assigned to ESIS

Contact Last Name | Contact First Name | Account | BAC Code

Comments

Cust seeks to speak with a Supervisor.

Crs took call.

Cust sts: that he was in an accident. sts that the veh is at the dlr.
sts that the veh has been at the dlr for about 4 weeks. sts that he is a doctor and he needs his vehicle to drive. sts that he is paying GM for this vehicle.
sts that this is taking too long.

Crs advised that he had the accident on 9/24/07. We were notified on 10/4/07. advised that ocrs was trying to get a hold of dlr to have inspection done. advised that we are sending the inspector to inspect veh. advised that the inpection takes about 10-14 business days.

Cust authorized inspection.

Crs advised that once inspection is complete ocrs will call dlr and customer to provide results on inspection.

Cust agreed.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/15/2007 04:30:39 PM	GARCIAFA	GARCIAFA	BRC PAR	Inspection- EAA- Other	Done	10/15/2007 04:37:16 PM	Inspection Request Sent

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
10/15/2007 04:30:30 PM	GARCIAFA	GARCIAFA	Outbound Call Customer	Made Contact	Done	10/16/2007 09:51:38 AM	(786) 222-2831

Contact Last Name	Contact First Name	Account	BAC Code

Crs adv cust that I had a hard time getting a hold of someone at the dlr but that today they have called back and agreed to host the inspection. The EAA will go inspect the veh and send us back the results

Cust sts that it has taken too long and that the rental veh is costing him money

Crs adv that I apologize but we had a hard time getting hold of a rep and we cannot just send someone over there like that

Cust sts that at this point he is thinking of going to his insurance

Crs adv that he can do so

Cust sts that he does not feel it fair that he has to wait so long

Crs adv that the time frame for the insp is 10-14 days and that we may get it sooner but I can not assure when

Cust requests to speak with a supervisor and call is escalated to Jose Rodriguez

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/15/2007 04:23:35 PM	GARCIAFA	GARCIAFA	Inbound Call Dealer	Complex Request	Done	10/15/2007 04:26:44 PM	Dlr called in

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Brian, Collision Center Director

Dlr adv that the veh is there and no repairs have been done.

Crs adv that I would need to have a 3rd party go and inspect the veh for investigational purposes.

Dlr adv that will be fine as long as the dlr is not held responsable for liability

Fabiola Garcia/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/15/2007 02:35:01 PM	GARCIAFA	GARCIAFA	Outbound Call Dealer	Left Message	Done	10/15/2007 04:11:06 PM	Collision Center

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Brian, Shop Forman x 2770

Crs adv that I have been trying to contact the dlr for a while and I need to speak with him asap regardignt he cust's claim. He can reach me at 866-790-5700 ext 41006

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/15/2007 12:09:56 PM	GARCIAFA	GARCIAFA	Outbound Call Dealer	Made Contact	Done	10/15/2007 12:12:55 PM	Collision Center

[redacted] Name	Account	BAC Code
[redacted]		

Comments

Michael, Shop Forman x 2770

Crs adv that I was calling in regards to the cust's veh and that I would like to speak to him asap. He can call me back at 866-790-5700 ext 41006

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/12/2007 02:43:08 PM	GARCIAFA	GARCIAFA	Outbound Call Dealer	Made Contact	Done	10/12/2007 02:46:13 PM	Collision Center

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Michael, Shop Forman

Crs adv that I would like to speak with him regarding the file and that he can reach me at 866-790-5700 ext 41006

Fabiola Garcia/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/11/2007 02:39:29 PM	GARCIAFA	GARCIAFA	Inbound Call Customer	Complex Request	Done	10/11/2007 02:41:09 PM	Cust Called In

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Cust sts that he was calling to let me know that the veh is at the dlr's body shop and that he would also like to know when the inspector will come out.

Crs adv that I will see if the dlr can inspected because the EAA inspeftion can take up to 14 days

Cust sts that would be better

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/11/2007 02:36:51 PM	GARCIAFA	GARCIAFA	Inbound Call Customer	Voice Mail Received	Done	10/11/2007 02:39:28 PM	Cust Called In

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Cust stst that the veh is at the dlr's Body Shop.

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/11/2007 01:36:22 PM	GARCIAFA	GARCIAFA	Ownership Changed	Ownership Escalated to BRC	Done	10/11/2007 01:36:22 PM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/11/2007 01:30:46 PM	GARCIAFA	GARCIAFA	Outbound Call Customer	Made Contact	Done	10/11/2007 01:33:10 PM	

Contact Last Name	Contact First Name	Account	BAC Code

Crs adv that I have been unable to get in touch w/ John Diaz, SVM. I would like to speak with you to verify that the veh IS at the dlr at this time

Fabiola Garcia.PAR.ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/11/2007 01:24:06 PM	GARCIAFA	GARCIAFA	Outbound Call Dealer	Left Message	Done	10/11/2007 01:30:40 PM	

Contact Last Name	Contact First Name	Account	BAC Code

Comments

John Diaz

Please call me back at 866-790-5700 regarding the cust.

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
10/5/2007 12:42:43 PM	DRAHEICM	GARCIAFA	Ownership Changed		Done	10/5/2007 12:42:43 PM	Service Request Ownership has changed FROM: TRONCORO TO: GARCIAFA

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

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 :	1G2ZH158164[redacted]

VEHICLE INFORMATION

Merchandising Model :	2ZH37 -2006 G6 - GT COUPE	**Warranty Start Date :**	06/28/2006
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	PINES PONTIAC-GMC-BUICK 16100 PINES BLVD PEMBROKE PINES , FL 33027-1110 (954) 443-2500	**Selling Source :**	16 - PONTIAC
		Site Code :	17053
		Business Associate Code :	130566

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	06/28/2006	10 miles	06/28/2009	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH	06/28/2006	10 miles	06/28/2012	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	06/28/2006	10 miles	06/28/2014	80010 miles
36/36000 FEDERAL EMISSION	06/28/2006	10 miles	06/28/2009	36010 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
09/24/2007	P66709	#	Z2080 - ROADSIDE SERVICE (TOWING)	21661 miles
03/26/2007	121873	#	H2505 - MODULE, ELECTRONIC BRAKE AND/OR TRACTION CONTROL - FOUR WH	12559 miles
03/26/2007	121873	#	Z5001 - VIP FREIGHT/POSTAGE REIMBURESEMENT	12559 miles

03/26/2007	121873	#	N6608 - WIRING AND/OR CONNECTOR - EMISSIONS SYSTEM - REPAIR OR REP	12559 miles
02/21/2007	K31145	#	Z2083 - ROADSIDE SERVICE (BATTERY/JUMP START)	10000 miles
03/20/2006	A61230	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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

800.888.0164 *tel*
313.665.0911 *fax*

Nancy Johnson
Claims Administrator

November 13, 2007

Jorge Bosque
17570 Atlantic Blvd. Apt 517
Sunny Isles Beach, FL 33160-2838

RE: Claimant: [redacted]
Our File No.: 639678
Our Client: General Motors Corporation
Date/Event: 9/24/07
Vehicle: 2006 Pontiac G6
VIN: 1G2ZH158164[redacted]

Dear [redacted]

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

This letter is to advise you that your claim is being forwarded to the Field Performance Assessment Department of General Motors to be evaluated.

If you have questions, please contact me at the number above. Thanks for your cooperation in this matter.

Sincerely,

Nancy Johnson
Claims Administrator

CDR File Information

Vehicle Identification Number	1G2ZH15816[redacted]
Investigator	TERRY DUNHAM
Case Number	71-561906018
Investigation Date	Thursday, October 25 2007
Crash Date	N/A
Filename	1G2ZH15816[redacted]CDR
Saved on	Thursday, October 25 2007 at 11:11:19 AM
Collected with CDR version	Crash Data Retrieval Tool 2.9016
Reported with CDR version	Crash Data Retrieval Tool 2.9016
EDR Device Type	airbag module
Event(s) recovered	None

SDM Data Limitations

SDM Recorded Crash Events:
There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It can contain Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.
The second type of SDM recorded crash event is the Deployment Event. It also can contain Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced.
The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, then the Deployment Level Event will overwrite the Non-Deployment Event file.

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

Hexadecimal Data

$01	00	03	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	53	52
$07	00	20	00	00	00	00	00
$08	00	FF	00	00	00	00	00
$09	00	87	7F	00	00	00	00
$0A	00	00	00	00	00	00	00
$0B	00	00	01	0F	00	00	00
$0C	80	00	80	00	00	00	00
$0D	00	00	80	00	00	00	00
$0E	00	00	00	00	00	00	00
$0F	BA	00	00	00	00	00	00
$10	47	32	5A	48	31	35	38
$11	31	36	34	32	36	31	32
$12	33	30	00	00	00	00	00
$13	00	00	00	00	00	00	00
$14	00	00	00	00	00	00	00
$15	00	00	00	00	00	00	00
$16	03	06	0C	16	34	00	00
$17	03	03	03	02	00	00	00
$18	03	02	00	00	00	00	00
$19	07	07	00	00	00	00	00
$1B	3F	00	00	67	00	7A	00
$1C	3F	00	00	06	00	1A	00
$1D	00	00	00	00	00	00	00
$1E	4F	4F	00	4F	00	01	00
$1F	33	C1	00	00	00	00	00
$20	40	00	00	00	00	00	00
$21	FF	FF	00	00	50	00	00
$22	00	92	00	00	00	00	00
$24	00	00	00	00	00	00	00
$25	00	00	00	00	00	00	00
$26	00	00	00	00	00	00	00
$27	FF	00	FF	00	00	00	00
$2A	00	00	00	00	00	00	00
$2B	00	00	00	00	00	00	00
$2D	00	00	00	00	00	00	00
$2E	00	FF	F0	0C	3B	00	00
$2F	00	FE	0C	3E	00	00	00
$30	9D	00	00	00	00	00	00
$31	FF	FF	FF	FF	FF	80	00
$32	F8	80	FF	80	00	00	00
$33	FF	FF	FF	FF	FF	80	00
$34	FF	FF	FF	FF	FF	80	00
$35	FF	FF	FF	FF	FF	80	00
$36	FF	FF	FF	FF	FF	80	00
$37	F8	80	F8	0F	0F	CA	FE
$38	FF	80	C0	80	FF	C0	FC
$39	FF	FF	FF	FF	FF	80	00
$3A	FF	FF	FF	FF	FF	80	00
$3B	7F	0F	1F	1F	3F	00	00
$3C	FF	FF	FF	FF	FF	FF	C0
$3D	FF	FF	FF	FF	FF	FF	00
$3E	FF	FF	FF	FF	00	00	00
$3F	FF	00	F0	00	00	00	00
$40	E0	FF	00	00	00	00	00
$41	F8	F8	90	00	00	00	00
$42	80	FF	FF	FF	FF	00	00
$43	FF	FF	FF	00	00	00	00
$44	FF	FF	FF	FF	FF	FF	00
$45	FF	FF	FF	FF	FF	FF	00

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

$01  41 55 01 02 03 04 52 53 41 32 03 09 01 AA AA 01
$02  01 02 03 04
$03  41 54 01 02 03 04 52 53 41 32 03 09 01 AA AA 01
$04  01 02 03 04
$05  42 55 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$06  FF FF FF FF
$07  42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$08  FF FF FF FF
$0D  41 48 36 34 37 33 52 35 33 32 36 31 39 31 4C 5A
$0E  01 5A 39 A4
$0F  41 4A 36 34 37 33 52 35 33 32 35 33 38 5A 34 4C
$10  01 5A 39 A4
$13  42 52 39 38 32 30 44 31 36 30 36 38 34 50 36 35
$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
$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 34 35 38 46 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
```

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

800.888.0164 *tel*
313.665.0911 *fax*

Nancy Johnson
Claims Administrator

January 2, 2008

Jorge Bosque
17570 Atlantic Blvd. Apt 517
Sunny Isles Beach, FL 33160-2838

RE: Claimant: [redacted]
Our File No.: 639678
Our Client: General Motors Corporation
Date/Event: 9/24/07
Subject vehicle: 2006 Pontiac G6
VIN: 1G2ZH158164[redacted]

Dear [redacted]

ESIS is the third party administrator on behalf of General Motors. As we discussed, the above claim has been denied.

If you choose to pursue this matter further, you must maintain the vehicle in its immediate post-incident condition.

Thank you for your time in this regard.

Sincerely,

Nancy Johnson
Claims Administrator

Service Request Detail

SR No.	71-585360486	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubTypo		Bus. Unit	BRC
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - Power Steering Hose	Sub-Area	Initiate PAR- Collision
Address	[redacted]	City	Charlotte	Involved Dir		Safety	Yes
State	NC ZipCd [redacted]	Con Acct		Source	Phone	Updated	12/20/2007 09:09:42 AM
Serial #/VIN	1G1ZS52F65F[redacted]	Model Year	2005	Priority	Medium License # CHEVROL	Owner	CISNERMA
Make	Chevrolet	Warr. Start	12/14/2004	Status	Open	Opened	12/18/2007 09:39:22 AM
Model	Malibu	Mileage		Sub-Status	Satisfied	Closed	
Abstract	Steering issue						
Customer Description	This is a BRC PAR Case. Please do not assume. Forward any inquiries to Matthew Cisneros at ext.21171						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	12/18/2007 09:42:58 AM	Y	1	1	Asphalt	Dry	n/a	n/a

Driver Last Name	Driver First Name	Height	DOB	Disabilities
[redacted]		5/7	4/10/2007	none

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
Berber	kevin	(704) 766-1222	Natalon Wide

Incident Loc	I 85 Exit 52	Incident Desc	Wife coming onto Ramp into traffic steering on the vehgave out veh turn another veh hit car
Component	steering	Damage Desc	Totaled veh, the frame on the veh had been damaged
Vehicle Loc	n/a	Add'l Info	n/a
Emgcy Svc Names	n/a	Maint Loc	Local Garage on the veh

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	none
Vehicle Speed	25			Weather Condition	clear			Prop Owner	n/a
Last Service Date				Loc Last Service	N/A			Property Location	n/a
Veh Est Repair Cost	$0.00			Spec Equip Installer	n/a			Prop Damage Description	n/a
Primary Veh Use	Personal			Inspection Type	Other			Inspected By	Inspection Not Performed
Veh Damage Description	front fender assembly, frame damage, total loss							Explain Other	n/a

Property Type	n/a	
Prop Est Repair Cost	$0.00	
Inspection Date/Time		

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
[redacted]			Occupant of Owner's Vehicle		Driver	seat belt

Injury Description	Medical Rpt#	Treatment Location	Treated By
wrist injury		Northeast Medical Center Concord, NC	n/a

Street Address	City	State	Zip Code

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 09:16:39 AM	CISNERMA	CISNERMA	Scheduled Follow-up		Scheduled Alarm		71-585360486 check

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Check to see if case has been sent to ESIS

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 09:16:19 AM	CISNERMA	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		ESIS-Insurance Involvement

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 09:08:04 AM	CISNERMA	CISNERMA	Inbound Call Customer	Customer	Done	12/20/2007 09:14:19 AM	calling back

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

see initial

Matthew Cisneros/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 01:37:07 PM	CISNERMA	CISNERMA	Scheduled Outbound Call Cust	Cancelled	Done	12/20/2007 09:07:50 AM	71-585360486 call

Contact Last Name | Contact First Name | Account | BAC Code

Comments

call [redacted] and make 2nd attempt at initial

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 01:36:46 PM	CISNERMA	CISNERMA	Outbound Call Customer	Left Message	Done	12/19/2007 01:37:06 PM	calle[redacted]

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

made acknowledgement

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 01:30:15 PM	CISNERMA	CISNERMA	Ownership Changed	Ownership Escalated to BRC	Done	12/19/2007 01:30:15 PM	Ownership Escalated to BRC

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 12:22:03 PM	DRAHEICM	CISNERMA	Ownership Changed		Done	12/19/2007 12:22:03 PM	Service Request Ownership has changed FROM: FOLEYSA TO: CISNERMA

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 12:21:44 PM	DRAHEICM	CISNERMA	BRC PAR	Initial Contact- Phone	Done	12/20/2007 09:16:15 AM	called

Name	Account	BAC Code
[redacted]		

Comments

CRS asked PAR detailed questions

CRS adv: Was there property damage?

cust sts: insurane took care of that

CRS adv: What about medical bills?

cust sts: insurance paid for some of it

CRS adv: Will have to forward case to central claims due to insurance involvement. They will be in touch within 7-10 business days.

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 12:21:38 PM	DRAHEICM	CISNERMA	BRC PAR	Initial Contact- Dealer	Done	12/19/2007 01:32:41 PM	not needed

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Vehicle beyond warranty and has not been to dealer in two years.

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 12:21:26 PM	DRAHEICM	CISNERMA	BRC PAR	Initial Contact- AVM	Done	12/19/2007 01:32:34 PM	not needed

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Vehicle beyond warranty and has not been to dealer in two years.

Matthew Cisneros/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 12:21:19 PM	DRAHEICM	CISNERMA	BRC PAR	Acknowledgement	Done	12/19/2007 01:30:21 PM	calle [redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

left message

CRS adv: Need to verify some information, please call back

Matthew Cisneros/parlatx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 12:21:14 PM	DRAHEICM	CISNERMA	Notify CRM		Done	12/19/2007 01:28:21 PM	file assigned

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 12:21:08 PM	DRAHEICM	CISNERMA	Research		Done	12/19/2007 01:31:15 PM	research vin

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Recalls: No open recalls

History: No related repairs

SRs: No other SRs

Matthew Cisneros/parlatx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 12:20:54 PM	DRAHEICM	CISNERMA	BRC PAR	Case Assigned	Done	12/19/2007 01:28:18 PM	assigned to matt cisneros ext 21171

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 09:37:21 AM	DRAHEICM	FOLEYSA	SR Opened		Done	12/19/2007 09:37:21 AM	SR in Status of Closed has been Re-Opened by DRAHEICM

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 09:37:19 AM	DRAHEICM	FOLEYSA	SR Closed - Satisfied		Done	12/19/2007 09:37:19 AM	Service Request has been Closed Satisfied.

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2007 10:32:13 AM	FOLEYSA	DRAHEICM	Escalation	Initiate PAR	Done	12/19/2007 09:35:58 AM	Assigning activity to PAR QUEUE

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

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

Sabrina Foley/CAC/STJ

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
12/18/2007 10:20:23 AM	FOLEYSA	FOLEYSA	Inbound Call Customer	Complex Request	Done	12/18/2007 10:31:27 AM	Par case

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Cust states: I received this recall on my veh in regards to the power steering on the veh, and my wife had a major accedinet do to this

Cust sks to file complaint on the veh, and to have everything reim on the Medical bills ect

Crs states: what I will do is a Par case on this, someone form our legal dept will contact you within 2 business days

Sabrina Foley/CAC/STJ

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/18/2007 09:51:20 AM	FOLEYSA	FOLEYSA	Scheduled Outbound Call Cust	Cancelled	Done	12/18/2007 09:36:50 AM	contact the cust 12/2

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Cancelled activity, case will be assigned to a PAR agent. No further action required from CAC.

Chad Draheim/abdworkflow par

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M04	Inoperative	Steering - Power Steering Hose

GM Vehicle Inquiry System
Summary

[redacted]

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

Help

VIN :	1G1ZS52F65F[redacted]

VEHICLE INFORMATION

Merchandising Model :	1ZS69 -2005 MALIBU BASE SEDAN	Warranty Start Date :	12/14/2004
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	DIAMOND CHEVROLET, INC PO BOX 240434 CHARLOTTE , NC 28224-0434 (704) 551-6400	Selling Source :	13 - CHEVROLET
		Site Code :	16412
		Business Associate Code :	132504

Service Contract :	Yes	Branded Title :	Yes	Warranty Block :	Yes	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	12/14/2004	27 miles	12/14/2007	36027 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	12/14/2004	27 miles	12/14/2010	100027 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	12/14/2004	27 miles	12/14/2012	80027 miles
36/36000 FEDERAL EMISSION	12/14/2004	27 miles	12/14/2007	36027 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
12/30/2004	256334	#	B7280 - HEADLAMP - AIM	1225 miles
12/30/2004	256334	#	B5400 - LID, REAR COMPARTMENT - ALIGN	1225 miles
11/30/2004	A06808	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

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 :	1G1ZS52F65F[redacted]

CLAIM HISTORY

Repair Order Date :	12/30/2004	Repair Order Number :	256334	Odometer Reading :	1225 miles
Serviced By :	DIAMOND CHEVROLET, INC PO BOX 240434 CHARLOTTE, NC 28224-0434 (704) 551-6400	Selling Source :	13 - CHEVROLET		
		Site Code :	16412		
		Business Associate Code :	132504		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/04/2005	549	01	#	B7280 - HEADLAMP - AIM	N/A	N/A	N/A	$ 21.55	N
01/04/2005	549	02	#	B5400 - LID, REAR COMPARTMENT - ALIGN	N/A	N/A	N/A	$ 21.55	N

Repair Order Date :	11/30/2004	Repair Order Number :	A06808	Odometer Reading :	0 miles
Serviced By :	DIAMOND CHEVROLET, INC PO BOX 240434 CHARLOTTE, NC 28224-0434 (704) 551-6400	Selling Source :	13 - CHEVROLET		
		Site Code :	16412		
		Business Associate Code :	132504		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
12/03/2004	540	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	N/A	N/A	N/A	$ 93.38	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

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

Help

VIN	1G1ZS52F65F[redacted]

VEHICLE BUILD

Merchandising Model :	1ZS69 -2005 MALIBU BASE SEDAN		
Gross Vehicle Weight Rating :	1855 kg (4090 lb)	Order Number :	HRVSXQ
Build Date :	11/30/2004	Build Plant :	15FZ

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

OPTION CODES

AK5 - DRIVER & PASS FRONT AIR BAGS	AP9 - CARGO CONVENIENCE NETS
AU0 - REMOTE KEYLESS ENTRY	A51 - SEATS, CUSTOM
B37 - FLOOR MATS	C60 - AIR CONDITIONING
DL5 - ROADSIDE SERVICE INFORMATION DECAL	D49 - POWER OUTSIDE MIRRORS
E90 - POCKET, SEAT BACK, DRIVER	E91 - FRONT SEATBACK MAP POCKETS
FAI - FAIRFAX	FE0 - SUSPENSION SYSTEM-ACTIVE
FE9 - 50-STATE EMISSIONS	FY1 - TRANS/AXLE 3.63 RATIO
IBD - INTERIOR TRIM	JF4 - PWR ADJ BRAKE & ACCEL. PEDALS
J41 - BRAKES, FRONT DISC, REAR DRUM	K34 - CRUISE CONTROL
K64 - GENERATOR 115 AMPS	L61 - 2.2L 4 CYL ENGINE
MN5 - TRANSMISSION AUTO 4 SPEED	MX0 - 4-SPEED AUTO TRANSMISSION
NT9 - FED EMIS SYS, TIER 2 PHASE-OUT	N46 - STEERING WHEEL
PA7 - (4) 15" WHEELS W/BOLT ON COVERS	QMR - (4) TOURING TIRES P205/65R15
R9U - GM ACCESS - AUTOBOOK IDENTIFIER	SLM - STOCK ORDERS
UN0 - AM/FM STEREO W/CD & RDS (REPLACES STD/OPT/PKG RADIO)	UZ6 - SIX PREMIUM SPEAKERS
U77 - ANTENNA RR WINDOW	VM3 - CONSUMER INFORMATION LABEL
V73 - STATEMENT OF VEHICLE CERT.- U.S. /CANADA	1SB - MALIBU PREFERRED EQUIP GRP 1SB * CRUISE CONTROL * AM/FM STEREO W/ CD & RDS (REPLACES STD/OPT/PKG RADIO * DRIVER SEAT MANUAL LUMBAR * FRONT SEATBACK MAP

	POCKETS * REMOTE KEYLESS ENTRY * FLOOR MATS * CARGO CONVENIENCE NETS * PWR ADJ BRAKE & ACCEL. PEDALS
1SZ - PREFERRED EQUIPMENT SAVINGS PREFERRED EQUIPMENT GROUP SAVINGS	33U - LIGHT DRIFTWOOD METALLIC
52D - NEUTRAL CLOTH	52I - NEUTRAL INTERIOR
6AK - FRONT SPRING	7AK - FRONT SPRING
8AB - REAR SPRING	9AB - REAR SPRING

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

800.888.0164 *tel*
313.665.0911 *fax*

Sean Kelly
Claims Administrator

January 5, 2008

[redacted]
Charlotte NC[redacted]

RE: Claimant: [redacted]
Our File No.: 641612
Our Client: General Motors
Date/Event: 12-18-07
Subject vehicle: 2005 Chevrolet Malibu

Dear [redacted]

ESIS provides administrative claims handling services to General Motors (GM) for all product liability claims. I have been unable to reach your husband, Phillip, by phone.

If you are claiming a product defect in your 2005 Malibu caused your injury and you are pursuing compensation from GM, please call me at 800.888.0164 so I can begin an investigation.

Thank you.

Sincerely,

Sean Kelly

Service Request Detail

SR No.	71-560106305	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name	[redacted]	First Name	Rick	Approval	Not Initiated	Area	PAR
Daytime #		Evening #	[redacted]	UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address	[redacted]	City	Kennett	Involved Dlr	Glen Sain Chevrolet-Oldsmobile-	Safety	Yes
State	MO ZipCd [redacted]	Con Acct		Source	Phone	Updated	12/21/2007 05:54:44 PM
Serial #/VIN	1G1ZT52875F [redacted]	Model Year	2005	Priority	Medium License # CHEVROL	Owner	GARCIAFA
Make	Chevrolet	Warr. Start	06/03/2005	Status	Open	Opened	12/19/2007 04:42:51 PM
Model	Malibu	Mileage	44000	Sub-Status	Satisfied	Closed	
Abstract	Steering_05 Malibu						
Customer Description	This is a BRC PAR Case. Forward any inquiries to Fabiola Garcia at 41006						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond	Fire Report#	Police Report#
Owner	12/18/2007 09:00:00 AM	Y	0	1	Asphalt	Dry	n/a	n/a

[redacted]	Height	DOB	Disabilities
	5'0	7/23/1956	none

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
unk	unk	(800) 437-8394	Unitri Direct Policy [redacted]

Incident Loc	First Street	Incident Desc	went up a high curb as veh would not drive straight
Component	steering		
Vehicle Loc	home	Damage Desc	tire blew, rims
Emgcy Svc Names	none	Add'l Info	Policy [redacted]
		Maint Loc	

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	none
Vehicle Speed	30			Weather Condition	Clear			Prop Owner	n.a
Last Service Date				Loc Last Service				Property Location	n.a
Veh Est Repair Cost				Spec Equip Installer	n.a			Prop Damage Description	n.a
Primary Veh Use	Personal			Inspection Type				Inspected By	
Veh Damage Description	tire blew, rims damaged							Explain Other	

Property Type	n.a
Prop Est Repair Cost	
Inspection Date/Time	

Service Request Detail

PAR Injuries

[redacted] B	Location	Phone #	Seating Pos	Restraint Type
	Occupant of Owner's Vehicle		Driver	seatbelt
	Medical Rpt#		Treatment Location	Treated By
neck, shoulders, wrist sore	@ dr's office		Kennett 5737177676	Jackie Turner
Street Address	City	State	Zip Code	

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 10:11:59 AM	RODRIJOS	ESISBIQU	Escalation	ESIS - Injuries	In Progress		Assigned to ESIS

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments
Med Comps
Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/27/2007 10:39:49 AM	DRAHEICM	RODRIJOS	Notify CRM		Done	12/28/2007 10:11:46 AM	ESIS - Injuries

[redacted]	t 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
12/26/2007 05:24:28 PM	GARCIAFA	GARCIAFA	Scheduled Follow-up	Other	Scheduled Alarm		[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments
f/up on ESIS escalation
Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/26/2007 05:16:49 PM	GARCIAFA	KINZERTH	BRC PAR	ESIS- Injuries	Done	12/27/2007 10:39:48 AM	ESIS- Injuries

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Cust sts that he would like to be compensated for the deductible that has been paid for the medical insurance. Cust sts that his wife has been to the Drs for neck, shoulders, wrist soreness.

Dr. Jackie Turner
573.717.7676

Fabiola Garcia/PAR/ATX

Received and assigned for ESIS escalation
Thaddeus Kinzer/PAR/ATX

Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/26/2007 04:47:58 PM	GARCIAFA	GARCIAFA	Outbound Call Customer	Made Contact	Done	12/26/2007 05:16:48 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Cust sts that as long as the veh can be repaired with in a few days without taking 14 days he will go happy. Cust sts that the tires were blown since the veh did not go over the curb and only impacted it.

Crs adv that I cannot provide a rental veh or authorize the repairs to the veh without having the veh inspected. That inspection can take up to 14 business days. It could be done earlier but there is no guarantee

Cust sts that there is a history of these concerns. He could go ahead and file with his insurance and they can provide a rental veh

Crs adv that if he wishes to that it will be fine but I cannot provide any GW until the veh is inspected

Cust sts that he would like to know where the veh would be inspected at

Crs adv that it would be at the dlr and that he would be responsible for the towing

Cust sts that he feels that should be GMs responsability since there have been previous repairs that are related

Crs adv that once the inspection is complete if we take liability then we can go ahead reimburse that back to him

Cust sts that his wife has had injuries and that they have had to pay out of pocket for the insurance deductible and he would like to have that reimbursed

Crs adv that the case will be sent to ESIS and that they will work with him in regards to the compensation/reimbursement, they will contact him within 7-10 business days. In the mean time I would recommend that he hold on to the veh

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/26/2007 04:47:02 PM	GARCIAFA	GARCIAFA	Outbound Call Customer	Made Contact	Done	12/26/2007 04:48:18 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Crs adv that I would like to know if there is another number to call at

Cust sts that I can call his cell

Fabiola Garcia/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/26/2007 04:44:19 PM	GARCIAFA	GARCIAFA	Outbound Call Customer	Made Contact	Done	12/26/2007 04:47:00 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Cust sts that the driver has a bruised wist and that she had to get a CT as well. He has had this concern before and that at this time...

Call was disconnected

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/26/2007 03:49:13 PM	GARCIAFA	GARCIAFA	Outbound Call Customer	Made Contact	Done	12/26/2007 04:44:18 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Crs adv that I was calling to see he had made a decision in regards to the inspection

Cust got disconnected

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/24/2007 02:45:17 PM	GARCIAFA	GARCIAFA	Scheduled Outbound Call Cust		Done	12/26/2007 03:49:12 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

f.up on cust decision in regards to inspection

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/24/2007 02:44:28 PM	GARCIAFA	GARCIAFA	Outbound Call Customer	Received No Answer	Done	12/24/2007 02:45:10 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Received No Answer

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/21/2007 06:12:27 PM	GARCIAFA	GARCIAFA	Scheduled Outbound Call Cust		Done	12/24/2007 02:45:14 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

f.up on cust decision in regards to inspection

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 06:20:49 PM	GARCIAFA	GARCIAFA	Scheduled Outbound Call Cust		Done	12/21/2007 06:08:34 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Complete Initial

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 04:33:45 PM	GARCIAFA	GARCIAFA	Ownership Changed	Ownership Escalated to BRC	Done	12/20/2007 04:33:45 PM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 12:24:38 PM	DRAHEICM	GARCIAFA	Ownership Changed		Done	12/20/2007 12:24:38 PM	Service Request Ownership has changed FROM: SMITHT3 TO: GARCIAFA

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	[redacted]
12/20/2007 12:23:49 PM	DRAHEICM	GARCIAFA	BRC PAR	Initial Contact- Phone	Done	12/21/2007 08:12:24 PM	

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Cust provided par information and verified pre-par. Cust sts that the veh is in the garage

Crs adv that I would like to have the veh inspected by a 3rd party and that I will need the veh to be towed to the dlr and allow 10-14 for the inspection

Cust sts that they will need to hae a rental veh in the meantime

Crs adv that unfortunately we can not provide a rental veh pending the inspection

Cust sts that if we can not provide a rental veh he will have to retain and atty because his wife has lost work time and this is a concern that he has voiced before.

Crs adv that we cannot provide a rental veh and that it would need to be towed to the dlr for the inspection. The towing would be up to him but would be reimbursable if we accept liability

Cust sts that we ould like to have me call back on Monday between 5-7 est so he can think about the situation

Fabiola Garcia/PAR/ATX

Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 12:23:38 PM	DRAHEICM	GARCIAFA	BRC PAR	Initial Contact- Dealer	Done	12/24/2007 11:32:38 AM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

GLEN SAIN CHEVROLET
PO BOX 508
KENNETT , MO 63857
(573) 888-1972

Mark McDaniel, SA

Dlr adv that there was a repairs in regards to a knocking noise in front of the veh. He has just had a cust with the same concern on a 05 Malibu and he had a special policy on his veh.

Crs adv that policy is in the system but acording to the cust's VIN he does not fall in that policy. If the cust should decide to have the veh inspected could they do that?>

SA adv that the SVM GS Kilberet would make that decision

Crs adv that I will call back if necessary, Thank you

Fabiola Garcia/PAR/ATX

Fabiola Garcia
PAR/ATX 41006

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 12:23:30 PM	DRAHEICM	GARCIAFA	BRC PAR	Initial Contact- AVM	Done	12/24/2007 11:22:41 AM	Not Necessary

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

DVM will be out of town until 01/08

Fabiola Garcia/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed
12/20/2007 12:23:26 PM	DRAHEICM	GARCIAFA	BRC PAR	Acknowledgement	Done	12/20/2007 06:21:52 PM

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

I was calling to advise you that we have received your file regarding the recent claim you filed. At this time I go ahead and review your file in order to get acquainted with the situation. I will call you back with 24 hours to adv of the best direction to follow with the file. What time would be best?

Cust sts that he needs a rental veh as well, he has also had this concern before

Crs adv that I will go ahead an research all that as well, the rental veh can not be provide to him unless we accept liability and during repairs.

Cust sts that I can call tomorrow between 4:30-6:30

Fabiola Garcia/PAR-BRC/ATX
866-790-5700 ext 41006

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 12:23:21 PM	DRAHEICM	GARCIAFA	Notify CRM		Done	12/20/2007 04:17:42 PM	file assigned

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 12:23:15 PM	DRAHEICM	GARCIAFA	Research		Done	12/20/2007 04:23:14 PM	research vin

[redacted]	First Name	Account	BAC Code

11/22/2006
SHAFT, STEERING INTERMEDIATE
- REPLACE 25029 miles

No open recalls
Duplicate file 71-503167068 04/07
Cust advcd of steering concerns, closed

Fabiola Garcia/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 12:20:43 PM	DRAHEICM	GARCIAFA	BRC PAR	Case Assigned	Done	12/20/2007 04:17:38 PM	assigned to fabiola garcia ext 41006

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 10:49:53 AM	DRAHEICM	SMITHT3	SR Opened		Done	12/20/2007 10:49:54 AM	SR in Status of Closed has been Re-Opened by DRAHEICM

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/20/2007 10:49:52 AM	DRAHEICM	SMITHT3	SR Closed - Dissatisfied		Done	12/20/2007 10:49:52 AM	Service Request has been Closed Dissatisfied.

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/19/2007 07:12:10 PM	SMITHT3	DRAHEICM	Escalation	Initiate PAR	Done	12/20/2007 10:49:04 AM	Assigning activity to PAR QUEUE

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

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

TaraSmith/CAC/Chatham

Received and assigned to 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
12/19/2007 04:42:58 PM	SMITHT3	SMITHT3	Inbound Call Customer	Complex Request	Done	12/19/2007 07:14:31 PM	Customer claims product failure caused bodily injury

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Cust sts: wouldn't drive straight, wife went up a curb, blew a tire, caused bodily injuries

Cust sks: I want my car fixed, 2 rims, whatever injuries my wife substained,

CRS adv: no open recalls on the veh

Specific to Owner
Original owner of the veh? y
Primary driver of the veh? y
Personal or business use? p
Specific to Vehicle
Where was veh purchased? Glensin
When was the veh purchased? April 2005
Current mileage? 44,000
Did you purchase an Extended Service Plan? y
Specific to Concern
When did you 1st notice this concern? Nov
GM Dlr diagnosed this concern? n - haven't called them
Cost of repair? n/a
Where is veh located now? home
Has the veh been repaired? n
What has Dlr told you about diagnosis? n/a
Who have you worked w/? Vicky - no longer there
Where is maintenance performed on this veh? dlr
Owned other GM vehs? y -
Previous related repairs covered under warranty? popping noise was covered under warranty
Pay for any repairs, outside of our warranty or an Extended Service Plan? n

TaraSmith/CAC/Chatham

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Inoperative	Steering - General

GM Vehicle Inquiry System
Summary

[redacted]

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

Help

VIN :	1G1ZT52875F[redacted]

VEHICLE INFORMATION

Merchandising Model :	1ZT69 -2005 MALIBU LS SEDAN	Warranty Start Date :	06/03/2005
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	GLEN SAIN CHEVROLET-OLDSMOBILE-CADILLAC-GEO PO BOX 508 KENNETT , MO 63857-0508 (573) 888-1972	Selling Source :	13 - CHEVROLET
		Site Code :	17083
		Business Associate Code :	114196

Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
YT	05548	ENGINE HARMONIC BALANCER NOT SEATED **EXPIRES AUGUST 31, 2006**	N/A	Closed

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

OnStar Equipped	No	OnStar Status	N/A	Refer to Help page for details or:go to OnStar Online Enrollment (located on the "OnStar" tab in GM InfoNET) or (888)ONSTAR1 (888) 667-8271.		
XM Equipped	Yes	XM Radio ID	ZZETA00T	XM Status	Active	Refer to Help page for details or: www.xmradio.gm.ca or Dealer Hotline 1.877.GET.XMST (1-877-438-9677).

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	06/03/2005	80 miles	06/03/2008	36080 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	06/03/2005	80 miles	06/03/2011	100080 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	06/03/2005	80 miles	06/03/2013	80080 miles

36/36000 FEDERAL EMISSION	06/03/2005	80 miles	06/03/2008	36080 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
09/06/2007	037676	#	N6620 - WIRING AND/OR CONNECTOR - POWER & GROUNDS DISTRIBUTION - R	28567 miles
09/06/2007	037676	#	N6612 - WIRING AND/OR CONNECTOR - EXTERIOR LIGHTING - REPAIR OR RE	28567 miles
09/06/2007	037676	#	C2362 - PANEL, INSTRUMENT PANEL UPPER TRIM - R&R OR REPLACE	28567 miles
09/06/2007	037676	#	D0362 - CONTROL, HEATER AND AIR CONDITIONING - REPLACE	28567 miles
09/06/2007	037676	#	Z7911 - 2-WAY SHUTTLE COURTESY TRANSPORTATION	28567 miles
11/22/2006	032980	#	B4051 - LINK OR SPRING, FRONT DOOR HOLD OPEN - LEFT - REPLACE	25029 miles
11/22/2006	032980	#	B4050 - LINK OR SPRING, FRONT DOOR HOLD OPEN - RIGHT - REPLACE	25029 miles
11/22/2006	032980	#	E7700 - SHAFT, STEERING INTERMEDIATE - REPLACE	25029 miles
11/22/2006	032980	#	C2020 - SUNSHADE REPLACEMENT - RIGHT SIDE	25029 miles
11/22/2006	032980	#	Z7911 - 2-WAY SHUTTLE COURTESY TRANSPORTATION	25029 miles
10/06/2005	026015	#	Y0042 - 05548 - CUSTOMER SATISFACTION PROGRAM - RETORQUE HARMONIC	7133 miles
10/06/2005	026015	#	Z7911 - 2-WAY SHUTTLE COURTESY TRANSPORTATION	7133 miles
06/13/2005	024092	#	J6354 - POWERTRAIN CONTROL MODULE ENGINE REPROGRAMMING WITH SPS	1365 miles
03/23/2005	A74212	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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[redacted]

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 :	1G1ZT52875F[redacted]

CLAIM HISTORY

Repair Order Date :	09/06/2007	Repair Order Number :	037676	Odometer Reading :	28567 miles
Serviced By :	GLEN SAIN CHEVROLET-OLDSMOBILE-CADILLAC-GEO PO BOX 508 KENNETT, MO 63857-0508 (573) 888-1972	Selling Source :	13 - CHEVROLET		
		Site Code :	17083		
		Business Associate Code :	114196		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
09/18/2007	831	01	#	N6620 - WIRING AND/OR CONNECTOR - POWER & GROUNDS DISTRIBUTION - R	N/A	N/A	N/A	$ 32.13	N
09/18/2007	831	02	#	N6612 - WIRING AND/OR CONNECTOR - EXTERIOR LIGHTING - REPAIR OR RE	N/A	N/A	N/A	$ 32.13	N
09/18/2007	831	03	#	C2362 - PANEL, INSTRUMENT PANEL UPPER TRIM - R&R OR REPLACE	15207563 - PLATE	N/A	N/A	$ 108.19	N
09/18/2007	831	04	#	D0362 - CONTROL, HEATER AND AIR CONDITIONING - REPLACE	15207612 - CONTROL	N/A	N/A	$ 225.51	N
09/18/2007	831	05	#	Z7911 - 2-WAY SHUTTLE COURTESY TRANSPORTATION	N/A	N/A	N/A	$ 10.00	N

Repair Order Date :	11/22/2006	Repair Order Number :	032980	Odometer Reading :	25029 miles
Serviced By :	GLEN SAIN CHEVROLET-OLDSMOBILE-CADILLAC-GEO PO BOX 508 KENNETT, MO 63857-0508 (573) 888-1972	Selling Source :	13 - CHEVROLET		
		Site Code :	17083		
		Business Associate Code :	114196		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
12/19/2006	753	01	#	B4051 - LINK OR SPRING, FRONT DOOR HOLD OPEN - LEFT - REPLACE	10388445 - LINK	N/A	N/A	$ 53.77	N
12/19/2006	753	02	#	B4050 - LINK OR SPRING, FRONT DOOR HOLD OPEN - RIGHT - REPLACE	10388445 - LINK	N/A	N/A	$ 53.77	N
12/19/2006	753	03	#	E7700 - SHAFT, STEERING INTERMEDIATE - REPLACE	22687711 - SHAFT KIT	N/A	N/A	$ 162.62	N
12/19/2006	753	04	#	C2020 - SUNSHADE REPLACEMENT - RIGHT SIDE	15803234 - SS-MIRROR	N/A	N/A	$ 34.48	N
12/19/2006	753	05	#	Z7911 - 2-WAY SHUTTLE COURTESY TRANSPORTATION	N/A	N/A	N/A	$ 10.00	N

Repair Order Date :	10/06/2005	Repair Order Number :	026015	Odometer Reading :	7133 miles
Serviced By :	GLEN SAIN CHEVROLET-OLDSMOBILE-CADILLAC-GEO PO BOX 508 KENNETT, MO 63857-0508 (573) 888-1972	Selling Source :	13 - CHEVROLET		
		Site Code :	17083		
		Business Associate Code :	114196		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
10/11/2005	629	01	#	Y0042 - 05548 - CUSTOMER SATISFACTION PROGRAM - RETORQUE HARMONIC	N/A	N/A	N/A	$ 17.90	N
10/11/2005	629	02	#	Z7911 - 2-WAY SHUTTLE COURTESY TRANSPORTATION	N/A	N/A	N/A	$ 10.00	N

Repair Order Date :	06/13/2005	Repair Order Number :	024092	Odometer Reading :	1365 miles
Serviced By :	GLEN SAIN CHEVROLET-OLDSMOBILE-CADILLAC-GEO PO BOX 508 KENNETT, MO 63857-0508 (573) 888-1972	Selling Source :	13 - CHEVROLET		
		Site Code :	17083		
		Business Associate Code :	114196		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments

06/21/2005	597	01	#	J6354 - POWERTRAIN CONTROL MODULE ENGINE REPROGRAMMING WITH SPS	N/A	N/A	N/A	$ 41.77	N

Repair Order Date :	03/23/2005	Repair Order Number :	A74212	Odometer Reading :	0 miles
Serviced By :	COUNTRYSIDE CHEVROLET, INC. PO BOX 250 DONIPHAN, MO 63935-0250 (573) 996-2124	Selling Source :	13 - CHEVROLET		
		Site Code :	17343		
		Business Associate Code :	132372		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/29/2005	573	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	N/A	N/A	N/A	$ 69.81	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

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

Help

VIN	1G1ZT52875F[redacted]

VEHICLE BUILD

Merchandising Model :	1ZT69 -2005 MALIBU LS SEDAN		
Gross Vehicle Weight Rating :	1914 kg (4220 lb)	Order Number :	HZQRSJ
Build Date :	03/23/2005	Build Plant :	15FZ

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

OPTION CODES

AK5 - DRIVER & PASS FRONT AIR BAGS	A51 - SEATS, CUSTOM
B37 - FLOOR MATS	C60 - AIR CONDITIONING
DL5 - ROADSIDE SERVICE INFORMATION DECAL	D49 - POWER OUTSIDE MIRRORS
FA1 - FAIRFAX	FE0 - SUSPENSION SYSTEM-ACTIVE
FE9 - 50-STATE EMISSIONS	F83 - TRANSAXLE 3.05 RATIO
IBE - INTERIOR TRIM	J67 - 4-WHEEL ANTI-LOCK BRAKES W/ TRACTION CONTROL
K64 - GENERATOR 115 AMPS	LX9 - 3.5L V6 ENGINE
MN5 - TRANSMISSION AUTO 4 SPEED	MX0 - 4-SPEED AUTO TRANSMISSION
NT7 - EMISSION SYSTEM FEDERAL, TIER 2	N46 - STEERING WHEEL
PF3 - (4) 15" ALLOY WHEELS	QMR - (4) TOURING TIRES P205/65R15
R9U - GM ACCESS - AUTOBOOK IDENTIFIER	SLM - STOCK ORDERS
T43 - REAR SPOILER	UN0 - AM/FM STEREO W/CD & RDS (REPLACES STD/OPT/PKG RADIO)
UZ6 - SIX PREMIUM SPEAKERS	U2K - XM SATELLITE RADIO - OVER 130 CHNLS OF DIGITAL ENTERTAINMENT SERVICE FEE EXTRA.1ST 3MOS.INCL
U77 - ANTENNA RR WINDOW	VK3 - FRONT LICENSE PLATE BRACKET
VM3 - CONSUMER INFORMATION LABEL	V73 - STATEMENT OF VEHICLE CERT.- U.S. /CANADA
1SA - MALIBU BASE EQUIPMENT GROUP	1SZ - PREFERRED EQUIPMENT SAVINGS PREFERRED EQUIPMENT GROUP SAVINGS

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

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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

December 31, 2007

[redacted]
Kennett MO [redacted]

RE: Claimant: [redacted]
Our File No.: 641725
Our Client: General Motors
Date/Event: 12-18-07
Subject vehicle: 2005 Chevrolet Malibu

Dear [redacted]

ESIS provides administrative claims handling services to General Motors (GM) for all product liability claims. I have been unable to reach you at [redacted] The phone will ring and then ask for "an access code."

If you are pursuing a Product Liability claim against GM, alleging the steering in your 2005 Malibu was defective when it left GM in March 2005, please call me at 800.888.0164 so I begin an investigation. If you have any complaints regarding the service on your Malibu, you may address those directly with the dealership involved.

Thank you.

Sincerely,

Sean Kelly

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Terms: bane /3 delores (Edit Search | Suggest Terms for My Search)

BANE, DELORES MAY

THIS DATA IS FOR INFORMATIONAL PURPOSES ONLY

MISSOURI DRIVERS LICENSE RECORD

Name: BANE, DELORES MAY

Address:
PO BOX 583
KENNETT, MO 63857
County: DUNKLIN

LICENSE INFORMATION

License Type: DUPLICATE ISSUE

License Class:
NON-COMMERCIAL F

License Description: LICENSE

License Issue Date: 12/18/2003

License Expiration Date: 7/23/2009

Status: VALID

PERSONAL INFORMATION

Date of Birth: 7/23/1956

Gender: FEMALE

Height: 5 ft.

Weight: 125 lbs

Eyes: BLUE

Source: Sources > / . . . / > DL - Litigation
Terms: bane /3 delores (Edit Search | Suggest Terms for My Search)
View: Full
Date/Time: Monday, December 31, 2007 - 10:19 AM EST

Attention:

Shawn Kelly

Ref: 2005 Chevy Malibu

[redacted]

UNITRIN direct® auto insurance

CUSTOMER SERVICE OFFICE
P.O. BOX 3057
SCRANTON, PA 18505-0057
Underwritten By: Unitrin Direct Property & Casualty Company
Chicago, Illinois 60601
Customer Service: 1-800-487-8394
Claims: 1-877-506-4222
Web: www.UnitrinDirect.com
Fax: 1-800-242-8057

AUTO POLICY DECLARATIONS

Policyholder Copy
Personal Auto Policy Number: 1389981
Reason for This Declarations: Policy Change
Addition of Discount

Named Insured and Address:
[redacted]
Kennett, MO [redacted]

Policy Period:
12:01 a.m. Standard Time
From: December 02, 2007
To: June 02, 2008
Effective Date of This Declarations:
December 02, 2007

VEHICLES INSURED

VEHICLE	YEAR	MAKE	MODEL	SUBMODEL	VEHICLE IDENTIFICATION	GARAGING ZIP
1	2005	CHEVROLET	MALIBU	SEDAN 4D	1G1ZT52875F[redacted]	63857
2	1999	PLYMOUTH	GRVOYSE/EX	WAG4D4X2	1P4GP44G1XB[redacted]	63857

DRIVERS INSURED

DRIVER	NAME	DATE OF BIRTH	LICENSE NUMBER	LICENSE STATE
1	[redacted]	03/11/58	T096099010	MO
2		07/23/56	487725364	MO

ADDITIONAL INSURED (AI) / LOSS PAYEE (LP)

VEHICLE	TYPE	NAME	ADDRESS	CITY	STATE	ZIP
1	LP	HSSE Credit Union	1401 SW Blvd 102	Jefferson City	MO	65109
2	LP	HSSE Credit Union	1401 SW Blvd 102	Jefferson City	MO	65109

COVERAGE SUMMARY - VEHICLE

DESCRIPTION AND LIMITS OF LIABILITY		VEHICLE 1 PREMIUM	VEHICLE 2 PREMIUM	VEHICLE 3 PREMIUM	VEHICLE 4 PREMIUM	VEHICLE 5 PREMIUM	VEHICLE 6 PREMIUM
Bodily Injury Liability Each Person/Each Accident	$50,000/ $100,000	$ 191.00	$ 72.00				
Property Damage Liability	$50,000	$ 65.00	$ 67.00				
Medical Payments	$5,000	$ 54.00	$ 52.00				
Uninsured Motorist (UM) Each Person/Each Accident	$50,000/ $100,000	$ 17.00	$ 17.00				
Underinsured Motorist (UIM) Each Person/Each Accident	$50,000/ $100,000	$ 3.00	$ 3.00				
Other Than Collision Actual Cash Value less deductibles: Car 1: $500 Car 2: $500		$ 56.00	$ 50.00				
Collision Actual Cash Value less deductibles: Car 1: $500 Car 2: $500		$ 293.00	$ 116.00				
Optional Transportation Expenses		$ 35.00	$ 35.00				

PLEASE GO TO THE NEXT PAGE TO SEE THE CONTINUATION OF YOUR COVERAGES

GLEN SAIN CHEVY-CADILLAC

1607 Independence Ave. • Kennett, MO 63857
Phone (573) 888-1972 • Fax (573) 888-1747

PROJECT NO.	CUSTOMER NO.	CUSTOMER NAME	DATE
000181	R0	[redacted]	02/18/08

WE APPRECIATE YOUR BUSINESS
THANK YOU FOR CHOOSING GENUINE
GENERAL MOTORS PARTS

Customer Quote

29	(1)	2	88957240	WHEEL KI	294.21	294.21	588.42
	(1)	2	CORE	Core Charge	50.00	50.00	100.00

Counterman 03

DISCLAIMER OF WARRANTIES
Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability of fitness for a particular purpose, and neither assumes nor authorizes any person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

TERMS
No returns on electrical or special order items. A restocking charge will be applied on all merchandise returned for credit or refund. No returns after 30 days.

Parts	688.42
State Tax	43.72
Quote Total	732.14

000181 Customer Quote

We Make It Easy to Find the Tires You Need!

*******SIGN UP TO BE A VIP MEMBER TODAY******

Receive discounts on --- oil changes, rotations, balances and other Special Sales. You must use your VIP card to receive discounts. Ask for details today.

ASK ABOUT THEM TODAY!

90 Days Interest Free
Minimum Monthly
Payment Required
See Store For Details
47 Locations
The Forever Tire
Tire Protection Plan
Career Opportunities

Visit us on the web at www.plazatireservice.com

PLAZA TIRE SERVICE®
THE QUICK CHANGE ARTIST
Established in 1963
We Make It Fast

GENERAL OFFICE • 2149 WILLIAM STREET • P.O. BOX 2048 • CAPE GIRARDEAU, MO 63702-2048

CUSTOMER NUMBER	INVOICE
43	19221248
PRINT DATE	INVOICE DATE
02/18/08	02/18/08

16109 STORE: 43 CRT:192 ID:4301 PAGE 1

CUSTOMER NO. NO.	ORDERED BY	WORK PHONE	HOME PHONE	REP.	SLSM.
			[redacted]		

** QUOTATION **

[redacted]

KENNETT MO [redacted]

[redacted]

KENNETT MO [redacted]

TAG NO.	VEHICLE DESCRIPTION	MILEAGE	SOURCE	TERMS
512YLN	05 CHEVR MALIB	0		CASH

QTY	ITEM NO.	SIZE	PLY	DESCRIPTION	UNIT PRICE	VEH/MISC	EXTENSION
1	91610	P205/65R15	92	YOKO TRZ BW	135.19		135.19
1	9102			WHEEL BALANCE	8.50		8.50
1	VTR-413	TR-413		SHORT THIN VALVE STEM	2.50		2.50
1	JTIREPAS			JUNK TIRES (PASSENGER)	2.00		2.00
1	9102			WHEEL BALANCE	8.50	4301	8.50
1	9103			TIRE MOUNT	5.00	4301	5.00
1	9103			TIRE DISMOUNT	5.00	4301	5.00

.00	166.69	.00	.00	.00	.00	.00	MISC

SUBTOTAL: 166.69
ENVIRONMENTAL TAX .50

I hereby authorize the above repair work to be done along with the necessary materials, and hereby grant you and/or your employees permission to operate the car, truck or vehicle described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the above car, truck or vehicle to secure the amount of repairs thereto. (NOT RESPONSIBLE FOR LOSS OR DAMAGE TO THE VEHICLE OR ARTICLES LEFT IN THE VEHICLE IN CASE OF FIRE, THEFT, OR ANY OTHER CAUSE BEYOND OUR CONTROL.)
MAG WHEEL NOTICE: I UNDERSTAND THAT ALL MAG/ALLOY WHEELS LUG NUTS MUST BE RETORQUED AFTER 50 MILES AND CHECKED PERIODICALLY.
INITIALS: _____

SALES TAX 8.87

TAG TOTAL AMOUNT 176.06

X _____
Authorized By

TERMS: Unless agreed otherwise our terms are strictly CASH. Accounts due 1st of the month following date of purchase. A FINANCE CHARGE of 1 1/2% per month (18% ANNUAL PERCENTAGE RATE) will be charged on past due accounts.

FEB-21-08 03:33 PM DUNKLIN CO LIBRARY 573 888 6393 P.01

EARL'S ALIGNMENT & BRAKE SERVICE

Spin Balancing & Brakes
801 South Bypass
KENNETT, MO 63857
(573) 888-4411 Earl Dawson Owner

CUSTOMER'S ORDER NO.	PHONE	DATE 2-18-08
NAME		
ADDRESS	[redacted]	

SOLD BY	CASH		
QTY.	DESCRIPTION	PRICE	AMOUNT
	Alignment		40 00
	2005 Malibu		
	Estimate Only		
		TAX	
RECEIVED BY		TOTAL	40 00

C PRODUCT 515 All claims and returned goods must be accompanied by this bill.

Thank You

To Reorder
800-225-6380 or nebs.com

Glen Sain Chevy, Olds, Cadillac

Kennett, MO 63857
(573) 888-1972

R/O	VIN			DATE IN
32980	1G1ZT52875F [redacted]	RICK BANE 210 MAPLE KENNETT MO 63857		11/22/06
YEAR	MAKE	MODEL	COLOR	TIME IN
2005	CHEV	MALIBU		10:41
MILES IN	MILES OUT	FIRST USE	LIC	CLOSED
25029	25030	06/03/05		12/11/06
SEE		RES (573) - BUS. (573) -		WRITER VIKKI

(1) LUBE OIL FILTER , ALL FLUIDS WILL BE CHECKE FREE 1ST OIL CHANGE	Labor			[11]	3	2.10	9.78
	PF47	(OIL FLTR)			1		4.17
	Bulk Oil				5	8.05	10.15
	Environmental Fee				1	.00	1.50
	Bulk Grease				1	.50	1.00
	Total Labor					2.10	9.78
	Total Parts						4.17
	Total Lubricants					8.55	12.65
(11-9428 JEFF HOLLOWAY-)	Total Repair (QuickLane)						26.60
(2) LEFT FRONT DOOR WONT STAY OPEN LEFT FRONT DOOR CHECK LINK LOOSE INTERNALLY REPLACE LEFT FRONT DOOR CHECK LINK TEST OK	B4051	2W	OG	[08]	4	9.91	24.78
	(F)10388445	(LINK)			1		29.00
	Total Labor					9.91	24.78
	Total Parts						29.00
(08-7630 LANNIE-)	Total Repair (Warranty)						53.78
(3) RIGHT FRONT DOOR WONT STAY OPEN RIGHT FRONT DOOR CHECK LINK LOOSE INSIDE REPLACE RIGHT FRONT DOOR LINK ASSY TEST OK	B4050	2W	OG	[08]	4	9.91	24.78
	(F)10388445	(LINK)			1		29.00
	Total Labor					9.91	24.78
	Total Parts						29.00
(08-7630 LANNIE-)	Total Repair (Warranty)						53.78
(4) FRONT POPPING IN STEERING FOUND INTERMEDIATE STEERING SHAFT LOOSE REPLACE INTERMEDIATE STEERING SHAFT TEST DRIVE OK	E7700	2W	NP	[08]	5	12.39	30.98
	(F)22687711	(SHAFT KI)			1		131.64
	Total Labor					12.39	30.98
	Total Parts						131.64
(08-7630 LANNIE-)	Total Repair (Warranty)						162.62
(5) RIGHT SUNVISOR WONT STAY OPEN RIGHT SUNVISOR PLASTIC LID BROKE REPLACE RIGHT SUNVISOR	C2020	1D	VB	[08]	3	7.44	18.59
	(F)15803234	(SS-MIRRO)			1		15.89
	Total Labor					7.44	18.59
	Total Parts						15.89
(08-7630 LANNIE-)	Total Repair (Warranty)						34.48
(6) TWO WAY SHUTTLE	Z7911	98	MJ	[04]	0		.00
	TWO WAY SH 32980 Z7911					10.00	10.00
	Total Sublet					10.00	10.00
(04-6294 GS-)	Total Repair (Warranty)						10.00

W/C	INT	CUSTOMER

Glen Sain Chevy, Olds, Cadillac

Kennett, MO 63857
(573) 888-1972

R/O	VIN		DATE IN
32980	1G1ZT52875F [redacted]	[redacted]	11/22/06
YEAR / MAKE / MODEL / COLOR		KENNETT MO [redacted]	TIME IN
2005 / CHEV / MALIBU /			10:41
MILES IN / MILES OUT / FIRST USE / LIC			CLOSED
25029 / 25030 / 06/03/05 /			12/11/06
SEE		RES. (573) - BUS. (573) -	WRITER
			VIKKI

	--C/P--	--W/C--	--INT--	-Total-	Gross
Labor Time	3	16	0	19	
Total Labor	9.78	99.13	.00	108.91	61.7%
Total Parts	4.17	205.53	.00	209.70	(N/A)
Total G/O/G	12.65	.00	.00	12.65	32.4%
Total Sublet	.00	10.00	.00	10.00	.0%
Total R/O	26.60	314.66	.00	341.26	(N/A)

W/C	INT		CUSTOMER
99.13	.00	Labor	9.78
205.53	.00	Parts	4.17
10.00	.00	Sublet	.00
		Warr Deduct	.00
.00	.00	Shop Supplies	.56
.00	.00	Oil/Grease	12.65
.00	.00	Less Disc.	.00
314.66	.00	Total	27.16
.00	.00	Tax	1.07
.00	.00	Tax2	.00
.00	.00	Tire Tax	.00
314.66	.00	TOTAL (CHRG)	28.23

Printed 1 time(s)

32980 Job 32980

VIEW R/O

Glen Sain Chevy, Olds, Cadillac

Kennett, MO 63857
(573) 888-1972

R/O	VIN		DATE IN
37676	1G1ZT52875F[redacted]	[redacted]	09/06/07
YEAR / MAKE / MODEL / COLOR		KENNETT MO [redacted]	TIME IN
2005 / CHEV / MALIBU			01:40
MILES IN / MILES OUT / FIRST USE / LIC.			CLOSED
28567 / 28569 / 06/03/05			09/13/07
SEE		RES. (573) - BUS. (573) -	WRITER
			VIKKI

(1) LEFT FRONT DOOR LOCK WONT WORK WIRE OFF DOOR LOCK SWITCH TO POWER RR LEFT DOOR TRIM PANEL REINSTALL DOOR LOCK SWITCH WIRE TEST OK (07-8482 MARK-)	N6620	6G	OJ	[07]	5	8.00	32.13
	Total Labor					8.00	32.13
	Total Repair (Warranty)						32.13
(2) LEFT DOOR CHECK LINK WONT STAY OPEN WORKING AT THIS TIME (07-8482 MARK-)	Labor			[07]			.00
	Total Repair (Warranty)						.00
(3) THIRD BRAKE LIGHT DONT WORK FOUND THAT WIRE LOOSE TO REAR THIRD BRAKE LIGHT REINSTALL THIRD BRAKE LIGHT WIRE TEST OK (07-8482 MARK-)	N6612	7L	OJ	[07]	5	8.00	32.13
	Total Labor					8.00	32.13
	Total Repair (Warranty)						32.13
(4) DASH PEELING ABOVE RADIO FOUND CENTER DASH PANEL PEELING REPLACE CENTER DASH PANEL (07-8482 MARK-)	C2362	5L	VV	[07]	3	4.80	19.28
	(F)15207563	(PLATE)			1		88.92
	Total Labor					4.80	19.28
	Total Parts						88.92
	Total Repair (Warranty)						108.20
(5) BLOWER MOTOR MAKING CLICKING NOISE AND PAINT PEELING ON A/C CONTROL HEAD FOUND THAT AC CONTROL SHORTED INTERNALLY REPLACE AC CONTROL ASSY (07-8482 MARK-)	D0362	6G	ND	[07]	10	16.00	64.26
	(F)15207612	(CONTROL)			1		161.25
	Total Labor					16.00	64.26
	Total Parts						161.25
	Total Repair (Warranty)						225.51
(6) REPLACE WIPER BLADES AND SAVE OLD ONES C PUT ON COUNTER TICKET (07-8482 MARK-)	Labor			[07]			.00
	Total Repair (Customer)						.00
(7) TWO WAY SHUTTLE (04-6294 GS-)	Z7911	98	MJ	[04]			.00
	TWO WAY SH 37676 Z7911					10.00	10.00
	Total Sublet					10.00	10.00
	Total Repair (Warranty)						10.00

W/C	INT		CUSTOMER

Glen Sain Chevy, Olds, Cadillac

Kennett, MO 63857
(573) 888-1972

R/O	VIN		DATE IN
37676	1G1ZT52875F [redacted]	[redacted]	09/06/07
YEAR: 2005	MAKE: CHEV	MODEL: MALIBU	COLOR:	TIME IN: 01:40
MILES IN: 28567	MILES OUT: 28569	FIRST USE: 06/03/05	LIC.	CLOSED: 09/13/07
SEE		RES. (573) -	BUS. (573) -	WRITER: VIKKI

KENNETT MO [redacted]

	--C/P--	--W/C--	--INT--	-Total-	Gross
Labor Time	0	23	0	23	
Total Labor	.00	147.80	.00	147.80	75.1%
Total Parts	.00	250.17	.00	250.17	(N/A)
Total G/O/G	.00	.00	.00	.00	.0%
Total Sublet	.00	10.00	.00	10.00	.0%
Total R/O	.00	407.97	.00	407.97	(N/A)

	W/C	INT		CUSTOMER
	147.80	.00	Labor	.00
	250.17	.00	Parts	.00
	10.00	.00	Sublet	.00
			Warr Deduct	.00
	.00	.00	Shop Supplies	.00
	.00	.00	Oil/Grease	.00
	.00	.00	Less Disc.	.00
	407.97	.00	Total	.00
	.00	.00	Tax	.00
	.00	.00	Tax2	.00
	.00	.00	Tire Tax	.00
	407.97	.00	TOTAL (CHRG)	.00

Printed 1 time(s)
37676 Job 37676
VIEW R/O

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

April 21, 2008

[redacted]
Kennett MO [redacted]

RE: Claimant: [redacted]
Our File No.: 641725
Our Client: General Motors
Date/Event: 12-18-07
Subject vehicle: 2005 Chevrolet Malibu

Dear [redacted]

This will acknowledge my conversation with [redacted] on April 21, 2008, during which we agreed to settle the above matter for $500.

Prior to issuing the check, the enclosed Release needs to be signed by you in the presence of a Notary Public. Please read the Release carefully, as this will be considered the full and final settlement of any and all claims with regard to this matter.

Once I have the completed Release, a settlement check will be issued in the agreed amount of $500.

Should you have any questions, please do not hesitate to contact me at 800.888.0164.

Thank you.

Sincerely,

Sean Kelly

Enclosure: Release

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*

Sean Kelly
Claims Administrator

April 21, 2008

[redacted]
Kennett MO [redacted]

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Thank you.

Sincerely,

Sean Kelly

Enclosure: Release

MAY-08-08 02:33 PM DUNKLIN CO LIBRARY 573 888 6393 P.01

RELEASE AND INDEMNIFICATION OF ALL CLAIMS

FILE NUMBER: 8213-259-641725 Claims Administrator: Sean Kelly

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, [redacted]ing of lawful age, for the sole consideration of Five Hundred and 0/100 dollars, ($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 Inc.**, and Glen Sain Chevrolet, 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 18th day of December, 2007, at or near Kennett, Missouri.

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 12-18-07, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

Initia[redacted] ____ date

MAY-08-08 02:33 PM DUNKLIN CO LIBRARY 573 888 6393 P.02

FILE NUMBER: 8213-259-641725

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 8th day of May, 2008.

[redacted]ION: READ BEFORE SIGNING

[redacted] LS

[redacted] LS

WITNESS

State of Missouri }
County of Dunklin }

On the 8th day of May, 2008, before me personally appeared [redacted] to me known to be the person(s) named herein and who executed the foregoing Release and they acknowledged to me that they voluntarily executed the same.

My term expires _____, 20__

Notary Public

" NOTARY SEAL "
Patricia A. Smith, Notary Public
Dunklin County, State of Missouri
My Commission Expires 10/30/2010
Commission Number 06540436

MAY-08-08 02:34 PM DUNKLIN CO LIBRARY 573 888 6393 P.03

Service Request Detail

SR No.	71-587899059	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Area	PAR
Daytime #	[redacted]	Evening #		UCC	Steering - Power Steering Pump /	Sub-Area	Initiate PAR- Collision
Address	[redacted]	City	Riviera Beach	Involved Dlr	Maroone Chevrolet FL Lauderdale,	Safety	Yes
State	FL ZipCd [redacted]	Con Acct		Source	Phone	Updated	12/28/2007 04:15:50 PM
Serial #/VIN	1G1ZS52F05F [redacted]	Model Year	2005	Priority	Medium License # CHEVROL	Owner	MARQUEMO
Make	Chevrolet	Warr. Start	12/18/2004	Status	Open	Opened	12/27/2007 12:00:53 PM
Model	Malibu	Mileage	59000	Sub-Status	Satisfied	Closed	
Abstract	Collision - Steering - Power Steering Pump / Brackets						
Customer Description	***This is a BRC PAR Case. Please do not assume. Forward any inquiries to Monica Marquez at ext.21072 ***						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	9/21/2007 07:10:00 PM	N	0	4	Asphalt	Wet	0	06908050

Driver Last Name	Driver First Name	Height	DOB	Disabilities
[redacted]		5'1"	11/8/1983	glasses

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
n/a	Hannah	(800) 627-4028	State Farm Insurance Company

Incident Loc	1800 N Jog Road	Incident Desc	was driving down the road and the power steering went out; vehicle swerved and hit a rail
Component	power steering	Damage Desc	wheel emblem, molding, passenger's side front bulk, signal lights and tires had to be replaced.
Vehicle Loc	with customer	Addt Info	
Emgcy Svc Names	Palm Beach County Sheriff	Maint Loc	Maroone Chevrolet

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	none		
Vehicle Speed	40			Weather Condition	Raining			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	none			Prop Damage Description	n/a		
Primary Veh Use	Personal			Inspection Type				Inspected By	Inspection Not Performed	Inspection Date/Time	
Veh Damage Description	Front Right side of vehicle was smashed in, steering wheel was not straight							Explain Other	Foward to ESIS due to allegation		

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/31/2007 10:10:02 AM	MARQUEMO	MARQUEMO	Scheduled Follow-up		Scheduled Alarm		Scheduled Follow-up

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

check and see if esis picked up file

Monica Marquez/BRCPAR/ATX X21072

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/31/2007 10:09:13 AM	MARQUEMO	ESISBIQU	Escalation		In Progress		ESIS - Insurance Deductable - Rental Bill

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

ESIS - Insurance Deductable - Rental Bill

Monica Marquez/BRCPAR/ATX X21072

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 04:19:59 PM	MARQUEMO	MARQUEMO	Scheduled Follow-up		Done	12/31/2007 10:08:33 AM	Send file to ESIS

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 02:41:11 PM	MARQUEMO	MARQUEMO	Scheduled Outbound Call Cust	Cancelled	Done	12/28/2007 04:07:00 PM	Call cust

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Perform Initial Contact

cust called in

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 12:52:33 PM	MARQUEMO	MARQUEMO	Ownership Changed	Ownership Escalated to BRC	Done	12/28/2007 12:52:33 PM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 11:23:28 AM	DRAHEICM	MARQUEMO	Ownership Changed		Done	12/28/2007 11:23:28 AM	Service Request Ownership has changed FROM: CLAUDIAB TO: MARQUEMO

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 11:23:05 AM	DRAHEICM	MARQUEMO	BRC PAR	Initial Contact- AVM	Done	12/28/2007 01:43:09 PM	No Call Made

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

no contact made, dvm's out of office until 01/08

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 11:22:53 AM	DRAHEICM	MARQUEMO	BRC PAR	Initial Contact- Dealer	Done	12/28/2007 02:48:20 PM	Called: [redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Spoke with: Service Manager - Brad

CRS adv:Provided cust and vehicle info and advised of cust allegation

Dlr sts:taken vehicle to Green acres dlr

Monica Marquez/BRCPAR/ATX
x21072

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 11:22:40 AM	DRAHEICM	MARQUEMO	BRC PAR	Initial Contact- Phone	Done	12/28/2007 04:19:52 PM	Cust called in

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

CRS adv: asked detailed questions

Cust sts:was driving down the road and the power steering went out; vehicle swerved and hit a gaurd rail and went across the road.
Vehicle is repaired but not the power steering, insurance paid for damages only.
Insurance is suppose to be subrogating, insurance advised cust to call gm since she is seeking what she is seeking. Cust sts she got an letter in the mail on this recall from gm and has an appointment to go and get it repaired but she still seeking the amout below. Cust got letter in mail after collision.

Cust sks: deductable is $500.00 and diagnosis $128.00 and rental $400.00 -- has documents
vehicle has been re
1g1zs52f05[redacted]

CRS adv:would have to transfer this file over to our centrals claims dept, someone will be incontact with you in 7-10 business days and may be longer since the holiday.

Cust agreed

Monica Marquez/BRCPAR/ATX
x21072

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 11:22:22 AM	DRAHEICM	MARQUEMO	BRC PAR	Acknowledgement	Done	12/28/2007 02:42:30 PM	Calle[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

CRS adv: provided number and extention to contact CRS back. Advised cust why CRS is calling.

Monica Marquez/BRCPAR/ATX
x21072

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 11:22:13 AM	DRAHEICM	MARQUEMO	Notify CRM		Done	12/28/2007 12:51:32 PM	File assigned

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 11:22:00 AM	DRAHEICM	MARQUEMO	Research		Done	12/31/2007 10:08:14 AM	Research VIN

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

CRS Performed VIN Scan

GMVIS: open recalls found

VIN: No Duplicate files found

SVC History: No svc history appears to be related

Monica Marquez/BRCPAR/ATX X21072

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 11:21:35 AM	DRAHEICM	MARQUEMO	BRC PAR	Case Assigned	Done	12/28/2007 12:51:28 PM	Assigned to Monica Marquez Ext 21072

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 09:15:15 AM	DRAHEICM	CLAUDIAB	SR Opened		Done	12/28/2007 09:15:15 AM	SR in Status of Closed has been Re-Opened by DRAHEICM

[redacted] | Account | BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 09:15:13 AM	DRAHEICM	CLAUDIAB	SR Closed - Satisfied		Done	12/28/2007 09:15:13 AM	Service Request has been Closed Satisfied.

[redacted] | Name | Account | BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/27/2007 12:10:32 PM	CLAUDIAB	KINZERTH	Escalation	Initiate PAR	Done	12/28/2007 09:15:07 AM	Assigning activity to PAR QUEUE

[redacted] | Name | Account | BAC Code

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

Krystle Reed/Elemental/CAC/MLA

Received and assigned in PAR
Thaddeus Kinzer/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/27/2007 12:01:50 PM	CLAUDIAB	CLAUDIAB	Inbound Call Customer	Complex Request	Done	12/27/2007 12:11:26 PM	Alleged product allegation- power steering went out

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

customer states:
-just received special coverage letter on the power steering for her malibu
-had an accident last month because of this exact same issue
-insurance company will be going after GM for the repair and the deductible payed by the customer
-brought vehicle to Marcone Chevrolet after the wreck and it took so long for them to see whether this was a defect that she had to rent a vehicle for a long time

customer seeks:
-reimbursement in the amount of 400 dollars for the rental vehicle

crs advised:
-will document call and information will be forwarded to the Product Allegation Department within the BRC

Krystle Read/Elemental/CAC/MLA

Confidential Comments

UCC Information

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

GM Vehicle Inquiry System
Summary

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

Help

VIN :	1G1ZS52F05F[redacted]

VEHICLE INFORMATION

Merchandising Model :	1ZS69 -2005 MALIBU BASE SEDAN	Warranty Start Date :	12/16/2004
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	MAROONE CHEVROLET OF GREENACRES PO BOX 9500 GREENACRES , FL 33466-9500 (561) 433-5757	Selling Source :	13 - CHEVROLET
		Site Code :	26343
		Business Associate Code :	114697

Service Contract :	Yes	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	12/16/2004	3 miles	12/16/2007	36003 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	12/16/2004	3 miles	12/16/2010	100003 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	12/16/2004	3 miles	12/16/2012	80003 miles
36/36000 FEDERAL EMISSION	12/16/2004	3 miles	12/16/2007	36003 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
12/23/2005	170504	#	N0681 - BULBS, PARK AND TURN SIGNAL LAMP (LEFT) -	20242 miles

[redacted] 1/2/2008

			REPLACE	
12/23/2005	170504	#	C9731 - MIRROR AND COVER, NON-ILLUMINATED &NDASH; REPLACE	20242 miles
11/30/2005	167447	#	J9991 - CUSTOMER CONCERN NOT DUPLICATED	18938 miles
07/25/2005	150961	#	J6355 - POWERTRAIN CONTROL MODULE TRANSMISSION REPROGRAMMING WITH	13146 miles
07/25/2005	150961	#	Z7901 - 1-DAY COURTESY TRANSPORTATION	13146 miles
11/29/2004	A05248	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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esis

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

800.888.0164 *tel*
313.665.0911 *fax*

Deborah Chisholm
Claims Administrator

01/14/2008

[redacted]
Riviera Beach, FL [redacted]

RE: Claimant: [redacted]
Our File No.: 642019
Our Client: General Motors Corporation
Date/Event: 9/21/2007
Subject vehicle: 2005 Chevrolet Malibu
VIN: 1G1ZS52F05F[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 claim. Your correspondence alleges that you sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

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

1. Please provide a **copy** of your expert report and **color copies** of photos taken by your expert. Please do not send originals, as they may not be returned.

2. A copy of the police and/or fire report.

3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.

4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.

5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.

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,

Deborah Chisholm
Claims Administrator

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Joshua Preister
Claims Administrator

June 10, 2008

[redacted]
Riviera Beach, FL[redacted]

RE: Claimant: [redacted]
Our File No.: 642019
Our Client: General Motors Corporation
Date/Event: 9/21/2007
Subject vehicle: 2005 Chevrolet Malibu
VIN: 1G1ZS52F05F[redacted]

Dear [redacted]

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

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

Correspondence that was sent to you on 1/14/2008 requested specific information, which would enable us to perform our evaluation. Unless we are provided with the requested supporting technical documentation within thirty (30) days from the date of this letter, we will be unable to take further action in this matter and I will have to close our file. Finally, if it is your intention to pursue this matter further, you will be responsible for preserving the subject vehicle and/or defective component in their immediate post loss condition.

Thank you for your time and attention in this regard.

Sincerely,

Joshua Preister
Claims Administrator

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Deborah Chisholm
Claims Administrator

01/14/2008

[redacted]
Riviera Beach, FL [redacted]

RE: Claimant: [redacted]
Our File No.: 642019
Our Client: General Motors Corporation
Date/Event: 9/21/2007
Subject vehicle: 2005 Chevrolet Malibu
VIN: 1G1ZS52F05F[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 claim. Your correspondence alleges that you sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

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

1. Please provide a **copy** of your expert report and **color copies** of photos taken by your expert. Please do not send originals, as they may not be returned.

2. A copy of the police and/or fire report.

3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.

4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.

5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.

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,

Deborah Chisholm
Claims Administrator

Service Request Detail

SR No.	71-580540122	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Area	PAR
Daytime #	[redacted]	Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address	[redacted]	City	Newington	Involved Dlr	Mick Olender Chevrolet, Llc	Safety	Yes
State	CT ZipCd [redacted]	Con Acct		Source	Phone	Updated	1/17/2008 10:38:35 AM
Serial #/VIN	1G1ZT51F46F [redacted]	Model Year	2006	Priority	Medium License #	Owner	RODRIJOS
Make	Chevrolet	Warr. Start	08/26/2005	Status	Open	Opened	12/3/2007 02:34:26 PM
Model	Malibu LT	Mileage	42800	Sub-Status	Dissatisfied	Closed	
Abstract	Steering Concern						
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	11/13/2007 12:00:27 PM	Y	0	1	Asphalt	Dry	N/A	unknown

Driver Last Name	Driver First Name	Height	DOB	Disabilities
[redacted]		5"11"	3/1/1963	None

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
X	John	(203) 641-6821	Metlife insurance agency Claim # unknown

Incident Loc	Route 8 in torrington CT	Incident Desc	Driving on Route 8 in torrington CT and the steering locked up and hit a guard rail,
Component	Steering locked up that caused the incident		
		Damage Desc	Front end damage: Fender, Front Grills and the headlamps was damged
Vehicle Loc	vehicle fixed for about a month now.		
		Addl Info	Cust does not know the last name of the insurance agent, does not also have the Police report number though the
Emgcy Svc Names	CT State Police		
		Maint Loc	Cust does maintenance himself

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	n/a
Vehicle Speed	55			Weather Condition	sunny and dry			Prop Owner	n/a
Last Service Date				Loc Last Service				Property Location	n/a
Veh Est Repair Cost	$6,000.00			Spec Equip Installer	n/a			Prop Damage Description	n/a
Primary Veh Use	Personal			Inspection Type				Inspected By	Inspection Not Performed
Veh Damage Description	frontal damages, Estimate $6,000							Explain Other	n/a

Property Type	n/a		
Prop Est Repair Cost	$0.00		
Inspection Date/Time			

Service Request Detail

PAR Injuries

Last Name, First Name, DOB	Location	Phone #	Seating Pos	Restraint Type
[redacted]	Occupant of Owner's Vehicle	(860) 436-3299	Driver	Seatbelts

Injury Description	Medical Rpt#	Treatment Location	Treated By
22 staples on the head and concussion.	N/A	Hungerford OxfordTorrington hospital	Was seen by several doctors though cust could not remember their names

Street Address	City	State	Zip Code
711 Jacobs Lane	Newington	CT	06111

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/17/2008 10:57:11 AM	RODRIJOS	RODRIJOS	Scheduled Follow-up		In Progress		71-580540122 Check on ESIS

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/17/2008 10:54:06 AM	RODRIJOS	ESISBIQU	Escalation	ESIS - Injuries	In Progress		Assigned to ESIS

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

injuries, deductible reimbursement

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/17/2008 10:23:48 AM	RODRIJOS	RODRIJOS	Outbound Call Customer	Made Contact	Done	1/17/2008 10:51:28 AM	Called cust

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

[redacted]

Cell [redacted]

Cust sts that he was the driver of the vehicle. sts that his steering wheel locked up and he hit a guardrail head on. sts that he paid $500.00 deductible to have his insurance fix the body work. then the dealer MICK OLENDER CHEVROLET, LLC
PO BOX 565
WINDSOR, CT 06095-0565
(860) 688-3696 fixed the steering for the customer.

Cust seeks Reimbursement for $500.00 deductible

Cra advised that this case will be sent to esis. advised that they will contact him with in the next 7-10 business days.

Cust understood.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/16/2008 05:16:40 PM	RODRIJOS	RODRIJOS	Inbound Call Customer	Voice Mail Received	Done	1/16/2008 05:17:43 PM	Cust called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

[redacted]

Ce [redacted]

Cust sts that he wants a call back.

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/16/2008 10:26:13 AM	RODRIJOS	RODRIJOS	Scheduled Follow-up		Done	1/17/2008 10:23:46 AM	71-580540122 call cust

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/16/2008 10:25:06 AM	RODRIJOS	RODRIJOS	Outbound Call Customer	Left Message	Done	1/16/2008 10:26:11 AM	evening [redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			[redacted]

Comments

[redacted]

Crs advised that the case was received.

Crs seeks call back

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/16/2008 10:22:55 AM	RODRIJOS	RODRIJOS	Outbound Call Customer	Left Message	Done	1/16/2008 10:25:05 AM	called customer

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

[redacted]

crs advised that the case was received. crs seeks call back.

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/15/2008 11:30:59 AM	TOLBERWH	RODRIJOS	Notify CRM		Done	1/15/2008 11:33:03 AM	Service Manager Called in seeking info

[redacted] | Account | BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/15/2008 11:15:26 AM	TOLBERWH	TOLBERWH	Inbound Call Dealer	Complex Request	Done	1/15/2008 11:30:58 AM	RFI CASE

[redacted] | Contact First Name | Account | BAC Code

Comments

Service Manager David McCarthy

Dlr adv that he was calling to get an update ont he case.

Crs adv- the case is pending customer contact @ thi s point
they have been sent a 10 day ltre and they called back in
-the OCRs has scheduled a follow up call to contact the customer

Dlr adv that the customer wanted him to call to get some answers. The customer was in a collision due to the steering locking up and they body work was repaired by the insurance company and then it was towed here and I fixed the steering for them. It has been released back to them but they now are seeking to have their $500.00 deductable reimbursed to them by GM.

Crs adv- well the ocrs has scheduled a follow up call for the customer for tomorrow, if they want to persue something then if the customer called in then that would be good too

Dlr adv that he would contact the customer to adv of the scheduled call back

~~Whitneytolber\atx\par-11271~~

438-

860-538-8230

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/14/2008 04:43:27 PM	RODRIJOS	RODRIJOS	Scheduled Follow-up		Done	1/16/2008 10:22:18 AM	71-580540122 call cust

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments
closed called early

Jose Rodriguez ATX PAR
Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/14/2008 01:40:44 PM	RODRIJOS	RODRIJOS	Inbound Call Customer	Voice Mail Received	Done	1/14/2008 01:41:22 PM	Cust called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

[redacted]

Cust sts that he is calling back.
Seeks call back.

Jose Rodriguez ATX PAR
Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/14/2008 01:29:21 PM	VALVERDM	RODRIJOS	Notify CRM		Done	1/14/2008 01:40:43 PM	cust called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

see inbound call

Mark Valverde/PAR/ATX
Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/14/2008 01:27:37 PM	VALVERDM	VALVERDM	Inbound Call Customer	Customer	Done	1/14/2008 01:29:10 PM	cust called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

cust did say that he got a letter saying that BRC was trying to contact him. cust wanted to know why they were calling. crm explained why and then transferred cust to onwing crm's voice mail.

cust said that vehicle had already been repaired.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/14/2008 01:24:37 PM	VALVERDM	RODRIJOS	SR Opened		Done	1/14/2008 01:24:38 PM	SR in Status of Closed has been Re-Opened by VALVERDM

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/2/2008 03:06:54 PM	RODRIJOS	RODRIJOS	SR Closed - Dissatisfied		Done	1/2/2008 03:06:54 PM	Service Request has been Closed Dissatisfied.

Contact Last Name	Contact First Name	Account	BAC Code
Horan	Douglas		

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/2/2008 03:06:25 PM	RODRIJOS	RODRIJOS	BRC PAR	Close-No Offer to Repair/Rep	Done	1/2/2008 03:06:49 PM	closed

[redacted] Name | Account | BAC Code

Comments

case closed. pending customer contact

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/2/2008 09:54:24 AM	DRAHEICM	RODRIJOS	Notify CRM		Done	1/2/2008 03:06:23 PM	letter approved

[redacted] Name | Account | BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/2/2008 09:53:53 AM	DRAHEICM	DRAHEICM	Final Approval	Letter (Non Goodwill)	Done	1/2/2008 09:54:22 AM	letter approved

[redacted] Name | Account | BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 05:36:33 PM	RODRIJOS	DRAHEICM	Submit for Approval		Done	1/2/2008 09:53:18 AM	Unable to contact

[redacted] Name | Account | BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 05:35:02 PM	RODRIJOS	RODRIJOS	Correspondence		Done	12/28/2007 05:35:02 PM	Created:BRCPAR_PA0005. SR#71-580540122

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 03:23:19 PM	DRAHEICM	RODRIJOS	Notify CRM		Done	12/28/2007 05:31:58 PM	See comments

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

10 day letter needs to be sent after 3 unsuccessful call attempts.

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/28/2007 03:23:13 PM	DRAHEICM	RODRIJOS	SR Opened		Done	12/28/2007 03:23:13 PM	SR in Status of Closed has been Re-Opened by DRAHEICM

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/26/2007 12:01:46 PM	RODRIJOS	RODRIJOS	SR Closed - Dissatisfied		Done	12/26/2007 12:01:46 PM	Service Request has been Closed Dissatisfied.

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/26/2007 12:00:43 PM	RODRIJOS	RODRIJOS	BRC PAR	Close-No Offer to Repair/Rep	Done	12/26/2007 12:01:15 PM	closed

[redacted] | Account | BAC Code

closed, pending customer contact

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/26/2007 11:57:34 AM	RODRIJOS	RODRIJOS	Outbound Call Customer	Left Message	Done	12/26/2007 12:00:29 PM	3rd Attempt

[redacted] | Contact First Name | Account | BAC Code

Comments

[redacted]

Crs advised that the case was received. crs seeks call back.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/14/2007 03:09:46 PM	RODRIJOS	RODRIJOS	Scheduled Follow-up		Done	12/26/2007 11:40:53 AM	71-580540122 call customer

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/14/2007 09:39:25 AM	RODRIJOS	RODRIJOS	Outbound Call Customer	Left Message	Done	12/14/2007 09:40:25 AM	2nd Attempt

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

[redacted]

Crs advised that the case was received. crs seeks call back.

Joss Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/6/2007 11:54:36 AM	RODRIJOS	RODRIJOS	Ownership Changed	Ownership Escalated to BRC	Done	12/6/2007 11:54:36 AM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/4/2007 12:41:25 PM	DRAHEICM	RODRIJOS	Ownership Changed		Done	12/4/2007 12:41:25 PM	Service Request Ownership has changed FROM: PARANERO TO: RODRIJOS

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/4/2007 12:41:08 PM	DRAHEICM	RODRIJOS	BRC PAR	Initial Contact- Phone	Done	12/6/2007 11:51:11 AM	called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

[redacted]

Crs advised that the case was received. crs seeks call back.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/4/2007 12:41:02 PM	DRAHEICM	RODRIJOS	BRC PAR	Initial Contact- Dealer	Done	12/6/2007 11:53:41 AM	called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

veh out of warranty. has not been to dealer with in 2 yrs.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/4/2007 12:40:55 PM	DRAHEICM	RODRIJOS	BRC PAR	Initial Contact- AVM	Done	12/6/2007 11:53:48 AM	called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

veh out of warranty. has not been to dealer with in 2 yrs.

Jose Rodriguez ATX PAR

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/4/2007 12:40:49 PM	DRAHEICM	RODRIJOS	BRC PAR	Acknowledgement	Done	12/6/2007 10:02:11 AM	called

Contact Last Name [redacted] Contact First Name Account BAC Code

Comments

See initial contact

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/4/2007 12:40:44 PM	DRAHEICM	RODRIJOS	Notify CRM		Done	12/4/2007 04:47:54 PM	file assigned

Contact Last Name [redacted] Contact First Name Account BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/4/2007 12:40:40 PM	DRAHEICM	RODRIJOS	Research		Done	12/6/2007 11:48:39 AM	research vin

Contact Last Name [redacted] Contact First Name Account BAC Code

Comments

1G1ZT51F48F1[redacted]

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
12/4/2007 12:40:25 PM	DRAHEICM	RODRIJOS	BRC PAR	Case Assigned	Done	12/6/2007 11:48:53 AM	assigned to jose rodriguez ext 21333

Contact Last Name [redacted] Contact First Name Account BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/4/2007 10:23:09 AM	DRAHEICM	PARANERO	SR Opened		Done	12/4/2007 10:23:09 AM	SR in Status of Closed has been Re-Opened by DRAHEICM

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/4/2007 10:23:07 AM	DRAHEICM	PARANERO	SR Closed - Dissatisfied		Done	12/4/2007 10:23:07 AM	Service Request has been Closed Dissatisfied.

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
12/3/2007 03:03:07 PM	PARANERO	DRAHEICM	Escalation	Initiate PAR	Done	12/4/2007 10:22:44 AM	Assigning activity to PAR QUEUE

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

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
12/3/2007 02:58:42 PM	PARANERO	PARANERO	Inbound Call Customer	Complex Request	Done	12/3/2007 03:03:05 PM	Pre-PAR

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Driving on Route 8 in torrington CT and the steering locked up and hit a guard rail.
-The front end was damaged pretty good including the grilla, the headlights, fender.
-sustained 22 staples on the headand contusion.
-Taken to a Hungerford Torrington hospital
-There for about 6 hrs and cust was seen by several doctors.
-Was informed by the bodyshop where the veh is at (Turnpike Motors) that the cause of the accident was the steering that locked up.
-Would need to tow the veh to the dirship for the dirship to perform the work on it since turnpike motors is not a certified Chevrolet dirship.

Cust stks: For the repair of the steering on the veh under warranty since the cause of the accident was due to the steering locking up

CRS Adv: Will be forwarding the case to the Product allegation department and the cust will be given a call within 2 business days

Mel Sanders/Elemental CAC/Mla

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Inoperative	Steering - General

GM Vehicle Inquiry System
Summary

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

Help

VIN :	1G1ZT51F46F[redacted]

VEHICLE INFORMATION

Merchandising Model :	1ZT69 -2006 MALIBU SEDAN 1LT	Warranty Start Date :	08/26/2005
BARS Order Type :	50 - FLEET		
Delivering Dealer :	ROBERT E. PARSONS, INC. PO BOX 544 FARMINGTON , CT 06034-0544 (860) 677-1631	Selling Source :	13 - CHEVROLET
		Site Code :	02376
		Business Associate Code :	111160

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 LIMITED WARRANTY	08/26/2005	10 miles	08/26/2008	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	08/26/2005	10 miles	08/26/2011	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	08/26/2005	10 miles	08/26/2013	80010 miles
36/36000 FEDERAL EMISSION	08/26/2005	10 miles	08/26/2008	36010 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
12/10/2007	104067	#	E7680 - STEERING COLUMN REPLACEMENT	43208 miles
12/10/2007	104067	#	E9740 - GEAR ASSEMBLY, POWER STEERING - REPLACE	43208 miles
12/10/2007	104067	#	T2020 - TOWING	43208 miles

12/10/2007	104067	#	Z5000 - DEALER/RETAILER TRADE(PART OBTAINED LOCALLY)	43208 miles
03/01/2006	B48696	#	Z2083 - ROADSIDE SERVICE (BATTERY/JUMP START)	10000 miles
09/12/2005	076704	I	Z6999 - PDI RELATED FLUID ADDS	2 miles
08/25/2005	A16296	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 :	1G1ZT51F46F[redacted]

CLAIM HISTORY

Repair Order Date :	12/10/2007	Repair Order Number :	104067	Odometer Reading :	43208 miles

Serviced By :	MICK OLENDER CHEVROLET, LLC PO BOX 565 WINDSOR, CT 06095-0565 (860) 688-3696	Selling Source :	13 - CHEVROLET
		Site Code :	02045
		Business Associate Code :	159876

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
12/21/2007	858	01	#	E7680 - STEERING COLUMN REPLACEMENT	15926870 - COLUMN	A	N/A	$ 397.74	N
12/21/2007	858	02	#	E9740 - GEAR ASSEMBLY, POWER STEERING - REPLACE	15858368 - GEAR	AB	N/A	$ 328.60	N
12/21/2007	858	03	#	T2020 - TOWING	N/A	A	N/A	$ 85.00	N
12/21/2007	858	04	#	Z5000 - DEALER/RETAILER TRADE(PART OBTAINED LOCALLY)	N/A	A	N/A	$ 61.74	N

Repair Order Date :	03/01/2006	Repair Order Number :	B48696	Odometer Reading :	10000 miles

Serviced By :	GM ROADSIDE ASSISTANCE/CCAS ONE CABOT RD MEDFORD, MA 02155-5117	Selling Source :	13 - CHEVROLET
		Site Code :	34415
		Business Associate Code :	207453

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/10/2006	672	01	#	Z2083 - ROADSIDE SERVICE (BATTERY/JUMP START)	N/A	C	N/A	$ 44.07	N

Repair Order Date :	09/12/2005	Repair Order	076704	Odometer Reading :	2 miles

			Number :						
Serviced By :	ROBERT E. PARSONS, INC. PO BOX 544 FARMINGTON, CT 06034-0544 (860) 677-1631			Selling Source :		13 - CHEVROLET			
				Site Code :		02376			
				Business Associate Code :		111160			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
09/16/2005	622	01	I	Z6999 - PDI RELATED FLUID ADDS	N/A	N/A	N/A	$ 7.45	Y

Repair Order Date :	08/25/2005	Repair Order Number :	A16296	Odometer Reading :	0 miles

Serviced By :	ROBERT E. PARSONS, INC. PO BOX 544 FARMINGTON, CT 06034-0544 (860) 677-1631			Selling Source :		13 - CHEVROLET			
				Site Code :		02376			
				Business Associate Code :		111160			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
08/30/2005	617	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	N/A	N/A	N/A	$ 91.59	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

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

Help

VIN	1G1ZT51F46F[redacted]

VEHICLE BUILD

Merchandising Model :	1ZT69 -2006 MALIBU SEDAN 1LT		
Gross Vehicle Weight Rating :	1873 kg (4130 lb)	Order Number :	JHFQDR
Build Date :	08/25/2005	Build Plant :	16FZ

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

OPTION CODES

AK5 - AIR BAGS, DUAL-STAGE FRONT, DRIVER & PASSENGER	A51 - SEATS, CUSTOM
B0N - GM PRODUCTION WEEK #31	C1U - FLT-ENTERPRISE RENT A CAR
C60 - AIR CONDITIONING	DL5 - ROADSIDE SERVICE INFORMATION DECAL
DL6 - POWER O/S MIRRORS, BODY COLOR	FAD - WALNUT FINISH ORNAMENTATION
FAI - FAIRFAX	FE0 - SUSPENSION SYSTEM-ACTIVE
FE9 - 50-STATE EMISSIONS	FLT - FLEET PROCESSING OPTION
FY1 - TRANSAXLE 3.63 RATIO	GME - ORNAMENTATION, GM MARK OF EXEL.
IBC - INTERIOR TRIM	J41 - BRAKES, FRONT DISC, REAR DRUM
K64 - GENERATOR 115 AMPS	L61 - 2.2L 4 CYL ENGINE
MN5 - 4-SPEED AUTO TRANSMISSION	MX0 - 4-SPEED AUTO TRANSMISSION
NT7 - EMISSION SYSTEM FEDERAL, TIER 2	NZ6 - (4) 16" WHEELS W/SILVER PAINTED COVERS
N46 - STEERING WHEEL	QPE - (4) TOURING TIRES P215/60R16
R6F - IDENTIFY B-CODE USERS	R6P - PREMIUM PAINT
UN0 - AM/FM STEREO W/CD & RDS (REPLACES STD/OPT/PKG RADIO)	UZ6 - SIX PREMIUM SPEAKERS
U77 - ANTENNA RR WINDOW	VK3 - FRONT LICENSE PLATE BRACKET
VQ2 - FLEET ORDERING AND ASSISTANCE	VX7 - LONG TERM DAILY RENTAL PROGRAM
V2G - FULL FUEL FILL CREDIT	V73 - STATEMENT OF VEHICLE CERT.-U.S. /CANADA
1LT - 1LT PACKAGE	1SZ - OPTION PACKAGE DISCOUNT

33C - CASHMERE	33I - CASHMERE
41U - BLACK	6AK - FRONT SPRING
7AK - FRONT SPRING	8AB - REAR SPRING
9AB - REAR SPRING	

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125 POQUONOCK AVENUE
P.O. BOX 565
WINDSOR, CT 06095-0068
PHONE: 860-688-3699
FAX: 860-688-6608

Mick Olender CHEVROLET

Fax

Mick Olender Chevrolet

To: Sean Kelly From: Dave McCarthy

Fax: Pages: 3

Phone: Date:

Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

No Signature Auth
OK to Charge for C-W Auth
Auth "G" for Claim Type D addon for Rental

SERVICE HISTORY

DATE	REPAIR ORDER	MILEAGE	ADVISOR	TECHNICIAN	TYPE	OPERATION	OPERATION DESCRIPTION
03/29/05	90438	11416	52	295	I	98CVCAC	C.A.C. VEHICLE INSP

SERVICE

SALESPERSON NO. 281 ELVIS F HERRERA

VEHICLE ID NO. 1G1ZT51F46F [redacted]
[redacted]
NEWINGTON, CT [redacted]

YEAR / MAKE / MODEL: 06/CHEVROLET/MALIBU/4 DOOR SEDAN
STOCK NO. 3452P
LICENSE NO.
R.O. NO. 104067
CUSTOMER NO. 23242
SERVICE CONTRACT
DELIVERY DATE 04/03/06
DELIVERY MILES 11,419
SELLING DEALER NO.
R.O. DATE 12/10/07
COLOR BLACK/
CONTRACT NO.
EXPIRATION DATE
EXPIRATION MILES
TAG NO. 851

TUNED	M / T A/C	AIR COND.	P. S.	TRANS	MILEAGE	ADVISOR NO.	PRODUCTION DATE
	CVZZ	Y	Y	A	43,208	116	

RESIDENCE PHONE [redacted] TIME RECEIVED 03:16pm
BUSINESS PHONE [redacted] LABOR RATE
DATE / TIME PROMISED 12/10/07 07:00pm PRIORITY
APPOINTMENT ☐ Yes ☒ No
Advisor: JOSEPH RASKAUSKAS

TERMS: STRICTLY CASH Unless Arrangements Made

WAIVER OF ADVANCE ESTIMATE

I/We hereby request that repairs be performed on my/our vehicle without an advance estimate of their cost. By signing this form, I authorize reasonable and necessary costs to remedy the problems complained of up to a maximum of $ _____. The service shop may not exceed this amount without my written or oral consent.

I.D. OF VEHICLE _____ (MFG. NAME OR APPROP. I.D. ONLY)
DATE _____ TIME _____
X _____

OPTIONAL ESTIMATE $ ADDITIONAL ESTIMATE $ JOB SET UP BY DATE TIME EXPL.

JOB LABOR INSTRUCTIONS

ORIGINAL CUSTOMER ESTIMATE: TOTAL 0.00

COMMENTS: TOWED
W ok charge C & W DM 12/10/07
1 G 15CVZ STEERING
LOSS OF STEERING ,TOWED IN

Sublet $85.00 Lamoreux - #1991 DEALER AUTHORIZATION: A B E G F
SIGN
DATE 12/10/07
INIT D

PARTS RETURNED

Miles In 43,208
Miles Out 43210 - BLCK

1545368
1542687

03CVZZ24E	ALIGNMENT	MI	79.95
03CVZZ7A	TRANS FILTER/FLD SER	MI	118.95
03CVZZ9A	ROTATE 4 WHEELS	MI	19.95
04CVZZ3K	3000 SERVICE INTERV	MI	26.95
04CVZZ30K	30000 SERVICE INTERV	MI	365.00
03CVZZ24K	GREEN COOLANT FLUSH	MI	99.95
03CVZZ3A	LEVEL B (CAR)	MI	59.95
03CVZZ6A	CLEAN/INSP BRAKES	MI	27.50
04CVZZ6K	6000 SERVICE INTERV	MI	59.95
21CVZZCK	CK BELTS/HOSES	MI	0.00

PHONE ESTIMATE FOR AUTHORIZED ADDITIONS

SPOKE TO:
TIME CALLED:
REPAIRS:
AMOUNT:
BY:

#20792

The Reynolds and Reynolds Company ERA-TRACK CONTROL 0 (800)

01/18/2008 15:51 FAX 860 688 6606 SCRANTON CHEVROLET 001

STEERING WHEEL LOCKED

TECHLINE 1877 446 8227

1, 2, 2, 3, 4, 1

CASE# 10029738

JAMIE JASKULA

REPLACED COLUMN

ROAD TESTED

STEERING LOCKED - PROBLEM IN STEERING GEAR - REPLACED

SET FRONT TOE

CLOSED CASE

STRAIGHT TIME (HRS)	FLAT RATE PRICE	R.O. NO. 104067	TIME	
W	1.0	TECH NO. 27 OPER NO. HORAN		OFF DEC 11 15.66 ON DEC 11 14.15

STRAIGHT TIME (HRS)	FLAT RATE PRICE	R.O. NO. 104067	TIME	
W	1.8	TECH NO. 27 OPER NO. HORAN		OFF DEC 12 13.04 ON DEC 12 10.41

SPAN
I do have the parts

To : Shawn Kelly
1/23/08
General Motors
800-888-0164
Fax # 313-665-0911

From: [redacted]

Re: Claim # [redacted]

Per your request attached is our declaration page from our insurance policy.
Any other questions please contact us.

Thank You ,

[redacted]
Newington, Ct [redacted]
[redacted] cell

MetLife Auto & Home®

INSURANCE CHECKLIST
• Look at your Declarations Page and verify the information.
• Is a Billing Statement enclosed?
• Please call if you have any questions.

01/15/08

[redacted]
NEWINGTON CT [redacted]

RE: Policy Number [redacted]

CONFIRMING YOUR POLICY CHANGE: AUTOMOBILE

Thank you for the opportunity to service you.

The change you requested to your policy has been made and is effective as of 01/15/08.

The enclosed Declarations Page reflects the following change(s):

Use Of Vehicle Changed	Driver Assignment Changed
Comprehensive Coverage Added	Collision Coverage Added
Vehicle Added To Policy	Anti-Theft Discount Added
Substitute Transportation Added	Passive Restraint Discount Added

(There may be additional changes, please see the enclosed Declarations.)

Your premium from 01/15/08 through 06/05/08 has been increased by $359.00.

The coverages, limits, and costs of those coverages are shown on the enclosed Declarations Page. By comparing this with the previous Declarations Page mailed to you, you can see the changes made in detail.

If your premium is due or it has been modified, a new Billing Statement or Expressit notice is enclosed or will be mailed to you shortly. If you have our payroll deduction payment plan and the deduction amount is changing, you will receive a separate notice.

If you have any questions, please call the number indicated below.

1 800 GET-MET8.

Thank you for insuring with us.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates Warwick RI

Automobile Insurance Declarations

ST 0

Policy Number: [redacted]
Policy Effective Date: 12-05-2007
Policy Expiration Date: 06-05-2008
At: 12:01 A.M.

Page 1 of 3
Change 01
Policy Change Effective Date: 01-15-200

Named Insured:
[redacted]
NEWINGTON CT [redacted]

You have selected our Payroll Deduction Plan. Your premium includes the Payrol Deduction Discount.

Insured Vehicle(s)

Veh	Year	Make	Model	Body Type	Vehicle ID Number	Sym	Territory
1	2006	CHEVROLET	MALIBU	4DR	1G1ZT61F46F116296	14	23
2	2006	FORD	F150	SDREXCA	1FTRX14W06NA18792	13	23

Coverage Description	Applicable Limits	Semi-Annual Premiums 2006 CHEVR	2006 FORD
Liability			
Bodily Injury	$ 100,000 Per Person/ $ 300,000 Per Occurrence	193	201
Property Damage	$ 50,000 Per Occurrence	84	96
Medical Expense	$ 1,000 Per Person	11	11
Uninsured And Underinsured Motorists			
Bodily Injury	$ 100,000 Per Person/ $ 300,000 Per Accident	43	23
Physical Damage	2006 CHEVR / 2006 FORD		
Actual Cash Value(ACV) or Limit	ACV / ACV		
Collision less deductible	$ 500 / $ 500	214	224
Comprehensive less deductible	$ 500 / $ 500	46	45
Towing and Labor Limit	$ 50 / $ 50	Incl	Incl
Optional Coverages			
Substitute Transportation	$25 Day/ $750 Occurrence	8	8
Total Semi-Annual Premium: $ 1,207.00	**Vehicle Totals:**	599	608

Prior Semi-Annual Premium: $ 746.00
Change in premium from 01-15-2008 through 06-05-2008: $ 359

This Declarations does not supersede any cancellation notices.

Deductible Savings Benefit (DSB) $ 50

Deductible Savings reduces Collision or Comprehensive deductibles, excluding towing and glass claims, effective 01-15-2008 for claims occurring after this date. Your next anniversary date is 12-05-2008. See Important Notice for detail

Forms and Endorsements
MPL 6010-000 CT400 CT550 CT700 CT702 V911

Met..fe Auto & Home® is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates Warwick, R.

Automobile Insurance Declarations

ST 0

Policy Number: [redacted] Policy Effective Date: 12-05-2007 Policy Expiration Date: 06-05-2008 At: 12:01 A.M.	Page 3 of 3 Change 01 Policy Change Effective Date: 01-15-200

Updated Policy Information

Use Of Vehicle Changed
Comprehensive Coverage Added
Vehicle Added To Policy
Substitute Transportation Added
Anti-Lock Brake Discount Added
Driver Assignment Changed
Collision Coverage Added
Anti-Theft Discount Added
Passive Restraint Discount Added

For service or claims, see the Customer Service and Claim Directory located on the back of your cover page.

955-AU3-1

Met..fe Auto & Home® is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates Warwick, R.

2/3/08

Sean

Re [redacted] case# 642575

Please find accident report regarding this matter

Dick

RECEIVED
FEB 05 2008
ESIS-GM CLAIMS UNIT

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT

FORM PR-1 REV.12/94

GPS READINGS: Latitude: 41.733187 Time: Longitude: -73.1083397

FOR DOT USE ONLY

DATE OF ACCIDENT	MILITARY TIME	ACCIDENT SEVERITY	# VEHICLES INVOLVED	PAGE #	POLICE CASE NUMBER
11/03/07	1227	☐ Fatal ☒ Injury ☐ PDO	1	1 of 2	A 0700467803

TOWN OR CITY NAME	TOWN CODE	ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #)
Litchfield	074	RT 8 at

IF NOT AT INTERSECTION
1. MEASURE DISTANCE (Check Appropriate Boxes): 14.00 ○ Feet ● Tenths ○ Meters ○ Kilometers
2. DIRECTION: ○ North ○ East ● South ○ West
3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER: of Exit 41
Accident Occurred: ☐ On Private Property ☐ Parking Lot

TRAFFIC UNIT # 1

☒ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR # 1 or PEDESTRIAN NAME (Last, First, Middle Initial): [redacted]

ADDRESS (Street Number and Name): [redacted]

PROPER LICENSE CLASS: ☒ Yes ☐ No

CITY OR TOWN: Newington | STATE: CT | ZIP CODE: | SEX: ☒ M ☐ F

OPERATOR LICENSE #: [redacted] | STATE: CT | DATE OF BIRTH: [redacted]

OWNER'S NAME (Enter SAME if Owner is Operator): SAME AS ABOVE

ADDRESS (Street Number and Name): SAME AS ABOVE

CITY OR TOWN: SAME AS ABOVE | STATE: | ZIP CODE: | BODY TYPE: 4D SED

REGISTRATION #: [redacted] | STATE: CT | VEHICLE YEAR AND MAKE: 2006 CHEV

VEHICLE IDENTIFICATION NUMBER: 1G1ZT51F46F[redacted]

CARRIER NAME:

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code):

SOURCE OF CARRIER NAME: ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle ☐ USDOT # ☐ ICCMC #

GROSS VEHICLE WEIGHT RATING #: | HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☐ No 1 Digit #:

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No | ENFORCEMENT ACTION TAKEN ☒ None ☐ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #S: | SUBJECT OF ACTION ☐ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE -- NAME -- POLICY #: METROPOLITAN 0501123550

PARTS OF VEHICLE DAMAGED: FRONT BUMPER

VEHICLE TOWED TO: CT AUTOMOTIVE ☐ TOWED DUE TO DAMAGE

TRAFFIC UNIT

☐ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR # PEDESTRIAN NAME (Last, First, Middle Initial):

ADDRESS (Street Number and Name): | PROPER LICENSE CLASS ☐ Yes ☐ No

CITY OR TOWN: | STATE: | ZIP CODE: | SEX ☐ M ☐ F

OPERATOR LICENSE #: | STATE: | DATE OF BIRTH:

OWNER'S NAME (Enter SAME if Owner is Operator):

ADDRESS (Street Number and Name):

CITY OR TOWN: | STATE: | ZIP CODE: | BODY TYPE:

REGISTRATION #: | STATE: | VEHICLE YEAR AND MAKE:

VEHICLE IDENTIFICATION NUMBER:

CARRIER NAME:

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code):

SOURCE OF CARRIER NAME: ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle ☐ USDOT # ☐ ICCMC #

GROSS VEHICLE WEIGHT RATING #: | HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☐ No 1 Digit #:

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No | ENFORCEMENT ACTION TAKEN ☐ None ☐ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #S: | SUBJECT OF ACTION ☐ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE -- NAME -- POLICY #:

PARTS OF VEHICLE DAMAGED:

VEHICLE TOWED TO: ☐ TOWED DUE TO DAMAGE

	L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.	
1	1	B	01	TRAFFIC UNIT # 1 OPERATOR OR PEDESTRIAN # 1	[redacted]	4	2	1	1
2				TRAFFIC UNIT # OPERATOR OR PEDESTRIAN #					2
3	W			Yanavich, Joseph 408 Wimbeldon Gate TORRINGTON, CT	Month 10 Day 26 Year 66				3
4					Month Day Year				4
5					Month Day Year				5
6					Month Day Year				6
7					Month Day Year				7
8					Month Day Year				8

NOV 19 2007

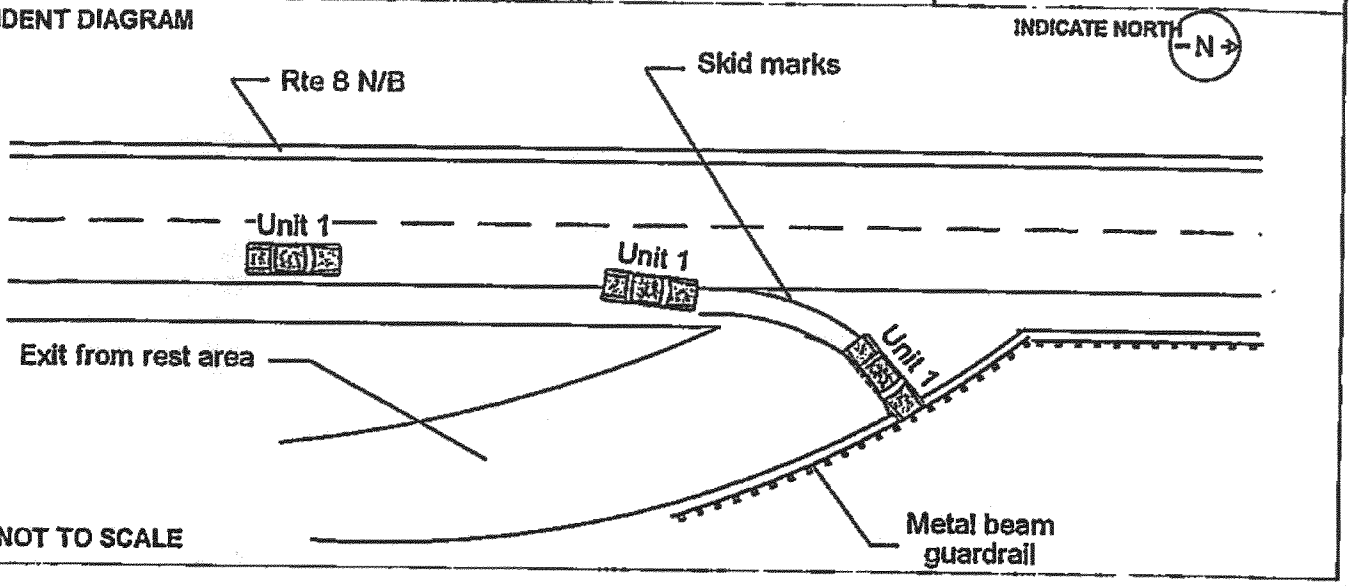
FORM PR-1

Page # 2 of 2

Police Case Number
0700467803

ACCIDENT DIAGRAM

INDICATE NORTH



MAP NOT TO SCALE

TRAFFIC UNIT #	TRAVELING	TRAFFIC UNIT #	TRAVELING
1 North	On Rte 8		On

Vehicle #1 was N/B Rte 8. Vehicle #1 swerved right, leaving the right lane, crossing onto the entrance road for the rest area. Operator #1 applied the brakes and vehicle #1 skidded across the entrance lane and struck the metal beam guardrail.

Operator #1 stated that he was going north on Rte 8 in the right lane. That he heard a bang and the car pulled to the right. That he stepped on the brakes and the car slid off the road and hit the guardrail. Operator #1 had a small cut on his forehead and complained of chest and back pain. Operator #1 stated he was wearing his seatbelt when the collision occurred. Litchfield Ambulance transported operator #1 to Charlotte Hungerford Hospital for treatment.

Witness #1, [redacted], stated he was going north on Rte 8, behind vehicle #1. That he saw the car suddenly swerve right and hit the guardrail.

I observed damage to the front rubber bumper cover of vehicle #1. There was paint transfer to the metal beam guardrail, but no physical damage. I observed a small amount of blood on the drivers side window of vehicle #1.

Upon the arrival of the wrecker I had the driver assist me in inspecting the steering components of vehicle #1. We were unable to find any defective equipment which would have caused the loss of control.

As a result of this investigation I was unable to determine what caused vehicle #1 to pull to the right, causing the operator to lose control. Due to the minor nature of the collision and operators statement I determined that no enforcement action would be taken.

DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES	1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE						
	NAME AND ADDRESS OF PROPERTY OWNER						
	2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE						
	NAME AND ADDRESS OF PROPERTY OWNER						
RANK AND SIGNATURE OF INVESTIGATING OFFICER FC SIPPER, JOHN		OFFICER ID 1098	POLICE AGENCY IDENTIFICATION CSP	REPORT DATE	CASE STATUS	SUPERVISOR	11-16-07

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT FORM PR-1 Rev. 12/94 *Please Print or Type*

A. WEATHER CONDITION: 1. No Adverse Condition; 2. Rain; 3. Sleet,Hail; 4. Snow; 5. Fog; 6. Blowing Sand, Soil, Dirt or Snow; 7. Severe Crosswinds; 8. Other; 9. Unknown;

B. ROAD SURFACE CONDITION: 1. Dry; 2. Wet; 3. Snow/Slush; 4. Ice; 5. Sand, Mud, Dirt or Oil; 8. Other; 9. Unknown;

C. LIGHT CONDITION: 1. Daylight; 2. Dark–Not Lighted; 3. Dark–Lighted; 4. Dawn; 5. Dusk; 9. Unknown;

D. ACCIDENT OCCURRED ON: 1. Main Roadway; 2. On Ramp; 3. Off Ramp; 4. H.O.V. Lane; 5. Collector – Distributor Roadway; 6. Service or Rest Area; 7. Weigh Station; 8. Connector;

E. OTHER ROADWAY FEATURE: 1. Int. Public Road; 2. Int. Private Road; 3. Int. Residential Dr.; 4. Int. Commercial Dr.; 5. On Bridge; 6. At RR Xing; 7. At Median X Over; 8. At On Ramp; 9. At Off Ramp 0. None

F. MEDIAN BARRIER PENETRATION: 1. Full; 2. Partial; 3. None; 4. Not Applicable;

G. CONSTRUCTION OR MAINTENANCE RELATED: 1. Yes; 2. No;

VEHICLE #1 — **H. VEHICLE TYPE** — **VEHICLE #2**

02 Automobile	07 Train	13 Passenger Van	19 Truck Tractor Only	25 Other
03 Motorcycle	08 Emergency Vehicle	14 Single Unit Truck (2 Axle, 4 Tire)	20 Tractor Semi-Trailer	26 Unknown
04 Moped–Motor Scooter	09 School Bus	15 Single Unit Truck (2 Axle, 6 Tire)	21 Tractor Double Trailers	
05 Pedalcycle	10 Commercial Bus	16 Single Unit Truck (3 or more Axles)	22 Tractor Triple Trailers	
06 Taxi	11 Motorhome/Camper	17 Car-Trailer Combination	23 Heavy Vehicle (Unclassifiable)	
	12 Off Road Vehicle	18 Truck-Trailer Combination	24 Construction/Farm Equipment	

OBJECT #1 — **TRAFFIC UNIT #1** — **J. OBJECT(S) STRUCK** — **TRAFFIC UNIT #2** — OBJECT #1

OBJECT #2

01 Animal other than Deer	11 Fence	21 Traffic Control Device
02 Bank, Ledge, Rock (Off Rd.)	12 Fire Hydrant	22 Traffic Island
03 Bridge Structure	13 Foreign Object on Pavement	23 Tree
04 Building, House	14 Highway Sign, Post, Delineator	24 Underpass Ceiling
05 Catch Basin, Manhole	15 Illumination Pole	25 Utility Pole
06 Const., Barricade, Barrel	16 Impact Attenuator	26 Vehicle Off Road
07 Culvert, Endwall	17 Jersey Barrier	27 Wall
08 Curbing	18 Metal Beam Guide Rail	28 Wire Rope Guiderail
09 Deer	19 Overhead Sign Support	29 Other
10 Ditch	20 Railroad Appertunance, Track	

OBJ.#1 LOC — OBJ. #1 LOC

OBJ. #2 LOC — OBJ. #2 LOC

OBJECT #2

TRAFFIC UNIT #1	K. OBJECT(S) LOCATION	TRAFFIC UNIT #2
1 Off Road & Shoulder Ahead	4 On Shoulder, Left	7 On Median Divider
2 In Roadway	5 Off Road & Shoulder, Right	8 Gore Area, Ramp Nose
3 On Shoulder, Right	6 Off Road & Shoulder, Left	9 Over Roadway

L. INVOLVED PERSON IDENTIFIER: 1. Occ. Vehicle #1; 2. Occ. Vehicle #2; P=Pedestrian; W=Witness;

M. INJURY CLASSIFICATION
- K: Fatal Injury
- A: Incapacitating Injury (Prevents Return to Normal Activity)
- B: Non-Incapacitating Evident Injury
- C: Possible Injury (Claim of Non-evident Injury)
- N: Not Injured

N. SEATING POSITION
- 01 Front Seat Left/Motorcycle Driver
- 02 Front Seat Middle
- 03 Front Seat Right
- 04 Second Seat Left/Motorcycle Passenger
- 05 Second Seat Middle
- 06 Second Seat Right
- 07 Third Row Behind Driver/Motorcycle Pass.
- 08 Third Row Behind Front Seat Middle
- 09 Third Row Right
- 10 Sleeper Section of Cab (Truck)
- 11 Enclosed Passenger or Cargo Area
- 12 Unenclosed Passenger or Cargo Area
- 13 Trailing Unit
- 14 Riding on Vehicle Exterior
- 15 Unknown

P. AIRBAG STATUS
- 1 Deployed
- 2 Not Deployed
- 3 Not Applicable
- 4 Unknown

Q. EJECTION STATUS
- 1 Not Applicable
- 2 Totally Ejected
- 3 Partially Ejected
- 4 Trapped
- 5 Unknown

O. OCCUPANT PROTECTION SYSTEM USE
- 1 None Used — Vehicle Occupant
- 2 Shoulder Belt Only
- 3 Lap Belt Only
- 4 Shoulder and Lap Belt
- 5 Child Safety Seat
- 6 Helmet/High Visibility Clothing
- 7 Helmet/No High Visibility Clothing
- 8 No Helmet/High Visibility Clothing
- 9 Restraint Use Unknown

FORM PR-1 REV. 12/94

R. COLLISION TYPE

01 Turning — Same Direction	05 Sideswipe — Opposite Direction	09 Rear-end	13 Pedestrian	17 Unknown
02 Turning — Opposite Direction	06 Miscellaneous — Non-Collision	10 Head-on	14 Jackknife	
03 Turning — Intersecting Paths	07 Overturn	11 Backing	15 Fixed Object	
04 Sideswipe — Same Direction	08 Angle	12 Parking	16 Moving Object	

S. VEHICLE MANEUVER PREFIX

TRAFFIC UNIT #1 — TRAFFIC UNIT #2

1. None Apply; 2. Vehicle Slowing For; 3. Vehicle Stopped For; 4. Vehicle Skidded Slowing or Stopping For; 5. Vehicle Avoiding;

T. VEHICLE MANEUVER SUFFIX

TRAFFIC UNIT #1		TRAFFIC UNIT #2
01 Vehicle Going Straight	18 Vehicle Entering Traffic from Ramp	36 Parking
02 Vehicle Negotiating Curve	19 Vehicle Changing One Lane to Exit	37 Parked Vehicle
03 Vehicle on Wrong Side of Road	20 Vehicle Changing More Than One Lane to Exit	38 Train
04 Vehicle Passing Same Direction on Left	21 Vehicle Changing Lane(s) to Left	39 Bicycle
05 Vehicle Passing Same Direction on Right	22 Vehicle Changing Lane(s) to Right	40 Motorcycle
06 Vehicle Passing Improperly Parked Vehicle	23 Vehicle Changing More Than One Lane from Entrance	41 Other
07 Vehicle Turning Right from Proper Lane	24 Vehicle Backing Along Roadway	42 Emergency Vehicle
08 Vehicle Turning Right from Improper Lane	25 Vehicle Backing Along Shoulder	43 Turn Right
09 Vehicle Turning Left from Proper Lane	26 Vehicle Backing into Roadway	44 Turn Left
10 Vehicle Turning Left from Improper Lane	27 Vehicle Backing into Driveway or Side Road	45 Mechanical Failure
11 Vehicle Making "U" Turn	28 Vehicle Being Towed or Pushed	46 Previous Accident
12 Vehicle Turning Right from Driveway	29 Vehicle Traveling on Shoulder	47 Construction or Maintenance Work
13 Vehicle Turning Left from Driveway	30 Vehicle Engaged in Highway Maintenance	48 School Bus
14 Vehicle Turning Right on Red Light	31 Traffic Signal	49 Pedestrian in Road
15 Vehicle Engaged in Parking Maneuver	32 Traffic	50 Animal in Road
16 Occupant Exiting or Entering Vehicle	33 Traffic Sign	51 Foreign Object in Road
17 Vehicle Skidding in Roadway	34 Traffic Officer	52 Unknown Reason
	35 Stopped Vehicle	

U. PEDESTRIAN MANEUVER

TRAFFIC UNIT #1		TRAFFIC UNIT #2
01 Directing Traffic	06 Crossing at Intersection With Signal	11 Entering or Exiting Vehicle
02 Working in Road	07 Crossing at Intersection Against Signal	12 Waiting for, Exiting or Entering School Bus
03 Playing in Road	08 Crossing at Unsignalized Intersection	13 Walking or Jogging in Road
04 Not in Road	09 Crossing Between Intersections	14 Other or Unknown
05 Emergency Personnel	10 Crossing From Behind Parked Vehicle	

V. CONTRIBUTING FACTOR APPLIES TO: 1. Traffic Unit #1; 2. Traffic Unit #2; 3. Traffic Unit #3; etc.

W. CONTRIBUTING FACTOR (Select one only)

01 Driving on Wrong Side of Road	09 Slippery Surface	17 Unsafe Use of Highway by Pedestrian	25 Traffic Signal Not Operating
02 Speed Too Fast for Conditions	10 Driver Lost Control	18 Unsafe Right Turn on Red	26 Vehicle Involved in Emergency
03 Violated Traffic Control	11 Animal or Foreign Object in Road	19 Driverless Vehicle	27 Entered Roadway in Wrong Direction
04 Under the Influence	12 Fell Asleep	20 Insufficient Vertical Clearance	28 Roadway Width Restricted
05 Failed to Grant Right of Way	13 Defective Equipment	21 Proper Turn Signal Not Displayed	29 Unknown
06 Improper Passing Maneuver	14 Driver Illness	22 Disabled or Illegally Parked Vehicle	30 Unsafe Backing
07 Improper Lane Change	15 Driver's View Obstructed	23 Abnormal Road Condition	31 Improper Turning Maneuver
08 Following Too Closely	16 Unsafe Tires	24 Vehicle Without Lights	

DATA ELEMENTS BELOW APPLY ONLY TO VEHICLES SUBJECT TO MOTOR CARRIER REGULATION

X. DEFECTIVE EQUIPMENT

VEHICLE #1 — VEHICLE #2

1. Brakes; 2. Tires/Wheels; 3. Steering; 4. Suspension/Frame; 5. Lighting; 6. Other; 7. None; 8. Unknown;

Y. NUMBER OF AXLES INCLUDING TRAILERS

VEHICLE #1 — VEHICLE #2

Z. CARGO BODY TYPE

VEHICLE #1 — VEHICLE #2

1. Bus; 2. Van/Enclosed Box; 3. Cargo Tank; 4. Flatbed; 5. Dump; 6. Concrete Mixer; 7. Auto Transporter; 8. Garbage/Refuse; 9. Other;

AA. SEQUENCE OF EVENTS

VEHICLE #1 — VEHICLE #2

EVENT #1, EVENT #2, EVENT #3, EVENT #4

01 Ran off the Road	09 Collision involving Motor Vehicle in Transport
02 Jackknife	10 Collision involving Parked Motor Vehicle
03 Overturn	11 Collision involving Train
04 Downhill Runaway	12 Collision involving Pedalcycle
05 Cargo Loss or Shift	13 Collision involving Animal
06 Explosion or Fire	14 Collision involving Fixed Object
07 Separation of Units	15 Collision involving Other Object
08 Collision Involving Pedestrian	16 Other

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

800-888-0164 tel
313-665-0911 *fax*

www.esis.com
sean.z.Kelly@gm.com

Sean Kelly
Claims Administrator

5

February 7, 2008

[redacted]
Newington CT [redacted]

Re: Claimant: [redacted]
Date of Event: 11-13-07
Our File: 642575
Our Client: General Motors Corporation

Dear [redacted]

This will acknowledge our conversation on February 7, 2008, when we agreed to settle your claim for $500.

Prior to issuing the check, the enclosed Release needs to be signed by you and your wife, Tammi. Please read the Release carefully, as this will be considered the full and final settlement of any and all claims with regard to this matter. You can fax the signed copy to me at 313.665.0911.

Once I have the completed Release, a settlement check will be issued in the agreed amount of $500.00, payable to "Douglas Horan and Tammi Horan."

Should you have any questions, please do not hesitate to contact me at 800.888.0164. Thank you for your cooperation.

Sincerely,

Sean Kelly

Enclosure: Release

esis

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

800-888-0164 tel
313-665-0911 fax

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sean.z.Kelly@gm.com

Sean Kelly
Claims Administrator

February 7, 2008

[redacted]

Newington CT [redacted]

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Sincerely,

Sean Kelly

Enclosure: Release

08-02-18 10:04AM FROM-Home Depot 8210 860-670-4017 T-605 P.001/003 F-239

RELEASE AND INDEMNIFICATION OF ALL CLAIMS

FILE NUMBER: 8213-259-642575 Claims Administrator: Sean Kelly

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, [redacted] being of lawful age, for the sole consideration of Five Hundred and 0/100 dollars, ($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 Inc.**, and Robert E. Parsons, Inc, 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 13th day of November, 2007, at or near Litchfield, Connecticut.

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 11-13-07, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

Initials [redacted]

08-02-18 10:04AM FROM-Home Depot 6210 860-570-4017 T-605 P.002/003 F-238

FILE NUMBER: 8213-259-642575

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 18 day of February, 2008

CAUTION: READ BEFORE SIGNING

[redacted]

_____ LS
WITNESS

_____ LS
WITNESS

State of _____ }
}
County of _____ }

On the _____ day of _____, 20___, before me personally appeared _____ to me known to be the person(s) named herein and who executed the foregoing Release and _____ acknowledged to me that _____ voluntarily executed the same.

My term expires _____, 20___

_____
Notary Public

08-02-18 10:05AM FROM-Home Depot 6210 860-570-4017 T-605 P.003/003 F-239

PAYMENT REQUEST

AUTOMATED ☒ MANUAL ☐ REASON:

FILE NUMBER:	642575
CLAIMANT:	[redacted]
DATE OF EVENT:	11/13/2007

SUB LETTER	CLAIM CODE A	AMOUNT	PAYMENT CODE	P/F
C	PRPD	$500.00	2	F
TOTAL:		$500.00		

PAYEE:	Douglas Horan and Tammy Horan PAID CT ID 2/19/08 R Salamone
ATTY. TAX I.D.	N/A FA7547 1833
ATTY. ADDRESS	N/A

IN PAYMENT OF:	As full and final settlement

MAIL TO: ☐ FED EX (NEXT DAY) ☐ FED EX (2 DAY) ☒ REGULAR	[redacted] Newington CT [redacted] PHONE NUMBER:

PLEASE ADVISE LEGAL IF ANY OF THE FOLLOWING APPLY

IS THE CLAIMANT OVER AGE 60? ☐ YES ☒ NO IS THERE A MEDICARE LIEN? ☐ YES ☒ NO IS THE CLAIMANT COLLECTING SOCIAL SECURITY BENEFITS? ☐ YES ☒ NO IS THE CLAIMANT IN RENAL KIDNEY FAILURE ☐ YES ☒ NO	IF ANY OF THESE APPLY, PLEASE SEND AN EMAIL TO THE STAFF ATTORNEY ADVISING THAT A MEDICARE LIEN MAY EXIST

SIGNATURE:	[signature]	DATE:	2/18/2008
APPROVER: ($10,000 Plus) Automated All Manual Payments Need 2nd Signature		DATE:	

RELEASE AND INDEMNIFICATION OF ALL CLAIMS

FILE NUMBER: 8213-259-642575 Claims Administrator: Sean Kelly

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, [redacted] being of lawful age, for the sole consideration of Five Hundred and 0/100 dollars, ($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 Inc., and Robert E. Parsons, Inc,** 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 13th day of November, 2007, at or near Litchfield, Connecticut.

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 11-13-07, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital.

Initials [redacted]

08-02-18 10:04AM FROM-Home Depot 6210 860-570-4017 T-505 P.002/003 F-239

FILE NUMBER: 8213-259-642575

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 18 day of February, 2008

CAUTION: READ BEFORE SIGNING

_____ [redacted] _____LS
WITNESS

_____ [redacted] _____LS
WITNESS Talbini Horan

State of _____ }
}
County of _____ }

On the ____ day of _____, 20___, before me personally appeared _____ to me known to be the person(s) named herein and who executed the foregoing Release and _____ acknowledged to me that _____ voluntarily executed the same.

My term expires _____, 20___ _____
Notary Public

08-02-18 10:05AM FROM-Home Depot 6210 860-570-4017 T-605 P.003/003 F-239

Service Request Detail

SR No.	71-594922620	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address	[redacted]	City	Christiansted	Involved Dir		Safety	Yes
State	VI ZipCd	Con Acct		Source	While Mail	Updated	1/23/2008 10:28:01 AM
Serial #/VIN	1G1ZT64865F[redacted]	Model Year	2005	Priority	Medium License # CHEVROL	Owner	MARQUEMO
Make	Chevrolet	Warr. Start	06/07/2005	Status	Open	Opened	1/21/2008 12:39:48 PM
Model	Malibu MAXX	Mileage	7500	Sub-Status	Dissatisfied	Closed	
Abstract	Collision - Brakes - Steering						
Customer Description	***This is a BRC PAR Case. Please do not assume. Forward any inquiries to Monica Marquez at ext.21072 ***						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Owner	6/2/2006 12:00:00 AM	Y	0	1	Asphalt	Dry	n/a	unknown

Driver Last Name	Driver First Name	Height	DOB	Disabilities
[redacted]		5'8	[redacted]	n/a

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
Williams	Carlton		Gaurdian Insurance Company

Incident Loc	Eastemside of Virgin Island USA. (Customer cannot give the street name)	Incident Desc	Customer was going uphill and steered to avoid a deer. The veh suddenly lost control the brakes and steering wasn't working.
Component	Brakes and Steering failed		
Vehicle Loc	sold it after the accident	Damage Desc	please see visual damages quotation from Mervyn Ramdeen Auto Repair
Emgcy Svc Names	don't rember	Add'l Info	n/a
		Maint Loc	CARIBBEAN AUTO MART

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	none
Vehicle Speed	40			Weather Condition	Dry			Prop Owner	n/a
Last Service Date				Loc Last Service				Property Location	n/a
Veh Est Repair Cost				Spec Equip Installer	none			Prop Damage Description	n/a
Primary Veh Use	Personal			Inspection Type				Inspected By	Inspection Not Performed
Veh Damage Description	Frontal Side Damages to vehicle is smashed, Windows are shattered							Explain Othor	Transferred to ESIS

Property Type	n/a	
Prop Est Repair Cost		
Inspection Date/Time		

Service Request Detail

PAR Injuries

[redacted]	Location	[redacted]	Seating Pos	Restraint Type
	Occupant of Owner's Vehicle		Driver	seatbelt

Injury Description	Medical Rpt#	Treatment Location	Treated By
Customer suffered from sprained shoulders and statyed in the hopital for three weeks, had X- Rays performed	unknown	Whan Laulse Hospital Virgin Island	unknown, was seen by multiple doctors

Street Address	City	State	Zip Code
PO Box 6446	Christiansted	VI	00823-6446

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 10:51:04 AM	MARQUEMO	MARQUEMO	Scheduled Follow-up		Scheduled Alarm		Scheduled Follow-up

[redacted]	Account	BAC Code

check and see if esis picks up file

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 10:48:26 AM	MARQUEMO	ESISBIQU	Escalation		In Progress		ESIS - Comp. Lost Wages and Pain and Suffering

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

ESIS - Comp. Lost Wages and Pain and Suffering

Monica Marquez/BRCPAR/ATX
x21072

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 08:26:23 AM	MARQUEMO	MARQUEMO	Inbound Call Customer	Voice Mail Received	Done	1/23/2008 08:27:30 AM	Cust called in

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Cust sts: This is Shawn Walters calling you back, If you can give me a call back please. Thanks.

Monica Marquez/BRCPAR/ATX
x21072

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 04:50:35 PM	RAAGASJA	MARQUEMO	Notify CRM	Customer Called	Done	1/23/2008 08:26:18 AM	Informing of contact with the cust

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

please see previous IB activity

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 04:40:08 PM	RAAGASJA	RAAGASJA	Inbound Call Customer	Complex Request	Done	1/22/2008 04:50:31 PM	Seeking for OCRS Miss Monica Marquez.

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Cust STS:
-Received a call fom Ms.Monica,
-she requested me to call her back.

Cust SKS:
-If she is available.

CRS Adv:
-Gathered basic info from cust,
-pulled up SR 71-594922620.
-OCRS is Ms. Monica Marquez ext 21072.
-She has a scheduled call back for tom. 1/23 9 to 11 am EST.
-OCRS is unavailable as of the moment.
-Offered to connect to voicemail, cust agreed.
-Will Notify OCRS.

jake(amith)oc/elemental cac/mta

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 04:12:12 PM	MARQUEMO	MARQUEMO	Scheduled Outbound Call Cust		Done	1/23/2008 10:12:28 AM	perform initial contact

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 12:06:35 PM	MARQUEMO	MARQUEMO	Ownership Changed	Ownership Escalated to BRC	Done	1/22/2008 12:06:35 PM	Ownership Escalated to BRC

Contact Last Name [redacted] Contact First Name Account BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 11:26:21 AM	DRAHEICM	MARQUEMO	Ownership Changed		Done	1/22/2008 11:26:21 AM	Service Request Ownership has changed FROM: MARVILAN TO: MARQUEMO

[redacted] Name Account BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 11:26:01 AM	DRAHEICM	MARQUEMO	BRC PAR	Initial Contact- Phone	Done	1/23/2008 10:48:14 AM	called: [redacted]

[redacted] Account BAC Code

Comments

CRS adv: asked detailed questions and asked to explain what happened on the time of the collision

Cust sts: Cust sts he was going over a hill and he was holding the brakes down alittle and saw a deer, cust then tried to apply the brakes harder and they didn't work and the steering locked up, he then tried to avoid the deer so he turned and when he lost control of the vehicle he went into an enbankment. cust sts the vehicle is totaled out insurance paid for medical bills, cust settled with insurance, unknown of medical report. Unknown of who he was treated by. cust no longer owns vehicle and unknown of location of vehicle. cust did substain minor injuries.

Cust Seeking: Out of work for 3 weeks and seeking lost wages and pain and suffering

CRS adv:would have to transfer this file over to our centrals claims for further action. Someone will be incontact with you in 7-10 business days.

Monica Marquez/BRCPAR/ATX
x21072

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 11:25:42 AM	DRAHEICM	MARQUEMO	BRC PAR	Initial Contact- Dealer	Done	1/22/2008 12:06:59 PM	No call made

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

No need to call Dlr. Vehicle beyond warranty and has not been to dealer in two years.

Monica Marquez/BRCPAR/ATX X21072

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 11:25:36 AM	DRAHEICM	MARQUEMO	BRC PAR	Initial Contact- AVM	Done	1/22/2008 12:07:02 PM	No call made

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

No need to call Dlr. Vehicle beyond warranty and has not been to dealer in two years.

Monica Marquez/BRCPAR/ATX X21072

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 11:25:31 AM	DRAHEICM	MARQUEMO	BRC PAR	Acknowledgement	Done	1/22/2008 04:14:44 PM	called:(340) 514-0604

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Left Message

CRS adv: This is Monica Marquez calling from gm PAR dept. I am calling in regards to your 2005 Chevrolet Malibu. Please give me a call back at 1-866-790-5700 ext 21072 so we can speak about the allegation.

Monica Marquez/BRCPAR/ATX
x21072

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 11:25:26 AM	DRAHEICM	MARQUEMO	Notify CRM		Done	1/22/2008 12:01:11 PM	file assigned

[redacted] Name | Account | BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 11:25:22 AM	DRAHEICM	MARQUEMO	Research		Done	1/22/2008 12:07:57 PM	research vin - 1G1ZT64885F152220

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

CRS Performed VIN Scan

GMVIS: No open recalls found

VIN: No Duplicate files found

SVC History: No svc history appears to be relate

Monica Marquez/BRCPAR/ATX
X21072

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 11:24:52 AM	DRAHEICM	MARQUEMO	BRC PAR	Case Assigned	Done	1/22/2008 12:01:04 PM	assigned to monica marquez ext 21072

[redacted] 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
1/22/2008 10:14:15 AM	DRAHEICM	MARVILAN	SR Opened		Done	1/22/2008 10:14:15 AM	SR in Status of Closed has been Re-Opened by DRAHEICM

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 10:14:13 AM	DRAHEICM	MARVILAN	SR Closed - Dissatisfied		Done	1/22/2008 10:14:13 AM	Service Request has been Closed Dissatisfied.

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/21/2008 04:10:46 PM	MARVILAN	DRAHEICM	Escalation	Initiate PAR	Done	1/22/2008 10:13:51 AM	Assigning activity to PAR QUEUE

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

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/Worklow PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/21/2008 03:30:09 PM	MARVILAN	MARVILAN	Outbound Call Customer	Made Contact	Done	1/21/2008 04:12:04 PM	Initiate PrePAR

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

talked to: Shawn Walters

Outbound Spiel

CRS explained that I have have received the document that he sent in and from the way the documents looks there was an accident that happened?

The cust was going up hill and a deer ran. The tried to avoid the deer when he lost control of the vehicle. The braked wasn't working and he couldn't steer. The car went off the road.

Cust is received the SC 07126 Loss of Power Steering Assist and feels that that's what happened to his vehicle bec he couldn't steer his vehicle.

CRS advised that his case will be escalated to the proper department who handles this types of concern. And he will receive another call within 1-2 business days

Note: Cust cannot give the exact mileage bec the cust no longer owns the veh. The accident happened that approx 7,500mi.

Roxy King/MNL/Recall Reimbursement-Fasuto/L1

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/21/2008 12:59:24 PM	MARVILAN	MARVILAN	Scheduled Outbound Call Cust		Done	1/21/2008 04:12:09 PM	Initiate PrePAR

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

[redacted]
Jan 21, 2008
3-5 PM ET

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/21/2008 12:58:57 PM	MARVILAN	MARVILAN	Outbound Call Customer	Received No Answer	Done	1/21/2008 12:59:23 PM	Initiate PrePAR

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/21/2008 12:58:08 PM	MARVILAN	MARVILAN	Other		Done	1/21/2008 12:58:56 PM	Based on the documents cust sent in. Cust was in a collision

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Pre Par Form needs to be filled out.

Roxy King/MNL/Recall Reimbursement-Fasulo/L1

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/21/2008 12:57:46 PM	SADMIN	MARVILAN	Inbound White Mail	Customer	Done	1/21/2008 12:58:07 PM	TREAD - non temp Scanned: 2007-12-26-11.39.08.000000, MSXDocNum: 0736000518

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Documents Received:

*Signed Reimbursement Claim Form
*Computation from the cust
*RO from Caribbean Auto Mart - St. Croix (purchase of the vehicle)
* Visual Damage Quotation from Mervyn Ramdeen Auto Repairs
*Cancelled Check from Guardian Insurance Company

Roxy King/MNL/Recall Reimbursement-Fasulo/L1

Confidential Comments

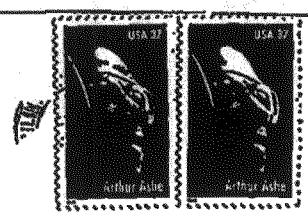
UCC Information

UCC Code	Symptom	Description
M01	Power - Lack of	Steering - General
H01	Inoperative	Brakes - General

[redacted]

St. Croix U.S Virgin Islands

[redacted]



Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

DEC 26 2007

48232B5170 B050

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-17-07

17-Digit Vehicle Identification Number (VIN): 1G12T64865F [redacted]

Mileage at Time of Repair: 7,500 Date of Repair: TOTAL Was not Repaired

Claimant Name (please print): [redacted]

Street Address or PO Box Number: [redacted]

City: C'sted State: ST. Croix ZIP Code: [redacted]

Daytime Telephone Number (include Area Code): [redacted]

Evening Telephone Number (include Area Code): [redacted]

Amount of Reimbursement Requested: $ 8,500

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
  (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [redacted]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261

07126

CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.496.9994.

A. C. V. (Blue Book)	18,145 —
SALVAGE	3,500
Sub-total	14,645 —
DEDUCTIBLE	1000
Sub-total	13,645
DEDUCTED Prior DAMAGE PAID	5,219.05
TOTAL	8,425.95

[redacted]

P.O. Box 2570
Kingshill, St. Croix 00851
U.S. Virgin Islands
(340) 778-0500
(340) 778-1951 (FAX)

ID NO 37533

Caribbean
Auto Mart - St. Croix

CHEVROLET - PONTIAC
OLDSMOBILE - BUICK
CADILLAC - GMC TRUCK
ISUZU - KIA

SERVICE - PARTS
BODY SHOP

PURCHASER'S NAME: [redacted]

PURCHASER'S NAME:

STOCK #: 12415

DATE: 6/7/2005

PLEASE ENTER MY ORDER FOR ONE ☑ NEW ☐ USED ☐ DEMO AS FOLLOWS

MAKE	MODEL	COLOR	TYPE	YEAR
CHEVROLET	MALIBU	WHITE	MAXX	2005

SERIAL NO. AND/OR ENGINE NO.: 1G1ZT64865F[redacted]

TO BE DELIVERED ON OR ABOUT

	-$26,350 00
TOTAL	$26,350 00
DOC FEE	298 00
INSPECTION/REGISTRATION FEE	
(1) TOTAL CASH DELIVERED PRICE	$26,648 00
TOTAL	$3,500 00
(2) TOTAL DOWN PAYMENT	$3,500 00
AMOUNT DUE ON DELIVERY (1 LESS 2)	
WARRANTY	
	$23,148 00

LICENSE TRANSFER TITLE

DOWN PMT: CASH DEPOSIT SUBMITED WITH ORDER $ 1,500.00 | ADDITIONAL CASH DUE $ 2,000.00

ALLOWANCE FOR USED VEHICLE TRADED IN, AS APPRAISED: REBATE

LESS BALANCE OWING TO - | PAYOFF $ | GOOD 'TIL

YR MAKE MODEL VIN

TRADE MAKE	TRADE MODEL	TRADE TYPE	TRADE YEAR

TRADE IDENT./SERIAL NO.	TRADE LICENSE NO.	TRADE MILEAGE

IF TERMS ARE A PART OF THIS TRANSACTION, THEN ALL OF THE DETAILS ARE ATTACHED HERETO ON AN ADDITIONAL SALES INSTALLMENT CONTRACT AND BECOMES AN INTEGRAL PART OF THIS CONTRACT.

THE FRONT AND BACK OF THIS ORDER COMPRISE THE ENTIRE AGREEMENT AFFECTING THIS PURCHASE AND NO OTHER AGREEMENT OR UNDERSTANDING OF ANY NATURE CONCERNING SAME HAS BEEN MADE OR ENTERED INTO, OR WILL BE RECOGNIZED. I HEREBY CERTIFY THAT NO CREDIT HAS BEEN EXTENDED TO ME FOR THE PURCHASE OF THIS MOTOR VEHICLE EXCEPT AS APPEARS IN WRITING ON THE FACE OF THIS AGREEMENT.

I CERTIFY THAT I AM OF LAWFUL AGE, AND HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER.

This agreement shall not become binding upon the Dealer until approved by an officer of the company.

CONSULTANT 1 MURRAY, BOB - BM

NOTICE: YOUR DEPOSIT OF $_____ WILL HOLD YOUR VEHICLE UNTIL _____.

APPROVED _____

SIGNED _____

ADDRESS 50 TAN TAN TERRACE/ PO BOX 6446

CITY, STATE, ZIP ST CROIX VI, 00823 00823

HOME PHONE 778-5973 CELL WORK PHONE _____

①



MERVYN RAMDEEN AUTO REPAIRS

-Complete Body & Engine Repairs- Phone 340 772-9542 Fax 340 772-9542

Visual Damage Quotation

PARTS PRICES BASED ON STANDARD CATALOG PROCUREMENT. PARTS PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. [redacted] IS NOT AVAILABLE LOCALLY. | DATE INSPECTED | DATE COMPLETED

[redacted] | [redacted]

[redacted] ATE [redacted] | BUSINESS PHONE

MAKE OF CAR	YEAR	MODEL	SERIAL NO.	LICENSE NO.	MILEAGE	COLOR
Chevrolet	05	Malibu L.S	1917T64865F	[redacted]		White

ENGINE 41 TRANS Auto RADIO ✓ WHLS/COVERS Rim A/C ✓ P/W ✓ P/L ✓ CRUISE ✓ P/SEATS ✓ R. DEF ✓

R&R	REPAIR	DESCRIPTION OF WORK	REFINISH CLEAR COAT	BODY LABOR	PARTS $	SUBLET NET
✓✓		Front Bumpe Cover	36	30	293 42	
✓✓		" " Impact	— —	— —	184 62	
✓✓		" " absorbe impact	— —	— —	72 59	
✓✓		" Engine Spark Shield	— —	— 2	17 89	
✓✓		" Grille Lower	— —	— —	76 64	
✓✓		" " mld	— —	— —	127 34	
✓✓		" Lice Plate Brk	— —	— —	4 03	
✓✓		" Bumper Deflector lower	— —	— 3	49 08	
✓✓		" Bumper Retaner	— —	— —	10 00	
✓✓		" Grille upper	— —	— 2	127 44	
✓✓		" " mld	— —	— 3	120 34	
✓✓		" " Emblem	— —	— 3	23 90	
✓✓		" R-f Headlamp Assy		— 2	210 00	
✓✓		" L-f " " "	— —	— 2	210 00	
✓✓		" L-f Fog lamp Assy	— —	— 3	94 07	
✓✓		" R-f " " "	— —	— 3	94 02	
✓✓		Hood Panel	41	08	384 11	
✓✓		" Hing (L-R)	— —	— 6	29 34	
✓✓		" Panel Insulation	— —	— 2	52 91	
✓✓		" Retaner	— —	— —	5 36	
		TOTALS				

REFINISHING HOURS	@	PER HOUR	$
LABOR HOURS	@	PER HOUR	$
PARTS $			$
SUBLET/NET			$
			$
TOTAL COST OF REPAIRS			$

COPY

(2)



MERVYN RAMDEEN AUTO REPAIRS

-Complete Body & Engine Repairs- Phone 340 772-9542 Fax 340 772-9542

(2)

Visual Damage Quotation

PARTS PRICES BASED ON STANDARD CATALOG PROCUREMENT. PARTS PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. PROCUREMENT AND DELIVERY CHARGES MAY BE ADDED FOR SPECIAL SERVICES ON ITEMS NOT AVAILAVELE LOCALLY.

DATE INSPECTED | DATE COMPLETED

INSURED | HOME PHONE

ADDRESS | CITY/STATE | ZIP | BUSINESS PHONE

MAKE OF CAR | YEAR | MODEL | SERIAL NO. | LICENSE NO. | MILEAGE | COLOR

ENGINE | TRANS | RADIO | WHLS/COVERS | A/C [] P/W [] | P/B [] P/L [] | P/S [] CRUISE [] | P/SEATS [] R. DEF []

R&R	REPAIR	DESCRIPTION OF WORK	REFINISH CLEAR COAT		BODY LABOR				SUBLET NET	
✓ ✓		R.F. Splash shield	–	–	1	0	8	31		
✓ ✓		" " Caliper Brake	–	–	–	5	169	51		
✓ ✓		" " Brake Pad Assy	–	–	1	0	108	87		
✓ ✓		" " Drum Axle Assy	–	–	–	5	250	12		
✓ ✓		" " Road wheel	–	–	–	5	265	46		
✓ ✓		" " Tyre	–	–	–	–	–	–	85	00
✓ ✓		" " Fender Panel	3	0	2	0	191	80		
✓ ✓		" " " liner	–	–	–	3	22	39		
✓ ✓		" " Retainer	–	–	–	–	5	00		
✓ ✓		" " Insulation	–	–	–	–	60	00		
✓ ✓		" " Hing (L.R.) Hood	–	–	–	3	17	96		
✓ ✓		" " Door	3	0	5	0	560	17		
✓ ✓		" " " mld	0	4	–	7	58	29		
✓ ✓		" " Mirror Rear	0	7	–	3	104	98		
✓ ✓		" " Door glass	–	–	1	5	272	45		
✓ ✓		" Rear ¼ Panel Assy	7	5	30	0	649	45		
✓ ✓		" " Tail lamp Assy	–	–	0	2	212	35		
✓ ✓		Rear Bumper Cover	2	5	1	3	293	41		
✓ ✓		Left Rear Door	3	0	4	0	565	22		
✓ ✓		" " " glass	–	–	–	6	98	98		
		TOTALS								

REFINISHING HOURS	@	PER HOUR	$
LABOR HOURS	@	PER HOUR	$
PARTS $			$
SUBLET/NET			$
			$
TOTAL COST OF REPAIRS			$

COPY

(3)



MERVYN RAMDEEN AUTO REPAIRS

-Complete Body & Engine Repairs- Phone 340 772-9542 Fax 340 772-9542

Visual Damage Quotation (3)

PARTS PRICES BASED ON STANDARD CATALOG PROCUREMENT. PARTS PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. PROCUREMENT AND DELIVERY CHARGES MAY BE ADDED FOR SPECIAL SERVICES ON ITEMS NOT AVAILABLE LOCALLY.

DATE INSPECTED | DATE COMPLETED

INSURED | HOME PHONE

ADDRESS | CITY/STATE | ZIP | BUSINESS PHONE

MAKE OF CAR | YEAR | MODEL | SERIAL NO. | LICENSE NO. | MILEAGE | COLOR

ENGINE | TRANS | RADIO | WHLS/COVERS | A/C [ ] P/W [ ] | P/B [ ] P/L [ ] | P/S [ ] CRUISE [ ] | P/SEATS [ ] R. DEF [ ]

R&R	REPAIR	DESCRIPTION OF WORK	REFINISH CLEAR COAT		BODY LABOR		PRICE		SUBLET NET	
✓ ✓		Hood fruit seal	-	-	-	-	14	51		
✓ ✓		" Latch Assy	-	-	-	3	54	32		
✓ ✓		" switch	-	-	-	-	19	70		
✓ ✓		" cable	-	-	1	0	22	40		
✓ ✓		Rotair	-	-	1	7	256	76	$25	00
✓ ✓		" should	-	-	1	3	249	74		
✓ ✓		" shield cover fan	-	-	-	-	35	96		
✓ ✓		" Braked support	-	-	-	-	24	91		
✓ ✓		A-C Condenser	-	-	1	2	285	94	$175	00
✓ ✓		Fruit upper tie Rar	3	0	6	0	119	96		
✓ ✓		" Rail upper	-	-	2	0	173	35		
✓ ✓		" Arm Assy	1	0	8	0	94	71		
✓ ✓		" Yegin spark shield	-	-	-	2	17	13		
✓ ✓		Fruit Rail Assy	-	-	9	0	415	36		
✓ ✓		Sub frame Assy	-	-	5	0	759	55		
✓ ✓		Right fruit strutt	-	-	1	5	134	09		
✓ ✓		" " Knuckle Assy	-	-	1	5	146	09		
✓ ✓		" " Lower control arm	-	-	-	8	177	84		
✓ ✓		" " Brake Rotor	-	-	-	6	131	94		
✓ ✓		" " Hub Assy	-	-	1	0	205	82		
		TOTALS								

REFINISHING HOURS	@	PER HOUR	$
LABOR HOURS	@	PER HOUR	$
PARTS $			$
SUBLET/NET			$
			$
TOTAL COST OF REPAIRS			$

COPY

(4)



MERVYN RAMDEEN AUTO REPAIRS

-Complete Body & Engine Repairs- Phone 340 772-9542 Fax 340 772-9542

Visual Damage Quotation (4)

PARTS PRICES BASED ON STANDARD CATALOG PROCUREMENT. PARTS PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. PROCUREMENT AND DELIVERY CHARGES MAY BE ADDED FOR SPECIAL SERVICES ON ITEMS NOT AVAILAVBLE LOCALLY.

DATE INSPECTED | DATE COMPLETED

INSURED | HOME PHONE

ADDRESS | CITY/STATE | ZIP | BUSINESS PHONE

MAKE OF CAR | YEAR | MODEL | SERIAL NO. | LICENSE NO. | MILEAGE | COLOR

ENGINE | TRANS | RADIO | WHLS//COVERS | A/C [ ] P/W [ ] | P/B [ ] P/L [ ] | P/S [ ] CRUISE [ ] | P/SEATS [ ] R. DEF [ ]

R&R	REPAIR	DESCRIPTION OF WORK	REFINISH CLEAR COAT		BODY LABOR		PARTS $		SUBLET NET	
✓ ✓		Left Rear Door mld	0	2	–	2	48	10		
✓ ✓		" " ¼ Panel Assy	25	2	7	5	649	46		
✓ ✓		" " tail lamp Assy	–	–	–	2	212	35		
✓ ✓		" Front Door Panel	3	0	4	5	506	17		
✓ ✓		" " " glass	–	–	–	7	442	58		
✓ ✓		" " " latch	–	–	–	5	101	76		
✓ ✓		" " " outer handle	–	–	–	2	18	65		
✓ ✓		" " " mld	–	–	–	2	58	29		
✓ ✓		" " wheel	–	–	–	5	269	48		
✓ ✓		" " tyre	–	–	–	–	–	–	85	00
✓ ✓		Front Windshield	–	–	2	3	606	79		
✓ ✓		" " " mld	–	–	2	3	58	83		
✓ ✓		Rear Panel Assy	3	0	16	5	325	09		
✓ ✓	Front	" " glass Assy	–	–	1	0	372	90		
✓ ✓		" " " seal Assy	–	–	–	8	50	74		
✓ ✓	Rear	" " glass Assy	–	–	1	0	372	90		
✓ ✓		" " " seal Assy	–	–	–	8	50	74		
	✓	Alignment wheel		–	–	–	–	–	60	00
✓		Headliner			2	5	394	35		
	✓	Hung Repair R side body			12	0	–	–		
		TOTALS								

REFINISHING HOURS	@	PER HOUR	$
LABOR HOURS	@	PER HOUR	$
PARTS $			$
SUBLET/NET			$
			$
TOTAL COST OF REPAIRS			$

COPY

(5)



MERVYN RAMDEEN AUTO REPAIRS

-Complete Body & Engine Repairs- Phone 340 772-9542 Fax 340 772-9542

Visual Damage Quotation

PARTS PRICES BASED ON STANDARD CATALOG PROCUREMENT. PARTS PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. PROCUREMENT AND DELIVERY CHARGES MAY BE ADDED FOR SPECIAL SERVICES OR ITEMS NOT AVAILABLE LOCALLY.

DATE INSPECTED | DATE COMPLETED

INSURED | HOME PHONE

ADDRESS | CITY/STATE | ZIP | BUSINESS PHONE

MAKE OF CAR | YEAR | MODEL | SERIAL NO. | LICENSE NO. | MILEAGE | COLOR

ENGINE | TRANS | RADIO | WHLS/COVERS | A/C [ ] P/W [ ] P/B [ ] P/L [ ] P/S [ ] CRUISE [ ] P/SEATS [ ] R. DEF [ ]

R&R	REPAIR	DESCRIPTION OF WORK	REFINISH CLEAR COAT		BODY LABOR		PRICE		SUBLET NET
✓	✓	Sensor fret Descriptor	—	—	—	5	70	01	
✓	✓	SDM unite	—	—	1	0	216	39	
✓	✓	Module Driver Air Bag		—	—	4	694	16	
✓	✓	" " Passenger " "			—	6	697	96	
✓	✓	Left fret struts	—	—	1	4	134	09	
✓	✓	Rotor Brake	—	—	—	6	131	94	
✓	✓	Lower Control arm	—	—	—	8	177	84	
✓	✓	Left fret streering knuck			1	3	141	99	
✓	✓	" " Hub	—	—	—	9	205	82	
✓	✓	Left fret Axle shaft Assy			—	3	250	12	
✓	✓	Left Rear Door	3	0	4	0	559	40	
		Repair Left fre	—	—	—	—	—	—	
	✓	cowl and fuel	3	0	10		—	—	
		Body	—	—	—	—	—	—	
		$28640.15							
		TOTALS							

Possible more unseen Damage

JR.

REFINISHING HOURS 99.8 @40 PER HOUR	$4208.0
LABOR HOURS 171.1 @40 PER HOUR	$6840.0
PARTS $	$11121.5
SUBLET/NET	$ 370
Fast Mat	$ 500
TOTAL COST OF REPAIRS	$
50% markup	5610

COPY

GUARDIAN INSURANCE COMPANY
P.O. BOX 9109
CHARLOTTE AMALIE
U.S. VIRGIN ISLANDS 00801

PAID ON BEHALF OF

BANK OF NOVA SCOTIA
CHARLOTTE AMALIE
ST. THOMAS, U.S. VIRGIN ISLANDS

CLAIM NUMBER	CHECK DATE	
100110883 1	06/29/06	31674

PRODUCER NO.	PRODUCER NAME	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
76A	CARLTON WILLIAMS & ASSOC	[redacted]	06/07/05	06/07/06

INSURED'S NAME: WALTERS SHAWN

DATE OF LOSS: 04/06/06

POLICY TYPE:

PAY: Eight thousand Four hundred Twenty Five and 95/100********** $***8,425.95

TO THE ORDER OF: [redacted] Crescent Bank & Trust

TWO SIGNATURES REQUIRED OVER $5000

PAYMENT FOR: Full and final payment for all damages [redacted]

ST.

DOCUMENT INCLUDES A HIDDEN WORD. DO NOT CASH IF THE WORD VOID IS VISIBLE. DOCUMENT ALSO CONTAINS HEAT-SENSITIVE INK. TOUCH HERE. RED IMAGE DISAPPEARS WITH HEAT.

VOID

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Document Index - 71-594922620

Class - Siebel Docs

RequestNum
71-594922620

MSXDocNum
0736000518

Last
WALTERS

First
SHAWN

Timestamp
2007-12-26-11.39.08.000000

Division
CH

CorrType

atCode
9

SXSource

ttachNum

IN

GM Vehicle Inquiry System
Summary

[redacted]

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

Help

VIN :	1G1ZT64865F[redacted]

VEHICLE INFORMATION

Merchandising Model :	1ZT68 -2005 MALIBU LS MAXX	Warranty Start Date :	06/07/2005
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	CARIBBEAN AUTO MART-ST.CROIX, INC. PO BOX 2570 KINGSHILL ST CROIX , VI 00851-2570 (340) 778-0600	Selling Source :	13 - CHEVROLET
		Site Code :	40810
		Business Associate Code :	177155

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 LIMITED WARRANTY	06/07/2005	20 miles	06/07/2008	36020 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	06/07/2005	20 miles	06/07/2011	100020 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	06/07/2005	20 miles	06/07/2013	80020 miles
36/36000 FEDERAL EMISSION	06/07/2005	20 miles	06/07/2008	36020 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
09/13/2004	A52220	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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[redacted]

1/23/2008

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 :	1G1ZT64865F[redacted]

CLAIM HISTORY

Repair Order Date :	09/13/2004	Repair Order Number :	A52220	Odometer Reading :	0 miles

Serviced By :	CARRIBEAN AUTO-MART, INC. 4025 ESTATE ANNA'S RETREAT ST THOMAS, VI 00802 (340) 777-7600	Selling Source :	13 - CHEVROLET
		Site Code :	40808
		Business Associate Code :	165498

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
09/17/2004	518	01	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	N/A	N/A	N/A	$ 71.58	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

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

Help

VIN	1G1ZT64865F[redacted]

VEHICLE BUILD

Merchandising Model :	1ZT68 -2005 MALIBU LS MAXX		
Gross Vehicle Weight Rating :	2023 kg (4461 lb)	Order Number :	HMFGW8
Build Date :	09/13/2004	Build Plant :	15FZ

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

OPTION CODES

AG1 - DRIVER SEAT 6-WAY POWER	AP3 - REMOTE VEHICLE STARTER SYSTEM
AY0 - FRONT SIDE IMPACT AIR BAGS & HEAD-CURTAIN SIDE AIR BAGS	A51 - SEATS, CUSTOM
B37 - FLOOR MATS	CF5 - SUNROOF, POWER TILT AND SLIDE
C60 - AIR CONDITIONING	DL5 - ROADSIDE SERVICE INFORMATION DECAL
D49 - POWER OUTSIDE MIRRORS	FA1 - FAIRFAX
FE0 - SUSPENSION SYSTEM-ACTIVE	FE9 - 50-STATE EMISSIONS
FR9 - TRANSAXLE 3.29 RATIO	IBE - INTERIOR TRIM
JL9 - 4-WHEEL ANTI-LOCK DISC BRAKES W/ TRACTION CONTROL	K64 - GENERATOR 115 AMPS
LX9 - 3.5L V6 ENGINE	MN5 - TRANSMISSION AUTO 4 SPEED
MX0 - 4-SPEED AUTO TRANSMISSION	NT7 - EMISSION SYSTEM FEDERAL, TIER 2
N46 - STEERING WHEEL	PY0 - (4) 16" ALLOY WHEELS
QPE - (4) TOURING TIRES P215/60R16	R8T - PUERTO RICO, VIRGIN ISLANDS
SLM - STOCK ORDERS	UK6 - RR AUDIO CNTRLS W/ HEADPHONES
UN0 - AM/FM STEREO W/CD & RDS (REPLACES STD/OPT/PKG RADIO)	UZ6 - SIX PREMIUM SPEAKERS
U2J - DELETE XM SATELLITE RADIO	U73 - FIXED MAST ANTENNA
VK3 - FRONT LICENSE PLATE BRACKET	VM3 - CONSUMER INFORMATION LABEL
V73 - STATEMENT OF VEHICLE CERT.- U.S. /CANADA	ZV1 - MANUF STATEMENT OF ORIGIN

1SB - MALIBU PREFERRED EQUIP GRP 1SB * FRONT SIDE IMPACT AIR BAGS & HEAD-CURTAIN SIDE AIR BAGS * RR AUDIO CNTRLS W/ HEADPHONES * DRIVER SEAT 6-WAY POWER * FLOOR MATS * REMOTE VEHICLE STARTER SYSTEM	1SZ - PREFERRED EQUIPMENT SAVINGS PREFERRED EQUIPMENT GROUP SAVINGS
40U - WHITE	52E - NEUTRAL CUSTOM CLOTH
52I - NEUTRAL INTERIOR	6AR - FRONT SPRING
7AR - FRONT SPRING	8AB - REAR SPRING
9AB - REAR SPRING	

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

800.888.0164 tel
313.665.0911 fax

Susan Braun
Claim Administrator

February 18, 2008

[redacted]
Chirstiansted, VI [redacted]

RE: Claimant: [redacted]
Our File No.: 6420804
Our Client: General Motors Corporation
Date/Event: 06.02.2006
Subject vehicle: 2005 Chevy Malibu Maxx
VIN: 1G1ZT64865F[redacted]

Dear [redacted]

This will confirm our conversations wherein we discussed the above matter. You explained that while driving the subject vehicle, you came over a hill and a deer was in the roadway. You braked and steered to avoid the deer, losing control and the 2005 Malibu Maxx went to the side of the road and rolled down an embankment. Sometime later, you received a recall notice related to Loss of Power Assist; you are alleging that you experienced this recall condition which caused you to have the accident. You are seeking compensation for damages, including medical bills [due to sprained shoulders] and property damage. ESIS provides administrative claims handling services to General Motors Corporation in connection with product liability claims against GM. They have referred your claim to our office for further handling.

During our initial conversation of January 28, 2008 and today's conversation, I explained to you that until the location of the subject 2005 Malibu Maxx is determined, an investigation cannot begin. I have attempted to contact Guardian Insurance, per your request, with no response. Please provide the current location and status of the subject vehicle, so an investigation can proceed.

I look forward to working with you on this claim. Should you have any questions or concerns regarding this letter or the claim, please feel free to contact me at (800) 888-0164, Monday through Friday, 8:00 AM to 4:00 PM, EST.

Sincerely,

Susan Braun

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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*

Susan Braun
Claim Administrator

March 5, 2008

[redacted]
Christainsted, VI [redacted]

RE: Claimant: [redacted]
Our File No.: 642804
Our Client: General Motors Corporation
Date/Event: 04.06.2006
Subject vehicle: 2005 Chevrolet Malibu Maxx
VIN: 1G1ZT64865F[redacted]

Dear [redacted]

ESIS provides administrative claims handling services to General Motors Corporation in connection with product liability claims against GM. They have referred your claim to our office for further handling.

To further investigate your claim we will need all medical records concerning the injuries suffered as a result of this accident and wage loss verification. The medical release and wage authorization forms are enclosed to assist our office in obtaining these records. **I would also request that you include the names, addresses and/or telephone numbers of all treating physicians on the medical release. Please complete the wage authorization form completely.**

Should you have any questions with regards to this letter or your claim, please do not hesitate to contact me directly at (800) 888-0164, Monday through Friday, 8:00 AM to 4:00 PM, EST.

Sincerely,

Susan Braun
Claim Administrator

Enclosure

TRIANGLE CONSTRUCTION & MAINTENANCE, INC.
P.O. BOX 2617 FREDERIKSTED
ST. CROIX, VI 00841-2617
TEL: (340) 778-5507
FAX: (340) 778-4887

April 2, 2008

To whom it may concern:

Please be advised that [redacted] was absent from work from 4/6/2006 – 4/18/2006. He returned to work on 4/19/2006. Should you have any questions or require additional information, please feel free to contact me.

Sincerely,

Elizabeth Ramsingh
Human Resources Manager

Cc: File

[redacted]

HOVENSA

Absence Report

Employ...	Payroll Date	Name	OK	Approved By	Reg Hr	OT	On Time	Off Time	Act Shift	Code
034670...	04/06/200...	[redacted]	T	SJOSEPH2	0:00 hrs	0:00...			0	UA
034670...	04/07/200...		T	H034CD0	0:00 hrs	0:00...			0	UA
034670...	04/08/200...		T	AUTOPOLL	0:00 hrs	0:00...			0	(D)
034670...	04/09/200...		T	AUTOPOLL	0:00 hrs	0:00...			0	(D)
034670...	04/10/200...		T	SJOSEPH2	0:00 hrs	0:00...			0	UA
034670...	04/11/200...		T	SJOSEPH2	0:00 hrs	0:00...			0	UA
034670...	04/12/200...		T	H034CD0	0:00 hrs	0:00...			0	UA
034670...	04/13/200...		T	H034CD0	0:00 hrs	0:00...			0	UA
034670...	04/14/200...		T	AUTOPOLL	0:00 hrs	0:00...			0	(D)
034670...	04/15/200...		T	AUTOPOLL	0:00 hrs	0:00...			0	(D)
034670...	04/16/200...		T	AUTOPOLL	0:00 hrs	0:00...			0	(D)
034670...	04/17/200...		T	SJOSEPH2	0:00 hrs	0:00...			0	UA
034670...	04/18/200...		T	H034CD0	0:00 hrs	0:00...			0	UA

[redacted]

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

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

Name, address, telephone number of medical provider:	Govenor Juan F. Luis Hospital (340-778-6311) and Medical center #4007 EST. Diamond Ruby ST. Croix US VI 00820-
Name, address, telephone number of medical provider:	Primary Care, PLLC, Arakere B. Prasad, (442) MD Facec 4000 Beeston Hill Medical Center C'sted ST Croix 00820 340-778-7788
Name, address, telephone number of medical provider:	340-778-7788
Name, address, telephone number of medical provider:	RECEIVED
Name, address, telephone number of medical provider:	APR 07 2008
Name, address, telephone number of medical provider:	ESIS-GM CLAIMS UNIT

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 04.06.2006.

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

I understand that:

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

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

Printed Name of Patient* [redacted]	Date of Birth [redacted]
[redacted] C'sted ST. Croix US VI	Social Security Number [redacted]
[redacted]	March 21, 2008
Relationship to individual*	Authority to act for individual*

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

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

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

Claim Number: 642804
Claims Administrator: Braun

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

ST. CROIX RADIATOR
P.O. Box 6955-Sunny Isle
St. Croix, U.S.V.I. 00823
Tele: (340) 773-9299

3961

ESTIMATE OF REPAIRS

OWNER: [redacted] DATE: 4/17/06.

ADDRESS: [redacted] PH [redacted] EST. NO.

INSURANCE CO. ORDER NO.

ADDRESS: PHONE: [redacted]

YEAR-MAKE	MODEL	MILEAGE	ENGINE NO.	SERIAL NO.
05. Chevy	Malibu	White.	1G1ZT64855F	[redacted]

QUANTITY		DESCRIPTION OF LABOR OR MATERIAL	PART NO.	MATERIAL		LABOR	
	1	After a complete					
	2						
	3	Inspection of the Above					
	4						
	5	Mentioned Vehicle at					
	6						
	7	Pelle's Wrecking Service.					
	8						
	9	It is my Conclusion that					
	10						
	11	this Vehicle is a total					
	12						
	13	loss. This is based on the					
	14						
	15	fact the said Vehicle is					
	16						
	17	damage over the entire					
	18						
	19	body.					
	20						
	21						

PARTS PRICES BASED ON STANDARD CATALOG PROCUREMENT. PARTS PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. PROCUREMENT AND DELIVERY CHARGES MAY BE ADDED FOR SPECIAL SERVICE ON ITEMS NOT AVAILABLE LOCALLY.

OLD PARTS REMOVED FROM CARS WILL BE JUNKED UNLESS OTHERWISE INSTRUCTED IN WRITING.

THE ABOVE IS AN ESTIMATE BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER WORK HAS BEEN OPENED UP. OCCASIONALLY AFTER WORK HAS BEEN STARTED, WORN PARTS ARE DISCOVERED WHICH ARE NOT EVIDENT ON FIRST INSPECTION. BECAUSE OF THIS ABOVE PRICES ARE NOT GUARANTEED.

TOTAL MATERIAL		[redacted]
TOTAL LABOR		
TOTAL MATERIAL		
TAX		
PAID OUT-TOW & STORAGE		
SUBLET REPAIRS		
TOTAL		

ESTIMATED BY: Julian Vieira ESTIMATE APPROVED BY:

AUTHORIZED AND ACCEPTED

BY OWNER OR AGENT DATE: 4/17/06.

AS LISTED FOR LABC [redacted]

Government of the Virgin Islands of the United States
UNIFORM TRAFFIC ACCIDENT REPORT

Form Approved February 1978

NUMBER 06A05772

DATE MO.	DAY	YR.	DAY OF WEEK SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	TIME OF DAY (0001 TO 2400 HRS)
04	06	06					~			0025 Hrs

ON SOUTH SHORE ROAD OR STREET

AT Turner Hole Estate ROAD OR STREET

OR BETWEEN ROAD OR STREET

AND ROAD OR STREET

FEET / METERS N S E W OF ROAD OR STREET

AT KILOMETER POST NUMBER

OR BETWEEN Km POSTS AND

RESPONSE TIMES (0001 TO 2400 HRS)

POLICE DISPATCHED 0038 Hrs

POLICE ARRIVED 0046 Hrs

AMBULANCE ARRIVED :

TRAFFIC FLOW RESTORED 0100 Hrs

ACCIDENT LOCATION:

1 ☐ CHRISTIANSTED – IN TOWN
2 ☐ FREDERIKSTED – IN TOWN
3 ☒ ST. CROIX – NOT IN TOWN
4 ☐ CRUZ BAY – IN TOWN
5 ☐ ST. JOHN – NOT IN TOWN
6 ☐ CHARLOTTE AMALIE – IN TOWN
7 ☐ ST. THOMAS – NOT IN TOWN

COLLISION INVOLVED: 0 VEHICLE-VEHICLE; 1 VEHICLE-OBJECT; 2 VEHICLE-PEDESTRIAN; 3 VEHICLE-BICYCLE; 4 VEHICLE-ANIMAL; 5 NON-COLLISION; 6 HIT & RUN; 7 STOLEN VEHICLE; 8 HAZARDOUS MATERIAL; 9 OTHER (WRITE)

TOTAL NO. OF VEHICLES 1

SEVERITY: 0 NO. KILLED ☐ DAMAGE ONLY; 1 NO. INJURED DAMAGE TO OBJECT $

OBJECT OR ANIMAL STRUCK

LOCATION OF OBJECT OR ANIMAL ☐ IN ROADWAY FEET ☐N ☐S ☐E ☐W OF ROAD EDGE

DRIVER NO 1

DRIVER'S NAME–LAST [redacted] FIRST MIDDLE

STREET ADDRESS [redacted]

CITY Cisted STATE VI ZIP CODE [redacted] PHONE NO. –

DRIVER'S LICENSE NO. [redacted] STATE VI SEX M DATE OF BIRTH MO. DAY YR. [redacted]

LEARNER ☐ TEMPORARY ☐ REGULAR ☒

ENTER CODE FOR THE FOLLOWING: (OBTAIN CODE FROM BOTTOM OF THIS PAGE.)
* INJURY CLASS 0 † SEAT BELT 0 ‡ EJECTION 0

NATURE OF INJURIES Pain on Chest Shoulder to Shoulder

REMOVED FROM SCENE BY: Pelle TO: Wrecker Yard

VEHICLE NO. 1

VEH. YEAR 2005 MAKE Chevy MODEL Mal BODY STYLE 4dr

VEH. COLOR Wht LIC. PLATE NO. [redacted] STATE VI TRAILER PLATE NO. – STATE –

VEHICLE IDENTIFICATION NUMBER 1G12T64865F [redacted] ODOMETER –

REGISTERED OWNER–LAST [redacted] FIRST MIDDLE

ADDRESS OF OWNER [redacted]

NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT Carlton Williams & Assc.

CHARGE CITATION NUMBER

DRIVER NO 2

DRIVER'S NAME–LAST FIRST MIDDLE

STREET ADDRESS

CITY STATE ZIP CODE PHONE NO.

DRIVER'S LICENSE NO. STATE SEX DATE OF BIRTH MO. DAY YR.

LEARNER ☐ TEMPORARY ☐ REGULAR ☐

ENTER CODE FOR THE FOLLOWING: (OBTAIN CODE FROM BOTTOM OF THIS PAGE.)
* INJURY CLASS ☐ † SEAT BELT ☐ ‡ EJECTION ☐

NATURE OF INJURIES

REMOVED FROM SCENE BY: TO:

VEHICLE NO. 2

VEH. YEAR MAKE NJ MODEL BODY STYLE

VEH. COLOR LIC. PLATE NO. STATE A TRAILER PLATE NO. STATE

VEHICLE IDENTIFICATION NUMBER ODOMETER

REGISTERED OWNER–LAST FIRST MIDDLE

ADDRESS OF OWNER

NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT

CHARGE CITATION NUMBER

NAME, ADDRESS AND INJURIES OF OTHER PERSONS INVOLVED (NOT AS VEHICLE DRIVERS)

	CODES Sex	Age	§ Status	– In Veh. No.	‖ Seat Pos.	* Inj. Class	† Seat Belt	‡ Ejct.
NAME: N/A								
ADDRESS:								
NATURE OF INJURIES: REMOVED FROM SCENE BY: TO								
NAME:								
ADDRESS:								
NATURE OF INJURIES: REMOVED FROM SCENE BY: TO								
NAME:								
ADDRESS:								
NATURE OF INJURIES: REMOVED FROM SCENE BY: TO								
NAME:								
ADDRESS:								
NATURE OF INJURIES: REMOVED FROM SCENE BY: TO								

RECEIVED APR 1 2006

* INJURY CLASS
1. NO INJURY
2. DEAD AT SCENE
3. DEAD ON ARRIVAL
4. DIED IN HOSPITAL
6. DISABLING INJURY
8. NON-DISABLING (EVIDENT) INJURY
7. POSSIBLE INJURY
8. UNKNOWN IF INJURED

† SEAT BELT
1. NOT INSTALLED
2. NOT IN USE
3. USED
4. UNKNOWN
5. SEAT BELT FAILURE

‡ EJECTION
1. NOT EJECTED
2. TOTALLY EJECTED
3. PARTIALLY EJECTED
4. UNKNOWN IF [redacted]

§ STATUS
1. PASSENGER
2. PEDESTRIAN
3. BICYCLIST

‖ SEAT POSITION (4 1 / 5 2 / 6 3) 7. OTHER POSITION (BUS-MOTOR-CYCLE) 8. POSITION UNKNOWN

GOVERNOR JUAN F. LU.
HOSPTAL & MEDICAL CENTER
PLOT 7C-7D ESTATE DIAMOND & RUBY
CHRISTIANSTED, ST. CROIX, VI 00820-4421
(340)778-8311 EXT. 2664

WALTERS, SHAWN ER
V00002494052 04/06/06
50 TAN TAN TERRACE
CHRISTIANSTED, VI 00823
UNITED HEALTHCA[M000036165
12/09/1968

CERTIFICATE TO RETURN TO WORK

Name: [redacted]

Has been under my care from 4-06-06 to 4-7-06

and is able to return to work on 4-10-06

Nature of illness or injury Medical illness

( ) restrictions ( ) no restrictions

comments Follow-up Surgical Clinic (778-6311 X2818).
Orthopedic Surgeon (778-6110, Dr. Pede

Dr. [signature] Phone 778-6311 X2665

Address Gov. J.F. Hospital ER Date 4/06/06

[redacted]

[redacted]

DISABILITY CERTIFICATE

PRIMARY CARE, P.L.L.C.
4000 Beeston Hill Medical Bldg., Suite 1
Christiansted, VI 00820
Telephone: (340) 778-7788

This is to certify that [redacted] Date 4.17.2006

has been under my professional care and was:

☒ Totally Incapacitated ☐ Partially Incapacitated

from 4.12.2006 to 4.18.2006

Remarks: Can Return to work 4.19.2006

Dr. [signature]

Claims Administrator: Braun
Claim Number: 642804
Date of Event: 04.06.2006

CONSENT TO DEVELOP WAGE INFORMATION

I, the undersigned, hereby authorize and request that my employer,

[redacted] mployer Name

[redacted] Employer Address

[redacted] USVI [redacted]

[redacted] Employer Phone Number

release information related to my earnings and loss of earnings to:

ESIS – General Motors Claims
PO Box 300
Mail Code 482-C20-D71
Detroit, MI 48265-3000

Printed Name of Employee* [redacted]	Date of Birth [redacted]
Address, City, State and Zip [redacted] Croix	Social Security Number [redacted]
Signature of Employee* [redacted]	Date Signed March 7, 2008

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

Relationship to individual: _____

Authority to act for individual: _____

THIS AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL WAGE INFORMATION WILL REMAIN IN EFFECT FOR AS LONG AS MY CLAIM AGAINST GENERAL MOTORS CORPORATION IS PENDING UNLESS IT IS EXPRESSLY REVOKED IN WRITING AT AN EARLIER TIME.

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*

Susan Braun
Claims Administrator

April 10, 2008

Govenor Juan F. Luis Hospital and Medical Center
Plot 7C-7D Estate Diamond Ruby
Christiansted, St. Croix, US VI 00820-4421

Attention: Medical Records Department

RE:	Our File No.:	642804
	Our Client:	General Motors Corporation
	Patient Name:	[redacted]
	Date/Event:	4/6/2006
	Date of Birth:	12/07/1968

To whom it may concern

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

Please provide me with a complete copy of [redacted] medical records and medical bills for the above incident.

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

Thank you for your cooperation.

Sincerely,

Susan Braun
Claims Administrator

Enclosure
SB/jb

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*

Susan Braun
Claims Administrator

April 10, 2008

Primary Care
4000 Beeston Hill Med Bldg. Suite 1
Christiansted, VI 00820

Attention: Medical Records Department

RE:	Our File No.:	642804
	Our Client:	General Motors Corporation
	Patient Name:	[redacted]
	Date/Event:	4/6/2006
	Date of Birth:	12/07/1968

To whom it may concern

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

Please provide me with a complete copy of [redacted] medical records and medical bills for the above incident.

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

Thank you for your cooperation.

Sincerely,

Susan Braun
Claims Administrator

Enclosure
SB/jb

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*

Susan Braun
Claims Administrator

April 10, 2008

Triangle Constance Maintenance
P.O. Box 2617 Frederiksted
St. Croix, USVI 00841

Attention: Personnel Manager

RE: Our File No.: 642804
Our Client: General Motors Corporation
Employee Name: [redacted]
Date/Event: 4/6/2006
Date of Birth: 12/09/1968

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

The claimant named above is presenting a claim against General Motors Corporation. We understand that this person is your employee.

Please assist us in giving this matter fair consideration by answering the questions listed below and returning this form to the above listed address. Attached is the ***Consent to Develop Wage Information*** form for your file.

Thank you for your cooperation.

Sincerely,

Susan Braun
Claims Administrator

Enclosure
SB/jb

How Long Employed? _____ Weekly wage: Gross _____ Net: _____

Absent because of the above dated accident from _____

Was this person paid during his/her absence? _____ If so, how much? _____

Time Lost from work during six-month period prior to accident _____

Other accidents (give date, place and type) _____

Signature _____ Title _____ Date _____

P.O. Box 2617, Frederiksted, St. Croix, V.I. 00841
(340) 692-7608 (p)
(340) 692-7621 (f)

Triangle Construction and Maintenance, Inc.

Fax

To:	ESSI/GM Central Claims Unit	**From:**	Triangle Construction
	Attn: Susan Braun		
Fax:	313-665-0911	**Pages:**	3
Phone:	800-888-0164	**Date:**	April 18, 2008
Re:	[redacted]	**CC:**	

X Urgent ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Claims Administrator: Braun
Claim Number: 642804
Date of Event: 04.06.2006

CONSENT TO DEVELOP WAGE INFORMATION

I, the undersigned, hereby authorize and request that my employer,

[redacted] Employer Name

[redacted] Employer Address

St Croix, USVI [redacted]

[redacted] Employer Phone Number

release information related to my earnings and loss of earnings to:

ESIS – General Motors Claims
PO Box 300
Mail Code 482-C20-D71
Detroit, MI 48265-3000

Printed Name of Employee*	Date of Birth
[redacted]	[redacted]
Address, City, State and Zip [redacted] Croix	Social Security Number [redacted]
Signature of Employee* [redacted]	Date Signed March 7, 2008

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

Relationship to individual: _____

Authority to act for individual: _____

THIS AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL WAGE INFORMATION WILL REMAIN IN EFFECT FOR AS LONG AS MY CLAIM AGAINST GENERAL MOTORS CORPORATION IS PENDING UNLESS IT IS EXPRESSLY REVOKED IN WRITING AT AN EARLIER TIME.

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*

Susan Braun
Claims Administrator

April 10, 2008

Triangle Constance Maintenance
P.O. Box 2617 Frederiksted
St. Croix, USVI 00841

Attention: Personnel Manager

APR 16 '08 PM 1:45

RE: Our File No.: 642804
Our Client: General Motors Corporation
Employee Name: [redacted]
Date/Event: 4/6/2006
Date of Birth: 12/09/1968

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

The claimant named above is presenting a claim against General Motors Corporation. We understand that this person is your employee.

Please assist us in giving this matter fair consideration by answering the questions listed below and returning this form to the above listed address. Attached is the ***Consent to Develop Wage Information*** form for your file.

Thank you for your cooperation.

Sincerely,

Susan Braun
Susan Braun
Claims Administrator

Enclosure
SB/jb

How Long Employed? HD. 6/2004 Weekly wage: Gross 19.34/hr Net: _____

Absent because of the above dated accident from 4/6/06 - 4/18/06

Was this person paid during his/her absence? yes If so, how much? $773.60 - (40hrs @ 19.34 per hr.)

Time Lost from work during six-month period prior to accident N/A

Other accidents (give date, place and type) _____

Signature [signature] Title HR Admin Asst Date 4/17/08

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*

Susan Braun
Claims Administrator

April 25, 2008

Guardian Insurance
Claims Department
Attn: [redacted]
[redacted]
Gallows Bay, St. Croix, VI [redacted]

RE: Claimant: [redacted]
Our File No.: 642804
Our Client: General Motors Corporation
Date/Event: 04.06.2006
VIN: 1G1ZT64865F[redacted]

Dear [redacted]

I am writing to confirm our conversation during which you agreed to allow us to inspect your 2005 Chevrolet Malibu Maxx and retrieve data from the air bag system. I estimate the inspection will take about three hours.

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

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

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

Sincerely,

Susan Braun

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*

Susan Braun
Claims Administrator

April 10, 2008

Triangle Constance Maintenance
P.O. Box 2617 Frederiksted
St. Croix, USVI 00841

Attention: Personnel Manager

APR 16 '08 PM 1:45

RE: Our File No.: 642804
Our Client: General Motors Corporation
Employee Name: [redacted]
Date/Event: 4/6/2006
Date of Birth: 12/09/1968

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

The claimant named above is presenting a claim against General Motors Corporation. We understand that this person is your employee.

Please assist us in giving this matter fair consideration by answering the questions listed below and returning this form to the above listed address. Attached is the ***Consent to Develop Wage Information*** form for your file.

Thank you for your cooperation.

Sincerely,

Susan Braun
Susan Braun
Claims Administrator

RECEIVED
APR 25 2008
ESIS-GM CLAIMS UNIT

Enclosure
SB/jb

How Long Employed? HD. 6/28/04 Weekly wage: Gross 19.34/hr Net: _____

Absent because of the above dated accident from 4/6/06 - 4/18/06

Was this person paid during his/her absence? YES If so, how much? $773.60 - (40hrs @ 19.34 per hr.)

Time Lost from work during six-month period prior to accident N/A

Other accidents (give date, place and type) _____

Signature _____ Title HR Admin Asst Date 4/17/08

Claims Administrator: Braun
Claim Number: 642804
Date of Event: 04.06.2006

CONSENT TO DEVELOP WAGE INFORMATION

I, the undersigned, hereby authorize and request that my employer,

Tradewinds Coastal Maintenance Employer Name
P.O Box 2617 Frederiksted Employer Address
St Croix, USVI 00841
340-692-7008 Employer Phone Number

release information related to my earnings and loss of earnings to:

ESIS – General Motors Claims
PO Box 300
Mail Code 482-C20-D71
Detroit, MI 48265-3000

Printed Name of Employee*	Date of Birth
Shawn Andre Walters	12-09-68
Address, City, State and Zip	Social Security Number
6446 C'Sted St. Croix 00823	580-17-8463
Signature of Employee*	Date Signed
Shawn Andre Walters	March 7, 2008

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

Relationship to individual: _____

Authority to act for individual: _____

THIS AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL WAGE INFORMATION WILL REMAIN IN EFFECT FOR AS LONG AS MY CLAIM AGAINST GENERAL MOTORS CORPORATION IS PENDING UNLESS IT IS EXPRESSLY REVOKED IN WRITING AT AN EARLIER TIME.

CDR File Information

Vehicle Identification Number	1G1ZT64865F[redacted]
Investigator	RYAN JAHR ESIS/GM
Case Number	642804
Investigation Date	Friday, April 25 2008
Crash Date	Friday, June 2 2006
Filename	1G1ZT64865F1[redacted]CDR
Saved on	Friday, April 25 2008 at 10:56:04 AM
Collected with CDR version	Crash Data Retrieval Tool 3.09
Reported with CDR version	Crash Data Retrieval Tool 3.09
EDR Device Type	airbag control module
Event(s) recovered	Deployment Non-Deployment

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, and 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. It is calculated every ten ms by taking the square of the "X" axis value and adding it to the square of the "Y" axis value and then taking the square root of the sum. The greatest calculated value is the one that is stored.
-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. For Cadillac STS models with Stabilatrac 3 systems, the Steering Wheel Angle data will be displayed just the opposite. When the steering wheel is turned to the right, a negative value will be displayed and when the steering wheel is turned to the left, a positive value will be displayed.

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	4
An Event(s) Preceded the Recorded Event(s)	No
An Event(s) was in Between the Recorded Event(s)	No
An Event(s) Followed the Recorded Event(s)	Yes
The Event(s) Not Recorded was a Deployment Event(s)	No
The Event(s) Not Recorded was a Non-Deployment Event(s)	Yes

System Status At AE

Vehicle Identification Number	**1ZT648*5*152220
Low Tire Pressure Warning Lamp (If Equipped)	OFF
Vehicle Power Mode Status	Run
Remote Start Status (If Equipped)	Inactive
Run/Crank Ignition Switch Logic Level	Active
Brake System Warning Lamp (If Equipped)	OFF

System Status At 1 second

Transmission Range (If Equipped)	Fourth Gear
Transmission Selector Position (If Equipped)	Drive
Traction Control System Active (If Equipped)	No
Service Engine Soon (Non-Emission Related) Lamp	OFF
Service Vehicle Soon Lamp	OFF
Outside Air Temperature (degrees F) (If Equipped)	82
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

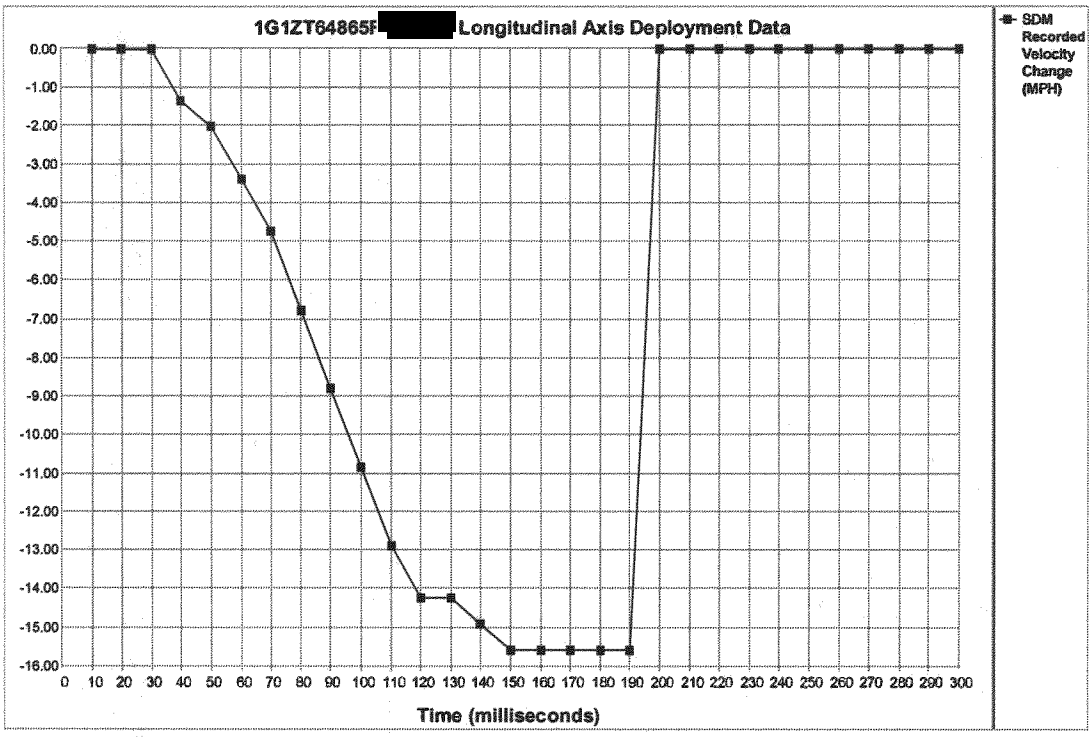
Pre-crash data

Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Speed (MPH)	75	76	77	78	78
Engine Speed (RPM)	2752	3648	3584	3328	2304
Percent Throttle	73	50	51	6	0
Accelerator Pedal Position (percent)	76	66	67	20	0
Antilock Brake System Active (If Equipped)	No	No	No	No	No
Lateral Acceleration (feet/s²)(If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Yaw Rate (degrees per second) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Steering Wheel Angle (degrees) (If Equipped)	0	16	0	32	-128

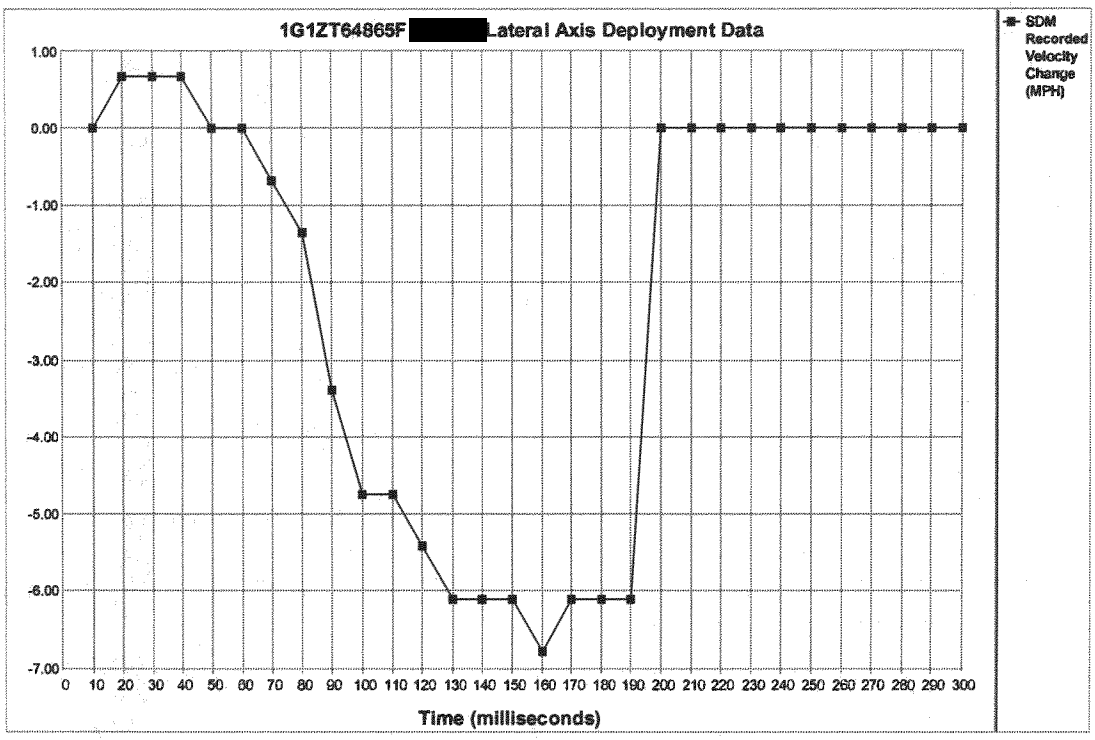
Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Dynamics Control Active (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid

System Status At Deployment

Ignition Cycles At Investigation	2948
SIR Warning Lamp Status	OFF
SIR Warning Lamp ON/OFF Time (seconds)	655200
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	2945
Ignition Cycles At Event	2948
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
Driver 1st Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	78
Driver 2nd Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	82
Passenger 1st Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	78
Passenger 2nd Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	82
Driver Side or Roof Rail/Head Curtain Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Passenger Side or Roof Rail/Head Curtain Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Time Between Events (sec)	-.88
Driver First Stage Deployment Loop Commanded	Yes
Driver Second Stage Deployment Loop Commanded	Yes
Driver Side Deployment Loop Commanded	No
Driver Pretensioner Deployment Loop Commanded	Yes
Driver (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Driver (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Driver Knee Deployment Loop Commanded	No
Passenger First Stage Deployment Loop Commanded	Yes
Passenger Second Stage Deployment Loop Commanded	Yes
Passenger Side Deployment Loop Commanded	No
Passenger Pretensioner Deployment Loop Commanded	Yes
Passenger (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Passenger Knee Deployment Loop Commanded	No
Second Row Left Side Deployment Loop Commanded	No
Second Row Left Pretensioner Deployment Loop Commanded	No
Third Row Left Roof Rail/Head Curtain Loop Commanded	No
Second Row Right Side Deployment Loop Commanded	No
Second Row Right Pretensioner Deployment Loop Commanded	No
Third Row Right Roof Rail/Head Curtain Loop Commanded	No
Second Row Center Pretensioner Deployment Loop Commanded	No
Driver 2nd Stage Deployment Loop Commanded for Disposal	No
Passenger 2nd Stage Deployment Loop Commanded for Disposal	No
Crash Record Locked	Yes
Vehicle Event Data (Pre-Crash) Associated With This Event	Yes
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes



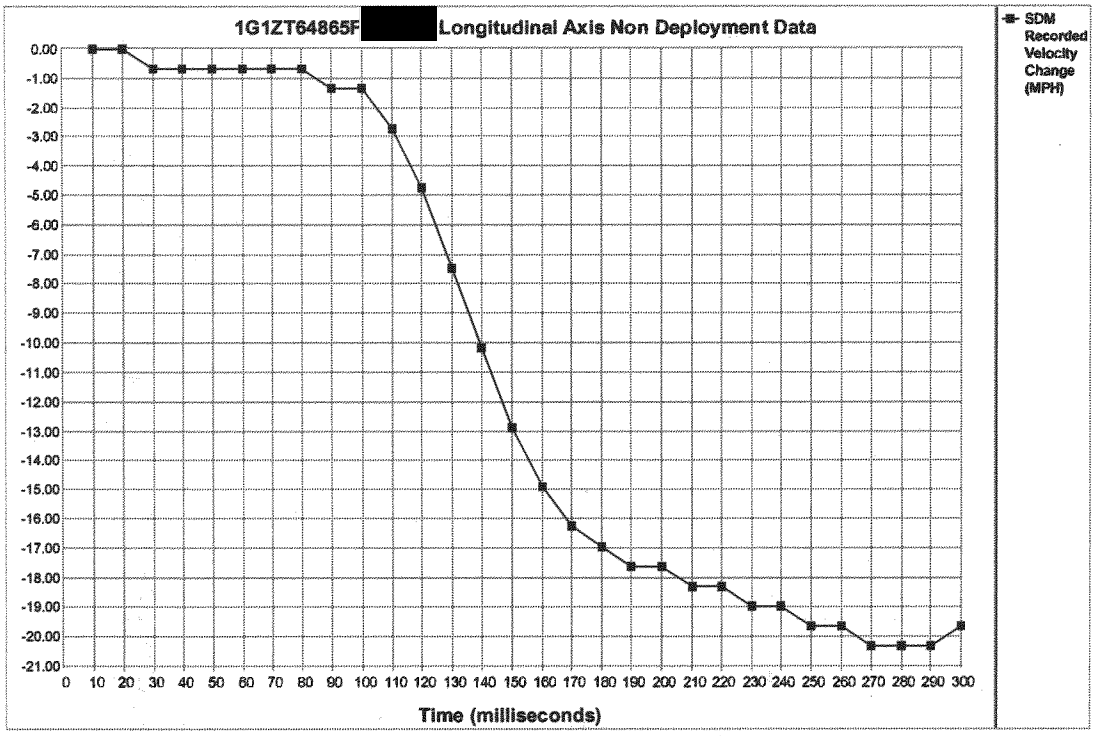
Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	0.00	0.00	-1.36	-2.03	-3.39	-4.74	-6.78	-8.81	-10.85	-12.88	-14.23	-14.23	-14.91	-15.59
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	-15.59	-15.59	-15.59	-15.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Lateral Axis Recorded Velocity Change (MPH)	0.00	0.68	0.68	0.68	0.00	0.00	-0.68	-1.36	-3.39	-4.74	-4.74	-5.42	-6.10	-6.10	-6.10
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Lateral Axis Recorded Velocity Change (MPH)	-6.78	-6.10	-6.10	-6.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

System Status At Non-Deployment

Ignition Cycles At Investigation	2948
SIR Warning Lamp Status	ON
SIR Warning Lamp ON/OFF Time (seconds)	0
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	0
Ignition Cycles At Event	2948
Ignition Cycles Since DTCs Were Last Cleared	254
Driver's Belt Switch Circuit Status	BUCKLED
Diagnostic Trouble Codes at Event, fault number: 1	B0052
Diagnostic Trouble Codes at Event, fault number: 2	N/A
Diagnostic Trouble Codes at Event, fault number: 3	N/A
Diagnostic Trouble Codes at Event, fault number: 4	N/A
Diagnostic Trouble Codes at Event, fault number: 5	N/A
Diagnostic Trouble Codes at Event, fault number: 6	N/A
Maximum SDM Recorded Velocity Change (MPH)	31.25
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	380
Driver First Stage Deployment Loop Commanded	No
Driver Second Stage Deployment Loop Commanded	No
Driver Side Deployment Loop Commanded	No
Driver Pretensioner Deployment Loop Commanded	No
Driver (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Driver (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Driver Knee Deployment Loop Commanded	No
Passenger First Stage Deployment Loop Commanded	No
Passenger Second Stage Deployment Loop Commanded	No
Passenger Side Deployment Loop Commanded	No
Passenger Pretensioner Deployment Loop Commanded	No
Passenger (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Passenger Knee Deployment Loop Commanded	No
Second Row Left Side Deployment Loop Commanded	No
Second Row Left Pretensioner Deployment Loop Commanded	No
Third Row Left Roof Rail/Head Curtain Loop Commanded	No
Second Row Right Side Deployment Loop Commanded	No
Second Row Right Pretensioner Deployment Loop Commanded	No
Third Row Right Roof Rail/Head Curtain Loop Commanded	No
Second Row Center Pretensioner Deployment Loop Commanded	No
Crash Record Locked	Yes
Vehicle Event Data (Pre-Crash) Associated With This Event	No
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	0.00	-0.68	-0.68	-0.68	-0.68	-0.68	-0.68	-1.36	-1.36	-2.71	-4.74	-7.46	-10.17	-12.88
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	-14.91	-16.27	-16.95	-17.62	-17.62	-18.30	-18.30	-18.98	-18.98	-19.66	-19.66	-20.34	-20.34	-20.34	-19.66



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	-1.36	-2.03	-2.03	-2.03	-2.03	-2.71	-3.39	-4.74	-6.10	-8.13	-9.49
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Lateral Axis Recorded Velocity Change (MPH)	-10.17	-11.52	-12.20	-12.88	-13.56	-14.23	-14.91	-16.27	-17.62	-18.30	-18.98	-20.34	-20.34	-21.01	-21.69

Hexadecimal Data

All of the data that the vehicle manufacturer has requested to be retrieved is shown in the hexadecimal data section of the CDR report. It may contain data that is not converted by the CDR program.

```
$01  00 05 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 19 46
$07  00 20 00 00 00 00 00
$08  FF 98 00 00 00 00 00
$09  03 00 7E 00 00 00 00
$0A  00 00 00 00 00 00 00
$0B  00 00 05 0F 01 00 00
$0C  80 00 80 00 00 00 00
$0D  00 00 C0 00 00 00 00
$0E  40 00 00 00 00 00 00
$0F  3A 00 00 00 00 00 00
$10  47 31 5A 54 36 34 38
$11  36 35 46 31 35 32 32
$12  32 30 00 00 00 00 00
$13  00 00 00 00 00 00 00
$14  00 00 00 00 00 00 00
$15  00 00 00 00 00 00 00
$16  03 06 0C 16 34 00 00
$17  07 07 07 07 02 02 00
$18  07 00 00 00 00 07 07
$19  03 03 00 00 00 00 00
$1B  FF 33 00 66 00 78 00
$1C  FF 30 00 66 00 18 00
$1D  4F 4F 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 92 00 00 00 00 00
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$25  00 00 00 00 00 00 00
$26  00 00 00 00 00 00 00
$27  FF 00 FF 00 00 00 00
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$2D  00 00 00 00 00 00 00
$2E  80 01 1B 00 00 00 00
$2F  00 FE 0B 84 00 00 00
$30  9D 00 00 00 00 00 00
$31  00 32 AB A8 C1 00 00
$32  00 00 00 00 00 00 00
$33  00 0F 82 7F BB 00 00
$34  24 34 38 39 2B 00 00
$35  7D 7E 7C 7A 78 00 00
$36  F8 02 00 01 00 00 00
$37  00 00 00 04 0B 00 20
$38  87 00 40 00 03 C0 00
$39  00 00 00 00 00 80 00
$3A  00 00 00 00 00 80 00
$3B  03 06 0C 00 00 00 00
$3C  00 00 00 00 00 00 C0
$3D  31 5A 54 36 34 38 00
$3E  35 15 22 20 00 00 00
$3F  2C 00 90 00 00 00 00
$40  80 A5 00 00 00 00 00
$41  00 00 00 00 00 00 00
$42  80 00 00 00 00 00 00
```

```
$43   FE 0B 84 00 00 00 00
$44   80 52 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 00 FF FF 00
$48   FF FF FE FF FD FF 00
$49   FD FF FD FF FD FE 00
$4A   FC FE FB FC F9 F9 00
$4B   F7 F5 F4 F1 F2 ED 00
$4C   F1 EA EF E8 EE E7 00
$4D   ED E6 EC E6 EB E5 00
$4E   EA E5 E8 E4 E6 E4 00
$4F   E5 E3 E4 E3 E2 E2 00
$50   E2 E2 E1 E2 E0 E3 00
$51   F0 00 00 00 00 00 00
$52   80 00 00 00 00 00 00
$53   26 08 4D 00 00 00 00
$54   00 00 00 00 00 00 00
$55   00 00 00 00 00 00 00
$67   A0 A5 00 00 00 00 00
$68   D0 D0 00 00 00 00 00
$69   00 FF F0 0B 81 00 00
$6A   FE 0B 84 00 00 00 00
$6B   00 00 00 00 00 00 00
$6C   00 00 00 00 00 00 00
$6D   00 00 00 00 00 00 00
$6E   00 00 01 00 01 00 00
$6F   01 FE 00 FD 00 FB 00
$70   FF F9 FE F6 FB F3 00
$71   F9 F0 F9 ED F8 EB 00
$72   F7 EB F7 EA F7 E9 00
$73   F6 E9 F7 E9 F7 E9 00
$74   F7 E9 00 00 00 00 00
$75   00 00 00 00 00 00 00
$76   00 00 00 00 00 00 00
$77   00 00 00 00 00 00 00
$78   F0 00 00 00 00 00 00
$79   80 00 00 00 00 00 00
$7A   80 00 00 00 00 00 00
$7B   27 29 27 29 00 00 EA

$01   41 55 36 35 32 38 52 34 32 31 39 32 32 37 55 50
$02   41 0A 22 34
$03   41 54 36 35 32 38 52 34 32 32 35 32 32 38 52 4D
$04   41 0A 22 34
$05   42 55 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$06   FF FF FF FF
$07   42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$08   FF FF FF FF
$0D   41 48 36 35 32 39 52 34 32 31 39 32 46 4C 43 31
$0E   01 59 D3 B3
$0F   41 4A 36 35 32 39 52 34 32 32 32 31 46 56 42 54
$10   01 59 D3 B3
$13   42 52 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$14   FF FF FF FF
$17   42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$18   FF FF FF FF
$21   31 12 66 1A D0 2E 91 9A
$22   19 46
$23   31 5A 53 54 55 55 34
$24   31 5A 53 54 55 55 34
$25   31 5A 53 54 55 55 34
$26   31 5A 53 54 55 55 34
$40   00 00
$41   FF 30 00 66 00 18
$42   F0 C4
$43   00 00 8C 80
```

```
$44  C6 0A 00 FC C0 C0
$45  07 01 07 01 05 01
$46  00 0F 0F 64 64
$47  0A 64 06 04 04 05 0A 06 04 0A 00 00 FA 00 00 FF 04 64
$48  18 08 08
$B0  58
$B1  FD FE 00
$B2  FF FF FF FF FF
$B4  41 53 31 39 34 36 32 33 30 51 41 4A 20 20 20 20
$B7  50 AA 01 0F 01
$B8  54 41 68 02 11
$C1  30 46 30 31
$CA  30 46 30 31
$CB  01 5A 8E 8A
$CC  01 5A 8E 8A
$D1  00 00
$DB  00 00
$DC  00 00
```

Comments

LAMP TEST: NO FLASH

MILEAGE:22199

CONNECTION: DLC VEHICLE POWERED VIA BATTERY PACK

LOCATION: HENDRICKS INTERNATIONAL

PRESENT: RYAN JAHR ESIS/GM

GOVERNOR JUAN F. LUIS HOSPITAL
Medical Record Department
4007 Estate Diamond Ruby
Christiansted, USVI 00821
Tax Identification Number: 660593678

Billing Statement

April 30, 2008

ESIS/GM Central Claims Unit
PO Box 300
M/C 482–C20-D71
Detroit, MI 48265-3000

Attention: Susan Braun – Claims Administrator

Please Note: When submitting payment by mail please address to the Attention: Medical Record Department. Thank You!

Our Office received your request for copies of medical record for the following patient(s):

Patient(s) Name:	No. Copies	Coping Fee
[redacted]	20	$20.00

Susan Braun
OK to pay
Code XX
05-01-2008
642804

Please pay the following:

Coping Charges: **$20.00**

Total Charges: **$20.00**

Please make payments available to: Governor Juan F. Luis Hospital

If there are any questions please contact Barbara Joseph at (340) 778-6311 Extension 2886.

Thank You!

Payment 5-5-2008
FA 7848505O
Deborah Harris

642804

GOVERNOR JUAN F. LUIS HOSPITAL
Medical Record Department
4007 Estate Diamond Ruby
Christiansted, USVI 00821
Tax Identification Number: 660593678

Billing Statement

April 30, 2008

ESIS/GM Central Claims Unit
PO Box 300
M/C 482–C20-D71
Detroit, MI 48265-3000

RECEIVED
MAY 0 7 2008
ESIS-GM CLAIMS UNIT

Attention: Susan Braun – Claims Administrator

Please Note: When submitting payment by mail please address to the Attention: Medical Record Department. Thank You!

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[redacted]	20	$20.00

Please pay the following:

Coping Charges: $20.00

Total Charges: $20.00

Please make payments available to: Governor Juan F. Luis Hospital

If there are any questions please contact Barbara Joseph at (340) 778-6311 Extension 2886.

Thank You!

EMERGENCY ROOM RECORD

[redacted]

Governor Juan F Luis Hospital
Dept of Ambulatory Care Services
Patient Examination Record

[redacted]
KR
06/06
[redacted]

[redacted]

Governor Juan F. Luis Hospital and Medical Center
Charles Daniel Lenhardt Emergency Room
Emergency Department Nursing Record
Page 1 of 4

[redacted] ER
[redacted] 06/06
CHRISTIANSTED,VI [redacted]
UNITED HEALTHCA[M000036165
12/09/1968 306

[redacted]

PATIENT IDENTIFICATION

INITIAL ASSESSMENT

MAR 2, 2006

[redacted]

[redacted]
ER
/06/06
CHRISTIANSTED, VI [redacted]
UNITED HEALTHCA[M000036165
12/09/1960

[redacted]

VITAL SIGNS

Time	BP	PR	RR	TEMP	O2sat	Rhythm	Pain	Pupils	GCS	INIT
							/10		/15	
							/10		/15	
							/10		/15	
							/10		/15	
							/10		/15	
							/10		/15	
							/10		/15	

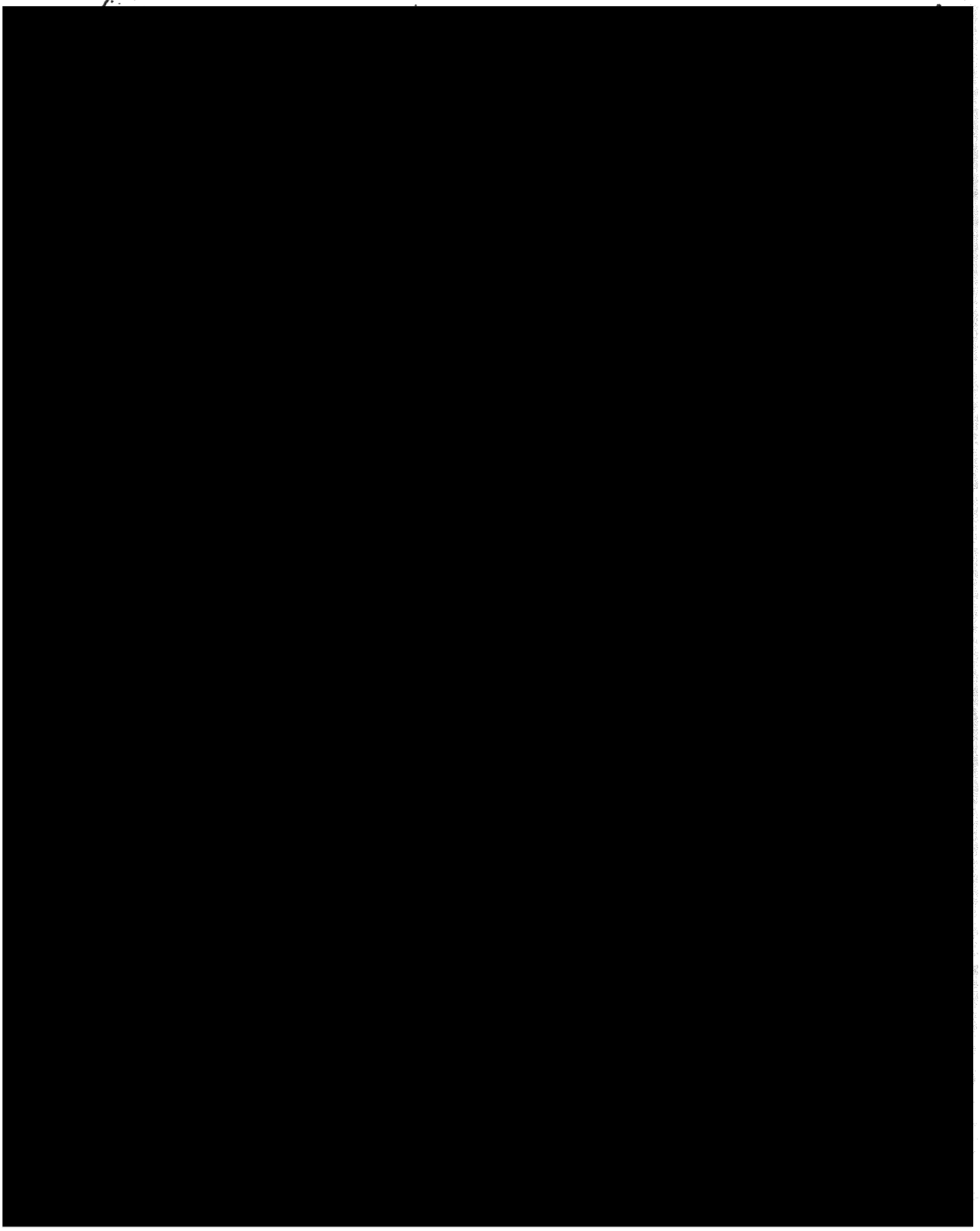
PATIENT IDENTIFICATION

MAR 2, 2006

ADDITIONAL NOTE (Time and sign each note)

[redacted]

[redacted]



[redacted]

DOB: [redacted] 39 M
V00002494052 / M000036165
Emergency Room DEP ER

Allergy/ADR:

Summary - Diagnoses

Summary List | Diagnoses | Indicators | [illegible] | [illegible] | [illegible]
[illegible] | [illegible] | [illegible] | [illegible] | Growth Chart
Medical | Behavioral

Diagnosis	Type	Code	Date	Visits
Accid On Street/Highway	ICD	E849.5	4/6/06	1
Alcohol Abuse-Unspec	ICD	305.00	4/6/06	1
Contusion Of Chest Wall	ICD	922.1	4/6/06	1
Mv-Oth Veh Coll-Driver	ICD	E813.0	4/6/06	1
Sprain Of Neck	ICD	847.0	4/6/06	1
Sprain Shoulder/Arm Nec	ICD	840.8	4/6/06	1

Return
Other Visit
Special Panels
24 Hour
Vital Signs
I & O
Notes
[illegible]
[illegible]
Microbiology
Blood Bank
Pathology
[illegible]
Other Reports
Care Trends
Care Activity
History
[illegible]
Encounters
Referrals
Discharge
Orders
Document
Med Reconciliation
Sign

Graph My Data | Cancel | Save

GOV. JUAN F. LUIS HOSPITAL & MEDICAL CENTER
4007 DIAMOND RUBY
CHRISTIANSTED, ST. CROIX, V.I

RADIOLOGY DEPT. EXT. 2162

CT SCAN OF THE HEAD WITHOUT ADMINISTERED CONTRAST: Scanning was done 4's at 4mm at the skull base and then 7's at 7mm from there to the vertex. Bone and brain window images were reviewed.

There is no evidence of hemorrhage, infarct, atrophy nor mass.

READING: NORMAL HEAD CT EXAMINATION.

Signed: <<Signature on File>>
ANDRE GALIBER JR, MD 04/07/06 1026

Dictated by: GALIBER, ANDRE JR, MD 04/06/06 1438

Transcribed by: MONICA NIEVES 04/06/06 1503

NAME: [redacted]	DATE OF EXAM:04/06/06
D.O.B.: [redacted]	LOCATION: ER
X-RAY NO: *XR00142609*	MR #: *M000036165*

Ordering Physician: HWAJONG PARK MD
Attending Physician:

GOV. JUAN F. LUIS HOSPITAL & MEDICAL CENTER
4007 DIAMOND RUBY
CHRISTIANSTED, ST. CROIX, V.I

RADIOLOGY DEPT. EXT. 2162

CERVICAL SPINE: There is no evidence of a fracture nor subluxation. The disc spaces are well maintained.

Signed: <<Signature on File>>
ANDRE GALIBER JR, MD 04/06/06 1242

Dictated by: GALIBER, ANDRE JR, MD 04/06/06 1122

Transcribed by: MONICA NIEVES 04/06/06 1222

NAME: [redacted]	DATE OF EXAM:04/06/06
D.O.B. [redacted]	LOCATION: ER
X-RAY NO: *XR00142609*	MR #: *M000036165*

Ordering Physician: HWAJONG PARK MD
Attending Physician:

GOV. JUAN F. LUIS HOSPITAL & MEDICAL CENTER
4007 DIAMOND RUBY
CHRISTIANSTED, ST. CROIX, V.I

RADIOLOGY DEPT. EXT. 2162

PA CHEST: The heart is normal in size. The lung fields and pulmonary vascular distribution are normal.

Signed: <<Signature on File>>
ANDRE GALIBER JR, MD 04/06/06 1242

Dictated by: GALIBER, ANDRE JR, MD 04/06/06 1121

Transcribed by: MONICA NIEVES 04/06/06 1222

NAME: [redacted]	DATE OF EXAM:04/06/06
D.O.B.: [redacted]	LOCATION: ER
X-RAY NO: *XR00142609*	MR #: *M000036165*

Ordering Physician: HWAJONG PARK MD
Attending Physician:

GOV. JUAN F. LUIS HOSPITAL & MEDICAL CENTER
4007 DIAMOND RUBY
CHRISTIANSTED, ST. CROIX, V.I

RADIOLOGY DEPT. EXT. 2162

LEFT SHOULDER AP & LATERAL VIEWS: There is no evidence of a fracture degenerative change nor subluxation.

Signed: <<Signature on File>>
ANDRE GALIBER JR, MD 04/06/06 1242

Dictated by: GALIBER, ANDRE JR, MD 04/06/06 1121

Transcribed by: MONICA NIEVES 04/06/06 1221

NAME: [redacted]	DATE OF EXAM:04/06/06
D.O.B.: [redacted]	LOCATION: ER
X-RAY NO: *XR00142609*	MR #: *M000036165*

Ordering Physician: HWAJONG PARK MD
Attending Physician:

GOV. JUAN F. LUIS HOSPITAL & MEDICAL CENTER
4007 DIAMOND RUBY
CHRISTIANSTED, ST. CROIX, V.I

RADIOLOGY DEPT. EXT. 2162

SKULL SERIES: The calvarium is intact. No abnormal intracranial calcifications are noted. The sella turcica is normal in size and shape.

Signed: <<Signature on File>>
ANDRE GALIBER JR, MD 04/06/06 1242

Dictated by: GALIBER, ANDRE JR, MD 04/06/06 1121

Transcribed by: MONICA NIEVES 04/06/06 1221

NAME: [redacted]	DATE OF EXAM:04/06/06
D.O.B.: [redacted]	LOCATION: ER
X-RAY NO: *XR00142609*	MR #: *M000036165*

Ordering Physician: HWAJONG PARK MD
Attending Physician:

RUN DATE: 04/06/06 Governor Juan F. Luis Hosp. LAB **LIVE** PAGE 1
RUN TIME: 0425 Stat Broadcast

Name: [redacted]
Acct#: [redacted] Unit#: M000036165 Age/Sex: 37/M Attend Dr: PARK,HWAJONG
Reg: 04/06/06 Disch: Status: REG ER Location: ER

Specimen: 0406:U000038 Collected: 04/06/06-0345 Status: COMP Req#: 00314600
Received: 04/06/06-0423 Subm Dr: PARK,HWAJONG

Ordered: UA

Test	Low	Normal	High	Flag	Reference
MACROSCOPIC					
> COLOR		YELLOW			
> APPEARANCE		CLEAR			
> GLUCOSE,URINE		NEGATIVE			NEGATIVE mg/dL
> BILIRUBIN		NEGATIVE			NEGATIVE
> KETONE		NEGATIVE			NEG mg/dL
> SPEC. GRAVITY		1.015			1.005-1.030
> BLOOD		NEGATIVE			NEGATIVE
> PH		5.5			5.0-9.0
> PROTEIN		NEGATIVE			NEGATIVE mg/dL
> UROBILINOGEN		0.2			0.2 E.U./dL
> NITRITE		NEGATIVE			NEGATIVE
> LEUK ESTERASE		NEGATIVE			NEGATIVE

** END OF REPORT **

RUN DATE: 04/06/06 Governor Juan F. Luis Hosp. LAB **LIVE** PAGE 1
RUN TIME: 0608 Stat Broadcast

Name: [redacted] Age/Sex: 37/M Attend Dr: PARK,HWAJONG
Acct#: [redacted] Unit#: M000036165 Status: REG ER Location: ER
Reg: 04/06/06 Disch:

Specimen: 0406:C000218 Collected: 04/06/06-0345 Status: COMP Req#: 00314600
Received: 04/06/06-0420 Subm Dr: PARK,HWAJONG

Ordered: CKMB

Test	Low	Normal	High	Flag	Reference
> CKMB			26.0	*H	1-15 U/L

** END OF REPORT **

[redacted]

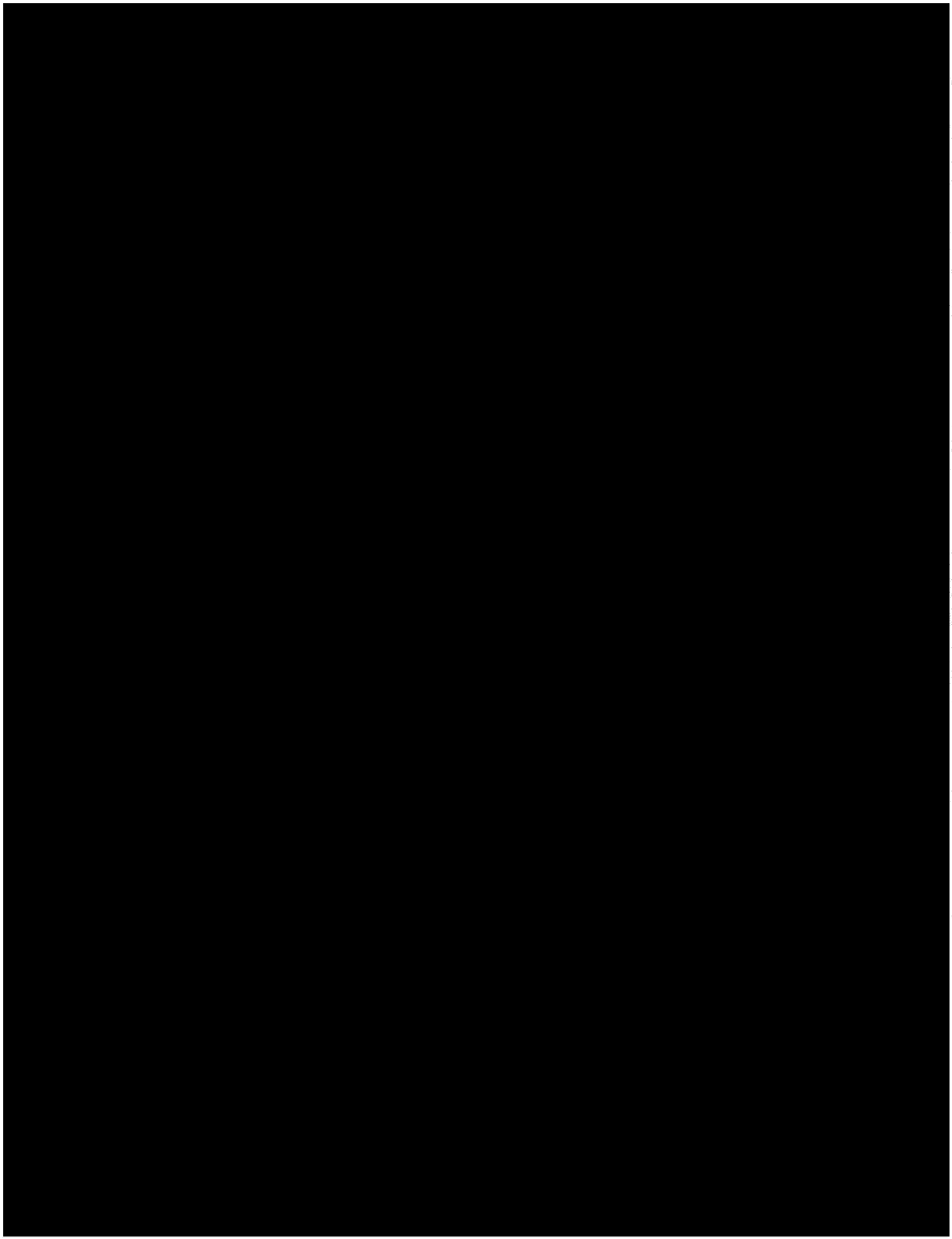
** END OF REPORT **

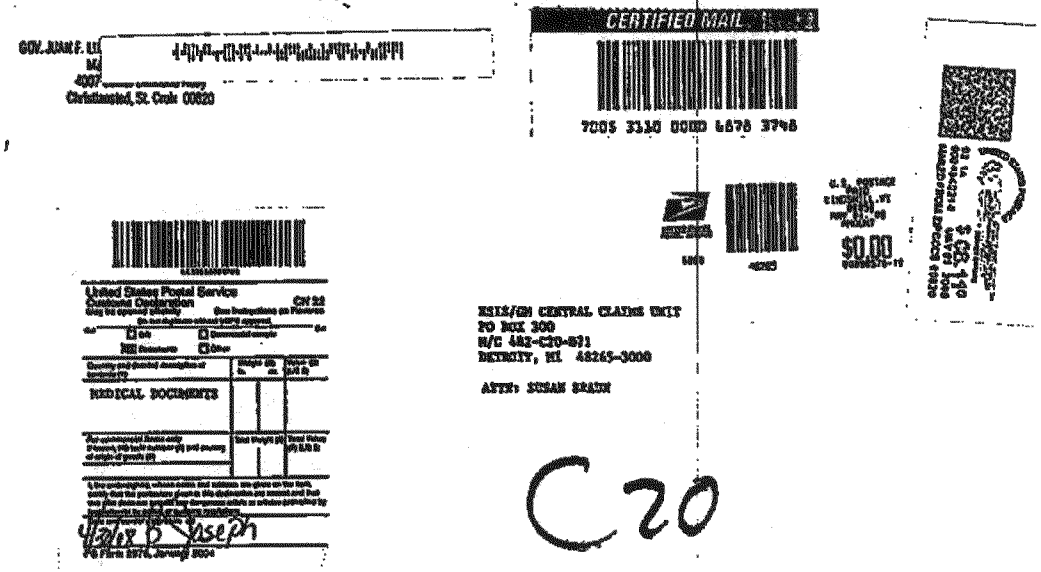
[redacted]

** END OF REPORT **



** END OF REPORT **




CERTIFIED MAIL
7005 3130 0000 6878 3798
$0.00
RSIS/GH CENTRAL CLAIMS UNIT
PO BOX 300
M/C 482-C20-871
DETROIT, MI 48265-3000
ATTN: SUSAN BRAIN
MEDICAL DOCUMENTS
United States Postal Service
Customer Declaration
C20

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*

Copy

Susan Braun
Claims Administrator

April 10, 2008

Primary Care
4000 Beeston Hill Med Bldg. Suite 1
Christiansted, VI 00820

RECEIVED
MAY 05 2008
ESIS-GM CLAIMS UNIT

Attention: Medical Records Department

RE: Our File No.: 642804
Our Client: General Motors Corporation
Patient Name: [redacted]
Date/Event: 4/6/2006
Date of Birth: 12/07/1968

To whom it may concern

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

Please provide me with a complete copy of [redacted] medical records and medical bills for the above incident.

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

Thank you for your cooperation.

Sincerely,

Susan Braun

Susan Braun
Claims Administrator

Enclosure
SB/jb

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

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

Name, address, telephone number of medical provider:	Govenor Juan F. Luis Hospital (340-778-6311) and Medical center #4007 Est. Diamond Ruby St. Croix US VI: 00820-
Name, address, telephone number of medical provider:	Primary Care, PLLC Arakere B. Pras DD, (442) MD, Facec 4000 Beeston Hill Medical Center C'sted St Croix 00820 340-778-7788
Name, address, telephone number of medical provider:	340-778-7788
Name, address, telephone number of medical provider:	RECEIVED
Name, address, telephone number of medical provider:	APR 07 2008
Name, address, telephone number of medical provider:	ESIS-GM CLAIMS UNIT

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 04.06.2006.

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

I understand that:

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

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

[redacted]	Date of Birth [redacted]
[redacted] C'sted ST. Croix US VI	[redacted]
Signature of Patient or Personal Representative* [redacted]	Date Signed March 21, 2008
R[redacted]	Authority to act for individual*

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

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

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

Claim Number: 642804
Claims Administrator: Braun

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

PRIMARY CARE PLIC
4000 Beeston Hill Medical Center, Suite 1
St.Croix, USVI 00820
(340) 778-7788 / Fax: (340) 713-9130
[redacted]

GOVERNOR JUAN F. LUIS
HOSPTAL & MEDICAL CENTER
PLOT 7C-7D ESTATE DIAMOND &RUBY
CHRISTIANSTED, ST. CROIX, VI 00820-4421
(340)778-6311 EXT. 2664

[redacted]

ER
V00002494052 04/06/06

[redacted]
CHRISTIANSTED,VI [redacted]
UNITED HEALTHCA[M000036165
12/09/1968

CERTIFICATE TO RETURN TO WORK

Name: [redacted]

Has been under my care from 4-06-06 to 4-7-06

and is able to return to work on 4-10-06

Nature of illness or injury Medical illness

( ) restrictions ( ) no restrictions

comments Follow-up Surgical cl (778-6311 X2883).
Orthopedic Surgeon (778-6110, Dr Peden)

Dr. [signature] Phone 778-6311 X2665

Address Gen. J.F. Hospital ER Date 4/06/06

DISABILITY CERTIFICATE

PRIMARY CARE, P.L.L.C.
4000 Beeston Hill Medical Bldg., Suite 1
Christiansted, VI 00820
Telephone: (340) 778-7788

This is to certify that [redacted] Date 4.17.2006

has been under my professional care and was:

☒ Totally Incapacitated ☐ Partially Incapacitated

from 4.12.2006 to 4.18.2006

Remarks: Can return to work 4.19.2006

Dr. [signature]

#13101 — Medical Arts Press 1-800-328-2179

Lisa M. McMahon, M.D
Island Medical Center
Suite#15
Christiansted, St. Croix 00820
P.O. Box 1527 Kingshill, St. Croix 00851
Tel. (340) 719-1266
Fax. (340) 719-1268
Lisaintheislands@hotmail.com

Date 4/8/06

To whom it may concern :

The patient [redacted] has been ill. Please excuse his/her absence from work/school on days 4/6/06 thru 4/11/06

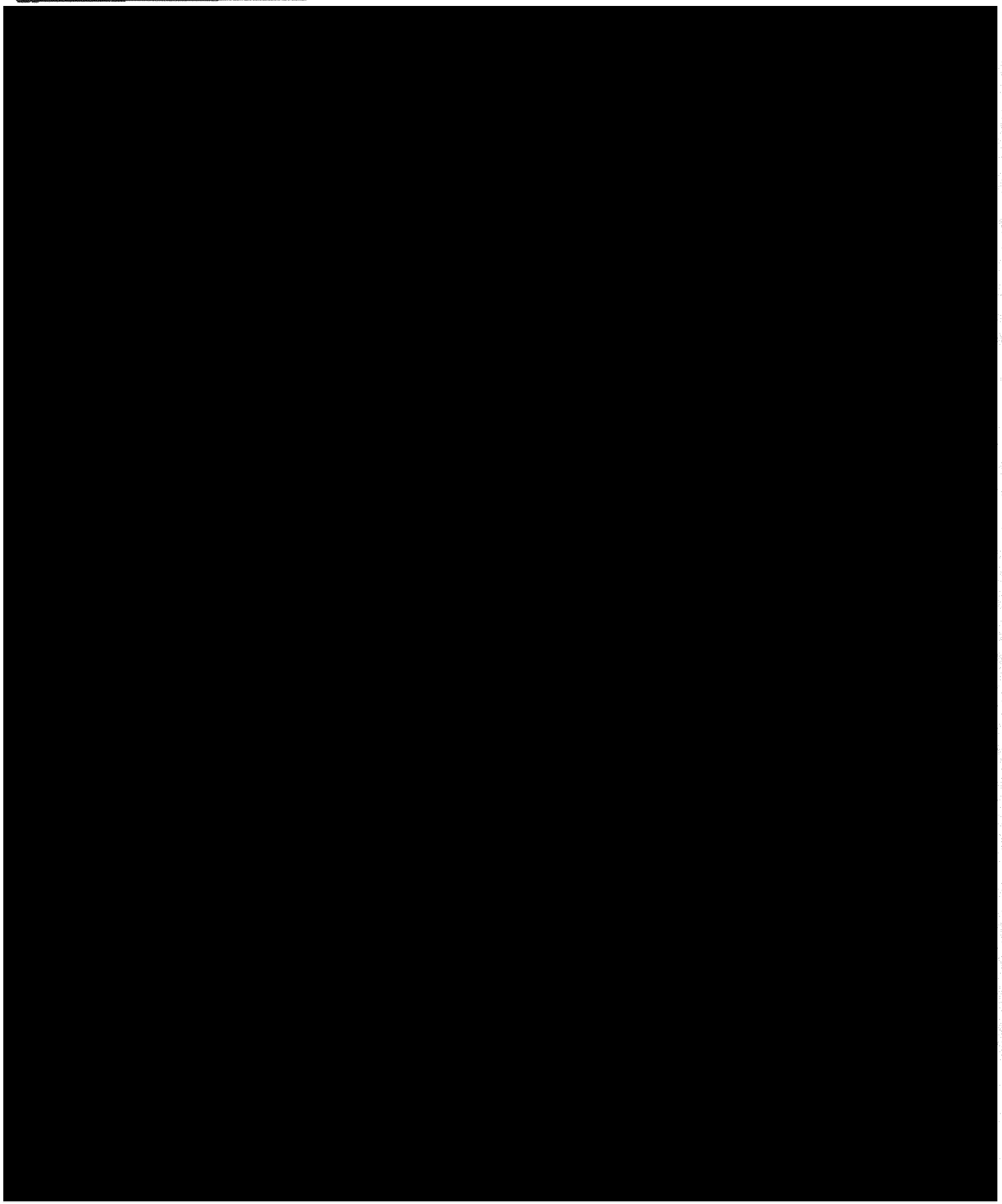
Return to work date: 4/12/06

Limitations: NONE

Sincerely;

Lisa McMahon, MD

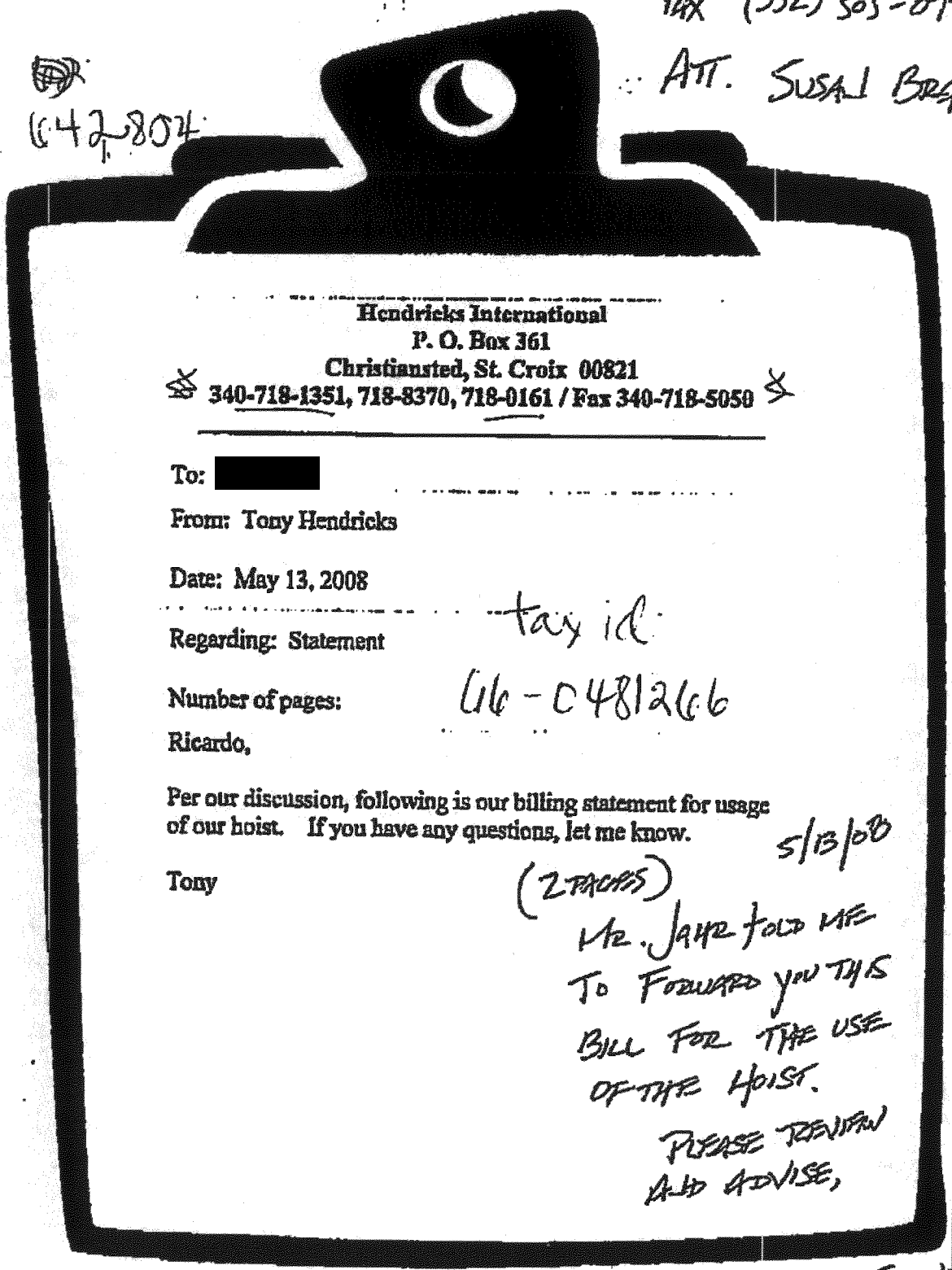
Signature Lisa McMahon, MD



FAX (352) 505-0773

ATT. SUSAN BRAUN.

file 642804



Hendricks International
P. O. Box 361
Christiansted, St. Croix 00821
340-718-1351, 718-8370, 718-0161 / Fax 340-718-5050

To: [redacted]

From: Tony Hendricks

Date: May 13, 2008

Regarding: Statement

tax id

Number of pages: 66-0481266

Ricardo,

Per our discussion, following is our billing statement for usage of our hoist. If you have any questions, let me know.

5/13/08

Tony

(2 PAGES)

MR. JAHR TOLD ME TO FORWARD YOU THIS BILL FOR THE USE OF THE HOIST.

PLEASE REVIEW AND ADVISE,

RICARDO FOURNIER

Hendricks International
St. Croix's Honda & Acura Center
P. O. Box 361
14 La Grande Princesse
Christiansted, St. Croix 00821

Phone: (340) 773-1351
Fax: (340) 773-5050

Statement

Date: May 13, 2008

Bill To: Guardian Insurance
Attn: Ricardo

Date	Type	Description	Amount	Balance
05/09/2008	Charge	4 hours of hoist usage at $68.00 per hour	$ 272.00	
				Total Due: $272.00

tax id 64-0481266

Reminder: Please include a copy of this invoice along with your payment.

file #642804

ok to pay
Susan Blaun
05.22.2008
pay code ~~WX~~ WA

Paid June 9, 2008
FA7848647B
Deborah Davis



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

Susan Braun
Claims Administrator

April 25, 2008

Guardian Insurance
Claims Department
Attn: Ricardo
123 Mt. Welcome
Gallows Bay, St. Croix, VI 00820

RE: Claimant: [redacted]
Our File No.: 642804
Our Client: General Motors Corporation
Date/Event:- 04.06.2006
VIN: 1G1ZT64865F[redacted]

Dear Ricardo:

I am writing to confirm our conversation during which you agreed to allow us to inspect your 2005 Chevrolet Malibu Maxx and retrieve data from the air bag system. I estimate the inspection will take about three hours.

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

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

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

Sincerely,

Susan Braun

Susan Braun

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Susan Braun
Claims Administrator

October 20, 2008

[redacted]
Christiansted, VI [redacted]

RE: Claimant: [redacted]
Our File No.: 642804
Our Client: General Motors Corporation
Date/Event: 04.06.2006
Vehicle: 2005 Chevrolet Malibu Maxx
VIN: 1G1ZT64865F[redacted]

Dear [redacted]

This will confirm that we have completed our review of your claim regarding your 2005 Chevrolet Malibur Maxx. At this time, based on all documentation received and reviewed, ESIS, on behalf of General Motors Corporation, will not be in a position to honor your request for damages. If you have any additional evidence that supports your claim of a product defect, please forward it to my attention for further review.

Also, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action.

Sincerely,

Susan Braun
Claims Administrator

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Susan Braun
Claims Administrator

October 20, 2008

[redacted]
Christiansted, VI [redacted]

RE: Claimant: [redacted]
Our File No.: 642804
Our Client: General Motors Corporation
Date/Event: 04.06.2006
VIN: 1G1ZT64865F[redacted]

Dear [redacted]

Please find enclosed a copy of the air bag data retrieved from the above vehicle. This copy is for your records.

Sincerely,

Susan Braun

Enclosure

Service Request Detail

SR No.	71-594349161	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Area	PAR
Daytime #	[redacted]	Evening #	[redacted]	UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address	[redacted]	City	Issaquah	Involved Dir		Safety	Yes
State	WA ZipCd [redacted]	Con Acct		Source	Phone	Updated	1/25/2008 12:58:53 PM
Serial #/VIN	1G1ZT54875F[redacted]	Model Year	2005	Priority	Medium License # CHEVROL	Owner	VALVERDM
Make	Chevrolet	Warr. Start	10/09/2004	Status	Open	Opened	1/18/2008 11:19:27 AM
Model	Malibu	Mileage	35340	Sub-Status	Satisfied	Closed	
Abstract	Steering - General						
Customer Description	brc per case please do not assume forward all inquiries to Mark Valverde ext 11215						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Relative	1/22/2008 01:13:58 PM	N	1	1	Asphalt	Dry	n/a	IT11286

Driver Last Name	Driver First Name	Height	DOB	Disabilities
[redacted]	[redacted]	[redacted]	[redacted]	n/a

Insurance Agent First Name	Phone #	Insurance Agency
n/a	n/a	Safe Co Insurance

Incident Loc	In between the 2 intersection of Old Black Nugget Rd and Black Nugget Rd	Incident Desc	daughter was driving home and was on an S curve rd and lost control of veh and hit a tree then a wall which have a veh at the other side
Component	whole front end of veh	Damage Desc	vehicle was totaled
Vehicle Loc	24803 SE Blck Nugget Issaquah WA 98027	Add'l Info	**cannot make a claim with insurance bec there is no collision coverage on the veh
Emgcy Svc Names	n/a	Maint Loc	Midas

PAR Detail

Collision	Y	Non Collision		Property Damage	Y	Thermal Evt	N	Spec Equip	none		
Vehicle Speed	25			Weather Condition	cold dark and dry			Prop Owner	Steven Rostad	Property Type	wall of house and tree
Last Service Date	10/24/2007			Loc Last Service				Property Location	neighbors house	Prop Est Repair Cost	$8,000.00
Veh Est Repair Cost	$0.00			Spec Equip Installer	n/a			Prop Damage Description	front end was crushed and dented.		
Primary Veh Use	Personal			Inspection Type				Inspected By		Inspection Date/Time	
Veh Damage Description	front end was crushed and dented.							Explain Other			

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
[redacted]			Occupant of Owner's Vehicle	[redacted]	Driver	seat belt/airbags
Injury Description			Medical Rpt#		Treatment Location	Treated By
friction burn on arms got infected			none		Swedish Hospital	ER Doctor
Street Address			City	State	Zip Code	
24808 SE Black Nugget Rd.			Issaquah	WA	98029-7600	

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/25/2008 12:59:56 PM	TOLBERWH	ESISBIQU	Escalation	ESIS - Property Damage	In Progress		Assign to ESIS
Contact Last Name	Contact First Name			Account		BAC Code	
[redacted]							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/24/2008 02:33:00 PM	DRAHEICM	TOLBERWH	Notify CRM		Done	1/25/2008 12:59:56 PM	ESIS-Prop Damage
Contact Last Name	Contact First Name			Account		BAC Code	
[redacted]							
Comments							
Recieved and assigned to ESIS Whitneytolbert/atx/par 11271							
Confidential Comments							

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/24/2008 01:21:21 PM	VALVERDM	DRAHEICM	BRC PAR	ESIS- Property Damage	Done	1/24/2008 02:32:59 PM	escalate to esis
Contact Last Name	Contact First Name			Account		BAC Code	
[redacted]							
would like reimbursement for value of the vehicle. seeking reimbursement for 3rd party damage to tree and wall of house. approx $8000 aprx damage. seeking reimbursement for medical bills as well. arms did get a friction burn from airbags deploying. . 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
1/24/2008 01:20:19 PM	VALVERDM	VALVERDM	Ownership Changed	Ownership Escalated to BRC	Done	1/24/2008 01:20:19 PM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/24/2008 01:07:29 PM	VALVERDM	VALVERDM	Inbound Call Customer	Customer	Done	1/24/2008 01:09:11 PM	cust called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

PAR INCIDENT QUESTIONNAIRE

• where was location of accident? half mile from the house on s curve

• What was the vehicle speed? _____ 25 mph

• any concerns with the brakes? _____ none

was driving home and going through s curve and steering wheel locked up and she hit a tree and the hit a wall of a house. both airbags deployed

• Describe Damage to the vehicle- front end was crushed and dented.

• Police Report? yes
• How was vehicle removed from the scene • Was the vehicle towed or driven? _____ towed to house
are u the original owner of the vehicle? used 30 k miles
where do you have the maint done on the vehicle? midas
When was last maint on the vehicle? october
what are you seeking from gm? would like reimbursement for value of the vehicle. seeking reimbursement for 3rd party damage to tree and wall of house.
approx $8000 aprx damage. seeking reimbursement for medical bills as well.
are there any injuries? arms did get a friction burn from airbags deploying. did go to er. Swedish Hospital. ER doctor
weather cond? cold dark and dry

prim vehicle use? personal vehicle
spec equipment? none
equipment installer?

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/24/2008 11:35:15 AM	VALVERDM	VALVERDM	Scheduled Outbound Call Cust		Scheduled Alarm		(71-594349161)

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

check esis
(01-25)3-5pm

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/24/2008 11:25:34 AM	VALVERDM	VALVERDM	Outbound Call Customer	Left Message	Done	1/24/2008 11:28:42 AM	made call

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

did call cust 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
1/23/2008 02:37:02 PM	VALVERDM	VALVERDM	Scheduled Outbound Call Cust	Cancelled	Done	1/24/2008 11:35:06 AM	(71-594349161)

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

initial call
(01-24)3-5pm

made call early

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 11:42:55 AM	DRAHEICM	VALVERDM	Ownership Changed		Done	1/23/2008 11:42:55 AM	Service Request Ownership has changed FROM: PAGUIOJO TO: VALVERDM

[redacted]	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 11:42:38 AM	DRAHEICM	VALVERDM	BRC PAR	Initial Contact- Phone	Done	1/24/2008 11:29:47 AM	called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

made call attempts

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 11:42:33 AM	DRAHEICM	VALVERDM	BRC PAR	Initial Contact- Dealer	Done	1/24/2008 11:33:48 AM	called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

no dealer listed to call

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 11:42:26 AM	DRAHEICM	VALVERDM	BRC PAR	Initial Contact- AVM	Done	1/24/2008 11:34:15 AM	called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

no dealer so no avm to call.

Mark Valverde/PAR/ATX

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 11:42:22 AM	DRAHEICM	VALVERDM	BRC PAR	Acknowledgement	Done	1/23/2008 02:36:53 PM	called

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

did call cust but got message that was wrong number.

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 11:42:17 AM	DRAHEICM	VALVERDM	Notify CRM		Done	1/23/2008 04:50:34 PM	file assigned

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 11:42:12 AM	DRAHEICM	VALVERDM	Research		Done	1/23/2008 02:27:30 PM	research vin

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

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

Mark Valverde/PAR/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 11:41:54 AM	DRAHEICM	VALVERDM	BRC PAR	Case Assigned	In Progress		assigned to mark valverde ext 11215

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 10:04:51 AM	DRAHEICM	PAGUIOJO	SR Opened		Done	1/23/2008 10:04:51 AM	SR in Status of Closed has been Re-Opened by DRAHEICM

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/23/2008 10:04:48 AM	DRAHEICM	PAGUIOJO	SR Closed - Satisfied		Done	1/23/2008 10:04:48 AM	Service Request has been Closed Satisfied.

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 01:56:54 PM	PAGUIOJO	DRAHEICM	Escalation	Initiate PAR	Done	1/23/2008 10:03:45 AM	Assigning activity to PAR QUEUE

Contact Last Name | Contact First Name | Account | BAC Code

[redacted]

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

Jane West/RR/MLA/L1

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
1/22/2008 01:52:48 PM	PAGUIOJO	PAGUIOJO	Outbound Call Customer	Left Message	Done	1/22/2008 01:56:52 PM	[redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

CRS sls:
-thank you for leaving the msg to my VM indicating the police report number
-I will now forward this case to our product allegation dept
-another rep will be contacting you within 48hrs regarding this
-provided SR, Chevrolet CAC number if cust needs to contact us.

Jane West/RR/MLA/L1

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 01:50:25 PM	PAGUIOJO	PAGUIOJO	Inbound Voice Mail	Complex Request	Done	1/22/2008 01:50:48 PM	cust's wife left msg

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Cust sls:

Hi Jane its [redacted] calling you back in regards to our claim on the Malibu. the ticket number that your requested is IT11286 and it is a non traffic ticket and I confirmed that the car was purchased in 2006 and oil changes has been done at a Midas shop and nothing has been needed since it was purchased at the dlr and everything was good until then. So call me if you want and hopefully you got all the information it might be able to get this forwarded today and I will be able to hear from someone within 48hrs. My cellphone is [redacted] if I don't pick up from home feel free call my cellphone. Thank you.

Jane West/RR/MLA/L1

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 01:39:28 PM	PAGUIOJO	PAGUIOJO	Scheduled Outbound Call Cust	Cancelled	Done	1/22/2008 01:53:30 PM	[redacted] gather more info about incident

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Activity cancelled. CRS called cust prior to schedule
Jan 22, 2008 Tue
bet 6-8pm ET
[redacted]

Jane West/RR/MLA/L1

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 12:54:44 PM	PAGUIOJO	PAGUIOJO	Outbound Call Customer	Made Contact	Done	1/22/2008 01:39:12 PM	Product Allegation-veh was totaled bec of loss of control on steering. Vehicle is included in SC 07126 for the loss of power steering

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

CRS spoke to cust's wife, [redacted]

CRS delivered obc spiel

CRS sts:
-calling to verify information regarding the incident so that case can be escalated to the product allegation dept.

Cus sts:
-we bought the veh used from a dlrship approx 6 mos prior to the incident.
-we bought the veh for our daughter
-our daughter was driving home from work during Thanksgiving on an S curve rd in between the 2 intersections of Old Black Nugget Rd and Black Nugget Rd
-my daughter suddenly lost control of the steering and hit a tree and then a wall which have a Volkswagen Jetta on the other side.
-we have the veh towed at our home and now my daughter has a litigation case bec of the incident and we have to pay for the damages on the wall and on the veh

Cust sks:
-investigation why incident happened
-compensation for damages

CRS adv:
-that their information will be forwarded to the Product Allegation Department within the BRC after all information is obtained from cust

Jane West/RR/MLA/L1

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 12:53:22 PM	SADMIN	PAGUIOJO	Inbound White Mail	Customer	Done	1/22/2008 12:54:18 PM	TREAD - non temp Scanned: 2008-01-02-11.56.41.000000, MSXDocNum: 0800200631

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

CRS received documents from the customer:

* Envelope
* Signed Claim Form for:
SC 07126 Amount requested $11,120
***vehicle was totalled as a result of accident, lost of control steering on 11/23/07

CRS is to call cust to get incidenet details and initiate PRE PAR case

Jane West/RR/MLA/L1

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 12:50:54 PM	PAGUIOJO	PAGUIOJO	Ownership Changed		Done	1/22/2008 12:50:54 PM	Service Request Ownership has changed FROM: VIADOYRE TO: PAGUIOJO

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/22/2008 12:50:49 PM	PAGUIOJO	VIADOYRE	SR Opened		Done	1/22/2008 12:50:50 PM	SR in Status of Closed has been Re-Opened by PAGUIOJO

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/18/2008 01:20:35 PM	VIADOYRE	VIADOYRE	SR Closed - Satisfied		Done	1/18/2008 01:20:35 PM	Service Request has been Closed Satisfied.

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/18/2008 12:16:15 PM	VIADOYRE	VIADOYRE	Scheduled Outbound Call Cust		Done	1/18/2008 12:25:07 PM	Infor cust that reimbursement team is currently processing her case

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

crs reached voice mail of cust

crs adv:
-reimburesment team is currently processing her case.
-processing will take 4-5 weeks
-GM will call for update on her file as soon as it is processed.
-crs will temporarily close her file
-just in case she needs any other assistance, call GM customer assistance

Ron White/CAC/Elemental/MNLanytime

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/18/2008 11:21:45 AM	VIADOYRE	VIADOYRE	Inbound Call Customer		Done	1/18/2008 12:20:14 PM	SC 07126

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments

cst sls:
-recall on daughter's car
-sent in reimbursement claim form
-2005 Chevy Malibu
-07126 steering assist loss of power
-car was involved in an accident
-car was totaled
-December 26 sent the letter/claim form
-contacted one time by GM telling that accident might be due to product recall
-sent in paper works but hasn't received any letter from GM
-call me back in 5 minutes.

cst sks:
-update for reimbursement on SC 07126

crs adv:
-provided SR
-will give cust callback when crs has information

Ron White/CAC/Elemental/MNL

Confidential Comments

UCC Information

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

[redacted]

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 :	1G1ZT54875F[redacted]

VEHICLE INFORMATION

Merchandising Model :	1ZT69 -2005 MALIBU LS SEDAN	Warranty Start Date :	10/09/2004
BARS Order Type :	50 - FLEET		
Delivering Dealer :	WALDEN FLEET GROUP, INC. 6 SYLVAN WAY PARSIPPANY , NJ 07054-3826	Selling Source :	13 - CHEVROLET
		Site Code :	04681
		Business Associate Code :	111571

Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	10/09/2004	10 miles	10/09/2007	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	10/09/2004	10 miles	10/09/2010	100010 miles
39/39000 GM CERTIFIED USED LIMITED WARRANTY	10/09/2004	10 miles	01/09/2008	39010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	10/09/2004	10 miles	10/09/2012	80010 miles
36/50000 CALIFORNIA EMISSIONS	10/09/2004	10 miles	10/09/2007	50010 miles
84/70000 CALIFORNIA SELECT COMPONENT	10/09/2004	10 miles	10/09/2011	70010 miles

CLAIM HISTORY

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

04/01/2006	C16226	#	Z2084 - ROADSIDE SERVICE (FLAT TIRE)	26900 miles
02/14/2006	025628	#	R0754 - RADIO RECEIVER-RETURN TO AC/DELCO ESC	24888 miles
02/14/2006	025628	#	R0760 - RADIO, REMOVE AND REPLACE	24888 miles
01/29/2005	125760	#	B1635 - HANDLE AND/OR LEVER, HOOD LATCH CABLE - REPLACE	4628 miles
10/08/2004	A73040	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 :	1G1ZT54875F[redacted]

CLAIM HISTORY

Repair Order Date :	04/01/2006	Repair Order Number :	C16226	Odometer Reading :	26900 miles

Serviced By :	GM ROADSIDE ASSISTANCE/CCAS ONE CABOT RD MEDFORD, MA 02155-5117	Selling Source :	13 - CHEVROLET
		Site Code :	34415
		Business Associate Code :	207453

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
04/07/2006	680	01	#	Z2084 - ROADSIDE SERVICE (FLAT TIRE)	N/A	C	N/A	$ 44.07	N

Repair Order Date :	02/14/2006	Repair Order Number :	025628	Odometer Reading :	24888 miles

Serviced By :	BUDGET RENT A CAR 6251 CHANCELLOR DRIVE ORLANDO, FL 32809-5501	Selling Source :	13 - CHEVROLET
		Site Code :	69215
		Business Associate Code :	124831

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/03/2006	670	01	#	R0760 - RADIO, REMOVE AND REPLACE	N/A	N/A	N/A	$ 48.60	N

Repair Order Date :	02/14/2006	Repair Order Number :	025628	Odometer Reading :	24888 miles

Serviced By :	SPECMO ENTERPRISES 32655 INDUSTRIAL DR MADISON HEIGHTS, MI 48071-1517	Selling Source :	45 - A/C DELCO
		Site Code :	44835
		Business Associate Code :	192110

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
02/28/2006	669	01	#	R0754 - RADIO RECEIVER-RETURN	89047146	N/A	N/A	$ 202.13	Y

				TO AC/DELCO ESC					

Repair Order Date :	01/29/2005	Repair Order Number :	125760	Odometer Reading :	4628 miles
Serviced By :	AVIS RENT-A-CAR 900 OLD COUNTRY RD GARDEN CITY, NY 11530-2128	Selling Source :	13 - CHEVROLET		
		Site Code :	99061		
		Business Associate Code :	126409		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/18/2005	570	01	#	B1635 - HANDLE AND/OR LEVER, HOOD LATCH CABLE - REPLACE	N/A	N/A	N/A	$ 11.79	Y

Repair Order Date :	10/08/2004	Repair Order Number :	A73040	Odometer Reading :	0 miles
Serviced By :	AVIS RENT-A-CAR 900 OLD COUNTRY RD GARDEN CITY, NY 11530-2128	Selling Source :	13 - CHEVROLET		
		Site Code :	99061		
		Business Associate Code :	126409		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
10/12/2004	525	01	1	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	N/A	N/A	N/A	$ 76.62	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

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

Help

VIN	1G1ZT54875F[redacted]

VEHICLE BUILD

Merchandising Model :	1ZT69 -2005 MALIBU LS SEDAN		
Gross Vehicle Weight Rating :	1922 kg (4238 lb)	Order Number :	HNFXQS
Build Date :	10/08/2004	Build Plant :	15FZ

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

OPTION CODES

AG1 - DRIVER SEAT 6-WAY POWER	AP3 - REMOTE VEHICLE STARTER SYSTEM
AY0 - FRONT SIDE IMPACT AIR BAGS & HEAD-CURTAIN SIDE AIR BAGS	A51 - SEATS, CUSTOM
BQ2 - AVIS RENT A CAR	B37 - FLOOR MATS
B8Q - GM PRODUCTION WEEK #41	C60 - AIR CONDITIONING
DL5 - ROADSIDE SERVICE INFORMATION DECAL	D49 - POWER OUTSIDE MIRRORS
FAI - FAIRFAX	FE0 - SUSPENSION SYSTEM-ACTIVE
FLT - FLEET PROCESSING OPTION	F83 - TRANSAXLE 3.05 RATIO
IBE - INTERIOR TRIM	J67 - 4-WHEEL ANTI-LOCK BRAKES W/ TRACTION CONTROL
K64 - GENERATOR 115 AMPS	LX9 - 3.5L V6 ENGINE
MN5 - TRANSMISSION AUTO 4 SPEED	MX0 - 4-SPEED AUTO TRANSMISSION
NC7 - FEDERAL EMISSIONS OVERRIDE	NU1 - CALIFORNIA EMISSION SYSTM, LEV2
N46 - STEERING WHEEL	PF3 - (4) 15" ALLOY WHEELS
QMR - (4) TOURING TIRES P205/65R15	R6F - IDENTIFY B-CODE USERS
T43 - REAR SPOILER	UN0 - AM/FM STEREO W/CD & RDS (REPLACES STD/OPT/PKG RADIO)
UZ6 - SIX PREMIUM SPEAKERS	U77 - ANTENNA RR WINDOW
VK3 - FRONT LICENSE PLATE BRACKET	VM3 - CONSUMER INFORMATION LABEL
VN9 - DAILY RENTAL REPURCHASE PROGRAM	V2G - FULL FUEL FILL CREDIT
V73 - STATEMENT OF VEHICLE CERT.-	

U.S. /CANADA	YF5 - 50-STATE EMISSIONS
1SB - MALIBU PREFERRED EQUIP GRP 1SB * FRONT SIDE IMPACT AIR BAGS & HEAD-CURTAIN SIDE AIR BAGS * DRIVER SEAT 6-WAY POWER * FLOOR MATS * REMOTE VEHICLE STARTER SYSTEM	1SZ - PREFERRED EQUIPMENT SAVINGS PREFERRED EQUIPMENT GROUP SAVINGS
14E - GRAY CUSTOM CLOTH	14I - GRAY INTERIOR TRIM
40U - WHITE	6AR - FRONT SPRING
7AR - FRONT SPRING	8AB - REAR SPRING
9AB - REAR SPRING	

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[redacted]
Issaquah, WA [redacted]

SEATTLE WA 980

27 DEC 2007 PM 2 T

HAPPY HOLIDAYS

USA 41

JAN 02 2008

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

48232$5170 B050

07126

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/26/07

17-Digit Vehicle Identification Number (VIN): 1G1ZT54875F [redacted]

Mileage at Time of Repair: 35340 Date of Repair: Vehicle was totaled as result of accident - lost control of steering on 11/23/07

Claimant Name (please print): [redacted]

Street Address or PO Box Number: [redacted]

City: Issaquah State: WA ZIP Code: [redacted]

Daytime Telephone Number (include Area Code): [redacted]

Evening Telephone Number (include Area Code): [redacted]

Amount of Reimbursement Requested: $ to be determined - vehicle totaled

The following documentation must accompany this claim form. Kelly Blue Book value = $11,120 (good condition)

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment. (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: [redacted]

Please mail this claim form and the required documents to:

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261

07126

CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).

document Index - 71-594349161

Class - Siebel Docs

RequestNum
71-594349161

MSXDocNum
0800200631

Last
ROSTAD

First
STEVEN

Timestamp
2008-01-02-11.56.41.000000

Division
CH

CorrType
C

CatCode
29

MSXSource
M

AttachNum

VIN

5

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

800.888.0164 *tel*
313.665.0911 *fax*

February 13, 2008

[redacted]
Issaquah, WA [redacted]

RE: Claimant: [redacted]
Date of Event: November 22, 2007
File Number: 642934
Client: General Motors Corporation

Dear [redacted]

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

I am writing as a follow up to my conversation with your wife of February 13, 2008. It is being alleged that while your daughter, Rachel was driving, the steering locked up and it caused her to get into an accident. In order to substantiate the claim being made, I need the following information:

1. Documentation to substantiate the type and amount of damages being claimed (i.e., medical bills and any out of pocket expenses);
2. All medical records concerning the injuries suffered as a result of this accident. A consent to develop medical information is enclosed to assist our office in obtaining these records;
3. If you are in possession of the subject vehicle, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post- incident condition for as long as you intend to pursue a claim and/or cause of action.

Rob Hastings of Gladding & Michel has been assigned to me in the investigation of this claim. He will contact you to schedule an interview you and your daughter, inspect, photograph and download the SDM.

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

Sincerely,

Tiffini Hails

Enclosure

5



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

800.888.0164 *tel*
313.665.0911 *fax*

Tiffini Hails
Claims Administrator

February 13, 2008

[redacted]

Issaquah, WA [redacted]

RE:	Claimant:	[redacted]
	Our File No.:	642934
	Our Client:	General Motors Corporation
	Date/Event:	November 22, 2007
	VIN:	1G1ZT54875F[redacted]

Dear [redacted]

I am writing to confirm our conversation of February 12, 2008 during which you agreed to allow us to inspect your 2005 Chevrolet Malibu and retrieve data from the air bag system. I estimate the inspection will take about two (2) hours.

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

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

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

Sincerely,

Tiffini Hails

CDR File Information

Vehicle Identification Number	1G1ZT54875F[redacted]
Investigator	Rob Hastingfs
Case Number	642934
Investigation Date	Monday, February 25 2008
Crash Date	Friday, November 23 2007
Filename	1G1ZT54875F[redacted].CDR
Saved on	Monday, February 25 2008 at 10:50:54 AM
Collected with CDR version	Crash Data Retrieval Tool 3.07
Reported with CDR version	Crash Data Retrieval Tool 3.07
EDR Device Type	airbag control module
Event(s) recovered	Deployment Non-Deployment

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, and 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. It is calculated every ten ms by taking the square of the "X" axis value and adding it to the square of the "Y" axis value and then taking the square root of the sum. The greatest calculated value is the one that is stored.

-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. For Cadillac STS models with Stabilatrac 3 systems, the Steering Wheel Angle data will be displayed just the opposite. When the steering wheel is turned to the right, a negative value will be displayed and when the steering wheel is turned to the left, a positive value will be displayed.

SDM Data Source:

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

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

Multiple Event Data

Associated Events Not Recorded	0
An Event(s) Preceded the Recorded Event(s)	No
An Event(s) was in Between the Recorded Event(s)	No
An Event(s) Followed the Recorded Event(s)	No
The Event(s) Not Recorded was a Deployment Event(s)	No
The Event(s) Not Recorded was a Non-Deployment Event(s)	No

System Status At AE

Vehicle Identification Number	**1ZT548*5*173040
Low Tire Pressure Warning Lamp (If Equipped)	OFF
Vehicle Power Mode Status	Run
Remote Start Status (If Equipped)	Inactive
Run/Crank Ignition Switch Logic Level	Active
Brake System Warning Lamp (If Equipped)	OFF

System Status At 1 second

Transmission Range (If Equipped)	Fourth Gear
Transmission Selector Position (If Equipped)	Drive
Traction Control System Active (If Equipped)	No
Service Engine Soon (Non-Emission Related) Lamp	OFF
Service Vehicle Soon Lamp	OFF
Outside Air Temperature (degrees F) (If Equipped)	34
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

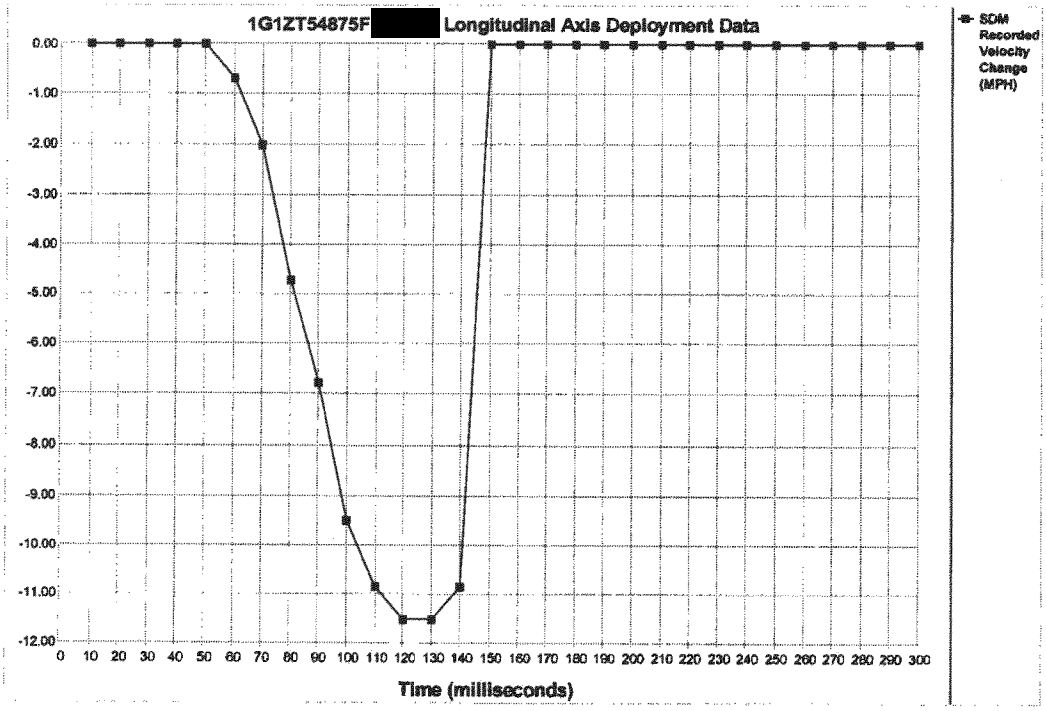
Pre-crash data

Parameter	-5 sec	-4 sec	-3 sec	-2 sec	-1 sec
Vehicle Speed (MPH)	54	52	50	46	42
Engine Speed (RPM)	1536	1472	1408	1216	1152
Percent Throttle	19	0	0	0	0
Accelerator Pedal Position (percent)	39	0	0	0	0
Antilock Brake System Active (If Equipped)	No	No	No	No	No
Lateral Acceleration (feet/s²)(If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Yaw Rate (degrees per second) (If Equipped)	Invalid	Invalid	Invalid	Invalid	Invalid
Steering Wheel Angle (degrees) (If Equipped)	-48	-64	96	-176	320

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

System Status At Deployment

Ignition Cycles At Investigation	5001
SIR Warning Lamp Status	OFF
SIR Warning Lamp ON/OFF Time (seconds)	655200
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	4990
Ignition Cycles At Event	5001
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
Driver 1st Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	14
Driver 2nd Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	16
Passenger 1st Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	14
Passenger 2nd Stage Time From Algorithm Enable to Deployment Command Criteria Met (msec)	16
Driver Side or Roof Rail/Head Curtain Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Passenger Side or Roof Rail/Head Curtain Time From Algorithm Enable to Deployment Command Criteria Met (msec)	N/A
Time Between Events (sec)	-.2
Driver First Stage Deployment Loop Commanded	Yes
Driver Second Stage Deployment Loop Commanded	Yes
Driver Side Deployment Loop Commanded	No
Driver Pretensioner Deployment Loop Commanded	Yes
Driver (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Driver (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Driver Knee Deployment Loop Commanded	No
Passenger First Stage Deployment Loop Commanded	Yes
Passenger Second Stage Deployment Loop Commanded	Yes
Passenger Side Deployment Loop Commanded	No
Passenger Pretensioner Deployment Loop Commanded	Yes
Passenger (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Passenger Knee Deployment Loop Commanded	No
Second Row Left Side Deployment Loop Commanded	No
Second Row Left Pretensioner Deployment Loop Commanded	No
Third Row Left Roof Rail/Head Curtain Loop Commanded	No
Second Row Right Side Deployment Loop Commanded	No
Second Row Right Pretensioner Deployment Loop Commanded	No
Third Row Right Roof Rail/Head Curtain Loop Commanded	No
Second Row Center Pretensioner Deployment Loop Commanded	No
Driver 2nd Stage Deployment Loop Commanded for Disposal	No
Passenger 2nd Stage Deployment Loop Commanded for Disposal	No
Crash Record Locked	Yes
Vehicle Event Data (Pre-Crash) Associated With This Event	Yes
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes



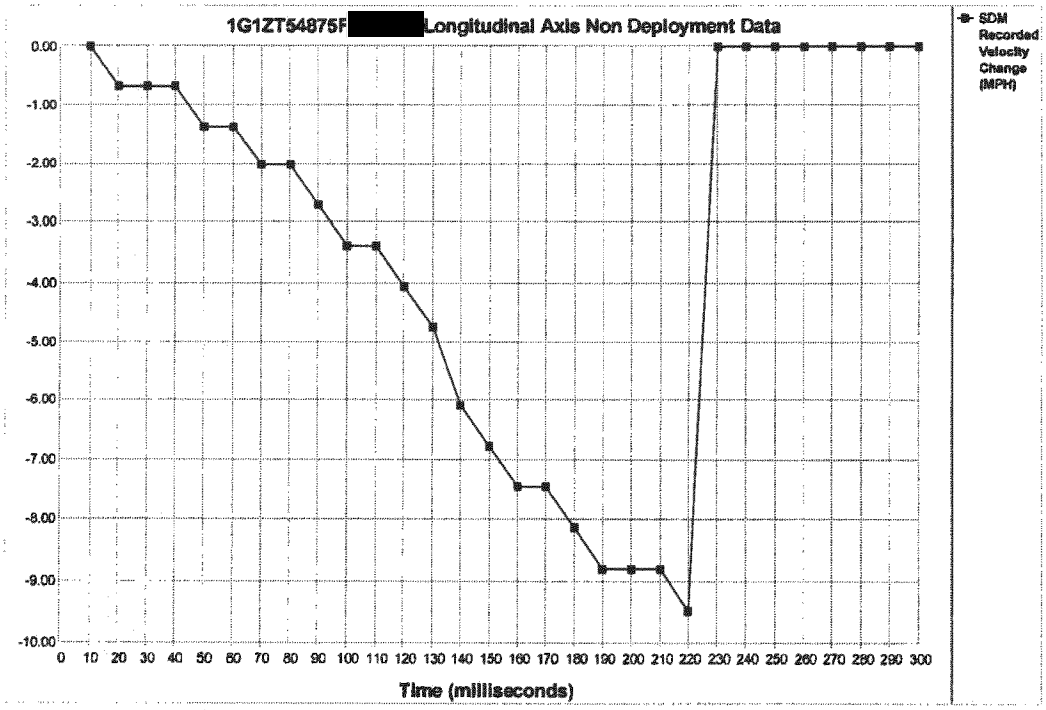
Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	0.00	0.00	0.00	0.00	-0.68	-2.03	-4.74	-6.78	-9.49	-10.85	-11.52	-11.52	-10.85	0.00
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded 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



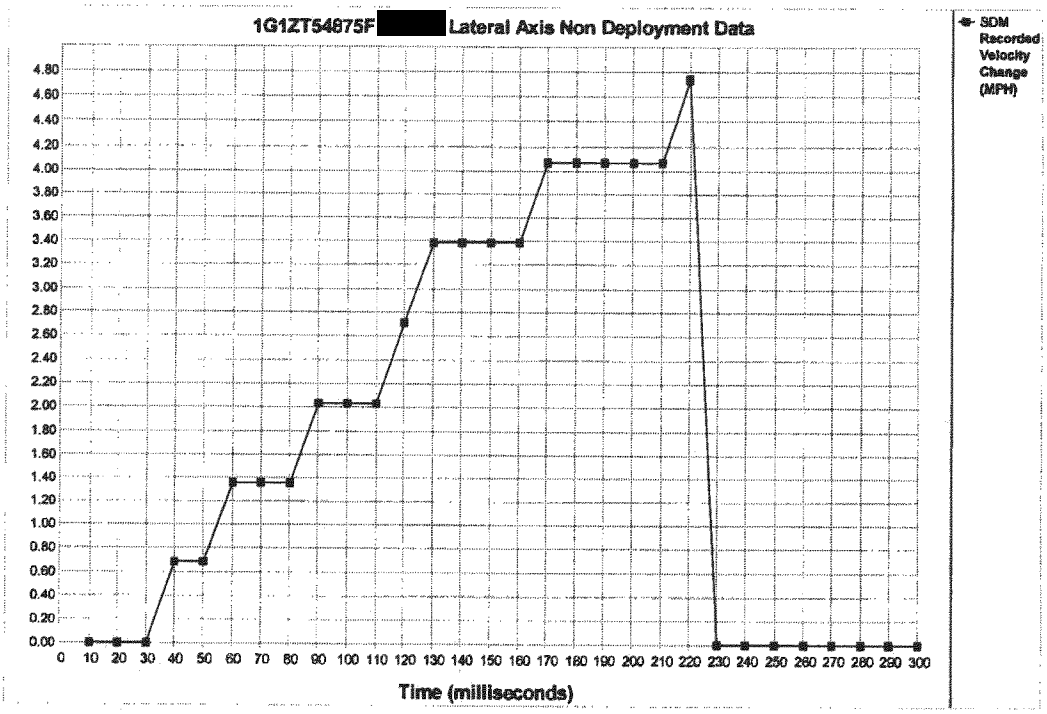
Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Lateral Axis Recorded Velocity Change (MPH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1.36	-2.03	-2.03	-2.03	-1.36	0.00
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Lateral Axis Recorded Velocity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

System Status At Non-Deployment

Ignition Cycles At Investigation	5001
SIR Warning Lamp Status	ON
SIR Warning Lamp ON/OFF Time (seconds)	0
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	0
Ignition Cycles At Event	5001
Ignition Cycles Since DTCs Were Last Cleared	254
Driver's Belt Switch Circuit Status	BUCKLED
Diagnostic Trouble Codes at Event, fault number: 1	B0052
Diagnostic Trouble Codes at Event, fault number: 2	N/A
Diagnostic Trouble Codes at Event, fault number: 3	N/A
Diagnostic Trouble Codes at Event, fault number: 4	N/A
Diagnostic Trouble Codes at Event, fault number: 5	N/A
Diagnostic Trouble Codes at Event, fault number: 6	N/A
Maximum SDM Recorded Velocity Change (MPH)	10.61
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	220
Driver First Stage Deployment Loop Commanded	No
Driver Second Stage Deployment Loop Commanded	No
Driver Side Deployment Loop Commanded	No
Driver Pretensioner Deployment Loop Commanded	No
Driver (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Driver (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Driver Knee Deployment Loop Commanded	No
Passenger First Stage Deployment Loop Commanded	No
Passenger Second Stage Deployment Loop Commanded	No
Passenger Side Deployment Loop Commanded	No
Passenger Pretensioner Deployment Loop Commanded	No
Passenger (Initiator 1) Roof Rail/Head Curtain Loop Commanded	No
Passenger (Initiator 2) Roof Rail/Head Curtain Loop Commanded	No
Passenger Knee Deployment Loop Commanded	No
Second Row Left Side Deployment Loop Commanded	No
Second Row Left Pretensioner Deployment Loop Commanded	No
Third Row Left Roof Rail/Head Curtain Loop Commanded	No
Second Row Right Side Deployment Loop Commanded	No
Second Row Right Pretensioner Deployment Loop Commanded	No
Third Row Right Roof Rail/Head Curtain Loop Commanded	No
Second Row Center Pretensioner Deployment Loop Commanded	No
Crash Record Locked	Yes
Vehicle Event Data (Pre-Crash) Associated With This Event	No
Deployment Event Recorded in the Non-Deployment Record	No
Event Recording Complete	Yes



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Longitudinal Axis Recorded Velocity	0.00	-0.68	-0.68	-0.68	-1.36	-1.36	-2.03	-2.03	-2.71	-3.39	-3.39	-4.07	-4.74	-6.10	-6.78
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Longitudinal Axis Recorded Velocity	-7.46	-7.46	-8.13	-8.81	-8.81	-8.81	-9.49	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	0.68	0.68	1.36	1.36	1.36	2.03	2.03	2.03	2.71	3.39	3.39	3.39
Time (milliseconds)	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
Lateral Axis Recorded Velocity Change (MPH)	3.39	4.07	4.07	4.07	4.07	4.07	4.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Hexadecimal Data

All of the data that the vehicle manufacturer has requested to be retrieved is shown in the hexadecimal data section of the CDR report. It may contain data that is not converted by the CDR program.

$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	19	46
$07	00	60	00	00	00	00	00
$08	00	FF	00	00	00	00	00
$09	00	62	60	00	00	00	00
$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	C0	00	00	00	00
$0E	00	00	00	00	00	00	00
$0F	BA	00	00	00	00	00	00
$10	47	31	5A	54	35	34	38
$11	37	35	46	31	37	33	30
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$13	00	00	00	00	00	00	00
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$17	07	07	07	07	02	02	00
$18	07	07	00	00	00	07	07
$19	03	03	00	00	00	00	00
$1B	FF	33	00	66	00	78	00
$1C	FF	30	00	66	00	18	00
$1D	4F	4F	00	00	00	00	00
$1E	4F	4F	00	00	00	00	00
$1F	20	00	00	00	00	00	00
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$25	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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$39	00	00	00	00	00	80	00
$3A	00	00	00	00	00	80	00
$3B	03	06	0C	00	00	00	00
$3C	00	00	00	00	00	00	C0
$3D	31	5A	54	35	34	38	00
$3E	35	17	30	40	00	00	00
$3F	00	00	90	00	00	00	00
$40	80	A5	00	00	00	00	00
$41	00	00	00	00	00	00	00
$42	80	00	00	00	00	00	00

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$44   80 52 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 00 FF 00
$48   01 FF 01 FE 02 FE 00
$49   02 FD 02 FD 03 FC 00
$4A   03 FB 03 FB 04 FA 00
$4B   05 F9 05 F7 05 F6 00
$4C   05 F5 06 F5 06 F4 00
$4D   06 F3 06 F3 06 F3 00
$4E   07 F2 00 00 00 00 00
$4F   00 00 00 00 00 00 00
$50   00 00 00 00 00 00 00
$51   F0 00 00 00 00 00 00
$52   80 00 00 00 00 00 00
$53   16 00 F5 00 00 00 00
$54   00 00 00 00 00 00 00
$55   00 00 00 00 00 00 00
$67   A0 A5 00 00 00 00 00
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$69   00 FF F0 13 7E 00 00
$6A   FE 13 89 00 00 00 00
$6B   00 00 00 00 00 00 00
$6C   00 00 00 00 00 00 00
$6D   00 00 00 00 00 00 00
$6E   00 00 00 00 00 00 00
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$72   FD EF FE F0 00 00 00
$73   00 00 00 00 00 00 00
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$75   00 00 00 00 00 00 00
$76   00 00 00 00 00 00 00
$77   00 00 00 00 00 00 00
$78   F0 00 00 00 00 00 00
$79   80 00 00 00 00 00 00
$7A   80 00 00 00 00 00 00
$7B   07 08 07 08 00 00 FB

$01   41 55 36 35 32 38 52 34 32 34 35 32 32 54 4D 34
$02   41 0A 22 34
$03   41 54 36 35 32 38 52 34 32 35 35 31 33 36 47 45
$04   41 0A 22 34
$05   42 55 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$06   FF FF FF FF
$07   42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$08   FF FF FF FF
$0D   41 48 36 35 32 39 52 34 32 32 31 33 46 52 56 36
$0E   01 59 D3 B3
$0F   41 4A 36 35 32 39 52 34 32 31 39 33 46 52 47 37
$10   01 59 D3 B3
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$14   FF FF FF FF
$17   42 54 FF FF FF FF FF FF FF FF FF FF FF FF FF FF
$18   FF FF FF FF
$21   31 12 66 1A D0 2E 91 9A
$22   19 46
$23   31 5A 53 54 55 55 34
$24   31 5A 53 54 55 55 34
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$42   F0 C4
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```

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$45   07 01 07 01 05 01
$46   00 0F 0F 64 64
$47   0A 64 06 04 04 05 0A 06 04 0A 00 00 FA 00 00 FF 04 64
$48   18 08 08
$B0   58
$B1   FD FE 00
$B2   FF FF FF FF FF
$B4   41 53 31 39 34 36 32 33 31 30 36 50 20 20 20 20
$B7   50 AA 01 0F 01
$B8   54 41 68 02 11
$C1   30 46 30 31
$CA   30 46 30 31
$CB   01 5A 8E 8A
$CC   01 5A 8E 8A
$D1   00 00
$DB   00 00
$DC   00 00
```

Comments

Data obtained on Monday, February, 25, 2008, at a location of 24803 Old Black Nugget Road in Issaquah, Washington. Mileage is 35,340. Data obtained via the data link by powering positive fuse line. Lamp stayed on and did not flash. No one present during inspection.

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Tiffini Hails
Claims Administrator

March 3, 2008

[redacted]
Issaquah, WA [redacted]

RE: Claimant: [redacted]
Our File No.: 642934
Our Client: General Motors Corporation
Date/Event: November 23, 2007
VIN: 1G1ZT54875F[redacted]

Dear M[redacted]

Please find enclosed a copy of the air bag data retrieved from the above vehicle. This copy is for your records.

We are still in the process of evaluating your claim and will contact you once it has been completed.

Sincerely,

Tiffini Hails

Enclosure

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591979

REPORT NO. 2752161

CASE #	07-338861
LOCAL AGENCY CODING	402-H-0
TOTAL # OF UNITS	02
OBJECT STRUCK	FENCE, VEHICLE

INTERSTATE ☐ CITY STREET ☒ STATE ROUTE ☐ OTHER ☐ COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐ STOLEN VEHICLE ☐ HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

DATE OF COLLISION: M M 11 - D D 22 - Y Y Y Y 2007 | TIME (2400): 1737 | COUNTY #: 17 | MILES: 02.00 | N ☐ S ☐ E ☒ W ☐ | IN ☐ OF ☒ | CITY #: 0590

ON (PRIMARY TRAFFIC WAY): SE BLACK NUGGET RD | INTERSECTION ☐ NON-INTERSECTION ☒ | BLOCK NO. ☒ MILE POST ☐ 24000.00

DISTANCE: 50.00 MILES ☐ FEET ☒ N ☐ S ☐ E ☐ W ☒ | OF (REFERENCE OR CROSS STREET): 241 AV SE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ | DAMAGE THRESHOLD MET YES ☒ NO ☐ [redacted]

[redacted]

DRIVER'S LICENSE # [redacted] STATE WA SEX F D.O.B. MM DD YYYY [redacted]

ON DUTY ☐ STATUS | AIRBAG 6 | RESTR. 4 | EJECT 1 | HELMET USE | INJURY CLASS 1 | NATURE OF INJURIES NONE

LICENSE PLATE [redacted] STATE WA VIN# 1617T54875F [redacted]

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2005 | MAKE CHEV | MODEL MAL | STYLE 4D | VEHICLE TOWED YES ☒ NO ☐ | TOWED BY CLARKS | GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. [redacted] SE OLD BLACK NUGGET RD

LIABILITY INSURANCE IN EFFECT ☒ | INSURANCE CO & POLICY # SAFECO INS H1990786

VEHICLE TOWED YES ☐ NO ☒ | CITATION # IT 112 SL ICC | CHARGE RCW 46 61 400 SPEED TOO FAST FOR CONDITIONS

VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ | DAMAGE THRESHOLD MET YES ☒ NO ☐ | PHONE

LAST NAME [redacted] | FIRST NAME [redacted] | MIDDLE INITIAL M

STREET NEW ADDRESS ☐ [redacted]

CITY ISSAQUAH | ST WA | ZIP [redacted]

CDL | ENDORSEMENTS | RESTRICTIONS

DRIVER'S LICENSE # [redacted] STATE WA SEX M D.O.B. MM DD YYYY [redacted]

ON DUTY ☐ STATUS | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

VEHICLE TOWED YES ☐ NO ☐ | CITATION # | CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) BRAKEBILL MJ | BADGE OR ID # 09990 | AGENCY KCSO

PART A 3600-345-188 R (7/06)

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591872

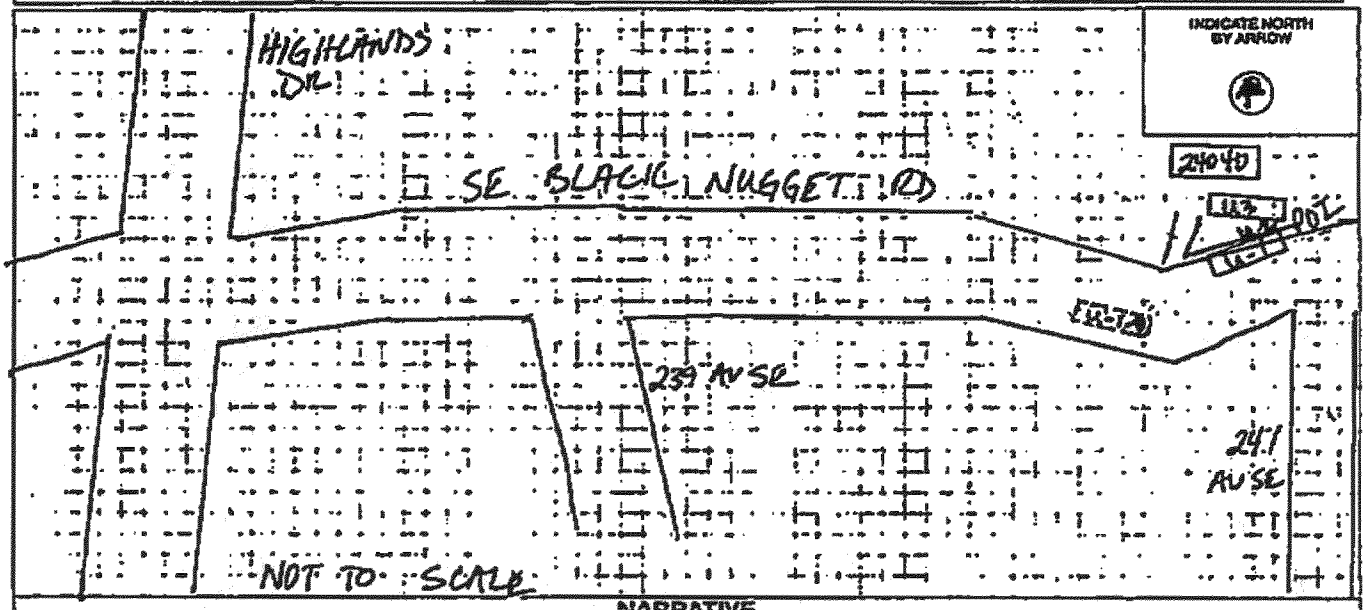
CORRECTION ☐ REPORT NO. 27521611

CASE # 07-338861

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #												SEX		D.O.B. M M D D Y Y Y Y					
PASSENGER ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #												SEX		D.O.B. M M D D Y Y Y Y					
PASSENGER ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #												SEX		D.O.B. M M D D Y Y Y Y					
PASSENGER ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES				

DIAGRAM



NARRATIVE

AT ABOUT 1737 HRS ON 11/22/2007, DRIVER OF U-1, [redacted] WAS DRIVING HOME FROM WORK ON SE BLACK NUGGET RD IN ABOUT THE 24000 BLK, WHEN [redacted] DROVE OVER A PATCH OF ICE AND LOST CONTROL OF HER VEHICLE. AS SHE LOST CONTROL OF HER VEHICLE, HER VEHICLE JUMPED ONTO THE PROPERTY OF U-2 AND COLLIDED WITH A SECTION OF THE STONE WALL OF U-2. AS THE STONE WALL DISINTEGRATED, CHUNKS OF THE WALL FELL ONTO U-3, CAUSING DAMAGE. THERE WERE NO WITNESSES AND NO INJURIES IN THIS COLLISION. [redacted] IS BEING CITED FOR RCW 46.61.400 SPEED TOO FAST FOR CONDITIONS.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE | 2C23 UNIT OR DIST. DET | 11/22/07 DATED | SAMMAMISH PLACE SIGNED

APPROVED [redacted] | DATE 11-23-07

BADGE OR ID #	09990	ORI #	WA1KCSO000	TIME POLICE DISPATCHED	1737	TIME POLICE ARRIVED	1757

PART B 3300-345-100 R (7/02)

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

CORRECTION ☐ REPORT NO. 2752161

CASE # 07-338861

COMMERCIAL MOTOR CARRIER INTERSTATE ☐ INTRASTATE ☐

UNIT # | USDOT | ICC # | VEHICLE TYPE | CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY | ST | ZIP

NAME SOURCE | # AXLES | GVWR | PLACARD ☐ | NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # 03 | MOTOR VEHICLE ☒ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ☒ NO ☐ | PHONE 425 466 6586

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | ENDORSEMENTS | RESTRICTIONS

DRIVER'S LICENSE # | STATE | SEX | D.O.B. MM/DD/YYYY

ON DUTY ☐ | STATUS | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES

LICENSE PLATE # [redacted] STATE WA VIN 3VWSP69M93M[redacted]

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2003 | MAKE VOLK | MODEL JET | STYLE 4D | VEHICLE TOWED YES ☐ NO ☒ | TOWED BY N/A | GOVT. VEHICLE YES ☐ NO ☒

[redacted] SE BLACK NUGGET RD ISSAQUAH WA [redacted]

LIABILITY INSURANCE IN EFFECT ☒ | INSURANCE CO & POLICY # SAFECO INS 15358384

VEHICLE LEGALLY REGISTERED YES ☒ NO ☐ | CITATION # N/A | CHARGE N/A

SHADE IN DAMAGED AREA

UNIT # | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ☐ NO ☐ | PHONE

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | ENDORSEMENTS | RESTRICTIONS

DRIVER'S LICENSE # | STATE | SEX | D.O.B. MM/DD/YYYY

ON DUTY ☐ | STATUS | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES

LICENSE PLATE # | STATE | VIN #

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER IF NO DRIVER

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

VEHICLE LEGALLY REGISTERED YES ☐ NO ☐ | CITATION # | CHARGE

SHADE IN DAMAGED AREA

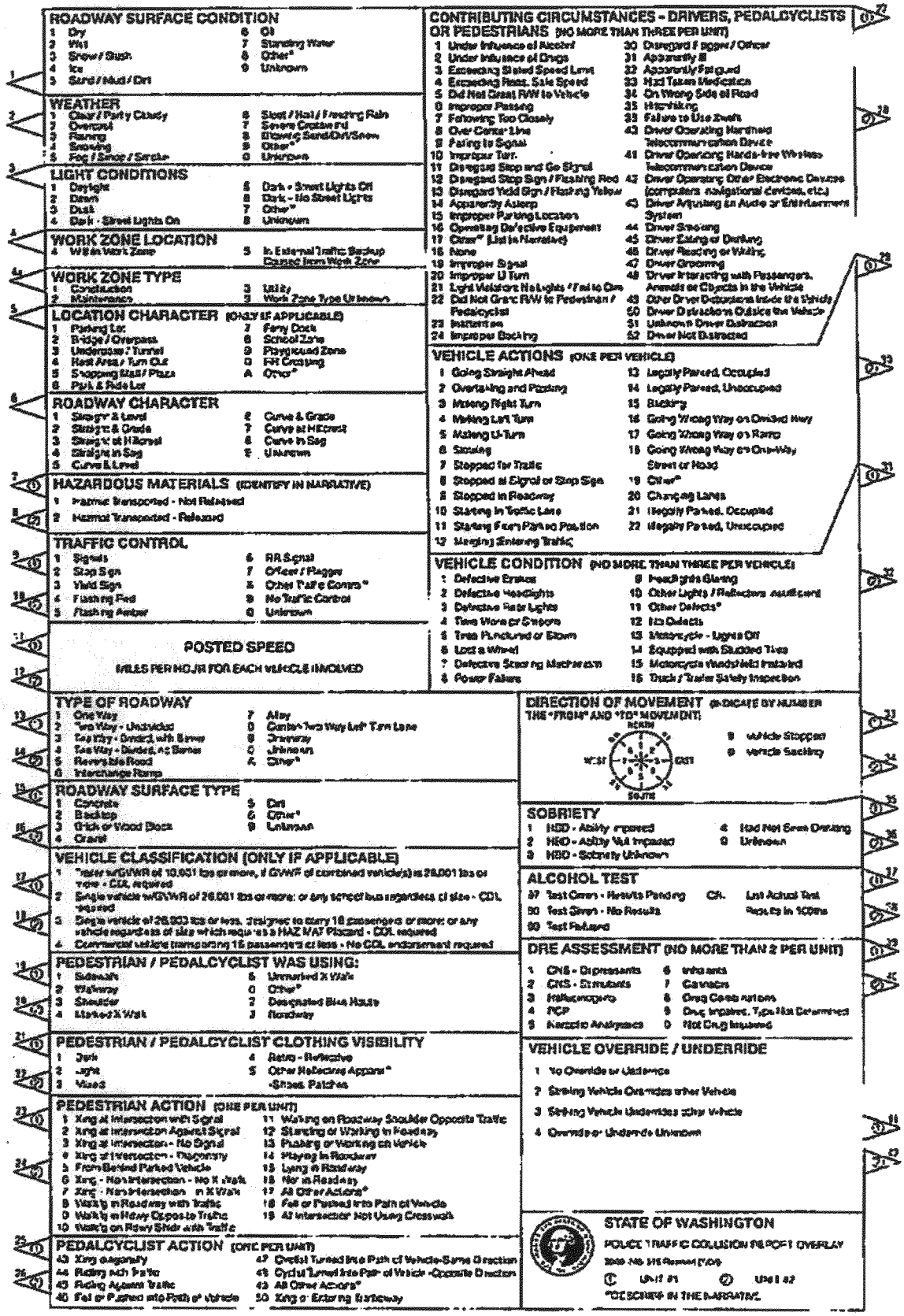
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. Boord | 2623 | 11/22/2007 | SAMMAMISH

INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST DET | DATED: | PLACE SIGNED

BADGE OR ID # 0999U | ORI # WAKCS0000 | APPROVED BY [illegible] | DATE 11-23-07 | PAGE 3 OF 03

3200-345-013 R (2/08)



ROADWAY SURFACE CONDITION
1 Dry
2 Wet
3 Snow / Slush
4 Ice
5 Sand / Mud / Dirt
6 Oil
7 Standing Water
8 Other*
9 Unknown

WEATHER
1 Clear / Partly Cloudy
2 Overcast
3 Raining
4 Snowing
5 Fog / Smog / Smoke
6 Sleet / Hail / Freezing Rain
7 Severe Crosswind
8 Blowing Sand/Dirt/Snow
9 Other*
0 Unknown

LIGHT CONDITIONS
1 Daylight
2 Dawn
3 Dusk
4 Dark - Street Lights On
5 Dark - Street Lights Off
6 Dark - No Street Lights
7 Other*
8 Unknown

WORK ZONE LOCATION
4 Within Work Zone
5 In External Traffic Backup Caused from Work Zone

WORK ZONE TYPE
1 Construction
2 Maintenance
3 Utility
4 Work Zone Type Unknown

LOCATION CHARACTER (ONLY IF APPLICABLE)
1 Parking Lot
2 Bridge / Overpass
3 Underpass / Tunnel
4 Rest Area / Turn Out
5 Shopping Mall / Plaza
6 Park & Ride Lot
7 Ferry Dock
8 School Zone
9 Playground Zone
D RR Crossing
A Other*

ROADWAY CHARACTER
1 Straight & Level
2 Straight & Grade
3 Straight at Hillcrest
4 Straight in Sag
5 Curve & Level
6 Curve & Grade
7 Curve at Hillcrest
8 Curve in Sag
9 Unknown

HAZARDOUS MATERIALS (IDENTIFY IN NARRATIVE)
1 Hazmat Transported - Not Released
2 Hazmat Transported - Released

TRAFFIC CONTROL
1 Signals
2 Stop Sign
3 Yield Sign
4 Flashing Red
5 Flashing Amber
6 RR Signal
7 Officer / Flagger
8 Other Traffic Control*
9 No Traffic Control
0 Unknown

POSTED SPEED
MILES PER HOUR FOR EACH VEHICLE INVOLVED

CONTRIBUTING CIRCUMSTANCES - DRIVERS, PEDALCYCLISTS OR PEDESTRIANS (NO MORE THAN THREE PER UNIT)
1 Under Influence of Alcohol
2 Under Influence of Drugs
3 Exceeding Stated Speed Limit
4 Exceeding Reas. Safe Speed
5 Did Not Grant R/W to Vehicle
6 Improper Passing
7 Following Too Closely
8 Over Center Line
9 Failing to Signal
10 Improper Turn
11 Disregard Stop and Go Signal
12 Disregard Stop Sign / Flashing Red
13 Disregard Yield Sign / Flashing Yellow
14 Apparently Asleep
15 Improper Parking Location
16 Operating Defective Equipment
17 Other* (List in Narrative)
18 None
19 Improper Signal
20 Improper U Turn
21 Light Violation: No Lights / Fail to Dim
22 Did Not Grant R/W to Pedestrian / Pedalcyclist
23 Inattentive
24 Improper Backing
30 Disregard Flagger / Officer
31 Apparently Ill
32 Apparently Fatigued
33 Had Taken Medication
34 On Wrong Side of Road
35 Hitchhiking
36 Failure to Use Seatbelt
40 Driver Operating Handheld Telecommunication Device
41 Driver Operating Hands-free Wireless Telecommunication Device
42 Driver Operating Other Electronic Device (computers, navigational devices, etc.)
43 Driver Adjusting an Audio or Entertainment System
44 Driver Smoking
45 Driver Eating or Drinking
46 Driver Reading or Writing
47 Driver Grooming
48 Driver Interacting with Passengers, Animals or Objects in the Vehicle
49 Other Driver Distractions Inside the Vehicle
50 Driver Distractions Outside the Vehicle
51 Unknown Driver Distraction
52 Driver Not Distracted

VEHICLE ACTIONS (ONE PER VEHICLE)
1 Going Straight Ahead
2 Overtaking and Passing
3 Making Right Turn
4 Making Left Turn
5 Making U-Turn
6 Backing
7 Stopped for Traffic
8 Stopped at Signal or Stop Sign
9 Stopped in Roadway
10 Starting in Traffic Lane
11 Starting From Parked Position
12 Merging / Entering Traffic
13 Legally Parked, Occupied
14 Legally Parked, Unoccupied
15 Backing
16 Going Wrong Way on Divided Hwy
17 Going Wrong Way on Ramp
18 Going Wrong Way on One-Way Street or Road
19 Other*
20 Changing Lanes
21 Illegally Parked, Occupied
22 Illegally Parked, Unoccupied

VEHICLE CONDITION (NO MORE THAN THREE PER VEHICLE)
1 Defective Brakes
2 Defective Headlights
3 Defective Tail Lights
4 Tires Worn or Smooth
5 Tires Punctured or Blown
6 Lost a Wheel
7 Defective Steering Mechanism
8 Power Failure
9 Headlights Glaring
10 Other Lights / Reflectors Insufficient
11 Other Defects*
12 No Defects
13 Motorcycle - Lights On
14 Equipped with Studded Tires
15 Motorcycle Handlebars Improperly
16 Truck / Trailer Safety Inspection

TYPE OF ROADWAY
1 One Way
2 Two Way - Undivided
3 Two Way - Divided, with Barrier
4 Two Way - Divided, No Barrier
5 Reversible Road
6 Interchange Ramp
7 Alley
9 Center Two Way Left Turn Lane
B Driveway
C Unknown
A Other*

ROADWAY SURFACE TYPE
1 Concrete
2 Blacktop
3 Brick or Wood Block
4 Gravel
5 Dirt
6 Other*
9 Unknown

VEHICLE CLASSIFICATION (ONLY IF APPLICABLE)
1 Trailer w/GVWR of 10,001 lbs or more, if GVWR of combined vehicle(s) is 26,001 lbs or more - CDL required
2 Single vehicle w/GVWR of 26,001 lbs or more; or any school bus regardless of size - CDL required
3 Single vehicle of 26,000 lbs or less, designed to carry 16 passengers or more; or any vehicle regardless of size which requires a HAZ MAT Placard - CDL required
4 Commercial vehicle transporting 15 passengers or less - No CDL endorsement required

PEDESTRIAN / PEDALCYCLIST WAS USING:
1 Sidewalk
2 Walkway
3 Shoulder
4 Marked X Walk
5 Unmarked X Walk
6 Other*
7 Designated Bike Route
8 Roadway

PEDESTRIAN / PEDALCYCLIST CLOTHING VISIBILITY
1 Dark
2 Light
3 Mixed
4 Retro - Reflective
5 Other Reflective Apparel*
*Shoes, Patches

PEDESTRIAN ACTION (ONE PER UNIT)
1 Xing at Intersection with Signal
2 Xing at Intersection Against Signal
3 Xing at Intersection - No Signal
4 Xing at Intersection - Crosswalk
5 From Behind Parked Vehicle
6 Xing - Non-Intersection - No X Walk
7 Xing - Non-Intersection - In X Walk
8 Walking in Roadway with Traffic
9 Walking in Roadway Opposite Traffic
10 Walking on Roadway Shldr with Traffic
11 Walking on Roadway Shoulder Opposite Traffic
12 Standing or Working in Roadway
13 Pushing or Working on Vehicle
14 Playing in Roadway
15 Lying in Roadway
16 Not in Roadway
17 All Other Actions*
18 Fell or Pushed into Path of Vehicle
19 At Intersection Not Using Crosswalk

PEDALCYCLIST ACTION (ONE PER UNIT)
43 Xing Crosswalk
44 Riding with Traffic
45 Riding Against Traffic
46 Fell or Pushed into Path of Vehicle
47 Cyclist Turned into Path of Vehicle-Same Direction
48 Cyclist Turned into Path of Vehicle -Opposite Direction
49 All Other Actions*
50 Xing or Entering Roadway

DIRECTION OF MOVEMENT (INDICATE BY NUMBER THE "FROM" AND "TO" MOVEMENT)
NORTH
WEST
EAST
SOUTH
9 Vehicle Stopped
0 Vehicle Backing

SOBRIETY
1 HBD - Ability Impaired
2 HBD - Ability Not Impaired
3 HBD - Sobriety Unknown
4 Had Not Been Drinking
0 Unknown

ALCOHOL TEST
97 Test Given - Results Pending
98 Test Given - No Results
99 Test Refused
CR Last Actual Test Result in 100ths

DRE ASSESSMENT (NO MORE THAN 2 PER UNIT)
1 CNS - Depressants
2 CNS - Stimulants
3 Hallucinogens
4 PCP
5 Narcotic Analgesics
6 Inhalants
7 Cannabis
8 Drug Combinations
9 Drug Impaired, Type Not Determined
0 Not Drug Impaired

VEHICLE OVERRIDE / UNDERRIDE
1 No Override or Underride
2 Striking Vehicle Overrides other Vehicle
3 Striking Vehicle Underrides other Vehicle
4 Override or Underride Unknown

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT - OVERLAY
1 Unit #1 2 Unit #2
*DESCRIBE IN THE NARRATIVE.

When the information requested is not available or not applicable, leave that portion of the form blank.
Enter the pre-printed REPORT NO. found at the top right of Part A, on all subsequent pages.
Include the REPORT NO. if you are providing exchange of information to individuals involved.

If applicable to your jurisdiction, enter the Case # on all pages.

Use the Unit #1 section of Part A to capture information on motor vehicle drivers or pedalcyclists.

Use the Unit #2 section of Part A to capture information on motor vehicle drivers, pedalcyclists, pedestrians or property owners.

Use the applicable Status codes to further describe pedestrians or pedalcyclists involved.

Use the Additional Persons Involved section of Part B to capture information on vehicle passengers or witnesses only.

Use the Supplemental Police Traffic Collision Report to capture information on additional units.

WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT
(See Supplemental Police Traffic Collision Report).

Answers to questions below determine use.

Did this collision involve -	Yes	No
1 A truck with at least 2 axles and 6 tires?	____	____
2 A commercial vehicle designed or used to transport 9 or more people, including driver?	____	____
3 Any vehicle requiring a hazardous material placard?	____	____

STOP - If response to all above questions is "No", do not complete the Commercial Motor Carrier portion of report.

4 A fatal injury?	____	____
5 An injured person who was transported for immediate medical attention?	____	____
6 A vehicle which was towed because of disabling damage?	____	____
7 A vehicle requiring intervening assistance before proceeding under its own power? (e.g., towed from ditch, etc)	____	____

STOP - If response to the last four items is "No", do not complete the Commercial Motor Carrier portion of report.

USE THE FOLLOWING CODES ON THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT.

VEHICLE TYPE
1 Bus
2 Single-unit Truck: 2 axle, 6 tires
3 Single-unit Truck: 3 or more axles
4 Truck/Trailer
5 Truck Tractor (bob-tail)
6 Tractor/Semi-Trailer
7 Tractor/Doubles
8 Tractor/Triples
9 Other/Cannot Classify

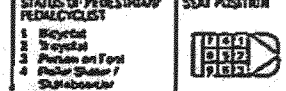
CARGO BODY TYPE
1 Bus
2 Van/Enclosed Box
3 Cargo Tank
4 Flatbed
5 Dump
6 Concrete Mixer
7 Auto Transporter
8 Garbage/Refuse
9 Other

NAME SOURCE (CARRIER)
1 Side of Vehicle
2 Shipping Papers
3 Driver
4 Log Book

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS

STATUS OF PEDESTRIAN/PEDALCYCLIST
1 Bicyclist
2 Tricyclist
3 Person on Foot
4 Roller Skater / Skateboarder
5 Non-motorized Wheelchair
6 Motorized Wheelchair
7 Flagger
8 Roadway Worker
9 Emergency Response Personnel
0 Other*

SEAT POSITION



10 Other Position*
11 Position Unknown
12 Motorcycle
13 Outside of Vehicle

AIRBAG
1 Not Air Bag Equipped
2 Not Deployed
3 Deployed - Front
4 Deployed - Side
5 Deployed - Other
6 Deployed - Combination
9 Deployment Unknown

RESTRAINT SYSTEMS
1 No Restraints Used
2 Lap Belt Used
3 Shoulder Belt Used
4 Lap & Shoulder Belt Used
5 Child Restraint Seat Used
6 Child Convertible Seat Used
7 Child Built-In Seat Used
8 Child Booster Seat Used
9 Unknown

EJECTION
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
9 Unknown

HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS
1 Helmet Used
2 Helmet Not Used
9 Other

INJURY CLASS
1 No Injury
2 Complaint of Pain
3 Dead on Arrival
4 Died at Hospital
5 Disabling Injury
6 Visible Disabling (Evident to Any)
7 Possible Injury

* DESCRIBE IN THE NARRATIVE.

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*

May 5, 2008

[redacted]
Issaquah, WA [redacted]

RE: Claimant: [redacted]
Date of Event: November 23, 2007
File Number: 642934
Client: General Motors Corporation

Dear [redacted]

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

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

A review of your daughter's claim involving a 2005 Chevrolet Malibu has been completed.

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

Sincerely,

Tiffini Hails

[redacted]

SR No.	71-596675939	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Steering - General	Sub-Area	Initiate PAR- Collision
Address	[redacted]	City	Grethel	Involved Dlr	Walters Automobiles, Inc.	Safety	Yes
State	KY ZipCd [redacted]	Con Acct		Source	Phone	Updated	1/29/2008 09:14:12 AM
Serial #/VIN	1G2ZG58B674[redacted]	Model Year	2007	Priority	Medium License # PONTIAC	Owner	CISNERMA
Make	Pontiac	Warr. Start	11/24/2007	Status	Open	Opened	1/25/2008 02:35:21 PM
Model	G6	Mileage	2000	Sub-Status	Satisfied	Closed	
Abstract	Steering Issue						
Customer Description	This is a BRC PAR Case. Please do not assume. Forward any inquiries to Matthew Cisneros at ext.21171						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Relative	1/8/2008 12:00:00 PM	N	1	1	Asphalt	Wet	n/a	unknow

Driver Last Name	Driver First Name	Height	DOB	Disabilities
[redacted]		5.9	[redacted]	none

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
Lowe	Gary	(606) 432-4877	State Farm In Pikeville

Incident Loc	Route 979 Ragon Kentucky	Incident Desc	He was drivign a courve going North on 979 to Kentucky going to church and he said all of the sudden the car went toward to the gardrale and the vehicle stopped working. And the insurrance company took it to the Garage. WALTERS CHEVROLET-BUICK.
Component	The steering did not move. Could not pulled back and went ot the gardrale.		
Vehicle Loc	Garage.WALTERS CHEVROLET-BUICK.Adress: 505 N MAYO TRL PIKEVILLE. KY. 606-432-5551.	Damage Desc	Outside of the vehicle was drivers side from the headlamp to the tailamp, about 4,700.
		Add'l Info	Cust has full coverage on the insurrance company.
Emgcy Svc Names	State Police Post 9 6064337711		
		Maint Loc	independent.cust does it.

PAR Detail

Collision	Y	Non Collision		Property Damage	N	Thermal Evt	N	Spec Equip	none
Vehicle Speed	40			Weather Condition	road was wet			Prop Owner	n/a
Last Service Date				Loc Last Service	N/A			Property Location	n/a
Veh Est Repair Cost	$4,700.00			Spec Equip Installer	n/a			Prop Damage Description	n/a
Primary Veh Use	Personal			Inspection Type	Other			Inspected By	Inspection Not Performed
Veh Damage Description	front drivers side damage							Explain Other	n/a

Property Type	n/a		
Prop Est Repair Cost			
Inspection Date/Time			

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/29/2008 11:16:37 AM	CISNERMA	CISNERMA	Inbound Call Dealer	Voice Mail Received	Done	1/29/2008 11:17:05 AM	left message

Contact Last Name	Contact First Name	Account	BAC Code

Comments

dlr sls: Needs to go to a pontiac dlr

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/29/2008 10:34:57 AM	CISNERMA	CISNERMA	Inbound Call Field Rep/Whls!	Voicemail Received	Done	1/29/2008 10:35:41 AM	left message

Contact Last Name	Contact First Name	Account	BAC Code

Comments

DVM sls: Vehicle needs to go to Pontiac dealer

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/29/2008 09:17:56 AM	CISNERMA	CISNERMA	Scheduled Follow-up		Scheduled Alarm		71-596675939 check

Contact Last Name	Contact First Name	Account	BAC Code

Comments

check to see if case has been sent to ESIS

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/29/2008 09:17:35 AM	CISNERMA	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		ESIS - Insurance Involvement

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/29/2008 09:14:56 AM	CISNERMA	CISNERMA	Inbound Call Customer	Customer	Done	1/29/2008 09:15:30 AM	calling back

Contact Last Name | Contact First Name | Account | BAC Code

Comments
see initial

Matthew Cisneros/par/atx
Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 02:50:50 PM	CISNERMA	CISNERMA	Inbound Call Customer	Voice Mail Received	Done	1/28/2008 02:51:13 PM	left message

Contact Last Name | Contact First Name | Account | BAC Code

Comments
cust sis: Calling back

Matthew Cisneros/par/atx
Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 12:40:06 PM	CISNERMA	CISNERMA	Scheduled Outbound Call Cust	Cancelled	Done	1/29/2008 09:14:53 AM	71-598675939 call

Contact Last Name | Contact First Name | Account | BAC Code

Comments
call and make 2nd attempt at initial

Matthew Cisneros/par/atx
Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 12:39:46 PM	CISNERMA	CISNERMA	Outbound Call Customer	Left Message	Done	1/28/2008 12:40:05 PM	called

Contact Last Name | Contact First Name | Account | BAC Code

Comments
made acknowledgement

Matthew Cisneros/par/atx
Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 12:03:41 PM	CISNERMA	CISNERMA	Ownership Changed	Ownership Escalated to BRC	Done	1/28/2008 12:03:42 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
1/28/2008 11:51:38 AM	DRAHEICM	CISNERMA	Ownership Changed		Done	1/28/2008 11:51:38 AM	Service Request Ownership has changed FROM: TOBARADI TO: CISNERMA

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 11:50:33 AM	DRAHEICM	CISNERMA	BRC PAR	Initial Contact- Phone	Done	1/28/2008 09:17:30 AM	called

Contact Last Name	Contact First Name	Account	BAC Code

CRS asked PAR detailed questions

CRS adv: Is insurance involved?

cust sts: Oh yea, they are ready to pay for the body damage, but they want the steering checked too

CRS adv: Will have to forward case to GM's insurance company and they will be in touch with you and your insurance company to get a resolution.

Matthew Cisneros/par/abx

Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 11:50:25 AM	DRAHEICM	CISNERMA	BRC PAR	Initial Contact- Dealer	Done	1/28/2008 12:32:14 PM	called [redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments
left message

CRS adv: Calling to make you aware of cust situation and allegation, call back if any questions or any input

Matthew Cisneros/par/abx
Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 11:50:20 AM	DRAHEICM	CISNERMA	BRC PAR	Initial Contact- AVM	Done	1/28/2008 12:33:20 PM	called DVM Dobbs, Tim

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments
DVM Dobbs, Tim
Node: 404082
Mailbox: 8005

CRS adv: Customer Name, Vehicle Information, Nature of allegation
CRS adv: If you have any additional information pertaining to cust or vehicle please call me @ 866-790-5700 ext 21171

Matthew Cisneros/par/abx
Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 11:50:14 AM	DRAHEICM	CISNERMA	BRC PAR	Acknowledgement	Done	1/28/2008 12:39:39 PM	called [redacted]

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]			

Comments
left message

CRS adv: Received case in PAR, please call back

Matthew Cisneros/par/abx
Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 11:50:10 AM	DRAHEICM	CISNERMA	Notify CRM		Done	1/28/2008 12:00:29 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
1/28/2008 11:50:05 AM	DRAHEICM	CISNERMA	Research		Done	1/28/2008 12:02:18 PM	research vin

Contact Last Name | Contact First Name | Account | BAC Code

Recalls: No open recalls

History: No related repairs

SRs: No other SRs

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 11:49:51 AM	DRAHEICM	CISNERMA	BRC PAR	Case Assigned	Done	1/28/2008 12:00:27 PM	assigned to matt cisneros ext 21171

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
1/28/2008 10:23:42 AM	DRAHEICM	TOBARADI	SR Opened		Done	1/28/2008 10:23:42 AM	SR in Status of Closed has been Re-Opened by DRAHEICM

Contact Last Name | Contact First Name | Account | BAC Code

Comments

Confidential Comments

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/28/2008 10:23:40 AM	DRAHEICM	TOBARADI	SR Closed - Satisfied		Done	1/28/2008 10:23:41 AM	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
1/25/2008 03:20:57 PM	TOBARADI	DRAHEICM	Escalation	Initiate PAR	Done	1/28/2008 10:23:22 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."

Laura Jones (Diana Tobar) BA/CAC L1

Received and assigned in PAR.
Chad Drahelm/ATX/Workflow PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/25/2008 02:35:24 PM	TOBARADI	TOBARADI	Inbound Call Customer	Complex Request	Done	1/25/2008 02:52:35 PM	Alleged product allegation on the steering wheel

Contact Last Name | Contact First Name | Account | BAC Code

Comments

Third Party [redacted]sis:Her husband was in a collision and the steerign went out. Turn the vehicle to the left and the steerign wheel and the wheels didint move. So he went out to the gardrale, the vehicle stopped and may got out of the road.
They insurrance company had a towing company and pull it up on a back adv the steerign was out.

Third Party: Have some one review the case.

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

Laura Jones (Diana Tobar) BA/CAC L1

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	Inoperative	Steering - General

GM Vehicle Inquiry System
Summary

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

Help

VIN :	1G2ZG58B674[redacted]

VEHICLE INFORMATION

Merchandising Model :	2ZG69 -2007 G6 - SEDAN	Warranty Start Date :	11/24/2007
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	JOHN GRAY CHEVROLET-PONTIAC-BUICK-GMC PO BOX 1689 PAINTSVILLE , KY 41240-5689 (606) 297-4066	Selling Source :	16 - PONTIAC
		Site Code :	09212
		Business Associate Code :	115959

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
6/36000 BUMPER TO BUMPER LIMITED VARRANTY	11/24/2007	273 miles	11/24/2010	36273 miles
2/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	11/24/2007	273 miles	11/24/2013	100273 miles
6/80000 FEDERAL EMISSION CATALYTIC CONV. ND PCM	11/24/2007	273 miles	11/24/2015	80273 miles
0/100000 POWERTRAIN COVERAGE LIMITED /ARRANTY	11/24/2007	273 miles	11/24/2012	100273 miles
6/36000 FEDERAL EMISSION	11/24/2007	273 miles	11/24/2010	36273 miles

CLAIM HISTORY

LO Date	R.O	Type	Labor Operation	Odometer

	Number			Reading
12/13/2007	116471	#	C2021 - SUNSHADE REPLACEMENT - LEFT SIDE	1085 miles
06/07/2007	078830	I	Z6999 - PDI RELATED FLUID ADDS	2 miles
05/21/2007	A59962	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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CARFAX
VEHICLE HISTORY REPORTS

DON'T BUY A USED CAR WITHOUT CARFAX!

Order a CARFAX Vehicle History Report ...your best protection against buying a used car with costly, hidden problems. CARFAX searches its nationwide database and provides a detailed report in seconds.

Free Record Check Results:

VIN	1G2ZG58B674[redacted]
Year/Make/Model:	2007 PONTIAC G6/SE
Body Style:	SEDAN 4 DR
Engine Type:	2.4L L4 SFI
Manufactured In:	UNITED STATES
Search Results:	3 records found in our database What is a Record?

IMPORTANT! The 3 records on this 2007 PONTIAC G6/SE may confirm a clean title history or uncover potential problems. Find out by ordering the complete CARFAX Vehicle History Report.

Start My Order Now!

GO

THANKS A M



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SAMPLE RE
Click the
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Report.

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esis

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

800.888.0164 *tel*
313.665.0911 *fax*

Yolanda Allen
Claims Administrator

02/08/2008

[redacted]

RE: Claimant: [redacted]
Our File No.: 643275
Our Client: General Motors Corporation
Date/Event: 01/26/2008
Subject vehicle: 2000 Chevrolet Impala
VIN: 2G1WH55K9Y9[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 claim. Your correspondence alleges that you sustained property damage as a result of a manufacturer's product defect. However, insufficient technical documentation was provided relative to any alleged defect. Due to this fact, the following information and documentation are respectfully requested:

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

1. Please provide a **copy** of your expert report and **color copies** of photos taken by your expert. Please do not send originals, as they may not be returned.

2. A copy of the police and/or fire report.

3. A copy of the vehicle operator's statement of events. This should include events prior to and immediately following the incident.

4. Advise if the vehicle owner and/or operator noted anything wrong or unusual about the vehicle prior to the incident.

5. Provide copies of all available maintenance, warranty, or repair orders on the subject vehicle. If the vehicle owner performed repairs and maintenance, then a chronological summary of operations performed is needed.

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,

Yolanda Allen
Claims Administrator

04/21/2008 at 09:37 AM
33563

Job Number: 1234.

BRUCE WALTERS FORD
Federal ID #:610569397
QUALITY IS JOB 1
302 S.MAYO TRAIL
Pikeville, KY 41501
(606)437-5313 Fax: (606)437-5323

PRELIMINARY SUPPLEMENT 1 WITH SUMMARY

Written By: Supervisor
Adjuster: Processor Team 60

Insured: [redacted]
Owner:
Address: [redacted]
GRETHEL, KY
Evening: [redacted]

Claim # [redacted]
Policy #
Deductible: $500.00
Date of Loss: 01/06/2008 at 02:00 PM
Type of Loss: Collision
Point of Impact: 11. Left Front

Inspect Location: BRUCE WALTERS FORD
302 S.MAYO TRAIL
Pikeville, KY 41501

Business: (606)437-5313

Insurance Company: STATE FARM INSURANCE COMPANIES

Days to Repair

Vehicle Drop Off Date: 01/10/2008

2007 PONT G6 4-2.4L-FI 4D SED SILVER Int:
VIN: 1G2ZG58B674[redacted] **Lic:** [redacted] KY **Prod Date:** 05/2007 **Odometer:** 2617

Automatic Transmission	Overdrive	Power Driver Seat
Bucket Seats	Cloth Seats	Power Steering
Tilt Wheel	Telescopic Wheel	Power Brakes
4 Wheel Disc Brakes	Rear Defogger	Power Windows
Full Wheel Covers	AM Radio	FM Radio
Stereo	Search/Seek	CD Player
Power Locks	Power Trunk/Tailgate	Air Conditioning
Cruise Control	Driver Air Bag	Passenger Air Bag
Console/Storage	Digital Clock	Intermittent Wipers
Power Mirrors	Dual Mirrors	Body Side Moldings
Keyless Entry	Clear Coat Paint	

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		FRONT BUMPER				
2*	S01	Repl Bumper cover	1	367.38	2.2	2.8
3	S01	Add for Clear Coat				1.1
4		Repl LT Side bracket	1	14.55		
5		FRONT LAMPS				
6		Repl LT Headlamp assy	1	238.16	Incl.	
7		Aim headlamps			0.5	
8		RADIATOR SUPPORT				
9		R&I Splash shield			0.3	

04/21/2008 at 09:37 AM
33563

Job Number: 1234.

PRELIMINARY SUPPLEMENT 1 WITH SUMMARY
2007 PONT G6 4-2.4L-FI 4D SED SILVER Int:

	NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
	10	Repl	Lower deflector	1	50.75	0.3	
	11		FENDER				
	12	Repl	LT Fender	1	169.30	2.0	1.8
	13		Add for Clear Coat				0.7
	14		Add for Edging				0.5
	15	S01	Deduct for Overlap			-0.3	
	16	Repl	LT Fender liner	1	34.73	Incl.	
	17		HOOD				
	18	Blnd	Hood				1.4
	19		WINDSHIELD				
	20	R&I	RT Nozzle			0.2	
	21	R&I	LT Nozzle			0.2	
	22		WHEELS				
N	23*	Repl	LT Wheel cover 17" base model	1	75.89	0.1	
	24*	S01 Repl	LT Wheel, steel 17" FRT	1	114.33 m	0.3 M	0.0
N	25	Repl	LT Wheel cover 17" base model	1	75.89		
	26**	S01 Repl	A/M Valve stem	2	4.00		
	27*	S01 Repl	LT Wheel, steel 17" REAR	1	114.33 m	0.3 M	0.0
	28		FRONT DOOR				
	29	Repl	LT Outer panel	1	261.73	6.0	2.0
	30		Overlap Major Adj. Panel				-0.4
	31		Add for Clear Coat				0.3
	32		Add for mirror			0.3	
	33		Add for Edging				0.5
	34	Repl	LT Emblem	1	4.75	0.2	
	35	Repl	LT Body side mldg	1	90.94	0.3	0.4
	36		REAR DOOR				
	37*	Rpr	LT Outer panel			2.5	2.0
	38		Overlap Major Adj. Panel				-0.4
	39		Add for Clear Coat				0.3
	40		Add for Edging				0.5
	41	R&I	LT Door w'strip			0.5	
	42	R&I	LT Belt molding			0.2	
	43	Repl	LT Body side mldg	1	75.21	0.3	0.3
	44	R&I	LT Handle, outside			0.4	
	45	R&I	LT R&I trim panel			0.4	
	46		REAR LAMPS				
	47	R&I	LT Tail lamp assy			0.3	
	48		QUARTER PANEL				
	49*	S01 Repl	LT Wheelhouse liner	1	33.78	0.3	
	50*	Rpr	LT Quarter panel			8.5	2.0
	51		Overlap Major Adj. Panel				-0.4
	52		Add for Clear Coat				0.3
	53		Add for Lock Pillar				0.5
	54#	Rpr	ROUGH PULL ON LT REAR 1/4 PANEL			2.0	
	55		REAR BUMPER				
	56	R&I	R&I bumper cover			1.0	

04/21/2008 at 09:37 AM
33563

Job Number: 1234.

PRELIMINARY SUPPLEMENT 1 WITH SUMMARY
2007 PONT G6 4-2.4L-FI 4D SED SILVER Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
		------- CHANGED ITEMS -------				
25**	Repl	A/M Valve stem	1	-1.80		
26**S01	Repl	A/M Valve stem	2	4.00		
47	Repl	LT Wheelhouse liner	1	-30.61	-0.3	
49* S01	Repl	LT Wheelhouse liner	1	33.78	0.3	
62#	Repl	TRANS FLUID	5	-18.45		
64# S01	Repl	TRANS FLUID	6	43.50		
		------- DELETED ITEMS -------				
2**	Repl	RECOND Bumper cover	1	-298.00	-2.2	-2.8
3		Add for Clear Coat				-1.1
15		Deduct for Overlap			--0.3	
24**	Repl	RECOND LT Wheel, steel 17"	1	-67.62 m	-0.3 M	-0.5
		------- ADDED ITEMS -------				
2* S01	Repl	Bumper cover	1	367.38	2.2	2.8
3 S01		Add for Clear Coat				1.1
15 S01		Deduct for Overlap			-0.3	
24* S01	Repl	LT Wheel, steel 17" FRT	1	114.33 m	0.3 M	0.0
27* S01	Repl	LT Wheel, steel 17" REAR	1	114.33 m	0.3 M	0.0
		Subtotals ==>		260.84	0.3	-0.5

Line 25 : LT REAR

Estimate Notes:
LT HINGE POST POSSIBLE DAMAGE . POWER STEERING NOT WORKING.

Parts		260.84
Body Labor	-0.0 hrs @ $ 42.00/hr	-0.00
Paint Labor	-0.5 hrs @ $ 42.00/hr	-21.00
Mechanical Labor	0.3 hrs @ $ 69.00/hr	20.70
Paint Supplies	-0.5 hrs @ $ 26.00/hr	-13.00
SUBTOTAL		$ 247.54
Sales Tax	$ 247.84 @ 6.0000%	14.87
TOTAL SUPPLEMENT AMOUNT		$ 262.41
NET COST OF SUPPLEMENT		$ 262.41

Estimate	4758.08	Turner Robinson
Supplement S01	262.41	Turner Robinson
Job Total	$ 5020.49	

CUSTOMER PAY $ 500.00
INSURANCE PAY $ 4520.49
5020.49

04/21/2008 at 09:37 AM
33563 Job Number: 1234.

PRELIMINARY SUPPLEMENT 1 WITH SUMMARY
2007 PONT G6 4-2.4L-FI 4D SED SILVER Int:

	NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
	57	R&I	Lower cover base model				
N	58*	Rpr	Bumper cover			0.3	
	59*		Add for Clear Coat			3.0	1.5
	60#	Subl	4 wheel alignment				1.1
	61		ENGINE / TRANSAXLE	1	59.95 X		
	62	Repl	Trans pan	1	72.30 m	1.0 M	
	63	Repl	Trans pan gasket	1	45.21		
	64# S01	Repl	TRANS FLUID	6	43.50		
	65		FRONT SUSPENSION				
	66*	Refn	Engine cradle 2.4 liter				
	67#	Repl	cover for overspray	1	5.00 T m	0.2	0.5
	68		OTHER CHARGES				
	69#		Towing	1	150.00		
			Subtotals ==>		2101.68	33.8	19.3

Line 23 : LT FRT
Line 25 : LT REAR
Line 58 : BLEND WITH IN PANEL

Estimate Notes:
LT HINGE POST POSSIBLE DAMAGE . POWER STEERING NOT WORKING.

Parts		1886.73
Body Labor	32.2 hrs @ $ 42.00/hr	1352.40
Paint Labor	19.3 hrs @ $ 42.00/hr	810.60
Mechanical Labor	1.6 hrs @ $ 69.00/hr	110.40
Paint Supplies	19.3 hrs @ $ 26.00/hr	501.80
Sublet/Misc.		64.95
Other Charges		150.00
SUBTOTAL		$ 4876.88
Sales Tax	$ 2393.53 @ 6.0000%	143.61
GRAND TOTAL		$ 5020.49
ADJUSTMENTS:		
Deductible		500.00
CUSTOMER PAY		$ 500.00
INSURANCE PAY		$ 4520.49

Service Request Detail

SR No.	71-597821681	**Ref No.**		**Goodwill**	No Goodwill Offered	**BRC Type**	PAR
Account	[redacted]	**Site**		**GW SubType**		**Bus. Unit**	BRC
Last Name	[redacted]	**First Name**	[redacted]	**Approval**	Not Initiated	**Area**	PAR
Daytime #	[redacted]	**Evening #**		**UCC**	Steering - General	**Sub-Area**	Initiate PAR- Collision
Address	[redacted]	**City**	Raleigh	**Involved Dlr**	Thompson Cadillac-Oldsmobile, Inc.	**Safety**	Yes
State	NC **ZipCd** [redacted]	**Con Acct**	Amica Insurance	**Source**	White Mail	**Updated**	1/31/2008 02:52:26 PM
Serial #/VIN	1G2ZG528354[redacted]	**Model Year**	2005	**Priority**	Medium **License #** PONTIAC	**Owner**	CISNERMA
Make	Pontiac	**Warr. Start**	12/30/2004	**Status**	Open	**Opened**	1/29/2008 05:24:30 PM
Model	G6	**Mileage**	56496	**Sub-Status**	Satisfied	**Closed**	
Abstract	Steering issue						
Customer Description	This is a BRC PAR Case. Please do not assume. Forward any inquiries to Matthew Cisneros at ext.21171						

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries	# Other Veh	# People in Veh	Road Surface	Road Cond.	Fire Report#	Police Report#
Insurance Agent	10/19/2007 01:00:00	N	0	1	Asphalt	Wet	na	na

Driver Last Name	t Name	Height	DOB	Disabilities
Arriag[redacted]		[redacted]	[redacted]	none

Insurance Agent Last Name	Insurance Agent First Name	Phone #	Insurance Agency
Brown	Judy	(800) 892-6422	Amica Insurance

Incident Loc	Carey Glen St Carey NC	**Incident Desc**	Cust was driving, then steering locked up and and cust hit a post
Component	steering		
Vehicle Loc	with cust	**Damage Desc**	front end of veh damaged
		Add'l Info	n/a
Emgcy Svc Names	Merchant Tire Towing		
		Maint Loc	unknown

PAR Detail

Collision	Y	**Non Collision**		**Property Damage**	N	**Thermal Evt**	N	**Spec Equip**	none
Vehicle Speed	15			**Weather Condition**	raining			**Prop Owner**	n/a
Last Service Date				**Loc Last Service**	N/A			**Property Location**	n/a
Veh Est Repair Cost	$4,519.00			**Spec Equip Installer**	n/a			**Prop Damage Description**	n/a
Primary Veh Use	Personal			**Inspection Type**	Other			**Inspected By**	Inspection Not Performed
Veh Damage Description	drivers side body damage							**Explain Other**	n/a

Property Type	n/a		
Prop Est Repair Cost	$0.00		
Inspection Date/Time			

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 02:49:08 PM	CISNERMA	CISNERMA	Scheduled Follow-up		Scheduled Alarm		71-597821681 check

[redacted]	st Name	Account	BAC Code
		Amica Insurance	

Comments

check to see if case has been sent to ESIS

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 02:48:35 PM	CISNERMA	ESISBIQU	Escalation	ESIS - Insurance Involvement	In Progress		ESIS - insurance involvement

[redacted]	[redacted]	Account	BAC Code
Am		Amica Insurance	

Comments

contact person is Judy Brown from Amica Insurance, (800) 892-6422 x45336

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 02:43:13 PM	CISNERMA	CISNERMA	Inbound Call Customer	Customer	Done	1/31/2008 02:47:09 PM	calling back

Contact Last Name	Contact First Name	Account	BAC Code
Arri[redacted]		Amica Insurance	

Comments

see initial

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 01:56:59 PM	CISNERMA	CISNERMA	Scheduled Outbound Call Cust	Cancelled	Done	1/31/2008 02:46:49 PM	71-597821681 call

Contact Last Name	Contact First Name	Account	BAC Code
Arriag[redacted]		Amica Insurance	

Comments

call (800) 892-6422 x45336 and make 2nd attempt at initial

Matthew Cisneros/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 01:56:39 PM	CISNERMA	CISNERMA	Outbound Call Customer	Left Message	Done	1/31/2008 01:56:58 PM	called (800) 892-6422 x4-5336

Contact Last Name	Contact First Name	Account	BAC Code
Arr[redacted]		Amica Insurance	

Co[redacted]

made acknowledgement

Matthew Cisneros/par/abx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 12:13:04 PM	CISNERMA	CISNERMA	Ownership Changed	Ownership Escalated to BRC	Done	1/31/2008 12:13:04 PM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code
Arri[redacted]		Amica Insurance	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 11:48:11 AM	DRAHEICM	CISNERMA	Ownership Changed		Done	1/31/2008 11:48:11 AM	Service Request Ownership has changed FROM: BAGAYASH TO: CISNERMA

Contact Last Name	Contact First Name	Account	BAC Code
[redacted]		Amica Insurance	

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 11:47:53 AM	DRAHEICM	CISNERMA	BRC PAR	Initial Contact- Phone	Done	1/31/2008 02:48:30 PM	called

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

CRS asked PAR detailed questions

CRS adv: Did insurance pay for repairs?

Cust sts: Yes

CRS adv: So you are looking to subrogate?

Cust sts:

CRS adv: Will forward case to ESIS. They will be in touch within 10 business days

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 11:47:46 AM	DRAHEICM	CISNERMA	BRC PAR	Initial Contact- Dealer	Done	1/31/2008 01:13:48 PM	called (919) 834-0311

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Regina Britt, Svc Adv

CRS adv: Cust made allegation that steering went out and caused them to get in collision. Any related repairs?

Dlr sts: In 06 there was a steering issue where vehicle was pulling to right

CRS adv: OK Thank you

Dlr sts: Call me if you have any questions because I know this gentlemen kind of well

Matthew Cisneros/par/atx

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 11:47:38 AM	DRAHEICM	CISNERMA	BRC PAR	Initial Contact- AVM	Done	1/31/2008 01:15:24 PM	called DVM White, Donald

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

DVM White, Donald
Node: 404082
Mailbox: 8182

CRS adv: Customer Name, Vehicle information, Nature of allegation
CRS adv: if you have any additional information pertaining to cust or vehicle please call me @ 866-790-5700 ext 21171

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 11:47:32 AM	DRAHEICM	CISNERMA	BRC PAR	Acknowledgement	Done	1/31/2008 01:56:30 PM	called (800) 892-6422 x4 5336

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

left message

CRs adv: Received case in PAR, please call back

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 11:47:28 AM	DRAHEICM	CISNERMA	Notify CRM		Done	1/31/2008 12:08:22 PM	file assigned

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 11:47:21 AM	DRAHEICM	CISNERMA	Research		Done	1/31/2008 12:10:45 PM	research vin

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

Recalls: No open recalls

History: No related repairs

SRs: No other SRs

Matthew Cisneros/par/atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 11:47:06 AM	DRAHEICM	CISNERMA	BRC PAR	Case Assigned	Done	1/31/2008 12:08:18 PM	assigned to matt cisneros ext 21171

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 10:11:27 AM	DRAHEICM	BAGAYASH	SR Opened		Done	1/31/2008 10:11:27 AM	SR in Status of Closed has been Re-Opened by DRAHEICM

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/31/2008 10:11:24 AM	DRAHEICM	BAGAYASH	SR Closed - Satisfied		Done	1/31/2008 10:11:25 AM	Service Request has been Closed Satisfied.

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/30/2008 01:34:07 PM	BAGAYASH	DRAHEICM	Escalation	Initiate PAR	Done	1/31/2008 10:10:57 AM	Assigning activity to PAR QUEUE

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

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

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/30/2008 01:30:37 PM	BAGAYASH	BAGAYASH	Inbound Call Customer	Complex Request	Done	1/30/2008 01:33:42 PM	insurance agent returning call

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Cust Sts:
Cust sts she received message from CRS and is returning call.

Cust Sks:
returning call to CRS

CRS Adv:
CRS adv that CRS needs to verify some information in regards the accident.
CRS filled out the Pre Par form.
CRS adv cust that case will be escalated to the product allegations dept and will be contacted by a representative from that dept in 2 business days.
CRS provided SR#.

Wine Summers/RR/Mia/L1

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/30/2008 12:45:28 PM	BAGAYASH	BAGAYASH	Scheduled Outbound Call Cust	Cancelled	Done	1/30/2008 01:34:02 PM	call cust to gather info for par form,8008926422 x 45336

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

CRS will call cust to gather info for par form,8008926422 x 45336.
Jan 31,2008 Thu
2-4pm est

CRS cancelling sched call, cust called back.

Wine Summers/RR/Mia/L1

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/30/2008 12:40:39 PM	BAGAYASH	BAGAYASH	Outbound Call Customer	Left Message	Done	1/30/2008 12:45:27 PM	called cust to gather info for par form,8008926422 x 45336

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

CRS called cust to gather info for par form,8008926422 x 45336.
CRS left message:
CRS adv that this is in regards reimbursement request in line with the product failure, and adv that CRS needs to verify some info.
CRS provided contact#.

Wine Summers/RR/Mia/L1

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/29/2008 05:26:22 PM	BAGAYASH	BAGAYASH	Other		Done	1/29/2008 05:27:08 PM	as per Team Lead adv, case will be escalated for further review

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
1/29/2008 05:25:54 PM	SADMIN	BAGAYASH	Inbound White Mail	Customer	Done	1/29/2008 05:26:21 PM	TREAD - non temp TREAD 07126 Scanned: 2008-01-09-15.26.47.000000, MSXDocNum: 0800901296

Contact Last Name	Contact First Name	Account	BAC Code
		Amica Insurance	

Comments

CRS received docs:
- signed claim form
- letter
- insurance docs
- pictures of veh
- rental veh doc
- proof of payment (copy of check)

Wine Summers/RR/Mia/L1

Confidential Comments

UCC Information

UCC Code	Symptom	Description
M01	No Symptom Indicated	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 :	1G2ZG528354[redacted]

VEHICLE INFORMATION

Merchandising Model :	2ZG69 -2005 G6 - 6CYL SEDAN	**Warranty Start Date :**	12/30/2004
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	THOMPSON CADILLAC-PONTIAC-GMC PO BOX 18408 RALEIGH , NC 27619-8408 (919) 834-0311	**Selling Source :**	16 - PONTIAC
		Site Code :	04057
		Business Associate Code :	186713

Service Contract :	**No**	**Branded Title :**	**No**	**Warranty Block :**	**No**	**PDI Status :**	Paid

REQUIRED FIELD ACTIONS

Type	Number	Description	Posted Date	Status
RC	05005	REAR SEAT CHILD RESTRAINT ANCHORAGE OWNER MANUAL UPDATE	N/A	Closed

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

OnStar Equipped	No	**OnStar Status**	N/A	Refer to Help page for details or:go to OnStar Online Enrollment (located on the "OnStar" tab in GM InfoNET) or (888)ONSTAR1 (888) 667-8271.		
XM Equipped	Yes	**XM Radio ID**	5ZQY70WQ	**XM Status**	Inactive	Refer to Help page for details or: www.xmradio.gm.ca or Dealer Hotline 1.877.GET.XMST (1-877-438-9677).

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	12/30/2004	10 miles	12/30/2007	36010 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	12/30/2004	10 miles	12/30/2010	100010 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	12/30/2004	10 miles	12/30/2012	80010 miles
36/36000 FEDERAL EMISSION	12/30/2004	10 miles	12/30/2007	36010 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
05/17/2006	318978	#	Z2122 - SPRING CAR CARE PROGRAM	22965 miles
10/27/2004	A29888	I	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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CK # 2089275
11-14-07 JB

Amica

96 3505.85

EXHIBIT C

DIRECTION TO PAY

Date: 11-12-07 Claim Number: L09200703131D

Customer Name: [redacted]

Address: [redacted]

City: Knightdale State NC Zip [redacted]

Home Phone: [redacted] Business Phone: _____

Final Estimate Amt.: $ 4519.92

Deductible: (If applicable) $ 500

Net Amount to Shop: $ 3929.24

Year	Make	Model	Vin Number
2005	Pontiac	G6	1G2ZG528354[redacted]

I, [redacted], am completely satisfied with the
(Print the Authorized Owners Name)
Workmanship of all repairs and authorizes payment on my claim as listed above to:

Shop Name	Shop Address
True 2 Form	2821 Capital Blvd., Raleigh

Authorized Owners Signature:	Date:
* [redacted]	11-13-07
Witness Signature [redacted]	Print Name [redacted]

Amica Mutual Insurance Company and Repair Assistance Program authorized repair facility guarantees the workmanship of the repairs for as long as you own the vehicle. If for any reason, you are not fully satisfied with the workmanship of the authorized repairs and we determine that the repairs did not meet the I-CAR standards we will assure the repairs are properly corrected. Simply contact the Amica Mutual Insurance Company claim office nearest you to report the problem.

This guarantee is exclusive of any wear, tear, deterioration, or mechanical breakdown. The guarantee extends only to repairs authorized by Amica Mutual Insurance Company and does not cover prior repairs or subsequent unrelated damage. This guarantee is not transferable.

Fax: 866-381-3243

This document contains confidential and proprietary information of Amica Mutual Insurance Company and may not be disclosed to third parties or duplicated without the prior written consent of Amica Mutual Insurance Company

CL#2090155
11-15-07 JB $511.07

Estimate #5832852 Print Toggle Pictures

True2Form Collision - Raleigh, NC

ESTIMATE OF RECORD

Insured/Owner Information

Insured	[redacted]
Owner	
Address Line 1	
Address Line 2	
City	KNIGHTDALE
State Zip	NC 27545
Phone1	[redacted]
Phone2	
Fax	
Email	

Insurance Company Information

Company Type ID	
Company Number	
Company Name	[redacted]
Address Line 1	Suite [redacted]
Address Line 2	
City	Raleigh
State Zip	NC [redacted]
Phone	[redacted]
Fax	
Company Email	
Contact Name	
Contact Title	
Contact Phone	
Contact Email	

Adjuster Information

Name	Judy Brown
Company	Amica - Raleigh Regional
Address Line 1	3201 Beechleaf Court
Address Line 2	Suite 300
City	Raleigh
State Zip	NC 27604
Work Phone	800-892-6422 x45336
Fax	
Email	JBROWN3@AMICA.COM

Inspection Location Information

Inspection Location	Other
Address Line 1	100 Towne Village Rd
Address Line 2	
City	Carey
State Zip	NC 27513
Phone1	
Phone2	
Fax	
Contact Name	
Contact Email	

Appraiser Information

Written By	GEORGE PERRY
Company ID Code	
Company Name	True2Form Collision - Raleigh, NC
Address Line 1	2821 Capital Blvd.
Address Line 2	
City	Raleigh
State Zip	NC 27604
Phone1	(919) 872-2213
Phone2	
Fax	(919) 872-9331
Email	capitalblvd@true2form.com
License No	
File No	

Repair Facility Information

Facility ID Code	
Facility	TRUE 2 FORM - CAPITAL BLVD
Address Line 1	CAPITAL LOCATION
Address Line 2	2821 CAPITAL BLVD.
City	RALEIGH
State Zip	NC 27604
Phone1	(919) 872-2213
Phone2	
Fax	(919) 872-9331
Fed Tax ID	341910878
License No	
Bar No	
Contact Name	
Contact Email	

Claim Information

Claim No	L09200703131D
Claimant No	1
Policy No	[redacted]
Loss Type	Collision
Deductible	$500.00

Estimate Information

Estimating Platform	CCC Pathways
Est Sw Version	4.40.02
Est Sw Unique File ID	CC02JRV3
Est Sw Supplement No	S01
Est Sw Transation Type	S
Est Sw Committed Status	Committed
PC Supplement No	256

Calendar of Events

Loss Date	10/19/2007
Assignment	10/22/2007
Inspection	10/19/2007
Est Sw Created	11/15/2007
PC Created	11/15/2007 7:26:06 AM

Miscellaneous

Notes
Comments

Vehicle Information

Database Code	DR1FQ0S	Model	G6	Paint Tone	1
License Plate No	NZA2648	Type	PC	Paint Stage	2
License Plate State	NC	Body Style	4D SED	Paint Code 1	
VIN	1G2ZG52835[redacted]	Trim Code		Paint Code 2	
Condition		Trim Color		Paint Code 3	
Production Date	10/2004	Molding Code		Primary Point of Impact	Left Front Corner
Year	2005	Engine	6-3.5L-FI	Secondary Points of Impact	
Make Code	PONT	Mileage	56496		
Make Description		Color	Silver		

Equipment Options

Automatic Transmission, Overdrive, Bucket Seats, Cloth Seats, Reclining Seats, Power Steering, Tilt Wheel, Power Brakes, 4 Wheel Disc Brakes, Rear Defogger, Power Windows, Full Wheel Covers, AM Radio, FM Radio, Stereo, Search/Seek, CD Player, Power Locks, Power Trunk/Tailgate, Air Conditioning, Cruise Control, Driver Air Bag, Passenger Air Bag, Console/Storage, Digital Clock, Intermittent Wipers, Power Mirrors, Dual Mirrors, Body Side Moldings, Fog Lamps, Keyless Entry, Clear Coat Paint

Line Items

Line #	Ver	Operation	Part Type	Description	OEM/Vendor Part Number	Qty	Price	Ext	Part Adj %	Part Adj Amt	Labor Units	Labor Type	System Notes
1				FRONT BUMPER									
2	E	Remove/Install		R&I bumper cover	19120467						1.6	Body	
3	E	Repair		Bumper cover	19120467						2.0	Body	
3	E	Repair		Bumper cover							2.8	Refinish	
4	E			Add for Clear Coat							1.1	Refinish	
5	S1	R&R	OEM	Emblem	25771372	1	33.38 T	33.38			0.2	Body	
6	E	Remove/Install		RT Lower grille	15243287						0.2	Body	
7	E	Remove/Install		LT Lower grille	15243286						0.2	Body	
8				GRILLE									
9	E	Remove/Install		RT Grille	22699328						0.2	Body	
10	E	Remove/Install		LT Grille	22699329								
11				FRONT LAMPS									
12	E	Remove/Install		RT Fog lamp assy	15162675						0.3	Body	
13	E	Remove/Install		LT Fog lamp assy	15162675						0.3	Body	
14	E	Remove/Install		LT Headlamp assy	15835750								
15				RADIATOR SUPPORT									
16	S1	R&R	OEM	LT Side shield 3.5 & 3.9 liter coupe & s	15809317	1	18.29 T	18.29			0.3	Body	
17				HOOD									
18	E	Blend		Hood	15801208						1.4	Refinish	
19	S1	Remove/Install		Insulator	15890356						0.3	Body	
20	S1	R&R	OEM	Insulator retainer	22718305	8	1.69 T	13.52					
21				WINDSHIELD									
22	S1	Sublet	None OEM Glass (Nags)	Windshield NAGS +10%	DW01603	1	300.00	300.00	10.00 %	30.00			
23	S1	R&R	OEM	RT Wiper arm	15797483	1	38.63 T	38.63			0.2	Body	
24	S1	R&R	OEM	RT Wiper blade	15779415	1	29.00 T	29.00			0.1	Body	
25	S1	R&R	OEM	RT Nozzle	15247800	1	16.26 T	16.26			0.2	Body	
26	S1	R&R	OEM	LT Nozzle	15247800	1	16.26 T	16.26			0.2	Body	
27				FENDER									
28	E	R&R	OEM	LT Fender	15292019	1	169.30 T	169.30			2.0	Body	
28	E	R&R		LT Fender							1.8	Refinish	
29	E			Add for Clear Coat							0.7	Refinish	
30	E			Add for Edging							0.5	Refinish	
31	E			Deduct for Overlap							-0.3	Body	
32	E	R&R	OEM	LT Fender liner	15255732	1	34.73 T	34.73					
33	E	R&R	OEM	LT Fender liner retainer	10121502	6	0.33 T	1.98					
34	E	Repair		LT Rear panel	15780004						3.0	Body	
34	E	Repair		LT Rear panel							0.5	Refinish	
35				WHEELS									
36	E	R&R	Re-Chrome	RECOND LT/Front Wheel, alloy 16"	89060324	1	174.99 T	174.99			0.3	Body	
37	E	R&R	Re-Chrome	RECOND RT/Front Wheel, alloy 16"	89060324	1	174.99 T	174.99			0.3	Body	
38	E	R&R	Other	VALVE STEM		1	2.95 T	2.95					
39	E	R&R	Other	VALVE STEM		1	2.95 T	2.95					
40	E	Sublet	Sublet	MOUNT & BALANCE SUBLET		1	15.00	15.00					
41	E	Sublet	Sublet	MOUNT & BALANCE SUBLET		1	15.00	15.00					
42	E	Sublet	Sublet	4 WHEEL ALIGNMENT		1	69.95	69.95					

43	S1	R&R	Other	L/F Tire Mastercraft all season P215/60R		1	84.95	T	84.95			
44	S1	R&R	Other	R/F Tire Mastercraft all season P215/60R		1	84.95	T	84.95			
45	S1	Sublet	Sublet	Scrap tire fee		1	4.00		4.00			
46	S1	Sublet	Sublet	Tire recycling fee		1	3.50		3.50			
47	S1	R&R	Aftermarket	A/M Wheel nut alloy wheel		2	3.25	T	6.50			
48				FRONT SUSPENSION								
49	E			O/H frt susp lt						3.0	Body	
50	S1	R&R	OEM	LT Hub & bearing	15793213	1	281.93	T	281.93			
51	E	Repair		Deduct O/H frt susp						-3.0	Body	
52	E	R&R	OEM	LT Brake hose	22729634	1	22.67	T	22.67			
53	E	Sublet		Bleed brake system								
54	S1	R&R	Other	Brake fluid		1	4.50	T	4.50			
55	S1	R&R	OEM	LT Knuckle	21995733	1	172.66	T	172.66			
56	S1	R&R	OEM	LT Lower cntrl arm	22730775	1	187.93	T	187.93			
57	E			Deduct for Overlap								
58	S1	R&R	OEM	LT Strut w/ride & handling suspension	88964544	1	120.22	T	120.22			
59	E			Deduct for Overlap								
60	S1	R&R	OEM	LT Stabilizer link	22670300	1	43.12	T	43.12			
61	E			Deduct for Overlap								
62	S1	R&R	OEM	LT Axle assy	10379129	1	248.10	T	248.10			
63	E			Deduct for Overlap						-0.5	Body	
64	E	Repair		Add back labor deduction						0.5	Body	
65	S1	Sublet	Sublet	Labor to install frt suspension componen		1	396.20		396.20			
66				PILLARS, ROCKER & FLOOR								
67	S1	R&R	OEM	LT Rocker molding	15209853	1	109.54	T	109.54	0.5	Body	
68				FRONT DOOR								
69	E	Repair		LT Outer panel (front edge)	15146085					0.5	Body	
69	E	Repair		LT Outer panel (front edge)						2.0	Refinish	
70	E			Overlap Major Adj. Panel						-0.4	Refinish	
71	E			Add for Clear Coat						0.3	Refinish	
72	E	Remove/Install		LT Belt molding	15889536					0.2	Body	
73	E	Blend		LT Body side mldg	89024127					0.2	Refinish	
74	E	Remove/Install		LT Mirror assy	15278129					0.3	Body	
75	E	Remove/Install		LT Handle, outside	22672194					0.4	Body	
76	E	Remove/Install		LT R&I trim panel	15806821					0.4	Body	
77	E	Sublet	Sublet	Towing		1	80.00		80.00			
78	E	Sublet	Sublet	Tow to Atlantic Avenue Tire for sublet r		1	45.00		45.00			
79	E	R&R	Other	CORROSION PROTECTION		1	10.00		10.00	0.5	Body	
80	E	Refinish		TINT COLOR TO BLENDABLE MATCH						0.5	Refinish	
81	E		Other	COVER CAR TO PAINT		1	5.00		5.00			
82	E		Other	HAZARDOUS WASTE REMOVAL		1	5.00		5.00			
83	S1			FINAL BILL PLEASE PAY SHOP DIRECTLY								

Summary

	Type	Supp	Units / Amt	Rate	Other	Misc	Base	Markup	Discount	Gross	Tax Rate	Totals
Parts												

	OEM		-	-	-	-	1557.52	0.00	0.00	1557.52	6.7500%	
	Aftermarket		-	-	-	-	6.50	0.00	0.00	6.50	6.7500%	
	Re-Chrome		-	-	-	-	349.98	0.00	0.00	349.98	6.7500%	
	Other		-	-	-	-	200.30	0.00	0.00	200.30	6.7500%	
	None OEM Glass (Nags)		-	-	-	-	300.00	30.00	0.00	330.00		
	Total Parts		-	-	-	-	2414.30	30.00	0.00	2444.30	-	2444.30
Labor												
	Body	E01	13.40	40.00		-	536.00	0.00	0.00	536.00		
	Body	S01	1.00	40.00		-	40.00	0.00	0.00	40.00		
	Refinish	E01	11.40	40.00		-	456.00	0.00	0.00	456.00		
	Total Labor		-	-		-	1032.00	0.00	0.00	1032.00	-	1032.00
Material												
	Paint		11.40	24.00	262.20	999.00	273.60	-	-	273.60		
	Total Material		-	-	262.20	-	273.60	0.00	0.00	273.60	-	273.60
Sublet												
	Sublet		-	-	-	-	628.65	0.00	0.00	628.65		
	Total Sublet		-	-	-	-	628.65	0.00	0.00	628.65	-	628.65
Other Charges												
	Total Other Charges		-	-	-	-		0.00	0.00		-	0.00
Taxes												
	Sales Tax		2094.30	6.7500%	-	-	141.37	-	-	141.37	-	
	Total Taxes		-	-	-	-	141.37	0.00	0.00	141.37	-	141.37
Estimate Totals												
	Previous Total											4008.85
	Current Supplement											511.07
Customer Pay												
	Deductible									500.00	-	
	Related Prior Damage										-	
	Appearance Allowance										-	
	Betterment										-	
												-
Insurance Pay												

Charges At-A-Glance

Estimate has no charges.

Vendor Info

Estimate has no relevant vendor information.

This estimate has been prepared based on the use of automobile parts not made by the original manufacturer. Parts used in the repair of your vehicle by other than the original manufacturer are required to be at least equal in like kind and quality in terms of fit, quality, and performance to the original manufacturer parts they are replacing. In the repair of your covered auto under the physical damage coverage provisions of this policy, we may require or specify the use of automobile parts not made by the original manufacturer. There parts are required to be at least equal in terms of fit, quality, and performance to the original manufacturer parts they replace.

ARMS AMICA INS

Rental Company:ENTERPRISE RENT-A-CAR
Invoice: D206563-53J6

Bill To:
AMICA INS
ATTN: JUDY BROWN
3201 BEECHLEAF CT SUITE 300
RALEIGH , NC 27604

Billing Detail:

Rental Period: 10/19/07 to 11/13/07 (26 days)
Billed Period: 10/19/07 to 11/13/07 (26 days)

Description	Rate:	Amount:
26 DAYS @	$23.99	$623.74
26 VLF	$0.39	$10.14
1 SURCHARGE%	%8.00	$50.71
1 HU TAX	%8.00	$50.71
TOTAL CHARGES:		$735.30
Less Amount Received:		$0.00
AMOUNT DUE.....		$735.30

Renter: [redacted]

Rental Branch Location:
ENTERPRISE RENT-A-CAR (53J6)
7519 US HIGHWAY 64 E
KNIGHTDALE, NC 275459274
(919) 217-9444

ADDITIONAL CLAIM INFORMATION:

Claim Number : [redacted]
Claim Type: Insured
Vehicle Condition: Non-Driveable
Date Of Loss: 10/19/07
Insured Name: [redacted]
Owner's Vehicle: 2005 PONTIAC G6
Additional Driver:

Repair Facility:
TRUE2FORM-CAPITAL BLVD (#501)
RALEIGH,, NC 27604
(919) 872-2213

Effective Date and Time	Year	Make	Model	VIN	Mil
10/19/07 2:50 PM	2008	DODG	AVEN	1B3LC46KX8N[redacted]	366
10/19/07 2:50 PM	2008	DODG	AVEN	1B3LC46KX8N[redacted]	366
10/19/07 2:50 PM	2008	DODG	AVEN	1B3LC46KX8N[redacted]	366
10/19/07 2:50 PM	2008	DODG	AVEN	1B3LC46KX8N[redacted]	366

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
ENTERPRISE RENT-A-CAR (53EE)
2860 SLATER RD
MORRISVILLE,, NC 275608436
Federal ID:43-1241935

Total Charges:	$735.30
Less Amount Received:	$0.00
Total Amount Due.....	$735.30

Please include on your check:
Invoice: D206563-53J6

11/15

07126

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1/3/08

17-Digit Vehicle Identification Number (VIN): 1G2ZG5285354 [redacted]

Mileage at Time of Repair: 56496 Date of Repair: 10/24/07

Claimant Name (please print): [redacted]

Street Address or PO Box Number: [redacted]

City: Knightdale State: NC ZIP Code: [redacted]

Daytime Telephone Number (include Area Code): [redacted]

Evening Telephone Number (include Area Code): [redacted]

Amount of Reimbursement Requested: $ 5,255.22

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment. (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Claimant's Signature: Judy Brown - Amica Insurance on behalf of [redacted]

Please mail this claim form and the required do[redacted]

Reimbursement Department
P.O. Box 33170
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:
1-800-204-0261

Amica
AUTO HOME LIFE

RALEIGH REGIONAL OFFICE
4800 Falls of Neuse Road, Suite 320
Raleigh, North Carolina 27609-8140

Toll-free: 1-800-89-Amica (1-800-892-6422)
Claims Fax: 1-866-381-3243
Sales/Service Fax: 1-919-790-5483

100th ANNIVERSARY

January 5, 2008

General Motors
Attn: Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170

Our File Number: L09200703131D
Our Insured: [redacted]
Your Customer: [redacted]
Vehicle: 2005 Pontiac G6
VIN: 1G2ZG528354[redacted]
Date of Loss: October 19, 2007
Amount of Loss: $5255.22

To whom it may concern:

We are subrogated to the rights of our insured due to the payment of a collision loss.

Our insured has presented us with paperwork indicating there is an existing problem with the steering in the 2005 Pontiac G6. In view of this, our insured reported that he was in the process of turning when the sterring locked and he was unable to maneuver and he ran into a curb causing substantial damage to his vehicle.

The amount of damage to our insured's vehicle is shown above. This amount includes both our loss and our insured's deductible.

Enclosed are copies of our supporting papers.

Your prompt action regarding payment would be appreciated.

Very truly yours,

Judy D. Brown, AIC
Claims Department, Ext.45336
Amica Mutual Insurance Company
jbrown3@amica.com

*JB

SUBROGATION PAYMENT OUTLINE

Repair Figure	$	3508.85
Deductible	$	500.00
Supplement #1	$	511.07
Rental Expense	$	735.30
TOTAL AMOUNT	**$**	**5255.22**

CK# 2089275
11-14-07 JB
$3508.55

Amica

EXHIBIT C

DIRECTION TO PAY

Date: 11-12-07 Claim Number: [redacted]

Customer Name: [redacted]

Address: [redacted]

City: Knightdale State NC Zip [redacted]

Home Phone: [redacted] Business Phone: _____

Final Estimate Amt.: $ 4519.92

Deductible: (if applicable) $ 500

Net Amount to Shop: $ 3929.24

Year	Make	Model	Vin Number
2005	Pontiac	G6	1G2ZG528354 [redacted]

I, [redacted], am completely satisfied with the
(Print the Authorized Owners Name)
Workmanship of all repairs and authorizes payment on my claim as listed above to:

Shop Name	Shop Address
Truc 2 Form	2821 Capital Blvd., Raleigh

Authorized Owners Signature: [redacted]	Date: 11-13-07
[redacted]	Print Name [redacted]

Amica Mutual Insurance Company and Repair Assistance Program authorized repair facility guarantees the workmanship of the repairs for as long as you own the vehicle. If for any reason, you are not fully satisfied with the workmanship of the authorized repairs and we determine that the repairs did not meet the I-CAR standards, we will assure the repairs are properly corrected. Simply contact the Amica Mutual Insurance Company claim office nearest you to report the problem.

This guarantee is exclusive of any wear, tear, deterioration, or mechanical breakdown. The guarantee extends only to repairs authorized by Amica Mutual Insurance Company and does not cover prior repairs or subsequent unrelated damage. This guarantee is not transferable.

Fax: Rdc. 381-3243

This document contains confidential and proprietary information of Amica Mutual Insurance Company and may not be disclosed to third parties or duplicated without the prior written consent of Amica Mutual Insurance Company

Estimate [Judy D. Brown - Raleigh Claims]

CL#2090155
11-15-07 OB $511.07

Estimate #5832852 **Print** **Toggle Pictures**

True2Form Collision - Raleigh, NC

ESTIMATE OF RECORD

Insured/Owner Information

Insured	[redacted]
Owner	
Address Line 1	
Address Line 2	
City	KNIGHTDALE
State Zip	NC [redacted]
Phone1	[redacted]
Phone2	
Fax	
Email	

Insurance Company Information

Company Type ID	
Company Number	
Company Name	Amica - Raleigh Regional
Address Line 1	4800 Falls of Neuse Road, Suite 320
Address Line 2	
City	Raleigh
State Zip	NC 27604-1547
Phone	(800) 892-6422
Fax	(866) 381-3243
Company Email	
Contact Name	
Contact Title	
Contact Phone	
Contact Email	

Adjuster Information

Name	Judy Brown
Company	Amica - Raleigh Regional
Address Line 1	3201 Beechleaf Court
Address Line 2	Suite 300
City	Raleigh
State Zip	NC 27604
Work Phone	800-892-6422 x45336
Fax	
Email	JBROWN3@AMICA.COM

Inspection Location Information

Inspection Location	Other
Address Line 1	100 Towne Villiage Rd
Address Line 2	
City	Carey
State Zip	NC 27513
Phone1	
Phone2	
Fax	
Contact Name	
Contact Email	

Appraiser Information

Written By	GEORGE PERRY
Company ID Code	
Company Name	True2Form Collision - Raleigh, NC
Address Line 1	2821 Capital Blvd.
Address Line 2	
City	Raleigh
State Zip	NC 27604
Phone1	(919) 872-2213
Phone2	
Fax	(919) 872-9331
Email	capitalblvd@true2form.com
License No	
File No	

Repair Facility Information

Facility ID Code	
Facility	TRUE 2 FORM - CAPITAL BLVD
Address Line 1	CAPITAL LOCATION
Address Line 2	2821 CAPITAL BLVD.
City	RALEIGH
State Zip	NC 27604
Phone1	(919) 872-2213
Phone2	
Fax	(919) 872-9331
Fed Tax ID	341910878
License No	
Bar No	
Contact Name	
Contact Email	

Claim Information

Claim No	[redacted]
Claimant No	1
Policy No	9804321091
Loss Type	Collision
Deductible	$500.00

Estimate Information

Estimating Platform	CCC Pathways
Est Sw Version	4.40.02
Est Sw Unique File ID	CC02JRV3
Est Sw Supplement No	S01
Est Sw Transation Type	S
Est Sw Committed Status	Committed
PC Supplement No	256

Calendar of Events

Loss Date	10/19/2007
Assignment	10/22/2007
Inspection	10/19/2007
Est Sw Created	11/15/2007
PC Created	11/15/2007 7:26:06 AM

Miscellaneous

Notes
Comments

Vehicle Information

Database Code	DR1FQ05
License Plate No	NZA2648
License Plate State	NC
VIN	1G2ZG52835[redacted]
Condition	
Production Date	10/2004
Year	2005
Make Code	PONT
Make Description	
Model	G6
Type	PC
Body Style	4D SED
Trim Code	
Trim Color	
Molding Code	
Engine	6-3.5L-FI
Mileage	56496
Color	Silver
Paint Tone	1
Paint Stage	2
Paint Code 1	
Paint Code 2	
Paint Code 3	
Primary Point of Impact	Left Front Corner
Secondary Points of Impact	

Equipment Options

Automatic Transmission, Overdrive, Bucket Seats, Cloth Seats, Reclining Seats, Power Steering, Tilt Wheel, Power Brakes, 4 Wheel Disc Brakes, Rear Defogger, Power Windows, Full Wheel Covers, AM Radio, FM Radio, Stereo, Search/Seek, CD Player, Power Locks, Power Trunk/Tailgate, Air Conditioning, Cruise Control, Driver Air Bag, Passenger Air Bag, Console/Storage, Digital Clock, Intermittent Wipers, Power Mirrors, Dual Mirrors, Body Side Moldings, Fog Lamps, Keyless Entry, Clear Coat Paint

Line Items

Line #	Ver	Operation	Part Type	Description	OEM/Vendor Part Number	Qty	Price	Ext	Part Adj %	Part Adj Amt	Labor Units	Labor Type	System Notes
1				FRONT BUMPER									
2	E	Remove/Install		R&I bumper cover	19120467						1.6	Body	
3	E	Repair		Bumper cover	19120467						2.0	Body	
3	E	Repair		Bumper cover							2.8	Refinish	
4	E			Add for Clear Coat							1.1	Refinish	
5	S1	R&R	OEM	Emblem	25771372	1	33.38 T	33.38			0.2	Body	
6	E	Remove/Install		RT Lower grille	15243287						0.2	Body	
7	E	Remove/Install		LT Lower grille	15243286						0.2	Body	
8				GRILLE									
9	E	Remove/Install		RT Grille	22699328						0.2	Body	
10	E	Remove/Install		LT Grille	22699329								
11				FRONT LAMPS									
12	E	Remove/Install		RT Fog lamp assy	15162675						0.3	Body	
13	E	Remove/Install		LT Fog lamp assy	15162675						0.3	Body	
14	E	Remove/Install		LT Headlamp assy	15835750								
15				RADIATOR SUPPORT									
16	S1	R&R	OEM	LT Side shield 3.5 & 3.9 liter coupe & s	15809317	1	18.29 T	18.29			0.3	Body	
17				HOOD									
18	E	Blend		Hood	15801208						1.4	Refinish	
19	S1	Remove/Install		Insulator	15890356						0.3	Body	
20	S1	R&R	OEM	Insulator retainer	22718305	8	1.69 T	13.52					
21				WINDSHIELD									
22	S1	Sublet	None OEM Glass (Nags)	Windshield NAGS +10%	DW01603	1	300.00	300.00	10.00 %	30.00			
23	S1	R&R	OEM	RT Wiper arm	15797483	1	38.63 T	38.63			0.2	Body	
24	S1	R&R	OEM	RT Wiper blade	15779415	1	29.00 T	29.00			0.1	Body	
25	S1	R&R	OEM	RT Nozzle	15247800	1	16.26 T	16.26			0.2	Body	
26	S1	R&R	OEM	LT Nozzle	15247800	1	16.26 T	16.26			0.2	Body	
27				FENDER									
28	E	R&R	OEM	LT Fender	15292019	1	169.30 T	169.30			2.0	Body	
28	E	R&R		LT Fender							1.8	Refinish	
29	E			Add for Clear Coat							0.7	Refinish	
30	E			Add for Edging							0.5	Refinish	
31	E			Deduct for Overlap							-0.3	Body	
32	E	R&R	OEM	LT Fender liner	15255732	1	34.73 T	34.73					
33	E	R&R	OEM	LT Fender liner retainer	10121502	6	0.33 T	1.98					
34	E	Repair		LT Rear panel	15780004						3.0	Body	
34	E	Repair		LT Rear panel							0.5	Refinish	
35				WHEELS									
36	E	R&R	Re-Chrome	RECOND LT/Front Wheel, alloy 16"	89060324	1	174.99 T	174.99			0.3	Body	
37	E	R&R	Re-Chrome	RECOND RT/Front Wheel, alloy 16"	89060324	1	174.99 T	174.99			0.3	Body	
38	E	R&R	Other	VALVE STEM		1	2.95 T	2.95					
39	E	R&R	Other	VALVE STEM		1	2.95 T	2.95					
40	E	Sublet	Sublet	MOUNT & BALANCE SUBLET		1	15.00	15.00					
41	E	Sublet	Sublet	MOUNT & BALANCE SUBLET		1	15.00	15.00					
42	E	Sublet	Sublet	4 WHEEL ALIGNMENT		1	69.95	69.95					

Estimate

[Judy D. Brown - Raleigh Claims]

43	S1	R&R	Other	L/F Tire Mastercraft all season P215/60R		1	84.95	T	84.95		
44	S1	R&R	Other	R/F Tire Mastercraft all season P215/60R		1	84.95	T	84.95		
45	S1	Sublet	Sublet	Scrap tire fee		1	4.00		4.00		
46	S1	Sublet	Sublet	Tire recycling fee		1	3.50		3.50		
47	S1	R&R	Aftermarket	A/M Wheel nut alloy wheel		2	3.25	T	6.50		
48				FRONT SUSPENSION							
49	E			O/H frt susp lt						3.0	Body
50	S1	R&R	OEM	LT Hub & bearing	15793213	1	281.93	T	281.93		
51	E	Repair		Deduct O/H frt susp						-3.0	Body
52	E	R&R	OEM	LT Brake hose	22729634	1	22.67	T	22.67		
53	E	Sublet		Bleed brake system							
54	S1	R&R	Other	Brake fluid		1	4.50	T	4.50		
55	S1	R&R	OEM	LT Knuckle	21995733	1	172.66	T	172.66		
56	S1	R&R	OEM	LT Lower cntrl arm	22730775	1	187.93	T	187.93		
57	E			Deduct for Overlap							
58	S1	R&R	OEM	LT Strut w/ride & handling suspension	88964544	1	120.22	T	120.22		
59	E			Deduct for Overlap							
60	S1	R&R	OEM	LT Stabilizer link	22670300	1	43.12	T	43.12		
61	E			Deduct for Overlap							
62	S1	R&R	OEM	LT Axle assy	10379129	1	248.10	T	248.10		
63	E			Deduct for Overlap						-0.5	Body
64	E	Repair		Add back labor deduction						0.5	Body
65	S1	Sublet	Sublet	Labor to Install frt suspension componen		1	396.20		396.20		
66				PILLARS, ROCKER & FLOOR							
67	S1	R&R	OEM	LT Rocker molding	15209853	1	109.54	T	109.54		
68				FRONT DOOR						0.5	Body
69	E	Repair		LT Outer panel (front edge)	15146085					0.5	Body
69	E	Repair		LT Outer panel (front edge)						2.0	Refinish
70	E			Overlap Major Adj. Panel						-0.4	Refinish
71	E			Add for Clear Coat						0.3	Refinish
72	E	Remove/Install		LT Belt molding	15889536					0.2	Body
73	E	Blend		LT Body side mldg	89024127					0.2	Refinish
74	E	Remove/Install		LT Mirror assy	15278129					0.3	Body
75	E	Remove/Install		LT Handle, outside	22672194					0.4	Body
76	E	Remove/Install		LT R&I trim panel	15806821					0.4	Body
77	E	Sublet	Sublet	Towing		1	80.00		80.00		
78	E	Sublet	Sublet	Tow to Atlantic Avenue Tire for sublet r		1	45.00		45.00		
79	E	R&R	Other	CORROSION PROTECTION		1	10.00		10.00	0.5	Body
80	E	Refinish		TINT COLOR TO BLENDABLE MATCH						0.5	Refinish
81	E		Other	COVER CAR TO PAINT		1	5.00		5.00		
82	E		Other	HAZARDOUS WASTE REMOVAL		1	5.00		5.00		
83	S1			FINAL BILL PLEASE PAY SHOP DIRECTLY							

Summary

	Type	Supp	Units / Amt	Rate	Other	Misc	Base	Markup	Discount	Gross	Tax Rate	Totals
Parts												

Estimate

[Judy D. Brown - Raleigh Claims]

	OEM		-	-	-	-	1557.52	0.00	0.00	1557.52	6.7500%	
	Aftermarket		-	-	-	-	6.50	0.00	0.00	6.50	6.7500%	
	Re-Chrome		-	-	-	-	349.98	0.00	0.00	349.98	6.7500%	
	Other		-	-	-	-	200.30	0.00	0.00	200.30	6.7500%	
	None OEM											
	Glass (Nags)		-	-	-	-	300.00	30.00	0.00	330.00		
	Total Parts		-	-	-	-	**2414.30**	**30.00**	**0.00**	**2444.30**	-	**2444.30**
Labor												
	Body	E01	13.40	40.00		-	536.00	0.00	0.00	536.00		
	Body	S01	1.00	40.00		-	40.00	0.00	0.00	40.00		
	Refinish	E01	11.40	40.00		-	456.00	0.00	0.00	456.00		
	Total Labor		-	-		-	**1032.00**	**0.00**	**0.00**	**1032.00**	-	**1032.00**
Material												
	Paint		11.40	24.00	262.20	999.00	273.60	-	-	273.60		
	Total Material		-	-	**262.20**	-	**273.60**	**0.00**	**0.00**	**273.60**	-	**273.60**
Sublet												
	Sublet		-	-	-	-	628.65	0.00	0.00	628.65		
	Total Sublet		-	-	-	-	**628.65**	**0.00**	**0.00**	**628.65**	-	**628.65**
Other Charges												
	Total Other Charges		-	-	-	-		**0.00**	**0.00**		-	**0.00**
Taxes												
	Sales Tax		2094.30	6.7500%	-	-	141.37	-	-	141.37	-	
	Total Taxes		-	-	-	-	**141.37**	**0.00**	**0.00**	**141.37**	-	**141.37**
Estimate Totals												
	Estimate Total											**4519.92**
	Previous Total											4008.85
	Current Supplement											511.07
Customer Pay												
	Deductible									500.00	-	
	Related Prior Damage										-	
	Appearance Allowance										-	
	Betterment										-	
	Customer Total											**500.00**
Insurance Pay												
	Insurance Pay											**4019.92**

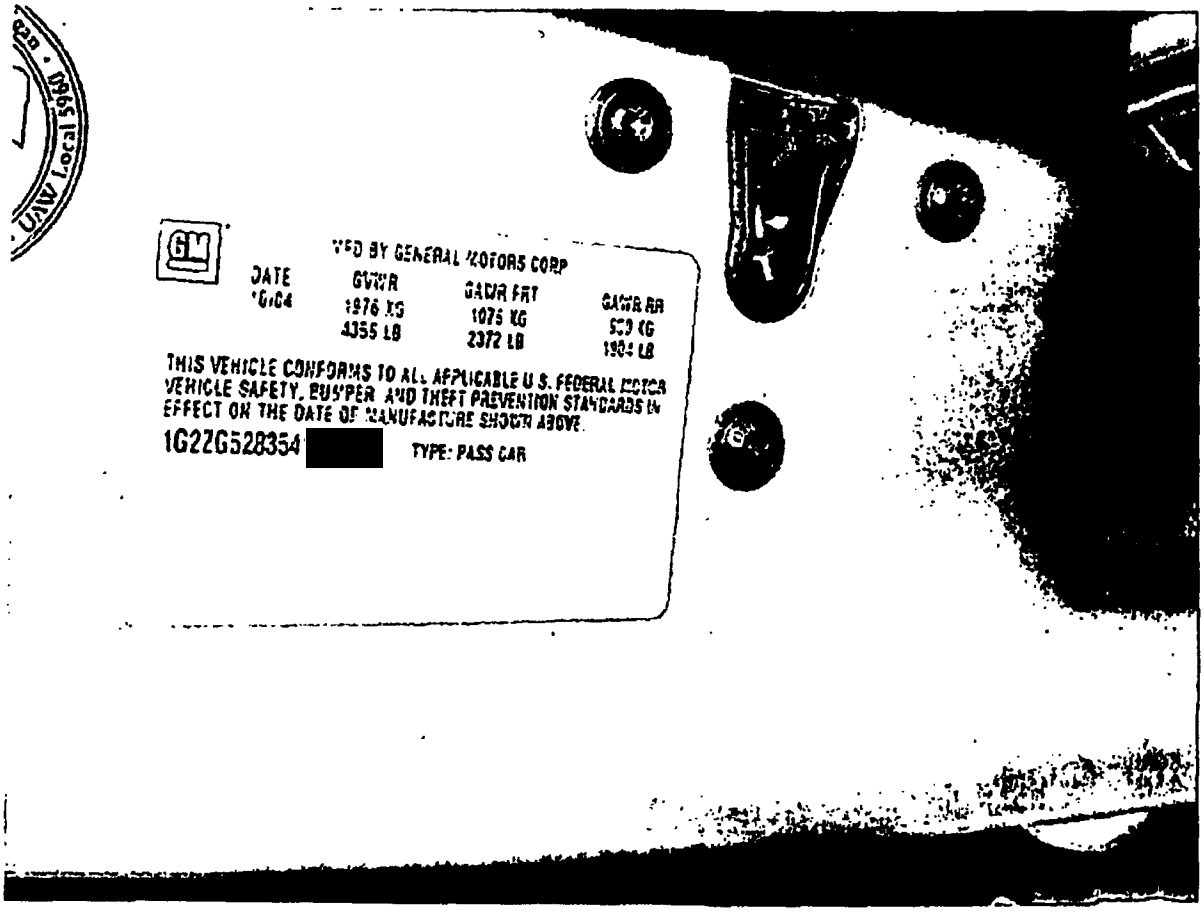
Charges At-A-Glance

Estimate has no charges.

Vendor Info

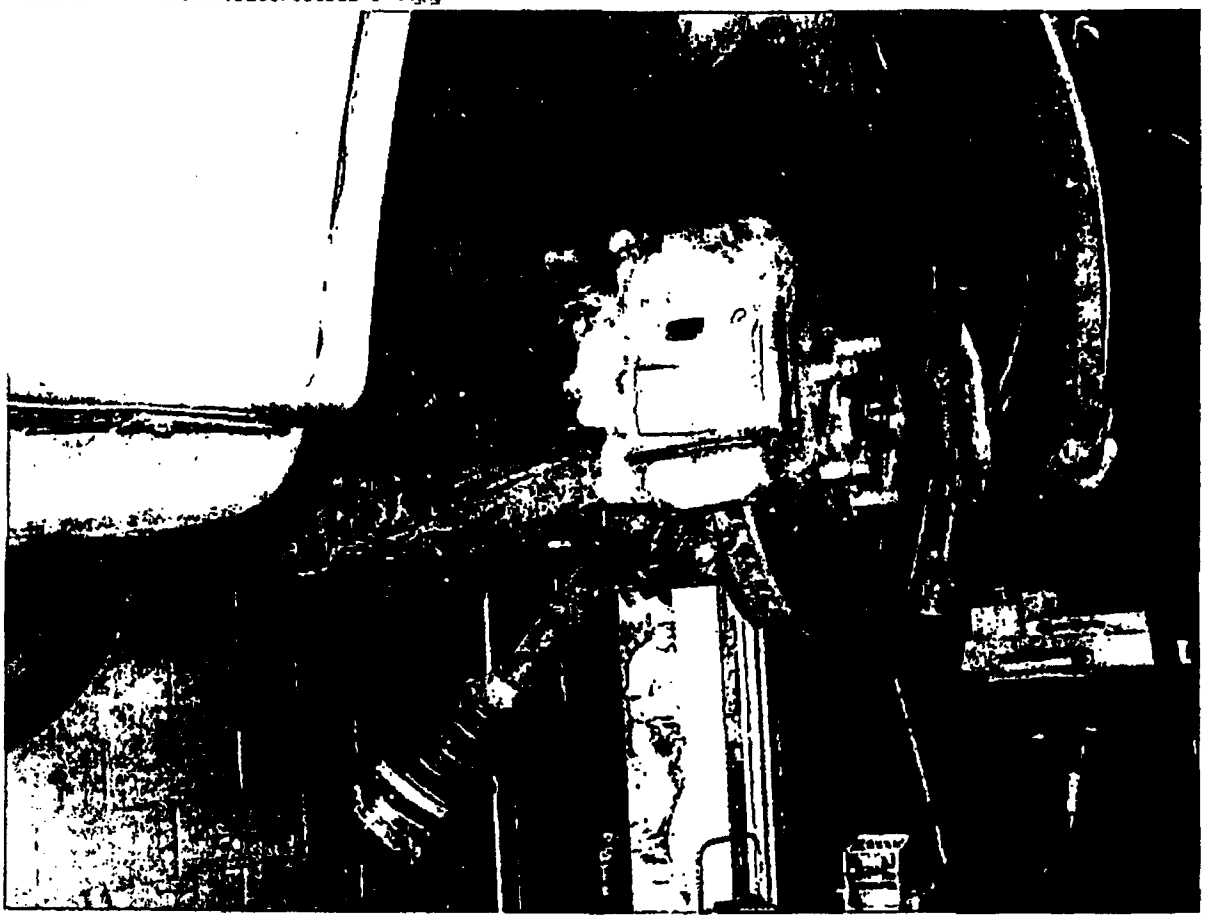
Estimate has no relevant vendor information.

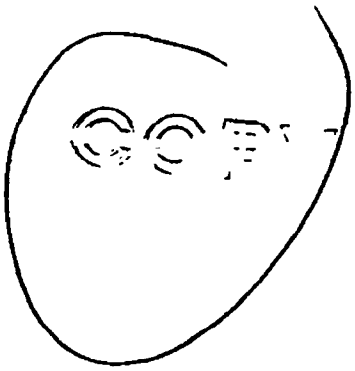
This estimate has been prepared based on the use of automobile parts not made by the original manufacturer. Parts used in the repair of your vehicle by other than the original manufacturer are required to be at least equal in like kind and quality in terms of fit, quality, and performance to the original manufacturer parts they are replacing. In the repair of your covered auto under the physical damage coverage provisions of this policy, we may require or specify the use of automobile parts not made by the original manufacturer. There parts are required to be at least equal in terms of fit, quality, and performance to the original manufacturer parts they replace.


UAW Local 5960
GM
MFD BY GENERAL MOTORS CORP
DATE
GVWR
GAWR FRT
GAWR RR
1976 KG
4355 LB
1075 KG
2372 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.
1G2ZG528354 [redacted]
TYPE: PASS CAR

COPY

Photos Claim Number: L09200703131D-1 Print







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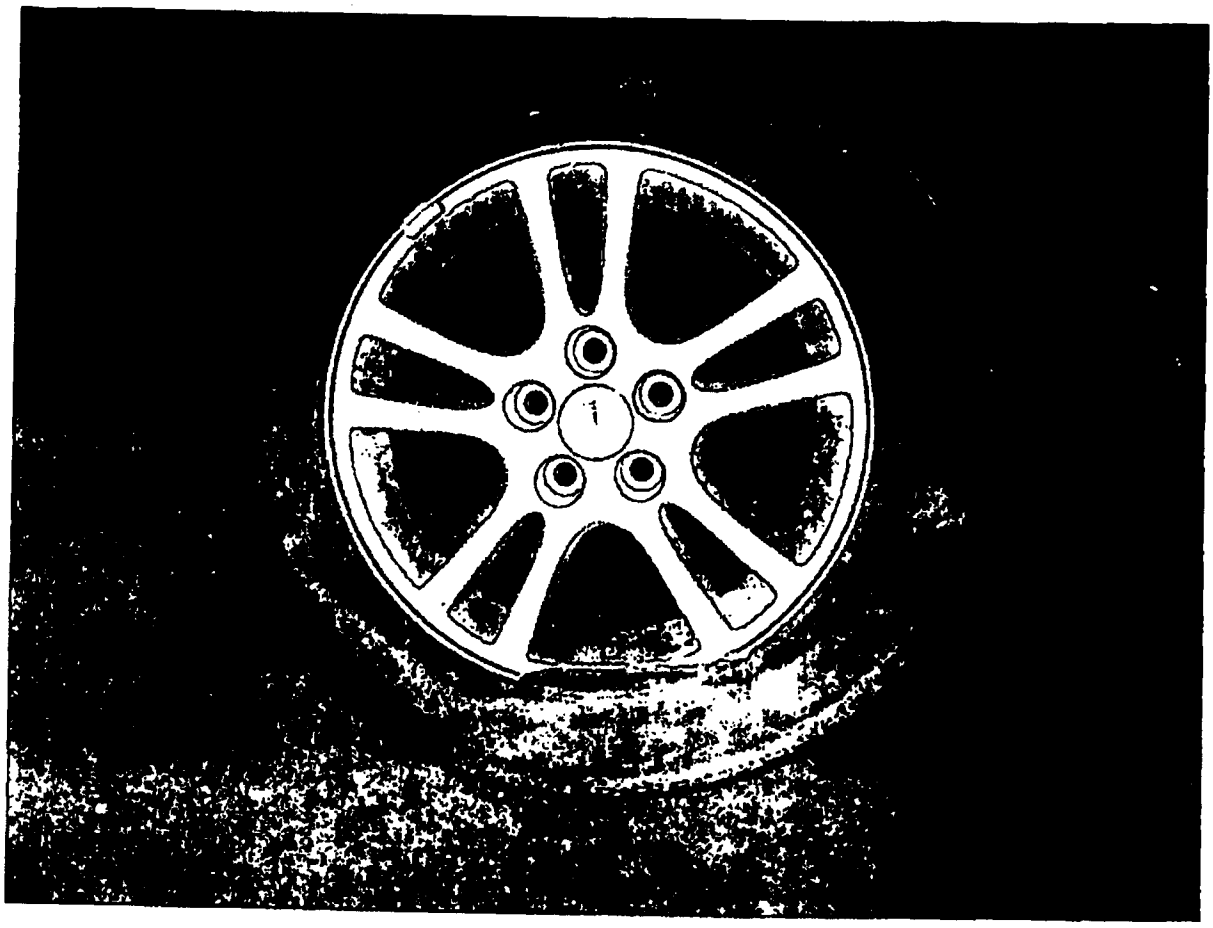

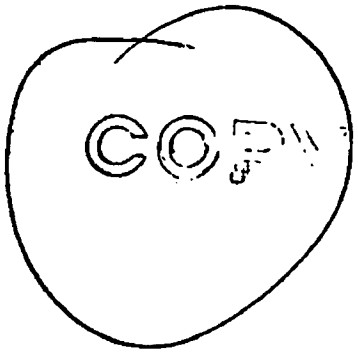
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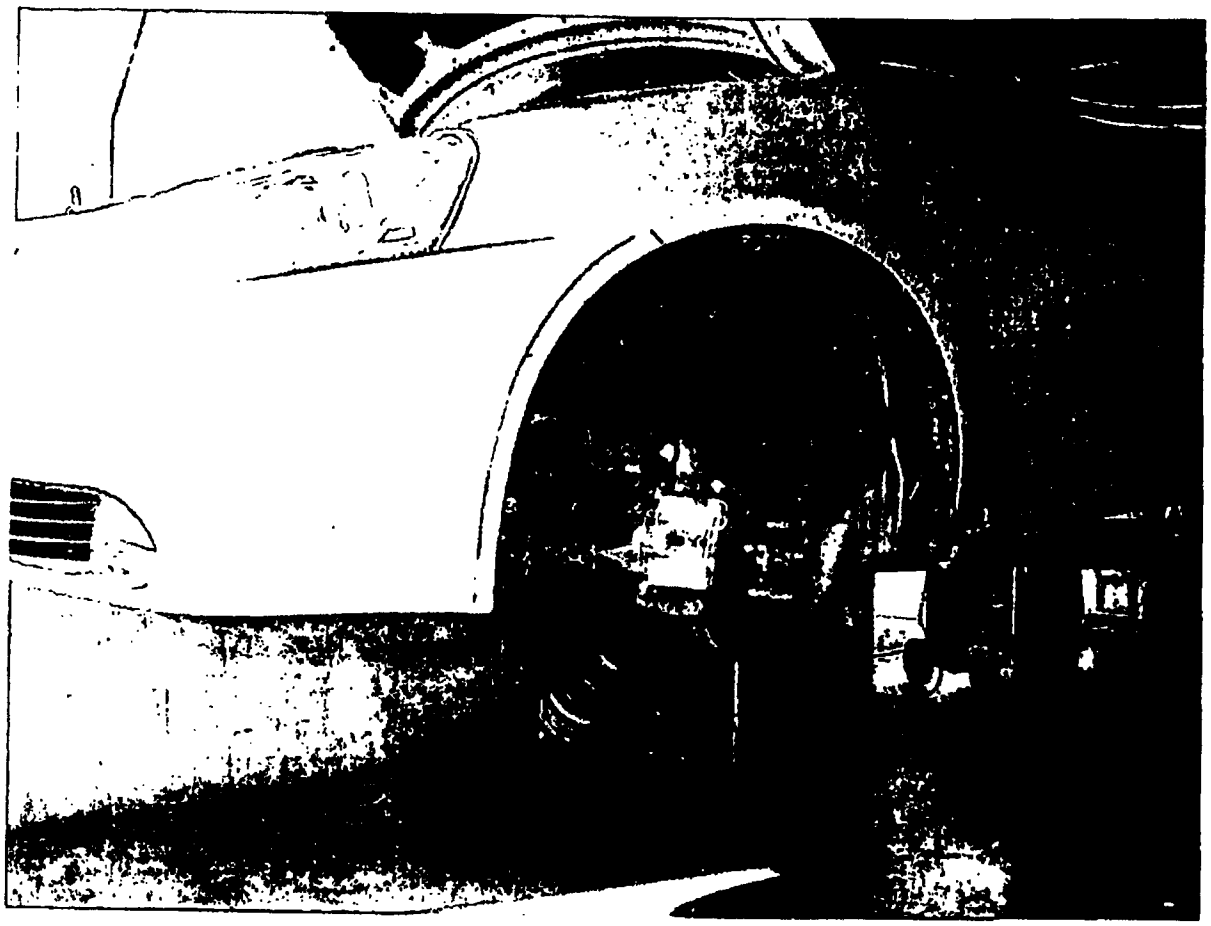

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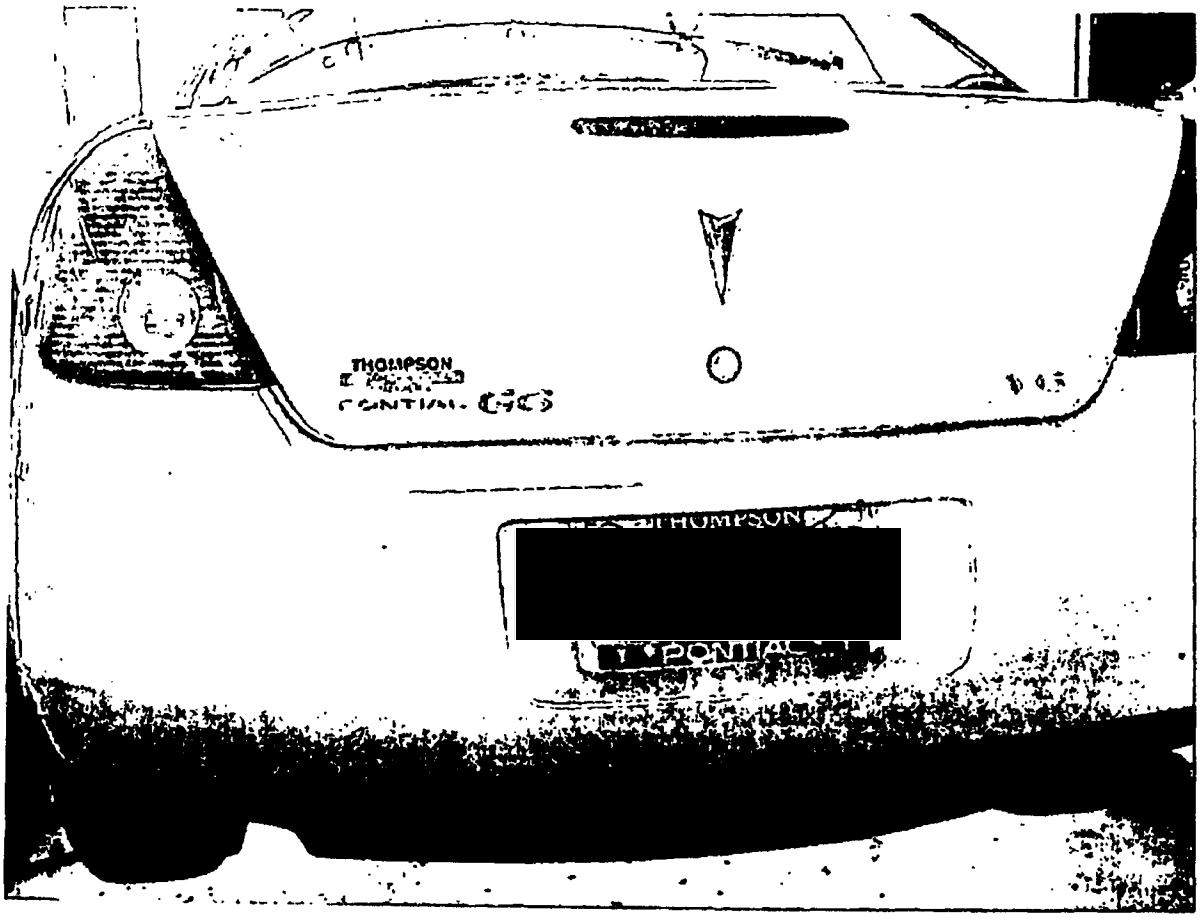

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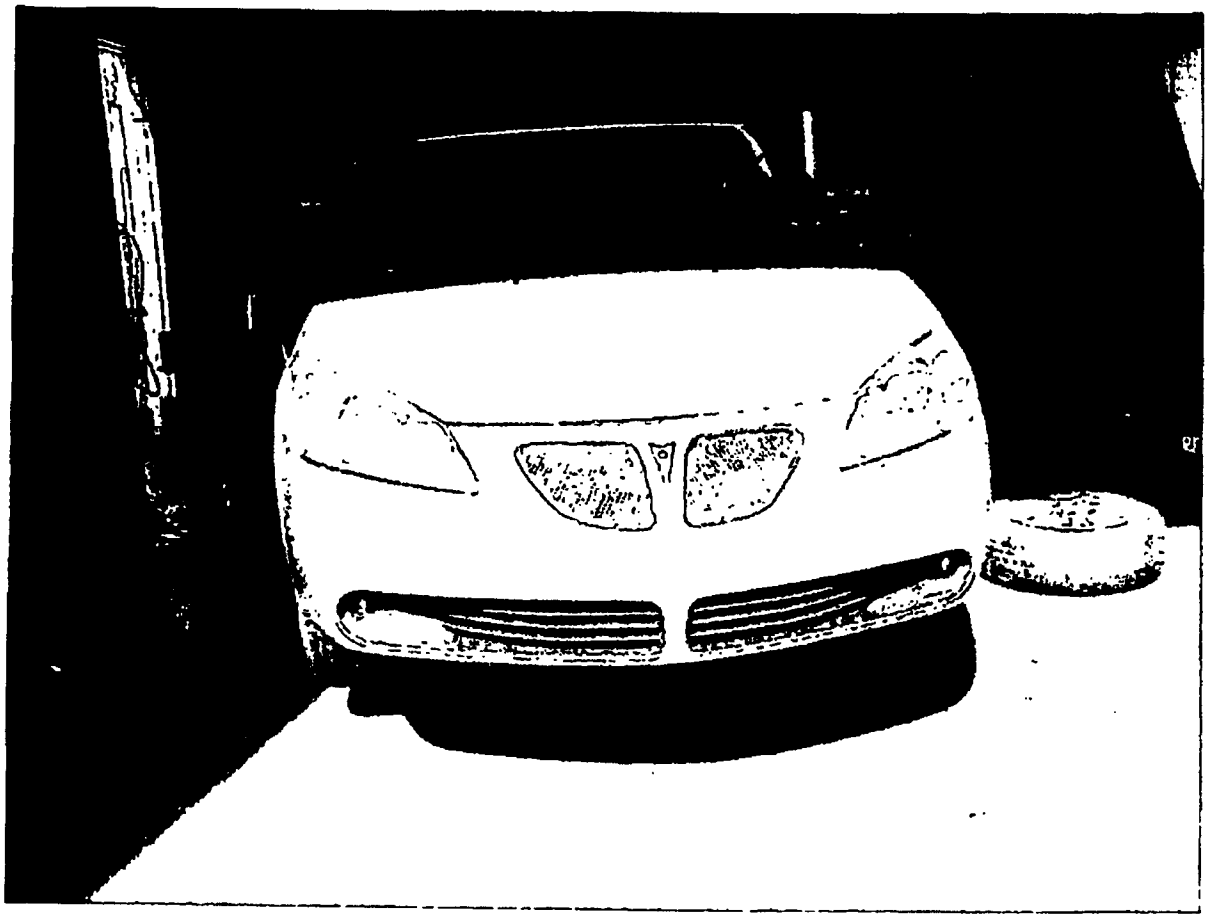

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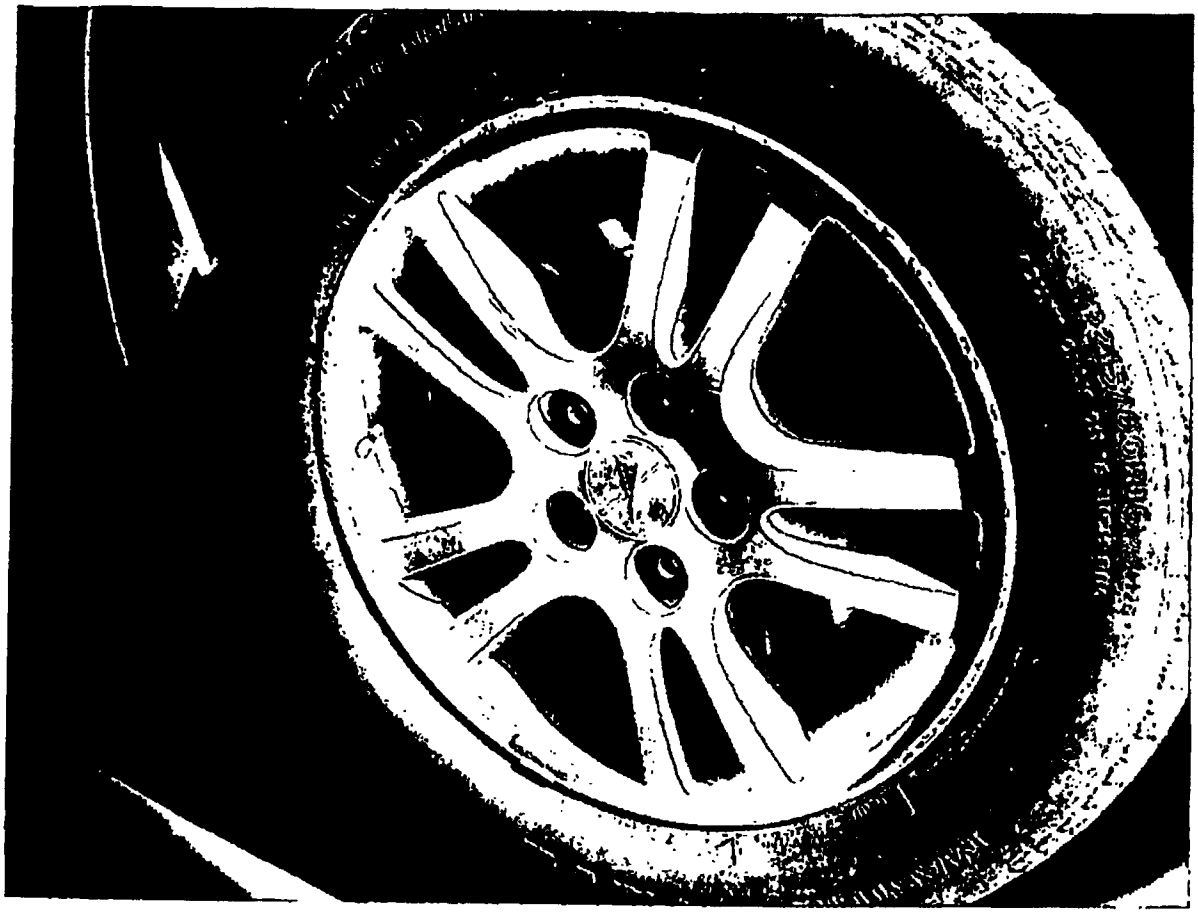

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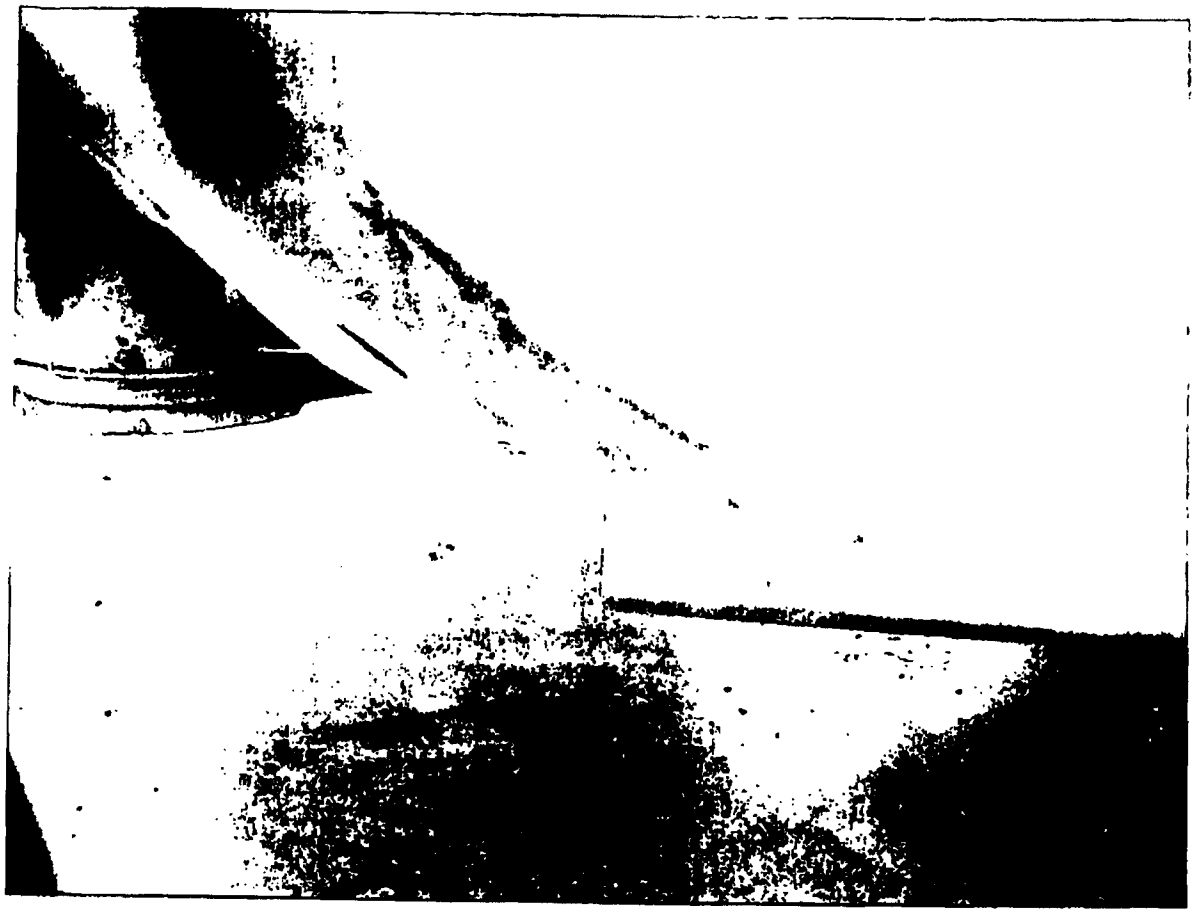

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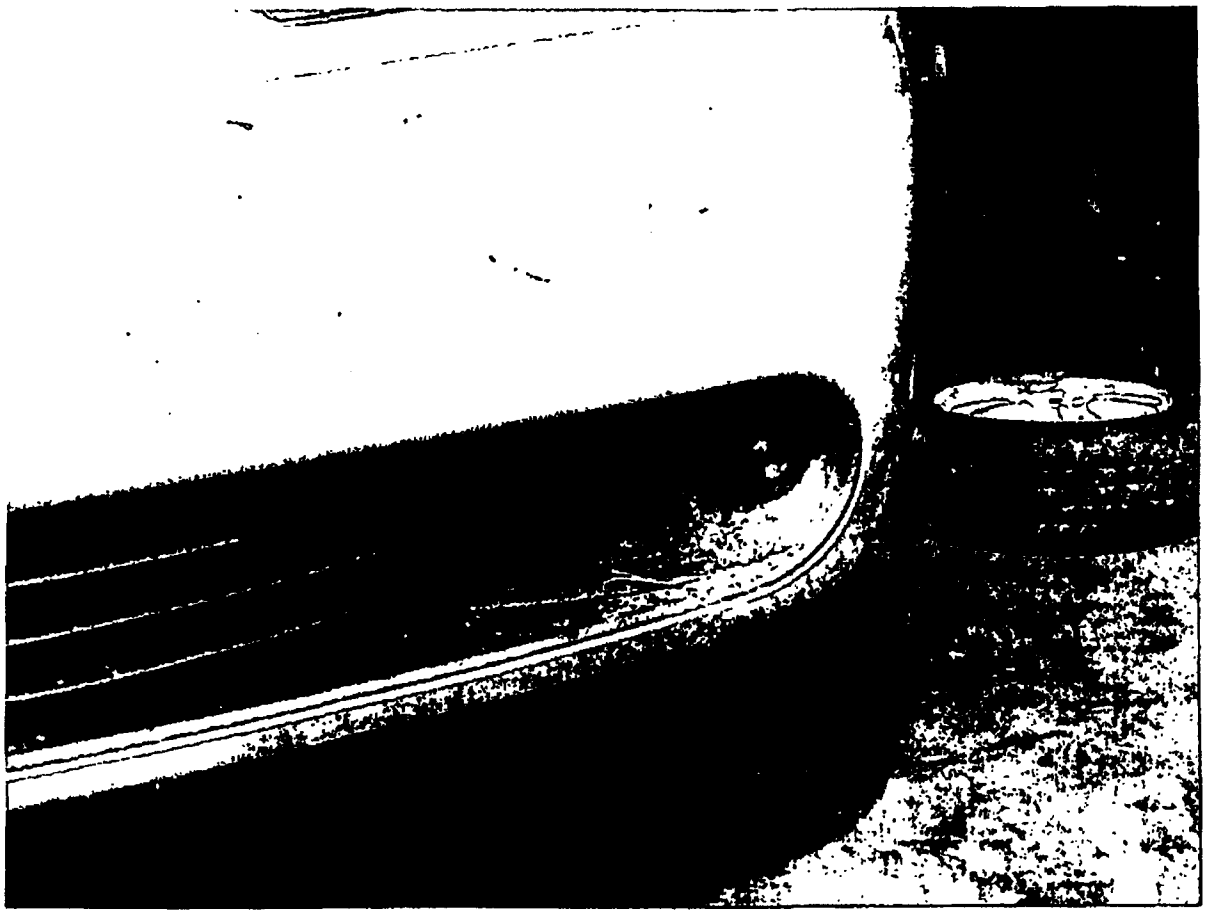

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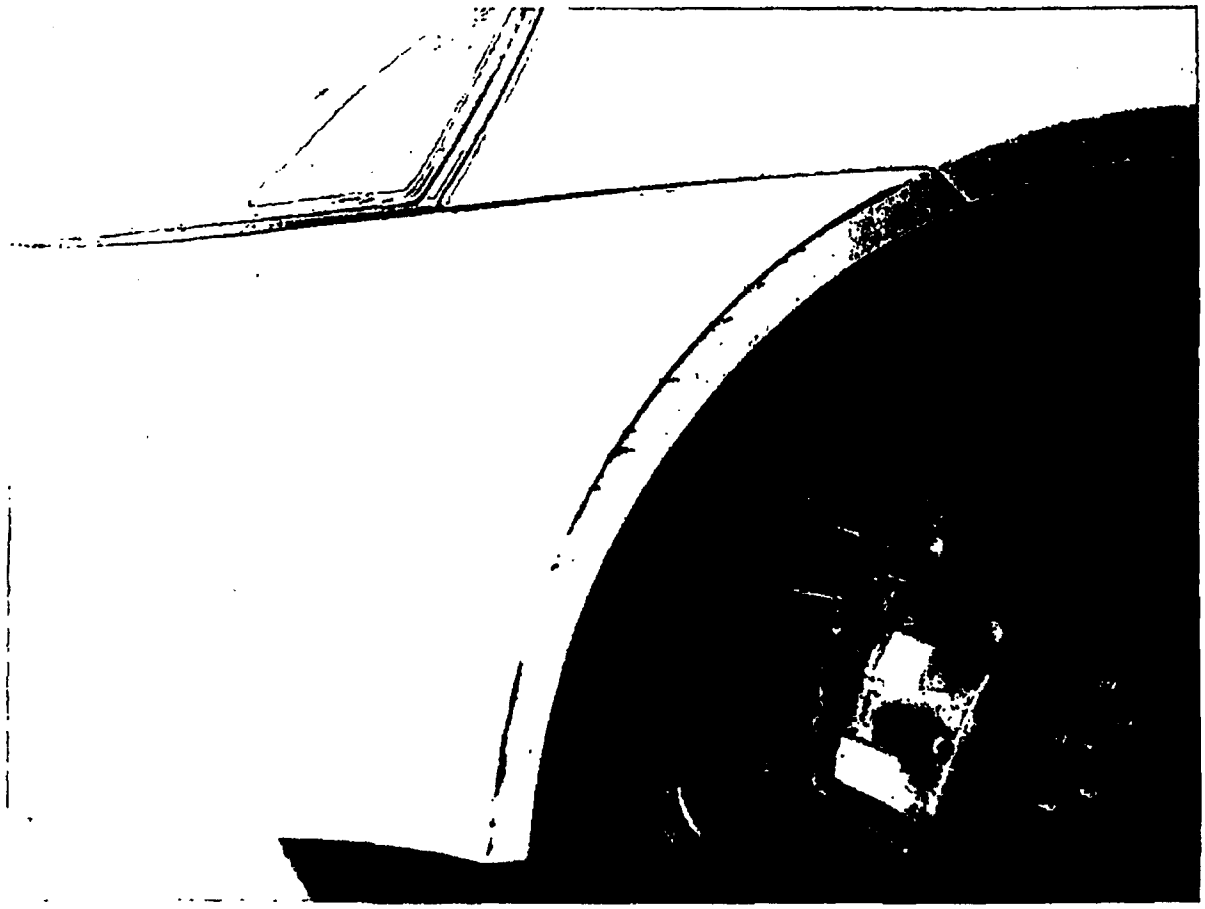


COPY

ARMS AMICA INS

Rental Company: ENTERPRISE RENT-A-CAR
Invoice: D206563-53J6

Bill To:
AMICA INS
ATTN: JUDY BROWN
3201 BEECHLEAF CT SUITE 300
RALEIGH , NC 27604

RENTER INFORMATION:
Renter: [redacted]

RENTAL INFORMATION:
Rental Branch Location:
ENTERPRISE RENT-A-CAR (53J6)
7519 US HIGHWAY 64 E
KNIGHTDALE, NC 275459274
(919) 217-9444

ADDITIONAL CLAIM INFORMATION:

Claim Number: [redacted]
Claim Type: Insured
Vehicle Condition: Non-Driveable
Date Of Loss: 10/19/07
Insured Name: [redacted]
Owner's Vehicle: 2005 PONTIAC G6
Additional Driver:

Repair Facility:
TRUE2FORM-CAPITAL BLVD (#501)
RALEIGH,, NC 27604
(919) 872-2213

Billing Detail:

Rental Period: 10/19/07 to 11/13/07 (26 days)
Billed Period: 10/19/07 to 11/13/07 (26 days)

Description	Rate:	Amount:
26 DAYS @	$23.99	$623.74
26 VLF	$0.39	$10.14
1 SURCHARGE%	%8.00	$50.71
1 HU TAX	%8.00	$50.71
TOTAL CHARGES:		$735.30
Less Amount Received:		$0.00
AMOUNT DUE.....		$735.30

VEHICLES RENTED

Effective Date and Time	Year	Make	Model	VIN	Mil
10/19/07 2:50 PM	2008	DODG	AVEN	1B3LC46KX8N[redacted]	366
10/19/07 2:50 PM	2008	DODG	AVEN	1B3LC46KX8N[redacted]	366
10/19/07 2:50 PM	2008	DODG	AVEN	1B3LC46KX8N[redacted]	366
10/19/07 2:50 PM	2008	DODG	AVEN	1B3LC46KX8N[redacted]	366

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
ENTERPRISE RENT-A-CAR (53EE)
2860 SLATER RD
MORRISVILLE,, NC 275608436
Federal ID:43-1241935

Total Charges: $735.30
Less Amount Received: $0.00
Total Amount Due..... $735.30

Please include on your check:
Invoice: D206563-53J6

NOTEBOOK:

[redacted]

11/15/07	8:41 AM	S - Invoice approved for payment by JUDY BROWN
	6:42 AM	R - Invoice received for an amount due of $735.30
11/14/07	8:16 AM	R - Ticket 206563 closed on 11/13/07 at 9:22 AM.
11/13/07	9:23 AM	R - DROPPED @ T2FORM
		R - Ticket has been close pended on 11/13/07.
	8:52 AM	S - Last authorized day will be 11/13/07.
		S - Last day of rental set by BROWN, JUDY at 8:52 AM.
		S - Last Day Set -- Repairs complete -- If vehicle is
		S - ready-owner needs to pick up!
11/12/07	3:44 PM	R - BODY SHOP UPDATED
	3:12 PM	R - Waiting For Authorization To Repair
		R - Waiting on Customer to Pick Up Vehicle
		R - vehicle ready today
11/9/07	4:00 PM	S - Message sent by BROWN, JUDY at 3:00 PM.
		S - Authorization changed by BROWN, JUDY at 4:00 PM.
		S - Rental extended by BROWN, JUDY at 4:00 PM for 3 day(s).
		S - Extended 3 days at $30.00/day.
		S - CALL FROM GEORGE @ T2F. W/S HAD A CRACK AND HAS
		S - BEEN REPLACED; HOWEVER, ONE OF THE WIPER ARMS
		S - BROKE IN THE W/S INSTALLATION PROCESS. THERE ARE
		S - NO AVAILABLE PARTS AT LOCAL DEALER AND WAS
		S - EXPECTING THE PART OVERNITE, BUT IT DID NOT ARRIVE
		S - TODAY. SHOULD BE IN ON MONDAY. ADV GEORGE
		S - OKAY-RENTAL WILL BE AT 25 DAYS ON MONDAY.
	10:22 AM	S - Authorization changed by BROWN, JUDY at 10:22 AM.
		S - Rental extended by BROWN, JUDY at 10:22 AM for 1 day(s).
		S - Extended 1 days at $30.00/day.
	9:37 AM	R - Rental extension requested for 1 day(s).
		R - Authorization requested through 11/9/07.
		R - Estimated Completion Date is 11/09/07
		R - Repairs in Progress
		R - Reassembly
11/5/07	8:24 AM	S - Authorization changed by GARRETT, SUE at 8:24 AM.
		S - Rental extended by GARRETT, SUE at 8:24 AM for 6 day(s).
		S - Extended 6 days at $30.00/day.
11/2/07	11:50 AM	R - Rental extension requested for 6 day(s).
		R - Authorization requested through 11/8/07.
		R - PER BRAD@BS VEH STILL IN BODY WORK ECD
		R - 110607 PLS ADVISE ON FURTHER EXT OR LAST DAY
10/30/07	1:34 PM	S - Authorization changed by BROWN, JUDY at 2:34 PM.
		S - Rental extended by BROWN, JUDY at 2:34 PM for 4 day(s).
		S - Extended 4 days at $30.00/day.
	1:31 PM	R - Rental extension requested for 4 day(s).
		R - Authorization requested through 11/2/07.
		R - AMI5399**SHOP INFO UPDATE AGAIN VEH IN BODY
		R - @TRUE2FORM CAPITOL HAS TARGET 110207
	1:23 PM	R - CUSTOMERS CAR IS AT THIS LOCATION. CONFIRMED
		R - WITH T2F EMPLOYEE ON 10/30/07.
	1:15 PM	R - AMI5339**PER TRUE2FORM NEWBERN VEHICLE NOT
		R - REPAIRED THERE DO YOU KNOW SHOP INFO??
	8:41 AM	S - Message sent by BROWN, JUDY at 8:41 AM.
		S - EXTENSION NOT GRANTED UNTIL THERE IS A STATUS
		S - UPDATE FROM THE BODY SHOP.
	8:10 AM	S - PLEASE CHECK WITH THE SHOP FOR REPAIR STATUS.

	S - Message sent by BROWN, JUDY at 8:10 AM.
10/29/07 2:44 PM	S - PLEASE CHECK WITH THE SHOP FOR REPAIR STATUS.
	S - Message sent by BROWN, JUDY at 2:44 PM.
2:32 PM	R - Rental extension requested for 2 day(s).
	R - Authorization requested through 10/31/07.
	R - UPDATE SHP TO TRUE TO FORM NEWBERN PLS
	R - ADVISE ON FURTHER EXT OR LAST DAY
10/26/07 12:19 PM	S - Message sent by BROWN, JUDY at 12:19 PM.
	S - Authorization changed by BROWN, JUDY at 1:19 PM.
	S - Rental extended by BROWN, JUDY at 1:19 PM for 3 day(s).
	S - Extended 3 days at $30.00/day.
	S - CAR IS SHOULD BE BACK AT TRU2FORM. IT WAS BEING
	S - DIAGNOSED FOR MECHANICAL ISSUES AT A DIFFERENT
	S - SHOP.
12:14 PM	R - Rental extension requested for 3 day(s).
	R - Authorization requested through 10/29/07.
	R - AMI5399**PLEASE ADVISE OF SHP INFO IF
	R - KNOWN 53WC**
10/24/07 1:22 PM	S - Authorization changed by BROWN, JUDY at 2:22 PM.
	S - Rental extended by BROWN, JUDY at 2:22 PM for 4 day(s).
	S - Extended 4 days at $30.00/day.
1:18 PM	R - PLEASE ISSUE EXT.
1:03 PM	R - Rental extension requested for 4 day(s).
	R - Authorization requested through 10/26/07.
	R - PER SHP VEH IS NOT THERE AT TRUE2FORM
	R - NEWBERN PLS ADVISE
10/19/07 4:10 PM	S - Authorization changed by BROWN, JUDY at 5:10 PM.
	S - Rental transferred to BROWN, JUDY
	S - Rental transferred from AAUNASSIGNED, RENTAL
	S - Rental transferred by BROWN,JUDY at 4:10 PM.
1:58 PM	R - Ticket 206563 opened on 10/19/07 at 2:50 PM.
12:16 PM	S - Authorization sent at 1:16 PM for 4 days at $30.00/day.
	S - Authorization sent with $30.00/day / $900.00/max.
	S - Authorized by ROWELL TAUNYA.
	S - Assigned to AAUNASSIGNED RENTAL.
	S - Direct Bill Authorization set at 100 %
	R - Authorization confirmed by Enterprise at 12:16 PM.
	R - Reservation number 044002.

S= Sent, R= Received, N= Note To Self

* Time is displayed based on your local time zone: GMT-05:00

[redacted]

Amica
Auto Home Life

AMICA MUTUAL INSURANCE COMPANY
CORPORATE OFFICE - LINCOLN, RHODE ISLAND

53-7524/113
SOVEREIGN BANK

2089275

NOVEMBER 15, 2007

CLAIMS ACCOUNT
FOR A LOSS ON 10/19/2007 OR FOR SERVICES RENDERED UNDER POLICY NO. 980432-1091
CLAIM FILE NUMBER L09200703121D INSURED ROBERT L. ARRIAGA

PAY *3,508*DOLLARS AND 85 CENTS $3,508.85

TO THE ORDER OF [redacted]
RALEIGH, NC [redacted]

Mary D. Williamson
TREASURER

Arriaga
17382

[redacted]

477258

This is watermarked paper and contains invisible Liners.
Do not accept without noting watermark.
Hold to light to verify watermark.

PAY TO THE ORDER OF
FIRST UNION NATIONAL BANK
▶ 053000219 ◀
FOR DEPOSIT ONLY
TRUEFORM COLLISION REPAIR CENTERS
CAPITAL BLVD. #0501
Do Not Endorse Below This Line

0426194250 INCLEARING
11202007047 E34 PO SOVEREIGN
0111-004820/2007
ENT=2075 TRC=2074 PK=16
0839639264

>031200730 11/19/2007
0000051381520

COI 7

[redacted]

Amica
Auto Home Life

AMICA MUTUAL INSURANCE COMPANY
CORPORATE OFFICE - LINCOLN, RHODE ISLAND

53-7524/113
SOVEREIGN BANK

2090155

NOVEMBER 15, 2007

CLAIMS ACCOUNT
FOR A LOSS ON 10/19/2007 OR FOR SERVICES RENDERED UNDER POLICY NO. 080432-1091
CLAIM FILE NUMBER L09200703131D INSURED ROBERT L. ARRIAGA

PAY *511*DOLLARS AND 07 CENTS $511.07

TO THE ORDER OF [redacted]
RALEIGH, NC [redacted]

Mary D. Williamson
TREASURER

Arriags
17382 [redacted]

477269

This is watermarked paper and contains invisible fibers.
Do not accept without noting watermark.
Hold to light to verify watermark.
PAY TO THE ORDER
FIRST UNION NATIONAL
FOR DEPOSIT O
TRUEFORM COLLISION R
CAPITAL BLVD.
Do Not Endorse Below This Line

0426194240 INCLUDING
1120200 047 E34 PO SOVEREIGN
0111-0048/20/2007
ENT=2075 TRC=2074 PK=16
0839639263

>031200730 11/19/2007
0000 51381530

COPY

Class - Siebel Docs

RequestNum
71-597821681

MSXDocNum
0800901296

Last
ARRIAGA

First
ROBERT

Timestamp
2008-01-09-15.26.47.000000

Division
CH

CorrType
C

CatCode
29

MSXSource
M

AttachNum

VIN

esis

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

800.888.0164 *tel*
313.665.0911 *fax*

Deborah Chisholm
Claims Administrator

02/12/2008

Judy D. Brown
Amica Mutual Insurance Company
4800 Falls of Neuse Rd., Ste 320
Raleigh, NC 27609-8140

RE:	Claimant:	[redacted]
	Our File No.:	643415
	Your File No.:	LO9200703131D
	Our Client:	General Motors Corporation
	Date/Event:	10/19/2007
	Subject vehicle:	2005 Pontiac G6
	VIN:	1G2ZG528354[redacted]

Dear Ms. Brown:

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 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

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Deborah Chisholm
Claims Administrator

March 14, 2008

Amica Insurance
4800 Falls of Neuse Rd Ste 320
Raleigh, NC 27609-8140

RE: Claimant: [redacted]
Our File No.: 643415 (Yours: LO9200703131D)
Our Client: General Motors Corporation
Date/Event: 10/19/07
Subject vehicle: 2005 Pontiac G6
VIN: 1G2ZG528354[redacted]

Dear Ms. Brown:

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.

2. The accident report reflects that the claimant felt that the incident may have been caused due to some front end vehicle repairs that were performed on the vehicle a few days before this incident. How were these repairs ruled out as a possible cause of the loss?

3. Please provide us with your demand amount.

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.

5

Sincerely,

Deborah Chisholm
Claims Administrator

Estimate #5832852 **Print** **Toggle Pictures**

True2Form Collision - Raleigh, NC

ESTIMATE OF RECORD

Insured/Owner Information

Insured	[redacted]
Owner	
Address Line 1	
Address Line 2	
City	KNIGHTDALE
State Zip	NC [redacted]
Phone1	[redacted]
Phone2	
Fax	
Email	

Insurance Company Information

Company Type ID	
Company Number	
Company Name	Amica - Raleigh Regional
Address Line 1	4800 Falls of Neuse Road, Suite 320
Address Line 2	
City	Raleigh
State Zip	NC 27609
Phone	(800) 892-6422
Fax	(866) 381-3243
Company Email	
Contact Name	
Contact Title	
Contact Phone	
Contact Email	

Adjuster Information

Name	Judy Brown
Company	Amica - Raleigh Regional
Address Line 1	4800 Falls of Neuse Road
Address Line 2	Suite 320
City	Raleigh
State Zip	NC 27609
Work Phone	800-892-6422 x45336
Fax	
Email	JBROWN3@AMICA.COM

Inspection Location Information

Inspection Location	Other
Address Line 1	100 Towne Village Rd
Address Line 2	
City	Carey
State Zip	NC 27513
Phone1	
Phone2	
Fax	
Contact Name	
Contact Email	

Appraiser Information

Written By	GEORGE PERRY
Company ID Code	
Company Name	True2Form Collision - Raleigh, NC
Address Line 1	2821 Capital Blvd.
Address Line 2	
City	Raleigh
State Zip	NC 27604
Phone1	(919) 872-2213
Phone2	
Fax	(919) 872-9331
Email	capitalblvd@true2form.com
License No	
File No	

Repair Facility Information

Facility ID Code	
Facility	TRUE 2 FORM - CAPITAL BLVD
Address Line 1	CAPITAL LOCATION
Address Line 2	2821 CAPITAL BLVD.
City	RALEIGH
State Zip	NC 27604
Phone1	(919) 872-2213
Phone2	
Fax	(919) 872-9331
Fed Tax ID	341910878
License No	
Bar No	
Contact Name	
Contact Email	

Claim Information

Claim No	L09200703131D
Claimant No	1
Policy No	9804321091
Loss Type	Collision
Deductible	$500.00

Estimate Information

Estimating Platform	CCC Pathways
Est Sw Version	4.40.02
Est Sw Unique File ID	CC02JRV3
Est Sw Supplement No	S01
Est Sw Transation Type	S
Est Sw Committed Status	Committed
PC Supplement No	256

Calendar of Events

Loss Date	10/19/2007
Assignment	10/22/2007
Inspection	10/19/2007
Est Sw Created	11/15/2007
PC Created	11/15/2007 7:26:06 AM

Miscellaneous

Notes

Comments

Vehicle Information

Database Code	DR1FQ05	Model	G6	Paint Tone	1
License Plate No	[redacted]	Type	PC	Paint Stage	2
License Plate State	NC	Body Style	4D SED	Paint Code 1	
VIN	1G2ZG528354 [redacted]	Trim Code		Paint Code 2	
Condition		Trim Color		Paint Code 3	
Production Date	10/2004	Molding Code		Primary Point of Impact	Left Front Corner
Year	2005	Engine	6-3.5L-FI	Secondary Points of Impact	
Make Code	PONT	Mileage	56496		
Make Description		Color	Silver		

Equipment Options

Automatic Transmission, Overdrive, Bucket Seats, Cloth Seats, Reclining Seats, Power Steering, Tilt Wheel, Power Brakes, 4 Wheel Disc Brakes, Rear Defogger, Power Windows, Full Wheel Covers, AM Radio, FM Radio, Stereo, Search/Seek, CD Player, Power Locks, Power Trunk/Tailgate, Air Conditioning, Cruise Control, Driver Air Bag, Passenger Air Bag, Console/Storage, Digital Clock, Intermittent Wipers, Power Mirrors, Dual Mirrors, Body Side Moldings, Fog Lamps, Keyless Entry, Clear Coat Paint

Line Items

Line #	Ver	Operation	Part Type	Description	OEM/Vendor Part Number	Qty	Price	Ext	Part Adj %	Part Adj Amt	Labor Units	Labor Type	System Notes
1				FRONT BUMPER									
2	E	Remove/Install		R&I bumper cover	19120467						1.6	Body	
3	E	Repair		Bumper cover	19120467						2.0	Body	
3	E	Repair		Bumper cover							2.8	Refinish	
4	E			Add for Clear Coat							1.1	Refinish	
5	S1	R&R	OEM	Emblem	25771372	1	33.38 T	33.38			0.2	Body	
6	E	Remove/Install		RT Lower grille	15243287						0.2	Body	
7	E	Remove/Install		LT Lower grille	15243286						0.2	Body	
8				GRILLE									
9	E	Remove/Install		RT Grille	22699328						0.2	Body	
10	E	Remove/Install		LT Grille	22699329								
11				FRONT LAMPS									
12	E	Remove/Install		RT Fog lamp assy	15162675						0.3	Body	
13	E	Remove/Install		LT Fog lamp assy	15162675						0.3	Body	
14	E	Remove/Install		LT Headlamp assy	15835750								
15				RADIATOR SUPPORT									
16	S1	R&R	OEM	LT Side shield 3.5 & 3.9 liter coupe & s	15809317	1	18.29 T	18.29			0.3	Body	
17				HOOD									
18	E	Blend		Hood	15801208						1.4	Refinish	
19	S1	Remove/Install		Insulator	15890356						0.3	Body	
20	S1	R&R	OEM	Insulator retainer	22718305	8	1.69 T	13.52					
21				WINDSHIELD									
22	S1	Sublet	None OEM Glass (Nags)	Windshield NAGS +10%	DW01603	1	300.00	300.00	10.00 %	30.00			
23	S1	R&R	OEM	RT Wiper arm	15797483	1	38.63 T	38.63			0.2	Body	
24	S1	R&R	OEM	RT Wiper blade	15779415	1	29.00 T	29.00			0.1	Body	
25	S1	R&R	OEM	RT Nozzle	15247800	1	16.26 T	16.26			0.2	Body	
26	S1	R&R	OEM	LT Nozzle	15247800	1	16.26 T	16.26			0.2	Body	
27				FENDER									
28	E	R&R	OEM	LT Fender	15292019	1	169.30 T	169.30			2.0	Body	
28	E	R&R		LT Fender							1.8	Refinish	
29	E			Add for Clear Coat							0.7	Refinish	
30	E			Add for Edging							0.5	Refinish	
31	E			Deduct for Overlap							-0.3	Body	
32	E	R&R	OEM	LT Fender liner	15255732	1	34.73 T	34.73					
33	E	R&R	OEM	LT Fender liner retainer	10121502	6	0.33 T	1.98					
34	E	Repair		LT Rear panel	15780004						3.0	Body	
34	E	Repair		LT Rear panel							0.5	Refinish	
35				WHEELS									
36	E	R&R	Re-Chrome	RECOND LT/Front Wheel, alloy 16"	89060324	1	174.99 T	174.99			0.3	Body	
37	E	R&R	Re-Chrome	RECOND RT/Front Wheel, alloy 16"	89060324	1	174.99 T	174.99			0.3	Body	
38	E	R&R	Other	VALVE STEM		1	2.95 T	2.95					
39	E	R&R	Other	VALVE STEM		1	2.95 T	2.95					
40	E	Sublet	Sublet	MOUNT & BALANCE SUBLET		1	15.00	15.00					
41	E	Sublet	Sublet	MOUNT & BALANCE SUBLET		1	15.00	15.00					
42	E	Sublet	Sublet	4 WHEEL ALIGNMENT		1	69.95	69.95					

43	S1	R&R	Other	L/F Tire Mastercraft all season P215/60R		1	84.95 T	84.95			
44	S1	R&R	Other	R/F Tire Mastercraft all season P215/60R		1	84.95 T	84.95			
45	S1	Sublet	Sublet	Scrap tire fee		1	4.00	4.00			
46	S1	Sublet	Sublet	Tire recycling fee		1	3.50	3.50			
47	S1	R&R	Aftermarket	A/M Wheel nut alloy wheel		2	3.25 T	6.50			
48				FRONT SUSPENSION							
49	E			O/H frt susp lt					3.0	Body	
50	S1	R&R	OEM	LT Hub & bearing	15793213	1	281.93 T	281.93			
51	E	Repair		Deduct O/H frt susp					-3.0	Body	
52	E	R&R	OEM	LT Brake hose	22729634	1	22.67 T	22.67			
53	E	Sublet		Bleed brake system							
54	S1	R&R	Other	Brake fluid		1	4.50 T	4.50			
55	S1	R&R	OEM	LT Knuckle	21995733	1	172.66 T	172.66			
56	S1	R&R	OEM	LT Lower cntrl arm	22730775	1	187.93 T	187.93			
57	E			Deduct for Overlap							
58	S1	R&R	OEM	LT Strut w/ride & handling suspension	88964544	1	120.22 T	120.22			
59	E			Deduct for Overlap							
60	S1	R&R	OEM	LT Stabilizer link	22670300	1	43.12 T	43.12			
61	E			Deduct for Overlap							
62	S1	R&R	OEM	LT Axle assy	10379129	1	248.10 T	248.10			
63	E			Deduct for Overlap					-0.5	Body	
64	E	Repair		Add back labor deduction					0.5	Body	
65	S1	Sublet	Sublet	Labor to install frt suspension componen		1	396.20	396.20			
66				PILLARS, ROCKER & FLOOR							
67	S1	R&R	OEM	LT Rocker molding	15209853	1	109.54 T	109.54	0.5	Body	
68				FRONT DOOR							
69	E	Repair		LT Outer panel (front edge)	15146085				0.5	Body	
69	E	Repair		LT Outer panel (front edge)					2.0	Refinish	
70	E			Overlap Major Adj. Panel					-0.4	Refinish	
71	E			Add for Clear Coat					0.3	Refinish	
72	E	Remove/Install		LT Belt molding	15889536				0.2	Body	
73	E	Blend		LT Body side mldg	89024127				0.2	Refinish	
74	E	Remove/Install		LT Mirror assy	15278129				0.3	Body	
75	E	Remove/Install		LT Handle, outside	22672194				0.4	Body	
76	E	Remove/Install		LT R&I trim panel	15806821				0.4	Body	
77	E	Sublet	Sublet	Towing		1	80.00	80.00			
78	E	Sublet	Sublet	Tow to Atlantic Avenue Tire for sublet r		1	45.00	45.00			
79	E	R&R	Other	CORROSION PROTECTION		1	10.00	10.00	0.5	Body	
80	E	Refinish		TINT COLOR TO BLENDABLE MATCH					0.5	Refinish	
81	E		Other	COVER CAR TO PAINT		1	5.00	5.00			
82	E		Other	HAZARDOUS WASTE REMOVAL		1	5.00	5.00			
83	S1			FINAL BILL PLEASE PAY SHOP DIRECTLY							

Summary

	Type	Supp	Units / Amt	Rate	Other	Misc	Base	Markup	Discount	Gross	Tax Rate	Totals
Parts												

	OEM		-	-	-	-	1557.52	0.00	0.00	1557.52	6.7500%	
	Aftermarket		-	-	-	-	6.50	0.00	0.00	6.50	6.7500%	
	Re-Chrome		-	-	-	-	349.98	0.00	0.00	349.98	6.7500%	
	Other		-	-	-	-	200.30	0.00	0.00	200.30	6.7500%	
	None OEM Glass (Nags)		-	-	-	-	300.00	30.00	0.00	330.00		
	Total Parts		-	-	-	-	2414.30	30.00	0.00	2444.30	-	2444.30
Labor												
	Body	E01	13.40	40.00		-	536.00	0.00	0.00	536.00		
	Body	S01	1.00	40.00		-	40.00	0.00	0.00	40.00		
	Refinish	E01	11.40	40.00		-	456.00	0.00	0.00	456.00		
	Total Labor		-	-		-	1032.00	0.00	0.00	1032.00	-	1032.00
Material												
	Paint		11.40	24.00	262.20	999.00	273.60	-	-	273.60		
	Total Material		-	-	262.20	-	273.60	0.00	0.00	273.60	-	273.60
Sublet												
	Sublet		-	-	-	-	628.65	0.00	0.00	628.65		
	Total Sublet		-	-	-	-	628.65	0.00	0.00	628.65	-	628.65
Other Charges												
	Total Other Charges		-	-	-	-		0.00	0.00		-	0.00
Taxes												
	Sales Tax		2094.30	6.7500%	-	-	141.37	-	-	141.37	-	
	Total Taxes		-	-	-	-	141.37	0.00	0.00	141.37	-	141.37
Estimate Totals												
	Estimate Total											4519.92
	Previous Total											4008.85
	Current Supplement											511.07
Customer Pay												
	Deductible									500.00	-	
	Related Prior Damage										-	
	Appearance Allowance										-	
	Betterment										-	
	Customer Total											500.00
Insurance Pay												
	Insurance Pay											4019.92

Charges At-A-Glance

Estimate has no charges.

Vendor Info

Estimate has no relevant vendor information.

This estimate has been prepared based on the use of automobile parts not made by the original manufacturer. Parts used in the repair of your vehicle by other than the original manufacturer are required to be at least equal in like kind and quality in terms of fit, quality, and performance to the original manufacturer parts they are replacing. In the repair of your covered auto under the physical damage coverage provisions of this policy, we may require or specify the use of automobile parts not made by the original manufacturer. There parts are required to be at least equal in terms of fit, quality, and performance to the original manufacturer parts they replace.

#2

DMV-349 (Rev. 3/2000)

1

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces: 102089524

No. of Units Involved: 1 | Form 1 of 1 | ☐ Supplemental Report | ☐ Non-Reportable

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
10/19/2007	WAKE	08:34	0107003249/19	10/20/2007

LOCATION

33 Relation to Roadway Surface 1 Crash occurred ☒ In ☐ Near CARY (Municipality) or ____ Miles ☐☐☐☐ N S E W outside municipality

on CARY GLEN BLVD (Highway Number, or Highway, Street, (if ramp or service road, indicate on line)) ☐ Ramp or Service Road (R.R. Crossing # ____) ____ Miles ____ (0 if intersection) ☐☐☐☐ ft. N S E W (if available)

at #### RP 1625 (Use Highway Number, Street Name or Adjacent County or State Line) ☒☐☐☐ N S E W toward RP 1624 (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude ____ Longitude ____ Altitude ____

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver [redacted] (First, Middle, Last, Suffix)

Address [redacted]

City KNIGHTDALE State NC Zip [redacted]

Same Address on Driver's License? ☒ Yes ☐ No — Driver's Phone Numbers H [redacted] W ( ) ____

D.L. [redacted] State NC — CDL License ☐

DOB [redacted] (mm/dd/yyyy) 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) ☐

Owner [redacted]

Address [redacted] — Same Address as Driver? ☒

City KNIGHTDALE State NC Zip [redacted]

Plate # [redacted] Plate State NC Plate Year [redacted]

VIN 1G2ZG528354[redacted]

Vehicle Make PONT Vehicle Year 2005 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD FC-1 44 Estimated Damage $1000

Insurance Company AMICA MUTUAL INSURANCE CO

Policy # [redacted]

UNIT # ____ ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver ____ (First, Middle, Last, Suffix)

Address ____

City ____ State ____ Zip ____

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H ( ) ____ W ( ) ____

D.L. # ____ State ____ — CDL License ☐

DOB ____ (mm/dd/yyyy) 34 Vision Obstruction ____ 35 Physical Condition ____ 36 D.L. Restrictions ____

37 Alcohol/Drugs Suspected ____ 38 Alcohol/Drugs Test ____ 39 Results (if known) ____ 40 Vehicle Seizure (DWI) ☐

Owner ____ — Same as Driver? ☐

Address ____ — Same Address as Driver? ☐

City ____ State ____ Zip ____

Plate # ____ Plate State ____ Plate Year ____

VIN ____

Vehicle Make ____ Vehicle Year ____ 41 Vehicle Style (Type) ____ 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD ____ 44 Estimated Damage $____

Insurance Company ____

Policy # ____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type ____ ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# ____ ICC# ____ Axles on Vehicle Including Trailers ____

State ____ State# ____ IFTA# ____

FEI# ____ Fleet# ____ Gross Vehicle Weight Rating ____

Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above): Use check blocks if address same as Driver

	21	22	23	24	25	26	27	28	29	30	31	32	
A	1	1	1	Unit1-Drv1, Ped1, etc. see above	O	M	2	1	0	2	1	5	see above Veh# 1 Towed To/By: BRACES/BRACES
B				Unit2-Drv2, Ped2, etc. see above									see above Veh# __ Towed To/By:
C													
D													
E													
F													
G													
H													

45 Name of EMS ____ 46 Name of EMS ____

47 Injured Taken by EMS to ____ (Treatment Facility and City or Town) 47 Injured Taken by EMS to ____ (Treatment Facility and City or Town)

102089524 - 1

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# 1 4	Unit#
CRASH SEQUENCE (Unit Level)	Unit# 1	Unit#
49 Vehicle Maneuver/Action	7	
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	55	
53 Crash Sequence - Second Event *		
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	55	
57 Distance/Direction to Object Struck	5	
58 Vehicle Underride/Override	3	
59 Vehicle Defects	7	

VEHICLE INFO.	Veh # 1	Veh #
60 Authorized Speed Limit	35	
61 Estimate of Original Traveling Speed	15	
62 Estimate of Speed at Impact	15	
63 Tire Impressions Before Impact (ft.)	0	
64 Distance Traveled After Impact (ft.)	0	
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

ROADWAY INFO.	
69 Road Feature	7
70 Road Character	3
71 Road Classification	5
72 Road Surface Type	3
73 Road Configuration	3
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	0
77 Traffic Control Oper	

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit#
82 Trailer Type	00	
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit# Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

COMMERCIAL VEHICLE: Hazardous Materials Involvement

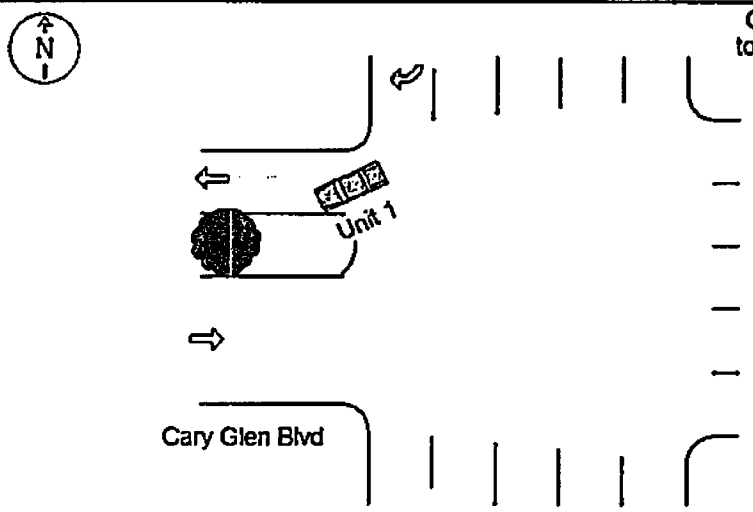
Haz Mat Placard ☐ Yes ☐ No — From Placard indicate: 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

Hazardous Cargo ☐ Yes ☐ No — Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

84 DIAGRAM

Indicate North



NOT TO SCALE

Unit# 1 was: ☒ Traveling ☐ Parked Facing N S E W on CARY GLEN BLVD

Unit# ___ was: ☐ Traveling ☐ Parked Facing N S E W on ___

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

UNIT #1 WAS MAKING A RIGHT TURN AND STRUCK THE TRAFFIC ISLAND ON CARY GLEN BLVD CAUSING DAMAGE TO THE FRONT LEFT CORNER OF THE VEHICLE. NOTE: DRIVER #1 STATED HE RECENTLY HAD WORK DONE TO THE FRONT OF HIS VEHICLE AND FEELS THE ACCIDENT WAS CAUSED BY FAULTY WORK BY THE MECHANIC. DRIVER'S #1'S STATEMENT IS BEYOND THE SCOPE OF THIS REPORT AND CANNOT BE SUPPORTED OR REFUTED.

86 Type/Owner ___ Owner Address ___ Phone ___ ADDITIONAL PROPERTY DAMAGE ___ State Property? ☐ Estimated Damage $ ___

WITNESSES

Name ___ Address ___ Phone No. (___) ___

Name ___ Address ___ Phone No. (___) ___

TRAFFIC VIOLATION(S)

Name ___ Charge(s) (Citation # optional) ___

Name ___ Charge(s) ___

Officer Name	Officer Number	Department	Date of Report
robin edwards	5896	Cary Police Department	10/19/2007

Policy No. #3

Amica

Rec'd 2/25/08 JB

» 30036-6

AUTOMOBILE ACCIDENT REPORT

Complete this report as fully as possible and forward to the Corporate Office or Branch Office in your area.
If extremely serious, telephone in addition to written notice —

THE INSURED'S AUTOMOBILE

License Plate No. [redacted] State NC
Car Ident No. 1G2ZG528354[redacted]
Make of car Pontiac Year 05
Registered in name of [redacted]
Address of owner [redacted]
Damage
Home Phone [redacted]
Repair cost
Name and Address of operator
Op. Lic. No. [redacted]
Date of Birth [redacted]
Phone No. [redacted]
Business address of operator Same
Business Ph[redacted]
Permission to use?
Ext.

THE ACCIDENT

Date of accident October 19 2007
Hour 7:55 a.m. p.m.
Street Cary Glen Blvd City Cary State NC
Did police investigate the accident? No What Department?
Describe how accident happened (include weather and road conditions):

Speed of your car 20 miles an hour Speed of other car
In your opinion, what was cause of accident? steering locked up causing collision with curb

Diagram on reverse side for your use. Continue description there if necessary.

OCCUPANTS OF VEHICLES

Insured's passengers — names and addresses
[redacted]

Other driver

Passengers

Other vehicle — names and addresses

PERSONS INJURED

Names		Injuries
1.	Address	
2.	Address	
3.	Address	
4.	Address	

Where taken Name of physician

DAMAGE TO PROPERTY OF OTHERS

If auto
License Plate No. State
Name and address of owner
Make of car Year Other insurance company
Nature of damage
Estimated cost of repairs

WITNESSES — IMPORTANT

Name and address
Name and address

Date of report February 25, 2008
Signature of operator or policyholder [redacted]

#5



License Plate Renewal
View Confirmation

Print This Page For Your Records
And Note Your Approval Code and Sequence Number

CONFIRMATION

Thank you for using NCDMV On-Line Services

Customer Name	[redacted]
Address	[redacted]
VIN	1G2ZG528354[redacted]
Title No.	339024050115115
Plate No.	[redacted]
Vehicle Make	PONT
Total Fee	$28.00

Please note: This confirmation is a purchase receipt. It is not a registration document.

Your new registration will be mailed within seven business days.

If you have a question regarding your renewal or do not receive your registration within this time period, please call (919)715-7000 or Contact DMV .

Sun Mar 05 12:22:40 EST 2006

APPROVAL CODE: 071342 **SEQUENCE NUMBER: 000100008959017**

Register Another Vehicle

Return to DMV Online Services

THOMPSON

THOMPSON CADILLAC-PONTIAC-GMC
2600 WAKE FOREST RD. • RALEIGH, NC 27609

www.thompsoncars.com

CUSTOMER NO 026	ADVISOR REGINA WILLIAMS 148	TAG # 3566	INVOICE DATE 04/12/05	INVOICE # PNCS292265
[redacted]	LABOR RATE	PLATE #	MILES 4,613	COLOR LIQUID SILV	STOCK # 29888
RALEIGH, NC [redacted]	YEAR / MAKE / MODEL 05/PONTIAC/G6/4DR SDN			DELIVERY DATE 12/31/04	DELIVERY MILES 10
	VIN # 1 G 2 Z G 5 2 8 3 5 4 [redacted]			SELLING DEALER # 04057	PRODUCTION DATE
[redacted]	F.T.E. #	P. O. #		RO DATE 04/12/05	
	REMARKS				

LABOR & PARTS----------

D#:1 01PNZ [redacted] LUBE OIL FILTER UNITS: [redacted] TECH(S): 414 [redacted] 10.00

CHANGED OIL & OIL FILTER, LUBED CHASSIS. CKD & ADJ FLUID LEVELS, BELTS, HOSES, AIR FILTER & TIRE PRESSURES.

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1		25010792	OIL FLTR 1.836 R	3.74	3.74
JOB # 1	5		12345101B	OIL ENG 8.800	1.10	5.50
				JOB # 1 TOTAL PARTS		9.24
				JOB # 1 TOTAL LABOR & PARTS		19.24

COMMENTS----------
EMPLOYEE

TOTALS----------

GM PARTS INSTALLED CARRY A 12 MONTH, 12,000 MILE PARTS AND LABOR WARRANTY WHICH EVER OCCURS FIRST.

YOU MAY RECIEVE A SURVEY FROM THE MANUFACTURER IN THE NEXT FEW DAYS. IF FOR ANY REASON YOU CANNOT GRADE US "COMPLETELY SATISFIED" PLEASE CONTACT STUART WOOD @ 919-645-2040 OR JOHN REEVES @ 919-645-2039 IN THE SERVICE DEPARTMENT. THANK YOU FOR YOUR BUSINESS.

TOTAL LABOR....	10.00
TOTAL PARTS....	9.24
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.65
TOTAL INVOICE $	**19.89**

CUSTOMER PAYMENT :
( ) CASH ( ) CHECK #
( ) CHARGE ( ) CREDIT CARD

CASHIER..... PAYMENT DATE

CUSTOMER SIGNATURE

TERMS: CASH UNLESS ARRANGEMENTS MADE

DISCLAIMER OF WARRANTIES

THE ONLY WARRANTIES, IF ANY APPLYING TO THESE PARTS, AND FOR SERVICES ARE THOSE OFFERED BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND THE SELLER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THESE PARTS AND/OR SERVICES. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM SELLER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES

SERVICE DIRECT (919) 828-8139
TOLL FREE (800) 543-6537
MAIN (919) 834-0311

Thank you Employee

CUSTOMER COPY

[END OF INVOICE] 12:10pm

MERCHANTS
TIRE & AUTO CENTERS
A TIRE KINGDOM COMPANY

Charge represent cost/profit to the motor repair facility isc,shop supply or waste disp

**** I N V O I C E ****

2005 PONTIAC [redacted] G6
License: [redacted] NC
Mileage: 10421
Lug Torque 100
Tire Infl F/R 30 30

ert#

ERCHANTS INC A TIRE KINGDOMCO
ALEIGH DURALEIGH STORE 343
120 DURALEIGH ROAD
19 571-0071
ustomer: 15991765
[redacted]
ALEIGH NC
ome# [redacted] Work#
dd1 Repairs may be authorized by
IN#

Invoice# 82478762 - RI
Order Num 58050501 - WI
Page - 1
Opening Salesperson 02883971
Date/Time In..... 07/28/05 07:11:59
Date/Time Out..... 07/28/05 10:52:44
Ship To:

PO#:

tem Number	Item Description	Qty	Price Each	Extended
A5	5 YR WHEEL ALIGNMENT PROGRAM	1	85.00	85.00
	02884200 HALL, MICHAEL W.			
VAL	XTRA VALUE PACK	1	79.99	79.99
NC	ROTATION NO CHARGE	1		
	ALL WHEEL			
	02884200 HALL, MICHAEL W.			
ASTERCARD	MasterCard			172.29-

HANK YOU FOR YOUR BUSINESS! IF YOU'RE NOT
OMPLETELY SATISFIED, TALK TO THE STORE MANAGER
R CALL (877) 908-3718

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.
_____ I REQUEST A WRITTEN ESTIMATE.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____.
THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED [redacted] DATE 07/28/05

I AUTHORIZ[redacted]ET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO_____DO NOT_____WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT; CASH____ CHECK____ CREDIT CARD____
I WILL____ WILL NOT____ BE WAITING FOR MY VEHICLE
CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC. SHOP SUPPLY OR WASTE DISP.
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION

Total Charges..	164.99
Total Credits..	.00
Sub-Total.....	164.99
New Tire Fees**	.00
Shop Fees(*)	1.70
All Taxes.....	5.60
Payments.....	172.29-
Net Amount.....	.00

PLEASE PAY ABOVE AMOUNT.
THANK YOU! Closer:02883255

jiffy lube®

Signature

Jiffy Lube # 2741
JIFFY LUBE
1537 HIGHWAY 70 WEST
GARNER, NC 27529
(919) 779-6084

DATE 11/28/05 12:23 PM
INVOICE NO. 2741 301393 BAY2
TRANSACTION NO. 0:112800301393
EMPLOYEES RK DSOBK DSOBK
DSOBK OSOBK OSOBK

[redacted]
RALEIGH, NC

YEAR 2005
MAKE PONT (GC)
MODEL G6
ENGINE 3.5L 6cyl (8) Fuel Injected [9]

LICENSE PLATE M7A264R
ALTERNATE ID
MILEAGE 16,800

DATE	MILEAGE	SERVICES
11/28/05	16,900	INS

- Change Oil
- Change Oil Filter
- Check Air Filter
- Check Wiper Blades
- Vacuum Floors
- Wash Exterior Windows
- **Additional Services Performed as Needed:**
  - Lubricate Chassis
  - Check Transmission/Transaxle Fluid
  - Check Differential Fluid
  - Check Power Steering Fluid
  - Check Windshield Washer Fluid
  - Check Battery Water
  - Inflate Tires to Proper Pressure

N.C. INSPECTION PURGED	1.00	23.50
NC EMISSIONS FEE	1.00	6.50
INSPECTION STICKER NUMBER	1.00	0.00
IX103719	1.00	0.00

GROSS SALES	30.00
NET SALES	30.00
PARTS	0.00
LABOR	30.00
SALES TAX	0.00
TOTAL	30.00
CASH	30.00

RUBBER INSPECTION BY B. KEATHLY
THANK YOU AND HAVE A NICE DAY!!!!
THANK YOU FOR CHOOSING JIFFY LUBE!!

[redacted]

AUTHORIZED & RECEIVED BY

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

CUSTOMER

© Jiffy Lube International, Inc.

301393

STATE OF NORTH CAROLINA
VEHICLE INSPECTION RECEIPT/STATEMENT

SAFETY AND EMISSIONS (OBDII)

Sticker Class: IM
Sticker Number: IZ103 [illegible]
Date: 11/28 [illegible]

****
* APPROVAL *
****

Inspection Fee	$23.50
Sticker Fee	$6.50
Window Tinting Fee	$0.00
Total Fees	$30.00

Make: PONT
Year: 2005
Body Style: SEDAN
VIN: [illegible] [redacted]
County: WAKE
Sticker Expiration Month Year: 11 / 2006
TIN: [illegible]98673 [redacted]

Vehicle Type: Light Duty
Plate Number: [redacted]
Odometer Reading: 16809
Number of Cylinders: 6
Type of Fuel: GASOLINE
Previous Odometer:
Motor Vehicle Dealer Number:

****

Safety Equipment

Headlights	PASS
Parking Lights	PASS
Tail Lights	PASS
Beam Indicator Light/Switch	PASS
License Plate Light	PASS
Stop Light	PASS
Directional Signals	PASS
Horn	PASS
Windshield Wipers	PASS
Rear View Mirrors	PASS
Foot Brake	PASS
Emergency Brake	PASS
Steering Mechanism	PASS
Tires	PASS
Exhaust System	PASS
Clearance Lights	N/A
Reflectors	N/A
Window Tinting	N/A

Tampering Inspection

Catalytic Converter	PASS
Air Injection System	N/A
PCV Valve	PASS
Unleaded Gas Restrictor	PASS
Exhaust Gas Recirculation	PASS
Thermostatic Air Control	N/A
Fuel Evaporative Control	PASS
Oxygen Sensor	PASS
Gasoline Tank Cap	PASS

****

OBDII Test Results
PASS

MIL Bulb Working	Pass
Connector Damage	Pass
Communications Established	Pass
MIL Commanded-On	Pass
Engine RPM at Reading	682

****

****

Station Number: 31391
Inspection Class: Emissions

Analyzer Number: EZ214354 Ver. 0512
Receipt/Statement Number: 6123
Waiver Number:

Inspector-Mechanic [signature]
BRIAN [illegible]

Owner's Repair Authorization _____

RETAIN THIS COPY FOR YOUR RECORDS

Total Inspection Fee $6.50 (min) - $30.00

MERCHANT'S
TIRE & AUTO CENTERS
A TIRE KINGDOM COMPANY

*[illegible] represent cost/profit
[illegible] facility
misc shop supply or waste disp

2005 PONTIAC G6
License: [redacted] NC
Mileage: 16595
Lug Torque 100
Tire Infl F/R 30 30

**** I N V O I C E ****

Cert#

MERCHANTS INC A TIRE KINGDOMCO
CARY MAYNARD STORE 324
1400 SE MAYNARD
919 467-3201
Customer: 15991765
[redacted]
RALEIGH NC [redacted]
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN#

Invoice# 85289465 - RI
Order Num 60779878 - WI
Page - 1
Opening Salesperson 00025427
Date/Time In..... 11/22/05 14:03:04
Date/Time Out..... 11/22/05 15:17:28
Ship To:

PO#:

Item Number	Item Description	Qty	Price Each	Extended
OCBNC	PROMOTIONAL OIL CHANGE UP TO 6 QUARTS OIL	1		
Haz-Material Disp Ch	Haz-Material Disp Charge		3.00	3.00
PZ-9A	OIL FILTER PENNZOIL 8860	1		
AQ5W30	5W30 BULK OIL AQ5W30	6		
RNC	ROTATION NO CHARGE ALL WHEEL 02889235 FALKOWSKI, ROMAN	1		
QC	QUICK CHECK	1		
CASH	Cash Payment			3.21-

IF YOU ARE NOT SATISFIED OR HAVE ANY QUESTIONS
PLEASE TALK TO OUR STORE MANAGER. (919)467-3201

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.
_____ I REQUEST A WRITTEN ESTIMATE.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____.
THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
_____ [redacted].
SIGN [redacted] DATE ____/____/____

Total Charges..	3.00
Total Credits..	.00
Sub-Total.....	3.00
New Tire Fees**	.00
Shop Fees(*)	.00
All Taxes.....	.21
Payments.....	3.21-
Net Amount.....	.00

PLEASE PAY ABOVE AMOUNT.
THANK YOU! Closer:02884090

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO_____DO NOT_____WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT: CASH_____ CHECK_____ CREDIT CARD_____
I WILL_____ WILL NOT_____ BE WAITING FOR MY VEHICLE
*CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC. SHOP SUPPLY OR WASTE DISP.

MERCHANT'S
TIRE & AUTO CENTERS
A TIRE KINGDOM COMPANY

* Charge represent cost/profit
to the motor repair facility
misc,shop supply or waste disp

****** I N V O I C E ******

2005 PONTIAC [redacted] 86
License: [redacted] NC
Mileage: 11570
Lug Torque 100
Tire Infl F/R 30 30

Cert#

MERCHANTS INC A TIRE KINGDOMCO
RALEIGH DURALEIGH STORE 343
5120 DURALEIGH ROAD
919 571-0071
Customer: 15991765
[redacted]
RALEIGH NC [redacted]
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN#

Invoice# 82959741 - RI
Order Num 58518029 - WI
Page - 1
Opening Salesperson 02883971
Date/Time In..... 08/16/05 06:49:41
Date/Time Out..... 08/16/05 12:01:07
Ship To:

PO#:

Item Number	Item Description	Qty	Price Each	Extended
OCBNC	PROMOTIONAL OIL CHANGE UP TO 6 QUARTS OIL	1		
Haz-Material Disp Ch	Haz-Material Disp Charge		3.00	3.00
PZ-9A	OIL FILTER PENNZOIL 8860	1		
AQ5W30	5W30 BULK OIL AQ5W30	6		
MASTERCARD	MasterCard			3.21-

THANK YOU FOR YOUR BUSINESS! IF YOU'RE NOT
COMPLETELY SATISFIED, TALK TO THE STORE MANAGER
OR CALL (877) 908-3718

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.
_____ I REQUEST A WRITTEN ESTIMATE.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____.
THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED [redacted] DATE 8/16/05

Total Charges..	3.00
Total Credits..	.00
Sub-Total.....	3.00
New Tire Fees**	.00
Shop Fees(*)	.00
All Taxes.....	.21
Payments.....	3.21-
Net Amount.....	.00

PLEASE PAY ABOVE AMOUNT.
THANK YOU! Closer:12907168

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO_____ DO NOT_____ WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT: CASH_____ CHECK_____ CREDIT CARD_____
I WILL_____ WILL NOT_____ BE WAITING FOR MY VEHICLE
*CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC, SHOP SUPPLY OR WASTE DISP.

MERCHANT'S
TIRE & AUTO CENTERS
A TIRE KINGDOM COMPANY

* Charge represent cost/profit
to the motor repair facility
misc,shop supply or waste disp

****** I N V O I C E ******

2005 PONTIAC [redacted] G6
License: [redacted] NC
Mileage: 20712
Lug Torque 100
Tire Infl F/R 30 30

Cert#

MERCHANTS INC A TIRE KINGDOMCO
GARNER STORE 334
1480 US HIGHWAY 70 WEST
919 779-7004
Customer# 15991765
[redacted]
ZEBULON NC [redacted]
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN#

Invoice# 87501558 - RI
Order Num 62937942 - WI
Page - 1
Opening Salesperson 02882986
Date/Time In..... 02/27/06 08:21:40
Date/Time Out..... 02/27/06 11:09:57
Ship To:

PO#:

Item Number	Item Description	Qty	Price Each	Extended
WAP	PROGRAM WHEEL ALIGNMENT	1		
	02882372 CHEEK, SHANNON L.			
	02882372 CHEEK, SHANNON L.			

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.

_____ I REQUEST A WRITTEN ESTIMATE.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____.
THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED [redacted] DATE ____/____/____

Total Charges..	
Total Credits..	.00
Sub-Total.....	.00
New Tire Fees**	.00
Shop Fees(*)	.00
All Taxes.....	.00
Payments.....	.00
Net Amount.....	.00

PLEASE PAY ABOVE AMOUNT.
THANK YOU! Closer:02882602

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.

I DO_____DO NOT_____WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT, CASH____ CHECK____ CREDIT CARD_____
I WILL_____WILL NOT_____BE WAITING FOR MY VEHICLE
*CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC, SHOP SUPPLY OR WASTE DISP
PLEASE SEE REVERSE SIDE FOR WARRANTY TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION

MERCHANT'S
TIRE & AUTO CENTERS
A TIRE KINGDOM COMPANY

WAIT

LUG NUTS:
Tightened_____ Rechecked_____
OIL LEVEL:
Verified_____ Rechecked_____
* W O R K O R D E R *

2005 PONTIAC G6
License: [redacted] NC
Mileage: 20712
Lug Torque 100
Tire Infl F/R 30 30

Cert#
MERCHANTS INC A TIRE KINGDOMCO
GARNER STORE 334
1480 US HIGHWAY 70 WEST
919 779-7004
Customer: 15991765
[redacted]
ZEBULON NC
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN#: PO#:

Order Number - 62937942 - WI
Page - 1
Opening Salesperson 02882986
Date/Time In..... 02/27/06 08:21:40
Proposed Completion. 02/27/06 09:21:00
Ship To:

Item Number	Item Description	Qty	Price Each	Extended
WAP	PROGRAM WHEEL ALIGNMENT	1		

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.
____ I REQUEST A WRITTEN ESTIMATE.
____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
____ I DO NOT REQUEST A WRITTEN ESTIMATE

SIGNED [redacted] DATE 2/27/06

Total Charges..	.00
Total Credits..	.00
Sub-Total.....	.00
New Tire Fees**	.00
Shop Fees	.00
All Taxes.....	
Net Amount.....	.00

This is not an Invoice **
You May Pay from this Form

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO_____ DO NOT_____ WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT. CASH____ CHECK____ CREDIT CARD____
I WILL_____ WILL NOT_____ BE WAITING FOR MY VEHICLE
*CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC. SHOP SUPPLY OR WASTE DISP.
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION

MERCHANT'S TIRE & AUTO CENTERS — A TIRE KINGDOM COMPANY

TIRE KINGDOM

NATIONAL TIRE & BATTERY — NTB — A TIRE KINGDOM COMPANY

Date	Salesperson #	CUSTOMER REASON FOR BRINGING VEHICLE IN

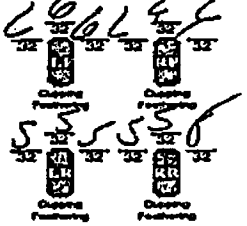
VALUED CUSTOMER INFORMATION		VEHICLE INFORMATION			
Name		Home Phone	Year 2005	Mileage 20712	
Address		Work Phone	Make Pont	Engine Size	
City		Time In	Color/Model	Vin #	
State	Zip Code	Date/Time Promised	[redacted]	Date Inspection Month	

INDICATE PAYMENT METHOD: ☐ STORE CHARGE ☐ CASH ☐ CHECK ☐ VISA ☐ M/C ☐ AMEX ☐ TK OR NTB CC

CURRENT RIDE CONDITIONS		CURRENT BRAKE CONDITIONS	
IS THE STEERING WHEEL STRAIGHT?	Y / N	IS BRAKE LIGHT ON?	Y / N
IS THE VEHICLE PULLING?	Y / N	IS ABS LIGHT ON?	Y / N
RIGHT OR LEFT PULL?	R / L	IS THERE A NOISE WHEN BRAKING?	Y / N
IS VEHICLE VIBRATING?	Y / N	DOES VEHICLE PULL WHEN BRAKING?	Y / N
DURING BRAKING?	Y / N	DOES PEDAL PULSATE?	Y / N
		IS THE BRAKE PEDAL LOW?	Y / N

CURRENT TIRE CONDITIONS

FRT TIRE SIZE: P/XL/LT 215/60 R16 PERFORMANCE RATING ____



RWL

BW

WW

PLY RATING ____

WHEEL LOCK Y/N LOCATION ____

REAR TIRE SIZE: P/XL/LT ___/___/___ PERFORMANCE RATING ____

LF RF LR RR SP

SAVE OLD TIRES Y / N

COMMENTS:

MINIMUM 6 MONTH / 6000 MILE WARRANTY ON ALL PARTS & LABOR UNLESS OTHERWISE SPECIFIED

Quantity	Tires/Parts/Services	Parts	Labor	Total	*S	*R

COURTESY CHECKLIST

ANTI-FREEZE o.k. to ____

	O.K.	*S	*R
MOTOR OIL			
BELTS			
AIR FILTER			
HOSES			
BATTERY CHECK			
HEADLIGHTS			
WIPER BLADES			
	O.K.	*S	*R
SHOCKS			
STRUTS			
LINKAGE			
CV BOOTS			

PHONE AUTHORIZATION

From: ____

Associate's Initials ____

Date ____ Time ____

BRAKE SYSTEM	REQ	SUG	OK	COMMENTS	
FRONT PAD SHOES				SPEC	ACTUAL
REAR PAD SHOES				SPEC	ACTUAL
FRONT ROTORS/DRUMS				SPEC	ACTUAL
REAR ROTORS/DRUMS				SPEC	ACTUAL
HYDRAULICS					
HARDWARE					

ESTIMATE ONLY

I hereby authorize the repair work listed. Tire Kingdom's employees may operate the vehicle for the purpose of testing, inspection or delivery. See reverse side for disclosure of Customer Rights, MAP guidelines and Tire Kingdom's storage and mechanic's lien policy.

Customer Signature ____

Tire Kingdom is not responsible for personal property.

*See reverse for details.

STORE COPY–ATTACH TO STORE INVOICE COPY

Name
Address

Telephone
Vehicle (VIN)
License
Technician
Mileage
Time Printed 2/27/06 9:28 AM

Pontiac : G6 : 2005-06

Current Measurements

Left Front







Cross Camber / Cross Caster / Total Toe



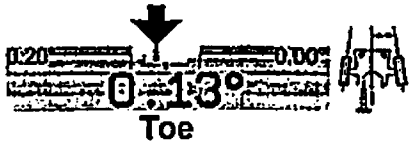




Right Front









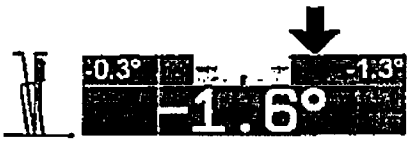


- Excessive Camber could cause shoulder wear.
- Negative Camber could cause road shock or poor ride quality.
- Excessive Toe could cause scuffing or shoulder wear.
- Excessive cross Camber could cause a pull to the right.





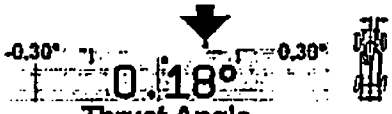
Left Rear



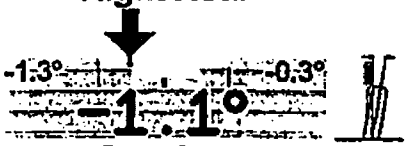


Total Toe / Thrust Angle





Right Rear









- Excessive Camber could cause shoulder wear.
- Excessive Toe could cause scuffing or shoulder wear.





THOMPSON

THOMPSON CADILLAC-PONTIAC-GMC
2600 WAKE FOREST RD. • RALEIGH, NC 27609

www.thompsoncars.com

CUSTOMER NO	ADVISOR	TAG #	INVOICE DATE	INVOICE #
026	BILL BRENNAN 084	5101	05/17/06	PNCS318978

	LABOR RATE	PLATE #	SALES	COLOR	STOCK #
[redacted]			22,965	LIQUID SILV	29888

	YEAR / MAKE / MODEL	DELIVERY DATE	DELIVERY MILES
ZEBULON, NC [redacted]	05/PONTIAC/G6/4DR SDN	12/31/04	10

VIN #	SELLING DEALER #	PRODUCTION DATE
1G2ZG52835 4[redacted]	04057	

FTE #	P O #	R O DATE	
		05/17/06	REPRINT# 1

[redacted]

REMARKS

LABOR & PARTS

J# 1 01PNZ ***LUBE-OIL-FILTER TECH(S):414 WARRANTY

CHANGED OIL & OIL FILTER. LUBED CHASSIS. CKD & ADJ FLUID LEVELS. BELTS. HOSES. AIR FILTER & TIRE PRESSURES.

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	PK47-5	OIL CHANGE PACKAGE		WARRANTY
JOB # 1	5	5W30	MOTOR OIL 8.800		WARRANTY
JOB # 1	1	25010792	OIL FLTR 1.836 R		WARRANTY
			JOB # 1 TOTAL PARTS		0.00
			JOB # 1 TOTAL LABOR & PARTS		0.00

J# 2 05PNZ ***STEERING-SUSPEN. TECH(S):414 WARRANTY

CUSTOMER STATES CHECK FRONT SUSPENSION PULLS TO THE RIGHT CONSTANTLY...
HAS SPECS FROM ALIGNMENT...SOMETHING WRONG WITH SUSPENSION??
ADVISE SEE BODY SHOP

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
			JOB # 2 TOTAL PARTS		0.00
			JOB # 2 TOTAL LABOR & PARTS		0.00

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # 1	OLCP	CUSTOMER COPAYMENT.	318978	10.65
			TOTAL - MISC	10.65

COMMENTS
DROP

TOTALS

GM PARTS INSTALLED CARRY A 12 MONTH, 12,000 MILE PARTS AND LABOR WARRANTY WHICH EVER OCCURS FIRST.

YOU MAY RECIEVE A SURVEY FROM THE MANUFACTURER IN THE NEXT FEW DAYS. IF FOR ANY REASON YOU CANNOT GRADE US "COMPLETELY STAISFIED" PLEASE CONTACT STUART WOOD @ 919-645-2040 OR JOHN REEVES @ 919-645-2039 IN THE SERVICE DEPARTMENT. THANK YOU FOR YOUR BUSINESS.

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	10.65
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE $	10.65

CUSTOMER PAYMENT :
( ) CASH ( ) CHECK #
( ) CHARGE ( ) CREDIT CARD

[redacted] TE 5/17/06

CUSTOMER SIGNATURE

TERMS: CASH UNLESS ARRANGEMENTS MADE

DISCLAIMER OF WARRANTIES

[redacted]

SERVICE DIRECT (919) 828-8139
TOLL FREE (800) 543-6537
MAIN (919) 834-0311

CUSTOMER COPY

| END OF INVOICE | 08:38am

MERCHANT'S
TIRE & AUTO CENTERS
A TIRE KINGDOM COMPANY

* Charge represent cost/profit
to the motor repair facility
misc,shop supply or waste disp

****** I N V O I C E ******

2005 PONTIAC G6
License: [redacted] NC
Mileage: 25197
Lug Torque 100
Tire Infl F/R 30 30

Cert#

Invoice# 90730041 - RI
Order Num 66084702 - WI
Page - 1
Opening Salesperson 12927748
Date/Time In..... 07/08/06 11:13:07
Date/Time Out..... 07/08/06 14:50:37

MERCHANTS INC A TIRE KINGDOMCO
GARNER STORE 334
1480 US HIGHWAY 70 WEST
919 779-7004
Customer: 15991765
[redacted]
ZEBULON NC
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN#

Ship To:

PO#:

Item Number	Item Description	Qty	Price Each	Extended
***	Receive coupon for $10 off your next oil change ****			
How did we do? Please complete the survey at WWW.TKCARES.COM				
*****	Password needed for survey is 66084702 00001 *****			
WAP	PROGRAM WHEEL ALIGNMENT	1		
	02873850 CARLTON, STEPHEN M.			
RNC	ROTATION NO CHARGE ALL WHEEL	1		
	02873850 CARLTON, STEPHEN M.			
CLEAN BRAKE DUST OFF INSIDE OF WHEELS IF POSSIBLE.				
	02873850 CARLTON, STEPHEN M.			
CLEAN BRAKE DUST OFF INSIDE OF WHEELS IF POSSIBLE.				

IF YOU HAVE A QUESTION OR CONCERN PLEASE TALK TO OUR MANAGER. IF THE ISSUE IS STILL NOT RESOLVED, PLEASE CALL US AT (877) 908-3718

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.
_____ I REQUEST A WRITTEN ESTIMATE.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNE[redacted] DATE _____/_____/_____

Special Credit:	
Total Charges..	
Total Credits..	.00
Sub-Total.....	.00
New Tire Fees**	.00
Shop Fees(*)	.00
All Taxes.....	.00
Payments.....	.00
Net Amount.....	.00

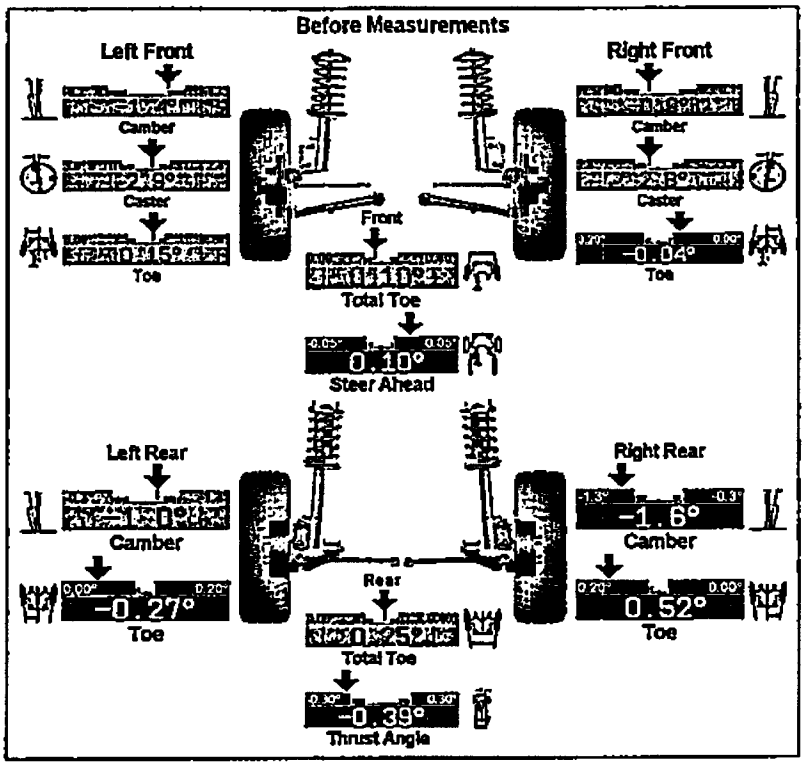
PLEASE PAY ABOVE AMOUNT.
THANK YOU! Closer:12912295

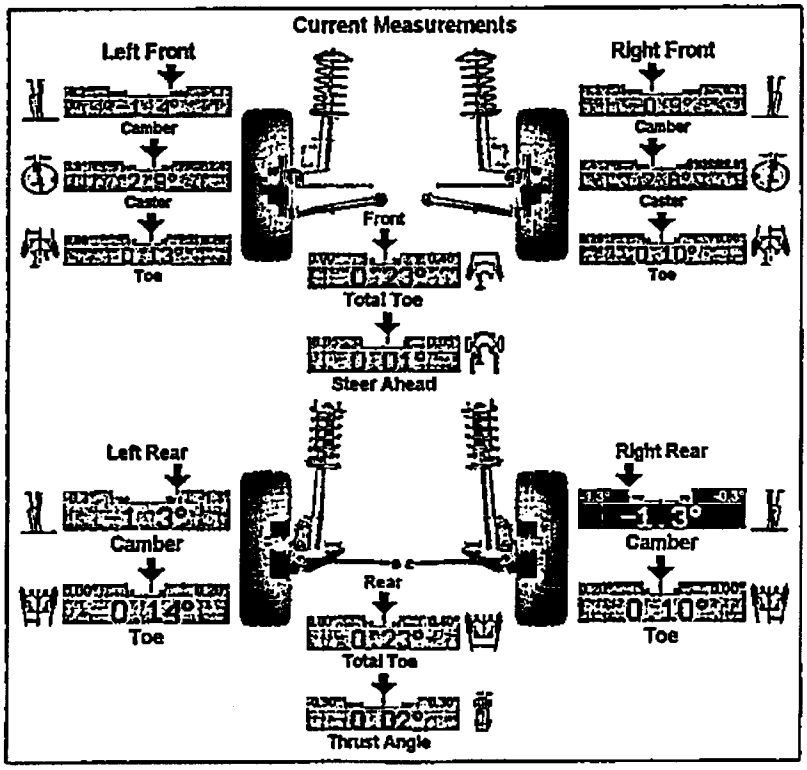
I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO_____DO NOT_____WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT: CASH_____CHECK_____CREDIT CARD_____
I WILL_____ WILL NOT_____ BE WAITING FOR MY VEHICLE
*CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC, SHOP SUPPLY OR WASTE DISP.

Name
Address

Telephone
Vehicle (VIN)
License
Technician
Mileage
Time Printed 7/8/06 2:32 PM

Pontiac : G6 : 2005-06





MERCHANT'S TIRE & AUTO CENTERS A TIRE KINGDOM COMPANY — TIRE KINGDOM — NATIONAL TIRE & BATTERY NTB A TIRE KINGDOM COMPANY

Date	Salesperson #	CUSTOMER REASON FOR BRINGING VEHICLE IN
		WAP, RNC chem in sick of wheels

VALUED CUSTOMER INFORMATION

Name	
Address	
City	
State	Zip Code

VEHICLE INFORMATION

[redacted]		Year	Mileage 25197
		Make	Engine Size
Time In		Color/Model	Vin #
Date/Time Promised		Tag #	State Inspection Month

INDICATE PAYMENT METHOD: ☐ STORE CHARGE ☐ CASH ☐ CHECK ☐ VISA ☐ M/C ☐ AMEX ☐ TK OR NTB CC

CURRENT RIDE CONDITIONS

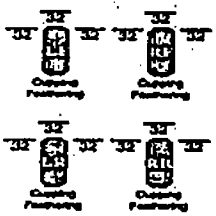
IS THE STEERING WHEEL STRAIGHT?	Y / N
IS THE VEHICLE PULLING?	Y / N
RIGHT OR LEFT PULL?	R / L
IS VEHICLE VIBRATING?	Y / N
DURING BRAKING?	Y / N

CURRENT BRAKE CONDITIONS

IS BRAKE LIGHT ON?	Y / N
IS ABS LIGHT ON?	Y / N
IS THERE A NOISE WHEN BRAKING?	Y / N
DOES VEHICLE PULL WHEN BRAKING?	Y / N
DOES PEDAL PULSATE?	Y / N
IS THE BRAKE PEDAL LOW?	Y / N

CURRENT TIRE CONDITIONS

FRT TIRE SIZE: P/XL/LT 215 / 60 / 16 PERFORMANCE RATING ____



RWL BW WW

PLY RATING ____

WHEEL LOCK Y/N LOCATION ____

REAR TIRE SIZE: P/XL/LT ____/____/____ PERFORMANCE RATING ____

LF RF LR RR SP

SAVE OLD TIRES Y / N

COMMENTS:

MINIMUM 6 MONTH / 6000 MILE WARRANTY ON ALL PARTS & LABOR UNLESS OTHERWISE SPECIFIED

Quantity	Tires/Parts/Services	Parts	Labor	Total	*S	*R
2	Tiger Paw					
	Touring SR					
0.5	clean wheels					

COURTESY CHECKLIST

ANTI-FREEZE	o.k. to ____		
	O.K.	*S	*R
MOTOR OIL			
BELTS			
AIR FILTER			
HOSES			
BATTERY CHECK			
HEADLIGHTS			
WIPER BLADES			
	O.K.	*S	*R
SHOCKS			
STRUTS			
LINKAGE			
CV BOOTS			

BRAKE SYSTEM	REQ	SUG	OK	COMMENTS	
FRONT PAD SHOES				SPEC	ACTUAL
REAR PAD SHOES				SPEC	ACTUAL
FRONT ROTORS/DRUMS				SPEC	ACTUAL
REAR ROTORS/DRUMS				SPEC	ACTUAL
HYDRAULICS					
HARDWARE					

PHONE AUTHORIZATION

From: ____

Associate's Initials ____

Date ____ Time ____

ESTIMATE ONLY

I hereby authorize the repair work listed. Tire Kingdom's employees may operate the vehicle for the purpose of testing, inspection or delivery. See reverse side for disclosure of Customer Rights, MAP guidelines and Tire Kingdom's storage and mechanic's lien policy.

Customer Signature ____

Tire Kingdom is not responsible for personal property.

*See reverse for details.

STORE COPY–ATTACH TO STORE INVOICE COPY

06/14/2006 at 02:50 PM
90142

Job Number:

BERYL ROAD AUTOMOTIVE & COLLISION
3800 Beryl Road
Raleigh, NC 27607
(919)821-7226 Fax: (919)833-4721

PRELIMINARY ESTIMATE

Written By: Cheryl vanhorn
Adjuster:

Insured [redacted]
Owner [redacted]
Address [redacted]
Knightdale, NC [redacted]
Cellular: [redacted]

Claim #
Policy #
Deductible:
Date of Loss:
Type of Loss:
Point of Impact:

Inspect Location:

Insurance Company:

Days to Repair

2005 PONT G6 6-3.5L-FI 4D SED Int:
VIN: 1G2ZG528354[redacted] **Lic:** mza-2648 NC **Prod Date:** **Odometer:**

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Intermittent Wipers	Keyless Entry
Body Side Moldings	Dual Mirrors	Fog Lamps
Clear Coat Paint	Power Steering	Power Brakes
Power Windows	Power Locks	Power Mirrors
Power Trunk/Tailgate	AM Radio	FM Radio
Stereo	Search/Seek	CD Player
Driver Air Bag	Passenger Air Bag	4 Wheel Disc Brakes
Cloth Seats	Bucket Seats	Recline/Lounge Seats
Automatic Transmission	Overdrive	

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		TRUNK LID				
2*	Rpr	Trunk lid			2.0	2.3
3		Add for Clear Coat				0.9
4		REAR BUMPER				
5*	Repl	Lower cover retainer (28.00)	1	2.13	0.3	
6		FENDER				
7*	Rpr	RT Fender			2.0	1.8
8		Overlap Major Non-Adj. Panel				-0.2
9		Add for Clear Coat				0.3
10		REAR DOOR				
11*	Repl	RT Handle base	1	28.26	0.5	
12*	Rpr	LT Outer panel			1.0	0.0
13		FRONT DOOR				
14*	Rpr	LT Outer panel			0.5	0.0
15		HOOD				

Not an accident fordings door repairs $ 70.21 See receipt attached

order for Later installment (48.26)

08/14/2006 at 02:50 PM Job Number:
90142

PRELIMINARY ESTIMATE

2005 PONT G6 6-3.5L-FI 4D SED Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
16*	Rpr	Hood			0.5	0.0
		Subtotals ==>		30.38	6.8	5.1

Parts		30.38
Body Labor	6.8 hrs @ $ 40.00/hr	272.00
Paint Labor	5.1 hrs @ $ 40.00/hr	204.00
Paint Supplies	5.1 hrs @ $ 30.00/hr	153.00
SUBTOTAL		$ 659.38
Sales Tax	$ 30.38 @ 7.0000%	2.13
GRAND TOTAL		$ 661.51

This estimate is based on our inspection and does not cover additional items that may be required to complete repair. Sometimes, after work begins, worn or damaged parts are discovered that are not evident on the first inspection. Naturally, this estimate cannot cover such contingencies. Part prices are current and subject to invoice.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR1FQ05 Database Date 07/2006, CCC Data Date 07/2006, 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) parts are OEM parts that may be provided by or through alternate sources other than the OE/Vehicle dealerships. OPT OEM parts may reflect some specific, special, or unique pricing or discount. 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 Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored 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.

BERYL ROAD AUTOMOTIV
COLLISION
3800 BERYL RD
RALEIGH NC 27607
919-821-7226

BATCH: 187
S-A-L-E-S D-R-A-F-T
72572182
6000010125361111

REF: 0002
CD TYPE: MASTERCARD
TR TYPE: PURCHASE
DATE: SEP 01, 06 16:02:47

TOTAL $70.21

ACCT: 5201 EXP: **/**
AP: 074164
NAME: [redacted]

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU

[redacted]

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

MERCHANT'S
TIRE & AUTO CENTERS

COMMERCIAL ! Tire Kingdom, INC.
CUSTOMERS ! PO Box 116992
REMIT TO: ! ATLANTA, GA30368-6992

**** I N V O I C E ****

2005 PONTIAC G6
License: [redacted] NC
Mileage: 30768
Lug Torque 100
Tire Infl F/R 30 30

Cert#

Invoice# 92648409 - RI
Order Num 67964869 - WI
Page - 1
Opening Salesperson 12929600
Date/Time In..... 09/22/06 10:12:30
Date/Time Out..... 09/22/06 11:02:49

MERCHANTS INC A TIRE KINGDOMCO
GARNER STORE 334
1480 US HIGHWAY 70 WEST
919 779-7004
Customer: 15991765

Ship To:

[redacted]
ZEBULON NC [redacted]
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN# PO#:

Item Number	Item Description	Qty	Price Each	Extended
OCBNC	PROMOTIONAL OIL CHANGE UP TO 6 QUARTS OIL	1		
Haz-Material Disp Ch	Haz-Material Disp Charge		3.00	3.00
PZ-9A	OIL FILTER PENNZOIL 8860	1		
AQ5W30	5W30 BULK OIL AQ5W30	6		
WAP	PROGRAM WHEEL ALIGNMENT 12921291 GREEN, TOM E.	1		
BCA	BRAKES CHECK & ADVISE	1		
CUSTOMER SAYS THE BRAKES SQWEEK SOMETIMES				
MASTERCARD	MasterCard			3.21-

IF YOU HAVE A QUESTION OR CONCERN PLEASE TALK TO
OUR STORE MANAGER, DANNY S. HONEYCUTT
AT (919) 779-7004

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.

_____ I REQUEST A WRITTEN ESTIMATE.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____.
THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED [redacted] DATE ____/____/____

Special Credit:	
Total Charges..	3.00
Total Credits..	.00
Sub-Total.....	3.00
New Tire Fees**	.00
Shop Fees(*)	.00
All Taxes.....	.21
Payments.....	3.21-
Net Amount.....	.00

PLEASE PAY ABOVE AMOUNT.
THANK YOU! Closer:12929600

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.

I DO_____DO NOT_____WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT: CASH_____ CHECK_____ CREDIT CARD_____
I WILL_____ WILL NOT_____ BE WAITING FOR MY VEHICLE
*CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC, SHOP SUPPLY OR WASTE DISP.
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION

MERCHANT'S
TIRE & AUTO CENTERS

Waiting

LUG NUTS:
Tightened_____ Rechecked_____
OIL LEVEL:
Verified 2912 Rechecked_____

2005 PONTIAC G6
License: MZA2648 NC
Mileage: 30768
Lug Torque 100
Tire Infl F/R 30 30

Cert#
MERCHANTS INC A TIRE KINGDOMCO
GARNER STORE 334
1480 US HIGHWAY 70 WEST
919 779-7004
Customer: 15991765
[redacted]
ZEBULON NC
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN#:

Order Number - 67964869 - WI
Page - 1
Opening Salesperson 12929600
Date/Time In..... 09/22/06 10:12:30
Proposed Completion. 09/22/06 11:12:00
Ship To:
PO#:

Item Number	Item Description	Qty	Price Each	Extended
OCBNC	PROMOTIONAL OIL CHANGE UP TO 6 QUARTS OIL	1		
Haz-Material Disp Ch	Haz-Material Disp Charge		3.00	3.00
FILTER	SELECT(R) OIL FILTER FILTER	1		
OIL	SELECT(R) OIL	6		
WAP	PROGRAM WHEEL ALIGNMENT	1		
BCA	BRAKES CHECK & ADVISE	1		

CUSTOMER SAYS THE BRAKES SQWEEK SOMETIMES

779A

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.
_____ I REQUEST A WRITTEN ESTIMATE.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNE[redacted] DATE ____/____/____

I AUTHO[redacted]ET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO_____DO NOT_____WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT. CASH____ CHECK____ CREDIT CARD_____
I WILL_____ WILL NOT_____ BE WAITING FOR MY VEHICLE
*CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC, SHOP SUPPLY OR WASTE DISP.
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION

Special Credit:	
Total Charges..	3.00
Total Credits..	.00
Sub-Total.....	3.00
New Tire Fees**	.00
Shop Fees	.00
All Taxes.....	.21
Net Amount.....	3.21

** not an Invoice **
Do Not Pay from this Form

MERCHANT'S
TIRE & AUTO CENTERS
A TIRE KINGDOM COMPANY

Minimum 6 month/ 6000 mile warranty on all parts and labor unless otherwise specified.

Intended Payment Method:
Store Charge ☐ CASH ☐ CHECK ☐ VISA ☐ MC ☐ AMEX ☐

Salesperson #	Vin #	Mont. Co. Reg. No. 654	Date	Work Order #	
Name		Home Phone	Tag #	State Inspection Month	Vehicle Color
Address		Work Phone	Make	Mileage	
City		Time In	Model	Engine Size 3.5	
State		Date/Time Promised	Year	Technician	

Tires
Brand _____
Type _____
Size _____
Tread Depth

LF	/32"	RF	/32"
LR	/32"	RR	/32"

	O.K.	*S	*R
SHOCKS			
STRUTS			
LINKAGE			
CV BOOTS			

BRAKE SYSTEM	REQ	SUG	OK	COMMENTS
FRONT PAD SHOES				SPEC ACTUAL
REAR PAD SHOES				SPEC ACTUAL
FRONT ROTORS/DRUMS				SPEC ACTUAL
REAR ROTORS/DRUMS				SPEC ACTUAL
HYDRAULICS				
HARDWARE				

COURTESY CHECKLIST
ANTI-FREEZE o.k. to _____

	O.K.	*S	*R
MOTOR OIL			
BELTS			
HOSES			
BATTERY CHECK			
HEADLIGHTS			
WIPER BLADES			

WHEELS TIGHT! Technician's Initials _____

CHECKED OIL Technician's Initials _____

PHONE AUTHORIZATION
From: _____
Associate's Initials _____
Date _____ Time _____

Transmission Production Date _____
Automatic ☐ Manual ☐ Front Wheel Drive ☐ Rear Wheel Drive ☐ 4-Wheel Drive ☐

Quantity	Tires/Parts/Services	Parts	Labor	Total	*S	*R
1	Machine Ft Rotors Warped / Vibration			85.00		
2	TIRES 215/60/16	68.99 x2	11.25 x2	166.48		
	Clean Wheel Weights	x4	x4	366.04		
1	30K			399.99		

ESTIMATE ONLY

I hereby authorize the repair work listed. Merchant's employees may operate the vehicle for the purpose of testing, inspection or delivery. See reverse side for disclosure of Customer Rights, MAP guidelines and Merchant's storage and mechanic's lien policy.

Customer Signature _____
Merchant's is not responsible for personal property.
*See reverse for details.

USED PARTS DISPOSAL
☐ Return my used parts
☐ Do NOT return used parts
Customer must select one & sign
NOTE: Work cannot begin without customer signature.

Address

Telephone
Vehicle (VIN)
License
Technician
Mileage
Time Printed 9/22/06 10:40 AM

Pontiac : G6 : 2005-06

Front : Left

Actual	Before	Specified Range
-1.4°	-1.4°	-1.7° -0.2°
2.7°	2.7°	2.4° 3.9°
0.11°	0.12°	0.00° 0.20°
12.6°	12.6°	
11.2°	11.2°	

Camber	
Caster	
Toe	
SAI	
Included Angle	
Turning Angle Diff.	

Front : Right

Actual	Before	Specified Range
-0.9°	-0.9°	-1.5° 0.1°
2.9°	2.9°	2.4° 3.9°
0.10°	0.11°	0.00° 0.20°
13.3°	13.3°	
12.4°	12.4°	

Front

	Actual	Before	Specified Range
Cross Camber	-0.4°	-0.5°	-1.0° 0.6°
Cross Caster	-0.1°	-0.1°	-0.8° 0.8°
Cross SAI	-0.7°	-0.7°	
Total Toe	0.21°	0.23°	0.00° 0.40°
Cross Turn Diff.			

Rear : Left

Actual	Before	Specified Range
-1.3°*	-1.3°	-1.3° -0.3°
0.13°	0.20°	0.00° 0.20°

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-1.1°	-1.2°	-1.3° -0.3°
0.12°	-0.04°*	0.00° 0.20°

Rear

	Actual	Before	Specified Range
Cross Camber	-0.2°	-0.1°	
Total Toe	0.25°	0.16°	0.00° 0.40°
Thrust Angle	0.01°	0.12°	-0.30° 0.30°

* This value is not within specification. Tire wear, handling and safety problems may result.

MERCHANT'S
AUTO & TIRE CENTERS

COMMERCIAL | Tire Kingdom, INC.
CUSTOMERS | PO Box 116992
REMIT TO: | ATLANTA, GA30368-6992

**** I N V O I C E ****

2005 PONTIAC G6
License: MZA2648 NC
Mileage: 31576
Lug Torque 100
Tire Infl F/R 30 30

Cert#

Invoice# 92956680 - RI
Order Num 68258350 - WI
Page - 1
Opening Salesperson 12927748
Date/Time In..... 10/04/06 10:13:50
Date/Time Out..... 10/04/06 16:32:25

MERCHANTS INC A TIRE KINGDOMCO
GARNER STORE 334
1480 US HIGHWAY 70 WEST
919 779-7004
Customer: 15991765
[redacted]
ZEBULON NC [redacted]
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN#

Ship To:

PO#:

Item Number	Item Description	Qty	Price Each	Extended
***	Receive coupon for $10 off your next oil change ****			
	How did we do? Please complete the survey at WWW.TKCARES.COM			
*****	Password needed for survey is 68258350 00001 *****			
BRLAB	/10TH HOUR BRAKE LABOR	10	8.50	85.00
	02882372 CHEEK, SHANNON L.			
MASTERCARD	MasterCard			93.50-

IF YOU HAVE A QUESTION OR CONCERN PLEASE TALK TO
OUR STORE MANAGER,
AT (919) 779-7004

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THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED [redacted] DATE ____/____/____

Special Credit:	
Total Charges..	85.00
Total Credits..	.00
Sub-Total.....	85.00
New Tire Fees**	.00
Shop Fees (*)	8.50
All Taxes.....	.00
Payments.....	93.50-
Net Amount.....	.00

PLEASE PAY ABOVE AMOUNT.
THANK YOU! Closer:12929600

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO_____DO NOT_____WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT: CASH____ CHECK____ CREDIT CARD_____
I WILL____ WILL NOT____ BE WAITING FOR MY VEHICLE
*CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC, SHOP SUPPLY OR WASTE DISP.
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION

MERCHANT'S
TIRE & AUTO CENTERS

WAIT

LUG NUTS:
Tightened 80 Rechecked_____
OIL LEVEL: 2372
Verified_____ Rechecked_____

2005 PONTIAC G6
License: MZA2648 NC
Mileage: 31576
Lug Torque 100
Tire Infl F/R 30 30

Cert#
MERCHANTS INC A TIRE KINGDOMCO
GARNER STORE 334
1480 US HIGHWAY 70 WEST
919 779-7004
Customer: 15991765
[redacted]
ZEBULON NC
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN#:

Order Number - 68258350 - WI
Page - 1
Opening Salesperson 12927748
Date/Time In..... 10/04/06 10:13:50
Proposed Completion. 10/04/06 11:13:00
Ship To:

PO#:

Item Number	Item Description	Qty	Price Each	Extended
BRLAB	/10TH HOUR BRAKE LABOR	10	8.50	85.00
MACHINE FRONT ROTORS				

2882372

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.
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_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNE[redacted] DATE 10/4/06

Special Credit:	
Total Charges..	85.00
Total Credits..	.00
Sub-Total.....	85.00
New Tire Fees**	.00
Shop Fees	8.50
All Taxes.....	
Net Amount.....	93.50

This is not an Invoice **
Do Not Pay from this Form

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK, PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO_____DO NOT_____WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT; CASH____ CHECK____ CREDIT CARD_____
I WILL_____ WILL NOT_____ BE WAITING FOR MY VEHICLE
*CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC. SHOP SUPPLY OR WASTE DISP.
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION

MERCHANT'S TIRE & AUTO CENTERS — A TIRE KINGDOM COMPANY | TIRE KINGDOM | NATIONAL TIRE & BATTERY NTB — A TIRE KINGDOM COMPANY

Date	Salesperson #	CUSTOMER REASON FOR BRINGING VEHICLE IN
		Machine Ft Rotors

VALUED CUSTOMER INFORMATION

Name	Home Phone	Year	Mileage
	[redacted]	2005	31576
Address	**Work Phone**	**Make**	**Engine Size**
		Pontiac	
City	**Time In**	**Color/Model**	**Vin #**
		G6	
State Zip Code	**Date/Time Promised**	**Tag #**	**State Inspection Month**

VEHICLE INFORMATION

INDICATE PAYMENT METHOD: ☐ STORE CHARGE ☐ CASH ☐ CHECK ☐ VISA ☐ M/C ☐ AMEX ☐ TK OR NTB CC

CURRENT RIDE CONDITIONS

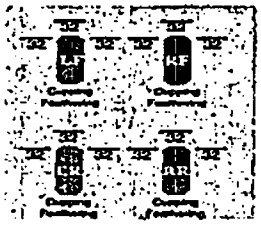
IS THE STEERING WHEEL STRAIGHT?	Y / N
IS THE VEHICLE PULLING?	Y / N
RIGHT OR LEFT PULL?	R / L
IS VEHICLE VIBRATING?	Y / N
DURING BRAKING?	Y / N

CURRENT BRAKE CONDITIONS

IS BRAKE LIGHT ON?	Y / N
IS ABS LIGHT ON?	Y / N
IS THERE A NOISE WHEN BRAKING?	Y / N
DOES VEHICLE PULL WHEN BRAKING?	Y / N
DOES PEDAL PULSATE?	Y / N
IS THE BRAKE PEDAL LOW?	Y / N

CURRENT TIRE CONDITIONS

FRT TIRE SIZE: P/OT/LT 215 / 60 / 16 PERFORMANCE RATING ____



RWL ☐ BW ☐ WW ☐

PLY RATING ____

WHEEL LOCK Y/N LOCATION ____

REAR TIRE SIZE: P/OT/LT ____ / ____ / ____ PERFORMANCE RATING ____

LF ☐ RF ☐ LR ☐ RR ☐ SP ☐ SAVE OLD TIRES Y / N

COMMENTS:

MINIMUM 6 MONTH / 6000 MILE WARRANTY ON ALL PARTS & LABOR UNLESS OTHERWISE SPECIFIED

Quantity	Tires/Parts/Services	Parts	Labor	Total	*S	*R
4	Tires					
	check alignment					

COURTESY CHECKLIST

ANTI-FREEZE o.k. to ____

	O.K.	*S	*R
MOTOR OIL			
BELTS			
AIR FILTER			
HOSES			
BATTERY CHECK			
HEADLIGHTS			
WIPER BLADES			
	O.K.	*S	*R
SHOCKS			
STRUTS			
LINKAGE			
CV BOOTS			

BRAKE SYSTEM	REQ	SUG	OK	COMMENTS	
FRONT PAD SHOES				SPEC	ACTUAL
REAR PAD SHOES				SPEC	ACTUAL
FRONT ROTORS/DRUMS				SPEC	ACTUAL
REAR ROTORS/DRUMS				SPEC	ACTUAL
HYDRAULICS					
HARDWARE					

PHONE AUTHORIZATION

From: ____

Associate's Initials ____

Date ____ Time ____

ESTIMATE ONLY

I hereby authorize the repair work listed. Tire Kingdom's employees may operate the vehicle for the purpose of testing, inspection or delivery. See reverse side for disclosure of Customer Rights, MAP guidelines and Tire Kingdom's storage and mechanic's lien policy.

Customer Signature ____

Tire Kingdom is not responsible for personal property.

*See reverse for details.

STORE COPY-ATTACH TO STORE INVOICE COPY

1401 NEW B[illegible]
ETF NC
[illegible] 1-6861

[redacted]

[illegible] GE 1 @ 1[illegible].00
[illegible] RE [illegible] IN [illegible]
[illegible] 46 75-DL[illegible] DURALAST [illegible] 65 [illegible] P
#2 [illegible]46 CORE CHARGE 8.0[illegible]
#24 149 BTH 1 BATTERY TER 1.[illegible]
SUBTOTAL 71.[illegible]8
TOTAL TAX @ [illegible] 750% [illegible].80
[illegible] 75.[illegible]8
[illegible] VISA 75.96
APPROVAL # 088522

REG #02 CSR #01 RECEIPT #041738
STR. TRANS #5[illegible]8023
STORE #1095
DATE 07/17/2007 09:26

OF ITEMS SOLD 2

Loyalty Card Customer:
[redacted]
Credits Towards Next Reward: 1
Total Rewards Earned : 0.00
Total Rewards Spent : 0.00
Current Rewards Balance : 0.00
Loyalty Card Plan:
5 Transactions/$20=$20 Reward

[illegible] ON

919) 696 - 2381

2005 Pontiac G6
Item: 232746 75-DLG DURALAST GOLD BA
8 YEAR/96 MONTH WARRANTY ON ABOVE ITEM
36 MONTHS FREE REPLACEMENT PERIOD

Battery Limited Warranty
This warranty lasts from the day you buy the battery to the end of the warranty period on this receipt. This warranty expires when you sell or transfer your vehicle. If the battery is found defective during the free replace-

MERCHANT'S
TIRE & AUTO CENTERS

COMMERCIAL|Tire Kingdom, INC.
CUSTOMERS |PO Box 406010
REMIT TO:|ATLANTA,GA30384-6010

**** I N V O I C E ****

2005 PONTIAC G6
License: [redacted] NC
Mileage: 558[illegible]8
Lug Torque 100
Tire Infl F/R 30 30

Cert#

Invoice# 14984360 - RI
Order Num 77501947 - WI
Page - 1
Opening Salesperson 12919995
Date/Time In..... 10/12/07 [illegible]8:38:[illegible]
Date/Time Out..... 10/12/07 [illegible]7:28:[illegible]

MERCHANTS INC A TIRE KINGDOMCO
CARY PARKWAY STORE 327
100 TOWN VILLAGE DRIVE
919 380-2980
Customer: 15991765

Ship To:

[redacted]
KNIGHTDALE NC
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN# PO#:

Item Number	Item Description	Qty	Price Each	Extended
NET089	OIL CHG BULK OIL COUPON UP TO 6 QUARTS OIL	1	[illegible]6.99	1[illegible]99
PZ-9A	OIL FILTER PENNZOIL 8860	1		
AQ5W30	5W30 BULK OIL AQ5W30	6		
OILLAB-K	/10TH HOUR LABOR	1		
BCA	BRAKES CHECK & ADVISE	1		
WAP	PROGRAM WHEEL ALIGNMENT 12935577 WALKER, SAMUEL A.	1		
VALUE	VALUE-STOP FRT BRAKE SERVICE 12935577 WALKER, SAMUEL A.	1		
VALUEW	PTS 1 X FREE LBR 12MO/12K MIL	1		
XPBR-K	FRONT BRAKE PADS OUTSIDE PURCHASE BRAKE New 12935577 WALKER, SAMUEL A.	1	[illegible]6.42	9[illegible]42

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.
___ I REQUEST A WRITTEN ESTIMATE.
___ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
___ I DO NOT REQUEST A WRITTEN ESTIMATE

SIGNED _____ DATE ___/___/___

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. TIRE KINGDOM USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO _____ DO NOT _____ WANT MY PARTS RETURNED

PROPOSED METHOD OF PAYMENT, CASH ___ CHECK ___ CREDIT CARD ___
CHARGES REPRESENT COST/PROFIT TO THE VEHICLE REPAIR FACILITY, MISC. SHOP SUPPLY OR WASTE DISPOSAL
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION CUSTOMER COPY

MERCHANT'S
TIRE & AUTO CENTERS

COMMERCIAL|Tire Kingdom, INC.
CUSTOMERS |PO Box 406010
REMIT TO:|ATLANTA,GA30384-6010

**** I N V O I C E ****

2005 PONTIAC G6
License: [redacted] NC
Mileage: 558[illegible]8
Lug Torque 100
Tire Infl F/R 30 30

Cert#

Invoice# 14984360 - R1
Order Num 77501947 - W1
Page - 2
Opening Salesperson 1[illegible]919995
Date/Time In..... 10[illegible]2/07 8:38:
Date/Time Out..... 10[illegible]2/07 7:28:

MERCHANTS INC A TIRE KINGDOMCO
CARY PARKWAY STORE 327
100 TOWN VILLAGE DRIVE
919 380-2980
Customer: 15991765
[redacted]

Ship To:

Home# [redacted] Work#
Addl Repairs may be authorized by
VIN# PO#:

Item Number	Item Description	Qty	Price Each	Extended
KBRLAB	BRAKE PACKAGE LABOR	1	3.57	1[illegible]57
RSFRCBF	MACH. ROTORs/DRUMS (NON-COMP)	1		
	ANALYZE BRAKE FLUID			
	12935577 WALKER, SAMUEL A.			
RPBEARING	REPACK NON-SEALED BEARING	1		
	SEALS EXTRA			
	12935577 WALKER, SAMUEL A.			
SURERR	REAR SURE-STOP BRAKE SVC	1	20.00	20[illegible]0
	12935577 WALKER, SAMUEL A.			
SUREW	PTS LIFETIME LBR 2YR/24K MILE	1		
SUREPAD	PREMIUM DISC BRAKE PADS	1		
XPBR-K	REAR BRAKE PADS	1	96.01	9[illegible]1
	OUTSIDE PURCHASE BRAKE			
	New			
	12935577 WALKER, SAMUEL A.			
KBRLAB	BRAKE PACKAGE LABOR	1	3.98	6[illegible]8
RSFRCBF	MACH. ROTORs/DRUMS (NON-COMP)	1		
	ANALYZE BRAKE FLUID			
	12935577 WALKER, SAMUEL A.			

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.
___I REQUEST A WRITTEN ESTIMATE.
___I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $ _____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
___I DO NOT REQUEST A WRITTEN ESTIMATE

SIGNED _____DATE ___/___/___

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. TIRE KINGDOM USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO _____ DO NOT _____ WANT MY PARTS RETURNED

PROPOSED METHOD OF PAYMENT. CASH ___ CHECK ___ CREDIT CARD ___
CHARGES REPRESENT COST/PROFIT TO THE VEHICLE REPAIR FACILITY, MISC. SHOP SUPPLY OR WASTE DISPOSAL
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION CUSTOMER COPY

MERCHANT'S®

TIRE & AUTO CENTERS

COMMERCIAL|Tire Kingdom, INC.
CUSTOMERS |PO Box 406010
REMIT TO:|ATLANTA,GA30384-6010

**** I N V O I C E ****

2005 PONTIAC G6
License: [redacted] NC
Mileage: 55808
Lug Torque 100
Tire Infl F/R 30 30

Cert#

Invoice# 14984360 - RI
Order Num 77501947 - WI
Page - 3
Opening Salesperson 1 919995
Date/Time In..... 10 12/07 8:39:
Date/Time Out..... 10 12/07 7:29:

MERCHANTS INC A TIRE KINGDOMCO
CARY PARKWAY STORE 327
100 TOWN VILLAGE DRIVE
919 380-2980
Customer: 15991765

Ship To:

[redacted]
KNIGHTDALE NC
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN# PO#:

Item Number	Item Description	Qty	Price Each	Extended
RPBEARING	REPACK NON-SEALED BEARING SEALS EXTRA 12935577 WALKER, SAMUEL A.	1		
BFBCRBA	INC.BLEED FRONT BRAKES CHECK REAR BRAKE ADJ 12935577 WALKER, SAMUEL A.	1		
XPMP	STUD AND NUT OUTSIDE PURCHASE MECHANIC PART New	1	3.54	1 4
UHLAB	/10TH HOUR LABOR UNDERHOOD LABOR	2	8.50	1 0
VISA	Visa CARD NUMBER 5048 APPR 000513			34 7

IF YOU HAVE A QUESTION OR CONCERN PLEASE TALK TO
OUR STORE MANAGER, NATHAN S. SWOPE
AT (919) 380-2980

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.
___I REQUEST A WRITTEN ESTIMATE.
___I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $ _____, THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
___I DO NOT REQUEST A WRITTEN ESTIMATE

SIGNED _____ DATE ___/___/___

Special redit:	
Total Ch rges..	31 1
Total Cr dits..	2 0
Sub-Tota	29 1
New Tire Fees**	0
Shop Fee (*)	5
All Taxe	1
Payments	34 7
Net Amou t.....	0

PLEASE P Y ABOV AMOU
THANK YO ! Clos r:129 79

I AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. TIRE KINGDOM USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
I DO _____ DO NOT _____ WANT MY PARTS RETURNED

PROPOSED METHOD OF PAYMENT, CASH ___ CHECK ___ CREDIT CARD ___
CHARGES REPRESENT COST/PROFIT TO THE VEHICLE REPAIR FACILITY, MISC. SHOP SUPPLY OR WASTE DISPOSAL
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION CUSTOMER COPY

Merchants Tire

100 Town Village Drive
Cary, N.C. 27513

Phone Number: (919)-380-2980
Fax Number: (919)-380-2983

Customer: Date: 10/12/2007 4:30 PM
Company: VIN
License NO: Technician:
Odometer: Order NO:

VEHICLE ALIGNMENT REPORT

PONTIAC, 2005, G6

Primary Angles

			Initial	Specifications Min.	Specifications Max.	Final
Front	Caster	Left	3.0°	2.3°	3.8°	2.7°
		Right	3.1°	2.3°	3.8°	2.7°
	Camber	Left	-1.2°	-1.9°	-0.4°	-1.3°
		Right	-1.2°	-1.4°	0.1°	-1.0°
	Toe	Left	0.35°	0.00°	0.20°	0.05°
		Right	0.00°	0.00°	0.20°	0.15°
		Total	0.35°	0.00°	0.40°	0.20°
Rear	Camber	Left	-1.2°	-1.3°	-0.3°	-1.2°
		Right	-1.5°	-1.3°	-0.3°	-1.3°
	Toe	Left	0.10°	0.00°	0.20°	0.10°
		Right	0.05°	0.00°	0.20°	0.10°
		Total	0.15°	0.00°	0.40°	0.20°
	Thrust Angle		0.0°		0.3°	0.0°

Secondary Angles

		Initial	Specifications Min.	Specifications Max.	Final
SAI	Left	11.6°	---	---	11.6°
	Right	13.8°	---	---	13.8°
Included Angle	Left	10.4°	---	---	10.3°
	Right	12.6°	---	---	12.8°
Toe Out On Turns	Left	---	---	---	---
	Right	---	---	---	---
Max Turn Inside	Left	---	---	---	---
	Right	---	---	---	---
Toe Curve Change	Left	---	---	---	---
	Right	---	---	---	---
Setback	Front	-0.0"	---	---	-0.0"
	Rear	-0.1"	---	---	-0.1"
Track Width Diff.		-0.5"			-0.5"
Wheel Base Diff.		0.1"			0.1"
Front Ride Height	Left	---	2.7"	2.7"	---
	Right	---	2.7"	2.7"	---
Rear Ride Height	Left	---	6.7"	6.7"	---
	Right	---	6.7"	6.7"	---
Frame Angle					---

MERCHANT'S
TIRE & AUTO CENTERS

A Division of
TIRE KINGDOM

UNLIMITED MILEAGE WHEEL ALIGNMENT PROGRAMS

Customer Nam[redacted]tore Location #: 3415

Invoice Number: 58050501 Date of Purchase: 2-28-05

Alignment Type: Circle One (1):

Standard Thrust Angle 4 - Wheel

Original Vehicle: Year 2005 Make Pontiac Model G6

Transfer Vehicle: Year _____ Make _____ Model _____

Check One (1):

☐ **1 YEAR UNLIMITED MILEAGE PROGRAM**
Expiration Date: _____

☐ **3 YEAR UNLIMITED MILEAGE PROGRAM**
Expiration Date: _____

☑ **5 YEAR UNLIMITED MILEAGE PROGRAM**
Expiration Date: 2-28-10

- This alignment program not valid unless accompanied by original invoice.
- Valid at all ***TIRE KINGDOM*** retail locations. Appointment may be necessary.
- Call 1-800-NEW TIRE (1-800-639-8473) to be directly connected to the ***TIRE KINGDOM*** location nearest you.

This agreement does not warrant that an alignment will last for any specified amount of time, it is necessary and recommended that you bring the vehicle back to ***TIRE KINGDOM*** to be inspected and/or realigned every 6 months or 6, 000 miles, or whenever needed. This is done to ensure the best possible operation of your vehicle, not to include the replacement of tires or parts which may become worn. Failure to replace worn suspension parts does not void this agreement, however alignment with worn suspension parts may be ineffective in obtaining maximum tire mileage, suspension life, and dependable vehicle operation.

Colony Tire & SERVICE CENTERS

www.colonytire.com

800*22*TIRES

PLEASE REMIT TO: COLONY TIRE CORPORATION P.O. Box 30367 | Charlotte, NC 28230-0367

SOLD TO [redacted] 1/28

ZEBULON NC [redacted]

SHIP TO: SAME

INVOICE# 281339

CUST. PO. #	MAKE-MODEL	TAG	MILEAGE	TELEPHONE	ROUTE	SLM	SHIP VIA	ORDER #	PAGE	REMARKS
	05 66	[redacted]	35284	[redacted]	0	TE	N/A	12/02/06	1	

INVOICE DATE	INVOICE NUMBER	PREVIOUS SHIPPED INVOICE NUMBER	TERMS	
12/02/2006	281339		CASH SALE	Opened by Operator # 261 12/02/06 14:37:20 281

STOCK NUMBER	SIZE	DESCRIPTION	QUANTITY ORDERS	QUANTITY SHIPPED	QUANTITY PREV. SHIP	UNIT PRICE	T	F.E.T.	EXTENSION	
2005	PONTIAC	S6								
		EMISSION INSPECTION								SERV/MECH
ES	PES	EMISSIONS STICKER		1	1	6.50		.00	6.50	
SI02	LSI	NC STATE INSP/EMISSIONS		1	1	23.50		.00	23.50	85
05835	P215/60R16 94S	MC ALL SEASON I9 BLK (45K)		4	4	70.88	06	.00	283.52	
C BAL	CB	COMPUTER BALANCE		4	4	10.50		.00	42.00	86
VSD	VS	CHROME VALVE STEM AND TD		4	4	2.99	26	.00	11.96	
0053	DF	2% NC SCRAP TIRE TAX		1	1	5.67		.00	5.67	
9913	RHW	ROAD HAZARD WARRANTY			0	9.99		.00	.00	

****
* We recommend our Free tire *
* rotation every 5,000 miles *
* for the best Mileage & Wear*
****

METHOD OF PAYMENT:
VISA 5049 393.10 EXP: 8/2009 AUTHORIZATION CODE: 074205
CHANGE: .00

WE APPRECIATE YOUR BUSINESS!! COME AGAIN!!

HOW ARE WE DOING? 800-22-TIRES SON McGEHEE

Mech: GIOVANNI AGUILA
ROMAN FALKOWSKI

PARTS	LABOR	TAX %	TAXABLE AMOUNT	TAX	F.E.T.	MISC. AMOUNT	INVOICE TOTAL
307.62	65.50		255.48	19.95			393.10

A FINANCE CHARGE OF 1 1/2% PER MONTH (18% ANNUAL PERCENTAGE RATE) will be charged on all invoices over 30 days past due.

RECEIVED BY

STATE OF NORTH CAROLINA
VEHICLE INSPECTION RECEIPT/STATEMENT

SAFETY AND EMISSIONS (OBDII)

Sticker Class: IM
Sticker Number: IS498884
Date: 12/02/2006

****
* APPROVAL *
****

Inspection Fee	$23.50
Sticker Fee	$6.50
Window Tinting Fee	$0.00
Total Fees	$30.00

Make: PONT
Year: 2005
Body Style: SEDAN
VIN: 1G2ZG528354[redacted]
County: JOHNSTON
Sticker Expiration Month/Year: 11 2007
TIN: 286818683458

Vehicle Type: Light Duty
Plate Number: [redacted]
Odometer Reading: 55284
Number of Cylinders: 6
Type of Fuel: GASOLINE
Previous Odometer:
Motor Vehicle Dealer Number:

****

Safety Equipment	
Headlights	PASS
Parking Lights	PASS
Tail Lights	PASS
Beam Indicator Light/Switch	PASS
License Plate Light	PASS
Stop Light	PASS
Directional Signals	PASS
Horn	PASS
Windshield Wipers	PASS
Rear View Mirrors	PASS
Foot Brake	PASS
Emergency Brake	PASS
Steering Mechanism	PASS
Tires	PASS
Exhaust System	PASS
Clearance Lights	N/A
Reflectors	N/A
Window Tinting	N/A

Tampering Inspection	
Catalytic Converter	PASS
Air Injection System	N/A
PCV Valve	PASS
Unleaded Gas Restrictor	PASS
Exhaust Gas Recirculation	PASS
Thermostatic Air Control	N/A
Fuel Evaporative Control	PASS
Oxygen Sensor	PASS
Gasoline Tank Cap	PASS

****

OBDII Test Results	
PASS	
MIL Bulb Working	Pass
Connector Damage	Pass
Communications Established	Pass
MIL Commanded-On	Pass
Engine RPM at Reading	785

****

****

Station Number: 43665
Inspection Class: Emissions

Analyzer Number: EZ620900 Ver. 0602
Receipt/Statement Number: 57
Waiver Number:

Inspector-Mechanic _____
GIOVANNI AGUILAR

Owner's Repair Authorization _____

RETAIN THIS COPY FOR YOUR RECORDS

Total Inspection Fee $6.50 (min) - $30.00

MERCHANTS
TIRE & AUTO CENTERS

COMMERCIAL|Tire Kingdom, INC.
CUSTOMERS |PO Box 116992
REMIT TO: |ATLANTA, GA30368-6992

**** I N V O I C E ****

2005 PONTIAC G6
License: [redacted] NC
Mileage: 39003
Lug Torque 100
Tire Infl F/R 30 30

Cert#

MERCHANTS INC A TIRE KINGDOMCO
GARNER STORE 334
1480 US HIGHWAY 70 WEST
919 779-7004
Customer: 15991765
[redacted]
KNIGHTDALE NC
Home# [redacted] Work#
Addl Repairs may be authorized by
VIN#

Invoice# 95462367 - RI
Order Num 70754416 - WI
Page - 1
Opening Salesperson 12932454
Date/Time In..... 01/17/07 11:47:40
Date/Time Out..... 01/17/07 12:45:22
Ship To:

PO#:

Item Number	Item Description	Qty	Price Each	Extended
OCBNC	PROMOTIONAL OIL CHANGE UP TO 6 QUARTS OIL	1		
Haz-Material Disp Ch	Haz-Material Disp Charge		3.00	3.00
PZ-9A	OIL FILTER PENNZOIL 8860	1		
AQ5W30	5W30 BULK OIL AQ5W30	6		
ACAD	CUSTOMER DECLINED A FREE CHECK & ADVISE ALIGNMENT	1		
CASH	Cash Payment			3.20-

IF YOU HAVE A QUESTION OR CONCERN PLEASE TALK TO
OUR STORE MANAGER, BRYAN D. JONES
AT (919) 779-7004

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $25.
_____ I REQUEST A WRITTEN ESTIMATE.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR VERBAL APPROVAL.
_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNE[redacted] DATE ____/____/____

AUTHORIZE SERVICE TO BE PERFORMED, INCLUDING SUBLET WORK. PER THE TERMS AND CONDITIONS ON THE REVERSE "CUSTOMER COPY" OF THIS FORM. MERCHANT'S USES BOTH FLAT RATE AND HOURLY RATE TO CALCULATE CHARGES.
DO_____DO NOT_____WANT MY OLD PARTS RETURNED
PROPOSED METHOD OF PAYMENT; CASH____ CHECK____ CREDIT CARD____
I WILL____ WILL NOT____ BE WAITING FOR MY VEHICLE
CHARGE REPRESENTS COST/PROFIT TO THE VEHICLE REPAIR FACILITY MISC. SHOP SUPPLY OR WASTE DISP.
PLEASE SEE REVERSE SIDE FOR WARRANTY, TERMS, CONDITIONS AND OTHER IMPORTANT INFORMATION

Special Credit:	
Total Charges..	3.00
Total Credits..	.00
Sub-Total.....	3.00
New Tire Fees**	.00
Shop Fees(*)	.00
All Taxes.....	.20
Payments.....	3.20-
Net Amount.....	.00

PLEASE PAY ABOVE AMOUNT.
THANK YOU! Closer:12932454

THOMPSON

THOMPSON CADILLAC-PONTIAC-GMC
2600 WAKE FOREST RD. • RALEIGH, NC 27609

www.thompsoncars.com

CUSTOMER NO	ADVISOR	TAG #	INVOICE DATE	INVOICE #
026	REGINA BRITT 148	5199	12/21/07	PNQS355470

LABOR RATE	PLATE #	MILES	COLOR	STOCK #
		58,951	LIQUID SILV	29888

[redacted]
ZEBULON, NC [redacted]

YEAR / MAKE / MODEL	DELIVERY DATE	DELIVERY MILES
05/PONTIAC/G6/4DR SDN	12/31/04	10

VIN #	SELLING DEALER #	PRODUCTION DATE
1G2ZG52835 4 [redacted]	04057	

FTE #	PO #	R O DATE
		12/21/07

[redacted]

REMARKS: MO: 58951

LABOR & PARTS

J#			
1	10PNZ	***NCSI(EMISSIONS) TECH(S):77 STICKER # AD467687 COMPLETED REINSPECTION	0.00
		JOB # 1 TOTAL LABOR & PARTS	0.00

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # 1	EMISS	EMISSION SAFETY STICKER		6.25
		TOTAL - MISC		6.25

TOTALS

GM PARTS INSTALLED CARRY A 12 MONTH, 12,000 MILE PARTS AND LABOR WARRANTY WHICH EVER OCCURS FIRST.

YOU MAY RECEIVE A SURVEY FROM GENERAL MOTORS IN THE NEXT FEW DAYS. IF FOR ANY REASON YOU CANNOT GRADE US "COMPLETELY SATISFIED" ON EVERY QUESTION, PLEASE CONTACT GINO LATTARULO (919-645-2040) OR JOHN REEVES (919-645-2039) IN THE SERVICE DEPARTMENT. WE APPRECIATE YOUR BUSINESS!

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	6.25
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE $	**6.25**

TERMS: CASH UNLESS ARRANGEMENTS MADE

DISCLAIMER OF WARRANTIES

THE ONLY WARRANTIES IF ANY APPLYING TO THESE PARTS AND FOR SERVICES ARE THOSE OFFERED BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND THE SELLER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THESE PARTS AND/OR SERVICES. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM SELLER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS OR INCOME OR ANY OTHER INCIDENTAL DAMAGES.

SERVICE DIRECT (919) 828-8139
TOLL FREE (800) 543-6537
MAIN (919) 834-0311

CUSTOMER PAYMENT :
( ) CASH ( ) CHECK #
( ) CHARGE ( ) CREDIT CARD

CASHIER..... PAYMENT DATE 12/21/07

CUSTOMER SIGNATURE

CUSTOMER COPY

[END OF INVOICE] 12:39pm

THOMPSON

THOMPSON CADILLAC-PONTIAC-GMC
2600 WAKE FOREST RD. • RALEIGH, NC 27609
www.thompsoncars.com

CUSTOMER NO.	TAX EXEMPT NO.	CUST. P.O. NO.	SHIP VIA	PAY	SOLD BY	INVOICE DATE	INVOICE NO.
1111		REGINA		PENDING	BILLY WINSTON	11/26/07	233840 OLR

BILL TO

RETAIL SALE
2600 WAKE FOREST RD
RALEIGH, NC 27609-7838

SHIP TO

SHIP QTY.	B.O.QTY.	PART NUMBER/DESCRIPTION	BIN	LIST	NET	AMOUNT
1	0	15779416 BLADE 10.146	255	29.00	29.00	29.00

FEATURING

CADILLAC PONTIAC GMC CHEVROLET CHEVY TRUCK OLDSMOBILE BUICK

NO RETURNS WITHOUT THIS INVOICE. 20% HANDLING CHARGE ON RETURNED PARTS. NO RETURNS AFTER 60 DAYS. NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS. SEE BACK OF INVOICE FOR RETURN POLICY. ANY WARRANTIES ON THE ITEM/ITEMS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER, THOMPSON CADILLAC-PONTIAC-GMC, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND THOMPSON CADILLAC-PONTIAC-GMC NEITHER ASSUMES FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS ITEM/ITEMS.

RECEIVED BY X _____

SUBTOTAL	29.00
TAX	1.96
FREIGHT	0.00
PAY THIS AMOUNT	30.96

GM PARTS CENTER

AREA CODE 919
Parts - 834-2571
Fax - 834-7792
1/800-243-8806

TOLL FREE NUMBER
NATIONWIDE
1/800-662-7420

GM Parts — KEEP THAT GREAT GM FEELING WITH GENUINE GM PARTS

ALL PARTS RETURNED MUST BE IN THE ORIGINAL CONTAINER AND IN RESALEABLE CONDITION.

CUSTOMER COPY

14:03:16 PAGE 1 OF 1
NET505

PARTS INVOICE

esis

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

800.888.0164 *tel*
313.665.0911 *fax*

Deborah Chisholm
Claims Administrator

May 14, 2008

Amica Insurance
4800 Falls of Neuse Rd Ste 320
Raleigh, NC 27609-8140

RE: Claimant: [redacted]
Our File No.: 643415 (Yours: LO9200703131D)
Our Client: General Motors Corporation
Date/Event: 10/19/07
Vehicle: 2005 Pontiac G6
VIN: 1G2ZG528354[redacted]

Dear Ms. Brown:

This will confirm that we have completed our review of your claim regarding your insured's 2005 Pontiac G6. At this time, based on all documentation received and reviewed, ESIS, on behalf of General Motors Corporation, will not be in a position to honor your request for damages. If you have any additional evidence that supports your claim of a product defect, please forward it to my attention for further review.

Also, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action.

Sincerely,

Deborah Chisholm
Claims Administrator

5

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

800.888.0164 *tel*
313.665.0911 *fax*

Deborah Chisholm
Claims Administrator

May 14, 2008

Amica Insurance
4800 Falls of Neuse Rd Ste 320
Raleigh, NC 27609-8140

RE: Claimant: [redacted]
Our File No.: 643415 (Yours: LO9200703131D)
Our Client: General Motors Corporation
Date/Event: 10/19/07
Vehicle: 2005 Pontiac G6
VIN: 1G2ZG528354[redacted]

Dear Ms. Brown:

This will confirm that we have completed our review of your claim regarding your insured's 2005 Pontiac G6. At this time, based on all documentation received and reviewed, ESIS, on behalf of General Motors Corporation, will not be in a position to honor your request for damages. If you have any additional evidence that supports your claim of a product defect, please forward it to my attention for further review.

Also, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action.

Sincerely,

Deborah Chisholm
Claims Administrator