PE19-004

KIA

6/28/2019

DEFECT B

CA FILES

SPORTAGE

MORLEY VSPC
VEHICLE SERVICES PROCESSING CENTER
Authorized Vendor for KIA Motors America

Kia Case
Case Number: [redacted]
Vehicle Info
VIN: KNDPM3ACXH[redacted]
Year: 2017 Make: Kia Model: Sportage
Vehicle Owner(s)
Title in Name: Airline Car Rental Inc.
Title State: AL
Primary Owner: Airline Car Rental Inc.
Case Documents
1 - Check to Customer
2 - Settlement Agreement and General Release
3 - Vehicle Registration
4 - Warranty History
Print

[redacted]

137 1117-3

STATE OF LOUISIANA

CERTIFICATE OF TITLE

VIN	TITLE NUMBER	DATE ISSUED
KNDPM3ACXH[redacted]	[redacted]	02/21/2017

MAKE	MODEL	BODY	COLOR	YR	DATE ACQUIRED	ODOMETER	N/U
KIA	SP0	LL	WHI/	2017	11/21/2016	1	N

CL

* * MAIL TO * *

AIRLINE CAR RENTAL INC

5207 MONKHOUSE DR
SHREVEPORT LA 71109

* * OWNER * *
AIRLINE CAR RENTAL INC

5207 MONKHOUSE DR
SHREVEPORT LA 71109

(LIEN) DATE

First Lien Released _____ Date

_____ Lienholder

By _____ Authorized Representative

Second Lien Released _____ Date

_____ Lienholder

By _____ Authorized Representative

The undersigned as Vehicle Commissioner of the State of Louisiana, certifies that the applicant named herein has been duly registered in this office as owner of the motor vehicle described, pursuant to the laws of the State of Louisiana, subject to the mortgages and encumbrances, if any, herein set forth.

In witness whereof, I have affixed my signature at Baton Rouge.

Karen G. St. Germain

[redacted]

FORM 1244 A 1244 41518562

DPSMV 1663 (R7/07) ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT.

KEEP IN SAFE PLACE

TO TEST FOR AUTHENTICITY, HOLD DOCUMENT TO LIGHT AND VERIFY EAGLE'S HEAD WATERMARK

TO TEST FOR AUTHENTICITY, HOLD DOCUMENT TO LIGHT AND VERIFY EAGLE'S HEAD WATERMARK

[redacted]

[redacted] State Law require that you state the mileage in connection with transfer of ownership. Failure to complete ODOMETER STATEMENT OR providing a FALSE STATEMENT may result in fines and/or imprisonment.

NOTICE: ANY ALTERATION OR ERASURE VOIDS THE ASSIGNMENT and all assignments that follow. ASSIGNMENT MUST BE EXECUTED BY THE SELLER IN THE PRESENCE OF A NOTARY PUBLIC OR TWO (2) WITNESSES. IF EXECUTED IN THE PRESENCE OF TWO (2) WITNESSES, THE ACKNOWLEDGEMENT OF WITNESS MUST BE SIGNED BY ONE (1) OF THE WITNESSES IN THE PRESENCE OF A NOTARY PUBLIC.

ASSIGNMENT OF TITLE BY REGISTERED OWNER (not valid unless completed in full). I/we warrant this title and certify that the vehicle described herein has been transferred on ____/____/____ for the sum of $ _____ to the following:

Name(s)- Address-

I certify to the best of my knowledge that the ODOMETER READING is the ACTUAL MILEAGE of the vehicle unless one of the following statements is checked:

_____ NO TENTHS
ODOMETER READING

☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is NOT the actual mileage.
WARNING-ODOMETER DISCREPANCY

SIGNATURE(S) of Buyer(s)-X _____ of Seller(s)-X _____

PRINTED NAME(S) of Buyer(s)- _____ of Seller(s)- _____

SIGNATURE of Witness-X _____ Sworn to and subscribed by seller before me this

PRINTED NAME of Witness _____ Date_____ Notary No._____

SIGNATURE of Witness-X _____ SIGNATURE of Notary Public-X _____

PRINTED NAME of Witness _____ PRINTED NAME of Notary Public _____

ACKNOWLEDGEMENT OF WITNESS - STATE OF LOUISIANA - PARISH OF _____

Before me, Notary, personally came and appeared the undersigned, who, after being duly sworn, said that he subscribed his name to the assignment above as a witness to the signature(s) of seller(s) and he saw seller(s) sign his name as his voluntary act and deed.

DATE _____

SIGNATURE of Witness-X _____ SIGNATURE of Notary Public-X _____

PRINTED NAME of Witness _____ PRINTED NAME of Notary Public _____

FIRST RE-ASSIGNMENT BY LICENSED DEALER **DEALER'S LICENSE NO.** _____

I/we warrant this title and certify that the vehicle described herein has been transferred to the following:

Name(s)- Address-

I certify to the best of my knowledge that the ODOMETER READING is the ACTUAL MILEAGE of the vehicle unless one of the following statements is checked:

_____ NO TENTHS
ODOMETER READING

☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is NOT the actual mileage.
WARNING-ODOMETER DISCREPANCY

Date of Sale ____/____/____

SIGNATURE(S) of Buyer(s)-X _____ of Seller(s)-X _____

PRINTED NAME(S) of Buyer(s)- _____ of Seller(s)- _____

Name of Dealership _____

SIGNATURE of Witness-X _____ Sworn to and subscribed by seller before me this

PRINTED NAME of Witness _____ Date_____ Notary No._____

SIGNATURE of Witness-X _____ SIGNATURE of Notary Public-X _____

PRINTED NAME of Witness _____ PRINTED NAME of Notary Public _____

ACKNOWLEDGEMENT OF WITNESS - STATE OF LOUISIANA - PARISH OF _____

Before me, Notary, personally came and appeared the undersigned, who, after being duly sworn, said that he subscribed his name to the assignment above as a witness to the signature(s) of seller(s) and he saw seller(s) sign his name as his voluntary act and deed.

DATE _____

SIGNATURE of Witness-X _____ SIGNATURE of Notary Public-X _____

PRINTED NAME of Witness _____ PRINTED NAME of Notary Public _____

SECOND RE-ASSIGNMENT BY LICENSED DEALER **DEALER'S LICENSE NO.** _____

I/we warrant this title and certify that the vehicle described herein has been transferred to the following:

Name(s)- Address-

I certify to the best of my knowledge that the ODOMETER READING is the ACTUAL MILEAGE of the vehicle unless one of the following statements is checked:

_____ NO TENTHS
ODOMETER READING

☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is NOT the actual mileage.
WARNING-ODOMETER DISCREPANCY

Date of Sale ____/____/____

SIGNATURE(S) of Buyer(s)-X _____ of Seller(s)-X _____

PRINTED NAME(S) of Buyer(s)- _____ of Seller(s)- _____

Name of Dealership _____

SIGNATURE of Witness-X _____ Sworn to and subscribed by seller before me this

PRINTED NAME of Witness _____ Date_____ Notary No._____

SIGNATURE of Witness-X _____ SIGNATURE of Notary Public-X _____

PRINTED NAME of Witness _____ PRINTED NAME of Notary Public _____

ACKNOWLEDGEMENT OF WITNESS - STATE OF LOUISIANA - PARISH OF _____

Before me, Notary, personally came and appeared the undersigned, who, after being duly sworn, said that he subscribed his name to the assignment above as a witness to the signature(s) of seller(s) and he saw seller(s) sign his name as his voluntary act and deed.

DATE _____

SIGNATURE of Witness-X _____ SIGNATURE of Notary Public-X _____

PRINTED NAME of Witness _____ PRINTED NAME of Notary Public _____

THIS TITLE MUST BE SURRENDERED BY DISMANTLER TO THE OFFICE OF MOTOR VEHICLES WHEN VEHICLE IS JUNKED

7/11/18 Warranty Service Department VILLELAG
13:33:42 WARRANTY HISTORY INQUIRY KIAPROD
wsd079 In Service Date: 1/01/17
VIN No : KNDPM3ACXH[redacted] Model . . 42222
Series . SPORTAGE

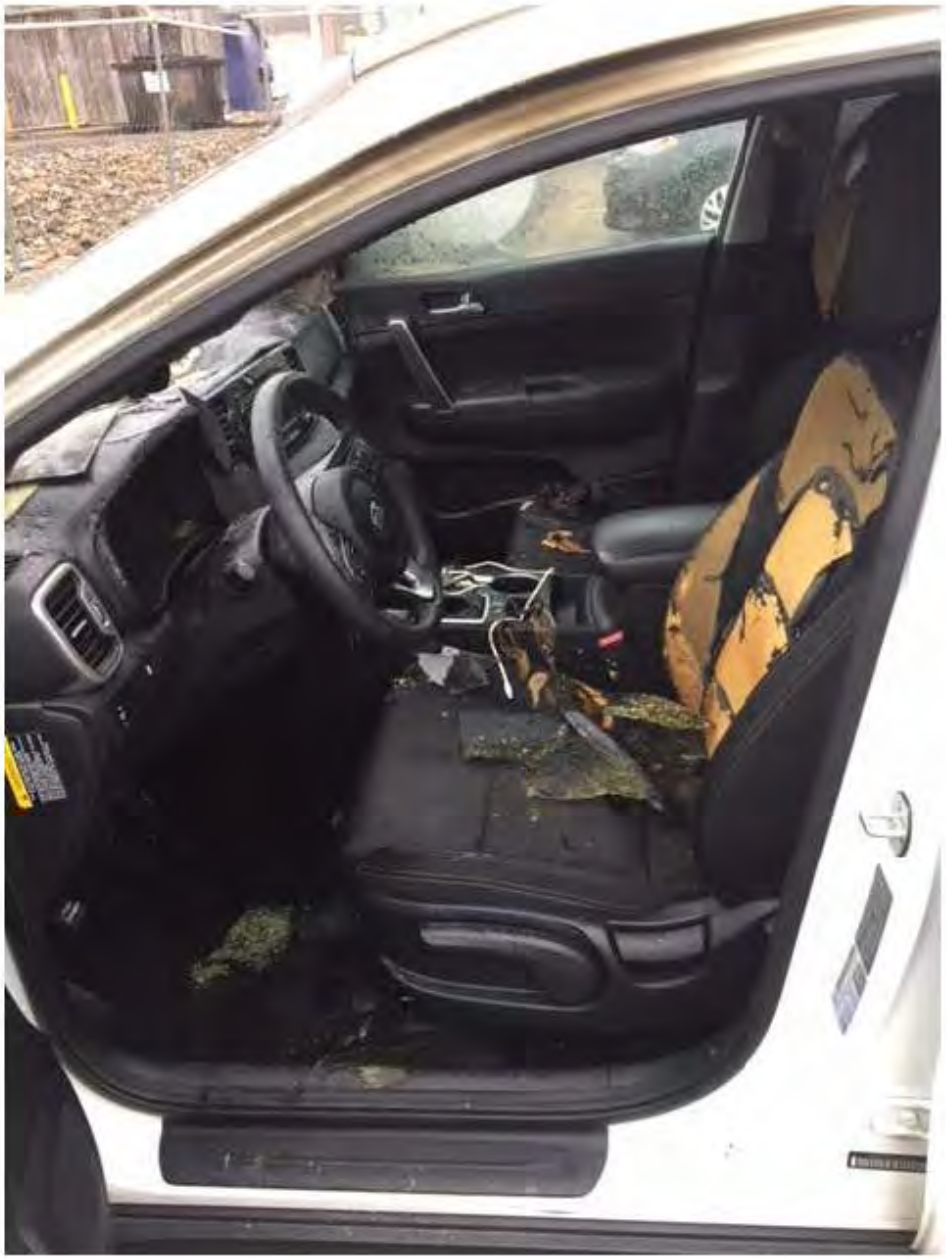
	Repair Date	W T	Dlr No.	Repair Order#	Ver	Repair Labor Code	Causal Part	Mileage
_	12/22/16	R	80109	21039	1 01		GARNISH ASSY-DELTA L	1
_	12/22/16	R	80109	21093	1 01		ELECTRONIC CONTROL U	1

More...

I=Inquiry
F3=Exit F11=Summary/Detail

[redacted]


DIESEL DRIVING ACADEMY




KIA

AVIS

MAINTENANCE LOG

DATE 11-27-17

CITY SHV

MVA	MILEAGE	DESCRIPTION
1299300	49964	11-10-17
1397119	17972	
1324014	42396	
1324020	35892	11-13-17
1323911	46,436	
1397157	22,434	11-14-17
1323900	48,507	11-20-17
1323853	16,590	
1397148	22,955	
1323936	48,457	
1397132	30,979	11-27-17
1323860	29,890	
1323850	32,612	

REVISED 2046

SHREVEPORT AIRPORT AUTHORITY
AIRPORT POLICE
INCIDENT REPORT FORM

NATURE OF REPORT:	xx Initial Report by Officer Action Taken By Supervisor Supplement Report		**TIME: 15:20** **DATE: February 11, 2018**
REPORTING OFFICER (S): OFC. S. Smith		**INCIDENT REPORT NUMBER:**	**18-057-03**
Nature of Incident:	Car Fire	**SUPERVISOR'S REVIEW:** __UNFOUNDED __PENDING XXCLEARED	
Incident Location:	Employee Parking Lot near Gate 3		

SYNOPSIS

On the above date and time, I, (OFC) S.Smith, was dispatched to a car fire in the employee parking lot adjacent to vehicle gate 3. Upon arrival, Engine 16 was already on scene extinguishing the fire to the vehicle's engine area. The vehicle, a white Kia Sportage Lic # [redacted] is a rental vehicle belonging to Avis/Budget rental agency. The driver of the vehicle, [redacted], advised she rented the vehicle at 1400 hours and after 15 minutes of driving, she noticed black smoke coming from under the hood of the vehicle. She advised she called the Avis/Budget representative (Vincent Imoni) and told him that the vehicle was smoking and returned the vehicle back to the rental agency. Upon arrival, Ms. [redacted] advised the car was smoking very badly and instead of parking near other vehicles, she parked it in the employee parking lot where there weren't as many vehicles located. She advised she parked the vehicle, jumped out, and called 911.Ms [redacted] was then transported to Willis Knighton North by personal vehicle for Smoke Inhalation. Engine 16 cleared the scene at 1555hrs and the vehicle towed by Twin Cities towing.
[redacted] requested a refund of monies with Manager Melissa Webber

Contact information:
[redacted]
Shreveport, La [redacted]
[redacted]

Perry McCas	8034	2-11-18 1710hrs	[redacted] C076
Shift Supervisor	Badge	Date/Time of Report	Reporting Officer [redacted] Badge

Basic	
Alarm Date and Time	15:11:17 Sunday, February 11, 2018
Arrival Time	15:15:40
Controlled Date and Time	
Last Unit Cleared Date and Time	15:39:04 Sunday, February 11, 2018
Response Time	0:04:23
Priority Response	Yes
Completed	Yes
Reviewed	Yes
Release to Public	Yes
Shift	A
Incident Type	131 - Passenger vehicle fire
Initial Dispatch Code	VEHICLE
Aid Given or Received	N - None
Alarms	1
Action Taken 1	81 - Incident command
Action Taken 2	11 - Extinguish
Action Taken 3	86 - Investigate
Casualties	No
Apparatus - Suppression	2
Personnel - Suppression Personnel	3
Property Loss	$0.00
Contents Loss	$0.00
Hazardous Material Released	N - None
Mixed Use	NN - Not mixed use
Property Use	170 - Passenger terminal, other
Location Type	Address
Address	5103 HOLLYWOOD AV
City, State Zip	SHREVEPORT, LA 71109
District	SFD

Fire	
Area of Origin	83 - Engine area, running gear, wheel area
Heat Source	UU - Undetermined
Item First Ignited	UU - Undetermined
Cause of Ignition	3 - Failure of equipment or heat source
Contribution To Ignition 1	UU - Undetermined
Human Factors	None
Suppression Factor 1	NNN - None
Mobile Equipment Involved	3 - Involved in ignition and burned
Mobile Equipment Type	11 - Passenger car.
Mobile Equipment Make	KI - Kia
Mobile Equipment Model	Sportage FE
Mobile Equipment Year	2017
Mobile Equipment VIN	KNDPM3ACXH[redacted]
Mobile Equipment License	[redacted]
Mobile Equipment State	LA

Narratives

Narratives

Narrative Name	CAD Narrative
Narrative Type	CAD Narrative
Author	- ,
Narrative Text	F1805188 E Type:FFIRE FIRE EMERGENCY Sub-Type:VEHICLE VEHICLE FIRE Disp: COMMENTS: SPECIAL ADDRESS COMMENT:SFD - ADD FA05 (TO EMS) AND FA04 TO ALL AIRPORT EVENTSWILL BE IN THE RENTAL CAR PARKING LOT..CAR IS SMOKING.. WHITE KIA SPORTAGE.. SEE FLAMESON THE BACKSIDE OF THE PARKING LOT..AVIS RENTAL CARDISPATCH HENDERSON WITH SECURITY ADVISED CAR ON FIRE 673-5385

Narrative Name	New Narrative
Narrative Type	Incident
Narrative Date	08:55:38 Monday, February 12, 2018
Author	13959 - Chambers, Curt L
Author Rank	FCAPT
Author Assignment	1
Narrative Text	Engine 16 arrived on scene of a vacant white KIA Sportage FE in the rental car parking lot on car. Engine 16 crew extingished the fire via booster line. After the fire was extinguished, the fire origin appeared behind the dashboard. The fire was contained to the hood and motor area. The car was left with the airport police.

End of Report

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

WILLIAM R. LONG
ATTORNEY AT LAW

(318) 797-8288
Fax (318) 797-8285

2250 Hospital Drive
Suite 216
Bossier City, Louisiana 71111

E-Mail: wrlong@longlyons.com

June 18, 2018

Kia Headquarters
Attention: Gus Villela – Claims Representative
111 Peters Canyon Road
Irvine, CA 92606

FAX: 949-468-4515

Re: [redacted]
Claim No.:
Kia Claim No.:
Date of Accident: 02-11-18

Dear Mr. Villela:

Please find enclosed the following concerning the above referenced matter:

- Medical records from Willis Knighton Pierremont for services rendered on February 12, 2018;
- Medical records from Dr. Saimah Talukder of OB-Gyn Concepts for services rendered on February 19, 2018 with statement of charges in the amount of $230.00;
- Medical records from Willis Knighton South for services rendered on February 11, 2018 with statement of charges in the amount of $265.17 and March 6, 2018 with statement of charges in the amount of $2,728.65.

Sincerely,

[redacted]

William R. Long

WRL/bm
Enclosure

[redacted]

7853 Youree Drive
Shreveport, LA 71105
Phone: (318) 212-2835
Fax: (318) 212-2839

OB-Gyn Concepts

Saimah Talukder, MD, MRCOG

Fax

To:	William Long	**From:**	Roxanne
Fax:	797-8285	**Pages:**	1
Phone:		**Date:**	4/6/18
Re:	[redacted]	**cc:**	

☐ **Comments: The prepayment fee for medical records is $_35.00_____. Please make check payable to Saimah Talukder, MD and mail to the above address or call our office with your credit card information.**

_10___pages @ $1.00 per page for first 25 pages	**$10.00_____**
_____pages @ $0.50 for next 26-500 pages	**$_____**
Handling Fee	**$25.00_____**
Postage	**$_____**
Total	**$35.00_____**

PC CK 14193

[redacted]

Make Checks Payable To:
WK OB GYN Concepts
7853 Youree Dr
Shreveport, LA 71105-5505

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
☐ American Express ☐ Discover ☐ Mastercard ☐ Visa		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE 04/06/2018	PAY THIS AMOUNT $0.00	ACCOUNT NBR [redacted]
SHOW AMOUNT PAID HERE $		

ADDRESSEE:
[redacted]
Shreveport, LA [redacted]
USA

REMIT TO:
WK OB GYN Concepts
7853 Youree Dr
Shreveport, LA 71105-5505
USA
(318) 212-2835

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Description Of Service	Amount	Insurance Balance	Patient Balance	Balance
02/19/18	ENCOUNTER 20232 FOR [redacted] WITH TALUKDER MD, SAIMAH				
02/19/18	PP Copay - PREPAY COPAY	$0.00			
02/19/18	Patient Payment Credit Card	-$75.00			
02/21/18	Payment Transfer	$75.00			
02/19/18	99213 TH - OFFICE OUTPATIENT VISIT 15 MINUTES	$138.00			
03/02/18	Medicaid Payment	-$44.30			
03/02/18	Medicaid Contractual Adjustment	-$93.70			
02/19/18	76376 - 3D RENDER W/O POSTPROCESS	$92.00			
02/21/18	Courtesy Discount	-$17.00			
02/21/18	Payment Transfer	-$75.00			
	ENCOUNTER TOTAL	$0.00	$0.00	$0.00	$0.00
03/27/18	ENCOUNTER 20701 FOR [redacted] WITH TALUKDER MD, SAIMAH				
03/27/18	99213 TH - OFFICE OUTPATIENT VISIT 15 MINUTES	$138.00	$138.00		
	ENCOUNTER TOTAL	$138.00	$138.00	$0.00	$138.00

Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
[redacted]	$138.00	$0.00	$0.00	$0.00	$0.00	$138.00

MESSAGE:
NOTICE: THIS IS A BILL BASED UPON INFORMATION YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN INTHE 'PATIENT DUE' BOX.

Please Pay This AMOUNT >>>> $0.00

** PAYMENT DUE UPON RECEIPT *THANK YOU **
STATEMENT

[redacted]

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WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [redacted]
ACCT. NO: [redacted]

GUARANTOR: [redacted]
ADDRESS: [redacted]
SHREVEPORT,LA [redacted]
PHONE: [redacted]

NEXT OF KIN: [redacted]
ADDRESS: [redacted]
SHREVEPORT,LA [redacted]
PHONE: [redacted] RELATION: SPOUSE

GUAR EMPLOYER: MAGNOLIA CHARTER SCHOOL
ADDRESS: CLYDE FANT
SHREVEPORT,LA 71105
PHONE: (504)346-1511

ARRIVED FROM: C
ATTENDING PHYS: Davis, Jerry E M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS:

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	UNITED HLTHCARE LA MED	[redacted]	[redacted]	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: E40036209597
ROOM:
STATUS: REG ER

DATE: 02/12/18
TIME: 1424
SERV/LOC: ERP

UNIT#: E000329387
F/C: MA
SS#: [redacted]

PATIENT: [redacted]
ADDRESS: [redacted]
SHREVEPORT,LA [redacted]
PHONE: [redacted] CELL
COUNTY: CADDO PARISH

BIRTHDATE: [redacted]
AGE: 33
SEX: F
RACE [redacted]
RELIGION: Non-Religious
MARITAL STAT: MARRIED

[redacted] 33
E40036209597
000000000817545

EMPLOYER: MAGNOLIA CHARTER SCHOOL
ADDRESS: CLYDE FANT
SHREVEPORT,LA 71105
(504)346-1511

PERSON TO NOTIFY: [redacted]
ADDRESS: [redacted]
SHREVEPORT,LA [redacted]
PHONE: (318)525-4718 RELATION: PARENT

Is the Patient here for Pre-Op Testing: N
Comments:
Admit Clerk: SETTLR AM
Reason for Visit: SHORTNESS OF BREATH,VOMITING
Baby ID#:
Known Drug Allergies: NKDA HIPPA Notice Given: Y Date Notice Given: 03/12/13 Device Id: AMPPC6
Interpreter ID Number: Patient Survey: N Preferred Language: ENGLISH Ethnicity: NHILAT
Do you have an advaced directive that you would like to present to us today? N

[redacted]

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WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

[redacted] [redacted] [redacted] 2-12-18

Time Date/Time Date/Time 14:30

Print Name Print Name

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

Signature of Authorized Party | Authorized Party's Relationship to the Patient | Date/Time | Witness | Date/Time

Admission Date 02/12/18
Admission Time 1424

[redacted]
AM0005

[redacted]
11/08/84 33 F
Davis, Jerry E M.D.
E40036209597 02/12/18

[redacted]

WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 02/12/18
Admission Time: 1424

[redacted]
33 F
Davis, Jorry E M D.
E40036209597 02/12/18

[redacted]

13623

WILLIAM R. LONG
ATTORNEY AT LAW

(318) 797-8288
Fax (318) 797-8285

2250 Hospital Drive
Suite 216
Bossier City, Louisiana 71111

E-Mail: wrlong@longlyons.com

March 8, 2018

Willis Knighton South
Attn: Release of Information
2610 W. Bert Kouns Industrial Loop
Shreveport, LA 71118

Re: [redacted]
DOB:
SSN:
DOA: 02-11-18

Dear Sir or Madam:

Please be advised that this office represents the above-referenced claimant in regards to an accident that occurred on ***February 11, 2018***. I request that you provide copies of any and all medical information, including any medical narrative that may be available to be used in my client's claim. **Please also include all billing** from February 11, 2018 to the present regarding my client.

Please do not hesitate in contacting us should you have any questions about this matter or need any additional information. I have enclosed a medical authorization signed by our client for the release of this information.

Sincerely,

[redacted]

William R. Long

WRL/bm
Enclosure

RECEIVED
MAR 12 2018

[redacted]

WILLIS-KNIGHTON HEALTH SYSTEM

CERTIFICATION OF MEDICAL RECORDS

I hereby certify that the attached medical record of:

[redacted]

Is a true copy of the medical record on file at the WILLIS KNIGHTON SOUTH MEDICAL CENTER, 2510 BERT KOUNS IND LP, SHREVEPORT, LA 71118; that these records were prepared by the medical facility personnel during the course of business at or near the time of the visit; that I am the duly authorized Health Information Management Representative, and I have the authority to certify same.

4/16/18
Date

[redacted]
Health Information Management Representative

[redacted]

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WILLIS-KNIGHTON COMMUNITY REFERENCE LAB
Willis-Knighton Community Reference Laboratory
2600 Greenwood Road, Shreveport, LA 71103
Client Services 318-212-4400

Regional Perinatal Group
2508 Bert Kouns Industrial Loop, Suite 210
Shreveport, LA 71118
P: 318-212-5860 F: 318-212-5865

☐ Christian Briery, M.D. ☒ Clint Cormier. M.D.

Patient Information

Name [redacted] ____ ____
Last First MI

SS# _____ DOB [redacted]

Race _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

ICD 10 Codes O09.92; O09.812
I7R0

☐ STAT ☒ Routine ☐ Fasting ☐ Non-fasting

Collection Date 3.6.18 Time 0852 By AG

Bill To: ☒ INSURANCE ONLY

Insurance Company _____

Policy/Group # Sch attached

Secondary Insurance _____

Policy/Group # _____

Medicare Secondary Payor (MSP)
Read the following questions and circle the correct responses.

Is the patient or patient's spouse currently employed? Yes No
If NO, retirement date of Patient _____ Spouse _____
Is the patient being treated for ESRD? Yes No
Is patient being treated for Black Lung Disease? Yes No
Was the injury due to a non work-related accident? Yes No
Was the illness/injury due to a work-related accident/condition? Yes No
Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility? Yes No

Approved AMA Panels

☐ Comp Metabolic Panel
(Alb,ALP,ALT,AST,TBil,BUN,Ca,Cl,CO2,Crea,Glu,K,Na,TP)
☐ Basic Metabolic Panel
(BUN,Ca,CL,CO2,Crea,Glu,K,Na)
☐ Hepatic Function Panel
(Alb,ALP,ALT,AST, T&DBil,TP)
☐ Lipid Panel
(Chol, HDL, Trig, LDL calc)
☐ Renal Function Panel
(Alb,BUN,Ca,Cl,CO2,Crea,Glu,K,Na,Phos)
☐ Acute Hepatitis Panel
(HBsAg, HBcAb IgM, HAAb IgM,HCAb)

Microbiology Source: _____

☐ AFB Smear/Cult
☐ Blood Culture
☐ Chlamydia/GC
☐ C. Difficile
☐ Fungal Mount/Cult
☐ General C&S
☐ Giardia/Cryptosporidium Antigen
☐ Occult Blood
☐ OCP
☐ Rapid Influenza A&B
☐ Strep A Screen
☐ Urine C&S: (CIRCLE ONE)
CCMS or Catheter or Pedibag

24 Hour Urine:
☐ 5HIAA
☐ Catecholamine Fract.
☐ Creatinine
☐ Creatinine Clearance

Patient's HT:____ **WT:**____
☐ Metanephrines Fract.
☐ Protein
☐ Sodium
☐ Urea Clearance

☐AFP Tumor Marker	☐CBC no diff	☐Glucose	☐PSA Diagnostic	☐TIBC (includes iron)
☐ALP	☐CBC w/ diff	☐HgbA1C	☐PSA Screen	☐Troponin
☐ALT	☐CEA	☐HCG Qual.	☐PTH Intact	☐TSH
☐Ammonia	☐Cholesterol	☐HCG Quant.	☐PT/INR	☐UA Screen (dip only)
☐Amylase	☐CK	☐Hgb/Hct	☐PTT	☐UA w/ micro if indicated
☐ANA	☐Creatinine	☐HIV 1&2 Screen	☐Reticulocyte	☐UA w/micro w/ reflex URC
☐AST	☐CRP	☐Iron	☐Rheumatoid Factor	☐UPT (HCG Qual.)
☐B12	☐D-Dimer	☐LH	☐Sed Rate (ESR)	☐Uric Acid
☐BNP	☐Digoxin	☐Lipase	☐SIEP (IEPS)	☐Urine Creatinine, random
☐BUN	☐Drug Screen	☐Magnesium	☐Syphilis IgG w/confirmation	☐Urine Protein, random
☐CA 19-9	☐Ferritin	☐Mono	☐T3 Free	☐Vitamin D, 25 hydroxy
☐CA 125	☐Folate	☐MMB	☐T4	
☐Calcium	☐FSH	☐Phosphorus	☐T4 Free	
	☐GGT	☐Potassium		

Extra Tests or comments: Integrated 3rd trimester screen

Physician's Signature _____ **Date** _____

FOR LAB USE ONLY

SPECIMEN TYPE & QUANTITY: _____

TEMPERATURE/CONDITION: _____

SPECIMEN RECEIVED IN LAB:
DATE: _____
TIME: _____
BY: _____

[redacted]

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WILLIS-KNIGHTON HEALTH SYSTEM

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Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 02/11/18
Admission Time: 1720

Haynes, Andrew T M.D.
[redacted] 02/11/18

[redacted]

WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and [redacted] lf as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am [redacted] onsent on their behalf for reasons indicated below.
[redacted] ed of my rights and obligations as a patient.

[redacted] 2/11 [redacted]
/Time

Print Name [redacted] Print Name

If Patient/Guarantor is unable to sign, I, ______________________, do hereby state that I have been given the authority to sign for

______________________, either expressed or implied and that he or she is fully aware of this authority.

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time

Admission Date: 02/11/18
Admission Time: 1720

AM0005

[redacted]

Haynes, Andrew T M.D.
[redacted] 02/11/18

[redacted]

Willis-Knighton South
2510 Bert Kouns Industrial Loop 1
Shreveport, LA 71118
(318) 212-5030 FINAL

[redacted] [redacted] 02/11/18 02/11/18 02/18/18

[redacted]
SHREVEPORT LA [redacted]

UNITED HLTHCARE LA ME

	***	MEDICAL - SURGICAL SUPPLIES ***	
02/11/18	3804508	OXYGEN CHARGE - OUTPT	206.00
			206.00
	***	EMERGENCY ROOM ***	
02/11/18	1301012	LEVEL 5 - MAJOR CARE II	1080.00
			1080.00
	***	LAB - CHEMISTRY ***	
02/11/18	0204267	CARBOXYHEMOGLOBIN QNT	202.00
			202.00
	***	RADIOLOGY - DIAGNOSTIC ***	
02/11/18	2121595	CHEST 1 VIEW; XR, chest 1 view	265.00
			265.00
	***	ULTRASOUND ***	
02/11/18	2133971	US OB<14 WEEKS; US, OB <14wk	853.00
			853.00
	***	PHARMACY ***	
02/11/18	3073511	ONDANSETRON 4 MG DISNTG TAB	101.20
02/11/18	3073971	ALBUTEROL/IPRATROP 3ML U/D INH	21.45
			122.65
		ESTIMATED INSURANCE DUE	
		UNITED HLTHCARE LA MEDICAID	2728.65

[redacted]

2728.65
0.00
2728.65

[redacted]

Willis-Knighton South
2510 Bert Kouns Industrial Loop 1
Shreveport, LA 71118
(318) 212-5030 FINAL

[redacted] [redacted] 03/06/18 03/15/18

[redacted] UNITED HLTHCARE LA ME

SHREVEPORT LA [redacted]

	***	LAB - CHEMISTRY ***	
03/06/18	0242252	SEQUEN SCR 2 ALPHA-FETOPROp-IG	62.13
03/06/18	0242253	SEQUEN SCR 2 ESTRIOL UNCONp-IG	89.55
03/06/18	0242254	SEQUEN SCR 2 HCG QNTp-IG	55.77
			207.45
	***	LAB - IMMUNOLOGY ***	
03/06/18	0242255	SEQUEN SCR 2 INHIBIN Ap-IG	57.72
			57.72
		ESTIMATED INSURANCE DUE	
		UNITED HLTHCARE LA MEDICAID	265.17

[redacted]

265.17
0.00
265.17

WILLIAM R. LONG
ATTORNEY AT LAW

(318) 797-8288
Fax (318) 797-8285

2250 Hospital Drive
Suite 216
Bossier City, Louisiana 71111

E-Mail: wrlong@longlyons.com

June 18, 2018

Kia Headquarters
Attention: Gus Villela – Claims Representative
111 Peters Canyon Road
Irvine, CA 92606

FAX: 949-468-4515

RECEIVED
JUN 26 2018
CONSUMER AFFAIRS

Re:
Claim No.: [redacted]
Kia Claim No.:
Date of Accident: 02-11-18

Dear Mr. Villela:

Please find enclosed the following concerning the above referenced matter:

- Medical records from Willis Knighton Pierremont for services rendered on February 12, 2018;
- Medical records from Dr. Saimah Talukder of OB-Gyn Concepts for services rendered on February 19, 2018 with statement of charges in the amount of $230.00;
- Medical records from Willis Knighton South for services rendered on February 11, 2018 with statement of charges in the amount of $265.17 and March 6, 2018 with statement of charges in the amount of $2,728.65.

Sincerely,

[redacted]

William R. Long

WRL/bm
Enclosure

[redacted]

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WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rig[redacted]ment.

[redacted] Time [redacted] Date/Time [redacted] 2-12-18 Date/Time 1413

Print Name

If Patient/Guarantor is unable to sign, I, _____ do hereby state that I have been given the authority to sign for _____, either expressed or implied and that he or she is fully aware of this authority.

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time

Admission Date 02/12/18
Admission Time 1424

[redacted]

[redacted]

Davis, Jerry E M.D.
E40036209597 02/12/18

[redacted]

WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital, and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalization and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other periods of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

[redacted]

Admission Date: 02/12/18
Admission Time: 1424

[redacted]

[redacted]

Davis, Jerry E M D
E40036209597 02/12/18

[redacted]

7853 Youree Drive
Shreveport, LA 71105
Phone: (318) 212-2835
Fax: (318) 212-2839

OB-Gyn Concepts

Saimah Talukder, MD, MRCOG

Fax

To:	William Long	**From:**	Roxanne
Fax:	797-8285	**Pages:**	1
Phone:		**Date:**	4/6/18
Re:	[redacted]	**cc:**	

☐ **Comments: The prepayment fee for medical records is $ 35.00. Please make check payable to Saimah Talukder, MD and mail to the above address or call our office with your credit card information.**

10 pages @ $1.00 per page for first 25 pages	**$10.00**
_____ pages @ $0.50 for next 26-500 pages	**$_____**
Handling Fee	**$25.00**
Postage	**$_____**
Total	**$35.00**

CK 14193

[redacted]

Make Checks Payable To:
WK OB GYN Concepts
7853 Youree Dr
Shreveport, LA 71105-5505

IF PAYING BY CREDIT CARD, FILL OUT BELOW			
CHECK CARD USING FOR PAYMENT			
☐ American Express ☐ Discover ☐ Mastercard ☐ Visa			
CARD NUMBER		CVV	AMOUNT
SIGNATURE			EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR	
04/06/2018	$0.00	[redacted]	
SHOW AMOUNT PAID HERE $			

ADDRESSEE:
[redacted]
Shreveport, LA [redacted]
USA

REMIT TO:
WK OB GYN Concepts
7853 Youree Dr
Shreveport, LA 71105-5505
USA
(318) 212-2835

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Description Of Service	Amount	Insurance Balance	Patient Balance	Balance
02/19/18	ENCOUNTER 20232 FOR [redacted] WITH TALUKDER MD, SAIMAH				
02/19/18	PP Copay - PREPAY COPAY	$0.00			
02/19/18	Patient Payment Credit Card	-$75.00			
02/21/18	Payment Transfer	$75.00			
02/19/18	99213 TH - OFFICE OUTPATIENT VISIT 15 MINUTES	$138.00			
03/02/18	Medicaid Payment	-$44.30			
03/02/18	Medicaid Contractual Adjustment	-$93.70			
02/19/18	76376 - 3D RENDER W/O POSTPROCESS	$92.00			
02/21/18	Courtesy Discount	-$17.00			
02/21/18	Payment Transfer	-$75.00			
	ENCOUNTER TOTAL	$0.00	$0.00	$0.00	$0.00
03/27/18	ENCOUNTER 20701 FOR [redacted] WITH TALUKDER MD, SAIMAH				
03/27/18	99213 TH - OFFICE OUTPATIENT VISIT 15 MINUTES	$138.00	$138.00		
	ENCOUNTER TOTAL	$138.00	$138.00	$0.00	$138.00

Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
[redacted]	$138.00	$0.00	$0.00	$0.00	$0.00	$138.00

MESSAGE:
NOTICE: THIS IS A BILL. BASED UPON INFORMATION YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN INTHE 'PATIENT DUE' BOX.

Please Pay This
AMOUNT >>>> $0.00

** PAYMENT DUE UPON RECEIPT *THANK YOU **
STATEMENT

[redacted]

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Electronically signed by Salman Talukder MD on 02/20/2018 02:27 PM

[redacted] 11/08/1984 02/19/2018 01:30 PM Page: 6/6

[redacted]

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Electronically Signed By: Talukder, MD, Saiman MD 04/05/2018 03:49:54 PM

OB Report Page 3/3 **WK - OB-GYN CONCEPTS**

Name: [redacted] Patient ID: [redacted]

Comment

GENDER - FEMALE
+FHT'S

Date: 2018/04/03 Perf. Physician: DR SAIMAH TALUKDER Sonographer: JULIE DRAPER

13623

WILLIAM R. LONG
ATTORNEY AT LAW

(318) 797-8288
Fax (318) 797-8285

2250 Hospital Drive
Suite 216
Bossier City, Louisiana 71111

E-Mail: wrlong@longlyons.com

March 8, 2018

Willis Knighton South
Attn: Release of Information
2610 W. Bert Kouns Industrial Loop
Shreveport, LA 71118

Re: [redacted]
DOB:
SSN:
DOA: 02-11-18

Dear Sir or Madam:

Please be advised that this office represents the above-referenced claimant in regards to an accident that occurred on ***February 11, 2018.*** I request that you provide copies of any and all medical information, including any medical narrative that may be available to be used in my client's claim. **Please also include all billing** from February 11, 2018 to the present regarding my client.

Please do not hesitate in contacting us should you have any questions about this matter or need any additional information. I have enclosed a medical authorization signed by our client for the release of this information.

Sincerely,

William R. Long

WRL/bm
Enclosure

MAR 12 2018

[redacted]

WILLIS-KNIGHTON HEALTH SYSTEM

CERTIFICATION OF MEDICAL RECORDS

I hereby certify that the attached medical record of:

[redacted]

Is a true copy of the medical record on file at the WILLIS KNIGHTON SOUTH MEDICAL CENTER, 2510 BERT KOUNS IND LP, SHREVEPORT, LA 71118; that these records were prepared by the medical facility personnel during the course of business at or near the time of the visit; that I am the duly authorized Health Information Management Representative, and I have the authority to certify same.

4/16/18
Date

Patricia Bee, RHIT
Health Information Management Representative

[redacted]

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RUN DATE: 03/10/18 **WILLIS-KNIGHTON HEALTH SYSTEM LABORATORIES** **PAGE** 1
RUN TIME: 0206 WKHS Summary Discharge Report
WK=2600 Greenwood Rd **WKS=2510 BertKounsIndLoop** **WKB=2400 Hospital Dr** **WKP=8001 Youree Dr**
Shreveport,LA 71103 **Shreveport, LA 71118** **Bossier City, LA 71112** **Shreveport,LA 71115**

PATIENT: [redacted]		**ACCT #:** [redacted]	**LOC:** LABS	**U #:** [redacted]	
DOB:		**AGE/SX:** [redacted]	**ROOM:**	**REG:**	03/06/18
ATT DR: Cormier, Clint M M.D.		**STATUS:** REG CLI	**BED:**	**DIS:**	

CHEMISTRY
CHEMISTRY REFERENCE TESTS

Date	MAR 6		
Time	0852	Reference	Units
Result	(A)		

(A) Results on file
See also (B)
(B) Testing performed at:

Genzyme Genetics
3400 Computer Drive
Westborough, MA 01581
1-800-255-7357

** END OF REPORT **

[redacted]

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RUN TIME: 0206 WKHS Summary Discharge Report

WK=2600 Greenwood Rd Shreveport,LA 71103 **WKS=2510 BertKounsIndLoop** Shreveport, LA 71118 **WKB=2400 Hospital Dr** Bossier City, LA 71112 **WKP=8001 Youree Dr** Shreveport,LA 71115

PATIENT: [redacted]
DOB:
ATT DR: Denham, Sean C M.D.

ACCT #: [redacted] **LOC:** ERS **U #:** K512133
AGE/SX: [redacted] **ROOM:** **REG:** 02/11/18
STATUS: DEP ER **BED:** **DIS:**

Test	Date	Time	Result	Reference	Units
Carboxyhemoglob	FEB 11	1733	< 5.0(A)	(See Comments)	%

(A) Non-Smokers: 0.5-1.5 %
Average Smokers: 4-5 %
Heavy Smokers: 8-9 %
Toxic: >20 %
Lethal: >50 %

** END OF REPORT **

[redacted]

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Willis Knighton South and Center for Womens Health

Willis Knighton South
2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for: [redacted]

Arrival Date: 02/11/2018 16:56
Care Complete Time: 02/11/2018 19:09

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Denham, Sean, MD
Diagnosis: Smoke Inhalation

DISCHARGE INSTRUCTIONS	FORMS
Abdominal Pain During Pregnancy Smoke Inhalation, Mild	None
FOLLOW UP INSTRUCTIONS	**PRESCRIPTIONS**
Private Physician When: ASAP; Reason: Recheck today's complaints	ZOFRAN ODT
SPECIAL NOTES	
None	

[redacted] **d and understand the above instructions and prescriptions (if**

Jennifer Morrow RN
ED Physician or Nurse

X-RAYS and LAB TESTS:
If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:
If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

[redacted]
Haynes, Andrew T M.
[redacted] 02/11/18

[redacted]

FOLLOW UP INSTRUCTIONS

Private Physician
When: ASAP
Reason: Recheck today's complaints

PRESCRIPTIONS

TESTS AND PROCEDURES

Labs
Carboxyhemoglobin

Rad
CHEST 1 VIEW+XR*shield abdomen*, US, OB less than 14wk

Procedures
oxygen

Other
Oxygen 100% via NRB, Call Ultrasound Tech, OTHER: STOP NRB- CHANGE TO NC 2L

[redacted]
Haynes, Andrew T M.
K20034597565 02/11/18

[redacted]

RUN DATE: 02/11/18 Willis Knighton South *ADMISSIONS PAGE 1
RUN TIME: 1720 INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT
RUN USER: ALEXAJ.AM

Name: [redacted] DOB: [redacted] Age: [redacted]
Rm/Bd: Serv/Locn: ERS Status: ER Sex:
Unit#: [redacted] Account#: [redacted] EPI#: 000000000817545

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data: 11/10/06
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

[redacted]
Haynes, Andrew T M.
K20034597565 02/11/18

[redacted]

WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

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5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 02/11/18
Admission Time: 1720

[redacted]
AM0005

[redacted]
Haynes, Andrew T M.D.
K20034597565 02/11/18

[redacted]

WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am [redacted] icated below.

[redacted] patient.

[redacted] 2-11-18

Print Name Date/Time

If Patient/Guarantor is unable to sign, I, _____, do hereby state [redacted]

_____, either expressed or implied and that he or she is fully aware of this authority

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time

Admission Date: 02/11/18
Admission Time: 1720

[redacted]
AM0005

[redacted]
Haynes, Andrew T M.D.
K20034597565 02/11/18

[redacted]

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WILLIAM R. LONG
ATTORNEY AT LAW

(318) 797-8288
Fax (318) 797-8285

2250 Hospital Drive
Suite 216
Bossier City, Louisiana 71111

E-Mail: wrlong@longlyons.com

March 28, 2018

Kia Headquarters
Attention: Gus Villela – Claims Representative
111 Peters Canyon Road
Irvine, CA 92606

FAX: 949-468-4515

Re: [redacted]
Claim No.:
Kia Claim No.:
Date of Accident: 02-11-18

Dear Mr. Villela:

Please find enclosed the following concerning the above referenced matter:

- Medical report from Willis Knighton South for services rendered on February 11, 2018;
- Medical report from Willis Knighton Pierremont for services rendered on February 12, 2018;
- Medical report from Dr. Clint Cormier of Regional Perinatal Group for services rendered on March 6, 2018 with invoice for charges of $806.00;
- Wage information from Magnolia School of Excellence indicating the days absent due to this accident of February 12, 13, 14, 15, 2018.

Sincerely,

[redacted]

William R. Long

WRL/bm
Enclosure

[redacted]

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Willis Knighton South
2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for: [redacted]

Arrival Date: 02/11/2018 16:56
Care Complete Time: 02/11/2018 19:09

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Denham, Sean, MD
Diagnosis: Smoke Inhalation

DISCHARGE INSTRUCTIONS	FORMS
Abdominal Pain During Pregnancy Smoke Inhalation, Mild	None
FOLLOW UP INSTRUCTIONS	**PRESCRIPTIONS**
Private Physician When: ASAP; Reason: Recheck today's complaints	ZOFRAN ODT
SPECIAL NOTES	
None	

X-RAYS and LAB TESTS:
If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:
If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Patient Copy

[redacted]

FOLLOW UP INSTRUCTIONS

Private Physician
When: ASAP
Reason: Recheck today's complaints

PRESCRIPTIONS

TESTS AND PROCEDURES

Labs
Carboxyhemoglobin

Rad
CHEST 1 VIEW+XR*shield abdomen*, US, OB less than 14wk

Procedures
oxygen

Other
Oxygen 100% via NRB, Call Ultrasound Tech, OTHER: STOP NRB- CHANGE TO NC 2L

[redacted]

Abdominal Pain During Pregnancy

Abdominal pain is common in pregnancy. Most of the time, it does not cause harm. There are many causes of abdominal pain. Some causes are more serious than others. Some of the causes of abdominal pain in pregnancy are easily diagnosed. Occasionally, the diagnosis takes time to understand. Other times, the cause is not determined. Abdominal pain can be a sign that something is very wrong with the pregnancy, or the pain may have nothing to do with the pregnancy at all. For this reason, always tell your health care provider if you have any abdominal discomfort.

HOME CARE INSTRUCTIONS

Monitor your abdominal pain for any changes. The following actions may help to alleviate any discomfort you are experiencing:

Do not have sexual intercourse or put anything in your vagina until your symptoms go away completely.
Get plenty of rest until your pain improves.
Drink clear fluids if you feel nauseous. Avoid solid food as long as you are uncomfortable or nauseous.
Only take over-the-counter or prescription medicine as directed by your health care provider.
Keep all follow-up appointments with your health care provider.

SEEK IMMEDIATE MEDICAL CARE IF:

You are bleeding, leaking fluid, or passing tissue from the vagina.
You have increasing pain or cramping.
You have persistent vomiting.
You have painful or bloody urination.
You have a fever.
You notice a decrease in your baby's movements.
You have extreme weakness or feel faint.
You have shortness of breath, with or without abdominal pain.
You develop a severe headache with abdominal pain.
You have abnormal vaginal discharge with abdominal pain.
You have persistent diarrhea.
You have abdominal pain that continues even after rest, or gets worse.

MAKE SURE YOU:

Understand these instructions.
Will watch your condition.
Will get help right away if you are not doing well or get worse.

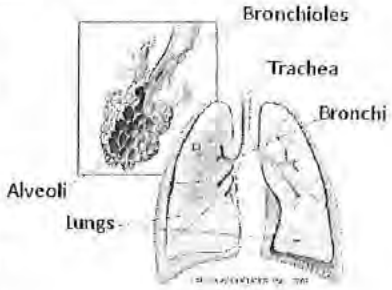
This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 04/10/2017 Document Reviewed: 07/17/2014

[redacted]

Smoke Inhalation, Mild

Smoke inhalation means that you have breathed in smoke. Exposure to hot smoke from a fire can damage all parts of your airway including your nose, mouth, throat (*trachea*), and lungs. If you received a burn injury on the outside of your body from a fire, you are also at risk of having a smoke inhalation injury in your airways.



SIGNS AND SYMPTOMS

The symptoms of smoke inhalation injury are often delayed for up to a day after exposure and usually improve quickly. Symptoms may include:

- Sore throat.
- Cough, including coughing up black material that looks burnt (*carbonaceous sputum*).
- Wheezing or abnormal noises when you inhale (*stridor*).
- Chest pain.
- Trouble breathing.

RISK FACTORS

Patients with chronic lung disease or a history of alcohol abuse are at higher risk for serious complications from smoke inhalation.

DIAGNOSIS

Your health care provider may suspect smoke inhalation injury based on the history of exposure, symptoms, and physical findings. Your health care provider may perform other tests such as:

- Chest X-ray exams or CT scans.
- Inspection of your airway (*laryngoscopy or bronchoscopy*).
- Blood tests.

Further medical evaluation and hospital care may be needed if your symptoms get worse over the next 1–2 days.

TREATMENT

If you have breathing difficulty from the smoke inhalation, you may be admitted to the hospital for overnight observation. If severe breathing trouble develops, a breathing tube may be needed to help you breathe. You also may be treated with supplemental oxygen therapy.

HOME CARE INSTRUCTIONS

- **Do not** return to the area of the fire until the proper authorities tell you it is safe.
- **Do not** smoke.
- **Do not** drink alcohol until approved by your health care provider.
- Drink enough water and fluids to keep your urine clear or pale yellow.
- Get plenty of rest for the next 2–3 days.
- Only take over-the-counter or prescription medicines for pain, fever, or discomfort as directed by your health care provider.
- Follow up with your health care provider as directed.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have wheezing, difficulty breathing, a continuous cough, or increased spit.
- You have severe chest pain or headache.

[redacted]

You have nausea or vomiting.
You have shortness of breath with your usual activities. Your heart seems to beat too fast with minimal exercise.
You become confused, irritable, or unusually sleepy.
You experience dizziness.
You develop any breathing problems that are worsening rather than improving.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/15/2001 Document Revised: 10/08/2014 Document Reviewed: 07/22/2014

ONDANSETRON DISINTEGRATING TABLET - ORAL

PRONOUNCED:(on-DANCE-eh-tron)
COMMON BRAND NAME(S): Zofran ODT

USES: This medication is used alone or with other medications to prevent nausea and vomiting caused by cancer drug treatment (chemotherapy) and radiation therapy. It is also used to prevent and treat nausea and vomiting after surgery. Ondansetron works by blocking one of the body's natural substances (serotonin) that causes vomiting.

HOW TO USE: This medication is dissolved on top of the tongue. It is not meant to be chewed or swallowed like other tablet forms. Dry your hands before using this medication. This medication may come in a bottle or a blister pack. If using the blister pack, peel back the foil on the blister pack to remove a tablet. Do not push the tablet through the foil. Immediately after removing the tablet, place it on the tongue. Allow it to dissolve completely, then swallow it with saliva. You do not need to take this product with water. Doing so may increase your chance of getting a headache. To prevent nausea from chemotherapy, take this medication usually within 30 minutes before treatment begins. To prevent nausea from radiation treatment, take this medication 1 to 2 hours before the start of your treatment. To prevent nausea after surgery, take ondansetron 1 hour before the start of surgery. This medication may be taken with or without food. However, your doctor may tell you not to eat before chemotherapy, radiation, or surgery. Take any other doses as directed by your doctor. Ondansetron may be taken up to 3 times a day for 1 to 2 days after your chemotherapy or radiation treatment is finished. If you are taking this medication on a prescribed schedule, take it regularly in order to get the most benefit from it. To help you remember, take it at the same times each day. Dosage is based on your medical condition and response to therapy. The dosage for children may also be based on age and weight. In patients with severe liver problems, the usual maximum dose is 8 milligrams in 24 hours. Take this medication exactly as directed. Do not take more medication or take it more often than prescribed. Ask your doctor or pharmacist if you have questions. Inform your doctor if your condition does not improve or if it worsens.

SIDE EFFECTS: Headache, lightheadedness, dizziness, drowsiness, tiredness, or constipation may occur. If these effects persist or worsen, notify your doctor promptly. Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor right away if any of these unlikely but serious side effects occur: stomach pain, muscle spasm/stiffness, vision changes (e.g., temporary loss of vision, blurred vision). Get medical help right away if any of these rare but very serious side effects occur: chest pain, slow/fast/irregular heartbeat, severe dizziness, fainting. This medication may increase serotonin and rarely cause a very serious condition called serotonin syndrome/toxicity. The risk increases if you are also taking other drugs that increase serotonin, so tell your doctor or pharmacist of all the drugs you take (see Drug Interactions section). Get medical help right away if you develop some of the following symptoms: fast heartbeat, hallucinations, loss of coordination, severe dizziness, severe nausea/vomiting/diarrhea, twitching muscles, unexplained fever, unusual agitation/restlessness. A very serious allergic reaction to this drug is unlikely, but stop taking this medication and seek immediate medical attention if it occurs. Symptoms of a serious allergic reaction include: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist. In the US - Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or at www.fda.gov/medwatch. In Canada - Call your doctor for medical advice about side effects. You may report side effects to Health Canada at 1-866-234-2345.

[redacted]

PRECAUTIONS: Before taking ondansetron, tell your doctor or pharmacist if you are allergic to it; or to other anti-nausea serotonin blockers (e.g., granisetron); or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. Before using this medication, tell your doctor or pharmacist your medical history, especially of: irregular heartbeat, liver disease, stomach/intestinal problems (e.g., recent abdominal surgery, ileus, swelling). Ondansetron may cause a condition that affects the heart rhythm (QT prolongation). QT prolongation can rarely cause serious (rarely fatal) fast/irregular heartbeat and other symptoms (such as severe dizziness, fainting) that need medical attention right away. The risk of QT prolongation may be increased if you have certain medical conditions or are taking other drugs that may cause QT prolongation. Before using ondansetron, tell your doctor or pharmacist of all the drugs you take and if you have any of the following conditions: certain heart problems (heart failure, slow heartbeat, QT prolongation in the EKG), family history of certain heart problems (QT prolongation in the EKG, sudden cardiac death). Low levels of potassium or magnesium in the blood may also increase your risk of QT prolongation. This risk may increase if you use certain drugs (such as diuretics/"water pills") or if you have conditions such as severe sweating, diarrhea, or vomiting. Talk to your doctor about using ondansetron safely. This drug may make you dizzy or drowsy. Alcohol or marijuana can make you more dizzy or drowsy. Do not drive, use machinery, or do anything that needs alertness until you can do it safely. Avoid alcoholic beverages. Talk to your doctor if you are using marijuana. To minimize dizziness and lightheadedness, get up slowly when rising from a sitting or lying position. This medicine may contain aspartame. If you have phenylketonuria (PKU) or any other condition that requires you to restrict your intake of aspartame (or phenylalanine), consult your doctor or pharmacist regarding the safe use of this medicine. Older adults may be more sensitive to the side effects of this drug, especially QT prolongation (see above). This medication should be used only when clearly needed during pregnancy. Discuss the risks and benefits with your doctor. It is not known whether this drug passes into breast milk. Consult your doctor before breast-feeding.

DRUG INTERACTIONS: Your healthcare professionals (e.g., doctor or pharmacist) may already be aware of any possible drug interactions and may be monitoring you for them. Do not start, stop or change the dosage of any medicine before checking with them first. This drug should not be used with the following medication because a very serious interaction may occur: apomorphine. If you are currently using the medication listed above, tell your doctor or pharmacist before starting ondansetron. Before using this medication, tell your doctor of all nonprescription and prescription medication you may use, especially of: tramadol. Ask your doctor or pharmacist for more details. Many drugs besides ondansetron may affect the heart rhythm (QT prolongation), including dofetilide, pimozide, procainamide, amiodarone, quinidine, sotalol, macrolide antibiotics (such as erythromycin), among others. Therefore, before using ondansetron, report all medications you are currently using to your doctor or pharmacist. The risk of serotonin syndrome/toxicity increases if you are also taking other drugs that increase serotonin. Examples include street drugs such as MDMA/"ecstasy," St. John's wort, certain antidepressants (including SSRIs such as fluoxetine/paroxetine, SNRIs such as duloxetine/venlafaxine), among others. The risk of serotonin syndrome/toxicity may be more likely when you start or increase the dose of these drugs. This document does not contain all possible interactions. Therefore, before using this product, tell your doctor or pharmacist of all the products you use. Keep a list of all your medications with you, and share the list with your doctor and pharmacist.

OVERDOSE: If someone has overdosed and has serious symptoms such as passing out or trouble breathing, call 911. Otherwise, call a poison control center right away. US residents can call their local poison control center at 1-800-222-1222. Canada residents can call a provincial poison control center.

NOTES: Do not share this product with others. Laboratory and/or medical tests (such as EKG) should be performed periodically to monitor your progress or check for side effects. Consult your doctor for more details.

MISSED DOSE: Try to take each dose at the scheduled time. If you miss a dose, take it as soon as you remember unless it is near the time for the next dose. In that case, skip the missed dose and resume your usual dosing schedule. Do not double the dose to catch up.

STORAGE: The dissolving tablets may be stored in the refrigerator or at room temperature between 36-86 degrees F (2-30 degrees C). Store away from light and moisture. Do not store in the bathroom. Keep all medicines out of reach of children and pets. Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company for more details about how to safely discard your product.

[redacted]

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Willis Knighton Pierremont Health Center

Nausea and Vomiting, Adult

Nausea is the feeling that you have an upset stomach or have to vomit. As nausea gets worse, it can lead to vomiting. Vomiting occurs when stomach contents are thrown up and out of the mouth. Vomiting can make you feel weak and cause you to become dehydrated. Dehydration can make you tired and thirsty, cause you to have a dry mouth, and decrease how often you urinate. Older adults and people with other diseases or a weak immune system are at higher risk for dehydration. It is important to treat your nausea and vomiting as told by your health care provider.

HOME CARE INSTRUCTIONS

Follow instructions from your health care provider about how to care for yourself at home.

Eating and Drinking

Follow these recommendations as told by your health care provider:

Take an oral rehydration solution (ORS). This is a drink that is sold at pharmacies and retail stores.
Drink clear fluids in small amounts as you are able. Clear fluids include water, ice chips, diluted fruit juice, and low-calorie sports drinks.
Eat bland, easy-to-digest foods in small amounts as you are able. These foods include bananas, applesauce, rice, lean meats, toast, and crackers.
Avoid fluids that contain a lot of sugar or caffeine, such as energy drinks, sports drinks, and soda.
Avoid alcohol.
Avoid spicy or fatty foods.

General Instructions

Drink enough fluid to keep your urine clear or pale yellow.
Wash your hands often. If soap and water are not available, use hand sanitizer.
Make sure that all people in your household wash their hands well and often.
Take over-the-counter and prescription medicines only as told by your health care provider.
Rest at home while you recover.
Watch your condition for any changes.
Breathe slowly and deeply when you feel nauseated.
Keep all follow-up visits as told by your health care provider. This is important.

SEEK MEDICAL CARE IF:

You have a fever.
You cannot keep fluids down.
Your symptoms get worse.
You have new symptoms.
Your nausea does not go away after two days.
You feel light-headed or dizzy.
You have a headache.
You have muscle cramps.

SEEK IMMEDIATE MEDICAL CARE IF:

You have pain in your chest, neck, arm, or jaw.
You feel extremely weak or you faint.

[redacted]

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WILLIAM R. LONG
ATTORNEY AT LAW

(318) 797-8288
Fax (318) 797-8285

2250 Hospital Drive
Suite 216
Bossier City, Louisiana 71111

E-Mail: wrlong@longlyons.com

March 8, 2018

Dr. Clint Cormier
Regional Perinatal Group
Attn: Release of Information
2508 Bert Kouns, Suite 210
Shreveport, LA 71118

Re: [redacted]
DOB:
SSN:
DOA: 02-11-18

Dear Sir or Madam:

Please be advised that this office represents the above-referenced claimant in regards to an accident that occurred on ***February 11, 2018***. I request that you provide copies of any and all medical information, including any medical narrative that may be available to be used in my client's claim. **Please also include all billing** from February 11, 2018 to the present regarding my client.

Please do not hesitate in contacting us should you have any questions about this matter or need any additional information. I have enclosed a medical authorization signed by our client for the release of this information.

Sincerely,

[redacted]

William R. Long

WRL/bm
Enclosure

[redacted]

WILLIAM R. LONG
ATTORNEY AT LAW

(318) 797-8288
Fax (318) 797-8285

2250 Hospital Drive
Suite 216
Bossier City, Louisiana 71111

E-Mail: wrlong@longlyons.com

March 8, 2018

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Sincerely,

William R. Long

WRL/bm
Enclosure

[redacted]

Make Checks Payable To:

WK Regional Perinatal Group
2508 Bert Kouns Ind Loop
Suite 210
Shreveport, LA 71118-3133

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
Check Card Using For Payment		
☐ American Express ☐ Discover ☐ Mastercard ☐ Visa		
Card Number	CVV	Amount
Signature		Exp. Date

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
03/12/2018	$0.00	13078
Tax id: 264568639	SHOW AMOUNT PAID HERE $	

ADDRESSEE:
[redacted]
Shreveport, LA [redacted]
USA

REMIT TO:
WK Regional Perinatal Group
2508 Bert Kouns Ind Loop
Suite 210
Shreveport, LA 71118-3133
USA
(318) 212-5860

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DAIG	DESCRIPTION OF SERVICE	AMOUNT
03/06/18	[redacted]	Cormier, Clint	36415	O09.212	Routine Venipunct/finger/heel	$7.00
03/06/18		Cormier, Clint	99214-25	O09.212	Offic/outpt E&m Estab Mod-hi 2	$202.00
03/06/18		Cormier, Clint	76811	O09.212	rtu pg utrus fetl anat abd;1/1	$391.00
03/06/18		Cormier, Clint	76817	O09.212	rtu pg utrus w/imag doc transv	$206.00

Account Number	Charges	Payments	Refunds Adjustments	Estimated Balance Due From Insurance	Balance Due From Patient
[redacted]	$806.00	$0.00	$0.00	$806.00	$0.00

MESSAGE:
This serves as your payment receipt, please retain for your records.

Please Pay This
AMOUNT >>>> $0.00

** PAYMENT DUE UPON RECEIPT *THANK YOU **
ENCOUNTER INVOICE

[redacted]

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

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March 08, 2018

MAGNOLIA
SCHOOL OF EXCELLENCE

To whom it concerns,

This letter is to serve as a statement that [redacted] did not work on Februray 12th, 13th, 14th & 15th, 2018. I have attached a copy of Mrs [redacted] timecard as documentation.

Please contact me if you have any additional questions.

Thank you!

[redacted]

Telesia Laurence

School Operations Administrator

(318) 703-5585 Ext 1004

[redacted]

Telesia Laurence

Launch Pad | Messages(173) | My Timesheet | Last Timesheet | Daily Time | Leave | My Leave | Time Off Approval | Team Time Calendar

You can only edit timesheets for days that occur after the 'Lock Down Date' of the pay group.

Timesheet [ ] Load 02/01/2018 - 02/17/2018

Employee: [redacted] Selected Employees

	Scheduled	Worked	Auth By	Shift	Start	End	Clocks	Time Code Summary	Hou
02/01/2018 Thu	08:30	08:30	AUTO	07:30AM-04:00PM 30M	7:30a	4:00p	07:15a | 4:15p	WRK 8:30, MEAL 0:30	REC
02/02/2018 Fri	08:30	08:30	AUTO	07:30AM-04:00PM 30M	7:30a	4:00p	07:15a | 4:15p	WRK 8:30, MEAL 0:30	REC
02/03/2018 Sat			AUTO	OFF					
02/04/2018 Sun			AUTO	OFF					UNF
02/05/2018 Mon	08:30	08:30	AUTO	07:30AM-04:00PM 30M	7:30a	4:00p	07:15a | 4:15p	WRK 8:30, MEAL 0:30	REC
02/06/2018 Tue	08:30	08:30	AUTO	07:30AM-04:00PM 30M	7:30a	4:00p	07:15a | 4:15p	WRK 8:30, MEAL 0:30	REC
02/07/2018 Wed	08:30	08:30	AUTO	07:30AM-04:00PM 30M	7:30a	4:00p	07:15a | 4:15p	WRK 8:30, MEAL 0:30	REC
02/08/2018 Thu	08:30	08:30	AUTO	07:30AM-04:00PM 30M	7:30a	4:00p	07:15a | 4:15p	WRK 8:30, MEAL 0:30	REC
02/09/2018 Fri	08:30	08:30	AUTO	07:30AM-04:00PM 30M	7:30a	4:00p	07:15a | 4:15p	WRK 8:30, MEAL 0:30	REC
02/10/2018 Sat			AUTO	OFF					
02/11/2018 Sun			AUTO	OFF					
02/12/2018 Mon	08:30		AUTO	07:30AM-04:00PM 30M	7:30a	4:00p		UAT 8:30	UNF
02/13/2018 Tue	08:30		AUTO	07:30AM-04:00PM 30M	7:30a	4:00p		UAT 8:30	UNF
02/14/2018 Wed	08:30		AUTO	07:30AM-04:00PM 30M	7:30a	4:00p		UAT 8:30	UNF
02/15/2018 Thu	08:30		AUTO	07:30AM-04:00PM 30M	7:30a	4:00p		UAT 8:30	UNF
02/16/2018 Fri	08:30		AUTO	07:30AM-04:00PM 30M	7:30a	4:00p		WRK 8:30, MEAL 0:30	REC

Submit Page 1 of 2 Show Edits

Time clock stamps days missed [redacted]

Irvine, CA

CARFAX® Vehicle History Report™

An independent company established in 1986

US $39.99

Vehicle Information:
2017 KIA SPORTAGE LX
VIN: KNDPM3ACXH[redacted]
4 DOOR WAGON/SPORT UTILITY
2.4L I4 F DOHC 16V
GASOLINE
FRONT WHEEL DRIVE
Standard Equipment | **Safety Options**

CARFAX Report Provided By:
Kia Motors America
111 Peters Canyon Rd
Irvine, CA 92606
949-468-4800

- No accidents reported to CARFAX
- No other damage reported to CARFAX
- CARFAX 1-Owner vehicle
- Rental vehicle
- Last owned in Louisiana
- 1 Last reported odometer reading

This CARFAX Vehicle History Report is based only on information supplied to CARFAX and available as of 2/13/18 at 2:19:57 PM (EST). Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.

CARFAX Ownership History

The number of owners is estimated

	Owner 1
Year purchased	2016
Type of owner	Rental
Estimated length of ownership	1 yr. 2 mo.
Owned in the following states/provinces	Louisiana
Estimated miles driven per year	---
Last reported odometer reading	1

CARFAX 1 OWNER

CARFAX Title History

CARFAX guarantees the information in this section

	Owner 1
Salvage | Junk | Rebuilt | Fire | Flood | Hail | Lemon	Guaranteed No Problem
Not Actual Mileage | Exceeds Mechanical Limits	Guaranteed No Problem

BUYBACK GUARANTEE

GUARANTEED - None of these major title problems were reported by a state Department of Motor Vehicles (DMV). If you find that any of these title problems were reported by a DMV and not included in this report, CARFAX will buy this vehicle back. **Register** | **View Terms**

CARFAX Additional History

Not all accidents / issues are reported to CARFAX

	Owner 1
Total Loss No total loss reported to CARFAX.	No Issues Reported
Structural Damage	No Issues R[redacted]

No structural damage reported to CARFAX.	✓
Airbag Deployment No airbag deployment reported to CARFAX.	✓ No Issues Reported
Odometer Check No indication of an odometer rollback.	✓ No Issues Indicated
Accident / Damage No accidents or damage reported to CARFAX.	✓ No Issues Reported
Manufacturer Recall No open recalls reported to CARFAX.	✓ No Recalls Reported

CARFAX Detailed History

Glossary

Owner 1

Purchased:	2016
Type:	Rental
Where:	Louisiana
Est. length owned:	11/21/16 - present (1 yr, 2 mo.)

Date:	Mileage:	Source:	Comments:
11/21/2016		Louisiana Motor Vehicle Dept.	Vehicle purchase reported Titled or registered as rental vehicle
02/21/2017	1	Louisiana Motor Vehicle Dept. Shreveport, LA	Title issued or updated First owner reported Vehicle color noted as White
01/08/2018		Louisiana Motor Vehicle Dept. Shreveport, LA	Registration issued or renewed Vehicle color noted as White

Have Questions? Consumers, please visit our Help Center at www.carfax.com. Dealers or Subscribers, please visit our Help Center at www.carfaxonline.com.

CARFAX Glossary

View Full Glossary

First Owner
When the first owner(s) obtains a title from a Department of Motor Vehicles as proof of ownership.

Ownership History
CARFAX defines an owner as an individual or business that possesses and uses a vehicle. Not all title transactions represent changes in ownership. To provide estimated number of owners, CARFAX proprietary technology analyzes all the events in a vehicle history. Estimated ownership is available for vehicles manufactured after 1991 and titled solely in the US including Puerto Rico. Dealers sometimes opt to take ownership of a vehicle and are required to in the following states: Maine, Massachusetts, New Jersey, Ohio, Oklahoma, Pennsylvania and South Dakota. Please consider this as you review a vehicle's estimated ownership history.

Rental
Vehicle was registered by a rental agency.

Title Issued
A state issues a title to provide a vehicle owner with proof of ownership. Each title has a unique number. Each title or registration record on a CARFAX report does not necessarily indicate a change in ownership. In Canada, a registration and bill of sale are used as proof of ownership.

Follow Us: facebook.com/CARFAX @CarfaxReports CARFAX on Google+

2/13/18 2:19:57 PM (EST)

PL REPURCHASE / REPLACEMENT CHECKLIST

Customer: Airline car rental Inc.	VRS / Siebel #: 12741 / 12629726

Customer currently in rental until check issued?	YES (NO)
Date package sent to NCA	07/02/18
Date NCA reviewed package	

√	TYPE OF CASE – CHECK ONE	
☐	Requested by NCA/PQ Dept.	Currently accumulating storage fees? YES NO
☑	Product Liability/Subrogation Settlement	Currently accumulating storage fees? YES (NO)
☐	Legal Settlement by KMA Legal Dept.	Hard compliance date:

√	Check and include all documents that apply in order listed below
☑	Checklist
☑	Customer Offer Letter / Subrogation Demand / ADL / Settlement Letter
☑	Sales Documents – Original Vehicle – Sales/Lease Contract & Invoice (or copy of Screen 1 from the Vehicle Master)
☐	VIN Incentive History from KIAS 2 – Original vehicle
☐	Lien Holder Payoff information and signed Loan Authorization Form
☐	Current vehicle registration (or copy of title if vehicle is free and clear)
☐	Vehicle Replacement Authorization (if applicable)
☐	Replacement Vehicle Invoice (if applicable)
☐	Replacement Vehicle RDR (copy of Screen 2 from the Vehicle Master showing same sales type as listed on Vehicle Replacement Authorization)
☐	VIN Incentive History from KIAS 2 – Replacement vehicle
☐	Copy of Cause and Origin Report (if applicable)
☐	Copy of subrogation costs (breakdown/proof of payment if applicable)
☑	Copy of accident report or fire report (if applicable)
☑	TL Siebel Reports Included in Package (if applicable)
☐	FTS Inspection Report (if applicable)
☑	Warranty History & Campaign (Recall) List Showing Completed and Open Recalls
☐	Repair Orders
	SCRAP VEHICLES
☐	Repair estimate
☑	KBB value
☑	Photos of vehicle
☑	Copy of VRS Screens and CA Siebel Case Reports

[redacted]

7/02/18 Kia Motors America VILLELAG
9:21:55 **Manual Check/Wire Request** CSD03007

Case: [redacted] Clrfy: 12629726 KNDPM3ACXH[redacted] AIRLINE CA RENTAL INC.
Resp DLR: 90202 Dist: 98 Region: NA Model: 2017 SPORTAGE LX FWD Mile: 25783
ROADSIDE TOW CLAIMS Warranty Start Date: 1/ 1/17

==========

Repurchase Type?: **PL** Product Liability Settlement
Reason for Repur: **EN** ENGINE (MISC) Part#: 212X2 2GH00
# of Complaints for above reason: **01** times ENGINE ASSY-SHORT
Total Days Down: **001** DTC(if any):
Main Issue of Repur: **SP** - SETTLEMENT - PROD LIABILITY

==========

REPURCHASE COMMENTS(KCR) **(Include All Payee's Name and Address)**

07/02/18 GV: AVIS RENTAL CALLED KMA IN REGARDS TO CUSTOMER BRING BACK VEHICLE AFTER THE VEHICLE WAS SMOKING. ONCE THE VEHICLE WAS AT AVIS RENTAL , THE VEHICLE UNDER WENT A THERMAL EVENT. KMA SET UP INSPECTION WITH ENGINEER. ENGINEER WENT OUT TO INSPECT VEHICLE. ENGINEER ADVISED COULD NOT FIND CONCERN WITH THERMAL EVENT, HOWEVER ADVISED TO COVER AS A GESTURE OF GOODWILL. KMA OFFERED AVIS REPURCHASE OF THIER VEHICLE FOR VALUE OF $17,587.18.

****

CHECKS PAYABLE AS FOLLOWS:

AIRLINE CAR RENTAL INC. $17,587.18
5207 MONKHOUSE DRIVE
SHREVEPORT, LA 71109

==========

Date Date

VILLELAG [redacted] 07/02/18

BRAD HOLT _____ MICHELE CAMERON _____

_____ [redacted]

7/02/18 Kia Motors America VILLELAG
9:21:55 **Vehicle Repurchase Information I** CSD03001
Case: [redacted] Clrfy: 12629726 KNDPM3ACXH[redacted] AIRLINE CA RENTAL INC.
Resp DLR: 90202 Dist: 98 Region: NA Model: 2017 SPORTAGE LX FWD Mile: 25783
ROADSIDE TOW CLAIMS Warranty Start Date: 1/ 1/17

Repurchase Type?: **PL** Product Liability Settlement
Date Decision Made: 7/ 2/18 Dlr Cost(Inv) $ 22,400.00
Date Regn C/A Rcvd Pkg: 7/ 2/18 Book Value $
CE:(Y/N) N New VIN?: Gr Repr Exp $ 17,587.18
Credit $
RCA Representative: VILLELAG ACV Recovry Amt $
Current KMA Expense $ 17,587.18

Initial Dlr to Buy/Other DLR to by veh: N KMC Recovry Amt $
Sold by Auct:(Y/N) Y KMA Nt Repr Exp $ 17,587.18
Date sent to NAT: / /00
Date NAT Request Rcvd: / /00
KMA Chk Issue Date: / /00 Check #: 0000000 Last Mod By VILLELAG
Date KMA Check Mailed to Region: / /00 Last Mod date 07/02/18
Date Region Rcvd KMA Chk: / /00
Date ACV Recovery Chk/Crd Sent to NAT: / /00
Date ACV Recovery Chk/Crd Rcvd: / /00 Vendor Claim:
Date Closed Region: Date Closed National:

[redacted]

7/02/18 Kia Motors America VILLELAG
9:21:55 **Vehicle Repurchase Information II** CSD03002
Case: [redacted] Clrfy: 12629726 KNDPM3ACXH[redacted] AIRLINE CA RENTAL INC.
Resp DLR: 90202 Dist: 98 Region: NA Model: 2017 SPORTAGE LX FWD Mile: 25783
ROADSIDE TOW CLAIMS Warranty Start Date: 1/ 1/17

Is delivering dealer buying trade:
USED CAR GUIDE (Mon/Yr): / 00 Book Value (WBV) $
Date Avail for Sale: /00/00 Floor Amount (Auct) $
Floor Amt to Book Value: % Actual Sold Date: /00/00
Gross Sales Price: $ Grss Sls Prc to Bk Value: %
Owner State?: LA
Title Branding Required:(Y/N) Y Date Title Received: / /00
Date Disclosure Received: / /00
Date Release Received: / /00
State Provisions for Subsequent Buyer:(Y/N) N
Current Location?: Arrived: 00 / 00 / 00 Sts?: Updt: 00 / 00 / 00
Auction Location: Arrived: 00 / 00 / 00 Sts?: Updt: 00 / 00 / 00
Salvage Yard: Arrived: 00 / 00 / 00 Sts?: Updt: 00 / 00 / 00
Disposition Comments:

[redacted]

7/02/18 Kia Motors America VILLELAG
9:21:55 **Vehicle Repurchase Question/Answer I** CSD03003
Case: [redacted] Clrfy: 12629726 KNDPM3ACXH[redacted] AIRLINE CA RENTAL INC.
Resp DLR: 90202 Dist: 98 Region: NA Model: 2017 SPORTAGE LX FWD Mile: 25783
ROADSIDE TOW CLAIMS Warranty Start Date: 1/ 1/17

YEAR: 2017
2. USED CAR GUIDE Book Name: KBB Dlr Cost(Inv) $ 22,400.00
Month/Year: 7/18 Page: 1 Book Value(Base Book) $

DESCRIPTION		DESCRIPTION	
ADD	$		$
	$		$
	$		$
	$		$ Add $
DED	$		$
	$		$ Ded $
			Book Value (WBV) $

[redacted]

7/02/18 Kia Motors America VILLELAG
9:21:55 **Vehicle Repurchase Question/Answer II** CSD03004
Case: [redacted] Clrfy: 12629726 KNDPM3ACXH[redacted] AIRLINE CA RENTAL INC.
Resp DLR: 90202 Dist: 98 Region: NA Model: 2017 SPORTAGE LX FWD Mile: 25783
ROADSIDE TOW CLAIMS Warranty Start Date: 1/ 1/17

(7A) CASH PRICE ORIGINAL VEHICLE Sales Price $ 17,587.18
Sales Tax $
License/State Fees $
Dlr Document Fees $
Other Interest Paid to Date $

DESCRIPTION	ADD	DESCRIPTION	ADD
	$		$
	$		$
	$		$ Sub Tot $

DLR or Cust Owe KIA $
Gross Repurchase Value = $ 17,587.18

(7B) DEDUCTIONS Mileage $
Other Dealer Contribution $

DESCRIPTION	DEDUCT	DESCRIPTION	DEDUCT
	$		$
	$		$ Sub Tot $
DEALER REBATE:	$		Total Deductions = $

(7A MINUS 7B = 7C) (7C) Net Repurchase Value $ 17,587.18

[redacted]

7/02/18 Kia Motors America VILLELAG
9:21:55 **Vehicle Repurchase Book Information** CSD03006
Case: [redacted] Clrfy: 12629726 KNDPM3ACXH7[redacted] AIRLINE CA RENTAL INC.
Resp DLR: 90202 Dist: 98 Region: NA Model: 2017 SPORTAGE LX FWD Mile: 25783
ROADSIDE TOW CLAIMS Warranty Start Date: 1/ 1/17

ITEMIZED DISBURSEMENT AMOUNTS (must be completed)

	Amount being paid by dealer to purchase buyback	$	
	Amount of Check Payable Dealer Dealer Code?:	$	
	Check Payable Lienholder	$	
	Check Payable Customer	$	
	Check Payable to Other	$	17,587.18
=	Gross Repurchase Expense	$	17,587.18
-	Credit Amount	$	
-	LESS ACV Recovery Amount	$	
=	Current KMA Expense	$	17,587.18
-	LESS KMC Recovery Amount KMA Sbm Date: / / 00	$	
=	KMA Net Repurchase Expense	$	17,587.18

The Gross Repurchase Expense is the "Net Repurchase Value" from the Repurchase Calculation Section (Scr 7) or the "Net New Vehicle Value" from the Exchange of Collateral Section (Scr 8).
Nt Repr Value $ 17,587.18 Nt New Veh Value $

[redacted]

7/02/18 KIA MOTORS AMERICA VSD00402
09:29:39 **Vehicle Master Inquiry - General Information** VILLELAG

Year: 2017 Model: 42222 Serial#: 195282 Full VIN: KNDPM3ACXH[redacted]
Ext/Int: UD WHITE WK BLACK Engine: G4KJGH616857 Door Key: E0810
Accessory Code: 12 OPT: CF TSK

Inventory Status.....: RS RETAILED
Current Dealer.....: MN003A LUPIENT KIA

Port.....: MT MID TEXAS INLAND PROCESS CTR
Region.....: WF National Fleet Sales
Manifest.....: 331V6CECIL
Emission Code.....: 50
Allocation Dealer.....: MN003A LUPIENT KIA
Allocation Date/Number: 12/14/16 Ref#:
Fleet Flag/Contract#..:

MSRP Total.....: 24,115.00
Invoice Date/Number...: 12/29/16 0014424612
Draft Date/Amount.....: 0/00/00 22,400.00
Wholesale Date ..... : 1/01/17 Wholesale Return Date : 0/00/00

F3=Exit F12=Cancel F4=Prompt FSC F8=Vin History F9=Special Programs

[redacted]

Incident Report

[redacted]

Shreveport Fire Department

Basic

Alarm Date and Time	15:11:17 Sunday, February 11, 2018
Arrival Time	15:15:40
Controlled Date and Time	
Last Unit Cleared Date and Time	15:39:04 Sunday, February 11, 2018
Response Time	0:04:23
Priority Response	Yes
Completed	Yes
Reviewed	Yes
Release to Public	Yes
Shift	A
Incident Type	131 - Passenger vehicle fire
Initial Dispatch Code	VEHICLE
Aid Given or Received	N - None
Alarms	1
Action Taken 1	81 - Incident command
Action Taken 2	11 - Extinguish
Action Taken 3	86 - Investigate
Casualties	No
Apparatus - Suppression	2
Personnel - Suppression Personnel	3
Property Loss	$0.00
Contents Loss	$0.00
Hazardous Material Released	N - None
Mixed Use	NN - Not mixed use
Property Use	170 - Passenger terminal, other
Location Type	Address
Address	5103 HOLLYWOOD AV
City, State Zip	SHREVEPORT, LA 71109
District	SFD

Fire

Area of Origin	83 - Engine area, running gear, wheel area
Heat Source	UU - Undetermined
Item First Ignited	UU - Undetermined
Cause of Ignition	3 - Failure of equipment or heat source
Contribution To Ignition 1	UU - Undetermined
Human Factors	None
Suppression Factor 1	NNN - None
Mobile Equipment Involved	3 - Involved in ignition and burned
Mobile Equipment Type	11 - Passenger car.
Mobile Equipment Make	KI - Kia
Mobile Equipment Model	Sportage FE
Mobile Equipment Year	2017
Mobile Equipment VIN	KNDPM3ACXH[redacted]
Mobile Equipment License	[redacted]
Mobile Equipment State	LA

Narratives

Printed: 02/13/2018 15:08:55

[redacted]

Narratives	
Narrative Name	CAD Narrative
Narrative Type	CAD Narrative
Author	-,
Narrative Text	F1805188 E Type:FFIRE FIRE EMERGENCY Sub-Type:VEHICLE VEHICLE FIRE Disp: COMMENTS: SPECIAL ADDRESS COMMENT:SFD - ADD FA05 (TO EMS) AND FA04 TO ALL AIRPORT EVENTSWILL BE IN THE RENTAL CAR PARKING LOT..CAR IS SMOKING.. WHITE KIA SPORTAGE.. SEE FLAMESON THE BACKSIDE OF THE PARKING LOT..AVIS RENTAL CARDISPATCH HENDERSON WITH SECURITY ADVISED CAR ON FIRE 673-5385
Narrative Name	New Narrative
Narrative Type	Incident
Narrative Date	08:55:38 Monday, February 12, 2018
Author	13959 - Chambers, Curt L
Author Rank	FCAPT
Author Assignment	1
Narrative Text	Engine 16 arrived on scene of a vacant white KIA Sportage FE in the rental car parking lot on car. Engine 16 crew extingished the fire via booster line. After the fire was extinguished, the fire origin appeared behind the dashboard. The fire was contained to the hood and motor area. The car was left with the airport police.

End of Report

REVISED 2016

SHREVEPORT AIRPORT AUTHORITY
AIRPORT POLICE
INCIDENT REPORT FORM

NATURE OF REPORT:	xx Initial Report by Officer Action Taken By Supervisor Supplement Report		**TIME: 15:20** **DATE: February 11, 2018**
REPORTING OFFICER (S): OFC. S. Smith		**INCIDENT REPORT NUMBER:**	**18-057-03**
Nature of Incident:	Car Fire	**SUPERVISOR'S REVIEW:** __UNFOUNDED __PENDING XXCLEARED	
Incident Location:	Employee Parking Lot near Gate 3		

SYNOPSIS

On the above date and time, I, (OFC) S.Smith, was dispatched to a car fire in the employee parking lot adjacent to vehicle gate 3. Upon arrival, Engine 16 was already on scene extinguishing the fire to the vehicle's engine area. The vehicle, a white Kia Sportage Lic # [redacted] is a rental vehicle belonging to Avis/Budget rental agency. The driver of the vehicle [redacted], advised she rented the vehicle at 1400 hours and after 15 minutes of driving, she noticed black smoke coming from under the hood of the vehicle. She advised she called the Avis/Budget representative (Vincent Imoni) and told him that the vehicle was smoking and returned the vehicle back to the rental agency. Upon arrival, Ms. [redacted] advised the car was smoking very badly and instead of parking near other vehicles, she parked it in the employee parking lot where there weren't as many vehicles located. She advised she parked the vehicle, jumped out, and called 911.Ms [redacted] was then transported to Willis Knighton North by personal vehicle for Smoke Inhalation. Engine 16 cleared the scene at 1555hrs and the vehicle towed by Twin Cities towing.
Ms. [redacted] requested a refund of monies with Manager Melissa Webber

Contact information:
[redacted]
Shreveport, La [redacted]
[redacted]

Percy Myles	8034	2-11-18 1710 hrs	S. Smith [redacted]	0714
Shift Supervisor	Badge	Date/Time of Report	Reporting Officer	Badge

WKR090 KMA10351A KIA MOTORS AMERICA 7/02/2018
WKR116 VILLELAG **Campaign List by VIN** 09:31:53

Vehicle I.D : **KNDPM3ACXH[redacted]**

'C' Issue 'D' Number	Description	Dealer Code	Repair Date	Dealer Type
PUP750	PUP750 WIND NOISE GARNISH CORR	80109	12/22/2016	
PUP752	PUP752 TCU GEAR SHIFT LOGIC	80109	12/22/2016	
SA309A	SA309A ECV/EVAPORATOR TEMP SEN			
SA317A	SA317A INHIBITOR SWITCH REPLAC			

Bottom

C=Close D=Remove F3=Exit

[redacted]

7/02/18 Warranty Service Department VILLELAG
09:32:09 WARRANTY HISTORY INQUIRY KIAPROD
wsd079 In Service Date: 1/01/17
VIN No : KNDPM3ACXH[redacted] Model . . 42222
Series . SPORTAGE

	Repair Date	W T	Dlr No.	Repair Order#	Ver	Repair Labor Code	Causal Part	Mileage
_	12/22/16	R	80109	[redacted]	1 01		GARNISH ASSY-DELTA L	1
_	12/22/16	R	80109	[redacted]	1 01		ELECTRONIC CONTROL U	1

More...

I=Inquiry
F3=Exit F11=Summary/Detail

[redacted]

Irvine, CA

CARFAX® Vehicle History Report™

An independent company established in 1986

US $39.99

Vehicle Information:
2017 KIA SPORTAGE LX
VIN: KNDPM3ACXH[redacted]
4 DOOR WAGON/SPORT UTILITY
2.4L I4 F DOHC 16V
GASOLINE
FRONT WHEEL DRIVE
Standard Equipment | Safety Options

CARFAX Report Provided By:
Kia Motors America
111 Peters Canyon Rd
Irvine, CA 92606
949-468-4800

- No accidents reported to CARFAX
- No other damage reported to CARFAX
- CARFAX 1-Owner vehicle
- Rental vehicle
- Last owned in Louisiana
- 1 Last reported odometer reading

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Estimated miles driven per year	---
Last reported odometer reading	1

CARFAX 1 OWNER

CARFAX Title History

CARFAX guarantees the information in this section

	Owner 1
Salvage | Junk | Rebuilt | Fire | Flood | Hail | Lemon	**Guaranteed No Problem**
Not Actual Mileage | Exceeds Mechanical Limits	**Guaranteed No Problem**

BUYBACK GUARANTEE

GUARANTEED - None of these major title problems were reported by a state Department of Motor Vehicles (DMV). If you find that any of these title problems were reported by a DMV and not included in this report, CARFAX will buy this vehicle back.**Register | View Terms**

CARFAX Additional History

Not all accidents / issues are reported to CARFAX

	Owner 1
Total Loss No total loss reported to CARFAX.	No Issues Reported
Structural Damage	No Issues Reported

No structural damage reported to CARFAX.	☑
Airbag Deployment No airbag deployment reported to CARFAX.	☑ No Issues Reported
Odometer Check No indication of an odometer rollback.	☑ No Issues Indicated
Accident / Damage No accidents or damage reported to CARFAX.	☑ No Issues Reported
Manufacturer Recall No open recalls reported to CARFAX.	☑ No Recalls Reported

CARFAX Detailed History

Glossary

Owner 1

Purchased:	2016
Type:	Rental
Where:	Louisiana
Est. length owned:	11/21/16 - present (1 yr, 2 mo.)

Date:	Mileage:	Source:	Comments:
11/21/2016		Louisiana Motor Vehicle Dept.	Vehicle purchase reported Titled or registered as rental vehicle
02/21/2017	1	Louisiana Motor Vehicle Dept. Shreveport, LA	Title issued or updated First owner reported Vehicle color noted as White
01/08/2018		Louisiana Motor Vehicle Dept. Shreveport, LA	Registration issued or renewed Vehicle color noted as White

Have Questions? Consumers, please visit our Help Center at www.carfax.com. Dealers or Subscribers, please visit our Help Center at www.carfaxonline.com.

CARFAX Glossary

View Full Glossary

First Owner
When the first owner(s) obtains a title from a Department of Motor Vehicles as proof of ownership.

Ownership History
CARFAX defines an owner as an individual or business that possesses and uses a vehicle. Not all title transactions represent changes in ownership. To provide estimated number of owners, CARFAX proprietary technology analyzes all the events in a vehicle history. Estimated ownership is available for vehicles manufactured after 1991 and titled solely in the US including Puerto Rico. Dealers sometimes opt to take ownership of a vehicle and are required to in the following states: Maine, Massachusetts, New Jersey, Ohio, Oklahoma, Pennsylvania and South Dakota. Please consider this as you review a vehicle's estimated ownership history.

Rental
Vehicle was registered by a rental agency.

Title Issued
A state issues a title to provide a vehicle owner with proof of ownership. Each title has a unique number. Each title or registration record on a CARFAX report does not necessarily indicate a change in ownership. In Canada, a registration and bill of sale are used as proof of ownership.

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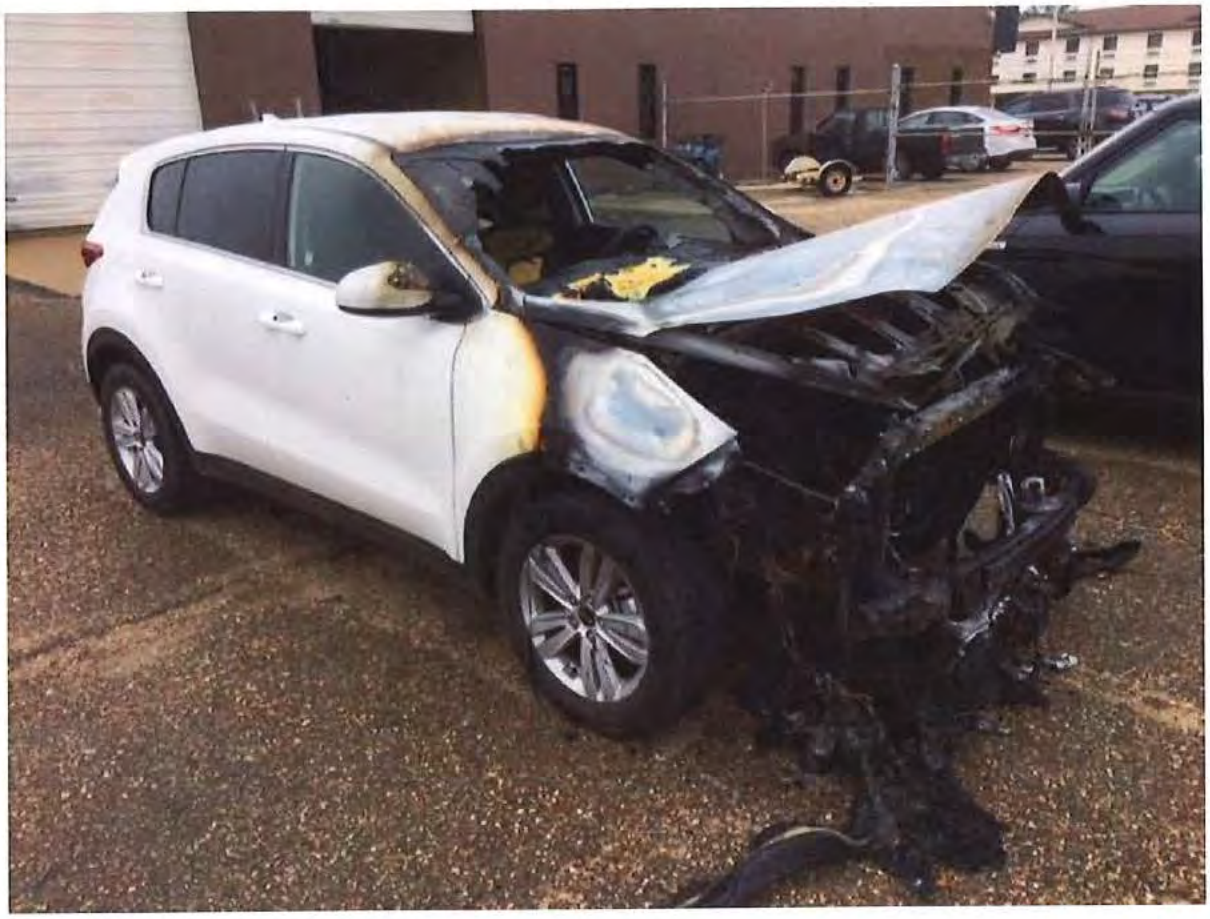
2/13/18 2:19:57 PM (EST)

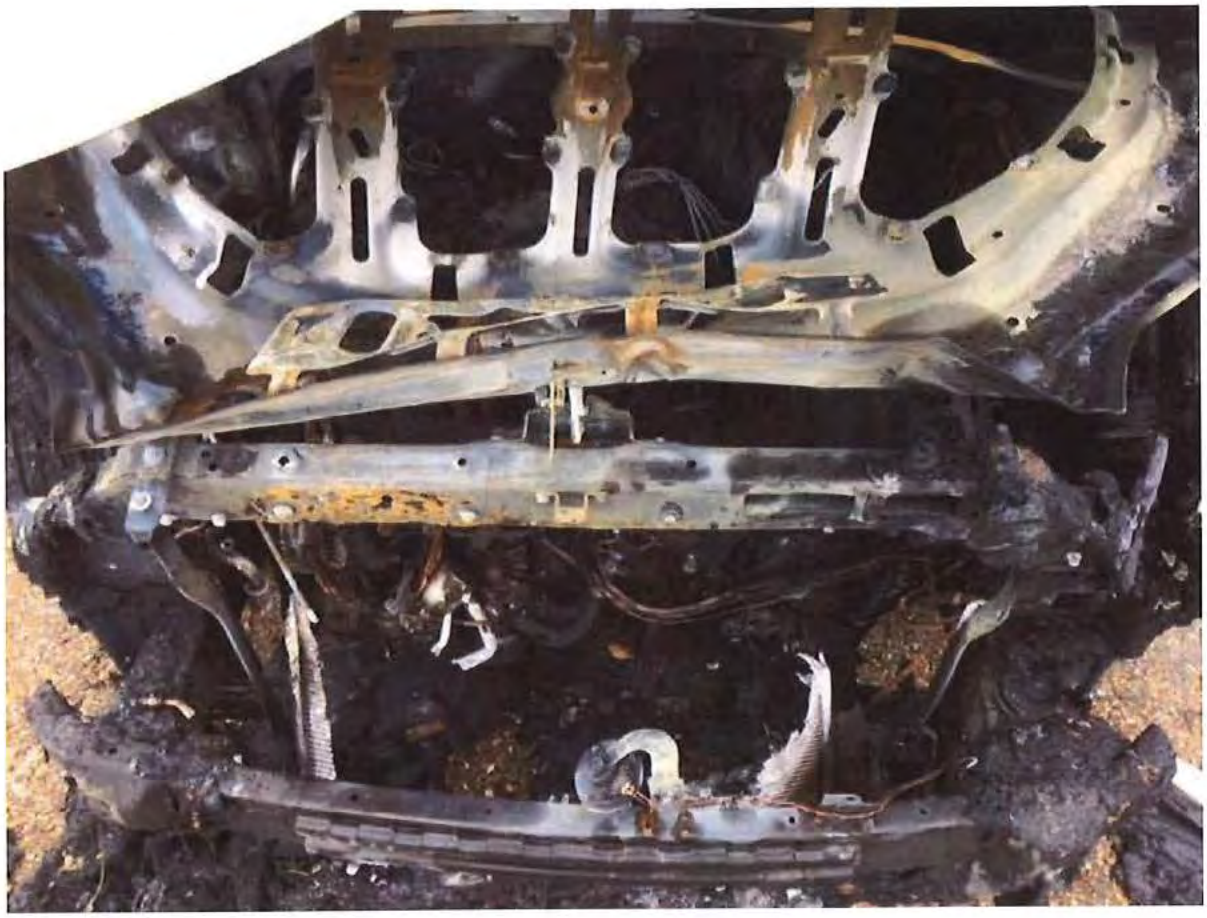
[redacted]



[redacted]

[redacted]

[redacted]



[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Consumer Assistance Center Case Report

Printed By: Gustavo Villela | **Case Number -** [redacted] | 07/02/2018 09:07:05 AM

Case Details

Title: Veh caught on fire when cust brought it back to lot Veh is a total loss

VIN: KNDPM3ACXH[redacted] | Mileage: 25,783 | Status: Open

Year: 2017 | Model: SPORTAGE LX FWD AUTO

Priority: Standard | Severity: Low | Call Source: Phone - English

Owner: 1-EY-1179 | Owner Email:

Case Type Level1: Complaint

Case Type Level2: Quality

Case Type Level3: Eng/Exhaust/Battery/Fuel Sys

Case Type Level4: Engine Overheat

Contact Details

Name: 2751 AVIS RENT A CAR

Phone: 3186176744 | Alt Phone:

Address1: 5207 MONKHOUSE ROAD

Address2:

City: SHREVEPORT | State: LA | Zip: 71109 | Email:

Dealer Details

Code: LA048

Name: Orr Kia of Shreveport Bossier

Case History

*** 02/12/2018 07:25:06 ***
Contact = 2751 AVIS RENT A CAR, Priority = Standard, Sub Status = Working

*** Phone - Call - Inbound created on 02/12/2018 07:25:27 and created by Edward Blair ***
Avis
1.Yesterday the veh had to be brought back to lot because it was smoking really bad
2.It actually went up in flames and the fire dept had to come put it out

Writer
1.I am sorry about that veh
2.I have created a case for you and I will send this up to our national team to help you out with this

*** 02/12/2018 07:47:49 ***
Dispatched from WIPBin = Default to Queue Southwest Region Admin by Edward Blair
Reason:

*** Phone - Call - Inbound created on 02/12/2018 07:48:25 and created by Edward Blair ***
Spoke with
Jonathon Scoggin cell #318 617-6744
Is the primary contact .

*** 02/12/2018 08:06:06 (GMT-08:00) Pacific Time (US & Canada) ***
Dispatched from WIPBin = _New_ to Queue National CA by Kristen Schaefer
Reason:

*** 02/13/2018 07:55:14 (GMT-08:00) Pacific Time (US & Canada) ***
Accepted from Queue National CA to WIPBin Inbox/Need To Call by Jeff Stroup [redacted]

*** 02/13/2018 08:03:32 (GMT-08:00) Pacific Time (US & Canada) ***

*** Phone - Call - Inbound created on 02/13/2018 11:27:39 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
Wtr Spoke with Jonathon Scoggin, with airline company:
1.Asked for description
2. Jonathon advised customer was driving and the car started smoking.
3... After she pulled over the car caught fire
4. Wtr asked for pics/ service history/ Fire report
5. Jon advised will email them
6. Wtr gave email and call ended

*** Phone - Call - Inbound created on 02/13/2018 12:01:18 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
Wtr uploaded carfax

*** Phone - Call - Inbound commitment created on 02/13/2018 12:01:33 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 02/20/2018 and created by Gustavo Villela ***

*** Phone - Call - Inbound commitment fulfilled on 02/13/2018 12:51:34 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 02/20/2018 closed by Gustavo Villela ***

*** Phone - Call - Inbound commitment created on 02/13/2018 12:51:38 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 02/13/2018 and created by Gustavo Villela ***

*** Phone - Call - Inbound commitment fulfilled on 02/13/2018 14:12:42 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 02/13/2018 closed by Gustavo Villela ***

*** Phone - Call - Inbound created on 02/13/2018 14:12:44 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
Wtr reviewed case with engineer

*** Phone - Call - Inbound created on 02/13/2018 15:17:29 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
Wtr spoke with Jonathon, avis:
1. Advised case was reviewed
2. Asked for permission to inspect
3. asked for a copy of rental agreement
4. Asked if facilities had way to lift vehicle
5.Jon granted permission, advised will email agreement and will follow up on lift, and advised mon and fridays were bad days
6. Wtr thanked and advised will get back with inspection day

call ended

*** Phone - Call - Inbound commitment created on 02/13/2018 15:27:26 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 02/16/2018 and created by Gustavo Villela ***

*** 02/14/2018 10:20:42 (GMT-08:00) Pacific Time (US & Canada) ***
Case moved into WIPBin Thermal Event and Sub Status of Assigned

*** Phone - Call - Inbound commitment fulfilled on 02/16/2018 09:33:53 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 02/16/2018 closed by Gustavo Villela ***

*** Phone - Call - Inbound created on 02/16/2018 09:33:54 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
Wtr spoke with Jonathon,
1. Asked if lift was avaiable for inspection
2. Jon stated yes
3. Wtr advised engineer coming 2/20 around 8:30am
4. Jon thanked call ended

*** Phone - Call - Inbound commitment created on 02/16/2018 13:34:28 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 02/23/2018 and created by Gustavo Villela ***

*** Phone - Call - Inbound commitment fulfilled on 02/27/2018 16:05:06 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 02/23/2018 closed by Gustavo Villela ***

*** Phone - Call - Inbound created on 02/27/2018 16:05:08 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
reviewed with engineers

*** Phone - Call - Inbound commitment created on 02/27/2018 16:08:57 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 03/01/2018 and created by Gustavo Villela ***

*** Phone - Call - Inbound commitment fulfilled on 03/01/2018 15:34:22 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 03/01/2018 closed by Gustavo Villela ***

*** Phone - Call - Inbound commitment created on 03/01/2018 15:34:24 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 03/08/2018 and created by Gustavo Villela ***

*** Phone - Call - Inbound created on 03/02/2018 13:45:41 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
Wtr spoke with Billy, avis:
1.Advised calling on behalf of customer
2. Customer claiming injuries
3. Wtr advised to have customer email me with info
4. Billy agreed

[redacted]

call ended

and created by Gustavo Villela ***

*** Note - Others created on 03/06/2018 11:31:29 (GMT-07:00) Arizona and created by Robert Bauer ***
**********Notes from Duplicate Case**********
*** 03/05/2018 19:54:10 (GMT-08:00) Pacific Time (US & Canada) ***
Contact = [redacted] Priority = Standard, Sub Status = Working

*** Email - Internal Email Received created on 03/05/2018 19:54:12 (GMT-08:00) Pacific Time (US & Canada) and created by Sandra Guindi ***
NCA was contacted by KMA Marketing who received a copy of a post from Kia Motors India. Post was from a US-based customer who indicated a Sportage had caught fire while his wife was driving. Attaching copy of post to case.

Please follow up with customer accordingly.

*** 03/05/2018 19:57:28 (GMT-08:00) Pacific Time (US & Canada) ***
Dispatched from WIPBin = default to Queue Callcenter by Sandra Guindi
Reason:

*** 03/06/2018 08:57:46 (GMT-07:00) Arizona ***
Accepted from Queue Callcenter to WIPBin default by Diana Thacker

*** 03/06/2018 10:52:29 (GMT-07:00) Mountain Time (US & Canada) ***
Assigned to WIPBin Inbox of Robert Bauer by Julie Miller
Reason:

*** Phone - Call - Outbound created on 03/06/2018 11:09:16 (GMT-07:00) Arizona and created by Robert Bauer ***
Writer states:
1. Calling to follow up on case.
2. Advised that writer was provided information that the Veh may have caught fire.
3. Can you explain the situation?

Customer states:
1. We have been waiting to hear back on this.
2. This is a rental car.
3. We have spoken to the rental company and they advised that they are working with Kia on this.
4. We have left multiple messages for Gustavo at Kia([redacted].
5. We have yet to hear back.

Writer states:
1. I apologize.
2. Advised that writer would be happy to see if he is available.

**********Transferred to NCA

**********end of Duplicate Case Notes**********

*** Phone - Call - Inbound created on 03/06/2018 10:31:23 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
WTr spoke with Ms. [redacted]
1. Wtr advised spoken with billy from insurance
2. Asked to send over documentation
3. Cus advised will send to wtrs email

call ended

*** Phone - Call - Inbound created on 03/12/2018 09:03:22 (GMT-08:00) Pacific Time (US & Canada) and created by Jeff Stroup ***
wtr entering notes from DUP case[redacted]

*** 03/01/2018 18:59:18 (GMT-07:00) Arizona ***
Contact = [redacted], Priority = Standard, Sub Status = Working

*** Web - Note created on 03/01/2018 18:59:10 (GMT-07:00) Arizona and created by Mariella Campos ***
SOCIAL MEDIA CONTACT 2/27/2018

CUSTOMER ([redacted]
Wife is 4 months pregnant and was in a Kia Sportage engine fire no call back from Kia representatives yet.. only on move now[redacted]
* http://bit.ly/2CpN81E *

Wife is 4 months pregnant and was in a Kia Sportage engine fire no call back from Kia representatives yet.. only on move now
* http://bit.ly/2CpN81E *

Wife is 4 months pregnant and was in a Kia Sportage MALFUNCTIONS engine fire no call back from Kia representatives yet.. only on move now
* http://bit.ly/2CpN81E *

Wife is 4 months pregnant and was in a Kia Sportage MALFUNCTIONS engine fire no call back from Kia representatives yet.. only on move now
* Video - https://www.facebook.com/brandon.howard.9406417/videos/1911968542359002/ *

Wife is 4 months pregnant and was in a 2017 or 16 Kia Sportage MALFUNCTIONS engine fire . 2 weeks ago. She has reached out and no call back from Kia representatives yet.. she has shortness of breath and I'm scared for my unborn child ..only on move now
* Video- https://www.facebook.com/brandon.howard.9406417/videos/1911970022358854/?t=14 * [redacted]

Wife is 4 months pregnant and was in a 2017 or 16 Kia Sportage MALFUNCTIONS engine fire . 2 weeks ago. She has reached out and no call back from Kia representatives yet.. she has shortness of breath and I'm scared for my unborn child ..only on move now

KMA
Hello [redacted] - We understand your concerns. Please private message your VIN and contact number so we may have a member of our team follow up with you. Note that once you select the 'Get Started' icon off our page, you will be greeted by our bot, Kian. Please select the 'VIN and Contact Info' button and then begin typing your message. This will ensure it gets routed to our team for follow up. ^MC

CUSTOMER 2/27/18
Kia Motors America Wife is 4 months pregnant and was in a Kia Sportage engine fire no call back from Kia representatives yet.. only on move now
* Video- http://bit.ly/2t4xO6K *

My wife was in it also
* http://bit.ly/2FCooCl *

Wife is 4 months pregnant and was in a Kia Sportage engine fire no call back from Kia representatives yet.. only on move now [redacted] my info if Kia wants to get I contact with me as well
* Video- http://bit.ly/2t4xO6K *

[redacted]

KMA 2/27/18
Hello Brandon - Thank you for providing your contact number. Could you also private message your VIN so we may have a member of our team review your concerns? Please note that upon your response, you may be greeted by our new bot, Kian. Please type 'Consumer Affairs' to ensure your message gets routed to our team for follow up. Thank you! ^MC

CUSTOMER 2/27/18
My wife was in this car and we have called several times

[redacted]

Consumer affairs .. Wife is 4 months pregnant and was in a Kia Sportage engine fire no call back from Kia representatives yet..

CUSTOMER 3/1/18
We have not got any kind of resolution for this .. my wife is 4 months pregnant □ and no one have contacted her she has left message after message with consumers affairs and no call back
* Cust included video attachment *

KMA 3/1/18
Hello Brandon - We apologize, we are unable to locate your information. Please private message your VIN so we may have a member of our team follow up with you. ^MC

CUSTOMER 3/1/18
I'm sorry if no one can call us back at [redacted] for Mrs [redacted] or [redacted]

KMA
Brandon - Please allow 2-3 business days for a member of our team to follow up with you. ^MC

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*** 03/01/2018 18:59:59 (GMT-07:00) Arizona ***
Assigned to WIPBin Inbox of Jason Henry by Mariella Campos
Reason:

*** Phone - Call - Inbound commitment created on 03/02/2018 17:27:05 (GMT-05:00) Eastern Time (US & Canada) with Commitment Date 03/06/2018 and created by Jason Henry ***

*** Web - Call - Inbound created on 03/05/2018 17:26:31 (GMT-07:00) Arizona and created by Lonnie Thayer ***
Social Media contact

[redacted]
We have left our number to customer affairs several times and no answer Kia has a class action law suit and my wife suffered smoke damage and she is 4months pregnant□.. still no answer from them

picture of possible engine compartment : https://scontent.xx.fbcdn.net/v/t1.0-9/s720x720/28685917_1914752855413904_4812555040850673281_n.jpg?oh=f30235f8eb1bd242bdcc413c2553d188&oe=5B0F5B84

Picture of front end : https://scontent.xx.fbcdn.net/v/t1.0-9/s720x720/28684920_1914753092080547_6465962463201824800_n.jpg?oh=b0ed5527af41da8ada7872bef5112c82&oe=5B3E99FC

We have left our number to customer affairs several times and no answer Kia has a class action law suit and my wife suffered smoke damage and she is 4months pregnant□.. still no answer from them

Picture of driver seat : https://scontent.xx.fbcdn.net/v/t1.0-9/s720x720/28576166_1914753465413843_8126367887885219 75_n.jpg?oh=ff5509b52dd7b648544d66956e5eb295&oe=5B099033

We have left our number to customer affairs several times and no answer Kia has a class action law suit and my wife suffered smoke damage and she is 4months pregnant□.. still no answer from them Kia say that have left a messages but haven't saw one yet or a call [redacted] my wife keeps going to the hospital for my baby again

==========

[redacted]

*** Phone - Call - Inbound commitment fulfilled on 03/07/2018 12:25:55 (GMT-05:00) Eastern Time (US & Canada) with Commitment Date 03/06/2018

*** Phone - Call - Outbound created on 03/07/2018 12:26:44 (GMT-05:00) Eastern Time (US & Canada) and created by Jason Henry ***
Wrt called cust to follow up:
1. Left VM with KCAC# and Case ID
2. Calling to follow up on veh concerns
3. Please call to discuss
4. Thank you

*** Phone - Call - Inbound commitment created on 03/07/2018 12:27:04 (GMT-05:00) Eastern Time (US & Canada) with Commitment Date 03/08/2018 and created by Jason Henry ***

*** Phone - Call - Inbound commitment created on 03/07/2018 12:27:04 (GMT-05:00) Eastern Time (US & Canada) with Commitment Date 03/08/2018 and created by Jason Henry ***

*** Phone - Call - Inbound commitment created on 03/07/2018 12:27:04 (GMT-05:00) Eastern Time (US & Canada) with Commitment Date 03/08/2018 and created by Jason Henry ***

*** Phone - Call - Inbound commitment fulfilled on 03/09/2018 12:26:49 (GMT-05:00) Eastern Time (US & Canada) with Commitment Date 03/08/2018 closed by Jason Henry ***

*** Phone - Call - Outbound created on 03/09/2018 12:28:04 (GMT-05:00) Eastern Time (US & Canada) and created by Jason Henry ***
Wrt called cust to follow up:
1. Left VM with KCAC# and Case ID
2. Calling to follow up on veh concerns
3. Please call to discuss
4. Thank you

*** Note - Others created on 03/09/2018 12:28:29 (GMT-05:00) Eastern Time (US & Canada) and created by Jason Henry ***
*****ESCALATING CASE TO NCA PER PL*****
1. Cust alleges veh caught fire while driving
2. Multiple pictures and videos posted to Social Media (links above)
3. Wrt has been unable to make contact with customer to get details
4. Please review and follow up accordingly

*** 03/09/2018 12:30:25 (GMT-05:00) Eastern Time (US & Canada) ***
Dispatched from WIPBin = In Progress to Queue National CA by Jason Henry
Reason:

*** 03/12/2018 08:26:05 (GMT-08:00) Pacific Time (US & Canada) ***
Accepted, from Queue = National CA to WIPBin Inbox/Need To Call

*** Phone - Call - Inbound commitment fulfilled on 03/14/2018 15:29:08 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 03/08/2018 closed by Gustavo Villela ***

*** Phone - Call - Inbound commitment created on 03/14/2018 15:29:10 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 03/16/2018 and created by Gustavo Villela ***

*** Phone - Call - Inbound commitment created on 03/14/2018 15:29:10 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 03/19/2018 and created by Gustavo Villela ***

*** Phone - Call - Inbound commitment fulfilled on 03/20/2018 07:45:10 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 03/19/2018 closed by Gustavo Villela ***

*** Phone - Call - Inbound created on 03/20/2018 07:45:13 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
Wtr reviewed case with engineers

*** Phone - Call - Inbound commitment created on 03/20/2018 07:45:25 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 03/21/2018 and created by Gustavo Villela ***

*** Phone - Call - Inbound created on 03/21/2018 09:14:34 (GMT-07:00) Arizona and created by Sasha Kerns ***
Customer states:
1: Missed call from JHenry
2: Was unsure what the message was about

Writer states:
1: Apologized
2: Advised case was sent to NCA

Customer states:
1: Gustavo has been the CM
2: I cant get a hold of him
3: My attorney cant reach Gustavo

Writer states:
1: Aplogized
2: Advised will document in case
**Transferred to JHenry voice mail

[redacted]

*** Phone - Call - Inbound created on 03/27/2018 15:49:30 (GMT-05:00) Eastern Time (US & Canada) and created by Tracey Icenhour ***

Cust states
1[redacted]
2 Need to know how to send letter of representation to Gustavo
3 Cust rented Kia from Avis and Kia is accepting liability for accident
4 Cust has spoken with[redacted]

Wrt states
1 Apologized
2 Advised called GVillela ((949) 430-3321) and he was not available
3 Left VM to have NCA call Becky back and provided why Becky needs to speak with NCA

Cust states
1 Thank you

*** Phone - Call - Inbound created on 03/30/2018 16:12:18 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
Tread Review Completed

*** Letter - Letter Sent created on 04/09/2018 11:01:49 (GMT-08:00) Pacific Time (US & Canada) and created by Brecon Crosby ***
NCA rec'd letter from William R Long. Letter states:
1. Please find enclosed the following concerning the above referenced matter: medical reports & wage information.

Attaching to case.

*** Phone - Call - Inbound created on 04/10/2018 12:13:40 (GMT-05:00) Eastern Time (US & Canada) and created by Jada Jones ***
cust states
1. I am checking on my case I haven't heard anything and I want to know something

wrt states
1. apologized and advised cust that I will note case and case manager will reach back out to him

cust states
1. I have left him 4 vms and emailed three times

*** Phone - Call - Inbound commitment fulfilled on 04/18/2018 08:38:56 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 03/21/2018 closed by Gustavo Villela ***

*** Phone - Call - Inbound created on 04/18/2018 08:38:57 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
WTr spoke with Jon Scoggins;
1. Apologized for the wait
2. Advised received letter of rep from cust in regards to med. bills
3. Will review with our legal team
4. Will follow up with you for next steps today or tomorrow
5. Jon thanked
call ended

*** Phone - Call - Inbound commitment created on 04/18/2018 08:47:45 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 04/19/2018 and created by Gustavo Villela ***

*** Web - Note created on 05/03/2018 06:46:52 (GMT-07:00) Arizona and created by Mariella Campos ***
SOCIAL MEDIA CONTACT 5/3/18

CUSTOMER
Kia car fire
I'm in need of help .. my pregnant wife rented a Kia Sportage this year and the car busted in flames causing her to have smoke damage. I have video and reached out to Kia and they have ignored me. Can someone please helps us with this matter. This is not a case that's by its self my reach shows several cases that has happened. This was not only Kia but also the airport rental company that's decided not to be concerned about the situation. If you guys can help me please contact me and my wife at[redacted]

==========

*** Phone - Call - Inbound created on 05/08/2018 16:02:27 (GMT-08:00) Pacific Time (US & Canada) and created by Gustavo Villela ***
Wtr spoke with Jon Scoggins:
1. Jon looking for update
2. Wtr advised will follow up tomororow morning

call ended

*** Phone - Call - Inbound commitment updated on 05/08/2018 16:07:50 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 04/19/2018 and updated by Gustavo Villela ***

*** Phone - Call - Inbound commitment fulfilled on 05/08/2018 16:07:51 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 04/19/2018 closed by Gustavo Villela ***

*** Phone - Call - Inbound commitment created on 05/08/2018 16:08:06 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 05/09/2018 and created by Gustavo Villela ***

*** Web - Note created on 06/06/2018 10:43:53 (GMT-07:00) Arizona and created by Mariella Campos ***[redacted]
SOCIAL MEDIA CONTACT 6/5/18

CUSTOMER

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*** Phone - Call - Inbound commitment updated on 06/13/2018 16:07:37 (GMT-08:00) Pacific Time (US & Canada) with Commitment Date 06/14/2018 and updated by Gustavo Villela ***

*** Fax - Fax Received created on 06/21/2018 10:19:43 (GMT-08:00) Pacific Time (US & Canada) and created by Brecon Crosby ***
NCA rec'd letter from William R Long. Letter states:
1. Please find enclosed the following concerning the above referenced matter: medical reports.

Attaching to case.

*** Letter - Letter Received created on 06/27/2018 09:51:29 (GMT-08:00) Pacific Time (US & Canada) and created by Brecon Crosby ***
NCA rec'd letter from William R Long. Letter states:
1. Please find enclosed the following concerning the above referenced matter: medical reports.

Attaching to case.

*** Phone - Call - Inbound created on 06/27/2018 18:39:52 (GMT-08:00) Pacific Time (US & Canada) and created by Bradley Holt ***
Called Jon Scoggins (318) 617-6744 - LVM that either Jeff Stroup or I would call, or to call one of us.

*** Email - External Email Sent created on 06/28/2018 10:56:05 (GMT-08:00) Pacific Time (US & Canada) and created by Michele Cameron ***
Writer called Mr. J. Scoggins at Avis to follow-up on his earlier VM message since B. Holt was unable to actually speak to him. Writer advised:

1. Apologize for delays with this case resolution
2. Writer reviewed with team and apparently the medical claim by the renter has delayed resolution
3. Writer has asked that the Avis and renter claims be separated so that we can resolve separately
4. Asked team to provide Avis with settlement details by COB tomorrow, 6/29, so that we can provide resolution next week if all documentation is received
5. Will send Mr. Scoggins a confirming email and provide his email address to the case owner

Mr. Scoggins stated:
1. Thank you very much for the call
2. Did receive a message from Mr. Holt but have been traveling & unable to call him back yet
3. Appreciate the effort to expedite resolution and will look for an email with the details to be received on Friday and will work to expedite

Writer sent the following email:

From: Cameron, Michele [KMA]
Sent: Thursday, June 28, 2018 10:55 AM
To: 'jonathanscoggin@gmail.com'
Cc: Holt, Bradley (Brad) [KMA]; Stroup, Jeff [KMA]; Villela, Gustavo [KMA]
Subject: UPDATE: 2017 Sportage Case, [redacted]

Jonathan,

Per our telephone conversation today, assuming we have no outstanding issues that I'm unaware of, we will work to get you confirmation of the exact settlement details by tomorrow so that we can issue Avis a check to resolve this matter next week.

I have added Messrs. Jeff Stroup and Gus Villela to this email chain so that they have your email address and can email you any necessary documents. I apologize for the delay in resolving this matter but I believe we're on the right track now. Thank you for reaching out.

Best,

Michele Cameron
Director, Consumer Affairs & Warranty Operations
Kia Motors America, Inc. | Email: mcameron@kiausa.com
Direct Telephone: 949.468.4617 | Fax: 949.468.4805

J. Stroup/G. Villela to address directly with Mr. Scoggins.

*** Phone - Call - Outbound created on 06/29/2018 16:35:31 (GMT-08:00) Pacific Time (US & Canada) and created by Jeff Stroup ***
wtr spoke with Jonathan at (318) 617-6744
1. wtr advised of dollar findings (purchase price minus mileage fee)
2. wtr advised will forward settlement agreement for review
3. Jonathan advised would review it and contact wtr Monday with any questions.

*** Email - External Email Sent created on 06/29/2018 16:37:18 (GMT-08:00) Pacific Time (US & Canada) and created by Jeff Stroup ***
Jonathan,

Thank you for speaking with me over the phone. As I advised, the settlement agreement is attached. If you have any questions, please let me know.

Thank you,

*** Email - External Email Received created on 07/02/2018 08:51:48 (GMT-08:00) Pacific Time (US & Canada) and created by Jeff Stroup ***
Jeff,

See attached signed agreement. [redacted]

Jonathan R. Scoggin | V.P. of Operations
Shreveport / Monroe
Airline Car Rental, Inc.
Avis / Budget System Licensee
P: 318-631-1839 | F: 318-631-9420
5207 Monkhouse Drive | Shreveport, LA | 71109

*** Email - External Email Received created on 07/02/2018 08:53:06 (GMT-08:00) Pacific Time (US & Canada) and created by Jeff Stroup ***
Jonathan,

This email is to confirm I received the signed agreement and will be processing the check request.

Thank you,

Attachments

********** End Case Report [redacted] **********

[Accident Report] (Case#: [redacted])

#	Question	Answer
	A-1) Who Owns the Vehicle? Please provide Owner Name, Address, and Phone.	Airline Car Rental Inc.
	A-2) Who Was Driving the Vehicle and how many passengers were there? Please provide Driver's Name	RENTER [redacted]
	A-3) Do You Own the Vehicle?	Yes
	A-4) What is the Age of the Driver?	33
	A-5) What Was the Date and Time of the Accident?	02/11/2018 03:30:00 PM (PST)
	A-6) Describe the Road & Weather Conditions at the Time of the Accident.	IN PARKING LOT AT AVIS
	A-7) What Speed was the Vehicle Traveling?	0

[redacted]

[Fire Interview] (Case#: [redacted])

#	Question	Answer
	A-1) Who owns the vehicle?	Airline CAR RENTAL
	A-2) Who was driving the vehicle or who was the last person to drive the vehicle?	[redacted]
	A-3) What is the age of the driver?	33
	A-4) How many other passengers were in the vehicle?	0
	A-5) Where was each passenger sitting in the vehicle & what is each person's name and age?	0
	A-6) Were there any objects in the luggage compartment, passenger compartment, being towed, or	0
	B-1) What was the date & time of the incident?	02/11/2018 03:31:00 PM (PST)
	B-10) Describe all structures and/or vehicles involved & any damage that occurred to each one.	NONE JUST THE CAR
	B-2) What time was 911 called?	3:10
	B-3) Describe the road & weather conditions at the time of the incident.	clear /34 degrees
	B-4) Were there any injuries (describe injuries)?	none
	B-5) Describe the incident in detail including when & where the burning smell, smoke, and fire were	Cust had rented car only had it for 2 hours brought it back becasuse of it smoking and once she dropped the veh off is when it caught on fire and the fire dept came and put it out
	B-6) Was the engine on, off or in accessory mode?	engine was off
	B-7) Were any warning lights on or recent service done prior to the incident?	none
	B-8) Have there ever been any aftermarket accessories installed on the vehicle?	none
	B-9) What is the closest address or cross streets, city, and state to where the incident happened?	5207 MONKHOUSE RD SHREEVPORT ,LA 71109
	C-1) Which fire agency responded?	SHREEVPORT FIRE DEPT (AIRPORT)
	C-2) What is the fire report number?	NONE AS OF YET
	D-1) Where is the vehicle now?	AVIS LOT
	D-2) Have any repairs been completed?	NONE TOTAL LOSS
	D-3) Was the insurance company contacted?	NO SELF INSURED
	D-4) Have you settled with the insurance company?	NO
	D-5) What action are you requesting of Kia?	TO REPLACE VEH OR GET VREFUND FOR VEH

[redacted]

AVIS

MAINTENANCE LOG

DATE 11-27-17

CITY SBV

MVA	MILEAGE	DESCRIPTION
1299300	49964	11-10-17
1397119	17972	
1324014	42396	
1324020	35992	11-13-17
1323911	46,436	
1397157	22,434	11-14-17
1323900	48,507	11-20-17
1323853	16,590	
1397148	22,985	
1323936	48,457	
1397132	30,979	11-27-17
1323860	29,890	
1323850	32,612	

RENTAL AGREEMENT NUMBER [redacted]
Customer Name : [redacted]
Drivers Lic Number : USLAXXXXX9835
Methods of Payment : VISA XX8398

RESERVATION NUMBER [redacted]
Avis Car Number : 1 3 9 7 1 1 9 3
Plate Number : LA N452680
Veh Description : WHI KIA SPORTAGE
Odometer Out : 25783 miles
Fuel Gauge Reading: Full

Pickup Date/Time : FEB 11,2018@01:58 PM
Pickup Location : 5103 HOLLYWOOD AVENUE
SHREVEPORT,LA,71109,US

Return Date/Time : FEB 12,2018@02:00 PM
Return Location : 5103 HOLLYWOOD AVENUE
SHREVEPORT,LA,71109,US

Additional Fees May Apply If Changes Are Made To Your Return Date, Time And/Or Location.

YOUR ESTIMATED VEHICLE CHARGES
Min: 2 Day Max: 120 HRS

RATE CHART		FRMLS	TIME AND MILEAGE
HRLY :	25.51	75	
DLY :	32.99	150	
AD DY:	61.00	150	
WKLY :			
MTHLY:			
MILES:	.25		

MIN 2DY/8C/E 80FM	+	65.98
Your Estimated Time & Mileage		65.98
Energy Recovery Fee 0.60/DY	+	.60
Estimated Subtotal Charges	:	66.58
Sales Tax 9.600%	+	6.39
#3% FEES	+	2.24
12.00% Concession Recovery Fee	+	7.99
YOUR ESTIMATED TOTAL CHARGES:X_AGREED___	:	83.20
#3% LA AUTO RENTAL EXCISE TAX		

YOUR OPTIONAL PRODUCTS/SERVICES

Loss Damage Waiver	27.99/Day	Declined
Personal Accident Insurance	6.95/Day	Declined
Personal Effects Protection		Unavailable
Additional Liability Insurance	13.95/Day	Declined

By my approval I accept or decline optional services/products as shown above. X_AGREED___

Please return the vehicle with the same fuel level as you received it. Please provide a receipt for fuel purchased. If you do not, additional fuel fees may apply: 000-074 miles equals a 14.99 flat rate fee. 075 miles and above equals .2836 per mile or 8.00 per Gal. X_AGREED___

I understand that important information on cashless toll roads and e-Toll services can be found at avis.com/etoll. X_AGREED_____

---NOTICES---AVIS SYSYTEM LICENSEE ---NOTICES---AVIS SYSTEM LICENSEE---NOTICES---AVIS SYSTEM LICENSEE---NOTICES---
Loss Damage Waiver is optional. An added daily cost of 27.99 covers your responsibility for damage to our car. Check with your insurer as this may be duplicative of your own car insurance. I agree the charges listed above are estimates and that I have reviewed&agreed to all notices&terms here and in the rental jacket.No additional drivers allowed without prior written consent. Tickets, fines and admin fees to be charged to this rental.XX[redacted].

If you have questions regarding this rental, call us at 318-631-7201. This vehicle was rented to you by 01008.

[redacted]