CQIS Report Number: TKFCV026 Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 11/06/1996

REPORT SUMMARY

VEHICLE: 1990 PROBE,GT ,HATCH VIN : 1ZVPT22L7L5[redacted]
Engine : 2.2L EFI TURBO - INTERCOOLED Odometer: 227,355 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 1 04 1 00 BODY RESTRAINT SYSTEMS
MOTORIZED BELTS OTHER (CODE NOT AVAILABLE)
Additional Symptom: RECALL QUESTIONS
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Images: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

COMMENTS

--TYPE--	COMMENT TEXT
REPAIR	SEAT BELT RECALL, CALLED THE PARTS IN, HAVENT RECEIVED THE PARTS YET LOOKING FOR RENTAL ASSISTANCE
RECOMM	CONTACT SZM THROUG TIGOM, DEALER SHOULD HAVE SERVICE LOANERS.

CONCERN DETAILS

DIAGNOSTIC INFORMATION

Symp. Verif?: Ease of Diagnosis: Level of Assistance: E1
Comp. Timing: Base Timing : MIL Light on? :
Test Stand : Road Test : SD Number:
Prior Repair Attempts: Repair Prior to Call: NO
DTCs KOEO: KOEC:
KOER: CB:

Equipment/Procedure Used	Effective?	Equipment/Procedure Used	Effective?

SERVICE ACTIONS

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

VEHICLE DETAILS

Vehicle Build Date: 12/01/1989 Warranty Start Date: 07/05/1990
Date of Sale: 07/05/1990 Selling Dlr (Mkt,Dlr,Sub): 02676
Dealer Special Order: Gross Vehicle Weight:
LH/RH Drive:

- - - ENGINE - - -

Engine: 2.2L EFI TURBO - INTERCOOLED Tag: 01 FTF ZM
Bld Dt: Calb: 0FTF2M1 A Serial #:

- - - TRANSMISSION - - -

Trans: MTX MAN. TRANSAXLE Part #:
Bld Dt: Serial #:
Model: Plt: Shft:

- - - ADDITIONAL - - -

Tire : 205/60R15-V BSW Brand :
Radio : ELETR PREM AM/FM STRO/CSTE/CLK A/C :
Paint : NEUTRAL EXT PAINT FAMILY A --------- OXFORD WHITE

AFTER MARKET MODIFICATIONS

NO AFTER MARKET MODIFICATIONS DATA AVAILABLE FOR THIS VEHICLE

CQIS Report Number: TKFCV026 Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 11/06/1996

--------- REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION ----------
Orig/Caller : [redacted] Title: SHOP FOREMAN

Rpair Dlr: 02750 - AVIS FORD INC Ph#: [redacted]
City: Southfield State : Michigan
Country: UNITED STATES Region : Detroit - 48

Specialist's
Name : MKING6 -??????????????????

---------- C Q I S V I N H I S T O R Y ----------

NO CQIS VIN HISTORY AVAILABLE FOR THIS VEHICLE

--- S U P P L E M E N T A L S U R V E Y: NATIONAL HOTLINE SURVEY ---

SURVEY HAS NOT BEEN SENT

---------- VEHICLE'S WARRANTY HISTORY (365 days only) ----------

NO VEHICLE WARRANTY HISTORY AVAILABLE FOR THIS VEHICLE

CQIS Report Number: VKRDH019 Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 11/18/1997

REPORT SUMMARY

VEHICLE: 1990 PROBE,GL ,HATCH VIN : 1ZVPT20C8L5[redacted]
Engine : 2.2L EFI Odometer: 1 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 1 04 1 50 BODY RESTRAINT SYSTEMS
MOTORIZED BELTS FUNCTION
Additional Symptom: RECALL ON BACKORDER
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Images: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

COMMENTS

--TYPE--	COMMENT TEXT
REPAIR	SM STATES THE REPRESENTATIVE TOLD HIM TO CALL HOTLINE FOR ANY PATCHES FOR THE SEATBELT RECALL UNTIL PARTS COME IN.
RECOMM	ADVISED SM NO ACTION SHOULD BE TAKEN UNTIL SEATBELTS ARRIVE. DO NOT ATTEMPT TO TEMPORARILY REPAIR SEATBELTS. LIABILITY ISSUES ARE INVOLVED SO DO NOT PERFORM ANY SERVICE ON BELTS EXCEPT FOR THE RECALL AT THIS TIME.

CONCERN DETAILS

DIAGNOSTIC INFORMATION

Symp. Verif?: Ease of Diagnosis: Level of Assistance: E1
Comp. Timing: Base Timing : MIL light on? :
Test Stand : Road Test : SD Number:
Prior Repair Attempts: Repair Prior to Call: NO
DTCs KOEO: KOEC:
KOER: CB:

Equipment/Procedure Used	Effective?	Equipment/Procedure Used	Effective?

SERVICE ACTIONS

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

VEHICLE DETAILS

Vehicle Build Date: 08/17/1989 Warranty Start Date: 04/04/1990
Date of Sale: 04/04/1990 Selling Dlr (Mkt,Dlr,Sub): 05434
Dealer Special Order: Gross Vehicle Weight:
LH/RH Drive:

- - - ENGINE - - -

Engine: 2.2L EFI Tag: 01 CF2 -A
Bld Dt: Calb: 0CF2XA1 N Serial #:

- - - TRANSMISSION - - -

Trans: MAZ 4EAT O/D TYPE G Part #:
Bld Dt: Serial #:
Model: Plt: Shft:

- - - ADDITIONAL - - -

Tire : P185/70R14 BSW Brand :
Radio : ELETR PREM AM/PM STRO/CSTE/CLK A/C :
Paint : NEUTRAL EXT PAINT FAMILY A --------- LT TITANIUM C/C

CQIS Report Number: VKRDH019 Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 11/18/1997

---------- A F T E R M A R K E T M O D I F I C A T I O N S ----------

NO AFTER MARKET MODIFICATIONS DATA AVAILABLE FOR THIS VEHICLE

--------- REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION ----------
Orig/Caller : [redacted] Title: SERVICE MANAGER

Rpair Dlr: 01810 - PARADISE FORD Ph#:
City: Montrose State : California
Country: UNITED STATES Region : Los Angeles - 71

Specialist's
Name : BRET BECKER

---------- C Q I S V I N H I S T O R Y ----------

Date	CQIS Report #	Prog Type	Symp	Cat	Causal Part	Description	Dealer Id
05/07/1997	VEGGC190	CACVOC	BODY				05520

--- S U P P L E M E N T A L S U R V E Y: NATIONAL HOTLINE SURVEY ---

SURVEY HAS NOT BEEN SENT

---------- VEHICLE'S WARRANTY HISTORY (365 days only) ----------

Dealer ID	Repair Date	Repair Order	Odometer (Miles)	Rpr Nbr	Causl Cond.	Service Pfx	Part Number Base	Sfx	Labor Operation
01810	03/09/1998	005294	88010	1		F72	61610D45	A	96S48C
01810	03/09/1998	005294	88010	1		F72	61610D45	C	
01810	03/09/1998	005294	88010	2					96S99A
01810	03/09/1998	005294	88010	3					14679D

CQIS Report Number: WAGAI002 Program Type: PV Orig Rpt #: 97-98
Report Source: MSS - FCSD - QSFS Report Date: 01/07/1998

REPORT SUMMARY

VEHICLE: 1990 PROBE,GT ,HATCH VIN : 1ZVPT22LXL5[redacted]
Engine : 2.2L EFI TURBO - INTERCOOLED Odometer: 57,161 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 1 04 1 00 BODY RESTRAINT SYSTEMS
MOTORIZED BELTS OTHER (CODE NOT AVAILABLE)
Additional Symptom:
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Images: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

COMMENTS

--TYPE--	COMMENT TEXT
CONCER	THE AUTOMATIC SEAT BELT HAS BEEN DISCONNECTED BY THE DEALER SINCE JULY 1997. THIS WAS A RECALL. THEY SAY THAT THEY ARE ON BACK-ORDER AND MY FIANCE HAS BEEN DRIVING WITHOUT IT SINCE. WE BOTH WORK FOR FORD AND WE ARE SPOKEN TO DAILY ABOUT QUALITY AND CUSTOMER SATISFACTION. WHY DOES IT TAKE SO LONG TO GET THESE PARTS? IT IS A RECALL, PARTS SHOULD BE ON HAND.

CONCERN DETAILS

DIAGNOSTIC INFORMATION

Symp. Verif?: Base of Diagnosis: Level of Assistance:
Comp. Timing: Base Timing : MIL light on? :
Test Stand : Road Test : 8D Number:
Prior Repair Attempts: Repair Prior to Call: NO
DTCs KOEO: KOEC:
KOER: CB:

Equipment/Procedure Used	Effective?	Equipment/Procedure Used	Effective?

SERVICE ACTIONS

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

VEHICLE DETAILS

Vehicle Build Date: 10/06/1989 Warranty Start Date: 09/04/1990
Date of Sale: 09/04/1990 Selling Dlr (Mkt,Dlr,Sub): 01901
Dealer Special Order: Gross Vehicle Weight:
LH/RH Drive:

ENGINE

Engine: 2.2L EFI TURBO - INTERCOOLED Tag: 01 FTF 2M
Bld Dt: Calb: 0FTF2M1 A Serial #:

TRANSMISSION

Trans: MTX MAN. TRANSAXLE Part #:
Bld Dt: Serial #:
Model: Plt: Shft:

ADDITIONAL

Tire : 205/60R15-V BSW Brand :
Radio : ELETR PREM AM/FM STRO/CSTE/CLK A/C :
Paint : MAZDA RED EXT PAINT FAMILY --------- VERMILLON SOLID

CQIS Report Number: WAGAI002 Program Type: PV Orig Rpt #: 97-98
Report Source: MSS - FCSD - QSFS Report Date: 01/07/1998

---------- A F T E R M A R K E T M O D I F I C A T I O N S ----------

NO AFTER MARKET MODIFICATIONS DATA AVAILABLE FOR THIS VEHICLE

--------- REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION ---------
Orig/Caller : [redacted] Title: OTHER

Rpair Dlr: 65161 - Vehicle Concern Report Ph#:
City: Allen Park State : Michigan
Country: UNITED STATES Region : Detroit - 48

Customer name : IRENE BELMARES City :

---------- C Q I S V I N H I S T O R Y ----------

NO CQIS VIN HISTORY AVAILABLE FOR THIS VEHICLE

--- S U P P L E M E N T A L S U R V E Y: NONE ---

---------- VEHICLE'S WARRANTY HISTORY (365 days only) ----------

Dealer ID	Repair Date	Repair Order	Odometer (Miles)	Rpr Nbr	Causl Cond.	Service Pfx	Part Number Base	Sfx	Labor Operation
02260	01/20/1998	055530	57465	1		F72	61610D44	A	96599B
02260	01/20/1998	055530	57465	2		F72	61610D45	A	96548B
02260	01/20/1998	055530	57465	2		F72	61610D45	C	
02260	01/23/1998	055631	57466	1	28	F72	61610D45	A	14200A
02260	01/23/1998	055631	57466	1	28				61044AT
02260	01/23/1998	055631	57466	1	28				M2

 CQIS DETAIL REPORT 09/11/98 18:07:11

CQIS Report Number: WBPAA280 Program Type: PV Orig Rpt #: 623-98
Report Source: MSS - FCSD - QSFS Report Date: 02/16/1998

REPORT SUMMARY

VEHICLE: 1992 PROBE,GL ,HATCH VIN : 1ZVPT20C4N5[redacted]
Engine : 2.2L EFI Odometer: 75,185 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 1 04 1 50 BODY RESTRAINT SYSTEMS
MOTORIZED BELTS FUNCTION
Additional Symptom:
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Images: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: NO Customer satisfied?: Repair Effectiveness (%):

COMMENTS

--TYPE--	COMMENT TEXT
CONCER	THE SEAT BELT HAS A CLICKING NOISE AND LATE RELEASE AND THE SEAT BELT LIGHT STAYS ON.
REPAIR	02/18/1998 07:59AM DATA ENTRY6 MSS - FCSD - QSFS THE CUSTOMER RECEIVED RECALL #96S48 FOR THE AUTOMATIC SEAT BELTS IN LATE 1996 THAT STATED PARTS WOULD BE READY IN MARCH, 1997. THE VEHICLE WAS BROUGHT TO MOE CAMPBELL'S IN WINDSOR AND THEY SAID THE PARTS WOULD NOT BE READY UNTIL APRIL, 1998. THE SEAT BELT HAD ALREADY JAMMED AND HAD BEEN TEMPORARILY FIXED BY THE DEALER. THEN, IT JAMMED AGAIN IN JANUARY OF 1998 AND WAS FIXED AGAIN, BUT NOW IT HAS THE SAME SYMPTOMS AS BEFORE: A CLICKING NOISE, LATE RELEASE AND THE SEAT BELT LIGHT STAYS ON. WHY THE LONG DELAY FOR PARTS FOR THE RECALL?
AUDIT	02/18/1998 08:01AM DATA ENTRY6 MSS - FCSD - QSFS SYMPTOM 1 04 1 00 CHANGED TO 1 04 1 50 BY SDAVIS20

CONCERN DETAILS

DIAGNOSTIC INFORMATION

Symp. Verif?: Ease of Diagnosis: Level of Assistance:
Comp. Timing: Base Timing : MIL light on? :
Test Stand : Road Test : 8D Number:
Prior Repair Attempts: Repair Prior to Call: NO
DTCs KOEO: KOEC:
KOER: CB:
Equipment/Procedure Used Effective? Equipment/Procedure Used Effective?

SERVICE ACTIONS

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

VEHICLE DETAILS

Vehicle Build Date: 09/30/1991 Warranty Start Date: 09/04/1992
Date of Sale: 09/04/1992 Selling Dlr (Mkt,Dlr,Sub): B8101
Dealer Special Order: Gross Vehicle Weight:
LH/RH Drive:

- - - ENGINE - - -

Engine: 2.2L EFI Tag: 01 FF2 -A
Bld Dt: Calb: 0FF2XA1 A Serial #:

CQIS Report Number: WBPAA280 Program Type: PV Orig Rpt #: 623-98
Report Source: MSS - FCSD - QSF5 Report Date: 02/16/1998

---TRANSMISSION---
Trans: MAZ 4EAT O/D TYPE G Part #:
Bld Dt: Serial #:
Model: Plt: Shft:

---ADDITIONAL---
Tire : P195/70HR14 BSW A-S Brand :
Radio : ELETR PREM AM/FM STRO/CSTE/CLK A/C : MANUAL AIR CONDITIONER
Paint : MAZDA RED EXT PAINT FAMILY ——— RIO RED C/C

---------- AFTER MARKET MODIFICATIONS ----------

NO AFTER MARKET MODIFICATIONS DATA AVAILABLE FOR THIS VEHICLE

--------- REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION ---------
Orig/Caller : [redacted] Title: OTHER

Rpair Dlr: 65161 - Vehicle Concern Report Ph#:
City: Allen Park State : Michigan
Country: UNITED STATES Region : Detroit - 48

Customer name : Viki Montilla fiance) City :

---------- CQIS VIN HISTORY ----------

Date	CQIS Report #	Prog Type	Symp	Cat	Causal Part	Description	Dealer Id
05/09/1994	REIAD005	FOCHL	CHASS.				A8009
01/26/1998	WAZGA672	CACVOC	BODY				A8009
02/17/1998	WBQGA180	CACVOC	BODY				A8009

--- SUPPLEMENTAL SURVEY: NONE ---

---------- VEHICLE'S WARRANTY HISTORY (365 days only) ----------

Dealer ID	Repair Date	Repair Order	Odometer (Miles)	Rpr Nbr	Causl Cond.	Service Pfx	Part Number Base	Sfx	Labor Operation
A8009	08/18/1997	110568	72149	1	42		MISC		
A8009	08/18/1997	110568	72149	2		F72	61610D44	B	96S99E
A8009	08/18/1997	110568	72149	2		E92	61423B18	A	
A8009	08/18/1997	110568	72149	2		F72	61610D45	A	
A8009	01/27/1998	118535	75191	2		F72	61610D45	C	96S48C
A8009	01/27/1998	118535	75191	3	42		MISC		
B8401	07/06/1998	088003	80924	1					96S99A

CQIS Report Number: TJYCD007 Program Type: H Orig Rpt #:
Report Source: MSS - PCSD - TECH SVC HOTLINE Report Date: 10/25/1996

REPORT SUMMARY

VEHICLE: 1990 PROBE,GL ,HATCH VIN : 1ZVPT20C7L5[redacted]
Engine : 2.2L EFI Odometer: 1 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 1 04 1 01 BODY RESTRAINT SYSTEMS
MOTORIZED BELTS APPEARANCE
Additional Symptom: BELT RECALL
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Images: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

COMMENTS

--TYPE--	COMMENT TEXT
REPAIR	TECH STATES THEY ARE CONFUSED AS TO HOW TO INTERPRET RECALL
RECOMM	ADVISED TECH IF VEHICLE HAS BOTH SIDE WORKING AT THIS TIME TO WAIT UNT IL PARTS ARE AVAILABLE TO MAKE REPAIRS OF SYSYTEM

CONCERN DETAILS

DIAGNOSTIC INFORMATION

Symp. Verif?: Ease of Diagnosis: Level of Assistance: E1
Comp. Timing: Base Timing : MIL light on? :
Test Stand : Road Test : BD Number:
Prior Repair Attempts: Repair Prior to Call: NO
DTCs KOEO: KOEC:
KOER: CB:

Equipment/Procedure Used	Effective?	Equipment/Procedure Used	Effective?

SERVICE ACTIONS

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

VEHICLE DETAILS

Vehicle Build Date: 11/17/1989 Warranty Start Date: 05/03/1990
Date of Sale: 05/03/1990 Selling Dlr (Mkt,Dlr,Sub): 06746
Dealer Special Order: Gross Vehicle Weight:
LH/RH Drive:

- - - ENGINE - - -

Engine: 2.2L EFI Tag: 01 FF2 -A
Bld Dt: Calb: 0FF2XA1 A Serial #:

- - - TRANSMISSION - - -

Trans: MAZ 4EAT O/D TYPE G Part #:
Bld Dt: Serial #:
Model: Plt: Shft:

- - - ADDITIONAL - - -

Tire : P185/70R14 BSW Brand :
Radio : ELETR PREM AM/FM STRO/CSTE/CLK A/C :
Paint : BLUE EXTERIOR PAINT FAMILY --------- ULTRA BLUE C/C

AFTER MARKET MODIFICATIONS

NO AFTER MARKET MODIFICATIONS DATA AVAILABLE FOR THIS VEHICLE

CQIS Report Number: TJYCD007 Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 10/25/1996

--------- REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION ----------
Orig/Caller : [redacted] Title: SERVICE MANAGER

Rpair Dlr: 06781 - BILL FARY FORD INC Ph#: [redacted]
City: Gloucester State : Virginia
Country: UNITED STATES Region : Washington - 27

Specialist's
Name : MROBIN19 -??????????????????????

---------- C Q I S V I N H I S T O R Y ----------

NO CQIS VIN HISTORY AVAILABLE FOR THIS VEHICLE

--- S U P P L E M E N T A L S U R V E Y: NATIONAL HOTLINE SURVEY ---

SURVEY HAS NOT BEEN SENT

---------- VEHICLE'S WARRANTY HISTORY (365 days only) ----------

NO VEHICLE WARRANTY HISTORY AVAILABLE FOR THIS VEHICLE

CQIS Report Number: VCSCX016 Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 03/19/1997

REPORT SUMMARY

VEHICLE: 1990 PROBE,GL ,HATCH VIN : 1ZVPT20C4L5[redacted]
Engine : 2.2L EFI Odometer: 74,941 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 1 04 1 50 BODY RESTRAINT SYSTEMS
MOTORIZED BELTS FUNCTION
Additional Symptom: SEATBELTS BIND AFTER TRACK
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Images: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

COMMENTS

--TYPE--	COMMENT TEXT
REPAIR	TECH STATES BELTS WORKED FINE BEFORE RECALL; HE INSTALLED TRACK ON PASSENGER SIDE AND VEH CAME BACK SAME DAY WITH BINDING BELTS. STATES HE CANNOT FIND ANY PROBLEM WITH TRACK AND WANTS TO REPL THE ASSY.
RECOMM	ADVISED TECH IF HE CAN VERIFY THAT THE PROBLEM IS NOT IN THE TRACK, THEN REPL THE ASSY. ADV HOTLINE CAN NOT AUTHORIZE ANY COVERAGE ON REPL OF THE COMPLETE ASSY.

CONCERN DETAILS

DIAGNOSTIC INFORMATION

Symp. Verif?: Ease of Diagnosis: Level of Assistance: E1
Comp. Timing: Base Timing : MIL light on? :
Test Stand : Road Test : SD Number:
Prior Repair Attempts: Repair Prior to Call: NO
DTCs KOED: KOEC:
KOER: CB:

Equipment/Procedure Used	Effective?	Equipment/Procedure Used	Effective?

SERVICE ACTIONS

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

VEHICLE DETAILS

Vehicle Build Date: 06/26/1990 Warranty Start Date: 07/04/1990
Date of Sale: 07/04/1990 Selling Dlr (Mkt,Dlr,Sub): 04668
Dealer Special Order: Gross Vehicle Weight:
LH/RH Drive:

---ENGINE---

Engine: 2.2L EFI Tag: 01 FF2 -A
Bld Dt: Calb: 0FF2XA1 A Serial #:

---TRANSMISSION---

Trans: MAZ 4EAT O/D TYPE G Part #:
Bld Dt: Serial #:
Model: Plt: Shft:

---ADDITIONAL---

Tire : P185/70R14 BSW Brand :
Radio : ELECTRONIC AM/FM/STRO/CLOCK A/C :
Paint : MAZDA RED EXT PAINT FAMILY --------- VERMILLON SOLID

CQIS Report Number: VCSCK016 Program Type: H Orig Rpt #:
Report Source: M55 - FCSD - TECH SVC HOTLINE Report Date: 03/19/1997

---------- A F T E R M A R K E T M O D I F I C A T I O N S ----------

NO AFTER MARKET MODIFICATIONS DATA AVAILABLE FOR THIS VEHICLE

--------- REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION ----------
Orig/Caller : [redacted] Title: TECHNICIAN

Rpair Dlr: 05805 - Howard Ford, Inc. Ph#: [redacted]
City: West Memphis State : Arkansas
Country: UNITED STATES Region : Memphis - 23

Specialist's
Name : ERIK KUNZE

---------- C Q I S V I N H I S T O R Y ----------

NO CQIS VIN HISTORY AVAILABLE FOR THIS VEHICLE

--- S U P P L E M E N T A L S U R V E Y: NATIONAL HOTLINE SURVEY ---

SURVEY HAS NOT BEEN SENT

---------- VEHICLE'S WARRANTY HISTORY (365 days only) ----------

NO VEHICLE WARRANTY HISTORY AVAILABLE FOR THIS VEHICLE

CQIS Report Number: VEAFV003 Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 05/01/1997

REPORT SUMMARY

VEHICLE: 1992 PROBE,GL ,HATCH VIN : 1ZVPT20C4N5[redacted]
Engine : 2.2L EFI Odometer: 75,000 MILES
Operating Environ: WCC :
Vehicle Use : Rsp. Act:

SYMPTOM: 1 04 1 00 BODY RESTRAINT SYSTEMS
MOTORIZED BELTS OTHER (CODE NOT AVAILABLE)
Additional Symptom: SEAT BELT RECALL
Other Veh. With Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Images: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer satisfied?: Repair Effectiveness (%):

COMMENTS

--TYPE--	COMMENT TEXT
REPAIR	CAR HAS HAD A TOP PUT ON IT, AND HAS BEEN WRECKED, NEITHER OF THE NEITHER OF THE SHOULDER BELTS ARE WORKING, THE INERTIA SWITCH HAS BEEN SHORTED, TECH FEELS THAT HE WONT BE ABLE COMPLETE THE RECALL,
RECOMM	SERVICE MANAGER HAS TO MEET WITH THE FORD SZM, SO THAT THE CUSTOMER CAN BE PROVIDED WITH A WAIVER TO SIGN, EXPLAINING THEY ARE AWARE THAT THE SAFTEY RECALL CANNOT BE PERFROMED ON THIS VEHICLE

CONCERN DETAILS

DIAGNOSTIC INFORMATION

Symp. Verif?: Ease of Diagnosis: Level of Assistance: E1
Comp. Timing: Base Timing : MIL light on? :
Test Stand : Road Test : 8D Number:
Prior Repair Attempts: Repair Prior to Call: NO
DTCs KOEO: KOEC:
KOER: CB:

Equipment/Procedure Used	Effective?	Equipment/Procedure Used	Effective?

SERVICE ACTIONS

NO SERVICE ACTIONS AVAILABLE FOR THIS VEHICLE

VEHICLE DETAILS

Vehicle Build Date: 09/20/1991 Warranty Start Date: 10/15/1991
Date of Sale: 09/21/1991 Selling Dlr (Mkt,Dlr,Sub): 8404J
Dealer Special Order: Gross Vehicle Weight:
LH/RH Drive:

ENGINE

Engine: 2.2L EFI Tag: 01 FF2 -M
Bld Dt: Calb: OFF2XM1 A Serial #:

TRANSMISSION

Trans: MTX MAN. TRANSAXLE Part #:
Bld Dt: Serial #:
Model: Plt: Shft:

ADDITIONAL

Tire : P195/70HR14 BSW A-S Brand :
Radio : ELECTRONIC AM/FM/STRO/CLOCK A/C : MANUAL AIR CONDITIONER
Paint : BLUE-GREEN EXT PAINT FAMILY ---------- BRT CALYPSO MET C/C

CQIS Report Number: VEAFV003 Program Type: H Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 05/01/1997

---------- A F T E R M A R K E T M O D I F I C A T I O N S ----------

NO AFTER MARKET MODIFICATIONS DATA AVAILABLE FOR THIS VEHICLE

--------- REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION ----------
Orig/Caller : [redacted] Title: SHOP FOREMAN

Rpair Dlr: 05744 - JARNAGIN MOTOR CO Ph#: [redacted]
City: Rutledge State : Tennessee
Country: UNITED STATES Region : Atlanta - 21

Specialist's
Name : MKING6 -??????????????????

---------- C Q I S V I N H I S T O R Y ----------

NO CQIS VIN HISTORY AVAILABLE FOR THIS VEHICLE

--- S U P P L E M E N T A L S U R V E Y: NATIONAL HOTLINE SURVEY ---

SURVEY HAS NOT BEEN SENT

---------- VEHICLE'S WARRANTY HISTORY (365 days only) ----------

NO VEHICLE WARRANTY HISTORY AVAILABLE FOR THIS VEHICLE

R0004 **MORS II Contact History Summary by VIN** 09/22/1998 14:44:32

: 1ZVPT20C5L5101308 Year: 90 Model: PROBE

TRANSFER contact information: Type a "T" in the "A" column and Press ENTER
VIEW contact information: Type a "X" in the "A" column and Press ENTER

ontact umber	Form/ File Type	Open Date	Close Date	Last Hdlg Date	Status	O.R. Customer
09193037	CONCERN	11/21/1997	12/09/1997	12/09/1997	CLOSED	[redacted]

=HELP F3=EXIT F7=FIRST F8=NEXT
020 FIRST VIN SUMMARY SCREEN DISPLAYED OGDB118

)R0009 **MORS II Concern Contact** 09/22/1998 15:31:00

SHINGTON	27 Zn/Tr: A1 M/A:	CONTACT NBR: 109193037		Opened:	11/21/1997
N:	1ZVPT20C5L5[redacted]			Closed:	12/09/1997
st Name:	[redacted]			Status:	CLOSED
tle:	MS	First Name: [redacted]A		MI:	
ress:	[redacted]				
ty:	PORTSMOUTH	ST/PV: VA	Zip/PC: 23703	CC:	USA
ne Phone:	[redacted]	Business Phone: [redacted]		Ext:	FAX
ar:	90	Model: PROBE			
leage/Km:	1	WSD: 03/08/1990			
aler Name:	DON COMER FORD INC	Sales Code:	127053	P&A:	06630
asal Code:	1204	Symptoms:	104100		
igin:	GO	Trans Date:			
rv Sales:	1 (1 or 2)	Contacted:	11/24/1997		
c Code:	Assist Code: W	Award Amt:		Resolv:	N (Y or N)
llow Up:	N				
ild Date:	08/04/1989	Calibration:	0FF2XA1		

P:EN1992 USED 36/36,000 BASE DED:$ 50 EXP: 84596 07/30/95
en Recall: NONE Owner Notif: 0 **EXPIRED**
=HELP F2=SURVEY F3=EXIT F4=COMMENT F5=ADD F6=UPD F9=CLOSE F11=UPG F12=CANC
053 **REQUESTED CONTACT DISPLAYED** OGDB118

(R0010 **MORS II Contact Comments** 09/22/1998 15:31:15

t Name: [redacted] VIN: 1ZVPT20C5L[redacted]
ie Phone: [redacted] Bus.Phone: [redacted] Ext: FAX
.ler: DON COMER FORD INC Dist/Reg: 27

TACT NBR: 109193037 Date: 10/20/1997 Analyst Code: 5939JM
.e Type: CONCERN Time: 14:46:15 Analyst Name: MAXWELL
m Type: M MAIL Micro: Letter Code: PC01

ments: More?: Y
NO VIN AVAILABLE***
LETTER DATED 10/13/97 ***
TOMER SAYS:
EDS RECALLS 96S48 96S99 PERFORMED ON SAFETY RESTRAINTS
S BEEN WAITING 7 MONTHS FOR PARTS TO COME
STRAINTS HAVE COMPLETELY FAILED NOW
FETY VIOLATION IN HER STATE

t CUSTOMER, DEALER SAYS:
RT ON ORDER 5/97

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
196 FIRST COMMENTS FOR CONTACT OGDB118

:R0010 **MORS II Contact Comments** 09/22/1998 15:31:20

:t Name: [redacted] VIN: 1ZVPT20C5L[redacted]
ie Phone: [redacted] Bus.Phone: [redacted] Ext: FAX
:ler: DON COMER FORD INC Dist/Reg: 27

TACT NBR: 109193037 Date: 10/20/1997 Analyst Code: 5939JM
.e Type: CONCERN Time: 14:46:16 Analyst Name: MAXWELL
m Type: U UPDATE Micro: Letter Code:

ments: More?: Y
STOMER SEEKS:
CALLS PERFORMED

: ADVISED:
: OBC MADE NO ANSWER
XT CSR PLEASE
TAIN VIN ADN VERIFY RECALL INVOLEMENT
EN CONTACT IF REQUIRED
ANKS ### NOTE: IMAGING DOCUMENT IDENTIFICATION NUMBER (DOCID): 64665833

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 REQUESTED INFORMATION DISPLAYED OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:31:26

t Name: [redacted] VIN: 1ZVPT20C5L5[redacted]
.e Phone: [redacted] Bus.Phone: [redacted] Ext: FAX
.ler: DON COMER FORD INC Dist/Reg: 27

TACT NBR: 109193037 Date: 11/21/1997 Analyst Code: 7974LM
.e Type: CONCERN Time: 18:19:30 Analyst Name: MCGILVRAY
m Type: P PHONE Micro: Letter Code:

ments: More?: Y
:S CONTACT IS AN UPGRADE OF CONTACT NUMBER 109055842

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 REQUESTED INFORMATION DISPLAYED OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:31:30

:t Name: [redacted] VIN: 1ZVPT20C5L5[redacted]
ie Phone: [redacted] Bus.Phone: [redacted] Ext: FAX
:ler: DON COMER FORD INC Dist/Reg: 27

NTACT NBR: 109193037 Date: 11/21/1997 Analyst Code: 7974LM
:e Type: CONCERN Time: 18:19:32 Analyst Name: MCGILVRAY
nm Type: M MAIL Micro: 9820702 Letter Code:

mments: More?: Y
HIS CONTACT OPENED DUE TO ONP 96S48 & 96S99
* LETTER DATED 10/13/97 ***
* NAVIS: SUBSEQUENT ***
STOMER SAYS:
AT THIS TIME BOTH BELTS ARE INOPERABLE
THIS IS A VIOLATION OF HER STATE'S LAW

R CUSTOMER, DEALER SAYS:
THE PARTS ARE ON MERCY EMERGENCY ORDER

STOMER SEEKS:
=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 REQUESTED INFORMATION DISPLAYED OGDB118

:t Name: [redacted] VIN: 1ZVPT20C5L5[redacted]
:e Phone: [redacted] Bus.Phone: [redacted] Ext: FAX
:ler: DON COMER FORD INC Dist/Reg: 27

TACT NBR: 109193037 Date: 11/21/1997 Analyst Code: 7974LM
.e Type: CONCERN Time: 18:19:34 Analyst Name: MCGILVRAY
m Type: U UPDATE Micro: 9820702 Letter Code:

ments: More?: Y
O HAVE RECALL COMPLETED

ADVISED:
BC TO CUSTOMER. ADVISED HER DEALER WOULD RECEIVE INFORMATION ON MON. AND IF
HAS HEARD FROM THEM BY 12 NOON TO CALL MR. JACKSON DIRECTLY
NFORMATION HAS BEEN DOCUMENTED AND FORWARDED TO THE DEALER
EQUEST MR. BILL JACKSON (SVC MNGR) TO CONTACT THE CUSTOMER WITHIN 2 BUSINESS
S
*** DEALER PLEASE CALL RENKIM FOR APPROVAL OF RENTAL ASSISTANCE FOR CUSTOMER
IL PART IS AVAILABLE: 1-800-325-5621 **********
HANK YOU!
=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 **REQUESTED INFORMATION DISPLAYED** OGDB118

>R0010 **MORS II Contact Comments** 09/22/1998 15:31:37

:t Name: [redacted] VIN: 1ZVPT20C5L5[redacted]
ıe Phone: [redacted] Bus.Phone: [redacted] Ext: FAX
ıler: DON COMER FORD INC Dist/Reg: 27

JTACT NBR: 109193037 Date: 11/21/1997 Analyst Code: 7974LM
.e Type: CONCERN Time: 18:19:39 Analyst Name: MCGILVRAY
ım Type: U UPDATE Micro: 9820702 Letter Code:

ımments: More?: Y
#THE FOLLOWING CAUSAL CODE(S) REMOVED FROM CONTACT - 3001
STEM UPDATE

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 REQUESTED INFORMATION DISPLAYED OGDB118

>R0010 **MORS II Contact Comments** 09/22/1998 15:31:43

:t Name: [redacted]
ıe Phone: [redacted] Bus.Phone: [redacted]
ıler: DON COMER FORD INC

VIN: 1ZVPT20C5L5[redacted]
Ext: FAX
Dist/Reg: 27

TACT NBR: 109193037 Date: 11/25/1997 Analyst Code: 127053
le Type: CONCERN Time: 09:57:15 Analyst Name: DON COMER FORD
m Type: P PHONE Micro: Letter Code:

mments: More?: Y
#THIS IS THE CLOSING COMMENT
ALER SERVICE MGR. CONTACTED CUSTOMER. DEALER & FOMOCO ZONE MGR. MAKING
ERY EFFORT TO OBTAIN PARTS FOR SAFETY RECALL. PARTS ARE D99. PARTS ARE
T TO BE AVAILABLE UNTIL MARCH - APRIL OF 1998 AS PER FOMOCO. CLOSING.

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 REQUESTED INFORMATION DISPLAYED OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:31:46

t Name: [redacted] VIN: 1ZVPT20C5L5[redacted]
.e Phone: [redacted] Bus.Phone: [redacted] Ext: FAX
.ler: DON COMER FORD INC Dist/Reg: 27

TACT NBR: 109193037 Date: 12/02/1997 Analyst Code: 3347SF
.e Type: CONCERN Time: 11:08:12 Analyst Name: FOSSEE
m Type: O OUT CALL Micro: Letter Code:

ments: More?: Y
· EXECUTIVE OFFICES-RECALL REPORT ***
TOMER SAYS:
HAVE BEEN WAITING FOR 6 MONTHS FOR THE SEATBELT RECALL (96S99,96S48) TO BE
PLETED ON MY PROBE
EY DO NOT KNOW WHEN THE PART WILL BE IN

CUSTOMER, DEALER SAYS:
IE PARTS ARE ON BACK ORDER

STOMER SEEKS:
) HAVE RECALL PERFORMED
=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 **REQUESTED INFORMATION DISPLAYED** OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:31:50

t Name: [redacted] VIN: 1ZVPT20C5L5[redacted]
.e Phone: [redacted] Bus.Phone: [redacted] Ext: FAX
.ler: DON COMER FORD INC Dist/Reg: 27

TACT NBR: 109193037 Date: 12/02/1997 Analyst Code: 3347SF
.e Type: CONCERN Time: 11:08:14 Analyst Name: FOSSEE
m Type: U UPDATE Micro: Letter Code:

ments: More?: Y

ADVISED:
, CONTACTED CUSTOMER AND WAS ADVISED THAT THE DEALER FINALLY RECEIVED THE
T AND IT IS BEING INSTALLED TODAY
JSTOMER WAS FRUSTRATED AND UPSET THAT IT WOULD TAKE FORD SO LONG TO HAVE A
ETY RECALL PERFORMED
, APOLIGISED FOR HER DELAY AND THANKED HER FOR HER PATIENCE

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 **REQUESTED INFORMATION DISPLAYED** OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:31:53

t Name: [redacted]
.e Phone: [redacted] Bus.Phone: [redacted]
.ler: DON COMER FORD INC

VIN: 1ZVPT20C5L5[redacted]
Ext: FAX
Dist/Reg: 27

'TACT NBR: 109193037 Date: 12/09/1997 Analyst Code: 000000000
.e Type: CONCERN Time: 22:09:33 Analyst Name: SYSTEMS
m Type: K Micro: Letter Code:

ments: More?: N
'TACT CLOSED BY SYSTEM - IN PENDING 7 DAYS

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 REQUESTED INFORMATION DISPLAYED OGDB118

>R0087 **MORS II O.R. VIN Customer Selection** 09/22/1998 15:32:37

I: 1ZVPT20C9L5[redacted]

lel: PROBE

lel Year: 90

SELECT an O.R. Customer: Type an "X" in the "A" column and Press ENTER

S	Acqd	Last Name	First Name	MI	Address	City	St	Zip
:	NEW	[redacted]				LAPEER	MI	48446

=HELP F3=EXIT F7=FIRST F8=NEXT

)2 REQUESTED INFORMATION DISPLAYED OGDB118

R0003 **MORS II Basic Information** 09/22/1998 15:33:00

e Type: _____ **CONTACT NBR:** _____
1ZVPT20C9L5[redacted]
T NAME: [redacted] **ZIP/PC:** [redacted]-2149
le: MR First Name: [redacted] MI: _
ress: [redacted]
y: LAPEER ST/PV: MI CC: USA
e Phone: ___ _____ Business Phone: ___ _____ Ext: _____
r: 90 Model: PROBE
eage/Km: _____

.ler Name: _____ **SALES CODE:** 148028
.sal Code: ___ ___ ___ Symptoms: _____ _____ _____ _____
quiry Code _____ _____ _____ _____ _____
v Sales: _ (1 or 2)
: Code: _
m Type: _ Micro Nbr: _____

:YS: 1=HLP 2=VLC 3=EXT 4=CDB 5=ADD 7=CST 8=RCLL 9=ESP 10=OASIS 11=WTY 12=DLR
OGDB118

R0087 **MORS II O.R. VIN Customer Selection** 09/22/1998 15:34:26

': 1ZVPT21U9M5[redacted]

.el: PROBE

.el Year: 91

SELECT an O.R. Customer: Type an "X" in the "A" column and Press ENTER

Acqd	Last Name	First Name	MI	Address	City	St	Zip

=HELP F3=EXIT F7=FIRST F8=NEXT

:3 NO CUSTOMER DATABASE INFORMATION FOR THIS REQUEST OGDB118

R0004 **MORS II Contact History Summary by VIN** 09/22/1998 15:36:14

: 1ZVPT20C3L5[redacted] Year: 90 Model: PROBE

TRANSFER contact information: Type a "T" in the "A" column and Press ENTER
VIEW contact information: Type a "X" in the "A" column and Press ENTER

Contact Number	Form/ File Type	Open Date	Close Date	Last Hdlg Date	Status	O.R. Customer
.09275098	INFO	12/17/1997	12/17/1997	01/09/1998	CLOSED	[redacted]

=HELP F3=EXIT F7=FIRST F8=NEXT
)20 **FIRST VIN SUMMARY SCREEN DISPLAYED** OGDB118

R0013 **MORS II Information Contact** 09/22/1998 15:35:45

ROIT 48 Zn/Tr: A1 M/A: CONTACT NBR: 109275098 Opened: 12/17/1997
: 1ZVPT20C3L5[redacted] Closed: 12/17/1997
t Name: [redacted] Status: CLOSED
le: MR First Name: [redacted] MI:
ress: [redacted]
y: DEARBORN HTS ST/PV: MI Zip/PC: [redacted]-3944 CC: USA
e Phone: [redacted] Business Phone: [redacted] Ext:
r: 90 Model: PROBE
eage/Km: 1 WSD: 12/21/1990

ler Name: VILLAGE FORD INC Sales Code: 148027 P&A: 02737
sal Code: 1012 Symptoms: 104100
gin: GO
v Sales: 1 (1 or 2)
low Up?: N Assist Code: Award Amt:

ld Date: 05/04/1990 Calibration: 0FF2XA1

:EN1991 NEW 36/060,000 TOTAL DED:$ 50 EXP: 60000 12/21/93
n Recall: 96S48 Owner Notif: 0
HELP F3=EXIT F4=CMTS F5=ADD F6=UPD F9=CLOSE F10=CRN UP F11=REG UPG PF12=CAN
53 REQUESTED CONTACT DISPLAYED OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:35:50

t Name: [redacted] VIN: 1ZVPT20C3L5[redacted]
e Phone: [redacted] Bus.Phone: [redacted] Ext:
.ler: VILLAGE FORD INC Dist/Reg: 48

TACT NBR: 109275098 Date: 12/17/1997 Analyst Code: 8525JO
.e Type: INFO Time: 17:26:30 Analyst Name: O'BRIEN
m Type: P PHONE Micro: Letter Code:

uments: More?: Y
: NAVIS: ORIGINAL *** RECALL INVOLVEMENT 96S48 AND 96S99 ****
STOMER SAYS:
AS A RECALL ON PROBES SEATBELTS ABOUT 6 MONTHS AGO. THEY FAILED ON HIM LAST
URDAY.
IVERS SEATBELT IS FAULTY BUT NOT BROKEN. HE FIXED IT HIMSELF AND IT WORKED
R TWO DAYS, BUT THEN QUIT WORKING AGAIN.
HE MOTOR IS RUNNING FINE. I HOOKED IT BACK UP MYSELF AND MOTOR WORKED FINE,
T AFTER THE DEALER INSPECTED IT THE CABLE WAS HANGING OUT OF THE TRACK.
EN THE CABLE CAME OUT OF THE TRACK HE WAS ABLE TO PUT IT BACK IN THE TRACK
O MOTOR WORKED FINE.

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
196 **FIRST COMMENTS FOR CONTACT** OGDB118

t Name: [redacted]
e Phone: [redacted] Bus.Phone: [redacted]
.ler: VILLAGE FORD INC

VIN: 1ZVPT20C3L5[redacted]
Ext:
Dist/Reg: 48

TACT NBR: 109275098 Date: 12/17/1997 Analyst Code: 8525JO
.e Type: INFO Time: 17:26:31 Analyst Name: O'BRIEN
m Type: U UPDATE Micro: Letter Code:

uments: More?: Y
: CUSTOMER, DEALER SAYS:
.Y TAKE 6-15 WEEEKS TO RESOLVE CONCERNS
.LLED SIX MONTHS AGO AND THEY SAID THERE ARE NO PARTS AND THEN THE SEATBELT
T OUT AND NOW THEY SAY NOW PARTS UNTIL MARCH.
: MADE OUTBOUND CALL TO VILLAGE FORD TO INQUIRE ABOUT PART # TO SEE IF TRU
I LOCATED PARTS. CSR CALLED BACK FOR SECOND ATTEMPT TO SPEAK WITH PARTS. NO
ER WITH PARTS DEPARTMENT. SPOKE WITH MANAGER AND SHE CONFIRMED THAT PART
.L NOT BE AVAILABLE UNTIL MARCH. MOTOR PART # IS F72Z61610D45C DRIVER'S
)E TRACK AND MOTOR. HAVE TRACK IN STOCK. RIGHT SIDE IS FINE. PASSENGER
)E IS FINE. SHE WILL BE IN CONTACT WITH THE PARTS MANAGER TO SEE IF SHE CAN
'EDITE THE ORDER. SHE WILL CALL HIM TOMORROW IF THERE IS BETTER INFO.
:HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 **REQUESTED INFORMATION DISPLAYED** OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:35:56

t Name: [redacted] VIN: 1ZVPT20C3L5[redacted]
e Phone: [redacted] Bus.Phone: [redacted] Ext:
ler: VILLAGE FORD INC Dist/Reg: 48

TACT NBR: 109275098 Date: 12/17/1997 Analyst Code: 8525JO
e Type: INFO Time: 17:26:33 Analyst Name: O'BRIEN
m Type: U UPDATE Micro: Letter Code:

ments: More?: Y

TOMER SEEKS:
E PARTS AND RECALLS PERFORMED

: ADVISED:
NFORMED CUSTOMER FORD MAY EXPERIENCE A BACK - ORDER SITUATION
NFORMED CUSTOMER PARTS MANAGER CAN PROVIDE MOST CURRENT UPDATES ON PART
AYS

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 **REQUESTED INFORMATION DISPLAYED** OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:35:59

t Name: [redacted] VIN: 1ZVPT20C3L5[redacted]
e Phone: [redacted] Bus.Phone: [redacted] Ext:
ler: VILLAGE FORD INC Dist/Reg: 48

TACT NBR: 109275098 Date: 12/19/1997 Analyst Code: 148027
e Type: INFO Time: 11:13:52 Analyst Name: VILLAGE FORD I
m Type: V VISIT Micro: Letter Code:

ments: More?: Y
STOMER CAME IN 12/19/97. VILLAGE REPLACED THE PASSIVE RESTRAINT TRACK AND
'AIRED THE MOTOR. THE SEAT BELT CURRENTLY WORKS BUT THE MOTOR WILL STILL
ED TO BE REPLACED BECAUSE A BUSHING IS WORN OUT WHICH HOLDS THE CABLE IN
ACE. THE MOTOR IS NOT EXPECTED TO BE IN UNTIL THE END OF JANUARY.

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 REQUESTED INFORMATION DISPLAYED OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:36:03

;t Name: [redacted] VIN: 1ZVPT20C3L5[redacted]
ıe Phone: [redacted] Bus.Phone: [redacted] Ext:
ıler: VILLAGE FORD INC Dist/Reg: 48

TACT NBR: 109275098 Date: 01/09/1998 Analyst Code: 6081DR
le Type: INFO Time: 10:57:49 Analyst Name: ROBINSON
m Type: M MAIL Micro: 9891084 Letter Code: F52D

mments: More?: Y
* LETTER DATED 12-19-97 ***
* NAVIS: ORIGINAL ***
STOMER WRITES:
JSOTMER IS REITERATING THE SAME CONCERSN
E IS UPSET THE HAS VEHICLE ISN'T REPAIRED
ANTS TO HAVE THE RECALL PERFORMED

R CUSTOMER, DEALER SAYS:
) CONTACT

STOMER SEEKS:
=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 **REQUESTED INFORMATION DISPLAYED** OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:36:06

t Name: [redacted] VIN: 1ZVPT20C3L5[redacted]
.e Phone: [redacted] Bus.Phone: [redacted] Ext:
.ler: VILLAGE FORD INC Dist/Reg: 48

TACT NBR: 109275098 Date: 01/09/1998 Analyst Code: 6081DR
.e Type: INFO Time: 10:57:51 Analyst Name: ROBINSON
m Type: U UPDATE Micro: 9891084 Letter Code:

ments: More?: N
) KNOW WHEN THE PARTS WILL BE IN

: ADVISED:
NT CUSTOMER AN AUTOMATED LETTER -F52D- SUPPORT INFORMATION PROVIDED BY OUR
PANY REPRESENTATIVE

HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
02 REQUESTED INFORMATION DISPLAYED OGDB118

R0004 **MORS II Contact History Summary by VIN** 09/22/1998 15:37:05

: 1ZVPT20C5N5[redacted] Year: 92 Model: PROBE

TRANSFER contact information: Type a "T" in the "A" column and Press ENTER
VIEW contact information: Type a "X" in the "A" column and Press ENTER

Contact Number	Form/ File Type	Open Date	Close Date	Last Hdlg Date	Status	O.R. Customer
.09295722	INQ	12/26/1997	02/16/1998	02/16/1998	CLOSED	[redacted]
.09136631	INFO	11/07/1997	11/07/1997	11/07/1997	CLOSED	

:HELP F3=EXIT F7=FIRST F8=NEXT
)20 **FIRST VIN SUMMARY SCREEN DISPLAYED** OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:37:39

t Name: [redacted] VIN: 1ZVPT20C5NS[redacted]
e Phone: NA NA-A NA Bus.Phone: NA NA-A NA Ext:
ler: VENUS FORD OF CUDAHY, Dist/Reg: 41

TACT NBR: 109295722 Date: 02/16/1998 Analyst Code: 6657JB
e Type: INQ Time: 12:53:38 Analyst Name: BAIRD
m Type: U UPDATE Micro: Letter Code:

ments: More?: N
S IS THE CLOSING COMMENT
H ADDCO: CLOSED CONTACT, NO FURTHER TRU FOLLOW UP REQUIRED.

:HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 **REQUESTED INFORMATION DISPLAYED** OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:37:36

:t Name: [redacted] VIN: 1ZVPT20C5N[redacted]
ie Phone: NA NA-A NA Bus.Phone: NA NA-A NA Ext:
ıler: VENUS FORD OF CUDAHY, Dist/Reg: 41

NTACT NBR: 109295722 Date: 01/09/1998 Analyst Code: 8388MM
.e Type: INQ Time: 16:30:55 Analyst Name: MCDONALD
ım Type: U UPDATE Micro: Letter Code:

mments: More?: Y
?ARTS INFORMATION

: ADVISED:
NFORMATION HAS BEEN DOCUMENTED AND FORWARDED TO THE DEALER ALONG WITH A COPY
THE REGIONAL OFFICE
EQUEST MR. JEFF LENNIE (CUST REL MNGR) TO CONTACT THE CUSTOMER WITHIN 2
SINESS DAYS

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 REQUESTED INFORMATION DISPLAYED OGDB118

R0062 **MORS II Inquiry Contact** 09/22/1998 15:37:16

CAGO 41 Zn/Tr: E1 M/A: CONTACT NBR: 109295722 Opened: 12/26/1997
: 1ZVPT20C5N5[redacted] Analyst: 8833RR Closed: 02/16/1998
t Name: [redacted] Status: CLOSED
le: MS First Name: [redacted] MI:
ress: [redacted]
y: SOUTH MILWAUKEE ST/PV: WI Zip/PC: [redacted] CC: USA
e Phone: NA NA-A NA Business Phone: NA NA-A NA Ext:
r: 92 Model: PROBE
eage/Km: WSD: 06/20/1992

ler Name: VENUS FORD OF CUDAHY, SALES CODE: 141056 P&A: 06184
sal Code: Symptoms:
uiry Code: 700 PARTS 1601 TECHNICAL RESEARCH REQUES

More Comments?: Y
low Up?: Y Comm Type: P Micro Nbr: Letter Code:
MILEAGE UNAVAILABLE ***

HELP F3=EXIT F4=CMTS F5=ADD F6=UPD F9=CLS F10=CRN UP F11=REGN UP F12=INFO UP
53 **REQUESTED CONTACT DISPLAYED** OGDB118

:R0010 **MORS II Contact Comments** 09/22/1998 15:37:24

:t Name: [redacted] VIN: 1ZVPT20C5N5[redacted]
ıe Phone: NA NA-A NA Bus.Phone: NA NA-A NA Ext:
.ler: VENUS FORD OF CUDAHY, Dist/Reg: 41

ITACT NBR: 109295722 Date: 12/26/1997 Analyst Code: 8833RR
.e Type: INQ Time: 15:52:34 Analyst Name: RADDEN
ım Type: P PHONE Micro: Letter Code:

ıments: More?: Y
' MILEAGE UNAVAILABLE ***
' PARTS DELAY OVER 30 DAYS ***
ITOMER SAYS:
3HE HAS BEEN WAITING FOR THE PARTS ON HER VEHICLE FOR TWO MONTHS
3HE CALLED TO INQUIRE WHEN THE PARTS WILL BE IN AND THEY SAID ANOTHER
) MONTHS

(CUSTOMER, DEALER SAYS:
'ER NO NAME GIVEN
'HE PART WILL BE IN ANOTHER TWO MONTHS

:HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
OGDB118

>R0010 **MORS II Contact Comments** 09/22/1998 15:37:28

:t Name: [redacted] VIN: 1ZVPT20C5N5[redacted]
ie Phone: NA NA-A NA Bus.Phone: NA NA-A NA Ext:
:ler: VENUS FORD OF CUDAHY, Dist/Reg: 41

JTACT NBR: 109295722 Date: 12/26/1997 Analyst Code: 8833RR
.e Type: INQ Time: 15:52:35 Analyst Name: RADDEN
m Type: U UPDATE Micro: Letter Code:

mments: More?: Y
STOMER SEEKS:
:O HAVE PARTS FOR THE VEHICLE

: ADVISED:
INFORMED CUSTOMER FORD MAY EXPERIENCE A BACK - ORDER SITUATION
INFORMED CUSTOMER PARTS MANAGER CAN PROVIDE MOST CURRENT UPDATES ON PART
LAYS

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 REQUESTED INFORMATION DISPLAYED OGDB118

:R0010 **MORS II Contact Comments** 09/22/1998 15:37:32

t Name: [redacted] VIN: 1ZVPT20C5N5[redacted]
ıe Phone: NA NA-A NA Bus.Phone: NA NA-A NA Ext:
.ler: VENUS FORD OF CUDAHY, Dist/Reg: 41

ITACT NBR: 109295722 Date: 01/09/1998 Analyst Code: 8388MM
.e Type: INQ Time: 16:30:53 Analyst Name: MCDONALD
m Type: C CALL BACK Micro: Letter Code:

mments: More?: Y
: PARTS DELAY OVER 30 DAYS ***
: THIS CONTACT IS OPENED DUE TO OPEN RECALL 96S48 ***
STOMER SAYS:
:USTOMER HAS BEEN WAITING FOR PART FOR VEHICLE SINCE OCTOBER 1997
/EHICLE IS CURRENTLY AT THE DEALERSHIP
:USTOMER CURRENTLY HAS A LOANER VEHICLE

R CUSTOMER, DEALER SAYS:
NO CONTACT WITH DEALER

STOMER SEEKS:
=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
302 REQUESTED INFORMATION DISPLAYED OGDB118

R0013 **MORS II Information Contact** 09/22/1998 15:38:05

CAGO 41 Zn/Tr: E1 M/A: CONTACT NBR: 109136631 Opened: 11/07/1997
: 1ZVPT20C5N[redacted] Closed: 11/07/1997
t Name: [redacted] Status: CLOSED
le: MS First Name: [redacted] MI:
ress: [redacted]
y: SOUTH MILWAUKEE ST/PV: WI Zip/PC: [redacted] CC: USA
e Phone: NA NA-A NA Business Phone: NA NA-A NA Ext:
r: 92 Model: PROBE
eage/Km: 1 WSD: 06/20/1992

ler Name: VENUS FORD OF CUDAHY, Sales Code: 141056 P&A: 06184
sal Code: 1204 Symptoms: 104100
gin: GO
v Sales: 1 (1 or 2)
low Up?: N Assist Code: Award Amt:

ld Date: 12/09/1991 Calibration: 0FF2XA1

:NO ESP FOR THIS VEHICLE DED:00000 EXP:000000
n Recall: NONE Owner Notif: 0
=HELP F3=EXIT F4=CMTS F5=ADD F6=UPD F9=CLOSE F10=CRN UP F11=REG UPG PF12=CAN
53 REQUESTED CONTACT DISPLAYED OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:38:10

;t Name: [redacted] VIN: 1ZVPT20C5N5[redacted]
ıe Phone: NA NA-A NA Bus.Phone: NA NA-A NA Ext:
ıler: VENUS FORD OF CUDAHY, Dist/Reg: 41

ITACT NBR: 109136631 Date: 11/07/1997 Analyst Code: 6081DR
.e Type: INFO Time: 18:09:19 Analyst Name: ROBINSON
ım Type: M MAIL Micro: Letter Code: PC01

ıments: More?: Y
' MILEAGE UNAVAILABLE ***
' NAVIS: SUBSEQUENT ***
' LETTER DATED 10-27-97 ***
STOMER WRITES:
IE PARTS FOR MY SEATBELT RECALL AREN'T IN
HAVE A ENTAL VEHICLE FOR THE TIME MY CAR IS UNOPERABLE

R CUSTOMER, DEALER SAYS:
) CONTACT

STOMER SEEKS:
=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
L96 FIRST COMMENTS FOR CONTACT OGDB118

:R0010 **MORS II Contact Comments** 09/22/1998 15:38:19

t Name: [redacted] VIN: 1ZVPT20C5N[redacted]
ıe Phone: NA NA-A NA Bus.Phone: NA NA-A NA Ext:
.ler: VENUS FORD OF CUDAHY, Dist/Reg: 41

TACT NBR: 109136631 Date: 11/07/1997 Analyst Code: 6081DR
.e Type: INFO Time: 18:09:20 Analyst Name: ROBINSON
m Type: U UPDATE Micro: Letter Code:

uments: More?: N
)RD'S ASSISTANCE

: ADVISED:
ADE OBC TO DIRECTORY ASSISTANCE BUT NUMBER WASN'T LISTED
ENT CUSTOMER AN AUTOMATED LETTER -PC01- CONTACT THE CAC
'NEXT CSR PLEASE ADVISE***
HE DEALERSHIP IS IN THE BEST POSITION TO ASSIST YOU
'THANK YOU***

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 **REQUESTED INFORMATION DISPLAYED** OGDB118

)R0004 **MORS II Contact History Summary by VIN** 09/22/1998 15:41:45

I: 1ZVPT21U8L5[redacted] Year: 90 Model: PROBE

TRANSFER contact information: Type a "T" in the "A" column and Press ENTER
VIEW contact information: Type a "X" in the "A" column and Press ENTER

Contact Number	Form/ File Type	Open Date	Close Date	Last Hdlg Date	Status	O.R. Customer
.09142290	INFO	11/10/1997	11/10/1997	11/10/1997	CLOSED	[redacted]
.07703875	INFO	10/30/1996	10/30/1996	10/30/1996	CLOSED	
.04500434	INFO	08/05/1994	08/05/1994	08/05/1994	CLOSED	

=HELP F3=EXIT F7=FIRST F8=NEXT
)20 **FIRST VIN SUMMARY SCREEN DISPLAYED** OGDB118

)R0013 **MORS II Information Contact** 09/22/1998 15:41:53

:ROIT 48 Zn/Tr: B2 M/A: CONTACT NBR: 109142290 Opened: 11/10/1997
I: 1ZVPT21U8LS[redacted] Closed: 11/10/1997
:t Name: [redacted] Status: CLOSED
:le: MR First Name: [redacted] MI:
lress: [redacted]
:y: STEPHENSVILLE ST/PV: MI Zip/PC: [redacted] CC: USA
ıe Phone: [redacted] Business Phone: [redacted] Ext:
ır: 90 Model: PROBE
.eage/Km: 140000 WSD: 04/20/1990

ıler Name: SIEMANS FORD INC Sales Code: 148580 P&A: 09629
ısal Code: 1220 Symptoms: 104100
.gin: GO
:v Sales: 1 (1 or 2)
.low Up?: N Assist Code: Award Amt:

ıld Date: 03/21/1990 Calibration: 009BR05

?:NO ESP FOR THIS VEHICLE DED:00000 EXP:000000
an Recall: NONE Owner Notif: 0
=HELP F3=EXIT F4=CMTS F5=ADD F6=UPD F9=CLOSE F10=CRN UP F11=REG UPG PF12=CAN
)53 **REQUESTED CONTACT DISPLAYED** OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:41:58

ıt Name: [redacted] VIN: 1ZVFT21U8L5[redacted]
ıe Phone: [redacted] Bus.Phone: [redacted] Ext:
ıler: SIEMANS FORD INC Dist/Reg: 48

NTACT NBR: 109142290 Date: 11/10/1997 Analyst Code: 9266PH
le Type: INFO Time: 16:42:35 Analyst Name: HOGAN
mm Type: P PHONE Micro: Letter Code:

mments: More?: Y
STOMER SAYS:
CUSTOMER HAD DRIVERS SEATBELT REPAIRED 4/11/94 AT A FORD DEALERSHIP
CUSTOMER GOT RECALL NOTICE 10/96
12/96 HAD THE VEHICLE INSPECTED (LOOKED AT THE SEATBELTS MOVE) AND
CEIVED A REFUND
THE PASSENGER SEATBELT IS NOW LOCKED IN THE UP POSITION
2 DAYS AGO THE DRIVERS SIDE SEATBELT GOT STUCK AND WILL NOT MOVE EITHER
AN NOT BE USED)

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
196 FIRST COMMENTS FOR CONTACT OGDB118

>R0010 **MORS II Contact Comments** 09/22/1998 15:42:02

st Name: [redacted] VIN: 1ZVPT21U8L5[redacted]
ne Phone: [redacted] Bus.Phone: [redacted] Ext:
aler: SIEMANS FORD INC Dist/Reg: 48

NTACT NBR: 109142290 Date: 11/10/1997 Analyst Code: 9266PH
le Type: INFO Time: 16:42:37 Analyst Name: HOGAN
nm Type: U UPDATE Micro: Letter Code:

nments: More?: Y
R CUSTOMER, DEALER SAYS:
THE VEHICLE IS BEYOND 6 YEARS AND 60,000 MILES AND THE RECALL HAS BEEN
OSED OUT

STOMER SEEKS:
TO HAVE THE SEATBELTS REPAIRED AGAIN UNDER THE RECALL
WOULD LIKE TO HAVE THE SEATBELTS PUT IN THE LOCKED POSITION AT LEAST

C ADVISED:
RECALLS ARE ONLY PERFORMED ONCE
THE WARRANTY FOR THOSE PARTS IS 12/12
=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 REQUESTED INFORMATION DISPLAYED OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:42:05

:t Name: [redacted]
ie Phone: [redacted] Bus.Phone: [redacted]
tler: SIEMANS FORD INC

VIN: 1ZVPT21U8L5[redacted]
Ext:
Dist/Reg: 48

TACT NBR: 109142290 Date: 11/10/1997 Analyst Code: 9266PH
.e Type: INFO Time: 16:42:38 Analyst Name: HOGAN
m Type: U UPDATE Micro: Letter Code:

mments: More?: N
WARRANTY HAS EXPIRED

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 REQUESTED INFORMATION DISPLAYED OGDB118

R0013 **MORS II Information Contact** 09/22/1998 15:42:14

ROIT 48 Zn/Tr: D2 M/A: CONTACT NBR: 107703875 Opened: 10/30/1996
: 1ZVPT21U8LS[redacted] Closed: 10/30/1996
t Name: [redacted] Status: CLOSED
le: MR First Name: [redacted] MI:
ress: [redacted]
y: STEPHENSVILLE ST/PV: MI Zip/PC: [redacted] CC: USA
e Phone: 616 465-5596 Business Phone: 616 465-5596 Ext:
r: 90 Model: PROBE
eage/Km: 1 WSD: 04/20/1990

.ler Name: BEST FORD LINCOLN-MERC Sales Code: 148579 P&A: 09625
sal Code: 1206 Symptoms: 801000
gin: GO
v Sales: 1 (1 or 2)
.low Up?: N Assist Code: Award Amt:

.ld Date: 03/21/1990 Calibration: 009BR05

':NO ESP FOR THIS VEHICLE DED:00000 EXP:000000
n Recall: 96S99 Owner Notif: 0
:HELP F3=EXIT F4=CMTS F5=ADD F6=UPD F9=CLOSE F10=CRN UP F11=REG UPG PF12=CAN
)53 REQUESTED CONTACT DISPLAYED OGDB118

t Name: [redacted] VIN: 1ZVPT21U8L5[redacted]
e Phone: [redacted] Bus.Phone: [redacted] Ext:
.ler: BEST FORD LINCOLN-MERC Dist/Reg: 48

TACT NBR: 107703875 Date: 10/30/1996 Analyst Code: 0604MR
.e Type: INFO Time: 16:49:10 Analyst Name: RITCHIE
m Type: P PHONE Micro: Letter Code:

ments: More?: N

TOMER SEEKS:
O KNOW WHEN HE CAN EXPECT TO RECEIVE CHECK FOR RECALL REFUND

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
96 FIRST COMMENTS FOR CONTACT OGDB118

)R0013 **MORS II Information Contact** 09/22/1998 15:42:28

:ROIT 48 Zn/Tr: D2 M/A: CONTACT NBR: 104500434 Opened: 08/05/1994
]: 1ZVPT21U8L5[redacted] Closed: 08/05/1994
;t Name: [redacted] Status: CLOSED
:le: MR First Name: ADAM MI:
lress: [redacted]
:y: STEPHENSVILLE ST/PV: MI Zip/PC: [redacted] CC: USA
ie Phone: [redacted] Business Phone: [redacted] Ext:
ar: 90 Model: PROBE
leage/Km: 70000 WSD: 04/20/1990

aler Name: BEST FORD LINCOLN-MERC Sales Code: 148579 P&A: 09625
isal Code: 02 Symptoms: 301100
lgin: GO
:v Sales: 1 (1 or 2)
llow Up?: N Assist Code: Award Amt:

ild Date: 03/21/1990 Calibration: 009BR05

P:NO ESP FOR THIS VEHICLE DED:00000 EXP:000000
en Recall: NONE Owner Notif: 0
=HELP F3=EXIT F4=CMTS F5=ADD F6=UPD F9=CLOSE F10=CRN UP F11=REG UPG PF12=CAN
001 INCORRECT KEY HAS BEEN SELECTED, CHECK AND TRY AGAIN OGDB118

>R0010 **MORS II Contact Comments** 09/22/1998 15:42:35

t Name: [redacted] VIN: 1ZVPT21U8L5[redacted]
e Phone: [redacted] Bus.Phone: [redacted] Ext:
ler: BEST FORD LINCOLN-MERC Dist/Reg: 48

TACT NBR: 104500434 Date: 08/05/1994 Analyst Code: 7060MG
.e Type: INFO Time: 14:35:45 Analyst Name: GRAY
m Type: P PHONE Micro: Letter Code:

ments: More?: N
TOMER SAYS: BRAKES WERE SERVICED 1000 MILES AGO - SQUEEL CONTINUES.

CUSTOMER, DEALERSHIP: REPLACED PADS. SAYS NOISE IS DUE TO METALLIC PADS.

TOMER SEEKS: DOCUMENTATION OF HIS DISSATISFACTION THAT DEALERSIP DID NOT
ISE IN ADVANCE THE NOISE WOULD CONTINUE.

ADVISED: CONCERN WILL BE DOCUMENTED AND FORWARDED TO THE SERVICE MANAGER,
F.

HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
.96 **FIRST COMMENTS FOR CONTACT** OGDB118

)R0004 **MORS II Contact History Summary by VIN** 09/22/1998 15:44:53

I: 1ZVPT20C7M5[redacted] Year: 91 Model: PROBE

TRANSFER contact information: Type a "T" in the "A" column and Press ENTER
VIEW contact information: Type a "X" in the "A" column and Press ENTER

Contact Number	Form/ File Type	Open Date	Close Date	Last Hdlg Date	Status	O.R. Customer
.09444051	INFO	02/09/1998	02/09/1998	02/09/1998	CLOSED	[redacted]
.09282500	CONCERN	12/19/1997	12/30/1997	12/30/1997	CLOSED	

)HELP F3=EXIT F7=FIRST F8=NEXT
)20 **FIRST VIN SUMMARY SCREEN DISPLAYED** OGDB118

)R0013 **MORS II Information Contact** 09/22/1998 15:45:00

:CAGO 41 Zn/Tr: D2 M/A: CONTACT NBR: 109444051 Opened: 02/09/1998
I: 1ZVPT20C7M[redacted] Closed: 02/09/1998
st Name: [redacted] Status: CLOSED
:le: MR First Name: ALAN MI: C
dress: [redacted]
:y: DAVENPORT ST/PV: IA Zip/PC: [redacted] CC: USA
ne Phone: [redacted] Business Phone: [redacted] Ext:
ar: 91 Model: PROBE
.eage/Km: 57000 WSD: 02/27/1991

.ler Name: DAHL FORD DAVENPORT IN Sales Code: 141201 P&A: 20051
.sal Code: 0202 0219 Symptoms: 104200
.gin: GO
:v Sales: 1 (1 or 2)
.low Up?: N Assist Code: W Award Amt:

.ld Date: 12/05/1990 Calibration: 0FF2XM1

?:EN1991 NEW 60/050,000 PLUS DED:$ 50 EXP: 50000 02/27/96
en Recall: NONE Owner Notif: 0
=HELP F3=EXIT F4=CMTS F5=ADD F6=UPD F9=CLOSE F10=CRN UP F11=REG UPG PF12=CAN
)53 **REQUESTED CONTACT DISPLAYED** OGDB118

:t Name: [redacted] VIN: 1ZVPT20C7M[redacted]
ie Phone: [redacted] Bus.Phone: [redacted] Ext:
.ler: DAHL FORD DAVENPORT IN Dist/Reg: 41

'TACT NBR: 109444051 Date: 02/09/1998 Analyst Code: 0424JG
.e Type: INFO Time: 16:05:53 Analyst Name: GARNER
m Type: P PHONE Micro: Letter Code:

uments: More?: Y
NAVIS: SUBSEQUENT ***
'TOMER SAYS:
'HERE ARE NO CURRENT CONCERNS WITH THE VEHICLE
IS SEATBELT SHOULDER HARNESS STOPPED WORKING LAST AUGUST
'HERE WAS A RECALL AND A BACKORDER DELAY ON THIS PART
E FILED A COMPLAINT WITH THE ATTORNEY GENERAL OF IOWA
E RECEIVED A LOANER VEHICLE FROM 12/20/97 TO 1/8/98
'ORD AGREED TO RENT HIM A GEO METRO FROM ENTERPRISE RENTAL CAR
'HIS VEHICLE WAS NOT LARGE ENOUGH FOR HIS NEEDS
E UPGRADED IT TO AN ESCORT
E IS BEING CHARGED FOR THE DIFFERENCE
:HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
.96 FIRST COMMENTS FOR CONTACT OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:45:08

)t Name: [redacted] VIN: 1ZVPT20C7M5[redacted]
)e Phone: [redacted] Bus.Phone: [redacted] Ext:
)ler: DAHL FORD DAVENPORT IN Dist/Reg: 41

)TACT NBR: 109444051 Date: 02/09/1998 Analyst Code: 0424JG
.e Type: INFO Time: 16:05:54 Analyst Name: GARNER
)m Type: U UPDATE Micro: Letter Code:

)ments: More?: Y
)E WILL HEAR FROM HIM AGAIN

: CUSTOMER, DEALER SAYS:
: DAN WICH, SERVICE MANAGER:
'ORD AGREED TO RENT YOU THE METRO, NOT THE ESCORT
'OU ARE REPSONSIBLE FOR THE DIFFERENCE

;TOMER SEEKS:
)O MAKE A COMPLAINT REGARDING THE LOANER VEHICLE HE RECEIVED
)O GET REIMBURSEMENT FOR THE DIFFERENCE BETWEEN THE COST OF THE METRO AND
: PROBE
:HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 **REQUESTED INFORMATION DISPLAYED** OGDB11B

)R0010 **MORS II Contact Comments** 09/22/1998 15:45:11

st Name: [redacted]
ne Phone: [redacted] Bus.Phone: [redacted]
tler: DAHL FORD DAVENPORT IN

VIN: 1ZVPT20C7M[redacted]
Ext:
Dist/Reg: 41

NTACT NBR: 109444051 Date: 02/09/1998 Analyst Code: 0424JG
.e Type: INFO Time: 16:05:56 Analyst Name: GARNER
mm Type: U UPDATE Micro: Letter Code:

mments: More?: N

: ADVISED:
LOANERS ARE NOT A PROVISION OF THE RECALL.
YOU ARE RESPOMSIBLE FOR THE ADDITIONAL COST
THANK YOU FOR YOUR INPUT
: WILL FORWARD THE INFORMATION THROUGH FORD

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 REQUESTED INFORMATION DISPLAYED OGDB118

)R0009 **MORS II Concern Contact** 09/22/1998 15:45:19

:CAGO 41 Zn/Tr: D2 M/A: CONTACT NBR: 109282500 Opened: 12/19/1997
I: 1ZVPT20C7M5[redacted] Closed: 12/30/1997
:t Name: [redacted] Status: CLOSED
:le: MR First Name: [redacted] MI: C
lress: [redacted]
:y: DAVENPORT ST/PV: IA Zip/PC: [redacted] CC: USA
ıe Phone: [redacted] Business Phone: [redacted] Ext:
ır: 91 Model: PROBE
.eage/Km: 56000 WSD: 02/27/1991

ıler Name: DAHL FORD DAVENPORT IN Sales Code: 141201 P&A: 20051
ısal Code: 1204 Symptoms: 104200
.gin: GO Trans Date:
:v Sales: 1 (1 or 2) Contacted: 12/23/1997
ı Code: Assist Code: W Award Amt: Resolv: Y (Y or N)
.low Up: N
.ld Date: 12/05/1990 Calibration: 0FF2XM1

):EN1991 NEW 60/050,000 PLUS DED:$ 50 EXP: 50000 02/27/96
en Recall: NONE Owner Notif: 0 **EXPIRED**
:HELP F2=SURVEY F3=EXIT F4=COMMENT F5=ADD F6=UPD F9=CLOSE F11=UPG F12=CANC
)53 **REQUESTED CONTACT DISPLAYED** OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:45:26

ıt Name: [redacted] VIN: 1ZVPT20C7M5[redacted]
ıe Phone: [redacted] Bus.Phone: [redacted] Ext:
ıler: DAHL FORD DAVENPORT IN Dist/Reg: 41

NTACT NBR: 109282500 Date: 12/19/1997 Analyst Code: 5940AC
.e Type: CONCERN Time: 14:30:30 Analyst Name: CROWDER
ım Type: P PHONE Micro: Letter Code:

ıments: More?: Y
' VEHICLE INVOLVED IN RECALL 96S99 ***
' VEHICLE INVOLVED IN RECALL 96S48 ***
' NAVIS: SUBSEQUENT ***
STOMER SAYS:
)0# NHTSA WEB SITE
IE VEHICLE HAS BEEN HAVING SEAT BELT CONCERNS
N THE DRIVER SIDE THE BELT CABLE CAME OUT OF THE SLOT
IE LONGER IT TAKES FOR THE PART TO ARRIVE THE LONGER THE CUSTOMER IS UNSAFE

R CUSTOMER, DEALER SAYS:
IE PART IS ON BACK ORDER
:HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
196 FIRST COMMENTS FOR CONTACT OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:45:37

it Name: [redacted] VIN: 1ZVPT20C7M5[redacted]
ie Phone: [redacted] Bus.Phone: [redacted] Ext:
ler: DAHL FORD DAVENPORT IN Dist/Reg: 41

TACT NBR: 109282500 Date: 12/19/1997 Analyst Code: 5940AC
.e Type: CONCERN Time: 14:30:32 Analyst Name: CROWDER
m Type: U UPDATE Micro: Letter Code:

ments: More?: Y

TOMER SEEKS:
CALL PERFORMED

ADVISED:
NFORMED CUSTOMER FORD MAY EXPERIENCE A BACK - ORDER SITUATION
NFORMED CUSTOMER PARTS MANAGER CAN PROVIDE MOST CURRENT UPDATES ON PART
AYS

HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
02 REQUESTED INFORMATION DISPLAYED OGDB118

DR0010 **MORS II Contact Comments** 09/22/1998 15:45:42

t Name: [redacted] VIN: 1ZVPT20C7M5[redacted]
e Phone: [redacted] Bus.Phone: [redacted] Ext:
ler: DAHL FORD DAVENPORT IN Dist/Reg: 41

TACT NBR: 109282500 Date: 12/23/1997 Analyst Code: 141201
e Type: CONCERN Time: 17:06:34 Analyst Name: DAHL FORD DAVE
m Type: P PHONE Micro: Letter Code:

ments: More?: Y
THIS IS THE CLOSING COMMENT
TOMER CONTACTED BY BECKY OSWALD, WARRANTY ADM. ADVISED CUSTOMER THAT SZM WA
ORKING ON EXPEDITING PART TO REPAIR INOP LT SEAT BELT & THAT WE ALREADY HAV
HE RIGHT SIDE. SZM ADVISED TO PUT CUSTOMER IN LOANER CAR. CUSTOMER IS HAPPY
H THIS & WILL PICK UP LOANER CAR ON 12/24/1997 & DELIVER HIS CAR TO US ON
26/97.

HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
02 **REQUESTED INFORMATION DISPLAYED** OGDB118

R0010 **MORS II Contact Comments** 09/22/1998 15:45:45

t Name: [redacted] VIN: 1ZVPT20C7MS[redacted]
e Phone: [redacted] Bus.Phone: [redacted] Ext:
ler: DAHL FORD DAVENPORT IN Dist/Reg: 41

TACT NBR: 109282500 Date: 12/30/1997 Analyst Code: 000000000
e Type: CONCERN Time: 22:04:39 Analyst Name: SYSTEMS
m Type: K Micro: Letter Code:

ments: More?: N
TACT CLOSED BY SYSTEM - IN PENDING 7 DAYS

HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
02 REQUESTED INFORMATION DISPLAYED OGDB118

DR0004 **MORS II Contact History Summary by VIN** 09/22/1998 15:46:47

N: 1ZVPT20C5M5[redacted] Year: 91 Model: PROBE

TRANSFER contact information: Type a "T" in the "A" column and Press ENTER
VIEW contact information: Type a "X" in the "A" column and Press ENTER

Contact Number	Form/ File Type	Open Date	Close Date	Last Hdlg Date	Status	O.R. Customer
108931538	CONCERN	09/18/1997	10/16/1997	12/04/1997	CLOSED	[redacted]

=HELP F3=EXIT F7=FIRST F8=NEXT
020 **FIRST VIN SUMMARY SCREEN DISPLAYED** OGDB118

OR0009 **MORS II Concern Contact** 09/22/1998 15:46:52

R 10 Zn/Tr: E1 M/A: E CONTACT NBR: 108931538 Opened: 09/18/1997
N: 1ZVPT20C5M[redacted] Closed: 10/16/1997
st Name: [redacted] Status: CLOSED
tle: MR First Name: [redacted] MI:
dress: [redacted]
ty: OAKDALE ST/PV: LA Zip/PC: [redacted] CC: USA
ne Phone: [redacted] Business Phone: [redacted] Ext:
ar: 91 Model: PROBE
leage/Km: 90000 WSD: 12/28/1990

aler Name: HEAD FORD, MERC, LINC, Sales Code: 123252 P&A: 06541
usal Code: 1012 1203 Symptoms: 104000
gin: GO Trans Date:
rv Sales: 1 (1 or 2) Contacted: 10/09/1997
t Code: Assist Code: W Award Amt: Resolv: Y (Y or N)
llow Up: N
ild Date: 12/12/1990 Calibration: 0FF2XA1

P:NO ESP FOR THIS VEHICLE DED:00000 EXP:000000
en Recall: 96S48 Owner Notif: 0
=HELP F2=SURVEY F3=EXIT F4=COMMENT F5=ADD F6=UPD F9=CLOSE F11=UPG F12=CANC
053 REQUESTED CONTACT DISPLAYED OGDB118

t Name: [redacted]
e Phone: [redacted] Bus.Phone: [redacted]
aler: HEAD FORD, MERC, LINC,

VIN: 1ZVPT20C5MS[redacted]
Ext:
Dist/Reg: 10

TACT NBR: 108931538 Date: 09/18/1997 Analyst Code: 4262JO
e Type: CONCERN Time: 13:23:29 Analyst Name: OMEY
m Type: P PHONE Micro: Letter Code:

ments: More?: Y
VEHICLE INVOLVED IN RECALL 96S48 ***
NAVIS: PROGRAM ***
TOMER SAYS:
/97 RECEIVED A RECALL LETTER ON HIS SEATBELTS
/97 TOOK VEHICLE TO HEAD FORD TO HAVE THE RECALL WORK DONE
HE PART FOR THE REPAIR HAD TO BE ORDERED
EALER SAID THAT THE PART SHOULD BE IN 2 OR 3 DAYS
USTOMER LEFT THE VEHCILE AT THE DEALER FOR 1 WEEK, AND THE PART
EVER CAME IN
USTOMER EVENTUALLY SIGNED A RELEASE AND TOOK HIS VEHICLE HOME
ECAUSE HE WAS TIRED OF WAITING ON THE PART
HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
96 FIRST COMMENTS FOR CONTACT OGDB118

DR0010 **MORS II Contact Comments** 09/22/1998 15:47:02

st Name: [redacted]
ne Phone: [redacted] Bus.Phone: [redacted]
ler: HEAD FORD, MERC, LINC,

VIN: 1ZVPT20C5M[redacted]
Ext:
Dist/Reg: 10

NTACT NBR: 108931538 Date: 09/18/1997 Analyst Code: 4262JO
le Type: CONCERN Time: 13:23:33 Analyst Name: OMEY
m Type: U UPDATE Micro: Letter Code:

mments: More?: Y
/18/97 HEAD FORD HAS STILL NOT RECEIVED THE PART TO DO THE RECALL
EPAIR
IIS SON IS DRIVING AROUND IN THE VEHICLE WITH NO SEATBELTS
HAVE BEEN WAITING FOR THIS PART FOR OVER 2 MONTHS

CUSTOMER, DEALER SAYS:
E WILL CALL YOU WHEN THE PART COMES IN

STOMER SEEKS:
O HAVE THE RECALL REPAIR DONE ON HIS VEHICLE

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 **REQUESTED INFORMATION DISPLAYED** OGDB118

OR0010 **MORS II Contact Comments** 09/22/1998 15:47:06

st Name: [redacted] VIN: 1ZVPT20C5M5[redacted]
ne Phone: [redacted] Bus.Phone: [redacted] Ext:
aler: HEAD FORD, MERC, LINC, Dist/Reg: 10

NTACT NBR: 108931538 Date: 09/18/1997 Analyst Code: 4262JO
le Type: CONCERN Time: 13:23:35 Analyst Name: OMEY
m Type: U UPDATE Micro: Letter Code:

nments: More?: Y
C ADVISED:
MADE OUTBOUND CALL TO THE DEALER
SPOKE WITH THE THE PARTS MANAGER AND FOUND OUT THAT THE PART
IS NOT ON BACKORDER
MR. AIKENS WAS GOING TO CALL AND ORDER THE PART AGAIN AND CALL
MR. HAYDEN

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 **REQUESTED INFORMATION DISPLAYED** OGDB118

t Name: [redacted] VIN: 1ZVPT20C5MS[redacted]
e Phone: [redacted] Bus.Phone: [redacted] Ext:
ler: HEAD FORD, MERC, LINC, Dist/Reg: 10

TACT NBR: 108931538 Date: 10/09/1997 Analyst Code: 0618KL
e Type: CONCERN Time: 15:44:36 Analyst Name: LEARY
m Type: P PHONE Micro: Letter Code:

ments: More?: Y
THIS IS THE CLOSING COMMENT
, KATY LEARY
ALL ON PROBE HAS PARTS ORDERED. VEHICLE SHOULD BE REPAIRED AS SOON AS PARTS
AVAILABLE.

HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
02 REQUESTED INFORMATION DISPLAYED OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:47:14

st Name: [redacted] VIN: 1ZVPT20C5M5[redacted]
ne Phone: [redacted] Bus.Phone: [redacted] Ext:
dler: HEAD FORD, MERC, LINC, Dist/Reg: 10

NTACT NBR: 108931538 Date: 10/16/1997 Analyst Code: 000000000
.e Type: CONCERN Time: 22:06:10 Analyst Name: SYSTEMS
m Type: K Micro: Letter Code:

mments: More?: Y
NTACT CLOSED BY SYSTEM - IN PENDING 7 DAYS

•HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
)02 REQUESTED INFORMATION DISPLAYED OGDB118

)R0010 **MORS II Contact Comments** 09/22/1998 15:47:17

:t Name: [redacted]
ıe Phone: [redacted] Bus.Phone: [redacted]
ıler: HEAD FORD, MERC, LINC,

VIN: 1ZVPT20C5MS[redacted]
Ext:
Dist/Reg: 10

NTACT NBR: 108931538 Date: 12/04/1997 Analyst Code: 6989WJ
Le Type: CONCERN Time: 15:35:14 Analyst Name: JONES
mm Type: P PHONE Micro: Letter Code:

mments: More?: Y
* THIS CONTACT IS OPENED DUE TO OPEN RECALL 97S48 ***
* NAVIS: PROGRAM ***
STOMER SAYS:
URRENTLY DRIVING WITHOUT SEATBELT
ONTACTED DEALERSHIP FOR SEATBELT RECALL
EALERSHIP CALLED AND STATED THAT THEY DID NOT HAVE ALL THE PARTS TO PERFORM
CALL
HE DEALERSHIP STILL HAS NOT PERFORMED RECALL ON THE VEHICLE

R CUSTOMER, DEALER SAYS:

=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 REQUESTED INFORMATION DISPLAYED OGDB118

DR0010 **MORS II Contact Comments** 09/22/1998 15:47:21

st Name: [redacted]
ne Phone: [redacted] Bus.Phone: [redacted]
aler: HEAD FORD, MERC, LINC,

VIN: 1ZVPT20C5M5[redacted]
Ext:
Dist/Reg: 10

NTACT NBR: 108931538 Date: 12/04/1997 Analyst Code: 6989WJ
le Type: CONCERN Time: 15:35:16 Analyst Name: JONES
m Type: U UPDATE Micro: Letter Code:

mments: More?: N
TILL DO NOT HAVE THE PARTS FOR THE VEHICLE

TOMER SEEKS:
ECALL TO BE PERFORMED ON THE VEHICLE

ADVISED:
ADE OBC TO DEALER:
POKE TO LEWIS WILLIAMS (SVR. MNAGER)
E PARTS HAVE NOT BEEN AVAILABLE
LLED REMKIN AND THEY STATED THAT THE SEATBELT IS STILL ON BACK ORDER
LL BE CONTACTED BY FORD REPRESENTATIVE WITHIN A ONE WEEK PERIOD
=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
002 **REQUESTED INFORMATION DISPLAYED** OGDB118

RQ98-011
1990-1992 Probe
Motorized "Passive" Shoulder Belt

Type Of Matter	Vehicle Owner	Model, Model Year, Vin	Incident Date	Case Caption, Court and Docket	Allegation	Personal Injury/Property Damage	Ford's Analysis
Claim	[redacted]	1ZVPT20CXM[redacted] 1991 Probe	1/16/97	N/A	Claimant alleges she was in an accident and had lap belt on. However, due to the recall which was not performed because the parts were not available, she could not utilize the shoulder belt.	Not specified	Claimant failed to respond to Ford's 2/5/97 request for further information.
Claim	[redacted]	1ZVPT20C5L5[redacted] 1990 Probe	5/13/97	N/A	Claimant alleges that she brought her vehicle into Nourse Ford to have the seat belt recalls done. However, she was told there were no parts. On 5/12/97 she was in an accident.	Not specified. Alleged head, wrist and neck injuries.	Information provided by claimant insufficient to support finding of design or manufacturer defect.

RQ98-011
1990-1992 Probe
Motorized "Passive" Shoulder Belt

Type Of Matter	Vehicle Owner	Model, Model Year, Vin	Incident Date	Case Caption, Court and Docket	Allegation	Personal Injury/Property Damage	Ford's Analysis
Claim	[redacted]	1ZVPT21U5L[redacted] 1990 Probe	11/27/95	N/A	Claimant's daughter was driving and hit a stop sign. Claimant alleges the shoulder harness did not catch. The vehicle was awaiting parts for the recall.	Not specified. Hit head on windshield.	Information provided by claimant insufficient to support finding of design or manufacturer defect.
Claim	[redacted]	1ZVPT20C3M5[redacted] 1991 Probe	3/10/97	N/A	Claimant alleged malfunction . Motorized driver's side shoulder belt could not be repaired due to unavailability of parts, and that subsequent accident and injury occurred.	Not specified. Headaches, sprained neck and back.	Claimant failed to respond to Ford's 6/12/97 request for further information.

Type of Matter	Vehicle Owner	Model, Model Year, VIn	Incident Date	Case Caption, Court and Docket	Allegation	Personal Injury/Property Damage	Ford's Analysis
Claim	[redacted]	1ZVPT20C0L5[redacted] 1990 Probe	2/16/98	N/A	Claimant's husband alleges they took the vehicle into Hawkinson Ford in Oaklawn, Illinois for recall repair about a year ago. They subsequently moved to Michigan and took the vehicle to Palmer Ford. Wife was in a recent accident with another vehicle.	Not specified. Mild concussion.	Information provided by claimant insufficient to support finding of design or manufacturer defect. Open recall at the time of the accident.

Type of Matter	Vehicle Owner	Model, Model Year, Vin	Incident Date	Case Caption, Court and Docket	Allegation	Personal Injury/Property Damage	Ford's Analysis
Clain	[redacted]	1ZVPT20C2L5[redacted] 1990 Probe	4/20/97	N/A	Claimant took vehicle in to get recall performed in Nov., 1996.The parts were not available until Feb.,1997. Claimant took vehicle back into dealership. However, the wrong part had been received. The recall was not completed. Daughter in accident 4/20/97.	Not specified. Broken ribs, loose teeth, stitches in her left elbow and a concussion.	Information provided by claimant insufficient to support finding of design or manufacturer defect. Open recall at the time of the accident.

01/29/97 MASTER OWNER RELATIONS SYSTEM II 04.45.57

TEAM: 11 0541MP INQUIRY CONTACT VEH TYPE: CAR
ATLANTA 21 ZN/TR: 81 CONTACT NBR: 10B025604 OPENED: 01/28/1997
VIN: 1ZVPT20CXM5[redacted] CLOSED: 01/28/1997

LAST NAME: [redacted] FIRST NAME: [redacted] STATUS: CLOSED
TITLE: MI:
ADDRESS:
CITY: STATE: GA ZIP: [redacted]
HOME PHONE: BUS. PHONE: [redacted]
MODEL YEAR: 97 MODEL: PROBE
MILEAGE: 60000 WSO:

DEALER NAME: JIM TIDWELL FORD INCSALES CODE: 121023 PA CODE:00472
CAUSAL CODE: SYMPTOMS:
INQUIRY CODE: 1420 ALLEGED PERSONAL INJURY - INQUIRY

FOLLOW UP IN CONN TYPE: MICRO NBR: LETTER CODE:

COMMENTS:
1997/01/28
*** VEHICLE INVOLVED IN RECALL 96S48 ***
*** VEHICLE INVOLVED IN RECALL 96S99 ***
*** NAVIS: ORIGINAL ***
CUSTOMER SAYS:
- INVOLVED IN RECALLS 96S99 AND 96S48
- DAUGHTER, [redacted], WAS IN AN ACCIDENT ON 1/16/97 AND GOT INJURED BECAUSE THE SEAT BELT WAS NOT ATTACHED FROM THE SHOULDER PART
- SHE HAS THE LAP PART ON BUT DUE TO THE RECALL WHICH WAS NOT PERFORMED BECAUSE THE PARTS WERE NOT IN, SHE COULD NOT UTILIZE THE SHOULDER PART OF THE SEAT BELT
- THE VEHICLE IS TOTALLED AND NOW THERE'S NO NEED FOR THE RECALL
- FILED A POLICE REPORT
- NO LONGER HAVE THE VEHICLE IT IS IN A JUNK YARD
*
PER CUSTOMER, DEALER SAYS:
- NO CONTACT
*
CUSTOMER SEEKS:
- WHAT CAN FORD DO IN REGARDS TO COMPENSATION FOR THIS CONCERN
*
CAC ADVISED:
- HAVE DOCUMENTED AND WILL FORWARD TO THE PROPER DEPARTMENT FOR REVIEW

OWNER RELATIONS VOP/BENCHMARKING 01/29/97 FAX|MOTG

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
JAN 29 1997
OFFICE OF THE
GENERAL COUNSEL

VH
SBOD
N

97-1108

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

February 5, 1997

[redacted]

[redacted]

We acknowledge your recent contact to Ford Motor Company. Your complaint has been directed to this office for further handling. In order to assist us in evaluating your claim, we request that you provide us with the following information:

- ☒ 1. The date of incident and the city and state in which it occurred.
- ☒ 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss.
- ☒ 3. A copy of the police and/or fire report.
- ☒ 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
- ☒ 5. The vehicle year, model, and serial number.
- ☐ 6. The mileage on the vehicle at the time of the incident.
- ☒ 7. Original photographs of the vehicle's collision/fire damage, *from several different angles,* or color laser copies.
- ☒ 8. Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- ☐ 9. Original photographs of the accident scene showing the grade of the road.
- ☒ 10. What is the alleged defect?
- ☒ 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
- ☒ 12. Has the alleged defective part been repaired or replaced?
- ☒ 13. The present location of the alleged defective part and the vehicle.
- ☒ 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
- ☒ 15. A complete service history for the subject vehicle, including any tune-ups or oil changes.
- ☐ 16. List any after market additions or modifications that were made to the vehicle.

☒ 17. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

☐ 18. Lost wage verification (if applicable).

☐ 19. Was the parking brake applied?

☐ 20. Was the engine running?

☐ 21. Were the keys in the ignition?

☒ 22. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.

☒ 23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.

☐ 24. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased.

☐ 25. Other:

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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

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

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmh
s:\ [redacted]

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

April 21, 1998

[redacted]

Dear [redacted]

Thank you for the information submitted. Please be advised that in order to fully evaluate your claim, we request that you provide us with the following:

____	1.	The date of incident and the city and state in which it occurred.
_X_	2.	A complete description of the incident, including events which occurred prior to and subsequent to the loss.
_X_	3.	A copy of the police and/or fire report.
____	4.	For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
____	5.	The vehicle year, model, and serial number.
____	6.	The mileage on the vehicle at the time of the incident.
____	7.	Original photographs of the vehicle's collision/fire damage, or color laser copies.
____	8.	Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
____	9.	Original photographs of the accident scene showing the grade of the road.
_____	10.	What is the alleged defect?
____	11.	Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
____	12.	Has the alleged defective part been repaired or replaced?
_X_	13.	The present location of the alleged defective part and the vehicle.
____	14.	The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
_X_	15.	A complete service history for the subject vehicle, including any tune-ups or oil changes.

22. My insurance company which handled my car accident is

[redacted]

Policy number today is HOMMAU005[redacted]

telephone # [redacted]

Sir, I have already enclosed the copy of my Police report.

not enclosed

____ 16. List any aftermarket additions or modifications that were made to the vehicle.
____ 17. We will be pleased to conduct non-destructive testing on your alleged defective part if you will remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.
____ 18. Lost wage verification (if applicable).
____ 19. Was the parking brake applied?
____ 20. Was the engine running?
____ 21. Were the keys in the ignition?
__X__ 22. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.
_____23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.
____ 24. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased.
____ 25. Other :

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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

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

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

2. Getting off work on May 12th 1997 at 7:30pm, I stopped at Bridge Street, checked traffic both ways twice, then I pulled into the freeway and was struck on the driver's side of my car on the back quarter by my gas tank. My car spun around in the middle of the road, when my car stopped in was over in the last lane of the freeway, (this is a six-lane freeway,) I first only had my lap harness on because of the recall on my shoulder harness, I first struck my forehead on the shoulder harness bracket then I throwed my head into the steering wheel then my head hit the windshield. I then lost consciousness. I was put in a neck brace and was put on a back-board and was transported to Adena Regional Medical Center. I was there for hours, I had a Cat Scan, xrays. The Cat-Scan showed I had a contusion and a 1 1/4 of blood between my bones and brain. After a year I'm still totally disabled. I'm now seeing a pain specialist, he is seeing me so I possibly can avoid another surgery. Even today I still have headaches and a bump on my forehead. My handwriting is poor because I only have little use of my right hand. I could probably go on for awhile but I will stop.

3. Enclosed copy of police no enclosed report in my last correspondence.

13. My car was totaled in the accident, May 12th, 9.

15. I only had my car a short time so I had no records of any oil changes or tune-ups they had been when I purchased the car.

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan
48126-2568

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126

June 10, 1998

[redacted]

Dear [redacted]

Following a review of the facts and circumstances surrounding this event, Ford Motor Company finds no evidence of a manufacturing or design defect, therefore, we must deny liability for this claim.

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

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

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

March 18, 1998

[redacted]

Re: 1990 PROBE
Contact #: 109584104

Dear Miss James:

We acknowledge your recent contact to Ford Motor Company. Your complaint has been directed to this office for further handling. In order to assist us in evaluating your claim, we request that you provide us with the following information:

1. A copy of the police and/or fire report.
2. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
3. Original photographs of the vehicle's collision/fire damage, *from several different angles*, or color laser copies.
4. Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
5. What is the alleged defect?
6. Documentation to substantiate your defect allegation, including a copy of your expert's report and their original photographs.
7. Has the alleged defective part been repaired or replaced?
8. The present location of the alleged defective part and the vehicle.
9. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
10. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

11. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.
12. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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

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

Sincerely,

Jessie Hollingsworth

Jessie Hollingsworth
Claims Analyst

dmh

I was the only person in my car
At the time of my accident on
May 12th 1997. My car was totaled.
the recall was on the seat
belt shoulder harness. Today,
Apr. 3, 1998, I'm still on total
disability. My injuries still have me
off work. I had a concussion
w my forehead this was from
hitting my head on the automatic seat
belt then hitting my head on the
steering wheel & windshield. My car
spinning then I was knocked un-
conscious. My injuries were to
my head, my right hand, right
arm neck and back. I apologize
for my poor handwriting. My use
of it is very li[redacted] very
sore. My SS# [redacted] D.O.B.

I have a THS cam corder tape of the damage to my car. Also enclosing pictures of my face. I had the bruising for over 2 months. Everyday it was worst. If you have questions please call me. [redacted]
anytime. Again I apologize for my poor handwriting. Please let me hear from you real soon. I also am enclosing only some of my medical bills. I'm still seeing a Surgeon and a pain Specialist today.

Sincerely,
[redacted]

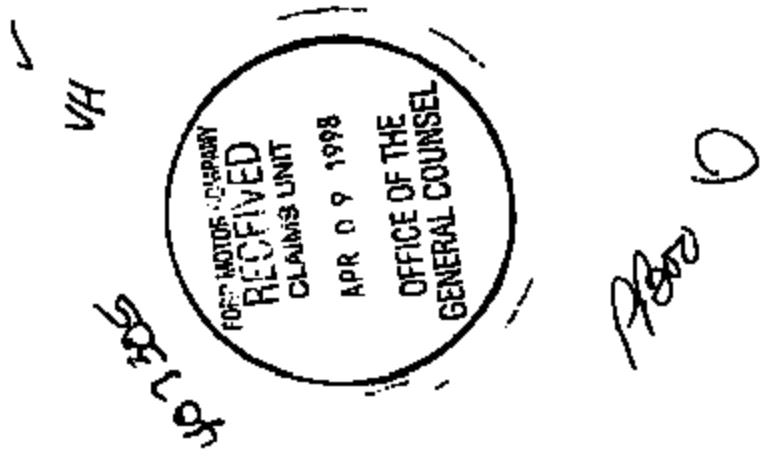
CSOR0002 **MORS II Inquiry Contact** 04/06/1998 14:09:58

CINCINNATI 47 Zn/Tr: A2 M/A: CONTACT NBR: 109584104 Opened: 03/18/1998
VIN: 1ZVPT20C5L5[redacted] *SCOR 000 Analyst: 4262JA Closed: 03/18/1998
Last Name: [redacted] Status: CLOSED
Title: MISS First Name: [redacted] MI:
Address: [redacted]
City: CHILLICOTHE ST/PV: OH Zip/PC: [redacted] CC: USA
Home Phone: [redacted] Business Phone: [redacted] Ext:
Year: 90 Model: PROBE
Mileage/Km: 1 WSD: 12/06/1989

Dealer Name: NOURSE FAM FD-CHILLICO SALES CODE: 147039 P&A: 02274
Causal Code: 1203 1204 12RA Symptoms: 104100
Inquiry Code: 1420 ALLEGED PERSONAL INJURY -

More Comments?: Y
Follow Up?: N Comm Type: M Micro Nbr: 052300 Letter Code: OGC1
*** THIS CONTACT IS OPENED DUE TO OPEN RECALL 96S48,96S99 ***

F1=HELP F3=EXIT F4=CMTS F5=ADD F6=UPD F9=CLS F10=CRN UP F11=REGN UP F12=INFO UP
I053 REQUESTED CONTACT DISPLAYED OGDB112



CSOR0C_3 MORS II Contact Comments 04/06/1998 14:10:05

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: NOURSE FAM FD-CHILLICO

VIN: 1ZVPT20C5L5[redacted]
Ext:
Dist/Reg: 47

CONTACT NBR: 109584104 Date: 03/18/1998 Analyst Code: 4262JA
File Type: INQ Time: 16:33:12 Analyst Name: ATTANASIO
Comm Type: M MAIL Micro: 052300 Letter Code: OGC1

Comments: More?: Y

*** THIS CONTACT IS OPENED DUE TO OPEN RECALL 96S48,96S99 ***
***LETTER POSTMARKED 3/10/97 ***
*** NAVIS: SUBSEQUENT ***
CUSTOMER SAYS:
- 2/19/97 I TOOK MY VEHICLE TO NOURSE FORD FOR THE SEAT BELT RECALLS
- I HAVE SENT YOU THE REPAIR ORDER FROM THAT DATE
- I HAVE WAITED A YEAR, AND MY VEHICLE HAS STILL NOT BEEN REPAIRED
- I HAVE CALLED THE DEALER SEVERAL TIMES THROUGHOUT THE YEAR AND THEY SAID THEY
DID NOT HAVE THE PARTS
- I THINK IT IS A LITTLE RIDICULOUS TO HAVE TO WAIT A YEAR FOR PARTS

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO

OGDB112

CSOR0..J **MORS II Contact Comments** 04/06/1998 14:15:11

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: NOURSE FAM FD-CHILLICO

VIN: 1ZVPT20C5L5[redacted]
Ext:
Dist/Reg: 47

CONTACT NBR: 109584104 Date: 03/18/1998 Analyst Code: 4262JA
File Type: INQ Time: 16:33:13 Analyst Name: ATTANASIO
Comm Type: U UPDATE Micro: 052300 Letter Code:

Comments: More?: Y

- THE ONLY SEAT BELT IN MY CAR THAT WORKS IS THE LAP BELT. THIS IS A SAFETY ISSUE FOR MYSELF, AND ANY PASSANGERS IN MY VEHICLE
- 3/12/97 I WAS IN AN ACCIDENT AND MY CAR WAS TOTALED
- I WENT TO THE HOSPITAL, AND I HAVE BEEN OFF WORK SINCE THE TIME OF THE ACCIDENT
- I HAVE HAD SURGERY ON MY WRIST, AND I MAY HAVE TO HAVE SURGERY ON MY NECK ALSO
- I HIT MY HEAD 3 TIMES
- I DON'T THINK I WOULD HAVE BEEN INJURIED THIS SERIOUSLY IF MY SHOULDER BELTS WOULD HAVE BEEN WORKING
- HOW ARE YOU GOING TO HANDLE THIS?

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I001 REQUESTED INFORMATION DISPLAYED OGDB112

CSOR0[illegible] **MORS II Contact Comments** 04/06/1998 14:10:16

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext:
Dealer: NOURSE FAM FD-CHILLICO Dist/Reg: 47

VIN: 1ZVPT20C5L5[redacted]

CONTACT NBR: 109584104 Date: 03/18/1998 Analyst Code: 4262JA
File Type: INQ Time: 16:33:15 Analyst Name: ATTANASIO
Comm Type: U UPDATE Micro: 052300 Letter Code:

Comments: More?: Y
*
PER CUSTOMER, DEALER SAYS:
- NO CONTACT MENTIONED
*
CUSTOMER SEEKS:
- COMPENSATION
*
CAC ADVISED:
- MADE OBC TO CUSTOMER
- CUSTOMER NO LONGER OWNS THE VEHICLE
- CUSTOMER WAS IN AN ACCIDENT 3/12/97
F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDB112

CSOR0C_J **MORS II Contact Comments** 04/06/1998 14:10:24

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: NOURSE FAM FD-CHILLICO

VIN: 1ZVPT20C5L5[redacted]
Ext:
Dist/Reg: 47

CONTACT NBR: 109584104 Date: 03/18/1998 Analyst Code: 4262JA
File Type: INQ Time: 16:33:16 Analyst Name: ATTANASIO
Comm Type: U UPDATE Micro: 052300 Letter Code:

Comments: More?: Y

- CUSTOMER HAS BEEN OFF OF WORK SINCE THE ACCIDENT
- CUSTOMER HAS HAD SURGERY AS A RESULT OF THE ACCIDENT
- CUSTOMER FEELS THAT THE LACK OF THE SHOULDER HARNESS CAUSED HER INJURIES TO BE MORE SERIOUS.
- CSR SENT ORIGIONAL REPAIR ORDER BACK TO CUSTOMER
- INFORMATION HAS BEEN DOCUMENTED AND SENT TO OUR LEGAL DEPARTMENT
- CUSTOMER WILL BE GETTING SOMETHIN IN THE MAIL FROM US (NO TIME FRAME PROVIDED)

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDB112

CSOR0[illegible] **MORS II Contact Comments** 04/06/1998 14:10:30

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: NOURSE FAM FD-CHILLICO

VIN: 1ZVPT20C5L5[redacted]
Ext:
Dist/Reg: 47

CONTACT NBR: 109584104 Date: 03/25/1998 Analyst Code: 6595JM
File Type: INQ Time: 15:35:41 Analyst Name: MOORE
Comm Type: P PHONE Micro: Letter Code:

Comments: More?: N
CUSTOMER SAYS:
-CUSTOMER CALLING BACK
-RECEIVE LETTER FROM LEGAL DEPARTMENT
-STILL OFF FROM WORK AS A RESULT OF THE ACCIDENT
-THE LETTER IS ASKING FOR EXTENSIVE INFORMATION
*
CAC ADVISED:
-THE BEST THING TO DO IS PROVIDE AS MUCH INFORMATION AS POSSIBLE

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDB112

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

April 21, 1998

[redacted]

Dear Ms. James:

Thank you for the information submitted. Please be advised that in order to fully evaluate your claim, we request that you provide us with the following:

____ 1. The date of incident and the city and state in which it occurred.
__X__ 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss.
__X__ 3. A copy of the police and/or fire report.
____ 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
____ 5. The vehicle year, model, and serial number.
____ 6. The mileage on the vehicle at the time of the incident.
____ 7. Original photographs of the vehicle's collision/fire damage, or color laser copies.
____ 8. Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
____ 9. Original photographs of the accident scene showing the grade of the road.
____ 10. What is the alleged defect?
____ 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
____ 12. Has the alleged defective part been repaired or replaced?
__X__ 13. The present location of the alleged defective part and the vehicle.
____ 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
__X__ 15. A complete service history for the subject vehicle, including any tune-ups or oil changes.

____ 16. List any aftermarket additions or modifications that were made to the vehicle.
____ 17. We will be pleased to conduct non-destructive testing on your alleged defective part if you will remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.
____ 18. Lost wage verification (if applicable).
____ 19. Was the parking brake applied?
____ 20. Was the engine running?
____ 21. Were the keys in the ignition?
__X__ 22. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.
_____23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.
____ 24. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased.
____ 25. Other :

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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

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

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 480
Three Parklane Boulevard
Dearborn, Michigan 48126-

May 21, 1998

[redacted]

Dear Ms. James:

We acknowledge receipt of the material you have recently submitted to Ford Motor Company. At the present time, given what information we have received, it appears that there is no evidence of a manufacturing or design defect.

Until a claimant *proves* a manufacturer's defect, Ford Motor Company will not consider their claim valid. The primary evidence in any product liability claim or lawsuit is that which shows the product, or any component part is in fact defective.

Unless we are provided with such evidence we will have no alternative but to deny responsibility for this claim.

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

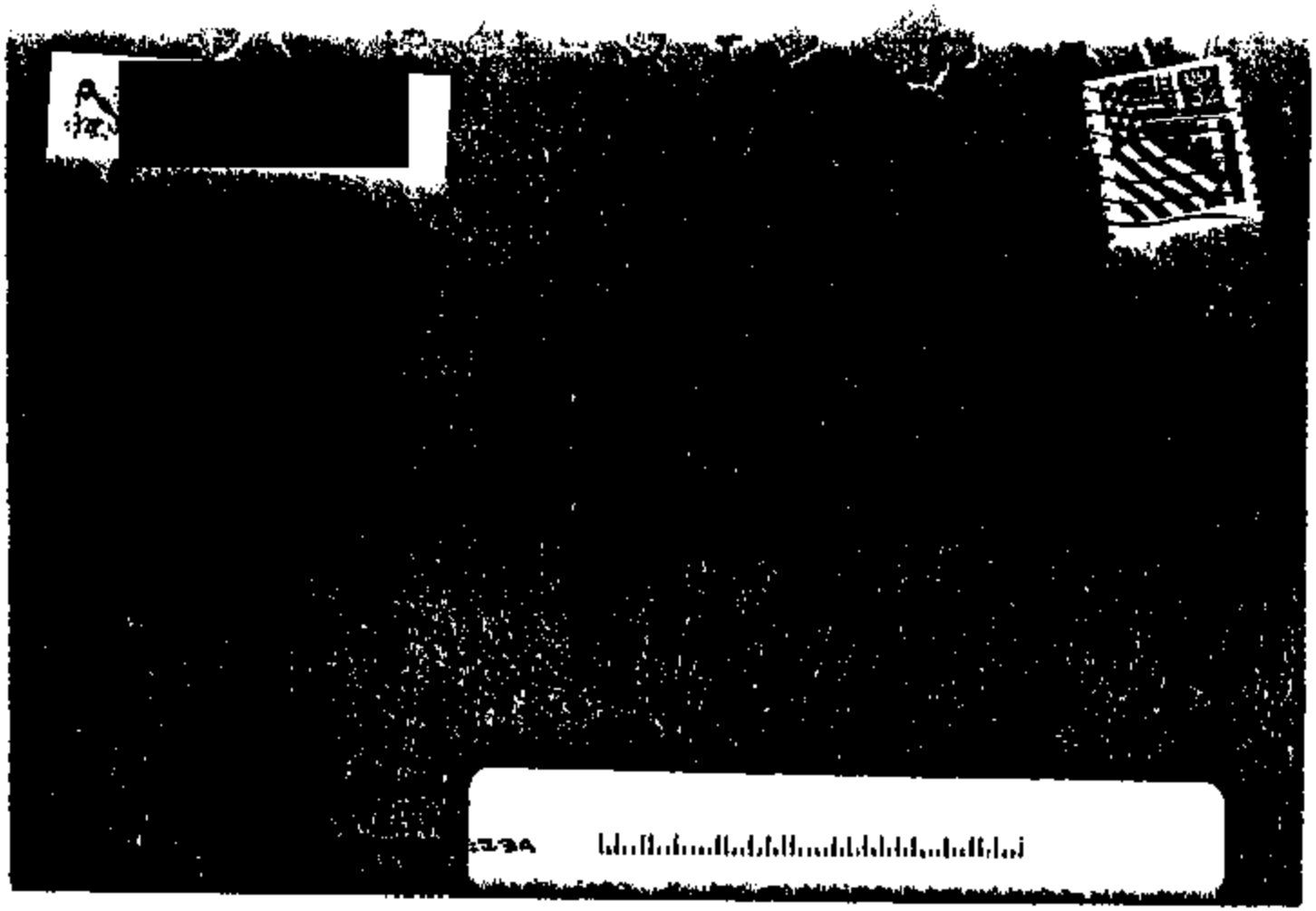
If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or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

Sincerely,

Jessie Hollingsworth
Claims Analyst

[redacted]

This don't make any sense to me at all.
My car had a recall on the seat belt
harness, I had my car on order
for the parts almost 2 months when
I had my car accident 5-12-97.
I hit my head in the harness
because it was in a position
where it shouldn't been. If I had
been wearing my seat belt harness
it would have secured me from
hitting the harness steering wheel
and windshield. After a year
I'm still on total disability. I
apologize for my poor hand writing
because my right hand is very
sore and I don't have much use
of it. You tell me my car was
that defective I'm sorry I
don't [redacted] have a
phone its [redacted] out
Please call me, if [redacted] Also
Please leave a message. Tell-free #
Please give me a [redacted] let me hear
to call you. Please let
from you soon. Thank you,
[redacted]



[redacted]

BALANCE DUE	DATE OF THIS NOTICE
25.00	03/24/98

ACCOUNT NUMBER	PATIENT NAME	PLACE OF SERVICE
[redacted]		ADENA REGIONAL MEDICAL CTR

THE BALANCE DUE ON YOUR ACCOUNT IS DELINQUENT.

PLEASE RETURN THIS LETTER WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE OR CALL OUR COLLECTION MANAGER TO DISCUSS THIS SITUATION.

REMINDER: You are responsible for payment regardless of insurance coverage.

FAILURE TO SEND YOUR PAYMENT OR NOTIFY US OF YOUR INTENTIONS WILL FORCE US TO CONSIDER TURNING YOUR ACCOUNT OVER TO A COLLECTION AGENCY.

Collection Manager

04581 B010685 27141 C N4170 FR 27a

STATEMENT

[redacted]

ADDRESS SERVICE REQUESTED

SHOW AMOUNT PAID HERE $ _____

[redacted] OFFICE PHONE NUMBER	03/26/96 CLOSING DATE	04581 YOUR ACCOUNT NUMBER	01 PAGE NO.	87.30 NEW BALANCE

[redacted]

[redacted]

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND UNPAID AMOUNTS	PAYMENTS AND ADJUSTMENTS
012896		BALANCE FORWARD		75.00	
012896		REPORT PREPARATION		10.00	
020296	[redacted]	OFF/OP VISIT EST	[redacted]	75.00	
020996		STATE MUTUAL LIFE ASSURANCE C # 103441 Filed			
021196		PAYMENT STATE MUTUAL LIFE Acc# 101781			-7.70
021196		Deductible 67.30			
030396		REPORT PREPARATION		10.00	
030696	[redacted]	OFF/OP VISIT EST	[redacted]	85.00	
030996		STATE MUTUAL LIFE ASSURANCE C # 105741 - Filed			

FOR BILLING INQUIRIES, PLEASE CALL OUR BILLING SERVICE AT 1-800-666-8008.

STATEMENT CLOSING DATE: 03/26/96 . PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: 04581

CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	PATIENT BALANCE
65.00	85.00	67.30		217.30	130.00	87.30

SEND INQUIRIES TO: [redacted]

00775898 JAMES,VICKY ANN

[redacted]

[redacted]

42 F	ADM/SER:	05/13/97	UR CHG:	0	COMA	85.61	05/18/97
ER	DISCHARGE:		AR CHG:	85.61	SF	0	
FB 05/18/97	LST STMT:	07/03/97	BALANCE:	85.61			

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
CSMS	1	9.83			
CSS	1	18.02			
EMG	1	55.12			
SAD	1	2.64			
STATS	1	0			
TOT CHG		85.61	BALANCE		85.61

00776317 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	05/14/97	DR CHG:	0 COMA	0
POV	DISCHARGE:		AR CHG:	90.00 SP	27.90 05/19/97
BD 03/13/98	LST STMT: E	07/03/97	BALANCE:	27.90	
PCB					

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
AHCPRO	1	90.00	RECEIPT	1	62.10
TOT CHG		90.00	BALANCE		27.90

00777729 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	05/18/97	UR CHG:	0 COMB	0
PDV	DISCHARGE:		AR CHG:	184.00 SP	0
FB 05/23/97	LST STMT:		BALANCE:	0	

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
AHCP&O	1	40.00	RECEIPT	2	176.80
MMR	2	144.00	ADJUST	1	7.20
TOT CHG		184.00	BALANCE		0.00

00798399 [redacted]

[redacted]

[redacted]

42 F	ADM/SKR:	07/17/97	UR CHG:	0 COMA	0
OUT	DISCHARGE:		AR CHG:	42.00 SP	0
FB 07/26/97	LST STMT:		BALANCE:	0	

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
RMGLAB	1	42.00	RECEIPT	1	35.91
			ADJUST	2	6.09
TOT CHG		42.00	BALANCE		0.00

00775488 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	05/12/97	UR CHG:	0 COMA	0
ER	DISCHARGE:		AR CHG:	1358.71 SP	477.61 05/17/97
BD 03/13/98	LST STMT:	H	BALANCE:	477.61	
PCB					

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
CAT	1	630.00	RECEIPT	1	881.10
CSS	1	9.35			
CSSS	1	77.22			
EMC	1	106.00			
GXR	5	475.00			
PHM	2	61.14			
STATS	1	0			
TOT CHG		1358.71	BALANCE		477.61

00846586 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	11/05/97	UR CHG:	0 COMA	0
OUT	DISCHARGE:		AR CHG:	214.00 SP	0
FB 11/10/97	LST STMT:		BALANCE:	0	

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
LAB	2	63.00	RECEIPT	1	214.00
LABCHEM	1	30.00			
LABHEMAT	1	26.00			
MAMO	1	95.00			
TOT CHG		214.00	BALANCE		0.00

00857676 [redacted]

[redacted]

[redacted]

42 F	ADM/SKR:	12/02/97	UR CHG:	0 COMA	0
OUT	DISCHARGE:		AR CHG:	42.00 SP	0
FB 12/07/97	LST STMT:		BALANCE:	0	

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
RMGLAB	1	42.00	RECEIPT	1	42.00
TOT CHG		42.00	BALANCE		0.00

00899068 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	12/02/97	UR CHG:	0 COMA	0
OUT	DISCHARGE:		AR CHG:	215.00 SP	0
FB 12/07/97	LST STMT:		BALANCE:	0	

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
CXR	2	215.00	RECEIPT	1	215.00
TOT CHG		215.00	BALANCE		0.00

00862083 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	12/18/97	UR CHG:	0 COMA	0
OUT	DISCHARGE:		AR CHG:	396.00 SP	0
FB 12/25/97	LST STMT:		BALANCE:	0	

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
GYR	2	396.00	RECEIPT	1	396.00
TOT CHG		396.00	BALANCE		0.00

00871939 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	01/05/98	UR CHG:	0 COMA	0
POV	DISCHARGE:		AR CHG:	119.45 SP	61.03 01/11/98
FB 01/11/98	LST STMT:	H	BALANCE:	61.03	

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
AHCFAC	1	36.00	RECEIPT	1	58.42
AHCPRO	3	83.45			
TOT CHG		119.45	BALANCE		61.03

00880499 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	01/23/98	UR CHG:	0	COMA	0	
POV	DISCHARGE:		AR CHG:	74.20	SP	22.26	01/28/98
FB 01/28/98	LST STMT:	H	BALANCE:	22.26			

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
MMR	1	74.20	PRCRIPT	1	51.94
TOT CHG		74.20	BALANCE		22.26

[redacted]

00865397 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	02/25/98	UR CHG:	986.27	COMA
REC	DISCHARGE:		AR CHG:		SP
08	LST STMT:		BALANCE:	986.27	

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
CSMS	2	30.10			
CSS	2	54.57			
CSSS	1	3.70			
CXR	2	172.05			
PHM	6	213.40			
TRTMT RM	4	512.45			
TOT CHG		986.27	BALANCE		986.27

Has not dropped off system

00898859 [redacted]

[redacted]

[redacted]

42 F	ADM/SER:	03/09/98	UR CHG:	43.30 COMA
OUT	DISCHARGE:		AR CHG:	SP
UR	LST STMT:		BALANCE:	43.30

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
EMGLAB	1	43.30			
TOT CHG		43.30	BALANCE		43.30

Has not dropped off system

00862082 [redacted]

[redacted]

[redacted]

42 F	ADM/SEN:	UE CHG:	788.00 CDMA
OUT	DISCHARGE:	AR CHG:	SP
UB	LST STMT:	BALANCE:	788.00

CATEGORY	COUNT	AMOUNT	CREDITS	COUNT	AMOUNT
CAT	1	788.00			
TOT CHG		788.00	BALANCE		788.00

Has not dropped off system

[redacted]
Mid-Atlantic Regional Business Office

Date: May 30, 1998

[redacted]

Guarantor's name: [illegible]

Dear [redacted]:

THIS IS YOUR FINAL NOTICE FROM THIS OFFICE.

This is our final attempt to notify you of your outstanding balance with [redacted] Center. The balance of your past due account is $ 463.00.

Please forward payment for this amount within fifteen (15) days, or if you have any questions regarding your account, please call us [redacted]. Failure to do so will result in referral of your account to our attorney or collection agency. If your account is placed with one of our agencies, you will incur additional charges for the collection agency fees, interest, court costs, etc.

To avoid this, please mail your payment today.

Sincerely,
Patient Accounts

---

please return this section with your payment

PAYMENT BY ( ) Mastercard ( ) Visa ( ) Check
CARD #_____ Expiration date_____
CARDHOLDER NAME_____
PATIENT NAME_____ ACCOUNT #_____
AMOUNT_____ FACILITY_____ Richmond RBO

send to: [redacted]

[redacted] • [redacted]

[redacted]

STATEMENT

BILLING DATE	ACCOUNT NO.	BALANCE
7/22/97	[redacted]	.00

FOR INQUIRY CALL	PLEASE WRITE YOUR ACCOUNT NO ON CHECK	PAYMENT AMOUNT
[redacted]		

[redacted]

[redacted]

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT – RETAIN BOTTOM PORTION FOR YOUR RECORDS

DATE	PROCEDURE	ICD	POS	DESCRIPTION		AMOUNT
	Services for [redacted]					
	Rendered by					
5/24/97	72141	756.11	0	MRI OF CERVICAL SPINE	BSI BSI	975.00 *
	Referred by TED DUNN					

ACCOUNT NO.	BILLING DATE	RESPONSIBLE PARTY	PLEASE PAY THIS AMOUN
6374	7/22/97	[redacted]	.00

[redacted]

TELEPHONE NO [redacted]

PAGE 1 OF 1

TAX IDENTIFICATION NO. 311451708

ASTERISKED (*) ITEMS INDICATE THAT AN INSURANCE CLAIM HAS BEEN SENT TO YOUR INSURANCE COMPANY

RESPONSIBLE PARTY ADDRESS AND/OR NAME CHANGE

NAME _____

ADDRESS _____

_____

_____

PHONE NO. _____

PLACE OF SERVICE CODES (POS)

11	OFFICE
12	HOME
21	INPATIENT HOSPITAL
22	OUTPATIENT HOSPITAL
23	EMERGENCY ROOM - HOSPITAL
24	AMBULATORY SURGICAL CENTER
25	BIRTHING CENTER
26	MILITARY TREATMENT FACILITY
31	SKILLED NURSING FACILITY
32	NURSING FACILITY
33	CUSTODIAL CARE FACILITY
34	HOSPICE
41	AMBULANCE - LAND
42	AMBULANCE - AIR OR WATER
51	INPATIENT PSYCHIATRIC FACILITY
52	PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION
53	COMMUNITY MENTAL HEALTH CENTER
54	INTERMEDIATE CARE FACILITY MENTALLY RETARDED
55	RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
56	PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
61	COMPREHENSIVE INPATIENT REHABILITATION FACILITY
62	COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY
65	END STAGE RENAL TREATMENT FACILITY
71	STATE OR LOCAL PUBLIC HEALTH CLINIC
72	RURAL HEALTH CLINIC
81	INDEPENDENT LABORATORY
99	OTHER UNLISTED FACILITY

[redacted]

June 25, 1997

[redacted]

RE: [redacted]

MRI OF CERVICAL SPINE

History: Motor vehicle accident 05/12/97. Complains of neck pain with numbness in right shoulder and hand.

Findings: There is subtle reversal of the normal lordotic curvature centered at C4. Marrow signal intensity of the cervical vertebrae is normal. Prevertebral soft tissues are normal.

Broad spondylotic protrusion at C3-4 lateralizes slightly rightward with nominal ventral thecal sac effacement. Bar-like spondylotic protrusion at C4-5 is also associated with minimal ventral thecal sac effacement but no cord compression or pancaking. Mild right foraminal stenosis is suggested on axial images. Bilateral uncovertebral joint hypertrophy at C5-6, right greater than left is associated with right foraminal stenosis. No lateralizing soft disc protrusion is identified at this level. C6-7 disc is normal.

C7-T1 annulus is also unremarkable.

The cord shows no cavitation, displacement, or compression. Cerebellar tonsils are in normal position.

Impression:

1. Multilevel spondylotic protrusions as described above.
2. No lateralizing soft disc protrusion or herniation is evident.
3. Mild reversal of normal cervical lordosis.

[redacted]

DQ
SJP/SJP/pcb

[redacted]

[redacted]

PRACTICE NO	ACCOUNT NO	AMOUNT DUE
60980	[redacted]	568.50
AUG 12 97	SJA8275	568.50

[redacted]

[redacted]

[redacted]

10

TO INSURE PROPER CREDIT, RETURN THIS TOP STUB WITH REMITTANCE

DATE	REFERENCE	DESCRIPTION	AMOUNT
		H [redacted] MD RENDERED SERVICE	
		PATIENT: [redacted]	
JUL 17 97	SJA8275	MOTOR NCV - 3 NERVES	155.25
		NUMBER OF SERVICES 03	
JUL 17 97	SJA8275	SENSORY NCV - 4 NERVES	207.00
		NUMBER OF SERVICES 04	
JUL 17 97	SJA8275	EMG ONE EXTREMITY	143.25
JUL 17 97	SJA8275	EMG OTHER MUSCLES	63.00
		CLAIM FILED TO ALLMERICA FINANCIAL FOR THESE SERVICES. YOU WILL BE RESPONSIBLE FOR PAYING ANY DEDUCTIBLE OR NON-COVERED SERVICES. THIS IS THE ONLY ITEMIZED BILL YOU WILL RECEIVE. PLEASE RETAIN FOR YOUR RECORDS.	

[redacted]

PRACTICE NO	ACCOUNT NO	DATE	CURRENT	30 DAYS	OVER 30 DAYS	AMOUNT DUE
60980	[redacted]	AUG 12 97	568.50	0.00	0.00	568.50

10
201 00

IF YOU ARE COVERED BY INSURANCE PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO OUR OFFICE FOR PROCESSING.
IF YOU HAVE MEDICAID, MEDICARE, OR WORKERS COMPENSATION PLEASE SEND A COPY OF YOUR CARD OR CALL OUR OFFICE WITH THE INFORMATION.

PRIMARY	INSURED / POLICYHOLDER NAME	INSURED I.D. NUMBER	INSURED GROUP NO.	EMPLOYER
	INSURANCE CO. NAME	INSURANCE CO. ADDRESS (STREET, CITY, STATE, ZIP)		
	PATIENT NAME	PATIENT DATE OF BIRTH	PATIENT RELATION TO INSURED ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER	
OTHER INS	INSURED / POLICYHOLDER NAME	INSURED I.D. NUMBER	INSURED GROUP NO.	EMPLOYER
	INSURANCE CO. NAME	INSURANCE CO. ADDRESS (STREET, CITY, STATE, ZIP)		
	PATIENT RELATION TO INSURED ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER	INTERNAL USE ONLY		

AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE THE PHYSICIAN NAMED ON THIS STATEMENT TO RELEASE INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT, FOR THE PURPOSE OF OBTAINING INSURANCE BENEFITS.
IN THE EVENT THAT PHYSICIAN ACCEPTS ASSIGNMENT, I HEREBY AUTHORIZE THE PAYMENT DIRECTLY TO THE PHYSICIAN'S PRACTICE NAMED ON THIS STATEMENT. FOR THE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE, TO THE PHYSICIAN, FOR THE CHARGES NOT COVERED BY THIS AUTHORIZATION. REGULATIONS PERTAINING TO MEDICARE ASSIGNMENTS OF BENEFITS APPLY.

_____ / _____ / _____
DATE

_____
POLICY OWNER'S SIGNATURE

PLEASE MAKE CHECK PAYABLE TO

FROM:

[redacted]

RESPONSIBLE PARTY NAME

[redacted]

CLOSING DATE

ACCOUNT NUMBER

[redacted]

TOTAL ACCOUNT BALANCE

DUE FROM PATIENT

15.60

CHARGES OR PAYMENTS MADE AFTER CLOSING DATE WILL APPEAR ON NEXT STATEMENT

☐ PLEASE CHANGE ADDRESS IF INCORRECT

AMOUNT ENCLOSED

DETACH THIS STUB AND RETURN WITH PAYMENT

DATE	PATIENT	DESCRIPTION	CPT	DIAG.	DR.	AMOUNT
07/31/9[illegible]		BALANCE FORWARD				196.00
07/08/9[illegible]	[redacted]	PAYMENT - STATE MUTUAL			[redacted]	-140.40
08/06/9[illegible]		MED ADJUSTMENT				-40.00

** AS OF 1/1/94 ALL PATIENT DUE BALANCES WILL BE [illegible] AT THE TIME OF SERVICE **

** STATEMENT DUE UPON RECEIPT * THANK YOU **

AGING DATE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCT BALANCE	INS. PENDING	DUE FROM PATIENT
11/[illegible]	.00	.00	.00	.00	15.60	.00	15.60

AGING DATE

ACCOUNT NUMBER

[redacted]

11[illegible]3

[redacted]

PRACTICE NO	ACCOUNT NO	AMOUNT DUE
60980	[redacted]	643.00
JAN 21 98	SPZ4374	643.00

[redacted]

[redacted]

[redacted]

10

TO INSURE PROPER CREDIT, RETURN THIS TOP STUB WITH REMITTANCE

DATE	REFERENCE	DESCRIPTION	AMOUNT
		[redacted] MD RENDERED SERVICE	
		PATIENT: [redacted]	
DEC 02 97	SPZ4374	MOTOR NCV - 4 NERVES	207.00
		NUMBER OF SERVICES 04	
DEC 02 97	SPZ4374	SENSORY NCV - 4 NERVES	207.00
		NUMBER OF SERVICES 04	
DEC 02 97	SPZ4374	EMG TWO EXTREMITIES	229.00
		CLAIM FILED TO ALLMERICA FINANCIAL FOR THESE SERVICES. YOU WILL BE RESPONSIBLE FOR PAYING ANY DEDUCTIBLE OR NON-COVERED SERVICES. THIS IS THE ONLY ITEMIZED BILL YOU WILL RECEIVE. PLEASE RETAIN FOR YOUR RECORDS.	

[redacted]

PRACTICE NO	ACCOUNT NO	DATE	CURRENT	30 TO 60 DAYS	OVER 60 DAYS	AMOUNT DUE
60980	[redacted]	JAN 21 98	643.00	0.00	0.00	643.00

10
3291 00

IF YOU ARE COVERED BY INSURANCE PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO OUR OFFICE FOR PROCESSING.
IF YOU HAVE MEDICAID, MEDICARE, OR WORKERS COMPENSATION PLEASE SEND A COPY OF YOUR CARD OR CALL OUR OFFICE WITH THE INFORMATION.

PRIMARY INS	INSURED - POLICYHOLDER NAME	INSURED I.D. NUMBER	INSURED GROUP NO.	EMPLOYER
	INSURANCE CO. NAME	INSURANCE CO. ADDRESS (STREET, CITY, STATE, ZIP)		
	PATIENT NAME	PATIENT DATE OF BIRTH	PATIENT RELATION TO INSURED ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER	
OTHER INS	INSURED - POLICYHOLDER NAME	INSURED I.D. NUMBER	INSURED GROUP NO.	EMPLOYER
	INSURANCE CO. NAME	INSURANCE CO. ADDRESS (STREET, CITY, STATE, ZIP)		
	PATIENT RELATION TO INSURED ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER	INTERNAL USE ONLY		

AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE THE PHYSICIAN NAMED ON THIS STATEMENT TO RELEASE INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT, FOR THE PURPOSE OF OBTAINING INSURANCE BENEFITS.
IN THE EVENT THAT PHYSICIAN ACCEPTS ASSIGNMENT, I HEREBY AUTHORIZE THIS PAYMENT DIRECTLY TO THE PHYSICIAN'S PRACTICE NAMED ON THIS STATEMENT. FOR THE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE TO THE PHYSICIAN FOR THE CHARGES NOT COVERED BY THIS AUTHORIZATION. REGULATIONS PERTAINING TO MEDICARE ASSIGNMENTS OF BENEFITS APPLY.

_____ / _____ / _____ DATE

_____ POLICY OWNER'S SIGNATURE

[redacted]

CHECK CARD USING FOR PAYMENT
☐ MASTERCARD ☐ VISA
CARD NUMBER | AMOUNT
SIGNATURE | EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
01/19/98	$230.00	[redacted]

SHOW AMOUNT PAID HERE $

ADDRESS SERVICE REQUESTED

PAGE # 1
IRS # 31-0826226
PHONE # FOR APPOINTMENTS [redacted]
PHONE # FOR BILLING INQUI

IF A MULTIPLE PAGE STATEMENT, PAY AMOUNT ON LAST PAGE ONLY.

ADDRESSEE

[redacted]

REMIT TO:

[redacted]

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	PATIENT NAME	ATTENDING PHYSICIAN	CHARGES	MEDICARE RECEIPTS	INSURANCE RECEIPTS	PATIENT RECEIPTS	ADJUSTMENT	BALANCE	INS
07/14/97	OFFICE CONSULTATION	[redacted]		230.00	0.00	0.00	0.00	0.00	230.00	

CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS
0.00	0.00	230.00	0.00	0.00

ACCT BAL	INS BILLED	PATIENT DUE
230.00	0.00	$230.00

PHONE # FOR APPOINTMENTS [redacted]
PHONE # FOR BILLING INQUI

IF A MULTIPLE PAGE STATEMENT, PAY AMOUNT ON LAST PAGE ONLY.

** BALANCE IS OVERDUE - PLEASE REMIT OR CONTACT US IMMEDIATELY **

ANY CHARGES / PAYMENTS WITHIN THE LAST 20 DAYS MAY NOT APPEAR ON THIS STATEMENT
SEE REVERSE SIDE FOR PAYMENT INFORMATION

1413

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

Your Name _____ Marital Status _____

Street _____ Home Phone _____

City _____ State _____ Zip _____

Employer _____ Business Phone _____

Employer Address _____

Insurance Company _____ Contract No. _____

Ins. Company Address _____ Ins. Policy No. _____

Other Information _____

2-B-D

Make checks payable to:

STATEMENT

[redacted]

[redacted]

[redacted]

[redacted]

ACCOUNT NO. [redacted]

STATEMENT DATE 03/10/98

REFERRAL: [redacted]

DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

[redacted]

AMOUNT ENCLOSED $

ATTENDING PHYSICIAN'S STATEMENT

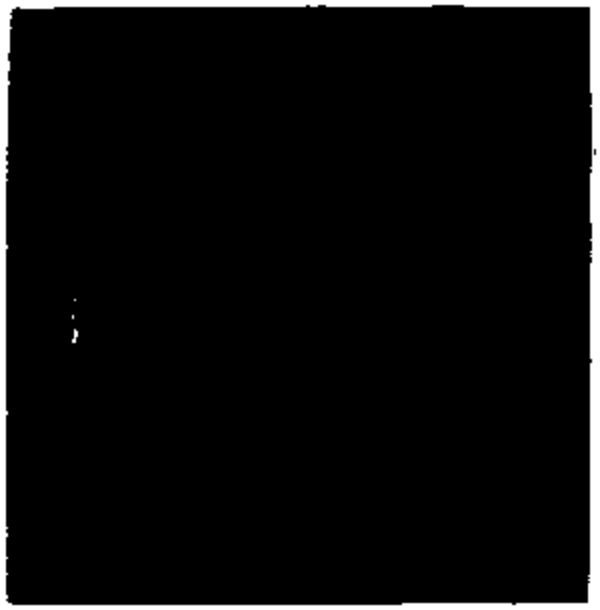
DIAG CODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	LOC	DESCRIPTION	CHARGES/PAYMENTS/ADJ PATIENT	CHARGES/PAYMENTS/ADJ INSURANCE
					BALANCE FORWARD AS OF 01/01/98	.00	.00
729.5	01/27/98	99244	[redacted]		OFOFFICE CONSULT MODERATE-HIGH	160.00	
	03/05/98	ALL MERICA			INSURANCE PAYMENT	-128.70	
	03/05/98				INSURANCE WRITE OFF	-17.00	
440.21	01/27/98	93923-26	[redacted]		OULIMB VASCULAR TEST READING	77.00	
	03/05/98	ALLMERICA FIN			INSURANCE PAYMENT	-69.30	

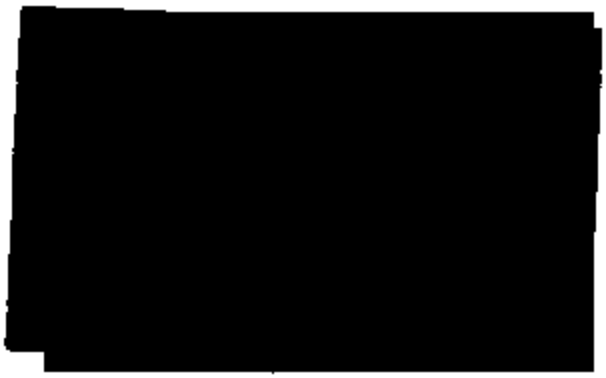
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS		PATIENT	INSURANCE
22.00	.00	.00	.00	.00	AMOUNT NOW DUE	22.00	.00

ANALYSIS OF PATIENT NEW BALANCE

STATEMENT DATE	PATIENT PAY Y T D	ACCOUNT NUMBER
03/10/98	.00	[redacted]

[redacted]





[redacted]

Account Number: [redacted]
Patient Name:
Service Start: 08/26/97 Service End:
Statement Date: 02/20/98 Last Statement Date: 01/30/98

Page No. 1

QUESTIONS? Please Call: Contact:

ACCOUNT BALANCE	ESTIMATED INSURANCE DUE	TOTAL PATIENT CREDITS	PLEASE PAY THIS AMOUNT
897.00	.00		897.00

TRANS DATE	DESCRIPTION	AMOUNT
	PREVIOUS BALANCE	897.00

N O R UO Ae

ACCOUNT BALANCE	897.00

THIS NOTICE IS TO AGAIN CALL YOUR ATTENTION TO THIS BALANCE. PLEASE CONTACT US OR REMIT PAYMENT IN FULL.

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

Until your insurance has paid, the PLEASE PAY THIS AMOUNT represents the balance we estimate you owe.
Any balance unpaid by your insurance will be due from you... Thank you.

Effective with date of service of March 4, 1998, the following guidelines will apply:

Individuals with income at or below the federal poverty level are eligible for services without charge. Please read the chart below to determine if you qualify. If you meet the established requirements, check this box, sign and return this form with a current pay-stub or verification of any other income.

FAMILY SIZE	MONTHLY INCOME GUIDELINE	YEARLY INCOME GUIDELINE
1	$ 645	$ 7,740
2	863	10,360
3	1,080	12,960
4	1,300	15,600
5	1,518	18,220
6	1,737	20,840
7	1,955	23,460
8	2,173	26,080

☐ MEET POVERTY GUIDELINES VERIFICATION ATTACHED

INCOME _____

FAMILY SIZE _____

SIGNATURE (REQUIRED) _____

For families with more than eight members, add $2,560 for each additional member.

1010000 (1/97)

If you receive General Assistance or Disability Assistance, check this box and return this form with a copy of your card. You qualify for free care.

☐ GA OR DA BENEFITS COPY OF CARD REQUIRED

If you do not meet requirements as listed above, but need assistance in paying your hospital bill, Riverside Methodist Hospitals may have additional financial aid available. Please call the telephone number on the front of this bill and request a financial aid application form.

NOTE: ALL INSURANCES MUST BE BILLED PRIOR TO APPLYING FOR ANY ASSISTANCE. FINANCIAL AID CAN ONLY BE GIVEN FOR THE SELF-PAY PORTION OF THE HOSPITAL BILL. FUNDS CAN BE APPLIED ONLY TO BILLS FROM RIVERSIDE METHODIST HOSPITALS.

FROM [redacted]

PAR 1 01/26/98

11	07	97	463.00		463.00

PLEASE USE THIS STATEMENT TO PAY IN FULL. IF YOU HAVE ANY QUESTIONS REGARDING THIS ACCOUNT PLEASE CALL [redacted] 8AM - 5PM EST.

		76.00	331.00	56.00

PLEASE RETURN THIS PORTION TO INSURE YOUR ACCOUNT IS CREDITED PROPERLY

[redacted]

STATEMENT

04581 8009618 27141 C N4170 TH 28a

[redacted]

STATEMENT

ADDRESS SERVICE REQUESTED

SHOW AMOUNT PAID HERE $ _____

[redacted]	02/25/98	04581	01	77.30
OFFICE PHONE NUMBER	CLOSING DATE	YOUR ACCOUNT NUMBER	PAGE NO.	NEW BALANCE

[redacted]7600

[redacted]3620

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
122897		BALANCE FORWARD		55.00	
010698		PAYMENT STATE MUTUAL LIFE Ac# 99291			-55.00
011598	[redacted]	OFF/OP VISIT EST	[redacted]	75.00	
011998		STATE MUTUAL LIFE ASSURANCE C # 101781 Filed			
012898		REPORT PREPARATION		10.00	
020298	[redacted]	OFF/OP VISIT EST	[redacted]	75.00	
020998		STATE MUTUAL LIFE ASSURANCE C # 103441 Filed			
021198		PAYMENT STATE MUTUAL LIFE Ac# 101781			-7.70
021198		Deductible 67.30			

FOR BILLING INQUIRIES, PLEASE CALL OUR BILLING SERVICE AT [redacted]

STATEMENT CLOSING DATE	02/25/98	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE.				04581
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	NEW BALANCE PAY THIS AMOUNT
55.00	67.30			152.30	75.00	77.30

SEND INQUIRIES TO:

[redacted]

[redacted]

Federal law requires that we advise you that the purpose of this communication is to collect a debt, and that any information obtained will be used for that purpose.

[redacted]

PATIENT'S NAME

[redacted]

IRS NUMBER 31-0851206

ACCOUNT NUMBER [redacted]

DATE	S	DESCRIPTION OF SERVICE	TOTAL COST	DIAGNOSIS	AMOUNT
051297	2	70240-26 SKULL		854.00	35.00
051297	2	70460-26 CT HEAD W/O CONT		854.00	130.00
051297	2	71020-26 CHEST, PA		959.1	26.00
051297	2	72040-26 CERVICAL SPINE		959.0	30.00
051297	2	72170-26 PELVIS, AP ONLY		959.6	25.00
051297	2	73030-26 SHOULDER		959.2	25.00
051297		99213 OFFICE VISIT			246.00

BALANCE DUE 246.00

ATTENDING PHYSICIAN

MENT BY INSURANCE IS NOTED ABOVE, BALANCE DUE IS YOUR RESPONSIBILITY. IF NO PAYMENT INDICATED, "CALL YOUR INSURANCE CARRIER!"

Place of Service: Outpatient Hospital, Ambulatory Surgical Center, Physician's Office, Emergency Room

STATEMENT DATE 01/22/98

STATEMENT

Return this section with your payment

ACCOUNT NUMBER [redacted]

STATEMENT DATE 01/22/98

PATIENT'S PHONE NUMBER

PATIENT'S DATE OF BIRTH 08/29/[redacted]

EMPLOYER

PRIMARY INSURANCE

ADMISSION DATE

SECONDARY INSURANCE

PHONE#: [redacted]

AMOUNT REMITTED $

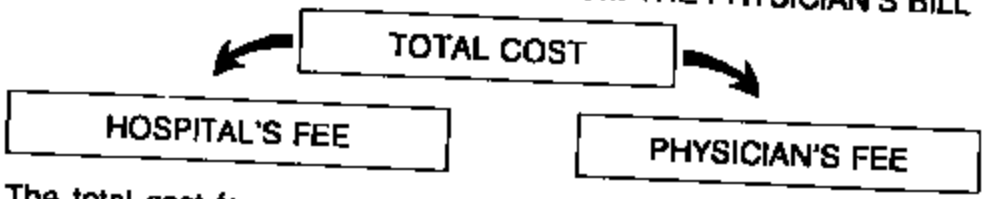
MAKE CHECK PAYABLE TO:

[redacted]

If services were rendered at the hospital, this bill is separate from your hospital bill, see reverse side for explanation.

Are you confused because you received two bills?

THE HOSPITAL BILL IS SEPARATE FROM THE PHYSICIAN'S BILL



The total cost for many medical services is comprised of two fees. Each fee is billed separately by the provider of the services.

The hospital's fees covers the cost of providing the technicians, equipment and supplies involved in performance of your service.

The physician's fee is for the supervision, interpretation and consultation with your personal physician by the specialist. The specialist is an independent physician, *not* an employee of the hospital and therefore bills separately for his/her professional service.

If your medical services were performed at the specialist's office, this is the only bill you will receive.

[redacted]

[redacted]

DATE : 03/26/98
PATIENT : [redacted]
ACCOUNT :
REFERRAL :
INJURED : 05/12/97
EMPLOYER :

DIAGNOSIS 354.0 CARPAL TUNNEL SYND.

DATE	DESCRIPTION	CHARGES	PAID	ADJUSTS	BALANCE
	BALANCE FORWARD	0.00	0.00	0.00	0.00
11/17/97	EVALUATION	40.00			40.00
11/17/97	HOT PACK	22.00			62.00
11/17/97	WHIRLPOOL	35.00			97.00
11/19/97	WHIRLPOOL	35.00			132.00
11/21/97	HOT PACK	22.00			154.00
11/21/97	MASSAGE	29.00			183.00
11/21/97	WHIRLPOOL	35.00			218.00
11/24/97	HOT PACK	22.00			240.00
11/24/97	ULTRASOUND	25.00			265.00
11/26/97	HOT PACK	22.00			287.00
11/26/97	WHIRLPOOL	35.00			322.00
12/01/97	HOT PACK	22.00			344.00
12/01/97	ULTRASOUND	25.00			369.00
12/01/97	WHIRLPOOL	35.00			404.00
12/03/97	HOT PACK	22.00			426.00
12/03/97	WHIRLPOOL	35.00			461.00
12/05/97	ULTRASOUND	25.00			486.00
12/05/97	WHIRLPOOL	35.00			521.00
12/12/97	ULTRASOUND	25.00			546.00
12/12/97	WHIRLPOOL	35.00			581.00
12/17/97	HOT PACK	22.00			603.00
12/17/97	ULTRASOUND	25.00			628.00
12/23/97	ICE MASSAGE	18.00			646.00
12/23/97	HOT PACK	22.00			668.00
	TOTALS	668.00	0.00	0.00	

CONTINUED

[redacted]

[redacted]

DATE : 03/26/98
PATIENT : [redacted]
ACCOUNT :
REFERRAL :
INJURED : 05/12/97
EMPLOYER :

DIAGNOSIS 354.0 CARPAL TUNNEL SYND.

DATE	DESCRIPTION	CHARGES	PAID	ADJUSTS	BALANCE
	BALANCE FORWARD	668.00	0.00	0.00	668.00
12/23/97	ULTRASOUND	25.00			693.00
02/18/98	ALLMERICA CK#659990376 020698 FOR 1117-112697		200.50		492.50
02/18/98	ALLMERICA BILL/ALWD			-121.50	371.00
03/11/98	REPORTS	15.00			386.00
03/11/98	[redacted] Billed for 03/11/98 to 03/11/98				
03/17/98	ALLMERICA CK#659185889 031198 FOR 1201-121297		147.50		238.50
03/17/98	ALLMERICA BILL/ALWD			-76.50	162.00
03/23/98	[redacted] Billed for 01/01/01 to 03/23/98				
	TOTALS	708.00	348.00	-198.00	
			ACCOUNT BALANCE		162.00

AGING: 0-30	31-60	61-90	91-120	OVER 120
15.00	0.00	147.00	0.00	0.00

[redacted] [redacted]

-8620

DETAIL 3/30/97 - 12/01/97 PRINTED 3/25/98 16.01

30 days	150.00	[redacted]	Home [redacted]
31- 60 days	67.30		Work 000 0000
61- 90 days	0.00		PT-0002 BC-0001
91-120 days	0.00		CS-0001 DR-0001
121-150 days	0.00		
150+ days	0.00	[redacted]	F-08/29/55-42-04591
Posted	217.30	Next app't	
Unposted	0.00		
Total bal	217.30		
- Pending	130.00		
= Pat bal	87.30		
Budget due	0.00		
Nonbud due	217.30		
Total due	67.30	Last chg 030998	55.00 Last ins pay 021198 7.70
Budget bal	0.00	SSN: 302 64 9341	Last per pay
Bud payment	0.00	Diag1:0530	SYNDROME THORACIC OUTLET
Last aging	02/26/98	Reg date 111397	

Insurance	Subscriber	Policy id		TB PR
[redacted]			73-2104	IY-02

ACTIVE COVERAGES

-PRIMARY-

104-[redacted]

Subscr: [redacted] A
Sex: F R: 2
Effectiv A:Y

First id 302649341 Second id 73-2104

Tick# 9718 U 0000 [redacted] Total: 115.00

11/10/97 1-[redacted]

111097-111097 99204 - -OFF/OP VISIT 611.72 -MASS IN BREA 1 115.00

111397- -STATE MUTUAL LIFE A-00097181-Y-N-P cleared

115.00 / 115.00 / .00 / .00 / .00 / .00 / .00 UF

Tick# 9929 U 0000 [redacted] Total: 55.00

12/15/97 [redacted]

120997-120997 99213 - -OFF/OP VISIT 353.0 -SYNDROME THO 1 55.00

121597- -STATE MUTUAL LIFE A-00099291-Y-N-P cleared

55.00 / 55.00 / .00 / .00 / .00 / .00 / .00 UF

Tick# 10178 U 0000 [redacted] Total: 75.00

01/19/90 1-[redacted]

[redacted]90-011598 99214 - -OFF/OP VISIT 353.0 -SYNDROME THO 1 75.00

011998- -STATE MUTUAL LIFE A-00101781-Y-N-P cleared

75.00 / 7.70 / .00 / .00 / .00 / .00 / 67.30 UF

Tick# [illegible] JAMES Total: 75.00
02/02/98 [redacted]
020290-020298 99214 - -OFF/OP VISIT 350.0 -SYNDROME TMD 1 75.00
020990- -STATE MUTUAL LIFE A-00103441-Y-N-F pending
75.00 / .00 / .00 / .00 / .00 / .00 / 75.00 PF

Tick# 10574 U 0000 [redacted] Total: 55.00
[redacted]
030590-030598 99213 - -OFF/OP VISIT 350.0 -SYNDROME TMD 1 55.00
030990- -STATE MUTUAL LIFE A-00105741-Y-N-F pending
55.00 / .00 / .00 / .00 / .00 / .00 / 55.00 PF

12/01/97	2104-PAYMENT	STATE MUTUAL LIFE Ac#	97181	r#	30061U	1	115.00-
01/05/98	2104-PAYMENT	STATE MUTUAL LIFE Ac#	99291	r#	31032U	1	55.00-
01/28/98	7002-REPORT PREPARATION			r#	31418U	1	10.00
02/11/98	2104-PAYMENT	STATE MUTUAL LIFE Ac#	101781	r#	31527U	1	7.70-
02/11/98	9100-Deductible	67.30	c#	101781	r#	31528U	1	
03/03/98	7002-REPORT PREPARATION				r#	32275U	1	10.00
	CURRENT BALANCE							217.30

1 [redacted] 217.30

LAST AGING AMOUNTS		LAST BILLING DATES
1/28/97	115.00	
2/28/97	55.00	
01/27/98	75.00	
02/26/98	152.30	02/25/98

[redacted]

STATEMENT

BILLING DATE	ACCOUNT NO.	BALANCE
12/06/97	[redacted]	58.10

FOR INQUIRY CALL	PLEASE WRITE YOUR ACCOUNT NO. ON CHECK	PAYMENT AMOUNT
[redacted]		

[redacted]

[redacted]

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT – RETAIN BOTTOM PORTION FOR YOUR RECORDS.

DATE	PROCEDURE	QTY	POS	DESCRIPTION	AMOUNT
				Balance forward as of 09/06/97	58.10

Your balance is extremely past due. To avoid further action, please submit payment in full promptley. Payment plans can be arranged by request. Thank you for your cooperation.

CALLING LONG DISTANCE? OUR TOLL FREE NUMBER IS [redacted]

****

ACCOUNT NO.	BILLING DATE	RESPONSIBLE PARTY	PLEASE PAY THIS AMOUNT
6374	12/06/97	[redacted]	58.10

[redacted]

TELEPHONE NO. [redacted]

PAGE: 1 OF 1

TAX IDENTIFICATION NO.

ASTERISKED (*) ITEMS INDICATE THAT AN INSURANCE CLAIM HAS BEEN SENT TO YOUR INSURANCE COMPANY

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

COPY

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL REPORT NO. A97-301 | ☒ OH-2 ☒ OH-3 | REPORTING AGENCY: CHILLICOTHE P.D. | N.C.I.C. 7101

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO. OF VEH PEDESTRIANS INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☒ INJURY ☐ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF Ross | IN ☒ CITY ☐ VILLAGE ☐ TWP OF CHILLICOTHE | DATE OF CRASH: M 5 D 12 Y 97 | DAY MONDAY | TIME: MILITARY 1927

CRASH OCCURRED ON N. BRIDGE ST | WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION 1 MILES ____ FEET N S E W OF | (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO) PAWNEE RD | CITY CODE [redacted]

LOG # [redacted] | LOC | SUR | ENV | FLT | DESC

A — DRIVER-PEDESTRIAN-VEHICLE SECTION

A | UNIT NO. 1 | NO. OF OCCUPANTS 2 | ☒ OPERATING ☐ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT | INSURANCE CO. OR AGENT WAUSAU INS.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) [redacted] ✓ | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) [redacted] | OCCUPATION MEAD

OWNER (IF SAME AS DRIVER, WRITE SAME) [redacted] | ADDRESS [redacted] | PHONE Unknown

VEH YR 19 97	MAKE FORD	MODEL CROWN VIC	COLOR WHITE	STYLE 4DR	STATE SC	LICENSE PLATE NO. VVS 290	TOWING SERVICE NONE	VEH/PED DIR FROM S TO N

CIRCLE DAMAGE AREAS: 1 2 3 / 4 5 6 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — DRIVER-PEDESTRIAN-VEHICLE SECTION

B | UNIT NO. 2 | NO. OF OCCUPANTS 1 | ☒ OPERATING ☐ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT | INSURANCE CO. OR AGENT ALYORK INS

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) [redacted] ✓ | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) [redacted] | OCCUPATION RETAIL

OWNER (IF SAME AS DRIVER, WRITE SAME) SAME | ADDRESS Same | PHONE Same

VEH YR 19 96	MAKE FORD	MODEL PROBE	COLOR GRAY	STYLE HB	STATE OH	LICENSE PLATE NO ACP 1616	TOWING SERVICE SC CHIC	VEH/PED DIR FROM E TO S

CIRCLE DAMAGE AREAS: 1 2 3 / 4 5 6 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING

DAMAGE SCALE: ☐ NONE ☐ LIGHT ☒ MODERATE ☒ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO	NAME (LAST, FIRST, MI)	AGE	SEX	POSITION	INJURIES
C	1	[redacted]	35	M	1	3
D	WIT		21	M	4	4
E	WIT		17	M		
F			AGE			

ADDRESS | PHONE | SEX

POSITION: 1 DRIVER, 2 PASSENGER, 3 FRONT SEAT OTHER, 4 REAR SEAT, 5 REAR SEAT OTHER, 6 TRUCK CAB, 7 TRUCK BED, 8 TRUCK OTHER, 9 EXTERIOR, F PEDESTRIAN

INJURIES: 1 FATAL, 2 SERIOUS VISIBLE, 3 MINOR VISIBLE, 4 NO VISIBLE INJURY, 5 NOT INJURED

CONDITION: 1 APPARENTLY NORMAL, 2 SICK, 3 FATIGUED, 4 APPARENTLY ASLEEP, 5 PHYSICAL DEFECT, 6 OTHER CONDITION, 7 UNKNOWN

RESTRAINTS: 1 NOT USED, 2 NONE AVAILABLE, 3 LAP BELT USED, 4 LAP-SHOULDER BELT USED, 5 SHOULDER BELT USED, 6 CHILD SAFETY SEAT, 7 AIR BAG USED, 8 USE NOT REPORTED

ALCOHOL: A TESTED ☐ YES ☒ NO | B TESTED ☒ YES ☐ NO

1 NO ALCOHOL DETECTED, 2 MBD ABILITY IMPAIRED, 3 MBD ABILITY NOT IMPAIRED, 4 MBD ABILITY UNKNOWN

EJECTION: 1 NOT EJECTED, 2 PARTIAL, 3 TOTAL, 4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☒ YES ☐ NO | B TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED, 2 USING PRESCRIBED DRUG, 3 USING ILLICIT DRUG

POLICE ACTION

A	☐ DRC ☐ CITY ORD	OFFENSE CHARGED AND DESCRIPTION			
B	☒ DRC ☐ CITY ORD	OFFENSE CHARGED AND DESCRIPTION [redacted]			

INJURED TAKEN TO: ARMC | BY: CITY MEDIC #3

INJURED TAKEN TO | BY

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
A27	1927	1929	2010	2	41 MINS

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO	CHECKED BY
M 5 D 12 Y 97	☐ YES ☒ NO	Ofc. C.A. Monnier	51	TH

(CT)

LOCAL REPORT NO. A97-301

DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER

UNIT #1 WAS N/B ON BRIDGE ST. IN THE LANE CLOSEST TO THE CURB (1075 N. Bridge St.) WHEN UNIT #2, WHICH WAS STARTING TO TURN LEFT S/B FROM THE J.C. PENNEY PARKING LOT, PULLED OUT IN FRONT OF UNIT #1. UNIT #1 STRUCK UNIT #2, CAUSING UNIT #2 TO COME TO REST FACING E IN THE S/B LANES OF BRIDGE ST. DRIVER OF UNIT #1 STATED HE TRIED TO GO TO THE RIGHT (REAR) OF UNIT #2 BUT COULDN'T AVOID CONTACT. DRIVER OF UNIT #2 WAS TRANSPORTED TO THE ADEAN REGIONAL MEDICAL CENTER COMPLAINING OF PAIN IN HER HEAD, NECK, AND LEFT LEG AND HAD BRUISING ON LEFT SIDE OF HEAD. OFC. EXCHANGED INSURANCE INFO AND ISSUED WITNESS STATEMENT FORMS TO ALL PARTIES INVOLVED. OFC. NOTED OBSERVED DAMAGE TO THE

SEE OH-2

SHOW NORTH WITH ARROW

WEATHER: 1 | 1 NO ADVERSE WEATHER, 2 RAIN, 3 SNOW, 4 FOG, 5 HIGH WIND, 6 OTHER

ROAD CONDITIONS: 1 | 1 DRY, 2 WET, 3 SNOW, 4 ICE, 5 DIRT/SAND, 6 OTHER

LIGHT: 1 | 1 DAYLIGHT, 2 DAWN, 3 DUSK, 4 DARK-NO LIGHTS, 5 DARK-LIGHTED, 6 OTHER

ROAD CONTOUR: 1 | 1 STRAIGHT LEVEL, 2 STRAIGHT GRADE, 3 CURVE LEVEL, 4 CURVE GRADE

OCCURRENCE: 1 | 1 ON ROADWAY, 2 OFF LEFT SIDE, 3 OFF RIGHT SIDE, 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY

SPECIAL AREA: 1 ROAD CONSTRUCTION MAINTENANCE AREA, 2 SCHOOL ZONE

FIRST HARMFUL EVENT: 6

TWO MV IN TRANSPORT: 1 HEAD ON, 2 REAR-END, 3 BACKING, 4 SIDESWIPE MEETING, 5 SIDESWIPE PASSING, 6 ANGLE

ONE MV IN TRANSPORT (COLLISION): 7 PARKED MOTOR VEH, 8 PEDESTRIAN, 9 ANIMAL, 10 TRAIN, 11 PEDALCYCLE, 12 OTHER NON-M V, 13 FIXED OBJECT, 14 OTHER OBJECT

(NON-COLLISION): 15 FALL FROM OR IN VEH, 16 OVERTURNING, 17 OTHER NON-COLLISION

LOCATION: 3 | 1 INTERSECTION, 2 INTERSECTION-RELATED, 3 DRIVEWAY ACCESS, 4 RAILROAD CROSSING, 5 BRIDGE-PASSING OVER, 6 BRIDGE-PASSING UNDER, 7 NON-INTERSECTION, 8 PRIVATE PROPERTY

RAMP LETTER CODE:

TYPE OF UNIT: A 1 . 4 . 2 B 2

PRE-CRASH ACTIONS: A 1 B 3

CONTRIBUTING FACTOR: A | B 2

CAR: 1 SUB-COMPACT, 2 COMPACT, 3 MID SIZE, 4 FULL SIZE

TRUCK: 5 PICKUP, 6 PANEL/VAN, 7 STRAIGHT TRUCK, 8 STRAIGHT TRUCK AND TRAILER, 9 TRUCK TRACTOR, 10 TRACTOR & SEMI-TRAILER, 11 TRACTOR & DOUBLE TRAILER

MOTORCYCLE: 12 MC UP TO 350CC, 13 MC/50CC TO 750CC, 14 MC OVER 750CC, 15 MOTORIZED BICYCLE

BUS: 16 SCHOOL, 17 CHURCH, 18 PUBLIC BUS

EMERGENCY: 19 POLICE VEHICLE, 20 FIRE TRUCK, 21 AMBULANCE/RESCUE

OTHER: 22 TAXI, 23 MOTOR HOME, 24 TRAIN, 25 FARM VEHICLE, 26 FARM EQUIPMENT, 27 SNOWMOBILE, 28 CONSTRUCTION EQUIP, 29 ANIMAL WAGON, 30 ANIMAL W/RIDER, 31 BICYCLE, 32 ALL OTHERS

P PEDESTRIAN

DRIVER ACTIONS: 1 GOING STRAIGHT, 2 TURNING RIGHT, 3 TURNING LEFT, 4 TURNING ON RED LIGHT, 5 U TURN, 6 STOPPED TO TURN, 7 STOPPED IN TRAFFIC, 8 PARKING/UNPARKING, 9 PARKED, 10 BACKING, 11 PASSING, 12 CHANGING LANES, 13 MERGING/EXITING RAMP, 14 OUT OF CONTROL, 15 SWERVING, 16 DRIVERLESS VEH, 17 OTHER DRV ACTIONS

PEDESTRIAN ACTIONS: 18 CROSSING IN X-WALK, 19 CROSSING OTHER THAN X-WALK, 20 WALKING IN ROAD (WITH TRAFFIC), 21 WALKING IN ROAD (AGAINST TRAFFIC), 22 PLAYING IN ROAD, 23 WORKING ON ROAD, 24 ENTERING OR LEAVING VEHICLE, 25 PUSHING/WORKING ON VEH IN ROAD, 26 OTHER IN ROAD, 27 ON SIDEWALK OR SHOULDER

DRIVER ERROR: 1 NONE, 2 FAILURE TO YIELD, 3 UNSAFE SPEED, 4 FOLLOWING TOO CLOSELY OR ACDA, 5 RAN RED LIGHT, 6 RAN STOP OR YIELD SIGN, 7 IMPROPER TURN, 8 IMPROPER PASSING, 9 IMPROPER LANE CHANGE, 10 IMPROPER BACKING, 11 IMPROPER START FROM PARKED POSITION, 12 STOPPED OR PARKED ILLEGALLY, 13 LEFT OF CENTER, 14 FAILURE TO CONTROL, 15 DRIVER INATTENTION, 16 DROVE OFF ROAD REASON UNKNOWN, 17 OTHER DRIVER ERROR

NON-DRIVER FACTOR: 18 VEHICLE DEFECTS, 19 LOAD SHIFTING FALLING, SPILLING, 20 PAVEMENT DEFECT, 21 SHOULDER DEFECT, 22 DEBRIS ON ROAD, 23 OBSCURED TRAFFIC SIGN/DEVICE, 24 VISION OBSTRUCTION, 25 ANIMAL ACTIONS, 26 PEDESTRIAN ACTIONS

TRAFFIC CONTROL: A 1 B 12

DRIVER: 1 NO CONTROLS, 2 STOP SIGN, 3 YIELD SIGN, 4 TRAFFIC SIGNAL, 5 TRAFFIC FLASHERS, 6 SCHOOL ZONE, 7 RAILROAD CROSSBUCKS, 8 RAILROAD FLASHERS, 9 RAILROAD GATES, 10 CONSTR BARRICADES, 11 POLICE OFFICER, 12 PAVEMENT MARKINGS, 13 OTHER

PEDESTRIAN: 14 NO CONTROLS, 15 CROSSWALK LINES, 16 WALK/DON'T WALK SIGNS

FIXED OBJECT STRUCK: A | B

1 NONE, 2 UTILITY POLE, 3 TRAFFIC SIGN, 4 BRIDGE/CULVERT, 5 GUARD RAIL, 6 FENCE, 7 TREE, 8 SHRUBBERY, 9 CURB, 10 DITCH, 11 EMBANKMENT, 12 BUILDING, 13 MAIL BOX, 14 CONSTRUCTION BARRICADE, 15 FIRE HYDRANT, 16 OTHER OBJECT

VEHICLE DEFECTS (CODE IF CONTRIBUTING FACTOR 45 18): PRIMARY A | B, SECONDARY A | B

1 TURN SIGNALS, 2 HEAD LAMPS, 3 TAIL LAMPS, 4 BRAKES, 5 STEERING, 6 TIRE BLOWOUT, 7 WORN OR SLICK TIRES, 8 TRAILER EQUIPMENT DEFECTIVE, 9 MOTOR TROUBLE, 10 DISABLED FROM PRIOR ACCIDENT, 11 OTHER DEFECTS

TRUCK LOAD: A | B

1 EMPTY, 2 PERISHABLE GOODS, 3 GENERAL FREIGHT, 4 METAL/HEAVY MACHINERY, 5 HAZARDOUS GAS, 6 HAZARDOUS LIQUID, 7 HAZARDOUS SOLID, 8 RADIOACTIVE MATERIAL

TRUCK AXLES: A | B

TRACTOR-TRAILER RIGS

SPEED			MC HELMET USE		
UNIT	EST	LEGAL	UNIT	DRIVER	PASS
A	UNK	35			
B	UNK	35			

1 NO HELMET, 2 FULL COVERAGE, 3 FULL FACIAL COVER, 4 OTHER TYPE HELMET

TRAFFIC CRASH — DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
97-301	CHILLICOTHE P.D.	M 5 D 12 Y 97
IN COUNTY OF ROSS	CRASH LOCATION FRONT OF 1075 N. BRIDGE ST.	

FRONT DRIVER'S SIDE OF UNIT #1 AND DAMAGE TO THE DRIVER'S REAR AREA CAUSING THE WHEEL TO BE BENT, MAKING IT INOPERABLE. OFC. ISSUED DRIVER OF UNIT #2 A CITATION FOR ENTERING ROADWAY FROM PLACE OTHER THAN A ROADWAY (FAILURE TO YIELD). WHEN OFCS. TALKED WITH THE LISTED WITNESSES THEY ADVISED THAT UNIT #2 WAS ATTEMPTING TO TURN LEFT S/B ONTO BRIDGE ST. WHEN UNIT #1 STRUCK UNIT #2 IN THE LEFT REAR WITH UNIT #1's LEFT FRONT END. DRIVER OF UNIT #1 AND PASSENGER "C" BOTH COMPLAINED OF MINOR SORENESS FROM THE DEPLOYMENT OF THE AIRBAGS

OFFICER'S SIGNATURE C. A. Mercer

BADGE NO. 51

HSY-0002

CRASH — DIAGRAM NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

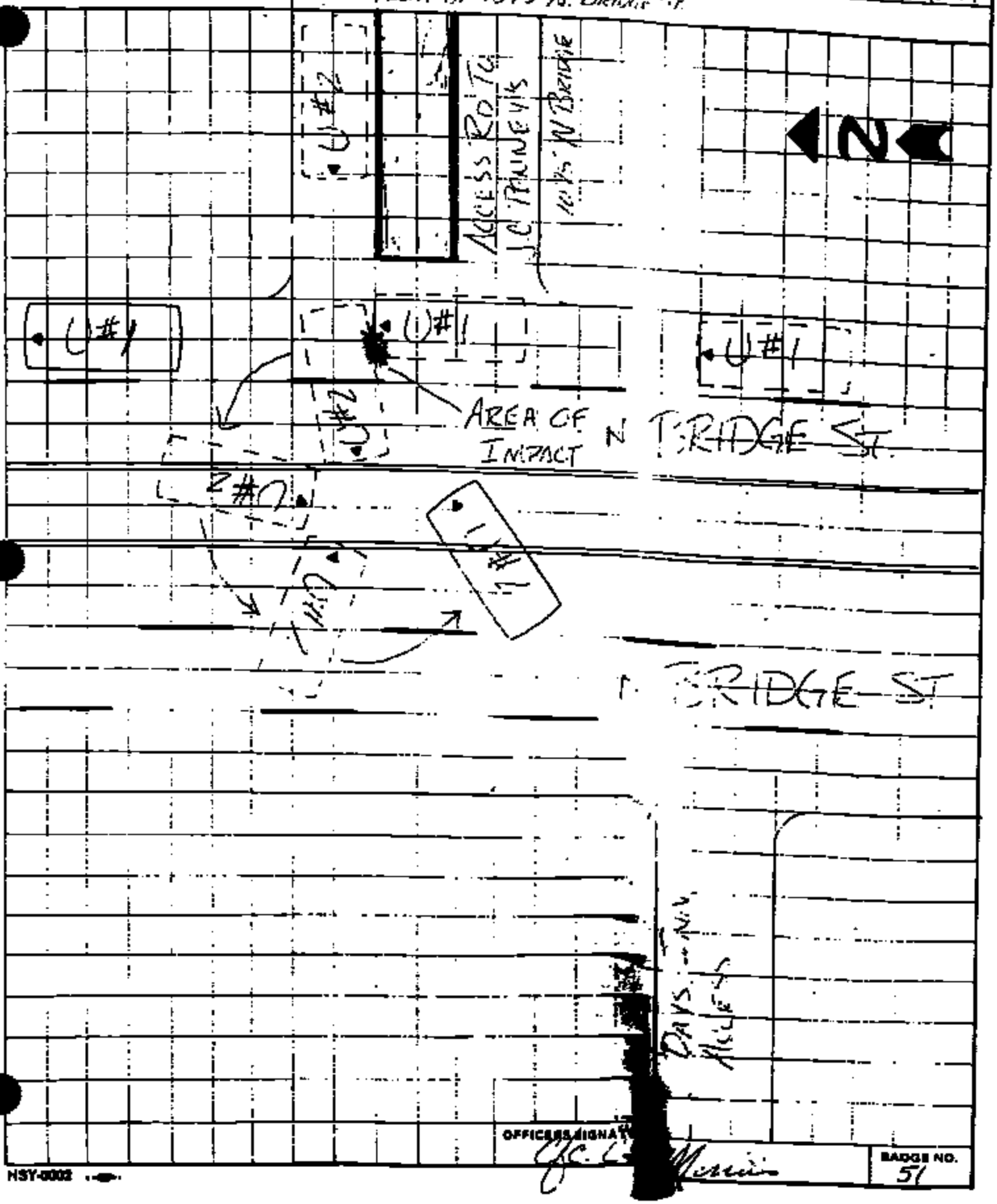
A97-301

COUNTY OF Ross

REPORTING AGENCY Chillicothe P.D.

CRASH LOCATION Front of 1075 N. Bridge St.

DATE OF CRASH M 5 D 12 Y 97



OFFICER'S SIGNATURE J.C. Morris

BADGE NO. 51

HSY-0002

[redacted]

ITEMIZED STATEMENT with CHARGES & DIAGNOSIS

PATIENT NAME: [redacted] 51344
VISIT DATE : 12045
LOCATION : CHILLICOTHE

CPT	DESCRIPTION	PHI CHARG
99213	OFFIC/OUTPT E&M ESTAB LOW-MOD 15MIN	50.00

ICD	DESCRIPTION
71590	OTHER AND UNSPECIFIED ARTHROPATHIES
5540	FUNCTIONAL DIGESTIVE DISORDERS, NOT ELSEWHERE CLASSIFIED
4730	CHRONIC SINUSITIS
7840	SYMPTOMS INVOLVING HEAD AND NECK

PROVIDERS:
[redacted] Medical Doctor

[redacted]

ITEMIZED STATEMENT with CHARGES & DIAGNOSIS

PATIENT NAME: [redacted] 5:044
VISIT DATE : 1:430
LOCATION : CHILLICOTHE

CPT	DESCRIPTION	PAT CHARG
99213	OFFIC/OUTPT E&M ESTAB LOW-MOD 15MIN	50.00

ICD	DESCRIPTION
34600	MIGRAINE

PROVIDERS:
[redacted] Medical Doctor

[redacted]

ITEMIZED STATEMENT with CHARGES & DIAGNOSIS

PATIENT NAME: [redacted] 51044
VISIT DATE : [redacted] 11712
LOCATION : CHILLICOTHE

CPT	DESCRIPTION	FHI CHARG
99213	OFFIC/OUTPT E&M ESTAB LOW-MOD 15MIN	50.00

ICD	DESCRIPTION
4019	ESSENTIAL HYPERTENSION

PROVIDERS:
[redacted] Medical Doctor

[redacted]

ITEMIZED STATEMENT with CHARGES & DIAGNOSIS

PATIENT NAME: [redacted] 51344
VISIT DATE : 10-31-1997 13438
LOCATION : CHILLICOTHE

CPT	DESCRIPTION	FNI	CHARG
99203	OFFIC/OUTPT E&M NEW MOD SEVER 30MIN		[redacted] 105.00

ICD	DESCRIPTION
53081	DISEASES OF ESOPHAGUS

PROVIDERS: [redacted] Medical Doctor

[redacted]

VISIT SUMMARY

[redacted] CHILLICOTHE 3-23-199
12576

CPT	DESCRIPTION	FHI CHARGE	PATIENT RES
99214	OFFIC/OUTPT E&M ESTAB MOD-HI 25 MIN	70.00	.00
P9615	CATHETERIZATION FOR URINE SPECIMEN IN OF FICE, CLINIC, INDEPENDENT LABORATORY, OU TPATIENT LABORATORY	6.25	.00
S0005	CATHETER TUBING	7.00	.00
53573	CATH URETHRA; SIMPL	40.00	.00
J0696	ROCEPHIN 250 MGS.(SEE CEFTRIAXONE SODIUM)	28.00	.00
99999	Co-Pay	.00	10.00

PROVIDERS:

[redacted] Medical Doctor

ADMINISTERED BY [redacted]

EMPLOYEE: [redacted]
DEPENDENT:

PLAN NO: [redacted]
PAYER: SHASTAR, INC.

THE FOLLOWING IS AN EXPLANATION OF BENEFITS FOR THE MEDICAL CARE EXPENSES RECEIVED BY US. [redacted] THE PAYER.

CLAIM REGISTRATION NO: [redacted] BENEFIT YEAR: 1997 DATE: 08/13/97

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (SEE REMARKS BELOW) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	06/16	85.00	85.00	500		
DUNN DC	X-RAY/LAB	06/16	182.50	182.50	500		
DUNN DC	X-RAY/LAB	06/16	38.00	38.00	500		
DUNN DC	CHIROPRAC	06/17	47.00	47.00	500		
DUNN DC	CHIROPRAC	06/17	14.50	14.50	500		
DUNN DC	CHIROPRAC	06/17	41.50	41.50	500		
DUNN DC	CHIROPRAC	06/17	23.00	23.00	500		
DUNN DC	CHIROPRAC	06/18	47.00	47.00	500		
TOTALS			488.50	488.50		0.00	

DEDUCTIBLE STATUS:	INDIVIDUAL	FAMILY
DEDUCTIBLE	$ 100.00	$ 300.00
CARRYOVER CREDIT	$ 0.00	$ 0.00
PREVIOUSLY APPLIED	$ 100.00	$ 100.00
APPLIED THIS CLAIM	$ 0.00	$ 0.00
DEDUCTIBLE TO BE SATISFIED	$ 0.00	$ 100.00

COVERED MEDICAL EXPENSE
LESS APPLIED DEDUCTIBLE
NET COVERED EXPENSES

TOTAL BENEFITS $ 0.00

TOTAL PAYMENTS $ 0.00

COORDINATION OF BENEFITS - "COB"

I. BENEFITS AVAILABLE (Includes previous C.O.B. amount) $
II. TOTAL ALLOWABLE EXPENSE (Includes previous out-of-pocket expenses) $
III. OTHER GROUP INSURANCE BENEFITS $
IV. BALANCE OUT-OF-POCKET EXPENSES (I - III) $
V. BENEFITS PAYABLE NOW (Lesser of I and IV) $

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT	PAYEE	AMOUNT

REMARKS

500 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

1-812 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 2 -01753

[redacted]

[redacted]

APPEAL PROCEDURE FOR COVERED EMPLOYEES

If your claim has been wholly or partially denied, you may appeal this decision. You also have the right to review pertinent documents and to submit issues and comments in writing. If you wish to appeal any claim determination you should contact First Allamerica Financial Life Insurance Company within 60 days of receipt of this notice. If your plan is self-funded and claim determinations are the responsibility of the Plan Administrator or other person designated by the Plan, First Allamerica Financial Life Insurance Company will refer your appeal to such person accordingly. Unless special circumstances exist, a decision on your appeal will ordinarily be made within 60 days after it is received.

FOR CALIFORNIA RESIDENTS ONLY

If you disagree with our benefit determination, you may have the matter reviewed by the California Department of Insurance at: California Department of Insurance, Claims Services Bureau, 300 S. Spring St., 11th Floor, Los Angeles, CA 90013, (800) 927-4357 or (213) 878-8021.

FOR ILLINOIS RESIDENTS ONLY

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you are a resident of Illinois and wish to take this matter up with the Illinois Department of Insurance, it maintains a consumer division in Chicago at 100 West Randolph Street, Chicago, IL 60606 and Springfield at 320 West Washington Street, Springfield, IL 62727.

FOR NEBRASKA RESIDENTS ONLY

If objection is made to a claim denial, the matter may be reviewed by Claim Inquiries Division, Department of Insurance, 1932 "L" Street, Lincoln, NE 68509 (402) 471-2201.

FOR NEW HAMPSHIRE RESIDENTS ONLY

Should you wish to take our benefit determination up with the New Hampshire Insurance Department, it maintains a service division to investigate complaints at 169 Manchester Street, Concord, NH 03301. The New Hampshire Insurance Department can be reached by dialing 1-800-852-3416 and 3417.

FOR NEW YORK RESIDENTS ONLY

(NY Ins. Law-Sect. 400) If a claim is denied, and should you wish to take this matter up with the New York Insurance Department, you may write, or visit the Consumer Service Bureau, New York State Insurance Department at Two World Trade Center (25th Floor), New York, NY 10047, Agency Building One, Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12257, or 220 Delaware Avenue, Ste 229, Buffalo, NY 14202.

ADMINISTERED BY [redacted]

EMPLOYEE: [redacted]
DEPENDENT:

PLA[redacted]
PAYER: SUBSTAR, INC.

THE FOLLOWING IS AN EXPLANATION OF BENEFITS FOR THE MEDICAL CARE EXPENSES RECEIVED BY US.
PLEASE ADDRESS INQUIRIES TO ALLMERICA FINANCIAL, EBS CLAIMS, 333 PIERCE RD STE 310
ITASCA, IL 60143-3137 800-423-6011, WHICH IS PROCESSING THE CLAIMS ON BEHALF OF THE PAYER.

CLAIM REGISTRATION NO: [redacted] BENEFIT YEAR: 1997 DATE: 08/18/97

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (SEE REMARKS BELOW) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	08/18	14.50	14.50	500		
DUNN DC	CHIROPRAC	08/18	41.50	41.50	500		
DUNN DC	CHIROPRAC	08/18	23.00	23.00	500		
DUNN DC	CHIROPRAC	08/18	47.00	47.00	500		
DUNN DC	CHIROPRAC	08/19	14.50	14.50	500		
DUNN DC	CHIROPRAC	08/19	41.50	41.50	500		
DUNN DC	CHIROPRAC	08/18	23.00	23.00	500		
DUNN DC	CHIROPRAC	08/20	47.00	47.00	500		
TOTALS			252.00	252.00		0.00	

DEDUCTIBLE STATUS:	INDIVIDUAL	FAMILY
DEDUCTIBLE	$ 100.00	$ 300.00
CARRYOVER CREDIT	$ 0.00	$ 0.00
PREVIOUSLY APPLIED	$ 100.00	$ 100.00
APPLIED THIS CLAIM	$ 0.00	$ 0.00
DEDUCTIBLE TO BE SATISFIED	$ 0.00	$ 200.00

COORDINATION OF BENEFITS - "COB"

I. BENEFITS AVAILABLE (Includes previous COB credit)	$
II. TOTAL ALLOWABLE EXPENSE (Includes prorated out-of-pocket expenses)	$
III. OTHER GROUP INSURANCE BENEFITS	$
IV. BALANCE OUT-OF-POCKET EXPENSES (II-III)	$
V. BENEFITS PAYABLE NOW (Lesser of I and IV)	$

COVERED MEDICAL EXPENSE LESS APPLIED DEDUCTIBLE	
NET COVERED EXPENSES	
TOTAL BENEFITS	$ 0.00
TOTAL PAYMENTS	$ 0.00

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT	PAYEE	AMOUNT

REMARKS

500 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

2-012 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 2-01780

[redacted]

[redacted]

APPEAL PROCEDURE FOR COVERED EMPLOYEES

If your claim has been wholly or partially denied, you may appeal this decision. You also have the right to review pertinent documents and to submit issues and comments in writing. If you wish to appeal any claim determination you should contact First Allmerica Financial Life Insurance Company within 60 days of receipt of this notice. If your plan is self-funded and claim determinations are the responsibility of the Plan Administrator or other person designated by the Plan, First Allmerica Financial Life Insurance Company will refer your appeal to such person accordingly. Unless special circumstances exist, a decision on your appeal will ordinarily be made within 60 days after it is received.

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ADMINISTERED BY [redacted]

EMPLOYEE: [redacted]
DEPENDENT:

PLAN [redacted]
PAYER: SHASTAR, INC.

THE FOLLOWING IS AN EXPLANATION OF BENEFITS FOR THE MEDICAL CARE EXPENSES RECEIVED BY US.
PLEASE ADDRESS INQUIRIES TO ALLAMERICA FINANCIAL, EBS CLAIMS, 333 PIERCE RD STE 310
ITASCA, IL 60143-3137 800-423-6011, WHICH IS PROCESSING THE CLAIMS ON BEHALF OF THE PAYER.

CLAIM REGISTRATION NO: [redacted] BENEFIT YEAR: 1997 DATE: 08/18/97

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (SEE REMARKS BELOW) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	08/20	14.50	14.50	500		
DUNN DC	CHIROPRAC	08/20	41.50	41.50	500		
DUNN DC	CHIROPRAC	08/20	23.00	23.00	500		
DUNN DC	CHIROPRAC	08/22	47.00	47.00	500		
DUNN DC	CHIROPRAC	08/22	14.50	14.50	500		
DUNN DC	CHIROPRAC	08/23	41.50	41.50	500		
DUNN DC	CHIROPRAC	08/23	23.00	23.00	500		
DUNN DC	CHIROPRAC	08/24	47.00	47.00	500		
TOTALS			252.00	252.00		0.00	

DEDUCTIBLE STATUS:	INDIVIDUAL	FAMILY
DEDUCTIBLE	$ 100.00	$ 300.00
CARRYOVER CREDIT	$ 0.00	$ 0.00
PREVIOUSLY APPLIED	$ 100.00	$ 100.00
APPLIED THIS CLAIM	$ 0.00	$ 0.00
DEDUCTIBLE TO BE SATISFIED	$ 0.00	$ 200.00

COVERED MEDICAL EXPENSE
LESS APPLIED DEDUCTIBLE
NET COVERED EXPENSES

TOTAL BENEFITS $ 0.00

TOTAL PAYMENTS $ 0.00

COORDINATION OF BENEFITS - "COB"

I. BENEFITS AVAILABLE (Includes previous C.O.B. amount) $
II. TOTAL ALLOWABLE EXPENSE (Includes previous out-of-pocket expenses) $
III. OTHER GROUP INSURANCE BENEFITS $
IV. BALANCE OUT-OF-POCKET EXPENSES (I-II-III) $
V. BENEFITS PAYABLE NOW (Lesser of I and IV) $

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT	PAYEE	AMOUNT

REMARKS

500 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

3-012 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 2-01761

[redacted]

[redacted]

APPEAL PROCEDURE FOR COVERED EMPLOYEES

If your claim has been wholly or partially denied, you may appeal this decision. You also have the right to review pertinent documents and to submit issues and comments in writing. If you wish to appeal any claim determination you should contact First Allmerica Financial Life Insurance Company within 60 days of receipt of this notice. If your plan is self-funded and claim determinations are the responsibility of the Plan Administrator or other person designated by the Plan, First Allmerica Financial Life Insurance Company will refer your appeal to such person accordingly. Unless special circumstances exist, a decision on your appeal will ordinarily be made within 60 days after it is received.

FOR CALIFORNIA RESIDENTS ONLY

If you disagree with our benefit determination, you may have the matter reviewed by the California Department of Insurance at: California Department of Insurance, Claims Services Bureau, 300 S. Spring St., 11th Floor, Los Angeles, CA 90013, (800) 927-4357 or (213) 879-8921.

FOR ILLINOIS RESIDENTS ONLY

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you are a resident of Illinois and wish to take this matter up with the Illinois Department of Insurance, it maintains a consumer division in Chicago at 100 West Randolph Street, Chicago, IL 60606 and Springfield at 320 West Washington Street, Springfield, IL 62727.

FOR NEBRASKA RESIDENTS ONLY

If objection is made to a claim denial, the matter may be reviewed by Claim Inquires Division, Department of Insurance, 1332 "L" Street, Lincoln, NE 68509 (402) 471-2201.

FOR NEW HAMPSHIRE RESIDENTS ONLY

Should you wish to take our benefit determination up with the New Hampshire Insurance Department, it maintains a service division to investigate complaints at 169 Manchester Street, Concord, NH 03301. The New Hampshire Insurance Department can be reached by dialing 1-800-852-3416 and 3417.

FOR NEW YORK RESIDENTS ONLY

(NY Ins. Law-Sect. 400) If a claim is denied, and should you wish to take this matter up with the New York Insurance Department, you may write, or visit the Consumer Service Bureau, New York State Insurance Department at Two World Trade Center (25th Floor), New York, NY 10047, Agency Building One, Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12257, or 220 Delaware Avenue, Ste 229, Buffalo, NY 14202.

ADMINISTERED BY FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

EMPLOYEE: [redacted]
DEPENDENT:

PLAN NO [redacted]
PAYER: SHASTAR, INC.

THE FOLLOWING IS AN EXPLANATION OF BENEFITS FOR THE MEDICAL CARE EXPENSES RECEIVED BY US.
PLEASE ADDRESS INQUIRIES TO ALLMERICA FINANCIAL, EBS CLAIMS, 333 PIERCE RD STE 310
ITASCA, IL 60143-3137 800-423-6011, WHICH IS PROCESSING THE CLAIMS ON BEHALF OF THE PAYER.

CLAIM REGISTRATION NO [redacted] BENEFIT YEAR: 1987 DATE: 08/18/87

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (see remarks below) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	08/28	14.50	14.50	500		
DUNN DC	CHIROPRAC	08/28	41.50	41.50	500		
DUNN DC	CHIROPRAC	08/28	23.00	23.00	500		
DUNN DC	CHIROPRAC	08/27	47.00	47.00	500		
DUNN DC	CHIROPRAC	08/27	14.50	14.50	500		
DUNN DC	CHIROPRAC	08/27	41.50	41.50	500		
DUNN DC	CHIROPRAC	08/27	23.00	23.00	500		
DUNN DC	CHIROPRAC	08/30	47.00	47.00	500		
TOTALS			252.00	252.00		0.00	

DEDUCTIBLE STATUS: INDIVIDUAL FAMILY

DEDUCTIBLE	$	100.00	$	300.00
CARRYOVER CREDIT	$	0.00	$	0.00
PREVIOUSLY APPLIED	$	100.00	$	100.00
APPLIED THIS CLAIM	$	0.00	$	0.00
DEDUCTIBLE TO BE SATISFIED	$	0.00	$	300.00

COVERED MEDICAL EXPENSE
LESS APPLIED DEDUCTIBLE
NET COVERED EXPENSES

TOTAL BENEFITS $ 0.00

COORDINATION OF BENEFITS - "COB"

I. BENEFITS AVAILABLE (includes previous C.O.B. credit) $
II. TOTAL ALLOWABLE EXPENSE (includes previous out-of-pocket expenses) $
III. OTHER GROUP INSURANCE BENEFITS $
IV. BALANCE OUT-OF-POCKET EXPENSES (I-II) $
V. BENEFITS PAYABLE NOW (Lesser of I and IV) $

TOTAL PAYMENTS $ 0.00

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT	PAYEE	AMOUNT

REMARKS

500 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

S-012 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 2 -81767

[redacted]

[redacted]

APPEAL PROCEDURE FOR COVERED EMPLOYEES

If your claim has been wholly or partially denied, you may appeal this decision. You also have the right to review pertinent documents and to submit issues and comments in writing. If you wish to appeal any claim determination you should contact First Allmerica Financial Life Insurance Company within 60 days of receipt of this notice. If your plan is self-funded and claim determinations are the responsibility of the Plan Administrator or other person designated by the Plan, First Allmerica Financial Life Insurance Company will refer your appeal to such person accordingly. Unless special circumstances exist, a decision on your appeal will ordinarily be made within 60 days after it is received.

FOR CALIFORNIA RESIDENTS ONLY

If you disagree with our benefit determination, you may have the matter reviewed by the California Department of Insurance at: California Department of Insurance, Claims Services Bureau, 300 S. Spring St., 11th Floor, Los Angeles, CA 90013, (800) 927-4357 or (213) 879-8821.

FOR ILLINOIS RESIDENTS ONLY

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you are a resident of Illinois and wish to take this matter up with the Illinois Department of Insurance, it maintains a consumer division in Chicago at 100 West Randolph Street, Chicago, IL 60606 and Springfield at 320 West Washington Street, Springfield, IL 62727.

FOR NEBRASKA RESIDENTS ONLY

If objection is made to a claim denial, the matter may be reviewed by Claim Inquires Division, Department of Insurance, 1332 "L" Street, Lincoln, NE 68509 (402) 471-2201.

FOR NEW HAMPSHIRE RESIDENTS ONLY

Should you wish to take our benefit determination up with the New Hampshire Insurance Department, it maintains a service division to investigate complaints at 169 Manchester Street, Concord, NH 03301. The New Hampshire Insurance Department can be reached by dialing 1-800-852-3416 and 3417.

FOR NEW YORK RESIDENTS ONLY

(NY Ins. Law-Sect. 40D) If a claim is denied, and should you wish to take this matter up with the New York Insurance Department, you may write, or visit the Consumer Service Bureau, New York State Insurance Department at Two World Trade Center (25th Floor), New York, NY 10047, Agency Building One, Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12257, or 220 Delaware Avenue, Ste 229, Buffalo, NY 14202.

ADMINISTERED BY [redacted]

EMPLOYEE: [redacted]
DEPENDENT:

PLAN [redacted]
PAYER: SHOSTYAK, INC.

THE FOLLOWING IS AN EXPLANATION OF BENEFITS FOR THE MEDICAL CARE EXPENSES RECEIVED BY US.
PLEASE ADDRESS INQUIRIES TO ALLMERICA FINANCIAL, EMS CLAIMS, 333 PIERCE RD STE 310
ITASCA, IL 60143-3137 800-423-6011, WHICH IS PROCESSING THE CLAIMS ON BEHALF OF THE PAYER.

CLAIM REGISTRATION NO: [redacted] BENEFIT YEAR: 1997 DATE: 08/18/97

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (SEE REMARKS BELOW) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	06/30	14.50	14.50	500		
DUNN DC	CHIROPRAC	06/30	41.50	41.50	500		
DUNN DC	CHIROPRAC	06/30	23.00	23.00	500		
DUNN DC	CHIROPRAC	07/01	47.00	47.00	500		
DUNN DC	CHIROPRAC	07/01	14.50	14.50	500		
DUNN DC	CHIROPRAC	07/01	41.50	41.50	500		
DUNN DC	CHIROPRAC	07/01	23.00	23.00	500		
DUNN DC	CHIROPRAC	07/02	47.00	47.00	500		
TOTALS			252.00	282.00		0.00	

DEDUCTIBLE STATUS:	INDIVIDUAL	FAMILY
DEDUCTIBLE	$ 100.00	$ 300.00
CARRYOVER CREDIT	$ 0.00	$ 0.00
PREVIOUSLY APPLIED	$ 100.00	$ 100.00
APPLIED THIS CLAIM	$ 0.00	$ 0.00
DEDUCTIBLE TO BE SATISFIED	$ 0.00	$ 200.00

COVERED MEDICAL EXPENSE
LESS APPLIED DEDUCTIBLE
NET COVERED EXPENSES

TOTAL BENEFITS $ 0.00

TOTAL PAYMENTS $ 0.00

COORDINATION OF BENEFITS ("COB")

I.	BENEFITS AVAILABLE (includes previous COB credit)	$
II.	TOTAL ALLOWABLE EXPENSE (includes previous out-of-pocket expenses)	$
III.	OTHER GROUP INSURANCE BENEFITS	$
IV.	BALANCE OUT-OF-POCKET EXPENSES (II-III)	$
V.	BENEFITS PAYABLE NOW (lesser of I and IV)	$

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT

PAYEE	AMOUNT

REMARKS

500 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

S-012 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 2 -01783

[redacted]

[redacted]

APPEAL PROCEDURE FOR COVERED EMPLOYEES

If your claim has been wholly or partially denied, you may appeal this decision. You also have the right to review pertinent documents and to submit issues and comments in writing. If you wish to appeal any claim determination you should contact First Allmerica Financial Life Insurance Company within 60 days of receipt of this notice. If your plan is self-funded and claim determinations are the responsibility of the Plan Administrator or other person designated by the Plan, First Allmerica Financial Life Insurance Company will refer your appeal to such person accordingly. Unless special circumstances exist, a decision on your appeal will ordinarily be made within 60 days after it is received.

FOR CALIFORNIA RESIDENTS ONLY

If you disagree with our benefit determination, you may have the matter reviewed by the California Department of Insurance at: California Department of Insurance, Claims Services Bureau, 300 S. Spring St., 11th Floor, Los Angeles, CA 90013, (800) 927-4357 or (213) 879-8921.

FOR ILLINOIS RESIDENTS ONLY

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you are a resident of Illinois and wish to take this matter up with the Illinois Department of Insurance, it maintains a consumer division in Chicago at 100 West Randolph Street, Chicago, IL 60606 and Springfield at 320 West Washington Street, Springfield, IL 62727.

FOR NEBRASKA RESIDENTS ONLY

If objection is made to a claim denial, the matter may be reviewed by Claim Inquiries Division, Department of Insurance, 1332 "L" Street, Lincoln, NE 68508 (402) 471-2201.

FOR NEW HAMPSHIRE RESIDENTS ONLY

Should you wish to take our benefit determination up with the New Hampshire Insurance Department, it maintains a service division to investigate complaints at 169 Manchester Street, Concord, NH 03301. The New Hampshire Insurance Department can be reached by dialing 1-800-852-3416 and 3417.

FOR NEW YORK RESIDENTS ONLY

(NY Ins. Law-Sect. 400) If a claim is denied, and should you wish to take this matter up with the New York Insurance Department, you may write, or visit the Consumer Service Bureau, New York State Insurance Department at Two World Trade Center (25th Floor), New York, NY 10047, Agency Building One, Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12257, or 320 Delaware Avenue, Ste 229, Buffalo, NY 14202.

ADMINISTERED BY [redacted]

EMPLOYEE: [redacted]
DEPENDENT:

PLAN NO: [redacted]
PAYER: SHASTAR, INC.

THE FOLLOWING IS AN EXPLANATION OF BENEFITS FOR THE MEDICAL CARE EXPENSES RECEIVED BY US. PLEASE ADDRESS INQUIRIES TO ALLAMERICA FINANCIAL, EBS CLAIMS, 333 PIERCE RD STE 310 ITASCA, IL 60143-3137 800-433-6011, WHICH IS PROCESSING THE CLAIMS ON BEHALF OF THE PAYER.

CLAIM REGISTRATION NO: [redacted]

BENEFIT YEAR: 1997

DATE: 08/18/97

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (SEE REMARKS BELOW) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	08/24	14.50	14.50	500		
DUNN DC	CHIROPRAC	08/24	41.50	41.50	500		
DUNN DC	CHIROPRAC	08/24	23.00	23.00	500		
DUNN DC	CHIROPRAC	08/25	47.00	47.00	500		
DUNN DC	CHIROPRAC	08/25	14.50	14.50	500		
DUNN DC	CHIROPRAC	08/25	41.50	41.50	500		
DUNN DC	CHIROPRAC	08/25	23.00	23.00	500		
DUNN DC	CHIROPRAC	08/26	47.00	47.00	500		
TOTALS			252.00	252.00		0.00	

DEDUCTIBLE STATUS:	INDIVIDUAL	FAMILY
DEDUCTIBLE	$ 100.00	$ 300.00
CARRYOVER CREDIT	$ 0.00	$ 0.00
PREVIOUSLY APPLIED	$ 100.00	$ 100.00
APPLIED THIS CLAIM	$ 0.00	$ 0.00
DEDUCTIBLE TO BE SATISFIED	$ 0.00	$ 300.00

COVERED MEDICAL EXPENSE
LESS APPLIED DEDUCTIBLE
NET COVERED EXPENSES

TOTAL BENEFITS $ 0.00

TOTAL PAYMENTS $ 0.00

COORDINATION OF BENEFITS - COB

I. BENEFITS AVAILABLE (includes previous C.O.B. credit) $
II. TOTAL ALLOWABLE EXPENSE (Maximum previous out-of-pocket expenses) $
III. OTHER GROUP INSURANCE BENEFITS $
IV. BALANCE OUT-OF-POCKET EXPENSES (I-II-III) $
V. BENEFITS PAYABLE NOW (Lesser of I and IV) $

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT	PAYEE	AMOUNT

REMARKS

500 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

4-012 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 2-01762

[redacted]

[redacted]

APPEAL PROCEDURE FOR COVERED EMPLOYEES

If your claim has been wholly or partially denied, you may appeal this decision. You also have the right to review pertinent documents and to submit issues and comments in writing. If you wish to appeal any claim determination you should contact First Allmerica Financial Life Insurance Company within 60 days of receipt of this notice. If your plan is self-funded and claim determinations are the responsibility of the Plan Administrator or other person designated by the Plan, First Allmerica Financial Life Insurance Company will refer your appeal to such person accordingly. Unless special circumstances exist, a decision on your appeal will ordinarily be made within 60 days after it is received.

FOR CALIFORNIA RESIDENTS ONLY

If you disagree with our benefit determination, you may have the matter reviewed by the California Department of Insurance at: California Department of Insurance, Claims Services Bureau, 300 S. Spring St., 11th Floor, Los Angeles, CA 90013, (800) 927-4357 or (213) 879-8921.

FOR ILLINOIS RESIDENTS ONLY

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you are a resident of Illinois and wish to take this matter up with the Illinois Department of Insurance, it maintains a consumer division in Chicago at 100 West Randolph Street, Chicago, IL 60606 and Springfield at 320 West Washington Street, Springfield, IL 62717.

FOR NEBRASKA RESIDENTS ONLY

If objection is made to a claim denial, the matter may be reviewed by Claim Inquires Division, Department of Insurance, 1332 "L" Street, Lincln, NE 68509 (402) 471-2201.

FOR NEW HAMPSHIRE RESIDENTS ONLY

Should you wish to take our benefit determination up with the New Hampshire Insurance Department, it maintains a service division to investigate complaints at 169 Manchester Street, Concord, NH 03301. The New Hampshire Insurance Department can be reached by dialing 1-800-852-3416 and 3417.

FOR NEW YORK RESIDENTS ONLY

(NY Ins. Law-Sect. 400) If a claim is denied, and should you wish to take this matter up with the New York Insurance Department, you may write, or visit the Consumer Service Bureau, New York State Insurance Department at Two World Trade Center (25th Floor), New York, NY 10047, Agency Building One, Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12257, or 220 Delaware Avenue, Ste 228, Buffalo, NY 14202.

ADMINISTERED BY [redacted]

EMPLOYEE: [redacted]
DEPENDENT:

PLAN NO [redacted]
PAYER: SHASTAR, INC.

THE FOLLOWING IS AN EXPLANATION OF BENEFITS FOR THE MEDICAL CARE EXPENSES RECEIVED BY US.
PLEASE ADDRESS INQUIRIES TO ALLMERICA FINANCIAL, 385 CLAIMS, 333 PIERCE RD STE 310
ITASCA, IL 60143-3137 800-423-6011, WHICH IS PROCESSING THE CLAIMS ON BEHALF OF THE PAYER.

CLAIM REGISTRATION NO: [redacted]

BENEFIT YEAR: 1997 DATE: 08/18/97

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (SEE REMARKS BELOW) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	07/04	14.50	14.50	800		
DUNN DC	CHIROPRAC	07/05	41.50	41.50	800		
DUNN DC	CHIROPRAC	07/06	23.00	23.00	800		
DUNN DC	CHIROPRAC	07/08	47.00	47.00	800		
DUNN DC	CHIROPRAC	07/09	14.50	14.50	800		
DUNN DC	CHIROPRAC	07/08	41.50	41.50	800		
DUNN DC	CHIROPRAC	07/09	23.00	23.00	800		
DUNN DC	CHIROPRAC	07/10	47.00	47.00	800		
TOTALS			252.00	252.00		0.00	

DEDUCTIBLE STATUS:	INDIVIDUAL	FAMILY
DEDUCTIBLE	$ 100.00	$ 300.00
CARRYOVER CREDIT	$ 0.00	$ 0.00
PREVIOUSLY APPLIED	$ 100.00	$ 100.00
APPLIED THIS CLAIM	$ 0.00	$ 0.00
DEDUCTIBLE TO BE SATISFIED	$ 0.00	$ 200.00

COVERED MEDICAL EXPENSE
LESS APPLIED DEDUCTIBLE
NET COVERED EXPENSES

TOTAL BENEFITS $ 0.00

TOTAL PAYMENTS $ 0.00

COORDINATION OF BENEFITS - NONE

I. BENEFITS AVAILABLE (includes previous C.O.B. credits) $
II. TOTAL ALLOWABLE EXPENSE (includes previous out-of-pocket expenses) $
III. OTHER GROUP INSURANCE BENEFITS $
IV. BALANCE OUT-OF-POCKET EXPENSES (I - II or III) $
V. BENEFITS PAYABLE NOW (Lesser of I and IV) $

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT	PAYEE	AMOUNT

REMARKS

800 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

7-012 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 3 -01788

[redacted]

[redacted]

APPEAL PROCEDURE FOR COVERED EMPLOYEES

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FOR CALIFORNIA RESIDENTS ONLY

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FOR ILLINOIS RESIDENTS ONLY

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FOR NEBRASKA RESIDENTS ONLY

If objection is made to a claim denial, the matter may be reviewed by Claim Inquires Division, Department of Insurance, 1332 "L" Street, Lincoln, NE 68509 (402) 471-2201.

FOR NEW HAMPSHIRE RESIDENTS ONLY

Should you wish to take our benefit determination up with the New Hampshire Insurance Department, it maintains a service division to investigate complaints at 169 Manchester Street, Concord, NH 03301. The New Hampshire Insurance Department can be reached by dialing 1-800-852-3416 and 3417.

FOR NEW YORK RESIDENTS ONLY

(NY Ins. Law-Sect. 400) If a claim is denied, and should you wish to take this matter up with the New York Insurance Department, you may write, or visit the Consumer Service Bureau, New York State Insurance Department at Two World Trade Center (25th Floor), New York, NY 10047, Agency Building One, Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12257, or 220 Delaware Avenue, Ste 239, Buffalo, NY 14202.

ADMINISTERED BY [redacted]

EMPLOYEE: [redacted]
DEPENDENT:

PLAN NO [redacted]
PAYER: SHASTAR, INC.

THE FOLLOWING IS AN EXPLANATION OF BENEFITS FOR THE MEDICAL CARE EXPENSES RECEIVED BY US.
PLEASE ADDRESS INQUIRIES TO ALLMERICA FINANCIAL, EBS CLAIMS, 333 PIERCE RD STE 310
ITASCA, IL 60143-3197 800-423-6011, WHICH IS PROCESSING THE CLAIMS ON BEHALF OF THE PAYER.

CLAIM REGISTRATION NO: [redacted]

BENEFIT YEAR: 1997 DATE: 08/18/97

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (SEE REMARKS BELOW) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	07/10	14.50	14.50	500		
DUNN DC	CHIROPRAC	07/10	41.50	41.50	500		
DUNN DC	CHIROPRAC	07/10	23.00	23.00	500		
DUNN DC	CHIROPRAC	07/11	47.00	47.00	500		
DUNN DC	CHIROPRAC	07/11	14.50	14.50	500		
DUNN DC	CHIROPRAC	07/11	41.50	41.50	500		
DUNN DC	CHIROPRAC	07/11	23.00	23.00	500		
DUNN DC	CHIROPRAC	07/14	47.00	47.00	500		
TOTALS			252.00	252.00		0.00	

DEDUCTIBLE STATUS:	INDIVIDUAL	FAMILY
DEDUCTIBLE	$ 100.00	$ 300.00
CARRYOVER CREDIT	$ 0.00	$ 0.00
PREVIOUSLY APPLIED	$ 100.00	$ 100.00
APPLIED THIS CLAIM	$ 0.00	$ 0.00
DEDUCTIBLE TO BE SATISFIED	$ 0.00	$ 200.00

COVERED MEDICAL EXPENSE
LESS APPLIED DEDUCTIBLE
NET COVERED EXPENSES

TOTAL BENEFITS $ 0.00

TOTAL PAYMENTS $ 0.00

COORDINATION OF BENEFITS - "COB"

I. BENEFITS AVAILABLE (Included previous C.O.B. credit) $
II. TOTAL ALLOWABLE EXPENSE (Included previous out-of-pocket expenses) $
III. OTHER GROUP INSURANCE BENEFITS $
IV. BALANCE OUT-OF-POCKET EXPENSES $
V. BENEFITS PAYABLE NOW (Lesser of I and IV) $

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT	PAYEE	AMOUNT

REMARKS

500 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

8-012 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 2-01266

[redacted]

[redacted]

APPEAL PROCEDURE FOR COVERED EMPLOYEES

If your claim has been wholly or partially denied, you may appeal this decision. You also have the right to review pertinent documents and to submit issues and comments in writing. If you wish to appeal any claim determination you should contact First Allmerica Financial Life Insurance Company within 60 days of receipt of this notice. If your plan is self-funded and claim determinations are the responsibility of the Plan Administrator or other person designated by the Plan, First Allmerica Financial Life Insurance Company will refer your appeal to such person accordingly. Unless special circumstances exist, a decision on your appeal will ordinarily be made within 60 days after it is received.

FOR CALIFORNIA RESIDENTS ONLY

If you disagree with our benefit determination, you may have the matter reviewed by the California Department of Insurance at: California Department of Insurance, Claims Services Bureau, 300 S. Spring St., 11th Floor, Los Angeles, CA 90013, (800) 927-4357 or (213) 878-8821.

FOR ILLINOIS RESIDENTS ONLY

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you are a resident of Illinois and wish to take this matter up with the Illinois Department of Insurance, it maintains a consumer division in Chicago at 100 West Randolph Street, Chicago, IL 60606 and Springfield at 320 West Washington Street, Springfield, IL 62727.

FOR NEBRASKA RESIDENTS ONLY

If objection is made to a claim denial, the matter may be reviewed by Claim Inquires Division, Department of Insurance, 1332 "L" Street, Lincln, NE 68508 (402) 471-2201.

FOR NEW HAMPSHIRE RESIDENTS ONLY

Should you wish to take our benefit determination up with the New Hampshire Insurance Department, it maintains a service division to investigate complaints at 169 Manchester Street, Concord, NH 03301. The New Hampshire Insurance Department can be reached by dialing 1-800-852-3416 and 3417.

FOR NEW YORK RESIDENTS ONLY

(NY Ins. Law-Sect. 400) If a claim is denied, and should you wish to take this matter up with the New York Insurance Department, you may write, or visit the Consumer Service Bureau, New York State Insurance Department at Two World Trade Center (25th Floor), New York, NY 10047, Agency Building One, Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12257, or 220 Delaware Avenue, Ste 228, Buffalo, NY 14202.

ADMINISTERED BY [redacted]

EMPLOYEE: [redacted]
DEPENDENT:

PLAN NO: [redacted]
PAYER: SHASTAR, INC.

THE FOLLOWING IS AN EXPLANATION OF BENEFITS FOR THE MEDICAL CARE EXPENSES RECEIVED BY US.
PLEASE ADDRESS INQUIRIES TO ALLMERICA FINANCIAL, BAS CLAIMS, 333 PIERCE RD STE 310
ITASCA, IL 60143-3137 800-423-6011. WHICH IS PROCESSING THE CLAIMS ON BEHALF OF THE PAYER.

CLAIM REGISTRATION NO: [redacted] BENEFIT YEAR: 1997 DATE: 08/18/97

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (SEE REMARKS BELOW) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	07/14	14.50	14.50	500		
DUNN DC	CHIROPRAC	07/14	41.50	41.50	500		
DUNN DC	CHIROPRAC	07/14	23.00	23.00	500		
DUNN DC	CHIROPRAC	07/16	47.00	47.00	500		
DUNN DC	CHIROPRAC	07/16	14.50	14.50	500		
DUNN DC	CHIROPRAC	07/16	41.50	41.50	500		
DUNN DC	CHIROPRAC	07/16	23.00	23.00	500		
DUNN DC	CHIROPRAC	07/16	47.00	47.00	500		
TOTALS			282.00	282.00		0.00	

DEDUCTIBLE STATUS: INDIVIDUAL FAMILY

DEDUCTIBLE	$	100.00	$	300.00
CARRYOVER CREDIT	$	0.00	$	0.00
PREVIOUSLY APPLIED	$	100.00	$	100.00
APPLIED THIS CLAIM	$	0.00	$	0.00
DEDUCTIBLE TO BE SATISFIED	$	0.00	$	200.00

COVERED MEDICAL EXPENSE
LESS APPLIED DEDUCTIBLE
NET COVERED EXPENSES

TOTAL BENEFITS $ 0.00

TOTAL PAYMENTS $ 0.00

COORDINATION OF BENEFITS - COB

I. BENEFITS AVAILABLE (includes previous C.O.B. credit) $
II. TOTAL ALLOWABLE EXPENSE (excludes previous out-of-pocket expenses) $
III. OTHER GROUP INSURANCE BENEFITS $
IV. BALANCE OUT-OF-POCKET EXPENSES (II - III) $
V. BENEFITS PAYABLE NOW (Lesser of I and IV) $

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT	PAYEE	AMOUNT

REMARKS

500 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

10-012 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 2-01768

[redacted]

[redacted]

APPEAL PROCEDURE FOR COVERED EMPLOYEES

If your claim has been wholly or partially denied, you may appeal this decision. You also have the right to review pertinent documents and to submit issues and comments in writing. If you wish to appeal any claim determination you should contact First Allmerica Financial Life Insurance Company within 60 days of receipt of this notice. If your plan is self-funded and claim determinations are the responsibility of the Plan Administrator or other person designated by the Plan, First Allmerica Financial Life Insurance Company will refer your appeal to such person accordingly. Unless special circumstances exist, a decision on your appeal will ordinarily be made within 60 days after it is received.

FOR CALIFORNIA RESIDENTS ONLY

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FOR ILLINOIS RESIDENTS ONLY

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FOR NEBRASKA RESIDENTS ONLY

If objection is made to a claim denial, the matter may be reviewed by Claim Inquiries Division, Department of Insurance, 1332 "L" Street, Lincoln, NE 68509 (402) 471-2201.

FOR NEW HAMPSHIRE RESIDENTS ONLY

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ADMINISTERED BY [redacted]

EMPLOYEE: [redacted]
DEPENDENT:

PLAN NO: [redacted]
PAYER: SHASTAR, INC.

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ITASCA, IL 60143-3137 800-423-8011, WHICH IS PROCESSING THE CLAIMS ON BEHALF OF THE PAYER.

CLAIM REGISTRATION NO: [redacted] BENEFIT YEAR: 1997 DATE: 08/18/97

PROVIDER	SERVICE TYPE	SERVICE DATES	SUBMITTED CHARGE	EXCLUDED (SEE REMARKS BELOW) AMOUNT	EXCLUDED CODE(S)	COVERED MEDICAL EXPENSE	APPLIED DEDUCTIBLE
DUNN DC	CHIROPRAC	08/24	14.50	14.50	500		
DUNN DC	CHIROPRAC	08/24	41.50	41.50	500		
DUNN DC	CHIROPRAC	08/24	23.00	23.00	500		
DUNN DC	CHIROPRAC	08/25	47.00	47.00	500		
TOTALS			126.00	126.00		0.00	

DEDUCTIBLE STATUS:	INDIVIDUAL	FAMILY
DEDUCTIBLE	$ 100.00	$ 300.00
CARRYOVER CREDIT	$ 0.00	$ 0.00
PREVIOUSLY APPLIED	$ 100.00	$ 100.00
APPLIED THIS CLAIM	$ 0.00	$ 0.00
DEDUCTIBLE TO BE SATISFIED	$ 0.00	$ 200.00

COORDINATION OF BENEFITS - "COB"

I. BENEFITS AVAILABLE (Including previous C.O.B. payments)	$
II. TOTAL ALLOWABLE EXPENSE (Including previous out-of-pocket expenses)	$
III. OTHER GROUP INSURANCE BENEFITS	$
IV. BALANCE OUT-OF-POCKET EXPENSES (II-III)	$
V. BENEFITS PAYABLE NOW (Lesser of I and IV)	$

COVERED MEDICAL EXPENSE	
LESS APPLIED DEDUCTIBLE	
NET COVERED EXPENSES	
TOTAL BENEFITS	$ 0.00
TOTAL PAYMENTS	$ 0.00

ANY BENEFITS PAYABLE TO A DOCTOR, HOSPITAL, OR OTHER PROVIDER WILL BE ISSUED ON

PAYEE	AMOUNT	PAYEE	AMOUNT

REMARKS

500 PLEASE FURNISH PLACE, DATE, AND TYPE OF ACCIDENT INCLUDING BRIEF DESCRIPTION OF CIRCUMSTANCES.

11-012 PLEASE RETAIN THIS FORM FOR YOUR RECORDS 2 -01788

[redacted]

[redacted]

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Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-

April 15, 1997

[redacted]

We acknowledge receipt of the material you have recently submitted to Ford Motor Company. At the present time, given what information we have received, it appears that there is no evidence of a manufacturing or design defect.

Until a claimant *proves* a manufacturer's defect, Ford Motor Company will not consider their claim valid. The primary evidence in any product liability claim or lawsuit is that which shows the product, or any component part is in fact defective.

Unless we are provided with such evidence we will have no alternative but to deny responsibility for this claim.

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

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

Sincerely,

Jessie Hollingsworth
Claims Analyst

[redacted]

[redacted]

RE: Ford Probe Vin # 1ZVPT21U5[redacted]

March 26, 1997

Jessie Hollingsworth, Claims Analyst
Ford Motor Company
Parts Analysis Section
Parklane Towers West
Suite 408
Dearborn, MI 48126

Dear Jessie Hollingsworth, Claims Analyst:

I am writing this letter regarding the letter dated, March 3, 1997, I received from Parts Analysis Section.

I will again try to explain why I do not have access to the parts in question. The body shop of E&L Motors in Diamondville, WY has the parts in question. I understand that, Kevin the body shop manager, has already returned the defective part to Ford Motor Company. Therefore, it is impossible for me to get the part to return at my expense.

I am really getting tired of the run around regarding this situation. I told you that in answer to you February 4 letter.

I have one further complaint. I finally received the car back yesterday. The paint job is totally unacceptable. State Farm has advised me to take the car back to Kevin and ask him to do the paint job over and to give him only one day to do the job. I will do that right after Easter.

I also had to sign a release to receive the car because the passenger side seat is still not fixed. Kevin says he has not received the correct parts to do the job from Ford. I cannot believe that this has taken so long. My daughter has been without her car since November of 1996. This kind of treatment of customers by Ford and their dealers is unbelievable, and I hope Ford will take steps to insure that other customers are not treated in such a manner.

I look forward to hearing from you soon regarding my problem.

Sincerely,

[redacted]

[redacted]

Jessie Hollingsworth, Claims Analyst
Ford Motor Co.
PARTS Analysis Section
Parklane Towers West
Suite 408

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

March 3, 1997

[redacted]

[redacted]

Thank you for the information submitted. Please be advised that in order to fully evaluate your claim, we request that you provide us with the following:

____ 1. The date of incident and the city and state in which it occurred.
____ 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss.
____ 3. A copy of the police and/or fire report.
____ 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
____ 5. The vehicle year, model, and serial number.
____ 6. The mileage on the vehicle at the time of the incident.
____ 7. Original photographs of the vehicle's collision/fire damage, or color laser copies.
____ 8. Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
____ 9. Original photographs of the accident scene showing the grade of the road.
____ 10. What is the alleged defect?
____ 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
____ 12. Has the alleged defective part been repaired or replaced?
____ 13. The present location of the alleged defective part and the vehicle.
____ 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
____ 15. A complete service history for the subject vehicle, including any tune-ups or oil changes.

____ 16. List any aftermarket additions or modifications that were made to the vehicle.

__X__ 17. We will be pleased to conduct non-destructive testing on your alleged defective part if you will remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

____ 18. Lost wage verification (if applicable).

____ 19. Was the parking brake applied?

____ 20. Was the engine running?

____ 21. Were the keys in the ignition?

____ 22. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.

_____23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.

____ 24. Other :

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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

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Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

[redacted]

03/01/97 MASTER OWNER RELATIONS SYSTEM II 08.34.19

TEAM: 05 8787NK INQUIRY CONTACT VEH TYPE: CAR
SOR 10 ZN/TR: P2 CONTACT NBR: 108155030 OPENED: 02/28/1997
VIN: 1ZVPT21U5L9[redacted] CLOSED: 02/28/1997

LAST NAME: [redacted] STATUS: CLOSED
TITLE: FIRST NAME: [redacted] MI:
ADDRESS:
CITY: STATE: MY ZIP: [redacted]
HOME PHONE: BUS. PHONE: [redacted]
MODEL YEAR: 90 MODEL: PROBE
MILEAGE: 109000 MSD:

DEALER NAME: FRONTIER FORD-MERCURSALES CODE: 156647 PA CODE:03272
CAUSAL CODE: 0404 SYMPTOMS:
INQUIRY CODE: 1420 ALLEGED PERSONAL INJURY - INQUIRY

FOLLOW UP:N CONN TYPE:P MICRO NBR: LETTER CODE:

COMMENTS:
1997/02/28
*** MAVIS: PROGRAM ***
*** VEHICLE INVOLVED IN OMP 95B70 ***
*** THIS CONTACT IS OPENED DUE TO OPEN RECALL 96B48 AND 96S99 ***
CUSTOMER SAYS:
- [redacted] WAS DRIVING THIS VEHICLE, 11-27-96, SHE HIT A STOP SIGN GOING 10 MILES AN HOUR, NO OTHER VEHICLES INVOLVED, NO POLICE REPORT, NO CITATION WAS ISSUED
- THE SHOULDER HARNESS DID NOT CATCH AND HER HEAD WENT THROUGH THE WINDSHIELD, SHE WENT TO THE HOSPITAL
- SHE HAD A LIGHT CONCUSSION
- THE CAR IS STILL AT THE DEALERSHIP SINCE 11-27-96 BECAUSE THEY HAVE NO PARTS FOR THE SEAT BELTS
- I TOOK THE CAR TO THE DEALERSHIP ON IN SEPTEMBER FOR THE SEAT BELT RECALL AND THEY DID NOT KNOW ANYTHING ABOUT IT
- I WENT TO THE DEALERSHIP YESTERDAY, THERE WERE SCRATCHES ALL OVER MY CAR, THERE WERE DRINK CUPS ALL OVER THE CAR AND RINGS, THERE ARE PICTURES DRAWN IN THE DUST ON THE CAR, THERE IS A SCRATCH IN THE WINDOW TINT
*
PER CUSTOMER, DEALER SAYS:
- (9-96) KEVIN WE DO NOT KNOW ANYTHING ABOUT THIS RECALL FORD SHOULD HAVE INFORMED US ABOUT THE RECALL
*
CUSTOMER SEEKS:
- FOR FORD TO PAY FOR THE WINDSHIELD OR AT LEAST GET OUR CAR BACK FOR US
- I AM GOING TO CALL THE BETTER BUSINESS BUREAU AND MY ATTORNEY
*
CAC ADVISED:
- SEE CONTACT #107976041
- WILL SEND INFORMATION TO THE APPROPRIATE DEPARTMENT FOR REVIEW
- WORKMANSHIP ISSUES MUST BE ADDRESSED AT DEALER
- CONTACT MR. MARTIN CUST REL MGR FOR ASSISTANCE

OWNER RELATIONS VOP/BENCHMARKING 03/01/97 PAXINGTO

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
MAR 3 1997
OFFICE OF THE GENERAL COUNSEL

97-1080
VH
Closed 1-97

February 11, 1997

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

To Whom it may Concern:

This letter is to answer your letter dated February 4, 1997.

1. The accident occurred on November 27, 1996 in Kemmerer, Wyoming.

2. We called **E&L Motors in Diamondville, Wyoming** to get the seat belts fixed. In between this time the left shoulder belt quit working. We again contacted E&L motors to see when they were going to fix the problem. They informed us that they were waiting for parts. The right shoulder harness had been giving us problems for several months, but had not quit completely at this time.

   Then on November 27 my daughte[redacted] was driving in town. She made a left turn on a blind corner and to avoid an oncoming car. She hit a stop sign. When she hit the stop sign, she was wearing her lap belt. The impact threw her into the windshield and broke the windshield. Her step brother and step sister were also in the car and were wearing the lap belts. Her stepbrother hit the dash (he was also wearing his lap belt, the shoulder belt had not activated). Neither of them was injured, the son braced himself against the dashboard, and the daughter was riding in the back and was fine.

   The Kemmerer Police investigated the accident and issued no citations, because of the bad view at this particular intersection. The police officer also recommended we take[redacted] to the hospital emergency room to get her head injury checked. We took[redacted] to the hospital, they took x-rays and found no serious damage. The diagnosed a mild concussion and sent her home with us to rest.

3. We checked with the Kemmerer Police they said there was no report filed because there was no fault found in the accident.

4. [redacted]

   The injuries are described in two above. Medical reports are attached.

5. 1990 Ford Probe, VIN # 1ZVPT21U5L[redacted]

7. [redacted]

8. State Farm Insurance listed above.

10. Shoulder harness failed to operate thus not protecting the driver from injury in a front end collision.

11. **Kevin at the body shop of E&L Motors, Diamondville, Wyoming** has documentation and has old parts which he is sending to Ford because of the recall.

12. One side has been and as of this letter E&L motors is still waiting for parts to finish the other side.

13. **Body Shop at E&L Motors, Diamondville, Wyoming.**

14. The job is still not finished therefore we have not seen a final copy yet.

15. Theresa purchased the car in June of 1996 and we changed the oil every three thousand miles on all our vehicles. My husband changes the oil. He has had to only change it twice since we purchased the car.

17. Again as I stated earlier it was and is still being done by **E&L Motors, (your ford dealer) in Diamondville, Wyoming.**

22. [redacted]

23. Not as yet and we really hope it will not be necessary.

One final comment, the accident occurred last November and we still do not have the car back. I assure this has created a real hardship on the family. We depended upon Theresa to be able to drive to school plus the many other trips necessary for a high school senior. I do not know who to blame, whether E&L is slow or whether Ford just cannot get the parts to their dealer to get this car running again. Furthermore, had E&L gotten the parts for the shoulder belts under recall, we would not have had the worry of possible head injuries to our daughter. Your prompt attention to this matter would be greatly appreciated for a refreshing change. Please feel free to contact me as soon as possible if you have any questions.

Sincerely,

[redacted]

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

February 4, 1997

[redacted]

Dear [redacted]

We acknowledge your recent contact to Ford Motor Company. Your complaint has been directed to this office for further handling. In order to assist us in evaluating your claim, we request that you provide us with the following information:

☒	1.	The date of incident and the city and state in which it occurred.
☒	2.	A complete description of the incident, including events which occurred prior to and subsequent to the loss.
☒	3.	A copy of the police and/or fire report.
☒	4.	For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
☒	5.	The vehicle year, model, and serial number.
☐	6.	The mileage on the vehicle at the time of the incident.
☒	7.	Original photographs of the vehicle's collision/fire damage, *from several different angles,* or color laser copies.
☒	8.	Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
☐	9.	Original photographs of the accident scene showing the grade of the road.
☒	10.	What is the alleged defect?
☒	11.	Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
☒	12.	Has the alleged defective part been repaired or replaced?
☒	13.	The present location of the alleged defective part and the vehicle.
☒	14.	The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
☒	15.	A complete service history for the subject vehicle, including any tune-ups or oil changes.

☐ 16. List any after market additions or modifications that were made to the vehicle.

☒ 17. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

☐ 18. Lost wage verification (if applicable).

☐ 19. Was the parking brake applied?

☐ 20. Was the engine running?

☐ 21. Were the keys in the ignition?

☒ 22. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.

☒ 23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.

☐ 24. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased.

☐ 25. Other:

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb
[redacted]

[redacted]

DATE	DESCRIPTION				AMOUNT
	Serv Code	Kind	Pat Date	Description	
11 - 27 - 95	[redacted]	0		Service Date Balance	415.00

[redacted]	0.00	0.00	0.00	415.00
ACCOUNT NUMBER	30 DAYS & OVER	60 DAYS & OVER	90 DAYS & OVER	PLEASE PAY THIS AMOUNT

STATEMENT DATE
12 - 18 - 95

AMOUNT OF STATEMENT
$415.00

This billing contains payments received up to the billing date. If payment has been made since statement date, please regard this as our "Thank You".

If you have any questions regarding this bill, please call (307) 877-4401

Payment due upon receipt by return mail or at our Business Office during normal business hours Monday thru Friday, 8:00 A.M. to 5:00 PM.

SOUTH LINCOLN MEDICAL CENTER

PLEASE RETURN THIS STUB WITH PAYMENT

[redacted]

[redacted]

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

February 4, 1997

[redacted]

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- ☒ 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
- ☒ 5. The vehicle year, model, and serial number.
- ☐ 6. The mileage on the vehicle at the time of the incident.
- ☒ 7. Original photographs of the vehicle's collision/fire damage, *from several different angles,* or color laser copies.
- ☒ 8. Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- ☐ 9. Original photographs of the accident scene showing the grade of the road.
- ☒ 10. What is the alleged defect?
- ☒ 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
- ☒ 12. Has the alleged defective part been repaired or replaced?
- ☒ 13. The present location of the alleged defective part and the vehicle.
- ☒ 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
- ☒ 15. A complete service history for the subject vehicle, including any tune-ups or oil changes.

☐ 16. List any after market additions or modifications that were made to the vehicle.

☒ 17. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

☐ 18. Lost wage verification (if applicable).

☐ 19. Was the parking brake applied?

☐ 20. Was the engine running?

☐ 21. Were the keys in the ignition?

☒ 22. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.

☒ 23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.

☐ 24. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased.

☐ 25. Other:

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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

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

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

[redacted]

CSOR0016 MORS II Legal Contact 01/16/1997 10:32:24

SDR 10 Zn/Tr: P2 M/A: P CONTACT NBR: 107976041 Opened: 01/14/1997
VIN: 1ZVPT21U5L[redacted] Closed:
Last Name: [redacted] Status: OPEN
Title: MS First Name: [redacted] MI: _
Address: [redacted]
City: OPAL ST/PV: WY Zip/PC: [redacted] CC: USA
Home Phone: [redacted] Business Phone: [redacted] Ext: ____
Year: 90 Model: PROBE
Mileage/Km: 110000 WSD: 05/28/1990

Dealer Name: FRONTIER FORD-MERCURY Sales Code: 156647 P&A: 03272
Causal Code: ____ ____ ____ Symptoms: ____ ____ ____ ____
Serv Sales: 1 (1 or 2) Origin: GO Trans Date:
Veh Repl: __
Case Type: 1 ACCIDENT Means Code: A LGL INVEST-PROD LIABILITY
Atty Name: _____ Atty Memo: _____
Claimed Amt: _____ Award Amt: _____
CANADA ONLY:
Court Code: ____ Award Code: ___

F1=HELP F3=EXIT F4=COMMENT F5=ADD F6=UPD F9=CLOSE F12=CANC
I053 REQUESTED CONTACT DISPLAYED LPIM436

Concern #107812113

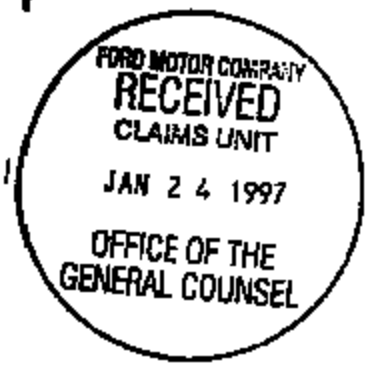
Injury - sought med. attn.

VH
SB00
N

no letter as Wolf

059

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
JAN 24 1997
OFFICE OF THE
GENERAL COUNSEL



92-1080

6

CSOR0010 **MORS II Contact Comments** 01/16/1997 10:32:28

Last Name: [redacted] VIN: 1ZVPT21U5L5[redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext:
Dealer: FRONTIER FORD-MERCURY Dist/Reg: 10

CONTACT NBR: 107976041 Date: 01/14/1997 Analyst Code: 1158EK
File Type: LEGAL Time: 13:35:55 Analyst Name: KOT
Comm Type: P PHONE Micro: Letter Code:

Comments: More?: Y
*** THIS CONTACT IS OPENED DUE TO OPEN RECALL 96S48 AND 96S99 ***
CUSTOMER SAYS:
CALLING BACK FOR THE SEAT BELT RECALL
- SHE HIT HER HEAD ON THE WINDSHIELD BECAUSE OF THE DEFECT IN THE SEAT BELT
- THE DAUGHTER WENT TO THE EMERGENCY ROOM
- NO EXACT DATE KNOW, 2ND OR 3RD OF DECEMBER
- THE INSURANCE COMPANY WAS CONTACTED AND THEY HAVE DONE THE ESTIMATE
- THE DAUGHTER'S NAME IS THERESA
- THE STEP FATHER IN LAW IS CALLING [redacted]
- THE POLICE DID COME AND MADE A POLICE REPORT

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
E196 FIRST COMMENTS FOR CONTACT LPIM436

CSOR0010 **MORS II Contact Comments** 01/16/1997 10:32:31

Last Name: [redacted] VIN: 1ZVPT21U5L5[redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext:
Dealer: FRONTIER FORD-MERCURY Dist/Reg: 10

CONTACT NBR: 107976041 Date: 01/14/1997 Analyst Code: 1158EK
File Type: LEGAL Time: 13:35:57 Analyst Name: KOT
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: N
*
PER CUSTOMER, DEALER SAYS:
- THEY ARE FIXING THE SEAT BELTS NOW
*
CUSTOMER SEEKS:
- IS THERE ANY INSURANCE THAT COULD COVER THE INJURY COST AND THE WINDSHIELD
*
CAC ADVISED:
- FORWARD THIS TO THE APPROPRIATE DEPARTMENT

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED LPIM436

CSOR0009 **MORS II Concern Contact** 01/17/1997 14:51:54

SDR 10 Zn/Tr: P2 M/A: P CONTACT NBR: 107812113 Opened: 11/26/1996
VIN: 1ZVPT21U5L[redacted] Closed: 12/24/1996
Last Name: [redacted] Status: CLOSED
Title: MS First Name: [redacted] MI:
Address: [redacted]
City: OPAL ST/PV: WY Zip/PC: [redacted] CC: USA
Home Phone: [redacted] Business Phone: [redacted] Ext:
Year: 90 Model: PROBE
Mileage/Km: 110000 WSD: 05/28/1990

Dealer Name: FRONTIER FORD-MERCURY Sales Code: 156647 P&A: 03272
Causal Code: 1210 1203 Symptoms: 104100
Origin: GO Trans Date:
Serv Sales: 1 (1 or 2) Contacted: 12/17/1996
Ack Code: Assist Code: W Award Amt: Resolv: Y (Y or N)
Follow Up: N
Build Date: 03/08/1990 Calibration: 010TR00

ESP:NO ESP FOR THIS VEHICLE DED:00000 EXP:000000
Open Recall: NONE Owner Notif: 0
F1=HELP F2=SURVEY F3=EXIT F4=COMMENT F5=ADD F6=UPD F9=CLOSE F11=UPG F12=CANC
I053 REQUESTED CONTACT DISPLAYED LPIM4361

CSOR0010 **MORS II Contact Comments** 01/17/1997 14:51:59

Last Name: [redacted] VIN: 1ZVPT21U5L[redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext:
Dealer: FRONTIER FORD-MERCURY Dist/Reg: 10

CONTACT NBR: 107812113 Date: 11/26/1996 Analyst Code: 3383HM
File Type: CONCERN Time: 10:45:46 Analyst Name: MUNDT
Comm Type: P PHONE Micro: Letter Code:

Comments: More?: Y

*** VEHICLE INVOLVED IN ONP 95B70 ***
*** THIS CONTACT IS OPENED DUE TO OPEN RECALL 96S48 AND 96S99 ***
*** NAVIS: SUBSEQUENT ***
CUSTOMER SAYS:
- NO ALTERNATE PHONE NUMBER
- WE RECEIVED A RECALL LETTER FOR OUR SEAT BELTS, AND THEY HAVE BOTH BROKEN
*
PER CUSTOMER, DEALER SAYS:
- WE CANNOT FIND THE RECALL IN THE SYSTEM
*

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
E196 FIRST COMMENTS FOR CONTACT LPIM4361

CSOR0010 **MORS II Contact Comments** 01/17/1997 14:52:02

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: FRONTIER FORD-MERCURY

VIN: 1ZVPT21U5L5[redacted]
Ext:
Dist/Reg: 10

CONTACT NBR: 107812113 Date: 11/26/1996 Analyst Code: 3383HM
File Type: CONCERN Time: 10:45:49 Analyst Name: MUNDT
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: Y

CUSTOMER SEEKS:
- TO HAVE THESE RECALLS COMPLETED
*
CAC ADVISED:
- INFORMATION HAS BEEN DOCUMENTED AND FORWARDED TO THE DEALER
- REQUEST MR. MARK WERNER SVC MNGR TO CONTACT THE CUSTOMER WITHIN 2 BUSINESS DAYS
- VEHICLE IS INVOLVED IN RECALL 96S48 AND 96S99
- VEHICLE IS ALSO INVOLVED IN ONP 95B70 (THE FUSED JUMPER HARNESS) AND THE PROGRAM HAS NO EXPIRATION MILES OR DATES

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED LPIM4361

CSOR0010 MORS II Contact Comments 01/17/1997 14:52:05

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: FRONTIER FORD-MERCURY

VIN: 1ZVPT21U5L5[redacted]
Ext:
Dist/Reg: 10

CONTACT NBR: 107812113 Date: 12/17/1996 Analyst Code: 6189DR
File Type: CONCERN Time: 16:39:39 Analyst Name: ROUNDTREE
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: Y
###THIS IS THE CLOSING COMMENT
S/M DIANNA INFORMED CSM D. ROUNDTREE THAT THE PARTS ARE BEING INSTALLED WHILE THE VEHICLE IS BEING REPAIRED IN THE BODY SHOP FOR A NON-RELATED ACCIDENT. BASED ON THIS INFORMATION, PLEASE CLOSE THE FILE.

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED LPIM4361

CSOR0010 MORS II Contact Comments 01/17/1997 14:52:09

Last Name: [redacted] VIN: 1ZVPT21U5L5[redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext:
Dealer: FRONTIER FORD-MERCURY Dist/Reg: 10

CONTACT NBR: 107812113 Date: 12/24/1996 Analyst Code: 000000000
File Type: CONCERN Time: 22:07:43 Analyst Name: SYSTEMS
Comm Type: K Micro: Letter Code:

Comments: More?: N
CONTACT CLOSED BY SYSTEM - IN PENDING 7 DAYS

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED LPIM4361

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

June 12, 1997

[redacted]

Dear Ms. Mangiapane:

Thank you for the information submitted. Please be advised that in order to fully evaluate your claim, we request that you provide us with the following:

____ 1. The date of incident and the city and state in which it occurred.
____ 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss.
____ 3. A copy of the police and/or fire report.
____ 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
____ 5. The vehicle year, model, and serial number.
____ 6. The mileage on the vehicle at the time of the incident.
____ 7. Original photographs of the vehicle's collision/fire damage, or color laser copies.
____ 8. Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
____ 9. Original photographs of the accident scene showing the grade of the road.
____ 10. What is the alleged defect?
____ 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
____ 12. Has the alleged defective part been repaired or replaced?
____ 13. The present location of the alleged defective part and the vehicle.
____ 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
____ 15. A complete service history for the subject vehicle, including any tune-ups or oil changes.

___ 16. List any aftermarket additions or modifications that were made to the vehicle.

_X_ 17. We will be pleased to conduct non-destructive testing on your alleged defective part if you will remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

___ 18. Lost wage verification (if applicable).

___ 19. Was the parking brake applied?

___ 20. Was the engine running?

___ 21. Were the keys in the ignition?

___ 22. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.

_____23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.

___ 24. Other :

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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

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

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

[redacted]

REIM

APR 07 1997

3-25-97

[redacted]

A.R. Kaduk
c/o Ford Motor Company
P.O. Box 1904
Dearborne, Mi., 48121-1904

Dear Mr. Kaduk,

I am writing to inform you and your company that my daughter was in an automobile accident with injuries. The injuries which occurred were due to the defect in the motorized shoulder safety belts. The 91 Ford Probe for which she owns and was driving at the time had a malfunction in the moveable shoulder belt anchorages. The anchorages were stuck along the front sides of the roof. Due to this malfunction she was forced to only wear her lap belt. When she collided head on into another vehicle she was flung forward and side ways. Not only was she flung forward at a distance and force that could have been stopped if the units were working, her injuries actually occurred due to *hitting her head on the locked anchor*. The top of her skull hit the wall of the vehicle, her wrist hit the dash board and the *anchor was pushed into her eye*. This defect cause my daughter an injury that could have been avoided. Not only did this defect cause her injury but the lack of responsibility of the Ford Service Center was at fault. When we received the letter notifying us of the safety defect we immediately contacted the Ford dealer in our community. They said they knew nothing of the recall. Since the letter stated that the restraint won't even be available until after December 15, the service personal asked us to wait until after the new year. Then after the beginning of the year every time my daughter's time would aloud to be without the vehicle (due to being a commuting full/time college student and part/time employee) they were over booked. This lack of responsibility caused my daughter harm. I feel that she is due compensation for your companies mistake. At this time, I am willing to discuss this matter with you without a legal counsel. If I do not hear from you shortly then my attorney will be in touch with you there after. I thank you for your time and help in this matter. I look forward to your reply.

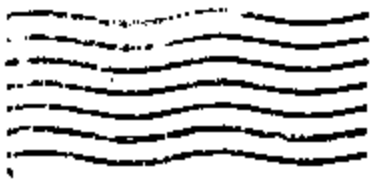
Sincerely,

[redacted]

0011 0021 0031

A. R. Kaduk
Ford Motor Co.
P.O. Box 1904
Dearborn, Mi. 48121-1904

[redacted]



RECYCLED

5-31-97

[redacted]

Jessie Hollingsworth
c/o Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborne, Michigan 48126-2568

Dear Jessie Hollingsworth,

Enclosed you will find the information your office has requested from myself to further along my claim. If you are in need of additional information or have any questions regarding this claim please forward them to my parent [redacted], who is handling this matter for me. Thank you for your time and help in this matter.

Sincerely,

[redacted]

Forward any further information to [redacted]

#1. March 10, 1997, Metairie, La.,

#2. I was driving on the Causeway bridge (with a required speed of 55mph to travel on) late that evening traveling north bound on the bridge. I maintained a safe speed and noticed a vehicle ahead traveling in the same direction. I saw that the vehicle was in the same lane as myself though traveling slower. I looked in my rearveiw mirror to see that all was clear in the other lane to pass the vehicle in front of me. The vehicle ahead gave me no reason to believe that it was not traveling under normal conditions (she had a factory made spare tire on from receiving a flat just before entering the bridge). The vehicle in front of me was traveling an illegal speed of 35 mph with no hazard lights on to warn me of this on coming danger. When I began changing lanes the vehicle came upon me faster than a car traveling a safe and normal speed. This caused me to have to brake quickly, skid and then eventually rearend the vehicle. Had my vehicle been equipped with a harness safety belt instead of only being allowed the lap belt I feel that I would not have received any physical injuries.

#3. Police report enclosed

#4. Injured's name:
date of birth:
address:
city:
state:
zip:
marital status:
social security #:
occupation:

injuries sustained: sprained wrists,
black eye, (still visible)
blow to left forehead, sustained hair loss to area
headaches
strained neck,
strained back
over all pulled muscles,
abrasions & scaring to face, hands, legs (still visible)
bruises on face, hands, legs (still visible)

treating physicians:

medical bills & report: enclosed

#5. 91, Ford/2door, Probe
vin #: 12vpt20c3m5153179

#7. photographs enclosed

#8. photographs enclosed

#10. A malfunction in the moveable anchorages for the motorized shoulder safety belt harness due to the wear of the track assembles that guide them. The anchorages were locked along the front sides of the roof causing no protection to the driver.

#11. Letter enclosed

#12. Alleged part has not been repaired.

#13. The vehicle is at the owners resident.

#14. Repair should be covered by Ford at no charge as stated by letter.

✓ #15. Letters enclosed.

#17. Alleged defective part must be removed by a Ford Dealer as stated in your companies letter.

#22. Insurance company involved: [redacted]

#23. Attorney has yet to be contacted as of now.

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

April 28, 1997

[redacted]

Dea[redacted]

We acknowledge your recent contact to Ford Motor Company. Your complaint has been directed to this office for further handling. In order to assist us in evaluating your claim, we request that you provide us with the following information:

- ☒ 1. The date of incident and the city and state in which it occurred.
- ☒ 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss.
- ☒ 3. A copy of the police and/or fire report.
- ☒ 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
- ☒ 5. The vehicle year, model, and serial number.
- ☐ 6. The mileage on the vehicle at the time of the incident.
- ☒ 7. Original photographs of the vehicle's collision/fire damage, *from several different angles*, or color laser copies.
- ☒ 8. Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- ☐ 9. Original photographs of the accident scene showing the grade of the road.
- ☒ 10. What is the alleged defect?
- ☒ 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
- ☒ 12. Has the alleged defective part been repaired or replaced?
- ☒ 13. The present location of the alleged defective part and the vehicle.
- ☒ 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
- ☒ 15. A complete service history for the subject vehicle, including any tune-ups or oil changes.

☐ 16. List any after market additions or modifications that were made to the vehicle.

☒ 17. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.

☐ 18. Lost wage verification (if applicable).

☐ 19. Was the parking brake applied?

☐ 20. Was the engine running?

☐ 21. Were the keys in the ignition?

☒ 22. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.

☒ 23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.

☐ 24. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased.

☐ 25. Other:

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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

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

Sincerely,

[redacted]

dmb
[redacted]

Shipping of Parts

The allegedly defective parts should be sent to Dearborn for inspection by the Parts Analysis Section. The following steps should be taken when parts are shipped.

1. The parts should be marked by the sender in some manner so that they can be identified as the ones we inspected.

2. The parts should be properly packaged so that they can withstand handling by the carrier to Dearborn.

3. All parts should be labeled with the name of the claimant, complete address and the Claims Analyst name by the sender.

4. The package should be shipped to:

   Ford Motor Company
   Parts Analysis Section
   Parklane Towers West
   Suite 408
   3 Parklane Boulevard
   Dearborn, MI 48126

5. The package should be shipped U.P.S. - prepaid.

6. The sender should advise the Claims Analyst by letter when the parts have been shipped.

s:\claims\dmb\shippac.w52

#3

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

Citation No. | Div. | Veh. | R.S. 32:398.2 No. | Time

Investigating Agency: ☐ State Police ☐ Sheriff ☐ City Police ☒ Other

Causeway P. D.

Photos Taken? ☐ Yes ☐ No | Vehicle Towed? ☐ Yes ☐ No

CAUSEWAY BRIDGE

Date of Accident: 10 MARCH 1997 | Hour: 2240 | Report Received: 03-11-97

Parish where accident occurred: Jefferson | City, Town: METAIRIE | ☐ Yes

Accident occurred on: Causeway Bridge n/b 24 4.0 m

Cross Number or Distance and Zone: 5

☐ At its intersection with _____

☐ Relative to its intersection with _____ feet ☐N ☐S ☐E ☐W of _____

☒ Not at intersection 40 tenths of mile ☒N ☐S ☐E ☐W of SOUTH TOLL PLAZA

Driver Removed To: ☐ Hospital ☐ Other | Carrying Hazardous Material: ☐ Yes ☐ No

1 ☐ Z | 2 ☐ Z

VEHICLE 1

Year: 91 | Make: FORD | Model No. Doors: 1/0 | No. Axles: 2 | Type: 4 | VIN: 1 2 V P T 2 0 C 1 [redacted]

Vehicle Disabled: ☒ Yes ☐ No | Removed By: Rock n Roll Wrecker Service | License Plate: | Year: 98 | State: LA | Type: PRIVATE AUTO | Number: DWF031

Trailer Description: | Year: N/A | Make: N/A | Type: N/A | License Plate: | Year: N/A | State: N/A | Number: N/A

Insurance Co. Name (Not Agent's Name): ALLSTATE | Policy Number: 0150424494 02/28 | Expiration Date: 8-28-97 | Point of Impact: 8 A M L

Registered Owner's Name and Address: [redacted] | Date of Birth: | Damage Scale: 3 3 3

Driver's Name and Address (If Same): SAME AS ABOVE | POSS-EJEC-BELT-SAF-TION | TICK-HAR-DEV | RACE | SEX | AGE | INJURY

Dr. License State: LA | Class: C | Number: 00632065 | Date of Birth: 1-5-75 | Number Issued: 1 1 1 4 7 | W | F | 22 | 6

Occupant's Name and Address: NONE

AREA DAMAGED	SCALE	POSITION	EJECTION	SEAT BELT SH. HARNESS	SAFETY DEVICES	INJURY
C D E B F A G M L H K J I	1 Light 2 Moderate 3 Heavy 4 Total 5 Fire 6 Submerged N Under-carriage	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 Occup. of Spec. Veh. 8 Unknown	1 Not Ejected 2 Partially Eject. 3 Totally Ejected 4 Unknown if Eject.	1 Belt/Harness Not Installed 2 Only Belt Installed, Not Used 3 Belt/Harness Installed, Not Used 4 Belt Used, Harness Not Installed 5 Belt Used, Harness Not Used 6 Belt/Harness Used 7 Belt use unknown, Harness not Instr. 8 Belt/Harness Use Unknown 9 Belt and/or Harness Failed	1 Air Bags 2 Passive Restraints 3 Child Restraints 4 Helmet & Face Shield 5 Helmet Only 6 Eye Protection Only 7 None	1 Fatal 2 Critical Non-Fatal 3 Serious Non-Fatal 4 Severe 5 Moderate 6 Minor 7 No Injury

VEHICLE 2

Year: 88 | Make: GMC | Model No. Doors: 2/0 | No. Axles: 2 | Type: 4 | VIN: 1 6 3 N F 1 4 4 7 5 [redacted]

Vehicle Disabled: ☒ Yes ☐ No | Removed By: Rock n Roll Wrecker Service | License Plate: | Year: 97 | State: LA | Type: PRIVATE AUTO | Number: ESW415

Trailer Description: | Year: N/A | Make: N/A | Type: N/A | License Plate: | Year: N/A | State: N/A | Number: N/A

Insurance Co. Name (Not Agent's Name): ALLSTATE | Policy Number: 0457426SC 08/13 | Expiration Date: 8-13-97 | Point of Impact: F R M

Registered Owner's Name and Address: [redacted] | Date of Birth: | Damage Scale: 3 3 3

Driver's Name and Address (If Same): [redacted] | POSS-EJEC-BELT-SAF-TION | TICK-HAR-DEV | RACE | SEX | AGE | INJURY

Dr. License State: LA | Class: C | Number: 00582065 | Date of Birth: 9-18-74 | Number Issued: 0 | W | F | 22 | T

Occupant's Name and Address: NONE

PEDESTRIAN

Name and Address: N/A | Clothing: ☐ Light ☐ Dark | Age | Sex

EMERGENCY

☒ Ambulance ☐ Rescue Unit | Called By: DISPATCH | At: 2242 | Arrived: 2255 | Departed: 2315 | Special Equipment Needed: NONE | Available: ☒ Yes ☐ No

Vol. ☒ Emp. ☐ Paid ☐ Refused Aid ☐ | First Aid Given By: ESSH / EMT | Injured Taken To By: N/A

Vol. ☐ Emp. ☒ Paid ☐ Refused Aid ☒ | First Aid Given By: N/A | Injured Taken To By: N/A

Source of First Aid Available: 1 ☐ Dr. or Nurse 2 ☐ Cert. Pers. Clo. 1 ☒ EMT 1 ☐ Other 1 ☐ None

ALCOHOL TEST

	Results	Refused Yes	Refused No
Dr. 1	N /	☐	☒
Dr. 2	A	☐	☒
Prel.		☐	☐

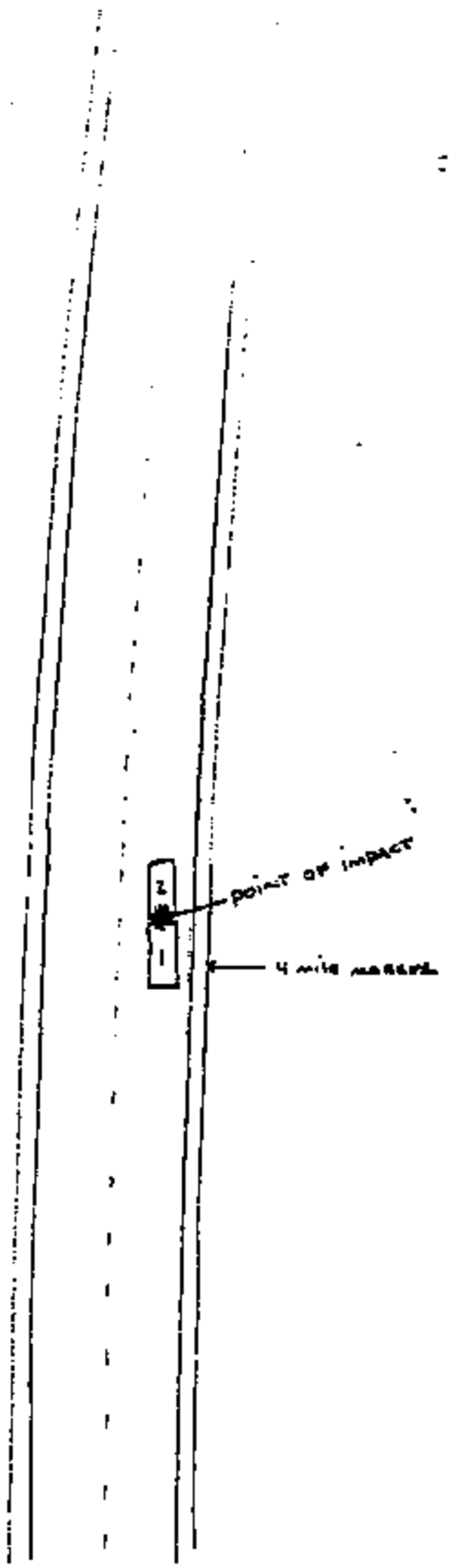
Video Tapes: ☐ Yes ☒ No

TIME

Notified of Accident: 2240 | Arrived at Scene: 2240 | Investigated: ☒ Yes ☐ No

INVESTIGATING OFFICER

Officer's Signature: OFC. D. RICHARD | Name Typed: OFC D. RICHARD | Badge No.: 41 | Dept.: C.P.D. | Date: 3-10-97



5069189

STATE COMPUTER VENDER

10 MARCH 97

DATE

Emergency Room Treatment Fee:

[redacted], Emergency Room Physician	- $235.00
[redacted] Radiologist	- $44.00
Pharmacy	- $17.00
Non-prescriptions	- $8.00
Supplies	- $32.00
Diagnostic Radiology	- $134.00
Emergency Room Fee	- $99.00
TOTAL	**- $569.00**
Pain & Suffering	- negotiable

05/19/97
0529

STATEMENT
EMERGENCY PHYSICIAN SERVICES

PATIENT NAME: [redacted]

PLACE OF SERVICE: [redacted]

PHYSICIAN NAME: [redacted]

Account Number: [redacted]

MAKE CHECK PAYABLE TO: [redacted]

JA0529 .022621370 01

[redacted]

EMERGENCY PHYSICIAN BILLING OFFICE TELEPHONE #:

LOCAL #: [redacted]

OUT OF AREA: [redacted]

FED. I[redacted]

If there is any problem regarding the payment of this bill contact office to make arrangements.

If payment was mailed within past 10 days, disregard this notice.

Important Information

YOUR INSURANCE COMPANY HAS PAID IT'S PORTION OF YOUR BILL. THE BALANCE IS NOW DUE AND PAYABLE BY YOU. WE REQUEST YOUR PROMPT PAYMENT AT THIS TIME.

DATE	DESCRIPTION	AMOUNT
	PROFESSIONAL EMERGENCY TREATMENT	
3/11/97	99284	235.00
4/23/97	PAYMENT - INS#1	202.00CR

INSURANCE COMPANY

1. METRAHEALTH HMO/EPO/POS
2.

DIAGNOSIS:

1) 854.01

PLEASE PAY THIS AMOUNT $ 33.00

PLEASE SHOW ACCOUNT NUMBER ON ALL CHECKS AND CORRESPONDENCE.

[redacted]

A6194

ACCOUNT NUMBER	BILL NUMBER	BILL DATE
[redacted]	7073-2021	03/15/97

Patient: [redacted]

PERMANENT FILE NUMBER: 30384471 PAGE: 1

SERVICES: 03/11 THRU 03/11/97

Guarantor: [redacted]

Please verify that the insurance information on this bill is correct. If you have any corrections or questions regarding your account, you may phone (504) 893-6451. Thank you.

SPECIAL NOTICE

**** THIS BILL IS FOR INFORMATION PURPOSES ONLY ****

YOUR INSURANCE HAS BEEN BILLED. IF OTHER INSURANCE IS AVAILABLE, PLEASE CONTACT US IMMEDIATELY.

BILL SUMMARY

TOTAL CHARGES $ 248.00

PRIMARY INSURANCE	SECONDARY INSURANCE	OTHER INSURANCE
UNITED HEALTH CARE Insured: [redacted]		

CHARGES

03/11/97	
PHARMACY	6.00
SUPPLIES	9.00
DIAGNOSTIC RADIOLOGY	134.00
EMERGENCY ROOM	99.00

**** ALL BENEFITS ASSIGNED TO HOSPITAL ****

M4-36618-857452-60-97091-80-740-AFN

[redacted]

UNITEDhealthcare

PAGE: 1 OF 1
DATE: 04/01/97
SSN/ID #: [redacted]
EMPLOYEE
CONTRACT
BENEFIT PLAN

[redacted]

EXPLANATION OF BENEFITS

SERVICE DETAIL

[redacted]							
[redacted] ST [redacted]	RADIOLOGY SERVICES	03/11/97	44.00	44.00	100%	44.00*	01
	TOTAL		44.00	44.00		44.00	QN

PLAN PAYS	44.00
PATIENT PAYS	0.00

(*) INDICATES PAYMENT ASSIGNED TO PROVIDER

DEFINITION: "PATIENT PAYS" IS THE AMOUNT, IF ANY, OWED YOUR PROVIDER. THIS MAY INCLUDE AMOUNTS ALREADY PAID TO YOUR PROVIDER AT TIME OF SERVICE.

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION
(01) THANK YOU FOR USING A NETWORK PROVIDER. WE HAVE APPLIED THE NETWORK CONTRACTED FEE. THE MEMBER IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN AMOUNT CHARGED BY THE PROVIDER AND THE AMOUNT ALLOWED.
(QN) YOUR CLAIM MAY HAVE BEEN SEPARATED FOR PROCESSING PURPOSES. ANY ADDITIONAL CHARGES WILL BE PROCESSED AS SOON AS POSSIBLE.

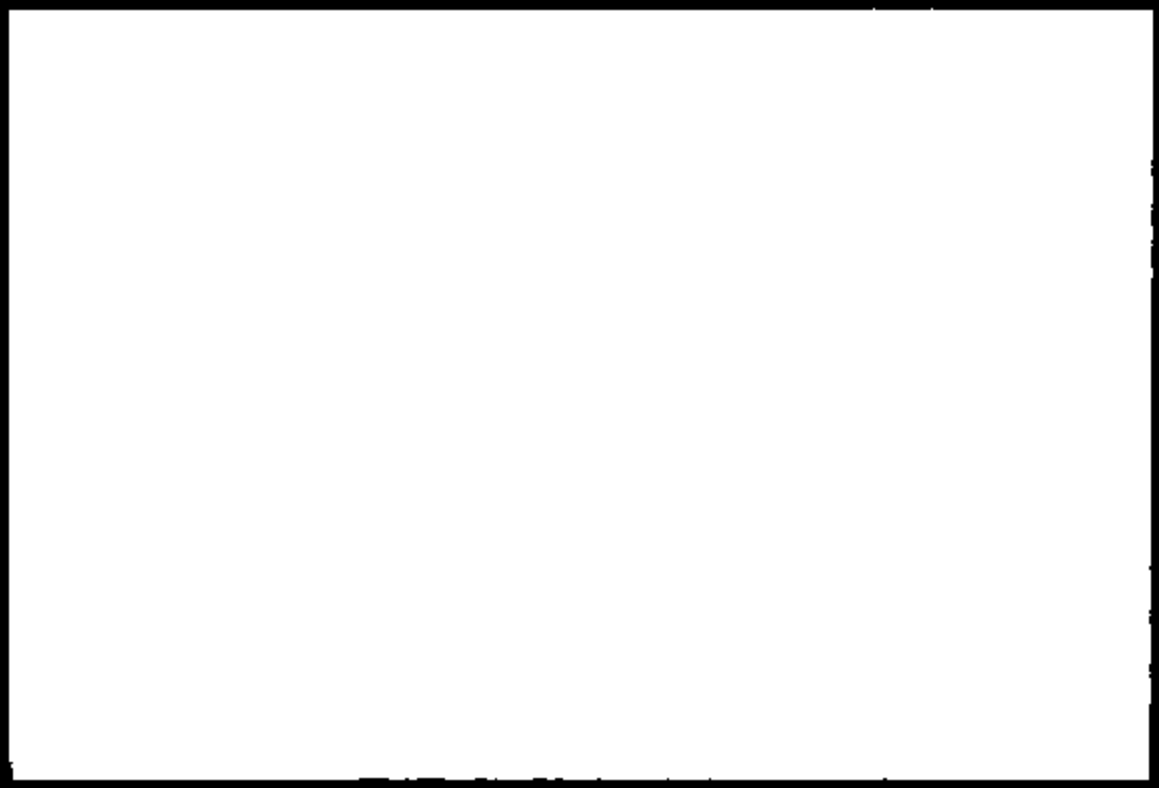
[redacted]	
[redacted]	$44.00

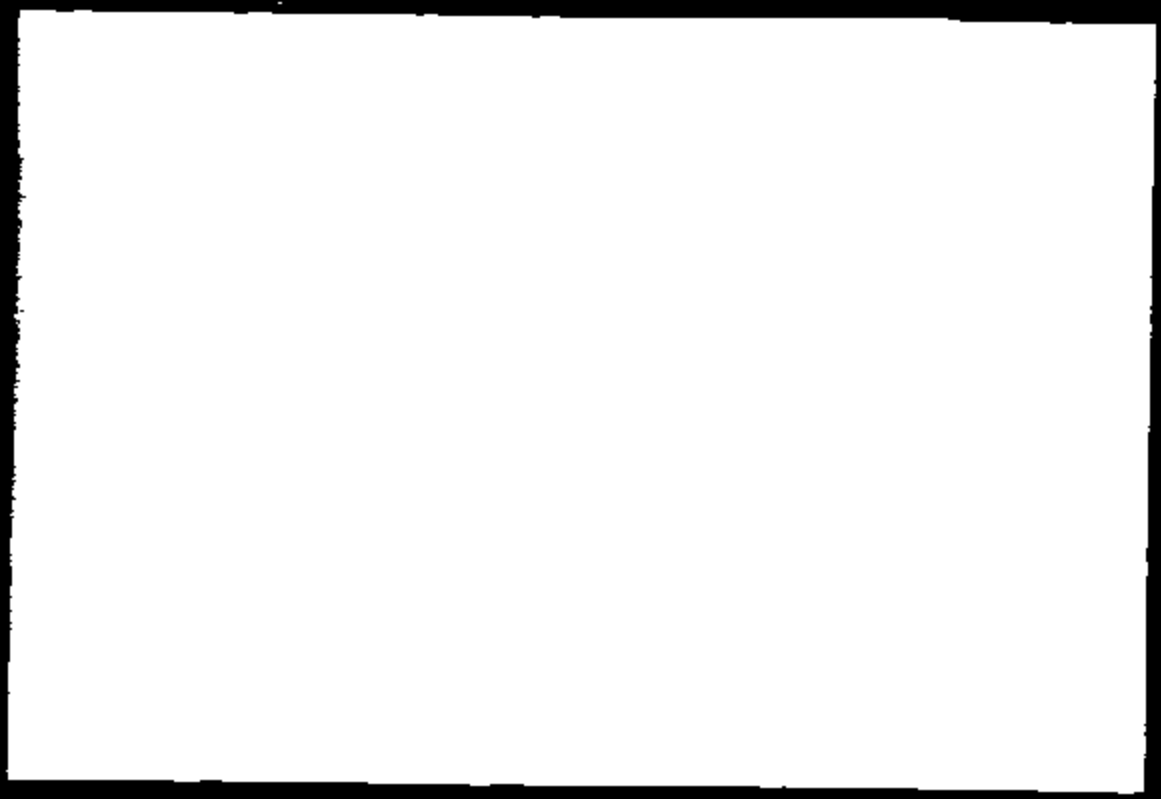
FAMILY [redacted]		$0.00 $0.00		$0.00 $0.00
PLAN YEAR 1997	FAMILY: INDIV:	$300.00 $100.00	FAMILY: INDIV:	$3000.00 $1000.00

PLEASE CONTACT THE OFFICE SHOWN ABOVE IF YOU HAVE ANY QUESTIONS.

IN 1995 METRAHEALTH WAS ACQUIRED BY UNITED HEALTHCARE CORPORATION. AS A RESULT WE ARE MAKING "UNITED HEALTHCARE" A PART OF OUR NAME. YOU WILL SOON BEGIN SEEING OUR NEW NAME ON MATERIALS. PLEASE BE ASSURED THAT YOUR CURRENT MATERIALS AND PLAN ARE STILL VALID.

* * * * * * * * * * * * * * * * * *





[redacted]

ECKERD DRUG
STORE #2195

[illegible] PH# [illegible]
[illegible]VILLE, LA

[illegible] REG #005 DRAWER #1
[illegible] TYPE 10 STORE #2195

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	2.00
[illegible]	[illegible]	1.59
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	17.49

[illegible]

ECKERD

ECKERD

A company obsessed with caring about our customers and associates.

SAVE FOR TAX AND INSURANCE RECORDS

YOUR ECKERD PHARMACIST IS AVAILABLE TO ANSWER ANY QUESTIONS YOU HAVE ABOUT YOUR MEDICATIONS.

TO AN ECKERD PHARMACIST, NOTHING'S MORE IMPORTANT THAN YOUR HEALTH

ECKERD 2195 PH. (504)626-8106 NABP # 1919212
3301 HWY 190 AUTH # MQCQAFK
MANDEVILLE LA 70471

[redacted]

CYCLOBENZAPRINE HCL 10MG MYLA
QTY: 15 TA NDC: 00378-0751-01
DR. D TOUPS RW
** R.Ph. ** TAX: $0.00
PAID-ALL PLN PAY: $2.00

2195
ECKERD **DUPLICATE RECEIPT**
(504)626-8106 3301 HWY 190 MANDEVILLE LA
NABP # 1919212 AUTH # MQCQAFK

[redacted]

RX# 6390557 - 0 QTY: 15 TA RW
CYCLOBENZAPRINE HCL 10MG MYLA NDC: 00378-0751-01
DR. D TOUPS PAY: $2.00

PAT[illegible]ORMATION

*** / / HAS ALLERGIES - NO MED INFO ***
FOR FASTER SERVICE CALL REFILLE 24 HOURS IN ADVANCE

THANK YOU FOR SHOPPING AT ECKERD'S

Los
Co
whe
ap
noth

NAME

TELEPHONI

DAYTIME P

Rx # ____

Rx # ____

Rx # ____

S	DATE	INITIALS
O	____	____
P	____	____

TO BE MIXED ..... ☐
IN REFRIGERATOR ..... ☐
OTHER ..... ☐

CUSTOMER MESSAGES

[redacted]

Discharge Instructions

[redacted]

HEAD INJURY (w/ wake-up)

You have had a head injury which does not appear serious at this time. Sometimes symptoms may appear later which could be a sign of a more serious problem. Therefore please watch for the WARNING SIGNS listed below:

-- repeated vomiting
-- severe or worsening headache
-- severe dizziness
-- unusual drowsiness, or unable to awaken as usual
-- unequa pils
-- confusion or change in behavior or speech
-- convulsion (seizure)

HOME CARE
During the next 24 hours you must stay th someone who can watch you for the above warning signs.

This person should **WAKE YOU UP EVERY TWO HOURS** to see check on your condition.

FOLLOW UP with your doctor or this facility if your current symptoms do not begin to improve over the next 24 hours.

RETURN PROMPTLY or contact your doctor if any of the above warning signs occur.

[redacted]

[redacted]

NECK PAIN

Neck pain is usually caused by an injury to the muscles (STRAIN) or tearing of the ligaments (SPRAIN) of the neck. Sometimes the spinal disks that separate each bone in the spine may cause pain by putting pressure on a nearby nerve.

Neck pain may appear after a sudden turning/bending force (such as in a car accident), or sometimes after a simple awkward movement. In either case, muscle spasm is commonly present and contributes to the pain.

HOME CARE:

1) Rest and relax the muscles. Find a pillow with the proper softness and height to comfortably position your neck. Rolled-up towels may help for a custom fit.

2) Local heat (hot shower, hot bath or heating pad) and muscle massage will help reduce muscle spasm. Ice packs may be more helpful in the case of the muscle sprains and ligament injury. Use the method which feels best for you several times a day.

3) Tylenol aspirin or Advil (ibuprofen) may be taken for pain, unless another pain medicine was prescribed.

FOLLOW UP with your physician or this facility if your symptoms do not show signs of improvement after one week. Physical therapy may be needed.

[If x-rays were taken, they will be reviewed by a radiologist. You will be notified of any other findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur:

-- Pain becomes worse or spreads ino your arms
-- Weakness or numbness in one or both arms

[redacted] [redacted]

MEDICATION: FLEXERIL

FLEXERIL (generic = Cyclobenzaprine) is a sedative and muscle relaxant medication. It is intended to be used along with rest, heat or ice packs, and other measures to relieve acute muscle spasm.

DIRECTIONS FOR USE:

Flexeril may be taken on an empty stomach or with food.

Take the medicine at regular intervals. If the label says "EVERY 8 HOURS", this means THREE times per day. Doses don't have to be exactly 8 hours apart, but you should take three doses a day. This medicine should not be taken for more than three weeks without consulting your doctor.

WHAT TO WATCH FOR:

Contact your doctor or this facility if any of the following occur:

POSSIBLE SIDE EFFECTS include: drowsiness, dry mouth, dizziness.

ALLERGIC REACTION: consists of itchy rash, and local swelling.

********** IMPORTANT **********

This drug may cause DROWSINESS, therefore you should not drive or operate hazardous equipment while taking this medication.

DRUG INTERACTION If you are already taking an MAO Inhibitor (antidepressant) drug, be sure your doctor is aware of this before you start Flexeril.

MEDICAL CONDITIONS If you have GLAUCOMA, URINARY RETENTION, HYPERTHYROIDISM, CONGESTIVE HEART FAILURE, ARRHYTHMIAS, or RECENT HEART ATTACK, do not take this drug until you have discussed this with your doctor.

[redacted] [redacted]

SPECIAL INSTRUCTIONS

TAKE ADVIL AS DIRECTED.
TAKE FLEXERIL THREE TIMES DAILY AS DIRECTED.You have been given a medicine which may cause drowsiness. DO NOT DRIVE OR OPERATE DANGEROUS MACHINERY while taking this medicine!
FOLLOW UP WITH DR. PARKER IN 3-4 DAYS.
RETURN TO ER FOR ANY WORSENING PROBLEMS.

REFERRAL DOCTOR: [redacted]

I HAVE RECEIVED AND UNDERSTAND THE INSTRUC ABOVE.

x_____ x_____
Patient or Representative Staff

The exam and treatment you received today has been provided on an emergency basis only. This is not a substitute for complete medical care. If your problem worsens or new symptoms appear and you are unable to arrange prompt follow-up care, call or return to this facility.