

CM2

Bend, OR [REDACTED]  
Phone & Fax: [REDACTED]

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

June 28, 2004

Claims Department  
Hartford Insurance-AARP  
P. O. Box 2905  
Phoenix, AZ. 85062-2905

Attention: Cordelia

RE: Claim # [REDACTED] Accident of February 1, 2002  
2002 Ford Escape XLS 4x4 ID #1FMYU02102K [REDACTED]

Dear Cordelia:

This letter confirms our telephone conversation of the past week in which I explained that the above referenced claim was the result of an accident I had that I always maintained was the result of a defect in the Ford Escape. In April of this year, I received a recall notice from Ford Motor Company to correct a defect in this model. The explanation of the defect is in complete accordance of what I always stated caused my accident. In support of this, I enclose the following:

1. The recall notice from Ford Motor Company stating the reason for the recall. The reason is clearly in conjunction with the experience I had with my vehicle. Note: The automobile was taken to Robberson Ford on April 28, 2004 for the advised factory correction. (copy enclosed)
2. A copy of my letter dated February 12, 2002 sent to the attention of Sharon Pillsbury at the above address for Hartford Insurance. This letter relates the events that led to the above referenced accident. Please note: the letter clearly states I was 3/4 of the way into a parking slot, decelerating with foot off the accelerator and preparing to come to a full stop when the vehicle suddenly surged forward, going over the curb and hit a concrete ramp with a metal railing on top. Note also the Bend policewoman's comment that the auto "was still revving" when backed away from the railing.
3. Copies of several consumer complaints, similar to mine, that I pulled from the NHTSA website at the time of my accident.
4. Copy of repair order and final payments made. \$200 deductible by me and \$2812.46 by the insurance company.
5. Copy of repair summary which shows two other dates we had this vehicle in for "throttle" and "jump backwards" problems. Also problems with dash lights coming on and staying on.
6. Note that on the repair order summary extended coverage is shown for five year/75,000 premium care. This extended coverage was given to us by Ford Motor Company because of the many problems we had with the car.
7. Copy of the latest repair order from Robberson Ford because the air bag light came on and stayed on.
8. Finally, a copy of the letter dated February 7, 2002 from Ford Motor Company regarding the insurance company's right to file a subrogation claim if the accident was a manufacturer's defect.

I have always believed the accident was the result of vehicle failure and I think Ford's recall notice confirm this. I would expect Hartford to pursue this claim and be successful. You will get your money back and I will receive my deductible of \$200 back and at the same time I intend to pursue having this accident expunged from my record—that is very important to me.

Please keep me informed as to the progress you make with Ford Motor Company.

Yours very truly

[REDACTED]

# ROBBERTSON



LINCOLN  
Mercury



SERVICE DEPT HOURS  
7:00am - 11:30pm M-F  
8:00am - 5:00pm SAT  
service@robberson.com

2100 N.E. 3RD STREET • BEND, OREGON 97701  
(541) 382-4521  
www.robberson.com

COLLISION  
CENTER HOURS  
7:30am - 5:30pm M-F  
bodyshop@robberson.com

(CHECK (✓) APPROPRIATE BOX)

<input type="checkbox"/> CLAIMS REVIEW	<input type="checkbox"/> AUTHORIZATION TO SUBMIT CLAIM	<input type="checkbox"/> PARTS SCRAP OUT
\$ PARTS	\$ LABOR	\$ TOTAL

Authorized Signature And Date

### DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty 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 said products. Any limitation contained herein does not apply where prohibited by law.

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW:

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

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

X

INVOICE TO		DRIVER/OWNER INFORMATION — INVOICE: W69747	
BEND _____ OR _____ CELL: _____ WORK: _____		BEND _____ OR _____ CELL: _____ WORK: _____	
FOR OFFICE USE		VEHICLE INFORMATION	
TAG: 5286	ADV: 202 JOBE, DON INVOICE: PRELIM WAR C W AR	VIN 1FM1U02102K _____	LICENSE NUMBER: OR _____
TAX RULES: NYNDN	INVOICED: 04/28/2004 14:56:13	02 FWD	ESCAPE XLS 4WD 4DR SPTUTY BLUE
ODOMETER IN: 22672	LOCATION: DR	DIST: 1F	DATES INSERVICE: 102101 PRODUCTION: 100501
DATES BEGIN: 04/28/04	DONE: 04/28/04		
CONCERN 40	04S13 POWERTRAIN CONTROL MODULE RE-CALIBRATION	OPERATION	TECH HOURS AMOUNT
CAUSE	04S13	04S13B	102 .4 27.18
CORRECTION	REPROGRAM PCM		
FACTORY	TECH: 102 - HAING, DAVID G.		
	CONCERN CD: A99	COND CODE: 12	FAIL CODE: A99
TYPE: W		SUBTOTAL	
		LABOR - MECHANICAL	27.18
		TOTAL CHARGE FOR CONCERN	27.18
SUMMARY OF CHARGES FOR INVOICE W69747		PAYMENT DISTRIBUTION FOR INVOICE W69747	
LABOR - MECHANICAL	27.18	TOTAL CHARGE	27.18
TOTAL CHARGE	27.18	FAC WARRANTY	27.18
** CUSTOMER WAITING **			
ATTENTION: THE FOLLOWING INVOICES ALSO EXIST:			
CUS - CUSTOMERPAY			
IF YOU HAVE ANY QUESTIONS - PLEASE SEE DONALD L. JOBE			
PAGE 1 LAST PAGE			

ON LINE SERVICE INVOICING BY  
DEALER COMPUTER SERVICES, INC.

# ROBBERTSON



LINCOLN  
Mercury



SERVICE DEPT. HOURS  
7:00am - 11:30pm M-F  
8:00am - 5:00pm SAT  
service@robberson.com

2100 N.E. 3RD STREET • BEND, OREGON 97701  
(541) 382-4521  
www.robberson.com

COLLISION  
CENTER HOURS  
7:30am - 5:30pm M-F  
bodyshop@robberson.com

(CHECK  APPROPRIATE BOX)

CLAIMS REVIEW	AUTHORIZATION TO SUBMIT CLAIM	PARTS SCRAP OUT
\$ PARTS	\$ LABOR	\$ TOTAL

Authorized Signature And Date

ON BEHALF OF SERVICE DEALER I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE, UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 11 YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

**DISCLAIMER OF WARRANTIES**

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty 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 said products. Any limitation contained herein does not apply where prohibited by law.

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW:

(SIGNED) \_\_\_\_\_ DEALER, GENERAL MANAGER, OR AUTHORIZED PERSON (DATE) \_\_\_\_\_ X \_\_\_\_\_

INVOICE TO	DRIVER/OWNER INFORMATION -- INVOICE: W55736
FOR OFFICE USE	VEHICLE INFORMATION
TAG: 3634 ADV: 203 JOBE, DO INVOICED: 01/23/2003 11:41:51 AM	02 ESCAPE BLUE LICENSE NUMBER: DR
IF YOU HAVE ANY QUESTIONS - PLEASE SEE DONALD L. JOBE	
PAGE 2 LAST PAGE	

ON LINE SERVICE INVOICING BY  
DEALER COMPUTER SERVICES, INC.

[REDACTED]  
Bend, OR  
Phone & Fax: [REDACTED]

February 12, 2002

Ms. Sharon Pillsbury  
Claims Department  
Hartford Insurance-AARP  
P. O. Box 2905  
Phoenix, AZ. 85062-2905

RE: 2002 Ford Escape XLS 4x4 ID #1FMYU02102K [REDACTED]  
Accident of February 1, 2002 Claim # [REDACTED]

Dear Ms. Pillsbury:

The above vehicle was purchased on October 21, 2001 from Courtesy Ford in Portland, Oregon. We live in Bend, Oregon approximately 150 miles from Portland and the car was serviced by Robberson Ford dealership in Bend on December 27, 2001 because the air bag light on dash was blinking and would not go off. The light was repaired, but approximately two weeks later was taken back to Robberson Ford for the same problem. It was repaired and no further problem with it. I mention this simply to show a history of the vehicle since ownership.

On Friday, February 1 at approximately 9:15 a.m. I drove the vehicle from my residence to place of work at Amish House in the Forum Shopping Center, approximately 5 miles. The weather was clear and cold with spots of ice on the streets. Upon arriving at the shopping center the following sequence of events took place:

- Made a left turn, entering the shopping center
- Parked at Wild Oats Market, went in and purchased coffee and newspaper
- Drove from the market parking lot, stopping at two stop signs within the center.
- Left turn into south parking lot and left turn into parking slot at Amish House
- About 3/4 of the way into the parking slot and moving slowly (my foot was off the accelerator as I was preparing to stop) the vehicle suddenly surged forward, going over the curb, across the sidewalk and hit a concrete ramp with a metal railing on top. Upon impact, the air bags deployed and the vehicle filled with smoke. *I was very frightened and I became panic-stricken. In all my years of driving nothing like this had ever occurred.* All I could think of was getting out of the car, getting help and that my new car was smashed. I called 911 and the Bend Police Department sent an officer who arrived about 20 minutes or so later. The call was answered by policewoman, Becky Christopherson. I related to her what I believed had occurred. She asked that we back the car away from the railing and my husband (who had arrived) did so. At the time he started the car, Officer Christopherson said that it sounded like the car "was still revving." No report was written by her as the Bend Police Department does not prepare reports when accidents happen on private property and there are no injuries. She has agreed to speak with your insurance company if you will call her. She will not be working day shift until Monday, February 18. Her telephone number is 541-388-5550. She told me that if she was subpoenaed she would attest to her remark that it sounded as if the car "was still revving?"

Fortunately, there were no injuries, no other vehicle had been hit, no other person involved and property damage at a minimum. Because of my panic, I cannot definitely say that I began applying the brakes after the surge forward began, but I believe I was. On Monday, February 4, I went back with a camera and the tire marks, although getting faint, were still visible on the pavement. (photos enclosed)

Ms. Sharon Pillsbury  
Hartford Insurance Claims Dept.  
February 12, 2002

Of this I am certain:

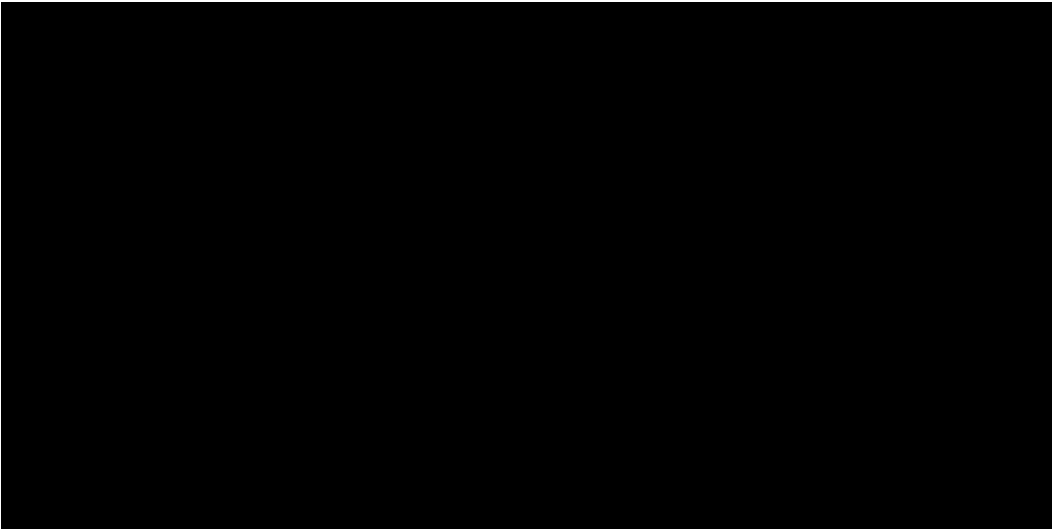
- a. The vehicle was moving at a slow speed as I entered the parking slot.
- b. My foot was off the accelerator as I was preparing to bring the vehicle to a stop when it suddenly surged forward.

Up to the time of this incident, I was very happy with the vehicle. It was just what I had wanted. Not too small, but compact and gave good performance through snow and ice. We drive our vehicles at least 10 years and I was hoping we would have good luck with this SUV. Now, I am afraid of this vehicle. I know the damage can be repaired, but I am concerned there may be a major defect in this vehicle. I want assurances from the manufacturer that there is nothing wrong with the accelerator, throttle, foot pedal, etc., etc. and this is a safe car to drive. If they cannot do that, then I want them to provide me with one that is. I believe everyone having a vested interest in this particular vehicle; i.e. myself, Ford Motor Company and Hartford Insurance are very fortunate the damage is minor—think of the alternate possibilities!

On Monday, February 11, I reported this incident to Ford Motor Company, Customer Relationship Division. The representative I spoke with, already had the information about the accident.

The foregoing has been reconstructed from my best recollection of the event as it occurred and my opinions are my own.

Sincerely,



RECEIVED

MAR 19 2008

lee ford

MAR 08 2008

4  
LP

2-25-2008

Hello, My name is [REDACTED]. The reason for this letter is to inform you that my husband was killed in the 2002 Ford Escape in Jan 19, 2007. My family has talked with an attorney about this matter and I would like to come to some kind of agreement with you myself. I received the recall information in Mar 07 after the accident, My family located the car. The damage and cause of the accident, looks like it was the result of the accelerator cable sticking. The recall was on the cable and the abs module connector. The recall was received after the accident, my husband was 35 years old, this is still bothering me to have lost the man I love so much, also father of 2 children. No one could understand why this happen in our private drive way. Enclosed is copy of paperwork from accident. I know you can't replace my husband, but maybe you can help with replacing the vehicle and with the burial.

Thanks

[REDACTED]  
Callaway Va  
[REDACTED]

FORD MOTOR COMPANY  
RECEIVED  
CLAIMS UNIT

MAR 20 2008

OFFICE OF THE  
GENERAL COUNSEL



Office of the General Counsel

Ford Motor Company  
Product Claims Department  
P.O. Box 70  
Dearborn, Michigan 48121-0070

April 15, 2008

[Redacted]  
Callaway, Va [Redacted]

Re: [Redacted]  
2002 Ford Escape

Dear [Redacted]:

We acknowledge your recent contact to Ford Motor Company. We are sorry to hear about the accident involving the loss of your husband. Your concern has been directed to this Office for further handling. In order to evaluate this matter, we request that you provide us with all the following information by completing and returning this form:

1. Please provide a copy of each of the following documents and check the box indicating that each item is attached.

- A copy of the police/fire report. If a police/fire report was not made, attach a separate sheet of paper providing a complete description of the incident.
- Medical records for each person alleged injured from all treating physicians/facilities
- Medical bills for each person alleged injured from all treating physicians/facilities. *Broken Neck Instant*
- Original photographs or laser copies of the vehicle's collision/fire damage from several different angles.
- Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas.
- Repair estimate or repair order - *Received Recall after accident (in Mar)*  
OR
- Total loss worksheet with copies of draft payments
- Complete service history for vehicle including tune ups and oil changes.

*The rest was sent in Feb 08*

2. For each person alleged injured provide the following: (If there are additional names continue on back.)

Name: [Redacted]	Name: _____
Address: [Redacted]	Address: _____
Spouse's Name: <i>Callaway Va</i> [Redacted]	Spouse's Name: _____
DOB: [Redacted]	DOB: _____
Soc Security#: [Redacted]	Soc Security#: _____
Occupation: <i>LTM TRANSPORTING</i>	Occupation: _____



Injury: Broken Neck

Injury: \_\_\_\_\_

3. Please specify what you believe is defective, if anything, with your vehicle.

Recall - accelerator cable sticking

Accident in Jan 07 - Recall came in Mar 07

4. Has the alleged defective vehicle/part been repaired or replaced? Yes  No Car was total
5. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).

Danville VA.

6. Has an insurance company been advised of this incident? Yes No  
If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.

Accident happen in driveway on private Road

7. What are you seeking from Ford Motor Company in this matter?

Cost of burial expense, replacement vehicle

**Please note that we need all the information requested above to evaluate this matter. Your concern will not be evaluated until all the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.**

Once we are in receipt of all the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 90 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.

Should you decide to pursue a claim against Ford Motor Company, please be advised that all necessary steps should be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial.

If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

*Enclosed is photo's  
Everything Else was sent  
in Feb. 25th 2008.*

*THANKS,*

Sincerely,  
*Michelle Hull*  
Michelle Hull  
Product Claims Team Leader

Dear Michelle Hull,

Hello, my name is [REDACTED], late wife of [REDACTED]. He was taken away from us on Jan 19, 09. This happen in our drive way. No one understand this, how it could happen. I know you cant bring him back. (The children and I would like that.) He was our world!

This family was used to functioning on 2 incomes, now we are down to one. This is very hard on me. One of our children has kidney disease and now I am fighting everyday with Lupus. The stress is killing me. All I ask is vehicle replacement and help with burial Expense.

I cant afford a new car to go back and forth to the Drs for me and our children. Thanks for your time.

If you need anything [REDACTED] else please let me know.  
Thanks Again.















# Give Dad your best Smiles

with personalized photo greetings & borders.



walmart.com

**WAL\*MART** | Photo









Office of the General Counsel

Ford Motor Company  
Product Claims Department  
P.O. Box 70  
Dearborn, Michigan 48121-0070

March 30, 2012

RECEIVED  
4-27-12 Jc

[REDACTED]  
[REDACTED]  
[REDACTED]  
HYANNIS, MA [REDACTED]

RE: 2002 ESCAPE

VIN: 1FMYU04182K [REDACTED]

Dear [REDACTED]

Your claim has been forwarded to me for review. We thank you for the opportunity to address this concern in a timely manner.

If you have turned any portion of this matter over to your insurance company, and should your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company contact us in writing at the address noted above notifying us of their intent to pursue subrogation.

If you intend to pursue a claim directly with Ford Motor Company, we request that you provide us with all the following information by completing and returning this form:

- Attach on a separate piece of paper a complete description of the incident, including events that occurred prior to and subsequent to the loss.
- A copy of the police and/or fire report.
- A copy of the vehicle title and registration.
- Original color photographs of the vehicle's collision/fire damage & the alleged defective part(s), **from several different angles**; include your name and the last 6 digits of your VIN# on the back of each photograph.
- Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas; include your name and the last 6 digits of your VIN# on the back of each photograph.
- Original color photographs of the accident scene showing the grade of the road; include your name and the last 6 digits of your VIN# on the back of each photograph.
- Attach a copy of your expert's report and the expert's original photographs.
- A statement from insurance company indicating there are no pending claims and the reason for the denial.
- Attach the repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and **copies of draft payments**.
- A complete service history for the subject vehicle, including any maintenance items.
- If you are claiming damages other than the vehicle, please provide the necessary pictures, receipts, and estimates to support your claim.

Insurance adjuster is waiting for a reply from Ford legal dept to proceed with this claim. please see line 13 for contact info

Please answer the following in the space provided. If you need additional space, please use the back of the form;

1. What are you seeking from Ford Motor Company in this matter?  
An acceptance of responsibility for vehicle damage caused by defect
2. What is the alleged defect: speed control cables under Ford recall 04525
3. Has the alleged defective part been repaired or replaced? (circle one) Yes or  No
4. What was the city, state and date of occurrence: Hyannis, MA 02601 3-27-2012
5. What was the mileage at time of occurrence: 247,000
6. List all after market additions or modifications that were made to the vehicle:  
car stereo
7. Was the engine running? (circle one)  Yes or No
8. Were the keys in the ignition? (circle one)  Yes or No
9. Was this vehicle purchased new or used: used
10. If purchased used, provide the date of purchase, mileage at the time of purchase, from whom the vehicle was purchased: 2-15-2011, 221,806, Tony Brito
11. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).  
412 Bishop's Terr. Hyannis, MA
12. Has an insurance company been advised of this incident?  Yes No
13. If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number (It is your responsibility to contact your insurance company):  
MerLife, Lowell, MA-0184  
claim [redacted] 1-800-254-6011 ext 322
14. Please provide the names and contact information of any witnesses to the incident?  
[redacted]

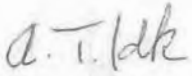
Once we are in receipt of the requested information, it will be thoroughly reviewed and you will be notified of our decision concerning your claim. In most instances this review can be done in 90 days; if we are unable to complete the analysis within this time, we will contact you.

Should you not send all of the requested information and materials within 90 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted. If your vehicle is accruing storage charges, you should immediately make arrangements to move it to a facility that will not charge you for storage.

Please be advised that in the event this matter ends up in litigation, Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s). If you propose to repair the vehicle or conduct any other repairs you believe are related to this incident, such repairs may not be performed until after Ford Motor Company has conducted an inspection that may include the removal and testing of any component part that you claim is defective. If you want to repair your vehicle before we are able to physically inspect the vehicle or relevant component please submit a written request to me.

Thank you for your prompt attention to this matter.

Sincerely,

Handwritten signature of Alma Taylor in cursive script.

Alma Taylor  
Legal Analyst- OGC Product Claims

Dear Ford Motor Co.,

4-12-2012

Here is a detailed description of the accident of March 27, 2012 in Hyannis, Mass. involving a 2002 Ford Escape owned by [REDACTED]. Said car was garaged at [REDACTED], Hyannis Ma.

The day of the accident was clear and dry and the car was driven about two miles to a Staples office supply store. The car was parked directly in front of the store entrance for about one hour. Upon returning to the vehicle, the car was started normally but when the driver shifted the car into reverse to back straight out of the parking space, there was immediately a very loud revving noise from the engine and the car rapidly accelerated to a high rate of speed. The driver reacted immediately and applied the brakes but they seemed to have no effect on slowing the car and it continued to speed in reverse gear. The car then backed into a parked car directly behind it and as it made impact with this other car, it maintained the high speed level and continued to push into and turn itself alongside with the parked car so that both passenger sides of the vehicles were against each other. The moving car proceeded to become entangled with the parked cars' front fender and bumper which caused the car to ride up against the side of the other car causing the front bumper to tear off completely. The Escape continued after striking the first car into a second car that was parked parallel with the other car. This car suffered heavy damaged to the drivers' side. The enclosed photos of the accident scene show the path that the car took and also the heavy loss of fluid that occurred in the parking lot which may have been why it finally stalled out and stopped suddenly after releasing from the second vehicle. The police arrived and took photos of the accident scene right after the incident happened but they did not include these in the accident report filed by the reporting officer. It is likely that a safety defect in the speed control cable which was recalled by Ford with safety recall 04S25, contributed to the dangerous loss of control of the vehicle. As the owner of the car, I have never received any safety recall notices concerning this vehicle from Ford of which there are apparently several still open on this vehicle. I would appreciate a considerate response from Ford Motors about this incident so that the blame for this accident gets placed where it rightly belongs.

Sincerely,

[REDACTED]



Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 03/27/2012 Time of Crash 1402 City/Town HYANNIS

Number Vehicles 3 Number Injured 0 Speed Limit Lat. Lon. State Police Local Police MBTA Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with 2 1 Route# Direction Name of Intersecting Roadway/Street

364 BARNSTABLE RD Route# Direction Address # Name of Roadway/Street Feet NSEW of Mile Marker Exel Number Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Landmark

3 Please Select One of the Following: [X] Vehicle 12 #Occupants [ ] Hit/Run [ ] Moped

12-245-AC

4 1 License # NOLICENSE St. FC DOB/Age Reg. [REDACTED] Reg Type PC Reg State MA Sex F Lic. Class 18 19 Lic. Restrictions 19 CDL Endorsement Operator [REDACTED] Middle [REDACTED] Address [REDACTED] City HYANNIS State MA Zip [REDACTED] Insurance Company METROPOLITAN PROP Vehicle Travel Direction: [N] [S] [X] [W] Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

20 Veh Year 2002 Veh Make FORD Veh Config. 2 7 12 Owner [REDACTED] Middle [REDACTED] Address [REDACTED] City HYANNIS State MA Zip [REDACTED] Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 Most Harmful Event 2 23 Driver Contributing Code 10 24 19 24 Underide/Override 1 25 Towed 1

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Fracture Code, Medical Facility. Row 1: Operator SINEYRE DASILVA, 412 BISHOPS TER HYANNIS, MA 02601, 01/09/1966, F, 3, 99, 4, 99, 0, 0, 5, 1.

7 1 Please Select One of the Following: [X] Vehicle 20 #Occupants [ ] Non-Motorist A Type 14 Action 15 Location 16 Condition 17 [ ] Hit/Run [ ] Moped License # [REDACTED] St. [REDACTED] DOB/Age [REDACTED] Reg. [REDACTED] Reg Type PC Reg State MA Sex [REDACTED] Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement Operator Driverless M.V. First Middle Address City HYANNIS State MA Zip Insurance Company ARBELLA MUTUAL Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

20 Veh Year 1994 Veh Make FORD Veh Config. 1 8 13 Owner [REDACTED] Middle Address [REDACTED] City HYANNIS State MA Zip Insurance Company ARBELLA MUTUAL Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underide/Override 1 25 Towed 1

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Fracture Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [REDACTED], [REDACTED], [REDACTED].

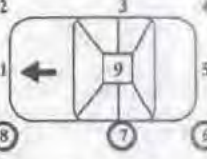
Commonwealth of Massachusetts

Date of Crash: 03/27/2012 Time of Crash: 1402 City/Town: HYANNIS Motor Vehicle Crash Police Report Number Vehicles: 3 Number Injured: 0 Speed Limit: Lat: Lon: State Police Local Police MBTA Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At 2 9  
 2 10 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 2 11 Route# Direction Name of Intersecting Roadway/Street  
 364 BARNSTABLE RD  
 Feet [N S E W] of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Feet [N S E W] of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Feet [N S E W] of \_\_\_\_\_ Landmark

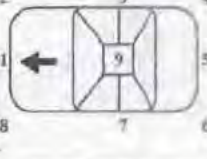
3 Please Select One of the Following:  Vehicle 30 #Occupants  Hit/Run  Moped 12-245-AC

4 1 License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type PC Reg State MA  
 Sex \_\_\_\_\_ Lic. Class 18 18 Lic. Restrictions 19 CDL \_\_\_\_\_ Veh Year 2001 Veh Make HONDA Veh Config 1 20  
 Operator Driverless M.V. Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City HYANNIS State MA  
 Insurance Company METROPOLITAN PROP Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)  
 5 Vehicle Travel Direction: [N S E W] Responding to Emergency? 2 Event Sequence 2 22 22 22 22 2  
 Citation # (If Issued): \_\_\_\_\_ Most Harmful Event 2 23  
 6 1 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 1 24 24  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Underride/Override 1 25 Towed 2  


Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Tissue Code	Medical Facility
Operator	See Above	-----	---	---								

7 1 Please Select One of the Following:  Vehicle 4 #Occupants  Non-Motorist A Type 14 Action 15 Location 16 Condition 17  Hit/Run  Moped

8 99 License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class 18 18 Lic. Restrictions 19 CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config 20  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)  
 5 Vehicle Travel Direction: [N S E W] Responding to Emergency? \_\_\_\_\_ Event Sequence 2 22 22 22 22 2  
 Citation # (If Issued): \_\_\_\_\_ Most Harmful Event 2 23  
 6 1 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 24 24  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Underride/Override 25 Towed \_\_\_\_\_  


Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Tissue Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---								



NARRATIVE FOR PTL DANIELLE S STPETER

Ref: 12-245-AC

Entered: 03/27/2012 @ 1547      Entry ID: 274  
Modified: 04/02/2012 @ 0929      Modified ID: 770  
Approved: 03/30/2012 @ 1100      Approval ID: 188

CITATION [REDACTED] ISSUED TO SOLANGE DASILVA FOR:  
[REDACTED]

BPD Form 06-24  
MOTOR VEHICLE CRASH STATEMENT FORM

1. On 3/27/12 PATROL OFFICER J. CHALLIES and I were on uniform patrol in marked cruiser E-227 assigned to the village of Hyannis. At approximately 1400 hours we were dispatched to the Staples plaza at 364 Barnstable Road for reports of a three car motor vehicle accident with no reported personal injury. PATROL OFFICER BURCHELL also responded to the scene.
2. Upon arrival, I observed a white Ford sport utility vehicle bearing Mass Registration [REDACTED] parked in the middle of the travel lane behind the row of cars parked along the front of the building. The car was occupied by two females. The driver was identified as [REDACTED] and the passenger was identified as [REDACTED]. The Ford had heavy passenger side damage and was leaking fluid from underneath.
3. I observed two parked parked facing one another both with heavy damage to their sides. The first vehicle, a grey Honda accord bearing Mass Registration [REDACTED] had heavy passenger and front end damage. The second vehicle which was parked facing the grey Honda was a red Ford Taurus bearing Mass Registration [REDACTED] had severe driver's side damage. The grey Honda belonged to a Staples employee, later identified as [REDACTED] who was present. A registry check of the red Ford Taurus showed the vehicle belonged to a [REDACTED] of [REDACTED] Hyannis.
4. I spoke with [REDACTED] who stated that she had been parked in on of the parking spots adjacent to the front of the Staples building. She stated that she was backing out of the spot and she thought she hit the brakes and then the car went out of control while turning. Then she side swiped both of the parked vehicles that were located behind her vehicle.
5. [REDACTED]  
[REDACTED] I asked [REDACTED] where she lived and she stated that she lived at [REDACTED] Hyannis. While speaking with [REDACTED] her friend [REDACTED] arrived to help with translation.
6. A check of in house records provided a phone number for [REDACTED] which PTL BURCHELL called and advised [REDACTED] that her car was involved in a motor vehicle accident and was going to be towed. I attempted to call [REDACTED] and advise her of her accident number but the call went to voicemail where I left the information for her regarding her accident number.

STATEMENTS

NARRATIVE FOR PTL DANIELLE S STPETER

Ref: 12-245-AC

Entered: 03/27/2012 @ 1547      Entry ID: 274  
Modified: 04/02/2012 @ 0929      Modified ID: 770  
Approved: 03/30/2012 @ 1100      Approval ID: 188

**OPERATOR #1:** *"I was backing out of that parking spot over there and I hit the brakes and the car went out of control. I then hit those two cars. I don't know what happened."*

**OPERATOR #2:** The car was parked and had no occupants.

**OPERATOR #3:** The car was parked and had no occupants.

**PHOTOS:** CIO NEIL MCGONAGLE responded to the scene to photograph the accident.

**WRECKERS:** Bucklers Towing responded and towed Mass Registration [REDACTED] and Mass Registration [REDACTED]. FREEMAN requested that his vehicle, Mass Registration [REDACTED] not be towed as it was drivable.

**INJURIES:** None

**GIST:** Vehicle #1 was exiting a parking spot in front of the Staples store in reverse motion. Operator #1 maneuvered the vehicle in a manner as to strike the two unoccupied parked vehicles in a side-swipe motion. The vehicle continued to move backward while turning until the vehicle ended in it's final resting place which was at an 180 degree angle from it's original starting position prior to backing up.

**CITATION:** [REDACTED] Citation: [REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED]

770

**Claim:** [REDACTED] 01

**IMGP2882.jpg - 4/5/2012**

brake pedel holds ok

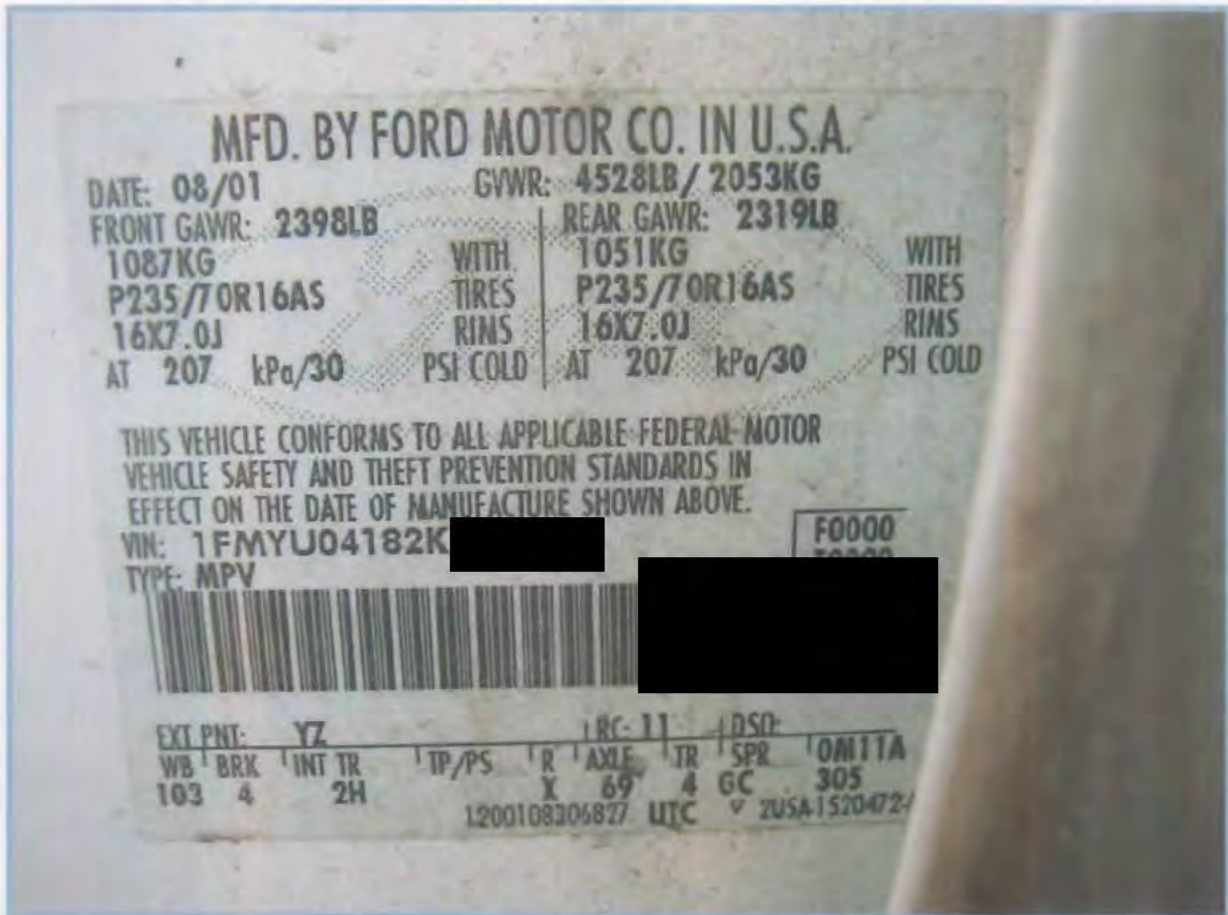


[REDACTED] 4/10/2012

Claim: [REDACTED] 1 01

IMGP2881.jpg - 4/5/2012

Apr-05-2012 08:36a



[REDACTED]

4/10/2012

Claim: [REDACTED] 1 01

IMG2880.jpg - 4/5/2012

Apr-05-2012 08:36a



[REDACTED]

4/10/2012



Claim: [REDACTED] - 1 01

IMGP2879.jpg - 4/5/2012

master cyln full



[REDACTED]  
4/10/2012

**Claim:** [REDACTED] - 1 01

**IMG2878.jpg - 4/5/2012**

THIS LOSS Apr-05-2012 08:36a



[REDACTED] 4/10/2012

THIS LOSS Apr-05-2012 08:36a



[REDACTED]

4/10/2012

tire hit- needs align



**Claim:** [REDACTED] **1 01**

**IMGP2875.jpg - 4/5/2012**

THIS LOSS Apr-05-2012 08:36a



[REDACTED]

4/10/2012



[REDACTED]

4/10/2012

THIS LOSS Apr-05-2012 08:36a



[REDACTED]

4/10/2012

Claim: [REDACTED] - 1 01

IMGP2871.jpg - 4/5/2012

THIS LOSS Apr-05-2012 08:36a



[REDACTED] 4/10/2012



**Claim:** [REDACTED] - 1 01

**IMGP2870.jpg - 4/5/2012**

THIS LOSS Apr-05-2012 08:36a



[REDACTED]

4/10/2012

Claim: [REDACTED] - 1 01

IMGP2869.jpg - 4/5/2012

Apr-05-2012 08:36a



[REDACTED]

4/10/2012

Apr-05-2012 08:36a



[REDACTED]

4/10/2012

Claim: [REDACTED] - 1 01

IMGP2867.jpg - 4/5/2012

Apr-05-2012 08:36a



[REDACTED]

.. 4/10/2012

Apr-05-2012 08:36a



[REDACTED]

4/10/2012

Apr-05-2012 08:36a



[REDACTED] 4/10/2012

Claim: [REDACTED] - 1 01

IMGP2865.jpg - 4/5/2012

Apr-05-2012 08:36a



[REDACTED]

4/10/2012

**Claim:** [REDACTED] **1 01**

**IMGP2864.jpg - 4/5/2012**

Apr-05-2012 08:36a



[REDACTED]

4/10/2012

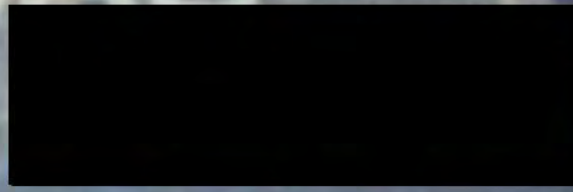








DALE  
J04182K















FIRST OTHER DAMAGED VEHICLE



MetLife Auto & Home®

«fco1»  
«fco2»  
«fco3»  
«fco4»  
«fco5»

MetLife®

April 10, 2012

Related  
D049936 - AT  
Maggie

Ford Motors Company  
Attn: Alma Taylor  
Po Box 70  
Dearborn, MI 48121

Our Customer: [REDACTED]  
Claim Number: [REDACTED]  
Date of Loss: March 27, 2012  
Vehicle: 2002 Ford Escape  
VIN Number: 1FMYU04182K [REDACTED]

To Whom It May Concern:

Our investigation reveals that Ford Motors may have been the proximate cause of the above loss. This letter serves as notice of our intent to pursue recovery for monies paid to our insured as a result of this loss. Please contact me to discuss this matter.

Sincerely,

Monique Rodrigue  
Metropolitan Property and Casualty Insurance Company  
Claim Adjuster  
(800) 854-6011 Ext. 3226  
Fax: (866) 947-0184

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates, Warwick, RI

MPL SUBROINT-CC

Printed In U.S.A. 0698



PE12-019 000610LC SUBJECT



BEGINNING OF CONTACT  
03/29/2012

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.14

REGION: N2 BOSTON OGC ISSUE  
VIN: 1FMYU04182 [REDACTED] ZONE: A02 CASE NBR: 342560882  
ENGINE: 1 VEH TYPE: T OPENED: 2012/03/28  
CLOSED: 2012/03/28

LAST NAME: [REDACTED] FIRST NAME: [REDACTED] STATUS: CLOSED  
TITLE: [REDACTED] MI: P  
ADDRESS: [REDACTED]  
CITY: HYANNIS STATE: MA ZIP: [REDACTED]  
HOME PHONE: [REDACTED]  
MODEL YEAR: 2002 MODEL: ESCAPE  
MILEAGE: 247000  
DEALER NAME: BAYSTATE FORD, INC. SALES CODE: F11071 P & A: 07850  
REASON CODE: 0772 LEGAL - ACCIDENT  
SYMPTOMS: 205250 HRN/SPD CNTRL SPEED CONTROL ENGAGEMENT/INOP

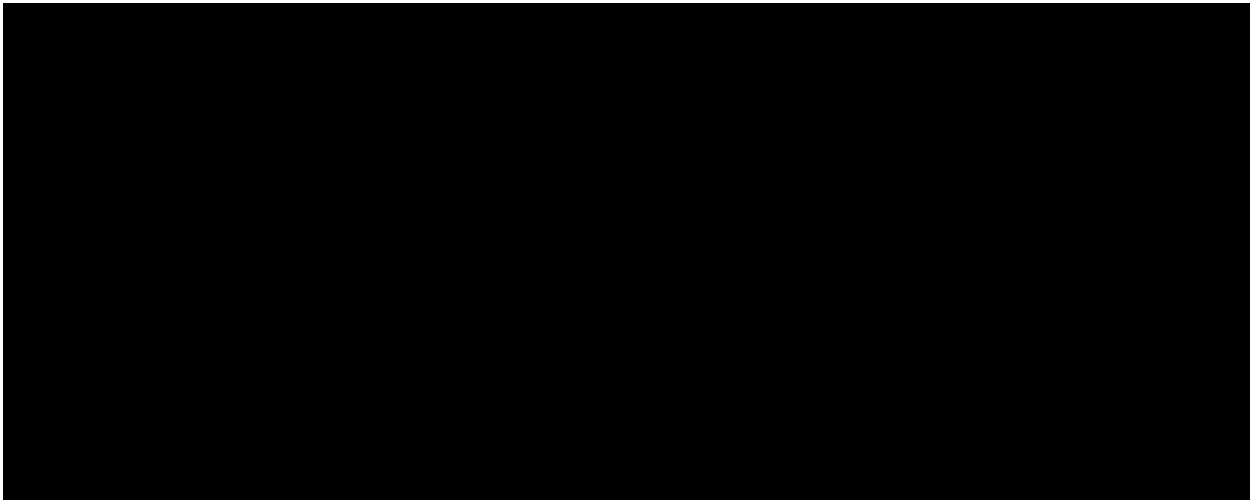
ORIGIN: CAC138 - US CONCERN CASE BASE COMMUNICATION; PHONE  
ACTION: 791 - ADVISE CUSTOMER INFO WILL BE SENT TO OGC  
DOCUMENT: ANALYST: MPEAVEY1 PEAVEY, MARY

DATE: 2012/03/26 TIME: 09.43.46 :  
ACTION DATA/COMMENTS:

CUSTOMER SAID: ACCIDENT1. 3/27/20122. CUST IS ALLEGING THE  
SPEED CONTROL IS THE PRODUCT DEFECT3. NO INJURIES INVOLVED4  
VEH WAS IN A PARKING LOT WHEN THE ACCIDENT HAPPENED5. YES  
THERE WAS A POLICE REPORT FILED6. CUST STATED THAT THE  
REPORT ISNT COMPLETED AS OF YET7. CITY OF THE ACCIDENT IS  
HYANNIS 8. CUST HAS NOT FILED WITH INSURANCE10. CUST STATES  
THE VEH IS NOT DRIVABLE AT THIS TIME12. CUST SEEKING IF THERE  
WERE ANY RECALLS ON VEHDEALER SAID: BAYSTATE FORD, INC.703  
WASHINGTON STREETSOUTH EASTON, MA 02375TEL:(888) 433-4496CRC  
ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF  
THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN  
RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN. NOTE TO  
CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION  
AND DOCUMENT INCIDENT/ACCIDENT DATE PRIOR TO SENDING ISSUE.

CONSUMER AFFAIRS

03/29/2012 FAXOGC2 CONFIDENTIAL



MAN 4 9 2006  
98

BEGINNING OF CONTACT  
03/29/2006

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.00.02

REGION: CA CALIFORNIA	OGC ISSUE	CASE NBR: 0573622312
VIN: 1FMYU03111K [REDACTED]	ZONE: B3	OPENED: 03/28/2006
	ENGINE: 1	CLOSED: 03/28/2006
	VEH TYPE: T	

LAST NAME: [REDACTED]	FIRST NAME: [REDACTED]	STATUS: CLOSED
TITLE: [REDACTED]		MI: L
ADDRESS: [REDACTED]		
CITY: GLENDORA	STATE: CA	ZIP: [REDACTED]
HOME PHONE: [REDACTED]		
MODEL YEAR: 2001	MODEL: ESCAPE XLT 4X2	
MILEAGE: 17000		
DEALER NAME: CYPRESS COAST FORD	SALES CODE: F72409	P & A: 07796
REASON CODE: 0703 LEGAL - ALLEGED SERIOUS INJURY		
SYMPTOMS: 508200 TRANSFER CASE SHIFT EFFORTS		

ORIGIN: CAC138 - US CONCERN CASE BASE COMMUNICATION; PHONE  
 ACTION: 705 - CONTACT ADVANCED TO OGC  
 DOCUMENT: ANALYST: SWALKE93 WALKER SHANE

DATE: 03/28/2006 TIME: 16.19.22;  
ACTION DATA/COMMENTS:

CRC ADVISED: I WILL FORWARD THIS INFORMATION TO FORD OGC DEPARTMENT. YOU WILL RECEIVE WRITTEN CONTACT WITHIN 10 BUSINESS DAYS.

CONSUMER AFFAIRS

03/29/2006 FAXOGIN

## ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
4/4/2006 CLOSED	[REDACTED] LEGAL - ALLEGED SERIOUS INJURY	1FMYU03111K [REDACTED] 573622312	2001 ESCAPE	10
3/30/2006 CLOSED	[REDACTED] LEGAL - ALLEGED SERIOUS INJURY	1FMYU03111K [REDACTED] 573622312	2001 ESCAPE	10
7/30/2003 CLOSED	[REDACTED] CORRESPONDENCE - CORRESPONDENCE	1FMYU03111K [REDACTED] 573622312	2 2001 ESCAPE	02
7/29/2003 CLOSED	[REDACTED] CORRESPONDENCE - WORK IN PROGRESS	1FMYU03111K [REDACTED] 573622312	2001 ESCAPE	02
9/11/2002 CLOSED	[REDACTED] PARTS - REMANUFACTURED	1FMYU03111K [REDACTED] 573622312	2001 ESCAPE	02
8/21/2002 CLOSED	[REDACTED] PROD/COMP DUR/PERF - VEHICLE QUALITY	1FMYU03111K [REDACTED] 573622312	2001 ESCAPE	02

Ford Confidential

[REDACTED] 5/5/2006



## All Action Details for Issue

Print

VIN: 1FMYU0311K [REDACTED] Year: 2001 Model: ESCAPE Case: 573B22312  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-04  
 Symptom Desc: SERVICE BRAKE INOP/INEFFECT FRONT AND REAR Primary Phone:  
 Reason Desc: LEGAL - ALLEGED SERIOUS INJURY Secondary Phone:  
 Issue Type: 10 OGC Issue Status: CLOSED

Action: CONTACT ADVANCED TO OGC

Dealer: 07798 CYPRESS COAST FORD LINCOLN MERCURY

Origin Desc: US CONCERN CASE BASE

Odometer: 1 MI

Comm Type: PHONE

Analyst Name: WALKER SHANE

Analyst: SWALKE93

Action Date: 04/04/2006

Action Time: 09:57:08.884

Action Data: No

Comments CUSTOMER SAID: \*\*\*\*\*ADDING UPDATED INFORMATION FROM PHONE CALL HELD ON MARCH 28TH\*\*\*\*\*ACCIDENT OCCURED ON JULY 7, 2003- 2001 FORD ESCAPE WAS IN AN ACCIDENT POLICE REPORT WAS FILED-SISTER GAVE REPORT WHEN POLICE CAME-SHE GAVE POLICE INFO ON INCIDENT, BUT SISTER WAS NOT AROUND WHEN THE CRASH HAPPINED,SHE WAS IN THE GENERAL AREA OR UPSTAIRS WHEN IT OCCURED,REPORT WAS FILED IN HUNTINGTON BEACH, CALI,COUNTY OF ORANGE,STATUS OF CLAIM IS CLOSED,VEH IS REPAIRABLE,CUST HAS ATTORNEY WHO FILED LAWSUIT-RICHARD COLLINSENGINE HAD NO POWER-CAR KEPT GETTING STUCK IN REVERSE-CYPRESS FORD CLAIMED THEY PUT A NEW ENGINE IN VEH-DLR NEVER FIXED THE ISSUE-CALLED CRC TO FILE A COMPLAINT AND SEEKING REIMBURSEMENT FOR MEDICAL BILLS AND MONEY FOR HER DAMAGED VEHICLE DUE TO INOPERABLE ENGINE DLR INSTALLED-DUE TO INOPERABLE FIX SHE CRASHED INTO A WALL IN PARKING GARAGE INJURING HER FACE, CAUSING BROKEN NOSE,BUSTED LIP, BLOODY FACE-HER DAUGHTER HAD MINOR INJURIES AS WELL IN VEH- CUST TRIES TO RETRIEVE INFO FROM DLR REGARDING ACCIDENT-DLR DOES NOT WANT TO COOPERATE-DLR SAYS NO RECORD OF CUSTOMER- AS A RESULT FROM ACCIDENT\*\*\* THERE WAS BRAIN SWELLING, A TUMOR EVOLVED IN HER BRAIN FROM SWELLING, SHE HAD TO HAVE TUMOR SURGERY, SHE HAS TEMPORARY MEMORY LOSS, HALF OF TUMOR IS STILL IN HER BRAIN- THE OTHE HALF OF TUMOR IS INOPERATABLE,NOTHING DOCTORS CAN DO,-CUSTOMER IS SEEKING MEDICAL BILLS PAYED FOR AND VEHICLE DAMAGE PAYED FORCRC ADVISED: I WILL FORWARD THIS INFORMATION TO FORD OGC DEPARTMENT, YOU WILL RECEIVE WRITTEN CONTACT WITHIN 10 BUSINESS DAYS.

Ford Confidential

5/5/2006

## All Action Details for Issue

Print

VIN: 1FMYU0311K [REDACTED] Year: 2001 Model: ESCAPE Case: 573622312  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-04  
 Symptom Desc: TRANSFER CASE SHIFT EFFORTS Primary Phone:  
 Reason Desc: LEGAL - ALLEGED SERIOUS INJURY Secondary Phone:  
 Issue Type: 10 OGC Issue Status: CLOSED

Action: CONTACT ADVANCED TO OGC  
 Dealer: 07796 CYPRESS COAST FORD LINCOLN MERCURY Origin Desc: US CONCERN CASE BASE  
 Odometer: 17000 MI Comm Type: PHONE  
 Analyst Name: WALKER SHANE Analyst: SWALKE93  
 Action Date: 03/28/2006 Action Time: 16.19.22.250 Action Data: No

Comments CRC ADVISED: I WILL FORWARD THIS INFORMATION TO FORD OGC DEPARTMENT. YOU WILL RECEIVE WRITTEN CONTACT WITHIN 10 BUSINESS DAYS.

Action: CONTACT ADVANCED TO OGC  
 Dealer: 07796 CYPRESS COAST FORD LINCOLN MERCURY Origin Desc: US CONCERN CASE BASE  
 Odometer: 17000 MI Comm Type: PHONE  
 Analyst Name: RAMIREZ (GRAMIR29), GINA Analyst: GRAMIR29  
 Action Date: 03/30/2006 Action Time: 15.52.53.021 Action Data: No

Comments CUSTOMER SAID: OCCURRED IN 2003 APRIL OF 2002 REGARDS TO 2001 ESCAPE SEASIDE CALIFORNIA CYPRESS COVE FORD PURCHASED ESCAPE FROM BMW DLR FRAME AND BODY WAS ATTACHED IN ONE PIECE PAID 22000 CASH ENGINE HAS NO POWER CAR KEPT GETTING STUCK IN REVERSE CD PLAYER OVERHEATING CONSTANTLY DLR CLAIMED TO PUT IN BRAND NEW ENGINE DLR NEVER FIXED THE PROBLEM CD IS OVERHEATING MORE OR LESS MAKING COMPLAINT SEEKING REIMBURSEMENT... FILED LAWSUIT WAS INVOLVED IN A SERIOUS ACCIDENT IN PARKING GARAGE DUE TO INEFFECTIVE ENGINE THAT LOCKED IN REVERSE THAT DLR SUPPOSEDLY FIXED CYPRESS COAST FORD WAS THE DLR SHIP THAT IS RESPONSIBLE FOR THIS SERIOUS ISSUE CYPRESS DOES NOT KEEP COMPUTER RECORDS CYPRESS JUST KEEPS MANILLA ENVELOPE FILES FOR CUSTOMER CYPRESS HAS NO RECORDS OF SERVICE THEY OFFERED CUSTOMER CUST HAS ALL RECEIPTS FROM WHEN THE VEHICLE WAS SERVICED AND FEELS THE ENGINE WAS NOT REGISTERED IN THE STATE OF CALIFORNIA FEELS THE ENGINE WAS REMANUFACTURED CYPRESS COVE DOES NOT HAVE RECORD OF HER VEHICLE DEALER IS AWARE OF CUSTOMER BY NAME CUST KEPT CALLING ABOUT RECORD OR ASKING QUESTIONS IN REGARDS TO HER ACCIDENT --- DLR RESPONSE SAYS THEY HAVE NO RECORDS INDICATING SERVICE ON VEHICLE-NO VEHICLE INFO AT ALL \*\*\*\*\* DOCUMENTING THE ACCIDENT \*\*\*\*\*- ACCIDENT OCCURED ON JULY 7, 2003-ALLEGING THE VEHICLE GOT STUCK IN REVERSE WHILE IN A PARKING GARAGE-POLICE REPORT WAS FILED---SISTER GAVE REPORT WHEN ACCIDENT - INFORMATION WAS GIVEN BY SOMEONE W/CRC ADVISED: I WILL FORWARD THIS INFORMATION TO FORD OGC DEPARTMENT. YOU WILL RECEIVE WRITTEN CONTACT WITHIN 10 BUSINESS DAYS.

Ford Confidential

5/5/2006

## All Action Details for Issue

Print

VIN: 1FMYU03111K [REDACTED] Year: 2001 Model: ESCAPE Case: 573622312  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-04  
 Symptom Desc: Primary Phone:  
 Reason Desc: CORRESPONDENCE - CORRESPONDENCE Secondary Phone:  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: EMAIL - LEFT MESSAGE TO CALLBACK  
 Dealer: 07796 CYPRESS COAST FORD LINCOLN MERCURY Origin Desc: MANUAL - EMAIL  
 Odometer: 32000 MI Comm Type: PHONE  
 Analyst Name: DON NG Analyst: DNG3  
 Action Date: 07/30/2003 Action Time: 22.21.31.800 Action Data: No

Comments CUSTOMER SAYS: CUSTOMER SAYS; E-MAIL CASE ID: 773735 E-MAIL: C [REDACTED] E-MAIL  
 DATE: 7/29/03 2:30:56 AM -CUST WOULD LIKE TO BE CONTACTED AT [REDACTED] -CUST SAYS THAT THE VEH  
 HAD TO HAVE A NEW ENG INSTALLED AT 13,000 MI -CUST SAYS THAT THE MANUAL GEARSHIFT HANDLE ALSO  
 STUCK IN REVERSE -CUST SAYS THAT VEH WAS LAST SERVICED IN 06/03 -CUST SAYS THAT IN 07/03, GEAR  
 SHIFT WAS STUCK AND WHEN CUST FORCED IT INTO DRIVE, VEH ACCELERATED INTO A WALL AND WAS  
 TOTALED -CUST WOULD LIKE TO KNOW WHO TO CONTACT AS CUST BELIEVES THAT IT MALFUNCTIONED PER  
 CUSTOMER, DEALER SAYS: -NONE CAC ADVISED: -OBC TO CUST, LEFT MESSAGE TO CALL CRC. NEXT CSR,  
 PLEASE HANDLE ISSUE WITH NORMAL ECH PROCESS.

Ford Confidential

[REDACTED] 5/5/2006

## All Action Details for Issue

Print

VIN: 1FMYU03111K [REDACTED] Year: 2001 Model: ESCAPE Case: 573622312  
Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-04  
Symptom Desc: Primary Phone:  
Reason Desc: CORRESPONDENCE - WORK IN PROGRESS Secondary Phone:  
Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: EMAIL - WIP - SCHEDULED CALL BACK  
Dealer: 07796 CYPRESS COAST FORD LINCOLN MERCURY Origin Desc: MANUAL - EMAIL  
Odometer: 32000 MI Comm Type: EMAIL  
Analyst Name: TIMEKAH ROBERTS Analyst: TROBERTS  
Action Date: 07/29/2003 Action Time: 14.02.44.089 Action Data: No

Comments CUSTOMER SAYS: E-MAIL CASE ID: 773735 E-MAIL: [REDACTED] E-MAIL DATE: 7/29/03  
2:30:56 AM -CUST WOULD LIKE TO BE CONTACTED AT: [REDACTED] -CUST SAYS THAT THE VEH HAD TO HAVE A  
NEW ENG INSTALLED AT 13,000 MI -CUST SAYS THAT THE MANUAL GEARSHIFT HANDLE ALSO STUCK IN  
REVERSE -CUST SAYS THAT VEH WAS LAST SERVICED IN 08/03 -CUST SAYS THAT IN 07/03, GEAR SHIFT WAS  
STUCK AND WHEN CUST FORCED IT INTO DRIVE, VEH ACCELERATED INTO A WALL AND WAS TOTALED -CUST  
WOULD LIKE TO KNOW WHO TO CONTACT AS CUST BELIEVES THAT IT MALFUNCTIONED PER CUSTOMER.  
DEALER SAYS: -NONE CAC ADVISED;

Ford Confidential

[REDACTED] 5/5/2006

## All Action Details for Issue

Print

VIN: 1FMYU0311K [REDACTED] Year: 2001 Model: ESCAPE Case: 573622312  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-04  
 Symptom Desc: Primary Phone:  
 Reason Desc: PARTS - REMANUFACTURED Secondary Phone:  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUST THAT DLRS ARE AUTHORIZED BY FORD TO USE REMAN PARTS  
 Dealer: Origin Desc: US CONCERN CASE BASE  
 Odometer: 13225 MI Comm Type: PHONE  
 Analyst Name: KAREN GREEN Analyst: KGREEN  
 Action Date: 08/19/2002 Action Time: 15 54 24.336 Action Data: No

Comments CUSTOMER SAYS: CYPRESS COAST FORD: VEH NEEDS A NEW ENGINE AND THE TRASNMISSION IS NOT SHIFTING FROM PARK TO REVERSE EASILY AND THE RADIO HAD TO BE SENT OUT. VEH WAS TAKEN INTO THE FORD DLR FOR FOUR DAYS AND CUST HAS BEEN ADVISED THE VEH WILL NEED A REMAN ENGINE. THIS WILL DEVALUE THE VEH CONSIDERABLY. CUST DECLINED REPAIR UNTIL CUST SPEAKS WITH THE CRC. IF REMAN ENGINE IS ALL THAT FORD WILL USE, WANTS ANOTHER VEH. CUST HAS PUT UP A SIGN TO SELL THE VEH AND CUST IS TRYING TO GET A DECENT RESALE VALUE WITH THE REMAN ENGINE AND THIS IS NOT WORKING. CUST WOULD LIKE TO KNOW IF THE ENGINE IS GOING TO BE COVERD UNDER THE ESP PURCHASED PER CUSTOMER, DEALER SAYS: NONE CAC ADVISED: - FORD AUTHORIZED REMANUFACTURED (FAR) PARTS ARE DESIGNED AND ENGINEERED TO MEET THE ORIGINAL EQUIPMENT SPECIFICATIONS OF YOUR FORD VEHICLE - CARRY THE SAME WARRANTY AS NEW PARTS \*\* CUST HAS BEEN ADVISED THE REPLACEMENT ENGINE WARRANTY IS 3YRS,36000 MILES WHICHEVER COMES FIRST. ADVISED THE ESP IS NOT REGISTERED, PLEASE VERIFY WITH THE DLR ABOUT FURTHER COVERAGE INFERENCE CASE ID: 4494

Action: ADVISE CUST THAT DLRS ARE AUTHORIZED BY FORD TO USE REMAN PARTS  
 Dealer: 07796 CYPRESS COAST FORD LINCOLN MERCURY Origin Desc: US CONCERN CASE BASE  
 Odometer: 13000 MI Comm Type: PHONE  
 Analyst Name: DEBOLINA GUPTA Analyst: DGUPTA  
 Action Date: 08/21/2002 Action Time: 14.13.02.045 Action Data: No


Comments CUSTOMER SAYS: -A REMANUFACTURED ENGINE IS GOING TO BE PUT INSIDE THE VEH. -CUST DOES NOT WANT A REMANUFACTURED ENGINE BECAUSE IT IS GOING TO DEVALUE THE VEH, AS PER THE CONSUMER REPORTS. CUST WANTS THE ORIGINAL ENGINE TO BE FIXED -THERE WAS A NOISE & IDLING PROBLEM ON THE VEH. -CUST CONTACTED DLRSH. FOR THE ABOVE PROBLEM -CUST BOUGHT AN ESP FROM THE FORD DLRSH. PER CUSTOMER, DEALER SAYS: -TECHNICIANS AT TECH. HOTLINE ADVISED THE TECHNICIANS AT THE DLRSH. TO PUT IN A REMANUFACTURED ENGINE AFTER THEY READ OUT THE RESULTS OF THE COMPRESSION TEST TO THE TECH. HOTLINE CAC ADVISED: - FORD AUTHORIZED REMANUFACTURED (FAR) PARTS ARE DESIGNED AND ENGINEERED TO MEET THE ORIGINAL EQUIPMENT SPECIFICATIONS OF YOUR FORD VEHICLE - CARRY THE SAME WARRANTY AS NEW PARTS INFERENCE CASE ID: 4494

Action: HANG-UP  
 Dealer: 07796 CYPRESS COAST FORD LINCOLN MERCURY Origin Desc: MANUAL - NO CUSTOMER  
 Odometer: 13200 MI Comm Type: PHONE  
 Analyst Name: NOVELETTE CAMPBELL Analyst: NCAMPBELL  
 Action Date: 09/11/2002 Action Time: 14.23.35.439 Action Data: No

Comments CUSTOMER SAYS: A REMANUFACTURED ENGINE IS GOING TO BE PUT INSIDE THE VEH. -DOES NOT WANT DLRSH. TO INSTALL ENGINE -WOULD LIKE SUP TO EMAIL PER CUSTOMER, DEALER SAYS: NONE CAC ADVISED. ADVISED CUST THAT SUP WILL ONLY CONTACT HER BY PHONE # CUST THEN HANG UP

5/5/2006

Ford Confidential

 5/5/2006

## All Action Details for Issue

Print

VIN: 1FMYU03111K [REDACTED] Year: 2001 Model: ESCAPE Case: 573622312  
Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-04  
Symptom Desc: Primary Phone:  
Reason Desc: PROD/COMP DUR/PERF - VEHICLE QUALITY Secondary Phone:  
Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: SUPPORT DEALER'S/REGION'S DECISION  
Dealer: 07796 CYPRESS COAST FORD LINCOLN MERCURY Origin Desc: US CONCERN CASE BASE  
Odometer: 13000 MI Comm Type: PHONE  
Analyst Name: GEORGETTE SHARON ROBINSON Analyst: GROBINS  
Action Date: 08/21/2002 Action Time: 13.31.17.148 Action Data: No

Comments CUSTOMER SAYS: THE VHE DOES NOT NEED A NEW ENGINE. - I HAVE HAD THIS VEH FOR 4 MONTHS  
- THE VEH IDALS SLOW AND LACKS POWER - 17- MIELS PER GALION - I TOOK THE VHE IN FOR C/D PLAYER -  
WHAT DO I DO. CAN I HAVE THIS OTHER FORD DEALERSIP LOOK INTO ISSUE FOR ME PER CUSTOMER, DEALER  
SAYS: VEH NEEDS A NEW ENGINE CAC ADVISED; - INFORMATION DOCUMENTED - FORD SUPPORTS  
DLR/REGION DECISION - AS A CONSUMER IT WOULD BE YOUR CHOISE TO HAVE ANOTHER FORD/L/M TAKE A  
LOOK AT IT INFERENCE CASE ID: 1615

Ford Confidential

[REDACTED] 5/5/2006





1 BEACH, erroneously sued and served as POWER FORD and DOES 1-75, inclusive, and each of them,  
2 hereby complains and alleges as follows:

3 GENERAL ALLEGATIONS

4 1. Plaintiff, [REDACTED] is an individual, residing in the County of Los Angeles,  
5 State of California.

6 2. Defendant, FORD MOTOR CORPORATION is a Delaware Corporation, with its principal  
7 place of business located in Dearborn, Michigan but doing business in the State of California, and was in  
8 the business of designing, manufacturing and marketing automobiles, including sports utility vehicles  
9 such as the Ford Escape SUV vehicle, and did design, manufacture and market Plaintiff [REDACTED] 2001  
10 Ford Escape SUV vehicle, VIN #1FMYU031 [REDACTED] as reflected on the Certificate of Title.

11 3. Defendant, MY IMPORTED CARS, INC. dba MY BMW is a California Corporation with  
12 its principal place of business in Seaside, California, doing business in the State of California and was the  
13 seller of the subject 2001 Ford Escape SUV vehicle to Plaintiff HODGES.

14 4. Defendant CYPRESS COAST FORD is a business entity, status unknown, with its  
15 principal place of business in Seaside, California, doing business in the State of California, who performed  
16 numerous maintenance and service repair work and sold Plaintiff an extended warranty on the subject  
17 2001 Ford Escape SUV vehicle after Plaintiff [REDACTED] had initially purchased the vehicle from Defendant  
18 MY BMW.

19 5. Defendant YORK ENTERPRISES SOUTH, INC. DBA POWER FORD HUNTINGTON  
20 BEACH, erroneously sued and served as POWER FORD, with its principal place of business in Ft.  
21 Lauderdale, DL, but with offices in Garden Grove and Huntington Beach, and doing business in the State  
22 of California, performed certain maintenance and service repair work to the subject 2001 Ford Escape SUV  
23 vehicle in the weeks prior to the subject accident.

24 6. The true names and/or capacities, whether individual, corporate, associate or otherwise of  
25 defendant DOES 1 through 75, inclusive, are unknown to plaintiffs at this time, who therefore sue said  
26 defendants by such fictitious names. Plaintiff is informed and believe and thereupon allege that each of the  
27

1 defendants fictitiously named herein as a DOE is legally responsible, negligently or in some other  
2 actionable manner, for the events and happenings hereinafter referred to, and thereby proximately caused  
3 the injuries and damages to plaintiffs as hereinafter alleged. Plaintiff will ask leave of court to amend this  
4 Complaint to insert the true names and/or capacities of such fictitiously named defendants when the same  
5 have been ascertained.

6 7. Plaintiff is informed and believe and thereupon allege that at all times mentioned herein,  
7 Defendants, and each of them, including DOES 1 through 75, inclusive, and each of them, were agents,  
8 servants, employees and/or joint venturers of their co-Defendants, and each was, as such acting within the  
9 course, scope and authority of said agency, employment and/or venture, and that each and every  
10 Defendant, as aforesaid, when acting as a principal, was negligent in the selection and hiring of each and  
11 every other Defendant as an agent, employee and/or joint venturer.

12 8. This suit arises out of an automobile accident, which occurred on or about July 7, 2003.  
13 Plaintiff [REDACTED] was driving a 2001 Ford Escape SUV vehicle and had been in the process of  
14 backing out of her parking spot or stall in the underground parking garage structure at her condominium  
15 apartment complex, when her vehicle malfunctioned, locked in reverse, and unexpectedly and suddenly  
16 without any advance warning accelerated forward into drive, smashing into a wall at the complex.  
17 Plaintiff [REDACTED] suffered serious and significant bodily injuries to herself, which included head injuries  
18 sustained, i.e., severe episodes of headaches, mental disorientation, leading to diagnosis of epileptic  
19 seizures, and an inoperable brain tumor. Plaintiff [REDACTED]S subsequently underwent extensive and  
20 continued medical treatment over the course of the following months and years, including a craniotomy  
21 and treatment for epilepsy.

22 9. Prior to the accident, from the inception of Plaintiff [REDACTED] purchase of the subject 2001  
23 Ford Escape SUV vehicle in or about April 6, 2002, Plaintiff began to experience significant problems to her  
24 vehicle in the weeks after the initial purchase. The vehicle purchased was a used vehicle, which  
25 Defendant MY BMW had represented had undergone and submitted to a very extensive 130 point  
26 dealership inspection prior to its sale to the general public. Material representations were made to  
27 Plaintiff [REDACTED] by MY BMW and its agents/sales person, a person by the name of Robert L., who stated  
28 that the Ford Escape was a very good and safe vehicle, and would be great for Plaintiff [REDACTED] teenage

1 daughter to drive because of its safety features and that the detailed 130 point inspection on the vehicle  
2 had been performed, eliminating any mechanical problems.

3 10. Plaintiff [REDACTED] attempts to have MY BMW address and take care of the mechanical  
4 problems being experienced in her vehicle were all but essentially rebuffed and dismissed by MY BMW  
5 and its sales personnel, who referred her to customer service, and summarily told her to take her car to  
6 Cypress Coast Ford, which was across the street from MY BMW since the car was under a Ford  
7 manufacturer warranty.

8 11. Plaintiff [REDACTED] then took her 2001 Ford Escape SUV vehicle to Cypress Coast Ford for  
9 maintenance and service on the numerous mechanical problems, which she had been experiencing,  
10 including but not limited to engine issues (lack of power), problems with a sticky gearshift (sticking in  
11 reverse), and overheating of the CD player as well as the maintenance lights on the vehicle constantly  
12 going off. At such time, Plaintiff [REDACTED] took her vehicle for service and repair work to Cypress Coast  
13 Ford in late May 2002, to service in particular the engine and gearshift problems and the overheating CD  
14 problem. Plaintiff [REDACTED] also at around this same time purchased an extended warranty from Cypress  
15 Coast Ford.

16 12. Defendant CYPRESS COAST FORD eventually ran compression tests and stated to  
17 Plaintiff [REDACTED] that her vehicle needed a new engine less than four months after it was originally  
18 purchased from MY BMW. Initially, the service manager at Cypress Coast Ford advised Plaintiff  
19 [REDACTED] that they would install a re-manufactured engine, but, after Plaintiff [REDACTED] persistence and  
20 insistence that a new engine be installed, Plaintiff was, thereafter, advised that a new engine had been  
21 installed. Whether in fact a new engine was installed remains uncertain.

22 13. Notwithstanding the myriad services and multiple occasions in which Plaintiff [REDACTED]S  
23 took the 2001 Ford Escape SUV vehicle to Cypress Coast Ford for service and repairs to correct these  
24 problems and mechanical issues, these problems were never fully and/or adequately resolved. The CD  
25 player continued to overheat and the new engine, which was allegedly installed, continued to have  
26 problems and did not operate much better than it had previously, i.e., engine power continued to be  
27 deficient and emanate noises. Moreover, the sticky gearshift problem pertaining to the vehicle getting  
28

1 stuck in reverse was also never resolved. Time and time again, Plaintiff [REDACTED] was advised by Cypress  
2 Coast Ford service personnel that "we'll get to it next time."

3 14. Thereafter, Plaintiff subsequently contacted Defendant CYPRESS COAST FORD to obtain  
4 records of all of the maintenance and repair work performed on her vehicle and was advised that all of her  
5 records and files relevant to the services performed on her vehicle had been lost and that the company did  
6 not have any digitally stored or computerized records of the same.

7 15. Plaintiff then moved down to Southern California to Huntington Beach, California in or  
8 about March 2003, and continued to experience mechanical problems with her vehicle. In or about May  
9 2003, Plaintiff [REDACTED] took her vehicle to Power Ford of Garden Grove, again, to address the problems  
10 pertaining to the gearshift getting stuck in reverse and overheating of the CD player. The vehicle was  
11 again taken back for additional repair work in mid-June 2003 at which time Power Ford allegedly replaced  
12 the gearshift cable so that the gearshift would not stick in reverse. A few weeks, thereafter, on or about  
13 July 7, 2003, Plaintiff [REDACTED] experienced the vehicular accident, after her vehicle again stuck in reverse  
14 and then suddenly and unexpectedly accelerated forward, without Plaintiff [REDACTED] even stepping on  
15 the accelerator and the 2001 Ford Escape vehicle crashed into the wall of the underground parking garage  
16 complex.

17 **FIRST CAUSE OF ACTION**

18 **(Strict Products Liability against All Defendants)**

19 16. Plaintiff re-alleges as though fully set forth and hereby incorporates in full paragraphs 1  
20 through 15, inclusive, of the General Allegations, above.

21 17. At all times mentioned herein, Defendants FORD MOTOR COMPANY, MY IMPORTED  
22 CARS, INC. DBA MY BMW, CYPRESS COAST FORD, AND YORK ENTERPRISES SOUTH, INC. DBA  
23 POWER FORD OF HUNTINGTON BEACH and DOES 1 through 75, inclusive, and each of them, were the  
24 manufacturers, fabricators, designers, assemblers, distributors, sellers, inspectors, marketers, warrantors,  
25 and/or advertisers of the subject 2001 Ford Escape SUV vehicle, which contained design and/or  
26 manufacturing defects, and which was capable of causing and in fact did cause personal injuries and/or  
27 death to the user and consumer thereof, while being used in a manner reasonably foreseeable, thereby

1 rendering the same unsafe and dangerous for use by the consumer, user and/or bystander. Defendants  
2 also failed to provide adequate warnings or instructions to consumers and users of the Subject Vehicle,  
3 concerning the risks associated with said vehicle's reverse sticking issues and problems and unexpected  
4 acceleration problems attributable to the Ford Escape SUV vehicle and that such manufacturing design or  
5 product defects in the subject vehicle might fail or malfunction, thereby, potentially causing serious injury  
6 or even death arising from said mechanical problems.

7 18. Defendants knew or should have known that the 2001 Ford Escape SUV vehicle was  
8 defective, and, with utter conscious disregard for plaintiff's safety and rights, nevertheless, placed the  
9 product into the stream of commerce and permitted the product to remain a serious risk of injury to  
10 others, including Plaintiff [REDACTED]. Defendants knew or should have known that there existed certain  
11 mechanical, manufacturing, design and/or product defects to Plaintiff's vehicle, which problems should  
12 have been corrected, or, at a minimum, Plaintiff provided with proper, sufficient and timely advance  
13 notice on the same.

14 19. On or about July 7, 2003, Plaintiff [REDACTED], was operating her subject 2001  
15 Ford Escape SUV vehicle, which was being operated in a reasonably foreseeable manner, in backing out of  
16 her parking spot at her then subject condominium apartment complex located at [REDACTED]  
17 [REDACTED] Huntington Beach, California [REDACTED]. Plaintiff [REDACTED] was traveling with her  
18 daughter, [REDACTED], at time of the accident. At said time and place the 2001 Ford Escape SUV  
19 vehicle, unexpectedly and without any notice or prior warning suddenly accelerated forward [without  
20 Plaintiff [REDACTED] even stepping on the accelerator]. In fact, Plaintiff [REDACTED] foot was on the brake of  
21 the vehicle when it suddenly accelerated forward and smashed into a wall in the garage area of the  
22 apartment's parking complex, causing the within accident and resultant bodily injuries to Plaintiff  
23 [REDACTED]. Moreover, the impact of the collision of the vehicle with the wall of the garage parking area did  
24 not result in the proper deployment of the vehicle's airbag, which, failed to deploy as it should have, and,  
25 thereby, contributed further to Plaintiff's injuries sustained.

1           20. As a result of the accident, Plaintiff [REDACTED] sustained severe and serious head trauma and  
2 injuries to her body, which required medical attention, i.e., MRI examination, etc. Thereafter, in the many  
3 months after the accident, Plaintiff [REDACTED] continued to experience the lingering medical effects, harm  
4 and physical and emotional injuries to her body, in particular, which led to subsequent epileptic seizures,  
5 brain trauma, resultant brain injury, diagnosis of brain tumor, amongst other physical, mental and  
6 emotional medical ailments and other related injuries arising from and caused by said incident.

7           21. As a direct and proximate result of the conduct of the Defendants, and each of them,  
8 including DOES 1 through 75, inclusive, and the defective condition of the Subject Vehicle, Plaintiff  
9 [REDACTED] sustained significant losses in her ability to carry on and function normally, lost earnings,  
10 severe physical and emotional injuries and trauma, all to her general damage in a sum far in excess of  
11 \$1,000,000.00, in a total amount to be proven at time of trial of this matter.

12           22. As a direct and proximate result of the conduct of the Defendants, and each of them,  
13 including DOES 1 through 75, inclusive, and each of them, and the defective condition of the Subject  
14 Vehicle, and the serious and debilitating bodily injuries sustained by Plaintiff [REDACTED] Plaintiff  
15 [REDACTED] has incurred significant medical bills for medical treatment incurred over the course of the past  
16 few years, in excess of \$200,000.00, in an amount not yet fully ascertained, but, which amount will not to  
17 be extrapolated into the future relevant to anticipated and projected future medical treatment required  
18 and when said amount is ascertained, Plaintiff [REDACTED] will seek leave of the Court to further amend this  
19 Complaint to allege said amount.

20           23. As a consequence of the actions of Defendants undertaken in this Action, Plaintiff  
21 [REDACTED] is further properly entitled to an additional award of punitive or exemplary damages arising  
22 from the conscious disregard for Plaintiff's safety and rights, misrepresentations made as to the alleged  
23 safety and detailed inspection carried out on the vehicle, as well as Defendants callous and egregious  
24 actions in placing the product vehicle in the stream of commerce, permitting it to be a serious risk of harm  
25 and injury to others, including Plaintiff [REDACTED]

1  
2 SECOND CAUSE OF ACTION

3 (Negligence against All Defendants)

4 24. Plaintiff [REDACTED] re-alleges and incorporates herein by reference, all of the allegations  
5 and statements contained in paragraphs 1 through 23, inclusive, as if set forth in full herein.

6 25. At all times mentioned herein, defendants FORD MOTOR COMPANY, MY IMPORTED  
7 CARS, INC. DBA MY BMW, CYPRESS COAST FORD, AND YORK ENTERPRISES SOUTH, INC. DBA  
8 POWER FORD OF HUNTINGTON BEACH and DOES 1 through 75, inclusive, and each of them, were  
9 engaged in the business of and had a duty to manufacture, fabricate, design, assemble, distribute, test,  
10 inspect, service, repair, market, warrant, maintain, lease, modify, warn, instruct, and/or advertise the  
11 Subject Product, and each and every component part thereof, in a reasonable manner, and which  
12 defendants knew, or in the exercise of reasonable care should have known, would be used without  
13 inspection for defects in its parts, mechanisms, manufacture or design.

14 26. At all times mentioned herein, defendants, and each of them, including DOES 1 through  
15 75, inclusive, and each of them, negligently, recklessly, and/or carelessly manufactured, fabricated,  
16 designed, assembled, tested, distributed, sold, inspected, marketed, warranted, warned, instructed, and/or  
17 advertised the Subject Product and each and every component part thereof, and that same was causing  
18 and in fact did cause personal injuries to the consumer thereof while being used in a manner reasonably  
19 foreseeable, thereby rendering the same unsafe and dangerous for use by the consumer, user or bystander.

20 27. As a direct and proximate result of the conduct of the defendants, and each of them,  
21 including DOES 1 through 75, inclusive, and the defective condition of the Subject Vehicle, Plaintiff  
22 HODGES, sustained significant losses in her ability to carry on and function normally, lost earnings,  
23 severe physical and emotional injuries and trauma, all to her general damage in a sum far in excess of  
24 \$50,000.00, in a total amount to be proven at time of trial of this matter.

25 28. As a direct and proximate result of the conduct of the defendants, and each of them,  
26 including DOES 1 through 75, inclusive, and each of them, and the defective condition of the Subject  
27 Vehicle, Plaintiff suffered serious and debilitating bodily injuries for which she has incurred significant

1 medical bills for medical treatment incurred over the course of the past few years, in excess of \$200,000.00,  
2 in a total amount not yet fully ascertained, but, which amount will need to be extrapolated into the future  
3 relevant to anticipated and projected future and further medical treatment required and when said  
4 amount is ascertained, Plaintiff [REDACTED] will seek leave of the Court to further amend this Complaint to  
5 allege said amount.

6 **THIRD CAUSE OF ACTION**

7 **(Breach of Express and Implied Warranties against All Defendants)**

8 29. Plaintiff [REDACTED] re-alleges and incorporates herein by reference, all of the allegations  
9 and statements contained in paragraphs 1 through 28, inclusive, as if set forth in full herein.

10 30. That the defendants, FORD MOTOR COMPANY, MY IMPORTED CARS, INC. DBA MY  
11 BMW, CYPRESS COAST FORD, AND YORK ENTERPRISES SOUTH, INC. DBA POWER FORD OF  
12 HUNTINGTON BEACH and DOES 1 through 75, inclusive, and each of the, impliedly and expressly  
13 warranted to that the Subject Vehicle, and each and every component part thereof, was fit for the purpose  
14 for which it was to be used and was free from design and manufacturing defects to consumers and users  
15 thereof.

16 31. That the Subject Vehicle, and each and every component part thereof, was not free from  
17 such defects nor fit for the purpose for which it was to be used, and was in fact, defectively manufactured  
18 and designed and imminently dangerous to consumers, users and bystanders, and that said was capable  
19 of causing, and in fact did cause, injuries and/or death to the user and consumer thereof, while being used  
20 in manner reasonably foreseeable, thereby rendering same unsafe and dangerous for use by the consumer,  
21 user and/or bystander.

22 32. On or about July 7, 2003, as a direct and proximate result of each breach of warranty by  
23 the defendants, and each of them, as aforesaid, while Plaintiff [REDACTED] was operating the Subject Vehicle,  
24 she suffered severe injuries resulting in her significant bodily injuries, i.e., brain injuries, etc., sustained  
25 arising from the various defects, manufacturing and/or design related pertinent to the Subject Product, i.e.  
26 defective engine/accelerator/airbag systems in the 2001 Ford Escape SUV vehicle.






1 38. As a direct and proximate result of the conduct of the defendants, and each of them,  
2 including DOES 1 through 75, inclusive, as aforesaid, Plaintiff [REDACTED] was and has been compelled to  
3 seek continued medical treatment and services of hospitals, physicians, surgeons, nurses and the like, to  
4 care for and treat her, and did incur hospital, medical professional and incidental expenses, and plaintiff is  
5 informed and believes and thereupon alleges that by reason of her injuries, she will necessarily incur  
6 additional like expenses for an indefinite period of time in the future, the exact amount of which expenses  
7 will be stated according to proof.

8 WHEREFORE, Plaintiff [REDACTED] prays for judgment as follows:

- 9 a. For general damages, according to proof, at time of trial;
- 10 b. For special damages, according to proof, at time of trial;
- 11 c. For compensatory damages, according to proof, at time of trial;
- 12 d. For punitive and exemplary damages, according to proof, at time of trial;
- 13 e. For pre-judgment and post-judgment interest, according to proof, at time of trial;
- 14 f. For costs of suit incurred in this action; and
- 15 g. For such other and further relief as the Court deems just and proper.

17 DATE: August 4, 2006

Law Offices of David S. Lin

18 BY:   
19 \_\_\_\_\_  
20 David S. Lin  
21 Attorneys for Plaintiff  
22 CHRISTIE HODGES  
23  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

On August 4, 2006, I served the foregoing PLAINTIFF'S FIRST AMENDED COMPLAINT FOR DAMAGES on the interested parties in this action by placing a true and correct copy thereof, enclosed in a sealed envelope, addressed as follows:

Robert Gibson  
Elizabeth McNulty  
Laurie Gormican  
Snell & Wilmer  
600 Anton Blvd., Suite 1400  
Costa Mesa, CA 92626-7689

Attorney for Ford Motor Company

Thomas Ely  
Wesierski & Zurek, LLP  
One Corporate Park Drive, 2<sup>nd</sup> Fl  
Irvine, CA 92606

Attorneys for Defendant My Imported Cars, Inc., dba MY BMW

William Delhagen  
Murchison & Cumming, LLP  
801 S. Grand Ave., 9<sup>th</sup> Fl  
Los Angeles, CA 90017-4613

Attorneys for Defendant Cypress Coast Ford

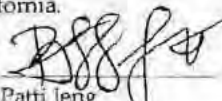
Elizabeth Kolar  
Jeanne Tollison  
Kolar & Associates  
12241 Newport Avenue  
Santa Ana, CA 92705

Attorneys for York Enterprises South, Inc. dba Power Ford Huntington Beach,  
Erroneously sued and served as Power Ford

By U.S. Mail: As follows. I am readily "familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service on the same day with postage paid fully thereon at Irvine, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit after the date of deposit for mailing an affidavit.

(State): I declare under penalty of perjury that the foregoing is true and correct.

Executed this 4th day of August 2006 at Pasadena, California.


  
Patti Jeng

Hodges 35577-2174  
RJG, EKV, LAG, CPM  
CF, JW, KES, LM, GTR  
Dckt *[Signature]*

1 William T. DelHagen (SBN 65615)  
Paul R. Flaherty (SBN 171170)  
2 **MURCHISON & CUMMING, LLP**  
801 South Grand Avenue, 9th Floor  
3 Los Angeles, California 90017-4613  
Telephone: (213) 623 7400  
4 Facsimile: (213) 623 6336

5 Attorneys for Defendant and Cross-Complainant,  
CYPRESS COAST FORD  
6

7  
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
9 COUNTY OF ORANGE, CENTRAL JUSTICE CENTER

10  
11   
12 Plaintiff,  
13 vs.  
14 FORD MOTOR CORPORATION;  
MY BMW; CYPRESS COAST  
15 FORD; POWER FORD, and DOES  
1 to 75,  
16 Defendants.  
17

CASE NO. 05CC07907  
[Assigned to Hon. Hon. Corey S. Cramin,  
Dept. C8]

**CROSS-COMPLAINT FOR TOTAL  
INDEMNITY, PARTIAL INDEMNITY  
AND/OR DECLARATORY RELIEF**

Action Filed: July 6, 2005  
Trial Date: None Set

18 CYPRESS COAST FORD,  
19 Cross-Complainant,  
20 vs.  
21 FORD MOTOR COMPANY, and  
22 ROES 1-100, inclusive,  
23 Cross-Defendants.  
24

25 COMES NOW defendant and cross-complainant, CYPRESS COAST FORD,  
26 and for causes of action against cross- defendants, alleges as follows:  
27 //  
28 //

*[Handwritten signature]*



1 forth. Cross-complainant has filed an answer to plaintiff's complaint, denying any  
2 liability on the part of cross-complainant. Said answer is incorporated herein by  
3 reference as though fully set forth.

4 6. Cross-complainant is now a defendant in the main action, where the  
5 plaintiffs claim certain general and special damages as may be proven at the time of  
6 trial. All such damages purportedly arose out of circumstances which are more  
7 particularly described in the complaint.

8 FIRST CAUSE OF ACTION

9 (For Implied Total Indemnity)

10 AS AND FOR A FIRST, SEPARATE, AND DISTINCT CAUSE OF  
11 ACTION AGAINST CROSS-DEFENDANTS AND EACH OF THEM,  
12 CROSS-COMPLAINANT ALLEGES AS FOLLOWS:

13 7. Cross-complainant hereby repeats, refers to and realleges all of the  
14 allegations contained in paragraphs 1 through 6, inclusive, of this cross-complaint, and  
15 incorporates the same herein by reference as though here fully set forth at length.

16 8. An actual controversy has arisen and now exists between cross-  
17 complainant and cross-defendants concerning each party's respective rights and duties  
18 in connection with the action brought by plaintiffs, who claim to have been damaged by  
19 cross-complainant and cross-defendants.

20 9. Cross-complainant is informed and believes, and based upon such  
21 information and belief alleges, that cross-defendants acted negligently or otherwise  
22 tortiously in and about the matters set forth in plaintiff's complaint, and that the  
23 damages alleged in plaintiff's complaint were solely the proximate result of such  
24 negligence and/or otherwise tortious misconduct.

25 10. If, upon the trial of plaintiff's complaint, cross-complainant is found liable  
26 to plaintiffs, then cross-complainant is entitled to judgment of indemnification against  
27 cross-defendants for the total amount of any judgment awarded against cross-  
28 complainant.

1 11. If upon the trial of plaintiff's complaint, the contentions and allegations of  
2 plaintiffs are established as true, cross-complainant will be damaged as a result of the  
3 aforementioned conduct of cross-defendants by being compelled to pay a judgment  
4 rendered in favor of plaintiffs, which judgment should, in equity, be paid and borne by  
5 cross-defendants. Cross-complainant will be further damaged by the aforementioned  
6 conduct of cross-defendants by being required to incur costs of suit, including costs of  
7 defense, attorney's fees and investigative expenses.

8 12. Cross-complainant hereby makes demand upon cross-defendants to  
9 indemnify and hold cross-complainant harmless, to assume the defense of this action  
10 on behalf of cross-complainant, and to take such steps as are necessary and required  
11 to protect cross-complainant, and to pay all claims, settlements, judgments, attorney's  
12 fees and other costs incurred by and/or awarded against cross-complainant.

13 SECOND CAUSE OF ACTION

14 (For Equitable Indemnity on a Comparative Fault Basis)

15 AS AND FOR A SECOND, SEPARATE, AND DISTINCT CAUSE OF  
16 ACTION AGAINST CROSS-DEFENDANTS AND EACH OF THEM,  
17 CROSS-COMPLAINANT ALLEGES AS FOLLOWS:

18 13. Cross-complainant hereby repeats, refers to and realleges all of the  
19 allegations contained in paragraph 1 through 6, inclusive, of this cross-complaint, and  
20 incorporates the same herein by reference as though here fully set forth at length.

21 14. Cross-complainant is informed and believes, and based upon such  
22 information and belief alleges, that any and all events and happenings, injuries and  
23 damages, if any, referred to in plaintiff's complaint on file herein were proximately  
24 caused by negligence and/or otherwise tortious misconduct on the part of the cross-  
25 defendants.

26 15. Cross-complainant is entitled, at a minimum, to a declaration of this court  
27 as to the respective degrees of negligence or the percentages of fault of whatever  
28 nature, if any, of cross-complainant and cross-defendants which proximately caused or

1 contributed to the damages now complained of by plaintiffs, and cross-complainant is  
2 entitled to be indemnified, at a minimum, on the basis of comparative/partial indemnity  
3 principles applied by, between, and among cross-complainant and cross-defendants  
4 herein.

5 THIRD CAUSE OF ACTION

6 (For Declaratory Relief As Against All Cross-Defendants)

7 AS AND FOR A THIRD, SEPARATE, AND DISTINCT CAUSE OF  
8 ACTION AGAINST CROSS-DEFENDANTS, AND EACH OF THEM,  
9 CROSS-COMPLAINANT ALLEGES AS FOLLOWS:

10 16. Cross-complainant hereby repeats, refers to and realleges all of the  
11 allegations contained in paragraphs 1 through 6, inclusive, of this cross-complaint, and  
12 incorporates the same herein by reference as though fully set forth herein at length.

13 17. A declaration of rights and duties as to the responsibilities of cross-  
14 complainant and cross-defendants is appropriate at this time in order to permit cross-  
15 complainant to ascertain its rights and duties with respect to the plaintiff's allegations.  
16 No adequate remedy exists at law, other than that prayed for, by which the respective  
17 rights and responsibilities of cross-complainant and cross-defendants can be  
18 ascertained.

19 WHEREFORE, cross-complainant prays for judgment against cross-defendants  
20 as follows:

21 1. For a declaration that any responsibility and/or liability that is determined  
22 to exist for the damages claimed by the plaintiff herein is the result of the primary and/or  
23 active negligence and/or otherwise tortious misconduct of cross-defendants, and only  
24 the secondary and/or passive negligence and/or vicarious negligence and/or derivative  
25 negligence of cross-complainant;

26 2. For a declaration that cross-defendants are therefore obligated to defend  
27 cross-complainant against the claims of plaintiff, to reimburse cross-complainant for  
28 necessary and reasonable attorney's fees and costs incurred by cross-complainant in



1 defending against the claims of plaintiffs, and to indemnify cross-complainant for all  
2 sums which cross-complainant may be compelled to pay as a result of the damages,  
3 judgment, settlement and/or other recovery by plaintiffs against cross-complainant,

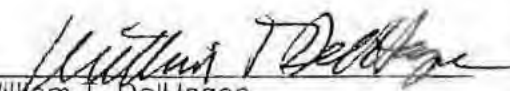
4 3. That in the event judgment is rendered in favor of plaintiffs in the above-  
5 entitled action and against cross-complainant and cross-defendants, or any of them, on  
6 a finding that cross-complainant or cross-defendants were each negligent and/or  
7 otherwise tortiously responsible, the court adjudge and decree that the negligence  
8 and/or other wrongful conduct of cross-complainant and cross-defendants, or any of  
9 them, shall be apportioned; that the court make the resulting judgment against the  
10 parties according to the apportioned negligence and/or other tortious misconduct; and  
11 that cross-complainant be awarded partial and comparative indemnification against  
12 cross-defendants;

13 4. For costs of suit incurred herein including attorney's fees; and

14 5. For such other and further relief as the court may deem just and proper.

15 DATED: June 2, 2006

MURCHISON & CUMMING, LLP

16  
17   
18 William T. DelHagen  
19 Paul R. Flaherty  
20 Attorneys for Defendant and Cross-  
21 Complainant. CYPRESS COAST FORD  
22  
23  
24  
25  
26  
27  
28

1 PROOF OF SERVICE

2 **STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

3 I am employed in the County of Los Angeles, State of California. I am over the age of  
4 18 and not a party to the within action; my business address is 801 South Grand  
5 Avenue, 9th Floor, Los Angeles, California 90017.

6 On June 5, 2006, I served the foregoing document described as **CROSS-COMPLAINT**  
7 on all interested parties in this action:

8  (X) by placing the true copies thereof enclosed in sealed envelopes addressed as  
9 stated on the attached mailing list:

10  ( ) by placing ( ) the original ( ) a true copy thereof enclosed in sealed envelopes  
11 addressed as follows:

12 **(X) BY MAIL**

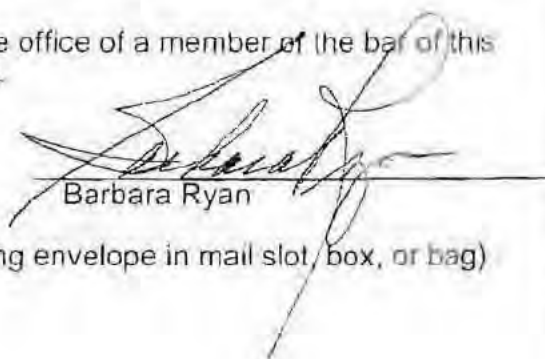
13  ( ) \*I deposited such envelope in the mail at Los Angeles, California. The envelope was  
14 mailed with postage thereon fully prepaid.

15  (X) As follows: I am "readily familiar" with the firm's practice of collection and  
16 processing correspondence for mailing. Under the practice it would be deposited with  
17 U.S. postal service on that same day with postage thereon fully prepaid at Los Angeles,  
18 California in the ordinary course of business. I am aware that on motion of the party  
19 served, service is presumed invalid if postal cancellation date or postage date is more  
20 than 1 day after date of deposit for mailing in affidavit.

21 Executed on June 5, 2006, at Los Angeles, California.

22  (X) (State) I declare under penalty of perjury under the laws of the State of California  
23 that the above is true and correct.

24  ( ) (Federal) I declare that I am employed in the office of a member of the bar of this  
25 court at whose direction the service was made.

26   
27 Barbara Ryan

28 \*(By mail signature must be of person depositing envelope in mail slot, box, or bag)

SERVICE LIST

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28

[REDACTED]  
Glendora, CA [REDACTED]  
[REDACTED]

SUM-100

### SUMMONS (CITACION JUDICIAL)

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

**NOTICE TO DEFENDANT:  
(AVISO AL DEMANDADO):**

Ford Motor Corporation; MY BMW; Cypress Coast Ford; Power Ford;  
and DOES 1 to 75

**YOU ARE BEING SUED BY PLAINTIFF:  
(LO ESTÁ DEMANDANDO EL DEMANDANTE):**



You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), or by contacting your local court or county bar association.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California ([www.courtinfo.ca.gov/selfhelp/espanol/](http://www.courtinfo.ca.gov/selfhelp/espanol/)), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), en el Centro de Ayuda de las Cortes de California, ([www.courtinfo.ca.gov/selfhelp/espanol/](http://www.courtinfo.ca.gov/selfhelp/espanol/)) o poniéndose en contacto con la corte o el colegio de abogados locales.

The name and address of the court is:  
(El nombre y dirección de la corte es):  
Superior Court of the State of California, County of Orange  
700 Civic Center Drive West  
Santa Ana, CA 92701

CASE NUMBER:  
(Número del Caso) **050007907**  
**JUDGE COREY S. CRAMER**  
**DEPT. 08**

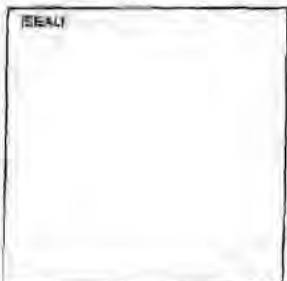
The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:  
(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):



**ANGELA KNOX**

DATE: **JUL 06 2005** **ALAN SLATER** Clerk, by \_\_\_\_\_ Deputy  
(Fecha) (Secretario) (Adjunto)


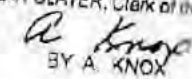

(For proof of service of this summons, use Proof of Service of Summons (form POS-010).)  
(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, (POS-010)).



**NOTICE TO THE PERSON SERVED: You are served**

- as an individual defendant.
- as the person sued under the fictitious name of (specify):
- on behalf of (specify): **Ford Motor Corporation**  
under:  CCP 415.10 (corporation)  CCP 415.60 (minor)  
 CCP 415.20 (defunct corporation)  CCP 416.70 (conservatee)  
 CCP 415.40 (association or partnership)  CCP 416.90 (authorized person)  
 other (specify):
- by personal delivery on (date): **July 23, 2005**

982.1(1)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  TELEPHONE NO: _____ (Optional) E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Plaintiff, In Pro Per	FOR COURT USE ONLY  <b>FILED</b> SUPERIOR COURT OF CALIFORNIA COUNTY OF ORANGE CENTRAL JUSTICE CENTER  JUL 06 2005  ALAY SLATER, Clerk of the Court  BY A. KNOX
NAME OF COURT: Superior Court of the State of California, County of Orange STREET ADDRESS: 700 Civic Center Drive West MAILING ADDRESS: CITY AND ZIP CODE: Santa Ana, CA 92701 BRANCH NAME: Central Justice Center (CJC)	
PLAINTIFF:   DEFENDANT: Ford Motor Corporation; MY BMW; Cypress Coast Ford; Power Ford; and  <input checked="" type="checkbox"/> DOES 1 TO <u>75</u>	
COMPLAINT—Personal Injury, Property Damage, Wrongful Death <input type="checkbox"/> AMENDED (Number): _____ Type (check all that apply): <input type="checkbox"/> MOTOR VEHICLE <input checked="" type="checkbox"/> OTHER (specify): Product Liability, Negligence <input checked="" type="checkbox"/> Property Damage <input type="checkbox"/> Wrongful Death <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Other Damages (specify): _____	
Jurisdiction (check all that apply): <input type="checkbox"/> ACTION IS A LIMITED CIVIL CASE Amount demanded <input type="checkbox"/> does not exceed \$10,000 <input type="checkbox"/> exceeds \$10,000, but does not exceed \$25,000 <input checked="" type="checkbox"/> ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000) <input type="checkbox"/> ACTION IS RECLASSIFIED by this amended complaint <input type="checkbox"/> from limited to unlimited <input type="checkbox"/> from unlimited to limited	CASE NUMBER: <u>07-07907</u>  <b>JUDGE COREY S. CRAMER</b> <b>DEPT. C8</b>

1. PLAINTIFF (name): Christie Hodges, In Pro Per

alleges causes of action against DEFENDANT (name): Ford Motor Corporation; MY BMW; Cypress Coast; Power

2. This pleading, including attachments and exhibits, consists of the following number of pages: 6

3. Each plaintiff named above is a competent adult

a.  except plaintiff (name):

- (1)  a corporation qualified to do business in California
- (2)  an unincorporated entity (describe):
- (3)  a public entity (describe):
- (4)  a minor     an adult
  - (a)  for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
  - (b)  other (specify):
- (5)  other (specify):

b.  except plaintiff (name):

- (1)  a corporation qualified to do business in California
- (2)  an unincorporated entity (describe):
- (3)  a public entity (describe):
- (4)  a minor     an adult
  - (a)  for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
  - (b)  other (specify):
- (5)  other (specify):

Information about additional plaintiffs who are not competent adults is shown in Complaint—Attachment 3.

SHORT TITLE <span style="background-color: black; color: black;">[REDACTED]</span> v. Ford Motor Corporation, et al.	CASE NUMBER
--	-------------

4.  Plaintiff (name):  
 is doing business under the fictitious name (specify):  
  
 and has complied with the fictitious business name laws.

5. Each defendant named above is a natural person  
 a.  except defendant (name): Ford Motor Corp.  
 (1)  a business organization, form unknown  
 (2)  a corporation  
 (3)  an unincorporated entity (describe):  
 (4)  a public entity (describe):  
 (5)  other (specify):

c.  except defendant (name): Cypress Coast Ford  
 (1)  a business organization, form unknown  
 (2)  a corporation  
 (3)  an unincorporated entity (describe):  
 (4)  a public entity (describe):  
 (5)  other (specify):

b.  except defendant (name): MY BMW  
 (1)  a business organization, form unknown  
 (2)  a corporation  
 (3)  an unincorporated entity (describe):  
 (4)  a public entity (describe):  
 (5)  other (specify):

d.  except defendant (name): Power Ford  
 (1)  a business organization, form unknown  
 (2)  a corporation  
 (3)  an unincorporated entity (describe):  
 (4)  a public entity (describe):  
 (5)  other (specify):

Information about additional defendants who are not natural persons is contained in Complaint—Attachment 5.

6. The true names and capacities of defendants sued as Does are unknown to plaintiff.

7.  Defendants who are joined pursuant to Code of Civil Procedure section 382 are (names):

8. This court is the proper court because

- a.  at least one defendant now resides in its jurisdictional area
- b.  the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area
- c.  injury to person or damage to personal property occurred in its jurisdictional area
- d.  other (specify):

9.  Plaintiff is required to comply with a claims statute, and  
 a.  plaintiff has complied with applicable claims statutes, or  
 b.  plaintiff is excused from complying because (specify):

SHORT TITLE: [REDACTED] v. Ford Motor Corporation, et al.	CASE NUMBER:
---	--------------

10. The following causes of action are attached and the statements above apply to each (each complaint must have one or more causes of action attached):

- a.  Motor Vehicle
- b.  General Negligence
- c.  Intentional Tort
- d.  Products Liability
- e.  Premises Liability
- f.  Other (specify):

11. Plaintiff has suffered

- a.  wage loss
- b.  loss of use of property
- c.  hospital and medical expenses
- d.  general damage
- e.  property damage
- f.  loss of earning capacity
- g.  other damage (specify):

12.  The damages claimed for wrongful death and the relationships of plaintiff to the deceased are

- a.  listed in Complaint—Attachment 12.
- b.  as follows:

13. The relief sought in this complaint is within the jurisdiction of this court

14. PLAINTIFF PRAYS for judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- a. (1)  compensatory damages
- (2)  punitive damages
- b. The amount of damages is (you must check (1) in cases for personal injury or wrongful death)
  - (1)  according to proof
  - (2)  in the amount of: \$

15.  The paragraphs of this complaint alleged on information and belief are as follows (specify paragraph numbers):

Date: July 6, 2005

\_\_\_\_\_  
 [REDACTED]  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 [REDACTED]  
 (SIGNATURE OF PLAINTIFF OR ATTORNEY)

SHORT TITLE [REDACTED], Ford Motor Corp., et al.	CASE NUMBER
---	-------------

1 CAUSE OF ACTION—Products Liability Page 4  
(number)

ATTACHMENT TO  Complaint  Cross-Complaint

(Use a separate cause of action form for each cause of action.)

Plaintiff (name): [REDACTED]

Prod.L-1. On or about (date) July 7, 2003 plaintiff was injured by the following product:  
2001 Ford Escape

Prod.L-2. Each of the defendants knew the product would be purchased and used without inspection for defects. The product was defective when it left the control of each defendant. The product at the time of injury was being  
 used in the manner intended by the defendants  
 used in a manner that was reasonably foreseeable by defendants as involving a substantial danger not readily apparent. Adequate warnings of the danger were not given

Prod.L-3. Plaintiff was a  
 purchaser of the product.  user of the product  
 bystander to the use of the product  other (specify):

PLAINTIFF'S INJURY WAS THE LEGAL (PROXIMATE) RESULT OF THE FOLLOWING

Prod.L-4.  Count One—Strict liability of the following defendants who  
 a.  manufactured or assembled the product (names):  
Ford Motor Corporation; and  
 Does 1 to 25  
 b.  designed and manufactured component parts supplied to the manufacturer (names):  
Ford Motor Corporation; and  
 Does 1 to 25  
 c.  sold the product to the public (names):  
MY BMW; and  
 Does 26 to 50

Prod.L-5.  Count Two—Negligence of the following defendants who owed a duty to plaintiff (names):  
Ford Motor Corporation; MY BMW; Cypress Coast Ford; Power Ford; and

Does 1 to 50  
 Prod.L-6.  Count Three—Breach of warranty by the following defendants (names):  
Ford Motor Corporation; MY BMW; Cypress Coast Ford; Power Ford; and

Does 1 to 50  
 a.  who breached an implied warranty  
 b.  who breached an express warranty which was  
 written  oral  
 Prod.L-7.  The defendants who are liable to plaintiffs for other reasons and the reasons for the liability are  
 listed in Attachment—Prod L-7  as follows



SHORT TITLE:	CASE NUMBER
--------------	-------------

2  
(number)

**CAUSE OF ACTION—General Negligence**

Page 5

ATTACHMENT TO  Complaint  Cross-Complaint

(Use a separate cause of action form for each cause of action.)

GN-1. Plaintiff (name)



alleges that defendant (name): MY BMW; Cypress Coast Ford; Power Ford and

Does 51 to 75

was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant negligently caused the damage to plaintiff

on (date): July 7, 2003

at (place): 1516 Pacific Coast Highway, Huntington Beach, California

(description of reasons for liability):

Defendants MY BMW, Cypress Coast Ford, Power Ford, and DOES 51 to 75 negligently performed repairs on plaintiff's 2001 Ford Escape prior to July 7, 2003, causing the vehicle to malfunction and suddenly accelerate while being operated by plaintiff, resulting in a collision with a support pole and wall of an underground parking structure. Defendants' negligence caused plaintiff's injuries and damages as herein alleged.

SHORT TITLE [REDACTED] v. Ford Motor Corporation, et al.	CASE NUMBER
---	-------------

Exemplary Damages Attachment

ATTACHMENT TO  Complaint  Cross-Complaint

EX-1. As additional damages against defendant (name)  
Ford Motor Corporation; MY BMW; Cypress Coast Ford; Power Ford; and DOES 1 to 75

Plaintiff alleges defendant was guilty of

- malice
- fraud
- oppression

as defined in Civil Code section 3294, and plaintiff should recover, in addition to actual damages, damages to make an example of and to punish defendant.

EX-2. The facts supporting plaintiff's claim are as follows:

Defendants knew that the 2001 Ford Escape operated by plaintiff in the subject accident was defective and, with conscious disregard for plaintiff's safety and rights, placed the product in the stream of commerce and permitted the product to remain a risk of injury to others, including plaintiff.

EX-3. The amount of exemplary damages sought is

- a.  not shown, pursuant to Code of Civil Procedure section 425.10.
- b.  \$

## SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE

### Did you know that most civil lawsuits settle without a trial?

#### Introduction

And did you know that there are a number of ways to resolve civil disputes without having to sue somebody? These alternatives to a lawsuit are known as alternative dispute resolution (ADR). The most common forms of ADR are mediation, arbitration, and case evaluation. There are a number of other kinds of ADR as well.

In ADR, trained, impartial persons decide disputes or help parties decide disputes themselves. These persons are called neutrals. For example, in mediation, the neutral is the mediator. Neutrals normally are chosen by the disputing parties or by the court. Neutrals can help parties resolve disputes without having to go to court. ADR is not new. ADR is available in many communities, through dispute resolution programs and private neutrals.

#### Advantages of ADR

ADR can have a number of advantages over a lawsuit. ADR can be speedier. A dispute often can be resolved in a matter of months, even weeks, through ADR, while a lawsuit can take years. ADR can save money. Court costs, attorneys fees, and expert fees can be saved. ADR can permit more participation. The parties may have more chances to tell their side of the story than in court and may have more control over the outcome. ADR can be flexible. The parties can choose the ADR process that is best for them. For example, in mediation the parties may decide how to resolve their dispute.

ADR can be cooperative. This means that the parties having a dispute may work together with the neutral to resolve the dispute and agree to a remedy that makes sense to them, rather than work against each other. ADR can reduce stress. There are fewer, if any, court appearances. And because ADR can be speedier, and save money, and because the parties are normally cooperative, ADR is easier on the nerves. The parties don't have a lawsuit hanging over their heads for years.

ADR can be more satisfying. For all the above reasons, many people have reported a high degree of satisfaction with ADR. Because of these advantages, many parties choose ADR to resolve a dispute, instead of filing a lawsuit. Even when a lawsuit has been filed, the court can refer the dispute to a neutral before the parties' positions harden and the lawsuit becomes costly. ADR has been used to resolve disputes even after a trial, when the result is appealed.

#### Disadvantages of ADR

ADR may not be suitable for every dispute. If ADR is binding, the parties normally give up most court protections, including a decision by a judge or jury under formal rules of evidence and procedure, and review for legal error by an appellate court. There generally is less opportunity to find out about the other side's case with ADR than with litigation. ADR may not be effective if it takes place before the parties have sufficient information to resolve the dispute. The neutral may charge a fee for his or her services. If a dispute is not resolved through ADR, the parties may have to put time and money into both ADR and a lawsuit.

Lawsuits must be brought within specified periods of time, known as statutes of limitation. Parties must be careful not to let a statute of limitations run out while a dispute is in an ADR process.

#### Three Common Types of ADR

This pamphlet describes the forms of ADR most often found in the California state courts and discusses when each may be right for a dispute.

#### MEDIATION

In mediation, a neutral (the mediator) assists the parties in reaching a mutually acceptable resolution of their dispute. Unlike lawsuits or some other types of ADR, the mediator does not decide how the dispute is to be resolved. The parties do.

Mediation is a cooperative process, in which the parties work together toward a resolution that tries to meet everyone's interests, instead of working against each other, where at least one party loses. Mediation normally leads to better relations between the parties and to resolutions that hold up. For example, mediation has been very successful in family disputes, particularly with child custody and visitation.

Mediation is particularly effective when the parties have a continuing relationship, like neighbors or business people. Mediation also is very effective where personal feelings are getting in the way of a resolution. This is because mediation normally gives the parties a chance to let out their feelings and find out how each other sees things. Mediation may not be a good idea when one party is unwilling to discuss a resolution or when one party has been a victim of the other or cannot have enough bargaining power in the mediation. However, mediation can be successful for victims seeking restitution from offenders. A mediator can meet with the parties separately when there has been violence between them.

**Superior Court of California  
County of Orange, Central Justice Center**

DEPT	CIVIL JUDGES	*NOTICED MOTIONS HEARD	EX PARTE HEARD:	TELEPHONIC NOTICE TO COURTROOM NO LATER THAN:	**EX PARTE APPLICATION PRESENTED IN COURTROOM NO LATER THAN:
CIVIL CASE MANAGEMENT PANEL, JUDGE BRENNER SUPERVISING					
C4	ANDLER 834-4495	FRI. 10:00 A.M. Rulings posted on the Internet.	M - Fri. 9:00 a.m.	NOON DAY BEFORE HEARING	3:00 P.M. DAY BEFORE EX PARTE HEARING
C6	BANKS, 834-3710	Fri., 10:00 a.m. Rulings posted on internet <b>NOTE: DEPT. REQUIRES MOTIONS BE RESERVED WITH C6 PRIOR TO FILING BY CALLING (714) 834-3710</b>	Promptly at 8:45 AM	NOON, DAY BEFORE HEARING	3:00 PM, DAY BEFORE EX PARTE HEARING
C20	BRENNER, 834-5125	Tues., 1:30 PM Rulings on Internet until Noon on Tuesday	T,W,Th,F, 9:00 AM	9:00 AM, DAY BEFORE EX PARTE HEARING	3:00 PM, DAY BEFORE EX PARTE HEARING
C12	BROOKS 834-3750	Wed., 3:00 P.M. Rulings posted on Internet	T - F, 8:30 AM	NOON, DAY BEFORE EX PARTE HEARING	4:00 P. M., DAY BEFORE EX PARTE HEARING
C21	CHOATE 834-4732	Thurs. 1:30 PM Rulings posted on Internet	M - F 9:00 AM	NOT REQUIRED; RECEIPT OF EX PARTE PAPERS SHALL CONSTITUTE NOTICE TO THE COURT.	NO LATER THAN NOON, DAY BEFORE EX PARTE HEARING.
W12 ***	COLAW, 896-7842	Fri., 10:00 AM Rulings on Internet by 3:00 p.m. on Thursday.	M,Tu,W,F 1:30 PM	NOON, DAY BEFORE EX PARTE HEARING	10:30 AM, DAY OF EX PARTE HEARING
C8	CRAMIN 834-3700	Fri, 10:00 AM	M - F 9:00 A.M.	NOT REQUIRED.	NO LATER THAN 12:00 P.M., THE DAY BEFORE EX PARTE HEARING
W11 ***	ERICKSON 896-7176	Thurs., 1:30 P. M.	M, Tu, W, F 1:30 P. M.	NOON, DAY BEFORE EX PARTE HEARING	10:30 AM, DAY OF EX PARTE HEARING
C34	FELL 834-2264	Tuesday at 1:45 p.m. (Rulings on Internet by 4:30 p.m. day prior to motion date). <b>NOTE: File papers directly in Clerk's office; reservations are no longer needed.</b>	M - TH 8:30 AM	NOON, DAY BEFORE EX PARTE HEARING	2:00 P.M., DAY BEFORE EX PARTE HEARING
C31	GALLIVAN, 834-2372	Thurs., 2:30 PM Rulings on Internet by 10:00 A. M. day of scheduled motion	M -Th 8:30 AM	10:00 AM DAY BEFORE EX PARTE HEARING	2:00 PM, DAY BEFORE EX PARTE HEARING
C22	GLASS, 834-4425	Tues., 2:00 PM Rulings posted on Internet	M, W, TH, F 1:30 PM	4:00 PM, DAY BEFORE EX PARTE HEARING	10:30 AM, DAY OF EX PARTE HEARING
C24	HAYES, 834-5092	FRI., 9:00 AM Rulings on Internet by 3:00 PM on Thursday	M,T,W,TH 9:00 AM	9:00 AM, DAY BEFORE EX PARTE HEARING	3:00 PM, DAY BEFORE EX PARTE HEARING
C7	JOHNSON, 834-4656	Tues., 1:45 P.M. - Rulings posted on internet during the Noon hour on day of hearing. <b>NOTE: DEPT. REQUIRES MOTIONS BE RESERVED WITH C7 PRIOR TO FILING BY CALLING - (714) 834 - 4656</b>	W - F 1:30 PM	NOON, DAY BEFORE EX PARTE HEARING	10:00 A.M. DAY OF EX PARTE HEARING
C25	LEWIS, 834-5005	Mon. 10:30 AM (Rulings posted on Internet 12:00, Friday prior to Monday hearing date)	T - F, 8:30 AM	10:00 A.M. DAY BEFORE EX PARTE HEARING	2:00 PM THE DAY BEFORE EX PARTE HEARING
C13	MAXIMO, 834-4592	Fri., 8:00 AM Tentative Rulings posted on Internet by 3:00 p.m. day prior to motion date.	M-Th 9:00 AM	NOON, DAY BEFORE EX PARTE HEARING	3:00 PM DAY PRIOR TO THE EX PARTE HEARING



RJG, EKV, LAG, CPM  
CW, JW, KFS, LM, GTR  
OC\_Mail *SB*

**FILED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
CENTRAL JUSTICE CENTER

JAN 20 2007

ALAN SLATER Clerk of the Court

BY: G. GALON DEPUTY

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

[Redacted]  
Glendora, CA  
Telephone: [Redacted]  
Email: [Redacted]  
[Redacted]

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF ORANGE

[Redacted]

) Case No. [Redacted]

Plaintiff,

) Hon. Corey S. Cramin, Dept. C8

vs.

) **THIRD AMENDED COMPLAINT FOR  
DAMAGES**

FORD MOTOR COMPANY; MY IMPORTED  
CARS, INC. dba MY BMW; CYPRESS COAST  
FORD; YORK ENTERPRISES SOUTH, INC. dba  
POWER FORD HUNTINGTON BEACH; and  
DOES 1-75,

- ) 1. STRICT PRODUCT LIABILITY
- ) 2. NEGLIGENCE
- ) 3. BREACH OF EXPRESS AND IMPLIED WARRANTIES
- ) 4. NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS

Defendants

*Response: 3/5  
mailed 1/29 KAM*

COMES NOW the Plaintiff [Redacted] and for causes of action against Defendants,  
FORD MOTOR CORPORATION, MY IMPORTED CARS, INC. DBA BMW (hereinafter "MY BMW"),  
CYPRESS COAST FORD, and YORK ENTERPRISES SOUTH, INC. DBA POWER FORD HUNTINGTON

1 BEACH, erroneously sued and served as POWER FORD and DOES 1-75, inclusive, and each of them,  
2 hereby complains and alleges as follows:

3  
4 GENERAL ALLEGATIONS

5 1. Plaintiff [REDACTED] is an individual, residing in the County of Los Angeles,  
6 State of California.

7 2. Defendant, FORD MOTOR CORPORATION is a Delaware Corporation, with its principal  
8 place of business located in Dearborn, Michigan but doing business in the State of California, and was in  
9 the business of designing, manufacturing and marketing automobiles, including sports utility vehicles  
10 such as the Ford Escape SUV vehicle, and did design, manufacture and market Plaintiff [REDACTED] 2001  
11 Ford Escape SUV vehicle, VIN #1FMYU031 [REDACTED] as reflected on the Certificate of Title.

12 3. Defendant, MY IMPORTED CARS, INC. dba MY BMW is a California Corporation with  
13 its principal place of business in Seaside, California, doing business in the State of California and was the  
14 seller of the subject 2001 Ford Escape SUV vehicle to Plaintiff [REDACTED]

15 4. Defendant CYPRESS COAST FORD is a business entity, status unknown, with its  
16 principal place of business in Seaside, California, doing business in the State of California, who performed  
17 numerous maintenance and service repair work and sold Plaintiff an extended warranty on the subject  
18 2001 Ford Escape SUV vehicle after Plaintiff [REDACTED] had initially purchased the vehicle from Defendant  
19 MY BMW.

20 5. Defendant YORK ENTERPRISES SOUTH, INC. DBA POWER FORD HUNTINGTON  
21 BEACH, erroneously sued and served as POWER FORD, with its principal place of business in Ft.  
22 Lauderdale, DL, but with offices in Garden Grove and Huntington Beach, and doing business in the State  
23 of California, performed certain maintenance and service repair work to the subject 2001 Ford Escape SUV  
24 vehicle in the weeks prior to the subject accident.

25 6. The true names and/or capacities, whether individual, corporate, associate or otherwise of  
26 defendant DOES 1 through 75, inclusive, are unknown to plaintiffs at this time, who therefore sue said  
27 defendants by such fictitious names. Plaintiff is informed and believe and thereupon allege that each of the

1 defendants fictitiously named herein as a DOE is legally responsible, negligently or in some other  
2 actionable manner, for the events and happenings hereinafter referred to, and thereby proximately caused  
3 the injuries and damages to plaintiffs as hereinafter alleged. Plaintiff will ask leave of court to amend this  
4 Complaint to insert the true names and/or capacities of such fictitiously named defendants when the same  
5 have been ascertained.

6 7. Plaintiff is informed and believe and thereupon allege that at all times mentioned herein,  
7 Defendants, and each of them, including DOES 1 through 75, inclusive, and each of them, were agents,  
8 servants, employees and/or joint venturers of their co-Defendants, and each was, as such acting within the  
9 course, scope and authority of said agency, employment and/or venture, and that each and every  
10 Defendant, as aforesaid, when acting as a principal, was negligent in the selection and hiring of each and  
11 every other Defendant as an agent, employee and/or joint venturer.

12 8. This suit arises out of an automobile accident, which occurred on or about July 7, 2003.  
13 Plaintiff [REDACTED] was driving a 2001 Ford Escape SUV vehicle and had been in the process of  
14 backing out of her parking spot or stall in the underground parking garage structure at her condominium  
15 apartment complex, when her vehicle malfunctioned, locked in reverse, and unexpectedly and suddenly  
16 without any advance warning accelerated forward into drive, smashing into a wall at the complex.  
17 Plaintiff [REDACTED] suffered serious and significant bodily injuries to herself, which included head injuries  
18 sustained, i.e., severe episodes of headaches, mental disorientation, leading to diagnosis of epileptic  
19 seizures caused by the displacement and subsequent life threatening consequences of repositioning an  
20 inoperable brain tumor. Plaintiff [REDACTED] subsequently underwent extensive and continued medical  
21 treatment over the course of the following months and years, including a craniotomy and treatment for  
22 epilepsy. Before the accident Plaintiff [REDACTED] had never suffered any one of the many symptoms  
23 experienced from brain tumors as after the accident. Nor had she ever before experienced or those of brain  
24 tumors sufferers including seizures, epilepsy, headaches, slurred speech, movement problems or  
25 paranthesis.

26 9. Prior to the accident, from the inception of Plaintiff [REDACTED] purchase of the subject 2001  
27 Ford Escape SUV vehicle in or about April 6, 2002, Plaintiff began to experience significant problems to her  
28 vehicle in the weeks after the initial purchase. The vehicle purchased was a used vehicle, which



1 Defendant MY BMW had represented had undergone and submitted to a very extensive 120 point  
2 dealership inspection prior to its sale to the general public. Material representations were made to  
3 Plaintiff [REDACTED] by MY BMW and its agents/sales person, a person by the name of Bob Thomas, who  
4 stated that the Ford Escape had never been involved in any prior accidents and was a very good and safe  
5 vehicle, and would be great for Plaintiff [REDACTED] teenage daughter to drive because of its safety features  
6 and that the detailed 120 point inspection on the vehicle had been performed, eliminating any mechanical  
7 problems. MY BMW refused to stand behind this checkup or now provide a car history to provide proof  
8 that the car was not in an accident prior to being sold to Plaintiff [REDACTED] MY BMW advertises that it  
9 will stand behind it's check up and it's word.

10 10. Plaintiff [REDACTED] attempts to have MY BMW address and take care of the mechanical  
11 problems being experienced in her vehicle were all but essentially rebuffed and dismissed by MY BMW  
12 and its sales personnel, who referred her to customer service, and summarily told her to take her car to  
13 Cypress Coast Ford, which was across the street from MY BMW since the car was under a Ford  
14 manufacturer warranty.

15 11. Plaintiff [REDACTED] then took her 2001 Ford Escape SUV vehicle to Cypress Coast Ford for  
16 maintenance and service on the numerous mechanical problems, which she had been experiencing,  
17 including but not limited to engine issues (lack of power), problems with a sticky gearshift (sticking in  
18 reverse), and overheating of the CD player as well as the maintenance lights on the vehicle constantly  
19 going off. At such time, Plaintiff [REDACTED] took her vehicle for service and repair work to Cypress Coast  
20 Ford in late May 2002, to service in particular the engine and gearshift problems and the overheating CD  
21 problem. Plaintiff [REDACTED] also at around this same time purchased an extended warranty from Cypress  
22 Coast Ford.

23 12. Defendant CYPRESS COAST FORD eventually ran compression tests and stated to  
24 Plaintiff [REDACTED] that her vehicle needed a new engine less than four months after it was originally  
25 purchased from MY BMW. Initially, the service manager at Cypress Coast Ford advised Plaintiff  
26 HODGES that they would install a re-manufactured engine, but, after Plaintiff [REDACTED] persistence and  
27 insistence that a new engine be installed, Plaintiff was, thereafter, advised that a new engine had been  
28 installed. Whether in fact a new engine was installed remains uncertain. The Plaintiff refused to provide

1 proof other than a verbal statement. A mechanic in Southern California has disputed that the engine is  
2 new stating that there is no certification referenced on it or the vehicle, as required. Also, the work order  
3 clearly states "remanufactured engine" and gives the #.

4 13. Notwithstanding the myriad services and multiple occasions in which Plaintiff ██████ took the  
5 2001 Ford Escape SUV vehicle to Cypress Coast Ford for service and repairs to correct these problems and  
6 mechanical issues, these problems were never fully and/or adequately resolved. The CD player continued  
7 to overheat and the new engine, which was allegedly installed, continued to have problems and did not  
8 operate much better than it had previously, i.e., engine power continued to be deficient and emanate  
9 noises. Moreover, the sticky gearshift problem pertaining to the vehicle getting stuck in reverse was also  
10 never resolved. Time and time again, Plaintiff ██████ was advised by Cypress Coast Ford service  
11 personnel that "we'll get to it next time." Despite being unable to replace or repair the sticky gearshift,  
12 CYPRESS COAST FORD was able to constantly call to attempt to schedule oil changes and tune-ups that  
13 would have to be paid for and were not under warranty even though they were not due. It became  
14 apparent they did not care about my safety and I read complaints about other customers that *reiterated*.

15 14. Thereafter, Plaintiff subsequently contacted Defendant CYPRESS COAST FORD to obtain  
16 records of all of the maintenance and repair work performed on her vehicle and was advised that all of her  
17 records and files relevant to the services performed on her vehicle had been lost and that the company did  
18 not have any digitally stored or computerized records of the same.

19 15. Plaintiff then moved down to Southern California to Huntington Beach, California in or  
20 about March 2003, and continued to experience mechanical problems with her vehicle. In or about May  
21 2003, Plaintiff ██████ took her vehicle to Power Ford of Garden Grove, again, to address the problems  
22 pertaining to the gearshift getting stuck in reverse and overheating of the CD player. The vehicle was  
23 again taken back for additional repair work in mid-June 2003 at which time Power Ford allegedly replaced  
24 the gearshift cable so that the gearshift would not stick in reverse. A few weeks, thereafter, on or about  
25 July 7, 2003, Plaintiff ██████S experienced the vehicular accident, after her vehicle again stuck in reverse  
26 and then suddenly and unexpectedly accelerated forward, without Plaintiff ██████ even stepping on  
27 the accelerator and the 2001 Ford Escape vehicle crashed into the wall of the underground parking garage  
28 complex.

1 FIRST CAUSE OF ACTION

2 (Strict Products Liability against All Defendants except MY IMPORTED CARS)

3 16. Plaintiff re-alleges as though fully set forth and hereby incorporates in full paragraphs 1  
4 through 15, inclusive, of the General Allegations, above.

5 17. At all times mentioned herein, Defendants FORD MOTOR COMPANY, MY IMPORTED  
6 CARS, INC. DBA MY BMW, CYPRESS COAST FORD, AND YORK ENTERPRISES SOUTH, INC. DBA  
7 POWER FORD OF HUNTINGTON BEACH and DOES 1 through 75, inclusive, and each of them, were the  
8 manufacturers, fabricators, designers, assemblers, distributors, sellers, inspectors, marketers, warrantors,  
9 and/or advertisers of the subject 2001 Ford Escape SUV vehicle, which contained design and/or  
10 manufacturing defects, and which was capable of causing and in fact did cause personal injuries and/or  
11 death to the user and consumer thereof, while being used in a manner reasonably foreseeable, thereby  
12 rendering the same unsafe and dangerous for use by the consumer, user and/or bystander. Defendants  
13 also failed to provide adequate warnings or instructions to consumers and users of the Subject Vehicle,  
14 concerning the risks associated with said vehicle's reverse sticking issues and problems and unexpected  
15 acceleration problems attributable to the Ford Escape SUV vehicle and that such manufacturing, design or  
16 product defects in the subject vehicle might fail or malfunction, thereby, potentially causing serious injury  
17 or even death arising from said mechanical problems. This problem is reoccurrent across the Internet on  
18 the National Highway Traffic Safety website and Vehicle information sites. Google searches render  
19 several offerings from owners of 2001, 2002 Ford Escapes, Mazda Tributes, (it's clone) and other Fords,  
20 that have also stuck in reverse and crashed. Some have stuck in reverse and had other results. This  
21 problem is not uncommon and Ford as well as their dealers should have known about it. I have the print  
22 outs and I have the recall notices sent to me after the accident.

23 18. Defendants knew or should have known that the 2001 Ford Escape SUV vehicle was  
24 defective, and, with utter conscious disregard for plaintiff's safety and rights, nevertheless, placed the  
25 product into the stream of commerce and permitted the product to remain a serious risk of injury to  
26 others, including Plaintiff [REDACTED]. Defendants knew or should have known that there existed certain  
27 mechanical, manufacturing, design and/or product defects to Plaintiff's vehicle, which problems should

1 have been corrected, or, at a minimum, Plaintiff provided with proper, sufficient and timely advance  
2 notice on the same.

3 19. In specific, Defendant FORD MOTOR in particular knew or should have known that the  
4 specific engine and/or gearshift cable product parts and/or equipment utilized in Plaintiff's 2001 Ford  
5 Escape SUV vehicle was defective or deficient in nature relevant to its intended use or purpose and, thus,  
6 Defendant FORD MOTOR's actions in its utter and conscious disregard for the safety and rights of its  
7 consumers, including that of Plaintiff [REDACTED], constituted conscious, willful, and reckless disregard for  
8 Plaintiff H [REDACTED] safety. Upon information and belief, Plaintiff [REDACTED] believes that defendant FORD  
9 MOTOR had in its possession certain information, i.e., testing results, investigative reports, regarding the  
10 mechanical, manufacturing, design and/or product defects which existed as to Plaintiff's vehicle, the 2001  
11 Ford Escape SUV, and purposefully, intentionally, maliciously and fraudulently acted and/or failed to act  
12 in a timely fashion to provide Plaintiff HODGES and the general public of FORD MOTOR consumers of its  
13 automobile products, i.e., as related to the safety and problems with the engine and/or gearshift cable  
14 mechanism of the subject model vehicle, with proper and timely notice of the same. Instead, based upon  
15 information and belief, Plaintiff [REDACTED]S believes that FORD MOTOR purposefully, intentionally,  
16 maliciously and fraudulently acted in suppressing such information and/or evidence from Plaintiff  
17 HODGES and/or the general public of FORD MOTOR consumers of these defects and/or defective  
18 condition of its products sold.

19 20. Based upon information and belief, Plaintiff [REDACTED]S believes that both CYPRESS  
20 COAST FORD and POWER FORD also acted purposefully, intentionally, maliciously and fraudulently  
21 acted in suppressing such information and/or evidence of the potential dangers related to the engine  
22 and/or gearshift cable mechanism of Plaintiff [REDACTED] 2001 Ford Escape SUV vehicle from Plaintiff  
23 [REDACTED] and/or the general public of FORD MOTOR consumers of these defects and/or defective  
24 condition of its products sold and failed to undertake the necessary repair or service work to remedy any  
25 and all such defects and/or defective conditions on the subject vehicle.

26 21. In specific, pertinent to the service and/or repair work performed on the subject vehicle by  
27 Defendant CYPRESS COAST FORD, in or about August-September 2002, Defendant CYPRESS COAST

1 FORD made certain repairs, including but not limited to the replacement of the vehicle's engine,  
2 supposedly with a new engine, assumedly in correcting or remedying the numerous mechanical,  
3 manufacturing, design and/or product defects to the subject vehicle. Said service and/or repair work  
4 performed was performed in not only a negligent manner and fashion but in utter and complete disregard  
5 to the ultimate safety of Plaintiff [REDACTED] in her operation of the 2001 Ford Escape SUV vehicle  
6 particularly in light of Defendant CYPRESS COAST FORD's knowledge of facts and representation of facts  
7 as to the adequacy and sufficiency of all repairs made. Based upon information and belief, Plaintiff  
8 [REDACTED] contends and believes that Defendant CYPRESS COAST FORD was fully aware of and/or  
9 should have been fully aware of the inherent problems and/or product design, mechanical and/or  
10 manufacturing defects which existed on the engine replaced and installed in all Ford Escape SUV model  
11 vehicles during this relevant time period.

12 22. At a minimum, Defendant CYPRESS COAST FORD should have been properly aware or  
13 made aware of these inherent problems and dangers arising from the product design, mechanical and/or  
14 manufacturing defects which existed in the engine replaced and installed in all Ford Escape SUV model  
15 vehicles during this relevant time period. Instead, Plaintiff [REDACTED] was advised by service personnel of  
16 CYPRESS COAST FORD, acting as a corporate agent of CYPRESS COAST FORD, that all such service  
17 and/or repair issues had been properly and satisfactorily remedied via the repairs performed and engine  
18 replaced on the subject vehicle and express representations made to Plaintiff [REDACTED] that the subject  
19 vehicle was completely safe to operate, thereby, placing it back in the stream of commerce.

20 23. In specific, pertinent to the service and/or repair work performed on the subject vehicle  
21 by Defendant POWER FORD, in or about April-May 2003, Defendant POWER FORD made certain repairs,  
22 including but not limited to the replacement of the vehicle's gearshift cable mechanism, with a new  
23 gearshift cable box, assumedly in correcting or remedying the numerous mechanical, manufacturing,  
24 design and/or product defects to the subject vehicle. Said service and/or repair work performed was  
25 performed in not only a negligent manner and fashion but in utter and complete disregard to the ultimate  
26 safety of Plaintiff [REDACTED] in her operation of the 2001 Ford Escape SUV vehicle particularly in light of  
27 Defendant POWER FORD's knowledge of facts and representation of facts as to the adequacy and

1 sufficiency of all repairs made. Based upon information and belief, Plaintiff [REDACTED] contends and  
2 believes that Defendant POWER FORD was fully aware of and/or should have been fully aware of the  
3 inherent problems and/or product design, mechanical and/or manufacturing defects which existed on the  
4 gearshift cable mechanism replaced and installed in all Ford Escape SUV model vehicles during this  
5 relevant time period. Power Ford did not know the windshield wiper package that they installed was on  
6 recall and they should not have charged me. Therefore, one can only speculate that they did not know  
7 about the other recalls which they probably also were not aware of and could have been interacting with  
8 the work they did which could have caused the accident.

9 24. At a minimum, Defendant POWER FORD should have been properly aware or made  
10 aware of these inherent problems and dangers arising from the product design, mechanical and/or  
11 manufacturing defects which existed on the gearshift cable mechanism replaced and installed in all Ford  
12 Escape SUV model vehicles during this relevant time period. Instead, Plaintiff [REDACTED] was advised by  
13 service personnel of POWER FORD, acting as an agent of POWER FORD, that all such service and/or  
14 repair issues had been properly and satisfactorily remedied via the repairs performed and gearshift cable  
15 mechanism replaced on the subject vehicle and express representations made to Plaintiff [REDACTED] that the  
16 subject vehicle was completely safe to operate, thereby, placing it back in the stream of commerce.

17 25. On or about July 7, 2003, Plaintiff [REDACTED], was operating her subject 2001  
18 Ford Escape SUV vehicle, which was being operated in a reasonably foreseeable manner, in backing out of  
19 her parking spot at her then subject condominium apartment complex located at [REDACTED]  
20 [REDACTED] Huntington Beach, California [REDACTED]. Plaintiff [REDACTED] was traveling with her  
21 daughter, [REDACTED], at time of the accident. At said time and place the 2001 Ford Escape SUV  
22 vehicle, unexpectedly and without any notice or prior warning suddenly accelerated forward [without  
23 Plaintiff [REDACTED] even stepping on the accelerator]. In fact, Plaintiff [REDACTED] foot was on the brake of  
24 the vehicle when it suddenly accelerated forward and smashed into a wall in the garage area of the  
25 apartment's parking complex, causing the within accident and resultant bodily injuries to Plaintiff  
26 [REDACTED]. Moreover, the impact of the collision of the vehicle with the wall of the garage parking area did  
27  
28

1 not result in the proper deployment of the vehicle's airbag, which, failed to deploy as it should have, and,  
2 thereby, contributed further to Plaintiff's injuries sustained.

3 26. As a result of the accident, Plaintiff [REDACTED] sustained severe and serious head trauma and  
4 injuries to her body, which required medical attention, i.e., X-ray examination, etc. Thereafter, in the many  
5 months after the accident, Plaintiff [REDACTED] continued to experience the lingering medical effects, harm  
6 and physical and emotional injuries to her body, in particular, which led to subsequent epileptic seizures,  
7 brain trauma, resultant brain injury, diagnosis of brain tumor, amongst other physical, mental and  
8 emotional medical ailments and other related injuries arising from and caused by said incident.

9 27. As a direct and proximate result of the conduct of the Defendants, and each of them,  
10 including DOES 1 through 75, inclusive, and the defective condition of the Subject Vehicle, Plaintiff  
11 [REDACTED] sustained significant losses in her ability to carry on and function normally, lost earnings,  
12 severe physical and emotional injuries and trauma, all to her general damage in a sum far in excess of  
13 \$1,000,000.00, in a total amount to be proven at time of trial of this matter. As mentioned, it is believed the  
14 tumor was present and benign for perhaps several years prior but was pushed onto the motor strip during  
15 the accident. This caused seizures and paralysis making surgery necessary immediately.

16 28. As a direct and proximate result of the conduct of the Defendants, and each of them,  
17 including DOES 1 through 75, inclusive, and each of them, and the defective condition of the Subject  
18 Vehicle, and the serious and debilitating bodily injuries sustained by Plaintiff [REDACTED] Plaintiff  
19 [REDACTED] has incurred significant medical bills for medical treatment incurred over the course of the past  
20 few years, in excess of \$200,000.00, in an amount not yet fully ascertained, but, which amount will not to  
21 be extrapolated into the future relevant to anticipated and projected future medical treatment required  
22 and when said amount is ascertained, Plaintiff [REDACTED] will seek leave of the Court to further amend this  
23 Complaint to allege said amount.

24 29. Defendant FORD MOTOR's failure to have properly ensured the safety of its products in  
25 the stream of commerce, and to properly and timely advise and place its consumers or customers on notice  
26 of the existence of significant problems relevant to certain mechanical, manufacturing, design and/or  
27 product defects to either its engine and/or gearshift cable mechanism constituted despicable and

1 reprehensible conduct carried out in conscious and utter disregard for the safety of Plaintiff [REDACTED] and  
2 the general public. Moreover, Defendant FORD MOTOR's subsequent knowledge of and failure to  
3 provide Plaintiff [REDACTED] with timely and proper advisement of these product defects, [which product  
4 defects were known to and/or discovered by Defendant FORD MOTOR pursuant to investigations,  
5 research and product defect studies performed in testing of the Ford engine and/or cable gearshift  
6 mechanism of the subject model Ford Escape SUV vehicle], but instead, subsequent factual representations  
7 made to the contrary, and/or silence on these serious safety issues, therefore, justify an award of and  
8 imposition of punitive damages against Defendant FORD MOTOR in this case. But for the inherent  
9 product defects in the engine and/or gearshift cable mechanism of the subject 2001 Ford Escape SUV  
10 vehicle, the subject accident would not have occurred and Plaintiff [REDACTED]S would not have suffered the  
11 significant and serious bodily injuries, both physical and non-physical, arising there from.

12 30. In addition, both Defendants CYPRESS COAST FORD and POWER FORD's failure to  
13 have properly ensured the safety of products, which it performed service and/or repair work on and  
14 placed back in the stream of commerce, and independent failure to also properly and timely advise and  
15 place its consumers or customers on notice of the existence of significant problems relevant to certain  
16 mechanical, manufacturing, design and/or product defects to either the subject engine and/or gearshift  
17 cable mechanism of the 2001 Ford Escape SUV vehicle constituted despicable and reprehensible conduct  
18 carried out in conscious and utter disregard for the safety of Plaintiff [REDACTED] and the general public.  
19 Defendants' CYPRESS COAST FORD and POWER FORD's subsequent knowledge of and failure to  
20 provide Plaintiff [REDACTED] with timely and proper advisement of these product defects, [which product  
21 defects were known to and/or discovered by Defendant FORD MOTOR pursuant to investigations,  
22 research and product defect studies performed in testing of the Ford engine and/or cable gearshift  
23 mechanism of the subject model Ford Escape SUV vehicle and, based upon information and belief,  
24 subsequently conveyed to its dealers or service representative], but instead, making of subsequent factual  
25 representations to the contrary, and/or silence on these serious safety issues, therefore, justify an award of  
26 and imposition of punitive damages against Defendants CYPRESS COAST and POWER FORD in this  
27 case.





1 reasonably foreseeable, thereby rendering the same unsafe and dangerous for use by the consumer, user or  
2 bystander.

3 36. With respect to Defendant MY IMPORTED CARS, INC. dba MY BMW, based upon  
4 information and belief, Plaintiff [REDACTED] believes that pertinent to the representations made by MY BMW  
5 to Plaintiff that MY BMW negligently failed to undertake the requisite detailed inspection on the subject  
6 vehicle sold to Plaintiff [REDACTED] and/or negligently failed to undertake the proper detailed investigation  
7 as to the condition of the vehicle as previously maintained by the prior owner of the vehicle. Based upon  
8 information and belief, Plaintiff believes that the subject vehicle was not and never was in as good and/or  
9 safe a condition as purportedly represented by Defendant MY BMW to Plaintiff [REDACTED] prior to the sale  
10 of the subject vehicle to her by MY BMW and had experience prior mechanical, product, design and/or  
11 manufacturing problems or issues, which matters were never properly reported to and such facts properly  
12 disclosed or divulged to Plaintiff [REDACTED] prior to her decision to purchase said vehicle. But for such  
13 negligent conduct and/or misrepresentations of fact pertinent to the actual prior condition of the subject  
14 vehicle, Plaintiff [REDACTED] would never have agreed to purchase said vehicle from MY BMW.

15 37. As a direct and proximate result of the conduct of the defendants, and each of them,  
16 including DOES 1 through 75, inclusive, and the defective condition of the Subject Vehicle, Plaintiff  
17 [REDACTED] sustained significant losses in her ability to carry on and function normally, lost earnings,  
18 severe physical and emotional injuries and trauma, all to her general damage in a sum far in excess of  
19 \$200,000.00, in a total amount to be proven at time of trial of this matter.

20 38. As a direct and proximate result of the conduct of the defendants, and each of them,  
21 including DOES 1 through 75, inclusive, and each of them, and the defective condition of the Subject  
22 Vehicle, Plaintiff suffered serious and debilitating bodily injuries for which she has incurred significant  
23 medical bills for medical treatment incurred over the course of the past few years, in excess of \$200,000.00,  
24 in a total amount not yet fully ascertained, but, which amount will need to be extrapolated into the future  
25 relevant to anticipated and projected future and further medical treatment required and when said  
26 amount is ascertained, Plaintiff [REDACTED] will seek leave of the Court to further amend this Complaint to  
27 allege said amount.

THIRD CAUSE OF ACTION

(Breach of Express and Implied Warranties against All Defendants)

39. Plaintiff [REDACTED] S re-alleges and incorporates herein by reference, all of the allegations and statements contained in paragraphs 1 through 38, inclusive, as if set forth in full herein.

40. That the defendants, FORD MOTOR COMPANY, MY IMPORTED CARS, INC. DBA MY BMW, CYPRESS COAST FORD, AND YORK ENTERPRISES SOUTH, INC. DBA POWER FORD OF HUNTINGTON BEACH and DOES 1 through 75, inclusive, and each of the, impliedly and expressly warranted to that the Subject Vehicle, and each and every component part thereof, was fit for the purpose for which it was to be used and was free from design, product, mechanical and manufacturing defects to consumers and users thereof.

41. That the Subject Vehicle, and each and every component part thereof, was not free from such defects nor fit for the purpose for which it was to be used, and was in fact, defectively manufactured and designed and imminently dangerous to consumers, users and bystanders, and that said was capable of causing, and in fact did cause, injuries and/or death to the user and consumer thereof, while being used in manner reasonably foreseeable, thereby rendering same unsafe and dangerous for use by the consumer, user and/or bystander.

42. On or about July 7, 2003, as a direct and proximate result of each breach of warranty by the defendants, and each of them, as aforesaid, while Plaintiff [REDACTED] was operating the Subject Vehicle, she suffered severe injuries resulting in her significant bodily injuries, i.e., brain injuries, etc., sustained arising from the various defects, mechanical, product, manufacturing and/or design related pertinent to the Subject Product, i.e. defective engine/accelerator/airbag systems in the 2001 Ford Escape SUV vehicle.

43. As a direct and proximate result of the conduct of the Defendants, and each of them, including DOES 1 through 75, inclusive, and the defective condition of the Subject Vehicle, Plaintiff [REDACTED], sustained significant losses in her ability to carry on and function normally, lost earnings, severe physical and emotional injuries and trauma, all to her general damage in a sum far in excess of \$1,000,000.00, in a total amount to be proven at time of trial of this matter.



1 additional like expenses for an indefinite period of time in the future, the exact amount of which expenses  
2 will be stated according to proof.

3 WHEREFORE, Plaintiff [REDACTED] prays for judgment as follows:

- 4 a. For general damages, according to proof, at time of trial;
- 5 b. For special damages, according to proof, at time of trial;
- 6 c. For compensatory damages, according to proof, at time of trial;
- 7 d. For punitive and exemplary damages, according to proof, at time of trial;
- 8 e. For pre-judgment and post-judgment interest, according to proof, at time of trial;
- 9 f. For costs of suit incurred in this action; and
- 10 g. For such other and further relief as the Court deems just and proper.

11  
12 DATE: January 29, 2007

[REDACTED]  
BY: [REDACTED]  
[REDACTED]

11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1 PROOF OF SERVICE

2 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

3 On January 29, 2007, I served the foregoing PLAINTIFF'S *THIRD* AMENDED COMPLAINT FOR  
4 DAMAGES on the interested parties in this action by placing a true and correct copy thereof, enclosed in a  
5 sealed envelope, addressed as follows:

6 Laurie Gormican  
7 Snell & Wilmer  
8 600 Anton Blvd., Suite 1400  
9 Costa Mesa, CA 92626-7689

10 Attorney for Ford Motor Company

11 Ronald F. Templer  
12 Wesierski & Zurek, LLP  
13 One Corporate Park Drive, 2<sup>nd</sup> Fl  
14 Irvine, CA 92606

15 Attorneys for Defendant My Imported Cars, Inc., dba MY BMW

16 William Delhagen  
17 Murchison & Cumming, LLP  
18 801 S. Grand Ave., 9<sup>th</sup> Fl  
19 Los Angeles, CA 90017-4613

20 Attorneys for Defendant Cypress Coast Ford

21 Jeanne Tollison  
22 Kolar & Associates  
23 12241 Newport Avenue  
24 Santa Ana, CA 92705

25 Attorneys for York Enterprises South, Inc. dba Power Ford Huntington Beach,  
26 Erroneously sued and served as Power Ford

27 \_\_\_\_\_ By U.S. Mail: As follows: I am readily "familiar" with the firm's practice of collection and  
28 processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal  
Service on the same day with postage paid fully thereon at Irvine, California, in the ordinary course of  
business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation  
date or postage meter date is more than one day after the date of deposit after the date of deposit for mailing  
an affidavit.

\_\_\_\_\_(State): I declare under penalty of perjury that the foregoing is true and correct.

Executed this 29th day of January 2007 at Glendora, California.



1 Robert J. Gibson (#144974)  
Elizabeth V. McNulty (#192455)  
2 Laurie G. Rowen (#232882)  
SNELL & WILMER L.L.P.  
3 600 Anton Boulevard, Suite 1400  
Costa Mesa, CA 92626-7689  
4 Telephone: (714) 427-7000  
Facsimile: (714) 427-7799  
5

6 Attorneys for Defendant  
Ford Motor Company  
7

8 SUPERIOR COURT OF CALIFORNIA  
9 COUNTY OF ORANGE, CENTRAL JUSTICE CENTER  
10

11 [REDACTED]

CASE NO. 05CC07907

12 Plaintiff,

**FORD MOTOR COMPANY'S  
DECLARATION OF CHARLES T. ADAMS  
IN SUPPORT OF MOTION FOR  
SUMMARY ADJUDICATION ON  
PLAINTIFFS' CLAIMS FOR PUNITIVE  
DAMAGES**

13 vs.

14 FORD MOTOR CORPORATION, MY  
BMW; CYPRESS COAST FORD;  
15 POWER FORD; and DOES 1 to 75,

16 Defendant.  
17

18 **DECLARATION OF CHARLES T. ADAMS**

19 I, Charles T. Adams, declare as follows:

- 20 1. I have personal knowledge of the matters set forth in this declaration, and if called  
21 upon as a witness, I could competently testify to them.
- 22 2. I make this declaration in support of Ford's Motion for Summary Judgment.
- 23 3. I am a mechanical engineer and I have extensive experience in the field of  
24 automotive design. My curriculum vitae is attached hereto as Exhibit "A."
- 25 4. I obtained my bachelor's degree in Mechanical Engineering from Ohio State  
26 University in June, 1967.
- 27 5. From 2003 to the present, I have been working with Ford Motor Company as a  
28 Technical Leader in Design Analysis.

1           6. From 1982 to 2003, I was a Design Analysis Engineer at Ford Motor Company  
2 and I evaluated vehicle and component performance in accident situations.

3           7. From 1978 to 1982, I was a Technical Analysis Engineer at Ford Motor Company  
4 and I compared Ford and competitive domestic and foreign vehicles and component designs.

5           8. From 1976 to 1978, I was a Product Design Engineer at Ford Motor Company and  
6 designed and analyzed conventional and styled steel wheels, developed engineering specifications  
7 controlling manufacturing quality and was involved in plastic model and computer analysis of  
8 wheel spider designs.

9           9. From 1973 to 1976, I was a Product Design Engineer for Accelerator Controls at  
10 Ford Motor Company and was involved in the design of the accelerator linkage, testing and  
11 certification for compliance to federal safety standards.

12           10. From 1971 to 1973, I was a Vehicle Crash Test Engineer in the Safety Office  
13 Training Program. I tested and analyzed vehicle barrier and vehicle impact tests, including  
14 vehicle and occupant dynamics, fuel system integrity, occupant restraint systems, and occupant  
15 injury analysis.

16           11. I was retained in this case to, among other things, inspect the subject 2001 Ford  
17 Escape and analyze the engineering and mechanics of the accelerator cable.

18           12. As part of my work in this case, I reviewed the Traffic Accident Report and  
19 photographs of the 2001 Ford Escape. I have also reviewed the deposition testimony of Christie  
20 Hodges and I have a general understanding of her injuries.

21           13. I inspected the subject 2001 Ford Escape on August 28, 2006. I determined that  
22 the accelerator cable was designed properly and nothing in the design of the accelerator cable  
23 contributed to the accident.

24           14. I am aware that Plaintiff claims the subject vehicle is defective because it was  
25 within the recall population of 2001 Ford Escape vehicles. However, the fact that a vehicle is in a  
26 recall population does not mean that the vehicle is affected by the recall. To determine whether a  
27 particular vehicle is affected by a recall, the subject vehicle itself must be inspected.

28       ///



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

15. I have evaluated each of the recalls pertaining to the engine and transmission of the subject 2001 Ford Escape and based on my inspection of the subject 2001 Ford Escape, the recalls did not contribute to the subject accident.

- a. Recall No. 02M01: This recall concerns a warranty on an emissions control device. This recall does not affect safety issues or drivability issues so it does not apply.
- b. Recall No. 00S18: This recall applies to vehicles that were equipped with a speed control cable that may have a cracked or missing speed control cable. The Safety Recall 00S18 applies to vehicles that were built at the Kansas City Assembly plant from October 22, 1999 through July 26, 2000. The subject 2001 Ford Escape was built in July of 2001, so it is outside the recall campaign date.
- c. Recall No. 04S13: This recall applies to certain 2001-2003 model year Escape vehicle equipped with 3.0L V6 engines. The affected vehicles may stall without a warning. Based on Plaintiffs' Complaint, the accident did not involve a stall or deceleration, so this recall does not apply.
- d. Recall No. 04S25: This recall involves the accelerator cables on certain 2002 through 2004 Escape vehicles. In some of these Escape vehicles, the accelerator cable inner lining migrates out of the conduit at the dash panel and comes in contact with the accelerator pedal assembly. Since the subject vehicle is a 2001, the subject vehicle is not in the recall population. However, because this accident involved acceleration, I inspected the accelerator cable to confirm that there was no problem with the accelerator cable. During my inspection, I found that the liner was in its designed position and had not migrated out of the conduit. Based on my inspection of the subject vehicle, it is my opinion that this recall issues did not cause or contribute to the accident.

///  
///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

16. Based upon my review of all of the aforementioned materials, experience and education, scientific reasoning and scientifically accepted methodology, it is my opinion that the accident facts are consistent with pedal misapplication.

17. Based upon my review of all of the aforementioned materials, experience and education, scientific reasoning and scientifically accepted methodology, it is my opinion that there is no manufacturing or design defect that cause or contributed to the subject accident.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct. Executed this 28<sup>th</sup> day of February, 2007, at Dearborn MI

*Charles T. Adams*  
\_\_\_\_\_  
Charles T. Adams

*Frances Mary Kleabir*  
**NOTARY PUBLIC  
WAYNE COUNTY  
STATE OF MICHIGAN  
FRANCES MARY KLEABIR  
MY APPOINTMENT EXPIRES DEC. 17, 2012**

**Snell & Wilmer**  
LLP  
LAW OFFICES  
600 Anton Boulevard, Suite 1400  
Costa Mesa, California 92626-7689  
(714) 427-7000

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**PROOF OF SERVICE**

I am employed in the County of Orange, State of California. I am over the age of 18 and not a party to the within action; my business address is 600 Anton Boulevard, Suite 1400, Costa Mesa, CA 92626-7689.

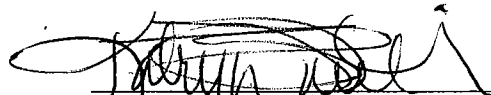
On April 17, 2007, I served, in the manner indicated below, the foregoing document described as **FORD MOTOR COMPANY'S DECLARATION OF CHARLES T. ADAMS IN SUPPORT OF MOTION FOR SUMMARY ADJUDICATION ON PLAINTIFFS' CLAIMS FOR PUNITIVE DAMAGES** on the interested parties in this action by placing true copies thereof, enclosed in sealed envelopes, at Costa Mesa, addressed as follows:

**\*\*SEE ATTACHED MAILING LIST\*\***

- BY REGULAR MAIL: I caused such envelopes to be deposited in the United States mail at Costa Mesa, California, with postage thereon fully prepaid. I am readily familiar with the firm's practice of collection and processing correspondence for mailing. It is deposited with the United States Postal Service each day and that practice was followed in the ordinary course of business for the service herein attested to (C.C.P. § 1013(a)).
- BY FACSIMILE: (C.C.P. § 1013(e)(f)).
- BY FEDERAL EXPRESS: I caused such envelopes to be delivered by air courier, with next day service, to the offices of the addressees. (C.C.P. § 1013(c)(d)).
- BY PERSONAL SERVICE: I caused such envelopes to be delivered by hand to the offices of the addressees. (C.C.P. § 1011(a)(b)).

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on April 17, 2007, at Costa Mesa, California.

  
Kathryn F. Smith

**ATTACHED MAILING LIST**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

[REDACTED]  
Glendora, California [REDACTED]

PLAINTIFF *Pro Per*

Telephone: [REDACTED]

William T. DelHagen, Esquire  
Paul R. Flaherty, Esquire  
MURCHISON & CUMMING, LLP  
801 South Grand Avenue, 9th Floor  
Los Angeles, California 90017

Attorney for Defendant  
Cypress Coast Ford

Telephone: (213) 623-7400  
Facsimile: (213) 623-6336

Elizabeth L. Kolar, Esquire  
Jeanne L. Tollison, Esquire  
LAW OFFICES OF KOLAR &  
ASSOCIATES  
12241 Newport Avenue  
Santa Ana, California 92705

Attorney for Defendant York Enterprises  
South, Inc. dba Power Ford Huntington  
Beach

Telephone: (714) 544-0041  
Facsimile: (714) 544-0051

Thomas W. Ely, Esq.  
Victoria Silcox, Esq.  
Wesierski & Zurek, LLP  
One Corporate Park Drive, 2nd Floor  
Irvine, CA 92606

Attorney for Defendant,  
MY BMW

Telephone: (626) 792-9688  
Facsimile: (626) 792-9116



RECEIVED

AUG 02 2005

Ford Motor Company

Office of the General Counsel

Ford Motor Company  
Parklane Towers West  
Suite 300  
Three Parklane Boulevard  
Dearborn, Michigan 48126-2558

June 27, 2005

Equity Insurance Company  
PO BOX 4756  
Tulsa, OK 74159  
ATTENTION: JANIE LOLLIS

RE: Claimant: [REDACTED]  
Your Claim #: [REDACTED]  
DOL: 04-23-2004

*(W & W Ford out of Searcy  
Replaced a valve -*

Dear Ms. Lollis:

Thank you for your submitted materials. In order to assist us in evaluating your claim, we request that you provide us with the following information: (Please note that the information requested is in regard to the Ford manufactured vehicle.)

- 1. The date of incident and the **city and state** in which it occurred. *4-23-04 Bartlesville, Ark -*
- 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss.
- 3. A copy of the police and/or fire report.
- 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports. *NO INJURY*
- 5. The vehicle year, model, and serial number.
- 6. The mileage on the vehicle at the time of the incident.
- 7. Original color photographs of the vehicle's collision/fire damage & the alleged defective part(s), from several different angles.
- 8. Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- 9. Original color photographs of the accident scene showing the grade of the road.
- 10. What is the alleged defect?
- 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
- 12. Has the alleged defective part been repaired or replaced?
- 13. The present location of the alleged defective part and the vehicle.
- 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and copies of draft payments.
- 15. A complete service history for the subject vehicle, including any tune-ups or oil changes.
- 16. List any after market additions or modifications that were made to the vehicle. *NO*
- 17. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly, and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

- 18. Lost wage verification (if applicable).
- 19. Was the parking brake fully engaged? *NO*
- 20. What gear was the vehicle in at the time of the incident? *Drive*
- 21. Was the engine running? *from gas*
- 22. Were the keys in the ignition? *yes*
- 23. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name. *the yes*
- 24. If an attorney has been retained by you to settle this claim, please include his name, telephone number, and address. *no*
- 25. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased. *W.W. Ford in Searey*

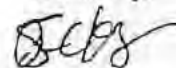
Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials, we will assume that you are not interested in pursuing a claim and we will close our file.

Please be advised that all necessary steps should be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial, should litigation ensue from this informal claim.

If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

*Miles @ Purchase 19,620  
Bought @ W.W. Ford. Co  
9-12-03*

Sincerely,



Andrew A. Chabot  
Claims Analyst

1. 04/23/04 BALD KNOB, ARK
2. VEH WAS DRIVEN INTO THE PARKING SPACE..GAS PEDAL STUCK AND DRIVER COULD NOT STOP THE VEHICLE...HAD ON THE BRAKES BUT THE VEHICLE JUST SPUN AND HIT THE BUILDING.
3. ATTACHED
4. NO INJURIES
5. 02 FORD ESCAPE 1FMYU03132K [REDACTED]
6. 31,903
7. ATTACHED
8. N/A
9. N/A
10. ATTACHED... VEHICLE SPEED CONTROL, CABLES
11. N/A
12. YES
13. REPAIRED AT W & W FORD, SEARCY, ARKANSAS
14. ATTACHED
15. ALL DONE AT W & W FORD, SEARCY, ARK
16. NONE
17. N/A
18. N/A
19. NO
20. DRIVE
21. YES
22. YES
23. YES EQUITY INSURANCE, PO BOX 4756, TULSA, OK 74159, CLAIM 0404-116879-47..800-777-0404 EXT 643.
24. NONE
25. PURCHASED 09/12/03 FROM W & W FORD, SEARCY, ARK



# F A X Message From

Choate Machine & Tool Co., Inc.

P.O. Box 218 / Hwy. 258 E.

Bald Knob, AR 72010 U.S.A.

F A X 1-501-724-5873  
Phone 1-501-724-6193

No of pages including cover sheet. 3 Date 7-19-05

To the attention of Jamey LOLLIS: AT EQUITY INSURANCE

From [REDACTED]

Message Here's the information you needed.

Claims # [REDACTED]

when Purchased the mileage was 19,620

Purchased From: W+W Ford

If you need ANY thing else Please Call me

501-724-0012

*Thank's*

If any copies are missing or illegible please contact us.

## THANK YOU AND HAVE A NICE DAY

CL OF BALD KNOW POLICE D. I.  
PRIVATE PROPERTY ACCIDENT REPORT

DATE 4-23-04

TIME 4:14 pm

LOCATION OF ACCIDENT Sexton's Foods Hwy 367 Bologas AR

VEHICLE 1

OWNER

ADDRESS

Bologas AR

PHONE

DRIVER

ADDRESS

Bologas AR

PHONE

DRIVER DOB

D.L.#

1978 D

VEHICLE YR 02

MAKE Ford

MODEL Escape

LPN 517 HTS

VIN# 1FMYU03132K

INSURANCE CO. Feagin Ins. Co.

Policy#

PASSANGER

NONE

AGE

SEX

INJURY

VEHICLE 2

OWNER

ADDRESS

PHONE

DRIVER

PHONE

ADDRESS

DRIVER DOB

D.L.#

1978

VEHICLE YR

MAKE

MODEL

LPN

VIN#

EST DAMAGE

INSURANCE CO.

PASSANGER

AGE

INJURY

RECEIVED

MAY 03 2004

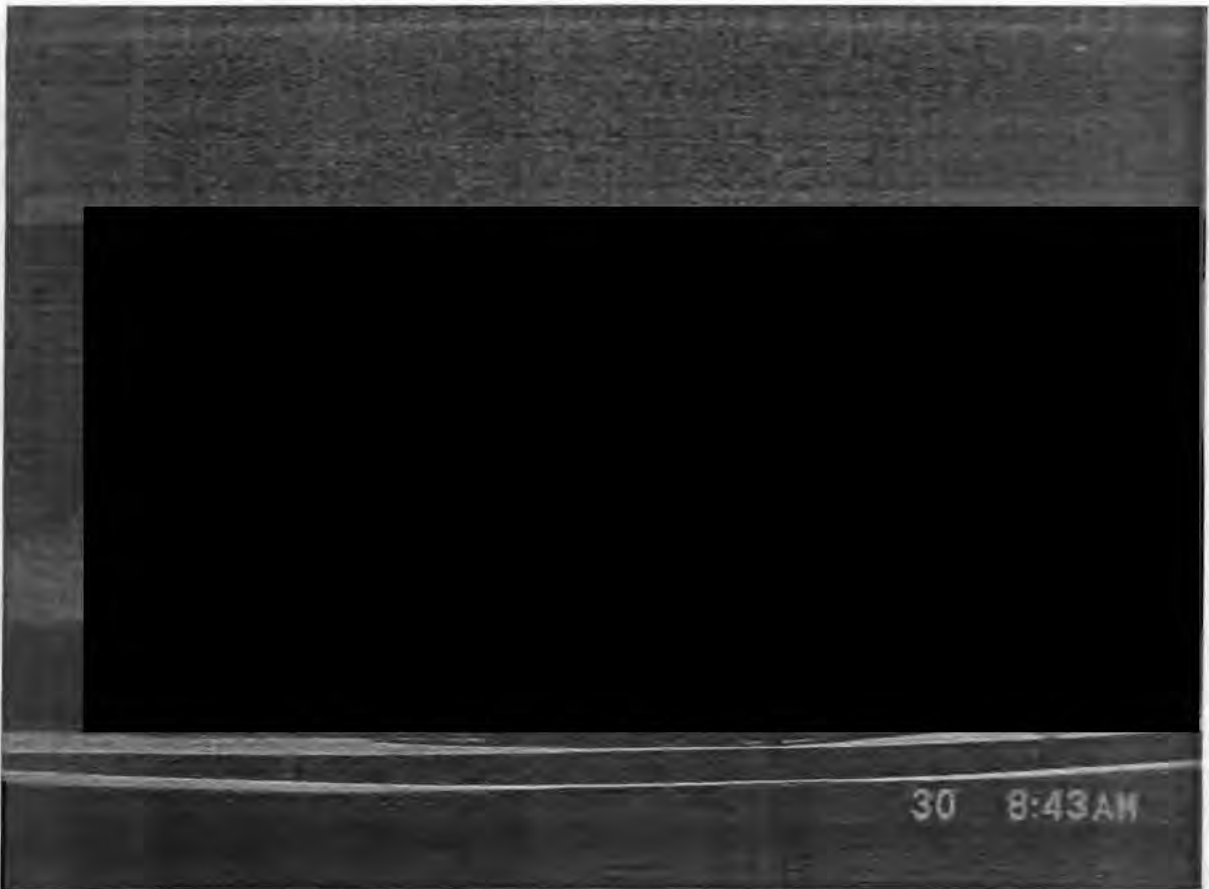
Equity Insurance Co.  
TULSA, OK

DETAILS Subject stated that it felt like her gas pedal stuck. The vehicle made contact with the building (Sexton's) and pushed the East wall in approximately 4 feet in a section about 10 to 20 feet wide.

INVESTIGATOR

J. S. Beard  
804  
BEARD





**Office of Defects Investigation****Recalls - Search Results**

Report Date : **May 26, 2005 at 09:30 AM**  
SEARCH TYPE : **VEHICLE**  
Make : **FORD**  
Model : **ESCAPE**  
Type : **MULTIPURPOSE PASSENGER VEHICLE**

**Make :** FORD**Model :** ESCAPE**Year :** 2002**Manufacturer :** FORD MOTOR COMPANY**NHTSA CAMPAIGN ID Number :** 04V574000**Recall Date :** DEC 06, 2004**Component:** VEHICLE SPEED CONTROL:CABLES**Potential Number Of Units Affected :** 470245**Summary:**

ON CERTAIN SPORT UTILITY VEHICLES BUILT WITH 3.0L V6 ENGINES, THE ACCELERATOR CABLE MAY PREVENT THE THROTTLE FROM RETURNING TO THE IDLE POSITION.

**Consequence:**

AN UNEXPECTED INCREASE IN ENGINE IDLE SPEED MAY INCREASE STOPPING DISTANCE AND MAY RESULT IN A VEHICLE CRASH.

**Remedy:**

DEALERS WILL REPLACE THE ACCELERATOR CABLE. THE RECALL BEGAN ON JANUARY 10, 2005. OWNERS SHOULD CONTACT FORD AT 1-866-436-7332.

**Notes:**

FORD RECALL NO. 04S25. CUSTOMERS CAN ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S AUTO SAFETY HOTLINE AT 1-888-DASH-2-DOT (1-888-327-4236).

3/26/2005

## ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
1/10/2005 CLOSED	[REDACTED] RECALL/ONP - DUPLICATE LETTER REQUEST	1FMYU03132K [REDACTED] 1370373484	2002 ESCAPE	02
12/20/2004 CLOSED	[REDACTED] RECALL/ONP - VEHICLE INVOLVEMENT	1FMYU03132K [REDACTED] 1370373484	2002 ESCAPE	03
12/13/2004 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU03132K [REDACTED] 1370373484	2002 ESCAPE	02

[REDACTED] 6/10/2005

All Action Details for Issue

Print

VIN: 1FMYU03132K [REDACTED] Year: 2002 Model: ESCAPE Case: 1370373484  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-20  
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED Primary Phone: [REDACTED]  
 Reason Desc: RECALL/ONP - DUPLICATE LETTER REQUEST Secondary Phone:  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER TO CONTACT SERVICE MANAGER AT LOCAL DEALERSHIP  
 Dealer: 05063 W& W FORD SALES INC Origin Desc: US INQUIRY CASE BASE  
 Odometer: 40000 MI Comm Type: PHONE  
 Analyst Name: SPENCER AULEEN Analyst: ASPENC23  
 Action Date: 01/10/2005 Action Time: 11.51.07.785 Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]	[REDACTED]	SPOUSE

Comments CUSTOMER SAID: ==SEE HISTORICAL ISSUE FOR CONCERN DETAILS==CUST IS SEEKING TO GET A  
 DUPLICATE COPY OF THE RECALL ON THE ACCELERATOR TO GIVE TO HIS INSURANCE COMPANYDEALER SAID:  
 NONECRC ADVISED: - PLEASE CONTACT THE SERVICE MANAGER OF YOUR DEALERSHIP TO RECEIVE A GENERIC FIELD  
 SERVICE ACTION/CUSTOMER SATISFACTION PROGRAM LETTER FOR ANY FIELD SERVICE ACTION/CUSTOMER  
 SATISFACTION PROGRAM ON YOUR VEHICLE.

6/10/2005

All Action Details for Issue

Print

VIN: 1FMYU03132K [REDACTED] Year: 2002 Model: ESCAPE Case: 1370373484  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-20  
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED Primary Phone: [REDACTED]  
 Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT Secondary Phone:  
 Issue Type: 03 CONCERN Issue Status: CLOSED  
 Initial Customer Contact: 12/15/2004

Action: ADVISE CUST OF FSA/CSP; DOCUMENT CAMPAIGN NUMBER  
 Dealer: 05963 W& W FORD SALES INC Origin Desc: US INQUIRY CASE BASE  
 Odometer: 25000 MI Comm Type: PHONE  
 Analyst Name: INGRID MCLAREN Analyst: IMCLAREN  
 Action Date: 12/13/2004 Action Time: 10.23.00.480 Action Data: Yes

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]		SPOUSE

Comments CUSTOMER SAID: CUST WAS IN ACCIDENT SIX MONS AGO. - WHILE PULLING IN TO THE PARKING LOT AND WHEN SHE HIT THE BRAKES THE VEHICLE DID NOT STOP AND IT HIT THE FROM OF A BUILDING.CUST FEELS THIS MAY HAVE BEEN A DEFECT WITH THE PRODUCT.DEALER SAID: W & W FORD SALES INC2000 EAST RACESEARCY, AR 72143CRC ADVISED: PLEASE ADVISE THE CUSTOMER OF THE INFORMATION FOUND IN THE CUSTOMER LETTER OR THE SEARCH ENGINE Q&A. PLEASE DOCUMENT ANY INFORMATION YOU PROVIDE TO THE CUSTOMER.ADVISED GENA TO USE THIS PATH

Data Element Name	Data Value
FSA/CSP CAMPAIGN NUMBER	04S25

Action: FORD COVERED REPAIR MADE - RECALL  
 Dealer: 05963 W& W FORD SALES INC Origin Desc: DEALER  
 Odometer: 25000 MI Comm Type: PHONE  
 Analyst Name: LARRY VARNELL Analyst: L-VARNEL  
 Action Date: 12/20/2004 Action Time: 14.12.04.910 Action Data: No

Comments WE HAVE UNIT LISTED UNDER CAROLYN GUTHRIE, 121 GUTHRIE LNBALD, KNOB, ARK. 72010 WE HAVE DONE THE RECALL 04S25 CUSTWAS COMPLANING OF ACCIDENT.

6/10/2005



All Action Details for Issue

Print

VIN: 1FMYU03132K [REDACTED] Year: 2002 Model: ESCAPE Case: 1370373484  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-20  
 Symptom Desc: SERVICE BRAKE INOP/INEFFECTIVE FRONT Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT Secondary Phone:  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER TO CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE  
 Dealer: Origin Desc: US CONCERN CASE BASE  
 Odometer: 25000 MI Comm Type: PHONE  
 Analyst Name: INGRID MCLAREN Analyst: IMCLAREN  
 Action Date: 12/13/2004 Action Time: 10.17.16.920 Action Data: No

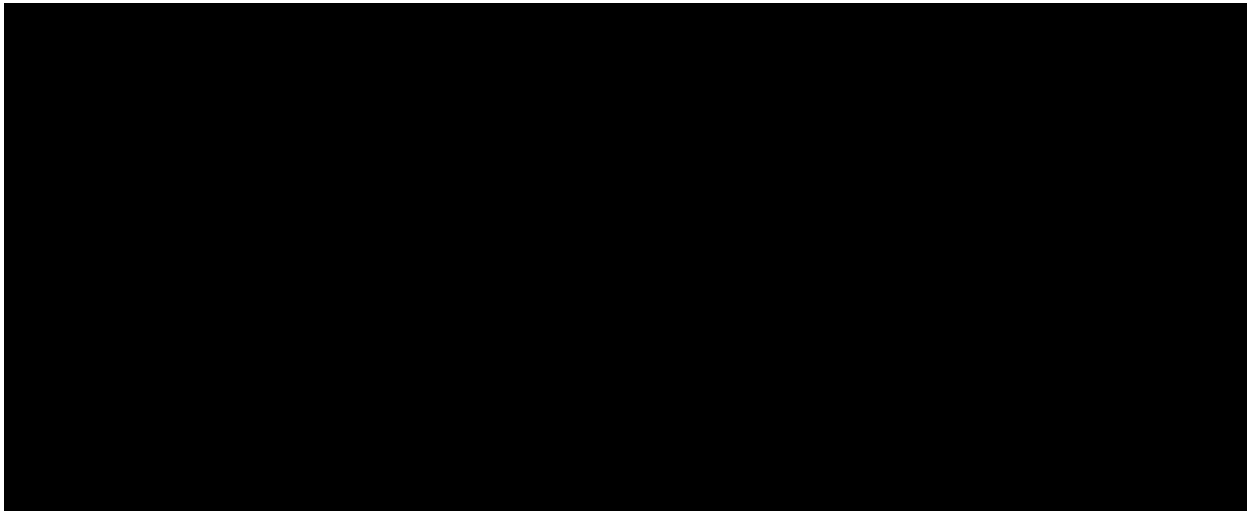
Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]	[REDACTED]	[REDACTED]		SPOUSE

Comments CUSTOMER SAID: CUST WAS IN ACCIDENT SIX MONS AGO.- WHILE PULLING IN TO THE PARKING LOT AND WHEN SHE HIT THE BRAKES THE VEHICLE DID NOT STOP AND IT HIT THE FROM OF A BUILDING.CUST FEELS THIS MAY HAVE BEEN A DEFECT WITH THE PRODUCT.CRC ADVISED: - YOUR INSURNACE COMPANY HAS THE RIGHT TO PURSUE CLAIMS FOR REIMBURSEMENT AGAINST FORD. FORD IS UNABLE TO INVESTIGATE THE VEHICLE AS REPAIRS HAVE BEEN PERFORMED.



6/10/2005



mfr

STATE OF MICHIGAN

IN THE 7<sup>th</sup> JUDICIAL DISTRICT COURT



Plaintiff,

GC

v

FORD MOTOR COMPANY, a Delaware Corporation and DON WOODHAMS, INC., a Delaware Corporation, Jointly and Severally,

Defendants.

---

CONSUMER LEGAL SERVICES, P.C.  
STEVEN S. TOTH P-44487  
MARK ROMANO P-44014  
Attorneys for Plaintiff  
30928 Ford Road  
Garden City, MI 48135  
(734) 261-4700

---

There is no other civil action between these parties arising out of the same transaction or occurrence as alleged in this Complaint in this Court, nor has any such action been previously filed and dismissed or transferred after having been assigned to a judge, nor do I know of any other civil action not between these parties, arising out of the same transaction or occurrence as alleged in this Complaint that is either pending or was previously filed and dismissed, transferred or otherwise disposed of after having been assigned to a judge in this Court.

**COMPLAINT AND JURY DEMAND**

NOW COMES the Plaintiff, by and through Plaintiff's attorneys, CONSUMER LEGAL SERVICES, P.C., who complains against the above named Defendants as follows:

1. Plaintiff is a resident of the City of South Haven, Van Buren County, Michigan.

2. Defendant, Ford Motor Company (hereinafter referred to as "Manufacturer"), is a Delaware Corporation authorized to do business in the State of Michigan and, at all times relevant hereto, was engaged in the manufacture, sale distribution and/or importing of Ford Motor vehicles and related equipment, with its registered office in the City of Dearborn, Wayne County, Michigan.

3. Defendant, Don Woodhams, Inc. (hereinafter referred to as "Seller"), is a Delaware Corporation authorized to do business in the State of Michigan and, at all times relevant hereto, was an authorized agent for the Manufacturer, and was engaged in the business of selling and servicing Manufacturer's cars in the City of South Haven, Van Buren County, Michigan.

4. On or about October 1, 2001, Plaintiff purchased a new 2001 Ford Escape, VIN 1FMYU01B2 [REDACTED] (hereinafter referred to as "2001 Escape"), from the Seller which was manufactured by the Manufacturer (see copy of the Purchase Agreement attached as Exhibit A).

5. Along with the sale of the 2001 Escape, Plaintiff received written warranties and other express and implied warranties including, by way of example and not by way of limitation, warranties from Manufacturer and Seller (a copy of the written warranty is in the possession of the Defendants).

CONSUMER LEGAL SERVICES

6. Plaintiff has taken the 2001 Escape to the Manufacturer's authorized agents/dealers, including Seller, on at least nine (9) separate occasions (see copy of repair orders attached as Exhibit B). By way of example, and not by way of limitation, the defects with Plaintiff's 2001 Escape include the following:

<u>Date</u>	<u>Mileage</u>	<u>Invoice#</u>	<u>Complaint</u>
12/06/01	3,106	44702	<u>ACCELERATOR DEFECT</u> : accelerator sticks
02/25/02	6,633	46506	<u>ACCELERATOR DEFECT</u> : accelerator sticks
06/13/02	11,578	48937	<u>ACCELERATOR DEFECT</u> : accelerator sticks; emissions light on; check eec system; replace dpfe sensor
06/26/02	12,578	49312	<u>ACCELERATOR DEFECT</u> : replace special order throttle body
07/15/02	13,610	49692	<u>ACCELERATOR DEFECT</u> : replace special order throttle body
11/13/02	18,933	52581	<u>ACCELERATOR DEFECT</u> : accelerator sticks when taking off
06/16/03	28,673	57149	<u>ACCELERATOR DEFECT</u> : check clutch; adjust pedal stop
10/03/03	34,476	59371	<u>ACCELERATOR DEFECT</u> : check clutch - too much free play in clutch pedal
10/29/03	35,546	60283	<u>ACCELERATOR DEFECT</u> : accelerator pedal sticking; clean throttle body

7. This cause of action arises out of Defendants' misrepresentations, various breaches of warranties, violations of statutes and breaches of covenants of good faith and fair dealing as hereinafter alleged.

CONSUMER LEGAL SERVICES

8. The amount in controversy does not exceed TWENTY FIVE THOUSAND DOLLARS (\$25,000.00), exclusive of interest, costs and statutory attorney fees, for which Plaintiff seeks judgment against Defendants. In addition, Plaintiff seeks damages from Defendants for incidental, consequential and actual damages including interest, costs, and actual attorneys' fees.

**COUNT I**  
**VIOLATION OF NEW MOTOR VEHICLE WARRANTIES ACT;**  
**MCLA 257.1401 ET SEQ; MSA 9.2705**

9. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 8 as though herein fully restated and realleged.

10. Plaintiff is a "consumer" under the Michigan New Motor Vehicle Warranties Act (hereinafter referred to as "Lemon Law"), MCL 257.1401(a).

11. Manufacturer, is a "manufacturer" under the Lemon Law, MCL 257.1401(d).

12. The 2001 Escape is a "motor vehicle" under the Lemon Law, MCL 257.1401(f).

13. The 2001 Escape is a "new motor vehicle" under the Lemon Law, MCL 257.1401(g).

14. The express warranty given by Manufacturer, covering the 2001 Escape is a "manufacturer's express warranty" under the Lemon Law, MCLA 257.1401(e).

15. The Seller is a "new motor vehicle dealer" under the Lemon Law, MCLA 257.1401(h).

16. Plaintiff's 2001 Escape has been subject to a reasonable number of repair attempts for the aforementioned defects:

CONSUMER LEGAL SERVICES

(a) Said motor vehicle has been subject to at least four repair attempts by Defendant Manufacturer, through its new motor vehicle dealers, within 2 years of the date of the first attempt to repair the defect or condition; and/or

(b) Said vehicle was out of service for 30 or more days within the time limit of the Manufacturer's express warranty and within one year from the date of delivery to Plaintiff.

17. After notifying Manufacturer of the aforementioned defects following the third repair attempt and/or 25 days in a repair facility, the Manufacturer was allowed a final repair attempt.

18. Manufacturer's attempted repair was unsuccessful as the 2001 Escape continues to manifest the aforementioned defects.

19. The aforementioned defects substantially impair the use or value of the 2001 Escape to the Plaintiff and/or prevent the 2001 Escape from conforming to the Manufacturer's express warranty.

WHEREFORE, Plaintiff prays for the following relief:

A. Replacement of the 2001 Escape with a comparable replacement motor vehicle currently in production and acceptable to Plaintiff; or

B. Manufacturer must accept return of the vehicle and refund to Plaintiff the purchase price including options or other modifications installed or made by or for manufacturer, the amount of all charges made by or for Manufacturer, towing charges and rental costs less a reasonable allowance for Plaintiff's use of the vehicle. In addition, pursuant to MCL 257.1403(4), the Manufacturer must pay off the balance on the retail installment contract unless consumer accepts a vehicle of comparable value.

CONSUMER LEGAL SERVICES

C. Pursuant to MCL 257.1407, Plaintiff is entitled to a sum equal to the aggregate amount of costs and expenses, including attorneys' fees based on actual time expended by Plaintiff's attorney in commencement and prosecution of this action.

D. Incidental and consequential damages.

E. For prejudgment interest.

F. For such other and further relief as may be justified in this action.

**COUNT II**  
**BREACH OF CONTRACT**

20. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 19 as though herein fully restated and realleged.

21. An express limited warranty covering 36 months or 36,000 miles of use, whichever occurred first, accompanied the delivery of the 2001 Escape to Plaintiff. The limited warranty provided the Seller would repair or adjust all parts (except tires) found to be defective in factory-supplied materials or workmanship.

22. The limited warranty, given by the Manufacturer and adopted by the Seller when the Seller serviced and repaired the 2001 Escape created a contractual relationship between the Manufacturer/Seller and Plaintiff.

23. The Manufacturer and Seller have breached the express limited warranty contract in that they have failed to repair or adjust defective parts covered under the limited warranty, have failed to do the same within the limited warranty coverage period, and within a reasonable time.

WHEREFORE, Plaintiff prays for judgment against all Defendants:

CONSUMER LEGAL SERVICES



- A. Damages incurred by Plaintiff created by Defendants' breach of contract, including all monies paid for the purchase of the 2001 Escape;
- B. For return of an amount equal to Plaintiff's downpayment and all payments made by Plaintiff to the Defendants;
- C. For incidental, consequential, exemplary and actual damages;
- D. To cancel Plaintiff's retail installment contract and pay off the balance of the contract;
- E. For costs and expenses, interest, and actual attorneys' fees; and
- F. Such other relief this Court deems appropriate.

**COUNT III**  
**VIOLATION OF THE MICHIGAN CONSUMER PROTECTION ACT**  
**MCLA 445.901 ET SEQ; MSA 19.418(1) ET SEQ.**

24. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 23 as though herein fully restated and realleged.

25. Plaintiff is a "person" within the meaning of MCLA 445.902(c); MSA 19.418(2)(c).

26. Manufacturer and Seller are engaged in "trade or commerce" as defined in MCLA 445.902(d).

27. The Manufacturer and Seller have engaged in unlawful, unfair, unconscionable, or deceptive methods, acts or practices, including but not limited to:

(a) The Manufacturer and Seller represented to Plaintiff the 2001 Escape and the warranty thereof had characteristics, uses, benefits, qualities, and standards which they did not actually have.

CONSUMER LEGAL SERVICES

(b) The Manufacturer and Seller represented to Plaintiff the 2001 Escape and the warranty thereof were of a particular quality and standard and they were not.

(c) If Plaintiff allegedly waived a right, benefit, or immunity provided by law in purchasing the 2001 Escape, the Manufacturer and Seller have failed to clearly state the terms of such waiver and Plaintiff has not specifically consented to such waiver.

(d) The Manufacturer and Seller have failed to restore an amount equal to Plaintiff's down payment and other payments made by Plaintiff on the 2001 Escape.

(e) The Manufacturer and Seller have made gross discrepancies between the oral representations to Plaintiff and written agreements covering the same transaction relative to the 2001 Escape and the Manufacturer failed to provide the promised benefits to Plaintiff with regard thereto.

(f) The Manufacturer and Seller have made representations of fact and/or statements of fact material to said transaction such that the Plaintiff reasonably believed that the represented or suggested standard, quality, characteristics, and uses of the 2001 Escape to be other than they actually were.

(g) The Manufacturer and Seller have made representations of fact and/or statements of fact material to such transaction such that the Plaintiff reasonably believed that the represented or suggested service to the 2001 Escape to be other than it actually was.

(h) The Manufacturer and Seller have failed to provide the promised benefits to Plaintiff with regard to the sale of the 2001 Escape to Plaintiff.

28. The Plaintiff has suffered loss and damages as a result of the aforesaid violations of the Consumer Protection Act.

CONSUMER LEGAL SERVICES

WHEREFORE, Plaintiff prays this Court enter a declaratory judgment as to the violations of the Michigan Consumer Protection Act and for judgment against Manufacturer and Seller for all damages Plaintiff has incurred, including reasonable attorneys' fees as provided by statute, together with interest, costs and expenses of this suit, and such other relief as this Court deems appropriate.

**COUNT IV**  
**BREACH OF WRITTEN WARRANTY UNDER**  
**MAGNUSON-MOSS WARRANTY ACT**

29. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 28 as though herein fully restated and realleged.

30. Plaintiff is a "consumer" as defined in the Magnuson-Moss Warranty Act (hereinafter referred to as the "Warranty Act") 15 USC 2301(3).

31. The Seller is a "supplier" and "warrantor" as defined by the Warranty Act, 15 USC 2301(4) and (5).

32. The Manufacturer is a "supplier" and "warrantor" as defined by the Warranty Act, 15 USC 2301(4) and (5).

33. The 2001 Escape is a "consumer product" as defined in the Warranty Act, 15 USC 2301(1).

34. The 2001 Escape was manufactured, sold and purchased after July 4, 1975.

35. The express warranty given by the Manufacturer pertaining to the 2001 Escape is a "written warranty" as defined in the Warranty Act, 15 USC 2301(6).

36. The Seller is an authorized dealership/agent of the manufacturer designated to perform repairs on vehicles under Manufacturer's automobile warranties.

CONSUMER LEGAL SERVICES

37. The above-described actions (failure to repair and/or properly repair the above-mentioned defects, etc.), including failure to honor the written warranty, constitute a breach of the written warranty by the Manufacturer and Seller actionable under the Warranty Act, 15 USC 2310(d)(1) and (2).

WHEREFORE, Plaintiff prays for judgment against Manufacturer and Seller:

- A. Declaring acceptance has been properly revoked by Plaintiff and for damages incurred in revoking acceptance;
- B. For a refund of the purchase price paid by Plaintiff for the 2001 Escape;
- C. To cancel Plaintiff's retail installment contract and pay off the balance of the contract;
- D. For consequential, incidental and actual damages;
- E. For costs, interest and actual attorneys' fees; and
- F. Such other relief this Court deems appropriate.

**COUNT V**  
**REVOCATION OF ACCEPTANCE**

38. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 37 as though herein fully restated and realleged.

39. Plaintiff accepted the 2001 Escape without discovering the above defects due to the fact Plaintiff was reasonably induced to accept the vehicle by the difficulty of discovery of the above defects.

40. In the alternative, Plaintiff reasonably assumed, and Manufacturer and Seller represented, that all of the aforesaid defects and/or nonconformities would be cured within a reasonable time.

CONSUMER LEGAL SERVICES

41. After numerous attempts by Defendants to cure, it has become apparent the nonconformities could not be seasonably cured.

42. The nonconformities substantially impair the value of the 2001 Escape to the Plaintiff.

43. Plaintiff had previously notified Manufacturer and Seller of the nonconformities and Plaintiff's intent to revoke acceptance pursuant to MCLA 440.2608; MSA 19.2608 and demanded the refund of the purchase price for the 2001 Escape and out-of-pocket expenses (see copy of Plaintiff's revocation of acceptance letter attached as Exhibit C).

44. Manufacturer and Seller have nevertheless refused to accept return of the 2001 Escape and have refused to refund any part of the sum equal to the purchase price and out-of-pocket expenses incurred by Plaintiff.

WHEREFORE, Plaintiff prays for judgment against Manufacturer and Seller:

- A. Declaring acceptance has been properly revoked by Plaintiff and for damages incurred in revoking acceptance;
- B. For a refund of the purchase price paid by Plaintiff for the 2001 Escape;
- C. To cancel Plaintiff's retail installment contract and pay off the balance of the contract;
- D. For consequential, incidental and actual damages;
- E. Costs, interest and actual attorneys' fees; and
- F. Such other relief this Court deems appropriate.

CONSUMER LEGAL SERVICES

**COUNT VI**  
**BREACH OF IMPLIED WARRANTY UNDER**  
**MAGNUSON-MOSS WARRANTY ACT**

45. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 44 as though herein fully stated and realleged.

46. The above-described actions on the part of the Seller and Manufacturer constitute a breach of the implied warranties of merchantability actionable under the Warranty Act, 15 USC 2301(7), 2308, 2310(d)(1) and (2).

WHEREFORE, Plaintiff prays for judgment against Manufacturer and Seller:

- A. Declaring acceptance has been properly revoked by Plaintiff and for damages incurred in revoking acceptance;
- B. For a refund of the purchase price paid by Plaintiff for the 2001 Escape;
- C. To cancel Plaintiff's retail installment contract and pay off the balance of the contract;
- D. For consequential, incidental and actual damages;
- E. For costs, interest and actual attorneys' fees; and
- F. Such other relief this Court deems appropriate.

**COUNT VII**  
**BREACH OF EXPRESS WARRANTY**

47. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 46 as though herein fully restated and realleged.

48. Plaintiff is a "buyer" under the Michigan Uniform Commercial Code, MCLA 440.2103; MSA 19.2103.

CONSUMER LEGAL SERVICES

49. Manufacturer and Seller are "sellers" under the Michigan Uniform Commercial Code, MCLA 440.2103; MSA 19.2103.

50. The 2001 Escape constitutes "goods" under the Michigan Uniform Commercial Code, MCLA 440.2105; MSA 2105.

51. This is a "transaction in goods", to which MCLA 440.2102; MSA 19.2105 is applicable.

52. Plaintiff's purchase of the 2001 Escape was accompanied by an express warranty, written and otherwise offered by the Manufacturer and Seller. Whereby said warranty was part of the basis of the bargain of the contract, upon which Plaintiff relied, between Plaintiff and Manufacturer/Seller for its sale of the vehicle.

53. In this express warranty, the Manufacturer warranted if any defects were discovered within certain periods of time, the Manufacturer and/or Seller would provide repair of the 2001 Escape free of charge to Plaintiff under specific terms as stated in the express warranty.

54. In fact, Plaintiff discovered the 2001 Escape had defects and problems after Plaintiff purchased the vehicle as discussed above.

55. Plaintiff notified Manufacturer and Seller of the aforementioned defects.

56. Plaintiff has provided the Seller and the Manufacturer with sufficient opportunities to repair or replace the 2001 Escape.

57. Plaintiff has reasonably met all obligations and pre-conditions as provided in the express warranty.

CONSUMER LEGAL SERVICES

58. The Manufacturer and Seller have failed to adequately repair the 2001 Escape and/or have not repaired the 2001 Escape in a timely fashion, and the 2001 Escape remains in a defective condition.

59. Even though the express warranty provided to Plaintiff limited Plaintiff's remedy to repair and/or adjust defective parts, the 2001 Escape's defects have rendered the limited warranty ineffective to the extent the limited remedy of repair and/or adjustment of defective parts failed of its essential purpose pursuant to MCLA 440.2719(2); MSA 19.2719(2); and/or the above remedy is not the exclusive remedy under MCLA 440.2719(1)(b); MSA 19.2719(1)(b).

60. The 2001 Escape continues to contain defects which substantially impair the value of the automobile to the Plaintiff.

61. These defects could not reasonably have been discovered by the Plaintiff prior to Plaintiff's acceptance of the 2001 Escape.

62. The Manufacturer and Seller induced Plaintiff's acceptance of the 2001 Escape by agreeing, by means of the express warranty, to remedy, within a reasonable time, those defects which had not been or could not have been discovered prior to acceptance.

63. As a result of its many defects, the Plaintiff has lost faith and confidence in the 2001 Escape and the Plaintiff cannot reasonably rely upon the vehicle for the ordinary purpose of safe, efficient transportation.



64. If the finder of fact finds revocation and/or rejection was improper, then, in the alternative, Plaintiff alleges that as of the date of revocation, the 2001 Escape was in substantially the same condition as at delivery except for damage caused by its own defects and ordinary wear and tear. Therefore, Plaintiff is entitled to damages for breach of warranty calculated by the difference at the time and place of acceptance between the value of the goods accepted and the value they would have had if they had been as warranted.

65. The Manufacturer and Seller have refused Plaintiff's demands and have refused to provide Plaintiff with the remedies to which Plaintiff is entitled pursuant to MCLA 440.2313; MSA 19.2313 and MCLA 440.2711, 440.2714 and 440.2715; MSA 19.2711, 19.2714 and 19.2715.

WHEREFORE, Plaintiff prays for judgment against Manufacturer and Seller:

- A. Declaring acceptance has been properly revoked by Plaintiff and for damages incurred in revoking acceptance;
- B. For a refund of the purchase price paid by Plaintiff for the 2001 Escape;
- C. To cancel Plaintiff's retail installment contract and pay off the balance of the contract;
- D. For incidental, consequential and actual damages;
- E. For costs, interest and actual attorneys' fees; and
- F. For such other relief this Court deems appropriate.

CONSUMER LEGAL SERVICES

**COUNT VIII**  
**BREACH OF IMPLIED WARRANTY OF MERCHANTABILITY**

66. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 65 as though herein fully restated and realleged.

67. The Manufacturer and Seller are "merchants" with respect to automobiles under the Michigan Uniform Commercial Code, MCLA 440.2104; MSA 19.2104.

68. The 2001 Escape was subject to implied warranties of merchantability under MCLA 440.2314; MSA 19.2314, running from the Manufacturer and the Seller to the benefit of Plaintiff.

69. The 2001 Escape was not fit for the ordinary purpose for which such goods are used.

70. The defects and problems hereinbefore described rendered the 2001 Escape unmerchantable.

71. The Manufacturer and Seller failed to adequately remedy the defects in the 2001 Escape; and the 2001 Escape continues to be in an unmerchantable condition at the time of revocation.

WHEREFORE, Plaintiff prays for judgment against Manufacturer and Seller:

- A. Declaring acceptance has been properly revoked and for damages incurred in revoking acceptance;
- B. For damages occasioned by the breach of the implied warranty;
- C. For a refund of the purchase price paid by Plaintiff for the 2001 Escape;

**CONSUMER LEGAL SERVICES**

- D. To cancel Plaintiff's retail installment contract and pay off the balance of the contract;
- E. For consequential, incidental and actual damages;
- F. Costs, interest and actual attorneys' fees; and
- G. Such other relief this Court deems appropriate.

WHEREFORE, the amount in controversy does not exceed TWENTY FIVE THOUSAND DOLLARS (\$25,000.00), exclusive of interest and costs, for which Plaintiff seeks judgment against Defendants. In addition, Plaintiff seeks damages from Defendants for incidental, consequential and actual damages including interest, costs, and actual attorneys' fees.

**COUNT IX  
VIOLATION OF THE MOTOR VEHICLE SERVICE AND REPAIR ACT  
MCLA 257.1301, ET SEQ.**

72. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 71 as though fully restated and realleged.

73. The Seller is a "motor vehicle repair facility" as defined by MCLA 257.1302(g)

74. The Seller is subject to the Motor Vehicle Service And Repair Act, MCLA 257.1301, et seq.

75. The Seller has engaged or attempted to engage in methods, acts, or practices which were unfair or deceptive under said Act and/or the rules in effect during the relevant time period herein pursuant to MCLA 257.1307, 257.1334, 157,1335, 257.1336, and 257.1337; and Michigan Administrative Rules 257.131 through 257.137 including, but not limited to:

**CONSUMER LEGAL SERVICES**

(a) Failing to reveal material facts, the omission of which tends to mislead or deceive the Plaintiff and which facts could not reasonably be known by Plaintiff;

(b) Allowing Plaintiff to sign an acknowledgement, certificate or other writing which affirms acceptance, delivery, compliance with a requirement of law, or other performance, when the Seller, knows or had reason to know that the statement is not true;

(c) Failing to promptly restore to the Plaintiff entitled thereto any deposit, down payment, or other payment when a contract is rescinded, canceled, or otherwise terminated in accordance with the terms of the contract or the Act;

(d) Failing upon return of the vehicle to the Plaintiff to give a written statement of repairs to the Plaintiff which discloses:

(i) Repairs or services performed, including a detailed identification of all parts that were replaced and a specification as to which are new, used, rebuilt, or reconditioned; and

(ii) A certification that authorized repairs were completely proper or a detailed explanation of an inability to complete repairs properly, to be signed by the owner of the facility or by a person designated by the owner to represent the facility and showing the name of the mechanic who performed the diagnosis and the repair.

76. As a result of the Seller's actions Plaintiff has suffered damages as set forth in the preceding Counts and is also entitled to statutory damages and attorneys' fees as provided in the Motor Vehicle Service and Repair Act, specifically MCLA 257.1336.

CONSUMER LEGAL SERVICES

WHEREFORE, Plaintiff prays for a judgment against the Seller in an amount to be determined by the trier of fact, but not to exceed TWENTY FIVE THOUSAND DOLLARS (\$25,000.00), plus double damages and costs and reasonable attorneys' fees, and for such other and further relief as the Court deems appropriate.

**JURY DEMAND**

Plaintiff demands trial by jury on all issues triable as such.

Respectfully submitted,

CONSUMER LEGAL SERVICES, P.C.

By:



STEVEN S. TOTH P-44487  
MARK ROMANO P-44014  
Attorneys for Plaintiff  
30928 Ford Road  
Garden City, MI 48135  
(734) 261-4700

Dated: December 3, 2003

CONSUMER LEGAL SERVICES

**DON WOODHAMS, Inc.**

1111 La Grange Street  
SOUTH HAVEN, MICHIGAN 49090  
Phone (518) 637-2137  
Twin Cities 926-8434

10 / 01 / 01

<input type="checkbox"/> NEW <input type="checkbox"/> USED	YEAR <b>2001</b>	MAKE <b>FORD</b>	BODY STYLE <b>ESCAPE WAGON</b>	COLOR <b>HIGHLAND</b>
VEHICLE IDENTIFICATION NUMBER <b>1PMYU01231</b>		ENGINE NO. <b>4</b>	ODOMETER <b>000,084</b>	
TRIM <b>STOLZ</b>	STOCK NO. <b>20124</b>	WEIGHT/PER CAT.	TO BE DELIVERED NO LATER THAN	
THIS VEHICLE WILL BE USED AS:		<input type="checkbox"/> POLICE VEH. <input type="checkbox"/> DRIVER ED. VEH.	<input type="checkbox"/> TAXI <input type="checkbox"/> GOV'T VEH.	<input type="checkbox"/> SALVAGE
THIS VEHICLE HAS BEEN USED AS:		<input type="checkbox"/> POLICE VEH. <input type="checkbox"/> DRIVER ED. VEH.	<input type="checkbox"/> TAXI <input type="checkbox"/> GOV'T VEH.	<input type="checkbox"/> SALVAGE
ACCESSORIES AND/OR EQUIPMENT				

CITY <b>SOUTH HAVEN</b>	STATE <b>MI</b>	ZIP <b>49090</b>
RES. PHONE	BUS. PHONE	COUNTY OF RESIDENCE <b>OSHTON</b>
INSURANCE COMPANY <b>STATE FARM</b>		AGENT PHONE NO. <b>906-637-9485</b>
POLICY NO. / BINDER NO.		

SUB-TOTAL

YEAR <b>1994</b>	MAKE <b>OLDSMOBILE</b>	BODY STYLE <b>SILHOUETTE SWON</b>	COLOR <b>GREEN</b>
---------------------	---------------------------	--------------------------------------	-----------------------

VEHICLE IDENTIFICATION NO. <b>1GHDUGL52K</b>	APPRAISED BY <b>CHARLEY</b>	APPRAISED VALUE <b>17,696.00</b>
---	--------------------------------	-------------------------------------

CURRENT ODOMETER READING <b>0</b>	BALANCE OWED TO <b>DELAWARE PLACE</b>	BALANCE OWED <b>17,696.00</b>
--------------------------------------	--	----------------------------------

THIS VEHICLE HAS BEEN USED AS:

POLICE VEH.  TAXI  SALVAGE  
 DRIVER ED. VEH.  GOV'T VEH.

IF THIS IS FOR A USED CAR OR LIGHT TRUCK, THE INFORMATION YOU SEE ON THE (FEDERAL TRADE COMMISSION) WINDOW FORM IS PART OF THIS AGREEMENT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE.

THIS AGREEMENT IS NOT BINDING UPON EITHER THE PURCHASER OR THE DEALER UNTIL SIGNED BY BOTH PARTIES, OR SHALL NOT BE BINDING UPON THE DEALER OR THE PURCHASER UNTIL ALL CREDIT TERMS, IF APPLICABLE, ARE APPROVED AND ACCEPTED BY ALL PARTIES DEALER, PURCHASER, AND LENDING INSTITUTION. IF CREDIT TERMS ARE NOT ACCEPTED, FULL DEPOSIT WILL BE REFUNDED TO PURCHASER. AGREEMENT BASED UPON AVAILABILITY OF VEHICLE. PURCHASER'S OBLIGATION IN THIS STATE.

THAT I, **[REDACTED]** OF THIS AGREEMENT  
X **[REDACTED]** DATE **10 / 1 / 2001**

CO-PURCHASER'S SIGNATURE  
X **[REDACTED]** DATE **10 / 1 / 2001**

DEALER OR AUTHORIZED REPRESENTATIVE  
X **[REDACTED]** DATE **10 / 1 / 2001**

(SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS)

SUB-TOTAL		
1. PRICE OF VEHICLE (INCLUDING FREIGHT & ACCESSORIES)		\$ 17,696.00
2. OTHER TAXABLE CHARGES (Documentation Fee, Title Fee, etc.)		N/A
3. TOTAL TAXABLE PRICE		17,696.00
4. a) SALES TAX		1,061.76
b) LICENSE FEE		8.00
c) TITLE FEE		11.00
5. LABOR OR OTHER NON-TAX CHARGES		N/A
6. TOTAL DELIVERED PRICE		18,776.76
7. CASH ON DEPOSIT (receipt no.)		N/A
8. CASH DUE ON DELIVERY		N/A
9. TRADE-IN ALLOWANCE		
10. Less: LIEN		1,356.76
11. TOTAL DOWN PAYMENT		17,420.00
12. BALANCE		
13. FINANCE CHARGE (SEE REVERSE SIDE FOR FINANCE CHARGE TABLE)		
14. INSURANCE CHARGE (SEE ITEM 10 ON REVERSE SIDE)		
15. TOTAL AMOUNT OF AGREEMENT		

Dec. 01 2003 11:29M P3

FRX NO.: 6379341

FROM: STATE FARM INSURANCE

11-10-03 power steering Rack replaced

RUN: 11/11/2003 10:16  
00/00/00 - 99/99/99

SERVICE UNIT HISTORY BY UNIT  
WOODHAM FORD

PAGE 1

CUST # 7317  
2001 FORD ESCAPE  
DELIVERED 10/01/01  
VIN # 1FMYU01R21K

UNIT # 1K885015  
CURR MILES 35,970.0  
ENGINE # 2.0L ZETEC I4

TECH / OP CODE DESCRIPTION

60283 01 10/29/03 35,546.0  
 01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 01 3 COMPLETED  
 02 \* 1 ACCELERATOR PEDDLE STICKING.  
 02 \* 3 CLEAN THROTTLE BODY NO CHARGE

59371 01 10/03/03 34,476.0  
 01 \* 1 CHECK CLUTCH  
 01 1 TOO MUCH FREE PLAY IN CLUTCH PEDDLE.  
 01 3 FOUND EXCESSIVE PLAY IN MASTER CYLINDER LINKAGE.  
 01 3 REMOVED AND REPLACED MASTER CYLINDER.  
 01 3 ALSO BLEAD CLUTCH SYSTEM AND SLAVE CYLINDER.

58584 01 06/14/03 31,955.0  
 01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 01 3 COMPLETED

57149 01 06/16/03 28,673.0  
 01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 01 3 COMPLETED  
 02 \* 1 CHECK CLUTCH.  
 02 1 NO CLUTCH (ERRATIC).  
 02 3 UNABLE TO VERIFY CONCERN AT THIS TIME  
 02 \* 3 ADJUST PEDAL STOP

55838 01 04/18/03 25,907.0  
 01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 01 3 COMPLETED  
 02 1 TIRE ROTATION.  
 02 3 COMPLETED

54074 01 01/24/03 22,257.0  
 01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,

RUN: 11/11/2003 10:16 SERVICE UNIT HISTORY BY UNIT PAGE 2  
 00/00/00 - 99/99/99 WOODHAMS FORD

TECH / OP CODE DESCRIPTION

01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 01 3 COMPLETED  
 02 1 REPLACE FRONT WIPERS  
 02 1 WINTER BLADES IF POSSIBLE.  
 02 3 COMPLETED

52581 01 11/13/02 18,933.0

01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 01 3 COMPLETED  
 02 \* 1 ACCEL STICKS WHEN TAKING OFF  
 02 3 NO CHARGE  
 02 3 CLEAN AND LUBE THROTTLE SHAFT

50141 01 11/08/02 13,610.0

01 1 STATE FARM INS. 22-4788-74701 100.00 DEDUCT- PAINT SPOTS  
 01 1 ON FRONT.  
 01 3 REMOVE PAINT SPOTS ON FT BUMPER COVER 1.5  
 01 3 REPLACE GRILLE .9  
 01 3 REMOVE PAINT SPOTS ON HOOD 1.5  
 01 3 REFINISH R/L DOOR MIRRORS ONCE REMOVED 1.0  
 02 1 SPOTTED WINDSHIELD  
 02 3 REMOVE PAINT SPECKS ON WINDSHIELD .5

50644 01 08/20/02 15,305.0

01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 02 1 TIRE ROTATION.  
 02 3 RT FRONT TIRE RT REAR

49692 01 07/15/02 13,610.0

01 \* 1 REPLACE SPECIAL ORDER THROTTLE BODY  
 01 3 REMOVED AND REPLACED THROTTLE BODY  
 01 3 SERVICE PART WARRANTY RO 46506 5633 MILES

49312 01 06/26/02 12,578.0

01 \* 1 REPLACE SPECIAL ORDER THROTTLE BODY  
 01 3 REORDER PART

48937 01 06/13/02 11,578.0

01 \* 1 EMISS LITE ON  
 01 3 CHECK EEC SYSTEM P0401  
 01 \* 3 REPLACE DAFE SENSOR  
 02 1 ACCEL STICKS  
 02 3 ORDER THROTTLE BODY



11/11-2003 10:23 FAX 0100374388

Parts Department

0000

RUN: 11/11/2003 10:16  
00/00/00 - 99/99/99SERVICE UNIT HISTORY BY UNIT  
WOODHAMS FORD

PAGE 3

## TECH / DP CODE DESCRIPTION

03 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 03 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 03 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 03 1 FILTER & CHECK TIRE PRESSURE.

47491 01 05/02/02 7,494.0  
 01 1 STATE FARM INS. 22-V723-07001 NO DEDUCTIBLE- L DOOR DENT.  
 01 1 BLEND L REAR DOOR.  
 01 3 REPAIR L FT DOOR REAR UPPER DENT 1.5  
 01 3 REPLACE L FT DOOR EMBLEM .2  
 01 3 REMOVE/INSTALL L FT DOOR MIRROR/OUTSIDE HANDLE/BELT STRIP 1.0  
 01 3 REMOVE/INSTALL L REAR DOOR OUTSIDE HANDLE, BELT STRIP .7

47487 01 04/11/02 3,188.0  
 01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 02 1 TIRE ROTATION.

46506 01 02/25/02 6,633.0  
 01 1 ACCEL STICKS WHEN DEPRESSED  
 01 \* 1 REPLACE THROTTLE BODY  
 01 9926A 3

46324 01 02/15/02 5,948.0  
 01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 01 1 3  
 02 \* 1 ACCEL STICKS  
 02 3 CLEAN THROTTLE BODY ORDERED NEW PART

44702 01 12/06/01 3,106.0  
 01 1 CHANGE OIL & OIL FILTER. LUBE CHASSIS AS SPECIFIED BY  
 01 1 OWNER'S MANUAL. CHECK POWER STEERING FLUID, TRANS. FLUID,  
 01 1 BRAKE FLUID, WASHER FLUID, AND ANTI-FREEZE. INSPECT AIR  
 01 1 FILTER & CHECK TIRE PRESSURE.  
 01 1 3  
 02 \* 1 ACCEL STICKS LOW SPEED  
 02 3 UNABLE TO VERIFY AT THIS TIME

39665 01 06/06/01 .0  
 01 1 PREP

CONSUMER<sup>SM</sup>  
LEGAL  
SERVICES, P.C.  
ATTORNEYS AND COUNSELORS

RONALD J. BOLZ  
CHRISTOPHER M. LOVASZ  
STEVEN S. TOTH  
MARK P. ROMANO  
STEVEN G. STANCIOFF  
TROY T. GORMAN  
CHRISTOPHER A. WINKLER  
MATTHEW W. DELEZENNE  
KARL P. HEIL  
BRIAN M. PERKINS



www.lemonauto.com

30928 FORD ROAD  
GARDEN CITY, MI 48135  
(734) 261-4700  
FAX: (734) 261-4737  
E-MAIL: cfs@lemonauto.com

December 3, 2003

Mr. Ross A. Woodhams  
Don Woodhams, Inc.  
111 LaGrange St.  
South Haven, MI 49090

RE: 2001 Ford Escape, VIN: 1FMYU01B21K [REDACTED]

Dear Mr. Woodhams:

Please be advised that I represent [REDACTED] regarding the sale of the above-referenced vehicle purchased at Don Woodhams, Inc. on or about October 1, 2001. Ms. [REDACTED] pursuant to the Michigan Uniform Commercial Code, which covers breach of express and implied warranties, revocation of acceptance and other rights and remedies, the Michigan New Motor Vehicle Warranties Act (commonly referred to as the "Lemon Law"), the Michigan Consumer Protection Act, the Federal Magnuson-Moss Warranty Act and other rights and remedies, does hereby revoke acceptance of the 2001 Escape and is prepared to file suit to effect revocation of acceptance, cancellation of the sale, return of the vehicle, and payment to her of all monies expended, putting her back in the position she was prior to the contract.

[REDACTED] intends to hold Don Woodhams, Inc. and Ford Motor Company liable for all other foreseeable damages due to the nonconforming vehicle, including actual attorneys' fees incurred with enforcing her rights pursuant to the following: M.C.L.A. 445.911 Sec. 11(b)(2), 15 USC 2310(d)(2), M.C.L.A. 257.1407(2), M.C.L.A. 440.2715(1) Cady v. Dick Loehr's, 100 Mich App 543; 299 NW2d 69 (1980), MCLA 600.2919a.

921 28<sup>TH</sup> STREET S.E.  
GRAND RAPIDS, MI 49508  
(616) 452-2000  
FAX: (616) 452-2021

4680 W. HOUGHTON LAKE DRIVE  
HOUGHTON LAKE, MI 48629  
(989) 366-1006  
FAX: (989) 366-4005

67-8044 S. SAGINAW ST.  
GRAND BLANC, MI 48439  
(810) 603-2676  
FAX: (810) 603-2677

EX-1

PE12-019 000713LC SUBJECT

[REDACTED]  
December 3, 2003  
Page 2

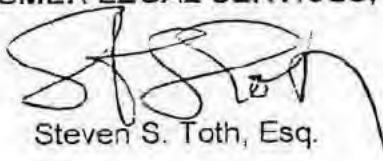
Since the date [REDACTED] took delivery, the vehicle has been in for repairs on at least nine (9) different occasions.

Please be advised that we are asserting an attorney's lien on any and all proceeds in this matter. All further communications with [REDACTED] must be directed through my office.

Thank you for your anticipated cooperation.

Very truly yours,

CONSUMER LEGAL SERVICES, P.C.



Steven S. Toth, Esq.

SST/cl

CC: [REDACTED]

### ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
12/5/2003 CLOSED	[REDACTED] CI - DEMAND LETTER	1FMYU01B21K [REDACTED] 1498773153	2001 ESCAPE	04
11/11/2003 CLOSED	AMY L INGRAHAM PRODUCT - NEGATIVE FEEDBACK	1FMYU01B21K [REDACTED] 5 1498773153	2001 ESCAPE	02

All Action Details for Issue

[Print](#)

VIN: 1FMYU01B21K [REDACTED] Year: 2001 Model: ESCAPE Case: 1498773153  
 Name: [REDACTED] Owner Status: Original WSD: 2001-10-01  
 Symptom Desc: STRG/HANDLING FUNCTION Primary Phone: [REDACTED]  
 Reason Desc: CI - DEMAND LETTER Secondary Phone: [REDACTED]  
 Issue Type: 04 REGION Issue Status: CLOSED

Action: OPEN REGION CONTACT  
 Dealer: 09850 DON WOODHAMS INC Origin Desc: CONSUMER AFFAIRS - CONSUMER INTERVENTION  
 Odometer: 35970 MI Comm Type: MAIL  
 Analyst Name: CARLA ZULINSKI (CZULINSK) Analyst: CZULINSK  
 Action Date: 12/04/2003 Action Time: 13.52.12.561 Action Data: No

Comments \*\*\*DEMAND LETTER DATED 12 /01 /03 \*\*\* \*\*CI RECEIVED 12 /04 /03 \*\*\*\* \*\*CUSTOMER STATES: MULTIPLE CONCERNS, STEERING. \*\*CUSTOMER SEEKS RESOLUTION. \*\*CI SCANNED COPY OF THE LETTER TO THE REGIONAL OFFICES FOR REVIEW. SENT THE CUSTOMER AN ACKNOWLEDGEMENT\*\*

Action: LETTER FAXED TO REGION  
 Dealer: 09850 DON WOODHAMS INC Origin Desc: CONSUMER AFFAIRS - CONSUMER INTERVENTION  
 Odometer: 35970 MI Comm Type: MAIL  
 Analyst Name: CARLA ZULINSKI (CZULINSK) Analyst: CZULINSK  
 Action Date: 12/04/2003 Action Time: 14.02.08.879 Action Data: Yes

Comments

Data Element Name	Data Value
REGION NUMBER	10
DATE RECEIVED	12-04-2003
TIME RECEIVED	10:00:00
DATE FAXED	12-04-2003
TIME FAXED	14:01:00

Action: FORD COVERED REPAIR MADE - WARRANTY  
 Dealer: 09850 DON WOODHAMS INC Origin Desc: FIELD ORGANIZATION  
 Odometer: 35970 MI Comm Type: EMAIL  
 Analyst Name: TALAN, FERDINAND (F.) Analyst: FTALAN  
 Action Date: 12/04/2003 Action Time: 16.13.58.663 Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
ED		EGGERS		DEALER

Comments REGIONAL COMMENTS: RECIEVED A DEMAND LETTER FROM CONSUMER AFFAIRS. DEALER DIAGNOSIS: THROTTLE BODY STICKING. ED WILL CONTACT THE CUSTOMER TO SCHEDULE AN APPOINTMENT ON 12/05/2003. REGION IS CLOSING OUT THE CONTACT. DEALER WILL ADDRESS ANY OUTSTANDING WARRANTY

CONCERNS WITH THE UNIT.

---

**Action:** FORD COVERED REPAIR MADE - WARRANTY

**Dealer:** 09850 DON WOODHAMS INC

**Odometer:** 35970 MI

**Analyst Name:** TALAN, FERDINAND (F.)

**Action Date:** 12/05/2003

**Comm Type:** PHONE

**Analyst:** FTALAN

**Action Time:** 08.41.44.453

**Origin Desc:** FIELD ORGANIZATION

**Action Data:** No

**Caller Information If Different From Vehicle Owner:**

**First Name**  
ED

**Middle Initial**

**Last Name**  
EGGERS

**Day Phone**

**Relationship**  
DEALER

**Comments** REGIONAL COMMENTS: ATTN CRC DO NOT OPEN A REGIONAL CUDL CONTACT ON THIS VEHICLE. CUSTOMER HAS ALLREADY SENT A DEMAND LETTER VIA E-MAIL. REGIONAL ZONE MANAGER FERDINAND TALAN CONTACTED DEALERSHIP AND SPOKE WITH SERVICE MANAGER. SERVICE MANAGER HAD CONTACTED CUSTOMER AND CUSTOMER HAS ADVISED CONCERNS WITH THROTTLE AND OTHER ISSUES HAVE BEEN ADDRESSED. CUSTOMER INDICATED ALTHOUGH CONCERNS HAVE BEEN ADDRESSED SHE HAS LOST CONFIDENCE IN THE VEHICLE. ZONE MANAGER HAS DENIED REQUEST FOR A DISCRETIONARY BUYBACK. THIS UNIT DOES NOT MEET THE PRESUMPTION OF MICHIGAN'S LEMON LAW.

---

All Action Details for Issue

Print

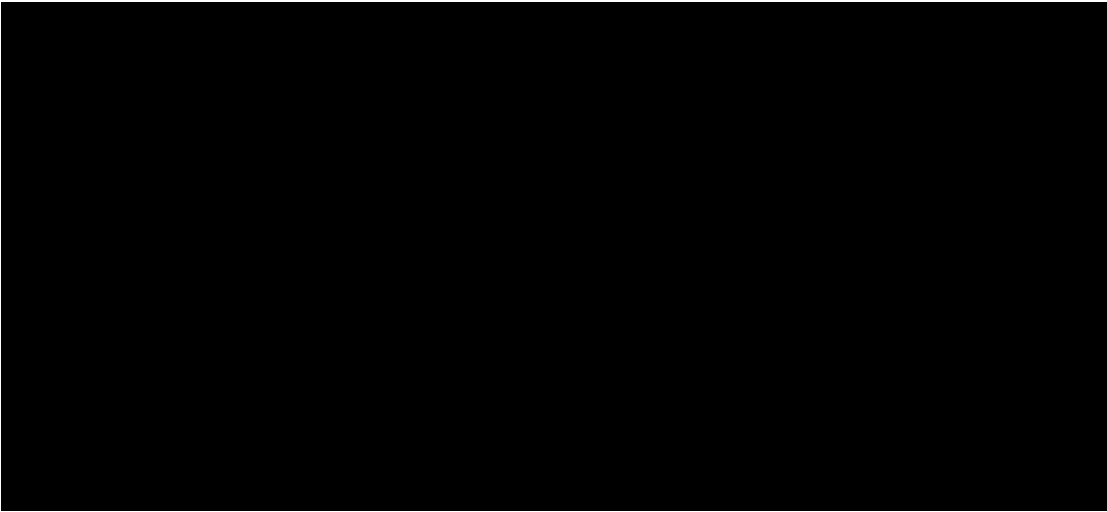
VIN: 1FMYU01B21K [REDACTED] Year: 2001 Model: ESCAPE Case: 1498773153  
Name: [REDACTED] Owner Status: Original WSD: 2001-10-01  
Symptom Desc: ENGINE GENERAL CONCERN MECH FAILURE Primary Phone: [REDACTED]  
Reason Desc: PRODUCT - NEGATIVE FEEDBACK Secondary Phone: [REDACTED]  
Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER THE FEEDBACK HAS BEEN DOCUMENTED  
Dealer: Origin Desc: US INQUIRY CASE BASE  
Odometer: 36000 MI Comm Type: PHONE  
Analyst Name: YOUNG STEPHEN Analyst: SYOUNG60  
Action Date: 11/11/2003 Action Time: 13.51.04.112 Action Data: No

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]				SPOUSE

Comments CUSTOMER SAYS: - THE CUSTOMER IS CALLING RE THE WARRANTY - THE CUSTOMER STATES THAT THE THROTTLE PLATE HAS BEEN REPLCED 3 TIMES AND WORKED ON 7 TIMES - THEY HAVE THE POWER STEERING RACK REPLACED YESTERDAY - THEY HAVE ALSO HAD THE SLAVE CYLINDER WORKED ON - THE CUSTOMER HAS LOST CONFIDENCE IN THE VEHICLE PER CUSTOMER, DEALER SAYS: - THE S/A (SHAWN OR ED) ADVISED THE CUSTOMER THAT THE CLUTCH WOULD BE THE NEXT THING TO GO ON THE VEHICLE CAG ADVISED: THANK YOU FOR PROVIDING FORD MOTOR COMPANY WITH YOUR THOUGHTS; YOUR OPINIONS ARE VALUABLE TO US. I HAVE DOCUMENTED YOUR FEEDBACK AND THE INFORMATION YOU PROVIDED REGARDING YOUR EXPERIENCE WITH OUR PRODUCT. THIS INFORMATION IS FORWARDED TO VARIOUS DEPARTMENTS WITHIN FORD TO CONTINUOUSLY IMPROVE OUR PRODUCTS AND SERVICES. YOU WILL ONLY BE CONTACTED IF A SPECIFIC DEPARTMENT REQUIRES ADDITIONAL INFORMATION OR CLARIFICATION. INFERENCE CASE ID: 867





April 5, 2012

0037166

RECEIVED  
4-12-12

Ms. Alma Taylor:

I am writing to you to let you know I am displeased with your findings.

I brought my Ford Escape in June 2002 it was brand new. I have not had any problem with it until now. You and the company is saying nothing was wrong with the car. I have talked to different people about their car, they had the same problem as I did. Here are some examples, I got from the internet. Their airbags did not come. Maybe the airbags did not work. Have you thought about that? Are you and the company messing with me? I am a good and honest person who worked hard for my car. I loved my car and I took good care of it. If the

people on the internet was having the same problem. Then there is a problem that the company should take care of it. All you are doing is making excuses so you won't have to acknowledge there is a problem with the car. People all over the country had the same problem as I did. Toyota and Chevrolet, Buick, GMC took care of their problem why can't you? I have been looking for a car at other dealers and when I tell them what they always said that you should take care of it. I let them know you are working on it. I don't know why I am defending you. You won't try to help me. When I get home there is a letter in my saying you can't or won't help me. I should look at other car dealers. Your commercial states you care about your customers. You have not taken care of me. I felt like I could trust you, but you have let me down. I pray

you come to your senses and do the right thing. My nephew broke his arm. He was trying to go back in the Marines to serve our country. But that was not the case. I feel like if he had been killed you would have taking care of the matter. Thank God that did not happen. He has serve our country faithful and now you have let him down.

Thank you



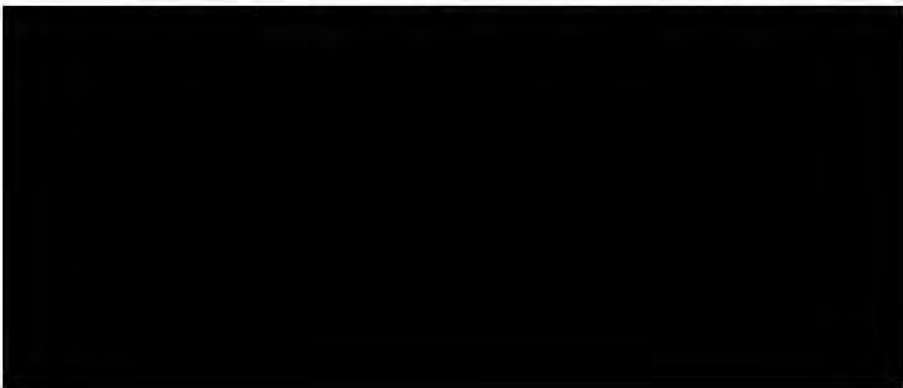
RECEIVED  
3-21-12

March 12, 2012

Dear Ms. Taylor,

I have already sent you the information you requested. I will send them once more. I feel like you/ Ford Company is giving me the run around and I don't understand why. I am not requesting much. I am just asking for the doctors' bills to be paid and to help me get a dependable car. Also, to compensate my nephew for the damage this wreck caused him. I don't see any problem with my request. God know that I am an honest person who is trying to do the right thing. I hope you are too.

Thank you for your consideration and God bless you.



# State Farm Insurance Companies



P.O. Box 830943  
Birmingham, AL 35283-0943

March 31, 2011

[REDACTED]  
[REDACTED]  
Florence, AL [REDACTED]

RE: Claim Number: [REDACTED]  
Date of Loss: March 22, 2011  
Our Insured: [REDACTED]  
Vehicle: 2002 Ford Escape  
VIN: 1FMYU01192K [REDACTED]

Dear [REDACTED] [REDACTED]:

We are providing you with our claim payment for the total loss of your vehicle. As discussed earlier, your policy provides for payment of the actual cash value of your vehicle, less any applicable deductible. Actual cash value is determined by the market value, age, and condition of your vehicle at the time the loss occurred.

To assist us in determining actual cash value, we consider information obtained by our representatives, and information provided by you, vehicle valuation services, and other services. If now or later, you have additional information you wish us to consider or if you believe we have not correctly determined the actual cash value of your vehicle, please inform us immediately.

The amount payable to you was determined as follows:

Actual cash value	\$6,900.00
Plus: Taxes	+\$181.13
License and title fees	+\$18.00
Less: Deductible	-\$250.00
Retained Salvage Value (if applicable)-	\$
Payment to Lienholder (if applicable)	-\$1,607.99
Net amount payable to you	\$5,241.14

RECEIVED  
2-29-12

Dec 2-15-12

To Whom This May Concern:

My name is [REDACTED]  
I am writing you to see  
when my case will be  
hear and act upon. I  
feel that you have had  
enough time to work on  
my case. I am not  
asking for much. The  
electors bills and the other  
bills need to be paid. I  
am getting phone calls  
and letters about the  
bills. I would like to  
you may pay the bills  
and send me \$30,000  
dollars for my lost wages  
I am a easy going  
person. I knew we can  
work together I want  
the bills paid so they can  
stop calling. I feel that  
if the car did not have  
any problems, we would

not had any reasons to  
go to the hospital and  
the doctors. I could have  
been at my job with  
no problem. I loved my  
car, that is why I took  
good care of it. I would  
not had to get another  
one. Let's work together.

If you need to talk  
to me my phone number  
is [REDACTED] I am  
looking forward to hear  
from you soon.

Thanking you,  
[REDACTED]

D 037166

JUN 7 0 2011 SC

June 6, 2011

Alma Taylor:

I just got your letter today. As of May 20, 2011, I mailed everything to you. I know you got it by signing for it. I feel like you are giving me the run-around. I have tried to be nice about everything. But I see that I have to get my lawyer in this case. I have spoken to him today (Keith Collier - 256-767-4796). He wants me to write you first to see if we can handle this, because I have did all the leg work. He, also wants to know when you are going to check-out my car. You will have a week to do it. He and I feel you have had enough time to see it. The next step is for you to start paying



Storage fee. I don't know what you are waiting on.

A [REDACTED] Cooper said he forget to put his phone number on his letter ([REDACTED])

I am tired of you not wanting to help me. I don't want to go to court, But I will. The lawyer is going to charge a big fee and court cost. I did not want to go that way, But I will.

By the way my phone number is [REDACTED] if you want to talk to me.

I Thank You

[REDACTED]

# State Farm Insurance Companies



P.O. Box 830943  
Birmingham, AL 35283-0943

March 31, 2011

[REDACTED]  
[REDACTED]  
Florence, AL [REDACTED]

RE: Claim Number: 01-8077-373  
Date of Loss: March 22, 2011  
Our Insured: [REDACTED]  
Vehicle: 2002 Ford Escape  
VIN: 1FMYU01192K [REDACTED]

Dear [REDACTED] [REDACTED]:

We are providing you with our claim payment for the total loss of your vehicle. As discussed earlier, your policy provides for payment of the actual cash value of your vehicle, less any applicable deductible. Actual cash value is determined by the market value, age, and condition of your vehicle at the time the loss occurred.

To assist us in determining actual cash value, we consider information obtained by our representatives, and information provided by you, vehicle valuation services, and other services. If now or later, you have additional information you wish us to consider or if you believe we have not correctly determined the actual cash value of your vehicle, please inform us immediately.

The amount payable to you was determined as follows:

Actual cash value	\$6,900.00
Plus: Taxes	+\$181.13
License and title fees	+\$18.00
Less: Deductible	-\$250.00
Retained Salvage Value (if applicable)	\$
Payment to Lienholder (if applicable)	-\$1,607.99
Net amount payable to you	\$5,241.14

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

PE12-019 000729LC SUBJECT

Page 2  
March 31, 2011


Since your vehicle has been declared a total loss, we encourage you to consult with your State Farm (R) Agent about the options currently available to you regarding continuing or canceling the policy applicable to this vehicle.

If you have any questions, please contact us at the number listed below.

Our hours of operation are Monday through Friday 7:00 a.m. to 7:00 p.m. and Saturday 8:30 a.m. to 5:00 p.m.. When you call, a claim handler will be available to assist you.

As a valued customer, we appreciate your business and the opportunity to provide service to you for this loss. Thank you for choosing State Farm.

Sincerely,

  
Chandria Tolbert  
Claim Processor  
(888) 801-6609 ext 944-8155

State Farm Mutual Automobile Insurance Company

For your insurance and financial needs, please visit [statefarm.com](http://statefarm.com)(R).

cc.


5-16-11

Ms. Alma Taylor,

I have just found out Ford had a recall on my car in 2009. You all knew that the car had a problem, so why did I not know about it. On the internet a lot of your customers had the same problem. My insurance company knew. The question is, "Why did I not get a notice?" Toyota let their customers know there was a problem. Why not your customers? I took very good care of my cars. That is why I am asking to be compensated for medical bills, a new car, doctors bills, the cost of ~~sets~~ not being able to go to school, pain and suffering. I had to do without a car from March 22<sup>nd</sup> to May 2<sup>nd</sup>. I had to pay for rides, from friends and taxi fares. I have

been out a lot at this time.  
I have missed meetings and  
preaching obligation because I  
did not have a car.

Thank You



# State Farm Insurance Companies



P.O. BOX 830852  
Birmingham, AL 35283-0852

May 5, 2011

[REDACTED]  
[REDACTED]  
Florence, AL [REDACTED]

RE: Claim Number: [REDACTED]  
Date of Loss: March 22, 2011  
Our Insured: [REDACTED]

Dear [REDACTED] [REDACTED]:

This will confirm our conversation with your daughter earlier today and the fact that State Farm Mutual Automobile Insurance Company does not plan on pursuing subrogation against Ford Motor Company concerning the accident of March 22, 2011. If we do not hear from you in writing within two weeks (by May 19, 2011), we plan on disposing of the salvage at the next salvage auction.

Sincerely,

A handwritten signature in cursive script that reads "Phillip Brewer".

Phillip Brewer  
Claim Representative  
(256) 764-5174

State Farm Mutual Automobile Insurance Company

*Call*

*Fax #*

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

May 19, 2010

To Whom It May Concern:

My name is Donald Cooper and I am a mechanic that was asked by [REDACTED] to look at her 2002 Ford Escape one last time. I have been a mechanic for over 20 years. I worked in my father's shop for 6 years starting in 1974. In 1988, I started with Laidlaw/ First Student as head mechanic. I worked there until 2010. I have work on Ms [REDACTED] car over the last 10 years. I have replaced brakes, changed oil, and replaced bulbs on this car.

On May 19, 2011, I went to Tanner, AL to inspect this blue 2002 Ford Escape. During the inspection, I found that the gas pedal was  $\frac{3}{4}$  inches from the floor. The gas pedal would not come back up when I pulled it up. The pedal stayed in placed which was down. Also the left front tire had signs that it did not stop pulling causing the car not being able to stop.

I charged [REDACTED] a flat rate of \$300 to do the inspection. This covered the cost of gas and my time.

Donald Cooper

*Donald Cooper*

Cc: [REDACTED]

APR 20 2011

April 18, 2011

On Tuesday March 22<sup>nd</sup>, 2011 around 2:35 pm I was on my way back home getting something to eat from Burger King. I took a left on Chisholm Rd. I got the gas due to the fact a vehicle coming up from behind me and I needed to catch up to the flow of traffic. After I reach the speed limit I got off the gas pedal but the car continued to gain accelerate that's when I realize that the car wasn't slowing down and the accelerator pedal had stuck. I tried to lift the accelerator pedal up. As soon as let go of the pedal after I pulled it up it immediately fell back down. I looked up and saw that I was quickly approaching traffic so pressed on the brakes and pulled up on the emergency brake to force the car to stop, it only slowed it down. To avoid traffic and causing a multiple car accident, due to the fact that I was coming upon an intersection which the light was red. I jumped a curve to avoid them. After I was away from traffic by myself with the emergency brakes still all the way pulled up and with me pressing on the brakes with both feet I tired to put the car in park. This caused the car to temporarily stop and take back off on me again. This then forced me seconds later to hit to a tree with the trunk of the car spinning me out of control and rolling the car into a ditch.







Office of the General Counsel

Ford Motor Company  
Product Claims Department  
P.O. Box 70  
Dearborn, Michigan 48121-0070

March 29, 2011

[REDACTED]  
FLORENCE, AL [REDACTED]

RE: 2002 ESCAPE

VIN: 1FMYU01192K [REDACTED]

Dear [REDACTED]

Your claim has been forwarded to me for review. We thank you for the opportunity to address this concern in a fair and timely manner.

If you have turned any portion of this matter over to your insurance company, and should you or your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company contact us in writing at the address noted above notifying us of their intent to pursue subrogation.

If you intend to pursue a claim directly, we request that you provide us with all the following information by completing and returning this form:

To begin our evaluation, we will need the following documents

- A copy of the police/fire report.
- A copy of the title and vehicle registration.
- A separate sheet of paper providing a complete description of the incident.
- Medical records for each person alleged injured from all treating physicians/facilities. *Yes*
- Medical bills for each person alleged injured from all treating physicians/facilities. *Yes*
- Original photographs or laser copies of the vehicle's collision/fire damage from several different angles.
- Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas.
- A copy of your expert's report and the expert's original photographs.
- Repair estimate, repair order, a total loss worksheet with copies of draft payments.
- Complete service history for vehicle including maintenance items.
- A statement from insurance company indicating there are no pending claims and the reason for the denial.

For each person alleged injured provide the following: (If there are additional names  
Continue on back.)

[REDACTED] Full Legal Name: \_\_\_\_\_

Address: [Redacted] Address: \_\_\_\_\_

Spouse's Name: FLA. AI Spouse's Name: \_\_\_\_\_

DOB: [Redacted] DOB: \_\_\_\_\_

Soc Security#: \_\_\_\_\_ Soc Security#: \_\_\_\_\_

Gender: Male Gender: \_\_\_\_\_

Occupation: Student Occupation: \_\_\_\_\_

Injury: broke arm & wrist Injury: \_\_\_\_\_

Health Insurance Provider: N/A Health Insurance Provider: N/A

Is the injured party receiving Medicare benefits NO  
If so, state the name of the person(s) \_\_\_\_\_

Is the injured party receiving Worker Compensation benefits NO  
If so, state the name of the person(s) \_\_\_\_\_

Has the injured party received more than 24 months of social security disability benefits prior to the incident NO  
If yes, state the name of the person(s) \_\_\_\_\_

**Due to Medicare reporting requirements, we cannot evaluate your claim until you provide the above requested information. If it is determined that you are a Medicare beneficiary, please be aware that pursuant to the Medicare Secondary Payer Act (MSP) Medicare has a statutory right to recover any conditional payments it has made with respect to your injury. Further, should a settlement be reached in this claim, Ford will not enter into any settlement agreement until Ford has been assured that Medicare's interests are protected.**

1. What are you seeking from Ford Motor Company in this matter? Car, loss wages, medical, pain and instructions for college
2. What is the alleged defect? gas pedal stuck
3. Has the alleged defective part been repaired or replaced? (circle one) Yes or No
4. What was the city, state and date of occurrence: Fla., AI 3-22-11
5. What was the mileage at time of occurrence: 105,765
6. List all after market additions or modifications that were made to the vehicle: oil changes, tune-ups, tires
7. Was the engine running? (circle one) Yes or No
8. Were the keys in the ignition? (circle one) Yes or No
9. Was this vehicle purchased new or used: new
10. If purchased used, provide the date of purchase, mileage at the time of purchase, from whom the vehicle was purchased: N/A

11. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).

H5053031

Total Resource Auctioneer, Al

2576-355-8118

12. Has an insurance company been advised of this incident?  Yes  No

13. If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.

#01-8077-373

State Farm Insurance Comp / Chandria Tolbert

14. Please provide the names and contact information of any witnesses to the incident.

[Redacted area]

Ford Motor Company is committed to providing you with a fair and timely response, so please note that we need all the information requested above to evaluate this matter. Your concern can not be evaluated until all the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be thoroughly reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 90 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted. If your vehicle is accruing storage charges, you should immediately make arrangements to move it to a facility that will not charge you for storage.

Please be advised that in the event this matter ends up in litigation, Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s). If you propose to repair the vehicle or conduct any other repairs you believe are related to this incident, such repairs may not be performed until after Ford Motor Company has conducted an inspection that may include the removal and testing of any component part that you claim is defective. If you want to repair your vehicle before we are able to physically inspect the vehicle or relevant component please submit a written request to me.

Thank you for your prompt attention to this matter.

Sincerely,

Alma Taylor

Legal Analyst- OGC Product Claims

✓

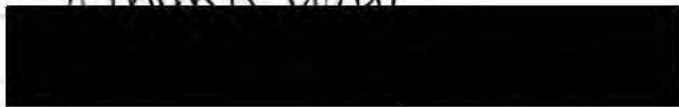
April 18, 2011

Ms. Alma Taylor:

My name is [REDACTED]  
I would like Ford to take care of me. I am out of a car at this time. I am not asking for much. All I would like is a new car and get [REDACTED] doctor bills and hospital bills paid. He was not able to stay in school at this time. No car to drive to school and a broken arm and wrist. He is a full time student. I had meetings to go to. ~~But~~ I could not go. I was not able to preach at other churches. ~~But~~ because I did not have a way, I lost about \$300 hundred dollars. I rented a car as long as I could. My money ran out. I have doctors appointments this month and next month. I have had friends to take me places

is they were free. Each time that would cost \$10.00 dollars, six times is \$60.00 dollars. Gas is high today. A cab costs \$20 dollars one way. Five times is a \$100. hundred. I need help. I wanted to trade my 2002 car in for the 2011 Ford Explorer limited. I have read up on it. I love them. My ~~old~~ family is a Ford family. My daughter has a 2005 Ford Focus. All I am asking is for \$80,000 thousand dollars. This is to buy my new car and bills. I am not trying to get over on anyone. I would like some help. The pedal stuck on my car for no reason at all. Thank you for everything.

Thank you,



# ALABAMA UNIFORM TRAFFIC CRASH REPORT

DPS Case No. 1623886

Check if Amendment   
Check if Error Correction

# Vehicles	# Pedestrians	# Injured	# Fatalities	# Unit 1 Type	Unit 2 Type
1	0	1	0	6	97

Local Case No. 110301489

Sheet 1

<b>LOCATION AND TIME</b>	Date	03	22	2011	Time	1515 MT	Day of Week	Tue	County	Lauderdale	City	Florence	Rural	Local Zone	2A	
	Hwy Class	5			On Street, Road, Highway			At Intersection of or Between (Node 1)			And (Node 2)					
	BEECH ST			HICKORY ST.			CHISHOLM RD.									
	Mile Post	5389			(On) Street/Road/Highway	1256			Node Code	1257			From Node 1	300.00 Feet		
	Control Access	Hwy Loc 97			Primary Contrib Circumst	14			Primary Contributing Unit #	1			First Harmful Event Location	6		
	Distance to Hazard Object	15 feet			Roadway Junction/Feature	1			Manner of Crash	9			Lat Coordinate	NC		
	School Bus Related	1			Crash Severity	A			Long Coordinate	NC			Coordinate Type	97		

<b>DRIVER</b>	Driver Full Name	[REDACTED]			Street Address	[REDACTED]			City and State	FLORENCE AL			ZIP	[REDACTED]			
	DOB	11	03	1987	Race	2			Sex	1			DL State	AL			
	Driver License No.	[REDACTED]			DL Class	D			DL Status	C			Restrict Violations	97			
	Place of Employment	Unemployed															
	Liability Insurance Co.	99			Liability Policy No.	99			Residence Less Than 25 Miles	Yes							
	Driver Condition	1			Sobriety/ Officer Opinion	No			Type Alcohol Test Given	6			Alcohol Test Results	N/A			
	Most Harmful Event for MV	1			Travel Road Name	BEECH ST			Road Code	5389			Travel Direction	2			
	Sequence of Events	Event 1: 1			Event 2: 44			Event 3: 36			Event 4: 97			First Harmful Event Location	6		
	Veh Year	2002			Make	FORD			Veh Model	ESCAPE			Body	2			
	Owner's Name	[REDACTED]			License Tag Number	[REDACTED]			State	AL			Year	2011			
	Street or R.F.D.	[REDACTED]			City	FLORENCE			State	AL			Zip	[REDACTED]			
	Type	6			Usage	1			Emergency Status	97			Placard Required	97			
	Attachment	1			Overlaid Load (Req Permit)	N/A			If Yes, Did Owner Have Permit?	N/A			Conrib Defect	11			
	Damage Severity	4			Towed?	1			Vehicle Towed By Whom?	HORNE WRECKER			Towed To Where?	HORNE'S WRECKER LOT			

Areas Damaged Are Shaded

14 Under Carriage

11 N/A

10 2

9 3

8 4

7 5

6 6

15 Totaled

15 Attachment

Point of Initial Impact 4

2, 4, or 6 Passenger	7 Passenger (add)	12 Passenger (add)	Bicycle, Motorcycle, ATV	10 - Pedestrian	10 - Not in Passenger Compartment
1 2 3	7 8 9	17 18 19	10	12 - Rider of Domestic Animal	97 - Not Applicable
4 5 6			11	14 - Occ. of Non-Motorized Vehicle	98 - Other (English)
				15 - Passenger of Bus	99 - Unknown

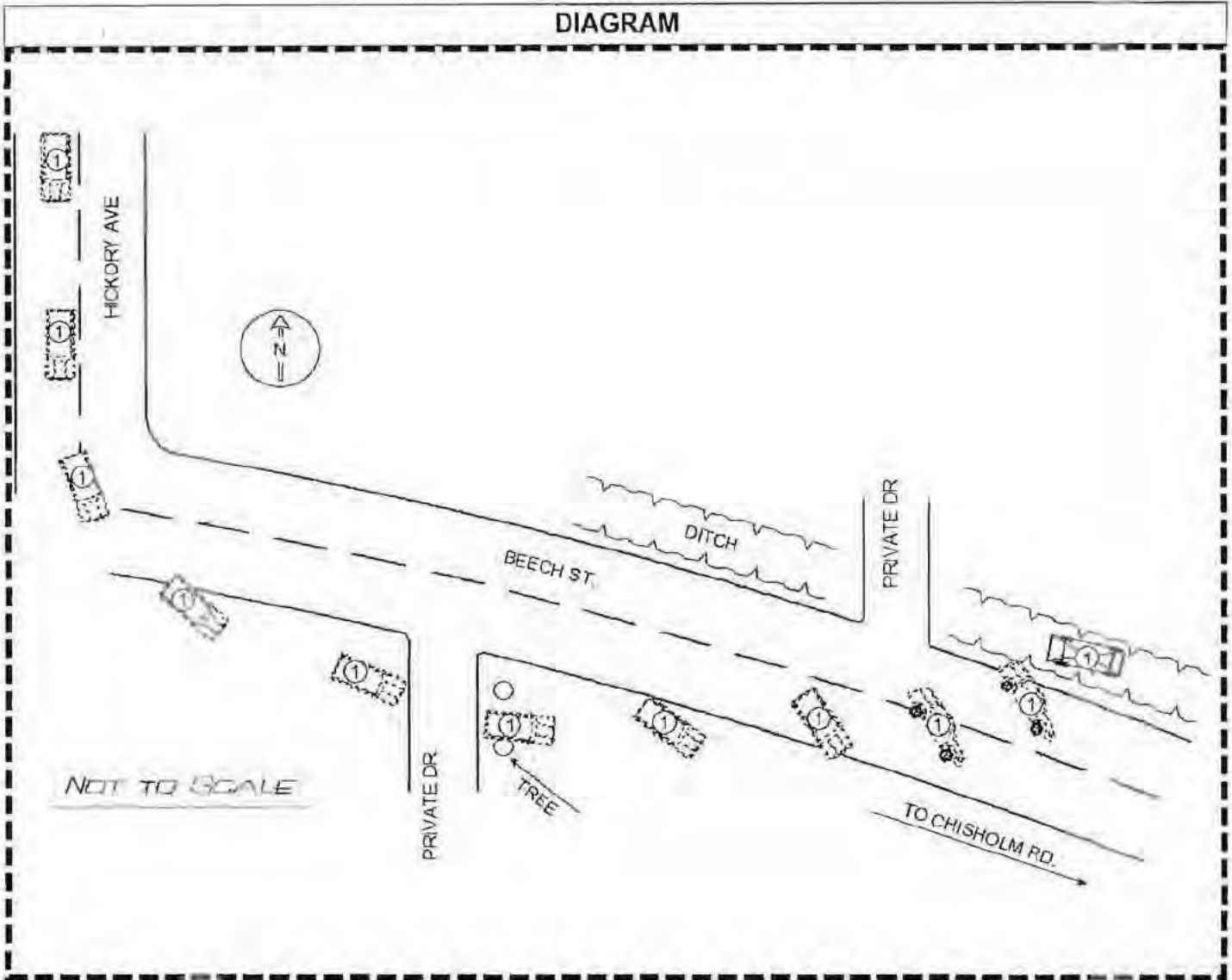
Unit No	Seat Pos	Occ. Type	Safety Equip.	Air-bag	Age Code	Sex	Ejection	Birth Date	Unit No	Seat Pos	Occ. Type	Safety Equip.	Air-bag	Age Code	Sex	Ejection	Birth Date
---------	----------	-----------	---------------	---------	----------	-----	----------	------------	---------	----------	-----------	---------------	---------	----------	-----	----------	------------

Name	Address	Unit No	Seat Pos	Occ. Type	Safety Equip.	Air-bag	Injury Type	Age	Sex	Ejection	First Aid By
[REDACTED]	[REDACTED] FLORENCE AL [REDACTED]	1	1	1	99	2	2	7	1	1	1

Taken To ECM E.R.      Taken By LAUDERDALE E.M.S.

Medical Facility EMS ground      Birth Date [REDACTED]

## DIAGRAM



## NARRATIVE

DRIVER OF UNIT #1 TOLD OFFICERS THAT HIS VEHICLE ACCELERATED FOR NO REASON AND HE COULDN'T GET THE VEHICLE TO STOP. HE TRAVELED DOWN HICKORY AVE AND MADE THE LEFT TURN ONTO BEECH STREET. ONCE HE MADE THE TURN ONTO BEECH STREET THE VEHICLE LEFT THE ROADWAY AND STRUCK A TREE. THE VEHICLE THEN CROSSED BACK OVER THE ROADWAY AND ROLLED UPSIDE DOWN IN THE DITCH.

WITNESSES #1 TOLD OFFICERS THAT SHE SAW UNIT #1 TAKE OFF OVER A CURB AND THROUGH SOME SHRUBS AND DOWN A HILL OUT OF SITE. [REDACTED] WENT TO CHECK ON THE DRIVER AND FOUND THAT HE HAD WRECKED.

## ROADWAY ENVIRONMENT

Unit No	1	Involved Road/Bridge	1	Road Surface Type	1	Roadway Condition	1	Workzone Related?	1	Workzone Type	97	Workers Present?	7	Workzone Law Enforcement Present?	NotApplicable	Contributing Circumstances Environment	97	Contrib. Mkt. In Roadway	1				
Contrib. Material Source	97	Roadway Curve & Grade	1	Vision Obscured By	1	Traffic Control	1	Traffic Control Functioning	97	Opposing Lane Separation	1	Trafficway Lanes	2	Turn Lanes	1	One-Way Street	No	Total # Occupants in Unit	1	Total # Injured in Unit	1	Total # Killed in Unit	0
Total Number of Units		Light		Weather		Locale		Police Present?		DOT Railroad Crossing No.													
1		1		1		2		Yes		N/A													

## INVESTIGATION

### Property Damage Description

Description: TREE AND LANDSCAPPING TIMBERS			Address: 408 BEECH ST. FLORENCE, AL 35630		
Owner: TIM HILLIARD			Telephone: (000) 000-0000		
Name of Photographer: N/A			Non-Vehicular Property Damage: 2		
Time Police Notified 1515 MT	Time Police Arrived 1519 MT	Time EMS Arrived 1519 MT	EMS Response Run # N/A		
Witness Full Name: CATHY ? WILLIAMSON			Address: 502 HOWELL ST. FLORENCE, AL 35630		Telephone: (256) 702-9457
Witness Full Name: N/A			Address:		Telephone:
Name of Investigating Officer: JAMES T GURLEY			Officer ID: 1120	Agency ORI: AL0410100	
Name of Investigating Officer: FRASER ? ANDERSON			Officer ID: 1620	Agency ORI: AL0410100	
The data on this report reflects the best knowledge, opinion, and belief regarding the crash, but no warrant is made as to the factual accuracy thereof.					



## LEGEND

Location	Category	Code	Description	Location	Category	Code	Description
Report Header	Unit Type	6	Sport utility vehicle (SUV)	Vehicle	Attachment	1	None
Report Header	Unit Type	97	Not applicable	Vehicle	Body	2	Four door
Location And Time	Contributing Circumstance	14	Ran off road	Vehicle	Citation Offense	99	None
Location And Time	Contributing Unit	10	Unit1	Vehicle	Damage Severity	4	Major, disabled
Location And Time	Controlled Access Highway Location	97	Not a controlled access highway	Vehicle	Defect	11	Power train
Location And Time	Coordinate Status	NC	NoCapability	Vehicle	Emergency Status	97	Not applicable
Location And Time	Coordinate Type	97	Not applicable	Vehicle	Estimated Speed Code		Not set
Location And Time	Crash Manner	9	Side impact (90 degree)	Vehicle	Hazardous Cargo	97	Not applicable
Location And Time	Crash Severity	A	Incapacitating injury	Vehicle	Hazardous Cargo Release Type	97	Not applicable
Location And Time	Distance Node Unit	10	Feet	Vehicle	K12 Child Going To Or From School	0	Not Set
Location And Time	Harmful Event	1	Ran off road, right	Vehicle	Make	FORD	Ford
Location And Time	Harmful Event	44	Collision with tree	Vehicle	Non-Motorist Action	0	Not Set
Location And Time	Highway Classification	5	Municipal	Vehicle	Non-Motorist Location	0	Not Set
Location And Time	Highway Side	3	Eastbound	Vehicle	Oversized Load	N/A	NotApplicable
Location And Time	Roadway Feature	1	No special feature	Vehicle	Oversized Load Permit	N/A	NotApplicable
Location And Time	School Bus Related	1	No school bus involved	Vehicle	Owner Address Code	0	Not Set
Location And Time	Time Display Format	20	Military	Vehicle	Owner Name Code		Not Set
Driver	Alcohol Test Type	6	No Test Given	Vehicle	Placard Requirement	97	Not applicable
Driver	Commercial Driver License Status	97	Not applicable / unlicensed	Vehicle	Tag Number		Not set
Driver	Contributing Circumstance	98	Other (explain in narrative)	Vehicle	Tag State	0	Not set
Driver	Driver Address Code	0	Not Set	Vehicle	Tag Year	0	Not set
Driver	Driver Condition	1	Apparently normal	Vehicle	Tow Status	1	Towed due to disabling damage
Driver	Driver License Class Code	0	Not set	Vehicle	Towed Code	0	Not Set
Driver	Driver License Endorsement	97	Not applicable	Vehicle	Unit Type	6	Sport utility vehicle (SUV)
Driver	Driver License Number	0	Not set	Vehicle	Usage	1	Personal
Driver	Driver License Restriction	97	Not applicable	Vehicle	VIN	0	Not set
Driver	Driver License State Code	0	Not set	Vehicle	Year		Not set
Driver	Driver License Status	C	Current / valid	Victims	Age Code	7	21 - 25
Driver	Driver Name Code	0	Not Set	Victims	Airbag	2	Not deployed, no switch
Driver	Drug Test Result	97	Not applicable	Victims	Birth Date Code	0	Not Set
Driver	Drug Test Type	4	No test given	Victims	Ejection Status	1	Not ejected or trapped
Driver	Gender	1	Male	Victims	First Aid Provider	1	Paramedic / EMT
Driver	Harmful Event	1	Ran off road, right	Victims	Gender	1	Male
Driver	Liability Ins. Policy Code	99	Unknown	Victims	Injury Type	2	Incapacitating
Driver	Maneuver	11	Negotiating a curve	Victims	Medical Facility Transport	2	EMS ground
Driver	Phone Number Code	0	Not Set	Victims	Occupant Type	1	Driver
Driver	Place of Employment	Unemployed	Unemployed	Victims	Safety Equipment	99	Unknown
Driver	Race	2	Black / African-American	Victims	Victim Taken By		Not Set
Driver	Residence Within 25 Miles	Yes	Yes	Victims	Victim Taken To		Not Set
Driver	Travel Direction	2	East	Roadway Environment	Environmental Contributing Circumstance	1	None apparent

## LEGEND

Location	Category	Code	Description	Location	Category	Code	Description
Roadway Environment	Light Condition	1	Daylight				
Roadway Environment	Locale	2	Residential				
Roadway Environment	Opposing Lane Separation	1	None				
Roadway Environment	Road Bridge Condition	1	None apparent				
Roadway Environment	Road Surface Type	1	Asphalt				
Roadway Environment	Roadway Condition	1	Dry				
Roadway Environment	Roadway Curvature And Grade	1	Straight, level				
Roadway Environment	Roadway Material	1	None				
Roadway Environment	Roadway Material Source	97	Not applicable				
Roadway Environment	Traffic Control	1	No controls present				
Roadway Environment	Traffic Control Status	97	Not applicable				
Roadway Environment	Trafficway Lane Count	2	Two lanes				
Roadway Environment	Turn Lane Presence	1	None				
Roadway Environment	Vision Obscuration	1	Not obscured				
Roadway Environment	Weather Condition	1	Clear				
Roadway Environment	Workzone Law Enforcement Presence	97	Not applicable				
Roadway Environment	Workzone Relationship	1	Not in / related to workzone				
Roadway Environment	Workzone Type	97	Not applicable				
Investigation	Non-Vehicles/ Property Damage Severity	2	Light (less than \$500)				

FLORENCE POLICE DEPARTMENT

DRIVER - VEHICLE # \_\_\_\_\_

CR # 110301489

WITNESS

DATE 3-22-11

OTHER \_\_\_\_\_

OFFICER Barnett

DESCRIBE HOW THE ACCIDENT OCCURRED:

Sitting at Elder St at light Blue Ford ~~sedan~~ took off over curb to ~~left~~ right through parking lot, through Shaubs down hill I went to see if he was okay could not find him turned around then seen him Beach up side down.

WRECKER INFO.

NONE NEEDED

NO PREFERENCE

REQUEST: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: [REDACTED]

ADDRESS: [REDACTED]

SIGNATURE: [REDACTED]

PHONE #: [REDACTED]

RECORDS DIVISION USE ONLY

ACCIDENT #

ADDITIONAL DATA:

BEGINNING OF CONTACT  
03/29/2011

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.04

REGION: S1 ATLANTA OGC ISSUE CASE NBR: 535200315  
VIN: 1FMYU01192K [REDACTED] ZONE: A01 OPENED: 2011/03/28  
ENGINE: 1 VEH TYPE: T CLOSED: 2011/03/28

LAST NAME: [REDACTED] STATUS: CLOSED  
TITLE: MS FIRST NAME: [REDACTED] MI: L  
ADDRESS: [REDACTED]  
CITY: FLORENCE STATE: AL ZIP: [REDACTED]  
HOME PHONE: [REDACTED]  
MODEL YEAR: 2002 MODEL: ESCAPE  
MILEAGE: 100000  
DEALER NAME: FAMILY FORD SALES, I SALES CODE: F21108 P & A: 01085  
REASON CODE: 0796 LEGAL - ALLEGED INJURY  
SYMPTOMS: 624100ACCELERATOR PEDAL STICK/BIND

ORIGIN: CAC138 - US CONCERN CASE BASE COMMUNICATION; PHONE  
ACTION: 705 - CONTACT ADVANCED TO OGC  
DOCUMENT: ANALYST: JVAREL15 VARELA, JONATHAN

DATE: 2011/03/28 TIME: 11.48.40  
ACTION DATA/COMMENTS:

CUSTOMER SAID: ACCIDENTS 1. DATE OF THE ACCIDENT=03/22/2012. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT=YES AIR BAGS DID NOT DEPLOY AND ACCELERATOR GOT STUCK3. IF THERE WERE ANY INJURIES SUSTAINED=CUST NEPHEW ARM BROKE4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED=FLORENCE ALABAMA5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED.=YES6. IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE =N/A7. THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED=LARADALE8. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY =YES9. IF A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS THE STATUS OF THE CLAIM.=N/A10. WHETHER OR NOT THE VEHICLE IS REPAIRABLE.=NO11. NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (ONLY IF THE CUSTOMER MENTIONS THEY HAVE SOUGHT ONE) =N/A12. WHAT THE CUSTOMER IS SEEKING = HELP WITH MEDICAL BILLS. CUST WOULD LIKE ASSISTANCE WITH NEW VEHDEALER SAID: NONECRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.

CONSUMER AFFAIRS

03/29/2011 FAXOGC1 CONFIDENTIAL

PE12-019 000747LC SUBJECT



































































Chad Chapman  
Subrogation Investigator  
Property Subrogation  
P.O. Box 2954  
Milwaukee, WI 53201-2954  
800-624-6007x4769  
866-280-7367 Fax

RECEIVED

JUN 27 2005

One Tower Square  
Hartford, CT 06183

June 23, 2005

Andrew Chabot  
Ford Motor Company  
Parklane Towers West STE 300  
Three Parklane Boulevard  
Dearborn, MI 48126

Our insured: [REDACTED]  
Our file number: L2N7714  
Date of loss: 04-05-2005

Dear Mr. Chabot,

I am in response to your letter dated June 13, 2005.

I have enclosed several supporting documents that you have requested. Also enclosed is the work invoice for our insured's local Ford Dealer stating that the accelerator cable stuck causing the accident.

Please contact me at the number listed above to discuss settlement of this claim

Sincerely,

A handwritten signature in cursive script that reads 'Chad Chapman'.

Chad Chapman

Vehicle: 2001 Ford Escape  
Mileage: 55000  
VIN number 1FMCU04121K [REDACTED]

Financial Detail for CMT: 001 - [REDACTED]

Claim Number: [REDACTED] - P - FR

Insured: [REDACTED]

Fin Ref#	Date	Status	Cov	Kind	Amount	ED/SD
0055027161	04/21/2005	Issued/C	B		1608.00	
			PPR		1055.12	
			TOTAL		2663.12	

883B MK /278 Payee: [REDACTED]  
For : VEHICLE DAMAGE TO STRUCTURE/CONTENTS

---



Policy Ins Name:  
Policy Ins Addr:



SQUARE PA

Date of Loss: 04/05/2005

Policy #: OHU581 - [REDACTED] - 633 - 1

Form #: HO-3 - (06/02) - Special Form

Policy Period: 06/24/2004 to 06/24/2005

Policy Status: 61

Policy Source: TAP Home - Safari - R/T

Company: PHX - THE PHOENIX INSURANCE COMPANY

Market: RP - RETAIL PROPERTY

PL Service Office: 170

Agent: TODD INSURANCE AGENCIES

Addl Insured: None

Mortgagee: None

Misc Info: None



Cat Code:

Cause Of Loss Code: 00040

Code	Coverage Description	Limits	Ded
AE	ADDITIONAL EXPENSE	0068600	100
B	BUILDING	0343000	
OS	OTHER STRUCTURES	0034300	
PPR	PERSONAL PROP REPLACE	0240100	
PC	PERSONAL COMPUTERS		

HO-216 - (07-77)- PREMISES ALARM OR FIRE PROTECTION SYSTEM  
SMOKE DETECTOR FIRE EXTINGSHR- DEAD BOLTS-

HA-300 PA - (09-02)- SPECIAL PROVISIONS - PENNSYLVANIA

HA-61-B - (06-95)- VALUABLE ITEMS PLUS (BLANKET MARINE)  
HOME COMPUTERS : \$5,000.00

56494 PA - (06-02)- CONTENTS REPLACEMENT/REPAIR COST COVERAGE

56512 - (06-02)- ADDITIONAL REPLACEMENT COST PROTECTION

HO-827 PA - (09-02)- LIMITED FUNGI, OTHER MICROBES OR ROT REMEDIATION  
\$5,000.00



# GARNET FORD OF KENNETT SQUARE

QUALITY CARE  
It may be your car,  
but it's still our baby.<sup>SM</sup>

320 E. State Street  
KENNETT SQUARE, PA 19348  
Phone (610) 444-6500  
www.garnetfordks.com

PRO RATA %	TOTAL PARTS	PRO RATA %	TOTAL LABOR	TOTAL CLAIM	<b>ALL REPAIRS GUARANTEED 12 MONTHS OR 12,000 MILES, ON FORD FACTORY PARTS ONLY.</b>	<b>"DISCLAIMER OF WARRANTIES"</b> THE FACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE SALE OF THIS ITEM/ITEMS. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND THE SELLER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS ITEM/ITEMS.  <b>TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE</b> I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.
SUB TOTAL	ALLOWANCE	PLUS PRICE DIFF.	LESS REC.			
(CHECK (✓) APPROPRIATE BOX)						
<input type="checkbox"/> CLAIMS REVIEW		<input type="checkbox"/> AUTHORIZATION TO SUBMIT CLAIM		<input type="checkbox"/> PARTS SCRAP OUT		
\$	\$	\$	\$	\$		
PARTS		LABOR		TOTAL		
ON BEHALF OF SERVICE DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE, UNLESS OTHERWISE SPECIALLY DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER, THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN COVERED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR INSURE RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICE DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.						
(SIGNED) DEALER, GENERAL MANAGER, OR AUTHORIZED PERSON (DATE)					P & A CODE	SIGNED
					09485	

---

INVOICE TO

██████████

KENNETT SQUARE PA ██████████

HOME: ██████████

DRIVER/OWNER INFORMATION -- INVOICE: C10305

██████████

KENNETT SQUARE PA ██████████

HOME: ██████████

---

FOR OFFICE USE

TAG: 0486 ADV: 110 MYERS, T1 INVOICE: PRELIM CUS E C MB

TAX RULES: YY1NN INVOICED: 11/05/2004 13:42:18

ODOMETER IN: 52124 OUT: 52124 DIST: 1FA

DATES BEGIN: 11/05/04 DONE: 11/05/04

VEHICLE INFORMATION

VIN 1FMCU04121K ██████████ LICENSE NUMBER: PA ██████████

01 FORD ESCAPE XLT 4WD 4DR SPTUTY RED

DATES INSERVICE: 060701 PRODUCTION: 052501 SOLD: 060701

---

GRAND TOTALS

SUMMARY OF CHARGES FOR INVOICE C10305

TOTAL CHARGE .00

PAYMENT DISTRIBUTION FOR INVOICE C10305

DEDUCTIBLE MOVED FROM E10305 50.00

TAX MOVED FROM E10305 3.00

CASH DUE 53.00

ATTENTION: THE FOLLOWING INVOICES ALSO EXIST  
ESP - ESP

THANK YOU  
IF YOU HAVE ANY QUESTIONS - PLEASE SEE TIMOTHY MYERS  
\*\*\* THANK YOU FOR SERVICING YOUR VEHICLE AT GARNET FORD OF K/S \*\*\*  
PLEASE CALL IF YOU HAVE ANY QUESTIONS.  
HAVE A GREAT DAY!

MC

PAGE 1  
LAST PAGE

REPLACED PARTS REQUESTED BY CUSTOMER:  YES  NO

ORIGINAL ESTIMATE \$ \_\_\_\_\_ CUSTOMER'S ACCEPTANCE \_\_\_\_\_ RETAIL HERE \_\_\_\_\_ AUTHORIZED ADDITIONS \$ \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ BY \_\_\_\_\_

In the event that you, the customer, authorize commencement but do not authorize completion of a repair or service, a charge will be imposed for disassembly, reassembly, or partially completed work. Such charge will be directly related to the actual amount of labor or parts involved in the repair, or service.

I am responsible for loss or damage to car or articles left in care in case of fire, theft or any other cause beyond our control. I hereby authorize the repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing such repairs. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repair bills.

SERVICE INSTALLED PARTS

DATE INSTALLED	ACCRUED MILEAGE	ORIGINAL P.O. NUMBER	PROGRAM CODE
MO. DAY YR.	COMMIT TENTHS		REPAIR 1
APPROVAL CODE OR NO.		COMMITMENT CODE	REPAIR 3
			REPAIR 2

**DISCLAIMER OF WARRANTIES**

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty 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 said products.

**TERMS CASH: UNLESS ARRANGEMENTS MADE**

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on below vehicle to secure the amount of repairs thereto.

P & A CODE: 09485

LUBE	CHANGE OIL & FILTER	REPACK WHEEL BEARINGS	AUTO TRANS. SERVICE	ROTATE TIRES	BALANCE WHEELS	FRONT END ALIGNMENT	4 WHEEL ALIGNMENT	A/C PERFORMANCE CHECK	SERVICE COOLING SYSTEM	CHECK BRAKES	STATE INSPECTION	EMISSION INSPECTION	CHECK BELTS & HOSES	MINOR TUNE-UP	YEARLY FILTER SERVICE	BATTERY & CABLE SERVICE	WIPER & WASHER SERVICE	5,000 MILE MAINTENANCE	15,000 MILE MAINTENANCE	30,000 MILE MAINTENANCE	DEDUCTIBLE APPLIES	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

CUSTOMER'S SIGNATURE \_\_\_\_\_ X \_\_\_\_\_

**INSTRUCTIONS ON WORK TO BE DONE**

51\* PAY TYPE: FSP

CUST STATES ACCELERATOR IS DIFFICULT TO DEPRESS, STICKS.

REPLACED BINDING ACCELERATOR CABLE.

104	OPERATION	TIME	CONDITION
TECH #			
CUST. CONCERN CODE			
TECH NO. LAST 4 - SOC. SEC.			
TECH #			
CUST. CONCERN CODE			
TECH NO. LAST 4 - SOC. SEC.			
TECH #			
CUST. CONCERN CODE			
TECH NO. LAST 4 - SOC. SEC.			
TECH #			
CUST. CONCERN CODE			
TECH NO. LAST 4 - SOC. SEC.			
TECH #			
CUST. CONCERN CODE			

\*#RC 10305\*\* \*TAG 0486\* LIC: PA [REDACTED] SVC ADV: 110 TIMOTHY MYERS  
 [REDACTED] 01 \*VIN: 1FMCU0412 1KB [REDACTED]

FORD ESCAPE  
 XLT 4WD 4DR SPTUTY  
 LICENSE: PA [REDACTED] RED TPUG  
 SVC DLR: 809485 SLM: SL

IN-SVC: C60701 SOLD: 060701 PROD: 05250  
 ODOMETER: LAST: 45806 CURRENT: 52124  
 AVG PER DAY: 43 PER MONTH: 1290

HOME: [REDACTED]

52124

DIST CODE: 1FA  
 ENGINE NUMBER: 30L EFI DOHC

EXTENDED SVC PLAN: TYPE: 711 NUMBER: USA NEW 60/60,0  
 IN FORCE: Y MILEAGE: 60000 EXPIRES: 060704  
 11/05/04 11:49:2



DSC00503-1.JPG



DSC00502-1.JPG



DSC00501-1.JPG



DSC00500-1.JPG



DSC00507-1.JPG



DSC00506-1.JPG



DSC00505-1.JPG



DSC00504-1.JPG

PHOTOGRAPHIC EVIDENCE  
DSC00505-1.JPG  
PHOTOGRAPHIC EVIDENCE





DSC00499-1.JPG



DSC00498-1.JPG



DSC00497-1.JPG



DSC00496-1.JPG

NEW LOWER MIDDLE-COUNTY BRIDGE



DSC00494-1.JPG



DSC00493-1.JPG



DSC00491-1.JPG



DSC00490-1.JPG

JPR 0000 0100000000 000000



APR 5 2005



www.siliconpower.com  
1-800-451-7273

Silicon Power Corporation



THE PHOENIX INSURANCE COMPANY  
CHAD CHAPMAN  
PO BOX 2954  
MILWAUKEE WI 53201-2954  
(800) 624-6007 X 4769  
(262) 787-4769

MAY 18 2005

RELATIONSHIP  
CENTER  
May 12, 2005  
2005 MAY 18 A 7 34

FORD MOTOR COMPANY  
PO BOX 6248 MD-3NE-B  
DEARBORN MI 48126

FORD MOTOR COMPANY  
RECEIVED  
MAY 19 2005  
OFFICE OF THE  
GENERAL COUNSEL

**Our Client:** [REDACTED]  
**Claim/File #:** [REDACTED]  
**Date of Loss:** 04/05/2005  
**Reference:** Subrogation Claim

Dear Sir or madam:

We are handling a claim for [REDACTED] who sustained a loss on 04/05/2005.

Our investigation reveals that you may be legally responsible for this loss, and we are seeking reimbursement from you. We are requesting reimbursement of the total amount of \$2,763.12. We have paid \$2,663.12 and our insured, [REDACTED] has a deductible of \$100.

Our insured sustained damage to there garage when there accelerator stuck in there 2001 Escape and the vehicle when through the garage wall. The VIN number is 1FMCU04121K [REDACTED]. The Ford dealer found the accelerator faulty and replaced it.

If you have insurance, please complete the attached form and return it to me. Please refer this letter to your insurance carrier immediately, requesting they contact our offices. Should you not have insurance, we expect payment from you directly. Please contact me to discuss repayment options.

Please call me with any questions.

Sincerely,  
CHAD CHAPMAN  
CL REP  
(262) 787-4769  
Fax: 866-280-7367  
Email:

Enc. Insurance Questionnaire

Subro Rep. Name: CHAD CHAPMAN

Insured: [REDACTED]

Date of Loss: 04/05/2005

Our File No.: 278 FR L2N7714 P

Your Insurance Company's Name: \_\_\_\_\_

Your Insurance Company's Address: \_\_\_\_\_

ZIP \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Your Insurance Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Your Policy Number: \_\_\_\_\_

Your File Number: \_\_\_\_\_

Your Adjuster's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**ISSUE LIST**

<b>Last Handling Date/ Issue Status</b>	<b>Name/ Reason Desc</b>	<b>Vin/ Case No.</b>	<b>Model Year and Vehicle Line</b>	<b>Issue Type</b>
5/10/2005 CLOSED	[REDACTED] LEGAL - ALLEGED - NON-SERIOUS INJURY	1FMCU04121K [REDACTED] 435581095	2001 ESCAPE	07

[REDACTED] 5/31/2005

## All Action Details for Issue

Print

VIN: 1FMGU04121K [REDACTED] Year: 2001 Model: ESCAPE Case: 435581095  
 Name: [REDACTED] Owner Status: Original WSD: 2001-06-07  
 Symptom Desc: SURGE ACCELERATION HOT ENGINE Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - ALLEGED - NON-SERIOUS INJURY Secondary Phone: [REDACTED]  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: ADVISE CUST INFORMATION IS FOWARDED TO OUR PRODUCT CLAIMS GROUP  
 Dealer: 09485 GARNET FORD OF KENNETT SQUARE Origin Desc: US CONCERN CASE BASE  
 Odometer: 55000 MI Comm Type: PHONE  
 Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS  
 Action Date: 04/19/2005 Action Time: 12.01.41.209 Action Data: No

Comments CUSTOMER SAID: -THE VEH ACCELERATOR STUCKED AND REVED UP-THE 2002- 2004 MODELS HAD A RECALL FOR THE ACCELERATOR CABLE -HAD THE ACCELERATOR CABLE REPLACED A YEAR AGO AT THE DLRSHF GARNETT FORD- THE VEH IS CURRENTLY AT AN INDEPENDENT FACILITY AS DIRECTED BY THE INSURANCE COMPANY-WOULD LIKE TO REPORT THE PROBLEM TO FORD FOR INVESTIGATION-THE VEH WAS NOT INVOLVED IN THE RECALL BUT HAS THE SAME PROBLEM AS THE 2002-2004 MODELS ===DATE OF ACCIDENT: APRIL 05/2005===ALLEGES: THE ACCELERATOR STUCK, JAMMED WITH A HIGH RPM -THE VEH LURCHED FORWARD THROUGH THE GARAGE INTO THE WALL AND THEN PART WAY INTO THE BEDROOM -HIS WIFE BROKE HER NOSE AND HAD TO GET STITCHES AND ALSO HAS A CUT ON THE FACE-THE WINDSHIELD IS BROKEN, THE HOOD IS TOTALLY SMASHED, FENDERS ARE DAMAGED AND THE OIL SPILT IN THE GARAGE ===A POLICE REPORT WAS NOT FILED===FILED A CLAIM WITH THE INSURANCE COMPANY AND THEY WILL FIX THE VEH ==THE VEH IS REPAIRABLEDEALER SAID: -(GARNET FORD)CRC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS.

Action: ADVISE CUST INFORMATION IS FOWARDED TO OUR PRODUCT CLAIMS GROUP  
 Dealer: 09485 GARNET FORD OF KENNETT SQUARE Origin Desc: US CONCERN CASE BASE  
 Odometer: 55000 MI Comm Type: PHONE  
 Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS  
 Action Date: 04/19/2005 Action Time: 13.12.47.558 Action Data: No

Comments CUSTOMER SAID: -THE VEH ACCELERATOR STUCKED AND REVED UP-THE 2002- 2004 MODELS HAD A RECALL FOR THE ACCELERATOR CABLE -HAD THE ACCELERATOR CABLE REPLACED A YEAR AGO AT THE DLRSHF GARNETT FORD- THE VEH IS CURRENTLY AT AN INDEPENDENT FACILITY AS DIRECTED BY THE INSURANCE COMPANY-WOULD LIKE TO REPORT THE PROBLEM TO FORD FOR INVESTIGATION-THE VEH WAS NOT INVOLVED IN THE RECALL BUT HAS THE SAME PROBLEM AS THE 2002-2004 MODELS ===DATE OF ACCIDENT: APRIL 05/2005===ALLEGES: THE ACCELERATOR STUCK, JAMMED WITH A HIGH RPM -THE VEH LURCHED FORWARD THROUGH THE GARAGE INTO THE WALL AND THEN PART WAY INTO THE BEDROOM -HIS WIFE BROKE HER NOSE AND HAD TO GET STITCHES AND ALSO HAS A CUT ON THE FACE-THE WINDSHIELD IS BROKEN, THE HOOD IS TOTALLY SMASHED, FENDERS ARE DAMAGED AND THE OIL SPILT IN THE GARAGE ===A POLICE REPORT WAS NOT FILED===FILED A CLAIM WITH THE INSURANCE COMPANY AND THEY WILL FIX THE VEH ==THE VEH IS REPAIRABLEDEALER SAID: -(GARNET FORD)CRC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS.

Action: ADVISE CUST INFORMATION IS FOWARDED TO OUR PRODUCT CLAIMS GROUP  
 Dealer: 09485 GARNET FORD OF KENNETT SQUARE Origin Desc: US CONCERN CASE BASE  
 Odometer: 55000 MI Comm Type: PHONE  
 Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS  
 Action Date: 04/19/2005 Action Time: 13.20.24.602 Action Data: No

Comments CUSTOMER SAID: -THE VEH ACCELERATOR STUCKED AND REVED UP-THE 2002- 2004 MODELS HAD A RECALL FOR THE ACCELERATOR CABLE -HAD THE ACCELERATOR CABLE REPLACED A YEAR AGO AT THE DLRSHF GARNETT FORD- THE VEH IS CURRENTLY AT AN INDEPENDENT FACILITY AS DIRECTED BY THE

[REDACTED] 5/31/2005

INSURANCE COMPANY-WOULD LIKE TO REPORT THE PROBLEM TO FORD FOR INVESTIGATION-THE VEH WAS NOT INVOLVED IN THE RECALL BUT HAS THE SAME PROBLEM AS THE 2002-2004 MODELS ===DATE OF ACCIDENT; APRIL 05/2005===ALLEGES; THE ACCELERATOR STUCK, JAMMED WITH A HIGH RPM -THE VEH LURCHED FORWARD THROUGH THE GARAGE INTO THE WALL AND THEN PART WAY INTO THE BEDROOM -HIS WIFE BROKE HER NOSE AND HAD TO GET STITCHES AND ALSO HAS A CUT ON THE FACE-THE WINDSHIELD IS BROKEN, THE HOOD IS TOTALLY SMASHED, FENDERS ARE DAMAGED AND THE OIL SPILT IN THE GARAGE ===A POLICE REPORT WAS NOT FILED===FILED A CLAIM WITH THE INSURANCE COMPANY AND THEY WILL FIX THE VEH ==THE VEH IS REPAIRABLEDEALER SAID: -(GARNET FORD)CRC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS.

**Action:** SEND ACKNOWLEDGEMENT LETTER TO CUSTOMER

**Dealer:** 09485 GARNET FORD OF KENNETT SQUARE

**Origin Desc:** CONSUMER AFFAIRS - LITIGATION PREVENTION

**Odometer:** 55000 MI

**Comm Type:** MAIL

**Analyst Name:** VALMA SANDERS (VSANDERS)

**Analyst:** VSANDERS

**Action Date:** 04/20/2005

**Action Time:**  
17.07.34.644

**Action Data:** No

**Comments** LPA REVIEWED FILE NO FSA'S RE; CUSTOMER CONCERN UNIT BEYOND WARRANTY THIS IS AN ISNURANCE ISSUE THEY CAN SUBROGATE FORD IF THEY CHOOSE..LPA WILL SEND A LETTER TO THE CUSTOMER TO ADVISE

**Action:** REFER TO INSURANCE CARRIER- BEYOND WARRANTY

**Dealer:** 09485 GARNET FORD OF KENNETT SQUARE

**Origin Desc:** CONSUMER AFFAIRS - LITIGATION PREVENTION

**Odometer:** 55000 MI

**Comm Type:** MAIL

**Analyst Name:** VALMA SANDERS (VSANDERS)

**Analyst:** VSANDERS

**Action Date:** 05/10/2005

**Action Time:**  
15.01.17.746

**Action Data:** No

**Comments** SEE PREV COMMENTS..LETTER SENT

5/31/2005







**NEW YORK CENTRAL MUTUAL**  
**FIRE INSURANCE COMPANY**  
1899 CENTRAL PLAZA EAST  
EDMESTON, NY 13335

(607) 965-8321

04/18/2005

ATTN ANDREW CHABOT  
FORD MOTOR COMPANY  
PARKLANE TOWERS WEST  
SUITE 300  
THREE PARKLANE BLVD  
DEARBORN MI 48126-2568

Re: Policy No: [REDACTED]  
D/L: 01/27/2005  
Our File: 2005602879-0  
Agent: AA 686 Haylor Freyer & Coon Inc  
Insured: [REDACTED]  
Your File:  
Your Client: [REDACTED]

Dear Mr. Chabot:

In regard to your letter of March 1 2005, please find enclosed an invoice from Feduke Ford, Inc. This invoice shows that the accelerator cable was replaced. The Ford dealers were advised to send the part back to Ford Motor Corp as soon as it was replaced. Our appraiser was unable to inspect this part also. Please review this file again, and notify us of your decision. Our insured, [REDACTED], states she applied brakes but vehicle continued forward into the intersection without her control.

Very truly yours,

*Michele M. Wyman*

(Mrs) Michele M. Wyman  
Subrogation Examiner

MMW:mmw

MLSMEM

INVOICE

FEDUKE FORD, Inc.

2200 VESTAL PARKWAY E.  
VESTAL, NY 13850-1998  
(607) 754-5533



CUSTOMER NO 043254	ADVISOR CHRIS BOULTER 179	TAG NO.	INVOICE DATE 03/08/05	INVOICE NO FOWB68844
	LABOR RATE 61.25	LICENSE NO.	COLOR	STOCK NO
	YEAR / MAKE / MODEL 02/FORD TRUCK/ESCAPE/XLT 4X4	MILEAGE 18161	DELIVERY DATE 03/20/02	DELIVERY MILES 000183
ENDICOTT, NY	VEHICLE I.D. NO. 1 FMC U04162 M		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	R.O. DATE 01/27/05	
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS	MD: 18161	

JOB# 4 CHARGES

LABOR	J# 4-11FOZ	ENGINE MINOR	HOURS: 0.40	TECH(S): 265	24.50	
		ACCEL CABLE RECALL				
		COMPLETED RECALL 04S25				
PARTS	QTY	FP NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE
	1	5LBZ-9A758-AA	CABLE A 122204	11.11	11.11	15.55
			COST TOTAL	11.11		15.55
			TOTAL - PARTS			15.55

JOB# 4 TOTALS

LABOR	24.50
PARTS	15.55
JOB# 4 JOURNAL PREFIX FOMB	40.05
JOB# 4 TOTAL	40.05
R/O TAX	0.00
R/O TOTALS	40.05

WARRANTY CLAIM DETAIL TOTALS

TOTAL	38.94
CLAIM TOTALS	38.94

APPROVED BY SIGNATURE \*\*\*\*\* DUPLICATE INVOICE \*\*\*\*\*

N.Y. STATE  
REPAIR SHOP #  
4040311

DISCLAIMER  
OF WARRANTIES

THE SELLER HEREBY EXPRESSLY  
DISCLAIMS ALL WARRANTIES EITHER  
EXPRESS OR IMPLIED, INCLUDING ANY  
IMPLIED WARRANTY OF MER-  
CHANTABILITY OR FITNESS FOR A  
PARTICULAR PURPOSE, AND SELLER  
NEITHER ASSUMES NOR AUTHORIZES  
ANY OTHER PERSON TO ASSUME FOR  
IT ANY LIABILITY IN CONNECTION WITH  
THE SALE OF SAID PRODUCTS.

LIMITED EXPRESS WARRANTY

All factory replacement parts are warranted for 12 months or 12,000 miles whichever comes first. All other parts included are warranted for 90 days parts & labor.

ALL PARTS INSTALLED ARE NEW  
UNLESS OTHERWISE SPECIFIED

THANK YOU!



F. M. Ligon  
Ford Motor Company  
P.O. Box 1904  
Dearborn, Michigan 48121

F0226561 0637



2002 Escape  
Vehicle ID #: 1FMCU04162K [redacted] 04S25

January 2005

[redacted]  
[redacted]  
ENDICOTT, NY [redacted]

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Ford Motor Company has decided that a defect, which relates to motor vehicle safety, exists in all 2002 through 2004 Escape vehicles.

We apologize for this situation and want to assure you that, with your assistance, we will correct this condition. Our commitment, together with Ford dealers, is to provide you with the highest level of service and support.

**What is the issue?** On your vehicle, it is possible that the accelerator cable may prevent the throttle from returning to the idle position, possibly resulting in elevated engine speeds while driving. An unexpected increase in engine idle speed may increase stopping distance and may result in a vehicle crash without warning.

**What will Ford and your dealer do?** Ford Motor Company and your dealer will replace the accelerator cable free of charge (parts and labor). We urge you to return to your dealer for this service.

**How long will it take?** The time needed for this repair is less than one-half day. However, due to service scheduling requirements, your dealer may need your vehicle for a longer period of time.

**What are we asking you to do?** Please call your dealer without delay and request a service date for Recall 04S25. Provide the dealer with the Vehicle Identification Number (VIN) of your vehicle. The VIN is printed near your name at the beginning of this letter.

If you do not already have a servicing dealer, you can access <http://www.genuinefordservice.com> for dealer addresses, maps, and driving instructions.

Please note: Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

2002 JAN 30 11:11 AM  
FUTURA

-2-

**Have you previously paid for this repair?**

If you paid to remedy the issue addressed in this notice, you may be eligible for a refund either through your dealer or directly from Ford Motor Company.

To verify eligibility and expedite reimbursement, give your paid original receipt to your dealer. Refund requests, including all required documentation, may also be mailed to Ford at P.O. Box 6251, Dearborn, Michigan 48121-6251. Refund requests mailed to Ford may take up to 60 days to process.

Detailed information regarding eligibility for Ford's reimbursement program and documentation requirements may be obtained by contacting the Ford Customer Relationship Center at 1-866-436-7332. Owners who have previously paid for this repair are still eligible to have the recall described in this letter performed.

**Have you changed your address or sold the vehicle?**

If you have, please fill out the enclosed prepaid postcard and mail it to us so we can update our records. If you have sold the vehicle, the information you provide on the postcard will be used to notify the new owner about this recall.

**Can we assist you further?**

If you have difficulty getting your vehicle repaired promptly and without charge, please contact your dealership's Service Manager for assistance.

If you still have concerns, please contact the Ford Motor Company Customer Relationship Center and one of our representatives will be happy to assist you.

Call 1-866-436-7332. For the hearing impaired call 1-800-232-9522 (TDD).

Office Hours: (Eastern Time Zone)

Monday - Friday: 8AM - 8PM

Saturday: 9AM - 5:30PM

If you wish to contact us through the Internet, our address is: [www.ownerconnection.com](http://www.ownerconnection.com)

If you are still having difficulty getting your vehicle repaired in a reasonable time or without charge, you may write the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street S.W., Washington, D.C. 20590 or call the toll free Auto Safety Hotline at 1-888-327-4236 or 1-800-424-9393.

Thank you for your attention to this important matter.

Sincerely,

*Frank M. Ligon*

Frank M. Ligon  
Director  
Service Engineering Operations



# NEW YORK CENTRAL MUTUAL

FIRE INSURANCE COMPANY

1899 CENTRAL PLAZA EAST

EDMESTON, NY 13335

(607) 965-8321

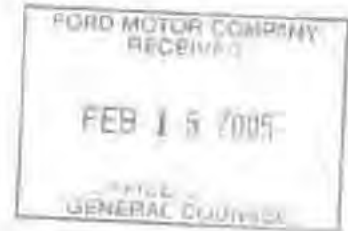
RECEIVED

FEB 15 2005

02/08/2005

FORD MOTOR CO  
CONSUMER AFFAIRS  
PO BOX 6248  
MD-3NE-B  
DEARBORN MI 48126

Re: Policy No: [REDACTED]  
D/L: 01/27/2005  
Our File: 2005602879-0  
Agent: AA 686 Haylor Freyer & Coon Inc  
Insured: [REDACTED]



Dear Sir or Madam:

We are the insurance carrier for the above named insured who suffered damages as a result of automobile accident.

Since we paid our insured directly for the damages, we request you reimburse us \$3,628.46 which includes our insured's deductible. The enclosed information supports our claim.

Please forward this letter to your insurance carrier. If you did not have insurance, please contact us.

Very truly yours,

*Michele M Wyman*

(Mrs) Michele M. Wyman  
Subrogation Examiner

Telephone No: 1-800-234-6926, ext. 2702  
MMW:mmw

Encs.

**PS. This subrogation demand is for both our insured's vehicle & the vehicle that our insured hit. Our insured received a recall notice for the accelerator cable.**

sl



F. M. Ligon  
Ford Motor Company  
P.O. Box 1904  
Dearborn, Michigan 48121

F0236551 0837



2002 Escape  
Vehicle ID #: 1FMCU04162K [REDACTED] 04S25

January 2005

[REDACTED]  
[REDACTED]  
ENDICOTT, NY [REDACTED]

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Ford Motor Company has decided that a defect, which relates to motor vehicle safety, exists in all 2002 through 2004 Escape vehicles.

We apologize for this situation and want to assure you that, with your assistance, we will correct this condition. Our commitment, together with Ford dealers, is to provide you with the highest level of service and support.

**What is the issue?**

On your vehicle, it is possible that the accelerator cable may prevent the throttle from returning to the idle position, possibly resulting in elevated engine speeds while driving. An unexpected increase in engine idle speed may increase stopping distance and may result in a vehicle crash without warning.

**What will Ford and your dealer do?**

Ford Motor Company and your dealer will replace the accelerator cable free of charge (parts and labor). We urge you to return to your dealer for this service.

**How long will it take?**

The time needed for this repair is less than one-half day. However, due to service scheduling requirements, your dealer may need your vehicle for a longer period of time.

**What are we asking you to do?**

Please call your dealer without delay and request a service date for Recall 04S25. Provide the dealer with the Vehicle Identification Number (VIN) of your vehicle. The VIN is printed near your name at the beginning of this letter.

If you do not already have a servicing dealer, you can access <http://www.genuinefilmservice.com> for dealer addresses, maps, and driving instructions.

**Please note: Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.**

2005 JAN 30 AM 11:07  
FORD MOTOR COMPANY  
DEARBORN MI 48121

-2-

**Have you previously paid for this repair?**

If you paid to remedy the issue addressed in this notice, you may be eligible for a refund either through your dealer or directly from Ford Motor Company.

To verify eligibility and expedite reimbursement, give your paid original receipt to your dealer. Refund requests, including all required documentation, may also be mailed to Ford at P.O. Box 6251, Dearborn, Michigan 48121-6251. Refund requests mailed to Ford may take up to 60 days to process.

Detailed information regarding eligibility for Ford's reimbursement program and documentation requirements may be obtained by contacting the Ford Customer Relationship Center at 1-866-436-7332. Owners who have previously paid for this repair are still eligible to have the recall described in this letter performed.

**Have you changed your address or sold the vehicle?**

If you have, please fill out the enclosed prepaid postcard and mail it to us so we can update our records. If you have sold the vehicle, the information you provide on the postcard will be used to notify the new owner about this recall.

**Can we assist you further?**

If you have difficulty getting your vehicle repaired promptly and without charge, please contact your dealership's Service Manager for assistance.

If you still have concerns, please contact the Ford Motor Company Customer Relationship Center and one of our representatives will be happy to assist you.

Call 1-866-436-7332. For the hearing impaired call 1-800-232-3552 (TDD).

Office Hours: (Eastern Time Zone)

Monday - Friday: 8AM - 8PM

Saturday: 9AM - 5:30PM

If you wish to contact us through the Internet, our address is:

[www.ownerconnection.com](http://www.ownerconnection.com)

If you are still having difficulty getting your vehicle repaired in a reasonable time or without charge, you may write the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street S. W., Washington, D. C. 20590 or call the toll free Auto Safety Hotline at 1-888-327-4236 or 1-800-424-9393.

Thank you for your attention to this important matter.

Sincerely,

*Frank M. Ligon*

Frank M. Ligon  
Director  
Service Engineering Operations



To: NYCM c 607-965-2136

Attn: JEFF

From: [REDACTED] N PHONE: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Claim #: [REDACTED]

TOTAL 3 PAGES (INCD COVER)

JEFF,

HERE IS A COPY OF THE LETTER I RECEIVED 1/22/05 FROM FORD. THERE WAS A RECALL ON THE ACCELERATOR CABLE. THIS MIGHT EXPLAIN THE ODD REACTION OF THE VEHICLE. IF YOU HAVE ANY QUESTIONS, PLEASE GIVE ME A CALL.

Thanks,  
*[Signature]*

2005 JAN 31 AM 8:32  
FEDERAL MUTUAL

-1-

**INSURED'S (OR DRIVER'S) SUPPLEMENTARY ACCIDENT REPORT**

POLICY NUMBER [REDACTED] CLAIM NUMBER [REDACTED]  
 AGENCY NAME AA 686 Haylor Freyer & Coon Inc RESIDENCE PHONE [REDACTED]  
 WORK PHONE [REDACTED]

INSURED [REDACTED]  
 ADDRESS [REDACTED] Endicott NY [REDACTED]

DATE OF ACCIDENT 1/27/05 TIME 8<sup>45</sup> AM PM STREET Main St & Adams  
 TOWN/CITY Village of Endicott STATE NY

Titled owner of the veh [REDACTED] Driver [REDACTED] DOB [REDACTED]

Vehicle Info: Year 2002 Make Ford Model Escape Color Red Posted Speed Limit 30

In what direction were you going? East on Main Street or Highway No. Main St Speed stopped @ 10

In what direction was other veh going? North Street or Highway No. Adams Speed just started rolling

How far was your vehicle from other veh when you first saw it? ~ 1/2 block

How many lanes of traffic in each direction? 2 on Main 1 on Adams

In what portion of the street or highway were you traveling? right hand lane on Main

In what portion of the street or highway was the other veh traveling? right hand lane on Adams

Did you increase or reduce speed? Reducing Other veh Increasing

What signal if any did you give? none Other veh not sure

How far from intersection were you? entering intersection Other veh entering intersection

What kind of traffic controlling device - light (red/yellow/green - flashing?) - sign (yield/stop/curve) - etc.

did your vehicle have light red

other vehicle have light green

If intersection accident, which veh entered first? mine

Were there any violations of traffic regulations by you? yes (passed red light)

Were there any violations of traffic regulations by other vehicle? I don't think so

What was your speed at time of impact? < 10 mph (stopped) Other veh < 10 just started

How far did your veh travel after impact? a few feet Other veh ~ no movement

State location of skid marks made by your veh did not look for any (icy road)

State location of skid marks made by other veh did not look for any

Did you have any veh lights on? no Other veh no

State weather conditions Sunny, cold

State condition of street or highway icy/slick in areas, snow piled on both curbs

What part of your veh was damaged? right front bumper & tire, right side trim Other veh left & front bumper

Police at scene of accident?  Yes  No Police Department Name Village of Endicott Report Number 2005-0716

**PLEASE ANSWER QUESTIONS ON BOTH SIDES**



2442005602879000070000001130127

1 W. YORK CENTRAL  
 05 FEB 3 AM 10:00  
 11

Information as to insurance on other vehicle(s). (Name, Address, Policy Number, and Year, Make Model, etc)

Rebecca M Smith, 34 Walnut Ave, Bainbridge NY 13733

Progressive (607) (agent - Jackie @ 607-644-1710) Claim # [redacted]

'99 Chevy (PAS)

State names of all persons who witnessed or can furnish information regarding this accident *no one stopped*

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

State in your own words how the accident happened (including any statements made after the accident)

I was traveling East on Main Street in right hand lane. While approaching the light at Adams, light changed to yellow then red. I applied the brakes, but the vehicle continued forward into the intersection, Rebecca began moving North across Main. I was able to steer slightly left into part way into the left lane. I scrapped along her front bumper. I indicated at the same time that I may have hit ice. What action, if any, did you take to prevent the accident? and continued moving. I later remembered about

- I applied brakes to stop @ light  
- Steered left to attempt to avoid hitting her.  
the recall letter I received two nights before on the accelerator cable from Ford.

Complete a diagram: Indicate position of vehicles before and after collision.

Show location of stop signs or lights controlling traffic, if any. Be sure to show directions of streets or roads and directions vehicles were going. A - my car // B - other



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Date 2/1/05 Signed [redacted]

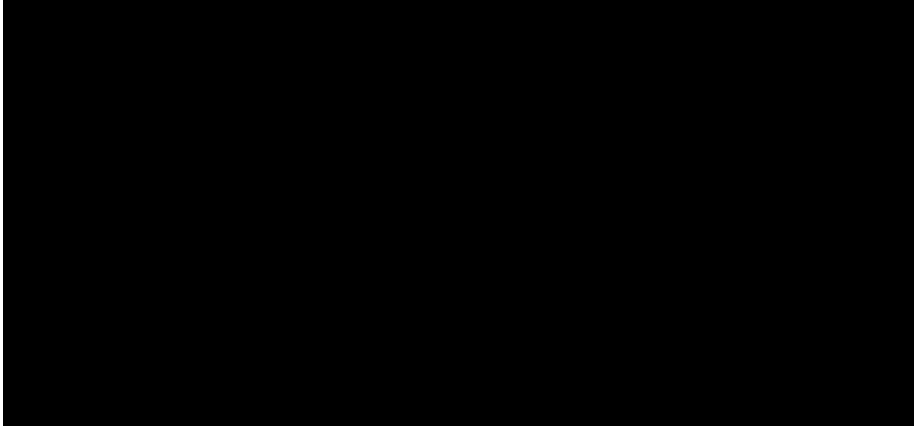
Date 2/1/05 Signed [redacted]

Reported by [redacted] (Driver) Reported to NYCMBendicott police Date 1/27/05

SOCIAL SECURITY NUMBER [redacted]

JDM:djh

518 (Rev 3/04)



Ford Motor Company

APR 20 2005

Office of the General Counsel

Ford Motor Company  
Parklane Towers West  
Suite 300  
Three Parklane Boulevard  
Dearborn, Michigan 48126-2568

April 8, 2005

Harleysville  
355 Maple Ave, C-2  
Harleysville, PA 19438  
**ATTENTION: KELLY SLONAKER #6**

RE: Claimant: [REDACTED]  
Your Claim #: [REDACTED]  
DOL: 07-31-2004

Dear Ms. Slomaker:

Thank you for your submitted materials. In order to assist us in evaluating your claim, we request that you provide us with the following information: (Please note that the information requested is in regard to the Ford manufactured vehicle.)

- 1. The date of incident and the **city and state** in which it occurred. *See attached*
- 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss. *See attached*
- 3. A copy of the police and/or fire report. *- none*
- 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
- 5. The vehicle year, model, and serial number. *2003 Ford Escape XLT*
- 6. The mileage on the vehicle at the time of the incident. *33,812*
- 7. Original color photographs of the vehicle's collision/fire damage & the alleged defective part(s), from several different angles.
- 8. Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- 9. Original color photographs of the accident scene showing the grade of the road.
- 10. What is the alleged defect? *- recall on accelerator*
- 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
- 12. Has the alleged defective part been repaired or replaced? *yes*
- 13. The present location of the alleged defective part and the vehicle.
- 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and copies of draft payments.
- 15. A complete service history for the subject vehicle, including any tune-ups or oil changes.
- 16. List any after market additions or modifications that were made to the vehicle.
- 17. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

*See attached*

APR 14 2005

H.O. Subro

CLAIM#: [REDACTED]

AUTOMOBILE LOSS NOTICE

DATE: 08/02/04

PRODUCER:  
HANNIGAN INSURANCE AGENCY  
37060 GARFIELD  
STE C-1  
CLINTON TOWNSHIP MI 48036

PHONE:  
(586) 226-9401 EXT:

SITE & LOCATION CODE:

COMPANY  
HARLEYSVILLE LAKE STATES INS

CAT#:  
POLICY NO:

CODE: 94-1761  
SUB-CODE:

EFF. DATE:  
12/13/03

EXP. DATE:  
12/13/04

LOSS DATE:  
07/31/04

TIME:  
11:30 PM

PREV. REPORT:  
NO

INSURED NAME & ADDRESS:

[REDACTED]

INSURED RES. PHONE:

[REDACTED]

INSURED BUS. PHONE:

[REDACTED]

EXT:

*Couples Recall notices*

DETROIT MI [REDACTED]  
INSURED EMAIL ADDR:

PERSON TO CONTACT:

[REDACTED]

WHERE: BUS - CELL  
WHEN: DURING DAY

STORE#:

CONTACT RES. PHONE:

[REDACTED]

CONTACT BUS. PHONE:

[REDACTED]

EXT:

*DPK*

LOCATION OF ACCIDENT:

12675 ABBINGTON  
DETROIT MI

AUTHORITY CONTACT:

NO

REPORT NO:

NO

VIOL/CIT:

NO

DESCRIPTION OF ACCIDENT:

IV BACKING TRUCK INTO DRIVEWAY, ACCELERATOR STUCK AND HIT BRICK WALL OF NEIGHBOR'S HOUSE.

POLICY INFORMATION

BOD.INJ. PROP.DAM SING LIM MED PAY OTC DED OTHER COVERAGE & DEDUCTIBLE  
00020/40 0\$10,000 00000500 TOW 50 RR 35

LOSS PAYEE: OXFORD BANK

COLL DED: 00000500

INSURED VEHICLE

VEH#: YR: MAKE: MODEL:  
002 2003 FORD ESCAPE XLT  
PLATE NO: YUD671

UTL4X44D

VIN NO:  
1FMYU93143K [REDACTED]

OWNER NAME & ADDRESS:

DRIVER NAME & ADDRESS:

[REDACTED]

DRIVER SAME AS OWNER: Y  
REL TO INS:

RES PHONE: ( ) -

BUS PHONE:

EXT:

DR LICENSE: [REDACTED]

DOB: [REDACTED]

VEHICLE LOCATED: RESIDENCE

AREA OF VEH DAMGE REAR FENDER, REAR WI

VEHICLE REPAIRABLE? Y IF Y, WHERE SEEN CONTACT INSURED

IF N, PERMISSION TO MOVE VEH TO OUR STORAGE FREE FACILITY

CHOICE OF REPAIR FACILITY? IF Y, NAME & ADDRESS:

PREFERRED SHOP:

SUGGESTED?

*April 28th 2004  
Location of vehicle  
2003 Ford Escape  
in parking lot*

Claim Number: [REDACTED] Suffix Number: 001 | Insured Name: [REDACTED] Date of Loss: 07/31/2004 | Agency Code: 941761 | ADJ. Code: AA | Handling Office: CCU | Policy Number: A10161407 | Deductible Amount: 0500 | Loss Type: COLL | Type Appr: A | Loss Description: IV BACKING TRUCK INTO DRIVEWAY ACCELERATOR STUCK AND HIT BRICK | Vehicle Owner Last Name: [REDACTED] Vehicle Owner First Name: [REDACTED] Vehicle Owner Address: [REDACTED] Vehicle Owner City: DETROIT | Vehicle Owner State: MI | Vehicle Owner Zip Code: [REDACTED] Location of Vehicle - Street: [REDACTED] | Location of Vehicle - City: DETROIT | Location of Vehicle - State: MI | Location of Vehicle - Zip: [REDACTED] Contact phone number: [REDACTED] Addit'l contact phone: [REDACTED] Vehicle Year: 03 | Make: FORD ESCA | Model: UTL4X44D | V.I.N.: 1FMYU93143K [REDACTED] Damages: REAR FENDER, REAR WI | Total Loss: 0 | Staff Appraiser - First Name: maki | Staff Appraiser - Last Name: Maki | Independent Appraiser: Michigan Appraisal Company | Appraiser - Address: 942 52nd St S.E. | Appraiser - City: Kentwood | Appraiser - State: MI | Appraiser - Zip Code: 49508 | Appraiser - Phone Number: 616-532-82 | Claim Off. - Claim Office Name: Harleysville Group | Claim Off. - Address 1: 355 Maple Avenue | Claim Off. - City: Harleysville | Claim Off. - State: PA | Claim Off. - Zip: 19438 | Claim Off. - Contact First Name: AA | Claim Off. - Contact Last Name: Team | Claim Off. - Phone Number 1: 8008928877 | Comments: INSD SAID THE BUMPER HITTING THE TIRE | Record Type: 2 | System Code: H |



Doc Label: | Description: | Date Taken: 08/03/2004 |



Doc Label: | Description: | Date Taken: 08/03/2004 |



Doc Label: | Description: | Date Taken: 08/03/2004 |



Doc Label: | Description: | Date Taken: 08/03/2004 |

[REDACTED]

4/15/2005

Claim Number: [REDACTED] Suffix Number: 001 | Insured Name [REDACTED] | Date of Loss: 07/31/2004 | Agency Code: 941761 | ADJ. Code: AA | Handling Office: CCU | Policy Number: [REDACTED] | Deductible Amount: 0500 | Loss Type: COLL | Type Appr: A | Loss Description: IV BACKING TRUCK INTO DRIVEWAY ACCELERATOR STUCK AND HIT BRICK | Vehicle Owner Last Name: [REDACTED] | Vehicle Owner First Name: [REDACTED] | Vehicle Owner Address: [REDACTED] | Vehicle Owner City: DETROIT | Vehicle Owner State: MI | Vehicle Owner Zip Code: [REDACTED] | Location of Vehicle - Street: [REDACTED] | Location of Vehicle - City: DETROIT | Location of Vehicle - State: MI | Location of Vehicle - Zip: 48227 | Contact phone number: 3134070614 | Addit'l contact phone: [REDACTED] | Vehicle Year: 03 | Make: FORD ESCA | Model: UTL4X44D | V.I.N.: 1FMYU93143K [REDACTED] | Damages: REAR FENDER, REAR WI | Total Loss: 0 | Staff Appraiser - First Name: maki | Staff Appraiser - Last Name: Maki | Independent Appraiser: Michigan Appraisal Company | Appraiser - Address: 942 52nd St S.E. | Appraiser - City: Kentwood | Appraiser - State: MI | Appraiser - Zip Code: 49508 | Appraiser - Phone Number: 616-532-82 | Claim Off. - Claim Office Name: Harleysville Group | Claim Off. - Address 1: 355 Maple Avenue | Claim Off. - City: Harleysville | Claim Off. - State: PA | Claim Off. - Zip: 19438 | Claim Off. - Contact First Name: AA | Claim Off. - Contact Last Name: Team | Claim Off. - Phone Number 1: 8008928877 | Comments: INSD SAID THE BUMPER HITTING THE TIRE | Record Type: 2 | System Code: H |



Doc Label: | Description: | Date Taken: 08/03/2004 |



Doc Label: | Description: | Date Taken: 08/03/2004 |



Doc Label: | Description: | Date Taken: 09/01/2004 |



Doc Label: | Description: | Date Taken: 09/01/2004 |

[REDACTED]

4/15/2005



Home Office Subrogation Department  
355 Maple Avenue., C-2  
Harleysville, PA 19438  
www.harleysvillegroup.com

Tel 800-523-6344  
Fax 215.256.5347



CONSUMER AFFAIRS  
SECTION

March 2, 2005

5 MAR -9 12:29

FRANK M LIGON  
FORD MOTOR COMPANY  
PO BOX 1904  
DEARBORN, MI 48121

RECEIVED

MAR 09 2005

Our Claim No: [REDACTED]  
Our Insured: [REDACTED]

Date of Loss: 7-31-04  
Insureds Ded: \$500.00  
Our Payment: \$8,652.59 --(COLLISION) \$1,050.00---(RENTAL)  
Total Claim: \$10,202.59



Your Claim No: N/A-----SEE ATTACHED LETTER REC'D BY INSURED  
Your Insured: FORD MOTOR COMPANY  
Address:

We have been informed that you are the insurance carrier for the individual listed above.

Our investigation discloses that your insured is legally liable for the amount of the loss indicated above .

Please acknowledge receipt of our subrogation claim.

Very truly yours,

KELLY SLONAKER  
CLAIMS RECOVERY SPECIALIST  
1-800-523-6344, EXT 5398

P.S. FORD MOTOR COMPANY IS RESPONSIBLE FOR THE DAMAGES TO OUR INSURED'S VEHICLE DUE TO THE ACCELERATOR THAT STUCK WHILE BACKING.

509355  
Aclabot  
APR 05 2005  
OGC  
SIB

Home Office Subrogation Department  
355 Maple Avenue., C-2  
Harleysville, PA 19438  
www.harleysvillegroup.com

Tel 800-523-6344  
Fax 215.256.5347



March 28, 2005

FRANK M LIGON  
FORD MOTOR COMPANY  
PO BOX 1904  
DEARBORN, MI 48121

Claim No: [REDACTED]  
Policy No: [REDACTED]  
Named Insured: [REDACTED]  
Date of Loss: 7-31-04  
Insureds Ded: \$500.00  
Paid by Co: \$8,652.59—(COLLISION) \$1,050.00—(RENTAL)  
Total Due: \$10,202.59

Your Insured: FORD MOTOR COMPANY  
(Address)

Your Claim No: N/A

We wrote you recently, concerning our subrogation claim.

Please advise us of your decision relative to settlement of this loss.

Very truly yours,

KELLY SLONAKER  
CLAIMS RECOVERY SPECIALIST  
1-800-523-6344, EXT 5398

5 APR -5 4:8:35  
CONSUMER AFFAIRS  
SECTION



F. M. Ligon  
Ford Motor Company  
P.O. Box 1904  
Dearborn, Michigan 48121

FO10298 0429  
[Barcode]

2003 Escape  
Vehicle ID #: 1FMYU93143K [REDACTED] 04S25

January 2005

[REDACTED]  
[REDACTED]  
[REDACTED]  
DETROIT, MI [REDACTED]

PAGE.01

313 993 8316

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Ford Motor Company has decided that a defect, which relates to motor vehicle safety, exists in all 2002 through 2004 Escape vehicles.

We apologize for this situation and want to assure you that, with your assistance, we will correct this condition. Our commitment, together with Ford dealers, is to provide you with the highest level of service and support.

**What is the issue?**

On your vehicle, it is possible that the accelerator cable may prevent the throttle from returning to the idle position, possibly resulting in elevated engine speeds while driving. An unexpected increase in engine idle speed may increase stopping distance and may result in a vehicle crash without warning.

**What will Ford and your dealer do?**

Ford Motor Company and your dealer will replace the accelerator cable free of charge (parts and labor). We urge you to return to your dealer for this service.

**How long will it take?**

The time needed for this repair is less than one-half day. However, due to service scheduling requirements, your dealer may need your vehicle for a longer period of time.

**What are we asking you to do?**

Please call your dealer without delay and request a service date for Recall 04S25. Provide the dealer with the Vehicle Identification Number (VIN) of your vehicle. The VIN is printed near your name at the beginning of this letter.

If you do not already have a servicing dealer, you can access <http://www.genuinefordservice.com> for dealer addresses, maps, and driving instructions.

Please note: Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

FEB 11 2005 12:56

2-11-05 12:53 PM

# 27 2  
313 993 8316

Have you previously paid for this repair?

If you paid to remedy the issue addressed in this notice, you may be eligible for a refund either through your dealer or directly from Ford Motor Company.

To verify eligibility and expedite reimbursement, give your paid original receipt to your dealer. Refund requests, including all required documentation, may also be mailed to Ford at P.O. Box 6251, Dearborn, Michigan 48121-6251. Refund requests mailed to Ford may take up to 60 days to process.

Detailed information regarding eligibility for Ford's reimbursement program and documentation requirements may be obtained by contacting the Ford Customer Relationship Center at 1-866-436-7332. Owners who have previously paid for this repair are still eligible to have the recall described in this letter performed.

Have you changed your address or sold the vehicle?

If you have, please fill out the enclosed prepaid postcard and mail it to us so we can update our records. If you have sold the vehicle, the information you provide on the postcard will be used to notify the new owner about this recall.

Can we assist you further?

If you have difficulty getting your vehicle repaired promptly and without charge, please contact your dealership's Service Manager for assistance.

If you still have concerns, please contact the Ford Motor Company Customer Relationship Center and one of our representatives will be happy to assist you.

Call 1-866-436-7332. For the hearing impaired call 1-800-232-5952 (TDD).

Office Hours: (Eastern Time Zone)

Monday – Friday: 8AM – 8PM

Saturday: 9AM – 5:30PM

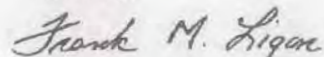
If you wish to contact us through the Internet, our address is:

[www.ownerconnection.com](http://www.ownerconnection.com)

If you are still having difficulty getting your vehicle repaired in a reasonable time or without charge, you may write the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street S. W., Washington, D. C. 20590 or call the toll free Auto Safety Hotline at 1-888-327-4236 or 1-800-424-9393.

Thank you for your attention to this important matter.

Sincerely,



Frank M. Ligon  
Director  
Service Engineering Operations

PAGE.02

313 993 8316

2-11-05 12:33PM

FEB 11 2005 12:56

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
2/10/2005 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU93143K [REDACTED] 361702184	2003 ESCAPE	02
8/5/2004 CLOSED	[REDACTED] LEGAL - ALLEGED - NON-SERIOUS INJURY	1FMYU93143K [REDACTED] 361702184	2003 ESCAPE	07

[REDACTED]

3/17/2005

## All Action Details for Issue

[Print](#)

---

VIN: 1FMYU93143K [REDACTED]	Year: 2003	Model: ESCAPE	Case: 361702184
Name: [REDACTED]	Owner Status: Subsequent	WSD: 2002-11-04	
Symptom Desc: ENG SPEED-UP SUDDEN ACCEL WARM		Primary Phone: [REDACTED]	
Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT		Secondary Phone: [REDACTED]	
Issue Type: 02 INFORMATION	Issue Status: CLOSED		

---

Action: ADVISE CUSTOMER TO CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE

Dealer:

Origin Desc: US CONCERN CASE BASE

Odometer: 37080 MI

Comm Type: PHONE

Analyst Name: ABBOTT LA TANYA

Analyst: LABBOTT4

Action Date: 02/10/2005

Action Time: 14.46.19.069

Action Data: No

Comments CUSTOMER SAID: -CUST VEH WAS INVOLVED IN ACCIDENT IN AUG 2004-CUST HAD THE CRC BEFORE AND HER CONCERNS WERE FORWARDED TO CONSUMER AFFAIRS BUT THEY NEEDED MORE INFO ABOUT THE INCIDENT - CUST WAS REVERSING AND THE ACCELERATOR PEDAL WAS STICKING AND CUST HIT A BRICK WALL ON THE SIDE OF A HOUSE -THE VEH HAS BEEN REPAIRED BY THE INSURANCE COMPANY-NO INJURIES, NO POLICE REPORT FILED -NOW THERE IS A RECALL ON THE SAME ISSUE -CUST WANTS TO KNOW WHAT FORD IS GOING TO DO FOR HER. NONE CRC ADVISED: - YOUR INSURANCE COMPANY HAS THE RIGHT TO PURSUE CLAIMS FOR REIMBURSEMENT AGAINST FORD. FORD IS UNABLE TO INVESTIGATE THE VEHICLE AS REPAIRS HAVE BEEN PERFORMED.

---

[REDACTED] 3/17/2005

All Action Details for Issue

Print

VIN: 1FMYU93143K [REDACTED] Year: 2003 Model: ESCAPE Case: 361702184  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2002-11-04  
 Symptom Desc: FAST IDLE ACCELERATOR BINDS ALL ENGINE TEMP Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - ALLEGED - NON-SERIOUS INJURY Secondary Phone: [REDACTED]  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: INJURY; ADVISE CUST INFORMATION WILL BE FORWARDED TO CONSUMER AFF  
 Dealer: 02755 MCLAUGHLINFORD, INC. Origin Desc: US CONCERN CASE BASE  
 Odometer: 1 MI Comm Type: MAIL  
 Analyst Name: BLAINE YOUNG Analyst: BYOUNG  
 Action Date: 08/05/2004 Action Time: 10,02,49.496 Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		ODOM	313-891-0153	FAMILY

Comments CUSTOMER SAYS: EXECUTIVE CONTACT BYOUNG X2358 CUST [REDACTED] WAS BACKING INTO HER DRIVEWAY AND THE ACCELERATOR BECAME STUCK AND THE VEH WENT BACK REALLY FAST. EARLIER IN THE DAY SHE WAS DRIVING WITH HER SEAT BELT ON AND ALL OF THE LIGHTS CAME ON IN THE DASH. SHE HIT THE HOUSE SO HARD THE BUMPER IN THE BACK WAS SPLIT IN HALF, THE BACK WINDOWS AND THE SIDE WINDOWS IN THE REAR WERE BROKEN. THE FRONT WINDSHIELD WAS CRACKED, CIGARETTE LIGHTER WAS KNOCKED OFF. THE BACK DOORS WERE CRUSHED. SHE WOULD NOT GO TO THE HOSPITAL. THE NEXT DAY I NOTICED A BAD BRUISE ON HER SHOULDER. THIS ACCIDENT HAPPENED LAST FRIDAY OR SATURDAY. I AM NOT SURE IF SHE HAS BEEN TO THE HOSPITAL YET BUT I THINK SHE WILL BE GOING IF SHE HAS NOT ALREADY. SHE DOES HAVE SOME PAIN IN HER CHEST. THERE ONLY SEEMS TO BE SOME BRICKS CRACKED IN THE HOUSE. SHE CALLED HARLEY VILLE INSURANCE. AT THIS POINT THEY HAVE NOT INSPECTED THE VEH. POLICY NUMBER [REDACTED] THE LAST TIME I SPOKE WITH HER WAS YESTERDAY AND AT TIME THE INSURANCE COMPANY STILL HAD NOT COME AND PICKED UP THE VEH FROM HER HOME. WE ARE LOOKING INTO THE POSSIBILITY OF FILING A PERSONAL INJURY AGAINST FORD. WOULD NOT LIKE FOR THIS TO HAPPEN TO SOMEONE ELSE. CONSUMER AFFAIRS CAN CALL ME AT (313) 891- 0153. IF THEY PREFER TO CALL MS. [REDACTED] (THE ACTUAL CUSTOMER), THEY CAN REACH HER AT HER CELL AT [REDACTED] PER CUSTOMER, DEALER [REDACTED] IN FORD STEEL WOODWARD WENT TO ROYAL OAK MI AREA TEL: [REDACTED] BELLEVILLE ILLINOIS. [REDACTED] TO BE SPOKE WITH [REDACTED] AT THE MIDDLE POINT CONSUMER AFFAIRS. [REDACTED] WILL BE AVAILABLE IN TWO BUSINESS DAYS, INFERENCE CASE ID: 5M

Action: MAKE OUTBOUND CALL TO CUSTOMER  
 Dealer: 02755 MCLAUGHLINFORD, INC. Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 30000 MI Comm Type: PHONE  
 Analyst Name: SCHWAGLE,JEFF Analyst: JSCHWAGL  
 (J.)  
 Action Date: 08/05/2004 Action Time: 10.59.03.112 Action Data: Yes

Comments \*\*\* LPA COMMENTS \*\*\* - LPA CONTACTED CUSTOMER AND ACKNOWLEDGED RECEIPT OF COMPLAINT

Data Element Name	Data Value
CONTACT PERSON	SHARON ODOM

Action: FINAL CASE DISPOSITION  
 Dealer: 02755 MCLAUGHLINFORD, INC. Origin Desc: CONSUMER AFFAIRS - LITIGATION

[REDACTED]

3/17/2005

PREVENTION

Odometer: 30000 MI

Comm Type: MAIL

Analyst Name: SCHWAGLE,JEFF  
(J.)

Analyst: JSCHWAGL

Action Date: 08/05/2004

Action Time:  
11.00.12.816

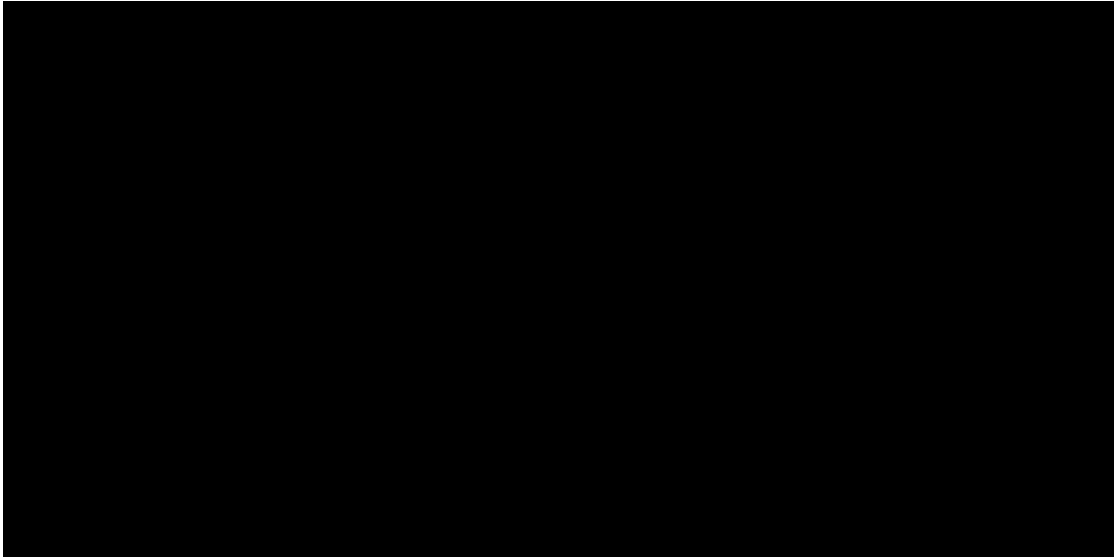
Action Data: No

Comments \*\*\* LPA COMMENTS \*\*\* - LPA MAILED LETTER TO CUSTOMER REQUESTING ADDITIONAL INFORMATION - LPA CLOSING FILE PENDING RECEIPT OF REQUESTED INFORMATION

---

3/17/2005







# State Farm Insurance Companies®

510387  
Chebot MAY 19 2005



May 6, 2005

Charlottesville Operations Center  
P.O. Box 9052  
Charlottesville, VA 22906-9052  
888 411 4185

FORD MOTOR COMPANY  
PARK LANE TOWERS WEST STE 300  
3 PARKLANE BLVD  
DEARBORN MI 48126-2568

RE: Claim Number: [REDACTED]  
Insured: [REDACTED]  
Date of Accident: July 26, 2004

Dear Sir or Madam:

This will acknowledge receipt of your letter dated April 8, 2005, in regard to the above claim.

As per your request, this accident occurred on Route 250 East at the Hardee's parking lot in Charlottesville, Virginia. [REDACTED] was driving the 2003 Ford Escape, 4-door, silver SUV, when she was pulling into the Hardee's parking lot and the vehicle raced forward, she put it in park and that was the only thing that stopped the vehicle. She went into the side of the building, damaging the front-end of her vehicle and the Hardee's store. We, State Farm, has paid for the damages to her vehicle and for the building that was damaged as a result of the accident. At that particular time, we have no knowledge that there was a recall for the accelerator. When she received the recall, she immediately advised State Farm, since we had paid for the damages under her policy.

She has had the accelerator replaced by Gilliam Motors in Dillwyn, Virginia. Their phone number is 434 983 2026 should you need to contact them for any reason.

If you need any additional information regarding the claim, you may contact [REDACTED], who was driving the vehicle at the time of the accident, at [REDACTED].

I am enclosing a copy of the estimate for repairs to our vehicle which includes the color, the VIN, and the mileage on the vehicle at the time of the accident, and a copy of the draft and estimate for repairs for the damages to the Hardee's building.

FORD MOTOR COMPANY

46-0894-885

Page 2

May 6, 2005

Should you need any additional information, please feel free to call us at 1 888 411 4185,  
Extension 45.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rose S. Lawson", with a long horizontal flourish extending to the right.

Rose S. Lawson

Claim Representative

888 411 4185

State Farm Mutual Automobile Insurance Company

07/599/0505006

Enclosures

# State Farm Insurance Companies®



MAR 31 2005

March 18, 2005

Charlottesville Operations Center  
P.O. Box 9052  
Charlottesville, VA 22906-9052  
888 411 4185

FORD MOTOR COMPANY  
CONSUMER AFFAIRS  
PO BOX 6248  
MD-3MNE-B  
DEARBORN MI 48126



RE: Claim Number: [REDACTED]  
Our Insured: [REDACTED]  
Driver: [REDACTED]  
Date of Accident: July 26, 2004

Dear Sir:

Our above insured has received a recall on her 2003 Ford Escape for accelerator problems.

We have paid for damage to her vehicle for property damage as a result of her accelerator sticking on July 26, 2004. According to [REDACTED], she was going into the parking lot and the vehicle raced forward. She put the vehicle in park and this is the only thing that stopped the vehicle. We have paid for the damages to her vehicle in the amount of \$2,378.58 and for damages to the building she struck in the amount of \$1,227.50. Please advise us of your position as soon as possible.

Sincerely,

A handwritten signature in cursive script that reads "Rose S. Lawson".

Rose S. Lawson  
Claim Representative  
888 411 4185  
State Farm Mutual Automobile Insurance Company

21/642/0318020



**ISSUE LIST**

<b>Last Handling Date/ Issue Status</b>	<b>Name/ Reason Desc</b>	<b>Vin/ Case No.</b>	<b>Model Year and Vehicle Line</b>	<b>Issue Type</b>
2/18/2005 CLOSED	[REDACTED] LEGAL - ACCIDENT	1FMYU02133K [REDACTED] 1383470475	2003 ESCAPE	07



2/28/2005

All Action Details for Issue

Print

VIN: 1FMYU02133K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]  
 Name: [REDACTED] Owner Status: Original WSD: 2002-12-27  
 Symptom Desc: SURGE ACCELERATION ALL ENGINE TEMP Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - ACCIDENT Secondary Phone:  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: OPEN LEGAL CONTACT - PRODUCT LIABILITY - ACCIDENT  
 Dealer: 08999 ASHLEY FORD SALES INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION-FD  
 Odometer: 7561 MI Comm Type: EMAIL  
 Analyst Name: LEICH,CHERIE Analyst: CLEICH  
 Action Date: 02/16/2005 Action Time: 10.39.07.365 Action Data: Yes

Comments \*\*\*\*\*PRODUCT LIABILITY\*\*\*\*\*EMAIL RECEIVED 2-15-05.DEALER CONTACT: BRUCE COSTA. CUSTOMER ALLEGES HE TURNED A CORNER AND PULLED UP BEHIND A PARKED VEHICLE. THE ACCELERATOR STUCK AND HE HIT THE VEHICLE IN FRONT OF HIM.CUSTOMER REQUESTS CONTACT FROM FORD REPRESENTATIVE.

Data Element Name	Data Value
ANALYST ID	ESMITH68

Action: MAKE OUTBOUND CALL TO DEALER  
 Dealer: 08999 ASHLEY FORD SALES INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 7561 MI Comm Type: OTHER  
 Analyst Name: SMITH,ERIKA (E.L.) Analyst: ESMITH68  
 Action Date: 02/18/2005 Action Time: 10.01.08.209 Action Data: No

Comments CONTACTED DLR

Action: REFER TO INSURANCE CARRIER - INSURANCE COMPANY ALREADY INVOLVED  
 Dealer: 08999 ASHLEY FORD SALES INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 7561 MI Comm Type: OTHER  
 Analyst Name: SMITH,ERIKA (E.L.) Analyst: ESMITH68  
 Action Date: 02/18/2005 Action Time: 14.08.44.974 Action Data: No

Comments LPA CONTACTED DLR (BRUCE). PER DLR, INS CO INVOLVED, CUST ALLEGES INJURIES. LPA SENT PERS INJURY LETTER.

2/28/2005





99 South Main Street  
P. O. Box 71  
Fall River, MA. 02722-0071

February 18, 2005

Ford Motor Company  
Consumer Affairs  
Po Box 6248  
MD-3NE-B  
Deerborn, MI 48126

Policyholder: [REDACTED]  
Date of Loss: 2-2-05  
Claim#: [REDACTED]  
VIN: 1FMYU02133K [REDACTED]  
2003 Ford Escape  
Recall: 04S25

Dear Ford Representative:

Enclosed you will find a copy of the recall notice regarding the above-mentioned vehicle. Prior to [REDACTED] having the recall repairs completed, he was involved in an automobile accident resulting in damage to his vehicle, property damage to another vehicle and personal injury to a passenger in [REDACTED] vehicle.

[REDACTED] was in the process of parking his 2003 Ford Escape, he had taken his foot off the brake to put vehicle into park and the vehicle leaped forward without warning rear-ending the parked vehicle in front of [REDACTED]. It appears that the recall involving the accelerator cable was the cause of this accident. We have enclosed a copy of the appraisal for review.

This preliminary letter is to put you on notice of our intent to subrogate for any damages paid to [REDACTED] for his vehicle, any property damage paid to the other party for damages to the parked vehicle and any medical bills paid regarding the injury to the passenger in [REDACTED] vehicle.

Any questions please call 1-508-675-4048.

Sincerely,

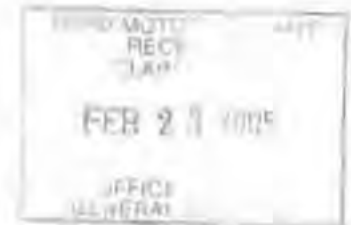
Michelle Machado  
Senior Claim Representative  
Enclosures

CUSTOMER  
RELATIONSHIP  
CENTER

2005 FEB 23 (A 10: 01

RECEIVED


FEB 23 2005



DESCRIPTION: L/F IMPORTED: 2/17/2005 5:05:44 PM BY: plourenc FILE SIZE: 70781 WIDTH: 640 HEIGHT: 480




 **ST PAUL  
TRAVELERS**

 2/18/2005

DESCRIPTION: R/F IMPORTED: 2/17/2005 5:05:44 PM BY: plourenc FILE SIZE: 69967 WIDTH: 640 HEIGHT: 480




 **ST PAUL  
TRAVELERS**

 2/18/2005

DESCRIPTION: Damage IMPORTED: 2/17/2005 5:05:43 PM BY: plourenc FILE SIZE: 51443 WIDTH: 640 HEIGHT: 480



 **ST PAUL  
TRAVELERS**

 2/18/2005

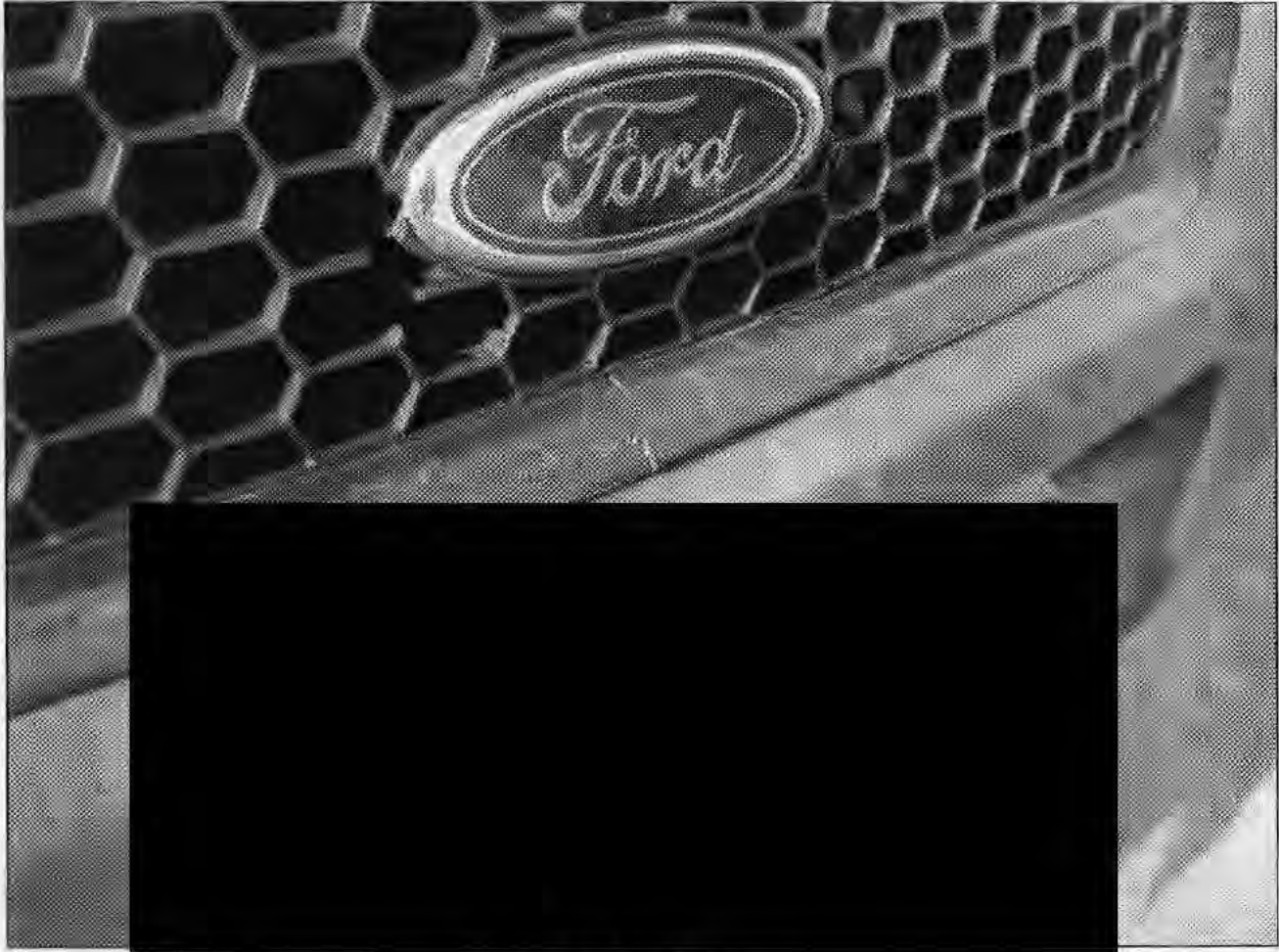
DESCRIPTION: Damage IMPORTED: 2/17/2005 5:05:43 PM BY: plourenc FILE SIZE: 62569 WIDTH: 640 HEIGHT: 480



 **ST PAUL  
TRAVELERS**

2/18/2005

DESCRIPTION: Damage IMPORTED: 2/17/2005 5:05:43 PM BY: plourenc FILE SIZE: 60878 WIDTH: 640 HEIGHT: 480

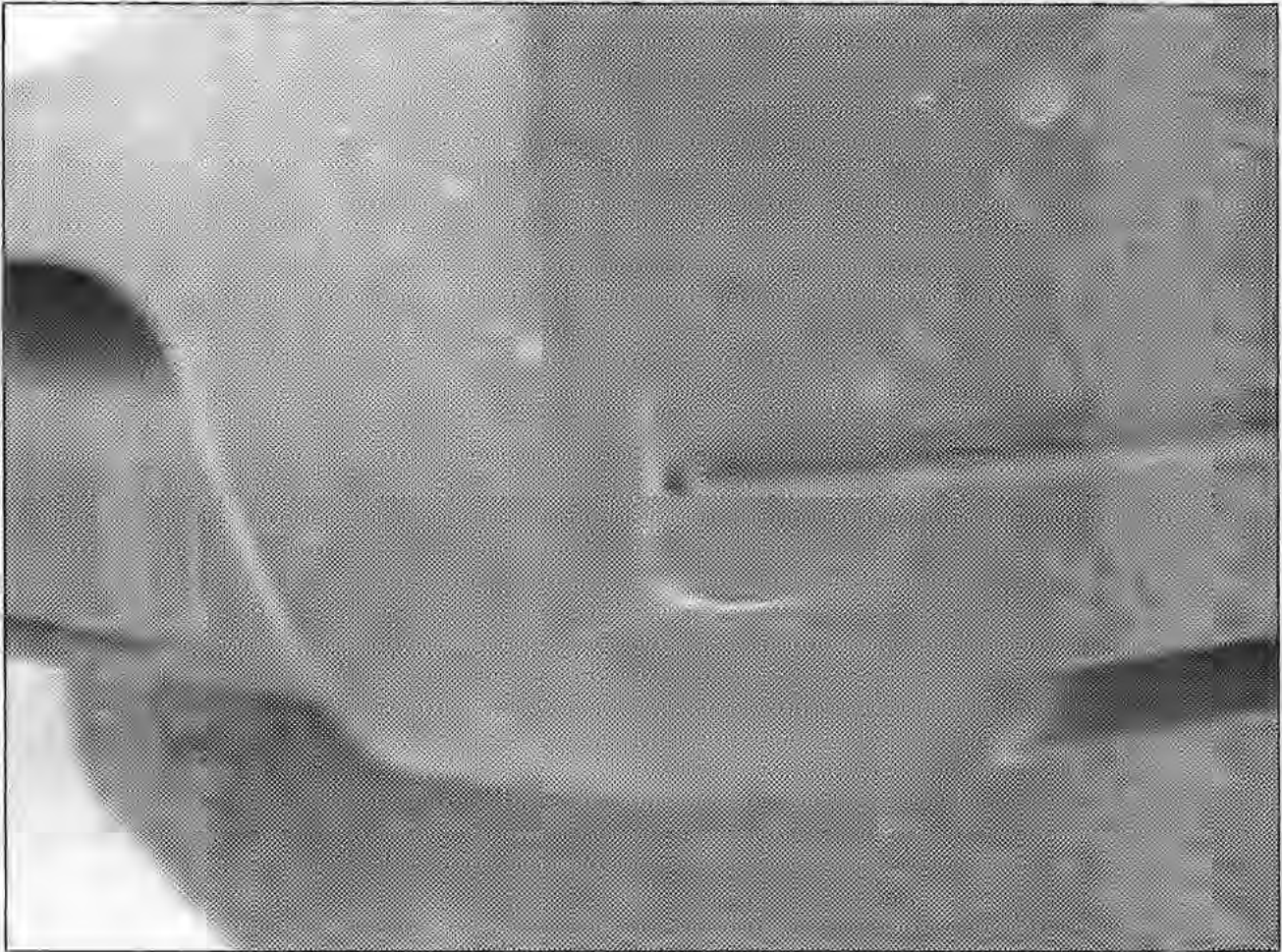


 ST PAUL  
TRAVELERS



2/18/2005

DESCRIPTION: Damage IMPORTED: 2/17/2005 5:05:44 PM BY: plourenc FILE SIZE: 31824 WIDTH: 640 HEIGHT: 480



 ST PAUL  
TRAVELERS

[REDACTED] 2/18/2005

DESCRIPTION: R/R IMPORTED: 2/17/2005 5:05:45 PM BY: plourenc FILE SIZE: 65040 WIDTH: 640 HEIGHT: 480



 **ST PAUL  
TRAVELERS**




2/18/2005



DESCRIPTION: L/R IMPORTED: 2/17/2005 5:05:44 PM BY: plourenc FILE SIZE: 71082 WIDTH: 640 HEIGHT: 400



 **ST PAUL  
TRAVELERS**

 2/18/2005

4. Has the alleged defective vehicle/part been repaired or replaced?  Yes  No

5. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).

6 Plymouth Ave. FAIRHAVEN, MA 02719

6. Has an insurance company been advised of this incident?  Yes  No

If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.

The Premier Ins. Co. Premier Claim Dept. FALL RIVER, MA  
MICHELLE D MACHADO [REDACTED] (508) 675-4048

7. What are you seeking from Ford Motor Company in this matter?

RE-IMBURSEMENT FOR THE PREMIER INS. CO.

Please note that we need all the information requested above to evaluate this matter. Your concern will not be evaluated until all the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 15 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.

Should you decide to pursue a claim against Ford Motor Company, please be advised that all necessary steps should be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial.

If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

If you need to contact me, you may reach me by phone at (313) 845-5515 or by fax at (313) 845-5668.

Sincerely,



Erika Smith  
Consumer Affairs

**STATEMENT OF SMALL CLAIM AND NOTICE OF TRIAL**

Use Only  
 0532501709  
 30.00 + 10.00

Trial Court of Massachusetts  
 Small Claims Session



PART 1  
 **BOSTON MUNICIPAL COURT**       **DISTRICT COURT FALL RIVER**       **HOUSING COURT**  
 Division      Division

PART 2  
 PLAINTIFF'S NAME, ADDRESS, ZIP CODE AND PHONE: Premier Insurance Company of MA.  
99 South Main Street  
Fall River, MA 02722  
 PHONE NO.: \_\_\_\_\_  
 PLAINTIFF'S ATTORNEY (if any): PARASCO, WORTHINGTON & CHASE TIC 5985  
 Name: \_\_\_\_\_  
 Address: 75 McNeil Way  
Dedham, MA 02026  
 PHONE NO.: 781-329-5505 BBO No 081360

PART 3  
 DEFENDANT'S NAME, ADDRESS, ZIP CODE AND PHONE: Ford Motor Company  
Three Parklane Boulevard  
Dearborn, MI 48126  
 PHONE NO.: \_\_\_\_\_  
 ADDITIONAL DEFENDANT (if any): \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_

PART 4  
**PLAINTIFF'S CLAIM.** The defendant owes \$ 2,235.20 plus \$ 40.00 court costs for the following reasons:  
 Give the date of the event that is the basis of your claim.  
Plaintiff seeks to recover by subrogation \$2,235.20 in motor vehicle property damage benefits paid to its insured, [REDACTED], whose motor vehicle was damaged when it struck a parked motor vehicle on February 2, 2005, on Rochdale Avenue, New Bedford, MA., which collision was caused by defendant's negligence in manufacturing [REDACTED] vehicle, a 2003 Ford Escape, with a defective accelerator cable such that the defective cable did not allow the throttle to return to the idle position when [REDACTED] took his foot off the gas pedal resulting in the aforesaid collision.  
 SIGNATURE OF PLAINTIFF: \_\_\_\_\_  
 CHARLES E. CHASE, Plaintiff's Atty.      DATE 7-15-05

PART 5  
**MEDIATION:** Mediation of this claim may be available prior to trial if both parties agree to discuss the matter with a mediator, who will assist the parties in trying to resolve the dispute on mutually agreed to terms. The plaintiff must notify the court if he or she desires mediation; the defendant may consent to mediation on the trial date.  
 The plaintiff is willing to attempt to settle this claim through court mediation.

PART 6  
**MILITARY AFFIDAVIT:** The plaintiff states under the pains and penalties of perjury that the:  
 above defendant(s) is (are) not serving in the military and at present live(s) or work(s) at the above address.  
 above defendant(s) is (are) serving in the military  
 x Charles E. Chase      DATE 7-15-05  
 CHARLES E. CHASE      SIGNATURE OF PLAINTIFF'S Atty.      DATE

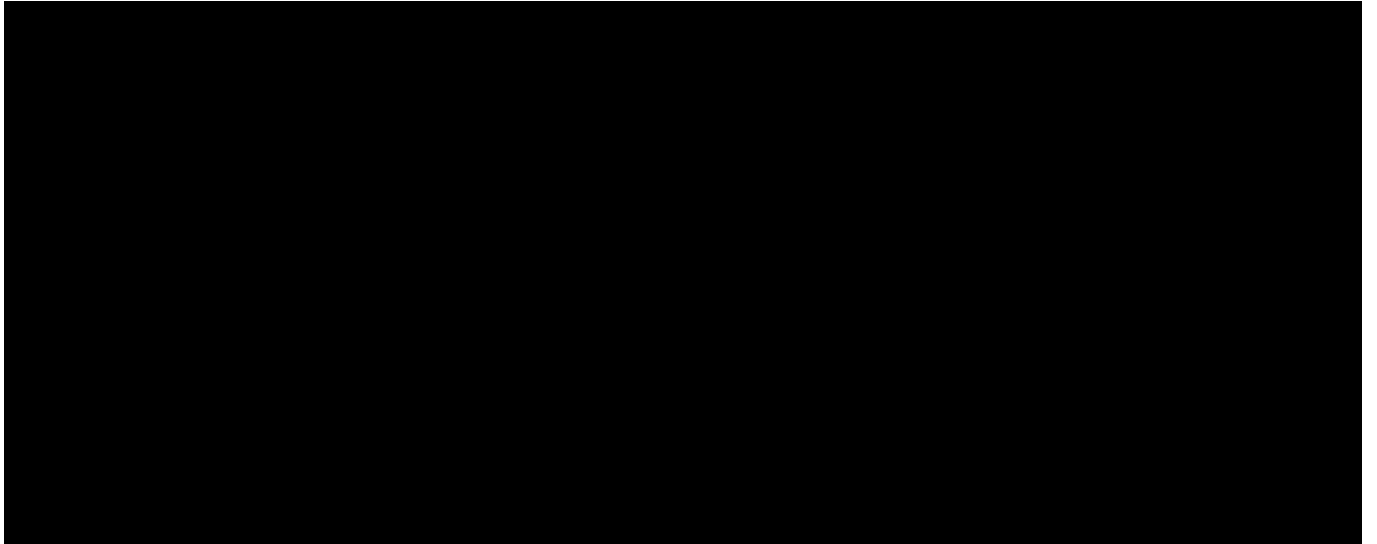
NOTICE OF TRIAL: You are being sued in Small Claims Court by the above named plaintiff. You are directed to appear for trial of this claim on the date and time noted to the right.  
 If you wish to settle this claim before the trial date, you may contact the plaintiff or the plaintiff's attorney.  
 SEE ADDITIONAL INSTRUCTIONS ON THE BACK OF THIS FORM

NAME AND ADDRESS OF COURT: \_\_\_\_\_  
 DATE AND TIME: ~~XXXXXX~~  
Sept. 02, 2005 AT 9:00 a.m.  
 DATE      TIME  
 ROOM NO: Courtroom #5

BOTH THE PLAINTIFF AND THE DEFENDANT MUST APPEAR IN THIS COURT ON THE DATE AND TIME NOTED TO THE RIGHT.

FIRST JUSTICE: Hon. Gilbert J. Nadeau, Jr.      CLERK-MAGISTRATE: Ronald A. Valcourt

INSTRUCTIONS FOR FILING A SMALL CLAIM — You must complete Parts 1-6 of this form. See instructions on reverse.  
 ATENCION: ESTE ES UN AVISO OFICIAL DE LA CORTE. SI USTED NO SABE LEER INGLÈS, OBTENGA UNA TRADUCCION.



AUTO-OWNERS INSURANCE COMPANY  
AUTO-OWNERS LIFE INSURANCE COMPANY  
HOME-OWNERS INSURANCE COMPANY  
OWNERS INSURANCE COMPANY  
PROPERTY-OWNERS INSURANCE COMPANY  
SOUTHERN-OWNERS INSURANCE COMPANY

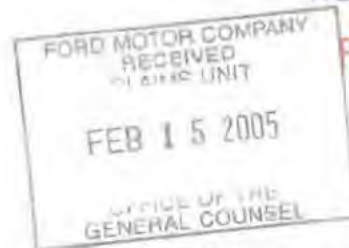
February 08, 2005



**BRANCH CLAIM OFFICE**  
1401 N. 26th Street • PO Box 626  
Escanaba, Michigan 49829-0626  
906-786-6164 FAX 906-786-0259  
**WWW.AUTO-OWNERS.COM**

FORD CUSTOMER SERVICE  
LEGAL DEPT.- CONSUMER AFFAIRS  
P.O. BOX 6248 MD-3NE-B  
DEARBORN, MI 48126

RE: Claim No.: [REDACTED]  
Insured: [REDACTED]  
D/Loss: 10-16-2004



RECEIVED

FEB 15 2005

Dear Sirs:

Please be advised that we are the automobile insurance carrier for our above named insured who owns a 2003 Ford Escape XLS, (vin# 1FMYU92163K [REDACTED]). You have received previous correspondence from a representative of our insured explaining the circumstances. Basically, our insured states that the throttle on her vehicle stuck causing the vehicle to strike a building, causing damage to both the vehicle and the property.

The vehicle has since been repaired by the original dealership, Big Valley Ford in Ewen, Michigan.

We would like to request an investigation and notify you of our subrogation interest in this matter.

Please acknowledge receipt of this letter and advise as to what further information you need. Upon completion of your investigation, we would appreciate acknowledgment of your position in this matter. I look forward to your reply.

Sincerely,

AUTO-OWNERS INSURANCE COMPANY

Gregory P. Robinson  
Field Claim Representative

GPR/bh

CC: John Pinkerton

5 FEB 14 AM 20

CONSUMER AFFAIRS  
SECTION

- Serving Our Policyholders and Agents for More Than 85 Years -

PE12-019 000836LC SUBJECT

1. Date of incident was 10-16-2004
2. While making a U-turn in Sulo Hiitola's driveway, the Ford Escape accelerated, causing Margaret to loss control of the vehicle, hitting the oil tank outside of the house, the oil tank then took out the antenna, the window air conditioner, the window the air conditioner was in, and garbage cans.
3. None/Sheriffs Department wouldn't respond because no injuries were involved.
4. None
5. 2003 Ford Escape, 1FMYU92163K [REDACTED]
6. 24,697
7. Enclosed
8. Enclosed
9. Enclosed
10. Accelerator cable
11. Recall notice from Ford Motor Company
12. Yes
13. Part- Dearborn, vehicle at 10574 Section Line Road
14. repair order from Big Valley enclosed- Auto-Owners has copies of drafts issued
15. Enclosed
16. None
17. Big Valley sent it to Dearborn after doing recall work.
18. None
19. No
20. Drive
21. Yes
22. Yes
23. Yes, Auto-Owners, P.O. Box 626, Escanaba, MI 49829- Chris Crockett, claim number 22-05839-04, Agent-Rick Miskovich
24. One has been spoken to, not yet retained.
25. No

#7



#7





#7



#7





#8



#9

#14



# BIG VALLEY FORD, Inc. BIG VALLEY CHRYSLER, Inc.

P.O. Box 200, Highway M-28  
Ewen, MI 49925-0200  
Phone 906-988-2323 / Fax 906-988-2377



## Jeep

R/O 20224	VIN 1 FMYU92163K [REDACTED]	[REDACTED]	[REDACTED]	DATE IN 12/20/04
YEAR 2003	MAKE FORD TRUCK	MODEL ESCAPE	COLOR GOLD ASH	TIME IN 09:28
MILES IN 26071	MILES OUT 26071	FIRST USE 09/06/02	LISC. TROUT CREEK MI [REDACTED]	CLOSED 12/20/04
SEE ALSO	[REDACTED]	[REDACTED]	[REDACTED]	WRITER 3577 STEVE

(1) RECALL 04S25 REPLACE ACCL. CABLE AS PER RECALL (43-4143 MATT V-M233914)	04S25B (F)5L8Z9A758AA Total Repair (WC).....	A CA ASY-AC	4 1	23.54
---	--	----------------	--------	-------

MICHIGAN REPAIR FACILITY No. F-104579

Next Service JAN '05 Lube-Oil-Filter	WC	INT	CUSTOMER
<small>DISCLAIMER OF WARRANTIES</small> <small>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 limitations contained herein does not apply where prohibited by law.</small>	.00	.00	Labor .00
			Parts .00
<b>X</b> Page 1 of 1 Reprint 20224 Job 07567 Customer Copy			Sublet .00
			Shop Supplies .00
			Oil/Grease .00
			Total .00
			Tax .00
			Total .00

AUTOSOFT FORMS 1-877-427-4367

## ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
2/10/2005 CLOSED	[REDACTED] LEGAL - ACCIDENT	1FMYU92163K [REDACTED] 559603524	2003 ESCAPE	07
12/21/2004 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU92163K [REDACTED] 559603524	2003 ESCAPE	02
12/17/2004 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU92163K [REDACTED] 559603524	2003 ESCAPE	02

[REDACTED] 2/21/2005

All Action Details for Issue

Print

VIN: 1FMYU92169K [REDACTED] Year: 2003 Model: ESCAPE Case: 559603524  
 Name: [REDACTED] Owner Status: Original WSD: 2002-09-06  
 Symptom Desc: SURGE AT CRUISE ALL ENGINE TEMP Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - ACCIDENT Secondary Phone: [REDACTED]  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: OPEN LEGAL CONTACT - PRODUCT LIABILITY - ACCIDENT  
 Dealer: 06218 BIG VALLEYFORD-MERCURY INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION-FD  
 Odometer: 26071 MI Comm Type: MAIL  
 Analyst Name: LEICH,CHERIE Analyst: CLEICH  
 Action Date: 02/03/2005 Action Time: 07.51.28.891 Action Data: No

Comments \*\*\*\*\*PRODUCT LIABILITY\*\*\*\*\*DATE STAMPED 2-2-05. CUSTOMER ALLEGES WHILE PULLING INTO A DRIVEWAY, THE VEHICLE SURGED. THIS CAUSED THE CUSTOMER TO HIT A PARKED CAR, HIT THE HOUSE, AN OUTSIDE OIL TANK, A/C AND TV ANTENNA.CUSTOMER REQUESTS CONTACT FROM FORD REPRESENTATIVE.

Action: MAKE OUTBOUND CALL TO CUSTOMER  
 Dealer: 06218 BIG VALLEYFORD-MERCURY INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 26071 MI Comm Type: PHONE  
 Analyst Name: MORRIS, MARQUIS Analyst: MMORRI20  
 Action Date: 02/04/2005 Action Time: 11.19.29.244 Action Data: No

Comments CUSTOMER HAS NO ANSWERING MACHINE. LPA WILL FOLLOW UP.

Action: CLOSING COMMENTS - AWAITING RECONTACT CUSTOMER/DEALER/REGION  
 Dealer: 06218 BIG VALLEYFORD-MERCURY INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 26071 MI Comm Type: MAIL  
 Analyst Name: MORRIS, MARQUIS Analyst: MMORRI20  
 Action Date: 02/08/2005 Action Time: 10.37.41.549 Action Data: No

Comments LPA WAS UNABLE TO REACH CUSTOMER BY PHONE, CUSTOMER HAS NO ANSWERRING MACHINE. NEED MORE INFO LETTER SENT. WILL UPDATE FILE ONCE CUSTOMER CONTACTS LPA.

Action: REFER TO INSURANCE CARRIER - INSURANCE COMPANY ALREADY INVOLVED  
 Dealer: 06218 BIG VALLEYFORD-MERCURY INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 26071 MI Comm Type: MAIL  
 Analyst Name: MORRIS, MARQUIS Analyst: MMORRI20  
 Action Date: 02/10/2005 Action Time: 14.07.55.443 Action Data: No

Comments INSURANCE COMPANY IS INVOLVED AND PLAN TO SUBROGATE. NO FURTHER ACTION IS NEEDED.



2/21/2005

## All Action Details for Issue

Print

VIN: 1FMYU92163K [REDACTED] Year: 2003 Model: ESCAPE Case: 559603524  
 Name: [REDACTED] Owner Status: Original WSD: 2002-09-06  
 Symptom Desc: ENGINE GENERAL CONCERN MECH FAILURE Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER TO CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE

Dealer: Origin Desc: US CONCERN CASE BASE  
 Odometer: 25000 MI Comm Type: PHONE  
 Analyst Name: SAMMIE TIANGCO Analyst: STIANGCO  
 Action Date: 12/21/2004 Action Time: 13.31.53.644 Action Data: No

## Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
RIC		MISKOVICH		OTHER

Comments CUSTOMER SAID: =THE VEH WAS INVOLVED IN AN ACCIDENT AND THERE WAS A RECALL 04S25.=ACCIDENT OCCURED 10/2004 AND THE RECALL WAS PERFORMED AFTER THE ACCIDENT.=WHO DO WE CONTACT TO PURSUE THIS MATTER?DEALER SAID: NONECRC ADVISED: - YOUR INSURNACE COMPANY HAS THE RIGHT TO PURSUE CLAIMS FOR REIMBURSEMENT AGAINST FORD. FORD IS UNABLE TO INVESTIGATE THE VEHICLE AS REPAIRS HAVE BEEN PERFORMED.=CSR PROVIDED INFO TO CALLER ADDRESS , ATTN LEAGAL DEPT.

[REDACTED] 2/21/2005



All Action Details for Issue

Print

VIN: 1FMYU92163K [REDACTED] Year: 2003 Model: ESCAPE Case: 559603524  
 Name: [REDACTED] Owner Status: Original WSD: 2002-09-06  
 Symptom Desc: SERVICE BRAKE PEDAL Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER TO CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE  
 Dealer: Origin Desc: US CONCERN CASE BASE  
 Odometer: 30000 MI Comm Type: PHONE  
 Analyst Name: RICHARDSON VIOLET Analyst: VRICHA13  
 Action Date: 12/17/2004 Action Time: 15.32.39.743 Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	OTHER

Comments CUSTOMER SAID: - CALLER EMAIL [REDACTED] ACCELERATOR STUCK AND CAUSED THE VEH TO HIT A HOUSE WHEN SHE WAS TURNING IN A DRIVEWAY- ACCIDENT WAS IN OCTOBER - HEARD THERE IS A RECALL ON THE MATTER FOR THE ACCELERATOR - VEH HAS BEEN REPAIRED - REPAIRS WERE DONE BY INSURANCE AUTO OWNERS AND IS IN THE PROCESS OF PAYING FOR IT - DID DAMAGE TO CAR AND HOME- BODY WORK WAS DONE BY DLRSHIP IF RECALLED, INSURANCE WILL BE GOING UP - SEEKING COMPENSATION FOR TRAUMA DEALER SAID: NONECRC ADVISED: - YOUR INSURANCE COMPANY HAS THE RIGHT TO PURSUE CLAIMS FOR REIMBURSEMENT AGAINST FORD. FORD IS UNABLE TO INVESTIGATE THE VEHICLE AS REPAIRS HAVE BEEN PERFORMED.

[REDACTED]

2/21/2005





















CUSTOMER  
RELATIONSHIP  
CENTER

MAY 11 2005

Handwritten initials/signature

2005 MAY 11 A 7 55

**GEICO**

**P.O. Box 33040 Lakeland, FL 33807-3040**

FORD MOTOR COMPANY  
RECEIVED  
MAY 12 2005  
OFFICE OF THE  
GENERAL COUNSEL

**PAYMENT RECOVERY NOTICE**

Date: 04/29/05

Our File #: 0082939840101026

Our Insured: [REDACTED]

Date of Loss/Location of Loss: 02/12/05 / 1767 Hermitage Blvd

Our investigation shows your insured to be at fault in the accident.

➤ 1. Repair or replacement of our vehicle has been concluded. Our subrogation claim will be forwarded. Please protect our Interest.

f 2. Payment for repairs has been made. Documentation is attached. Please honor our claim

CO's interest: \$2665.10

Insured's Ded/OOP: \$200

Rental: \$

Total: \$2865.10

➤ 3. Our vehicle was declared a total loss. Documentation is attached. Please honor our claim

Amount paid to insured: \$ \_\_\_\_\_

Insured's Ded/OOP: \$ \_\_\_\_\_

Net Salvage Recovery: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

➤ 4. We have subrogation rights for no fault benefits paid. Our documentation is Attached. Please honor our claim

Medical: \$ \_\_\_\_\_ Wages: \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

➤ 5. Since notifying you on \_\_\_\_\_ of our subrogation claim, we have paid additional damages of \_\_\_\_\_. Please include this in your payment to us. Documentation is attached. Our total Claim is \$ \_\_\_\_\_.

➤ 6. Documentation of our claim as sent to you on \_\_\_\_\_. When may we expect payment?

➤ 7. Arbitration was filled on a decision was rendered in our favor on \_\_\_\_\_. When may we expect payment?

➤ 8. Please make your check payable to :

GEICO      GEICO Indemnity Company      GEICO Casualty  
GEICO General Insurance Company

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company

Thanks For Your Prompt Attention

Signature: Christine King

Phone: 800-648-2493 X 4498

# FLORIDA TRAFFIC CRASH REPORT

## LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, #6L KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0537

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	02/12/2005	10:43 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10:47 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10:57 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	00-05-004963	71837923
	COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN	(Check if in City or Town)	COUNTY
	13 / 50			Tallahassee		<input checked="" type="checkbox"/> Leon
	AT NODE NO.	or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1 DIVIDED 2 UNDIVIDED
					0	1
	AT THE INTERSECTION OF (street, road or highway)			or FEET	MILE(S)	N S E W
						FROM INTERSECTION OF (street, road or highway)
						1767 Hermitage Blvd

Section 1	DRIVER ACTION	1. Phantom 2. Hi & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S)
	TRAILER OR TOWED VEHICLE INFORMATION		2004	FORD	01	01	U79HTU	FL	1FMCU041X4K	
										1

Section 2	VEHICLE TRAVELLING ON AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)
	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	3	0	\$ 1000	2		1
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Station List 2. Tow Owner's Request 3. Driver 4. Other
	Gelco		0715-21-00-01-09245		Parkway (AAA)		2

Section 3	NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
	<input checked="" type="checkbox"/> Same As Driver			
	NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

Section 4	NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
	NAME OF DRIVER (Taken From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH
		Tallahassee, FL		

Section 5	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALCOHOL TEST TYPE	RESULTS	ALC/DRUG/PHYS. DEF.	RES.	RACE	SEX	HAZ.	S. EQUIP.	EJECT.
		FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5	1	1	1	1	2	1	2 5 1
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER'S EXAM. IF YES, EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.						
	1 Yes 2 No	2	2			2	(850) 513-1878						

Section 6	DRIVER ACTION	1. Phantom 2. Hi & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S)
	TRAILER OR TOWED VEHICLE INFORMATION									


Section 7	VEHICLE TRAVELLING ON AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)
	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W						
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Station List 2. Tow Owner's Request 3. Driver 4. Other

Section 8	NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
	<input type="checkbox"/>			
	NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

Section 9	NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
	NAME OF DRIVER (Taken From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH

Section 10	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALCOHOL TEST TYPE	RESULTS	ALC/DRUG/PHYS. DEF.	RES.	RACE	SEX	HAZ.	S. EQUIP.	EJECT.
					1 Blood 3 Urine 5 None 2 Breath 4 Refused								
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER'S EXAM. IF YES, EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.						
	1 Yes 2 No												

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01	Automobile	01 Private Transportation	01 Single Semi Trailer	1 County of Crash	1 No Defects Known	1 Not Drinking or Using Drugs	1 Front Left
02	Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence	2 Front Center
03	Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident Out of State	3 Fatigue / Asleep	3 Drugs - Under Influence	3 Front Right
04	Medium Truck - 4 rear tires	04 Public Transportation	04 Saddle Mount / Flatbed	4 Foreign - 5 Unknown	4 Hearing Defect	4 Alcohol & Drugs - Under Influence	4 Rear Left
05	Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer	DL TYPE RACE	5 Illness	5 Had Been Drinking	5 Rear Center
06	Truck Tractor (Cali-Robot)	06 Private School Bus	06 Utility Trailer	1 A 2 B 3 C 1 White 2 Black 3 Hispanic 4 Other	6 Seizure, Epilepsy, Blackout	6 Pending ALCOHOL/DRUG Test Results	6 Rear Right
07	Motor Home (RV)	07 Ambulance	07 House Trailer	REQUIRED ENDORSEMENTS	7 Other Physical Defect	SAFETY EQUIPMENT IN USE	7 In Body Of Truck
08	Bus (driver = seats 11-15)	08 Law Enforcement	08 Pole Trailer	1 Yes 2 No 3 No Endorsement Required	INJURY SEVERITY	1 Not in Use	8 Bus Passenger
09	Bus (driver = seats 16 or over)	09 Fire / Rescue	09 Towed Vehicle		1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection	9 Other
10	Bicycle	10 Military	10 Auto Transport				EJECTED
11	Motorcycle	11 Other Government	11 Other				1 No 2 Yes 3 Partial
12	Mobile	12 Other					
13	All Terrain Vehicle	13 Concrete Mixer					
14	Train	14 Garbage or Refuse					
15	Low Speed Vehicle	15 Cargo Van					
77	Other	77 Other					

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CIRCLE DAMAGED AREA(S)				
VEHICLE TRAVELLING DIRECTION N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>					MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER	VEHICLE REMOVED BY:		1. Tow Removal List 2. Tow Owner's Request 3. Driver 4. Other				
NAME OF VEHICLE OWNER (Check Box if Same As Driver)			CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
NAME OF OWNER (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
NAME OF MOTOR CARRIER (Commercial Vehicle Only)			CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		US DOT or ICCMC IDENTIFICATION NUMBERS						
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN			CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		DATE OF BIRTH						
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALCOHOL TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC / DRUG	PHYS. DEF.	RES.	RACE	SEX	HAIR	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 4 DIGN NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND			HAZARDOUS MATERIAL SPILLED	RECOMMEND DRIVER RE-EXAM, IF YES, EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
1 Yes 2 No		1 Yes 2 No				1 Yes 2 No								
#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME		ADDRESS	CITY	STATE	ZIP						
1	column, stairs, interior wall	\$ 5000	Jackson Square Apartments - 1767		Hermitage Blvd Tallahassee, FL		32308							
#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME		ADDRESS	CITY	STATE	ZIP						

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN				VEHICLE DEFECT				VEHICLE MOVEMENT				VEHICLE SPECIAL FUNCTIONS					
01 No Improper Driving / Action	<input type="checkbox"/>	02 Careless Driving (Explain in Narrative)	<input type="checkbox"/>	01 No Defects	<input type="checkbox"/>	01 Straight Ahead	<input type="checkbox"/>	1 None	<input type="checkbox"/>	2 Farm	<input type="checkbox"/>	3 Police Pursuit	<input type="checkbox"/>	4 Recreational	<input type="checkbox"/>		
03 Failed to Yield Right - of - Way	77	04 Improper Backing	<input type="checkbox"/>	02 Def. Brakes	<input type="checkbox"/>	02 Slowing / Stopped / Stalled	<input type="checkbox"/>	5 Emergency Operation	<input type="checkbox"/>	6 Construction / Maintenance	<input type="checkbox"/>	4 Driver	<input type="checkbox"/>	5 Other	<input type="checkbox"/>		
04 Improper Lane Change	<input type="checkbox"/>	05 Improper Turn	<input type="checkbox"/>	03 Worn / Smooth Tires	77	03 Making Left Turn	07	7 All Other (Explain in Narrative)	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<input type="checkbox"/>	1 Primary Business	<input type="checkbox"/>	2 Primary Residential	<input type="checkbox"/>		
05 Improper Turn	<input type="checkbox"/>	06 Alcohol - Under Influence	<input type="checkbox"/>	04 Defective / Improper Lights	<input type="checkbox"/>	04 Backing	<input type="checkbox"/>	8 Unknown	<input type="checkbox"/>	8 Unknown	<input type="checkbox"/>	3 Open Country	<input type="checkbox"/>				
06 Alcohol - Under Influence	<input type="checkbox"/>	07 Drugs - Under Influence	<input type="checkbox"/>	05 Puncture / Blowout	<input type="checkbox"/>	05 Making Right Turn	<input type="checkbox"/>	SOURCE OF CARRIER INFORMATION									
08 Alcohol & Drugs - Under Influence	<input type="checkbox"/>	08 Alcohol & Drugs - Under Influence	<input type="checkbox"/>	06 Steering Mech.	<input type="checkbox"/>	06 Changing Lanes	<input type="checkbox"/>	1 Not Applicable	<input type="checkbox"/>	2 Shipping Papers	<input type="checkbox"/>	3 Vehicle Sits	<input type="checkbox"/>				
10 Followed Too Closely	<input type="checkbox"/>	11 Disregarded Traffic Signal	<input type="checkbox"/>	07 Windshield Wipers	<input type="checkbox"/>	07 Entering / Leaving / Parking Space	<input type="checkbox"/>	4 Driver	<input type="checkbox"/>	5 Other	<input type="checkbox"/>						
11 Disregarded Traffic Signal	<input type="checkbox"/>	12 Exceeded Safe Speed Limit	<input type="checkbox"/>	08 Equipment / Vehicle Defect	77 All Other (Explain in Narrative)	08 Property Parked	<input type="checkbox"/>	LOCATION TYPE									
12 Exceeded Safe Speed Limit	<input type="checkbox"/>	13 Disregarded Stop Sign	<input type="checkbox"/>	09 Equipment / Vehicle Defect	<input type="checkbox"/>	09 Improperly Parked	<input type="checkbox"/>	1 Primary Business	<input type="checkbox"/>	2 Primary Residential	<input type="checkbox"/>						
13 Disregarded Stop Sign	<input type="checkbox"/>	14 Failed to Maintain Equip./Vehicle	<input type="checkbox"/>	10 Making U-Turn	<input type="checkbox"/>	10 Making U-Turn	<input type="checkbox"/>	3 Open Country	<input type="checkbox"/>								
14 Failed to Maintain Equip./Vehicle	<input type="checkbox"/>	15 Improper Passing	<input type="checkbox"/>	POINT OF COLLISION				PEDESTRIAN ACTION									
15 Improper Passing	<input type="checkbox"/>	16 Drove Left of Center	<input type="checkbox"/>	01 On Road	<input type="checkbox"/>	01 Crossing Not at Intersection	<input type="checkbox"/>	07 Working In Road	<input type="checkbox"/>								
16 Drove Left of Center	<input type="checkbox"/>	17 Exceeded Stated Speed Limit	<input type="checkbox"/>	02 Not on Road	<input type="checkbox"/>	02 Crossing at Mid block Crosswalk	<input type="checkbox"/>	08 Standing/Playing In Road	<input type="checkbox"/>								
17 Exceeded Stated Speed Limit	<input type="checkbox"/>	18 Obstructing Traffic	<input type="checkbox"/>	03 Shoulder	<input type="checkbox"/>	03 Crossing at Intersection	<input type="checkbox"/>	09 Standing In Pedestrian Island	<input type="checkbox"/>								
18 Obstructing Traffic	<input type="checkbox"/>	WORK AREA				ROAD SYSTEM IDENTIFIER				LIGHTING CONDITION							
				01 None	<input type="checkbox"/>	01 Interstate	<input type="checkbox"/>	01 Daylight	<input type="checkbox"/>								
				02 Nearby	<input type="checkbox"/>	02 U.S.	<input type="checkbox"/>	02 Dark	<input type="checkbox"/>								
				03 Entered	<input type="checkbox"/>	03 State	<input type="checkbox"/>	03 Dawn	<input type="checkbox"/>								
								04 County	<input type="checkbox"/>	04 Dark (Street Light)	<input type="checkbox"/>						
								05 Local	<input type="checkbox"/>	05 Dark (No Street Light)	<input type="checkbox"/>						
								06 Turnpike / Toll	<input type="checkbox"/>	06 Unknown	<input type="checkbox"/>						
								ROAD SURFACE CONDITION				WEATHER					
								01 Dry	<input type="checkbox"/>	01 Clear	<input type="checkbox"/>						
								02 Wet	<input type="checkbox"/>	02 Cloudy	<input type="checkbox"/>						
								03 Slippery	<input type="checkbox"/>	03 Rain	<input type="checkbox"/>						
								04 Ice	<input type="checkbox"/>	04 Fog	<input type="checkbox"/>						
								77 All Other (Explain in Narrative)	<input type="checkbox"/>	77 All Other (Explain in Narrative)	<input type="checkbox"/>						
								ROAD SURFACE TYPE									
								01 Slag / Gravel / Stone	<input type="checkbox"/>								
								02 Blacktop	<input type="checkbox"/>								
								03 Back / Block	<input type="checkbox"/>								
								04 Concrete	<input type="checkbox"/>								
								05 Dirt	<input type="checkbox"/>								
								17 All Other (Explain in Narrative)	<input type="checkbox"/>								

ROAD CONDITIONS AT TIME OF CRASH				VISION OBSTRUCTED				TRAFFIC CONTROL				SITE LOCATION				TRAFFICWAY CHARACTER			
01 No Defects	<input type="checkbox"/>	01 Vision Not Observed	<input type="checkbox"/>	01 No Control	<input type="checkbox"/>	01 Not At Intersection / RR X-ing / Bridge	<input type="checkbox"/>	01 Straight - Level	<input type="checkbox"/>										
02 Obstruction With Warning	<input type="checkbox"/>	02 Inclement Weather	<input type="checkbox"/>	02 Special Speed Zone	<input type="checkbox"/>	02 At Intersection	<input type="checkbox"/>	02 Slant - Upgrade / Downgrade	<input type="checkbox"/>										
03 Obstruction Without Warning	01	03 Parked / Stopped Vehicle	01	03 Speed Control Sign	77	03 Influenced by Intersection	10	03 Curve - Level	<input type="checkbox"/>										
04 Road Under Repair / Construction	<input type="checkbox"/>	04 Trees / Crops / Bushes	<input type="checkbox"/>	04 School Zone	<input type="checkbox"/>	04 Driveway Access	<input type="checkbox"/>	04 Curve - Upgrade / Downgrade	<input type="checkbox"/>										
05 Loose Surface Materials	<input type="checkbox"/>	05 Load on Vehicle	<input type="checkbox"/>	05 Traffic Signal	<input type="checkbox"/>	05 Railroad	<input type="checkbox"/>	05 Shoulder	<input type="checkbox"/>										
06 Shoulders - Soft / Low / High	<input type="checkbox"/>	06 Bullying / Fixed Object	<input type="checkbox"/>	06 Stop Sign	<input type="checkbox"/>	06 Bridge	<input type="checkbox"/>	06 Private Property	<input type="checkbox"/>										
07 Holes / Ruts / Uneven Pavement Edges	<input type="checkbox"/>	07 Signs / Billboards	<input type="checkbox"/>	07 Yield Sign	<input type="checkbox"/>	07 Entrance Ramp	<input type="checkbox"/>	07 Toll Booth	<input type="checkbox"/>										
08 Standing Water	<input type="checkbox"/>	08 Fog	<input type="checkbox"/>	08 Flashing Light	<input type="checkbox"/>	08 Exit Ramp	<input type="checkbox"/>	08 Public Bus Stop Zone	<input type="checkbox"/>										
09 Worn / Polished Road Surface	<input type="checkbox"/>	09 Smoke	<input type="checkbox"/>	09 Railroad Signal	<input type="checkbox"/>	09 Parking Lot - Public	<input type="checkbox"/>	09 All Other (Explain in Narrative)	<input type="checkbox"/>										
77 All Other (Explain in Narrative)	<input type="checkbox"/>	10 Glare	<input type="checkbox"/>	10 Officer / Guard / Flagperson	<input type="checkbox"/>	10 Parking Lot - Private	<input type="checkbox"/>	01 Paved	<input type="checkbox"/>										

VIOLATOR(S)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

# FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 02/12/2005	COUNTY / CITY CODE 13 / 50	INVEST. AGENCY REPORT NUMBER 00-05-004963	HSMV CRASH REPORT NUMBER 71837923
--	---	-----------------------------	-------------------------------	--	--------------------------------------

(NARRATIVE)

Driver of Vehicle 1 stated she was entering a parking space in the parking lot near building 7. She reported that her vehicle went forward as she applied her brakes. The vehicle then jumped over the concrete parking slab, onto the sidewalk, and into the shrubs. The vehicle then struck the wooden column on the patio of apartment 7103, then made impact with the metal/concrete stairwell. This impact pushed stairs into the outer wall of garage 7104A, and causing damage to the same garage interior wall.  
The driver was not injured in the crash.

Note: The driver stated she received a letter of recall from the Ford Motor Company about her vehicle. She did not have this documentation at the time of the crash.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

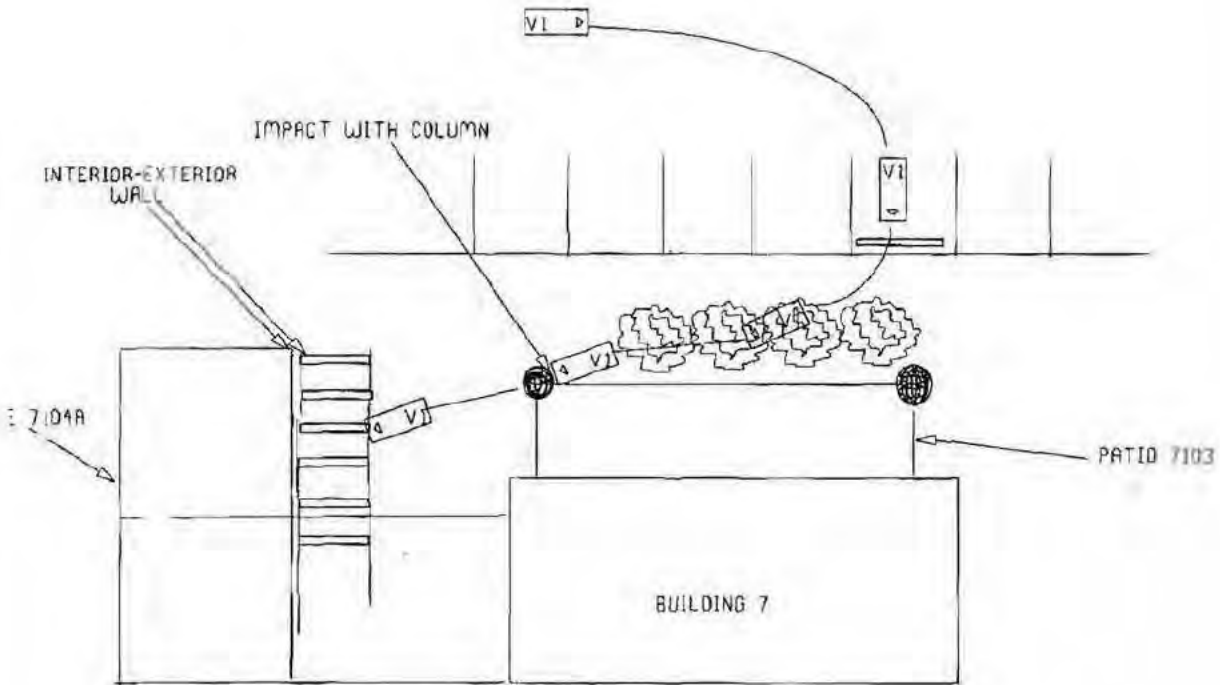
WITNESS NAME (1) 1767	CURRENT ADDRESS	CITY & STATE Tallahassee, FL	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE Tallahassee, FL	ZIP CODE
FIRST AID GIVEN BY - NAME	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer	4 Certified 1st Aider 5 Other	<input type="checkbox"/>	INJURED TAKEN TO:	BY - NAME		
WAS INVESTIGATION MADE AT SCENE? 1 YES <input checked="" type="checkbox"/> 2 NO	IF NO, THEN WHERE? 1	IS INVESTIGATION COMPLETE? 1 YES <input checked="" type="checkbox"/> 2 NO	IF NO, THEN WHY? 1	DATE OF REPORT 02/14/2005	PHOTOS TAKEN? 1 YES <input checked="" type="checkbox"/> 2 NO	IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER	
INVESTIGATOR - RANK & SIGNATURE Officer JOE B. SIMS	ID / BADGE NUMBER 754	DEPARTMENT Tallahassee Police Department	FHP <input type="checkbox"/>	SO <input type="checkbox"/>	PO <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	

DIAGRAM



INDICATE NORTH  
WITH ARROW

TO SCALE



JACKSON SQUARE APARTMENTS  
1767 HERMITAGE BLVD

AD Query

**Estimate Photo 01 for Claim Number [REDACTED]**

Photo date:14/02/2005 11:02:07:00 Size:138781

Description:

Insured [REDACTED]

Policy Number: [REDACTED]

Vehicle:4, FORD, ESCAPE 4X2 LIMITED

VIN:1FMCU041X4K [REDACTED]

Loss date:02/12/05

Estimator:ROBERT TERRELL



**Estimate Photo 02 for Claim Number [REDACTED]**



**Photo date:**14/02/2005 11:02:07:00 **Size:**188951

**Description:**

**Insured:** [REDACTED]

**Policy Number** [REDACTED]

**Vehicle:**4, FORD, ESCAPE 4X2 LIMITED

**VIN:**1FMCU041X4K [REDACTED]

**Loss date:**02/12/05

**Estimator:**ROBERT TERRELL



**Estimate Photo 03 for Claim Number [REDACTED]**

**Photo date:**14/02/2005 11:02:07:00 **Size:**163314

**Description:**

**Insured:** [REDACTED]

**Policy Number:**0715210001

**Vehicle:**4, FORD, ESCAPE 4X2 LIMITED  
**VIN:**1FMCU041X4K [REDACTED]  
**Loss date:**02/12/05  
**Estimator:**ROBERT TERRELL



**Estimate Photo 04 for Claim Number [REDACTED]**

**Photo date:**14/02/2005 11:02:07:00 **Size:**160947

**Description:**

**Insured:** [REDACTED]

**Policy Number** [REDACTED]

**Vehicle:**4, FORD, ESCAPE 4X2 LIMITED

**VIN:**1FMCU041X4K [REDACTED]

**Loss date:**02/12/05

**Estimator:**ROBERT TERRELL

[REDACTED]

04/29/2005



**Estimate Photo 05 for Claim Number [REDACTED]**

**Photo date:** 14/02/2005 11:02:07:00 **Size:** 179742

**Description:**

**Insured:** [REDACTED]

**Policy Number** [REDACTED]

**Vehicle:** 4, FORD, ESCAPE 4X2 LIMITED

**VIN:** 1FMCU041X4K [REDACTED]

**Loss date:** 02/12/05

**Estimator:** ROBERT TERRELL

[REDACTED]

04/29/2005



[REDACTED]

04/29/2005

## ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
2/28/2005 CLOSED	[REDACTED] LEGAL - ACCIDENT / FIRE	1FMCU041X4K [REDACTED] 361180455	2004 ESCAPE	07
2/14/2005 CLOSED	[REDACTED] RECALL/ONP - VEHICLE INVOLVEMENT	1FMCU041X4K [REDACTED] 361180455	2004 ESCAPE	03
2/14/2005 CLOSED	[REDACTED] AWA - AWA DENIED	1FMCU041X4K [REDACTED] 361180455	2004 ESCAPE	02

[REDACTED] 5/20/2005

All Action Details for Issue

Print

VIN: 1FMCU041X4K [REDACTED] Year: 2004 Model: ESCAPE Case: 361180455  
 Name: [REDACTED] Owner Status: Original WSD: 2003-12-22  
 Symptom Desc: ENG SPEED-UP DECELERATION HOT ENGINE Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - ACCIDENT / FIRE Secondary Phone: [REDACTED]  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: ADVISE CUST INFORMATION WILL BE SENT TO CONSUMER AFFAIRS  
 Dealer: 04044 ALL AMERICAN FORD Origin Desc: US CONCERN CASE BASE  
 Odometer: 13000 MI Comm Type: PHONE  
 Analyst Name: CHUMSIE PARRIS Analyst: CPARRIS  
 Action Date: 02/14/2005 Action Time: 10.01.56.951 Action Data: Yes

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]	[REDACTED]	FRIEND

Comments CUSTOMER SAID: -CUST STATED HE HAS RECEIVED A LETTER IN THE MAIL FOR THE ACCELERATOR CABLE 2 WEEKS AGO. \*ON SATURDAY PAST WHILE DRIVING THE BRAKE WAS APPLIED, THE VEH TOOK OFF ,WAS AIR BORNE FOR A WHILE ,THEN IT WENT INTO AN APARTMENT COMPLEX. -CUST DOES NOT HAVE INJURIES BUT IS SORE AND SHOOK UP. -A POLICE REPORT WITH TALLAHASSEE POLICE DEPT,AND SHE WAS NOT CHARGED-REPORT # 05-4963 -AN INSURANCE CLAIM HAS BEEN FILED AND THEY WILL BE COMING OUT TO LOOK AT THE VEH , -THE VEH IS CURRENTLY AT A DLR AND IT WILL A WHILE TO BE REPAIRED .-NEITHER OF THE AIR BAG DID NOT DEPLOY ALSO , -IS ALLEGING FMC RESPONSIBLE FOR THIS ACCIDENT DUE TO THE RECALL. -IS SEEKING A LOANER VEH UNTIL THE VEH IS REPAIRS -THEY WILL GO AHEAD AND RENT A VEH AND IT IS THEIR EXPECTATION WHEN THE CONSUMERS AFFAIRS DEPT CONTACT THEN THE LOANER WILL BE PAID FOR BY FMC.DEALER SAID: DLRS NAME : ALL AMERICAN FORD243 NORTH MAGNOLIA DRIVETALLAHASSEE, FL 32301TEL: (850) 877-1171CRC ADVISED: - I WILL FORWARD THIS INFORMATION TO OUR CONSUMER AFFAIRS GROUP, SOMEBODY FROM CONSUMER AFFAIRS WILL CONTACT YOU IN 2 BUSINESS DAYS, PLEASE NOTIFY YOUR INSURANCE CARRIER AND REPORT THIS INCIDENT.

Data Element Name	Data Value
FIRE/ACCIDENT	A

Action: MAKE OUTBOUND CALL TO DEALER  
 Dealer: 04044 ALL AMERICAN FORD Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 13000 MI Comm Type: MAIL  
 Analyst Name: CASSANDRA JONES Analyst: CJONES  
 Action Date: 02/15/2005 Action Time: 18.28.43.742 Action Data: No

Comments CALLED DLR REGARDING STATUS. AWAITING RETURN CALL.

Action: REFER TO INSURANCE CARRIER - INSURANCE COMPANY ALREADY INVOLVED  
 Dealer: 04044 ALL AMERICAN FORD Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 13000 MI Comm Type: OTHER  
 Analyst Name: CASSANDRA JONES Analyst: CJONES  
 Action Date: 02/28/2005 Action Time: 17.33.46.274 Action Data: No

Comments LPA ATTEMPTED TO CALL CUSTOMER AGAIN. NO ANSWER AT HOME #. IN SPEAKIGN TO THE SRV MANAGER FOR DLR, THE VEHICLE WAS REPAIRED AS OF TODAY BY THE INSURANCE CO. RECALL WAS PERFORMED AS WELL. NFA.. DLR WILL CONTACT LPA IF FURTHER ASSISTANCE IS NEEDED. LETTER SENT TO CUSTOMER.

5/20/2005

All Action Details for Issue

Print

VIN: 1FMCU041X4K [REDACTED] Year: 2004 Model: ESCAPE Case: 361180455  
 Name: [REDACTED] Owner Status: Original WSD: 2003-12-22  
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED Primary Phone: [REDACTED]  
 Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT Secondary Phone: [REDACTED]  
 Issue Type: 03 CONCERN Issue Status: CLOSED  
 Initial Customer Contact: 02/14/2005

Action: ADVISE CUST OF FSA/CSP; DOCUMENT CAMPAIGN NUMBER  
 Dealer: 04044 ALL AMERICAN FORD Origin Desc: US INQUIRY CASE BASE  
 Odometer: 13000 MI Comm Type: PHONE  
 Analyst Name: CHUMSIE PARRIS Analyst: CPARRIS  
 Action Date: 02/14/2005 Action Time: 10.06.53.972 Action Data: Yes

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		P [REDACTED]	[REDACTED]	FRIEND

Comments CUSTOMER SAID: THERE ARE RECALLS ON CUST VEHDEALER SAID: ALL AMERICAN FORD243 NORTH MAGNOLIA DRIVETALLAHASSEE, FL 32301TEL: (850) 877-1171CRC ADVISED: PLEASE ADVISE THE CUSTOMER OF THE INFORMATION FOUND IN THE CUSTOMER LETTER OR THE SEARCH ENGINE Q&A. PLEASE DOCUMENT ANY INFORMATION YOU PROVIDE TO THE CUSTOMER.

Data Element Name	Data Value
FSA/CSP CAMPAIGN NUMBER	04S25
FSA/CSP CAMPAIGN NUMBER	04C09

Action: FORD COVERED REPAIR MADE - RECALL  
 Dealer: 04044 ALL AMERICAN FORD Origin Desc: DEALER  
 Odometer: 13000 MI Comm Type: INTERNET  
 Analyst Name: MIKE COHEN Analyst: M-COHE11  
 Action Date: 02/14/2005 Action Time: 13.10.36.826 Action Data: No

Comments WILL ADVISE CUST OF RECALL MIKE

5/20/2005

All Action Details for Issue

Print

VIN: 1FMCU041X4K [REDACTED] Year: 2004 Model: ESCAPE Case: 361180455  
 Name: [REDACTED] Owner Status: Original WSD: 2003-12-22  
 Symptom Desc: ENG SPEED-UP DECELERATION HOT ENGINE Primary Phone: [REDACTED]  
 Reason Desc: AWA - AWA DENIED Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: VEHICLE DOES NOT HAVE ANY LOANER PROVISION; NO ASSISTANCE  
 Dealer: 04044 ALL AMERICAN FORD Origin Desc: US CONCERN CASE BASE  
 Odometer: 13000 MI Comm Type: PHONE  
 Analyst Name: CHUMSIE PARRIS Analyst: CPARRIS  
 Action Date: 02/14/2005 Action Time: 10.03.45.239 Action Data: No

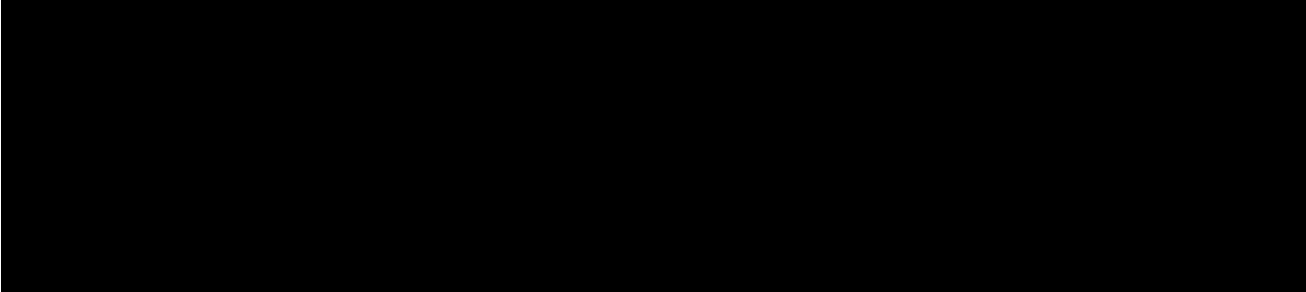
Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]	[REDACTED]	FRIEND

**Comments** CUSTOMER SAID: -CUST STATED HE HAS RECEIVED A LETTER IN THE MAIL FOR THE ACCELERATOR CABLE 2 WEEKS AGO. \*ON SATURDAY PAST WHILE DRIVING THE BRAKE WAS APPLIED, THE VEH TOOK OFF ,WAS AIR BORNE FOR A WHILE ,THEN IT WENT INTO AN APARTMENT COMPLEX. -CUST DOES NOT HAVE INJURIES BUT IS SORE AND SHOOK UP. -A POLICE REPORT WITH TALLAHASSEE POLICE DEPT, AND SHE WAS NOT CHARGED-REPORT # 05-4963 -AN INSURANCE CLAIM HAS BEEN FILED AND THEY WILL BE COMING OUT TO LOOK AT THE VEH. -THE VEH IS CURRENTLY AT A DLR AND IT WILL A WHILE TO BE REPAIRED. -NEITHER OF THE AIR BAG DID NOT DEPLOY ALSO, -IS ALLEGING FMC RESPONSIBLE FOR THIS ACCIDENT DUE TO THE RECALL. -IS SEEKING A LOANER VEH UNTIL THE VEH IS REPAIRS -THEY WILL GO AHEAD AND RENT A VEH AND IT IS THEIR EXPECTATION WHEN THE CONSUMERS AFFAIRS DEPT CONTACT THEN THE LOANER WILL BE PAID FOR BY FMC.DEALER SAID: ALL AMERICAN FORD243 NORTH MAGNOLIA, DRIVETALLAHASSEE, FL 32301 TEL: (850) 877-1171 GRC ADVISED: "- I HAVE RESEARCHED THIS SITUATION FOR YOU AND UNFORTUNATELY FORD CANNOT PROVIDE ASSISTANCE FOR THIS MATTER BECAUSE THE REPAIR IS COVERED BY YOUR INSURANCE. - PLEASE CONTACT YOUR INSURANCE CARRIER FOR ADDITIONAL ASSISTANCE."

5/20/2005





FORD MOTOR COMPANY  
RECEIVED  
CLAIMS UNIT

MAR 05 2009

OFFICE OF THE  
GENERAL COUNSEL

 SHELTER  
INSURANCE  
COMPANIES  
SHELTER MUTUAL  
SHELTER GENERAL

CONSUMER AFFAIRS  
SECTION

02/25/2009

Ford Motor Company  
Product Liability  
16800 Executive Plaza Dr Dept:MD4  
South Dearborn, MI 48126-4207

9 MAR -2 AM 10:47

Scott

RE: Claim Number:  
Date of Loss:  
Insured:  
Damages:

D008521

M-Hull

Dear Sir or Madam:

Shelter is investigating this loss to our insured's property. Our policy gives us recovery rights for our payments.

Our investigation revealed that a product your company manufactured malfunctioned and caused this loss. Preliminary evidence shows a manufacturing defect caused this malfunction. Therefore, we are notifying you of our recovery rights.

If you have product liability insurance, please give this letter to your insurance carrier and ask them to contact us. If you are not insured, please contact us immediately.

Please find enclosed with this letter supporting investigation and documentation that speaks to our position. Should you have any questions please feel free to contact us. Thank you.

Sincerely,



Ryan Elmore  
Claims Department  
Phone: 501-954-3076  
Fax: 888-742-5671  
Email: RElmore@ShelterInsurance.com

CL142

cc:

PO Box 30171 / Little Rock, AR 72260-0171

Joel T. Hicks, P.E. (501) 455-5405 / William H. Ford, PE (501) 316-1716

February 9, 2009

Mr. Joel Seiter  
Shelter Insurance Co.  
703A Hwy 64 East  
Conway, AR 72032

Re: Claim #: [REDACTED]  
Insured: [REDACTED] 2003 Ford Escape  
Loss: Traffic Incident (Roll-Over) 1/22/09 14:19

Dear Mr. Seiter,

You asked us to inspect the subject vehicle, and this letter will supplement our conversations. The insured and a passenger indicated difficulty with the cruise control. You asked if a problem with the cruise control or throttle could be identified.

The insured was interviewed by telephone on the day of the inspection, February 3, 2009. She mentioned that on the day before the incident she tried the cruise control, but there was no effect except for illumination of the green dash light. She tried to use it again on the day of the incident with the same result. The green dash light went off when she touched the brake pedal, both on the day before and shortly before the incident.

During the 2/3/09 interview she did not remember where along the gravel road the incident took place. She did remember that the green cruise control light was off on the gravel road and that as the incident started, the car seemed to take off on its own. She remembers hearing the engine after the car stopped on its side, and turning off the key. She noticed that the green cruise control light was on when she turned the key off, and it went off also.

██████████ said she bought the car new, and received a recall notice in 2004 or 2005. She does not know what the recall was for, but she took it to the Malvern, AR, Dealership who serviced it for the notice.

NHTSA recall 04V574000 is concerned with the accelerator cable. The concern was that the accelerator cable liner could migrate out and interfere with the accelerator pedal linkage where the cable goes through the cowl under the dash (Plate 4). This problem does not exist in the subject vehicle as verified during the inspection on 2/3/09.

However, there was a separate problem with the throttle linkage at the connection for the cruise control that appears to explain the behavior described by the insured. The connector that attaches the cruise control to the throttle linkage was not attached (Plate 6). It was disconnected when first observed on removing the engine's dress cover. The cruise control could retract without pulling on the throttle, or be positioned below to catch the throttle linkage and hold the throttle open.

The connector is aligned so as to attach to the throttle at the latter's closed position. It could be easily urged to hold the throttle open in any of several positions so that the throttle would not return to idle when the foot pedal was released (Plates 7 & 8). The loose connector would be expected to vibrate through positions needed to restrain the throttle by movement of the vehicle expected on gravel roads.

The loose connector is consistent with the behavior described on the day of the incident and the day before. I conclude that the loose connector likely contributed to the subject incident by interfering with the travel of the throttle. Please feel free to call at your convenience.

Very truly yours,

ARTI, LLC

*Joel T. Hicks*

Joel T. Hicks, P.E.

JTH/jh 3017





PLATE 1 : The left front of the subject vehicle as inspected. A label on the driver's door post provided the VIN 1FMYU02113K [REDACTED]



PLATE 2 : The right rear of the 2003 Ford Escape. A service sticker on the windshield indicated service due 3/15/09 or 74,817 miles.

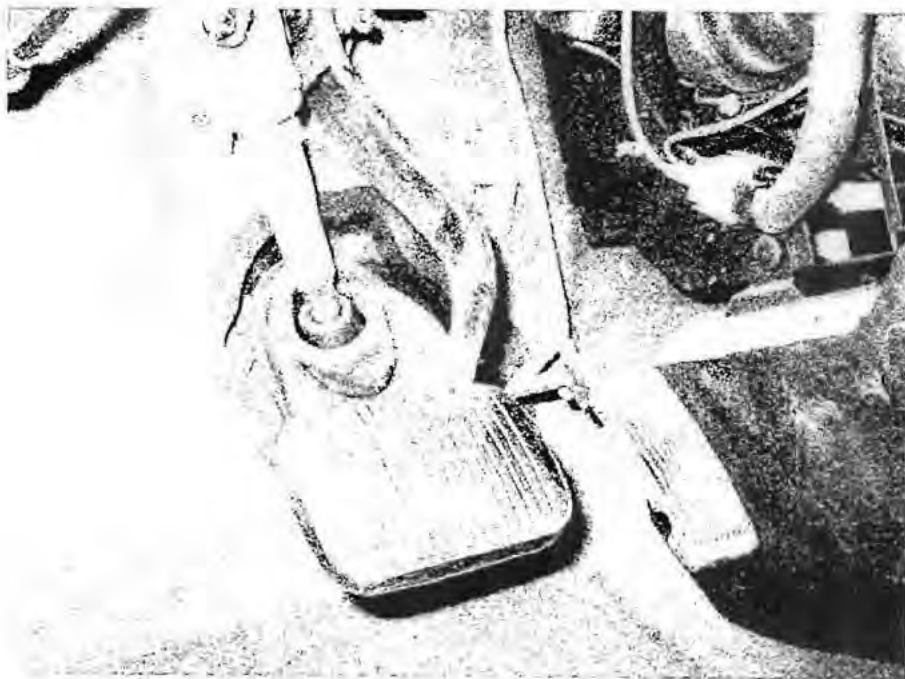


PLATE 3 : The accelerator pedal pivots about a hinge just above the brake pedal arm, and pulls on the cable shown below.

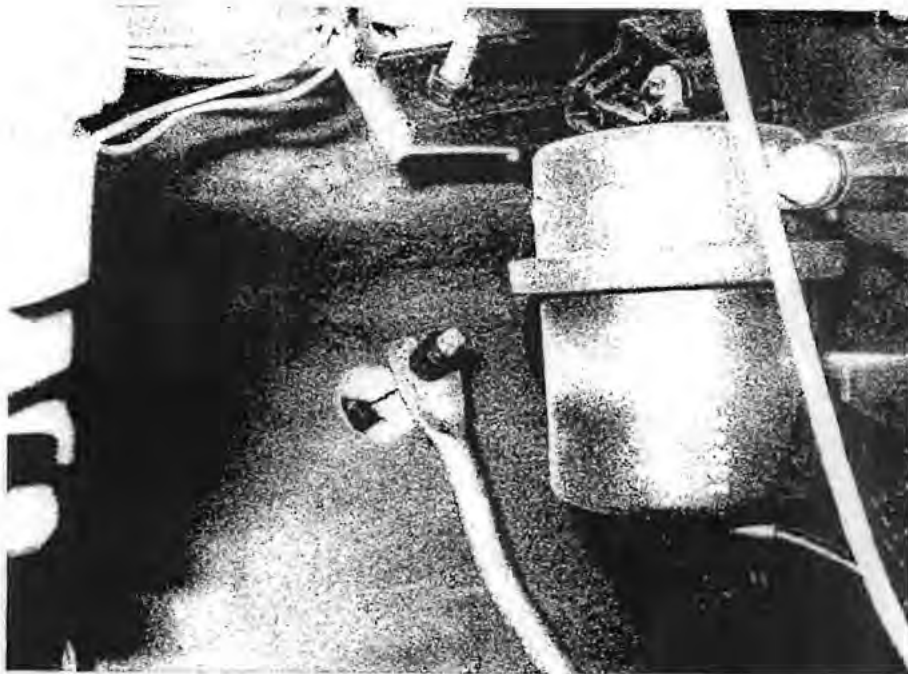


PLATE 4 : Pushing down on the accelerator pedal pulls on the cable, as seen where the cable passes through the cowl, under the dash.

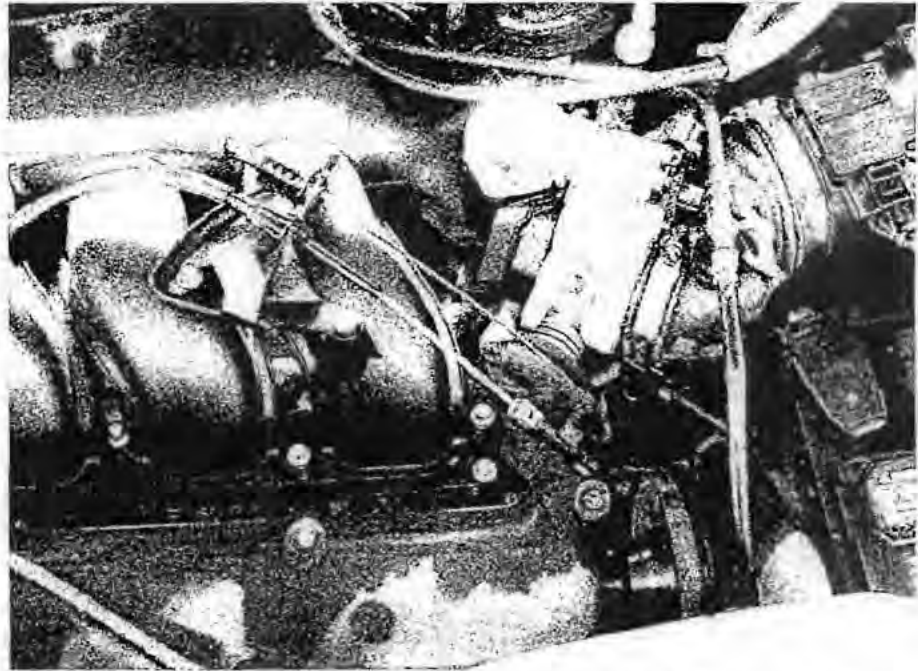


PLATE 5 : Looking down on the front of the engine and the accelerator cable and cruise control cable together at the throttle.

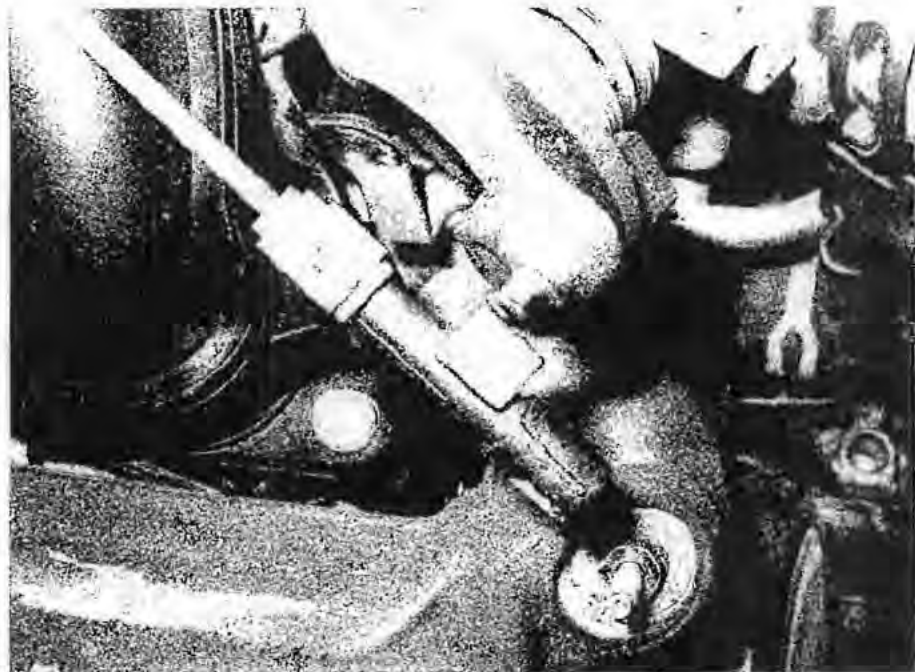


PLATE 6 : The end of the cruise control cable and connector (nearest the camera), which is not secured to the button on the throttle which opens by movement to the left.

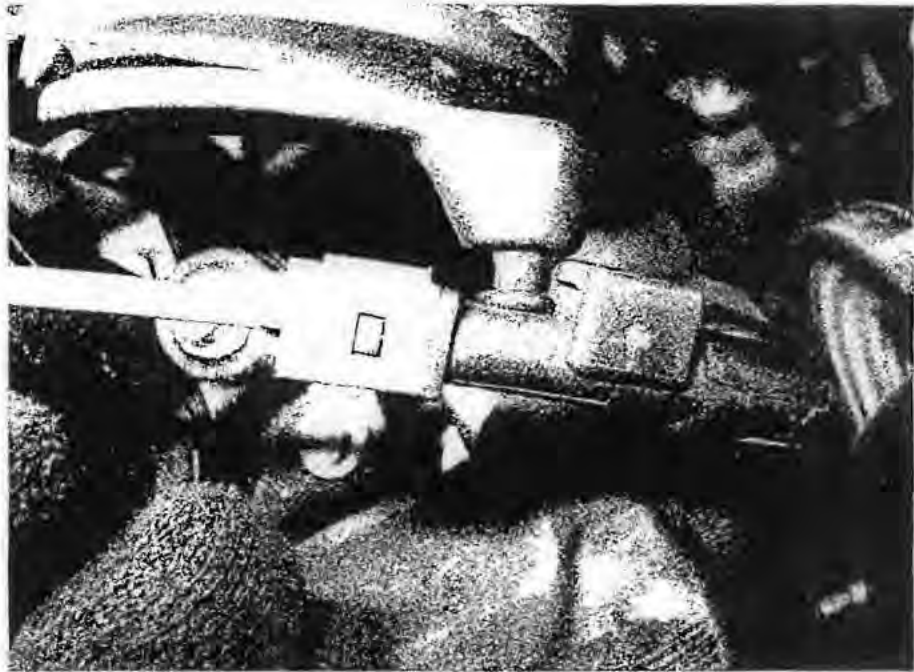


PLATE 7 : The cruise control connector body is supporting the throttle connector button, preventing the throttle from closing.



PLATE 8 : The throttle button is hung on the cruise control connector further up on the latter than in the view above, holding the throttle open even further.



CD-ROM OF DIGITAL IMAGES

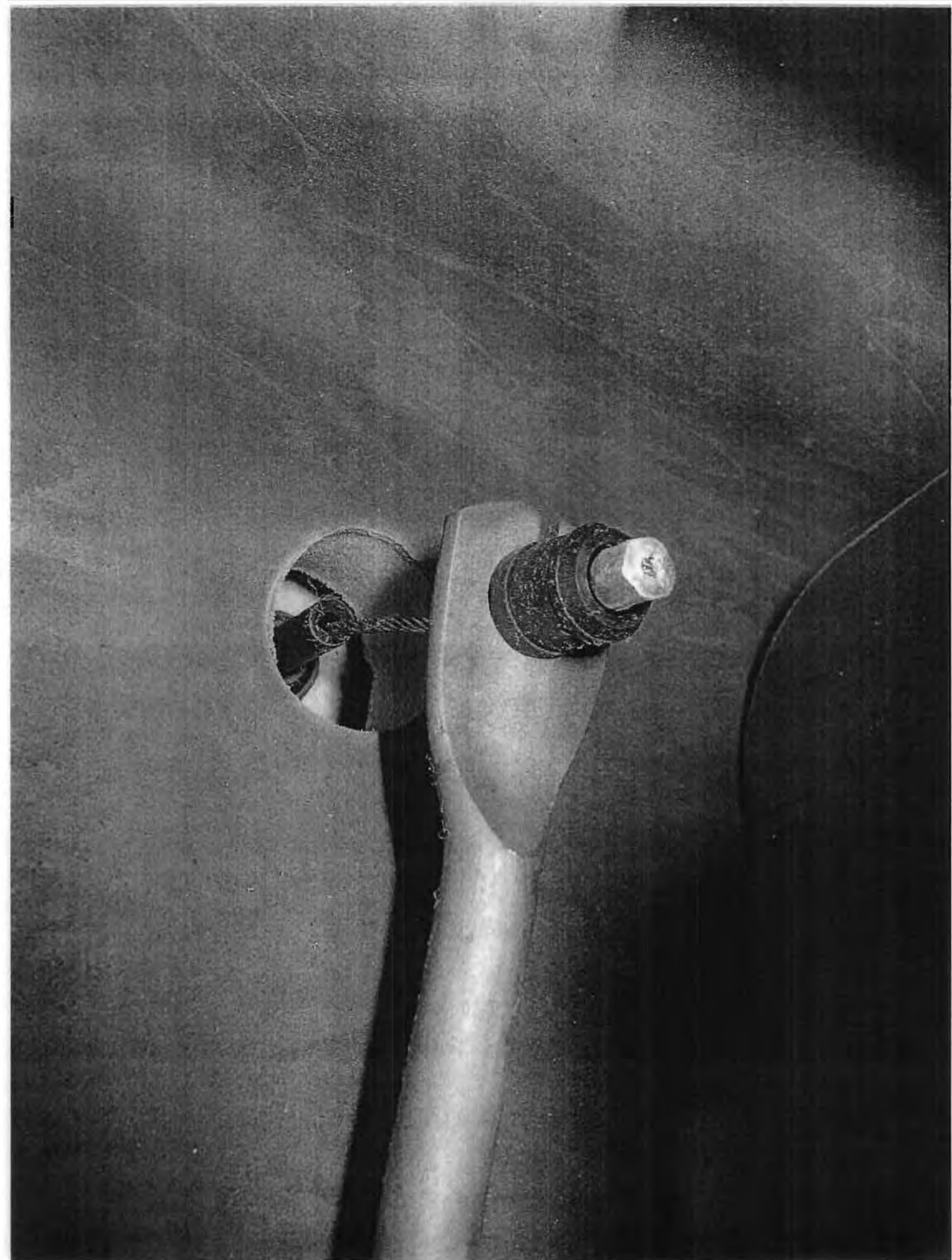
LIFT POCKET TO REMOVE CD

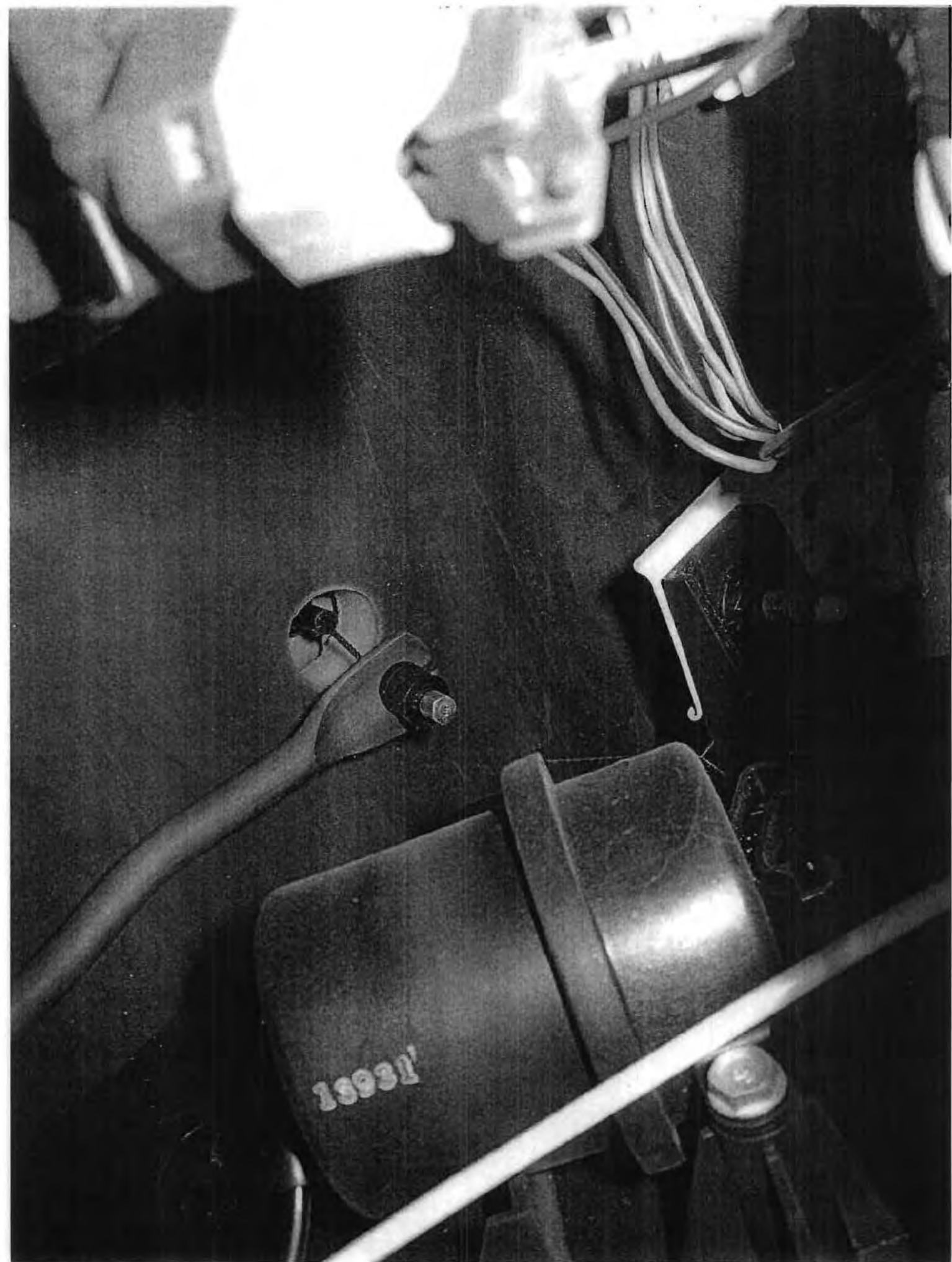
Image Files 9017A-01 to '-27.JPG:

Neg	Description . . . . .
1-4	Corner views of the subject vehicle as inspected on February 3, 2009.
5	VIN label on the driver's door frame.
6	Windshield label showing a record of service.
7-8	The instrument cluster and the front passenger compartment through the open driver's door.
9	A view of the engine compartment from the left front, after loosening the top dress cover.
10-13	Progressively closer views of the cruise control connection to the throttle button, after removing the dress cover. The connection was found loose.
14-17	The accelerator cable-to-pedal connection at the cowl, which is the subject of NHTSA recall 04V574000.

Image Files 9017A-01 to '-27.JPG (Continued):

Neg	Description . . . . .
18-23	Views of the cruise control connection to the throttle button, and of various positions where the connection could hang on the button and hold the throttle open.
24-25	Two views which illustrate that the cruise control connection is shielded from view by the dress cover, which had not been removed recently.
26-27	The subject vehicle showing its appearance as the inspection was concluded.
-----	File "SceneMap9017": MapQuest image of the area near the address given by the police report.
-----	SubFolder "A9017Kennedyfilenotes": Material supplied and obtained, including two NHTSA files relating to the referenced recall.











The Erskine Law Group, P.C.

323 1/2 S. Main St. • Rochester, Michigan • 48307  
Tel (248) 601-4499 • Fax (248) 601-4497  
[www.erskinelawgroup.com](http://www.erskinelawgroup.com)

April 9, 2009

Mr. Ryan Elmore  
Shelter Insurance Companies  
P.O. Box 6008  
Columbia, MO 65205-6008

Via Facsimile  
888-742-5671

Re: Your Insured: [Redacted]  
Claim No. [Redacted]  
DOL: 1/22/2009

RECEIVED  
APR 15 2009

Dear Mr. Elmore:

Please be advised that Ford Motor Company has retained our office to handle your recently submitted subrogation claim regarding the above-referenced customer. In order to efficiently process and consider your claim we request that you provide us with the following information: (Please note that the information requested is in regard to the Ford manufactured vehicle.)

1. Attach your insured's statement with a complete description of the incident, including events that occurred prior to and subsequent to the loss.
- ✓ 2. A copy of the police and/or fire report.
3. Original color photographs of the vehicle's collision/fire damage & the alleged defective parts, from several different angles.
4. Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
5. Original color photographs of the accident / fire scene from several different angles.
- ✓ 6. Attach a copy of your expert's report and the expert's original color photographs.
7. Attach the repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and copies of draft payments.
8. Attach the complete service history for the subject vehicle, including any tune-ups or oil changes.

Please answer the following in the space provided. If you need additional space, please use the back of the form;

9. What was the city and state of occurrence? Malvern, Arkansas
10. The 17 digit vehicle identification number. 1FMYU02113K [Redacted]
11. What was the mileage at time of occurrence? 71,817
12. What is the alleged defect? Cruise Control / Throttle Malfunction
13. Has the alleged defective part been repaired or replaced? (circle one) Yes or No
14. What is the current location of the vehicle, and the alleged defective part(s)? Copart Auto

703 Hwy 64 East Conway, AR 72033  
Ph# 501-796-2810 Lot# 7134439

15. List all after market additions or modifications that were made to the vehicle: N/A

16. Was the engine running? (circle one) Yes or No

17. Were the keys in the ignition? (circle one) Yes or No

18. Was this vehicle purchased new or used? New

If purchased used, provide the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased: \_\_\_\_\_

Once you have compiled the requested information regarding this matter, please send it to the address above. If you prefer to send the information electronically, you can e-mail it to me at [serskine@erskinelawgroup.com](mailto:serskine@erskinelawgroup.com). Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 90 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.

Please be advised that all necessary steps should be taken to ensure that the incident scene the subject vehicle and all of its components parts are maintained and preserved. Ford Motor Company has the right to inspect the fire scene and the vehicle and remove and test any vehicle component part that you claim to be defective, and to be presented with the vehicle and subject component part(s) at the time of trial, should litigation ensue from this informal claim.

If you propose to repair the vehicle for continued usage, such repairs may not be preformed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

Thank you for your attention to these matters. Should you have any questions, please feel free to contact me at your convenience. I look forward to working with you on this matter.

Very truly yours,



Scott M. Erskine



SHANNON GIBSON



"Jamie L Kluewer"  
<JKluewer@mwl-law.com>  
05/05/2009 11:31 AM

To <sgibson@shelterinsurance.com>  
cc "Kevin Differt" <KDiffert@mwl-law.com>  
bcc  
Subject Acknowledgment of Claim No. [REDACTED]  
( [REDACTED] v. Ford Motor Company)

Ms Gibson

This email is to confirm that we are in receipt of the above-referenced matter. Attorney Kevin Differt will be handling this matter and will be in touch with you shortly regarding subrogation potential and options with respect on how to proceed. In the meantime, should you have any further questions regarding the handling of this file, please do not hesitate to contact our office

Thank you,  
Jamie L. Kluewer  
Legal Assistant to Attorney Michael R. Sinnen and Kevin M. Differt  
Matthiesen, Wickert & Lehrer, S.C.  
1111 E. Sumner Street  
P.O. Box 270670  
Hartford, WI 53027  
Voice: 262-673-7850 ext. 130  
Fax: 262-673-3766  
[ijkluewer@mwl-law.com](mailto:ijkluewer@mwl-law.com)

Claim # [REDACTED]  
Insured - [REDACTED]  
Loss Date - 01-22-2009

Insured's  
Statement

STATEMENT OF JO [REDACTED]

RECORDED BY: Ryan Elmore  
RECORDED ON: Unknown  
TRANSCRIBED BY: Nancy Greening  
TRANSCRIBED ON: April 20, 2009

- Q. Okay, this is a recorded statement between Ryan Elmore and [REDACTED] we're discussing an accident that occurred on the 22nd of January, 2009 at or near Malvern on Jones Road, north of Malvern...
- A. S G Jones.
- Q. S G Jones Road north of Malvern, uh, in Arkansas, if you could [REDACTED] state your full name, spelling your last please?
- A. [REDACTED]
- Q. Okay, and your date of birth please?
- A. Uh [REDACTED]
- Q. All right and your Social Security number please?
- A. Uh, [REDACTED]
- Q. If you could, uh, explain to me what you know occurred yesterday during the accident?
- A. Well, uh, like I said I was on the River Road and all of a sud... sudden my car, my car just took off like I floor boarded it but I didn't.
- Q. Okay.
- A. Uh-huh, and after I got home I figured out that it had to have been the cruise control, uh, when, when we finally landed...
- Q. Uh-huh.
- A. ...uh, my car was still running...
- Q. Uh-huh.
- A. ...and there was a guy out there and I asked him should I cut my car off and he said yeah go ahead and cut it off and then when I looked down there to cut it off the green light was on and it had went off when I stopped at the stop sign.
- Q. The green cruise control light?
- A. Yeah, it had when, when I stopped at the stop sign, it went off.

Q. Okay.

A. And, and but when I shut my car off after we landed and I shut my car off I noticed it was on...

Q. Okay.

A. ...so apparently being on the dirt road jarred something and the cruise control and when you push resume so you, it a go back up to the speed where you...

Q. Uh-huh.

A. ...set it...

Q. Uh-huh.

A. ...and apparently it kicked into resume.

Q. Okay, I see, how fast were going...

A. Well I couldn't...

Q. ...just...

A. ...tell you for sure but I, my mother-in-law's been there for 30 years and...

Q. Uh-huh.

A. ...between 30 and 40 I think is what I drive.

Q. Okay, and had you had trouble with your cruise control previous to this?

A. Wednesday, it, it, the first day I had trouble was Wednesday.

Q. What was it doing?

A. Uh, I, I turned it on Wednesday and, uh, uh, like I said the green light came on when you set, when you push the set button the green light would come on...

Q. Uh-huh.

A. ...I pushed the set button and the green light came but it dropped, the speed dropped back down so I thought well there's something wrong with my cruise control...

Q. Uh-huh.

A. ...and, uh, then, uh, the next day, that was yesterday, I thought well, you know, we was on an interstate and I'm gonna' want to try it again...

Q. Uh-huh.

A. ...so, uh, turned it on and I pushed the set button and the green light came on but, uh, uh, it, it wouldn't stay set...

Q. Right.

A. ...so I went on up to Military Road exit, took the exit and when I stopped at the stop sign, the green light went off...

Q. Okay.

A. ...and it didn't come back on when I got on 67 and I got on 67 crossed over the interstate, got on Military Road and went down there and turned on E G Jones Road...

Q. Uh-huh.

A. ...and I didn't notice the light any more, uh, I mean I was going by between 30, 40...

Q. Uh-huh.

A. ...I couldn't tell you exact...

Q. Hum.

A. ...but all of a sudden my car just took off..

Q. Okay.

A. ...and I didn't know why it took off, I mean I have a eight, eight and half month old baby back there, I, I wasn't...

Q. Right.

A. ...driving reckless...

Q. Right.

A. ...but, uh, I mean it's, it was the sec... split second even when we were going around and around...

Q. Uh-huh.

A. ...I could feel the car accelerating...

Q. Okay.

A. ...like it was going fast...

Q. Hum, okay.

A. ...but I, I know my foot wasn't on the pedal...

Q. Okay.

A. ...and then when it did land, it was still running...

Q. Uh-huh.

A. ...and, uh, I, there was a guy out there looking in to see if we were okay, and I asked him, I said should I cut my car off and he said yeah and when I looked down to cut my car off, the green light was on...

Q. Uh-huh.

A. ...so when I...

Q. Were, were your wheels still spinning like the accelerator...

A. I'm in the car so I don't know.

Q. ...was pushed, okay, uh, did you, when you noticed your vehicle take off did you try to hit the brakes and if so what happened?

A. I, it, it, it probably happened in, in 30 seconds I don't know...

Q. Okay.

A. ...I don't think I hit the brakes because I don't, I don't think hitting the brake would have been a good ideal...

Q. Uh-huh.

A. ...uh, 'cause when my, when the backend, when it, like, kinda like took off...

Q. Uh-huh.

A. ...the backend kinda twisted...

Q. Right.

A. ...kinda went, I think maybe to the right, I think is...

Q. Uh-huh.

A. ...what it felt like it went and, and when it, when then it started rolling...

Q. I see.

A. ...so, you know, I, I...

Q. Okay.

A. ...I don't know,

Q. Okay, and you have two passengers with you, correct [REDACTED]

A. Yeah, my daughter [REDACTED]

Q. Okay.

A. ...uh, and, uh, her, her daughter [REDACTED]

Q. Okay.

A. [REDACTED]

Q. Do you have, uh, the, uh, physical address for both of them, I'm assuming, uh, [REDACTED] lives with [REDACTED] correct?

A. Yeah.

Q. Do you know their address?

A. Uh, it's [REDACTED] and I think that's right, I know where she lives but it just...

Q. Okay.

A. ...I think it's [REDACTED]

Q. Uh-huh.

A. ...she's lives on Highway, [REDACTED]

- Q. All right and can you describe the condition of both you and your two passengers Jo?  
A. Well, uh, I woke up this morning sore, I couldn't move my neck hardly last night so they wanted, I told 'em my neck was okay, it was just strained...
- Q. Uh-huh.  
A. ...but they put me in some kind of brace and wanted to do x-rays so they, uh, uh, x-rayed it and this morning and I woke up with my neck killing me, I've been on a heating pad all morning...
- Q. Uh-huh.  
A. ...but I've been taking those pain pills and those muscle relaxants and they're helping...
- Q. Okay.  
A. ...I can tell when they wear off...
- Q. Okay.  
A. ...but I figure in a couple days my soreness and my daughter, uh, I'm sorry, and my daughter she's the same way, she said I'm just sore all over.
- Q. Uh-huh, and how about Jasmine the baby?  
A. Uh, she's okay, she got a big old knot on forehead and she got one little cut, uh, I think it was on the left side, right by her nose but it wasn't even a cut that, it wasn't even a cut that bleed really, it was just like a little, like a little pin stick.
- Q. Okay, and did, did all three of you get ambulance to the ER?  
A. Yeah, we all three in the same ambulance.
- Q. Okay.  
A. Oh.
- Q. All right and do you have any idea where your vehicle is located at now?  
A. Uh, I think it's, uh, uh, behind the Shell Station here at Malvern, that's where I was told, I, I don't, don't have no transportation so I can't go check it out but I, I'm thinking, I was told it's behind the Shell Station at the, here at Malvern.
- Q. Okay, is that off of Highway or is that off a...  
A. That's a, a, it a on Martin Luther King Boulevard here at Malvern...
- Q. Okay.  
A. ...right past Wal-Mart, there's a Shell Station on the (inaudible) on the same side...
- Q. Okay.  
A. ...and, uh, I didn't even know there was wrecker place down there but apparently there is.
- Q. Okay, all right, that's about it [REDACTED] are there any facts about the incident that you'd like to add that maybe I didn't touch on or ask about?  
A. I, I don't know but I, I was wanting to talk to somebody just how the cruise, cruise control (inaudible, tape cut out) out...

- Q. Yeah.
- A. ...uh, (inaudible, tape cutting out) it the cruise control (inaudible, tape cutting out) control messed up on me, you know, there's nothing I could do about it, I...
- Q. Right, yeah, we're gonna' look into that for sure, we'll look into that.
- A. And my son should I talk to somebody, either a lawyer or the Ford place about, uh, about the cruise control.
- Q. Yeah, we're gonna' look at it and see if we determine whether or not it was defective or not, uh, but we can take steps...
- A. Well I know there was a problem 'cause I...
- Q. Yeah.
- A. ...it was messed up.
- Q. Right.
- A. Just...
- Q. Yeah, we'll, we'll look at that, let's, let's go ahead and just conclude this statement [REDACTED] and then, and then I'll and then we can discuss what we'll do with your vehicle and, and what not.
- A. Okay.
- Q. Have you understood all of the questions that I had throughout the statement [REDACTED]
- A. Hum, have I answered 'em?
- Q. Have you understood all of the questions that I've asked?
- A. Oh yeah, I think so.
- Q. Okay, and have all of your answers been true and correct to the best of your knowledge?
- A. Yeah, uh-huh.
- Q. Were you under the influence of any drugs or alcohol at the time...
- A. No, I don't drink.
- Q. ...of the accident?
- A. ...smoke, I go to church...
- Q. Okay.
- A. ...no I don't do nothing like that.
- Q. Okay, thank you for the statement [REDACTED] and with your permission I'll go ahead and turn off the recorder?
- A. Okay.

Claim # [REDACTED]  
Insured [REDACTED]  
Loss Date - 01-22-2009

Insured Passenger's  
Statement

STATEMENT OF MELISSA KENNEDY

RECORDED BY: Ryan Elmore  
RECORDED ON: Unknown  
TRANSCRIBED BY: Nancy Greening  
TRANSCRIBED ON: April 20, 2009

Q. Okay, this is a recorded statement between Ryan Elmore and [REDACTED] we're discussing an accident that occurred on January 22nd, 2009 at or near Malvern, Arkansas and S G Jones Road, if you could [REDACTED] please state your full name, spelling your last?

A. [REDACTED]

Q. And your date of birth?

A. [REDACTED]

Q. And your Social Security number?

A. [REDACTED]

Q. [REDACTED] do you have an email address?

A. Uh, yeah, do you need it?

Q. Well if you want to give it out you can.

A. It's my first name and last name and it's, uh, [REDACTED]

Q. Okay, if you could [REDACTED] describe how the accident occurred yesterday.

A. Um, we was going down the road and I don't know, the car felt like, it felt like the cruise control came on, we went up a hill and we was going down a hill and it felt like the cruise control came on just, just, you know, how that feeling is...

Q. Right.

A. ...it felt like the cruise control came on, we went to one side and then we, I don't know, we went to the other side and we rolled and I ended up in the backseat.

Q. Okay, so you were in the front passenger seat?

A. Yes.

Q. Okay, and you had your daughter in the backseat, correct?

A. Yes.



Q. Okay, and when's your daughter date of birth?

A. Uh, 04-30-2008.

Q. 2008, and she was in child seat, correct?

A. Yes.

Q. Okay, after the, after the accident occurred and the vehicle came to a rest, was it, was it right side up or was it upside down?

A. Uh, it was laying on the driver's side.

Q. Laying on the driver's side...

A. Uh-huh.

Q. ...okay, could you kind of just pick it up from there and tell me what happened then?

A. Um, it was laying on the driver's side, I don't know, uh, some people came from one of the houses right down the road...

Q. Uh-huh.

A. ...and, uh, I unbuckled my child and gave him her...

Q. Uh-huh.

A. ...to get her out of the car and then the fire rescue came from Glenn Rose, mom got out of the car and they finally got me out.

Q. Okay, and then you guys, did you guys go to the hospital?

A. Yes.

Q. Okay, did you get...

A. All three went to the ER and (inaudible) Memorial.

Q. Okay, and how are you doing [REDACTED]?

A. Uh, sore.

Q. Okay, well did they diagnose you with anything at the hospital?

A. No, no, I'm just (inaudible) sore and stiff and from the wreck I'm sure...

Q. Okay.

A. ...being thrown.

Q. How about [REDACTED] how is she doing?

A. Uh, she's, uh, she's seems to be doing okay, she got a bump on her head and a cut on her neck where the glass cut her but I think she's all right.

Q. Okay, you said if we could just go back to the accident but you said that it, it seemed like the cruise control kicked on, did, could you hear the engine reeve up or was it just the sudden increase in speed, what exactly was it that made you think that?

A. Uh, the increase in speed for one thing...

Q. Okay.

A. ...uh, I don't know, it's just that feeling...

Q. Uh-huh.

A. ...I mean it wasn't the engine that blowed that drew my attention to it just, it was the car feels when the cruise control goes up to speed...

Q. Okay.

A. ...I mean it was going down the hill and it comes up (inaudible, tape cuts out) I can't explain it.

Q. So you guys were actually kinda going up, going up an incline when it started?

A. Yeah, uh, well, yeah, we was going down the hill...

Q. Uh-huh.

A. ...yeah, and (inaudible, talking at same time)...

Q. And...

A. ...the whole road.

Q. ...had, did you know of your mother's vehicle having any, any problems with the cruise control prior to that?

A. No and I was over plenty of times.

Q. Okay, all right, [REDACTED] are there any facts about the incident that you'd like to add that maybe I didn't touch on or ask about throughout the statement?

A. Uh, I don't know, uh, I know I did a little bit of research today and I, the cruise control on her model vehicle has been, was recalled back in 2005 on the in, and it's on mine.

Q. On your vehicle?

A. No on mom's.

Q. Oh on her vehicle?

A. Yeah.

Q. Okay, so you're saying on, on your mother's '03 Ford Escape the cruise control...

A. Yeah.

Q. ...was recalled?

A. Yeah, I think they sent out, I think it was 2005 it is was recalled.

Q. I see.

A. The 2003's but I don't...

Q. Do...

A. ...know.

Q. Do you know if she took it in to get it replaced?

A. Uh, mom said she never got a recall notice.

Q. Oh, I see.

A. They never sent anything out to her so she didn't know nothing about it.

Q. Okay, got you.

A. So I don't if that, if that's anything or not but...

Q. Okay, all right have you understood all of the questions that I've had throughout the statement [REDACTED]

A. Yes.

Q. Okay, and have all of your answers been true and correct to the best of your knowledge?

A. Oh yeah.

Q. Okay, were you under the influence of any drugs, medication or alcohol at the time of the accident?

A. No.

Q. Okay, thank you for this statement [REDACTED] and...

A. You're welcome.

Q. ...with your permission I'll go ahead and turn off the recorder.

A. Okay.

To:



SHELTER  
INSURANCE  
COMPANIES  
SHELTER MUTUAL  
SHELTER GENERAL

from:

Hot Spring Sheriff Department  
215 E Highland Aven STE 119  
Malvern, AR 72104

01/23/2009

RE: Claim Number: [REDACTED]  
 Date of Loss: Jan 22, 2009  
 Location: SG Jones Rd N of Malvern, Malvern, Arkansas  
 Case Number: 2009-01-0657  
 Type of Loss: Motor Vehicle Accident  
 Insured: [REDACTED]  
 Driver: [REDACTED]  
 Other Party Involved: NONE

Shelter insures a party involved in this loss. Please send us a copy of the original report related to this loss.

Payment is enclosed.

Ryan Elmore  
Claims Department  
Phone: 501-954-3076  
Fax: 888-742-5671  
Email: RElmore@ShelterInsurance.com

CL100

Enclosure(s)

cc:

5 pages incl.  
this one  
501-332-7413

ARKANSAS MOTOR VEHICLE CRASH REPORT

(Rev. 1/07)

Report # 2009010657 Unit Assigned 202 Premises CNTYRD Lat/Long District 846

Mo/Day/Yr 1/22/09 Day of Week THUR Time Of Crash 2:19 No. Of Vehicles 1 Time Notified 2:21 Time Arrived 2:26 Hit & Run [X] No Direction Of Travel V# 1 N V# 1 N Official Use Only County HOT SPRING City Not In City, But 9 MI N Of MALVERN City Limits Speed Limit 35 Road / Street / Highway FG JONES RD. Section Log Mile At Intersection With Posted [X] Yes [ ] No Not At Intersection, But 22 ft [X] N [ ] S [ ] E [ ] W 1514 FG JONES RD. DRIVE WAY

VEHICLE # 1 (PEDESTRIAN # ) Also Complete Truck and Bus Crash Report for each qualifying vehicle, if crash involves fatality, injury or tow. Driver's Name (First/M/Last Name) Inj. Code 4 Address Safety Equip 99 Air Bag 4 Eject 0 City MALVERN State AR Zip Code Additional Information DOB Race W Sex F Driver's License State AR Class D # End Test Blood Req [ ] Breath [ ] Urine [ ] Toxicology [ ] Results: [X] None Req. [ ] Vehicle Owner's Name (First/M/Last Name) Address City MALVERN State AR Zip Code Vehicle Description Year 2003 Make FORD Model ECP Body Style UI Color WHI Vehicle Identification Number IPMYU021131 Estimated Damage \$20,000.00 Vehicle License Plate [ ] None Year 2003 State AR Number 621HRJ Trailers [ ] Yes [X] No # Of Units Reg. State Plate # Prior Vehicle Damage? [ ] Yes [X] No If Yes, Describe Damage & Location Vehicle Damage As Result Of Crash [X] Disabled [ ] Other Damage [ ] Functional [ ] No Damage Towed? [X] Yes [ ] No Name of Tow Service BEASONS WRECKER SERVICE Address Vehicle Removed To 1528 GARDENER City MALVERN State AR Zip Code 72104 Additional Information Insurance Company SHELTER Policy # 03-1-2942680-11 EMS Notified 2:43 [ ] AM [X] PM Transported By EMS Arrived 2:40 [ ] AM [X] PM PRO-MED [ ] No Injury/Transport Injured Transported To (Hospital Name/City/State) SALINE MEMORIAL HOSPITAL, BENTON, AR 72019

VEHICLE # (PEDESTRIAN # ) Also Complete Truck and Bus Crash Report for each qualifying vehicle, if crash involves fatality, injury or tow. Driver's Name (First/M/Last Name) Inj. Code Address Safety Equip Air Bag Eject City State Zip Code Additional Information DOB Race Sex Driver's License State Class # End Test Blood Req [ ] Breath [ ] Urine [ ] Toxicology [ ] Results: [ ] None Req. [ ] Vehicle Owner's Name (First/M/Last Name) Address City State Zip Code Vehicle Description Year Make Model Body Style Color Vehicle Identification Number Estimated Damage Vehicle License Plate [ ] None Year State Number Trailers [ ] Yes [ ] No # Of Units Reg. State Plate # Prior Vehicle Damage? [ ] Yes [ ] No If Yes, Describe Damage & Location Vehicle Damage As Result Of Crash [ ] Disabled [ ] Other Damage [ ] Functional [ ] No Damage Towed? [ ] Yes [ ] No Name of Tow Service Address Vehicle Removed To City State Zip Code Additional Information Insurance Company Policy # EMS Notified [ ] AM [ ] PM Transported By EMS Arrived [ ] AM [ ] PM [ ] No Injury/Transport Injured Transported To (Hospital Name/City/State)

Vehicle # _____ Point Of Initial Contact 	Vehicle # _____ Point Of Initial Contact 
--	--

Damage To Property Other Than Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Object Struck	Owner's Name Address (City/State/Zip Code)	Damage Estimate \$ Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---------------	---	--

Witness Name(s) (First/M/I/Last Name)	Address (City/State/Zip Code)

Citation(s) Issued To (First/M/I/Last Name)	Charge(s) And Statute Number(s)	Citation Number

**Narrative**

On January 22<sup>nd</sup>, 2009, I responded to a motor vehicle accident involving 1 vehicle. Upon arrival I found a white Ford SUV overturned in a ditch with its occupants sitting on the ground outside of it.

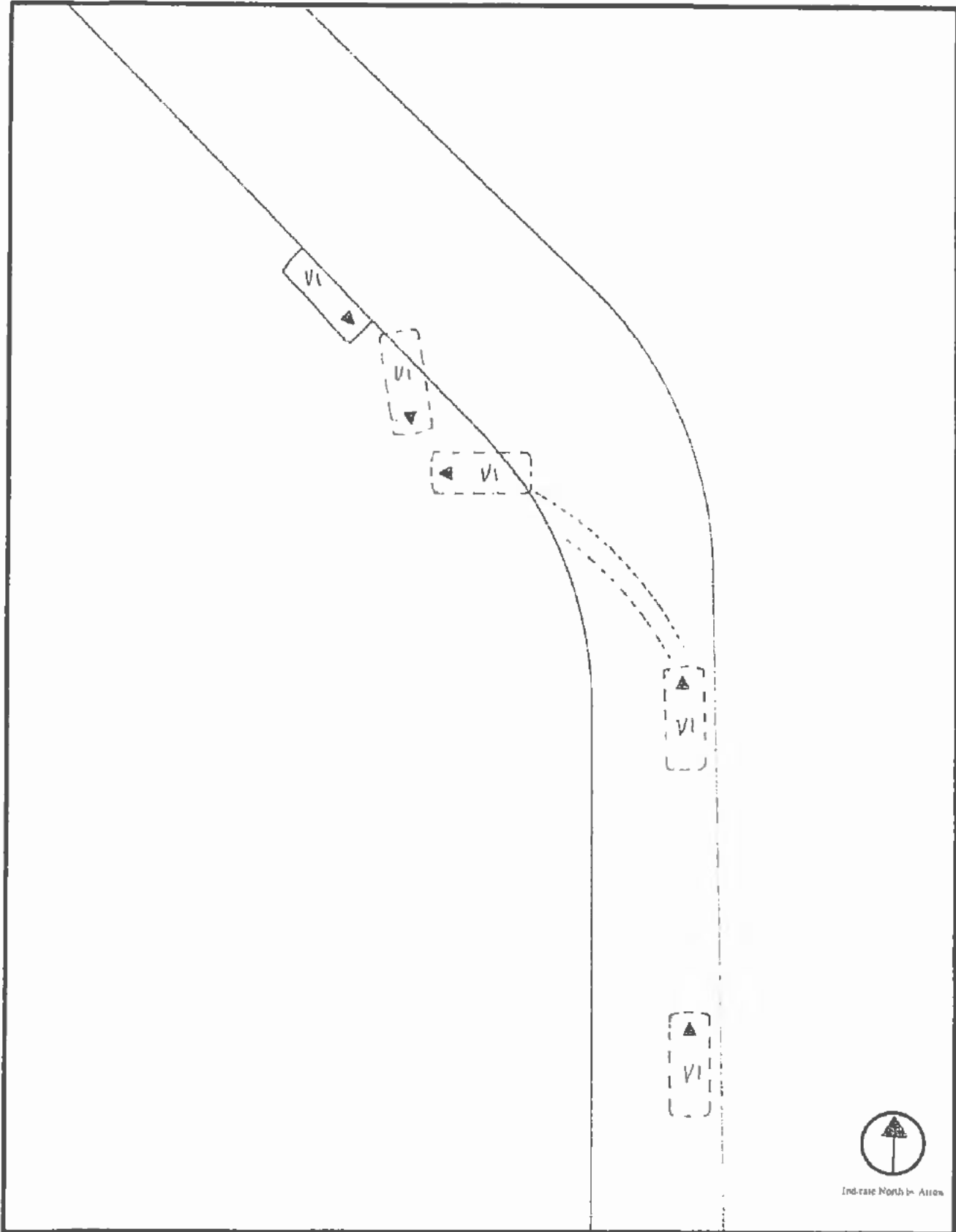
I spoke to driver [REDACTED] who stated that she was traveling north of FG Jones Rd. and stated that she must have hit a patch of loose gravel causing her to lose control of her vehicle.

I found tire markings left in the gravel from locked brakes that curved from the north bound lane and into the south bound lane. I found that the vehicle was traveling too fast for the conditions of the road. I found that the vehicle topped a hill, then slid into an embankment on the opposite side of the road, then overturned while turning to come to rest on its side facing south.

Officer's Name (Rank/First/M/I/Last Name) <i>Cpt. Brandon Taylor</i> Cpt. Brandon C. Taylor	Badge No. 202	Department HOT SPRING COUNTY SHERIFF	Reviewing Officer	Date Filed 1/22/09	Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------	---	-------------------	-----------------------	--

ATMOSPHERIC CONDITIONS										RELATION TO JUNCTION									
0 Clear 4 Fog 8 Dust 9 Mist					1 Rain 5 High Winds 9 Other					0 Non-Junction 4 Alley 8 Crossover Lane					1 Intersection 5 Left Lane 9 Other				
2 Sleet 6 Smoke 9 Unknown					3 Snow 7 Smog 9 Unknown					2 Intersection Retard 6 Entrance Lane 9 Unknown					3 Driveway 7 R.R. Crossing				
LIGHT CONDITIONS										TRAFFIC CONTROLS									
1 Daylight 1 Dawn 1 Dusk / But Lighted 98 Other					2 Dark 4 Dusk 6 Dark / Night Non Functional 99 Unknown					0 No Traffic Controls 5 R.R. Crossing W/ Gate & Signals 11 Traffic Lanes Marked					1 Flashing Beacon 6 R.R. Crossing W/ Flashing Signal's Only 12 No Pavement Signal				
2 Traffic Signal 2 Traffic Signal 8 School Zone					3 Stop Sign 9 Pedestrian Signal 13 Slow Or Warning Sign					4 Yield Sign 10 Lane Symbols Painted on Roadway 14 Officer Or Highwayman					98 Other 99 Unknown				
ACCIDENT LOCATION										ROADWAY SURFACE CONDITION									
1 Rural 2 Urban 99 Unknown					1 Dry 4 Sand 98 Other					1 Wet 5 Dirt 99 Unknown					1 Ice 6 Oil				
ROADWAY SURFACE CONDITION										TRAFFIC CONTROL DEVICE									
1 Concrete 3 Gravel 98 Other					2 Asphalt 4 Dirt 99 Unknown					0 Device Not Present 1 Device Not Functioning					2 Device Functioning Properly 3 Device Not Functioning Properly				
ROAD SYSTEM										TYPE OF COLLISION									
1 Interstate 5 City Street					2 U.S. Highway 6 Freeway Road					3 State Highway 7 Ramp					4 County Road 99 Unknown				
0 Single Vehicle / Non Collision With Motor Vehicle In Transport					2 Rear End 4 Sideswipe Same Direction					1 Head On 3 Angle 5 Sideswipe Opp. Direction 6 Backing					98 Other				
ROAD SURFACE										CONTRIBUTING FACTORS									
1 Concrete 3 Gravel 98 Other					2 Asphalt 4 Dirt 99 Unknown					0 None 11 Improper Right Turn 22 Cutting In					1 Too Fast For Conditions 12 Improper Left Turn 23 Impeding Traffic				
3 Failure to Yield 13 Improper Lane Change 24 Improperly Parked					4 Driving Without Lights 14 Improper Passing 25 Crowded On Rear					5 Failure To Dim Headlights 15 Prohibited U-Turn 16 Alcohol 26 Drugs					6 Downward Slope Sign 17 Defective Lights 27 Careless/Prohibited Driving				
7 Upward Slope Sign 18 Other Defective Equipment 29 Crossing Median					8 Disregard Traffic Signal 19 Improper Backing 98 Other					9 Wrong Side Of Road 20 Failure Of Improper Signal 99 Unknown					10 Wrong Way/One Way Traffic 21 Disregard Obey Program				
ROAD ALIGNMENT										VEHICLE ACTION									
1 Straight 2 Curve					1 Level 3 Hill Crest 98 Other					2 Grade 4 Sag 99 Unknown					1 Going Straight 9 Making Right Turn 17 Avoiding Animal 98 Other				
1 Level 3 Hill Crest 98 Other					2 Grade 4 Sag 99 Unknown					3 Negotiating Curve 10 Making Right Turn On Red 18 Avoiding Other Object 99 Unknown					4 Slowing 11 Making Left Turn On Red 19 Passing 20 Changing Lanes				
5 Stopped In Traffic Lane 12 Making U-Turn 21 Ran Off Road-Right					6 Enter Parked Position 14 Backing 22 Ran Off Road Left					7 Exiting Parked Position 15 Avoiding Pedestrian 23 Crossing Median					8 Parked 16 Avoiding Vehicle				
CONSTRUCTION/MAINTENANCE ZONE										FIRST HARMFUL EVENT COLLISION WITH / NON COLLISION									
1 Yes 2 No					1 Not Divided 98 Other					2 Divided By Median No Barrier 99 Unknown					3 Divided By Perm. Barrier				
4 Divided By Temp. Barrier					5 One Way Traffic					1 Pedestrian 9 Unknown Obj. Not Fixed 17 Utility Pole 23 Concrete Barrier					2 Pedestrian 10 Overturned 18 Fence or Fence Post 26 Curbs/Ditch				
6 No Defects 6 Humps 7 Defective Shoulder					8 No Markings 9 Reduced Width 98 Other					11 Fire 12 Impassible 13 Fall From Vehicle					14 Jammed 15 Bank or Edge 16 Trees 24 Light/Luminary Pole				
17 Loose Materials On Surface 18 Holes 98 Other					19 Ruts 99 Unknown					19 Impact Custom Device 98 Other					20 Impact Building 99 Unknown				
DRIVER DISTRACTION										FIRST HARMFUL EVENT LOCATION									
0 Not Distracted					1 Electronic Communication Device (cell phone, pager, etc.)					2 Other Electronic Device (navigation device, palm pilot, etc.)					3 Other Inside the Vehicle				
4 Other Outside the Vehicle 99 Unknown					1 On Roadway 3 Median 3 Outside Traffic Way					2 Shoulder 4 Roadside 99 Unknown					0 No Fire Occurrence 1 Fire Occurrence				
OCCUPANCY										DRIVER VISION OBSCURED									
0 Non-Motorist					1-999 Vehicle					Number of Occupants					0 Not Obscured 5 Building 11 Dirty Windshield				
1 Rain/Snow/Sleet (on Windshield)					2 Fog 8 Parked Vehicle(s) 98 Other					3 Sunlight 9 Moving Vehicle(s) 99 Unknown					4 Headlights 10 Broken Windshield 12 Discarded By Vehicle Driver				
7 Trees/Shrub/ Etc. 13 Billboards					8 Defective Steering 6 Windshield Mirrors					1 Defective Lights 4 Worn/Slack Tires 98 Other					2 Defective Brakes 5 Motor Trouble 99 Unknown				
SAFETY EQUIPMENT USED										PEDESTRIAN ACTION/LOCATION									
0 None Used 7 Helmet					1 Shoulder Belt 8 Helmet W/ face shield					2 Lap Belt 9 Eye Protection					3 Lap & Shoulder Belt 98 Other				
4 Child Restraint 99 Unknown					0 Not Applied 5 Employed Air Bag 6 No Air Bag Deployed					1 Crossing At Intersection With Signal 13 Walking On Roadway With Traffic					2 Crossing At Intersection Against Signal 14 Walking On Roadway Against Traffic				
3 Crossing At Intersection No Signal 15 Walking On Roadway Against Traffic					4 Crossing At Intersection Diagonally 16 Working In Roadway					5 Crossing Not At Intersection/Urban 17 Standing In Roadway					6 Crossing Not At Intersection/Rural 18 Not In Roadway				
7 Unloading/Loading or School Bus 98 Other					8 Unloading/Loading on Other 99 Unknown					9 Unloading/Loading on Other 98 Other					10 Lying in Roadway 99 Unknown				
11 Walking on Roadway with Traffic - Sidewalks Available					12 Walking on Roadway with Traffic - Sidewalks Available					13 Appeared Normal 98 Other					14 Inebriated 99 Unknown				
15 Fatigued					16 Fell Asleep					17 Physical Disability / Disease/Disorder					18 Mental Disability / Disease/Disorder				
19 Defective Sight					20 Defective Hearing					21 Seizure / Blackout					22 Alcohol / Drugs Impairment				
1 None 3 Not Impaired					2 Impaired 4 Unknown														
EJECTION FROM VEHICLE										PASSENGER/PEDESTRIAN									
0 Not Ejected					1 Totally Ejected					2 Partially Ejected					99 Unknown				
Race					Sex					Age									
13										14									
15										16									
17										18									
19										20									
21										22									
23 Name Of Passenger(s)/Pedestrian(s) Address, City, State, Zip Code																			
1										AR									
2										AR									

Check this box if diagram depicted is from driver/witness statements and/or vehicles were moved prior to investigators arrival.













P.O. Box 30171 / Little Rock, AR 72260-0171  
Joel T Hicks, P.E. (501) 455-5405 / William H. Ford, P.E. (501) 316-1716

February 9, 2009

Mr. Joel Seiter  
Shelter Insurance Co.  
703A Hwy 64 East  
Conway, AR 72032

Re: Claim #: [REDACTED]  
Insured: [REDACTED] 2003 Ford Escape  
Loss: Traffic Incident (Roll-Over) 1/22/09 14:19

Dear Mr. Seiter,

You asked us to inspect the subject vehicle, and this letter will supplement our conversations. The insured and a passenger indicated difficulty with the cruise control. You asked if a problem with the cruise control or throttle could be identified.

The insured was interviewed by telephone on the day of the inspection, February 3, 2009. She mentioned that on the day before the incident she tried the cruise control, but there was no effect except for illumination of the green dash light. She tried to use it again on the day of the incident with the same result. The green dash light went off when she touched the brake pedal, both on the day before and shortly before the incident.

During the 2/3/09 interview she did not remember where along the gravel road the incident took place. She did remember that the green cruise control light was off on the gravel road and that as the incident started, the car seemed to take off on its own. She remembers hearing the engine after the car stopped on its side, and turning off the key. She noticed that the green cruise control light was on when she turned the key off, and it went off also.

February 9, 2009

Mr. Joel Seiter

Page 2

[REDACTED] said she bought the car new, and received a recall notice in 2004 or 2005. She does not know what the recall was for, but she took it to the Malvern, AR, Dealership who serviced it for the notice.

NHTSA recall 04V574000 is concerned with the accelerator cable. The concern was that the accelerator cable liner could migrate out and interfere with the accelerator pedal linkage where the cable goes through the cowl under the dash (Plate 4). This problem does not exist in the subject vehicle as verified during the inspection on 2/3/09.

However, there was a separate problem with the throttle linkage at the connection for the cruise control that appears to explain the behavior described by the insured. The connector that attaches the cruise control to the throttle linkage was not attached (Plate 6). It was disconnected when first observed on removing the engine's dress cover. The cruise control could retract without pulling on the throttle, or be positioned below to catch the throttle linkage and hold the throttle open.

The connector is aligned so as to attach to the throttle at the latter's closed position. It could be easily urged to hold the throttle open in any of several positions so that the throttle would not return to idle when the foot pedal was released (Plates 7 & 8). The loose connector would be expected to vibrate through positions needed to restrain the throttle by movement of the vehicle expected on gravel roads.

The loose connector is consistent with the behavior described on the day of the incident and the day before. I conclude that the loose connector likely contributed to the subject incident by interfering with the travel of the throttle. Please feel free to call at your convenience.

Very truly yours,

ARTI, LLC

*Joel T. Hicks*

Joel T. Hicks, P.E.

JTH/jh 5017



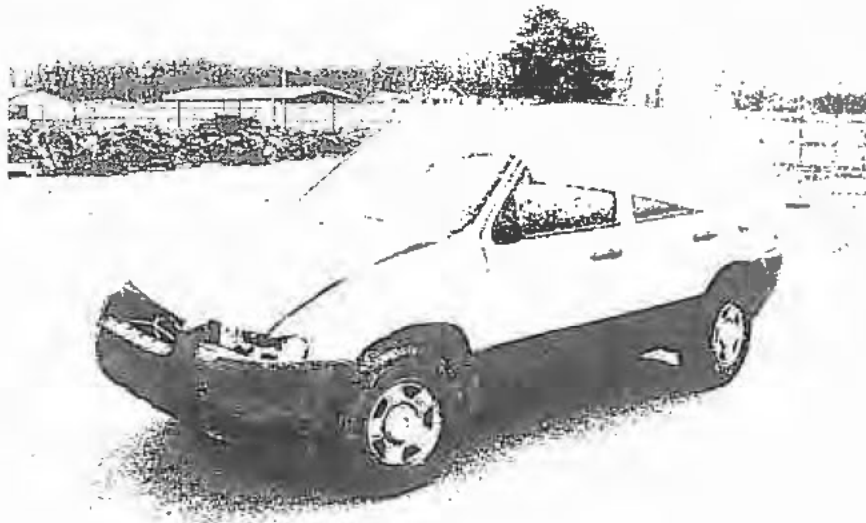


PLATE 1 : The left front of the subject vehicle as inspected. A label on the driver's door post provided the VIN 1FMYU02113K [REDACTED]

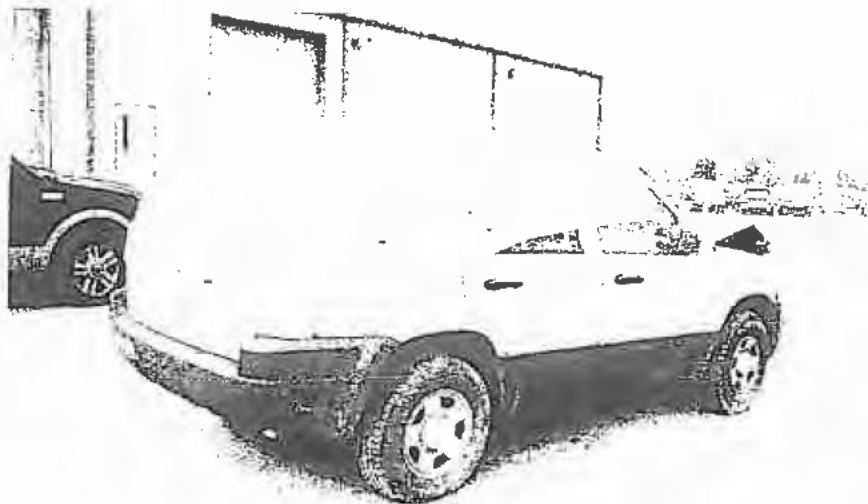


PLATE 2 : The right rear of the 2003 Ford Escape. A service sticker on the windshield indicated service due 3/15/09 or 74,817 miles.

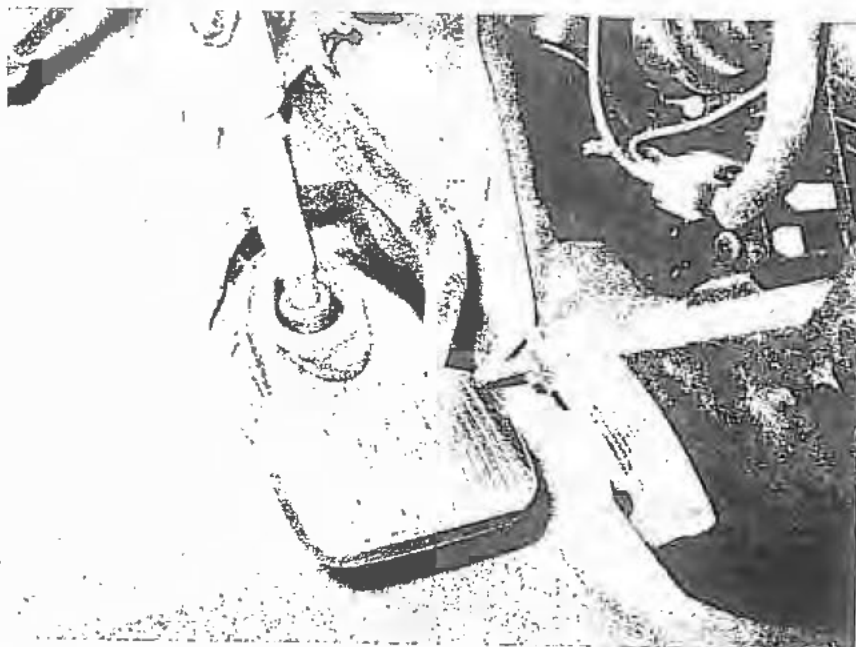


PLATE 3 : The accelerator pedal pivots about a hinge just above the brake pedal arm, and pulls on the cable shown below.

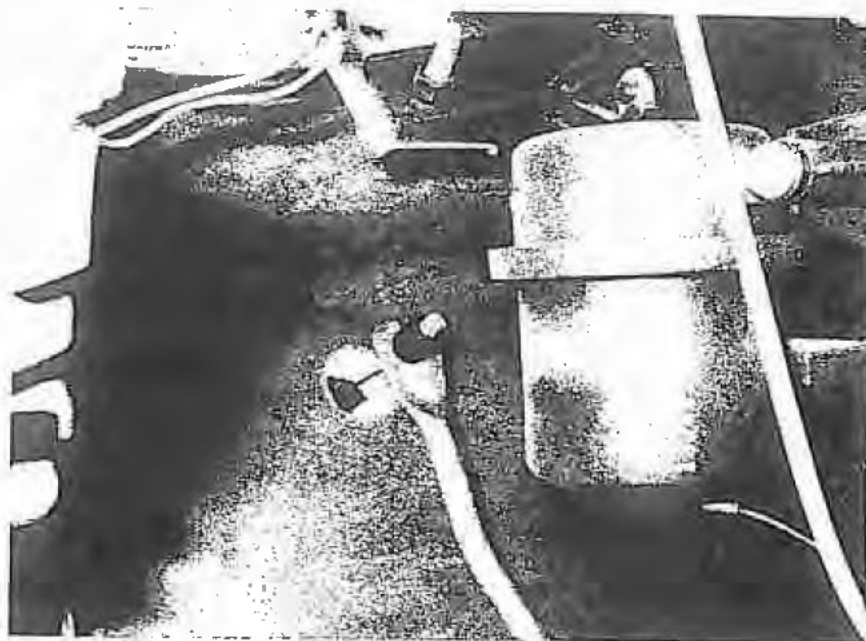


PLATE 4 : Pushing down on the accelerator pedal pulls on the cable, as seen where the cable passes through the cowl, under the dash.



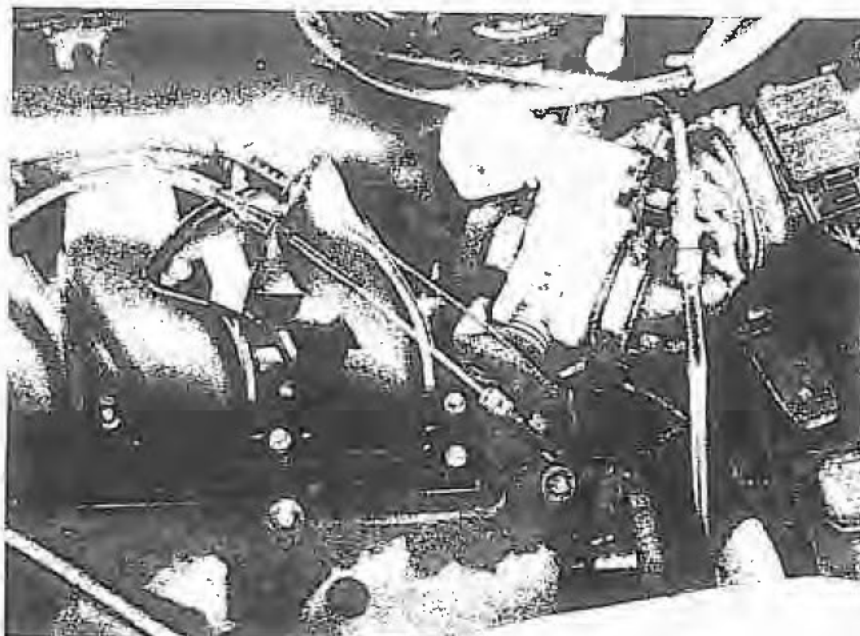


PLATE 5 : Looking down on the front of the engine and the accelerator cable and cruise control cable together at the throttle.

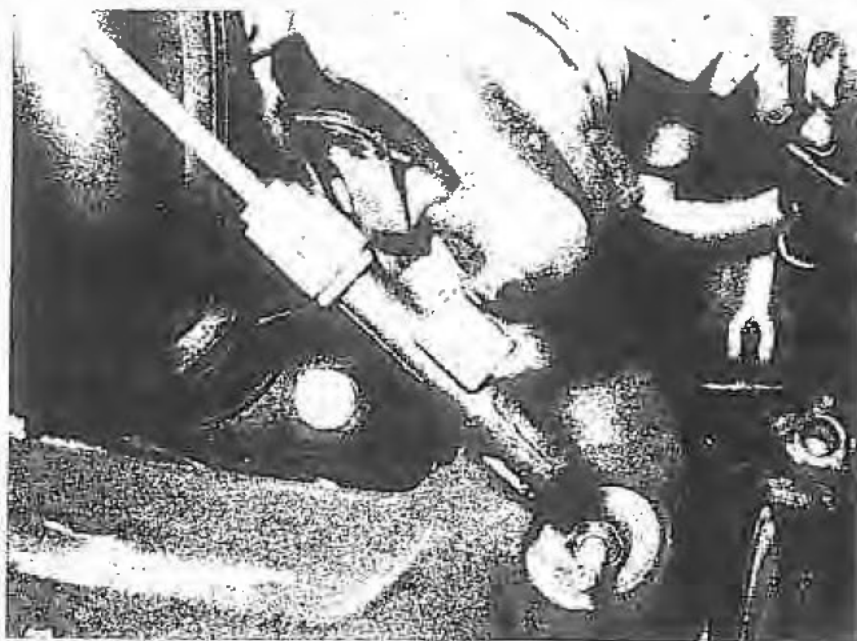


PLATE 6 : The end of the cruise control cable and connector (nearest the camera), which is not secured to the button on the throttle which opens by movement to the left.

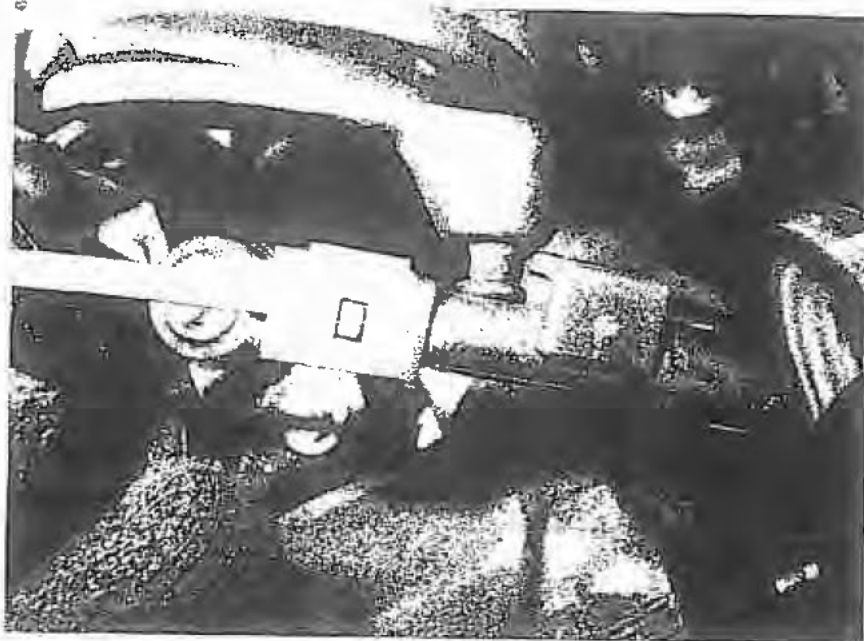


PLATE 7 : The cruise control connector body is supporting the throttle connector button, preventing the throttle from closing.

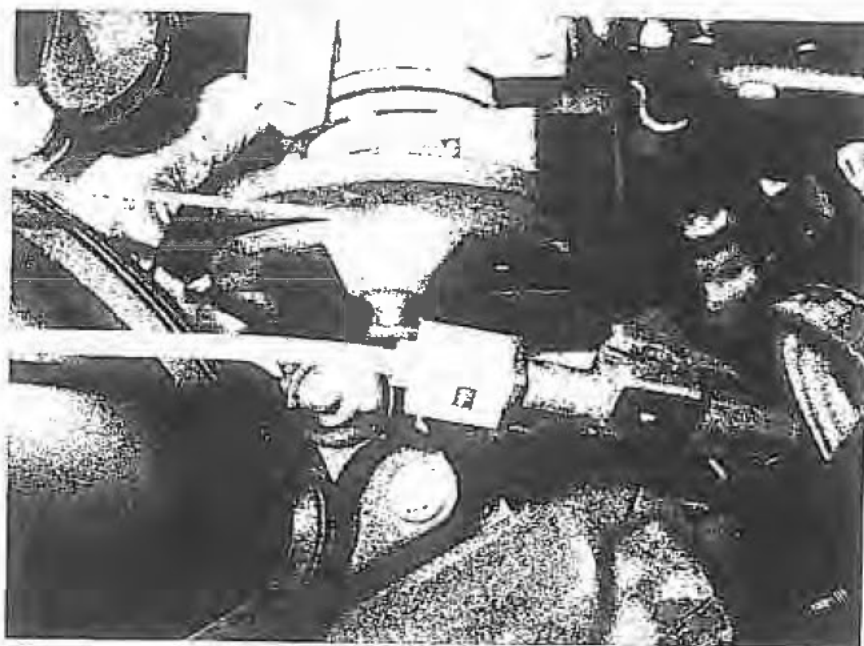


PLATE 8 : The throttle button is hung on the cruise control connector further up on the latter than in the view above, holding the throttle open even further.

CD-ROM OF DIGITAL IMAGES

LIFT POCKET TO REMOVE CD

Image Files 9017A-01 to '-27.JPG:

Neg	Description . . . . .
1-4	Corner views of the subject vehicle as inspected on February 3, 2009.
5	VIN label on the driver's door frame.
6	Windshield label showing a record of service.
7-8	The instrument cluster and the front passenger compartment through the open driver's door.
9	A view of the engine compartment from the left front, after loosening the top dress cover.
10-13	Progressively closer views of the cruise control connection to the throttle button, after removing the dress cover. The connection was found loose.
14-17	The accelerator cable-to-pedal connection at the cowl, which is the subject of NHTSA recall 04V574000.

Image Files 9017A-01 to '-27.JPG (Continued):

- | Neg   | Description . . . . .   |
|-------|---|
| 18-23 | Views of the cruise control connection to the throttle button, and of various positions where the connection could hang on the button and hold the throttle open. |
| 24-25 | Two views which illustrate that the cruise control connection is shielded from view by the dress cover, which had not been removed recently.                      |
| 26-27 | The subject vehicle showing its appearance as the inspection was concluded.   |
| ----- | File "SceneMap9017": MapQuest image of the area near the address given by the police report.  |
| ----- | SubFolder "A9017 [REDACTED] filenotes": Material supplied and obtained, including two NHTSA files relating to the referenced recall.                              |



PLATE 1 : The left front of the subject vehicle as inspected. A label on the driver's door post provided the VIN 1FMYU02113K [REDACTED]



PLATE 2 : The right rear of the 2003 Ford Escape. A service sticker on the windshield indicated service due 3/15/09 or 74,817 miles.

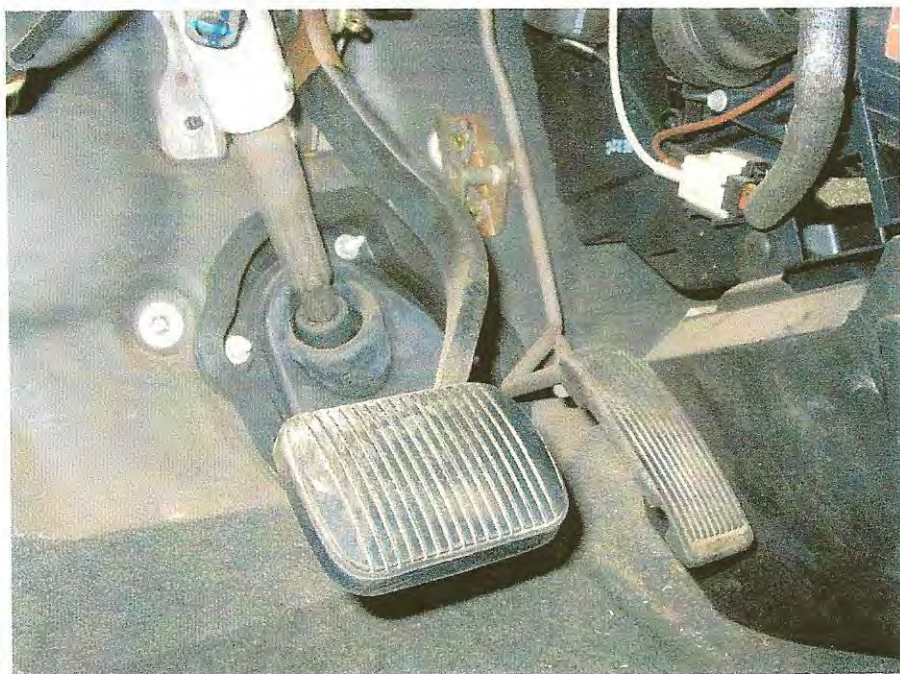


PLATE 3 :

The accelerator pedal pivots about a hinge just above the brake pedal arm, and pulls on the cable shown below.



PLATE 4 :

Pushing down on the accelerator pedal pulls on the cable, as seen where the cable passes through the cowl, under the dash.



PLATE 5 : Looking down on the front of the engine and the accelerator cable and cruise control cable together at the throttle.



PLATE 6 : The end of the cruise control cable and connector (nearest the camera), which is not secured to the button on the throttle which opens by movement to the left.



PLATE 7 : The cruise control connector body is supporting the throttle connector button, preventing the throttle from closing.



PLATE 8 : The throttle button is hung on the cruise control connector further up, on the latter than in the view above, holding the throttle open even further.





# State Farm Insurance Companies®



March 3, 2005

Frederick Operations Center  
Attn: Silver Spring Auto Claims  
P.O. Box 953  
Frederick, MD 21705-0953

FORD MOTOR CO  
PARKLANE TOWERS W STE 400  
3 PARKLANE BLVD  
DEARBORN MI 48126-2568

RECEIVED

MAR 1 3 2005

RE: Claim Number: [REDACTED]  
Our Insureds: [REDACTED]  
Date of Loss: January 8, 2005  
Product Make, Model and Year: 2004 Ford Escape Wagon  
VIN: 1FMCU93164K [REDACTED]

Dear Sir/Madam:

The 2004 Ford Escape Wagon is insured by State Farm Mutual Automobile Insurance Company. This Ford Escape experienced a sudden, unexpected acceleration surge, caused the vehicle to jump the curb, and hit a tree.

State Farm® would like to give you an opportunity to inspect the 2004 Ford Escape Wagon and give you advanced notice of our potential subrogation claim.

Please contact me at 301 622 7326, or call me at my toll-free number, 1 800 343 0221, Ext. 7326, to set up a time for your inspection.

Sincerely,

A handwritten signature in cursive script that reads "Lynn Butler".

Lynn Butler  
Claim Representative  
301 622 7326  
State Farm Mutual Automobile Insurance Company

21/637/0302007



All Action Details for Issue

Print

VIN: 1FMCU93164K [REDACTED] Year: 2004 Model: ESCAPE Case: 1572191764  
 Name: [REDACTED] Owner Status: Original WSD: 2003-12-20  
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED Primary Phone: [REDACTED]  
 Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER OF RECALL/ONP; DOCUMENT CAMPAIGN NUMBER  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: US INQUIRY CASE BASE  
 Odometer: 8500 MI Comm Type: PHONE  
 Analyst Name: LAURIEANN DARKO Analyst: LDARKO  
 Action Date: 03/16/2005 Action Time: 15.36 37.031 Action Data: Yes

**Comments** CUSTOMER SAID: -A WHILE BACK MY WIFE WAS IN AN ACCIDENT-A SHORT TIME AFTER THE ACCIDENT RECEIVED A RECALL NOTICE FOR THE SAME PROBLEM-CONSUMERS AFFAIRS CONTACTED ME AND GAVE ME AN ADDRESS TO GIVE TO MY INSURANCE COMPANY-HAD THE BODY WORK REPAIRED-RECALL HASNT BEEN COMPLETED-INSURANCE COMPANY WANTS A REPRESENTATIVE FROM THEIR ORGANIZATION THERE WHEN THE RECALL IS DONE-HAVE NOT BEEN DRIVING THE VEH-NOT SURE IF I STILL NEED TO HAVE THE RECALL COMPLETED-THE INSURANCE IS PUTTING A CLAIM IN TO FORD FOR SUBROGRATIONCRC ADVISED: PLEASE CONTACT YOUR F/L/M DEALERSHIP TO SCHEDULE AN APPOINTMENT TO COMPLETE THE FSA/CSP. ADVISE THE CUSTOMER OF THE INFORMATION FOUND IN THE CUSTOMER LETTER ( OR THE SEARCH ENGINE Q&A) DOCUMENT ANY ADDITIONAL INFORMATION YOU PROVIDE TO THE CUSTOMER.04S25 3.0L LHD ACCELERATOR CABLE REPLACEMENT 04C09 LIFTGATE LATCH RELEASE ROD AND HANDLE ASSEMBLY RETURN SPRING REPLACEMENT-CUST ADVISED RECALL IS STILL OPEN AND IS REQUIRED TO BE COMPLETED-RECOMMEND CUST DISCUSS ISSUE FURTHER WITH DLR-ALSO SUGGESTED CUST GET CLARIFICATOIN FROM INSURANCE COMPANY AS TO WHY THE HAVE ADVISED HIM NOT TO HAVE THE RECALL COMPLETED

Data Element Name	Data Value
RECALL/ONP CAMPAIGN NUMBER	04S25



3/22/2005

All Action Details for issue

Print

VIN: 1FMCU93164K [REDACTED] Year: 2004 Model: ESCAPE Case: 1572191764  
 Name: [REDACTED] Owner Status: Original WSD: 2003-12-20  
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED Primary Phone: [REDACTED]  
 Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT Secondary Phone: [REDACTED]  
 Issue Type: 03 CONCERN Issue Status: OPEN  
 Initial Customer Contact:

Action: ADVISE CUST OF FSA/CSP; DOCUMENT CAMPAIGN NUMBER  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: US INQUIRY CASE BASE  
 Odometer: 6200 MI Comm Type: PHONE  
 Analyst Name: LORENZA DIAZ Analyst: LDIAZ10  
 Action Date: 02/25/2005 Action Time: 12.06.18.425 Action Data: Yes

Comments CUSTOMER SAID: --CALLED FEW WEEKS AGO --WIFE WAS IN AN ACCIDENT BEFORE RECALL ON THE CAUSE CAME OUT --IT ACCELERATED BY ITSELF --THERE WAS DAMAGE IN THE --CAR LEGAL CONTACTED CUST AND GAVE OFFICE OGC FOR INS TO CLAIM --IT WAS REPAIRED BUT NOT YET DONE WITH THE RECALL --WAS TOLD BY THE DEALER NOT TO HAVE IT DONE UNTIL A FORD LOOKED AT CAR --NEED TO TALK AT FORD ON SETTING UP WITH A FORD REP --VEH IS WITH CUST --VEH IS NOW DRIVEABLE BUT THEY ARE AFRAID TO DRIVE IT UNTILL RECALL IS COMPLETED --WANT TO KNOW WHEN THEY CAN HAVE IT COMPLETED DEALER SAID: LEN STOLER FORD 11275 REISTERSTOWNOWINGS MILLS, MD 21117 TEL: (410) 356-7000 FAX: (410) 902-1250 --WAYNE, SM TOLD CUST THAT NOT TO HAVE RECALL DONE UNTIL A FORD LOOKED AT CAR CRC ADVISED: PLEASE ADVISE THE CUSTOMER OF THE INFORMATION FOUND IN THE CUSTOMER LETTER OR THE SEARCH ENGINE Q&A. PLEASE DOCUMENT ANY INFORMATION YOU PROVIDE TO THE CUSTOMER. --CSR MADE AN OBC TO THE DEALER BUT WAYNE IS NOT AROUND SO CSR SPOKE TO JIM BICK, S/D AND HE SAID THAT HE WILL CALL CSR BACK --CSR WILL CALL CUST ONCE ANSWER IS AVAILABLE

Data Element Name	Data Value
FSA/CSP CAMPAIGN NUMBER	04S25

Action: OUTBOUND CALL TO DEALER  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: MANUAL - PHONE CSR  
 Odometer: 6200 MI Comm Type: PHONE  
 Analyst Name: LORENZA DIAZ Analyst: LDIAZ10  
 Action Date: 02/25/2005 Action Time: 12.44.51.186 Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
JENNIFER		ESTES	6038756112	OTHER

Comments CUSTOMER SAID: --NONE DEALER SAID: --NONE CRC ADVISED: --CSR MADE AN OBC TO THE DEALERSHIP AND SPOKE TO WAYNE, SM AND HE SAID THAT HIS FORD REP WENT THERE ON FEB 16 AND REVIEWED CUST FILE --FORD REP ADVISED HIM TO FILL UP SOME THING ON THE FMC DEALER WEBSITE WHERE THEY CAN GET AN AUTHORIZATION FROM LEGAL TO HAVE THE RECALL DONE --THEY EMAILED LEGAL FEB 16 AND AS OF YET NO REPLY FROM THEM --CSR CONSULTED TL GEMMA AND SHE ADVISED THAT DEALER CAN CONTACT BAC AND DEALER CAN ALSO ASKED REGIONAL REP FOR THE LEGAL CONTACT OR ASKED THEM TO CONTACT LEGAL DEPT

Action: OUTBOUND CALL TO FORD/MERCURY CUSTOMER  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: MANUAL - PHONE CSR  
 Odometer: 6200 MI Comm Type: PHONE  
 Analyst Name: LORENZA DIAZ Analyst: LDIAZ10



3/22/2005

Action Date: 02/25/2005

Action Time: 12.47.31.620

Action Data: No

Caller Information If Different From Vehicle Owner:

First Name

Middle Initial

Last Name

Day Phone

Relationship

[REDACTED]

[REDACTED]

[REDACTED]

OTHER

Comments CUSTOMER SAID: --NONEDEALER SAID: --NONECRC ADVISED: --CSR MADE OBC TO THE CUST AND ADVISED HIM TO WAIT UNTIL AN APPROVAL WILL BE PROVIDED BY LEGAL DEPT

---

[REDACTED]

3/22/2005

All Action Details for Issue

Print

VIN: 1FMCU93164K [REDACTED] Year: 2004 Model: ESCAPE Case: 1572191764  
 Name: [REDACTED] Owner Status: Original WSD: 2003-12-20  
 Symptom Desc: ENG SPEED-UP SUDDEN ACCEL COLD Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - ACCIDENT / FIRE Secondary Phone: [REDACTED]  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: ADVISE CUST INFORMATION WILL BE SENT TO CONSUMER AFFAIRS  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: US CONCERN CASE BASE  
 Odometer: 8100 MI Comm Type: PHONE  
 Analyst Name: MONGE FATIMA Analyst: FMONGE2  
 Action Date: 01/11/2005 Action Time: 10.43.48.546 Action Data: Yes

Comments CUSTOMER SAID: -SATURDAY JAN 8 2005 WIFE HAD ACCIDENT WITH THE VEH-ACCIDENT OCCURED IN TOWSON, [REDACTED]-WIFE PULLING OUT OF THE PARKING LOT -VEH JUMPED CURB AND HIT A TREE-VEH ACCELERATED ALL OF A SUDDEN-COULD NOT STOP THE VEH-NO PERSONAL INJURY -VEH AT DLRSHF FOR INSPECTION -REPAIR -QUOTE APPROX \$200.00 AND OVER FOR REPAIR -CLAIMS THAT ACCIDENT HAPPENED DUE TO FAILER WITH ACCELERATOR CABLE ADVISED IN RECALL-WAS NOT NOTIFIED OF THIS RECALL IN WRITING-BECAME AWARE OF RECALL AS HE DID RESEARCH ON THE WEB USING HIS VIN NUMBER AS A RESULT OF THE ACCIDENT -04S25-ACCELERATOR CABLE REPLACEMENT -ALSO NOW AWARE OF RECALL 04C09-LIFTGATE LATCH RELEASE ROD AND HANDLE ASSEMBLY RETURN SPRING REPLACEMENT-CAR BEGAN TO OVER HEAT AFTER THE ACCIDENT ON THE WAY HOME -RADIATOR CONCERN AS A RESULT OF THE ACCIDENT- NO POLICE REPORT-INSURANCE REPORT FILED-INSURANCE STATUS PENDING -CUST CLAIMS ACCIDENT CAUSED BYY FAILURE OF ACCERLERATOR CABLE -WANTS TO KNOW OF RECALL-WANTS TO KNOW WHAT FORD WILL DO ABOUT THIS ISSUEDEALER SAID: LEN STOLER FORD 11275 REISTERSTOWNOWINGS MILLS, MD 21117 TEL: (410) 356-7000CRC ADVISED: - I WILL FORWARD THIS INFORMATION TO OUR CONSUMER AFFAIRS GROUP, SOMEBODY FROM CONSUMER AFFAIRS WILL CONTACT YOU IN 2 BUSINESS DAYS. PLEASE NOTIFY YOUR INSURANCE CARRIER AND REPORT THIS INCIDENT.

Data Element Name	Data Value
FIRE/ACCIDENT	A

Action: SEND ACKNOWLEDGEMENT LETTER TO CUSTOMER  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 8100 MI Comm Type: OTHER  
 Analyst Name: CASSANDRA JONES Analyst: CJONES  
 Action Date: 01/14/2005 Action Time: 14.34.04.913 Action Data: Yes

Comments LPA SPOKE TO CUSTOMER. VEHICLE IS BEING REPAIRED BY INSURANCE CO. LPA GAVE ADDRESS FOR SUB REFERRRAL. RECALLS NOTICES HAVE NOT REACHED CUSTOMER YET. NFA. LETTER SENT TO CUSTOMER.\*\*CORRECTION FROM CRC COMMENTS\*\*\* VEHICLE WAS NEVER RETURNED TO DLR.

Data Element Name	Data Value
CERTIFED LETTER #	

Action: REFER TO INSURANCE CARRIER - INSURANCE COMPANY ALREADY INVOLVED  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 8100 MI Comm Type: OTHER  
 Analyst Name: CASSANDRA Analyst: CJONES



3/22/2005

JONES


**Action Date:** 02/24/2005

**Action Time:**  
17.56.23.294

**Action Data:** No

**Comments** NFA. LETTER PREVIOUSLY SENT TO CUSTOMER

---

 3/22/2005

All Action Details for Issue

Print

VIN: 1FMCU93164K [REDACTED] Year: 2004 Model: ESCAPE Case: 1572191764  
 Name: [REDACTED] Owner Status: Original WSD: 2003-12-20  
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED Primary Phone: [REDACTED]  
 Reason Desc: MISC INQUIRY - FORD MOTOR COMPANY FEEDBACK Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER THE FEEDBACK HAS BEEN DOCUMENTED  
 Dealer: Origin Desc: US INQUIRY CASE BASE  
 Odometer: 9000 MI Comm Type: PHONE  
 Analyst Name: KAREN DENNEY Analyst: KDENNEY  
 Action Date: 02/23/2005 Action Time: 19.03.06.819 Action Data: No

Caller information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]	[REDACTED]	SPOUSE

Comments CUSTOMER SAID: - CUST IS WAITING TO FIND OUT IF THE RECALL IS GOING TO BE COMPLETED ON HER VEH- THE VEH WAS IN AN ACCIDENT WHEN IT SURGED BEFORE CUST RECEIVED LETTER ABOUT ACCELERATOR CABLE- CUST WANTS TO BE ABLE TO USE THE VEH BUT APPARENTLY DLRSHIP NEEDS AUTHORIZATION FROM FORD BEFORE THEY CAN COMPLETE THE RECALL AND CUST DOES NOT WANT TO DRIVE IT LIKE THIS DEALER SAID: - NONECRC ADVISED: THANK YOU FOR PROVIDING FORD MOTOR COMPANY WITH FEEDBACK; YOUR OPINIONS ARE VALUABLE TO US. I HAVE DOCUMENTED YOUR COMMENTS AND THE INFORMATION YOU PROVIDED REGARDING YOUR EXPERIENCE WITH OUR COMPANY. YOU WILL NOT BE CONTACTED UNLESS A SPECIFIC DEPARTMENT REQUIRES ADDITIONAL INFORMATION OR CLARIFICATION.- ADVISE CUST THAT DLRSHIP WILL BE WORKING WITH FORD ON THEIR NEXT BEST STEPS



3/22/2005



All Action Details for Issue

Print

VIN: 1FMCU93164K [REDACTED] Year: 2004 Model: ESCAPE Case: 1572191764  
 Name: [REDACTED] Owner Status: Original WSD: 2003-12-20  
 Symptom Desc: ENG SPEED-UP SUDDEN ACCEL COLD Primary Phone: [REDACTED]  
 Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT Secondary Phone: [REDACTED]  
 Issue Type: 03 CONCERN Issue Status: CLOSED  
 Initial Customer Contact: 01/25/2005

Action: ADVISE CUST OF FSA/CSP; DOCUMENT CAMPAIGN NUMBER  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: US INQUIRY CASE BASE  
 Odometer: 8100 MI Comm Type: PHONE  
 Analyst Name: MONGE FATIMA Analyst: FMONGE2  
 Action Date: 01/11/2005 Action Time: 11.12.13.762 Action Data: Yes

Comments CUSTOMER SAID: -SATURDAY JAN 8 2005 WIFE HAD ACCIDENT WITH THE VEH-ACCIDENT OCCURED IN TOWSON [REDACTED] -WIFE PULLING OUT OF THE PARKING LOT -VEH JUMPED CURB AND HIT A TREE-VEH ACCELERATED ALL OF A SUDDEN-COULD NOT STOP THE VEH-NO PERSONAL INJURY -VEH AT DLRSHIP FOR INSPECTION -REPAIR -QUOTE APPROX \$200.00 AND OVER FOR REPAIR -CLAIMS THAT ACCIDENT HAPPENED DUE TO FAILER WITH ACCELERATOR CABLE ADVISED IN RECALL-WAS NOT NOTIFIED OF THIS RECALL IN WRITING-BECAME AWARE OF RECALL AS HE DID RESEARCH ON THE WEB USING HIS VIN NUMBER AS A RESULT OF THE ACCIDENT -04S25-ACCELERATOR CABLE REPLACEMENT -ALSO NOW AWARE OF RECALL 04C09- LIFTGATE LATCH RELEASE ROD AND HANDLE ASSEMBLY RETURN SPRING REPLACEMENT-CAR BEGAN TO OVER HEAT AFTER THE ACCIDENT ON THE WAY HOME -RADIATOR CONCERN AS A RESULT OF THE ACCIDENT- NO POLICE REPORT-INSURANCE REPORT FILED-INSURANCE STATUS PENDING -CUST CLAIMS ACCIDENT CAUSED BYY FAILURE OF ACCERLERATOR CABLE -WANTS TO KNOW OF RECALL-WANTS TO KNOW WHAT FORD WILL DO ABOUT THIS ISSUEDEALER SAID: LEN STOLER FORD11275 REISTERSTOWNOWINGS MILLS, MD 21117 TEL: (410) 356-7000FAX: (410) 902-1250CRC ADVISED: PLEASE ADVISE THE CUSTOMER OF THE INFORMATION FOUND IN THE CUSTOMER LETTER OR THE SEARCH ENGINE Q&A. PLEASE DOCUMENT ANY INFORMATION YOU PROVIDE TO THE CUSTOMER.ADVISED CUST AS PER OASIS-04S25 3.0L LHD ACCELERATOR CABLE REPLACEMENT -MAY PREVENT THROTTLE FROM RETURNIONG TO IDLE POSITION-MAY CAUSE INCREASE ENGINE SPEED-MAY CAUSE ACCIDENT -04C09 LIFTGATE LATCH RELEASE ROD AND HANDLE ASSEMBLY RETURN SPRING REPLACEMENT -IF LIFT GATE LEFT UNLOCKED MAY OPEN IN A SEVERE ACCIDENT -ADVISED CUST TO SPEAK WITH DLR

Data Element Name	Data Value
FSA/CSP CAMPAIGN NUMBER	04S25
FSA/CSP CAMPAIGN NUMBER	04C09

Action: UNABLE TO CONTACT CUSTOMER TO DATE  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: DEALER  
 Odometer: 8100 MI Comm Type: PHONE  
 Analyst Name: Analyst: W-KRONST  
 Action Date: 02/05/2005 Action Time: 10.23.48.835 Action Data: No

Comments LEFT MESSAGE WITH CUST

Action: NO REPAIR PROCEDURE AVAILABLE AT THIS TIME PER - "OTHER"  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: DEALER  
 Odometer: 8100 MI Comm Type: PHONE  
 Analyst Name: Analyst: W-KRONST  
 Action Date: 02/22/2005 Action Time: 16.29.38.070 Action Data: No


Comments SUBMITTED FORM TO LEGAL FOR PROCESSING CUSTOMER ALLEDGES VEHICLE INVOLVED IN ACCIDENT AS A RESULT OF CONDITION ASSOOCIATED WITH RECALL FOR ACCELAERATOR CABLE. WE ARE



3/22/2005

AWAITNG O.K. FROM FACTORY TO PERFORM THE RECALL.

---

 3/22/2005

All Action Details for Issue

Print

VIN: 1FMCU93164K [REDACTED] Year: 2004 Model: ESCAPE Case: 1572191754  
 Name: [REDACTED] Owner Status: Original WSD: 2003-12-20  
 Symptom Desc: AUTO TRANS NO ENGAGEMENT Primary Phone: [REDACTED]  
 Reason Desc: WARRANTY - COVERAGE INQUIRY Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: PROVIDE INFORMATION ACCORDING TO PHRASEOLOGY  
 Dealer: 00008 LEN STOLERFORD, INC. Origin Desc: US CONCERN CASE BASE  
 Odometer: 4400 MI Comm Type: PHONE  
 Analyst Name: HYLTON ROSEMARIE Analyst: RHYLTON2  
 Action Date: 06/24/2004 Action Time: 15.53.38.998 Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]		SPOUSE

Comments CUSTOMER SAID: -SHE TRADED IN THE 2001 ESCAPE FOR THE 2004 ESCAPE -TODAY WHEN SHE TURNED ON THE VEHICLE AND WENT INTO DRIVE, IT WENT INTO REVERSE. -THIS WAS ALSO A PROBLEM WITH THE 2001 ESCAPE -IT OCCURED A FEW TIMES, SHE TURNED IT OFF AND THEN IT WAS FINE -SHE DID NOT TAKE IT IN TO THE DEALERSHIP ABOUT THIS, NOR DID SHE CALL THE DEALERSHIP-SHE WOULD PREFER TO WAIT UNTIL THE PROBLEM HAPPENS AGAIN BEFORE SHE BRINGS IT IN TO THE DEALERSHIP LEN STOLER  
 FORDDEALER SAID: -NONELEN STOLER FORD 11275 REISTERSTOWNOWINGS MILLS, MD 21117TEL: (410) 356-7000CHC ADVISED: POSSIBLE WARRANTY/ESP COVERAGE FOR YOUR CONCERN. - PLEASE TAKE YOUR VEHICLE TO THE F/L/M DEALERSHIP OF YOUR CHOICE TO HAVE THE VEHICLE INSPECTED TO DETERMINE IF ANY WARRANTY/ESP WILL BE APPLICABLE

[REDACTED]

3/22/2005



<b>STATE OF MICHIGAN</b> 80th JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>SUMMONS AND COMPLAINT</b>	<b>CASE NO.</b> 06-9503 -GC
--	------------------------------	--------------------------------

Court address: **Clare County Building, 225 West Main Street, Harrison, Michigan 48625**  
 Court telephone no.: **(989) 426-9207**

Plaintiff name(s), address(es), and telephone no(s):  
**CITIZENS INSURANCE COMPANY, as Subrogee of Bruce Konwerski**

---

Plaintiff attorney, bar no., address, and telephone no.  
**Ralph M. Reisinger P35645  
 5300 Corporate Grove Dr., Ste. 350  
 Grand Rapids, MI 49512  
 (616) 554-7769**

v

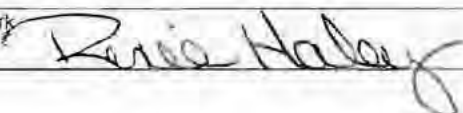
Defendant name(s), address(es), and telephone no(s):  
**FORD MOTOR COMPANY  
 Jurisdiction of Origin: Delaware**

---

Resident Agent: **Peter J. Sherry, Jr.  
 One American Road  
 Dearborn, Michigan 48126**

**SUMMONS NOTICE TO THE DEFENDANT:** In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons to file an answer with the court and serve a copy on the other party or to take other lawful action (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.

Issued <b>June 8, 2006</b>	This summons expires <b>September 7, 2006</b>	Court clerk 
-------------------------------	--	--

\*This summons is invalid unless served on or before its expiration date.

**COMPLAINT** *Instruction: The following is information that is required to be in the caption of every complaint and is to be completed by the plaintiff. Actual allegations and the claim for relief must be stated on additional complaint pages and attached to this form.*

**Family Division Cases**

There is no other pending or resolved action within the jurisdiction of the family division of circuit court involving the family or family members of the parties.

An action within the jurisdiction of the family division of the circuit court involving the family or family members of the parties has been previously filed in \_\_\_\_\_ Court.

The action  remains  is no longer pending. The docket number and the judge assigned to the action are:

Docket no.	Judge	Bar no.
------------	-------	---------

**General Civil Cases**

There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint/

A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in \_\_\_\_\_ Court.

The action  remains  is no longer pending. The docket number and the judge assigned to the action are:

Docket no.	Judge	Bar no.
------------	-------	---------

**VENUE**

Plaintiff(s) residence (include city, township, or village) <b>Michigan</b>	Defendant(s) residence (include city, township, or village) <b>Michigan</b>
Place where action arose or business conducted <b>Leota, MI</b>	

Date: **05/25/2006**  
 District Court:   
 Signature of attorney/plaintiff: 

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you to fully participate in court proceedings, please contact the court immediately to make arrangements.

STATE OF MICHIGAN

IN THE 80<sup>th</sup> DISTRICT COURT FOR THE COUNTY OF CLARE

Clare County Building, 225 West Main Street, Harrison, Michigan 48625

CITIZENS INSURANCE COMPANY, as  
Subrogee of Bruce Konwerski,

Plaintiff,

Case No. 06 - - GC

9503

v

FORD MOTOR COMPANY,  
a Delaware Corporation,

COMPLAINT & JURY DEMAND

Defendant.

Ralph M. Reisinger (P35645)  
**REISINGER LAW FIRM PLLC**  
Attorney for Plaintiff  
5300 Corporate Grove Dr., Ste. 350  
Grand Rapids, MI 49512  
(616) 554-7769

There is no other civil action between these parties arising out of the same transaction or occurrence as alleged in this complaint pending in this court, nor has any such action been previously filed and dismissed or transferred after having been assigned to a judge.

NOW COMES the Plaintiff, Citizens Insurance Company, as Subrogee of Bruce Konwerski, by and through its attorney, Ralph M. Reisinger, **Reisinger Law Firm, PLLC**, and in support of its Complaint states as follows:

1. Citizens Insurance Company is an insurance carrier licensed to and doing business in the State of Michigan.
2. Ford Motor Company is a Delaware Corporation doing business in the State of Michigan.

3. That the incidents which are the subject matter of this litigation occurred at 218 West Elder Drive, Leota, Michigan 48625.

4. The amount at issue is Three Thousand Eight Hundred Eleven and 06/100 (\$3,811.06) Dollars and venue is proper in this Court.

- 101 28 page 111

**COUNT I – NEGLIGENCE/PRODUCTS LIABILITY/  
BREACH OF IMPLIED WARRANTIES**

5. This Plaintiff hereby incorporates by reference and realleges, as though fully set forth herein, its allegations contained in Paragraphs 1 - 4 above.

6. That prior to January 6, 2005, Plaintiff's subrogor, Bruce Konwerski, was the owner of a 2004 Ford Escape XLS, VIN 1FMYUO2174KA15713.

7. That on that date, the vehicle malfunctioned causing it to unexpectedly increase in idle speed and run into the building owned by Plaintiff's subrogor, Bruce Konwerski.

8. That the acceleration and failure to stop of the vehicle was due to the defective accelerator cable, subsequently recalled pursuant to Safety Recall 04S25.

9. That at the time of the incident, the vehicle and home were insured under a policy of insurance issued by Citizens Insurance Company.

10. That Citizens Insurance Company made payment in the amount of \$3,811.06 and is legally and equitably subrogated to the rights of its insured.


11. That Ford is liable for the damage as a result of the defective product placed into the stream of commerce, breach of express and implied warranties and negligence in placing into the stream of commerce a vehicle with defective accelerator cables subject to unexpected increase in idle speed and increased stopping distance.

WHEREFORE, Plaintiff respectfully requests this Honorable Court will enter judgment in the amount of \$3,811.06 and award it costs, interest and statutory attorney fees.

Dated: May 25, 2006

REISINGER LAW FIRM, PLLC

By:

  
Ralph M. Reisinger (P35645)  
5300 Corporate Grove Drive  
Suite 350  
Grand Rapids, Michigan 49512  
616.554.7769


**JURY DEMAND**

NOW COMES the Plaintiff, Citizens Insurance Company, as Subrogee of Bruce Konwerski, by and through its attorney, Ralph M. Reisinger, and hereby makes demand for trial by jury in this cause of action.

Dated: May 25, 2006

REISINGER LAW FIRM, PLLC

By:

  
Ralph M. Reisinger (P35645)  
5300 Corporate Grove Drive  
Suite 350  
Grand Rapids, Michigan 49512  
616.554.7769





ALLMERICA FINANCIAL®  
 CITIZENS INSURANCE®  
 HANOVER INSURANCE®

808 N Highlander Way  
 PO Box 947  
 Howell MI 48843 0947  
 Telephone: 800/628-0250  
 Fax Number: 617/548-3566

CONSUMER AFFAIRS  
 SECTION 29

5 FEB 10 19:35

RECEIVED

FEB 10 2005

February 4, 2005

Ford Motor Company ATTN F M Ligon  
 P.O. Box 1904  
 Dearborn MI 48121

Re: Our Insured: [REDACTED]  
 Claim Number: 29 184226 Adjuster Code: OR7  
 Date of Loss: 01/06/05  
 Your Insured: FORD MOTOR COMPANY  
 Your Claim Number: unknown

Dear Sir or Madam:

Our insured recently submitted a claim for damages to his vehicle and his garage. He sustained this damage due to a faulty accelerator cable. I have attached a copy of the recall notice regarding this part. [REDACTED] has already had the replacement of the cable performed at Krapol Ford. Our proofs are forthcoming; please advise if there is a specific address where these proofs must be sent.

Your anticipated prompt response will be most appreciated.

Very truly yours,

Sharon Schneider  
 Subrogation Adjuster  
 The Citizens Insurance Company of America

FORD MOTOR COMPANY  
 RECEIVED  
 FEB 11 2005  
 OFFICE OF THE  
 GENERAL COUNSEL

Ford Motor Company

Office of the General Counsel

Ford Motor Company  
Parklane Towers West  
Suite 300  
Three Parklane Boulevard  
Dearborn, Michigan 48126-2568

February 24, 2005

Allmerica Financial  
PO BOX 947  
Howell, MI 48843-0947  
**ATTENTION: SHARON SCHNEIDER**

RE: Claimant: [REDACTED]  
Your Claim #: [REDACTED]  
DOL: 01-06-2005

Dear Ms. Schneider:

Thank you for your submitted materials. In order to assist us in evaluating your claim, we request that you provide us with the following information: (Please note that the information requested is in regard to the Ford manufactured vehicle.)

- 1. The date of incident and the **city and state** in which it occurred. *Harrison, MI*
- 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss. *Spilled into garage, veh would not stop*
- 3. A copy of the police and/or fire report. *None*
- 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports. *N/A*
- 5. The vehicle year, model, and serial number. *on estimate of record*
- 6. The mileage on the vehicle at the time of the incident.
- 7. Original color photographs of the vehicle's collision/fire damage & the alleged defective part(s), from several different angles. *retained by dealer*
- 8. Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas. *N/A*
- 9. Original color photographs of the accident scene showing the grade of the road.
- 10. What is the alleged defect? *See recall info*
- 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
- 12. Has the alleged defective part been repaired or replaced? *yes*
- 13. The present location of the alleged defective part and the vehicle. *with dealer*
- 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and copies of draft payments. *attached*
- 15. A complete service history for the subject vehicle, including any tune-ups or oil changes. *N/A*
- 16. List any after market additions or modifications that were made to the vehicle. *none*
- 17. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

### Shipping of Parts

The allegedly defective parts should be sent to Dearborn for inspection by the Parts Analysis Section. The following steps should be taken when parts are shipped.

1. The parts should be marked by the sender in some manner so that they can be identified as the ones we inspected.
2. The parts should be properly packaged so that they can withstand handling by the carrier to Dearborn.
3. All parts should be labeled with the name of the claimant, complete address and the Claims Analyst name by the sender.
4. The package should be shipped to:

Ford Motor Company  
Parts Analysis Section  
Parklane Towers West  
Suite 500  
3 Parklane Boulevard  
Dearborn, MI 48126

5. The package should be shipped U.P.S. - prepaid.
6. The sender should advise the Claims Analyst by letter when the parts have been shipped.

*The part was returned by  
The Dealer - Krapohl Ford*

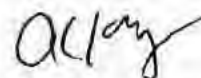
- 18. Lost wage verification (if applicable). *N/A*
- 19. Was the parking brake fully engaged? *N/A*
- 20. What gear was the vehicle in at the time of the incident? *drive*
- 21. Was the engine running? *yes*
- 22. Were the keys in the ignition? *yes*
- 23. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name. *yes*
- 24. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address. *N/A*
- 25. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased.

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials, we will assume that you are not interested in pursuing a claim and we will close our file.

Please be advised that all necessary steps should be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial, should litigation ensue from this informal claim.

If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

Sincerely,



Andrew A. Chabot  
Claims Analyst

RECEIVED

OCT 18 2005

LATITUDE

CLAIMS SUBROGATION SERVICES

1760 S. Telegraph Rd., Suite 104

Bloomfield Hills, MI 48302

TEL (248) 454-3400

TOLL FREE (877) 454-3400

FAX (877) 454-3405

www.latitudeclaim.com

October 17, 2005

Andrew Chabot  
Ford Motor Company  
Parklane Towers West  
Suite 300  
Three Parklane Blvd.  
Dearborn, MI 48126-2568

RE: Date of Loss: 1/6/05  
Our Claim No.: [REDACTED] (Auto Claim)  
[REDACTED] (Homeowners Claim)  
Our Insured: [REDACTED]  
Customer No.: 9314  
Dealer: Krapohl Ford  
Claimant: Ford Motor Company  
Damages: \$2,818.45 (Auto)  
\$ 992.63 (Homeowners)

Dear Mr. Chabot:

Latitude Subrogation Services has been appointed by Citizens Insurance Company to pursue subrogation recoveries on their behalf

On the above referenced date our insured's vehicle did not stopped while he was pulling into his garage causing \$3,811.08 in damages to the garage and automobile. [REDACTED] brought his vehicle to Krapohl Ford to determine the problem and make repairs (305124). The dealer neither advised our insured of a service bulletin or a recall covering an accelerator problem and concluded there was nothing mechanically wrong with the vehicle. They did repair the body damage in the amount of \$2,818.45

Approximately 4 days later our insured received a recall notice 04S25 from Ford Motor Company to replace the accelerator cable. The problem as specified in the recall notice was an unexpected increase in engine idle speed may increase stopping distance and may result in a vehicle crash without warning. This is the exact thing the happened in our insured's loss. Krapohl Ford performed the recall repair on 1/28/05 (FOCS305749) replacing the accelerator cable. The defective cable was taken and returned to the manufacturer per warranty repair procedure. It should be in your company's position at this time. If not, then Ford is guilty of spoilage of evidence.

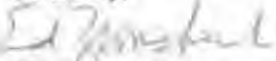
The accident occurred due to your company's defective product. Therefore, as the responsible party we are seeking reimbursement for the damage to our vehicle and garage.

Enclosed are the subrogation proofs to support our claim. Please issue a check made payable to **Latitude Subrogation Services** for **\$3,811.08**. We ask that you reference our claim number [REDACTED] on your check and mail to:

**Citizens Insurance Company  
C/O Latitude Subrogation Services  
1760 S. Telegraph Rd., Ste. 104  
Bloomfield Hills, MI 48302**

Thank you and please do not hesitate to contact me should you have any questions.

Sincerely,



Ed Zioncheck  
Subrogation Specialist  
Latitude Subrogation Services  
877-454-3400, Ext. 223  
[ezioncheck@latitudeclaims.com](mailto:ezioncheck@latitudeclaims.com)

Enclosures



3/14/05



3/14/05





# State Farm Insurance Companies®



February 10, 2005

Claim Office  
4220 West 95<sup>th</sup> Street  
Oak Lawn IL 60453

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

FORD MOTOR COMPANY  
PARK LANE TOWERS WEST STE 400  
3 PARK LANE BLVD  
DEARBORN MI 48126-2568

RECEIVED

FEB 22 2005



RE: Claim Number: [REDACTED]  
Our Insured: [REDACTED]  
Date of Loss: February 7, 2005  
Vehicle: Ford Escape 2003  
VIN: 1FMYU93143K [REDACTED]

Dear Ford Motor Company:

The identified vehicle is insured by State Farm Mutual Automobile Insurance Company. This vehicle experienced acceleration while trying to stop.

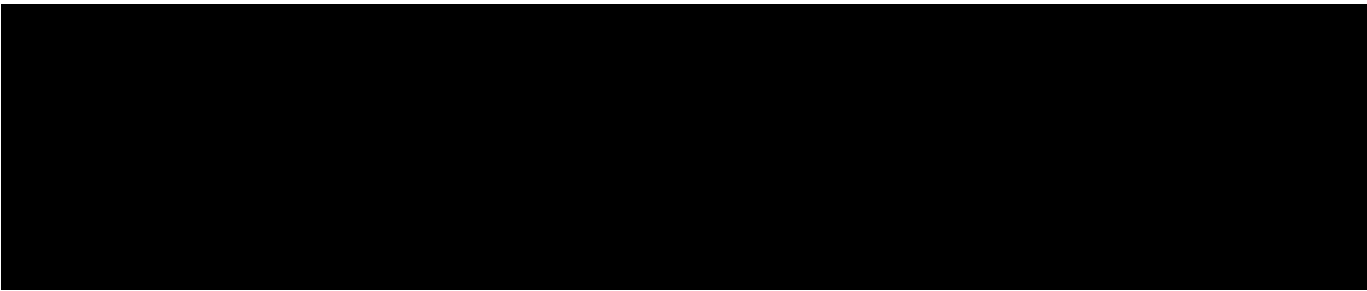
State Farm® would like to give you an opportunity to inspect the vehicle and give you advance notice of our potential subrogation claim.

Please contact me at (708) 499-9295, to set up a time for your inspection.

Sincerely,

Eric Welch  
Claim Representative  
State Farm Mutual Automobile Insurance Company  
(708) 499-9295

316/0210033IL



Related to Do22001  
(Alma)

Do23815

Maggie



03/26/2010

Ford Motor Company  
Product Claims Dept.  
Attn: Alma Taylor  
P O box 70  
Dearborn, Michigan 48121-0070

FORD MOTOR COMPANY  
RECEIVED  
CLAIMS UNIT

APR 01 2010

Department of  
GENERAL INVESTIGATION

APR 01 2010 *sw*

Your Insured: Ford defect  
Your Claim No:  
Our Insured: [REDACTED]  
Date of Loss: 01/27/2010  
Amount of Loss: \$4,789.92  
Our Account No: [REDACTED]

Dear Alma Taylor;

Enclosed are copies of our supporting documents which are evidence of our subrogation demand. Our investigation reveals that your insured was negligent. Therefore, we are seeking to recover \$4,789.92 in damages.

We are requesting that you please review the enclosed documents as soon as possible and advise us of your position on settlement of our claim and the insured's deductible.

PLEASE REMIT ALL PAYMENTS TO P.O. BOX 958457, LAKE MARY, FL 32795-9958.

Sincerely,

*Jodi Burke Gwosdz* ACA

Jodi Burke Gwosdz, ACA  
The Hartford  
P O Box 958457  
Lake Mary, FL 32795  
866 509 3574 Ext. 63159  
Fax: 866-285-5111  
[jodi.burke@thehartford.com](mailto:jodi.burke@thehartford.com)



automotive

Most Popular: Toyota Camry, Dodge Ram, Ford Focus

HOME NEW CARS USED CARS FUTURE ENTHUSIAST INSURANCE AUTO LOAN COMMUNITY TOOLS

For: escape 2002

2002 Ford Escape VEHICLE SPEED CONTROL:CABLES Recall

Read the full details of this Escape recall issued by the NHTSA on December 07, 2004. Below you'll find the full details including the defective component, units affected, NHTSA ID, and manufacturer solution.

- Get a Free Price Quote, Low Rate Financing, Find a Local Dealer, Save on Car Insurance, Free Extended Warranty

Overview Pricing Photos Reviews Classifieds Specs Safety Compare

Safety Features | Crash Tests | Recalls

Ford Escape Recalls

Escape VEHICLE SPEED CONTROL:CABLES Recall - 10# 66351

Recall Date: DEC 07, 2004

Model Affected: 2002 FORD ESCAPE

Description: ON CERTAIN SPORT UTILITY VEHICLES BUILT WITH 3.0L V6 ENGINES, THE ACCELERATOR CABLE MAY PREVENT THE THROTTLE FROM RETURNING TO THE IDLE POSITION.

Consequence: AN UNEXPECTED INCREASE IN ENGINE IDLE SPEED MAY INCREASE STOPPING DISTANCE AND MAY RESULT IN A VEHICLE CRASH.

Remedy: DEALERS WILL REPLACE THE ACCELERATOR CABLE. THE RECALL BEGAN ON JANUARY 10, 2005. OWNERS SHOULD CONTACT FORD AT 1-866-436-7332.

Potential Units Affected: 470242

Notes: FORD MOTOR COMPANY 04329

Overview | Pricing | Photos | Reviews | Classifieds | Specs | Comparisons | Warranty | Paint Colors | Standard Equipment | Recalls | Safety Features | Packages/Options | Ownership Costs | Cash Deals | Vehicle Loan Calculator | Trade-In Value | Discuss Online

Ads by Google

Find a Car

Year, Select Make, Select Model, Zip, NEXT

2002 Ford Escape

Select a submodel: 00

- Desktop Website, RSS, E-Mail, Print, Describe

FAST FREE NEW CAR ONLINE QUOTE Great Price! [Car icons]

Save \$1,000s on Your Next Car!

Home | Used Cars | Used Cars | Car Reviews | Car Prices | Auto Loan | Car Deals | Used Car Dealers | Auto Insurance | Motorcycle Insurance

SOURCE INTIALINK © 2010 Automotive.com, Source: Intialink.com All rights reserved. WGS 741

2/8/2010



**OWNER**

## Recall Notices

Below you will find applicable recalls, if any, for your vehicle. If you own other vehicles that are not registered and you would like to check whether they may be affected, please [register them here](#)

### 2002 Ford Escape



Recall

VIN: 1fmyu03132k [REDACTED]

ID: 04S25

Title: 3.0L LHD ACCELERATOR CABLE REPLACEMENT



Recall

VIN: 1fmyu03132k [REDACTED]

ID: 07S51

Title: PERFORM PRIOR TO VEHICLE DELIVERY. ABS MODULE CONNECTOR INSPECTION

Note: Be advised that this system tracks safety and emission recalls for which vehicles are subject to repair in the United States. For more information on Ford Motor Company recalls or concerns you may be having with your vehicle, please contact your dealership directly.

Vehicle image may not reflect your model year, trim level and color.

To see complete details of Service Coupons offers use the "print coupon" function. Print details include expiration date and other disclaimer information.

A recall is an action by the Company to remedy a safety or emissions-related concern related to a vehicle defect or regulatory requirement. It may require that you return your vehicle to the dealer for service. If your vehicle is not affected, it may be because it was built at a different time or using a different part than the affected vehicles.

© 2010 Ford Motor Company

### Next Steps:



#### Schedule service

- [Locate a Dealer](#)
- [See complete maintenance schedule](#)

2/8/2010

**MILITARY POLICE TRAFFIC ACCIDENT REPORT**  
 For use of this form, see AR 190-45; the proponent agency is ODCSOPS

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 13397 dated November 22, 1999 (SSN).  
**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately identified.  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. FM ACTIVITY CODE/REPORT NO. 00139-2010-MPC063	2. DATE OF ACCIDENT (YYYYMMDD) 20100127	3. TIME OF ACCIDENT (Use 2400 hour) 1430	4. DAY OF WEEK OF COLLISION (Sunday, Monday, etc.) Wednesday
---	---	--	--

**A. LOCATION OF ACCIDENT**

a. MILITARY RESERVATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. NAME AND LOCATION OF MILITARY RESERVATION (includes City and State, etc.) FT JACKSON, SC
--	--

f. ROAD OR STREET ON WHICH ACCIDENT OCCURED 1600 SCALE & AVENUE (PARKING LOT OF MACH)	g. NAME OF INTERSECTING STREET IF AT INTERSECTION
--	---

e. NAME OF NEAREST INTERSECTING STREET, HIGHWAY, OR OTHER PERMANENT IDENTIFYING LANDMARK (IF NOT AT INTERSECTION) HOOD ET	f. NO. OF FEET 250	g. DIRECTION East
--	-----------------------	----------------------

f. IF ACCIDENT OCCURED OFF MILITARY RESERVATION, AND OUTSIDE CITY LIMITS, INDICATE:  
 \_\_\_\_\_ MILES  N  S  E  W FROM  CITY LIMITS  CENTER OF CITY OR TOWN

h. KIND OF LOCALITY	<input type="checkbox"/> Troop Bivouac	<input type="checkbox"/> Mfg (or Industrial)	<input type="checkbox"/> School or Playground	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Residential	<input type="checkbox"/> Open Country	<input checked="" type="checkbox"/> Business	

**E. TYPE OF ACCIDENT**

<input checked="" type="checkbox"/> Vehicle-Vehicle	<input type="checkbox"/> Vehicle-Object	<input type="checkbox"/> Single Vehicle (No Collision)	a. SEVERITY	
<input type="checkbox"/> Vehicle-Pedestrian	<input type="checkbox"/> Vehicle-RR Train	<input type="checkbox"/> Hit and Run		NO. KILLED 0
<input type="checkbox"/> Stolen Vehicle	<input type="checkbox"/> Vehicle-Pedestrian	<input type="checkbox"/> Other (Specify)		NO. INJURED 0

d. TOTAL NO. OF VEHICLES INVOLVED 2	<input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY
--	--

**F. WEATHER, LIGHT, AND ROAD CONDITIONS**

VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2	
DRIVING LINES		CHARACTER		SURFACE		WEATHER					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Over	↓	Straight	Concrete	Clear							
Two	↓ ↓	Curve	Black Top	Rain							
Three or More	↓ ↓ ↓	Level	Gravel	Fog							
Divided Highway		On Grade	Other	Snowing							
Other		Other		Other							

VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2	
CONDITIONS		DEFECTS		LIGHT			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dry	Holes, Ruts, Bumps, etc.	Daylight					
Wet	Loose Material on Surface	Dawn					
Mud	Defective Shoulder	Dusk					
Snow	No Defects	Dark, Street Lights					
Other	Other	Dark, No Street Lights					

**G. TRAFFIC CONTROL**

VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2	
TRAFFIC SIGNAL		FLASHING LIGHT		WARNING SIGN		ONE-WAY STREET	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop and Go Signal	Flashing Light	Warning Sign		One-way Street			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Traffic Signal	Other or Watchman	Solid Center Line		Stop Sign			

Other (Explain):

**COPY**

Address: _____	Address: _____
Spouse's Name: _____	Spouse's Name: _____
DOB: _____	DOB: _____
Soc Security#: _____	Soc Security#: _____
Gender: _____	Gender: _____
Occupation: _____	Occupation: _____
Injury: _____	Injury: _____
Health Insurance Provider: _____	Health Insurance Provider: _____

Is the injured party receiving Medicare benefits \_\_\_\_\_  
If so, state the name of the person(s) \_\_\_\_\_

Is the injured party receiving Worker Compensation benefits \_\_\_\_\_  
If so, state the name of the person (s) \_\_\_\_\_

Has the injured party received more than 24 months of social security disability benefits prior to the incident \_\_\_\_\_  
If yes, state the name of the person(s) \_\_\_\_\_

Due to Medicare reporting requirements, we cannot evaluate your claim until you provide the above requested information. If it is determined that you are a Medicare beneficiary, please be aware that pursuant to the Medicare Secondary Payer Act (MSP) Medicare has a statutory right to recover any conditional payments it has made with respect to your injury. Further, should a settlement be reached in this claim, Ford will not enter into any settlement agreement until Ford has been assured that Medicare's interests are protected.

3. Please specify what you believe is defective, if anything, with your vehicle.  
\_\_\_\_\_

4. Has the alleged defective vehicle/part been repaired or replaced? Yes No

5. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information)  
\_\_\_\_\_

6. Has an insurance company been advised of this incident? Yes No  
If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.  
\_\_\_\_\_

7. What are you seeking from Ford Motor Company in this matter?  
\_\_\_\_\_

8. Please provide the date and location (City/State) of the incident?  
\_\_\_\_\_



99a VEHICLE					99b VEHICLE							
USA REGISTRATION OR LICENSE NO.	MAKE	YEAR	BODY TYPE	USA REGISTRATION OR LICENSE NO.	MAKE	YEAR	BODY TYPE					
[REDACTED]	FORD	2002	SPORT UTIL VEHICLE	[REDACTED]	MITSUBISHI	2008	SEDAN - 4 DOOR					
UNIT MARKINGS/DECAL NO. NONE G2B 1X4				<input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> Government		UNIT MARKINGS/DECAL NO. NONE G1W 7T9				<input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> Government		
REGISTERED OWNER (if not owner) (Last, First, MI) [REDACTED]					REGISTERED OWNER (if not owner) (Last, First, MI) [REDACTED]							
ADDRESS OF OWNER [REDACTED] ELGIN SC [REDACTED]					ADDRESS OF OWNER [REDACTED]							
NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT THE HARTFORD 23 RH 878554-290672					NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT STATE FARM 205 2866-F30-40							
9a DRIVER NO. 1					9b DRIVER NO. 2							
NAME (Last, First, MI), Grade and Address [REDACTED] ELGIN SC [REDACTED]			SSN 286-88-9820	NAME (Last, First, MI), Grade and Address [REDACTED] ROOM [REDACTED] FT JACKSON SC [REDACTED] 7			SSN					
DRIVER'S LICENSE/PERMIT NUMBER [REDACTED]			STATE SC	DRIVER'S LICENSE/PERMIT NUMBER [REDACTED]			STATE SC					
LIMITATIONS ON LICENSE/PERMIT <input checked="" type="checkbox"/> N <input type="checkbox"/> Y (Specify)			YEAR'S DRIVING EXPERIENCE	LIMITATIONS ON LICENSE/PERMIT <input checked="" type="checkbox"/> N <input type="checkbox"/> Y (Specify)			YEAR'S DRIVING EXPERIENCE					
CODES	CAT (1)	INJ (2)	SEAT BELT (3)	SEAT POS (4)	CODES	CAT (1)	INJ (2)	SEAT BELT (3)	SEAT POS (4)			
	D	A	C	1		B	A	C	1			
11 OCCUPANTS												
NAME AND ADDRESS						VEH NO	AGE	SEX	CODES			
									CAT (1)	INJ (2)	SEAT BELT (3)	SEAT POS (4)
CODES												
(1) CATEGORY			(2) INJURY CLASS			(3) SHOULDER/LAP BELTS			(4) SEAT POSITION			
a. Empty vehicle b. Occupant killed c. Other service injured d. Other service injured e. Civilian f. Dependent g. Other			A. No injury B. Dead at scene C. Dead on arrival D. Died in hospital E. Incapacitating injury F. Non-incap (evident) injury G. Possible injury H. Injury unknown			A. Lap belt used B. Shoulder harness used C. Both used D. Not used E. Not installed F. Lap belt failed G. Shoulder harness failed H. Both failed U. Unknown			1. Front Left 2. Front Center 3. Front Right 4. Back Left 5. Center Back 6. Back Right 7. Other Position (Bus/Motorcycle) 8. Position Unknown			

**COPY**

104 DRIVER		DRIVER (check one or more)		DRIVER (check one or more)		VEHICLE (Specify Feet/MPH)	
DIRECTION (HEADED)		1	2	1	2	1	2
VEHICLE 1 <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> S		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 (feet)	
VEHICLE 2 <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> S		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 (MPH)	Estimated Distance When Danger Was First Noticed
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	Estimated Speed When Danger Was First Noticed
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	Estimated Speed at Impact (MPH)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Distance Traveled After Impact (Feet)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	10
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Lawful Speed (MPH)

11 CONTRIBUTING CIRCUMSTANCES											
DRIVER (check one or more)			DRIVER (check one or more)			DRIVER (check one or more)					
1	2		1	2		1	2				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exceeding Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Test Given		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speed Excessive for Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Drugs Involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Test Refused		
<input type="checkbox"/>	<input type="checkbox"/>	Failed to Yield	<input type="checkbox"/>	<input type="checkbox"/>	Ability Impaired	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Disregarded Stop Signal	<input type="checkbox"/>	<input type="checkbox"/>	Ability Not Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Yield Obstructed	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Following Too Close	See attached DD Form 1320 (Alcoholic Influence Report)								
<input type="checkbox"/>	<input type="checkbox"/>	Improper Overtaking	VEHICLE (Check one or more)								
<input type="checkbox"/>	<input type="checkbox"/>	No or Improper Signal	<input type="checkbox"/>	<input type="checkbox"/>	Defective Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Disregarded Traffic Signal	<input type="checkbox"/>	<input type="checkbox"/>	Defective Head Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Improper Turn	<input type="checkbox"/>	<input type="checkbox"/>	Tires Worn or Smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	Tires Punctured or Blown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
DRIVER 01: IMPROPER BACKING											

12 MILITARY POLICE ACTIVITY				
a NAME OF PERSON(S) APPREHENDED		b CHARGES		c REPORT NUMBER
d. TIME MILITARY POLICE NOTIFIED (hour)		e. TIME MILITARY POLICE ARRIVED AT ACCIDENT (hour)		YES NO
1435		1436		
f. WHERE ELSE WAS INVESTIGATION MADE?		h. DID MILITARY OPERATOR COMPLETE DD FORM 516 (Accident Identification Card)?		
FT JACKSON, SC				X
g. IF OFF MILITARY RESERVATION, WHO ELSE CONDUCTED AN INVESTIGATION? (If other agency conducted complete investigation, so indicate)		i. DID MILITARY OPERATOR COMPLETE SF FORM 91 (Motor Vehicle Accident Report)?		
				X
		j. WAS FORM COMPLETED FROM ON SCENE INVESTIGATION? (If not, explain)?		X
k. DATE APPROVED		l. TYPED OR PRINTED NAME AND GRADE OF INVESTIGATOR		m. INVESTIGATOR'S SIGNATURE AND GRADE
		SGT DAVID BEATON		
n. DATE APPROVED		o. APPROVED BY		p. ENCLOSURES
				q. DISTRIBUTION

COPY

12. PEDESTRIAN  
 a. NAME AND ADDRESS \_\_\_\_\_

1. PEDESTRIAN WAS GOING  N  S  E  W  ALONG  ACROSS  INTO STREET, ROAD OR HIGHWAY.  
 FROM (NW to SW corner, or east to west side, etc.) \_\_\_\_\_ TO \_\_\_\_\_

Stopping With Signal       Crossing No Signal       Standing on Roadway       Walking in Road Against Traffic  
 Crossing Against Signal       Hitching on Vehicle       Coming From Behind Parked Car       Walking in Road With Traffic  
 Crossing Not at Intersection       Playing on Roadway       Pushing or Working on Vehicle       Other \_\_\_\_\_

13. WITNESSES

a. NAME AND ADDRESS	b. TELEPHONE NUMBER

14. VEHICLE DAMAGE

DAMAGED VEHICLE NO. 1		DAMAGED VEHICLE NO. 2		DAMAGED TRAILER, MOTORCYCLE ETC (Sketch Damage)
<input type="checkbox"/> Right Front of Car	<input type="checkbox"/> Left Front Door	<input type="checkbox"/> Right Front of Car	<input checked="" type="checkbox"/> Left Front Door	
<input type="checkbox"/> Right Front Fender	<input type="checkbox"/> Left Front Fender	<input type="checkbox"/> Right Front Fender	<input checked="" type="checkbox"/> Left Front Fender	
<input type="checkbox"/> Right Front Door	<input type="checkbox"/> Left Front of Car	<input type="checkbox"/> Right Front Door	<input checked="" type="checkbox"/> Left Front of Car	
<input type="checkbox"/> Right Rear Door	<input type="checkbox"/> Hood	<input type="checkbox"/> Right Rear Door	<input checked="" type="checkbox"/> Hood	
<input checked="" type="checkbox"/> Right Rear Fender	<input type="checkbox"/> Roof	<input type="checkbox"/> Right Rear Fender	<input type="checkbox"/> Roof	
<input checked="" type="checkbox"/> Right Rear of Car	<input type="checkbox"/> Trunk	<input type="checkbox"/> Right Rear of Car	<input type="checkbox"/> Trunk	
<input type="checkbox"/> Left Rear of Car	<input checked="" type="checkbox"/> Undercarriage	<input type="checkbox"/> Left Rear of Car	<input checked="" type="checkbox"/> Undercarriage	
<input type="checkbox"/> Left Fender	<input type="checkbox"/> Overturn	<input checked="" type="checkbox"/> Left Fender	<input checked="" type="checkbox"/> Overturn	
<input type="checkbox"/> Left Rear Door		<input type="checkbox"/> Left Rear Door		

SEVERITY OF DAMAGE VEHICLE NO. 1		SEVERITY OF DAMAGE VEHICLE NO. 2		SEVERITY OF DAMAGE OTHER VEHICLE	
<input checked="" type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage	<input checked="" type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage	<input type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage
<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage

c. TOWED BY: SUDDETH'S TOWING      TOWED BY: SUDDETH'S TOWING      TOWED BY: \_\_\_\_\_  
 d. TOWED TO: SUDDETH'S TOWING      TOWED TO: SUDDETH'S TOWING      TOWED TO: \_\_\_\_\_

e. DAMAGE TO PROPERTY OTHER THAN VEHICLE  
 VEH 1: NONE  
 VEH 2: NONE

f. SKETCH OF COLLISION. (1) Identify roadway and roadway features, vehicles, pedestrians, objects on/off roadway, traffic controls, skidmarks, unusual / temperature conditions (ice patch, construction areas, etc.). (2) Locate probable point of impact. (3) Show vehicle, pedestrian or object positions at impact. (4) Show probable vehicle or pedestrian paths before and after collision.  
 NORTH = ↑

g. DESCRIPTION OF COLLISION. Indicate what probably happened before, during, and after the crash; include information not on sketch, e.g., driver disability, reduced visibility, pedestrian clothing color, construction or repair work, etc.  
 VEH 1: SEE DA FORM 3975  
 VEH 2: SEE DA FORM 3975

**COPY**

VEH #1: WHITE, 2002 FORD ESCAPE (SC/10 CHB 112) OWNED AND OPERATED BY [REDACTED]

DAMAGES: EXTENSIVE DAMAGE TO THE REAR AXLE, PASSENGER SIDE REAR WHEEL, AND REAR PASSENGER SIDE QUARTER PANEL RESULTING IN TOTAL VEHICLE DAMAGE

VEH #2: RED, 2008 MITSUBISHI LANCER EVOLUTION (SC/10 EFG 330) OWNED AND OPERATED BY SGT [REDACTED]

DAMAGES: EXTENSIVE FRONT END DAMAGE, AND ALSO VEHICLE FRAME DAMAGE RESULTING IN TOTAL VEHICLE DAMAGE

INJURIES: NONE

ON 271435JAN10 SGT DUNAWAY CONTACTED THE PROVOST MARSHALS OFFICE TO REPORT A TRAFFIC ACCIDENT IN THE PARKING LOT OF MACH. INVESTIGATION REVEALED THAT VEH #1 IMPROPERLY BACKED OUT OF A PARKING SPOT AT A SPEED TOO FAST FOR CONDITIONS, STRIKING VEH #2 WHICH WAS LEGALLY STOPPED IN THE LANE OF TRAFFIC WHILE WAITING FOR THE PARKING SPOT VEH #1 WAS PARKED IN. THE SPEED AT WHICH THE COLLISION OCCURRED CAUSED VEH #1 TO BE SPUN 180 DEGREES THE OPPOSITE WAY, THE LEGAL SPEED LIMIT IN ALL PARKING LOTS IS 10 MPH. BOTH VEHICLES SUFFERED DISABLING DAMAGE CAUSING BOTH VEHICLES TO BE TOWED. BOTH VEH #1 AND VEH #2 WERE TOWED BY SUDDETH'S TOWING. BOTH [REDACTED] AND SGT DUNAWAY WERE PROCESSED AND RELEASED ON SCENE. [REDACTED] WAS ISSUED 2 DD FORMS 1805, FOR IMPROPER BACKING (2363042) AND TOO FAST FOR CONDITIONS (2363043). INVESTIGATION COMPLETE.

<p>1. Enclosures:</p> <p>V1 A. DUNAWAY : INFORMATION SHEET [1]  V1 A. DUNAWAY : NCIC SHEET [1]  V1 A. DUNAWAY : SWORN STATEMENT (DA 2823) [1]  S1 J. LARABY : INFORMATION SHEET [1]  S1 J. LARABY : NCIC SHEET [2]  S1 J. LARABY : PHOTOGRAPH [12]  S1 J. LARABY : TICKET BATCH SHEET [1]  S1 J. LARABY : VIOLATION NOTICE (CVB) [2]  BEATON : MISC. DOCUMENTS [1]  BEATON : SWORN STATEMENT (DA 2823) [1]</p>	<p>2. Distribution:</p> <p>FILE</p>	<p>3. Name: GLEN W. WELLMAN III</p> <p>4. Grade: SGM, USA</p> <p>5. Title Of Reporting Officer: PROVOST SERGEANT MAJOR</p> <p>6. Signature:</p>
--	-------------------------------------	---

**COPY**







No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO4  
 File Date 03/26/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator S02



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO5  
 File Date 03/26/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator S02



RR SUSP HUB BROKEN

Claim Reference Id [REDACTED]  
 File Name PHOTO3  
 File Date 03/25/2010  
 Label RR SUSP HUB BROKEN  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator S02



RR SUSP HUB DMG

Claim Reference Id [REDACTED]  
 File Name PHOTO1  
 File Date 03/25/2010  
 Label RR SUSP HUB DMG  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator S02



RR BEARING DMG

Claim Reference Id [REDACTED]  
File Name PHOTO2  
File Date 03/25/2010  
Label RR BEARING DMG  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured: [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber: [REDACTED] PolicyNumber: [REDACTED] | ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER (INC.)  
Photo Taken By JOHN GOLDIE  
Estimate Indicator S02



RR 1/4 BEHIND BUMPER L33

Claim Reference Id [REDACTED]  
File Name PHOTO4  
File Date 02/10/2010  
Label RR 1/4 BEHIND BUMPER L33  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured: [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber: [REDACTED] PolicyNumber: [REDACTED] | ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
Photo Taken By JOHN GOLDIE  
Estimate Indicator S01



RR 1/4 BEHIND BUMPER L33

Claim Reference Id [REDACTED]  
File Name PHOTO5  
File Date 02/10/2010  
Label RR 1/4 BEHIND BUMPER L33  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured: [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber: [REDACTED] PolicyNumber: [REDACTED] | ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
Photo Taken By JOHN GOLDIE  
Estimate Indicator S01



RR 1/4 BEHIND BUMPER L33

Claim Reference Id [REDACTED]  
File Name PHOTO6  
File Date 02/10/2010  
Label RR 1/4 BEHIND BUMPER L33  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured: [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber: [REDACTED] PolicyNumber: [REDACTED] | ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
Photo Taken By JOHN GOLDIE  
Estimate Indicator S01





No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO8  
 File Date 02/10/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ [REDACTED]  
 Photo Location TIM HORTON COLLISION CENTER INC.  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator S01



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO9  
 File Date 02/10/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ [REDACTED]  
 Photo Location TIM HORTON COLLISION CENTER INC.  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator S01



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO10  
 File Date 02/10/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ [REDACTED]  
 Photo Location TIM HORTON COLLISION CENTER INC.  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator S01



SUSP BROKEN

Claim Reference Id [REDACTED]  
 File Name PHOTO7  
 File Date 02/10/2010  
 Label SUSP BROKEN  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ [REDACTED]  
 Photo Location TIM HORTON COLLISION CENTER INC.  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator S01



RT ROCKER MASHED L29

Claim Reference Id [REDACTED]  
File Name PHOTO2  
File Date 02/10/2010  
Label RT ROCKER MASHED L29  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
Photo Taken By JOHN GOLDIE  
Estimate Indicator S01



RF LINER MISSING L50

Claim Reference Id [REDACTED]  
File Name PHOTO1  
File Date 02/10/2010  
Label RF LINER MISSING L50  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
Photo Taken By JOHN GOLDIE  
Estimate Indicator S01



RT ROCKER MASHED L29

Claim Reference Id [REDACTED]  
File Name PHOTO3  
File Date 02/10/2010  
Label RT ROCKER MASHED L29  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location TIM HORTON COLLISION CENTER INC.  
Photo Taken By JOHN GOLDIE  
Estimate Indicator S01



REAR BUMPER TORN / TEX

Claim Reference Id [REDACTED]  
File Name PHOTO17  
File Date 01/29/2010  
Label REAR BUMPER TORN / TEXTURED L2  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



EXHAUST CRUSHED L32

Claim Reference Id [REDACTED]  
File Name PHOTO18  
File Date 01/29/2010  
Label EXHAUST CRUSHED L32  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



RR LWR TRAILING ARM BENT L14

Claim Reference Id [REDACTED]  
File Name PHOTO19  
File Date 01/29/2010  
Label RR LWR TRAILING ARM BENT L14  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



REAR X-MEMBER TORN L19

Claim Reference Id [REDACTED]  
File Name PHOTO20  
File Date 01/29/2010  
Label REAR X-MEMBER TORN L19  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



REAR SUSP CRADLE & AR

Claim Reference Id [REDACTED]  
File Name PHOTO21  
File Date 01/29/2010  
Label REAR SUSP CRADLE & ARMS BENT L19,1  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



FT BUMPER TORN / TEXTURED L34

Claim Reference Id [REDACTED]  
File Name PHOTO22  
File Date 01/29/2010  
Label FT BUMPER TORN / TEXTURED L34  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber: [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



RF BUMPER FLARE TORN OFF L36

Claim Reference Id [REDACTED]  
File Name PHOTO23  
File Date 01/29/2010  
Label RF BUMPER FLARE TORN OFF L36  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured:LARABY,  
JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



RT ROCKER MLD CRUSHED

Claim Reference Id [REDACTED]  
File Name PHOTO24  
File Date 01/29/2010  
Label RT ROCKER MLD CRUSHED / TEXTURED L2  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



RT LOWER CORNER GATE BENT L4

Claim Reference Id [REDACTED]  
File Name PHOTO16  
File Date 01/29/2010  
Label RT LOWER CORNER GATE BENT L4  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber: [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



RR WHEEL & TIRE DAMAGE L26,27

Claim Reference Id [REDACTED]  
 File Name PHOTO15  
 File Date 01/29/2010  
 Label RR WHEEL & TIRE DAMAGE L26,27  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
 JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
 PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO14  
 File Date 01/29/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
 JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
 PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01



POI

Claim Reference Id [REDACTED]  
 File Name PHOTO13  
 File Date 01/29/2010  
 Label POI  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
 JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
 PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO12  
 File Date 01/29/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
 JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
 PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO11  
 File Date 01/29/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO10  
 File Date 01/29/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01



PHOTO TAKEN THRU GLASS

Claim Reference Id [REDACTED]  
 File Name PHOTO9  
 File Date 01/29/2010  
 Label PHOTO TAKEN THRU GLASS  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01



PHOTO TAKEN THRU GLASS

Claim Reference Id [REDACTED]  
 File Name PHOTO8  
 File Date 01/29/2010  
 Label PHOTO TAKEN THRU GLASS  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED] JUDY| LossDate:01/27/10| ClaimNumber [REDACTED] PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01

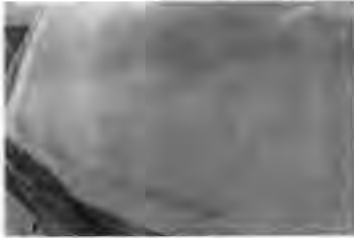


PHOTO TAKEN THRU GLASS

Claim Reference Id [REDACTED]  
File Name PHOTO7  
File Date 01/29/2010  
Label PHOTO TAKEN THRU GLASS  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
File Name PHOTO6  
File Date 01/29/2010  
Label  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
File Name PHOTO5  
File Date 01/29/2010  
Label  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
File Name PHOTO4  
File Date 01/29/2010  
Label  
Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED], JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
Photo Taken By JOHN GOLDIE  
Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO3  
 File Date 01/29/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
 JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
 PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO1  
 File Date 01/29/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
 JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
 PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01



No Label

Claim Reference Id [REDACTED]  
 File Name PHOTO2  
 File Date 01/29/2010  
 Label  
 Note Style:2, FORD, ESCAPE 4X2 XLT| Insured [REDACTED]  
 JUDY| LossDate:01/27/10| ClaimNumber [REDACTED]  
 PolicyNumber [REDACTED] ClaimRepresentativ

Photo Location OWNER'S CHOICE  
 Photo Taken By JOHN GOLDIE  
 Estimate Indicator E01





07/08/2010

Law Clerk, The Erskine Law Group, P.C.  
Attn Michael Ohly  
342 South Main Street  
Rochester, Michigan 48307

Claim Number: [REDACTED]  
Insured Name: [REDACTED]  
Date of Loss: 01/27/2010  
Amount of Loss: \$5,281.96  
Location of Loss: Columbia, SC  
Our Account No: [REDACTED]

Dear Michael Ohly,

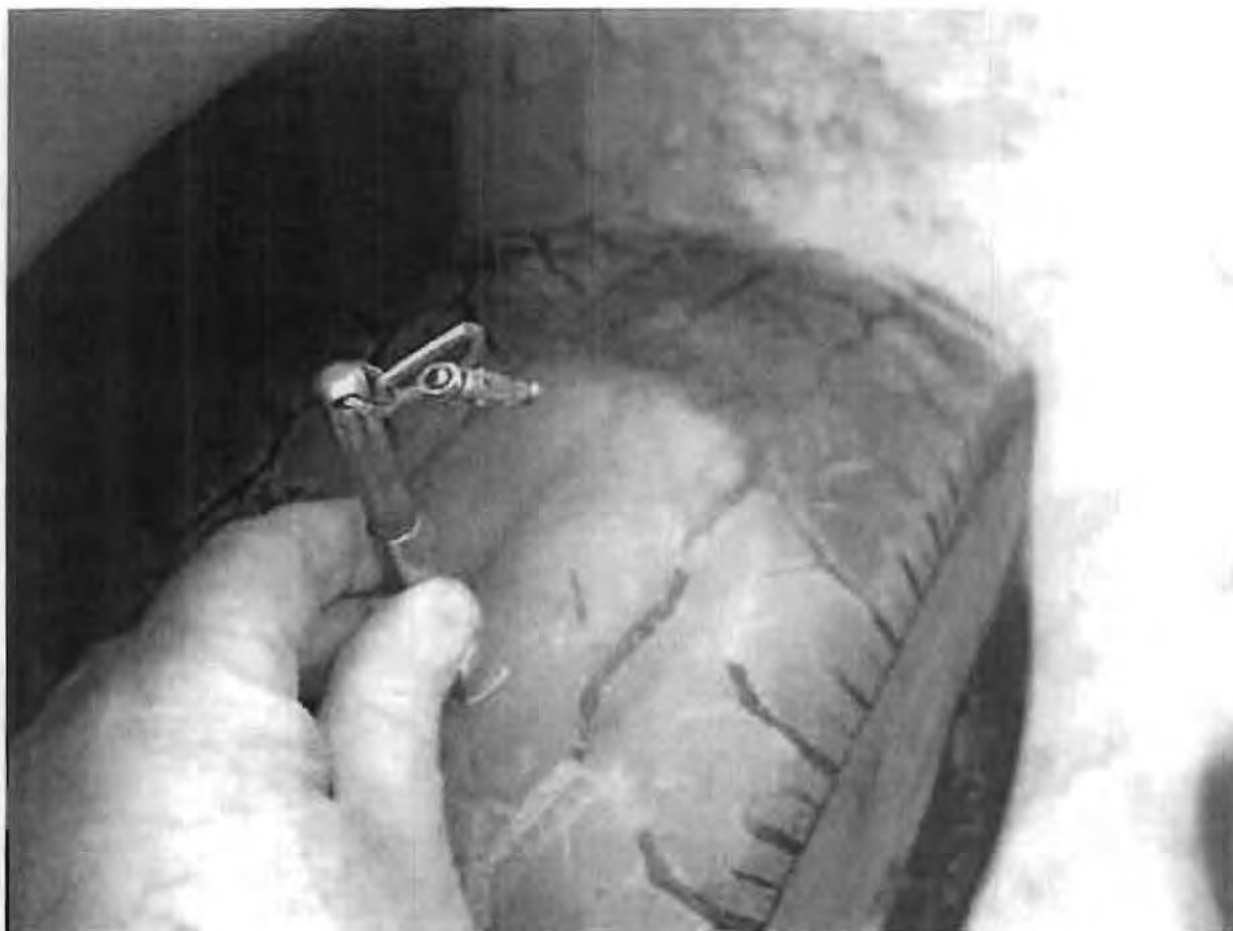
Here are the larger photos you requested. Please remit payment to:

The Hartford  
PO Box 958457  
Lake Mary FL 32795-9958  
Attn: Sbb 224627

Sincerely,

*Jodi Burke Gwosdz* ACA

Jodi Burke Gwosdz, ACA  
The Hartford  
P O Box 958457  
Lake Mary, FL 32795  
866 509 3574 Ext. 63159  
Fax: 866-285-5111  
[jodi.burke@thehartford.com](mailto:jodi.burke@thehartford.com)

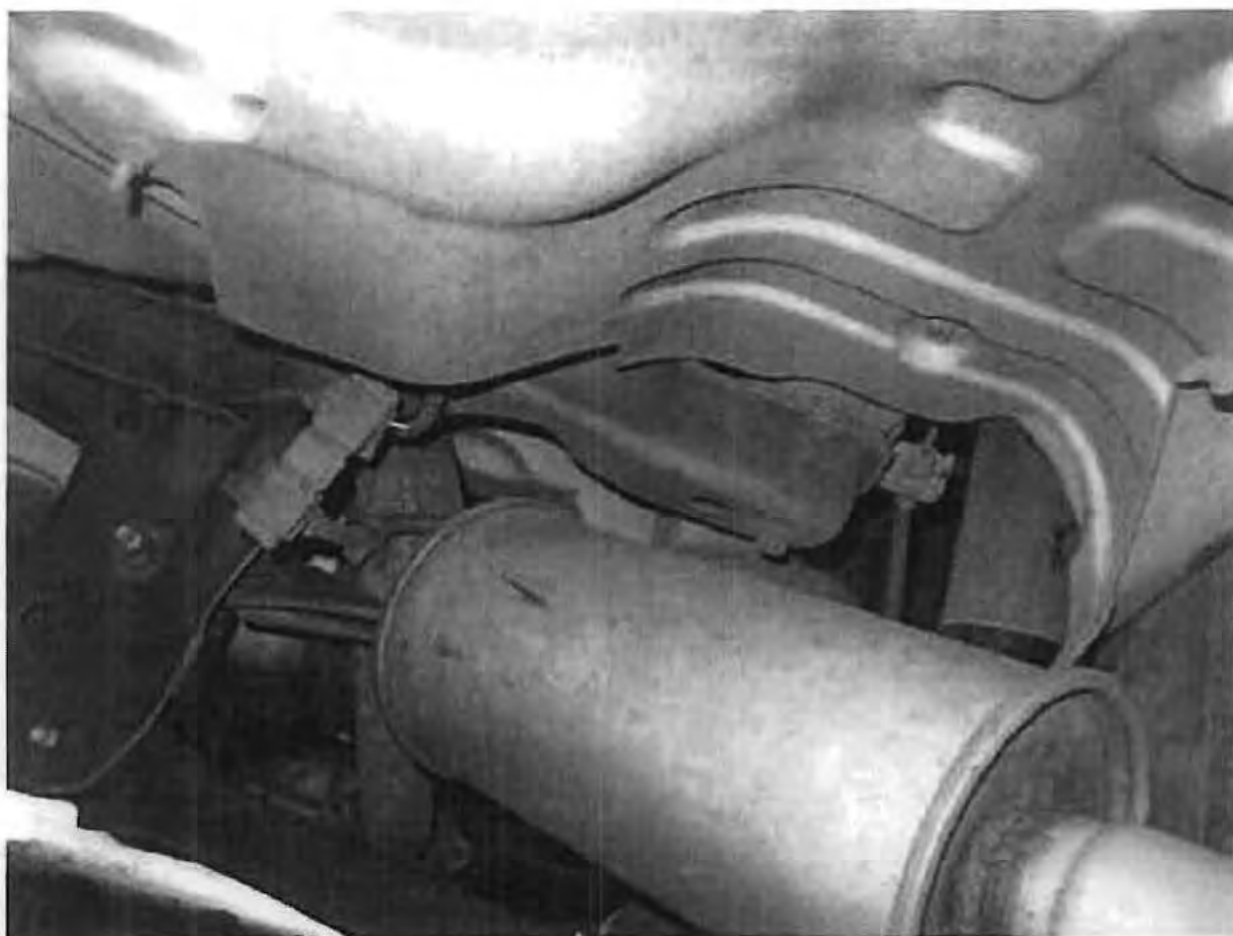


[REDACTED]

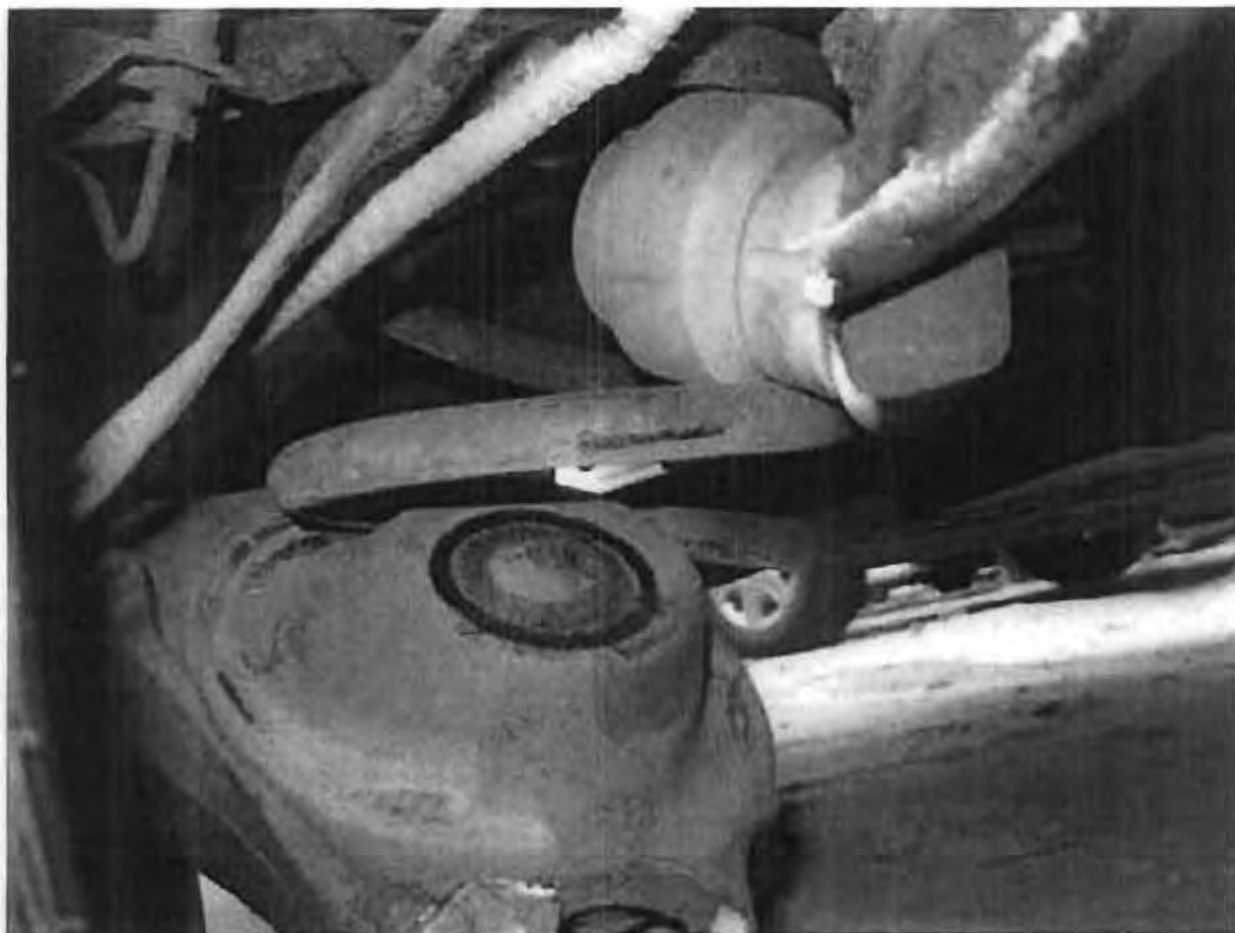
7/8/2010



.. 7/8/2010



7/8/2010



7/8/2010



7/8/2010



[REDACTED]

7/8/2010



[REDACTED] 7/8/2010





7/8/2010



[REDACTED]

7/8/2010

Orlando Central Recovery Operations  
05/31/2010

CONSUMER AFFAIRS  
SECTION



10 JUN -8 10:17

Ford Motor Company  
Attn:  
16800 Executive Plaza Dr Md 4  
South Dearborn, MI 48126

Your Insured: Ford  
Your Claim No: VIN # 1FMYU03132K [REDACTED]  
Our Insured: [REDACTED]  
Date of Loss: 01/27/2010  
Location of Loss: Columbia, SC  
Amount of Loss: \$5,281.96  
Claim No: [REDACTED]  
Our Account No: [REDACTED]

Dear ,

We have written to you on prior occasions advising of our subrogation rights in connection with the above captioned claim. We have had no response as to your position concerning disposition of our claim.

We are writing this final letter for the purpose of notifying you we intend to file intercompany arbitration, or refer this to an attorney within the next 30 days if we do not receive a reply.

To implement the condition precedent to filing intercompany arbitration, we ask you to please review your file and contact us to explore settlement possibilities. If you are not a member of intercompany arbitration, please contact us in order to attempt to resolve this matter amicably.

PLEASE REMIT ALL PAYMENTS TO: PO BOX 958457, LAKE MARY, FLORIDA 32795-9958.

Sincerely,

Jodi Burke, Aca  
Twin City Insurance Company  
P O Box 14272, Lexington, KY 40512-4272  
866 509 3574 Ext. 63159, Fax: 866 285 5111  
Email: jodi.burke@thehartford.com  
OCD6

mesfu  
0023815

Q: Otis Garmon speaking to [REDACTED] regarding the incident that took place on I-27 yesterday, 2010. Time now is 9:41 a.m. Eastern time. [REDACTED], you realize I'm recording this conversation with you?

A: Yes, sir.

Q: And I have your permission to do so?

A: Yes, sir.

Q: For the record, ma'am, I'm looking at your last name, [REDACTED] first name is [REDACTED] and you have a 2002 Ford Escape. Color of the vehicle, we have it in here as white with South Carolina plates. We're also looking at the address of 2170 Three Branches Road, Elgin, South Carolina 29045.

A: That's correct.

Q: All righty. And what's your date of birth, ma'am?

A: [REDACTED]

Q: All right. And the last four digits of your Social?

A: 9620.

Q: 9620. All righty. And this happened in the parking lot, correct, on Fort Jackson?

A: Yes, sir.

Q: Parking spaces, are they straight or at an angle?

A: At an angle.

Q: Okay. And did the police happen to come to the scene, ma'am?

A: The MP's did.

Q: I'm sorry?

A: The MP's did.

Q: The MP?

A: Yeah, the military police. They're...no, no police are allowed on Fort Jackson.

Q: Okay.

A: ...so it's, it's a...

Q: Did any...

A: ...different kettle of fish.

Q: Did anybody get a ticket?

A: Me.

Q: Oh, oh. What was your citation for?

A: Too fast for conditions.

Q: Okay. What time did it happen?

A: I got off at 2:30, so I work on the base, so 2:45, 2:50. I mean...

Q: Okay. No problem. All right.

A: ...ballpark idea.

Q: Do you have any prior or old damages on your vehicle before this?

A: My front bumper had a...it was ripped a little bit.

Q: What part of your vehicle touched the other vehicle?

A: My back rear quarter panel.

Q: On which side? Driver or passenger side?

A: Passenger side.

Q: And what part of the other vehicle did you touch?

A: Driver side front.

Q: Okay. And tell me, were you leaving the parking lot or coming into the parking lot?

A: I was leaving the parking lot.

Q: Tell me what happened.

A: I got in my car. I called my daughter and told her I was leaving work. I said, I asked her if she needed a ride home from work. She said yeah, she'd be ready in about 45 minutes or an hour. She lives...works about a half an hour away. So I said okay. I got in my car, started my car, looked back behind me. There was nobody there, and so I started backing out. And I saw a car come down. He had just made the corner. 'Cause I was like the fourth car in on that line, that row

Q: Uh huh.

A: He had just made the corner. It was a red car. And I, I saw him. I started to...I put my car in gear and started backing up, and my accelerator hung up or something. I couldn't get my accelerator to stop. I, I don't know what happened. I mean, he was only by that time, you know, not that far from my parking space. I couldn't stop my car from coming out. I tried to...I prob-...I probably had five seconds to do something, so I tried to swing around him and go around him, and I just clipped the front quarter panel of his car. But I was going too fast. I was going I don't know how fast, like I said, 'cause I was probably only running for a matter of seconds. I've never had anything like that happen INAUDIBLE.

Q: Hmm. Have you had any brake jobs done or anything like that or has it...this had never happened to you before?

A: No, it's never happened to me before. And like I said, I've been driving 35 years. I said, "I don't know what happened. It happened so fast. All I know is I couldn't get my car to stop or slow down." I should have grabbed the...now thinking back, I should have turned the key off, but...

Q: Yeah. Turn your steer-...take the key, just turn the key and turn it off.

A: Yeah, but, I mean, it was just...he was right there and...

Q: Yeah. And at that time maybe, you know, people don't think, you don't think as fast like that.

A: There's people in the parking lot. You're trying to look, look at the parking lot. And it's a hospital. And, I mean, I work in the hospital parking lot. It was the hospital parking lot. There was people all over. I was...

Q: Okay.

A: ...trying to look out, you know. And like I said, it was a matter of probably five seconds, 10 seconds tops.

Q: Okay.

A: And the connection.

Recorded Statement of [REDACTED]

Q: Hmm. Okay. All right. I'm gonna go ahead and turn off the recorder. The recorder's gonna give me a number. You don't have to write this number down. It's just for me. Okay?

A: Uh huh.

Q: Today's date is January the 28<sup>th</sup>, 2010. Time right now, it is 9:46 a.m. Eastern time. I am speaking with [REDACTED]. Hold on for me. Don't hang up, ma'am.

A: Okay.

OG/bg







03/26/2010

Ford Motor Company  
Product Claims Dept.  
Attn: Alma Taylor  
P O box 70  
Dearborn, Michigan 48121-0070

APR 15 1 2010 *JW*

Your Insured: Ford defect  
Your Claim No:  
Our Insured: [REDACTED]  
Date of Loss: 01/27/2010  
Amount of Loss: \$4,789.92  
Our Account No: [REDACTED]

Dear Alma Taylor;

Enclosed are copies of our supporting documents which are evidence of our subrogation demand. Our investigation reveals that your insured was negligent. Therefore, we are seeking to recover \$4,789.92 in damages.

We are requesting that you please review the enclosed documents as soon as possible and advise us of your position on settlement of our claim and the insured's deductible.

PLEASE REMIT ALL PAYMENTS TO P.O. BOX 958457, LAKE MARY, FL 32795-9958.

Sincerely,

*Jodi Burke Gwosdz* ACA

Jodi Burke Gwosdz, ACA  
The Hartford  
P O Box 958457  
Lake Mary, FL 32795  
866 509 3574 Ext. 63159  
Fax: 866-285-5111  
[jodi.burke@thehartford.com](mailto:jodi.burke@thehartford.com)



Services Dealer Buy a Used Car Get Loans Most Popular My Car Tools

HOME NEW CARS USED CARS FUTURE ENTHUSIAST INSURANCE AUTO LOAN COMMUNITY TOOLS

Ford Escape 2003

### 2002 Ford Escape VEHICLE SPEED CONTROL: CABLES Recall

Ford Motor Co. issued a recall on the Escape model covered by the NHTSA on December 27, 2004. Now you'll find the full details (including the defective throttle cable affected, NHTSA ID, and manufacturer solution).

- Get a New Car Quote
- Get Auto Financing
- Trade-In Deal
- Save on Car Insurance
- Get Financial Wellness

Overview | Pricing | Photos | Reviews | Classifieds | Specs | Safety | Compare

Safety Features | Crash Tests | Recalls

#### Ford Escape Recalls

Escape VEHICLE SPEED CONTROL: CABLES Recall - 103,86351

**Recall Date**  
DEC 27, 2004

**Model Affected**  
2002 FORD ESCAPE

**Description**  
ON CERTAIN SPORT UTILITY VEHICLES BUILT WITH 3.0L V6 ENGINES, THE ACCELERATION CABLE MAY PREVENT THE THROTTLE FROM RETURNING TO THE IDLE POSITION.

**Consequences**  
AN UNEXPECTED INCREASE IN ENGINE IDLE SPEED MAY INCREASE STOPPING DISTANCE AND MAY RESULT IN A SERIOUS CRASH.

**Remedy**  
DEALERS WILL REPLACE THE ACCELERATOR CABLE. THE RECALL BEGAN ON JANUARY 10, 2005. OWNERS SHOULD CONTACT FORD AT 1-800-436-7332.

**Potential Units Affected**  
470247

**Notes**  
FORD MOTOR COMPANY 04/25

Home | Pricing | Photos | Reviews | Classifieds | Specs | Comparison | Warranty | Tech Center | Market | Equipment | Recalls | Safety Features | Packages | Owners | Wholesale | Used Cars | Used Trucks | Fleet | Loan Calculator | Trade-In Value | Discussion Forum

Ads by Google

#### Find a Car

Year  
 Search for  
 Search Make  
 Zip

#### 2002 Ford Escape

Search for used cars

- Sedan
- SUV
- Truck
- Hatchback
- A/S/C/P

**FAST FREE NEW CAR ONLINE QUOTE**

**Great Price!**

Save \$1,000+ on Your Next Car!

Home | Pricing | Photos | Reviews | Classifieds | Specs | Comparison | Warranty | Tech Center | Market | Equipment | Recalls | Safety Features | Packages | Owners | Wholesale | Used Cars | Used Trucks | Fleet | Loan Calculator | Trade-In Value | Discussion Forum

**SOURCE INTERLINK** © 2010 Automotive News Group. All rights reserved. Web site: [www.automotive.com](http://www.automotive.com)





**OWNER**

## Recall Notices

Below you will find applicable recalls, if any, for your vehicle. If you own other vehicles that are not registered and you would like to check whether they may be affected, please [register them here](#).

### 2002 Ford Escape



Recall

VIN: 1fmyu03132k [REDACTED]

ID: 04S25

Title: 3.0L LHD ACCELERATOR CABLE REPLACEMENT



Recall

VIN: 1fmyu03132k [REDACTED]

ID: 07S51

Title: PERFORM PRIOR TO VEHICLE DELIVERY: ABS MODULE CONNECTOR INSPECTION

Note: Be advised that this system tracks safety and emission recalls for which vehicles are subject to repair in the United States. For more information on Ford Motor Company recalls or concerns you may be having with your vehicle, please contact your dealership directly.

Vehicle image may not reflect your model year, trim level and color.

To see complete details of Service Coupons offers use the "print coupon" function. Print details include expiration date and other disclaimer information.

A recall is an action by the Company to remedy a safety or emissions-related concern related to a vehicle defect or regulatory requirement. It may require that you return your vehicle to the dealer for service. If your vehicle is not affected, it may be because it was built at a different time or using a different part than the affected vehicles.

© 2010 Ford Motor Company

### Next Steps:



#### Schedule service

- [Locate a Dealer](#)
- [See complete maintenance schedule](#)

2/8/2010

**MILITARY POLICE TRAFFIC ACCIDENT REPORT**

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2901; E.O. 8397 dated November 24, 1943 (SSN)  
**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately identified  
**NECESSARY USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval  
**DISCLOSURE:** Disclosure of your social security number is voluntary

1. FM ACTIVITY CODE/REPORT NO. 00339-2016-MPC053	2. DATE OF ACCIDENT (YYYYMMDD) 091001/27	3. TIME OF ACCIDENT (Use 2400 hour) 1430	4. DAY OF WEEK OF COLLISION (Sunday, Monday, etc.) Wednesday
---	--	--	--

**5. LOCATION OF ACCIDENT**

a. MILITARY RESERVATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. NAME AND LOCATION OF MILITARY RESERVATION (include City and State, etc.) FT JACKSON, SC
--	---

c. ROAD OR STREET ON WHICH ACCIDENT OCCURED 1600 SCALERS AVENUE (PARKING LOT OF MACH)	d. NAME OF INTERSECTING STREET IF AT INTERSECTION
--	---

e. NAME OF ADJACENT INTERSECTING STREET, HIGHWAY, OR OTHER PERMANENT IDENTIFYING MARK IF NOT AT INTERSECTION HIGHWAY	f. NO. OF FEET 250	g. DIRECTION East
---	-----------------------	----------------------

h. IF ACCIDENT OCCURRED OFF MILITARY RESERVATION, AND OUTSIDE CITY LIMITS, INDICATE  
 \_\_\_\_\_ MILES  N  S  E  W FROM  CITY LIMITS  CENTER OF CITY OR TOWN

i. KIND OF LOCALITY <input type="checkbox"/> Trip or Biller <input type="checkbox"/> Residential	<input type="checkbox"/> Major Industry <input type="checkbox"/> Open Country	<input type="checkbox"/> School or Playground <input checked="" type="checkbox"/> Business	<input type="checkbox"/> Other (Specify)
--	--	---	--

**6. TYPE OF ACCIDENT**

<input checked="" type="checkbox"/> Vehicle/Vehicle	<input type="checkbox"/> Vehicle-Object	<input type="checkbox"/> Single Vehicle (non-Collision)	n. SEVERITY NO. KILLED: 0 NO. INJURED: 0
<input type="checkbox"/> Vehicle-Pedestrian	<input type="checkbox"/> Vehicle-RR Train	<input type="checkbox"/> Hit and Run	
<input type="checkbox"/> Driver Vehicle	<input type="checkbox"/> Vehicle-Pedestrian	<input type="checkbox"/> Other (Specify)	

o. TOTAL NO. OF VEHICLES INVOLVED 2	<input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY
--	--

**7. WEATHER, LIGHT, AND ROAD CONDITIONS**

VEHICLE DRIVING LANES		VEHICLE CHARACTER		VEHICLE SURFACE		VEHICLE WEATHER	
1	2	1	2	1	2	1	2
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
One	Two	Straight	Curve	Concrete	Black Top	Clear	Rain
Other	Other	Other	Other	Gravel	Other	Fog	Smoking
Other	Other	Other	Other	Other	Other	Other	Other

VEHICLE OBSTRUCTION		VEHICLE DEFECTS		VEHICLE LIGHT	
1	2	1	2	1	2
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
None	Other	No Defects	Other	Dark	Dark, No Street Lights
Other	Other	Other	Other	Other	Other

**8. TRAFFIC CONTROL**

VEHICLE		VEHICLE		VEHICLE	
1	2	1	2	1	2
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Other	Flashing Light	Other	Warning Sign	Other
Other	Other	Other	Other	Other	Other

**COPY**

Address: _____	Address: _____
Spouse's Name: _____	Spouse's Name: _____
DOB: _____	DOB: _____
Soc Security#: _____	Soc Security#: _____
Gender: _____	Gender: _____
Occupation: _____	Occupation: _____
Injury: _____	Injury: _____
Health Insurance Provider: _____	Health Insurance Provider: _____

Is the injured party receiving Medicare benefits \_\_\_\_\_  
If so, state the name of the person(s) \_\_\_\_\_

Is the injured party receiving Worker Compensation benefits \_\_\_\_\_  
If so, state the name of the person (s) \_\_\_\_\_

Has the injured party received more than 24 months of social security disability benefits prior to the incident \_\_\_\_\_  
If yes, state the name of the person(s) \_\_\_\_\_

Due to Medicare reporting requirements, we cannot evaluate your claim until you provide the above requested information. If it is determined that you are a Medicare beneficiary, please be aware that pursuant to the Medicare Secondary Payer Act (MSP) Medicare has a statutory right to recover any conditional payments it has made with respect to your injury. Further, should a settlement be reached in this claim, Ford will not enter into any settlement agreement until Ford has been assured that Medicare's interests are protected.

3. Please specify what you believe is defective, if anything, with your vehicle.

\_\_\_\_\_

4. Has the alleged defective vehicle/part been repaired or replaced? Yes No

5. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).

\_\_\_\_\_

6. Has an insurance company been advised of this incident? Yes No  
If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.

\_\_\_\_\_

7. What are you seeking from Ford Motor Company in this matter?

\_\_\_\_\_

8. Please provide the date and location (City/State) of the incident?

\_\_\_\_\_

1. VEHICLE LICENSE NO. CND 142 SC		MAKE FORD	YEAR 2002	DOOR TYPE SPORT UTIL VEHICLE	LICENSE NO. G1W 7TB		MAKE MITSUBISHI	YEAR 2008	DOOR TYPE SEDAN - 4 DOOR	
2. UNIT MARKINGS/DECAL NO. NONE G2B 134				<input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> Government		3. UNIT MARKINGS/DECAL NO. NONE G1W 7TB				<input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> Government
REGISTERED DRIVER (First driver) (Last, First, MI) [REDACTED]					REGISTERED OWNER (First driver) (Last, First, MI) [REDACTED]					
ADDRESS OF OWNER [REDACTED] ELGIN SC [REDACTED]					ADDRESS OF OWNER					
NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT THE HARTFORD 25 PH 8705M-280622					NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT STATE FARM 205 2866-F30-40					
101b DRIVER NO. 1					105b DRIVER NO. 2					
NAME (Last, First, MI), Grade and Address: [REDACTED] ELGIN SC [REDACTED]			SSN 256-00-0620	NAME (Last, First, MI), Grade and Address: [REDACTED] FT JACKSON SC 29207			SSN			
AGE 58			<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 36			<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
DRIVER'S LICENSE/PERMIT NUMBER [REDACTED]			STATE SC	DRIVER'S LICENSE/PERMIT NUMBER			STATE SC			
LIMITATIONS ON LICENSE/PERMIT <input checked="" type="checkbox"/> N <input type="checkbox"/> Y (Specify)			YEAR'S DRIVING EXPERIENCE	LIMITATIONS ON LICENSE/PERMIT <input checked="" type="checkbox"/> N <input type="checkbox"/> Y (Specify)			YEAR'S DRIVING EXPERIENCE			
CODES	CAT (1) 0	INJ (2) A	SEAT BELT (3) C	SEAT POS (4) 1	CODES	CAT (1) B	INJ (2) A	SEAT BELT (3) C	SEAT POS (4) 1	
11. OCCUPANTS										
NAME AND ADDRESS						VEH NO	AGE	SEX	CODES	
									CAT (1)	INJ (2)
									SEAT BELT (3)	SEAT POS (4)
CODES										
(1) CATEGORY		(2) INJURY CLASS		(3) SHOULDER/LAP BELTS		(4) SEAT POSITION				
1. Single Seat 2. Any seat 3. Other service vehicle 4. Other service vehicle 5. Civilian 6. Dependent 7. Other		8. No injury 9. Seat air inflator 10. Dead on arrival 11. Died in hospital 12. Incapacitating injury 13. Non-Incap (A/dependent injury) 14. Possible injury 15. Injury unknown		16. Lap belt used 17. Shoulder harness used 18. Both used 19. Not used 20. Not installed 21. Lap belt failed 22. Shoulder harness failed 23. Both failed 24. Unknown		1. Front Left 2. Front Center 3. Front Right 4. Back Left 5. Center Back 6. Back Right 7. Other (Please specify location) 8. Position Unknown				

COPY

I. DRIVER		DRIVER (check one or more)		DRIVER (check one or more)		VEHICLE (Specify Feet/MPH)		
ORIGINAL VEHICLE <input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> U <input checked="" type="checkbox"/> F <input type="checkbox"/> W	1	2	1	2	1	2	Estimated Distance When Danger Was First Noticed	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Estimated Speed When Danger Was First Noticed
OTHER VEHICLE <input checked="" type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> W	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	Estimated Speed at Impact (MPH)	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		Distance Traveled After Impact (Feet)
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

II. CONTRIBUTING CIRCUMSTANCES																			
DRIVER (check one or more)		DRIVER (check one or more)		DRIVER (check one or more)															
1	2	1	2	1	2														
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chemical Test Given <input type="checkbox"/> Chemical Test Refused															
<input type="checkbox"/> Exceeding Speed Limit <input type="checkbox"/> Speed Excessive for Conditions <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Disregarded Stop Signal <input type="checkbox"/> Vehicle Imbalanced <input type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Overtaking <input type="checkbox"/> No or Improper Signal <input type="checkbox"/> Disregarded Traffic Signal <input type="checkbox"/> Improper Turn <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other (Specify):		<input type="checkbox"/> Alcohol Involved <input type="checkbox"/> Drugs Involved <input type="checkbox"/> Ability Impaired <input checked="" type="checkbox"/> Ability Not Impaired <input type="checkbox"/> Unknown		TEST RESULTS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">DRIVER NO. 1</th> <th colspan="2" style="text-align: center;">DRIVER NO. 2</th> </tr> <tr> <th style="text-align: center;">%</th> <th style="text-align: center;">BAC</th> <th style="text-align: center;">%</th> <th style="text-align: center;">BAC</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </tbody> </table>				DRIVER NO. 1		DRIVER NO. 2		%	BAC	%	BAC				
DRIVER NO. 1		DRIVER NO. 2																	
%	BAC	%	BAC																
See attached DD Form 1326 (Accurate Influence Report)																			
VEHICLE (Check one or more)																			
1	2																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Defective Brakes <input type="checkbox"/> Defective Headlight <input type="checkbox"/> Tires Worn or Smooth <input type="checkbox"/> Tires Punctured or Blown <input type="checkbox"/> Other (Specify)																	

III. MILITARY POLICE ACTIVITY			
a. NAME OF PERSON(S) APPREHENDED		b. CHARGES	
c. TIME MILITARY POLICE NOTIFIED (Hour/Minute)		d. TIME MILITARY POLICE ARRIVED AT ACCIDENT (Hour/Minute)	
1435		1438	
e. WHERE ELSE WAS INVESTIGATION MADE?		f. DID MILITARY OPERATOR COMPLETE DD FORM 512 (Accident Identification Card)?	
FT JACKSON, SC		<input checked="" type="checkbox"/>	
g. IF OFF MILITARY RESERVATION, WHO ELSE CONDUCTED AN INVESTIGATION? (If other agency, indicate complete investigation, so indicate)		h. DID MILITARY OPERATOR COMPLETE SF FORM 81 (Motor Vehicle Accident Report)?	
		<input checked="" type="checkbox"/>	
i. WAS FORM COMPLETED FROM ON SCENE INVESTIGATION? (If not, explain?)		<input checked="" type="checkbox"/>	
j. TYPED OR PRINTED NAME AND GRADE OF INVESTIGATOR		k. INVESTIGATOR'S SIGNATURE AND GRADE	
SGT DAVID BEATON			
l. APPROVED BY		m. ENCLOSURES	
		n. DISTRIBUTION	

COPY

1. PEDESTRIAN		a. NAME AND ADDRESS		b. PHONE NUMBER	
2. PEDESTRIAN WAS GOING					
FROM: HIGHWAY		TO: STREET, ROAD OR HIGHWAY		TC	
<input type="checkbox"/> Crossing Highway	<input type="checkbox"/> Crossing Ho Signal	<input type="checkbox"/> Standing on Sidewalk	<input type="checkbox"/> Walking on Road against Traffic		
<input type="checkbox"/> Crossing Highway at Signal	<input type="checkbox"/> Hitching on Vehicle	<input type="checkbox"/> Coming From Behind Parked Car	<input type="checkbox"/> Walking on Road with Traffic		
<input type="checkbox"/> Crossing Highway at Interchange	<input type="checkbox"/> Playing on Sidewalk	<input type="checkbox"/> Pushing or Working on Vehicle	<input type="checkbox"/> Other		
3. WITNESSES					
a. NAME AND ADDRESS				b. TELEPHONE NUMBER	
4. VEHICLE DAMAGE					
DAMAGED VEHICLE NO. 1		DAMAGED VEHICLE NO. 2		DAMAGED TRAILER, MOTORCYCLE ETC. (Specify Damage)	
<input type="checkbox"/> Right Front of Car	<input type="checkbox"/> Left Front Door	<input type="checkbox"/> Right Front of Car	<input checked="" type="checkbox"/> Left Front Door		
<input type="checkbox"/> Right Front Fender	<input type="checkbox"/> Left Front Fender	<input type="checkbox"/> Right Front Fender	<input checked="" type="checkbox"/> Left Front Fender		
<input type="checkbox"/> Right Front Door	<input type="checkbox"/> Left Front of Car	<input type="checkbox"/> Right Front Door	<input checked="" type="checkbox"/> Left Front of Car		
<input type="checkbox"/> Right Rear Door	<input type="checkbox"/> Hood	<input type="checkbox"/> Right Rear Door	<input checked="" type="checkbox"/> Hood		
<input checked="" type="checkbox"/> Right Rear Fender	<input type="checkbox"/> Roof	<input type="checkbox"/> Right Rear Fender	<input type="checkbox"/> Roof		
<input checked="" type="checkbox"/> Right Rear of Car	<input type="checkbox"/> Trunk	<input type="checkbox"/> Right Rear of Car	<input type="checkbox"/> Trunk		
<input type="checkbox"/> Left Rear of Car	<input checked="" type="checkbox"/> Undercarriage	<input type="checkbox"/> Left Rear of Car	<input checked="" type="checkbox"/> Undercarriage		
<input type="checkbox"/> Left Fender	<input type="checkbox"/> Overturn	<input checked="" type="checkbox"/> Left Fender	<input checked="" type="checkbox"/> Overturn		
<input type="checkbox"/> Left Rear Door		<input type="checkbox"/> Left Rear Door			
5. SEVERITY OF DAMAGE VEHICLE NO. 1		SEVERITY OF DAMAGE VEHICLE NO. 2		SEVERITY OF DAMAGE OTHER VEHICLE	
<input checked="" type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage	<input checked="" type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage	<input type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage
<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage
6. TOWED BY		TOWED BY		TOWED BY	
SUDDETH'S TOWING		SUDDETH'S TOWING		SUDDETH'S TOWING	
7. TOWED TO		TOWED TO		TOWED TO	
SUDDETH'S TOWING		SUDDETH'S TOWING		SUDDETH'S TOWING	
8. DAMAGE TO PROPERTY OTHER THAN VEHICLE					
VEN 1: NONE					
VEN 2: NONE					
9. SKETCH OF COLLISION. (1) Identify roadway and roadway features: vehicles, pedestrians, objects on/off roadway, traffic controls, skidmarks, unusual temperature conditions (ice patch, construction areas, etc.); (2) Locate probable point of impact; (3) Show vehicle, pedestrian or object positions at impact; (4) Show probable vehicle or pedestrian paths before and after collision.					
NORTH =					
10. DESCRIPTION OF COLLISION. Indicate what probably happened before, during, and after the crash. Include information not on sketch, e.g., driver drowsy, pedestrian wearing ebon, contribution of repair work, etc.					
VEN 1: SEE CA FORM 2475					
VEN 2: SEE CA FORM 2475					

COPY



VEH #1: WHITE, 2002 FORD ESCAPE (SC/10 CHB 112) OWNED AND OPERATED BY [REDACTED]

DAMAGES: EXTENSIVE DAMAGE TO THE REAR AXLE, PASSENGER SIDE REAR WHEEL, AND REAR PASSENGER SIDE QUARTER PANEL RESULTING IN TOTAL VEHICLE DAMAGE

VEH #2: RED, 2008 MITSUBISHI LANCER EVOLUTION (SC/10 EFG 330) OWNED AND OPERATED BY SGT [REDACTED]

DAMAGES: EXTENSIVE FRONT END DAMAGE AND ALSO VEHICLE FRAME DAMAGE RESULTING IN TOTAL VEHICLE DAMAGE

INJURIES: NONE

ON 271435JAN10 SGT [REDACTED] CONTACTED THE PROVOST MARSHALS OFFICE TO REPORT A TRAFFIC ACCIDENT IN THE PARKING LOT OF MACH. INVESTIGATION REVEALED THAT VEH #1 IMPROPERLY BACKED OUT OF A PARKING SPOT AT A SPEED TOO FAST FOR CONDITIONS, STRIKING VEH #2 WHICH WAS LEGALLY STOPPED IN THE LANE OF TRAFFIC WHILE WAITING FOR THE PARKING SPOT VEH #1 WAS PARKED IN. THE SPEED AT WHICH THE COLLISION OCCURRED CAUSED VEH #1 TO BE SPUN 180 DEGREES THE OPPOSITE WAY, THE LEGAL SPEED LIMIT IN ALL PARKING LOTS IS 10 MPH. BOTH VEHICLES SUFFERED DISABLING DAMAGE CAUSING BOTH VEHICLES TO BE TOWED. BOTH VEH #1 AND VEH #2 WERE TOWED BY SUDDETH'S TOWING. BOTH [REDACTED] AND SGT DUNAWAY WERE PROCESSED AND RELEASED ON SCENE. [REDACTED] WAS ISSUED 2 DD FORMS 1806, FOR IMPROPER BACKING (2363042) AND TOO FAST FOR CONDITIONS (2363043). INVESTIGATION COMPLETE.

<p>1. Distribution:</p> <p>VI.A. DUNAWAY - INFORMATION SHEET (1)  VI.A. DUNAWAY - NCIC SHEET (1)  VI.A. DUNAWAY - SWORN STATEMENT (DA 2823) (1)  SI.1. LARABY - INFORMATION SHEET (1)  SI.1. LARABY - NCIC SHEET (2)  SI.1. LARABY - PHOTOGRAPH (12)  SI.1. LARABY - TICKET BATCH SHEET (1)  SI.2. LARABY - VIOLATION NOTICE (CVS) (2)  REAYON - MISC. DOCUMENTS (3)  BLATON - SWORN STATEMENT (DA 2823) (1)</p>	<p>2. Distribution:</p> <p>FILE</p>	<p>3. Name GLEN W. WELLMAN III</p> <p>4. Grade SGM, USA</p> <p>5. Title Of Reporting Officer PROVOST SERGEANT MAJOR</p> <p>6. Signature</p>
--	-------------------------------------	---

**COPY**

BEGINNING OF CONTACT  
02/09/2010

VOICE OF THE CUSTOMER TRACKING SYSTEM

10 15.37

REGION: S2 CHARLOTTE OGC ISSUE CASE NBR: 0410770390  
VIN: 1FMYU03132K [REDACTED] ZONE: A02 OPENED: 02/08/2010  
ENGINE: 1 VEH TYPE: T CLOSED: 02/08/2010

LAST NAME: [REDACTED] STATUS: CLOSED  
TITLE: MS FIRST NAME: [REDACTED] MI:  
ADDRESS: [REDACTED]  
CITY: ELGIN STATE: SC ZIP: [REDACTED]  
HOME PHONE: [REDACTED]  
MODEL YEAR: 2002 MODEL: ESCAPE XLT 4X2  
MILEAGE: 146000  
DEALER NAME: LUGOFF FORD LINCOLN SALES CODE: F21277 P & A: 09057  
REASON CODE: 0796 LEGAL - ALLEGED INJURY  
SYMPTOMS: B24100 ACCELERATOR PEDAL STICK/BIND

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE  
ACTION: 705 - CONTACT ADVANCED TO OGC  
DOCUMENT: ANALYST: DSUTHE15 SUTHERLAND,DEBORAH

DATE: 02/08/2010 TIME: 11.24.35  
ACTION DATA/COMMENTS:

CUSTOMER SAID: -VEH WAS IN AN ACCIDENT 1/27/10-HER ACCELERATOR GOT STUCK WHILE BACKING OUT OF A PARKING SPACE AND SHE BACK INTO THE PERSON BEHIND HER-STATES THE PERSON THAT SHE HIT IS CLAIMING INJURIES-THERE IS AN MILITARY POLICE REPORT FILED. SHE DOES NOT HAVE A COPY -THE VEH COULD NOT BE TESTED-SHE WAS FAULTED, SHE RECEIVED 2 TICKETS 1 FOR IMPROPER BACKING AND TOO FAST FOR CONDITIONS (BURNING RUBBER) AS HER FOOT WAS ON THE BRAKES-COLUMBIA, SOUTH CAROLINA-SHE HAS FILED AN INSURANCE CLAIM-VEH IS IN A BODY SHOP BEING REPAIRED-CUST STATES THAT THERE IS A RECALL ON THE VEH FOR THE ACCELERATOR CABLE REPLACEMENT AND SHE NEVER RECEIVED NOTIFICATION-DEALER SAID: -NONECRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.

FORD MOTOR COMPANY  
RECEIVED  
CLAIMS UNIT

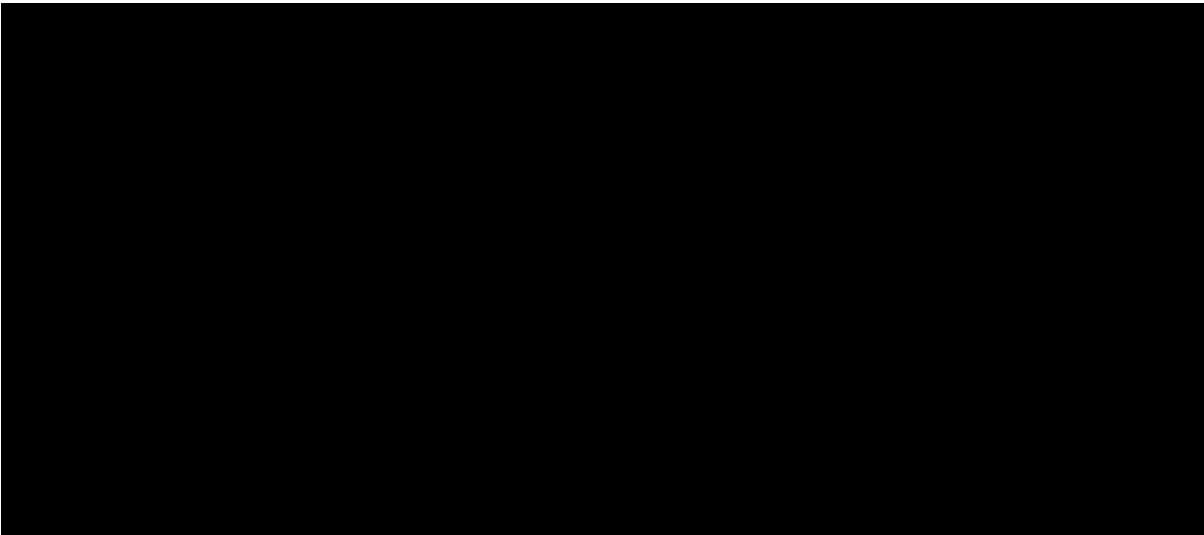
FEB 09 2010

OFFICE OF THE  
GENERAL COUNSEL

CONSUMER AFFAIRS

02/09/2010 DFEB08F CONFIDENTIAL

PE12-019 000959LC SUBJECT





- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

SEP 19 2006

GEICO Direct ■ Box 509119 ■ San Diego, CA 92150-9119

September 14, 2006

Ford Motor Company  
 Consumer Affairs MD-3NE-B  
 P.O. Box 6248  
 Dearborn, MI 48126



Claim Number: [REDACTED]  
 Insured: [REDACTED]  
 vehicle id#: 1FMYU93173K [REDACTED]  
 recall # and description: 04s25 Accelerator Cable Replacement  
 Date of Loss: 08-30-06  
 Company: Government Employees Insurance Company

Dear Mr. Frank M. Ligon

The accident description we have received indicates that Ford Motor Company is at fault for this accident. This letter will serve as our first notice to you of our claim to recover for our insured's damages. If you have liability insurance, please call us at the toll free number listed below to provide us with your information, or complete the attached questionnaire and return it to us. We may then correspond directly with your insurance company and avoid further demands upon you. If you do not have liability insurance, please indicate what arrangements you will make to pay for the damages and return the questionnaire to us promptly. Please make sure our claim number is on all correspondence and please write it on all payments.

We await your immediate response.  
 Sincerely, :

Sincerely,

Danyla Pollock

800-453-6494

6 SEP 20 4 17 28  
 GENERAL COUNSEL

Shareholder Owned Companies Not Affiliated With The U.S. Government



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

532382 chabot

One GEICO West ■ Box 509119 ■ San Diego, CA 92150-9119

09/20/2006

Ford Motor Company  
Customer Relations  
PO Box 6248  
Dearborn, MI 48126

SEP 20 2006  
(Handwritten initials)

Claim Number: [REDACTED]  
Date of Loss: 08/30/06  
Our Insured: [REDACTED]  
Company: Government Employees Insurance Company

To Whom It May Concern,

Our investigation reveals that the above referenced loss was caused by the faulty accelerator on our insured's vehicle. Please see the attached police report for more details on the accident.

We have paid for the damages to our insured's vehicle and damages to the garage door that our insured hit and we are now seeking reimbursement:

\$1092.11	Damages + Tow for our Insured's Vehicle
\$ 500.00	Our Insured's Deductible
\$1516.05	Damages Paid for the Garage Door
-----	
\$3108.16	Total Demand

Please review the attached supporting documentation for our claim and issue payment as soon as possible.

If you need anything else, please let me know.

Sincerely,


Rossel Reyes (S691)  
Payment Recovery Unit  
800-654-5896 x 5794

6 SEP 26 17 19

Shareholder Owned Companies Not Affiliated With The U.S. Government

<b>WASHINGTON COUNTY SHERIFF'S OFFICE</b> HILLSBORO, OREGON		<input type="checkbox"/> INCIDENT <input type="checkbox"/> CUSTODY: <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input checked="" type="checkbox"/> SPECIAL: <input checked="" type="checkbox"/> INFO <input type="checkbox"/> CLEARANCE <input type="checkbox"/> SUPPLEMENTAL		Page 1 of 5		W/ 501 Major Report 1-4-00		
1 CASE NO 06-517013	2 REFER CASE NO	3 INCIDENT NO 06354107	4 CLASSIFICATION	5 GCR 9	6 ACTIVITY TYPE S/A <input type="checkbox"/> (S)	RADIO <input checked="" type="checkbox"/> (R) PHONE <input type="checkbox"/> (P)	CRIME ANALYSIS INFO	
7 DATE/TIME REPORTED (Original Report Date/Time) 08-30-1433hrs		8 DATE/TIME OCCURRED (OR) (if this supplemental) sa#7		9 DATE/TIME ARRESTED		<input checked="" type="checkbox"/> N/A		
10 LOCATION OF OCCURRENCE (Include zip code) 18360 NW HERITAGE TER, BEAVERTON, OR 97006								
11 LOCATION OF CUSTODY (Include zip code) <input checked="" type="checkbox"/> N/A								
12 SUBJECT OF THIS REPORT (Crime + Summary) Private Property Damage Crash - Leonard accidentally backed into Barnard's garage								
<b>SUSPECT / VICTIM INFORMATION</b>								
PERSONS: <input type="checkbox"/> BUSINESS <input type="checkbox"/> CUSTODY ASSOCIATE <input type="checkbox"/> CO-COMPLAINANT <input type="checkbox"/> OWNER <input type="checkbox"/> PROPERTY FINDER <input type="checkbox"/> SUBJECT <input type="checkbox"/> WITNESS <input type="checkbox"/> MISSING <input type="checkbox"/> ATTEMPTED SUICIDE <input type="checkbox"/> OD-OVERDOSE <input type="checkbox"/> B2-SUSPECT <input type="checkbox"/> DE-DECEASED								
13 CODE SB	14 NAME LAST [REDACTED]	FIRST [REDACTED]	MIDDLE [REDACTED]	15 ID - DL# / STATE [REDACTED]	16 CRN [REDACTED]	17 SEX M	18 RACE W	19 DOB [REDACTED]
20 HOME ADDRESS (Include zip code) [REDACTED]		PRIMARY LANGUAGE ENGLISH		21 HOME <input type="checkbox"/> CELL PH#	22 HT 5'11	23 WT 230	24 HAIR Gry	25 EYES Haz
26 BUSINESS / SCHOOL ADDRESS unk		EMAIL ADDRESS		27 WORK HOURS		28 <input type="checkbox"/> WORK <input type="checkbox"/> CELL PH#		
29 CODE SB	30 NAME LAST [REDACTED]	FIRST [REDACTED]	MIDDLE [REDACTED]	31 ID - DL# / STATE [REDACTED]	32 CRN [REDACTED]	33 SEX F	34 RACE W	35 DOB [REDACTED]
36 HOME ADDRESS (Include zip code) [REDACTED]		PRIMARY LANGUAGE ENGLISH		37 <input checked="" type="checkbox"/> HOME <input type="checkbox"/> CELL PH#	38 HT 5'5"	39 WT 155	40 HAIR Gry	41 EYES Haz
42 BUSINESS / SCHOOL ADDRESS unk		EMAIL ADDRESS		43 WORK HOURS		44 <input type="checkbox"/> WORK <input type="checkbox"/> CELL PH#		
<b>SUSPECT / CUSTODY INFORMATION</b>								
CU-CUSTODY <input type="checkbox"/> JUVENILE <input type="checkbox"/> SB-SUBJECT <input type="checkbox"/> RW-RUNAWAY <input type="checkbox"/> WM-MISSING <input type="checkbox"/> AR-WARRANT ISSUED <input type="checkbox"/> B2-SUSPECT								
45 CODE	46 NAME LAST [REDACTED]	FIRST [REDACTED]	MIDDLE [REDACTED]	47 CRN [REDACTED]	48 SEX	49 RACE	50 DOB	
51 AKA / MONIKER		52 HT	53 WT	54 HAIR	55 EYES	56 FACIAL HAIR / CLOTHING		
57 DRIVERS LICENSE NO	58 STATE	59 SSN		60 OTHER ID		61 SCARS/MARKS/TATTOOS (DESCRIBE)		
62 HOME ADDRESS (Include zip code) [REDACTED]		PRIMARY LANGUAGE		63 <input type="checkbox"/> HOME <input type="checkbox"/> CELL PH#				
64 BUSINESS / SCHOOL ADDRESS [REDACTED]		EMAIL ADDRESS		65 WORK HOURS		66 <input type="checkbox"/> WORK <input type="checkbox"/> CELL PH#		
67 POB		68 WCSO JID#		69 FBI#		70 SID#		
71 RAST EXPLAIN	72 COMPLAIN OF ILLNESS / INJURY? <input type="checkbox"/> Y <input type="checkbox"/> N		73 EVIDENCE OF ILLNESS / INJURY? <input type="checkbox"/> Y <input type="checkbox"/> N		74 TREATED BY			
CUSTODY TYPE <input type="checkbox"/> 1 PROBABLE CAUSE <input type="checkbox"/> 2 WARRANT <input type="checkbox"/> 3 STATUS OFF <input type="checkbox"/> 4 CITIZEN ARREST <input type="checkbox"/> 5 CITE-IN-LIEU <input type="checkbox"/> 6 PROTECTIVE CUSTODY								
75 ADDITIONAL CHARGES LISTED <input type="checkbox"/> Y <input type="checkbox"/> N		76 ADVISED OF RIGHTS? <input type="checkbox"/> Y <input type="checkbox"/> N		77 RESISTED ARREST? <input type="checkbox"/> Y <input type="checkbox"/> N		78 ASSAULTED OFFICER? <input type="checkbox"/> Y <input type="checkbox"/> N		
79 ORS/ORD NO	80 CHARGE (List agency) / CASE# (if different than this report)			81 CITE / WARRANT#	82 BAIL	83 COURT DATE/TIME		
84 ORS/ORD NO	85 CHARGE (List agency) / CASE# (if different than this report)			86 CITE / WARRANT#	87 BAIL	88 COURT DATE/TIME		
89 ORS/ORD NO	90 CHARGE (List agency) / CASE# (if different than this report)			91 CITE / WARRANT#	92 BAIL	93 COURT DATE/TIME		
94 ORS/ORD NO	95 CHARGE (List agency) / CASE# (if different than this report)			96 CITE / WARRANT#	97 BAIL	98 COURT DATE/TIME		
JUVENILE ONLY		99 LIVES WITH <input type="checkbox"/> PARENTS <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER		100 PARENT/GUARDIAN NOTIFIED BY		DATE/TIME		
101 MOTHER/FATHER / GUARDIAN/ OTHER		102 ADDRESS		REC'D AUG 31 2006				
103 WORK PHONE HOME PHONE		104 SCHOOL / GRADE						
105 CUSTODY STATUS <input type="checkbox"/> CITE/RELEASE <input type="checkbox"/> LODGE <input type="checkbox"/> PARENTS <input type="checkbox"/> CIVIL <input type="checkbox"/> JUVENILE DETENTION FACILITY								
106 ATTACHED <input type="checkbox"/> ADDITIONAL PERSON <input type="checkbox"/> CITATION (CRIMINAL/TRAFFIC) <input type="checkbox"/> DMV CRASH <input type="checkbox"/> DOMESTIC <input type="checkbox"/> D07 <input type="checkbox"/> D11 <input type="checkbox"/> IMPLIED CONSENT <input type="checkbox"/> INTOXILYZER CARB/CHECKLIST <input type="checkbox"/> LEDS/NCIC/DMV <input type="checkbox"/> PC AFFIDAVIT <input type="checkbox"/> POH <input checked="" type="checkbox"/> PROP/EVIDENCE <input type="checkbox"/> PURSUIT <input type="checkbox"/> SIGNATURE/MEDICAL FORM <input type="checkbox"/> STALKING CITATION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
107 REPORTING OFFICER A. Roque /		108 DPSST # 43105 /		109 PREC/DIV W / Pat		110 SHIFT/ DIST 2 / W50		111 SUPV INT/DPSST [Signature] 4417

1  
2A  
2B  
3  
4  
5  
6  
7  
8  
9A  
9B  
10A  
10B  
11A  
11B  
12A  
12B  
13A  
13B  
14A  
14B  
15A  
15B  
16A  
16B  
COMPUTER ENTRY  
 DATA  
OPR  
 DISTRI  
OPR  
 LEDS  
OPR  
 CRN  
OPR

112 CASE NO <b>06-517013</b>	113 REFER CASE NO	<b>ADDITIONAL CHARGES</b>			Page 2 of 5
114 ORS / ORD NO	115 CHARGE (List Agency) / CASE # (if different than this report)	116 CITE / WARRANT#	117 BAIL	118 COURT DATE / TIME	
119 ORS / ORD NO	120 CHARGE (List Agency) / CASE # (if different than this report)	121 CITE / WARRANT#	122 BAIL	123 COURT DATE / TIME	
124 ORS / ORD NO	125 CHARGE (List Agency) / CASE # (if different than this report)	126 CITE / WARRANT#	127 BAIL	128 COURT DATE / TIME	
129 ORS / ORD NO	130 CHARGE (List Agency) / CASE # (if different than this report)	131 CITE / WARRANT#	132 BAIL	133 COURT DATE / TIME	

<b>ADDITIONAL PERSONS</b>									
<del>ADDITIONAL PERSONS</del> <del>AD-BUSINESS, A-MISSING, C-CUSTODY ASSOCIATE, G-COMPLAINANT, ON-OWNER, P-PROPERTY, F-FINDER, Z-ATTORNEY, S-SUICIDE, SA-SUBJECT, OD-OVERDOSE, W-WITNESS, M-MENTAL, A-A, S-SUSPECT, DR-DECEASED, (ADDL PERSONS IN NARRATIVE)</del>									
134 CODE	135 NAME LAST	FIRST	MIDDLE	136 ID - DL# / STATE	137 SEX	138 RACE	139 DOB		
141 HOME ADDRESS (include zip code) PRIMARY LANGUAGE				142 HOME PHONE	143 HT	144 WT	145 HAIR	146 EYES	
147 BUSINESS / SCHOOL ADDRESS EMAIL ADDRESS				148 WORK HOURS		149 <input type="checkbox"/> WORK <input type="checkbox"/> CELL PHONE			
150 CODE	151 NAME LAST	FIRST	MIDDLE	152 ID - DL# / STATE	153 SEX	154 RACE	155 DOB		
157 HOME ADDRESS (include zip code) PRIMARY LANGUAGE				158 HOME PHONE	159 HT	160 WT	161 HAIR	162 EYES	
163 BUSINESS / SCHOOL ADDRESS EMAIL ADDRESS				164 WORK HOURS		165 <input type="checkbox"/> WORK <input type="checkbox"/> CELL PHONE			
166 CODE	167 NAME LAST	FIRST	MIDDLE	168 ID - DL# / STATE	169 SEX	170 RACE	171 DOB		
173 HOME ADDRESS (include zip code) PRIMARY LANGUAGE				174 HOME PHONE	175 HT	176 WT	177 HAIR	178 EYES	
179 BUSINESS / SCHOOL ADDRESS EMAIL ADDRESS				180 WORK HOURS		181 <input type="checkbox"/> WORK <input type="checkbox"/> CELL PHONE			
182 CODE	183 NAME LAST	FIRST	MIDDLE	184 ID - DL# / STATE	185 SEX	186 RACE	187 DOB		
189 HOME ADDRESS (include zip code) PRIMARY LANGUAGE				190 HOME PHONE	191 HT	192 WT	193 HAIR	194 EYES	
195 BUSINESS / SCHOOL ADDRESS EMAIL ADDRESS				196 WORK HOURS		197 <input type="checkbox"/> WORK <input type="checkbox"/> CELL PHONE			

<b>VEHICLE INFORMATION</b>									
<del>VEHICLE 1</del> <del>S-STOLEN VEHICLE, G-REPORT AT SCENE, L-LOCATED, T-TOWED, V-VICTIM VEHICLE, X-SUSPECT VEHICLE, R-RECOVERED VEHICLE</del>									
198 CODE	199 LICENSE NO	200 STATE	201 LIC YR	202 TYPE	203 VIN				
X		OR	2007	UT	1FMYU93173K				
204 VEH YR	205 MAKE	206 MODEL		207 STYLE	208 COLOR	209 VALUE OF VEHICLE			
2003	Ford	Escape		4D	Black	unk			
210 DESCRIBE DAMAGE IF ANY		211 HOLD		212 TOWED BY / TOWED TO		213 REASON FOR TOW			
unk		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N REASON							
214 <input type="checkbox"/> DEPT REQUEST <input type="checkbox"/> PRIVATE REQUEST		215 UNIT & PERSON NOTIFIED		216 VEH INVENTORIED BY (LIST ITEMS FOUND IN BOX 225)			217 PROPERTY RECEIPT NUMBER(S)		
		RECORDS /							
218 PROPERTY IN CUSTODY OF		219 SERIAL NUMBER(S) CHECKED BY		220 TOW TRUCK DRIVER'S WCSO ID #		221 TOW TRUCK APPROVED			
						<input type="checkbox"/> Y <input type="checkbox"/> N REASON			
<del>VEHICLE 2</del> <del>S-STOLEN VEHICLE, G-REPORT AT SCENE, L-LOCATED, T-TOWED, V-VICTIM VEHICLE, X-SUSPECT VEHICLE, R-RECOVERED VEHICLE</del>									
222 CODE	223 LICENSE NO	224 STATE	225 LIC YR	226 TYPE	227 VIN				
228 VEH YR	229 MAKE	230 MODEL		231 STYLE	232 COLOR	233 VALUE OF VEHICLE			
234 DESCRIBE DAMAGE IF ANY		235 HOLD		236 TOWED BY / TOWED TO		237 REASON FOR TOW			
		<input type="checkbox"/> Y <input type="checkbox"/> N REASON							
238 <input type="checkbox"/> DEPT REQUEST <input type="checkbox"/> PRIVATE REQUEST		239 UNIT & PERSON NOTIFIED		240 VEH INVENTORIED BY (LIST ITEMS FOUND IN BOX 225)			241 PROPERTY RECEIPT NUMBER(S)		
		RECORDS /							
242 PROPERTY IN CUSTODY OF		243 SERIAL NUMBER(S) CHECKED BY		244 TOW TRUCK DRIVER'S WCSO ID #		245 TOW TRUCK APPROVED			
						<input type="checkbox"/> Y <input type="checkbox"/> N REASON			

REPORTING OFFICER(S) <b>A. Roque /</b>	DPSST # <b>43105 /</b>	PREC/DIV <b>W / Pat</b>	SHIFT / DIST <b>2 / W50</b>	SUPV INT / DPSST
---	---------------------------	----------------------------	--------------------------------	------------------

246 CASE NO  
06-517013

247 REFER CASE NO

### VEHICLE INFORMATION (Cont.)

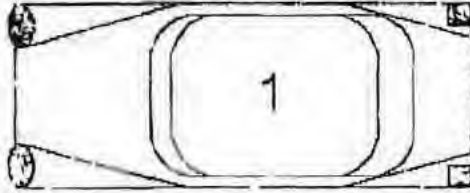
WASHINGTON COUNTY  
SHERIFF'S OFFICE

248 VALUABLES LEFT IN VEHICLE?  YES  NO  
IF YES, LIST VALUABLES:

249 MAJOR VEHICLE DAMAGE?  YES  NO  
IF YES, LIST DAMAGE AND/OR INDICATE ON DIAGRAM

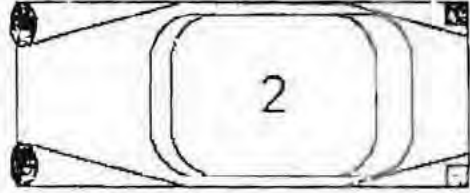
Indicate any damage below: **DO NOT TAB THROUGH THE BELOW SECTION**

F  
R  
O  
N  
T



R  
E  
A  
R

F  
R  
O  
N  
T



R  
E  
A  
R

### PROPERTY INFORMATION

PROPERTY  D-DAMAGED  F-FOUND  S-SAFEKEEPING  L-LOST  R-RECOVERED  S-STOLEN  ADDL PROPERTY IN NARRATIVE

CODE	QTY	ITEM	BRAND	MODEL/STYLE	COLOR	SIZE	SERIAL NO	ENGRAVINGS/PECULIARITIES	VALUE
D	1	garage door	unk		white				unk

Insurance Copy  
Printed on 04/28/08 08:25:53 AM

250 COPIES.  ADMIN  ATF  AUTO T/R  CC  CHAPLN  CHL  CIVIL  CRIME PREV  DA  DCO  DET  DHS  DMV IDING  
 ELDER SAFE  EVOC SUP  FBI  PITE  PVIT  GET  JUV  MNTHL HLTH  NEIGHBORHOOD WATCH  NEWS  OLCC  PATROL INFO  
 PAROLE/PROB  PIO  SECRET SERVICE  SOU  TRAFFIC  TRAINING  WAR KPT  WC DEV DISABILITY  WIN

REPORTING OFFICER(S) A. Roque /	DPSST # 43105 /	PREC/DIV W / Pat	SHIFT/DIST 2 / W50	SUPV DUT / DPSST
------------------------------------	--------------------	---------------------	-----------------------	------------------



WCSO CONTINUATION REPORT

REPORT FORMAT: ADDITIONAL CHARGES / MENTIONED / SUMMARY / NARRATIVE / ACTION RECOMMENDED / ADDITIONAL INFORMATION

MENTIONED:

NA

SUMMARY:

accidentally backed into garage door

NARRATIVE:

On 08-30-06 at 1433 hours, I was dispatched to an unknown injury crash at [redacted] in Beaverton. Neighbors reported that a vehicle crashed into this house. I arrived at 1436 hours and was told that the vehicle drove around the corner and that the elderly female driver lives around the corner. I went to [redacted] Avenue and saw a black Ford Escape in the driveway. I noted that the Escape had white paint transfer on both sides of the rear hatchback style door.

I contacted [redacted] inside the house. [redacted] appeared very shaken and was crying. [redacted] said that she left her house in her Escape and forgot something at home after she made it around the corner. [redacted] said she put the Escape into reverse and the vehicle "just took off". [redacted] said she tried applying her brakes and her emergency brake but she could not stop the Escape. [redacted] said she backed into the garage door at the above address.

[redacted] said her neighbor came over to assist and left a handwritten note at the above house with her name and phone number on it since nobody was home there. [redacted] said she was so shaken up from the crash that she just needed to get home. [redacted] said she was uninjured and medical personnel responded and verified that she was uninjured. [redacted] showed me a recall notice from Ford for her vehicle that related to an accelerator cable problem. I suggested to [redacted] that she schedule the work indicated in the recall notice as soon as possible.

[redacted] showed me her proof of insurance on her vehicle. The Geico card indicated current insurance for the Escape under policy number [redacted].

I returned to the [redacted] address and noted that the aluminum double garage door was broken off the tracks and lying inside the garage. I took pictures of the Escape and the damage to the garage and later submitted them into evidence. Fire personnel along with neighbors hung a tarp on the open garage to block it off from view. I later spoke with the homeowner, [redacted] and informed him of the details of this incident.

Assisted by WASHCO DIGITAL  
Insurance Copy  
Scanned on 08/30/06 at 16:58:06

ACTION RECOMMENDED:

Not applicable, information only report

ADDITIONAL INFORMATION:

None

REPORTING OFFICER(S) A. Roque /	DPSST # 43105 /	CASE NO 06-517013	REFER CASE NO	SUPP INT / DPSST
------------------------------------	--------------------	----------------------	---------------	------------------

1 Case Number <b>06-517013</b>		2 Connect Case		<b>Washington County Sheriff's Office</b>		Accompanying Reports <input checked="" type="checkbox"/> Incident <input type="checkbox"/> Custody		Page <b>5/5</b>		
3 Offense <b>Property Damage Crime</b>				<b>Property Evidence Report</b>		<input checked="" type="checkbox"/> Cont <input type="checkbox"/> Accident		<input type="checkbox"/> Other		
4 Location <b>Terry Beaverts</b>				5 Date/Time Reported <b>8-30-06/1433</b>		8 Date/Time Occurred <b>8/27/06</b>				
Persons OW-Owner PF-Property Finder WI-Witness A1,B2-Suspect DE-Deceased Additional Persons Y N										
7 Code <b>SB</b>		9 Sex <b>M</b>		10 Race <b>W</b>		11 DOB [REDACTED]				
12 Mailing Address <b>ST#4</b>						13 CRN		14 Contact Phone [REDACTED]		
15 Code <b>SB</b>		16 NAME Last First Middle [REDACTED]		17 Sex <b>F</b>		18 Race <b>W</b>		19 DOB <b>8-11-97</b>		
20 Mailing Address <b>Alma Dr</b>						21 CRN		22 Contact Phone [REDACTED]		
23 Code		24 NAME Last First Middle		25 Sex		26 Race		27 DOB		
28 Mailing Address						29 CRN		30 Contact Phone		
Proper 0= Destruct 1=Arrestee's 4=Evidence/F 5=Found 6=Safekeeping 8=Recovered *F represents items seized for forfeiture										
Dispo 0=Destruct A=Photo/Destroy B=Photo/Return C=Process/Return or Destroy D=Process/Hold E=Hold in Evidence H=Return										
Item #	Owner V S U	Description <b>1 CD containing digital photos</b>			Location Seized <b>ST#4</b>	Seized By <b>ROQUE 62</b>	Locker #	Prop/Evid Only		
Code <b>A</b>	Process Y N				Date/Time <b>8/25/06</b>	Final Disposition <b>E</b>				
Item #	Owner V S U	Description			Location Seized	Seized By	Locker #	Prop/Evid Only		
Code	Process Y N				Date/Time	Final Disposition				
Item #	Owner V S U	Description			Location Seized	Seized By	Locker #	Prop/Evid Only		
Code	Process Y N				Date/Time	Final Disposition				
Item #	Owner V S U	Description			Location Seized	Seized By	Locker #	Prop/Evid Only		
Code	Process Y N				Date/Time	Final Disposition				
Item #	Owner V S U	Description			Location Seized	Seized By	Locker #	Prop/Evid Only		
Code	Process Y N				Date/Time	Final Disposition				
Item #	Owner V S U	Description			Location Seized	Seized By	Locker #	Prop/Evid Only		
Code	Process Y N				Date/Time	Final Disposition				
Files Checked <input type="checkbox"/> Y <input type="checkbox"/> N		By				Citizen Signature				
Reporting Officer <b>A. ROQUE</b>				DPSST <b>43105</b>		Prec/Div <b>W/AAT</b>		Shift/Agpn Dist <b>2/WSD</b>		Approved

- CC
- DA
- Adm
- Dets
- PIO
- Juv
- Com Ed
- P&R

By \_\_\_\_\_  
Processing  CRN

Data Entry

- Seizing Deputy
- Fingerprint comparison request form attached
- Print Photo's
- WCSO marijuana test
- Other

- Forensics
- LPC File
- Ninhydrin
- No Prints of Value

Items \_\_\_\_\_

Printed by: [REDACTED]  
 Date: [REDACTED]  
 Time: [REDACTED]

RECORDS

## ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
8/30/2006 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU93173K [REDACTED] 719522426	2003 ESCAPE	01
1/28/2005 CLOSED	[REDACTED] RECALL/ONP - VEHICLE INVOLVEMENT	1FMYU93173K [REDACTED] 614560245	2003 ESCAPE	03

Ford Confidential

[REDACTED]  
9/22/2006

## All Action Details for Issue

Print

VIN: 1FMYU93173K [REDACTED] Year: 2003 Model: ESCAPE Case: 719522426  
Name: [REDACTED] Owner Status: Subsequent WSD: 2003-01-09  
Symptom Desc: SURGE ACCELERATION ALL ENGINE TEMP Primary Phone:  
Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT Secondary Phone: [REDACTED]  
Issue Type: 01 INQUIRY Issue Status: CLOSED

Action: ADVISE CUSTOMER TO CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE  
Dealer: Origin Desc: US CONCERN CASE BASE  
Odometer: 55000 MI Comm Type: PHONE  
Analyst Name: ANTHONY RIVERA (AR/VER25) Analyst: ARIVER25  
Action Date: 08/30/2006 Action Time: 19.59.11.111 Action Data: No

Comments CUSTOMER SAID: =THE VEH WAS IN REVERSE AND WOULD NOT STOP ACCELERATING= THERE IS DAMAGE TO A GARAGE DOOR =THE ACCIDENT WAS 8/30/06= THE ACCEL RATOR CABLE REPLACEMENT RECALL IS THE CAUSE OF THE ACCIDENT= THE ACCIDENT OCCURED ON HERITAGE PARKWAY =06517013 IS THE POLICE REPORT#= THE ACCIDENT WAS IN HER HOME TOWN= THERE IS AN INSURANCE CLAIM WITH THE INSURANCE COMPANY= THE CLAIM HAS NOT BEEN PAID= THE VEH IS REPAIRABLE DEALER SAID: BEAVERTON FORD 12325 SW CANYON RD. BEAVERTON, OR 97005 TEL: (503) 643-5555 503-644-1131 FAX: (503) 626-0900 CRC ADVISED: YOUR INSURANCE COMPANY HAS THE RIGHT TO PURSUE CLAIMS FOR REIMBURSEMENT AGAINST FORD. HOWEVER, FORD WILL BE UNABLE TO INVESTIGATE YOUR CLAIM AS REPAIRS TO YOUR VEHICLE HAVE BEEN PERFORMED AND YOU ARE CURRENTLY IN THE PROCESS OF PURSUING A CLAIM WITH YOUR INSURANCE COMPANY.

Ford Confidential

[REDACTED]  
9/22/2006

All Action Details for Issue

Print

VIN: 1FMYU93173K [REDACTED]      Year: 2003      Model: ESCAPE      Case: 614560245  
 Name: [REDACTED]      Owner Status: Original      WSD: 2003-01-09  
 Symptom Desc: SERVICE BRAKE PEDAL      Primary Phone:  
 Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT      Secondary Phone:  
 Issue Type: 03 CONCERN      Issue Status: CLOSED  
 Initial Customer Contact: 01/27/2005

Action: ADVISE CUST OF FSA/CSP; DOCUMENT CAMPAIGN NUMBER  
 Dealer: 08729 BEAVERTON FORD      Origin Desc: US INQUIRY CASE BASE  
 Odometer: 40000 MI      Comm Type: PHONE  
 Analyst Name: KAREN DENNEY      Analyst: KDENNEY  
 Action Date: 01/24/2005      Action Time: 17.04.15.546      Action Data: Yes

Comments CUSTOMER SAID: - ACCELERATOR PEDAL STICKS SOMETIMES- CUST RECEIVED LETTER ABOUT 04S25- CUST WOULD LIKE TO HAVE RECALL COMPLETED DEALER SAID: - NONE CRC ADVISED: PLEASE ADVISE THE CUSTOMER OF THE INFORMATION FOUND IN THE CUSTOMER LETTER OR THE SEARCH ENGINE Q&A. PLEASE DOCUMENT ANY INFORMATION YOU PROVIDE TO THE CUSTOMER.- ADVISE CUST TO CONTACT DLRSHIP AND SCHEDULE AN APPOINTMENT TO HAVE RECALL COMPLETED

Data Element Name	Data Value
FSA/CSP CAMPAIGN NUMBER	04S25

Action: CUSTOMER PAID REPAIR MADE  
 Dealer: 08729 BEAVERTON FORD      Origin Desc: DEALER  
 Odometer: 40000 MI      Comm Type: PHONE  
 Analyst Name: RICK FRANK      Analyst: R-FRANK2  
 Action Date: 01/28/2005      Action Time: 18.18.13.277      Action Data: No

Comments APPOINTMENT MADE FOR INSPECTION

Ford Confidential

9/22/2006



RECEIVED JAN 11 2005

# State Farm Insurance Companies®



State Farm Insurance Companies  
P.O. Box 2336  
Bloomington, IL 61709

January 10, 2005

CERTIFIED MAIL- RETURN RECEIPT REQUESTED

Ford Motor Co  
Parklane Towers West  
Suite 400  
3 Parklane Blvd  
Dearborn, Mi 48126-2568

506428  
A

Re. Claim Number [REDACTED]  
Our Insured: [REDACTED]  
Date of Loss: January 8, 2005  
Make, Model and Year of Product: 2003 Ford Escape  
Vehicle Identification Number: 1FMYU02133R [REDACTED]

The identified vehicle is insured by State Farm Mutual Insurance Company. This vehicle experienced an accelerator cable problem resulting in a collision loss.

State Farm would like to give you an opportunity to inspect the vehicle and give you advance notice of out potential subrogation claim.

Please contact me at 800-762-8638 ext 2541 to set up a time for your inspection.

Sincerely,

Shaun Felton  
Claim Representative

**ISSUE LIST**

<b>Last Handling Date/ Issue Status</b>	<b>Name/ Reason Desc</b>	<b>Vin/ Case No.</b>	<b>Model Year and Vehicle Line</b>	<b>Issue Type</b>
1/12/2005 CLOSED	[REDACTED] AWA - AWA DENIED	1FMYU02133K [REDACTED] 1521750105	2003 ESCAPE	02
1/10/2005 CLOSED	[REDACTED] LEGAL - ACCIDENT / FIRE	1FMYU02133K [REDACTED] 1521750105	2003 ESCAPE	10

[REDACTED]

1/20/2005



## All Action Details for Issue

Print

VIN: 1FMYUJ02133K [REDACTED] Year: 2003 Model: ESCAPE Case: 1521750105  
 Name: [REDACTED] Owner Status: Original WSD: 2003-08-12  
 Symptom Desc: SURGE AT CRUISE HOT ENGINE Primary Phone: [REDACTED]  
 Reason Desc: AWA - AWA DENIED Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: VEHICLE DOES NOT HAVE ANY LOANER PROVISION; NO ASSISTANCE  
 Dealer: 02744 CAMPBELL FORD LINCOLN-MERCURY, INC. Origin Desc: US CONCERN CASE BASE  
 Odometer: 18000 MI Comm Type: PHONE  
 Analyst Name: INGRID MCLAREN Analyst: IMCLAREN  
 Action Date: 01/12/2005 Action Time: 10.07.15.704 Action Data: No

**Comments** CUSTOMER SAID: - CUST VEHICLE WAS IN AN ACCIDENT ON MONDAY- EXPLORER THE VEHICLE IS AT CAMPBELL WRIGHT FORD - VEHICLE IS SURGE ON IT OWN- INFO HAD BEEN DOCUMENTED AND SENT TO OGC ON 01/10/05- CUST IS SEEKING RENTAL VEHICLE WHILE THE VEHICLE IS AT THE DLRSH- CUST HAS NOT SPOKE TO THE DLRSH SEENS MONDAY.- CUST IS SEEKING A LOANER VEHICLE.DEALER SAID: CAMPBELL FORD LINCOLN - MERCURY INC.2801 S. ELEVENTH STNILES, MI 49120 TEL: (269) 684-8300CLAIM ERIC ADVISED HER THAT IF THEY WOULD LOOK INTO HER REQUEST FOR LOANER ONCE THEY DETERMINE WHAT THE SITUATION IS.CRC ADVISED: "- I HAVE RESEARCHED THIS SITUATION FOR YOU AND UNFORTUNATELY FORD CANNOT PROVIDE ASSISTANCE FOR THIS MATTER BECAUSE THE REPAIR IS COVERED BY YOUR INSURANCE, - PLEASE CONTACT YOUR INSURANCE CARRIER FOR ADDITIONAL ASSISTANCE."- ERIC GOLD SRM ADVISED THAT THEY ARE STILL REVEIWING THIS AS THIS MAYBE A INSURANCE ISSUE SITUATION SAY IT DOES NOT SEEM TO BE DUE TO RECALL ADVISE TO ENCOURAGE CUST TO CONTACT INSURANCE CARRIER TO INVESTAGE THE SITUATION.

[REDACTED] 1/20/2005

## All Action Details for Issue

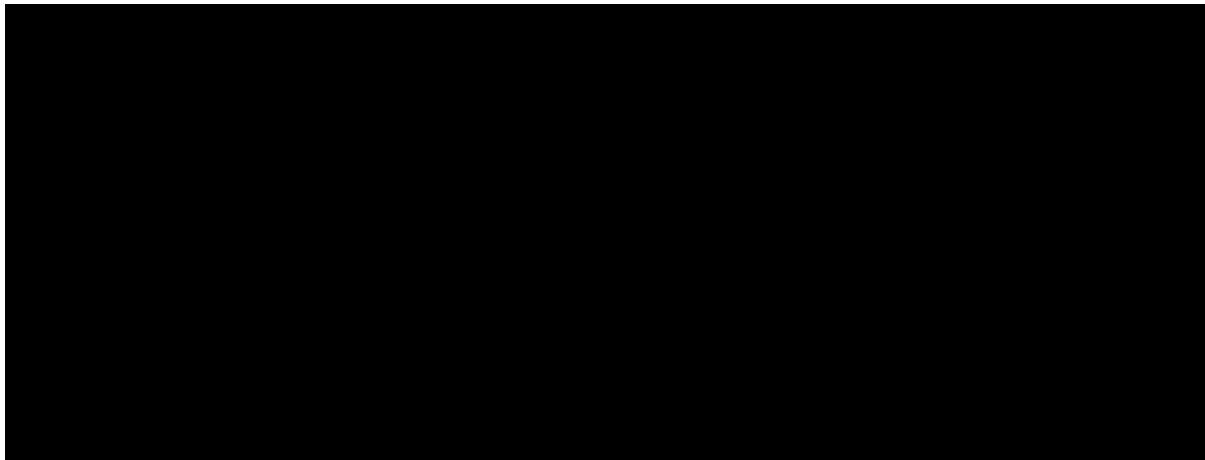
Print

VIN: 1FMYU02133K [REDACTED] Year: 2003 Model: ESCAPE Case: 1521750105  
Name: [REDACTED] Owner Status: Original WSD: 2003-08-12  
Symptom Desc: SURGE ACCELERATION ALL ENGINE TEMP Primary Phone: [REDACTED]  
Reason Desc: LEGAL - ACCIDENT / FIRE Secondary Phone: [REDACTED]  
Issue Type: 10 OGC Issue Status: CLOSED

Action: CONTACT ADVANCED TO OGC  
Dealer: 02744 CAMPBELL FORD LINCOLN-MERCURY, INC. Origin Desc: US CONCERN CASE BASE  
Odometer: 16000 MI Comm Type: PHONE  
Analyst Name: YUEN AUDREY Analyst: AYUEN1  
Action Date: 01/10/2005 Action Time: 14,29,34,584 Action Data: No

Comments CUSTOMER SAID: -WAS IN AN ACCIDENT ON 1/8/2005-THE VEH TOOK OFF AND CUST COULD NOT GET THE VEH TO STOP -THE VEH WAS ACTING LIKE IT WAS POSSESSED-I CAME OUT OF MY DRIVEWAY AND PUT THE VEH IN DRIVE THEN THE VEH JUST TOOK OFF-THE BRAKES WERE NOT WORKING -IT TORE DOWN TREES ACROSS THE STREET -THEN IT HIT THE GARAGE DOOR, RIDING LAWN MOWER AND A BOAT -I AM SORE BUT HAVE NO MAJOR INJURIES OR BROKEN BONES -THE AIR BAGS DID NOT DEPLOY -I HAVE CONTACTED STATE FARM INSURANCE AND ADVISED THEM OF THE ACCIDENT -MY CONTACT PERSON IS SEAN 1-800-762-8638 CLAIM NUMBER [REDACTED] -A POLICE REPORT WAS FILED IN TOWNSHIP OF NILES -MY SON WENT ON THE INTERNET AND NOTICED THAT THERE WAS A RECALL ON THE VEH -WHY WERE WE NOT INFORMED OF THE RECALL -VEH MAY BE REPAIRABLE DEALER SAID: -NONE CRC ADVISED; I WILL FORWARD THIS INFORMATION TO THE FORD OGC DEPARTMENT. YOU WILL BE CONTACTED WITHIN 3-5 BUSINESS DAYS.

[REDACTED] 1/20/2005





**Allied  
Insurance**

a member of Nationwide Insurance

**Des Moines Regional Office**

2820 109th St., Dept. 2004  
Des Moines, IA 50391-2004  
(515) 508-7288  
800-532-1212  
FAX (515) 508-8532  
FAX 800-562-4339

RELATIONSHIP  
CENTER

2005 JUN -b A 8:38

June 1, 2005

FORD MOTOR COMPANY  
CONSUMER AFFAIRS DEPT  
PO BOX 6248 MD-3NE-B  
DEERBORN, MI 48126



JUN 06 2005

Our Claim #: [REDACTED]  
Our Insured: [REDACTED]  
Date of Loss: 5-27-2004  
VIN: 1FMYU93194D [REDACTED]  
Recall #: 04S25

Dear Sirs:

I am writing to you at this time to inform you that we are the auto insurance carrier for Mr. [REDACTED] [REDACTED] is the owner of a 2004 Ford Escape that was involved in an auto accident on May 27, 2004 when the throttle on the Escape stuck, causing the insured to rear end another vehicle. The driver of the other vehicle was injured in the accident and has sought medical attention.

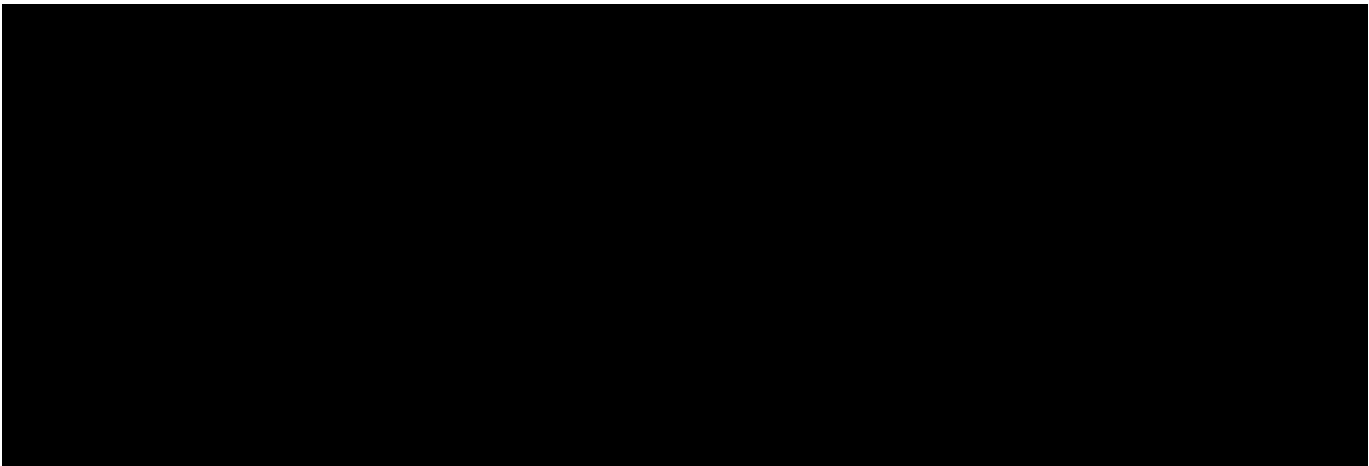
Please be advised that we are putting you on notice that we will be seeking restitution from Ford Motor Company for the damage to our insured's vehicle as well as the other party's vehicle and the injuries arising out of this accident.

If you should wish to inspect the Ford Escape involved in this loss, please contact us as soon as possible. Our insured will begin repairs on the vehicle on June 13, 2004.

Thank you for your attention to this matter.

Sincerely,

Chris Kobs  
Master Claims Representative  
Nationwide Mutual Insurance Company  
(800) 532-1212 ext. 5319



## ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
8/24/2005 CLOSED	[REDACTED] LEGAL - ACCIDENT	1FMYU04162K [REDACTED] 1583091855	2002 ESCAPE	07
7/12/2005 CLOSED	[REDACTED] CORRESPONDENCE - CORRESPONDENCE	1FMYU04162K [REDACTED] 1583091855	2002 ESCAPE	02
7/12/2005 CLOSED	[REDACTED] PRODUCT - NEGATIVE FEEDBACK	1FMYU04162K [REDACTED] 1583091855	2002 ESCAPE	02
7/4/2005 CLOSED	[REDACTED] CORRESPONDENCE - WORK IN PROGRESS	1FMYU04162K [REDACTED] 1583091855	2002 ESCAPE	02

Ford Confidential

[REDACTED] 9/15/2005

All Action Details for Issue

Print

VIN: 1FMYU04162K [REDACTED] Year: 2002 Model: ESCAPE Case: 1583091855  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-12  
 Symptom Desc: ENG SPEED-UP IDLE ALL ENGINE TEMP Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - ACCIDENT Secondary Phone: [REDACTED]  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: OPEN LEGAL CONTACT - PRODUCT LIABILITY - ACCIDENT  
 Dealer: 68027 FORD MOTORCOMPANY-FORD DIV Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION-FD  
 Odometer: 1 MI Comm Type: MAIL  
 Analyst Name: LEICH,CHERIE Analyst: CLEICH  
 Action Date: 08/23/2005 Action Time: 14.53.42.192 Action Data: Yes

Comments \*\*\*\*\*PRODUCT LIABILITY\*\*\*\*\*DATE STAMPED 8-23-05. EATON ENGINEERING COMPANY CONTACTED FORD ON BEHALF OF THEIR CUSTOMER. VEHICLE WAS INVOLVED IN AN ACCIDENT IN JANUARY. THE DRIVER STATES THE ACCELERATOR STUCK CAUSING THE ACCIDENT.CUSTOMER REQUESTS CONTACT FROM FORD REPRESENTATIVE.

<u>Data Element Name</u>	<u>Data Value</u>
ANALYST ID	KDUNLAP

Action: MAKE OUTBOUND CALL TO OTHER  
 Dealer: 68027 FORD MOTORCOMPANY-FORD DIV Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 1 MI Comm Type: MAIL  
 Analyst Name: DUNLAP, KENISHA Analyst: KDUNLAP  
 Action Date: 08/24/2005 Action Time: 10.09.45.696 Action Data: Yes

Comments ACK. CORRESPONDENCE IS BEING SENT ON CUSTOMER'S BEHALF FROM AN ENGINEERING FIRM (EATON ENGINEERING COMPANY) HIRED BY CUSTOMER'S INSURANCE AIG.

<u>Data Element Name</u>	<u>Data Value</u>
CONTACT PERSON	OGC

Action: REDIRECT TO OGC - OTHER  
 Dealer: 68027 FORD MOTORCOMPANY-FORD DIV Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 1 MI Comm Type: MAIL  
 Analyst Name: DUNLAP, KENISHA Analyst: KDUNLAP  
 Action Date: 08/24/2005 Action Time: 10.10.20.132 Action Data: No

Comments LPA REDIRECTED INFORMATION TO OGC. THIS IS A SUBROGATION ISSUE.

Ford Confidential

9/15/2005

## All Action Details for Issue

Print

VIN: 1FMYU04162K [REDACTED] Year: 2002 Model: ESCAPE Case: 1583091855  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-12  
 Symptom Desc: Primary Phone: [REDACTED]  
 Reason Desc: CORRESPONDENCE - CORRESPONDENCE Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: CUSTOMER FOCUS - MADE CONTACT/PROVIDED RESOLUTION

Dealer: Origin Desc: MANUAL - CORRESPONDENCE CSR  
 Odometer: 1 MI Comm Type: MAIL  
 Analyst Name: CHERYL LOPES Analyst: CLOPES20  
 Action Date: 07/12/2005 Action Time: 11.27.48.485 Action Data: No

## Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]	[REDACTED]	OTHER

**Comments** CUSTOMER SAID: - CUST ADVISED WHEN SHE RECD THE RECALL NOTICE SHE SENT IT TO INS COMPANY - CUST UNAWARE OF CONTACT MADE WITH FMC BY INS COMPANY - PER HISTORICAL LETTER DATED JUNE 21/05, 1-NFC-233 (THIS IS A 3RD PARTY INVESTIGATING ENGINEER EATON ENGINEERING CO. 859 734-3135 WRITING TO THE CONSUMER AFFAIRS DEPT. ON BEHALF OF THE CUST AND THE INSURANCE CO. )- STATES THAT THIS VEH WAS IN A ACCIDENT- HE HAS BEEN INFORMED BY THE INSURANCE CO. CLAIMS REP BARBRA GOSSOM FROM AIG PERSONAL LINES CLAIMS LOUISVILLE KY (PHONE 800 244-0173 EXT. 35108) TO CONTACT FORD TO MAKE ARRANGEMENTS FOR IT TO BE INSPECTED AND TESTED- ON JUNE 20/05 THE VEH WAS INVOLVED IN A COLLISION WHILE BEING OPERATED BY [REDACTED] IN THE POLICE REPORT IT STATES THAT THE OPERATOR OF THE VEH STATES THAT THE "ACCELERATOR STUCK"- THIS COMPLAINT/CLAIM RELATES TO A RECALL THAT WAS ISSUED ON THIS VEH AND SENT IN JAN/05- THE INSURANCE CO. WOULD LIKE TO HAVE THE VEH INSPECTED AND TESTED IN ORDER TO DETERMINE IF THE PROBLEM MIGHT EXIST WITH THE ACCELERATOR CABLE ON THE VEH- AIG INSURANCE WANTS ME TO COORDINATE MY INVESTIGATIVE WORK TO BE SIMULTANEOUS WITH THE FORD EXPERT- PLS CONTACT MY OFFICE TO SCHEDULE AN INSPECTION OF THIS VEH WHICH WILL HAVE TO TAKE PLACE AT THE SALVAGE YARD IT'S BEING HELD ATCRC ADVISED: CUSTOMER FOCUS - MADE CONTACT/PROVIDED RESOLUTION CASE PATH PER T.L GEMMATHANK YOU FOR PROVIDING FORD MOTOR COMPANY WITH YOUR THOUGHTS; YOUR OPINIONS ARE VALUABLE TO US. I HAVE DOCUMENTED YOUR FEEDBACK AND THE INFORMATION YOU PROVIDED REGARDING YOUR EXPERIENCE WITH OUR PRODUCT. THIS INFORMATION IS FORWARDED TO VARIOUS DEPARTMENTS WITHIN FORD TO CONTINUOUSLY IMPROVE OUR PRODUCTS AND SERVICES. YOU WILL ONLY BE CONTACTED IF A SPECIFIC DEPARTMENT REQUIRES ADDITIONAL INFORMATION OR CLARIFICATION. SPOKE WITH CUST WIFE BRENDA AS CUST IS UNWELL

Ford Confidential

[REDACTED] 9/15/2005



All Action Details for Issue

Print

VIN: 1FMYU04162K [REDACTED] Year: 2002 Model: ESCAPE Case: 1583091855  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-12  
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED Primary Phone: [REDACTED]  
 Reason Desc: PRODUCT - NEGATIVE FEEDBACK Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER THE FEEDBACK HAS BEEN DOCUMENTED  
 Dealer: [REDACTED] Origin Desc: US INQUIRY CASE BASE  
 Odometer: 1 MI Comm Type: PHONE  
 Analyst Name: CHERYL LOPES Analyst: CLOPES20  
 Action Date: 07/12/2005 Action Time: 11.18.27.347 Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	OTHER

Comments CUSTOMER SAID: - CUST ADVISED WHEN SHE RECD THE RECALL NOTICE SHE SENT IT TO INS COMPANY - CUST UNAWARE OF CONTACT MADE WITH FMC BY INS COMPANY - PER HISTORICAL LETTER DATED JUNE 21/05, 1-NFC-233(THIS IS A 3RD PARTY INVESTIGATING ENGINEER EATON ENGINEERING CO. 859 734-3135 WRITING TO THE CONSUMER AFFAIRS DEPT.ON BEHALF OF THE CUST AND THE INSURANCE CO. )- STATES THAT THIS VEH WAS IN A ACCIDENT- HE HAS BEEN INFORMED BY THE INSURANCE CO. CLAIMS REP BARBRA GOSSOM FROM AIG PERSONAL LINES CLAIMS LOUISVILLE KY (PHONE 800 244-0173 EXT. 35108) TO CONTACT FORD TO MAKE ARRANGEMENTS FOR IT TO BE INSPECTED AND TESTED- ON JUNE 20/05 THE VEH WAS INVOLVED IN A COLLISION WHILE BEING OPERATED BY TIFFANY R. STEVENSON- IN THE POLICE REPORT IT STATES THAT THE OPERATOR OF THE VEH STATES THAT THE "ACCELERATOR STUCK"- THIS COMPLAINT/CLAIM RELATES TO A RECALL THAT WAS ISSUED ON THIS VEH AND SENT IN JAN/05- THE INSURANCE CO. WOULD LIKE TO HAVE THE VEH INSPECTED AND TESTED IN ORDER TO DETERMINE IF THE PROBLEM MIGHT EXIST WITH THE ACCELERATOR CABLE ON THE VEH- AIG INSURANCE WANTS ME TO COORDINATE MY INVESTIGATIVE WORK TO BE SIMULTANEOUS WITH THE FORD EXPERT- PLS CONTACT MY OFFICE TO SCHEDULE AN INSPECTION OF THIS VEH WHICH WILL HAVE TO TAKE PLACE AT THE SALVAGE YARD IT'S BEING HELD ATORC ADVISED: THANK YOU FOR PROVIDING FORD MOTOR COMPANY WITH YOUR THOUGHTS; YOUR OPINIONS ARE VALUABLE TO US. I HAVE DOCUMENTED YOUR FEEDBACK AND THE INFORMATION YOU PROVIDED REGARDING YOUR EXPERIENCE WITH OUR PRODUCT. THIS INFORMATION IS FORWARDED TO VARIOUS DEPARTMENTS WITHIN FORD TO CONTINUOUSLY IMPROVE OUR PRODUCTS AND SERVICES. YOU WILL ONLY BE CONTACTED IF A SPECIFIC DEPARTMENT REQUIRES ADDITIONAL INFORMATION OR CLARIFICATION.SPOKE WITH CUST WIFE BRENDA AS CUST IS UNWELL

Ford Confidential

[REDACTED]

9/15/2005

## All Action Details for Issue

Print

VIN: 1FMYU04162K [REDACTED] Year: 2002 Model: ESCAPE Case: 1583091855  
Name: [REDACTED] Owner Status: Subsequent WSD: 2001-09-12  
Symptom Desc: [REDACTED] Primary Phone: [REDACTED]  
Reason Desc: CORRESPONDENCE - WORK IN PROGRESS Secondary Phone: [REDACTED]  
Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: CUSTOMER FOCUS - WIP

Dealer:

Odometer: 1 MI

Analyst Name: BAINES AISHA

Action Date: 07/04/2005

Comm Type: MAIL

Analyst: ABAINES2

Action Time: 16.11.48.856

Origin Desc: MANUAL - CORRESPONDENCE CSR

Action Data: No

Comments CUSTOMER SAID: LETTER DATED JUNE 21/05, 1-NFC-233 (THIS IS A 3RD PARTY INVESTIGATING ENGINEER EATON ENGINEERING CO. 859 734-3135 WRITING TO THE CONSUMER AFFAIRS DEPT. ON BEHALF OF THE CUST AND THE INSURANCE CO. )- STATES THAT THIS VEH WAS IN A ACCIDENT- HE HAS BEEN INFORMED BY THE INSURANCE CO. CLAIMS REP BARBRA GOSSOM FROM AIG PERSONAL LINES CLAIMS LOUISVILLE KY (PHONE 800 244-0173 EXT. 35108) TO CONTACT FORD TO MAKE ARRANGEMENTS FOR IT TO BE INSPECTED AND TESTED- ON JUNE 20/05 THE VEH WAS INVOLVED IN A COLLISION WHILE BEING OPERATED BY TIFFANY R. STEVENSON- IN THE POLICE REPORT IT STATES THAT THE OPERATOR OF THE VEH STATES THAT THE "ACCELERATOR STUCK"- THIS COMPLAINT/CLAIM RELATES TO A RECALL THAT WAS ISSUED ON THIS VEH AND SENT IN JAN/05- THE INSURANCE CO. WOULD LIKE TO HAVE THE VEH INSPECTED AND TESTED IN ORDER TO DETERMINE IF THE PROBLEM MIGHT EXIST WITH THE ACCELERATOR CABLE ON THE VEH- AIG INSURANCE WANTS ME TO COORDINATE MY INVESTIGATIVE WORK TO BE SIMULTANEOUS WITH THE FORD EXPERT- PLS CONTACT MY OFFICE TO SCHEDULE AN INSPECTION OF THIS VEH WHICH WILL HAVE TO TAKE PLACE AT THE SALVAGE YARD IT'S BEING HELD AT DEALER SAID: - NONE CRC ADVISED: PREPPED ONLY

Ford Confidential

[REDACTED] 9/15/2005



**KENTUCKY UNIFORM POLICE  
TRAFFIC COLLISION REPORT**

MASTER FILE #

INVESTIGATING AGENCY **GRAYSON COUNTY SHERIFF DEPT.** AGENCY ORI NUMBER **0430000** LOCAL CODE **SO-05-0017**

ROADWAY NAME [REDACTED] PARKING LOT: N INTERSECTION WITH: N BETWEEN STREETS: N

ROADWAY # KY0920	DISTANCE FROM MILEPOINT MILES: .3 DIRECTION: EAST	MILEPOINT # 2	INJURED 2	KILLED	# UNITS INVOLVED 1	HIT & RUN NO	ONE WAY NO	SPEED LIMIT 55 MPH
---------------------	---	------------------	--------------	--------	-----------------------	-----------------	---------------	-----------------------

IN CITY LIMITS? NO	LATITUDE DEG: 37 MIN: 30.532	COLLISION DATE AND TIME 01/20/2005 16:01
MILES FROM CITY 2.3 MILES EAST	LONGITUDE DEG: 86 MIN: 15.611	

CITY/TOWN **04301 - LEITCHFIELD** RAMP: NO  
FROM: DIR:  
TO: DIR:

MANNER OF COLLISION 09 - SINGLE VEHICLE	LOCATION 1ST EVENT 05 - OUTSIDE SHOULDER-RIGHT	TRAFFIC CONTROL 02 - CENTER LINE
--	---	-------------------------------------

ROADWAY TYPE 07 - STATE	TOTAL LANES 2	ROADWAY CHARACTER 03 - CURVE & LEVEL	ROADWAY SURFACE 01 - ASPHALT	ROADWAY CONDITION 01 - DRY
----------------------------	------------------	---	---------------------------------	-------------------------------

WEATHER 02 - CLEAR	LIGHT CONDITION 02 - DAYLIGHT	LAND USE 06 - RESIDENTIAL	SCHOOL BUS RELATED 03 - NOT APPLICABLE
-----------------------	----------------------------------	------------------------------	---

FIRST AID AT SCENE YES FIRST AID GIVEN BY **GRAYSON CO. AMBULANCE**

INJURED REMOVED TO  
**04302 - TWIN LAKES REGIONAL MEDICAL CENTER**

EMS AGENCY AND RUN # 10810166	EMS AGENCY AND RUN # 10810166	EMS AGENCY AND RUN #
NOTIFIED TIME 16:05	ARRIVED TIME 16:11	TIME AT HOSPITAL 16:31
NOTIFIED TIME 16:05	ARRIVED TIME 16:11	TIME AT HOSPITAL 16:31

INJURED OR DECEASED REMOVED BY  
**03 - MUNICIPAL/COUNTY EMERGENCY VEHICLE**

1 PROPERTY DAMAGE - OTHER THAN VEHICLES MAILBOX	PROPERTY PP - PRIVATE PROPERTY
--	-----------------------------------

OWNER/ADDRESS **DENNIS SHROADER  
2373 SALT RIVER RD. LEITCHFIELD KY 42754**

2 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
---	----------

OWNER/ADDRESS

3 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
---	----------

OWNER/ADDRESS

INV. COMPLETE YES PHOTOS NO PHOTOGRAPHER UNIT NO.

INVESTIGATOR WILLEN T	ID NUMBER 0430000	BEAT OR POST NO. GCSO	TIME NOTIFIED 16:02	TIME ARRIVED 16:10	RDWY OPENED 16:29
--------------------------	----------------------	--------------------------	------------------------	-----------------------	----------------------

REVIEWED BY PAGE 1 OF 3

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE

KSP 74 Revised 1/2000

MASTER FILE #

INVESTIGATING AGENCY GRAYSON COUNTY SHERIFF DEPT.

AGENCY OR NUMBER 0430000

LOCAL CODE SO-05-0017

UNIT 1 STATED THAT SHE WAS TRAVELING EAST ON SALT RIVER RD. AND SHE THINKS THAT HER ACCELERATOR STUCK. UNIT 1 RAN OFF THE ROADWAY ON THE RIGHT SIDE, OVER CORRECTED AND WENT TO THE LEFT DITCH AND STRUCK A MAILBOX. UNIT 1 THEN WENT UP THE BANK AND ROLLED ONE TIME.



**KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT**

MASTER FILE #

INVESTIGATING AGENCY **GRAYSON COUNTY SHERIFF DEPT.** AGENCY ORI NUMBER **0430000** LOCAL CODE **SO-05-0017**

UNIT # **1** TOWED? **YES - KINGS TOWING** # OCCUPANTS **2** PEDESTRIAN FACTORS

OPERATOR'S LIC. NO. **S04101373** STATE **KY** OPERATORS LICENSE RESTRICTIONS  
 CDL **NO** CO. RESIDENT **YES** OWNER **YES**

OPERATOR NAME (LN, FN, MI) [REDACTED]  
 DATE OF BIRTH ADDRESS [REDACTED] **LEITCHFIELD, KY** COMPLIANT **YES**

A. PRE-COLLISION VEHICLE ACTION **05 - GOING STRAIGHT AHEAD** B. UNIT TYPE **08-LT TRUCK(VAN/SPORTS UTILITY/PICKUP)** C. FIRE **NO** D. OVERTURNED **YES**  
 E. HUMAN FACTORS **19 - OVERCORRECTING/OVERSTEERING**

F-H. EVENT COLLISION  
**1ST: 22 - MAILBOX**  
**2ND: 36 - OVERTURNED**

I. VEHICULAR FACTORS **97 - OTHER** J. ENVIRONMENTAL FACTORS **99 - NONE DETECTED**

K. UNDERRIDE/OVERRIDE **01 - NO UNDERRIDE/OVERRIDE**

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
[REDACTED] FEMALE	DOB [REDACTED]	08,01	YES	01	03	02	01	02	01	01	01
LEITCHFIELD, KY											
[REDACTED] FEMALE	DOB [REDACTED]	02	YES	03	03	01	01	02	01	01	01
LEITCHFIELD, KY											

VEH YEAR **2002** MAKE **FORD** MODEL **EXPLORER** TYPE **VN** STATE **KY** REGISTRATION NUMBER **118LLG** YEAR **2005**

VEHICLE ID NUMBER **1FMYU04162K [REDACTED]** VEHICLE INSURED **YES** NAME OF INSURANCE CO. **PEOPLES INS. CO.** COLOR OF VEH **GREEN**

1ST AREA OF CONTACT **01 - FRONT VEHICLE** 1ST AREA CONTACT - COMBINATION VEHICLE **EXTENT OF DAMAGE VERY SEVERE** AIR BAG SWITCH **ON** TRAVEL DIRECTION **EAST**

ESTIMATED TRAVEL SPEED **BETWEEN 60 & 65 MPH** MOST HARMFUL EVENT  
 COMMERCIAL VEH. **NO** HAZ. CARGO **NO** HAZ. SPILL **NO** HAZ. CARGO CODE **NO** TYPE CARGO/COMMODITY **NO** NAS SAFETY REPORT #

SINGLE/COMBINATION/BOBTAIL **NO** NO. AXLES **NO** NO. TRAILERS **NO** US DOT # **NO** ICC MC # **NO** CRASH AVOIDANCE (Fatal Only)

GVWR TOTAL **NO** MOTOR CARRIER NAME **NO** CARRIER NAME SOURCE

MOTOR CARRIER ADDRESS

VIOLATION CODES **NO** CITATION NUMBER **NO** CASE NUMBER **NO** SUSPECTED DRINKING DRIVER **NO** METHOD OF DETERMINATION **02 - OBSERVATION**

TAKEN BY **NO** TEST OFFERED **NO** CHEMICAL TEST **NO** TESTED FOR **NO** SENT TO **NO** RESULTS **NO** PAGE

Photos - Claim Number: [REDACTED] [Print](#)

**File:** [5119\19367\ffc010ec-047d-4489-ad86-090d5908b2b5.pdf](#)

**File:** [5119\19367\a0d48342-f1de-48b5-aff9-469e0b67a56f.pdf](#)

**File:** [5119\36741\fa063b46-2824-4fa1-b87d-6859da26ca31.pdf](#)

**File:** [10062\35506\eaf50bc6-d9e2-4134-b6f3-09c7b2a9cec8.pdf](#)



[REDACTED]

11/10/2005

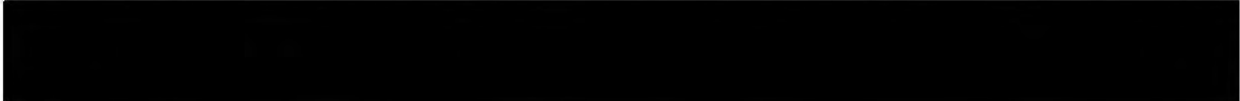


11/10/2005



11/10/2005





11/10/2005



11/10/2005



11/10/2005



11/10/2005

EATON ENGINEERING COMPANY  
4516 Lexington Road  
Harrodsburg, Kentucky 40330

AUG 26 2005

Thomas E. Eaton, PE, ScD  
Telephone: (859) 734-3135

16 August 2005



5  
AUG 23 11:19  
CONSUMER AFFAIRS  
SECTION

FORD MOTOR COMPANY  
Consumer Affairs  
P.O. Box 6248  
MD - 3NE - B  
Dearborn, Michigan 48126

RE: FORD VIN: 1FMYUO4162K [REDACTED] / 2002 Ford Escape

Owners: [REDACTED]  
Litchfield, Kentucky [REDACTED]

EEC FILE 250609  
AIG CLAIM: [REDACTED]  
INSURED: [REDACTED] Litchfield, KY

Gentlemen:

(800) 244-0173 x35108

At the request of Barbara Gossom, AIG Personal Lines Claims, Louisville, KY (phone: 800-244-0173 x35108), Eaton Engineering contacted the Ford Motor Co. by letter on 21 June 2005. This letter was sent to arrange for inspection and testing of a 2002 Ford Escape owned by Brenda and Donna Lucefield of Litchfield, KY.

On 20 January 2005, this vehicle was involved in a collision while being operated by [REDACTED]. In the police report for this accident, she stated that "She thinks that her accelerator stuck." This driver complaint relates to a recall sent by Ford Motor to the Lucefield's in January 2005.

AIG would like to have the vehicle inspected and tested in order to determine if a problem might exist with the accelerator cable on the Lucefield's 2002 Ford Escape. AIG wants to coordinate their investigative work with any inspection and testing of interest to Ford Motor Co.

EEC File 250609, Page 2  
21 June 2005

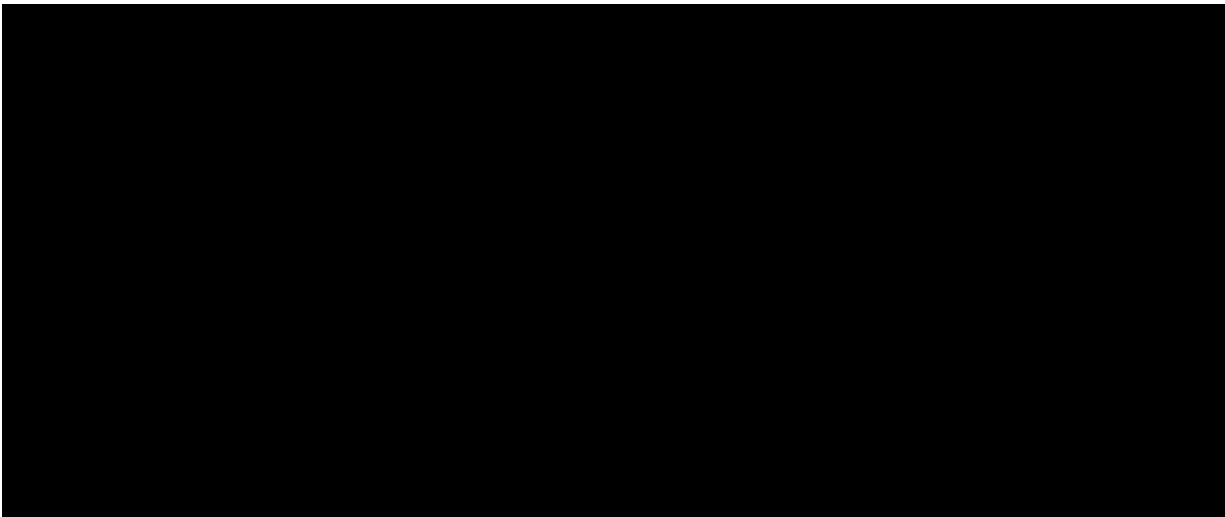
Since Ford Motor Co. has not responded to my letter of 21 June 2005, please be advised that inspection and testing of the vehicle will be undertaken after 1 September 2005 at Coparts in Lawrenceburg, Kentucky. Should Ford Motor want to have representatives present during the inspection and testing of this vehicle, you must contact my office no later than 1 September 2005. The office phone number is 859-734-3135; the mobile number is 859-229-0892.

Very truly yours,

A handwritten signature in black ink, appearing to read 'T. Eaton', written over a horizontal line.

Thomas E. Eaton, PE, ScD  
Consulting Engineer

Xc: Ms. Barbara Gossom  
AIG Personal Lines Claims



# State Farm Mutual Automobile Insurance Company

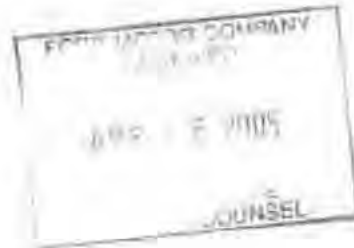


APR 14 2005

March 31, 2005

PO Box 8014  
Ballston Spa, NY 12020  
1-800-879-0326 ext. 3030

Ford Motor Co.  
Customer Service Relations  
Po Box 6248- Executive Plaza  
Dearborn, MI 48121



Re: [REDACTED]  
Our insured: [REDACTED]  
Date of Loss: 03-17-2005  
2004 Ford Escape  
VIN # 1FRYU92124K [REDACTED]

This State Farm vehicle was involved in a motor vehicle accident with another vehicle.  
The settlement of this claim is still pending.

Our investigation revealed the cause of the loss was due to a sticky accelerator.  
This problem was subject to a recall NHTSA recall number 04v574000 and Manufacture recall 04s25.

Please consider this letter as notification and reservation of any subrogation rights of  
State Farm Insurance.

Sincerely,

A handwritten signature in cursive script that reads "Harry W. Redgrave".

Harry W. Redgrave  
Claim Representative  
State Farm Insurance

HOME OFFICE: BLOOMINGTON, ILLINOIS 61710-0001

PE12-019 000997LC SUBJECT



## ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
3/29/2005 CLOSED	[REDACTED] LEGAL - ALLEGED - NON-SERIOUS INJURY	1FMYU92194K [REDACTED] 573320875	2004 ESCAPE	07
3/28/2005 CLOSED	[REDACTED] RECALL/ONP - VEHICLE INVOLVEMENT	1FMYU92194K [REDACTED] 573320875	2004 ESCAPE	02
3/28/2005 CLOSED	[REDACTED] RECALL/ONP - ONP EXPIRATION	1FMYU92194K [REDACTED] 573320875	2004 ESCAPE	02

[REDACTED] 4/20/2005

## All Action Details for Issue

Print

VIN: 1FMYU92194K [REDACTED] Year: 2004 Model: ESCAPE Case: 573320875  
 Name: [REDACTED] Owner Status: Original WSD: 2004-03-18  
 Symptom Desc: SURGE AT CRUISE ALL ENGINE TEMP Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - ALLEGED - NON-SERIOUS INJURY Secondary Phone: [REDACTED]  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: ADVISE CUST INFORMATION IS FOWARDED TO OUR PRODUCT CLAIMS GROUP  
 Dealer: 00565 TOWNE FORDINC Origin Desc: US CONCERN CASE BASE  
 Odometer: 14750 MI Comm Type: PHONE  
 Analyst Name: DEONARINE SHEORATTAN Analyst: DSHEORAT  
 Action Date: 03/28/2005 Action Time: 16.07.32.154 Action Data: No

## Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]		SPOUSE

Comments CUSTOMER SAID: =ACCIDENT OCCURED ON 03/17/2005.=FEELS A PRODUCT DEFECT CAUSED THE ACCIDENT ..= WAS STOPPED AT A RED LIGHT , THERE WAS A CAR IN FRONT OF ME ..= VEH SURGED INTO THE OTHER VEH , I DID NOT PRESS ON THE ACCELERATOR..=THE ACCIDENT OCCURED ON BAILEY AV.=THERE WAS A POLICE REPORT FILED, IT WAS FILED IN ERIE , BUFFALO ..=THE COMPLIANT NUMBER IS 510344..=I WAS GIVEN A TICKET FOR MOVING A VIOLATION ..=A CLAIM WAS FILED WITH MY INSURANCE COMPAMY ..=MY INSURANCE COMPANY HAS PAID FOR THE REPAIR ANDMY VEH IS REPAIRED..=SEEING A CHIROPATOR FOR MY NECK AND WOULD LIKE PURSUE CLAIMS WITH FORD..DEALER SAID: NONECRC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS.

Action: MAKE OUTBOUND CALL TO CUSTOMER  
 Dealer: 00565 TOWNE FORDINC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 14750 MI Comm Type: PHONE  
 Analyst Name: KIRKSEY, VINCE (V.)Analyst: VKIRKSE1  
 Action Date: 03/29/2005 Action Time: 15.09.18.394Action Data: No

Comments \*\*\*LPA COMMENTS\*\*\*LPA ACKNOWLEDGES RECEIPT OF THE CUSTOMER'S CONTACT MADE TO THE CRC. THE CUSTOMER IS ALLEGING HIS VEHICLE SUDDENLY SURGES FORWARD WHILE AT A STOP LIGHT REAR-ENDING ANOTHER. THE CUSTOMER SUSTAINED MINOR INJURIES TO HIS NECK, AND THE INSURANCE COMPANYY HAS ALREADY PAID FOR THE REPAIRS TO THE VEHICLE.\*THE CUSTOMER IS REQUESTING FMC INVESTIGATE THE MATTER

Action: REFER TO INSURANCE CARRIER - INSURANCE COMPANY ALREADY INVOLVED  
 Dealer: 00565 TOWNE FORDINC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 14750 MI Comm Type: MAIL  
 Analyst Name: KIRKSEY, VINCE (V.)Analyst: VKIRKSE1  
 Action Date: 03/29/2005 Action Time: 15.11.52.767Action Data: No

Comments \*\*\*LPA COMMENTS\*\*\*LPA HAS REVIEWED THE ABOVE CASE. INFORMATION PROVIDED BY THE CUSTOMER INDICATED THAT HIS INSURANCE COMPANY HAS ALREADY REPAIRED HIS VEHICLE. ONCE THE INSURANCE COMPANY BECOMES INVOLVED WE GENERALLY REQUIRE THEM TO FILE A SUBROGATION CLAIM AGAINST THE MANUFACTURER IF THEY FEEL WE ARE LIABLE. BASED ON THIS INFORMATION, WE WILL BE UNABLE TO PROVIDE ASSISTANCE IN THE MATTER, AND PROPOSE NO FURTHER ACTION.

4/20/2005

All Action Details for Issue

Print

VIN: 1FMYU92194K [REDACTED]      Year: 2004      Model: ESCAPE      Case: 573320875  
 Name: [REDACTED]      Owner Status: Original      WSD: 2004-03-18  
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED      Primary Phone: [REDACTED]  
 Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT      Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION      Issue Status: CLOSED

Action: ADVISE CUSTOMER OF RECALL/ONP; DOCUMENT CAMPAIGN NUMBER  
 Dealer: 00585 TOWNE FORDINC      Origin Desc: US INQUIRY CASE BASE  
 Odometer: 14750 MI      Comm Type: PHONE  
 Analyst Name: DEONARINE SHEORATTAN      Analyst: DSHEORAT  
 Action Date: 03/28/2005      Action Time: 16.00.28.399      Action Data: Yes

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]		SPOUSE

Comments CUSTOMER SAID: =HAVE 2 RECALLS ON VEH BUT HAS NEVER RECEIVED A NOTICE..=WOULD LIKE TO KNOW WHY WE HAVE NEVER RECEIVED A NOTICE..=DLR IS PERFORMING RECALL RIGHT NOW..DEALER SAID: NONECRC ADVISED: PLEASE CONTACT YOUR F/L/M DEALERSHIP TO SCHEDULE AN APPOINTMENT TO COMPLETE THE FSA/CSP, ADVISE THE CUSTOMER OF THE INFORMATION FOUND IN THE CUSTOMER LETTER ( OR THE SEARCH ENGINE Q&A). DOCUMENT ANY ADDITIONAL INFORMATION YOU PROVIDE TO THE CUSTOMER.=====

Data Element Name	Data Value
RECALL/ONP CAMPAIGN NUMBER	04C09
RECALL/ONP CAMPAIGN NUMBER	04S25



4/20/2005

All Action Details for Issue

Print

VIN: 1FMYU92194K [REDACTED]      Year: 2004      Model: ESCAPE      Case: 573320875  
 Name: [REDACTED]      Owner Status: Original      WSD: 2004-03-18  
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED      Primary Phone: [REDACTED]  
 Reason Desc: RECALL/ONP - ONP EXPIRATION      Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION      Issue Status: CLOSED

Action: ADVISE CUST A CSP IS A WARRANTY ON A CERTAIN COMPONENT      Origin Desc: US INQUIRY CASE BASE  
 Dealer: 00565 TOWNE FORDING  
 Odometer: 14750 MI      Comm Type: PHONE  
 Analyst Name: DEONARINE SHEORATTAN      Analyst: DSHEORAT  
 Action Date: 03/28/2005      Action Time: 15.55.31.571      Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]		[REDACTED]		SPOUSE

**Comments** CUSTOMER SAID: =HAVE 2 RECALLS ON VEH BUT HAS NEVER RECEIVED A NOTICE.=WOULD LIKE TO KNOW WHY WE HAVE NEVER RECEIVED A NOTICE..DEALER SAID: NONECRG ADVISED: LETTERS ARE MAILED TO THE LAST OWNER ON RECORD IN THE FORD DATABASE. LET ME TAKE A MOMENT TO VERIFY WE HAVE YOUR CORRECT ADDRESS. RECALLS AND CUSTOMER SATISFACTION PROGRAMS MAY BE PERFORMED AT ANY FORD/LINCOLN/MERCURY DEALERSHIP WITHOUT THE OWNER LETTER. COMPONENT COVERAGE UNDER CUSTOMER SATISFACTION PROGRAMS EXPIRES BASE ON EITHER VEHICLE AGE OR DISTANCE TRAVELED. WE STRONGLY RECOMMEND THAT YOU PERFORM YOUR VEHICLE'S MAINTENANCE AND SERVICE AT A FORD/LINCOLN/MERCURY DEALERSHIP BECAUSE, IN ADDITION TO USING FORD PARTS AND FACTORY-TRAINED TECHNICIANS, THE DEALERSHIP MAY CHECK FOR AND PERFORM ANY OPEN RECALLS ON YOUR VEHICLE-----ADVISE CX TO ALSO UPDATE RECORDS WITH DLRI..



4/20/2005





AMERICAN FAMILY INSURANCE GROUP

1000 BIRMAN DRIVE • ST. LOUIS MO 63106-0100 • PHONE (314) 991-0000  
MAILING ADDRESS: PO BOX 29408 • ST. LOUIS MO 63146-0908

November 28, 2005

NOV 29 2005

JS

FORD MOTOR COMPANY  
MANUFACTURER DEFECTS  
PO BOX 6248  
DEARBORN MI 48126

RE:

Our Claim Number: [REDACTED]  
Our Insured: [REDACTED]  
Date of Accident: November 21, 2005  
Total Claim: \$pending  
Company Portion: \$pending  
Insured's Deductible: \$500



Dear Sir or Mam:

It appears from our investigation that the incident in question was caused by a manufacturer's defect with our insured's 2003 Ford Escape. The total damage as well as the loss paid by the American Family Mutual Insurance Company are stated above.

We would appreciate your offer of settlement. Such offer should take into consideration the total amount of the loss, including our insured's interest.

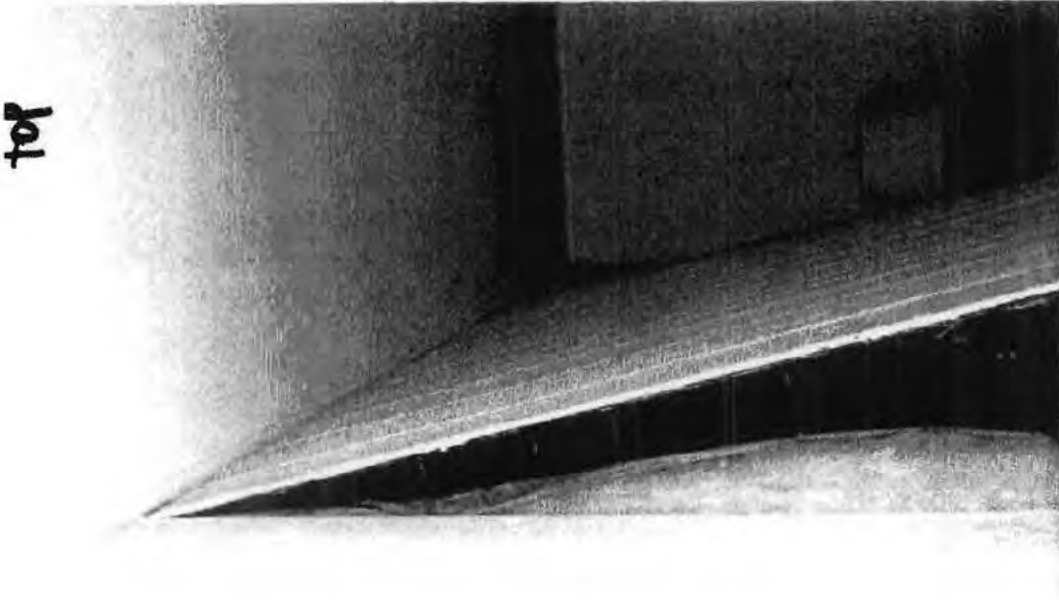
Please contact me if you should have any further questions.

Respectfully,

*Jill Lough*

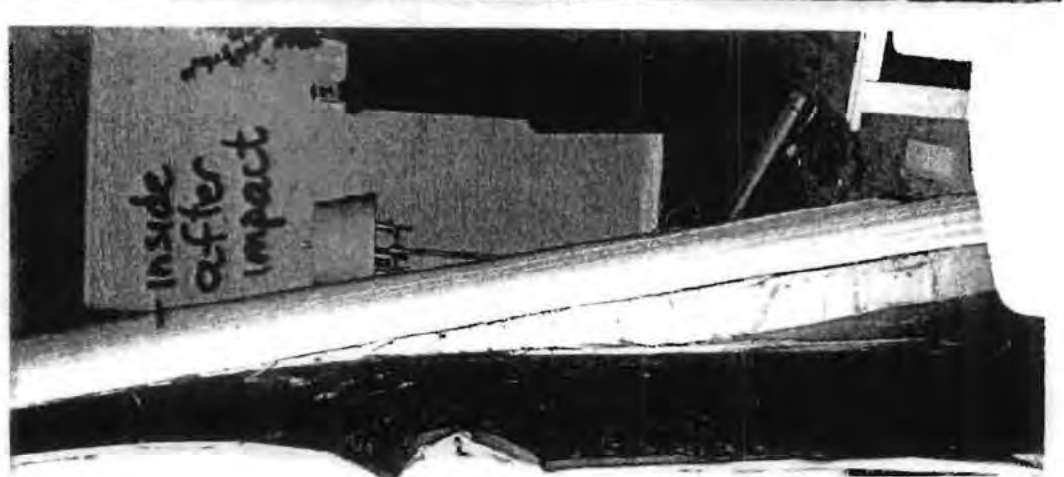
Jill Lough  
Casualty Claim Representative  
American Family Insurance Group  
314-991-1884 ext. 54437  
1-800-374-1111 ext. 54437  
[jkolande@amfam.com](mailto:jkolande@amfam.com)  
Fax 314-991-0185

BAD  
ORIGINAL

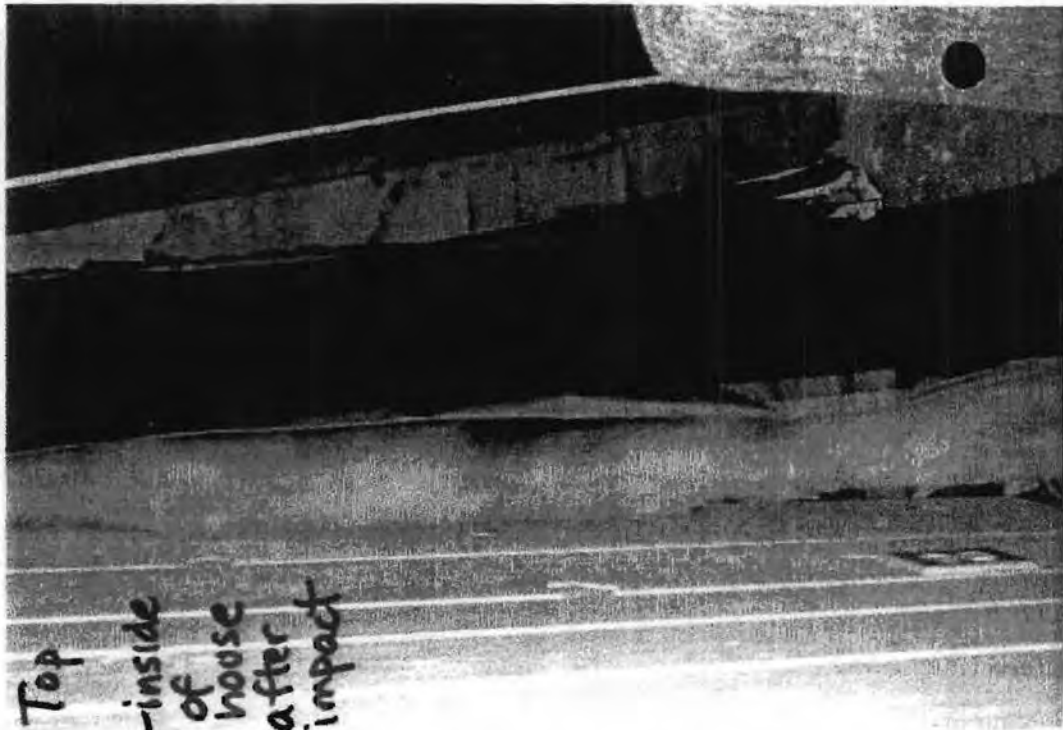


top

BAD  
ORIGINAL

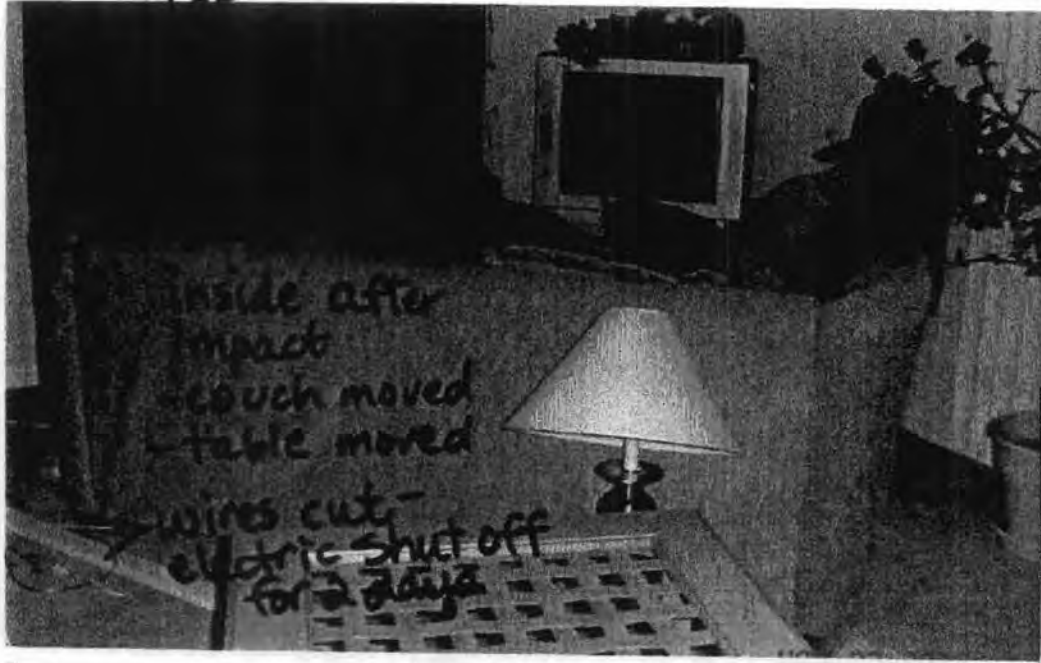






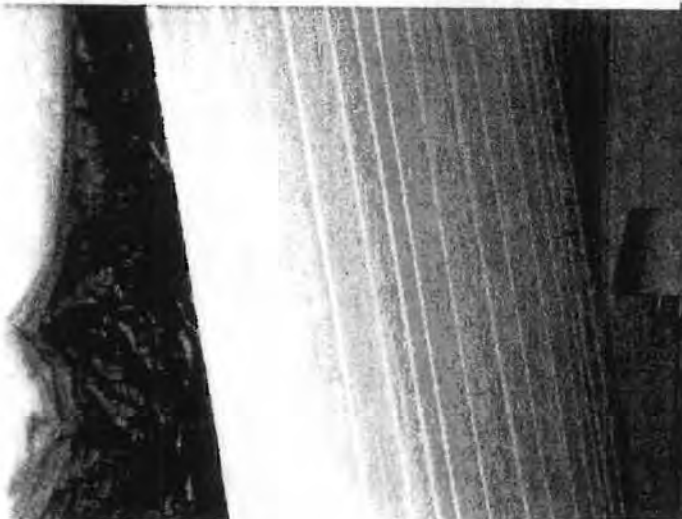
Top  
-inside  
of house  
after  
impact

Top

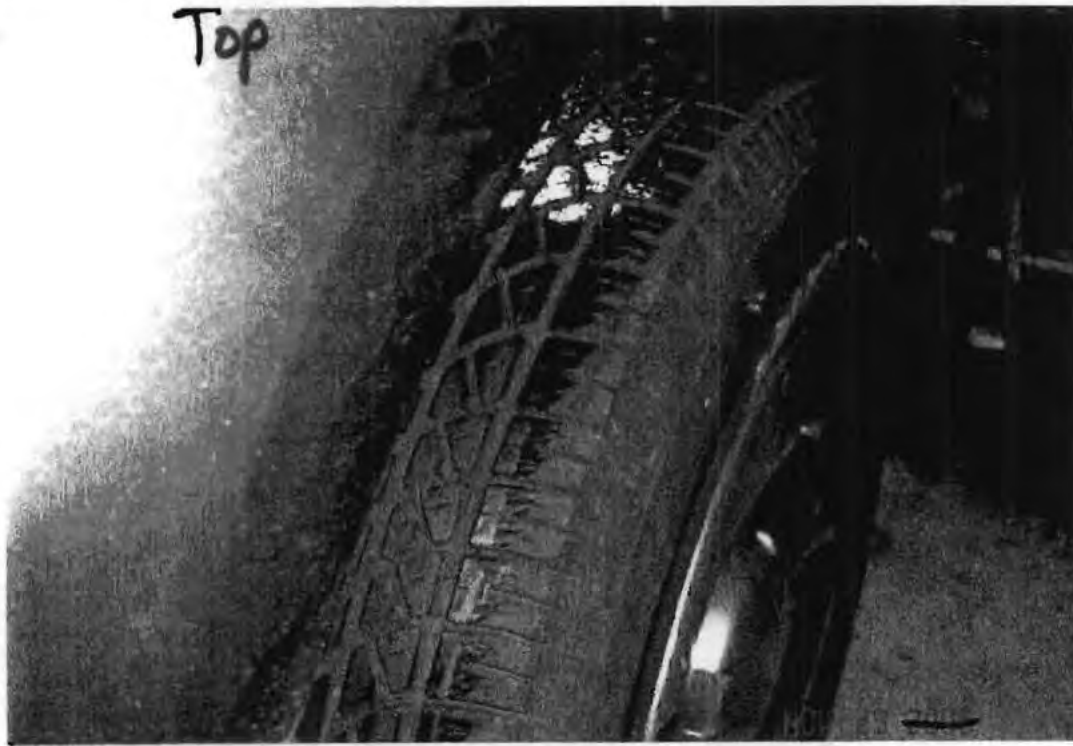


inside after  
impact  
-couch moved  
-table moved  
-wires cut -  
electric shut off  
for 2 days

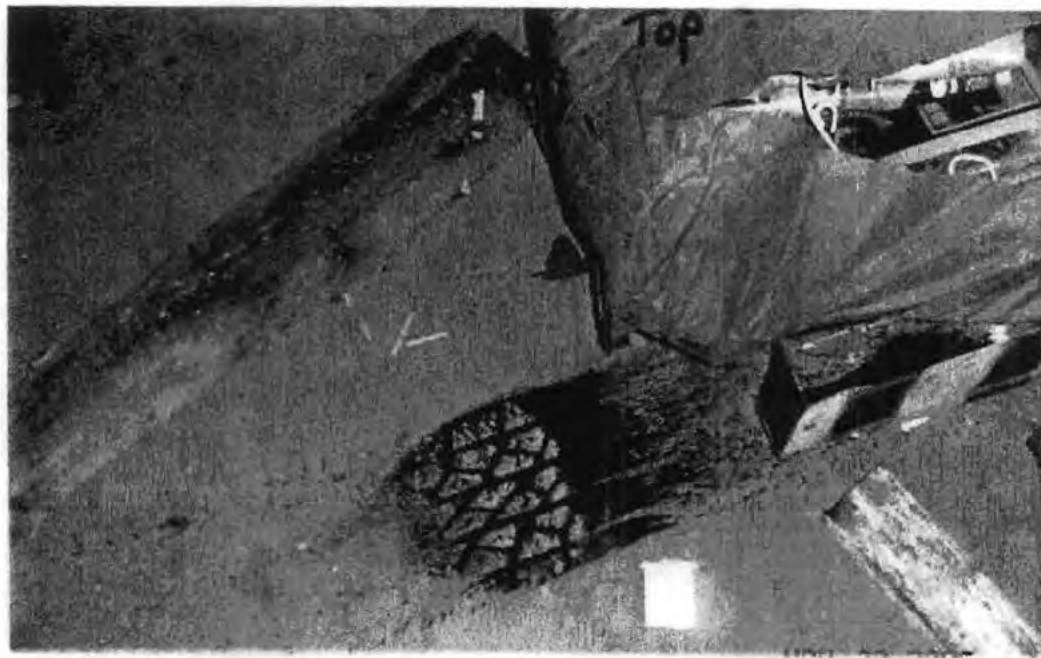
Top.  
inside of  
house



Top

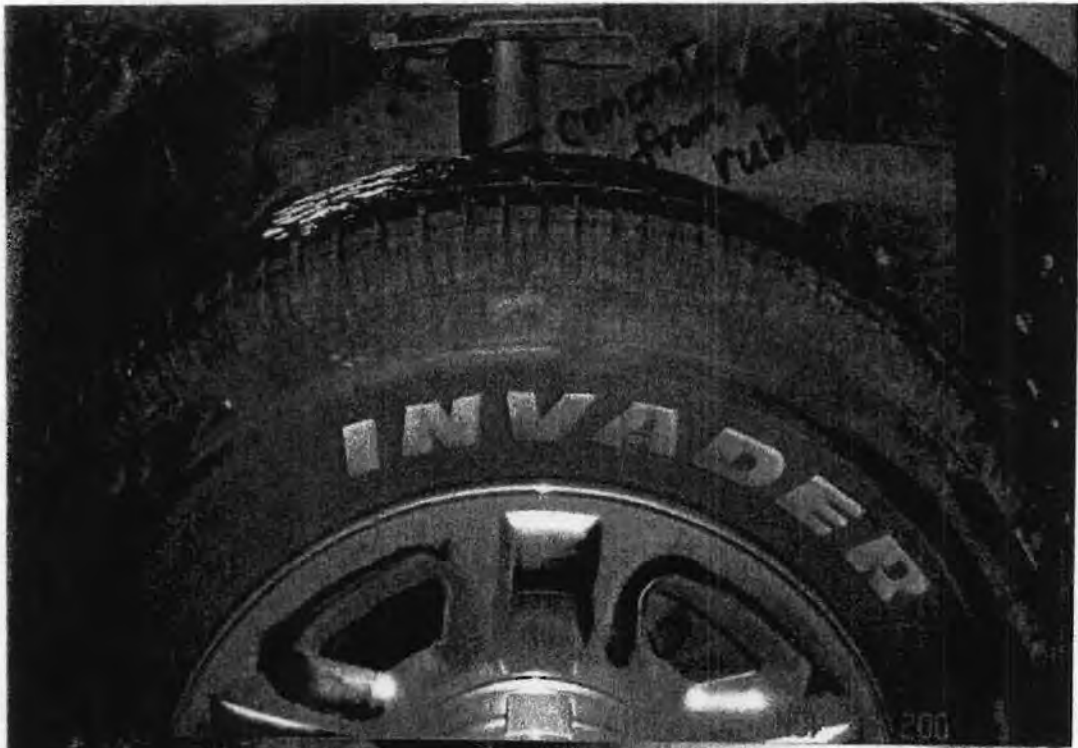


Top

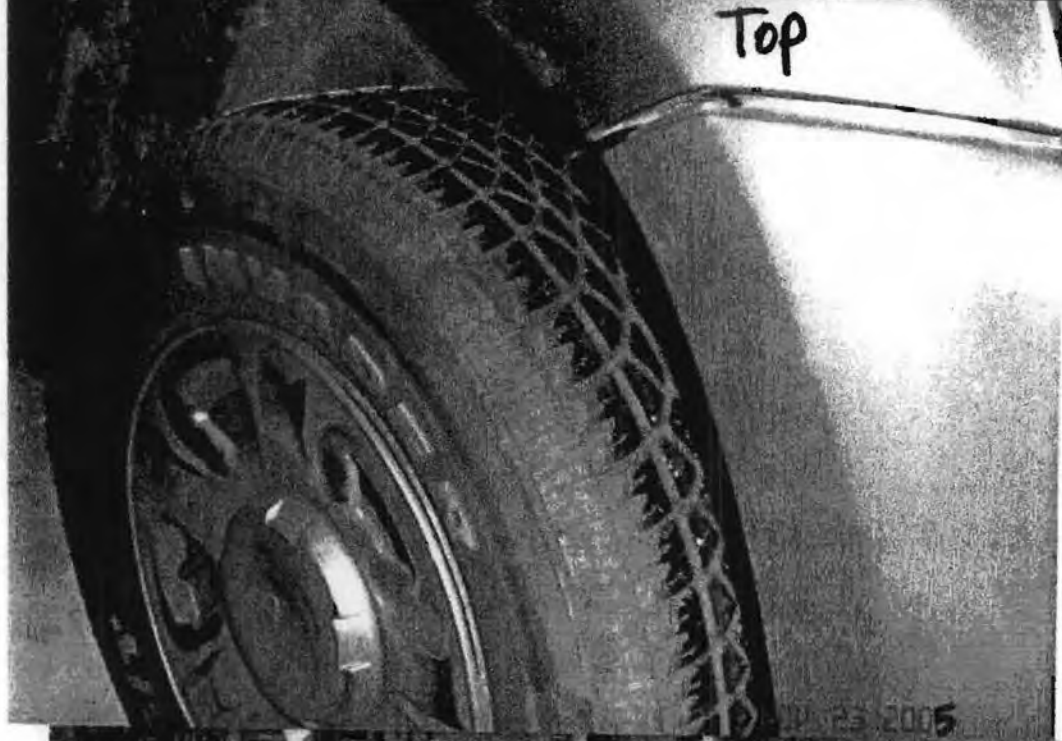


top

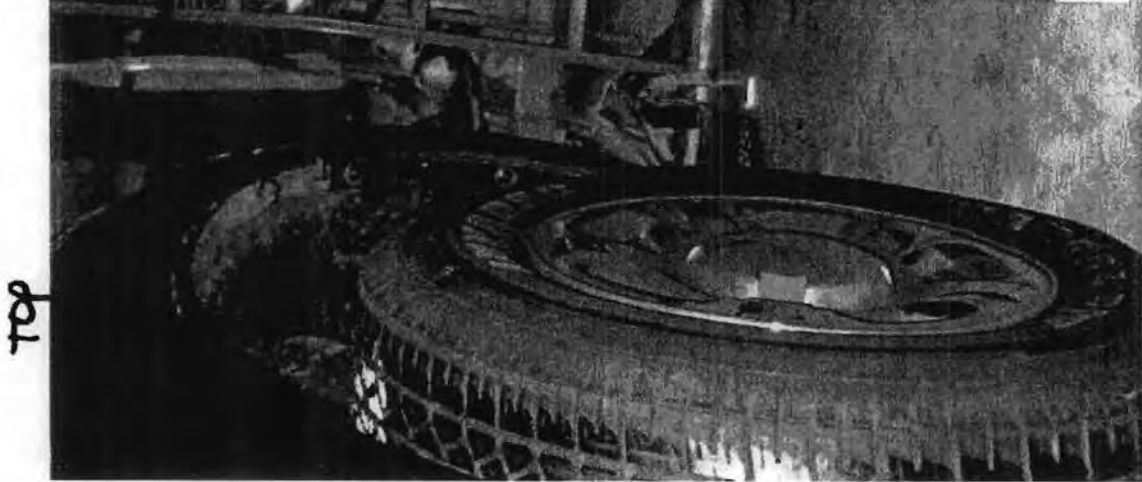




Top



2005



Top

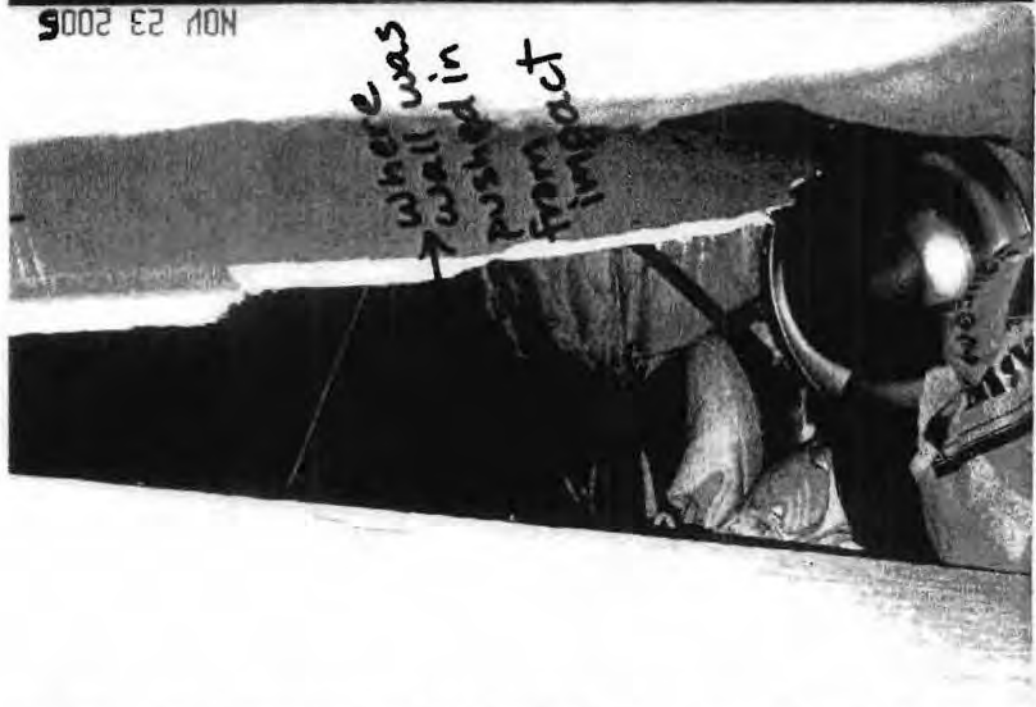
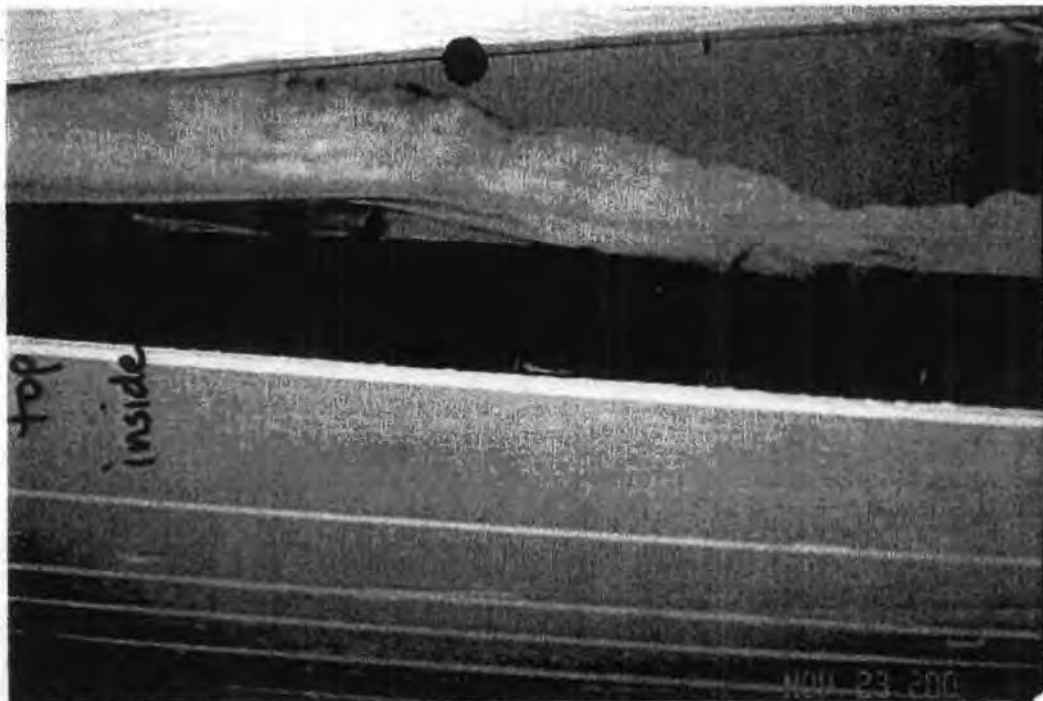
top ●

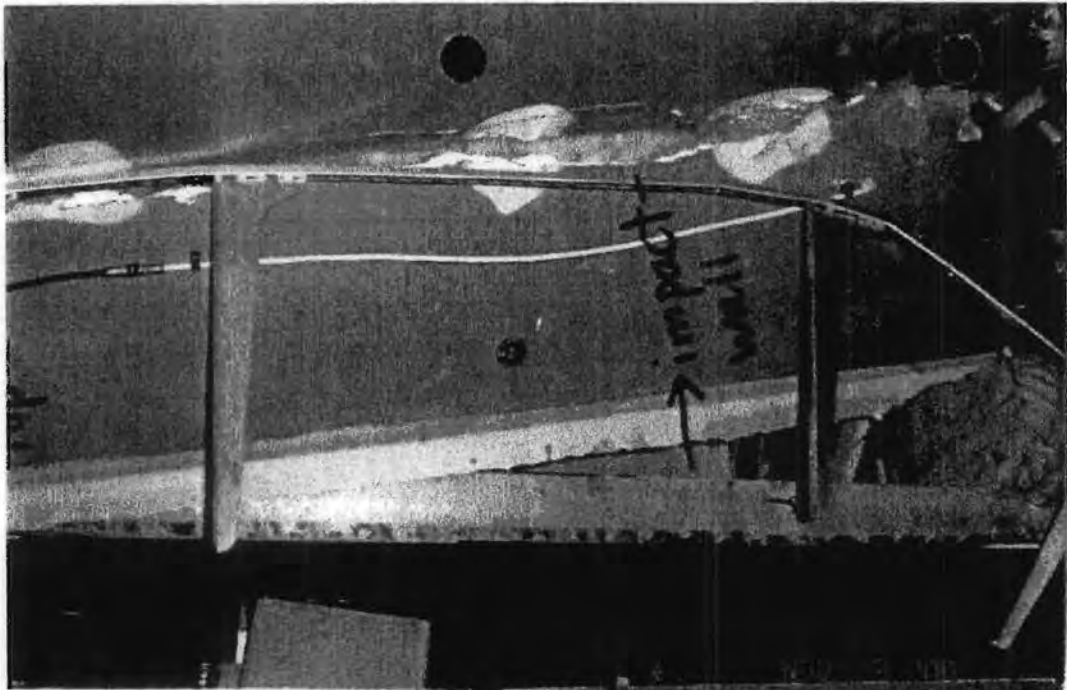


NOV 23 2006

top  
inside



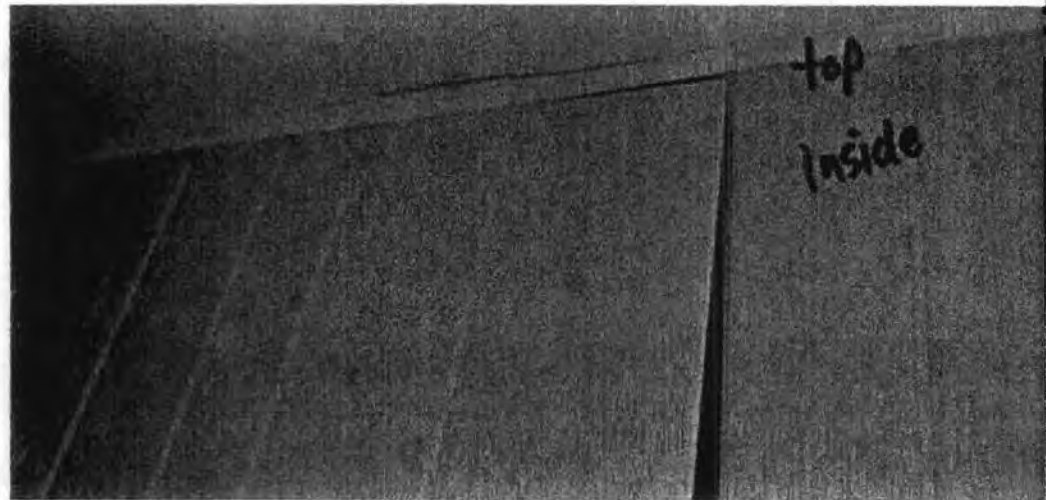




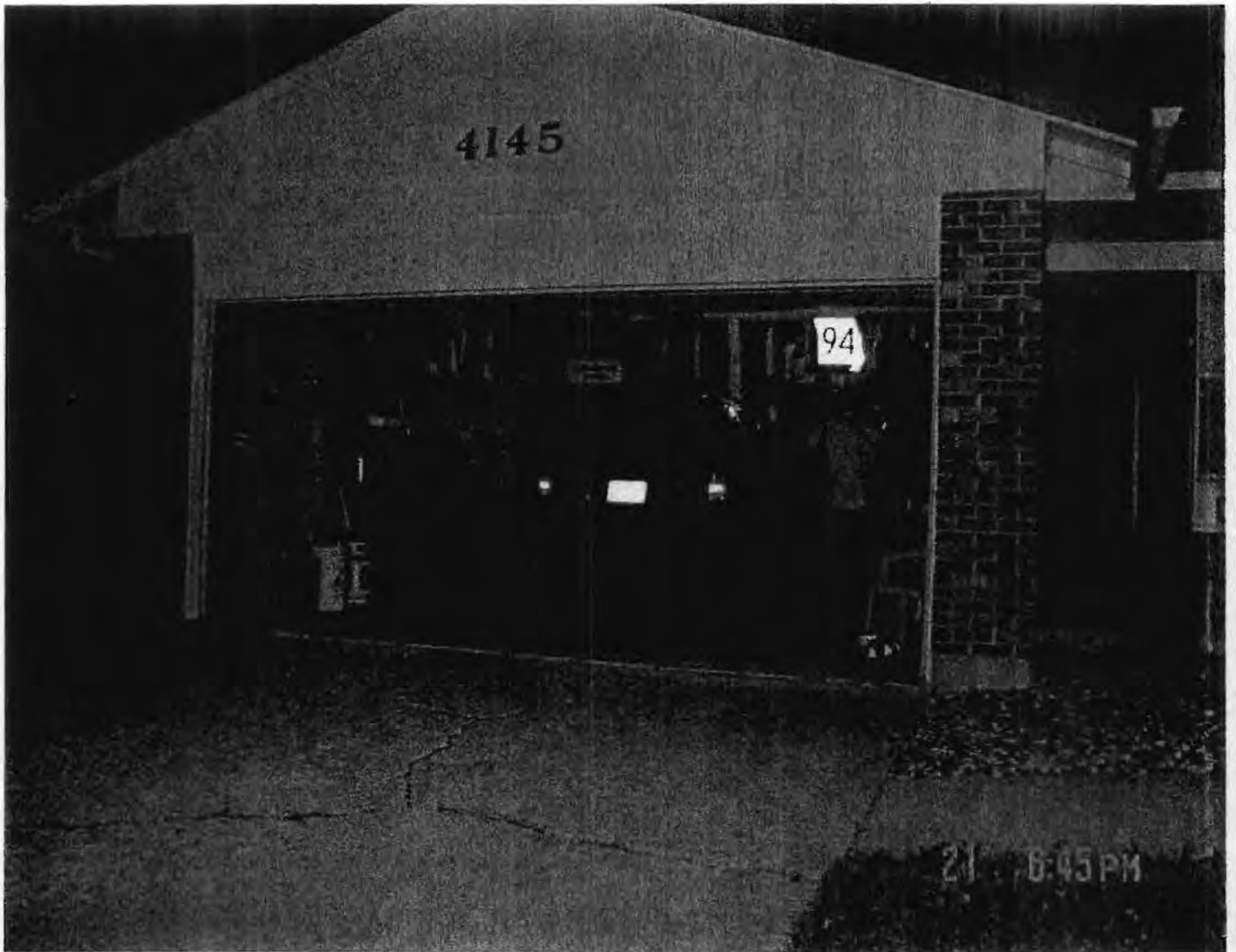
Top



top  
inside



BAD  
ORIGINAL



BAD  
ORIGINAL

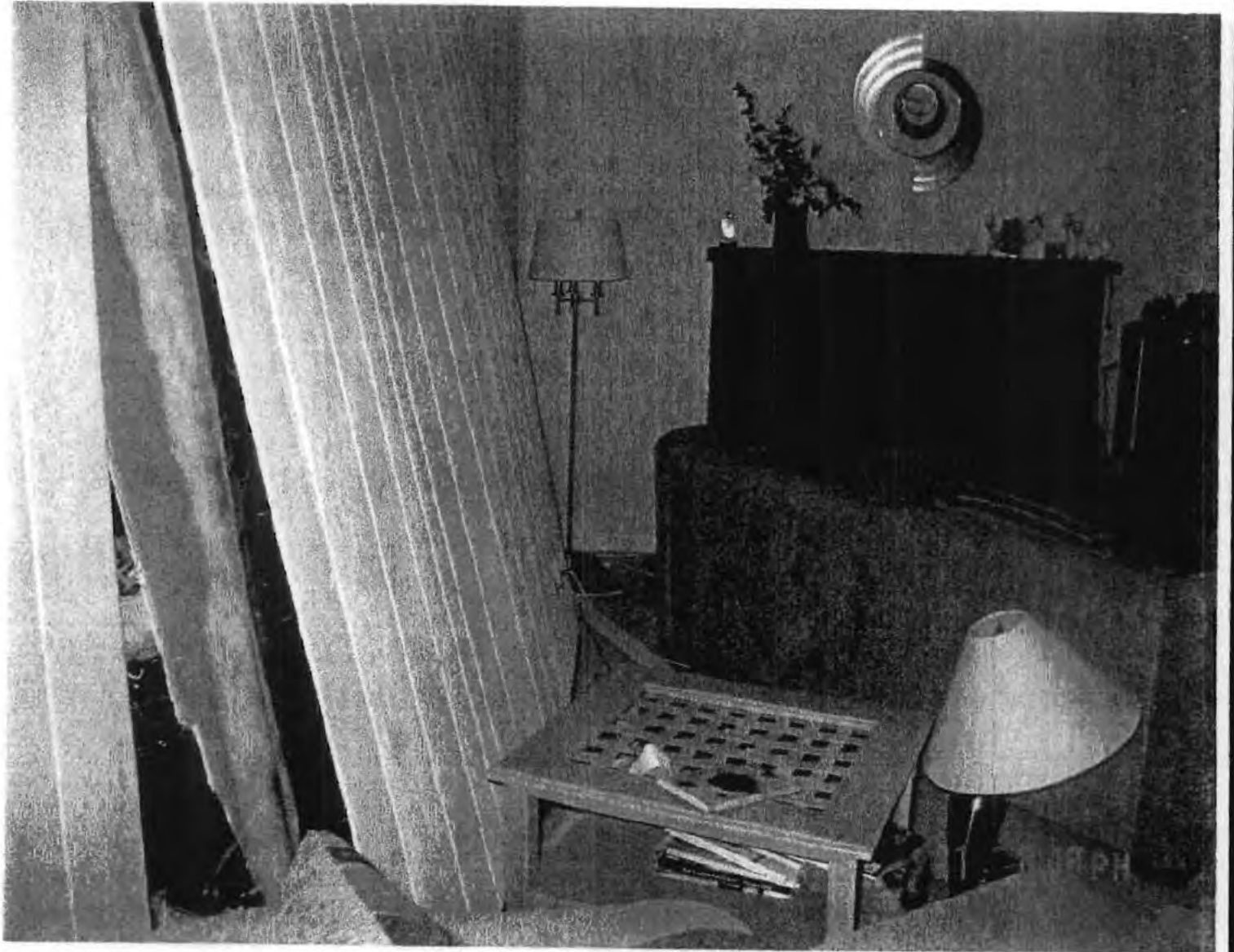




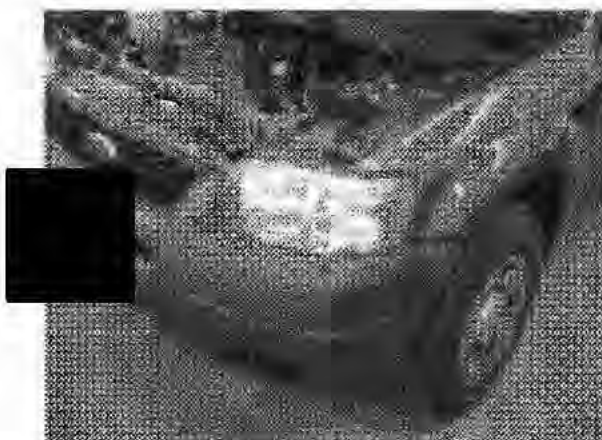




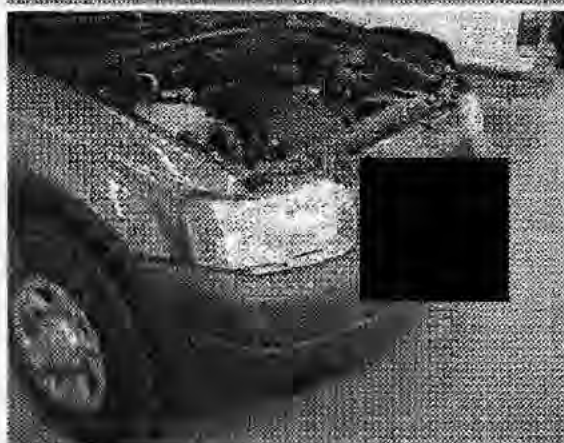




### Images



Description :  
Comments :



Description :  
Comments :



Description :  
Comments :

Description :  
Comments :



12/29/2005



[REDACTED]

2/29/2005



Description :  
Comments :

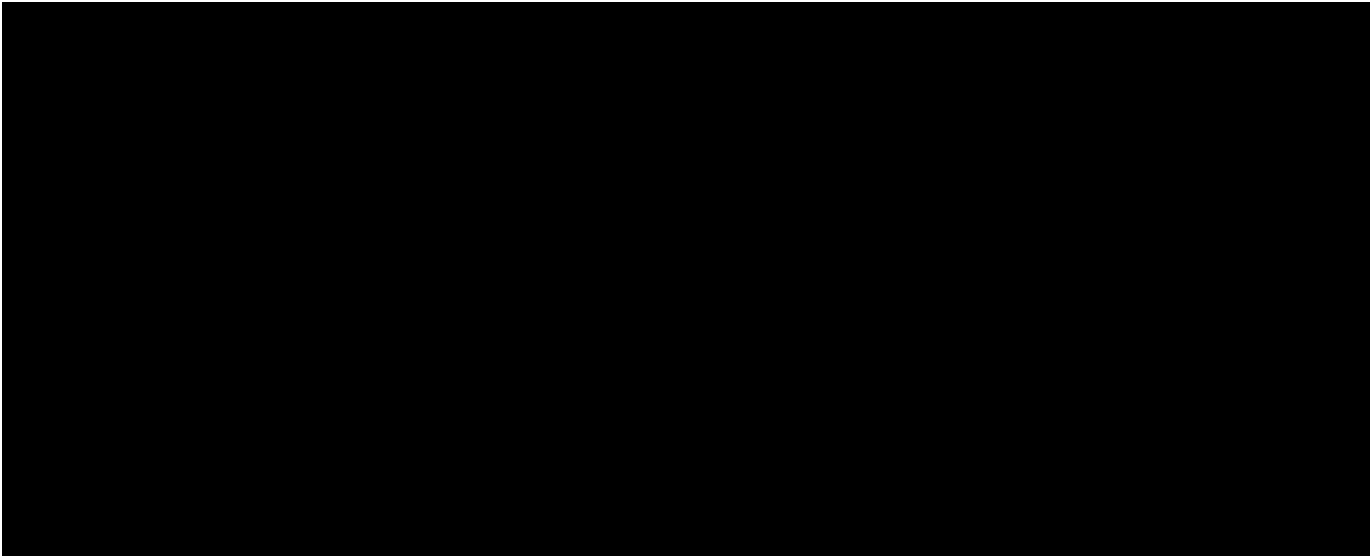


Description :  
Comments :



Description :  
Comments :

12/29/2005





**ISSUE LIST**

<b>Last Handling Date/ Issue Status</b>	<b>Name/ Reason Desc</b>	<b>Vin/ Case No.</b>	<b>Model Year and Vehicle Line</b>	<b>Issue Type</b>
3/23/2006 CLOSED	HONA MATTHEWS LEGAL - ACCIDENT	1FMYU01192K [REDACTED] 286340816	2002 ESCAPE	07

Ford Confidential

[REDACTED] 5/5/2006

All Action Details for Issue

Print

VIN: 1FMYU01192K [REDACTED] Year: 2002 Model: ESCAPE Case: 286340816  
 Name: [REDACTED] Owner Status: Subsequent WSD: 2002-05-15  
 Symptom Desc: ENG SPEED-UP SUDDEN ACCEL ALL ENGINE TEMP Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - ACCIDENT Secondary Phone:  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: OPEN LEGAL CONTACT - PRODUCT LIABILITY - ACCIDENT  
 Dealer: 02453 JOHNSON BROTHERS FORD, LTD. Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION-FD  
 Odometer: 75618 MI Comm Type: EMAIL  
 Analyst Name: LEICH, CHERIE Analyst: CLEICH  
 Action Date: 03/22/2006 Action Time: 07.57.13.643 Action Data: Yes

Comments \*\*\*\*\*PRODUCT LIABILITY\*\*\*\*\*EMAIL RECEIVED 3-21-06. DEALER CONTACT: DEBBIE HUNT. CUSTOMER ALLEGES VEHICLE EXPERIENCED SUDDEN ACCELERATION AND SHE WAS UNABLE TO STOP THE VEHICLE, CAUSING AN ACCIDENT. CUSTOMER REQUESTS CONTACT FROM FORD REPRESENTATIVE.

Data Element Name	Data Value
ANALYST ID	MMICLEA

Action: INFORMATIONAL CALL/FAX  
 Dealer: 02453 JOHNSON BROTHERS FORD, LTD. Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 75618 MI Comm Type: PHONE  
 Analyst Name: MARCEL MICLEA (MMICLEA) Analyst: MMICLEA  
 Action Date: 03/23/2006 Action Time: 09.05.23.294 Action Data: No

Comments CUSTOMER ALLEGES THAT THE VEHICLE HAD SUDDEN ACCELERATION. OUTSIDE WARRANTY. LOOKING TO HAVE IT FIXED. SM DETERMINED THE SPEED CONTROL CABLE IS STICKING. LPA CALLED SM AND SAID TO CONTACT ESP SINCE THIS PART IS COVERED UNDER A PLAN. THE CUSTOMER DOESN'T WANT TO DRIVE THE CAR ANYMORE BUT LPA SAID THAT THE VEHICLE IS NOT A LEMON. SM WILL FIX THE CAR AND PROBABLY THE CUSOTMER WILL DO A TRADE IN.

Action: REDIRECT TO OTHER  
 Dealer: 02453 JOHNSON BROTHERS FORD, LTD. Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 75618 MI Comm Type: PHONE  
 Analyst Name: MARCEL MICLEA (MMICLEA) Analyst: MMICLEA  
 Action Date: 03/23/2006 Action Time: 09.08.00.020 Action Data: No

Comments CASE CLOSED SINCE THE SPEED CONTROL CABLE IS COVERED BY AN ESP PLAN. SM WILL WORK WITH ESP. THE VEHICLE HAD THE 04S25 RECALL PERFORMED (ACCELERATION CABLE REPLACEMENT) BUT THIS CASE IS ABOUT SPEED CONTROL CABLE.

[REDACTED] 5/5/2006



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company
- Criterion Insurance Agency, Inc  
(Colonial County Mutual Ins )

Subaru

1-800-841-3000

4201 Spring Valley Road, Dallas TX 75244-3694

April 24, 2006

Ford Motor Credit  
 Consumer Affairs Department  
 A@MD - 3NE-B  
 P.O. Box 6248  
 Dearborn, MI 48126

MAY 01 2006



Our Claim Number: [REDACTED]  
 Our Insured: [REDACTED]  
 Date of Loss: 03/20/2006  
 VIN: 1FMYU01192K [REDACTED]  
 Year/Make/Model: 2002 FORD ESCAPE  
 Damage: ACCELERATOR CABLE

6 MAY -1 10:51

CONSUMER AFFAIRS

GEICO Amount	\$4,860.23
Less Salvage Recovery	NONE
Rental	PENDING
Insured Deductible	500.00
Total Subrogation Amount	\$5,360.23

To Whom It May Concern:

We believe this claim was caused by the electrical problem in Ford vehicles detailed in your recall. This loss occurred because mechanical/manufacturer failure.

This letter will serve as our notice of our payment recovery claim and constitutes a sincere effort to settle this claim as required by conditions precedent to arbitration as stated by the Automobile and Property Subrogation Arbitration Agreement.

If you have any further questions, please contact me at the number listed below.

Sincerely,

Ruby Campbell  
 Payment Recovery Examiner  
 800-841-5432 ext. 1642  
 Fax # 972-499.9214

0600458  
0600458  
AD06000458

FATAL  CMV INVOLVED  SCHOOL BUS RELATED  RAILROAD RELATED  MEDICAL ADVISORY BOARD  HIT AND RUN  AMENDMENT/SUPPLEMENT

PLACE WHERE CRASH OCCURRED: COUNTY BELL CITY OR TOWN TEMPLE

IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN: NILES  N  S  E  W OF \_\_\_\_\_

ROAD ON WHICH CRASH OCCURRED: 6000 S 31st St CONSTRUCTION ZONE WORKERS PRESENT  YES  NO SPEED LIMIT 45

INTERSECTING STREET OR RR CROSSING NUMBER: 300 CONSTRUCTION ZONE WORKERS PRESENT  YES  NO SPEED LIMIT \_\_\_\_\_

HOT AT INTERSECTION: 300  FT.  ML.  N  S  E  W OF 2400 Deerfield

DATE OF CRASH: March 20 2008 DAY OF WEEK Monday HOUR 07:45  AM  PM (SPECIALLY NOON OR MIDNIGHT, SO STATE)

VEHICLE 1:  MOTOR VEHICLE 1-TRUCK 2-TRAILER 3-PEDAL CYCLIST 4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED 7-NON-CONTACT 8-OTHER VIN # 1FMYU01192H ALTERED VEHICLE HEIGHT  YES  NO

YEAR MODEL 2002 COLOR & MAKE Green Ford MODEL NAME Escape BODY STYLE SUV LICENSE PLATE 06 TX

DRIVER'S NAME: [REDACTED] PHONE NUMBER: [REDACTED]

DRIVER'S LICENSE: TX CLASSIFICATION C ENDORSEMENTS \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ LICENSE STATUS 1

DRIVER'S ETHNICITY: 1 (WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER) DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION Trainer POLICE, FIREFIGHTER, EMB, OR EMERGENCY \_\_\_\_\_

TYPE OF ALCOHOL SPECIMEN TAKEN: 4 (1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED) TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN: 3 (1-BLOOD 2-URINE 3-NONE 4-REFUSED) TEST RESULTS \_\_\_\_\_ DRUG CATEGORY 1

LESSOR  LESSEE  OWNER  SAME (IF NOT SAME, PLEASE CHECK SPONSORSHIP) ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

LIABILITY INSURANCE:  YES  NO  EXPIRED GEICO INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING FO-2

VEHICLE 2:  MOTOR VEHICLE 1-TRUCK 2-TRAILER 3-PEDAL CYCLIST 4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED 7-NON-CONTACT 8-OTHER VIN # \_\_\_\_\_ ALTERED VEHICLE HEIGHT  YES  NO

YEAR MODEL \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

DRIVER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ LICENSE STATUS \_\_\_\_\_

DRIVER'S ETHNICITY:  WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION \_\_\_\_\_ POLICE, FIREFIGHTER, EMB, OR EMERGENCY \_\_\_\_\_

TYPE OF ALCOHOL SPECIMEN TAKEN:  TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN:  TEST RESULTS \_\_\_\_\_ DRUG CATEGORY 1

LESSOR  LESSEE  OWNER  SAME (IF NOT SAME, PLEASE CHECK SPONSORSHIP) ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

LIABILITY INSURANCE:  YES  NO  EXPIRED \_\_\_\_\_ INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_

DAMAGE TO PROPERTY (OTHER THAN VEHICLES): Barbed wire fence Unknown 13 \$150

IN YOUR OPINION DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED: NAME NONE CHARGE \_\_\_\_\_ CITATION # \_\_\_\_\_

TIME NOTIFIED OF CRASH: 03-20-08 7:50 AM HOW Police Dispatcher TIME ARRIVED AT SCENE: 03-20-08 7:55 AM DATE OF REPORT: 03-20-08

TYPED OR PRINTED NAME OF INVESTIGATOR: Stan Corbitt ID # 410327 AGENCY TEMPLE POLICE DEPT DISTRICT \_\_\_\_\_ REPORT COMPLETE  YES  NO

<b>SEAT POSITION</b> 1-FRONT LEFT 2-FRONT DRIVER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT	<b>SOLICITATION</b> INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS BEYOND PROFESSIONAL EMPLOYMENT AS FOR ATTORNEY, CHIROPODIAST, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y= YES, N=NO, U=UNKNOWN)	<b>EJECTED</b> 1-NO 2-YES 3-YES, PARTIAL 4-PARTIALLY EJECTED 5-UNKNOWN	<b>RESTRAINT USED</b> 1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, USM	<b>7-BOOSTER SEAT</b> 8-NOSE 9-OTHER 10-UNKNOWN	<b>AIRBAG</b> 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN	<b>HELMET USE</b> 1-NONE, DAMAGE 2-NONE, NOT DAMAGED 3-NONE, USM, DAMAGE 4-NOT WORN 5-UNKNOWN, F WORN	<b>INJURY SEVERITY</b> 1-KILLED 2-UNSPECIFIED INJURY 3-SEVERE INJURY 4-POSSIBLE INJURY 5-NOT BLAMED 6-UNKNOWN
--	--	---	---	--	--	--	---

UNIT # **1** TOWED DUE TO  YES  NO **DISABLING DAMAGE** VEHICLE REMOVED TO **Johnson Bros Ford** BY **Johnson Bros Wrecker Service**

ITEM #	SEAT POSITION	COPIES OF ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. TOWERSHIP IF NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	BOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1		Temple TX	N	1	1	2	4	49	F	N
2	3			N	1	1	2	4	10	F	N
3	5			N	1	1	1	4	11	F	N
4											
5											

UNIT # **2** TOWED DUE TO  YES  NO **DISABLING DAMAGE** VEHICLE REMOVED TO \_\_\_\_\_ BY \_\_\_\_\_

ITEM #	SEAT POSITION	COPIES OF ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. TOWERSHIP IF NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	BOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6											
7											
8											
9											
10											

REQ. VEHIC. NOT CORRECT, ETC.	COPIES OF ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. TOWERSHIP IF NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	SGC	ALCOHOL SPECIMEN TAKEN	RESULT	FIELD SPOKEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

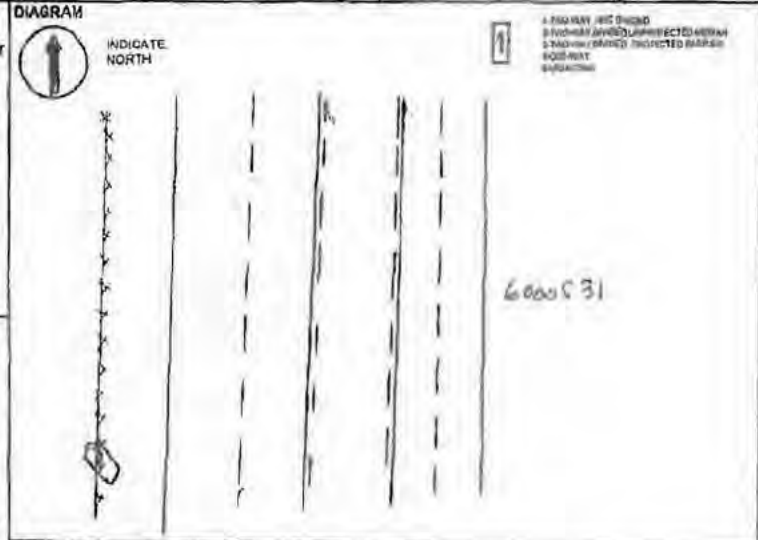
VEHICLE	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT #	# OF AT-TENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT

COMPLETE THIS SECTION IF PERSON KILLED (If a person dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

YEAR #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	YEAR #	DATE OF DEATH	TIME OF DEATH

**INVESTIGATOR'S SUMMARY** (If a person dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

Unit one was NB in the 6000 Blk S 31st St. A defective accelerator pedal caused the engine to accelerate beyond the ability of the driver. The initial driver was the 10 year old [Item #2]. The driver switched places with her mother [Item #1] who attempted to gain control of the vehicle and shut down the engine. At the time the vehicle left the roadway, the mother was in the driver's seat operating the vehicle. The vehicle left the roadway, went over the curb, and into a three strand barbed wire fence. The engine had not been shut off and the drive wheels continued to spin, digging into the rain softened ground until the driver could cut the engine off.



**FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION**

UNIT #	FACTORS AND CONDITIONS CONTRIBUTING	OPERATOR'S CONTRIBUTION MAY OR MAY NOT HAVE CONTRIBUTED	VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED
1	22	1 2 3	74	2

- 1 - FRONTAL COLLISION - (HYPER)
- 2 - WHEEL OVERLOAD - WROD
- 3 - BRACED WITHOUT SAFETY
- 4 - DIVORCED LINE - (HYPER)
- 5 - SEE WINDSHIELD CRACKS
- 6 - CRACKED WINDSHIELD CRACKS
- 7 - CRACKED WINDSHIELD CRACKS
- 8 - CRACKED WINDSHIELD CRACKS
- 9 - CRACKED WINDSHIELD CRACKS
- 10 - CRACKED WINDSHIELD CRACKS
- 11 - CRACKED WINDSHIELD CRACKS
- 12 - CRACKED WINDSHIELD CRACKS
- 13 - CRACKED WINDSHIELD CRACKS
- 14 - CRACKED WINDSHIELD CRACKS
- 15 - CRACKED WINDSHIELD CRACKS
- 16 - CRACKED WINDSHIELD CRACKS
- 17 - CRACKED WINDSHIELD CRACKS
- 18 - CRACKED WINDSHIELD CRACKS
- 19 - CRACKED WINDSHIELD CRACKS
- 20 - CRACKED WINDSHIELD CRACKS
- 21 - CRACKED WINDSHIELD CRACKS
- 22 - CRACKED WINDSHIELD CRACKS
- 23 - CRACKED WINDSHIELD CRACKS
- 24 - CRACKED WINDSHIELD CRACKS
- 25 - CRACKED WINDSHIELD CRACKS
- 26 - CRACKED WINDSHIELD CRACKS
- 27 - CRACKED WINDSHIELD CRACKS
- 28 - CRACKED WINDSHIELD CRACKS
- 29 - CRACKED WINDSHIELD CRACKS
- 30 - CRACKED WINDSHIELD CRACKS
- 31 - CRACKED WINDSHIELD CRACKS
- 32 - CRACKED WINDSHIELD CRACKS
- 33 - CRACKED WINDSHIELD CRACKS
- 34 - CRACKED WINDSHIELD CRACKS
- 35 - CRACKED WINDSHIELD CRACKS
- 36 - CRACKED WINDSHIELD CRACKS
- 37 - CRACKED WINDSHIELD CRACKS
- 38 - CRACKED WINDSHIELD CRACKS
- 39 - CRACKED WINDSHIELD CRACKS
- 40 - CRACKED WINDSHIELD CRACKS
- 41 - CRACKED WINDSHIELD CRACKS
- 42 - CRACKED WINDSHIELD CRACKS
- 43 - CRACKED WINDSHIELD CRACKS
- 44 - CRACKED WINDSHIELD CRACKS
- 45 - CRACKED WINDSHIELD CRACKS
- 46 - CRACKED WINDSHIELD CRACKS
- 47 - CRACKED WINDSHIELD CRACKS
- 48 - CRACKED WINDSHIELD CRACKS
- 49 - CRACKED WINDSHIELD CRACKS
- 50 - CRACKED WINDSHIELD CRACKS
- 51 - CRACKED WINDSHIELD CRACKS
- 52 - CRACKED WINDSHIELD CRACKS
- 53 - CRACKED WINDSHIELD CRACKS
- 54 - CRACKED WINDSHIELD CRACKS
- 55 - CRACKED WINDSHIELD CRACKS
- 56 - CRACKED WINDSHIELD CRACKS
- 57 - CRACKED WINDSHIELD CRACKS
- 58 - CRACKED WINDSHIELD CRACKS
- 59 - CRACKED WINDSHIELD CRACKS
- 60 - CRACKED WINDSHIELD CRACKS
- 61 - CRACKED WINDSHIELD CRACKS
- 62 - CRACKED WINDSHIELD CRACKS
- 63 - CRACKED WINDSHIELD CRACKS
- 64 - CRACKED WINDSHIELD CRACKS
- 65 - CRACKED WINDSHIELD CRACKS
- 66 - CRACKED WINDSHIELD CRACKS
- 67 - CRACKED WINDSHIELD CRACKS
- 68 - CRACKED WINDSHIELD CRACKS
- 69 - CRACKED WINDSHIELD CRACKS
- 70 - CRACKED WINDSHIELD CRACKS

TRAFFIC CONTROL	ROADWAY RELATIVES	LIGHT CONDITION	SURFACE CONDITION
1 - NONE 2 - STOP SIGN 3 - STOP SIGN 4 - FLASHER 5 - SIGNAL LIGHT 6 - FLASHING RED LIGHT 7 - FLASHING YELLOW LIGHT 8 - STOP SIGN 9 - YIELD SIGN 10 - WARNING SIGN 11 - CENTER STRIPED ROAD 12 - NO PASSING ZONE	1 - MAIN ROADWAY 2 - OFF ROADWAY 3 - SHOULDER 4 - OTHER	1 - DAYLIGHT 2 - DIM LIGHT 3 - DARK LIMITED 4 - DARK UNLIMITED 5 - DARK 6 - OTHER	1 - GOOD 2 - FAIR 3 - POOR 4 - VERY POOR 5 - UNKNOWN
7 - REVERSE CROSSBOW 8 - OTHER	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - STRAIGHT HILL/CREST 4 - CURVE, LEVEL 5 - CURVE, GRADE 6 - CURVE, HILL/CREST	1 - DAY 2 - NIGHT	1 - GOOD 2 - FAIR 3 - POOR 4 - VERY POOR 5 - UNKNOWN
1 - CONCRETE 2 - ASPHALT 3 - GRAVEL	1 - DRY 2 - WET 3 - SLUSHY 4 - SNOW 5 - ICE 6 - BLIZZARD	1 - 0-100% 2 - 10-20% 3 - 20-30% 4 - 30-40% 5 - 40-50% 6 - 50-60% 7 - 60-70% 8 - 70-80% 9 - 80-90% 10 - 90-100%	1 - GOOD 2 - FAIR 3 - POOR 4 - VERY POOR 5 - UNKNOWN

**Photo 1 from Estimate for Claim no [REDACTED]**

Photo date: 13/04/2006 09:43:35:00. Size: 37422

Description:

Insured: [REDACTED]. Policy\_no: [REDACTED]

Claimant: .

Vehicle: 2, FORD, ESCAPE 4X2 XLS. VIN: 1FMYU01192K [REDACTED]

Loss date: 03/20/06. Estimator: DONNIE BOYD



**Photo 2 from Estimate for Claim no [REDACTED]**

Photo date: 13/04/2006 09:43:35:00. Size: 34096

Description:

Insured: [REDACTED] Policy\_no: [REDACTED]

Claimant: .

Vehicle: 2, FORD, ESCAPE 4X2 XLS. VIN: 1FMYU01192K [REDACTED]

Loss date: 03/20/06. Estimator: DONNIE BOYD



[REDACTED]

04/24/2006



**Photo 3 from Estimate for Claim no [REDACTED]**

**Photo date:** 13/04/2006 09:43:35:00. **Size:** 26067

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



Photo 4 from Estimate for Claim no [REDACTED]

Photo date: 13/04/2006 09:43:35:00. Size: 28687

Description:

Insured: [REDACTED]. Policy\_no: [REDACTED]

Claimant: .

Vehicle: 2, FORD, ESCAPE 4X2 XLS. VIN: 1FMYU01192K [REDACTED]

Loss date: 03/20/06. Estimator: DONNIE BOYD





**Photo 5 from Estimate for Claim no [REDACTED]**

**Photo date:** 13/04/2006 09:43:35:00. **Size:** 29863

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 6 from Estimate for Claim no [REDACTED]**

**Photo date:** 13/04/2006 09:43:35:00. **Size:** 30491

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 7 from Estimate for Claim no [REDACTED]**

**Photo date:** 13/04/2006 09:43:35:00. **Size:** 56184

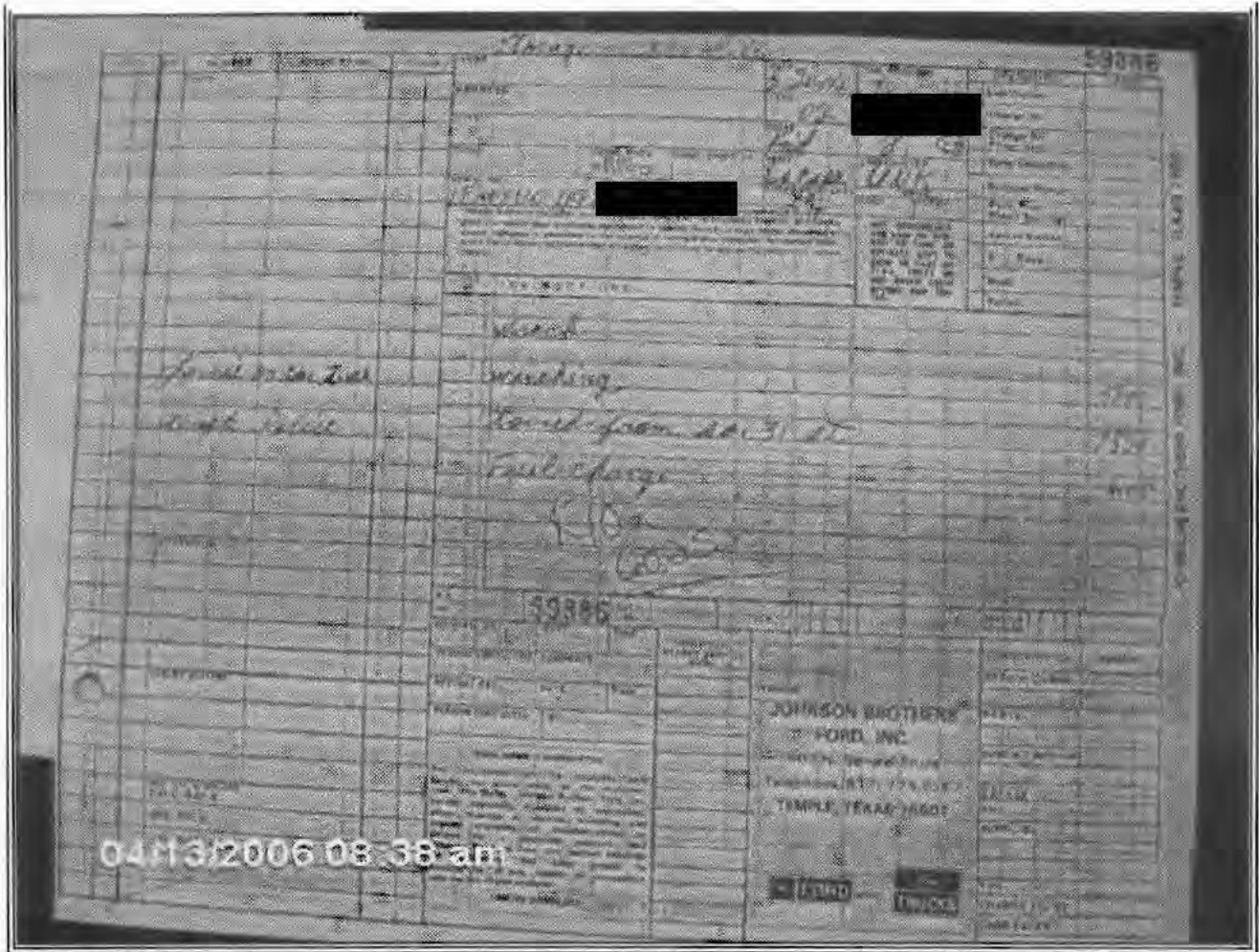
**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 1 from Estimate for Claim no [REDACTED]**

**Photo date:** 28/03/2006 12:52:36:00. **Size:** 28716

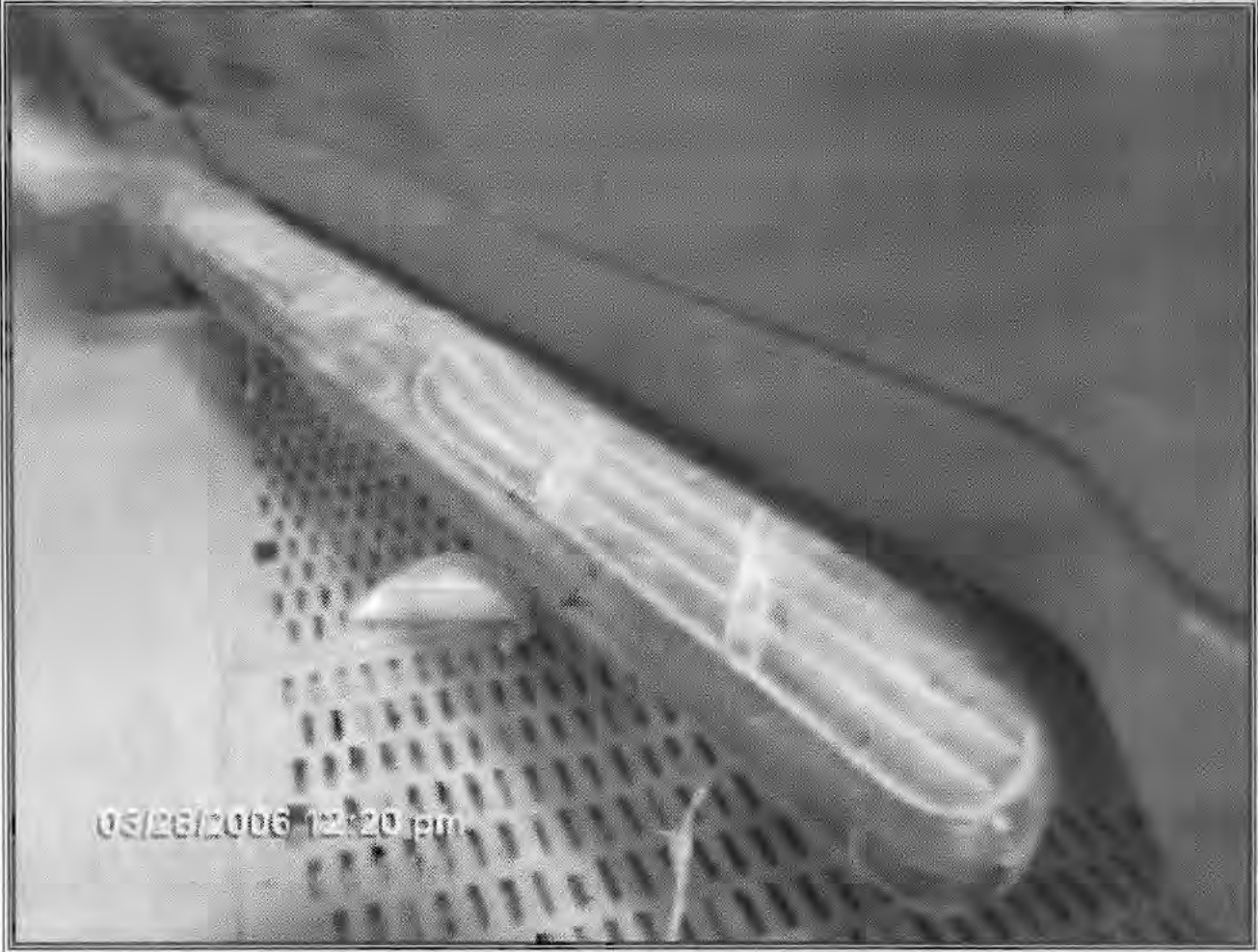
**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 2 from Estimate for Claim no [REDACTED]**

**Photo date:** 28/03/2006 12:52:36:00. **Size:** 14468

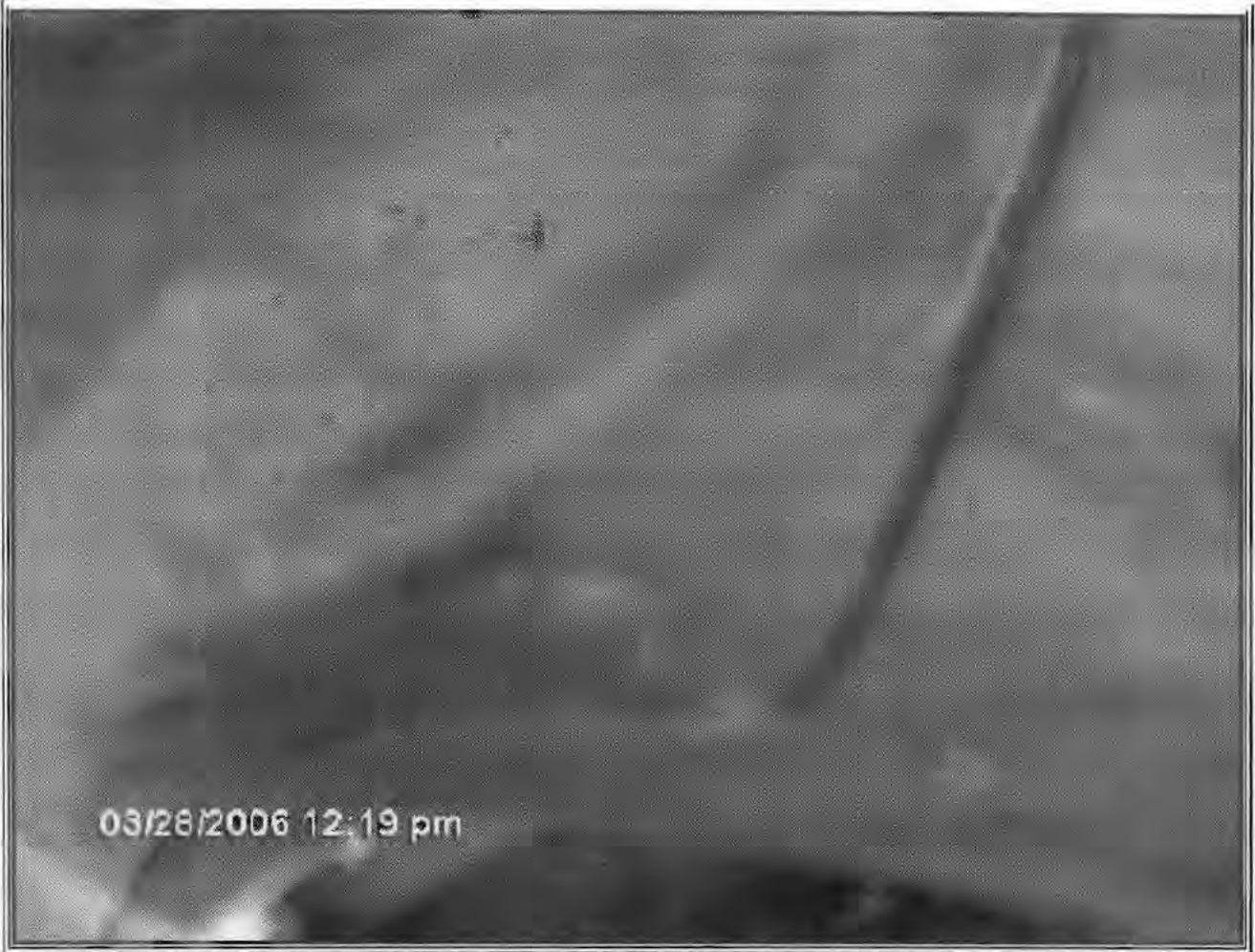
**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 3 from Estimate for Claim no [REDACTED]**

**Photo date:** 28/03/2006 12:52:36:00. **Size:** 23528

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 4 from Estimate for Claim no [REDACTED]**

**Photo date:** 28/03/2006 12:52:36:00. **Size:** 21904

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 5 from Estimate for Claim no [REDACTED]**

**Photo date:** 28/03/2006 12:52:36:00. **Size:** 22038

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD





**Photo 6 from Estimate for Claim no [REDACTED]**

**Photo date:** 28/03/2006 12:52:36:00. **Size:** 18651

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 7 from Estimate for Claim no [REDACTED]**

**Photo date:** 28/03/2006 12:53:30:00. **Size:** 87248

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD

## Repair Order Detail

RO Number: 6025      RO Status: OPENED

Customer: [REDACTED]	Main: [REDACTED]	Customer Copy
Phone(s): Contact: [REDACTED]	2002 ESCA      GREEN	Cell:
Vehicle: 1FMYU01192K [REDACTED]		
Mileage: 75,618	Payment type: CASH	Waiver: No
Service advisor: 6931	Promised time: 05:00 PM	Estimate: 0.00
Tag number: THONA	Promised date: 03/21/2006	Customer Comments: No

<b>A      REPAIR FRONT AND ROOF</b>				
52FOZ	CB	BODY LABOR	0.00	0.00
YL8Z*17K835*EAA		0 COVER		0.00
YL8Z*7842528*AA		2 EMBLEM		40.76
YL8Z*7803144*AA		1 MOULDING - WINDSHIELD		70.90
YL8Z*7855106*AAB		1 CROSS MEMBER ASY - FRONT		133.90
YL8Z*7855114*CAA		1 SLAT ASY - ROOF RACK		63.75
WALMART-TIRE		2 P225/70R15		170.70
YL8Z*17D957*EAA		1 COVER		313.29
Parts:	793.30	Labor:	0.00	Other: 0.00      Total Line A: 793.30

<b>B      REFINISH FRONT AND ROOF</b>				
51FOZ	CB	PAINT LABOR	0.00	0.00
Parts:	0.00	Labor:	0.00	Other: 0.00      Total Line B: 0.00

Customer Pay	
Labor	0.00
Parts	793.30
Lube	0.00
Sublet	0.00
Miscellaneous	0.00
Total Charges	793.30
Less Insurance/Adjustment	0.00
Sales Tax	0.00
<b>Total</b>	<b>793.30</b>



**Photo 1 from Estimate for Claim no [REDACTED]**

**Photo date:** 21/03/2006 10:07:38:00. **Size:** 41114  
**Description:**  
**Insured:** [REDACTED]. **Policy\_no:** [REDACTED].  
**Claimant:** .  
**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]  
**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 2 from Estimate for Claim no [REDACTED]**

**Photo date:** 21/03/2006 10:07:38:00. **Size:** 35558  
**Description:**  
**Insured:** [REDACTED]. **Policy\_no:** [REDACTED].  
**Claimant:** .  
**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]  
**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 3 from Estimate for Claim no [REDACTED]**

**Photo date:** 21/03/2006 10:07:39:00. **Size:** 36803

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 4 from Estimate for Claim no [REDACTED]**

**Photo date:** 21/03/2006 10:07:39:00. **Size:** 31948

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 5 from Estimate for Claim no [REDACTED]**

**Photo date:** 21/03/2006 10:07:39:00. **Size:** 30139

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD





**Photo 6 from Estimate for Claim no [REDACTED]**

**Photo date:** 21/03/2006 10:07:39:00. **Size:** 24716

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 1 from Estimate for Claim no [REDACTED]**

**Photo date:** 04/04/2006 13:09:18:00. **Size:** 35551

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED].

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 2 from Estimate for Claim no [REDACTED]**

**Photo date:** 04/04/2006 13:09:18:00. **Size:** 31055

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED].

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 3 from Estimate for Claim no [REDACTED]**

**Photo date:** 04/04/2006 13:09:18:00. **Size:** 28762

**Description:**

**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD



**Photo 4 from Estimate for Claim no [REDACTED]**

**Photo date:** 04/04/2006 13:09:18:00. **Size:** 36037

**Description:**

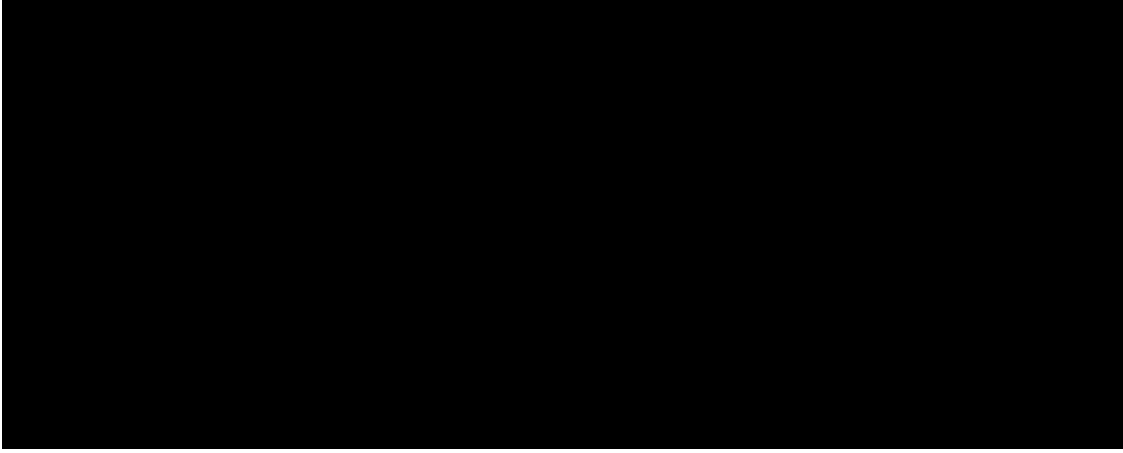
**Insured:** [REDACTED]. **Policy\_no:** [REDACTED]

**Claimant:** .

**Vehicle:** 2, FORD, ESCAPE 4X2 XLS. **VIN:** 1FMYU01192K [REDACTED]

**Loss date:** 03/20/06. **Estimator:** DONNIE BOYD





IN THE CIRCUIT COURT OF TENNESSEE  
FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS

[REDACTED] for herself  
and as next of kin to  
[REDACTED] DECEASED,

PLAINTIFF,

VS.

NO. CT-0002583-05  
DIV. 1

JAMES R. PATTERSON,  
DOBBS FORD AT WOLFCHASE, INC.,  
AUTONATION, INC., and  
FORD MOTOR COMPANY,

FILED  
MAY 10 2005

DEFENDANTS.

CIRCUIT COURT CLERK,  
BY [REDACTED] D.C.

COMPLAINT

COMES now the Plaintiff and alleges the following for cause of action:

I.

JURISDICTION, VENUE, AND PARTIES.

1. The acts complained of occurred in Shelby County, Tennessee.
2. [REDACTED] is a resident of Shelby County, Tennessee, residing at 8518 [REDACTED] Cordova, Tennessee [REDACTED]
3. [REDACTED] were married in Shelby County, Tennessee on May 4, 1990.
4. [REDACTED] died in Shelby County, Tennessee on May 13, 2004 from multiple blunt force trauma causing the rupture of his aorta, which he experienced in an



automobile accident caused by the negligence of the defendants, more particularly described below.

5. [REDACTED] had no children and [REDACTED] was his sole surviving heir and next of kin.

6. James R. Patterson is a resident of Shelby County, Tennessee and, at all times relevant herein, was employed by Dobbs Ford at Wolfchase, Inc.

7. Ford Motor Company, with its principal offices located at One American Road, Room 612, Dearborn, Michigan 48126-1899, is a Delaware corporation and is qualified to do business in Tennessee and is doing business in Shelby County, Tennessee and was doing business in Shelby County, Tennessee at all times relevant herein.

8. Dobbs Ford at Wolfchase, Inc., with principal offices at 110 Southeast 6th Street, Fort Lauderdale, Florida 33301, is a Delaware corporation doing business in Shelby County, Tennessee at 7925 Highway 64, Memphis, Tennessee 38133-4007 and was doing business in Shelby County, Tennessee at all times relevant herein.

9. AutoNation, Inc., with its principal offices at 110 S.E. 6th Street, Fort Lauderdale, Florida 33301, is a Delaware corporation doing business in Shelby County, Tennessee as Dobbs Ford at Wolfchase, Inc. located at 7925 Highway 64, Memphis, Tennessee 38133-4007 and was doing business in Shelby County, Tennessee at all times relevant herein.

10. At all times relevant herein, Dobbs Ford at Wolfchase, Inc. was a franchise and subsidiary of AutoNation, Inc. doing business in Shelby County, Tennessee.

11. At all times relevant herein, AutoNation, Inc., and Dobbs Ford at Wolfchase, Inc. were agents and apparent agents of Ford Motor Company in Shelby County, Tennessee.

- a. AutoNation, Inc. and Dobbs advertise automobiles for sale in Shelby County, Tennessee under the logo of the Ford Motor Company.
- b. Dobbs's vehicle invoice and bill of sale contain the Ford Motor Company logo. Dobbs's windshield sticker carries the Ford Motor Company logo. Dobbs's letterhead carries the Ford Motor Company logo.
- c. Dobbs agreed on behalf of Ford to provide [REDACTED] Ford Motor Company 36/36 Bumper to Bumper covered warranty repairs at no charge during the warranty period, the warranty cost having been included in the purchase price [REDACTED] paid to Dobbs.
- d. Dobbs held itself out as a Ford Motor Company Dealer, agreeing to repair, replace, or adjust all parts on [REDACTED] vehicle that were defective in factory-supplied materials and with factory-supplied workmanship.
- e. Dobbs and Ford represented that Dobbs would use Ford or Motorcraft parts for repairs under the warranty.
- f. Dobbs's salesman, James R. Patterson, and other Dobbs employees, made oral representations to [REDACTED] concerning Ford's warranties and service under the warranty.
- g. Ford Motor Company was aware of AutoNation, Inc. and Dobbs's representations.
- h. Ford Motor Company encouraged AutoNation, Inc. and Dobbs in these representations and agreed that AutoNation, Inc. and Dobbs had authority to make such representations on its behalf.

- i. [REDACTED] had knowledge of Dobbs's representations as to Ford Motor Company and had a good faith belief that Dobbs possessed such authority to make such representations.
- j. [REDACTED] relied on Dobbs's apparent authority and bound himself in contract to Dobbs on the basis of that authority and those representations.
- k. Neither Ford, AutoNation, Inc., nor Dobbs disclaimed agency.

12. At all times relevant herein, Ford Motor Company, directly and through its subsidiaries, AutoNation, Inc., and Dobbs were engaged in a joint enterprise or a joint venture.

- a. The common purpose of the joint venture is and was to earn money through the sale of Ford automobiles and services in Shelby County, Tennessee, with Ford manufacturing the automobiles and AutoNation, Inc. and Dobbs providing the customer contact and performing the warranty work.
- b. Ford, AutoNation, Inc., and Dobbs have various written and oral agreements, which are expressed or implied and equal rights to control the venture.

## II.

### FACTS.

13. On January 12, 2000, Ford introduced its new 2001 Ford Escape for the first time at the 2000 North American Auto Show in Detroit.

14. On January 12, 2000, Ford Motor Company provided a press release describing the 2001 Ford Escape as a small sport utility vehicle, which offers:

- a. Nimble maneuverability,

- b. Sport styling with rugged capability of off road driving,
- c. Most spacious interior package in its class at 132,9 cubic feet with versatility for carrying cargo as well as passengers,
- d. Driving safety and confidence, and
- e. A capable vehicle designed, tested, and built to Ford truck standards.

15. Ford began selling the Ford Escape through Dobbs during the summer of 2000.

16. Ford manufactured [REDACTED] Ford Escape, VIN# 1FMYU02183 [REDACTED]

on December 3, 2002 at its Kansas City Assembly Plant and transported it to Dobbs in Memphis, Tennessee for resale.

17. Ford or a Ford subsidiary provided "floor plan" financing to Dobbs for the purchase of the vehicle. The "floor plan" financing is part of the joint venture arrangement alleged in paragraph 12.

18. On February 21, 2003, through James R. Patterson, Dobbs sold the Ford Escape to [REDACTED]

19. As a sales and marketing incentive, Ford offered a \$1,000.00 rebate for the purchase of the vehicle. The rebate program was or is part of the joint venture arrangement alleged in paragraph 12.

20. Unknown to [REDACTED] but known by James R. Patterson, Dobbs, AutoNation, Inc., and Ford, Mr. McClure's Escape was manufactured and sent from the Kansas City Assembly Plant with defective seat belt buckles, defective 3.0L LHD accelerator cable, and a defective driver's side air bag.

21. Ford announced a prior 2001 seat belt buckle recall on July 13, 2002 due to the buckles not latching properly. This recall involved 1.4 million model year 2001 vehicles.

22. Ford or Ford's seat belt supplier manufactured the seat belt buckle in such a manner that the tongue does not latch when inserted or partially latches and only appears engaged, resulting in the belt coming free in an accident and injuring an occupant.

23. Ford manufactured and installed [REDACTED] Escape in such a manner that the accelerator cable liner was caused to migrate out of the accelerator cable conduit, preventing the throttle from returning to the idle position when the driver removes his foot from the accelerator pedal. The result of the defect is that the vehicle has a tendency to not return to idle speed while driving and resulting in increased stopping distances when the brakes are applied, or resulting in loss of control. The unexpected increase in engine idle speed increases stopping distances and can result in a vehicle crash without warning.

24. On May 13, 2004 at about 1644, [REDACTED] was driving his 2003 Ford Escape North on Mount Moriah Road in Memphis, Tennessee approaching the intersection with Quince Road when the defective accelerator cable lining prevented the vehicle from returning to idle when [REDACTED] removed his foot to slow down at the intersection. The vehicle had an automatic transmission, and, therefore, [REDACTED] was unable to depress a clutch to prevent the engine over-speed causing loss of control. Due to the engine over-speed and rainy conditions, the vehicle lost traction on the wet road surface, accelerated, veered across the centerline and into the southbound lane of Mount Moriah Road where [REDACTED] vehicle struck a 1981 Chevrolet truck.

25. [REDACTED] seat belt tongue failed to latch into the buckle and came free at the point of impact.

26. The air bag was undersized and incapable of preventing injury and failed to properly deploy to protect [REDACTED]

27. [REDACTED] was propelled forward, impacting the steering wheel, dash, and windshield, sustaining severe trauma, which caused rupture of his aorta or great vessels and internal bleeding, and, ultimately, his death.

28. [REDACTED] remained in the vehicle until 1655, experiencing conscious pain and finally suffering a cardiac arrest.

29. At 1655 Emergency Medical Technicians initiated resuscitation procedures and transported [REDACTED] to the Emergency Department of The Regional Medical Center, arriving at approximately 1725. Doctors at the Emergency Room continued resuscitation efforts until 1733, when doctors inserted a chest tube that produced two (2) liters of blood. They were unsuccessful in the resuscitation, and pronounced [REDACTED] dead.

30. [REDACTED] died as a result of the multiple blunt force injuries he experienced in the crash of his 2003 Ford Escape.

31. Ford, while not necessarily having made or fabricated the seat belt buckles, driver's side air bag, and accelerator cable in [REDACTED]'s 2003 Escape, nevertheless, placed its name or brand upon the vehicle in which it installed this equipment.

32. AutoNation, Inc., while not having manufactured the seatbelt buckle, accelerator cable, or driver's side air bag or the vehicle itself, nevertheless, allowed its franchise, Dobbs Ford at Wolfchase, Inc., to stock, make representations regarding, sell, and place its name or brand upon the vehicle sold to [REDACTED]

33. Dobbs, while not having manufactured the seat belt buckle, accelerator cable, driver's side air bag, or the vehicle itself, nevertheless, placed its name or brand upon the vehicle it sold to [REDACTED]

34. James R. Patterson, Ford, and Dobbs by affirmative actions and representations, caused [REDACTED] to believe that Ford was the manufacturer of the 2003 Ford Escape sold to M [REDACTED] including its component parts.

### III.

#### CAUSE OF ACTION

35. Ford, the manufacturer of [REDACTED]'s 2003 Escape, is liable for the finished vehicle as it assembled it in its Kansas City plant and had a duty to use reasonable care to design, manufacture, test, inspect the vehicle, and to warn of defects in its assembled vehicle although a defect in its seat belt buckle, driver's side air bag, and accelerator cable may have been created by the negligence of a supplier or prior assembler.

36. Ford failed to use reasonable care to design, manufacture, test, and inspect the vehicle and to detect the defect in the seat belt buckle, the driver's side air bag, and the accelerator cable, and [REDACTED] was injured and died as a result.

37. Ford had a duty to design the seat belt buckle, driver's side air bag, and accelerator cable in [REDACTED]'s 2003 Escape in such a manner that it did not create a latent or hidden danger in the use of the vehicle which [REDACTED] could not know and avoid.

38. Ford, in the exercise of reasonable and ordinary care, should have foreseen the consequences of the danger of the use of the seat belt buckle, driver's side air bag, and the accelerator cable.

39. Ford failed to use reasonable and ordinary care in the design, manufacturing, testing, and inspecting and the selecting, testing, and inspection of the component parts, the seat belt buckle, the driver's side air bag, and accelerator cable, installed defective buckle, air bag,

and accelerator cable in [REDACTED] Ford Escape and as a direct, proximate, legal, and factual result [REDACTED] was injured and died.

40. It was foreseeable by Ford that [REDACTED] 2003 Escape would be used and operated by him in such a manner that the vehicle would crash. Ford, therefore, had a duty to design and fabricate a seat belt buckle and driver's side air bag, which would properly latch and would withstand the impact of a collision and prevent the driver from impacting the steering wheel, dash, and windshield.

41. Ford negligently designed or fabricated the seat belt buckle and driver's side air bag in a dangerous manner for the use intended.

42. [REDACTED]'s seat belt buckle and driver's side air bag failed in the crash, he hit the steering wheel, the dash, and windshield, was injured and died, when a properly designed seat belt buckle and air bag would have prevented these impacts, his injuries, and his death.

43. Ford knew its Escape vehicles would be resold by AutoNation, Inc. and Dobbs to end users.

44. Ford had a duty to inspect and to test its seat belt buckles, driver's side air bag, and accelerator cables included in its Escape vehicles. Ford failed to use reasonable and ordinary care under the circumstances to inspect and test its seat belt buckles, driver's side air bag, and accelerator cables and placed [REDACTED] Escape vehicle in the stream of commerce with defective or unreasonably dangerous seat belt buckles, driver's side air bag, and accelerator cables. As a direct, proximate, legal, and factual result, [REDACTED] was injured and died.

45. With regard to its Escape vehicles, James R. Patterson, Dobbs, and Ford had a duty to exercise reasonable care to adequately warn or inform the users of its Escape vehicles of



any known or foreseeable danger from the use of the vehicle which it knew or had reason to know the user would not realize.

- a. In 2001, the Defendants had notice of defective seat belt buckles for all 2001 model year Escapes built at the Kansas City Assembly plant from October 22, 1999 through May 31, 2001.
- b. The Defendants knew that a plastic part inside the front seat belt buckle may break, allowing the buckle latch mechanism to wedge against the broken post.
- c. The Defendants knew that the defective plastic post might lead to a no latch or partial latch condition in which the tongue may be inserted into the buckle and appear to be engaged but is not.
- d. The Defendants knew that, in the event of an accident, either condition might result in injury to the occupant of the vehicle, but failed to correct the defect in subsequent seat belt buckles and failed to warn purchasers of subsequent vehicles. As a direct, proximate, factual, and legal result, [REDACTED] was injured and died.

46. James R. Patterson, AutoNation, Inc. and Dobbs had a duty to exercise reasonable care in the sale of [REDACTED] Ford Escape, considering the known dangers involved in the use of the vehicle.

- a. Dobbs and James R. Patterson sold the Escape vehicle to [REDACTED] knowing or having reason to know of the defects in the seat belt buckle, the driver's air bag, and the accelerator cable because Dobbs serviced Ford Escapes between the summer of 2000 and its sale of the vehicle to [REDACTED]

██████████ on February 21, 2003 and from the sale of the vehicle to the date of the crash, May 13, 2004.

- b. James R. Patterson, AutoNation, Inc., and Dobbs also knew or had reason to know of the defects in the vehicle based on the recall notices and communications with Ford during these periods.
- c. The Ford Escape James R. Patterson and Dobbs sold to ██████████ was unreasonably and dangerously defective.
- d. James R. Patterson, AutoNation, Inc., and Dobbs knew it was unreasonably and dangerously defective, and as a direct, proximate, legal, and factual result, the vehicle crashed, causing ██████████ injury and death.

47. James R. Patterson, Ford, AutoNation, Inc., and Dobbs were and are in the business of selling Escape automobiles.

48. James R. Patterson, Ford, AutoNation, Inc., and Dobbs expected the Ford Escape to reach users or consumers without substantial change in the condition in which it was manufactured and sold.

49. ██████████ Ford Escape was defective or unsafe for normal or reasonably anticipated handling and use; the Ford Escape is more dangerous than an ordinary consumer would expect and would not be offered for sale by a reasonably careful manufacturer or seller who knew or should have known of its dangerous condition.

50. ██████████ Ford Escape was in a defective condition and was unreasonably dangerous at the time it left Ford and Dobbs's control, and ██████████ was injured and died as

a direct, proximate, legal, and factual result of the defective and unreasonably dangerous Ford Escape.

51. James R. Patterson, Ford, AutoNation, Inc., and Dobbs failed to give proper instructions for the use and failed to give adequate warning of the hazards involved in the Ford Escape's seat belt buckle, driver's side air bag, and accelerator cable or failed to instruct or warn sufficiently to provide [REDACTED] with any means of avoiding the dangers inherent in this use of the Ford Escape. As a direct, proximate, factual, and legal result, [REDACTED] was injured and died.

52. [REDACTED] Ford Escape did not become defective or unreasonably dangerous by subsequent unforeseeable alteration, improper maintenance, or abnormal use, but was unreasonably dangerous or defective as manufactured and sold to [REDACTED]

53. James R. Patterson, Ford, AutoNation, Inc., and Dobbs were in the business of selling Ford Escape vehicles beginning in 2000.

54. Starting on January 12, 2000, Ford, AutoNation, Inc., and Dobbs represented that the Ford Escape Sport Utility Vehicle offered "driving safety and convenience".

55. Subsequent to January 12, 2000 and continuing to the present, James R. Patterson, Ford, AutoNation, Inc., and Dobbs repeated the representation that the Ford Escape Sport Utility Vehicle provided "driving safety". This representation was not merely opinion and was made to the general public or to those expected to buy or use the product.

56. The representation that the Ford Escape Sport Utility Vehicle provided "driving safety" was not true and James R. Patterson, Ford, AutoNation, Inc., and Dobbs knew it was not true. [REDACTED] did not know the representation was untrue. [REDACTED] justifiably relied on the representation by purchasing the 2003 Ford Escape and using the vehicle consistent

with the representation. [REDACTED] reliance on the representation was a substantial factor in causing his injury and death.

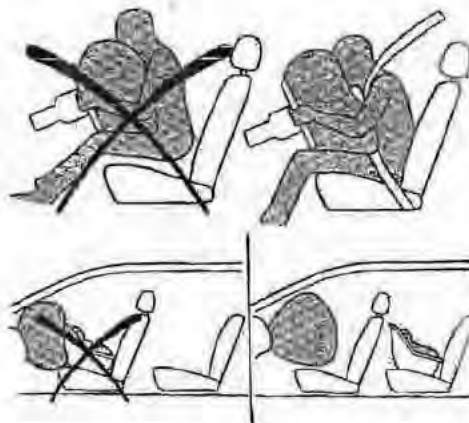
57. James R. Patterson, Ford, AutoNation, Inc., and Dobbs further represented design features of its driver's side Air Bag Supplement Restraint System (SRS) at page 95 of the 2003 model Escape Owner's Guide. The representation in words was as follows:

**"The SRS is designed to work with the safety belt to help protect the driver and right front passenger from certain upper body injuries..."**

The representation in graphic or pictorial form was as follows:

#### **Important SRS precautions**

The SRS is designed to work with the safety belt to help protect the driver and right front passenger from certain upper body injuries. Air bags DO NOT inflate slowly; there is a risk of injury from a deploying air bag.



The graphic or pictorial representation shows an air bag of ample size extending from above the top of the steering wheel to below the steering wheel and of ample girth and size to prevent the driver from impacting the steering wheel, dash, or windshield. The representation was not true and James R. Patterson, Ford, AutoNation, Inc., and Dobbs knew it was not true; the driver's side air bag was undersized; it did not extend from above the steering wheel to below the steering wheel as shown; it did not have the size and girth represented; and it did not function to prevent [REDACTED] from impacting the steering wheel, dash, and windshield.

58. Frank McClure knew of the air bag representation, but did not know it was untrue. Mr. [REDACTED] justifiably relied on the representation by purchasing and using the vehicle consistent with the representation. [REDACTED] reliance on the representation was a substantial factor in causing his injury and death.

59. Ford, AutoNation, Inc., and Dobbs further represented design features of its seat belt system at page 85 of the 2003 model Escape Owner's Guide. Beginning at page 86, Ford, AutoNation, Inc., and Dobbs represent as follows:

**Energy Management Feature**

- This vehicle has a safety belt system with an energy management feature at the front seating positions to help further reduce the risk of injury in the event of a head-on collision.

**Safety belt pretensioner**

Your vehicle is equipped with safety belt pretensioners at the driver and front passenger seating positions.

The safety belt pretensioners are designed to activate during certain frontal or near-frontal collisions with sufficient longitudinal deceleration. A safety belt pretensioner is a device which tightens the webbing of the lap and shoulder belts in such a way that they fit more snugly against the body.

These representations were not merely opinion but were made as fact to [REDACTED] who James R. Patterson, Ford, AutoNation, Inc., and Dobbs expected to buy and use the product. This representation was not true.

- a. James R. Patterson, Ford, AutoNation, Inc., and Dobbs knew or should have known the safety belt system was defective and unreasonably dangerous because the National Highway Safety Administration instituted a recall which affected 1.4 million vehicles Ford manufactured in 2001

and specifically affected all 2001 model year Escapes built at the Kansas City Assembly plant from October 22, 1999 through May 31, 2001.

- b. The recall was instituted because of a defect in a plastic part inside the seat belt buckle which allowed the buckle latch mechanism to wedge against the part leading to a no latch condition or a partial latch condition in which the tongue may be inserted into the buckle and appear engaged.
- c. In an accident, the tongue would exit the buckle and the belt would not restrain the driver.
- d. This same condition existed in [REDACTED] vehicle.
- e. [REDACTED] knew of these representations in the Owner's Guide but did not know they were false.
- f. [REDACTED] justifiably relied on the representation by purchasing and using the vehicle expecting the Escape to function consistently with the representations.
- g. [REDACTED] reliance on the representations was a substantial factor in causing his injury and death.

60. Ford, AutoNation, Inc., and Dobbs further represented in the booklet "Driving your SUV or Truck" that:

**"Now you'll be able to travel places where roads don't. Most importantly, you'll be able to travel with the safety, comfort, and dependability of a Ford-built vehicle".**

James R. Patterson, Ford, AutoNation, Inc., and Dobbs gave the booklet to Mr. McClure to induce him to buy the vehicle.

- a. James R. Patterson, Ford, AutoNation, Inc., and Dobbs knew that the representation was not true due to the defective seat belt buckle, driver's side air bag, and accelerator cable.
- b. [REDACTED] knew of the representation but did not know it was untrue.
- c. [REDACTED] justifiably relied on the representation by purchasing and using the product consistent with the representation.
- d. [REDACTED]'s reliance on the representations was a substantial factor in causing his injury and death.

61. The Tennessee Consumer Protection Act, 1977 Pub. Acts, c.438, §4, as amended created a duty in James R. Patterson, Ford, AutoNation, Inc., and Dobbs to refrain from and avoid deceptive acts or practices in their conduct of trade or commerce. In selling their 2003 Ford Escape to [REDACTED], James R. Patterson, Ford, AutoNation, Inc., and Dobbs were engaging in trade or commerce. The Act provides as follows:

**§ 47-18-104. Unfair or deceptive acts or practices**

- (a) **Unfair or deceptive acts or practices affecting the conduct of any trade or commerce constitute unlawful acts or practices and are Class B misdemeanors.**
- (b) **Without limiting the scope of subsection (a), the following unfair or deceptive acts or practices affecting the conduct of any trade or commerce are declared to be unlawful and in violation of this part:**
  - (7) **Representing that goods or services are of a particular standard, quality, or grade, or that goods are of a particular style or model, if they are of another;**
  - (27) **Engaging in any other act or practice which is deceptive to the consumer or to any other person;**