

RULE 1.1

DIFFERENTIAL
CIVIL CASE MANAGEMENT

C. Responsive Pleadings

Except as provided in paragraph 1.1.3 (E) below, each party served with a complaint or cross-complaint shall file and serve a response within thirty (30) days after service. The parties may by written agreement stipulate to one fifteen (15) day extension to respond to a complaint or cross-complaint.

If the responsive pleading is a demurrer, motion to strike, motion to quash service of process, motion for a change of venue or a motion to stay or dismiss the case on forum non conveniens grounds, and the demurrer is overruled or the motion denied, a further responsive pleading shall be filed within ten (10) days following notice of the ruling unless otherwise ordered. If a demurrer is sustained or a motion to strike is granted with leave to amend, an amended complaint shall be filed within ten (10) days following notice of the ruling unless otherwise ordered. The Court may fix a time for filing pleadings responsive to such amended complaint.

D. Proofs of service

Proofs of service must be filed at least ten (10) calendar days before the Case Management Conference.

E. Exceptions for Longer Periods of Time to Serve or Respond

(1) Time to Serve May be Extended for Good Cause

Upon ex parte application to the Court within sixty (60) days of the date the complaint was filed, plaintiff may obtain an extension of time to serve to a date on or before the Case Management Conference, if good cause is shown by declaration of counsel (or plaintiff filing in propria persona). An additional extension of the time to serve (an initial extension if the application is by a cross-complainant) may be obtained upon written application to the Court upon good cause shown before the prior extension has expired. All ex parte applications shall set forth the date of the initial Case Management Conference. Applications for extensions of time to serve to a date beyond the date of the Case Management Conference shall set forth a request to continue the date of the Case Management Conference and shall set forth the date requested for the continuance. The filing of a timely application for an extension will automatically extend the time to serve by five (5) days, whether or not the application is granted.

In determining good cause, the Court will give due consideration to any standards, procedures and policies which have been developed in consultation with the bar of the county through the Superior Bar Trial Court Delay Committee.

(2) Uninsured Motorist Cases

To allow for arbitration of the plaintiff's claim, good cause will be found for extension of time to serve for one hundred eighty (180) days from the date the court, upon timely ex parte application by plaintiff, signs an order designating the case as the "uninsured motorist case." An application pursuant hereto shall be deemed timely if it was made

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- c. Plan 3. disposition within twenty-four (24) months; or exempting the case under CRC 2105(d) from the case-dispositional time goals in CRC 2104 (b) and establishing a case progressive plan to ensure timely dispositions consistent with the exceptional circumstances, with a goal for disposition within three (3) years:
- (2) An order identifying the case as one which may be amenable to early settlement or other alternative disposition techniques;
- (3) Arbitration or other alternative dispute resolution (ADR) orders:
- a. An order referring the case to non-binding judicial arbitration;
- b. An order, based on a stipulation of all the parties, for mediation, binding private arbitration, early neutral evaluation, assignment to a settlement referee (or "special master"), or another method of alternative dispute resolution (ADR) in lieu of non-binding judicial arbitration, and setting a further case management conference immediately following the estimated date of completion of ADR;
- c. An order setting a further case management conference, and designating the case as one which will at said further conference, absent a finding of good cause to the contrary, be ordered to non-binding judicial arbitration:
- (i) Any party objecting to the Court ordering the case to non-binding arbitration at said further conference must file and serve a case management statement at least ten (10) days prior to said further conference demonstrating good cause why the case should not be ordered to non-binding judicial arbitration, and must appear at said further conference. (A stipulation and order to utilize, or previous utilization of, another specified method of ADR will generally be considered good cause not to order the case to non-binding judicial arbitration.)
- (ii) If no party has timely filed and served a case management statement objecting to the order to arbitration then no appearance of counsel is necessary at the further case management conference.
- (4) An order transferring the case to Municipal Court;
- (5) An order assigning the case to a particular judge for all purposes;
- (6) An order assigning a trial date;
- (7) An order identifying the case as one which may be protracted, and determining what special administrative and judicial attention may be appropriate, including special assignment;
- (8) An order establishing a discovery cut-off;
- (9) An order scheduling the exchange of expert witness information;
- (10) An order assigning a mandatory settlement conference date (normally within one week of the trial date); and

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- B. Trial counsel, parties, and persons with authority to settle the case, shall personally attend the settlement conference, unless excused by the Court for good cause.
- C. In all cases in which the defendant(s) is insured, the attorney retained by the carrier and the claim representative shall personally attend the settlement conference; and
- D. All counsel shall have evaluated the case prior to the conference, be fully conversant with the case, and have full authority to negotiate the disposition.
- E. Unless the case is settled at the settlement conference or dismissed in full prior thereto, or unless ordered otherwise by the court, each party shall serve on all other parties the following items by noon on the last court day prior to the date set for trial: (1) any *in limine* motions, (2) exhibit lists, except impeachment exhibits; (3) witness lists, except impeachment witnesses, and unusual scheduling problems, (4) jury instruction requests, except for instructions that cannot reasonably be anticipated prior to trial, (5) proposed special verdicts, (6) any stipulations on factual or legal issues, and (7) a concise non-argumentative statement of the case to be read to the jury in jury trials. Originals of any of the above documents served non-electronically shall be filed in the department of the civil team judge at the time of service on the parties. Originals of any of the above documents served electronically shall be filed electronically at the time of service on the parties.

1.1.12 MANDATORY SETTLEMENT CONFERENCE STATEMENTS

At least ten (10) calendar days before the mandatory settlement conference, each counsel and each self-represented party shall prepare, file and serve on the other party or opposing counsel a settlement conference statement. Meaningful settlement discussions shall be conducted after service of the statements, but before the settlement conference in order that the conference judge may focus only on issues which require judicial assistance.

The settlement conference statements shall include:

- A. The names of the parties and the date(s), time(s) and location(s) of the incident(s) giving rise to the controversy;
- B. A summary of the important facts of the case indicating the parties' theories of liability;
- C. A statement of any and all legal issues to be resolved by the Court;
- D. Copies of all relevant portions of key documents upon which the litigation is based and upon which any party intends to rely;
- E. A listing of *in limine* motions to be made at the time of trial (failure to list such motions may preclude their consideration at time of trial);
- F. A list of damages, current and future, and the legal and factual support therefor;
- G. A settlement demand; and
- H. If an insurance carrier is involved and there are any reservations of rights or policy defenses, the legal and factual support therefor.

ATTORNEY OR PARTY WITHOUT ATTORNEY (sign and approve) ATTORNEY FOR COURT	FILE NUMBER AND FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME	
PLAINTIFF: DEFENDANT:	
CASE MANAGEMENT CONFERENCE QUESTIONNAIRE AND AT-ISSUE MEMORANDUM CMC Date: _____ Time: _____ Dept. # _____	
CASE NUMBER	

1. I am party attorney for party (name of party):
 (check all that apply): plaintiff defendant cross-complainant cross-defendant
 other (specify):

2. The nature of the case, including a brief description of the damages and relief requested, is as follows:

3. (Plaintiff only) The complaint was filed on (date):

4. Service (plaintiffs and cross-complainants only)
 - a. All parties named in the complaint and cross-complaint have been served, or have appeared, or have been dismissed.
 - b. The following parties named in the complaint or cross-complaint
 - (1) have not been served (specify names):
 - (2) have been served but have not appeared and have not been dismissed (specify names):
 - c. The following extraordinary circumstances explain why all parties have not been served or appeared:

5. Arbitration/Mediation
 - a. The amount in controversy does not exceed \$50,000 for each plaintiff.
 - b. (Plaintiff only) I elect to refer the case to judicial arbitration and agree to limit recovery to the amount specified in section 1141.11 of the Code of Civil Procedure (\$50,000 as of January 1990)
 - c. All parties have stipulated to judicial arbitration under section 1141.12 of Code of Civil Procedure. A copy of the signed stipulation is attached. (Discovery remains open until 30 days prior to trial.)
 - d. I stipulate to be ordered to judicial arbitration under section 1141.12 of the Code of Civil Procedure. (Discovery closes 15 days prior to arbitration under CRC 1012.)
 - e. I stipulate to be ordered to judicial arbitration and that discovery may remain open until 30 days prior to trial.
 - f. This case is exempt from arbitration under rule 100.5 of the California Rules of Court (specify exemption):
 - g. I stipulate that the case be designated for arbitration. [Local Rule 1.1.6 (D)(3)(C)]
 - h. I stipulate to be ordered to mediation.

6. a. It is reasonably probable that the amount in controversy will not exceed \$25,000.
 b. I request the court to order the case transferred to the municipal court.

RULE 1.2
TELEPHONIC APPEARANCES
AT CASE MANAGEMENT CONFERENCES

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Effective January 1, 1998

RULE 1.2
TELEPHONIC APPEARANCES
AT CASE MANAGEMENT CONFERENCES

1.2.1 APPEARANCE

Subject to the provisions of this rule, a party or counsel of record for a party may appear at a case management conference by telephone.

1.2.2 FILING AND SERVICE OF FORMS

No party or counsel may appear by telephone at a case management conference unless that party or counsel has timely filed and served a Case Management Conference Questionnaire. The Clerk of the Court shall maintain a supply of forms entitled "Request for Telephonic Appearance at Case Management Conference." The form shall provide spaces for the date, time and department of the case management conference and the name, address, telephone number and FAX number, if any, of the party or counsel requesting a telephonic appearance. The form also shall contain a box which the party or counsel shall check only if a Case Management Conference Questionnaire has been timely filed and served.

1.2.3 FACSIMILE TRANSMISSION

Not earlier than ten (10) days nor later than six (6) working days before a scheduled case management conference, a party or counsel wishing to appear by telephone shall deliver or FAX to the Civil Calendar office a completed request form. If the party or counsel making the request does have FAX capability, a copy of the form shall be FAX-served on all other parties in the case or their counsel of record; if the party or counsel making the request does not have FAX capability, the party or counsel shall so state in the FAX number space on the request form. Failure to comply with the provisions of this paragraph shall result in denial of the request to appear by telephone.

1.2.4 SCHEDULED AVAILABILITY

The Court through the provider of a teleconferencing service will contact all parties and counsel submitting timely requests for telephonic appearance and schedule a specific estimated time for each case management conference at which any or all of the parties or counsel will be appearing by telephone. Notwithstanding the specific estimated time established by the provider, each party or counsel wishing to appear by telephone shall be available at the telephone number listed by that individual in the request form from the commencement of the appropriate case management conference calendar (e.g., 11:00 a.m.) until the completion of the case management conference at which the party or counsel wishes to appear. Failure to remain available as required by this paragraph shall be deemed a non-appearance at the case management conference and shall be subject to sanctions.

1.2.5 CONTINUANCE

If a party or counsel requests a continuance of a case management conference after another party or counsel has made a timely request to appear by telephone, the party requesting the continuance shall, as a condition of the continuance being granted, assume responsibility for contacting the provider and rescheduling any telephonic appearances already scheduled for that case management conference. The Court may, for good cause shown, also require the party requesting the continuance to pay any telephonic appearance user fees incurred by the other party(ies) or counsel in the action as a result of scheduling a telephonic appearance for the original case management conference date.

RULE 1.3
CIVIL LAW AND MOTION
AND DISCOVERY PROCEEDINGS

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Effective January 1, 1996

RULE 1.3
CIVIL LAW AND MOTION
AND DISCOVERY PROCEEDINGS

1.3.1 LAW AND MOTION AND DISCOVERY CALENDAR

- A. The law and motion calendar will be called Tuesday and Thursday at 9:00 a.m. in the department of the judge who leads the team to which the case has been assigned to a particular judge for all purposes. If the case has been assigned to a judge for all purposes, that judge will hear all law and motion matters in the case.
- B. The discovery calendar will be called Friday at 9:00 a.m. in the department of the Discovery Commissioner. Unless otherwise ordered, all discovery motions will be heard by the Discovery Commissioner.
- C. Parties seeking a hearing date on the law and motion or discovery calendar shall first communicate with the Law and Motion Examining Clerk and obtain an approved date or alternate dates for the hearing. Agreement to a hearing date should then be obtained, if possible, from opposing counsel or self-represented party.

1.3.2 CONTINUANCES

- A. Continuances of scheduled hearings on demurrers, motions to strike, motions to quash service of process, motions for change of venue and motions to stay or dismiss on forum non conveniens grounds may be obtained only on written application to the Court upon good cause shown including a showing that a continuance would not affect the ability to get the case at-issue by the time of the Case Management Conference.
- B. One continuance of the scheduled hearing on motions other than those specified in subparagraph 1.3.2. (A) above may normally be obtained without appearance of counsel upon the stipulation of counsel, provided the Law and Motion Examining Clerk is notified no later than the closing of the Clerk's Office on the third court day preceding the hearing.

1.3.3 HEARINGS

- A. Tentative rulings may be posted prior to the call of the calendar. Counsel and self-represented parties, however, should appear on all matters unless they have stipulated and the moving party has notified the Court that the matter may be submitted on the papers.
- B. If no appearance is made on a motion and the Court has not been notified by the moving party that the matter may be submitted without appearance, the Court will normally order the matter off calendar with prejudice but may rule on the matter based upon the papers.

1.3.4 LENGTH OF PAPERS

No Memorandum of Points and Authorities longer than is permitted by California Rules of Court §313(d) shall be filed in support of a motion or application for other relief without prior order of the Court upon good cause shown. An index of authorities, summaries and arguments and any face sheet will be included in counting the number of pages. The table of contents and proof of service will not be counted. Any application for relief must be made at least two (2) court days before the paper is due and supported by affidavit or declaration. Relief will be granted only in extraordinary circumstances.

RULE 1.4
JUDICIAL ARBITRATION
FOR CIVIL CASES

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Effective January 1, 1995

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address)	TELEPHONE NO.	FOR COURT USE ONLY
ATTORNEY FOR PLAINTIFF SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE COUNTY NAME PLAINTIFF: DEFENDANT:		
CASE MANAGEMENT CONFERENCE QUESTIONNAIRE AND AT-ISSUE MEMORANDUM CMC Date: _____ Time: _____ Dept. # _____		Case Number

- I am party attorney for party (name of party):
 (check all that apply): plaintiff defendant cross-complainant cross-defendant
 other (specify):
- The nature of the case, including a brief description of the damages and relief requested, is as follows:
- (Plaintiff's only) The complaint was filed on (date):
- Service (plaintiffs and cross-complainants only)
 - All parties named in the complaint and cross-complaint have been served, or have appeared, or have been dismissed.
 - The following parties named in the complaint or cross-complaint
 - have not been served (specify names):
 - have been served but have not appeared and have not been dismissed (specify names):
 - The following extraordinary circumstances explain why all parties have not been served or appeared:
- Arbitration/Mediation
 - The amount in controversy does not exceed \$30,000 for each plaintiff.
 - (Plaintiff's only) I elect to refer the case to judicial arbitration and agree to limit recovery to the amount specified in section 1141.11 of the Code of Civil Procedure (\$20,000 as of January 1990)
 - All parties have stipulated to judicial arbitration under section 1141.12 of Code of Civil Procedure. A copy of the signed stipulation is attached. (Discovery remains open until 30 days prior to trial.)
 - I stipulate to be ordered to judicial arbitration under section 1141.12 of the Code of Civil Procedure. (Discovery closes 15 days prior to arbitration under CRC 1.12.)
 - I stipulate to be ordered to judicial arbitration and that discovery may remain open until 30 days prior to trial.
 - This case is exempt from arbitration under rule 1000.2 of the California Rules of Court (specify exemption):
 - I stipulate that the case be designated for arbitration. [Local Rule 1.1.6 (D)(3)(C)]
 - I stipulate to be ordered to mediate.
- It is reasonably probable that the amount in controversy will not exceed \$25,000.
 - I request the court to order the case transferred to the municipal court.

RULE 1.4

JUDICIAL ARBITRATION FOR CIVIL CASES

1.4.1 USE OF ARBITRATOR'S PANEL

The Municipal Courts located in the County of Santa Clara may use the Superior Court panel of arbitrators promulgated pursuant to California Rules of Court Rule 1804.

1.4.2 PLEADINGS SUBMITTED TO ARBITRATOR

Each party in a case referred to arbitration may lodge with the arbitrator a copy of the latest complaint, answer, cross-complaint, or answer to cross-complaint filed by that party and arbitration relief, if any. Documents shall be lodged with the arbitrator at least five (5) court days prior to the scheduled hearing.

1.4.3 LENGTH OF ARBITRATION HEARINGS

Hearings shall not exceed three (3) hours, or in the arbitrator's discretion, upon good cause shown, a maximum of five (5) hours except as otherwise provided herein. If any party believes that the hearing will require more than five (5) hours ("lengthy hearing"), that party may obtain permission for such lengthy hearing by either:

A. Filing at least five (5) court days before the hearing a written stipulation among the parties and the arbitrator for a lengthy hearing and providing for payment by the parties of a reasonable rate of compensation for the arbitrator for each hour of hearing in excess of five (5) hours; or

B. Obtaining a Court order by written application showing good cause for a lengthy hearing made to the Court at or before the time when the matter is referred to arbitration.

1.4.4 ARBITRATOR'S FEE, CONDITION FOR PAYMENT

The arbitrator shall not be paid a fee for the hearing unless either the award or a notice of settlement is filed with the arbitration administrator's office within the time limits specified in Rule 1815b of the California Rules of Court except upon a showing of good cause to the Court of why the delay in submitting the award was necessary.

1.4.5 REQUESTS FOR CONTINUANCES

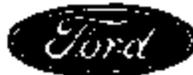
A. HEARING DATE

Any application to the court pursuant to Rule 1807 of the California Rules of Court for a continuance of the arbitration hearing shall be supported by a declaration showing:

- (1) The date the arbitrator was assigned;
- (2) The date on which the arbitration hearing is currently set;
- (3) The reason for and period of any previous continuance of the arbitration hearing;
- (4) The proposed new hearing date for the arbitration;
- (5) Good cause under the standards recommended in Section Nine of the Standards of Judicial Administration for the continuance; and
- (6) Whether all parties and the arbitrator have stipulated to the proposed continuance.

B. EX PARTE

A request by stipulation of all parties for a continuance to a date beyond 90 days (but within 120 days) of the arbitrator's appointment may, with the arbitrator's consent, be made to the court by ex parte motion.



Office of the General Counsel

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

January 7, 1997

[REDACTED]
Louisville, KY [REDACTED]

Dear [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:

1. The date of incident.
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 their 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.
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 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 Hollingsworth
Claims Analyst

dmb

s:\claim\dmb\006vtdg.w52

December 17, 1996

Ford Motor Co.
Parklane Towers West
Suite 400
Three Parklane Blvd.
Dearborn, Michigan 48126

Dear Jessie Hollingsworth,

This letter is in response to your letter dated December 3, 1996, and hereby serves notice to the Ford Motor Company, that it's representatives are responding in a negligent manner in their efforts to determine, consider, or examine the cause or defect of the motorized safety belt.

Your letter states "it appears that there is no evidence of a manufacturing or design defect." No one with an ounce of integrity would make this judgment without a thorough examination.

Enclosed is a copy of Ford recall 96S48/96S99 describing a safety defect very similar to the defect we have experienced. Our defect could be the same as the recall or it could be in addition to it. If other Probe owners are experiencing a similar problem it would be advisable for the Ford Motor Co. to exam and correct the problem rather than deny one exists, before others may be hurt severely.

Given the trauma that [REDACTED] has been put thru because of the accident and the injuries she has suffered, the Ford Motor Company as manufacturer, has placed an unreasonably heavy burden upon her as customer to secure all of the requirements demanded.

Though she may not physically be able to (due to her injuries & other circumstances) fulfill all of your requirements, the defect still exists and our concern is for the safety of others who may be injured unduly because of a similar defect.

Sincerely,

[REDACTED]

[REDACTED]
Louisville, KY [REDACTED]



Ford Motor Co.
Attn: Jessie Hollingsworth
Parklane Towers West
Suite 400
Three Parklane Blvd.
Dearborn, MI 48126

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



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

91 Probe
Vehicle ID #: 1ZVPT20C9M4 [REDACTED] 96S48

October, 1996

[REDACTED]
LOUISVILLE, KY [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.

Repair:

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 sides).

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 13, 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 December 15, 1996.

At that time your dealer will inspect, and as appropriate, replace the driver 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.





Office of the General Counsel

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

December 3, 1996

[REDACTED]
Louisville, KY [REDACTED]

Dear [REDACTED]

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

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

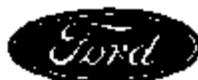
Unless we are provided with such evidence we will have no alternative but to deny responsibility for this claim.

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

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

Sincerely,

Jessie Hollingsworth
Claims Analyst



Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48128-2500

October 25, 1996

[REDACTED]
Louisville, KY 4 [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

c:\claims\lrc\allclm.w62

TEAM: 06 0328TT INQUIRY CONTACT VEN TYPE: CAR
UNKNOWN ZW/TR: CONTACT NBR: 107655923 OPENED: 10/18/1996
VIN: 12VPT20C9N5 CLOSED: 10/18/1996

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] FIRST NAME: [REDACTED] NI:
ADDRESS: [REDACTED]
CITY: [REDACTED] STATE: KY ZIP: [REDACTED]
HOME PHONE: [REDACTED] BUS. PHONE: [REDACTED]
MODEL YEAR: 91 MODEL: PROBE
MILEAGE: 52000 USD:

DEALER NAME: SALES CODE: PA CODE:
CAUSAL CODE: SYMPTOMS:
INQUIRY CODE: 1420 ALLEGED PERSONAL INJURY - INQUIRY

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

COMMENTS:
1996/10/18
*** VEHICLE INVOLVED IN RECALL 95848 & 96899 ***
*** NAVIS PROGRAM ***
CUSTOMER SAYS:
-MR. [REDACTED] CALLING
-10-4-96 DAUGHTER WAS INVOLVED IN AN ACCIDENT
-A CAR FAILED TO YIELD AT THE INTERSECTION AND HIT MY DAUGHTER'S VEHICLE
-DAUGHTER IS SEEKING MEDICAL ATTENTION
-SHE HAS A FULL LEG CAST, CHEST AND BREAST AREA WAS EXTREMELY BRUISED FROM THE SHOULDER HARNESS ✓
-THE VEHICLE WAS TOTALED
-CUSTOMER WAS CONTACTED THE INSURANCE COMPANY
-AT THE TIME OF THE ACCIDENT THE SHOULDER HARNESS WAS NOT WORKING PROPERLY —
-SHOULDER HARNESS WAS EXERTING EXTREME FORCE WHEN OPERATING
*
PER CUSTOMER, DEALER SAYS:
-NO CONTACT
*
CUSTOMER SEEKS:
-CONCERN RESOLVED
*
CAC ADVISED:
-THE OFFICE OF THE GENERAL COUNSEL WILL REVIEW THE CONTACT AND DETERMINE THE APPROPRIATE ACTION



VH
96-1453
K
P800

COVER CODE SHEET KSP Form 74C (1-1-87)

The cover code sheet is used as a guide for the investigator to code certain information along margin side of the regular report. Do not leave spaces blank - use the appropriate code.

1. If blank space does not apply enter NA.
2. If question is unknown, enter U.
3. If a factor is marked with *, give explanation.

An "Event" is potentially an accident by itself. The First or Second Event may be any one of the 40 events listed.

TOTAL TRAFFIC UNITS INVOLVED 13

TOTAL THROUGH LANES IN BOTH DIRECTIONS OF MAJOR TRAFFICWAY 14

LAND USE/CAPACITY
1. Rural A. Residential 7. Private Property*
2. Business B. School 8. Limited Access
3. Industrial C. Port

ROADWAY SURFACE
A. 1. DIRT 2. DIRT 3. GRAVEL 4. SLASH 5. MUDST
B. 1. ASPHALT 2. CONCRETE 3. GRAVEL 4. OTHER

WEATHER
1. Clear 2. Snowing 3. Sleet
2. Raining 4. Fog/Smog/Haze 5. Cloudy

ADJACENT CONTRACTS
1. Storage & Load 2. Storage & Load 3. Other
2. Storage & Load 4. Storage & Load 5. Other

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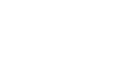
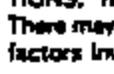
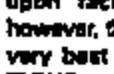
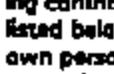
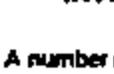
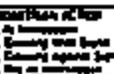
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INVESTIGATOR'S OPINION

A number of codes, especially those involving contributing factors and those factors listed below, are based upon the officer's own personal opinion and not necessarily upon factual evidence. It is important however, that an opinion be based upon the very best evidence possible. ASK QUESTIONS, recheck PHYSICAL EVIDENCE. There may be a combination of contributing factors involved.



WAS DRIVER SUSPECTED OF DRIVING
1. YES 2. NO

METHOD OF OBTAINING
1. Questioned Driver 2. Other*
3. FBI 4. Other
5. Field Interview 6. Other

WHICH VEHICLE OCCUPIED
1. All Major Vehicle 2. Bicycle
3. Pedestrian 4. Foot
5. Animal Occupant/Driver 6. Horse

POSITION BUSH VEHICLE
1. Driver 2. Passenger
3. Riding/Strapping On Outside

SAFETY EQUIPMENT USED
1. Buckle/Seat Belt 2. Other
3. Life Vest 4. Other
5. Fire Extinguisher 6. Other
7. First Aid Kit 8. Other
9. Child Safety Seat 10. Other

EXIT FROM VEHICLE
1. Out Front 2. Rear
3. Other



LOCATION OF INJURY (Mark Location)
1. Head/Neck
2. Face
3. Chest
4. Back
5. Arms/Shoulders
6. Legs/Feet
7. Multiple - Specify Body
8. None

CLASSIFICATION OF INJURY
1. Fatal
2. Incapacitating
3. Non-Incapacitating
4. Possible Injury
5. None Observed

ESTIMATION
1. Yes 2. No

A. RK
10

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- 40 CODES BY SINGLE ACTION
1. Being Driven
 2. Being Pushed
 3. Being Pulled
 4. Being Towed
 5. Being Hit
 6. Being Struck
 7. Being Caught
 8. Being Trapped
 9. Being Blocked
 10. Being Stopped
 11. Being Held
 12. Being Released
 13. Being Escaped
 14. Being Ignored
 15. Being Forgotten
 16. Being Overlooked
 17. Being Missed
 18. Being Lost
 19. Being Found
 20. Being Recovered

- LOCATION OF FIRST EVENT (MARKED IN REPORT)
1. On Highway
 2. Off Highway
 3. Public Access Area

- TYPE OF ACCIDENT COLLISION WITH -
1. Other Motor Vehicle
 2. Pedestrian
 3. Bicycle
 4. Animal
 5. Object
 6. Fixed Object
 7. Other
- CAUSATION WITH FIRST OBJECT -
1. Light Reflective Area
 2. Blind Spot
 3. Poor Visibility
 4. Poor Judgment
 5. Poor Reaction
 6. Poor Control
 7. Poor Position
 8. Poor Timing
 9. Poor Direction
 10. Poor Force
 11. Poor Angle
 12. Poor Distance
 13. Poor Clearance
 14. Poor Position
 15. Poor Timing
 16. Poor Direction
 17. Poor Force
 18. Poor Angle
 19. Poor Distance
 20. Poor Clearance

- 2nd Event
1. Other Motor Vehicle
 2. Pedestrian
 3. Bicycle
 4. Animal
 5. Object
 6. Fixed Object
 7. Other

- ADJACENT CONTRIBUTING FACTORS (MARKED IN REPORT)
1. Driver Error
 2. Poor Visibility
 3. Poor Judgment
 4. Poor Reaction
 5. Poor Control
 6. Poor Position
 7. Poor Timing
 8. Poor Direction
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 18. Poor Distance
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[Redacted]
J. S. [Redacted], Ky. [Redacted]



[Redacted]

James H. [Redacted]
[Redacted] [Redacted]

48124/9333 



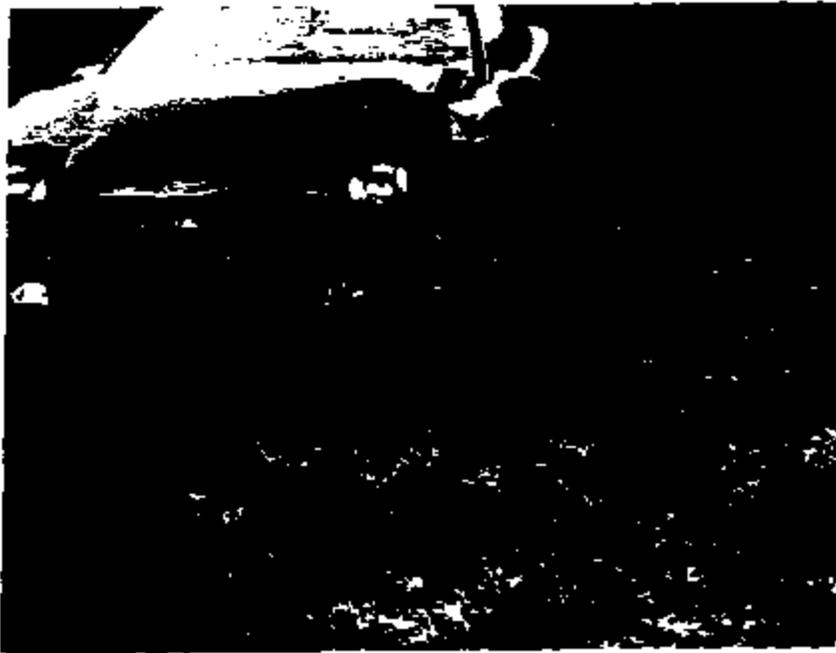


91 FORD
PRIDE



Louisville, Ky.

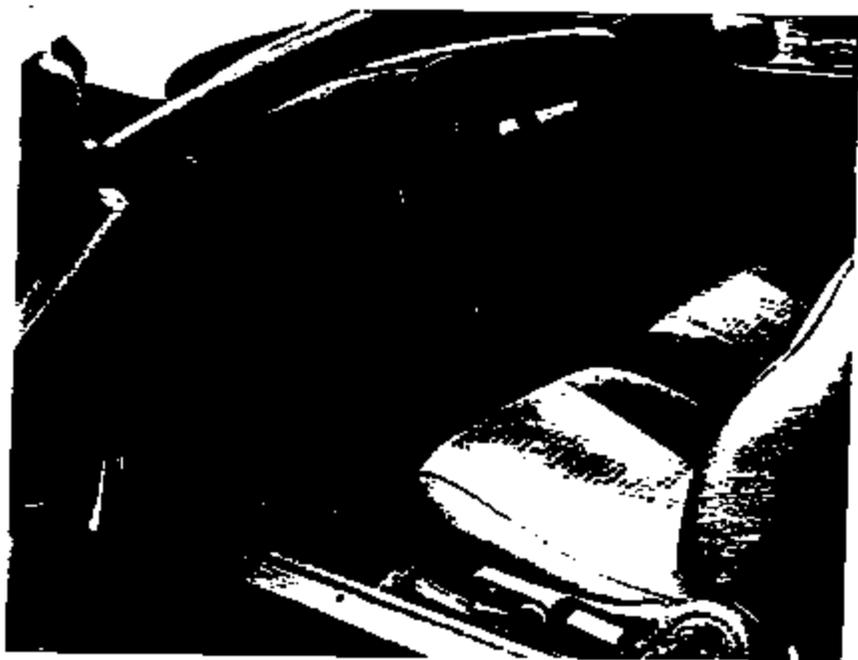












HAROLD D. REGISTER, JR.

(A Professional Law Corporation)
4418 Johnston St. Suite 1-E • Lafayette, Louisiana 70503
P.O. Box 5354 • Lafayette, Louisiana 70502

Marian Frye - Certified Paralegal
Cassandra Ardoin - Certified Paralegal
Lana Darby - Office Assistant

Telephone:
(318) 981-8644 (Lafayette)
(318) 981-8692 (Facsimile)

June 17, 1997

CERTIFIED MAIL - RRR - NO: P 078-017-833

Ms. Jessie Hollingsworth
Ford Motor Company
Claims Analyst
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

RE: [REDACTED]

1990 FORD PROBE
VIN 1ZVPT20C7L [REDACTED]
RECALL 96S48 / 96S99

Dear Ms. Hollingsworth:

My client's daughter was involved in an automobile accident on January 16, 1997 in which she sustained serious bodily injuries because of the ineffective, defective seat belt.

My client's daughter is presently under the doctor's care. If you would like copies of medicals and the accident report, please let me know.

With kindest regards, I remain

Sincerely,

Harold D. Register, Jr.
Harold D. Register, Jr.

HDRJr:cmg



Office of the General Counsel

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

May 19, 1997

Harold D. Register, Jr.
P.O. Box 5354
Lafayette, LA 70502

ATTENTION: [REDACTED]

Re: Claimant: [REDACTED]

Dear Mr. Register:

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.
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.

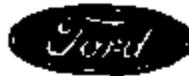
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If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that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

Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb



Office of the General Counsel

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

June 20, 1997

Harold D. Register, Jr.
P.O. Box 5354
Lafayette, LA 70502

Re: Claimant: [REDACTED]

Dear Mr. Register:

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.
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10. What is the alleged defect?
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Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

c:\claims\dmb\al4\olep.w33

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Lana Darby - Office Assistant

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(318) 981-8692 (Facsimile)

April 24, 1997

CERTIFIED MAIL - RRR - NO: P 560-460-199

Ms. Jessie Hollingsworth
Ford Motor Company
Claims Analyst
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

RE: [REDACTED]
1990 FORD PROBE
VIN 1ZVPT20C7L [REDACTED]
RECALL 96S48 / 96S99

Dear Ms. Hollingsworth:

I am in receipt of your letter dated March 20, 1997 acknowledging receipt of my client's complaint.

The information you requested in your letter is as follows:

1. Date of accident, city and state in which is occurred: January 16, 1997 in Abbeville, Louisiana.
2. Description of incident: [REDACTED] the owner of the vehicle's daughter, was travelling on John Hardy Drive, located in Abbeville, Louisiana. When she came to stop at the stop sign, she was hit from behind by another vehicle.
3. A copy of the police report is attached.

4. Injured party: [REDACTED]
DOB: [REDACTED]
Address: [REDACTED] Abbeville, LA [REDACTED]
Marital Status: [REDACTED]
SSN: [REDACTED]
Occupation: [REDACTED]
[REDACTED]

Treating physicians: [REDACTED]
[REDACTED]

- 5. 1990 Ford Probe - 2 doors
VIN 1ZVPT20C7L5 [REDACTED]
- 7. Photographs of collision damage - in attorney's possession.
- 8. Photographs of inside of vehicle (i.e. steering wheel, dash and roof areas - will be submitted shortly. ←
- 10. Alleged defect - seat belt.
- 11. Documentation to substantiate defect allegation - will be submitted shortly.
- 12. No, the alleged defective part has not been repaired or replaced.



Present location of the alleged defective part and the vehicle - the vehicle was sold to State Farm Insurance Company after property damage claim was settled; the vehicle was subsequently sold at an auction in Lufkin, Texas to Chuck Taylor Auto Parts, Dallas, Texas. If you care to inspect the vehicle, you need to contact the facility immediately.

Repair estimate for vehicle's damage; copies of draft payments - the vehicle was a total loss.

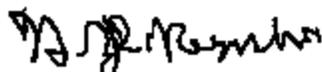
Call
No listing in directory
Quest.

15. Complete service history of vehicle - will respond later.
17. The vehicle is not in the possession of the owner at the present time. Refer to answer given in # 13.
22. Yes, State Farm Insurance Company represents the party who caused the accident.
Adjuster: Roxanne Cassimere
State Farm Insurance Company
P. O. Drawer 80189
Lafayette, LA 70598-0189
(318) 261-3400

If you need any additional information, please notify me of the same.

With kindest regards, I remain

Sincerely,



Harold D. Register, Jr.

HDRJr:cma



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

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

Recall 96S48/96S99

October, 1996

Mr. John Sample
123 Main Street
Anywhere, USA 12345

Serial Number: 12345678901234567

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 restore operation of your restraint system. However, you may be asked to return your vehicle after December 15, 1996 to have a new restraint rail installed on the driver's side and, if necessary, the passenger side. 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 December 15, 1996.

January 15, 1997.

February 15, 1997.

March 15, 1997.

At that time your dealer will replace the driver side restraint rail and inspect the passenger side restraint rail. If the passenger side rail shows a given amount of wear, it will be replaced also. 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.

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

Manager

Vehicle Service and Programs

CITATION NO. 4431297
 4431298
 VER 1 VER 2 R.S. OR ORG. NO. 32:58
 32:863.1

STATE OF LOUISIANA
 UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT
 Investigating Agency: State Police Sheriff City Police Other



DATE OF ACCIDENT 01/16/97 DAY OF WEEK Thursday HOUR 1307
 Parish where accident occurred Vermilion City, Town Abbeville
 Accident occurred on North John Hardy Memorial Dr.
 At its intersection with Relative to its intersection with 96 feet of Graceland Ave.
 Not at intersection _____ feet of _____

Investigative Agency Number 5874366
 DO NOT WRITE IN THIS SPACE
 DR-16 FURNISHED TO DRIVER 1 DRIVER 2
 DIV DRIVER REVIEW: DRIVER 1 DRIVER 2

Year 90 Make Ford Model/No. Doors Pro 2 doors No. Axles 2 / 4 VIN 1ZUPT20C7L
 Vehicle Description: N/A License Plate: La Private
 Insurance Co. Name: State Farm Policy Number: [Redacted] Expiration Date: 7-15-97
 Driver Name and Address: [Redacted] La.
 License State: Louisiana Class: E Number: [Redacted]
 Occupant's Name and Address: [Redacted] NONE

AREA DAMAGED	SCALE	POSITION	EJECTION	SEAT BELT/H. HARNESS	SAFETY DEVICES	INJURY
	1 Light 2 Moderate 3 Heavy 4 Total 5 Fire 6 Submerged N Undercarriage	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 Occup. of Spec. Veh. 8 Unknown	1 Not Ejected 2 Partially Eject. 3 Totally Ejected 4 Unknown if Eject.	1 Belt/Harness Not Installed 2 Only Belt Installed, Not Used 3 Belt/Harness Installed, Not Used 4 Belt Used, Harness Not Installed 5 Belt Used, Harness Not Used 6 Belt/Harness Used 7 Belt used unknown, Harness not installed 8 Belt/Harness Use Unknown 9 Belt and/or Harness Failed	1 Air Bags 2 Positive Restraints 3 Child Restraints 4 Helmet & Face Shield 5 Helmet Only 6 Eye Protection Only 7 None	1 Fatal 2 Critical Non-Fatal 3 Serious Non-Fatal 4 Severe 5 Moderate 6 Minor 7 No Injury

Year 88 Make Chev Model/No. Doors CAV 4 doors No. Axles 2 / 4 VIN 1G1JC5117JJ
 Vehicle Description: N/A License Plate: La Private
 Insurance Co. Name: No proof of insurance Policy Number: [Redacted] Expiration Date: [Redacted]
 Driver Name and Address: [Redacted] Lafayette, La.
 License State: Louisiana Class: E Number: [Redacted] 10/05/75
 Occupant's Name and Address: [Redacted] Broussard, La.

Name and Address: N/A Clothing: Light Car

EMERGENCY SERVICES: Ambulance Called By: N/A Rescued: N/A
 First Aid Given By: [Redacted] Injured Taken To: [Redacted]

ALCOHOL TEST RESULTS: N/A VIDEO TAPES: [Redacted]
 TIME: 1312 Arrived at Scene: 1314
 INVESTIGATING OFFICER: Sgt. R. J. Thibodeaux (11) APD 01/17/97

VIOLATIONS (Check One Per Column) A <input type="checkbox"/> Speeding vehicle speed limit B <input type="checkbox"/> Speeding vehicle speed limit C <input type="checkbox"/> Following too closely D <input type="checkbox"/> Following too closely E <input type="checkbox"/> Striking left of center F <input type="checkbox"/> Striking left, wrong-way passing G <input type="checkbox"/> Failure to signal H <input type="checkbox"/> Made wide right turn I <input type="checkbox"/> Did not stop at red light J <input type="checkbox"/> Turned from wrong lane K <input type="checkbox"/> Other improper turning L <input type="checkbox"/> Obstructed traffic control M <input type="checkbox"/> Improper starting N <input type="checkbox"/> Improper parking O <input type="checkbox"/> Failed to set up flags, cones P <input type="checkbox"/> Failed to use headlights Q <input type="checkbox"/> Vehicle condition R <input type="checkbox"/> Driver condition S <input type="checkbox"/> Other (Specify device) or unknown T <input type="checkbox"/> No violations	MOVEMENT PRIOR TO ACCIDENT (Check One Per Column) A <input type="checkbox"/> Stopped B <input type="checkbox"/> Proceeding straight ahead C <input type="checkbox"/> Traveling wrong way D <input type="checkbox"/> Backing E <input type="checkbox"/> Crossing median into opposing lane F <input type="checkbox"/> Crossed center line into opposing lane G <input type="checkbox"/> Lane off road (not while making turn at four wheels) H <input type="checkbox"/> Changing lanes on multi-lane road I <input type="checkbox"/> Making left turn J <input type="checkbox"/> Making right turn K <input type="checkbox"/> Stopped preparing to, or making, U-turn L <input type="checkbox"/> Making turn, obstacle unknown M <input type="checkbox"/> Stopped, preparing to turn left N <input type="checkbox"/> Stopped, preparing to turn right O <input type="checkbox"/> Stopping to make left turn P <input type="checkbox"/> Stopping to make right turn Q <input type="checkbox"/> Properly parked R <input type="checkbox"/> Parking elsewhere S <input type="checkbox"/> Entering traffic from stoppage T <input type="checkbox"/> Entering traffic from median U <input type="checkbox"/> Entering traffic from parking lane V <input type="checkbox"/> Entering traffic from private lane W <input type="checkbox"/> Entering roadway from on-ramp X <input type="checkbox"/> Leaving roadway via off-ramp Y <input type="checkbox"/> Obstacle unknown	VISION OBSCUREMENTS (Check One Per Column) A <input type="checkbox"/> Rain, snow, etc. on windshield B <input type="checkbox"/> Windshield obstructed C <input type="checkbox"/> Vision obscured by load D <input type="checkbox"/> Trash, blanket, etc. E <input type="checkbox"/> Building F <input type="checkbox"/> Unknown object G <input type="checkbox"/> Night vision H <input type="checkbox"/> Unknown I <input type="checkbox"/> Partially veiled J <input type="checkbox"/> Mirrors veiled K <input type="checkbox"/> Obscured by hood/fenders L <input type="checkbox"/> Obscured by bumper M <input type="checkbox"/> Obscured by rear N <input type="checkbox"/> Sight in field of view O <input type="checkbox"/> None or unknown P <input type="checkbox"/> No obscurement	CONDITION OF DRIVER AND PEDESTRIAN (Check One Per Column) A <input type="checkbox"/> Apparently asleep B <input type="checkbox"/> Inattentive or drowsy C <input type="checkbox"/> Drunk D <input type="checkbox"/> Synoptic defect E <input type="checkbox"/> Partially F <input type="checkbox"/> Weakness, etc. G <input type="checkbox"/> Hearing defect H <input type="checkbox"/> Fatigued I <input type="checkbox"/> Other body defects J <input type="checkbox"/> Obvious - unknown K <input type="checkbox"/> Obvious - impaired L <input type="checkbox"/> Obvious - unknown M <input type="checkbox"/> Normal	PEDESTRIAN ACTIONS (Check One) A <input type="checkbox"/> Crossing, entering road at intersection B <input type="checkbox"/> Crossing, entering road not at intersection C <input type="checkbox"/> Walking in road - walk D <input type="checkbox"/> Walking in road - against traffic E <input type="checkbox"/> Singing in road by crossing in roadway F <input type="checkbox"/> Crossing or on or off other vehicle G <input type="checkbox"/> Pushing, working in vehicle in road H <input type="checkbox"/> Other in roadway I <input type="checkbox"/> Not in roadway or unknown J <input type="checkbox"/> Not applicable	TRAFFIC CONTROL CONDITIONS (Check One Per Column) A <input type="checkbox"/> Control functioning B <input type="checkbox"/> Control not functioning C <input type="checkbox"/> Control observed D <input type="checkbox"/> Lamp operating unclear E <input type="checkbox"/> No control F <input type="checkbox"/> Control unknown	
REASON FOR MOVEMENT (Check One Per Column) A <input type="checkbox"/> To avoid other vehicle B <input type="checkbox"/> To avoid pedestrian C <input type="checkbox"/> To avoid animal D <input type="checkbox"/> To avoid other object E <input type="checkbox"/> Feeding F <input type="checkbox"/> Vehicle out of control, not passing G <input type="checkbox"/> Vehicle out of control, passing H <input type="checkbox"/> Fatigued I <input type="checkbox"/> Due to congestion J <input type="checkbox"/> Due to prior accident (collision) K <input type="checkbox"/> Due to other condition L <input type="checkbox"/> Due to other violation M <input type="checkbox"/> Due to vehicle condition (Other) N <input type="checkbox"/> Due to abnormal condition O <input type="checkbox"/> High wind P <input type="checkbox"/> Normal observation Q <input type="checkbox"/> Reason unknown R <input type="checkbox"/> Other	ROAD SURFACE (Check One Per Column) A <input type="checkbox"/> Dry B <input type="checkbox"/> Wet C <input type="checkbox"/> Muddy D <input type="checkbox"/> Slushy E <input type="checkbox"/> Other or Unknown F <input type="checkbox"/> Unknown G <input type="checkbox"/> Concrete H <input type="checkbox"/> Asphalt I <input type="checkbox"/> Brick J <input type="checkbox"/> Gravel K <input type="checkbox"/> Dirt L <input type="checkbox"/> Other or Unknown	ROADWAY CONDITION (Check One) A <input type="checkbox"/> Distinctive obstructions B <input type="checkbox"/> None C <input type="checkbox"/> Open hole D <input type="checkbox"/> Damage E <input type="checkbox"/> Loose (unknown material) F <input type="checkbox"/> Construction, repair G <input type="checkbox"/> Obstructed otherwise H <input type="checkbox"/> Construction - not working I <input type="checkbox"/> Protruding curbs J <input type="checkbox"/> Paving K <input type="checkbox"/> Water on roadway L <input type="checkbox"/> Obstruction (not in road surface) M <input type="checkbox"/> Partial hole in road surface N <input type="checkbox"/> No defects O <input type="checkbox"/> Other or unknown defects P <input type="checkbox"/> No defects Q <input type="checkbox"/> Animal in roadway	LIGHTING (Check One) A <input type="checkbox"/> Daylight B <input type="checkbox"/> Dark - no street lights C <input type="checkbox"/> Dark - street lights D <input type="checkbox"/> Dark - continuous street lights E <input type="checkbox"/> Light F <input type="checkbox"/> Dark - street lights at intersection only G <input type="checkbox"/> Unknown	WEATHER (Check One) A <input type="checkbox"/> Clear B <input type="checkbox"/> Cloudy C <input type="checkbox"/> Partly D <input type="checkbox"/> Overcast E <input type="checkbox"/> Fog F <input type="checkbox"/> Smoke G <input type="checkbox"/> Dust H <input type="checkbox"/> Unknown	TRAFFIC CONTROL (Check One Per Column) A <input type="checkbox"/> Stop sign B <input type="checkbox"/> Yield sign C <input type="checkbox"/> Red signal on D <input type="checkbox"/> Yellow signal on E <input type="checkbox"/> Green signal on F <input type="checkbox"/> Green turn arrow on G <input type="checkbox"/> Right turn arrow on H <input type="checkbox"/> Light phase unknown I <input type="checkbox"/> Flashing yellow J <input type="checkbox"/> Flashing red K <input type="checkbox"/> Unknown L <input type="checkbox"/> All crossing, sign M <input type="checkbox"/> All one way, no control N <input type="checkbox"/> Warning sign (school, etc.) O <input type="checkbox"/> School flashing speed sign P <input type="checkbox"/> Yellow to proceed bar Q <input type="checkbox"/> No control R <input type="checkbox"/> Other or unknown S <input type="checkbox"/> Yellow to stop sign T <input type="checkbox"/> No sign	ALIGNMENT (Check One) A <input type="checkbox"/> Straight level B <input type="checkbox"/> Curve-left C <input type="checkbox"/> Curve-right D <input type="checkbox"/> On grade E <input type="checkbox"/> Hill-rise or grade F <input type="checkbox"/> Hill-fall or grade G <input type="checkbox"/> Dip, hump, or grade H <input type="checkbox"/> Dip, hump, or grade I <input type="checkbox"/> Other or unknown
	VEHICLE CONDITION (Check One Per Column) A <input type="checkbox"/> Subjective brakes B <input type="checkbox"/> Subjective headlights C <input type="checkbox"/> Subjective rear lights D <input type="checkbox"/> Subjective signal lights E <input type="checkbox"/> All lights off F <input type="checkbox"/> Subjective steering G <input type="checkbox"/> Tire (flat) H <input type="checkbox"/> Worn or cracked tire I <input type="checkbox"/> Engine failure J <input type="checkbox"/> Subjective suspension K <input type="checkbox"/> No defects observed L <input type="checkbox"/> Other or unknown defects	ROADWAY CONDITION (Check One) A <input type="checkbox"/> Distinctive obstructions B <input type="checkbox"/> None C <input type="checkbox"/> Open hole D <input type="checkbox"/> Damage E <input type="checkbox"/> Loose (unknown material) F <input type="checkbox"/> Construction, repair G <input type="checkbox"/> Obstructed otherwise H <input type="checkbox"/> Construction - not working I <input type="checkbox"/> Protruding curbs J <input type="checkbox"/> Paving K <input type="checkbox"/> Water on roadway L <input type="checkbox"/> Obstruction (not in road surface) M <input type="checkbox"/> Partial hole in road surface N <input type="checkbox"/> No defects O <input type="checkbox"/> Other or unknown defects P <input type="checkbox"/> No defects Q <input type="checkbox"/> Animal in roadway	WEATHER (Check One) A <input type="checkbox"/> Clear B <input type="checkbox"/> Cloudy C <input type="checkbox"/> Partly D <input type="checkbox"/> Overcast E <input type="checkbox"/> Fog F <input type="checkbox"/> Smoke G <input type="checkbox"/> Dust H <input type="checkbox"/> Unknown	VEHICLE LIGHTING (Check One Per Column) A <input type="checkbox"/> Headlights on B <input type="checkbox"/> Headlights off C <input type="checkbox"/> Unknown	TYPE OF ROADWAY (Check One) A <input type="checkbox"/> One-way road or street B <input type="checkbox"/> Two-way undivided road or street C <input type="checkbox"/> One-way divided road or street D <input type="checkbox"/> Two-way divided road or street E <input type="checkbox"/> Other or unknown	KIND OF LOCATION (Check One) A <input type="checkbox"/> Street crossing or intersection B <input type="checkbox"/> Railroad crossing C <input type="checkbox"/> Railroad crossing D <input type="checkbox"/> Railroad crossing E <input type="checkbox"/> Railroad crossing F <input type="checkbox"/> Railroad crossing G <input type="checkbox"/> Railroad crossing H <input type="checkbox"/> Railroad crossing I <input type="checkbox"/> Railroad crossing J <input type="checkbox"/> Railroad crossing K <input type="checkbox"/> Railroad crossing L <input type="checkbox"/> Railroad crossing M <input type="checkbox"/> Railroad crossing N <input type="checkbox"/> Railroad crossing O <input type="checkbox"/> Railroad crossing P <input type="checkbox"/> Railroad crossing Q <input type="checkbox"/> Railroad crossing R <input type="checkbox"/> Railroad crossing S <input type="checkbox"/> Railroad crossing T <input type="checkbox"/> Railroad crossing U <input type="checkbox"/> Railroad crossing V <input type="checkbox"/> Railroad crossing W <input type="checkbox"/> Railroad crossing X <input type="checkbox"/> Railroad crossing Y <input type="checkbox"/> Railroad crossing Z <input type="checkbox"/> Railroad crossing

For drawing see supplement sheet



- A Variable
- B Movement prior to impact
- C Unknown
- D Unknown
- E Unknown
- F Unknown
- G Unknown
- H Unknown
- I Unknown
- J Unknown
- K Unknown
- L Unknown
- M Unknown
- N Unknown
- O Unknown
- P Unknown
- Q Unknown
- R Unknown
- S Unknown
- T Unknown
- U Unknown
- V Unknown
- W Unknown
- X Unknown
- Y Unknown
- Z Unknown

LOCATION OF ACCIDENT - POINT OF IMPACT
 (Check One Per Column)

A Main travel lane
 B Improved shoulder - left (including parking strip)
 C Improved shoulder - right (including parking strip)
 D On roadway - left (beyond shoulder, including driveway)
 E On roadway - right (beyond shoulder, including driveway)
 F On roadway (right) (beyond shoulder, including driveway)
 G On roadway (left) (beyond shoulder, including driveway)
 H Marked pedestrian crossing
 I Left turn lane, non-rampway
 J Right turn lane, non-rampway
 K Median opening
 L Ramp lane
 M Curve radius
 N Traffic island
 O Off ramp right of road
 P Off ramp left of road
 Q On ramp right of road
 R On ramp left of road
 S On ramp right of road
 T Auxiliary lane or collector road
 U Freeway-to-ramp connection
 V Service road
 W Vehicle construction zone
 X Other or unknown
 Y Impact elsewhere
 Z Reason graphic pointing to

VEH	DIRECTION BEFORE ACCIDENT		IMPACT POINT		IMPACT LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		EVIDENCE DATA			
	Headed	On Street or Highway	1st	2nd			EST.	POSTED	JA	FL	KN	WK
1	Facing-South	North, John Hardy Dr.	N/A	N/A	On road	36'	0	35	S	Q	N	E
2	South	North John Hardy Dr.	N/A	N/A	On road	6'	35	35	27	42		

Describe any physical circumstances associated with the accident, contributing factors not otherwise noted, witness names, addresses, etc. (Refer to each vehicle by No. 1)

FOR SYNOPSIS OF INVESTIGATION SEE ATTACHED SUPPLEMENT SHEET

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT
SUPPLEMENTAL REPORT

STATE COMPUTER NUMBER

5874366

Investigating Agency State Police Sheriff
 City Police Other

Investigative Agency Number

ME	DATE OF ACCIDENT	01/16/97	19	DAY OF WEEK	Thursday	HOUR	1307
NO. PARISH	Parish where Accident occurred	Vermilion			City, Town	Abbeville	
	Accident occurred on	North John Hardy Memorial Dr.			N/A		

CRIME ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH THE ACCIDENT, WITNESSES NAMES, ADDRESSES, ETC. (REFER TO EACH VEHICLE BY NO.)

Based on investigation at the scene and talking to the drivers:

Driver 1 stated she was stopped waiting for traffic to pass so she could make a left turn to go to Winn-Dixie when her vehicle was hit from behind. Driver 1 stated she had her turn (left) signal on.

Driver 2 stated she was headed south on North John Hardy Dr. she did not see a turn signal on vehicle 1. When she (Driver 2) realized vehicle 1 was stopped she attempted to stop her vehicle to avoid a collision between the two vehicles but was unable to do so in time.

Officer (Sgt. R.J. Thibodeaux) checked the position of the turn signal handle in vehicle 1 and found it to be in the down position (left turn) Upon arriving at the scene found both signals on vehicle 1 flashing at the same time. Found approx. 42' (front left) and approx 27' (front right) for vehicle 2.

Upon contact vehicle 1 was shoved approx 35' south of the POI, vehicle 2 moved approx 6' south of POI comign to rest at its final location.

Driver 1 complained [REDACTED]

Driver 2 complained of [REDACTED] passenger in vehicle 2

stated he hit his head on the windshield. Neither party wanted an ambulance. App POI 4' West C/L of N. John Hardy Dr. and app 96' North of Graceland Ave.

End of report

End of report

End of report

R.J. Thibodeaux
Sgt. R.J. Thibodeaux
Abbeville Police Dept
304 Charity St. Abb., La.
01/17/97 893-2511

INVESTIGATING OFFICER'S SIGNATURE

DATE

1-17-97

STATE OF LOUISIANA
 UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT
 SUPPLEMENTAL REPORT

STATE COMPUTER NUMBER

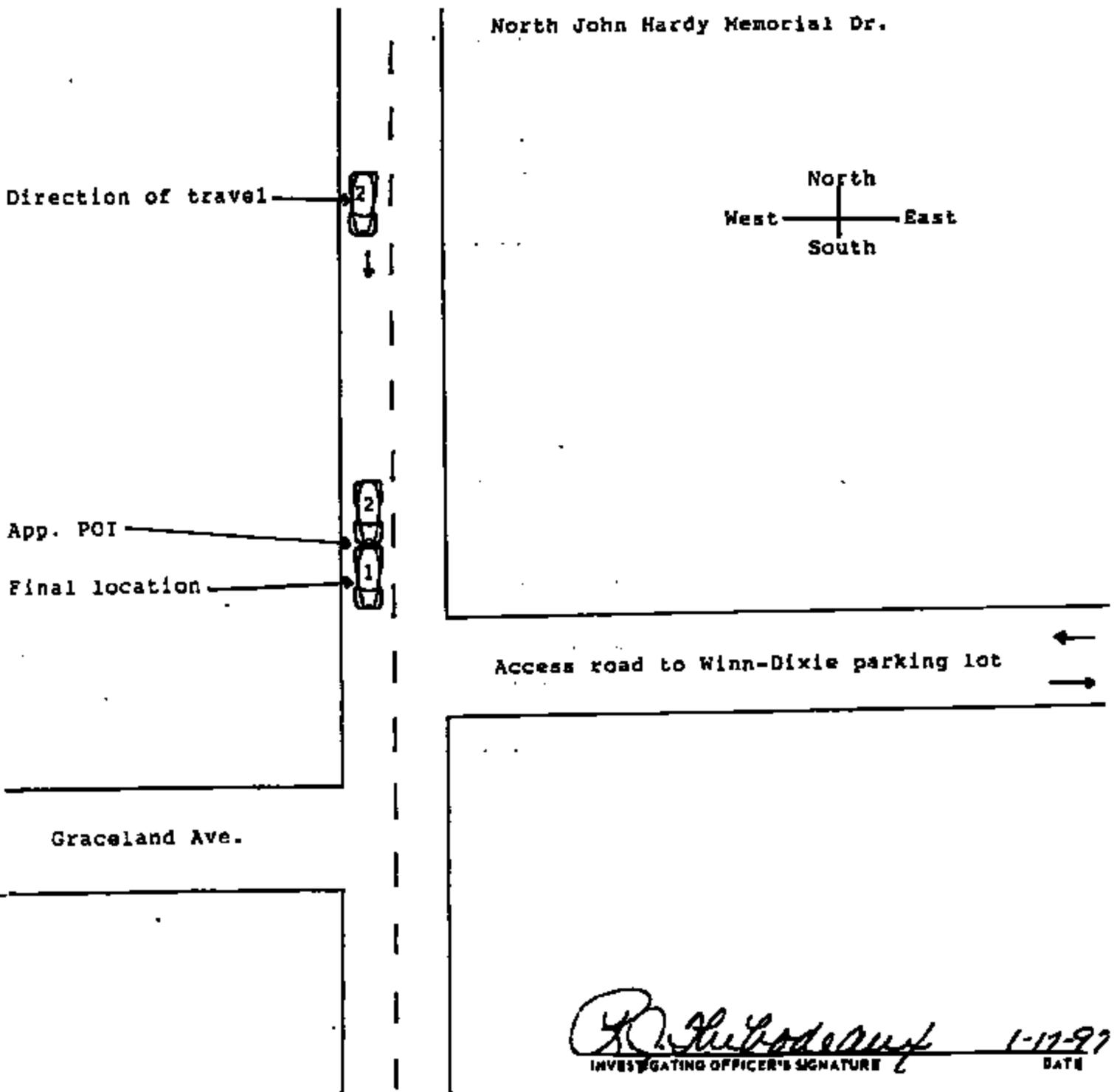
5874366

Investigating Agency State Police Sheriff
 City Police Other

Investigating Agency Name

TIME	DATE OF ACCIDENT	01/16/97	IS	DAY OF WEEK	Thursday	HOUR	1307	DO NOT WRITE IN THIS SPACE
LOCATION	Parish where Accident occurred	Vermilion			City, Town	Abbeville		
	Accident occurred on	North John Hardy Mem. Dr.				N/A		
	<small>Name of St., Parish Rd., or Hwy. No. (U.S. or State)</small>					<small>Street</small>		

DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH THE ACCIDENT, WITNESSES NAMES, ADDRESSES, ETC. (REFER TO EACH VEHICLE BY #)



R. J. ... 1-17-97
 INVESTIGATING OFFICER'S SIGNATURE DATE

==>

ENTER VIN ==> 1ZVPT20C7L5 [REDACTED]
 NAME ==> JOINER ZIP ==> 70510 MODEL YR ==>
 OWNER NAME : [REDACTED]
 STREET ADDR : [REDACTED]
 CITY : ABBEVILLE N/A DATE: 95-02-22
 ST/PRV: LA CTRY: ZIP/POSTAL CODE: [REDACTED] N/A SOURCE: P
 MODEL YEAR : 90 PLANT: 5 SALE DATE: 90-08-16
 BODY STYLE DESC: GL PRODUCTION DATE: 89-12-19
 VEHICLE DESC : 1990 PROBE

	DIVISION	DISTRICT	ZONE	DEALER	PDC CODE	FCSD	REGION
SHIP-TO	1	23	C	262	51		23
FACING	1	23	C	262			
RESPONSIBLE	1	23	C	262			

CA EMISSION : ENGINE TAG CODE : 01FF2-A 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

OGDB112

D/A: Jan 16, 1997
 Retail priced - Oct 7, 1996

==>

ENTER CAMPAIGN NUMBER==> 96S48 VIN==> 1ZVPT20C7L5 [REDACTED] TYPE OF SEARCH: A
MODEL YEAR: 90 DEFECT: SEAT BELT BODY STYLE: GL

NEW STATUS CODE: _
REPAIR INFORMATION: TYPE CODE: _
REPAIR DATE: _____ DEALER P/A: _____
MICRO REF: _____ CLAIM NUM: _____

CAMP DIV : 6
SUPP CODE :
KIT CODE : AA
OASIS DATE : 96-10-03
VENDOR N/A INFORMATION:

DELETE REASON: _____
RESP DEALER INFORMATION: NEW: _ _ _
CURRENT: 1 23 262 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	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

OGDB112

=>

ENTER CAMPAIGN NUMBER=> 96S99 VIN=> 1ZVPT20C7LS [REDACTED] TYPE OF SEARCH: A
MODEL YEAR: 90 DEFECT: SEAT BELT BODY STYLE: GL

NEW STATUS CODE: _
REPAIR INFORMATION: TYPE CODE: _
REPAIR DATE: _____ DEALER P/A: _____
MICRO REF: _____ CLAIM NUM: _____

CAMP DIV : 6
SUPP CODE :
KIT CODE : AA
OASIS DATE : 96-10-07
VENDOR N/A INFORMATION:

DELETE REASON: _____
RESP DEALER INFORMATION: NEW: _ _ _
CURRENT: 1 23 262 ASSIGNED: 96-10-14 SOURCE: PX

IND: MATCH CODE:
EXTRACT DATE:

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

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

OGDB112

=>

ENTER CAMPAIGN NBR ==> 96S99 VIN ==> 1ZVPT20C7L5 [REDACTED]
 DEFECT : SEAT BELT BODY STYLE DESC: GL
 RESP DEALER : 123262 . 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 : ST/PRV: LA
 CITY : ABBEVILLE CTRY:
 ZIP/POSTAL CODE: [REDACTED] N-A SOURCE: P N-A EFF DATE: 95-02-22

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 OGDB112

==>

ENTER VIN ==> 1ZVPT20C7L5

NAME ==> ZIP ==> MODEL YR ==>

OWNER NAME :
STREET ADDR :

CITY : ABBEVILLE

ST/PRV: LA CTRY: ZIP/POSTAL CODE: N/A DATE: 95-02-22 N/A SOURCE: P

MODEL YEAR : 90 PLANT: 5 SALE DATE: 90-08-16

BODY STYLE DESC: GL PRODUCTION DATE: 89-12-19

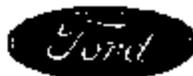
VEHICLE DESC : 1990 PROBE

	DIVISION	DISTRICT	ZONE	DEALER	PDC CODE	FCSD REGION
SHIP-TO	1	23	C	262	51	23
FACING	1	23	C	262		
RESPONSIBLE	1	23	C	262		

CA EMISSION :	ENGINE TAG CODE :	01FP2-A	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

OGDB112



Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48125-2368

March 20, 1997

Harold D. Register, Jr.
P.O., Box 5354
Lafayette, LA 70502
ATTENTION: HAROLD D. REGISTER, JR., ESQ.

Re: Claimant: [REDACTED]
D/E: Unknown

Dear Mr. Register:

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.

LEGAL

HAROLD D. REGISTER, JR.

(A Professional Law Corporation)
4416 Johnston St. Suite 1-E • Lafayette, Louisiana 70503
P.O. Box 5354 • Lafayette, Louisiana 70502

Marian Frye - Certified Paralegal
Cassandra Ardoin - Certified Paralegal
Lana Darby - Office Assistant

*Jennie
open
1/10/97*

Telephone:
(318) 981-8644 (Lafayette)
(318) 981-8692 (Facsimile)

FEB 11 1997

January 30, 1997

Mr. A. R. Kaduk
Ford Motor Company
P.O. Box 1904
Dearborn, Michigan 48121

97 MAR -4 112:48

CONSUMER AFFAIRS
SECTION

RE: [REDACTED]
1990 FORD PROBE
VIN 1ZVPT20C7L5 [REDACTED]
RECALL 96S48 / 96S99

Dear Mr. Kaduk:

The defect in this vehicle has added to my client's injury sustained in an automobile accident which occurred on January 16, 1997.

Please have a representative contact me concerning this matter.

With kindest regards, I remain

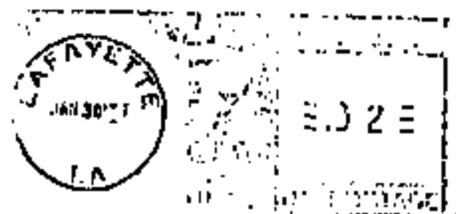
Sincerely,

Harold D. Register, Jr.
Harold D. Register, Jr.

HDRJr:cm

HAROLD D. REGISTER, JR.

(A Professional Law Corporation)
4415 Johnston St Suite 1-E
P.O. Box 5354
Lafayette, Louisiana 70502



Mr. A. R. Kaduk
Ford Motor Company
P.O. Box 1904
Dearborn, Michigan 48121

481211904



LEGAL
502

HAROLD D. REGISTER, JR.

(A Professional Law Corporation)
4418 Johnston St. Suite 1-E • Lafayette, Louisiana 70503
P.O. Box 5354 • Lafayette, Louisiana 70502

Marian Frye - Certified Paralegal
Cassandra Ardoin - Certified Paralegal
Lana Darby - Office Assistant

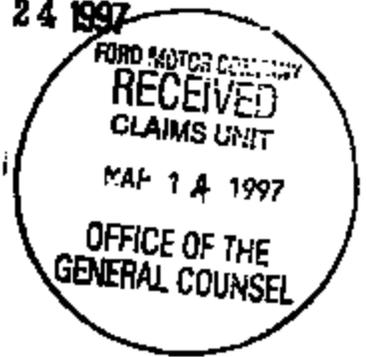
Telephone:
'97 MAR 10 P3 (318) 981-8644 (Lafayette)
(318) 981-8692 (Facsimile)

UK

CERTIFIED LETTER: P-299-341-240

RESENT: February 13, 1997

FEB 24 1997



January 30, 1997

4

Mr. A. R. Kaduk
Ford Motor Company
P.O. Box 1904
Dearborn, Michigan 48121

RE: [REDACTED]
1990 FORD PROBE
VIN 1ZVPT20C7L5 [REDACTED]
RECALL 96S48 / 96S99

Dear Mr. Kaduk:

The defect in this vehicle has added to my client's injury sustained in an automobile accident which occurred on January 16, 1997.

Please have a representative contact me concerning this matter.

With kindest regards, I remain

Sincerely,

Harold D. Register, Jr.
Harold D. Register, Jr.

HDRJr:imd

HAROLD D. REGISTER, JR.

(A Professional Law Corporation)
4416 Johnston St. Suite 1-E
P.O. Box 5354
Lafayette, Louisiana 70502

CERTIFIED

P 299 341 240



MAIL

MR. A.R. KADUK
FORD MOTOR COMPANY
P.O. BOX 1904
DEARBORN, MICHIGAN 48121

==>

ENTER VIN ==> 1ZVPT20C7L5 [REDACTED]

NAME ==> JOINER ZIP ==> [REDACTED] MODEL YR ==>

OWNER NAME : [REDACTED]
STREET ADDR : [REDACTED]

CITY : ABBEVILLE N/A DATE: 95-02-22
ST/PRV: LA CTRY: ZIP/POSTAL CODE: [REDACTED] N/A SOURCE: P
MODEL YEAR : 90 PLANT: 5 SALE DATE: 90-08-16
BODY STYLE DESC: GL PRODUCTION DATE: 89-12-19

VEHICLE DESC	DIVISION	DISTRICT	ZONE	DEALER	PDC CODE	FCSD	REGION
SHIP-TO	1	23	C	262	51		23
FACING	1	23	C	262			
RESPONSIBLE	1	23	C	262			

CA EMISSION :	ENGINE TAG CODE :	01FF2-A	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

==>

ENTER CAMPAIGN NUMBER==> 96S48 VIN==> 1ZVPT20C7L5 TYPE OF SEARCH: A
MODEL YEAR: 90 DEFECT: SEAT BELT BODY STYLE: GL

NEW STATUS CODE: _____
REPAIR INFORMATION: TYPE CODE: _____
REPAIR DATE: _____ DEALER P/A: _____
MICRO REF: _____ CLAIM NUM: _____
DELETE REASON: _____

CAMP DIV : 6
SUPP CODE :
KIT CODE : AA
OASIS DATE : 96-10-03
VENDOR N/A INFORMATION:

RESP DEALER INFORMATION: NEW: _____
CURRENT: 1 23 262 ASSIGNED: 96-10-14 SOURCE: PX
IND: MATCH CODE:
EXTRACT DATE:

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

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

=>

ENTER CAMPAIGN NBR ==> 96S48 VIN ==> 1ZVPT20C7L5 [REDACTED]
 DEFECT : SEAT BELT BODY STYLE DESC: GL
 RESP DEALER : 123252 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 : INITIALS: LJ
 STREET ADDR1 : [REDACTED]
 ADDR2 : ST/PRV: LA
 CITY : ABBEVILLE CTRY:
 ZIP/POSTAL CODE: [REDACTED] N-A SOURCE: P N-A EFF DATE: 95-02-22

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

==>

ENTER CAMPAIGN NBR ==> 96S99 VIN ==> 1ZVPT20C7L5 [REDACTED]
 DEFECT : SEAT BELT BODY STYLE DESC: GL
 RESP DEALER : 123262 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: LJ
 STREET ADDR1 : [REDACTED]
 ADDR2 : [REDACTED] ST/PRV: LA
 CITY : ABBEVILLE CTRY:
 ZIP/POSTAL CODE: [REDACTED] N-A SOURCE: P N-A EFF DATE: 95-02-22

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 EPF DATE:

F1=INQUIRY F3=EXIT F4=QUIT F5=G150 F7=FIRST PAGE F8=NEXT PAGE F9=G140
 Y048-LAST PAGE OGDB140

==>

ENTER CAMPAIGN NUMBER==> 96S99 VIN==> 1ZVPT20C7L5 [REDACTED] TYPE OF SEARCH: A
MODEL YEAR: 90 DEFECT: SEAT BELT BODY STYLE: GL

NEW STATUS CODE: _____
REPAIR INFORMATION: TYPE CODE: _____
REPAIR DATE: _____ DEALER P/A: _____
MICRO REF: _____ CLAIM NUM: _____

CAMP DIV : 6
SUPP CODE :
KIT CODE : AA
OASIS DATE : 96-10-07
VENDOR N/A INFORMATION:

DELETE REASON: _____
RESP DEALER INFORMATION: NEW: _____
CURRENT: 1 23 262 ASSIGNED: 96-10-14 SOURCE: PX

IND: MATCH CODE:
EXTRACT DATE:

***** STATUS INFORMATION: ***** REPAIR INFORMATION: *****
CODE DESCRIPTION DATE TYPE DATE P/A CLAIM# MICRO# CL SRC
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

03/12/97 MASTER OWNER RELATIONS SYSTEM 11 03.49.19

TEAM: LP 0080EP INQUIRY CONTACT VEN TYPE: CAR
MEMPHIS 23 ZN/TR: C2 CONTACT NBR: 108197686 DPEMED: 03/11/1997
VIN: 12VPT20C7L5 [REDACTED] CLOSED: 03/11/1997

LAST NAME: [REDACTED] FIRST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] NI: [REDACTED]
ADDRESS: [REDACTED]
CITY: ABBEVILLE STATE: LA ZIP: [REDACTED]
HOME PHONE: [REDACTED] BUS. PHONE: [REDACTED]
MODEL YEAR: 90 MODEL: PROBE
MILEAGE: 0 MSD:

DEALER NAME: JACKIE EDGAR FORD INSALES CODE: 123262 PA CODE:06433
CAUSAL CODE: SYMPTOMS:
INQUIRY CODE: 1420 ALLEGED PERSONAL INJURY - INQUIRY

FOLLOW UP:M COMM TYPE:M MICRO NBR: LETTER CODE:

COMMENTS:
1997/03/11
LETTER FROM ATTORNEY DATED 2/13/97 ***
ATTORNEY'S LETTER STATES THE DEFECT IN THIS VEHICLE (REFERRING TO 95628)
HAS ADDED TO HIS CLIENT'S INJURY; SEEKS CONTACT.
FORWARDED LETTER TO OGC FOR HANDLING DUE TO INJURY CLAIM.



97009c *VK* ✓

LAW OFFICES
GLENN, HOFF, HOFF & LAMBERT, S.C.
1033 West College Avenue, Suite 100
P.O. Box 1253
Appleton, Wisconsin 54912

Roger A. Glenn
Court Commissioner
Alan S. Hoff
Daniel J. Hoff
Craig S. Lambert

Phone: (920) 749-2000
Fax: (920) 749-2005

February 24, 1998

Tammy A. Martzke
Carol A. Bassio
Paralegals

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

RE: [REDACTED]

Date of Loss: November 16, 1997
Our File No. 480.00

Dear Ms. Grabowski:

I am in receipt and review of your letter dated January 28, 1998 and I have forwarded the same on to Don Marty from Safety Engineering. In briefly discussing this matter with Mr. Marty, he again welcomes an authorized Ford representative to take part in removing the safety belt track that exists in the 1992 Ford Probe which my client owns. I think you are aware that this vehicle is under a recall. You can contact my office or Mr. Marty's directly. Mr. Marty's office is located at 2798 South Fish Hatchery Road, Madison, WI 53711-5398 and his telephone number is (608) 271-7884. We will then have to have my client produce the vehicle at Mr. Marty's facility for review of the parts in question.

In your letter you had requested a copy of his report. His report is not complete at this time until the tests have been completed. We are merely offering the ability for you to view the tests as they are being done.

As for the medical evidence, we will produce that at a later date, however, my client is still treating and will be having a second surgery in the very near future. I will update you with additional information as it becomes available to me.

In the meantime, I would suggest that you contact my office or Mr. Marty's in order to start working out a date when this test can occur. If we have not heard from you within the next 15 days, we will assume that your office is waiving your rights to be at the test and will not be objecting to the test results or the methods of the test. Therefore, if you do wish to be present, please let us know within the next 15 days. I look forward to hearing from you.

Very truly yours,

GLENN, HOFF, HOFF & LAMBERT, S.C.


Daniel J. Hoff

DH/sl
cc: Don Marty

RETURN IN 5 DAYS TO:

GLENN, HOFF, HOFF & LAMBERT, S.C.
LAW OFFICES
1033 West College Avenue, Suite 100
P.O. Box 1253
Appleton, WI 54912



FORWARD & ADDRESS CORRECTION REQUESTED

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

48126/2568



CSOR0087

MORS II O.R. VIN Customer Selection

03/04/1998 11:53:40

VIN: 1ZVPT20CXN5 [REDACTED]

Model: PROBE

Model Year: 92

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

A	S	Acqd	Last Name	First Name	MI	Address	City	St	Zip
-	-	-	-	-	-	-	-	-	-
-	-	C NEW	[REDACTED]	[REDACTED]	[REDACTED]	CT A WOOD DALE		IL	[REDACTED]

F1=HELP F3=EXIT F7=FIRST F8=NEXT
1002 REQUESTED INFORMATION DISPLAYED

OGDB296

< Records sent 10-7-96
red 6-9-97 >

To SELECT a dealer: Type an 'X' in the 'A' column and Press ENTER

A Dealer Name	FD/ LM Address	City	St	SL Sales ZN Code	FCSD Regn	P&A	SV M ZN A
FAIR OAKS FORD	FD 1351 E OGDEN A	NAPERVILLE	IL D	141079	41	01820	31

F1=HELP F3=EXIT F6=SEARCH F7=FIRST F8=NEXT

1228 SELECT CURRENT DEALER OR F6 FOR SEARCH CRITERIA OR EXIT

OGDB296

CSOR0024

MORS II OASIS Inquiry

03/04/98 11:58:55

VIN: 1ZVET20CXNS [REDACTED] Year: 92 Model: PROBE

Name: [REDACTED]

Calib: OFF2KM1
Axle: NOT AVAILABLE
Engine: 2.2L EFI
Trans: 5 SPEED O.D.

Build Date: 12/10/1991
WSD: 09/08/1992
ONP Count: 1

Recall Description

96S48 LEFT SIDE PA
96S99 RIGHT SIDE P

Message:

LESS THAN TWO DEALER APPROVED AWA REPAIR VISITS PAID TO DATE

ESP INFORMATION:									
Plan	Option	Expiration		Signature		Rent	Days	Tow	Ded
YR	Code	Date	Mi/Km	Date					
92		09/08/1994	30000	09/08/1992	25	2	0	0	
EXPIRED									

COVERAGE DESCRIPTION: EN1992 NEW 24,30,000 RENTALCARE

F3=EXIT

1002 REQUESTED INFORMATION DISPLAYED

OGDB296

VIN: 1ZVPT20CKNE [REDACTED]
Year: 92 Model: PROBE

Build Date: 12/10/1991
WSD: 09/08/1992

Campaign Number	Campaign Type	1864 Description	Campaign Status	Status Date	Dealer Code
95B70	O	WIRE HARNESS	RELEASED FOR MAILING	12/12/1995	141543
96S48	S	SEAT BELT	RELEASED FOR MAILING	06/09/1997	141543
96S99	S	SEAT BELT	RELEASED FOR MAILING	06/09/1997	141543

F3=EXIT
I002 REQUESTED INFORMATION DISPLAYED

OGDS296

=>

ENTER CAMPAIGN NUMBER=> 95B70 VIN=> 1ZVPT20CKN5 [REDACTED] TYPE OF SEARCH: A
 MODEL YEAR: 92 DEFECT: WIRE HARNESS 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 : 95-10-10
 DELETE REASON: _ VENDOR N/A INFORMATION:
 RESP DEALER INFORMATION: NEW: _ IND: MATCH CODE: 2
 CURRENT: 1 41 543 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 95-12-12
 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

OGDB296

==>

ENTER CAMPAIGN NUMBER==> 96S48 VIN==> 1ZVPT20CKN5 [REDACTED] TYPE OF SEARCH: A
 MODEL YEAR: 92 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: 2
 CURRENT: 1 41 543 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 FB=NEXT F9=MORE STATUS
 F10=ADD STATUS F11=REVISE
 I037=NO MORE DATA TO DISPLAY

OGDB296

==>

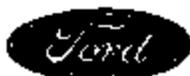
ENTER CAMPAIGN NUMBER==> 96S99 VIN==> 1ZVPT20CKNE TYPE OF SEARCH: A
 MODEL YEAR: 92 DEFECT: SEAT BELT BODY STYLE: 2 DOOR HATCHBACK GL
 NEW STATUS CODE: _ CAMP DIV : 6
 REPAIR INFORMATION: TYPE CODE: _ SUPP CODE :
 REPAIR DATE: _ DEALER P/A: _ KIT CODE : AA
 MICRO REF: _ CLAIM NUM: _ OASIS DATE : 96-10-07
 DELETE REASON: _ VENDOR N/A INFORMATION:
 RESP DEALER INFORMATION: NEW: _ IND: MATCH CODE: 2
 CURRENT: 1 41 543 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 F9-MORE STATUS
 F10=ADD STATUS F11=REVISE

I037-NO MORE DATA TO DISPLAY

OGDB296



Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48128-2548

January 28, 1998

Glenn, Hoff, Hoff & Lambert, S. C.
1083 West College Avenue, Suite 100
P O Box 1263
Appleton, Wisconsin 54912
ATTENTION: Daniel J. Hoff

Re: Claimant: [REDACTED]
D/E: November 16, 1997

Dear Daniel J. Hoff:

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 area.
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. Photographs of your Claimant's injury.

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,

Nadine Grabowski
Claims Analyst

dmb

c:\sales\10mb\claima.w22

LAW OFFICES
GLENN, HOFF, HOFF & LAMBERT, S.C.
1033 West College Avenue, Suite 100
P.O. Box 1253
Appleton, Wisconsin 54912

Roger A. Glenn
Court Commissioner
Alan S. Hoff
Daniel J. Hoff
Craig S. Lambert

Phone: (920) 749-2000
Fax: (920) 749-2005

January 8, 1998

Tammy A. Martzke
Carol A. Basso
Paralegals

Mr. Robert Madurski
Ford Motor Company
3 Park Lane Boulevard
Park Lane Tower West, Suite 400
Dearborn, MI 48126-2568

**CERTIFIED RETURN
RECEIPT REQUESTED**

RE: [REDACTED]
Date of Loss: November 16, 1997
Our File No. 480.00

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

105363

NW

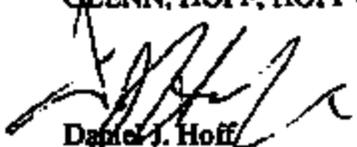
Dear Mr. Madurski:

This is to inform you that I represent [REDACTED] who is the owner of a 1992 Ford Probe. Vehicle Identification No. 1ZVPT20CXNS [REDACTED]. On November 16, 1997 [REDACTED] entered her 1992 Ford Probe with a passenger. [REDACTED] was about to operate her vehicle when the seat belt on the passenger side jammed on the track of the shoulder harness. [REDACTED] attempted to unjam the seat belt by pressing the emergency button. When this occurred, [REDACTED] fingers became jammed in the track and this caused severe injuries to her hand and fingers.

This is to inform you that an engineer will be dismantling this seat belt track on the passenger side within 30 days of receipt of this letter. If you wish to review the track before it is removed, please contact my office at the above address. We anticipate that this will be done by Don Marty of Safety Engineering after the 30 days have passed. At that time the seat belt track will be replaced and will be kept in such a way that the evidence will be preserved as best as possible. Again, if you wish to review or see the track prior to it being removed and at the time that it is being removed, please notify my office within 30 days of receipt of this letter. If there are individuals within your company that should have received this notice, please contact them immediately. Thank you.

Very truly yours,

GLENN, HOFF, HOFF & LAMBERT, S.C.



Daniel J. Hoff

DH/sl
98DH0801PI



Office of the General Counsel

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

March 3, 1997

Niedner, Bodeux, Carmichael, Huff and Lanox
131 Jefferson Street
St. Charles, MO 63301-28896
ATTENTION: [REDACTED]

Re: Claimant: [REDACTED]
D/E: November 2, 1996

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

c:\claims\test\alclaim.w82

1583 KC
207C

NIEDNER, BODEUX, CARMICHAEL, HUFF AND LENOX

ATTORNEYS AT LAW

151 JEFFERSON STREET
ST. CHARLES, MISSOURI 63301-2888

TELEPHONE
(314) 948-8300
(314) 948-3020

TELECOPIER (FAX)
(314) 948-3141

KELLEY R. FOGULIS
Certified Paralegal

February 17, 1997

791096
Jemie
Jel
/ 97
FEB 21 11:49

Ford Motor Company
Attn: Consumer Affairs
300 Renaissance Center
P.O. Box 43358
Detroit, Michigan 48243

Re: My Client - [REDACTED]
Date of Loss - 11/2/96
Ford Vehicle - 1992 Ford Probe
Claim Number - Unknown

Dear Sir/Madam:

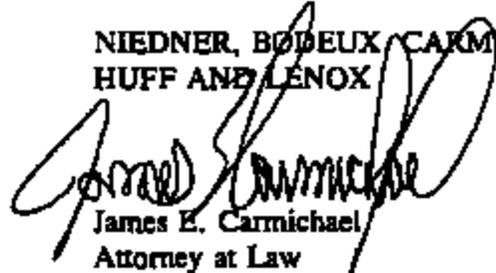
Please be advised that this office has been retained to represent [REDACTED] for personal injuries she sustained on November 2, 1996, as a result of the failure of the seat belt installed in her 1992 Ford Probe automobile to work properly.

We have a contract in writing which calls for us to receive a certain portion or percentage of the proceeds of our client's claim or cause of action, either before the institution of suit or action, or at any stage after the institution of suit or action. This letter shall serve as notice of our lien under Section 484.140 RSMo. 1978.

We would hope to settle this matter amicably without the necessity of formal legal proceedings.

Sincerely,

NIEDNER, BODEUX, CARMICHAEL,
HUFF AND LENOX



James E. Carmichael
Attorney at Law

JEC:klc
(LEWANDOW.FOR)

NIEDNER, BODRUX, CARMICHAEL, HUFF AND LENIX
ATTORNEYS AT LAW
121 JEFFERSON STREET
ST. CHARLES, MISSOURI 63301-2888



Ford Motor Company
Attn: Consumer Affairs
300 Renaissance Center
P.O. Box 43358
Detroit, Michigan 48243

48243-8358



01/22/97 MASTER OWNER RELATIONS SYSTEM 11 03.46.22

TEAM: 14 4154CT INQUIRY CONTACT VEH TYPE: CAR
KANSAS CITY 53 IN/TR: 01 CONTACT NBR: 108000091 OPENED: 01/21/1997
VIN: 12VPT20C4M9 CLOSED: 01/21/1997

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] FIRST NAME: [REDACTED] MI: [REDACTED]
ADDRESS: [REDACTED]
CITY: ST CHARLES STATE: MO ZIP: [REDACTED]
HOME PHONE: [REDACTED] BUS. PHONE: [REDACTED]
MODEL YEAR: 92 MODEL: PROBE
MILEAGE: 65000 WRO:

DEALER NAME: TOM BOLAND FORD INC SALES CODE: 153373 PA CODE:08285
CAUSAL CODE: SYMPTOMS:
INQUIRY CODE: 1420 ALLEGED PERSONAL INJURY - INQUIRY

FOLLOW UP: M COMM TYPE: MICRO NBR: LETTER CODE:

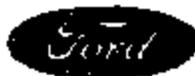
COMMENTS:
1997/01/21
*** VEHICLE INVOLVED IN RECALL 96948,96899 ***
*** NAVIS: ORIGINAL ***
CUSTOMER SAYS:
-HAD A TRAFFIC ACCIDENT IN NOVEMBER AND THE SEAT BELTS DID NOT WORK
-SHE HIT THE STEERING WHEEL
-SHE RECEIVED MEDICAL ATTENTION AT ST JOSEPH'S WEST IN ST LOUIS--SHE IS STILL
IN THE PROCESS OF SEEKING MORE MEDICAL ATTENTION
-SHE HIT THE CAR IN FRONT OF HER
-THE POLICE DEPARTMENT WAS CONTACTED AS WELL
*
PER CUSTOMER, DEALER SAYS:
-NO CONTACT
*
CUSTOMER WIKES:
-TO MAKE A CLAIM AGAINST FORD
*
CAC ADVISED:
-THE OFFICE OF THE GENERAL COUNSEL WILL REVIEW THE CONTACT AND DETERMINE THE
APPROPRIATE ACTION
-NO TIME FRAK GIVEN

u



VH
SBB
N

97-1096



Office of the General Counsel

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

February 4, 1997

[REDACTED]
St. Charles, MO

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.

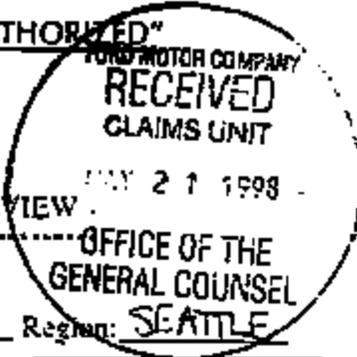
Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

cc: [illegible]

"IMPORTANT - DO NOT PERFORM REPAIRS UNTIL AUTHORIZED"



DEALER REQUEST FOR CONSUMER AFFAIRS REVIEW

***** FOR DEALER USE ONLY *****

Requesting Dealer: DAHERON FORD P&A: 08725 Region: SEATTLE

Contact Person: [REDACTED] Phone Number: [REDACTED]

New or Used: USED Date of Purchase: OCT 95 Yr/Model: 90 PROBE Mileage: 94221

VIN: 1ZVPT21U1L5 [REDACTED]

Customer Name: [REDACTED]

Address: [REDACTED]

City: PORTLAND County: _____ State: OR Zip Code: [REDACTED]

Home Phone: [REDACTED] Business Phone: _____

Incident Involves: Accident: X Fire: _____ Other: _____

Date of Incident: 4-9-98

If customer is alleging product defect, what type: SEAT BELT (MOTORIZED) STUCK HALFWAY IN TRACK

Personal Injury? YES Was medical attention sought? YES

Was a police report filed (where)? UNKNOWN

Has the insurance company been contacted? _____

What did the insurance company advise? _____

Name and phone of owner's insurance company (agent's name): _____

CUSTOMER WOULD NOT PROVIDE TO DEALERSHIP - CUSTOMER STATED TO SERVICE ADVISOR THEY ARE NOT LOOKING TO SUE ANYBODY THEY JUST WANT TO KNOW THE HAVE A PROBLEM WITH THEIR SEAT BELT FIX.

Accident details (date, where, how, etc.): 4-9-98 DAHERON WAS WAITING AT STOP LIGHT, GOT REAR ENDED (HIT+RUN). SEAT BELT WAS LOCKED HALFWAY UP IN TRACK
CUSTOMER STATES

What is the customer requesting? CUSTOMER STATES "FORD SHOULD THAT PROBLEMS ARE STILL WITH SEAT BELT RECALL"

DU 408257 ✓





Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2558

June 15, 1998

[REDACTED]
Portland, OR [REDACTED]

Re: Vehicle: 1990 Ford Probe
D/E: April 9, 1998

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 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.
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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.
- 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:

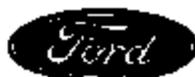
Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close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

Robert Madurski
Claims Analyst



Office of the General Counsel

Ford Motor Company
Parsons Towers West
Suite 400
Three Parsons Boulevard
Dearborn, Michigan 48126-2555

March 12, 1997

[REDACTED]
Wilmington, NC [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.
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- 23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.
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- 25. Other:

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

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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

:\claims\start\aldma.w01

03/05/97

MASTER OWNER RELATIONS SYSTEM 11

04.33.40

=====

TEAM: 01	5518DA	INQUIRY CONTACT	VER TYPE: CAR
UNKNOWN	ZH/TR:	CONTACT NBR: 108167645	OPENED: 03/04/1997
VIM:	1ZVPT20CXLS		CLOSED: 03/04/1997

=====

LAST NAME:		FIRST NAME:		STATUS:	CLOSED
TITLE:				HI:	
ADDRESS:					
CITY:	WILMINGTON	STATE:	NC	ZIP:	
HOME PHONE:		BUS. PHONE:			
MODEL YEAR:	90	MODEL:	PROBE		
MILEAGE:	100029	MSD:			

DEALER NAME:		SALES CODE:		PA CODE:	
CAUSAL CODE:		SYMPTOMS:			
INQUIRY CODE:	1420 ALLEGED PERSONAL INJURY - INQUIRY				

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

COMMENTS:
1997/03/04

*** VEHICLE INVOLVED IN RECALL 96248 ***
*** MAVIS: SUBSEQUENT ***

CUSTOMER SAYS:

-CUSTOMER'S CHILD WAS SITTING IN THE FRONT SEAT OF THE VEHICLE. CUSTOMER
SLAMMED ON THE BRAKES AND THE CHILD WHO WAS WEARING THE SHOULDER BELT (NOT THE
LAP BELT) HIT THE WINDOW SHIELD AND BROKE IT
-CHILD WENT TO THE HOSPITAL AND WAS FINE
-NO OTHER VEHICLES WERE INVOLVED
-CALLED INSURANCE COMPANY
-OPEN RECALL AT THE TIME OF THE ACCIDENT

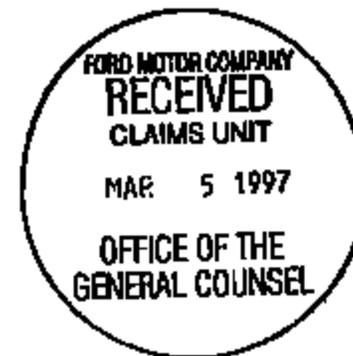
PER CUSTOMER, DEALER SAYS:
-NO CONTACT

CUSTOMER SEEKS:

-RECALL INFORMATION
-REIMBURSEMENT FOR HOSPITAL BILL AND TO REPAIR THE VEHICLE

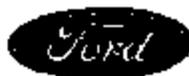
CAC ADVISED:

-WILL FORWARD TO THE OFFICE OF THE GENERAL COUNCIL



✓
VH

400024



Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2558

February 4, 1997

[REDACTED]
Pocatello, ID [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.
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Sincerely,

Jessie Hollingsworth
Claims Analyst

dmb

cc: claims/claims/claims/claims

01/22/97 MASTER OWNER RELATIONS SYSTEM (1) 03.46.22

TEAM: LP 17290H INQUIRY CONTACT VEN TYPE: CAR
DENVER 56 2N/TR: 02 CONTACT MOR: 107999837 OPENED: 01/21/1997
VIN: 1ZVPT21U1L5 CLOSED: 01/21/1997

LAST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] FIRST NAME: [REDACTED] NI: [REDACTED]
ADDRESS: [REDACTED] 96
CITY: POCATELLO STATE: ID ZIP: [REDACTED]
HOME PHONE: [REDACTED] BUS. PHONE: [REDACTED]
MODEL YEAR: 90 MODEL: PROBE
MILEAGE: 1 USD:

DEALER NAME: COURTESY FORD L-M INSALERS CODE: 355357 PA CODE: 08358
CAUSAL CODE: SYMPTOMS:
INQUIRY CODE: 1420 ALLEGED PERSONAL INJURY - INQUIRY

FOLLOW UP: N COMM TYPE: MICRO MOR: LETTER CODE:

COMMENTS:
1997/01/21

NAVIS-SUBSEQUENTALLEGED PERSONAL INJURY*****
ATTORNEY LETTER DATED 11/25/96; RECEIVED BY LEGAL ON 1/15/97
ATTORNEY WRITES:
-CLIENT WAS INVOLVED IN A HEAD ON COLLISION AND THE SAFETY RESTRAINT-SEAT BELT
DID NOT FUNCTION CORRECTLY
*
LPA MADE OBC TO SEC/TINA
-SHE PROVIDED THE VIN FOR THE VEHICLE
-BELIEVES CUSTOMER SUSTAINED INJURY AND IS PURSUING THAT
*
LPA ADVISED
-WILL FORWARD THE INFORMATION TO THE APPROPRIATE AREA
-THE ATTORNEY WILL BE RECONTACTED



✓
VA
SB00
N

97-1095

Last Name: [REDACTED] VIN: 1ZVPT21U1L5 [REDACTED]
Home Phone: [REDACTED] Bus. Phone: [REDACTED] Ext:
Dealer: COURTESY FORD L-M INC Dist/Reg: 56

CONTACT NBR: 107999837 Date: 01/21/1997 Analyst Code: 1729DH
File Type: INQ Time: 13:41:59 Analyst Name: HOWERY
Comm Type: U UPDATE Micro: Letter Code:

Comments:

More?: N

DID NOT FUNCTION CORRECTLY

*

LPA MADE OBC TO SEC/TINA

-SHE PROVIDED THE VIN FOR THE VEHICLE

-BELIEVES CUSTOMER SUSTAINED INJURY AND IS PURSUING THAT

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

I002 REQUESTED INFORMATION DISPLAYED

LPORA21

50

Answer

LAW OFFICES

WARD, MAGUIRE & BYBEE

333 E. LANDER
P.O. BOX 4758
POCATELLO, IDAHO 83205-4758
(208) 232-5187

MARTIN R. WARD
DAVID H. MAGUIRE
D. KIRK BYBEE
KENT V. REYNOLDS
DAVID R. KRESS

OK

FAX 208-232-3181

November 25, 1996

DEC 09 1996

A.R. Kaduk, Manager
Vehicle Service & Programs
FORD MOTOR CO.
P.O. Box 1904
Dearborn, MI 48121-1904

Re: [REDACTED]
Advers [REDACTED]
Date of Loss: October 24, 1996

97 JAN 15 11:19

Dear Manager Kaduk:

This firm has been hired by [REDACTED] regarding a head on automobile accident that they were involved in on October 24, 1996.

Enclosed is a copy of a letter that was sent by your office to the [REDACTED]. Unfortunately, the [REDACTED] received this letter after the accident. The referenced 1990 Ford Probe was "totaled" in the accident and there is evidence that the safety restraint on the passenger side failed in the accident. Therefore, please turn this matter over to your claims department, as soon as possible so that we may turn over the vehicle to your company for inspection/testing.

If you have any questions in regards to this or if you need me to correspond with someone else within your company, please do not hesitate to call.

Sincerely,


D. KIRK BYBEE

DKBtg

pc: Terry and Shirley Sharp
c:\tsharp\j-fact

1 [REDACTED]
2 Santa Clarita, California
3 [REDACTED] Fax [REDACTED]

4 Attorney for Plaintiffs,
5 [REDACTED]

6
7
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 FOR THE COUNTY OF LOS ANGELES

10 [REDACTED]) CASE NO.: MC009221

11 [REDACTED])
12 Plaintiffs,)

OFFER TO COMPROMISE

13 vs.)

14 GENERAL TELEPHONE/ELECTRIC/
15 G.T.E., RICK HAYNES, FORD
16 MOTOR COMPANY and Does 1
through 50, inclusive,
Defendants.)

17 TO: ALL PARTIES HEREIN AND THEIR RESPECTIVE ATTORNEYS OF
18 RECORD:

19 Pursuant to California Code of Civil Procedure Section 998,
20 Plaintiff, [REDACTED] does hereby at this time offer to
21 allow defendant, FORD MOTOR COMPANY, to have judgement entered
22 against them and in favor of plaintiff, [REDACTED] in the amount
23 of \$74,774.88, each party to bear their own costs.

24 DATED: July 27, 1998

25 
26 CHARLES R. HENDRICKS
27 Attorney for Plaintiffs,
28 [REDACTED]

1 James I. Yukevich, State Bar No. 159896
 Anthony E. Sonnett, State Bar No. 163182
 2 Todd A. Cavanaugh
 YUKEVICH & SONNETT
 3 601 South Figueroa Street, 17th Floor
 Los Angeles, California 90017
 4 (213) 362-7777

5 ATTORNEYS FOR DEFENDANT
 FORD MOTOR COMPANY
 6

7
 8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
 9 FOR THE COUNTY OF LOS ANGELES, NORTH DISTRICT



12 Plaintiffs,

13 vs.

14 GENERAL TELEPHONE
 15 ELECTRIC/G.T.E., RICK HAYNES,
 FORD MOTOR COMPANY, and
 16 DOES 1 through 50, INCLUSIVE,

17 Defendants.
 18

) CASE NO. MC009221
)
) DEFENDANT FORD MOTOR
) COMPANY'S ANSWER TO
) PLAINTIFFS' COMPLAINT

19 COMES NOW Defendant FORD MOTOR COMPANY ("Ford"), for itself alone and for
 20 no other defendant, and for its Answer to plaintiffs' Complaint on file herein alleges as follows:

21 1. Ford denies each and every, all and singular, generally and specifically, allegation
 22 contained in the Complaint and each cause of action thereof; denies that Ford is liable under the
 23 theories or in the manner set forth in the Complaint, or at all; and denies that plaintiffs were
 24 injured or damaged as a result of the alleged conduct of Ford as set forth in the Complaint, and
 25 each cause of action thereof, or at all.

26 AS A FIRST SEPARATE AFFIRMATIVE DEFENSE

27 2. Ford alleges that the Complaint, in whole or in part, fails to state a claim upon
 28 which relief can be granted.

1 **AS A SECOND SEPARATE AFFIRMATIVE DEFENSE**

2 3. Ford alleges that plaintiffs' injuries and damages, if any, were caused or
3 contributed to by the negligence or fault of plaintiffs, and that plaintiffs' recovery, if any, should
4 therefore be diminished or barred in accordance with law.

5 **AS A THIRD SEPARATE AFFIRMATIVE DEFENSE**

6 4. Ford alleges that plaintiffs' injuries and damages, if any, were caused or
7 contributed to by the negligence or fault of other individuals, firms, corporations, or entities over
8 whom Ford has or had no control or right of control, and for whom it is not responsible, and that
9 plaintiffs' recovery, if any, should therefore be diminished or barred in accordance with law.

10 **AS A FOURTH SEPARATE AFFIRMATIVE DEFENSE**

11 5. Ford alleges that any recovery or settlement plaintiffs may have obtained from such
12 other individuals, firms, corporations, or entities over whom Ford has or had no control or right
13 of control must reduce or bar altogether any recovery or judgment which plaintiffs might obtain
14 from Ford.

15 **AS A FIFTH SEPARATE AFFIRMATIVE DEFENSE**

16 6. Ford alleges that plaintiffs' claims are barred by any release and/or releases
17 executed by plaintiffs and individuals, firms, corporations, or entities other than Ford.

18 **AS A SIXTH SEPARATE AFFIRMATIVE DEFENSE**

19 7. Ford alleges that plaintiffs assumed the risk of their accident and/or injuries, if any.

20 **AS A SEVENTH SEPARATE AFFIRMATIVE DEFENSE**

21 8. Ford alleges that plaintiffs failed to mitigate their injuries and damages, if any.

22 **AS AN EIGHTH SEPARATE AFFIRMATIVE DEFENSE**

23 9. Ford alleges that plaintiffs' damages, if any, were caused by alteration or
24 modification of the product or products involved in the subject accident.

25 **AS A NINTH SEPARATE AFFIRMATIVE DEFENSE**

26 10. Ford alleges that plaintiffs' damages, if any, were caused or contributed to by the
27 misuse or abuse of and/or the failure to properly maintain and/or repair the product or products
28 involved in the subject accident.

1 **AS A TENTH SEPARATE AFFIRMATIVE DEFENSE**

2 11. Ford alleges that the product or products involved in the subject accident conformed
3 to the state of the art at the time of sale and were designed, manufactured, and tested pursuant to
4 generally recognized and prevailing standards and in conformance with the statutes, regulations,
5 and requirements that governed the product or products at the time of design, manufacture, and
6 sale.

7 **AS A ELEVENTH SEPARATE AFFIRMATIVE DEFENSE**

8 12. Ford alleges that plaintiffs' claims and/or causes of action are barred, in whole or
9 in part, by the doctrine of preemption.

10 **AS A TWELFTH SEPARATE AFFIRMATIVE DEFENSE**

11 13. Ford alleges that plaintiffs' claims and/or causes of action are barred, in whole or
12 in part, by waiver, estoppel, and/or laches.

13 **AS A THIRTEENTH SEPARATE AFFIRMATIVE DEFENSE**

14 14. Ford alleges that plaintiffs' claims and/or causes of action are barred, in whole or
15 in part, by the expiration of the applicable statutes of limitation and/or repose.

16 **AS A FOURTEENTH SEPARATE AFFIRMATIVE DEFENSE**

17 15. Ford alleges that plaintiffs have failed to join a party or parties necessary and
18 indispensable to this action.

19 **AS A FIFTEENTH SEPARATE AFFIRMATIVE DEFENSE**

20 16. Ford alleges that, pursuant to California Civil Code §§ 1431.1 and 1431.2, Ford's
21 liability, if any, for non-economic damages shall be several only and shall not be joint with any
22 other existing defendant, potential defendant, cross-complainant, cross-defendant, or other person
23 or entity. Ford can only be held liable for the amount of non-economic damages allocated to it
24 in direct proportion to the percentage of fault, if any, determined at trial, and a separate judgment
25 shall be rendered against Ford for that amount.

26 **AS A SIXTEENTH SEPARATE AFFIRMATIVE DEFENSE**

27 17. Ford alleges that plaintiffs and/or those individuals or entities acting on plaintiffs'
28 behalf had a duty to preserve the subject vehicle and vehicle components in their immediate post-

1 accident appearance, condition, and function. Any alteration of the vehicle and/or vehicle
2 components may have been caused by a breach of that duty by plaintiffs and/or those acting on
3 plaintiffs' behalf. If so, destruction of evidence mandates dismissal of the Complaint or,
4 alternatively, preclusion of any evidence relating to the subject vehicle and vehicle components
5 at the trial of this action.

6 **AS A SEVENTEENTH SEPARATE AFFIRMATIVE DEFENSE**

7 18. Ford alleges that plaintiffs' injuries and damages, if any, were caused or
8 contributed to by plaintiffs' failure to comply with the written and oral instructions relating to use
9 and maintenance of the subject vehicle, and that plaintiffs' recovery, if any, should therefore be
10 diminished or barred in accordance with law.

11 **AS A EIGHTEENTH SEPARATE AFFIRMATIVE DEFENSE**

12 19. Ford alleges that plaintiffs' claims and/or causes of action, in whole or in part, are
13 uncertain, ambiguous, and unintelligible.

14 **AS A NINETEENTH SEPARATE AFFIRMATIVE DEFENSE**

15 20. Ford alleges that it may have additional defenses or claims available to it of which
16 it is not now aware. Ford reserves the right to assert additional defenses or cross-claims,
17 counterclaims, or third-party claims as may be revealed to be appropriate through discovery or
18 otherwise.

19 WHEREFORE, Ford prays that nothing be taken by the Complaint, for costs, and for all
20 other relief as the Court may deem proper.

21 DATED: January ____, 1998.

22 YUKEVICH & SONNETT

23
24 By: _____
Anthony E. Sonnett

25 ATTORNEYS FOR DEFENDANT
26 FORD MOTOR COMPANY
27
28

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): ANTHONY E. SONNETT, SBN 163182 YUKEVICH & SONNETT 601 South Figueroa Street, Suite 1701 Los Angeles, CA 90017		TELEPHONE NO: (213) 362-7777
ATTORNEY FOR (Name): FORD MOTOR COMPANY		
NAME OF COURT AND JUDICIAL DISTRICT AND BRANCH COURT, IF ANY: LOS ANGELES SUPERIOR COURT NORTH COURT DISTRICT		
SHORT TITLE OF CASE [REDACTED] v. FORD MOTOR COMPANY		
FORM INTERROGATORIES Asking Party: DEFENDANT FORD MOTOR COMPANY Answering Party: PLAINTIFF MARIA ZUNIGA Set No.: ONE		CASE NUMBER: MC009221

Sec. 1. Instructions to All Parties

(a) These are general instructions. For time limitations, requirements for service on other parties, and other details see Code of Civil Procedure section 2030 and the cases construing it.

(b) These interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or objection.

Sec. 2. Instructions to the Asking Party

(a) These interrogatories are designed for optional use in the superior courts only. A separate set of Interrogatories, Form Interrogatories—Economic Litigation, which have no subparts, are designed for optional use in municipal and justice courts. However, they also may be used in superior courts. See Code of Civil Procedure section 94.

(b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.

(c) The interrogatories in section 16.0, Defendant's Contentions—Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.

(d) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

(a) In superior court actions, an answer or other appropriate response must be given to each interrogatory checked by the asking party.

(b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure section 2030 for details.

(c) Each answer must be as complete and straightforward as the information reasonably available to you per-

mits. If an interrogatory cannot be answered completely, answer it to the extent possible.

(d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

(e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.

(f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

(g) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

(DATE)

(SIGNATURE)

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) **INCIDENT** includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

(b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(Continued)

Page 1 of 6

(c) **PERSON** includes natural person, firm, association, organization, partnership, business, trust, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of these.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following Interrogatories have been approved by the Judicial Council under section 2033.6 of the Code of Civil Procedure:

CONTENTS

- 1.0 Identity of Persons Answering These Interrogatories
- 2.0 General Background Information — Individual
- 3.0 General Background Information — Business Entity
- 4.0 Insurance
- 5.0 *(Reserved)*
- 6.0 Physical, Mental, or Emotional Injuries
- 7.0 Property Damage
- 8.0 Loss of Income or Earning Capacity
- 9.0 Other Damages
- 10.0 Medical History
- 11.0 Other Claims and Previous Claims
- 12.0 Investigation — General
- 13.0 Investigation — Surveillance
- 14.0 Statutory or Regulatory Violations
- 15.0 Special or Affirmative Defenses
- 16.0 Defendant's Contentions — Personal Injury
- 17.0 Responses to Request for Admissions
- 18.0 *(Reserved)*
- 19.0 *(Reserved)*
- 20.0 How The Incident Occurred — Motor Vehicle
- 25.0 *(Reserved)*
- 30.0 *(Reserved)*
- 40.0 *(Reserved)*
- 50.0 Contract
- 60.0 *(Reserved)*
- 70.0 Unlawful Detainer *(See separate form FI-129)*
- 101.0 Economic Litigation *(See separate form FI-129)*

1.0 Identity of Persons Answering These Interrogatories

1.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

2.0 General Background Information — Individual

- 2.1 State:
 - (a) your name;
 - (b) every name you have used in the past;
 - (c) the dates you used each name.
- 2.2 State the date and place of your birth.
- 2.3 At the time of the **INCIDENT**, did you have a driver's license? If so, state:
 - (a) the state or other issuing entity;
 - (b) the license number and type;
 - (c) the date of issuance;
 - (d) all restrictions.
- 2.4 At the time of the **INCIDENT**, did you have any other permit or license for the operation of a motor vehicle? If so, state:
 - (a) the state or other issuing entity;
 - (b) the license number and type;
 - (c) the date of issuance;
 - (d) all restrictions.
- 2.5 State:
 - (a) your present residence **ADDRESS**;
 - (b) your residence **ADDRESSES** for the last five years;
 - (c) the dates you lived at each **ADDRESS**.
- 2.6 State:
 - (a) the name, **ADDRESS**, and telephone number of your present employer or place of self-employment;
 - (b) the name, **ADDRESS**, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the **INCIDENT** until today.
- 2.7 State:
 - (a) the name and **ADDRESS** of each school or other academic or vocational institution you have attended beginning with high school;
 - (b) the dates you attended;
 - (c) the highest grade level you have completed;
 - (d) the degrees received.
- 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
 - (a) the city and state where you were convicted;
 - (b) the date of conviction;
 - (c) the offense;
 - (d) the court and case number.
- 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?
- 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?
- 2.11 At the time of the **INCIDENT** were you acting as an agent or employee for any **PERSON**? If so, state:
 - (a) the name, **ADDRESS**, and telephone number of that **PERSON**;
 - (b) a description of your duties.
- 2.12 At the time of the **INCIDENT** did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the **INCIDENT**? If so, for each person state:
 - (a) the name, **ADDRESS**, and telephone number;

- (b) the nature of the disability or condition;
- (c) the manner in which the disability or condition contributed to the occurrence of the **INCIDENT**.

- 2.13 Within 24 hours before the **INCIDENT** did you or any person involved in the **INCIDENT** use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:
- (a) the name, **ADDRESS**, and telephone number;
 - (b) the nature or description of each substance;
 - (c) the quantity of each substance used or taken;
 - (d) the date and time of day when each substance was used or taken;
 - (e) the **ADDRESS** where each substance was used or taken;
 - (f) the name, **ADDRESS**, and telephone number of each person who was present when each substance was used or taken;
 - (g) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** that prescribed or furnished the substance and the condition for which it was prescribed or furnished.

3.0 General Background Information -- Business Entity

- 3.1 Are you a corporation? If so, state:
- (a) the name stated in the current articles of incorporation;
 - (b) all other names used by the corporation during the past ten years and the dates each was used;
 - (c) the date and place of incorporation;
 - (d) the **ADDRESS** of the principal place of business;
 - (e) whether you are qualified to do business in California.
- 3.2 Are you a partnership? If so, state:
- (a) the current partnership name;
 - (b) all other names used by the partnership during the past ten years and the dates each was used;
 - (c) whether you are a limited partnership and, if so, under the laws of what jurisdiction;
 - (d) the name and **ADDRESS** of each general partner;
 - (e) the **ADDRESS** of the principal place of business.
- 3.3 Are you a joint venture? If so, state:
- (a) the current joint venture name;
 - (b) all other names used by the joint venture during the past ten years and the dates each was used;
 - (c) the name and **ADDRESS** of each joint venturer;
 - (d) the **ADDRESS** of the principal place of business.
- 3.4 Are you an unincorporated association? If so, state:
- (a) the current unincorporated association name;
 - (b) all other names used by the unincorporated association during the past ten years and the dates each was used;
 - (c) the **ADDRESS** of the principal place of business.
- 3.5 Have you done business under a fictitious name during the past ten years? If so, for each fictitious name state:
- (a) the name;

- (b) the dates each was used;
- (c) the state and county of each fictitious name filing;
- (d) the **ADDRESS** of the principal place of business.

- 3.6 Within the past five years has any public entity registered or licensed your businesses? If so, for each license or registration:
- (a) identify the license or registration;
 - (b) state the name of the public entity;
 - (c) state the dates of issuance and expiration.

4.0 Insurance

- 4.1 At the time of the **INCIDENT**, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, for each policy state:
- (a) the kind of coverage;
 - (b) the name and **ADDRESS** of the insurance company;
 - (c) the name, **ADDRESS**, and telephone number of each named insured;
 - (d) the policy number;
 - (e) the limits of coverage for each type of coverage contained in the policy;
 - (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company;
 - (g) the name, **ADDRESS**, and telephone number of the custodian of the policy.

- 4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, specify the statute.

5.0 (Reserved)

6.0 Physical, Mental, or Emotional Injuries

- 6.1 Do you attribute any physical, mental, or emotional injuries to the **INCIDENT**? If your answer is "no," do not answer interrogatories 6.2 through 6.7.
- 6.2 Identify each injury you attribute to the **INCIDENT** and the area of your body affected.
- 6.3 Do you still have any complaints that you attribute to the **INCIDENT**? If so, for each complaint state:
- (a) a description;
 - (b) whether the complaint is subsiding, remaining the same, or becoming worse;
 - (c) the frequency and duration.
- 6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure, § 2034) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **INCIDENT**? If so, for each **HEALTH CARE PROVIDER** state:
- (a) the name, **ADDRESS**, and telephone number;
 - (b) the type of consultation, examination, or treatment provided;

- (c) the dates you received consultation, examination, or treatment;
- (d) the charges to date.

6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the INCIDENT? If so, for each medication state:

- (a) the name;
- (b) the PERSON who prescribed or furnished it;
- (c) the date prescribed or furnished;
- (d) the dates you began and stopped taking it;
- (e) the cost to date.

6.6 Are there any other medical services not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost;
- (d) the name, ADDRESS, and telephone number of each provider.

6.7 Has any HEALTH CARE PROVIDER advised that you may require future or additional treatment for any injuries that you attribute to the INCIDENT? If so, for each injury state:

- (a) the name and ADDRESS of each HEALTH CARE PROVIDER;
- (b) the complaints for which the treatment was advised;
- (c) the nature, duration, and estimated cost of the treatment.

7.0 Property Damage

7.1 Do you attribute any loss of or damage to a vehicle or other property to the INCIDENT? If so, for each item of property:

- (a) describe the property;
- (b) describe the nature and location of the damage to the property;
- (c) state the amount of damage you are claiming for each item of property and how the amount was calculated;
- (d) if the property was sold, state the name, ADDRESS, and telephone number of the seller, the date of sale, and the sale price.

7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:

- (a) the name, ADDRESS, and telephone number of the PERSON who prepared it and the date prepared;
- (b) the name, ADDRESS, and telephone number of each PERSON who has a copy;
- (c) the amount of damage stated.

7.3 Has any item of property referred to in your answer to the interrogatory 7.1 been repaired? If so, for each item state:

- (a) the date repaired;
- (b) a description of the repair;
- (c) the repair cost;

(d) the name, ADDRESS, and telephone number of the PERSON who repaired it;

(e) the name, ADDRESS, and telephone number of the PERSON who paid for the repair.

8.0 Loss of Income or Earning Capacity

8.1 Do you attribute any loss of income or earning capacity to the INCIDENT? If your answer is "no," do not answer interrogatories 8.2 through 8.8.

8.2 State:

- (a) the nature of your work;
- (b) your job title at the time of the INCIDENT;
- (c) the date your employment began.

8.3 State the last date before the INCIDENT that you worked for compensation.

8.4 State your monthly income at the time of the INCIDENT and how the amount was calculated.

8.5 State the date you returned to work at each place of employment following the INCIDENT.

8.6 State the dates you did not work and for which you lost income.

8.7 State the total income you have lost to date as a result of the INCIDENT and how the amount was calculated.

8.8 Will you lose income in the future as a result of the INCIDENT? If so, state:

- (a) the facts upon which you base this contention;
- (b) an estimate of the amount;
- (c) an estimate of how long you will be unable to work;
- (d) how the claim for future income is calculated.

9.0 Other Damages

9.1 Are there any other damages that you attribute to the INCIDENT? If so, for each item of damage state:

- (a) the nature;
- (b) the date it occurred;
- (c) the amount;
- (d) the name, ADDRESS, and telephone number of each PERSON to whom an obligation was incurred.

9.2 Do any DOCUMENTS support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

10.0 Medical History

10.1 At any time before the INCIDENT did you have complaints or injuries that involved the same part of your body claimed to have been injured in the INCIDENT? If so, for each state:

- (a) a description;
- (b) the dates it began and ended;
- (c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you consulted or who examined or treated you.

10.2 List all physical, mental, and emotional disabilities you had immediately before the **INCIDENT**. (You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the **INCIDENT**.)

10.3 At any time after the **INCIDENT**, did you sustain injuries of the kind for which you are now claiming damages. If so, for each incident state:

- the date and the place it occurred;
- the name, **ADDRESS**, and telephone number of any other **PERSON** involved;
- the nature of any injuries you sustained;
- the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** that you consulted or who examined or treated you;
- the nature of the treatment and its duration.

11.0 Other Claims and Previous Claims

11.1 Except for this action, in the last ten years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:

- the date, time, and place and location of the **INCIDENT** (closest street **ADDRESS** or intersection);
- the name, **ADDRESS**, and telephone number of each **PERSON** against whom the claim was made or action filed;
- the court, names of the parties, and case number of any action filed;
- the name, **ADDRESS**, and telephone number of any attorney representing you;
- whether the claim or action has been resolved or is pending.

11.2 In the last ten years have you made a written claim or demand for worker's compensation benefits? If so, for each claim or demand state:

- the date, time, and place of the **INCIDENT** giving rise to the claim;
- the name, **ADDRESS**, and telephone number of your employer at the time of the injury;
- the name, **ADDRESS**, and telephone number of the worker's compensation insurer and the claim number;
- the period of time during which you received worker's compensation benefits;
- a description of the injury;
- the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** that provided services;
- the case number at the Worker's Compensation Appeals Board.

12.0 Investigation - General

12.1 State the name, **ADDRESS**, and telephone number of each individual:

- who witnessed the **INCIDENT** or the events occurring immediately before or after the **INCIDENT**;
- who made any statement at the scene of the **INCIDENT**;
- who heard any statements made about the **INCIDENT** by any individual at the scene;

(d) who **YOU OR ANYONE ACTING ON YOUR BEHALF** claim has knowledge of the **INCIDENT** (except for expert witnesses covered by Code of Civil Procedure, § 2034).

12.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **INCIDENT**? If so, for each individual state:

- the name, **ADDRESS**, and telephone number of the individual interviewed;
- the date of the interview;
- the name, **ADDRESS**, and telephone number of the **PERSON** who conducted the interview.

12.3 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **INCIDENT**? If so, for each statement state:

- the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;
- the name, **ADDRESS**, and telephone number of the individual who obtained the statement;
- the date the statement was obtained;
- the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

12.4 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any photographs, films, or videotapes depicting any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries? If so, state:

- the number of photographs or feet of film or videotape;
- the places, objects, or persons photographed, filmed, or videotaped;
- the date the photographs, films, or videotapes were taken;
- the name, **ADDRESS**, and telephone number of the individual taking the photographs, films, or videotapes;
- the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy.

12.5 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure, § 2034) concerning the **INCIDENT**? If so, for each item state:

- the type (i.e., diagram, reproduction, or model);
- the subject matter;
- the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

12.6 Was a report made by any **PERSON** concerning the **INCIDENT**? If so, state:

- the name, title, identification number, and employer of the **PERSON** who made the report;
- the date and type of report made;
- the name, **ADDRESS**, and telephone number of the **PERSON** for whom the report was made.

12.7 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** inspected the scene of the **INCIDENT**? If so, for each inspection state:

- (a) the name, **ADDRESS**, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure, § 2034);
- (b) the date of the inspection.

13.0 Investigation - Surveillance

- 13.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** conducted surveillance of any individual involved in the **INCIDENT** or any party to this action? If so, for each surveillance state:
 - (a) the name, **ADDRESS**, and telephone number of the individual or party;
 - (b) the time, date, and place of the surveillance;
 - (c) the name, **ADDRESS**, and telephone number of the individual who conducted the surveillance.
- 13.2 Has a written report been prepared on the surveillance? If so, for each written report state:
 - (a) the title;
 - (b) the date;
 - (c) the name, **ADDRESS**, and telephone number of the individual who prepared the report;
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy.

14.0 Statutory or Regulatory Violations

- 14.1 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** contend that any person involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the **INCIDENT**? If so, identify each **PERSON** and the statute, ordinance, or regulation.
- 14.2 Was any **PERSON** cited or charged with a violation of any statute, ordinance, or regulation as a result of this **INCIDENT**? If so, for each **PERSON** state:
 - (a) the name, **ADDRESS**, and telephone number of the **PERSON**;
 - (b) the statute, ordinance, or regulation allegedly violated;
 - (c) whether the **PERSON** entered a plea in response to the citation or charge and, if so, the plea entered;
 - (d) the name and **ADDRESS** of the court or administrative agency, names of the parties, and case number.

15.0 Special or Affirmative Defenses

- 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:
 - (a) state all facts upon which you base the denial or special or affirmative defense;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts;
 - (c) identify all **DOCUMENTS** and other tangible things which support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each document.

16.0 Defendant's Contentions - Personal Injury

(See instruction 2(c))

- 16.1 Do you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff? If so, for each **PERSON**:
 - (a) state the name, **ADDRESS**, and telephone number of the person.
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.2 Do you contend that plaintiff was not injured in the **INCIDENT**? If so:
 - (a) state all facts upon which you base your contention;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (c) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the **INCIDENT**? If so, for each injury:
 - (a) identify it;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.4 Do you contend that any of the services furnished by any **HEALTH CARE PROVIDER** claimed by plaintiff in discovery proceedings thus far in this case were not due to the **INCIDENT**? If so:
 - (a) identify each service;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.5 Do you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** claimed as damages by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:
 - (a) identify each cost;

- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.6 Do you contend that any part of the loss of earning or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the **INCIDENT**? If so:

- (a) identify each part of the loss;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.7 Do you contend that any of the property damage claimed by plaintiff in discovery proceedings thus far in this case was not caused by the **INCIDENT**? If so:

- (a) identify each item of property damage;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:

- (a) identify each cost item;
- (b) state all facts upon which you base your contention;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts;
- (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

16.9 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the **INCIDENT** by a plaintiff in this case? If so, for each plaintiff state:

- (a) the source of each **DOCUMENT**;
- (b) the date each claim arose;
- (c) the nature of each claim;
- (d) the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

16.10 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a **HEALTH CARE PROVIDER** not previously identified (except for expert witnesses covered by Code of Civil Procedure, § 2034)? If so, for each plaintiff state:

- (a) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**;
- (b) a description of each **DOCUMENT**;
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

17.0 Responses to Request for Admissions

17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:

- (a) state the number of the request;
- (b) state all facts upon which you base your response;
- (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts;
- (d) identify all **DOCUMENTS** and other tangible things that support your responses and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

20.0 How the Incident Occurred - Motor Vehicle

20.1 State the date, time, and place of the **INCIDENT** (closest street **ADDRESS** or intersection).

20.2 For each vehicle involved in the **INCIDENT**, state:

- (a) the year, make, model, and license number;
- (b) the name, **ADDRESS**, and telephone number of the driver;
- (c) the name, **ADDRESS**, and telephone number of each occupant other than the driver;
- (d) the name, **ADDRESS**, and telephone number of each registered owner;
- (e) the name, **ADDRESS**, and telephone number of each lessee;
- (f) the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder;
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.

20.3 State the **ADDRESS** and location where your trip began, and the **ADDRESS** and location of your destination.

20.4 Describe the route that you followed from the beginning of your trip to the location of the **INCIDENT**, and state the location of each stop, other than routine traffic stops, during the trip leading up to the **INCIDENT**.

20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the **INCIDENT** for the 500 feet of travel before the **INCIDENT**.

20.6 Did the **INCIDENT** occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.

20.7 Was there a traffic signal facing you at the time of the **INCIDENT**? If so, state:

- (a) your location when you first saw it;
- (b) the color;
- (c) the number of seconds it had been that color;
- (d) whether the color changed between the time you first saw it and the **INCIDENT**.

20.8 State how the **INCIDENT** occurred, giving the speed, direction, and location of each vehicle involved:

- (a) just before the **INCIDENT**;
- (b) at the time of the **INCIDENT**;
- (c) just after the **INCIDENT**.

20.9 Do you have information that a malfunction or defect in a vehicle caused the **INCIDENT**? If so:

- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect;
- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.

20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the incident? If so:

- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect;
- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.

20.11 State the name, **ADDRESS**, and telephone number of each owner and each **PERSON** who has had possession since the **INCIDENT** of each vehicle involved in the **INCIDENT**.

50.0 Contract

50.1 For each agreement alleged in the pleadings:

- (a) identify all **DOCUMENTS** that are part of the agreement and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
- (b) state each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;
- (c) identify all **DOCUMENTS** that evidence each part of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the document;
- (d) identify all **DOCUMENTS** that are part of each modification to the agreement, and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
- (e) state each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to the modification, and the date the modification was made;
- (f) identify all **DOCUMENTS** that evidence each modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.

50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.

50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.

50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated and state why it was terminated including dates.

50.5 Is any agreement alleged in the pleading unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.

50.6 Is any agreement alleged in the pleading ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.

ANTHONY E. SONNETT

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I, [REDACTED] certify that I am [REDACTED] and not a party to the within action; that my business address on January 9, 1998 was [REDACTED] Los Angeles, California [REDACTED] and that on January 9, 1998, I placed a true copy of the foregoing document(s) entitled: **FORM INTERROGATORIES** on the parties in this action by placing a true copy thereof in a sealed envelope addressed as follows:

Charles H. Hendricks, Esq.
24273 North San Fernando Road
Suite 202
Santa Clarita, CA 91321-2998

_____ (By Overnight Courier) I caused each envelope to be sent by Federal Express

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

_____ (By Hand) I caused each envelope to be delivered by hand to the offices listed above.

_____ (By Telecopy) I caused each document to be sent by Automatic Telecopier to the followings number shown on the attached service list.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 9, 1998 at Los Angeles, California.

[REDACTED]

1 James J. Yukevich, State Bar No. 159896
Anthony E. Sonnett, State Bar No. 163182
2 Todd A. Cavanaugh
YUKEVICH & SONNETT
3 601 South Figueroa Street, 17th Floor
Los Angeles, California 90017
4 (213) 362-7777

5 ATTORNEYS FOR DEFENDANT
FORD MOTOR COMPANY
6

7
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 FOR THE COUNTY OF LOS ANGELES, NORTH DISTRICT

10 [REDACTED]

CASE NO. MC009221

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Plaintiffs,

DEFENDANT FORD MOTOR
COMPANY'S SPECIAL
INTERROGATORIES TO
PLAINTIFF: SET ONE

vs.

GENERAL TELEPHONE
ELECTRIC/G.T.E., RICK HAYNES,
FORD MOTOR COMPANY, and
DOES 1 through 50, INCLUSIVE.

Defendants.

PROPOUNDING PARTY: Defendant FORD MOTOR COMPANY

RESPONDING PARTY: Plaintiff [REDACTED]

SET NUMBER: ONE

PLEASE TAKE NOTICE that defendant FORD MOTOR COMPANY ("Ford") requests
you to furnish answers to the following interrogatories within thirty (30) days from the date of
service pursuant to section 2030 of the California Code of Civil Procedure.

INSTRUCTIONS

(1) As used herein, the word PERSON means an individual, partnership, corporation,
group, association, or organization.

1 (2) Where the following interrogatories request you to identify a person or where in
2 your answers you refer to any such person, identify the same by stating the full name and last
3 known address of such person, and, if an employee, give the employee's title or position and the
4 identity of the employer.

5 (3) As used herein, the term DOCUMENT means all written and graphic matter of
6 every kind and description, however produced or reproduced, whether draft or final, original or
7 reproduction, in the actual or constructive possession, custody, or control of plaintiffs or their
8 attorneys, including but not limited to, papers, records, letters, correspondence, memoranda,
9 notes, files, transcripts, magazines, advertisements, periodicals, brochures, circulars, pamphlets,
10 orders, invoices, statements, notices reports, movies, videotapes, audio tapes, recordings,
11 computer databases, computer disks, computerized information storage and retrieval systems, and
12 materials similar to any of the foregoing, however denominated by plaintiffs and including
13 writings, tables, charts, drawings, and photographs. The term DOCUMENTS should also include
14 all copies of each document if the documents contain any additional writing or are not identical
15 copies of the original.

16 (4) As used herein, the term HEALTH CARE PROVIDER means any person referred
17 to in section 667.7(e)(3) of the California Code of Civil Procedure.

18 (5) Where the following interrogatories request you to identify a document, identify
19 the same by stating the type of document, its author or preparer, the date it was written or
20 prepared, the identity of the person to whom it was addressed or directed, the substance of the
21 information contained in the document, and the identify of its current custodian.

22 (6) As used herein, the terms YOU and YOUR include plaintiff Maria Zuniga and/or
23 her attorneys, employees, agents, investigators, and other representatives.

24 (7) As used herein, the term VEHICLE means the 1990 Ford Probe at issue in this
25 litigation, including any part or component thereof.

26 **INTERROGATORIES**

27 **INTERROGATORY NO. 1:** Describe in detail the manner in which YOU allege the
28 accident occurred.

1 **INTERROGATORY NO. 2:** Describe in detail the manner in which YOU allege YOU
2 were injured.

3 **INTERROGATORY NO. 3:** Describe in detail each and every injury YOU claim YOU
4 sustained in the accident.

5 **INTERROGATORY NO. 4:** Identify each PERSON known to YOU or to PERSONS
6 acting on YOUR behalf to have knowledge of any of the facts at issue in this lawsuit, including
7 the facts or information disclosed in YOUR responses to discovery, and specify the matters or
8 facts as to which each PERSON has knowledge.

9 **INTERROGATORY NO. 5:** For each inspection, examination, or test of the VEHICLE
10 made at any time by any one, state the date, place, and name of each PERSON conducting or
11 participating in such inspection, examination, or test.

12 **INTERROGATORY NO. 6:** For each inspection, examination, or test of the VEHICLE
13 made at any time by any one, describe the items of equipment, parts, or components which were
14 so inspected, examined, or tested.

15 **INTERROGATORY NO. 7:** For each repair, modification, or maintenance of the
16 VEHICLE made at any time by any one, state the date, place, and name of each PERSON
17 conducting or participating in such repair, modification, or maintenance.

18 **INTERROGATORY NO. 8:** For each repair, modification, or maintenance of the
19 VEHICLE made at any time by any one, describe the items of equipment, parts, or components
20 which were so repaired, modified, or maintained.

21 **INTERROGATORY NO. 9:** For each part or component of the VEHICLE which was
22 removed from the VEHICLE at any time by any one, state the date, place, and name of each
23 PERSON conducting or participating in such removal.

24 **INTERROGATORY NO. 10:** For each other accident or incident which YOU claim is
25 relevant to the subject matter of this action, state the date, place, and name and telephone number
26 of each party involved in such accident or incident.

27 **INTERROGATORY NO. 11:** Identify each PERSON or entity other than Ford that YOU
28 contend caused or contributed to YOUR injuries and damages.

1 **INTERROGATORY NO. 12:** For each PERSON or entity other than Ford that YOU
2 contend caused or contributed to YOUR injuries, state all facts, not legal conclusions, upon which
3 YOU base such contentions.

4 **INTERROGATORY NO. 13:** State all facts, not legal conclusions, upon which YOU
5 base YOUR allegation that Ford was negligent in a manner that caused or contributed to YOUR
6 injuries and damages.

7 **INTERROGATORY NO. 14:** For each part or component of the VEHICLE that YOU
8 contend was negligently or defectively designed or manufactured or was otherwise defective or
9 improper, state the name and description, including mechanical function and mode of operation,
10 of such part or component.

11 **INTERROGATORY NO. 15:** For each part or component of the VEHICLE that YOU
12 contend was negligently or defectively designed or manufactured or was otherwise defective or
13 improper, state the way or manner in which YOU contend such part or component failed to
14 perform or improperly performed its mechanical function or intended mechanical mode of
15 operation.

16 **INTERROGATORY NO. 16:** For each part or component of the VEHICLE that YOU
17 contend was negligently or defectively designed or manufactured or was otherwise defective or
18 improper, state how YOU claim such part or component should have been designed or
19 manufactured so as not to have been negligently or defectively designed or manufactured.

20 **INTERROGATORY NO. 17:** If YOU contend that the accident and/or YOUR injuries
21 was caused by a failure of Ford to provide an adequate warning of some alleged danger associated
22 with the VEHICLE, then describe with specificity each danger for which YOU contend Ford
23 should have provided a warning.

24 **INTERROGATORY NO. 18:** If YOU contend that the accident and/or YOUR injuries
25 was caused by a failure of Ford to provide an adequate warning of some alleged danger associated
26 with the VEHICLE, then set forth with specificity each warning provided by Ford which YOU
27 contend was inadequate, including the exact wording of the warning and the manner in which
28 YOU received it.

1 **INTERROGATORY NO. 19:** If YOU contend that the accident and/or YOUR injuries
2 was caused by a failure of Ford to provide an adequate warning of some alleged danger associated
3 with the VEHICLE, then describe in detail the manner in which YOU allege the accident was
4 caused by the alleged failure to warn.

5 **INTERROGATORY NO. 20:** If YOU contend that the accident and/or YOUR injuries
6 was caused by a failure of Ford to provide an adequate warning of some alleged danger associated
7 with the VEHICLE, then set forth the specific warning which YOU contend should have been
8 provided and the exact manner in which such warning should have been conveyed.

9 **INTERROGATORY NO. 21:** Describe each warranty, express or implied, that YOU
10 claim was made by Ford in connection with the VEHICLE.

11 **INTERROGATORY NO. 22:** State all facts, not legal conclusions, upon which YOU
12 base YOUR allegation that Ford breached a warranty associated with the VEHICLE in a manner
13 that caused or contributed to YOUR injuries and damages.

14 **INTERROGATORY NO. 23:** Identify each PERSON known to YOU or to persons
15 acting on YOUR behalf to have knowledge supporting any of YOUR contentions against Ford in
16 this lawsuit, including the contentions disclosed in YOUR responses to discovery, and specify the
17 contentions, matters, and facts as to which each PERSON has knowledge.

18 **INTERROGATORY NO. 24:** Identify all hospitals, clinics, physicians, therapists, or
19 other medical, psychological, marital, or HEALTH CARE PROVIDER from whom YOU
20 received care, treatment, counseling, or therapy for any reason at any time in the 10-year period
21 before the accident or at any time since the accident, indicating the name, address, and telephone
22 number of each provider, and the date or dates of the care, treatment, counseling, or therapy.

23 **INTERROGATORY NO. 25:** Describe any health care treatment YOU claim will be
24 needed in the future due to any of the injuries claimed to have been sustained as a result of the
25 accident.

26 **INTERROGATORY NO. 26:** Describe and specify the amount of all items of damages,
27 special and otherwise, for which recovery is sought in this case.

28 ///

1 **INTERROGATORY NO. 27:** For each item of damages YOU are claiming as non-
2 economic damages, describe the method by which YOU calculated the amount of such item.

3 **INTERROGATORY NO. 28:** Identify all collateral sources, including amounts, that
4 have been paid to YOU or are otherwise available to YOU as a result of losses relating to the
5 alleged injuries at issue in this litigation.

6 **INTERROGATORY NO. 29:** For each PERSON claiming any interest, by way of a lien,
7 subrogation interest, or otherwise, in this litigation or any recovery herein, state the amount of
8 the interest or claim and the circumstances out of which the claim arises.

9 DATED: January 9, 1998.

10 YUKEVICH & SONNETT

11
12 By: 
13 Anthony E. Sonnett

14 ATTORNEYS FOR DEFENDANT
15 FORD MOTOR COMPANY
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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I, [REDACTED] certify that I am [REDACTED] not a party to the within action;
that my business address on January 9, 1998 was [REDACTED]
Angeles, California [REDACTED] and that on January 9, 1998, I placed a true copy of the
foregoing document(s) entitled: **DEFENDANT FORM MOTOR COMPANY'S SPECIAL
INTERROGATORIES TO PLAINTIFF: SET ONE** on the parties in this action by placing a true
copy thereof in a sealed envelope addressed as follows:

Charles H. Hendricks, Esq.
24273 North San Fernando Road
Suite 202
Santa Clarita, CA 91321-2998

_____ (By Overnight Courier) I caused each envelope to be sent by Federal Express

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

_____ (By Hand) I caused each envelope to be delivered by hand to the offices listed above.

_____ (By Telecopy) I caused each document to be sent by Automatic Telecopier to the
followings number shown on the attached service list.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 9, 1998 at Los Angeles, California.

[REDACTED]

1 **INSTRUCTIONS**

2 As used herein, DOCUMENT means all written and graphic matter of every kind and
3 description, however produced or reproduced, whether draft or final, original or reproduction, in the
4 actual or constructive possession, custody, or control of plaintiffs or their attorneys, including but not
5 limited to, papers, records, letters, correspondence, memoranda, notes, files, transcripts, magazines,
6 advertisements, periodicals, brochures, circulars, pamphlets, orders, invoices, statements, notices,
7 reports, movies, videotapes, audio tapes, recordings, computer databases, computer disks,
8 computerized information storage and retrieval systems, and materials similar to any of the foregoing,
9 however denominated by plaintiffs and including writings, tables, charts, drawings, and photographs.
10 The term DOCUMENT should also include all copies of each document if the documents contain any
11 additional writing or are not identical copies of the original.

12 As used herein, the terms YOU and YOUR include plaintiff Maria Zuniga and/or her attorneys
13 employees, agents, investigators, and other representatives.

14 As used herein, the term VEHICLE means the 1990 Ford Probe at issue in this litigation,
15 including any part or component thereof.

16 Photocopies of any requested photographs will not be deemed in compliance with these
17 requests. Compliance with requests for photographs shall require production of actual photographs,
18 or laser-quality copies thereof. Ford hereby agrees to pay all reasonable costs for such photographs
19 or laser-quality copies thereof.

20
21 **DESIGNATED DOCUMENTS**

22 **REQUEST NO. 1:** All DOCUMENTS identified in YOUR answers to Ford's form and
23 special interrogatories. For each DOCUMENT, please indicate the number of the interrogatory in
24 which it was requested to be identified.

25 **REQUEST NO. 2:** All DOCUMENTS reflecting any oral, written, or recorded statements
26 in YOUR possession or subject to YOUR control concerning this action or its subject matter that were
27 purportedly made by Ford or persons claiming to act on its behalf.

28 ///

1 **REQUEST NO. 3:** All DOCUMENTS reflecting any oral, written, or recorded statements
2 in YOUR possession or subject to YOUR control concerning this action or its subject matter that were
3 made by any person or entity other than Ford.

4 **REQUEST NO. 4:** All DOCUMENTS, photographs, films, diagrams, or charts depicting
5 or purporting to portray or depict the injuries, accident, the accident scene, VEHICLE, or any part
6 or component thereof.

7 **REQUEST NO. 5:** All DOCUMENTS relating to the service, repair, maintenance,
8 alteration, or modification of the VEHICLE by anyone at any time, including invoices, receipts, credit
9 card slips, or bills evidencing any work performed on the VEHICLE or equipment purchased for the
10 VEHICLE.

11 **REQUEST NO. 6:** All parts or components of the VEHICLE that have been removed,
12 altered, or modified in any way by YOU or persons acting on YOUR behalf.

13 **REQUEST NO. 7:** All DOCUMENTS relating to the sale, purchase, transfer, or ownership
14 of the VEHICLE by anyone at any time.

15 **REQUEST NO. 8:** All DOCUMENTS that YOU claim support or establish YOUR
16 contention that Ford was negligent.

17 **REQUEST NO. 9:** All DOCUMENTS that YOU claim support or establish YOUR
18 contention that YOUR injuries and damages were caused by a defect in the design of the VEHICLE.

19 **REQUEST NO. 10:** All DOCUMENTS that YOU claim support or establish YOUR
20 contention that YOUR injuries and damages were caused by a defect in the manufacture of the
21 VEHICLE.

22 **REQUEST NO. 11:** All DOCUMENTS that YOU claim support or establish YOUR
23 contention that YOUR injuries and damages were caused by a failure of Ford to adequately warn of
24 a risk associated with the VEHICLE.

25 **REQUEST NO. 12:** All DOCUMENTS that YOU claim support or establish YOUR
26 contention that YOUR injuries and damages were caused by a breach of warranty associated with the
27 VEHICLE.

28 ///

1 **REQUEST NO. 13:** All DOCUMENTS that YOU claim support or establish YOUR
2 contention that YOUR injuries and damages were caused by any person or entity other than Ford.

3 **REQUEST NO. 14:** All DOCUMENTS depicting or relating in any way to any alternative
4 design(s) that YOU claim Ford should have considered or implemented in designing the VEHICLE.

5 **REQUEST NO. 15:** All DOCUMENTS depicting or describing any warnings, instructions,
6 or information of any kind that YOU claim Ford should have provided with the VEHICLE.

7 **REQUEST NO. 16:** All DOCUMENTS that YOU received from Ford or from the seller of
8 the VEHICLE, including product manuals, brochures, sales contracts, and DOCUMENTS evidencing
9 an express or implied warranty that YOU claim was made to YOU or the purchaser of the VEHICLE
10 by Ford.

11 **REQUEST NO. 17:** All DOCUMENTS evidencing, concerning, or relating in any way to
12 any other accidents, incidents, claims, lawsuits, or legal proceedings that YOU claim are relevant to
13 the subject matter of this action.

14 **REQUEST NO. 18:** All DOCUMENTS evidencing any tests, examinations, or inspections
15 of the VEHICLE by any one at any time.

16 **REQUEST NO. 19:** All DOCUMENTS purportedly generated by or on behalf of Ford or
17 its employees, agents, or representatives other than those DOCUMENTS YOU received from Ford
18 through discovery in this case that YOU claim relates to or supports any of YOUR claims or
19 allegations in this case.

20 **REQUEST NO. 20:** All DOCUMENTS that YOU intend to offer as exhibits or otherwise
21 use at trial in this case.

22 **REQUEST NO. 21:** All DOCUMENTS contained in YOUR experts' files for this case or
23 reviewed, considered, or relied upon by YOUR expert witnesses in forming or rendering their
24 opinions in this case.

25 **REQUEST NO. 22:** All hospital or medical records or other DOCUMENTS that are records
26 of YOUR stay in a hospital or of any diagnostic tests performed on YOU before or after the subject
27 accident.

28 ///

1 **REQUEST NO. 23:** All DOCUMENTS including x-rays and other diagnostic tests, contained
2 in the files of each hospital, doctor, chiropractor, physical therapist, clinic, or other medical provider
3 from whom YOU received treatment or examination for any reason at any time before or after the
4 subject accident.

5 **REQUEST NO. 24:** All DOCUMENTS relating to the accident or the payments made for
6 injuries received which are contained in the files of any person, entity, or governmental agency
7 making payments for claims or benefits on behalf of plaintiffs.

8 **REQUEST NO. 25:** All DOCUMENTS evidencing, concerning, or relating in any way to
9 any claims of interest, by way of lien, claim subrogation, or otherwise, to any recovery by anyone
10 in this case.

11 **REQUEST NO. 26:** All DOCUMENTS evidencing, concerning, or relating in any to any
12 oral or written agreement, settlement, or covenant to refrain from litigation with any person, firm,
13 corporation, public or private entity, or any parties to this lawsuit or their counsel or representatives
14 with respect to the accident and/or injuries at issue in this litigation.

15 **REQUEST NO. 27:** All bills, invoices, and DOCUMENTS of any kind evidencing any
16 special damages for which recovery is sought in this case.

17 **REQUEST NO. 28:** All DOCUMENTS evidencing any alleged lost past or future wages,
18 income, earnings, or earning capacity for which recovery is sought in this case.

19 **REQUEST NO. 29:** All state and federal income tax returns filed by YOU or on YOUR
20 behalf in the three years before the subject accident and in the years since the accident.

21 DATED: January 9, 1998.

22 YUKEVICH & SONNETT

23
24 By 
Anthony E. Sonnett

25
26 ATTORNEYS FOR DEFENDANT
27 FORD MOTOR COMPANY
28

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I, [REDACTED] certify that I am [REDACTED] and not a party to the within action: that my business address on January 9, 1998 was [REDACTED] Los Angeles, California [REDACTED] and that on January 9, 1998, I placed a true copy of the foregoing document(s) entitled: **DEFENDANT FORM MOTOR COMPANY'S REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF: SET ONE** on the parties in this action by placing a true copy thereof in a sealed envelope addressed as follows:

Charles H. Hendricks, Esq.
24273 North San Fernando Road
Suite 202
Santa Clarita, CA 91321-2998

_____ (By Overnight Courier) I caused each envelope to be sent by Federal Express

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

_____ (By Hand) I caused each envelope to be delivered by hand to the offices listed above.

_____ (By Telecopy) I caused each document to be sent by Automatic Telecopier to the followings number shown on the attached service list.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 9, 1998 at Los Angeles, California.

[REDACTED]



CT System

Service of Process Transmittal Form
Los Angeles, California

12/15/1997

Via Federal Express (2nd Day)

TO: ELAINE NAYSMITH
FORD MOTOR COMPANY-DISCOVERY-OGC
PARKLANE TOWERS WEST STE 800
THREE PARKLANE BLVD
DEARBORN, MI 48128

*LMMS
403618
Restrictions
founder*

RE: PROCESS SERVED IN CALIFORNIA

FOR FORD MOTOR COMPANY Domestic State: De

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

- 1. TITLE OF ACTION: [REDACTED] et al vs General Telephone Electric, et al Incl. Ford Motor Company
- 2. DOCUMENT(S) SERVED: Summons, Complaint, Certificate of Assignment, Statement of Damages
- 3. COURT: Superior Court of California, County of Los Angeles
Case Number MC009221
- 4. NATURE OF ACTION: Complaint for alleged negligence resulting in personal injury and property damage.
- 5. ON WHOM PROCESS WAS SERVED: CT Corporation System, Los Angeles, California
- 6. DATE AND HOUR OF SERVICE: By Process server on 12/12/1997 at 13:30
- 7. APPEARANCE OR ANSWER DUE: Within 30 days
- 8. ATTORNEY(S): Charles R. Hendricks
24273 N. San Fernando Road
#202
Santa Clarita, CA 91321-2998
- 9. REMARKS:

ELAINE H. NAYSMITH

97 DEC 17 12:57

OFFICE OF THE
GENERAL COUNSEL

SIGNED CT Corporation System

PER Jere Keprios /MV
ADDRESS 818 West Seventh Street
Los Angeles, CA 90017
SOP WS 0001571382

Information contained on this transmittal form is recorded for CT Corporation System's record keeping purposes only and to permit quick reference for the recipient. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information that can be obtained from the documents themselves. The recipient is responsible for interpreting the documents and for taking the appropriate action.

DEC 12 1997

1-30

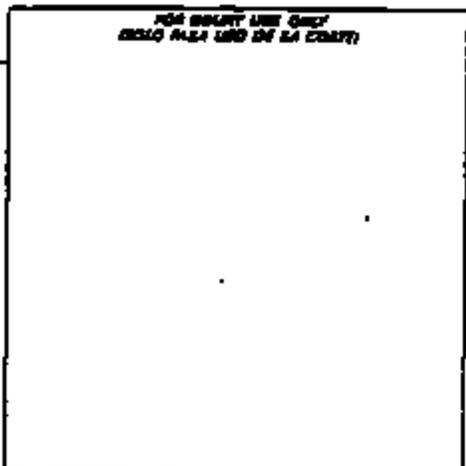
425

**SUMMONS
(CITACION JUDICIAL)**

11/18/97

NOTICE TO DEFENDANT: (Aviso a Acusado)

**GENERAL TELEPHONE ELECTRIC/G.T.E, RICK HAYNES,
FORD MOTOR COMPANY, and Does 1 to 50, inclusive;**



**YOU ARE BEING SUED BY PLAINTIFF:
(A Ud. le está demandando)**



You have **30 CALENDAR DAYS** after this summons is served on you to file a typewritten response at this court.

A letter or phone call will not protect you; your typewritten response must be in proper legal form if you want the court to hear your case.

If you do not file your response on time, you may lose the case, and your wages, money and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

Después de que le entreguen esta citación judicial usted tiene un plazo de **30 DIAS CALENDARIOS** para presentar una respuesta escrita a máquina en esta corte.

Una carta o una llamada telefónica no le ofrecerá protección; su respuesta escrita a máquina tiene que cumplir con las formalidades legales apropiadas si usted quiere que la corte escuche su caso.

Si usted no presenta su respuesta a tiempo, puede perder el caso, y le pueden quitar su salario, su dinero y otras cosas de su propiedad sin aviso adicional por parte de la corte.

Existen otros requisitos legales. Puede que usted quiera llamar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de referencia de abogados o a una oficina de ayuda legal (vea el directorio telefónico).

The name and address of the court is: (El nombre y dirección de la corte es)

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES, NORTH COURT DISTRICT
1040 W. Ave. J**

Lancaster, Ca 93534

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)

**CHARLES R. HENDRICKS
(State Bar No. 92200)**

(805) 253-3293

Fax (805) 259-5041

24273 N. San Fernando Road, #202

Santa Clarita, California 91321-2998

Case Number: **MC009221**

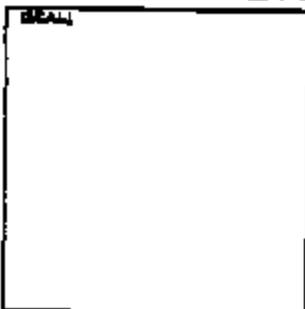
DATE: **NOV 18 1997**
(Fecha)

JOHN A. CLARKE

Clerk, by
(Aguante)

H. ADAMS

Deputy
(Delegado)



NOTICE TO THE PERSON SERVED: You are served

1. as an individual defendant.

2. as the person sued under the fictitious name of (specify):

3. on behalf of (specify): **Ford Motor Company**

under: CCP 416.10 (corporation)

CCP 416.60 (minor)

CCP 416.20 (defunct corporation)

CCP 416.70 (conservatee)

CCP 416.40 (association or partnership)

CCP 416.90 (individual)

other:

4. by personal delivery on (date):

PROOF OF SERVICE - SUMMONS
(Use separate proof of service for each person served)

1. I served the
- a. summons complaint amended summons amended complaint
 completed and blank Case Questionnaires Other (specify):
- b. on defendant (name):
- c. by serving defendant other (name and title or relationship to person served):
- d. by delivery at home at business
 (1) date:
 (2) time:
 (3) address:
- e. by mailing
 (1) date:
 (2) place:
2. Manner of service (check proper box):
- a. Personal service. By personally delivering copies. (CCP 415.10) -
- b. Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(a))
- c. Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d. Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) (Attach completed acknowledgment of receipt.)
- e. Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- f. Other (specify code section):
 additional page is attached.
3. The "Notice to the Person Served" (on the summons) was completed as follows (CCP 412.30, 415.10, and 474):
- a. as an individual defendant.
- b. as the person sued under the fictitious name of (specify):
- c. on behalf of (specify):
 under: CCP 416.10 (corporation) CCP 416.60 (minor) other:
 CCP 416.20 (defunct corporation) CCP 416.70 (conservatee)
 CCP 416.40 (association or partnership) CCP 416.80 (individual)
- d. by personal delivery on (date):
4. At the time of service I was at least 18 years of age and not a party to this action.
5. Fee for service: \$
6. Person serving:
- a. California sheriff, marshal, or constable.
- b. Registered California process server.
- c. Employee or independent contractor of a registered California process server.
- d. Not a registered California process server.
- e. Exempt from registration under Bus. & Prof. Code 22350(b).
7. Name, address and telephone number and, if applicable, county of registration and number:

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

(For California sheriff, marshal, or constable use only.)
 I certify that the foregoing is true and correct.

DATE:

DATE:

KEY OR PARTY WITHOUT ATTORNEY (NAME): **ARLES R. HENDRICKS**
State Bar No. 92200
173 N. San Fernando Road, #202
Santa Clarita, California 91321-2998
Plaintiff.

ADDRESS: (805) 253-3293
Fax (805) 259-5041

FOR COURT USE ONLY

KEY FOR (NAME):
Name of court, judicial district or branch court, if any, and post office and street address:
SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES, NORTH COURT DISTRICT
1040 W. Ave J
Lancaster, Ca 93534

ORIGINAL FILED
NOV 18 1997
LOS ANGELES
SUPERIOR COURT

DEFENDANT:
[Redacted]

DEFENDANT:
GENERAL TELEPHONE ELECTRIC/G.T.E., RICK HAYNES, FORD MOTOR COMPANY
DOES 1 TO 50 INCLUSIVE

COMPLAINT—Personal Injury, Property Damage, Wrongful Death
 MOTOR VEHICLE OTHER (specify): Medicals & Incidentals
 Property Damage Wrongful Death
 Personal Injury Other Damages (specify):

CASE NUMBER:
40009221

1. This pleading, including attachments and exhibits, consists of the following number of pages: 7
2. a. Each plaintiff named above is a competent adult
 Except plaintiff (name):
 - a corporation qualified to do business in California
 - an unincorporated entity (describe):
 - a public entity (describe):
 - a minor an adult
 - for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - other (specify):
 - other (specify):
- Except plaintiff (name):
 - a corporation qualified to do business in California
 - an unincorporated entity (describe):
 - a public entity (describe):
 - a minor an adult
 - for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - other (specify):
 - other (specify):
- b. Plaintiff (name):
is doing business under the fictitious name of (specify):

and has complied with the fictitious business name laws.
- c. Information about additional plaintiffs who are not competent adults is shown in Complaint—
Attachment 2c.

(Continued)

SHORT TITLE:

CASE NUMBER:

ZUNIGA V. G.T.E.

COMPLAINT—Personal Injury, Property Damage, Wrongful Death

Page 7

3. a. Each defendant named above is a natural person

Except defendant (name):

GENERAL TELEPHONE ELECTRIC/G.T.E.

a business organization, form unknown

a corporation

an unincorporated entity (describe):

a public entity (describe):

other (specify):

Except defendant (name):

a business organization, form unknown

a corporation

an unincorporated entity (describe):

a public entity (describe):

other (specify):

Except defendant (name):

FORD MOTOR COMPANY

a business organization, form unknown

a corporation

an unincorporated entity (describe):

a public entity (describe):

other (specify):

Except defendant (name):

a business organization, form unknown

a corporation

an unincorporated entity (describe):

a public entity (describe):

other (specify):

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

c. Information about additional defendants who are not natural persons is contained in Complaint—Attachment 3c.

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

4. Plaintiff is required to comply with a claims statute, and

a. plaintiff has complied with applicable claims statutes, or

b. plaintiff is excused from complying because (specify):

5. This court is the proper court because

at least one defendant now resides in its jurisdictional area.

the principal place of business of a corporation or unincorporated association is in its jurisdictional area.

injury to person or damage to personal property occurred in its jurisdictional area.

other (specify):

6. The following paragraphs of this complaint are alleged on information and belief (specify paragraph numbers):

SHORT TITLE:

CASE NUMBER:

COMPLAINT—Personal Injury, Property Damage, Wrongful Death (Continued)

Page three

7. The damages claimed for wrongful death and the relationships of plaintiff to the deceased are listed in Complaint—Attachment 7 as follows:

8. Plaintiff has suffered

- | | |
|--|--|
| <input checked="" type="checkbox"/> wage loss | <input checked="" type="checkbox"/> loss of use of property |
| <input checked="" type="checkbox"/> hospital and medical expenses | <input checked="" type="checkbox"/> general damage |
| <input checked="" type="checkbox"/> property damage | <input checked="" type="checkbox"/> loss of earning capacity |
| <input checked="" type="checkbox"/> other damage (specify):
Susceptible to further exacerbation | |

9. Relief sought in this complaint is within the jurisdiction of this court.

10. PLAINTIFF PRAYS

For judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- compensatory damages
 (Superior Court) according to proof.
 (Municipal and Justice Court) in the amount of \$ _____
 other (specify): Plaintiff prays for prejudgment and postjudgment interest according to the law

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

- Motor Vehicle
 General Negligence
 Intentional Tort
 Products Liability
 Premises Liability
 Other (specify):

CHARLES R. HENDRICKS
(Type or print name)

(Signature of plaintiff or attorney)

SHORT TITLE:

CASE NUMBER:

FIRST

(number)

CAUSE OF ACTION—General NegligencePage FOURATTACHMENT TO Complaint Cross-Complaint

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

GN-1. Plaintiff (name):

alleges that defendant (name): **GENERAL TELEPHONE ELECTRIC/G.T.E., RICK HAYNES,
FORD MOTOR COMPANY** Does 1 to 50 INCLUSIVE

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

on (date): **AUGUST 20, 1997**at (place): **ANTELOPE VALLEY FREEWAY (SR-14) NORTHBOUND, NORTH OF VINCENT RAMP,
ANTELOPE VALLEY, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA**(description of reasons for liability): **At said time and place defendants, and each of them, so negligently, carelessly, recklessly operated, maintained and drove their motor vehicle in such a manner so as to proximately cause plaintiff the injuries and the property damage alleged herein.**As to defendant Ford Motor Company - at said time and place defendant Ford Motor Company, and each of them, so negligently, and carelessly maintained, fabricated, manufactured, designed that Ford Motor product in such a manner so as to proximately cause plaintiff. **the injuries and damages alleged herein and plaintiff Gabino Benitez for the damages alleged herein.**

SHORT TITLE:

ZUNIGA V. G.T.E.

CASE NUMBER:

SECOND

(number)

CAUSE OF ACTION—Motor Vehicle

Page FIVEATTACHMENT TO Complaint Cross-Complaint

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

Plaintiff (name):

MV-1. Plaintiff alleges the acts of defendants were negligent; the acts were the legal (proximate) cause of injuries and damages to plaintiff; the acts occurred on (date): AUGUST 20, 1997 at (place): ANTELOPE VALLEY FREEWAY, (SR-14), NORTHBOUND, NORTH OF VINCENT RAMP, ANTELOPE VALLEY, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

MV-2. DEFENDANTS

a. The defendants who operated a motor vehicle are (names):RICK HAYNES Does 1 to 10b. The defendants who employed the persons who operated a motor vehicle in the course of their employment are (names):GENERAL TELEPHONE ELECTRIC/G.T.E. Does 11 to 20c. The defendants who owned the motor vehicle which was operated with their permission are (names):GENERAL TELEPHONE ELECTRIC/G.T.E. Does 21 to 30d. The defendants who entrusted the motor vehicle are (names):GENERAL TELEPHONE ELECTRIC/G.T.E. Does 31 to 40e. The defendants who were the agents and employees of the other defendants and acted within the scope of the agency were (names): Does 41 to 45f. The defendants who are liable to plaintiffs for other reasons and the reasons for the liability are listed in Attachment MV-2f as follows: Does 46 to 50 INCLUSIVE

SHORT TITLE:

CASE NUMBER:

PRINTED
(number)

CAUSE OF ACTION—Products Liability

Page SIX

ATTACHMENT TO Complaint Cross-Complaint

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

Plaintiff (name):

Prod.L-1. On or about (date): AUGUST 20, 1997 plaintiff was injured by the following product:
THE DRIVER'S SIDE SEAT BELT MECHANISM FAILED.

Prod.L-2. Each of the defendants knew the product would be purchased and used without inspection for defects. The product was defective when it left the control of each defendant. The product at the time of injury was being

- used in the manner intended by the defendants.
 used in a manner that was reasonably foreseeable by defendants as involving a substantial danger not readily apparent. Adequate warnings of the danger were not given.

Prod.L-3. Plaintiff was a

- purchaser of the product. user of the product.
 bystander to the use of the product. other (specify):

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

Prod.L-4. Count One—Strict liability of the following defendants who

- a. manufactured or assembled the product (names): **FORD MOTOR COMPANY**

 Does 51 to 55

- b. designed and manufactured component parts supplied to the manufacturer (names):
FORD MOTOR COMPANY

 Does 56 to 60

- c. sold the product to the public (names):
FORD MOTOR COMPANY

 Does 61 to 65

Prod.L-5. Count Two—Negligence of the following defendants who owed a duty to plaintiff (names):
FORD MOTOR COMPANY

 Does 66 to 70

Prod.L-6. Count Three—Breach of warranty by the following defendants (names):
FORD MOTOR COMPANY

 Does 71 to 75

- a. who breached an implied warranty
b. who breached an express warranty which was
 written oral

Prod.L-7. The defendants who are liable to plaintiffs for other reasons and the reasons for the liability are
 listed in Attachment—Prod.L-7 as follows: **Does 76 to 100, inclusive.**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

SHORT CASE TITLE

CASE NUMBER

CERTIFICATE OF ASSIGNMENT

File this certificate with all cases presented for filing in all districts of the Los Angeles Superior Court.

JURY TRIAL NON-JURY TRIAL TIME ESTIMATED FOR TRIAL 5 HOURS / 25 DAYS

NORTH COURT

The undersigned declares that the above entitled matter is filed for proceedings in the _____ District of the Los Angeles Superior Court under Section 363 of sec. Code of Civil Procedure and Rule 2(b), (c) and (d) of this court for the reasons stated below. The address of the accident, performance, party, decedent, place of business, or other factor which qualifies this case for filing in the above designated district is as follows:

NAME (INDICATE TITLE OR OTHER QUALIFYING FACTOR)

ADDRESS

SEE LOCATION

ANTELOPE VALLEY FREEWAY (SR-14)
NORTHBOUND, NORTH OF VINCENT RAMP

CITY: PALMDALE STATE: CA ZIP CODE: 93550

CHECK ONLY ONE NATURE OF ACTION:

NATURE OF ACTION	GROUND	NATURE OF ACTION	GROUND
<input type="checkbox"/> A7100 Vehicle Accident <input type="checkbox"/> A7210 Med Malpractice <input type="checkbox"/> A7200 Other Personal Inj. <input type="checkbox"/> A7220 Product Liability <input type="checkbox"/> A8040 Other Malpractice <input type="checkbox"/> A8012 Collection/Notes <input type="checkbox"/> A8040 Injunct. Relief <input type="checkbox"/> A8030 Order, Relief <input type="checkbox"/> A8170 Lien Claim Relief <input type="checkbox"/> A8000 Other Complaint Specify: _____	Local Rule 2 sets forth the provisions for mandatory filings in the Central District and optional filings in the Central District or District other than the Central District in "Los Angeles County." If this is a Class Action, mark this box: <input type="checkbox"/> Class Action	<input type="checkbox"/> No. of Minors Involved: _____ <input type="checkbox"/> A8220 Regular Dissolution <input type="checkbox"/> A8225 Summary Dissolution <input type="checkbox"/> A8230 Nullity <input type="checkbox"/> A8618 Legal Separation <input type="checkbox"/> A8128 Foreign Support <input type="checkbox"/> A8128 Foreign Custody <input type="checkbox"/> A8128 Domestic Violence <input type="checkbox"/> A8128 Family Law Complaint-Other	One or more of the party filigants resides within the district. (Not a requirement for filing in Central District— Rule 2)
<input type="checkbox"/> A8071 Contract/Commercial	Performance in the district is expressly provided for.	<input type="checkbox"/> No. of Minors Involved: _____ <input type="checkbox"/> A8080 Paternity <input type="checkbox"/> A8121 DA Paternity (DA use only) <input type="checkbox"/> A8122 DA Agreement (DA use only) <input type="checkbox"/> A8600 Habeas Corpus Family Law	Child resides or decedent father's probate would be filed in the district. Child is held within the district.
<input type="checkbox"/> A7300 Eminent Domain/Inverse Condemnation No. of Parties: _____ <input type="checkbox"/> A8020 Landlord/Tenant (LTD) <input type="checkbox"/> A8080 Real Property Rights	The property is located within the district.	<input type="checkbox"/> A8121 Agency Adoption <input type="checkbox"/> A8102 Independent Adoption <input type="checkbox"/> A8104 Supplement Adoption <input type="checkbox"/> A8108 Adult Adoption <input type="checkbox"/> A8108 State Custody Petition <input type="checkbox"/> A8108 Abandonment	Petitioner resides within the district. or Consistent to out-of-state adoption, respondent resides within the district.
<input type="checkbox"/> A8140 Admin Award	The administrative tribunal is located within the district.	<input type="checkbox"/> A8218 Probate W&L-Letter Testamentary <input type="checkbox"/> A8211 Probate Will-Letter Administration <input type="checkbox"/> A8212 Letters of Administration <input type="checkbox"/> A8213 Letters of Special Administration <input type="checkbox"/> A8214 Set Aside Inv. Estate (8002 PC) <input type="checkbox"/> A8218 Spousal Property <input type="checkbox"/> A8216 Conversion to Real Property <input type="checkbox"/> A8217 Summary Probate (7000 PC) <input type="checkbox"/> A8215 Real Prop./Inv. Value (1000 PC) <input type="checkbox"/> A8220 Conservatorship P & E <input type="checkbox"/> A8221 Conservatorship Person <input type="checkbox"/> A8222 Conservatorship Estate <input type="checkbox"/> A8223 Medical Treatment without Consent <input type="checkbox"/> A8240 Guardianship P & E <input type="checkbox"/> A8241 Guardianship Person <input type="checkbox"/> A8242 Guardianship Estate <input type="checkbox"/> A8243 Spouse-Lien Capacity <input type="checkbox"/> A8284 Trust Proceedings <input type="checkbox"/> A8128 Child, Minor's Claim <input type="checkbox"/> A8128 Petition to Establish Fact of Birth, Death or Marriage. <input type="checkbox"/> A8288 Probate Other (Specify): _____	Decedent resided within the district. or Decedent resided out of the district, but real property within the district. or Petitioner, conservator or ward resides within this district.
<input type="checkbox"/> A8180 Accord <input type="checkbox"/> A8141 Sister State Judgment <input type="checkbox"/> A8107 Continuation of Judgment <input type="checkbox"/> A7221 Arbitration Pers. Inj. <input type="checkbox"/> A8070 Arbitration Prop. Dam. <input type="checkbox"/> A8127 REEL Initiating Petition <input type="checkbox"/> A8128 REEL Responding Petition <input type="checkbox"/> A8128 REEL Req. of Foreign Support <input type="checkbox"/> A8111 Minor's Contract <input type="checkbox"/> A8190 Election Contract	Must be filed in the Central District.		
<input type="checkbox"/> A8110 Name Change <input type="checkbox"/> A8121 Civil Harassment <input type="checkbox"/> A8100 Other Petition Specify: _____	One or more of the party filigants resides within the district.		
<input type="checkbox"/> A8181 Mandamus <input type="checkbox"/> A8122 Prohibition <input type="checkbox"/> A8190 Other Writ Specify: _____	The defendant functions wholly within the district.		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and this declaration was executed on October 11, 1997 at PALMDALE, California.

[Signature]
CHARLES R. REPORTERS (WPLA PARTY)

Paragative writ concerning a Court of inferior jurisdiction shall be filed in Central District.
 *Rule 2 allows optional filing in Central District.

THE COURT MAY IMPOSE SANCTIONS OR OTHER PENALTIES FOR FAILURE TO FILE IN THE PROPER DISTRICT

New Civil Case Filing Instructions

Effective July 1, 1995, all persons filing new civil actions with the Los Angeles County Superior Court will be required to comply with the following procedures.

Pursuant to Superior Court Local Rules, Rule 2 (d), this "Certificate of Assignment" must be completed and filed with the Court along with the original Complaint or Petition in ALL cases filed in any district (including the Central District) of the Los Angeles County Superior Court.

PLEASE HAVE THE FOLLOWING DOCUMENTS COMPLETED AND READY TO BE FILED ALONG WITH YOUR ORIGINAL CIVIL COMPLAINT OR PETITION:

1. Original Complaint or Petition.
 2. One copy of the *caption or front page (or as many pages as necessary) of the Complaint or Petition* to show the names of ALL the parties involved in the case.
 3. This "*Certificate of Assignment*" form, completely filled out. * (Superior Court Form Number 4, revised 4/97)
 4. Civil Case Cover Sheet required by California Rule of Court 982.2(b)(1).
 5. Payment in full of the filing fee or an Order of the Court waiving payment of filing fees.
 6. Additional copies of documents presented for endorsement.
- * With the exception of personal injury cases, and those types of actions required to be filed in the Central District by Local Court Rule 2, all civil actions may be optionally filed either in the Central District, or in whichever other district the rule would allow them to be filed. When a party elects to file an action in the Central District which would also be eligible for filing in one or more of the other districts, this form shall be submitted with location information completed on the reverse.

1 CHARLES R. HENDRICKS
(STATE BAR NO. 92200)
2 24273 N. San Fernando Rd.#202
Santa Clarita, Ca 91321-2998
3 (805) 253-3293; (805) 259-5041 Fax

4 Attorney for Plaintiffs,
5 [REDACTED]

6
7 MUNICIPAL COURT OF THE STATE OF CALIFORNIA
8 FOR THE COUNTY OF LOS ANGELES
9

10
11 [REDACTED]) CASE NO. MC009221

12 Plaintiff,)

) PLAINTIFFS' STATEMENT OF
) DAMAGES

13 vs.)

14 GENERAL TELEPHONE ELECTRIC/
G.T.E., RICK HAYNES, FORD
15 MOTOR COMPANY, and Does
1 to 50, inclusive,
16 Defendants.)

17 Plaintiffs, [REDACTED]

18 hereby submits their Statement of Damages as follows:
19 [REDACTED]

20 1. MEDICAL SPECIALS

[REDACTED]\$	31,129.40
[REDACTED]\$	7,175.00
[REDACTED]\$	160.00
[REDACTED]\$	4,436.22
[REDACTED]\$	519.00
[REDACTED]\$	7,658.50
[REDACTED]\$	1,365.00
[REDACTED]\$	650.00
TOTAL.....\$	53,093.12

26 2. LOSS OF EARNINGS.....according to proof
27
28

1 3. GENERAL DAMAGES.....\$ 125,000.00

2 [REDACTED]

3 1. MEDICAL SPECIALS

4 [REDACTED]\$ 531.80
5 [REDACTED]according to proof
6 [REDACTED]according to proof
7 TOTAL.....\$ 531.00

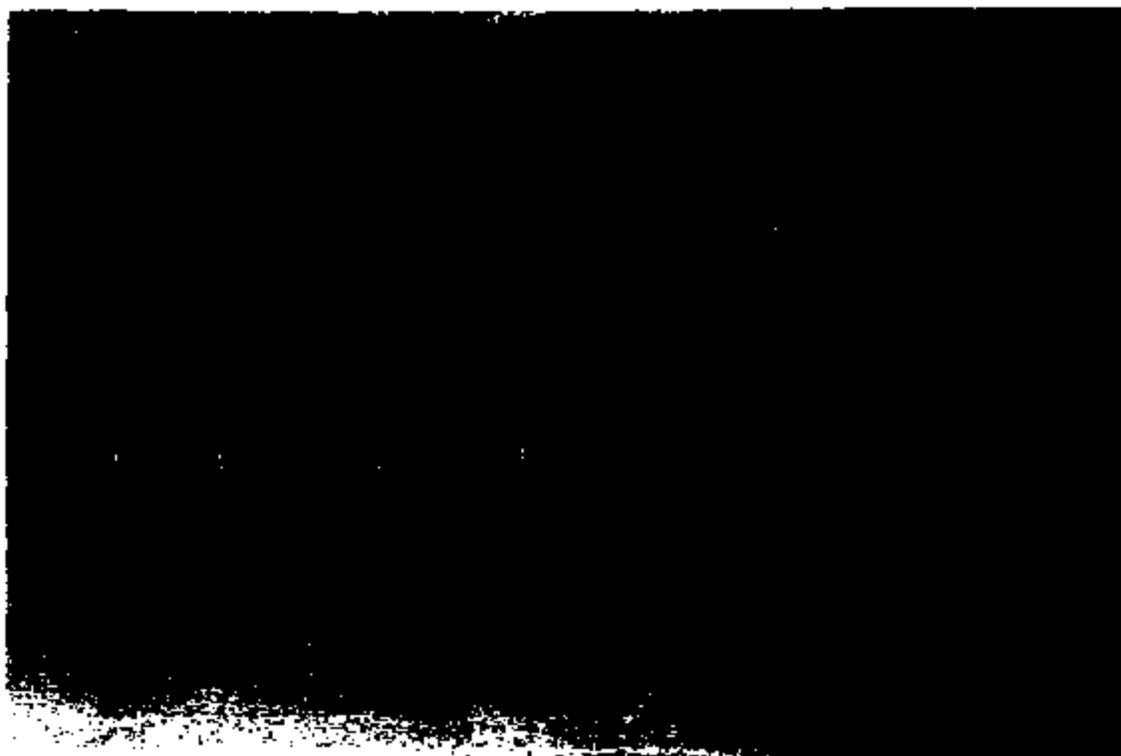
8 2. LOSS OF EARNINGS..... according to proof

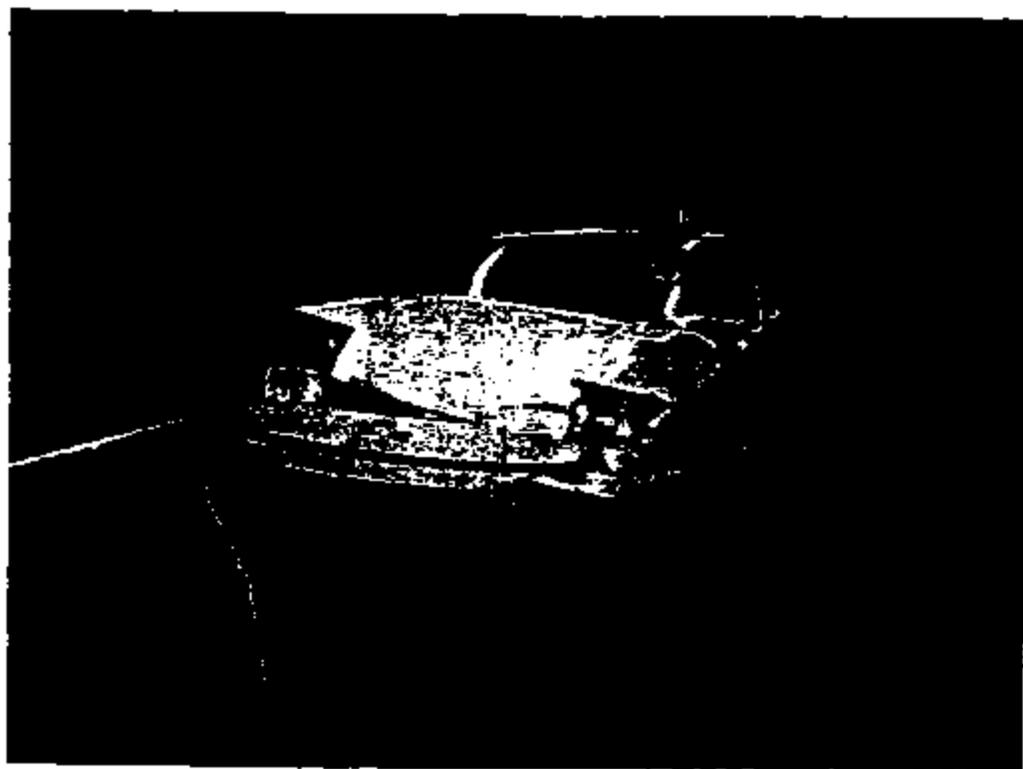
9 3. GENERAL DAMAGES.....\$ 100,000.00

10 DATED: December 8, 1997



11 CHARLES R. HENDRICKS
12 Attorney for Plaintiffs,
13 [REDACTED]











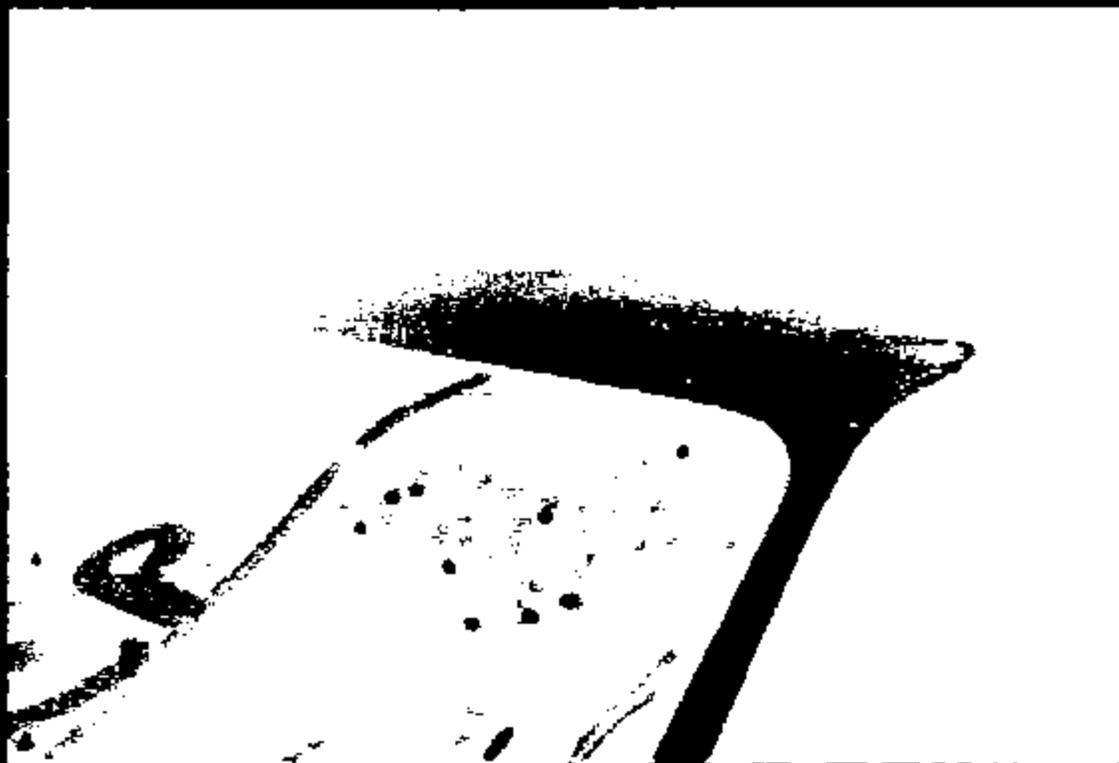


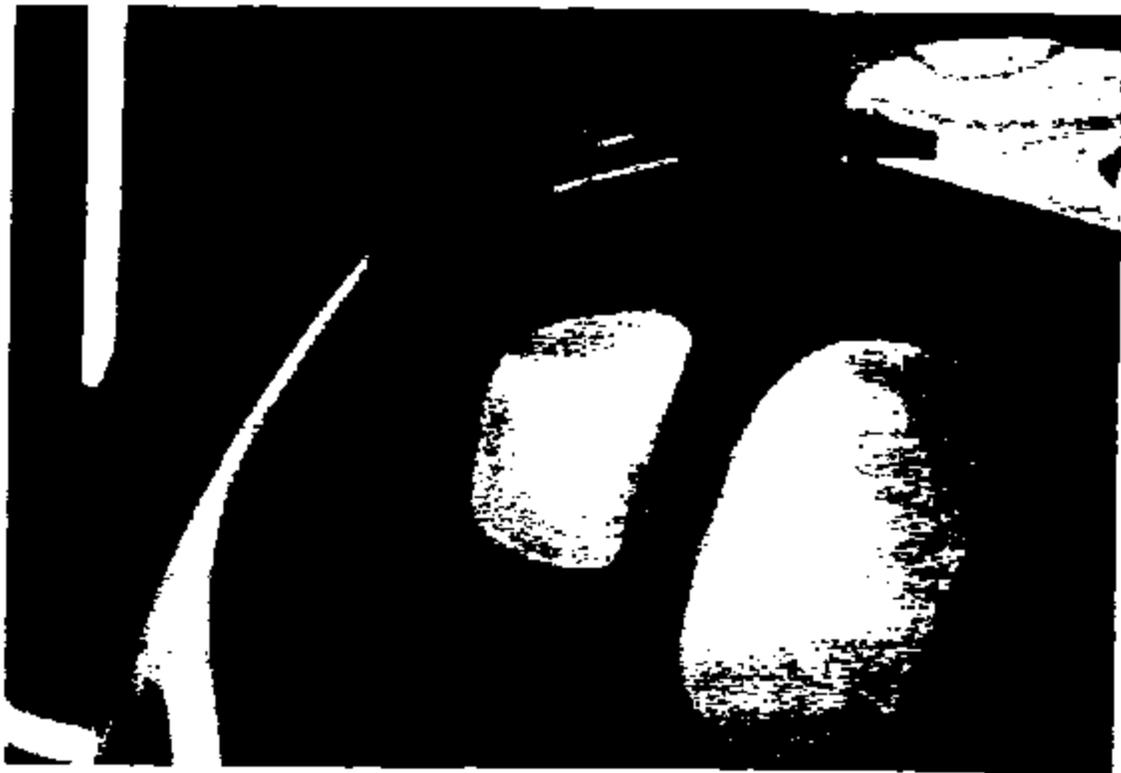


















OFFICER'S COLLISION REPORT

PAGE 1 of 9

NO. OF VEHICLES INVOLVED	NO. DR. [3]	NO. FBL. []	CITY UNINCORPORATED	JUDICIAL DISTRICT ANTELOPE	NO. BILA
NO. KILL [0]	NO. MIBD []	COUNTY LOS ANGELES	DIST	SEAT 31	97080064

COLLISION OCCURRED ON: SR-14 N/B (ANTELOPE VALLEY FREEWAY)	NO. DAY YEAR: 08 20 97	TIME/HR: 0110	NO. C: 9545	OFFICER I.D.: 012665
MILEPOST INFORMATION: .5 mile(s) N of MP 14LA R54.55	DAY OF WEEK: WEDNESDAY	TOW AWAY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY:	
AT INTERSECTION WITH: SR-14 N of VINCENT RAMP U/C	STATE HWY REL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> NONE	

DRIVER'S LICENSE NUMBER	STATE: CA	CLASS: C	SAFETY: D	VEH. YR: 90	MAKE/MODEL/COLOR: FORD PROBE WHITE	LICENSE NUMBER	STATE: CA
NAME (FIRST, MIDDLE, LAST)				DRIVER'S NAME: <input type="checkbox"/> SAME AS DRIVER			
STREET ADDRESS				OWNER'S ADDRESS: <input checked="" type="checkbox"/> SAME AS DRIVER			
CITY/STATE/ZIP: LANCASTER CA				DEPT. OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			

SEX: F	HAIR: BRN	EYES: BRN	HEIGHT: 4-07	WEIGHT: 120	BIRTHDATE: 07/04/66	RACE: H	CLARK AND HOWARD TOWING (805) 947-7112
INSURANCE CARRIER: UNKNOWN				POLICY NUMBER:			
DIR. TRV: N SR-14				SPD. LMT: 65	PCP: 22107 V.C.	FROM MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>	
ON STREET OR HIGHWAY				DESCRIBE VEHICLE DAMAGE: <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH. YR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
NAME (FIRST, MIDDLE, LAST)				DRIVER'S NAME: <input type="checkbox"/> SAME AS DRIVER			
STREET ADDRESS				OWNER'S ADDRESS: <input type="checkbox"/> SAME AS DRIVER			
CITY/STATE/ZIP				DEPT. OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	REFER TO NARRATIVE <input type="checkbox"/>
INSURANCE CARRIER				POLICY NUMBER			
DIR. TRV: ON STREET OR HIGHWAY				SPD. LMT	PCP	DESCRIBE VEHICLE DAMAGE: <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL	

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH. YR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
NAME (FIRST, MIDDLE, LAST)				DRIVER'S NAME: <input type="checkbox"/> SAME AS DRIVER			
STREET ADDRESS				OWNER'S ADDRESS: <input type="checkbox"/> SAME AS DRIVER			
CITY/STATE/ZIP				DEPT. OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	REFER TO NARRATIVE <input type="checkbox"/>
INSURANCE CARRIER				POLICY NUMBER			
DIR. TRV: ON STREET OR HIGHWAY				SPD. LMT	PCP	DESCRIBE VEHICLE DAMAGE: <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL	

REPORTER'S NAME: REFER, D	DISPATCH NOTIFIED: 012665	REVIEWER'S NAME: J. [Signature]	DATE REVIEWED: 8-23-97
---------------------------	---------------------------	---------------------------------	------------------------

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING

PAGE 2 of 4

DATE OF ORIGINAL INCIDENT: 08 - 20 - 97
 TIME REPORT: 0110
 DOC NUMBER: 9545
 OFFICER I.D.: 012665
 NUMBER: 09RT89XH

PROPERTY: OWNER'S NAME/ADDRESS: _____ NOTIFIED: _____
 DAMAGE: DESCRIPTION OF DAMAGE: _____

SEATING POSITION	OCCUPANTS	SAFETY EQUIPMENT	EJECTED FROM VEH
1 - DRIVER 2 - 6 - PASSENGERS 7 - STA. WREN. SEAT 8 - AL. OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER	A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED I - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED Q - CHILD RESTRAINT R - IN VEHICLE USED S - IN VEHICLE NOT USED T - IN VEHICLE USE UNKNOWN U - IN VEHICLE HARNESS USED V - NONE IN VEHICLE	W - YES X - NO Y - YES Z - NO T - YES

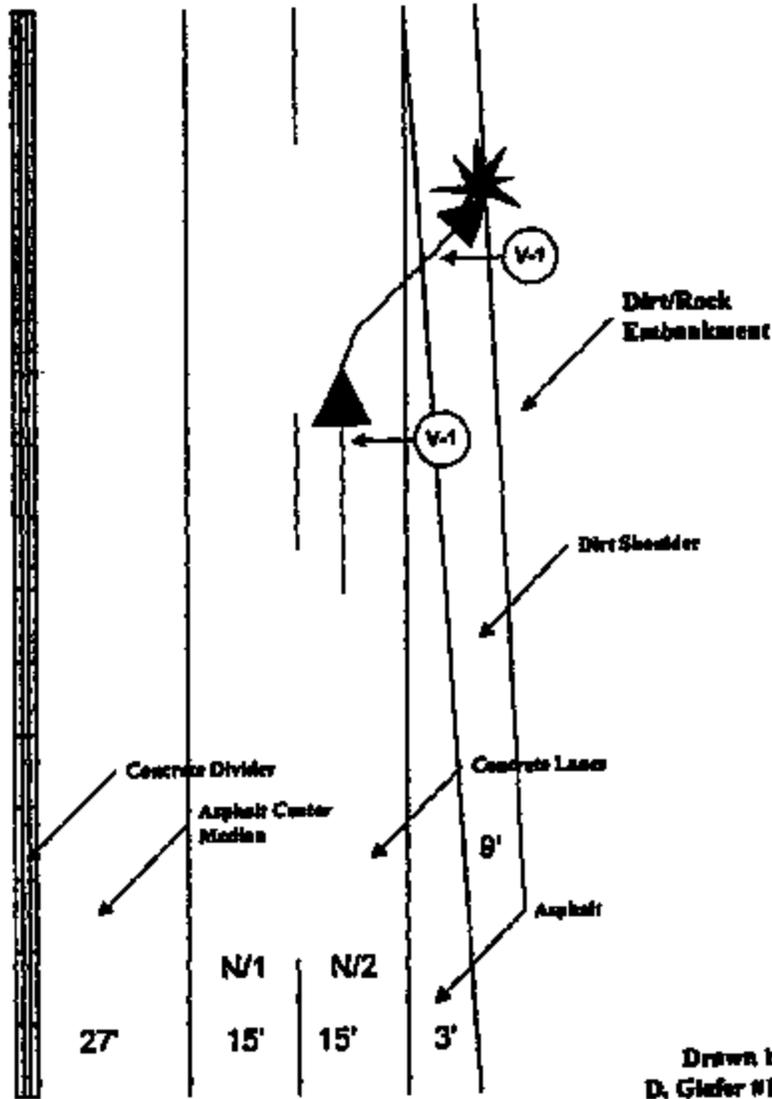
(ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE)

PRIMARY COLLISION FACTOR LIST NUMBER OR OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES			TYPE OF VEHICLE			MOVEMENT PRECEDING COLLISION		
	1	2	3	1	2	3	1	2	3
A. VC SECTION VIOLATED: CITE L 22107 V.C. NO	A. CONTROLS FUNCTIONING			A. PASSENGER CARRIED W/ SEATBELT			A. STOPPED		
B. OTHER (IMPROPER DRIVING)*	B. CONTROLS NOT FUNCTIONING*			B. PASSENGER CAR W/ TRAILER			B. PROCEEDING STRAIGHT		
C. OTHER THAN DRIVER*	C. CONTROLS OBLSCURED			C. MOTORCYCLE / SCOOTER			C. RAN OFF ROAD		
D. UNKNOWN*	X B. NO CONTROLS PRESENT/FACTOR			D. PICKUP OR PANEL TRUCK			D. MAKING RIGHT TURN		
E. WILL ABLE*	TYPE OF COLLISION			E. PICKUP/PANEL TRK. W/ TRL.			K. MAKING LEFT TURN		
WEATHER (MARK 1 TO 3 ITEMS)									
A. CLEAR	A. HEAD-ON			F. TRUCK OR TRUCK TRACTOR			F. MAKING U TURN		
B. CLOUDY	B. BACKSWAY			G. TRACTOR OR TRACTOR W/ TRL.			G. BACKING		
C. RAINING	C. HEAD END			H. SCHOOL BUS			K. SLOWING / STOPPING		
D. SNOWING	D. SHOULDER			I. OTHER BUS			I. PASSING OTHER VEHICLE		
E. FOG / VISIBILITY	X E. HIT OBJECT			J. EMERGENCY VEHICLE			J. CHANGING LANE		
F. OTHER*	F. OVERTURNED			K. INV. CONST. EQUIPMENT			K. PARKING MANEUVER		
G. WIND	G. VEHICLE / PEDESTRIAN			L. BICYCLE			L. ENTERING TRAFFIC		
LIGHTING									
A. DAYLIGHT	H. OTHER*			M. OTHER VEHICLE		X	M. OTHER UNSAFE TURNING		
B. DUSE - DAWN	MOTOR VEHICLE INVOLVED WITH			N. PEDESTRIAN			N. XING BY/OV OPPONG LANE		
C. DARK - STREET LIGHTS	A. NON-COLLISION			O. MOPED			G. PARKED		
D. DARK - NO STREET LIGHTS	B. PEDESTRIAN			OTHER ASSOCIATED FACTOR MARK 1 TO 3 ITEMS			F. MERGING		
E. DARK - STREET LIGHTS NOT FUNCTION	C. OTHER MOTOR VEHICLE	1	2	3	A. VC SECTION VIOLATION: CITE		Q. TRAVELING WRONG WAY		
ROADWAY SURFACE									
A. DRY	D. MOTOR VEH ON OTHER ROADWAY				B. VC SECTION VIOLATION: CITE				
B. WET	E. PARKED MOTOR VEHICLE				C. VC SECTION VIOLATION: CITE				
C. SNOWY - Icy	F. TRAIL				SOBERNESS - DRUG PHYSICAL MARK 1 TO 3 ITEMS				
D. SLIPPERY (MUDDY OILY ETC.)	G. BICYCLE					X	A. HAD NOT BEEN DRIVING		
ROADWAY CONDITIONS MARK 1 TO 3 ITEMS									
A. HOLES, DEEP RUTS*	H. ANIMAL				E. VEH. OBLSCURED		B. DRUG - UNDER INFLUENCE		
B. LOOSE MATERIAL ON ROAD*	I. FIXED OBJECT				F. INATTENTION*		C. DRUG - NOT UNDER INFLUENCE		
C. OBSTRUCTION ON ROADWAY*	X J. OTHER OBJECT: DEBRIS/ROCK ON ROAD				G. STOP & GO TRAFFIC		D. DRUG - IMPAIRMENT UNK. *		
D. CONSTRUCTION - REPAIR ZONE	PEDESTRIAN'S ACTION				H. ENTERING / LEAVING RAMP		E. UNDER DRUG INFLUENCE*		
E. REDUCED ROADWAY WIDTH	A. NO PEDESTRIAN INVOLVED				I. PREVIOUS COLLISION		F. IMPAIRMENT - PHYSICAL*		
F. FLOODED*	B. CROSSING IN S/WALK/INTERSECTION				J. UNFAMILIAR WITH ROAD		G. IMPAIRMENT NOT KNOWN		
G. OTHER*	C. CROSSING IN S/WALK NOT AT INTERSECTION				K. DEFECTIVE VEH. EQUIP. - CITE		H. NOT APPLICABLE		
H. NO UNUSUAL CONDITIONS	D. CROSSING NOT IN CROSSWALK				L. UNINVOLVED VEHICLE		I. SLEEPY / FATIGUED		
	E. IN ROAD - INCLUDES SHOULDER	X			M. OTHER* TRK TRACTOR VEH		SPECIAL INFORMATION		
	F. NOT IN ROAD	X			N. NONE APPARENT	X	A. HAZARDOUS MATERIAL		
	G. APPROACHING/LEAVING SCHOOL BUS				O. RUNAWAY VEHICLE		B. SEATBELT FAILURE		

NOTES: REFER TO PAGE 3

NECESSARY

SR-14 (N/B Only)



STATE OF CALIFORNIA
INJURED/WITNESSES/PASSENGER.

DATE OF COLLISION 08 - 20 - 97				TIMESWORN 0110		MISC NUMBER 9545		OFFICER I.D. 012665			NUMBER 09RT89KH					
EXTENT OF INJURY ('X' ONE)								INJURED WAS ('X' ONE)								
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VEHICLE INJURY	COMPLAINT OF PAIN	DRIVER	TAXI	RED.	BIKE	OTHER	PARTY NUMBER	SEAT BELT	SAFETY EQUIP.	EJECTOR
		31	F		X			X					1	1	D	0

WITNESS ADDRESS: [REDACTED] TELEPHONE: [REDACTED]
 [REDACTED], LANCASTER, CA, [REDACTED]

INJURED ONLY TRANSPORTED BY: MERCY AIR
 DESCRIBE INJURY: [REDACTED]
 TAKEN TO: [REDACTED]

<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
		23	F			X			X				1	3	G	0

WITNESS ADDRESS: [REDACTED] TELEPHONE: [REDACTED]
 [REDACTED] PALMDALE, CA, [REDACTED]

INJURED ONLY TRANSPORTED BY: AMERICAN MEDICAL RESPONSE
 DESCRIBE INJURY: [REDACTED]
 TAKEN TO: [REDACTED]

<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
		48	F			X		X					1	6	G	0

WITNESS ADDRESS: [REDACTED] TELEPHONE: [REDACTED]
 [REDACTED] PALMDALE, CA, [REDACTED]

INJURED ONLY TRANSPORTED BY: AMERICAN MEDICAL RESPONSE
 DESCRIBE INJURY: [REDACTED]
 TAKEN TO: [REDACTED]

<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																

WITNESS ADDRESS: [REDACTED] TELEPHONE: [REDACTED]
 [REDACTED]

INJURED ONLY TRANSPORTED BY: [REDACTED]
 DESCRIBE INJURY: [REDACTED]
 TAKEN TO: [REDACTED]

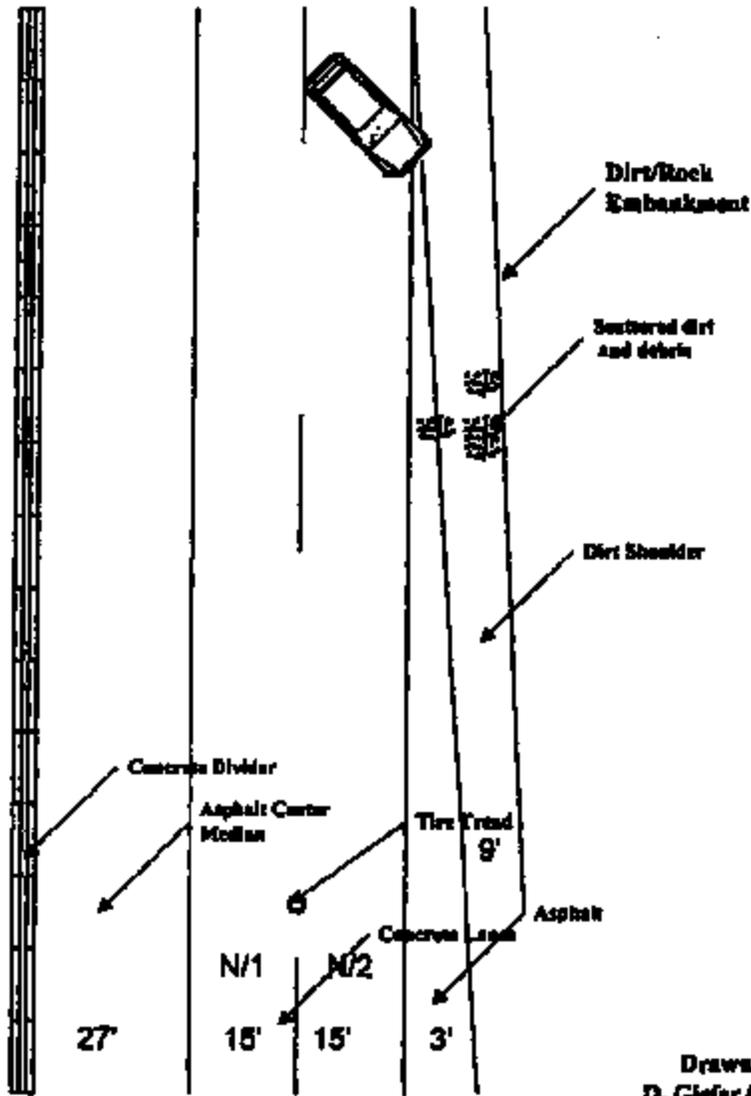
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																

WITNESS ADDRESS: [REDACTED] TELEPHONE: [REDACTED]
 [REDACTED]

INJURED ONLY TRANSPORTED BY: [REDACTED]
 DESCRIBE INJURY: [REDACTED]
 TAKEN TO: [REDACTED]

<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED															
REPORTER'S NAME GIEFER, D	LD NUMBER 012665	MO.	DAY	YR.	REPORTER'S NAME	MO.	DAY	YR.							
		08	20	97											

SR-14 (N/B Only)



DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/20/97	0110	9545	012665	09RT89XH

Legend

All measurements were taken from call box 14-552.

Vehicle Point Of Rest

V-1 l/f was 321 feet north of call box 14-552, at the east roadway edge of n/b SR-14.

V-1 l/r was 330 feet north of call box 14-552, 6 feet west of the east roadway edge of n/b SR-14.

Physical Evidence and Location

The tire tread was located 78 feet north of call box 14-552, 15 feet west of the east roadway edge of n/b SR-14.

PREPARED'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D GIEFER	012665	08/20/97		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/20/97	0110	9545	012665	09RT89XH

Facts**Notification**

At 0110 hours, I received a radio call advising of an injury traffic collision n/b SR-14 south of Vista Point. I responded from Sierra Highway north of Ave. J and arrived at the scene at 0120 hours.

All times, speeds and measurements are approximations.

Scene

N/b SR-14, at this location, is a two lane concrete paved freeway located in the unincorporated area of Los Angeles County. Also at this location, the on-ramp from Sierra Highway merges with the n/b #2 lane. The lanes are bordered on the east by a dirt shoulder and dirt/rock embankment, and to the west by an asphalt center median and concrete divider. The lanes are marked by painted white and yellow lines (refer to diagram).

Parties/Vehicles

Party [REDACTED] was located seated in the drivers seat of Vehicle 1. [REDACTED] identified herself as the driver of Vehicle 1. Dezuniga was further identified by her California driver's license. [REDACTED] was determined to be the driver by her statement, the statements of her passengers, her injuries and her position in Vehicle 1 upon my arrival.

Vehicle 1 is a 1990 Ford Probe. Vehicle 1 sustained major front end damage due to colliding with the dirt/rock embankment. After the collision Vehicle 1 came to rest in the n/b #2 lane facing in a southeasterly direction. No prior damage or mechanical defects were noted.

I inspected Vehicle 1 and observed no damage to substantiate [REDACTED] statement of her vehicle being struck with a tire tread prior to colliding with the embankment. The windshield of Vehicle 1 was damaged at the upper left corner. I noted that the windshield was pushed outward, was round in shape, and that there was hair embedded in damaged location.

Vehicle 1 is equipped with a separate lap and shoulder belt for the driver and right front passenger side. I inspected the driver's side seat belt and observed that the shoulder portion was still engaged with the locking mechanism, but that the locking mechanism had pulled free from the track at the upper edge of the door. The shoulder portion was still in the extended position. The lap portion of the seat belt was fully retracted. I inspected the lap portion and found no indication that it had been worn. The lap was free of any stretching, burns or distortion.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D GIEFER	012665	08/20/97		

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I.D.

NUMBER

08/20/97

0110

9545

012665

09RT89XH

Physical Evidence

South of the scene of the collision, I located a large tire tread lying in the roadway between n/b #1 and 2 lanes.

Statements

Party [REDACTED] stated to Officer P. Torres that she was traveling n/b SR-14 in the #2 lane at 55 mph. As [REDACTED] was traveling n/b, a big rig, traveling n/b in the #1 lane, began to pass her vehicle. As the big rig was passing her vehicle, a tire tread came from the rig and struck her vehicle's windshield. [REDACTED] was startled by the tire tread hitting her windshield and she turned her vehicle to the right. [REDACTED] vehicle began spinning clockwise and collided with the embankment.

[REDACTED] was asked if she was wearing both the lap and shoulder portions of the seat belt. [REDACTED] stated that she was and that she had removed her lap belt, after her vehicle came to rest, because she wanted to get out of her vehicle.

Passenger [REDACTED] stated to Officer P. Torres that she was seated in the right front seat of Vehicle 1. Moreno stated that they were traveling n/b SR-14 in the #2 lane at less than 65 mph. As they traveled n/b, a big rig, traveling n/b in the #1 lane, passed their vehicle and was just ahead of them when a tire tread came from the rig and struck the windshield of their vehicle. [REDACTED] then lost control of their vehicle and collided with the embankment. [REDACTED] further stated that the big rig had GTE written on its trailer.

Passenger 2 [REDACTED] stated to Officer P. Torres that she was seated in the right rear of Vehicle 1 and did not know what had happened in the collision.

Additional Information

As I was responding to the collision, I observed a tractor-trailer combination traveling n/b SR-14, in the #2 lane, at approximately 40 mph, in the vicinity of Vista Point. After completing the on-scene investigation, I checked the immediate area to see if I could locate a tractor-trailer that had possibly lost its tire tread. I checked n/b SR-14, Ave. S, Palmdale Blvd., and Ave. P both east and west of the freeway, but was unable to locate any tractor-trailer that may have lost its tire tread in the are of the collision.

PREPARER'S NAME

I.D. NUMBER

DATE

REVIEWER'S NAME

DATE

D GIEFER

012665

08/20/97

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
08/20/97	0110	9545	012665	09RT89XH

Opinions and Conclusions**Summary**

Party 1 [REDACTED] was traveling n/b SR-14 in the #2 lane at a stated speed of 55 mph. As [REDACTED] traveled n/b, her vehicle was passed by a tractor-trailer combination traveling n/b in the #1 lane. As the tractor-trailer combination passed her vehicle, a tire tread was thrown into the air and it made contact with Vehicle 1's windshield. [REDACTED] over-reacted and made an abrupt turning movement to the right causing her to lose control of Vehicle 1. Vehicle 1 traveled across the east shoulder and collided with the dirt/rock embankment. After the collision, Vehicle 1 skidded clockwise, traveled back onto the roadway, and came to rest facing in a southeasterly direction.

Point Of Impact (POI)

The POI was located .5 miles north of the south roadway edge of the Vincent Ramp under-crossing, 12 feet east of the east roadway edge of n/b SR-14. The POI was established by the physical evidence and the unmoved location of Vehicle 1.

Cause

The cause of the collision is Party 1 [REDACTED] making an unsafe turning movement, violation of vehicle code section 22107. An associated factor in the collision is the tire tread striking the windshield of Vehicle 1 prior to the collision. I was unable to determine if the tire tread came from the tractor-trailer combination that had passed [REDACTED] or if it had been run over and thrown up by the tractor-trailer.

Recommendations

None.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D GIEFER	012665	08/20/97		

YUKEVICH & SONNETT

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§ ALSO ADMITTED IN WASHINGTON

February 17, 1998

Matthew B. Brady
The Matthew Brady Company, Inc.
3710 South Susan, Suite 100
Santa Ana, California 92704

Re: [REDACTED] et al. v. Ford Motor Company et al.

Dear Matt:

Attached please find a copy of CHP dispatch records relating to the accident in the above-referenced case. I will also be forwarding you a copy of the cassette tape. As we had hoped, there are witnesses identified in the dispatch records who are not identified in the traffic collision report.

Please review these records at your earliest convenience, but maintain your file in abeyance pending further instructions.

If you have any questions or comments, please give me a call.

Sincerely,

YUKEVICH & SONNETT



Todd A. Cavanaugh
Admitted only in MN and WA

LOG: 62F FRI: 2* TYPE: 1179* CR: BEAT 89-031*
LOC: NB SR14 JNO ANGELES FOREST HWY* CS: Y LACO LACD 4376 3C
(NB 14 JNO ANGELES FOREST HWY)
ORI: 012A10087 0820 0105 DISP: 012A08633 FILED: 012A08633 0820 0300 CA X:
ORI ACTION: R/S: DUP: CBT: Z-Y

DETAIL -----

012A100870105 1 2 VEH IN BLKING BOTH LNS
012A100870106 2 JNO PEARBLOSSOM TURN OFF
025A105700106 3 3 VEH TC W/INJ BLKING #2 LANE
012A108700106 4 REFERENCE DUPLICATE INCIDENT 0065D0820
012A086330107 5 ETA PLS FOR FLTRED ON EXP
025A105700107 6 PER RP #2 THIS IS INJ TC // 1039 LACOFD
012A086330108 7 1039 CLARK & HOWARD ETA 20 W/FLTRED
030A100850109 8 REFERENCE DUPLICATE INCIDENT 0070D0820
012A086330110 9 REFERENCE DUPLICATE INCIDENT 0065D0820
025A105700110 10 PER DUPE CALLER // OFF DUTY 41/42 IS 97 AND ADVS THAT 2 XRAYS
HAVE BROKEN LEGS
025A105700110 11 REFERENCE DUPLICATE INCIDENT 0065D0820
012A086330123 12 LIC [REDACTED]

UNIT -----

012A086330300 89-003 1098

TOWNS -----

012A086330107 1 CLARK & HOWARD TOW BEAT: 89-031
CONF: 213-738-9863 PUB: 805-947-7112 L

SERVICES -----

025A105700107 1 FIRE DEPARTMENT LACOFD
CONF: 310-677-1181 PUB: 213-262-2111

WITNESSES -----

012A100870105 1 R/P: NICK MANCINI TEL: 805-274-2611
ADDR:
025A105700106 2 R/P: GUY LICHTENWALDT TEL: 805-257-5350
ADDR: LA DAILY NEWS
025A105700110 3 R/P: SCOTT LISCUM TEL: 805-943-8748
ADDR:

DATABASE QUERIES -----

012A086330122 1 X[3XQ30D1568.*A08633.IV 4A3EFL361]
012A086330122 2 X[3XQ30D1568.*A08633.IA QV.CA0199900.LIC/3EFL361]

COMPREHENSIVE DETAIL -----

012A100870105 NI.T/1183.L/NB 14 JNO VISTA POINT[P/2][.Z/Y][.DSP/A08633][GEO.GL/
NB SR14 JNO VISTA POINT.TBM/ 4376 3C.XY/6528306:2008534.CROSS ST1/
ANGELES FOREST.CROSS ST2/VISTA POINT.CITY/LACO.CNTY/LACO.B/89-31]
012A100870105 [NINASK].T/1183.D/2 VEH IN BLKING BOTH LNS.W/NICK MANCINI.S/805-2
74-2611[.RL/12.]
012A100870106 UI.D/JNO PEARBLOSSOM TURN OFF[.RL/12.]
025A105700106 UI.62.D/3 VEH TC W/INJ BLKING #2 LANE.T/1179.W/GUY LICHTENWALDT.N/
805-257-5350.A/LA DAILY NEWS[P/2][.RL/12.]
012A086330106 [ASSIGN] 89-3
012A086330107 [TOWNSG].M/CLARK & HOWARD TOW.T/L.G/A[.TD/89L02.CT/213-738-9863.PT
/]
025A105700107 [SERVIC].T/FIRE DEPARTMENT.H/LACOFD.H/310-677-1181.N/213-262-2111
012A086330107 [TOWNT]
012A086330107 UI.D/ETA PLS FOR FLTRED ON EXP
025A105700107 [SVCONT].D/PER RP #2 THIS IS INJ TC // 1039 LACOFD.R/N
012A086330108 UI.D/1039 CLARK & HOWARD ETA 20 W/FLTRED
025A105700110 UI.62.W/SCOTT LISCUM.H/805-943-8748.D/PER DUPE CALLER // OFF DUTY
41/42 IS 97 AND ADVS THAT 2 XRAYS HAVE BROKEN LEGS.R/N
012A086330122 X[3XQ30D1568.*A08633.IV 4A3EFL361]
012A086330122 X[3XQ30D1568.*A08633.IA QV.CA0199900.LIC/3EFL361]
012A086330123 UI.62.L/NB 14 JNO ANGELES FOREST HWY.S/1097.U/89-3[GEO.GL/SB SR14
JNO ANGELES FOREST HWY.TBM/ 4376 3C.XY/6528306:2008330.CROSS ST1/A
ANGELES FOREST.CROSS ST2/VISTA POINT.CITY/LACO.CNTY/LACO.B/89-31]
012A086330123 UI.62.D/LIC #3EFL361
012A086330248 : 10-7 | 89-3.M/2 AVMC (AIFU) .
012A086330300 : 10-98| 89-3.P/CA

LOG: 85F PRI: 4 TYPE: 1126 CB: LA-014-0554 BEAT: 9-031
LOC: NB SR14 JNO CRN3 CS: Y LACO LALL 4176 3C
1/2 MI ACC PEARBLOSSOM HWY CRN3 AKA ANGELES FOREST
ORI: 025A10570 0820 0105 DISP: 012A08613 FILED: 025A10570 0820 0106 S Y:
ORI ACTION: R/S: SUP: 0062D0820 CBT: 818-406-5516 Z:Y

DETAIL -----

025A105700106 1 DUPLICATE OF INCIDENT 0062D0820

COMPREHENSIVE DETAIL -----

025A105700106 NI.C/109384.T/BOX[.P/4][.Z/R][.DSP/ADR613](GEO.TEM/ 4176 3C.XY/852
8229:2008330.CROSS ST1/ANGELES FOREST.CROSS ST2/VISTA POINT.CITY/L
ACC.CNTY/LACO-S/89-31)(CBE.CL/NB SR14 JNO CRN3, 1/2 MI ACC PEARBLO
SSOM HWY CRN3 AKA ANGELES FOREST.S/89-31.CBN/818-406-5516.C/LA-014
-0554)

025A105700106 NI.K/62.F/S[.X/0062D0820]

LOG: 76F PRI: 2* TYPE: 1183* CB: LA-014-0554 BEAT: 19-031
LOC: NB SR14 JMO CRN3 CS: Y LACO LALW 4376 1C
1/2 MI ACC PEARLBOSSON HWY CRN3 AKA ANGELES FOREST
ORI: 022A10413 0820 0108 DISP: 012A08633 FILED: 012A08633 0820 0110 D X:
CRI ACTION: R/S: DDP: 0062D0820 CRT: 818-406-9516 Z:Y

DETAIL -----

022A104130109 1 1 SOLO VEH TC - NFD
012A086330110 2 DUPLICATE OF INCIDENT 0062D0820

WITNESSES -----

022A104130109 1 R/P: JOSE RUIZ TEL: REFUSED
ADDR:

COMPREHENSIVE DETAIL -----

022A104130109 NI.C/109364.T/BOX(.P/4)(.Z/W)[.DSP/A08633][GEO.TBM/ 4376 1C.XY/432
3229:2008330.CROSS ST1/ANGELES FOREST.CROSS ST2/VISTA POINT.CITY/L
ACO.CNTY/LACO.B/89-31][CBX.CL/NB SR14 JMO CRN3, 1/2 MI ACC PEARLBO
SSON HWY CRN3 AKA ANGELES FOREST.B/89-31.CBN/818-406-5516.C/LA-014
-0554]

022A104130109 (NIMASK|.T/1183.D/1 SOLO VEH TC - NFD.W/JOSE RUIZ.N/ REFUSED(.
RL/12.)

012A086330110 UI.X/42.F/D(.K/0062D0820)

LOG: 70F FRI: 2 TYPE: 1183 CB: BEAT 19-031
LOC: NB SR14 JSD VISTA POINT* CS: Y LACC LACC 4376 3C
(NB 14 JSD VISTA POINT)
ORI: 030A10085 0820 0109 DIST: 012A08633 FILED: 030A10085 0820 0109 D X:
ORI ACTION: R/S: DUF: 0062D0820 CST: Z:Y

DETAIL -----

030A100850109 1 DUPLICATE OF INCIDENT 0062D0820

WITNESSES -----

030A100850109 1 R/P: GARY TEL: 771-8980-702
ADDR:

COMPREHENSIVE DETAIL -----

030A100850109 NI.T/1183.W/ GARY.N/ 771-8980-702.L/ NB 14 JSD VISTA POINT[.P/2]
[.Z/Y][.DSF/008633][GEO.GL/NB SR14 JSD VISTA POINT.TBM/ 4376 3C.KY
/5528306:2008534.CROSS ST1/ANGELES FOREST,CROSS ST2/VISTA POINT.CI
TY/LACO.CNTY/LACO.B/89-31]
030A100850109 UI.K/62.F/D[.X/0062D0820]

=>

ENTER VIN ==> 1ZVPT21U9L5 [REDACTED]
 NAME ==> NEPOMICENO ZIP ==> [REDACTED] MODEL YR ==>
 OWNER NAME : [REDACTED]
 STREET ADDR : [REDACTED]

CITY : ANAHEIM N/A DATE: 96-10-07
 ST/PRV: CA CTRY: ZIP/POSTAL CODE: [REDACTED] N/A SOURCE: R
 MDEL YEAR : 90 PLANT: 5 SALE DATE: 90-06-21
 BODY STYLE DESC: LX PRODUCTION DATE: 89-10-26

VEHICLE DESC : 1990 PROBE

	DIVISION	DISTRICT	ZONE	DEALER	PDC CODE	FCSO REGION
SHIP-TO	1	71	B	075	62	71
FACING	1	71	B	075		
RESPONSIBLE	1	81	B	000		

CA EMISSION : 2	ENGINE TAG CODE : SG562AA	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

LPENJ82

905130448

06/03/98 11:53:26

1990 PROBE

LX

3.0L EFI

010TK00A AUTOMATIC OD 4 SPEED

AXLE CODE : 1

*OPEN RECALLS

LEFT SIDE PASSIVE SEAT BELT ASSEMBLY - REPLACEMENT

RIGHT SIDE PASSIVE SEAT BELT ASSEMBLY - INSPECTION/REPLACEMENT

*WARRANTY START DATE 06/21/90 BUILD DATE 10/26/89 START MILEAGE

LESS THAN TWO DEALER APPROVED AWA REPAIR VISITS PAID TO DATE

ELIGIBLE FOR CALIFORNIA EMISSIONS WARRANTY

*6/60 INFORMATION

VEHICLE HAS 6/60 POWERTRAIN COVERAGE

*EXTENDED SERVICE PLAN

NO ESP INFORMATION AVAILABLE

FOR MORE INFO <RTN>, N. MENU OR 99. BYE

-->

ENTER CAMPAIGN NUMBER==> 92E21 VIN==> 1ZVPT21U9L5 [REDACTED] TYPE OF SEARCH: A
 MODEL YEAR: 90 DEFECT: THRT POS SEN BODY STYLE: LX
 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 : 92-06-03
 DELETE REASON: _____ VENDOR N/A INFORMATION:
 RESP DEALER INFORMATION: NEW: _____ IND: MATCH CODE:
 CURRENT: 1 81 000 ASSIGNED: 96-12-02 SOURCE: UR EXTRACT DATE: 96-07-26
 ***** STATUS INFORMATION: ***** REPAIR INFORMATION: *****

CODE	DESCRIPTION	DATE	TYPE	DATE	P/A	CLAIM#	MICRO#	CL	SRC
C	COMPLETE	92-06-25	B	92-06-22	05533		XSF6010		AC
M	RELEASED FOR MAILING	92-06-03							
H	AWAITING MAILING	92-02-04							

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

LPENJ82

ENTER CAMPAIGN NUMBER--> .96S48 VIN--> 1ZVPT21U9L5 [REDACTED] TYPE OF SEARCH: A
 MODEL YEAR: 90 DEFECT: SEAT BELT BODY STYLE: LX

NEW STATUS CODE:

REPAIR INFORMATION:

REPAIR DATE: _____

MICRO REF: _____

DELETE REASON: _____

RESP DEALER INFORMATION:

CURRENT: 1 81 000 ASSIGNED: 96-12-02 SOURCE: UR

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

CODE	DESCRIPTION	DATE	TYPE	DATE	P/A	CLAIM#	MICRO#	CL	SRC
M	RELEASED FOR MAILING	97-06-09							
U	UNDELIVERABLE	96-12-02	U						
M	RELEASED FOR MAILING	96-10-07							
R	READY TO RELEASE	96-09-19							

CAMP DIV : 6

SUPP CODE :

KIT CODE : AA

OASIS DATE : 96-10-03

VENDOR N/A INFORMATION:

IND: MATCH CODE:

EXTRACT DATE:

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

LPENJ82

==>

ENTER CAMPAIGN NBR ==> 96S48 VIN ==> 1ZVPT21U9L5 [REDACTED]

DEFECT : SEAT BELT BODY STYLE DESC: LX

RESP DEALER : 181000 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: EL

STREET ADDR1 : [REDACTED]

ADDR2 : ST/PRV: CA

CITY : ANAHEIM CTRY:

ZIP/POSTAL CODE: [REDACTED] N-A SOURCE: R N-A EFF DATE: 96-10-07

RESP DEALER : 171075 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: EL

STREET ADDR1 : [REDACTED]

ADDR2 : ST/PRV: CA

CITY : ANAHEIM CTRY:

ZIP/POSTAL CODE: [REDACTED] N-A SOURCE: P N-A EFF DATE: 91-06-06

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

I048-LAST PAGE LPENJ82

-->

ENTER CAMPAIGN NUMBER==> 96899 VIN==> 1ZVPT21U9L5 [REDACTED] TYPE OF SEARCH: A
MODEL YEAR: 90 DEFECT: SEAT BELT BODY STYLE: LX

NEW STATUS CODE: _____

REPAIR INFORMATION: _____

REPAIR DATE: _____

MICRO REF: _____

DELETE REASON: _____

RESP DEALER INFORMATION: _____

CURRENT: 1 B1 000 ASSIGNED: 96-12-02 SOURCE: UR

CAMP DIV : 6

SUPP CODE :

KIT CODE : AA

OASIS DATE : 96-10-07

VENDOR N/A INFORMATION:

IND: MATCH CODE:

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

IC37=NO MORE DATA TO DISPLAY

LPENJ82

==>

ENTER CAMPAIGN NBR ==> 96S99 VIN ==> 1ZVPT21U9L5 [REDACTED]
 DEFECT : SEAT BELT BODY STYLE DESC: LX
 RESP DEALER : 181000 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: EL
 STREET ADDR1 : [REDACTED]
 ADDR2 :
 CITY : ANAHEIM CTRY: ST/PRV: CA
 ZIP/POSTAL CODE: [REDACTED] N-A SOURCE: R N-A EFF DATE: 96-10-07

RESP DEALER : 171075 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: EL
 STREET ADDR1 : [REDACTED]
 ADDR2 :
 CITY : ANAHEIM CTRY: ST/PRV: CA
 ZIP/POSTAL CODE: [REDACTED] N-A SOURCE: P N-A EFF DATE: 91-06-06

F1=INQUIRY F3=EXIT F4=QUIT F5=G150 F7=FIRST PAGE F8=NEXT PAGE F9=G140
 I048-LAST PAGE LPENJ82

23MAY98
PAGE 2.01

1990 SE-II PARTS BY CONDITION CODE SUMMARY (14APR98 C/O)
DATA ORDERED BY DESCENDING PART NO. FREQUENCY

PART NO	CD	COUNT
100-PT	29	1
10654		1
12A650	42	1
12A650	8B	1
3A331	29	1
7510D45	42	1
9J460	42	1

23MAY98
PAGE 3.01

1990 SE-11 PARTS BY CUSTOMER CONCERN CODE SUMMARY (14APR98 C/O)
DATA ORDERED BY DESCENDING PART NO. FREQUENCY

PART NO	CCC	COUNT
100-PT	A99	1
10654		1
12A650	A99	1
12A650	D12	1
1A331	L62	1
7610D45	S25	1
9J460	E29	1

1990 SE-II PART/CONCERN CODE DESCRIPTION SUMMARY (14APR98 C/O)
DATA ORDERED BY DESCENDING REPAIR COUNT

NUMBER	PART DESCRIPTION	COUNT	CD-DESCRIPTION	COUNT	CUSTOMER CONCERN CODE DESCRIPTION (CCC)	COUNT
17A650	PROCESSOR ASSY	2	42-DOES NOT OPERAT	3	A99-ADMINISTRATIVE (PARTS RETURN,MISBLT)	2
180-PT	B08 / \$100 DED	1	23-CUT/TORN/FRAYED	2	MISSING CODE	1
10654	BATTERY	1	MISSING CODE	1	D12-ROLLING OR SURGING IDLE	1
1A331	BOOT	1	BB	1	E29-"CHECK ENGINE" LIGHT TROUBLES	1
7610D45	TRACK ASY-SEAT BELT	1		1	L62-AXLE FLUID LEAK	1
9J460	SENSOR ASY EGR PR V	1		1	S25-SEAT BELT COIL/UNCOIL TROUBLES	1

```

XXXXXXXXX XXXXXXXX XXXXX XXXXXX XXXXXXXX XX XX XX XX XX XX XXXXXXXX XXXXXXXX XX XX
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XXXXXXXXX XXXXXXXX XXXXX XXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XX XX XX XX XX XX

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 * CLAIMS LISTING FOR 1990 MODEL [REDACTED] REQUESTED BY: FRANCES KLEAIR 14APR90 C/O*
 * SORTED BY: PLATCODE SERIALNO MILESB2 DATA SOURCE: PGM9 SE-II *

***** SUMMARY *****

TOTALS					RATIOS							
CLAIMS	CLAIMS W/COMMENTS	CLAIMS IN TIS	VEHICLES	DEALERS	MATERIAL COST	TOTAL COST	CLAIMS PER VEH	CLAIMS PER DELR	CLAIMS TOTL/SAMP	MATERIAL COST/REP	TOTAL COST/REP	PCT CLMS W/COMMENTS
7	0	7	1	2	\$696.12	\$996.78	7.00	3.50	0.00	\$99.45	\$142.40	0%

----- CLAIMS LISTING TITLE ABBREVIATIONS -----

SERIAL NUMBER	CAR LINE	B/S	ETS CCI	FLT MAM	PROD DATE	WARR DATE	SELL DEALR	CLAIM NUMBER	MICRO NUMBER	C S	WCC	PART NUMBER	CC	CCC	CD	RPR DATE	T IS	TACT CODE	MILES	MATL. COST	TOTL COST	LBR HRS	REPR DEALR	ST
123456	BSC	3GT	JDM	WAY	07NOV89	03FEB90	11111	123456	JHP34001	7P04	17A553	46	C05	46	23SEP90	9*	S06	10189	11.25	122	0.1	12345	MI	

CARD SEQUENCE NO. -->
 CONCERN CODE (OLD CONDITION CODE) -->
 <-- SAMPLE INDICATOR (YES, NO) CUSTOMER CONCERN CODE -->
 CONDITION CODE -->
 TIME IN SERVICE --> <-- ACTUAL ODOMETER READING
 <-- TRANSACTION CODE - PRE PAYMNT EDIT

<p><-- ENGINE CODES --></p> <p>A = 2.3EFI C = 2.2EFI (PROBE) D = 2.5CFI E = 5.0EFI-NO F = 5.0EFI G = 5.8V (POLICE) H = 1.3EFI (FESTIVA) J = 1.9EFI-NO L = 2.2EFI-TURBO PROBE R = 3.0EFI-SUPERCHARGD</p>	<p><-- TRANSMISSION CODES --></p> <p>A = AXOD B = ATX (BATAVIA) D = MTX (5 SPEED) K = ATX (MAZDA) L = A4LD N = ATX (3 SPD FESTIVA) T = AOD W = MTX (5 SPD PROBE) X = ATX 4SP (AUTO-PROBE) 2 = 5 SPEED (TS-MUSTANG) 4 = ATX (ALL-WHEEL DRV) 5 = 5 SPEED (SUPRACE/XT) 6 = MTX (5 SPEED SHO)</p>	<p><-- IF THIS ASTERISK APPEARS THEN CLAIM IS NOT USED IN TIS MATRIX. ('CLAIMS IN TIS' TOTAL (IN SUMMARY ABOVE) EQUALS TOTAL CLAIM COUNT MINUS ASTERISK TIS CLAIMS)</p>
--	---	--

BODY STYLE CONVERSION TABLE

**** 1990 MODEL YEAR PASSENGER CAR BODY DESCRIPTIONS ****				***** 1990 LIGHT TRUCK BODY DESCRIPTIONS *****			
VEHICLE	BODY DESCRIPTION			VEHICLE	BODY DESCRIPTION		
MUSTANG (MUS)	2LX	2 DOOR	STNDRD LX	3LX	3 DOOR	LX	
	2CB	2 DOOR	CONVRT GT	3GT	3 DOOR	GT	
	2CL	2 DOOR	CONVRT LX				
PROBE (PRB)	3GL	3 DOOR	GL	3LX	3 DOOR	LX	
	3GT	3 DOOR	GT				
ESCORT (ESC)	3-P	3 DOOR	PONY	FESTIVA (FES)	3-L	3 DOOR	L
	3GT	3 DOOR	GT	3LP	3 DOOR	L PLUS	
	WLE	STATION WAGON	LX	3LX	3 DOOR	LX	
	3LE	3 DOOR	LX				
	5LX	5 DOOR	LX				
TEMPO (TEM)	2GL	2 DOOR	GL	TOPAZ (TOP)	2GS	2 DOOR	GS
	2-G	2 DOOR	GL SPORT	2XR	2 DOOR	XR5	
	4GL	4 DOOR	GL	4GS	4 DOOR	GS	
	4LX	4 DOOR	LX	4LS	4 DOOR	LS	
	4-G	4 DOOR	GL SPORT	4LT	4 DOOR	LT5	
	4AW	4 DOOR	AWD	2AX	2 DOOR	XR5	
				2AG	2 DOOR	GS	
				4AG	4 DOOR	GS	
				4AL	4 DOOR	LS	
				4AT	4 DOOR	LT5	
				WGL	STATION WAGON	GL	
				WLE	STATION WAGON	LX	
TAURUS (TAR)	4-B	4 DOOR	BASE	SABLE (SAB)	4GS	4 DOOR	GS
	4PL	4 DOOR	POLICE	4LS	4 DOOR	LS	
	4SH	4 DOOR	ALOCK SHO	4GL	4 DOOR	ALOCK GS	
	4-G	4 DOOR	GL	4LL	4 DOOR	ALOCK LB	
	4LX	4 DOOR	LX	WGS	STATION WAGON	GS	
	4BL	4 DOOR	ALOCK BASE	WLS	STATION WAGON	LS	
	4GL	4 DOOR	ALOCK GL				
	4LL	4 DOOR	ALOCK LX	COUGAR (COG)	2LS	2 DOOR	LS
	W-B	STATION WAGON	BASE	2XR	2 DOOR	ALOCK XR7	
				3LL	2 DOOR	ALOCK LS	
T-BIRD (TBD)	2-B	2 DOOR	BASE	ALOCK = EQUIPPED WITH 4-WHEEL ANTI-LOCK DISC BRAKES.			
	2LX	2 DOOR	LX				
	2SC	2 DOOR	ALOCK SC	WCH	WAGON-SQUIRE	LX	
	2BL	2 DOOR	ALOCK BASE	4PL	4 DOOR	POLICE	
	2LL	2 DOOR	ALOCK LX				
FORD CROWN VICTORIA (FRD)	4-B	4 DOOR	S	MERCURY GRAND (MRC)	4GS	4 DOOR	GS
	4-L	4 DOOR	BASE	4LS	4 DOOR	LS	
	4LX	4 DOOR	LX	WGS	STATION WAGON	BASE	
	WBL	WAGON-STEEL	S	WLS	STATION WAGON	LS	
	WBM	WAGON-STEEL	BASE				
	WBL	WAGON-STEEL	LX				
	WCM	WAGON-SQUIRE	BASE				
LINCOLN TOWN CAR (LNC)	4-L	4 DOOR	BASE	4LL	4 DR	ALOCK BASE	
	4-S	4 DOOR	SIGNATURE	49L	4 DR	ALOCK SIGNATR	
	4DC	4 DOOR	CARTIER	4DL	4 DR	ALOCK CARTIER	
MARK VII (MK7)	2DB	2 DOOR	BLASS	CONTRL (CON)	4-L	4 DOOR	BASE
	2SC	2 DOOR	LEC		4-S	4 DOOR	SIGNATURE
F-SERIES 4X2 (FS2)	15F	150 L.DUTY	CONV.	35S	350 H.DUTY	SUPR	
	25F	250 L.DUTY	CONV.	35C	350 H.DUTY	CREW	
4X4 (FS4)	2HF	250 H.DUTY	CONV.	452	450 H.DUTY	CONV	
	35F	350 H.DUTY	CONV.				
	15S	150 L.DUTY	SUPER	BRONCO (BRO)	B-L	BASE	4X4
	25S	250 L.DUTY	SUPER		BLT	XLT	4X4
	2HS	250 H.DUTY	SUPER		BBB	EDDIE BAUER	4X4
VEHICLE	BODY	DESCRPT	BODY	DESCRPT	DRIVE CODES		
RANGER	CON	CONV CAB	SUP	SUPER CAB	(RA2)	=4X2 (RA4)=4X4	
BRONCO II	B-L	BASE	BBB	EDDIE BAUER	(B22)	=4X2 (B24)=4X4	
	XL	XL	XLT	XLT			
ARROSTAR 4X2 (AR2)	<---	REGULAR BODY	<---	EXTENDED BODY	>---		
	RWL	WINDOW WAGON	BASE	SWL	WINDOW WAGON	BASE	
	RHM	WINDOW WAGON	XL	SWM	WINDOW WAGON	XL	
	RWH	WINDOW WAGON	XLT	SWH	WINDOW WAGON	XLT	
	RWE	EDDIE BAUER	WAGON	SWE	EDDIE BAUER	WAGON	
	RCL	CARGO VAN	BASE	SCL	CARGO VAN	BASE	
	RCM	CARGO VAN	XL	SCM	CARGO VAN	XL	
	RVL	WINDOW VAN	BASE	SVL	WINDOW VAN	BASE	
	RVM	WINDOW VAN	XL	SVM	WINDOW VAN	XL	
***** 1990 ECONOLINE/CLUB WAGON *****							
VEHICLE	BODY DESCRIPTION			BODY DESCRIPTION			
(ECM)	<---	ECONOLINE	<---	CLUB WAGON	>---		
	1HL	150 HINGED DOOR	BASE	CHL	150 HINGED DOOR	BASE	
	1HM	150 HINGED DOOR	XL	CHM	150 HINGED DOOR	XL	
	1HN	150 HINGED DOOR	XLT	CHH	150 HINGED DOOR	XLT	
	2HL	250 HINGED DOOR	BASE	DHL	250 HINGED DOOR	BASE	
	2HM	250 HINGED DOOR	XL	DHM	250 HINGED DOOR	XL	
	2HN	250 HINGED DOOR	XLT	DHH	250 HINGED DOOR	XLT	
	3HL	350 HINGED DOOR	BASE	SHL	350 HINGED DOOR	BASE	
	3HM	350 HINGED DOOR	XL	SHM	350 HINGED DOOR	XL	
	3HN	350 HINGED DOOR	XLT	SHH	350 HINGED DOOR	XLT	
	1SL	150 SLIDING DOOR	BASE	CSL	150 SLIDING DOOR	BASE	
	1SM	150 SLIDING DOOR	XL	CSM	150 SLIDING DOOR	XL	
	1SH	150 SLIDING DOOR	XLT	CSH	150 SLIDING DOOR	XLT	
	2SL	250 SLIDING DOOR	BASE	DSL	250 SLIDING DOOR	BASE	
	2SM	250 SLIDING DOOR	XL	DSM	250 SLIDING DOOR	XL	
	2SH	250 SLIDING DOOR	XLT	DSH	250 SLIDING DOOR	XLT	
	3SL	350 SLIDING DOOR	BASE	SSL	350 SLIDING DOOR	BASE	
	3SM	350 SLIDING DOOR	XL	SSM	350 SLIDING DOOR	XL	
	3SH	350 SLIDING DOOR	XLT	SSH	350 SLIDING DOOR	XLT	
	3CL	350 CUTAWAY	BASE				
	3CM	350 CUTAWAY	XL				
	3ST	350 STRIPPED CHASSIS					

NOTE: IF TIS VALUE HAS (*) THEN CLAIM NOT USED IN TIS MATRIX

VEHICLE INFORMATION							REPAIR INFORMATION																	
SERIAL NUMBER	CAR LNE	B/S	ETS	PLT	PROD	WARR DATE	SELL DEALR	CLAIM NUMBER	MICRO NUMBER	C	WCC	PART NUMBER	CC	CCC	CD	REPR DATE	T	TACT	MILES	MATL. COST	TOTL COST	LBR HRS	REPR DEALR	ST
138448	PRB	3LX	UXN	FLT	26OCT89	21JUN90	05507		HMUD4661		7A01	10654	15			11JUN90	0	1	16	59.43	83	0.5	05507	CA
138448	PRB	3LX	UXN	FLT	26OCT89	21JUN90	05507		SXU03921		5C05	3A331	29	L62	29	07OCT93	41	E72	39498	122.33	195	1.4	11815	CA
138448	PRB	3LX	UXN	FLT	26OCT89	21JUN90	05507		SXU03922		8A02	100-PT	29	A99	29	07OCT93	41	E73	39498	-100.0	-100	0.0	11815	CA
138448	PRB	3LX	UXN	FLT	26OCT89	21JUN90	05507		SXU03751		1H03	9J460	42	E29	42	07OCT93	41	B07	39498	39.86	103	1.2	11815	CA
138448	PRB	3LX	UXN	FLT	26OCT89	21JUN90	05507		S2W16941		2G01	12A650	42	D12	42	15OCT93	41	B07	39615	182.00	286	2.0	11815	CA
138448	PRB	3LX	UXN	FLT	26OCT89	21JUN90	05507		S2W16942		2G01	12A650	88	A99	88	15OCT93	41	L56	39615	100.00	100	0.0	11815	CA
138448	PRB	3LX	UXN	FLT	26OCT89	21JUN90	05507		S2W16901		6R01	7610D45	42	S25	42	15OCT93	41	E81	39615	292.50	329	0.7	11815	CA

.....+ THIS LISTING CONTAINED 7 TOTAL CLAIMS

==>

VEHICLE ID: 1ZLE [REDACTED] (WVYPBBBBBB) Vin: 1ZVPT21U9L5 [REDACTED] Div: 1 Status: 800
 Vehicle Line: - Convy Deliv: 022690 Orig P-Lvl: 010 Selling Dlr: 71A075
 Order Recpt: 092689 ShipTo Stat: Curr P-Lvl: 014 Sale Date: 062190
 Orig Sched: 102689 Rls-To Stat: CA Order Dlr: 71863 Demo Date:
 Inv Prep: 020890 Orig Int St: 122689 Orig Rls Dlr: 71863 Deliv Type: 0
 Prod Date: 102689 Curr Int St: 021290 Rls Dlr P&A: 05507 Sales Prd: 090062
 Rls Date: 122289 Dlrfin Ext: 032590 Warr Start: 062190 Cancel Sl:
 Memo Consgn: 102689 P&C Ext: 032590 WarrS-Ind: Sale Status: G
 Orig Pltbus: 102689 Advert Ext: 032590 -Date- -Dealer-
 Curr Pltbus: 020990 Slapan SS#: 5295 Shipped: 021390
 T/Name: 6 E [REDACTED] Curr Stock: 122289 71A075

Addr: [REDACTED] 1st-Prior: 122289 71075
 City: BUENA PARK State: CA 2nd-Prior: 102689 71863
 Zip: [REDACTED] N/A-Nopt: 062290 3rd-Prior:

V.O.#1 2 3 4 5 6 7 8
 12345234567890123456789012345678901234567890123456789012345678901234
 T21L5 863 5H 2 26K5508 QJ S32RT1 J82 MXJ2 L8 7 71A075 3V Y5
 8 9 0 1 2 3 4 5 6
 567890123456789012345678901234567890123456789012345678901234567890
 BA 3 G 3 U1ZVP9C91K DM 253A1 UTP G 6 R01CCX DX5 71Z00 5 0 OA A

F1=Help F3=Exit F4=Primary Menu F5=Financial Screen F9=Screen #3
 OGDB191

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VEHICLE ID: 1ZL5J [REDACTED] (WWYPBHHBHB) Vin: 1ZVPT21U9L5 [REDACTED] Iv: 1 Status: 800

Ordering Name:
Secondary Name:
Ordering FIN:
Order-Fax FIN:
Orig Ord# Type: 2

Selling FIN:
Sold-To Fin:

Distr Status: F
Last NAVIS St: 062590
Distr Stat Dt: 022690
Last Activity: 050196
Serialized Dte: 101389
Scheduled Dte: 102689
Mexico Status:

Component Data - - - - -
Dr Post/Calib: Tire Brand: 44
Emis Cntl Lbl: DTK EEC:
Engine Tag Cd: SG562AA
Engine Serial:
Driver Airbag:
Passngr Airbag: Axle:

F1=Help F3=Exit F4=Primary Menu F5=Financial Screen F6=Screen #1

OGDB191

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VEHICLE ID: 12L5 (WWYPBBBBB) Vin: 12VPT21U9L5 Div: 1 Status: 800

Financial Data-

Orig Totl Inv:	15488.75	A-Plan Price:	14802.75	Pre-del Invoic:	.00
Curr Totl Inv:	15503.75	Total Adj:	.00	Sched-A QST:	.00
Base Vehicle:	11577.00	Base Adj:	.00	FOC GST:	.00
Options:	3262.00	Option Adj:	.00	Price Protect:	.00
Base Holdback:	390.00	Base Hb Adj:	.00	Chargebck Amt:	
Optn Holdback:	115.00	Option Hb Adj:	.00	30-Day FP Amt:	213.18
Misc Charges:	.00	Gas Amt:	8.75	Floor Plan:	67.83
Finance Chrg:	196.00	Sched-B Amt:	310.00	P&C Charge:	76.80
FDAF/LMDA:	150.00	Mktng Contrib:	.00	Pre-Dlvry Amt:	.00

Financing Data-

Finance Source:	0160004	O-Warr Start:	062190	Release Date:	122289
Orig Int St-Sw:	N	Co Tag Number:		Transit Time:	13
Ret Draft Ind:		Pre-del Date:		Als Plus Trans:	010490
Floor Pln Date:	032590	Prdlvry S.Code:		Ramp Code:	27
Advt Comm Code:	1	Lease Code:		Method Shipped:	
Upfront PP Ind:		Invoice In-Proc:	020890	Memo Cons Loc:	

F1=Help F3=Exit F4=Primary Menu F6=Screen #1 F9=Screen #3

OGDB191

DEALER 718 075 VIN 1ZVPT21U9L5

SUGGESTED RETAIL PRICE

BATCH-ID S611000003 D TA AA
 PRICE LEVEL 014140T21
 REQUESTOR: [REDACTED]

VIN: 1ZVPT21U9L5
 CASE [REDACTED]

THIS INVOICE MAY NOT REFLECT THE FINAL COST OF THE VEHICLE IN VIEW OF THE POSSIBILITY OF FUTURE REBATES, ALLOWANCES, DISCOUNTS AND INCENTIVE AWARDS FROM FORD MOTOR COMPANY TO THE DEALER
 * THIS PORTION OF THE VEHICLE PRICE WILL BE PROVIDED TO THE APPROPRIATE FORD (LMDA) TO SUPPORT REGIONAL/DEALER ADVERTISING

REGIONAL MARKETING ADVERTISING *	INVOICE TOTAL	FORD HOLDBACK FOR DEALER ACCOUNT	LESS FINANCING COST FOR DEALER ACCOUNT	LESS INVOICE LESS HOLDBACK & FIN COST	A PLAN

SOLD TO		718075		FURTHER TERMS ON REVERSE SIDE	
BOARD FORD				PLT RLSE DTE	
15265 E Whittier Blvd				10/28/89	
WHITTIER CA 90603				RK27	
SHIP TO (IF OTHER THAN ABOVE)		71075		DATE SHIP PREPARED	ITEM NUMBER
				02 06 90	71-5508 BA 14
		SHIP THROUGH			

INVOICE & UNIT IDENTIFICATION NO.	FINAL ASSEMBLY POINT	FINANCER COMPANY AND/OR BANK
1ZVPT21U9L5 [REDACTED]	FLAT ROCK	SECURITY PACIFIC A 160006
INVOICE TO BE USED FOR THE BILLING OF VEHICLES ONLY		DEALER COPY

FINANCE - 320 - 420FA (12/87)

1

DEALER

718 075

VIN 1ZVPT21U9L5

SUGGESTED RETAIL PRICE

AMOUNT

BA	1990 PROBE LX 2-DOOR HATCHBACK	13008 00	11773 00
	TITANIUM CLOTH BUCKET SEATS		
	PREFERRED EQUIPMENT PKG 253	3182 00	2704 00
	.CARGO TIE-DOWN NET	INC	
	.ELECTRONIC INSTRUMENT CLUSTER	INC	
	.TRIP COMPUTER	INC	
	.REAR WINDOW WIPER/WASHER	INC	
	.ILLUMINATED ENTRY SYSTEM	INC	
525	.SPEED CONTROL	INC	
	.POWER DRIVER SEAT	INC	
43R	.POWER WINDOWS	INC	
963	.POWER DOOR LOCKS	INC	
588	.AM/FM ELEC CASS H/PREM SNO/PWR ANT	INC	
	.VEHICLE MAINTENANCE MONITOR	INC	
	.WALK-IN PASSENGER SEAT	INC	
	.ELECTRONIC CLIMATE CONTROL A/C	INC	
99U	3.0L EFI V6 ENGINE	NC	NC
153	FRONT LICENSE PLATE BRACKET	NC	NC
422	CALIFORNIA EMISSIONS SYSTEM	NC	NC
44T	AUTO OVERDRIVE TRANSMISSION	732 00	622 00
T6Z	P195/70R14 BSW TIRES	NC	NC
552	ANTI-LOCK BRAKING SYSTEM	924 00	786 00
	TOTAL VEHICLE & OPTIONS	17846 00	15885 00
	DESTINATION & DELIVERY	310 00	310 00
	TOTAL BEFORE DISCOUNTS	18156 00	16195 00
	#SPECIAL ADDED DISCOUNTS	1000 00-	850 00-

TOTAL FOR VEHICLE 17156 00

** FLEET MARKETING CREDIT

07 U.S. GALS GAS - FACTORY 8 75
 DUPLICATE INVOICE ADJUSTMENT 8 75-
 BATCH-ID S611000003 D TA AA
 SCHEDULE-B LEVEL 0000
 PRICE LEVEL 014140T21 VIN: 1ZVPT21U9L5
 SHIPPING WEIGHT 2976 LBS.

THIS INVOICE MAY NOT REFLECT THE FINAL COST OF THE VEHICLE IN VIEW OF THE POSSIBILITY OF FUTURE REBATES, ALLOWANCES, DISCOUNTS AND INCENTIVE AWARDS FROM FORD MOTOR COMPANY TO THE DEALER.
 * THIS PORTION OF THE VEHICLE PRICE WILL BE PROVIDED TO THE APPROPRIATE FORD (LMDA) TO SUPPORT REGIONAL DEALER ADVERTISING

REGIONAL MARKETING ADVERTISING #	INVOICE TOTAL	LESS HOLDBACK FOR DEALER ACCOUNT	LESS INVOICE ALLOWANCES COST FOR DEALER ACCOUNT	LESS INVOICE LESS HOLDBACK & NET COST	A PLAN
150.00	15,503.75	505.00		4,998.75	

505.00 115.00 3262.00 .00 390.00 11577.00

SOLD TO
 BOARD FORD
 15265 E Whittier Blvd
 WHITTIER CA 90603

718075

FURTHER TERMS
 ON REVERSE
 SIDE

PLT RLSE OTE
 10/28/89
 RK27

SHIP TO (IF OTHER THAN ABOVE)

71075

DATE OF PURCHASE	718 NUMBER	PLAN
02 08 90	71-5508	BA 14

SHIP THROUGH

INVOICE & UNIT IDENTIFICATION NO
 1ZVPT21U9L5

FINAL ASSEMBLY POINT
 FLAT ROCK

FINANCE COMPANY AND/OR BANK
 SECURITY PACIFIC A 160004
 DEALER COPY

THIS INVOICE TO BE USED FOR THE BILLING OF VEHICLES ONLY

FINANCE - 370 - 4206A 112876



VEHICLE DESCRIPTION

PROBE
 1990 LX 2-DOOR HATCHBACK
 4-PASSENGER
 3.0L EFI V6 ENGINE
 AUTO OVERDRIVE TRANSMISSION

VIN 1ZVPT21U9L5 138448

 EXTERIOR
 OXFORD WHITE
 INTERIOR
 TITANIUM CLOTH

STANDARD EQUIPMENT INCLUDED AT NO EXTRA CHARGE

- 3.0L EFI V6 ENGINE
- 5-SPEED MANUAL TRANSAXLE
- POWER RACK-AND-PINION STEERING
- POWER 4-WHEEL DISC BRAKES
- 4-WHEEL INDEPENDENT SUSPENSION
- 195/70R14 BSW ALL-SEASON STEEL-BELTED RADIAL TIRES
- LUXURY WHEEL COVERS
- HEAVY-DUTY MAINTENANCE FREE BATTERY
- CONCEALED HEADLAMPS
- BODYSIDE MOLDING
- TINTED GLASS
- DUAL ILLUMINATED VISOR VANITY MIRRORS
- REMOTE LIFTGATE/FUEL FILLER DOOR RELEASE
- FRONT BUCKET SEATS WITH LUXURY CLOTH TRIM
- 50/50 FOLD-DOWN REAR SEAT
- ELECTRONIC AM/FM STEREO RADIO WITH FOLIA SPEAKERS & INTEGRAL DIGITAL CLOCK
- DUAL ELECTRIC REARVIEW CONTROL MIRRORS
- TILT CLUSTER AND STEERING COLUMN
- LEATHER WRAPPED STEERING WHEEL AND SHIFT KNOB
- FULL INSTRUMENTATION
- REAR WINDOW DEFROSTER
- HINGED CARGO COVER
- LIGHT GROUP
- FULL CONSOLE WITH ARMREST
- INTERVAL WIPERS

PRICE INFORMATION

STANDARD VEHICLE PRICE

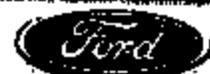
 See dealer's
 Suggested Retail Price
\$13008.00

OPTIONAL EQUIPMENT

OPTIONAL EQUIPMENT	PRICE
PREFERRED EQUIPMENT PKG 255	3182.00
CARGO TIE-DOWN NET	NO CHARGE
ELECTRONIC INSTRUMENT CLUSTER	NO CHARGE
TRIP COMPUTER	NO CHARGE
REAR WINDOW WIPER/WASHER	NO CHARGE
ILLUMINATED ENTRY SYSTEM	NO CHARGE
SPEED CONTROL	NO CHARGE
POWER DRIVER SEAT	NO CHARGE
POWER WINDOWS	NO CHARGE
POWER DOOR LOCKS	NO CHARGE
AM/FM ELEC CASS W/PRES SND/PWR	NO CHARGE
VEHICLE MAINTENANCE MONITOR	NO CHARGE
WALK-IN PASSENGER SEAT	NO CHARGE
ELECTRONIC CLIMATE CONTROL A/C	NO CHARGE
FRONT LICENSE PLATE BRACKET	NO CHARGE
CALIFORNIA EMISSIONS SYSTEM	NO CHARGE
AUTO OVERDRIVE TRANSMISSION	732.00
ANTI-LOCK BRAKING SYSTEM	920.00

 TOTAL VEHICLE & OPTIONS 17846.00
 DESTINATION & DELIVERY 310.00

TOTAL BEFORE DISCOUNTS 18156.00

 THIS VEHICLE FEATURES
 OPTION PACKAGE VALUE WHICH
 LOWERS THE PRICE BY + 1000.00
FORD CHOICE

TOTAL \$17156.00

1ZVPT21U9L5138448

Contact this dealer to obtain the FREE FUEL ECONOMY GUIDE available at the dealer.

CITY MPG

20

Actual mileage will vary with option, driving conditions, driving habits and vehicle's condition. Results reported in EPA indicate that the majority of vehicles with these ratings will achieve:

between
 17 and 22 mpg in the city
 and between
 24 and 28 mpg on the
 highway.

 Fuel Economy
 Indorsement
 1990 EPA 20 City 28 Hwy

 1990 PROBE, 3.0 LITER ENGINE,
 EFI, 4 CYLINDERS,
 FEEDBACK FUEL SYSTEM,
 CATALYST,
 AUTOMATIC O/D TRANSMISSION.

Estimated Annual Fuel Cost: \$485

HIGHWAY MPG

28

For Comparison: Shopping
 all vehicles described in
 COMPACT
 have been tested at highway ratings
 ranging from 16 to 27 mpg city
 and 17 to 23 mpg highway.

1990 EPA 20 City 28 Hwy

 SOLD TO
 FORD FORD
 15415 1/2 Highway Blvd
 WINTER CA 90403

SHIP TO @ (SHOULD HAVE SOLD BY)

SHIP THROUGH ITEM#: 71-5508

VIN 1ZVPT21U9L5

PLANT NO 718 075

AREA, ADDRESS & PHONE
FLAT ROCKDEalership Name
RAIL RK27
 THIS LABEL IS THE PROPERTY OF FORD CREDIT. IT IS LOANED TO YOU BY FORD CREDIT. IT
 MUST BE RETURNED TO FORD CREDIT WITH THE VEHICLE. THERE IS NO CHARGE FOR THIS LABEL.
 5611 D TA AA 814 000802