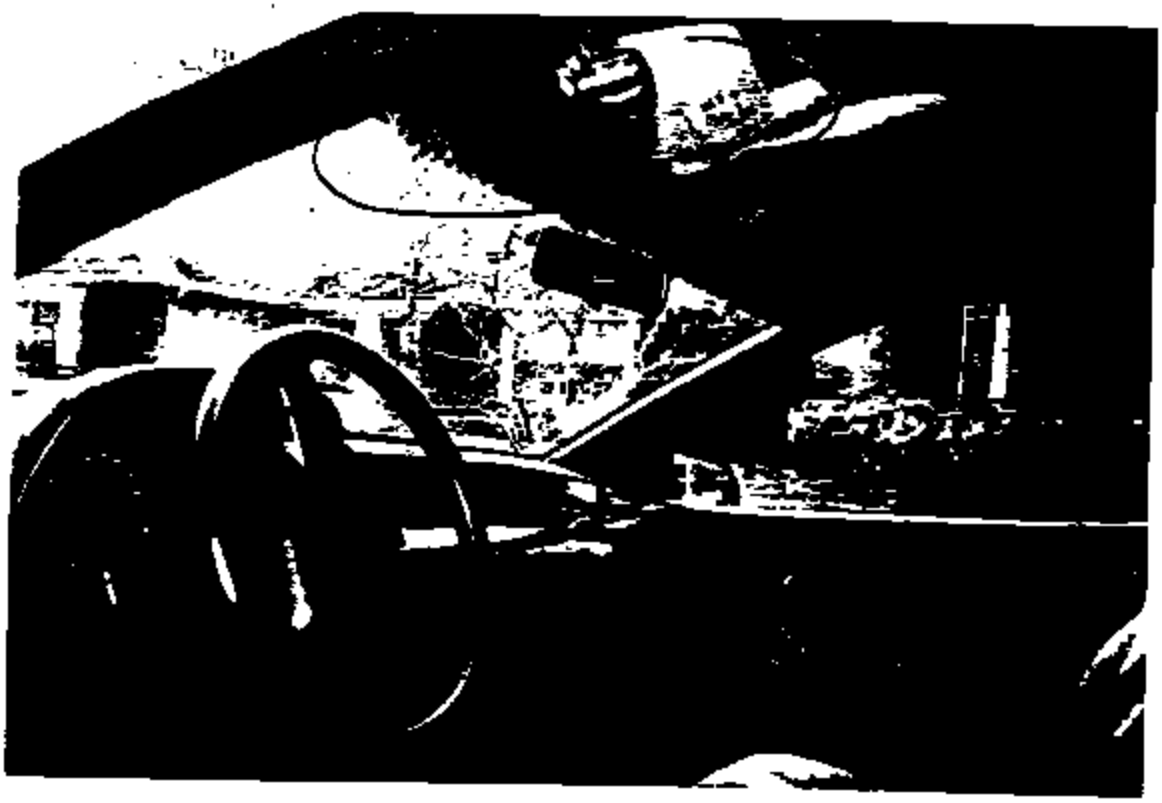
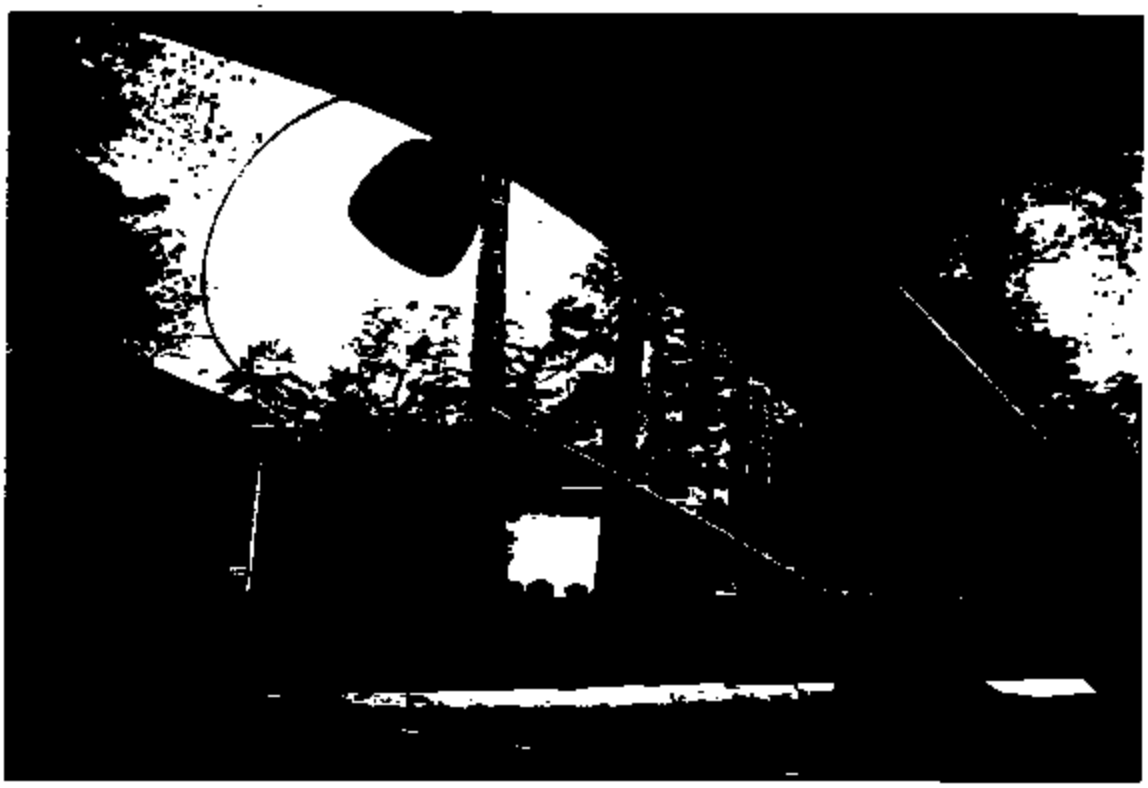




#11

A. R. Kiduk
Manager
Vehicle Service and Programs
Ford Customer Service Division

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

91 Probe
Vehicle ID #: 1ZVPT20C3M5[redacted] 96S48

October, 1996

[redacted]

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Ford Motor Company has decided that a defect which relates to motor vehicle safety exists in certain 1990 - 1992 Model Year Ford Probe passenger cars.

Safety Defect: The motorized safety belts of your car may malfunction due to wear of the track assemblies that guide the moveable shoulder belt anchorages mounted above the doors. Eventually, the moveable anchorages could stick along the sides of the roof and lock in an improper position in the rails. In such a case the restraint system may not provide the proper protection to the front occupants in the event of a collision.

Precaution: A malfunction in a motorized shoulder belt does not reduce the effectiveness of any lap belt. Occupants should continue to wear their lap belts.

Repairs:

If Restraint System Does Not Work Now (Locked Up): If your vehicle's restraint system is inoperative at this time, (belt does not travel fully forward along the roof rail when an adjacent door is opened or fully rearward when the door is closed and the ignition is on) call your dealer now. Ask for a service date for recall 96S48/96S99 (left/right side).

When you bring your vehicle in for your service date, your dealer will service the inoperative restraint system. Under some circumstances, you may be asked to return your vehicle after December 15, 1996 to have a new restraint rail or rails installed. The new restraint rails will not be available until December 15, 1996.

If Restraint System Works Now (Not Locked Up): If your vehicle's restraint system is currently operating (belt travels fully forward and rearward along the roof rail), please call your dealer after February 15, 1997.

At that time your dealer will inspect, and as appropriate, replace the driver side and passenger side restraint rails. We appreciate your cooperation and patience in this matter, and are taking these steps to avoid inconveniencing you with multiple trips to the dealer for repairs on your Probe.

#11

When you bring your Probe in, show the dealer this letter.

If you misplace this letter, your dealer will still do the work, free of charge.

How Long Will It Take? When parts become available, it may take your dealer a full day to perform this service. However, due to service scheduling times or unanticipated service complications, your dealer may need your vehicle for a longer period of time.

Refunds: If you paid to have this service done before the date of this letter, Ford is offering a refund. For the refund, please give your paid original receipt to your Ford dealer. To help avoid delays, please do not send receipts to Ford Motor Company.

Changed Address Or Sold The Probe? Please fill out the enclosed prepaid postcard and mail it to us if you have changed your address or sold the Probe.

If the dealer doesn't make the repair promptly and without charge, you may contact the Ford Customer Assistance Center, 300 Renaissance Center, P. O. Box 43360, Detroit, Michigan 48243. You also may send a complaint to the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street, S. W., Washington, D. C. 20590 or call the toll free Auto Safety Hotline 1-800-424-9393 (Washington, D. C. area residents may call 366-0123).

We regret the inconvenience this service may cause you, but we want you to have the work done for your safety and satisfaction with your Probe.

Sincerely,

A. R. Kaduk

A. R. Kaduk
Manager
Vehicle Service and Programs

Safety Recall
96S48/96S99

#11

Ford Motor Company
Ford Customer Service Division
Recall Section
P.O. Box 1904
Dearborn, MI 48121-1904

SOUTHGATE MI OCT 16 '98 U.S. POSTAGE 0.25 4

SAFETY RECALL NOTICE

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 490 DEARBORN, MI

POSTAGE WILL BE PAID BY ADDRESSEE

FORD CUSTOMER SERVICE DIVISION
FORD MOTOR COMPANY RECALL
PO BOX 1904
DEARBORN MI 48121-9976

#11

SAFETY RECALL 96S48/96S99

OWNER NOTIFICATION CHANGE POSTCARD

VEHICLE SERIAL NO. | | | | | | | | | | | | | | | | |

This 17 digit number can be found (1) on your vehicle registration
(2) on the dash panel at left side close to lower edge of windshield.

☐ This vehicle was destroyed.
☐ This vehicle was stolen.

X _____
Owner's Signature

☐ I have moved. (Indicate new address)

Name _____

_____

Street _____

_____

City _____

State _____ Zip _____

☐ I no longer have/own this vehicle. Vehicle has been sold/transferred to:

Name _____

_____

Street _____

_____

City _____

State _____ Zip _____

If vehicle was sold/transferred to a dealer, DO NOT return this postcard.

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 460
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

April 28, 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.

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

VIEW THE NOTE E12

From: [redacted] --DRBN006 Date and time 02/25/98 08:15:40
To: S[redacted]--DRBN005 Keyes, Skip

FROM: [redacted] USAET(UTC -05:00)
Subje[redacted]
Skip....Customer has questions re: letter sent and how to go about getting seat belt sent to your office. Could you have someone call her? Thanks.
CSOR0062 MORS II Inquiry Contact 02/25/1998 08:13:2

DETROIT 48 Zn/Tr: E2 M/A: CONTACT NBR: 109501189 Opened: 02/24/199
PF1 Up PF2 Down PF9 Help PF10 Next Screen PF11 Previous Screen

406322

REPLY TO THE NOTE E02

Reply to: [redacted]
FROM: [redacted] USAET(UTC -05:00)
Subject: [redacted]
I CALLED AND LEFT A MESSAGE ON THEIR RECORDER TO THE EFFECT THAT I COULD NOT GIVE THEM ADVISE AS I AM NOT THEIR ATTORNEY. I DID SUGGEST THEY MAY WISH TO SEEK LEGAL ADVISE.(APTER READING THEIR COMMENTS ON MORSII THEY ARE GOING TO NEED ONE WITH THIS SET OF FACTS.)

VK

PF1 Top PF2 Bottom PF3 Erase Line PF4 Add Line PF5 Nulls Off PF6 Format
PF7 Send PF8 Proofread PF9 Help PF10 Next PF11 Previous PF12 Cancel

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
FEB 2 6 1998
OFFICE OF THE
GENERAL COUNSEL

CSOR0062 **MORS II Inquiry Contact** 02/25/1998 14:51:43

DETROIT 48 Zn/Tr: E2 M/A: CONTACT NBR: 109501189 Opened: 02/24/1998
VIN: 1ZVPT20C0L5[redacted] *SCOR 000 Analyst: 5471MS Closed: 02/24/1998
Last Name: [redacted] Status: CLOSED
Title: First Name: [redacted] MI:
Address:
City: ST/PV: MI Zip/PC: [redacted] CC: USA
Home Phone: Business Phone: [redacted] Ext: 199
Year: Model: PROBE
Mileage/Km: 112000 WSD: 10/06/1989

Dealer Name: PALMER MOTOR SALES INC SALES CODE: 148428 P&A: 02714
Causal Code: 2802 Symptoms:
Inquiry Code: 1420 ALLEGED PERSONAL INJURY -

More Comments?: Y
Follow Up?: N Comm Type: C Micro Nbr: Letter Code:
*** NAVIS: SUBSEQUENT ***

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** OGDB140

CSOR001 **MORS II Contact Comments** 02/25/1998 14:51:58

Last Name: [redacted] VIN: 1ZVPT20C0L5[redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext: 199
Dealer: PALMER MOTOR SALES INC Dist/Reg: 48

CONTACT NBR: 109501189 Date: 02/24/1998 Analyst Code: 5471MS
File Type: INQ Time: 14:27:50 Analyst Name: SPAGNOLO
Comm Type: C CALL BACK Micro: Letter Code:

Comments: More?: Y
*** NAVIS: SUBSEQUENT ***
CUSTOMER SAYS:
- ORIGINAL CONTACT #109473119
- ACCIDENT ON MONDAY 2/16/98
- RECEIVED LETTER ASKING FOR SEAT BELT INVOLVED IN ACCIDENT
- VEHICLE HAS BEEN TOTALED AND AT TOWING PLACE AND WILL
TURN IN TITLE TOMORROW
- DOES NOT KNOW HOW TO GET PART OFF DOOR PANAL
- LETTER FROM [redacted], CLAIMS ANALSYST, SAYS CALL BEFORE SENDING
PART BUT THERE IS NO PHONE NUMBER
-[redacted] IS STILL BEING TREATED
F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
OGDB140

CSOR00[redacted] **MORS II Contact Comments** [redacted] 02/25/1998 14:52:09

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: PALMER MOTOR SALES INC

VIN: 1ZVPT20C0L5[redacted]
Ext: 199
Dist/Reg: 48

CONTACT NBR: 109501189 Date: 02/24/1998 Analyst Code: 5471MS
File Type: INQ Time: 14:27:52 Analyst Name: SPAGNOLO
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: Y
- HOSPITAL DOES BILLING AT END OF EVERY MONTH
*
PER CUSTOMER, DEALER SAYS:
- NO CONTACT
*
CUSTOMER SEEKS:
- RESOLUTION TO CONCERN
*
CAC ADVISED:
- DOCUMENTATED CALL AND WILL MAKE SURE THAT [redacted]

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDB140

CSOR0062 **MORS II Inquiry Contact** 02/25/1998 15:06:20

DETROIT 48 Zn/Tr: E2 M/A: CONTACT NBR: 109473119 Opened: 02/17/1998
VIN: 1ZVPT20C0L[redacted] *SCOR 000 Analyst: 6595JM Closed: 02/17/1998
Last Name: [redacted] Status: CLOSED
Title: First Name: [redacted] MI:
Address:
City: ST/PV: MI Zip/PC: [redacted] CC: USA
Home Phone: [redacted] Business Phone: [redacted] Ext: 199
Year: 90 Model: PROBE
Mileage/Km: 112000 WSD: 10/06/1989

Dealer Name: PALMER MOTOR SALES INC SALES CODE: 148428 P&A: 02714
Causal Code: 2802 Symptoms:
Inquiry Code: 1420 ALLEGED PERSONAL INJURY -

More Comments?: Y
Follow Up?: N Comm Type: P Micro Nbr: Letter Code: OGC1
*** VEHICLE INVOLVED IN RECALL 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 OGDB140

CSOR001 **MORS II Contact Comments** 02/25/1998 15:06:50

Last Name: [redacted] VIN: 1ZVPT20C0L5[redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext: 199
Dealer: PALMER MOTOR SALES INC Dist/Reg: 48

CONTACT NBR: 109473119 Date: 02/17/1998 Analyst Code: 6595JM
File Type: INQ Time: 12:39:44 Analyst Name: MOORE
Comm Type: P PHONE Micro: Letter Code: OGC1

Comments: More?: Y
*** VEHICLE INVOLVED IN RECALL 96S99 ***
*** VEHICLE INVOLVED IN RECALL 96S48 ***
*** NAVIS: ORIGINAL ***
CUSTOMER SAYS:
-HUSBAND IS CALLING
-TOOK THE VEHICLE INTO HAWKINSON FORD IN OAKLAWN IL FOR RECALL REPAIR ABOUT A YEAR AGO
-WAITING FOR TWO MONTHS FOR THE PART BUT MOVED TO MICHIGAN
-NEVER HEARD ANYTHING FROM DEALERSHIP SO TOOK THE VEHICLE LAST WEEK TO PALMER FORD IN MICHIGAN
-LAST NIGHT WIFE WAS IN AN ACCIDENT
F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
OGDB140

CSOR001 **MORS II Contact Comments** 02/25/1998 15:07:10

Last Name: [redacted] VIN: 1ZVPT20C0L5[redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext: 199
Dealer: PALMER MOTOR SALES INC Dist/Reg: 48

CONTACT NBR: 109473119 Date: 02/17/1998 Analyst Code: 6595JM
File Type: INQ Time: 12:39:46 Analyst Name: MOORE
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: Y
-THERE WERE THREE CARS INVOLVED
-THERE WAS A CAR TURNING THAT HAD NO BRAKE LIGHTS OR TAIL LIGHTS AND SHE RAN INTO THE BACK OF THE VEHICLE
-SHE WAS TAKEN TO THE HOSPITAL AND WAS RELEASED TODAY
-SHE HAS A MILD CONCUSION AND THEY ARE WATCHING HER FOR BLEEDING ON THE BRAIN
-THERE WAS A POLICE REPORT FILED #26-580-98
-THERE WERE NO TICKETS GIVEN
-THE POLICE SUGGESTED THAT WE CONTACT FORD
-THEY INDICATED THAT WITH THE OTHER PORTION OF THE SEAT BELT SHE WOULD NOT HAVE BEEN HURT
-SHE DID HAVE HER LAP BELT ON
F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDB140

CSOR001B **MORS II Contact Comments** 02/25/1998 15:07:31

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: PALMER MOTOR SALES INC

VIN: 1ZVPT20C0L5[redacted]
Ext: 199
Dist/Reg: 48

CONTACT NBR: 109473119 Date: 02/17/1998 Analyst Code: 6595JM
File Type: INQ Time: 12:39:47 Analyst Name: MOORE
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: N
-THE VEHICLE WAS TOWED TO SAKATRUPS TOWING IN YPSILANTI MICHIGAN
-HAVE CONTACTED INSURANCE COMPANY
*
PER CUSTOMER, DEALER SAYS:
-NO CONTACT
*
CUSTOMER SEEKS:
-NOT SURE AT THIS TIME
*
CAC ADVISED:
-WILL FORWARD INFORMATION TO APPROPRIATE DEPARTMENT
F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDB140

CSOR00 **MORS II Contact Comments** 02/25/1998 14:52:18

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: PALMER MOTOR SALES INC

VIN: 1ZVPT20C0L5[redacted]
Ext: 199
Dist/Reg: 48

CONTACT NBR: 109501189 Date: 02/24/1998 Analyst Code: 5471MS
File Type: INQ Time: 14:27:53 Analyst Name: SPAGNOLO
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: N
KNOWS OF SITUATION

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDB140

VIEW THE NOTE E01

From: LBLACK --DRBN006 Date and time 02/25/98 08:15:40
To: SKEYES --DRBN005 Keyes, Skip

FROM: [redacted] USAET(UTC -05:00)
Subje[redacted]
Skip....Customer has questions re: letter sent and how to go about getting seat belt sent to your office. Could you have someone call her? Thanks.

CSOR0062 MORS II Inquiry Contact 02/25/1998 08:13:2

DETROIT	48 Zn/Tr: E2 M/A:	CONTACT NBR: 109501189		Opened:	02/24/199
VIN:	1ZVPT20C0L5[redacted]	*SCOR 000 Analyst: 5471MS		Closed:	02/24/199
Last Name:	[redacted]			Status:	CLOSED
Title:		First Name: [redacted]		MI:	
Address:					
City:		ST/PV: MI	Zip/PC: [redacted]		CC: USA
Home Phone:	[redacted]	Business Phone: [redacted]		Ext:	199
Year:	90	Model: PROBE			
Mileage/Km:	112000	WSD: 10/06/1989			

Dealer Name: PALMER MOTOR SALES INC SALES CODE: 148428 P&A: 02714
Causal Code: 2802 Symptoms:

PF1 Alternate PFs PF2 File NOTE PF3 Keep PF4 Erase PF5 Forward Note
PF6 Reply PF7 Resend PF8 Print PF9 Help PF10 Next PF11 Previous PF12 Return

Office of the General Counsel

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

December 10, 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,

Harold E. Keyes
Senior Claims Analyst

[redacted]

```
CSCN140                          VEHICLE DATA                    97/12/09 15:18:16
==>
  ENTER  VIN ==> 1ZVPT20C2L5[redacted]
  NAME ==> PERODEAU                ZIP ==> 06082      MODEL YR ==>
  OWNER NAME    :
  STREET ADDR   : [redacted]
                :
  CITY          :                                                  N/A DATE: 95-10-10
  ST/PRV: CT  CTRY:                    ZIP/POSTAL CODE: [redacted]     N/A SOURCE: R
  MODEL YEAR    : 90     PLANT: 5                                  SALE DATE: 90-06-14
  BODY STYLE DESC: GL                                          PRODUCTION DATE: 89-10-23
  VEHICLE DESC  : 1990 PROBE
                DIVISION   DISTRICT    ZONE   DEALER  PDC CODE  FCSD REGION
  SHIP-TO          1          13         G      542       23          13
  FACING           1          13         G      542
  RESPONSIBLE      1          11         G      661

  CA EMISSION   :          ENGINE TAG CODE : 01FF2-A      CAMPAIGN COUNTS
  NAVIS STATUS  : 800      COMPANY CAR IND :          TOTAL CAMPAIGNS   : 03
  DSO DISTRICT  :          FLEET CODE      :          OPEN  : 02 CLOSED : 01
  DSO NUMBER    :          FLEET STATUS    :          ACTIVE: 03 HISTORY: 00

F1=INQUIRY  F3=EXIT  F4=G160  F5=G150  F8=CONTINUE SEARCH  F9=G130
                                                                  OGDB140
```

CSCN15 **CAMPAIGN VEHICLE INFORMATION** 97/12/09 15:23:37

==> _____

ENTER CAMPAIGN NUMBER==> 95B70 VIN==> 1ZVPT20C2L5[redacted] TYPE OF SEARCH: A

MODEL YEAR: 90 DEFECT: WIRE HARNESS BODY STYLE: GL

NEW STATUS CODE: _ CAMP DIV : 6

REPAIR INFORMATION: TYPE CODE: _ SUPP CODE :

REPAIR DATE: _____ DEALER P/A: _____ KIT CODE : AA

MICRO REF: _____ CLAIM NUM: _____ OASIS DATE : 95-10-10

DELETE REASON: ___ VENDOR N/A INFORMATION:

RESP DEALER INFORMATION: NEW: _ __ ___ IND: MATCH CODE: 2

CURRENT: 1 11 661 ASSIGNED: 96-10-14 SOURCE: PX EXTRACT DATE: 96-07-26

****** **STATUS INFORMATION:** ******* ********** **REPAIR INFORMATION:** **********

CODE	DESCRIPTION	DATE	TYPE	DATE	P/A	CLAIM#	MICRO#	CL SRC
C	COMPLETE	96-11-26	B	96-11-22	08821	042976	JB1HI6L	AC
M	RELEASED FOR MAILING	95-10-10						
H	AWAITING MAILING	95-07-10						

DELETE REASON:

F1=INQUIRY F2=G140 F3=EXIT F5=G130 F7=FIRST F8=NEXT F9=MORE STATUS

F10=ADD STATUS F11=REVISE

I037-NO MORE DATA TO DISPLAY OGDB140

```
CSCN13[redacted]          NOTIFICATION RECIPIENT HISTO[redacted]          97/12/09 15:23:42
==>

ENTER CAMPAIGN NBR ==> 95B70     VIN ==> 1ZVPT20C2L5[redacted]
  DEFECT         : [redacted]    BODY STYLE DESC: GL
  RESP DEALER    : [redacted]              BEGINNING MAILED DATE: 95-11-01
  RELEASE DESC   : [redacted]              ENDING MAILED DATE   : 95-11-02
  CAMPAIGN DIV   : 6               FLEET CODE:          FLEET MGMT LOC CODE:
  LAST NAME      : PERODEAU                                       INITIALS: RJ
  STREET ADDR1   : 32 YALE DR
         ADDR2   :                                                ST/PRV: CT
  CITY           : ENFIELD                                 CTRY:
  ZIP/POSTAL CODE: 06082              N-A SOURCE: R       N-A EFF DATE: 95-10-10
**********************************************************************************
  RESP DEALER    :                         BEGINNING MAILED DATE:
  RELEASE DESC   :                         ENDING MAILED DATE   :
  CAMPAIGN DIV   :                 FLEET CODE:          FLEET MGMT LOC CODE:
  LAST NAME      :                                                INITIALS:
  STREET ADDR1   :
         ADDR2   :                                                ST/PRV:
  CITY           :                                         CTRY:
  ZIP/POSTAL CODE:                    N-A SOURCE:         N-A EFF DATE:
F1=INQUIRY  F3=EXIT  F4=QUIT  F5=G150  F7=FIRST PAGE  F8=NEXT PAGE  F9=G140
I048-LAST PAGE                                                        OGDB140
```

```
CSCN15                    CAMPAIGN VEHICLE INFORMATION                    97/12/09 15:23:49
==> _____ _____

ENTER CAMPAIGN NUMBER==> 96S48     VIN==> 1ZVPT20C2L5[redacted]  TYPE OF SEARCH: A
MODEL YEAR: 90 DEFECT: SEAT BELT     BODY STYLE: GL
   NEW STATUS CODE: _                                    CAMP DIV      : 6
   REPAIR INFORMATION:      TYPE CODE: _                 SUPP CODE     :
     REPAIR DATE: _____ DEALER P/A: _____                KIT CODE      : AA
     MICRO REF: _____ CLAIM NUM: _____                   OASIS DATE    : 96-10-03
   DELETE REASON: ___                                    VENDOR N/A INFORMATION:
   RESP DEALER INFORMATION:      NEW: _ __ ___             IND:   MATCH CODE:
     CURRENT: 1 11 661 ASSIGNED: 96-10-14 SOURCE: PX       EXTRACT DATE:
****** STATUS INFORMATION: ******* ********** REPAIR INFORMATION: ************
CODE DESCRIPTION            DATE   TYPE  DATE    P/A    CLAIM#  MICRO#   CL SRC
  M  RELEASED FOR MAILING 97-06-09
  M  RELEASED FOR MAILING 96-10-07
  R  READY TO RELEASE     96-09-19


DELETE REASON:
F1=INQUIRY  F2=G140  F3=EXIT  F5=G130  F7=FIRST  F8=NEXT  F9=MORE STATUS
F10=ADD STATUS  F11=REVISE
I037-NO MORE DATA TO DISPLAY                                          OGDB140
```

CSCN130 **NOTIFICATION RECIPIENT HISTORY** 97/12/09 15:23:52
==>

ENTER CAMPAIGN NBR ==> 96S48 **VIN ==>** 1ZVPT20C2L5[redacted]
DEFECT : SEAT BELT BODY STYLE DESC: GL
RESP DEALER : 111661 BEGINNING MAILED DATE: 97-06-19
RELEASE DESC : POSTCARD FOLLOWUP ENDING MAILED DATE : 97-06-19
CAMPAIGN DIV : 6 FLEET CODE: FLEET MGMT LOC CODE:
LAST NAME : [redacted] INITIALS: [redacted]
STREET ADDR1 : [redacted]
ADDR2 : [redacted] ST/PRV: CT
CITY : [redacted] CTRY:
ZIP/POSTAL CODE: 06082 N-A SOURCE: R N-A EFF DATE: 95-10-10

****

RESP DEALER : 111661 BEGINNING MAILED DATE: 96-10-11
RELEASE DESC : NEW ISSUE TOTAL ENDING MAILED DATE : 96-10-16
CAMPAIGN DIV : 6 FLEET CODE: FLEET MGMT LOC CODE:
LAST NAME : [redacted] INITIALS: [redacted]
STREET ADDR1 : [redacted]
ADDR2 : [redacted] ST/PRV: CT
CITY : [redacted] CTRY:
ZIP/POSTAL CODE: 06082 N-A SOURCE: R N-A EFF DATE: 95-10-10

F1=INQUIRY F3=EXIT F4=QUIT F5=G150 F7=FIRST PAGE F8=NEXT PAGE F9=G140
I048-LAST PAGE OGDB140

```
CSCN1                    CAMPAIGN VEHICLE INFORMATIO                    97/12/09 15:24:00
==> _____ _____

ENTER CAMPAIGN NUMBER==> 96S99     VIN==> 1ZVPT20C2LS[redacted]  TYPE OF SEARCH: A
MODEL YEAR: 90 DEFECT: SEAT BELT    BODY STYLE: GL
   NEW STATUS CODE: _                                    CAMP DIV      : 6
   REPAIR INFORMATION:      TYPE CODE: _                 SUPP CODE     :
     REPAIR DATE: _____ DEALER P/A: _____                KIT CODE      : AA
     MICRO REF: _____ CLAIM NUM: _____                   OASIS DATE    : 96-10-07
   DELETE REASON: ___                                    VENDOR N/A INFORMATION:
   RESP DEALER INFORMATION:      NEW: _ __ ___             IND:    MATCH CODE:
     CURRENT: 1 11 661 ASSIGNED: 96-10-14 SOURCE: PX       EXTRACT DATE:
****** STATUS INFORMATION: ******* ********** REPAIR INFORMATION: ***********
CODE DESCRIPTION            DATE   TYPE  DATE    P/A    CLAIM#  MICRO#   CL SRC
  M  RELEASED FOR MAILING 97-06-09
  M  RELEASED FOR MAILING 96-10-07
  R  READY TO RELEASE     96-10-04


DELETE REASON:
F1=INQUIRY  F2=G140  F3=EXIT  F5=G130  F7=FIRST  F8=NEXT  F9=MORE STATUS
F10=ADD STATUS  F11=REVISE
I037-NO MORE DATA TO DISPLAY                                          OGDB140
```

```
CSCN1[redacted]          NOTIFICATION RECIPIENT HIST[redacted]Y          97/12/09 15:24:04
==>

ENTER CAMPAIGN NBR ==> 96S99     VIN ==> 1ZVPT20C2L5[redacted]
  DEFECT        : SEAT BELT      BODY STYLE DESC: GL
  RESP DEALER   : 111661                    BEGINNING MAILED DATE: 97-06-19
  RELEASE DESC  : POSTCARD FOLLOWUP         ENDING MAILED DATE   : 97-06-19
  CAMPAIGN DIV  : 6               FLEET CODE:          FLEET MGMT LOC CODE:
  LAST NAME     : [redacted]                                      INITIALS: [redacted]
  STREET ADDR1  : [redacted]
        ADDR2   : [redacted]                                      ST/PRV: CT
  CITY          : [redacted]                                   CTRY:
  ZIP/POSTAL CODE: 06082              N-A SOURCE: R       N-A EFF DATE: 95-10-10
**********************************************************************************
  RESP DEALER   : 111661                    BEGINNING MAILED DATE: 96-10-11
  RELEASE DESC  : NEW ISSUE TOTAL           ENDING MAILED DATE   : 96-10-16
  CAMPAIGN DIV  : 6               FLEET CODE:          FLEET MGMT LOC CODE:
  LAST NAME     : [redacted]                                      INITIALS: [redacted]
  STREET ADDR1  : [redacted]
        ADDR2   : [redacted]                                      ST/PRV: CT
  CITY          : [redacted]                                   CTRY:
  ZIP/POSTAL CODE: 06082              N-A SOURCE: R       N-A EFF DATE: 95-10-10
F1=INQUIRY  F3=EXIT  F4=QUIT  F5=G150  F7=FIRST PAGE  F8=NEXT PAGE  F9=G140
I048-LAST PAGE                                                      OGDB140
```

CSCN1[illegible] **CAMPAIGN VEHICLE INFORMATION** 97/12/09 15:24:11

==> _____ _____

ENTER CAMPAIGN NUMBER==> 96S99 VIN==> 1ZVPT20C2L5[redacted] TYPE OF SEARCH: A

MODEL YEAR: DEFECT: BODY STYLE:

NEW STATUS CODE: _ CAMP DIV :

REPAIR INFORMATION: TYPE CODE: _ SUPP CODE :

REPAIR DATE: _____ DEALER P/A: _____ KIT CODE :

MICRO REF: _____ CLAIM NUM: _____ OASIS DATE :

DELETE REASON: ___ VENDOR N/A INFORMATION:

RESP DEALER INFORMATION: NEW: _ __ ___ IND: MATCH CODE:

CURRENT: ASSIGNED: SOURCE: EXTRACT DATE:

****** **STATUS INFORMATION:** ******* ********** **REPAIR INFORMATION:** **********

CODE	DESCRIPTION	DATE	TYPE	DATE	P/A	CLAIM#	MICRO#	CL	SRC

DELETE REASON:

F1=INQUIRY F2=G140 F3=EXIT F5=G130 F7=FIRST F8=NEXT F9=MORE STATUS

F10=ADD STATUS F11=REVISE

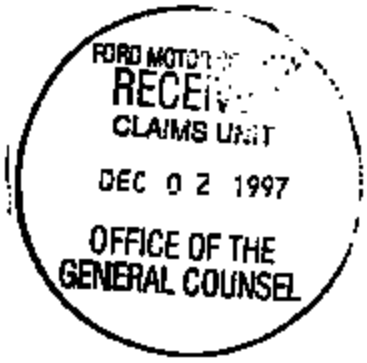
E807-END OF CAMPAIGNS FOR VEHICLE - CURRENT AND HISTORY DATABASES OGDB140

November 10, 1997

√
√K

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

404483



Att: [redacted]

Re: 1990 Probe
Contact #: 109079141

Dear Mr. Hollingsworth:

In answer to your letter of October 27, 1997, I have acknowledged below:

#1 - Copy of police report enclosed.

#2 [redacted]

All Medical bills thus far and reports attached [redacted] emergency bill is missing - in the process of getting a copy). In addition [redacted] missed (5) weeks of work due to the injury per Dr. Blatt's instructions loosing approximately $2000.00 in wages.

#3 - Color laser copies enclosed of the car.

#4 - Inside vehicle picture enclosed.

#5 - Left seatbelt was jammed in forward position as seen in pictures not allowing seat belt to be connected causing multiple injuries to [redacted].

#6 - Recall of seat belts (See Enfield Ford's repair order).

#7 - Belt had not been replaced due to car being totaled. Car had gone to Enfield Ford on (2) occasions after the ordering in November. They failed to have the correct seat belt.

#8 - Car was totaled.

#9 - N/A

Re: Probe 1991
Contract #1090791

#10 -Car was totaled.

#11 [redacted]

#12 -No Attorney has been retained at this time.

Sincerely,

Cathleen Perodeau

Cathleen Perodeau

Office of the General Counsel

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

October 27, 1997

[redacted]

Re: 1990 PROBE
Contact #: 109079141

Dear Ms. Perodeau:

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

dmb

FILE ☐ ZONE ____
REGISTRY ☑ BLOCK ____
COURT ☑ TRACT ____

MUST TYPE OR PRINT

#1

SPRINGFIELD POLICE DEPARTMENT

MOTOR VEHICLE ACCIDENT REPORT

Report Number: 1348-97

Investigating Officer: Elliott/Shaver

19 Was this Accident investigated by an Officer? If Yes, Check One Box Below
1 ☐ Registry 4 ☐ State Police
2 ☐ MDC
3 ☐ Other 5 ☑ Local Police

18 Did you notice any indications that an operator had been taking any medication or drugs? 1 ☐ YES 2 ☒ NO
To your knowledge did any operator had a history of epilepsy, heart disease, fainting spells? 3 ☐ YES 4 ☒ NO
explain on reverse

11-15 Date of Accident: Mo. 04 Day 20 Yr 97
16 Day of the Week: S M T W T F S — ☒ M
17 Hour: 04:40 AM

VEHICLE 1

Name of Operator: [redacted]
21-26 Date of Birth: MO 01 DAY 11 YR 56
27 Sex: 1 ☒ M 2 ☐ F
28-29 License Number and State: [redacted] TA 14443 MA
Insurance Company: Utica Mutual
Year: 1991
Make: Ford
Type: Crown Vic
Approximate Cost to Repair: $ +1,000
Describe Damage to Vehicle: Heavy Front End
Parked Car: YES ☐ NO ☒

VEHICLE 2

Name of Operator: [redacted]
35-37 Date of Birth: MO 05 DAY 13 YR 76
38 Sex: 1 ☐ M 2 ☒ F
Address: [redacted] 356 GHA Ct.
Name of Insurance Company only can be written here: All State Insurance
Year: 1990
Make: Ford
Type: Probe
Approximate Cost to Repair: $ +1,000
Describe Damage to Vehicle: Heavy Driver's Side
Parked Car: YES ☐ NO ☒

Describe Other Property Damage: Traffic Signal Light - Southwest Corner
Approximate Cost to Repair: $ +1,000
Name of Property Owner: City of Springfield
Address:

OWNER

[redacted] Phone

OCCUPANT 1

41 Age: [redacted] Sex: 1 ☐ M 2 ☐ F
42 Severity: Mark First One That Applies — Killed 1 ☐ | Visible signs of injury, as bleeding wound, or distorted members or had to be carried from scene 2 ☒ | Other visible injury, as bruises, abrasions, swelling, limping, etc. 3 ☐ | No visible injury but complaints of pain or momentary unconsciousness 4 ☐
43 Check if wearing Seat Belt 1 ☐
44 Check if wearing Helmet 1 ☐
Position in Vehicle: 1 ☒ Operator | 2 ☐ Passenger | 3 ☐ Passenger in Trailer, Van, etc. | 4 ☐ Operator | 5 ☐ Passenger — On Motorcycle
No. ____
6 ☐ Pedestrian 7 ☐ Bicyclist 8 ☐ Other

OCCUPANT 2

Name of Injured: [redacted] State
47-1 Age: 21 Sex: 1 ☐ M 2 ☒ F
48 Severity: Mark First One That Applies — Killed 1 ☐ | Visible signs of injury, as bleeding wound, or distorted members or had to be carried from scene 2 ☒ | Other visible injury, as bruises, abrasions, swelling, limping, etc. 3 ☐ | No visible injury but complaints of pain or momentary unconsciousness 4 ☐
50 Check if wearing Seat Belt 1 ☐
51 Check if Wearing Helmet 1 ☐
Position in Vehicle: 1 ☒ Operator | 2 ☐ Passenger | 3 ☐ Passenger in Trailer, Van, etc. | 4 ☐ Operator | 5 ☐ Passenger — On Motorcycle
No. 2
6 ☐ Pedestrian 7 ☐ Bicyclist 8 ☐ Other

OCCUPANT 3

Name of Injured: [redacted] State
40-1 Age: 31 Sex: 1 ☐ M 2 ☒ F
42 Severity: Mark First One That Applies — Killed 1 ☐ | Visible signs of injury, as bleeding wound, or distorted members or had to be carried from scene 2 ☒ | Other visible injury, as bruises, abrasions, swelling, limping, etc. 3 ☐ | No visible injury but complaints of pain or momentary unconsciousness 4 ☐
43 Check if wearing Seat Belt 1 ☐
44 Check if Wearing Helmet 1 ☐
Position in Vehicle: 1 ☐ Operator | 2 ☒ Passenger | 3 ☐ Passenger in Trailer, Van, etc. | 4 ☐ Operator | 5 ☐ Passenger — On Motorcycle
No. 1
6 ☐ Pedestrian 7 ☐ Bicyclist 8 ☐ Other

Form CR-95-A

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8½ x 11 size sk... additional information is attached. Please sign report in space provided below.

City or Town Where Accident Occurred	Nearest Mile Marker	Reserved for Registry
Springfield		

Location

Street Name and/or Route Number: Main Street

at intersection with Liberty Street (N. S. E. W.) Of nearest intersection, bridge, mile marker, railroad.

or ____ feet (N. S. E. W.)

Other Landmarks:

Which direction was each vehicle traveling? Vehicle #1 (N. S. E. W.) No. 2 (N. S. E. W.)

54 1 ☐ On ramp from route ____ 2 ☐ Off ramp from route ____ 3 ☐ At rotary

55 1 ☐ Alcohol involved 2 ☐ Hit and run

Manner of Collision

56 Accident involved Collision With: 1 ☐ Pedestrian 2 ☒ Motor Vehicle in Traffic 3 ☐ Motor Vehicle Parked 4 ☐ Railroad train 5 ☐ Ran off roadway hit fixed object ____ feet from road 6 ☐ Bicycle 7 ☐ Overturned in road 8 ☐ Ran off roadway — non-collision 9 ☐ Fixed object on shoulder, sidewalk or island A ☐ Other

57 If collision involved two or more vehicles mark one of the following: 1 ☐ Rear end 2 ☐ Angle 3 ☐ Head on

Pre-Crash

What were vehicles doing prior to accident? Mark appropriate box. 58-60

Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2	
		1 Making right turn			5 Skidding			9 Parked
		2 Making left turn			6 Slowing or stopping			A Stalled or disabled
		3 Making U turn			7 Crossing median strip			B Stopped or disabled with flasher on
X	X	4 Going straight ahead			8 Driverless moving vehicle			C In process of parking
		5 Passing on right			9 Backing			D Entering or exiting from alley or driveway
		6 Passing on left			A Starting in traffic			E Other
		7 Stop sign			B Starting from parking position			

Where was pedestrian/cyclist at time of accident? Mark appropriate box. 61

	1	At intersection		7	Getting on/off vehicle
	2	Within 300 feet of intersection		8	Working on vehicle
	3	More than 300 feet from intersection		9	Working in street
	4	Walking in street with traffic		A	Playing in street
	5	Walking in street against traffic		B	Not in street
	6	Standing in street		C	Other

Conditions

62 Light Conditions: 1 Daylight; 2 Dawn or dusk; X 3 Darkness — road lighted; 4 Darkness — road unlighted

63 Traffic Controls: 1 Stop sign; 2 Yield sign; 3 Warning sign; X 4 Signal light; 5 Officer or flagman; 6 Railroad crossing gate; 7 Railroad automatic signal; 8 Control device not working; 9 No control present.

64 Weather Conditions: X 1 Clear; 2 Foggy; 3 Cloudy; 4 Rain; 5 Snow; 6 Sleet

65 Road Surface: X 1 Dry; 2 Wet; 3 Snowy; 4 Icy; 5 Other

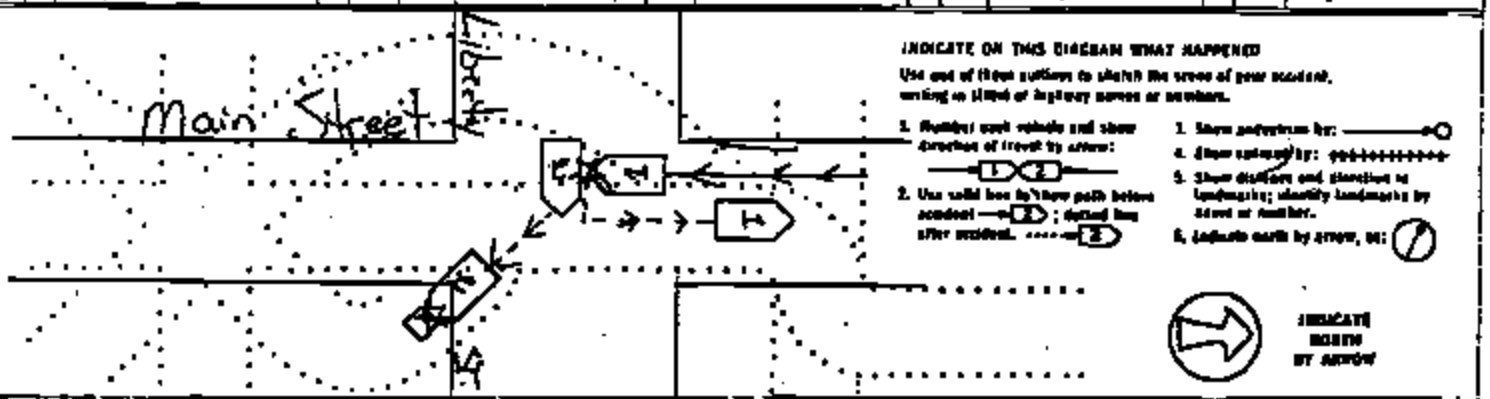
76 Road Conditions: X 1 No Defects; 2 Holes, ruts, bumps; 3 Foreign matter on surface; 4 Defective shoulder; 5 Road under construction; 6 Other

Post-Crash

66

	1 Entered median		4 Hit guard rail		7 Hit signpost		A Embankment		D Stone wall		
	2 Crossed median		5 Hit curbing	X	8 Hit utility or light pole		B Ditch		E Other post		
	3 Hit median barrier		6 Hit pavement		9 Hit tree		C Road ledge		F Bridge rail		

Diagram



INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these options to sketch the scene of your accident, using as many of highway names or numbers.

1. Number each vehicle and show direction of travel by arrow: 1 2
2. Use solid line to show path before accident → ; dotted line after accident - - - →
3. Show pedestrian by: ——o
4. Show cyclist by: ——o——o——
5. Show distance and direction to landmarks; identify landmarks by street or number.
6. Indicate north by arrow, as: N

INDICATE NORTH BY ARROW

Operator

Operator (mark one or more) 67-72

	1	2	
1			Operating Under Influence
2			Operating After Drinking
3			Exceeding Lawful Speed
4		X	Failed to Grant Right of Way to Other Vehicle
			Failed to Grant Right of Way to Pedestrian

	1	2	
6			Improper Passing
7			On Wrong Side of Road Not Overtaking
8			Failed to Give Proper Signal
9			Improper Turning Movement
A			Operating Unregistered Uninsured Vehicle

	1	2	
B			Disregarded Traffic Light
C			Disregarded Warning or Stop Signs
D			Disregarded Other Traffic Control
E			Improper Start from Parked Position
F			Improper Parked Position

	1	2	
G			Leaving Scene of Accident
H			Other Moving Violations (explain below)
J			Operating to Endanger
K			Failed to Stop for a School Bus
L			No Violation

Describe what happened. Refer to vehicles by Number. Citation Number if issued

REMARKS G2391168 V-1 was traveling (S) on Main Street When V-2 failed to grant right of way to V-1 which had such at a flashing yellow, both north and South on Main Street. V-2 was traveling (E) on Liberty Street & entered the intersection after V-1 had already entered such. V-1 front end struck V-2 @ 90° Angle on Driver's Side. Both Operators + 1 pass in V-1 were injured and transported via ambulance.

[redacted]

AMBULANCE RADIO REPORT

#1

Date: 1/1/__ Time: _____ Ambulance: 403 Tech: _____

Age: 21 Sex: F Att. M.D. _____ Ch.Complaint _____

If trauma: Mechanism of injury hit drivers side ? L.O.C. ambula

Primary Survey: teeth loose lac Lside pain (

Level of Consciousness: (Circle One)

Normally alert/ Responsive to verbal command/ Responsive to pain/ Unresponsive

Vital Signs: Pulse 110/ Character (Strong/Thready)

BP 150/p

Respiratory rate: _____ Character (Normal/Shallow/Labored)

Treatment administered en route: _____

_____

_____

Comments: _____

_____

_____

_____

ETA: 3 mn

Quality of radio report: (Circle One) excellent/ good/ fair/ poor

#740* 10/86

[redacted]

Addressograph Plate

[redacted]
Emergency Department

#7

WORK NOTE

Based upon available information, is this a work related injury/illness?

☒ No ☐ If Yes, Diagnosis _____

Work Status	Restrictions
☐ Return to work without restrictions	
☐ Modified duty with restrictions Dates: _____	
☐ Out of work until Date: 4-27-97	

Follow-Up Care
Follow-up as indicated on your Emergency Department Discharge Instruction Sheet
☐ WORKMENS' COMP Call ***Business & Health*** Occupation Medicine Center to schedule a follow-up appointment (413) 784-8902. You should be seen within _____ days

I hereby authorize Baystate Medical Center to release a copy of this form to my employer

_____ _____

Patient Signature **Date**

MEDICAL EXCUSE NOTE Daycare / School / College / Other
☐ Please excuse for medical reasons Dates: 4-20-97 & 4-25-97
☐ No Gym or Physical Activities Dates:
☐ Medication should be taken during school as prescribed
☐ Other

[redacted]

4/20/97

Date

White - Employer/School *Yellow-Emergency Department* *Pink - Medical Records*

013000 New 6/95

INVOICE

#2

[redacted]

RIP # SPF-00666680-00 ACCT # 00014336
PATIENT NAME [redacted]
DATE OF SERVICE 04/20/1997
AMOUNT DUE 579.00 DUE DATE 05/23/19

[redacted]

REMIT PAYMENT TO:

[redacted]

PLEASE CHARGE MY: ☐ VISA ☐ MASTERCARD

ACCOUNT ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ EXPIRATION DATE ☐☐☐☐

SIGNATURE _____ PLEASE ENTER AMOUNT PAID: $ _____

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

PATIENT NAME	ACCOUNT NO.		INVOICE DATE
[redacted]	000143368-0000	SPF-00666680-00	05/08/1997

DATE OF SERVICE		
04/20/1997	1776 MAIN ST SPFLD	BMC E/R

IMPORTANT MESSAGES

Please advise us of any medical coverage that may cover this bill. If none please call the number below to setup payment arrangements or remit the balance in full.

CODE	DESCRIPTION	UNITS	UNIT CHARGE		TOTAL CHARGE
1101	ALS EMERG SPEC	1	340.00		340.0
2100	ALS MILEAGE	2	12.00		24.0
3001	OXYGEN	1	65.00		65.0
5002	IV THERAPY	1	150.00		150.0

DIAGNOSIS: 9590 87363

TOTAL CHARGES DUE 579.00

SEE REVERSE SIDE FOR INSURANCE INFORMATION

Send billing inquiries to: [redacted]
or call Toll Free
[redacted]

Keep this portion for your records.

Federal Tax I.D. No. 04-2574-

[redacted]

STATEMENT

ACCOUNT NO	STATEMENT DATE	[redacted]
R 1201654	05/23/1997	$309.00

PROFESSIONAL SERVICES AND PAYMENT RENDERED AFTER THE STATEMENT DATE WILL APPEAR ON NEXT MONTHS STATEMENT.

AMOUNT ENCLOSED

REMIT TO:

[redacted]

BILL TO:

[redacted]

#7

Make Check Payable to: RADIOLOGY AND IMAGING, INC.

DETACH AT PERFORATION AND RETURN TOP PORTION WITH PAYMENT

PATIENT	ACCOUNT NO.	RADIOLOGIST
[redacted]	R 1201654	[redacted]

PRIMARY INSURANCE COMPANY	SECONDARY INSURANCE COMPANY

SEE REVERSE SIDE IF COVERED BY INSURANCE

DATE	DESCRIPTION OF SERVICES AND TYPE OF PAYMENT	BILLING AND PAYMENTS	
		INSURANCE	PATIENT
4/25/1997	==== BALANCE DUE FROM PREVIOUS STATEMENT ====		250.00
4/20/1997	CHEST, 2 VIEWS FRONTAL & LATERAL		30.00
4/20/1997	SPINE, CERVICAL, AP & LATERAL		29.00
	Accident		
			2/27/97
	TOTAL DUE		$309.00

PLEASE NOTE:
IT IS OUR DESIRE TO ASSIST YOU AS MUCH AS POSSIBLE IN THE SETTLEMENT OF YOUR ACCOUNT. HOWEVER THE BASIC RESPONSIBILITY FOR PAYMENT IS YOURS. YOUR HAVING INSURANCE COVERAGE DOES NOT RELEASE YOU FROM THE RESPONSIBILITY OF PAYING YOUR ACCOUNT.

Providing Radiology Services At These Locations		Billing Inquiries
HOSPITALS:	RADIOLOGY & IMAGING OFFICES:	
Baystate Medical Center	126 Liberty Street, Springfield, MA	
Wing Memorial	2150 Main Street, Springfield, MA	QUESTIONS? CALL: MON-FRI . (8AM - 2PM).
Franklin Medical Center	2 Medical Center Drive, Springfield, MA	[redacted]
Mary Lane Hospital	701 Enfield Street, Enfield, CT	
Rockville Hospital	115 Elm Street, Enfield, CT	
	300 Hebron Avenue, Glastonbury, CT	
	281 Hartford Turnpike, Vernon, CT	
	477 Connecticut Blvd., East Hartford, CT	

Tax ID Number: 04-2893917

[redacted]

STATEMENT

ACCOUNT NO.	STATEMENT DATE	AMOUNT DUE
[redacted]	04/25/1997	$250.00

PROFESSIONAL SERVICES AND PAYMENT RENDERED AFTER THE STATEMENT DATE WILL APPEAR ON NEXT MONTHS STATEMENT.

AMOUNT ENCLOSED

REMIT TO:

[redacted]

BILL TO:

[redacted]

Make Check Payable To: [redacted]

DETACH AT PERFORATION AND RETURN TOP PORTION WITH PAYMENT

PATIENT	ACCOUNT NO.	RADIOLOGIST
[redacted]	R 1201654	[redacted]

PRIMARY INSURANCE COMPANY	SECONDARY INSURANCE COMPANY

SEE REVERSE SIDE IF COVERED BY INSURANCE

DATE	DESCRIPTION OF SERVICES AND TYPE OF PAYMENT	BILLING AND PAYMENTS	
		INSURANCE	PATIENT
4/22/1997	SKULL COMP MIN 4V		156.00
4/22/1997	ELBOW MIN 3 VIEWS		94.00
	TOTAL DUE		$250.00

PLEASE NOTE
IT IS OUR DESIRE TO ASSIST YOU AS MUCH AS POSSIBLE IN THE SETTLEMENT OF YOUR ACCOUNT, HOWEVER THE BASIC RESPONSIBILITY FOR PAYMENT IS YOURS. YOUR HAVING INSURANCE COVERAGE DOES NOT RELEASE YOU FROM THE RESPONSIBILITY OF PAYING YOUR ACCOUNT.

Providing Radiology Services At These Locations		Billing Inquiries
HOSPITALS	RADIOLOGY & IMAGING OFFICES:	
Baystate Medical Center	125 Liberty Street, Springfield, MA	
Wing Memorial	2190 Main Street, Springfield, MA	
Franklin Medical Center	3 Medical Center Drive, Springfield, MA	QUESTIONS? CALL: MON-FRI (8AM - 2PM)
Mary Lane Hospital	761 Enfield Street, Enfield, CT	[redacted]
Rockville Hospital	116 Elm Street, Enfield, CT	
	300 Hebron Avenue, Glastonbury, CT	
	261 Hartford Turnpike, Vernon, CT	
	477 Connecticut Blvd., East Hartford, CT	

Tax ID Number: 04-2893917

ATTENDING DENTIST'S STATEMENT

Check one:

☐ Dentist's pre-treatment estimate
☒ Dentist's statement of actual services

Carrier name and Address: [redacted]

PATIENT COVERAGE

1. Patient name (first / m.i. / last): [redacted]
2. Relation to insured: ☐ self ☐ child ☐ spouse ☐ other
3. Sex (M / F): X
4. Patient birthdate (MM DD YYYY): 03/13/76
5. If full time student: school / city
6. Employee/subscriber name and mailing address:
   Roland(auto Ins Ferodeau
   32 Yale Drive
   Enfield, CT 06082
7. Employee/subscriber soc sec number: [redacted]
8. Employee/subscriber birthdate (MM DD YYYY)
9. Employer (company) name and address
10. Group number
11. Is patient covered by another dental plan? If yes, complete 12-a. ☐ Yes ☒ No
    Is patient covered by a medical plan? ☐ Yes ☒ No
12-A. Name and address of carrier(s)
12-B. Group No.(s)
13. Name and address of employer
14-A. Employee/subscriber name (if different than patient's)
14-B. Employee/subscriber soc. sec. number
14-C. Employee/subscriber birthdate (MM DD YYYY)
15. Relationship to insured: ☐ self ☐ child ☐ spouse ☐ other

I have reviewed the following treatment plan. I authorize release of any information relating to this claim. I understand that I am responsible for all costs of dental treatment.

Signature on File 04/21/97
Signed (Patient, or parent if minor)

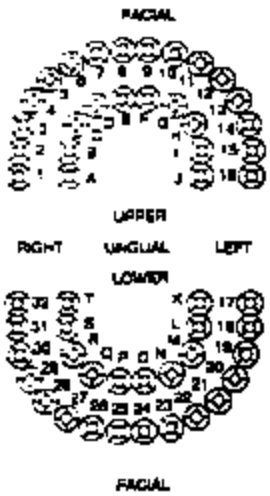
I hereby authorize payment directly to the above name dentist of the group insurance benefits otherwise payable to me.

Signature on File 04/21/97
Signed (Insured person)

BILLING DENTIST

16. Name of Billing Dentist or Dental Entity: [redacted]
17. Dentist Soc Sec or T.I.N.: TIN:060804961
18. Dentist license No.: 3678
20. Dentist phone No.: [redacted]
21. First visit date current series: 04/21/97
22. Place of treatment: Office Hosp ECF Other: X
23. Radiographs: No X / Yes / How Many?
24. Is treatment result of occupational illness or injury? No X / Yes
25. Auto accident? No / Yes X — Claim # 3961853929
26. Other accident? No X
27. If prosthesis, is this initial placement? (If no, reason for replacement)
28. Date of prior placement
29. Is treatment for orthodontics? No X
30. If services already commenced, enter: Date appliances placed / Mos. treatment remaining

Identify missing teeth with "X"



31. Examination and treatment plan-List in order from tooth No. 1 through tooth No. 32 - Use charting system shown.

Tooth No. or letter	Surface	Description of service (including x-rays, prophylaxis, materials, etc.) Line No.	Date service performed MM DD YY	Procedure Number	Fee	For administrative use only
		Complete Series X-rays	04 21 97	00210	90.00	
	LL	Limited Occlusal Adjustment	04 21 97	04330	60.00	
	LR	Limited Occlusal Adjustment	04 21 97	04330	60.00	
	UR	Limited Occlusal Adjustment	05 05 97	04330	60.00	
25		Palliative Treatment-RX Given	04 21 97	09110	45.00	

31. Remarks for unusual services

I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the [redacted] those procedures.

[redacted] 3678 09/29/97
License Number Date
(Tre[redacted]

Total Fee Charged	315.00
Max allowable	
Deductible	
Carrier %	
Carrier pays	
Patient pays	

1990 Revision

PA[redacted]

PRIMARY

[redacted]

NO : 114477

DATE : 04/30/97
TIME :
PATIENT NO. : 1412.1 DOCTOR: MARK N BLATT, M.D.
PATIENT NAME: [redacted]
GUARANTOR : SSN: 000-00-000
INS CO: ID#
INS CO: ID#

PREVENTITIVE SERV	NEW	ESTAB	
INFANT < 1 YR	99381	99391	.....
CHILD 1-4 YR.	99382	99392	.....
CHILD 5-11 YR.	99383	99393	.....
ADOLESCENT 12-17 YR.	99384	99394	.....
ADULT 18-39 YR.	99385	99395	.....
ADULT 40-64 YR.	99386	99396	.....
ADULT 65 + OVER	99387	99397	.....

EVAL & MGT	NEW	ESTAB	
OFFICE VISIT A	99201	99211	.....
OFFICE VISIT B	99202	99212	.....
OFFICE VISIT C	99203	99213	.....
OFFICE VISIT D	99204	99214	.....
OFFICE VISIT E	99205	99215	.....
AFTER HOURS		99050	.....
HOSP ADM(_____)	99221-2-3		.....
DAILY HOSP. VISIT A		99231	.....
DAILY HOSP. VISIT B		99232	.....
DAILY HOSP. VISIT C		99233	.....

50

CALENDAR

1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20 21 22 23 24
25 26 27 28 29 30 31

DISCH DAY (_____)	99238	
NEWBORN ADM(_____)	99431	.....
NEWBORN DAILY(____)	99433	.....
OFFICE CONSULT(____)	99241-2-3-4-5	.....
HOSP CONSULT(_____)	99251-2-3-4-5	.....
REF PHYSICIAN UPIN #		.....
ER VISIT (_____)	99281-2-3-4-5	.....
SNF ADM(_____)	99301-2-3	.....
SNF VISIT(_____)	99311-2-3	.....
REST HOME ADM(____)	99321-2-3	.....
REST HOME VISIT(___)	99331-2-3	.....
HOME VISIT(_____)	99351-2-3	.....

PROCEDURES		
ANOSCOPY	46600	.....
EKG WITH INTERPRETAT	93000	.....
PULMONARY FUNCTION	94010	.....
FLEXIBLE SIGMOID	45330	.....
INHALATION THERAPY	94656	.....
AUDIOMETRY	92551	.....
REMOVE CERUMEN	69210	.....
DIAPHRAGM FITTING	57170	.....
ASP/INJ JOINT	20610	.....
INCISION AND DRAINAG	10060	.....
LAC REP	120___	.....
ELECTRODESSICATION	17___	.....
BURN CARE	160___	.....
BIOPSY EXC	11___	.....
ASP CYST	10160	.....
MATERIALS USED BY PH	99070	.....
OTHER_____		.....

IMMUNIZATIONS		
D-T	90702	.....
ADULT TETANUS	90718	.....
DPT	90701	.....
POLIO BOOSTER	90712	.....
MMR	90707	.....
HIB VACCINE	90737	.....
FLU VACCINE	90724	.....
PNEUMOCOCCAL VACCINE	90732	.....
HEPATITIS B VACC 20	90746	.....
TETRAMUNE	90720	.....
CHICKEN POX VACCINE	90716	.....
ALLERGY INJ	95115/7	.....
OTHER_____		.....
INJECTION	90782	.....

LAB		
VENIPUNCTURE	36415	.....
DIFFICULT VENIPUNCTU	36410	.....
RAPID STREP	86588	.....
THROAT CULTURE	87082	.....
URINALYSIS-ROUTINE	81002	.....
URINALYSIS R/M	81000	.....
URINE CULTURE	87087	.....
GI OCCULT BLOOD	82270	.....
HEMATOCRIT	85014	.....
GLUCOSE	82948	.....
DELETED PROCEDURE CO	86300	.....
WET MOUNT	87210	.....
GRAM STAIN	87205	.....
PIN PREP	87208	.....
SPECIMEN HANDLING	99000	.....
TINE TEST	86585	.....
OTHER_____		.....

DIAGNOSIS

#1 Rib fx
#2 Elbow contusion
#3 Concussion
#4 [illegible]

[redacted]

TAX ID # 0614300760
DR. BLATT CT LIC # 22835
DR. O'BRIEN CT LIC 19445
DR LINDBERG CT LIC # 31577

NEXT APPOINTMENT: 2 week AT 5/14/97 AM/PM
PLACE OF SERVICE: ( ) OFFICE ( ) HOSPITAL_____ ( ) ER ( ) OTHER

PREV BAL	CREDITS	FEE	PAYMENT	ADJUSTMENT	BALANCE
130.00	.00	50-	0-		

SIGNATURE: .....

NO : 113852

DATE : 04/22/97
TIME : 10:15
PATIENT NO. : 1412.1 DOCTOR: [redacted]
PATIENT NAME: [redacted]
GUARANTOR : [redacted] SSN: 000-00-000
INS CO: ID#
INS CO: ID#

PREVENTITIVE SERV	NEW	ESTAB	
INFANT < 1 YR	99381	99391	
CHILD 1-4 YR.	99382	99392	
CHILD 5-11 YR.	99383	99393	
ADOLESCENT 12-17 YR.	99384	99394	
ADULT 18-39 YR.	99385	99395	
ADULT 40-64 YR.	99386	99396	
ADULT 65 + OVER	99387	99397	
EVAL & MGT	NEW	ESTAB	
OFFICE VISIT A	99201	99211	
OFFICE VISIT B	99202	99212	
OFFICE VISIT C	99203	99213	
OFFICE VISIT D	99204	99214	
OFFICE VISIT E	99205	99215	
AFTER HOURS		99050	
HOSP ADM(_____)	99221-2-3		
DAILY HOSP. VISIT A		99231	
DAILY HOSP. VISIT B		99232	
DAILY HOSP. VISIT C		99233	

CALENDAR

1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20 21 22 23 24
25 26 27 28 29 30 31

DISCH DAY (_____)	99238	
NEWBORN ADM(_____)	99431	
NEWBORN DAILY(____)	99433	
OFFICE CONSULT(___)	99241-2-3-4-5	
HOSP CONSULT(____)	99251-2-3-4-5	
REF PHYSICIAN UPIN #.....		
ER VISIT (_____)	99281-2-3-4-5	
SNF ADM(_____)	99301-2-3	
SNF VISIT(_____)	99311-2-3	
REST HOME ADM(____)	99321-2-3	
REST HOME VISIT(__)	99331-2-3	
HOME VISIT(_____)	99351-2-3	

PROCEDURES		
ANOSCOPY	46600	
EKG WITH INTERPRETAT	93000	
PULMONARY FUNCTION	94010	
FLEXIBLE SIGMOID	45330	
INHALATION THERAPY	94656	
AUDIOMETRY	92551	
REMOVE CERUMEN	69210	
DIAPHRAGM FITTING	57170	
ASP/INJ JOINT	20610	
INCISION AND DRAINAG	10060	
LAC REP	120__	
ELECTRODESSICATION	17___	
BURN CARE	160__	
BIOPSY ESC	11___	
ASP CYST	10160	
MATERIALS USED BY PH	99070	
OTHER_____		

IMMUNIZATIONS		
D-T	90702	
ADULT TETANUS	90718	
DPT	90701	
POLIO BOOSTER	90712	
MMR	90707	
HIB VACCINE	90737	
FLU VACCINE	90724	
PNEUMOCOCCAL VACCINE	90732	
HEPATITIS B VACC 20	90746	
TETRAMUNE	90720	
CHICKEN POX VACCINE	90716	
ALLERGY INJ	95115/7	
OTHER_____		
INJECTION	90782	

LAB		
VENIPUNCTURE	36415	
DIFFICULT VENIPUNCTU	36410	
RAPID STREP	86588	
THROAT CULTURE	87082	
URINALYSIS-ROUTINE	81002	
URINALYSIS W/M	81000	
URINE CULTURE	87087	
GI OCCULT BLOOD	82270	
HEMATOCRIT	85014	
GLUCOSE	82948	
DELETED PROCEDURE CO	86300	
WET MOUNT	87210	
GRAM STAIN	87205	
PIN PREP	87208	
SPECIMEN HANDLING	99000	
TINE TEST	86585	
OTHER_____		

DIAGNOSIS

#1 Lumbosacral
#2 Abn. Pap Smear
#3 - B.C. R
#4

[redacted]

TAX ID # 0614300760
DR. BLATT CT LIC # 22835
DR. O'BRIEN CT LIC 19445
DR LINDBERG CT LIC # 31577

4/30/97

NEXT APPOINTMENT: 1-2 wks 4/30/97 AT _____ AM/PM
PLACE OF SERVICE: ( ) OFFICE ( ) HOSPITAL_____ ( ) ER ( ) OTHER

PREV BAL	CREDITS	FEE	PAYMENT	ADJUSTMENT	BALANCE
50.00	.00	30.00			

4-11-97

SIGNATURE: .....

[redacted]

NO : 115177

DATE : 05/14/97
TIME : 11:15
PATIENT NO. : 1412.1 DOCTOR: MARK N BLATT, M.D.
PATIENT NAME: [redacted]
GUARANTOR [redacted] SSN: 000-00-000
INS CO: ID#
INS CO: ID#

#2

PREVENTITIVE SERV	NEW	ESTAB	
INFANT < 1 YR	99381	99391	.....
CHILD 1-4 YR.	99382	99392	.....
CHILD 5-11 YR.	99383	99393	.....
ADOLESCENT 12-17 YR.	99384	99394	.....
ADULT 18-39 YR.	99385	99395	.....
ADULT 40-64 YR.	99386	99396	.....
ADULT 65 + OVER	99387	99397	.....

EVAL & MGT	NEW	ESTAB	
OFFICE VISIT A	99201	99211	.....
OFFICE VISIT B	99202	99212	.....
OFFICE VISIT C	99203	99213	50
OFFICE VISIT D	99204	99214	.....
OFFICE VISIT E	99205	99215	.....
AFTER HOURS		99050	.....
HOSP ADM(_____)	99221-2-3		.....
DAILY HOSP. VISIT A		99231	.....
DAILY HOSP. VISIT B		99232	.....
DAILY HOSP. VISIT C		99233	.....

CALENDAR

1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20 21 22 23 24
25 26 27 28 29 30 31

DISCH DAY (_____)	99238	.....
NEWBORN ADM(_____)	99431	.....
NEWBORN DAILY(____)	99433	.....
OFF/ER CONSULT(___)	99241-2-3-4-5	.....
HOSP CONSULT(____)	99251-2-3-4-5	.....
REF PHYSICIAN UPIN #.....		
ER VISIT (_____)	99281-2-3-4-5	.....
SNF ADM(_____)	99301-2-3	.....
SNF VISIT(_____)	99311-2-3	.....
REST HOME ADM(____)	99321-2-3	.....
REST HOME VISIT(__)	99331-2-3	.....
HOME VISIT(_____)	99351-2-3	.....

PROCEDURES		
ANOSCOPY	46600	.....
EKG WITH INTERPRETAT	93000	.....
PULMONARY FUNCTION	94010	.....
FLEXIBLE SIGMOID	45330	.....
INHALATION THERAPY	94656	.....
AUDIOMETRY	92551	.....
REMOVE CERUMEN	69210	.....
DIAPHRAGM FITTING	57170	.....
ASP/INJ JOINT	20610	.....
INCISION AND DRAINAG	10060	.....
LAC REP	120__	.....
ELECTRODESSICATION	17___	.....
BURN CARE	160__	.....
BIOPSY EXC	11___	.....
ASP CYST	10160	.....
MATERIALS USED BY PH.	99070	.....
OTHER_____		.....

IMMUNIZATIONS		
D-T	90702	.....
ADULT TETANUS	90718	.....
DPT	90701	.....
POLIO BOOSTER	90712	.....
MMR	90707	.....
HIB VACCINE	90737	.....
FLU VACCINE	90724	.....
PNEUMOCOCCAL VACCINE	90732	.....
HEPATITIS B VACC 20	90746	.....
TETRAMUNE	90720	.....
CHICKEN POX VACCINE	90716	.....
ALLERGY INJ	95115/7	.....
OTHER_____		.....
INJECTION	90782	.....

LAB		
VENIPUNCTURE	36415	.....
DIFFICULT VENIPUNCTU	36410	.....
RAPID STREP	86588	.....
THROAT CULTURE	87082	.....
URINALYSIS-ROUTINE	81002	.....
URINALYSIS R/M	81000	.....
URINE CULTURE	87087	.....
GI OCCULT BLOOD	82270	.....
HEMATOCRIT	85014	.....
GLUCOSE	82948	.....
DELETED PROCEDURE CO	86300	.....
WET MOUNT	87210	.....
GRAM STAIN	87205	.....
PIN PREP	87208	.....
SPECIMEN HANDLING	99000	.....
TIME TEST	86585	.....
OTHER_____		.....

DIAGNOSIS

#1 Malaria continue
#2 Concussion
#3 Allow absent
#4 Action

[redacted]

TAX ID # 0614300760
DR. BLATT CT LIC # 22835
DR. O'BRIEN CT LIC 19445
DR LINDBERG CT LIC # 31577

NEXT APPOINTMENT: _____ AT _____ AM/PM
PLACE OF SERVICE: ( ) OFFICE ( ) HOSPITAL_____ ( ) ER ( ) OTHER

PREV BAL	CREDITS	FEE	PAYMENT	ADJUSTMENT	BALANCE
180.00	.00	50-	50-c/c		130-

Kelly's visits 97

SIGNATURE: (4/11/97)

[redacted]

NO : 117484

DATE : 06/23/97
TIME : 12:30
PATIENT NO. : 1412.1 DOCTOR: [redacted]
PATIENT NAME: [redacted]
GUARANTOR : [redacted]
INS CO:
INS CO:

MVA

SSN: 000-00-000
ID#
ID#

#2

PREVENTITIVE SERV	NEW	ESTAB	
INFANT < 1 YR	99381	99391	.....
CHILD 1-4 YR.	99382	99392	.....
CHILD 5-11 YR.	99383	99393	.....
ADOLESCENT 12-17 YR.	99384	99394	.....
ADULT 18-39 YR.	99385	99395	.....
ADULT 40-64 YR.	99386	99396	.....
ADULT 65 + OVER	99387	99397	.....

EVAL & MGT	NEW	ESTAB	
OFFICE VISIT A	99201	99211	.....
OFFICE VISIT B	99202	99212	.....
OFFICE VISIT C	99203	99213	.....
OFFICE VISIT D	99204	99214	.....
OFFICE VISIT E	99205	99215	.....
AFTER HOURS		99050	.....
HOSP ADM(_____)	99221-2-3		.....
DAILY HOSP. VISIT A		99231	.....
DAILY HOSP. VISIT B		99232	.....
DAILY HOSP. VISIT C		99233	.....

CALENDAR

1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20 21 22 23 24
25 26 27 28 29 30 31

DISCH DAY (_____)	99238	.....
NEWBORN ADM(_____)	99431	.....
NEWBORN DAILY(____)	99433	.....
OFFICE CONSULT(____)	99241-2-3-4-5	.....
HOSP CONSULT(_____)	99251-2-3-4-5	.....
REF PHYSICIAN UPIN #		.....
ER VISIT (_____)	99281-2-3-4-5	.....
SNF ADM(_____)	99301-2-3	.....
SNF VISIT(_____)	99311-2-3	.....
REST HOME ADM(____)	99321-2-3	.....
REST HOME VISIT(___)	99331-2-3	.....
HOME VISIT(_____)	99351-2-3	.....

PROCEDURES		
ANOSCOPY	46600	.....
EKG WITH INTERPRETAT	93000	.....
PULMONARY FUNCTION	94010	.....
FLEXIBLE SIGMOID	45330	.....
INHALATION THERAPY	94656	.....
AUDIOMETRY	92551	.....
REMOVE CERUMEN	69210	.....
DIAPHRAGM FITTING	57170	.....
ASP/INJ JOINT	20610	.....
INCISION AND DRAINAG	10060	.....
LAC REP	120__	.....
ELECTRODESSICATION	17___	.....
BURN CARE	160__	.....
BIOPSY EXC	11___	.....
ASP CYST	10160	.....
MATERIALS USED BY PH	99070	.....
OTHER_____		.....

IMMUNIZATIONS		
B-T	90702	.....
ADULT TETANUS	90718	.....
DPT	90701	.....
POLIO BOOSTER	90712	.....
MMR	90707	.....
HIB VACCINE	90737	.....
FLU VACCINE	90724	.....
PNEUMOCOCCAL VACCINE	90732	.....
HEPATITIS B VACC 20	90746	.....
TETRANUNE	90720	.....
CHICKEN POX VACCINE	90716	.....
ALLERGY INJ	95115/7	.....
OTHER_____		.....
INJECTION	90782	.....

LAB		
VENIPUNCTURE	36415	.....
DIFFICULT VENIPUNCTU	36410	.....
RAPID STREP	86588	.....
THROAT CULTURE	87082	.....
URINALYSIS-ROUTINE	81002	.....
URINALYSIS R/M	81000	.....
URINE CULTURE	87087	.....
GI OCCULT BLOOD	82270	.....
HEMATOCRIT	85014	.....
GLUCOSE	82948	.....
DELETED PROCEDURE CO	86300	.....
WET MOUNT	87210	.....
GRAM STAIN	87205	.....
PIN PREP	87208	.....
SPECIMEN HANDLING	99000	.....
TIME TEST	86585	.....
OTHER_____		.....

DIAGNOSIS

#1 Post Concussion Syndrome
#2 [illegible]
#3
#4

[redacted]

TAX ID # 0614300760
DR. BLATT CT LIC # 32835
DR. O'BRIEN CT LIC 19445
DR LINDBERG CT LIC # 31577

Sent 7/27/97

NEXT APPOINTMENT: _____ AT _____ AM/PM
PLACE OF SERVICE: ( ) OFFICE ( ) HOSPITAL_____ ( ) ER ( ) OTHER

PREV BAL	CREDITS	FEE	PAYMENT	ADJUSTMENT	BALANCE
120.00		60-	0		

4-22-97 5-14-97

SIGNATURE: .....

ATTENDING DENTIST'S STATEMENT

Check one:

- [ ] Dentist's pre-treatment estimate
- [x] Dentist's statement of actual services

Carrier name and address: [redacted]

MCRSC 8655172 10/06/97

PATIENT COVERAGE

1. Patient name (first / m.i. / last)	2. Related to insured	3. Sex (m / f)	4. Patient birthdate (MM DD YYYY)
[redacted]	[ ] self [ ] child [ ] spouse [ ] other	X	03/13/76

6. Employee/subscriber name and mailing address	7. Employee/subscriber sec. sec. number	8. Employee/subscriber birthdate (MM DD YYYY)	9. Employer (company) name and address	10. Group number
Roland(auto Ins Perodeau 32 Yale Drive Enfield, CT 06082	[redacted]	01/08/43	7625	

11. Is patient covered by another dental plan? If yes, complete 12-a.	12-A. Name and address of carrier(s)	12-B. Group No.(s)	13. Name and address of employer
[ ] Yes [x] No Is patient covered by a medical plan? [ ] Yes [x] No			

14-A. Employee/subscriber name (if different than patient's)	14-B. Employee/subscriber sec. sec. number	14-C. Employee/subscriber birthdate (MM DD YYYY)	15. Relationship to insured
			[ ] self [ ] child [ ] spouse [ ] other

I have reviewed the following treatment plan. I authorize release of any information relating to this claim. I understand that I am responsible for all costs of dental treatment.

Signature on File 08/26/97
Signed (Patient, or parent if minor)

I hereby authorize payment directly to the below name dentist of the group insurance benefits otherwise payable to me.

Signature on File 08/26/97
Signed (Insured person)

BILLING DENTIST

16. Name of Billing Dentist or Dental Entity	34. Is treatment result of occupational illness or injury?	No	Yes	If yes, enter brief description and dates
[redacted]		X		
	35. Auto accident?		X	Claim # 3961853925
	36. Other accident?	X		

18. Dentist Soc Sec or TIN	19. Dentist license No.	20. Dentist phone No.	37. If prosthesis, is this initial placement?	[If no, reason for replacement]	38. Date of prior placement
TIN:262804961	3679	[redacted]			

21. First visit date current series	22. Place of treatment Office Hosp ECF Other	23. Radiographs	No	Yes	How Many?	30. Is treatment for orthodontics?		If services already commenced, enter:	Date appliances placed	Mos. treatment remaining
08/26/97	X		X				X			

Identify missing teeth with 'X'

FACIAL

UPPER

RIGHT LINGUAL LEFT

LOWER

FACIAL

31. Examination and treatment plan-List in order from tooth No. 1 through tooth No. 32 - Use charting system shown.

Tooth No. or letter	Surface	Description of service (including x-rays, prophylaxis, materials, etc.) Line No.	Date service performed MM DD YY	Procedure Number	Fee	For administrative use only
		Periodic Examination	082697	00120	30.00	
24		Root Canal - One Canal	091297	03310	600.00	
24		Crown Buildup	092997	02950	150.00	
24		Periapical X-ray	082697	00220	20.00	

31. Remarks for unusual services

I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the [redacted]

[redacted]	3679	09/29/97
	License Number	Date

Total Fee Charged 800.00

Max allowable	
Deductible	
Carrier %	
Carrier pays	
Patient pays	

1990 Revision

CLAIM No. : 9459
PATIENT ID : 125202
PRIMARY

#4

[redacted]

#6

P & A CODE: 08521

(CHECK (√) APPROPRIATE BOX)

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

Authorized Signature And Date

On Behalf Of Servicing Dealer, I Hereby Certify That The Information Contained Herein Is Accurate, Unless Otherwise Noted, Services Were Performed At No Charge To Owner. There Has Been No Alteration From The Appearance Of The Emission Or Devices That May Exist Repaired Or Replaced Under This Claim. Claim May Be Audited (Inspected) At Any Time With Any Accident Records Or Repair Records Supporting This Claim Are Available For (3 YEAR 36K) Days From Date Of Payment Notification At The Servicing Dealer For Inspection Or Reimbursement Of Same.

Signature | Dealer Official, Owner, Or Authorized Person | Date

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW

X _____

04297G-S 11/22/96 ADV: 01 8362 TAG: RO: 04297G

S/I: 52419 [redacted] CT 06082

VIN: 1ZVPT20C2L[redacted]
F 90 PROBE
RED
STK#: SLD:
LICENSE: CT 356GHA
DATE/TIME IN: 11/22/96 08:00
MILES IN: 113000

METHOD: CASH
ED ON 11/22/96 AT 13:39 BY JOHN F. MA

---***CUSTOMER INVOICE***---

REPAIR: 1 TYPE: W CONCERN CODE:

CUSTOMER CONCERN : RECALL 95870

PART	DESCRIPTION	CC	LIST	PRICE	QTY	TOTAL
13406-A	WIR ASY-FUEL TANK			21.39	1	

PARTS AMOUNT - REPAIR 1: WARRANTY

OPERATION	DESCRIPTION	TECH	SSN	TIME	TOTAL
JOB	RECALL	24		.4	

LABOR AMOUNT - REPAIR 1: WARRANTY

TECHNICIAN DIAGNOSIS/REPAIR COMMENTS:
PARTS ORDERED SEAT BELT RECALL

TOTAL AMOUNT - REPAIR 1: WARRANTY

REPAIR: 2 TYPE: W CONCERN CODE:

CUSTOMER CONCERN : RECALL 96640

TOTAL AMOUNT - REPAIR 2: WARRANTY

ADD: QTY	SALE	ON: QTY	SALE	OREASE: QTY	SALE

	WARRANTY
LABOR- W&P	21.70
PARTS- W&P	21.39
W & P REC.	43.09

Pull Parts
5100
2 hrs

CUSTOMER COPY (END OF REPAIR ORDER) PAGE 1

[redacted]

#6

DATE 11-22-96

TECH. or R.O. # 42976

PHONE # 292-1180

PH [redacted]

[redacted]

VIN: [redacted]

QTY	PART NUMBER	DESCRIPTION
1	F02Z-61610045-A	96548 Left
1	F02Z-61610044-A	96599 Right

YEAR	MAKE	MODEL	SERIAL NUMBER	TRIM NUMBER
90	PROBE			

Dear Customer:

It was necessary for us to SPECIAL order the above item(s) for you. As soon as they arrive you will be notified.

Thank You

By _____

CSOR006 **MORS II Inquiry Contact** 12/01/1997 09:47:27

Zn/Tr: M/A: CONTACT NBR: 109079141 Opened: 10/24/1997
VIN: 1ZVPT20C2L[redacted] *SCOR 000 Analyst: 1791CR Closed: 10/24/1997
Last Name: [redacted] Status: CLOSED
Title: MS First Name: [redacted] MI:
Address: [redacted]
City: ENFIELD ST/PV: CT Zip/PC: [redacted] CC: USA
Home Phone: Business Phone: Ext:
Year: 90 Model: PROBE
Mileage/Km: WSD: 06/14/1990

Dealer Name: SALES CODE: P&A:
Causal Code: Symptoms:
Inquiry Code: 1420 ALLEGED PERSONAL INJURY -

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

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

CSOR001B **MORS II Contact Comments** 12/01/1997 09:47:54

Last Name: [redacted] VIN: 1ZVPT20C2L5[redacted]
Home Phone: Bus.Phone: Ext:
Dealer: Dist/Reg:

CONTACT NBR: 109079141 Date: 10/24/1997 Analyst Code: 1791CR
File Type: INQ Time: 15:43:03 Analyst Name: ROETTGERS
Comm Type: M MAIL Micro: Letter Code: OGC1

Comments: More?: Y
*** THIS CONTACT IS OPENED DUE TO OPEN RECALL 96S48 96S99 ***
*** LETTER TO MR. KADUK DATED 9/27/97 ***
*** NAVIS: SUBSEQUENT ***
CUSTOMER SAYS:
TOOK THE VEHICLE IN TO GET THE RECALL PERFORMED IN NOVEMBER 1996
- IN FEBURARY 1997 RECEIVED A CALL FORM THE DEALERSHIP THAT THE SEATBELTS ARE IN
- TOOK THE VEHICLE TO THE DEALERSHIP
- ON 4/20/97 THE DAUGHTER[redacted]WAS INVOLVED IN AN ACCIDENT
- SHE WAS THROWN TO THE OTHER SIDE OF THE VEHICLE
- SUFFERED TWO BROKEN RIPS, LOOSE BOTTON TEETH, STITCHES IN HER LEFT ELBO AN A

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

CSOR00[redacted] **MORS II Contact Comments** 12/01/1997 09:48:03

Last Name: PERODEAU VIN: 1ZVPT20C2L[redacted]
Home Phone: Bus.Phone: Ext:
Dealer: Dist/Reg:

CONTACT NBR: 109079141 Date: 10/24/1997 Analyst Code: 1791CR
File Type: INQ Time: 15:43:05 Analyst Name: ROETTGERS
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: Y
CONCUSSION
- THIS WOULD NOT HAVE HAPPENED WITH A SEAT BELT
*
PER CUSTOMER, DEALER SAYS:
IN NOVEMBER STATED THAT THEY WOULD HAVE TO ORDER PARTS
- IN FEBRUARY
- REMOVED THE SEAT BELT AND STATED THAT THE WRONG SEATBELT WOULD NOT FIT
- GAVE THE VEHICLE BACK TO THE CUSTOMER
*
CUSTOMER SEEKS:

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

CSOR001 **MORS II Contact Comments** 12/01/1997 09:48:11

Last Name: [redacted] VIN: 1ZVPT20C2L[redacted]
Home Phone: Bus.Phone: Ext:
Dealer: Dist/Reg:

CONTACT NBR: 109079141 Date: 10/24/1997 Analyst Code: 1791CR
File Type: INQ Time: 15:43:06 Analyst Name: ROETTGERS
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: N
- FEELS FORD IS RESPONSIBLE FOR LETTING HER DRIVING AROUND IN AN UNSAFE VEHICLE
*
CAC ADVISED:
OCG1 SEND ### NOTE: IMAGING DOCUMENT IDENTIFICATION NUMBER (DOCID): 64933852

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

CSOR0062 **MORS II Inquiry Contact** 12/03/1997 10:49:45

Zn/Tr: M/A: CONTACT NBR: 109079141 Opened: 10/24/1997
VIN: 1ZVPT20C2L5[redacted] Analyst: 1791CR Closed: 10/24/1997
Last Name: [redacted] Status: CLOSED
Title: MS First Name: [redacted] MI:
Address: [redacted]
City: ENFIELD ST/PV: CT Zip/PC: [redacted] CC: USA
Home Phone: Business Phone: Ext:
Year: 90 Model: PROBE
Mileage/Km: WSD: 06/14/1990

Dealer Name: SALES CODE: P&A:
Causal Code: Symptoms:
Inquiry Code: 1420 ALLEGED PERSONAL INJURY -

More Comments?: Y
Follow Up?: N Comm Type: M Micro Nbr: 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 OGDBA98

CSOR001 **MORS II Contact Comments** 12/03/1997 10:49:52

Last Name: [redacted]
Home Phone: Bus.Phone: VIN: 1ZVPT20C2L[redacted]
Dealer: Ext:
Dist/Reg:

CONTACT NBR: 109079141 Date: 10/24/1997 Analyst Code: 1791CR
File Type: INQ Time: 15:43:03 Analyst Name: ROETTGERS
Comm Type: M MAIL Micro: Letter Code: OGC1

Comments: More?: Y
*** THIS CONTACT IS OPENED DUE TO OPEN RECALL 96S48 96S99 ***
*** LETTER TO MR. KADUK DATED 9/27/97 ***
*** NAVIS: SUBSEQUENT ***
CUSTOMER SAYS:
- TOOK THE VEHICLE IN TO GET THE RECALL PERFORMED IN NOVEMBER 1996
- IN FEBURARY 1997 RECEIVED A CALL FORM THE DEALERSHIP THAT THE SEATBELTS ARE IN
- TOOK THE VEHICLE TO THE DEALERSHIP
- ON 4/20/97 THE DAUGHTER [redacted] WAS INVOLVED IN AN ACCIDENT
- SHE WAS THROWN TO THE OTHER SIDE OF THE VEHICLE
- SUFFERED TWO BROKEN RIPS, LOOSE BOTTON TEETH, STITCHES IN HER LEFT ELBO AN A

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
OGDBA98

CSOR001 **MORS II Contact Comments** 12/03/1997 10:49:55

Last Name: [redacted] VIN: 1ZVPT20C2L5[redacted]
Home Phone: Bus.Phone: Ext:
Dealer: Dist/Reg:

CONTACT NBR: 109079141 Date: 10/24/1997 Analyst Code: 1791CR
File Type: INQ Time: 15:43:05 Analyst Name: ROETTGERS
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: Y

CONCUSSION
- THIS WOULD NOT HAVE HAPPENED WITH A SEAT BELT
*
PER CUSTOMER, DEALER SAYS:
- IN NOVEMBER STATED THAT THEY WOULD HAVE TO ORDER PARTS
- IN FEBRUARY
- REMOVED THE SEAT BELT AND STATED THAT THE WRONG SEATBELT WOULD NOT FIT
- GAVE THE VEHICLE BACK TO THE CUSTOMER
*
CUSTOMER SEEKS:

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDBA98

CSOR001 MORS II Contact Comments 12/03/1997 10:49:57

Last Name: [redacted] VIN: 1ZVPT20C2L[redacted]
Home Phone: Bus.Phone: Ext:
Dealer: Dist/Reg:

CONTACT NBR: 109079141 Date: 10/24/1997 Analyst Code: 1791CR
File Type: INQ Time: 15:43:06 Analyst Name: ROETTGERS
Comm Type: U UPDATE Micro: Letter Code:

More?: N

Comments:
- FEELS FORD IS RESPONSIBLE FOR LETTING HER DRIVING AROUND IN AN UNSAFE VEHICLE
*
CAC ADVISED:
- OCG1 SEND ### NOTE: IMAGING DOCUMENT IDENTIFICATION NUMBER (DOCID): 64933852

F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDBA98

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]	1ZVPT20C7M[redacted] 1991 Probe	11/18/96	N/A	Claimant alleges upon impact her seat belts did not hold.	Not specified. Bruise on chest.	Owner did not have 96S48 and 96S99 performed on the vehicle. Still, inspection revealed that belts performed properly.
Claim	[redacted]	1ZVPT20C9M[redacted] 1991 Probe	7/19/97	N/A	Claimant was a belted front seat passenger. She alleges the seat belt mechanism failed.	Not specified	Claimant failed to respond to Ford's 2/12/98 request for further information.
Claim	[redacted]	1ZVPT21U9[redacted] 1991 Probe	12/8/96	N/A	Claimant was caught by the seat belt while driving. The belt gre tighter and would not release.	Neck Surgery, spinal cord injury	Claimant failed to respond to Ford's 5/2/97 request for further information. Open Recall at time of accident Recall 96S48199 subsequently performed.

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]	1ZVPT20C3M5[redacted] 1991 Probe	11/6/96	N/A	Claimant was driving across an intersection and was struck on the side towards the rear. Claimant alleges the seat belt "broke in half."	Pain in her head, significant dizziness,blurred vision and ringing in her ears. Left side, neck, mid-back, right chest, numbness and tingling in right arm & leg.	Claimant failed to respond to Ford's request for further information. Recall status unknown.
Claim	[redacted]	1ZVPT21U4L5[redacted] 1990 Probe	Unknown	N/A	Claimant alleges that the seat belt did not retain her after she rear ended another vehicle.	Not specified	Claimant failed to respond to Ford's 2/9/98 request for further information. Open recall at time of accident.
Claim	[redacted]	1ZVPT20S5M5[redacted] 1991 Ford	4/3/97	N/A	Claimant alleges the seat belt did not engage or restrain him during an accident.	Not specified. Head hit windshield, neck and back strain.	No reports regarding Ford's investigation or analysis of this incident were located. Recall status unknown.

Type Of Matter	Vehicle Owner	Model, Model Year, Vin	Incident Date	Case Caption, Court and Docket	Allegation	Personal Injury/Property Damage	Ford's Analysis
Lawsu	[redacted]	Vin Unknown 1991 Probe	6/6/97	[redacted]	Claimant was driving when traffic ahead of him suddenly stopped. His vehicle swerved to the right side and overturned. The seat belt did not hold Plaintiff in position.	Not specified. Injuries unknown.	No reports regarding Ford's investigation or analysis of this incident were located. Recall status unknown.
Claim	[redacted]	1ZVPT20C9M[redacted] 1991 Probe	10/4/96	N/A	Claimant alleges her daughter was in an accident and the shoulder harness did not work properly.	Not specified. Broken leg and bruised chest.	Claimant failed to respond to Ford's 1/7/97 request for further information. Open recall at time of accident. Notification letter released subsequent to 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
Claim	[redacted]	1ZVPT20C7[redacted] 1990 Probe	1/16/97	N/A	Claimant's daughter was hit from behind at a stop sign.	Not specified. TMJ syndrome, lumbar sprain, cervical sprain, neck and back pain, post traumatic cephalgia.	Claimant failed to respond to Ford's 6/20/97 request for information. Open recall at time of accident.
Claim	[redacted]	1ZVPT20CXN[redacted] 1992 Probe	11/16/97	N/A	Claimant entered vehicle on 11/16/97. Passenger seat belt jammed on shoulder harness track. In attempting to unjam the track, claimant's fingers became jammed. Notices for the recalls went out on 10/7/96 and 6/9/97.	Not specified. Hand and fingers injured; surgery indicated.	Claimant failed to respond to Ford's 1/28/98 request for further information. Open recall at time of accident.
Claim	[redacted]	1ZVPT20C4N5[redacted] 1992 Probe	11/2/96	N/A	Claimant was in an accident and alleged the seat belts did not work.	Not specified	Claimant failed to respond to Ford's 2/4/97 and 3/3/97 request for 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]	1ZVPT21U1L[redacted] 1990 Probe	4/9/98	N/A	Claimant alleges her daughter was waiting at a stop sign and was rear ended. The seat belt allegedly locked half way up in the track.	Not specified. Injuries unknown.	Claimant failed to respond to Ford's 6/15/98 request for information.
Claim	[redacted]	1ZVPT20CZL5[redacted] 1990 Probe	3/4/97	N/A	Claimant's child was siting in the front passenger seat. Claimant slammed on the brakes and the child was wearing the shoulder belt and not the lap belt.	Not specified	Claimant failed to respond to Ford's 3/12/97 request for further information. Open recall at the time of the accident.
Claim	[redacted]	1ZVPT21U1L[redacted] 1990 Probe	10/24/96	N/A	Claimant was involved in a head on collision and the seat belt did not function correctly.	Vehicle totaled. Injuries unknown.	Claimant failed to respond to Ford's 2/4/97 request for further information. Open recall at time of accident. Notification letter received subsequent to 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
Lawsuit	[redacted]	1ZVPT21U9L[redacted] 1990 Probe	8/20/97	[redacted]	Claimant alleges driver's side passive shoulder belt assembly was defective; the seat belt failed to restrain her. The police report indicates that the shoulder belt mechanism apparently broke off the track on the driver's side door during the accident.	Broken left patella, fractured ribs, pain in neck, and upper shoulders, left hip, back spasms.	No reports regarding Ford's investigation or analysis of this incident were located. Open recall at the time of accident.

[redacted]

[redacted]

July 30, 1997

[redacted]

RE: Our Client: [redacted]
Vehicle:
VIN:
Date of Loss: 11/18/96

Dear Mr. [redacted]:

We are in receipt of your letter dated July 2, 1997 in the above-referenced matter.

My client still contends that the seat belt in her 1991 Ford Probe malfunctioned upon impact. Per our conversation with Ms. [redacted], her seat belt did not hold her back when she collided with the other vehicle. Instead, the belt went completely forward with the momentum of her body, causing her chest to collide with the steering wheel.

We are requesting that you reconsider your decision of denying this claim.

We look forward to hearing from you. Do not hesitate to call me with any questions.

[redacted]

SMH/jbm
encl.

Office of the General Counsel

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

July 2, 1997

[redacted]

Re: [redacted]

Dear M[redacted]

As you are aware we inspected your client's vehicle. At that time, it was determined that the seatbelts functioned properly. It was further noted that there are two open Safety Recalls, Recall 96S48 and 96S99, on this vehicle. Although there is no relationship between the allegation and these recalls, we strongly recommend that both recalls be performed by an authorized Ford dealer as soon as possible.

Since the seatbelts functioned properly, we must respectfully deny this claim.

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

[redacted]

[redacted]

April 3, 1997

[redacted]

RE: Our Client: [redacted]
Vehicle:
VIN:
Date of Loss: 11/18/96

Dear Mr. [redacted]:

Attached please find medical records from [redacted] copy of a bill from [redacted] in the amount of $215.00, copies receipts for service on the 1991 Ford Probe and a lost salary verification from Ms. Scarbary.

[redacted] repair of the vehicle damage.

The following is a list of damages in this claim:

1.	[redacted]	$ 600.64
2.		$ 105.00
3.		$ 215.00
4.		$ 50.00
5.	Lost Wages:	$ 305.76
6.	Vehicle Repair:	$3,286.61
	Total:	$4,562.91

Please contact us discuss this claim.

[redacted]

SMH/jbm
Encl.

[redacted]

[redacted]

[redacted]

ACCOUNT NO. 468470
STATEMENT DATE 04/03/97
BALANCE DUE .00

DATE	PATIENT	PROCEDURE	DESCRIPTION OF SERVICE	DIAGNOSIS	AMOUNT
11/26/96	[redacted]	99201	OFFICE/OUTPATIENT VISIT, NEW [redacted]	845.00	50.00
11/26/96			PATIENT CASH PAYMENTS		50.00-

PERSONAL	INSURANCE PENDING	COLLECTION	WORKER'S COMPENSATION	ACCOUNT BALANCE
.00	.00	.00	.00	.00

[redacted]

[redacted]

Patient [redacted]

Date: _____ Allergies: NKA

11/26/96 MVA on 11/12/96 injuries back ↓, knee, (R) ankle
B/P 100/70 and steering wheel contusion to the chest (R)

19 y.o. MVA 7 wk ago hit chest on wheel, back bruises, (B) knees, forgot [illegible] doing much better

AMHx: ∅ Meds: ∅ All: NKDA

SHx: ~~T~~ + A OB/Gyn Hx. P1001,

Soc Hx: New horizons west Nurse,

Cigs 1/2 ppd ETOH ⊖ currently dinoring

ROS: ∅

P.E. knees non tender no instability, normal patella tracking, no crepitus chest no bruising, non tender abd soft NT, N ⊖ HS Nor tdenes

A/P 5/1 MVA Return to work

Tylenol PRN

Schedule Gyn + Pap o Short

[redacted]

[redacted]

[redacted]

VPVP03G

PATIENT NAME: [redacted]	ADMITTED: 11/18/96	MEDICAL RECORD NO 000292096	ROOM NUMBER EMERGENCY
ATTENDING PHYSICIAN: [redacted]	DISCHARGED 11/18/96	DICTATING PHYSICIAN: KEMPLER, GARY	

ER REPORT

TIME SEEN:

CHIEF COMPLAINT: Motor vehicle accident.

HISTORY OF PRESENT ILLNESS: This patient is a 19-year-old female who presents to the emergency department after being involved in a motor vehicle accident immediately prior to presentation. She complains of pain to her lower back and right ankle.

PAST MEDICAL HISTORY: The patient's past medical history is unremarkable.

CURRENT MEDICATIONS: She is not currently taking any medications.

ALLERGIES: There are no known allergies.

SOCIAL HISTORY: The patient smokes but does not drink.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature afebrile, pulse 84, respirations 24, blood pressure 119/80.
GENERAL: In general, this patient is a well-nourished, well-developed, 19-year-old female in no acute distress.
HEENT: Examination of the head, eyes, ears, nose and throat is clear.
NECK: The neck is supple.
CHEST: The chest is clear to auscultation and percussion.
HEART: The heart has a regular rate and rhythm without murmur, rubs or gallops.
ABDOMEN: The abdomen is soft and nontender.
PELVIS: The pelvis is stable.
EXTREMITIES: There is tenderness to the ankle on the right. Neurovascular examination is intact.
BACK: There is tenderness over the lumbosacral spine.
NEUROLOGICAL: Intact.

DIAGNOSTIC STUDIES: X-rays of the right ankle and lumbosacral spine are without abnormalities.

DIAGNOSIS:
1. Acute back strain.
2. Ankle sprain, right.
3. Motor vehicle accident.

PLAN: The patient is offered pain medications and deferred. An ankle brace was placed to the right ankle. The patient was instructed to use ibuprofen for the pain, elevate and ice the affected ankle and follow up with orthopedic physician on call for increased or

* * * * * * * * * WAGE AND SALARY VERIFICATION * * * * * * * * * *

_____ INSURANCE COMPANY

DATE	OUR POLICY HOLDER AND/OR SELF-INSURED	DATE OF ACCIDENT	FILE NUMBER
		11/18/96	

Employer's Name and Address:

[redacted]

Employee's Name and Address:

[redacted]

Sir/Madam:

The above named person has applied for benefits under Georgia "No Fault" Law as a result of injuries sustained in an automobile accident on the date indicated. We understand this person is your employee or former employee. To assist us in determining benefits that may be due this person, please provide us with the answers to the following questions.

Thank you for your cooperation.

[redacted]

1. Occupation: Certified Nursing Assistant

2. Dates of Employment From: 6-10-96 through: present

3. Wage or Salary as of Date of Accident: $6.37 + .61 differential 3-11 shift
   ☐ Per Week ☐ Per Month ☒ Per Hour

4. Usual Number of Days Worked Per Week: 5

5. Has employee filed claim for benefits under any Workers' Compensation or similar law as a result of this accident?
   Yes ☐ No ☒ Undetermined ☐

6. Has employee received, is he/she receiving or is he/she entitled to receive benefits under any Workers' Compensation or similar law as a result of this accident?
   Yes ☐ No ☒ Undetermined ☐

7. Dates Absent Following Accident:

   a. Date Disability Began : Nov. 18, 1996

   b. Date Returned to Work: Nov. 24, 1996

Date: Jan. 13 1997 Signed: [redacted]

Title: [redacted]

[redacted]

Tax ID 58-6000836

PATIENT NAME: [redacted]

INSURANCE:

[redacted]

PATIENT NUMBER [redacted]
CALL NUMBER: 968204 C 3
DATE OF CALL: 11/16/96
TIME OF CALL: 11:39 am
CALLER: Bystander/Witness
FROM: County Maintained Road
TO: Northeast GA Medical Ctr.

DESCRIPTION OF CHARGE	QUANTITY	UNIT PRICE	AMOUNT
All-inclusive ALS Rate	1.00	$215.00	$215.00
TOTAL CHARGES THIS CALL			$215.00

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
TOTAL PAYMENTS THIS CALL			$0.00

PLEASE PAY THIS AMOUNT ➧ $215.00

Pd Ins check 2786.51
2C 1/10/97 Pd cash $500.00

2420

INTEGON INSURANCE

[redacted]

INVOICE # 2420 by PRESTON

Date| 12-13-1996 Time| 13:40 In|12-03-1996 Out| 12-03-1996 from EST #2273

BEHEUER,CHRISTY	Prod Date	KP-343	Ins. Co. INTEGON INSURANCE
	Remarks	RONNIE/DOUG	Adjuster
	License	ACK8096	Appraise
Home 531-0339	Ser #	1ZVPT20C7R[redacted]	Claimant
Work 536-9435	Rate Code	CUSTOM	Insured
01 FORD PROBE	In/Out Mi		Policy #
Style GL Pt.	Deductibl	$500.00	Claim # 7293029

#	DESCRIPTION	EST PRICE	INVOICE	EST LAB	ACT LAB	$$ DIF
1	REPL LEFT 3/4 REAR QUARTER	1375.00	1375.00	9.0	9.0	
2	REPL RAD SUPPORT	272.83	272.83	4.5	4.5	
3	REPL RADIATOR	161.25	161.25			
4	REPL RADIATOR-	24.00	24.00			
5	COOLANT	15.00	15.00			
6	STRIPE MATERIALS	30.00	30.00			
7	REPL STRIPE-S	11.69	11.69			
8	PAINT AND MATERIALS					
9	CLEAR COAT					
10	R&I CONDENSOR EVAC & R/C-M			1.8	1.8	
11	TOWING-T	127.50	127.50			
12	-REFINISH IS REPAIRED-	252.00	252.00	14.0	14.0	

Continued on next page ...

Pd Ins check 2786.51

2C 1/10/97 Pd cash $500.00

BEHELER,CHRISTY 91 PROBE FORD INVOICE # 2420 Page 2

#	DESCRIPTION	EST PRICE	INVOICE	EST LAB	ACT LAB	$$ DIF

INVOICE SUMMARY

			ESTIMATE	Labor ACTUAL
PAINT	14.0	@ 30.00	420.00	420.00
BODY	13.5	@ 30.00	405.00	405.00
MECH	1.8	@ 45.00	81.00	81.00
FRAME	0.0	@ 40.00	0.00	0.00
UNIBODY	0.0	@ 40.00	0.00	0.00
ALIGNMENT	0.0	@ 28.00	0.00	0.00
FOREIGN	0.0	@ 28.00	0.00	0.00
GLASS	0.0	@ 28.00	0.00	0.00
BENCH SET	0.0	@ 28.00	0.00	0.00
OVERHEAD	0.0	@ 16.00	0.00	0.00
	29.3	Labor hrs.		

Descriptive Items	ESTIMATE	ACTUAL
PARTS	1854.08	1854.08
PAINT MAT.	252.00	252.00
BODY MAT.	0.00	0.00
SUBLET	35.69	35.69
TOWING	127.50	127.50
USED PTS.	0.00	0.00
RUSTPROOF	0.00	0.00
STORAGE	0.00	0.00
HAZARDOUS	0.00	0.00

Items	2,269.27
Labor	906.00
Subtotal	3,175.27
Tax @ .06000	111.24
Grand Total	$3,286.51

Ins pays $ 2,786.51 |Owner pays $ 500.00 ***

***************** Part Prices Subject to Invoice *****************

*****NOTE: SINCE WE MIGHT NOT KNOW THE AMOUNT OF YOUR DEDUCTIBLE, IF ANY, IT MIGHT NOT BE REFLECTED ON YOUR INVOICE.*****
AUTHORIZED AND ACCEPTED: You are hereby authorized to make the above specified repairs. I understand that payment is full [illegible] will be due upon release of vehicle, including additional supplemental damage charges, and hereby grant you and/or your employees permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose testing and/or inspection. An express mechanic's lien is hereby acknowledge on above car, truck or vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to
OLD PARTS REMOVED FROM CARS WILL BE JUNKED UNLESS OTHERWISE INSTRUCTED.

[illegible] authorized by_____ date_____

Thank you for coming to our shop for your repairs.

Office of the General Counsel

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

April 11, 1997

[redacted]

Dear Mr[redacted]

I have requested a Design Analysis engineer be assigned to this file for the purpose of inspecting the vehicle. That individual will be contacting you so arrangements can be made to conduct the inspection.

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

[redacted]
Attorney at Law

[redacted]

[redacted]

RE: Our Client: [redacted]
Vehicle:
VIN:
Date of Loss: 11/18/96

Dear Mr. [redacted]

In response to your letter dated February 12, 1997, the following is the information you requested concerning my the referenced accident. Unfortunately, we are unable to answer all of your questions at this time. We are in the process of obtaining the remaining information. Please grant us a 30-day extension to your 45-day time limit. We are still interested in pursuing this claim.

1. The referenced accident occurred on 11-18-96 in the city of Oakwood, Georgia.
2. My client was in her 1991 Ford Probe travelling northbound on Old Oakwood Road behind an unidentified black car, when the black car made a fast shift to the right. Unable to stop, Ms. Scarbary struck the vehicle in the rear. The police officer noted on the police report that Ms. Scarbary's "seat belt malfunctioned and did not 'catch.'" Ms. Scarbary was taken to Northeast Georgia Medical Center via Ambulance for treatment.
3. Attached is a copy of the police report.
4. [redacted]

Marital Status: Divorced
Social security number: [redacted]
Occupation: Certified nursing assistant
Injuries: Back, ankle, ribs

[redacted]

Treating Physician: [redacted]
Copies of Reports: Attached are all reports in our possession at this time. We are in the process of obtaining the remaining medical records.

5. 1991 Ford Probe, VIN No.: 1ZVPT20C7M[redacted]
7. Photographs of outside of vehicle damage: Not available at this time.
8. Photographs of inside of vehicle damage: Not available at this time.
10. The alleged defect is a faulty seat belt. The seat belt did not restrain my client as it should have in the referenced accident.
11. Expert testimony: Not available at this time.
12. The seat belt defect has not been repaired. My client has requested that Ford repair the seat belt and would still like the seat belt fixed. However, Ford has refused her this service.
13. The location of the discovered defect is in the driver's side seat belt. The vehicle is in possession of my client.
14. Repair Estimate/Property Damage Information: Not available at this time.
15. Service History: Not available at this time.
17. Defective part is not able to be removed at this time. You may contact our office to arrange an inspection of this vehicle.
22. Integon Insurance Company, my client's company, has repaired the vehicle damage, not including the defective seat belt. Their address, phone number, claim number is forthcoming.
23. [redacted]

We look forward to working with you. Do not hesitate to call me with any questions.

Sincerely,

[redacted]

SMH/jbm
Encl.

GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

Accident Number: 96-164144 | Agency NCIC No.: 069400 | County: HALL | Date Rec. By DPS:

Date: 11-18-96 | Day Of Week: Sun M T W Th F S | Time: 1140 | Off. Arrived: 1145 | Total Number Of: Vehicles 02 Injuried 01 Fatalities 00 | Inside City Of: OAKWOOD

Road of Occurrence: OLD OAKWOOD RD | At Its Intersection With: | Corrected Report Yes ☐ No ☒

1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.

Not At Its Intersection But: 0.6 | ☒ Miles ☐ Feet | 1 ☐ North 2 ☐ South 3 ☐ East 4 ☐ West Of: MAIN ST | Suppl. To Original Yes ☐ No ☒

1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☒ City St. 5 ☐ Co. Line

And Continuing in the Direction Checked Above: SR #53 / MUNDY MILL RD

The Next Reference Point Is: 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St. 5 ☐ Co. Line

Driver 1

Driver # 1 | Ped ☐ | Last Name: [redacted] | First: | Middle: | City: GLOC

Class: C | State: GA | ☐ Female

Posted Speed: 40 | Insurance Co.: INTERSTATE | Policy No.: 7293029

Year: 91 | Make: FORD | Model: PROBE | Telephone No.: 967-8879

VIN: 1ZVPT20C7M[redacted] | Vehicle Color: WHITE

Tag #: ACK 8096 | State: GA | County: HALL | Year: 96

Trailer Tag # | State | County | Year

☐ Same as Driver | Owner's Last Name | First | Middle

Address

City | State | Zip

Removed By: EDGE | ☐ Request | ☒ List

Alcohol Test: 2 | Type | Results | Drug Test: 2 | Type | Results

Driver Condition: 1	Direction of Travel: 1	Vision Obscured: 7	Contributing Factors: 3		
Vehicle Condition: 1	Vehicle Maneuver: 5	Pedestrian Maneuver:			
Most Harmful Event: 11	Vehicle Class: 1	Vehicle Type: 1			
Traffic Control: 7	Device Inoperative? ☐ Yes ☒ No				

Driver 2

Driver # 2 | Ped ☐ | [redacted] | City: OAK

Class: C | State: GA | ☐ Female

Posted Speed: 40 | Insurance Co.: STATE FARM | Policy No.: 663 1892-030-11B

Year: 81 | Make: CHEV | Model: MONTE CARLO | Telephone No.: 332-7366

VIN: 1G1AZ37J8B3[redacted] | Vehicle Color: WHITE

Tag #: HV 3194 | State: GA | County: HALL | Year: 96

Trailer Tag # | State | County | Year

☒ Same as Driver | Owner's Last Name | First | Middle

Address

City | State | Zip

Removed By: DRIVER | ☐ Request | ☒ List

Alcohol Test: 2 | Type | Results | Drug Test: 2 | Type | Results

Driver Condition: 1	Direction of Travel: 1	Vision Obscured: 1	Contributing Factors: 1		
Vehicle Condition: 1	Vehicle Maneuver: 4	Pedestrian Maneuver:			
Most Harmful Event: 1	Vehicle Class:	Vehicle Type:			
Traffic Control: 7	Device Inoperative? ☐ Yes ☒ No				

Injured Taken To: NEGMC | By: MED UNIT

EMS Notified Time: 1146 | EMS Arrival Time: 1151 | Hospital Arrival Time: 1214 | Photos Taken ☐ Yes ☒ No By:

Report By: C.S. SIKES | Department: OAKWOOD P.D. | Report Date: 11-18-96 | Checked By: | Date Checked: 11-21-96

Witness(es): Name | Address | City | State | Zip Code | Telephone No.

DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

	Carrier Name / Vehicle #	Address	City / State / Zip

	Number of Axles	G.V.W.R.	Fed. Reportable 1 ☐ Yes 2 ☐ No	Cargo Body Type

	Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1 ☐ Yes 2 ☐ No | C.D.L. Suspended? 1 ☐ Yes 2 ☐ No

Vehicle Placarded? 1 ☐ Yes 2 ☐ No | Hazardous Materials? 1 ☐ Yes 2 ☐ No | Released? 1 ☐ Yes 2 ☐ No

If YES, Name or 4 Digit Number from Diamond or Box: | 1 Digit Number from Bottom of Diamond:

___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss Or Shift ___ Separation of Units

Driver 1 — Driver 2 (duplicate)

TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, BOX 1456, ATLANTA, GEORGIA, 30371-2373

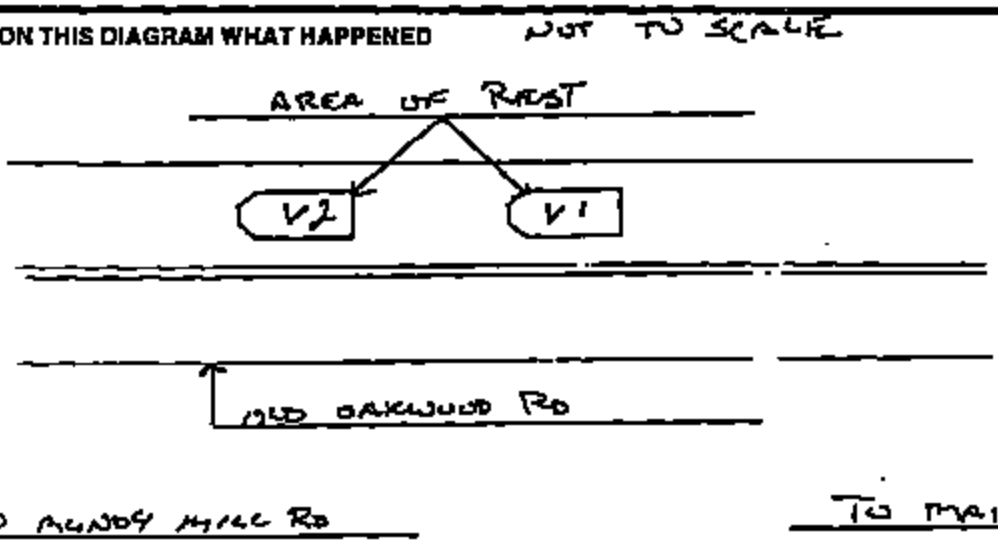
DPS-523 (1/94)

REMARKS

DRIVER #1 SAID SHE WAS NORTHBOUND BEHIND A BLACK CAR. THE BLACK CAR MADE A FAST SHIFT TO THE RIGHT. AT THAT TIME DRIVER #1 SAW V #2 STOPPED. DRIVER #1 ATTEMPTED TO STOP BUT WAS UNABLE TO DO SO. DRIVER #2 SAID SHE WAS STOPPED, WAITING FOR A LEFT TURN, WHEN V #1 REAR ENDED V #2. MR. ORR SAID HE REMEMBERED A BLACK CAR. THE BLACK CAR DID NOT STOP AND WAS NOT DIRECTLY INVOLVED IN THE INCIDENT. V #1 SEAT BELT WAS FUNCTIONED AND DID NOT "CATCH"

INDICATE ON THIS DIAGRAM WHAT HAPPENED — NOT TO SCALE

INDICATE NORTH



Accident Investigation Site?	CITATIONS - VEHICLE # 1	CITATIONS - VEHICLE # 2
☐ Yes ☒ No Site Number:	NONE	NONE

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character
11	1	2	2	1	3	1	2	7	1

	VEH. # 1	VEH. # 2
Number of Occupants	1	2
Point Of Initial Contact	12	6
Damage To Vehicles	3	3

SKID DISTANCE BEFORE IMPACT: VEH.1 0 / VEH.2 0 — AFTER: VEH.1 0 / VEH.2 0 — Width Of Road: 20

Damage Other Than Vehicle:	Owner:	AGE	SEX	VEH NO.	POS.	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	SEVERE	AIR BAG
Occupants	Driver # 1 Or Pedestrian #	[redacted]				4	1	1	3	2	0
	Driver # 2 Or Pedestrian #					0	2	1	3	2	0
[redacted]		40	M	2	3	0	2	1	3	2	0

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA 30371-2303

PATIENT ACCOUNT MGMT [redacted] 01/23/97 10:45

[redacted] 01/05 [redacted] 006074119

PATIENT VISIT SELECTION

Select Line Number

	Visit	Admt/Vst	Dsch/Dep	Pt	Fc	Pc	Account Bal	Patient Bal	OFC Bal	Agy
01.	4280	10/07/94	10/08/94	E	L		0.00	0.00	0.00	
02.	4356	12/22/94	12/22/94	D	L		0.00	0.00	0.00	
03.	6071	03/11/96	03/11/96	E	A		0.00	0.00	480.84	N
04.	6171	06/19/96	06/20/96	E	A		0.00	0.00	558.34	4
05.	6172	06/20/96		D	A		0.00	0.00	46.00	4
06.	6311	11/06/96	11/06/96	E	A		0.00	0.00	0.00	
07.	6323	11/18/96	11/18/96	E	A		600.64	600.64	0.00	
08.			Page Totals:				600.64	600.64	1085.18	
09.			Patient Totals:				600.64	600.64	1085.18	
10.										
11.										
12.										
13.										
14.										
15.										

KP040PC User Id DTRAIL Termid TP36 Function CAAM

[redacted]

PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: [redacted]

ACCOUNT NBR: 006074119-6323
BILLING PERIOD: 11/18/96 01/23/97

BILL TO

[redacted]

SRV DATE	REF NBR	DESCRIPTION	
11/18/96	01210035	ANKLE,COMPLETE	155.00
11/18/96	01210021	SPINE LUMB COMP W/OBL	268.00
11/18/96	03261002	FACILITY FEE LEVEL 2	66.64
11/18/96	03750515	ER DR FEE LEVEL III-INTERMED	111.00

REMIT TO

[redacted]

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	600.64
NEW PAYMENTS/CREDITS	0.00
CURRENT ACCOUNT BALANCE	600.64

MAKE CHECK PAYABLE TO: [redacted]

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
PATIENT INQUIRY DEPARTMENT PHONE: [redacted]

[redacted]

FORWARDING AND ADDRESS CORRECTION REQUESTED

10588-770

PATIENT NAME	
[redacted]	
ACCOUNT NUMBER	STATEMENT DATE
[redacted]	12-23-96

AMOUNT DUE	AMOUNT PAID
105.00	

Place of Service: NE GA MEDICAL CENTER

GEMGRG*225*60741196323

[redacted]

[redacted]

10588213330000607411963230300001050092

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

DATE	CODE	DESCRIPTION	AMOUNT	TOTAL
11/18/96	73610	ANKLE, COMP MIN 3 VWS	CHG 1 @ 38.00	38.00
11/18/96	72110	SPINE, LUMBOSACRAL, COMP	CHG 1 @ 67.00	67.00

Questions call [redacted]

ACCOUNT NUMBER	DATE OF STATEMENT		BALANCE	AMOUNT DUE
225*60741196323	12-23-96	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	105.00	105.00

PATIENT NAME [redacted]

Tax Id 581177261 DX: 969.8

Place of service:

Referring Doctor: [redacted]

MAKE CHECKS PAYABLE TO: [redacted]

* * * ATTENTION PATIENT * * *

YOUR ACCOUNT IS PAST DUE. YOU MUST CONTACT OUR OFFICE WITH INSURANCE INFORMATION OR MAKE PROMPT PAYMENT TO AVOID DELINQUENCY ACTION.

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

THIS IS YOUR PRESCRIPTION

[redacted]

SCHOOL or WORK EXCUSE

[redacted]

Patient Name

Date

Treated for Injury/Illness On:

Address

☐ No School _____ days

☐ No Work _____ days

☐ May Return to School _____

☐ May return to Work _____

☐ No P.E. _____ days

☐ Light Work _____ days

Physician's Signature M.D.

Diagnosis as written M.D.

AFTERCARE INSTRUCTIONS

Northeast Georgia Medical Center

If you have one of the following problems and develop any or some of these signs you should return to this facility or seek medical attention promptly.

CHEST PAIN Prolonged or severe chest pain, shortness of breath, sweating, nausea or vomiting. Palpitations, light-headedness or passing out.

RESPIRATORY PROBLEMS Severe shortness of breath, chest pain, high fever, passing out.

ABDOMINAL PAIN Severe, constant or increasing pain; high fever, continued or severe vomiting; bleeding in vomitus or stool.

PREGNANCY Severe abdominal pain, bleeding, prolonged vomiting, passing out.

FEVER (Adults & children) Prolonged high temperature, headache, stiff neck, vomiting, confusion.
(Infants) Irritability, lethargy, temp > 101.5, vomiting, not eating.

SEIZURE Do not drive or operate dangerous equipment until cleared by your doctor. Return to ED if prolonged > 10 min. seizure, 2 or more seizures without patient waking up or if difficulty in breathing.

☐ [illegible]
[illegible] TREATMENT:
[illegible] usually caused by an infection. If your doctor finds that is probably a bacterial infection, he may [illegible] you or your child on an antibiotic, such as penicillin. If he feels that the cause is due to a virus, then an [illegible] will usually not be necessary.
[illegible] to treat you or your child accordingly and the tablets given today, follow these instructions:
[illegible] you or the child in one layer of bedrest only. If a cough is present, use only cool, not a blanket.
[illegible] plenty of liquids. Clear broth are excellent.
[illegible] of medicine by which kidney you should give the [illegible] every four hours, according to the chart below.

	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	0-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	
[illegible]	40	80	120	160	240	320	400	480	560
[illegible]	½	1	1½	2	3	4	5	–	
[illegible]	–	½	¾	1	1½	2	2½	3	
[illegible] Tbsp	–	–	1½	2	3	4	5	6	(tsp) 10

[illegible] with lukewarm water gently rub in the skin.

☐ [illegible] INJURY: Contact physician in these conditions: Persistent or increasing headache, vomiting, watered [illegible] eyes or nose, nonetheless, blurred or clouded vision, unequal pupils, drainage of blood or fluid from [illegible] or nose, dizziness, loss of coordination or limb weakness, stagger in personality, loss of memory or [illegible] sleep. Wake the patient to keep out every _____ hours to be sure they have no problems [illegible] is not confused, and has none of the above problems. Do not give any oral medication during this [illegible] or pain: ALWAYS

☐ [illegible] VOMITING AND DIARRHEA IN CHILDREN
[illegible] and diarrhea are very common in children and infants. Usually it is not serious and can be treated [illegible]. Frequently the child will also have a fever and be somewhat irritable.
[illegible] important to give the intestines a rest by stopping milk and solid foods for 24 hours. You should give [illegible] such as:
[illegible] Rehydral Salt Drink Gatorade Coca Cola
Pedialyte
[illegible] important to watch your child for dehydration, which results from losing too much body fluid from [illegible] and diarrhea. If your child stops urinating, stops making tears when he cries, becomes sleepy and [illegible] to awakened, the child should be seen by a doctor. To prevent dehydration, you need to give [illegible] as much of the clear liquids as he wants, but it is often helpful to give small amounts frequently, [illegible], teaspoons at a time, every 20 minutes to an hour.

☐ VOMITING AND DIARRHEA IN ADULTS
Stomach flu, or viral gastroenteritis, is caused by the same virus that causes the common cold. Viral gastroenteritis may cause fever, nausea, vomiting, diarrhea, stomach aches, and abdominal cramps. The flu usually runs a few days to a week.
1. Don't force yourself to eat, but sip small amounts of water and Clear Liquids such as soda, bouillon, and tea
2. Avoid milk and other dairy products. 3. Avoid Alcohol 4. Stay home and rest
5. Wash everyone hands to avoid spreading the virus to others. Ask your family what additional precautions [illegible]

☐ WOUND CARE (cuts, abrasions, and burns)
___ Keep all dressings clean and dry.
___ Elevate the wound to relieve discomfort and further wound bleeding.
___ If your wound becomes red, swollen, starts pus or red streaks, or fever more than 48 hours go by, return to EGMC's office.
___ Leave dressings in place / Remove dressing in _____ hours
Clean with peroxide/warm soap, water _____. Every day, reapply antibiotic cream and bandage / leave open.
___ Return to E.G.M.C. office in _____ days for suture removal/recheck-up.
Tetanus given ____yes ____no

☐ SPRAINS AND STRAINS / CASTS, SPLINTS OR SLINGS
___ If possible, elevate the injured part to lessen swelling. If pain, numbness, tightness or difficulty in moving fingers or toes occurs, call your doctor.
___ Apply ice packs, frequently during the first 48 hrs.
___ Do not apply heat for at least 48 hours.
___ If you have an elastic bandage, remove it
___ If it is too tight or too small
___ If the part swells, turns blue or tingles
___ If the injured part has not improved in 4 days, consult your private physician.
___ Keep elevated as [illegible]

☐ TAKE ANTIBIOTICS UNTIL ALL MEDICINE IS GONE _____

☐ DO NOT DRIVE OR OPERATE MACHINERY WHILE ON MEDICATIONS

OTHER INSTRUCTIONS: [illegible]

PATIENT COPY

EMERGENCY DEPARTMENT

[illegible] FROM NEW HORIZONS WEST

S/S OF MEDICATION ACTION	X-RAY WITH FT.
AFTERCARE INSTRUCTIONS RECEIVED AND APPARENTLY UNDERSTOOD	WORK EXCUSE
DISCHG VIA AMB STRETCHER	WITH FAMILY FRIEND SELF TAXI LAW ENF
NOT NEED	MED INS SHEET	INT D/C'D	INTERPRETOR UTILIZED

AFTERCARE INSTRUCTIONS TO PATIENTS

NOTE: Your examination and treatment in our Emergency Department has been rendered on an emergency basis only and is not intended to substitute for comprehensive medical care. Your doctor will receive a copy of your record and test results. If you do not have a private physician, one of the physicians on our staff will provide follow-up care for the condition for which you presented to the Emergency Department. If your problem continues, you should contact his office to arrange the follow-up appointment. This follow-up is being provided for your current problem only and does not represent an obligation for the undersigned physician to provide follow-up or evaluation for other conditions. You are encouraged to establish a relationship for long term care. The phone number of the Doctors Network which is listed below may be of help in finding a physician.

It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests, such as blood or X-rays, we will review them again within 24 hours and will call you if there are any new suggestions.

I hereby acknowledge receipt of the instructions on the reverse side. I understand that I have had Emergency Treatment only, and that I may be released before all of my medical problems are known or treated. I understand that it is my responsibility to arrange for follow-up care as mentioned above, and must if there are any significant cases.

[redacted]

Witness

1/12/95

Date

PHYSICIANS LIST

DR. ACKERMAN	532-0292
DR. ACSOY	503-7451
DR. ALLEN	536-6108
DR. ARMINIO	534-3568
DR. ASKEW	539-6184
DR. ATWOOD	534-2300
DR. BAUERBAND	536-0148
DR. BLACK	536-5735
DR. BLOMERT	503-6388
DR. BOHN	539-7508
DR. BRADLEY	536-3134
DR. BRANCH	534-1117
DR. BRISTOL	534-6388
DR. BROOKS	536-6884
DR. K BROWN	668-1234
DR. P. BROWN	536-5723
DR. T. BROWN	536-4362
DR. BROWNING	532-6134
DR. BURNS JAS.	532-4441
DR. BUTTS	536-6884
DR. BUTTS JR, A.	536-9396
DR. CADENHEAD	534-6532
DR. CAIN	706/779-6103
DR. CALLAHAN	536-9364
DR. CHAPMAN	532-4444
DR. CHIULLI	287-0110
DR. CINDEA	537-9266
DR. CISCO	287-0806
DR. CONNELL	534-6532
DR. CONNOR	536-9366
DR. CORN	536-6884
DR. COX	532-6134
DR. CUCCIA	534-1739
DR. DARDEN	536-5723
DR. DAVENPORT	803-7006
DR. DEDONIS	536-6884
DR. DELONG	539-9303
DR. K. DILLARD	536-9366
DR. Z. DILLARD	534-2366
DR. DIXON KEN	536-6541
DR. DIXON P.K.	536-6541
DR. DUTSCH	536-4183
DR. ELDER	534-9256
DR. ESTES	532-8436
DR. FADIGAN	706/863-3300
DR. FARKAS	532-4444
DR. FASELUGITIS	532-8436
DR. FERGUSON	536-6884
DR. FERRAN	532-7092
DR. FOGARTY	803-6886
DR. FORREST	532-6809
DR. FRENCH	532-0191
DR. FROST	534-0088
DR. FULENWIDER	536-5753
DR. GARLAND	534-0088
DR. GLISSON	535-0811
DR. GOOLSBY	534-6632
DR. GOTAY	534-1738
DR. GRANT	536-1381
DR. GREENE W	531-1181
DR. GUNN	536-9811
DR. HAWKINS-LEE	536-1636
DR. HEAD	536-6884
DR. HEIMER	539-7078
DR. HENSON M	536-6884
DR. HENSON T	536-6884
DR. HILL	536-2366
DR. HORTENSTINE	532-8436
DR. HOSFORD	532-6809
DR. HOTHEM	534-1486
DR. JACKSON	536-6884
DR. JAUME	536-7603
DR. JENKINS	532-6134
DR. JENNINGS	532-7092
DR. JOHNSON AC	532-6972
DR. JOHNSON G	532-6640
DR. JOHNSON K	534-2256
DR. JONES C	534-2366
DR. JONES WE	536-6366
DR. JONES WT	532-4517
DR. JORDAN	534-0088
DR. KEARNS	536-7803
DR. KELLEY	536-6884
DR. KIMBEY	536-7503
DR. KLABBEN	536-6366
DR. LAKE	536-3853
DR. LANGSTON	535-0811
DR. LAWTON	536-6884
DR. LAZERSON	536-5606
DR. LEIGH	536-5223
DR. LEV	532-8809
DR. LINTGE	503-7451
DR. LITTLE	534-0088
DR. LUKE	534-0088
DR. MAINS	532-8436
DR. MAGI	536-6366
DR. MALONEY M	534-0534
DR. MANUS	536-7803
DR. MARCHMAN	536-6300
DR. MARLER	532-7501
DR. MARTIN R	536-0148
DR. MCALISTER	532-7092
DR. MCGARTY	536-7503
DR. MCGILL	536-6884
DR. MCHUGH	536-0000
DR. MILLER F	534-0088
DR. MILLER K	536-0148
DR. MOORE	536-6108
DR. MORRIS	536-3811
DR. MUHAMMAD	534-6384
DR. MURRAY	536-6884
DR. NEALY	534-9216
DR. NISH	534-0534
DR. NIXON	531-0366
DR. OWENS	532-7501
DR. PARKS	532-7501
DR. PAYNE	287-1122
DR. PHILLIPS	535-3811
DR. PROCTER	536-5735
DR. PYBURN	536-1241
DR. RABB G	539-7546
DR. RABB F	536-7546
DR. RANGE	534-6063
DR. RAUCH	536-6884
DR. REDMOND	536-6884
DR. REED	287-1122
DR. RICHARDSON	536-6045
DR. RICHWINE	534-1656
DR. ROSEBERRY	535-3811
DR. SCULLY	536-6884
DR. SHOLES	536-2366
DR. SMITH D	539-7546
DR. SMITH G	535-3811
DR. SMITH R	534-1366
DR. STEAD	287-0001
DR. STEWART	532-8809
DR. STRON	532-6341
DR. TEAFORD	536-2323
DR. THOMAS	534-1656
DR. TURNER	536-0148
DR. WATERS	532-6341
DR. WEISS	536-0760
DR. WESTERHEVER	534-7131
DR. WESTFALL	536-7609
DR. WHITMIRE	534-6308
DR. WILLERS	532-7092
DR. WISHART	532-0292
DR. WRIGHT AC	536-1331
DR. WRIGHT JR	532-3134
DR. YARBROUGH	534-6534
DR. ZOERCHER	536-4362
DR. ZOLLER	532-0412
MHC	535-5400
CUMC	531-5800
THE DOCTOR NETWORK	500-6400
LAKEWINDS	535-5600
LAURELWOOD	531-3600
EMPLOYEE HEALTH	536-7171

LIST IS UPDATED PERIODICALLY BASED UPON ADDITIONS AND/OR DELETIONS.

THERE IS NO DOUBT THAT SEATBELTS SAVE LIVES. EVERY DAY IN THE EMERGENCY DEPT. WE SEE HOW PEOPLE WITHOUT SEATBELTS ARE MORE SEVERELY HURT. WE ALWAYS BUCKLE-UP! PLEASE DO THE SAME!

FROM NEW HORIZONS REST

[redacted]

Attorney at Law

10779 7315 NQ

#127 Atlanta

[redacted]

January 21, 1996

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
FEB 5 1997
OFFICE OF THE
GENERAL COUNSEL

97 JAN 28 P1:07

Consumer Affairs
300 Renaissance Center
P.O. Box 43358
Detroit, MI 48243

RE: Our Client: [redacted]
Vehicle:
VIN:
Date of Loss: 11/18/96

96-2190
VH closed 12-96

Dear Sir/Madam:

Please be advised that we represent Ms. [redacted] in her claim for product liability. Therefore, we ask that you direct all further communications regarding this matter to our office.

On November 18, 1996, Ms. [redacted] was involved in an auto accident where her seat belt did not function properly, causing her bodily injuries.

Please contact my office to discuss this claim.

[redacted]

SMR/jab

11/22/96 MASTER OWNER RELATIONS SYSTEM II 04.05.36

TEAM: 09 2327EM INQUIRY CONTACT VEH TYPE: CAR
ATLANTA 21 2N/TR: 03 CONTACT NBR: 107797319 OPENED: 11/21/1996
VIN: 1ZVPT20C7M5[redacted] CLOSED: 11/21/1996

LAST NAME: [redacted] STATUS: CLOSED
TITLE: FIRST NAME: MI: R
ADDRESS:
CITY: STATE: ZIP: 30542
HOME PHONE: BUS. PHONE:
MODEL YEAR: 91 MODEL: PROBE
MILEAGE: 82080 USD:

DEALER NAME: CENTURY FORD LINC MERSALES CODE: 121783 PA CODE:00940
CAUSAL CODE: SYMPTOMS:
INQUIRY CODE: 1420 ALLEGED PERSONAL INJURY - INQUIRY

FOLLOW UP:N COMM TYPE:P MICRO NBR: LETTER CODE:

COMMENTS:
1996/11/21
*** NAVIS: SUBSEQUENT ***
CUSTOMER SAYS:
-CUSTOMER ALLEGES THATH ON IMPACT HER SEAT BELTS DID NOT HOLD HER IN.
-SHE HAS A BRUISE ON HER CHEST FROM THE STEERING WHEEL.
-THE ACCIDENT OCCURRED ON 11-18-96 IN THER MORNING.
-STATES THAT SHE HAS SOUGHT MEDICAL ATTENTION FOR HER INJURIES.
*
PER CUSTOMER, DEALER SAYS:
-SPOKE TO [redacted] AND HE STATED THAT SEAT BELTS WERE NO LONGER COVERED UNDER WARRANTY.
*
CUSTOMER SEEKS:
-WANTS TO KNOW WHAT FORD WILL DO FOR HER.
*
CAC ADVISED:
-WILL FORWARD TO THE APPROPRIATE DEPARTMENT FOR FURTHER INVESTIGATION.

OWNER RELATIONS VOP/BENCHMARKING 11/22/96 FAXINGTG

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
NOV 2 2 1996
OFFICE OF THE
GENERAL COUNSEL

V

VH

96-2198

Office of the General Counsel

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

July 24, 1997

[redacted]

Re: Claimant: [redacted]
D/E:

Dear Mr. Honeycutt:

We believe our denial to be proper and we therefore have no interest in voluntarily settling Mrs. [redacted] claim

Sincerely,

Jessie Hollingsworth
Senior Claims Analyst

cds

Office of the General Counsel

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

February 12, 1997

[redacted]

Re: Claimant: [redacted]

Dear Mr. [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 [redacted]

Office of the General Counsel

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

December 5, 1996

[redacted]

Dear M[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.
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- ☒ 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.

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☐ 20. Was the engine running?

☐ 21. Were the keys in the ignition?

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☐ 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:

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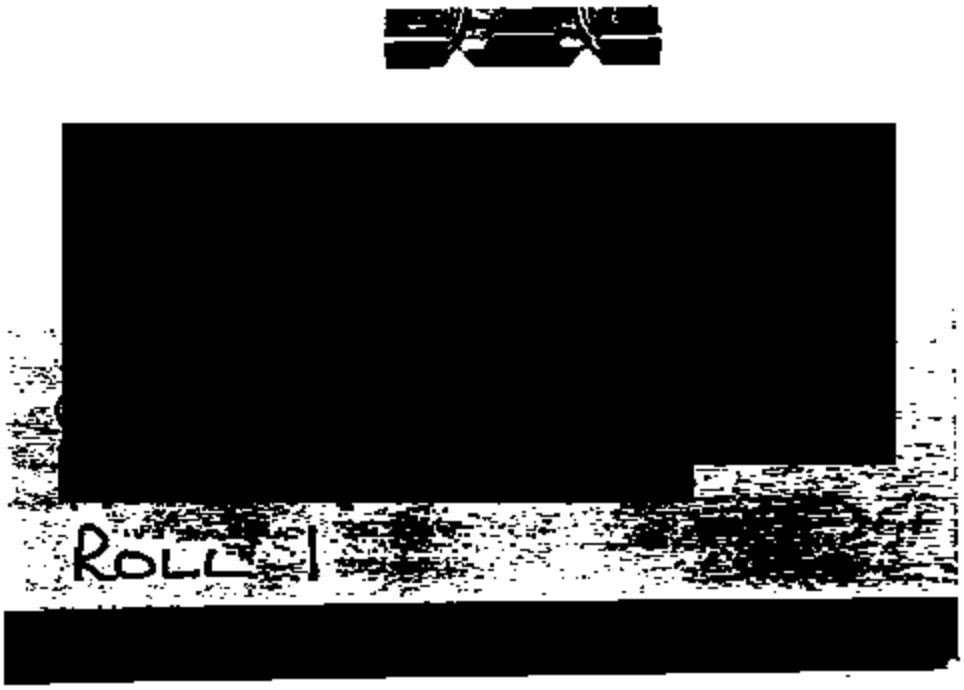
Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb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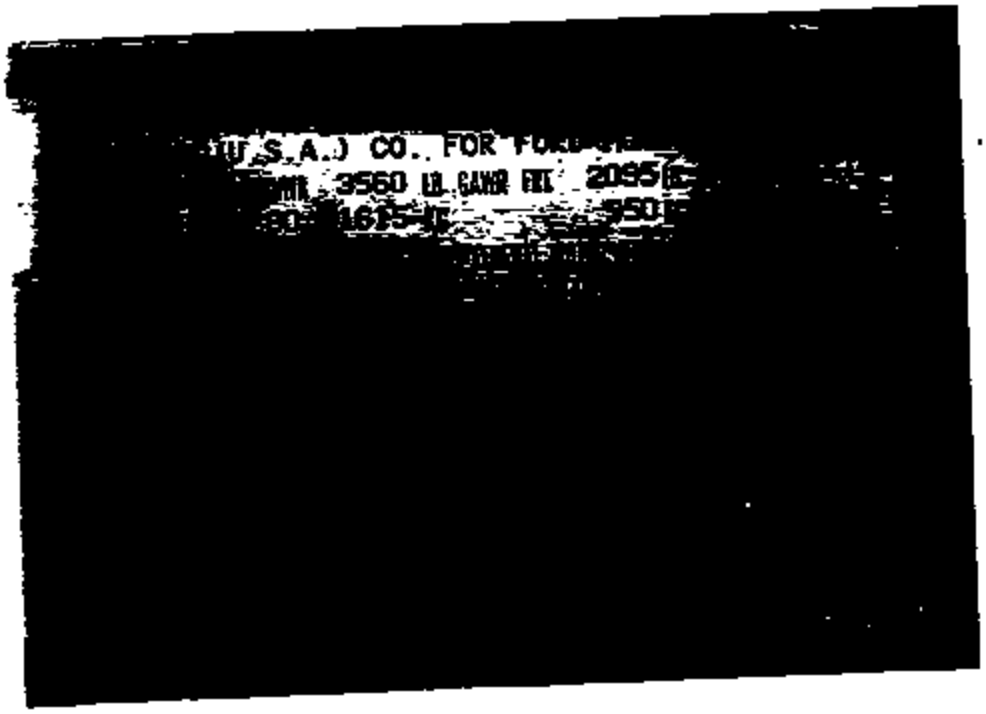

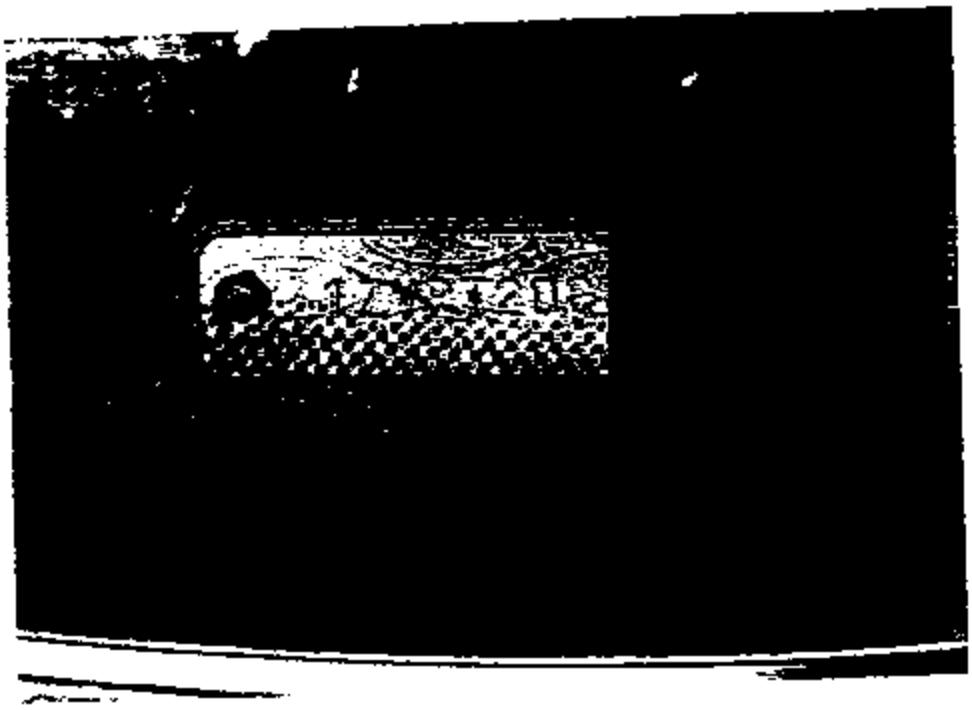

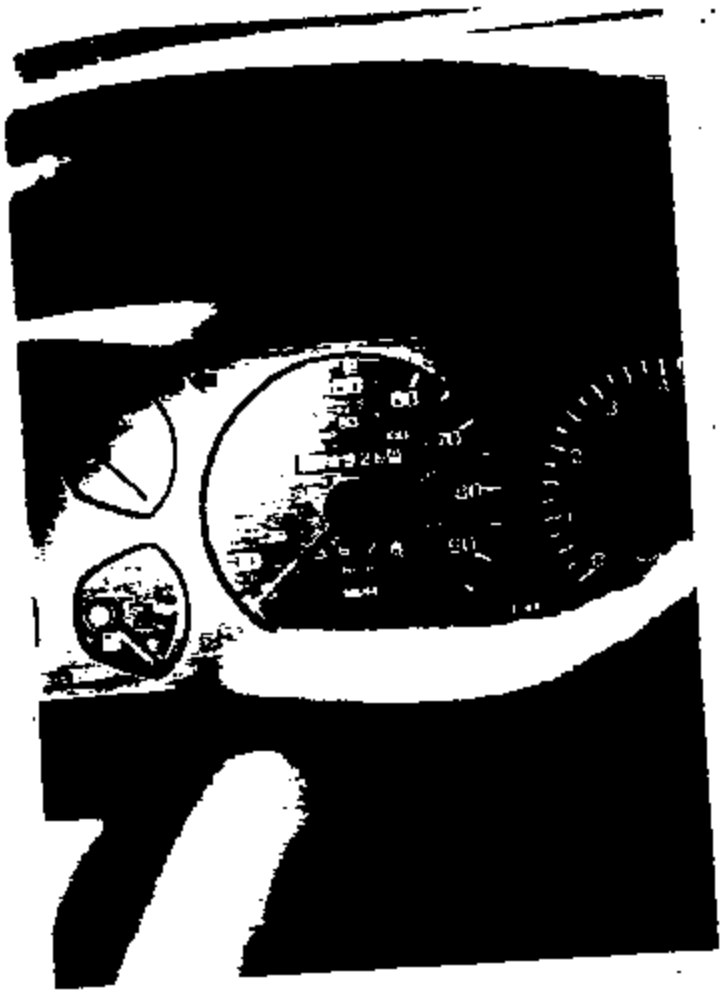

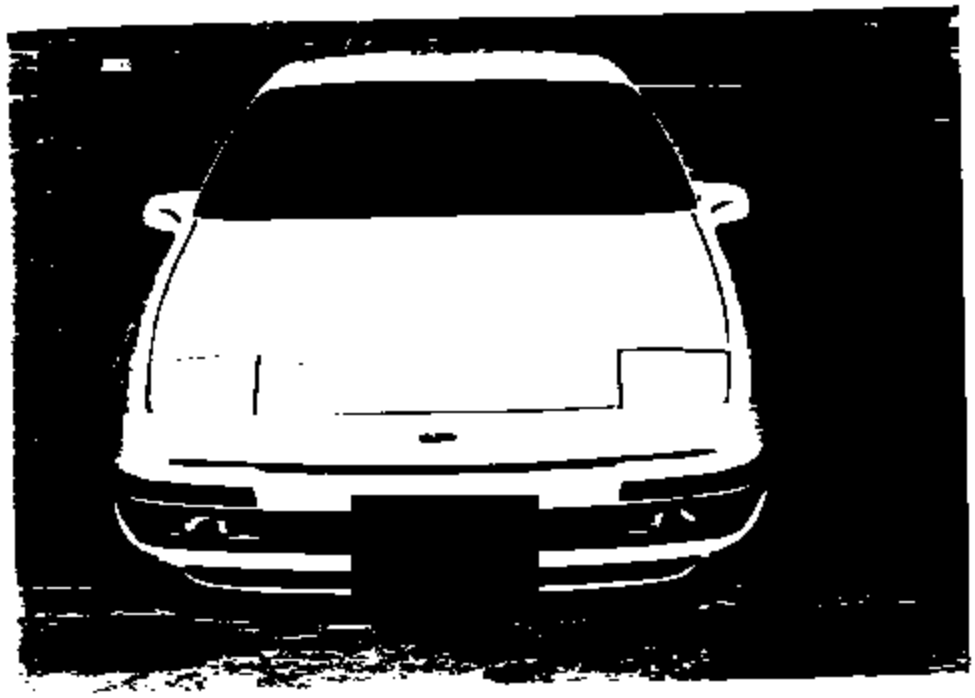

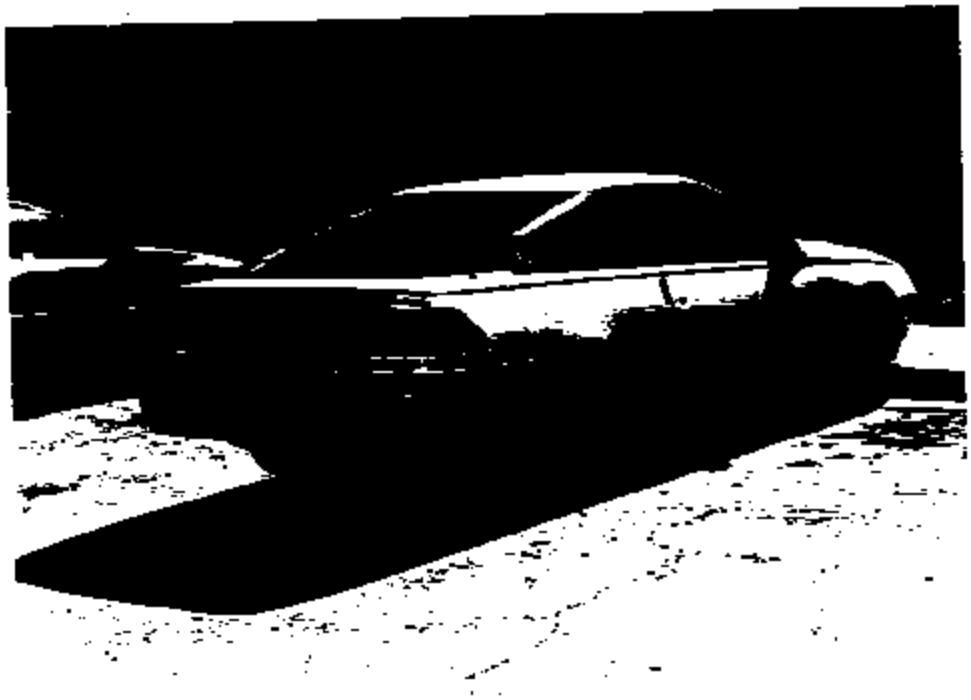

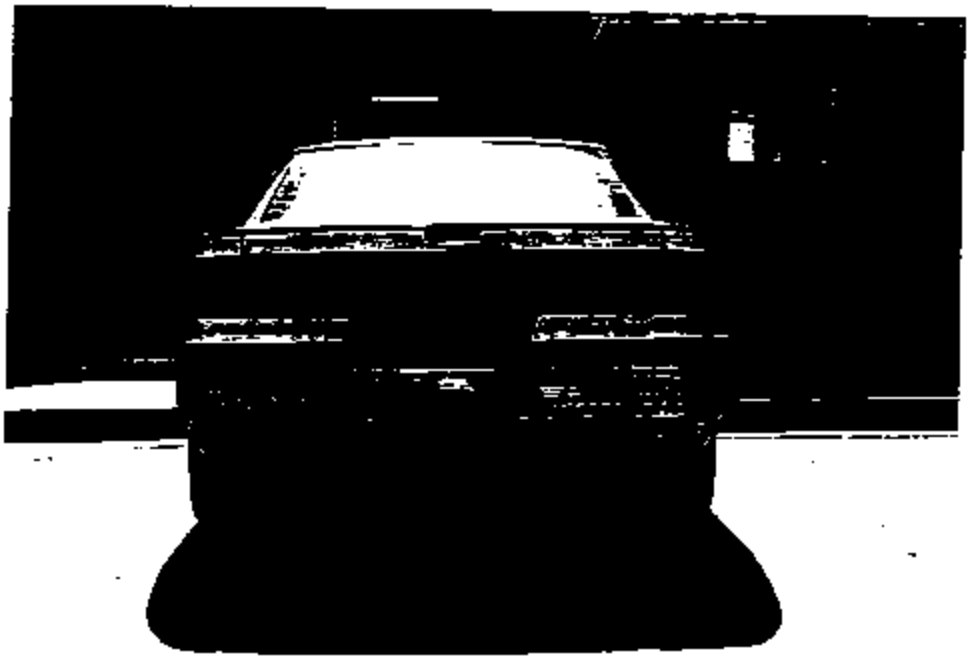

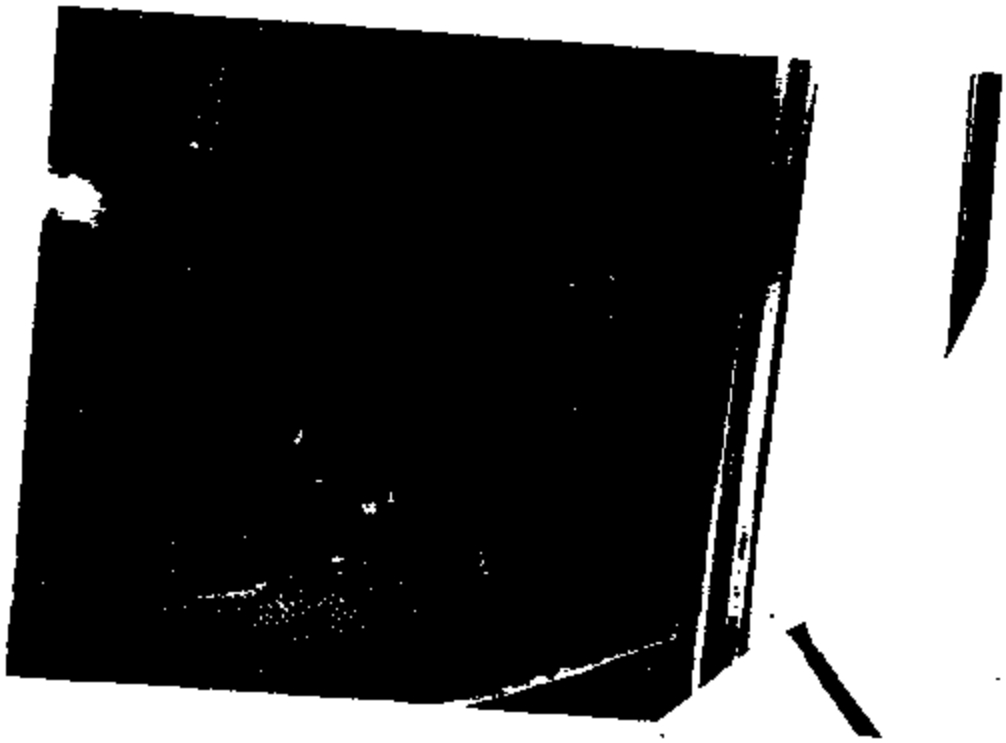

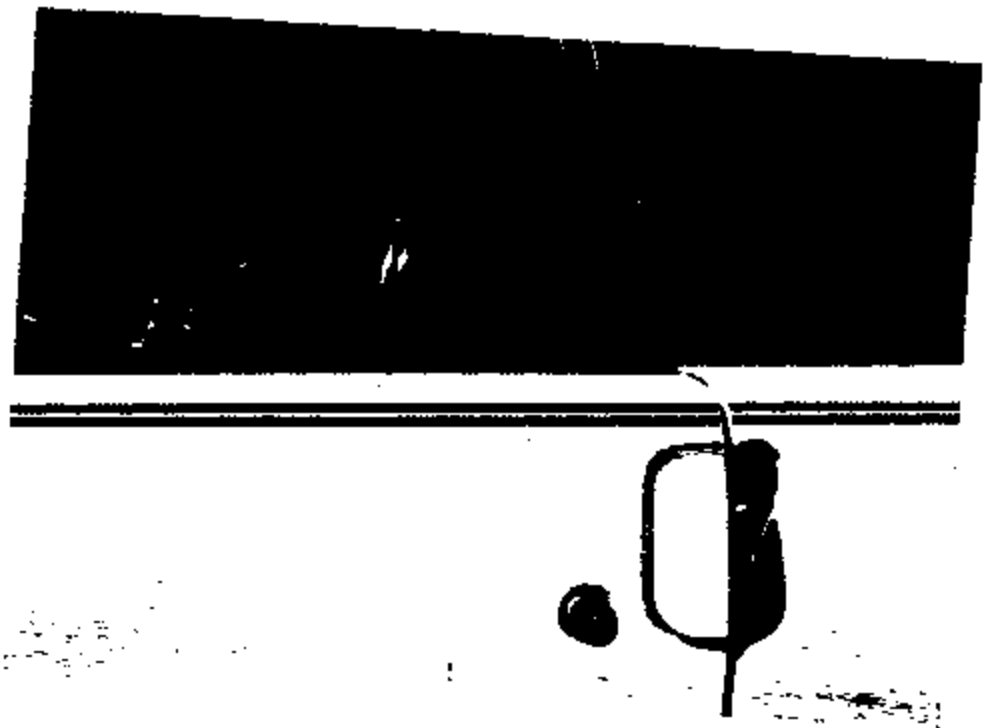

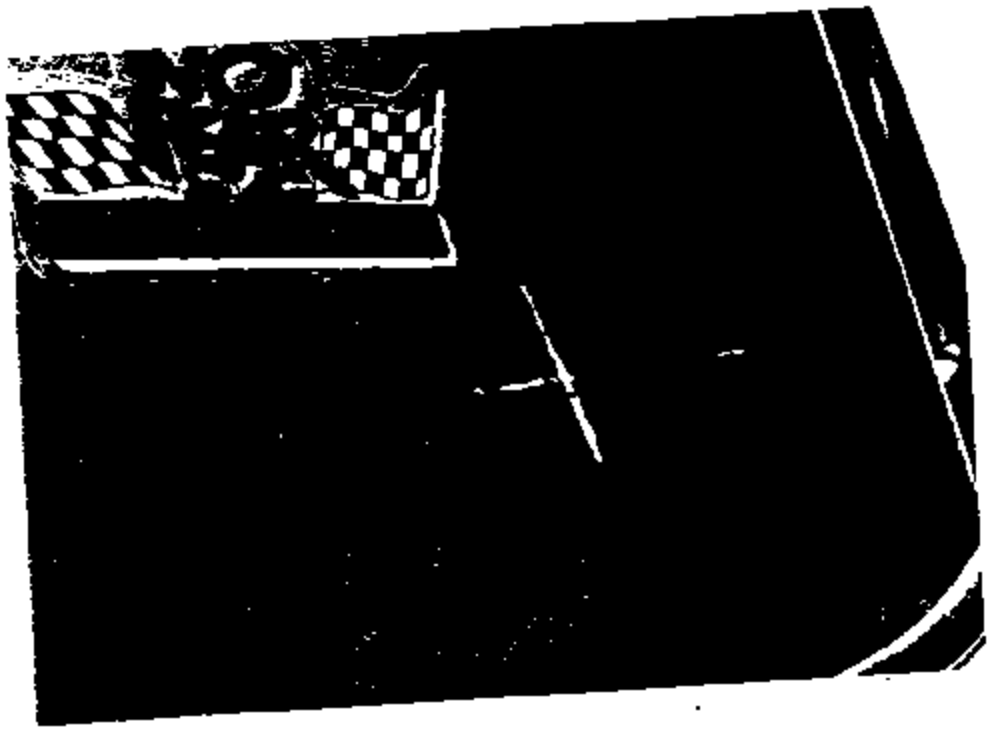

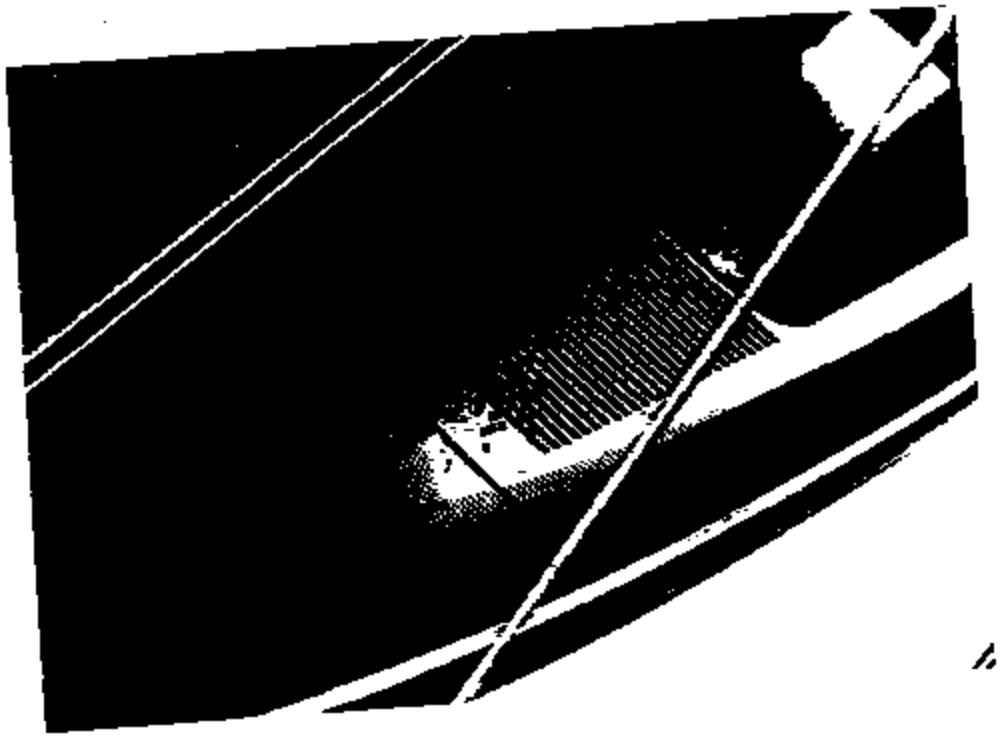

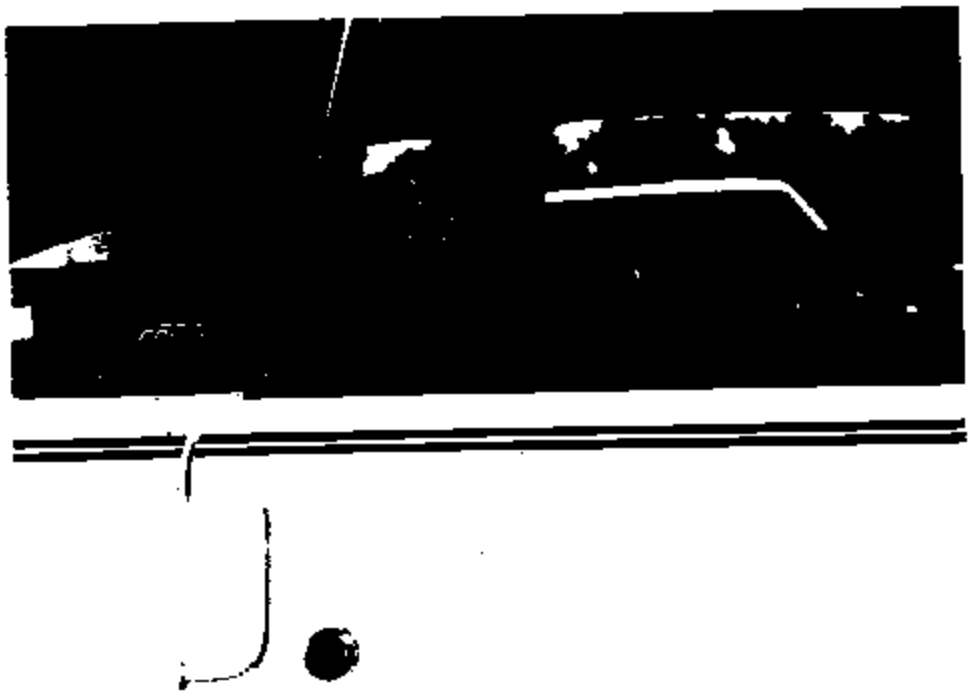

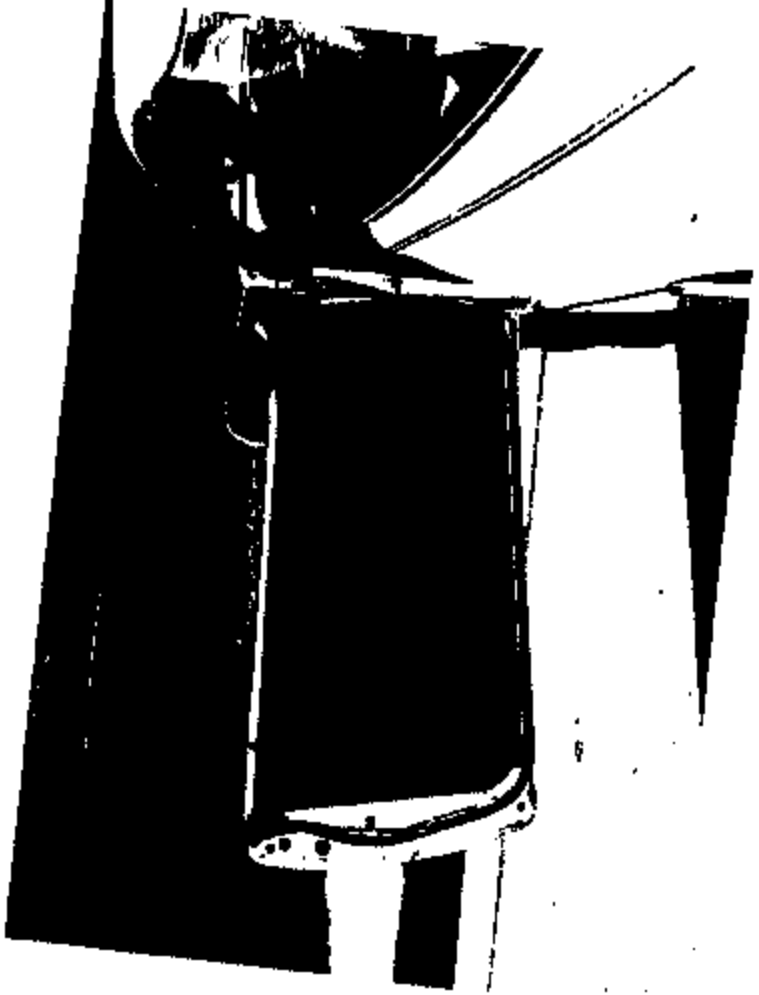

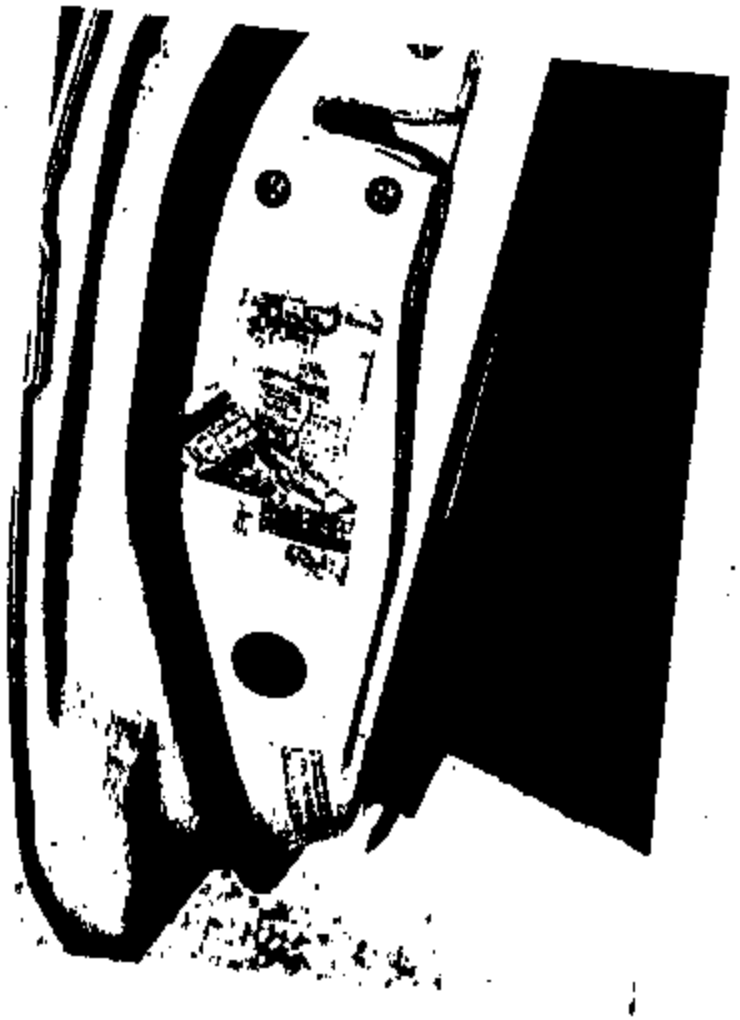

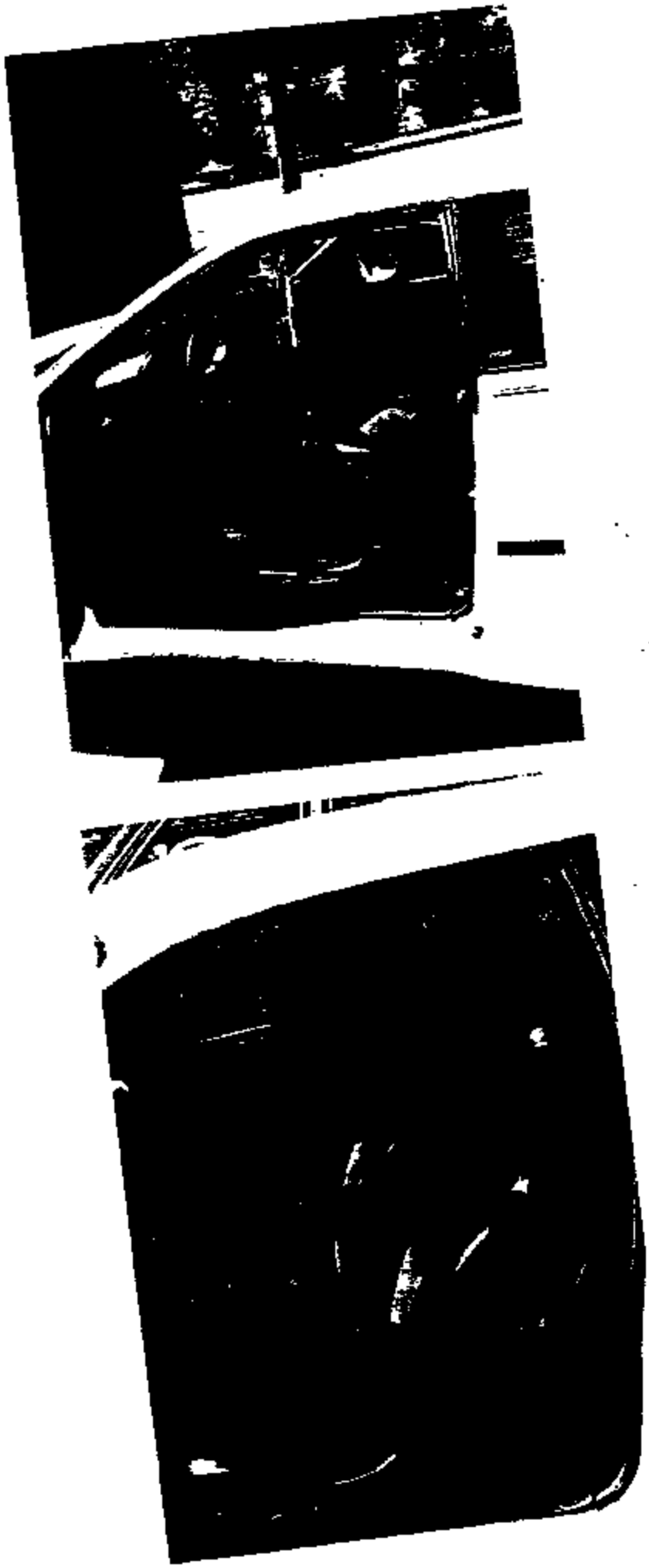

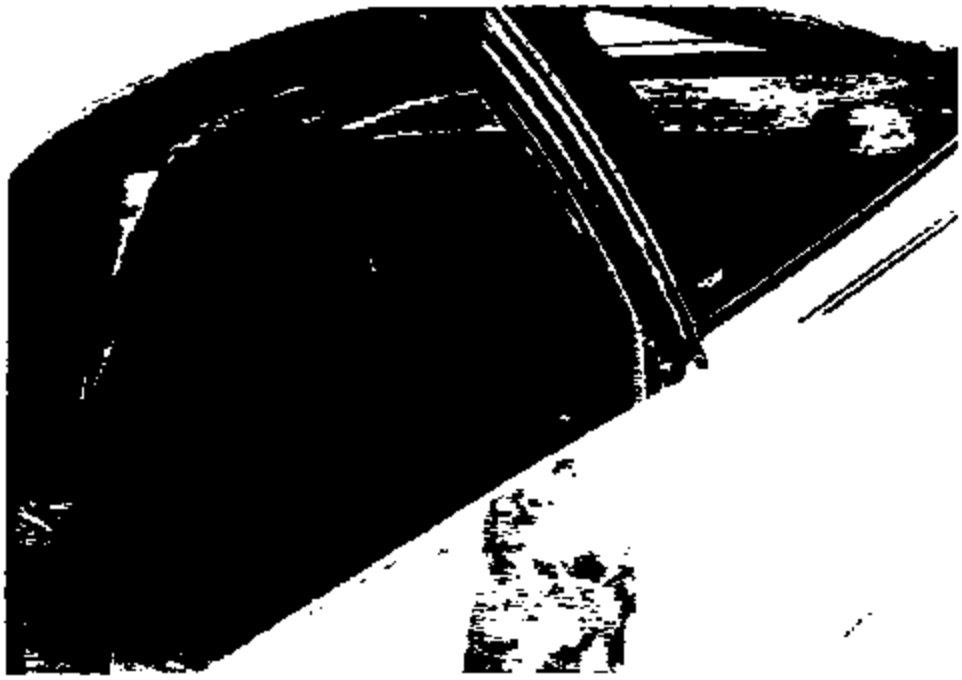

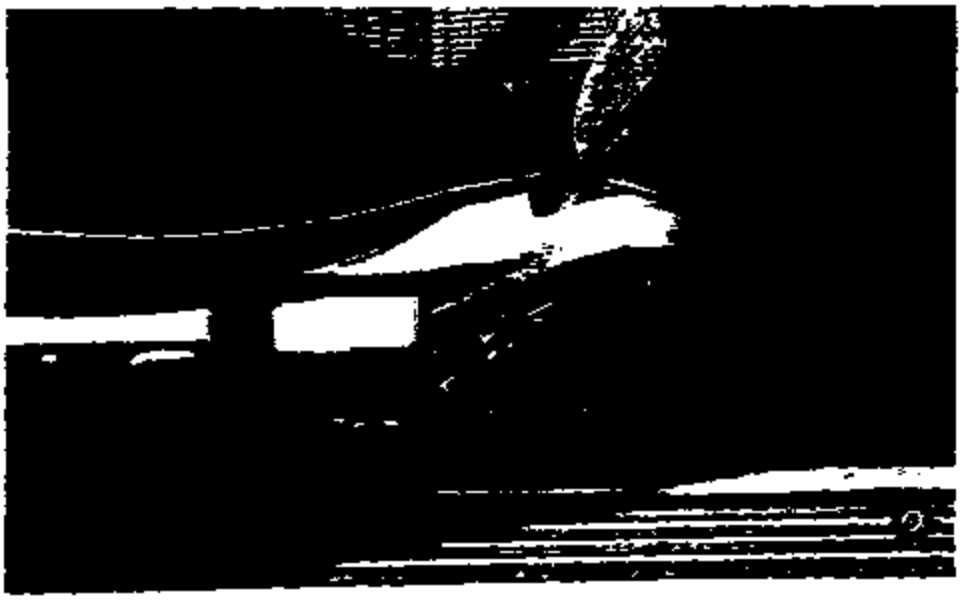

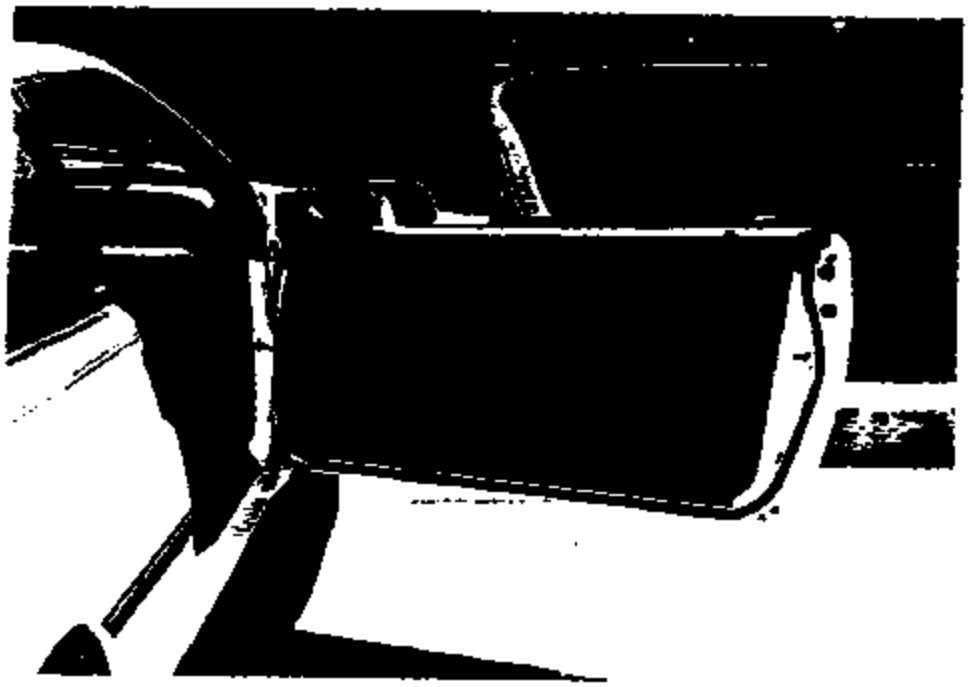

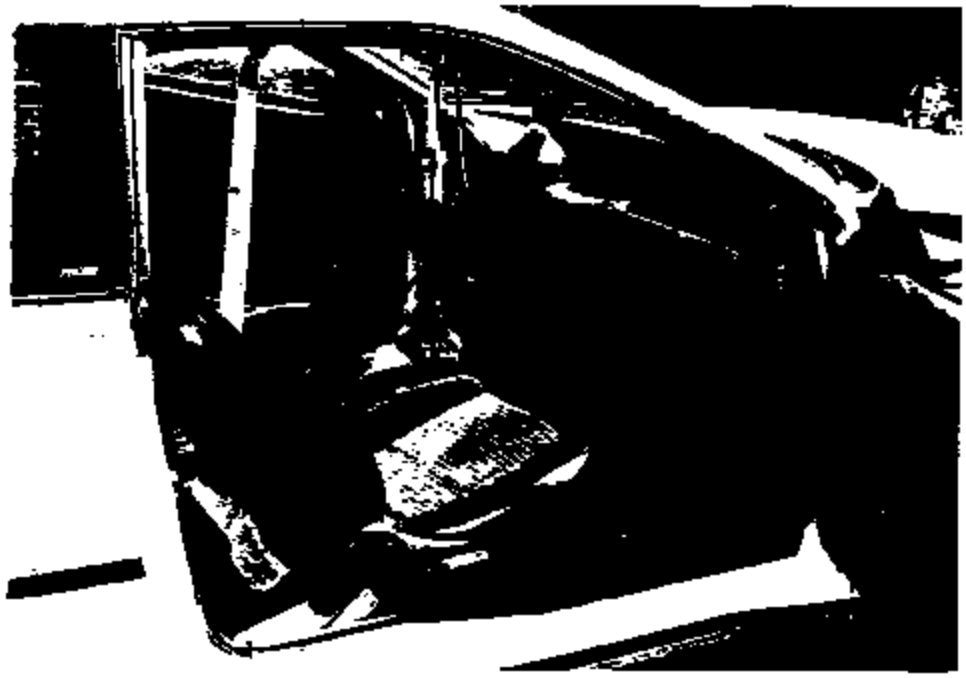

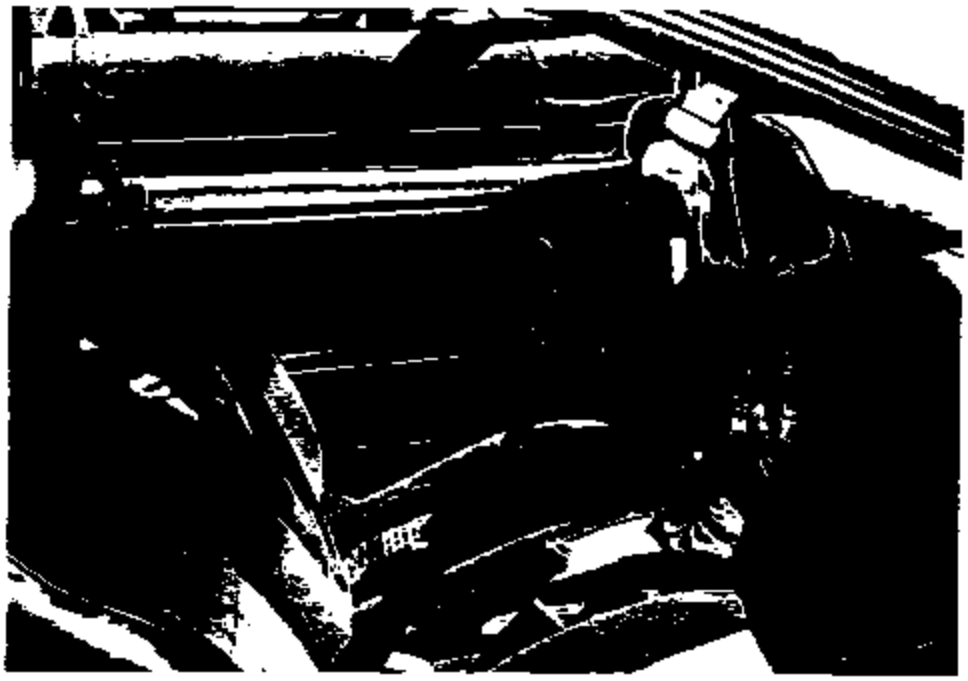

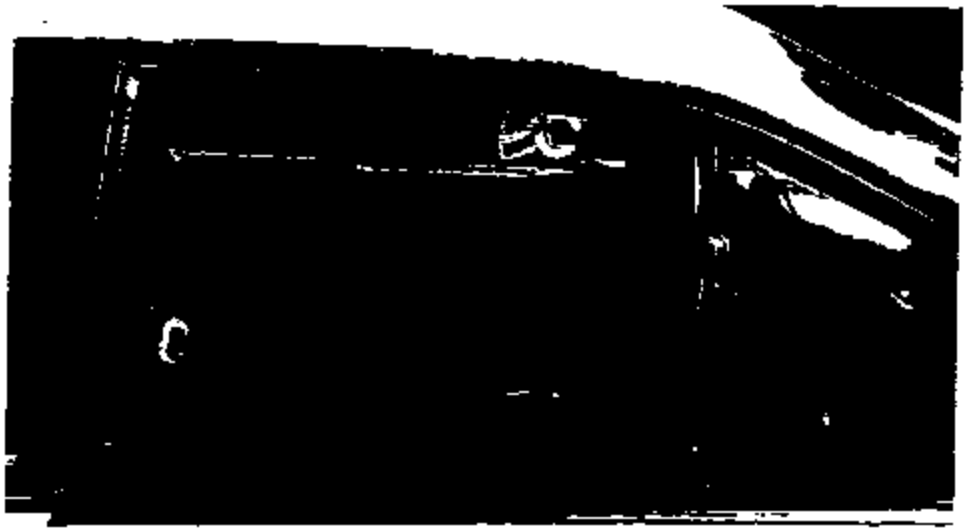

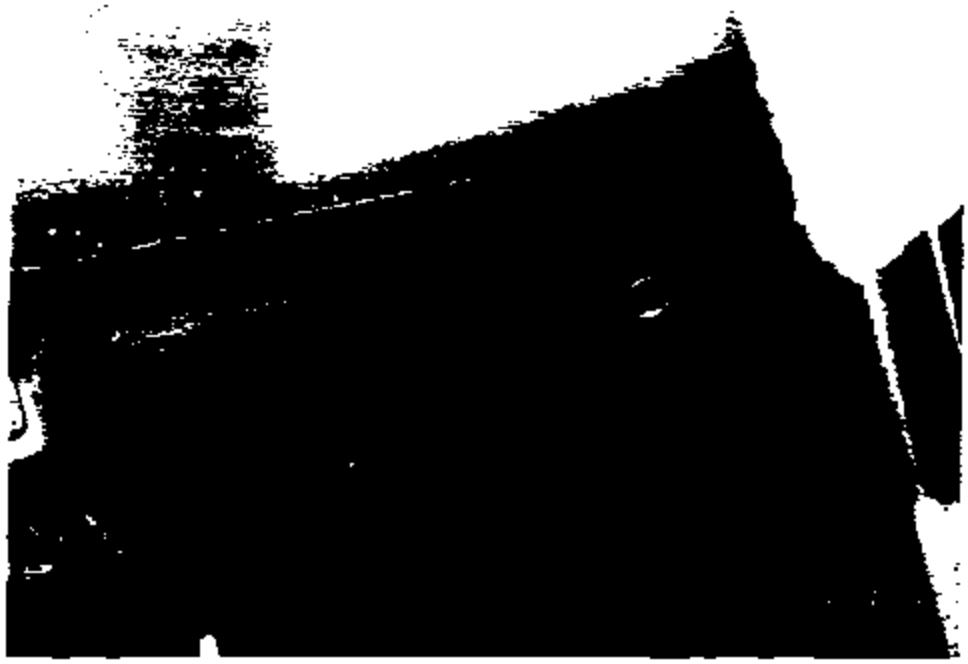

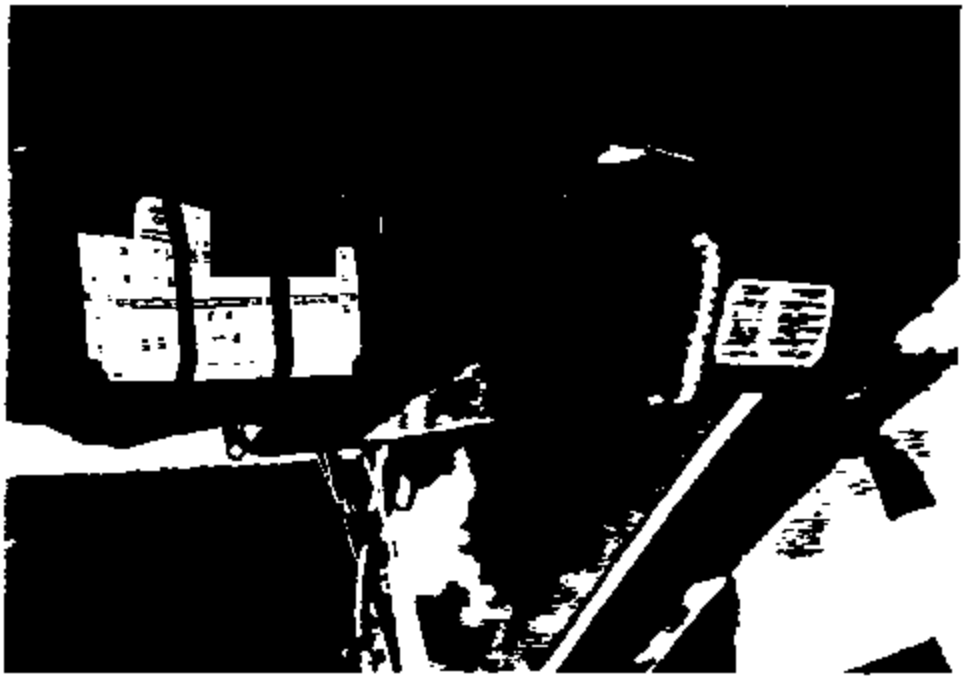

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ROLL 11

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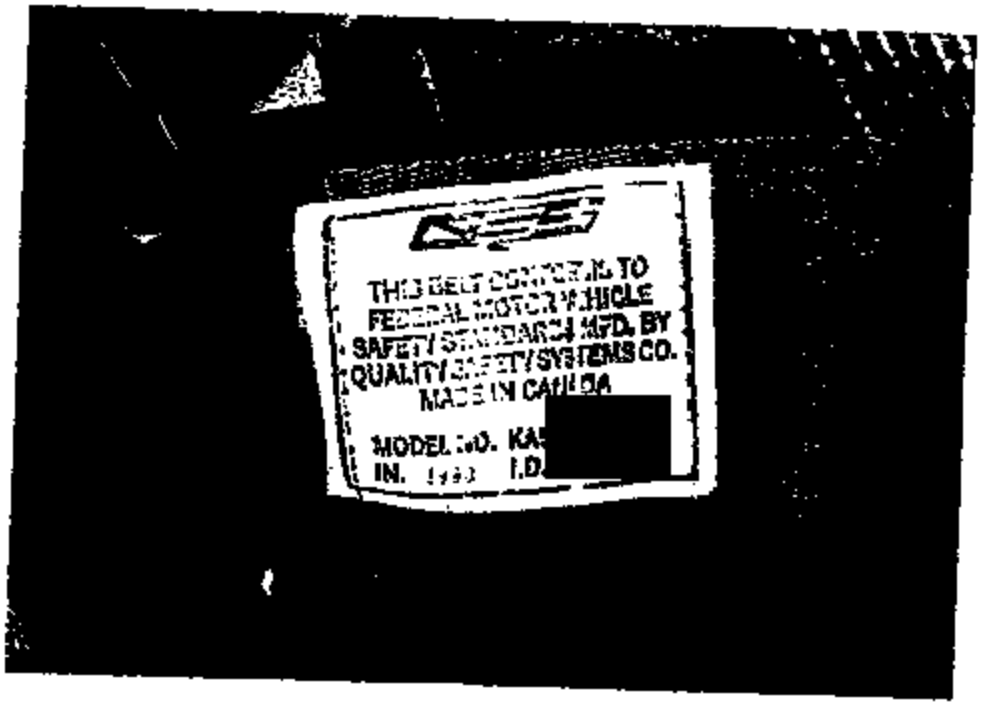

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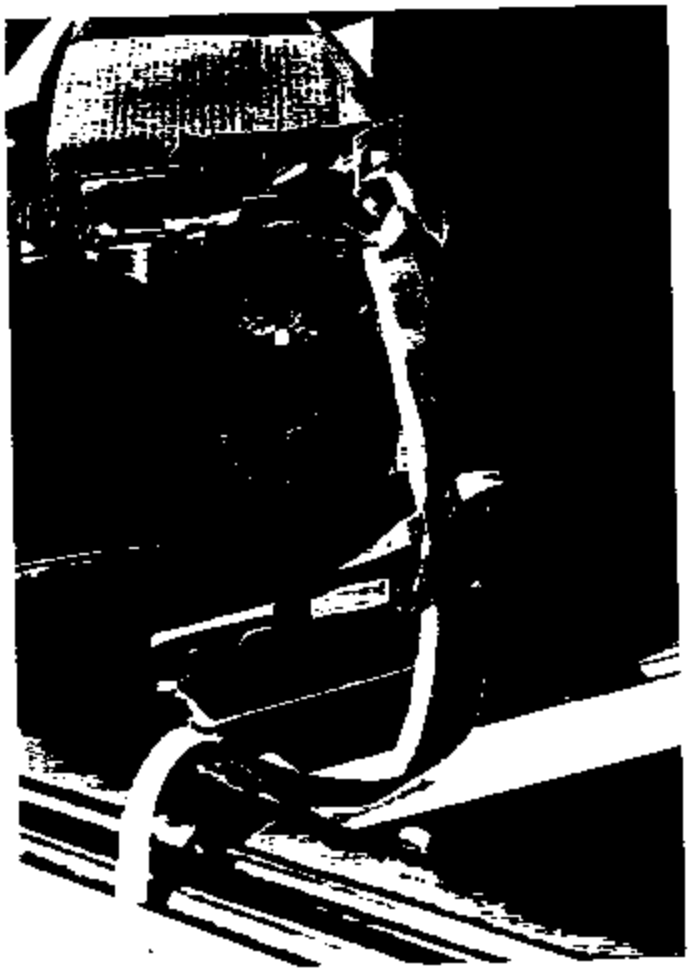

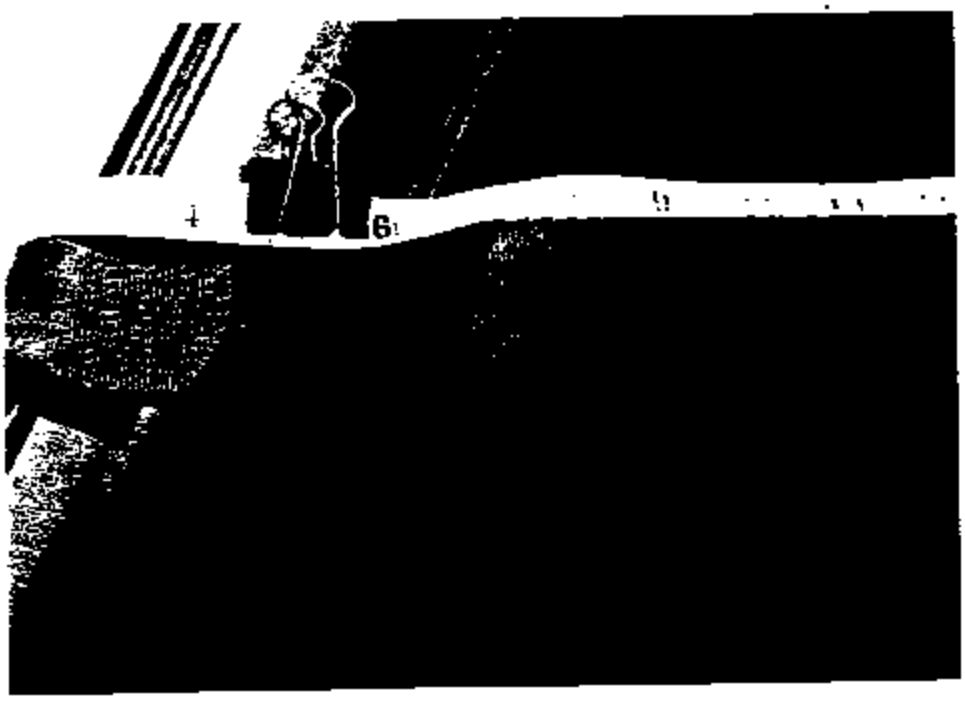

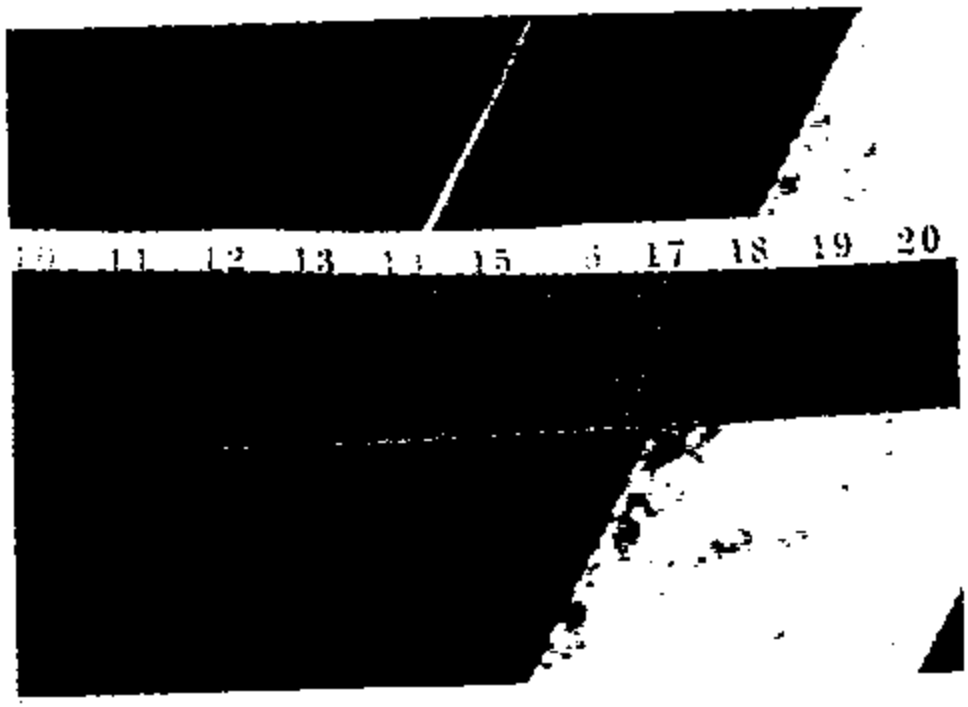
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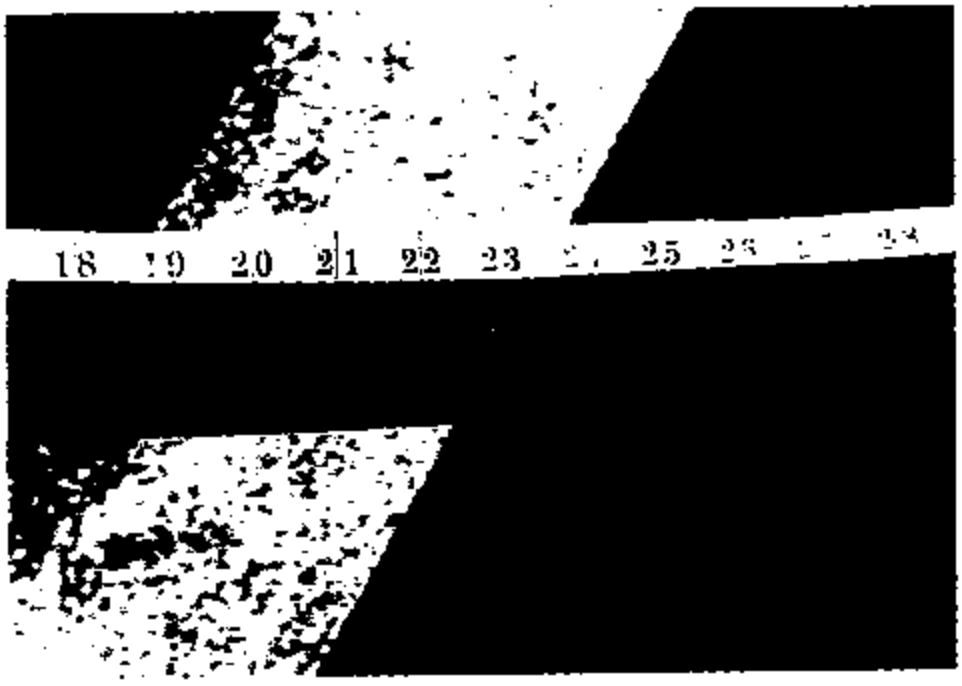
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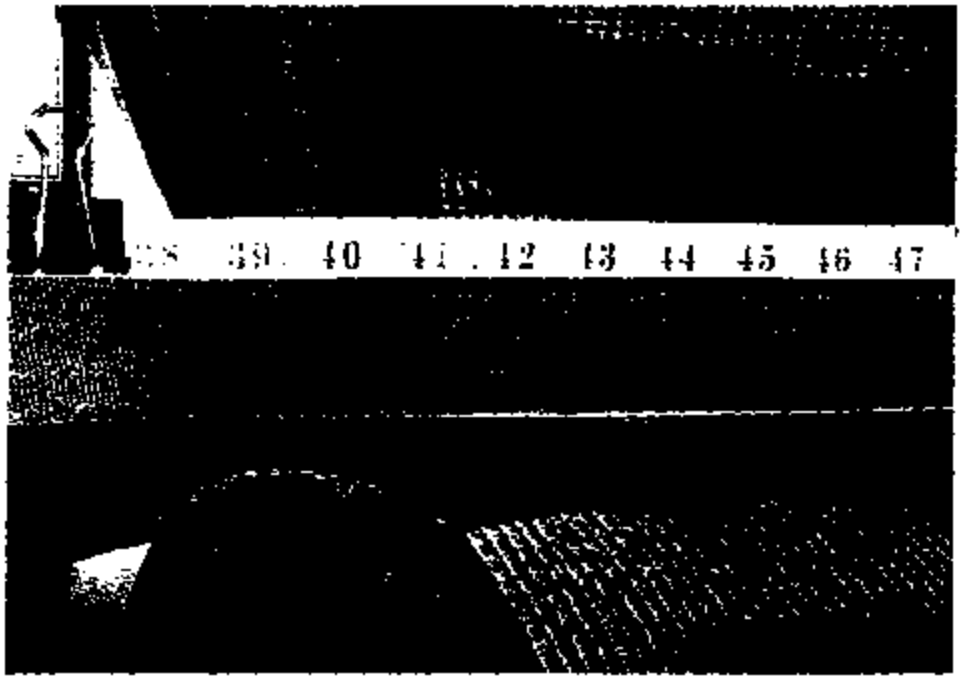
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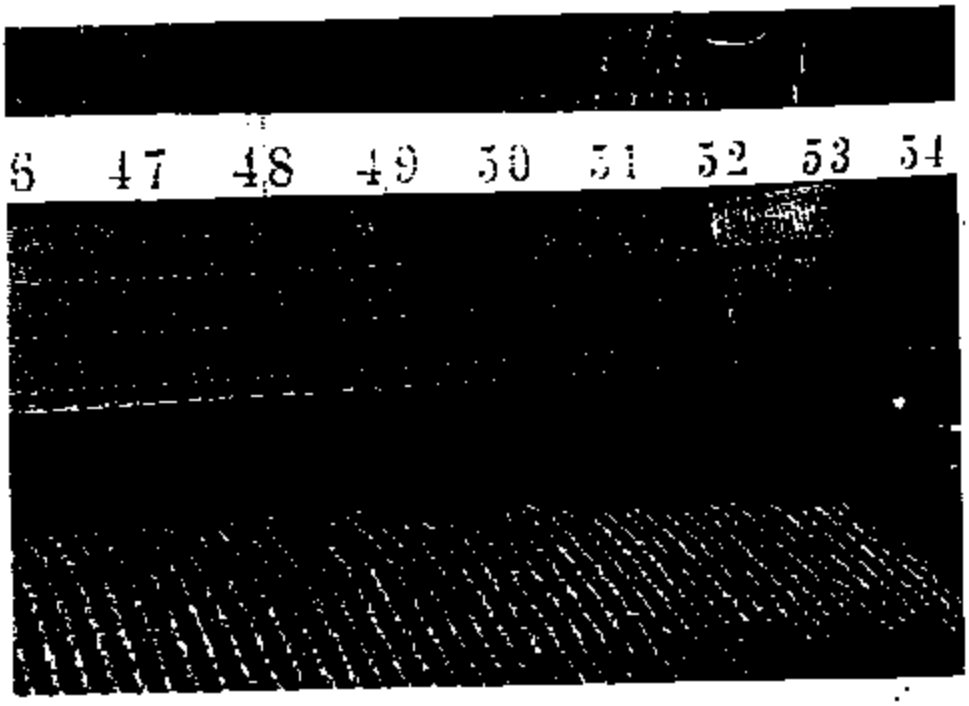
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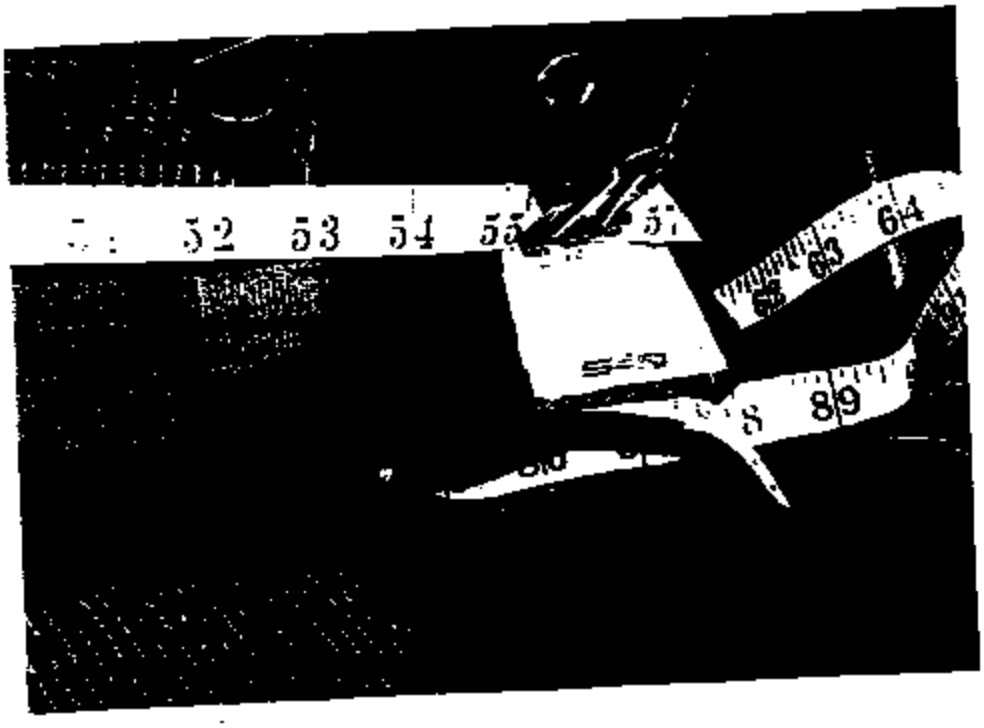
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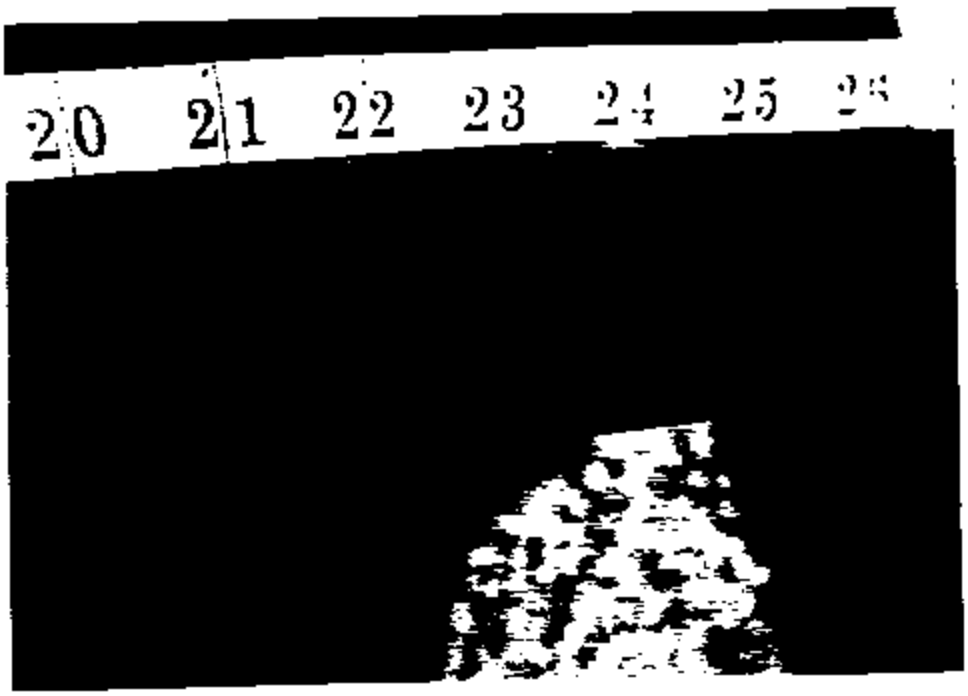
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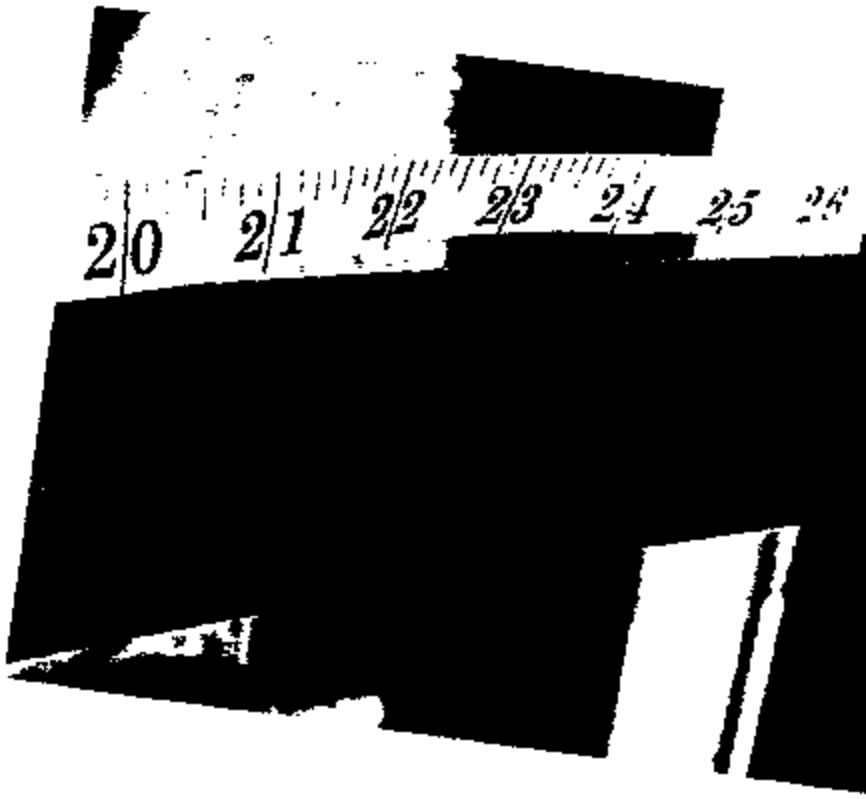
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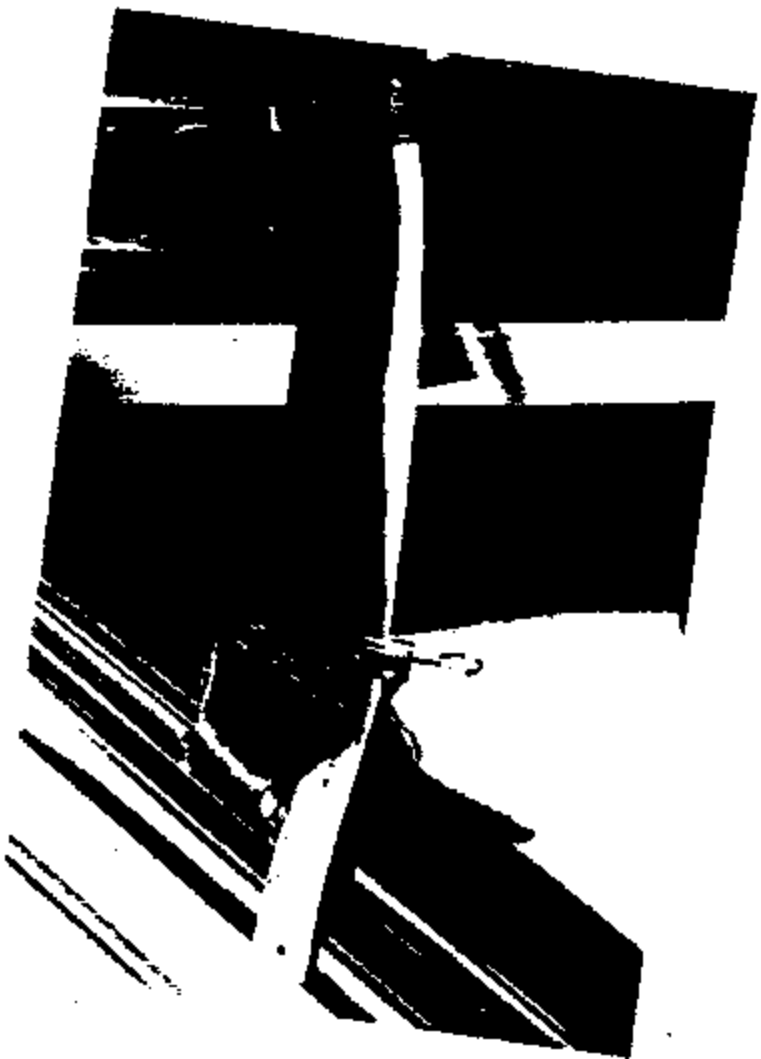

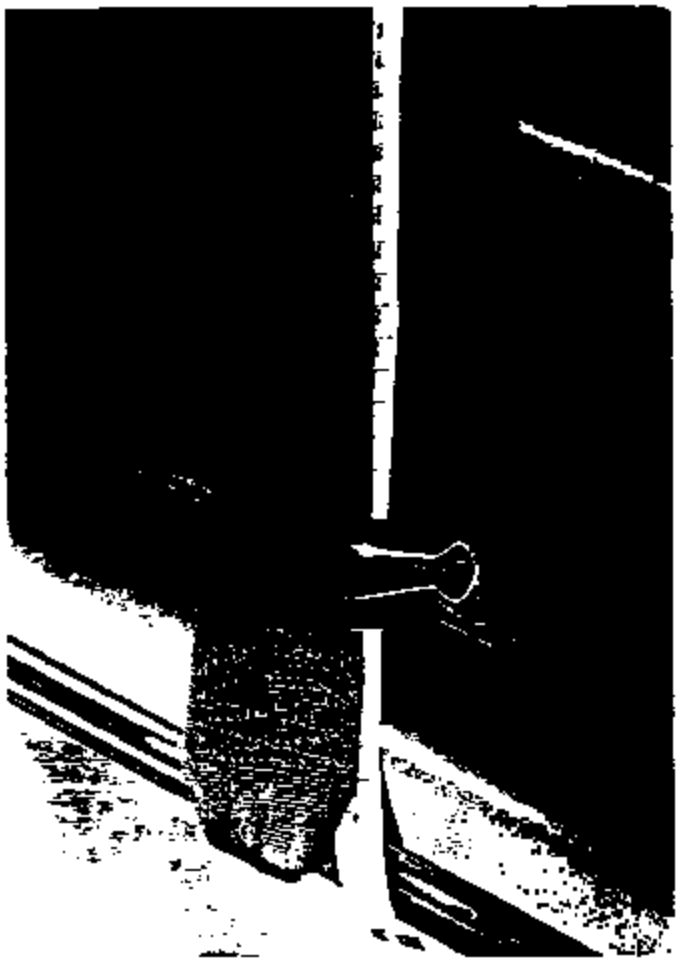

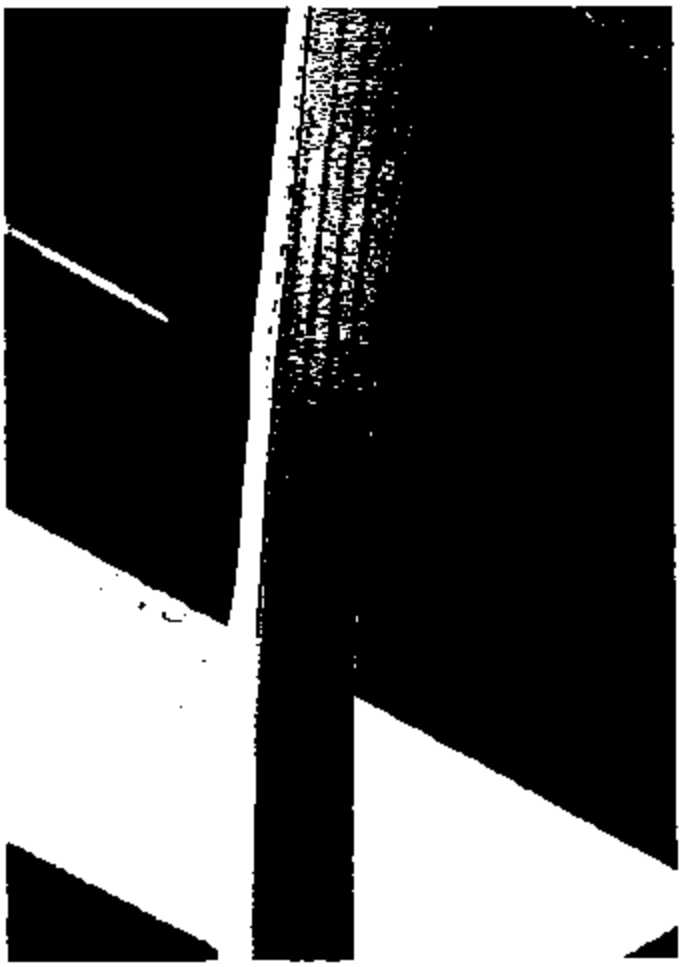

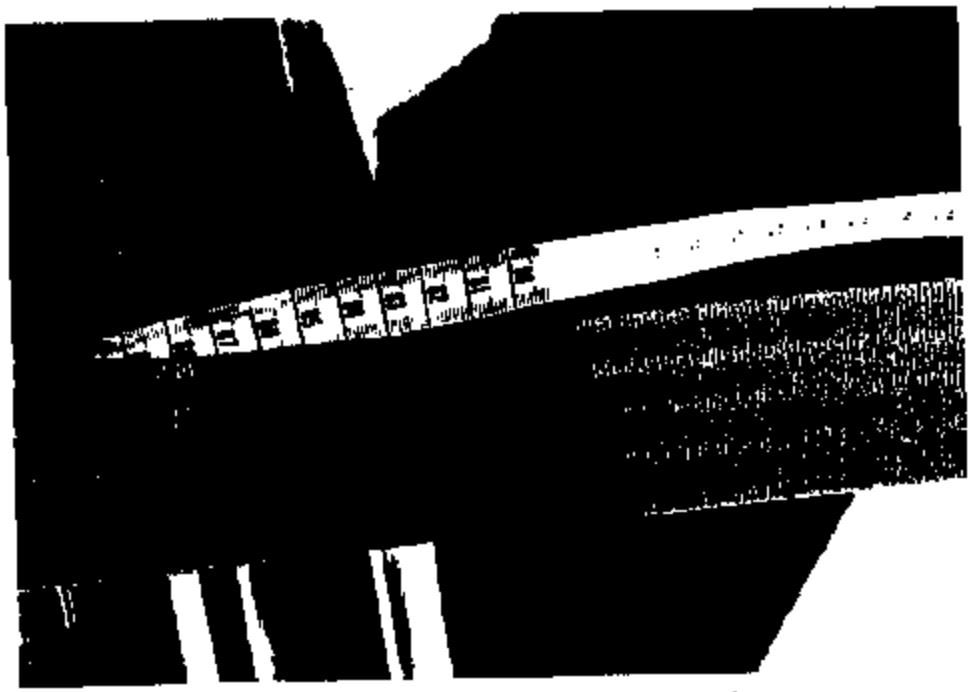

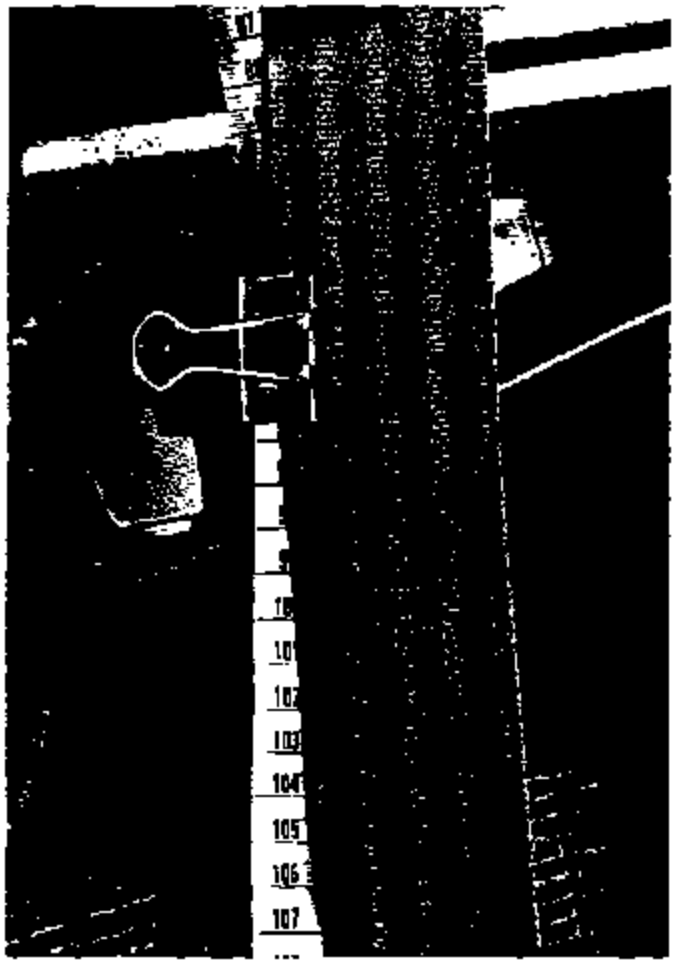

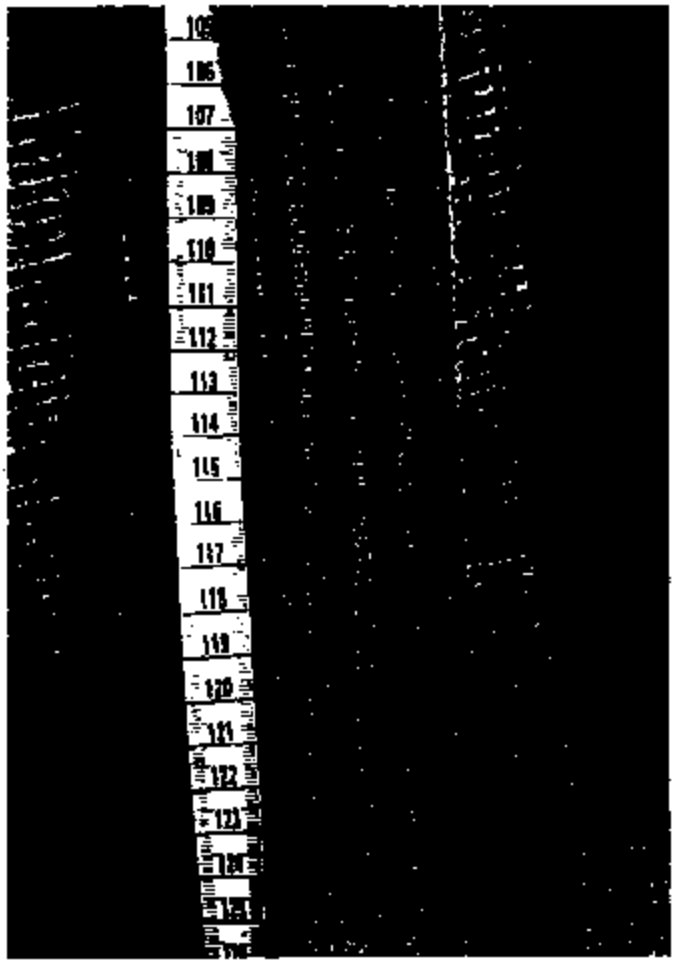

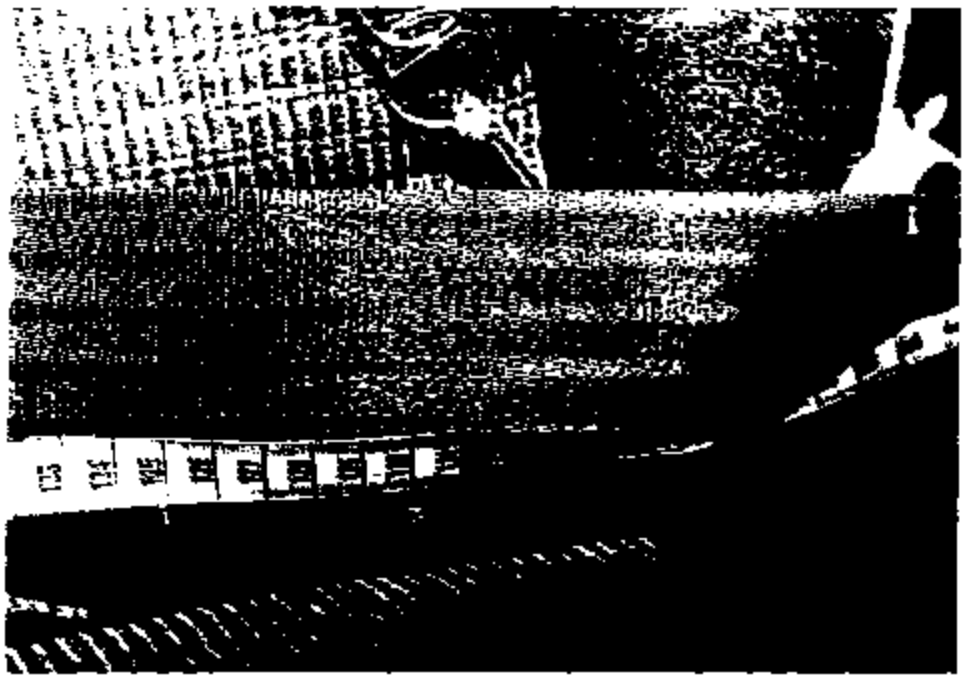

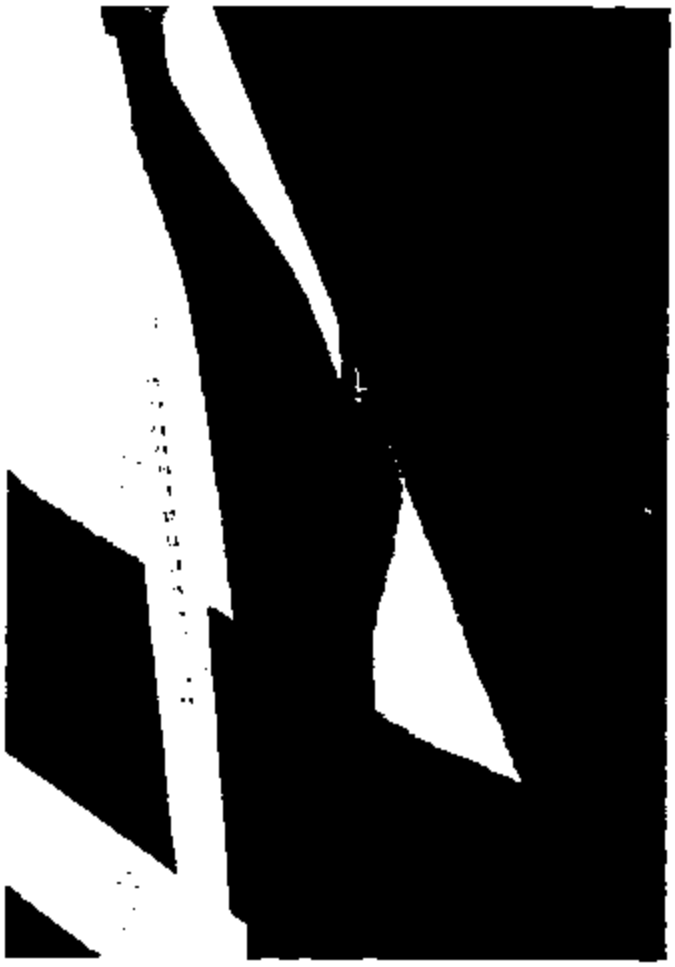

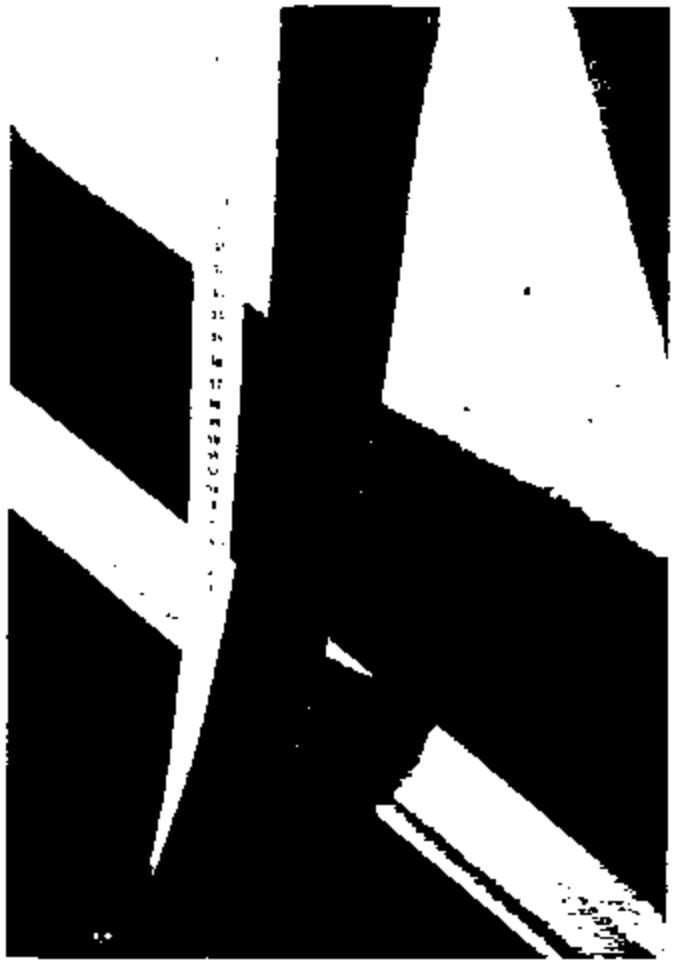

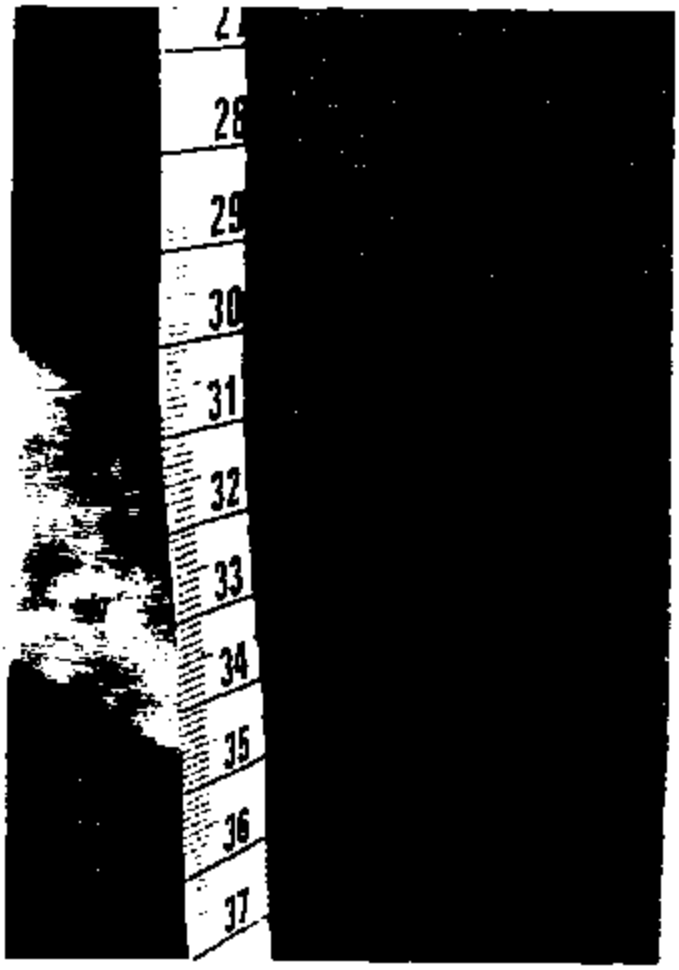
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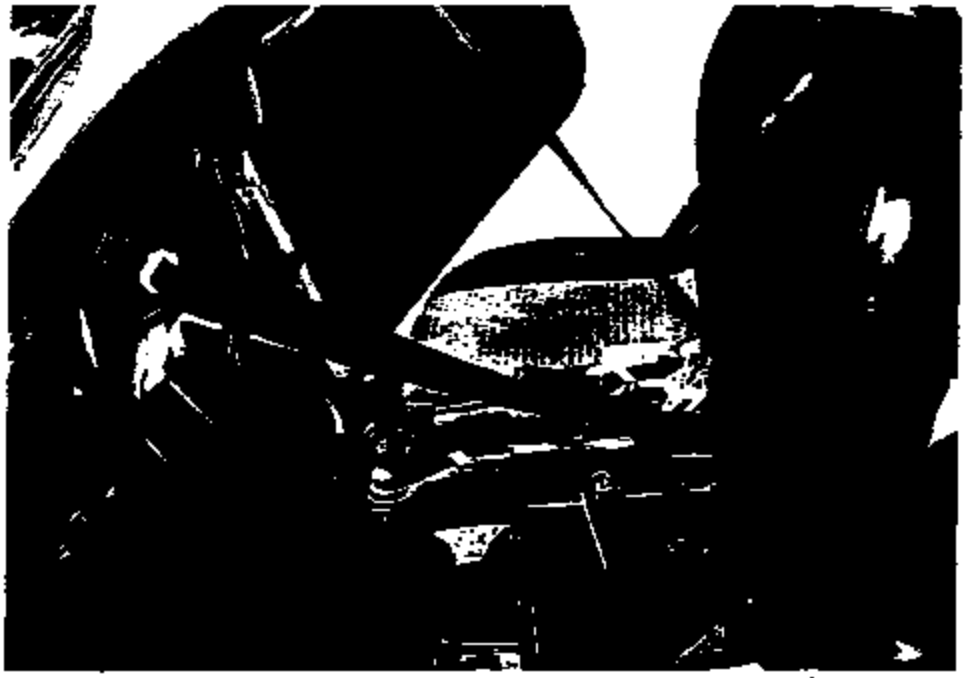

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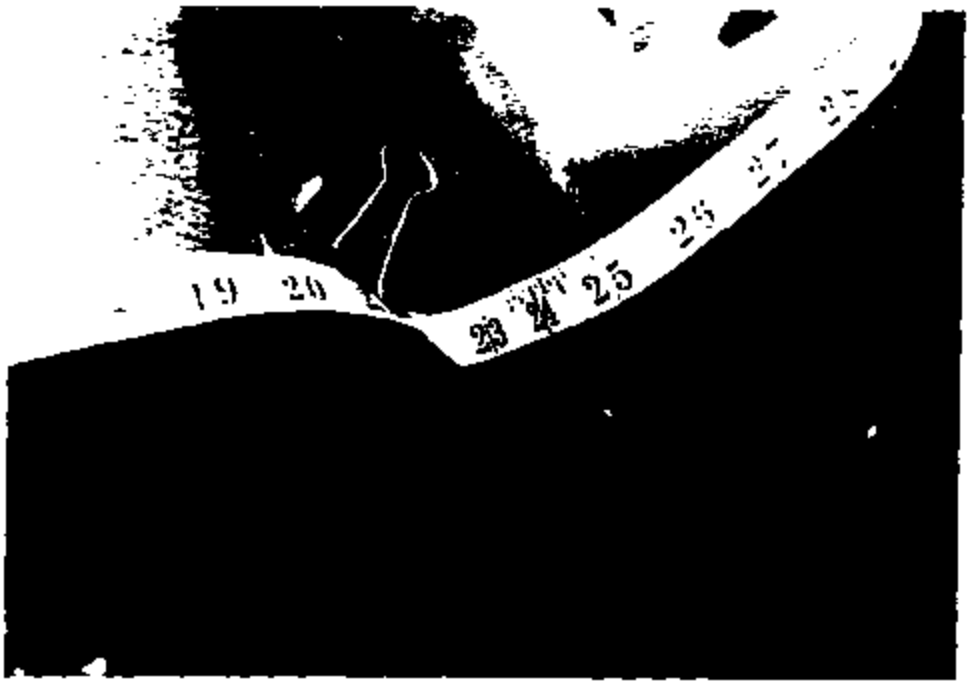
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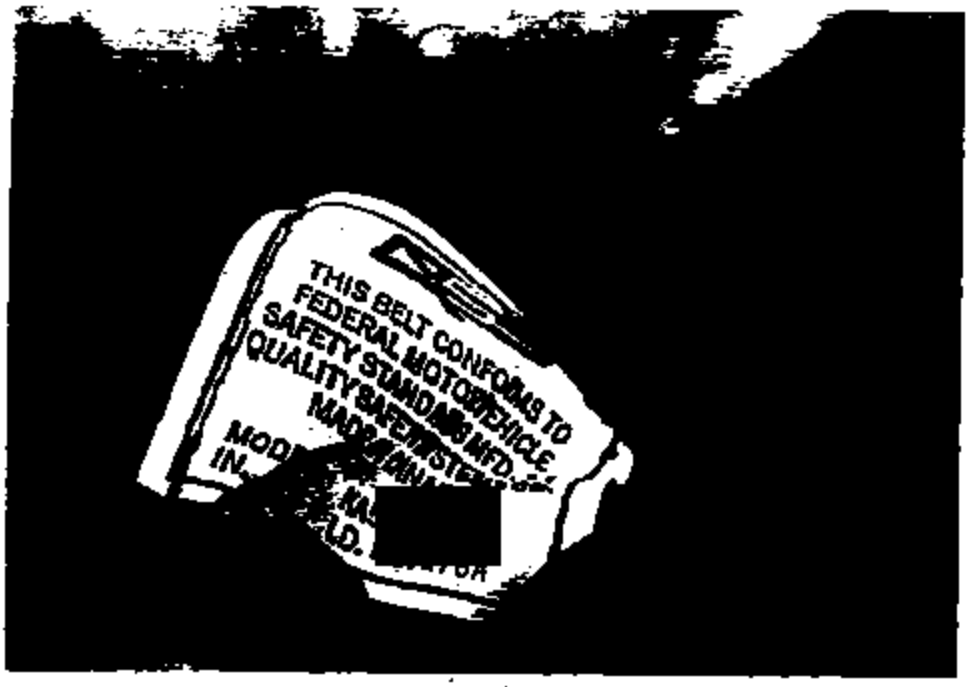
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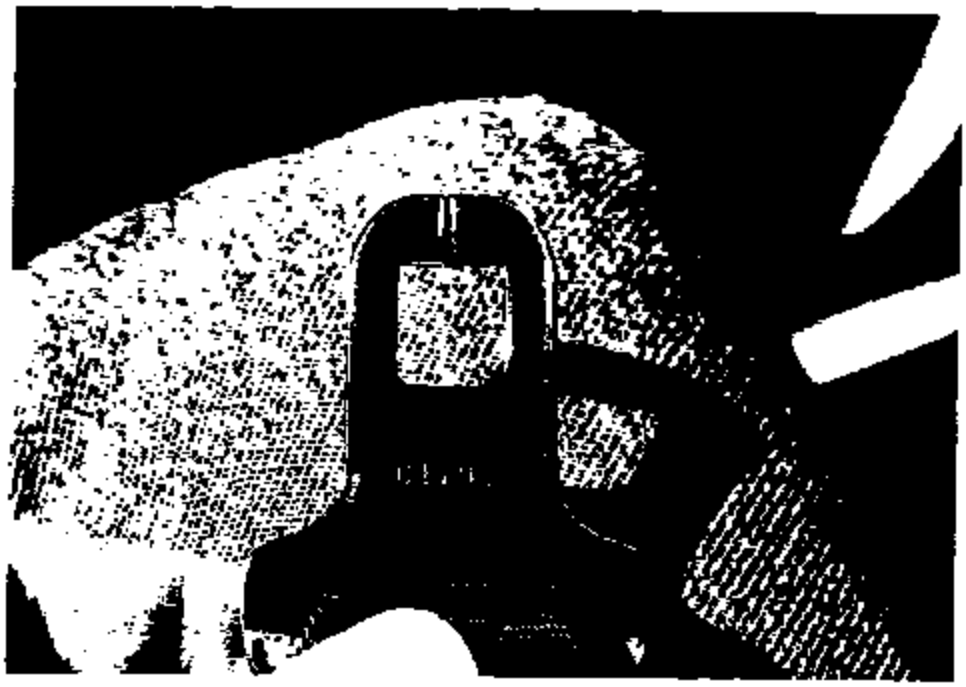

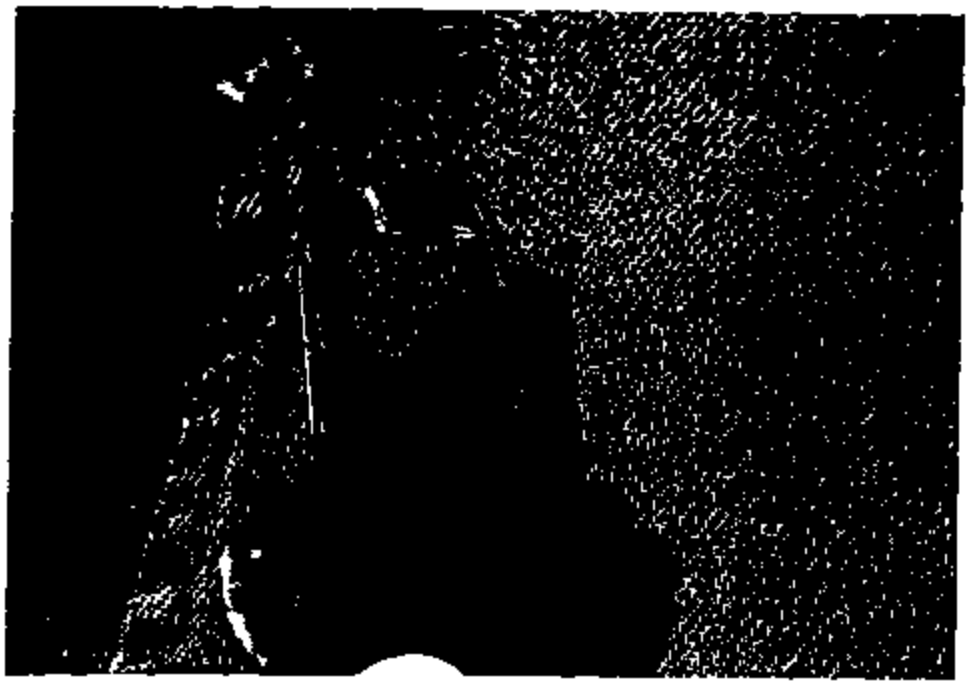

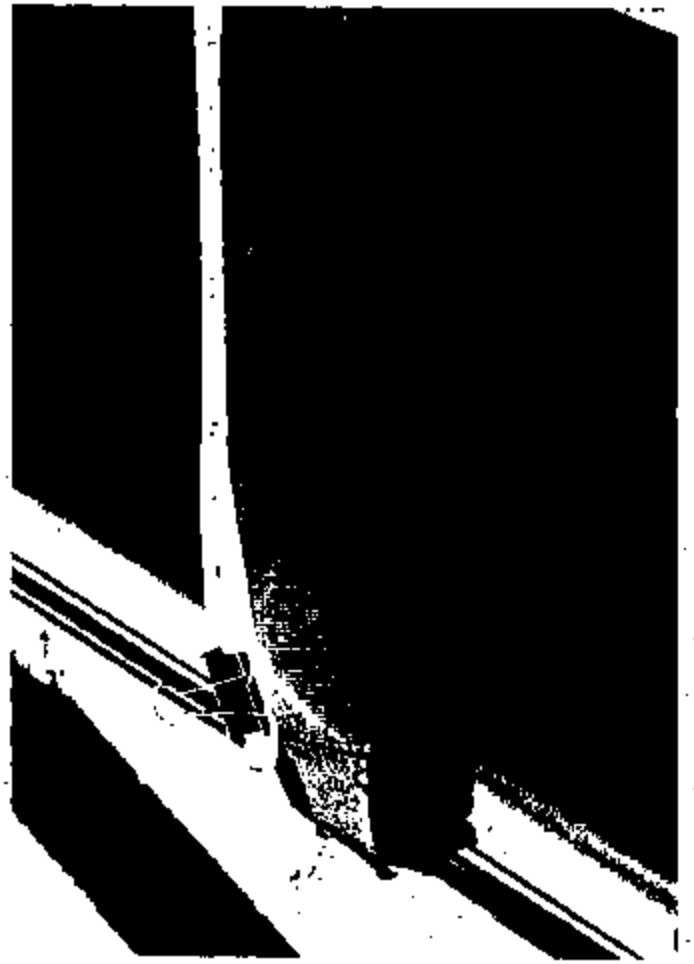

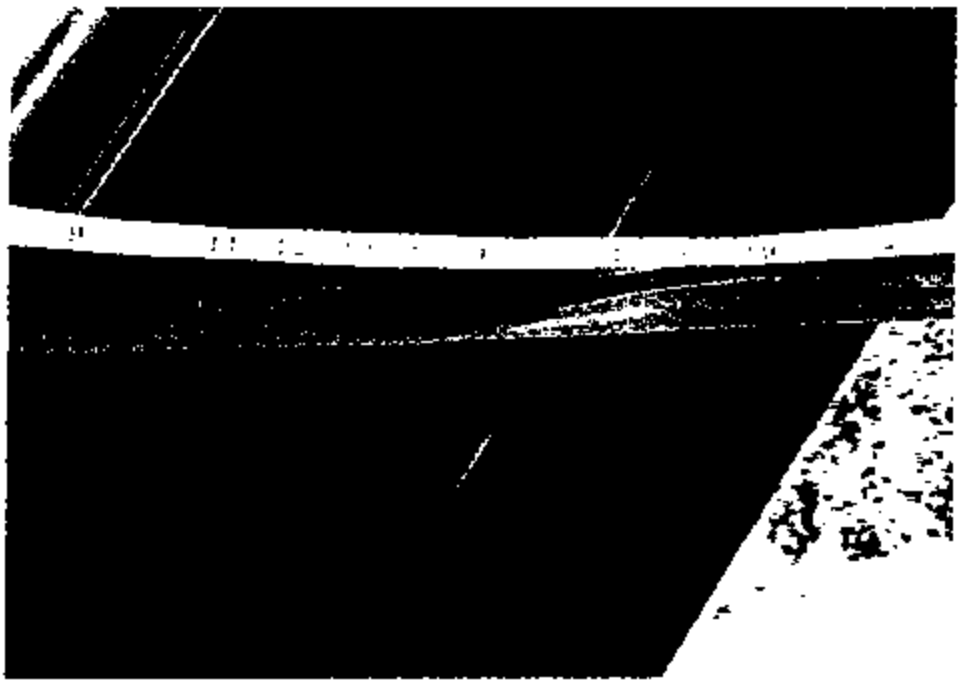

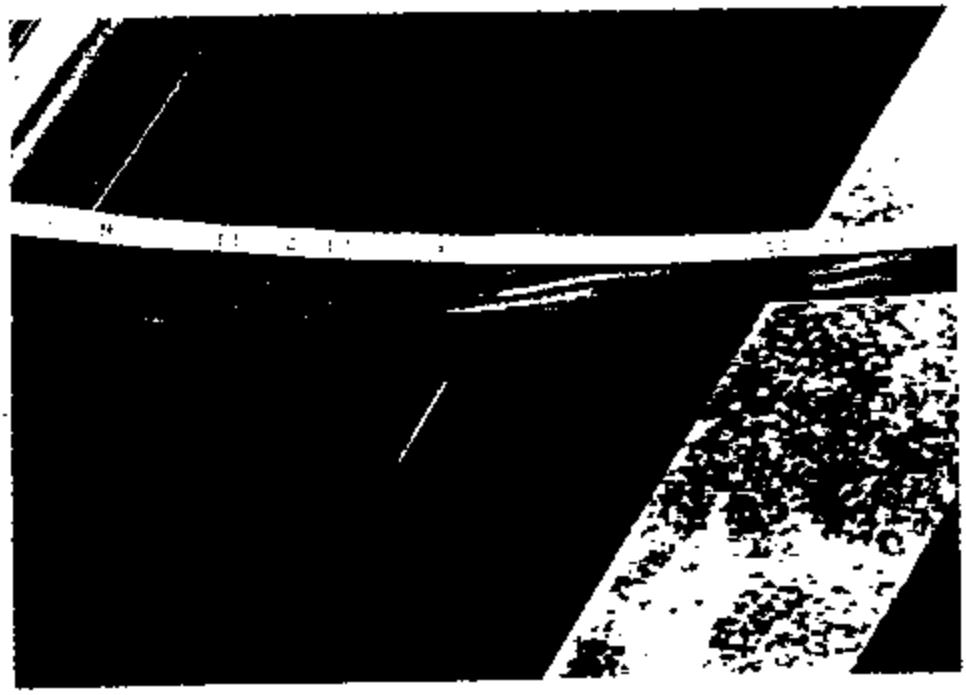

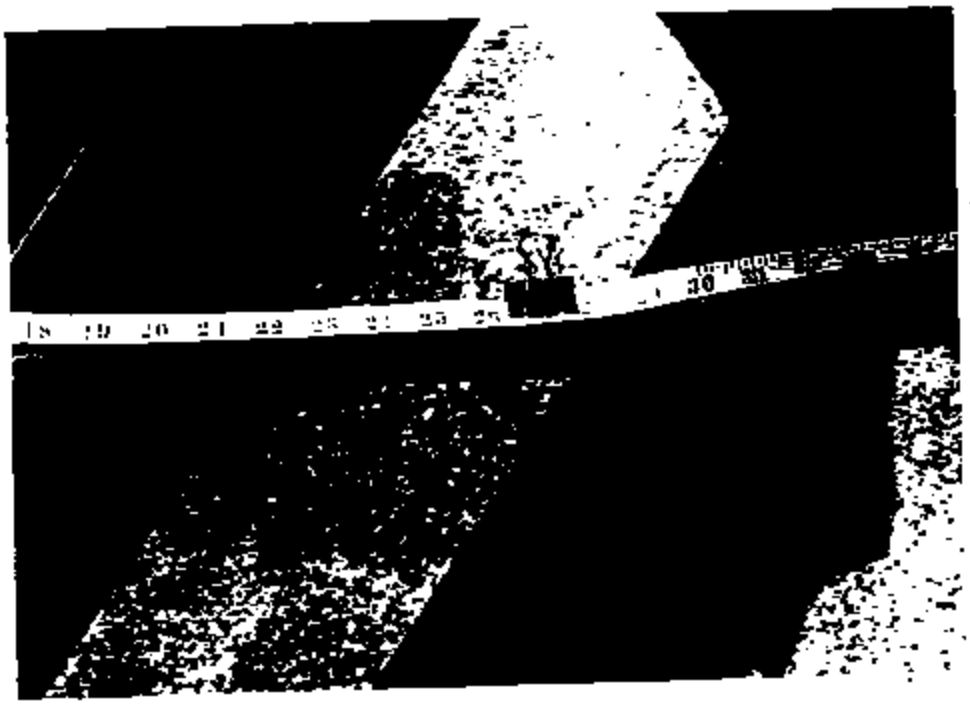

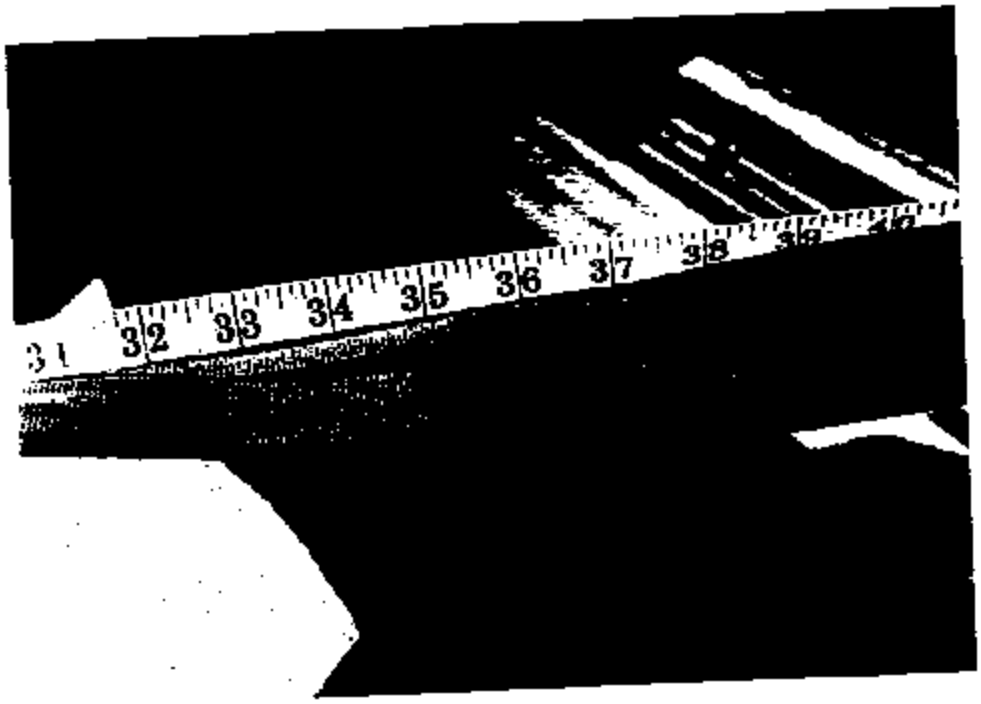
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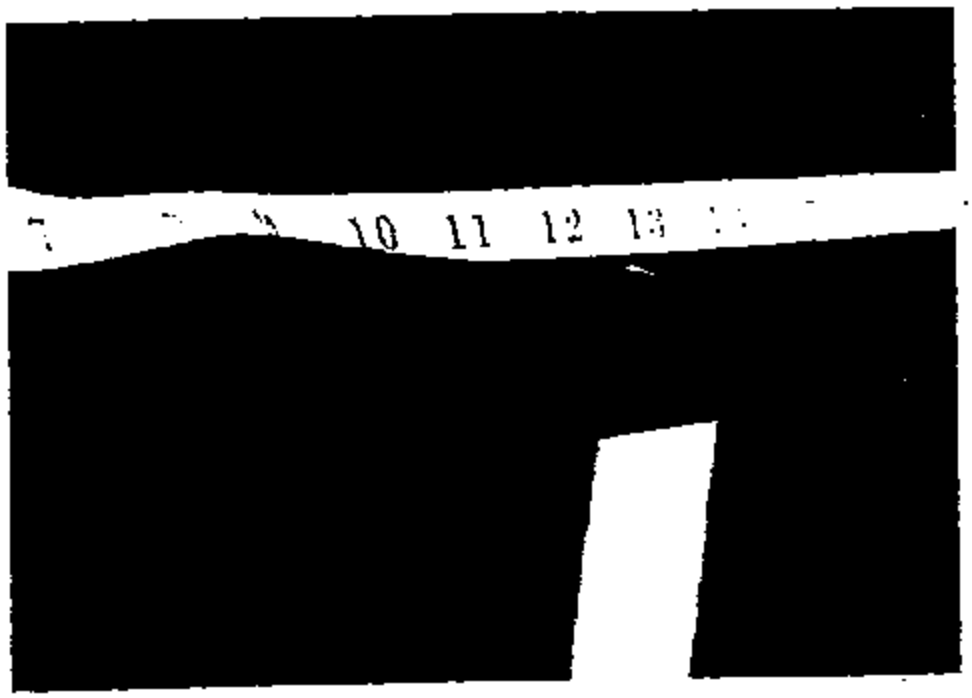
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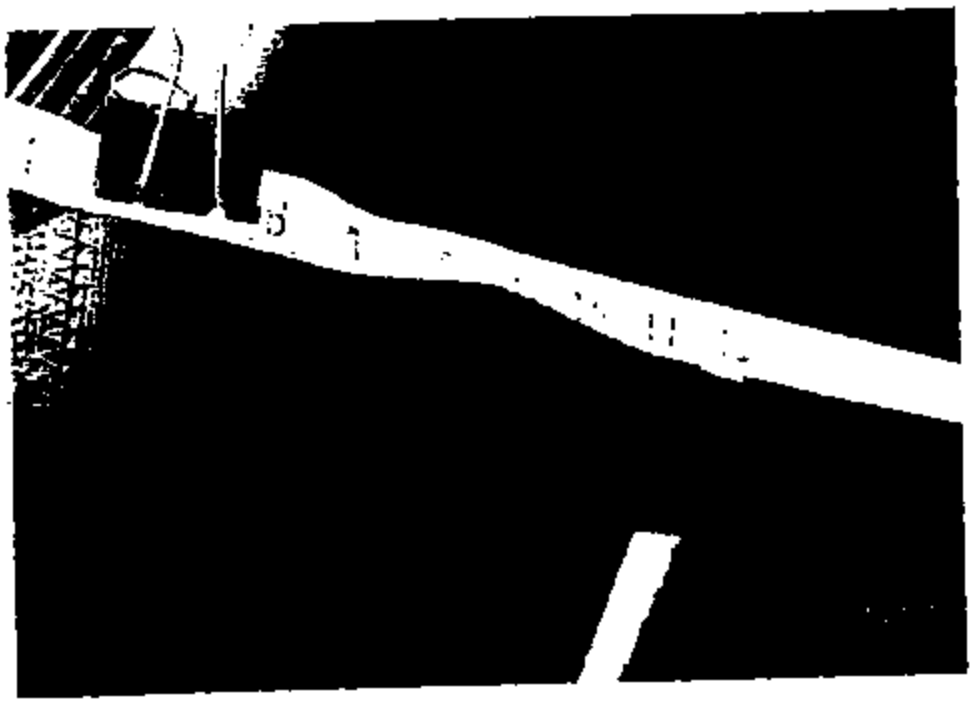

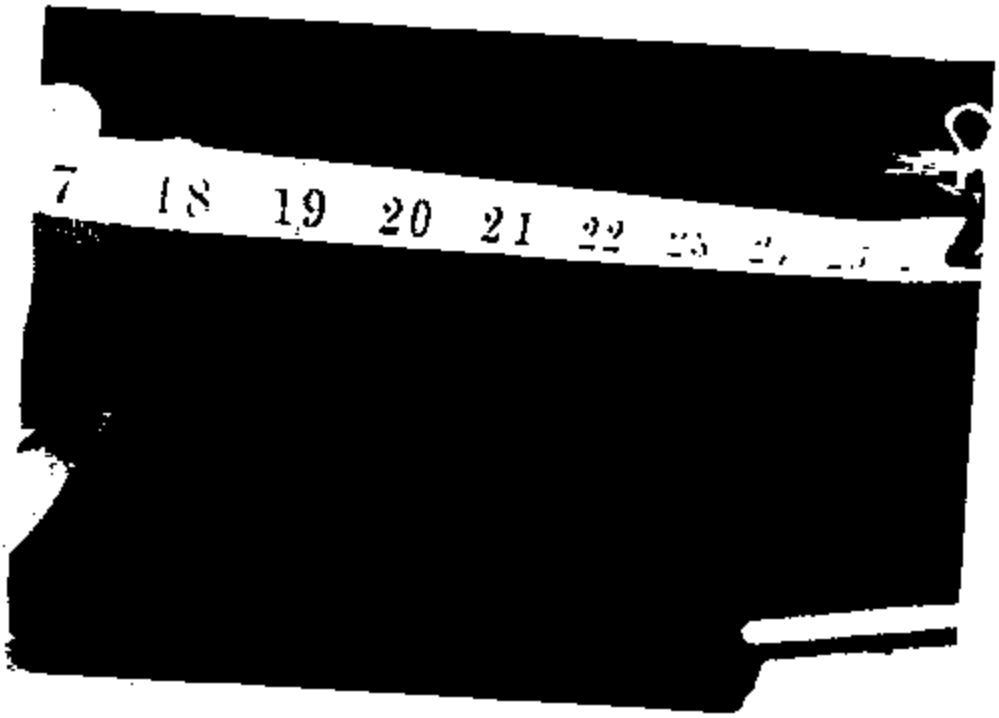
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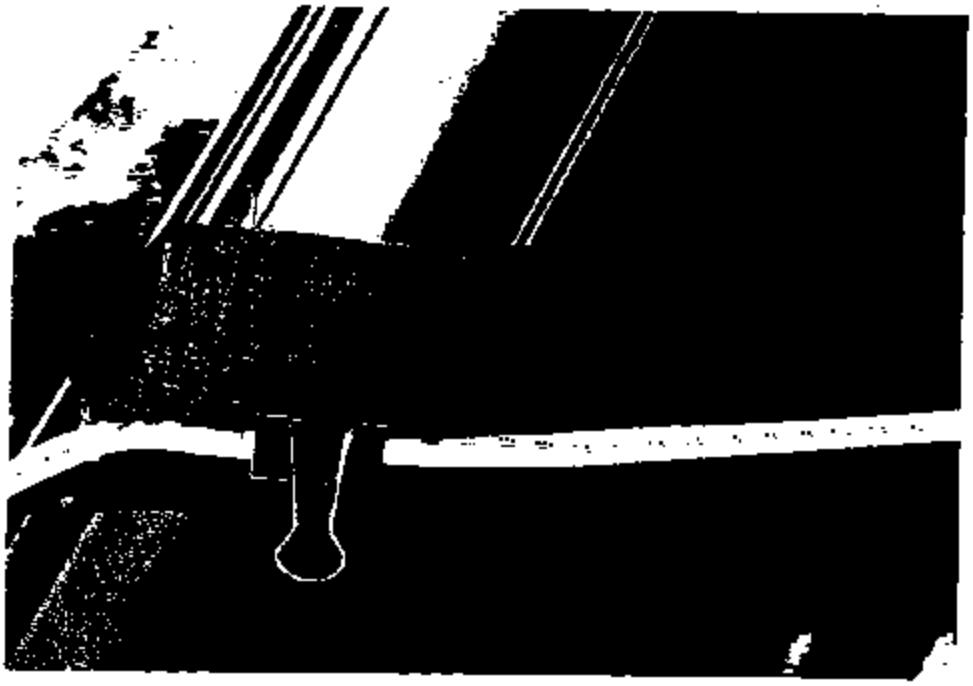

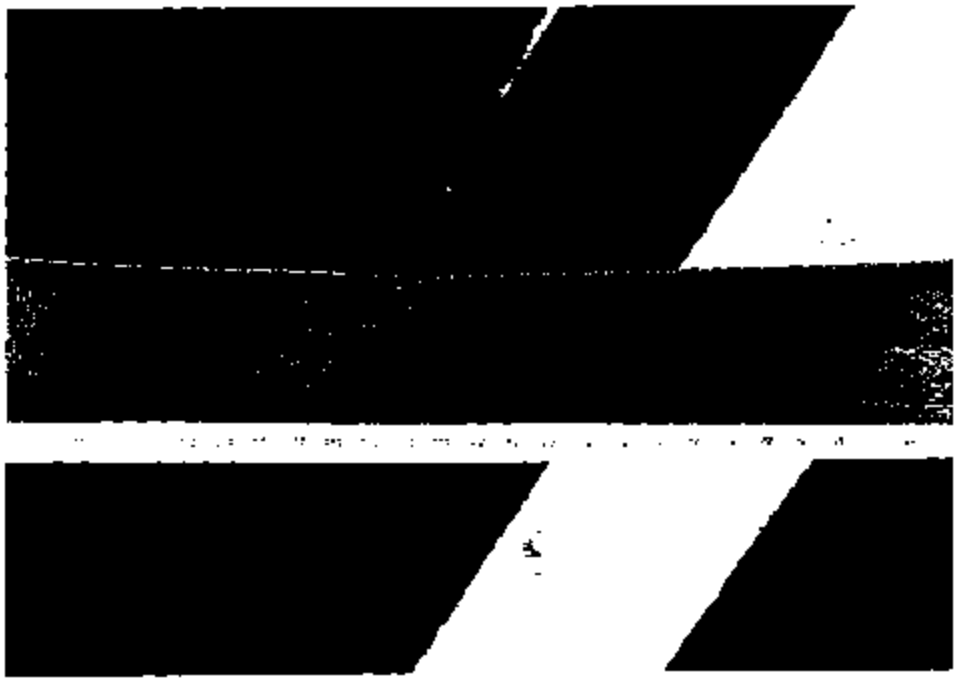

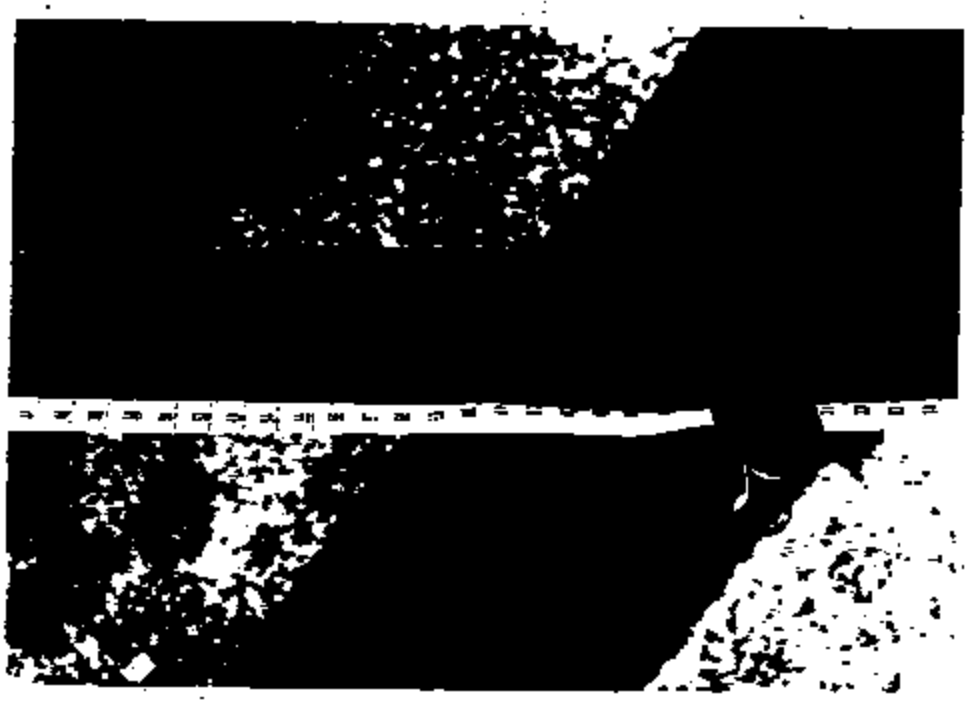

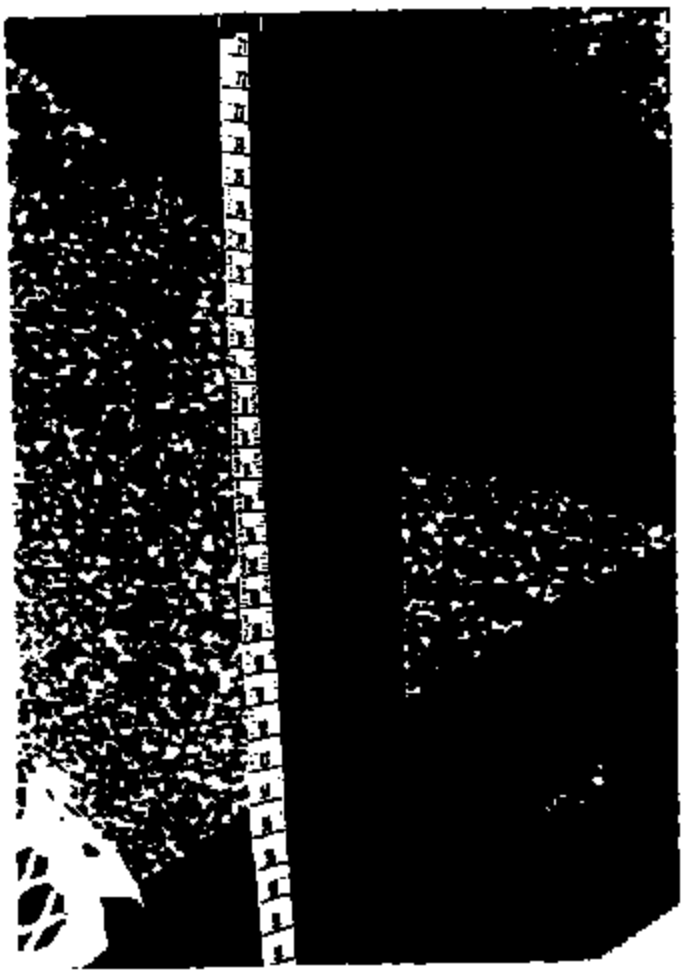

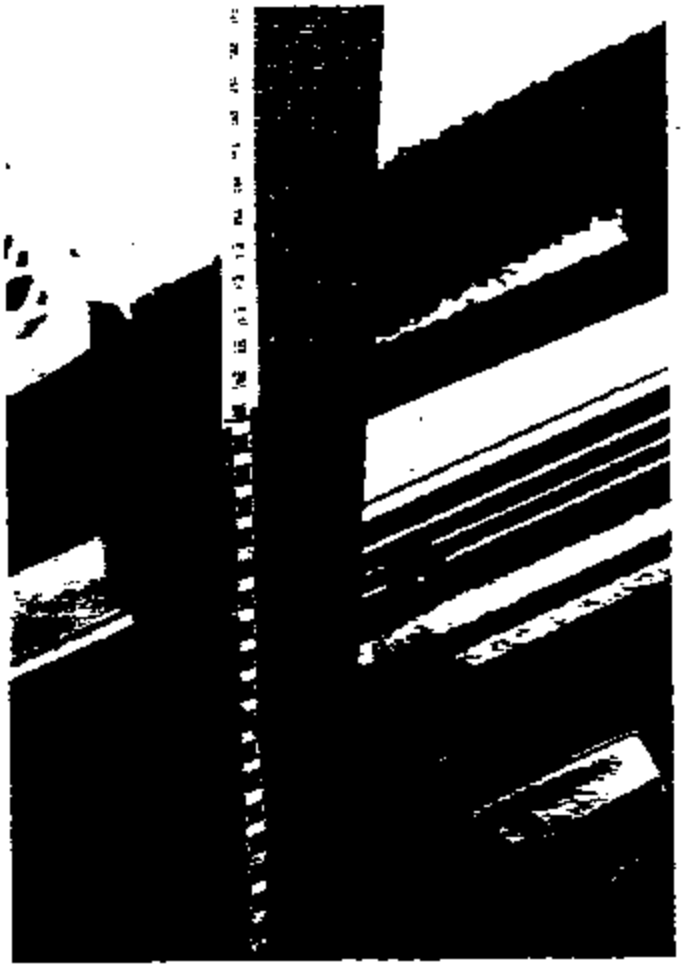

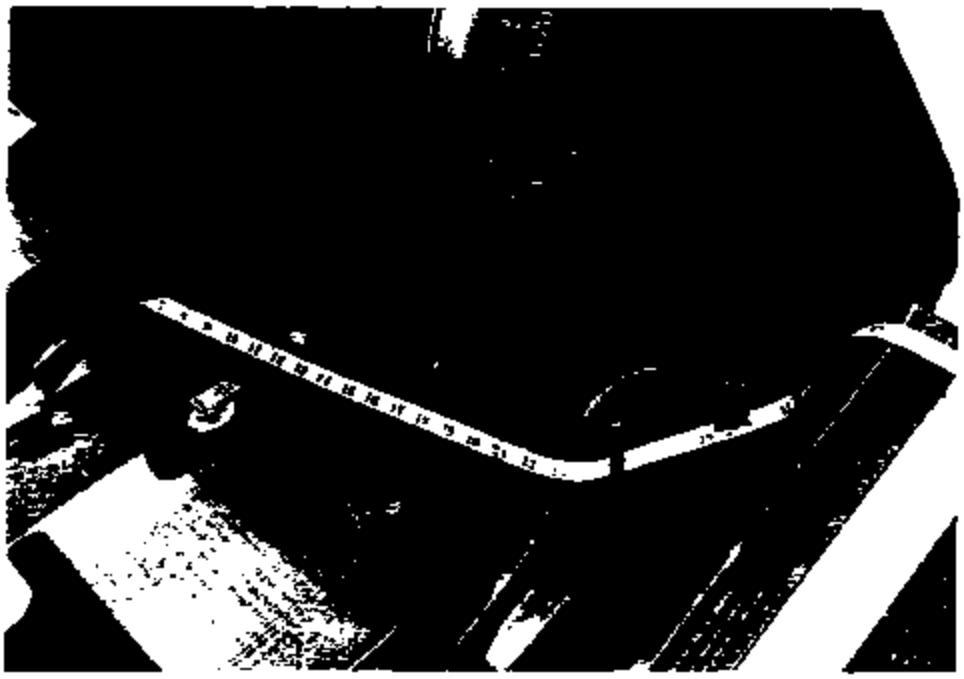

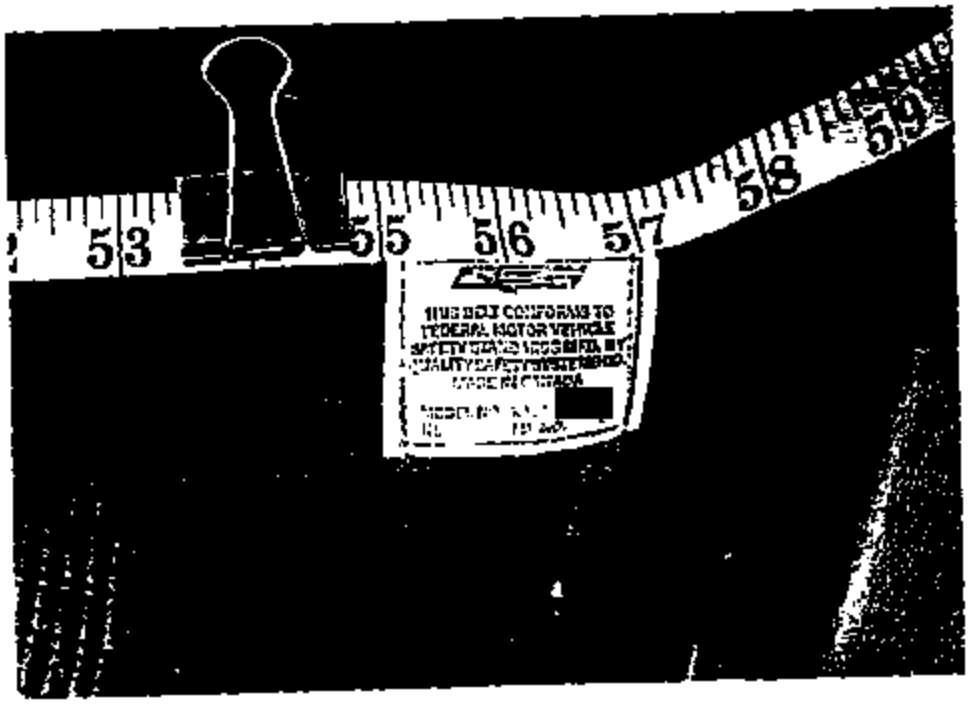
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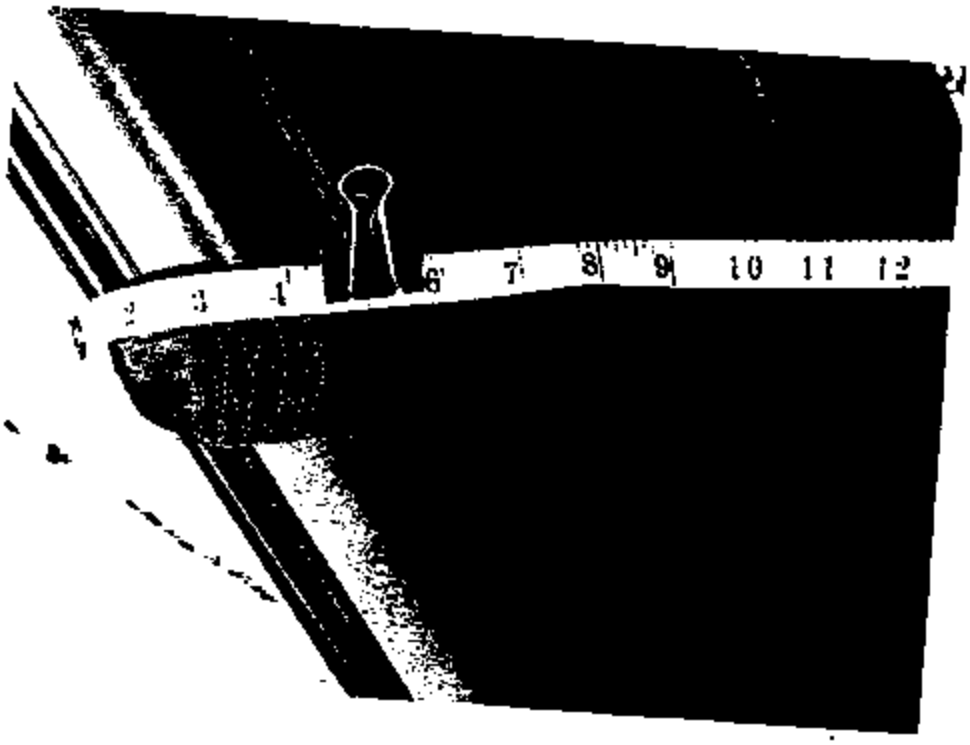
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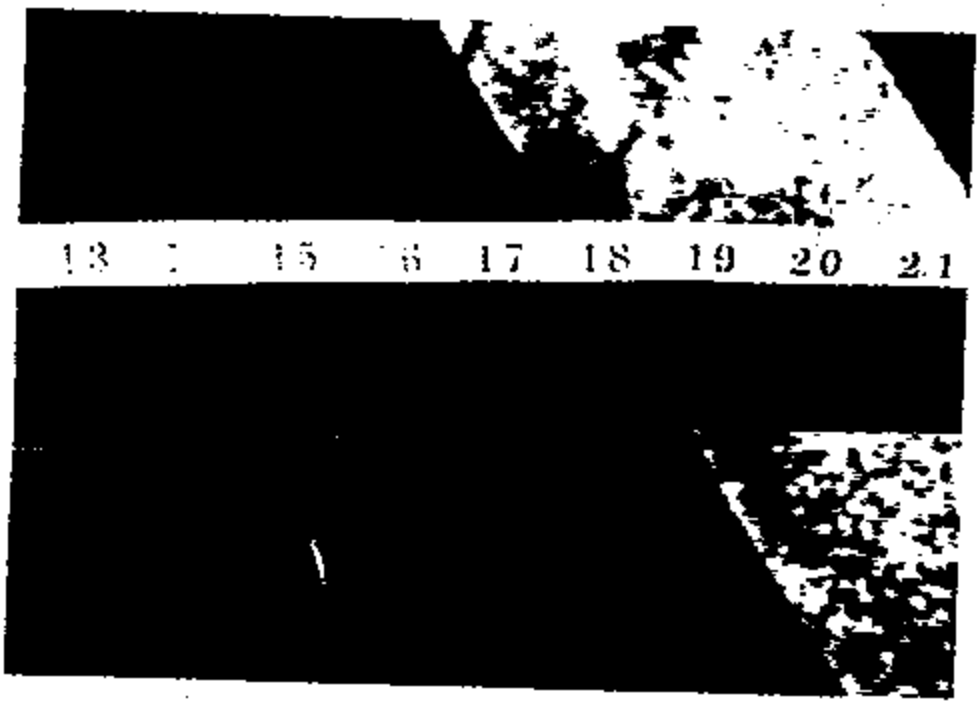
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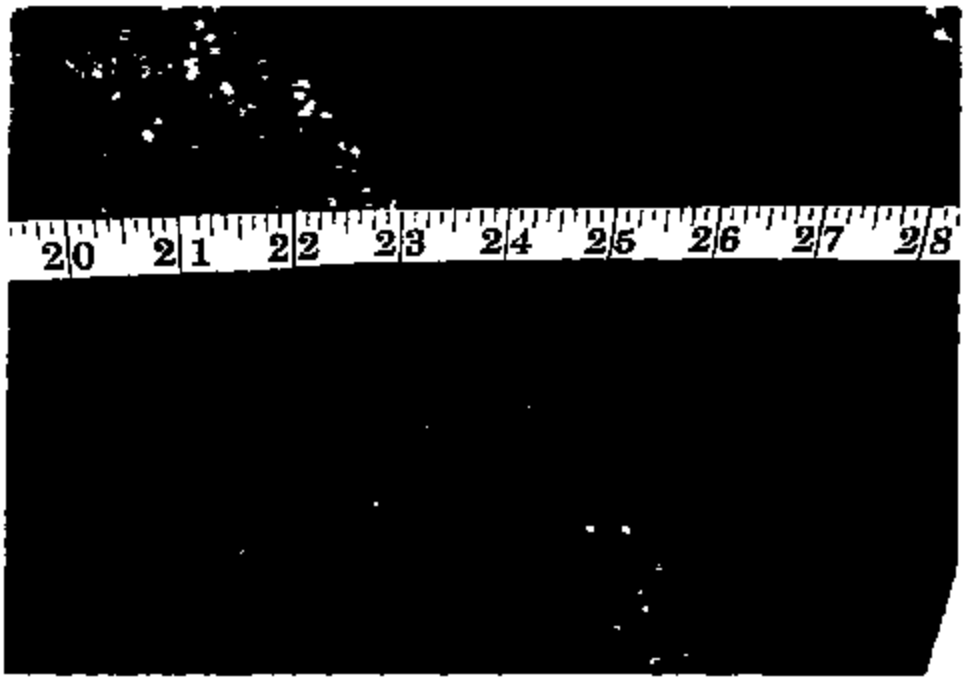
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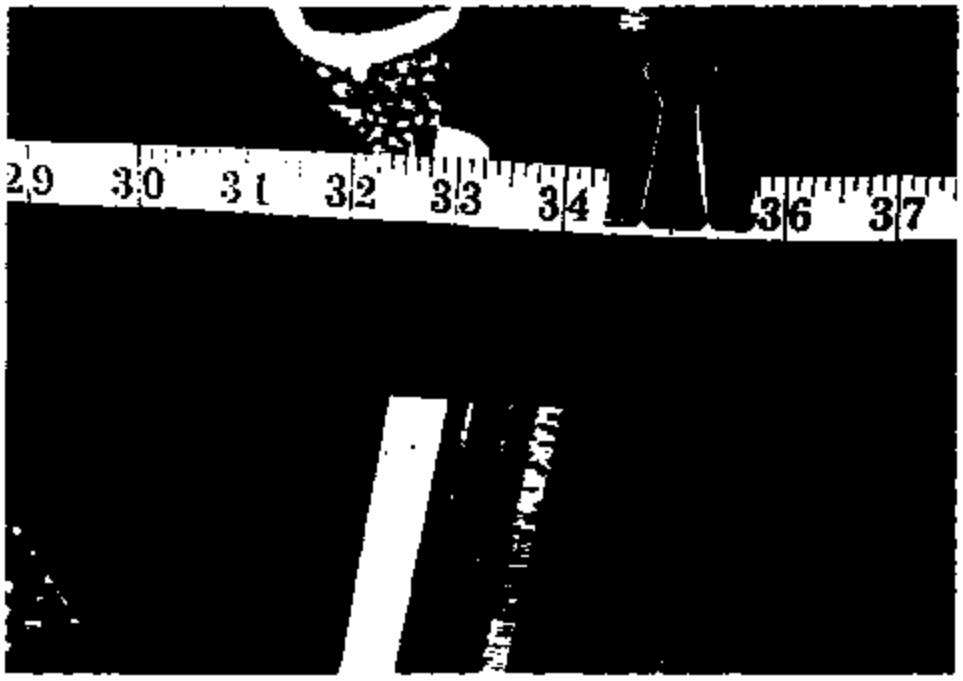

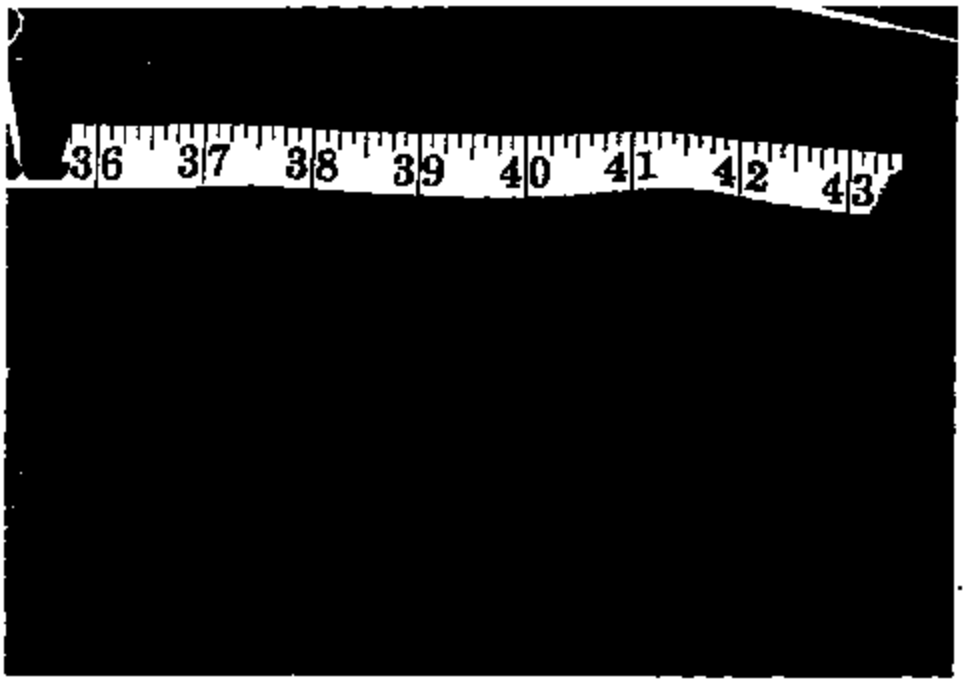
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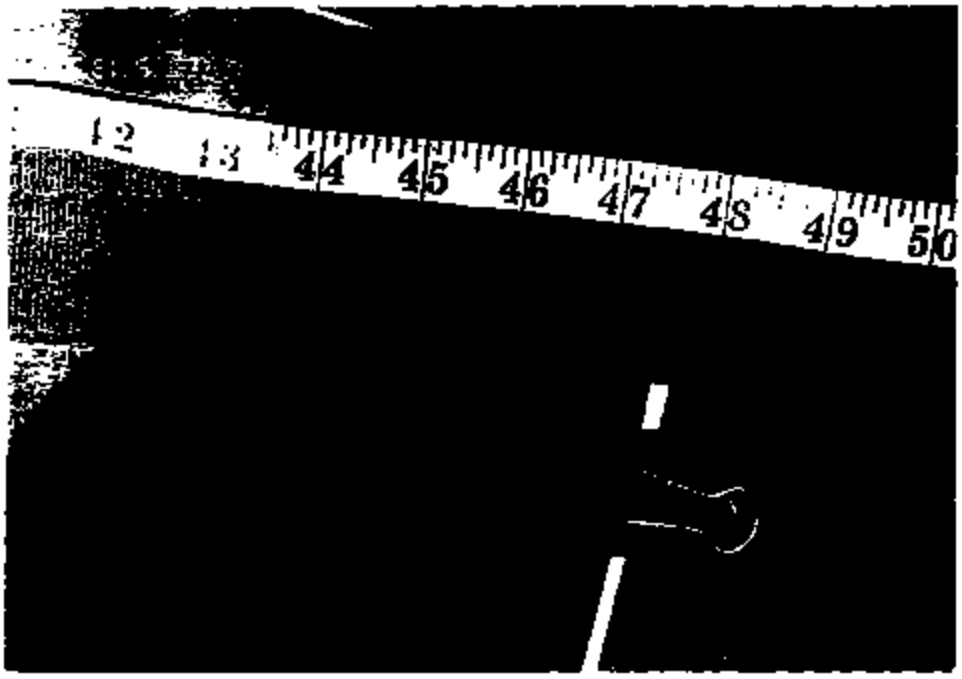
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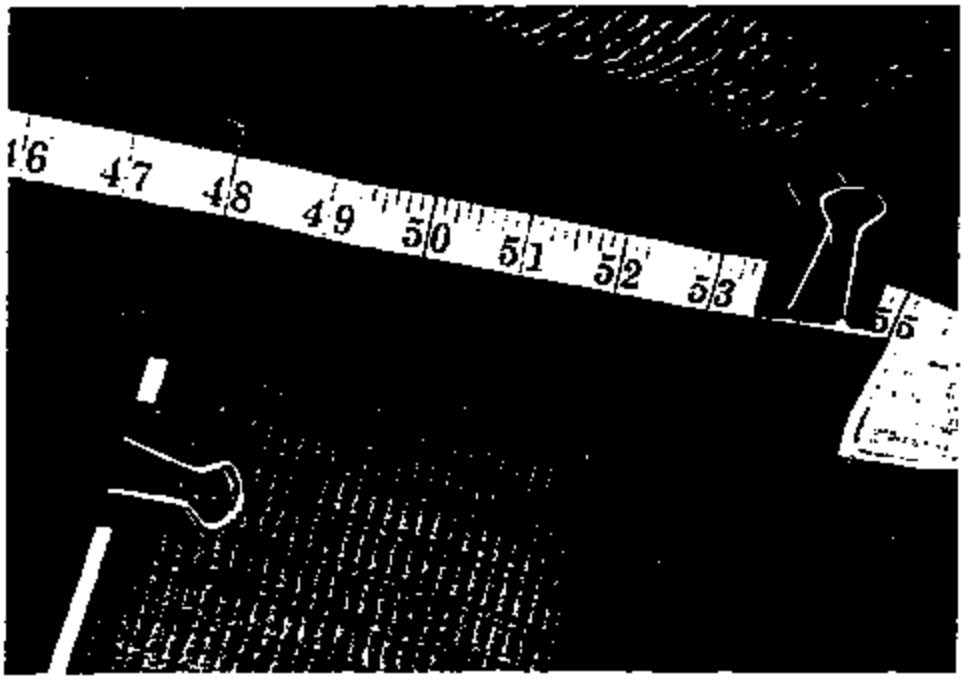
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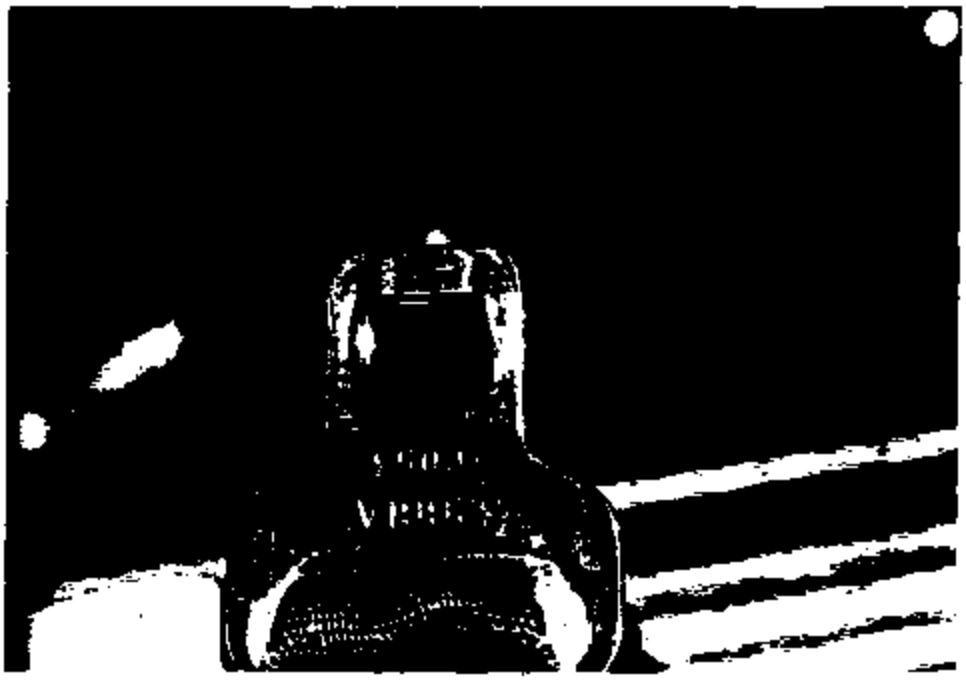

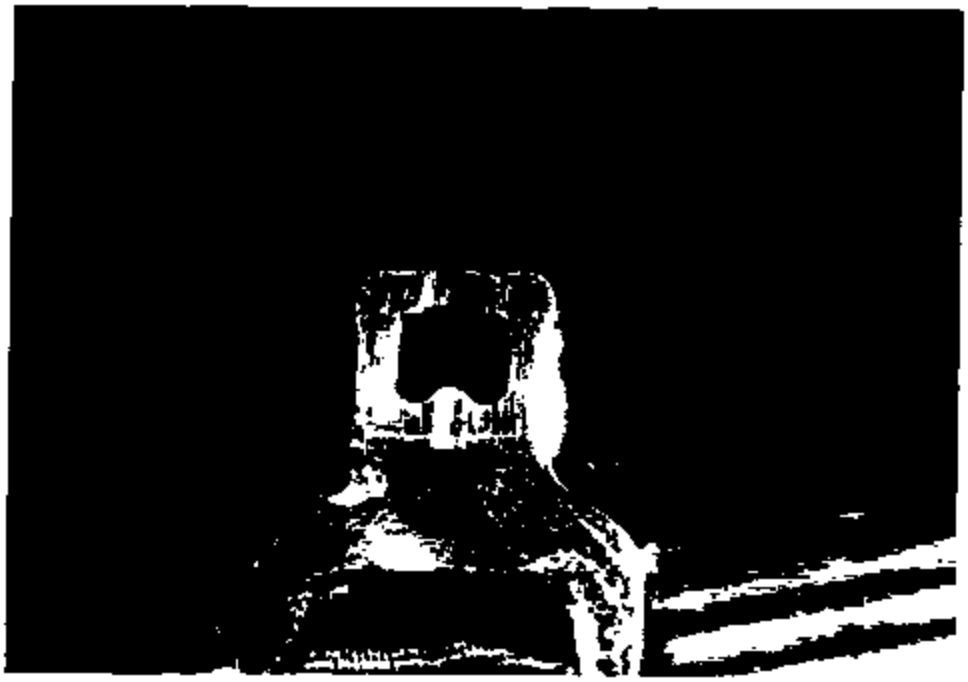

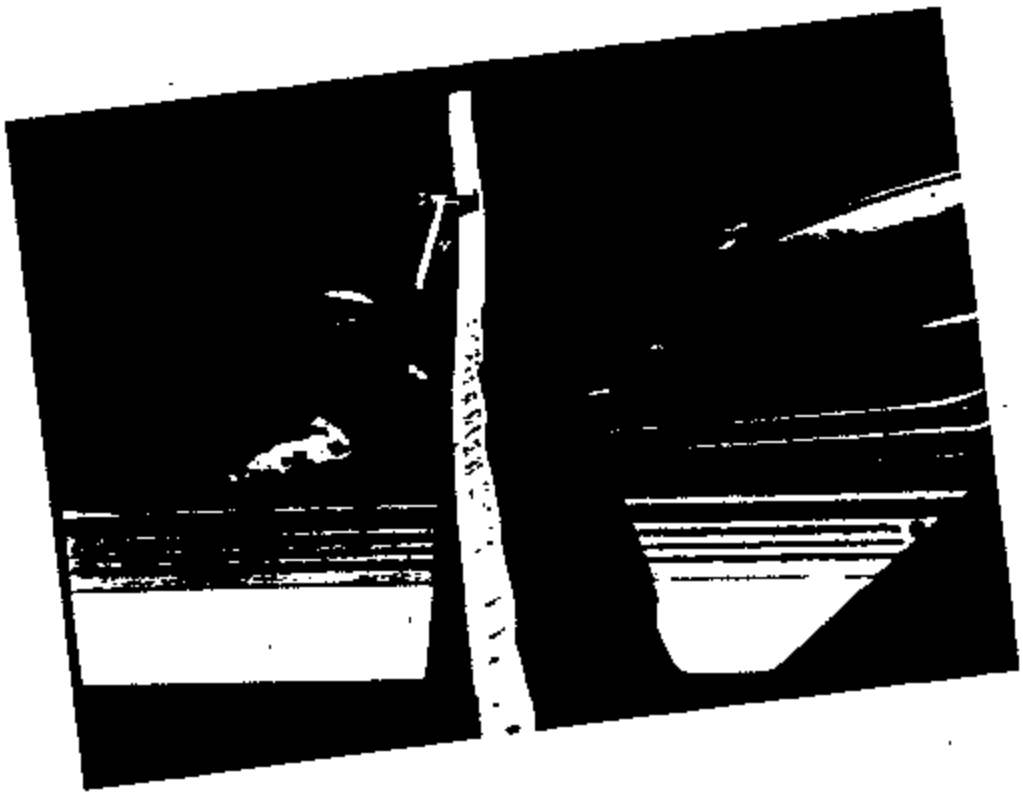

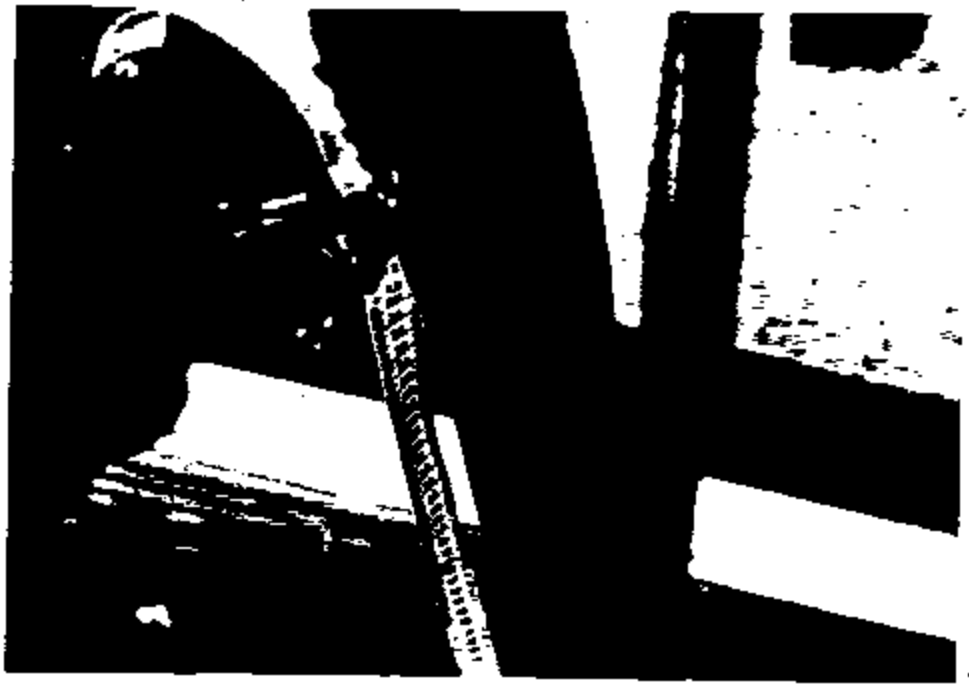

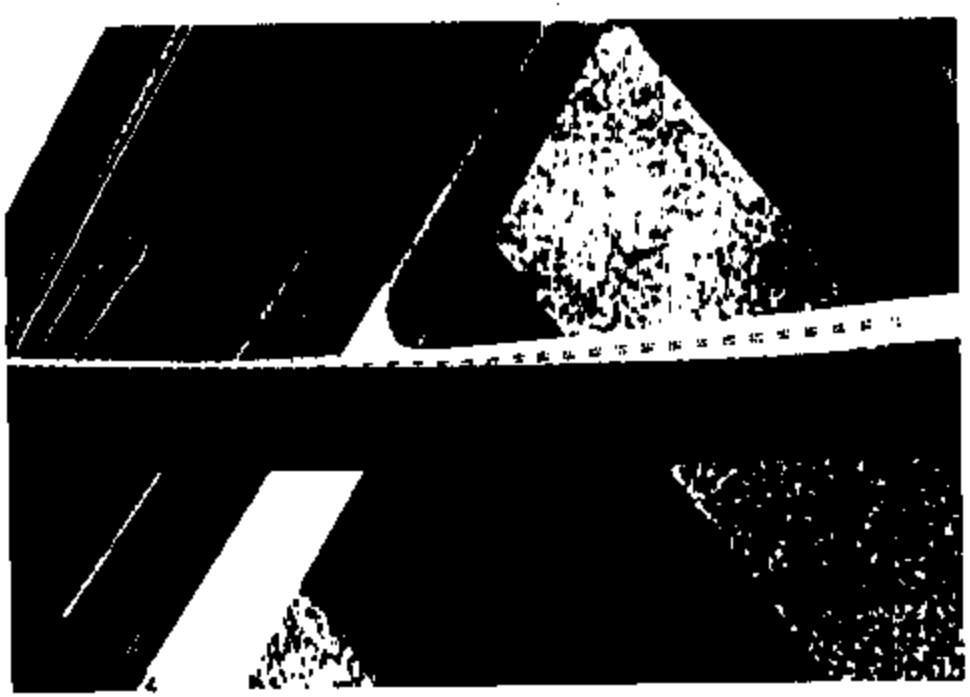

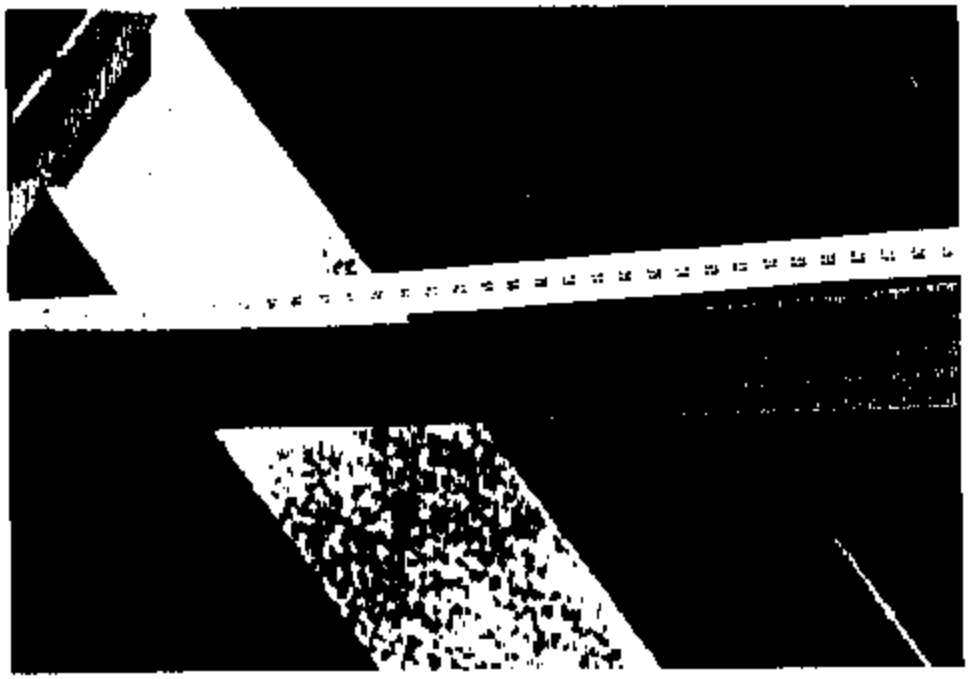

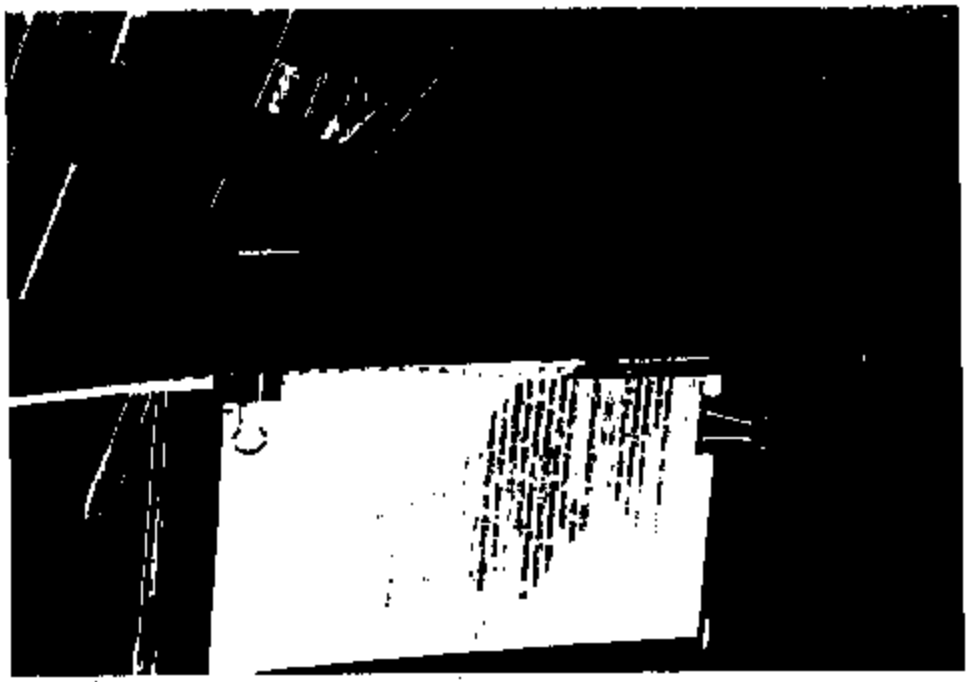

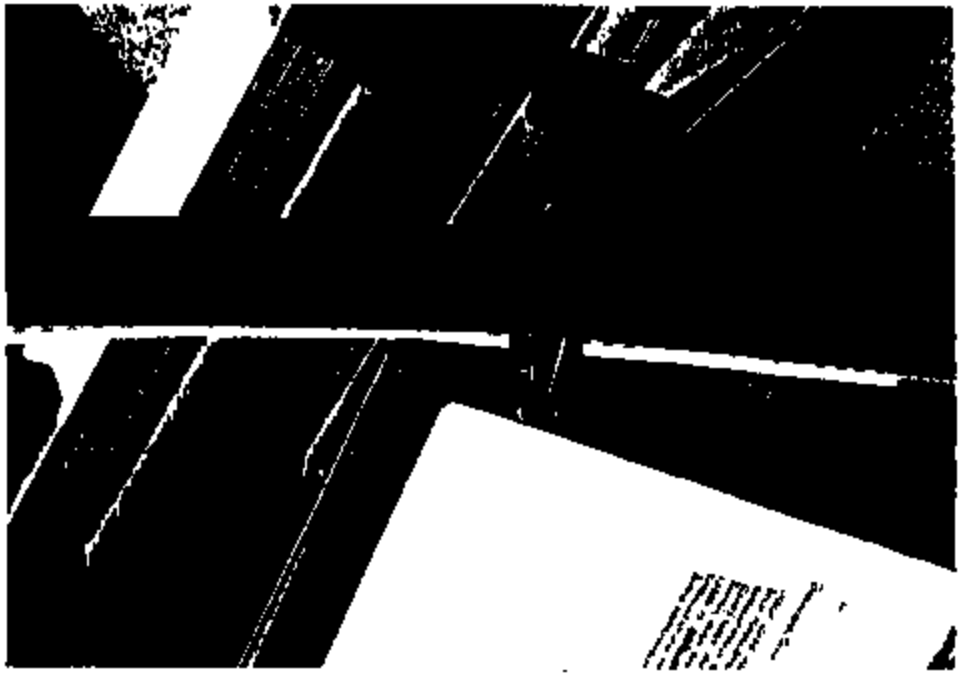

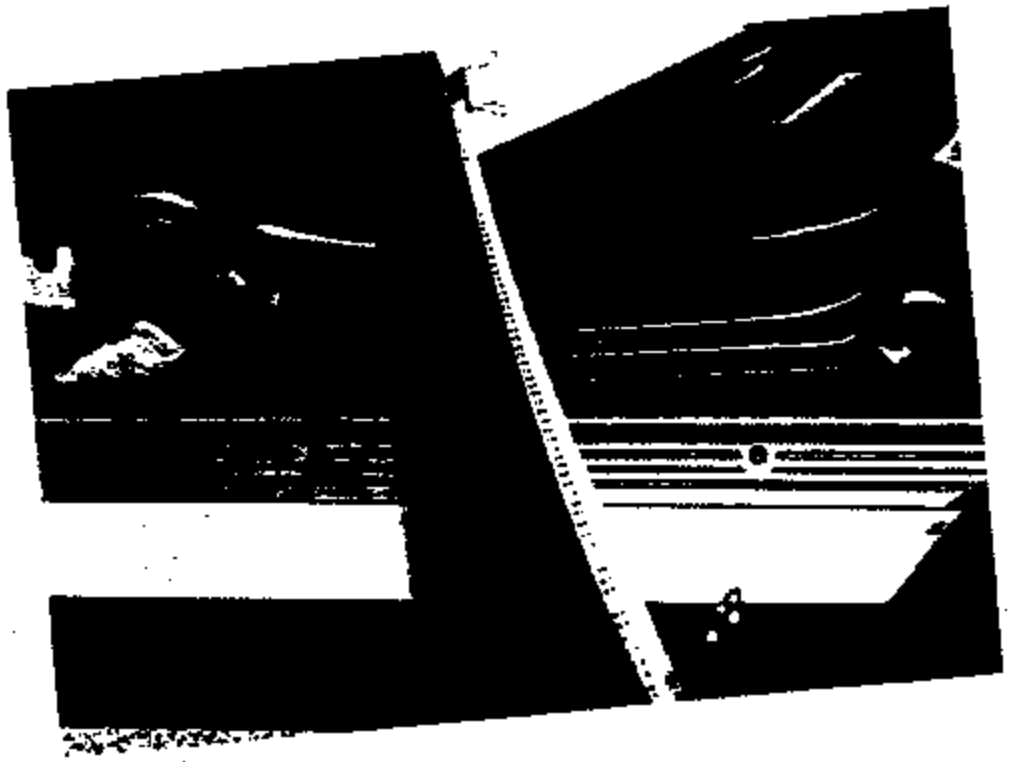

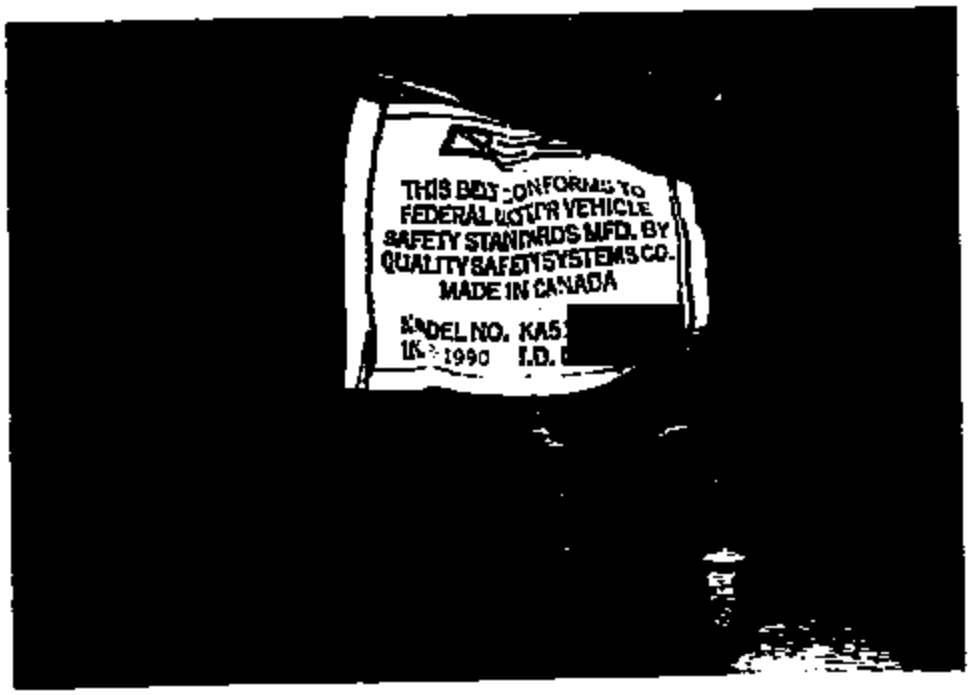
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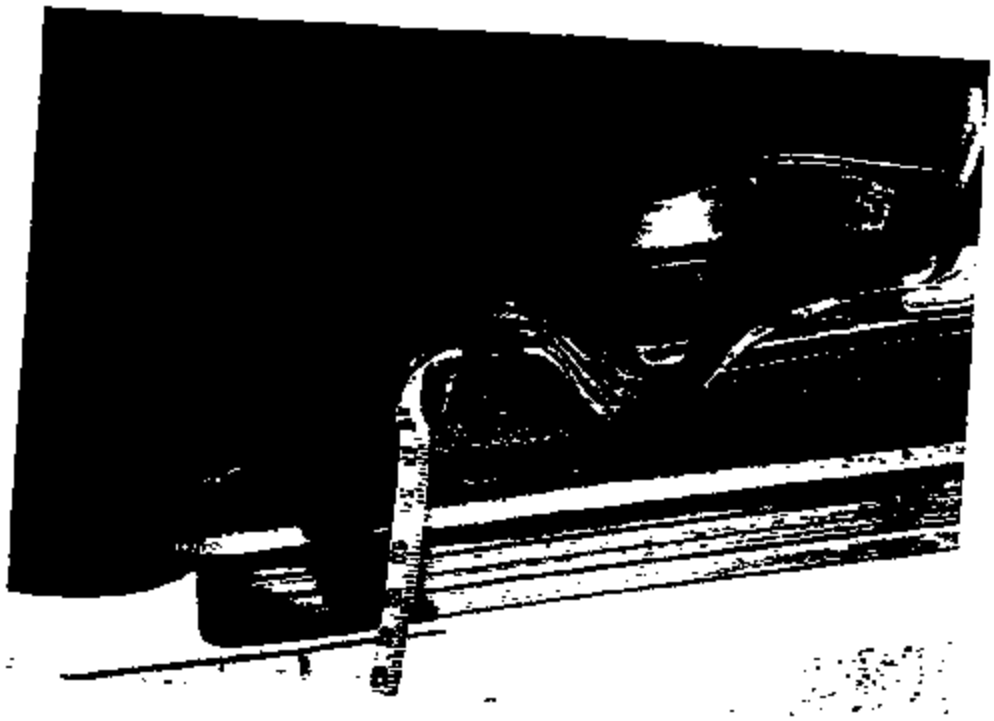
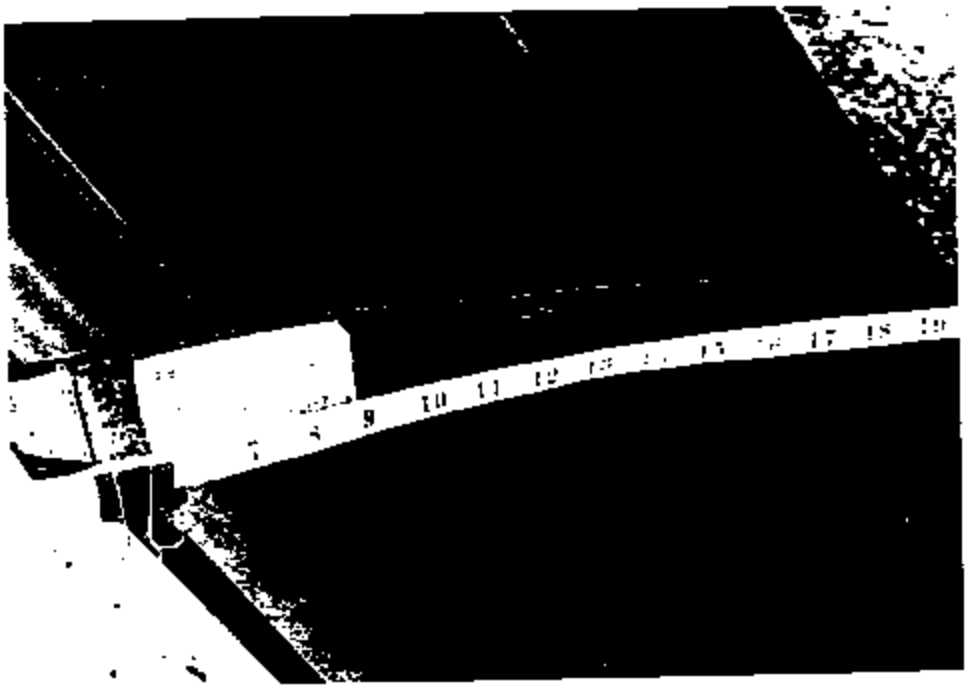
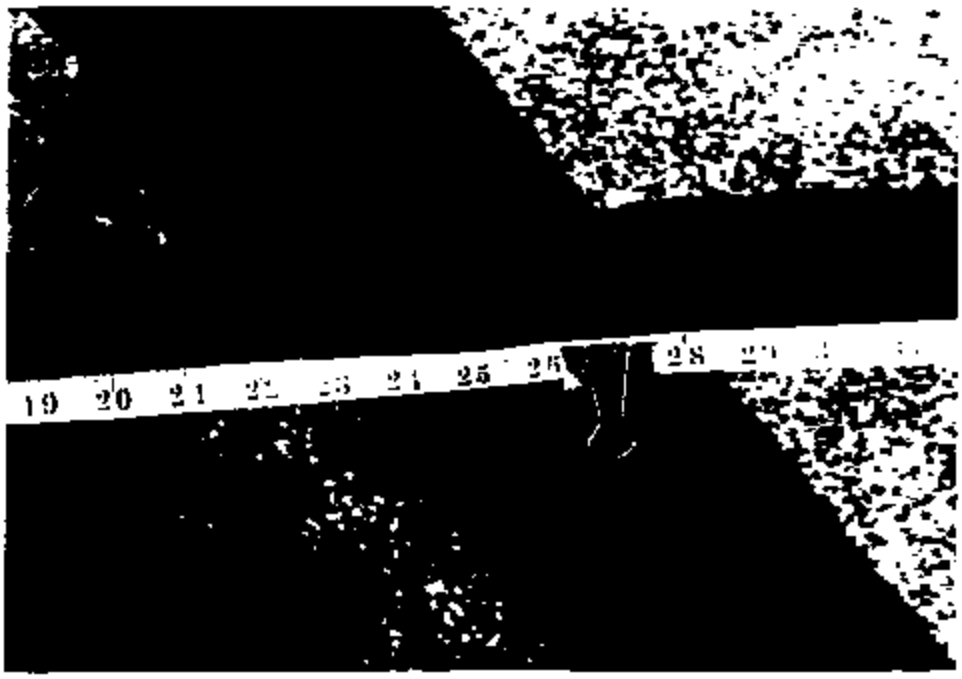
MADE IN CANADA



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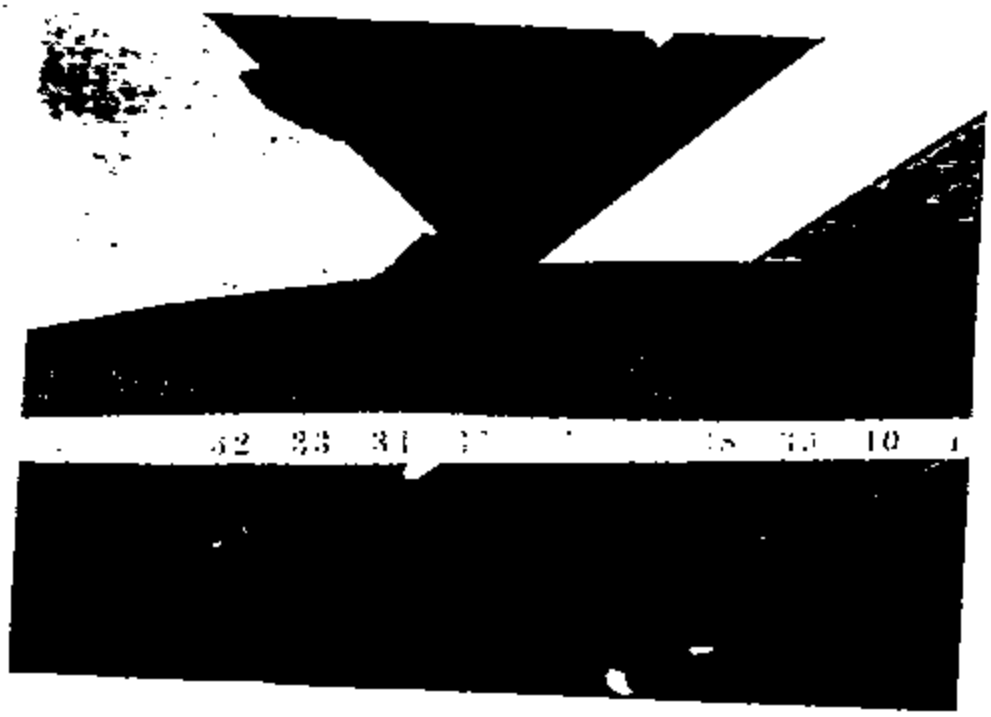
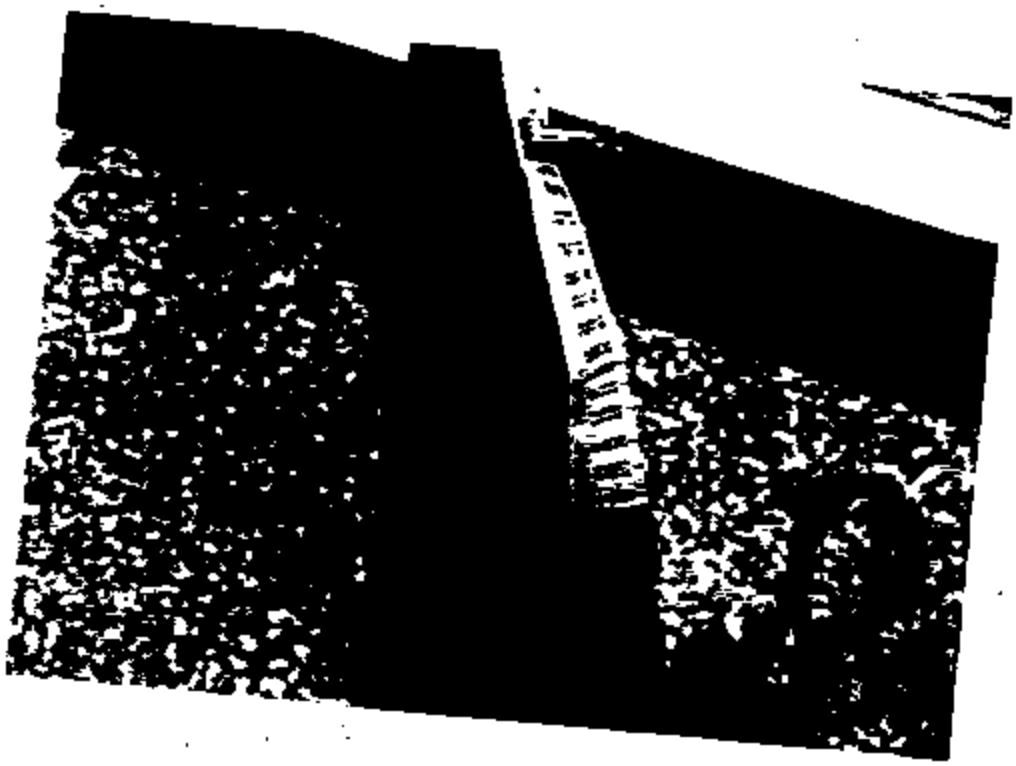
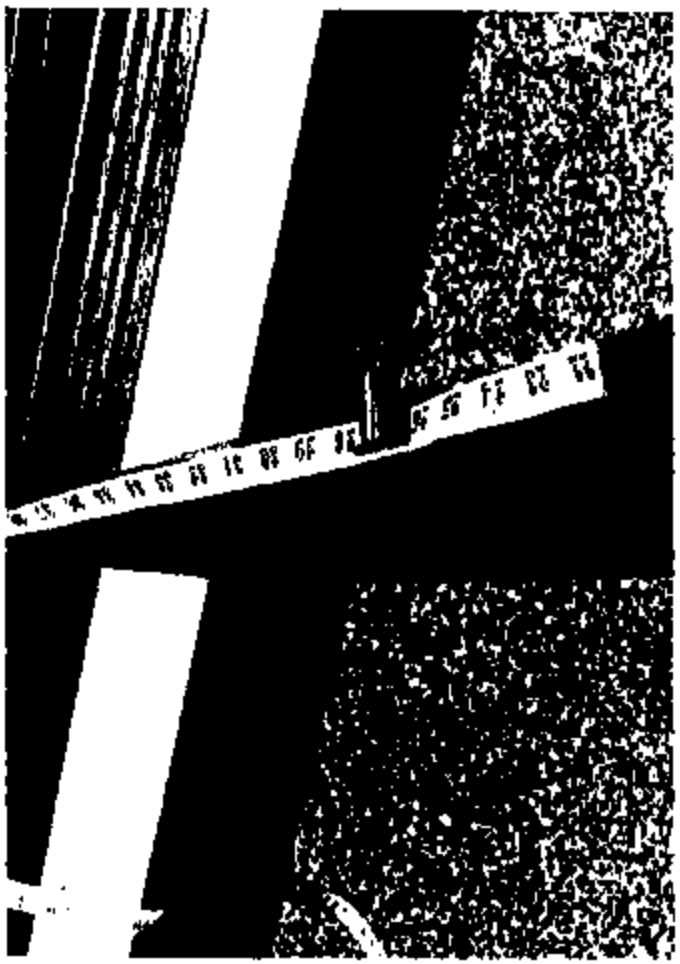
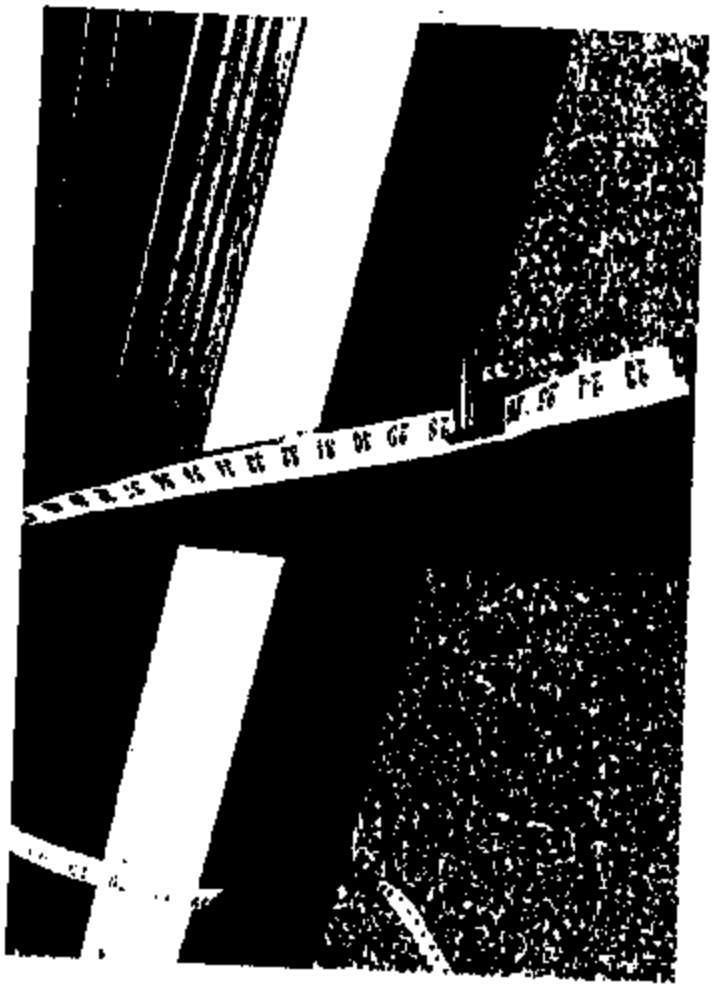
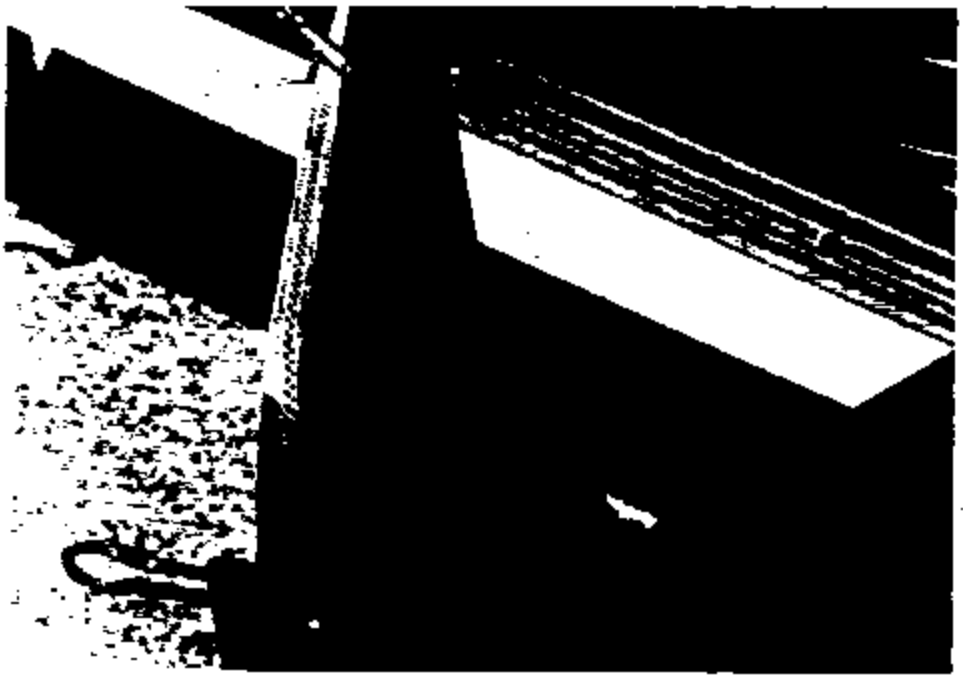
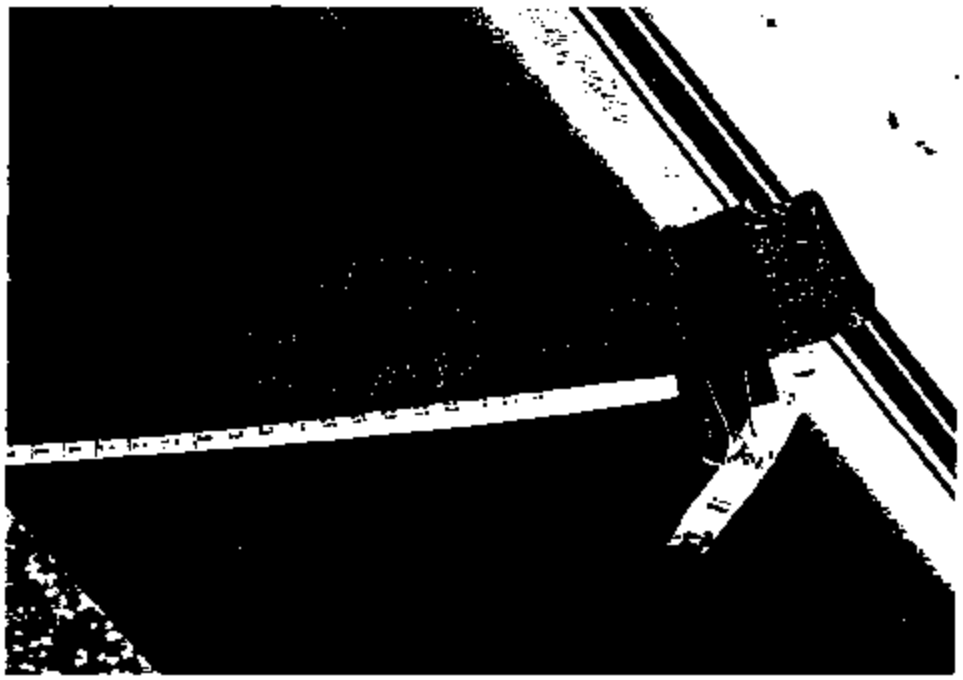


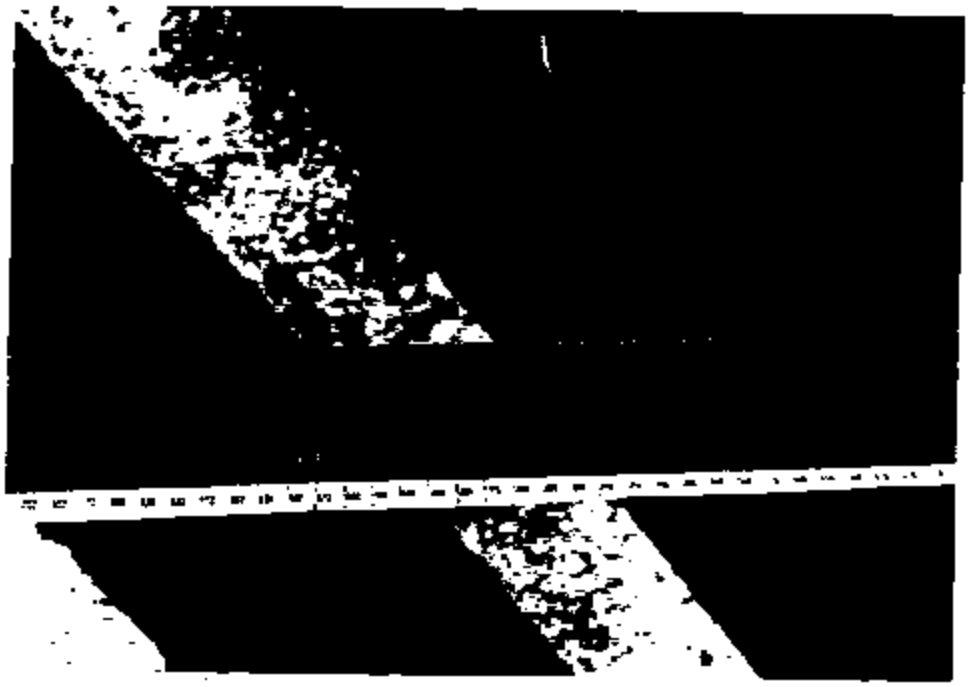


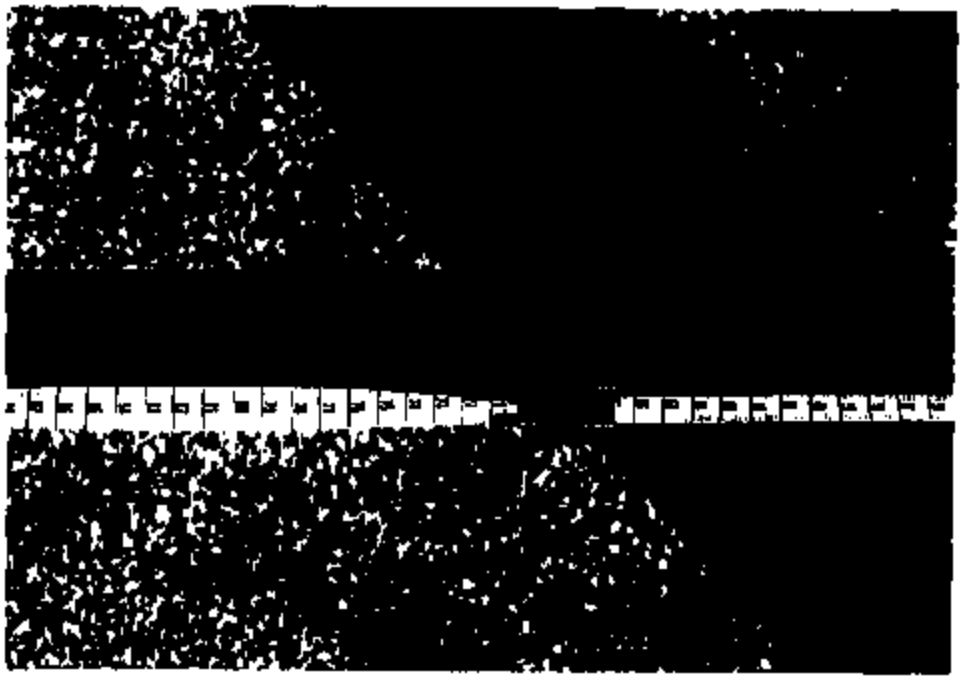


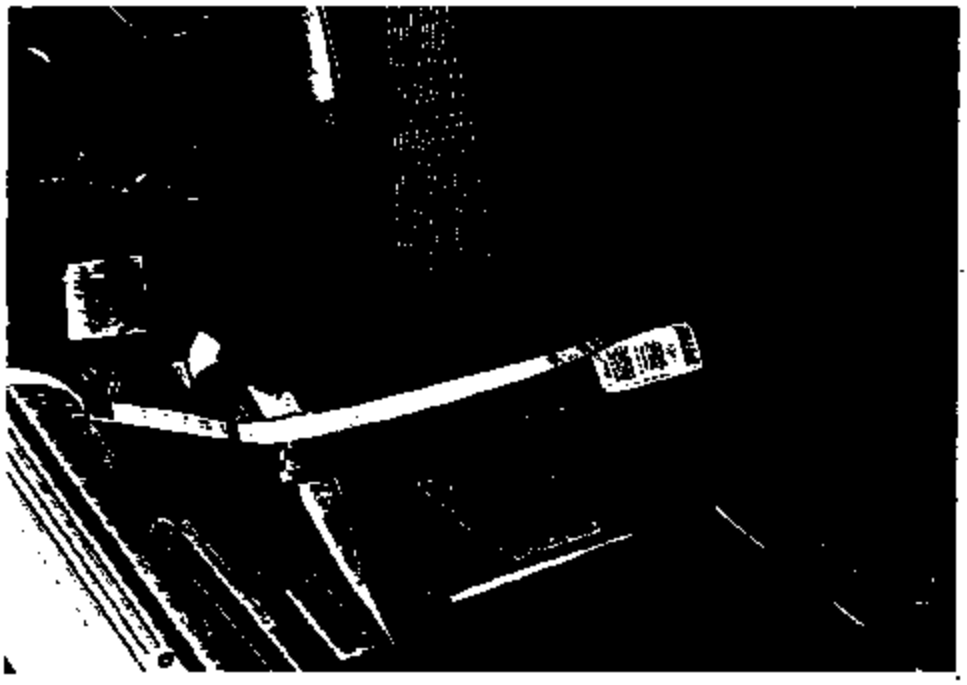


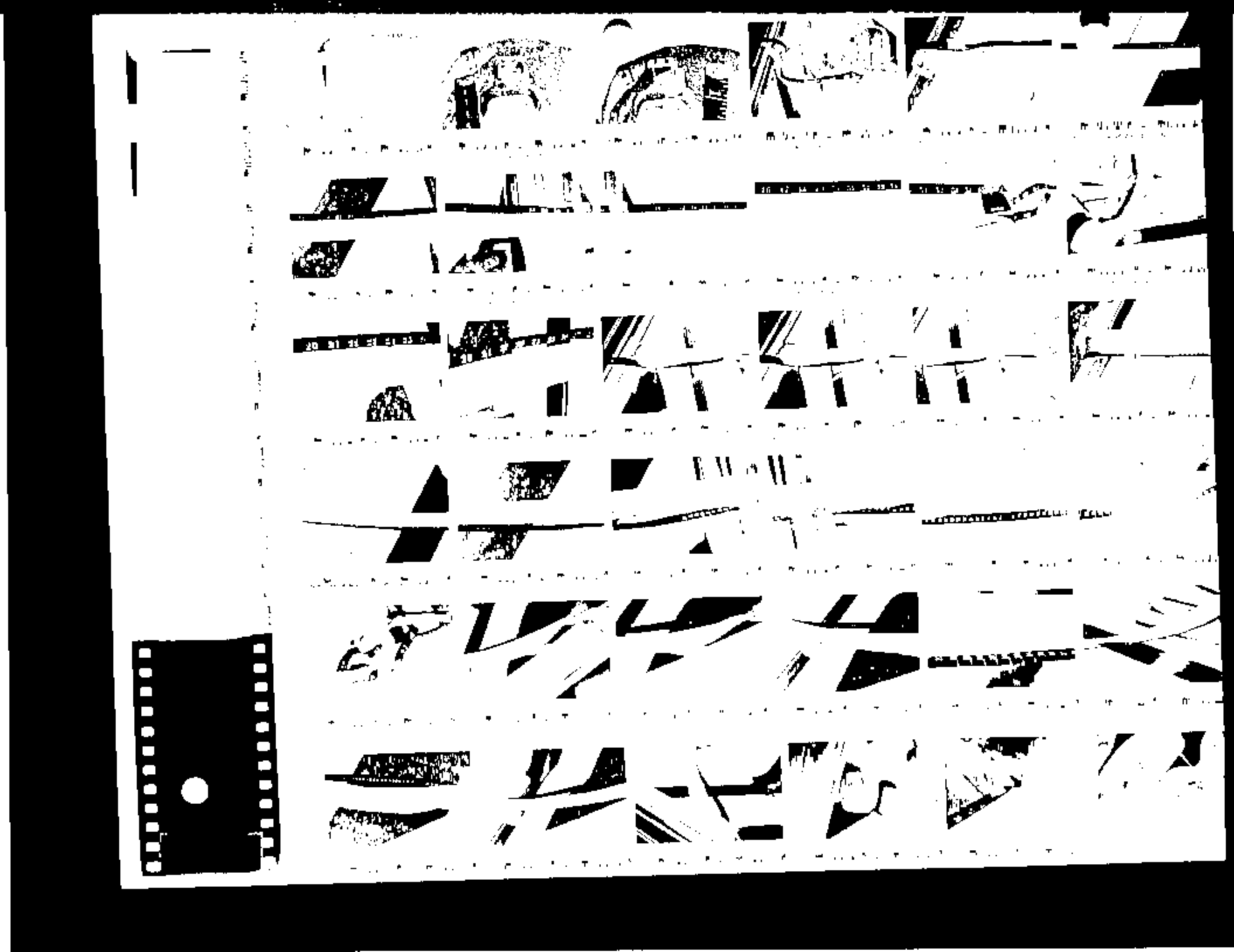












Office of the General Counsel

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

February 12, 1998

[redacted]

Re: Claimant: [redacted]
D/E:

Dear M[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 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,

Edward Drabczyk
Claims Analyst

ldr [redacted]

Ford Service Recall Bulletin

TO:

SUBJECT:

AFFECTED VEHICLES

All 1990-1997 Probes

REASONS FOR RECALL

The motorized shoulder belt of the affected vehicles may malfunction due to wear of the rail assemblies that guide the moveable shoulder belt anchorages along the sides of the roof above the doors. Eventually, the moveable anchorages could jam in positions along the rails and not lock in place at the "B" pillar. If this were to occur, the system may not provide the proper protection to the front occupants in the event of a collision.

Recall program 96S48 requires replacement of the left hand shoulder harness rail on all vehicles. Recall program 96S99 requires inspection of the right hand shoulder harness rail and, if necessary, replacement (the left side rail will be replaced on all vehicles because of the frequency of usage versus the right side). In addition, dealers are instructed through the attached diagnostics to make any additional repairs necessary to restore system operation.

A malfunction in a motorized shoulder belt does not reduce the effectiveness of any lap belt. Occupants should be instructed to continue to wear their lap belts.

PARTS AVAILABILITY

BECAUSE PARTS TO PERFORM THIS PROGRAM ARE IN SHORT SUPPLY UNTIL DECEMBER 15, 1996, OWNERS OF VEHICLES THAT HAVE OPERATING PASSIVE RESTRAINT systems (the moveable shoulder belt anchorage travels fully forward when an adjacent door is opened and fully rearward when an adjacent door is closed and the ignition is in the ON position), are being asked to wait to have the service performed until parts are available. Owners of vehicles with non-operative restraint systems (the belt does not travel fully forward and rearward as described above) are being asked to return to dealers now. Dealers are to repair the restraint system to an operational level following the instructions provided (owners may have to return for the rail replacement when parts become available after December 15, 1996).

DO NOT PERFORM THESE SERVICES ON OPERATIVE RESTRAINT systems until after December 15, 1996.

After December 15, 1996 an ample supply of parts is expected to be available to perform these services on all affected vehicles.

SPECIAL NOTE - TWO RECALL NUMBERS

Please note that for administrative reasons necessitated by parts availability, repair of each vehicle requires the completion of two recalls, 96S48 for the left hand restraint system and 96S99 for the right hand restraint system. PLEASE BE SURE TO SUBMIT claims properly and see section II FOR DETAILS.

AFFECTED UNIT LISTING

An affected unit listing will not be available for this recall until January 1997.

SPECIAL INSPECTION TOOL - IMMEDIATE ACTION REQUIRED

A SPECIAL INSPECTION TOOL WILL BE REQUIRED TO PERFORM THE REQUIRED INSPECTION OF THE RIGHT HAND PASSIVE RESTRAINT RAIL. TO ORDER THIS TOOL (ROTUNDA NO.) BY CALLING 1-800-325-5621." ONE INSPECTION TOOL PER DEALERSHIP WILL BE PROVIDED AT NO CHARGE VIA OVERNIGHT DELIVERY. WHEN CALLING, THIS NUMBER BE PREPARED TO GIVE THE FOLLOWING INFORMATION:

RECALL NUMBER 96S48/96S99
DEALER P&A CODE
MAILING ADDRESS
PERSON TO WHOM TOOL SHOULD BE SENT

ATTACHMENTS

Attachment I

- Administrative Information

Attachment II

- Labor Allowances
- Parts Ordering Information

Attachment III - Diagnostic Flow Chart

Attachment IV - Technical Instructions (Rail Inspection/Replacement)

Attachment V - Technical Instructions (System Diagnosis)

QUESTIONS?

Claims Information	1-800-423-8851
Other Recall Questions	1-800-325-5621
Special Tool Ordering	1-800-325-5621

Sincerely,

A. R. Kaduk

A. R. Kaduk
Manager
Vehicle Service and Programs

```
CSCN140                          VEHICLE DATA                          98/02/11 14:29:52
==>
  ENTER  VIN ==> 1ZVPT20C9M5[redacted]
  NAME ==> BLAKE                          ZIP ==> 794166507  MODEL YR ==>
  OWNER NAME    :
  STREET ADDR   :
                :
  CITY          :                                                  N/A DATE: 97-07-02
  ST/PRV: TX  CTRY:                    ZIP/POSTAL CODE: 794166507  N/A SOURCE: P
  MODEL YEAR    : 91     PLANT: 5                                   SALE DATE: 91-05-22
  BODY STYLE DESC: 2 DOOR HATCHBACK GL                 PRODUCTION DATE: 90-10-12
  VEHICLE DESC  : 1991 PROBE
                DIVISION   DISTRICT    ZONE   DEALER  PDC CODE  FCSD REGION
  SHIP-TO          1          52         C      014       51          52
  FACING           1          52         C      014
  RESPONSIBLE      1          52         C      554

  CA EMISSION   :          ENGINE TAG CODE : 101FF2-      CAMPAIGN COUNTS
  NAVIS STATUS  : 800      COMPANY CAR IND :            TOTAL CAMPAIGNS   : 02
  DSO DISTRICT  :          FLEET CODE      :            OPEN  : 02 CLOSED : 00
  DSO NUMBER    :          FLEET STATUS    :            ACTIVE: 02 HISTORY: 00

F1=INQUIRY  F3=EXIT  F4=G160  F5=G150  F8=CONTINUE SEARCH  F9=G130
                                                                      OGDB140
```

```
CSCN150              CAMPAIGN VEHICLE INFORMATION              98/02/11 14:30:05
 ==> _________ ____________________________________________________________

ENTER CAMPAIGN NUMBER==> 96S48    VIN==> 1ZVPT20C9[redacted] TYPE OF SEARCH: A
MODEL YEAR: 91 DEFECT: SEAT BELT    BODY STYLE: 2 DOOR HATCHBACK GL
   NEW STATUS CODE: _                                  CAMP DIV      : 6
   REPAIR INFORMATION:     TYPE CODE: _                SUPP CODE     :
     REPAIR DATE: ________ DEALER P/A: _____           KIT CODE      : AA
     MICRO REF: _______ CLAIM NUM: ______              OASIS DATE    : 96-10-03
   DELETE REASON: ___                                  VENDOR N/A INFORMATION:
   RESP DEALER INFORMATION:     NEW: _ __ ___            IND:   MATCH CODE: 4
     CURRENT: 1 52 554 ASSIGNED: 97-12-09 SOURCE: PX     EXTRACT DATE: 97-12-09
****** STATUS INFORMATION: ******* ************ REPAIR INFORMATION: ************
CODE DESCRIPTION            DATE   TYPE  DATE    P/A    CLAIM#  MICRO#   CL SRC
  M  RELEASED FOR MAILING 97-06-09
  M  RELEASED FOR MAILING 96-10-07
  R  READY TO RELEASE     96-09-19


DELETE REASON:
F1=INQUIRY  F2=G140  F3=EXIT  F5=G130  F7=FIRST  F8=NEXT  F9=MORE STATUS
F10=ADD STATUS  F11=REVISE
I037-NO MORE DATA TO DISPLAY                                        OGDB140
```

```
CSCN130                NOTIFICATION RECIPIENT HISTORY          98/02/11 14:30:10
==>

ENTER CAMPAIGN NBR ==> 96S48     VIN ==> 1ZVPT20C9M5[redacted]
  DEFECT         : SEAT BELT       BODY STYLE DESC: 2 DOOR HATCHBACK GL
  RESP DEALER    : 152554                    BEGINNING MAILED DATE: 97-06-19
  RELEASE DESC   : POSTCARD FOLLOWUP         ENDING MAILED DATE   : 97-06-19
  CAMPAIGN DIV   : 6                 FLEET CODE:          FLEET MGMT LOC CODE:
  LAST NAME      : [redacted]                                        INITIALS: P
  STREET ADDR1   :
         ADDR2   :                                                   ST/PRV: TX
  CITY           :                                              CTRY:
  ZIP/POSTAL CODE                          N-A SOURCE: P      N-A EFF DATE: 96-05-07
**********************************************************************************
  RESP DEALER    : 152554                    BEGINNING MAILED DATE: 96-10-11
  RELEASE DESC   : NEW ISSUE TOTAL           ENDING MAILED DATE   : 96-10-16
  CAMPAIGN DIV   : [redacted]        FLEET CODE:          FLEET MGMT LOC CODE:
  LAST NAME      :                                                   INITIALS: P
  STREET ADDR1   :
         ADDR2   :                                                   ST/PRV: TX
  CITY           :                                              CTRY:
  ZIP/POSTAL CODE                          N-A SOURCE: P      N-A EFF DATE: 96-05-07
F1=INQUIRY  F3=EXIT  F4=QUIT  F5=G150  F7=FIRST PAGE  F8=NEXT PAGE  F9=G140
I048-LAST PAGE                                                      OGDB140
```

```
CSCN150              CAMPAIGN VEHICLE INFORMATION              98/02/11 14:30:19
==> _____ ____________________________________________________

ENTER CAMPAIGN NUMBER==> 96S99     VIN==> 1ZVPT20C9M5[redacted] TYPE OF SEARCH: A
MODEL YEAR: 91 DEFECT: SEAT BELT     BODY STYLE: 2 DOOR HATCHBACK GL
   NEW STATUS CODE: _                                    CAMP DIV      : 6
   REPAIR INFORMATION:      TYPE CODE: _                 SUPP CODE     :
     REPAIR DATE: ________ DEALER P/A: _____             KIT CODE      : AA
     MICRO REF: _______ CLAIM NUM: _______               OASIS DATE    : 96-10-07
   DELETE REASON: ___                                    VENDOR N/A INFORMATION:
   RESP DEALER INFORMATION:      NEW: _ __ ___             IND:   MATCH CODE: 4
     CURRENT: 1 52 554 ASSIGNED: 97-12-09 SOURCE: PX       EXTRACT DATE: 97-12-09
****** STATUS INFORMATION: ******* ********** REPAIR INFORMATION: **********
CODE DESCRIPTION            DATE    TYPE  DATE    P/A    CLAIM#  MICRO#   CL SRC
  M  RELEASED FOR MAILING 97-06-09
  M  RELEASED FOR MAILING 96-10-07
  R  READY TO RELEASE     96-10-04


DELETE REASON:
F1=INQUIRY  F2=G140  F3=EXIT  F5=G130  F7=FIRST  F8=NEXT  P9=MORE STATUS
F10=ADD STATUS  F11=REVISE
I037-NO MORE DATA TO DISPLAY                                        OGDB140
```

CSCN130 **NOTIFICATION RECIPIENT HISTORY** 98/02/11 14:30:23
==>

ENTER CAMPAIGN NBR ==> 96S99 **VIN ==>** 1ZVPT20C9[redacted]
DEFECT : SEAT BELT BODY STYLE DESC: 2 DOOR HATCHBACK GL
RESP DEALER : 152554 BEGINNING MAILED DATE: 97-06-19
RELEASE DESC : POSTCARD FOLLOWUP ENDING MAILED DATE : 97-06-19
CAMPAIGN DIV : 6 FLEET CODE: FLEET MGMT LOC CODE:
LAST NAME : [redacted] INITIALS: P
STREET ADDR1 :
ADDR2 : ST/PRV: TX
CITY : CTRY:
ZIP/POSTAL COD[redacted] N-A SOURCE: P N-A EFF DATE: 96-05-07
****
RESP DEALER : 152554 BEGINNING MAILED DATE: 96-10-11
RELEASE DESC : NEW ISSUE TOTAL ENDING MAILED DATE : 96-10-16
CAMPAIGN DIV : 6 FLEET CODE: FLEET MGMT LOC CODE:
LAST NAME : [redacted] INITIALS: P
STREET ADDR1 :
ADDR2 : ST/PRV: TX
CITY : CTRY:
ZIP/POSTAL COD[redacted] N-A SOURCE: P N-A EFF DATE: 96-05-07
F1=INQUIRY F3=EXIT F4=QUIT F5=G150 F7=FIRST PAGE F8=NEXT PAGE F9=G140
I048-LAST PAGE OGDB140

```
CSCN150                    CAMPAIGN VEHICLE INFORMATION                    98/02/11 14:30:31
==> _____ ____________________________________________________

ENTER CAMPAIGN NUMBER==> 96S99     VIN==> 1ZVPT20C9M[redacted]  TYPE OF SEARCH: A
MODEL YEAR:     DEFECT:                 BODY STYLE:
   NEW STATUS CODE: _                                        CAMP DIV      :
   REPAIR INFORMATION:      TYPE CODE: _                     SUPP CODE     :
     REPAIR DATE: ________ DEALER P/A: _____                 KIT CODE      :
     MICRO REF: _______ CLAIM NUM: ______                    OASIS DATE    :
   DELETE REASON: ___                                        VENDOR N/A INFORMATION:
   RESP DEALER INFORMATION:      NEW: _ __ ___                 IND:   MATCH CODE:
     CURRENT:          ASSIGNED:          SOURCE:              EXTRACT DATE:
****** STATUS INFORMATION: ******* ********** REPAIR INFORMATION: ***********
CODE DESCRIPTION            DATE   TYPE  DATE    P/A    CLAIM#  MICRO#   CL SRC



DELETE REASON:
F1=INQUIRY  F2=G140  F3=EXIT  F5=G130  F7=FIRST  F8=NEXT  F9=MORE STATUS
F10=ADD STATUS  F11=REVISE
E807-END OF CAMPAIGNS FOR VEHICLE - CURRENT AND HISTORY DATABASES      OGDB140
```

2
1/26/98

[redacted]

[redacted]

ASSOCIATE: [redacted]

January 23, 1998

[redacted]

Dear Ms. [redacted]

Pursuant to our telephone conversation today, this is to advise that this firm has been retained on a contingent fee contract basis by Mr. [redacted], to collect personal injury damages suffered by him in an accident which occurred at Midland, Texas, on July 19, 1997.

Our client was a passenger in a 1991 Ford Probe two-door car which was owned and driven by [redacted]. A copy of the accident report is also enclosed, and it contains more information on the accident and the description of the particular vehicle involved.

As Ford Motor Company will already know, this automobile was equipped with a seat belt restraint system which automatically moves and retracts along a railing over the passenger door, activated by the opening and shutting of the passenger side door. Our client had his seat belt fastened when this accident happened. However, at the time of impact the small metal attachment, which holds the seat belt on one side and moves along inside the railing on the other side, came out of the railing at right angles. This detached the belt restraint protection from our client and allowed him to be tossed about in the vehicle. Among other things, he suffered a serious injury to his low back which has disabled him since the accident.

Under the facts of this case, it is our contention that Ford Motor Company is liable for the damages suffered by our client because of the failure of the seat belt mechanism. The claim will be prosecuted, perhaps among legal theories, under the doctrine of strict liability, design defect, and breach of warranty of fitness.

For your further information, the parts of the seat belt mechanism in question were removed from the vehicle and are in the possession of our office at the above address.

I will appreciate your turning this claim over to the claims department of Ford Motor Company so that a representative can contact me at the earliest date.

Thank you for your cooperation and consideration in this regard.

Yours very truly,

[redacted]

GHN:gc

Enclosure: Accident Report

TEXAS PEACE OFFICER'S ACCIDENT REPORT CR-3 (REV. 8/1/85) MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0001

PLACE WHERE ACCIDENT OCCURRED
COUNTY Midland CITY OR TOWN Midland (CITY OR TOWN IF WITHIN CITY LIMITS)
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN ____ MILES ☐N ☐S ☐E ☐W OF ____ (CITY OR TOWN)

LOC. NO. 9307190049

DO NOT WRITE IN THIS SPACE
DPS NO. ____ LOC. ____ CODE ____ SEVERITY ____ TYPE ____ FAT. NOC. ____ OR. NOC ____

ROAD ON WHICH ACCIDENT OCCURRED 3700 (STREET NUMBER) Business IH 20E (STREET OR ROAD NAME) (ROUTE NUMBER OF STREET CODE) CONSTR. ☐ YES ZONE ☐ NO SPEED LIMIT 45
INTERSECTING STREET OR RR X'ING NUMBER ____ (STREET NUMBER) (STREET OR ROAD NAME) (ROUTE NUMBER OF STREET CODE) CONSTR. ☐ YES ZONE ☐ NO SPEED LIMIT ____
NOT AT INTERSECTION N/A ☐FT. ☐☐☐ ☑YD ☑MI. N S E W Midkiff Rd (STREET NUMBER OF NEAREST INTERSECTING STREET OR ROAD) (IF RAMP, SHOW # OF NEAREST INTERSECTING STREET OR REFERENCE POINT)

DATE OF ACCIDENT July 19 1997 DAY OF WEEK Saturday HOUR 4:00 ☐A.M. ☐P.M. (IF EXACTLY NOON OR MIDNIGHT, DO STATE)

UNIT NO. 1 - MOTOR VEHICLE VEH IDENT NO 1J4PT2OC9 [redacted]
IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____
YEAR MODEL 1991 COLOR & MAKE Gra.-Ford MODEL NAME Probe BODY STYLE 3Dr LICENSE PLATE [redacted]
DRIVER'S NAME [redacted] PHONE NUMBER [redacted]
DRIVER'S LICENSE [redacted] (STATE) (NUMBER) (CLASS/TYPE) (DR) (CDL) (REST) SEX M OCCUPATION Dealer
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT ____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO
LESSEE ☐ OWNER ☑ Same (NAME (IF SAME AS DRIVER, SHOW "SAME") (ADDRESS) (CITY) (STATE)
LIABILITY INSURANCE ☑ YES ☐ NO Accred (INSURANCE COMPANY NAME) CGNCP8207445O-00 (POLICY NUMBER) VEHICLE DAMAGE RATING FL-2

UNIT NO. 2 MOTOR VEHICLE ☑ TRAIN ☐ PEDALCYCLIST ☐ TOWED ☐ PEDESTRIAN ☐ OTHER ☐ VEH IDENT NO 1G4NE52M1V [redacted]
IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____
YEAR MODEL 1997 COLOR & MAKE Red-Buick MODEL NAME Skylark BODY STYLE 4Dr LICENSE PLATE [redacted]
DRIVER'S NAME [redacted] PHONE NUMBER ____
DRIVER'S LICENSE [redacted] (STATE) (NUMBER) (CLASS/TYPE) (DR) (CDL) (REST) OCCUPATION Dealer
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT ____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO
LESSEE ☐ OWNER ☑ Same (NAME (IF SAME AS DRIVER, SHOW "SAME") (ADDRESS) (CITY) (STATE)
LIABILITY INSURANCE ☑ YES ☐ NO Farmers (INSURANCE COMPANY NAME) 69809467 (POLICY NUMBER) VEHICLE DAMAGE RATING REQ-2

DAMAGE TO PROPERTY OTHER THAN VEHICLES
None (OWNER) (NAME AND ADDRESS OF OWNER) (PHONE NUMBER) $ (ESTIMATED DAMAGE)

LIGHT CONDITION 1	WEATHER 1	SURFACE CONDITION 1	TYPE ROAD SURFACE 1	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING SNOW 6-SLEET 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☑ YES ☐ NO

CHARGE
NAME [redacted] CHARGE Failure right of way - stop sign CITATION NO. M112065
IS THE ABOVE CHARGE A FUEL CONSERVATION VIOLATION? ☐ YES
NAME ____ CHARGE ____ CITATION NO. ____
IS THE ABOVE CHARGE A FUEL CONSERVATION VIOLATION? ☐ YES

TIME NOTIFIED OF ACCIDENT 07/19/97 4:05p M HOW police dispatch TIME ARRIVED AT SCENE OF ACCIDENT 07/19/97 4:10p M
TYPED OR PRINTED NAME OF INVESTIGATOR David Glenn DATE REPORT MADE 07/19/97 IS REPORT COMPLETE ☑ YES ☐ NO
SIGNATURE OF INVESTIGATOR David Glenn ID NO. 0168 DEPARTMENT Midland PD BDT./AREA ____

SOLICITATION? (SOL)	EJECTION	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLES)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS PER AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, GRABBER, FUNERAL HOME REPRESENTATIVE, OR ANY OTHER PERSON ATTEMPTING TO BE LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y—YES TO SOLICIT N—NO SOLICITATION	N - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SHOULDER & SHOULDER BELT B - SHOULDER & LAP BELT ONLY USED C - CHILD RESTRAINT D - SHOULDER BELT ONLY E - LAP BELT	F - REMOVED N - NO AIRBAG IN VEHICLE U - UNK IF AIRBAG IN VEHICLE	Y - WORN-CLASSIFIED N - WORN-NOT CLASSIFIED U - UNK IF WORN R - NONE IN VEHICLE	K - KILLED A - INCAPACITATING INJURY B - NON-INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	A - ALCOHOL D - DRUG C - OTHER N - NONE U - NOT KNOWN

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO	BY
DAMAGE RATING: FL-2	☐ YES ☑ NO	REMAINED AT SCENE	—

NUM NO.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; MOTORISTS, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. NAME (LAST NAME FIRST)	ADDRESS	SOL	EJECTION	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT	SEE FRONT	N	N	A	N	—	38	M	C
2	FP	Council, Shellie	1210 College Midland Tx 79701	N	N	A	—	—	36	M	B
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF MORE THAN 2 MOTOR VEHICLES)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO	BY
DAMAGE RATING: RFQ-2	☑ YES ☐ NO	1102 S. Midland Dr	Action Wrecker

NUM NO.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; MOTORISTS, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. NAME (LAST NAME FIRST)	ADDRESS	SOL	EJECTION	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT	SEE FRONT	N	N	A	Y	—	31	M	N
7	FP	[redacted]		N	N	A	Y	—	21	F	C
8	BL	[redacted]		N	N	C	—	—	2	F	N
9											
10											

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND INJURED

ITEM NUMBERS	TAKEN TO	BY	IF AMBULANCE USED GIVE: TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
1&2	NOT TRANSPORTED				
7	TREATED AT SCENE	Midland Fire Dept Paramedics	4:04p	4:09p	3

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE SUMMARY OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Unit #1 Crossing From North Service Road Business IH20E.
Unit #2 westbound in the inside traffic lanes of the 3700 block Business IH20E.
Unit #1 failed to yield right of way from a stop sign.
Unit #1 and Unit #2 collided.

[redacted]

DIAGRAM ☐ ONE WAY ☑ TWO WAY ☐ DIVIDED

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

	1	2	3
UNIT 1	35		
UNIT 2			

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

	1	2
UNIT 1		
UNIT 2		

TRAFFIC CONTROL

1-NO CONTROL OR INOPERATIVE	5-OTHER SIGNS	9-OTHER CONTROL	3
2-OFFICER OR FLAGMAN	6-SCHOOL ZONE		
3-STOP SIGN OR SIGNAL	7-RR GATES OR SIGNALS		
4-YIELD SIGN	8-WORK ZONE		
5-FLASHING SIG LIGHT	9-UNKNOWN STATUS OF DRIVER		

1. SPEEDING OR TOO FAST FOR CONDITIONS
2. SPEEDING OR TOO FAST FOR POSTED SPEED
3. IMPROPER OR ERRATIC LANE CHANGE
4. IMPROPER PASSING
5. DRIVING TOO CLOSE FOR CONDITIONS
6. IMPROPER OR ERRATIC TURN
7. IMPROPER BACKING
8. IMPROPER START FROM PARKED POSITION
9. STOPPED OR PARKED ILLEGALLY
10. OPERATING VEHICLE IN NEGLIGENT MANNER
11. SWERVING TO AVOID (DUE TO WRONG OR PHANTOM VEHICLE)
12. OPERATING DEFECTIVE EQUIPMENT
13. PUSHING VEHICLE
14. FOLLOWING TOO CLOSELY
15. HAZARDOUS PARKING
16. LOAD SHIFTING
17. IMPROPER LANE USAGE
18. FAILURE TO DIM LIGHTS
19. OPERATING VEHICLE IN HAZARDOUS CONDITION
20. FAILURE TO YIELD RIGHT-OF-WAY
21. FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OFFICER
22. FAILURE TO YIELD RIGHT-OF-WAY TO EMERGENCY VEHICLE
23. FAILURE TO STOP FOR SCHOOL BUS
24. FAILURE TO CONTROL SPEED
25. DRIVING WRONG WAY ON ONE-WAY STREET
26. IMPROPER TURN
27. DRIVING ON WRONG SIDE OF ROADWAY
28. IMPROPER PASSING
29. FAILURE TO DIM HEADLIGHTS
30. WRONG SIDE/WRONG WAY
31. ACTING IN MANNER HAZARDOUS TO OTHERS
32. FAILURE TO YIELD RIGHT-OF-WAY — TURNING LEFT
33. FAILURE TO YIELD RIGHT-OF-WAY — MAKING U-TURN
34. DRIVING WRONG WAY ON ONE-WAY STREET
35. FAILURE TO YIELD RIGHT-OF-WAY — FROM PRIVATE DRIVE
36. FAILURE TO YIELD RIGHT-OF-WAY — TO PEDESTRIAN
37. FAILURE TO YIELD RIGHT-OF-WAY — ENTERING HIGHWAY
38. FAILURE TO YIELD RIGHT-OF-WAY — PASSING STOPPED VEHICLE
39. FAILURE TO YIELD RIGHT-OF-WAY — STOP SIGN
40. FAILURE TO YIELD RIGHT-OF-WAY — NO INFORMATION
41. IMPROPER TURNING
42. IMPROPER PASSING
43. IMPROPER LANE USAGE
44. FOLLOWING TOO CLOSELY
45. IMPROPER BACKING
46. IMPROPER START FROM PARKED POSITION
47. STOPPED OR PARKED ILLEGALLY
48. OPERATING VEHICLE IN NEGLIGENT MANNER
49. SWERVING TO AVOID (DUE TO WRONG OR PHANTOM VEHICLE)
50. OPERATING DEFECTIVE EQUIPMENT
51. IMPROPER TURN
52. WRONG SIDE/WRONG WAY
53. IMPROPER PASSING
54. DRIVING TOO CLOSE FOR CONDITIONS
55. IMPROPER LANE USAGE
56. FOLLOWING TOO CLOSELY
57. IMPROPER BACKING
58. IMPROPER START FROM PARKED POSITION
59. STOPPED OR PARKED ILLEGALLY
60. OPERATING VEHICLE IN NEGLIGENT MANNER
61. SWERVING TO AVOID (DUE TO WRONG OR PHANTOM VEHICLE)
62. OPERATING DEFECTIVE EQUIPMENT
63. IMPROPER TURN
64. WRONG SIDE/WRONG WAY
65. IMPROPER PASSING
66. DRIVING TOO CLOSE FOR CONDITIONS
67. IMPROPER LANE USAGE
68. FOLLOWING TOO CLOSELY
69. IMPROPER BACKING
70. IMPROPER START FROM PARKED POSITION
71. STOPPED OR PARKED ILLEGALLY
72. OPERATING VEHICLE IN NEGLIGENT MANNER
73. SWERVING TO AVOID (DUE TO WRONG OR PHANTOM VEHICLE)
74. OPERATING DEFECTIVE EQUIPMENT
75. IMPROPER TURN
76. WRONG SIDE/WRONG WAY
77. IMPROPER PASSING
78. DRIVING TOO CLOSE FOR CONDITIONS
79. IMPROPER LANE USAGE
80. FOLLOWING TOO CLOSELY
81. IMPROPER BACKING
82. IMPROPER START FROM PARKED POSITION
83. STOPPED OR PARKED ILLEGALLY
84. OPERATING VEHICLE IN NEGLIGENT MANNER
85. SWERVING TO AVOID (DUE TO WRONG OR PHANTOM VEHICLE)
86. OPERATING DEFECTIVE EQUIPMENT
87. IMPROPER TURN
88. WRONG SIDE/WRONG WAY
89. IMPROPER PASSING
90. DRIVING TOO CLOSE FOR CONDITIONS
91. IMPROPER LANE USAGE
92. FOLLOWING TOO CLOSELY
93. IMPROPER BACKING
94. IMPROPER START FROM PARKED POSITION
95. STOPPED OR PARKED ILLEGALLY
96. OPERATING VEHICLE IN NEGLIGENT MANNER
97. SWERVING TO AVOID (DUE TO WRONG OR PHANTOM VEHICLE)
98. OPERATING DEFECTIVE EQUIPMENT
99. IMPROPER TURN

May 13, 1996

Dear Sir:

In response to your May 2nd letter, a copy of the scrap report of the seat belt is being forwarded with this letter as you advised Folsom Lake Ford to scrap this item.

I specifically asked Folsom Lake Ford for this item at the time the repair was requested. They were advised by Ford to scrap the item + not send it back for analyzing as they were going to do.

The seat belt on the passanger side continues to grip down on the passenger but not to the same degree as the drivers side did. It is now back in the shop to be fixed again - this is the 7th time I've had

to take it back to them for repairs.

I forwarded the MRI taken five days prior to my surgery & the X rays following the surgery showing the wires they had to put into the bone (taken from my rib) to repair the vertebra. I also sent a hand written letter from my doctor stating the injuries & surgical repair done.

I recently had another MRI on the lower part of my back but do not yet have a copy of the result.

I have sent everything you have requested except for the doctor bill which is not available to me at the present time.

However, I want to ammend my original proposal. I want to get this thing settled so I

can get on with my life (however limited). I want to ammend the proposed settlement, since I do not want another Ford car or truck. I want $250,000.00 in disability settlement. I have been told by several attorneys to sue for $10.5 million class action suit for life endangerment etc. for faulty equipment (ie seatbelts etc) on Ford vehicles.

All I know is I do not like having a life dependent on others to wheel me in a wheel chair, cut up my food, bathe me + clean me, all because of a faulty Ford product that continues to be faulty.

If we cannot reach a settlement in this matter by Sept. 1, 1997, I will turn the matter over to the attorneys + courts to deal

with. I have sent you all the documents etc you have requested & have yet to get any satisfactory reply from you.

I ~~hope~~ hope the information & evidence sent you is satisfactory to prove my condition. My daughter & Grand-daughter join me in willingness to settle along with me as proposed.

I have met the requirements you set forth in your correspondence. I am not sending any more information with the exception of the MRI result of my lower back showing additional injury if evident.

Sincerely,

[redacted]

DEALER CODE 07727-6 DWE CLAIM PAYMENT DATE 05/05/97 PROCESSED 05/05/97
PARTS ADVICE REGISTER

PPPPPPP AAAA RRRRRR TTTTTTTTTT SSSSSSS
P P A A R R TT S
P P A A R R TT S
PPPPPPP AAAAAAAA RRRRRRR TT SSSSSSS
P A A R R TT S
P A A R R TT S
P A A R R TT SSSSSS

AAAA DDDDDD V V IIIIII CCCCCC EEEEEEE
A A D D V V II C E
A A D D V V II C E
AAAAAAAA D D V V II C EEEEE
A A D D V V II C E
A A D D V V II C E
A A DDDDDD VV IIIIII CCCCCC EEEEEEE

ATTENTION: PARTS MANAGER

THE FOLLOWING PARTS SHOULD BE RETURNED TO FORD, HELD FOR REMAN PICKUP OR EXCHANGE, OR SCRAPPED AS INDICATED.

CLAIM NUMBERS FOLLOWED BY '****' INDICATE UNPROCESSED REPAIRS PENDING IN ACES'.

IF YOU HAVE ANY PROBLEMS OR CONCERNS PLEASE CONTACT THE WARRANTY PARTS RETURN CENTER AT 1-800-416-WPRC (9772).

RO NBR: 107785 CONTROL: MV1AI7D REPAIR DATE 01/31/97

LINE	TAG SEQ	PART NUMBER	QTY	DISPOSITION	RPRNDI
001	0000000-1	F37Z 16006A	1	SCRAP IMMEDIATELY	01
002	0000000-1	MAT2K	1	SCRAP IMMEDIATELY	01

RO NBR: 110784 CONTROL: ID7VB7C REPAIR DATE 03/03/97

LINE	TAG SEQ	PART NUMBER	QTY	DISPOSITION	RPRNDI
001	0000000-1	F7ZZ616100A5A	1	SCRAP IMMEDIATELY	01

RO NBR: 111434 CONTROL: GZ2B07C REPAIR DATE 03/08/97

LINE	TAG SEQ	PART NUMBER	QTY	DISPOSITION	RPRNDI
001	0000000-1	F7ZZ616100A5A	1	SCRAP IMMEDIATELY	01

RO NBR: 111649 CONTROL: PY2B07C REPAIR DATE 03/11/97

LINE	TAG SEQ	PART NUMBER	QTY	DISPOSITION	RPRNDI
001	0000000-1	F7ZZ616100A5A	1	SCRAP IMMEDIATELY	01

RO NBR: 112855 CONTROL: ZT1AI7D REPAIR DATE 03/21/97

LINE	TAG SEQ	PART NUMBER	QTY	DISPOSITION	RPRNDI
001	0000000-1	F67Z 7B545440AAD	1	SCRAP IMMEDIATELY	01

RO NBR: 113720 CONTROL: MH0GA7E REPAIR DATE 03/31/97

LINE	TAG SEQ	PART NUMBER	QTY	DISPOSITION	RPRNDI
001	3872699-3	F70Z 3L547AA	1	F.A.R. PICKUP	02
002	0000000-2	F70Z 3A713AA	1	SCRAP IMMEDIATELY	02

RO NBR: 113723 CONTROL: VX7WD7D REPAIR DATE 03/31/97

LINE	TAG SEQ	PART NUMBER	QTY	DISPOSITION	RPRNDI

Re: 1991 Probe
Contact #108179688

VH
400 X84 Pisic

[redacted]

CLAIMS UNIT
MAR 2 6 1997
OFFICE OF THE
GENERAL COUNSEL

Dear Sir.

I writting in response to your letter dated March 10, 1997, Re: my 1991 Probe (contact #

I was caught by the seat belt while driving this car. As a result, I was struggling against the increasing pressure of the seat belt while driving + swerving on the road. I tried to get loose + the belt would not release. It kept getting tighter + tighter across my chest + neck. A police officer finally pulled me over noticing my driving + I explained what had occurred. He said the car seat belts may have a serious malfunction + advised me to have someone pick-me up. I did as advised + went to the doctor the next day. The doctor (a neurologist) examined me + made arrangements for immediate hospitalization + surgery on the vertebrea in my neck.

Both my wife + daughter (as well as my grand-daughter) have been caught in this car by the front seat belts malfunction. In each incident the seat belt malfunction caused great pressure against the chest + neck of each person + panic at not being able to immediately release the belt + stop it from squeezing tightly across these areas.

I advised Folsom Lake Ford of these incidents. After the first one, I was told it would likely correct itself. Obviously, it did not. I then made Folsom Lake Ford take this car in to repair the malfunction. I was not aware this car had been previously on a recall list due to such problems - I was never informed there might be a problem with this vehicle.

I took the car to them a total of 3 times for repair of this malfunction. The seat belt continued to do the same thing even after the first two attempts by Folsom Lake Ford to repair it. Each time I was told the problem had been solved. It was not solved until I demanded all the seat belts be replaced. They kept all parts replaced. I do have records of the repairs made (documents from Folsom Lake Ford). You may check their records regarding these repairs. I discussed with Chuck Peterson (owner of Folsom Lake Ford), secretary Kay + with Jacob Kretz (sales manager) these incidents, my injuries, + dissatisfaction that the problem was not resolved at the first incident or the second. + my fear that my wife, daughter or granddaughter could have been severely injured as well.

I am keeping my documents regarding this matter. You can contact Folsom Lake for their records + documentation. They have also seen [redacted] records related to the injury + me since my surgery. I am confined to a wheel chair + cannot walk alone. Even with help, I cannot walk more than 8 to 10 feet at a time. I have remained in a head neck brace since the injury + resulting surgery. I have to have help to get to the bathroom, to get in bed, to dress + bathe. I am willing to see any doctor of your choosing at your expense. Estimated cost of medical treatment to date is approx. $250,000.00 + was provided by the V.A. Should these injuries result in Ford Motor Company + myself

not being able resolve this matter between ourselves, I will release my medical records to an Attorney to represent my claim. I would hope the next time Ford has a recall on a product or is aware of problems, that they would notify purchasers of such vehicles each time the car was sold or re-sold. Other problems with this car included a faulty electrical system, NON-replaced bolts holding the front-seats in place, + faulty motor parts that had to be replaced (also under recall).

I have lost the quality of life + abilities I once had. I want to resolve this issue as quickly as possible since I am aware that a fall or accident could result in my damaged neck vertebrea, (although an attempt was made to fuse my neck ~~was made~~ by surgery), ~~could~~ being broken or moved in such a way that death or permanent paralysis could result. If that should occur, my family will pursue this matter for legal remedy.

Because my future is unsure I am taking the liberty of offering to settle + resolve this matter in the following manner:

1. I will be examined by an MD of your choosing at your expense.
2. I will approve release of repair records on this car by Folsom Lake Ford (phone number: [redacted]
3. I want one 1997 one ton Ford Diesel pick-up dually with 250 gallon fuel tank mounted in front of bed - Automatic transmission with running boards.

4. A twenty five foot 5th wheel mounted to truck or $25,000 cash to purchase same
5. Two mustange G T automobiles with 5 speed transmissions with sunroof (one blue + one white with blue interior)
6. Two Thunderbirds with V-8 engines, fully electric LX models with automatic transmissions
7. All outstanding purchase/or lease contracts with Ford Motor Credit paid in full with pink slips to be sent to me on this + all other vehicles listed above to be sent to me. prior to June 1st 1997

I feel this is a fair + equitable ~~proto~~ proposal since my quality of life is severely limited + its length is at great risk of being quickly shortened because of this injury.

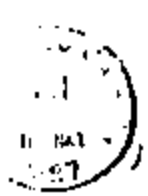
If I do not hear from you by April 1, 1997, I will turn this case over for an attorney to resolve it in court on behalf of myself + my family. I will, prior to this date, sign any legal document relieving Ford from responsibility, if my terms are met as outlined in this letter.

It is my hope that no other person or family should suffer the injuries + hardships brought by such faulty vehicle parts, repairs + lack of concern for consumer safety.

Sincerely

[redacted]

[redacted]



Ford Motor Company
Office of the General Counsel
Parklane Towers West #400
Three Parklane Blvd.
Dearborn Michigan 48126-2568

Attn: Jessie Hollingsworth

CSOR0062 **MORS II Inquiry Contact** 03/26/1997 10:01:52

SAN FRANCISC 72 Zn/Tr: A2 M/A: CONTACT NBR: 108179688 Opened: 03/06/1997
VIN: 1ZVPT21U9M5[redacted] *SCOR 000 Analyst: 9650BP Closed: 03/06/1997
Last Name: [redacted] Status: CLOSED
Title: First Name: LEE MI:
Address:
City: ST/PV: CA Zip/PC: 95671 CC: USA
Home Phone: [redacted] Business Phone: [redacted] Ext:
Year: 91 Model: PROBE
Mileage/Km: 78572 WSD: 04/06/1991

Dealer Name: FOLSOM LAKE FORD INC SALES CODE: 172207 P&A: 07727
Causal Code: Symptoms:
Inquiry Code: 1420 ALLEGED PERSONAL INJURY -

More Comments?: Y
Follow Up?: N Comm Type: P Micro Nbr: Letter Code:

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

CSOR0010 **MORS II Contact Comments** 03/26/1997 10:02:14

Last Name: [redacted]
Home Phone: [redacted] Bus.Phone: [redacted]
Dealer: FOLSOM LAKE FORD INC

VIN: 1ZVPT21U9M5[redacted]
Ext:
Dist/Reg: 72

CONTACT NBR: 108179688 Date: 03/06/1997 Analyst Code: 9650BP
File Type: INQ Time: 14:13:58 Analyst Name: PARKS
Comm Type: P PHONE Micro: Letter Code:

Comments: More?: Y
*** VEHICLE INVOLVED IN RECALL 96S48 ***
*** NAVIS: PROGRAM ***
CUSTOMER SAYS:
-CONFINED TO A WHEELCHAIR BECAUSE OF THE SEAT BELT INJURY
-THERE WAS A RECALL ON THE SEATBELT
-THE SEAT BELT CHOKED HIM AND NEARLY KILLED HIM
-THE SPINAL CORD WAS CRUSHED BY THE VERTEBRAE
-HAD TO TAKE BONES FROM THE RIBS TO FUSE TO THE SPINE
-THERE WAS POLICE REPORT
-HAD EMERGENCY SURGERY

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

CSOR0010 **MORS II Contact Comments** 03/26/1997 10:02:23

Last Name: [redacted] VIN: 1ZVPT21U9M5[redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext:
Dealer: FOLSOM LAKE FORD INC Dist/Reg: 72

CONTACT NBR: 108179688 Date: 03/06/1997 Analyst Code: 9650BP
File Type: INQ Time: 14:14:01 Analyst Name: PARKS
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: Y
*
PER CUSTOMER, DEALER SAYS:
-NO CONTACT
-FOLSUM CA
*
CUSTOMER SEEKS:
-WHATS FORD TO PAY OFF THE BALANCE OF THE F-350 AND WANTS TO BUY A 1997
THUNDERBIRD
*
CAC ADVISED:
-INFORMATION HAS BEEN DOCUMENTED AND FORWARDED TO THE APPROPRIATE
F1=HELP F3=EXIT F5=ADD F7=PREV F8=NEXT F11=CANC LTR F12=BASIC INFO
I002 REQUESTED INFORMATION DISPLAYED OGDB112

CSOR0010 **MORS II Contact Comments** 03/26/1997 10:02:34

Last Name: [redacted] VIN: 1ZVPT21U9M[redacted]
Home Phone: [redacted] Bus.Phone: [redacted] Ext:
Dealer: FOLSOM LAKE FORD INC Dist/Reg: 72

CONTACT NBR: 108179688 Date: 03/06/1997 Analyst Code: 9650BP
File Type: INQ Time: 14:14:06 Analyst Name: PARKS
Comm Type: U UPDATE Micro: Letter Code:

Comments: More?: Y
DEPARTMENTS
-NO TIME FRAME GIVEN
-A FORD REPRESENTATIVE WILL BE CONTACTING YOU

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 2, 1997

[redacted]

We acknowledge your recent contact 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.

However, if you should wish to pursue your claim, *you* must provide us with the following material within 45 days:

__X__ 1. The date of incident.
__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.
__X__ 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.
__X__ 5. The vehicle year, model, and serial number.
____ 6. The mileage on the vehicle at the time of the incident.
__X__ 7. Original photographs of the vehicle's collision/fire damage, ***from several different angles,*** or color laser copies.
__X__ 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.
__X__ 10. What is the alleged defect?
__X__ 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and their original photographs.

__X__ 12. Has the alleged defective part been repaired or replaced?
__X__ 13. The present location of the alleged defective part and the vehicle.
__X__ 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.
__X__ 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?
__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.
__X__ 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 whom the vehicle was purchase from.
____ 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 Hollingdworth
Claims Analyst

dmb

[redacted]

[redacted]

Dear Sir,

In Reply to your letter dated April 2, 1997. Here are copies of documents from Folsom Lake Ford verifying repairs as you requested.

Folsom Lake Ford kept the faulty parts they replaced.

There is no police report made since the officer did not cite me but called my wife to pick me up. This was on Dec. 8th, 1996.

I saw the doctor on Monday, December 9th. The doctor arranged for my immediate hospitalization that same day. I had neck surgery on Dec. 16th at the Veterans Administration Hospital serving this area.

The car causing the injuries is the 1991 Ford Probe I purchased from Folsom Lake Ford. I am enclosing copies of

the several work orders for the same thing: seat belt repair (+ other items).

My daughter, [redacted] my six year old grand daughter were also choked by the seat belt. [redacted] mail [redacted]

I Am also enclosing a photograph of me in my wheel chair. There have been no insurance claims made to date since no other vehicle was involved.

My social security number is: [redacted]

Sincerely,

[redacted]

[redacted]

PROGRAM CODE

CUSTOMER NO. 5547

[redacted]

364-5508

[redacted]

MILEAGE 77651

YEAR/MAKE 91/F

VEHICLE

R.O. NO.

PARTS

INVOICE DATE

COLOR BLUE/

DELIVERY DATE 11/23/96

SELLING DEALER NO.

R.O. DATE 01/29/97

CROSS REFERENCE

INVOICE NO. FUCS107

STOCK NO.

DELIVERY MILES

PRODUCTION DATE

LABOR & PARTS
JN 7+53FOZ
DRIVEABILITY R/F HOURS: TECH(S):235
CUSTOMER STATES, VEHICLE RUNS ROUGH, CHECK AND REPORT

PARTS QTY FP NUMBER DESCRIPTION UNIT PRICE
JOB # 7 1 202-92934-5 [illegible] 20.16 20.
JOB # 7 TOTAL PARTS 20.
JOB # 7 TOTAL LABOR & PARTS 20.

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF $0.00 (-TAX)
APPROVED REVISED ESTIMATE (# 1) OF $700.00 (+TAX) ON 02/07/97 AT 05:56
BY LEE DORSEY SR. COMMENTS PART R
COMMENTS
CUSTOMER TO PAY $350.00
BILL BART R
SALES DEPT AT INTERNAL RATE.
CUSTOMER TO PAY $350.00 <==========

TOTALS

NEW SERVICE DEPARTMENT HOURS: 7:00AM TO 6:30PM M-F
8:00AM TO 4:30PM SAT
0:00AM TO 5:00PM N-F

TOTAL LABOR	504.0
TOTAL PARTS	334.1
TOTAL SUBLET	0.
TOTAL G.O.S.	0.
TOTAL MISC.	0.
TOTAL TAX	20.
TOTAL INVOICE	864.

Posted Balance $7230 (Laura)

Cust $350

[redacted]

PAID
FEB 07 1997
By 399 [illegible]

Thank You!

PAGE 2 OF

END OF INVOICE 3

WARRANTY RECALL C HOURS: TECH(S):877
'95/'97 FUEL PUMP SENDER RELAY
TSB PRICE UPDATE

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
	1	F4ZZ-9A464-A	WIR ASY-440057	

JOB # 1 TOTAL PARTS
JOB # 1 TOTAL LABOR & PARTS

WARRANTY RECALL 5 HOURS: TECH(S):877
'95/'97 LEFT SIDE PASSIVE SEAT BELT
REPLACED DRIVE ASSY

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE

JOB # 2 TOTAL PARTS
JOB # 2 TOTAL LABOR & PARTS

CAMPAIGN HOURS: TECH(S):877
'95/'97 RIGHT SIDE SEAT BELT PASSIVE
INSTALLED DRIVE ASSY

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE

JOB # 3 TOTAL PARTS
JOB # 3 TOTAL LABOR & PARTS

WINDOWS AND CONTROLS HOURS: 0.00 TECH(S):877
DRIVERS SIDE WINDOW TRIMUP, CHECK AND CORRECT
REPLACED WINDOW MOTOR AND REG ASSY

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 4	1	E92Z-61237	[illegible]	249.82

JOB # 4 TOTAL PARTS
JOB # 4 TOTAL LABOR & PARTS

JOB # 5 ANTENNA ANTENNA HOURS: 1.00 TECH(S):877
P/O ON ANTENNA MAST AND
ANTENNA OPERATION.
REPLACED ANTENNA MAST

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 5	1	E92Z-18A816-B	ROD ASY-376981	47.40

JOB # 5 TOTAL PARTS
JOB # 5 TOTAL LABOR & PARTS

AUTOMATIC TRANS. HOURS: 3.00 TECH(S):797
ESI ON TRANSMISSION FLUID LEAKING
REPLACED TRANSMISSION PAN GASKET

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 6	2	F0ZZ-7A191-A	GASKET-442946	16.40

JOB # 6 TOTAL PARTS
JOB # 6 TOTAL LABOR & PARTS

Thank You!

[CONTINUED ON NEXT PAGE]

MOTORSPORT
PERFORMANCE EQUIPMENT

CA0080926972
BAR # AL143518

PROGRAM CODE	AUTHORIZATION CODE			INSTALLED PARTS	CROSS REFERENCE
CUSTOMER NO. 32517				INVOICE DATE 02/28/97	INVOICE NO. FOCS110[illegible]
[redacted]				COLOR BLUE/	STOCK NO. [illegible]
		YEAR / MAKE / MODEL 91/FORD/PROBE/2H		DELIVERY DATE 11/23/96	DELIVERY MILES 73531
		VEHICLE ID. 1 [illegible]		SELLING DEALER NO.	PRODUCTION DATE
		F.T.E. NO.	P.O. NO.	R.O. DATE 02/27/97	
364-5500					MO: 78572

LABOR & PARTS

JH 1 36F07-ANTENNA ANTENNA HOURS: TECH(S):877 INTERNAL
ANTENNA MAST WAS REPLACED ON RO#107591
ANTENNA MAST WILL NOT RETRACT.
REMOVED ANTENNA TO INSPECT. REINSTALLED PROPERLY.
RECHECK OPERATIONS SEVERAL TIMES. OPERATIONS OK.
JOB # 1 TOTAL LABOR & PARTS 0.00

JH 2 [illegible] TECH(S):877 0.00
CASSENGERS SIDE BELT WILL RELEASE AT TIMES.
BELT IS TI-TIGHT AT TIMES.
SEE JIM WEBBER.
SEE RO#107591 BELT WAS REPLACED.
ORDERED BOTH BELTS.
JOB # TOTAL LABOR & PARTS 0.00

JH 3 72F07 RENTAL CAR HOURS: 0.00 TECH(S): INTERNAL
$21.99 ONE DAY RENTAL.
JOB # 3 TOTAL LABOR & PARTS 0.00

SUBLET RO# VEND INVN INV DATE DESCRIPTION
JOB # [illegible] 49550 [illegible] 02/27/97 SLP RENTAL INTERNAL
TOTAL SUBLET 0.00

TOTALS

NEW SERVICE DEPARTMENT HOURS: 7:00AM TO 6:30PM M-F TOTAL LABOR 0.00
[illegible] 8:00AM TO 4:30PM SAT TOTAL PARTS 0.00
TOTAL SUBLET 0.00
BODYSHOP HOURS 7:00AM TO 5:00PM M-F TOTAL G.D.G. 0.00
TOTAL [illegible] 0.00
TOTAL [illegible] 0.00
[illegible] TOTAL INVOICE $ 0.00

CUSTOMER SIGNATURE

COS
15.00
SCP
4398

[redacted] 943 CAR NO. 8122 DATE 3/11/97 INVOICE NO. FIN5111649

[redacted] LABOR RATE LICENSE NO. 2011874 MILEAGE 79019 COLOR BLUE STOCK NO. 3006

3/25/96 DELIVERY MILES 3521

3/11/97 INSPECTION DATE

[redacted] BUSINESS PHONE NO. 79019

LABOR & PARTS

JH 1 24FOZ WARRANTY RECALLS HOURS= 0.00 TECH(S)=93

DR W/ SIDE AIR BELT RETRACT

INSTALL SPECIAL ORDERED SEAT BELT ASSY.

96M4

REPLACED DRIVERS SIDE TRACK AND MOTOR AS PER RECALL 7A5HU

PARTS	QTY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	F87Z-6161044-A	KIT,A/BAG		WARRANTY
JOB # 1	1	F87Z-6161044-A	KNOCK A 470407		WARRANTY
JOB # 1	2	[illegible]	USA PAP 141774		WARRANTY
			JOB # 1 TOTAL PARTS		0.00
			JOB # 1 TOTAL LABOR & PARTS		0.00

JH 2 24FOZ-NR1 WARRANTY RECALLS HOURS= 0.00 TECH(S)=93 WARRANTY

PASSENGERS SIDE SEAT BELT RECALL

INSTALL SPECIAL ORDERED SEAT BELT ASSY.

96S97

REPLACED BELT ASSEMBLY

PARTS	QTY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 2	2	[illegible]	[illegible]		WARRANTY
			JOB # 2 TOTAL PARTS		0.00
			JOB # 2 TOTAL LABOR & PARTS		0.00

TOTALS

MEN SERVICE DEPARTMENT HOURS: 7:00AM TO 6:30PM M-F
8:00AM TO 1:30PM SAT

BODYSHOP HOURS : 8:00AM TO 5:00PM M-F

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC	0.00
	0.00

[redacted]

PERFORMANCE EQUIPMENT

127[illegible]SOM BLVD., FOLSOM, CA 95630 916-353-2080

BAR [illegible]3519

PROGRAM CODE	AUTHORIZATION CODE	COMMITMENT NO.	E.S.P. NUMBER	SERVICE INSTALLED PARTS NO / DAY / YEAR	ACCRUED MILEAGE	CROSS REFERENCE

CUSTOMER NO.					
32547	[redacted]	943	CARD NO. 3335	INVOICE DATE 02/28/97	INVOICE NO. [illegible]
[redacted]	LABOR RATE	LICENSE NO. [illegible]	MILEAGE [illegible]	COLOR [illegible]	STOCK NO. [illegible]
	YEAR / MAKE / MODEL [illegible]			DELIVERY DATE [illegible]	DELIVERY MILES [illegible]
	VEHICLE ID. NO. [illegible]			SELLING DEALER NO.	PRODUCTION DATE
	P.T.E. NO.	P.O. NO.		R.O. DATE [illegible]/97	

RESIDENCE PHONE 364-[illegible] BUSINESS PHONE

NO 78577

LABOR & PARTS

J# 1 34FOZ-ANTENA ANTENA HOURS: TECH(S):877 INTERNAL

ANTENNA MAST WAS REPLACED ON RO#107591
ANTENNA MAST WILL NOT RETRACT.
REMOVED ANTENNA TO INSPECT. REINSTALLED PROPERLY.
RECHECK OPERATIONS SEVERAL TIMES. OPERATIONS OK

JOB # 1 TOTAL LABOR & PARTS 0.00

J# 2 48FOZ--DIAGNOSE RESTRAINT AND SAFETY HOURS: TECH(S):877 0.00

PASSENGERS SIDE BELT WILL RELEASE AT TIMES.
BELT IS TO TIGHT AT TIMES
SEE JIM WEBBER.
SEE RO#107591 BELT WAS REPLACED.
ORDERED BOTH BELTS.

JOB # 2 TOTAL LABOR & PARTS 0.00

J# 3 72FOZ RENTAL CAR HOURS: 0.00 TECH(S): INTERNAL

$21.99 ONE DAY RENTAL.

JOB # 3 TOTAL LABOR & PARTS 0.00

SUBLET	PO#	VEND INV#	INV DATE	DESCRIPTION	
JOB # 3	69550	355328	02/22/97	SLP RENTAL	INTERNAL
				TOTAL - SUBLET	0.00

TOTALS

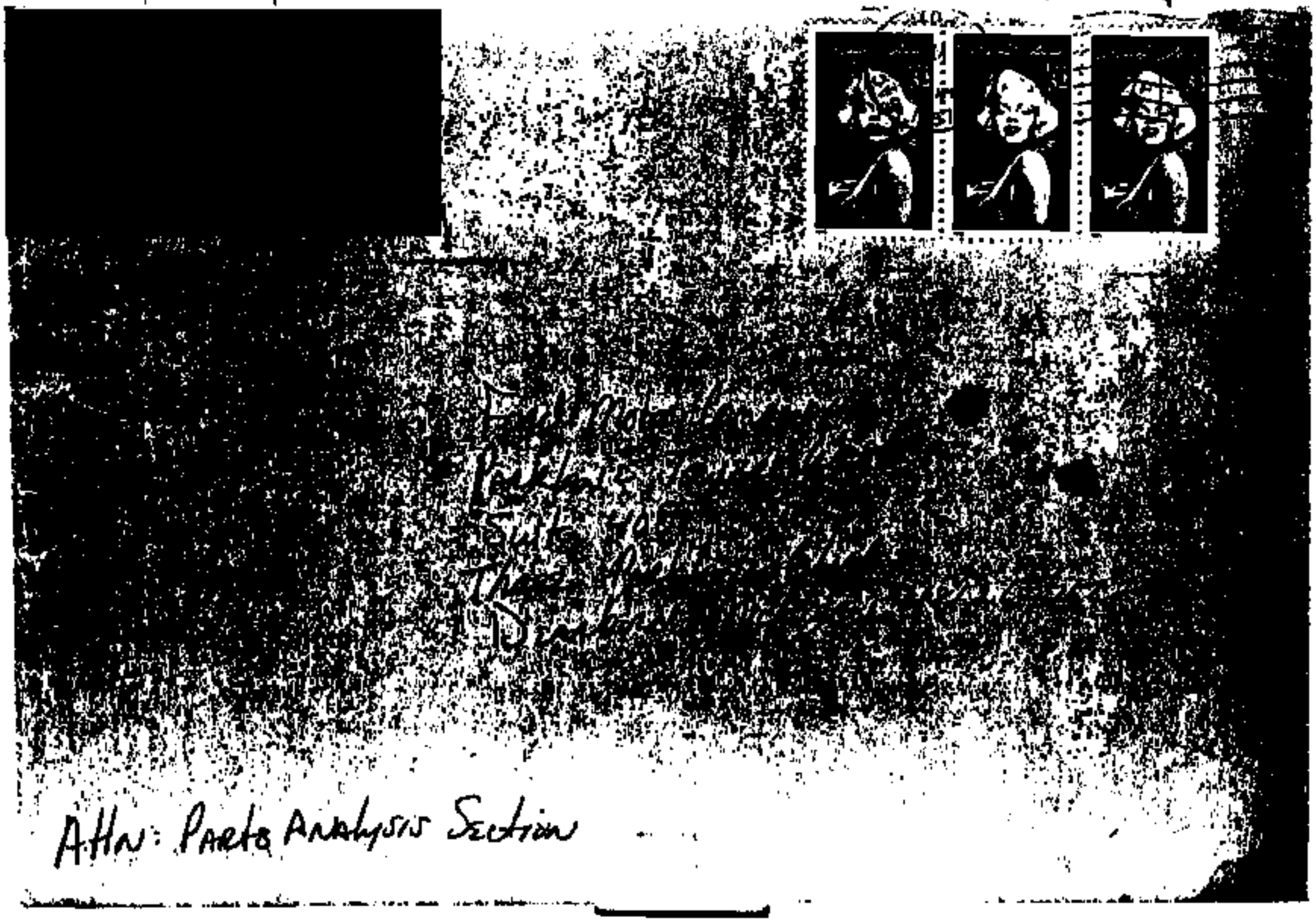
NEW SERVICE DEPARTMENT HOURS 7:00AM TO 6:30PM M-F
8:00AM TO 4:30PM SAT.

BODY SHOP HOURS: 8:00AM TO 5:00PM M-F

TOTAL LABOR..	0.00
TOTAL PARTS..	0.00
TOTAL SUBLET.	0.00
TOTAL G.O.D..	0.00
TOTAL MISC...	0.00
TOTAL TAX....	0.00
TOTAL INVOICE $	0.00

[redacted]

FOLSOM LANE FORD


Attn: Pareto Analysis Section

Office of the General Counsel

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

May 2, 1997

[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.

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]

Office of the General Counsel

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

May 22, 1997

[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

Office of the General Counsel

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

August 7, 1998

[redacted]

Dear Ms[redacted]

In order to complete our investigation we need photographs (including close ups) of the alleged broken belt. We also need to know if the broken belt is still in the vehicle or has it been replaced? And has the damage been repaired. Please note, if the vehicle and belt have been repaired please provide a copy of the repair bill for both the collision damages and the seat belt.

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

[redacted]

July 7, 1998 [redacted]

Mr. Jessie Hollingsworth
Ford Motor Company
400 Parklane Towers West
Three Parklane Blvd.
Dearborn, MI 48126-2560

Re: Our Client: [redacted]
Your Insured:
Our File No:
Your Claim No.
Date of Loss:

Dear Mr. Hollingsworth:

M[redacted]ehicle can be inspected at her home address of [redacted]

Please make arrangements to have someone come out to her home to inspect the vehicle.

If you have any questions or if you need additional information, please feel free to contact me.

Sincerely,

Veronica Casey/amv
Veronica Casey

VC/amv

[redacted]

Office of the General Counsel

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

March 27, 1998

[redacted]

Re: Your Client: [redacted]
D/E:
Y/File No.:

Dear Ms[redacted]

In order to fully evaluate this claim we need to inspect the vehicle and seatbelt. Please advise us of the current location of the vehicle.

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

[redacted]

March 23, 1998

[redacted]

Re: Our Client: [redacted]
Your Insure
Our File No
Your Claim
Date of Los

Mr. Jessie Hollingsworth
Ford Motor Company
400 Parklane Towers West
Three Parklane Blvd.
Dearborn, MI 48126-2568

Re: Our Client: [redacted]
Your Insured:
Our File No:
Your Claim No.
Date of Loss:

Dear M[redacted]

Included here is the Settlement Brochure in the above-referenced matter. The Index for documentation in this matter is contained in the **INDEX** portion of the Brochure. For your convenience, a courtesy copy of this letter is included in **Exhibit 1**.

As you know, this was a hit-and-run accident and is an uninsured motorist claim. This accident occurred on November 6, 1996, at approximately 10:00 p.m. [redacted] was driving southbound on 37th Avenue South toward the intersection of 53rd Street East. As she drove through the intersection she was suddenly struck by a speeding car in the rear panel of her car. The other car did not have its lights on. Her car spun around and she was turned facing the opposite direction. The male driver of the other vehicle asked her if she was alright, but before she could really answer, he got back into his car and left the accident scene. Unfortunately, Ms. [redacted] and an eyewitness to the accident were unable to obtain a license plate number.

[redacted]

The police report confirms that the other driver was responsible for this accident. Ms[redacted] was driving in a normal manner and had entered the intersection first. The unidentified driver failed to yield the right-of-way, was driving without his lights on, and was driving at an unsafe speed. The Traffic Accident Report is attached as **Exhibit 2**. Photographs depicting vehicle damage are attached as **Exhibit 3**.

This was a significant collision, and upon impact, Ms. [redacted] seatbelt malfunctioned due to a inoperative restraint system. As a result, her body was thrown all around the car.

Ford Motor Company was aware of the problems with the seatbelts. Clearly the malfunctioning seatbelt greatly contributed to the extent of Ms. [redacted] injuries.

Ms. [redacted] was unprepared for this accident. When her car was hit, she was thrown sideways and struck the driver's door with her left side and head. She was very dazed and groggy. She had immediate pain in her head and significant dizziness and ringing in her ears. The police officer strongly suggested that she be taken by ambulance to the hospital, but she just wanted to go home because she had to care for her children. The police officer then took her home.

Upon arriving home, Ms. [redacted] was in terrible pain and her vision was blurry. She was immediately taken to the Emergency Room at [redacted] She had pain on the top of her head, blurred vision, and continued ringing in her ears. She continued to feel groggy and confused. She had pain in her neck, mid back, and the right side of her chest. Examination confirmed tenderness over the top of her head and throughout her neck. The doctor was quite concerned about a concussion and intracranial damage. X-rays of the cervical spine and a CT of the head returned within normal limits. She was diagnosed with a head contusion, a concussion, a neck strain, and a right latissimus dorsi strain. She was prescribed Motrin 600 mg and Vicodin for her pain.

Ms. [redacted] returned the next day to [redacted] for further evaluation. She continued to suffer from the above-noted pain; however, she was now experiencing some numbness and tingling in her right arm and forearm. She also had anterior thigh numbness and back pain. It was recommended that she see a doctor for her ongoing pain. The medical records from [redacted] Hospital are attached as **Exhibit 4**.

The following week, Ms. [redacted] began treatment with Dr. [redacted] M.D., a neurologist. She continued to suffer from pain and some spasm in her neck, low back, right leg down to her knee, and pain in her right shoulder. Whenever she turned her neck, she had radiating pain into her right shoulder and upper arm. She had weakness in her right hand which made it difficult to grasp and carry things. Examination confirmed the ongoing pain and there was spasm in the lower back. He ordered an MRI of the cervical spine with showed minimal posterior disc bulging at C5-6 level. The CT of the lumbar spine was normal. He restricted her from lifting over 15 pounds, avoid overhead work, and avoid sitting more than 30 minutes at a time. The medical records from Noran Neurological Clinic are attached as **Exhibit 5.**

Pursuant to Dr. [redacted] recommendations, Ms. [redacted] underwent a course of physical therapy at Sports & Orthopedic Physical Therapy, Inc. Following her initial evaluation, she participated in a course of therapy which included ultrasound, therapeutic exercise and massage. A home exercise program was implemented to maintain strength and flexibility and to diminish and control pain. Records note that she was motivated and showed good compliance with the prescribed treatment program, achieving an increase in strength and endurance. Nevertheless, she experienced pain to varying degrees throughout the course of therapy. She was discharged from formal therapy and progressed to independent home exercise. The medical records of Sports & Orthopedics Physical Therapy are attached as **Exhibit 6**.

Ms. [redacted] had a very difficult time coping with her acute pain. At the time of this accident, she worked part-time in a clerical position with the [redacted] She missed time because of her pain and eventually she was replaced. Also, Ms. [redacted] was a student at Minneapolis Technical College obtaining certification in upholstery. She excelled in this program and there was almost no homework which allowed her to care for her two children. She really enjoyed this program and it was her goal to open her own business.

Prior to this accident, Ms. [redacted] was in good health. In 1994 she treated with Dr. [redacted] M.D. at [redacted] Clinic for spasming and cramping into her hands and feet. An EMG was performed and results were normal. The prior medical records of [redacted] are attached as **Exhibit 7**.

Also, In September and October, 1996, Ms. [redacted] had some pain in her low back. She treated with Dr. [redacted] M.D., an orthopedist, who diagnosed fibromyalgia. Her pain was bothersome but was not debilitating. She was not in acute distress and was able to move without hesitation. Her low back pain was definitely worse after this accident. The prior medical records of [redacted] Ltd. are attached as **Exhibit 8**.

Ms. [redacted] has a very challenging life and is the single mother of two sons. Her oldest son, age 14 is multi-handicapped with a variety of mental health disorders. Her other son, age 9, has ADHD. She also sought help for some depression and anxiety for which she took Prozac. Despite these obstacles, Ms. [redacted] took pride in caring for her sons, preparing all the meals before she left for school, and keeping a clean home.

After this accident; however, Ms. [redacted] was barely able to cope. She lost her job and she had to quit school because she was in too much pain to perform the heavy work necessary for upholstery. She continued to have neck and upper back pain with associated headaches. However, her most acute pain was in her low back and hip area. She had pain sitting, standing, or walking for more than 30 minutes. She had problems with her short-term memory and processing information. She was unable to sleep well during the night and she was becoming quite fatigued. She felt she had significant more difficulty coping with her depression and anxiety. This was very problematic since she was a single mother and in charge of controlling everything in her life.

Ms. [redacted] continued regular treatment with Dr. [redacted]. Initially, her symptoms worsened and it was increasingly difficult to turn her head in any direction. It was recommended that Ms. [redacted] obtain help with housework in December and January. Fortunately, physical therapy helped subside her most acute pain. However, she continued to suffer from occipital headaches which were directly related to her frequent flare-ups of neck pain. She had ongoing weakness in her hands which made it difficult to write and perform overhead work. She had stiffness in her back and both hips. She had difficulty with housework or sitting or standing for any length of time. Dr. [redacted] diagnosed post concussive syndrome with headache and memory impairment; post-traumatic cervical, thoracic, and lumbar muscle injury with minimal C5-6 disc bulge; and extensive myofascial irritation.

Throughout 1997, Dr. [redacted] continued to note improved yet ongoing pain in the left side of her neck. Her most problematic pain remained in her low back with radiating pain into her right buttock and right thigh. In March of 1997, upon the prescription of Dr. [redacted] attended physical therapy at [redacted]

Ms. [redacted] continues to struggle every day to cope with her pain. Had this accident not occurred, she would have completed her upholstery school and been well on her way to opening her own business. It has been difficult for her to be away from school and change her career goals because this allowed her an outlet in her otherwise difficult home life. Since this accident, however, she continues to have the pain as outlined above. She is limited in most of her daily activities. Even basic activities such as housework, driving, walking, climbing stairs, bending, and kneeling, can cause terrible pain. She still had headaches and difficulty sleeping well due to her pain.

Ms. [redacted] has incurred $4,497.27 in medical expenses which have been paid by her no-fault insurance carrier, American Express Property Casualty Company. The PIP Payment Ledger is attached as **Exhibit 10**.

It is the opinion of Dr. [redacted] has sustained a permanent injury [redacted] as a result of this accident. He recommends an aggressive home exercise program to help control her pain and maintain her strength. He believes she is at higher risk for development of degenerative changes in the neck in the future, although this is not totally certain. The permanency report of Dr. [redacted] is attached as **Exhibit 11**.

Ms. [redacted] makes her demand to settle this case at this time for $40,000.00, 1/2 from AMEX Insurance Company and 1/2 from Ford Motor Company if the matter can be resolved in the near future. **Please call me within 10 days of the receipt of this letter to avoid the service of a Summons and Complaint.**

Sincerely,

Veronica Casey/dmv
Veronica Casey
VC/pk

cc: Earlene Eason