

NO BODILY INJURY INFORMATION ENTERED FOR THIS CASE

***** V INVESTIGATION *****

HOW, WHEN, AND BY WHOM WAS REGION NOTIFIED OF INCIDENT?

PHONE

6/19/97

CLAIMANT

LOCATION OF INCIDENT (DESIGNATE EXACT LOCATION)

STATE ROUTE 11 1/2 MILE N. OF TIBBITS-WICK RD. EXIT

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

KIND OF ROAD X CONCRETE GRAVEL ASPHALT CRUSHED ROCK DIRT
CONDITION OF ROAD X WET DRY ICY OTHER
KIND OF SHOULDER X CONCRETE GRAVEL ASPHALT CRUSHED ROCK DIRT
CONDITION OF SHOULDER X WET DRY ICY OTHER
NATURE OF WEATHER FOGGY
VISION OBSTRUCTION (IF ANY DESCRIBE)

FOG
NAME AND ADDRESS OF DEALER WHO TOWED (INCLUDE TOW DRIVER'S NAME), STORED
AND/OR PROVIDED TEMPORARY SERVICE TO DAMAGED VEHICLE

C & C TOWING
3083 MAPLEWOOD STREET HUBBARD, OH
ED

WHERE CAN VEHICLE BE SEEN? C & C TOWING HUBBARD, OH

3083 MAPLEWOOD STREET 330-534-8583

DID VEHICLE TURN OVER? YES X NO VEHICLE SPEED ESTIMATE 55 MPH

SOURCE OF SPEED ESTIMATE

OWNER

POSTED SPEED LIMIT 65

BRAND AND SIZE TIRES P235/70R15 MICHELIN

CONDITION R.F. X GOOD POOR FLAT R.R. GOOD POOR X FLAT

OF TIRES: L.F. X GOOD POOR FLAT L.R. GOOD POOR X FLAT

OTHER (TRUCK OR SPARE).

NOT AVAILABLE FOR INSPECTION/NOT ON VEHICLE

DID YOUR SEARCH OF THE VEHICLE SERVICE HISTORY PRODUCE SERVICE REPAIR ORDERS?

YES X NO

IF "YES", ATTACH COPIES OF ALL R.O.'S. (INDICATE HOW MANY)

IF "NO" EXPLAIN NO RELATED R.O.'S IN WARR HISTORY

POLICE REPORT ATTACHED? X YES NO IF "NO", WHAT STATION OR OFFICER MADE
REPORT

NAMES AND ADDRESSES OF WITNESSES

NO WITNESSES

WERE PHOTOS TAKEN? X YES NO IF "YES" HOW MANY 24 BY WHOM-NAME AND ADDRESS

J. MAHON, DISTRICT SVMGR

3031 W. GRAND BLVD, DETROIT, MI 48202

NOTE: FURNISH PHOTOS TO INSURANCE COMPANY OFFICE WITH THIS FORM.

FORWARD NEGATIVES TO CENTRAL (HOME) OFFICE.

NAME OF INS. REPRESENTATIVE, IF PRESENT, AT THE INVESTIGATION

N/A

***** VI DESCRIPTION OF CLAIM *****

DRIVER'S DESCRIPTION AS TO HOW INCIDENT HAPPENED AND HIS STATEMENT OF CAUSE.

I WAS TRAVELLING APPROX 55 MPH WHEN

MY VEH WAS STRUCK FROM THE REAR BY ANOTHER VEH..MY VEH SPUN & THE REAR END

CAUGHT ON FIRE...MY VEH STRUCK A TRUCK WHILE IN THE SPIN B/4 COMING TO A

STOP ON THE SIDE OF THE ROAD....SOON AFTER 2 PEOPLE HELPED ME FROM THE VEH,
MY VEH EXPLODED.....I BELIEVE A DEFECT CAUSED VEH DAMAGE.....

DID YOU PERSONALLY SPEAK WITH DRIVER? YES X NO
IF "NO", GIVE SOURCE OF DRIVER'S DESCRIPTION.

MR. [REDACTED]
WAS VEHICLE INSPECTED? X YES NO
IF "YES" IDENTIFY ALL PARTIES J. MAHON, DSM CLEVELAND
WHAT VEHICLE COMPONENTS ARE ALLEGEDLY DEFECTIVE?
FUEL SYSTEM

WHO MADE ALLEGATION OF DEFECT? OWNERS
IF THE ALLEGED DEFECTIVE PART HAS BEEN REMOVED FROM THE VEHICLE, INDICATE EXACT
PART(S), PRESENT LOCATION AND WHO IS CUSTODIAN.

INFORMATION FROM FURTHER INVESTIGATION OF INCIDENT, INCLUDING EXAMINATION OF
VEHICLE AND SCENE OF INCIDENT. NO DEFECT APPARENT UPON INSPECTION OF
VEHICLE. VEHICLE IS EXTENSIVELY BURNED FROM THE 'A' PILLAR BACK, ENGINE AREA
LOOKS NORMAL, UNDER CIRCUMSTANCES. AS INTERIOR BURNED, UNABLE TO RETREIVE ANY
DERM, ALDL DATA.

GENERAL COMMENTS
6/19/97 **** I C/O/B & COMPLETED 1241 SCREENS & ADV O/OF 10-14 BUSINESS
DAYS....I APOL FOR SIT...O/ACK & THANKED.....I ?? PREV HIST...O/STS NO
PREV W/LEAKS OF ANY TYPE, NO PREV W/FUEL SYSTEM, & NO PREV W/ELECTRICAL.....
I ?? INJURIES...O/STS WIFE REC MINOR INJURIES DUE TO BEING REAR ENDED, NOT
FROM VEH FIRE.....O/CLAIMS VEH EXPLODED AFTER BEING ON FIRE...O/STS FIRE
STARTED AS SOON AS VEH WAR REARENDED.....I ?? VEH STATUS...O/STS INS-CO
WILL TOTAL VEH...O/STS STATE FARM IS CARRIER W/CLAIM [REDACTED] & ADJUSTER
HARLAN LEWIS 330-759-7538.....I REQ O/KEEP CMD AWARE OF VEH LOCATION IF
VEH IS MOVED....O/ACK....

MIKE ROCHELEAU, P.A.R. TEAM

7/21/97. J. MAHON, DSM REC'D NOTIFICATION OF 1241 ON 7/14/97 FROM REGIONAL
OFFICE. FINDINGS WERE AS FOLLOWS: GAS TANK DENTED, APPEARS FROM DRIVESHAFT,
U JOINT @ DIFFERENTIAL INTACT, DRIVESHAFT SEPARATE FROM VEHICLE @ THE TIME OF
THE TOW, PER TOW DRIVER, ED. HE ALSO HAD TO GO BACK TO CRASH SITE TO RETRIEVE
THE TAILGATE. REAR TIRES SHREDDED AND BURNT TO THE CORDS. REAR BUMPER FOLDED
DOWN, CAPS FROM ENDS MISSING. POLE TYPE INDENTION IN THE MIDDLE OF THE ROOF
WHERE TAILGATE CLOSSES. LEFT REAR 1/4 CRUMPLED. 'A' PILLAR ON BOTH SIDES BACK
NO PAINT-NOW RUSTED; 'A' PILLAR FORWARD, EXCEPT FOR A SMALL AREA ON COWL SIDE
OF HOOD, APPEARS NORMAL. LEFT REAR SPRING BENT @ ABOUT A 45 DEGREE ANGLE.
LOAD FLOOR OF BED BENT NEAR 45 DEGREE ANGLE. DERM MELTED, NOT RETREIVABLE.
ALDL TERMINAL MELTED BEYOND USE, UNABLE TO RETREIVE DATA. DRIVESHAFT HAS NO
DAMAGE FROM FIRE, APPEARS NORMAL. HOOD SLIGHTLY BURNT NEAR COWL W/S AREA.
HOW AND WHEN WAS MATTER LEFT WITH CLAIMANT?
C/ON 7/21/97 AT 15:30 AND ADVISED NO
APPARENT DEFECT FOUND TO CAUSE CONCERN.

DATE OF INVESTIGATION 071797 PRINTED NAME JOHN R MAHON III
DATE SIGNED _____ SIGNED _____

DIVISIONAL REPRESENTATIVE COMPLETING INVESTIGATION - GENERAL MOTORS CORPORATION

CASE REF. # 970389843 (TOWER INFORMATION

TITLE : MR.

FIRST :

STREET :

CITY : YOUNGSTOWN

ST: OH

ZIP :

H PHONE:

B PHONE:

COMPANY:

VEHICLE-DEALER INFORMATION

VIN : 1GNDT13W8V2

DEL DTE: 03 03 97

YR/MDL : 97 T2 4X4 BLAZER

MILEAGE: 010500

DEALER :

ZN/DLR : 28 000

CITY :

STATE :

AFTER CALL INFORMATION

CUSTOMER REQUEST INFORMATION

REQUEST AREA : MISC

REQUEST SOURCE : H T CAS

CONTACT TYPE : OWNER

IN CORR SEQ # : N

WARRANTY : I (IN/OUT/UNK)

THIRD PARTIES : 002

STOCKHOLDER : N (Y/N)

GM EMPLOYEE : N (Y/N)

DLR SERVICE AREA: 00

PART DELAY START:

PART DELAY END :

CASE OPEN DATE : 06 19 97

SCRAP DATE :

ROUTING CODE : ZON CAS LOC: 1241

CORRES TYPE :

TRANSMIT DATE :

FILE RETENTION : 00

CORP CASE # :

LAST ALTERED ID : Z44BJ

CENTRAL FILE : Y (Y/N)

LAST ALTERED DATE : 07 28 97

CASE CLOSING INFORMATION

FILE RETENTION : 00

CENTRAL FILE : Y (Y/N)

DLR CONTACT DATE : 07 28 97

DLR CONCLUSION DATE: 07 28 97

CLOSING DATE :

RESPONSIBLE DLR :

CO REVIEW CLOSE : H61MR

CO REVIEWED : (Y/N) DATE:

RGN REVIEW CLOSE :

RGN REVIEWED : (Y/N) DATE:

CDE # DESC

CDE COMMENTS

L01 0 FUEL SYS. GEN

O/CLAIMS REAR END CAUGHT FIRE

SEE 1241 SCREENS

T09 0 POSS. GM 1241

O/CLAIMS DEFECT CAUSED VEH DAMAGE

SEE 1241 SCREENS

G. RAL COMMENTS

USER: H16AS DATE: 6/19/97 TIME: 09:49

0001/ 1 6/19/97*****
 0001/ 2 O/C/ REQ ASST W/ LISTED...O/ STS LAST NIGHT APPROX 2 A.M. HIS
 0001/ 3 WIFE WAS DRIVING VEH ALONE GOING APPROX 55 MPH AND WAS REAR-
 0001/ 4 ENDED BY ANOTHER VEH (ESTIMATED BY POLICE TO BE GOING APPROX 65-70
 0001/ 5 MPH)...O/ STS WIFE NOTICED FLAMES IN REAR OF VEH IN HER REAR-VIEW
 0001/ 6 MIRROR...O/ STS OTHER INDIVIDUALS HELPED WIFE OUT OF VEH AND AFTER
 0001/ 7 SHE GOT OUT OF VEH, VEH EXPLODED IN FLAMES 2 X'S...O/ STS VEH WAS
 0001/ 8 TOWED TO A YARD BY AN INDEP TOWING COMPANY...O/ STS HIS WIFE WAS NOT
 0001/ 9 INJURED BY FLAMES OR EXPLOSION BUT SUFFERED MINOR INJURIES FROM IMPACT
 0001/10 OF COLLISION...CO ACK...CO C/ P.A.R...P.A.R. ADV CO TO ADV O/ OF FILE
 0001/11 AND THAT FILE WILL BE REV'D AND O/ WILL BE CONTACTED BY END OF NEXT
 0001/12 BUSINESS DAY...CO ADV O/ FILE #...CO ADV O/ INFO FROM P.A.R...O/ STS
 0001/13 THIS IS A "MAJOR CONCERN" AND WOULD DEFINITELY LIKE TO BE CONTACTED
 0001/14 B/C HE IS "SURE THAT GM WOULD NOT WANT IT TO GET OUT THAT THERE ARE
 0001/15 FIRE BOMBS OUT ON THE ROAD"...CO ACK AND ADV O/ AGAIN THAT>>>>>>>>>>>>>>>>

USER: H16AS DATE: 6/19/97 TIME: 09:50

0002/ 1 >>>>>>>>>>HE WOULD BE CONTACTED BY THE END OF NEXT BUSINESS DAY...
 0002/ 2 CO THANKED O/ FOR C/...
 0002/ 3 ANDREA SIWEK

USER: H61MR DATE: 6/19/97 TIME: 10:01

0003/ 1 6/19/97 **** I REC C/FROM PREV & REV FILE....DUE TO NATURE OF FILE,
 0003/ 2 P.A.R. TEAM WILL LOOK INTO SIT & C/O/B TO SET UP FILE.....
 0003/ 3 MIKE ROCHELEU, P.A.R. TEAM

USER: H35NB DATE: 6/26/97 TIME: 12:18

0004/ 1 6/25/97*****
 0004/ 2 O/C/B STS FILE # & REQ UPDATE....CO REV FILE...CO ATTEMPTED TO C/PREV
 0004/ 3 & PAR GATE BUT NO ONE AVAILABLE...CO REV W/RENEE JOHNSON...CO & RENEE
 0004/ 4 REV 1241 SCREENS W/KELLI EVERSON...INFO STS PREV CONTACTED O/B/ & ADV
 0004/ 5 O/OF 10-14 BUSINESS DAY TIME FRAME FOR REV....FILE DOES NOT REFLECT
 0004/ 6 THAT INFO...CO ADV O/OF 10-14 BUSINESS DAY TIME FRAME AGAIN...CO ADV
 0004/ 7 O/NO UPDATES IN FILE...CO ADV O/IF STILL HAS NOT HEARD ANYTHING AFTER
 0004/ 8 14 BUSINESS DAYS, TO C/B....CO UPDATED PREV.
 0004/ 9 NICK BATTAGLIA

USER: H61MR DATE: 6/26/97 TIME: 12:31

0005/ 1 6/26/97 **** I COMPLETED 1241 SCREENS & ADV O/OF 10-14 BUSINESS DAYS
 0005/ 2 ON 6/19/97.....I APOL FOR SIT....O/ACK....
 0005/ 3 MIKE ROCHELEAU, P.A.R. TEAM

USER: H51DB DATE: 6/30/97 TIME: 17:44

0006/ 1 06-30-97****
 0006/ 2 O/C/REQ UPDATE ON FILE...CO REV'D CMTS...CO ADV O/ NO NEW INFORMATION
 0006/ 3 & ADV O/ OF 10-14 BUSINESS DAY TIME FRAME...CO THANKED O/ FOR C/...
 0006/ 4 CO TO L/M/W/PREV...
 0006/ 5 ...DAVID BANOVIETZ

USER: H46CS DATE: 7/ 7/97 TIME: 14:50

GENERAL COMMENTS

0007/ 1 07/07/97*****
0007/ 2 O/C/B/ REQ UPDATE ON FILE...O/STS REALIZES IT HASN'T BEEN 10-14 BUSINE
0007/ 3 SS DAYS BUT WANTED TO SEE IF THERE HAS BEEN ANY PROGRESS...CO REV
0007/ 4 W/ LEIGH WARNER...CO ADV O/ THAT IT TAKES AT LEAST 10-14 BUSINESS DAYS
0007/ 5 MAYBE A LITTLE LONGER W/ THE JULY 4TH HOLIDAY TO REV SIT...CO ADV O/
0007/ 6 WOULD BE CONTACTED BY CMD WHEN A POSITION IS REACHED...O/??? IF CMD
0007/ 7 OFFERS ANY KINDS OF "EXTENDED REBATES"...O/STS SETTLED W/ INSURANCE
0007/ 8 COMPANY AND TOOK QUITE A LOSS...CO ADV NOT IN A POSITION TO DISCUSS
0007/ 9 FILE WHILE INVESTIGATION IN PROCESS...O/ THANKED CO...CO THANKED O/C..
0007/10 ..CRAIG SMITH

USER: H09SW DATE: 7/10/97 TIME: 10:15

0008/ 1 7-10-97****O/C/STS FILE # AND REQ UPDATE...CO REV FILE AND ADV THAT
0008/ 2 THE INVESTIGATION IS STILL IN PROGRESS...O/ACK AND THANKED CO FOR
0008/ 3 TIME...CO THANKED O/FOR C...STEVEN WEGNER

USER: Z44BJ DATE: 7/11/97 TIME: 11:02

0009/ 1 REGION CONTACTED DSM (J.MAHON) AND ADVS'D OF CASE AND SHUTDOWN
0009/ 2 DELAYED CASE ASSIGNMENT AND INVESTIGATION...
0009/ 3 BURDENA JOHNSON
0009/ 4 NORTH CENTRAL REGION

USER: H63BB DATE: 7/18/97 TIME: 10:11

0010/ 1 07-18-97****O/C/B REQ UPDATE ON FILE...CO REV'D FILE...CO ADV O/ OF
0010/ 2 10-14 BUSSINESS DAYS...CO ADV OF POSSIBLE DELAY DUE TO GM PLANT SHUT
0010/ 3 DOWN...CO ADV O/ THAT NO UPDATES AT THIS TIME...O/ ACK & THANKED...
0010/ 4 CO THANKED O/ FOR C/...
0010/ 5 BRANDON BELLESINE...

THIR PARTY INFORMATION

THIRD PARTY TYPE: DRIVER

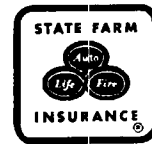
TITLE : MRS.
FIRST : [REDACTED]
MI : [REDACTED]
LAST : [REDACTED]
STREET : [REDACTED]
CITY : YOUNGSTOWN
STATE : OH
ZIP : [REDACTED]
H PHONE: 000 000 0000
B PHONE: 000 000 0000
COMPANY:

THIRD PARTY TYPE: INS-CO

TITLE : MR.
FIRST : [REDACTED]
MI : [REDACTED]
LAST : [REDACTED]
STREET : UNK
CITY : UNK
STATE : OH
ZIP : 00001
H PHONE: 000 000 0000
B PHONE: [REDACTED]
COMPANY:

END OF PRINT FOR CASE # 970389843

State Farm Insurance Companies



October 27, 1997

Youngstown North Service Center
5170 Belmont Avenue
Youngstown, OH 44505
330-759-7500
FAX: 330-759-7501

Product CMD
P.O. Box 7047
Troy, MI 48007

RE: Our Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: June 19, 1997
Your Claim Number: 970-389843
Your Customer: [REDACTED]

To Whom It May Concern:

I contacted a gentlemen approximately three weeks ago and advised them of a problem. I was advised that someone would be contacting me within a day or two and to address this matter. To date, I have had no response to anyone from your organization.

The reason why I am writing you today is due to storage charges on the above-mentioned vehicle. This vehicle was owned by a Mr. Larry Reigurt, when his wife was struck from behind by our insured. Consequently, the accident resulted in the Blazer bursting into flames and your company wanted to investigate this matter. We attempted to have the vehicle moved to a facility which would not charge us any storage, however, we were advised to not touch the vehicle until it was inspected by your company.

After the vehicle was inspected by your company, it was moved from the facility that was charging the storage charges. We do not feel that we should be responsible for these charges since it was not our decision to leave the vehicle at the original tow yard.

Please have someone from your organization contact me in order that I may discuss this matter in further detail.

Thank you for your prompt attention to this matter.

Sincerely,

Harlan H. Lewis
Claim Specialist
State Farm Mutual Automobile Insurance Company

HHL/035
035/1027022

C & C TOWING & SERVICE INC.
3083 MAPLEWOOD
HUBBARD, OH 44425
(330) 534-8583

TOW TICK.#: 1661

DATE: 06/19/97

PAGE 1

YEAR : 1997
 MAKE : CHEVROLET
 MODEL : BLAZER
 STYLE :
 COLOR : BLACK
 V. I. N. : 1GNDT13W8V2
 LICENSE # : AJU8818
 STATE : OH
 ODOMETER :
 REASON : ACCIDENT
 PD # :
 MEMBER# :
 RD # :

EXP. DATE :
 OFFICER :
 NAME :
 ADDRESS :
 CITY : YOUNGSTOWN
 STATE : OH
 ZIP :
 HOME PHONE :
 WORK PHONE :
 EXTENSION :
 CASH VALUE : 10.00
 SALE/AUCT# :
 SALE DATE :

DRIVER : ED
 TRUCK # : 02
 TYPE OF TOW : RB FLATBED
 REQUESTED BY : OHIO STATE PATROL
 LOCATION : RT 11
 DESTINATION :
 TIME OF CALL :
 ARRIVAL TIME : 00:00

NEED RELEASE:
 RELEASE DATE:
 RELEASE # :
 RELEASED TO :
 SIGNED :
 TIME DISPTCH: 1
 COMPL TIME : 00:00

POOL NO. 361937
CHECK NO. 48732
AMOUNT \$ 655.00

TOWING : \$ 100.00
 DOLLY : \$ 0.00
 LABOR : \$ 0.00
 WINCH : \$ 0.00
 MISC : \$ 75.00

BEG. MILE: 0 END. MILE: 0 TOTAL MILES: 0 RATE: \$ 0.00 PER =

DATE IN: 06/19/97 DATE OUT: 08/05/97 TOTAL DAYS: 48 RATE: \$ 10.00 PER =

END TOW : \$ 0.00
 MILEAGE : \$ 0.00
 SUBTOTAL : \$ 175.00
 GATE : \$ 0.00
 STORAGE : \$ 600.00
 PAYOUT : \$ 0.00
 TAX : \$ 0.00
 TOTAL : \$ 655.00

BILLED TO: MUFFLEYS

Paid check # 48732

AMT PAID: \$ 0.00
 BAL DUE : \$ 655.00

NOTES: STATE FARM C#35-N490831 CALLED 7/30/97
 AT 8:43 AM HARLAN LEWIS WILL CALL BACK

Michael K. Schulte
Claims Administrator
ESIS/GM Central Claims Unit

ESIS

An Insurance Services Company

December 18, 1997

PO Box 02489
Detroit, Michigan 48202
Telephone 1-800-888-0164
Facsimile 1-313-974-7389

Mr. Harlan Lewis
State Farm Insurance Company
Youngstown North Service Center
5170 Belmont Avenue
Youngstown, Ohio 44505

Claim Number: [REDACTED]
Date of Event: June 19, 1997
Claimant: [REDACTED]
Client: General Motors

Dear Mr. Lewis:

With regard to your letter dated October 27, 1997, we have reviewed your request for reimbursement of storage costs for a 1997 Chevrolet Blazer which regards your claimant [REDACTED] your claim number 35-N490-831. It is obviously apparent that your company took possession of this vehicle for reasons other than allowing GM to inspect this vehicle. Further, GM has no interest in this vehicle and you may dispose of the vehicle in any manner you see fit.

We are respectfully denying your request to be reimbursed for storage costs regarding this vehicle and we are closing our file regarding this matter.

If you would like to discuss this determination please call me at 313.556.1447.

Sincerely,

Michael K. Schulte

OK
JCP
12/18

State Farm Insurance Companies



January 5, 1998

Youngstown North Service Center
5170 Belmont Avenue
Youngstown, OH 44505
330-759-7500
FAX: 330-759-7501

Michael Schulte
ESIS
P. O. Box 02489
Detroit, MI 48202

RE: Our Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: June 19, 1997
Your Client: General Motors
Claim Number: 337340

Dear Mr. Schulte:

I am a little confused about the contents of your letter, therefore, I would like to state a few facts.

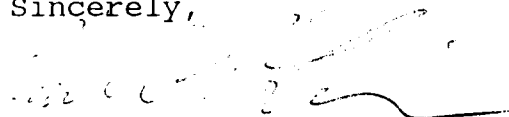
You stated that my company took possession of your vehicle for reasons other than allowing GM to inspect his vehicle. Please note that my company did not have this vehicle removed from C & C Towing where it was originally towed by orders of GM who wished to inspect the vehicle before any tampering was done.

There was no question whether or not GM wanted to take possession of the vehicle, however, it was GM's decision not to have the vehicle moved until after it was inspected.

At this time I am asking that you respectfully reconsider your denial of our reimbursement for storage costs before any other actions are taken.

Thank you for your cooperation in this matter.

Sincerely,


Harlan H. Lewis
Claim Specialist
State Farm Mutual Automobile Insurance Company

HHL/033
034/0105021r

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **78-1008-78** OH-2 OH-3 **STATE HIGHWAY PATROL OHP-78** REPORTING AGENCY N.C.I.C. ODHS USE ONLY - DO NOT MARK ABOVE

REPORT TAKEN AT STATION AT SCENE NO. OF VEH PEDESTRIANS INVOLVED **3** CRASH SEVERITY (CHECK MOST SEVERE) FATAL INJURY PROPERTY DAMAGE ONLY COMBINED VEH/PROP LOSS OVER \$1K UNDER \$1K HIT SKIP SOLVED UNSOLVED

IN COUNTY OF **TRUMBULL** IN CITY VILLAGE TWP OF **LIBERTY** DATE OF CRASH: DAY **06/19/97** TIME: MILITARY **0205**

CRASH OCCURRED ON **SR 11** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO) _____

MILES: **200** FEET _____ OF _____ MILEPOST **47**

UNIT NO. **3** NO. OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT **GENESIS**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **TATAR, RUDOLPH T. JR** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **9892 DELTONA, NEW MIDDLETON, OH 44442**

PHONE NO. **(330) 642-2854** BIRTHDATE **10/10/40** AGE **56** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RPA0422** OCCUPATION **DRIVER**

OWNER (IF SAME AS DRIVER, WRITE SAME) **TAMARKIN COMPANY** ADDRESS **375 VICTORIA, YOUNGSTOWN, OH 44405** PHONE **(330) 792-3811**

VEH YR **94** MAKE **WHITE-GMC** MODEL **CONVENTIONAL** COLOR **RED** STYLE **TK** STATE **OH** LICENSE PLATE NO. **P4Y77L** TOWING SERVICE _____ VEHICLED DIR FROM **N** TO **S**

CIRCLE DAMAGE AREAS DAMAGE SEVERITY: NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE: NONE LIGHT MODERATE HEAVY VEHICLE DISPOSITION: DRIVEN AWAY REMAINED AT SCENE TOWED FIRE: NO FIRE FIRE DUE TO CRASH OTHER FIRE

UNIT NO. _____ NO. OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT _____

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) _____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) _____

PHONE NO. _____ BIRTHDATE _____ AGE _____ SEX _____ SOCIAL SECURITY NO. _____ STATE _____ DRIVER'S LICENSE NO. _____ OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) _____ ADDRESS _____ PHONE _____

VEH YR _____ MAKE _____ MODEL _____ COLOR _____ STYLE _____ STATE _____ LICENSE PLATE NO. _____ TOWING SERVICE _____ VEHICLED DIR FROM _____ TO _____

CIRCLE DAMAGE AREAS DAMAGE SEVERITY: NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE: NONE LIGHT MODERATE HEAVY VEHICLE DISPOSITION: DRIVEN AWAY REMAINED AT SCENE TOWED FIRE: NO FIRE FIRE DUE TO CRASH OTHER FIRE

FROM UNIT NO.	NAME (LAST, FIRST, MI)	ADDRESS	BIRTHDATE	AGE	SEX	POSITION					INJURIES										
						A	B	C	D	E	F	1	2	3	4	5	6				
						1															

CONDITION: APPARENTLY NORMAL SHOCK FATIGUED APPARENTLY ASLEEP PHYSICAL DEFECT OTHER CONDITION UNKNOWN

A	B	C	D	E	F

RESTRAINTS: NOT USED NONE AVAILABLE LAP BELT USED LAP/SHOULDER BELT USED SHOULDER BELT USED CHILD SAFETY SEAT AIR BAG USED USE NOT REPORTED

OFFENSE CHARGED AND DESCRIPTION: _____

OFFENSE CHARGED AND DESCRIPTION: _____

RECEIVED CALL **0211** DISPATCHED **0211** ARRIVED **0219** CLEARED **0329** OTHER TIME **60** TOTAL MINUTES **130**

DATE REPORT FILED **06/19/97** PHOTO YES NO OFFICER'S NAME **T.P.E. M.A. HARMON** BADGE NO. **3003** CHECKED BY **160**

1 NOT EJECTED PARTIAL TOTAL TRAPPED INSIDE VEHICLE

1 NO DRUGS DETECTED USING PRESCRIBED DRUG USING ILLEGAL DRUG

LOCAL REPORT NO. _____

VEHICLE IDENTIFICATION SECTION

OCCUPANT SECTION

POLICE ACTION

HBV 7001

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 78-1008-78	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT 6 10 19 1997
IN COUNTY OF Franklin	ACCIDENT LOCATION SR 11	

Diagram details:

- SR 11 (top horizontal line)
- BENCH MARK 32
- 362' NORTH OF MP 47
- SR 11 SOUTHBOUND ONLY
- Points A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, R
- OFFICER'S SIGNATURE: G.S. [unclear]
- BADGE NO. 1202

HSY 7002

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **78-100878** OH-1 OH-2 OH-3 REPORTING AGENCY **STATE HIGHWAY PATROL** N.C.T.C. **ONP 78** OHMS USE ONLY DO NOT MARK ABOVE

REPORT TAKEN AT STATION AT SCENE NO. OF VEH PEDESTRIANS INVOLVED **3** CRASH SEVERITY (CHECK MOST SEVERE) FATAL INJURY PROPERTY DAMAGE ONLY COMBINED VEH/PROP LOSS OVER \$100 UNDER \$100 HIT SKIP SOLVED UNSOLVED

IN COUNTY OF **TALMAHULL** IN CITY VILLAGE TWP OF **LIBERTY** DATE OF CRASH: DAY **NOV 19 1997** TIME: MILITARY **0205**

CRASH OCCURRED ON **SR 11** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION W E OF _____ MILES: **200** FEET _____ MILEPOST **47**

UNIT NO. **1** NO. OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT **NATIONWIDE**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **REIGUT, JAYNE M** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **1908 LAURELWOOD; AUSTINTOWN OH 44515**

PHONE NO. **(330) 799-9664** BIRTH DATE **03 12 58** AGE **39** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RH291016** OCCUPATION **SECRETARY**

OWNER (IF SAME AS DRIVER, WRITE SAME) **REIGUT, LAWRENCE P.** ADDRESS **SAME** PHONE _____

VEH YR **97** MAKE **CHEVROLET** MODEL **BUZER** COLOR **BLK** STYLE **SW** STATE **OH** LICENSE PLATE NO. **AJU 8818** TOWING SERVICE **CIC** VEH/PROP FROM **N to S**

CIRCLE DAMAGE AREAS: DAMAGE SEVERITY: NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE: NONE MODERATE LIGHT HEAVY VEHICLE DISPOSITION: DRIVEN AWAY REMAINED AT SCENE TOWED FIRE: NO FIRE FIRE DUE TO CRASH OTHER FIRE

UNIT NO. **2** NO. OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT **STATE FARM**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **WOODFORD, DAVID D.** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **2086 COATES DR.; GIRARD OH 44420**

PHONE NO. **(330) 652-6400** BIRTH DATE **08 14 57** AGE **40** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RL431219** OCCUPATION **BUSINESS OWNER**

OWNER (IF SAME AS DRIVER, WRITE SAME) **SAME** ADDRESS _____ PHONE _____

VEH YR **93** MAKE **ACURA** MODEL **INTEGRA** COLOR **WH** STYLE **4S** STATE **OH** LICENSE PLATE NO. **PD12169** TOWING SERVICE **EX TRICKS** VEH/PROP FROM **N to S**

CIRCLE DAMAGE AREAS: DAMAGE SEVERITY: NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE: NONE MODERATE LIGHT HEAVY VEHICLE DISPOSITION: DRIVEN AWAY REMAINED AT SCENE TOWED FIRE: NO FIRE FIRE DUE TO CRASH OTHER FIRE

FROM UNIT NO. **1** NAME (LAST, FIRST, MI) _____ BIRTHDATE **M ID Y** AGE _____ SEX **A 1 B 1 C D E F** POSITION **4 5 C D E F** INJURIES: FATAL SERIOUS VISIBLE MINOR VISIBLE NO VISIBLE INJURY NOT BLAMED

FROM UNIT NO. **2** NAME (LAST, FIRST, MI) _____ BIRTHDATE **M ID Y** AGE _____ SEX _____ POSITION **1 6** CONDITION: APPARENTLY NORMAL SICK FATIGUED APPARENTLY ALSEEP PHYSICAL DEFECT OTHER CONDITION UNKNOWN

INJURED TAKEN TO **ST. ELIZABETH'S HOSPITAL LIBERTY OHMS** BY _____

INJURED TAKEN TO _____ BY _____

OFFENSE CHARGED AND DESCRIPTION: **D.A.C. CITY ORD. 45119(A)(13) (BLG) / 4511.21(A) ACDA**

RECEIVED CALL **0211** DISPATCHED **0211** ARRIVED **0219** CLEARED **0329** OTHER TIME **60** TOTAL MINUTES **130**

DATE REPORT FILED **06 19 97** PHOTOS YES NO OFFICER'S NAME **T.P.R. M.A. HARMON** BADGE NO. **1003** CHECKED BY **160**

RESTRAINTS: NOT USED NONE AVAILABLE LAP BELT USED LAP/SHOULDER BELT USED SHOULDER BELT USED CHILD SAFETY SEAT AIR BAG USED USE NOT REPORTED

EJECTION: NOT EJECTED PARTIAL TOTAL TRAPPED INSIDE VEHICLE

ALCOHOL: **1** TESTED YES NO **2** TESTED YES NO

DRUGS: **1** TESTED YES NO **1** TESTED YES NO

HSY 7001

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 78-1008-78	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH 10 07
-----------------------------------	--	------------------------

OHIO TRAFFIC CRASH REPORT OH-1 (Rev. 1-82)

LOCAL REPORT NO. 78-1008-78	REPORTING AGENCY STATE HIGHWAY PATROL	OFFICER OH-1 CWP 78	ODMS USE ONLY (DO NOT MARK ABOVE)
REPORT TAKEN AT STATION	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY	CONFINED TO PROOF LOSS	<input checked="" type="checkbox"/> DYER <input type="checkbox"/> HIT BRP <input type="checkbox"/> SOLVED
NO. OF VEH. INVOLVED 3	<input type="checkbox"/> UNRESOLVED	DATE OF CRASH 10 19 87	TIME 0205
IN COUNTY OF TULAHULL	CRASH OCCURRED ON SR 11	WITHIN THE INTERSECTION OF	
IF NOT IN INTERSECTION: MILES 200 FEET W 0 E OF MILEPOST 47			

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) REIGENT, JAYNE M.	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1908 LAURELWOOD, AUSTINTON, OH 44515
PHONE NO. (330) 799-9664	BIRTHDATE 03 12 58
AGE 29	SEX F
SOCIAL SECURITY NO. SAME	STATE OH
DRIVER'S LICENSE NO. RN 204016	OCCUPATION Secretary

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) REIGENT, LAWRENCE P.	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) SAME
PHONE NO.	BIRTHDATE
AGE	SEX
SOCIAL SECURITY NO.	STATE OH
DRIVER'S LICENSE NO.	OCCUPATION

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) WOODFORD, DAVID D.	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2086 COATES DR., GAITHERS, OH 44420
PHONE NO. (330) 652-6400	BIRTHDATE 08 14 57
AGE 30	SEX M
SOCIAL SECURITY NO.	STATE OH
DRIVER'S LICENSE NO. RL 45219	OCCUPATION BUS/DECK OWNER

VEH. NO. 97	MAKE CHEVROLET	MODEL BLAZER	COLOR BLK	STYLE SW	STATE OH	LICENSE PLATE NO. AJU 8818	VEHICLE SERVICE FROM N to S
DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE	
<input type="checkbox"/> TOP	<input type="checkbox"/> NON-FUNCTIONAL	<input type="checkbox"/> NONE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> DRIVEN AWAY	<input type="checkbox"/> REMAINS AT SCENE	<input checked="" type="checkbox"/> NO FIRE	<input type="checkbox"/> FIRE DUE TO CRASH
<input type="checkbox"/> UNDERCAR	<input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> LIGHT	<input checked="" type="checkbox"/> HEAVY	<input type="checkbox"/> TOWED	<input type="checkbox"/> OTHER FIRE		

VEH. NO. 93	MAKE ACURA	MODEL INTEGRA	COLOR WHI	STYLE 4S	STATE OH	LICENSE PLATE NO. PA12169	VEHICLE SERVICE FROM N to S
DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE	
<input type="checkbox"/> TOP	<input type="checkbox"/> NON-FUNCTIONAL	<input type="checkbox"/> NONE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> DRIVEN AWAY	<input type="checkbox"/> REMAINS AT SCENE	<input type="checkbox"/> NO FIRE	<input type="checkbox"/> FIRE DUE TO CRASH
<input type="checkbox"/> UNDERCAR	<input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> LIGHT	<input type="checkbox"/> HEAVY	<input checked="" type="checkbox"/> TOWED	<input type="checkbox"/> OTHER FIRE		

FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	POSITION
1	REIGENT, JAYNE M.	03 12 58	29	F	DRIVER
2	REIGENT, LAWRENCE P.				DRIVER
3	WOODFORD, DAVID D.	08 14 57	30	M	DRIVER
<p>CONDITION</p> <p>1 APPARENTLY NORMAL</p> <p>2 INJURED</p> <p>3 APPARENTLY ABLE TO DRIVE</p> <p>4 PHYSICAL DEFECT</p> <p>5 OTHER CONDITION</p> <p>6 UNKNOWN</p>					
<p>RESTRAINTS</p> <p>1 NOT USED</p> <p>2 HOME AVAILABLE</p> <p>3 LAP BELT USED</p> <p>4 LAP/SHOULDER BELT USED</p> <p>5 SHOULDER BELT USED</p> <p>6 CHILD SAFETY SEAT</p> <p>7 AIR BAG USED</p> <p>8 USE NOT REPORTED</p>					
<p>ALCOHOL</p> <p>1 TESTED</p> <p>2 YES</p> <p>3 NO</p> <p>4 TESTED</p> <p>5 YES</p> <p>6 NO</p>					
<p>DRUGS</p> <p>1 NO DRUGS DETECTED</p> <p>2 DRUGS DETECTED</p> <p>3 USING PRESCRIBED DRUGS</p> <p>4 USING ILLEGAL DRUGS</p>					

RECEIVED CALL 0211	DISPATCHED 0211	ARRIVED 0229	CLEARED 0329	OTHER TIME 60	TOTAL MINUTES 130
DATE REPORT FILED 06 19 97	PHOTOS 21	OFFICER'S NAME TDR. N.A. HARDON	RAPSE NO. 2002	CHECKED BY 160	

HSY 701

REPORT NUMBER

15-1008 10

AGENCY

STATE HIGHWAY PATROL

M 06 10 19 97

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

TPR. M. A. HARMON (OFFICER'S NAME)

AT CRASH SCENE (LOCATION)

I WAS SOUTHBOUND ON SR 11, I FELT AN IMPACT FROM BEHIND. I LOOKED IN MY MIRROR, I SAW A TRAIL OF FIRE, I JUST TRIED TO GET AWAY.

Q. WHICH LANE WERE YOU IN?

A. PASSING LANE.

Q. HOW FAST WERE YOU GOING?

A. 55 (MPH).

Q. WERE YOU MOVING WHEN YOU WERE STRUCK?

A. YES.

Q. DID YOU HIT YOUR BRAKES BEFORE THE CRASH?

A. NO, NOT EVEN A LITTLE.

Q. WERE YOU DRIVING THE BLAZER?

A. YES.

Q. WERE YOU WEARING YOUR SEATBELT?

A. YES.

Q. WHERE WERE YOU IN RELATION TO THE SEM TRUCK?

A. I WAS CLOSE TO BEING RIGHT BESIDE HIM.

Q. HOW LONG HAD YOU BEEN IN THE PASSING LANE?

A. I WAS THERE FOR A LITTLE WHILE.

?

ADDRESS OF WITNESS

1908 LAURELWOOD; AUSTINTOWN, OH 44515

PHONE

(330) 799-9664

SIGNATURE OF WITNESS

DID NOT SIGN

OFFICER'S SIGNATURE

[Signature]

HSY 7003

OHIO TRAFFIC ACCIDENT -- DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT		
		M	DD	YY
IN COUNTY OF		ACCIDENT LOCATION		
START LINE		PLANE EDGE	FROM EDGE	<p>① FIELD SKETCH WAS MADE AT 1000 hrs on 6-19-97. VEHICLE HAD BEEN REMOVED FROM THE SCENE. REPORT BY TRM MIL. POSITION U-502</p> <p>② THE CHEVY BLAZER WAS VIEWED BY CJC TOWING AT 1300 hrs on 6-19-97. THE FIRE DAMAGE WAS HEAVY. FROM FRONT WINDSHIELD BRACK FRONT TIRES WERE INFLATED AND OVERRIDE BOTH BRACK TIRES BURNED + FLAT. THE LEFT REAR OVERTURN APPEARS TO HAVE OCCURRED DAMAGE FROM THE FRONT. THE LEFT TIRE WHICH WAS FLAT WAS REMOVED AND LACKED DENY THE REAR OF THE BLAZER ALSO CONTACTED THE REAR OF THE SEMI TRAILER. THE REAR TAIL GATE BECAME DISLOADED AND ENBEDDED ON THE FEDERAL SOCIETY GAR.</p>
SKID MARKS	A	32' N	0'	
SKID MARKS	B	20' N	4' W	
SKID MARKS	C	18' N	3' W	
POINT OF IMPACT	D	36' S	9' W	
RIGHT TIRE MARK	E	33' S	1' W	
LEFT TIRE MARK	F	82' S	13' W	
GLAZER	G	57' S	3' E	
MARK	H	117' S	15' W	
MARK	I	111' S	11' W	
MARK	J	78' S	9' W	
MARK	K	199' S	15' W	
MARK	L	317' S	19' W	
MARK	M	331' S	19' W	
MARK	N	356' S	18' W	
MARK	O	375' S	11' W	
MARK	P	382' S	0'	
MARK	Q	397' S	19' W	
MARK	R	454' S	29' W	
<p>③ THE DRIVE SHAFT WAS TORN OUT OF THE BLAZER. IT SHOWED NO SIGNS OF BURNING NOR DID THE TAIL GATE. IT IS NOT KNOWN WHERE THE DRIVE SHAFT WAS FOUND AT THE SCENE.</p>				
OFFICER'S SIGNATURE				RADAR NO.
TR. G.S. No. 120				120

HSY 7002

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/

LOCAL REPORT NUMBER 78-1008-78
 IN COUNTY OF TRUMBULL

REPORTING AGENCY STATE HIGHWAY PATROL
 ACCIDENT LOCATION SR 11

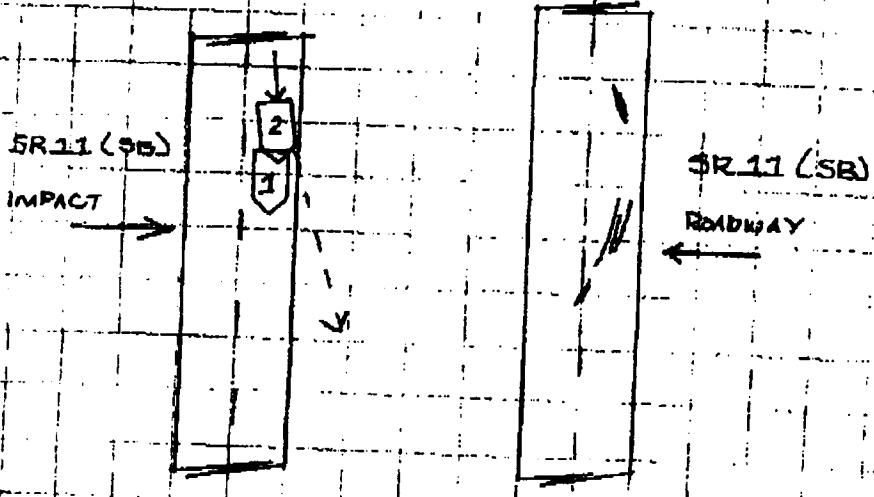
DATE OF ACCIDENT
 M 06 10 19 99

INJURY: DRIVER #1 - NO VISIBLE INJURY TRANSPORTED TO ST. ELIZABETH
 BY LIBERTY EMS

NO OTHER INJURY REPORTED.

- DAMAGE #1 - IMPACT AT W.R. TOTALLY BURNED
- #2 - R/F FRONT & FRONT
- #3 - REAR TRAILER BUMPER (1995 GREAT DANE, WHITE, TENN-204156
 OWNER - TIP, INC; 426 W. LANCASTER, DEWON, TN 39337)

HEAVY FOG / DANGEROUS SCENE - NO FIELD SKETCH



OFFICER SIGNATURE
[Signature]

SADGE NO.
 1028

H3Y 7002

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 15-1008-78	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 01 10 19 97
-----------------------------------	--	--------------------------------

FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DAVID D. WOOD FORD (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPP. M. A. HARMON (OFFICERS NAME) AT CRASH SCENE (LOCATION)

Q. DO YOU UNDERSTAND YOUR RIGHTS?

A. YES.

Q. WHAT HAPPENED?

A. I WAS IN THE LEFT LANE, BUT I DON'T KNOW WHY I ENDED UP IN THE STRIP. I HAD TO. I DON'T THINK THE CAR IN FRONT OF ME REALIZED I WAS THERE. IT HAPPENED SO FAST, NO TIME FOR CORRECTION.

Q. HOW FAST WERE YOU GOING?

A. OVER 55, UNDER 70.

Q. WERE YOU DRIVING?

A. YES SIR, I WAS ALONE IN THE CAR.

Q. DID YOU HIT THE BLAZER?

A. I'M NOT SURE WHAT CARS HIT, I BIDE I KNOW IT WAS COMING. (WRONG) 401th

Q. HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE TONIGHT?

A. YES SIR, AT LEAST TWO BEERS. BEFORE 10 PM.

Q. HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE SINCE THE CRASH OCCURRED? "NO"

A. NO SIR.

Q. WHAT CAUSED THIS CRASH?

A. I DON'T THINK THE PERSON KNEW I WAS THERE.

Q. WERE YOU UNDER THE INFLUENCE AT THE TIME OF THE CRASH?

A. NO. Q. WERE YOU BUZZED? NO SIR.

ADDRESS OF WITNESS: 2086 CORTES DR; GIRARD, OH 44420 PHONE: (330) 652-6400

SIGNATURE OF WITNESS: David Woodford OFFICER'S SIGNATURE: [Signature]

451

(PERSON CHANGED LANES WITHOUT WARNING)

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10128-78	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 06 10 19 97
---------------------------------	--	--------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, RUDOLPH T. TATAR JR. (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
SGT. J.N. HRICKO (OFFICER'S NAME) AT CRASH SCENE (SR11) (LOCATION)

0307 AM I WAS TRAVELING SOUTHBOUND ON SR11 IN A 1994 WHITE GMC TRACTOR HAULING A GREAT DANE TRAILER WHICH WAS EMPTY AT ABOUT 215 AM IN THE RIGHT LANE AT ABOUT 52 MPH, AND I NOTICED ANOTHER VEHICLE IN THE LEFT LANE APPROACHING ME FROM THE REAR. THE NEXT THING I KNEW IS THAT SOMETHING HIT MY VEHICLE IN THE REAR. I THEN PULLED MY TRUCK OFF THE ROADWAY NEAR THE EXIT NEAR 47 MILEPOST. I ALSO NOTICED A VEHICLE IN THE GRASS MEDIAN THAT WAS ON FIRE. I LATER NOTICED A WHITE CAR IN THE MEDIAN. I DIDN'T SEE THE IMPACT OF THE VEHICLES BEHIND ME; I JUST HEARD A LOUD NOISE AND FELT SOMETHING HITTING MY TRAILER.

Q - DID YOU NOTICE ANY VEHICLE CHANGING LANES FROM THE REAR PRIOR TO THE CRASH?

A - NO; THE BLAZER WAS IN THE LEFT LANE THE ENTIRE TIME BEFORE THE CRASH.

ADDRESS OF WITNESS 9892 Deltona Dr New Market, OH 44772	PHONE 330 542 2854
SIGNATURE OF WITNESS x Rudolph Tatar Jr.	OFFICER'S SIGNATURE SGT. J.N. Hricko

HSY 7003

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

CRASH REPORT NUMBER 18-1008-78	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH MO 06 10 19 97
-----------------------------------	--	---------------------------------

FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DAVID D. WOODFORD (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

T.P. M.A. HARMON (OFFICER'S NAME) AT CRASH SCENE (LOCATION)

Q. DO YOU UNDERSTAND YOUR RIGHTS?

A. YES.

Q. WHAT HAPPENED?

A. I WAS IN THE LEFT LANE, BUT I DON'T KNOW WHY I ENDED UP IN THE STRIP. I HAD TO. I DON'T THINK THE CAR IN FRONT OF ME REALIZED I WAS THERE. IT HAPPENED SO FAST, NO TIME FOR CORRECTION.

Q. HOW FAST WERE YOU GOING?

A. OVER 55, UNDER 70.

Q. WERE YOU DRIVING?

A. YES SIR, I WAS ALONE IN THE CAR.

Q. DID YOU HIT THE BLAZER?

A. I'M NOT SURE WHAT CAR I HIT, I DIDN'T KNOW IT WAS COMING. (WRONG) 40 MPH

Q. HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE TONIGHT?

A. YES SIR, AT LEAST TWO BEERS. BEFORE 10 PM.

Q. HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE SINCE THE CRASH OCCURRED? "NO"

A. NO SIR.

Q. WHAT CAUSED THIS CRASH?

A. I DON'T THINK THE PERSON KNEW I WAS THERE.

Q. WERE YOU UNDER THE INFLUENCE AT THE TIME OF THE CRASH?

A. NO. Q. WERE YOU BUZZED? NO SIR.

ADDRESS OF WITNESS: 2086 COATES DR, GIRARD, OH 44420 PHONE: (780) 652-6400

SIGNATURE OF WITNESS: David Woodford

OFFICER'S SIGNATURE: T.P. Harmon

HEV 7003

OHIO TRUCK & BUS CRASH REPORT SUPPLEMENT

OH-5 (09-01-83)

THIS REPORT MUST BE USED TO SUPPLEMENT THE OH-1 CRASH REPORT IF THE CRASH INVOLVED AT LEAST ONE CONDITION FROM EACH BOX BELOW:

The crash INVOLVED one or more of the following:

- A truck (motor vehicle) with at least 2 axles and 6 tires; or
- A truck (motor vehicle) with a hazardous materials placard; or
- A bus designed for at least 16 persons, including driver.

AND

The crash RESULTED in one or more of the following:

- A fatality; or
- An injury requiring transportation for immediate medical treatment; or
- At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

CRASH DATA

LOCAL REPORT NUMBER 78-11008-78	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	NOD OR OH, O, S, P, 7, 8, 0, 0
COUNTY TRUMBULL	CITY, VILLAGE, TOWNSHIP OF LIBERTY	DATE OF CRASH 10/6/1997
LOCATION: NUMBER/NAME OF HIGHWAY/STREET SR 11		
F.M.I. OF INTERSECTION MI 300 (R) W E OF MILPOST 47		
NUMBER OF FATALITIES RESULTING FROM CRASH 0/0		NUMBER OF INJURIES RESULTING FROM CRASH 0/1

DRIVER

TRUCKER'S DRIVER'S LAST NAME TATAR	FIRST RUDOLPH	MIDDLE INITIAL T.
SEX M	COL. CLASS HA 08 00 00	DRIVER'S LICENSE NUMBER RP 054421
STATE OH		STATE OH

CARRIER

SOURCE OF NAME (CHECK ONLY) <input type="checkbox"/> VEHICLE SIDE <input type="checkbox"/> SHIPPING PAPERS <input checked="" type="checkbox"/> DRIVER LOGBOOK <input checked="" type="checkbox"/> OTHER REGISTRATION		
NAME TAMARKIN COMPANY - GIANT EAGLE		
STREET ADDRESS 375 VICTORIA ROAD		
CITY YOUNGSTOWN	STATE OH	ZIP CODE 44515
CARRIER'S ID NUMBERS: US DOT 028596	ICC MC 288185	PUCO

VEHICLE

SEQUENCE OF EVENTS (ENTER THE ORDER OF EVENTS BY CODE NUMBER FOR THIS VEHICLE)	VEHICLE CONFIGURATION <input type="checkbox"/>	CARGO BODY TYPE <input type="checkbox"/>
1st Event <input checked="" type="checkbox"/> 01 Ran Off Road 10 Collision with Parked Motor Vehicle <input type="checkbox"/> 02 Jackknife 11 Collision with Train <input type="checkbox"/> 03 Overtake 12 Collision with Pedalcycle 2nd Event <input type="checkbox"/> 04 Downhill Runaway 13 Collision with Animal <input type="checkbox"/> 05 Cargo Loss or Shift 14 Collision w/ Fixed Object 3rd Event <input type="checkbox"/> 06 Explosion or Fire 15 Collision w/ Other Object <input type="checkbox"/> 07 Separation of Units 16 Other _____ 4th Event <input type="checkbox"/> 08 Collision involving Pedestrian <input type="checkbox"/> 09 Collision with Motor Vehicle in Transport	1 Bus 2 Single Unit Truck; 2 Axles, 6 Tires 3 Single Unit Truck; 3 or More Axles 4 Truck/Trailer 5 Truck Tractor (Boatral) 6 Tractor/semi-Trailer 7 Tractor/Double 8 Tractor/Triples 9 Other - cannot classify	1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other _____
NUMBER OF AXLES ON VEHICLE (INCLUDING TRAILERS) 02	GROSS VEHICLE WEIGHT RATING 8000 LBS	
Was any vehicle towed as a result of damage received? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Was vehicle carrying hazardous materials? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was hazardous cargo from vehicle released? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Don't count fuel from fuel tank)		
Placard number from diamond box Number from bottom of diamond 		

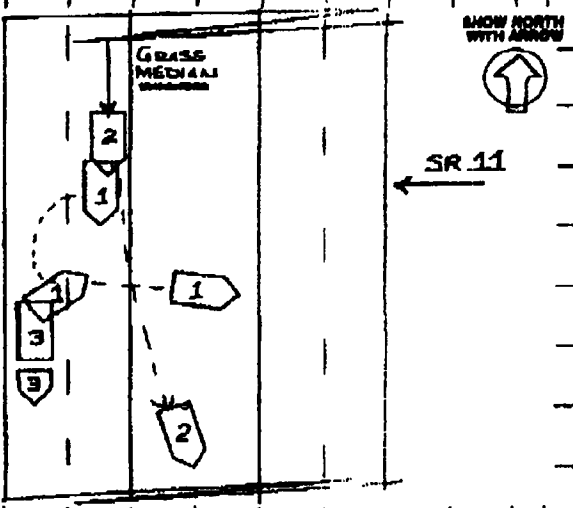
Officer Signature SGT. J.N. Harkin Badge No 257

DISPOSITION OF REPORT: THE ORIGINAL IS INCLUDED WITH THE OH-1 AS A PERMANENT PART OF THE CRASH INVESTIGATION. FORWARD COPY TO: OHIO DEPARTMENT OF PUBLIC SAFETY, TRAFFIC CRASH RECORDS, 4706 EVANGWOOD DRIVE, COLUMBUS, OH 43228.

LOCAL REPORT NO. **7B-2008-78** DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER
UNITS #1, #2, AND #3 WERE
SOUTHBOUND ON SR 11 UNIT #2 STRUCK #1 IN THE REAR,
FORCING #1 INTO #3. UNITS #1 AND #2 CAME TO REST
IN THE MEDIAN. UNIT #1 WAS FULLY ENVELOPED IN FLAMES.

COMM A

WEATHER 1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 DARK WIND 6 OTHER	FIRST HARMFUL EVENT 1 TWO MV IN TRANSPORT 2
ROAD CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 OIL/GREASE 6 DIRT/SAND 7 OTHER	ONE MV IN TRANSPORT (COLLISION) 7 PASSED MOTOR VEH 8 REAR END 9 OTHER 10 TRUCK 11 BICYCLE 12 OTHER NON-MV 13 OTHER OBJECT 14 OTHER OBJECT (NON-COLLISION) 15 FALL FROM OR IN VEH 16 OVERTURNING 17 OTHER NON-COLLISION
LIGHT 1 DAYLIGHT 2 DARK 3 DUNE 4 DARK NO LIGHTS 5 DIMLY LIGHTED 6 OTHER	LOCATION 1 INTERSECTION 2 INTERSECTION RELATED 3 INTERSECTION 4 SIDEWALK CROSSING 5 DRIVE DRIVE OVER 6 DRIVE DRIVE UNDER 7 NON-INTERSECTION 8 PRIVATE PROPERTY
ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	
OCCURRENCE 1 ON ROADWAY 2 OFF RIGHT SIDE 3 OFF LEFT SIDE 4 ON OPPOSITE SIDE OF A DIVIDED ROADWAY	
SPECIAL AREA 1 ROAD CONSTRUCTION 2 BARRIERSIDE AREA 3 SCHOOL ZONE	



TYPE OF UNIT 1 CAR 2 BUS-compact 3 BUS-size 4 FULL SIZE 5 TRUCK 6 PHELIUP 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK AND TRAILER 9 TRACTOR 10 TRACTOR & SEMI-TRAILER 11 TRACTOR & DOUBLE TRAILER 12 MOTORCYCLE 13 MC UP TO 500CC 14 MC 500 TO 750CC 15 MC OVER 750CC 16 MOTORIZED BICYCLE	BUS 16 SCHOOL BUS 17 CHURCH BUS 18 PUBLIC BUS EMERGENCY 19 POLICE VEHICLE 20 FIRE TRUCK 21 AMBULANCE/RESCUE OTHER 22 TAXI 23 MOTOR HOME 24 TRAILER 25 FARM VEHICLE 26 FARM EQUIPMENT 27 BICYCLES 28 CONSTRUCTION EQUIP 29 AERIAL WORKER 30 ANIMAL W/DOGGY 31 BICYCLE 32 ALL OTHERS F - PEDESTRIAN	PRE-CRASH ACTIONS 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 5 U TURN 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 BRAKING 10 BACKING 11 PASSING 12 CHANGING LANES 13 BRACING/EXITING RAMP 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS	PEDESTRIAN ACTIONS 18 CROSSING WALK-WALK 19 CROSSING OTHER THAN WALK 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 STOPPING ON ROAD 24 LEAVING VEHICLE 25 PURSUING/CHASING ON VEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER	CONTRIBUTING FACTOR 1 NONE 2 FAILURE TO YIELD 3 VIOLATE SPEED 4 FOLLOWING TOO CLOSELY OR ACC'D 5 RAN RED LIGHT 6 RAN TOP OR YIELD SIGN 7 MISAPPROPRIATE TURN 8 MISAPPROPRIATE PASSING 9 MISAPPROPRIATE LANE CHANGE 10 MISAPPROPRIATE BACKING 11 MISAPPROPRIATE START 12 STOPPED OR PARKED ILLEGALLY 13 LEFT OF CENTER 14 FAILURE TO CONTROL 15 DRIVER INATTENTION 16 DROVE OFF ROAD 17 REASON UNKNOWN 18 OTHER DRIVER ERROR	NON-DRIVER FACTOR 19 VEHICLE DEFECTS 20 LOAD IMBALANCE 21 PAINTING/SPILLING 22 PAYMENT DEFECT 23 SHROUDING DEFECT 24 DEBRIS ON ROAD 25 STOPPED TRAFFIC 26 SIGNAGE 27 VISION OBSTRUCTION 28 ADVERSE WEATHER 29 PEDESTRIAN ACTIONS
SPEED UNIT EST. LEGAL USE DRIVER PASS A 60 65 A B 65 65 B	MC HELMET USE 1 NO HELMET 2 FULL COVERAGE 3 FULL FACIAL COVER 4 OTHER TYPE HELMET	TRAFFIC CONTROL A 12 B 12	FIXED OBJECT STRUCK A 1 B 1 1 NONE 2 UTILITY POLE 3 TRAFFIC SIGN 4 BRIDGE/CULVERT 5 GUARD RAIL 6 FENCE 7 TREE 8 CURB 9 CURB 10 DITCH 11 EMBANKMENT 12 BUILDING 13 MAIL BOX 14 CONSTRUCTION BARRICADE 15 FIRE HYDRANT 16 OTHER OBJECT	TRUCK LOAD A B 1 EMPTY 2 PERMISSIBLE GOOD 3 GENERAL FREIGHT 4 METAL/HEAVY MACHINERY 5 HAZARDOUS GAS 6 HAZARDOUS LIQUID 7 HAZARDOUS SOLID 8 RADIOACTIVE MATERIAL	VEHICLE DEFECTS CODE IF CONTRIBUTING FACTOR IS 18 PRIMARY A B ISSUING AGENCY A B 1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE SLOWWOL 7 WORN OR BUCK TIRE 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS

BY 7001

1008/200

LOCAL REPORT NO. 78-1008-78 DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER SEE FIRST ON-1.

WEATHER 1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 HIGH WIND 6 OTHER	FIRST HARMFUL EVENT 2	<p>SHOW NORTH WITH ARROW</p> <p>SEE FIRST ON-1</p>
ROAD CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 BERT/SAND 6 OTHER	1	
LIGHT 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK NO LIGHTS 5 DARK-LIGHTED 6 OTHER	4	
ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	7	
OCCURRENCE 1 ON ROADWAY 2 OFF RIGHT SIDE 3 OFF LEFT SIDE 4 ON OPPOSITE LANE OF A DIVIDED HIGHWAY	1	
SPECIAL AREA 1 ROAD CONSTRUCTION MAINTENANCE AREA 2 SCHOOL ZONE		
LOCATION 1 INTERSECTION 2 INTERSECTION-RELATED 3 EMPLOYER ADDRESS 4 ROAD CROSSING 5 TRUCK PASSING OVER 6 ROAD OBSTRUCTION 7 PRIVATE PROPERTY	7	

TYPE OF UNIT 3 10	PRE-CRASH ACTIONS 1	CONTRIBUTING FACTOR 1
CAR 1 SUB-COMPACT 2 COMPACT 3 MID SIZE 4 FULL SIZE TRUCK 5 PICKUP 6 PANEL VAN 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK WITH TRAILER 9 TRUCK TRACTOR 10 TRACTOR & SEMI-TRAILER 11 TRACTOR & DOUBLE TRAILER MOTORCYCLE 12 NO UP TO 500CC 13 500CC TO 750CC 14 750 OVER 750CC 15 MOTORIZED BICYCLE BUS 16 SCHOOL 17 CHURCH 18 PUBLIC BUS EMERGENCY 19 POLICE VEHICLE 20 FIRE TRUCK 21 AMBULANCE/RESCUE OTHER 22 TAXI 23 MOTOR HOME 24 TRAM 25 FARM VEHICLE 26 FARM EQUIPMENT 27 SNOWMOBILE 28 CONSTRUCTION EQUIP 29 ANIMAL DRIVER 30 ANIMAL W/DRUGS 31 OTHERS 32 ALL OTHERS P - PEDESTRIAN	DRIVER ACTIONS 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 5 U TURN 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 ARMS/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 REVERSING/SLIGHTING 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS PEDESTRIAN ACTIONS 18 CROSSING WALK-WALK 19 CROSSING OTHER THAN WALK 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 WORKING ON ROAD 24 STOPPING ON LEAVING VEHICLE ON VEH IN ROAD 25 OTHER IN ROAD 26 ON SHOULDER OR SHOULDER	DRIVER ERROR 1 NONE 2 FAILURE TO YIELD 3 EXCESSIVE SPEED 4 FOLLOWING TOO CLOSELY OR ACCA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANGE 10 IMPROPER BACKING 11 IMPROPER START 12 STOPPED OR PARKED ILLEGALLY 13 LEFT OF CENTER 14 FAILURE TO CONTROL 15 DRIVER INATTENTION 16 BROKE OFF ROAD 17 OTHER DRIVER ERROR
SPEED LIMIT EST. LEGAL A 52 55 B MC HELMET USE LIMIT DRIVER PASS A B 1 NO HELMET 2 FULL COVERAGE 3 FULL FACIAL COVER 4 OTHER TYPE HELMET	TRAFFIC CONTROL A 12 B DRIVER 1 NO CONTROLS 2 STOP SIGN 3 YIELD SIGN 4 TRAFFIC SIGNAL 5 TRAFFIC FLASHERS 6 SCHOOL ZONE 7 RAILROAD CROSSINGS 8 RAILROAD FLASHERS 9 RAILROAD GATES 10 CONSTR BARRICADES 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 OTHER PEDESTRIAN 14 NO CONTROLS 15 CROSSWALK LINES 16 WALK/DONT WALK DEVICE	NON-DRIVER FACTOR 1 VEHICLE DEFECTS 2 LOAD SHIFTS 3 FALLING, SPILLING 4 PAVEMENT DEFECTS 5 OBSCURED OBJECT 6 DEBRIS ON ROAD 7 DOWNED TRAFFIC SIGN/DEVICE 8 TRUCK CONSTRUCTION 9 ANIMAL ACTIONS 10 PEDESTRIAN ACTIONS VEHICLE DEFECTS CODE # CONTRIBUTING FACTOR IS 19 PRIMARY SECONDARY 1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORK ON SLICK TIRES 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DRIVES FROM PRIOR ACCIDENT 11 OTHER DEFECTS
	FIXED OBJECT STRUCK A 7 B 1 NONE 2 UTILITY POLE 3 TRAFFIC SIGN 4 BRIDGE/CULVERT 5 GUARD RAIL 6 FENCE 7 TREE 8 SHRUBBERY 9 CURB 10 DITCH 11 EMBANKMENT 12 BUILDING 13 MAIL BOX 14 CONSTRUCTION BARRICADE 15 FIRE HYDRANT 16 OTHER OBJECT	TRUCK LOAD A 3 B 1 EMPTY 2 PERISHABLE GOODS 3 GENERAL FREIGHT 4 BULKY/FLAMMABLE 5 LIQUID 6 HAZARDOUS GAS 7 HAZARDOUS LIQUID 8 HAZARDOUS SOLID 9 RADIOACTIVE MATERIAL TRUCK AXLES A 5 B TRACTOR-TRAILER RIG

NY 7001



Customer
Assistance
Center

ESIS GM Central Claims

RE: File Number: 470672237
VIN (last 8): WM101998

Attention Claims Administrator:

Attached, please find additional information regarding the above referenced case. You will find that the original file has been forwarded to your office at an earlier date.

Sincerely,

Customer Assistance

Attachment

cc:



GM-1241 Photographic Description Form

Region N. Central Page No. 3 of 12 Pages
 Owner/Claimant Levy Reigrot VIN 1GNDT13W8U2191426
 Address 1908 Laurelwood Pl City & State Austintown, OH



IVE #

Driveshaft axle
in rear of Veh.

7 18 '97 IVE #



Close up of
pinion/yoke of
driveshaft

graph



GM-1241 Photographic Description Form

Dealer: N. Central
 Name Claimant: Larry Reigout
 Address: 1908 Laurelwood Ct.

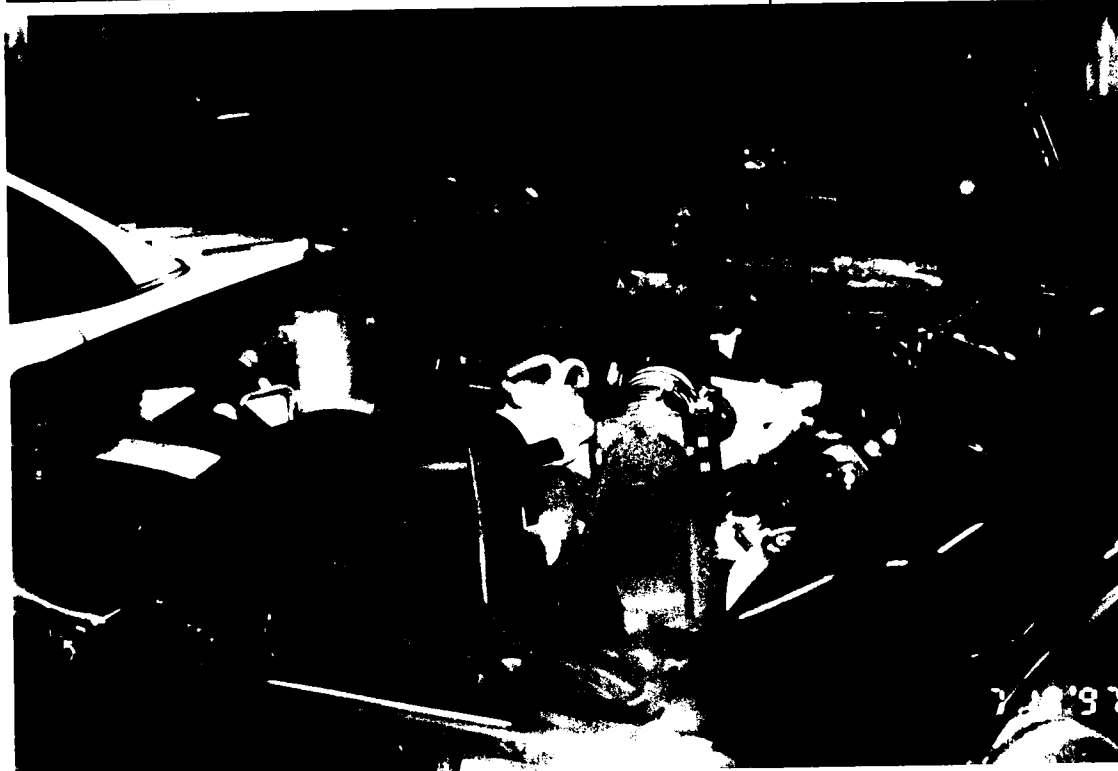
Page No. 4 of 12 Pages
 VIN 1GN0T13W8V2191426
 City & State Austintown, OH



NEGATIVE #

View of top of rear of veh, pole type indentation

NEGATIVE #



Left side of eng. compartment

photograph

7/28/97



GM-1241 Photographic Description Form

N. Central

Page No. 5 of 12 Pages

VIN 1GNDT13W8V2

City & State Austintown, OH



Right front of engine area



Front of Vehicle

NEGATIVE #

NEGATIVE #

photograph



GM-1241 Photographic Description Form

Model: Central
 Name: Larry Reigrot
 Address: 1408 Laurelwood Pl. City & State: Austintown, OH

Page No. 6 of 12 Pages
 VIN: 1GN DT13W8V2191426



NEGATIVE #

View thru Wind -
 shield looking @
 seats & steering
 wheel.

NEGATIVE #



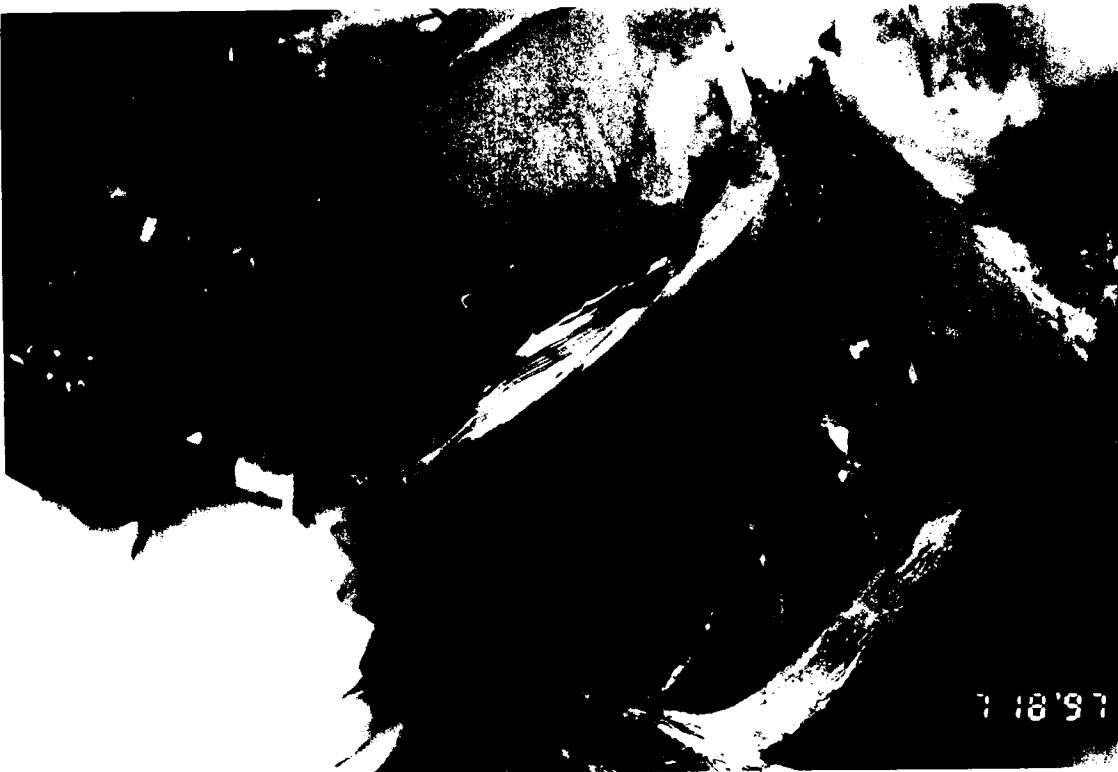
View from left
 front door @
 dash - note bar
 holding steering
 column.

photograph



GM-1241 Photographic Description Form

Region N. Central Page No. 7 of 12 Pages
 Owner/Claimant: Larry Reigrot VIN 1GNDT13W8V2191426
 Address: 1908 Laurelwood Pl. City & State Austintown, OH



PHOTOGRAPH #

View under left rear of vehicle looking @ fuel tank

PHOTOGRAPH #

7:18'97



LOCATION AND VIEW

Left

View ~~of~~ rear leaf spring & ~~the~~ Left Rear tire - suvreded.

PHOTOGRAPH

7:18'97



GM-1241 Photographic Description Form

Region N. Central Page No. 8 of 12 Pages
 Owner/Claimant Larry Reiter VIN 16NDT13W8U2191426
 Address 1908 Laurelwood Pl. City & State Austin, TX



PHOTOGRAPH #

Close up of U Joint

7 18 '97 PHOTOGRAPH #



Close up of gauge in fuel tank

PHOTOGRAPH #

7 18 '97



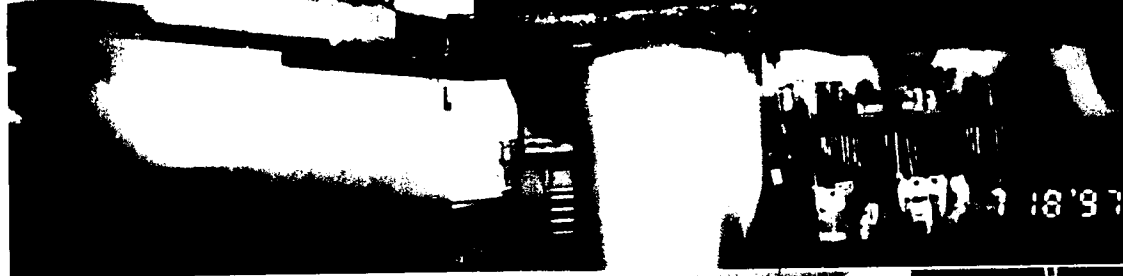
GM-1241 Photographic Description Form

Region N. Central Page No. 9 of 12 Pages
 Owner/Claimant Larry Reigrot VIN 16NDT13W8V2191426
 Address 1948 Laurelwood Pl. City & State Austintown, OH



NEGATIVE #

View under view where driveshaft would normally be - note: tailshaft of transmission.



NEGATIVE #

View of Rear of vehicle.



photograph



GM-1241 Photographic Description Form

Region N. Central Page No. 10 of 12 Pages
 Owner/Claimant Larry Reigut VIN 16NDT13W8U2A1406
 Address 1908 Laurelwood Pl. City & State Austintown, OH



PHOTOGRAPHIC #

PHOTOGRAPHIC #

Left rear of vehicle - damage near fuel filler



PHOTOGRAPHIC #

PHOTOGRAPHIC #

Left front of vehicle.

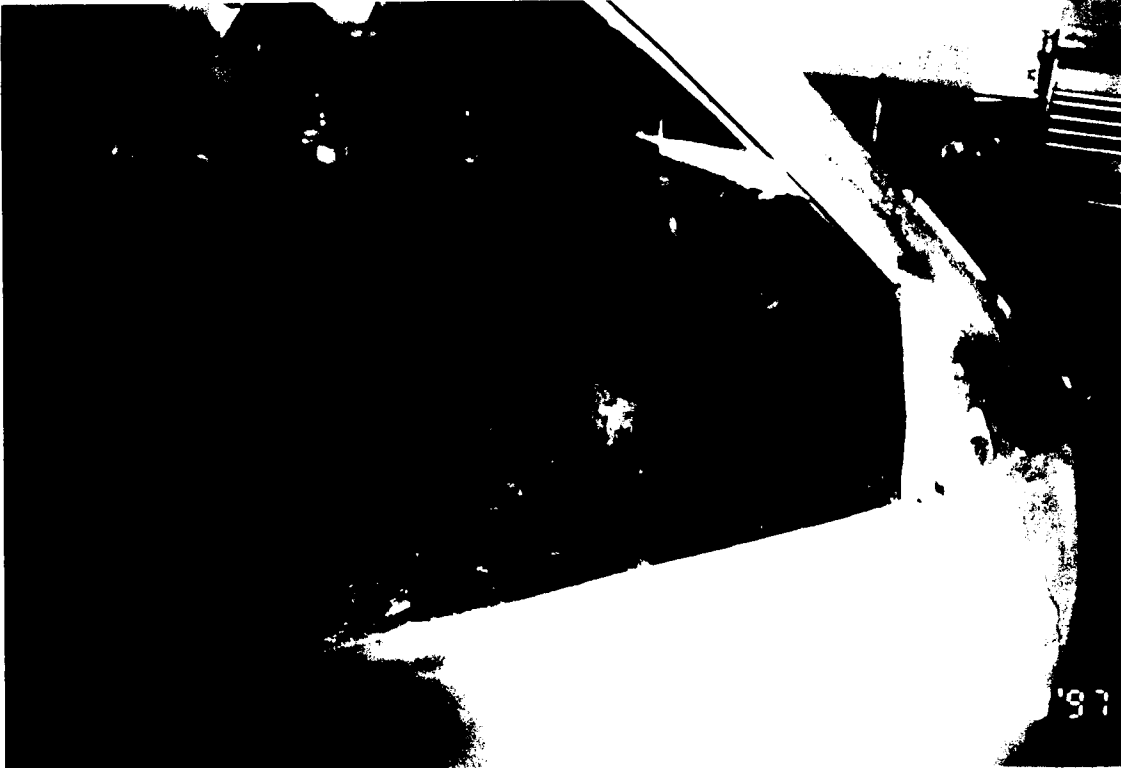
Photograph

7 8 '97



GM-1241 Photographic Description Form

Make Geo (Central) Page No. 11 of 12 Pages
 City/State Lovvy Reigrot VIN 16NDT13W8U0191426
 Address 1908 Laurelwood Pl. City & State Austintown, OH



PHOTOGRAPHIC #

Rt side thru door view of dash.

PHOTOGRAPHIC #



landscape view of fire damage to hood.

PHOTOGRAPHIC #

7 18 '97



GM-1241 Photographic Description Form

Make N. Central Page No. 12 of 12 Pages
 Name Larry Reigrot VIN 16NDT13W8V0191426
 Address 1908 Laurelwood Pl. City & State Austintown, OH



NEGATIVE #

Front of Veh elevated.

NEGATIVE #

LOCATION AND VIEW



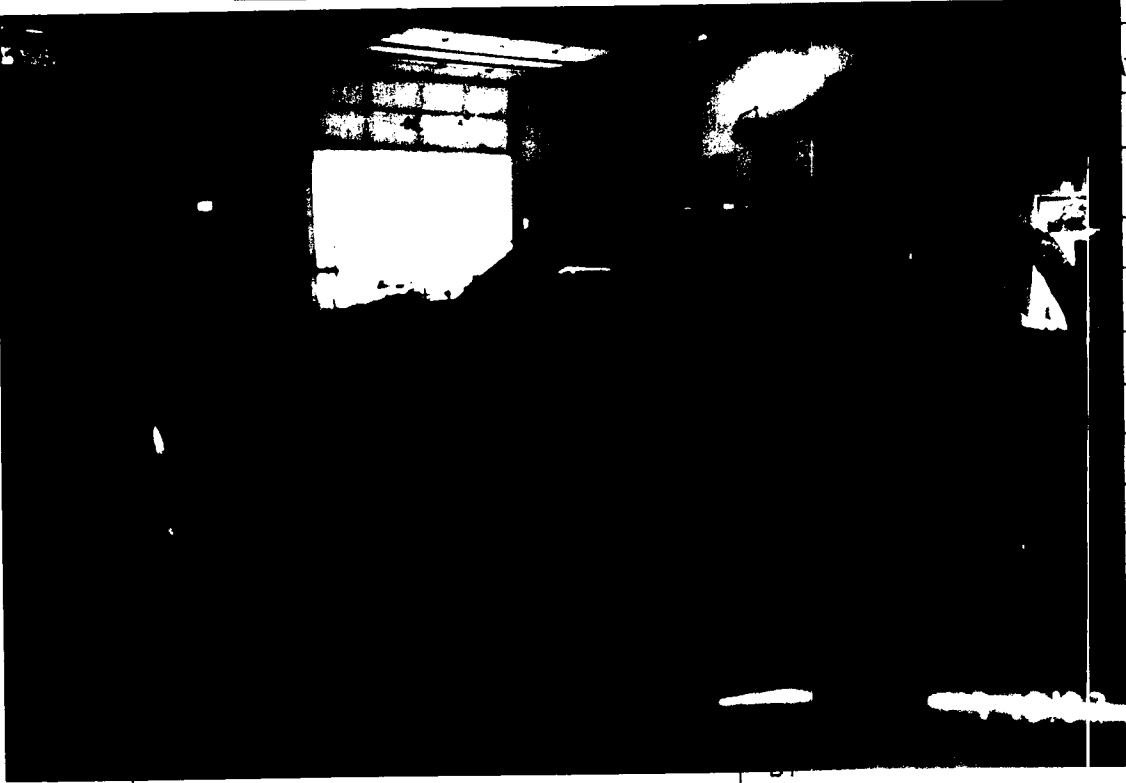
Right side of Veh elevated.

photograph



GM-1241 Photographic Description Form

Title: N. Central Page No. 1 of 12 Pages
 Owner/Claimant: Larry Reigrot VIN: 1GN2T13W8V2191426
 Address: 1908 Laurelwood Pl City & State: Austin town, OH



PHOTOGRAPHIC #

Left Side of Veh



PHOTOGRAPHIC #

Rear of Vehicle

Photograph

FAX COVER SHEET

RHOADS & SINON LLP

One South Market Square, P.O. BOX 1146, Harrisburg, PA 17108-1146
Tele: (717)231-6647, Fax: (717) 231-6637

CONFIDENTIAL / ATTORNEY-CLIENT PRIVILEGED COMMUNICATIONS

FILE: 10958/01 **DATE:** September 10, 2008 5:06 PM

RE: [REDACTED] General Motors / Gas Tank Failure
Reference No. 71-661201923

TO: Jose Rodriguez, Fax # 866/393-8084
Chevy Product Allegation Department

FROM: David B. Dowling

Total number of pages, including this cover sheet: 2

Original will be sent by mail (if checked) Document will be sent by e-mail (if checked)

Additional Comments/Notes/Instructions: Please review attached. Thank you.

If you do not receive all pages or have any problems with reception, please call us for retransmission at the above number.

CONFIDENTIALITY/NOTICE: This facsimile contains confidential information which may also be legally privileged and which is intended only for the use of the Addressee(s) named above. If you are not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile, or the taking of any action in reliance on the contents of this telecopied information may be strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the entire facsimile to us at the above address at our cost via the U.S. Postal Service. Thank You!



David B. Dowling
ph (717) 231-6647
fx (717) 231-6637
ddowling@rhoads-sinon.com

FILE NO: 10958/01

September 10, 2008

Re: Megan Reed / General Motors / Gas Tank Failure
Reference No: 71-661201923

Jose Rodriguez,
Chevy Product Allegation Department

VIA FACSIMILE ONLY 866/393-8084

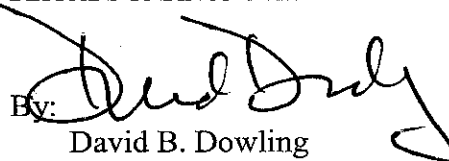
Dear Mr. Rodriguez:

Please be advised that I represent [REDACTED]
in connection with injuries received on October 14, 2007 involving a 1995 Chevy Blazer.

Kindly direct all future communications concerning this matter to our office.

Very truly yours,

RHOADS & SINON LLP

By: 
David B. Dowling

DBD/cls