

SERVICE HOURS

Mon., Weds, Fri.: 7:30 - 7:00

Tues, Thurs: 7:30 - 8:00

Saturday: 8:00 - 5:00

P & A CODE 00089

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



2540 RIVA ROAD ANNAPOLIS, MARYLAND 21401
ANNAPOLIS 224-2100, BALTIMORE 841-6550, WASHINGTON 261- 8220
DIRECT LINE 266-3087
www.koonsford.com



PLEASE RETAIN THIS COPY AS YOUR SERVICE RECORD. ANY CLAIMS OR ADJUSTMENTS MUST BE ACCOMPANIED BY THIS INVOICE AND MUST BE MADE WITHIN 12,000 MILES OR ONE YEAR FROM DATE WORK WAS PERFORMED.

PROGRAM CODE(S)	MICRO REFERENCE NUMBER	
REPAIR 1		
REPAIR 2	AUTHORIZED SIGNATURE AND DATE	
REPAIR 3	APPROVAL CODE OR NO.	COMMENTS CODE
DATE AND MILEAGE AT TIME OF VEHICLE RECEIPT		
DATE		MILEAGE (NO TENTHS)
MO	DAY	YR
DATE AND MILEAGE AT TIME OF VEHICLE RELEASE		
DATE		MILEAGE (NO TENTHS)
MO	DAY	YR

INVOICE TO

DRIVER/OWNER INFORMATION -- INVOICE: C33201

ANNAPOLIS

MD

ANNAPOLIS

MD

HOME:

WORK:

HOME:

WORK:

FOR OFFICE USE

VEHICLE INFORMATION

TAG: 4379 ADV: 372 JOHNSON, INVOICE: PRELIM CUS C MG VIN 1FMCU93184K LICENSE NUMBER: MD
TAX RULES: YNNN INVOICED: 08/25/2004 11:14:23 04 FORD ESCAPE XLT 4WD 4DR SPTUTY
ODOMETER IN: 10701 OUT: 10704 DIST: 1FA DATES INSERVICE: 013104
DATES BEGIN: 08/24/04 DONE: 08/25/04

CONCERN 51	CUST. STATES: THERE IS VIBRATION/THUMPING NOISE WHILE DRIVING	OPERATION	TECH	AMOUNT
CAUSE	ROAD TEST VEHICLE, ONLY NOISE	NOTE	552	.00
CORRECTION	HEARD WAS SLIGHT TIRE NOISE. RECOMMEND TIRE ROTATION. CUST STATED			
COMMENT	FRONT END ALIGNMENT WAS ALREADY PERFORMED. NO CHARGE TO CUSTOMER			
FACTORY	TECH: 552 - MONK. ANTHONY			

TYPE: C

----- SUBTOTAL -----
TOTAL CHARGE FOR CONCERN .00

GRAND TOTALS

SUMMARY OF CHARGES FOR INVOICE C33201

PAYMENT DISTRIBUTION FOR INVOICE C33201

TOTAL CHARGE	.00	CASH DUE	.00
		TOTAL CHARGE	.00

IF YOU HAVE ANY QUESTIONS - PLEASE SEE CHRISTIAN A. JOHNSON
OUR LABOR RATES VARY FROM \$33.16-\$82.92
BASED ON THE TYPE OF SERVICE PERFORMED

PAGE 1
LAST PAGE

ON LINE SERVICE INVOICING BY UCS © 1979

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE. X

NLC

CUSTOMER



Gilboy Automotive Group, Inc.

2805 MacARTHUR ROAD
AREA CODE 610 PHONE 434-4211
WHITEHALL, PA 18052

PRO RATA %	TOTAL PARTS	PRO RATA %	TOTAL LABOR	TOTAL CLAIM
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		
Authorized Signature and Date				

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW:

DEALER CODE
16G215 - FORD 360156 - MERCURY
P & A CODE
01463-1

X _____
THIS COPY MUST BE RETURNED FOR ADJUSTMENT

ON BEHALF OF SERVING 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 PARTS WERE OR WOULD BE REPLACED UNDER THIS CLAIM AND HAVE BEEN CORRECTED OR ANY PART WITH ANY ACCIDENT, RECALL, SERVICE OR MODEL RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 15 YEARS FROM THE DATE OF PRESENT REGISTRATION AT THE SERVING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

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

INVOICE TO _____ DRIVER/OWNER INFORMATION -- INVOICE # W01868

CELL: _____ HOME: _____ CELL: _____ HOME: _____

FOR OFFICE USE

TAG: 0001 ADV: 203 CERQUEIRA INVOICE: PRELIM WAR W CS VIN 1FMDU93184K _____ LICENSE NUMBER: PA 0
TAX RULES: Y11M INVOICED: 08/05/2004 09:27:47 04 FORD ESCAPE XLT 4WD 4DR SPTUTY BLUE
ODOMETER IN: 9764 OIL: 9764 DIST: 1PM STOCK# 00049537
DATES BEGIN: 08/05/04 DONE: 08/05/04 DATES INSERVICE: 020304 PRODUCTION: 102203 SOLD: 013104

CONCERN 51 CUSTOMER STATES THERE IS A VIBRATION AT 70MPH OPERATION TECH HOURS AMOUNT
CAGE UNABLE TO DUPLICATE CONCERN, DIAG 199 .0
CORRECTION HAD FORD ENGINEER ROAD TEST THE VEHICLE WITH THE EVA, ELECTRONIC VI
COMMENT BRATION ANALYZER AT 70-80MPH, NO VIBRATION PRESENT,
TECH NOTES WORKING TO MANUFACTURER SPECS
FACTORY PROB CODE : 1 CONCERN : N24 COND CODE : NA
FP-NA

PAYMENT DISTRIBUTION FOR INVOICE W01868

FOLDER
IF YOU HAVE ANY QUESTIONS - PLEASE SEE CHAD CERQUEIRA
NEW SERVICE PHONE NUMBER (610)289-2165
WE WANT TO THANK YOU FOR YOUR BUSINESS. PLEASE LET US KNOW YOUR
PREFERRED METHOD OF CONTACT FOR SURVEYING.
PHONE _____ MAIL _____ EMAIL _____

PAGE 1
LAST PAGE



Gilboy Automotive Group, Inc.

2805 MacARTHUR ROAD
 AREA CODE 610 PHONE 434-4211
 WHITEHALL, PA 18052

PRO RATA %	TOTAL PARTS	PRO RATA %	TOTAL LABOR	TOTAL CLAIM
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		
Authorized Signature and Date				

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW:

[Signature]
 X THIS COPY MUST BE RETURNED FOR ADJUSTMENT

DEALER CODE
16G215 - FORD 360156 - MERCURY
P & A CODE
01463-1

ON BEHALF OF SERVING 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 ABUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

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

INVOICE TO: [REDACTED] OWNER INFORMATION -- INVOICE: #97604

ANNAPOLIS MD [REDACTED] ANNAPOLIS MD [REDACTED]

HOME: [REDACTED] CELL: [REDACTED] HOME: [REDACTED] CELL: [REDACTED]

FOR OFFICE USE VEHICLE INFORMATION

TRD: 0489 ADV: 203 CERQUEIRA INVOICE: PRELIM MAR W CS VIN 1FMDU93184K [REDACTED] LICENSE NUMBER: PA 0
 TAX RULES: Y11NN INVOICED: 07/15/2004 11:36:21 04 FORD ESCAPE XLT 4WD 4DR SPTUTY BLUE
 ODOMETER IN: 6900 OUT: 9459 DIST: 1FM STOCK# 00049537
 DATES BEGIN: 06/09/04 DONE: 07/15/04 DATES INSERVICE: 020304 PRODUCTION: 102203 SOLD: 013104

CONCERN	CAUSE	CORRECTION	COMMENT	FACTORY	OPERATION	TECH	HOURS	AMOUNT
51	CUSTOMER STATES THERE IS A VIBRATION IN THE FRONT END	NA			NA	101	.0	
52	CUSTOMER STATES THE VEHICLE PULLS TO THE LEFT	RADIAL TIRE PULL			3001A	101	.6	
		CASTER, CAMBER, TOE-IN - CHECK			3001AIT	101	.6	
		52-1 CASTER, CAMBER AND TOE-IN - CORRECT			1015DF	101	.2	
		52-2 WHEEL AND TIRE ASSEMBLY - BALANCE						
		SHOP FOREMAN AND SERVICE MANAGER ROAD TESTED AND VEHICLE DID NOT HAVE A PULL, OR VIBRATION. WORKING TO MANUFACTURER SPECS						
		PART NUMBER	PO#	NOTE	DESCRIPTION	QTY	SELL	
		FMC 9002 1547013 0000			P235/70R16	1		
		FACTORY PROG CODE : 1 CONCERN : K25 COND CODE : 42						
		FP-900215470130000 LINE AUTH: CS 071504 11:29						

PAYMENT DISTRIBUTION FOR INVOICE #97604

FOLDER

IF YOU HAVE ANY QUESTIONS - PLEASE SEE CHAD CERQUEIRA
 NEW SERVICE PHONE NUMBER (610)289-2165
 WE WANT TO THANK YOU FOR YOUR BUSINESS. PLEASE LET US KNOW YOUR
 PREFERRED METHOD OF CONTACT FOR SURVEYING.
 PHONE _____ MAIL _____ EMAIL _____

PAGE 1
LAST PAGE



LINCOLN

MERCURY

GENUINE PARTS & SERVICE

Multi-Point Inspection Report Card As Recommended by Ford Motor Company

Customer Name: _____ Year/Model: _____ Date: _____

RO/ Tag: _____ Mileage: _____

CHECKED AND OKAY AT THIS TIME **MAY REQUIRE FUTURE ATTENTION** **REQUIRES IMMEDIATE ATTENTION**

Check Fluid Levels and Fill

<input checked="" type="checkbox"/> OK <input type="checkbox"/> FILL	Engine Oil	<input checked="" type="checkbox"/> OK <input type="checkbox"/> FILL	Power Steering
<input checked="" type="checkbox"/> OK <input type="checkbox"/> FILL	Transmission (if equipped with dipstick)	<input checked="" type="checkbox"/> OK <input type="checkbox"/> FILL	Coolant Recovery Reservoir
<input checked="" type="checkbox"/> OK <input type="checkbox"/> FILL	Brake Reservoir	<input checked="" type="checkbox"/> OK <input type="checkbox"/> FILL	Window Washer

Check Battery

<input checked="" type="checkbox"/> Good	Factory Spec Cold Cranking Amps	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Bad
<input type="checkbox"/> Recharge	Actual Cold Cranking Amps	Battery Terminals (Clean if necessary)	
<input type="checkbox"/> Bad			

Check Following Systems / Components

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield washer spray, wiper operation and wiper blades
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield for cracks, chips and pitting
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator, heater, and air-conditioning hoses for leaks and damage
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine air filter
<input type="checkbox"/>	<input type="checkbox"/>	Inspect cabin air filter (if equipped)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oil and/or fluid leaks
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Constant velocity (CV) drive axle boots (if equipped)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust system (leaks, damage, loose parts)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steering and steering linkages
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shocks/struts and other suspension components for leaks and/or damage
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brake system (including lines, hoses, and parking brake) and wheel end for end-play and bearing noise
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine Cooling system, hoses and clamps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accessory drive belt(s)
<input type="checkbox"/>	<input type="checkbox"/>	Clutch operation (if equipped)

State Inspection Due (If Applicable) _____ / _____ / _____
MO DAY YEAR

Check Brakes
Measure Front / Rear Brake Linings

LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RR	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)
3 to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm (Drum) or 2/32" to 3/32"
Less than 3mm or 4/32" (Disc) or 1mm or 2/32" or less (Drum)

Brake Measurements Not Taken This Service Visit

Comments: _____

Comments: DOE FOR 30K SVC
NEXT TIME IN

Check Tires

LF	<input checked="" type="checkbox"/>	7/32 or Greater	<input checked="" type="checkbox"/>	RF	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	4/32 to 6/32	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	3/32 or less	<input type="checkbox"/>		<input type="checkbox"/>
LR	<input checked="" type="checkbox"/>	7/32 or Greater	<input checked="" type="checkbox"/>	RR	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	4/32 to 6/32	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	3/32 or less	<input type="checkbox"/>		<input type="checkbox"/>

WEAR PATTERN / DAMAGE

Tire Wear Indicates:
 Alignment Check Needed Wheel Balance Needed

Comments: _____

This Courtesy Inspection Completed by Your Dealership Team!

Service Advisor: _____

Technician: [Signature] Customer Signature: _____

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Multi-Point Inspection Report Card As Recommended by Ford Motor Company

Customer Name: _____ Year/Model: 04 Escape Date: 2/6/06

RO/ Tag: _____ Mileage: 80,347

CHECKED AND OKAY AT THIS TIME
MAY REQUIRE FUTURE ATTENTION
REQUIRES IMMEDIATE ATTENTION

Check Fluid Levels and Fill

OK	FILL	OK	FILL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine Oil		Power Steering	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission (if equipped with dipstick)		Coolant Recovery Reservoir	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brake Reservoir		Window Washer	

Check Battery

<input checked="" type="checkbox"/> Good <input type="checkbox"/> Recharge <input type="checkbox"/> Bad	Factory Spec Cold Cranking Amps: <u>590</u> Actual Cold Cranking Amps: <u>545</u>
---	--

Good Bad
 Battery Terminals (Clean if necessary)

Check Following Systems / Components

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield washer spray, wiper operation and wiper blades
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield for cracks, chips and pitting
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator, heater, and air-conditioning hoses for leaks and damage
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine air filter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspect cabin air filter (if equipped)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oil and/or fluid leaks
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Constant velocity (CV) drive axle boots (if equipped)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust system (leaks, damage, loose parts)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steering and steering linkages
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shocks/struts and other suspension components for leaks and/or damage
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brake system (including lines, hoses, and parking brake) and wheel end for end-play and bearing noise
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine Cooling system, hoses and clamps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accessory drive belt(s)
<input type="checkbox"/>	<input type="checkbox"/>	Clutch operation (if equipped)

State Inspection Due (If Applicable) _____ / _____ / _____
MO DAY YEAR

Check Brakes
Measure Front / Rear Brake Linings

Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)
 3 to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm (Drum) or 2/32" to 3/32"
 Less than 3mm or 4/32" (Disc) or 1mm or 2/32" or less (Drum)

Brake Measurements Not Taken This Service Visit

Comments: _____

Comments: _____

Check Tires

LF	TREAD DEPTH	RF
<input checked="" type="checkbox"/>	7/32 or Greater	<input checked="" type="checkbox"/>
<input type="checkbox"/>	4/32 to 6/32	<input type="checkbox"/>
<input type="checkbox"/>	3/32 or less	<input type="checkbox"/>
<input checked="" type="checkbox"/>	7/32 or Greater	<input checked="" type="checkbox"/>
<input type="checkbox"/>	4/32 to 6/32	<input type="checkbox"/>
<input type="checkbox"/>	3/32 or less	<input type="checkbox"/>

LF	WEAR PATTERN / DAMAGE	RF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tire Wear Indicates:
 Alignment Check Needed Wheel Balance Needed

Comments: _____

This Courtesy Inspection Completed by Your Dealership Team!

Service Advisor: _____ Technician: [Signature] Customer Signature: _____



LINCOLN

MERCURY

GENUINE PARTS & SERVICE

Multi-Point Inspection Report Card As Recommended by Ford Motor Company

Customer Name: _____ Year/Model: _____ Date: _____

RO/ Tag: _____ Mileage: _____

CHECKED AND OKAY AT THIS TIME

MAY REQUIRE FUTURE ATTENTION

REQUIRES IMMEDIATE ATTENTION

Check Fluid Levels and Fill

OK	FILL	OK	FILL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine Oil		Power Steering	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission (if equipped with dipstick)		Coolant Recovery Reservoir	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brake Reservoir		Window Washer	

Check Following Systems / Components

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield washer spray, wiper operation and wiper blades
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield for cracks, chips and pitting
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator, heater, and air-conditioning hoses for leaks and damage
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine air filter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspect cabin air filter (if equipped)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oil and/or fluid leaks
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Constant velocity (CV) drive axle boots (if equipped)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust system (leaks, damage, loose parts)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steering and steering linkages
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shocks/struts and other suspension components for leaks and/or damage
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brake system (including lines, hoses, and parking brake) and wheel end for end-play and bearing noise
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine Cooling system, hoses and clamps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accessory drive belt(s)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch operation (if equipped)

State Inspection Due (If Applicable) _____ / _____ / _____
MO DAY YEAR

Comments: _____

This Courtesy Inspection Completed by Your Dealership Team!

Service Advisor: _____

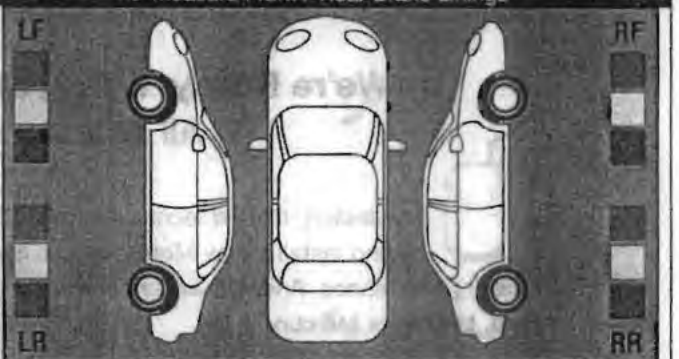
Technician: _____

Check Battery

<input checked="" type="checkbox"/>	Good	Factory Spec Cold Cranking Amps	<input type="text"/>	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Bad
<input checked="" type="checkbox"/>	Recharge			<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Bad
<input checked="" type="checkbox"/>	Bad	Actual Cold Cranking Amps	<input type="text"/>	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Bad
				<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Bad
				<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Bad
				<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Bad

Battery Terminals (Clean if necessary)

Check Brakes Measure Front / Rear Brake Linings



Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)

3 to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm (Drum) or 2/32" to 3/32"

Less than 3mm or 4/32" (Disc) or 1mm or 2/32" or less (Drum)

Brake Measurements Not Taken This Service Visit

Comments: _____

Check Tires

LF	<input checked="" type="checkbox"/>	7/32 or Greater	<input checked="" type="checkbox"/>	RF
	<input checked="" type="checkbox"/>	4/32 to 6/32	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	3/32 or less	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	7/32 or Greater	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	4/32 to 6/32	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	3/32 or less	<input checked="" type="checkbox"/>	
LR	<input checked="" type="checkbox"/>	7/32 or Greater	<input checked="" type="checkbox"/>	RR
	<input checked="" type="checkbox"/>	4/32 to 6/32	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	3/32 or less	<input checked="" type="checkbox"/>	



<input checked="" type="checkbox"/>	LF	<input checked="" type="checkbox"/>	RF
<input checked="" type="checkbox"/>	LR	<input checked="" type="checkbox"/>	RR

Tire Wear Indicates: Alignment Check Needed Wheel Balance Needed

Comments: _____

Tire Pressure Set to Factory Recommended PSI FRONT REAR

SERVICE HOURS

Mon., Weds, Fri.: 7:30 - 7:00

Tues, Thurs: 7:30 - 8:00

Saturday: 8:00 - 5:00

P & A CODE 00089



2540 RIVA ROAD ANNAPOLIS, MARYLAND 21401
ANNAPOLIS 224-2100, BALTIMORE 841-6550, WASHINGTON 261- 8220
DIRECT LINE 266-3087
www.koonsford.com



PLEASE RETAIN THIS COPY AS YOUR SERVICE RECORD. ANY CLAIMS OR ADJUSTMENTS MUST BE ACCOMPANIED BY THIS INVOICE AND MUST BE MADE WITHIN 12,000 MILES OR ONE YEAR FROM DATE WORK WAS PERFORMED.

PROGRAM CODE(S)	MICRO REFERENCE NUMBER		
REPAIR 1	AUTHORIZED SIGNATURE AND DATE		
REPAIR 2	APPROVAL CODE OR NO.	COMPLIMENT CODE	
DATE AND MILEAGE AT TIME OF VEHICLE RECEIPT			
DATE	MILEAGE (HND TENTHS)		
MO.	DAY	YE	
DATE AND MILEAGE AT TIME OF VEHICLE RELEASE			
DATE	MILEAGE (HND TENTHS)		
MO.	DAY	YE	

5805

INVOICE TO -----		DRIVER/OWNER INFORMATION -- INVOICE: W73999	
[REDACTED]		[REDACTED]	
ANNAPOLIS	MD [REDACTED]	ANNAPOLIS	MD [REDACTED]
WORK: [REDACTED]	HOME: [REDACTED]	WORK: [REDACTED]	HOME: [REDACTED]
----- FOR OFFICE USE -----		----- VEHICLE INFORMATION -----	
TAG: 3896	ADV: 827 TRIPODI,	INVOICE: PRELIM WAR W	MG
	TAX RULES: YNNN	INVOICED: 07/18/2006 13:31:12	VIN 1FMCU93184K [REDACTED]
ODOMETER IN: 32610	OUT: 32612	DIST: 1FA	DATES INSERVICE: 013104
DATES BEGIN: 07/18/06	DONE: 07/18/06		PRODUCTION: 102203
CONCERN 51 AIR BAG LIGHT COMES ON AND OFF-- SOP.		OPERATION	TECH HOURS
CAUSE	PERFORM TSB 04-26-12	042612A	495 1.2
CORRECTION	REPLACE BODY HARNESS PIGTAIL		
	PART NUMBER	PO#	NOTE
	SPO 1L8Z 14A411 A		DESCRIPTION
	PARTS COUNT 1		KIT - TER
FACTORY	TECH: 495 - LIND. VICTOR M.		ALLOWANCE: 6.14
	FAIL CODE : X2		
		----- SUBTOTAL -----	
TYPE: W		PARTS	21.50
		LABOR-MECHANICAL	94.09
		TOTAL CHARGE FOR CONCERN	115.59
----- GRAND TOTALS -----		-----	
SUMMARY OF CHARGES FOR INVOICE W73999		PAYMENT DISTRIBUTION FOR INVOICE W73999	
PARTS	21.50	TOTAL CHARGE	115.59
LABOR-MECHANICAL	94.09	FAC WARRANTY	115.59
TOTAL CHARGE	115.59		

© 1979

UCB

ON LINE SERVICE INVOICING BY

IF YOU HAVE ANY QUESTIONS - PLEASE SEE JOHN E. TRIPODI
IN THE NEXT FEW WEEKS YOU MAY RECEIVE A CUSTOMER VEIWPPOINT SURVEY IN THE MAIL. OUR GOAL IS FOR YOU TO BE COMPLETELY SATISFIED WITH TODAYS SERVICE VISIT. IN FILLING OUT THIS SURVEY, IF YOU ARE NOT COMPLETELY SATISFIED, PLEASE CONTACT DUANE SCARDINA,OUR SERVICE MANAGER,AT 410-266-3086. THANK YOU.

PAGE 1
LAST PAGE

DATE: 7/18/06

TIME: 2:19pm

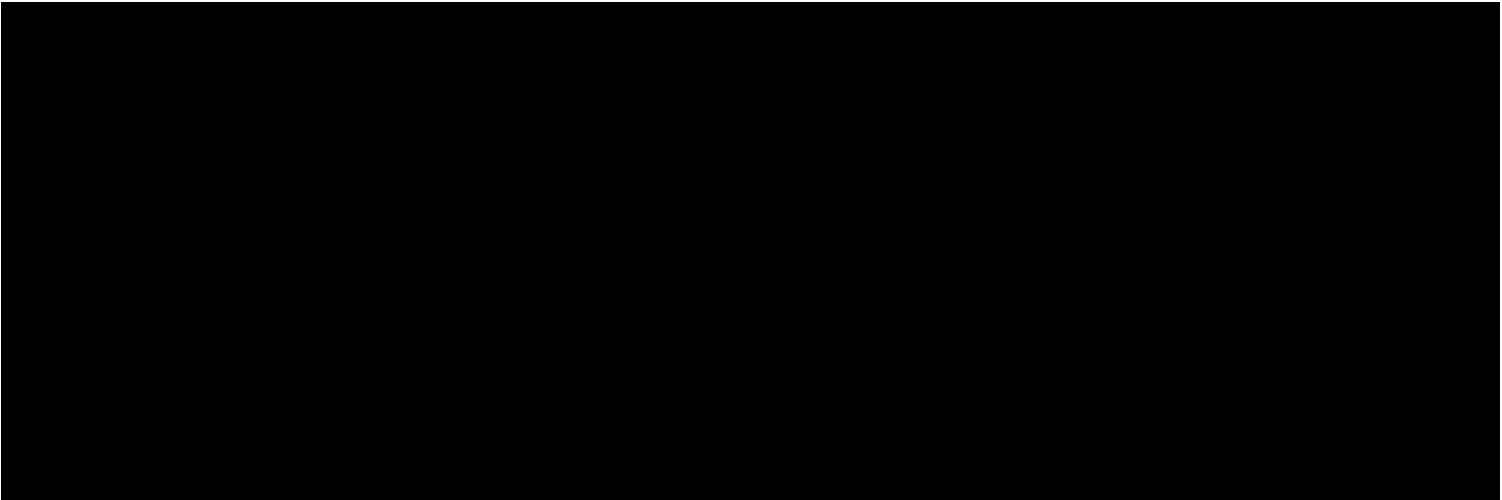
S/A#: 827

SPOKE TO: Solomon W

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE.

X

CUSTOMER



TRAVELERS

TRAVELERS PERSONAL INSURANCE COMPANY
COLLEEN LEWIS
PO BOX 3022
FALL RIVER, MA 02722-3022
(800) 925-7693 X 8339
(508) 324-8339

CONSUMER AFFAIRS
SECTION

February 22, 2005

5 MAR -2 P3:48

CLAIMS DEPT
FORD MOTOR COMPANY
PO BOX 1904

DEARBORN MI 48121

RECEIVED
MAR 03 2005



Our Client: [REDACTED]
Claim/File #: [REDACTED]
Date of Loss: 01/17/2005
Reference: Subrogation Claim

Dear CLAIMS DEPT:

We are handling a claim for [REDACTED] who sustained a loss on 01/17/2005.

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 \$3,061.12. We have paid \$2,561.12 and our insured, [REDACTED] has a deductible of \$500.

PLEASE REFER TO RECALL - ACCELERATOR CALBE MAY PREVENT THE THROTTLE FROM RETURNING TO THE IDLE POSITION. AN UNEXPECTED INCREASE IN ENGINE IDLE SPEED MY INCREASE STOPPING DISTANCE & MAY RESULT IN A VEHICLE CRASH. OUR INSD WAS UNABLE TO STOP & HIT ANOTHER VEH.

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,
COLLEEN LEWIS
CL REP
(508) 324-8339

Fax:
Email:

Enc. Insurance Questionnaire

All Action Details for Issue

Print

VIN: 1FMYU04172K [REDACTED] Year: 2002 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Original WSD: 2001-09-13
 Symptom Desc: SERVICE BRAKE INOP/INEFFECTIVE FRONT 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: 07414 GLENN BUSHFORD, INC. Origin Desc: US CONCERN CASE BASE
 Odometer: 50000 MI Comm Type: PHONE
 Analyst Name: JACKSON TAMEKA Analyst: TJACKS60
 Action Date: 01/27/2005 Action Time: 11.11.26.500 Action Data: Yes

Comments CUSTOMER SAID: -CUSTOMER HAD AN ACCIDENT ON JAN 17TH -SHE WAS AT A STOP LIGHT...WHEN ACCEL. IN STOP AND GO TRAFFIC-WHEN CUSTOMER APPLIED THE BRAKES AND FRONT BRAKES DID NOT STOP THE VEHICLE-INSURANCE COMPANY HAS BEEN CONTACTED -INSURANCE CARRIER HAVE GIVEN THE CUSTOMER AN ESTIMATE -VEHICLE IS IN THE CUSTOMERS -VEHICLE DAMAGES-BUCKLED HOOD, GRILL WAS CRACKED, FENDER DAMAGE, SAFETY COLLISION BAR WAS BENT, MOLDING AROUND THE HEAD LIGHT WAS CRACKED-DEALER SAID: GLENN BUSH FORD INC.ROUTE 56APOLLO, PA 15613TEL: (724) 478-4113FAX: (724) 478-5232DISTANCE: 1.52 MILESCRC 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.-FOR INTERNAL USE ONLY--MONDAY AND TUES. 1PM CUST. WOULD BE LEAVING WORK -SHE IS REQUESTING THAT CONSUMER AFFAIRS CALL HER AT THAT TIME

Data Element Name	Data Value
FIRE/ACCIDENT	F

Action: ADVISE CUST INFORMATION WILL BE SENT TO CONSUMER AFFAIRS
 Dealer: 07414 GLENN BUSHFORD, INC. Origin Desc: US CONCERN CASE BASE
 Odometer: 50000 MI Comm Type: PHONE
 Analyst Name: JACKSON TAMEKA Analyst: TJACKS60
 Action Date: 01/27/2005 Action Time: 11.17.16.328 Action Data: Yes

Comments CUSTOMER SAID: -CUSTOMER HAD AN ACCIDENT ON JAN 17TH -SHE WAS AT A STOP LIGHT...WHEN ACCEL. IN STOP AND GO TRAFFIC-WHEN CUSTOMER APPLIED THE BRAKES AND FRONT BRAKES DID NOT STOP THE VEHICLE-INSURANCE COMPANY HAS BEEN CONTACTED -INSURANCE CARRIER HAS GIVEN THE CUSTOMER AN ESTIMATE -VEHICLE IS IN THE CUSTOMERS POSSESSION -VEHICLE DAMAGES-BUCKLED HOOD, GRILL WAS CRACKED, FENDER DAMAGE, SAFETY COLLISION BAR WAS BENT, MOLDING AROUND THE HEAD LIGHT WAS CRACKED-RECENTLY RECEIVED A RECALL FOR THE ACCELERATOR PEDAL -CUSTOMER FEELS THAT THE ACCIDENT MAY HAVE BEEN RELATED TO THE RECALL -SEEKING TO FIND OUT WHAT RECOURSE SHE HAS THROUGH FORDDEALER SAID: GLENN BUSH FORD INC.ROUTE 56APOLLO, PA 15613TEL: (724) 478-4113FAX: (724) 478-5232DISTANCE: 1.52 MILESCRC 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.-FOR INTERNAL USE ONLY--MONDAY AND TUES. 1PM CUST. WOULD BE LEAVING WORK -SHE IS REQUESTING THAT CONSUMER AFFAIRS CALL HER AT THAT TIME-INITIAL CONTACT WAS INCOMPLETE -THIS IS A DUPLICATE CONTACT FOR THE SAME ISSUE -PLS. DISREGARD THE PREVIOUSLY DOCUMENTED CONTACT

Data Element Name	Data Value
FIRE/ACCIDENT	A

Action: MAKE OUTBOUND CALL TO CUSTOMER
 Dealer: 07414 GLENN BUSHFORD, INC. Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 50000 MI Comm Type: PHONE

Analyst Name: DAVIS,RUTH**Analyst:** RDAVIS96
Action Date: 01/28/2005 **Action Time:** 10.58.53.467**Action Data:** No

Comments CUSTOMER REQUESTED THAT LPA CALL MONDAY OR TUESDAY AFTERNOON 1/31 OR 2/1 . LPA WILL CALL AT THAT TIME

Action: UPDATE CONTACT STATUS
Dealer: 07414 GLENN BUSHFORD, INC. **Origin Desc:** CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 50000 MI **Comm Type:** OTHER
Analyst Name: DAVIS,RUTH**Analyst:** RDAVIS96
Action Date: 02/03/2005 **Action Time:** 14.16.58.091**Action Data:** No

Comments RECEIVED EMAIL WITH PICTURES OF WHAT DAMAGED CABLE LOOKS LIKE. SENT TO S/M AT DEALERSHIP AND ASKED THAT HE INSPECT THE CABLE THAT WAS TAKEN FROM THIS VEHICLE. S/M STATES THE CABLE IS COMPLETELY NORMAL. CALLED CUSTOMER WITH UPDATE

Action: CLOSING COMMENTS - DENIAL - NO PRODUCT DEFECT FOUND
Dealer: 07414 GLENN BUSHFORD, INC. **Origin Desc:** CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 50000 MI **Comm Type:** MAIL
Analyst Name: DAVIS,RUTH**Analyst:** RDAVIS96
Action Date: 02/03/2005 **Action Time:** 14.18.40.515**Action Data:** No

Comments DENY ASSISTANCE - SENT CUSTOMER LETTER - REFER TO INSURANCE COMPANY

... 3/11/2005

All Action Details for Issue

Print

VIN: 1FMYU04172K [REDACTED] Year: 2002 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Original WSD: 2001-09-13
 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: 01/28/2005

Action: ADVISE CUST OF FSA/CSP; DOCUMENT CAMPAIGN NUMBER
 Dealer: 07414 GLENN BUSHFORD, INC. Origin Desc: US INQUIRY CASE BASE
 Odometer: 50000 MI Comm Type: PHONE
 Analyst Name: JACKSON TAMEKA Analyst: TJACKS60
 Action Date: 01/27/2005 Action Time: 11.19.57.202 Action Data: Yes

Comments CUSTOMER SAID: NONEDEALER SAID: NONECRC 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

Action: DOCUMENT INFORMATION AND CLOSE CONTACT
 Dealer: 07414 GLENN BUSHFORD, INC. Origin Desc: FIELD ORGANIZATION
 Odometer: 50000 MI Comm Type: PHONE
 Analyst Name: SARA SMITH (SSMIT257) Analyst: SSMIT257
 Action Date: 01/31/2005 Action Time: 17.49.29.763 Action Data: No

Comments DUPLICATE CONCERN. CONSUMER AFFAIRS AND OUR LEGAL DEPT. ARE INVOLVED WITH THIS CONCERN.



3/11/2005



Report Of Accident

Insured's Name [REDACTED]
Address [REDACTED] GREENFIELD, [REDACTED]
Year Make & Model of Vehicle 2003 FORD ESCAPE XLT License# [REDACTED]
Drivers License# [REDACTED] State WI No Passengers 0
City and State of Accident GREENFIELD WI [REDACTED]
Name and Address of Driver [REDACTED] DR GREENFIELD
[REDACTED] WI [REDACTED]

Name of Owner of Other Vehicle [REDACTED]
Address of Other Vehicle [REDACTED] Greenfield WI + Florida
Home Telephone () _____ Business Telephone () _____
Year & Make of Vehicle 1998 CHEV License# [REDACTED]
Name of Driver of Other Vehicle [REDACTED]
Address of Other Driver [REDACTED]
Drivers License # ? State FL Date of Birth ?

Name and Address of Passengers
NONE

Name and Address of Witnesses
NONE

What signal, if any, did you give Right Other car Right

Was contact made with or by the other vehicle Yes

Point of Impact on your car Front bumper Other car Rear Bumper

Describe damage to your car Scuffed Front bumper.

Describe damage to other car Rear bumper +- Tank lock

If at night were your lights on NA Other car. NA

What was the weather like at that time: CLEAR

What was the traffic conditions at that time AVERAGE

What was the condition of the pavement DRY

State nature and extent of injuries
NONE

In your own words please describe how the collision occurred

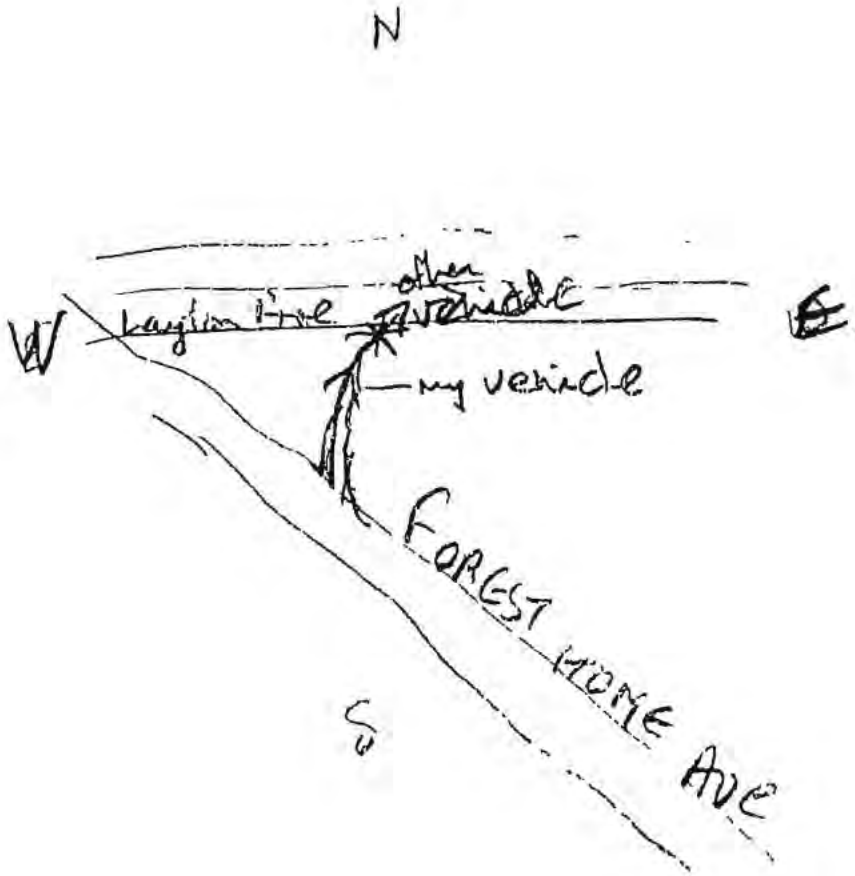
Was alone in 2003 Ford Escape behind Red Chevrolet waiting to turn R onto Layton Ave. Gased forward and my Ford swung into back of Chevrolet. Passenger air bag inflated (no passenger) and my driver's air bag came out of steering column. DID NOT INFLATE, just fizzed. I did not put my hand on gas peddle - just eased foot off brake when car swung forward. I was unbuckling seat belt.

Ford dealer also replaced both seat belt anchors and pan under seat. Showed me two bent pieces. Passenger seat belt was not buckled no passenger. How could it be damaged?

If you received a traffic ticket please state results of ticket NO TICKET

In your opinion who was responsible for this collision
FORD MOTORS

Please make a diagram of the scene of the collision, indicate North and the direction of all vehicles



Can/will you be available for depositions and trial/arbitration if necessary?

Yes No

Signature



Date

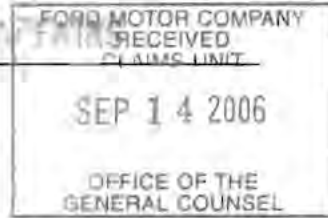
10-30-06

TransPaC Solutions

P.O. Box 36220
Louisville, KY 40233-6200
FAX (800) 723-4869

August 22, 2006

FORD MOTOR COMPANY
PO BOX 1904
DEARBORN MI 48121



RE: Your Insured: RECALL NOTICE 04V574000
Your File Number: [REDACTED]
Our Insured: [REDACTED]
Insurance Company: AUTO CLUB INSURANCE ASSOCIATION
Date of Incident: 12/22/2005
Event Number: TPCS - 528778 - 817195
Amount Paid: \$4513.68

SEP 14 2006

CONSUMER AFFAIRS

Dear ,

TransPaC Solutions is the recovery agent for AUTO CLUB INSURANCE ASSOCIATION. Enclosed is supporting documentation for their insured's claim. The amount paid includes the insured's deductible of \$500.00.

Please forward your check payable to TransPaC Solutions to the address at the top of this letter. Be sure to include the TransPaC Solution's event number and the insured's name on your check.

Please contact me if you have any questions or need further information to evaluate this claim.

Sincerely,



Kelly McCullar
(877) 276-8344

528778 - 817195/T3PINS1

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
1/4/2006 CLOSED	[REDACTED] PRODUCT - NEGATIVE FEEDBACK	1FMYU03193K [REDACTED] 393343575	2003 ESCAPE	02
1/4/2006 CLOSED	[REDACTED] PRODUCT - NEGATIVE FEEDBACK	1FMYU03193K [REDACTED] 393343575	2003 ESCAPE	02
1/4/2006 CLOSED	[REDACTED] PRODUCT - NEGATIVE FEEDBACK	1FMYU03193K [REDACTED] 393343575	2003 ESCAPE	02
1/4/2006 CLOSED	[REDACTED] PRODUCT - NEGATIVE FEEDBACK	1FMYU03193K [REDACTED] 393343575	2003 ESCAPE	02
12/23/2005 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU03193K [REDACTED] 393343575	2003 ESCAPE	02
12/23/2005 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU03193K [REDACTED] 393343575	2003 ESCAPE	02
12/23/2005 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU03193K [REDACTED] 393343575	2003 ESCAPE	02

Ford Confidential

9/18/2006

All Action Details for Issue

Print

VIN: 1FMYU03193K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Subsequent WSD: 2002-12-07
 Symptom Desc: NOISE ENGINE (UPPER) Primary Phone: [REDACTED]
 Reason Desc: PRODUCT - NEGATIVE FEEDBACK Secondary Phone: [REDACTED]
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: CLOSE - DOCUMENT MULTIPLE SYMPTOMS Origin Desc: US INQUIRY CASE BASE
 Dealer: Odometer: 45800 MI Comm Type: PHONE
 Analyst Name: QUAMMIE NATALIE Analyst: NQUAMMI1
 Action Date: 01/04/2006 Action Time: 12.10.59.329 Action Data: No

Comments CUSTOMER SAID: -GORDIE BOURCHER COMPLETED THE RECALL 12/15/05-MY VEH SURGED FORWARD AND REARENDED ANOTHER DRIVER IN FRONT OF ME-MY AIRBAG DIDN'T DIPLOY, IT POPPED UP, BUT DIDN'T OPEN -THE PASSENGER SIDE AIR BAG DID DEPLOY, BUT I WAS ALONE IN THE VEH -A RUBBING SOUND WHEN I TURNED -WHISTLING NOISE FROM MY ENGINE, -THE DLR REPLACED THE AIRBAGS, THE STEERING COLUMN -I PICKED UP VEH YESTERDAY -THERE IS A CHARGE FOR THE SEATBELT BUCKLES -I WANT TO MAKE A COMPLAINT ABOUT THE VEH -SEEKING PRODUCT FEEDBACKDEALER SAID: -GORDIE BOUCHER LINCOLN -MERCURY3161 SOUTH 108TH STREETWEST ALLIS, WI 53227TEL: (414) 327-6000-THE RUBBING NOISE IS NORMAL-THE WHISTLING NOISE IS FROM THE WINDSHIELD -SEAT BELT BUCKLES ARE BENT AND THE COMPUTER PICKED UP THE -THE AIR BAGS SENSES THE WEIGHT OF A PERSOCRC 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.

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9/18/2006

All Action Details for Issue

Print

VIN: 1FMYU03193K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Subsequent WSD: 2002-12-07
 Symptom Desc: STRG/HANDLING NOISE WHEN TURNING 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: 45800 MI Comm Type: PHONE
 Analyst Name: QUAMMIE NATALIE Analyst: NQUAMMI1
 Action Date: 01/04/2006 Action Time: 12.10.16.095 Action Data: No

Comments CUSTOMER SAID: -GORDIE BOURCHER COMPLETED THE RECALL 12/15/05-MY VEH SURGED FORWARD AND REARENDED ANOTHER DRIVER IN FRONT OF ME-MY AIRBAG DIDN'T DIPLOY, IT POPPED UP, BUT DIDN'T OPEN -THE PASSENGER SIDE AIR BAG DID DEPLOY, BUT I WAS ALONE IN THE VEH -A RUBBING SOUND WHEN I TURNED -WHISTLING NOISE FROM MY ENGINE, -THE DLR REPLACED THE AIRBAGS, THE STEERING COLUMN -I PICKED UP VEH YESTERDAY -THERE IS A CHARGE FOR THE SEATBELT BUCKLES -I WANT TO MAKE A COMPLAINT ABOUT THE VEH -SEEKING PRODUCT FEEDBACKDEALER SAID: -GORDIE BOUCHER LINCOLN -MERCURY3161 SOUTH 108TH STREETWEST ALLIS, WI 53227TEL: (414) 327-6000-THE RUBBING NOISE IS NORMAL-THE WHISTLING NOISE IS FROM THE WINDSHIELD -SEAT BELT BUCKLES ARE BENT AND THE COMPUTER PICKED UP THE -THE AIR BAGS SENSES THE WEIGHT OF A PERSOCRC 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.

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[REDACTED] 9/18/2006

All Action Details for Issue

Print

VIN: 1FMYU03193K [REDACTED] Year: 2003
 Name: [REDACTED] Owner Status: Subsequent
 Symptom Desc: RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT
 Reason Desc: PRODUCT - NEGATIVE FEEDBACK
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Model: ESCAPE Case: [REDACTED]
 WSD: 2002-12-07
 Primary Phone: [REDACTED]
 Secondary Phone: [REDACTED]

Action: CLOSE - DOCUMENT MULTIPLE SYMPTOMS

Dealer:

Origin Desc: US INQUIRY CASE BASE

Odometer: 45800 MI

Comm Type: PHONE

Analyst Name: QUAMMIE NATALIE

Analyst: NQUAMMI1

Action Date: 01/04/2006

Action Time: 11.23.50.279

Action Data: No

Comments CUSTOMER SAID: -GORDIE BOURCHER COMPLETED THE RECALL 12/15/05-MY VEH SURGED FORWARD AND REARENDED ANOTHER DRIVER IN FRONT OF ME-MY AIRBAG DIDN'T DIPLOY, IT POPPED UP, BUT DIDN'T OPEN -THE PASSENGER SIDE AIR BAG DID DEPLOY, BUT I WAS ALONE IN THE VEH -A RUBBING SOUND WHEN I TURNED -WHISTLING NOISE FROM MY ENGINE, -THE DLR REPLACED THE AIRBAGS, THE STEERING COLUMN -I PICKED UP VEH YESTERDAY -THERE IS A CHARGE FOR THE SEATBELT BUCKLES -I WANT TO MAKE A COMPLAINT ABOUT THE VEH -SEEKING PRODUCT FEEDBACKDEALER SAID: -GORDIE BOUCHER LINCOLN -MERCURY3161 SOUTH 108TH STREETWEST ALLIS, WI 53227TEL: (414) 327-6000-THE RUBBING NOISE IS NORMAL-THE WHISTLING NOISE IS FROM THE WINDSHIELD -SEAT BELT BUCKLES ARE BENT AND THE COMPUTER PICKED UP THE -THE AIR BAGS SENSE THE WEIGHT OF A PERSONCRC 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.

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9/18/2006

All Action Details for Issue

Print

VIN: 1FMYU03193K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Subsequent WSD: 2002-12-07
Symptom Desc: SURGE ACCELERATION HOT ENGINE Primary Phone: 414-325-8055
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: 45800 MI Comm Type: PHONE
Analyst Name: QUAMMIE NATALIE Analyst: NQUAMMI1
Action Date: 01/04/2006 Action Time: 11.19.48.119 Action Data: No

Comments CUSTOMER SAID: -GORDIE BOURCHER COMPLETED THE RECALL 12/15/05-MY VEH SURGED FORWARD AND REARENDED ANOTHER DRIVER IN FRONT OF ME-MY AIRBAG DIDN'T DIPLOY, IT POPPED UP, BUT DIDN'T OPEN -THE PASSENGER SIDE AIR BAG DID DEPLOY, BUT I WAS ALONE IN THE VEH -A RUBBING SOUND WHEN I TURNED -WHISTLING NOISE FROM MY ENGINE, -THE DLR REPLACED THE AIRBAGS, THE STEERING COLUMN -I PICKED UP VEH YESTERDAY -THERE IS A CHARGE FOR THE SEATBELT BUCKLES -I WANT TO MAKE A COMPLAINT ABOUT THE VEH -SEEKING PRODUCT FEEDBACK DEALER SAID: -GORDIE BOUCHER LINCOLN - MERCURY 3161 SOUTH 108TH STREET WEST ALLIS, WI 53227 TEL: (414) 327-6000 -THE RUBBING NOISE IS NORMAL -THE WHISTLING NOISE IS FROM THE WINDSHIELD -SEAT BELT BUCKLES ARE BENT AND THE COMPUTER PICKED UP THE -THE AIR BAGS SENSE THE WEIGHT OF A PERSON CRC 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.

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[REDACTED] 9/18/2006

All Action Details for Issue

Print

VIN: 1FMYU03193K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Subsequent WSD: 2002-12-07
 Symptom Desc: SURGE ACCELERATION ALL ENGINE TEMP Primary Phone: [REDACTED]
 Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT Secondary Phone: [REDACTED]
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: CLOSE - DOCUMENT MULTIPLE SYMPTOMS

Dealer:

Origin Desc: US CONCERN CASE BASE

Odometer: 45000 MI

Comm Type: PHONE

Analyst Name: HENRIETTA HURD (HHURD)

Analyst: HHURD

Action Date: 12/23/2005

Action Time: 10.57.33.885 Action Data: No

Comments CUSTOMER SAID: -CUST WOULD LIKE TO ALERT FORD THAT THE DRIVERS SIDE AIRBAG DID NOT DEPLOY FULLY IN A ACCIDENT YESTERDAY AND THAT THE CAR STILL SURGED FORWARD AFTER THE ACCELERATOR RECALL WAS COMPLETED BY A L/M DLRSH-CUST PURCHASED VEH FROM A NON FORD DLRSH, WHO DID NOT INFORM CUST OF RECALL -CUST WANTS TO KNOW WHY THE DRIVER'S SIDE AIRBAG DID NOT DEPLOY -NO INJURIES -CUST FEELS THAT THE ACCIDENT WAS NOT HER FAULT AND ID SCARED OF DRIVING THE VEH -WHEN VEH WAS PURCHASED- THERE WAS A NOISE IN THE STEERING COLUMN WHEN CUST TURNED THE WHEEL AND VEH SEEMED TO ACCELERATE QUICKLY SOMETIMES WHEN THE CUST'S FOOT WAS NOT ON THE GAS --CUST TOOK VEH TO THE DLRSH TO HAVE ACCELERATOR CABLE RECALL REPAIR COMPLETED AT A F/L/M DLRSH -YESTERDAY CUST WAS WAITING ON THE STREET ON AN INCLINE - THE CAR SURGED FORWARD WHEN CUST TOOK FOOT OF OF THE BRAKE AND HIT THE BACK END OF THE VEH IN FRONT OF CUST -IT SPRUNG THE OTHER VEH'S TRUNK --TRUNK HINGE WAS POPPED AND SCRATCHED THE BUMPER - BOTH AIRBAGS DEPLOYED -- THE PASSENGER AIRBAG DEPLOYED AS IT SHOULD AND THE DRIVER'S AIRBAG DID NOT DEPLOY FULLY -- LIKE A LIMP BALLOON -A POLICE REPORT WAS FILED ---VEH IS CURRENTLY AT THE DLRSH -CUST IS SCARED TO USE VEH AGAIN AND IS NOT SURE THE L/M DLRSH THE RECALL REPAIR CORRECTLY OR IF THE PART THAT WAS REPLACED WAS FAULTY -CUST IS CURRENTLY WORKING INSURANCE COMPANY-- WHO IS HAVING VEH REPAIREDDEALER SAID: NONE GORDIE BOUCHER LINCOLN - MERCURY3161 SOUTH 108TH STREETWEST ALLIS, WI 53227TEL: (414) 327-6000CRC 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.-CUST INFORMED OF THE ABOVE INFORMATION-OBC TO LINK-- SPOKE TO SHARON -- INFORM CUST THAT ONCE THE INSURANCE COMPANY REVIEW THE ACCIDENT, THE INSURANCE ADJUSTER THEN WILL MAKE A DETERMINATION AS TO WHY THE AIRBAG DID NOT DEPLOY--

Ford Confidential

9/18/2006

All Action Details for Issue

Print

VIN: 1FMYU03193K [REDACTED] Year: 2003
 Name: [REDACTED] Owner Status: Subsequent
 Symptom Desc: STRG/HANDLING STEERING COLUMN NOISE
 Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Model: ESCAPE Case: [REDACTED]
 WSD: 2002-12-07
 Primary Phone: [REDACTED]
 Secondary Phone: [REDACTED]

Action: CLOSE - DOCUMENT MULTIPLE SYMPTOMS

Dealer:

Origin Desc: US CONCERN CASE BASE

Odometer: 45000 MI

Comm Type: PHONE

Analyst Name: HENRIETTA HURD (HHURD)

Analyst: HHURD

Action Date: 12/23/2005

Action Time: 10.56.50.774 Action Data: No

Comments CUSTOMER SAID: -CUST WOULD LIKE TO ALERT FORD THAT THE DRIVERS SIDE AIRBAG DID NOT DEPLOY FULLY IN A ACCIDENT YESTERDAY AND THAT THE CAR STILL SURGED FORWARD AFTER THE ACCELERATOR RECALL WAS COMPLETED BY A L/M DLRSHP-CUST PURCHASED VEH FROM A NON FORD DLRSHP, WHO DID NOT INFORM CUST OF RECALL -CUST WANTS TO KNOW WHY THE DRIVER'S SIDE AIRBAG DID NOT DEPLOY -NO INJURIES -CUST FEELS THAT THE ACCIDENT WAS NOT HER FAULT AND ID SCARED OF DRIVING THE VEH -WHEN VEH WAS PURCHASED- THERE WAS A NOISE IN THE STEERING COLUMN WHEN CUST TURNED THE WHEEL AND VEH SEEMED TO ACCELERATE QUICKLY SOMETIMES WHEN THE CUST'S FOOT WAS NOT ON THE GAS -CUST TOOK VEH TO THE DLRSHP TO HAVE ACCELERATOR CABLE RECALL REPAIR COMPLETED AT A F/L/M DLRSHP -YESTERDAY CUST WAS WAITING ON THE STREET ON AN INCLINE - THE CAR SURGED FORWARD WHEN CUST TOOK FOOT OF OF THE BRAKE AND HIT THE BACK END OF THE VEH IN FRONT OF CUST -IT SPRUNG THE OTHER VEH'S TRUNK --TRUNK HINGE WAS POPPED AND SCRATCHED THE BUMPER - BOTH AIRBAGS DEPLOYED -- THE PASSENGER AIRBAG DEPLOYED AS IT SHOULD AND THE DRIVER'S AIRBAG DID NOT DEPLOY FULLY -- LIKE A LIMP BALLOON -A POLICE REPORT WAS FILED ---VEH IS CURRENTLY AT THE DLRSHP -CUST IS SCARED TO USE VEH AGAIN AND IS NOT SURE THE L/M DLRSHP THE RECALL REPAIR CORRECTLY OR IF THE PART THAT WAS REPLACED WAS FAULTY -CUST IS CURRENTLY WORKING INSURANCE COMPANY-- WHO IS HAVING VEH REPAIREDDEALER SAID: NONE GORDIE BOUCHER LINCOLN - MERCURY3161 SOUTH 108TH STREETWEST ALLIS, WI 53227TEL: (414) 327-6000CRC 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 -CUST INFORMED OF THE ABOVE INFORMATION-OBC TO LINK-- SPOKE TO SHARON -- INFORM CUST THAT ONCE THE INSURANCE COMPANY REVIEW THE ACCIDENT, THE INSURANCE ADJUSTER THEN WILL MAKE A DETERMINATION AS TO WHY THE AIRBAG DID NOT DEPLOY--

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[REDACTED] 9/18/2006

All Action Details for Issue

Print

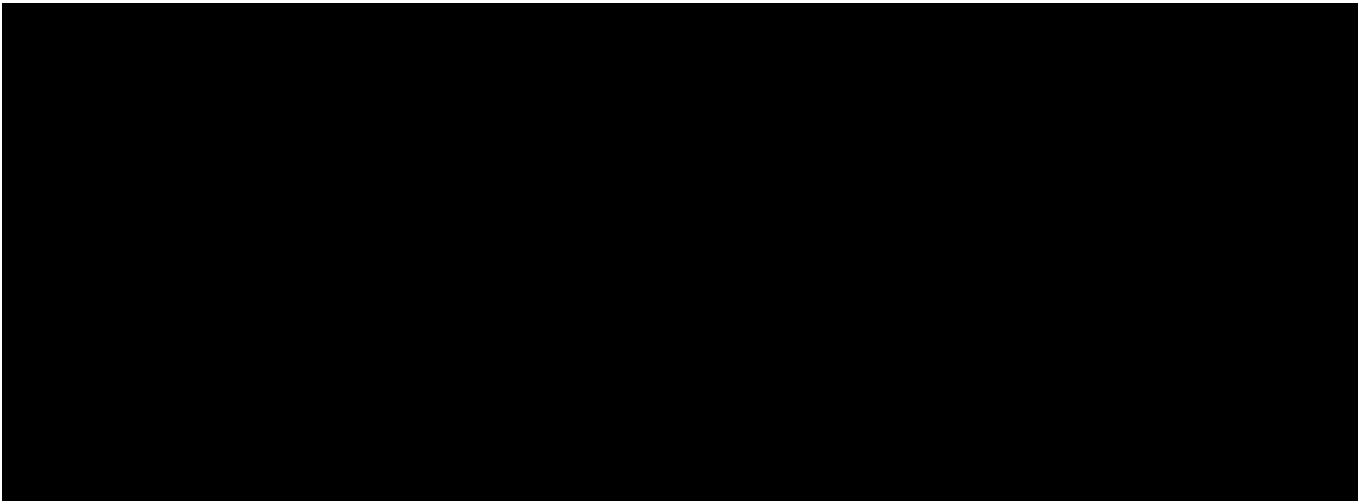
VIN: 1FMYU03193K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Subsequent WSD: 2002-12-07
 Symptom Desc: RESTRAINTS AIR BAG SYSTEM FUNCTION Primary Phone: [REDACTED]
 Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT Secondary Phone: [REDACTED]
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER TO CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE
 Dealer: [REDACTED] Origin Desc: US CONCERN CASE BASE
 Odometer: 45000 MI Comm Type: PHONE
 Analyst Name: HENRIETTA HURD (HHURD) Analyst: HHURD
 Action Date: 12/23/2005 Action Time: 10.55.32.123 Action Data: No

Comments CUSTOMER SAID: -CUST WOULD LIKE TO ALERT FORD THAT THE DRIVERS SIDE AIRBAG DID NOT DEPLOY FULLY IN A ACCIDENT YESTERDAY AND THAT THE CAR STILL SURGED FORWARD AFTER THE ACCELERATOR RECALL WAS COMPLETED BY A L/M DLRSH-PURCHASED VEH FROM A NON FORD DLRSH, WHO DID NOT INFORM CUST OF RECALL -CUST WANTS TO KNOW WHY THE DRIVER'S SIDE AIRBAG DID NOT DEPLOY -NO INJURIES -CUST FEELS THAT THE ACCIDENT WAS NOT HER FAULT AND ID SCARED OF DRIVING THE VEH -WHEN VEH WAS PURCHASED- THERE WAS A NOISE IN THE STEERING COLUMN WHEN CUST TURNED THE WHEEL AND VEH SEEMED TO ACCELERATE QUICKLY SOMETIMES WHEN THE CUST'S FOOT WAS NOT ON THE GAS --CUST TOOK VEH TO THE DLRSH TO HAVE ACCELERATOR CABLE RECALL REPAIR COMPLETED AT A F/L/M DLRSH -YESTERDAY CUST WAS WAITING ON THE STREET ON AN INCLINE - THE CAR SURGED FORWARD WHEN CUST TOOK FOOT OF OF THE BRAKE AND HIT THE BACK END OF THE VEH IN FRONT OF CUST -IT SPRUNG THE OTHER VEH'S TRUNK --TRUNK HINGE WAS POPPED AND SCRATCHED THE BUMPER - BOTH AIRBAGS DEPLOYED -- THE PASSENGER AIRBAG DEPLOYED AS IT SHOULD AND THE DRIVER'S AIRBAG DID NOT DEPLOY FULLY -- LIKE A LIMP BALLOON -A POLICE REPORT WAS FILED --VEH IS CURRENTLY AT THE DLRSH -CUST IS SCARED TO USE VEH AGAIN AND IS NOT SURE THE L/M DLRSH THE RECALL REPAIR CORRECTLY OR IF THE PART THAT WAS REPLACED WAS FAULTY -CUST IS CURRENTLY WORKING INSURANCE COMPANY- WHO IS HAVING VEH REPAIRED DEALER SAID: NONE GORDIE BOUCHER LINCOLN - MERCURY3161 SOUTH 108TH STREETWEST ALLIS, WI 53227 TEL: (414) 327-6000 GRC 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.-CUST INFORMED OF THE ABOVE INFORMATION-OBC TO LINK-- SPOKE TO SHARON -- INFORM CUST THAT ONCE THE INSURANCE COMPANY REVIEW THE ACCIDENT, THE INSURANCE ADJUSTER THEN WILL MAKE A DETERMINATION AS TO WHY THE AIRBAG DID NOT DEPLOY--

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[REDACTED] 9/18/2006





GRANT, EDMOND & SIMMONS, L.L.C.

TRIAL LAWYERS

CONSUMER AFFAIRS
SECTION

5 FEB 24 12:56

RECEIVED
FEB 28 2005

CARL B. GRANT (SC, MD)
RODERICK E. EDMOND, M.D., J.D. (GA)
REGINALD D. SIMMONS (SC, GA)

February 17, 2005

Ford Motor Company
Consumer Affairs
P.O. Box 6248
MD-3NE-B
Dearborn, Michigan 48126



Re: My Client: [REDACTED]
Letter of Representation/Notice of Claim

Dear Sir/Madam:

This law firm represents [REDACTED] who was injured in an automobile versus pedestrian accident that occurred on January 12, 2005 in Holly Hill, South Carolina. [REDACTED] is 12 years old and was hit by a 2001 Ford Escape vehicle while playing football with other children on the school playground. [REDACTED] survived the accident, however, he suffered a broken right femur requiring surgical repair, serious head trauma and other serious injuries. The driver of the at fault vehicle has made an allegation that the throttle to the vehicle became stuck and was the reason for her failure to stop at the stop sign, ultimately causing her to lose control of the vehicle and injuring [REDACTED]

The South Carolina Highway Patrol accident reconstruction team has investigated this matter and we are in the process of obtaining the report to determine the viability of a products liability claim against your company. I have enclosed a copy of the preliminary accident report for your perusal. Please contact my office upon receipt of this letter. Thank you for your immediate attention to this matter.

Sincerely,

Carl B. Grant
Attorney at Law

CBG/kwg

Enclosure

cc: Keith Kleinick, Esquire
Ms. Sylvia Shingler
Mr. Lawrence E. Shingler, I

REPLY TO:

DAIKEN
6220 WOODSIDE
EXECUTIVE CT.
P.O. BOX 6927
AIKEN, SC 29804
(803) 643-7500
FAX: (803) 648-1984

ATLANTA
127 PEACHTREE ST., NE
SUITE 410
ATLANTA, GA 30303
(404) 525-1080
FAX: (404) 525-1070

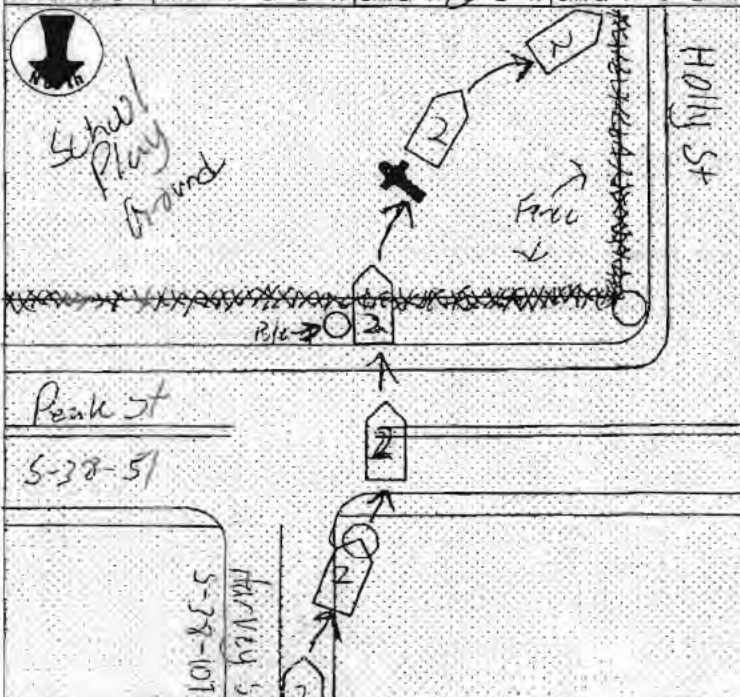
AUGUSTA
1830 WALTON WAY
P.O. BOX 508
AUGUSTA, GA 30903
(706) 738-8812
FAX: (706) 738-8813

COLUMBIA
5509 N. MAIN ST.
P.O. BOX 3547
COLUMBIA, SC 29230
(803) 786-5510
FAX: (803) 754-4593

ORANGEBURG
960 DOYLE ST.
P.O. BOX 1203
ORANGEBURG, SC 29116
(803) 536-5300
FAX: (803) 536-4163

ORIGINAL

D.P.S. USE ONLY		Page # 1 of 1	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units 1	Amended or Original Report Corrected	Notified 0740	Arrived 0742			
Date 01/12/05	Time 0745	County 38	1- Interstate 2- US Primary 3- SC Primary		4- Secondary 5- County 6- Other		Collision Location (Rt. # / Name) 5 Harvey St S-38-1075		0- Main 2- Alternate 4- Spur	6- Connection 7- Business 9- Other	Miles	Dir. N E S W	Near City or Town of Holly Hill
Lane # / Dir. 1 / SW	Distance Offset 50	Direction SW	1- Interstate 2- US Primary 3- SC Primary		4- Secondary 5- County 6- Other		Base Intersection (Rt. # / Name) Peak St S-38-51		0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	ASRU code	MP/ Grid	
R.R. Id	From N E S W	Ramp Only 1- Entrance 2- Exit	To N E S W	1- Interstate 2- US Primary 3- SC Primary		4- Secondary 5- County 6- Other		Second Intersection (Rt. # / Name) Holly St		0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude 33° 19' 58.6"	Longitude 080° 24' 98.7"
Q-120589						Q-120590						Driver/Pedestrian's Full Name	
Unit # 1	Sex	Race	Street/R.F.D.		City, State, & Zip		State		Year	Body	Vehicle Make	VIN #	Owner's D.L. #
			N/A		N/A		SC		2001	SU	Ford	1FMYD01191K	
Driver's License #		Insurance Company		State		Year		Body		Vehicle Make		VIN #	
N/A		N/A		SC		2005		SU		Ford		1FMYD01191K	
Owner's Full Name		Bus. Telephone		Street/R.F.D.		City, State, & Zip		Contributed To Collision		City, State, & Zip		Contributed To Collision	
N/A		N/A		N/A		N/A		Yes		Eutawville SC		Yes	
Estimated Speed	Speed Limit	C.D.L. Req. Yes/No	T/B S Req. Yes/No	Alc/Org info (see back): Yes/No		Estimated Speed	Speed Limit	C.D.L. Req. Yes/No	T/B S Req. Yes/No	Alc/Org info (see back): Yes/No		Towed By	
N/A	N/A	N/A	N/A	N/A		35	30	N/A	N/A	N/A		Billions	
Q-120591						Q-120591						Driver/Pedestrian's Full Name	
Unit # N/A	Sex	Race	Street/R.F.D.		City, State, & Zip		State		Year	Body	Vehicle Make	VIN #	Owner's D.L. #
			N/A		N/A		SC						
Driver's License #		Insurance Company		State		Year		Body		Vehicle Make		VIN #	
N/A		N/A		SC		N/A		N/A		N/A		N/A	
Owner's Full Name		Bus. Telephone		Street/R.F.D.		City, State, & Zip		Contributed To Collision		City, State, & Zip		Contributed To Collision	
N/A		N/A		N/A		N/A		Yes		N/A		Yes	
Dir. of Travel:	Unit 1: N S E W	Unit 2: N S E W	Unit 3: N S E W	Unit 1 Dam.		Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2				
				\$ N/A		\$ 3000.00	\$ N/A	\$ School fence 300.00	\$ N/A				
Property Owner/Witness		Property Owner/Witness		State		Zip	State	Zip	Phone				
N/A		N/A		SC									
Photo:		Describe What Happened (refer to units by Number)											
N/A		Unit 2 was traveling South on Harvey St and lost control ran over the stop sign at Peak St, unit then went across peak st through the school yard fence and struck a child in the play ground and hit another 75 ft before stopping.											
NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.													
Investigating Officer's Name C. M. Carter	Rank Cpl	Badge # 8	Code E0520700	Date 01/12/05	Reviewer's Name C. Williams	Rank LT	Internal Agency Code T-2005-01						



Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
\$ N/A	\$ 3000.00	\$ N/A	\$ School fence 300.00	\$ N/A
Property Owner/Witness	Property Owner/Witness	State	Zip	Phone
N/A	N/A	SC		

Photo: Describe What Happened (refer to units by Number)
 Unit 2 was traveling South on Harvey St and lost control ran over the stop sign at Peak St, unit then went across peak st through the school yard fence and struck a child in the play ground and hit another 75 ft before stopping.

Unit	Date of Birth	Sex	Race	INJ	Seat	R/S/D	A.B.D.	Eject	LAI	Trans	Name	Street Address	Zip Code
1		M	B	3	20	00	7	7	7	1			
2		F	B	0	01	13	4	3	1	1			

Race A - Asian/Pacific Islander B - African American C - Alaska Native or American Indian	W - Caucasian H - Hispanic U - Unk.	a) Injury Status 1 - Possible 2 - Extricated (Mechanical Means)	2 - Non-incapacitating 3 - Incapacitating 4 - Fatal	Sealing Loc. 01 02 03 04 05 06 07 08 09	20 - Pedestrian 30 - Trailing Unit 40 - Bus or Van (4th row or higher) 50 - Other Enclosed Area (nontrailing) 51 - Other Unenclosed Area (nontrailing)	60 - Sleeper of Cab 70 - Riding on Unit Exterior 80 - Lap 90 - Unk./NA	Restraint/Safety Device 02 - None Used 11 - Shoulder Belt Only 12 - Lap Belt Only 13 - Shoulder & Lap Belt 41 - Pedestrian, Motorist/Pedalcycle Only 51 - Helmet 61 - Protective Pads 71 - Reflective Clothing
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1 - Deployed Front 2 - Deployed Side 3 - Deployed Both	1 - Not Ejected 2 - Par. Ejected 3 - Tot. Ejected 7 - Not App. 9 - Unk.	Head Injury 1 - Yes 2 - No	3 - Freed (non-mech.) 1 - Not Applicable	a) Transported to Medical Facility 1 - Yes 2 - No 3 - Unknown	b) By: 1 - EMS 2 - Police 3 - Other 4 - Unk.
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Non-Collision 01 - Cargo/Equip. Load or Shift 02 - Cross Median/Center Line 03 - Downhill Runaway 04 - Equipment Failure 05 - Fire/Explosion 06 - Inversion 07 - Jackknife 08 - Overturn/Rollover 09 - Ran off Road Left 10 - Ran off Road Right	Collision: Not Fixed 20 - Animal (Door Only) 21 - Animal (All Other) 22 - Motor Veh. (In Transport) 23 - Motor Veh. (Stopped) 24 - Motor Veh. (Other Roadway) 25 - Motor Veh. (Parkd) 26 - Pedalcycle	27 - Pedestrian 28 - Railway Veh. 29 - Work Zone Main Equip. 30 - Other Movable Object 31 - Link Movable Object 32 - Pedestrian 33 - None 34 - Rollover 35 - Total 36 - Under Carriage 37 - Other 38 - Unk.	Collision: Fixed Object 40 - Bridge Overhead Structure 41 - Bridge Parapet End 42 - Bridge Pier or Abutment 43 - Bridge Rail 44 - Culvert 45 - Curb 46 - Ditch 47 - Embankment 48 - Equipment 49 - Fence 50 - Guardrail End 51 - Guardrail Face 52 - Highway Traffic Sign Post 53 - Impact Attenuator/Crash Cushion 54 - Light/Luminaire Support 55 - Mail Box 56 - Median Barrier 57 - Overhead Sign Support 58 - Other (Post, Pole, Support, Etc.) 59 - Other (Wall, Building, Tunnel, Etc.) 60 - Tree 61 - Utility Pole 62 - Work Zone Main Equipment
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Manner of Collision (Struck Veh.) 00 - Not Coll. w/ Motor Veh. 10 - Rear End 20 - Head On 30 - Rear-to-Rear 41 - Angle 42 - Angle 43 - Angle 50 - Sideswipe Same Dir. 60 - Sideswipe Opposite Dir. 70 - Backed Into 99 - Unknown	1st/ Most Deformed Area 1-17	1st Deformed 1-17	Most Deformed 1-17
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Vehicle Type 01 - Automobile 12 - Pickup Truck 13 - Truck Tractor 14 - Other Truck 15 - Mini Van 17 - Sport Utility 25 - Motorcycle 26 - Other Motorbike 27 - Pedalcycle 28 - Animal Driven Veh. 39 - Animal (Ridden) 41 - Pedestrian 51 - Train 61 - School Bus 62 - Passenger Bus 99 - Other 99 - Unk. (Ht and Run Only)	Vehicle Use Code 01 - Personal 02 - Driver Training 03 - Construction/Maint. 04 - Ambulance 05 - Military 06 - Transport Passengers 07 - Transport Properly 08 - Farm Use 09 - Wrecker or Tow 10 - Police 11 - Government 12 - Fire Fighting 13 - Logging 18 - Other 41 - Pedestrian	Vehicle Attachment 1 - None 2 - Mobile Home 3 - Semi-Trailer 4 - Utility Trailer 5 - Farm Trailer 6 - Trailer w/Boat 7 - Camper Trailer 8 - Towed Motor Vehicle 9 - Petroleum Tanker A - Lowboy Trailer B - Autocarrier Trailer C - Other Tanker D - Flat Bed E - Twin Trailers F - Other	Alc Test Results A1 - 1 - Two-way, Not Divided A2 - 2 - Two-way, Divided, Unprotected Median A3 - 3 - Two-way Divided Barrier 4 - One-Way 5 - Other
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Weather Condition 1 - Clear (No adverse conditions) 2 - Rain 3 - Cloudy 4 - Steel, Hail 5 - Snow 6 - Fog, Smog, Smoke 7 - Blowing Sand, Ch, Dir, or Snow 8 - Severe Crosswinds 9 - Unk.	Light Condition 1 - Daylight 2 - Dawn 3 - Dark (Lighting Unspecified) 4 - Dark (Street Lamp Lit) 5 - Dark (No lights) 6 - Dark (Street Lamp Not Lit) 7 - Dark (No lights)	Junction Type 01 - Crossover 02 - Diverging 03 - Five/More Points 04 - Fourway Intersection 05 - Railway Cross Crossing 06 - Shared Use Paths or Trail 07 - T-Intersection 08 - Y-Intersection 09 - Unk.	Primary Contributing Factors 01 - Careless/Inattentive 02 - Distracted/Inattentive 03 - Driving Too Fast for Conditions 04 - Exceeded Authorized Speed Limit 05 - Failed to Yield Right of Way 06 - Ran off Road 07 - Fatigued/Asleep 08 - Followed Too Closely 09 - Medical Related 10 - Aggressive Operation of Vehicle 11 - Over correcting/Over-steering 14 - Swerving to Avoiding Object 15 - Wrong Side or Wrong Way 16 - Under the Influence 17 - Vision Obscured (Within Unit) 18 - Improper Lane Usage/Change 28 - Other Improper Action
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Secondary Contributing Factors 01 - Careless/Inattentive 02 - Distracted/Inattentive 03 - Driving Too Fast for Conditions 04 - Exceeded Authorized Speed Limit 05 - Failed to Yield Right of Way 06 - Ran off Road 07 - Fatigued/Asleep 08 - Followed Too Closely 09 - Medical Related 10 - Aggressive Operation of Vehicle 11 - Over correcting/Over-steering 14 - Swerving to Avoiding Object 15 - Wrong Side or Wrong Way 16 - Under the Influence 17 - Vision Obscured (Within Unit) 18 - Improper Lane Usage/Change 28 - Other Improper Action	Roadway 30 - Debris 31 - Non-highway Work 32 - Obstruction in Roadway 33 - Road Surface Condition (i.e. Wet) 34 - Rut, Holes, Bumps 35 - Shoulders (None, Low, Soft, Right) 36 - Traffic Control Device (i.e., Missing) 37 - Work Zone (Const./Maint./Utility) 38 - Worn, Travel-Polished Surface 48 - Other 49 - Unk.	Non-Motorist 50 - Inattentive 51 - Lying Over illegally in Roadway 52 - Failure to Yield R of W 53 - Not Visible (Dark Clothing) 54 - Disregard Signs, Signals, Etc. 55 - Improper Crossing 56 - Daring 57 - Wrong Side of Road 58 - Other 59 - Unk.	Environmental 60 - Animal in Road 61 - Glass 62 - Driv. 69 - Unk.
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ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
2/8/2005 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU01191K [REDACTED] 322420315	2001 ESCAPE	03
2/1/2005 CLOSED	[REDACTED] LEGAL - ALLEGED - NON-SERIOUS INJURY	1FMYU01191K [REDACTED] 322420315	2001 ESCAPE	07
1/31/2005 CLOSED	[REDACTED] LEGAL - ALLEGED - NON-SERIOUS INJURY	1FMYU01191K [REDACTED] 322420315	2001 ESCAPE	07
1/31/2005 CLOSED	[REDACTED] LEGAL - ALLEGED - NON-SERIOUS INJURY	1FMYU01191K [REDACTED] 322420315	2001 ESCAPE	07
1/31/2005 CLOSED	[REDACTED] RECALL/ONP - VEHICLE INVOLVEMENT	1FMYU01191K [REDACTED] 322420315	2001 ESCAPE	02

[REDACTED] 3/9/2005

All Action Details for Issue

Print

VIN: 1FMYU01191K [REDACTED] Year: 2001 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-05-04
 Symptom Desc: RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT Primary Phone: [REDACTED]
 Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT Secondary Phone: [REDACTED]
 Issue Type: 03 CONCERN Issue Status: CLOSED
 Initial Customer Contact: 02/08/2005

Action: ADVISE CUSTOMER AIRBAG SYSTEM MUST BE TESTED AT A F/L/M DEALER
 Dealer: 01051 AL BILTON FORD INC Origin Desc: US CONCERN CASE BASE
 Odometer: 62000 MI Comm Type: PHONE
 Analyst Name: DILLON LLOYDS Analyst: LDILLON1
 Action Date: 01/31/2005 Action Time: 09.14.43.632 Action Data: No

Comments CUSTOMER SAID: -JAN 12/2005 VEH WAS INVOLVED IN AN ACCIDENT-VEH WENT THRU A SCHOOL PLAY GROUND, HIT DOWN A FENCE AND BROKE A STUDENT LEG-CUST COULD NOT MANAGE STOP VEH TRAVELING 30MPH; BRAKE STUCKDEALER SAID: AL BILTON FORD INC7621 OLD STATE ROADHOLLY HILL, SC 29059TEL: (803) 496-3150FAX: (803) 496-9593DISTANCE: 4.00 MILESCRC ADVISED: -AIR BAG SYSTEM MUST BE TESTED AT A FORD DEALERSHIP AND THE CRC WILL SUPPORT THE DEALERSHIPS DECISION ONCE TESTING IS COMPLETED. CUSTOMER OR THE INSURANCE COMPANY WILL BE REQUIRED TO PAY FOR THE TESTING OF THE SENSORS.

Action: VEHICLE OPERATING CHARACTERISTIC - REPAIR NOT ATTEMPTED
 Dealer: 01051 AL BILTON FORD INC Origin Desc: DEALER
 Odometer: 62000 MI Comm Type: PHONE
 Analyst Name: JOHN HINNANT Analyst: J-HINNAN
 Action Date: 02/08/2005 Action Time: 15.24.33.560 Action Data: No

Comments DISCUSSED NON DEPLOYMENT OF AIR BAGS IN ACCIDENT. EXPLAINEDDEPLOYMENT STRATEGY AND SEVERITY OF ACCIDENT. CUST. SATISFIED WITH EXPLANATION.

[REDACTED] 3/9/2005

All Action Details for Issue

Print

VIN: 1FMYU01191K [REDACTED] Year: 2001 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-05-04
 Symptom Desc: SERVICE BRAKE INOP/INEFFECTIVE 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: 01051 AL BILTON FORD INC Origin Desc: US CONCERN CASE BASE
 Odometer: 62000 MI Comm Type: PHONE
 Analyst Name: DILLON LLOYDS Analyst: LDILLON1
 Action Date: 01/31/2005 Action Time: 09.07.23.088 Action Data: No

Comments CUSTOMER SAID: -JAN 12/2005 VEH WAS INVOLVED IN AN ACCIDENT-VEH PEDAL STICK AND CUST WAS NOT ABEL TO BRAKED; VEH WENT THRU A HOLLY HILL MIDDLE SCHOOL PLAYGROUND, HIT DOW A FENCE AND BROKE A STUDENT LEG-CUST COULD NOT MANAGE TO STOP VEH.. VEH WAS TRAVELING AT ABOUT 30 MPH WHEN THIS OCCURRED-CUST TRIED TO STOP SIGN BUT VEH WENT STRAIGHT THRU A FENCE-CUST FILE A POLICE REPORT AND INSURANCE WAS NOTIFIED-UNTIL NOW CUST CAN NOT GET ANY RESPONSE FROM INSURANCE CO-CURRENTLY VEH IS AT HOLLY HILL POLICE STATION-A STUDENT AT HOLLY HILL MIDDLE SCHOOL SUFFER A BROKEN LEG AD WAS HOSPITALIZED FOR SIX DAY. STUDENT IS NOW RECOVERING AT HOME-CUST CALLING TO FILE A CLAIM WITH FORD; FEEL IT IS A DEFECT WITH VEH THAT RESULT IN THIS ACCIDENT (ALSO AIR BAG DID NOT DEPLOYED-VEH WINDSHIELD GOT CRACK, THERE IS DAMAGES TO THE FRONT RIGHT SIDE AND SMALL DAMAGE TO LEFT CLOSE; TO GAS TANK AREADEALER SAID: 7621 OLD STATE ROADHOLLY HILL, SC 29059TEL: (803) 496-3150FAX: (803) 496-9593DISTANCE: 4.00 MILESCRC 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: 01051 AL BILTON FORD INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 62000 MI Comm Type: PHONE
 Analyst Name: DUNLAP, KENISHA Analyst: KDUNLAP
 Action Date: 02/01/2005 Action Time: 14.28.01.703 Action Data: No

Comments LPA CONTACTED CUSTOMER AND SPOKE WITH [REDACTED]. CUSTOMER STATED THAT THE VEHICLE IS CURRENTLY AT THE HOLLY HILL POLICE DEPARTMENT. THE VEHICLE HAS NOT BEEN INSPECTED. LPA ADVISED CUSTOMER THAT HER VEHICLE IS NOT INCLUDED IN ANY RECALLS, THERE IS NO RELATED REPAIR HISTORY, AND THE VEHICLE IS BEYOND WARRANTY. AS SUCH, LPA ADVISED THAT NO ASSISTANCE WOULD BE OFFERED. LPA ADVISED CUSTOMER TO CONTACT HER INSURANCE COMPANY AND OF SUBROGATION.

Action: DENY ASSISTANCE - REFER TO INSURANCE CARRIER
 Dealer: 01051 AL BILTON FORD INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 62000 MI Comm Type: PHONE
 Analyst Name: DUNLAP, KENISHA Analyst: KDUNLAP
 Action Date: 02/01/2005 Action Time: 14.29.22.158 Action Data: No

Comments CUSTOMER WAS NOT INJURED IN THE ACCIDENT, BUT DID INJURE A YOUNG CHILD. TO DATE, THE CHILD NOR HIS FAMILY HAVE NOT CONTACTED FORD. LPA MAILED CLOSING CORRESPONDENCE. NOTHING

[REDACTED] 3/9/2005

FURTHER. CASE FILED.

... 3/9/2005

All Action Details for Issue

Print

VIN: 1FMYU01191K [REDACTED] Year: 2001 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Subsequent WSD: 2001-05-04
Symptom Desc: PANELS/UNIBODY DENT/DING Primary Phone: [REDACTED]
Reason Desc: LEGAL - ALLEGED - NON-SERIOUS INJURY Secondary Phone: [REDACTED]
Issue Type: 07 LEGAL Issue Status: CLOSED

Action: CLOSE - DOCUMENT MULTIPLE SYMPTOMS
Dealer: 01051 AL BILTON FORD INC Origin Desc: US CONCERN CASE BASE
Odometer: 62000 MI Comm Type: PHONE
Analyst Name: DILLON LLOYDS Analyst: LDILLON1
Action Date: 01/31/2005 Action Time: 09.09.11.258 Action Data: No

Comments CUSTOMER SAID: -JAN 12/2005 VEH WAS INVOLVED IN AN ACCIDENT-VEH PEDAL STICK AND CUST WAS NOT ABLE TO BRAKE; VEH WENT THRU A HOLLY HILL MIDDLE SCHOOL PLAYGROUND, HIT DOWN A FENCE AND BROKE A STUDENT LEG-CUST COULD NOT MANAGE TO STOP VEH. VEH WAS TRAVELING AT ABOUT 30 MPH WHEN THIS OCCURRED-CUST TRIED TO STOP SIGN BUT VEH WENT STRAIGHT THRU A FENCE-CUST FILE A POLICE REPORT AND INSURANCE WAS NOTIFIED-UNTIL NOW CUST CAN NOT GET ANY RESPONSE FROM INSURANCE CO-CURRENTLY VEH IS AT HOLLY HILL POLICE STATION-A STUDENT AT HOLLY HILL MIDDLE SCHOOL SUFFER A BROKEN LEG AND WAS HOSPITALIZED FOR SIX DAY. STUDENT IS NOW RECOVERING AT HOME-CUST CALLING TO FILE A CLAIM WITH FORD; FEEL IT IS A DEFECT WITH VEH THAT RESULT IN THIS ACCIDENT (ALSO AIR BAG DID NOT DEPLOYED-VEH WINDSHIELD GOT CRACK, THERE IS DAMAGES TO THE FRONT RIGHT SIDE AND SMALL DAMAGE TO LEFT CLOSE; TO GAS TANK AREA DEALER SAID; 7621 OLD STATE ROAD HOLLY HILL, SC 29059 TEL: (803) 496-3150 FAX: (803) 496-9593 DISTANCE: 4.00 MILE SCRC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP, SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS.

[REDACTED] 3/9/2005

All Action Details for Issue

Print

VIN: 1FMYU01191K [REDACTED] Year: 2001 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Subsequent WSD: 2001-05-04
 Symptom Desc: WINDOW/GLASS WINDSHIELD BREAKS/BROKEN Primary Phone: [REDACTED]
 Reason Desc: LEGAL - ALLEGED - NON-SERIOUS INJURY Secondary Phone: [REDACTED]
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: CLOSE - DOCUMENT MULTIPLE SYMPTOMS Origin Desc: US CONCERN CASE BASE
 Dealer: 01051 AL BILTON FORD INC
 Odometer: 62000 MI Comm Type: PHONE
 Analyst Name: DILLON LLOYDS Analyst: LDILLON1
 Action Date: 01/31/2005 Action Time: 09.08.17.010 Action Data: No

Comments CUSTOMER SAID: -JAN 12/2005 VEH WAS INVOLVED IN AN ACCIDENT-VEH PEDAL STICK AND CUST WAS NOT ABEL TO BRAKED; VEH WENT THRU A HOLLY HILL MIDDLE SCHOOL PLAYGROUND, HIT DOW A FENCE AND BROKE A STUDENT LEG-CUST COULD NOT MANAGE TO STOP VEH.. VEH WAS TRAVELING AT ABOUT 30 MPH WHEN THIS OCCURRED-CUST TRIED TO STOP SIGN BUT VEH WENT STRAIGHT THRU A FENCE-CUST FILE A POLICE REPORT AND INSURANCE WAS NOTIFIED-UNTIL NOW CUST CAN NOT GET ANY RESPONSE FROM INSURANCE CO-CURRENTLY VEH IS AT HOLLY HILL POLICE STATION-A STUDENT AT HOLLY HILL MIDDLE SCHOOL SUFFER A BROKEN LEG AD WAS HOSPITALIZED FOR SIX DAY. STUDENT IS NOW RECOVERING AT HOME-CUST CALLING TO FILE A CLAIM WITH FORD; FEEL IT IS A DEFECT WITH VEH THAT RESULT IN THIS ACCIDENT (ALSO AIR BAG DID NOT DEPLOYED-VEH WINDSHIELD GOT CRACK, THERE IS DAMAGES TO THE FRONT RIGHT SIDE AND SMALL DAMAGE TO LEFT CLOSE; TO GAS TANK AREADEALER SAID: 7621 OLD STATE ROADHOLLY HILL, SC 29059TEL: (803) 496-3150FAX: (803) 496-9593DISTANCE: 4.00 MILESCRC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS.



3/9/2005

All Action Details for Issue

Print

VIN: 1FMYU01191K [REDACTED] **Year:** 2001 **Model:** ESCAPE **Case:** [REDACTED]
Name: [REDACTED] **Owner Status:** Subsequent **WSD:** 2001-05-04
Symptom Desc: SERVICE BRAKE LOCK-UP/GRAB **Primary Phone:** [REDACTED]
Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT **Secondary Phone:** [REDACTED]
Issue Type: 02 INFORMATION **Issue Status:** CLOSED

Action: ADVISE CUST NO FSA'S AT THIS TIME **Origin Desc:** US INQUIRY CASE BASE
Dealer: 01051 AL BILTON FORD INC
Odometer: 62000 MI **Comm Type:** PHONE
Analyst Name: DILLON LLOYD **Analyst:** LDILLON1
Action Date: 01/31/2005 **Action Time:** 08.57.21.984 **Action Data:** No

Comments CUSTOMER SAID: VEH WAS INVOLVE IN AN ACCIDENT ON JAN 12/2004; IF VEH A PART OF RECALL FOR CRUISE CONTROL CUST HEARD ABOUTDEALER SAID: AL BILTON FORD INC7621 OLD STATE ROADHOLLY HILL, SC 29059TEL: (803) 496-3150FAX: (803) 496-9593DISTANCE: 4.00 MILESCRC ADVISED: VEHICLE IS NOT INVOLVED IN ANY RECALL/CSP AT THIS TIME.



BEGINNING OF CONTACT
07/16/2010

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.07

REGION: A1 SELECT DEALER OGC ISSUE CASE NBR: 604861960
VIN: 1FMYU93173K [REDACTED] ZONE: A12 OPENED: 2010/07/15
ENGINE: 1 VEH TYPE: T CLOSED: 2010/07/15

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] FIRST NAME: [REDACTED] MI: [REDACTED]
ADDRESS: [REDACTED]
CITY: NEWPORT STATE: TN ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2003 MODEL: ESCAPE
MILEAGE: 50000
DEALER NAME: RUSTY WALLACE FORD M SALES CODE: F21786 P & A: 05671
REASON CODE: 0796 LEGAL - ALLEGED INJURY
SYMPTOMS: 624100 ACCELERATOR PEDAL STICK/BIND

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 705 - CONTACT ADVANCED TO OGC
DOCUMENT: ANALYST: JDAVI550 DAVIS, JOSHUA

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

JUL 16 2010

OFFICE OF THE
GENERAL COUNSEL

DATE: 2010/07/15 TIME: 17:13.06:
ACTION DATA/COMMENTS:

CUSTOMER SAID: -ON 9/8/2009-THE VEH TOOK OFF AND RAN INTO DROVE INTO HER HOUSE WHILE SHE WAS PULLING INTO THE DRIVE WAY-NEXT THING SHE NEW SHE WAS IN THE HOUSE -THE AIR BAG BURNT HER ARM AND SHE STILL HAS A MARK FROM IT-THE ACCIDENT HAPPEND HE RESIDENCE HOUSE -POLICE REPORT WAS FILED-THE REPORT SAID THAT THEY WERE NOT SURE WHAT HAPPENED-TOOK PLACE IN NEWPORT TENNESSEE, COCKE COUNTY-INSURANCE CLAIM WAS FILED AND THEY PAID FOR THE DAMAGES DONE TO THE HOUSE BUT NONE TO THE VEH BECAUSE THE CUST ONLY HAD LIABILITY-THINKS THAT THE VEH IS REPAIRABLE-SHE HASN'T RECEIVED ANY KIND OF INFORMATION ON IF THIS IS A RECALL-CUST HAS NOT DRIVEN THE VEH SINCE THE TIME OF THE ACCIDENT -WANTS TO KNOW IF IT IS THE ACCELERATOR THAT CAUSED THE PROBLEM AND WOULD LIKE FORD TO LOOK AT IT-THE VEH IS AT THE HOUSE NEXT TO HERS AT HER GRANDPARENTS PLACE
DEALER SAID: -RUSTY WALLACE FORD MERCURY 1100 WEST HIGHWAY 25/70 NEWPORT, TN 37821 TEL: (423) 623-6138
CRC 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.-ADV ABOVE

CONSUMER AFFAIRS

07/16/2010 FAX OGC1 CONFIDENTIAL

BEGINNING OF CONTACT
11/18/2011

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.01

REGION: W1 LOS ANGELES OGC ISSUE CASE NBR: 453583211.
ZONE: A03 OPENED: 2011/11/17
VIN: 1FMCU03102K [REDACTED] ENGINE: 1 VEH TYPE: T CLOSED: 2011/11/17

LAST NAME: [REDACTED] FIRST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] MI: [REDACTED]
ADDRESS: [REDACTED]
CITY: CORONA STATE: CA ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2002 MODEL: ESCAPE
MILEAGE: 201000
DEALER NAME: HEMBORG FORD SALES CODE: F71151 P & A: 08436
REASON CODE: 0799 ACCIDENT/PRODUCT LIABILITY
SYMPTOMS: 624105 ACCELERATOR PEDAL STICK/BIND ACCELERATION

ORIGIN: CRCBCP - TIER ONE - MELBOURNE COMMUNICATION: PHONE
ACTION: T1120 - TIER ONE CLOSE ISSUE
DOCUMENT: ANALYST: VVALENC3 VALENCIA, VICTORIA

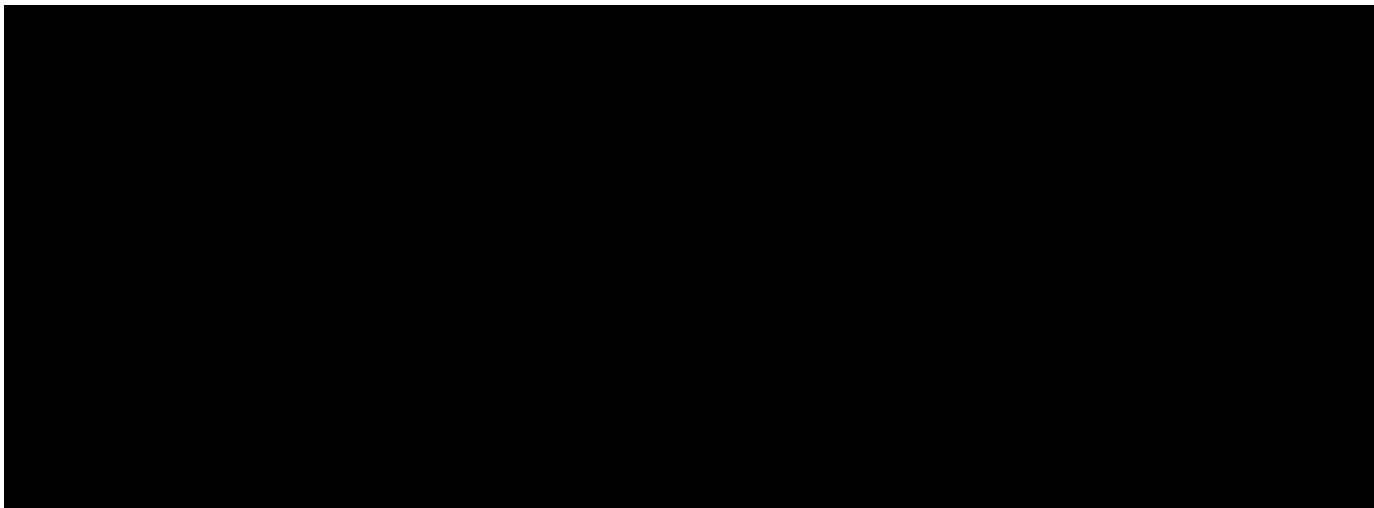
DATE: 2011/11/17 TIME: 12.44.22 ;
ACTION DATA/COMMENTS:

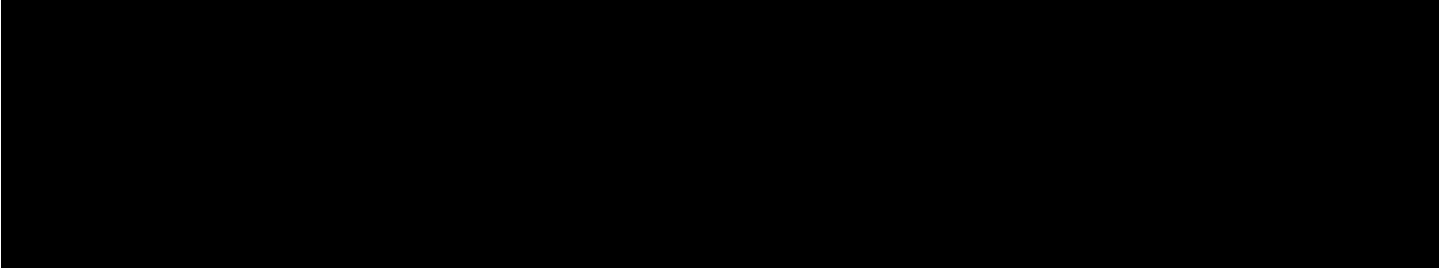
CUSTOMER SAYS - 2002 ESCAPE- LAST NIGHT THE VEH ACCELERATED AND HIT ANOTHER VEH-1. DATE OF THE ACCIDENT - 11/16/2011. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT - ACCELERATOR KICKED IN3. IF THERE WERE ANY INJURIES SUSTAINED - MINOR INJURIES 4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED - FULLERTON JUNIOR COLLEGE5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED. - YES6. IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE. - NO INDIVIDUAL WAS AT FAULT BY THE VEH WAS AT FAULT7. THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED. - REPORT NUMBER [REDACTED] FULLERTON, CA CORPORAL KIRK BADGE NUMBER 11418. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY. - Y9. IF A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS THE STATUS OF THE CLAIM. - PENDING 10. WHETHER OR NOT THE VEHICLE IS REPAIRABLE. - UNKNOWN12. WHAT THE CUSTOMER IS SEEKING - NEEDS AN INSPECTION DONE**CRC 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.

CONSUMER AFFAIRS

11/18/2011 FAXOGC1 CONFIDENTIAL

PE12-019 002210LC SUBJECT





BEGINNING OF CONTACT
11/18/2011

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.01

REGION: W1 LOS ANGELES OGC ISSUE CASE NBR: 453583211.
ZONE: A03 OPENED: 2011/11/17
VIN: 1FMCU03102K [REDACTED] ENGINE: 1 VEH TYPE: T CLOSED: 2011/11/17

LAST NAME: [REDACTED] FIRST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] MI: [REDACTED]
ADDRESS: [REDACTED]
CITY: CORONA STATE: CA ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2002 MODEL: ESCAPE
MILEAGE: 201000
DEALER NAME: HEMBORG FORD SALES CODE: F71151 P & A: 08436
REASON CODE: 0799 ACCIDENT/PRODUCT LIABILITY
SYMPTOMS: 624105 ACCELERATOR PEDAL STICK/BIND ACCELERATION

ORIGIN: CRCBCP - TIER ONE - MELBOURNE COMMUNICATION: PHONE
ACTION: T1120 - TIER ONE CLOSE ISSUE
DOCUMENT: ANALYST: VVALENC3 VALENCIA, VICTORIA

DATE: 2011/11/17 TIME: 12.44.22 ;
ACTION DATA/COMMENTS:

CUSTOMER SAYS - 2002 ESCAPE- LAST NIGHT THE VEH ACCELERATED AND HIT ANOTHER VEH-1. DATE OF THE ACCIDENT - 11/16/2011. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT - ACCELERATOR KICKED IN3. IF THERE WERE ANY INJURIES SUSTAINED - MINOR INJURIES 4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED - FULLERTON JUNIOR COLLEGE5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED. - YES6. IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE. - NO INDIVIDUAL WAS AT FAULT BY THE VEH WAS AT FAULT7. THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED. - REPORT NUMBER [REDACTED] FULLERTON, CA CORPORAL KIRK BADGE NUMBER 11418. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY. - Y9. IF A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS THE STATUS OF THE CLAIM. - PENDING 10. WHETHER OR NOT THE VEHICLE IS REPAIRABLE. - UNKNOWN12. WHAT THE CUSTOMER IS SEEKING - NEEDS AN INSPECTION DONE**CRC 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.

CONSUMER AFFAIRS

11/18/2011 FAXOGC1 CONFIDENTIAL



BEGINNING OF CONTACT
11/18/2011

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.01

REGION: W1 LOS ANGELES OGC ISSUE CASE NBR: 453583211.
ZONE: A03 OPENED: 2011/11/17
VIN: 1FMCU03102K [REDACTED] ENGINE: 1 VEH TYPE: T CLOSED: 2011/11/17

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] FIRST NAME: [REDACTED] MI: [REDACTED]
ADDRESS: [REDACTED]
CITY: CORONA STATE: CA ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2002 MODEL: ESCAPE
MILEAGE: 201000
DEALER NAME: HEMBORG FORD SALES CODE: F71151 P & A: 08436
REASON CODE: 0799 ACCIDENT/PRODUCT LIABILITY
SYMPTOMS: 624105 ACCELERATOR PEDAL STICK/BIND ACCELERATION

ORIGIN: CRCBCP - TIER ONE - MELBOURNE COMMUNICATION: PHONE
ACTION: T1120 - TIER ONE CLOSE ISSUE
DOCUMENT: ANALYST: VVALENC3 VALENCIA, VICTORIA

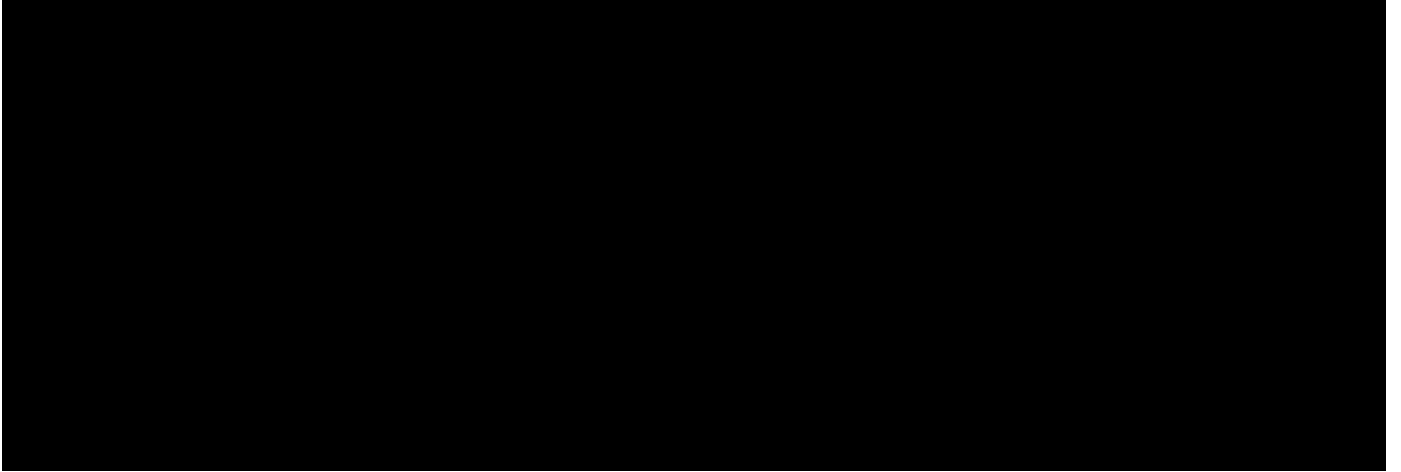
DATE: 2011/11/17 TIME: 12.44.22 ;
ACTION DATA/COMMENTS:

CUSTOMER SAYS - 2002 ESCAPE- LAST NIGHT THE VEH ACCELERATED AND HIT ANOTHER VEH-1. DATE OF THE ACCIDENT - 11/16/2011. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT - ACCELERATOR KICKED IN3. IF THERE WERE ANY INJURIES SUSTAINED - MINOR INJURIES 4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED - FULLERTON JUNIOR COLLEGE5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED. - YES6. IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE. - NO INDIVIDUAL WAS AT FAULT BY THE VEH WAS AT FAULT7. THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED. - REPORT NUMBER [REDACTED] FULLERTON, CA CORPORAL KIRK BADGE NUMBER 11418. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY. - Y9. IF A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS THE STATUS OF THE CLAIM. - PENDING 10. WHETHER OR NOT THE VEHICLE IS REPAIRABLE. - UNKNOWN12. WHAT THE CUSTOMER IS SEEKING - NEEDS AN INSPECTION DONE**CRC 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.

CONSUMER AFFAIRS

11/18/2011 FAXOGC1 CONFIDENTIAL

PE12-019 002215LC SUBJECT



SEP 29 2005



Monday, August 08, 2005

FORD MOTOR COMPANY
3 PARKLAND BLVD PARKLANE TOWERS WEST #300
DEARBORN ,MI 48126-2568

Re: UNKNOWN
VIN: 1FMYU03123K [REDACTED]
Year: 03
Make: FORD
Model: ESCAPE XLT SW
Our Insured: [REDACTED]
Address: [REDACTED]
Phone No.: DUNDEE MI [REDACTED]
Our Claim No: [REDACTED]
Date of Loss: MAR 10 05
Damages: \$ 7,483.03



NOTICE OF SUBROGATION CLAIM

Please accept this letter as formal notice of our subrogation rights in regard to the above-captioned claim. Demand is hereby made upon you for payment of Progressive's damages and those of Progressive's insured.

Our investigation indicates damages to our insured's vehicle was a direct result of a manufacturer's defect IN THE THROTTLE CABLE RESULTING IN FAILURE TO DECELERATION AND CAUSING AN ACCIDENT WITH THE RESULTING DAMAGES. Enclosed please find all supporting documentation. THIS IS RECALL #04V574000.

Please acknowledge receipt of my subrogation demand and forward your payment of \$ 7,483.03 to my attention, payable to "Progressive Michigan Ins. Company as subrogee of [REDACTED] [REDACTED]", and mail to my attention at [REDACTED], OH [REDACTED]

You can contact me at the number listed below should you need additional documentation or care to discuss this claim.

Thank you for your anticipated cooperation.

Progressive Michigan Ins. Company

Frank A. Stein AIC
Subrogation Representative
(440) 603-7319





Office of the General Counsel

PRIVILEGED & CONFIDENTIAL

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

JAN 15 2010

December 18, 2009

[Redacted]

SUN VALLEY, CA [Redacted]

Re: 2002 Escape

Dear [Redacted]

Recently the Office of the General Counsel of Ford Motor Company was made aware of your recent contact to our Customer Relations Center in regards to the above vehicle. 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 you or your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company and/or you contact us in writing to the address noted above notifying us of their intent to pursue subrogation, or your intent to pursue a claim directly.

In order to evaluate this matter, we request that you provide us with all the following information by completing and returning this form:

- 1. Attach on a separate piece of paper 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 and a copy of the Vehicle Title.
- 3. Original color photographs of the vehicle's collision/fire damage & the alleged defective part(s), **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 scene showing the grade of the road.
- 6. Attach a copy of your expert's report and the expert's original 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. A 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, state and date** of occurrence:

Dec 15, 2009 in Sun Valley

10. The 17 digit vehicle identification number:

1FMYU03162KA [Redacted]

11. What was the mileage at time of occurrence:
about 130,000 mi
12. What is the alleged defect:
a throttle cable and cruise control cable too close to each other
13. Has the alleged defective part been repaired or replaced? (circle one) Yes or No
14. List all after market additions or modifications that were made to the vehicle:
stereo system
15. Was the engine running? (circle one) Yes or No
16. Were the keys in the ignition? (circle one) Yes or No
17. Was this vehicle purchased new or used:
used
18. If purchased used, provide the date of purchase, mileage at the time of purchase, from whom the vehicle was purchased: June 2004 @ approx 11,000 mi.
19. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).
the car is drivable and in owners possession
20. 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.
21. What are you seeking from Ford Motor Company in this matter?
reimbursement for cost of repair \$322.20

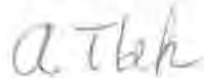
Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 90 days, we will assume that you are not interested in pursuing a claim and we will close 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 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,

A handwritten signature in cursive script, appearing to read "Alma Taylor".

Alma Taylor
Product Claims

Description of Incident

I was stopped at an intersection at a red light. When the light turned green I stepped on the gas to accelerate and the gas pedal gave out under my foot. The car started speeding to about 50 mph. I slammed on the brakes and slowed my car to about 25 mph but I could not stop it before I hit the car in front of me. The impact pushed the other car forward about four feet. While now applying my entire body weight in pressure to the brake pedal, I hit the same car again. I hit the same car a third time and the driver now had her brakes on as well to avoid being pushed into the intersection against a red light. My car was now pushed up against the other car's rear bumper with my wheels spinning and tires and brakes smoking. At this point I was finally able to turn the engine off.



1/1/10
Date

Description of Problem

What happened was the accelerator/cruise control cables tangled together and jammed against the plastic hooding that covers them both. I was able to reach up under the plastic hooding, untangle them and drive the car home. We took the truck to a local dealer and they replaced the cables. After looking online, there seems to be a recall for an accelerator cable problem for the 2002 Ford Escape. My neighbor, who is a mechanic, told me this seems like a design problem with all there elements so close together.



1-1-10
Date

BEGINNING OF CONTACT
12/17/2009

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.00.06

REGION: A1 SELECT DEALER OGC ISSUE CASE NBR: 0438683509
VIN: 1FMYU03162K [REDACTED] ZONE: A06 OPENED: 12/16/2009
ENGINE: 1 VEH TYPE: T CLOSED: 12/16/2009

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: MR FIRST NAME: [REDACTED] MI:
ADDRESS: [REDACTED]
CITY: SUN VALLEY STATE: CA ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2002 MODEL: ESCAPE XLT 4X2
MILEAGE: 88000
DEALER NAME: RICK HUNT FORD, INC SALES CODE: F27428 P & A: 00005
REASON CODE: 0772 LEGAL - ACCIDENT
SYMPTOMS: 624100 ACCELERATOR PEDAL STICK/BIND

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 791 - ADVISE CUSTOMER INFO WILL BE SENT TO OGC
DOCUMENT: ANALYST: PRYAN48 RYAN, PELE

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

DEC 17 2009

OFFICE OF THE
GENERAL COUNSEL

DATE: 12/16/2009 TIME: 12.12.55 :
ACTION DATA/COMMENTS:

FIRE / ACCIDENT A
CUSTOMER SAID: =WAS DRIVING VEH LAST NIGHT=WENT TO A STOP=WHEN TRYING TO ACCELERATE=PEDAL WENT DOWN AND KEPT ACCELERATING =SLAMMED ON BRAKES AND WOULD NOT STOP=HIT ANOTHER VEH AND THEY WERE ON BRAKES FINALLY STOPPING=WHEN STOPPED FAMILY MEMBER CAME WHO IS A MECHANIC=THEY SAID CABLE STUCK AND THIS CAUSED THE ACCELERATION=THIS PLASTIC HOOD WITH TWO CABLES RUN TOGETHER=THE PLASTIC GOT CABLES MOVED OR FLIPED AND STUCK TOGETHER JAMMING ACCELERATOR DEALER SAID: SUNRISE FORD OF NORTH HOLLYWOOD 5500 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91601 TEL: (818) 623-5276 CRC 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. =VEH WAS IN ACCIDENT 12/15=PLASTIC PART OF CABLE IS DEFECTED PART=NO INJURIES=ON RURAL ROAD AT STOP LIGHT=NO POLICE REPORT FILED=NO INSURANCE CLAIM=VEH IS REPAIRABLE=WANT FMC TO FIX THIS ISSUE THAT IS A SAFETY ISSUE=CUST WAS TAKING VEH TO DLR FOR SERVICE AND REPAIR=CUST WANTS VEH SAFE AND WANTS FMC TO PAY FOR THAT=CUST HAD RECALL ISSUE FROM INTERNET =ADVISED CUST OF SAFETY RECALL BUT FOR ABS NOT ISSUE THEY PRESENT=ASSIGNED VEH TO CUST

CONSUMER AFFAIRS

12/17/2009 FAXOGC2

PE12-019 002224LC SUBJECT



BEGINNING OF CONTACT
01/25/2011

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.27

REGION: A1 SELECT DEALER OGC ISSUE CASE NBR: 1353430241.
VIN: 1FMYU93153K [REDACTED] ZONE: B03 OPENED: 2011/01/24
ENGINE: 1 VEH TYPE: T CLOSED: 2011/01/24

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: MRS FIRST NAME: [REDACTED] MI:
ADDRESS: [REDACTED]
CITY: LYNDON STATION STATE: WI ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2003 MODEL: ESCAPE
MILEAGE: 104000
DEALER NAME: RUDIG JENSEN FORD-ME SALES CODE: F41476 P & A: 02963
REASON CODE: 0772 LEGAL - ACCIDENT
SYMPTOMS: 620900 ENG SPEED-UP SUDDEN ACCELERATION

ORIGIN: CAC138 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 791 - ADVISE CUSTOMER INFO WILL BE SENT TO OGC
DOCUMENT: ANALYST: SGOETZ2 GOETZ, SUSAN

DATE: 2011/01/24 TIME: 10.09.24 :
ACTION DATA/COMMENTS:

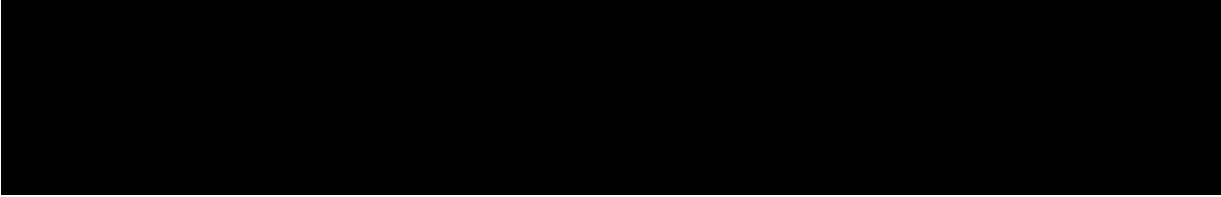
CUSTOMER SAID: [REDACTED] CALLING IN ON BEHALF OF WIFE-BEST DAYTIME PHONE NUMBER FOR CUST PER C/W [REDACTED] ***-CUST HAS ESP***1. VEH ACCELERATED ON ITS OWN-CUST SMASHED INTO BUILDING***-CUST CALLED DLR AND WAS ADVISED THAT HE WOULD HAVE TO GO THROUGH HIS INSURANCE-CUST WILL NEED LOANER AND ESP SHOULD COVER ALL THIS***-CUST SEEKING THIS TO BE COVERED ***-DLRSH: RUDIG JENSEN FORD MERCURY, INC. FORD CODE: 41X476 DEALER PROFILE 1000 PROGRESS RD.NEW LISBON, WI 53950 TEL:(888) 206-2920FAX:(608) 562-3104***ACCIDENTS 1. DATE OF THE ACCIDENT**1/22/20112. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT**VEH ACCELERATED ON ITS OWN3. IF THERE WERE ANY INJURIES SUSTAINED**NO4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED**ON A CURB IN FRONT OF WORK5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED.**NO6. 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.**N/A--DEALER SAID: 8. WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY.**NO9. 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.**YESGR: 11. NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (ONLY IF THE CUSTOMER MENTIONS THEY HAVE SOUGHT ONE).**N/A12. WHAT THE CUSTOMER IS SEEKING**CUST IS SEEKING THIS TO BE COVERED/WIFE IS 7MONTHS PREGNANT***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 WHICH IS 2/14/2011NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION AND DOCUMENT INCIDENT/ACCIDENT DATE PRIOR TO SENDING ISSUE.**VERIFIED***-ADVISED ABOVE-ADVISED CUST THAT THERE IS A CERTAIN PROCESS-ADVISED CUST THAT CCR CANNOT SPEED UP THE PROCESS-ADVISED CUST THAT BECAUSE THIS RESULTED IN ACCIDENT, IT HAS TO GO TO THE LEGAL DEPARTMENT<<<CUST IS NOT HAPPY THAT HE HAS TO WAIT AND HUNG UP>>>

FORD MOTOR COMPANY
15200
JAN 25 2011
OFFICE OF THE
GENERAL COUNSEL

CONSUMER AFFAIRS

01/25/2011 FAXOGC2 CONFIDENTIAL

PE12-019 002226LC SUBJECT



State Farm Insurance Companies



State Farm Insurance
PO Box 2340
Bloomington, IL 61709-2340
Phone: 630-541-4333
Fax: 888-309-8608
Monday - Friday, 8:00am - 4:30pm

July 15, 2004

Ford Motor Credit
PO Box 6248 Md-3Ne-B
Dearborn, MI 48126

CLAIMS AFFAIRS
SECTION

4 JUL 20 AM 10

RE: Claim Number: [REDACTED]
 Our Insured: [REDACTED]
 Date of Loss: April 20, 2004
 Amount Paid: \$942.00
 Our Payment: \$842.00
 Insured's Deductible: \$100.00

Your Insured: Ford Motor
 Address: PO Box 6248 Md-3Ne-B
 Dearborn, MI 48126

Claim Number: RECALL # 04S13
 Policy Number:



Dear Ford Motor:

We have been informed that you are the insurance carrier for the party designated as your insured in the above caption.

Our investigation indicated that your insured is responsible for this loss.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.


- OWNERS GROVE JL - 4/20/04 - #942 - WSP 10/17/02 - esp - 60/69000 - 103 Escape - VIN - 151011 (M) - police report - recall 04S13

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

Page 2
July 15, 2004

Please accept this letter as a notice of our subrogation rights and communicate with us in regard to your position on this matter.

Sincerely,


Team 2L
Claim Representative
1-(630) 541-4333

Team 2M

State Farm Mutual Automobile Insurance Company

Enclosure: *payment log, *estimate, *photos, police report

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRPP

APR 23 2004

DRPL	PRDR	TRFD	TRFC	WEAT	DRAL	VE	HEAD	LGHT	COLL	MANV	PKA	PKC
1	1	X	3	4	1	7	1	1	1	4	1	1
U1	U2				U1	U2	U1	U2	U1	U2	U1	U2



INVESTIGATING AGENCY: **Downers Grove**
 TYPE OF REPORT: ON SCENE, NOT ON SCENE AMENDED
 AGENCY CRASH REPORT NO.: **04 606**

ADDRESS NO.: **M 30**
 HIGHWAY OR STREET NAME: **BELMONT RD**
 CITY/TOWNSHIP (Check One): **Downers Grove**
 COUNTY: **DUPAGE**
 DATE OF CRASH: **4/20/04** TIME: **8:45** AM/PM
 PRIVATE PROPERTY: Yes No
 ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500: Yes No
 NUMBER MOTOR VEHICLES INVOLVED: **2**
 LARS CODE: **72200 BMT**
 LARS CODE: **94399**

NAME & LAST FIRST INITIALES: [Redacted] MAKE: **Ford** MODEL: **ESCAPE** YEAR: **03**
 SEX: [Redacted] SAFT: [Redacted] APR: [Redacted] PLATE NO.: **FL 29** STATE: **IL** YEAR: **04**
 CITY: **Woodridge** STATE: **IL** ZIP: [Redacted] INJURY: **0** EJECT: **1** VIN: **1FUY4031X3K [Redacted]**
 STATE: **IL** CLASS: **D** VEHICLE OWNER (LAST, FIRST, M.I.): **DRIVER**
 TAKEN TO: **DNA** EMS AGENCY: **DNA** OWNER ADDRESS (STREET, CITY, STATE, ZIP): **DRIVER**
 INSURANCE CO.: **STATE FAITH** POLICY NO.: [Redacted]

NAME & LAST FIRST INITIALES: [Redacted] MAKE: **Ford** MODEL: **E350** YEAR: **00**
 SEX: [Redacted] SAFT: [Redacted] APR: **29** PLATE NO.: **1Q979 D** STATE: **IL** YEAR: **04**
 CITY: **Downers Grove** STATE: **IL** ZIP: [Redacted] INJURY: **0** EJECT: **1** VIN: **1FDWE35L74H [Redacted]**
 STATE: **IL** CLASS: **D** VEHICLE OWNER (LAST, FIRST, M.I.): [Redacted]
 TAKEN TO: [Redacted] EMS AGENCY: [Redacted] OWNER ADDRESS (STREET, CITY, STATE, ZIP): [Redacted]
 INSURANCE CO.: **ACE AMERICAN INS** POLICY NO.: [Redacted]

UNIT	SEAT	DRIVER	SAFETY	INJURY	DEATH	NAME (LAST, FIRST, M.I.)	AGE	SEX	HAZMAT	COM VEH
						DNA				

UNIT 1: (EVNT) 11 (MUST) 1 (EVNT) 1 (LOG) 1
 DAMAGED PROPERTY OWNER NAME: [Redacted]
 PROPERTY OWNER ADDRESS: [Redacted] CITY: [Redacted] STATE: [Redacted] ZIP: [Redacted]
 SECTION: **11-601 (a)** CITATION NO.: **216355**
 UNIT 2: (EVNT) 11 (MUST) 1 (EVNT) 1 (LOG) 1
 ARREST NAME: **DNA**
 OFFICER ID: **65** SIGNATURE: *J.M. [Redacted]* BEAT/DIST: **2** SUPERVISOR ID: **D [Redacted]**
 DATE POLICE NOTIFIED: **4/20/04** TIME NOTIFIED: **8:45** AM/PM
 COURT DATE: [Redacted] COURT TIME: [Redacted]

TRFW: **2**
 VEH1: **15**
 U1: **6**
 U2: **4**
 ALGN: **1**
 ASUR: **1**
 VEH2: **2**
 U1: **98**
 U2: **96**
 NO. LINES: **1**
 NO. OCCS: **1**
 L2: **1**
 DRPP: **1**
 U1: **1**
 U2: **1**

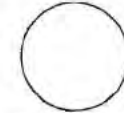


T. Weidman 3-8543-5780

*IF YES TO HAZMAT SPILL OR COM VEH ABOVE, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

6322154

DIAGRAM



INDICATE NORTH BY ARROW

VEHICLES MOVED PRIOR TO OFFICERS ARRIVAL

NARRATIVE (Refer to vehicle by Unit No.)

unit #2 was stopped in N/B BELMONT left TURN LANE AT OGDEN -
 unit #1 was stopping BEHIND unit #2 in left TURN LANE N/B BELMONT.
 DRIVER of unit #1 STATES SHE WAS STOPPED BEHIND unit #2 WHEN HER
 VEHICLE STARTED MOVING FORWARD BY ITSELF. SHE HAD HER FOOT ON THE
 BRAKES BUT THE VEHICLE KEPT MOVING FORWARD STRIKING unit #2.
 THE Front Bumper of unit #1 STRUCK THE REAR Bumper of unit #2.
 DRIVER of unit #2 STATES HE WAS STOPPED IN TRAFFIC WHEN
 HE WAS STRUCK FROM BEHIND BY unit #1.

LOCAL USE ONLY

U1 Color **Blue** U2 Color **white**

U1 Towed by / to U2 Towed by / to

DNA

U2 Towed by / to

DNA.

COMMERCIAL VEHICLE UNIT NO.

CARRIER NAME _____ SOURCE Side of truck Papers Driver Log Book

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ID NUMBER _____ GVWR _____

US DOT _____ ICCMC _____ State Name _____ None

HAZARDOUS MATERIALS: PLACARDED? Yes No
 if Yes: 4-Digits _____ 1-Digit _____ or Name _____

Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank) Y N Unk

Violation of HAZMAT regs. contribute to crash?

Violation of MCS regs. contribute to crash?

Inspection form completed? Form No. _____

- HAZMAT Y N Unk Out of Service? Y N

- MCS Out of Service?

IDOT PERMIT # _____ WIDE LOAD Y N

TRAILER WIDTH(S)			TRAILER LENGTH(S) - ft		VEHICLE LENGTH (TOTAL) - ft
	0-95"	97-102"	Over 102"		
Trailer 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trailer 1 _____	NO. OF AXLES _____
Trailer 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trailer 2 _____	

(Circle)
 IN CITY OF / NEAREST CITY: _____ Miles N E S W of:

(INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO)

VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____

COMMERCIAL VEHICLE UNIT NO.

CARRIER NAME _____ SOURCE Side of truck Papers Driver Log Book

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ID NUMBER _____ GVWR _____

US DOT _____ ICCMC _____ State Name _____ None

HAZARDOUS MATERIALS: PLACARDED? Yes No
 if Yes: 4-Digits _____ 1-Digit _____ or Name _____

Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank) Y N Unk

Violation of HAZMAT regs. contribute to crash?

Violation of MCS regs. contribute to crash?

Inspection form completed? Form No. _____

- HAZMAT Y N Unk Out of Service? Y N

- MCS Out of Service?

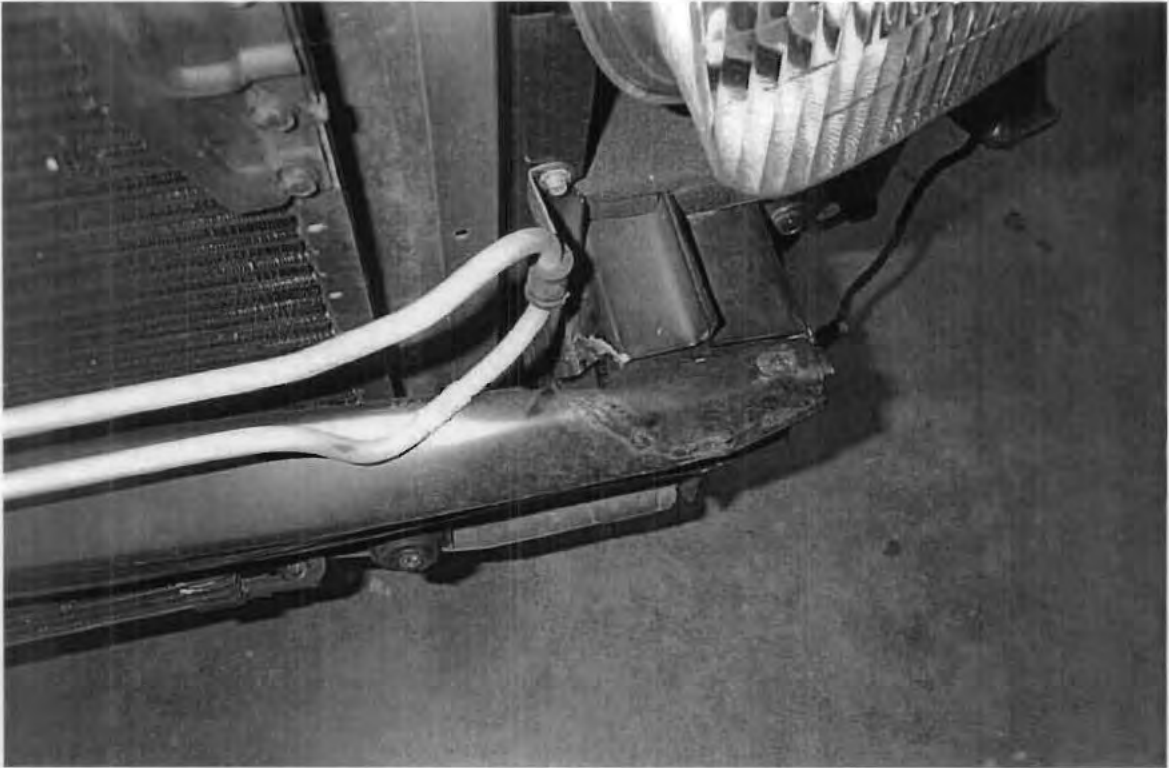
IDOT PERMIT # _____ WIDE LOAD Y N

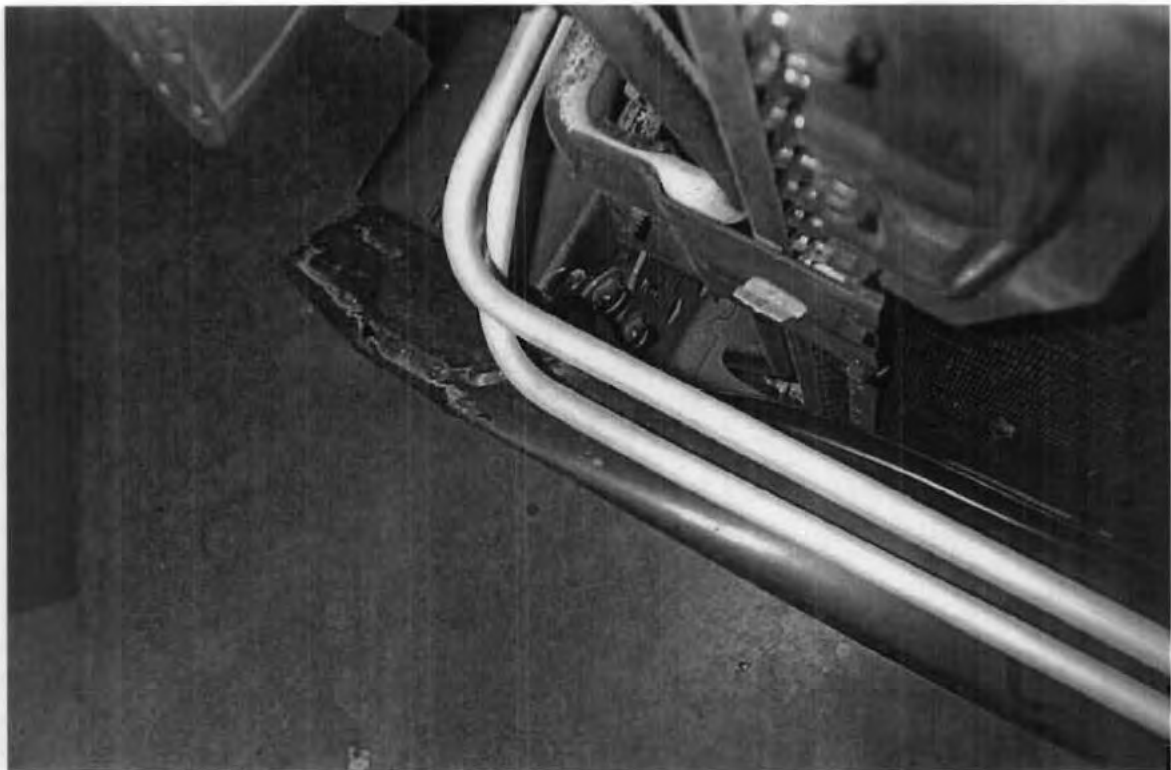
TRAILER WIDTH(S)			TRAILER LENGTH(S) - ft		VEHICLE LENGTH (TOTAL) - ft
	0-95"	97-102"	Over 102"		
Trailer 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trailer 1 _____	NO. OF AXLES _____
Trailer 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trailer 2 _____	

(Circle)
 IN CITY OF / NEAREST CITY: _____ Miles N E S W of:

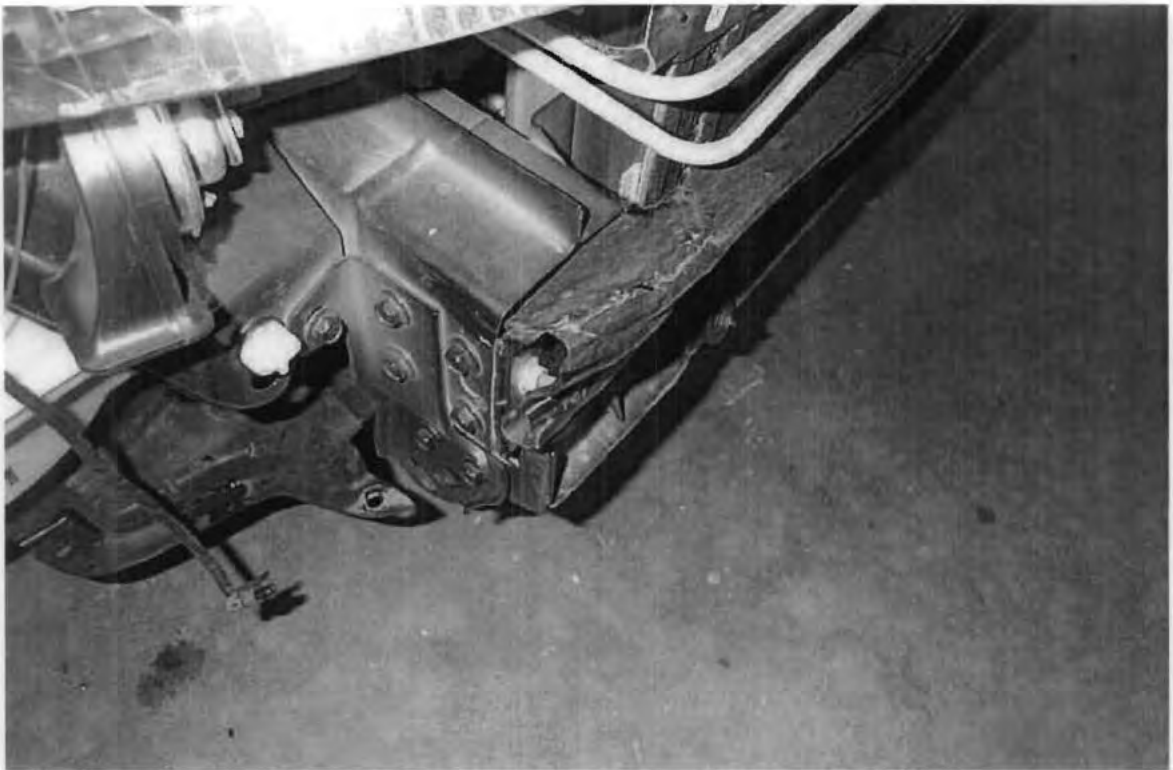
(INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO)

VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____







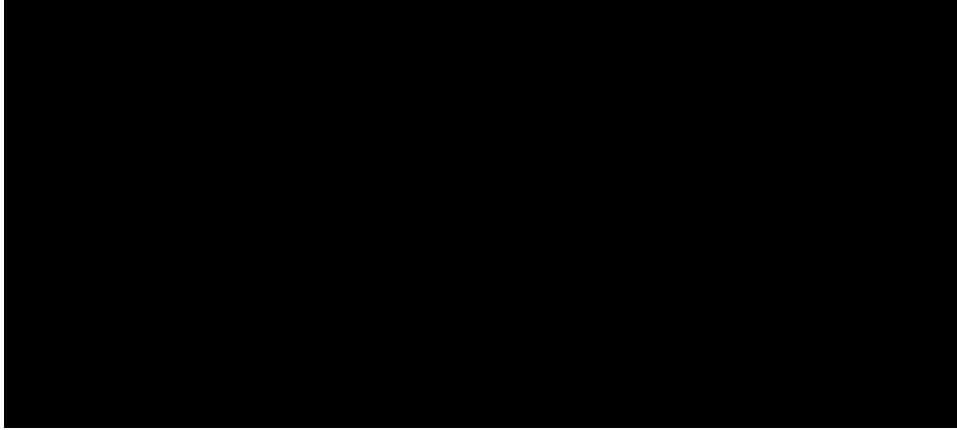














afni Insurance Services

Subrogation Department

P.O. Box 3068 | Bloomington, IL 61702 | Phone 888-879-6814 | Fax 309-820-2626

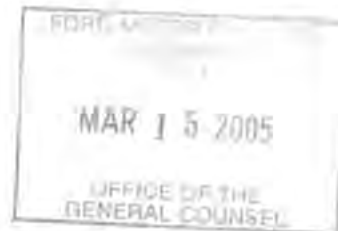
February 21, 2005

FORD MOTOR COMPANY
ATTN CLAIMS DEPARTMENT
P.O. BOX 6251
DEARBORN, MI 48121

RECEIVED

MAR 15 2005

Re: Our File #: 320760
Our Insured: [REDACTED]
AMERICAN FAMILY INSURANCE Claim #: [REDACTED]
Your Insured: FORD MOTOR COMP
Date of Loss: December 4, 2004
Amount Claimed: \$10,608.41 (Vehicle Damage)
House Damage Pending



To Whom It May Concern:

We are contacting you today on behalf of AMERICAN FAMILY INSURANCE regarding a loss. We have been informed that Ford Motor Company is liable for a loss involving our insured's 2003 Ford Escape VIN# 1FMYU93103K [REDACTED]. The facts of the accident indicate our insured's accelerator stuck forcing the vehicle into a home and causing severe damage to the vehicle and home. Please see supporting documentation showing a recall for this type of vehicle on the accelerator cable.

All payments should be made payable to Afni, include the Afni file number and must be directed to the address listed above.

Please contact me at 1-888-879-6814 to discuss this situation.

Sincerely,

JIM NISCHBACH EXT 3665
Subrogation Specialist

May 18, 2005

Ford Motor Company
P. O. Box 6251
Dearborn MI 48121



Attention: Frank Ligon

RE: Claim of American Family Insurance a/s/o [REDACTED]
Date of Loss - December 4, 2004
Amount of Loss - \$11,108.41
Our File No: 05-3749

Dear Mr. Ligon:

This firm was retained by American Family Insurance to recover money it paid to or on behalf of its insured, [REDACTED], for a loss which occurred on the above referenced date.

This loss was caused by the negligence of yourself, your agents or employees. If you are insured, kindly refer this to your insurance company immediately. Otherwise, please call this office at (800) 637-7073 to discuss this matter. You may also use the enclosed self-addressed envelope to make payment directly to our office. Your checks should be made payable to NORYCH AND TALLIS as attorneys for American Family Insurance. Please note that we also accept payment with major credit cards and/or debit cards.

Failing to hear from you or your insurance company, we will take whatever steps are legally necessary to protect our client's rights.

Very truly yours,

NORYCH AND TALLIS, L.L.P.

A handwritten signature in cursive script, appearing to read "Leslie Schiavo".

Leslie Schiavo
Claims Analyst, Ext. 143
ls@norychandtallis.com

LS/nk
Encl.

RECEIVED *print* 2 4 2005

RECEIVED AUG 12 2005

Norych and Tallis, LLP
Attorneys at Law

3111 University Drive • Suite 608
Coral Springs, Florida 33065
Phone 954-796-0085 • Fax 954-796-8743
e-mail: ntfl@norychandtallis.com

August 9, 2005

Ford Motor Company
Attn: Shawn Norton
Parklane Towers West
Suite 300
Three Parklane Blvd
Dearborn, MI 48126-2568

509611 0
andrew

RE: Claim of American Family Ins. Co. a/s/c [REDACTED]
Date of Loss: December 4, 2004
Our File#: 05-3749
Amount of Loss: \$11,108.41

Dear Shawn Norton:

This law firm represents American Family Insurance Company in connection with the above-referenced matter.

Enclosed please find our proofs of loss in connection with the above matter. Kindly review same and contact me so this matter can be resolved amicably. In the alternative, please feel free to issue payment directly to this office, and make your check payable to NORYCH AND TALLIS.

Thank you for your cooperation in this matter.

Very truly yours.

NORYCH AND TALLIS, L.L.P.

Leslie Schiavo

Leslie Schiavo
Claims Analyst, ext 143
ls@norychandtallis.com

NEW YORK • FLORIDA • CALIFORNIA
www.norychandtallis.com

PE12-019 002243LC SUBJECT

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
2/15/2005 CLOSED	[REDACTED] LEGAL - INSURANCE COMPANY SETTLEMENT	1FMYU93103K [REDACTED] 1457890465	2003 ESCAPE	02

[REDACTED] .. 3/23/2005

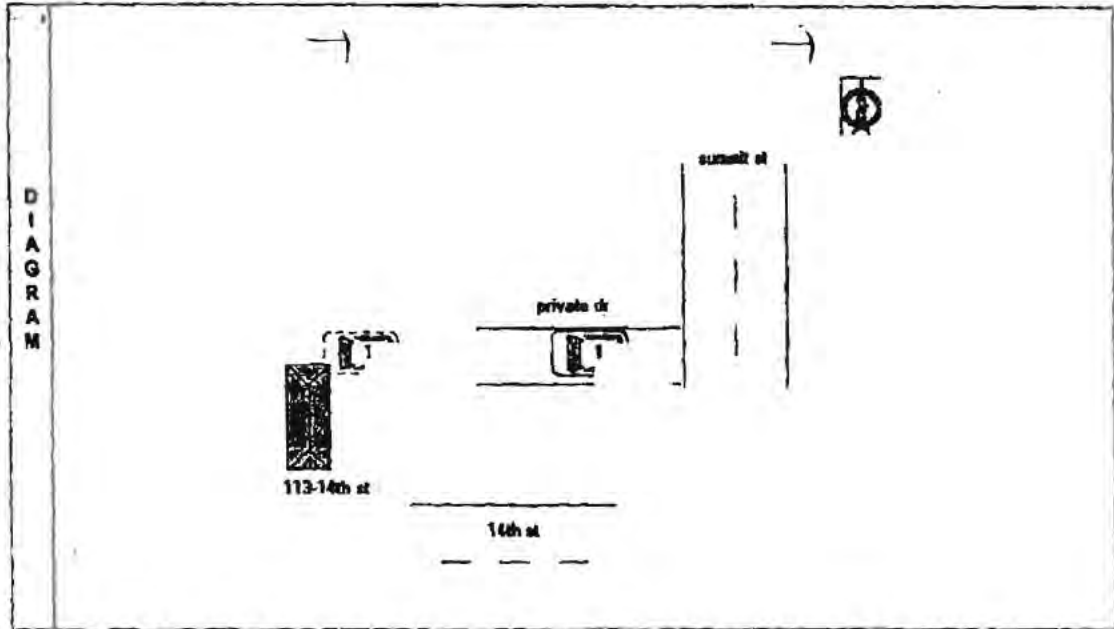
All Action Details for Issue

Print

VIN: 1FMYU93103K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Subsequent WSD: 2002-12-03
Symptom Desc: SURGE ACCELERATION HOT ENGINE 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: 23000 MI Comm Type: PHONE
Analyst Name: MCLELLAN JILL Analyst: JMCLELL5
Action Date: 02/15/2005 Action Time: 12.43.08.633 Action Data: No

Comments CUSTOMER SAID: -VEH WAS IN AN ACCIDENT ON THE 3RD OR 4TH OF DECEMBER '05-A POLICE REPORT WAS FILED-IN SIOUX CITY AT 14TH AND SUMMIT, CUST PULLED INTO A DRIVEWAY AND THE VEH DID NOT STOP AND THE VEH RAN INTO A HOUSE, DAMAGE TO THE SIDING OF THE HOUSE. DAMAGE TO THE VEH.-NO INJURIES TO ANY PERSONS- CUSTS INSURANCE COMPANY HAS PAID FOR THE MATTER (APPROX. \$10,000) AND SAID THAT THEY WOULD INVESTIGATE FURTHER-CUST DOES NOT HAVE THE POLICE REPORT ON HAND -BUT DOES HAVE IT AT HOME, FOR THE REPORT DETAILS-CUST SAYS THAT FORD IS RESPONSIBLE FOR THE ACCIDENT AS TO THE RECALL ISSUE 04S25-CUST HAD PREVIOUSLY BROUGHT VEH IN TO DEALERSHIP BECAUSE THE ACCELERATOR SEEMED TO BE STICKING AND THE VEH WAS DIFFICULT TO SLOW DOWN; BUT THE DEALERSHIP FOUND NOTHING AT THAT TIME-SHORTLY AFTER THE ACCIDENT THE CUST RECIEVED THE RECALL LETTER.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.



NARRATIVE

Describe what happened (refer to vehicles by number)

VEHICLE #1 WAS DRIVING WB ON A PRIVATE DR WHEN THE DRIVER ACCIDENTALLY HIT THE GAS INSTEAD OF THE BRAKE AND DROVE OFF AN INBANKMENT STRIKING A HOUSE ON THE NE CORNER AT 113-14TH ST.

Officer Ruhland James	Badge No. 4834	Time Officer Notified of Accident 15:05 Hrs.		Time Officer Arrived At Scene 15:07 Hrs.	
Name of Agency Stoux City Police Department	Date of Report 12/04/2004	Investigation made at scene? Yes	T.I. #		
Report Reviewed By. Post, Mike	Date Reviewed 12/10/2004	Agency Specific D-5	Other Technical Investigation Agency		

Q: Did you have, did it continue to do that after that?
R: Oh, yeah.

Q: Does it do it all the time...
R: Yeah.

Q: ...or did it just do it once and awhile?
R: It does it most all the time but not all the time. The biggest majority of the time is the way it acted.

Q: Okay. So on the day of the accident, tell me what happened that day.
R: Well, that day I pulled into the driveway here and stopped to, gonna stop but it kept goin' and I tried to stop it again puttin' more pressure on the brake pedal and more pressure and it just seemed like it kept speedin' up. That was the way it acted sometimes when I tried stoppin' on the street, too. It acted like it speeded up.

Q: So...
R: (inaudible) slowed down.

Q: Okay. So you had your foot on the brake during this time?
R: Yep.

Q: And it was, still wouldn't stop?
R: It still wouldn't stop. No.

Q: And it wasn't icy out or anything?
R: Nope. It was dry out.

Q: Did it, was it just goin' at the same speed then or did it keep goin' faster?
R: It felt like it gained speed as it went.

Q: How fast do you think you were going?
R: I don't know but it felt like I was goin' pretty darn fast. It, ah, when it hit the house here, all four wheels were still spinnin' when I got out.

Q: When you got out they were?
R: Yeah. I was clear out of it and they, all four wheels were still goin'.

Q: How did you, ah...
R: I had to reach in and turn the key off.

Q: Okay. Now on the police report he puts on there that you accidentally hit the gas instead of the brake. Is that what you told the police officer?
R: No. I told him I had my foot on the brake but...

Q: So is he wrong when he states that on the police report?
R: I think so.

Q: Um, you didn't accidentally hit the gas?
R: No. I'm pretty sure I didn't. The pedals are fairly close together but I'm pretty sure I was on the brake 'cause I kept pushin' harder and harder and harder and, ah...

Q: Um, when you say it was going fairly fast, are you thinking like 15 to 20 or you talkin' 30 to 40?
R: Probably 15 to 20. Maybe not that fast even but it sure felt like it was quick goin' down that grade and all.

Q: What did you end up goin' off of?
R: I went off, goin' off an embankment about five or six feet high and hit a house over...

R: ...after it went off the embankment.

Q: How far, how far did the vehicle go after you hit the brake? How, how far did it have to travel?

R: Oh...

Q: Were, were you tryin' to stop at the beginning of the driveway or...

R: Yeah. I was tryin' to stop the beginning of the driveway, and it's really not too steep a driveway, I didn't figure. I had parked up there several times before and never had any problem with it and, ah, so I was just really kinda shocked the way it went...

Q: Okay.

R: ...especially when it come to an abrupt halt like it did.

Q: What part of the vehicle ended up bein' damaged?

R: The front.

Q: And, ah, where did you end up repairing it at or what...

R: It's down to Prestige Body Shop right now.

Q: Okay. Um, are you gonna have Ford check it out again after that or is Prestige checkin' it out, or the accelerator?

R: I don't know. Somebody's gotta check it out. I think I got the receipt from when I took it down to Ford to have it checked out in the glove compartment.

Q: Okay.

R: I...

Q: Um...

R: ...bein's the vehicle ain't here, I can't look in the glove compartment to see what I all have in there but I put most the papers in there from everything I've had done to it.

Q: Have you ever had, now there was a recall out. Did you ever have the work done after that recall for the, for the, ah, accelerator?

R: No. I just seen that recall thing last week or the week before.

Q: And that hasn't been done yet then?

R: Yeah.

Q: It hasn't?

R: It hasn't been done yet as far as I know.

Q: Okay. Um, were you injured in the accident?

R: No. Uhuh.

Q: And were you alone in your vehicle?

R: Yep. I was alone. Both air bags went off. That scared the hell outta me, too.

Q: Okay. Um...

R: I was already half panicked from droppin' off a that cliff and then hittin' a house and stoppin' that abruptly which is pretty excruciating, and then I got and somebody yelled at me that the thing was still runnin', I should turn it off, so then I reached in and shut it off but it, all four wheels were goin' around when I stepped out of it so I figured somethin' was wrong there.

Q: Okay. Um, anything else you wanna add?

R: Like what?

Q: Um, if you have any, I have no more questions if that's all you have.

R: All right.

Claim No: [REDACTED]
Statement of [REDACTED]
Page 4

Okay. I'll go ahead and conclude this. This has been a recorded telephone interview between Steve Fejfar and [REDACTED]. Today's date is December 20, 2004. The time's about 5:50 PM.

Q: [REDACTED], did you realize I recorded this?

R: Yes.

Q: And did I have your permission?

R: Yes.

Transcribed By: Lisa Serck

Images



Description: ftt front
Comments:



Description: ftt
Comments:



Description: ftt
Comments:



STATE OF WISCONSIN : CIRCUIT COURT : MILWAUKEE COUNTY

03CV005365

[REDACTED]
Milwaukee, Wisconsin [REDACTED]

Plaintiff,

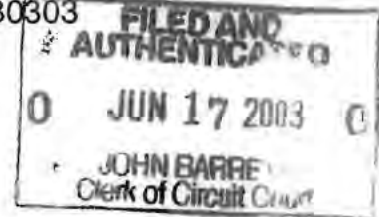
vs.

SUMMONS

Case No.:

Case Classification: other contracts

Case Code: 30303



FORD MOTOR COMPANY
a Delaware Corporation
c/o C.T. Corporation Systems
44 East Mifflin Street
Madison, Wisconsin 53703

BRAEGER FORD, INC.
a Wisconsin Corporation,
c/o Lon Bahr
4100 South 27th
Milwaukee, Wisconsin 53221

Defendants.

HON. DOMINIC S. AMATO BR. 11

CIVIL J

JURY DEMAND FEE
6 PERSON \$36.00 PAID

THE STATE OF WISCONSIN, to each person named above as a Defendant:

YOU ARE HEREBY NOTIFIED that the Plaintiff named above has filed a lawsuit or other legal action against you. The Complaint, which is attached, states the nature and basis of the legal action.

Within forty-five (45) days of receiving this Summons, you must respond with a written Answer, as that term is used in Chapter 802 of the Wisconsin Statutes, to the Complaint. The Court may reject or disregard an Answer that does not follow the requirements of the statutes. The Answer must be sent or delivered to the Court, whose address is: Milwaukee County Courthouse, 901 North 9th Street, Room 104, Milwaukee, Wisconsin 53233, and to Consumer Legal Services, Plaintiff's attorneys, whose address

is: 13000 Bluemound, Ste. 114, Elm Grove, Wisconsin 53122. You may have an attorney help or represent you.

If you do not provide a proper Answer within forty-five (45) days, the Court may grant judgment against you for the award of money or other legal action requested in the Complaint, and you may lose your right to object to anything that is or may be incorrect in the Complaint. A judgment may be enforced as provided by law. A judgment awarding money may become a lien against any real estate you own now or in the future, and may also be enforced by garnishment or seizure of the property.

Dated: June 10, 2003

CONSUMER LEGAL SERVICES
Attorney for Plaintiff

Mark Romano

MARK ROMANO
State Bar No: 1031838
JASON CROWE
State Bar No: 1029493

POST OFFICE ADDRESS:
13000 W. Bluemound, Ste. 114
Elm Grove, WI 53122
(262) 780-0331

CONSUMER LEGAL SERVICES

STATE OF WISCONSIN : CIRCUIT COURT : MILWAUKEE COUNTY

0307005365

[REDACTED]
Milwaukee, Wisconsin [REDACTED]

Plaintiff,

vs.

COMPLAINT AND JURY DEMAND

Case No.:

Case Classification: other contracts

Case Code: 30303

FORD MOTOR COMPANY
a Delaware Corporation
c/o C.T. Corporation Systems
44 East Mifflin Street
Madison, Wisconsin 53703



BRAEGER FORD, INC.
a Wisconsin Corporation,
c/o Lon Bahr
4100 South 27th
Milwaukee, Wisconsin 53221

Defendants.

NOW COMES Plaintiff, [REDACTED], by and through his attorneys **CONSUMER LEGAL SERVICES**, by Mark Romano and Jason Crowe, who complains against the above-named Defendants as follows:

PARTIES

A. Plaintiff is a resident of the State of Wisconsin and resides at [REDACTED]

[REDACTED], Milwaukee, Wisconsin [REDACTED]

1. Defendant, Ford Motor Company (hereinafter referred to as "the Manufacturer"), is a Delaware Corporation authorized to do business in the State of Wisconsin, whose Registered Agent is C.T. Corporation Systems, located at 44 East Mifflin Street, Madison, Wisconsin 53703, and, at all times relevant hereto, was engaged in the manufacture, sale, distribution and/or importing of Ford Motor vehicles and related equipment in Madison, Wisconsin.

2. Defendant, Braeger Ford, Inc. (hereinafter referred to as the "Seller"), is a Wisconsin Corporation authorized to do business in the State of Wisconsin whose Resident Agent is Lon Bahr, located at 4100 South 27th, Milwaukee, Wisconsin, 53221, and, at all times relevant hereto, was an authorized agent for Manufacturer and was engaged in the business of selling and servicing Ford Motor vehicles in the City of Milwaukee, Milwaukee County, Wisconsin.

FACTS

3. On or about March 21, 2002, Plaintiff purchased a new 2002 Ford Escape, Vehicle Identification Number 1FMYU03132K [REDACTED] (hereinafter referred to as the "2002 Escape"), from the Seller which was manufactured by the Manufacturer (see copy of the Motor Vehicle Purchase Contract attached as Exhibit A).

4. The 2002 Escape was sold to Plaintiff with written warranties and other express and implied warranties including, by way of example and not by way of limitation, warranties from the Manufacturer and the Seller (a copy of the written warranty is in the possession of the Defendants).

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5. Plaintiff has taken the 2002 Escape to the Manufacturer's authorized agents/dealers on at least five (5) 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 2002 Escape include the following:

<u>Date</u>	<u>Mileage</u>	<u>Invoice#</u>	<u>Complaint</u>
01/24/03	14,425	115804	<u>STEERING DEFECT</u> : steering is very difficult
03/03/03	15,830	117999	<u>STEERING DEFECT</u> : noise in steering column; cd player inoperative; rear wiper will not clear
03/13/03	16,609	118639	<u>STEERING DEFECT</u> : steering wheel noise
03/19/03	N/A	N/A	<u>STEERING DEFECT</u> : squeak from steering wheel
04/04/03	17,849	119982	<u>STEERING DEFECT</u> : squeak from steering wheel; rear wiper does not clear; weatherstrips on all doors hang down; cd player inoperative; accelerator sticks when depressing; popping noise on deceleration; popping noise from rear hatch

6. This cause of action arises out of Defendants' various breaches of warranties and violations of statutes as hereinafter alleged.

7. The amount in controversy exceeds TWENTY FIVE THOUSAND DOLLARS (\$25,000.00), exclusive of interest and costs, for which Plaintiff seeks judgment against Defendants, together with equitable relief. In addition, Plaintiff seeks damages from Defendants for double the amount of incidental, consequential, collateral costs and actual damages, together with interest, costs and actual attorneys' fees.

CONSUMER LEGAL SERVICES

COUNT I
BREACH OF EXPRESS WARRANTY

8. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 7 as though herein fully restated and realleged.

9. Plaintiff is a "buyer" under the Wisconsin Uniform Commercial Code, W.S.A. 402.103(1)(a).

10. The Manufacturer and the Seller are "sellers" under the Wisconsin Uniform Commercial Code, W.S.A. 402.103(1)(d).

11. The 2002 Escape constitutes "goods" under the Wisconsin Uniform Commercial Code, W.S.A. 402.105(1).

12. This is a "transaction in goods" to which W.S.A. 402.102 and W.S.A. 402.105(1) is applicable.

13. Plaintiff's purchase of the 2002 Escape was accompanied by an express warranty, written and otherwise offered by the Manufacturer and the Seller. Whereby this warranty was part of the basis of the bargain of the contract, upon which Plaintiff relied, between Plaintiff and the Manufacturer/Seller for its sale of the 2002 Escape.

14. In this express warranty, the Manufacturer warranted that if any defects were discovered within certain periods of time, the Manufacturer and/or the Seller would provide repair of the 2002 Escape free of charge to Plaintiff under specific terms as stated in the express warranty.

15. In fact, Plaintiff discovered the 2002 Escape had defects and problems that were discovered after Plaintiff purchased this vehicle as discussed above.

CONSUMER LEGAL SERVICES

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

17. Plaintiff provided the Seller and the Manufacturer with sufficient opportunities to repair or replace the 2002 Escape.

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

19. The Manufacturer and the Seller have failed to adequately repair the 2002 Escape and/or have not repaired the 2002 Escape in a timely fashion, and the 2002 Escape remains in a defective condition.

20. Even though the express warranty provided to Plaintiff limited Plaintiff's remedy to repair, replace and/or adjust defective parts, the 2002 Escape's defects have rendered the limited warranty ineffective to the extent that the limited remedy of repair, replace and/or adjustment of defective parts failed of its essential purpose pursuant to W.S.A. 402.719(2); and/or the above remedy is not the exclusive remedy under W.S.A. 402.719(1)(b).

21. The 2002 Escape continues to contain defects which substantially impair the value of the automobile to the Plaintiff.

22. These defects could not reasonably have been discovered by Plaintiff prior to Plaintiff's acceptance of the 2002 Escape.

23. The Manufacturer and the Seller induced Plaintiff's acceptance of the 2002 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.

CONSUMER LEGAL SERVICES

24. As a result of the 2002 Escape's many defects, Plaintiff has lost faith and confidence in the 2002 Escape and Plaintiff cannot reasonably rely upon the vehicle for the ordinary purpose of safe, efficient transportation.

25. If the finder of fact finds that revocation and/or rejection was improper, then, in the alternative, Plaintiff alleges that as of the date of revocation, the 2002 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 2002 Escape accepted and the value it would have had if it had been as warranted.

26. The Manufacturer and the Seller have refused Plaintiff's demands and have refused to provide Plaintiff with the remedies to which Plaintiff is entitled pursuant to W.S.A. 402.313, 402.711, 402.714 and 402.715.

WHEREFORE, Plaintiff demands judgment against all Defendants:

- A. Declaring that acceptance has been properly revoked by Plaintiff;
- B. For damages incurred by the breach of the express warranty;
- C. For a refund of the purchase price paid by Plaintiff for the 2002 Escape;
- D. To cancel the retail installment contract and pay the balance on the same;
- E. For incidental, consequential and actual damages;
- F. For costs, interest and actual attorneys' fees; and
- G. For such other equitable relief that this Court deems appropriate.

CONSUMER LEGAL SERVICES

COUNT II
BREACH OF IMPLIED WARRANTY OF MERCHANTABILITY

27. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 26 as though herein fully restated and realleged.

28. The Manufacturer and the Seller are "merchants" with respect to automobiles under the Wisconsin Uniform Commercial Code, W.S.A. 402.104(1).

29. The 2002 Escape was subject to implied warranties of merchantability under W.S.A. 402.314, running from the Manufacturer and the Seller to the benefit of Plaintiff.

30. The 2002 Escape was not fit for the ordinary purpose for which such vehicles are used.

31. The defects and problems hereinbefore described rendered the 2002 Escape unmerchantable.

32. The Manufacturer and the Seller failed to adequately remedy the defects in the 2002 Escape; and the 2002 Escape continues to be in an unmerchantable condition at the time of revocation.

WHEREFORE, Plaintiff demands judgment against Defendants:

- A. For damages occasioned by the breach of the implied warranty;
- B. Declaring that acceptance has been properly revoked and for damages incurred in revoking acceptance;
- C. For a refund of the purchase price paid by Plaintiff for the 2002 Escape;
- D. To cancel the retain installment contract and pay the balance on the same;
- E. For consequential, incidental and actual damages;

CONSUMER LEGAL SERVICES

- F. Costs, interest and actual attorneys' fees; and
- G. Such other equitable relief that this Court deems appropriate.

COUNT III
REVOCATION OF ACCEPTANCE

33. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 32 as though herein fully restated and realleged.

34. Plaintiff accepted the 2002 Escape without discovering the above defects due to the fact Plaintiff was reasonably induced to accept the 2002 Escape by the difficulty of discovery of the above defects.

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

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

37. The nonconformities substantially impaired the value of the 2002 Escape to Plaintiff.

38. Plaintiff previously notified the Manufacturer and the Seller of the nonconformities and Plaintiff's intent to revoke acceptance pursuant to W.S.A. 402.608 and demanded the refund of his purchase price for the 2002 Escape and out-of-pocket expenses. (See copy of Plaintiff's revocation of acceptance letter attached as Exhibit C).

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39. The Manufacturer and the Seller have nevertheless refused to accept return of the 2002 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 demands judgment against the Manufacturer and the 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 2002 Escape;
- C. For consequential, incidental and actual damages;
- D. To cancel the retail installment contract and pay the balance on the same;
- E. For costs, interest and actual attorneys' fees; and
- F. Such other relief this Court deems appropriate.

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

40. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 39 as though herein fully restated and realleged.

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

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

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

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44. 2002 Escape is a "consumer product" as defined in the Warranty Act, 15 USC 2301(1).

45. 2002 Escape was manufactured, sold and purchased after July 4, 1975.

46. The express warranty given by the Manufacturer and adopted by the Seller pertaining to the 2002 Escape is a "written warranty" as defined in the Warranty Act, 15 USC 2301(6).

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

48. 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 contract by the Manufacturer and the Seller actionable under the Warranty Act, 15 USC 2310(d)(1) and (2).

WHEREFORE, Plaintiff demands judgment against the Manufacturer and the 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 2002 Escape;
- C. To cancel the retail installment contract and pay the balance on the same;
- D. For consequential, incidental and actual damages;
- E. For costs, interest and actual attorneys' fees; and
- F. Such other relief this Court deems appropriate.

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COUNT V
BREACH OF IMPLIED WARRANTY UNDER
MAGNUSON-MOSS WARRANTY ACT

49. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 48 as though herein fully stated and realleged.

50. The above-described actions on the part of the Manufacturer and Seller 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 demands judgment against the Manufacturer and the 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 2002 Escape;
- C. To cancel the retail installment contract and pay the balance on the same;
- 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 VI
BREACH OF CONTRACT

51. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 50 as though herein fully restated and realleged.

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52. An express limited warranty covering 36 months or 36,000 miles of use, whichever occurred first, accompanied the delivery of the 2002 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.

53. The limited warranty, given by the Manufacturer and adopted by the Seller when the Seller serviced and repaired the 2002 Escape created a contractual relationship between the Manufacturer/Seller and Plaintiff.

54. The Manufacturer and the 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 demands judgment against all Defendants:

- A. Damages incurred by Plaintiff created by Defendants' breach of contract, including all monies paid for the purchase of the 2002 Escape;
- B. To refund Plaintiff's purchase contract;
- C. For return of an amount equal to Plaintiff's down payment and all payments made by Plaintiff to the Defendants;
- D. To cancel the retail installment contract and pay the balance on the same;
- E. For incidental, consequential and actual damages;
- F. For costs and expenses, interest, and actual attorneys' fees; and
- G. Such other relief this Court deems appropriate.

CONSUMER LEGAL SERVICES

COUNT VII
VIOLATION OF REPAIR REPLACEMENT AND REFUND UNDER
NEW MOTOR VEHICLE WARRANTIES ACT, W.S.A.218.0171 ET SEQ

55. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 54 as though herein fully restated and realleged.

56. Plaintiff is a "consumer" under the Wisconsin New Motor Vehicle Warranties Act (hereinafter referred to as "Lemon Law"), W.S.A. 218.0171 (1) (b).

57. The Manufacturer is a "manufacturer" under the Lemon Law, W.S.A. 218.0171 (1) (c).

58. The 2002 Escape is a "motor vehicle" under the Lemon Law, W.S.A. 218.0171(1) (d).

59. The Seller is a "motor vehicle dealer" under the Lemon Law, W.S.A. 218.0171 (1) (e).

60. Plaintiff's 2002 Escape has been subject to a reasonable attempt to repair the aforementioned nonconformities:

(a) the same warranty nonconformity with the 2002 Escape has been subject to at least four repair attempts by Defendant the Manufacturer, through its authorized motor vehicle dealers within the term of the Manufacturers express warranty applicable to the 2002 Escape or within one year from the date of delivery to Plaintiff; and/or

(b) the 2002 Escape was out of service thirty (30) or more days within the terms of the Manufacturer's express warranty applicable to the 2002 Escape, or within one year from the date of delivery to Plaintiff.

CONSUMER LEGAL SERVICES

61. The 2002 Escape continues to manifest the aforementioned nonconformities.

62. The aforementioned nonconformities substantially impair the use, value or safety of the 2002 Escape to the Plaintiff.

63. On or about March 26, 2003, Plaintiff notified the Manufacturer of Plaintiff's request for a refund/replacement pursuant to the Lemon Law, W.S.A. 218, 015 (2) (c). (See copy of statutory offer letter attached as Exhibit D).

64. The Manufacturer has failed to refund or replace Plaintiff's 2002 Escape within thirty (30) days of Plaintiff's statutory offer. (Exhibit D)

WHEREFORE, Plaintiff demands the following relief against the Manufacturer:

A. Replace the 2002 Escape with a comparable new replacement motor vehicle and refund any collateral costs; or

B. The Manufacturer must accept return of the 2002 Escape and refund to Plaintiff and to any holder of a perfected security interest in the Plaintiff's 2002 Escape, as their interest may appear, the full purchase price, plus any sales tax, finance charges, amount paid by the Plaintiff at the point of sale and collateral costs, less a reasonable allowance for use. A reasonable allowance for Plaintiff's use of the 2002 Escape may not exceed the amount obtained by multiplying the full purchase price of the 2002 Escape by a fraction, the denominator of which is 100,000 and the numerator of which is the number of miles the 2002 Escape was driven before the Plaintiff first reported the nonconformity to the motor vehicle dealer;

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C. Pursuant to W.S.A. 218.0171(7), Plaintiff is entitled to a sum equal to twice the amount of any pecuniary loss, together with costs, disbursements and reasonable attorney fees and equitable relief the Court determines appropriate;

D. For prejudgment interest;

E. For such other relief as may be justified in this action.

COUNT VIII
VIOLATION OF REPAIR REPLACEMENT AND REFUND UNDER
NEW MOTOR VEHICLE WARRANTIES ACT, W.S.A.218.0171 ET SEQ

65. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 64 as though herein fully restated and realleged.

66. Plaintiff's 2002 Escape does not conform to the Manufacturer's express warranty due to the inability of the Manufacturer to repair the aforementioned nonconformities. [W.S.A. 218.0171 (2) (a)]

67. Plaintiff reported the aforementioned nonconformities to the Manufacturer and/or any of the Manufacturer's authorized motor vehicle dealers. [W.S.A. 218.0171 (2) (a)]

68. Plaintiff made the 2002 Escape available for repair before the expiration of the Manufacturer's Warranty and/or one year after first delivery of the 2002 Escape to Plaintiff. [W.S.A. 218.0171 (2) (a)]

WHEREFORE, Plaintiff demands the following relief against the Manufacturer.

A. Damages for breach of warranty;

B. All damages attributable to the Manufacturer's inability to repair the 2002 Escape;

CONSUMER LEGAL SERVICES

C. Pursuant to W.S.A. 218.0171(7), Plaintiff is entitled to a sum equal to twice the amount of any pecuniary loss, together with costs, disbursements and reasonable attorney fees and any equitable relief the Court determines appropriate;

D. For prejudgment interest; and

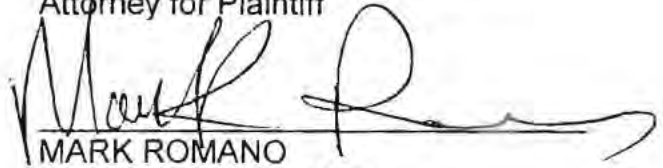
E. For such other relief as may be justified in this action.

JURY DEMAND

Plaintiff demands a trial by jury on all issues triable by jury.

Dated: June 5, 2003

CONSUMER LEGAL SERVICES
Attorney for Plaintiff



MARK ROMANO
State Bar No: 1031838
JASON CROWE
State Bar No: 1029493

POST OFFICE ADDRESS:
13000 W. Bluemound, Ste. 114
Elm Grove, WI 53122
(262) 780-0331

CONSUMER LEGAL SERVICES

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
6/23/2003	[REDACTED]	1FMYU03132K [REDACTED]	2002 ESCAPE	06
PENDING	DSB-REF'D PURCH PRICE RQST-DLR CANT REPAIR	1402690583		
4/24/2003	[REDACTED]	1FMYU03132K [REDACTED]	2002 ESCAPE	04
CLOSED	CI - WISCONSIN DEMAND LETTER	1402690583		
2/27/2003	[REDACTED]	1FMYU03132K [REDACTED]	2002 ESCAPE	02
CLOSED	WARRANTY - COVERAGE INQUIRY	1402690583		

All Action Details for Issue

Print

VIN: 1FMYU03132K [REDACTED] Year: 2002 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Original WSD: 2002-03-21
 Symptom Desc: STRG/HANDLING LEAKS PUMP Primary Phone: [REDACTED]
 Reason Desc: DSB-REF'D PURCH PRICE RQST-DLR CAN'T REPAIR Secondary Phone: [REDACTED]
 Issue Type: 06 DSB Issue Status: PENDING

Action: OPEN-DEALER PROVIDED APPLICATION-NO ORAL PRESENTATION
 Dealer: 01763 BRAEGER FORD, INC. Origin Desc: DEMARS
 Odometer: 17500 MI Comm Type: MAIL
 Analyst Name: BURGOS, JESSICA Analyst: J-BURGO1
 Action Date: 04/01/2003 Action Time: 10.53.02.315 Action Data: No

Comments ELIGIBLE: CONCERNS WITH: STEERING WHEEL PUMP, STEERING NOISE, CD PLAYER, WINDOW PADDING, TRUNK HATCH, GAS PEDAL

Action: DEMARS MAILS REQUESTS FOR DEALER REPORTS
 Dealer: 01763 BRAEGER FORD, INC. Origin Desc: DEMARS
 Odometer: 17500 MI Comm Type: MAIL
 Analyst Name: PETRIE, CRYSTAL Analyst: C-PETRI2
 Action Date: 04/02/2003 Action Time: 14.17.35.148 Action Data: Yes

Comments NO COMMENTS AVAILABLE

Data Element Name	Data Value
DEALER NAME	BRAEGER FORD
DEALER NAME	
DEALER NAME	
DEALER NAME	
DEALER NAME	
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DEALER NAME	

Action: CSM - MAIL SENT - DSB
 Dealer: 01763 BRAEGER FORD, INC. Origin Desc: CONSUMER AFFAIRS - DSB
 Odometer: 17500 MI Comm Type: EMAIL
 Analyst Name: ROE, JANNA Analyst: JROE5
 Action Date: 04/04/2003 Action Time: 12.30.30.838 Action Data: No

Comments DSB, JANNA ROE SENT CSM E-MAIL.

Action: ADD 40 DAY DELAY CODE
 Dealer: 01763 BRAEGER FORD, INC. Origin Desc: CONSUMER AFFAIRS - DSB
 Odometer: 17500 MI Comm Type: OTHER
 Analyst Name: ROE, JANNA Analyst: JROE5

Action Date: 04/04/2003 Action Time: 12.31.32.093 Action Data: Yes

Comments INSUFFICIENT PREP TIME - CODE 15

<u>Data Element Name</u>	<u>Data Value</u>
DELAY CODE	15

Action: DEMARS RECEIVES DEALER REPORT
Dealer: 01763 BRAEGER FORD, INC. Origin Desc: DEMARS
Odometer: 17500 MI Comm Type: MAIL
Analyst Name: CAMPAU, JAMIE Analyst: J-CAMPAU
Action Date: 04/10/2003 Action Time: 17.25.14.239 Action Data: No

Comments BRAEGER FORD

Action: RECORD DETAILS OF BOARD DECISION - REPAIRS
Dealer: 01763 BRAEGER FORD, INC. Origin Desc: DEMARS
Odometer: 17500 MI Comm Type: EMAIL
Analyst Name: CHARLES, RYAN Analyst: R-CHARL7
Action Date: 05/23/2003 Action Time: 15.25.31.797 Action Data: Yes

Comments CONCERNS: STEERING WHEEL PUMP/STEERING NOISE; WINDOW PADDING; TRUNK HATCH; CD PLAYER; GAS PEDAL; REAR WIPER. REQUESTS: REFUND DECISION: FSE. BASED ON DLR REPORT, BD FINDS VEHICLE DOES NOT QUALIFY FOR LEMON LAW FOR NUMBER OF DAYS OUT OF SERVICE OR REPAIR ATTEMPTS IN THE FIRST YEAR. BASED ON CUSTOMER TESTIMONY, BD FINDS CD PLAYER, GAS PEDAL AND WINDOW PADDING CONCERNS HAVE BEEN RESOLVED; TRUNK HATCH, STEERING NOISE/STEERING WHEEL PUMP AND REAR WIPER CONCERNS HAVE NOT BEEN RESOLVED AND DIRECTS FSE SUPERVISED REPAIR. REFUND DENIED.

<u>Data Element Name</u>	<u>Data Value</u>
NAME OF BOARD	MILW
MEETING DATE	05-20-2003
DECISION LETTER DATE	05-22-2003
40 DAY DELAY CODE	15
ORAL HEARING	YES

Action: CUSTOMER DID NOT RETURN A/R FORM
Dealer: 01763 BRAEGER FORD, INC. Origin Desc: CONSUMER AFFAIRS - DSB
Odometer: 17500 MI Comm Type: OTHER
Analyst Name: ROE, JANNA Analyst: JROE5
Action Date: 06/20/2003 Action Time: 10.32.06.471 Action Data: No

Comments CUSTOMER DID NOT RETURN THERE ACCEPTANCE LETTER WITH IN THE AMOUNTED TIME.

Action: RECORD DETAILS OF BOARD DECISION - REPAIRS
Dealer: 01763 BRAEGER FORD, INC. Origin Desc: DEMARS
Odometer: 17500 MI Comm Type: EMAIL
Analyst Name: RUEHL, CANDY Analyst: C-RUEHL
Action Date: 06/23/2003 Action Time: 17.01.57.561 Action Data: Yes

Comments : CONCERNS: STEERING WHEEL PUMP/STEERING NOISE; WINDOW PADDING; TRUNK HATCH; CD PLAYER; GAS PEDAL; REAR WIPER. REQUESTS: REFUND DECISION: FSE. BASED ON DLR REPORT, BD FINDS VEHICLE DOES NOT QUALIFY FOR LEMON LAW FOR NUMBER OF DAYS OUT OF SERVICE OR REPAIR ATTEMPTS

IN THE FIRST YEAR. BASED ON CUSTOMER TESTIMONY, BD FINDS CD PLAYER, GAS PEDAL AND WINDOW PADDING CONCERNS HAVE BEEN RESOLVED; TRUNK HATCH, STEERING NOISE/STEERING WHEEL PUMP AND REAR WIPER CONCERNS HAVE NOT BEEN RESOLVED AND DIRECTS FSE SUPERVISED REPAIR. REFUND DENIED.

<u>Data Element Name</u>	<u>Data Value</u>
NAME OF BOARD	MILW
MEETING DATE	05-20-2003
DECISION LETTER DATE	05-22-2003
40 DAY DELAY CODE	15
ORAL HEARING	YES

All Action Details for Issue

Print

VIN: 1FMYU03132K [REDACTED]	Year: 2002	Model: ESCAPE	Case: [REDACTED]
Name: [REDACTED]	Owner Status: Original	WSD: 2002-03-21	
Symptom Desc: SURGE ACCELERATION ALL ENGINE TEMP		Primary Phone: [REDACTED]	
Reason Desc: CI - WISCONSIN DEMAND LETTER		Secondary Phone: [REDACTED]	
Issue Type: 04 REGION	Issue Status: CLOSED		

Action: OPEN REGION CONTACT
Dealer: 01763 BRAEGER FORD, INC. **Origin Desc:** CONSUMER AFFAIRS - CONSUMER INTERVENTION
Odometer: 17849 MI **Comm Type:** MAIL
Analyst Name: BEASLEY,ALICIA **Analyst:** ABEASLE1
Action Date: 04/11/2003 **Action Time:** 15.00.33.505 **Action Data:** No

Comments ***DEMAND LETTER DATED: 04/08/03***CI RECEIVED: 04/11/03** ***CUSTOMER STATES: CUSTOMER HAS CONCERNS WITH MULTIPLE REPAIRS. CUSTOMER DIDN'T SPECIFY HIS EXACT CONCERN IN LETTER. *** CUSTOMER SEEKS: FINAL RESOLUTION PURSUANT TO WISCONSIN LEMON LAW. *** **WISCONSIN RESIDENT*** ***PLEASE NOTE THAT IN THE STATE OF WISCONSIN, THE LEMON LAW ONLY ALLOWS 30 DAYS IN WHICH TO PROVIDE LEMON LAW REMEDIES*** ** CI SENT CUSTOMER ACKNOWLEDGMENT LETTER, SCANNED COPY OF CUSTOMER LETTER TO REGIONAL OFFICE FOR HANDLING***

Action: LETTER FAXED TO REGION
Dealer: 01763 BRAEGER FORD, INC. **Origin Desc:** CONSUMER AFFAIRS - CONSUMER INTERVENTION
Odometer: 17849 MI **Comm Type:** MAIL
Analyst Name: BEASLEY,ALICIA **Analyst:** ABEASLE1
Action Date: 04/11/2003 **Action Time:** 15.08.10.644 **Action Data:** Yes

Comments NO COMMENTS AVAILABLE

Data Element Name	Data Value
REGION NUMBER	41
DATE RECEIVED	04-11-2003
TIME RECEIVED	13:45:00
DATE FAXED	04-11-2003
TIME FAXED	16:07:00

Action: FORD COVERED REPAIR MADE - WARRANTY
Dealer: 01763 BRAEGER FORD, INC. **Origin Desc:** FIELD ORGANIZATION
Odometer: 17849 MI **Comm Type:** INTERNET
Analyst Name: SCOTT DIPIETRO (SDIPIETR) **Analyst:** SDIPIETR
Action Date: 04/24/2003 **Action Time:** 00.47.24.797 **Action Data:** No

Comments PER CUSTOMER SERVICE MANAGER: CUSTOMER HAD PREVIOUS CONCERNS WITH THE VEHICLE WHICH WERE ADDRESSED AND REPAIRED SUCCESSFULLY BY THE DEALERSHIP. CUSTOMER IS NOW MAKING NEW COMPLAINTS, AND THE CUSTOMER AND THE DEALERSHIP TOGETHER WERE UNABLE TO VERIFY OR DUPLICATE ANY OTHER CONCERNS WITH THE VEHICLE DURING THE CUSTOMER'S LAST SERVICE VISIT. THERE ARE NO CONCERNS WITH THE VEHICLE AT THIS TIME.

All Action Details for Issue

Print

VIN: 1FMYU03132K [REDACTED] Year: 2002 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Original WSD: 2002-03-21
Symptom Desc: STRG/HANDLING NOISE WHEN TURNING 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: 01763 BRAEGER FORD, INC. Origin Desc: US CONCERN CASE BASE
Odometer: 10500 MI Comm Type: PHONE
Analyst Name: MARK CAINE Analyst: MCAINE
Action Date: 02/27/2003 Action Time: 11.10.54.680 Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
------------	----------------	-----------	-----------	--------------

Comments CUSTOMER SAYS: =THE CD PLAYER @ EJECTION DOESN'T COME OUT FAR ENOUGH THAT YOU HAVE TO FIDDLE W/ IT TO GET IT OUT AND THERE IS A SQUEEKING NOISE WHILE TURNING...THE POWER STEERING PUMP WAS RECENTLY WORKED ON AND THE SOUND SEEMS TO BE COMING FROM THE STEERING COLUMN AND IT'S MOST NOTICABLE WHILE TURNING PER CUSTOMER, DEALER SAYS: =NONE CAC 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 INFERENCE CASE ID: 5409



February 15, 2005

RECEIVED

MAR 15 2005

Ford
P.O. Box 6251
Dearborn, Michigan 48121-6251

Dear Sir:

I am writing concerning the recall on the 2002-2004 Escape vehicles.

I purchased a 2003 Ford Escape on April 16, 2003.

Serial No: 1FMYU03133K [REDACTED], License No [REDACTED] I drove it for approximately 4 months. I loved the truck. I took my two grandsons swimming at the river, drove to my daughter's house and turned into the driveway and couldn't stop the vehicle. I had pushed the brake to the floor and it wouldn't stop, the accelerator was stuck wide open and would not release. See the attached pictures to show skid marks all the way through the garage. My daughter had just moved into this new house. She had furniture, boxes of glassware, dishes, couches, game tables, toys, etc. in the garage. The garage has a double door. The Escape vehicle tore the garage door down and went through all the boxes of glassware, dishes, sewing machines, furniture and ended up in her couch. The Escape was still going and the only way to stop it was to turn the key off.

Then we called the dealership, Hasting's Ford in Greenville, NC, to pull the truck out of the garage and take it to the dealership. The shop foreman started the Escape up when it was at the dealership and the accelerator was still hung up, it almost crashed into one of the new trucks on the lot. All of this is on record at Hasting's Ford.

I traded the Escape in for a 2004 Explorer, because I was terrified to drive the Escape again.

My insurance only paid \$1,290.00 of the damages done to my daughter's property which was \$2,731.00 (see attached documents)

My insurance has increased \$1458.06 for the next three years: (see attached)

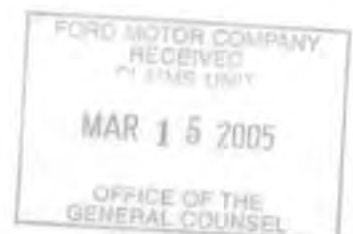
I shouldn't have to pay \$1,458.06 for the increase in insurance due to damages caused by a faulty (now recalled) vehicle.

Also the balance of my daughter's property. (See attached)

So I would be very grateful if you would attend to this matter and please pay for the balance of the damaged property and the increase for the insurance.

State Farm Insurance increase:	1458.06
Balance of Daughter's Damages:	1441.00
Total:	2899.06

Continued next page



Please contact Herbert Powell at:

Hastings Ford
3013 E. 10th Street
Greenville, NC 27858
Phone:(252) 758-0114
Fax: (252) 254-0753

Enclosed are copies of documents:

Purchase of Vehicle
Increase in Insurance
Insurance
Canceled check to [REDACTED] (daughter)
Recall from Hastings Ford
Pictures to show damages
Property Damage for [REDACTED] property

Thank you. Hastings Ford has all of this on record. If you need to contact me my phone numbers are: Home- [REDACTED] Cell- [REDACTED]

[REDACTED]
Greenville, NC [REDACTED]

I expect Ford to take care of all the damages that my insurance didn't cover. For this recall. Per your Recall letter

Marks [REDACTED]



Skid marks













ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
9/11/2003 CLOSED	[REDACTED] RAV - REPAIRED/LOST CONFIDENCE	1FMYU03133K [REDACTED] 1720362533	2003 ESCAPE	08

[REDACTED] 3/23/2005

All Action Details for Issue

Print

VIN: 1FMYU03133K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Original WSD: 2003-04-16
 Symptom Desc: AUTO TRANS UPSHIFT ENGINE RACES Primary Phone: [REDACTED]
 Reason Desc: RAV - REPAIRED/LOST CONFIDENCE Secondary Phone:
 Issue Type: 08 RAV Issue Status: CLOSED

Action: ADD ADDITIONAL SYMPTOM CODE
 Dealer: 06744 HASTINGS FORD, INC. Origin Desc: CONSUMER AFFAIRS - REACQUIRED VEHICLES
 Odometer: 5199 MI Comm Type: MAIL
 Analyst Name: Analyst: P-POLOCO
 POLOCOSER,PERSIDE
 Action Date: 09/10/2003 Action Time: 20.00.11.288 Action Data: No

Comments .

Action: OPEN CASE FOR DISCRETIONARY REPLACEMENT - OWNED
 Dealer: 06744 HASTINGS FORD, INC. Origin Desc: CONSUMER AFFAIRS - REACQUIRED VEHICLES
 Odometer: 5199 MI Comm Type: MAIL
 Analyst Name: Analyst: P-POLOCO
 POLOCOSER,PERSIDE
 Action Date: 09/10/2003 Action Time: 20.00.11.288 Action Data: Yes

Comments .

Data Element Name	Data Value
UPLOAD DATE	08/21/2003
TAG #	287B262
VEHICLE VALUE AMOUNT	14400
NET LOSS AMOUNT	6556
REPLACEMENT VIN	1FMZU62K73U [REDACTED]

Action: RECORD CHECK ISSUANCE FOR DISCRETIONARY REPLACEMENT
 Dealer: 06744 HASTINGS FORD, INC. Origin Desc: CONSUMER AFFAIRS - REACQUIRED VEHICLES
 Odometer: 5199 MI Comm Type: MAIL
 Analyst Name: Analyst: P-POLOCO
 POLOCOSER,PERSIDE
 Action Date: 09/11/2003 Action Time: 20.00.09.420 Action Data: Yes

Comments .

Data Element Name	Data Value
CHECK REQUEST DATE	09/09/2003
CHECK ISSUANCE DATE	09/11/2003
CHECK AMOUNT	20956.21
CHECK AMOUNT	



3/23/2005

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CHECK #
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PAYEE
PAYEE

642572

Hastings Ford Inc

February 15, 2005

RECEIVED

MAR 15 2005

Ford
P.O. Box 6251
Dearborn, Michigan 48121-6251

Dear Sir:

I am writing concerning the recall on the 2002-2004 Escape vehicles.

I purchased a 2003 Ford Escape on April 16, 2003. Serial No: 1FMYU03133K [REDACTED], License No [REDACTED]. I drove it for approximately 4 months. I loved the truck. I took my two grandsons swimming at the river, drove to my daughter's house and turned into the driveway and couldn't stop the vehicle. I had pushed the brake to the floor and it wouldn't stop, the accelerator was stuck wide open and would not release. See the attached pictures to show skid marks all the way through the garage. My daughter had just moved into this new house. She had furniture, boxes of glassware, dishes, couches, game tables, toys, etc. in the garage. The garage has a double door. The Escape vehicle tore the garage door down and went through all the boxes of glassware, dishes, sewing machines, furniture and ended up in her couch. The Escape was still going and the only way to stop it was to turn the key off.

Then we called the dealership, Hasting's Ford in Greenville, NC, to pull the truck out of the garage and take it to the dealership. The shop foreman started the Escape up when it was at the dealership and the accelerator was still hung up, it almost crashed into one of the new trucks on the lot. All of this is on record at Hasting's Ford.

I traded the Escape in for a 2004 Explorer, because I was terrified to drive the Escape again.

My insurance only paid \$1,290.00 of the damages done to my daughter's property which was \$2,731.00 (see attached documents)

My insurance has increased \$1458.06 for the next three years: (see attached)

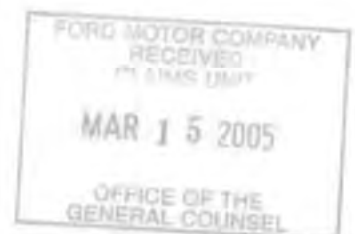
I shouldn't have to pay \$1,458.06 for the increase in insurance due to damages caused by a faulty (now recalled) vehicle.

Also the balance of my daughter's property. (See attached)

So I would be very grateful if you would attend to this matter and please pay for the balance of the damaged property and the increase for the insurance.

State Farm Insurance increase:	1458.06
Balance of Daughter's Damages:	1441.00
Total:	2899.06

Continued next page



Please contact Herbert Powell at:

Hastings Ford
3013 E. 10th Street
Greenville, NC 27858
Phone:(252) 758-0114
Fax: (252) 254-0753

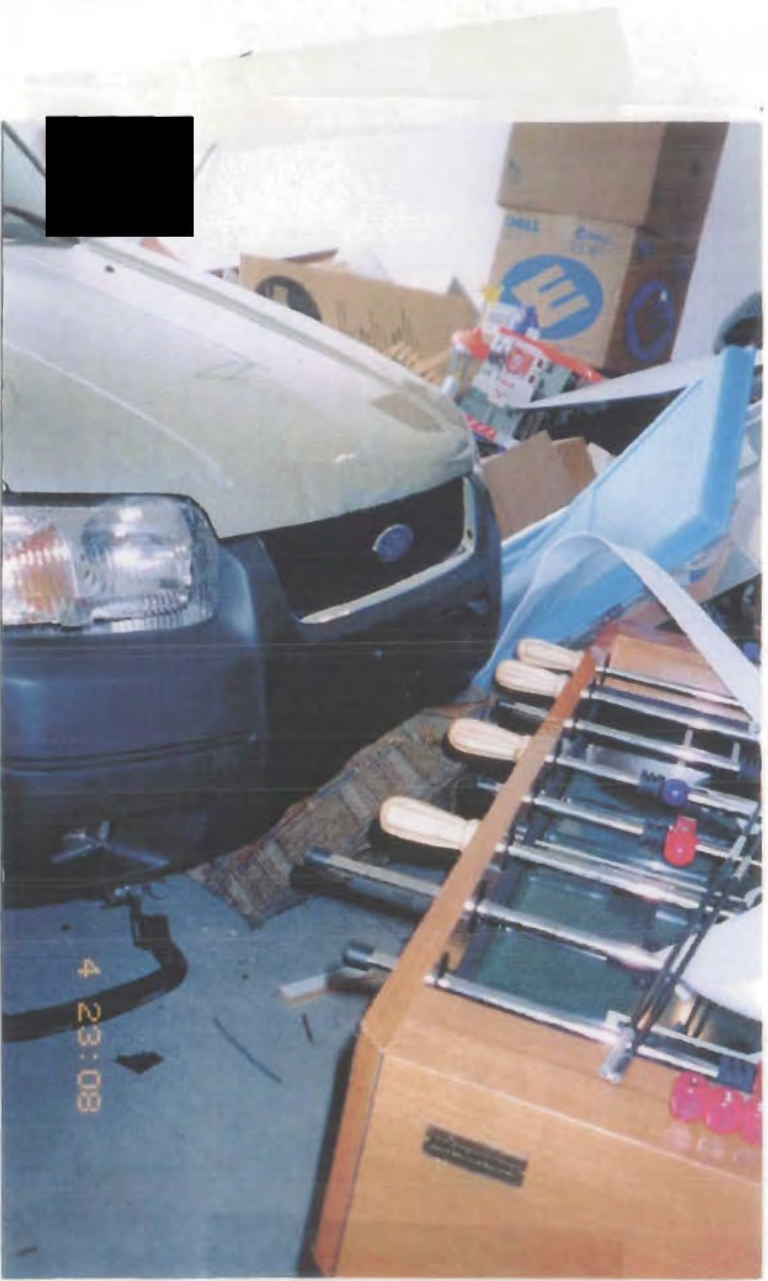
Enclosed are copies of documents:

Purchase of Vehicle
Increase in Insurance
Insurance
Canceled check to [REDACTED] (daughter)
Recall from Hastings Ford
Pictures to show damages
Property Damage for [REDACTED] property

Thank you. Hastings Ford has all of this on record. If you need to contact me my phone numbers are: Home-[REDACTED] Cell-[REDACTED]

[REDACTED]
Greenville, NC [REDACTED]

I expect Ford to take care of all the damages that my insurance didn't cover. For this recall. Per your Recall letter
Marks [REDACTED]



Skid marks













State Farm Insurance Companies



August 6, 2003

PO Box 9052
Charlottesville, VA 22906-9052

Phone 1-888-411-4185
Fax 1-888-296-2330
www.StateFarm.com

[REDACTED]
Greenville, NC [REDACTED]

Re: Claim Number: [REDACTED]
Date of Loss: August 5, 2003
Our Insured:

Dear [REDACTED]

We have been notified that your property was damaged on August 5, 2003.

Please complete the Statement of Property Damage form and secure two itemized estimates of your damage.

After the report is completed and returned to this office, along with your estimates, we will contact you regarding this loss.

If you have any questions, please contact any member of Team 43 at the phone number below.

Sincerely,

Robin Wise
Claim Processor
Team 43
1-888-411-4185

State Farm Mutual Automobile Insurance Company

Enclosures:

1. Statement of Property Damage
2. Return envelope



STATEMENT OF PROPERTY DAMAGE

Barcode Only

STATE FARM CLAIM NUMBER [redacted] INSURED'S NAME [redacted] YOUR NAME [redacted] PHON [redacted] ADDRESS [redacted] Greenville NC OCCUPATION Bank Teller AGE [redacted] YES NO MARRIED YES NO IF YES, GIVE NAME OF SPOUSE

NAME OF PERSON WHO CAUSED DAMAGE [redacted] ADDRESS Greenville, NC DATE OF ACCIDENT 08/05/03 TIME Between 2-3 A.M. P.M. PLACE OF ACCIDENT Greenville, NC NAME OF OWNER OF PREMISES WHERE ACCIDENT OCCURRED [redacted]

HOW DID THIS ACCIDENT HAPPEN? (Give Full Details) My mother's vehicle malfunctioned and ran thru the garage door over my personal property items.

DESCRIBE DAMAGE TO YOUR PROPERTY (Include Ages of Personal Property) See attached list

ESTIMATED COST OF REPAIRS \$ 2,731.00 WHO MADE THE ESTIMATE? See attached list

DO YOU CARRY INSURANCE FOR THE LOSS? YES NO IF YES, WHAT COMPANY? State Farm Insurance TYPE: HOMEOWNERS FIRE STANDARD COLLISION AUTO COMPREHENSIVE AUTO INSURANCE OTHER HAVE YOU MADE CLAIM AGAINST YOUR INSURANCE COMPANY? YES NO

WERE YOU OR ANYONE ELSE INJURED? No NAME ADDRESS NAME ADDRESS

WITNESSES NAME ADDRESS Greenville NC NAME ADDRESS Greenville NC NAME ADDRESS Greenville NC

I HEREBY DECLARE THAT THE FACTS STATED IN THIS REPORT ARE TRUE. SIGNED X [redacted] DATE 9/17/03



POLLY D PILAND INS AGENCY
Auto-Life-Health-Home and Business
1160 E. ARLINGTON BLVD
GREENVILLE, NC 27858 PHONE (252) 756-8886 FAX (252) 756-8965

February 07, 2005

Ford Motor Company

RE:

[REDACTED]

Greenville, NC [REDACTED]

PN:

[REDACTED]

To Whom It May Concern,

This letter is to inform you of the increase in auto insurance premiums due to a loss that occurred 8-5-03 with their 2003 Ford Escape. The estimated cost of increase in premiums due to this loss is a total of \$1458.06 over a three year period.

If you should have any further questions, please contact our office.

Sincerely,

Polly D. Piland

Polly D. Piland
Agent

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
9/11/2003 CLOSED	[REDACTED] RAV - REPAIRED/LOST CONFIDENCE	1FMYU03133K [REDACTED] 1720362533	2003 ESCAPE	08

[REDACTED] 3/23/2005

All Action Details for Issue

[Print](#)

VIN: 1FMYU03133K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Original WSD: 2003-04-16
 Symptom Desc: AUTO TRANS UPSHIFT ENGINE RACES Primary Phone: [REDACTED]
 Reason Desc: RAV - REPAIRED/LOST CONFIDENCE Secondary Phone:
 Issue Type: 08 RAV Issue Status: CLOSED

Action: ADD ADDITIONAL SYMPTOM CODE
Dealer: 06744 HASTINGS FORD, INC. **Origin Desc:** CONSUMER AFFAIRS - REACQUIRED VEHICLES
Odometer: 5199 MI **Comm Type:** MAIL
Analyst Name: POLOCOSER,PERSIDE **Analyst:** P-POLOCO
Action Date: 09/10/2003 **Action Time:** 20.00.11.288 **Action Data:** No

Comments .

Action: OPEN CASE FOR DISCRETIONARY REPLACEMENT - OWNED
Dealer: 06744 HASTINGS FORD, INC. **Origin Desc:** CONSUMER AFFAIRS - REACQUIRED VEHICLES
Odometer: 5199 MI **Comm Type:** MAIL
Analyst Name: POLOCOSER,PERSIDE **Analyst:** P-POLOCO
Action Date: 09/10/2003 **Action Time:** 20.00.11.288 **Action Data:** Yes

Comments .

Data Element Name	Data Value
UPLOAD DATE	08/21/2003
TAG #	287B262
VEHICLE VALUE AMOUNT	14400
NET LOSS AMOUNT	6556
REPLACEMENT VIN	1FMZU62K73U [REDACTED]

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Dealer: 06744 HASTINGS FORD, INC. **Origin Desc:** CONSUMER AFFAIRS - REACQUIRED VEHICLES
Odometer: 5199 MI **Comm Type:** MAIL
Analyst Name: POLOCOSER,PERSIDE **Analyst:** P-POLOCO
Action Date: 09/11/2003 **Action Time:** 20.00.09.420 **Action Data:** Yes

Comments .

Data Element Name	Data Value
CHECK REQUEST DATE	09/09/2003
CHECK ISSUANCE DATE	09/11/2003
CHECK AMOUNT	20956.21
CHECK AMOUNT	

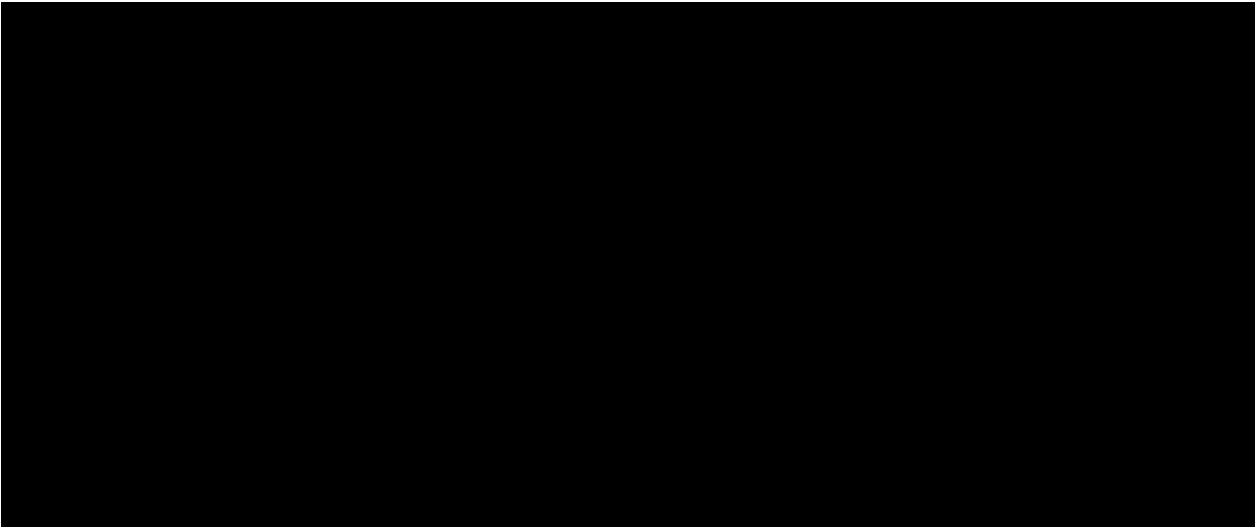


3/23/2005

CHECK AMOUNT
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642572

Hastings Ford Inc



State Farm Insurance Companies



June 14, 2011

JUL 06 2011 dk

State Farm Insurance
PO Box 5020, Stn Aurora Main
Aurora, Ontario L4G 0A9

FAX: 1-905-750-5002
1-888-633-0405

Ford Motor Company Attn Carmen Simonds
PO Box 70
Dearborn, MI 48121-0070

D040523
maggie

MOTOR COMPANY
RECEIVED
CLAIMS UNIT
L 06 2011

RE: Claim Number: [REDACTED]
Date of Loss: June 8, 2011
Our Insured: [REDACTED]
Your File No:

OFFICE OF THE
GENERAL SUPERVISOR

Dear Carmen:

This letter is being sent to put you on official notice that we will be looking to Ford Motor Company for reimbursement of this loss.

The above noted client was involved in a loss on June 8 2011 in which the accelertor pedal became stuck in the down position causing the vehicle to collide with a stopped vehicle infront of them.

Our investigation has revealed that there was a recall on the accelerator pedal in 2005. Our client did have this repaired by a Ford delearship, but appears to have suffered the same problem with the replaced part.

Please contact me further to discuss.

Sincerely,

DRP 27884

as per AC

x5302 Heather Turnbull
Claim Representative
(888) 999-0750

State Farm Mutual Automobile Insurance Company

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001



State Farm®

Providing Insurance and Financial Services

Date: Thursday, July 07, 2011

Time: 4:10:24 PM

To: FORD

Fax number: 913133221450

From: Auto - Turnbull, x5302 Hea

Subject/Note:

60-C968-215 [REDACTED] [REDACTED]

In regards to attached letter the client's name is [REDACTED], the vehicle is a 2002 FORD ESCAPE VIN 1FMYU04172K [REDACTED]. The attached letter describes the defect and end result. Please contact me ASAP.

FORD MOTOR COMPANY
RECEIVED
CLAIMS DEPT

JUL 07 2011

OFFICE OF THE
GENERAL COUNSEL

Pages: 03

NOTICE: CONFIDENTIAL BUSINESS

The information contained in this facsimile message contains confidential business material intended for the sole use of individual(s) named above. If you are not an intended recipient listed above, you are hereby notified that any disclosure, duplication, or distribution of this information or the taking of any action in reliance on the contents of this transmission, without the express written consent of the State Farm Insurance Companies, is STRICTLY PROHIBITED. If you have received this transmission in error, please notify us immediately by telephone, so we can arrange for the return of this material at no cost to you.

NOTIFICACION: EMPRESARIAL CONFIDENCIAL

La informacion contenida en el mensaje de este fax contiene material empresarial confidencial para uso exclusivo de la(s) persona(s) nombrada(s) mas arriba. Si usted no es esas personas, por la presente se le notifica que cualquier divulgacion, duplicacion, o distribucion de esta informacion, o el tomar cualquier accion basada en los contenidos de esta transmision, sin el expreso consentimiento escrito de State Farm Insurance Companies, esta ESTRICTAMENTE PROHIBIDO. Si usted recibo esta transmision por error, pro favor notifiquenos inmediatamente por telefono para que

COPY

June 14, 2011

State Farm Insurance
PO Box 5020, Stn Aurora Main
Aurora, Ontario L4G 0A9

FAX: 1-905-750-5002
1-888-633-0405

Ford Motor Company Attn Carmen Simonds
PO Box 70
Dearborn, MI 48121-0070

RE: Claim Number: [REDACTED]
Date of Loss: June 8, 2011
Our Insured: [REDACTED]
Your File No:

Dear Carmen:

This letter is being sent to put you on official notice that we will be looking to Ford Motor Company for reimbursement of this loss.

The above noted client was involved in a loss on June 8 2011 in which the accelerotor pedal became stuck in the down position causing the vehicle to collide with a stopped vehicle infront of them.

Our investigation has revealed that there was a recall on the accelerator pedal in 2005. Our client did have this repaired by a Ford delearship, but appears to have suffered the same problem with the replaced part. Please contact me further to discuss.

Sincerely,

x5302 Heather Turnbull
Claim Representative
(888) 999-0750

State Farm Mutual Automobile Insurance Company

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710



11/16/10
1445

1 CODE 4085

2 IN THE SECOND JUDICIAL DISTRICT COURT, STATE OF NEVADA
3
4 IN AND FOR THE COUNTY OF WASHOE

5 [REDACTED], next friend and
6 mother

7 [REDACTED], individually,
8 Plaintiff,

Case No. [REDACTED]

9 vs

Dept. No. 8

10 FORD MOTOR COMPANY

11 Defendant.

12 SUMMONS

13 TO THE DEFENDANT: YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST
14 YOU WITHOUT BEING HEARD UNLESS YOU RESPOND WITHIN 20 DAYS. READ THE
15 INFORMATION BELOW VERY CAREFULLY.

16 A civil complaint has been filed by the plaintiff against you for the relief as set forth in that document (see
17 complaint). When service is by publication, add a brief settlement of the object of the action. See Rule of Civil
18 Procedures, Rule 4, (b).

- 19 1. If you intend to defend this lawsuit, you must do the following within 20 days after service of this
20 summons, exclusive of the day of service:
 - 21 a. File with the Clerk of the Court, whose address is shown below, a formal written answer
22 to the complaint, along with the appropriate filing fees, in accordance with the rules of
23 the Court; and,
 - 24 b. Serve a copy of your answer upon the attorney or plaintiff whose name and address is
25 shown below.
- 26 2. Unless you respond, a default will be entered upon application of the plaintiff and this Court may
27 enter a judgment against you for the relief demanded in the complaint.

28 Dated this _____ day of November, 2010.

NOV 15 2010

25 Issued on behalf of plaintiff's attorney
26 KENNETH J. MCKENNA, ESQ.
27 544 West First Street
28 Reno, Nevada 89503
(775) 329-6373

HOWARD W. CONYERS, CLERK OF THE COURT

By: M. [REDACTED]
Deputy Clerk
Second Judicial District Court
75 Court Street
Reno, Nevada 89501

JUD 101 (Rev 1-02)

1 CODE: §1425
Kenneth J. McKenna Esq.
2 State of Nevada Bar Number 1676
544 West First Street
3 Reno, Nevada 89503
Telephone: (775) 329-6373
4 Facsimile: (775) 329-2414
Attorney for Plaintiff

5
6 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7 IN AND FOR THE COUNTY OF WASHOE
8

9 [REDACTED], next friend and
10 mother of [REDACTED]
11 [REDACTED], individually,
12 Plaintiffs,

Case No.: [REDACTED]
Dept. No.: 7

13 vs.
14 FORD MOTOR COMPANY,
Defendant. /

COMPLAINT

15
16 COMES NOW, Plaintiffs, [REDACTED] and [REDACTED], by and through
17 their attorney of record, KENNETH J. MCKENNA, ESQ., on information and belief, hereby
18 alleges and pleads as follows:

PARTIES

- 19
20 1. Plaintiff [REDACTED] is the mother of Plaintiff [REDACTED] and resides in
21 Northern Nevada. All acts, statements, and omissions alleged herein occurred in Northern
22 Nevada. Plaintiffs hereby request a jury trial relative to all issues so triable.
23
24 2. Plaintiff [REDACTED] is an adult competent female who resides in Northern
25 Nevada. All acts, statements, and omissions alleged herein occurred in Northern Nevada.
26 Plaintiffs hereby request a jury trial relative to all issues so triable.
27

28
PRINTED ON

BQZ 35781

1 3. Defendant FORD MOTOR COMPANY is a corporation engaged in the manufacturing and
2 selling of automobiles. Defendant manufactured the vehicle at issue in the instant action.

3
4 FACTS

5 4. Beginning in or about January of 2005, Defendant Ford Motor Company (hereinafter
6 referred to as "Ford") began recalling some vehicles, including but not limited to, certain
7 Ford Escape vehicles. Ford had identified that the vehicles possessed an acceleration cable
8 which might prevent the throttle from returning to the idle position resulting in an
9 unexpected increase in engine speed increasing stopping distance and may result in a crash.
10

11 5. In or about January of 2008, Plaintiff [REDACTED] (hereinafter referred to as "[REDACTED]") was
12 notified, as the registered owner of a 2004 Escape, of the recall directing [REDACTED] to contact the
13 Ford dealer to complete the necessary service procedures to fix the issue.
14

15 6. On or about May 14, 2008, Plaintiff serviced the vehicle and the required procedures
16 identified as fixing the issue were performed.
17

18 7. On or about April 13, 2009, Plaintiff [REDACTED] (hereinafter referred to as "[REDACTED]") was
19 driving the 2004 Ford Escape when the vehicle began accelerating by itself. [REDACTED] attempted
20 to stop the vehicle but the gas pedal seemed stuck and the brakes failed to work. After also
21 attempting to pull the emergency brake to stop the vehicle, the vehicle crashed with Erica
22 suffering injuries.
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PRINTED ON

FIRST CLAIM FOR RELIEF
(Strict Liability)

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8. Plaintiff hereby incorporates the allegations contained in paragraphs 1 through 7 as though the same were stated fully herein.
9. Defendant's manufactured Ford Escape possessed a defective design in which the acceleration cable placement was such that the throttle might be prevented from returning to the idle position resulting in an unexpected increase in engine speed increasing stopping distance and may result in a crash.
10. Such defect made the Ford Escape vehicle unreasonably dangerous or dangerous beyond the contemplation of the ordinary consumer.
11. Such defect existed at the time the vehicle left the hands of the Defendant manufacturer.
12. Such defect proximately caused Plaintiffs injuries including, but not limited to, medical costs, rental car expenses and pain and suffering.
13. Plaintiffs have been required to retain the services of an attorney to pursue this action and should be granted reasonable costs and attorney's fees therefore.

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///
///
///

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BQZ 35783

PRAYER FOR RELIEF

1 WHEREFORE, Plaintiffs pray for judgment against the Defendant and their agent, and each of them,
2 as follows:

- 3 1. For maximum award of compensatory and/or punitive damages available;
4 2. For an award of economic damages according to proof;
5 3. For an award of costs and a reasonable attorney's fee;
6 4. For such additional and further relief as may be deemed just and proper by this Court.
7 5. Plaintiff may seek leave to amend or supplement this Pleading if and when appropriate.
8

9
10 The undersigned hereby certifies that this document does not contain the social security number of
11 any person.

12 DATED: October 25, 2010.

13
14 /s/ Ken McKenna
15 KENNETH J. McKENNA
16 544 West First Street
17 Reno, Nevada 89503
18 Telephone: (775) 329-6373
19 Attorney for Plaintiff
20
21
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GARRETT
ENGINEERS, INC.

PREPARED FOR

**MS. LISA CAVANAUGH
STATE FARM INSURANCE
8329 WEST SUNSET ROAD
LAS VEGAS, NEVADA 89113-2202**

CONCERNING

STODDARD FORD UNWANTED ACCELERATION

CLAIM NO.: [REDACTED] ✓

OUR CASE NO.: [REDACTED]

FORENSIC DIVISION • (800) 229-3847
CORPORATE OFFICE • P.O. BOX 91859, LONG BEACH, CALIFORNIA 90809-1859 • FAX (562) 887-3012
www.garrett-engineers.com

STOD000052



GARRETT
ENGINEERS, INC.

April 21, 2009

Ms. Lisa Cavanaugh
STATE FARM INSURANCE
8329 West Sunset Road
Las Vegas, Nevada 89113-2202

Re: STODDARD FORD UNWANTED ACCELERATION

Date of Loss: 04/13/09

Your Insured: [REDACTED]

Claim No.: [REDACTED]

Our Case No.: [REDACTED]

Dear Ms. Cavanaugh:

ASSIGNMENT:

GARRETT ENGINEERS, INC. was assigned to inspect the throttle system on the insured's 2004 Ford Escape, Vehicle Identification Number 1FMYU93174K [REDACTED]

CONCLUSIONS:

No manufacturing, mechanical, or service defects or failures were located in the vehicle's throttle system. The components of the throttle system were properly installed and in good, safe operating condition prior to the impact.

The throttle shaft in the throttle body was broken during impact while the throttle was closed. This indicates that the throttle was not stuck open at the time of the impact.

FORENSIC DIVISION • (800) 228-3647 • NATIONWIDE
CORPORATE OFFICE • P.O. BOX 81659, LONG BEACH, CALIFORNIA 90809-1659 • FAX (562) 997-3012
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STOD000053

DISCUSSION:

The vehicle was inspected at Insurance Auto Auction, 4086 Peru Drive, McCarran, Nevada on April 17, 2009. The pertinent vehicle data is as follows:

YEAR, MAKE, AND MODEL:	2004 FORD ESCAPE XLT
COLOR AND BODY:	WHITE, FOUR - DOOR, S.U.V.
STOCK NUMBER:	5411744
LICENSE PLATE NUMBER:	██████████
REGISTRATION STICKER:	AUG 2009
VEHICLE IDENTIFICATION NUMBER:	1FMYU93174K ██████████
DATE OF MANUFACTURE:	09/03
SERVICE STICKER:	TORN OFF
TRANSMISSION:	AUTOMATIC
DRIVE:	FOUR - WHEEL
DRIVABLE:	NO
AIR BAGS:	DUAL FRONT - DEPLOYED

The following documentation was reviewed during the preparation of this report:

- National Highway Traffic Safety Administration (NHTSA) Recall Notices.
- Ford Recall Internet Web Page.
- CARFAX Vehicle History.
- ALLDATA - Replacement Procedure of Throttle Cable.
- Notes and photographs of our April 17, 2009 inspection.

The vehicle sustained a frontal impact. The impact damaged the roof structure, windshield, hood,

STOD000054

front fenders, headlight assemblies, front bumper assembly, radiator, air conditioning components, and most of the engine compartment components.

The interior of the vehicle was examined and documented photographically. The driver's floor mat did not interfere with the throttle or the brake pedal operation. The throttle pedal was lying loose at the floor due to the impact damaged throttle cable guide components. The throttle pedal assembly was examined and found to be in good, safe operating condition and pivoted freely on its bracket. No manufacturing defects or pre-impact failures were located in the interior throttle system components.

The impact-damaged hood was opened to fully access the engine compartment. The force of the impact dislodged the brake master cylinder fluid reservoir from its mounting. The engine oil dipstick was removed for examination; the engine oil was found at its proper level.

The throttle components located in the engine compartment were examined. The throttle cable was in good operating condition and slid freely in its housing. The NHTSA Recall Campaign Number 04V574000 regarding a possible problem within the accelerator (throttle) cable did not cause or contribute to the date of loss incident. CARFAX indicates that the accelerator cable had been replaced by Lithia Lincoln Mercury on May 15, 2008. The Ford Motor Company Recall Internet Site did not list this recall as unresolved in the vehicle identified by the above documented Vehicle Identification Number.

The throttle cable attachment point was impact broken but in otherwise good condition prior to the impact. The throttle bell crank had been broken off the throttle body as a result of the

STOD000055

impact.

The force of the impact knocked the throttle body rearward into the engine compartment. The throttle shaft in the throttle body was broken during impact while the throttle was in the closed position (See Photograph 29). This indicates that the throttle was not stuck, or open, at the time of the impact. The throttle shaft return springs were broken loose during the impact. The idle speed control motor and the throttle position sensor were found intact and in place. The throttle position sensor was also found in the closed position. The throttle blade was found in normally dirty condition.

A large amount of impact debris and foreign material were found in the engine air intake system. The intake manifold was broken into many pieces by the impact. The air filter was in normal condition. Numerous impact related cuts, tears, or cracks were found in the engine vacuum hoses.

The cruise control was found in the 'Off' position. The cruise control mechanism was impact damaged, but in place. A small kink was found in the cruise control cable past its bracket. This could have occurred during the throttle cable replacement to satisfy the NHTSA Recall. This slight kink in the lower end of the cable did not cause or contribute to the date of loss incident.

No manufacturing defects or pre-impact failures were located in the engine compartment throttle system components.

The fuel rail was bent, however, its fuel supply line clip connector was found in place.

STOD000056

GARRETT
ENGINEERS, INC.

Re: Stoddard Ford Unwanted Acceleration - 5

As of the date of this report, the NHTSA remaining recall issues that might be associated with this year, make, and model vehicle were not related to the throttle system. According to the Ford Motor Company website, no open recalls were listed for the vehicle identified by the above Vehicle Identification Number.

The conclusions expressed in this report are based on sound technical judgment and information available at the time of this report. Should additional or conflicting information become available at a later date, we reserve the right to modify our opinions and conclusions accordingly.

No evidence was retained or removed from the site.

Thank you for calling GARRETT ENGINEERS, INC. If you have any questions regarding this report, or if you need any further assistance, please contact our office.

Respectfully submitted,
GARRETT ENGINEERS, INC.



In the absence of

Thomas J. Lepper
Automotive/Fire/Tire Consultant

This report and its conclusions were prepared by Thomas J. Lepper, but signed and shipped in his absence to expedite delivery.

TJL/jb

Enclosures: 40 Photographs
Attachment: 1 National Highway Traffic Safety Administration
Recall Notices

STOD000057

072

Event Number: 214	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 1/14/04</small>	Accident Number: RPD-09-12397
Code Revision: 01/14/2004		<input type="checkbox"/> Property <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Fatal

<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> Emergency Use <input type="checkbox"/> Office Report	<input type="checkbox"/> Preliminary Report <input checked="" type="checkbox"/> Initial Report	<input type="checkbox"/> Resubmission <input type="checkbox"/> Supplement Report	<input type="checkbox"/> Hit and Run <input type="checkbox"/> Private Property	Agency Name: RENO POLICE DEPARTMENT
---	--	---	---	---	--

Collision Date: 4/13/2009	Time: 19:23	Day: MONDAY	Beat / Sector: SOUTHWEST	<input type="checkbox"/> County	<input checked="" type="checkbox"/> City: RENO	Surface: <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt <input type="checkbox"/> Other	Intersection: <input type="checkbox"/> Four Way <input type="checkbox"/> T <input type="checkbox"/> Y <input type="checkbox"/> Roundabout <input type="checkbox"/> Other	Paddle Markers: <input checked="" type="checkbox"/> None <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Both Side <input type="checkbox"/> Unknown
Mile Marker	# Vehicles: 1	# Non Motorists: 0	# Occupants: 1	# Fatalities: 0	# Injured: 1	# Restrained: 1		

Occurred On: (Highway # or Street Name)
 1) Parking Lot CASHILL BLV

At Intersection With:
 Or 200 Feet Miles Approximate WEST SAN MATEO AV (W)

Roadway Character	Roadway Conditions	Total Thru Lanes	Average Roadway Widths		Roadway Grade
<input checked="" type="checkbox"/> Curve & Grade <input type="checkbox"/> Curve & Hillcrest <input type="checkbox"/> Curve & Level <input type="checkbox"/> Straight & Grade <input type="checkbox"/> Straight & Hillcrest <input type="checkbox"/> Straight & Level <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Slush <input type="checkbox"/> Icy <input type="checkbox"/> Standing Water <input type="checkbox"/> Wet <input type="checkbox"/> Moving Water <input type="checkbox"/> Snow <input type="checkbox"/> Unknown <input type="checkbox"/> Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> Other	Main Road: <input type="checkbox"/> One <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> > 5	Travel Lane: 12 Ft	Storage / Turn Lane: 0 Ft	<input checked="" type="checkbox"/> Not Determined <input type="checkbox"/> Relatively Level Roadway <input type="checkbox"/> Up Slope (+) <input type="checkbox"/> Down Slope (-)
		Total All Lanes: 2	Median: 0 Ft	Paved Shoulder: Inside: 0 Outside: 8	Relative To Grade: %

Pavement Markings and Type	Highway Description:	Weather Conditions
Centerline, Broken Yellow Centerline, Solid Yellow 1 Centerline, Double Yellow Lane Line, Broken White Lane Line, Solid White Other	No Passing, Either Direction <input type="checkbox"/> None Turn Arrow Symbols <input type="checkbox"/> Unknown Center Turn Lane Line 1 Edge Line, Left, Yellow 1 Edge Line, Right, White	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fog, Smog, Smoke, Ash <input type="checkbox"/> Cloudy <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Rain <input type="checkbox"/> Unknown <input type="checkbox"/> Blowing Sand, Dirt, Soil, Snow <input type="checkbox"/> Other

Light Conditions	Vehicle Collision Type	Location of First Event
<input checked="" type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input type="checkbox"/> Head On <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear End <input type="checkbox"/> Backing <input checked="" type="checkbox"/> Angle <input type="checkbox"/> Sideswipe - Meeting <input type="checkbox"/> Sideswipe - Overtaking <input type="checkbox"/> Non - Collision <input type="checkbox"/> Unknown	<input type="checkbox"/> Travel Lane <input type="checkbox"/> Turn Lane <input type="checkbox"/> Gore <input type="checkbox"/> Median <input type="checkbox"/> Inside Shoulder <input type="checkbox"/> Outside Shoulder <input type="checkbox"/> Intersection <input type="checkbox"/> Private Property <input type="checkbox"/> Roadside <input type="checkbox"/> Other

Highway / Environment Factors	Property Damage To: Other Than Vehicle
<input checked="" type="checkbox"/> None <input type="checkbox"/> Shoulders <input type="checkbox"/> Weather <input type="checkbox"/> Road Obstruction <input type="checkbox"/> Debris <input type="checkbox"/> Glare <input type="checkbox"/> Other Highway <input type="checkbox"/> Other Environmental	Describe Property Damage: STRUCTURAL HOME DAMAGE / FENCE / SHRUBS Owner's Name (Last First Middle): Owner's Address: (Street Address City, State Zip) 3505 CASHILL BLV RENO NV 89509
	<input checked="" type="checkbox"/> 1) Owner Notified

First Harmful Event
Code #: 214 Description: 214 MOTOR VEHICLE IN TRANSPORT

Description of Accident / Narrative
 V-1 WAS TRAVELING EAST BOUND ON CASHILL IN THE 1T LANE APPROACHING SAN MATEO TRAVELING AT A HIGH RATE OF SPEED AND FAILED TO NEGOTIATE THE RIGHT TURN JUST WEST OF SAN MATEO. V-1 STRUCK THE NORTH CURB LINE ON CASHILL AND LEFT THE ROADWAY. V-1 THEN TRAVELED ABOUT 120 FEET AND STRUCK THE SOUTH WEST CORNER OF A HOUSE (3505 CASHILL BLV) WHERE IT CAME TO REST.

Investigation Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Scene Diagram: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statements#: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No -1	Date Notified: 4/13/2009	Time Notified: 19:23	Arrival Date: 4/13/2009	Arrival Time: 19:32
---	---	--	---	--------------------------	----------------------	-------------------------	---------------------

Investigator(s): 6744 PORDON	IO Number: 6744	Date: 4/13/2009	Reviewed By: [Signature]	Date Reviewed: 4/12/09	Page: 1 of 4
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Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 5/21/03</small>	Accident Number: [REDACTED] Agency Name: RENO POLICE DEPARTMENT
---------------	--	--

Description of Accident / Narrative Continuation

THE DRIVER OF V-1 STATED THAT SHE WAS NORTH BOUND ON MCCARRAN AT SKYLINE. HER VEHICLE BEGAN TO ACCELERATE AND SHE COULD NOT STOP THE VEHICLE BECAUSE THE GAS PEDAL GOT STUCK. DRIVER SAID THAT SHE BEGAN TO SLAM ON THE BRAKES TO NO AVAIL. SHE TURNED RIGHT ON CASHILL, DUE TO A RED LIGHT. SHE THEN PULLED THE EMERGENCY BRAKE UP TO STOP BUT THAT FAILED TO STOP THE VEHICLE. THE DRIVER STATED THAT SHE BEGAN TO LOOK FOR A PLACE TO CRASH.

IT IS TO BE NOTED THAT UPON LOOKING AT THE INTERIOR OF THE VEHICLE OFFICERS NOTED THAT THE EMERGENCY BRAKE WAS IN THE UP POSITION AND THERE APPEARED TO NOTHING OBSTRUCTING THE GAS PEDAL.

THE VEHICLE ALSO TRAVELED THROUGH THE FRONT YARD OF 3545 CASHILL, DESTROYING A PLANTER BARREL, A MAIL BOX AND SOME SHRUBS.

THE DRIVER OF V-1 SUSTAINED INJURIES TO HER LOWER EXTREMITIES AND WAS RELEASED TO HER MOTHER ON SCENE BY REMSA.

NFD

Indicate North

A.I.C.:

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 1/14/04</small>				Accident Number: RPD-09-12397					
Vehicle # 1	# Occupants 1	<input checked="" type="checkbox"/> At Fault <input type="checkbox"/> Non-Contact Vehicle		Agency Name: RENO POLICE DEPARTMENT							
Direction of Travel: <input type="checkbox"/> North <input checked="" type="checkbox"/> East <input type="checkbox"/> Unknown <input type="checkbox"/> South <input type="checkbox"/> West		Highway / Street Name: CASHILL BV				Travel Lane #: 1					
Vehicle Action: <input type="checkbox"/> Straight <input type="checkbox"/> Left Turn <input type="checkbox"/> U-Turn <input type="checkbox"/> Wrong Way <input type="checkbox"/> Passing <input type="checkbox"/> Leaving Parked <input type="checkbox"/> Leaving Lane <input type="checkbox"/> Enter Parked (#) <input type="checkbox"/> Lane Change <input type="checkbox"/> Unknown <input type="checkbox"/> Backing <input checked="" type="checkbox"/> Right Turn <input type="checkbox"/> Parked <input type="checkbox"/> Stopped (t) <input type="checkbox"/> Backing <input type="checkbox"/> Entering Lane <input type="checkbox"/> Other Turning <input type="checkbox"/> Driverless Vehicle <input type="checkbox"/> Other											
Driver: (Last Name, First Name, Middle Name Suffix) [REDACTED]				Transported By: <input checked="" type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other							
Street Address: [REDACTED]				Transported To:							
City: RENO		State / Country: <input checked="" type="checkbox"/> NV		Zip Code: [REDACTED]		Person Type: 1	Seating Position: 1	Occupant Restraints: 7			
<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Female		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: B	Injury Location: 8				
DLN: [REDACTED]		State: <input checked="" type="checkbox"/> NV		<input type="checkbox"/> CDL <input checked="" type="checkbox"/> DL	License Status: D	Airbags: 3	Airbag Switch: 4	Ejected: 0	Trapped: 0		
Compliance: <input type="checkbox"/> Restrict <input type="checkbox"/> Endorse		Endorsements		Restrictions		Driver Factors					
Alcohol/Drug Involvement <input checked="" type="checkbox"/> Not Involved <input type="checkbox"/> Suspected Impairment <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Unknown		Method of Determination (check up to 2) <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Blood Test <input type="checkbox"/> Driver Admission <input type="checkbox"/> Preliminary Breath Test				Test Results:	<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Drug Involvement <input type="checkbox"/> Apparently Fatigued / Asleep <input type="checkbox"/> Obstructed View <input type="checkbox"/> Driver Ill / Injured <input type="checkbox"/> Other Improper Driving <input type="checkbox"/> Driver Inattention / Distracted <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Unknown				
Vehicle Year: 2004	Vehicle Make: FORD	Vehicle Model: ESCAPE	Vehicle Type: LL	<input type="checkbox"/> Failed To Yield Right Of Way	<input type="checkbox"/> Failed To Maintain Lane	<input type="checkbox"/> Driverless Vehicle	<input type="checkbox"/> Unsafe Backing	<input type="checkbox"/> Ran Off Road	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Road Defect (t)	<input type="checkbox"/> Object Avoidance
Plate / Permit No.: AMOUR	State: <input checked="" type="checkbox"/> NV	Expiration Date: 04/27/2011	Vehicle Color: WHITE	<input type="checkbox"/> Disregard Control Device	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Unsafe Lane Change	<input type="checkbox"/> Over Correct Steering	<input type="checkbox"/> Other Improper Driving	<input type="checkbox"/> Aggressive / Reckless / Careless	<input type="checkbox"/> Unknown (#)	
Vehicle Identification Number: 1FMYU93174K [REDACTED]											
Registered Owner Name: [REDACTED]											
Registered Owner Address: [REDACTED] RENO NV											
<input checked="" type="checkbox"/> Insured Insurance Company Name: STATE FARM											
Policy Number: [REDACTED] Effective: 2/1/2009 To: 8/1/2009											
Insurance Company Address or Phone Number: 8255433											
<input checked="" type="checkbox"/> Vehicle Towed Towed By: CITY AUTO TOW 786-2122 3780 N VIRGINIA											
Removed To: TOW YARD											
Traffic Control <input checked="" type="checkbox"/> Speed Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Signal Light <input type="checkbox"/> Yield Sign <input type="checkbox"/> Flashing Light <input type="checkbox"/> R. R. Sign <input type="checkbox"/> School Zone <input type="checkbox"/> R. R. Gate <input type="checkbox"/> Ped. Signal <input type="checkbox"/> R. R. Signal (#) <input type="checkbox"/> No Passing <input checked="" type="checkbox"/> Marked Lanes <input type="checkbox"/> No Controls <input type="checkbox"/> Tire Chains/Snow Req. <input type="checkbox"/> Warning Sign <input type="checkbox"/> Permissive Green <input type="checkbox"/> Turn Signal <input type="checkbox"/> Unknown <input type="checkbox"/> Other				Distance Traveled After Impact 7-MOVED		Speed Estimate From To Limit 25		Extent Of Damage <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Major <input type="checkbox"/> None <input type="checkbox"/> Total <input type="checkbox"/> Unknown			
Sequence Of Events											
Code #	Description	Collision With Fixed Object	Most Harmful Event								
1st 214	214 MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
2nd		<input type="checkbox"/>	<input type="checkbox"/>								
3rd		<input type="checkbox"/>	<input type="checkbox"/>								
4th		<input type="checkbox"/>	<input type="checkbox"/>								
5th		<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/> NRS <input type="checkbox"/> CPR <input checked="" type="checkbox"/> CC/MC <input type="checkbox"/> Pending		Violation (6.06.280(1)) RMC SPEED GREATE...		NOC 06731		Citation Number [REDACTED]					
<input type="checkbox"/> NRS <input type="checkbox"/> CPR <input type="checkbox"/> CC/MC <input type="checkbox"/> Pending		Violation		NOC		Citation Number					
Investigator(s) 6744 PORDON		ID Number 6744	Date 4/13/2009	Reviewed By		Date Reviewed		Page 3 of 4			

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/21/03</small>			Accident Number: RPD-09-12397		
						Agency Name: RENO POLICE DEPARTMENT	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown	DOB:	Phone Number:		Injury Severity:	Injury Location:		
<input type="checkbox"/> Female							
				Airbags:	Airbag Switch:	Ejected:	
				Trapped:			
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown	DOB:	Phone Number:		Injury Severity:	Injury Location:		
<input type="checkbox"/> Female							
				Airbags:	Airbag Switch:	Ejected:	
				Trapped:			
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown	DOB:	Phone Number:		Injury Severity:	Injury Location:		
<input type="checkbox"/> Female							
				Airbags:	Airbag Switch:	Ejected:	
				Trapped:			
<input type="checkbox"/> Trailing Unit 1		VIN:	Plate:	State: <input type="checkbox"/> NV	Type:		
<input type="checkbox"/> Trailing Unit 2		VIN:	Plate:	State: <input type="checkbox"/> NV	Type:		
<input type="checkbox"/> Trailing Unit 3		VIN:	Plate:	State: <input type="checkbox"/> NV	Type:		
Commercial Vehicle Configuration				<input type="checkbox"/> Commercial Vehicle	<input type="checkbox"/> School Bus		
<input type="checkbox"/> Bus, 9 - 15 Occupants	<input type="checkbox"/> Tractor Only	<input type="checkbox"/> Tractor / Semi Trailer		<input type="checkbox"/> Driver	Source	<input type="checkbox"/> State Reg.	
<input type="checkbox"/> Bus, > 15 Occupants	<input type="checkbox"/> Tractor / Trailer	<input type="checkbox"/> Passenger Vehicle, (Haz-Mat)		<input type="checkbox"/> Log Book		<input type="checkbox"/> Side of Vehicle	
<input type="checkbox"/> Single 2 Axle and 8 Tire	<input type="checkbox"/> Tractor / Doubles	<input type="checkbox"/> Light Truck, (Haz-Mat)		<input type="checkbox"/> Shipping Papers / Trip Manifest		<input type="checkbox"/> Other	
<input type="checkbox"/> Single > 3 Axle	<input type="checkbox"/> Tractor / Triples	<input type="checkbox"/> Other Heavy Vehicle					
<input type="checkbox"/> Any 4 Tire Vehicle	<input type="checkbox"/> Truck with Trailer						
Carrier Name:				Power Unit GVWR		<input type="checkbox"/> Haz-Mat	
				<input type="checkbox"/> < 10,000 Lbs	<input type="checkbox"/> 10,000 - 26,000 Lbs	<input type="checkbox"/> > 26,000 Lbs	
Carrier Street Address:				City:	State: <input type="checkbox"/> NV	Zip:	
Cargo Body Type			Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:		
<input type="checkbox"/> Pole	<input type="checkbox"/> Van / Box	<input type="checkbox"/> Grain, Gravel Chips	Hazard Classification #:	<input type="checkbox"/> Single State			
<input type="checkbox"/> Tank	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Bus, 9 - 15 Occupants		<input type="checkbox"/> USDOT			
<input type="checkbox"/> Flatbed	<input type="checkbox"/> Auto Carrier	<input type="checkbox"/> Bus, > 15 Occupants		<input type="checkbox"/> Mexico			
<input type="checkbox"/> Dump	<input type="checkbox"/> Garbage/Refuse	<input type="checkbox"/> Other		<input type="checkbox"/> Canada			
<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable			<input type="checkbox"/> None			
					Carrier Number:		



RENO POLICE DEPARTMENT STATEMENT

FOR POLICE USE ONLY:

CASE NO: [REDACTED]

TAKEN BY: PORDON #6744

PERSON MAKING STATEMENT

NAME: [REDACTED]		OTHER NAMES USED:	
RESIDENCE/STREET ADDRESS: [REDACTED]		HOME PHONE: [REDACTED]	
CITY: <u>Reno</u>	STATE: <u>NV</u>	[REDACTED]	
RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER	SEX: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	HEIGHT: <u>5'6"</u>	WEIGHT: <u>140</u>
OCCUPATION AND WHERE EMPLOYED: <u>Student</u>		HAIR: <u>Blonde</u>	EYES: <u>Blue</u>
[REDACTED]		WORK HOURS:	
INVOLVEMENT: <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER		MY LOCATION WHEN EVENT OCCURRED: <u>Reno, NV</u>	
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS		DAYS OFF: <u>SAT/SUN.</u>	

~~Driving~~ Driving

WRITTEN STATEMENT

1 I was at the stop light at McCarran and
 2 Skyline going North, the light was red. I began
 3 accelerating and my car wouldn't stop the
 4 gas pedal got stuck. I ~~was~~ began slamming
 5 on my brakes but my car wouldn't stop
 6 accelerating. I turned right onto Cashill
 7 since the light at McCarran was red and
 8 there were people in the intersection.
 9 I put my car into first and pulled the
 10 Emergency brake but the vehicle would not
 11 slow down. I lost control mostly all the
 12 way down ~~the~~ Cashill and ran into a house.
 13 I tried to find the safest place to crash.
 14

DATE & TIME OF STATEMENT: <u>4/13/09 8:05 pm</u>	NO PAGES IN STATEMENT: <u>1</u>	SIGNATURE OF PERSON MAKING STATEMENT: <u>[Signature]</u>
---	------------------------------------	---

FOR POLICE USE ONLY: RELS. TO:	DATE:	BY:
--------------------------------	-------	-----

DISSEMINATION RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION IS PROHIBITED.



GARRETT
ENGINEERS, INC.

PREPARED FOR

**MS. LISA CAVANAUGH
STATE FARM INSURANCE
8329 WEST SUNSET ROAD
LAS VEGAS, NEVADA 89113-2202**

CONCERNING

STODDARD FORD UNWANTED ACCELERATION

CLAIM NO. [REDACTED] ✓

OUR CASE NO. [REDACTED]

**[REDACTED] v. Ford
000235**

FORENSIC DIVISION • (800) 229-3647
CORPORATE OFFICE • P.O. BOX 91859, LONG BEACH, CALIFORNIA 90809-1659 • FAX (562) 997-3012
www.garrett-engineers.com



GARRETT
ENGINEERS, INC.

April 21, 2009

Ms. Lisa Cavanaugh
STATE FARM INSURANCE
8329 West Sunset Road
Las Vegas, Nevada 89113-2202

Re: [REDACTED] FORD UNWANTED ACCELERATION
Date of Loss: 04/13/09
Your Insured: [REDACTED]
Claim No. [REDACTED]
Our Case No.: 0409EW205810

Dear Ms. Cavanaugh:

ASSIGNMENT:

GARRETT ENGINEERS, INC. was assigned to inspect the throttle system on the insured's 2004 Ford Escape, Vehicle Identification Number 1FMYU93174K [REDACTED].

CONCLUSIONS:

No manufacturing, mechanical, or service defects or failures were located in the vehicle's throttle system. The components of the throttle system were properly installed and in good, safe operating condition prior to the impact.

The throttle shaft in the throttle body was broken during impact while the throttle was closed. This indicates that the throttle was not stuck open at the time of the impact.

[REDACTED] v. Ford
000236

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DISCUSSION:

The vehicle was inspected at Insurance Auto Auction, 4086 Peru Drive, McCarran, Nevada on April 17, 2009. The pertinent vehicle data is as follows:

YEAR, MAKE, AND MODEL:	2004 FORD ESCAPE XLT
COLOR AND BODY:	WHITE, FOUR - DOOR, S.U.V.
STOCK NUMBER:	5411744
LICENSE PLATE NUMBER:	[REDACTED]
REGISTRATION STICKER:	AUG 2009
VEHICLE IDENTIFICATION NUMBER:	1FMYU93174K [REDACTED]
DATE OF MANUFACTURE:	09/03
SERVICE STICKER:	TORN OFF
TRANSMISSION:	AUTOMATIC
DRIVE:	FOUR - WHEEL
DRIVABLE:	NO
AIR BAGS:	DUAL FRONT - DEPLOYED

The following documentation was reviewed during the preparation of this report:

- National Highway Traffic Safety Administration (NHTSA) Recall Notices.
- Ford Recall Internet Web Page.
- CARFAX Vehicle History.
- ALLDATA - Replacement Procedure of Throttle Cable.
- Notes and photographs of our April 17, 2009 inspection.

The vehicle sustained a frontal impact. The impact damaged the roof structure, windshield, hood,

[REDACTED] v. Ford
000237

front fenders, headlight assemblies, front bumper assembly, radiator, air conditioning components, and most of the engine compartment components.

The interior of the vehicle was examined and documented photographically. The driver's floor mat did not interfere with the throttle or the brake pedal operation. The throttle pedal was lying loose at the floor due to the impact damaged throttle cable guide components. The throttle pedal assembly was examined and found to be in good, safe operating condition and pivoted freely on its bracket. No manufacturing defects or pre-impact failures were located in the interior throttle system components.

The impact-damaged hood was opened to fully access the engine compartment. The force of the impact dislodged the brake master cylinder fluid reservoir from its mounting. The engine oil dipstick was removed for examination; the engine oil was found at its proper level.

The throttle components located in the engine compartment were examined. The throttle cable was in good operating condition and slid freely in its housing. The NHTSA Recall Campaign Number 04V574000 regarding a possible problem within the accelerator (throttle) cable did not cause or contribute to the date of loss incident. CARFAX indicates that the accelerator cable had been replaced by Lithia Lincoln Mercury on May 15, 2008. The Ford Motor Company Recall Internet Site did not list this recall as unresolved in the vehicle identified by the above documented Vehicle Identification Number.

The throttle cable attachment point was impact broken but in otherwise good condition prior to the impact. The throttle bell crank had been broken off the throttle body as a result of the

[REDACTED] v. Ford
000238

impact.

The force of the impact knocked the throttle body rearward into the engine compartment. The throttle shaft in the throttle body was broken during impact while the throttle was in the closed position (See Photograph 29). This indicates that the throttle was not stuck, or open, at the time of the impact. The throttle shaft return springs were broken loose during the impact. The idle speed control motor and the throttle position sensor were found intact and in place. The throttle position sensor was also found in the closed position. The throttle blade was found in normally dirty condition.

A large amount of impact debris and foreign material were found in the engine air intake system. The intake manifold was broken into many pieces by the impact. The air filter was in normal condition. Numerous impact related cuts, tears, or cracks were found in the engine vacuum hoses.

The cruise control was found in the 'Off' position. The cruise control mechanism was impact damaged, but in place. A small kink was found in the cruise control cable past its bracket. This could have occurred during the throttle cable replacement to satisfy the NHTSA Recall. This slight kink in the lower end of the cable did not cause or contribute to the date of loss incident.

No manufacturing defects or pre-impact failures were located in the engine compartment throttle system components.

The fuel rail was bent, however, its fuel supply line clip connector was found in place.

GARRETT
ENGINEERS, INC.

Re: [REDACTED] Ford Unwanted Acceleration - 5

As of the date of this report, the NHTSA remaining recall issues that might be associated with this year, make, and model vehicle were not related to the throttle system. According to the Ford Motor Company website, no open recalls were listed for the vehicle identified by the above Vehicle Identification Number.

The conclusions expressed in this report are based on sound technical judgment and information available at the time of this report. Should additional or conflicting information become available at a later date, we reserve the right to modify our opinions and conclusions accordingly.

No evidence was retained or removed from the site.

Thank you for calling GARRETT ENGINEERS, INC. If you have any questions regarding this report, or if you need any further assistance, please contact our office.

Respectfully submitted,
GARRETT ENGINEERS, INC.



In the absence of

Thomas J. Lepper
Automotive/Fire/Tire Consultant

This report and its conclusions were prepared by Thomas J. Lepper, but signed and shipped in his absence to expedite delivery.

TJL/jb

Enclosures: 40 Photographs
Attachment:

I

National Highway Traffic Safety Administration
Recall Notices

[REDACTED] v. Ford
000240

ATTACHMENT I

**National Highway Traffic Safety Administration
Recall Notices**

██████████ v. Ford
000241

Make: FORD

Model: ESCAPE

Model Year: 2004

Manufacturer: FORD MOTOR COMPANY

Mfr's Report Date: DEC 06, 2004

NHTSA CAMPAIGN ID Number: 04V574000

NHTSA Action Number: N/A

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).

Make: FORD

Model: ESCAPE

Model Year: 2004

Manufacturer: FORD MOTOR COMPANY

Mfr's Report Date: DEC 17, 2004

NHTSA CAMPAIGN ID Number: 04V602000

NHTSA Action Number: N/A

Component: LATCHES/LOCKS/LINKAGES:DOORS:LATCH

Potential Number of Units Affected: 262113

Summary:

CERTAIN 2004-2005 SPORT UTILITY VEHICLES AND CERTAIN 2001-2003 SPORT UTILITY VEHICLE HAVING REAR LIFTGATE COMPONENTS SERVICED WITH 2004 EQUIVALENT COMPONENTS FAIL TO COMPLY WITH THE REQUIREMENTS OF FEDERAL MOTOR VEHICLE SAFETY STANDARD NO. 206, 'DOOR LOCKS AND DOOR RETENTION COMPONENTS.' THE REAR LIFTGATE LATCHING SYSTEM DOES NOT MEET THE INERTIA LOAD REQUIREMENT IN ONE DIRECTION.

Consequence:

IF THE LIFTGATE IS LEFT UNLOCKED, THERE IS THE POTENTIAL THAT IT MAY OPEN DURING A CRASH.

Remedy:

DEALERS WILL REPLACE THE REAR LIFTGATE LATCH RELEASE ROD, THE RELEASE ROD ATTACHMENT CLIP AND THE DOOR HANDLE RETURN SPRING. THE RECALL BEGAN ON MARCH 31, 2005. OWNERS SHOULD CONTACT FORD AT 1-800-392-3673.

Notes:

FORD RECALL NO. 04C09. CUSTOMERS CAN ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S AUTO SAFETY HOTLINE AT 1-888-327-4236.

██████████ v. Ford

000242

Make: FORD

Model Year: 2004

Manufacturer: CARDONE INDUSTRIES, INC.

NHTSA CAMPAIGN ID Number: 07E023000

Component: SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS:MASTER CYLINDER

Potential Number of Units Affected: 13128

Summary:

CERTAIN CARDONE MASTER CYLINDERS WITH DATE CODES LOWER THAN DCA7078 SOLD AS REPLACEMENT EQUIPMENT FOR USE ON THE VEHICLES LISTED ABOVE. THE SEAL ON MASTER CYLINDER CAN FAIL AND LEAK BRAKE FLUID.

Consequence:

LOSS OF BRAKE FLUID CAN RESULT IN POOR BRAKING PERFORMANCE, POSSIBLY RESULTING IN A VEHICLE CRASH.

Remedy:

CARDONE WILL NOTIFY OWNERS AND OFFER TO REPURCHASE ANY DEFECTIVE MASTER CYLINDERS. THE RECALL BEGAN DURING APRIL 2007. OWNERS CAN CONTACT CARDONE AT 1-800-777-4780.

Notes:

THIS RECALL ONLY PERTAINS TO AFTERMARKET CARDONE MASTER CYLINDERS AND HAS NO RELATION TO ANY ORIGINAL EQUIPMENT INSTALLED ON THE VEHICLES LISTED ABOVE. CUSTOMERS MAY CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY: 1-800-424-9153); OR GO TO [HTTP://WWW.SAFERCAR.GOV](http://www.safercar.gov).

Make: FORD

Model: ESCAPE

Model Year: 2004

Manufacturer: FORD MOTOR COMPANY

Mfr's Report Date: MAR 30, 2007

NHTSA CAMPAIGN ID Number: 07V156000

NHTSA Action Number: PE06048

Component: SERVICE BRAKES, HYDRAULIC:ANTILOCK:CONTROL UNIT/MODULE

Potential Number of Units Affected: 448460

Summary:

ON CERTAIN SPORT UTILITY VEHICLES EQUIPPED WITH ANTILOCK BRAKES (ABS), THE ABS MODULE CONNECTOR MAY HAVE MISSING OR DISLODGED WIRE SEALS. THIS CONDITION COULD ALLOW CONTAMINATION TO ENTER THE MODULE CONNECTOR, CREATING A POTENTIAL FOR AN ELECTRICAL SHORT.

Consequence:

AN ELECTRICAL SHORT MIGHT CAUSE AN ABS MALFUNCTION THAT WOULD ILLUMINATE THE ABS WARNING LIGHT, AND IN SOME CASES, THE MODULE MAY OVERHEAT RESULTING IN BURNING ODOR, SMOKE, AND/OR FIRE. THIS CONDITION COULD OCCUR EITHER WHEN THE VEHICLE IGNITION SWITCH IS IN THE OFF POSITION OR WHILE THE VEHICLE IS BEING OPERATED.

Remedy:

DEALERS WILL INSPECT THE WIRE HARNESS CONNECTOR TO THE ABS MODULE FOR MISSING OR DISLODGED WIRE SEALS, AND REPAIR OR REPLACE THE HARNESS CONNECTOR AS APPROPRIATE. THE DEALER WILL ALSO INSPECT THE CONNECTOR ON THE ABS MODULE AND REPLACE IT IF IT IS FOUND TO BE CORRODED OR DAMAGED. THE RECALL BEGAN ON APRIL 23, 2007. OWNERS MAY CONTACT FORD AT 1-800-392-3673.

██████████ v. Ford
000243

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PHOTOGRAPHS

(1 through 40)

██████████ v. Ford
000244

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3. [REDACTED] Ford Consumer Investigations /
Photographs



Photo 1. Left rear view of the 2004 Ford Escape.



Photo 2. Right rear view of the vehicle.

[REDACTED] v. Ford
000245

GARRETT
CORPORATION

Re: [REDACTED] v. Ford Consumer, 10/1/88
Photographs



Photo 3 - Left front view of the vehicle.



Photo 4 - Right front view of the vehicle.

[REDACTED] v. Ford
000246

GARRETT
ENGINEERING

Re: [REDACTED] Ford Unethical Acceleration - 3
Photographs



Photo 3. Vehicle Identification Number sticker.

[REDACTED] v. Ford
000247

GARRETT
BRIDGEVIEW

■■■■ *and Unwarranted Acceleration - 3*
Photographs



Photo 6. Interior of the Vehicle as found.

■■■■ v. Ford
000248

GARRETT
ENGINEERS INC.

Re: [REDACTED] Ford [REDACTED] [REDACTED] - 3
Photographs



Photo 7. Driver's foot well no band.

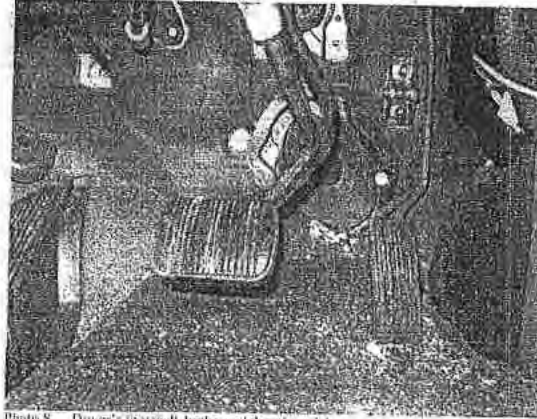


Photo 8. Driver's footwell, brake, and throttle pedal.

[REDACTED] v. Ford
000249

BARRETT
ENGINEERS INC.

Re: [REDACTED] v. Ford
Accident Investigation - 6
Photographs



Photo 9. Throttle pedal resting against the carpet as found.



Photo 10. Throttle pedal area.

[REDACTED] v. Ford
000250

GARRETT
ENGINEERING

Re [REDACTED] Fuel/Throttle Acceleration - ?
Photograph

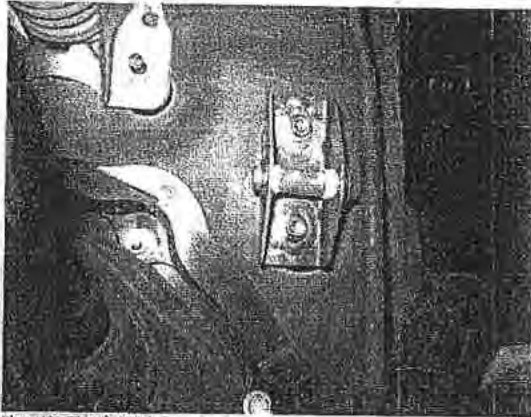


Photo 11 Throttle pedal view

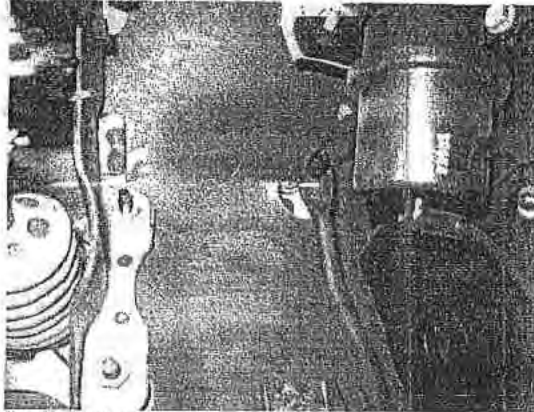


Photo 12 Throttle cable attached to the throttle pedal.

[REDACTED] v. Ford
000251

GARRETT
PHOTOGRAPHY

0 [REDACTED] Post-Crashed Jetstream-8
Chronographs



Photo 13. Engine compartment as viewed from the left.

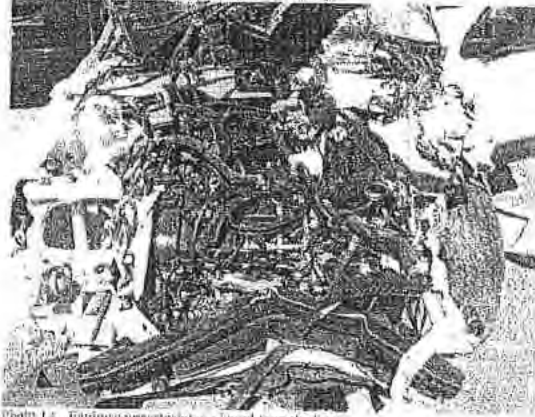


Photo 14. Engine compartment as viewed from the front.

[REDACTED] v. Ford
000252

GARRETT
ENGINEERING INC.

████████████████████ Ford Throttle Body Acceleration - 2
Photographs



Photo 13. Engine compartment as viewed from the right

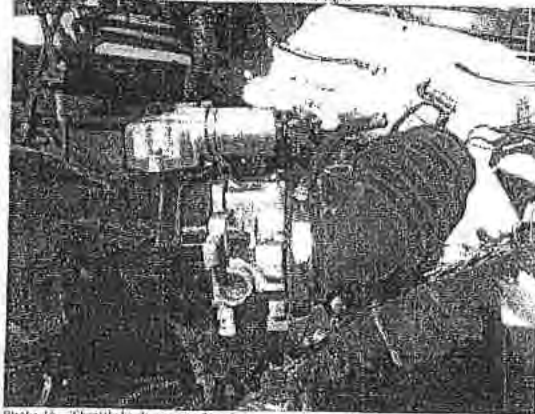


Photo 16. Throttle body area as viewed from front

████████████████████ v. Ford
000253

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Re: [REDACTED] Ford Constant Acceleration - 1B
Photographs

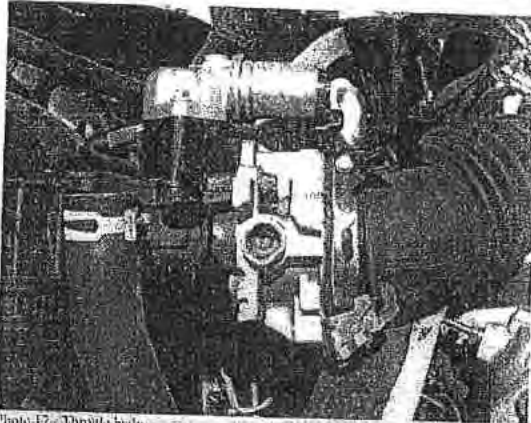


Photo 17: Throttle body.

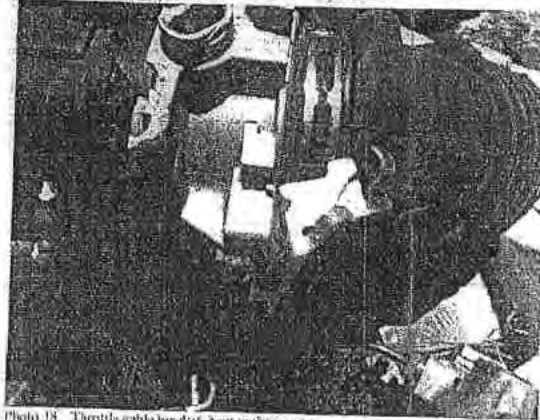


Photo 18: Throttle cable bracket, bent at the impact.

[REDACTED] v. Ford
000254

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Re. [REDACTED] Ford Terminal Acceleration v. 11
Photographs

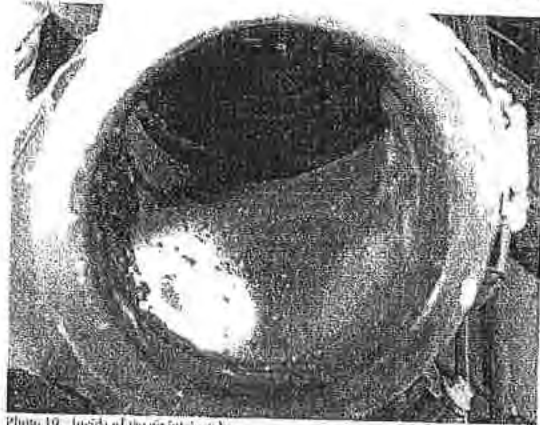


Photo 19. Inside of the air intake tube.

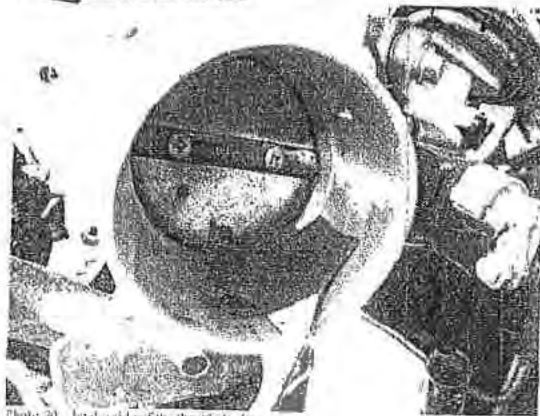


Photo 20. Intake side of the throttle body.

[REDACTED] v. Ford
000255

GARRETT
PRODUCTS INC

Re: [REDACTED] Ford Unmanned Aeronautics - 12
Photographs

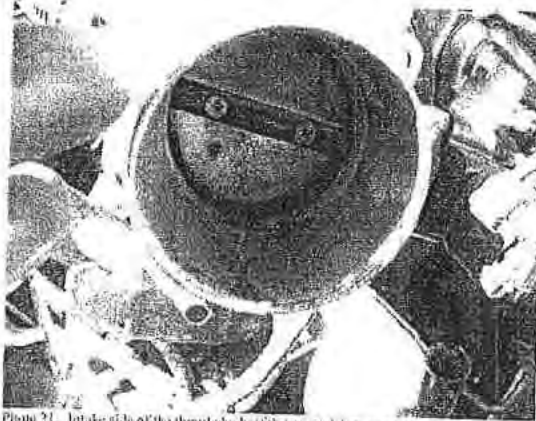


Photo 21. Intake side of the throttle body with impact debris removed

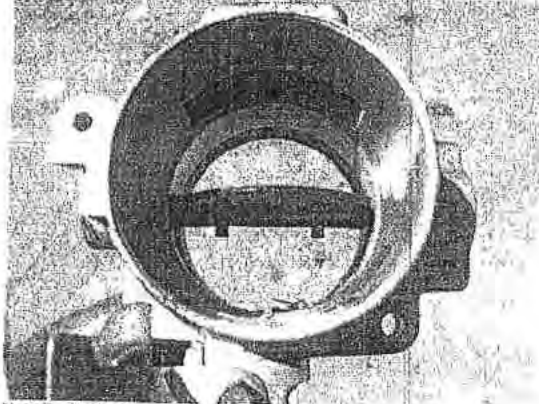


Photo 22. Throttle body with the throttle cable open.

[REDACTED] v. Ford
000256

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ENGINEERS INC.

Re: [REDACTED] v. Ford
Photographs

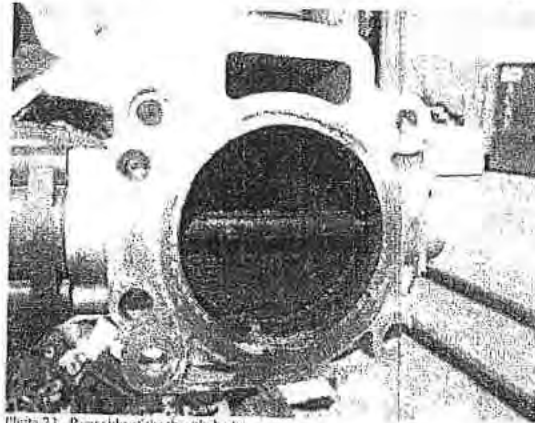


Photo 23. Rear side of the throttle body.

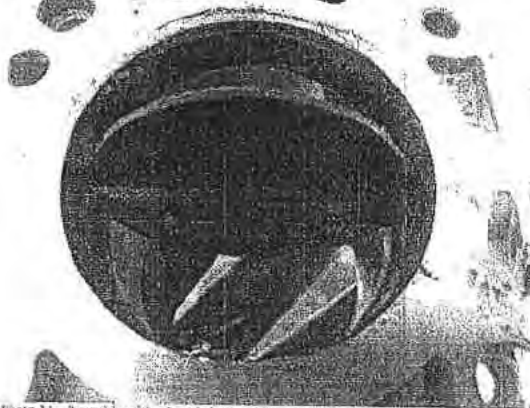


Photo 24. Rear side of the throttle body with the butterfly open.

[REDACTED] v. Ford
000257

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Re. [REDACTED] / Ford Convicted Acceleration - 13
Photographs

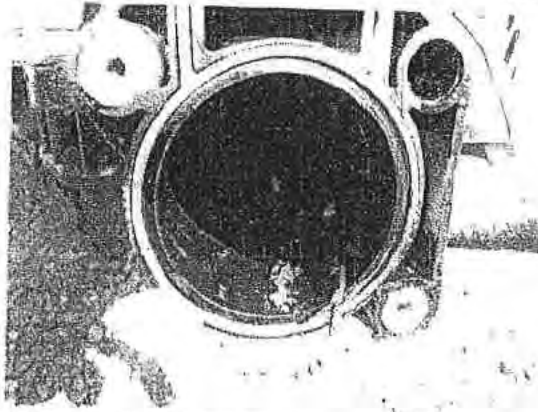


Photo 25. Air intake side of the intake manifold.

[REDACTED] v. Ford
000258

GARRETT
ENGINEERS INC.

Re: [REDACTED] v. Ford
Photographs

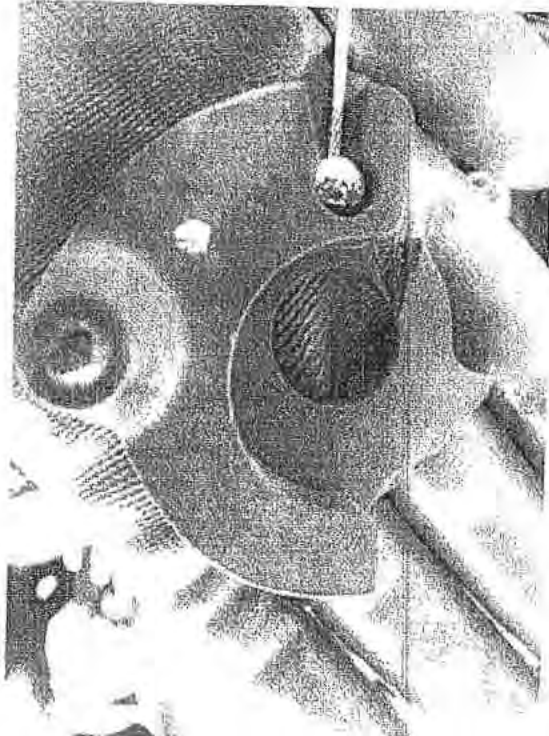


Photo 2b Throttle cable attachment on the broken bell crank.

[REDACTED] v. Ford
000259

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Re [REDACTED] of Ford Consumer Association - 16
Photographs

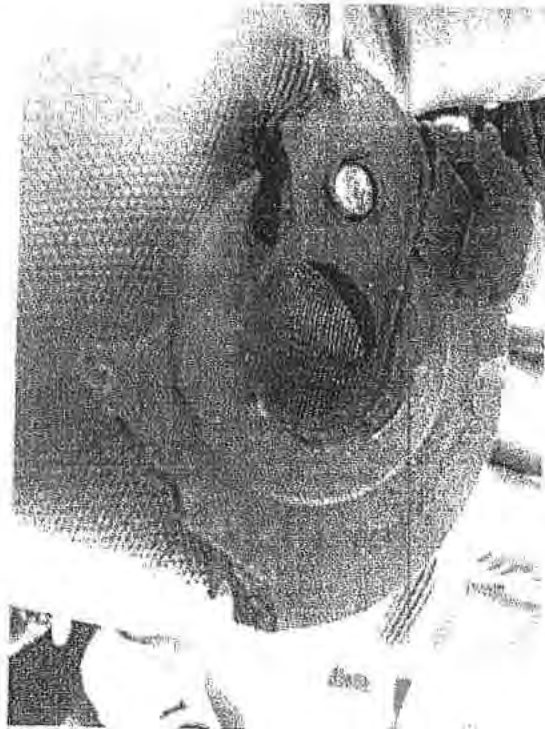


Photo 17. A close-up of the book or fabric held under

[REDACTED] v. Ford
000260

GARRETT
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Re: [REDACTED] Died Circa mid-1970s - 17
Photographs

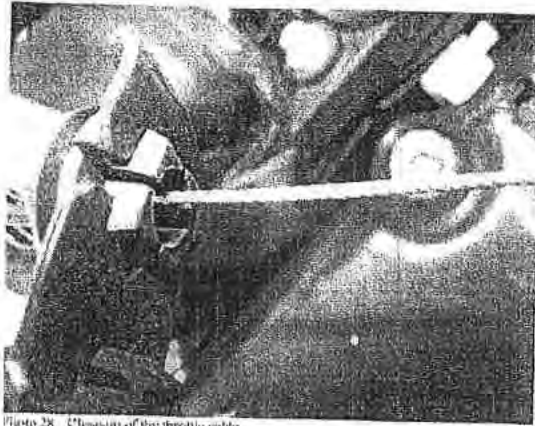


Photo 28. Close-up of the throttle cable.



Photo 29. Close-up of the broken throttle shaft.

[REDACTED] v. Ford
000261

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ENGINEERING

Re: [REDACTED] Ford Cincinnati Acceleration - 16
Photographs

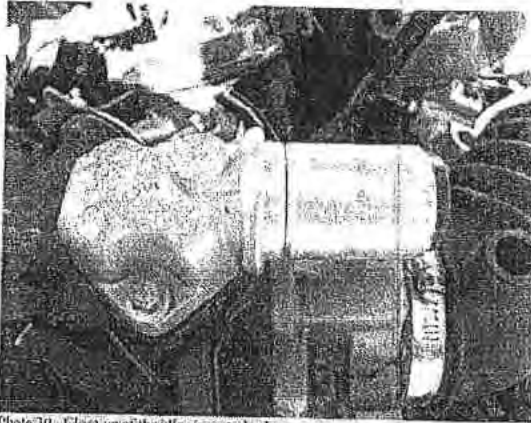


Photo 30. Closeup of the idle air control valve.

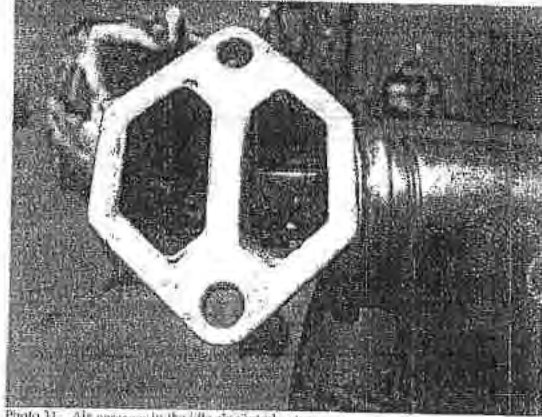


Photo 31. Air passages in the idle air control valve.

[REDACTED] v. Ford
000262

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Re: [REDACTED] Ford Controlled Acceleration - 19
Photographs

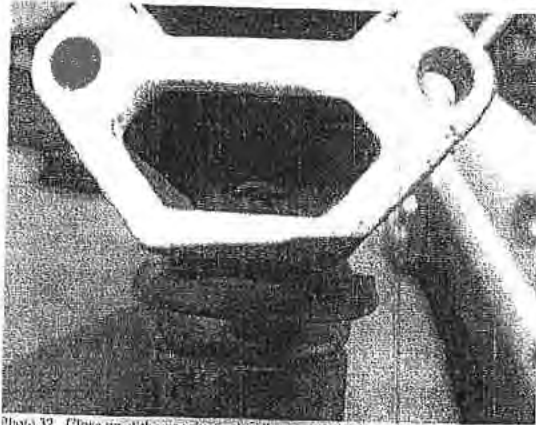


Photo 32. Close-up of the air valve in the idle air control valve.

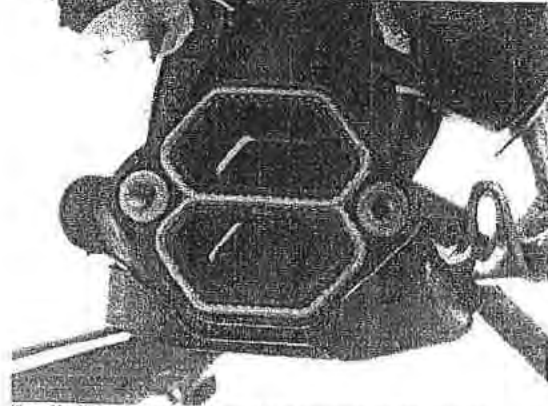


Photo 33. Close-up of the idle air control valve passages in the intake manifold.

[REDACTED] v. Ford
000263

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The [REDACTED] v. Ford Civilized Acc. Citation - 20
Photographs



Photo 34 - Close-up of the throttle position sensor as found.

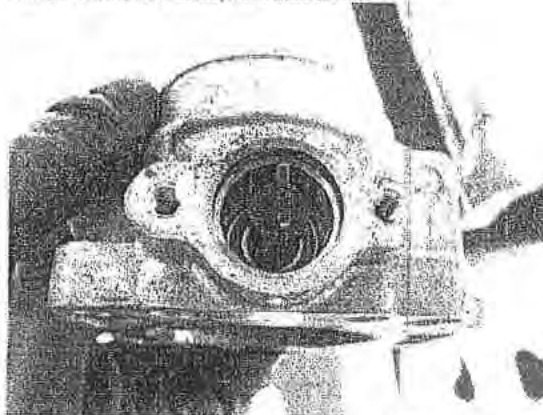


Photo 35 - Close-up of the throttle shaft at the throttle position sensor.

[REDACTED] v. Ford
000264

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Re: [REDACTED] Ford Grounded Acceleration - 21
Photograph

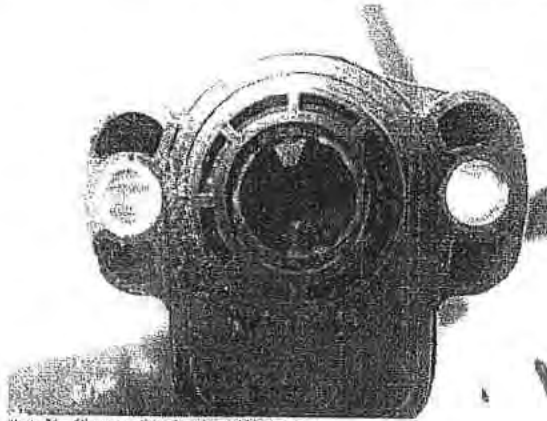


Photo M, Close-up of the throttle position sensor.

[REDACTED] v. Ford
000265

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CORPORATION

█████████ v. Ford
Photographs

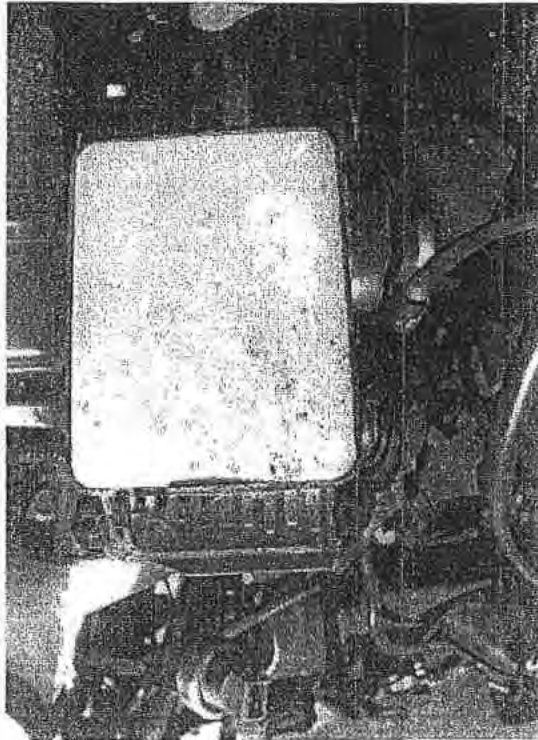



Photo 27. Fluorescent cruise control indicator.

█████████ v. Ford
000266

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AQUINLECH INC

 Ford *Carrianted Accobation - 23*
Photographs

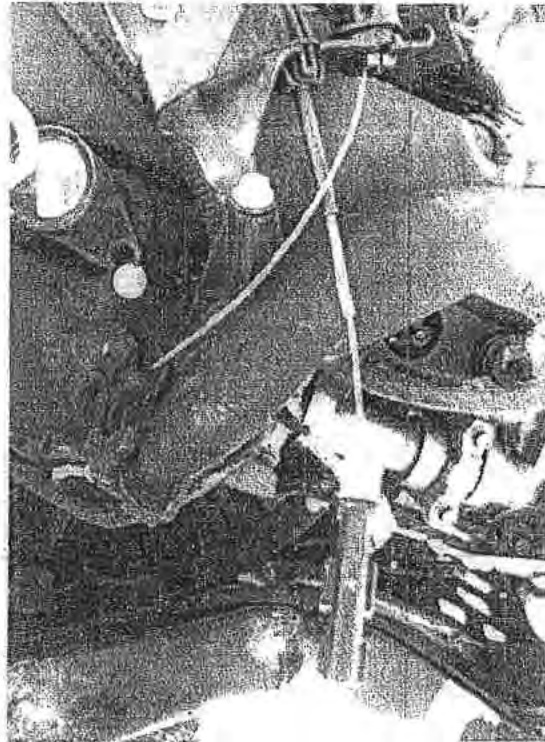



Photo 38 - *Close up of cable.*

 v. Ford
000267

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ENGINEERS INC

██████████ v. Ford
Photography

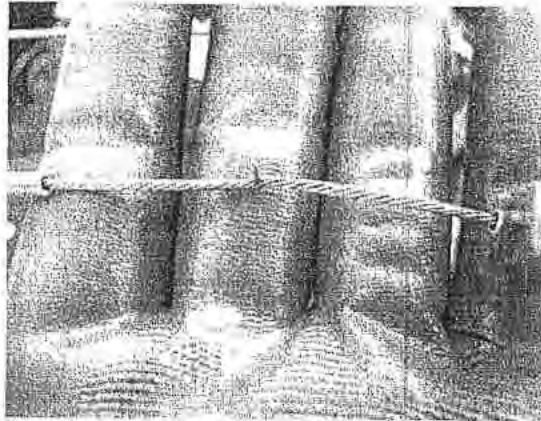


Photo 39. Close up of the kink in the engine control cable

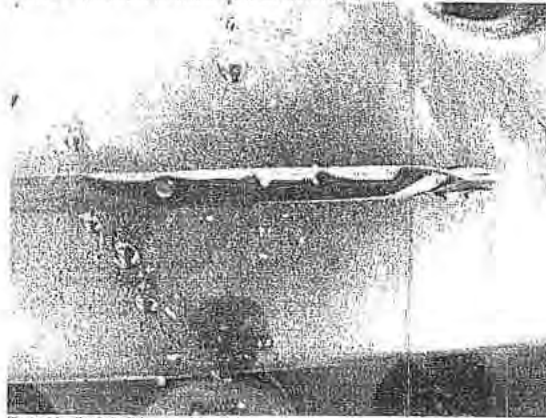


Photo 40. Engine oil level and condition.

██████████ v. Ford
000268



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 - Tires, Engines and Power Trains
 - Component Failure
- Biomechanical Analysis
- Chemical Analysis
- Construction
 - Structural Failures
 - Soil Settlement
 - Plumbing and HVAC
 - Safety and Code Compliance
- Engineering
 - Civil/Geotechnical
 - Electrical
 - Mechanical
 - Safety
 - Traffic
- Environmental
- Fire Cause and Origin
 - Automotive
 - Residential
 - Commercial
- Land Surveying
- Metallurgy
- Product Liability
- Slip/Trip and Fall Accidents
- Toxicology

Corporate Office: 3939 Atlantic Avenue, Suite 102, Long Beach, California 90807
Mailing Address: P.O. Box 91659, Long Beach, California 90809-1659
Telephone: (562) 997-3013 • Fax: (562) 997-3012
Nationwide: (800) 229-3647

Visit our webpage @ www.garrett-engineers.com

█ v. Ford
000269





Interinsurance Exchange of the Automobile Club
P. O. Box 25024, Santa Ana, CA 92799-5024

DEC 5/05

APR 06 2005

March 29, 2005

FORD MOTOR CO.
ATTN: CONSUMER AFFAIRS DEPT.
PO BOX 6248, MD-3NE-B
DEARBORN MI 48126

RE: Your Insured / Driver : N/A
Your Claim Number : UNK
Our Insured :
Our Policy Number :
Date of Loss : January 10, 2005

FORD MOTOR COMPANY
RECEIVED
CREDIT UNIT
APR 07 2005
OFFICE OF THE
GENERAL COUNSEL

The Interinsurance Exchange of the Automobile Club of Southern California has a claim against your insured as a result of the accident that has occurred on the above date. The claim consists of:

UMC	\$0.00
AUTO / PROPERTY	\$9,896.80
DEDUCTIBLE	\$1,000.00
ACSC RENTAL	\$0.00
INSURED RENTAL/MISC.	\$0.00
TOTAL	\$10,896.80

Enclosed are the necessary documents to support our subrogation claim.

Please show **Our Policy Number** and **Date of Loss** on your draft. **FOR YOUR INFORMATION:**

VEHICLE ACCELERATED AS INSURED RELEASED THROTTLE UPON ENCOUNTERING A WATER PUDDLE WHICH RESULTED IN VEHICLE HYDROPLANING & LOSING CONTROL. WIRED ESTIMATE, EMITCHELL PHOTOS &

PROOF OF PAYMENT ATTACHED

ADJUSTER: Dean Danganan (714)850-5474

REPLY: _____

SIGNATURE & DATE _____

SUBC05



Interinsurance Exchange of the Automobile Club

P. O. Box 25024, Santa Ana, CA 92799-5024

SUBC07

5/10/07
Chobot

March 29, 2006

1 2005 A -5 A B 12 **3rd REQUEST**

FORD MOTOR CO.
ATTN: CONSUMER AFFAIRS DEPT.
PO BOX 6248, MD-3NE-B
DEARBORN MI 48126

APR 05 2006

RE: Your Insured / Driver : N/A
Your Claim Number : UNK
Our Insured : [REDACTED]
Our Policy Number : [REDACTED]
Date of Loss : January 10, 2005

The Interinsurance Exchange of the Automobile Club of Southern California has a claim against your insured as a result of the accident that has occurred on the above date. The claim consists of:

UMC	\$0.00
AUTO / PROPERTY	\$9,896.80
DEDUCTIBLE	\$1,000.00
ACSC RENTAL	\$0.00
INSURED RENTAL/MISC.	\$0.00
TOTAL	\$10,896.80

THIS IS THE THIRD AND FINAL REQUEST FOR PAYMENT PRIOR TO REFERRING TO COUNSEL.

Please show **Our Policy Number** and **Date of Loss** on your draft. **FOR YOUR INFORMATION:**
VEHICLE ACCELERATED AS INSURED RELEASED THROTTLE UPON
ENCOUNTERING A WATER PUDDLE WHICH RESULTED IN VEHICLE
HYDROPLANING & LOSING CONTROL. WIRED ESTIMATE, EMITCHELL

ADJUSTER: Dean Danganan (714)850-5474

REPLY: _____

SIGNATURE & DATE _____

SUBC07



Interinsurance Exchange of the Automobile Club

P. O. Box 25024, Santa Ana, CA 92799-5024

510662

Chabot

APR 21 2005

April 13, 2005

2nd REQUEST

FORD MOTOR CO.
ATTN: CONSUMER AFFAIRS DEPT.
PO BOX 6248, MD-3NE-B
DEARBORN MI 48126

RE: Your Insured / Driver : N/A
Your Claim Number : UNK
Our Insured : [REDACTED]
Our Policy Number : [REDACTED]
Date of Loss : January 10, 2005

The Interinsurance Exchange of the Automobile Club of Southern California has a claim against your insured as a result of the accident that has occurred on the above date. The claim consists of:

UMC	\$0.00
AUTO / PROPERTY	\$9,896.80
DEDUCTIBLE	\$1,000.00
ACSC RENTAL	\$0.00
INSURED RENTAL/MISC,	\$0.00
TOTAL	\$10,896.80

You have previously been provided the necessary documents to support our loss. Payment is expected within 15 days.

Please show **Our Policy Number** and **Date of Loss** on your draft. **FOR YOUR INFORMATION:**
VEHICLE ACCELERATED AS INSURED RELEASED THROTTLE UPON
ENCOUNTERING A WATER PUDDLE WHICH RESULTED IN VEHICLE
HYDROPLANING & LOSING CONTROL. WIRED ESTIMATE, EMITCHELL

ADJUSTER: Dean Danganan (714)850-5474

REPLY: _____

SIGNATURE & DATE _____

SUBC05

emitchell

Status:

Admin Vehicle Estimate Images Activity Log Attachments Journal

Print Options:

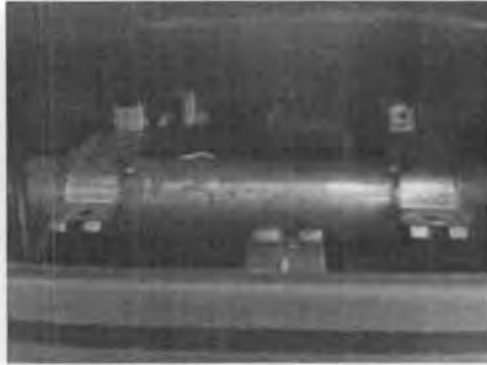
images(s) per page

Print Description and Comments



[REDACTED]

03/30/2005



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03/30/2005

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
1/25/2005 CLOSED	[REDACTED] LEGAL - ACCIDENT / FIRE	1FMYU921X3K [REDACTED] 620300205	2003 ESCAPE	07
1/24/2005 CLOSED	[REDACTED] RECALL/ONP - VEHICLE INVOLVEMENT	1FMYU921X3K [REDACTED] 620300205	2003 ESCAPE	03

[REDACTED] 4/12/2005

All Action Details for Issue

Print

VIN: 1FMYU921X3K [REDACTED] Year: 2003
 Name: [REDACTED] Owner Status: Original
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED
 Reason Desc: LEGAL - ACCIDENT / FIRE
 Issue Type: 07 LEGAL Issue Status: CLOSED

Model: ESCAPE Case: [REDACTED]
 WSD: 2003-03-21
 Primary Phone: [REDACTED]
 Secondary Phone: [REDACTED]

Action: ADVISE CUST INFORMATION WILL BE SENT TO CONSUMER AFFAIRS
 Dealer: 05492 BUERGE FORD Origin Desc: US CONCERN CASE BASE
 Odometer: 27000 MI Comm Type: PHONE
 Analyst Name: HYLTON ROSEMARIE Analyst: RHYLTON2
 Action Date: 01/20/2005 Action Time: 17.13.49.478 Action Data: Yes

Comments CUSTOMER SAID: -SHE IS CALLING REGARDING A RECALL NOTICE 04S25 SHE RECEIVED ON HER VEHICLE LAST NIGHT -HER ACCIDENT DAMAGE AMOUNT IS \$8000 -SHE WAS NOT INJURED -BOTH AIR BAGS DEPLOYED -SHE ACCELERATED UNEXPECTEDLY WHILE DRIVING -THE VEHICLE IS CURRENTLY AT MARINA AUTOBODY IN MARINA DEL RAY CALIFORNIA -THE ACCIDENT OCCURRED ON JANUARY 10TH AT 10:15 PM -IT HAPPENED ON THE 110 FREEWAY HEADING SOUTH IN LOS ANGELES -WHILE DRIVING AT THE SPEED LIMIT WHILE IT WAS RAINING, SHE LOST CONTROL OF THE CAR AND HYDROPLANED. SHE HIT THE CENTER DIVIDER OF THE HIGHWAY -THE IMPACT WAS SO SEVERE THAT THE ENTIRE FRONT OF THE VEHICLE WAS DAMAGED AND THE -SHE RECEIVED THE RECALL NOTICE ON JAN 18TH-SHE CONTACTED HER INSURANCE COMPANY ON THE MORNING AFTER THE ACCIDENT THE INSURANCE COMPANY SAYS THIS IS HER PROBLEM TO DEAL WITH WITH FORD MOTOR COMPANY -SHE WOULD LIKE THE REPAIR AND OTHER EXPENSES TO BE TAKEN CARE OF AND THIS NOT TO BE ON HER DRIVING RECORD -THERE WAS NO POLICE REPORT FILED -AN AMBULANCE WAS DRIVING BEHIND HER ON THE FREEWAY AND SHE WAS EXAMINED ON THE SCENE -SHE WAS ABLE TO DRIVE THE VEHICLE HOME AFTER THE ACCIDENT -IT WILL TAKE 4 TO 6 WEEKS TO HAVE HER VEHICLE REPAIRED DEALER SAID: -NONE BUERGE FORD 11800 SANTA MONICAW LOS ANGELES, CA 90025 TEL: (310) 820-2631 CRC 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 CUSTOMER
 Dealer: 05492 BUERGE FORD Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 27000 MI Comm Type: PHONE
 Analyst Name: VALMA SANDERS (VSANDERS) Analyst: VSANDERS
 Action Date: 01/25/2005 Action Time: 17.19.41.270 Action Data: No

Comments LPA CALLED THE CUSTOMER..THE CUSTOMER SAYS SHE THINKS THE RECALL CAUSED HER ACCIDENT..THE UNIT IS AT A NON-FORD COLLISION SHOP NOW AND REPAIRS HAVE STARTED HER INSURANCE COMPANY WILL PAY THE CLAIM FOR REPAIRS..THE CUSTOMER WANTS FORD TO ACCEPT RESPONSIBILITY SO THAT SHE DOES NOT HAVE THIS ACCIDENT ON HER DRIVING RECORD..LPA ADVISED THIS IS AN INSURANCE ISSUE HER INSURANCE COMPANY CAN SUBROGATE FORD IF THEY CHOOSE

Action: DENY ASSISTANCE - REFER TO INSURANCE CARRIER
 Dealer: 05492 BUERGE FORD Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 27000 MI Comm Type: PHONE
 Analyst Name: VALMA SANDERS (VSANDERS) Analyst: VSANDERS

4/12/2005

Action Date: 01/25/2005**Action Time:**
17.20.46.474**Action Data:** No**Comments** INSURANCE CARRIER IS ALREADY INVOLVED..LPA ASVISED THIS IS AN INSURANCE ISSUE THEY CAN SUBROGATE FORD IF THEY CHOOSE

Action: DENY ASSISTANCE - REFER TO INSURANCE CARRIER**Dealer:** 05492 BUERGE FORD**Origin Desc:** CONSUMER AFFAIRS - LITIGATION
PREVENTION**Odometer:** 27000 MI**Comm Type:** PHONE**Analyst Name:** VALMA SANDERS
(VSANDERS)**Analyst:** VSANDERS**Action Date:** 01/25/2005**Action Time:**
17.20.51.704**Action Data:** No**Comments** INSURANCE CARRIER IS ALREADY INVOLVED..LPA ASVISED THIS IS AN INSURANCE ISSUE THEY CAN SUBROGATE FORD IF THEY CHOOSE4/12/2005

All Action Details for Issue

Print

VIN: 1FMYU921X3K [REDACTED] Year: 2003
 Name: [REDACTED] Owner Status: Original
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED
 Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT
 Issue Type: 03 CONCERN Issue Status: CLOSED
 Initial Customer Contact: 01/24/2005

Model: ESCAPE Case: [REDACTED]
 WSD: 2003-03-21
 Primary Phone: [REDACTED]
 Secondary Phone: [REDACTED]

Action: ADVISE CUST OF FSA/CSP; DOCUMENT CAMPAIGN NUMBER
 Dealer: 05492 BUERGE FORD Origin Desc: US INQUIRY CASE BASE
 Odometer: 27000 MI Comm Type: PHONE
 Analyst Name: HYLTON ROSEMARIE Analyst: RHYLTON2
 Action Date: 01/20/2005 Action Time: 17.16.10.990 Action Data: Yes

Comments CUSTOMER SAID: -SHE RECEIVED THE RECALL LETTER DEALER SAID: -NONE BUERGE FORD 11800 SANTA MONICAW LOS ANGELES, CA 90025 TEL: (310) 820-2631 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. 04S25 3.0L LHD ACCELERATOR CABLE REPLACEMENT

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

Action: CUSTOMER REFUSES TO HAVE WORK DONE
 Dealer: 05492 BUERGE FORD Origin Desc: DEALER
 Odometer: 27000 MI Comm Type: PHONE
 Analyst Name: KEVIN CONNOLLY Analyst: K-CONNE5
 Action Date: 01/24/2005 Action Time: 16.53.33.158 Action Data: No

Comments CALLED CUSTOMER STATES VEHICLE AT BODY SHOP POSSIBLY CUSTOMER TO COME IN AT A LATER DATE





AUTO HOME LIFE

Amica Mutual Insurance Company
Amica Life Insurance Company
Amica General Agency, Inc.

RELATION
CENTE

OCT - 1

GREENVILLE REGIONAL OFFICE
Five Independence Pointe, Suite 140
Greenville, South Carolina 29615-4538

Mail: PO Box 26838, Greenville, SC 29616-1838

Toll Free: 800-34-AMICA (800-342-6422)

Claims Fax: (864) 234-0939

Production Fax: (864) 234-9058

573849
Chabot

September 20, 2005

Ford Motor Company
Attn: Andrew A. Chabot
P.O. Box 1904
Dearborn, MI 48121

OCT 03 2005

Our File Number: L36200303389S
Our Insured: [REDACTED]
Vehicle: 2002 Ford Escape
VIN Number: 1FMYU03192K [REDACTED]
Date of Loss: October 24, 2003
Amount of Loss: \$3888.87

Dear Mr. Chabot:

This follows our initial notice of subrogation relating to the accident identified above.

Enclosed is all of the paperwork we regarding the above incident. The parts are no longer available as the repairs to the vehicle have already been made. This loss occurred on October 24, 2003 and our insured was not aware of any recalls until he received a notice from Ford Motor Company in January 2005.

Are you able at this time to give proper consideration to our claim and forward your settlement check?

Very truly yours,

Kristine H. Drake, AIC
Claims Service Representative
1-888-887-9308 Ext. 62227
Amica Mutual Insurance Company
kdrake@amica.com

*36C9

PD dng 2,297.81+
PD Rent 470.80+
Call pag 620.26+
ded. 500.00+
3,888.87*

Web Site: www.amica.com
Offices Countrywide: 800-24-AMICA (800-242-6422)

No. of Units Involved Form 1 of 3 Supplemental Report Non-Reportable 2003017467

Date 10/24/2003 County ORANGE Time 1315 Local Use/Patrol Area AREA 3 Date Received by DMV

33 Relation to Roadway Surface 1 Crash Occurred In Near CHAPEL HILL Municipality or Miles N S E W outside municipality on (PVA) MANNING PARKING LOT Highway Number, or Highway, Street (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing #) Miles ft N S E W at or from LEVEL ONE OF PARKING LOT toward Use Highway Number, Street Name or Adjacent County or State Line N S E W Use Highway Number, Street Name or Adjacent County or State Line

UNIT# 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver Address City CHAPEL HILL State NC Zip Same Address on Driver's License? Yes No Driver's Phone Numbers H W D.L.# State NC CDI License DOB 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restriction 0 37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI)

UNIT# 2 VEHICLE PEDESTRIAN HIT & RUN OTHER Driver Address City State Zip Same Address on Driver's License? Yes No Driver's Phone Numbers H W D.L.# State CDI License DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restriction 37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI)

Owner Same as Driver? Address Same Address as Driver? City CHARLOTTE State NC Zip Plate # State NC Plate Year 2004 VIN 1FMYU03192 Vehicle Make FORD Vehicle Year 2002 41 Vehicle Style (Type) 42 Vehicle Drivable Yes No 43 TAD FL2 Estimated 44 Damage \$200.00 Insurance Company AMICA Policy #

Owner Same as Driver? Address Same Address as Driver? City CHARLOTTE State NC Zip Plate # State NC Plate Year Vehicle Make NISS Vehicle Year 1995 41 Vehicle Style (Type) 42 Vehicle Drivable Yes No 43 TAD LPI Estimated 44 Damage \$2,000.00 Insurance Company STATE FARM Policy #

20 COMMERCIAL VEHICLE: Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner? Source Truck Shipping papers Driver Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle including Trailers State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with columns for person identification (A-H) and rows for vehicle towing information (Veh# 1 Towed To/By: DESTINATION / OWNER, Veh# 2 Towed To/By: DESTINATION / OWNER). Includes a large 'RECEIVED NOV 04 2003 GREENVILLE' stamp.

46 Name of EMS 46 Name of EMS 47 Injured Taken by EMS to (Treatment Facility and City or Town) 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# 1 _____ Unit# 2 _____		VEHICLE INFO.	Veh.# 1	Veh.# 2	ROADWAY INFO.	WORK ZONE RELATED	
60 Authorized Speed Limit			0	0	69 Road Feature	4	78 Workzone Area
61 Estimate of Original Traveling speed					70 Road Character	3	79 Work Activity
62 Estimate of Speed at Impact					71 Road Classification	6	80 Work Area Marked
63 Tire Impressions Before Impact (ft.)		0.00	0.00		72 Road Surface Type	3	81 Crash Location
64 Distance Traveled After Impact (ft.)					73 Road Configuration		TRAILER INFO. Unit# 1 Unit# 2
65 Emergency Vehicle Use					74 Access Control		82 Trailer Type
66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>	<input type="checkbox"/>		75 Number of Lanes	0	1st Trailer No. of Axles
67 School Bus - Contact Vehicle "		<input type="checkbox"/>	<input type="checkbox"/>		76 Traffic Control Type		Width (inches)
68 School Bus - Noncontact Vehicle "		<input type="checkbox"/>	<input type="checkbox"/>		77 Traffic Control oper		Length (feet)
56 Most Harmful Event for This Unit		COMMERCIAL VEHICLE: Hazardous Materials Involvement					2nd Trailer No. of Axles
57 Distance/Direction to Object Struck		From Placard indicate:					Width (inches)
58 Vehicle Underride/Override		4-digit placard number or name from diamond or box					Length (feet)
59 Vehicle Defects		1-digit number from bottom of diamond					83 Unit#
		Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No					Overwidth Trailer and Overwidth Mobile Homes
		Hazardous Cargo Released (does not include fuel from fuel tank) <input type="checkbox"/> Yes <input type="checkbox"/> No					Overwidth Permit#
		Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No					



Unit# 1 was: Traveling Parked Facing N S E W on MANNING PARKING LOT Unit# 2 was: Traveling Parked Facing N S E W on MANNING PARKING LOT.

85 CRASH NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

Vehicle #1 made a left turn into the parking space with a concrete curb in the front of the space securing a seeded and tree area. Vehicle #1 then proceeded over the curb onto the grassy area into the other side of the parking lot and struck Vehicle #2 which was parked next to the seeded area, causing extensive damage to the left fender area and driver and passenger door area. No one was in the Vehicle #2, at the time of the accident. The driver of Vehicle #1 was also not injured in the accident. The driver of Vehicle #1, advised the officer that the vehicle would on occasion just take off on it's own and that she had been meaning to have it looked at, and that the vehicle had did this in this accident. The officer was unable to confirm this. It appears the driver simply entered the space to quickly and (continued)

6 Type/Owner _____ Owner Address _____ Phone _____

ADDITIONAL PROPERTY DAMAGE _____ State Property _____

Estimated Damage \$ _____

WITNESSES

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

TRAFFIC VIOLATION(S)

Name _____ Charges _____

Name _____ (Citation # optional) Charges _____

Officer Name: COLE, EVERETT E Number: 709859442 Department: 0680400 Date of report: 10/24/2003

ACCIDENT DESCRIPTION (ATTACHED PAGE)

2003017467

failed to brake properly and struck Vehicle #2.

RECEIVED

NOV 04 2003

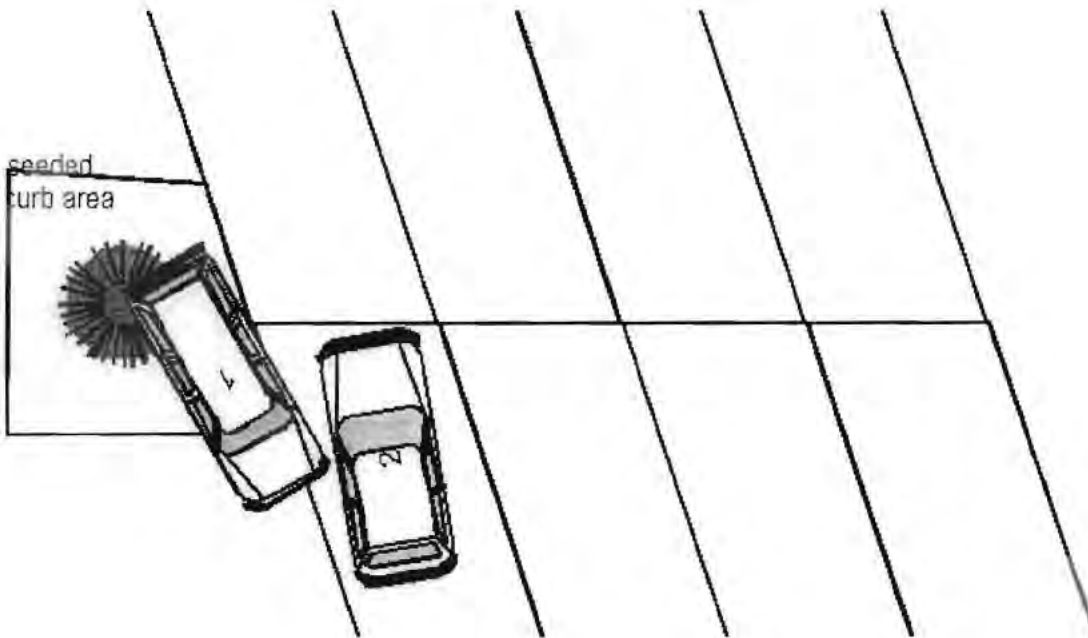
GREENVILLE

DIAGRAM

HSMV #: 2003017467



Indicate North



RECEIVED
NOV 04 2003
GREENVILLE

Drawing Not To Scale.

Amica Mutual Insurance Company
Amica Life Insurance Company
Amica General Agency, Inc.

GREENVILLE REGIONAL OFFICE
Five Independence Pointe, Suite 140
Greenville, South Carolina 29615-4538

Mail: PO Box 26838, Greenville, SC 29616-1838

Toll Free: 800-34-AMICA (800-342-6422)

Claims Fax: (864) 234-0939

Production Fax: (864) 234-9058

Amica

AUTO HOME LIFE

JUN 15 2005

June 4, 2005

Ford Motor Company
P.O. Box 1904
Dearborn, MI 48121

Our File Number: L36200303389D
Our Insured: [REDACTED]
Vehicle: 2002 Ford Escap
VIN Number: 1FMYU03192K [REDACTED]
Date of Loss: October 24, 2003
Amount of Loss: \$3888.87



To Whom It May Concern:

We are subrogated to the rights of our insured(s) due to the payment of a collision and liability loss.

The amount of damage to the vehicles involved in the above loss is shown above. This amount includes both our loss and our insured's deductible.

Enclosed are copies of our supporting papers.

Your prompt action regarding payment would be appreciated.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Kristine H. Drake".

Kristine H. Drake, AIC
Claims Service Representative
1-888-887-9308 Ext. 62227
Amica Mutual Insurance Company
kdrake@amica.com

*36C9

Web Site: www.amica.com
Offices Countrywide: 800-24-AMICA (800-242-6422)

PE12-019 002379LC SUBJECT

Kristina, CAN you review + advise if subro will take place

RECEIVED
FEB 18 2004
GREENVILLE

YKO-
QR

February 15, 2004

[Redacted]
Charlotte, NC [Redacted]

AMICA
Greenville Regional Office
Five Independence Pointe, Suite 140
Greenville, SC 29616

ATTN: [Redacted]

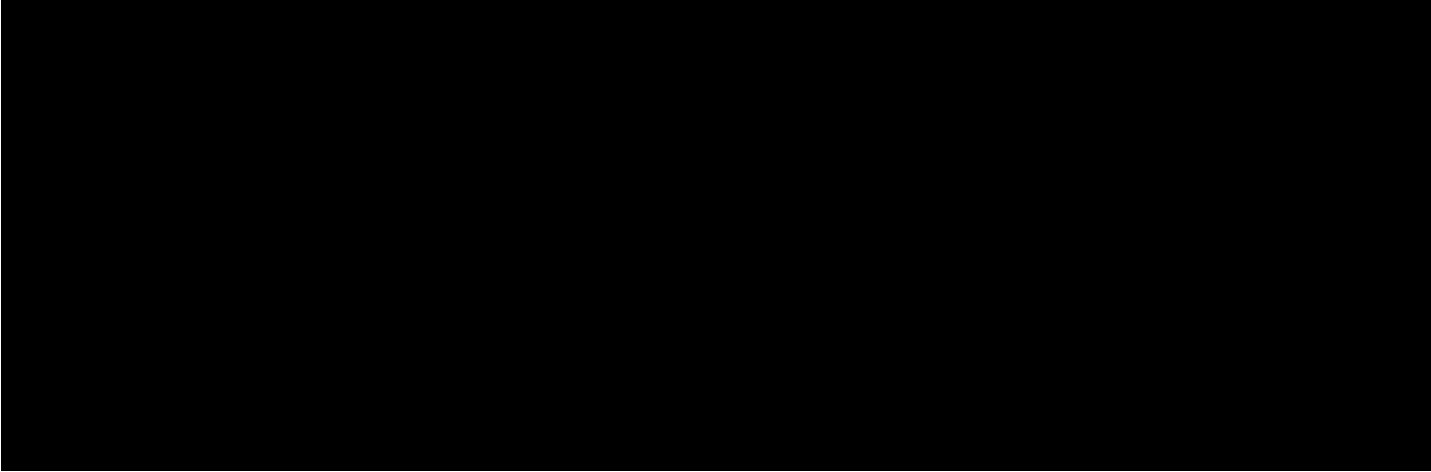
RE: Policy [Redacted]
Ford Escape VIN#1FMTU03192K [Redacted]
Accidents October 24, 2003 and February 17, 2004

Enclosed please find a copy of your recent letter about the above accidents and a copy of a recall notice from Ford Motor Company. The escape has been recall for a defect in the accelerator cable (see enclosed letter) and as we had previously stated, this defect was directly involved in causing these accidents.

Therefore, we request a review of the points assigned and the fee increases resulting from these accidents.

Sincerely,

[Redacted Signature]



BEGINNING OF CONTACT
06/24/2008

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.45.05

REGION: G4 PITTSBURGH OGC ISSUE CASE NBR: 1477791758
VIN: 1FMYU03181K [REDACTED] ZONE: A01 OPENED: 06/23/2008
ENGINE: 1 VEH TYPE: T CLOSED: 06/23/2008

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] FIRST NAME: [REDACTED] MI: [REDACTED]
ADDRESS: [REDACTED]
CITY: BRIDGEVILLE STATE: PA ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2001 MODEL: ESCAPE XLT 4X2
MILEAGE: 112000
DEALER NAME: WOLTZ & WIND FORD, SALES CODE: F44021 P & A: 07467
REASON CODE: 0772 LEGAL - ACCIDENT
SYMPTOMS: 612500 SURGE ACCELERATION

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 791 - ADVISE CUSTOMER INFO WILL BE SENT TO OGC
DOCUMENT: ANALYST: CGRAY75 CYNTHIA GRAY (CGRAY75)

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

JUN 24 2008

OFFICE OF THE
GENERAL COUNSEL

DATE: 06/23/2008 TIME: 13.16.15:
ACTION DATA/COMMENTS:

FIRE / ACCIDENT Y
CUSTOMER SAID: -FIRST ACCIDENT MAY 11,2008-REAR ENDED VEH-BR
AKES DIDN'T TAKE-SECOND ACCIDENT JUNE 19,2008-VEH SURGED FOR
EWARD-HIT SMALL METAL ROD STICKING UP OUT OF CEMENT-AIR BAG
DEPLOYED-NO INJURIES IN EITHER ACCIDENT-VEH HAD NOT GONE TO
DLRHSP-NO POLICE REPORT-SEEKING INFORMATION ABOUT WHY THIS O
CCURREDDEALER SAID: WOLTZ & WIND FORD2100 WASHINGTON PIKE HE
IDELBERG, PA 15106TEL:(412) 279-4551CRC ADVISED: - I WILL FO
RWARD THIS INFORMATION TO THE FORD OFFICE OF THE GENERAL COU
NSEL. YOU WILL RECEIVE WRITTEN NOTIFICATION WITHIN 10 BUSIN
ESS DAYS WHICH YOU WILL NEED TO RESPOND TO IN WRITING.NOTE T
O CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION B
EFORE SENDING ISSUE.103 PINEWOOD DRBRIDGEVILLE, PA 15017

CONSUMER AFFAIRS

06/24/2008 FAXOGC2





Liberty Mutual Insurance Company

5050 W Tilghman St Suite 200
Allentown PA 18104
Tel: (610) 398-9800 / (800) 521-0986

Subro

March 11, 2005

MAR 21 2005

FORD MOTOR COMPANY
BOX 6248
DEARBORN MI 48126

FORD MOTOR COMPANY
RECEIVED
OF GENERAL COUNSEL
MAR 21 2005
OFFICE OF THE
GENERAL COUNSEL

OUR INSURED: [REDACTED]
OUR CLAIM NUMBER: [REDACTED]

YOUR INSURED: FORD CO.
YOUR CLAIM NUMBER:

DATE OF LOSS: 11/02/2004
PLACE OF LOSS: MAIN STREET
NORFOLK, MA

Dear sir or madam:

Based on our investigation of this accident, we believe your Insured to be responsible for the damage to our Insured's vehicle. I have enclosed documentation to support the following subrogation claim:

Amount we have paid	\$	1755.00
Salvage (if applicable)	\$	0.00
Our Insured's deductible	\$	500.00
Total amount of damages	\$	2255.00

Please include our claim number on your check for the total amount of damages shown above and send your payment to my attention. If you have any questions, please contact me at the number listed above, extension 495.

Sincerely,

CAROL STETTLER
Subrogation Department

Enclosure

This is collision subro fro \$2255.00. Our insd. states she put her 2003 Ford Escape in park and was preparing to exit when it lunged forward and hit a building. She believes this to be a mechanical malfunction.

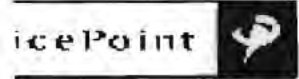












ChoicePoint Police Records
P.O.Box 4000
Norcross, GA 30091-4000
Phone 1.800.934.9698 Fax 1.800.934.6449
Email orderpoint.support@choicepoint.com

ATTACHED

PAGE: 4

4550
0399A
STETTLE1
005069750

ON #: 127700511
01/28/2005

LOSS: 11/02/2004 TIME OF LOSS: AM

NORFOLK
NORFOLK
MA

REPORTING AGENCY: NORFOLK PD
NUMBER:
OFFICER: Auto Accident
SCOTT TOMSIK

MAKE: YEAR:
TAG:

OFFENSE:
ADDITIONAL INFO:

11/2

AT INTERSECTION: NOT AT INTERSECTION:

1 Route: 127700511 Direction: At Name of Roadway/Street: At

2 Route: Direction: Name of Intersecting Roadway/Street: Also at Intersection with:

Route: Direction: Name of Intersecting Roadway/Street:

Route: Direction: Address#: 1 UNION ST Name of Roadway/Street: Union St

Feet: of or Exit Number:

Feet: of Route: Intersecting Roadway/Street:

Feet: of Landmark:

Please Select One of the following: Vehicle 1 # Occupants: Non-Motorist A Type: Action: Location: Condition: Hit/Run Moped

License #: St MA Age/DOB: Reg # 86PN19 Reg Type PC Reg State MA

Sex: Lic. Class: Lic. Restrictions: CDL Lic. Vch Year 2003 Vch Make FORD Vch Config:

Operator: Owner FORD MOTOR CREDIT, -

Address: Address:

City NORFOLK State MA City ATLANTA State GA Zip 30348

Insurance Company LIBERTY MUTUAL INS Vehicle Action Prior to Crash: Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: W Responding to Emergency N

Cited? Citation #:

Violation 1: CH ___ Sec ___ Violation 2: CH ___ Sec ___

Violation 3: CH ___ Sec ___ Violation 4: CH ___ Sec ___

Event Sequence: 1 2 3 4

Most Harmful Event: 1 2 3 4

Driver Contributing Code: 1 2 3 4 5 6 7 8 9 10 11

Underside/Override: Towed Y

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

Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Belt	27 Safety	28 Airbag	29 Airbag	30 Eject	31 Trip	32 Injury	33 Transport	Medical Facility
Operator/Non-Motorist	See Above											
<i>Chen</i> #												

Please Select One of the following: Vehicle ___ # Occupants: Non-Motorist B Type: Action: Location: Condition: Hit/Run Moped

License #: St: Age/DOB: Reg #: Reg Type: Reg State:

Sex: Lic. Class: Lic. Restrictions: CDL Lic. Vch Year: Vch Make: Vch Config:

Operator: Owner:

Address: Address:

City: State: Zip: City: State: Zip:

Insurance Company: Vehicle Action Prior to Crash: Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: Responding to Emergency:

Cited? Citation #:

Violation 1: CH ___ Sec ___ Violation 2: CH ___ Sec ___

Violation 3: CH ___ Sec ___ Violation 4: CH ___ Sec ___

Event Sequence: 1 2 3 4

Most Harmful Event: 1 2 3 4

Driver Contributing Code: 1 2 3 4 5 6 7 8 9 10 11

Underside/Override: Towed

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

Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Belt	27 Safety	28 Airbag	29 Airbag	30 Eject	31 Trip	32 Injury	33 Transport	Medical Facility
Operator/Non-Motorist	See Above											

Commonwealth of Massachusetts
 Motor Vehicle Crash
 Police Report



Vehicle No. 1

Name (last First Middle)	Address	Involvement Type	Age/DOB	Sex	26 Seat Pos	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trip Code	32 Ignition Status	33 Trans Code	Medical Facility
[REDACTED] M	NORFOLK [REDACTED]	Operator	[REDACTED]	[REDACTED]									

Non-Motorist

Non-Motorist

Name (last First Middle)	Address	Involvement Type	Age/DOB	Sex	26 Seat Pos	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trip Code	32 Ignition Status	33 Trans Code	Medical Facility
FORD MOTOR CREDIT	ATLANTA, GA, 30348	Owner											
Non Motorist Type		Action	Location	Condition									

Narratives for Incident Number 200400008971? **Yes**
 Other Narratives not authorized for print? **None**
 Narratives this user authorized to print:

Narrative by: SGT. ROBERT SHANNON Division: SERGEANT

Seq No:	Date & Time	Narrative Description	Entered by	Status	Reviewed by	Last Edit Date
1	11/02/2004 09:33		SGT. ROBERT SHANNON	Open		11/02/2004

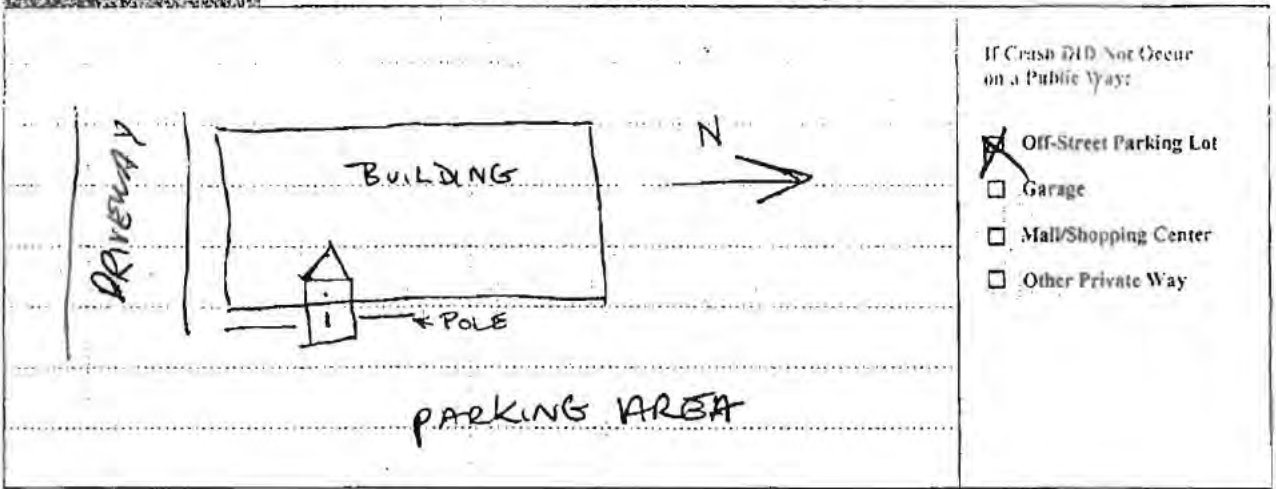
Operator was very shaken up and visibly upset. She stated she put the lever in park and was preparing to exit the vehicle when it lunged forward. Post crash inspection found the transmission lever in park, the engine running and the radio playing. Request Norfolk Auto inspect transmission lever for malfunction. Tech stated not likely for lever to go from park past reverse and neutral into drive.

Robert Shannon
 Signature - Reporting Officer

 Signature - Reviewing Officer

→ - Direction 1 -Vehicle 1 2 -Vehicle 2 0 - Pedestrian
 ie: → 1 → 1 → 0

Crash Diagram:



Crash Narrative: See Addendum

Witnesses:

Name (Last, First, Middle)	Address	Phone	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone	Description of Damaged Property
FEDERATED CHURCH, -	1 UNION ST NORFOLK, MA 02056		BUILDING WALL, 2

Truck and Bus Information:

Registration _____ (From Vehicle Section) Mexican County _____

Carrier Name _____ Carrier Issuing Authority Code _____

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Cod Gross Vehicle Weight

Trailer Reg#: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information

Placar Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Robert J. Shannon *Robert J. Shannon* NORFOLK POLICE 11/21/2004
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date
 CDP1 11-24-00

Chase

2009-750

Section 1: Crash Location	
City/Town Where Crash Occurred Norfolk, MA	Date of Crash 11/2/04
Time of Crash 8:30 AM	# Vehicles Involved 1
Please complete Section A1 or A2 below to indicate the location of the crash. If you need additional space to describe the crash location, please use Section J on the last page of this form.	
SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:	OR SECTION A2: Complete this Section if the crash did NOT occur at an intersection:
Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:	Step 1: Please indicate the route, roadway and address where the crash occurred:
Route # _____ Name of Roadway/Street _____	The crash occurred on Route #: _____ at Street or Address Number: 1 Union St.
Step 2: What was the name (or names) of the intersecting streets?	on the Street/Roadway known as: Parking Lot off Main St.
Route # _____ Name of Roadway/Street _____	Step 2: Please provide as much of the following specific location information as possible:
Route # _____ Name of Roadway/Street _____	The crash occurred (estimate number of feet) 13 feet
	(indicate direction as N/S/E/W) E of
	a) Mile Marker number _____
	OR: b) Exit Number _____
	OR: c) Intersecting Street/Roadway _____
	OR: d) Landmark Federated Church of Norfolk Bldg
Section B: Vehicle You Were Driving	
Number of occupants in vehicle (including yourself): 2	Was vehicle damage above \$1000? Yes No
Driver's License Number _____ License State MA Date of Birth _____ Age _____	License Class D A B C M Unknown
Commercial Driver's License Endorsements H Hazardous N Tank vehicles P Passenger transport	City/Town Norfolk State MA
Insurance Company Liberty Mutual Vehicle Registration # _____ Reg. Type PAN Reg. State MA Vehicle Year 2003 Vehicle FORD	Street Address _____ City/Town Norfolk State MA Zip _____
Indicate your type of vehicle	
1 Passenger car	4 Bus (15 or more passengers)
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)
3 Motorcycle	6 Single-unit truck (2 axles)
	7 Single-unit truck (3 or more axles)
	8 Truck/trailer
	9 Truck tractor (bobtail)
	10 Tractor/semi-trailer
	11 Tractor/doubles
	12 Tractor/triples
	13 Unknown heavy truck
	14 Motor home/recreational vehicle
	97 Other
	99 Unknown
Full Name of Vehicle Owner (Last, First, Middle) Ford Motor Credit Co.	Street Address BX 105704 City/Town Atlanta State GA Zip 30348
Vehicle Travel Direction N S E W	What Was Your Vehicle Doing Prior to the Crash?
	1 Travelling straight ahead
	2 Slowing or stopped
	3 Turning right
	4 Turning left
	5 Changing lanes
	6 Entering traffic lane
	7 Leaving traffic lane
	8 Making U-turn
	9 Overtaking/passing
	10 Backing
	11 Parked
	97 Other
	99 Unknown
Please indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.	
What happened first? 51	What happened 2 nd (if applicable)? 44
What happened 3 rd (if applicable)? 35	What happened 4 th (if applicable)?
Collision with	Non-Collision
1 Motor vehicle in traffic	23 Light pole or other post/support
2 Parked motor vehicle	24 Guardrail
3 Pedestrian	25 Median barrier
4 Cyclist	26 Ditch
5 Animal- deer	27 Embankment/Sloping shoulder
6 Animal- other	28 Highway traffic signpost
7 Moped	29 Overhead sign support
8 Work zone maintenance equipment	30 Fence
9 Railway vehicle (train, engine)	31 Mailbox
10 Other movable object	32 Crash cushion/Impact attenuator
11 Unknown movable object	33 Bridge
20 Curb	34 Bridge overhead structure
21 Tree	35 Other fixed object (wall, building, tunnel)
22 Utility pole	36 Unknown fixed object
	40 Ran off road right
	41 Ran off road left
	42 Cross median/centerline
	43 Overturn/rollover
	44 Equipment failure (blown tire, brakes, etc)
	45 Fire/explosion
	46 Immersion
	47 Jackknife
	48 Cargo/equipment loss or shift
	49 Separation of units
	50 Do-over/runaway
	51 Other non-collision
	52 Unknown non-collision
	97 Other
	99 Unknown
Was your Vehicle Towed From the Scene Due to Damage? X Yes No	Vehicle Damage (circle up to three)
	0 None 10 Undercarriage 11 Towed 97 Other 99 Unknown

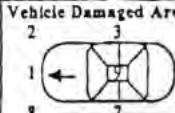
Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

	Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility	
Driver (See previous page)					1	4	4	0	0	5	2	Caritas Norwood
Name of Passenger 1 (Last, First, Middle)	[Redacted]				4	4	4	0	0	5	2	↓
Address			City/Town		State		Zip					
[Redacted]			NOT FOLK		MA		[Redacted]					

A. Seating Position 1 Front seat - left side (or motorcycle driver) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle passenger) 8 Third row - middle		B. Safety System Used 0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown		C. Air Bag Status 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		D. Air Bag Switch 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown	
E. Ejected From Vehicle? 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		F. Trapped? 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		G. Injured? 1 Fatal injury Non-fatal injury: 2 Incapacitating 3 Non-incapacitating 4 Possible		H. Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown	

Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: _____		Number of Injured occupants: _____		Was Vehicle Damage above \$1000? Yes ___ No ___		Moped? Yes ___ No ___		Hit and Run? Yes ___ No ___		
Driver's License Number: _____	License State: _____	Date of Birth: _____	Age: _____	Sex: M ___ F ___	License Class: D ___ A ___ B ___ C ___ M ___ Unknown	Commercial Driver's License: H ___ Hazardous T ___ Doubles/Triples	Endorsements: N ___ Tank vehicles X ___ Tank and Hazardous	P ___ Passenger transport		
Full Name of Vehicle Driver (Last, First, Middle)			Street Address			City/Town		State Zip		
Insurance Company		Vehicle Registration # _____		Reg. Type	Reg. State	Vehicle Year	Vehicle Make			
Indicate type of vehicle 1 Passenger car 4 Bus (15 or more passengers) 8 Truck/trailer 12 Tractor/triples 97 Other 2 Light truck (van, mini-van, pick-up, sport utility) 5 Bus (7-15 passengers) 9 Truck tractor (bobtail) 13 Unknown heavy truck 99 Unknown 3 Motorcycle 6 Single-unit truck (2 axles) 10 Tractor/semi-trailer 14 Motor home/recreational vehicle 7 Single-unit truck (3 or more axles) 11 Tractor/doubles										
Full Name of Vehicle Owner (Last, First, Middle)				Street Address			City/Town		State Zip	
Vehicle Travel Direction: N ___ S ___ E ___ W ___	What Was the Vehicle Doing Prior to the Crash? 1 Travelling straight ahead 4 Turning left 7 Leaving traffic lane 10 Backing 97 Other 2 Slowing or stopped 5 Changing lanes 8 Making U-turn 11 Parked 99 Unknown 3 Turning right 6 Entering traffic lane 9 Overtaking/passing					Vehicle Damaged Area (circle up to three)  0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown				

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved		1 Pedestrian		2 Cyclist		3 Skater		97 Other		99 Unknown	
What was the non-motorist doing prior to the crash? 1 Entering or crossing location 6 Working on vehicle 2 Walking, running, or cycling 7 Standing 3 Working 97 Other 4 Pushing vehicle 99 Unknown 5 Approaching or leaving vehicle				Where was the non-motorist prior to the crash? 1 Marked crosswalk at intersection 6 Median (but not on shoulder) 2 At intersection but no crosswalk 7 Island 3 Non-intersection crosswalk 8 Shoulder 4 In roadway 9 Sidewalk 5 Not in roadway 10 Shared-use path or trails 99 Unknown							
Date of Birth/Age	Sex: M ___ F ___	Full Name of Non-Motorist (Last, First, Middle)			Street Address			City/Town		State Zip	
Safety Equipment? 0 None used 9 Lighting 6 Helmet 10 Other 7 Protective pads (elbows, knees, etc.) 99 Unknown 8 Reflective clothing				Injured? 1 Fatal injury Non-fatal injury: 2 Incapacitating 5 No injury 3 Non-incapacitating 99 Unknown 4 Possible				Transported for Medical Care? 1 No transport 97 Other 2 EMS (emergency service) 99 Unknown 3 Police If transported, please indicate Hospital/Medical Facility:			

Section F: Crash Conditions

Visibility 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 99 Other 99 Unknown	Weather Conditions (up to two)	Traffic Control Device 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	Was the traffic control device functioning at the time of the crash? 1 Yes 2 No	Road Surface 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	Roadway Intersection Type 1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown Parking Lot
Vehicle Description 1 Way, not divided 2 Way, divided, unprotected median 3 Way, divided, protected median 4 Way, not divided 99 Unknown	School Bus Related? 1 Yes 2 <input checked="" type="checkbox"/> No	Work Zone Related? 1 Yes 2 <input checked="" type="checkbox"/> No	Manner of Collision 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction	6 Head on 7 Rear to rear 99 Unknown	

Section G: Crash Diagram

Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:

- = Direction
- 1 = Vehicle 1 (Your Vehicle)
- 2 = Vehicle 2
- = Pedestrian/Non-motorist
- ⊙ = North

Select one of the following if the crash did not occur on a public way:

- Off-street parking lot
- Garage
- Mall/shopping center
- Other private way

Section H: Witness Information

Name (Last, First, Middle)	Address	Phone
XXXXXXXXXX		

Section I: Property Damage Information (Other than Vehicles)

Name (Last, First, Middle)	Address	Phone	Property and Damage Description
Episcopal Church of Norfolk	1 Union Street Norfolk, MA 02056	508-528-0262	Wall + Window on Southeast corner of building

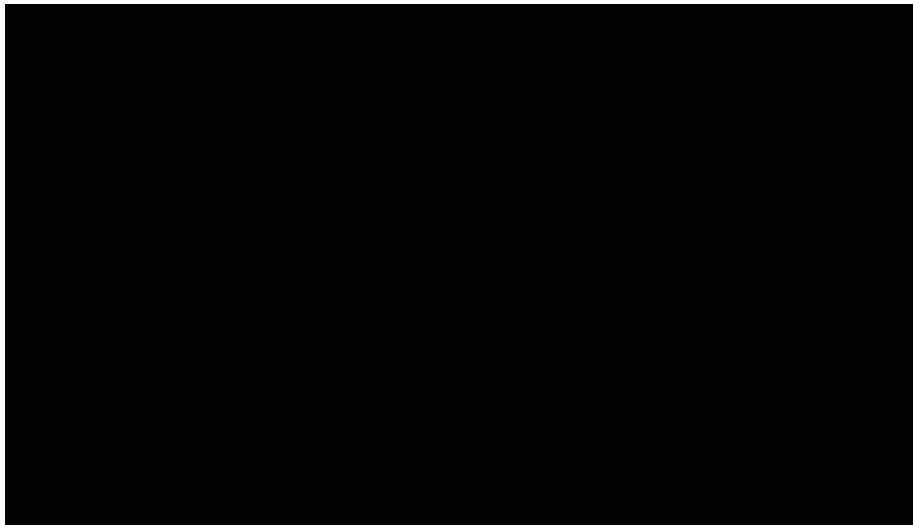
Section J: Description of What Happened

I drove my vehicle into the church/school parking lot entering from Main St. I pulled into a parking spot directly in front of the east side of the building. I brought the vehicle to a complete stop approximately 10 feet from the building, in front of a large wooden pole that lies between the parking lot and building. With my foot on the brake, I began to shift the car from "Drive" to "Park". Suddenly, with my foot still on the brake, the vehicle accelerated forward over the pole and struck the building. I cannot explain this sudden acceleration as my foot was firmly on the brake and I did NOT step on the gas pedal. I believe the cause was

Section K: Signature

Print _____ Date Nov. 2, 04

due to mechanical failure with my vehicle.



BEGINNING OF CONTACT
12/12/2009

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.00 03

REGION: A1 SELECT DEALER OGC ISSUE CASE NBR: 1481873459
VIN: 1FMYU03102K [REDACTED] ZONE: A11 OPENED: 12/11/2009
ENGINE: 1 VEH TYPE: T CLOSED: 12/11/2009

LAST NAME: [REDACTED] FIRST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] MI: C
ADDRESS: [REDACTED]
CITY: MANCHESTER STATE: NH ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2002 MODEL: ESCAPE XLT 4X2
MILEAGE: 98000
DEALER NAME: STATE MOTORS, INC. SALES CODE: L12235 P & A: 13128
REASON CODE: 0772 LEGAL - ACCIDENT
SYMPTOMS: 620900 ENG SPEED-UP SUDDEN ACCELERATION

ORIGIN: CAC138 - US CONCERN CASE BASE COMMUNICATION PHONE
ACTION: 791 - ADVISE CUSTOMER INFO WILL BE SENT TO OGC
DOCUMENT: ANALYST: CWASHI49 WASHINGTON (CWASHI49), CYNTHIA

DATE: 12/11/2009 TIME: 13.23.07
ACTION DATA/COMMENTS:

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

DEC 14 2009

OFFICE OF THE
GENERAL COUNSEL

FIRE / ACCIDENT A
CUSTOMER SAID: 1 SUDDEN ACCELERATION-FIRST NOTICED 12/11/09-
STATES HER DAUGHTER WAS IN AN ACCIDENT AND HIT THE VEH IN FR
ONT OF HER -STATES SHE WAS ADVISED THERE WAS A RECALL AT ONE
TIME FOR THIS -STATES IT HAPPENED AGAIN WHEN HER DAUGHTER W
AS ON HER WAY HOME-CUST IS SEEKING TO KNOW IF THERE ARE ANY
RECALLS ON THE VEH FOR THIS CONCERN1. DATE OF THE ACCIDENT 1
2/11/092. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT I
S THAT CAUSED ACCIDENT BRAKES-STATES THE VEH JUST TAKES OFF3
. IF THERE WERE ANY INJURIES SUSTAINED NO4. LOCATION OF THE
VEHICLE WHEN THE ACCIDENT OCCURRED ON THE STREET AT THE STOP
LIGHTS5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED YES6
. IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE.NO 7
THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH TH
E REPORT WAS FILED.LEE NEW HAMPSHIRE8. WHETHER OR NOT THE CU
STOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY.NO9. I
F A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS
THE STATUS OF THE CLAIM.NO10. WHETHER OR NOT THE VEHICLE IS
REPAIRABLE YES11. NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (I
ONLY IF THE CUSTOMER MENTIONS THEY HAVE SOUGHT ONE) 12. WHAT
THE CUSTOMER IS SEEKING CUST SEEKING TO KNOW IF THERE ARE A
NY RECALLS ON THE VEHDEALER SAID: -NONECRC ADVISED: I WILL F
ORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUN
SEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINE
SS DAYS TO YOUR CONCERN. NOTE TO CCR: REMEMBER TO VERIFY ALL
CUSTOMER CONTACT INFORMATION AND DOCUMENT INCIDENT/ACCIDENT
DATE PRIOR TO SENDING ISSUE.-ADVISED

CONSUMER AFFAIRS

12/12/2009 FAXOGC2

802 28058





UNITED SERVICES AUTOMOBILE ASSOCIATION
 9800 Fredericksburg Road, San Antonio, TX 78288

FORD MOTOR COMPANY
 CONSUMER AFFAIRS
 16800 EXECUTIVE PLZ DR MD#3NE-B
 DEEBOURNE MI 48126-4207

August 26, 2004

Policyholder: [REDACTED]
 Reference Number: 1689108-7105-17-7644
 Date Of Loss: April 21, 2004
 Loss Location: Eatontown, New Jersey
 USAA Tax ID Number: [REDACTED]
 Your Policyholder: Ford Recall
 Your Reference Number: RECAL #04S13



Dear LaShawn Rudolph:

This is to advise that we have made a supplemental payment to our insured in the amount of \$576.48. Our revised subrogation demand is \$1,359.68.

Please forward your check, referencing # [REDACTED], in the amount of our total subrogation demand. Make your check payable to USAA as subrogee of our policyholder. Please include our reference number on your check to allow us to identify your payment to our claim and avoid additional demands or an arbitration filing.

Remit Payment To: USAA
 ATTN: Insurance Claims
 P.O. Box 33490
 San Antonio, TX 78265-3490

Be aware that no partial payment to USAA that is less than the full amount claimed herein will be considered in any way a satisfaction of this claim without an express written release of our claim executed by an individual who identifies himself/herself as a member of our Subrogation Department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you or someone acting on your behalf.

Handwritten notes:
 - 70,643
 - 8/21/04
 - Eatontown, NJ
 - \$1,359.68
 - 10/1/04
 - VLN

1689108 - 17 - NJ - 04/21/04 - 7644 - 81 - A137

If you have any questions regarding this matter, please contact me.

Sincerely,

Natali Moreno

Natali Moreno
Claims Subrogation Specialist
Claims - East Zone Subrogation
Phone: 1-800-531-8222, ext. 2-2460
Fax Phone: 1-800-531-8008

Encl: Support Docs

42 CASE NUMBER: [REDACTED] ACCIDENT OCCURRED ON: HWY 35

44 POLICE DEPARTMENT OF EATONTOWN CODE 1

45 STATION/PRECINCT: [REDACTED]

46 DATE OF COLLISION: 04/21/04 47 DAY OF WEEK: S M T W Th F S

48 TIME (USE 2400 HRS): 2152 49 MUNICIPALITY CODE: 1311 50 TOTAL KILLED: 00 51 TOTAL INJURED: 00

52 ROUTE NO: 35 53 ROUTE NO: SURPRISE 54 MILEPOST: [REDACTED]

55 FEET 56 METERS 57 NORTH 58 SOUTH 59 EAST 60 WEST

61 INS. CODE: 088 62 INS. CODE: [REDACTED] 63 INS. CODE: 355

64 PARKED 65 PED 66 BICYCLIST 67 RESPONDING TO AN EMERGENCY 68 HIT & RUN

69 DRIVER'S FIRST NAME: [REDACTED] 70 DRIVER'S FIRST NAME: [REDACTED]

71 NUMBER AND STREET: [REDACTED] 72 NUMBER AND STREET: [REDACTED]

73 CITY: EATONTOWN NJ 74 ZIP: [REDACTED] 75 EXPIRES: 08/04

76 DRIVER'S LICENSE NUMBER: [REDACTED] 77 STATE: NJ 78 DOB: [REDACTED] 79 YES 80 NO

79 OWNER'S FIRST NAME: [REDACTED] 80 OWNER'S FIRST NAME: [REDACTED]

81 NUMBER AND STREET: [REDACTED] 82 NUMBER AND STREET: [REDACTED]

83 CITY: OCEANPORT NJ 84 ZIP: [REDACTED] 85 EXPIRES: 11/07

86 DRIVER'S LICENSE NUMBER: [REDACTED] 87 STATE: NJ 88 DOB: [REDACTED] 89 YES 90 NO

89 OWNER'S FIRST NAME: [REDACTED] 90 OWNER'S FIRST NAME: [REDACTED]

91 NUMBER AND STREET: [REDACTED] 92 NUMBER AND STREET: [REDACTED]

93 CITY: OCEANPORT NJ 94 ZIP: 07753 95 EXPIRES: 12/04

96 MAKE AND MODEL: OLD CIE 97 COLOR: GY 98 YEAR: 89 99 STATE: NJ

100 MAKE AND MODEL: FORD ESC. 101 COLOR: BK 102 YEAR: 01 103 STATE: NJ

104 VIN NUMBER: 2G3AM51NXX2 [REDACTED] 105 VIN NUMBER: 1FMCU0414K [REDACTED]

106 VEHICLE REMOVED TO: [REDACTED] 107 AUTHORITY: [REDACTED] 108 OWNER: [REDACTED]

109 VEHICLE REMOVED TO: [REDACTED] 110 AUTHORITY: [REDACTED] 111 OWNER: [REDACTED]

112 CLOCKPOINT DIAGRAM: HWY 35 N/B

113 ROOF 114 UNDERCARRIAGE 115 OVERTURNED 116 TOTALLED 117 NONE 118 OTHER

119 AREAS DAMAGED: INITIAL IMPACT PRINCIPAL IMPACT

120 VEH. 1: 6 6 120 VEH. 2: 12 12

121 POSTED SPEED: 50 122 CARRIER NAME: [REDACTED]

123 ALCOHOL DATA: TEST GIVEN: [REDACTED] RESULTS: [REDACTED]

124 HAZARDOUS MATERIAL: BOARD: [REDACTED] SPILL: [REDACTED]

125 ACCIDENT DESCRIPTION: DRIVER #1 STATED HE WAS STARTING TO MOVE WHEN HE WAS STRUCK IN THE REAR BY VEHICLE #2. DRIVER #2 STATED SHE DOESN'T KNOW WHAT HAPPENED, SHE SAID THAT HER FOOT MAY HAVE SLID OFF THE BRAKE BUT WASN'T SURE.

126 DAMAGE TO OTHER PROPERTY: NONE

127 OPER. 116 CHARGE: NONE 128 SUMMONS NUMBER: [REDACTED]

129 OPER. 117 CHARGE: 38:4-97 130 SUMMONS NUMBER: E001920

131 OFFICER'S SIGNATURE: [Signature] 132 BADGE NUMBER: 480 133 REVIEWED BY: [REDACTED] 134 BADGE NUMBER: [REDACTED] 135 STATUS: [REDACTED]

	18	19	20	21	22	23	24	25	26	27	
A	1		1	58	M		9	04	04		driver #1
B	3		1	56	F		9	04	04		manglar chauhan
C	1		1	17	F		9	09	04		driver #2
D											
E											

136 DEP CASE NUMBER (SAFETYNET ONLY): [REDACTED]



UNITED SERVICES AUTOMOBILE ASSOCIATION
 P.O. Box 33490, San Antonio, TX 78265

FORD MOTOR COMPANY
 CONSUMER AFFAIRS
 16800 EXECUTIVE PLZ DR MD#3NE-B
 DEEBOURNE MI 48126-4207

FORD MOTOR COMPANY
 RECEIVED
 CLAIMS UNIT
 AUG 25 2004
 OFFICE OF THE
 GENERAL COUNSEL

August 16, 2004

Policyholder: [REDACTED]
 Reference Number: [REDACTED]
 Date Of Loss: April 21, 2004
 Loss Location: Eatontown, New Jersey
 USAA Tax ID Number: 74-0959140
 Your Policyholder: Ford Recall caused accident
 Your Reference Number: See police report

Dear Claims:

Our investigation reveals that your insured is responsible for damages sustained in this loss.

This is to notify you of our subrogation interests and to request that you not make any settlements on this claim without protecting our recovery rights.

Our claim payments are documented below:

Collision Amount Paid		PENDING
PD for Drvr 2: [REDACTED]	\$	783.20
Total Subrogation Demand	\$	783.20

Please forward your check, referencing # [REDACTED], in the amount of our total subrogation demand. Make your check payable to USAA as subrogee of our policyholder. Please include our reference number on your check to allow us to identify your payment to our claim and avoid additional demands or an arbitration filing.

Remit Payment To: USAA
 ATTN: Insurance Claims
 P.O. Box 33490
 San Antonio, TX 78265-3490

Be aware that no partial payment to USAA that is less than the full amount claimed herein will be considered in any way a satisfaction of this claim without an express written release of our claim executed by an individual who identifies

1689108 - 17 - NJ - 04/21/04 - 7644 - 81 - A109

himself/herself as a member of our Subrogation Department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you or someone acting on your behalf.

If you wish to discuss this matter, please contact me.

Sincerely,

Natali Moreno

Natali Moreno
Claims Subrogation Specialist
Claims - East Zone Subrogation
Phone: 1-800-531-8222, ext. 2-2460
Fax Phone: 1-800-531-8008

Encl: Support Docs



510737



SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

SAFECO Insurance Company of Illinois
Recovery Management
P. O. Box 461
St. Louis, MO 63166-0461

Phone: (800) 332-3226
Fax: (888) 268-8840

www.safeco.com

Mailing address:
P. O. Box 461
St. Louis, MO 63166-0461

May 6, 2005

Ford Motor Company Consumer Affairs
Attn: Frank M. Ligon
Po Box 6248 Md-3ne-b
Dearborn, MI 48126

SUBROGATION NOTICE

Our Insured Name: [REDACTED]
Our Claim Number: [REDACTED]
Loss Date: November 19, 2004

Dear Mr. Ligon:

We have completed our investigation of the above loss. Our investigation indicates that your insured is liable for the damages to our insured's property. Under our insured's policy, we have become legally subrogated to the right of our insured to recover from your policyholder. As such, we are seeking reimbursement from you for the damages we paid out on behalf of our insured.

Enclosed please find the documentation that will support the claim.

Collision: \$3,780.21
Rental: 461.98
Deductible: 500.00
Property Damage TOTAL: \$4,742.19

Please issue your check payable to SAFECO Insurance Company of Illinois, Attn: Subrogation Cashier, PO Box 461, St. Louis, MO 63166.

Please acknowledge receipt of this notice in writing within the next 45 days. We look forward to receiving your immediate payment for the property damage claim.

██████████
██████████
May 6, 2005

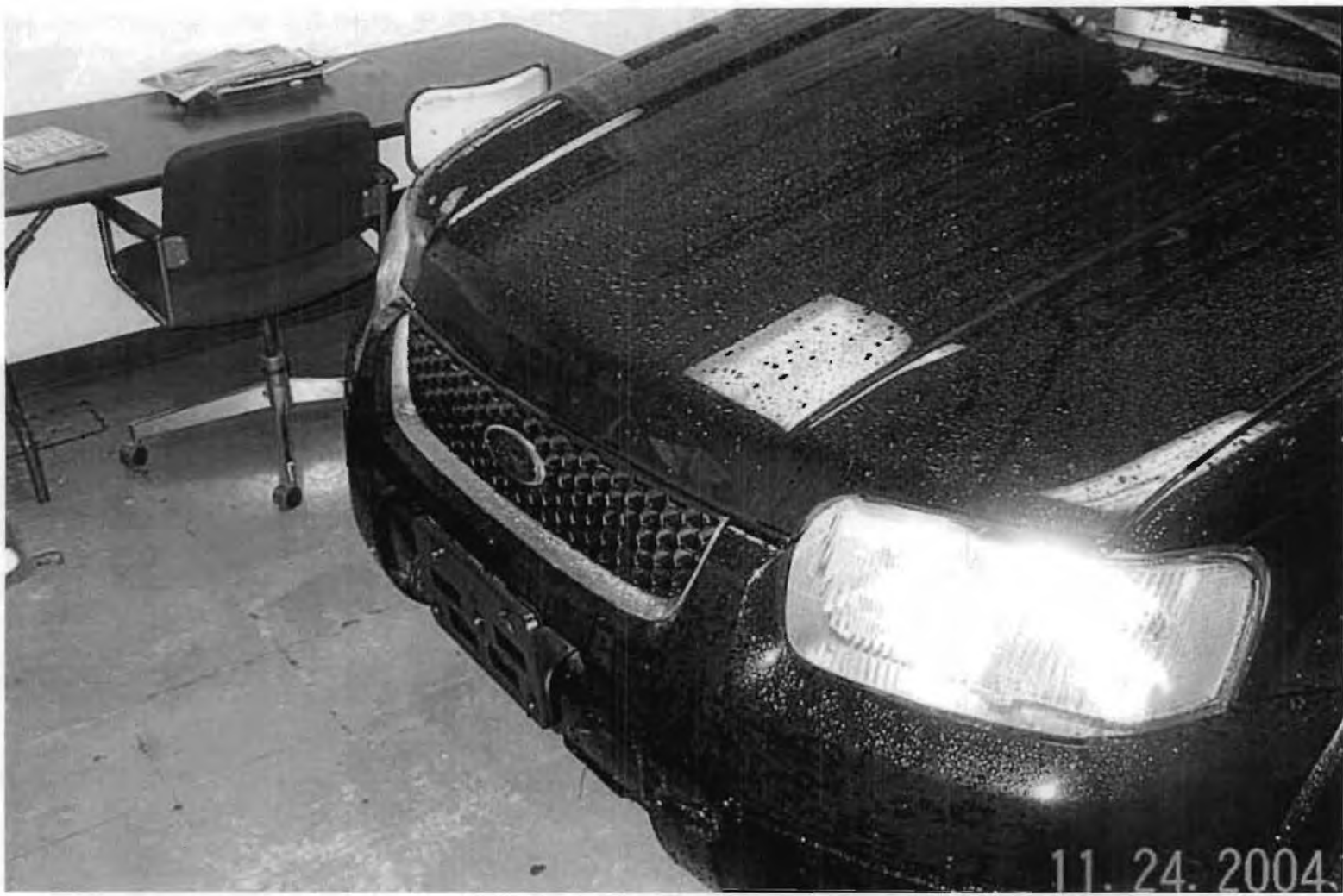
Please **direct** all future subrogation correspondence to **Sharon DeVault** at the mailing address noted above. If you have any questions **Sharon** can be reached at **(800) 332-3226 extension 483189**.

Sincerely,

Recovery Management
SAFECO Insurance Company of Illinois
(800) 332-3226 Fax: (888) 268-8840









SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

SAFECO Insurance Company of Illinois
Recovery Management
P.O. Box 461
St. Louis, MO 63166-0461

Phone: (800) 332-3226
Fax: (888) 268-8840

www.safeco.com

Mailing address:
P.O. Box 461
St. Louis, MO 63166-0461

March 29, 2005

Ford Motor Company
Attn: Frank M. Ligon, Director
Service Engineering Operations
PO Box 1904
Dearborn, MI 48121

SUBROGATION NOTICE

Our Insured Name: [REDACTED]
Claim Number: 149541652015
Loss Date: November 19, 2004

Dear Mr. Ligon:

We have completed our investigation of the above loss. Our investigation indicates that you are liable for the damages our insured has sustained. Under our insured's policy, we have become legally subrogated to the right of our insured to recover from you. As such we are seeking reimbursement from you for the damages we paid out on behalf of our insured.

It is our desire to resolve this matter in an amicable fashion. If you were insured at the time of this loss, please refer this matter to your insurance company so the claims adjuster can contact me directly. If you were uninsured at the time of the loss, please send your payment to the address below (please remember to put the claim # on your check).

Enclosed please find the documentation that will support the claim.

Collision: \$3,780.21
Rental: \$ 461.98
Deductible: \$ 500.00

Property Damage TOTAL: \$4,742.19

March 29, 2005

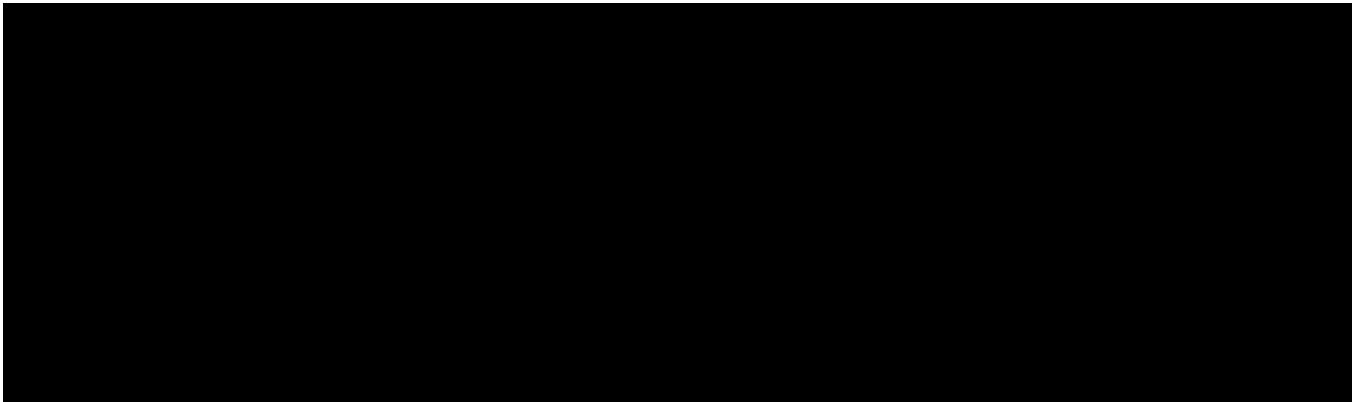
We look forward to receiving your immediate payment for the property damage claim.

Please issue your check payable to SAFECO Insurance Company of Illinois, Attn: Subrogation Cashier, PO Box 461, St. Louis, MO 63166.

If you are unable to pay the above amount within the next 14 days, please contact **Sharon DeVault at (800) 332-3226 extension 483189** so that we can establish a reasonable repayment plan. Thank You.

Sincerely,

Recovery Management
SAFECO Insurance Company of Illinois
(800) 332-3226 Fax: (888) 268-8840
safeco.com



RECEIVED DEC 23 2004

New

BEGINNING OF CONTACT
12/23/2004

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.50.04

REGION: 41 CHICAGO	OGC ISSUE	CASE NBR: 0577663574
VIN: 1FMCU04142K [REDACTED]	ZONE: A3	OPENED: 12/22/2004
	ENGINE: 1	CLOSED: 12/22/2004
	VEH TYPE: T	

LAST NAME: [REDACTED]	FIRST NAME: [REDACTED]	STATUS: CLOSED
TITLE: MR		MI: G
ADDRESS: [REDACTED]		
CITY: PEWAUKEE	STATE: WI	ZIP: [REDACTED]
HOME PHONE: [REDACTED]		
MODEL YEAR: 2002	MODEL: ESCAPE XLT 4X4	
MILEAGE: 32000		
DEALER NAME: RUSS DARROW FORD	SALES CODE: F41311	P & A: 03581
REASON CODE: 0792 LEGAL - ACCIDENT / FIRE		
SYMPTOMS: 111645 PANELS/UNIBODY DENT/DING HOOD		

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION; PHONE
 ACTION: 705 - CONTACT ADVANCED TO OGC
 DOCUMENT: ANALYST: NBURKE6 BURKE NOVELETTE

DATE: 12/22/2004 TIME: 16.02.45:
 ACTION DATA/COMMENTS:

CUSTOMER SAID: =CUST OWNS FORD ESCAPE 2002 AND HAS RECALL TH AT IS ON RIGHT NOW=BEFORE HE COULD HAVE THIS DONE HE CRASHED HIS VEH IN THE GARAGE DUE TO THE ENGINE SPEEDING UP=CUST BE LIEVES THAT THE ACCIDENT IS DIRECTLY LINKED TO THE RECALL F OR THE ACCELERATOR CABLE REPLACEMENT =THE VEH WAS TAKEN TO T HE DLR YESTERDAY AND DLR REPLACED THE CABLE=PLANNING TO TAKE VEH BACK TO DLR TO HAVE IT FIXED =HE IS GOING TO PAY FOR BO DY WORK OUT OF HIS POCKET THROUGH HIS INSURANCE COMPANY=CUST CALLING TO FIND OUT IF FORD MOTOR IS GOING TO REIMBURSE HIM FOR DAMAGE DONE YOUR HOMEDEALER SAID: RUSS DARROW1901 N. MA YFAIRWAWATOSA, WI 53226 TEL: (414) 453-9787D'STANCE: MIL ESCRC ADVISED: I WILL FORWARD THIS INFORMATION TO THE FORD O GC DEPARTMENT. YOU WILL BE CONTACTED WITHIN 3-5 BUSINESS DAY S.

FORD MOTOR COMPANY
 RECEIVED
 CA TIME UNIT
 DEC 23 2004
 OFFICE OF THE
 GENERAL COUNSEL

AC 10
 - '02 escape
 - VIN

CONSUMER AFFAIRS

12/23/2004 FAXGIN

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
12/22/2004 CLOSED	[REDACTED] LEGAL - ACCIDENT / FIRE	1FMCU04142K [REDACTED] 577663574	2002 ESCAPE	10

[REDACTED]

1/4/2005

All Action Details for Issue

Print

VIN: 1FMCU04142K [REDACTED] 8 Year: 2002 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Original WSD: 2002-09-19
Symptom Desc: PANELS/UNIBODY DENT/DING HOOD Primary Phone: [REDACTED]
Reason Desc: LEGAL - ACCIDENT / FIRE Secondary Phone: [REDACTED]
Issue Type: 10 OGC Issue Status: CLOSED

Action: CONTACT ADVANCED TO OGC Origin Desc: US CONCERN CASE BASE
Dealer: 03581 RUSS DARROW FORD
Odometer: 32000 MI Comm Type: PHONE
Analyst Name: BURKE NOVELETTE Analyst: NBURKE6
Action Date: 12/22/2004 Action Time: 16.02.45.550 Action Data: No

Comments CUSTOMER SAID: =CUST OWNS FORD ESCAPE 2002 AND HAS RECALL THAT IS ON RIGHT NOW=BEFORE HE COULD HAVE THIS DONE HE CRASHED HIS VEH IN THE GARAGE DUE TO THE ENGINE SPEEDING UP=CUST BELIEVES THAT THE ACCIDENT IS DIRECTLY LINKED TO THE RECALL FOR THE ACCELERATOR CABLE REPLACEMENT =THE VEH WAS TAKEN TO THE DLR YESTERDAY AND DLR REPLACED THE CABLE=PLANNING TO TAKE VEH BACK TO DLR TO HAVE IT FIXED =HE IS GOING TO PAY FOR BODY WORK OUT OF HIS POCKET THROUGH HIS INSURANCE COMPANY=CUST CALLING TO FIND OUT IF FORD MOTOR IS GOING TO REIMBURSE HIM FOR DAMAGE DONE YOUR HOMEDEALER SAID: RUSS DARROW1901 N. MAYFAIRWAWATOSA, WI 53226 TEL: (414) 453-9787DISTANCE: MILESCRC ADVISED: I WILL FORWARD THIS INFORMATION TO THE FORD OGC DEPARTMENT. YOU WILL BE CONTACTED WITHIN 3-5 BUSINESS DAYS.

[REDACTED] 1/4/2005





Liberty Mutual Insurance Company

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

3
subpo

August 12, 2008

FORD MOTOR COMPANY CONSUMER AFFAIRS
PO BOX 6248
DEARBORN MI 48121-6248



FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
AUG 23 2008
OFFICE OF THE
GENERAL COUNSEL

YOUR INSURED:
YOUR CLAIM NUMBER:
DATE OF LOSS: 06/03/2008
LOSS LOCATION: 1387 CASTLE PINES CIRCLE
SAINT AUGUSTINE, FL

OUR CLAIM NUMBER: [REDACTED]
OUR INSURED: [REDACTED]
ADDRESS: [REDACTED]
CLEMMONS NC [REDACTED]

OUT OF POCKET:
(if known)

Dear Claims Manager:

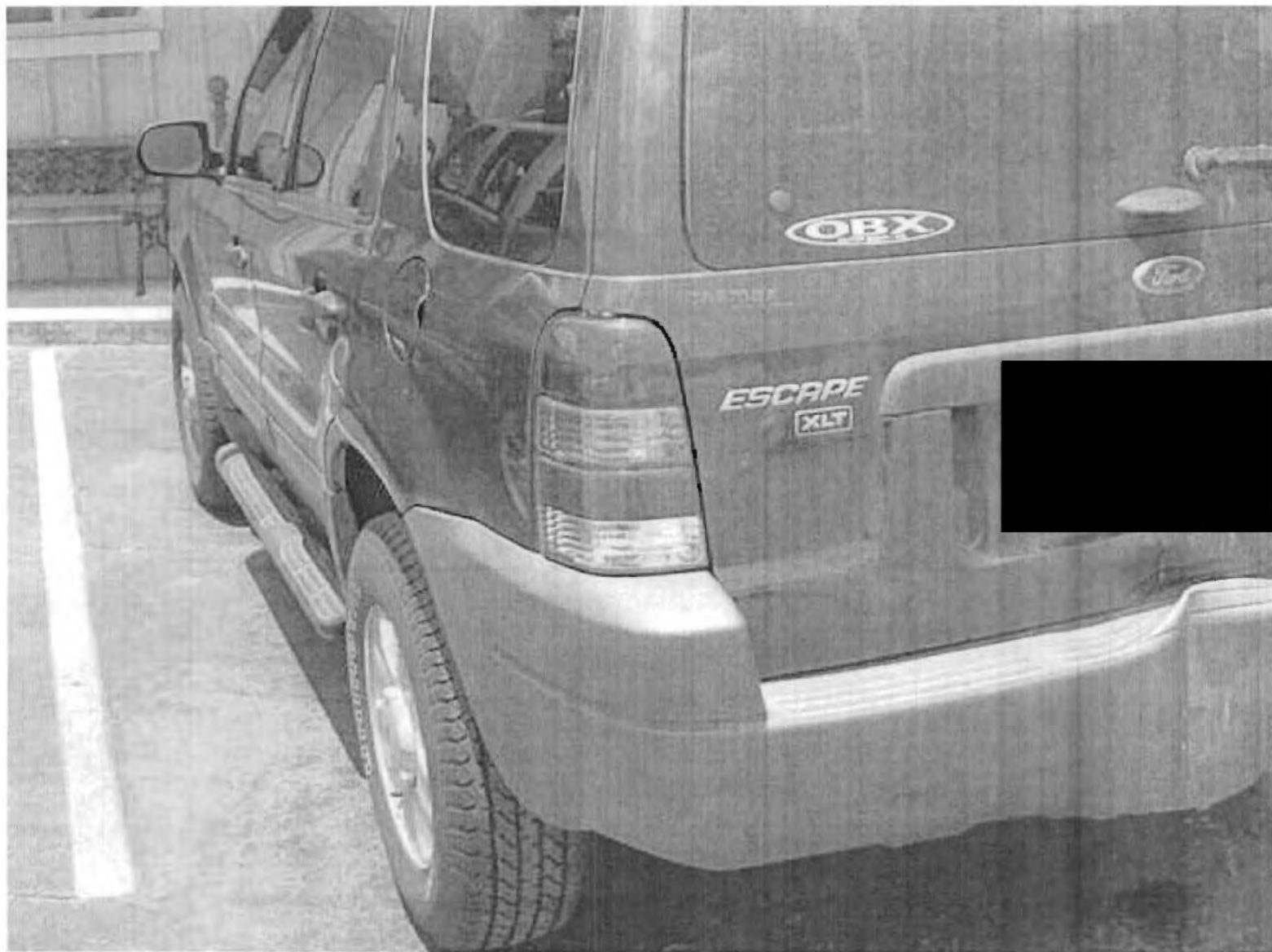
Based on our investigation of this accident, we believe your Insured to be responsible for the damage to our Insured's vehicle. I have enclosed documentation to support the following subrogation claim:

Amount we have paid	\$	3295.46
Our Insured's deductible	\$	250.00
Total amount of damages	\$	3545.46
Salvage (if applicable)	\$	0.00
Rental (if applicable)	\$	0.00
Total Subrogation Amount Due	\$	3545.46

Please include our claim number on your check for the total amount of damages shown above. Please deal directly with our insured to discuss any out of pocket expenses they may have incurred. Payment for out of pocket expenses should be made directly to our insured.

(over)

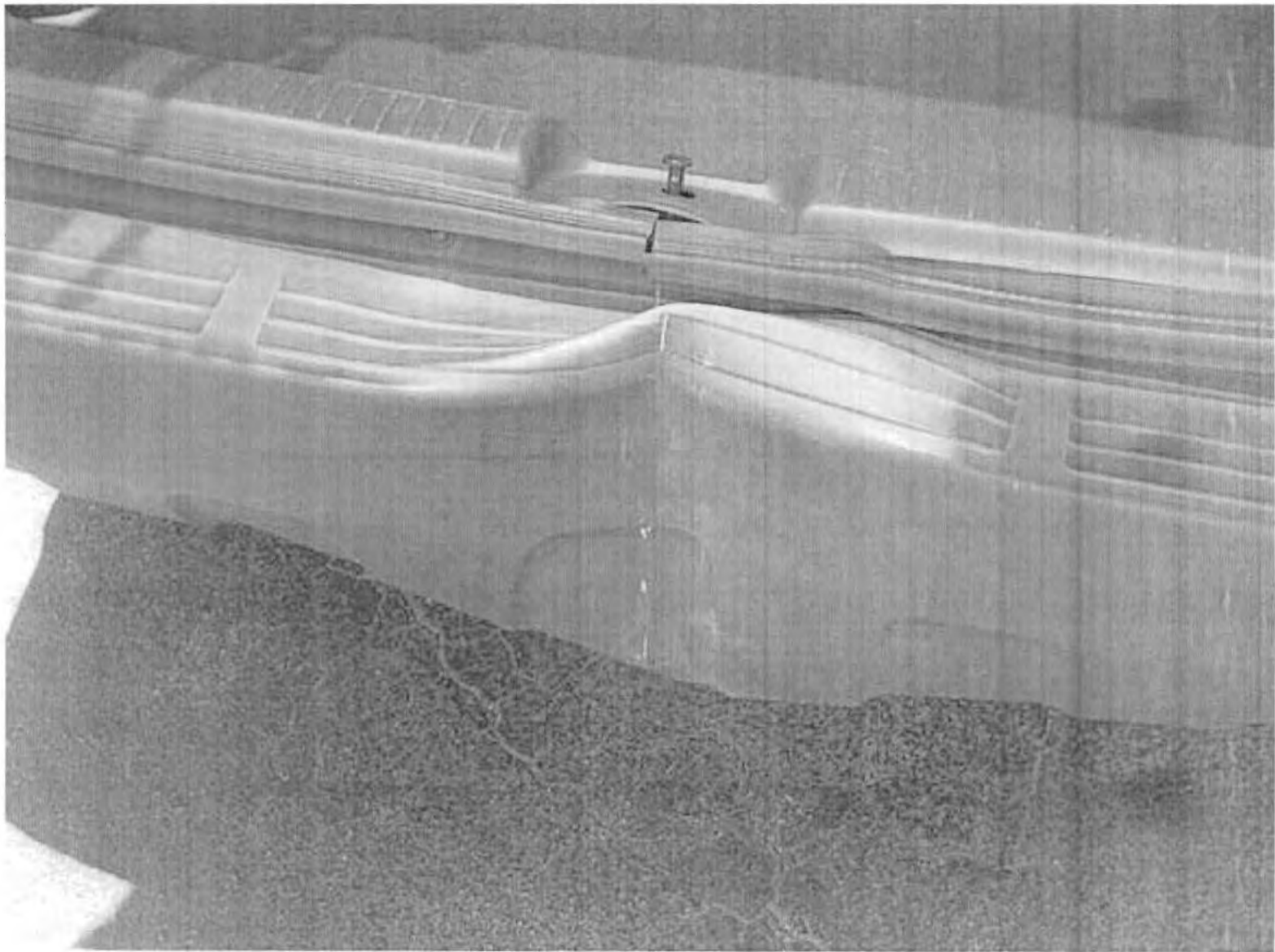


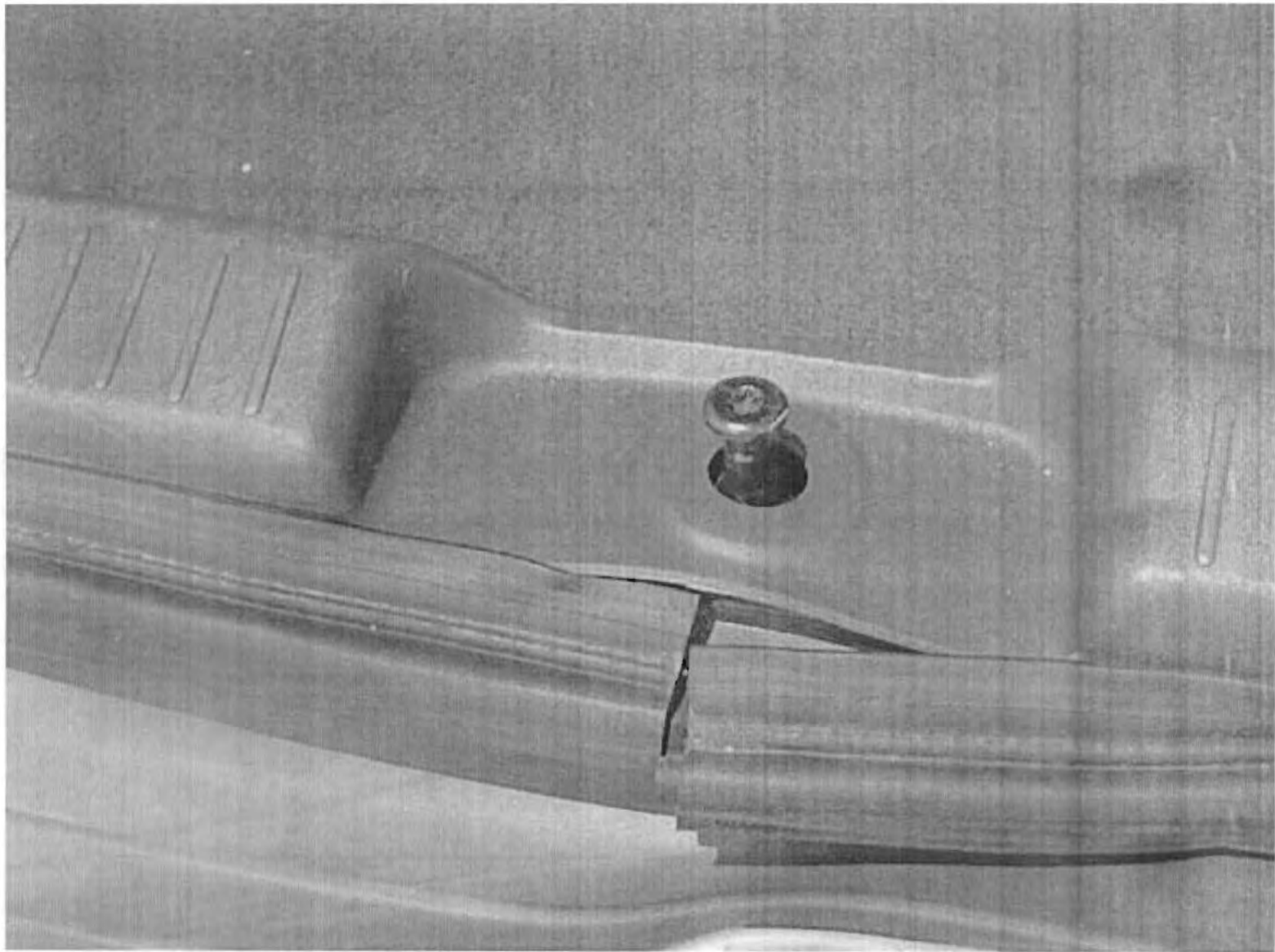




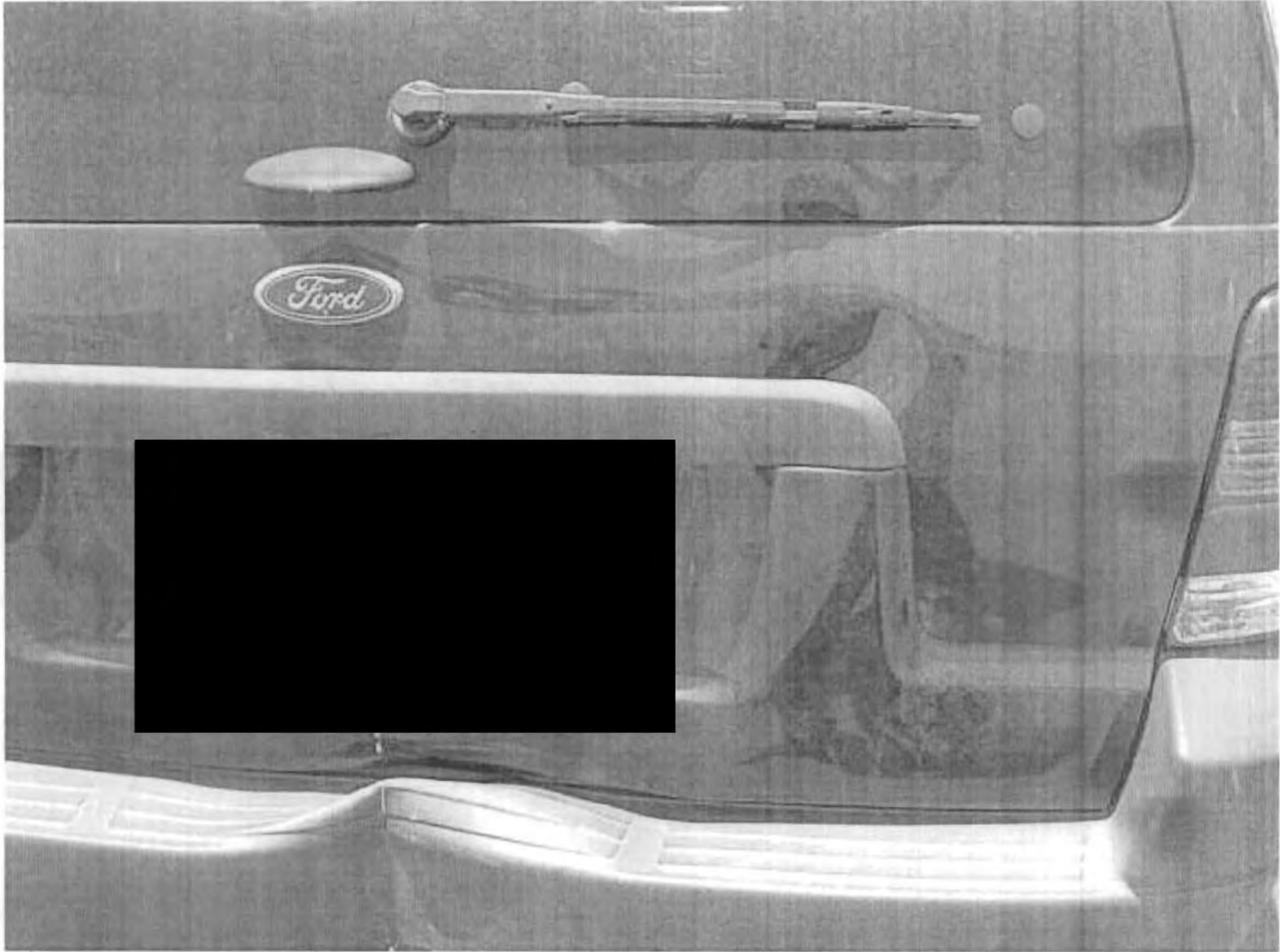


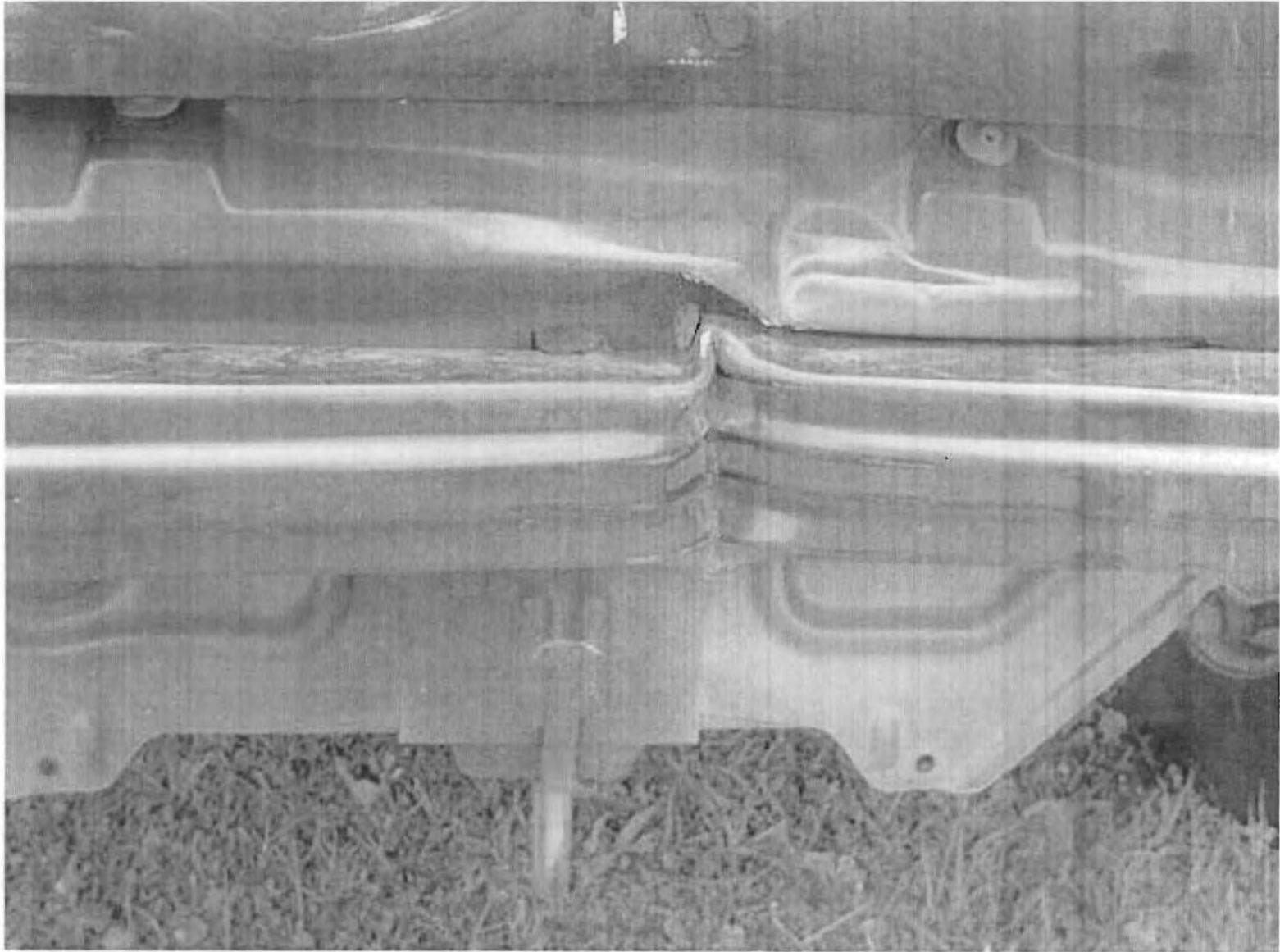


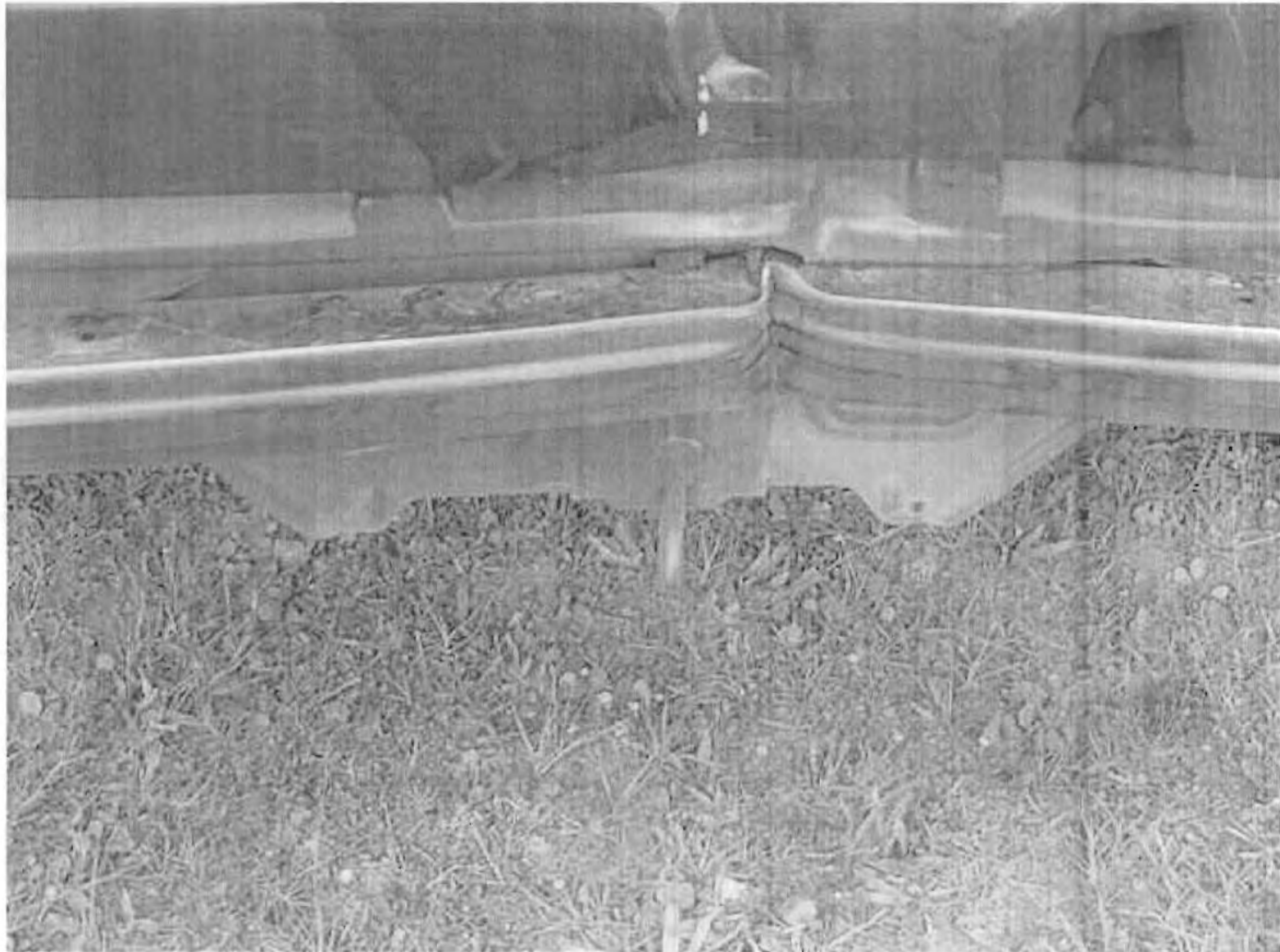


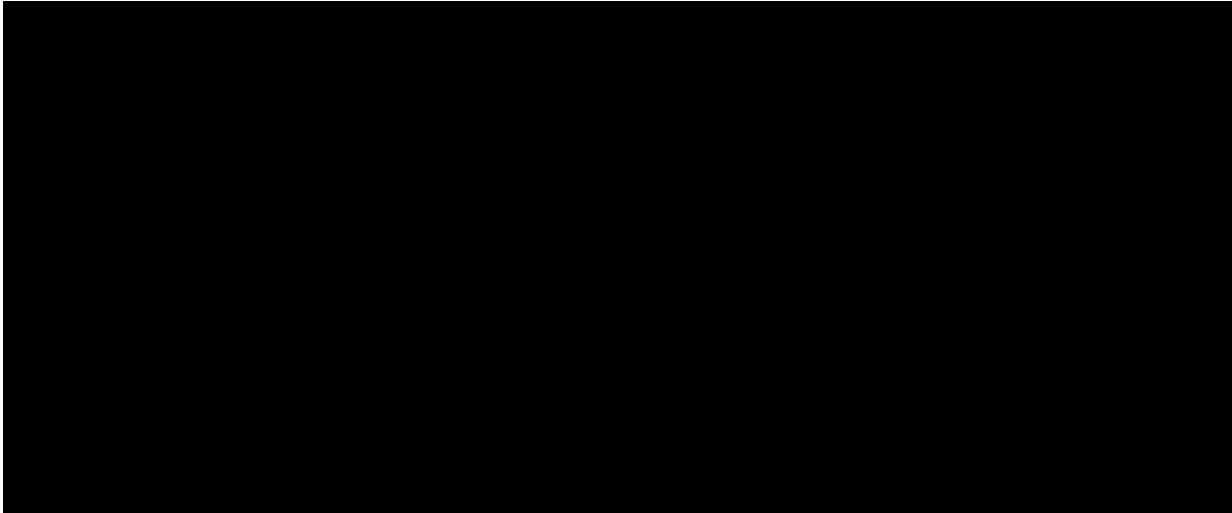












70864

Court of Common Pleas of Philadelphia County

Trial Division

Civil Cover Sheet

For Prothonotary Use Only (Docket Number)

SEPTEMBER 2008

003059

PLAINTIFF'S NAME Administrator of the Estate of [REDACTED] [REDACTED], Deceased	DEFENDANT'S NAME FORD MOTOR COMPANY
PLAINTIFF'S ADDRESS [REDACTED] Media, PA [REDACTED]	DEFENDANT'S ADDRESS C/O CT Corporation 116 Pine Street, Suite 320 Harrisburg, PA 17101
PLAINTIFF'S NAME	DEFENDANT'S NAME MURPHY FORD COMPANY
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS 3310 Township Line Road Chester, PA 19013
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS

TOTAL NUMBER OF PLAINTIFFS 12	TOTAL NO. OF DEFENDANTS 2	COMMENCEMENT OF ACTION <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Petition Action <input type="checkbox"/> Transfer From Other Jurisdictions <input type="checkbox"/> Notice of Appeal
----------------------------------	------------------------------	--

AMOUNT IN CONTROVERSY <input type="checkbox"/> \$50,000.00 or less <input checked="" type="checkbox"/> More than \$50,000.00	COURT PROGRAMS <input type="checkbox"/> Arbitration <input checked="" type="checkbox"/> Jury <input type="checkbox"/> Non-Jury <input type="checkbox"/> Other:	<input type="checkbox"/> Mass Tort <input type="checkbox"/> Savings Action <input type="checkbox"/> Petition	<input type="checkbox"/> Commerce <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Statutory Appeals	<input type="checkbox"/> Settlement <input type="checkbox"/> Minors <input type="checkbox"/> W/D/Survival
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CASE TYPE AND CODE (SEE INSTRUCTIONS)
Negligence 2P Product Liability and 2V Motor Vehicle Accident

STATUTORY BASIS FOR CAUSE OF ACTION (SEE INSTRUCTIONS)
Section 402A Restatement (Second) Torts

DUPLICATE FEE PAID

RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER) N/A	IS CASE SUBJECT TO COORDINATION ORDER? <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

TO THE PROTHONOTARY:
Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant:
Papers may be served at the address set forth below.

NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY Jaime D. Jackson, Esquire	ADDRESS (SEE INSTRUCTIONS) Atlee Hall & Brookhart, LLP P O Box 449 Lancaster, PA 17608-0449
PHONE NUMBER 717-393-9596	FAX NUMBER 717-393-2138
SUPREME COURT IDENTIFICATION NO. 80448	E-MAIL ADDRESS jackson@atleehall.com
SIGNATURE 	DATE 9/16/08

ATTEST

SEP 10 2008

S. Garrett

THIS IS NOT AN ARBITRATION CASE

JURY FEE PAID FEE PAID

AN ASSESSMENT OF DAMAGES HEARING IS NOT REQUIRED

William A. Atlee, Jr., Esquire
Jaime D. Jackson, Esquire
Robin A. Jabour, Esquire
ATLEE, HALL & BROOKHART, LLP
8 North Queen Street
P O Box 449
Lancaster, PA 17608-0449
Court I.D. Nos. 06919, 80448 & 70274

Attorneys for Plaintiff,
Raymond J. Vivacqua, M.D.

SEPTEMBER 2008

003059

████████████████████
ADMINISTRATOR OF THE ESTATE OF
████████████████████,
DECEASED

IN THE COURT OF COMMON
PLEAS OF PHILADELPHIA
COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

Media, PA ██████████

Plaintiff

v.

FORD MOTOR COMPANY
c/o CT Corporation
116 Pine Street
Suite 320
Harrisburg, PA 17101

JURY TRIAL DEMANDED

and

MURPHY FORD COMPANY
3310 Township Line Road
Chester, PA 19013

Defendants

COMPLAINT

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER (OR CANNOT AFFORD ONE), GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER

Lawyer Referral and Information Service
Philadelphia Bar Association
1101 Market Street, 11th Floor
Philadelphia, Pennsylvania 19107
Telephone Number: (215) 238-6333

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

AVISO

Le han demandado en corte. Si usted quiere defenderse contra las demandas nombradas en las paginas siguientes, tiene veinte (20) dias a partir de recibir esta demanda y notificacion para entablar personalmente o por un abogado una comparecencia escrita y tambien para entablar con la corte en forma escrita sus defensas y objeciones a las demandas contra usted. Sea avisado que si usted no se defiende, el caso puede continuar sin usted y la corte puede incorporar un juicio contra usted sin previo aviso para conseguir el dinero demandado en el pleito o para conseguir cualquier otra demanda o alivio solicitados por el demandante. Usted puede perder dinero o propiedad u otros derechos importantes para usted.

Lawyer Referral and Information Service
Philadelphia Bar Association
1101 Market Street, 11th Floor
Philadelphia, Pennsylvania 19107
Telephone Number: (215) 238-6333

USTED DEBE LLEVAR ESTE DOCUMENTO A SU ABOGADO INMEDIATAMENTE. SI USTED NO TIENE ABOGADO (O NO TIENE DINERO SUFICIENTE PARA PAGAR A UN ABOGADO), VAYA EN PERSONA O LLAME POR TELEFONO LA OFICINA NOMBRADA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL. ESTA OFICINA PUEDE PROPORCIONARLE LA INFORMACION SOBRE CONTRATAR A UN ABOGADO.

SI USTED NO TIENE DINERO SUFICIENTE PARA PAGAR A UN ABOGADO, ESTA OFICINA PUEDE PROPORCIONARLE INFORMACION SOBRE AGENCIAS QUE OFRECEN SERVICIOS LEGALES A PERSONAS QUE CUMPLEN LOS REQUISITOS PARA UN HONORARIO REDUCIDO O NINGUN HONORARIO.

Parties to the Cause of Action

1. [REDACTED] is an adult individual residing at [REDACTED], Media, Pennsylvania [REDACTED]. [REDACTED] has been appointed the Administrator of the Estate of Mary Josephine DelVescovo. A copy of the Letters Testamentary and of Administration evidencing [REDACTED] appointment is attached hereto as Exhibit "A". [REDACTED] brings this action on behalf of the Estate of Mary Josephine DelVescovo, as well as for the benefit of her wrongful death beneficiaries.

2. Defendant Ford Motor Company (hereinafter "Ford"), is a Delaware corporation with its principal place of business at Ford World Headquarters, The American Road, Dearborn, Michigan 48121. Ford's mailing address at that location is P.O. Box 1899, Dearborn, Michigan 48121-0000.

3. Defendant Ford Motor Company regularly conducts business within the City and County of Philadelphia, is licensed to do business in the Commonwealth of Pennsylvania and is engaged in the business of designing, manufacturing and selling automobiles. Ford Motor Company's registered agent for service of process in Pennsylvania is CT Corporation, 116 Pine Street, Suite 320, Harrisburg, Pennsylvania 17101.

4. Defendant Murphy Ford Company is a Pennsylvania corporation with a principal place of business at 3310 Township Line Road, Chester, Pennsylvania 19013. Defendant Murphy Ford Company regularly conducts business within the City and County of Philadelphia.

Summary of the Causes of Action

5. [REDACTED] age [REDACTED], purchased a one year old 2004 Ford Escape from Defendants Ford Motor Company and Murphy Ford Company on December 17, 2005.

6. The vehicle identification number for the 2004 Ford Escape purchased by [REDACTED] is 1FMCU93104K[REDACTED].

7. Upon information and belief, the 2004 Ford Escape purchased by [REDACTED] had been subject to a recall by Defendant Ford Motor Company.

8. Specifically, it is believed and therefore averred that Defendant Ford issued a recall related to the accelerator cable of the 2004 Ford Escape on or about December 6, 2004.

9. On certain Ford Escape vehicles built with 3.0 liter V6 engines, including the subject 2004 Ford Escape, Ford acknowledged that the vehicle's accelerator cable may prevent the throttle from returning to the idle position, presenting a crash risk.

10. Upon information and belief, the recall work on the vehicle purchased by [REDACTED] was performed by Defendant Murphy Ford Company on or about December 13, 2005, just before its sale to [REDACTED].

11. Murphy Ford performed the recall repair and replaced the accelerator cable.

12. On July 19, 2007 [REDACTED], age [REDACTED] was wearing her seatbelt and driving the subject Ford Escape in an easterly direction in Lower Merion Township, in the area of Lancaster Pike and Bryn Mawr intersection.

13. As she was driving her vehicle, the Escape's throttle system became stuck in the open position and would not return to the idle position.

14. The Escape would not slow and continued to accelerate because the cruise control cable was kinked thereby preventing the accelerator cable to return to the idle position.

15. [REDACTED] attempted to keep the vehicle under control, and attempted to avoid hitting other vehicles in the proximity.

16. Despite attempts to bring the vehicle to a stop, the vehicle would not slow down.

17. [REDACTED] was unable to control her vehicle and despite her best efforts, the vehicle swerved, flipping on the driver's side, only coming to a stop after sliding into a school bus.

18. Immediately after the collision, [REDACTED] was extricated from the vehicle and transported to University of Pennsylvania Hospital where she ultimately succumbed to her accident injuries on August 8, 2007. The cause of [REDACTED] death was listed as brain trauma.

19. Post-crash the Escape's throttle system was found positioned at the half open point in the throttle's travel.

20. As part of the recall related to the accelerator cable, Ford issued a technical service bulletin advising Ford dealerships to be careful not to cause damage to the cruise control cable when replacing the accelerator cable.

COUNT I

[REDACTED] as the Administrator of the Estate of [REDACTED]
[REDACTED] Deceased v. Ford Motor Company

Negligence

21. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-20 as though same were set forth at length herein.

Survival Action

22. Plaintiff [REDACTED] the duly qualified Administrator of the Estate of [REDACTED], brings this action on behalf of the Estate of [REDACTED], by virtue of the Probate and Fiduciary Code, Pa. C.S.A. §3373, and the Pennsylvania Judicial Code, 42 Pa. C.S.A. §8302.

23. Defendant Ford Motor Company was negligent in the manufacturer, design, assembly, distribution and sale of the 2004 Ford Escape purchased by [REDACTED] on December 17, 2005.

24. The aforesaid injuries and damages sustained by Plaintiff's decedent were caused as a direct and proximate cause of the negligence, carelessness and other liability producing conduct of the Defendant Ford which consisted of the following:

- (a) Failing to design, manufacture and sell the Ford Escape and/or the cruise control and throttle cables contained in the vehicle's acceleration system in a manner so as to render them safe for their intended purpose by providing a safe and adequate design;

- (b) Failing to design the Ford Escape to prevent accelerator and/or speed control cables from getting stuck in an open position;
- (c) Failing to design the vehicle's cruise control cable in such a way to prevent it from getting stuck and affecting the accelerator cable of the vehicle;
- (d) Failure to test its acceleration system to determine whether it provided a reasonably adequate design;
- (e) Failing to warn that the acceleration system may not operate properly;
- (f) Failure to provide for a reasonable design of the vehicle's acceleration system, particularly in connection with the location of the cruise control and accelerator cables, and failing to provide sufficient clearance room for the cables to operate in a safe and proper manner;
- (g) Failing to equip the subject Ford Escape with cruise control and accelerator cables which were reasonably designed and manufactured;
- (h) Failing to provide sufficient warnings as to the reasonably foreseeable dangers intended in the use or operation of the Ford Escape;
- (i) Misrepresenting the safety of the 2004 Ford Escape;
- (j) Failing to exercise due care and reasonable care under the circumstances in view of the foreseeable dangers and foreseeable accidents and injuries that could occur as a result of using or operating the Ford Escape;
- (k) Manufacturing the 2004 Ford Escape with defective cruise control and accelerator cables;
- (l) Manufacturing the 2004 Ford Escape with insufficient clearance room for the cruise control and accelerator cables to function properly;
- (m) Failing to adequately and effectively warn authorized repair centers on the dangers and problems associated with causing

damage to the cruise control cable when replacing the accelerator cable; and

- (n) Designing, manufacturing and selling the subject Ford Escape that was not crashworthy.

25. As a direct and proximate result of the negligent conduct of Defendant Ford, Plaintiff sustained costs and expenses for medical, surgical and nursing care for [REDACTED], for all of which damages are claimed.

26. As a direct and proximate result of the negligent conduct of Defendant Ford, [REDACTED] suffered a loss of earnings and earning capacity, for all of which damages are claimed.

27. As a direct and proximate result of the negligent conduct of Defendant Ford, [REDACTED] sustained permanent and catastrophic injuries requiring in her death, for all of which damages are claimed.

28. As a direct and proximate result of the negligent conduct of Defendant Ford, [REDACTED] endured extreme pain, suffering, mental and emotional distress and anxiety, for all of which damages are claimed.

Wrongful Death

29. As a direct and proximate result of the defective design of the Ford Escape and conduct of Defendant, as described above, [REDACTED]

██████████ sustained grievous injuries which resulted in her death on August 8, 2007.

30. As a result of the wrongful death of Plaintiff's Decedent, Plaintiff brings this action pursuant to the Pa. Judiciary Code, 42 Pa. C.S.A. §8301 and Rule 2202(a) of the Pennsylvania Rules of Civil Procedure, on behalf of those beneficiaries of ██████████ estate who are entitled to bring this wrongful death cause of action as follows:

NAME	ADDRESS	RELATIONSHIP
██████████ (DOB: ██████████)		Daughter

31. ██████████ death occurred on August 8, 2007, and no action for her injuries was concluded during her lifetime.

32. As a direct and proximate result of the conduct of Defendant Ford and the defective condition of the Ford Escape causing the death of ██████████ ██████████, her wrongful death beneficiary has suffered pecuniary losses and incurred expenses, and will incur such losses in the future, for all of which damages are claimed as follows:

- a. Funeral and burial expenses;
 - b. Loss of ██████████ financial contributions;
- and
- c. Loss of the love, society, tutelage, comfort and companionship of ██████████.

WHEREFORE, Plaintiff, ██████████ as Administrator of the Estate of ██████████, deceased, a

demands judgment against Defendant, Ford Motor Company, for damages in excess of \$50,000.00, together with interest and costs thereon as allowed by law.

COUNT II

[REDACTED] Administrator of the Estate of [REDACTED]
[REDACTED], Deceased v. Ford Motor Company

Strict Liability

33. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-32 as though same were set forth at length herein.

Survival Action

34. Plaintiff, [REDACTED] the duly qualified Administrator of the Estate of [REDACTED], brings this action on behalf of the Estate of [REDACTED], by virtue of the Probate and Fiduciary Code, Pa. C.S.A. §3373, and the Judicial Code, 42 Pa. C.S.A. §8302.

35. As a direct and proximate result of the defective condition of the 2004 Ford Escape, [REDACTED] sustained serious injuries resulting in her death.

36. The 2004 Ford Escape was in a defective condition at the time it left the possession and control of Defendant Ford and was not substantially changed prior to the time of the subject accident.

37. The defects and/or defective condition of the Ford Escape were the cause or a substantial factor in causing Plaintiff's injuries.

38. Defendant Ford, by its agents, servants, workmen and/or employees is strictly liable under 402A, Restatement of Torts (Second) by:

- (a) Designing, manufacturing and selling the Ford Escape and/or the cruise control and accelerator cables contained in the vehicle's acceleration system in a manner so as to render them unsafe for their intended purpose;
- (b) Designing, manufacturing and selling the Ford Escape that permitted the accelerator cables to remain stuck in an open position;
- (c) Designing, manufacturing and selling the subject Ford Escape with cruise control cable that would not permit the accelerator cable to return to the idle position;
- (d) Designing, manufacturing and selling the subject vehicle with an accelerator cable that may prevent the accelerator from returning to the idle position.
- (e) Designing, manufacturing and selling the vehicle's cruise control cable in such a way to permit it to get stuck and affecting the accelerator cable of the vehicle;
- (f) Designing, manufacturing and selling the subject vehicle with an accelerator cable that would not return to the idle position;
- (g) Failure to test the 2004 Ford Escape's acceleration system to determine whether it provided a reasonably adequate design;
- (h) Failure to warn that the acceleration system may not operate properly;
- (i) Designing, manufacturing and selling the vehicle's acceleration system with the location of the cruise control and accelerator cables in a manner that failed to provide sufficient clearance room for the cables to operate in a safe and proper manner;
- (j) Failing to equip the subject Ford Escape with cruise control and accelerator cables which were safely designed and manufactured;
- (k) Failing to provide sufficient warnings as to the dangers intended in the use or operation of the Ford Escape;

- (l) Misrepresenting the safety of the 2004 Ford Escape;
- (m) Manufacturing the 2004 Ford Escape with defective and unsafe cruise control and accelerator cables;
- (n) Designing and manufacturing the 2004 Ford Escape with insufficient clearance room for the cruise control and accelerator cables to function properly; and
- (o) Failing to effectively warn authorized repair centers on the dangers and problems associated with damaging the cruise control cable when replacing the accelerator cable.

39. The catastrophic injuries sustained by [REDACTED] [REDACTED] resulted from the Defendant's failure to adequately warn of the dangerous, hazardous and defective condition of the Ford Escape.

40. The catastrophic injuries sustained by [REDACTED] [REDACTED] resulted from the Defendant's misrepresentations of the safety of the subject Ford Escape.

41. As a direct and proximate result of the defective condition of the subject Ford Escape, [REDACTED] sustained severe and extensive personal injuries resulting in her death.

42. As a direct and proximate result of the defective condition of the subject Ford Escape, [REDACTED] incurred costs and expenses for medical, surgical and nursing care, for all of which damages are claimed.

43. As a direct and proximate result of the defective condition of the subject Ford Escape, [REDACTED] suffered a loss of earnings and earning capacity, for all of which damages are claimed.

44. As a direct and proximate result of the defective condition of the subject Ford Escape, [REDACTED] sustained permanent and catastrophic injuries resulting in her death.

45. As a direct and proximate result of the defective condition of the subject Ford Escape, [REDACTED] endured extreme pain, suffering, mental and emotional distress and anxiety, for all of which damages are claimed.

Wrongful Death

46. As a direct and proximate result of the defective design of the Ford Escape and conduct of Defendant, as described above, [REDACTED] [REDACTED] sustained grievous injuries which resulted in her death on August 8, 2007.

47. As a result of the wrongful death of Plaintiff's Decedent, Plaintiff brings this action pursuant to the Pa. Judiciary Code, 42 Pa. C.S.A. §8301 and Rule 2202(a) of the Pa. Rules of Civil Procedure, on behalf of those beneficiaries of [REDACTED] Estate who are entitled to bring this wrongful death cause of action as follows:

NAME	ADDRESS	RELATIONSHIP
[REDACTED] (DOB: [REDACTED])		Daughter

48. [REDACTED] death occurred on August 8, 2007, and no action for her injuries was concluded during her lifetime.

49. As a direct and proximate result of the conduct of Defendant and the defective condition of the Ford Escape causing the death of [REDACTED], her wrongful death beneficiary has suffered pecuniary losses and incurred expenses, and will incur such losses in the future, for all of which damages are claimed as follows:

- a. Funeral and burial expenses;
 - b. Loss of [REDACTED] financial contributions;
- and
- c. Loss of the love, society, tutelage, comfort and companionship of [REDACTED].

WHEREFORE, Plaintiff, [REDACTED] Administrator of the Estate of [REDACTED], demands judgment against Defendant, Ford Motor Company for damages in excess of \$50,000.00, together with interest and costs thereon as allowed by law.

COUNT III

[REDACTED] Administrator of the Estate of [REDACTED]
[REDACTED], Deceased v. Ford Motor Company

Breach of Warranty

50. Plaintiff incorporates by reference the allegations of paragraphs 1-49 as though same were set forth at length herein.

Survival Action

51. Plaintiff, [REDACTED] the duly qualified Administrator of the Estate of [REDACTED], brings this action on behalf of the Estate

of [REDACTED], by virtue of the Probate and Fiduciary Code, Pa. C.S.A. §3373, and the Judicial Code, 42 Pa. C.S.A. §8302.

52. At the time Defendant Ford sold the subject 2004 Ford Escape to Plaintiff, Defendant warranted, both expressly and impliedly, that the Ford Escape was free from defects, was of merchantable quality, and was safe and suitable for the uses for which it was intended.

53. Defendant Ford breached the aforesaid warranties, both express and implied, by providing Plaintiff with a Ford Escape which was defective as more fully described above, and that was unmerchantable and unfit for the ordinary purpose for which it was intended.

54. As a direct result of Defendant, Ford's breach of its contracts and its breach of its express and implied warranties, Plaintiff's decedent was fatally injured.

Wrongful Death

55. As a direct and proximate result of the defective design of the Ford Escape and conduct of Defendant, as described above, [REDACTED] [REDACTED] sustained grievous injuries which resulted in her death on August 8, 2007.

56. As a result of the wrongful death of Plaintiff's Decedent, Plaintiff brings this action pursuant to the Pa. Judiciary Code 42 Pa. C.S.A. §8301 and Rule 2202(a) of the Pa. Rules of Civil Procedure, on behalf of those beneficiaries of [REDACTED] Estate who are entitled to bring this wrongful death cause of action as follows:

NAME	ADDRESS	RELATIONSHIP
██████████ (DOB: ████████)		Daughter

57. ██████████ death occurred on August 8, 2007, and no action for her injuries was concluded during her lifetime.

58. As a direct and proximate result of the conduct of Defendant and the defective condition of the Ford Escape causing the death of ██████████ ██████████ her wrongful death beneficiary has suffered pecuniary losses and incurred expenses, and will incur such losses in the future, for all of which damages are claimed as follows:

- a. Funeral and burial expenses;
 - b. Loss of ██████████ financial contributions;
- and
- c. Loss of the love, society, tutelage, comfort and companionship of ██████████.

WHEREFORE, Plaintiff, ██████████ Administrator of the Estate of ██████████, deceased, demands judgment against Defendant Ford Motor Company for damages in excess of \$50,000, together with interest and costs thereon as allowed by law.

COUNT IV

██████████ Administrator of the Estate of ██████████
██████████, Deceased v. Murphy Ford Company

Negligence

59. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-58 as though same were set forth at length herein.

Survival Action

60. Plaintiff, [REDACTED] the duly qualified Administrator of the Estate of [REDACTED], brings this action on behalf of the Estate of [REDACTED] by virtue of the Probate and Fiduciary Code, Pa. C.S.A. §3373, and the Pennsylvania Judicial Code, 42 Pa. C.S.A. §8302.

61. Defendant Murphy Ford Company was negligent in the inspection, repair, replacement of parts, assembly, distribution and sale of the subject Ford Escape.

62. The aforesaid injuries and damages sustained by Plaintiff were caused as a direct and proximate cause of the negligence, carelessness and other liability producing conduct of the Defendant Murphy Ford Company which consisted of the following:

- (a) Selling and distributing the Ford Escape and/or the cruise control and throttle cables contained in the vehicle's acceleration system that were not safe for their intended purpose;
- (b) Selling and distributing the Ford Escape with acceleration and/or speed control cables that may get stuck in an open position;
- (c) Selling and distributing the vehicle's cruise control cable in such a way to prevent it from getting stuck and affecting the throttle cable of the vehicle;
- (d) Failure to test its acceleration system to determine whether it provided a reasonably adequate design;
- (e) Failing to warn that the acceleration system may not operate properly;
- (f) Failure to provide for a reasonable design of the vehicle's acceleration system, particularly in connection with the location of the cruise control and accelerator cables, and failing to provide sufficient clearance room for the cables to operate in a safe and proper manner;

- (g) Failing to equip the subject Ford Escape with cruise control and accelerator cables which were reasonably designed and manufactured;
- (h) Failing to provide sufficient warnings as to the reasonably foreseeable dangers intended in the use or operation of the Ford Escape;
- (i) Misrepresenting the safety of the 2004 Ford Escape;
- (j) Failing to exercise due care and reasonable care under the circumstances in view of the foreseeable dangers and foreseeable accidents and injuries that could occur as a result of using or operating the Ford Escape;
- (k) Selling and distributing the 2004 Ford Escape with defective cruise control and throttle cables;
- (l) Selling and distributing the 2004 Ford Escape with insufficient clearance room for the cruise control and accelerator cables to function properly; and
- (m) Selling and distributing the subject Ford Escape that was not crashworthy.

63. As a direct and proximate result of the negligent conduct of the Defendant Murphy Ford Company, [REDACTED] sustained severe and extensive personal injuries resulting in her death.

64. As a direct and proximate result of the negligent conduct of the Defendant Murphy Ford Company [REDACTED] incurred costs and expenses for medical, surgical and nursing care, for all of which damages are claimed.

65. As a direct and proximate result of the negligent conduct of the Defendant Murphy Ford Company, [REDACTED] suffered a loss of earnings and earning capacity, for all of which damages are claimed.

66. As a direct and proximate result of the negligent conduct of the Defendant Murphy Ford Company, [REDACTED] sustained permanent and catastrophic injuries resulting in her death, for all of which damages are claimed.

67. As a direct and proximate result of the negligent conduct of the Defendant Murphy Ford Company, [REDACTED] endured extreme pain, suffering, mental and emotional distress and anxiety, for the defective design of the subject Ford Escape and conduct of Defendant, as described above [REDACTED] sustained grievous injuries which resulted in her death on August 8, 2007.

68. As a result of the wrongful death of Plaintiff's Decedent, Plaintiff brings this action pursuant to the Pa. Judiciary Code, 42 Pa. C.S.A. §8301 and Rule 2202(a) of the Pa. Rules of Civil Procedure, on behalf of those beneficiaries [REDACTED] Estate who are entitled to bring this wrongful death cause of action as follows:

NAME	ADDRESS	RELATIONSHIP
[REDACTED] (DOB [REDACTED])		Daughter

69. [REDACTED] death occurred on August 8, 2007, and no action for her injuries was concluded during her lifetime.

70. As a direct and proximate result of the conduct of Defendant and the defective condition of the subject Ford Escape causing the death of [REDACTED] [REDACTED], her wrongful death beneficiary has suffered pecuniary losses and incurred expenses, and will incur such losses in the future, for all of which damages are claimed as follows:

- a. Funeral and burial expenses;
 - b. Loss of [REDACTED] financial contributions;
- and
- c. Loss of the love, society, tutelage, comfort and companionship of [REDACTED].

WHEREFORE, [REDACTED] [REDACTED], Administrator of the Estate of [REDACTED], deceased, demands judgment against Defendant, Murphy Ford Company, for damages in excess of \$50,000.00, together with interest and costs thereon as allowed by law and requests punitive damages.

COUNT V

[REDACTED] Administrator of the Estate of [REDACTED]
[REDACTED] Deceased v. Murphy Ford Company

Strict Liability

71. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-70 as though same were set forth at length herein.

Survival Action

72. Plaintiff, [REDACTED], the duly qualified Administrator of the Estate [REDACTED], brings this action on behalf of the Estate

of [REDACTED] virtue of the Probate and Fiduciary Code, Pa. C.S.A. §3373, and the Judicial Code, 42 Pa. C.S.A. §8302.

73. As a direct and proximate result of the defective condition of the subject Ford Escape, [REDACTED] sustained serious injuries resulting in her death.

74. The subject Ford Escape was in a defective condition at the time it left the possession and control of Defendant Murphy Ford Company and was not substantially changed prior to the time of the subject accident.

75. The defects and/or defective condition of the subject Ford Escape was the cause or a substantial factor in causing Plaintiff's injuries.

76. Defendant Murphy Ford Company, by its agents, servants, workmen and/or employees is strictly liable under 402A, Restatement of Torts

(Second) by:

- (a) Selling and distributing the Ford Escape and/or the cruise control and accelerator cable contained in the vehicle's acceleration system that were unsafe for their intended purpose;
- (b) Selling and distributing the Ford Escape that permitted the accelerator cables to get stuck in an open position;
- (c) Selling and distributing the subject Ford Escape with cruise control cable that would not permit the accelerator cable to return to the idle position;
- (d) Selling and distributing the subject vehicle with an accelerator cable that may prevent the throttle from returning to the idle position;
- (e) Selling and distributing the vehicle's cruise control cable in such a way to permit it to get stuck and affecting the accelerator cable of the vehicle;

- (f) Selling and distributing the subject vehicle with an accelerator cable that would not return to the idle position;
- (g) Failure to test the 2004 Ford Escape's acceleration system to determine whether it was safe;
- (h) Failure to warn that the acceleration system may not operate properly;
- (i) Selling and distributing the vehicle's acceleration system with the location of the cruise control and accelerator cables in a manner that failed to provide sufficient clearance room for the cables to operate in a safe and proper manner;
- (j) Failing to sell and equip the subject Ford Escape with cruise control and accelerator cables which were safe;
- (k) Failing to provide sufficient warnings as to the dangers intended in the use or operation of the Ford Escape;
- (l) Misrepresenting the safety of the 2004 Ford Escape;
- (m) Selling and distributing the 2004 Ford Escape with defective and unsafe cruise control and accelerator cables; and
- (n) Selling and distributing the 2004 Ford Escape with insufficient clearance room for the cruise control and throttle cables to function properly.

77. The catastrophic injuries sustained by [REDACTED] [REDACTED] resulted from Defendant Murphy Ford Company's failure to adequately warn of the dangerous, hazardous and defective condition of the 2004 Ford Escape.

78. The catastrophic injuries sustained by [REDACTED] [REDACTED] resulted from Defendant Murphy Ford Company's misrepresentations of the safety of the subject Ford Escape.

79. As a direct and proximate result of the defective condition of the 2004 Ford Escape, [REDACTED] sustained severe injuries resulting in her death.

80. As a direct and proximate result of the defective condition of the 2004 Ford Escape, [REDACTED] incurred costs and expenses for medical, surgical and nursing care, for all of which damages are claimed.

81. As a direct and proximate result of the defective condition of the 2004 Ford Escape, [REDACTED] suffered a loss of earnings and earning capacity, for all of which damages are claimed.

82. As a direct and proximate result of the defective condition of the 2004 Ford Escape, [REDACTED] sustained permanent and catastrophic injuries resulting in her death, for all of which damages are claimed.

83. As a direct and proximate result of the defective condition of the 2004 Ford Escape, [REDACTED] endured extreme pain, suffering, mental and emotional distress and anxiety, for all of which damages are claimed.

Wrongful Death

84. As a direct and proximate result of the defective condition of the 2004 Ford Escape and the conduct of Defendant, as described above, [REDACTED] [REDACTED] sustained grievous injuries which resulted in her death on August 8, 2007.

85. As a result of the wrongful death of Plaintiff's Decedent, Plaintiff brings this action pursuant to the Pa. Judiciary Code, 42 Pa. C.S.A. §8301 and Rule 2202(a) of the Pa. Rules of Civil Procedure, on behalf of those beneficiaries of [REDACTED] Estate who are entitled to bring this wrongful death cause of action as follows:

NAME	ADDRESS	RELATIONSHIP
[REDACTED] (DOB: [REDACTED])		Daughter

86. [REDACTED] death occurred on August 8, 2007, and no action for her injuries was concluded during her lifetime.

87. As a direct and proximate result of the conduct of Defendant and defective condition of the 2004 Ford Escape, [REDACTED] wrongful death beneficiary has suffered pecuniary losses and incurred expenses, and will incur such losses in the future, for all of which damages are claimed as follows:

- a. Funeral and burial expenses;
 - b. Loss of [REDACTED] financial contributions;
- and
- c. Loss of the love, society, tutelage, comfort and companionship of [REDACTED].

WHEREFORE, Plaintiff, [REDACTED] Administrator of the Estate of [REDACTED], deceased, demands judgment against Defendant, Murphy Ford Company, for damages in excess of \$50,000.00, together with interest and costs thereon as allowed by law and requests punitive damages.

COUNT VI

[REDACTED] Administrator of the Estate of [REDACTED]
[REDACTED], Deceased v. Murphy Ford Company

Breach of Warranty

88. Plaintiff incorporates by reference the allegations of paragraphs 1-87 as though same were set forth at length herein.

Survival Action

89. Plaintiff, [REDACTED] the duly qualified Administrator of the Estate of [REDACTED] brings this action on behalf of the Estate of [REDACTED], by virtue of the Probate and Fiduciary Code, Pa. C.S.A. §3373, and the Judicial Code, 42 Pa. C.S.A. §8302.

90. At the time Defendant Murphy Ford Company sold the subject 2004 Ford Escape to Plaintiff, Defendant warranted, both expressly and impliedly, that the vehicle was free from defects, was of merchantable quality, and was safe and suitable for the uses for which it was intended.

91. Defendant Murphy Ford Company breached the aforesaid warranties, both express and implied, by providing Plaintiff with the 2004 Ford Escape which was defective as more fully described above, and that was unmerchantable and unfit for the ordinary purpose for which it was intended.

92. As a direct result of Defendant Murphy Ford Company's breach of its contracts and its breach of its express and implied warranties, Plaintiff was fatally injured.

Wrongful Death

93. As a direct and proximate result of the defective design of the subject Ford Escape and conduct of Defendant Murphy Ford Company, as described above, [REDACTED] sustained grievous injuries which resulted in her death on August 8, 2007.

94. As a result of the wrongful death of Plaintiff's Decedent, Plaintiff brings this action pursuant to the Pa. Judiciary Code, 42 Pa. C.S.A. §8301 and Rule 2202(a) of the Pa. Rules of Civil Procedure, on behalf of those beneficiaries [REDACTED] Estate who are entitled to bring this wrongful death cause of action as follows:

NAME	ADDRESS	RELATIONSHIP
[REDACTED] (DOB: [REDACTED])		Daughter

95. [REDACTED] death occurred on August 8, 2007, and no action for her injuries was concluded during her lifetime.

96. As a direct and proximate result of the conduct of Defendant Murphy Ford Company and the defective condition of the 2004 Ford Escape, [REDACTED] wrongful death beneficiary has suffered pecuniary losses and incurred expenses, and will incur such losses in the future, for all of which damages are claimed as follows:

- a. Funeral and burial expenses;
 - b. Loss of [REDACTED] financial contributions;
- and

c. Loss of the love, society, tutelage, comfort and companionship of

[REDACTED]

WHEREFORE, Plaintiff, [REDACTED] Administrator of the Estate of [REDACTED], deceased, demands judgment against Defendant, Murphy Ford Company, for damages in excess of \$50,000, together with interest and costs thereon as allowed by law.

COUNT VII

[REDACTED] Administrator of the Estate of [REDACTED]
[REDACTED] Deceased v. Murphy Ford Company

Negligent Repair

97. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-96 as though same were set forth at length herein.

Survival Action

98. Plaintiff, [REDACTED] the duly qualified Administrator of the Estate of [REDACTED], brings this action on behalf of the Estate of [REDACTED], by virtue of the Probate and Fiduciary Code, Pa. C.S.A. §3373, and the Judicial Code, 42 Pa. C.S.A. §8302.

99. Defendant Murphy Ford Company owed the purchasers (consumers?) of its vehicles, specifically, [REDACTED], a duty to use reasonable care in repairing its vehicles.

100. Defendant Murphy Ford Company owed [REDACTED] a duty to use reasonable care in complying with recall instructions from the vehicle's manufacturer.

101. Defendant Murphy Ford Company was negligent in its repair of the subject vehicle, the 2004 Ford Escape with VIN 1FMCU93104K [REDACTED], in the following particulars:

- (a) Failing to ensure that the vehicle's accelerator or speed cables were properly repaired;
- (b) Failing to comply with the manufacturer's warnings set forth in the recall technical bulletin when repairing and/ or replacing the vehicle's accelerator cable;
- (c) Failing to use reasonable care in repairing and/ or replacing the 2004 Ford Escape's accelerator cable;
- (d) Failing to ensure that the cruise control cable was not damaged or kinked during the recall repair of the accelerator cable on the subject 2004 Ford Escape;
- (e) Negligently damaging the cruise control cable when performing the recall repair on or about December 13, 2005;
- (f) Negligently failed to make necessary repairs to the subject 2004 Ford Escape;
- (g) Failing to inspect and/or test the 2004 Ford Escape after making repairs to ensure that no damage was done to the vehicle's acceleration cables during the performance of the repair work;
- (h) Negligently performing the recall repair work on the subject vehicle's accelerator cable;
- (i) Negligently replacing the accelerator cable on the subject vehicle;
- (j) Replacing the accelerator cable on the subject vehicle in a manner which caused damage and/or kinking to the vehicle's cruise control cable;
- (k) Negligently repairing and servicing the vehicle's accelerator cable and cable assembly;

- (l) Negligently causing damage to the subject vehicle's cruise control cable resulting in the cable kinking and preventing the accelerator cable from returning to the closed position;
- (m) Failing to adequately test the subject vehicle following the performance of the recall repair work on the vehicle's accelerator cable; and
- (n) Failing to adequately inspect the subject vehicle following the performance of the recall repair work on the vehicle's accelerator cable.

102. As a direct and proximate result of the negligence, carelessness and other liability producing conduct of Defendant Murphy Ford Company, Plaintiff sustained damages set forth herein.

103. As a direct and proximate result of the negligent conduct of Defendant Murphy Ford Company [REDACTED] sustained severe injuries resulting in her death.

104. As a direct and proximate result of the negligent conduct of Defendant Murphy Ford Company, [REDACTED] incurred costs and expenses for medical, surgical and nursing care, for all of which damages are claimed.

105. As a direct and proximate result of the negligent conduct of Defendant Murphy Ford Company, [REDACTED] suffered a loss of earnings and earning capacity, for all of which damages are claimed.

106. As a direct and proximate result of the negligent conduct of Defendant Murphy Ford Company, [REDACTED] sustained

permanent and catastrophic injuries requiring medical treatment and incidental expenses, for all of which damages are claimed.

107. As a direct and proximate result of the negligent conduct of Defendant Murphy Ford Company [REDACTED] endured extreme pain, suffering, mental and emotional distress and anxiety, for all of which damages are claimed.

Wrongful Death

108. As a direct and proximate result of the defective design of the Ford Escape and conduct of Defendant, as described above, [REDACTED] [REDACTED] sustained grievous injuries which resulted in her death on August 8, 2007.

109. As a result of the wrongful death of Plaintiff's Decedent, Plaintiff brings this action pursuant to the Pa. Judiciary Code, 42 Pa. C.S.A. §8301 and Rule 2202(a) of the Pa. Rules of Civil Procedure, on behalf of those beneficiaries of [REDACTED] Estate who are entitled to bring this wrongful death cause of action as follows:

NAME	ADDRESS	RELATIONSHIP
[REDACTED] DOB: [REDACTED]		Daughter

110. [REDACTED] death occurred on August 8, 2007, and no action for her injuries was concluded during her lifetime.

111. As a direct and proximate result of the conduct of Defendant and the defective condition of the Ford Escape causing the death of [REDACTED] [REDACTED] her wrongful death beneficiary has suffered pecuniary losses and incurred

expenses, and will incur such losses in the future, for all of which damages are claimed as follows:

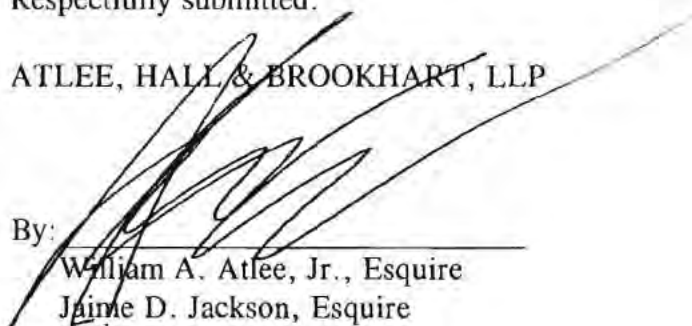
- a. Funeral and burial expenses;
 - b. Loss of [REDACTED] financial contributions;
- and
- c. Loss of the love, society, tutelage, comfort and companionship of [REDACTED]

WHEREFORE, Plaintiff, [REDACTED] Administrator of the Estate of [REDACTED], deceased, demands judgment against Defendant, Murphy Ford Company, for damages in excess of \$50,000.00, together with interest and costs thereon as allowed by law.

Respectfully submitted:

Dated: 9/16/08

ATLEE, HALL & BROOKHART, LLP

By: 
William A. Atlee, Jr., Esquire
Jaime D. Jackson, Esquire
Robin A. Jabour, Esquire
Attorneys for Plaintiff
8 North Queen Street
P.O. Box 449
Lancaster, PA 17608-0449
(717) 393-9596
I.D. Nos. 06919, 80448 & 20724

VERIFICATION

I hereby verify that the facts contained in the foregoing document are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Dated: 7/31/08

[Redacted Signature]
Personal Representative
of the Estate of [Redacted] Deceased

[Redacted Name]
Print Name Here

LAWRENCE J. DOVE ASSOCIATES

7118 STATE ROAD, PHILADELPHIA, PA 19135-1433 • 215-331-9220
 FAX 215-331-0707 1-800 441-DOVE

PROFESSIONAL ENGINEERS

August 30, 2007

Doug Thomas
 State Farm Insurance Company
 P.O. Box 142
 Concordville, PA 19331

RE: 2004 FORD ESCAPE XLT
 Date of Accident: 7/19/07
 Vehicle Owner: [REDACTED]
 Our File #: 07-13711E
 Your Claim #: [REDACTED]

Dear Mr. Thomas:

I have prepared this correspondence as my initial engineering setting forth a summary of the results of our engineering investigation and analysis at this writing, which have included consideration of:

- nondestructive inspection on the damaged vehicle on Monday, August 8, 2007 at Plisinski Brothers in Rosemount, PA;
- motor vehicle specifications and NHTSA recalls; and
- ASTM standards (e.g., ASTM E678-98) and related file materials and information.

ENGINEERING DISCUSSION

Report Appendices

'A' Photographs #E1 - #E15, including narratives. General reference is made to these photographs for visual orientation of the subject vehicle (the details of which are not repeated in this discussion).

The subject vehicle was identified as follows:

Biochemical	.	Mechanical
Civil	.	Materials
Electrical	.	Chemistry

DOVE ASSOCIATES

File: 07-13711E

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Manufacturer: Fork Motor Corporation
Model: Escape XLT
VIN: 1FMCU93104K [REDACTED]
Manufacture Date: 9/03
Registration: PA [REDACTED]

Exterior vehicle inspection revealed crash damage to the front right corner of the vehicle that damaged the bumper, fender, headlamp assembly, right front tire and engine compartment hood (Photograph #E4). The left side of the vehicle was damaged from sliding contact with the ground (Photographs #E1 and E2). The vehicle's roof had been separated from the vehicle by rescue personnel, but both "B" pillars were collapsed inward. The roof of the vehicle has sustained a heavy impact that collapsed the roof into the passenger compartment (Photographs #E1 through E4). The roof impact had enough energy to crush the passenger's doors on the right side and bend the vehicle's frame.

We also observed that the vehicle's restraint systems did not provide assistance in this accident. The vehicle was equipped with seat belts and supplemental air bags (Photographs #E5 and E6).

My inspection centered upon the vehicle's mechanical system, specifically steering, brake, and throttle.

The vehicle's throttle system was inspected and found positioned at the half open point in the throttle's travel (Photograph #E7). This was confirmed by the position of the accelerator pedal (Photograph #E8). During nondestructive inspection of the stuck throttle position, we removed the plastic engine cover (Photograph #E9). During the removal of the engine cover the throttle returned to its fully closed position as evidenced by the position of the accelerator peddle and the position of the throttle (Photographs #E10 and E11). A photograph (#E12) was taken after the engine cover was replaced for the purpose of comparison. The throttle cable was not damaged (Photographs #E11). The throttle

DOVE ASSOCIATES

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return springs were not damaged (Photograph #E13). The accelerator pedal was not being prevented from moving either to accelerate or decelerate by any obstruction (Photographs #E8 and E10).

We inspected the underside of the engine cover finding a mark on the cover (Photograph #E14 and E15). We identified a corresponding mark on the top of the cruise control throttle cable (Photograph #E13). When the throttle is opened fully the top of the cruise control throttle cable contacts the underside of the engine cover. This contact between the cruise control throttle cable and the underside of the engine cover does not explain the half open throttle initially observed. We were unable to recreate the half open throttle position after replacement of the engine cover.

Our inspection of the hydraulic brake system showed that the system was still operational after the accident. The hydraulic system was still leak tight and the reservoir was full of hydraulic fluid (Photograph #E9). The front brake rotor disks were in good condition, the brake pads were in good condition and there were no leaks at the wheel cylinders. The condition of the rear brake shoes and drums appeared to be functional during inspection and testing.

Inspection of the steering system showed it to be functional after the accident.

Summary of Dove Engineering Findings

In particular, my engineering investigation and evaluation at this date have determined that:

1. the vehicle's throttle was found in the half open position;
2. the vehicle's throttle control system was functional when tested;
3. when examined the throttle was initially stuck, and we were unable to replicate this stuck condition;

DOVE ASSOCIATES

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4. the vehicle's hydraulic brake system was functional after the accident; and
5. the vehicle's mechanical steering system was functional after the accident.

Conclusions

In summary, it is our professional opinion at this date with reasonable scientific and engineering certainty that the throttle control, steering, and braking systems in the subject vehicle were functioning properly at the time of my engineering inspection (as discussed above).

I reserve the right to supplement this initial engineering report if further detail or comment is requested at this time or a later date, and as any additional information becomes available (e.g., Police Report ...). File materials including photographs are to be considered a supplement to my report, and may be utilized by me in support of my conclusions.

This is,

Respectfully submitted,

LAWRENCE J. DOVE ASSOCIATES

By Glenn C. Frederick
GLENN C. FREDERICK, P.E.

GCF:wk

DOVE ASSOCIATES

GLENN C. FREDERICK, P.E.
Mechanical Engineer

PERSONAL DATA

Year of Birth: [REDACTED]

PROFESSIONAL EXPERIENCE

Automotive: Installed, serviced, rebuilt and modified to improve operation of all types of automotive systems such as, but not limited to, braking, steering, suspension, power transmission, engine, electrical, exhaust, and control. Have been involved in this type of activity for the past 38 years.

Trucks: Investigated, diagnosed, and offered improvements to design of all types of truck systems such as, but not limited to, braking, steering, suspension, power transmission and transfer, engine, fuel, electrical, exhaust, hydraulic and control. Have been involved in this type of activity for a period of eight years. Last major project restored a 1948 GMC flatbed truck to commercial service.

Stationary Engines: Conceptual design, design, installation, repair, service, maintain and modify engine driven systems for the generation of electricity or the production of hot water, steam, chilled water, and/or direct expansion refrigeration.

Physics: Calculation, designs and studies involving force vectors, rigid body motion, Newton's Laws of Motion, impulse, momentum, free bodies, elastic and inelastic collision, kinetic and potential energy, hydrodynamics, thermodynamics, heat transfer, gas laws, fluid flow, acoustics, magnetic and electron flow.

Combustion: Combustion experience with coal, oil, gasoline, kerosene, diesel, natural gas, propane, manufactured gas and wood. This has included the combustion of these fuels in boilers, chillers, turbines, engines, and all types of heating of mechanical equipment related and/or associated with the above mentioned types of equipment. This ranges from a simple unit heater to an electric generation station.

Electric Controls: Design, development, testing, construction, operational analysis, inspection, failure analysis, and repair of low and medium voltage systems used for operation, control, and monitoring of all types of mechanical equipment (including computerized systems).

Glenn C. Frederick, P.E.

Page 2

Mechanical: Design, development, operational analysis, testing, construction, inspection, failure analysis, and repair of Heating, Ventilation, Air Conditioning and Refrigeration Equipment and Systems. Combustion experience with coal, oil, gasoline, kerosene, diesel, natural gas, propane, manufactured gas and wood. Refrigeration expertise with steam, water, air, refrigerants and engineered fluids. Design, operational analysis, testing, construction, inspection, repair, and failure analysis of transportation equipment including automotive passenger vehicles, trucks, buses, and material handling equipment; machine tool equipment including drills, saws, punch stamping, and forming presses, brakes, shears and lathes; material conveying equipment including pneumatic, belt, spiral, and gravity conveyers, cyclones, and piping systems. Experience with storage and transportation systems for fuels.

Pneumatic Controls: Design, development, testing, construction, operational analysis, inspection, failure analysis and repair of systems used for operation, control and monitoring of all types of mechanical equipment.

Safety and Human Factors: Inspection, design review, value engineering and human factors design considerations for mechanical equipment.

Utility Management: Usage management, allocation, operational management, cost containment, source management and source selection.

SELECTED EXPERIENCE

Forensic Engineer: Failure analysis and testing of vehicles, material handling equipment, machine tool equipment, production equipment, construction equipment, mechanical systems including heating, ventilation, cooling, refrigeration equipment, gas, oil and kerosene fired boilers and furnaces, internal combustion engines, high pressure gas systems, energy supply systems (steam, water, air, etc.) construction, utility, design and equipment code compliance and evaluation (i.e., BOCA, NFPA, ANSI, ASME, ASHRAE, AGA, SAE).

Building Inspection: Pennsylvania Municipality utilizing 1987 version of The BOCA Code within the municipality. Also conduct independent inspections for insurance, financial and environmental concerns.

Teacher: County Community College teaching an evening course in HVAC control theory, motor applications and advanced electric.

Glenn C. Frederick, P.E.

Page 3

Chief Engineer: Departmental responsibilities included equipment selection and design, programming, debugging and commissioning of systems. The department also did engineering studies and designs. Developed department of 6 prior to leaving for independent venture.

Design Engineer: Functioned as sole engineer for design and build mechanical contractor. Provided assistance to fledging energy management operation and to established service operation when diagnoses of problem was beyond technician's ability.

Facilities Engineer: Created a facilities maintenance department with responsibility for expansion, repair and upgrade of 10 residence facilities, a mental hospital and a commercial laundry.

Mechanical Engineer: Design engineer for any and all types of mechanical systems required by a railroad such as HVAC, plumbing, under and above ground piping for air, fuel, water, boiler house design, crane design and other similar facilities.

Mechanical Engineer: Design engineer of materials handling systems existing within industrial plants which included air transport and drying systems, monorail crane/trolley transport system, dryers, conveyers, silos, bag houses and similar type systems.

Applications Engineer: Created a design department to upgrade and improve the non-sound reinforcement electronic/telephonic product line of the corporation. Finished design on 11 products with department of four full time and up to 11 part time employees.

Project Engineer: Responsible for the completion of sound reinforcement projects in commercial, institutional and industrial facilities.

ACADEMIC BACKGROUND

Bachelor of Science, Drexel University.

COURSES/SEMINARS

HVAC Systems and Applications (SMACNA)
Energy Recovery Equipment and Systems (SMACNA)
Combustion Efficiency (AEE)
Simplified Energy Analysis MBM (ASHRAE)

Provided upon request.





1-800-841-3000

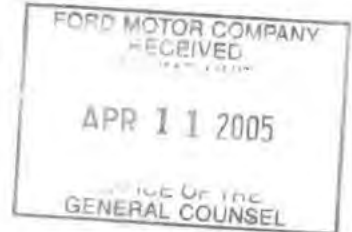
- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company
- Criterion Insurance Agency, Inc.
(Colonial County Mutual Ins.)

APR 11 2005

One GEICO Center
Macon, Georgia 31296-0001

April 1, 2005

Ford Motor Company
P.O. Box 1904
Dearborn, MI 48121-1904



CLAIM NUMBER: [REDACTED]
INSURED: [REDACTED]
YOUR INSURED: Ford Motor Company
YOUR CLAIM #: Unknown
YOUR VEHICLE: 04 FORD
TAG #: Unk

LOSS DATE: 01/24/05

Dear Ford Motor Company:

Our investigation shows your insured to be at fault in the accident.

- Payment for repairs has been made. Documentation is attached. Please honor our claim.
- CO's Interest: \$4,604.23
- Insured's Deductible: \$500
- Rental: \$525.00
- TOTAL: \$5,579.23

THANKS FOR YOUR PROMPT ATTENTION.

Sincerely,

DEBORAH COLEMAN S707R

PAYMENT RECOVERY UNIT 800-841-9160 x5313
GEICO General Insurance Company

5 APR 11 AM 9:14
CONSUMER AFFAIRS SECTION
35

PLEASE REFER TO OUR CLAIM NUMBER WHEN
WRITING OR CALLING ABOUT THIS CLAIM

SL54

CLL14

	Photo: PHOTO1 Date: 31/01/2005 09:06:39:00 Size: 103290
	Photo: PHOTO2 Date: 31/01/2005 09:06:39:00 Size: 94178
	Photo: PHOTO3 Date: 31/01/2005 09:06:39:00 Size: 99996
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	Photo: PHOTO6 Date: 31/01/2005 09:06:39:00 Size: 75124
	Photo: PHOTO7 Date: 31/01/2005 09:06:39:00 Size: 66284

End of estimate data



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

510755
 Actabot
 MAY 19 2005

One Geico Center
 Macon, GA 31296-0001

05/03/2005

Ford Motor Company
 To Whom It May Concern
 PO Box 1904
 Dearborn, MI 48121

2005 MAY 19 P 3:44

RELATIONSHIP
 CENTER

Company Name: GEICO General Insurance Company
 Claim Number: [REDACTED]
 Loss Date: January 24, 2005
 Policyholder: [REDACTED]
 Claimant Name: Ford Motor Company
 Claimant Policy No.:
 Claimant Claim No.:
 Claimant Vehicle:
 Claimant Driver:



Dear To Whom It May Concern,

Supporting papers for our subrogation interest have been sent to your office. Please send your check made payable to GEICO Direct as subrogee of [REDACTED]. Please include our claim number on the check.

If payment is to be delayed, kindly indicate below the present status of your file or call me at the number below.

_____ Investigation Incomplete _____ Follow up in _____ days
 _____ Bodily Injuries Pending _____ Follow up in _____ months
 _____ Litigation Pending Plaintiff _____
 _____ Other _____

 Date _____ Signed _____

Sincerely,

Deborah Coleman S707
(800)841-9160X5313
Payment Recovery Unit



F M Igon
Ford Motor Company
P.O. Box 1904
Dearborn, Michigan 48121

F00B7907 0320
[Barcode]

2004 Escape
Vehicle ID #: 1EMYU03144K [redacted] 04S25 January 2005

[redacted] claim# [redacted]

SEMMES, AL [redacted]

Rec'd Notice 1/29/05

H
C [redacted] SEMMES, AL

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.



State Farm Insurance Companies



FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

SEP 25 2008

Salem Operations Center
P. O. Box 221
DuPont, WA 98327-0221

OFFICE OF THE
GENERAL COUNSEL

PHONE (800) 423-9879
FAX (877) 449-5794

September 17, 2008

Ford Motor Company Claims Dept, Attn Micki Lynn
PO Box 70
Dearborn, MI 48121



RE: Claim Number: [REDACTED]
Date of Loss: September 4, 2008
Our Insured: [REDACTED]

Dear Mr Lynn:

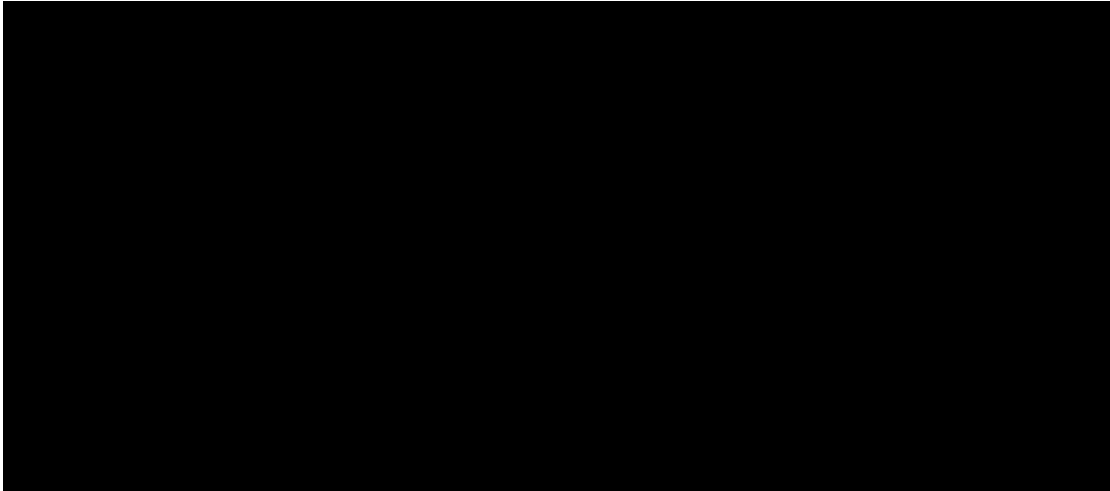
Our insured's 2004 Ford Ecsape suddenly accelerated into a wall causing damage to the vehicle and wall. Once collision repairs are completed, this vehicle will then go to a repair shop to diagnose the mechanical problem.

If you would like to have a Ford representative meet our engineer at the shop, please let me know. We expect the vehicle to go to a mechanical shop around October 3, 2008.

Sincerely,

Bob Dillon
Claim Representative
(503) 463-3726
State Farm Mutual Automobile Insurance Company

1-24



2120 - Served
 2220 - Not Served
 2320 - Served By Mail
 2420 - Served By Publication
 SUMMONS

2121 - Served
 2221 - Not Served
 2321 - Served By Mail
 2421 - Served By Publication
 ALIAS - SUMMONS

SERVED AT WORLD HEADQUARTERS - OGC
 PS
 JUL 29 2010

(8/01/08) CCG N001

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
 COUNTY DEPARTMENT, LAW DIVISION

No. 2010L00011

[REDACTED]
 (Name all parties)

v.

FORD MOTOR CO.

Please Serve:
 Ford Motor Co.
 c/o David G. Leitch, General Counsel
 1 American Rd.
 Dearborn, MI 48126

SUMMONS

To each Defendant:

YOU ARE SUMMONED and required to file an answer to the complaint in this case, a copy of which is hereto attached, or otherwise file your appearance, and pay the required fee, in the Office of the Clerk of this Court at the following location:

- Richard J. Daley Center, 50 W. Washington, Room 801, Chicago, Illinois 60602
- District 2 - Skokie
5600 Old Orchard Rd.
Skokie, IL 60077
- District 3 - Rolling Meadows
2121 Euclid
Rolling Meadows, IL 60008
- District 4 - Maywood
1500 Maybrook Ave.
Maywood, IL 60153
- District 5 - Bridgeview
10220 S. 76th Ave.
Bridgeview, IL 60455
- District 6 - Markham
16501 S. Kedzie Pkwy.
Markham, IL 60426
- Child Support
28 North Clark St., Room 200
Chicago, Illinois 60602

You must file within 30 days after service of this Summons, not counting the day of service. IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE RELIEF REQUESTED IN THE COMPLAINT.

To the officer:

This Summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service. If service cannot be made, this Summons shall be returned so endorsed. This Summons may not be served later than 30 days after its date.

Atty. No.: 45011
 Name: Apicella & Malatesta, LLC
 Atty. for: Plaintiff
 Address: 134 N. LaSalle St., Ste 320
 City/State/Zip: Chicago, IL 60602
 Telephone: (312) 445-0514

WITNESS, JUL 20 2010

DOROTHY BROWN
 CLERK OF CIRCUIT COURT

Clerk of Court

Date of service: _____
 (To be inserted by officer on copy left with defendant or other person)

Service by Facsimile Transmission will be accepted at: _____
 (Area Code) (Facsimile Telephone Number)

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

2120 - Served 2121 - Served
2220 - Not Served 2221 - Not Served
2320 - Served By Mail 2321 - Served By Mail
2420 - Served By Publication 2421 - Served By Publication
SUMMONS ALIAS - SUMMONS

(8/01/08) CCG N001

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

20192008311
CALENDAR/ROOM F
TIME 00:00
Product L150-110

No. _____

(Name all parties)

v.

FORD MOTOR CO.

Please Serve:
Ford Motor Co.
c/o David G. Leitch, General Counsel
1 American Rd.
Dearborn, MI 48126

SUMMONS

To each Defendant:

YOU ARE SUMMONED and required to file an answer to the complaint in this case, a copy of which is hereto attached, or otherwise file your appearance, and pay the required fee, in the Office of the Clerk of this Court at the following location:

- Richard J. Daley Center, 50 W. Washington, Room 801, Chicago, Illinois 60602
- District 2 - Skokie District 3 - Rolling Meadows District 4 - Maywood
- 5600 Old Orchard Rd. 2121 Euclid 1500 Maybrook Ave.
- Skokie, IL 60077 Rolling Meadows, IL 60008 Maywood, IL 60153
- District 5 - Bridgeview District 6 - Markham Child Support
- 10220 S. 76th Ave. 16501 S. Kedzie Pkwy. 28 North Clark St., Room 200
- Bridgeview, IL 60455 Markham, IL 60426 Chicago, Illinois 60602

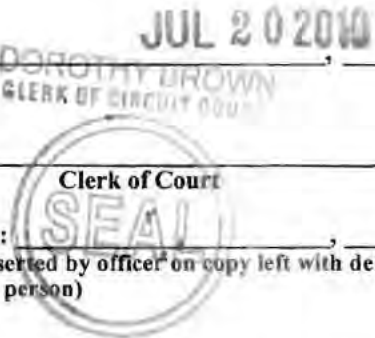
You must file within 30 days after service of this Summons, not counting the day of service. IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE RELIEF REQUESTED IN THE COMPLAINT.

To the officer:

This Summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service. If service cannot be made, this Summons shall be returned so endorsed. This Summons may not be served later than 30 days after its date.

Atty. No.: 45011
Name: Apicella & Malatesta, LLC
Atty. for: Plaintiff
Address: 134 N. LaSalle St., Ste 320
City/State/Zip: Chicago, IL 60602
Telephone: (312) 445-0514

WITNESS, DOROTHY BROWN,
CLERK OF CIRCUIT COURT
Clerk of Court
Date of service: _____
(To be inserted by officer on copy left with defendant or other person)



Service by Facsimile Transmission will be accepted at: _____
(Area Code) (Facsimile Telephone Number)

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

██████████,)
)
Plaintiff,)
)
v.)
)
FORD MOTOR CO. and LANDMARK FORD) No.
OF NILES,)
)
Defendants.)
)

0010008311
CALENDAR/ROOM 6
TIME 00:00
COURT CLERK

COMPLAINT

NOW COMES the Plaintiff, ██████████ (hereinafter referred to as "██████████") by and through his attorneys, APICELLA & MALATESTA, LLC, and for its Complaint against Defendants FORD MOTOR COMPANY a Delaware corporation (hereinafter referred to as "FORD") and LANDMARK FORD OF NILES (hereinafter referred to as "LANDMARK") states as follows:

COMMON ALLEGATIONS

1. On or about September 8, 2008, and at all times relevant, ██████████ owned and resided at the property located at ██████████, Chicago, Illinois.
2. At all times relevant, Defendant, FORD, was a Delaware corporation with its principal place of business at 1 American Road, Dearborn, Michigan.
3. At all times relevant, FORD was in the business of, among other things, designing, manufacturing, distributing and/or selling automobiles for LANDMARK including a model known as the Escape.

4. Prior to September 8, 2008, FORD designed, manufactured and/or distributed a Ford Escape (hereinafter referred to as "ESCAPE") which was then bought by [REDACTED].

5. At all times relevant, LANDMARK was in the business of, among other things, of selling, leasing and/or repairing automobiles from FORD, including the ESCAPE bought by WASHINGTON.

6. On or about December 10, 2004, service was done by LANDMARK on the ESCAPE involving RECALL 04S25 Accelerator Pedal Replacement requiring work done to the throttle.

5. On or about September 8, 2008, a malfunction in the throttle position sensor occurred in the ESCAPE.

6. On or about September 8, 2008 [REDACTED] was in a church parking lot at 5330 W. Division, Chicago, Illinois, when he started his ESCAPE, placed his ESCAPE in gear and the ESCAPE accelerated uncontrollably sending the vehicle through a brick wall of the church.

7. During the mentioned collision, the ESCAPE's air bags failed to deploy despite hitting and running through a brick wall.

8. The incident resulted in significant property damage and bodily injuries sustained by WASHINGTON.

COUNT I – NEGLIGENCE (FORD MOTOR CO.)

9. Plaintiff realleges and reincorporates Paragraphs 1 through 8 of the Common Allegations as though set forth fully here in Paragraph 9 of Count I.

10. On or before September 8, 2008, and at all times relevant, Defendant, FORD, owed [REDACTED], the duty to exercise reasonable care and caution in the design, manufacture and/or distribution of the ESCAPE so as to avoid harming [REDACTED].

11. On or before September 8, 2008, FORD breached the aforementioned duty in one or more of the following respects:

- a. Negligently and/or carelessly designed, manufactured and/or distributed the ESCAPE in a condition which caused involuntary acceleration;
- b. Negligently and/or carelessly designed, manufactured, distributed and/or sold the ESCAPE with inadequate throttle position sensor to prohibit involuntary acceleration;
- c. Negligently and/or carelessly designed, manufactured, distributed and/or sold the ESCAPE without proper warnings as to the lack of any controls or safeguards to prevent involuntary acceleration;
- d. Negligently and/or carelessly designed, manufactured, distributed and/or sold the ESCAPE with an improper or inadequate throttle position sensor so as to prevent involuntary acceleration; and
- e. Otherwise was negligent and/or careless.

12. On September 8, 2008, as a direct and approximate result of one or more of the foregoing acts or omissions, an involuntary acceleration caused by an improper or inadequate throttle position sensor caused a collision resulting in damages in excess of \$50,000.00.

WHEREFORE, Plaintiff, [REDACTED], respectfully requests judgment in its favor and against, Defendant, FORD MOTOR CO., for costs and for any further relief deemed appropriate.

COUNT II - PRODUCT LIABILITY (FORD MOTOR CO.)

13. Plaintiff realleges and reincorporates Paragraphs 1 through 8 as though set forth fully here in Paragraph 13 of Count II.

14. On or before September 8, 2008, and at the time the ESCAPE left the control of FORD, the throttle position sensor was defective and unreasonably dangerous in that it was:

- a. Designed, manufactured, distributed and/or sold the ESCAPE in a condition that permitted involuntary acceleration;
- b. Designed, manufactured, distributed and/or sold the ESCAPE with inadequate throttle position sensors to prohibit involuntary acceleration;
- c. Designed, manufactured, distributed and/or sold the ESCAPE without proper warnings as to the lack of any controls or safeguards to prevent involuntary acceleration; and
- d. Designed, manufactured, distributed and/or sold the ESCAPE with an improper or inadequate throttle position sensor so as to prevent involuntary acceleration.

15. On September 8, 2008, as a direct and approximate result of one or more of the foregoing defective and unreasonably dangerous conditions, an involuntary acceleration caused by an improper or inadequate throttle position sensor caused a collision resulting in damages in excess of \$50,000.00.

WHEREFORE, Plaintiff, [REDACTED], respectfully requests judgment in its favor and against, Defendant, FORD MOTOR CO., for costs and for any further relief deemed appropriate.

**COUNT III - BREACH OF THE IMPLIED
WARRANTY OF MERCHANTABILITY (FORD MOTOR CO.)**

16. Plaintiff realleges and reincorporates Paragraphs 1 through 8 as though set forth fully here in Paragraph 16 of Count III.

17. At all times relevant, FORD was a merchant in the business of, distributing and/or selling automobiles including, but not limited to Escapes.

18. Pursuant to the sale of the ESCAPE to [REDACTED], FORD impliedly warranted that the ESCAPE would be merchantable and fit for the ordinary purpose for which it was to be used.

19. FORD breached its implied warranty of merchantability in that it distributed and/or sold the ESCAPE:

- a. In a condition which permitted involuntary acceleration;
- b. With an inadequate throttle position sensor to prohibit involuntary acceleration;
- c. Without proper warnings as to the lack of any controls or safeguards to prevent involuntary acceleration; and
- d. With an improper or inadequate throttle position sensor so as to prevent involuntary acceleration.

20. As a direct and approximate result of one or more of the foregoing breaches an involuntary acceleration caused by an improper or inadequate throttle position sensor caused a collision resulting in damages in excess of \$50,000.00.

21. After September 8, 2008, WASHINGTON notified FORD of its breaches and FORD has subsequently failed to cure or compensate Plaintiff or [REDACTED] for said breaches and damages.

WHEREFORE, Plaintiff, [REDACTED] respectfully requests judgment in its favor and against, Defendant, FORD MOTOR CO., for costs and for any further relief deemed appropriate.

COUNT IV – NEGLIGENCE (LANDMARK FORD OF NILES)

22. Plaintiff realleges and reincorporates Paragraphs 1 through 8 of the Common Allegations as though set forth fully here in Paragraph 22 of Count IV.

23. On or before September 8, 2008, and at all times relevant, Defendant, LANDMARK, owed [REDACTED], the duty to exercise reasonable care and caution in the selling, leasing and/or repairing of the ESCAPE so as to avoid harming [REDACTED].

24. On or before September 8, 2008, LANDMARK breached the aforementioned duty in one or more of the following respects:

- a. Negligently and/or carelessly sold, leased and/or repaired the ESCAPE in a condition which caused involuntary acceleration;
- b. Negligently and/or carelessly sold, leased and/or repaired the ESCAPE with inadequate throttle position sensors to prohibit involuntary acceleration;
- c. Negligently and/or carelessly sold, leased and/or repaired the ESCAPE without proper warnings as to the lack of any controls or safeguards to prevent involuntary acceleration;
- d. Negligently and/or carelessly sold, leased and/or repaired the ESCAPE with an improper or inadequate throttle position sensor so as to prevent involuntary acceleration; and
- e. Otherwise was negligent and/or careless.

25. On September 8, 2008, as a direct and approximate result of one or more of the foregoing acts or omissions, an involuntary acceleration caused by an improper or inadequate throttle position sensor caused a collision resulting in damages in excess of \$50,000.00.

WHEREFORE, Plaintiff, [REDACTED], respectfully requests judgment in its favor and against, Defendant, LANDMARK FORD OF NILES, for costs and for any further relief deemed appropriate.

COUNT V - PRODUCT LIABILITY (LANDMARK FORD OF NILES)

26. Plaintiff realleges and reincorporates Paragraphs 1 through 8 as though set forth fully here in Paragraph 26 of Count V.

27. On or before September 8, 2008, and at the time the ESCAPE left the control of LANDMARK, the throttle was defective and unreasonably dangerous in that it was:

- a. Sold, leased and/or repaired the ESCAPE in a condition that permitted involuntary acceleration;
- b. Sold, leased and/or repaired the ESCAPE with inadequate throttle position sensors to prohibit involuntary acceleration;
- c. Sold, leased and/or repaired the ESCAPE without proper warnings as to the lack of any controls or safeguards to prevent involuntary acceleration; and
- d. Sold, leased and/or repaired the ESCAPE with an improper or inadequate throttle position sensor so as to prevent involuntary acceleration.

28. On September 8, 2008, as a direct and approximate result of one or more of the foregoing defective and unreasonably dangerous conditions, an involuntary acceleration caused by an improper or inadequate throttle position sensor caused a collision resulting in damages in excess of \$50,000.00.

WHEREFORE, Plaintiff, [REDACTED], respectfully requests judgment in its favor and against, Defendant, LANDMARK FORD OF NILES, for costs and for any further relief deemed appropriate.

**COUNT VI - BREACH OF THE IMPLIED
WARRANTY OF MERCHANTABILITY (LANDMARK FORD OF NILES)**

29. Plaintiff realleges and reincorporates Paragraphs 1 through 8 as though set forth fully here in Paragraph 29 of Count VI.

30. At all times relevant, FORD was a merchant in the business of, selling, leasing and/or repairing automobiles including, but not limited to Escapes.

31. Pursuant to the sale of the ESCAPE to [REDACTED] LANDMARK impliedly warranted that the ESCAPE would be merchantable and fit for the ordinary purpose for which it was to be used.

32. LANDMARK breached its implied warranty of merchantability in that it sold, leased and/or repaired the ESCAPE:

- a. In a condition which permitted involuntary acceleration;
- b. With inadequate throttle position sensors to prohibit involuntary acceleration;
- c. Without proper warnings as to the lack of any controls or safeguards to prevent involuntary acceleration; and
- d. With an improper or inadequate throttle position sensor so as to prevent involuntary acceleration.

33. As a direct and approximate result of one or more of the foregoing breaches an involuntary acceleration caused by an improper or inadequate throttle position sensor caused a collision resulting in damages in excess of \$50,000.00.

34. After September 8, 2008, [REDACTED] notified LANDMARK of its breaches and LANDMARK has subsequently failed to cure or compensate Plaintiff or [REDACTED] for said breaches and damages.

WHEREFORE, Plaintiff, [REDACTED], respectfully requests judgment in its favor and against, Defendant, LANDMARK FORD OF NILES, for costs and for any further relief deemed appropriate.

Respectfully submitted,

APICELLA & MALATESTA, LLC

By:


Kenneth C. Apicella

Kenneth C. Apicella
Apicella & Malatesta, LLC
134 N. LaSalle, Suite 320
Chicago, Illinois 60602
(312) 445-0514
Attorneys for Plaintiff

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
2/27/2003 CLOSED	[REDACTED] PARTS - BACKORDER DELAY	1FMYU04182K [REDACTED] 535322742	2002 ESCAPE	02
2/12/2003 CLOSED	[REDACTED] PROD/COMP DUR/PERF - VEHICLE CHARACTERISTIC	1FMYU04182K [REDACTED] 535322742	2002 ESCAPE	02
2/12/2003 CLOSED	[REDACTED] PROD/COMP DUR/PERF - REGIONAL ASSISTANCE	1FMYU04182K [REDACTED] 535322742	2002 ESCAPE	02
2/12/2003 CLOSED	[REDACTED] PARTS - BACKORDER DELAY	1FMYU04182K [REDACTED] 535322742	2002 ESCAPE	03
2/12/2003 CLOSED	[REDACTED] PRODUCT - NEGATIVE FEEDBACK	1FMYU04182K [REDACTED] 535322742	2002 ESCAPE	02
2/12/2003 CLOSED	[REDACTED] REDIRECTED CALL - ESP HEADQUARTERS	1FMYU04182K [REDACTED] 535322742	2002 ESCAPE	02
10/1/2002 CLOSED	[REDACTED] ESP/ESC - PRICING/SALES INFORMATION	1FMYU04182K [REDACTED] 535322742	2002 ESCAPE	02

Ford Confidential

All Action Details for Issue

Print

VIN: 1FMYU04182K [REDACTED] Year: 2002 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Original WSD: 2002-05-03
 Symptom Desc: WINDOW/GLASS SIDE POWER FUNCTION Primary Phone: [REDACTED]
 Reason Desc: PARTS - BACKORDER DELAY Secondary Phone: [REDACTED]
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUST UNABLE TO ASSIST IN OBTAINING PART; CONTACT PARTS MGR
 Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: US CONCERN CASE BASE
 Odometer: [REDACTED] Comm Type: PHONE
 Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS
 Action Date: 02/12/2003 Action Time: 17.12.58.938 Action Data: No

Comments VLC068TCUSTOMER SAYS: THE FRONT AND REAR DRIVER'S SIDE WINDOWS WILL NOT GO UP OR DOWN. -HAVE BEEN WAITING TWO WEEKS FOR THE PART PER CUSTOMER, DEALER SAYS: (JACOBS TWIN FORD, INC.) -THE PART WAS SUPPOSED TO ARRIVE ON FEB 18/03, BUT FORD HAS A BACK-LOG CAC ADVISED: - I HAVE LOOKED INTO THIS MATTER FOR YOU, AND I APOLOGIZE THAT THE PARTS ARE PRESENTLY UNAVAILABLE. OCCASIONALLY FORD MOTOR COMPANY DOES INCUR PARTS DELAYS FROM THE SUPPLIERS. - WE ARE AWARE OF THE SITUATION AND ARE WORKING ON OBTAINING THE PARTS. - PLEASE STAY IN CONTACT WITH THE CUSTOMER RELATIONS MANAGER AT YOUR DEALERSHIP FOR THE UPDATES ON WHEN THE PART(S) WILL BE AVAILABLE. ===IBC FROM DLR==== -AS PER JACK CINDRIC, SRV MGR -WINDOW SWITCH PART IS ON A NATIONAL BACK-ORDER WILL CALL CUST TO SET AN APPT WHEN IT ARRIVES. INFERENCE CASE ID: 4887

Action: OUTBOUND CALL TO FORD/MERCURY CUSTOMER
 Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: MANUAL - PHONE CSR
 Odometer: 10300 MI Comm Type: PHONE
 Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS
 Action Date: 02/19/2003 Action Time: 12.28.57.935 Action Data: No

Comments VLC068TCUSTOMER SAYS: PER CUSTOMER, DEALER SAYS: CAC ADVISED: ====OBC TO CUST==== - AS PER CUST, THE PART IS STILL N/A -CSR WILL F/UP 02/26/03 @ 1 PM EST

Action: OUTBOUND CALL TO FORD/MERCURY CUSTOMER
 Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: MANUAL - PHONE CSR
 Odometer: 10300 MI Comm Type: PHONE
 Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS
 Action Date: 02/26/2003 Action Time: 13.12.14.899 Action Data: No

Comments VLC068TCUSTOMER SAYS: PER CUSTOMER, DEALER SAYS: CAC ADVISED: ====OBC TO CUST==== - AS PER CUST, THE PART IS STILL NOT AVAILABLE, SPK TO DLR A FEW WEEKS AGO -CSR WILL F/UP 02/27/03 @ 1PM EST

Action: ADVISE CUSTOMER OF DEALER'S RESPONSE
 Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: US CONCERN CASE BASE
 Odometer: 10300 MI Comm Type: PHONE
 Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS
 Action Date: 02/27/2003 Action Time: 12.30.31.738 Action Data: No

Comments CUSTOMER SAYS: -THE FRONT AND REAR DRIVER'S SIDE WINDOWS WILL NOT GO UP OR DOWN. - HAVE BEEN WAITING TWO WEEKS FOR THE PART PER CUSTOMER, DEALER SAYS: PER CUSTOMER, DEALER SAYS: (JACOBS TWIN FORD, INC.) -THE PART WAS SUPPOSED TO ARRIVE ON FEB 18/03, BUT FORD HAS A BACK-LOG CAC ADVISED: ===OBC TO CUST, LFT A MSG ON DY # AND ADVISED AS PER; - I HAVE CONTACTED YOUR DEALERSHIP REGARDING THIS MATTER AND THE PARTS FOR YOUR VEHICLE ARE NOW AVAILABLE. - PLEASE

CONTACT THE DEALERSHIP DIRECTLY TO SET UP AN APPOINTMENT FOR YOUR VEHICLE REPAIRS. (PROVIDE DEALER TELEPHONE NUMBER AND CONTACT PERSON). ===OBC TO DLR==== -SPK TO MIKE LUGRAIN, PRTS MGR -AS PER MIKE, THE PART CAME IN YESTERDAY INFERENCE CASE ID: 4885

Action: OUTBOUND CALL TO DEALER
Dealer: 04068 JACOBS TWIN FORD, INC.
Odometer: 10300 MI
Analyst Name: JACINTA DECHAUSAY
Action Date: 02/27/2003

Comm Type: PHONE
Analyst: JDECHAUS
Action Time: 12.30.31.738
Action Data: No

Origin Desc: MANUAL - PHONE CSR

Comments VLC068TCUSTOMER SAYS: PER CUSTOMER, DEALER SAYS: CAC ADVISED: ===OBC TO DLR==== -SPK TO MIKE LUGRAIN, PRTS MGR

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All Action Details for Issue

Print

VIN: 1FMYU04182K [REDACTED] Year: 2002
Name: [REDACTED] Owner Status: Original
Symptom Desc: SERVICE BRAKE NOISY FRONT AND REAR
Reason Desc: PROD/COMP DUR/PERF - VEHICLE CHARACTERISTIC
Issue Type: 02 INFORMATION Issue Status: CLOSED

Model: ESCAPE Case: [REDACTED]
WSD: 2002-05-03
Primary Phone: [REDACTED]
Secondary Phone: [REDACTED]

Action: SUPPORT DEALER'S POSITION
Dealer: 04068 JACOBS TWIN FORD, INC.
Odometer:
Analyst Name: JACINTA DECHAUSAY
Action Date: 02/12/2003

Comm Type: PHONE
Analyst: JDECHAUS
Action Time: 17.13.00.037

Origin Desc: US CONCERN CASE BASE
Action Data: No

Comments VLC068TCUSTOMER SAYS: -THE BRAKES ARE CONSTANTLY SQUEAKING, NOT SURE IF IT IS THE FRONT OR REAR -VEH HAS BEEN TO THE DLRSH 6-7 TIMES FOR THE SAME CONCERN, THE LAST TIME WAS 3-4 WEEKS AGO -UNDER THE HOOD IS HUMMING AND IS LOUDER WHEN FOOT IS ON THE BRAKE -THE REAR WIPERS ARE NOT CLEANING THE ENTIRE GLASS, ONLY A SPOT -SPK TO STEVE CARNEY, SRV ADV PER CUSTOMER, DEALER SAYS: (JACOBS TWIN FORD, INC.) -NOTHING IS WRONG WITH THE BRAKE -SOMETHING UNDER THE HOOD COULD BE CAUSING THE NOISE, BUT ONLY HEAR VEH'S NOISE CAC ADVISED: - THE DEALERSHIP HAS REPAIRED YOUR VEHICLE WITHIN SPECIFICATIONS AND AFTER USING ALL OF THEIR RESOURCES, THE DEALERSHIP CONCLUDED THAT THIS IS A NORMAL OPERATING CHARACTERISTIC OF THE VEHICLE. - YOUR CRM/SM IS AVAILABLE FOR FURTHER EXPLANATION OF THE OPERATING CHARACTERISTIC IF NECESSARY. - THANK CUSTOMER FOR PROVIDING THEIR FEEDBACK ===IBC FROM DLR=== -AS PER JACK CINDRIC, SRV MGR -THE BRAKE NOISE IS A NORMAL CHARACTERISTIC -UNABLE TO DUPLICATE THE HUMMING NOISE, NO REPAIR WAS ATTEMPTED. INFERENCE CASE ID: 5396

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All Action Details for Issue

Print

VIN: 1FMYU04182K [REDACTED] Year: 2002
 Name: [REDACTED] Owner Status: Original
 Symptom Desc: SERVICE BRAKE NOISY FRONT AND REAR
 Reason Desc: PROD/COMP DUR/PERF - REGIONAL ASSISTANCE
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Model: ESCAPE Case: [REDACTED]
 WSD: 2002-05-03
 Primary Phone [REDACTED]
 Secondary Phone [REDACTED]

Action: ADVISE CUST CRC WILL FOLLOW UP
 Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: US CONCERN CASE BASE
 Odometer: 10300 MI Comm Type: PHONE
 Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS
 Action Date: 02/12/2003 Action Time: 12.42.20.442 Action Data: No

Comments VLC068TCUSTOMER SAYS: -THE BRAKES ARE CONSTANTLY SQUEAKING, NOT SURE IF IT IS THE FRONT OR REAR -VEH HAS BEEN TO THE DLRSH 6-7 TIMES FOR THE SAME CONCERN, THE LAST TIME WAS 3-4 WEEKS AGO -UNDER THE HOOD IS HUMMING AND IS LOUDER WHEN FOOT IS ON THE BRAKE -THE REAR WIPERS ARE NOT CLEANING THE ENTIRE GLASS , ONLY A SPOT -SPK TO STEVE CARNEY, SRV ADV PER CUSTOMER, DEALER SAYS: (JACOBS TWIN FORD, INC.) -NOTHING IS WRONG WITH THE BRAKE -SOMETHING UNDER THE HOOD COULD BE CAUSING THE NOISE, BUT ONLY HEAR VEH'S NOISE CAC ADVISED. - I WOULD LIKE TO BE YOUR ADVOCATE IN THIS SITUATION. TO ENSURE YOUR REQUEST RECEIVES PROPER CONSIDERATION, PLEASE ALLOW ME TO RESEARCH THIS FURTHER. - IS THERE A TIME THAT IS MOST CONVENIENT FOR ME TO CONTACT YOU? 02/12/03 ANYTIME UPTIL 5 PM CEN TIME -CSR WILL F/UP @ 5PM EST ===OBC TO DLR=== -LFT A MSG ON THE V/M OF JACK CINDRIC, SRV MGR TO C/B CSR @ ECH # 888-364-0916 X.2380 INFERENCE CASE ID: 5408

Action: VEHICLE OPERATING CHARACTERISTIC - REPAIR NOT ATTEMPTED
 Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: DEALER
 Odometer: 10300 MI Comm Type: VISIT
 Analyst Name: JACK CINDRIC Analyst: J-CINDR3
 Action Date: 02/12/2003 Action Time: 15.34.51.948 Action Data: No

Comments BRAKE NOISE DEMONSTRATED BY CUSTOMER IS NORMAL OPERATING CHARACTERISTIC, BRAKES INSPECTED BUT NO REPAIR ATTEMPTED. HUMMING NOISE DESCRIBED BY CUSTOMER COULD NOT BE DUPLICATED, NO REPAIR ATTEMPTED. DRIVER'S DOOR WINDOW SWITCH WAS ORDERED TO RESOLVE A SEPERATE ISSUE BUT IS ON NATIONAL B/O, WILL ADVISE CUSTOMER WHEN PART ARRIVES.

Action: INQUIRY FROM DEALER
 Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: MANUAL - PHONE CSR
 Odometer: 10300 MI Comm Type: PHONE
 Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS
 Action Date: 02/12/2003 Action Time: 16.09.06.437 Action Data: No

Comments VLC068TCUSTOMER SAYS: PER CUSTOMER, DEALER SAYS: CAC ADVISED: ===IBC FROM DLR=== - AS PER JACK CINDRIC, SRV MGR -THE BRAKE NOISE IS A NORMAL CHARACTERISTIC -UNABLE TO DUPLICATE THE HUMMING NOISE, NO REPAIR WAS ATTEMPTED. -WINDOW SWITCH PART IS ON A NATIONAL BACK-ORDER WILL CALL CUST TO SET AN APPT WHEN IT ARRIVES.

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All Action Details for Issue

Print

VIN: 1FMYU04182K [REDACTED] Year: 2002 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Original WSD: 2002-05-03
Symptom Desc: WINDOW/GLASS SIDE POWER FUNCTION Primary Phone: [REDACTED]
Reason Desc: PARTS - BACKORDER DELAY Secondary Phone: [REDACTED]
Issue Type: 03 CONCERN Issue Status: CLOSED
Initial Customer Contact:

Action: ADVISE CUSTOMER CAC WILL FOLLOW-UP
Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: US CONCERN CASE BASE
Odometer: 10300 MI Comm Type: PHONE
Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS
Action Date: 02/12/2003 Action Time: 12.42.11.046 Action Data: No

Comments VLC068TCUSTOMER SAYS: THE FRONT AND REAR DRIVER'S SIDE WINDOWS WILL NOT GO UP OR DOWN. -HAVE BEEN WAITING TWO WEEKS FOR THE PART PER CUSTOMER, DEALER SAYS: (JACOBS TWIN FORD, INC.) -THE PART WAS SUPPOSED TO ARRIVE ON FEB 18/03, BUT FORD HAS A BACK-LOG CAC ADVISED: - UNFORTUNATELY AT THIS TIME I HAVE NOT BEEN ABLE TO REACH THE CUSTOMER RELATIONS MANAGER AT THE DEALERSHIP TO SPEAK WITH THEM ON THIS MATTER. I WILL FOLLOW UP WITH YOU, - (PROVIDE CUSTOMER WITH FOLLOW UP DATE AND TIME).02/12/03 ANYTIME UPTIL 5 PM CEN TIME -CSR WILL F/UP @ 5PM EST ===OBC TO DLR=== -LFT A MSG ON THE V/M OF JACK CINDRIC, SRV MGR TO C/B CSR @ ECH # 888-364-0916 X.2380 INFERENCE CASE ID: 4886

Action: NO REPAIR PROCEDURE AVAILABLE AT THIS TIME PER - "OTHER"
Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: DEALER
Odometer: 10300 MI Comm Type: PHONE
Analyst Name: JACK CINDRIC Analyst: J-CINDR3
Action Date: 02/12/2003 Action Time: 15.45.39.773 Action Data: No

Comments CUSTOMER WAS INFORMED BY MIKE LUGRAIN, PARTS MANAGER THAT PART IS CURRENTLY ON B/O AND WILL NOTIFY CUSTOMER WHEN PART ARRIVES

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Alt Action Details for Issue

Print

VIN: 1FMYU04182K [REDACTED] Year: 2002 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Original WSD: 2002-05-03
Symptom Desc: INDICATOR CHECK ENGINE 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: 04068 JACOBS TWIN FORD, INC. Origin Desc: US INQUIRY CASE BASE
Odometer: 10300 MI Comm Type: PHONE
Analyst Name: JACINTA DECHAUSAY Analyst: JDECHAUS
Action Date: 02/12/2003 Action Time: 12.42.19.671 Action Data: No

Comments VLC068TCUSTOMER SAYS: -THE CHECK ENGINE LIGHT CAME ON, VEH WAS HESITATING WHILE DRIVING , BUT HAS SINCE BEEN REPAIRED PER CUSTOMER, DEALER SAYS: (JACOBS TWIN FORD, INC.) - REPLACED A COIL CAC 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

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All Action Details for Issue

[Print](#)

VIN: 1FMYU04182K [REDACTED]	Year: 2002	Model: ESCAPE	Case: [REDACTED]
Name: [REDACTED]	Owner Status: Original	WSD: 2002-05-03	
Symptom Desc:		Primary Phone: [REDACTED]	
Reason Desc: REDIRECTED CALL - ESP HEADQUARTERS		Secondary Phone: [REDACTED]	
Issue Type: 02 INFORMATION	Issue Status: CLOSED		

Action: REDIRECT TO ESP PURCHASE 1-800-367-3377			
Dealer: 04068 JACOBS TWIN FORD, INC.		Origin Desc: US REDIRECT CASE BASE	
Odometer: 10300 MI	Comm Type: PHONE		
Analyst Name: JACINTA DECHAUSAY	Analyst: JDECHAUS		
Action Date: 02/12/2003	Action Time: 12.42.18.847	Action Data: No	

Comments VLC068TCUSTOMER SAYS: PER CUSTOMER, DEALER SAYS: CAC ADVISED: PLEASE WARM TRANSFER THE CUSTOMER TO THE ESP SALES GROUP AT 1-800-367-3377 INFERENCE CASE ID: 102

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All Action Details for Issue

Print

VIN: 1FMYU04182K [REDACTED] Year: 2002 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Original WSD: 2002-05-03
Symptom Desc: Primary Phone: [REDACTED]
Reason Desc: ESP/ESC - PRICING/SALES INFORMATION Secondary Phone: [REDACTED]
Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ESP PRICING INFORMATION IS ONLY AVAILABLE AT DEALER
Dealer: 04068 JACOBS TWIN FORD, INC. Origin Desc: US INQUIRY CASE BASE
Odometer: 4000 MI Comm Type: PHONE
Analyst Name: YVONNE BOGLE Analyst: YBOGLE
Action Date: 10/01/2002 Action Time: 14.51.11.873 Action Data: No

Caller Information If Different From Vehicle Owner:

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

Comments VLC068TCUSTOMER SAYS: =NEEDS TO PURCHASE ESP HOW IS THIS DONE PER CUSTOMER, DEALER SAYS: =NONE CAC ADVISED: THANK YOU FOR YOUR INTEREST IN A FORD EXTENDED SERVICE PLAN. FOR INFORMATION ON PURCHASING OR PRICING A FORD EXTENDED SERVICE PLAN, PLEASE BROWSE THE FORD EXTENDED SERVICE PLAN WEBSITE AT WWW.FORD-ESP.COM. I CAN ALSO CONNECT YOU TO OUR EXTENDED SERVICE PLAN HEADQUARTERS, FOR FUTURE REFERENCE THEIR PHONE NUMBER IS 1-800-367-3377, OPTION #1. ALTERNATIVELY, YOUR LOCAL FORD DEALERSHIP'S FINANCE AND INSURANCE MANAGER CAN PROVIDE PURCHASE INFORMATION ON FORD EXTENDED SERVICE PLANS. MAY I PROVIDE YOU WITH THE PROPER CONTACT INFORMATION FOR YOUR MOST CONVENIENT DEALERSHIP? =CRC ADVISED CUST OF ABOVE INFORMATION INFERENCE CASE ID: 1

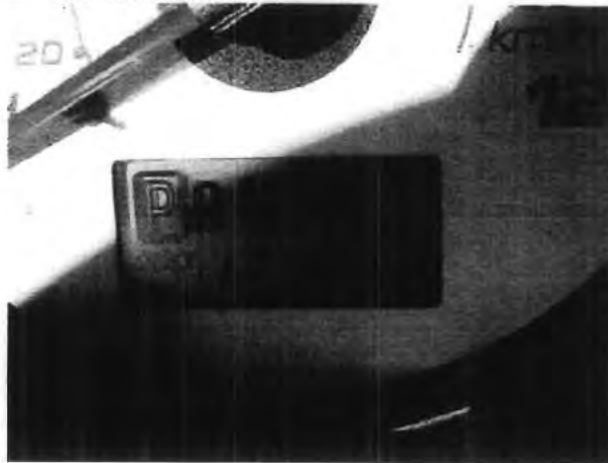
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State Farm Claim No. 13-A641-411
H&A File No. 09-1903ME



1. A view of the Vehicle Identification Number.

2. A view of the odometer.



State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME



3. A view of the front of the vehicle.

4. A view of the driver's floorboard area.

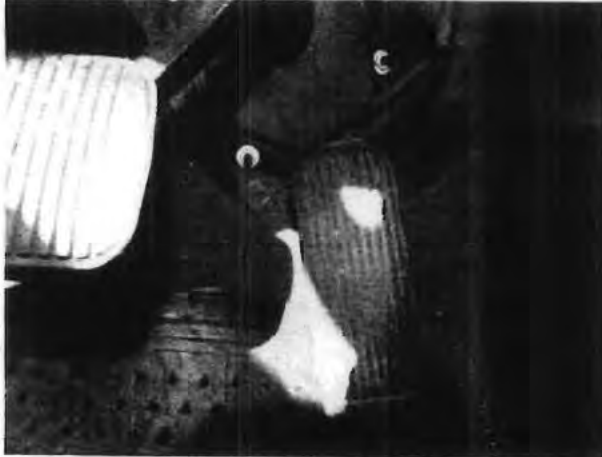


State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME



5. A view of the accelerator pedal indicating it is bent.

6. Another view of the accelerator pedal indicating it is bent.



State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME

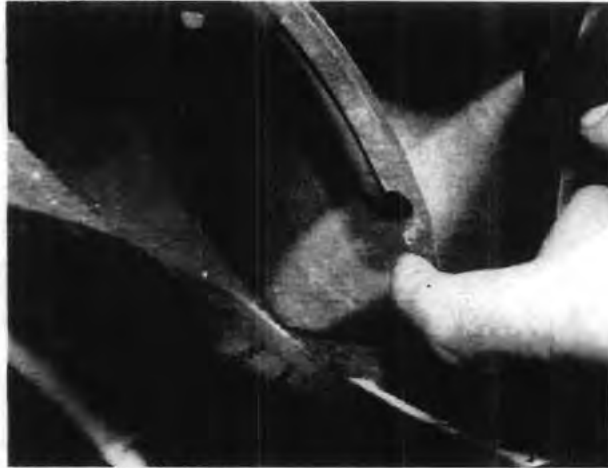


7. A view of where the cable connects to the accelerator cable linkage.

8. A view of where the accelerator pedal is sitting.



State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME



9. A view of the full up position.

10. A view of the engine from the left side.

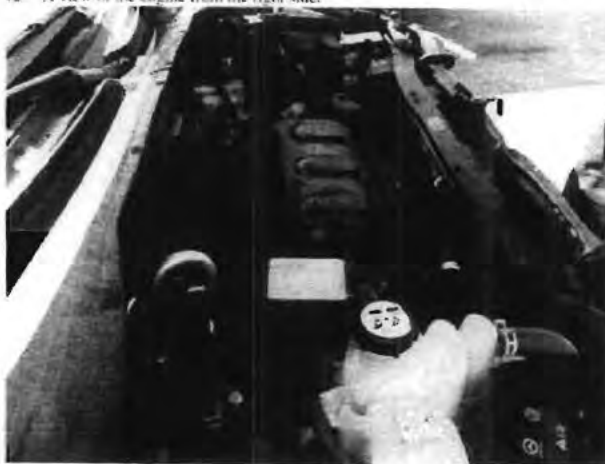


State Farm Claim No. [REDACTED]
H&A File No. 09-1903AD

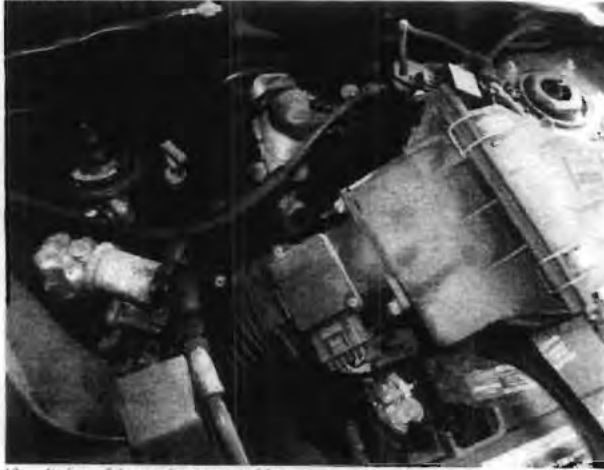


11. A view of the engine from the front.

12. A view of the engine from the right side.



State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME



13. A view of the air cleaner assembly.

14. A view indicating the throttle blade is closed.



State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME

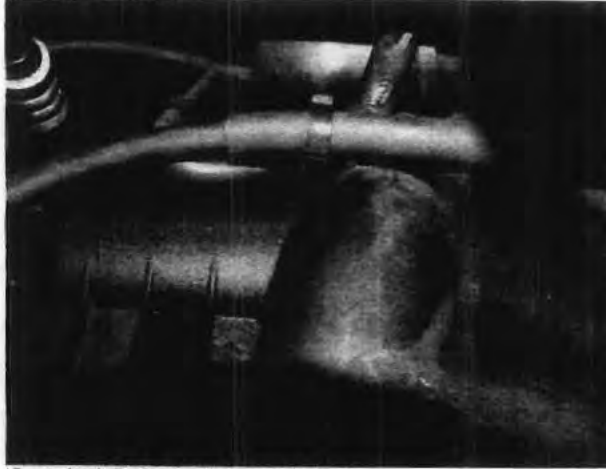


15. A view of where the cables connect to the throttle body.

16. A view indicating the fasteners are connected to the bracket.

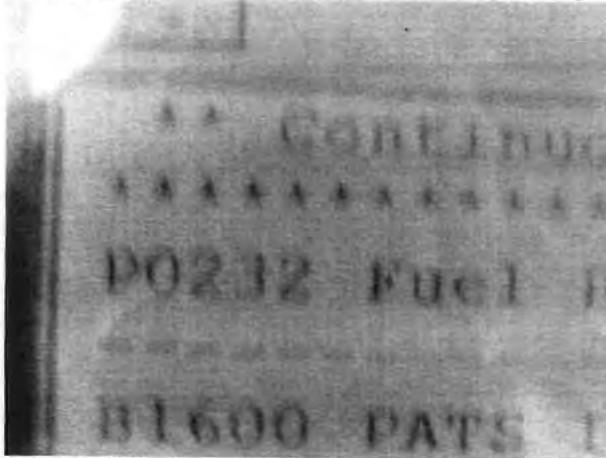


State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME



17. A view indicating the rear fasteners in place.

18. A view indicating code P0232 for fuel pump secondary circuit high in memory.

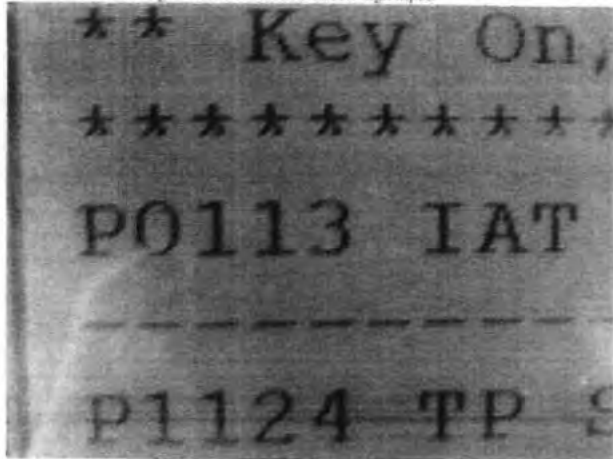


State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME

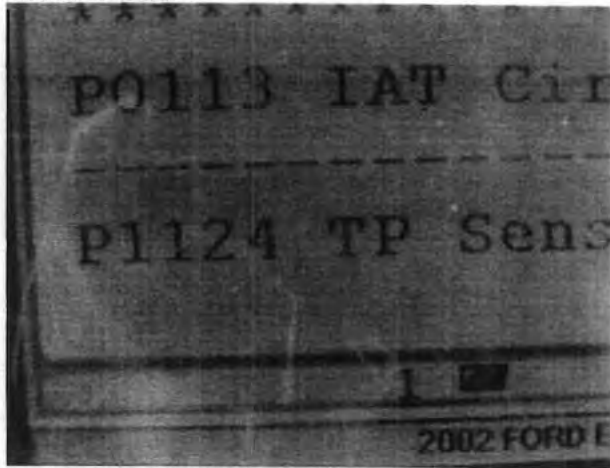


19. A view indicating code B1600 for ignition key transponder signal.

20. A view indicating code P0113 for IAT circuit high input.



State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME



21. A view indicating code P1124 for throttle position sensor out of range.

22. A view of the throttle position voltage at 1.31 volts with key on engine off.

A photograph of a scan tool screen showing a data table. The table has two columns: the left column lists parameters and the right column lists values. The parameters are RPM, O DRIVEA, TP (V), BARO (kPa), ECT (°C), IAC (°), and IAT (°C). The values are 0, 1.31, 95, 13, 0, and 40 respectively.

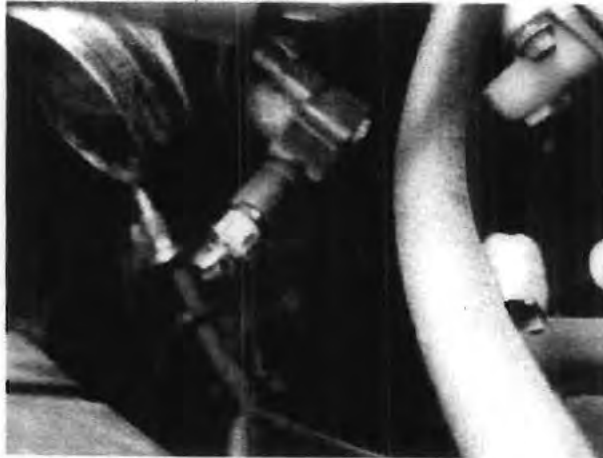
Parameter	Value
RPM	0
O DRIVEA	1.31
TP (V)	95
BARO (kPa)	13
ECT (°C)	0
IAC (°)	40
IAT (°C)	

State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME



23. A view indicating the IAT voltage is 4.75.

24. A view of the throttle position sensor.

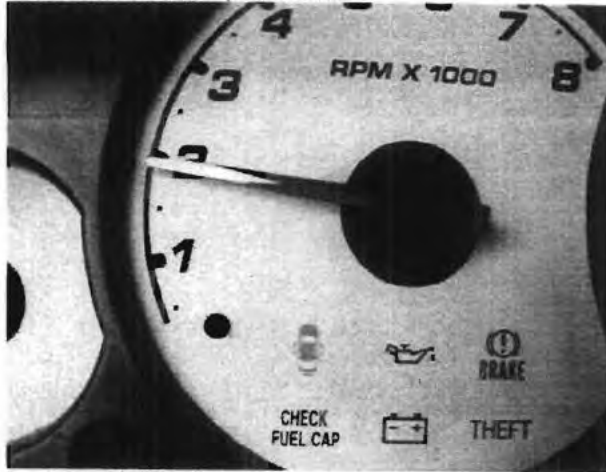


State Farm Claim No. [REDACTED]
H&A File No. 09-1903ME

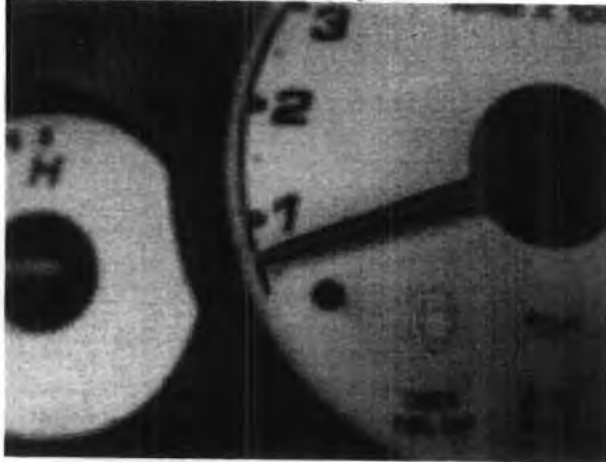


25. Another view of the throttle position voltage with the foot off the accelerator.

State Farm Claim No. [REDACTED]
H&A File No. 09-1903ML (Re-Inspection of Vehicle)



1. A view of the RPM when started.
2. A view indicating the engine idle is fluctuating.





Office of the General Counsel

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

January 28, 2010

APICELLA & MALATESTA
134 N. LA SALLE, SUITE 320
CHICAGO, IL 60602

ATTENTION: KENNETH C. APICELLA

RE: [REDACTED]
2002 ESCAPE

Dear Mr. Apicella:

Recently the Office of the General Counsel of Ford Motor Company was made aware of your recent contact with our Customer Relations Center in regards to the above vehicle. 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 you or your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company and/or you contact us in writing to the address noted above notifying us of their intent to pursue subrogation, or your intent to pursue a claim directly.

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.
 - 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.
 - 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
 - OR
 - Total loss worksheet with copies of draft payments
 - Complete service history for vehicle including tune ups and oil changes.

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

Full Legal Name: _____	Full Legal Name: _____
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?

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.

Sincerely,

M. Hull
Product Claims Team Leader

Apicella
Malatesta
Attorneys at Law

Kenneth C. Apicella
Direct Dial: (312) 445-0542
E-mail: KCA@theamfirm.com

January 6, 2010

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
JAN 11 2010
OFFICE OF THE
GENERAL COUNSEL

Ford Motor Company
c/o Registered Agent
CT Corporation System
208 S. LaSalle St, Suite 814
Chicago, IL 60604

Re: [REDACTED] v. Ford Motor Company
2002 Ford Escape - VIN 1FMYUO4182K [REDACTED]

Dear Ford Motor Company:

We have been retained by [REDACTED] to represent him with respect to injuries he sustained during an August 2009 incident in which he was injured. We are hereby making a demand upon you to compensate [REDACTED] for the injuries he sustained as a result of a defect in the accelerator pedal. We are in the process of obtaining medical bills and records and will forward those on to you shortly.

If there are any questions, please do not contact [REDACTED] directly. Instead, direct all inquiries to the undersigned.

Very truly yours,

APICELLA & MALATESTA LLC



Kenneth C. Apicella

Encl.

(312) 445-0514 • f. (312) 261-9968 • www.theamfirm.com
134 N. LaSalle Suite 320 Chicago, IL 60602

NOTICE OF ATTORNEY'S LIEN

[REDACTED]

v.

Ford Motor Company

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
AUG 11 2009
OFFICE OF THE
GENERAL COUNSEL

To: Ford Motor Company
c/o Registered Agent
CT Corporation System
208 S. LaSalle St, Suite 814
Chicago, IL 60604

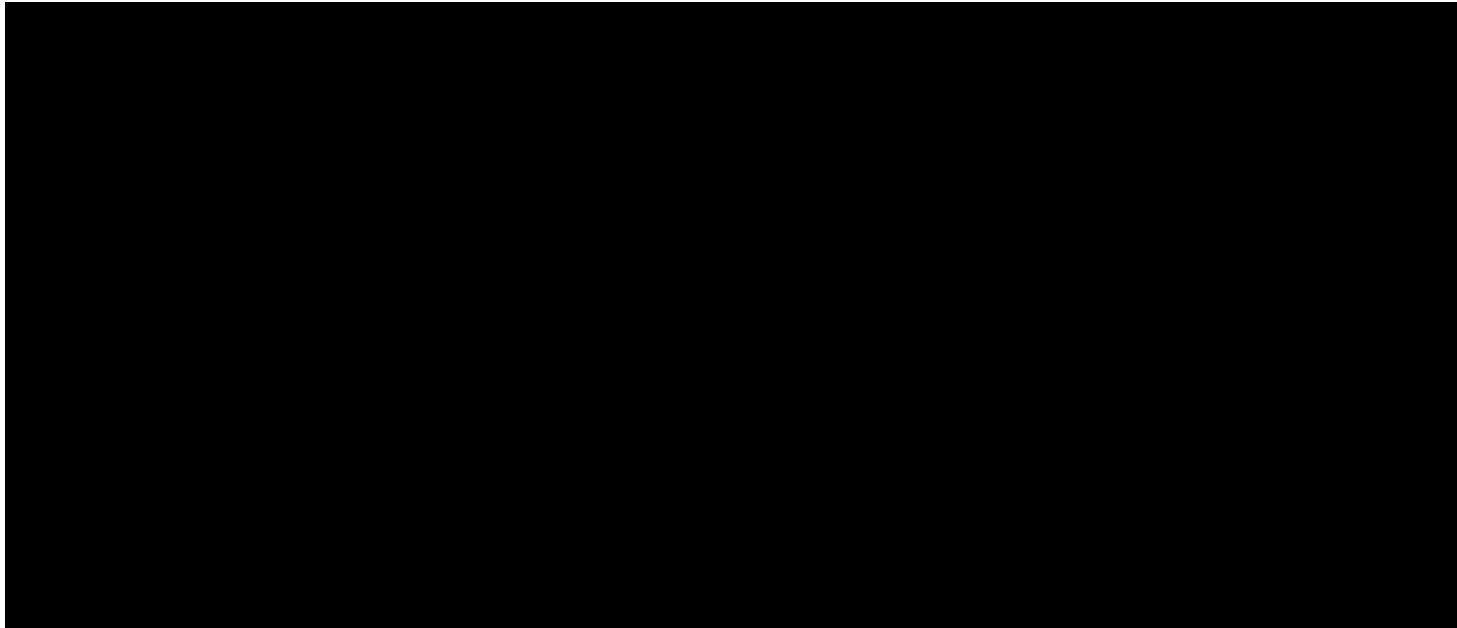
Please be advised that we represent the interests of [REDACTED] for the injuries he sustained on or about August 15, 2009, as a result of a defect in an automobile manufactured by Ford. [REDACTED] sustained serious and permanent injuries as a result of this incident.

We kindly request that you not contact [REDACTED] directly, but instead direct any inquiries to our office. Should you have any questions or need any more information, please do not hesitate to contact me directly at (312) 445-0542. Thank you for your anticipated cooperation in this matter.



APICELLA & MALATESTA LLC
Attorneys for [REDACTED]

Kenneth C. Apicella
APICELLA & MALATESTA LLC
134 N. LaSalle Suite 320
Chicago, Illinois 60602
(312) 445 -0514
(312) 261-9968





Liberty Mutual Fire Insurance Company

5050 W Tilghman St Suite 200
Allentown PA 18104
Tel: (610) 398-9800 / (800) 521-0986

OSG
MAY 16 2005
[Handwritten signature]

May 09, 2005

FORD MOTOR COMPANY
PO BOX 6248
DEARBORN MI 48126

2005 MAY 13 A 9:07

RELATIONS
CENTER

OUR INSURED: [REDACTED]
OUR CLAIM NUMBER: [REDACTED]
YOUR INSURED: ASH FORD CONDO
YOUR CLAIM NUMBER:

DATE OF LOSS: 12/02/2004
PLACE OF LOSS: ASHLEY CIRCLE BLDG 3
LOSS: ATLANTA, GA

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
MAY 16 2005
OFFICE OF THE
GENERAL COUNSEL

Dear Ford Motor Company:

Based on our investigation of this accident, we believe your Insured to be responsible for the damage to our Insured's vehicle. I have enclosed documentation to support the following subrogation claim:

Amount we have paid	\$	10280.00
Salvage (if applicable)	\$	0.00
Our Insured's deductible	\$	1000.00
Total amount of damages	\$	11280.00

Please include our claim number on your check for the total amount of damages shown above and send your payment to my attention. If you have any questions, please contact me at the number listed above, extension 485.

Sincerely,

LAURIE GERMAN
Subrogation Department

Enclosure

All Action Details for Issue

Print

VIN: 1FMYU03193KE [REDACTED] Year: 2003
Name: [REDACTED] Owner Status: Original
Symptom Desc: SURGE AT CRUISE ALL ENGINE TEMP
Reason Desc: LEGAL - ACCIDENT
Issue Type: 07 LEGAL Issue Status: CLOSED

Model: ESCAPE Case: [REDACTED]
WSD: 2003-07-05
Primary Phone: [REDACTED]
Secondary Phone: [REDACTED]

Action: OPEN LEGAL CONTACT - PRODUCT LIABILITY
Dealer: 00243 TEAM FORD OF MARIETTA Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION-FD
Odometer: 9206 MI Comm Type: PHONE
Analyst Name: LEICH,CHERIE Analyst: GLEICH
Action Date: 12/17/2004 Action Time: 11.42.38.502 Action Data: No

Comments *****PRODUCT LIABILITY*****CUSTOMER ORIGINALLY CONTACT CRC ON 12-13-04. CUSTOMER ALLEGES VEHICLE SURGED WHEN PULLING INTO A PARKING LOT. VEHICLE JUMPED A RETAINER WALL AND HIT A BUILDING.CUSTOMER REQUESTS CONTACT FROM FORD REPRESENTATIVE.

Action: MAKE OUTBOUND CALL TO CUSTOMER
Dealer: 00243 TEAM FORD OF MARIETTA Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 9206 MI Comm Type: PHONE
Analyst Name: DUNLAP, KENISHA Analyst: KDUNLAP
Action Date: 12/17/2004 Action Time: 15.37.24.218 Action Data: Yes

Comments LPA CONTACTED CUSTOMER.

Data Element Name	Data Value
CONTACT PERSON	JACK WEAVER

Action: INFORMATIONAL CALL/FAX WITH CUSTOMER
Dealer: 00243 TEAM FORD OF MARIETTA Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 9206 MI Comm Type: PHONE
Analyst Name: DUNLAP, KENISHA Analyst: KDUNLAP
Action Date: 12/17/2004 Action Time: 15.39.38.038 Action Data: No

Comments AFTER SPEAKING WITH [REDACTED] HE STATED THAT HIS VEHICLE IS CURRENTLY AT TEAM FORD'S COLLISION CENTER. CUSTOMER STATED THAT HE IS WANTING TO WORK WITH FORD AS HE BELIEVES THAT HIS WIFE'S ACCIDENT WAS AS A RESULT OF 04\$25. CUSTOMER STATED THAT HIS WIFE WAS TAKEN TO THE EMERGENCY ROOM AFTER THE ACCIDENT. SHE HAS A STRAINED NECK AND A BRUISED CHEST.

Action: INFORMATION CALL/FAX WITH DEALER
Dealer: 00243 TEAM FORD OF MARIETTA Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 9206 MI Comm Type: PHONE
Analyst Name: DUNLAP, KENISHA Analyst: KDUNLAP
Action Date: 12/17/2004 Action Time: 15.40.44.686 Action Data: No

Comments LPA CONTACTED TEAM FORD SVC MGR FRED VILLA TO REQUEST A VEHICLE INSPECTION. FRED WAS NOT AVAILABLE. LPA LEFT A MESSAGE ON HIS VOICEMAIL. LPA ADVISED THAT THE VEHICLE WAS CURRENTLY AT THE COLLISION CENTER. LPA WILL AWAIT A RETURN CALL TO PROCEED.

Action: INFORMATION CALL/FAX WITH DEALER
Dealer: 00243 TEAM FORD OF MARIETTA Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 9206 MI Comm Type: PHONE
Analyst Name: DUNLAP, KENISHA Analyst: KDUNLAP
Action Date: 12/21/2004 Action Time: 08.33.37.213 Action Data: No

... 5/24/2005

Comments LPA RECEIVED A RETURN CALL FROM FRED VILLA. FRED STATED THAT HE WOULD GET SOMEONE TO INSPECT THE VEHICLE AND WOULD GIVE ME A CALL BACK.

Action: INFORMATION CALL/FAX WITH DEALER

Dealer: 00243 TEAM FORD OF MARIETTA

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 9206 MI

Comm Type: PHONE

Analyst Name: DUNLAP, KENISHA

Analyst: KDUNLAP

Action Date: 12/28/2004

Action Time: 14.29.35.439 **Action Data:** No

Comments LPA RECEIVED A VOICEMAIL FROM FRED VILL AT TEAM FORD. FRED STATED THAT HE COULD NOT SEE HOW RECALL 04S25 WAS RELATED TO THE ACCIDENT. LPA REQUESTED A FAXED COPY OF A REPAIR ORDER WITH FRED'S FINDINGS. LPA WILL AWAIT THE REPAIR ORDER BEFORE CONTACTING CUSTOMER.

Action: REFER TO INSURANCE CARRIER - INSURANCE COMPANY ALREADY INVOLVED

Dealer: 00243 TEAM FORD OF MARIETTA

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 9206 MI

Comm Type: FAX

Analyst Name: DUNLAP, KENISHA

Analyst: KDUNLAP

Action Date: 01/05/2005

Action Time: 11.20.36.374 **Action Data:** No

Comments LPA RECEIVED REPAIR ORDER/INSPECTION REPORT FROM DLR STATING THAT CUSTOMER'S ACCIDENT WAS NOT RELATED TO RECALL 04S25. LPA HAD PREVIOUSLY ADVISED CUSTOMER TO CONTACT HIS INSURANCE COMPANY. CLOSING CORRESPONDENCE MAILED. CASE FILED. NOTHING FURTHER.

5/24/2005

All Action Details for Issue

Print

VIN: 1FMYU03193K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Original WSD: 2003-07-05
 Symptom Desc: RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT Primary Phone: [REDACTED]
 Reason Desc: RECALL/ONP - VEHICLE INVOLVEMENT Secondary Phone: [REDACTED]
 Issue Type: 03 CONCERN Issue Status: CLOSED
 Initial Customer Contact: 12/29/2004

Action: ADVISE CUST OF FSA/CSP; DOCUMENT CAMPAIGN NUMBER
 Dealer: 00243 TEAM FORD OF MARIETTA Origin Desc: US INQUIRY CASE BASE
 Odometer: 9206 MI Comm Type: PHONE
 Analyst Name: CHRISTIE CURLINE Analyst: CCHRIS25
 Action Date: 12/13/2004 Action Time: 10.13.35.840 Action Data: Yes

Comments 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. OBC TO CUST VIA THE WORK NUMBER ADVISED OF THE SAFETY RECALL 04S25 A LETTER SHOULD BE RECEIVED SHORTLY REGARDING THE ISSUE. 1. TEAM FORD OF MARIETTA 869 COBB PARKWAY SOUTH MARIETTA, GA 30060 DISTANCE: 2.20 MILES

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

Action: FORD COVERED REPAIR MADE - RECALL
 Dealer: 00243 TEAM FORD OF MARIETTA Origin Desc: DEALER
 Odometer: 9206 MI Comm Type: PHONE
 Analyst Name: TEAM FORD Analyst: F-VILLA
 Action Date: 12/30/2004 Action Time: 17.05.25.786 Action Data: No

Comments ACCEL CABLE RECALL DONE. 04S25

5/24/2005

All Action Details for Issue

Print

VIN: 1FMYU03193K [REDACTED] Year: 2003
 Name: [REDACTED] Owner Status: Original
 Symptom Desc: GENERAL INQUIRIES REQUEST/NON-VEHICLE RELATED
 Reason Desc: LEGAL - INSURANCE COMPANY SETTLEMENT
 Issue Type: 03 CONCERN Issue Status: CLOSED
 Initial Customer Contact: 12/28/2004

Model: ESCAPE Case: [REDACTED]
 WSD: 2003-07-05
 Primary Phone: [REDACTED]
 Secondary Phone: [REDACTED]

Action: ADVISE CUSTOMER AIRBAG SYSTEM MUST BE TESTED AT A F/L/M DEALER
 Dealer: 00243 TEAM FORD OF MARIETTA Origin Desc: US CONCERN CASE BASE
 Odometer: 9206 MI Comm Type: PHONE
 Analyst Name: CHRISTIE CURLINE Analyst: CCHRIS25
 Action Date: 12/13/2004 Action Time: 10.10.35.366 Action Data: No

Comments CUSTOMER SAID: WORK EXT IS 222, WE HAD AN ACCIDENT THE ACCERLATION WAS STUCK, THE WAS PROPERTY DAMAGE. STEERING HIT MY WIFE'S CHEST. ACCIDENT HAPPEND 12/02/2004 THE VEH RAGED WHEN PULLING INTO A PARK IN LOT. IT JUMPED INTO A RETAINOR WALL AND HIT A BUILDING. INSURANCE COMPANY WAS CONTACTED VEH IS AT TEAM FOR COLLISION CENTER 795 SOUTH COBB DRIVE. ANITA MILLER IS THE ESTIMATER AT THE DLR. REASON FOR THE CALL IS THE ACCIDENT THE CAUSE IS THE ACCELERATOR CABLE. THE AIR BAG DID NOT DEPLOY. CRC ADVISED: -AIR BAG SYSTEM MUST BE TESTED AT A FORD DEALERSHIP AND THE CRC WILL SUPPORT THE DEALERSHIPS DECISION ONCE TESTING IS COMPLETED. CUSTOMER OR THE INSURANCE COMPANY WILL BE REQUIRED TO PAY FOR THE TESTING OF THE SENSORS. WHEN CSR MADE THE OBC TO CUST HE THEN MENTIONED THE AIR BAGS DID NOT DEPLOY IN THE ACCIDENT. DEALER ADDRESS CONTACT 1. TEAM FORD OF MARIETTA 869 COBB PARKWAY SOUTH MARIETTA, GA 30060 DISTANCE: 2.20 MILES

Action: NO REPAIR PROCEDURE AVAILABLE AT THIS TIME PER - "OTHER"
 Dealer: 00243 TEAM FORD OF MARIETTA Origin Desc: DEALER
 Odometer: 9206 MI Comm Type: PHONE
 Analyst Name: TEAM FORD Analyst: F-VILLA
 Action Date: 12/30/2004 Action Time: 17.03.22.979 Action Data: No

Comments CUST STATED CAR ACCELERATOR STUCK & JUMPED A RETAINING WALL AND HIT A BUILDING. WE INSPECTED THE ESCAPE AND FOUND NO EVIDENCE OF THROTTLE STICKING OR BINDING EITHER IN THE PEDAL, LINKAGE, CABLE, OR THROTTLE BODY ASSEMBLY. INFO WAS FORWARDED TO FORD CONSUMER AFFAIRS AND MR WEAVER.

5/24/2005

All Action Details for Issue

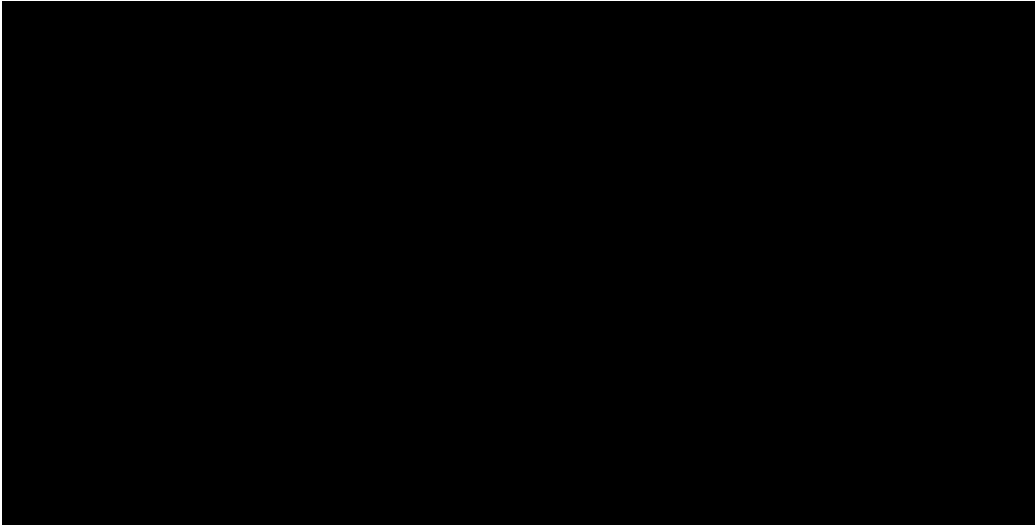
Print

VIN: 1FMYU03193K [REDACTED]	Year: 2003	Model: ESCAPE	Case: [REDACTED]
Name: [REDACTED]	Owner Status: Original	WSD: 2003-07-05	
Symptom Desc: ENG SPEED-UP SUDDEN ACCEL WARM		Primary Phone: [REDACTED]	
Reason Desc: LEGAL - ACCIDENT / FIRE		Secondary Phone: [REDACTED]	
Issue Type: 10 OGC	Issue Status: CLOSED		

Action: CONTACT ADVANCED TO OGC		Origin Desc: US CONCERN CASE BASE
Dealer: 00243 TEAM FORD OF MARIETTA		
Odometer: 9206 MI	Comm Type: PHONE	
Analyst Name: CHRISTIE CURLINE	Analyst: CCHRIS25	
Action Date: 12/13/2004	Action Time: 10.05.35.876	Action Data: No

Comments CUSTOMER SAID: WORK EXT IS 222, WE HAD AN ACCIDENT THE ACCELERATION WAS STUCK, THERE WAS PROPERTY DAMAGE. STEERING HIT MY WIFE'S CHEST. ACCIDENT HAPPENED 12/02/2004 THE VEH RACED WHEN PULLING INTO A PARK IN LOT. IT JUMPED INTO A RETAINOR WALL AND HIT A BUILDING. INSURANCE COMPANY WAS CONTACTED VEH IS AT TEAM FORD COLLISION CENTER 795 SOUTH COBB DRIVE, ANITA MILLER IS THE ESTIMATOR AT THE DLR. REASON FOR THE CALL IS THE ACCIDENT THE CAUSE IS THE ACCELERATOR CABLE. DEALER SAID: 1. TEAM FORD OF MARIETTA 869 COBB PARKWAY SOUTH MARIETTA, GA 30060 DISTANCE: 2.20 MILES. CRC ADVISED: I WILL FORWARD THIS INFORMATION TO THE FORD OGC DEPARTMENT. YOU WILL BE CONTACTED WITHIN 3-5 BUSINESS DAYS. WORK NUMBER IS 404-691-2928 EXT 222. OBC TO CUST ADVISED OF THE RECALL 04S25.1. TEAM FORD OF MARIETTA 869 COBB PARKWAY SOUTH MARIETTA, GA 30060 DISTANCE: 2.20 MILES

[REDACTED] 5/24/2005



State Farm Insurance Companies®



March 10, 2005

CERTIFIED MAIL--RETURN RECEIPT REQUESTED

Portland Operations Center
PO Box 221
DuPont, Washington 98327-0221

FORD MOTOR COMPANY
PARKLANE TOWERS WEST STE 400
3 PARKLANE BLVD
DEARBORN MI 48126-2568

RECEIVED
MAR 15 2005

RE: Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: March 6, 2005
Vehicle: 2004 Ford Escape Sport Wagon
VIN: 1FMCU94114K [REDACTED]

To Whom It May Concern:

The identified 2004 Ford Escape is insured by State Farm Mutual Automobile Insurance Company. This 2004 Ford Escape experienced a sudden acceleration when the throttle stuck, as our insured was parking the car and she hit a concrete post.

State Farm® would like to give you an opportunity to inspect the 2004 Ford Escape and give you advance notice of our potential subrogation claim.

Please contact me at 503 454 3561, to set up a time for your inspection.

Sincerely,

Michael D. Winchester
Claim Representative
503 454 3561
State Farm Mutual Automobile Insurance Company



cc: [REDACTED]
MILWAUKIE OR [REDACTED]

All Action Details for Issue

Print

VIN: 1FMCU94114K [REDACTED] Year: 2004 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Original WSD: 2003-09-28
 Symptom Desc: SURGE ACCELERATION 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: 08575 THOMASON FORD Origin Desc: US CONCERN CASE BASE
 Odometer: 9000 MI Comm Type: PHONE
 Analyst Name: ABBOTT LA TANYA Analyst: LABBOTT4
 Action Date: 03/10/2005 Action Time: 11.35.59.024 Action Data: Yes

Comments CUSTOMER SAID: -ACCIDENT HAPPENED AT MAR 5,2005 -WHEN TRYING TO GO INTO A PARKING LOT , THE JUMP FORWARD AND HIT A POLE BEAM -NO IINJURIES -INSURANCE COMPANY SAID TO CALL FORD BEFORE THEY INVESTIGATED -NO REPORT WAS NOT FILED -THE VEH IS CURRENTLY AT OAK GROVE AUTO BODY -THE VEH IS REPAIRABLE-CUST BELIEVES THAT THE ACCIDENT IS RELATED TO THE RECALL FOR THE ACCELERATOR CABLE-CUST WOULD TO REPORT THE INCIDENT TO FORDDEALER SAID: NONECRC 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 CUSTOMER
 Dealer: 08575 THOMASON FORD Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 9000 MI Comm Type: MAIL
 Analyst Name: PACE,GENNIFER Analyst: GPACE5
 (G.)
 Action Date: 03/14/2005 Action Time: 14.48.54.597 Action Data: No

Comments LPA LEFT A V-MAIL MESSAGE FOR CUSTOMER TO GIVE A CALL BACK REGARDING CONCERN.

Action: INFORMATIONAL CALL/FAX
 Dealer: 08575 THOMASON FORD Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 9000 MI Comm Type: PHONE
 Analyst Name: PACE,GENNIFER Analyst: GPACE5
 (G.)
 Action Date: 03/15/2005 Action Time: 14.24.01.529 Action Data: No

Comments CUSTOMER CALLED BACK AND STATED HE WAS INVOLVED IN AN ACCIDENT ON 3/5/05. HE STATES HE BELIEVES THE ACCIDENT WAS CAUSED BY RECALL 04S25. HE STATES THE VEHICLE IS CURRENTLY AT OAK GROVE AUTO BODY AWAITING REPAIRS. CUSTOMER STATES HIS INSURANCE COMPANY IS ALREADY INVOLVED AND BELIEVES THEY HAVE FILED A SUBROGATION CLAIM. LPA ADVISED CUSTOMER TO CONTINUE TO WORK WITH THE INSURANCE COMPANY AND EXPLAINED THE SUBROGATION PROCESS.

Action: REFER TO INSURANCE CARRIER - INSURANCE COMPANY ALREADY INVOLVED
 Origin Desc: CONSUMER AFFAIRS - LITIGATION

3/22/2005

Dealer: 08575 THOMASON FORD

PREVENTION

Odometer: 9000 MI

Comm Type: OTHER

Analyst Name: PACE, GENNIFER
(G.)

Analyst: GPACE5

Action Date: 03/15/2005

Action Time:
14.26.02.274

Action Data: No

Comments CASE CLOSED ON 3/10/05. CUSTOMER INSURANCE COMPANY ALREADY INVOLVED.

[REDACTED] 3/22/2005

All Action Details for Issue

Print

VIN: 1FMCU94114K [REDACTED] Year: 2004 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Original WSD: 2003-09-28
 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: 08575 THOMASON FORD Origin Desc: US INQUIRY CASE BASE
 Odometer: 9000 MI Comm Type: PHONE
 Analyst Name: ABBOTT LA TANYA Analyst: LABBOTT4
 Action Date: 03/10/2005 Action Time: 11.37.59.197 Action Data: Yes

Comments CUSTOMER SAID: NONEDALER 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	04S25
RECALL/ONP CAMPAIGN NUMBER	04C09



3/22/2005



BEGINNING OF CONTACT
03/30/2011

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.11

REGION: C4 KANSAS CITY OGC ISSUE CASE NBR: 418020528.
VIN: 1FMYU93124K [REDACTED] ZONE: A04 OPENED: 2011/03/29
ENGINE: 1 VEH TYPE: T CLOSED: 2011/03/29

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: MRS FIRST NAME: [REDACTED] MI: [REDACTED]
ADDRESS: [REDACTED]
CITY: SILEX STATE: MO ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2004 MODEL: ESCAPE
MILEAGE: 250000
DEALER NAME: PRICE-GNADE FORD MER SALES CODE: F53341 P & A: 02645
REASON CODE: 0796 LEGAL - ALLEGED INJURY
SYMPTOMS: 104458 RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 705 - CONTACT ADVANCED TO OGC
DOCUMENT: ANALYST: PMCMANU6 MCMANUS PATRICIA

DATE: 2011/03/29 TIME: 15.22.08:
ACTION DATA/COMMENTS:

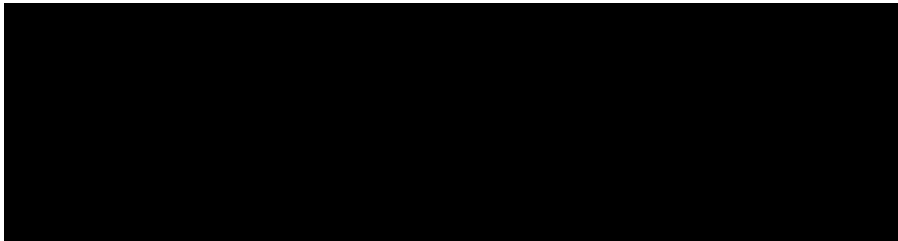
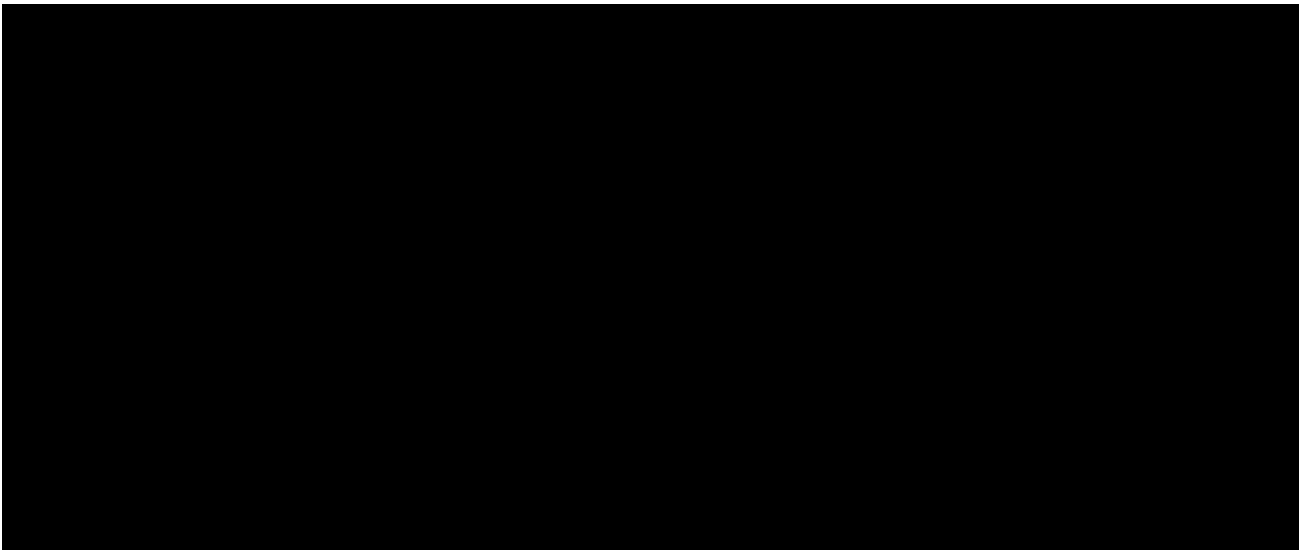
CUSTOMER SAID: C/W: [REDACTED] SPOUSE1. DATE OF THE ACCIDENT 3/14/12. WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT=DRIVER SEAT AIR BAG DID NOT DEPLOY=HIT SO HARD THAT TIRES BLEW UP=CUST HAS HAD ONGOING ISSUE WITH VEH UNINTENDED ACCEL3. IF THERE WERE ANY INJURIES SUSTAINED=CUST BROKE HER BACK4. LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED=DRIVING DOWN NORTH HIGHWAY 61 OUTSIDE TROY MISSOURI5. WHETHER OR NOT THERE WAS A POLICE REPORT FILED.=YES6. IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE.=UNKNOWN7. THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED.=LINCOLN COUNTY SHERIFF REPORT NUMBER [REDACTED] CONTACT NUMBER FOR RESPONDING OFFICER 636-528-6100 X 34628. 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.=REIMBURSED ON APPRAISAL OF VEH10. WHETHER OR NOT THE VEHICLE IS REPAIRABLE.=VEH WAS TOTALED11. NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (ONLY IF THE CUSTOMER MENTIONS THEY HAVE SOUGHT ONE).=N/A12. WHAT THE CUSTOMER IS SEEKING =CUST CONCERNED ABOUT AIR BAGS NOT GOING OFF AND THE UNINTENDED ACCEL. HUSBAND SEEKING SOME RESTITUTION FOR THE FACT THAT CUST ENDED UP WITH BROKEN BACK.DEALER SAID: PRICE-GNADE FORD MERCURY, INC.255 JOHN DEERE DRIVEMOSCOW MILLS, MO 63362TEL:(636) 356-9000CRC 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.=ADVISED CUST OF ABOVE

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
MAR 30 2011
OFFICE OF THE
GENERAL COUNSEL

CONSUMER AFFAIRS

03/30/2011 FAXOGC1 CONFIDENTIAL

PE12-019 002533LC SUBJECT





Gallagher Bassett Services, Inc.

July 15, 2008

Ford Motor Company
Claims Dept.
P.O.Box 70
Dearborn, MI 48121-0070
Attn": Marcie Klemmer



RE: Our Client: [REDACTED]
Our Claim No: [REDACTED]
D/A: March 22, 2008

Dear Ms. Klemmer:

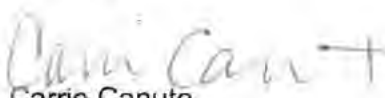
Gallagher Bassett Services, Inc. administers the self-insurance policy for [REDACTED] Inc. On the above captioned date, our valet driver was retrieving the above listed vehicle for the owners, when the gas pedal became stuck, causing the vehicle to thrust forward and accelerate. The vehicle was quickly placed into neutral to avoid a crash or any damage. The vehicle would no longer shift into reverse and was taken to an auto shop, where it was diagnosed with internal engine damage. An estimate was completed by an independent appraiser and the repairs were completed. During the course of the repairs, it was noted that there was a recall on the accelerator cable.

There were no signs of wear and tear on this vehicle at inspection. The repairs were completed and the vehicle returned to the owners.

It is our opinion that the thrust forward caused the internal engine issues. It is our opinion that this loss was caused due to an issue with the accelerator cable.

Please advise as to your decision.

Sincerely,


Carrie Canute
Claim Representative

Encl.

Yarnelli



Office of the General Counsel

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

June 11, 2008

Gallagher Bassett Services, Inc.
540 Pellis Rd., Suite 3000
Greensburg, PA 15601
ATTENTION: CARRIE CANUTE

RE: Your Insured: [REDACTED]
Your Claim #: [REDACTED]
DOL: 03/22/08

Dear Ms. Canute:

We acknowledge your recently submitted subrogation claim letter. 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. 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: Wheeling, WV
- 10. The 17 digit vehicle identification number: 1FMYU92173K [REDACTED]
- 11. What was the mileage at time of occurrence: 118,228
- 12. What is the alleged defect: accelerator cable became stuck, caused engine damage
- 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)?
with the owners
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: N/A - unknown
If purchased used, 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 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 component 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 the subject component part(s) at the time of trial, should litigation ensue from this informal claim.

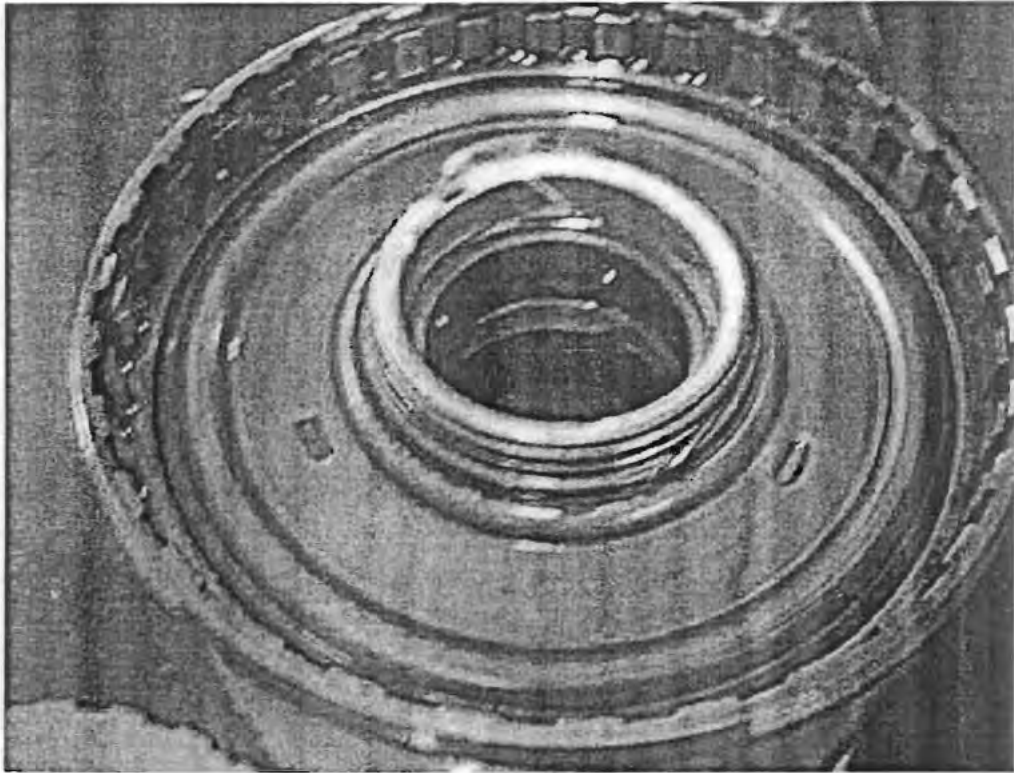
If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or 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,

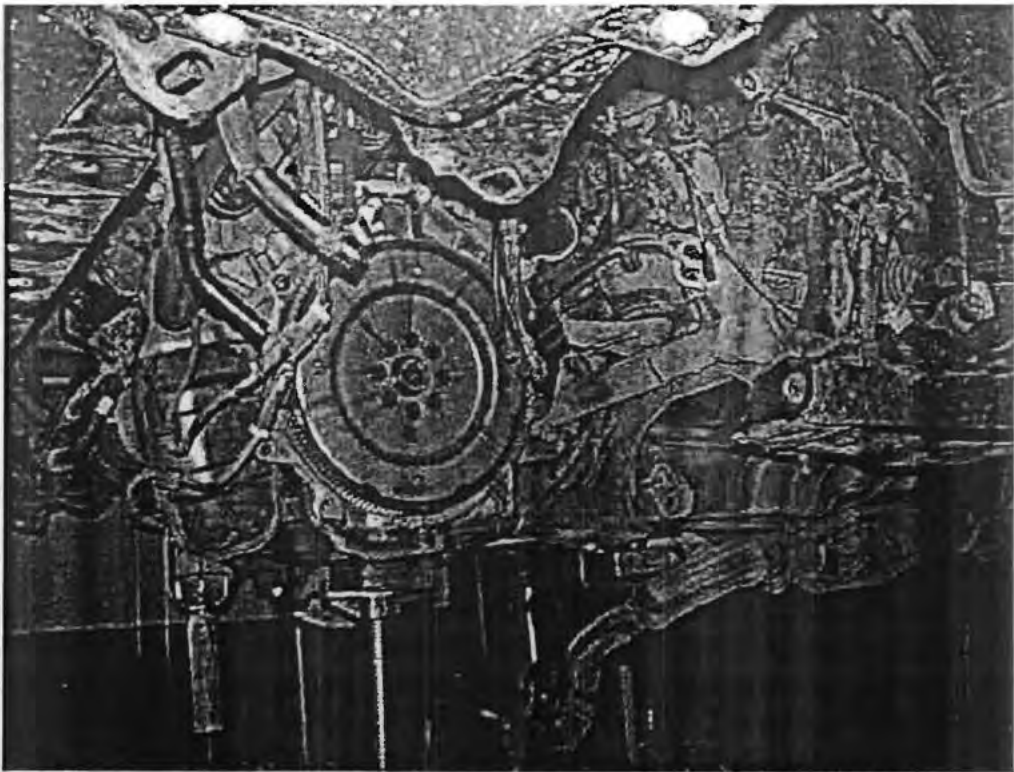
mk/sw

Marcie Klemmer
Claims Analyst

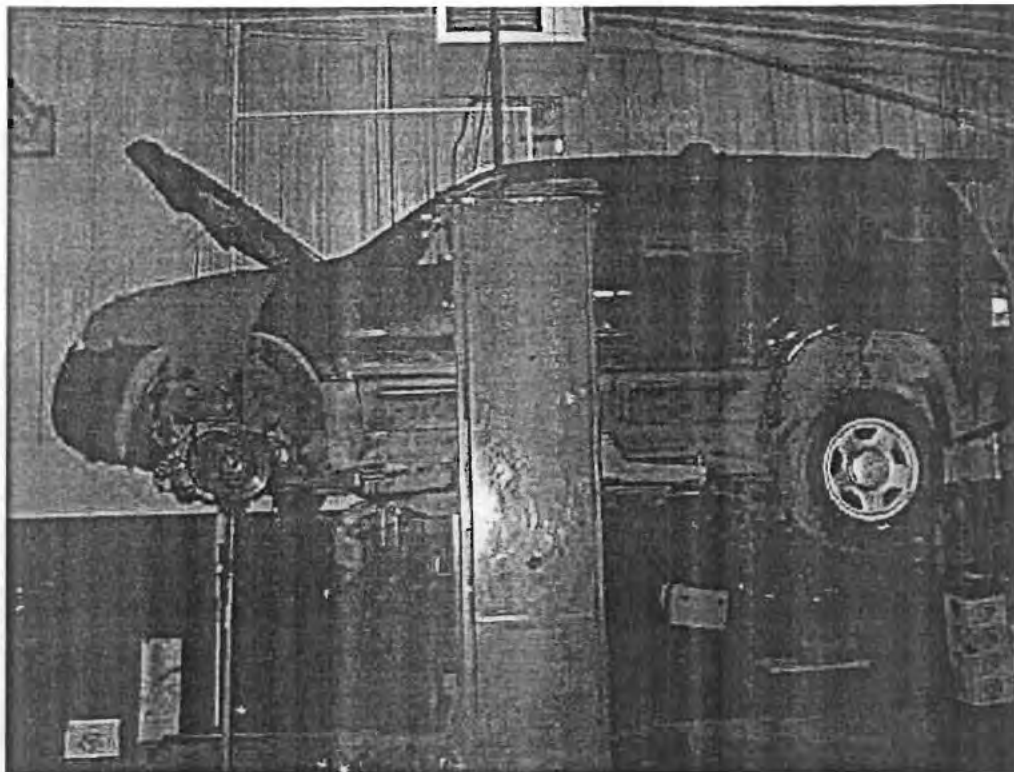
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Gallagher Bassett Services, Inc.

A
Subro

May 14, 2008

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

MAY 29 2008

OFFICE OF THE
GENERAL COUNSEL

RECEIVED
MAY 19 2008
FORD MOTOR COMPANY
OFFICE OF THE GENERAL COUNSEL
MAY 19 2008

Ford Motor Company
Customer Service/ Claims
P.O.Box 6248
Dearborn, MI 48126

RE: Our Claim No: [REDACTED]
Our Client: [REDACTED]
Date of Loss: 3/22/2008
Location of Loss: [REDACTED]
Amount of Loss: \$2,073.93
Your File No: Unknown

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

MAY 19 2008

OFFICE OF THE
GENERAL COUNSEL

To Whom It May Concern:

We are placing you on notice of a loss for subrogation purposes.

Our investigation into the claim has determined that Ford Motor Company may be negligent in causing this loss.

Enclosed, please find a copy of our subrogation supports.

At your convenience, I ask that you please assign this claim and have your representative contact me to discuss our theory of liability as well as resolution of this matter.

Sincerely,

Carrie Canute
Carrie Canute
Claim Representative
1-800-831-3247 ext 206

Encl.

based on recall?
unable to stop
throttle stuck
gas ped. sticking
starting to accel.
Put into ~~neutral~~ park. Not.
and stepped on brakes
caused engine damage

540 Pellis Road Ste 3000
Greensburg, PA 15601
1 800 831 3247 ext 206

LITIGATION
PRACTICE GROUP

B MAY 20 P5:41

OFFICE OF THE
GENERAL COUNSEL

Campaign Number: 04V574000 ^{Untitled}
Date: 2004-Dec-07

Component: Vehicle Speed Control: Cables

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

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





State Farm Insurance Companies



State Farm Insurance
Subrogation Services
PO Box 2371
Bloomington, IL 61702-2371

October 20, 2005

Certified Mail-Return Receipt Requested

Ford Motor Company
3 Parklane Blvd Ste 400
Dearborn,
MI, 48126

OCT 28 2005

RE: Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: January 8, 2005
Loss Location:
Antioch, TN
Vehicle: Ford, Escape
VIN: 1FMCU04162K [REDACTED]
Your File Number:
Amount State Farm Paid: \$1585.00
Total payable to State Farm: \$1585.00

Dear Sir/Madam:

The above vehicle was involved in a loss due to stuck accelerator. We settled a claim with our insured in the amount listed above. Our investigation indicates the cause of the loss was due to accelerator getting stuck. This letter is notice of our claim for reimbursement.

Thank you for your cooperation.

Sincerely,

Rebecca Tyler
Claim Processor
(877) 457-8276, Team 60
State Farm Mutual Automobile Insurance Company

Enclosure: subrogation documents and photographs.

PQC

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Tennessee Uniform Traffic Crash Report

Reporting Agency Name
Metro Nashville Police Department

Reporting Agency Type

- 1 Tennessee Highway Patrol (THP)
 - 2 City/Metropolitan Police Dept. (CPD)
 - 3 Sheriff's Office
 - 4 Capitol Police
 - 5 Commercial Vehicle Enforcement (CVE)
 - 6 College/University Campus
 - 7 National Park Service
 - 8 Other
- Investigation Complete? Yes No
- Photos Taken? Yes No
- If Yes, by Whom?
- 1 Police
 - 2 Other

Totals			Date of Crash		
Vehicles	Killed	Injured	MONTH	DAY	YEAR
01	00	01	Jan	08	05
			Feb		
			Mar		
			Apr		
			May		
			Jun		
			Jul		
			Aug		
			Sep		
			Oct		
			Nov		
			Dec		
			unk		

Day of Crash	Time of Crash	County	City	Area	Trafficway/Land Way/Private Way
SUN	00	23	19	16	760
MON	0	0	0	0	0
TUES	1	1	1	1	1
WED	2	2	2	2	2
THURS	3	3	3	3	3
FRI	4	4	4	4	4
SAT	5	5	5	5	5
UNK	6	6	6	6	6
	7	7	7	7	7
	8	8	8	8	8
	9	9	9	9	9

TDOT Use Only

ROUTE NUMBER	SPC CASE	CG SEQ	LOG MILE	LOC

Hwy No. and / Street Name
I 440 East

Vehicle Number	Total Number of Occupants	Driver Presence
0 2 3 4 0	0 2 3 4 5 6	1 Driver Operated Vehicle
		2 Driver Operated Non-Contact Vehicle
		3 Driver Operated Government Vehicle
		4 Driverless Vehicle

DRIVER NAME (102) [Redacted]

ADDRESS (103) [Redacted]

City & State (104) **Nashville TN**

Driver's License Number (105) [Redacted] State **TN** Exp. Year **2010**

Date of Birth (106) [Redacted] Age (107) [Redacted] Sex (108) [Redacted] Race (109) White Black Hispanic Other

License Class (118)	Endorsements (119)	Complied With? (120)	Restrictions (121)	Complied With? (122)
D				

Injury Code (123) **03**

SAFETY EQUIPMENT (124) **03**

AIRBAG (125) **03**

TRAPPED/EXTRICATED (126) Not Trapped

Year of Vehicle (127) **2002** Make (128) **Ford** Model (129) **Escape** Color (130) **Blue** Body Type (131) **4DR**

Vehicle ID Number (132) **1FMCU041625**

License Plate Number (133) [Redacted] State (134) **TN** Exp. Year (135) **2005** 1 4

Vehicle Owner (136) First (137) [Redacted] M.I. (138) [Redacted] Last (139) [Redacted]

Street Address (140) [Redacted]

City & State (141) [Redacted] ZIP (142) [Redacted] Phone Number (143) [Redacted]

Violations (may select 3) (144) None Other Moving Alcohol/Drugs Other Non-Moving Reckless/Careless Pending

Investigating Officer Rank and Name (Print Name) (145) **POIT Shane R McCormick**

Badge/ID Number (146) **94103** District/Zone (147) **South/35** Car No. (148) **325** Report Date (149) **01-08-2005**

SP1203 (rev 1-14-2000)

PLEASE DO NOT WRITE IN THIS AREA

Document Type (select 1)
 Original Document
 Supplement Document
 Amended Document

Reference Number Override

Type of Crash (select 1)
 Fatal
 Injury
 Property Damage (Over)
 Property Damage (Under)

Additional Designation (select 1)
 Urban
 Rural
 Business
 Residential
 School

Hit and Run?
 Yes - Hit Motor Vehicle in Transport
 Yes - Hit Pedestrian or Non-Motorist
 Yes - Hit Parked Vehicle or Object
 No Hit and Run

Time Notified (150) **0027** Time Arrived (151) **0031**

Police Pursuit Involved? (152) Yes No

School Bus Related? (153) Yes No

Vehicle Number	Total Number of Occupants	Driver Presence
0 2 3 4 0	0 2 3 4 5 6	1 Driver Operated Vehicle
		2 Driver Operated Non-Contact Vehicle
		3 Driver Operated Government Vehicle
		4 Driverless Vehicle

DRIVER NAME (102) First (103) M.I. (104) Last

ADDRESS (105) Street & Number (106) City & State (107) ZIP (108) Phone Number

Driver's License Number (109) [Redacted] State (110) [Redacted] Exp. Year (111) [Redacted]

Date of Birth (112) [Redacted] Age (113) [Redacted] Sex (114) [Redacted] Race (115) White Black Hispanic Other

License Class (118)	Endorsements (119)	Complied With? (120)	Restrictions (121)	Complied With? (122)

Injury Code (123) [Redacted]

SAFETY EQUIPMENT (124) [Redacted]

AIRBAG (125) [Redacted]

TRAPPED/EXTRICATED (126) Not Trapped

Year of Vehicle (127) [Redacted] Make (128) [Redacted] Model (129) [Redacted] Color (130) [Redacted] Body Type (131) [Redacted]

Vehicle ID Number (132) [Redacted]

License Plate Number (133) [Redacted] State (134) [Redacted] Exp. Year (135) [Redacted]

Vehicle Owner (136) First (137) [Redacted] M.I. (138) [Redacted] Last (139) [Redacted]

Street Address (140) [Redacted]

City & State (141) [Redacted] ZIP (142) [Redacted] Phone Number (143) [Redacted]

Violations (may select 3) (144) None Other Moving Alcohol/Drugs Other Non-Moving Reckless/Careless Pending

Investigating Officer Rank and Name (Print Name) (145) [Redacted]

Badge/ID Number (146) [Redacted] District/Zone (147) [Redacted] Car No. (148) [Redacted] Report Date (149) [Redacted]

SP1203 (rev 1-14-2000)

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Harmful Event

Most Harmful Event per Vehicle
(select 1 per vehicle)

Collision with Object Not Fixed

- | | |
|-------|---|
| V1 | V2 |
| 08 08 | Pedestrian |
| 09 09 | Motorcycle |
| 10 10 | Railway Train |
| 50 50 | Deer (Animal) |
| 11 11 | Other Animal |
| 12 12 | Motor Vehicle in Transport |
| 13 13 | Motor Vehicle in Transport in Other Roadway |
| 14 14 | Parked Motor Vehicle |
| 15 15 | Other Type Non-Motorist |
| 18 18 | Other Object (Not Fixed) |

Collision with Fixed Object

- | | | | |
|-------|-------------------------|-------|-------------------------|
| V1 | V2 | V1 | V2 |
| 17 17 | Shoulder | 20 20 | Utility Pole |
| 19 19 | Building | 31 31 | Other Post, Pole, Supp. |
| 20 20 | Impact Attenuator | 32 32 | Curvert |
| 21 21 | Bridge Pier/Abutment | 33 33 | Curb |
| 22 22 | Bridge Pier/End | 34 34 | Ditch |
| 23 23 | Bridge Rail | 35 35 | Embankment |
| 24 24 | Guardrail Face | 38 38 | Fence |
| 25 25 | Guardrail End | 39 39 | Wall |
| 26 26 | Median Barrier | 40 40 | Mail Box |
| 27 27 | H-way Traffic Sign Post | 41 41 | Shrubbery |
| 28 28 | Overhead Sign Support | 42 42 | Tree |
| 29 29 | Luminaire/Light Supp. | 47 47 | Fire Hydrant |
| 46 46 | Traffic Signal Support | 43 43 | Other Fixed Object |

Non-Collision

- | | | | |
|-------|----------------|-------|--------------------------|
| V1 | V2 | V1 | V2 |
| 01 01 | Oversize | 05 05 | Roll/Jumped from Vehicle |
| 02 02 | Fire/Explosion | 07 07 | Other Non-Collision |
| 03 03 | Immersion | 16 16 | Thrown or Falling Object |
| 04 04 | Jackknife | | |

- | | |
|-------|----------------------------|
| V1 | V2 |
| 99 99 | Unknown Most Harmful Event |

First Harmful Event for the Crash

30

Manner of Collision at First Harmful Event (select 1)

- | | | | |
|---|---|---|---------------------------|
| 0 | Not Collision with Motor Vehicle in Transport | 5 | Angle |
| 1 | Rear-End | 6 | Sideswipe, Same Direction |
| 2 | Head-On | 9 | Unknown |
| 3 | Rear-to-Rear | | |

Relation to Junction at First Harmful Event (select 1)

- | | | | |
|-----------------|------------------------------|------------------|-------------------------------|
| Non-Interchange | | Interchange Area | |
| 01 | Non-Junction | 10 | Intersection |
| 02 | Intersection | 11 | Intersection-Related |
| 03 | Intersection-Related | 12 | Driveway |
| 04 | Driveway, Alley Access, etc. | 13 | Entrance/Exit Ramp Related |
| 05 | Entrance/Exit Ramp Related | 14 | Crossover-Related |
| 06 | Rail Grade Crossing | 15 | Other Location in Interchange |
| 07 | Crossover-Related | 19 | Unknown, Interchange Area |
| 09 | Unknown-Non-Interchange | | |
- 99 Unknown Relation to Junction

Relation to Roadway at First Harmful Event (select 1)

- | | | | |
|----|----------------------|----|---------------------------------|
| 01 | On Roadway | 06 | Off Roadway-Location Unknown |
| 02 | Shoulder | 07 | In Parking Lane |
| 03 | Median | 08 | Gate |
| 04 | Roadside-Left | 11 | Parking Lot or Private Property |
| 05 | Roadside-Right | 99 | Unknown |
| 10 | Outside Thoroughfare | | |

Driver Factors

Driver Condition (may select 3)

- | | |
|-------|---|
| V1 | V2 |
| 00 | Appeared Normal |
| 01 01 | Had Been Drinking |
| 02 02 | Illegal Drug Use |
| 03 03 | Ill (Sick) |
| 04 04 | Apparently Fatigued |
| 05 05 | Apparently Asleep |
| 06 06 | Reaction to Drugs/Medication |
| 07 07 | Failure to Take Drugs/Medication |
| 08 08 | Physical Impairment (Narrative) |
| 09 09 | Emotional (Depressed, Angry, Disturbed) |
| 99 99 | Unknown Condition |

Driver Actions (may select 5)

- | | |
|-------|--|
| V1 | V2 |
| 10 | No Contributing Actions |
| 11 11 | Inattentive (Eating, Reading, Talking, etc.) |
| 12 12 | Interfered With by Passenger |
| 13 13 | Driving Left of Center |
| 14 14 | Driving Wrong Way on One-Way Roadway |
| 15 15 | Failure to Comply with License Restrictions |
| 16 16 | Failure to Keep in Proper Lane or Running Off Road |
| 17 17 | Failure to Yield Right of Way |
| 18 18 | Failure to Obey Traffic Controls |
| 19 19 | Failure to Observe Warnings or Instructions |
| 20 20 | Failure to Signal Intentions |
| 21 21 | Failure to Use Lights |
| 22 22 | Following Improperly |
| 23 23 | Improper Backing |
| 24 24 | Improper Lane Changing |
| 25 25 | Improper Passing |
| 26 26 | Improper Turn |
| 27 27 | Improperly Towing or Pushing Vehicle |
| 28 28 | Improperly Carrying Hazardous Cargo |
| 29 29 | Improper Loading of Vehicle Cargo or Passengers |
| 30 30 | Operator Inexperience |
| 31 31 | Operating without Required Equipment |
| 32 32 | Over Correcting |
| 33 33 | Careless or Erratic Driving |
| 34 34 | Reckless or Negligent Driving |
| 35 35 | Speed Too Fast |
| 36 36 | Speed Too Slow |
| 37 37 | Vision Obstructed, By What? (Narrative) |
| 38 38 | Using Telephone, Two Way Radio |
| 98 98 | Other (Narrative) |
| 99 99 | Unknown Action |

Highway Construction/Maintenance Zone (select 1)

- | | |
|---|-----------------------------------|
| 0 | None |
| 2 | Construction Zone |
| 3 | Maintenance Zone (Short Duration) |
| 4 | Utility Zone (Short Duration) |
| 5 | Work Zone, Type Unknown |
| 9 | Unknown |

Light Conditions (select 1)

- | | | | |
|---|------------------|---|---------|
| 1 | Daylight | 4 | Dawn |
| 2 | Dark-Not Lighted | 5 | Dusk |
| 3 | Dark-Lighted | 9 | Unknown |

Weather Conditions (select 1)

- | | | | |
|----|-----------------------|----|-----------------------------------|
| 01 | No Adverse Conditions | 08 | Smog, Smoke |
| 02 | Rain | 09 | Blowing Sand, Soil, Dirt, or Snow |
| 03 | Sleet, Hail | | |
| 04 | Snow | 10 | Severe Crosswind |
| 05 | Fog | 98 | Other (narrative) |
| 06 | Rain and Fog | 99 | Unknown |
| 07 | Sleet and Fog | | |

Driver Alcohol/Drugs

Presence (select 1)

- | | |
|----|----------------------------------|
| V1 | V2 |
| 0 | Neither Alcohol or Drugs Present |
| 1 | Yes (Alcohol Present) |
| 2 | Yes (Drugs Present) |
| 3 | Yes (Alcohol and Drugs Present) |
| 9 | Unknown |

Determination Method (select 1 if applies)

- | | |
|----|------------------------|
| V1 | V2 |
| 1 | Evidential Test |
| 1 | Behavioral |
| 1 | Passive Alcohol Sensor |
| 5 | Observed |
| 9 | Other |

Alcohol (select 1)

- | | | |
|-------|---------------------------------|---------------------------------|
| V1 | V2 | Rest Type (select 1 if applies) |
| 95 95 | Test Refused | V1 V2 |
| 96 96 | None Given | Blood |
| 97 97 | Test Given, Results Unknown | Breath |
| 98 98 | Test Given, Insufficient Sample | Urine |
| 99 99 | Unknown, if tested | Other |
| | Alcohol Results | V1 V2 |
| 00 00 | Negative BAC | Positive Results |

Drugs (select 1)

- | | | |
|-------|---------------------------------|---------------------------------|
| V1 | V2 | Rest Type (select 1 if applies) |
| 95 95 | Test Refused | V1 V2 |
| 96 96 | None Given | Blood |
| 97 97 | Test Given, Results Unknown | Breath |
| 98 98 | Test Given, Insufficient Sample | Urine |
| 99 99 | Unknown, if tested | Other |
| | Drug Results | |
| 00 00 | No Drugs Detected | |
| 02 02 | Marijuana | |
| 03 03 | Cocaine | |
| 04 04 | Opium | |
| 05 05 | Amphetamines | (may select 1) |
| 06 06 | PCP | |
| 08 08 | Other Drug Medication | |
| 09 09 | Drug Type Unknown | |

Driver/Vehicle Maneuver (select 1)

- | | |
|-------|--|
| V1 | V2 |
| 00 00 | Going Straight |
| 01 01 | Negotiating Curve |
| 02 02 | Passing or Overtaking Another Vehicle |
| 03 03 | Right Turn to Private Drive |
| 04 04 | Right Turn to Street |
| 05 05 | Right Turn on Red Permitted |
| 06 06 | Right Turn on Red Not Permitted |
| 07 07 | Left Turn to Private Drive |
| 08 08 | Left Turn to Street |
| 09 09 | Turning from Wrong Lane |
| 10 10 | Making a U-Turn |
| 11 11 | Slowing or Stopped for Signal or Sign |
| 12 12 | Slowing or Stopped for Turning Traffic |
| 13 13 | Slowing or Stopped for Entering Traffic |
| 14 14 | Slowing or Stopped Other |
| 15 15 | Stopped in Traffic Lane |
| 16 16 | Starting in Traffic |
| 17 17 | Backing from Drive |
| 18 18 | Backing from On Street Parking Space |
| 19 19 | Backing Up |
| 20 20 | Entering from Private Drive |
| 21 21 | Leaving a Parked Position |
| 22 22 | Parked Legally-Yes |
| 23 23 | Parked Legally-No |
| 24 24 | Changing Lanes or Merging |
| 25 25 | Maneuvering to Avoid Another Vehicle, Animal, Pedestrian, Object, etc. |
| 98 98 | Other (Narrative) |
| 99 99 | Unknown |

PQO

Document Type

Page 2 of 3

REFERENCE NUMBER
9607041

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2 Supplement Document
3 Amended Document

Local Agency Number

Reference Number Override

Motorists (Passengers) and/or Non-Motorists

Vehicle Number	NAME First	M.I.	Last	Date of Birth	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG	
1-2	ADDRESS Same as <input type="checkbox"/> Driver <input type="checkbox"/> Owner Street & Number			City & State	ZIP	1 Male Sex 2 Female	0 3 1 4		00 30 01 31 20 32 28 99	
Motorists	Other Cyclist	EJECTED	Totally Ejected	Ejection Path	TRAPPED/EXTRICATED	Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs
Non-Motorists	Other Pedestrian	0 Not Applicable	3 Partially Ejected	Path	3 Not Applicable	3 Trapped/Not Extricated	Y N P15		P16	P17
6 Bicyclist	Other Non-Motorist	1 Not Ejected	9 Unknown	Path	1 Not Trapped	9 Unknown				

Non-Motorist

Location At Intersection				Location Not At Intersection			
N1 N2	N1 N2	N1 N2	N1 N2	N1 N2	N1 N2	N1 N2	N1 N2
01 01 In Crosswalk	01 01 On Roadway, Crosswalk Availability Unknown	10 10 In Crosswalk	14 14 In Parking Lane	15 15 On Road Shoulder	16 16 Bike Path	17 17 Outside Trafficway	18 18 Other, Not on Roadway
02 02 On Roadway, Not in Crosswalk	05 05 Not on Roadway	11 11 On Roadway, Not in Crosswalk	15 15 On Road Shoulder	16 16 Bike Path			19 19 Unknown
03 03 On Roadway, Crosswalk Not Available	09 09 Unknown	12 12 On Roadway, Crosswalk Not Available					
		13 13 On Roadway, Crosswalk Availability Unknown					

Vehicle Striking Non-Motorist				Vehicle Striking Non-Motorist			
N1 Vehicle #	1 2 3 4 5 6 7 8 9 10 20 30	N2 Vehicle #	1 2 3 4 5 6 7 8 9 10 20 30	N1 N2	N1 N2	N1 N2	N1 N2
00 00 Condition (may select 3)	10 10 No Contributing Actions	00 00 Condition (may select 3)	10 10 No Contributing Actions	00 00	20 20 Not Visible	00 00	46 46 Failure to Use Lights
01 01 Had Been Drinking	20 20 Not Visible	01 01	20 20 Not Visible	01 01	21 21 Daring, Running or Stumbling into Road	01 01	47 47 Improper Loading of Vehicle Cargo or Passengers
02 02 Illegal Drug Use	21 21 Daring, Running or Stumbling into Road	02 02	22 22 Crossing with Signal	02 02	22 22 Crossing with Signal	02 02	48 48 Operator Inexperience
03 03 Ill (Sick)	22 22 Crossing with Signal	03 03	23 23 Crossing against Signal	03 03	23 23 Crossing against Signal	03 03	49 49 Operating without Required Equipment
04 04 Reaction to Drugs/Medication	23 23 Crossing against Signal	04 04	24 24 Crossing, No Signal	04 04	24 24 Crossing, No Signal	04 04	50 50 Riding in Roadway Against Traffic
05 05 Failure to Take Drugs/Medication	24 24 Crossing, No Signal	05 05	25 25 Coming from Behind Parked Car	05 05	25 25 Coming from Behind Parked Car	05 05	51 51 Vision Obstructed, by What? (Narrative)
06 06 Blood	25 25 Coming from Behind Parked Car	06 06	26 26 Standing in Safety Zone	06 06	26 26 Standing in Safety Zone	06 06	99 99 Unknown Action
07 07 Restricted to Wheelchair	26 26 Standing in Safety Zone	07 07	27 27 Getting on or off Other Vehicle	07 07	27 27 Getting on or off Other Vehicle	07 07	
08 08 Other Physical Impairment (Narrative)	27 27 Getting on or off Other Vehicle	08 08	28 28 Pushing or Working on Vehicle	08 08	28 28 Pushing or Working on Vehicle	08 08	
09 09 Emotional (Depressed, Angry, Disturbed)	28 28 Pushing or Working on Vehicle	09 09	29 29 Other Working in Roadway	09 09	29 29 Other Working in Roadway	09 09	
99 99 Unknown Condition	29 29 Other Working in Roadway						

PLEASE DO NOT WRITE IN THIS AREA

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V1 Vehicles

First Impact 00 01 02 03 04 05 06 08 09 10 12 99

(may select 3) Darken Numbered Area(s) of Vehicle Damage

Under-carriage: 05 06 07 08

Extent of Damage

0 None Severe
 1 Very Minor 5 Very Severe
 2 Minor 9 Unknown
 3 Moderate

Truck/Bus Supplement: Yes No

Emergency Use: Yes No

Rollover: Yes No

Fire: Yes No

Estimated Damage: Under \$400 Over \$400

Vehicle Defects (may select 2): None None None

Vehicle Special Use: None None None

Vehicle Trailer: None None None

Vehicle Towed: Driven Away Towed Away

If Towed, Where? **Chapmans tow-in-10+**

V2 Vehicles

First Impact 00 01 02 03 04 05 06 07 08 09 10 12 99

(may select 3) Darken Numbered Area(s) of Vehicle Damage

Under-carriage: 05 06 07 08

Extent of Damage

0 None Severe
 1 Very Minor 5 Very Severe
 2 Minor 9 Unknown
 3 Moderate

Truck/Bus Supplement: Yes No

Emergency Use: Yes No

Rollover: Yes No

Fire: Yes No

Estimated Damage: Under \$400 Over \$400

Vehicle Defects (may select 2): None None None

Vehicle Special Use: None None None

Vehicle Trailer: None None None

Vehicle Towed: Driven Away Towed Away

If Towed, Where? _____

Vehicle Going On

W S E On: **440 East**

Vehicle Going On

W S E On: _____

Trafficway Flow (select 1)

V1 V2

1 1 Not Physically Divided (Two Way Trafficway)

2 2 Divided Highway, Median Strip (Without Traffic Barrier)

3 3 Divided Highway, Median Strip (With Traffic Barrier)

4 4 One Way Trafficway

9 9 Unknown

Roadway Surface Type (select 1)

V1 V2

1 1 Asphalt

2 2 Concrete

3 3 Brick or Block

4 4 Gravel, Slag, or Stone

5 5 Dirt

8 8 Other (Narrative)

9 9 Unknown

Trafficway Hazards (may select 3)

V1 V2

00 00 No Apparent Hazards

01 01 Inadequate Warning of Exits, Lanes Narrowing, Traffic Control, etc.

02 02 Defective Shoulders

03 03 No or Obscured Pavement Markings

04 04 Holes, Deep Ruts, Bumps

05 05 Loose Material on Surface

06 06 Slippery Surface

07 07 Surface Under Water

08 08 Surface Washed Out

10 10 Under Construction/Maintenance

11 11 Recent Previous Accident Scene Nearby

12 12 Street Lights Not Working

13 13 Traffic Control Device Not Visible

98 98 Other Hazards (Narrative)

99 99 Unknown

Traffic Control Devices (select 1)

V1 V2

00 00 No Controls

01 01 Traffic Light

02 02 Flashing Yellow (Caution)

03 03 Flashing Red (Stop)

04 04 Lane Use Control Signal

05 05 Stop Sign

06 06 Yield Sign

07 07 School Zone Signs

08 08 Warning Signs

09 09 Construction Zone Controls

10 10 RR Crossbucks

11 11 RR Flasher

12 12 RR Gates

13 13 Traffic Control Person

98 98 Other (Narrative)

99 99 Unknown

Roadway Route Signing (select 1)

V1 V2

1 1 Interstate

2 2 U.S. Route

3 3 State Route

4 4 County Route

5 5 Municipal Route

6 6 Other (Narrative)

9 9 Unknown

Number of Travel Lanes (select 1)

V1 V2

1 1 One Lane

2 2 Two Lanes

3 3 Three Lanes

4 4 Four Lanes

5 5 Five Lanes

6 6 Six Lanes

7 7 Seven or More Lanes

8 8 Other (See Narrative)

9 9 Unknown

Roadway Surface Conditions (select 1)

V1 V2

1 1 Dry

2 2 Wet

3 3 Snow or Slush

4 4 Ice

5 5 Sand, Mud, Dirt or Oil

8 8 Other (Narrative)

9 9 Unknown

Roadway Character

V1 V2

Alignment (select 1)

1 1 Curve

2 2 Straight

9 9 Unknown

Profile (select 1)

1 1 Level

2 2 Grade

3 3 Hillcrest

8 8 Other (Narrative)

9 9 Unknown

Other Property Damage? (select all that apply)

1 State Property 7 City Property
 2 County Property 8 Private Property

Amount of Damage (Estimate)

1 Under \$400 2 Over \$400

Traffic Control Device Functioning? (select 1 if applies)

V1 V2

1 Device Not Functioning

2 Device Functioning Improperly

3 Device Functioning Properly

Speed Limit

V1	V2
55	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Access Control (select 1)

V1 V2

1 No Control (Unlimited Access)

2 Full Control (ONLY Ramp Entry and Exit)

3 Other (Narrative)

Owner Information for Other Property Damage

Name: _____ Phone: _____

Address: _____ Describe Property: _____

Name: _____ Phone: _____

Address: _____ Describe Property: _____

Witness

Name: First MI Last _____

Address: Street & Number _____

City & State _____ ZIP _____

Date of Birth _____ Home Phone # _____

Witness

Name: First MI Last _____

Address: Street & Number _____

City & State _____ ZIP _____

Date of Birth _____ Home Phone # _____

PQO

Document Type

Page 3 of 3

REFERENCE NUMBER

9607041

2 Supplement Document

3 Amended Document

Local Agency Number

Reference Number Override

Please Do Not Write In This Microfilm Space

Truck & Bus Crash Information (This Section Must Be Completed for Each Truck or Bus Involved in this Crash)

When To Use This Section:

Did the crash involve...

Part B

Any person who was fatally injured?

Y N

Any injured person requiring transport for immediate medical treatment?

Y N

One or more vehicles that had to be towed from the scene as a result of the crash?

Y N

One or more vehicles that required repair or were provided assistance before proceeding from scene under own power?

Y N

Part A

A truck with at least two axles and six tires?

Y N

A truck with a hazardous materials placard?

Y N

A bus designed to carry 16 or more persons, including the driver?

Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Crash Information Section. If there are any "YES" answers, continue to Part B.

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Crash Information Section.

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information

Carrier Identification Numbers

Source:

Vehicle Side Shipping Papers Trip Manifest Driver Log Book

* Interstate Carrier?

Y N

US DOT

TN DOS

ICC MC

Carrier Address

Carrier Name

Hazardous Material Information

* Hazardous Material Placard Displayed?

Y N

* Hazardous Cargo was Released?

Y N

Class Numbers

List the Hazardous Material(s) by name in this load:

UN Numbers

List the Name(s) of Released Hazardous Material(s):

Vehicle Information

Combined Gross Vehicle Weight Rating

LBS

Total # of Axles

Vehicle Configuration

Cargo Body Type

Vehicle Configuration icons: 1 Bus, 2 Single unit truck, 3 Single unit truck 3+ axles, 4 Truck/Trailer, 5 Tractor, 6 Tractor/Trailer, 7 Tractor/Double, 8 Tractor/Triples, 9 Unknown Heavy Truck

Cargo Body Type icons: 1 Bus, 2 Van Enclosed box, 3 Cargo Tank, 4 Flatbed, 5 Dump, 6 Concrete Mixer, 7 Auto Transporter, 8 Garbage/Refuse, 9 Other

SEQUENCE OF EVENTS FOR THIS VEHICLE

(Mark a total of one to four events in the order that they occurred.)

- 1 2 3 4 Ran off Road
1 2 3 4 Jackknife
1 2 3 4 Overtum (Rollover)
1 2 3 4 Downhill Runaway
1 2 3 4 Cargo Loss or Shift
1 2 3 4 Explosion or Fire
1 2 3 4 Separation of Units
1 2 3 4 Collision involving pedestrian
1 2 3 4 Collision involving motor vehicle in transp.
1 2 3 4 Collision involving parked motor vehicle
1 2 3 4 Collision involving train
1 2 3 4 Collision involving pedalcycle
1 2 3 4 Collision involving animal
1 2 3 4 Collision involving fixed object
1 2 3 4 Collision involving other object
1 2 3 4 Other

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information

Carrier Identification Numbers

Source:

Vehicle Side Shipping Papers Trip Manifest Driver Log Book

* Interstate Carrier?

Y N

US DOT

TN DOS

ICC MC

Carrier Address

Carrier Name

Hazardous Material Information

* Hazardous Material Placard Displayed?

Y N

* Hazardous Cargo was Released?

Y N

Class Numbers

List the Hazardous Material(s) by name in this load:

UN Numbers

List the Name(s) of Released Hazardous Material(s):

Vehicle Information

Combined Gross Vehicle Weight Rating

LBS

Total # of Axles

Vehicle Configuration

Cargo Body Type

Vehicle Configuration icons: 1 Bus, 2 Single unit truck, 3 Single unit truck 3+ axles, 4 Truck/Trailer, 5 Tractor, 6 Tractor/Trailer, 7 Tractor/Double, 8 Tractor/Triples, 9 Unknown Heavy Truck

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1 2 3 4 Collision involving parked motor vehicle
1 2 3 4 Collision involving train
1 2 3 4 Collision involving pedalcycle
1 2 3 4 Collision involving animal
1 2 3 4 Collision involving fixed object
1 2 3 4 Collision involving other object
1 2 3 4 Other

PLEASE DO NOT WRITE IN THIS AREA

Mark Ref. by NCS EM-21001 BC-54543 G502 Printed in U.S.A.

NOT TO SCALE

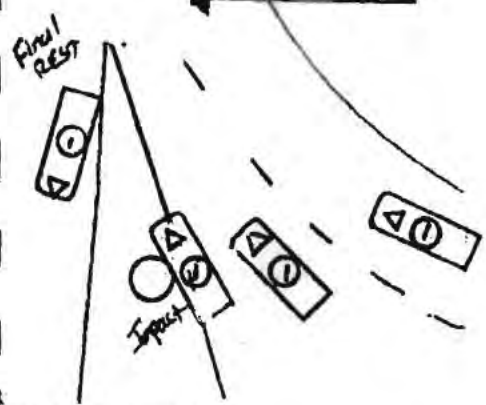
DIAGRAM
Indicate North By Arrow



DO NOT WRITE OUTSIDE THIS AREA

I 24 EAST

440 EAST



Narrative Driver of vehicle #1 states while negotiating the curve on 440 East her accelerator stuck causing the vehicle's speed to increase until the driver lost control and struck a light pole in between 440 East and I 24 East.

Investigator's Signature: *Shane P. McLean*

Date: 01-08-2005

Report Reviewed By: *Det. Paul Dugan*

Date: 01-08-2005

SF1203

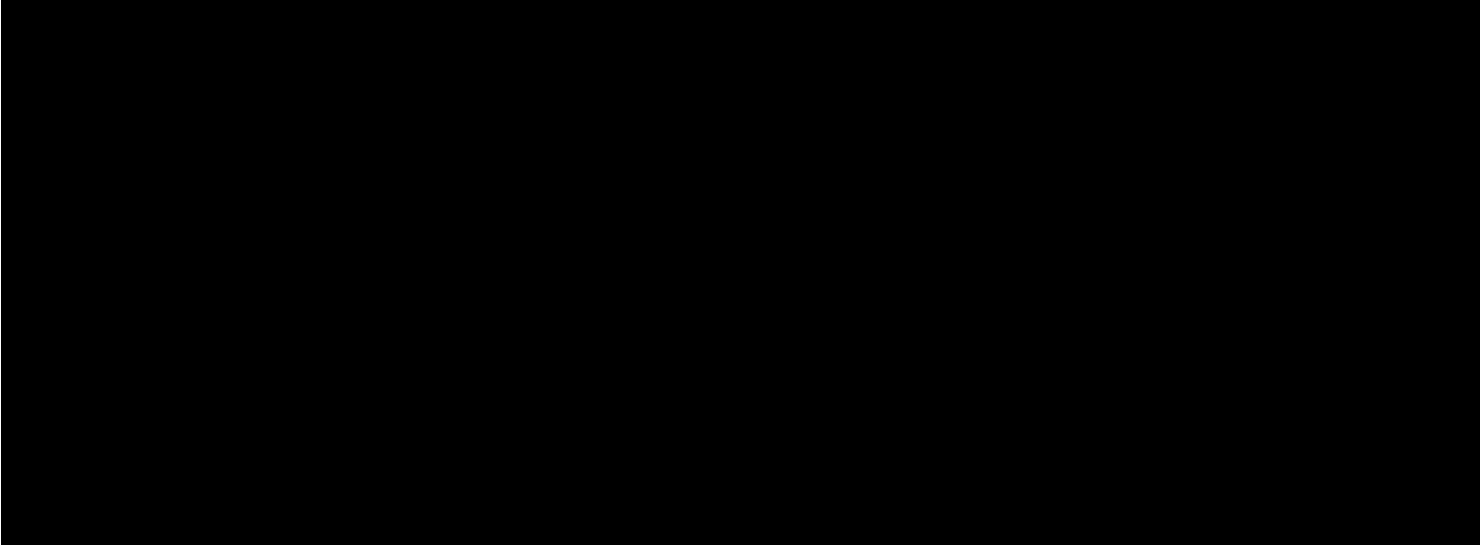












mike

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF CALHOUN

[REDACTED]

Plaintiff,

v

CP

FORD MOTOR COMPANY, a Delaware Corporation
and ALBION MOTORS FORD MERCURY, INC.,
a Michigan Corporation, Jointly and Severally,

Defendants.

CONSUMER LEGAL SERVICES, P.C.
MARK ROMANO P-44014
STEVEN S. TOTH P-44487
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 Linden, Genesee 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, Albion Motors Ford Mercury, Inc. (hereinafter referred to as "Seller"), is a Michigan 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 Albion, Calhoun County, Michigan.

4. On or about September 28, 2001, Plaintiff purchased a new 2002 Ford Escape, VIN 1FMYU04182K [REDACTED] (hereinafter referred to as "2002 Escape"), from the Seller which was manufactured by the Manufacturer (see copy of the Retail Installment Contract attached as Exhibit A).

5. Along with the sale of the 2002 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 (Defendants are in possession of a copy of the written warranty).

CONSUMER LEGAL SERVICES

6. Plaintiff has taken the 2002 Escape to the Manufacturer's authorized agents/dealers, including Seller, on at least six (6) 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 2002 Escape include the following:

<u>Date</u>	<u>Mileage</u>	<u>Invoice#</u>	<u>Complaint</u>
03/11/02	1,705	59960	Fuel pedal binds; passenger front window rolls up out of track; driver side rear door has to be slammed to latch; <u>STRUCTURAL DEFECT</u> : passenger rear door will not open/unlatch
06/17/02	11,826	11697	<u>STRUCTURAL DEFECT</u> : passenger rear door lock loose; <u>RATTLE NOISE</u> : rattle in rear of truck; seat belt light on dash flashes; gas pedal sticks
08/15/02	15,005	13107	<u>STRUCTURAL DEFECT</u> : passenger side rear door handle/lock assembly coming loose; <u>RATTLE NOISE</u> : rattle in back; cruise control does not hold speed going up hill
09/09/02	16,451	13530	<u>RATTLE NOISE</u> : rear door hatch rattles; <u>STRUCTURAL DEFECT</u> : passenger rear door handle coming apart
09/30/02	17,306	13966	<u>RATTLE NOISE</u> : liftgate rattles and squeaks; <u>STRUCTURAL DEFECT</u> : left rear passenger door handle falls out
01/14/03	22,143	28465	Squeak noise from rear hatch when closing and opening; power window squeaks going up; cold air felt on feet on passenger side

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 exceeds TWENTY FIVE THOUSAND DOLLARS (\$25,000.00), exclusive of interest and costs, for which Plaintiff seeks judgment against Defendants, together with equitable relief. In addition, Plaintiff seeks damages from Defendants for incidental, consequential, exemplary and actual damages including interest, costs, and actual attorneys' fees.

COUNT I
VIOLATION OF NEW MOTOR VEHICLE WARRANTIES ACT;
MCL 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 2002 Escape is a "motor vehicle" under the Lemon Law, MCL 257.1401(f).

13. The 2002 Escape is a "new motor vehicle" under the Lemon Law, MCL 257.1401(g).

14. The express warranty given by Manufacturer, covering the 2002 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 2002 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 2002 Escape continues to manifest the aforementioned defects.

19. The aforementioned defects substantially impair the use or value of the 2002 Escape to the Plaintiff and/or prevent the 2002 Escape from conforming to the Manufacturer's express warranty.

WHEREFORE, Plaintiff prays for the following relief:

A. Replacement of the 2002 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 2002 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 2002 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 2002 Escape;
- B. For return of an amount equal to Plaintiff's down payment 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 MOTOR VEHICLE SERVICE AND REPAIR ACT
MCLA 257.1301, ET SEQ.**

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

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

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

27. 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, 257.1335, 257.1336, and 257.1337; and Michigan Administrative Rules 257.131 through 257.137 including, but not limited to:

(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;

CONSUMER LEGAL SERVICES

(b) Allowing Plaintiff to sign an acknowledgment, 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 2002 Escape 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.

28. 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.

WHEREFORE, Plaintiff prays for a judgment against the Seller in an amount to be determined by the trier of fact, but 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.

CONSUMER LEGAL SERVICES

COUNT IV
RESCISSION OF CONTRACT

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

30. An express limited warranty covering 36 months or 36,000 miles of use, whichever occurred first, accompanied the delivery of the 2002 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.

31. The limited warranty, given by the Manufacturer and adopted by the Seller when the Seller serviced and repaired the 2002 Escape created a contractual relationship between the Manufacturer/Seller and Plaintiff.

32. 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.

33. The actions of the Manufacturer and Seller have resulted in a failure of consideration justifying the rescission of the contract.

34. Without a judicial declaration that the contract has been rescinded, Plaintiff will suffer irreparable and substantial harm if the consideration paid by Plaintiff and damages sustained by Plaintiff, together with interest, are not restored.

WHEREFORE, Plaintiff prays for judgment and the following relief against all Defendants:

CONSUMER LEGAL SERVICES

A. That this Court order a rescission of the purchase and retail installment contract by refunding all monies paid by Plaintiff, terminating the retail installment contract, requiring Defendants to pay off the balance of the contract and ordering Plaintiff to return the 2002 Escape to the Defendants;

B. Damages incurred by Plaintiff created by Defendants' breach of contract, including all monies paid for the purchase of the 2002 Escape;

C. For return of an amount equal to Plaintiff's down payment and all payments made by Plaintiff to the Defendants;

D. For incidental, consequential, exemplary and actual damages;

E. For costs and expenses, interest, and actual attorneys' fees; and

F. Such other relief this Court deems appropriate.

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

35. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 34 as though herein fully restated and realleged.

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

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

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

CONSUMER LEGAL SERVICES

(a) The Manufacturer and Seller represented to Plaintiff the 2002 Escape and the warranty thereof had characteristics, uses, benefits, qualities, and standards which they did not actually have.

(b) The Manufacturer and Seller represented to Plaintiff the 2002 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 2002 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 2002 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 2002 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 2002 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 2002 Escape to be other than it actually was.

CONSUMER LEGAL SERVICES

(h) The Manufacturer and Seller have failed to provide the promised benefits to Plaintiff with regard to the sale of the 2002 Escape to Plaintiff.

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

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 and equitable.

COUNT VI
BREACH OF WRITTEN WARRANTY UNDER
MAGNUSON-MOSS WARRANTY ACT

40. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 39 as though herein fully restated and realleged.

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

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

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

44. The 2002 Escape is a "consumer product" as defined in the Warranty Act, 15 USC 2301(1).

45. The 2002 Escape was manufactured, sold and purchased after July 4, 1975.

CONSUMER LEGAL SERVICES

46. The express warranty given by the Manufacturer pertaining to the 2002 Escape is a "written warranty" as defined in the Warranty Act, 15 USC 2301(6).

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

48. 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 2002 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 IMPLIED COVENANT OF GOOD FAITH AND FAIR DEALING

49. The Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 48 as though herein fully restated and realleged.

CONSUMER LEGAL SERVICES

50. MCLA 440.1203 provides that "every contract or duty within this act imposes an obligation of good faith in its performance or enforcement."

51. Good faith is defined in the Michigan Uniform Commercial Code as "honesty in fact in the conduct or transaction concerned" [MCLA 440.1201(19)], and "in the case of a merchant means honesty in fact and the observance of reasonable commercial standards of fair dealing in the trade" [MCLA 4402103(1)(b)].

52. Implied in the agreement between the Plaintiff and all Defendants for purchase and/or repair of the 2002 Escape was a covenant of good faith and fair dealing between the parties, wherein Defendants impliedly covenanted they would deal with the Plaintiff fairly and honestly and do nothing to impair, interfere with, hinder or potentially injure the rights of Plaintiff with respect to:

- (i) the preparation, inspection, and processing of said vehicle prior to delivery to Plaintiff;
- (ii) the delivery of said vehicle free from manufacturing or workmanship defects;
- (iii) the repair of said vehicle using good workmanship.

53. Defendants have breached their covenants of good faith and fair dealing by their actions as previously set forth herein, and in refusing to deal honestly and fairly with Plaintiff regarding the express and implied warranties covering the 2002 Escape and the repair of the same.

54. The conduct of the Defendants as aforementioned is without just or reasonable cause, and the Defendants knew or now know that such conduct is contrary to the law and the terms and conditions of the express warranty on the 2002 Escape.

CONSUMER LEGAL SERVICES

WHEREFORE, Plaintiff prays that this Court award Plaintiff a judgment against all Defendants, in an amount equal to all monies paid on the 2002 Escape and for all damages, including consequential and exemplary damages, together with interest, costs and actual attorneys' fees reasonably incurred as provided for by the appropriate statute or rule, and for such other legal and equitable relief as this Court may deem proper in an amount to be determined by the trier of fact exceeding TWENTY FIVE THOUSAND DOLLARS (\$25,000.00), and other relief this Court deems fair and equitable.

COUNT VIII
REVOCATION OF ACCEPTANCE

55. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 54 as though herein fully restated and realleged.

56. Plaintiff accepted the 2002 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.

57. 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.

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

59. The nonconformities substantially impaired the value of the 2002 Escape to the Plaintiff.

CONSUMER LEGAL SERVICES

60. 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 her purchase price for the 2002 Escape and out-of-pocket expenses (see copy of Plaintiff's revocation of acceptance letter attached as Exhibit C).

61. Manufacturer and Seller have nevertheless refused to accept return of the 2002 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 2002 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.

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

62. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 61 as though herein fully stated and realleged.

CONSUMER LEGAL SERVICES

63. 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 2002 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 X
BREACH OF EXPRESS WARRANTY

64. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 63 as though herein fully restated and realleged.

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

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

67. The 2002 Escape constitutes "goods" under the Michigan Uniform Commercial Code, MCLA 440.2105; MSA 2105.

CONSUMER LEGAL SERVICES

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

69. Plaintiff's purchase of the 2002 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.

70. 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 2002 Escape free of charge to Plaintiff under specific terms as stated in the express warranty.

71. In fact, Plaintiff discovered the 2002 Escape had defects and problems after Plaintiff purchased the vehicle as discussed above.

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

73. Plaintiff has provided the Seller and the Manufacturer with sufficient opportunities to repair or replace the 2002 Escape.

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

75. The Manufacturer and Seller have failed to adequately repair the 2002 Escape and/or have not repaired the 2002 Escape in a timely fashion, and the 2002 Escape remains in a defective condition.

CONSUMER LEGAL SERVICES

76. Even though the express warranty provided to Plaintiff limited Plaintiff's remedy to repair and/or adjust defective parts, the 2002 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).

77. The 2002 Escape continues to contain defects which substantially impair the value of the automobile to the Plaintiff.

78. These defects could not reasonably have been discovered by the Plaintiff prior to Plaintiff's acceptance of the 2002 Escape.

79. The Manufacturer and Seller induced Plaintiff's acceptance of the 2002 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.

80. As a result of its many defects, the Plaintiff has lost faith and confidence in the 2002 Escape and the Plaintiff cannot reasonably rely upon the vehicle for the ordinary purpose of safe, efficient transportation.

81. 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 2002 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.

CONSUMER LEGAL SERVICES

82. 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 2002 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.

COUNT XI
BREACH OF IMPLIED WARRANTY OF MERCHANTABILITY

83. Plaintiff incorporates herein by reference each and every allegation contained in Paragraphs 1 through 82 as though herein fully restated and realleged.

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

85. The 2002 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.

CONSUMER LEGAL SERVICES

86. The 2002 Escape was not fit for the ordinary purpose for which such goods are used.

87. The defects and problems hereinbefore described rendered the 2002 Escape unmerchantable.

88. The Manufacturer and Seller failed to adequately remedy the defects in the 2002 Escape; and the 2002 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 2002 Escape;
- 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.

CONSUMER LEGAL SERVICES

JURY DEMAND

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

Respectfully submitted,

CONSUMER LEGAL SERVICES, P.C.

By:



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

Dated: January 23, 2003

CONSUMER LEGAL SERVICES

MICHIGAN SIMPLE INTEREST VEHICLE RETAIL INSTALMENT CONTRACT

DATE Sep 28, 2001

Buyer (and Co-Buyer) Name and Address (including County and Zip Code) [REDACTED] LINDEN, MI [REDACTED] ()	CREDITOR (Seller Name and Address) ALBION MOTORS FORD MERCURY, INC 1411 N EATON STREET PO BOX 218 ALBION, MI 49224
--	---

You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. The cash price is shown below as "Cash Price." The credit price is shown below as "Total Sale Price." By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract.

New/Used	Year and Make	Model	GVW if Truck (lbs.)	Vehicle Identification Number	Use For Which Purchased
NEW	2002 FORD	ESCAPE	N/A	1FMYU04182K [REDACTED]	<input type="checkbox"/> Personal <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial

ITEMIZATION OF AMOUNT FINANCED	
1. Cash Price.....	\$ 23,324.22 (1)
2. Down Payment	
Third Party Rebate Assigned to Creditor.....	\$ N/A
Cash Down Payment.....	\$ 4,000.00
Trade-In 2001 FORD \$ 17,500.00	\$ 16,887.19
	\$ 612.81
Year and Make Gross Allowance Amount Owring	
Total Down Payment.....	\$ 4,612.81 (2)
3. Unpaid Balance of Cash Price (1 minus 2).....	\$ 19,223.41 (3)
4. Amounts paid on your behalf (Seller may be retaining a portion of these amounts)	
To Insurance Companies for:	
Vehicle Insurance.....	\$ N/A
Credit Life Insurance.....	\$ N/A
Credit Disability Insurance.....	\$ N/A
N/A	\$ N/A
To Public Officials (i) for license (\$ N/A), title (\$ 11.00), & registration (\$ 8.00) fees \$ N/A	
(ii) for filing fees \$ N/A	
(iii) for taxes (not in Cash Price) \$ N/A	\$ 19.00
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
To N/A for N/A	\$ N/A
Total.....	\$ 19.00 (4)
5. Amount Financed (3 plus 4).....	\$ 19,242.41 (5)

INSURANCE	
YOU MAY OBTAIN VEHICLE INSURANCE FROM A PERSON OF YOUR CHOICE.	
CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM.	
<input type="checkbox"/> Credit Life	N/A Insured
	N/A Premium Insured(s)
	Signature(s)
<input type="checkbox"/> Credit Disability	N/A Insured
	N/A Premium Insured
	Signature
Type of Insurance	Term
N/A	N/A
Insured	Premium
	Signature

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you or on your behalf	The amount you will have paid when you have made all scheduled payments	The total cost of your purchase on credit, including your down payment
4.90 %	\$ 2,472.59	\$ 19,242.41	\$ 21,735.00	\$ 26,347.81

Payment Schedule	Number of payments	Amount of Each payment	When Payments are due
Your payment schedule will be:	59	\$ 362.25	monthly starting October 28, 2001
	1 final	\$ 362.25	

Prepayment: If you pay off your debt early, you will not have to pay a penalty.
Security Interest: You are giving a security interest in the vehicle being purchased.
Late Payment: If you purchased the vehicle for personal, family, or household use, you must pay a late charge on the portion of each payment received more than 10 days late of 5 percent of the late amount or \$15.00, whichever is greater.
Contract: Please see this contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date, and prepayment penalty.

COMMERCIAL OR AGRICULTURAL USE CONTRACTS: If you purchased the vehicle for commercial or agricultural use, you must pay a late charge on the portion of each payment received more than 10 days late of 7.5 percent of the late amount or \$50.00, whichever is less.
 Any charge... and signed by you and the Creditor.

BUYER: [REDACTED] CO-BUYER: [REDACTED]

Warning: The insurance afforded hereunder does not cover liability for injury to persons or damage to property of others unless so indicated hereon.

NOTICE TO BUYER:
 Do not sign this contract in blank. You are entitled to 1 true copy of the contract you sign. Read it carefully before you sign it. It contains your legal rights.
 [REDACTED] (Co) Buyer [REDACTED]

Credit Life and Credit Disability insurance are for the term of the contract. The amount and coverages are shown in a notice or agreement given to you today.
 You are required to insure the vehicle. If a charge is shown below, the Creditor will try to buy the coverages checked for the term shown. Coverages will be based on the cash value of the vehicle at time of loss, but not more than the limits of the policy.
 Comprehensive \$ Deductible Collision
 Fire-Theft-Combined Additional Coverage
 Towing and Labor
 Term N/A Months (Estimate)
 Premium \$



PLEASE CALL US AT 1-800-727-7000

EXHIBIT A

CUSTOMER NO. 30444	ADVISOR DARY REEBERS	CARD NO. 675	INVOICE DATE 03/11/02	INVOICE NO. FOL 10140
[REDACTED]	LABOR RATE 65.00	LICENSE NO.	MILEAGE IN 3700	COLOR SILVER
	YEAR / MAKE / MODEL 02/FORD TRUCK/EXPLORER			STOCK NO.
	VEHICLE ID. NO. 1FMYU04181K [REDACTED]			DELIVERY DATE
	F.T.E. NO.			DELIVERY MILES
LINDEN, MI [REDACTED]	P.O. NO.		Selling Dealer NO.	PRODUCTION DATE
RESIDENCE PHONE [REDACTED]	BUSINESS PHONE [REDACTED]	REPAIRS PROPERLY COMPLETED AND CHECKED BY: X		ALL PARTS NEW UNLESS SPECIFIED OTHERWISE
				MILEAGE OUT

LABOR & PARTS
 J# 1 07102 DRIVEABILITY HOURS: TECH(S): 3029
 CHECK FOR FUEL PEDAL BINDS SEEMS WORSE COLD HURRY.
 R AND R T BODY ADJUSTABLE AND LOSE

PARTS-----QTY-----P#-----NUMBER-----DESCRIPTION-----LIST PRICE-----UNIT PRICE-----
 JOB # 1 TOTAL LABOR & PARTS

J# 2 121027 WORKT GO UP HOURS: TECH(S): 3029
 CHECK FOR PASSENGER FRONT WINDOW ROLLS UP OUT OF TRACK
 R AND R BODY PANEL R AND R REGULATOR AND ROLLER AND
 INSTALL PROPERLY

PARTS-----QTY-----P#-----NUMBER-----DESCRIPTION-----LIST PRICE-----UNIT PRICE-----
 JOB # 2 TOTAL LABOR & PARTS

J# 3 48F021 LOCKS HOURS: TECH(S): 3029
 CHECK FOR DRIVERS SIDE REAR DOOR NECC. TO SLAM TO LATCH.
 REALIGN LEFT REAR DOOR

PARTS-----QTY-----P#-----NUMBER-----DESCRIPTION-----LIST PRICE-----UNIT PRICE-----
 JOB # 3 TOTAL LABOR & PARTS

J# 4 48F02 LATCHES HOURS: TECH(S): 3029
 CHECK FOR PASSENGER REAR DOOR WILL NOT OPEN/WELCH.
 R AND R DOOR PANEL WITH LOCK CLOSURE WIRE AND PICK
 AND ASSEMBLE LATCH IN DOOR TO BE BOUNDED OPEN THEN REPLACE
 LATCH AND HANDLE ASSY.

PARTS-----QTY-----P#-----NUMBER-----DESCRIPTION-----LIST PRICE-----UNIT PRICE-----
 JOB # 4 TOTAL LABOR & PARTS



COMMENTS
 DROP MONDAY KEY WITH SALES

TECHNICIAN CERTIFICATION
 3029 RICHARD M. LEE #158103

MEL FARR FORD of GRAND BLANC, Inc.
 5470 Ali Drive
 GRAND BLANC, MI 48439
 Phone (810) 695-3000

EXHIBIT B
 REGISTRATION NO.
 F-138323

CUSTOMER NO. 98347	ADVISOR BART REDFERN	CARD NO. 5749	INVOICE DATE 03/11/02	INVOICE NO. F-138323
[REDACTED]	LABOR RATE \$5.00	LICENSE NO.	MILEAGE IN 1700	COLOR SILVER
	YEAR / MAKE / MODEL 02/FORD TRUCK/EXPLORER			STOCK NO.
	VEHICLE ID. NO. 1F8YU040324			DELIVERY DATE
LINDEN, MI	F.T.E. NO.	P.O. NO.	SELLING DEALER NO.	PRODUCTION DATE
RESIDENCE PHONE	REPAIRS PROPERLY COMPLETED AND CHECKED BY: <input checked="" type="checkbox"/> X		R.O. DATE 03/11/02	ALL PARTS NEW UNLESS SPECIFIED OTHERWISE
BUSINESS PHONE	AUTHORIZED REPRESENTATIVE		MILEAGE OUT	

TOTALS-----
 THANK YOU. WE APPRECIATE YOUR BUSINESS.

METHOD OF PAYMENT:
 CHARGE CASH CREDIT CARD
 CHECK NO.

TOTAL LABOR...
 TOTAL PARTS...
 TOTAL SUBLET...
 TOTAL B.O.B...
 TOTAL W/EC CH...
 TOTAL W/EC DASH...
 TOTAL TAX...
 TOTAL INVOICE \$

 CUSTOMER SIGNATURE



MEL FARR FORD of GRAND BLANC, Inc.
 5470 Ali Drive
 GRAND BLANC, MI 48439
 Phone (810) 695-3000

REGISTRATION NO.
F-138323

7356171

11697

INVOICE

SZOTT FORD
8800 EAST HOLLY RD.
HOLLY MI 48442

LINDEN, MI
HOME: [REDACTED]

BUS: [REDACTED]

PAGE 1

SERVICE ADVISOR: 8400 STUART A. KING

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
SILVER	02	FORD ESCAPE	1FMYU04182K [REDACTED]		11826/11826	T425	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN2000			18:00 17JUN02		0.00	CASH	28JUN2002
R.O. OPENED	READY	OPTIONS: DLR:00322					

09:20 17JUN02	06:57 28JUN02						
LINE OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL

A CUSTOMER STATES THAT PASS REAR DOOR LOCK IS LOOSE
CAUSE:

27406B TRIM PANEL-REAR DOOR - REMOVE AND INSTALL
(27406/27407) - L
4129 LINTZ, JEREMEY LIC#: [REDACTED]
W 0.20

(N/C)

FC: PART#: COUNT:
CLAIM TYPE:
AUTH CODE:

B RATTLE IN REAR OF TRUCK.
CAUSE:

40860B LIFTGATE OPENING GLASS STRIKER/LATCH -
ADJUST (40860/42154) - L
4129 LINTZ, JEREMEY LIC#: [REDACTED]
W 0.20

(N/C)

FC: PART#: COUNT:
CLAIM TYPE:
AUTH CODE:

C SEAT BELT LIGHT ON DASH FLASHES.
00 NORMAL OPERATION WHEN SEATBELT NOT ON
4129 LINTZ, JEREMEY LIC#: [REDACTED]
C 0.00

0.00 0.00

D GAS PEDEL STICKS.
CAUSE:
9926A THROTTLE BODY - AIR INTAKE - REPLACE
(9E926) - L
4129 LINTZ, JEREMEY LIC#: [REDACTED]
W 0.40

(N/C)

(N/C)

1 YL8Z*9E926*DA BDY ASY-AIR INTK CHG THROT

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.	DESCRIPTION	TOTALS
		LABOR AMOUNT	
		PARTS AMOUNT	
		GAS, OIL, LUBE	
		SUBLET AMOUNT	
		MISC. CHARGES	
		TOTAL CHARGES	
		LESS INSURANCE	
		SALES TAX	
		PLEASE PAY THIS AMOUNT	

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

CUSTOMER SIGNATURE

CUSTOMER COPY

7356171

11697

INVOICE

SZOTT FORD
8800 EAST HOLLY RD.
HOLLY MI 48442

LINDEN, MI

PAGE 2

HOME:

BUS:

SERVICE ADVISOR: 8400 STUART A. KING

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
SILVER	02	FORD ESCAPE	1FMYU04182K		11826/11826	T425	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN2000			18:00 17JUN02		0.00	CASH	28JUN2002
R.O. OPENED		READY	OPTIONS: DLR:00322				
09:20 17JUN02		06:57 28JUN02					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
FC: PART#: COUNT:							
CLAIM TYPE:							
AUTH CODE:							

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

STATEMENT OF DISCLAIMER

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

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

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

CUSTOMER SIGNATURE

CUSTOMER COPY

7356171

13107

INVOICE

SZOTT FORD
8800 EAST HOLLY RD.
HOLLY MI 48442

LINDEN, MI
HOME: [REDACTED]

PAGE 1

BUS: [REDACTED]

SERVICE ADVISOR: 9619 JOHN GRIGG JR

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
SILVER	02	FORD ESCAPE	1FMYU04182K [REDACTED]	[REDACTED]	15005/15005	T360	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN2000			18:00 15AUG02		0.00	CASH	16AUG2002
R.O. OPENED	READY	OPTIONS: DLR:00322					
17:33 15AUG02	17:39 16AUG02						

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

A PASSENGER SIDE REAR DOOR HANDLE/LOCK ASSEMBLY IS COMING LOOSE
CAUSE:

MT264A00 MT TIME-R AND I RR DOOR TRIM PANEL TO
INSTALL INNER DOOR HANDLE

3652 GUISE, RICHARD LIC#: [REDACTED]
W 0.50

4 *W708621*S300 PIN 9.0X24.9X0.6-1.0

1 2L8Z*78264A00*BAA R/CONTR & LAT ASY RR DR

(N/C)
(N/C)
(N/C)

FC: PART#: COUNT:
CLAIM TYPE:
AUTH CODE:

B VEHICLE HAS RATTLE IN THE BACK, POSSIBLY COMING FROM THE HATCH. CAN
BE HEARD WHEN COMING DOWN BUMPY ROAD. SQUEAK TYPE NOISE

00 INSPECT AND R AND I REAR LIFTGATE TRIM TO FOAM
INSULATE AND REPAIR RATTLES

3652 GUISE, RICHARD LIC#: [REDACTED]
ISP 2.00

(N/C)

C CRUISE CONTROL DOES NOT HOLD SPEED. WHEN GOING UP A HILL SPEED
INCREASES ABOUT 5 MPH.

00 TESTED SEVERAL TIMES-UNABLE TO VERIFY CONCERN
999 C 0.00

0.00 0.00

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

STATEMENT OF DISCLAIMER

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

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

DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

CUSTOMER COPY

7356171

13530

INVOICE

SZOTT FORD
8800 EAST HOLLY RD,
HOLLY MI 48442

LINDEN, MI
HOME:

BUS:

PAGE 1

SERVICE ADVISOR: 9619 JOHN GRIGG JR

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
SILVER	02	FORD ESCAPE	1FMYU04182K		16451/16451	T647	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN2000			18:00 09SEP02		0.00	CASH	09SEP2002
R.O. OPENED	READY	OPTIONS: DLR:00322					
08:30 09SEP02	17:45 09SEP02						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A							
A REAR DOOR HATCH RATTLES							
00 PARTS ON ORDER							
3652 GUISE, RICHARD LIC#: M213003							
C 0.00							

B							
B PASSENGER SIDE REAR DOOR HANDLE IS COMING APART							
00 PARTS ON ORDER							
3652 GUISE, RICHARD LIC#: M213003							
C 0.00							

John McKellan Jr.

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.	DESCRIPTION:	TOTALS
		LABOR AMOUNT	0.00
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE	PARTS AMOUNT	0.00
		GAS, OIL, LUBE	0.00
		SUBLET AMOUNT	0.00
		MISC CHARGES	0.00
		TOTAL CHARGES	0.00
		LESS INSURANCE	0.00
		SALES TAX	0.00
		PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY

Called @ 3:21 pm on Fri 10-04-02
 Cust will pick up - 4:30-5 pm AA

called Fri 10-04-02
 @ 12:30 pm ARCHIE
 1 810-591-2412
 2 810-735-6171
 1 3966

called @ 6:24 pm
 ARCHIE

7356171

INVOICE

SZOTT FORD
 8800 EAST HOLLY RD.
 HOLLY MI 48442

LINDEN, MI
 HOME: [REDACTED]

BUS: [REDACTED]

PAGE 1

SERVICE ADVISOR: 4307 ARCHIE AUSTIN III

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
SILVER	02	FORD ESCAPE	1FMYU04182K [REDACTED]	[REDACTED]	17306/17306	T932	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN2000			18:00 30SEP02		0.00	CASH	03OCT2002
R.O. OPENED	READY	OPTIONS	DLR:00322				
09:08 30SEP02	18:36 03OCT02						

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

A CHECK LIFTGATE FOR RATTLE AND SQUEAK
 CAUSE:

OSL OUTSIDE LABOR

999	W	0.00	(N/C)
1	1L8Z*7840010*AA	GT ASY LFT	(N/C)
1	1L8Z*7840010*AA	GT ASY LFT	(N/C)
1	1L22*7842528*GA	PLT ASY-LF/GT NM	(N/C)
2	YL8Z*7842528*AC	PLT ASY - LF/GT NM	(N/C)
1	YL8Z*7842528*AB	APPLIQUE RR LIFTGATE	(N/C)
1	YL8Z*7822620*BAB	ESC DR I/S HNDL RH	(N/C)
1	YL8Z*7827406*HAB	PNL DR TR RH	(N/C)
1	YL8Z*7824630*EA	DR ASY RR RH	(N/C)
1	YL8Z*7825766*AA	RUN RR DR GL RH	(N/C)

IMPORTANT
 You may receive a customer satisfaction survey from Ford Motor Co. in the next few weeks. If for any reason you cannot grade us "Completely Satisfied," please contact our Service Manager, John McLellan, immediately. Your satisfaction is our number 1 concern. Thank you!
 SZOTT FORD
 (248) 634-4411

FC: N42 33
 PART#: 1L8Z*7840010*AA
 COUNT:
 CLAIM TYPE:
 AUTH CODE:

SUBL CLARKSTON AUTO INV#5000
 W

(N/C)

B LEFT REAR PASSENGER DOOR HANDLE FALLS OUT--INSTALL S-O-P PARTS
 00 SEE LINE #A FOR REPAIR

999	C	0.00	0.00	0.00
-----	---	------	------	------

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	STATEMENT OF DISCLAIMER The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.	DESCRIPTION	TOTALS
		CUSTOMER SIGNATURE	LABOR AMOUNT
	PARTS AMOUNT	0.00	
	GAS, OIL, LUBE	0.00	
	SUBLET AMOUNT	0.00	
	MISC. CHARGES	0.00	
	TOTAL CHARGES	0.00	
	LESS INSURANCE	0.00	
	SALES TAX	0.00	
	PLEASE PAY THIS AMOUNT	0.00	

CUSTOMER COPY



LASCO FORD, INC.

2525 Owen Rd. • Fenton, MI 48430
Phone (810) 629-2255 Fax (810) 629-0975
lasco@att.net
www.lascoford.com



LOOK TO LASCO

DEALER REGISTRATION NO. F102860

CUSTOMER NO. 25662	ADVISOR JOHN	TAR NO. 25587	INVOICE DATE 01/15/03	INVOICE NO. FOCS28465
	LABOR RATE 70.00	LICENSE NO.	MILEAGE 22,143	COLOR GRAY/
LINDEN, MI	YEAR / MAKE / MODEL 02 / FORD TRUCK/ESCAPE		DELIVERY DATE	PERMITS MILES
	VEHICLE I.D. NO. 1 F M Y U 0 4 1 8 2 K		BELL/NO DEALER NO	PRODUCTION DATE
	P. F. E. NO.	I. F. O. NO.	R. O. DATE 01/14/03	
COMMENTS			MO: 22145	

JOB# 1 CHARGES.....

LABOR.....
 # 1 60FOZ ~~INFERIOR TRIM CONCERN~~ ~~HOUSING~~ ~~NO: 40~~ ~~TECHNO: 26080~~ ~~509~~ ~~WARRANTY~~
 SQUEEK NOISE FROM REAR HATCH WHEN CLOSING AND OPENING
 INSPECT AND LUBE HINGES

JOB# 1 TOTALS.....

JOB# 1 JOURNAL PREFIX FOCS JOB# 1 TOTAL 0.00

JOB# 2 CHARGES.....

LABOR.....
 # 2 60FOZ01 ~~INFERIOR TRIM CONCERN~~ ~~HOUSING~~ ~~NO: 40~~ ~~TECHNO: 26080~~ ~~509~~ ~~WARRANTY~~
 DRIVER POWER WINDOW SQUEEKS GOING UP
 INSPECT R & R TRIM PAD LUBE WINDOW REGULATOR

JOB# 2 TOTALS.....

JOB# 2 JOURNAL PREFIX FOCS JOB# 2 TOTAL 0.00

JOB# 3 CHARGES.....

LABOR.....
 # 3 60FOZZ ~~INFERIOR TRIM CONCERN~~ ~~HOUSING~~ ~~NO: 40~~ ~~TECHNO: 26080~~ ~~509~~ ~~WARRANTY~~
 CUSTOMER FEELS COLD AIR ON FEET ON PASS SIDE AT ALL TIMES
 INSPECT NECESSARY TO RESEAL COVER FOR EVAPORATOR HOUSING

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	WARRANTY
	1	F7AZ-19554-CA	SEALER 359023			0.00
				TOTAL - PARTS		0.00

JOB# 3 TOTALS.....

JOB# 3 JOURNAL PREFIX FOCS JOB# 3 TOTAL 0.00

JOB# 4 CHARGES.....

LABOR.....
 # 4 00FOZ99 ~~FIRST SERVICE APPT~~ ~~HOUSING~~ ~~NO: 40~~ ~~TECHNO: 26080~~ ~~509~~ ~~WARRANTY~~
 THANK YOU FOR LETTING LASCO FORD SERVICE YOUR NEW VEHICLE.
 PLEASE REMEMBER TO MAIL IN FORD MOTOR COMPANY SURVEY.
 THANK YOU FROM THE LASCO FORD SERVICE DEPARTMENT

JOB# 4 TOTALS.....

JOB# 4 JOURNAL PREFIX FOCS JOB# 4 TOTAL 0.00

TECHNICIAN CERTIFICATION.....
 509 RONALD E HALL M160383

DISCLAIMER OF WARRANTIES
 Any warranties on the products 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. All repairs and parts listed were furnished in compliance with the Michigan State Repair Act PA300.

COMMITTED TO COMPLETE CUSTOMER SATISFACTION

Monday 7:30 am - 8:00 pm
 Tuesday - Friday 7:30 am - 6:00 pm
 Closed Saturdays
 Early Bird Drop Off Available
 Ask about local shuttle service

YOUR NEIGHBORHOOD



DEALER

ALL PARTS NEW UNLESS SPECIFIED OTHERWISE

All repairs and parts listed were furnished in compliance with the Michigan State Repair Act and Labor Act.
 REPAIR PROPERLY COMPLETED AND CHECKED BY
 X *[Signature]*

Model 3511 from the Registrar and this is a copy of the original (6-02)



LASCO FORD, INC.

2525 Owen Rd. • Fenton, MI 48430
Phone (810) 629-2255 Fax (810) 629-0975
lasco@att.net
www.lascoford.com



LOOK TO LASCO

DEALER REGISTRATION NO. F102580

CUSTOMER NO. 25662	ADVISOR JOHN	TAC NO. 25587	532	INVOICE DATE 01/15/03	INVOICE NO. FOCS28465
	LABOR RATE 70.00	LICENSE NO.	MILEAGE 22,143	COLOR GRAY/	STOCK NO.
LINDEN, MI	YEAR / MAKE / MODEL 02/FORD TRUCK/ESCAPE			DELIVERY DATE	DELIVERY MILEAGE
	VEHICLE I.D. NO. 1 F M Y U 0 4 1 8 2 K			SELLING DEALER NO.	PRODUCTION DATE
	F. T. E. NO.	P. O. NO.		R. O. DATE 01/14/03	
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS			
		MO: 22145			

TOTALS

 * [] CASH [] CHECK CK NO. [] *
 * [] VISA [] MASTERCARD [] DISCOVER *
 * [] AMER XPRESS [] OTHER [] CHARGE *

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

THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE

DISCLAIMER OF WARRANTIES
 Any warranties on the products 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. All repairs and parts listed were furnished in compliance with the Michigan State Repair Act PA300.

**COMMITTED
 TO
 COMPLETE
 CUSTOMER
 SATISFACTION**

Monday 7:30 am - 8:00 pm
 Tuesday - Friday 7:30 am - 6:00 pm
 Closed Saturdays
 Early Bird Drop Off Available
 Ask about local shuttle service

YOUR NEIGHBORHOOD



DEALER

ALL PARTS NEW UNLESS SPECIFIED OTHERWISE

All repairs and parts listed were furnished in compliance with the Michigan Motor Vehicle Service and Repair Act. REPAIRS PROPERLY COMPLETED AND CHECKED BY:

X

Copyright © 1999 The Reynolds and Reynolds Company 54412170W 0220003 (1/02)

CONSUMERSM
LEGAL
SERVICES, P.C.
ATTORNEYS AND COUNSELORS

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



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

January 23, 2003

Mr. William H. Vann
Albion Motors Ford Mercury, Inc.
1411 N. Eaton St.
Albion, MI 49224

RE: 2002 Ford Escape, VIN: 1FMYU04182K [REDACTED]

Dear Mr. Vann:

Please be advised that I represent [REDACTED] regarding the sale of the above-referenced vehicle purchased at Albion Motors Ford Mercury, Inc. on or about September 28, 2001. [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 2002 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 Albion Motors Ford Mercury, 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 28th 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

G-6044 S. SAGINAW ST
GRAND BLANC, MI 48439
(810) 603-2676
FAX: (810) 603-2677

EXHIBIT C

Mr. William H. Vann
January 23, 2003
Page 2

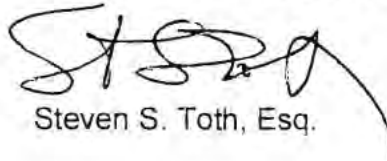
Since the date [REDACTED] took delivery, the vehicle has been in for repairs on at least six (6) different occasions.

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
1/30/2003 CLOSED	[REDACTED] CI - DEMAND LETTER	1FMYU04182K [REDACTED] 354842912	2002 ESCAPE	04

All Action Details for Issue

Print

VIN: 1FMYU04182K [REDACTED]	Year: 2002	Model: ESCAPE	Case: [REDACTED]
Name: [REDACTED]	Owner Status: Original	WSD: 2001-09-28	
Symptom Desc: VIBRATION RPM RELATED		Primary Phone: [REDACTED]	
Reason Desc: CI - DEMAND LETTER		Secondary Phone:	
Issue Type: 04 REGION	Issue Status: CLOSED		

Action: OPEN REGION CONTACT		Origin Desc: CONSUMER AFFAIRS - CONSUMER INTERVENTION
Dealer: 08666 SZOTT FORD		
Odometer: 17306 MI	Comm Type: MAIL	
Analyst Name: KIMONIQUE BROUSTER	Analyst: KBROUSTE	
Action Date: 10/18/2002	Action Time: 09.51.22.919	Action Data: No

Comments ***DEMAND LETTER DATED 10/14/02 *** **CI RECEIVED 10/17/02 **** **CUSTOMER STATES: VEHICLE HAS RATTELING FROM THE REAR OF THE VEHICLE, STATES THAT 3 ATTEMPTS HAVE BEEN MADE, BUT THE RATTLE IS STILL THERE. **CUSTOMER SEEKS: FINAL RESOLUTION **CI SCANNED COPY OF THE LETTER TO THE REGIONAL OFFICES FOR REVIEW. SENT THE CUSTOMER AN ACKNOWLEDGEMENT***

Action: LETTER FAXED TO REGION		Origin Desc: CONSUMER AFFAIRS - CONSUMER INTERVENTION
Dealer: 08666 SZOTT FORD		
Odometer: 17306 MI	Comm Type: FAX	
Analyst Name: KIMONIQUE BROUSTER	Analyst: KBROUSTE	
Action Date: 10/18/2002	Action Time: 09.59.28.754	Action Data: Yes

Comments NO COMMENTS AVAILABLE

<u>Data Element Name</u>	<u>Data Value</u>
REGION NUMBER	48
DATE RECEIVED	10-17-2002
TIME RECEIVED	09:38:00
DATE FAXED	10-18-2002
TIME FAXED	09:58:00

Action: FORD COVERED REPAIR MADE - WARRANTY		Origin Desc: FIELD ORGANIZATION
Dealer: 08666 SZOTT FORD		
Odometer: 17306 MI	Comm Type: VISIT	
Analyst Name: FERGUSON, ANGELA (A.)	Analyst: AFERGUS6	
Action Date: 01/30/2003	Action Time: 09.41.56.878	Action Data: No

Comments PREVIOUS CSM AUTH'D WARRANTY REPLACEMENT OF LIFTGATE AND RIGHT REAR DOOR PANEL B/C OF CHARACTERISTIC RATTLE. CUST STILL COMPLAINS OF RATTLE AFTER REPLACEMENT--DEALERSHIP CANNOT VERIFY--FEELS CHARACTERISTIC OF VEHICLE.



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state number, and address):

KENNETH P. ROYE #42572
116 W. 2ND STREET, STE. 5
CHICO, CA 95927

FOR COURT USE ONLY

FILED Butte County Superior Court
MAR 01 2006
Shari Strickland Clerk
CHRISTENSEN Deputy

TELEPHONE NO: 530-342-9441 FAX NO: 530-342-2533

ATTORNEY FOR (Name)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE
STREET ADDRESS: 655 OEANDER
MAILING ADDRESS:
CITY AND ZIP CODE: CHICO, CA 95926
BRANCH NAME: CHICO

CASE NAME: [REDACTED] VS. FORD MOTOR COMPANY ET. AL.

CASE NUM [REDACTED]

JUDGE: [REDACTED]

DEPT.: [REDACTED]

CIVIL CASE COVER SHEET

Complex Case Designation

Unlimited (Amount demanded exceeds \$25,000) Limited (Amount demanded is \$25,000 or less)

Counter Joinder
Filed with first appearance by defendant (Cal. Rules of Court, rule 1811)

All five (5) items below must be completed (see instructions on page 2).

1. Check one box below for the case type that best describes this case:

Auto Tort

- Auto (22)
- Uninsured motorist (46)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort

- Asbestos (04)
- Product liability (24)
- Medical malpractice (45)
- Other PI/PD/WD (23)

Non-PI/PD/WD (Other) Tort

- Business tort/unfair business practice (07)
- Civil rights (08)
- Defamation (13)
- Fraud (16)
- Intellectual property (19)
- Professional negligence (25)
- Other non-PI/PD/WD tort (35)

Employment

- Wrongful termination (36)
- Other employment (15)

Contract

- Breach of contract/warranty (06)
- Collections (09)
- Insurance coverage (18)
- Other contract (37)

Real Property

- Eminent domain/Inverse condemnation (14)
- Wrongful eviction (33)
- Other real property (26)

Unlawful Detainer

- Commercial (31)
- Residential (32)
- Drugs (38)

Judicial Review

- Asset forfeiture (05)
- Petition re: arbitration award (11)
- Writ of mandate (02)
- Other judicial review (39)

Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 1800-1812)

- Antitrust/Trade regulation (03)
- Construction defect (10)
- Mass tort (40)
- Securities litigation (28)
- Environmental/Toxic tort (30)
- Insurance coverage claims arising from the above listed provisionally complex case types (41)

Enforcement of Judgment

- Enforcement of judgment (20)

Miscellaneous Civil Complaint

- RICO (27)
- Other complaint (not specified above) (42)

Miscellaneous Civil Petition

- Partnership and corporate governance (21)
- Other petition (not specified above) (43)

2. This case is is not complex under rule 1800 of the California Rules of Court. If case is complex, mark the factors requiring exceptional judicial management:

- a. Large number of separately represented parties
- b. Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve
- c. Substantial amount of documentary evidence
- d. Large number of witnesses
- e. Coordination with related actions pending in one or more courts in other counties, states or countries, or in a federal court
- f. Substantial post-judgment judicial supervision

3. Type of remedies sought (check all that apply):

- a. monetary
- b. nonmonetary; declaratory or injunctive relief
- c. punitive

4. Number of causes of action (specify):

5. This case is is not a class action suit.

Date:

KENNETH P. ROYE #42572
(TYPE OR PRINT NAME)

[Signature]
(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate, Family, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a complex case, this cover sheet shall be used for statistical purposes only.

SUMMONS
(CITACION JUDICIAL)

SUM-100

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO):
FORD MOTOR COMPANY, FORD MOTOR CREDIT COMPANY,
CORNING FORD and Does 1-100.

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

Called 4/14 for Answer

YOU ARE BEING SUED BY PLAINTIFF: [REDACTED]
(LO ESTÁ DEMANDANDO EL DEMANDANTE):
[REDACTED]

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), 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), the California Courts Online Self-Help Center (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/), 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), en el Centro de Ayuda de las Cortes de California, (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 California, County of BUTTE
655 OLEANDER
CHICO, CA 95926

CASE NUMBER: 136796
(Número del Caso):

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):
KENNETH P. ROYE #42572 530-342-9441
116 W. 2ND STREET, STE. 5
P. O. BOX 4982
CHICO, CA 95927

SHAROL STRICKLAND

L CHRISTENSEN

DATE: MAR 01 2006 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

- 1. as an individual defendant.
- 2. as the person sued under the fictitious name of (specify):
- 3. on behalf of (specify): ~~Ford Motor Company~~ *Corning Ford*
under: CCP 416.10 (corporation) CCP 416.60 (minor)
 CCP 416.20 (defunct corporation) CCP 416.70 (conservatee)
 CCP 416.40 (association or partnership) CCP 416.90 (authorized person)
 other (specify):
- 4. by personal delivery on (date): *3-8-06*



INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

To Plaintiffs and Others Filing First Papers

If you are filing a first paper (for example, a complaint) in a civil case, you must complete and file, along with your first paper, the *Civil Case Cover Sheet* contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must check all five items on the sheet. In item 1, you must check one box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the primary cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. You do not need to submit a cover sheet with amended papers. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 201.8(c) and 227 of the California Rules of Court.

To Parties in Complex Cases

In complex cases only, parties must also use the *Civil Case Cover Sheet* to designate whether the case is complex. If a plaintiff believes the case is complex under rule 1800 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

CASE TYPES AND EXAMPLES

Auto Tort

- Auto (22)—Personal Injury/Property Damage/Wrongful Death
- Uninsured Motorist (46) (*if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto*)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort

- Asbestos (04)
 - Asbestos Property Damage
 - Asbestos Personal Injury/Wrongful Death
- Product Liability (*not asbestos or toxic/environmental*) (24)
- Medical Malpractice (45)
 - Medical Malpractice—Physicians & Surgeons
 - Other Professional Health Care Malpractice
- Other PI/PD/WD (23)
 - Premises Liability (e.g., slip and fall)
 - Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)
 - Intentional Infliction of Emotional Distress
 - Negligent Infliction of Emotional Distress
 - Other PI/PD/WD

Non-PI/PD/WD (Other) Tort

- Business Tort/Unfair Business Practice (07)
- Civil Rights (e.g., discrimination, false arrest) (*not civil harassment*) (08)
- Defamation (e.g., slander, libel) (13)
- Fraud (16)
- Intellectual Property (19)
- Professional Negligence (25)
 - Legal Malpractice
 - Other Professional Malpractice (*not medical or legal*)
- Other Non-PI/PD/WD Tort (35)

Employment

- Wrongful Termination (36)
- Other Employment (15)

Contract

- Breach of Contract/Warranty (06)
- Breach of Rental/Lease
 - Contract (*not unlawful detainer or wrongful eviction*)
- Contract/Warranty Breach—Seller Plaintiff (*not fraud or negligence*)
- Negligent Breach of Contract/Warranty
- Other Breach of Contract/Warranty
- Collections (e.g., money owed, open book accounts) (09)
- Collection Case—Seller Plaintiff
- Other Promissory Note/Collections Case
- Insurance Coverage (*not provisionally complex*) (18)
 - Auto Subrogation
 - Other Coverage
- Other Contract (37)
 - Contractual Fraud
 - Other Contract Dispute

Real Property

- Eminent Domain/Inverse Condemnation (14)
- Wrongful Eviction (33)
- Other Real Property (e.g., quiet title) (26)
 - Writ of Possession of Real Property
 - Mortgage Foreclosure
 - Quiet Title
 - Other Real Property (*not eminent domain, landlord/tenant, or foreclosure*)

Unlawful Detainer

- Commercial (31)
- Residential (32)
- Drugs (38) (*if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential.*)

Judicial Review

- Asset Forfeiture (05)
- Petition Re: Arbitration Award (11)
- Writ of Mandate (02)
 - Writ—Administrative Mandamus
 - Writ—Mandamus on Limited Court Case Matter
 - Writ—Other Limited Court Case Review
- Other Judicial Review (39)
 - Review of Health Officer Order
 - Notice of Appeal—Labor Commissioner Appeals

Provisionally Complex Civil Litigation (Cal. Rules of Court Rule 1800-1812)

- Antitrust/Trade Regulation (03)
- Construction Defect (10)
- Claims Involving Mass Tort (40)
- Securities Litigation (28)
- Toxic Tort/Environmental (30)
- Insurance Coverage Claims (*arising from provisionally complex case type listed above*) (41)

Enforcement of Judgment

- Enforcement of Judgment (20)
 - Abstract of Judgment (Out of County)
 - Confession of Judgment (*non-domestic relations*)
 - Sister State Judgment
 - Administrative Agency Award (*not unpaid taxes*)
 - Petition/Certification of Entry of Judgment on Unpaid Tax
 - Other Enforcement of Judgment Case

Miscellaneous Civil Complaint RICO (27)

- Other Complaint (*not specified above*) (42)
- Declaratory Relief Only
- Injunctive Relief Only (*non-harassment*)
- Mechanics Lien
- Other Commercial Complaint Case (*non-tort/non-complex*)
- Other Civil Complaint (*non-tort/non-complex*)

Miscellaneous Civil Petition

- Partnership and Corporate Governance (21)
- Other Petition (*not specified above*) (43)
 - Civil Harassment
 - Workplace Violence
 - Elder/Dependent Adult Abuse
 - Election Contest
 - Petition for Name Change
 - Petition for Relief from Late Claim
 - Other Civil Petition

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Kenneth P. Roye #42572
116 W. 2nd Street, Ste. 5
P. O. Box 4982
Chico, Ca 95927

FOR COURT USE ONLY

TELEPHONE NO: 530-342-9441 FAX NO. (Optional): 530-342-2533
E-MAIL ADDRESS (Optional): kroye@northvalleylaw.com
ATTORNEY FOR (Name): Plaintiffs Wickert, Joyce and Gregory

NAME OF COURT: Superior Court of Butte
STREET ADDRESS: 655 OLEANDER
MAILING ADDRESS:
CITY AND ZIP CODE: CHICO, CA 95926
BRANCH NAME: CHICO

PLAINTIFF: [REDACTED]

DEFENDANT: Ford Motor Company, Ford Motor Credit Company,
Corning Ford and

DOES 1 TO 100

COMPLAINT — Personal Injury, Property Damage, Wrongful Death

AMENDED (Number):

Type (check all that apply):

- MOTOR VEHICLE OTHER (specify):
- Property Damage Wrongful Death
- Personal Injury Other Damages (specify): Breach of
Warranty, Loss of Consortium

Jurisdiction (check all that apply):

- ACTION IS A LIMITED CIVIL CASE
Amount demanded does not exceed \$10,000
 exceeds \$10,000, but does not exceed \$25,000
- ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000)
- ACTION IS RECLASSIFIED by this amended complaint
 from limited to unlimited
 from unlimited to limited

CASE NUMBER:

136790

FILED
Butte County
Superior Court
MAR 01 2006
By CHRISTENSEN^{rk} Deputy
FILED

1. PLAINTIFF (name): Joyce Wickert and Gregory Wickert

alleges causes of action against DEFENDANT (name):

2. This pleading, including attachments and exhibits, consists of the following number of pages: 4

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):

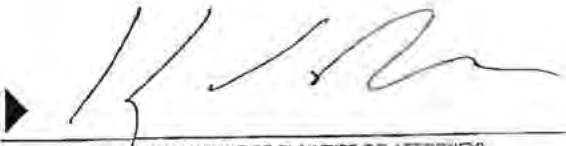
Information about additional plaintiffs who are not competent adults is shown in Complaint — Attachment 3.

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 COMPANY
- (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): FORD MOTOR CREDIT COMPANY
- (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): CORNING FORD
- (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):
- (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):

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):
- Motor Vehicle
 - General Negligence
 - Intentional Tort
 - Products Liability
 - Premises Liability
 - Other (specify): Breach of Warranty, Negligence
11. Plaintiff has suffered
- wage loss
 - loss of use of property
 - hospital and medical expenses
 - general damage
 - property damage
 - loss of earning capacity
 - other damage (specify): Plaintiff Gregory Wickert - Loss of Consortium Plaintiffs Gregory and Joyce Wickert - Breach of Warranty
12. The damages claimed for wrongful death and the relationships of plaintiff to the deceased are
- listed in Complaint — Attachment 12.
 - 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
- (1) compensatory damages
 - (2) punitive damages
 - The amount of damages is (you must check (1) in cases for personal injury or wrongful death):
 - according to proof
 - in the amount of: \$ 0.00
15. The paragraphs of this complaint alleged on information and belief are as follows (specify paragraph numbers):

Date: March 1, 2006

Kenneth P. Roye
(TYPE OR PRINT NAME)


(SIGNATURE OF PLAINTIFF OR ATTORNEY)

First _____

(number)

CAUSE OF ACTION - Products Liability

Page 4 _____

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): 3/11/04

plaintiff was injured by the following product:
2003 FORD ESCAPE XLS

in a single car accident which occurred in Chico, California

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. bystander to the use of the product. user 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 whoa. manufactured or assembled the product (names): Ford Motor Company Does 1 _____ to 5 _____b. designed and manufactured component parts supplied to the manufacturer (names):
Ford Motor Company Does 6 _____ to 10 _____c. sold the product to the public (names): Corning Ford, Ford Motor Credit Company Does 11 _____ to 15 _____Prod.L-5. Count Two-Negligence of the following defendants who owed a duty to plaintiff (names):
Corning Ford, Ford Motor Credit Company Does 16 _____ to 20 _____Prod.L-6. Count Three-Breach of warranty by the following defendants (names): Ford Motor Company Does 21 _____ to 25 _____a. who breached an implied warrantyb. who breached an express warranty which was written oralProd.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:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
CASE MANAGEMENT STATEMENT (Check one): <input type="checkbox"/> UNLIMITED CASE (Amount demanded exceeds \$25,000) <input type="checkbox"/> LIMITED CASE (Amount demanded is \$25,000 or less)	CASE NUMBER: <div style="background-color: black; width: 100px; height: 30px; margin-top: 5px;"></div>
A CASE MANAGEMENT CONFERENCE is scheduled as follows: Date: _____ Time: _____ Dept.: _____ Div.: _____ Room: _____ Address of court (if different from the address above):	

INSTRUCTIONS: All applicable boxes must be checked, and the specified information must be provided.

1. Party or parties (answer one):
 - a. This statement is submitted by party (name):
 - b. This statement is submitted jointly by parties (names):

2. Complaint and cross-complaint (to be answered by plaintiffs and cross-complainants only)
 - a. The complaint was filed on (date):
 - b. The cross-complaint, if any, was filed on (date):

3. Service (to be answered by plaintiffs and cross-complainants only)
 - a. All parties named in the complaint and cross-complaint have been served, or have appeared, or have been dismissed.
 - b. The following parties named in the complaint or cross-complaint
 - (1) have not been served (specify names and explain why not):
 - (2) have been served but have not appeared and have not been dismissed (specify names):
 - (3) have had a default entered against them (specify names):
 - c. The following additional parties may be added (specify names, nature of involvement in case, and the date by which they may be served):

4. Description of case
 - a. Type of case in complaint cross-complaint (describe, including causes of action):

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

10. d. The party or parties are willing to participate in (check all that apply):
- (1) Mediation
 - (2) Nonbinding judicial arbitration under Code of Civil Procedure section 1141.12 (discovery to close 15 days before arbitration under Cal. Rules of Court, rule 1612)
 - (3) Nonbinding judicial arbitration under Code of Civil Procedure section 1141.12 (discovery to remain open until 30 days before trial; order required under Cal. Rules of Court, rule 1612)
 - (4) Binding judicial arbitration
 - (5) Binding private arbitration
 - (6) Neutral case evaluation
 - (7) Other (specify):
- e. This matter is subject to mandatory judicial arbitration because the amount in controversy does not exceed the statutory limit.
- f. Plaintiff elects to refer this case to judicial arbitration and agrees to limit recovery to the amount specified in Code of Civil Procedure section 1141.11.
- g. This case is exempt from judicial arbitration under rule 1601(b) of the California Rules of Court (specify exemption):

11. Settlement conference

- The party or parties are willing to participate in an early settlement conference (specify when):

12. Insurance

- a. Insurance carrier, if any, for party filing this statement (name):
- b. Reservation of rights: Yes No
- c. Coverage issues will significantly affect resolution of this case (explain):

13. Jurisdiction

Indicate any matters that may affect the court's jurisdiction or processing of this case, and describe the status.

- Bankruptcy Other (specify):

Status:

14. Related cases, consolidation, and coordination

- a. There are companion, underlying, or related cases.
 - (1) Name of case:
 - (2) Name of court:
 - (3) Case number:
 - (4) Status:
- Additional cases are described in Attachment 14a.
- b. A motion to consolidate coordinate will be filed by (name party):

15. Bifurcation

- The party or parties intend to file a motion for an order bifurcating, severing, or coordinating the following issues or causes of action (specify moving party, type of motion, and reasons):

16. Other motions

- The party or parties expect to file the following motions before trial (specify moving party, type of motion, and issues):



SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE

ALTERNATIVE DISPUTE RESOLUTION
PACKET

SHAROL H. STRICKLAND
Court Executive Officer
Superior Court of California, County of Butte
655 Oleander Avenue
Chico CA 95926-3988
Phone: (530)892-0849
(530)532-7009

This packet contains information regarding Alternative Dispute Resolution (ADR) and the form to stipulate to ADR.

Note: This packet must be served to the opposing party along with the complaint. (California Rule of Court 201.9)

8/1/02

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE

- Butte County Courthouse Chico Court Downtown Oroville Courthouse
- One Court Street 655 Oleander Avenue 1931 Arlin Rhine Drive
- Oroville, CA 95965 Chico, CA 95926 Oroville, CA 95965

- Paradise Courthouse Gridley Courthouse
- 747 Elliott Road 239 Sycamore
- Paradise, CA 95969 Gridley, CA 95948

FOR COURT USE ONLY

Plaintiff/Petitioner:

vs.

Defendant/Respondent:

CASE NUMBER:

STIPULATION & ORDER TO USE OF ALTERNATIVE DISPUTE RESOLUTION PROCESS

I. STIPULATION

The parties and their attorneys stipulate that the claims in this action shall be submitted to the following alternative dispute resolution (ADR) process:

- Private Mediation
- Neutral Evaluation
- Mini-Trial
- Summary Jury Trial
- Settlement Conference with Private Neutral
- Other (specify): _____
- Neutral Fact-Finding
- Non-Binding Arbitration
- Binding Arbitration
- Reference to General Referee
- Reference to Private Judge

It is also stipulated that (specify, e.g., who shall serve as mediator or other neutral, deadlines for selection of neutral and for completion of ADR process, suspension or limitation of discovery, etc.): _____

Dated: _____

Date: _____

Signature of Plaintiff/Petitioner

Signature of Defendant/Respondent

Name of Plaintiff/Petitioner's Attorney

Name of Defendant/Respondent's Attorney

Signature of Plaintiff/Petitioner's Attorney

Signature of Defendant/Respondent's Attorney

II. ORDER

The Court orders the parties to use an alternative dispute resolution process as stipulated to above. In addition, it also orders: _____

Dated: _____

Judge of the Superior Court

YOU DON'T HAVE TO SUE: Here Are Some Other Ways to Resolve a Civil Dispute

INTRODUCTION

Did you know that most civil lawsuits settle without a trial? 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 (Local Rule 5)

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address): TELEPHONE NO:	FOR COURT USE ONLY FILED Butte County Superior Court MAR 01 2006 By Sharol Strickland Clerk Deputy FILED
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Butte County Courthouse One Court Street Oroville, CA 95965 (530) 538-7002 <input type="checkbox"/> Chico Courthouse 655 Oleander Chico, CA 95926 (530) 532-7009	
PLAINTIFF(S): [REDACTED]	
DEFENDANT(S): Ford Motor Co.	
NOTICE OF ASSIGNMENT & CASE MANAGEMENT CONFERENCE	CASE NUMBER [REDACTED]

1. NOTICE is given of Assignment of the above entitled case for all purposes to:
 Judge: **THOMAS W. KELLY** Courtroom: TBA

2. NOTICE is given that the Case Management Conference is scheduled as follows:
 Date: 3/21/06 Time: 10:30 AM Court Facility: CHICO (655 OLEANDER, CHICO)

PLAINTIFF/CROSS COMPLAINANT MUST SERVE THIS NOTICE WITH SUMMONS AND COMPLAINT/CROSS COMPLAINT

- You must file & serve a completed Case Management Statement at least fifteen days before the conference.
- You must be familiar with the case and be fully prepared to participate effectively in the Case Management Conference by personal or telephonic appearance. (Telephonic appearances are arranged by calling Court Call at 1-888-882-6878.)
- At the Case Management Conference, the court shall make pretrial orders, including but not limited to:
 - Establishing a discovery schedule.
 - Ordering the case to mediation or arbitration.
 - Dismissing fictitious defendants.
 - Scheduling exchange of expert witness information.
 - Setting subsequent conferences and the trial date.
 - Consolidating cases.
 - Severing trial of cross-complaints or bifurcating trial of issues.
 - Determining when demurrers, motions to strike and other motions are to be noticed.

*** Note: Counsel and Parties Should Review CRC §212. ***

**** Sanctions ****
 If you do not, (1) file the Case Management Statement, (2) attend the Case Management Conference personally or by telephone (or have counsel attend for you), and/or (3) you (or counsel appearing for you) do not participate effectively in the conference, the court may impose sanctions (including dismissal of the case and payment of money).

I declare under penalty of perjury that I am not a party to this action, am at least 18 years of age and that I personally delivered/or mailed a copy of this Notice of Assignment & Case Management Conference with the conference date and hearing time inserted to Att, a person representing the plaintiff/cross-complainant.

Date: 3/01, 2006 Sharol H. Strickland, Clerk of the Court, by [Signature], Deputy.



REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

READ IMPORTANT INFORMATION ON BACK

08865
13/8 DMV USE ONLY

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

REPORTING PARTY'S INFORMATION

OF VEHICLES: 01 | DATE OF ACCIDENT: 03/11/04 | CALIFORNIA COUNTY OF ACCIDENT: Butte County | CALIFORNIA CITY WHERE ACCIDENT OCCURRED: Chico

TIME OF ACCIDENT: Hour 9:35 AM AM PM In Traffic Parked Pedestrian Bicyclist Other (EXPLAIN, E.G., ROLLAWAY) Yes No

DRIVER'S NAME (FIRST AND MIDDLE): [REDACTED] | LAST NAME: [REDACTED] | DRIVER LICENSE NUMBER: [REDACTED] | STATE: CA

DRIVER'S ADDRESS (NUMBER): [REDACTED] | STREET: COUNTY Road M/2 | DATE OF BIRTH: [REDACTED] | DAMAGE AMOUNT: 5900.00

CITY: Orland | STATE: CA | ZIP CODE: [REDACTED] | TELEPHONE NUMBERS: Wk () N/A H () [REDACTED]

VEHICLE OWNER—PERSON OR COMPANY: [REDACTED] | DATE OF BIRTH: [REDACTED] | VEHICLE LICENSE PLATE: 4YIM451 | STATE: CA

ADDRESS: Same as Above | CITY: [REDACTED] | STATE: [REDACTED] | ZIP CODE: [REDACTED]

VEHICLE IDENTIFICATION NUMBER: 1FMYU92143K | INSURANCE COMPANY NAME (NOT AGENT, UNDERWRITER, OR BROKER): Safeco Insurance Company | COMPANY NAIC NUMBER: UNK

INSURANCE POLICY NUMBER COVERING THE VEHICLE ACCIDENT (NOT CLAIM OR FILE NUMBER): [REDACTED] | POLICY PERIOD: From 12/1/03 To 06/1/04

POLICY HOLDER'S NAME (IF DIFFERENT): [REDACTED] | STREET ADDRESS: [REDACTED] | CITY: [REDACTED] | STATE: [REDACTED] | ZIP CODE: [REDACTED]

OTHER PARTY'S INFORMATION

In Traffic Parked Pedestrian Bicyclist Other (EXPLAIN, E.G., ROLLAWAY) Yes No

DRIVER'S NAME (FIRST AND MIDDLE): [REDACTED] | LAST NAME: [REDACTED] | DRIVER LICENSE NUMBER: [REDACTED] | STATE: [REDACTED]

DRIVER'S ADDRESS (NUMBER): [REDACTED] | STREET: [REDACTED] | DATE OF BIRTH: [REDACTED] | DAMAGE AMOUNT: [REDACTED]

CITY: [REDACTED] | STATE: [REDACTED] | ZIP CODE: [REDACTED] | TELEPHONE NUMBERS: Wk () Hm ()

VEHICLE OWNER—PERSON OR COMPANY: [REDACTED] | DATE OF BIRTH: [REDACTED] | VEHICLE LICENSE PLATE: [REDACTED] | STATE: [REDACTED]

ADDRESS: [REDACTED] | CITY: [REDACTED] | STATE: [REDACTED] | ZIP CODE: [REDACTED]

VEHICLE IDENTIFICATION NUMBER: [REDACTED] | INSURANCE COMPANY NAME (NOT AGENT, UNDERWRITER, OR BROKER): [REDACTED] | COMPANY NAIC NUMBER: [REDACTED]

INSURANCE POLICY NUMBER COVERING THE VEHICLE ACCIDENT (NOT CLAIM OR FILE NUMBER): [REDACTED] | POLICY PERIOD: From [REDACTED] To [REDACTED]

POLICY HOLDER'S NAME (IF DIFFERENT): [REDACTED] | STREET ADDRESS: [REDACTED] | CITY: [REDACTED] | STATE: [REDACTED] | ZIP CODE: [REDACTED]

INJURY/DEATH PROPERTY DAMAGE

NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED: [REDACTED] | Injured Deceased | Driver Passenger Bicyclist Pedestrian

NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED: [REDACTED] | Injured Deceased | Driver Passenger Bicyclist Pedestrian

OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.):
 light pole "skirt" dent only (minimal damage to pole skirt)
 My SUV hit the cement cylinder around the pole when my vehicle unexpectedly "surged" like it was in the 1004-500 races. SCARY!

PROPERTY OWNER'S NAME AND ADDRESS: [REDACTED] | DAMAGE AMOUNT: UNK

I certify under penalty of perjury under the laws of the State of California that the information entered on this document is true and correct.

DATE: 3/24/04 | [REDACTED]

ADDITIONAL INFORMATION ATTACHED

KENNETH P. ROYE

ATTORNEYS AT LAW

116 W. 2ND STREET, SUITE 5 • P.O. BOX 4982 • CHICO, CALIFORNIA 95927-4982
(530) 342-9441 (530) 342-2533 FAX

August 31, 2004



Ford Credit
P. O. Box 239801
Las Vegas, Nevada 89123-9801

FORD CREDIT
LEGAL OFFICE
FEB 23 3 34 PM '05

re: Acct. # [REDACTED] FMCC
My clients: [REDACTED]

Ford Credit,

As you know on August 25, 2004 I had my clients tow their unsafe 2003 Ford Escape vehicle (vin 1FMYU92143K [REDACTED] to Hal's Automotive in Paradise, California to have my expert, Hal Hill evaluate the serious warranty defect (i. e. spontaneous engine surging) which caused the serious motor vehicle accident of 3/11/04. In that accident my client, [REDACTED] was injured. This evaluation was in preparation for making both a Lemon Law claim as well as a Products Liability claim against Ford Motor Company.

However, you repossessed the vehicle from Hal's premises even after he denied your agent permission to come onto his premises. This, of course, subjects you to potential liability for the tort of conversion.


As you well know the ford Escape SUV is the worst Lemon Law problem in America at this time. The vehicle was recalled five times in one year. It is presently the subject of an Office of Defects Investigation by the National Highway Traffic Safety Administration (NVS212amRP04-002). The investigation has as its subject Ford's Inability to correct the precise problem - engine stall and spontaneous engine surging - which caused my client's accident. However, under California law my clients have the right to reinstate their contract with you (CC § 2983.2(a)). Failure to give the proper notice or to honor the Reinstatement election constitutes the tort of conversion. Do not fail to give the proper notice.

FEB 01 2005 15:18 FR FORD MOTOR CREDIT 717 796 0230 TO 9131339022107 P.02/03

I will have the vehicle evaluated after reinstatement and then will contract you regarding an interim solution.

Lastly, as I explained to your employee on the telephone, if this unsafe vehicle is placed back in the stream of commerce by you, and, persons are further injured by its operation, Ford Credit would, in my judgment, subject itself to the likely possibility of a substantial award of punitive damages for reckless and oppressive misconduct. There are matters which you attorneys need to carefully evaluate. We are not, as the saying goes "just whistlin' Dixie"

Yours,



Kenneth P. Roye
KPR/amb

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
2/10/2005 OPEN	[REDACTED] LEGAL - OTHER ATTORNEY DEMAND	1FMYU92143K [REDACTED]	2003 ESCAPE	07

[REDACTED]

2/11/2005

All Action Details for Issue

Print

VIN: 1FMYU92143K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Subsequent WSD: 2002-08-05
 Symptom Desc: SURGE AT CRUISE ALL ENGINE TEMP Primary Phone: [REDACTED]
 Reason Desc: LEGAL - OTHER ATTORNEY DEMAND Secondary Phone: [REDACTED]
 Issue Type: 07 LEGAL Issue Status: OPEN

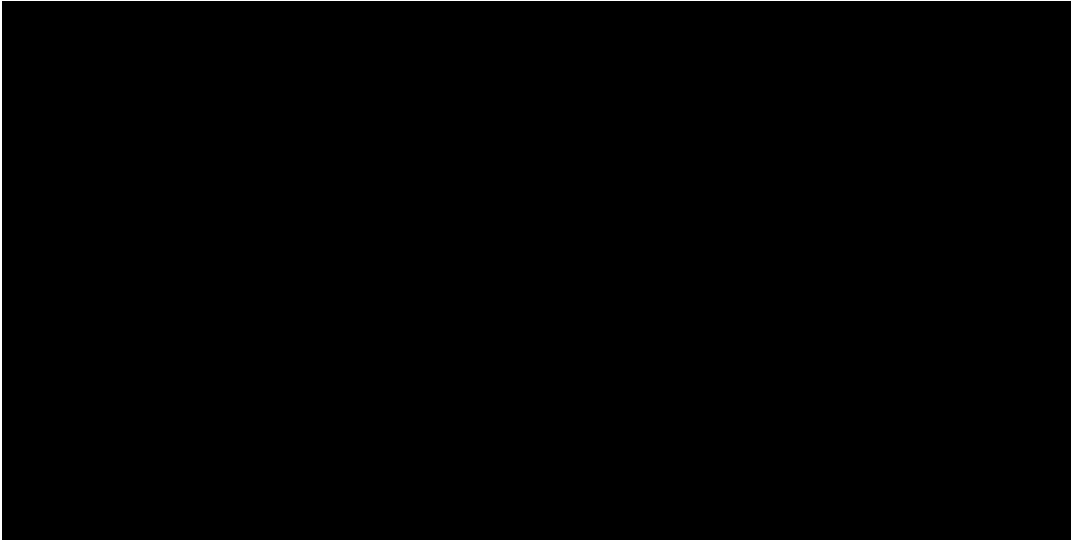
Action: OPEN LEGAL CONTACT - ATTORNEY DEMAND
 Dealer: 07775 CORNING FORD-MERCURY Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION-FD
 Odometer: 1 MI Comm Type: MAIL
 Analyst Name: LEICH,CHERIE Analyst: CLEICH
 Action Date: 02/10/2005 Action Time: 12.20.55.725 Action Data: Yes

Comments *****ATTORNEY DEMAND*****DATE STAMPED 2-2-05. ATTORNEY ALLEGES CLIENTS VEHICLE SURGED, CUSTOMER LOST CONTROL AND HIT A POLE. ATTORNEY ALSO CITES SEVERAL RECALLS ON CLIENT'S VEHICLE.ATTORNEY DEMANDS CONTACT FROM FORD REPRESENTATIVE.

Data Element Name	Data Value
NAME OF LAW FIRM	KENNETH P. ROYE ATTORNEY AT LAW
ATTORNEY NAME	KENNETY P. ROYE
ATTORNEY PHONE NUMBER	5303429441
ANALYST ID	



2/11/2005



,

BEGINNING OF CONTACT
11/10/2009

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.00.01

REGION: N4 WASHINGTON OGC ISSUE CASE NBR: 1540351277
VIN: 1FMYU02164K [REDACTED] ZONE: A02 OPENED: 11/09/2009
ENGINE: 1 VEH TYPE: T CLOSED: 11/09/2009

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: MR FIRST NAME: [REDACTED] MI:
ADDRESS: [REDACTED]
CITY: DISTRICT HEIGHTS STATE: MD ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2004 MODEL: ESCAPE XLS 4X2 4-DR
MILEAGE: 140000
DEALER NAME: SHEEHY FORD INC SALES CODE: F27004 P & A: 00049
REASON CODE: 0796 LEGAL - ALLEGED INJURY
SYMPTOMS: 301550 SERVICE BRAKE PEDAL HIGH EFFORTS

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 705 - CONTACT ADVANCED TO OGC
DOCUMENT: ANALYST: CDOREEN DOREEN (CDOREEN),CHEESEMAN

DATE: 11/09/2009 TIME: 15.33.25 :
ACTION DATA/COMMENTS:

CUSTOMER SAID: - VIN 1FMYU02164K [REDACTED] - 2004 ESCAPE - OCT 18, 2009 AND MY SON WAS DRIVING [REDACTED] THE VEH AND NEPHEW IN THE VEH WITH HIM AND HIS NAME IS [REDACTED] I PONE - CU ST SON ON THE PHONE NOW [REDACTED] AND STATES PULLED OUT OF SEVEN ELEVEN AND MADE RIGHT TURN AND FIRST STEPPED ON ACCEL PEDAL AND NOTHING HAPPENED AND THE SECOND TIME IT WENT ALL THE WAY TO THE FLOOR AND THE EMERGENCY BRAKE NOT WORKING AND I WENT INTO A TRUCK - CUST STATES THE ONLY OTHER PLACE TO GO WOULD BE INTO A CREEK AT THE BOTTOM OF THE HILL - CUST STATES HIT THE PARKED TRUCK - CUST STATES VEH IN ACCIDENT BECAUSE ACCELERATOR STUCK ON THE VEH WHEN DRIVING IT - CUST STATES I WAS INJURED - CUST STATES POLICE DEPT CAME OUT - CUST STATES TWO DAYS LATER WENT TO THE HOSPITAL AND GOT X RAYS WHICH SHOW SPRAINED NECK AND SEPARATED SHOULDER AND I HAVE HEADACHES AND NECK HURTS AND PAIN FROM TOP OF THE NECK TO LEFT HIP - CUST STATES I STILL AM GOING TO THE DOCTORS - CUST STATES I CONTACTED INSURANCE CO AND HAVE FULL INSURANCE ON THE VEH - CUST STATES THE INSURANCE CO HAS THE VEH - CUST CALLING FORD TODAY I WANT A REPLACEMENT FOR THE VEH AND DAMAGES THAT INCURRED DEALER SAID: SHEEHY FORD / MARLOW HEIGHTS 5000 AUTH ROADSUITLAND MD 20746(800) 640-5368 - 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

NOV 10 2009

OFFICE OF THE
GENERAL COUNSEL

CONSUMER AFFAIRS

11/10/2009 FAXOGC1

PE12-019 002612LC SUBJECT

From:

11/25/2009 17:49

#975 P.002/003

LexisNexis
291638622

11/8/2009 10:02 PM PAGE 2/003 Fax Server

State of Maryland Motor Vehicle Accident Report

PAGE OF 12		ACCIDENT DATE 10/18/09		ACCIDENT TIME 02:157		REPORT TYPE <input checked="" type="checkbox"/> FATAL <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY <input type="checkbox"/> OTHER		REMARKS 99		SECTION 1 OFFICER NO 115	
INVESTIGATING OFFICER TO P/R CATO 2881		AGENCY AND AREA PA. H3		SUPERVISING OFFICER ID Bost. 18-72013		ACQUIRED BY #		CODE AND NAME OF NEARBY CITY/TOWN		COUNTY 16	
RD CHAR 0100072800		RD FROM Accidents Occurred On		ROAD NAME Boones Ln		IN LANE S1		TRAY SIG 25		ON RAMP 21	
RD COND 0100089300		RD FROM Accidents Occurred On		INTERSECTING ROAD NAME or Log Mile Reference Marked Description Mason St		MILE/PT 001.115		MILE/PT 35.100		IN INTERSECTION 10	
RD DIV 01		ACCIDENT DIAGRAM Show & Label Road, Traffic Lanes, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units.		MORPHIC 33		DESCRIBE ACCIDENT BRIEFLY, identify units by numbers. Also identify the following: a) THE EXACT DAMAGE & NATURE OF DAMAGE (Prep by other than vehicle) and b) THE MAKE & ADDRESS OF OWNER where applicable.					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		unit # 1 was traveling south bound on Boones Lane when unit # 1 then lost control and struck unit # 2 and unit # 3 head on, unit # 2 and 3 were both parked.					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		Mason St					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 1					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 2					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 3					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 4					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 5					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 6					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 7					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 8					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 9					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 10					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 11					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 12					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 13					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 14					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 15					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 16					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 17					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 18					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 19					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 20					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 21					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 22					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 23					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 24					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 25					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 26					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 27					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 28					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 29					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 30					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 31					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 32					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 33					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 34					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 35					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 36					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 37					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 38					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 39					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 40					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 41					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 42					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 43					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 44					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 45					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 46					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 47					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 48					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 49					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 50					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 51					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 52					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 53					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 54					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 55					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 56					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 57					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 58					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 59					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 60					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 61					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 62					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 63					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 64					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 65					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 66					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 67					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 68					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 69					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 70					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 71					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 72					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 73					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 74					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 75					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 76					
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RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 86					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 87					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 88					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 89					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 90					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 91					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 92					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 93					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 94					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 95					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 96					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 97					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 98					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 99					
RD COND 01		ROAD NAME Boones Ln		MORPHIC 33		UNIT # 100					

MSP FORM #1 (B/01)

From:

11/25/2009 17:50

#975 P.003/003

LexisNexis
294838622

11/8/2008 10:02 PM PAGE 3/003 Fax Server

State of Maryland Motor Vehicle Accident Report

10 INVESTIGATOR, OFFICER ID 2210118109	11 AGENCY AND AREA P.A. H-3	12 SUPERVISING OFFICER ID	13 REVIEWER NO #	14 COUNTY 0201 Forestville	15 DISTRICT 16
16 PFC CATO 2881	17 ROAD NAME Bouyer Ln	18 INTERSECTING ROAD NAME or Log Mile Reference Interval description Mason St	19 IN LANE YEAR SID ON RAMP OFF RD N1 02/10 00 01/10 00	20 RAMP NO 01	21 IN INTERSECTION 01
22 ACCIDENT DATE 2/2/08	23 ACCIDENT TIME 02:57	24 REPORT TYPE <input checked="" type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> LETHAL <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC	25 BUREAU 99	26 CASE NUMBER 09-0201-0000	27 LOCAL CODE 01
28 DIVISION 01	29 ACCIDENT DIAGRAM 01	30 SHOW & LABEL Roads, Traffic Lanes, the Travel Direction consistent with the Log Mile Reference Interval, and Movement of Traffic Lanes.	31 NORTH (N)	32 DESCRIBE ACCIDENT briefly, identify units by numbers. Also identify the following as the OBJECT DAMAGED IN NATURE OF DAMAGE (these are other than vehicles not in the MAKE & ADDRESS OF OWNER column, where applicable).	
33 <i>See page 1/2</i>			34 <i>See Narrative page 1/2</i>		
35 UNIT # 01	36 NAME (Last, First, MI) 01 02	37 TYPE OF UNIT <input type="checkbox"/> Work <input type="checkbox"/> Res 01	38 ADDRESS (No. Street, CR, State, Zip)	39 TELEPHONE (Work, Home)	40 POLICE DISTRICT
41 MOVEMENT 10	42 GEAR/SHIFT 02	43 TRAILER <input type="checkbox"/>	44 TRAILER WEIGHT (LBS)	45 TRAILER HEIGHT (FT)	46 TRAILER WIDTH (FT)
47 SPEED UNIT 25	48 MAKE 01	49 MODEL 01	50 YEAR 01	51 VEHICLE IDENTIFICATION NUMBER	52 TOWED VEHICLE
53 DRIVER'S LICENSE NUMBER 01	54 CLASS 01	55 STATE MD	56 DRIVER'S SEX <input type="checkbox"/> M <input type="checkbox"/> F	57 DRIVER'S HEIGHT (IN)	58 DRIVER'S WEIGHT (LBS)
59 DRIVER'S DATE OF BIRTH 01	60 DRIVER'S REGULAR CONDITION <input type="checkbox"/> ALCOHOLIZED <input type="checkbox"/> DRUGS	61 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	62 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	63 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	64 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE
65 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	66 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	67 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	68 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	69 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	70 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE
71 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	72 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	73 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	74 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	75 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	76 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE
77 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	78 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	79 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	80 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	81 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	82 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE
83 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	84 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	85 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	86 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	87 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	88 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE
89 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	90 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	91 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	92 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	93 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	94 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE
95 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	96 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	97 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	98 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	99 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE	100 DRIVER'S REGULAR CONDITION <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERS LICENSE

01 JAN 2010

TO WHOM IT MAY CONCERN

ON THE MORNING OF OCTOBER 18TH 2009 @ APPROXIMATELY 3:30 AM, I EXITED THE PARKING LOT OF THE 7-11 LOCATED AT THE INTERSECTION OF MARLBORO PIKE & BOONIES LANE BY MAKING A RIGHT TURN ONTO BOONIES LANE. I PRESSED THE ACCELERATOR AND GOT NO RESPONSE FROM THE VEHICLE. I RELEASED THE PEDAL AND PRESSED IT A SECOND TIME. THE CAR BEGAN TO PICK UP SPEED AND ONCE THE VEHICLE REACHED THE POSTED SPEED LIMIT, I PRESSED THE BRAKES ATTEMPTING TO MAINTAIN 25 MPH BUT THERE WAS NO RESPONSE FROM THE BRAKES AND THE VEHICLE CONTINUED TO PICK UP SPEED. AS I APPROACHED THE ENTRANCE TO DURAL TERRACE APARTMENTS, I PULLED THE EMERGENCY BRAKE. THE CAR CONTINUED TO ACCELERATE EVEN THOUGH I WAS LITERALLY STANDING ON THE BRAKE PEDAL. THE VEHICLE CROSSED THE INTERSECTION OF BOONIES LANE & MASON ST. AND BEGAN HEADING DOWN HILL TOWARDS A CREEK THAT HAD ELEVATED WATER LEVELS AS A RESULT OF A RAIN STORM THAT HAD BEGAN A FEW DAYS PRIOR. IN A DESPERATE ATTEMPT TO AVOID CRASHING INTO THE CREEK I ATTEMPTED TO STOP MY VEHICLE BY CRASHING INTO A PARKED CAR. WHEN THE VEHICLE STOPPED, I IMMEDIATELY CHECKED ON MY PASSENGER, [REDACTED], WHO WAS SEATED IN THE FRONT PASSENGER SEAT. WHEN HE TOLD ME HE WAS OK, I USED MY CELL PHONE TO CALL 911 AND REPORTED THE ACCIDENT. I WAS IN CONTROL OF THE VEHICLE THE ENTIRE TIME AND MADE A CHOICE TO HIT THE PARKED CAR INSTEAD OF THE CREEK.

SINCERELY,

[REDACTED]



Office of the General Counsel

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

JAN 15 2010

November 11, 2009

[Redacted]

District Heights, MD [Redacted]

Re: 2004 Ford Escape

Dear [Redacted]

Recently the Office of the General Counsel of Ford Motor Company was made aware of your recent contact to our Customer Relations Center in regards to the above vehicle. 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 you or your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company and/or you contact us in writing to the address noted above notifying us of their intent to pursue subrogation, or your intent to pursue a claim directly.

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.
- 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
OR
- Total loss worksheet with copies of draft payments *AAA has information*
- Complete service history for vehicle including tune ups and oil changes.
Koons Ford Rt. One

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

Full Legal Name:

[Redacted]

Full Legal Name:

Address: FORESTVILLE, MD Address: _____

Spouse's Name: _____ Spouse's Name: _____

DOB: _____ DOB: _____

Soc Security#: _____ Soc Security#: _____

Gender: MALE Gender: _____

Occupation: STUDENT Occupation: _____

Injury: SEPARATED SHOULDER, SPRAINED NECK, STRAINED UPPER/LOWER LUMBAR Injury: _____

Health Insurance Provider: _____ Health Insurance Provider: _____

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) _____

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

4. Has the alleged defective vehicle/part been repaired or replaced? Yes No UNKNOWN

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

AAA INSURANCE Co. had possession of vehicle

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.

AAA AUTO INSURANCE Mary 2144437519002

7. What are you seeking from Ford Motor Company in this matter? ASSUME Full Responsibility For Vehicle and Dr. Bills

8. Please provide a copy of the Vehicle Title
AAA Has title.

9. What was the city, state and date of occurrence:

 FORESTVILLE, MO

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.

Sincerely,



Alma Taylor
Product Claims

All Action Details for Issue

Print

VIN: 1FMYU02164K [REDACTED] Year: 2004
 Name: [REDACTED] Owner Status: Subsequent
 Symptom Desc: SERVICE BRAKE PEDAL HIGH EFFORTS
 Reason Desc: LEGAL - ALLEGED INJURY
 Issue Type: 10 OGC Issue Status: CLOSED

Model: ESCAPE Case: [REDACTED]
 WSD: 2003-10-28
 Primary Phone: [REDACTED]
 Secondary Phone: [REDACTED]

Action: CONTACT ADVANCED TO OGC

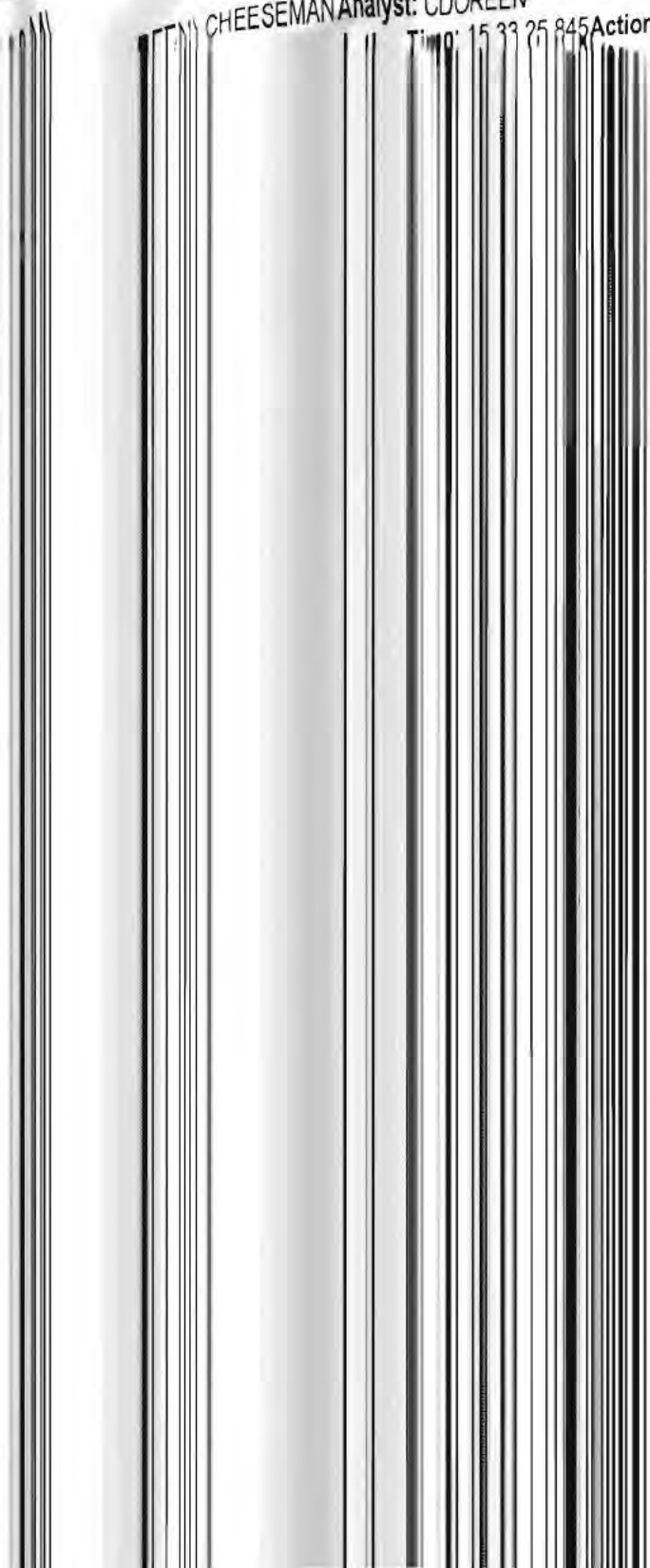
Origin Desc: US CONCERN CASE BASE

Dealer: 00049 SHEEHY FORD INC

Comm Type: PHONE

CHEESEMAN Analyst: CDOREEN

Time: 15 33 25 845 Action Data: No



All Action Details for Issue

Print

VIN: 1FMYU02164K [REDACTED] Year: 2004 Model: ESCAPE Case: [REDACTED]
 Name: [REDACTED] Owner Status: Subsequent WSD: 2003-10-28
 Symptom Desc: SERVICE BRAKE PEDAL HIGH EFFORTS Primary Phone: [REDACTED]
 Reason Desc: LEGAL - ALLEGED INJURY Secondary Phone: [REDACTED]
 Issue Type: 10 OGC Issue Status: CLOSED

Action: CONTACT ADVANCED TO OGC Origin Desc: US CONCERN CASE BASE
 Dealer: 00049 SHEEHY FORD INC
 Odometer: 140000 MI Comm Type: PHONE
 Analyst Name: DOREEN (CDOREEN),CHEESEMAN Analyst: CDOREEN
 Action Date: 11/09/2009 Action Time: 15.33.25.845 Action Data: No

Comments CUSTOMER SAID: - VIN 1FMYU02164K [REDACTED] - 2004 ESCAPE - OCT 18, 2009 AND MY SON WAS DRIVING [REDACTED] THE VEH AND NEPHEW IN THE VEH WITH HIM AND HIS NAME IS [REDACTED] - CUST SON ON THE PHONE NOW [REDACTED]) AND STATES PULLED OUT OF SEVEN ELEVEN AND MADE RIGHT TURN AND FIRST STEPPED ON ACCEL PEDAL AND NOTHING HAPPENED AND THE SECOND TIME IT WENT ALL THE WAY TO THE FLOOR AND THE EMERGENCY BRAKE NOT WORKING AND I WENT INTO A TRUCK - CUST STATES THE ONLY OTHER PLACE TO GO WOULD BE INTO A CREEK AT THE BOTTOM OF THE HILL - CUST STATES HIT THE PARKED TRUCK - CUST STATES VEH IN ACCIDENT BECAUSE ACCELERATOR STUCK ON THE VEH WHEN DRIVING IT - CUST STATES I WAS INJURED - CUST STATES POLICE DEPT CAME OUT - CUST STATES TWO DAYS LATER WENT TO THE HOSPITAL AND GOT X RAYS WHICH SHOW SPRAINED NECK AND SEPARATED SHOULDER AND I HAVE HEADACHES AND NECK HURTS AND PAIN FROM TOP OF THE NECK TO LEFT HIP - CUST STATES I STILL AM GOING TO THE DOCTORS - CUST STATES I CONTACTED INSURANCE CO AND HAVE FULL INSURANCE ON THE VEH - CUST STATES THE INSURANCE CO HAS THE VEH - CUST CALLING FORD TODAY I WANT A REPLACEMENT FOR THE VEH AND DAMAGES THAT INCURRED DEALER SAID: SHEEHY FORD / MARLOW HEIGHTS 5000 AUTH ROADSUITLAND MD 20746(800) 640-5368 - NONE CRC 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 Confidential



11/10/2009

All Action Details for Issue

Print

VIN: 1FMYU02164K [REDACTED] Year: 2004 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Subsequent WSD: 2003-10-28
Symptom Desc: ACCELERATOR PEDAL STICK/BIND DECELERATION Primary Phone: [REDACTED]
Reason Desc: LEGAL - ALLEGED INJURY Secondary Phone: [REDACTED]
Issue Type: 10 OGC Issue Status: CLOSED

Action: TIER ONE CLOSE ISSUE

Dealer:

Origin Desc: TIER ONE - MELBOURNE

Odometer: 140000 MI

Comm Type: PHONE

Analyst Name: WEBER, EMILY

Analyst: EWEBER19

Action Date: 11/19/2009

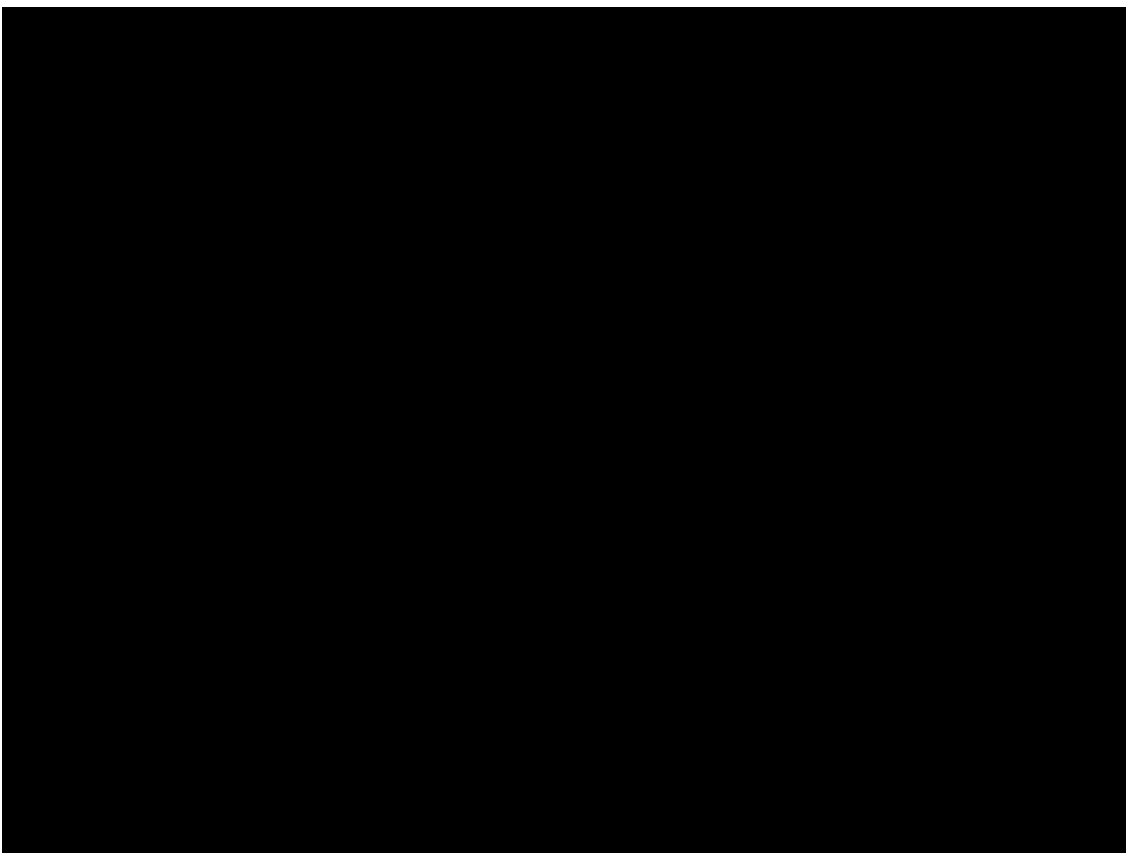
Action Time: 14.17.46.181

Action Data: No

Comments -CUST SAYS:-THE VEHICLE WAS TOTALED-THE ACCELERATOR GOT STUCK AND CAUSED AN ACCIDENT-THE DATE OF THE ACCIDENT WAS OCTOBER 18,2009-SON WAS HURT-THERE WAS NOTHING BROKEN -THERE WAS DISLOCATION IN THE SHOULDER AND THERE IS A SCAR ON HIS LEG-THE LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURED WAS AROUND THE CORNER OF THE CUSTOMER'S RESIDENCE BOONES LANE -A POLICE REPORT WAS FILED FROM PRINCE GEORGE'S COUNTY POLICE DEPARTMENT - CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY AND THE STATUS WAS A TOTAL LOSS- CUSTOMER BELIEVES THE ACCELERATOR SAFETY RECALL 04S25 THAT CAUSED THE ACCIDENT-CUSTOMER WAS PAYING A CAR NOTE AND INSURANCE COMPANY ASSISTED IN PAYING FOR MOST OF IT BUT THERE IS STILL \$6000 LEFT -CUSTOMER IS SEEKING FOR COMPENSATION-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-CCR ADVISED CUST:-PHRASEOLOGY-THERE WAS A SAFETY RECALL 04S25 OF THE ACCELERATOR CABLE AND IT WAS DONE ON 1/27/2007

Ford Confidential

[REDACTED] 11/20/2009



To: Ford Motor Company

From: [REDACTED]

On 08/10/2009, I was on my way to work. Upon leaving an intersection after a stoplight, I pressed on the gas pedal to go forward and I noticed that my truck engine started making a noise like a race car and was getting louder. I began to notice that the car was going faster than I was pressing on the gas pedal. I took my foot off the gas pedal and it felt as if the gas pedal was stuck to the floor. I tried to slow the truck down by stepping on brakes but the brake pedal seemed as if it was frozen and wouldn't move. I then took both feet and pressed on the brakes as hard as I could but the brake still would not move. The engine lights came on, smoke started coming out from the dashboard and from the hood of the truck, and the truck smelled like burning rubber, so I turned on the emergency lights. I didn't know how to stop the truck. Upon approaching the next big intersection, there were cars on both sides of me. I wanted to get the right lane and hopefully turn off but the other drivers would not let me get over. I saw the van in front of me was stopped at the red-light. I had never been so terrified in my life, because I was going to crash and there was nothing I could do to avoid it. I began to scream as my truck crashed into the back of the mini van that was in front of me at the stoplight. Both airbags exploded but the one from the steering wheel exploded with a tear in it. The driver that I crashed into called the police because at that time I was so shaken, scared and crying hysterically. I didn't know if I had killed someone or not. My truck was a total loss. My husband and I found out that there had been an I know that I was never notified by anyone. I don't know if you can ever understand this or if you even care but the last thing in the world I wanted to do was start all over again making car payments. This whole ordeal has been a tremendous strain, burden and inconvenience on me and my family. Who knows how long my truck would have lasted if I didn't have that crash or if you would have notified me. I lived at the same address for two more years after I bought my truck and never received any type of notification about a recall. I was working a part time job on the weekends and I missed three of those weekends due to this accident. I really can't afford another car but I need one. I had to spend extra money that I didn't have on a rental car and waiting on the insurance company because of their mix ups and mistakes. This has been a major upset in my life as well as a major interruption in my family's life, so please don't treat me or this issue as if it is nothing. I have struggled these past few months and this accident could have been avoided. My truck would have been paid for in March 2010 if this had not have happened.

[REDACTED]
Decatur, GA [REDACTED]

[REDACTED] H
cell



Office of the General Counsel

PRIVILEGED & CONFIDENTIAL

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

August 19, 2009

[REDACTED]
Decatur, GA [REDACTED]

Re: 2003 Ford Escape

Dear [REDACTED]

Recently the Office of the General Counsel of Ford Motor Company was made aware of your recent contact to our Customer Relations Center in regards to the above vehicle. 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 you or your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company and/or you contact us in writing to the address noted above notifying us of their intent to pursue subrogation, or your intent to pursue a claim directly.

In order to evaluate this matter, we request that you provide us with all the following information by completing and returning this form:

- 1. Attach on a separate piece of paper 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 and a copy of the Vehicle Title.
- 3. Original color photographs of the vehicle's collision/fire damage & the alleged defective part(s), 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 scene showing the grade of the road.
- 6. Attach a copy of your expert's report and the expert's original 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. A complete service history for the subject vehicle, including any tune-ups or oil changes.

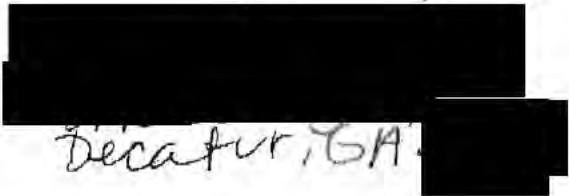
Please answer the following in the space provided. If you need additional space, please use the back of the form;

9. What was the city, state and date of occurrence:

Stone Mountain, GA 8-10-09

10. The 17 digit vehicle identification number:

1FMYU02163K [REDACTED]



- 11. What was the mileage at time of occurrence: Decatur, GA
About 93,000
- 12. What is the alleged defect:
Accelerator cable
- 13. Has the alleged defective part been repaired or replaced? (circle one) Yes or No
- 14. List all after market additions or modifications that were made to the vehicle:
none
- 15. Was the engine running? (circle one) Yes or No
- 16. Were the keys in the ignition? (circle one) Yes or No
- 17. Was this vehicle purchased new or used:
used
- 18. If purchased used, provide the date of purchase, mileage at the time of purchase, from whom the vehicle was purchased: 2-17-04 purchase. miles. 28,383
Enterprise Leasing Co. of GA. 5885 Memorial Drive
Stone Mountain, GA. 30088
- 19. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).
Contact Insurance Company
- 20. 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. Brenda Sorge - #1816
Travelers
1000 Windward Concourse
Alpharetta, GA 30035
- 21. What are you seeking from Ford Motor Company in this matter?
Compensation for the money I put into my car. settle for \$25,063.32

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 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

To: Ford Motor Company-Office of the General Counsel, David Leitch

From: [REDACTED] Decatur, GA [REDACTED]
Home# [REDACTED] Cell# [REDACTED], Work# [REDACTED]

Re: Claim/Settlement on Accident totaling my 2003 Ford Escape
VIN# 1FMYU02163K [REDACTED] due to recall part number
04S25 for 3.0L LDH accelerator cable

My accident occurred on 08/10/2009. I was legally advised to contact Ford re: my settlement since I was never notified of the recalled part. I received forms from Ford that had to be completed and returned along with other requested information within (90) days. All of this information included in this fax was sent by certified mail on 11/19/2009 to your product claim dept. in Dearborn, MI. When I received those forms I was under the impression that I was being taken seriously. It is easy to ignore someone when you just don't give a damn. If you were in this situation, waiting on a settlement, you would feel the same or worse. Why should you care how a grandmother that's raising three children is going to make it. This accident has been so hard on me and my family. Ford is always advertising how their company gives to charities, help out in the communities, donate this and sponsor that! But, you won't take the time to settle my claim for about \$25,000! You! Your company! Ford! installed the accelerator cable into my now totaled 2003 Ford Escape! and You! Your company! Ford! Neglected to notify me about the recall! **IF THIS ACCIDENT WAS MY FAULT I WOULDN'T BE EXPECTING ANYTHING FROM YOU! YOUR COMPANY! FORD! BUT IT WASN'T!** I wonder how would you feel if this had happened to you or one of your family members, being ignored and disregarded. It's very easy to ignore someone and not care especially when you have the power to change their life. I had to go into debt to get another car. These car payments are preventing me from meeting my obligations to my children, such as their band and track dues, making payments on their instruments and basically getting them the things they need for school. I don't think that I'm asking for much considering I could have been killed in that accident and my family would be filing a law suit for so much more! I even got a \$215 dollar ticket at the scene of the accident for following too close! This is how you customers get treated if they live through an accident, they get nothing, ignored! But, if you die, you get attention and you get paid!



Brenda Sorge
C. S. NUMBER 1816
1000 WINDWARD CONCOURSE
ALPHARETTA, GEORGIA 30005
TEL: 678-317-7396
800-238-6214, ext :3177396
FAX: 877-872-5012
bsorge@travelers.com

September 1, 2009

Ford Motor Company
16800 Executive Park Plaza Dr MD4
S Dearborn MI, 48126-4207

SENT VIA US MAIL

DATE OF LOSS: 8/10/2009
OUR CLAIM #: [REDACTED]

Dear [REDACTED]

Please be advised that The Travelers Indemnity Company Of America is investigating a Claim that may be related to a recalled part on a 2003 Ford Escape with Vehicle Identification Number 1FMYU02163K [REDACTED]. The recalled part number is 04S25 for 3.0L LHD accelerator cable.

If you should have any questions, please do not hesitate to contact me at the number listed below.

Sincerely,

Brenda Sorge
Claim Representative

[REDACTED]

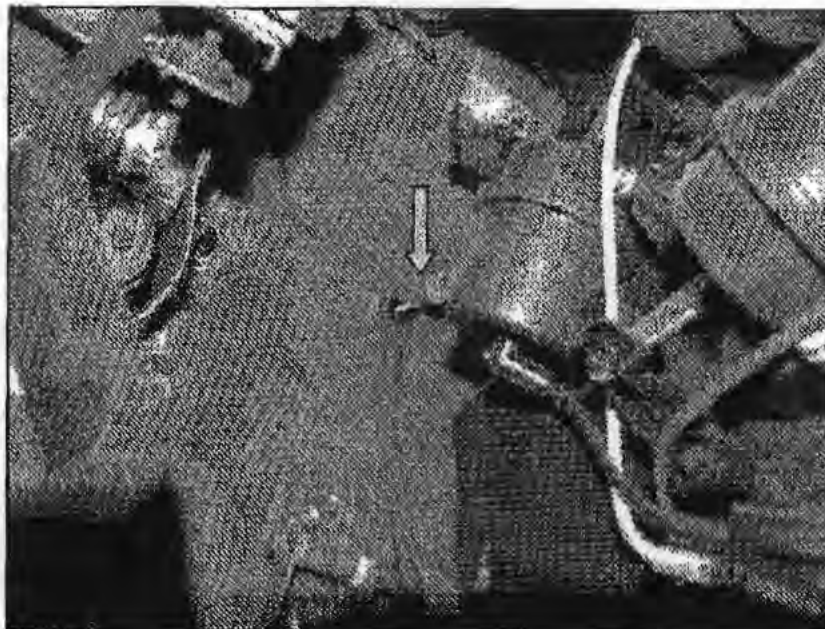
Decatur, GA

[REDACTED]

October 20, 2009
RCG File No. 0088087



Photograph 1
Slack in the throttle cable.



Photograph 2
Slack taken out of accelerator pedal linkage.



October 20, 2009
RCG File No. 0068087




Photographs

Photographs taken during our site visit that are not included in this report are retained in our files and are available to you upon request.



October 20, 2009
RCG File No. 0088087

Basis of Report

1. An inspection of the 2003 Ford Escape was performed by Chris P. Hollis on September 3, 2009.
 2. A record check from Carfax was conducted.
 3. Research was conducted into the NHTSA database regarding recalls for the 2003 Ford Escape.
- 

October 20, 2009
RCG File No. 0088087

Page 3

speed after releasing the throttle while attempting to stop could have caused or contributed to the crash.

During our inspection, the throttle cable was not disconnected from the throttle body linkage. This action would have ruled out whether or not the throttle plate linkage itself was stuck independent of the throttle cable. This action would also have potentially damaged the actual underlying cause for the stuck throttle and spoliation of evidence may have occurred. This action would need to take place in the presence of all other interested parties.

This report was prepared for the exclusive use of Travelers Insurance Company and was not intended for any other purpose. Our report was based on information made available to us at the time and described in the **Basis of Report**. Should additional information become available, we reserve the right to determine the impact, if any, the new information may have on our opinions and conclusions, and to revise our opinions and conclusions if necessary and warranted.


Thank you for allowing us to provide these services. If you have any questions or need additional assistance please call.

Sincerely,
RIMKUS CONSULTING GROUP, INC.

Chris P. Hollis
Senior Consultant

Joe R. Maseda, P.E.
Georgia Reg. Eng. No 31584
Forensic Division Manager

Attachments: Basis of Report, Photographs, and CVs



October 20, 2009
RCG File No. 0088087

Page 2

Discussion

The Ford was powered by a 3.0 liter V6 engine and automatic transmission. Reportedly, [REDACTED] lifted her foot off the accelerator pedal and attempted to stop. The engine reportedly did not return to idle speed, so she was unable to avoid a collision with a vehicle that had stopped in front of her.

Observations

The accelerator pedal and throttle cable of the 2003 Escape was inspected for any signs of damage or binding which would not have allowed the throttle to return to a normal idle position. Slack was seen in the throttle cable at the throttle pedal lever (**Photograph 1**). The accelerator pedal was manipulated to take up the slack in the cable (**Photograph 2**). The pedal and linkage inside the car were free to move at their pivot points within the limits of the slack in the throttle cable.

The intake manifold cover and the rubber boot connecting the throttle body to the air filter box was removed to gain visual access to the throttle plate. Inside the throttle body, the throttle plate was found to be partially open. Also, the throttle linkage on the side of the throttle body was being held off the throttle stop (**Photograph 3**). No manipulation of the throttle linkage or cable was attempted.

According to Carfax, an open recall was found for the Escape. Ford recall number 04S25 was issued on December 6, 2004. According to the National Highway Traffic Safety Administration (NHTSA), campaign ID number 04V574000, "On certain sport utility vehicles built with 3.0 liter V6 engines, the accelerator cable may prevent the throttle from returning to the idle position". In the NHTSA report, the consequences are listed as, "An unexpected increase in idle speed may increase stopping distance and may result in a vehicle crash". According to the NHTSA report, the remedy was listed as, "Dealers will replace the accelerator cable". Reportedly, [REDACTED] never received the recall notice from Ford. Ford Motor Company was contacted via the phone number listed in the NHTSA report by Rimkus Consulting Group, Inc. According to Ford, the recall had never been performed on the Escape.

Analysis

The throttle plate on the 2003 Ford Escape was found to be partially open at the time of our inspection.

Based upon the evidence found during the inspection, the most probable cause for the open throttle was due to a stuck throttle cable as described in the NHTSA recall notice. The stuck throttle would have resulted in the engine not decreasing its speed while the driver was attempting to stop. A failure of the vehicle's engine to decrease to idle

[REDACTED]



Rimkus Consulting Group, Inc.
2030 Powers Ferry Road, Suite 224
Atlanta, Georgia 30339
(770) 436-9399 Telephone
(770) 438-2189 Facsimile

The original of this document was sealed and signed by Joe R. Maseda, P.E.
Georgia Reg. Eng. No. 031584 on October 20, 2009.

THIS REPRODUCTION IS NOT A CERTIFIED DOCUMENT

October 20, 2009

Ms. Brenda Sorge
Travelers Insurance Company
CS #1816
Alpharetta, Georgia 30023

Re: Claim No: [REDACTED]
Insured: [REDACTED]
Subject: **Report of Findings**
RCG File No: 0088087

Dear Mr. Blackburn:

On August 10, 2009, the accelerator reportedly stuck a 2003 Ford Escape, (VIN) 1FMYU02163K [REDACTED], driven by [REDACTED]. The stuck accelerator reportedly caused her to rear end another vehicle.

Rimkus Consulting Group was retained to determine whether or not the accelerator actually stuck which may have contributed to the crash. In the course of our work, we reviewed the materials and performed the tasks described in the **Basis of Report**.

Conclusions

1. The throttle plate was found to be stuck partially open thereby not allowing the engine to return to normal idle speed.
2. The most probable reason for the stuck throttle was due to a faulty accelerator cable.
3. An increase in idle speed may have caused or contributed to the crash.

What I am seeking from Ford Motor Company:

Car price:----- \$25,960.32
Check from insurance company:----- -\$3,100.00

What I paid into my truck:----- \$22,860.32
Down payment on another car:----- \$1,000.00
Lost wages-Missed (3) weekends from work:----- \$779.00
Money spent on rental car:----- +\$424.00

What I am seeking from Ford Motor Company:----- \$25,063.00

[Redacted]
Denatur, GA
[Redacted] H
[Redacted] cell



PRIVILEGED & CONFIDENTIAL

Office of the General Counsel

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

August 19, 2009

[Redacted]

NOV 20 2009

Decatur, GA [Redacted]

Re: 2003 Ford Escape

Dear [Redacted]:

Recently the Office of the General Counsel of Ford Motor Company was made aware of your recent contact to our Customer Relations Center in regards to the above vehicle. 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 you or your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company and/or you contact us in writing to the address noted above notifying us of their intent to pursue subrogation, or your intent to pursue a claim directly.

In order to evaluate this matter, we request that you provide us with all the following information by completing and returning this form:

- 1. Attach on a separate piece of paper 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 and a copy of the Vehicle Title.
- 3. Original color photographs of the vehicle's collision/fire damage & the alleged defective part(s), **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 scene showing the grade of the road.
- 6. Attach a copy of your expert's report and the expert's original 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. A 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, state** and **date** of occurrence:
Stone Mountain, GA 8-10-09
- 10. The 17 digit vehicle identification number:
1FMYU02163K [Redacted]

- 11. What was the mileage at time of occurrence:
About 93,000
- 12. What is the alleged defect:
Accelerator cable
- 13. Has the alleged defective part been repaired or replaced? (circle one) Yes or No
- 14. List all after market additions or modifications that were made to the vehicle:
none
- 15. Was the engine running? (circle one) Yes or No
- 16. Were the keys in the ignition? (circle one) Yes or No
- 17. Was this vehicle purchased new or used:
used
- 18. If purchased used, provide the date of purchase, mileage at the time of purchase, from whom the vehicle was purchased: 2-17-04 purchase. miles. 28,383
Enterprise Leasing Co. of GA. 5885 Memorial Drive
Stone Mountain, GA. 30087
- 19. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).
Contact Insurance Company
- 20. 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. Brenda Sorge - #1816
Travelers
1000 Windward Concourse
Alpharetta, GA 30035
- 21. What are you seeking from Ford Motor Company in this matter?
compensation for the money I put into my car. settle for \$25,063.32

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 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,



Alma Taylor
Product Claims

To: Ford Motor Company

From: [REDACTED]

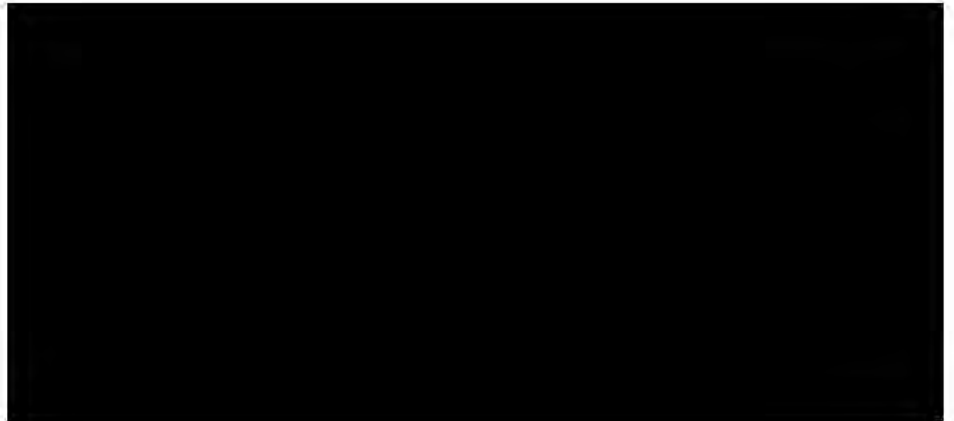
On 08/10/2009, I was on my way to work. Upon leaving an intersection after a stoplight, I pressed on the gas pedal to go forward and I noticed that my truck engine started making a noise like a race car and was getting louder. I began to notice that the car was going faster than I was pressing on the gas pedal. I took my foot off the gas pedal and it felt as if the gas pedal was stuck to the floor. I tried to slow the truck down by stepping on brakes but the brake pedal seemed as if it was frozen and wouldn't move. I then took both feet and pressed on the brakes as hard as I could but the brake still would not move. The engine lights came on, smoke started coming out from the dashboard and from the hood of the truck, and the truck smelled like burning rubber, so I turned on the emergency lights. I didn't know how to stop the truck. Upon approaching the next big intersection, there were cars on both sides of me. I wanted to get the right lane and hopefully turn off but the other drivers would not let me get over. I saw the van in front of me was stopped at the red-light. I had never been so terrified in my life, because I was going to crash and there was nothing I could do to avoid it. I began to scream as my truck crashed into the back of the mini van that was in front of me at the stoplight. Both airbags exploded but the one from the steering wheel exploded with a tear in it. The driver that I crashed into called the police because at that time I was so shaken, scared and crying hysterically. I didn't know if I had killed someone or not. My truck was a total loss. My husband and I found out that there had been an I know that I was never notified by anyone. I don't know if you can ever understand this or if you even care but the last thing in the world I wanted to do was start all over again making car payments. This whole ordeal has been a tremendous strain, burden and inconvenience on me and my family. Who knows how long my truck would have lasted if I didn't have that crash or if you would have notified me. I lived at the same address for two more years after I bought my truck and never received any type of notification about a recall. I was working a part time job on the weekends and I missed three of those weekends due to this accident. I really can't afford another car but I need one. I had to spend extra money that I didn't have on a rental car and waiting on the insurance company because of their mix ups and mistakes. This has been a major upset in my life as well as a major interruption in my family's life, so please don't treat me or this issue as if it is nothing. I have struggled these past few months and this accident could have been avoided. My truck would have been paid for in March 2010 if this had not have happened.

What I am seeking from Ford Motor Company:

Car price:-----	\$25,960.32
Check from insurance company:-----	-\$3,100.00

What I paid into my truck:-----	\$22,860.32
Down payment on another car:-----	\$1,000.00
Lost wages-Missed (3) weekends from work:-----	\$779.00
Money spent on rental car:-----	+\$424.00

What I am seeking from Ford Motor Company:----- \$25,063.00





Rimkus Consulting Group, Inc.
2030 Powers Ferry Road, Suite 224
Atlanta, Georgia 30339
(770) 436-9399 Telephone
(770) 438-2189 Facsimile

The original of this document was sealed and signed by Joe R. Maseda, P.E.
Georgia Reg. Eng. No. 031584 on October 20, 2009.

THIS REPRODUCTION IS NOT A CERTIFIED DOCUMENT

October 20, 2009

Ms. Brenda Sorge
Travelers Insurance Company
CS #1816
Alpharetta, Georgia 30023

Re: Claim No: [REDACTED]
Insured: [REDACTED]
Subject: **Report of Findings**
RCG File No: 0088087

Dear Mr. Blackburn:

On August 10, 2009, the accelerator reportedly stuck a 2003 Ford Escape, (VIN) 1FMYU02163K [REDACTED], driven by [REDACTED]. The stuck accelerator reportedly caused her to rear end another vehicle.

Rimkus Consulting Group was retained to determine whether or not the accelerator actually stuck which may have contributed to the crash. In the course of our work, we reviewed the materials and performed the tasks described in the **Basis of Report**.

Conclusions

1. The throttle plate was found to be stuck partially open thereby not allowing the engine to return to normal idle speed.
2. The most probable reason for the stuck throttle was due to a faulty accelerator cable.
3. An increase in idle speed may have caused or contributed to the crash.

Discussion

The Ford was powered by a 3.0 liter V6 engine and automatic transmission. Reportedly, [REDACTED] lifted her foot off the accelerator pedal and attempted to stop. The engine reportedly did not return to idle speed, so she was unable to avoid a collision with a vehicle that had stopped in front of her.

Observations

The accelerator pedal and throttle cable of the 2003 Escape was inspected for any signs of damage or binding which would not have allowed the throttle to return to a normal idle position. Slack was seen in the throttle cable at the throttle pedal lever (**Photograph 1**). The accelerator pedal was manipulated to take up the slack in the cable (**Photograph 2**). The pedal and linkage inside the car were free to move at their pivot points within the limits of the slack in the throttle cable.

The intake manifold cover and the rubber boot connecting the throttle body to the air filter box was removed to gain visual access to the throttle plate. Inside the throttle body, the throttle plate was found to be partially open. Also, the throttle linkage on the side of the throttle body was being held off the throttle stop (**Photograph 3**). No manipulation of the throttle linkage or cable was attempted.

According to Carfax, an open recall was found for the Escape. Ford recall number 04S25 was issued on December 6, 2004. According to the National Highway Traffic Safety Administration (NHTSA), campaign ID number 04V574000, "On certain sport utility vehicles built with 3.0 liter V6 engines, the accelerator cable may prevent the throttle from returning to the idle position". In the NHTSA report, the consequences are listed as, "An unexpected increase in idle speed may increase stopping distance and may result in a vehicle crash". According to the NHTSA report, the remedy was listed as, "Dealers will replace the accelerator cable". Reportedly, [REDACTED] never received the recall notice from Ford. Ford Motor Company was contacted via the phone number listed in the NHTSA report by Rimkus Consulting Group, Inc. According to Ford, the recall had never been performed on the Escape.

Analysis

The throttle plate on the 2003 Ford Escape was found to be partially open at the time of our inspection.

Based upon the evidence found during the inspection, the most probable cause for the open throttle was due to a stuck throttle cable as described in the NHTSA recall notice. The stuck throttle would have resulted in the engine not decreasing its speed while the driver was attempting to stop. A failure of the vehicle's engine to decrease to idle

speed after releasing the throttle while attempting to stop could have caused or contributed to the crash.

During our inspection, the throttle cable was not disconnected from the throttle body linkage. This action would have ruled out whether or not the throttle plate linkage itself was stuck independent of the throttle cable. This action would also have potentially damaged the actual underlying cause for the stuck throttle and spoliation of evidence may have occurred. This action would need to take place in the presence of all other interested parties.

This report was prepared for the exclusive use of Travelers Insurance Company and was not intended for any other purpose. Our report was based on information made available to us at the time and described in the **Basis of Report**. Should additional information become available, we reserve the right to determine the impact, if any, the new information may have on our opinions and conclusions, and to revise our opinions and conclusions if necessary and warranted.

Thank you for allowing us to provide these services. If you have any questions or need additional assistance please call.

Sincerely,
RIMKUS CONSULTING GROUP, INC.

Chris P. Hollis
Senior Consultant

Joe R. Maseda, P.E.
Georgia Reg. Eng. No 31584
Forensic Division Manager

Attachments: Basis of Report, Photographs, and CVs

Basis of Report

1. An inspection of the 2003 Ford Escape was performed by Chris P. Hollis on September 3, 2009.
2. A record check from Carfax was conducted.
3. Research was conducted into the NHTSA database regarding recalls for the 2003 Ford Escape.

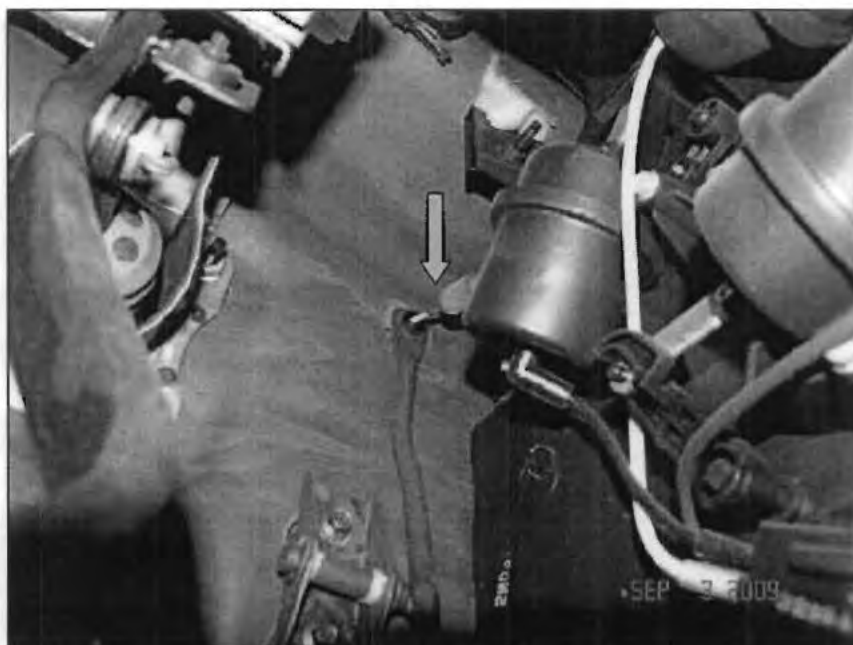
Photographs

Photographs taken during our site visit that are not included in this report are retained in our files and are available to you upon request.

October 20, 2009
RCG File No. 0088087

Photograph 1

Slack in the throttle cable.



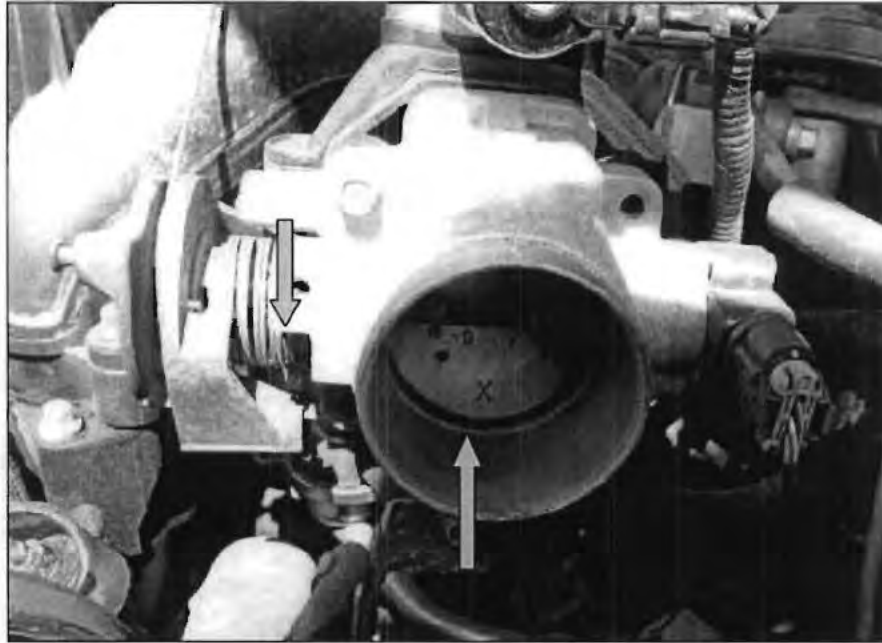
Photograph 2

Slack taken out of accelerator pedal linkage.



October 20, 2009
RCG File No. 0088087

Photograph 3
Open throttle plate.



October 20, 2009
RCG File No. 0088087

CVs

ChoicePoint

ChoicePoint Police Records
P.O.Box 740167
Atlanta, GA 30374-0167
Phone: 1.800.934.9698 Fax 1.800.934.6449
Email: orderpoint.support@choicepoint.com

REPORT ATTACHED

PAGE COUNT: 6

CLIENT : 1754
DIVISION :
ADJUSTER : XCA8TF
CLAIM : ██████████

TRANSACTION # : 287039072
DATE : 08/19/2009

DATE OF LOSS : 08/10/2009 TIME OF LOSS : 07:25 AM
STREET : HARRISTON
CITY :
COUNTY : DEKALB
STATE : GA

INVESTIGATING AGENCY : DEKALB CO PD
REPORT NUMBER : ██████████
REPORT TYPE : Auto Accident
PARTY 1 : ██████████
PARTY 2 :
PARTY 3 :

CAR : ESCAPE MAKE : FORD YEAR : 2003
TAG :

DRIVER LICENSE : ██████████
ADDITIONAL INFO :

NOTE :

Accident Number		Agency NCIC No. GA0440200		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County DEKA		Date Rec. by DMVS						
Date 08/10/2009		Day of Week Sun M T W Th F S		Time 07:27		Off. Arrived 07:31		Vehicles 2		Total Number of: Injuries 0 Fatalities 0		Inside City Of:			
Road of Occurrence 3 HAIRSTON RD				At Its Intersection With ROCKBRIDGE RD				Corrected Report? Yes <input type="checkbox"/>							
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.				1 <input type="checkbox"/> 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.				Suppl. To Original? Yes <input type="checkbox"/>							
Not At Its Intersection But _____				Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Of: Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line							
And continuing in the direction checked above, the Next Reference Point is				1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line				HR and Run? Yes <input type="checkbox"/>							
Driver # 1		LAST NAME		FIRST		MIDDLE		Driver # 2		LAST NAME		FIRST		MIDDLE	
Ped # <input type="checkbox"/>		Address		City		State		Zip		DO		City		State	
City DECATUR		State GA		Zip 30034		DOB		City		State		Zip		DOB	
Driver's License No.		Class		State		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Driver's License No.		Class		State		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Posted Speed 45		Insurance Co. TRAVELERS		Policy No.		Posted Speed 45		Insurance Co. OMNI		Policy No.		Year		Make	
Year 2003		Make FORD		Model ESCAPE		Telephone No.		Year 2003		Make CHRY		Model VAN		Telephone No.	
VIN 1FMYU02163K		Vehicle Color BLACK		VIN 2C4GP44333R		Vehicle Color GREEN		Tag #		State		County		Year	
State GA		County DEKALB		Year 2009		Tag #		State GA		County DEKALB		Year 2010		Trailer Tag #	
State GA		County		Year		State GA		County		Year		State GA		County	
Same as Driver		First		Middle		Same as Driver		First		Middle		Same as Driver		First	
Address		City		State		Zip		Address		City		State		Zip	
City DECATUR		State GA		Zip 30034		City STN MTN		State GA		Zip 30083		City		State	
Removed By AAA		<input checked="" type="checkbox"/> Request <input type="checkbox"/> List		Removed By		<input type="checkbox"/> Request <input type="checkbox"/> List		Alcohol Test 2		Type		Results		Drug Test 2	
Type		Results		Drug Test 2		Type		Results		Alcohol Test 2		Type		Results	
Driver Cond 1		Direction Of Travel 1		Vision Obscured 1		Contributing Factors 3		Driver Cond 1		Direction Of Travel 1		Vision Obscured 1		Contributing Factors 1	
Veh Cond 3		Veh Maneuver 8		Ped. Maneuver		Veh Cond 1		Veh Maneuver 5		Ped. Maneuver		Veh Cond 1		Veh Type: 1	
Most Harmful Event 11		Veh Class: 6		Veh Type: 1		Most Harmful Event 11		Veh Class: 1		Veh Type: 1		Traffic Ctrl 2		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Traffic Ctrl 2		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Injured Taken To:		By:		EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Report By: HARVEY, S M		Department DeKalb County Police		Report Date 08/10/2009		Checked By: DAVIS, L A		Date Checked 08/10/2009		Witness(es): Name		Address		City	
State		Zip Code		Telephone No.		State		Zip Code		Telephone No.		State		Zip Code	
State		Zip Code		Telephone No.		State		Zip Code		Telephone No.		State		Zip Code	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)															
COMMERCIAL VEHICLES ONLY															
Carrier Name Vehicle # 1				Carrier Name Vehicle # 2				Carrier Name Vehicle # 3				Carrier Name Vehicle # 4			
Address				Address				Address				Address			
State				State				State				State			
Zip				Zip				Zip				Zip			
No. of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type		No. of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		If YES, Name or 4 Digit Number from Diamond or Box: _____		1 Digit Number from Bottom of Diamond: _____		If YES, Name or 4 Digit Number from Diamond or Box: _____		1 Digit Number from Bottom of Diamond: _____		If YES, Name or 4 Digit Number from Diamond or Box: _____		1 Digit Number from Bottom of Diamond: _____	
Ran Off Road		Down Hill Runaway		Cargo Loss or Shift		Separation of Units		Ran Off Road		Down Hill Runaway		Cargo Loss or Shift		Separation of Units	

REMARKS:

Narrative Title: INITIAL REPORT
Date Entered: 8/10/2009 2:23:16 PM

BASED ON THE EVIDENCE AT THE SCENE AND STATEMENTS OF BOTH DRIVERS APWHILE DRIVER #2 WAS STOPPED AT THE RED LIGHT ON S. HAIRSTON RD. DRIVER #1 STRUCK THE

CITATIONS - VEHICLE # 1 23952835 CITATIONS - VEHICLE # 2

First Harmful Event 11	Traffic-Way Flow 2	Weather 1	Surface Cond. 1	Light Cond. 1	Severity of Collision 3	Location of Area Of Impact 1	Road Comp. 2	Road Def. 1	Road Character 1	Construction / Maintenance Zone 0
---------------------------	-----------------------	--------------	--------------------	------------------	----------------------------	---------------------------------	-----------------	----------------	---------------------	--------------------------------------

VEH # 1		VEH # 2		SKID DISTANCE BEFORE IMPACT	0	AFTER	0	Width of Road 48
Number of Occupants		1	2		VEH. 1	VEH. 1		
Point of Initial Contact		12	6		VEH. 2	VEH. 2		
Damage To Vehicles		2	4					

Damage Other Than Vehicle:		Owner:		A	G	S	V	V	P	I	JURY	TAXER FOR TREAT.	ELECT	SAFETY SEAT	EXTRC	AIR BAG
		Driver # 1 Or Pedestrian #									0	N	1	3	N	1
Occupants (list below):		Driver # 2 Or Pedestrian #									0	N	1	3	N	2
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	X	X	X	X	X	X	X
			#Q STONE MOUN	GA		18	M	2	3	4	N	1	1		N	2

AGENCY: DEKALB COUNTY POLICE DEPARTMENT
Jurisdiction: GA0440200
DMV Number: 09-101452

Narrative: Page 3

REAR OF DRIVER #2 VEHICLE CAUSING EXTENSIVE DAMAGE. DRIVER #1 STATED THAT SHE "TRIED TO STOP", BUT HER GAS PEDAL WAS STUCK, AND HER BRAKES DID NOT WORK WHEN SHE APPLIED THEM.

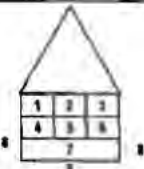

DRIVER #1 WAS CITED FOR FOLLOWING TOO CLOSELY CIT [REDACTED]). NO INJURIES WERE REPORTED. VEHICLE #1 WAS TOWED BY AAA.

DMV-523 Overlay

Georgia Uniform Vehicle Accident Report Overlay

09-101462

ALCOHOL AND / OR DRUG TEST CMEN 1 - Yes 2 - No 3 - Failed	PEDESTRIAN MANEUVER 1 - Crossing, Not At Crosswalk 2 - Crossing at Crosswalk 3 - Walking with Traffic 4 - Walking Against Traffic 5 - Pushing Or Working on Vehicle 6 - Other Working in Road 7 - Playing Roadway 8 - Standing in Roadway 9 - Off Roadway 10 - Other 11 - Daring Into Traffic	CONTRIBUTING FACTORS 1 - No Contributing Factors 2 - D.U.I. 3 - Following Too Closely 4 - Failed to Yield 5 - Exceeding Speed Limit 6 - Disregard Stop Sign/Signet 7 - Wrong Side Of Road 8 - Weather Conditions 9 - Improper Passing 10 - Driver Lost Control 11 - Changed Lanes Impudently 12 - Object Or Animal 13 - Improper Turn 14 - Parked Improperly 15 - Mechanical Or Vehicle Failure 16 - Surface Defects 17 - Misjudged Clearance 18 - Improper Backing 19 - No Signal/Improper Signal 20 - Driver Condition 21 - Driver's Vehicle 22 - Too Fast For Conditions 23 - Improper Passing Of School Bus 24 - Disregard Police Officer 25 - Distracted 26 - Other 27 - Cell Phone 28 - Inattention	VEHICLE TYPE 1 - Passenger Car 2 - Pickup Truck 3 - Truck Tractor (Bobtail) 4 - Tractor/Trailer 5 - Tractor W/Twin Trailers 6 - Logging Truck 7 - Logging Tractor/Trailer 8 - Single Unit Truck 9 - Panel Truck 10 - Van 11 - Utility Passenger Vehicle 12 - Vehicle With Trailer 13 - Bus 14 - Truck Towing House Trailer 15 - Ambulance 16 - Motorized Recreational Vehicle 17 - Motorcycle, Scooter, Moped 18 - Moped 19 - Pedalcycle, Bicycle 20 - Farm or Construction Equip 21 - All Terrain Vehicle 22 - Other 23 - Go cart
TYPE TEST 1 - Blood 2 - Sweat 3 - Urine 4 - Other	FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 - Overtun 4 - Jackknifing 2 - Fire/Explosion 5 - Other Non-Collision 3 - Immersion	VEHICLE CLASS 1 - Privately Owned 2 - Police 3 - Fire 4 - School 5 - Other Govt. Owned 6 - Military 7 - Commercial Vehicle (For Acc. Reporting Purposes Only) 8 - Other	TRAFFIC CONTROL 0 - Control 1 - No Control Present 2 - Traffic Signal 3 - RR Signal/Sign 4 - Warning Sign 5 - Stop Or Yield Sign 6 - No Passing Zone 7 - Lane 8 - Other 9 - Flashing Lights
DRIVER CONDITION 1 - Not Drinking 2 - Not Known (U.I.) 3 - Drinking Not Impaired 4 - U.I. Alcohol 5 - U.I. Drugs 6 - U.I. Alcohol & Drugs 7 - Physical Impairment 8 - Apparently Fell Asleep	COLLISION WITH OBJECT NOT FIXED 6 - Pedestrian 7 - Pedalcycle 8 - Railway Train 9 - Animal 10 - Parked Motor Vehicle 11 - Motor Vehicle in Motion 12 - Motor Vehicle in Motion in Other Roadway 13 - Other Object (Not Fixed)	VEHICLE CONFIGURATION 1 - Bus (Seating for More Than 15 Passengers) 2 - Single Unit Truck 2 Axles 3 - Single Unit Truck 3 or More Axles 4 - Truck Trailer 5 - Truck Tractor (Bobtail) 6 - Tractor Trailer 7 - Tractor With Twin Trailers 8 - Unknown Heavy Truck (Cannot Classify)	CARGO BODY TYPE 1 - Van (End. Box) 2 - Auto Carrier 3 - Bus 4 - Dump 5 - Garbage/Refuse 6 - Flatbed 7 - Cargo Trailer 8 - Concrete Mixer 9 - Other
DIRECTION OF TRAVEL 1 - North 2 - South 3 - East 4 - West	COLLISION WITH FIXED OBJECT 15 - Impact Attenuate 16 - Bridge Pier/Abutment 17 - Bridge Parapet End 18 - Bridge Rail 19 - Guardrail End 20 - Guardrail Post 21 - Median Barrier 22 - Highway Traffic Sign Post 23 - Overhead Sign Support 24 - Luminaire Light Support 25 - Utility Pole 26 - Other Post 27 - Culvert 28 - Culb 29 - Ditch 30 - Embankment 31 - Fence 32 - Mailbox 33 - Tree 34 - Other - Fixed Object	VEHICLE MANEUVER 1 - Turning Left 2 - Turning Right 3 - Making U-turn 4 - Stopped 5 - Straight 6 - Changing Lanes 7 - Backing 8 - Parked 9 - Passing 10 - Negotiating A Curve 11 - Entering/Leaving Parking 12 - Entering/Leaving Onramp	VEHICLE CONDITION 1 - No Known Defects 2 - Tire Failure 3 - Brake Failure 4 - Improper Lights 5 - Steering Failure 6 - Tires Tires 7 - Other

TRAFFIC-WAY FLOW 1 - Two-way Traffic-way With No Physical Separation 2 - Two-way Traffic-way With a Physical Separation 3 - Two-way Traffic-way With a Physical Barrier 4 - One-way Traffic-way 5 - Continuous Turning Lane	LOCATION AT AREA OF IMPACT 1 - On Roadway 2 - On Shoulder 3 - Off Roadway 4 - Median 5 - Ramp 6 - Goe	AGE 00 - Up To One Year 01 - 57 Actual Age 08 - Ninety-eight Or Older 09 - Unknown	SEX M - Male F - Female TAKEN FOR TREATMENT 1 - Yes 2 - No	 <p>SEATING POSITION</p>
WEATHER 1 - Clear 2 - Cloudy 3 - Rain 4 - Snow 5 - Sleet 6 - Fog 7 - Other	ROAD COMPOSITION 1 - Concrete 2 - Black Top 3 - Tar And Gravel 4 - Dirt 5 - Gravel 6 - Other	INJURY CODE 0 - Not Injured 1 - Killed 2 - Serious 3 - Visible 4 - Complete	CONSTRUCTION / MAINTENANCE ZONE CODES 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Unknown type	POINTS OF INITIAL CONTACT 00 - Overtuned 01 - Top 02 - Undercarriage 03 - Non-Contact Vehicle
SURFACE CONDITION 1 - Dry 2 - Wet 3 - Slippy 4 - Icy 5 - Other 6 - Mud 7 - Sand 8 - Slush 9 - Oil	CONTRIBUTING ROAD DEFECTS 1 - No Defects 2 - Defective Shoulders 3 - Holes, Deep Ruts, Bumps 4 - Loose Material On Surface 5 - Water Standing 6 - Road Under Construction 7 - Running Water 8 - Other	EJECTION 1 - Not Ejected 2 - Trapped 3 - Totally Ejected 4 - Partially Ejected	SAFETY EQUIPMENT 0 - None Used 1 - Shoulder Belt 2 - Lap Belt 3 - Lap and Shoulder Belt 4 - Child Safety Seat (Properly Used) 5 - Child Safety Seat (Improperly Used)	
LIGHT CONDITION 1 - Daylight 2 - Dusk 3 - Dawn 4 - Dark - Lighted 5 - Dark - Not Lighted	ROAD CHARACTER 1 - Straight And Level 2 - Straight On Grade 3 - Straight On Hillside 4 - Curve And Level 5 - Curve On Grade 6 - Curve On Hillside	EXTRICATION (Equipment Used) 1 - Yes 2 - No	AIR BAG FUNCTION 0 - No Air Bag In This Seat 1 - Deployed Air Bag 2 - Non-Deployed Air Bag 3 - Deployed Side 4 - Deployed Other Direction 5 - Deployed Multiple Directions 6 - Non-Deployed Front 7 - Non-Deployed Side 8 - Non-Deployed Other Direction 9 - Non-Deployed Multiple Direction	
MANNER OF COLLISION 1 - Angle 2 - Head On 3 - Rear End 4 - Sideways - Same Direction 5 - Sideways - Opposite Direction 6 - Not A Collision With a Motor Vehicle	DAMAGE TO VEHICLE 1 - None 2 - Slight 3 - Moderate 4 - Extensive 5 - Fire Present			

BEGINNING OF CONTACT
08/13/2009

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.00.04

REGION: S1 ATLANTA OGC ISSUE CASE NBR: 0498342249
VIN: 1FMYU02163K [REDACTED] ZONE: A06 OPENED: 08/12/2009
ENGINE: 1 VEH TYPE: T CLOSED: 08/12/2009

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] FIRST NAME: [REDACTED] MI:
ADDRESS: [REDACTED]
CITY: DECATUR STATE: GA ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2003 MODEL: ESCAPE XLS 4X2 4-DR
MILEAGE: 96000
DEALER NAME: MALCOLM CUNNINGHAM SALES CODE: F21007 P & A: 09508
REASON CODE: 0772 LEGAL - ACCIDENT
SYMPTOMS: 624100 ACCELERATOR PEDAL STICK/BIND

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 791 - ADVISE CUSTOMER INFO WILL BE SENT TO OGC
DOCUMENT: ANALYST: RLOTT1 LOTT (RLOTT1),RITA

DATE: 08/12/2009 TIME: 13.50.33:
ACTION DATA/COMMENTS:

FIRE / ACCIDENT A
CUSTOMER SAID: =07/13/09=RECALL 04S25=NO INJURIES SUSTAINED=
DECATUR GA=A POLICE REPORT WAS FILED =CUST WAS GIVEN A TICKE
T STATING THAT SHE WAS FOLLOWING TOO CLOSE BUT THE ACCELERAT
ION LOCKED AND THAT DID TELL HER THAT THEY HAD TO GIVE HER A
TICKET BECAUSE SHE HIT FROM BEHIND =NO POLICE #=A FILE HAS
BEEN CLAIMED =NO STATUS AVAILABLE=CUST WAS TOLD THAT THEY WO
ULD DO THE BODY WORK BUT WOULDN'T TOUCH THE ENGINE =NO ATTY
MENTIONED =CUST IS SEEKING TO FIND OUT WHY THIS HAPPENED BEC
AUSE HE WAS TOLD BY MALCOLM CUNNINGHAM DLRSHIP THAT THERE WAS
A RECALL ON THE VEH THAT MAY HAVE CAUSED THE ACCIDENT =CUST
WOULD ALSO LIKE TO BE COMPENSATED BECAUSE HE NOW HAS TO GO
TO COURT ABOUT A TICKET THAT HE HAD NO CONTROL OVERDEALER SA
ID; MALCOLM CUNNINGHAM FORD FORD CODE: 21F007 DEALER
PROFILE 4334 SNAPPINGER WOODS DRIVEDECATUR, GA 30035 TEL:(77
0) 987-9000CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO F
ORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A W
RITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE
TO GCR; REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION
BEFORE SENDING ISSUE.=ALL INFORMATION CONFIRMED TO BE CORR
ECT

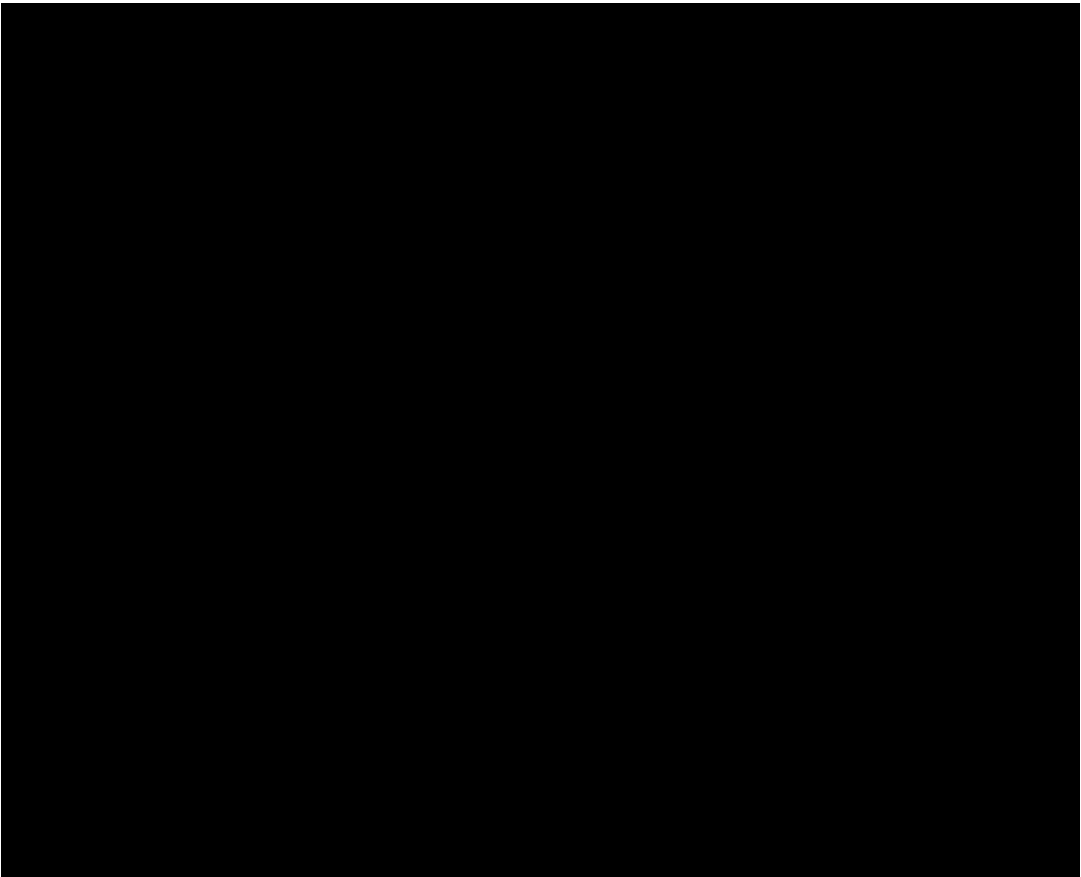
FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

AUG 19 2009

OFFICE OF THE
GENERAL COUNSEL

CONSUMER AFFAIRS

08/13/2009 FAXOGC2



HBI 3230



The Erskine Law Group, P.C.

342 S. Main St. • Rochester, Michigan • 48307
Tel (248) 601-4499 • Fax (248) 601-4497
www.erskinelawgroup.com

December 3, 2009

Pamela Cardin
Travelers
PO Box 3022
Fall River, MA 02722

Via Facsimile
866-304-7031

Re: Your Insured: [REDACTED]
Claim No. [REDACTED]
DOL: 8/10/2009

Dear Ms. Cardin:

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. *ordered*
- ✓ 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. *none*
- ✓ 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. *none*

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? Decatur GA
- 10. The 17 digit vehicle identification number: 1FMYU02163K [REDACTED]
- 11. What was the mileage at time of occurrence? throttle plate was found partially open
- 12. What is the alleged defect? Fault accelerator cable
- 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)? co-part
6089 Highway 10
Kogansville, GA
30052

15. List all after market additions or modifications that were made to the vehicle: NONE

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? Used

If purchased used, provide the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased: Enterprise Auto Sales, Feb 17 2004 28,000
Stone Mountain GA

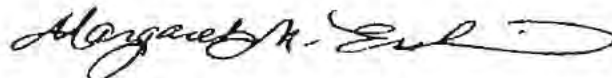
Once you have compiled the requested information regarding this matter, please send it to the address above. If you prefer to send the information electronically, you can e-mail it to me at merskine@erskinelawgroup.com. Once we are in receipt of the requested information, it will be reviewed and you 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,



Maggie Mason Erskine



The Travelers Indemnity Company Of America
 P.O. Box 3022
 Fall River, MA 02722
 (800)925-7693

11/05/2009

*Related to DE14448
 (Alma)
 M49
 Do18070*

Ford Motor Company
 16800 Executive Park Plaza Dr MD4
 Dearborn, MI 48126-4207

FORD MOTOR COMPANY
 RECEIVED
 CLAIMS UNIT
 NOV 10 2009
 OFFICE OF THE
 GENERAL COUNSEL

Insured: [REDACTED]
Claim/File #: [REDACTED]
Date of Loss: 08/10/2009
Policy #: [REDACTED]
Date Notice Received: 08/10/2009
Reference #: subrogation

Dear Ford Motor Company:

On the above noted date of loss our insured's vehicle, a 2003 Ford Escape XLS, brakes failed due to a recalled part. The recall part is 04S25 for 3.0L LHD accelerator cable. A preliminary, non-destructive origin and cause investigation revealed that the throttle cable stuck.

This letter serves as notice that you may be responsible for our collision loss, our injuries, the collision damage to the car we hit, and any Bi claim from the other vehicle. At this point we have paid out \$22,652.21 not including the BI claims. We are therefore inviting you to attend a secondary inspection with our expert to examine the vehicle in more detail. You can contact Chris Hollis at Rimkus @404-545-3539 .

The vehicle is on Seller hold at Co-part in:
 5089 Highway 20
 Loganville, Ga 30052

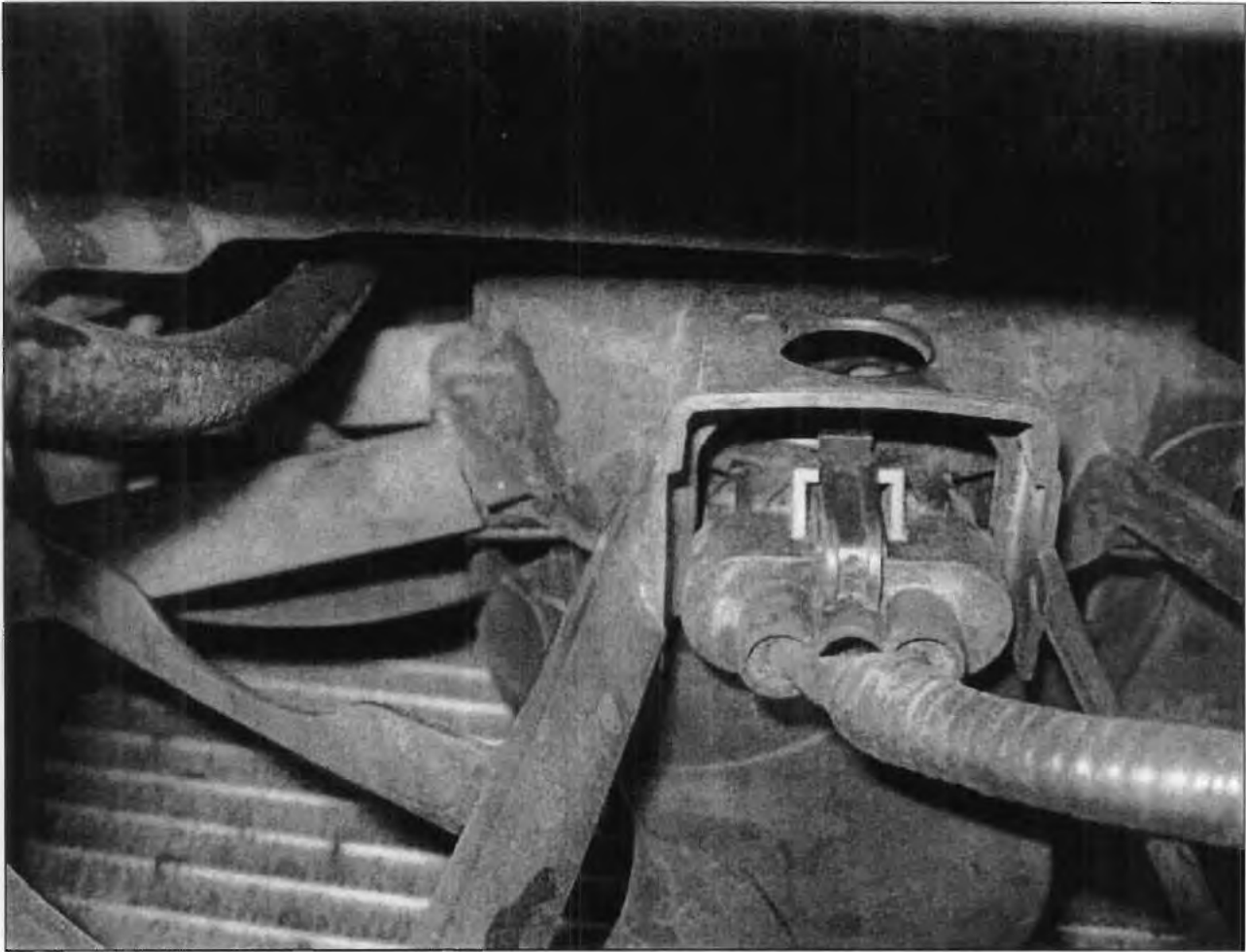
If you have any questions, please call me at the number shown above.

Sincerely,
 Pamela Cardin
 CI Rep
 (508)324-8290

DESCRIPTION:

FAN

IMPORTED: 8/17/2009 5:11:18 PM BY: vfraley FILE SIZE: 45437 WIDTH: 640 HEIGHT: 480



TRAVELERS 

11/5/2009

DESCRIPTION:

FT END

IMPORTED: 8/17/2009 5:11:18 PM **BY:** vfraley **FILE SIZE:** 50227 **WIDTH:** 640 **HEIGHT:** 480



TRAVELERS 

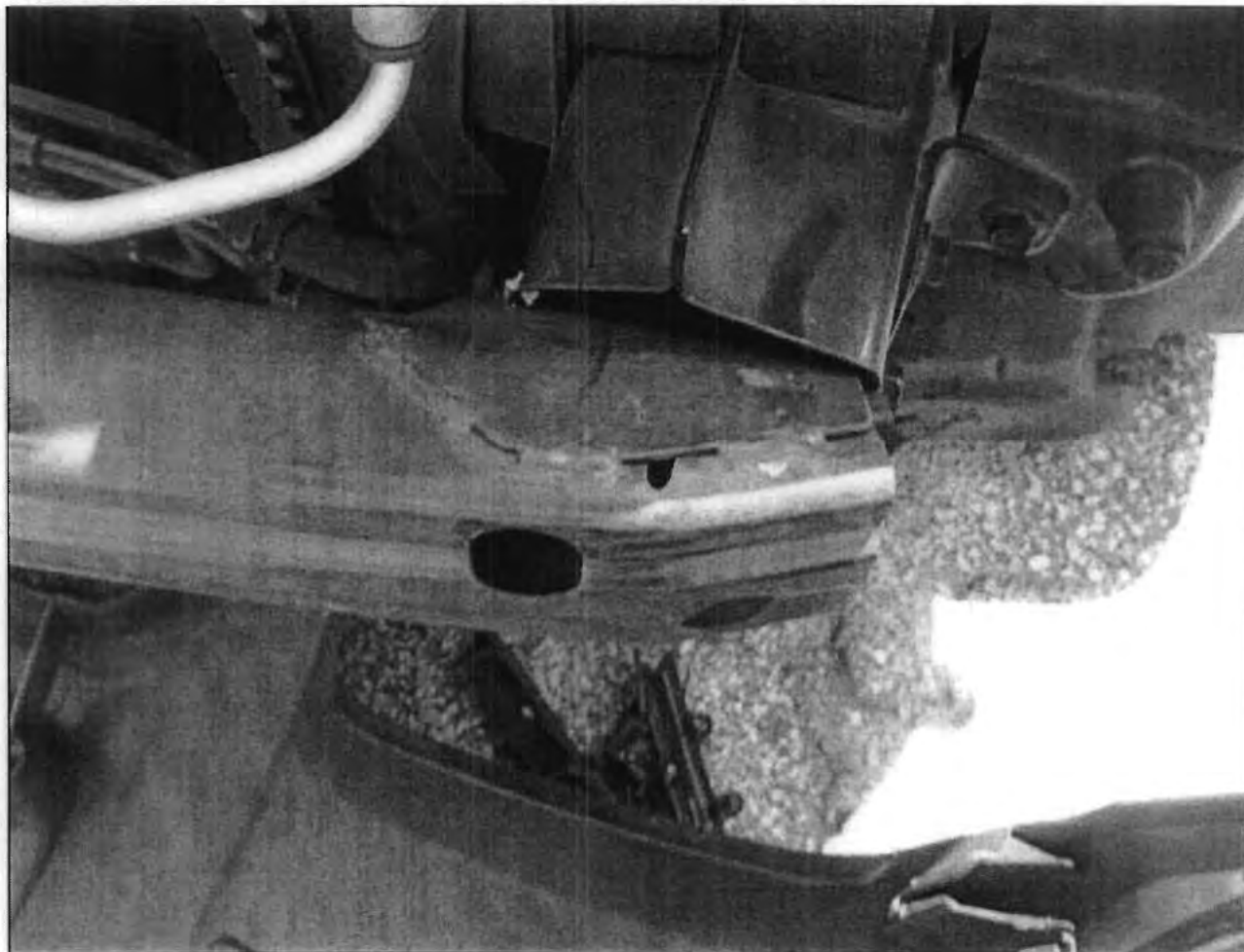


11/5/2009

DESCRIPTION:

LT RAIL

IMPORTED: 8/17/2009 5:11:18 PM BY: vfraley FILE SIZE: 41657 WIDTH: 640 HEIGHT: 480



TRAVELERS 



... 11/5/2009

DESCRIPTION:

REAR

IMPORTED: 8/12/2009 2:00:13 PM **BY:** kcmawel **FILE SIZE:** 70482 **WIDTH:** 640 **HEIGHT:** 480



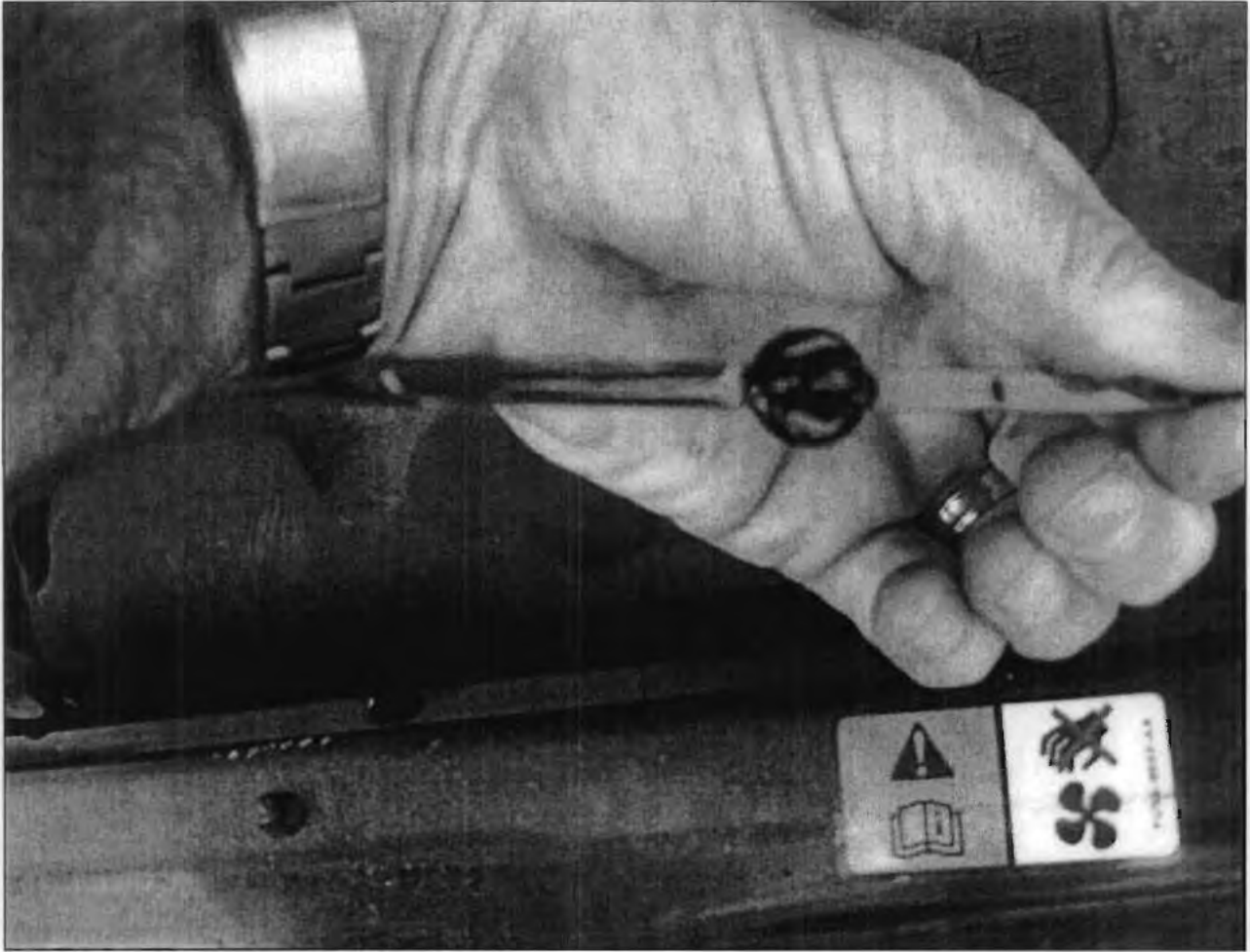
TRAVELERS 

11/5/2009

DESCRIPTION:

TRANS

IMPORTED: 8/12/2009 2:00:15 PM **BY:** kcmawel **FILE SIZE:** 46423 **WIDTH:** 640 **HEIGHT:** 480



TRAVELERS 

11/5/2009

DESCRIPTION:

UNDER CARRIAGE

IMPORTED: 8/12/2009 2:00:15 PM BY: kcmawel FILE SIZE: 55725 WIDTH: 640 HEIGHT: 480



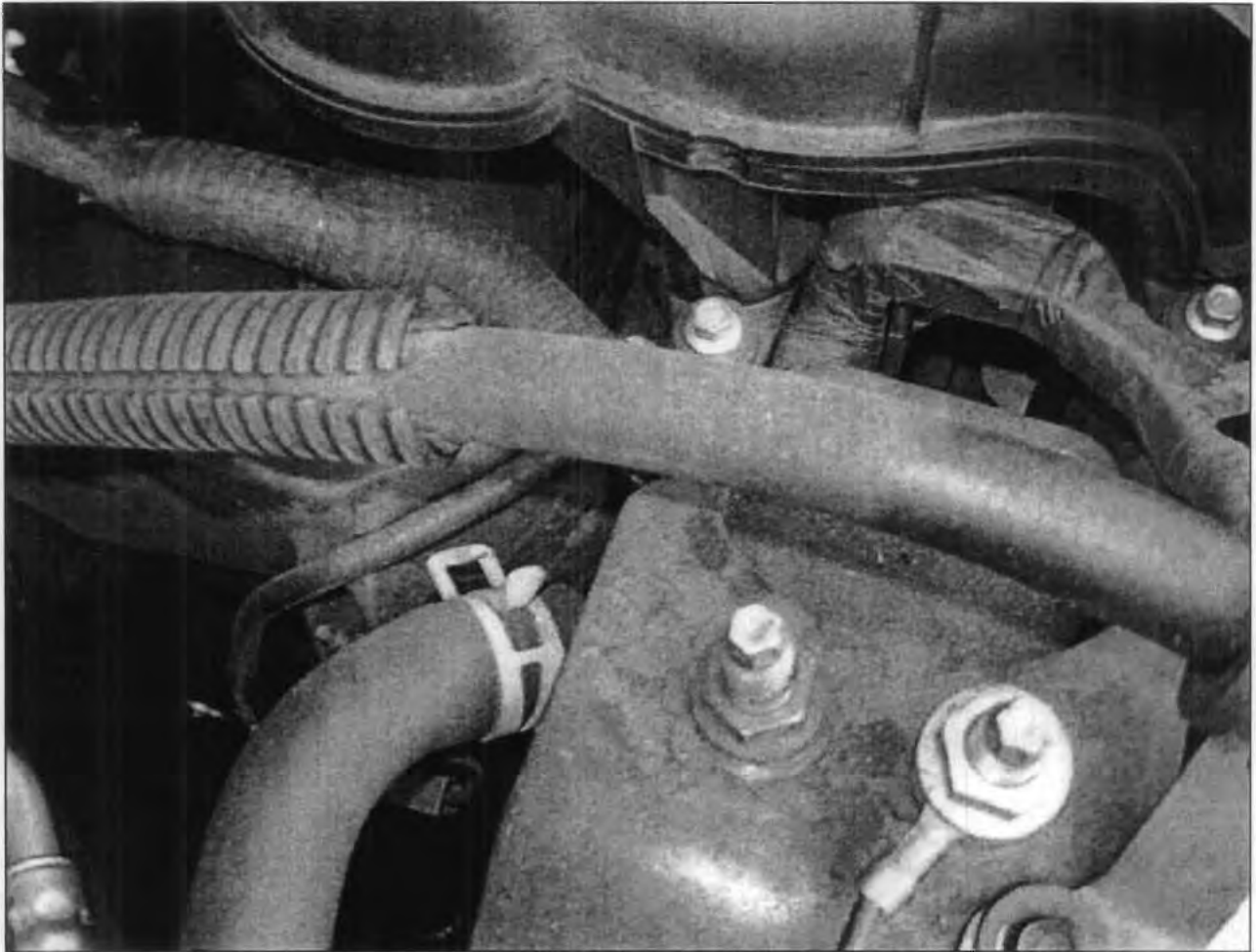
TRAVELERS 

11/5/2009

DESCRIPTION:

ENGINE

IMPORTED: 8/12/2009 2:00:17 PM BY: kcm Maxwell FILE SIZE: 56605 WIDTH: 640 HEIGHT: 480



TRAVELERS 



11/5/2009

DESCRIPTION:

AIRBAG DEPLOYMENT

IMPORTED: 8/12/2009 2:00:17 PM **BY:** kcmawel **FILE SIZE:** 53003 **WIDTH:** 640 **HEIGHT:** 480

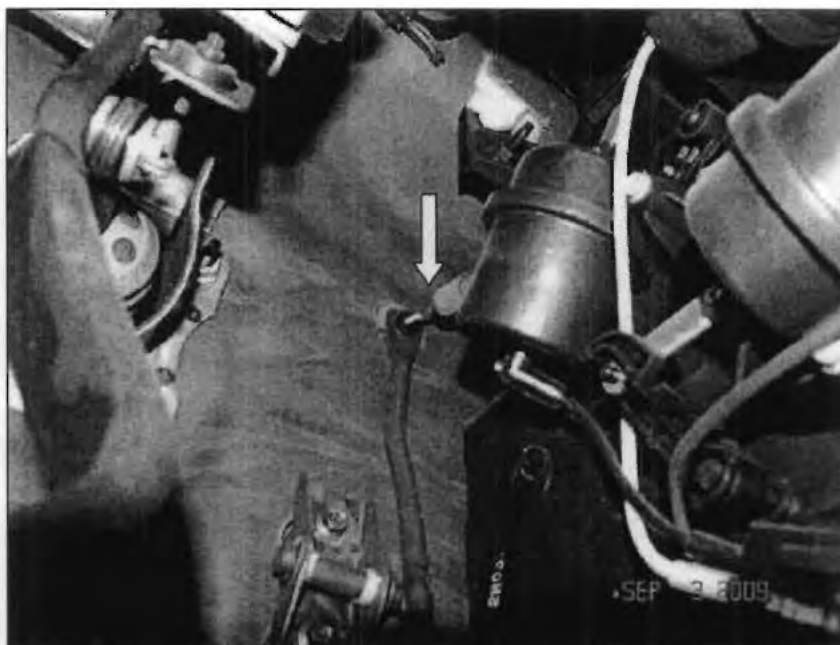


TRAVELERS 

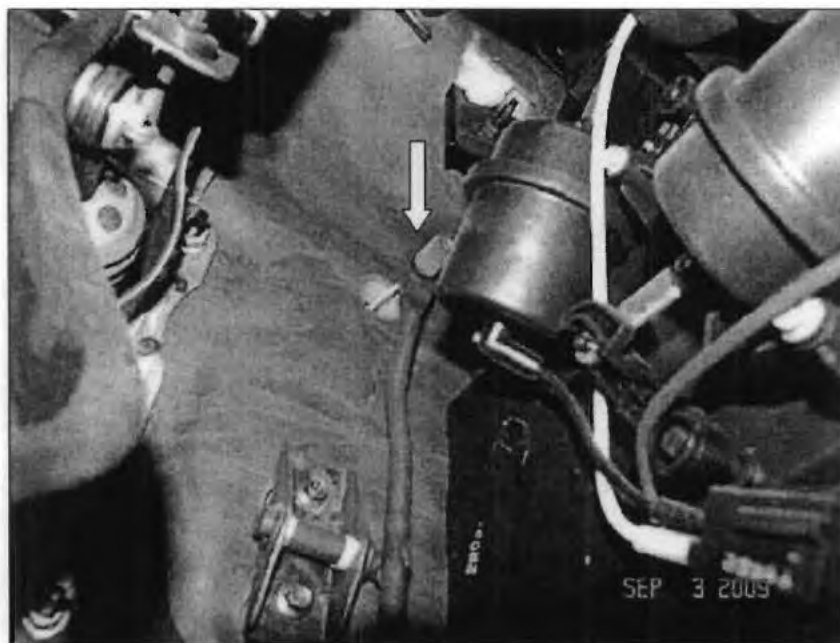
11/5/2009

October 20, 2009
RCG File No. 0088087

Photograph 1
Slack in the throttle cable.



Photograph 2
Slack taken out of accelerator pedal linkage.



October 20, 2009
RCG File No. 0088087

Photograph 3
Open throttle plate.





Brenda Sorge
C. S. NUMBER 1816
1000 WINDWARD CONCOURSE
ALPHARETTA, GEORGIA 30005
TEL: 678-317-7396
800-238-6214, ext :3177396
FAX: 877-872-5012
bsorge@travelers.com

September 1, 2009

Ford Motor Company
16800 Executive Park Plaza Dr MD4
S Dearborn MI, 48126-4207

SENT VIA US MAIL

DATE OF LOSS: 8/10/2009
OUR CLAIM #: [REDACTED]

Dear Mr. Sirs

Please be advised that The Travelers Indemnity Company Of America is investigating a Claim that may be related to a recalled part on a 2003 Ford Escape with Vehicle Identification Number 1FMYU02163K [REDACTED].
The recalled part number is 04S25 for 3.0L LHD accelerator cable.

If you should have any questions, please do not hesitate to contact me at the number listed below.

Sincerely,

Brenda Sorge
Claim Representative

Accident Number		Agency NCIC No. GA0440200		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County DEKA		Date Rec. by DMVS				
Date 08/10/2009	Day of Week <input type="checkbox"/> Sun <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S			Time 07:27	Off. Arrived 07:31	Vehicles 2	Total Number of: Injuries 0	Fatalities 0	Inside City Of:				
Road of Occurrence S HAIRSTON RD					At Its Intersection With ROCKBRIDGE RD					Corrected Report? Yes <input type="checkbox"/>			
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.					1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.					Suppl. To Original? Yes <input type="checkbox"/>			
Not At Its Intersection But <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Of: <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West					1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line					Hit and Run? Yes <input type="checkbox"/>			
And continuing in the direction checked above, the Next Reference Point is					1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line								
Driver # 1 LAST NAME FIRST MIDDLE 1 [REDACTED]				Driver # 2 LAST NAME FIRST MIDDLE 2 [REDACTED]									
Ped # <input type="checkbox"/> Address [REDACTED]				Ped # <input type="checkbox"/> Address [REDACTED]									
City DECATUR State GA				City [REDACTED] State [REDACTED]				Zip [REDACTED]					
Driver's License No. Class State GA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				Driver's License No. Class State GA <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female									
Posted Speed 45 Insurance Co. TRAVELERS Policy No. [REDACTED]				Posted Speed 45 Insurance Co. OMNI Policy No. [REDACTED]									
Year 2003 Make FORD Model ESCAPE Telephone No. [REDACTED]				Year 2003 Make CHRY Model VAN Telephone No. [REDACTED]									
VIN 1FMYU02163K Vehicle Color BLACK				VIN 2C4GP44333R Vehicle Color GREEN									
Tag # [REDACTED] State GA County DEKALB Year 2009				Tag # [REDACTED] State GA County DEKALB Year 2010									
Trailer Tag # State County Year				Trailer Tag # State County Year									
<input checked="" type="checkbox"/> Same as Driver Owner's Last Name First Middle [REDACTED]				<input checked="" type="checkbox"/> Same as Driver Owner's Last Name First Middle [REDACTED]									
Address [REDACTED]				Address [REDACTED]									
City DECATUR State GA Zip 30034				City STN MTN State GA Zip [REDACTED]									
Removed By AAA <input checked="" type="checkbox"/> Request <input type="checkbox"/> List				Removed By <input type="checkbox"/> Request <input type="checkbox"/> List									
Alcohol Test 2		Type	Results	Drug Test 2		Type	Results	Alcohol Test 2		Type	Results		
Driver Cond 1		Direction Of Travel 1		Vision Obscured 1		Contributing Factors 3		Driver Cond 1		Direction Of Travel 1			
Veh Cond 3		Veh Maneuver 5		Ped. Maneuver				Veh Cond 1		Veh Maneuver 5			
Most Harmful Event 11		Veh Class: 6		Veh Type: 1				Most Harmful Event 11		Veh Class: 1			
Traffic Ctrl 2		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Ctrl 2		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Injured Taken To: _____ By: _____													
EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By: _____													
Report By: HARVEY, S M				Department: DeKalb County Police		Report Date: 08/10/2009		Checked By: DAVIS, L A		Date Checked: 08/10/2009			
Witness(es): Name				Address				City		State		Zip Code Telephone No.	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)													
COMMERCIAL VEHICLES ONLY													
Carrier Name Vehicle # 1						Carrier Name Vehicle # 2							
Address State Zip						Address State Zip							
No. of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type		No. of Axles		G.V.W.R.			
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #			
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond or Box: _____						If YES, Name or 4 Digit Number from Diamond or Box: _____							
1 Digit Number from Bottom of Diamond: _____						1 Digit Number from Bottom of Diamond: _____							
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units						___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units							

REMARKS:

Narrative Title: INITIAL REPORT
 Date Entered: 8/10/2009 2:23:16 PM

BASED ON THE EVIDENCE AT THE SCENE AND STATEMENTS OF BOTH DRIVERS APWHILE DRIVER #2 WAS STOPPED AT THE RED LIGHT ON S. HAIRSTON RD. DRIVER #1 STRUCK THE

CITATIONS - VEHICLE # 1					CITATIONS - VEHICLE # 2										
First Harmful Event 11	Traffic-Way Flow 2	Weather 1	Surface Cond. 1	Light Cond. 1	Manner of Collision 3	Location At Area Of Impact 1	Road Comp. 2	Road Def. 1	Road Character 1	Construction / Maintenance Zone 0					
VEH # 1		VEH # 2		SKID DISTANCE BEFORE IMPACT		0 AFTER 0 VEH. 1 VEH. 1		Width of Road 48							
Number of Occupants		1 2		Point of Initial Contact		12 6		Damage To Vehicles		2 4					
Damage Other Than Vehicle:					Owner:										
					A	S	V	P	I	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRC.	AFR	
Driver # 1 Or Pedestrian #										0	N	1	3	N	1
Driver # 2 Or Pedestrian #										0	N	1	3	N	2
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			#Q	STONE MOUN	GA		M	2	3	4	N	1	1	N	2



AGENCY: DEKALB COUNTY POLICE DEPARTMENT
Jurisdiction: GA0440200
DMV Number: 09-101452

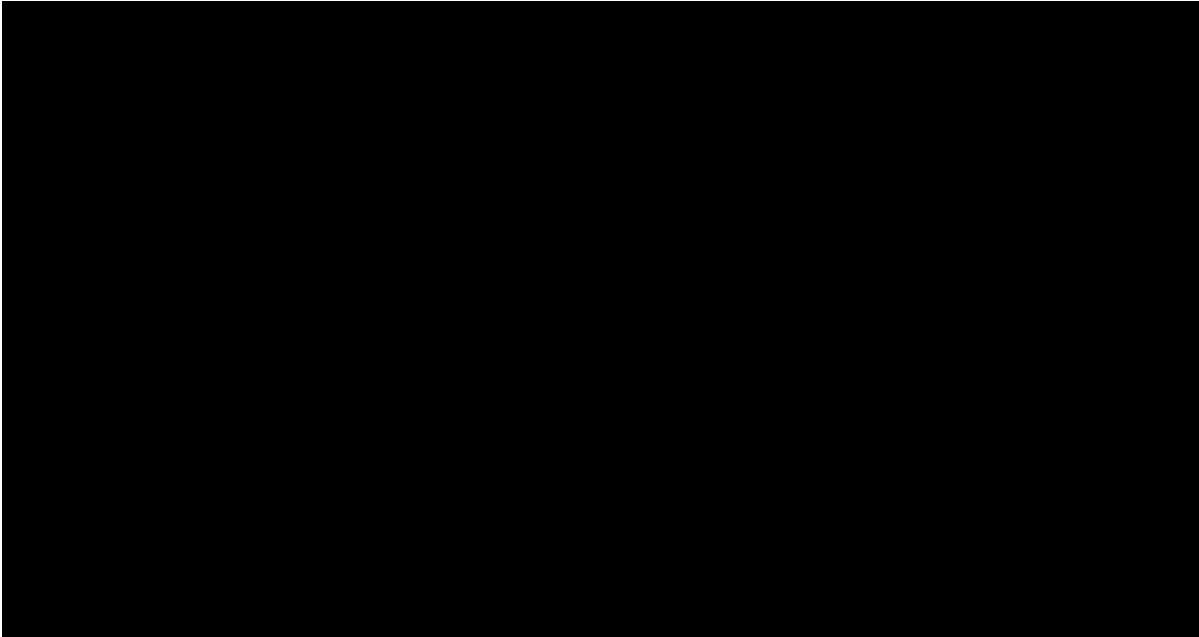
Narrative: Page 3

REAR OF DRIVER #2 VEHICLE CAUSING EXTENSIVE DAMAGE. DRIVER #1 STATED THAT SHE "TRIED TO STOP", BUT HER GAS PEDAL WAS STUCK, AND HER BRAKES DID NOT WORK WHEN SHE APPLIED THEM.

DRIVER #1 WAS CITED FOR FOLLOWING TOO CLOSELY CIT (REDACTED). NO INJURIES WERE REPORTED. VEHICLE #1 WAS TOWED BY AAA.

ALCOHOL AND / OR DRUG TEST Q&A 1 - Yes 2 - No 3 - Refused	PEDESTRIAN MANEUVER 1 - Crossing, Not At Crosswalk 2 - Crossing at Crosswalk 3 - Walking with Traffic 4 - Walking Against Traffic 5 - Pushing Or Working on Vehicle 6 - Other Working in Road 7 - Playing Roadway 8 - Standing in Roadway 9 - Off Roadway 10 - Other 11 - Daring Into Traffic	CONTRIBUTING FACTORS 1 - No Contributing Factor 2 - O.U.I. 3 - Following Too Close 4 - Failed to Yield 5 - Exceeding Speed Limit 6 - Disregard Stop Sign/Signal 7 - Wrong Side Of Road 8 - Weather Conditions 9 - Improper Passing 10 - Driver Lost Control 11 - Changed Lanes Improperly 12 - Object Or Animal 13 - Improper Turn 14 - Parked Improperly 15 - Mechanical Or Vehicle Failure 16 - Surface Defect 17 - Miscalculated Clearance 18 - Improper Backing 19 - No Signal/Improper Signal 20 - Driver Condition 21 - Driver's Vehicle 22 - Too Fast For Conditions 23 - Improper Passing Of School Bus 24 - Disregard Police Officer 25 - Distracted 26 - Other 27 - Cell Phone 28 - Inattention	VEHICLE TYPE 1 - Passenger Car 2 - Pickup Truck 3 - Tractor (Bobtail) 4 - Tractor/Trailer 5 - Tractor With Twin Trailers 6 - Logging Truck 7 - Logging Tractor/Trailer 8 - Single Unit Truck 9 - Panel Truck 10 - Van 11 - Utility Passenger Vehicle 12 - Vehicle With Trailer 13 - Bus 14 - Truck Towing House Trailer 15 - Ambulance 16 - Motorized Recreational Vehicle 17 - Motorcycle, Scooter, Moped 18 - Moped 19 - Pedalcycle, Bicycle 20 - Farm or Construction Equip. 21 - All Terrain Vehicle 22 - Other 23 - Go cart
TYPE TEST 1 - Blood 2 - Urine 3 - Urine 4 - Other	FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 - Overturn 2 - Fire/Explosion 3 - Immersion 4 - Jackknife 5 - Other Non-Collision	VEHICLE CLASS 1 - Privately Owned 2 - Police 3 - Fire 4 - School 5 - Other Govt. Owned 6 - Military 7 - Commercial Vehicle (For Acc. Reporting Purpose Only) 8 - Other	TRAFFIC CONTROL 0 - Gates 1 - No Control Present 2 - Traffic Signal 3 - RR Signal/Sign 4 - Warning Sign 5 - Stop Or Yield Sign 6 - No Passing Zone 7 - Lane 8 - Other 9 - Flaring Light
DRIVER CONDITION 1 - Not Drinking 2 - Not Known If U.I. 3 - Drinking Not Inspected 4 - U.I. Alcohol 5 - U.I. Drugs 6 - U.I. Alcohol & Drugs 7 - Physical Impairment 8 - Apparently Fell Asleep	COLLISION WITH OBJECT NOT FIXED 6 - Pedestrian 7 - Pedalcycle 8 - Railway Train 9 - Animal 10 - Parked Motor Vehicle 11 - Motor Vehicle In Motion 12 - Motor Vehicle In Motion In Other Roadway 13 - Other Object (Not Fixed) 14 - Deer	VEHICLE CONFIGURATION 1 - Bus (Seating for More Than 15 Passengers) 2 - Single Unit Truck 2 Axles 3 - Single Unit Truck 3 or More Axles 4 - Truck Trailer 5 - Truck Tractor (Bobtail) 6 - Tractor Trailer 7 - Tractor With Twin Trailers 8 - Unknown Heavy Truck (Cannot Classify)	CARGO BODY TYPE 1 - Van (End, Box) 2 - Auto Carrier 3 - Bus 4 - Dump 5 - Garbage/Refuse 6 - Flatbed 7 - Cargo Trailer 8 - Concrete Mixer 9 - Other
DIRECTION OF TRAVEL 1 - North 2 - South 3 - East 4 - West	COLLISION WITH FIXED OBJECT 15 - Impact Attenuator 16 - Bridge Pier/Abutment 17 - Bridge Parapet End 18 - Bridge Rail 19 - Guardrail Face 20 - Guardrail End 21 - Median Barrier 22 - Highway Traffic Sign Post 23 - Overhead Sign Support 24 - Luminaire Light Support 25 - Utility Pole 26 - Other Post 27 - Culvert 28 - Culvert 29 - Ditch 30 - Embankment 31 - Fence 32 - Mailbox 33 - Tree 34 - Other - Fixed Object	VEHICLE CONDITION 1 - No Known Defects 2 - Tire Failure 3 - Brake Failure 4 - Improper Lights 5 - Steering Failure 6 - Slack Tires 7 - Other	VEHICLE MANEUVER 1 - Turning Left 2 - Turning Right 3 - Making U-Turn 4 - Stopped 5 - Straight 6 - Changing Lanes 7 - Backing 8 - Parked 9 - Passing 10 - Negotiating A Curve 11 - Entering/Leaving Parking 12 - Entering/Leaving Driveaway

TRAFFIC-WAY FLOW 1 - Two-way Traffic-way With No Physical Separation 2 - Two-way Traffic-way With a Physical Separation 3 - Two-way Traffic-way With a Physical Barrier 4 - One-way Traffic-way 5 - Continuous Turning Lane	LOCATION AT AREA OF IMPACT 1 - On Roadway 2 - On Shoulder 3 - Off Roadway 4 - Median 5 - Ramp 6 - Gore	AGE 00 - Up To One Year 01 - 97 Actual Age 98 - Ninety-eight Or Older 99 - Unknown	SEX M - Male F - Female TAKEN FOR TREATMENT 1 - Yes 2 - No	 <p>SEATING POSITION</p>
WEATHER 1 - Clear 2 - Cloudy 3 - Rain 4 - Snow 5 - Sleet 6 - Fog 7 - Other	ROAD COMPOSITION 1 - Concrete 2 - Black Top 3 - Tar And Gravel 4 - Dirt 5 - Gravel 6 - Other	INJURY CODE 0 - Not Injured 1 - Killed 2 - Serious 3 - Visible 4 - Complaint	CONSTRUCTION / MAINTENANCE ZONE CODES 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Unknown type	
SURFACE CONDITION 1 - Dry 2 - Wet 3 - Snowy 4 - Icy 5 - Other 6 - Mud 7 - Sand 8 - Slush 9 - Oil	CONTRIBUTING ROAD DEFECTS 1 - No Defects 2 - Defective Shoulders 3 - Holes, Deep Ruts, Bumps 4 - Loose Material On Surface 5 - Water Standing 6 - Road Under Construction 7 - Running Water 8 - Other	EJECTION 1 - Not Ejected 2 - Trapped 3 - Totally Ejected 4 - Partially Ejected	SAFETY EQUIPMENT 0 - None Used 1 - Shoulder Belt 2 - Lap Belt 3 - Lap and Shoulder Belt 4 - Child Safety Seat (Properly Used) 5 - Child Safety Seat (Improperly Used)	
LIGHT CONDITION 1 - Daylight 2 - Dark 3 - Dawn 4 - Dark - Lighted 5 - Dark - Not Lighted	ROAD CHARACTER 1 - Straight And Level 2 - Straight On Grade 3 - Straight On Hillcrest 4 - Curve And Level 5 - Curve On Grade 6 - Curve On Hillcrest	EXTRICATION (Equipment Used) 1 - Yes 2 - No	AIR BAG FUNCTION 0 - No Air Bag In This Seat 1 - Deployed Air Bag 2 - Non-Deployed Air Bag 3 - Deployed Side 4 - Deployed Other Direction 5 - Deployed Multiple Directions 6 - Non-Deployed Front 7 - Non-Deployed Side 8 - Non-Deployed Other Direction 9 - Non-Deployed Multiple Direction	
MANNER OF COLLISION 1 - Angle 2 - Head On 3 - Rear End 4 - Sideswipe - Same Direction 5 - Sideswipe - Opposite Direction 6 - Not A Collision With a Motor Vehicle	DAMAGE TO VEHICLE 1 - None 2 - Slight 3 - Moderate 4 - Extensive 5 - Fire Present	 <p>POINTS OF INITIAL CONTACT</p> 00 - Overturned 01 - Top 02 - Undercarriage 03 - Non-Contact Vehicle		



VIN: 1FMYU93123K [REDACTED] Year: 2003 Model: ESCAPE Case: [REDACTED]
Name: [REDACTED] Owner Status: Subsequent WSD: 2002-10-11
Symptom Desc: SERVICE BRAKE INOP/INEFFECTIVE Primary Phone: [REDACTED]
Reason Desc: LEGAL - ACCIDENT Secondary Phone:
Issue Type: 10 OGC Issue Status: OPEN Dealer: COLLIER FORD INC
Origin Desc: US CONCERN CASE BASE P & A Code: 00406
Odometer: 100000 MI Comm Type: PHONE
Action Date: 03/20/2008 Action Time: 16:34:33.633 Action Data: Yes
Analyst Name: ANITA BRIX (ABRIX) Analyst: ABRIX

COMMENTS: CUSTOMER SAID: **ON 2/8/08 CUSTOMER TOOK VEHICLE IN FOR RECALLS (REPROGRAMMED PCM; REPLACED ACCELERATOR CABLE AND ABS MODULE INSPECTION).**ON 3/14/08 WHILE CUSTOMER WAS DRIVING, THROTTLE STUCK OPEN AND CUSTOMER COULD NOT STOP CAR.**CUSTOMER APPLIED BOTH NORMAL BRAKES AND EMERGENCY BRAKES.**CUSTOMER PURPOSELY DROVE CAR INTO STEEL UTILITY POLE TO STOP IT. **PER CUSTOMER, VEHICLE'S AIR BAGS DID NOT DEPLOY.**CUSTOMER THINKS VEHICLE MAY HAVE BEEN MOVING AT ~25 MPH ON IMPACT.**NO OTHER TRAFFIC WAS INVOLVED.**DATE OF ACCIDENT: 3/14/08**CUSTOMER ORIGINALLY THOUGHT IT WAS THE ACCELERATOR CABLE BUT UPON INVESTIGATION IT SEEMS ITS THE CRUISE CONTROL CABLE THAT IS ATTACHED TO SAME MECHANISM AS ACCELERATOR CABLE.**NO INJURIES.**US-231 SOUTHBOUND, WETUMPKA**POLICE REPORT WAS FILED **POLICE TOOK DOWN ALL INFORMATION, DID NOT MAKE A DETERMINATION.**CUSTOMER DOES NOT HAVE POLICE REPORT NUMBER AVAILABLE AT THE MOMENT.**WETUMPKA, ELMORE COUNTY, ALABAMA**CLAIM WAS FILED W/INSURANCE COMPANY.**CUSTOMER THINKS STATUS IS "STILL UNDER INVESTIGATION"***BASED ON OPINION OF BODY SHOP, VEHICLE IS TOTALLED. FRAME RAIL ON FRONT LEFT SIDE IS BENT.**ADJUSTER ACCEPTS DETERMINATION MADE BY BODY SHOP.**CUSTOMER BELIEVES IT WAS THE POOR WORKMANSHIP OF THE PERSON COMPLETING THE RECALL WORK WAS THE CAUSE OF THIS ACCIDENT.**CUSTOMER IS SEEKING VEHICLE REPLACEMENT OR PAYOFF OF EXISTING LOAN EITHER BY FORD OR DEALERSHIP.**CUSTOMER IS SEEKING REIMBURSEMENT FOR RENTAL.DEALER SAID: COLLIER FORD INC5156 US HIGHWAY 231 WETUMPKA, AL 36092TEL:(334) 567-8444CRC ADVISED: - I WILL FORWARD THIS INFORMATION TO THE FORD OFFICE OF THE GENERAL COUNSEL. YOU WILL RECEIVE WRITTEN NOTIFICATION WITHIN 10 BUSINESS DAYS WHICH YOU WILL NEED TO RESPOND TO IN WRITING NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFORE SENDING ISSUE.

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

MAR 25 2008

OFFICE OF THE
GENERAL COUNSEL



Denver, CO
April 14, 2010

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

APR 21 2010 JW

Dear A. Taylor:

I apologize if you think me rude, but it would be nice to know if I'm writing to an Adam or Alicia. As a woman of [redacted] (85 in July), mother of five, grandma of eight and great gm of 6th & 7th, I have learned if I want to know something, I usually have to ask

As to your letter of Mar 30, had the Customer Relationship Center folk given you my letter of Feb 28 (or a copy) your every question would be answered, and to the second paragraph — before even contacting an attorney, which even my insurance agent advised, my family and I had already decided that while we all felt Ford was wholly responsible for my accident and life-changing injuries, it would be futile to pursue a claim against the company. By the time their highly-trained, probably over-paid legal staff even thought of recompense, my 2 yr old twin great grandsons would be in college and my earthly remains would be sealed in a cream-

(2)

Colored ceramic cookie jar and under a foot of Fort Logan National Cemetery soil where my husband, a WWII vet rests.

Before my accident, most everyone thought me a pretty, spritely 60yr old. Now it's plain I'm in my 80's and limp along on a cane, something most women-and men-don't look forward to. Most of my physical injuries have healed in the past almost seven months, and with help from Cover Girl my facial scars and discolorations can be hidden. Several doctors are "fairly certain" my needle-sharp headaches, forehead puffiness and bouts of dizziness all caused by my severe head trauma should, with time, gradually diminish. Photos of that huge, ugly blister-covered hematoma accompanied my Feb 28 letter. Also in that letter I wrote my 2003 Ford Escape Limited was totally totaled and to my understanding is now a metal pancake.

Why write the Ford Motor Company?

Hopefully to alert them of my accident and life-changing injuries that we feel was caused by a defective accelerator cable (a recall replacement) and prayerfully make sure other Ford vehicle owners might be spared all my problems-especially the Pike's Peak-no, at near \$100,000 in medical expenses, it's more a Mt Everest burden. To a widow of 84 years, on Soc Sec, even the 20%, after Medicare, is a humongous financial burden. I am extremely

3

thankful that with my cane, which most probably will be my lifetime helper - even to the bathroom - I'm able to live on my own.

I thank you too A. Taylor for at least responding to my letter. God bless.

Sincerely,

[Redacted]

Denver, CO

[Redacted]

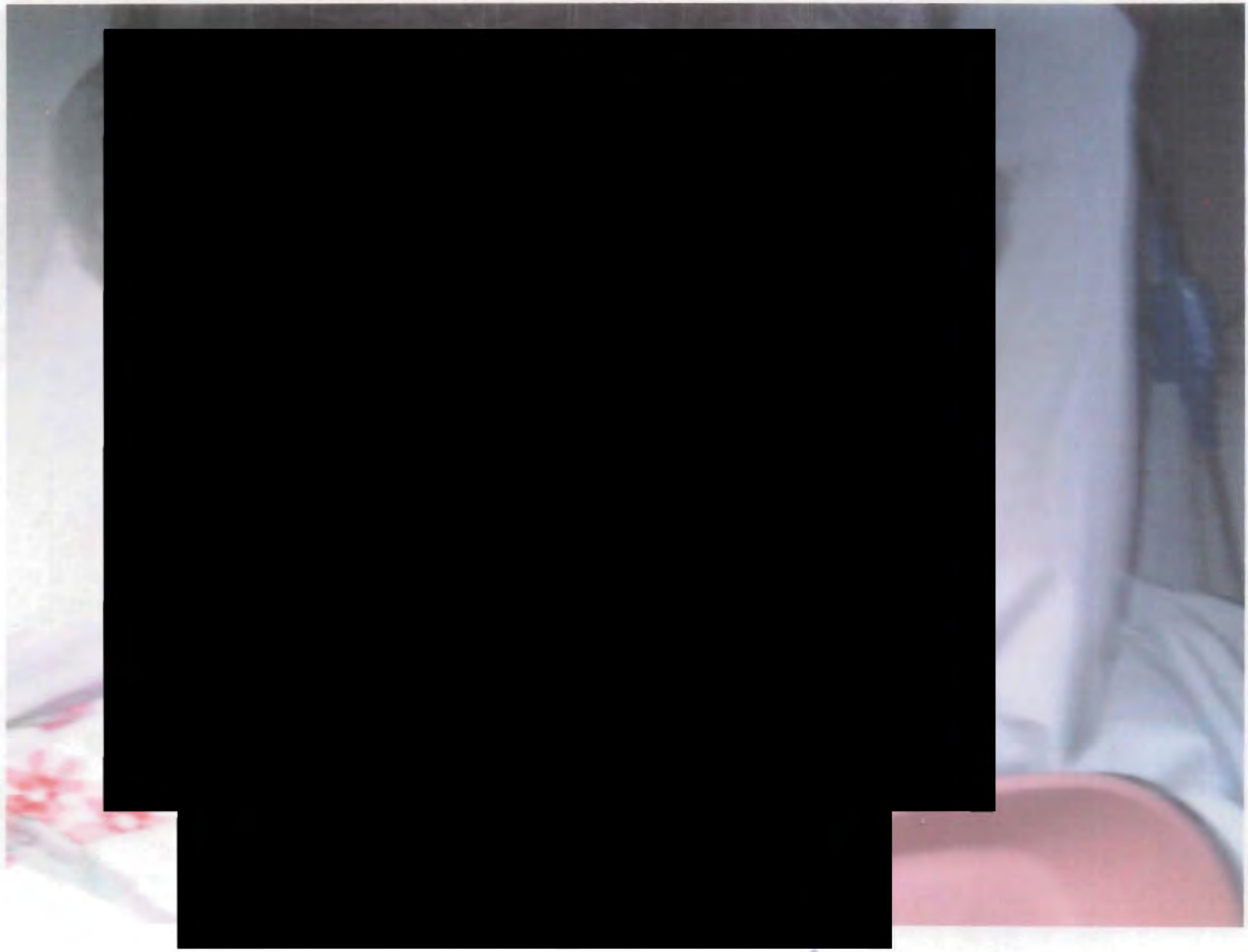
Escape VIN# 1FMCU94416 [Redacted]
09/21/09 Mileage 36937.4



2003 Ford Escape Limited



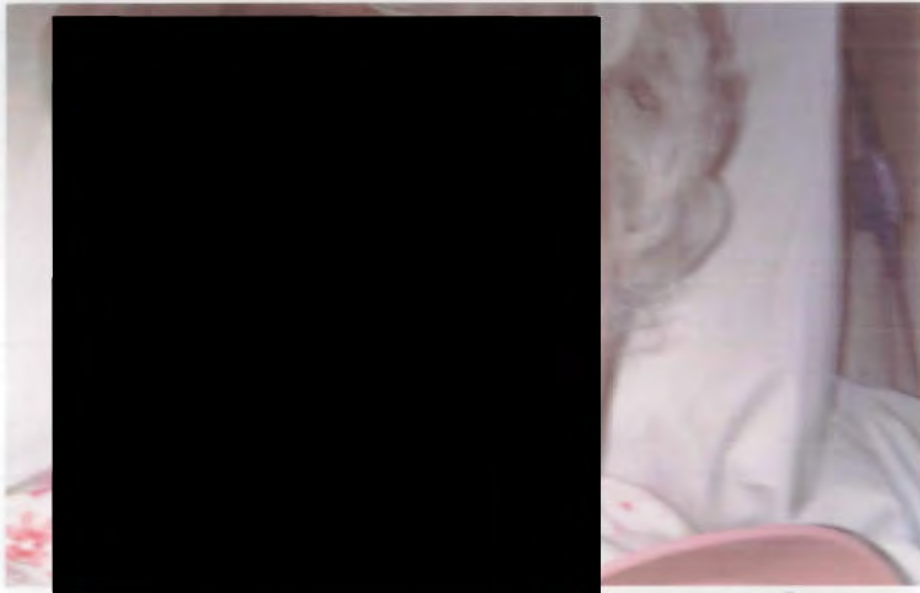
Denver, CO



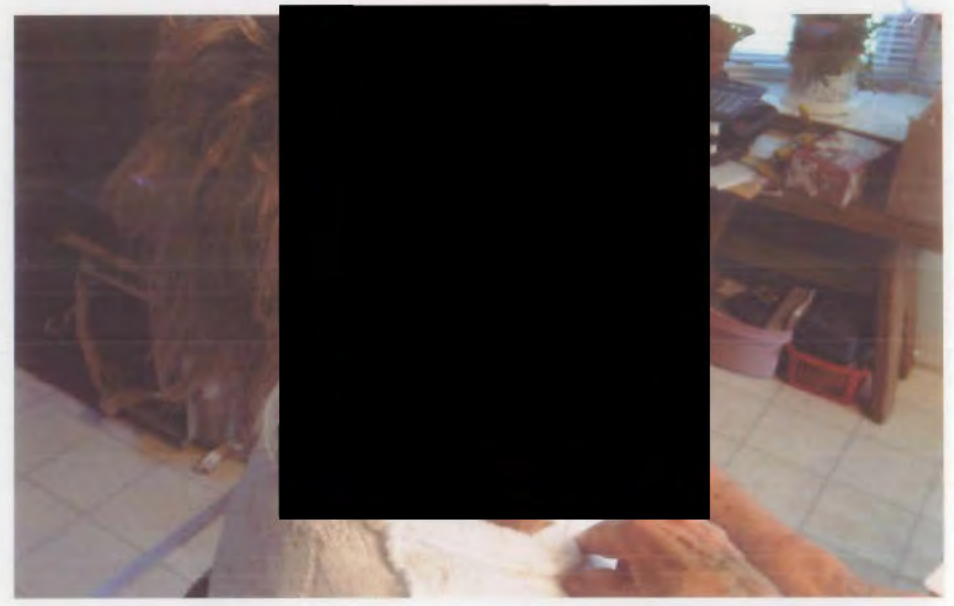
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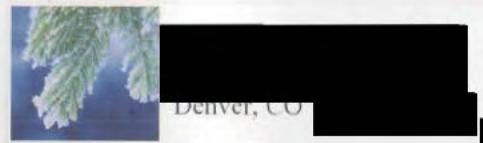
Denver, CO



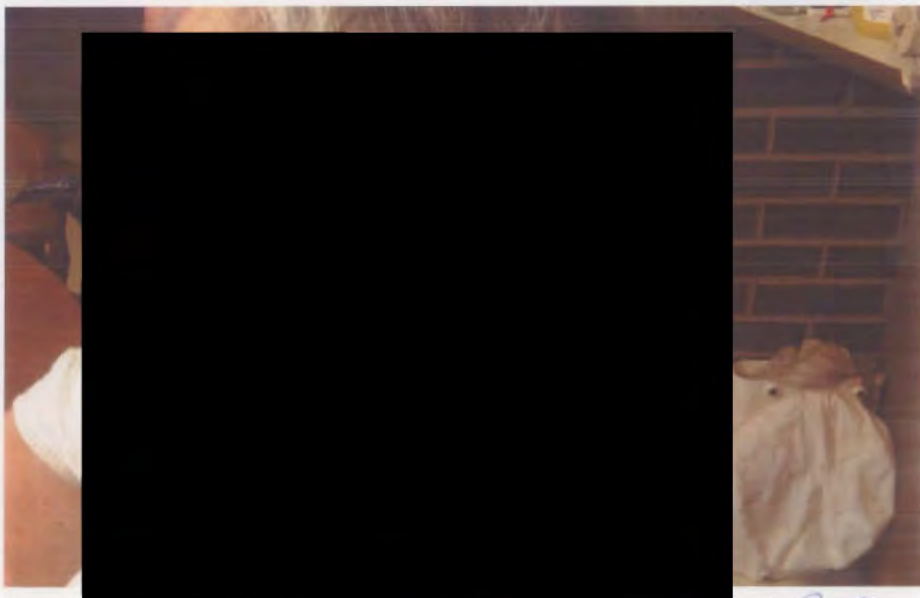
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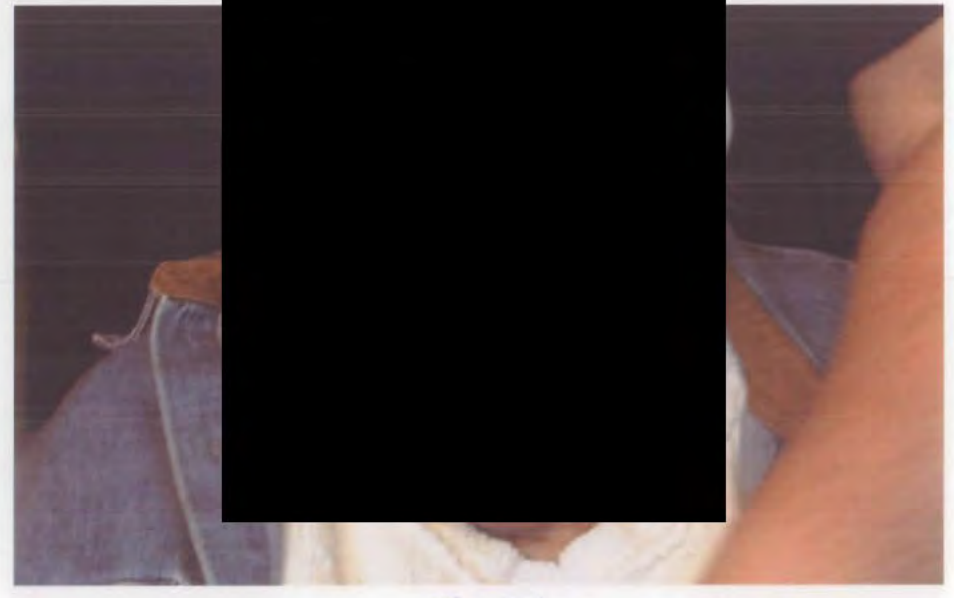
Mid Oct 2009



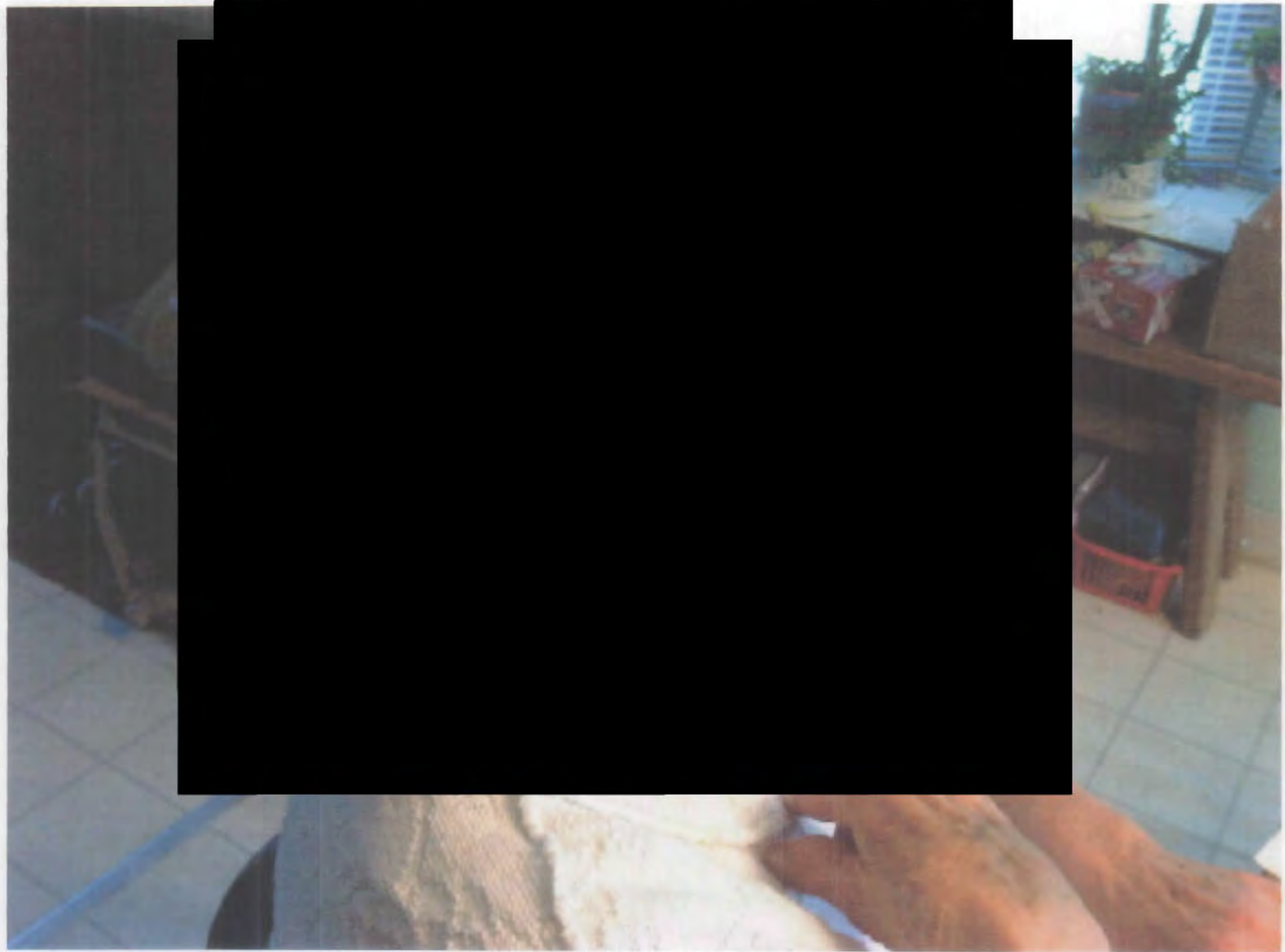
Denver, CO



Mid Oct 2009



Early Oct 2009



Mid October 2009



██████████
Denver, CO ██████████



KNEE 3 wks after Sep 2nd surgery



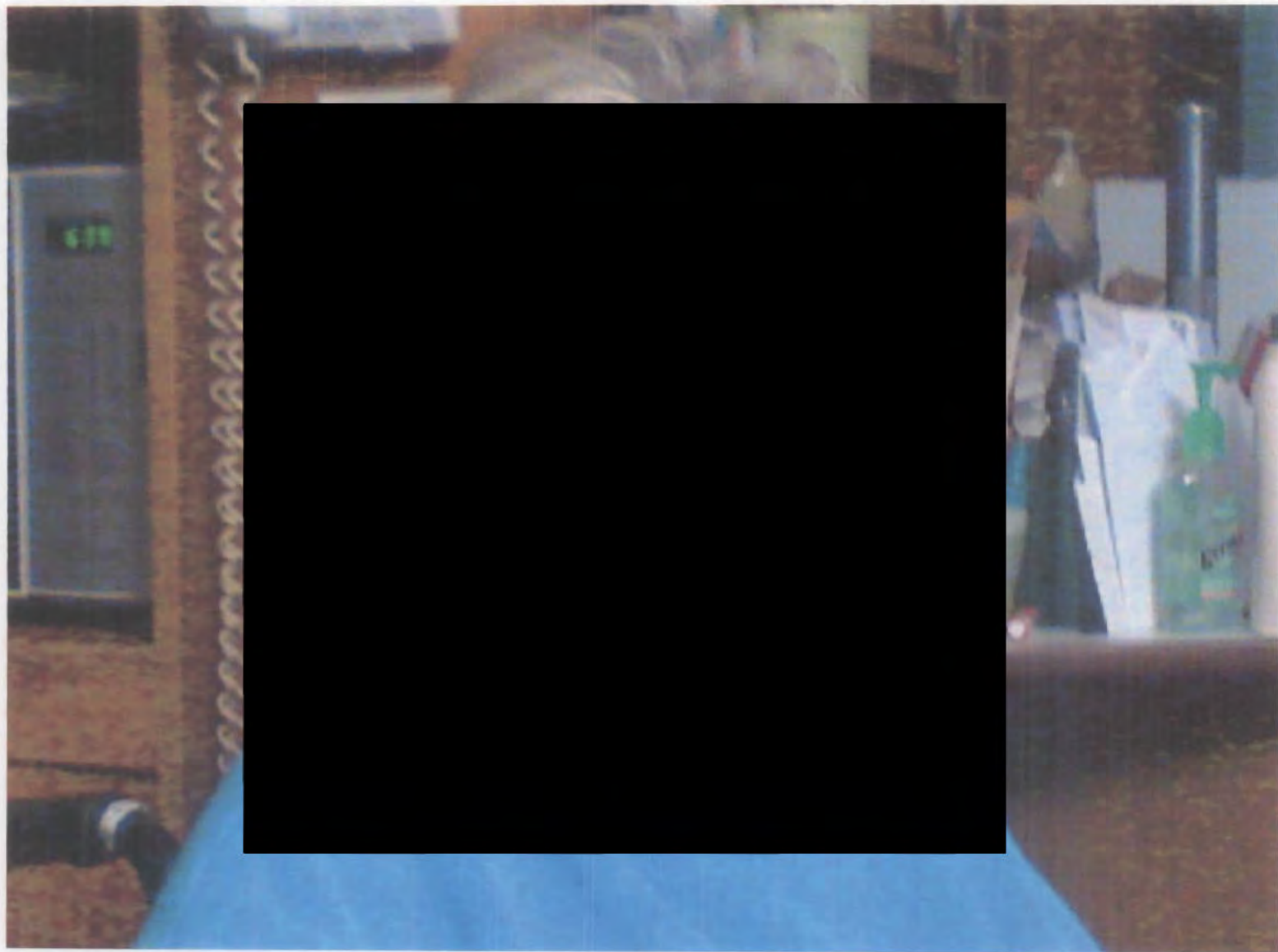
██████████
Denver, CO ██████████



RNEE 6wks after surgery
(Sep 24)



████████████████████
Denver, CO ██████████



Thanksgiving 2009



Denver, CO

Denver, CO
February 28, 2010

Customer Relationship Center
Ford Motor Company
P.O. Box 6248
Dearborn, MI 48128

RECEIVED

MAR 23 2010

13 MAR 15 10 10 AM

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

MAR 24 2010

OFFICE OF THE
GENERAL COUNSEL

Dear Center People:

Several years ago we were notified that our 2003 Ford Escape Limited was one of the vehicles being recalled as needing the accelerator cable replaced. Faulty, it caused the vehicle to suddenly speed up - which ours had done several times, but thought my fault and been really shocked to have the car to suddenly race forward. We had the work done, but about six months later it happened again. Then again - in late 2007. In early 2008 it happened every few weeks, but my husband of nearly 60 yrs having passed away, the dealership we did business with now defunct, not sure where to have the work done, I didn't. Then, late last spring (2009) I slowed to join a long line of traffic, leaving a good 2-car lengths vacant (years of hauling my husband's big electric chair on a lift in back having me be extra cautious) when suddenly the car shot forward. Had I not had GOOD brakes, and been alert, I'd have whammed into the car ahead, resulting in costly repairs to both - and injuries to us drivers.

After leaving St Logan National Cemetery, I regrettably procrastinated in not having my Escape checked out, then as the problem had not recurred, I forgot about it - until last September 21st.

(2)

On leaving our local library, where I volunteered 4 hours each Monday and Friday morning, I remembered I needed fresh produce. It having rained off and on all morning, already in the car, I decided to go to the market before going home, and moved into the left turn lane. The traffic light turning yellow, I slowed, stopped and turned on my left turn signal. Already stopped in it's left turn lane, facing me, a pickup truck haphazardly piled with furniture, had a large mattress tied over all.

"Hope he gets where he's going before his bed gets wet," I muttered. The light turned green, the truck driver having turned on his left turn signal seconds after I did mine, I started my turn, then saw he was not turning but coming straight at me, I quickly swerved to the right to avoid being broadsided and suddenly my car SHOT across the intersection and straight into the big signal light pole.

A number of kindergarten moms waiting for their kids witnessed it all. One yelled from her car was I okay, said she'd called 911, but late for a doctor's appointment couldn't stay. I'd rolled down my window and several other moms came to ask was I okay and could they call anyone. I said I thought so, but my head hurt, gave one my youngest daughter's cell number, she was calling when the firetruck arrived, it having been just a block away. I heard him ask if anyone saw the accident, the mom's excitedly telling him a pickup driver didn't make his turn as signaled but drove straight at me. No one had thought to get a license number and the driver had disappeared.

The fireman medic had opened my car door and squatting; asked me to turn off the engine, I did and gave

3
him the keys. Then he asked if I could undo my seat belt and turn towards him. I did the first, but couldn't move as the dashboard was embedded in my left knee. He told me to "hold it" and called his partner, as my left foot was caught on something too, it being where the side of the car was deeply dented. They very slowly slid the seat back, told me to take a deep breath as it would hurt like heck, then putting a hand under my ankle, he pushed down on my shin and managed to free both my foot and knee. He apologized for hurting me and handed me a bunch of napkins.

I remember telling him I felt dizzy and my head really hurt. That's when I felt this big lump on my head and blood oozing - him quickly moving my hand off it. Just then an ambulance arrived. I heard several men talking, but not what they said. I also heard several moms asking was I okay and one man say I'd really suffered a severe blow to the head, then the ambulance medic squatted by me and patted my head.

"Well, young lady (I'm 84) looks like you need some medical attention, so we're going to take you to the hospital. Think you can get on this gurney?"

I did, was put in the ambulance, an oxygen mask on my face and we were moving, one medic constantly asking varied questions so I'd stay awake. I told him my youngest daughter had been a paramedic at Denver General Hospital, now Denver Health, for 8 or 9 years. He'd known her, said he wished she was still there as she was the best. She proved she was quick. For they barely got me in the ER when I said I was going to be sick - and was, luckily into a pan.

The dashboard had broken my left patella (knee cap) into 4 pieces, plus many too small to work

(4)

with, but with my leg so swollen, four days passed before the orthopedist could operate - surgery taking 3½ hrs to wire the patella together, then stitch the 7 inch incision and bandage. I then was fitted with an ankle-to-mid-thigh boot-brace that I wore for almost 4 months in a wheel-chair, my leg straight out on a metal "leg".

Both my eyes were black, the right one swollen shut and the whole side of my face scraped with large, ugly yellowish blisters covering the fist-size hematoma, and dark purple bruises down my neck and shoulder to my chest.

After 6½ days in the hospital I was released, accompanied by a wheelchair, a walker and bedside commode, which to my embarrassment I had to use for almost a month. I also needed 24/7 care, which thankfully my two youngest daughters, a granddaughter and wonderful neighbor provided.

Before the accident I could read a 300 page novel in a day, but my eyes now (still) blur the print and I'm lucky to read 100 pages. An ophthalmologist (specialist) examined my eyes, determining the blow to my head was responsible, but should eventually clear up.

My second week home, a physical therapist was assigned me twice weekly - hour long sessions and we worked hard, but even now, over 5 months later, I don't dare leave the house without my walker as my leg can very unexpectedly "give out", plus I get needle-sharp headaches that have me staggering - them said to be caused by my severe head trauma.

Two months after my accident, my PCP sent me to a General Surgeon, who hooks later, using a thumb sized hypodermic syringe pulled half a syringe of fluid from my

(5)

hematoma - then twice more. He hesitated doing it a fourth time, saying he thought it would dissipate in a few weeks, though it might take several months. Today, 3 plus months later, my forehead is still puffy and discolored.

Whatever so badly damaged my forehead and cheek, also broke one tooth off at the gum and so badly cracked its neighbor, my dentist sent me to an oral surgeon to remove the roots - which he did so roughly I almost fainted in the chair and needed 3 powerful prescribed pain pills to even numb my jaw. He was reported and according to my dentist, severely reprimanded. Four weeks ago I had a \$9000⁰⁰ bridge put in, which Medicare does not cover, and I have no dental insurance.

At my son-in-law's request, the manager of the auto repair shop (in business over 30 years) closely inspected the accelerator cable was not just faulty but frayed and even partially broken in two places and most definitely responsible for my first ever car accident, probably others, just ^{not} discovered as well, others, like myself, suffering multiple injuries that ended a busy, active life, now^d dull inactive one, my pretty Ash Gold Escape Limited totally totaled my insurance probably canceled, me unable to even walk without aid, me also on Social Security burdened not only with a \$9000⁰⁰ dental bill, but near \$100,000⁰⁰ in Medical/Hospital bills. True, Medicare will pay 80% of the latter, but 20% is one BIG hunk of money.

Now for a [REDACTED]!

With my Escape slamming into that big pole hard enough to cause so much damage to both me and the car, why didn't the air bag deploy? The seat belts lock?

Neither happened, which makes one wonder if all wasn't Ford's fault in replacing a defective accelerator

(6)

with another just as defective. Seems worth the Customer Relationship Center folk checking into, though it's probably too late to spare someone else the same, if not worse, physical and financial problems that now burden me. Won't you please at least investigate?

Enclosed are several most unattractive, but actual photos of my Escape and myself, that, hopefully will encourage let's-check-into-this-matter

Sincerely,

[Redacted signature]

Denver CO

[Redacted address]

VIN# 1FMCU94H16-[Redacted]
Mileage 36937.4

↑
incorrect
VIN



SUMM

VICKI L. DRISCOLL, ESQ.

Nevada Bar No. 3939

ELIZABETH R. COLLINS, ESQ.

Nevada Bar No. 8034

LAW OFFICES OF VICKI L. DRISCOLL

7201 West Lake Mead Blvd, Suite 106

Las Vegas, NV 89128

702-228-3176

866-221-6108 Fax

Attorney for Defendant/Third-Party Plaintiff

(erroneously sued as)

DISTRICT COURT

CLARK COUNTY, NEVADA

and
individually and as husband and wife,

Plaintiff,

v.

,

Defendant.

,

Third-Party Plaintiff

vs.

FORD MOTOR COMPANY, and DOES I through
V, inclusive,

Third-Party Defendants.

Case No.:

Dept No.:

XXXIII

SUMMONS

NOTICE! YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT YOUR BEING HEARD UNLESS YOU RESPOND WITHIN 20 DAYS. READ THE INFORMATION BELOW.

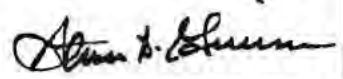
TO THE DEFENDANT: A civil Third-Party Complaint has been filed by the Third-Party Plaintiff against you for the relief set forth in the Complaint.

FORD MOTOR COMPANY
311 S. DIVISION STREET
CARSON CITY, NEVADA 89703

1. If you intend to defend this lawsuit, within 20 days after this Summons is served on you exclusive of the day of service, you must do the following:

a. File with the Clerk of this Court, whose address is shown below, a formal written response

Electronically Filed
04/29/2011 04:41:23 PM


CLERK OF THE COURT

1 ANS
2 VICKI L. DRISCOLL, ESQ.
3 Nevada Bar No. 3939
4 ELIZABETH R. COLLINS, ESQ.
5 Nevada Bar No. 8034
6 LAW OFFICES OF VICKI L. DRISCOLL
7 7201 West Lake Mead Blvd, Suite 106
8 Las Vegas, NV 89128
9 702-228-3176
10 866-221-6108 Fax
11 Attorney for Defendant/Third-Party Plaintiff
12 [REDACTED]

DISTRICT COURT
CLARK COUNTY, NEVADA

10 [REDACTED] and [REDACTED]
11 individually and as husband and wife,
12 Plaintiff,
13 v.
14 [REDACTED],
15 Defendant.
16 [REDACTED],
17 Third-Party Plaintiff
18 vs.
19 FORD MOTOR COMPANY, and DOES I through
20 V, inclusive,
21 Third-Party Defendants.

Case No.: [REDACTED]
Dept No.: XXXIII

ANSWER TO AMENDED COMPLAINT AND THIRD PARTY COMPLAINT

21 Defendant [REDACTED] (incorrectly named in the caption), by and through his attorney,
22 Elizabeth R. Collins, Esq., of Law Offices of Vicki L. Driscoll, and for his Answer to Plaintiff's Amended
23 Complaint on file herein, admits, denies and alleges as follows:

24 Defendant denies each and every paragraph contained within the Plaintiff's Amended Complaint on
25 file herein, except for those matters that are expressly addressed hereinafter.

I.

26 Answering Paragraph 1 of Plaintiffs' Amended Complaint, Defendant is without sufficient

1 knowledge to form a belief as to the truth or falsity of the allegations contained therein and, therefore,
2 denies same.

3 II.

4 Answering Paragraphs 2, 3, 4, 5, 6, 7 and 8 of Plaintiffs' Amended Complaint, Defendant denies the
5 allegations contained therein.

6
7 FIRST AFFIRMATIVE DEFENSE

8 Plaintiff's Amended Complaint on file herein fails to state a claim against Defendant upon which
9 relief can be granted.

10
11 SECOND AFFIRMATIVE DEFENSE

12 Plaintiff has failed to mitigate his/her damages, if any.

13
14 THIRD AFFIRMATIVE DEFENSE

15 The incident alleged in the Amended Complaint and the resulting damage, if any, to the Plaintiff was
16 proximately caused or contributed to by the Plaintiff's own negligence and such negligence was greater than
17 the negligence, which is specifically denied, of this answering Defendant.

18
19 FOURTH AFFIRMATIVE DEFENSE

20 The damages, if any, suffered by Plaintiff(s) were caused by new, independent, intervening and
21 superseding causes, and not by this Answering Defendant's alleged negligence or other actionable conduct,
22 the existence of which is specifically denied.

23
24 FIFTH AFFIRMATIVE DEFENSE

25 Defendant alleges that the occurrence referred to in the Amended Complaint, and all injuries and
26 damages, if any, resulting therefrom, were caused by the acts or omissions of a third party over whom
27 Defendant had no control.

28 WHEREFORE, Defendant [REDACTED] prays for judgment as follows:

- 1 1. That Plaintiff take nothing by way of his/her Amended Complaint on file herein;
- 2 2. For reasonable attorney's fees and costs incurred herein; and
- 3 3. For such other and further relief as this Court deems just and proper in the premises.

THIRD PARTY COMPLAINT

5 Third Party Plaintiff, [REDACTED], by and through his counsel, Elizabeth R. Collins,
6 Esq., of Law Offices, Vicki L. Driscoll, Managing Attorney, for his/her Third Party Complaint against Third
7 Party Defendant, FORD MOTOR COMPANY, complains and alleges as follows:

I.

9 That at all times relevant herein, Third Party Plaintiff was a resident of Clark County, Nevada.

II.

11 Upon information and belief, at all times relevant herein, Third Party Defendant FORD MOTOR
12 COMPANY was a foreign corporation licensed to do business in the State of Nevada, County of Clark.

III.

14 That on or about 3/30/2011, Plaintiff(s) [REDACTED] and [REDACTED] filed an
15 Amended Complaint, Case No. [REDACTED] in the District Court of Clark County, Nevada, against
16 Defendant/Third Party Plaintiff [REDACTED] seeking recovery for alleged damages resulting
17 from an automobile accident which occurred on or about February 26, 2011 on Eastern Avenue and
18 Flamingo Road in Las Vegas in Clark County, Nevada.

IV.

21 That the true names and capacities, whether individual, corporate, associate or otherwise, of the
22 Third Party Defendants DOES I through V, inclusive, are unknown to Third Party Plaintiff, who therefore
23 sues said Third Party Defendants by such fictitious names. Third Party Plaintiff is informed and believes,
24 and therefore alleges, that each of the Third Party Defendants designated herein as a DOE, were the agents,
25 owners, employers, family members and operator of a motor vehicle while in the course and scope of
26 employment and/or family purpose, which was entrusted and driven in such a negligent and careless
27 manner and is legally responsible in some manner of the events and happenings herein referred to, and
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legally and proximately caused the alleged injury and damages to Plaintiff(s).

V.

Third Party Plaintiff, at all times relevant herein, operated the vehicle he was driving in a safe and non-negligent manner.

VI.

Upon information and belief, the sole and proximate cause of the accident which is the subject of Plaintiff(s)' Complaint was the negligence or other fault of Third Party Defendant.

VII.

Third Party Plaintiff was not negligent or otherwise responsible for the acts, injuries or damages alleged by Plaintiff(s). Third Party Defendant should bear the entire responsibility for this accident and fully and totally indemnify Third Party Plaintiff for any and all damages arising from this incident as alleged in this action. However, if as a result of matters alleged in Plaintiff(s)' Complaint, Third Party Plaintiff is required to satisfy more than his/her share of all or part of the claims asserted against him/her by Plaintiff(s), which liability is expressly denied, Third Party Defendant is liable to Third Party Plaintiff for his/her proportion and contribution based upon his/her degree of negligence in this matter.

Strict Products Liability

Third-Party Plaintiff repeats and realleges the allegations contained in paragraphs I through VII as if set forth fully herein.

VIII.

Third-Party Defendant designed and/or manufactured and/or placed into the stream of commerce the vehicle which Third-Party Plaintiff was driving at the time of the subject incident.

IX.

The subject vehicle was defective.

X.

1 The defect existed when the product left Third-Party Defendant's possession.

2 XI.

3 The product was used in a manner which was reasonably foreseeable by Third-Party Plaintiff.

4 XII.

5 The defect was the cause of the damages alleged by Plaintiff.

6 XIII.

7 Third-Party Plaintiff is informed and believes, and based thereon alleges, that the failures and
8 damages alleged by Plaintiff occurred because of the negligence of Third-Party Defendants.

9 XIV.

10 As a direct and proximate result of the act of Third-Party Defendants, it is herein alleged that Third-
11 Party Plaintiff has incurred and continue to incur costs and expenses including but not limited to litigation
12 costs, attorneys' fees and experts' fees to mitigate damages because Third-Party Defendant designed and/or
13 manufactured and/or placed into the stream of commerce the defective vehicle and to defend against
14 Plaintiff's action herein.

15 XV.

16 Third Party Plaintiff has found it necessary to retain the services of an attorney in order to prosecute
17 this action and is entitled to attorney's fees and costs of suit incurred herein.

18 **Implied Indemnity**

19 Third-Party Plaintiff repeats and realleges the allegations contained in paragraphs I through XV as if
20 set forth fully herein.

21 XVI.

22 Third-Party Plaintiff has denied the allegations of Plaintiff's Complaint, and, without admitting the
23 allegations contained therein, if it is found that Third-Party Plaintiff is liable for any such damage to
24 Plaintiff, then Third-Party Plaintiff is informed and believes, and thereon alleges, that such damage is
25 primarily and ultimately caused by the acts, breaches and/or omissions of Third-Party Defendants whereas
26 Third-Party Plaintiff's acts, if any, were secondary, passive or derivative in nature.

27 XVII.

28

1 Third-Party Plaintiff is informed and believes, and thereon alleges, that the damages alleged by
2 Plaintiff in his Complaint involve failure to properly construct, design, and or manufacture the subject
3 vehicle and Third-Party Plaintiff is further informed and believes, and thereon alleges, that said damages
4 were caused by the Third-Party Defendants arising out of and in connection with the performance of Third-
5 Party Defendants,, and each of their, obligations as referred to above.

6 XVIII.

7 By reason of the foregoing, if Plaintiff recovers against Third-Party Plaintiff, Third-Party Plaintiff is
8 entitled to indemnity from the Third-Party Defendants,, for injuries and damages sustained by Plaintiff, if
9 any, for any sums paid by way of settlement, or in the alternative, any judgment rendered against Third-
10 Party Plaintiff in the action herein based upon Plaintiff's Complaint and any cause of action alleged therein.

11 XIX.

12 Third Party Plaintiff has found it necessary to retain the services of an attorney in order to prosecute
13 this action and is entitled to attorney's fees and costs of suit incurred herein.

14 **Equitable Indemnity**

15 Third-Party Plaintiff repeats and realleges the allegations contained in paragraphs I through XIX as
16 if set forth fully herein.

17 XX.

18 In equity and good conscience, if the Plaintiff recovers against Third-Party Plaintiff, then Third-Party
19 Plaintiff is entitled to equitable indemnity and contribution among and from Third-Party Defendant,
20 according to their respective fault, for the injuries and damages allegedly sustained by Plaintiff, if any, by
21 way of sums paid by settlement or in the alternative any judgments rendered against Third-Party Plaintiff in
22 the action herein based upon Plaintiff's Complaint.

23 XXI.

24 Third-Party Plaintiff expressly denies the allegations of the Complaint, or other wrongdoing on its
25 part. Should Third-Party Plaintiff nevertheless be found liable for any alleged wrongdoings with respect to
26 the allegations of the Complaint, the acts and/or omissions of Third-Party Plaintiff were passive and
27 secondary, while those of Third-Party Defendants, were active, primary and superseding. Thus, as a direct,
28

1 proximate and foreseeable result of the wrongdoing of Third-Party Defendants, Third-Party Plaintiff is
2 entitled to total equitable indemnity from any and all liability adjudged against it by Plaintiff.

3 XXII.

4 Third Party Plaintiff has found it necessary to retain the services of an attorney in order to prosecute
5 this action and is entitled to attorney's fees and costs of suit incurred herein.

6 **Breach of the Implied Warranty of Merchantability**

7 Third-Party Plaintiff repeats and realleges the allegations contained in paragraphs I through XXII as
8 if set forth fully herein.

9 XXIII.

10 Third-Party Plaintiff is informed and believes, and based thereon alleges, that Third-Party
11 Defendant, entered into a contract for the sale of the subject vehicle.

12 XXIV.

13 Third Party Plaintiff is informed and believes that Third Party Defendant is a merchant with respect
14 to goods of the kinds of the subject vehicle.

15 XXV.

16 Third Party Defendant tendered goods, namely the subject vehicle, that were not fit for the ordinary
17 use, namely driving the vehicle on a public street without sudden and unexpected acceleration with the
18 inability to stop.

19 XXVI.

20 Third-Party Plaintiff relied upon said warranties and believed that the subject vehicle was designed
21 and constructed in a first class and workmanlike manner and the labor performed and services provided
22 were properly performed by Third-Party Defendants as designated above, and their agents, or employees,
23 and for their intended use and purpose.

24 XXVII.

25 Third-Party Plaintiff is informed and believes, and thereon alleges, that Third-Party Defendants,
26 breached said warranties in that the vehicle was defective in nature thereby resulting in injury through
27 the design and construction of the subject vehicle, and that, as a consequence of said conduct, alleges
28

1 damages resulting therefrom, as more particularly alleged in Plaintiff's Complaint.

2 XXVIII.

3 As a proximate result of the breach of the implied warranties by Third-Party Defendants, Third-
4 Party Plaintiff alleges that they will suffer damages in a sum equal to any sums paid by way of settlement, or,
5 in the alternative, judgment rendered against Third-Party Plaintiff in the action herein based upon Plaintiff's
6 Complaint.

7 XXIX.

8 Third Party Plaintiff has found it necessary to retain the services of an attorney in order to prosecute
9 this action and is entitled to attorney's fees and costs of suit incurred herein.

10 **Contribution**

11 Third-Party Plaintiff repeats and realleges the allegations contained in paragraphs 1 through XXIX as
12 if set forth fully herein.

13 XXX.

14 Third-Party Plaintiff is entitled to contribution from Third-Party Defendants for the injuries and
15 damages allegedly sustained by Plaintiff, if any, as a result of any judgment or settlement awarded against
16 Third-Party Plaintiff herein.

17 XXXI.

18 Third Party Plaintiff has found it necessary to retain the services of an attorney in order to prosecute
19 this action and is entitled to attorney's fees and costs of suit incurred herein.

20 **Apportionment**

21 Third-Party Plaintiff repeats and realleges the allegations contained in paragraphs 1 through XXXI as
22 if set forth fully herein.

23 XXXII.

24 Based upon the acts and/or omissions of Third-Party Defendants, if judgment is rendered on behalf
25 of Plaintiff and against Third-Party Plaintiff, Third-Party Plaintiff is entitled to an apportionment of liability
26 among Third-Party Defendants.

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XXXIII.


Third Party Plaintiff has found it necessary to retain the services of an attorney in order to prosecute this action and is entitled to attorney's fees and costs of suit incurred herein.

WHEREFORE, Third-Party Plaintiffs pray for judgment as follows:

- 1. For judgment against Third-Party Defendants for general and special damages in an amount in excess of \$10,000.00;
- 2. For damages against Third-Party Defendant if liability is found, upon the theory of indemnity;
- 3. For damages against Third-Party Defendant, if liability is found, upon the theory of contribution;
- 4. For an apportionment of liability among the Third-Party Defendant;
- 5. For damages against Third-Party Defendant if liability is found, upon the theory of strict products liability;
- 6. For reasonable attorneys' fees and costs incurred herein; and
- 7. For such other and further relief as the Court deems just and proper.

DATED this 28 day of Apr., 2011

LAW OFFICES OF VICKI L. DRISCOLL

By 
 VICKI L. DRISCOLL, ESQ.
 Nevada Bar No. 3939
 ELIZABETH R. COLLINS, ESQ.
 Nevada Bar No. 8034
 7201 West Lake Mead Blvd, Suite 106
 Las Vegas, NV 89128
 Attorney for Defendant/Third-Party Plaintiff

CERTIFICATE OF MAILING

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Pursuant to Nevada Rules of Civil Procedure 5(b) and EDCR 7.26, I hereby certify that service of the foregoing **ANSWER TO AMENDED COMPLAINT AND THIRD PARTY COMPLAINT** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

Michael F. Bohn, Esq.
Law Offices of Michael F. Bohn, Ltd.
1880 E. Warm Springs Road, Suite 110
Las Vegas, Nevada 89119
Attorney for Plaintiff



EMPLOYEE OF LAW OFFICES OF VICKI L. DRISCOLL

DATED: 4.29.11

to the Third-Party Complaint in accordance with the rules of the Court.

b. Serve a copy of your response upon the attorney whose name and address is shown below.

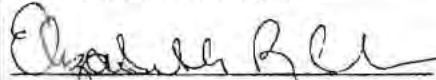
2. Unless you respond, your default will be entered upon application of the Third-Party Plaintiff and this Court may enter a judgment against you for the relief demanded in the Third-Party Complaint, which could result in the taking of money or property or other relief requested in the Third-Party Complaint.

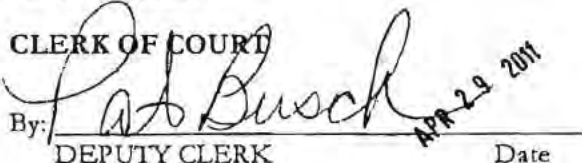
3. If you intend to seek the advice of an attorney in this matter, you should do so promptly so that your response may be filed on time.

4. The State of Nevada, its political subdivisions, agencies, officers, employees, board members, commission members and legislators, each have 45 days after service of this Summons within which to file an answer or other responsive pleading to the Third-Party Complaint.

Issued at the direction of:

CLERK OF COURT



By:  APR 29 2011 Date

VICKI L. DRISCOLL, ESQ.
Nevada Bar No. 3939
Law Offices, Vicki L. Driscoll,
Managing Attorney
ELIZABETH R. COLLINS, ESQ.
Nevada Bar No. 8034
7201 W. Lake Mead Blvd., Ste. 106
Las Vegas, Nevada 89128
Attorneys for Plaintiff
(702) 228-3176

DEPUTY CLERK
County Courthouse
200 Lewis Avenue
Las Vegas, Nevada 89155

NOTE: When service is by publication, add a brief statement of the object of the action.
See Rules of Civil Procedure, Rule 4(b).

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Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 5/21/03</small>				Accident Number: XXXXXXXXXX			
Code Revision: 2004-01-14						<input type="checkbox"/> Property <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Fatal			
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 2) Rural	<input type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 2) Office Report	<input type="checkbox"/> 1) Preliminary Report <input checked="" type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 3) Resubmission <input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property	Agency Name: LAS VEGAS METROPOLITAN PD				
Collision Date 2/21/2011	Time 15:51	Day MONDAY	Beat / Sector K1	<input checked="" type="checkbox"/> County CLARK	<input type="checkbox"/> City	Surface <input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other	Intersection <input type="checkbox"/> 1) Four Way <input type="checkbox"/> 2) T-Intersection <input type="checkbox"/> 3) Y-Intersection <input type="checkbox"/> 4) Roundabout <input type="checkbox"/> 5) Other	Paddle Markers <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 4) Both Side <input type="checkbox"/> 5) Unknown	
Mile Marker	# Vehicles 5	# Non Motorists 0	# Occupants 10	# Fatalities 0	# Injured 3	# Restrained 10	Access Control <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial		
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot EASTERN AVE									
<input type="checkbox"/> 1) At Intersection With: South Or (Cross Street) FLAMINGO RD <input checked="" type="checkbox"/> 2) Dr 176 <input checked="" type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input checked="" type="checkbox"/> 5) Approximate									
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		Roadway Conditions <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> 6) Other		Total Thru Lanes Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input checked="" type="checkbox"/> 6) > 5 Total All Lanes: 16		Average Roadway Widths Travel Lane: 12 Ft Storage / Turn Lane: 12 Ft Median: 0 Ft Paved Shoulder Inside: 0 Outside: 0		Roadway Grade Relative To <input checked="" type="checkbox"/> 1) Not Determined <input type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-) Grade %	
Pavement Markings and Type ____ 1) Centerline, Broken Yellow 6) No Painting, Either Direction ____ 2) Centerline, Solid Yellow 7) Turn Arrow Symbol ____ 3) Centerline, Double Yellow 8) Center Turn Lane Line ____ 4) Lane Line, Broken White 9) Edge Line, Left, Yellow ____ 5) Lane Line, Solid White 10) Edge Line, Right, White ____ 11) Other				Highway Description <input type="checkbox"/> 1) Two-Way, Not Divided <input checked="" type="checkbox"/> 2) Two-Way, Div., Unpro. Median <input type="checkbox"/> 3) Two-Way, Div., Median Barrier <input type="checkbox"/> 4) One-Way, Not Div. <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		Weather Conditions <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil, Snow <input type="checkbox"/> 6) Other			
Light Conditions <input type="checkbox"/> 1) Dusk <input type="checkbox"/> 6) Dark - No Roadway Lighting <input type="checkbox"/> 2) Dawn <input checked="" type="checkbox"/> 7) Dark - Spot Roadway Lighting <input type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark - Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark - Unknown Roadway Lighting <input type="checkbox"/> 5) Other		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 3) Backing <input type="checkbox"/> 7) Sideswipe - Overtaking <input checked="" type="checkbox"/> 4) Angle <input type="checkbox"/> 8) Non - Collision <input type="checkbox"/> 9) Unknown		Location of First Event <input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input checked="" type="checkbox"/> 2) Turn Lane L2 <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other					
Highway Environment Factors <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 2) Weather <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 12) Active Work Zone <input type="checkbox"/> 3) Debris <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 13) Inactive Work Zone <input type="checkbox"/> 4) Glare <input type="checkbox"/> 10) Wet/Icy, Snow/Slush <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 5) Other Highway <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 6) Other Environmental				Property Damage To Other Than Vehicle Describe Property Damage: The Use and Dissemination of this Record is Regulated by Law, Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability. Owner's Name: _____ Owner's Address: (Street Address City, State Zip) _____ This Information Released To: Insurance/Attorney/Other <i>All Investigation 3</i>					
First Harmful Event Code #: 214 Description: 214 MOTOR VEHICLE IN TRANSPORT				BY: <i>2/21/2011</i> Date: <i>6/14/11</i> Las Vegas Metro Police Dept.					
Description of Accident / Narrative									
THE WITNESS, WHO WAS THE DRIVER OF A VEHICLE NOT INVOLVED IN THE ACCIDENT, WAS STOPPED IN TRAFFIC FACING N/B ON EASTERN AVE IN THE RIGHT TRAVEL LANE. V5 WAS STOPPED IN TRAFFIC N/B EASTERN AVE IN L2 OF TWO LEFT TURN LANES. V4 WAS STOPPED IN THE MIDDLE OF THREE N/B TRAVEL LANES. V3 WAS STOPPED IN THE LEFT TRAVEL LANE, AHEAD OF AND TO THE LEFT OF V4. V2 WAS STOPPED DIRECTLY BEHIND V3. V1 WAS TRAVELING N/B EASTERN AVE IN THE LEFT TRAVEL LANE. V1 DRIVER SAID THAT AFTER MAKING A LEFT TURN									
<input type="checkbox"/> 1) Continued On Back of Scene Information Sheet									
Investigation Complete <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	Photos Taken <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	Scene Diagram <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	Statements <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No #	Date Notified 2/21/2011	Time Notified 17:00	Arrival Date 2/21/2011	Arrival Time 17:08		
Investigator(s) 7443 R. SANDOVAL	ID Number 7443	Date 2/21/2011	Reviewed By 2814 HAROLD DAVIS	Date Reviewed 2/22/2011	Page 1 of 13				

Event Number:

110221-3042

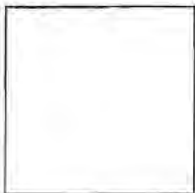
STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
SCENE INFORMATION SHEET
Revised 5/21/03

Accident Number:

Agency Name:
LAS VEGAS METROPOLITAN PD

Description of Accident / Narrative Continuation

FROM A PRIVATE DRIVEWAY ONTO N/B EASTERN THAT THE ACCELERATOR BECAME STUCK IN THE DOWN POSITION. V1 DRIVER SAID THAT IN AN ATTEMPT TO GET HIS VEHICLE TO STOP, HE PULLED THE EMERGENCY BRAKE LEVER UP AND CONSTANTLY PRESSED ON THE BRAKE PEDAL BUT THAT THE VEHICLE CONTINUED TO ACCELERATE. V1 DRIVER SAID THAT THE LEFT FRONT TIRE OF V1 STRUCK THE RAISED CEMENT MEDIAN, WHICH CAUSED V1 TO ROLL ONTO THE DRIVER'S SIDE BEFORE STRIKING VEHICLES 2,3,4, AND 5. THE WITNESS, ALONG WITH THE DRIVER OF V2, SAID THAT VEHICLE 1 DIDNT ROLL UNTIL AFTER THE RIGHT FRONT OF V1 COLLIDED WITH THE LEFT SIDE OF V2. THE INITIAL COLLISION OF V1 INTO V2 PUSHED V2 IN A NORTHEAST DIRECTION, CAUSING THE FRONT OF V2 TO COLLIDE WITH THE REAR OF V3 BEFORE THE RIGHT FRONT OF V2 HIT THE LEFT FRONT OF V4. V2 CAME TO A STOP IN THE MIDDLE N/B TRAVEL LANE. AFTER COLLIDING WITH V2, V1 ROLLED ONTO THE DRIVER'S SIDE AND ROTATED CLOCKWISE, CAUSING THE TOP REAR OF V1 TO COLLIDE WITH THE REAR OF V5. V1 DRIVER AND PASSENGER COMPLAINED OF PAIN, BUT REFUSED TRANSPORTATION TO THE HOSPITAL. DIGITAL PHOTOS WERE TAKEN OF THE SCENE ALONG WITH PICTURES OF V1'S EMERGENCY BRAKE HANDLE PULLED IN THE UP POSITION WHICH CORROBORATED V1 DRIVER'S ACCOUNT OF WHAT OCCURRED. V1 DRIVER CITED FOR ACCIDENT CAUSING VIOLATION.



Indicate North

A.I.C.: 178 S/N 60 W/E

Page
2 of 13

Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/2/03</small>			Accident Number: [REDACTED]	
Vehicle # 1	# Occupants 2	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: LAS VEGAS METROPOLITAN PD		
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 3) East <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 2) South <input type="checkbox"/> 4) West		Highway / Street Name: EASTERN AVE			Travel Lane #: L1	
Vehicle Action: <input type="checkbox"/> 1) Straight <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) U-Turn <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Backing <input type="checkbox"/> 11) Leaving Parked <input checked="" type="checkbox"/> 12) Leaving Lane <input type="checkbox"/> 15) Enter Parked (R) <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 18) Unknown <input type="checkbox"/> 2) Backing <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 9) Stopped (C) <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 14) Other Turning <input type="checkbox"/> 16) Drive in Vehicle <input type="checkbox"/> 18) Other						
Driver: Last Name, First Name, Middle Name Suffix [REDACTED] K				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Other <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other		
Street Address: [REDACTED]				Transported To:		
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type: 1	Seating Position: 1	Occupant Restraints: 7
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female		DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity: 8	Injury Location: 1	8
OLN: [REDACTED]		State: <input checked="" type="checkbox"/> 1) NV	<input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL	License Status: 0	Airbags: 3	Airbag Switch: 1
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements:	Restrictions: 0	Driver Factors: <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Distraction / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown		
Alcohol/Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drug <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		
Vehicle Year: 2003	Vehicle Make: FORD	Vehicle Model: ESCAPE XLT	Vehicle Type: LL - SUV			
Plate / Permit No.: [REDACTED]	State: <input checked="" type="checkbox"/> 1) NV	Expiration Date: 8/22/2011	Vehicle Color: GOLD			
Vehicle Identification Number: 1FMYU03103K [REDACTED]				Vehicle Factors: <input type="checkbox"/> 1) Failed To Yield Right Of Way <input type="checkbox"/> 3) Failed To Maintain Lane <input type="checkbox"/> 15) Drive in Vehicle <input type="checkbox"/> 2) Careless Control Device <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 17) Unsafe Backing <input checked="" type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 15) Light and Run <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 13) Over Correct Steering <input type="checkbox"/> 16) Road Detect (C) <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 19) Object Avoidance <input type="checkbox"/> 7) Drove Left Of Center <input type="checkbox"/> 15) Aggressive / Reckless / Careless <input type="checkbox"/> 8) Other <input type="checkbox"/> 20) Unknown (R)		
Registered Owner Name: [REDACTED]		<input type="checkbox"/> 1) Same As Driver				
Registered Owner Address: [REDACTED] LAS VEGAS NV [REDACTED]						
Insurance Company Name: LIBERTY MUTUAL		<input checked="" type="checkbox"/> 1) Injured				
Policy Number: [REDACTED]		Effective: 8/19/2010	To: 8/19/2011			
Insurance Company Address or Phone Number: 1-800-225-2467						
<input checked="" type="checkbox"/> 1) Vehicle Towed		Towed By: QUALITY TOWING				
Removed To: TOW YARD		1st Contact: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input 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Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/2/03</small>			Accident Number: [REDACTED]	
		Agency Name: LAS VEGAS METROPOLITAN PD				
Name: [REDACTED] A			Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address: [REDACTED]			Transported To:			
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type: 2	Seating Position: 3	Occupant Restraints: 7
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]		Injury Severity: C	Injury Location: 7	8
		Airbags: 3	Airbag Switch: 1	Ejected: 0	Trapped: 0	
Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:			Transported To:			
City:		State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:		Injury Severity:	Injury Location:	
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:			Transported To:			
City:		State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:		Injury Severity:	Injury Location:	
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN:			Plate:	State: <input type="checkbox"/> 1) NV	Type:	
<input type="checkbox"/> 1) Trailing Unit 2 VIN:			Plate:	State: <input type="checkbox"/> 1) NV	Type:	
<input type="checkbox"/> 1) Trailing Unit 3 VIN:			Plate:	State: <input type="checkbox"/> 1) NV	Type:	
Commercial Vehicle Configuration						
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle			<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Double <input type="checkbox"/> 9) Tractor / Triple <input type="checkbox"/> 10) Truck with Trailer	<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle	<input type="checkbox"/> 1) Commercial Vehicle <input type="checkbox"/> 2) School Bus	
			Source: <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest	<input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 5) Side of Vehicle <input type="checkbox"/> 6) Other		
Carrier Name:			Power Unit GVWR: <input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 26,000 Lbs <input type="checkbox"/> 3) ≥ 26,000 Lbs		<input type="checkbox"/> 1) Haz-Mat <input type="checkbox"/> 2) Released	
Carrier Street Address:			City:	State: <input type="checkbox"/> 1) NV	Zip:	
Cargo Body Type: <input type="checkbox"/> 1) Pole <input type="checkbox"/> 2) Tank <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 4) Dump <input type="checkbox"/> 5) Unknown		<input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Not Applicable	<input type="checkbox"/> 11) Grain, Gravel Chip <input type="checkbox"/> 12) Bus, 9 - 15 Occupants <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 14) Other	Haz-Mat ID #: Hazard Classification #:	Type of Carrier: <input type="checkbox"/> 1) Single State <input type="checkbox"/> 2) US DOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	NAS Safety Report #: Carrier Number:
					Page 4 of 13	

Event Number: 10221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/2/03</small>			Accident Number: [REDACTED]	
Vehicle # 2	# Occupants 3	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: LAS VEGAS METROPOLITAN PD		
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) East <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 4) South <input type="checkbox"/> 5) West		Highway / Street Name: EASTERN AVE			Travel Lane #: 1	
Vehicle Action: <input type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Left Turn <input type="checkbox"/> 3) U-Turn <input type="checkbox"/> 4) Wrong Way <input type="checkbox"/> 5) Passing <input type="checkbox"/> 6) Leaving Period <input type="checkbox"/> 7) Leaving Lane <input type="checkbox"/> 8) Enter Parked (P) <input type="checkbox"/> 9) Lane Change <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 11) Backing <input type="checkbox"/> 12) Right Turn <input type="checkbox"/> 13) Parked <input checked="" type="checkbox"/> 14) Stopped (S) <input type="checkbox"/> 15) Backing <input type="checkbox"/> 16) Entering Lane <input type="checkbox"/> 17) Other Turning <input type="checkbox"/> 18) Driverless Vehicle <input type="checkbox"/> 19) Other						
Driver: [REDACTED]			Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address: [REDACTED]			Transported To:			
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> NV	Zip Code: [REDACTED]	Person Type: 1	Seating Position: 1	Occupant Restraints: 7
<input type="checkbox"/> 1) State <input type="checkbox"/> 2) Unknown		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: N
<input checked="" type="checkbox"/> 3) Female		State: <input checked="" type="checkbox"/> NV		<input type="checkbox"/> 1) DOL <input checked="" type="checkbox"/> 2) DL	License Status: 0	Airbags: 2
OLN: [REDACTED]		State: <input checked="" type="checkbox"/> NV	<input type="checkbox"/> 1) DOL <input checked="" type="checkbox"/> 2) DL	License Status: 0	Airbag Switch: 1	Ejected: 0
Trapped: 0	Compliance: <input checked="" type="checkbox"/> 1) Restriict <input type="checkbox"/> 2) Endorse		Endorsements		Restrictions: 1	
Alcohol/Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved		Method of Determination (check up to 2)		Text Result:		
<input type="checkbox"/> 2) Suspected Impairment		<input type="checkbox"/> 1) Field Sobriety Test	<input type="checkbox"/> 4) Urine Test			
<input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drug		<input type="checkbox"/> 2) Eyewitness Breath	<input type="checkbox"/> 5) Blood Test			
<input type="checkbox"/> 5) Unknown		<input type="checkbox"/> 3) Driver Admission	<input type="checkbox"/> 6) Preliminary Breath Test			
Vehicle Year: 1995		Vehicle Make: TOYOTA	Vehicle Model: CAMRY	Vehicle Type: 4T - HARDTOP, 4 DOOR		
Plate / Permit No.: [REDACTED]		State: <input checked="" type="checkbox"/> NV	Expiration Date: 6/10/2011	Vehicle Color: WHITE		
Vehicle Identification Number: JT2SK12E1S0 [REDACTED]						
Registered Owner Name: [REDACTED]						
<input type="checkbox"/> 1) Same As Driver						
Registered Owner Address: [REDACTED] LAS VEGAS NV [REDACTED]						
Insurance Company Name: STATE FARM			1st Contact		Damaged Areas	
<input checked="" type="checkbox"/> 1) Injured			[Diagram showing contact points 1-8]		<input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Gear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input checked="" type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other	
Policy Number: [REDACTED]			Effective: 11/27/2010	To: 5/27/2011		<input type="checkbox"/> 1) Overide <input type="checkbox"/> 2) Under Ride
Insurance Company Address or Phone Number: CURT SCHEPPMANN 702 341-8000						
<input checked="" type="checkbox"/> 1) Vehicle Towed Towed By: AAA						
Removed To: OWNERS TOW						
Traffic Control			Distance Traveled After Impact: 14		Speed Estimate	
<input type="checkbox"/> 1) Speed Zone <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 2) Signal Light <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 3) Righting Light <input type="checkbox"/> 13) B. R. Sign <input type="checkbox"/> 4) School Zone <input type="checkbox"/> 14) R. R. Gate <input type="checkbox"/> 5) Ped. Signal <input type="checkbox"/> 15) R. R. Signal (H) <input type="checkbox"/> 6) No Passing <input checked="" type="checkbox"/> 16) Marked Lane <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 17) Tire Chain/Snow Req. <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 18) Permissive Green <input type="checkbox"/> 9) Turn Signal <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 10) Other			1- FEET		From: To: Limit: 45	
					Extent Of Damage	
					<input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input checked="" type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown	
Sequence Of Events						
Code #		Description			Collision With Road Object	Most Serious Event
1st 214		214 MOTOR VEHICLE IN TRANSPORT			<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd					<input type="checkbox"/>	<input type="checkbox"/>
3rd					<input type="checkbox"/>	<input type="checkbox"/>
4th					<input type="checkbox"/>	<input type="checkbox"/>
5th					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1) HRS (1)			Violation		NOC	Citation Number
<input type="checkbox"/> 2) CPR			Violation		NOC	Citation Number
<input type="checkbox"/> 3) CC / MC			Violation		NOC	Citation Number
<input type="checkbox"/> 4) Pending (2)			Violation		NOC	Citation Number
Investigator(s): 7443 R. SANDOVAL		ID Number: 7443	Date: 2/21/2011	Reviewed By: 2814 Harold Davis	Date Reviewed: 2/22/2011	Page: 5 of 13

Event Number: 110221-3042	STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/2/03</small>	Accident Number: [REDACTED]
		Agency Name: LAS VEGAS METROPOLITAN PD

Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]		Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address: [REDACTED]		Transported To:	
City: LAS VEGAS	State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type: 2
		Seating Position: 3	Occupant Restraints: 7
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity: 0
		Injury Location: 0	
		Airbags: 2	Airbag Switch: 1
		Ejected: 0	Trapped: 0

Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]		Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address: [REDACTED]		Transported To:	
City: LAS VEGAS	State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type: 2
		Seating Position: 6	Occupant Restraints: 9
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity: 0
		Injury Location: 0	
		Airbags: 2	Airbag Switch: 1
		Ejected: 0	Trapped: 0

Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address:		Transported To:	
City:	State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type:
		Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:
		Injury Location:	
		Airbags:	Airbag Switch:
		Ejected:	Trapped:

<input type="checkbox"/> 1) Trailing Unit 1 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 2 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 3 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:

Commercial Vehicle Configuration				<input type="checkbox"/> 1) Commercial Vehicle	<input type="checkbox"/> 2) School Bus
<input type="checkbox"/> 1) Bus, 3 - 15 Occupants	<input type="checkbox"/> 6) Tractor Only	<input type="checkbox"/> 11) Tractor / Semi Trailer	<input type="checkbox"/> 1) Driver	Source	<input type="checkbox"/> 4) State Reg.
<input type="checkbox"/> 2) Bus, > 15 Occupants	<input type="checkbox"/> 7) Tractor, Trailer	<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)	<input type="checkbox"/> 2) Log Book		<input type="checkbox"/> 5) Side of Vehicle
<input type="checkbox"/> 3) Single 2 Axle and 6 Tire	<input type="checkbox"/> 8) Tractor / Double	<input type="checkbox"/> 13) Light Truck, (Haz-Mat)	<input type="checkbox"/> 3) Shipping Papers / Trip Manifest		<input type="checkbox"/> 6) Other
<input type="checkbox"/> 4) Single > 3 Axle	<input type="checkbox"/> 9) Tractor / Triple	<input type="checkbox"/> 14) Other Heavy Vehicle			
<input type="checkbox"/> 5) Any 4 Tire Vehicle	<input type="checkbox"/> 10) Truck with Trailer				

Carrier Name:	Power Unit GVWR		<input type="checkbox"/> 1) Haz-Mat
	<input type="checkbox"/> 1) ≤ 10,000 Lbs	<input type="checkbox"/> 2) 10,000 - 26,000 Lbs	<input type="checkbox"/> 2) Released
Carrier Street Address:	City:	State: <input type="checkbox"/> 1) NV	Zip:

Cargo Body Type		Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
<input type="checkbox"/> 1) Box	<input type="checkbox"/> 6) Van / Box		<input type="checkbox"/> 1) Single State	
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer		<input type="checkbox"/> 2) USDOT	
<input type="checkbox"/> 3) Flatbed	<input type="checkbox"/> 8) Auto Carrier	Hazard Classification #:	<input type="checkbox"/> 3) Canada	
<input type="checkbox"/> 4) Dump	<input type="checkbox"/> 9) Garbage/Refuse		<input type="checkbox"/> 4) Mexico	
<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 10) Not Applicable		<input type="checkbox"/> 5) None	
				Carrier Number:
				Page 6 of 13

Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/6/03</small>			Accident Number: [REDACTED]				
Vehicle # 3	# Occupants 2	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: LAS VEGAS METROPOLITAN PD					
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 3) East <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 2) South <input type="checkbox"/> 4) West		Highway / Street Name: EASTERN AVE			Travel Lane #: 1				
Vehicle Action: <input type="checkbox"/> 1) Straight <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 9) Passing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 15) Enter Parked (#) <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 2) Backing <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked <input checked="" type="checkbox"/> 8) Stopped (Δ) <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 14) Other Turning <input type="checkbox"/> 16) Entered Vehicle <input type="checkbox"/> 18) Other									
Driver: Last Name, First Name, Middle Name, Suffix [REDACTED]				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other					
Street Address: [REDACTED]				Transported To:					
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> NV		Zip Code: [REDACTED]		Person Type: 1 Seating Position: 1 Occupant Restraints: 7			
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: 0 Injury Location: 0			
DLN: [REDACTED]		State: <input checked="" type="checkbox"/> NV		<input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL		License Status: 0			
Compliance: <input type="checkbox"/> 1) Exhibit <input type="checkbox"/> 2) Endorsement		Endorsements		Restrictions 0		Airbags: 2 Airbag Switch: 1 Ejected: 0 Trapped: 0			
Alcohol/Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		Driver Factors <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Distraction / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown			
Vehicle Year: 2001		Vehicle Make: TOYOTA		Vehicle Model: TACOMA		Vehicle Type: PK - PICKUP			
Plate / Permit No.: [REDACTED]		State: <input checked="" type="checkbox"/> NV		Expiration Date: 11/1/2011		Vehicle Color: GRAY			
Vehicle Identification Number: 5TENL42N11 [REDACTED]									
Registered Owner Name: LAS VEGAS NV 99002588210 S				<input type="checkbox"/> 1) Same As Driver					
Registered Owner Address: [REDACTED] LAS VEGAS NV [REDACTED]									
Insurance Company Name: SANTA FE AUTO INSURANCE				<input checked="" type="checkbox"/> 1) Injured					
Policy Number: [REDACTED]		Effective: 10/4/2010		To: 3/4/2011		1st Contact: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 1) Overide <input type="checkbox"/> 2) Under Ride			
Insurance Company Address or Phone Number: 702 873-7000									
<input type="checkbox"/> 1) Vehicle Towed				Towed By:					
Removed To: RETAINED BY DRIVER									
Traffic Control F <input type="checkbox"/> 1) Speed Zone <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 2) Signal Light <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 3) Flashing Light <input type="checkbox"/> 13) S. R. Sign <input type="checkbox"/> 4) School Zone <input type="checkbox"/> 14) R. R. Grade <input type="checkbox"/> 5) Div. Signal <input type="checkbox"/> 15) R. R. Signal (Δ) <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 16) Marked Lanes <input type="checkbox"/> 7) No Control <input type="checkbox"/> 17) Tire Chain/Snow Req. <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 18) Permitted Green <input type="checkbox"/> 9) Turn Signal <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 10) Other				Distance Traveled After Impact: 8 0 1- FEET		Speed Estimate: From To Limit 45		Extent Of Damage: <input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown	
Sequence Of Events									
Code #		Description			Collision With Fixed Object	Most Hazardous Event			
1st 214		214 MOTOR VEHICLE IN TRANSPORT			<input type="checkbox"/>	<input checked="" type="checkbox"/>			
2nd					<input type="checkbox"/>	<input type="checkbox"/>			
3rd					<input type="checkbox"/>	<input type="checkbox"/>			
4th					<input type="checkbox"/>	<input type="checkbox"/>			
5th					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CPR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (1)		Violation		NOC		Citation Number			
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CPR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (2)		Violation		NOC		Citation Number			
Investigator(s) 7443 R. SANDOVAL		ID Number 7443		Date 2/21/2011		Reviewed By 2814 Harold Davis			
				Date Reviewed 2/22/2011		Page 7 of 13			

Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 4/2/03</small>			Accident Number: [REDACTED]	
Name: [REDACTED]		Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address: [REDACTED]		Transported To:				
City: LAS VEGAS	State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type: 2	Seating Position: 8	Occupant Restraints: 7	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity: 0	Injury Location: 0		
		Airbags: 2	Airbag Switch: 1	Ejected: 0	Trapped: 0	
Name: [REDACTED]		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address:		Transported To:				
City:	State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
Name: [REDACTED]		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address:		Transported To:				
City:	State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
Name: [REDACTED]		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address:		Transported To:				
City:	State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN:		Plate:	State: <input type="checkbox"/> 1) NV	Type:		
<input type="checkbox"/> 1) Trailing Unit 2 VIN:		Plate:	State: <input type="checkbox"/> 1) NV	Type:		
<input type="checkbox"/> 1) Trailing Unit 3 VIN:		Plate:	State: <input type="checkbox"/> 1) NV	Type:		
Commercial Vehicle Configuration						
		<input type="checkbox"/> 1) Commercial Vehicle		<input type="checkbox"/> 2) School Bus		
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants	<input type="checkbox"/> 6) Tractor Only	<input type="checkbox"/> 11) Tractor / Semi Trailer	<input type="checkbox"/> 1) Driver	Source		
<input type="checkbox"/> 2) Bus, > 15 Occupants	<input type="checkbox"/> 7) Tractor / Trailer	<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)	<input type="checkbox"/> 2) Log Book	<input type="checkbox"/> 4) State Reg.	<input type="checkbox"/> 5) Side of Vehicle	
<input type="checkbox"/> 3) Single 2 Axle and 6 Tire	<input type="checkbox"/> 8) Tractor / Double	<input type="checkbox"/> 13) Light Tractor, (Haz-Mat)	<input type="checkbox"/> 3) Shipping Papers / Trip Manifest	<input type="checkbox"/> 6) Other		
<input type="checkbox"/> 4) Single > 3 Axle	<input type="checkbox"/> 9) Tractor / Triple	<input type="checkbox"/> 14) Other Heavy Vehicle				
<input type="checkbox"/> 5) Any 4 Tire Vehicle	<input type="checkbox"/> 10) Truck with Trailer					
Carrier Name:		Power Unit GVWR		<input type="checkbox"/> 1) Haz-Mat		
		<input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 25,000 Lbs <input type="checkbox"/> 3) ≥ 25,000 Lbs		<input type="checkbox"/> 2) Released		
Carrier Street Address:		City:		State: <input type="checkbox"/> 1) NV	Zip:	
Cargo Body Type		Haz-Mat ID #:		Type of Carrier		
<input type="checkbox"/> 1) Pole	<input type="checkbox"/> 6) Van / Box	Hazard Classification #:		<input type="checkbox"/> 1) Single State		
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer			<input type="checkbox"/> 2) US DOT		
<input type="checkbox"/> 3) Flatbed	<input type="checkbox"/> 8) Auto Carrier			<input type="checkbox"/> 3) Canada		
<input type="checkbox"/> 4) Dump	<input type="checkbox"/> 9) Garbage/Refuse			<input type="checkbox"/> 4) Mexico		
<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 10) Not Applicable			<input type="checkbox"/> 5) None		
				NAS Safety Report #:		
				Carrier Number:		
				Page 8 of 13		

Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/2/09</small>			Accident Number: [REDACTED]		
Vehicle # 4	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: LAS VEGAS METROPOLITAN PD			
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown		Highway / Street Name: EASTERN AVE			Travel Lane #: 2		
Vehicle Action: <input type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Left Turn <input type="checkbox"/> 3) U-Turn <input type="checkbox"/> 4) Wrong Way <input type="checkbox"/> 5) Parking <input type="checkbox"/> 6) Leaving Parked <input type="checkbox"/> 7) Leaving Lane <input type="checkbox"/> 8) Enter Parked (P) <input type="checkbox"/> 9) Lane Change <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 11) Backing <input type="checkbox"/> 12) Right Turn <input type="checkbox"/> 13) Parked <input checked="" type="checkbox"/> 14) Stopped (Δ) <input type="checkbox"/> 15) Racing <input type="checkbox"/> 16) Entering Lane <input type="checkbox"/> 17) Other Turning <input type="checkbox"/> 18) Driverless Vehicle <input type="checkbox"/> 19) Other							
Driver: [REDACTED]				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address: [REDACTED]				Transported To:			
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> NV		Person Type: 1		Seating Position: 1	
Occupant Restraints: 7		Phone Number: [REDACTED]		Injury Severity: C		Injury Location: 6	
DLN: [REDACTED]		State: <input checked="" type="checkbox"/> NV		Airbags: 2		Airbag Switch: 1	
Ejected: 0		License Status: <input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) CL		Trapped: 0			
Compliance: <input checked="" type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements:		Restrictions: 1			
Alcohol/Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved		Method of Determination (check up to 2):		Driver Factors:			
<input type="checkbox"/> 2) Suspected Impaired <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drug <input type="checkbox"/> 5) Unknown		<input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Constricted View <input type="checkbox"/> 6) Over Hit / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Distraction / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown			
Vehicle Year: 1994		Vehicle Make: TOYOTA		Vehicle Model: COROLLA		Vehicle Type: 4T - HARDTOP, 4 DOR	
Plate / Permit No.: [REDACTED]		State: <input checked="" type="checkbox"/> NV		Expiration Date: 8/20/2011		Vehicle Color: GOLD	
Vehicle Identification Number: 1NXAE09B8RZ221610							
Registered Owner Name: [REDACTED]							
<input checked="" type="checkbox"/> 1) Same As Driver							
Registered Owner Address: [REDACTED] LAS VEGAS NV [REDACTED]							
Insurance Company Name: STATE FARM				1st Contact: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Damaged Areas: <input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input checked="" type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other	
Policy Number: [REDACTED]		Effective: 1/29/2011		To: 7/29/2011			
Insurance Company Address or Phone Number: BOB PIPER 702 269-8452				1st Contact: <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
<input checked="" type="checkbox"/> 1) Vehicle Towed				Towed By: QUALITY TOWING			
Removed To: TOW YARD				1) Override <input type="checkbox"/> 2) Under Ride <input type="checkbox"/>			
Traffic Control: F 1) Speed Zone F 2) Signal Light 3) Flashing Light 4) School Zone 5) Red Signal 6) No Passing 7) No Controls 8) Warning Sign 9) Turn Signal 10) Other		1) Stop Sign 12) Yield Sign 13) R. R. Sign 14) R. R. Gate 15) R. R. Signal (Δ) 16) Marked Lanes 17) Tire Chain / Snow Req. 18) Permit / Sign Green 19) Unknown		Distance Traveled After Impact: 0 7-MOVED		Speed Estimate: From To Limit 45	
Extent of Damage: <input type="checkbox"/> 1) Minor <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major		Extent of Damage: <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown		Sequence of Events:			
		Code #		Description		Collision With Fixed Object	
		1st 214		214 MOTOR VEHICLE IN TRANSPORT		<input type="checkbox"/>	
		2nd				<input type="checkbox"/>	
		3rd				<input type="checkbox"/>	
		4th				<input type="checkbox"/>	
		5th				<input type="checkbox"/>	
Violation (1): <input type="checkbox"/> 1) HRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) OC / MC <input type="checkbox"/> 4) Pending		Violation		NOC		Citation Number	
Violation (2): <input type="checkbox"/> 1) HRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) OC / MC <input type="checkbox"/> 4) Pending		Violation		NOC		Citation Number	
Investigator(s): 7443 R. SANDOVAL		ID Number: 7443	Date: 2/21/2011	Reviewed By: 2814 Harold Davis	Date Reviewed: 2/22/2011	Page: 8 of 13	

Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 12/1/93</small>			Accident Number: [REDACTED]	
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address:		Transported To:				
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address:		Transported To:				
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address:		Transported To:				
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:			
<input type="checkbox"/> 1) Trailing Unit 2 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:			
<input type="checkbox"/> 1) Trailing Unit 3 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:			
Commercial Vehicle Configuration						
<input type="checkbox"/> 1) Commercial Vehicle		<input type="checkbox"/> 2) School Bus				
<input type="checkbox"/> 1) Bus, 3 - 15 Occupants	<input type="checkbox"/> 6) Tractor Only	<input type="checkbox"/> 11) Tractor / Semi Trailer	<input type="checkbox"/> 1) Driver	Source		
<input type="checkbox"/> 2) Bus, > 15 Occupants	<input type="checkbox"/> 7) Tractor / Trailer	<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)	<input type="checkbox"/> 2) Log Book	<input type="checkbox"/> 4) State Reg.	<input type="checkbox"/> 5) Side of Vehicle	
<input type="checkbox"/> 3) Single 2 Axle and 6 Tire	<input type="checkbox"/> 8) Tractor / Double	<input type="checkbox"/> 13) Light Truck, (Haz-Mat)	<input type="checkbox"/> 3) Shipping Papers / Trip Manifest	<input type="checkbox"/> 6) Other		
<input type="checkbox"/> 4) Single > 3 Axle	<input type="checkbox"/> 9) Tractor / Triple	<input type="checkbox"/> 14) Other Heavy Vehicle				
<input type="checkbox"/> 5) Any 4 Tire Vehicle	<input type="checkbox"/> 10) Truck with Trailer					
Carrier Name:		Power Unit GVWR		<input type="checkbox"/> 1) Haz-Mat		
		<input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 25,000 Lbs <input type="checkbox"/> 3) ≥ 25,000 Lbs		<input type="checkbox"/> 2) Released		
Carrier Street Address:		City:		State: <input type="checkbox"/> 1) NV Zip:		
Cargo Body Type		Haz-Mat ID #:		Type of Carrier		
<input type="checkbox"/> 1) Pole	<input type="checkbox"/> 6) Van / Box	Hazard Classification #:		<input type="checkbox"/> 1) Single State		
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer			<input type="checkbox"/> 2) US DOT		
<input type="checkbox"/> 3) Flatbed	<input type="checkbox"/> 8) Auto Carrier			<input type="checkbox"/> 3) Canada		
<input type="checkbox"/> 4) Dump	<input type="checkbox"/> 9) Garbage/Refuse			<input type="checkbox"/> 4) Mexico		
<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 10) Not Applicable			<input type="checkbox"/> 5) None		
				NAS Safety Report #:		
				Carrier Number:		
				Page 10 of 13		

Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/21/03</small>			Accident Number: [REDACTED]	
Vehicle # 5	# Occupants 2	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: LAS VEGAS METROPOLITAN PD		
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown		Highway / Street Name: EASTERN AVE			Travel Lane #: L2	
Vehicle Action: <input type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Left Turn <input type="checkbox"/> 3) Right Turn <input type="checkbox"/> 4) U-Turn <input type="checkbox"/> 5) Wrong Way <input type="checkbox"/> 6) Parking <input type="checkbox"/> 7) Leaving Parked <input type="checkbox"/> 8) Leaving Lane <input type="checkbox"/> 9) Enter Parked (B) <input type="checkbox"/> 10) Lane Change <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Backing <input type="checkbox"/> 13) Right Turn <input type="checkbox"/> 14) Parked <input checked="" type="checkbox"/> 15) Stopped (C) <input type="checkbox"/> 16) Racing <input type="checkbox"/> 17) Entering Lane <input type="checkbox"/> 18) Other Turning <input type="checkbox"/> 19) Drive 11 Vehicle <input type="checkbox"/> 20) Other						
Driver: Last Name, First Name, Middle Name, Suffix [REDACTED]				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other		
Street Address: [REDACTED]				Transported To:		
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type: 1	Seating Position: 1	Occupant Restraints: 7
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown	DOB: [REDACTED]	Phone Number: [REDACTED]		Injury Severity: N	Injury Location: 0	
DLN: [REDACTED]	State: <input checked="" type="checkbox"/> 1) NV	<input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL	License Status: 0	Airbags: 2	Airbag Switch: 1	Ejected: 0
Compliance: <input checked="" type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse	Endorsements: 1		Restrictions: 1		Driver Factors	
Alcohol/Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown	Method of Determination (check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test			Test Results:	<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver II / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Attention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown	
Vehicle Year: 2007	Vehicle Make: CHEVROLET	Vehicle Model: TRAILBLAZER	Vehicle Type: LL - SUV	Vehicle Factors		
Plate / Permit No.: [REDACTED]	State: <input checked="" type="checkbox"/> 1) NV	Expiration Date: 3/1/2011	Vehicle Color: BEIGE	<input type="checkbox"/> 1) Failed To Yield Right Of Way <input type="checkbox"/> 2) Negligent Control Device <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 7) Drove Left Of Center <input type="checkbox"/> 8) Other <input checked="" type="checkbox"/> 9) Failed To Maintain Lane <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 13) Over Correct Steering <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 15) Aggressive / Reckless / Careless <input checked="" type="checkbox"/> 16) Driver 11 Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Block (C) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (B)		
Vehicle Identification Number: 1GNDS13S472 [REDACTED]				1st Contact Diagram: 		
Registered Owner Name: [REDACTED]				Damaged Areas: <input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input checked="" type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other		
Registered Owner Address: [REDACTED] LAS VEGAS NV [REDACTED]				Insurance Company Name: GMAC INSURANCE		
Insurance Company Address or Phone Number: 800 414-8844				Policy Number: [REDACTED]		
Effective Date: 2/24/2011				To Date: 8/24/2011		
<input type="checkbox"/> 1) Vehicle Towed				Towed By: [REDACTED]		
Removed To: RETAINED BY DRIVER				<input type="checkbox"/> 1) Override <input type="checkbox"/> 2) Under Ride		
Traffic Control: F 1) Speed Zone 11) Stop Sign F 2) Signal Light 12) Yield Sign 3) Flashing Light 13) B. R. Sign 4) School Zone 14) R. R. Gate 5) Ped. Signal 15) R. R. Signal (B) 6) No Parking F 16) Marked Lane 7) No Controls 17) Tire Chain / Snow Req. 8) Warning Sign 18) Permissive Green 9) Turn Signal <input type="checkbox"/> 19) Unknown 10) Other		Distance Traveled After Impact: 8 () 1- FEET	Speed Estimate: From To Limit 45		Extent Of Damage: <input type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input checked="" type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown	
Sequence Of Events:						
Code #	Description	Collision With Fixed Object	Most Harmful Event			
1st 214	214 MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
2nd		<input type="checkbox"/>	<input type="checkbox"/>			
3rd		<input type="checkbox"/>	<input type="checkbox"/>			
4th		<input type="checkbox"/>	<input type="checkbox"/>			
5th		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> 1) HRB <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) OC / MC <input type="checkbox"/> 4) Pending (1)		Violation	NOC	Citation Number		
<input type="checkbox"/> 1) HRB <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) OC / MC <input type="checkbox"/> 4) Pending (2)		Violation	NOC	Citation Number		
Investigator(s): 7443 R. SANDOVAL	ID Number: 7443	Date: 2/21/2011	Reviewed By: 2814 Harold Davis	Date Reviewed: 2/22/2011	Page: 11 of 13	

Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/2/03</small>			Accident Number: [REDACTED]	
Name: [REDACTED]		Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address: [REDACTED]		Transported To:				
City: LAS VEGAS	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type: 2	Seating Position: 3	Occupant Restraints: 7	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity: N	Injury Location: 0		
		Airbags: 2	Airbag Switch: 1	Ejected: 0	Trapped: 0	
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address:		Transported To:				
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address:		Transported To:				
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other				
Street Address:		Transported To:				
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
		Airbags:	Airbag Switch:	Ejected:	Trapped:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN:		Plate:	State: <input type="checkbox"/> 1) NV	Type:		
<input type="checkbox"/> 1) Trailing Unit 2 VIN:		Plate:	State: <input type="checkbox"/> 1) NV	Type:		
<input type="checkbox"/> 1) Trailing Unit 3 VIN:		Plate:	State: <input type="checkbox"/> 1) NV	Type:		
Commercial Vehicle Configuration						
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants		<input type="checkbox"/> 6) Tractor Only		<input type="checkbox"/> 11) Tractor / Semi Trailer		
<input type="checkbox"/> 2) Bus, > 15 Occupants		<input type="checkbox"/> 7) Tractor / Trailer		<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)		
<input type="checkbox"/> 3) Single 2 Axle and 6 Tire		<input type="checkbox"/> 8) Tractor / Double		<input type="checkbox"/> 13) Light Truck, (Haz-Mat)		
<input type="checkbox"/> 4) Single > 3 Axle		<input type="checkbox"/> 9) Tractor / Triple		<input type="checkbox"/> 14) Other Heavy Vehicle		
<input type="checkbox"/> 5) Any 4 Tire Vehicle		<input type="checkbox"/> 10) Truck with Trailer				
		<input type="checkbox"/> 1) Commercial Vehicle		<input type="checkbox"/> 2) School Bus		
		<input type="checkbox"/> 1) Driver		Source		
		<input type="checkbox"/> 2) Log Book		<input type="checkbox"/> 4) State Reg.		
		<input type="checkbox"/> 3) Shipping Papers / Trip Manifest		<input type="checkbox"/> 5) Side of Vehicle		
				<input type="checkbox"/> 6) Other		
Carrier Name:		Power Unit GVWR		<input type="checkbox"/> 1) Haz-Mat		
		<input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 25,000 Lbs <input type="checkbox"/> 3) ≥ 25,000 Lbs		<input type="checkbox"/> 2) Released		
Carrier Street Address:		City:		State: <input type="checkbox"/> 1) NV Zip:		
Cargo Body Type		Haz-Mat ID #:		Type of Carrier		
<input type="checkbox"/> 1) Box				<input type="checkbox"/> 1) Single State		
<input type="checkbox"/> 2) Tank				<input checked="" type="checkbox"/> 2) DOT		
<input type="checkbox"/> 3) Flatbed				<input type="checkbox"/> 3) Canada		
<input type="checkbox"/> 4) Dump				<input type="checkbox"/> 4) Mexico		
<input type="checkbox"/> 5) Unknown				<input type="checkbox"/> 5) None		
<input type="checkbox"/> 6) Van / Box		Type of Carrier		NAS Safety Report #:		
<input type="checkbox"/> 7) Concrete Mixer						
<input type="checkbox"/> 8) Auto Carrier				Carrier Number:		
<input type="checkbox"/> 9) Garbage/Refuse						
<input type="checkbox"/> 10) Not Applicable						
<input type="checkbox"/> 11) Grain, Gravel Chpts		Hazard Classification #:				
<input type="checkbox"/> 12) Bus, 9 - 15 Occupants						
<input type="checkbox"/> 13) Bus, > 15 Occupants						
<input type="checkbox"/> 14) Other						
				Page 12 of 13		

Event Number: 110221-3042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT Occupant / Witness Supplement Revised 5/21/03			Accident Number: [REDACTED]	
		Agency Name: LAS VEGAS METROPOLITAN PD				

V #	WIT	Name: (Last Name, First Name, Middle Name, Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other		
Street Address: [REDACTED]					Transported To:		
City: LAS VEGAS		State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type:	Seating Position:	Occupant Restraints:	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	<input type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity:	Injury Location:		
			Airbags:	Airbag Switch:	Ejected:	Trapped:	

V #	Name: (Last Name, First Name, Middle Name, Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address: [REDACTED]					Transported To:		
City:		State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	<input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
			Airbags:	Airbag Switch:	Ejected:	Trapped:	

V #	Name: (Last Name, First Name, Middle Name, Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address: [REDACTED]					Transported To:		
City:		State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	<input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
			Airbags:	Airbag Switch:	Ejected:	Trapped:	

V #	Name: (Last Name, First Name, Middle Name, Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address: [REDACTED]					Transported To:		
City:		State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	<input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
			Airbags:	Airbag Switch:	Ejected:	Trapped:	

V #	Name: (Last Name, First Name, Middle Name, Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address: [REDACTED]					Transported To:		
City:		State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	<input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:		
			Airbags:	Airbag Switch:	Ejected:	Trapped:	

Investigator(s) 7443 R. SANDOVAL		ID Number 7443	Date 2/21/2011	Reviewed By 2814 Harold Davis	Date Reviewed 2/22/2011	Page 13 of 13
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