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Relation to SELF Describe Da SCRATCHI DENT ON F Driver Relat Named Ins. ADDITIONA Veh # Owner's Named Ins. Criver's Named Ins. Criver's Named Ins. Criver Relation to Its. Control Builder Relation Ins. Control Builder	Insured  amage ES & POSSIBLE PASSENGER SI tion ured L VEHICLE 2 Year 1997 me & Address  me & Address  msured  amage MPER, SIDE HOOD ion ured _ VEHICLE 3	Make: HONDA Model: CIVIC	Drive Whe WIT	Where can veh be	eh be se RED age Seve umber seen?	erity  State	Residence Phore Business Phore Purpose of use When can veh be seen? N/A  Plate Number  Residence Phone Business Phone Business Phone Purpose of use When can veh be seen? ANYTIME	State e: Used w/ permi Yes Other ins on vo N/A  State e: Used w/ permi Yes Other ins on vo N/A

			Business Phone:			
Driver's Name & Ad	dress		Residence Phone: Business Phone:			
9.4						
Relation to Insured	Date of Birth	Driver's License Number	State	Purpose of use	Used w/ permission? Yes	
Describe Damage	Est Amt	Where can veh be seen?	-	When can veh be seen? Other ins on		
Driver Relation Named Insured		Vehicle Damage Severity				

*;* }

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## RECORDED STATEMENT ANALY S

Date/Time Taken: 4/23/02-0	Claim #:	Adjuster: _ Policy No	:	Insd:	
erson Interviewed	☐ Jnsu			State Zi	p
		mant			
	☐ With			Crows's Norma	
Telephone Number	isiness:	DOB	Martial status  Martial S □D □W	Spouse's Name	ele)
Home: Bu Accident Date Time	□ AM /Lòca	ation of Accident	AT LIO LE LI		<del> </del>
4.20.02 13:	30 PPM DE	ARystoun Rd			
Your Vehicle: Make Mago		Color Driver	Owner (	nsurance carrier	
Passengers		Seat Belts Wo	m	D. Whon	
Other Vehicles Make Moo	del / Year	☐ Yes ☐ No Color ☐ Driver	Owner	,	
Other Vehicles Make Moo	iei) i eai	Color Dilvor	5 TV51		
Other Passengers (In Which Car)	7 .		Seat Belts		
,			□ Yes □ No		
			Seat Belts		
Accident Summary:		· · · · · · · · · · · · · · · · · · ·	☐ Yes ☐ No	<del></del>	
Accident Summary.				1	<del></del>
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injuries.	-, Abouted	Liep E.R.	THE GAR	le,	-
• Type:	1 0 1	La 60			
Where treated:	bucken P	roop a.			-
Treated by whom			n tautuluutaa.		-
Prior accidents		·	• Prior injuries:		
Health Insurance:	Social Security	# #	Co-Payme	ent:	Deductible:
l contra	louad	Type of Work	Hours or I	Days Lost	Wage
Wages Lost Where Emp	loyed ,	a Costa de la des	nous or i		
Yes □ No Wi	nere Located	Address		Phone N	umber /
· • • • • • • • • • • • • • • • • • • •	me and Address and Te	lephone of One Who W	ili Always Know Hov	v to Reach You:	
∯Ýes □ No					
1	<del></del>			<del></del>	

## RECORDED STATEMENTS

	Introduction	<b>,</b>	•		•			
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	Permission:							
	, do yo	ou realize that I am	recording th	is interv	iew?		•	
	Do I have yo	ur permission to d	lo so?					
		erstand that this st	mt may be us	sed in a	court of law i	if necessary?		
	Personal Info							
	Home addre	our full name and	spen you las	t name?				
	Telephone n							
		ity number for idea	ntification pu	rposes?	•			
		a valid driver's lic	ense? Are th			•		
		marital status?	_	Spous	es Name?		. *	
	Date of birth	driver,)passenge	<b>.</b> r or witness?					
	Were there a	ny other guests/pa	essengers?	ń				
		, g		' /				
	<i>lnjury</i> : Were you inji	urad0		F.,	d = = = /6 == = +++= =	40		
	Missed time				desc/treatme yer info?	ent (		
	Anyone else					h's to scene?		
	Any prior inj'				ng at time of			
							·	
							· · · · · ·	
	Vehicle Infori	mation: i01?						
	Make/model/y			Color?				
	Plate number Permission?	?		Owner	-		vou maine taleamin.	- <b>f</b>
	Passenger?			rurpos	se or your tri	p/wnere were	you going to/coming	g irom?
	Seatbelts? 🧐	<del>=</del> 5		Prior d	amage to yo	ur car?		
		chanical damage to	o your car?					
								•
							•	
,	Vehicle Inform	nation: a01?						
-	Name of drive						-	
-	Phone #?							
-	Address?	0		C-10				
	Vlake/model/y Plate number	_		Color? Owner	A01			
	Permission?	·			e of use?			
	Where coming	g from/to?			ger?(I)			
5	Seatbelts? 🙌	es .			amage to you	ur car? MO		
F	Any Prior Med	chanical damage to	o your car?	1e				
	Scene of Acci	idant				•		
ř	Date/time? #	including the city	2:30 pm					
E	xact location	including the city	ust? Bethe	≾da,	m			
F	Res or comme	ercial? Both		•				-
٧	Vas traffic lig	ht/moderate/heavy	1? = 47 X	167	Mosel	No.		
F	SL240	Speed you were tr	aveling?	Weathe	rilleari	L'H		
	traignt, curve	eu, nilly / les of travel does t	he road have	ramilla 27 i.	w area			
V	Vhat direction	numoderate neavy Speed you were tr ed, hilly? es of travel does to were you travelin	19? N/R	. 5 1	is Ex 10	7		
•		, ,	- 17/1					

		· \	
Where was the other vehicle?		$\mathcal{F}_{\mathcal{F}}$	
Were there any obstructions? NO Ne		•	
Were there any road signs/signals/traffic co	entrols? < / /ts		
	MILOIS: 37 112		
Accident			
Can you describe how the accident happen	ed?		
If dark, did you have your headlights on?	cu.		
If raining, did you have your wipers on?			
When did you first see the other vehicle? (t	imalengad/dietanca\		
Fracing action by your RIKE SWETTER to	By the other driver?	Cut	
Evasive action by you? Brkd, swerved to Point of impact to you? bls fribing, hd,	To the other vehicle? D/S	dr	
Describe damage to your vehicle, has buck	io the other vehicle: 4,2		
Le de la company	(0)		
Is the vehicle drivable? wudriteable	anton		
Describe damage to the other vehicle. p/s	ar account	-lander	
Where did the veh's end up after impact?	ance in closer to	Sucurion	
What happened after impact?			
On a Scale of 1-10 how hard was the impact	? 7-8		
tt other driver? Civil Witnesses?			
Any skid marks by you? NO	By other veh? NO	14.5.4.4	
Were the police contacted? L∕≈S	Which dept? Bet vesde	Any tickets? Nove	/
In your opinion who do you feel was respon		DI	
Was there any other property damage done			

Other info:

The next couple of questions are not meant to offend you in any way, we are required to ask them on all

statements.

Any alcohol 8 hrs prior?

no

Any medication?

Any suspected on other driver?

Conclusion:

Are there any other facts about the incident you would like to add?

Have you understood all of my questions?

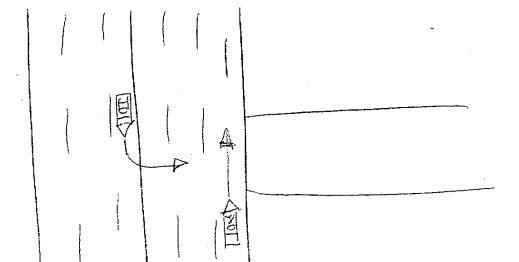
Have all your answers been true and correct to the best of your knowledge?

NO

Did I have your permission to record this?

Please state your full name and spell your last name once more for the recording?

The time is now Do I have your permission to turn off the recorder?



			RECOR	DED STAT	EMENT A	NALVSI	S		
	.11.	2/2			Adjuster:	<u> </u>			
Date/Time Take	n:4/2	3/02 Claim #:			Policy N			Insd:	
Person Interview	ved		5	KInsured	Street Ac	idress	City	State	Zip
				☐ Claimant					
				☐ Witness				I Canana'a Ni	
Telephone Num	ber	¬			DOB	Martial st	anus	Spouse's Na	ante
Home:		Business:		Location of A	ooident	TIME ITS		<u> </u>	
Accident Date			□ AM □ PM						
Your Vehicle:	Make	Model	Year	Color	Driver	C	)wner I	nsurance carri	
Passengers	-				Seat Belts W			By W	hom
Other Vehicles	Make	Model	Year	Color	Drive		Owner		
Involved:	171410						· · · · · · · · · · · · · · · · · · ·		
Other Passenger	s (In Whi	ich Car)	<u></u>			Seat Belt	<u> </u>	_,	
Cutor rabbing.						☐ Yes □			
						Seat Belt			
		·				☐ Yes □	l No		
Accident Summ	ary:								
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Injuries:						No.			VENEDATA
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Type:				73					
	e treated:								
• Treat	ed by wh	om				• Prior	r injuries:		
<ul> <li>Prior</li> </ul>	accidents	i		· · · · · · · · · · · · ·			Co-Payme	erit:	Deductible:
Health Insurance	e:	_	Social S	Security #					
Wages Lost	<u> </u>	Where Employed	1	Туре	of Work		Hours or 1	Days Lost	Wage
☐ Yes ☐ No							<u></u>	Dha-	e Number
Witness		Where L			Address				
Police A	gency	Name an	d Address	and Telephone	of One Who	Will Alway	s Know Hov	v to Reach Yo	ou:
Police A  ☐ Yes ☐ No	.golloy								
□ 102 □ 140									

#### RECORDED STATEMENT

Introduction:

This is time is

from Green Bay WI, telephone number CST. This is in regards to claim #

Today's date is and I am speaking to

and the

Permission:

, do you realize that I am recording this interview?

Do I have your permission to do so?

Do you understand that this stmt may be used in a court of law if necessary?

Personal Information:

May I have your full name and spell you last name?

Home address?

Telephone numbers?

Social Security number for identification purposes?

Do you have a valid driver's license? Are there any restrictions?

What is your marital status?

Spouses Name?

Date of birth?

Were you the driver passenger or witness? Were there any other guests/passengers?

*Injury*:

Were you injured?

Missed time from work?

Anyone else injured?

Any prior inj's?

Exact desc/treatment?

Employer info?

Any emergency veh's to scene?

Working at time of loss?

Vehicle Information: i01?

Make/model/year? Plate number?

Permission?

Passenger?

Seatbelts?

Any prior Mechanical damage to your car?

Color?

Owner?

Purpose of your trip/where were you going to/coming from?

Prior damage to your car?

Vehicle Information: a01?

Name of driver?

Phone #?

Address?

Make/model/year?

Plate number?

Permission?

Where coming from/to?

Seatbelts?

Color?

Owner?

Purpose of use?

Passenger?

Prior damage to your car?

Any Prior Mechanical damage to your car?

Scene of Accident.
Date/time? Apr. 20, 02- 12-12:30 PM

Exact location including the city/st? Bethesda, MD

Res or commercial?

Was traffic light/moderate/heavy?

PSICHUK Speed you were traveling? 5

Weather? Cloudy/Dry

Straight curved, hilly?

Familiar w/ area? NO

How many lanes of travel does the road have?

What direction were you traveling? 1/5 to turn onto 1-270 S

Old George Town Rd (4 Ins)

Where was the other vehicle? N/B on Georgia Will  Were there any obstructic. SUV  Were there any road signs/signals/traffic controls? TRAFFIC LT
Accident Can you describe how the accident happened?  If dark, did you have your headlights on?  If raining, did you have your wipers on?  When did you first see the other vehicle? (time/speed/distance)  Evasive action by you? Made Units*  By the other driver? Cit bump  Foint of impact to you? PS dR, first bump  To the other vehicle? To bump  Describe damage to your vehicle. The describe damage to your vehicle. The describe damage to the other vehicle. All game of the webs.  By the vehicle drivable? Underweable, all game of the webs.  Where did the veh's end up after impact?  What happened after impact?  On a Scale of 1-10 how hard was the impact? To the other veh?  Witnesses? Nove  Any skid marks by you?  By other veh?  Were the police contacted? Les Which dept? Montgomery Cty Any tickets? No in your opinion who do you feel was responsible for this accident?  Was there any other property damage done as a result of this accident? (car hit sign/pole/fence)

Other info:
The next couple of questions are not meant to offend you in any way, we are required to ask them on all

Any alcohol 8 hrs prior?

no

Any medication? no

Any suspected on other driver? no

#### Conclusion:

Are there any other facts about the incident you would like to add?

Have you understood all of my questions?

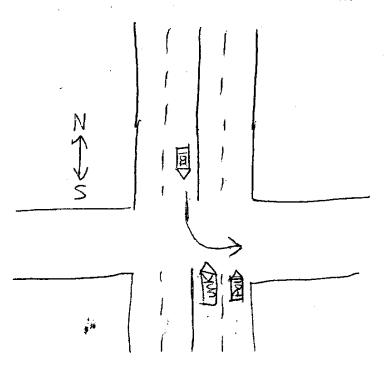
Have all your answers been true and correct to the best of your knowledge?

Did I have your permission to record this?

Please state your full name and spell your last name once more for the recording?

The time is now

Do I have your permission to turn off the recorder?



#### CLAIM INFORMATION FORM

Claim #:	Policy #:		
State: M	D Negl Law: Contrib		
Name of Land			
Name of Inso Reported By:			<u> </u>
	11/20/00	Report:	Y/N
Cause Code:_ Term Dates:_	Intersection Fault of Accident: AFA (NFA)  15/02-7/15/02 Orig Effective Date: 1/15/01	Subro:	Y/N
I01 Driver:		Listed:	$(Y)_N$
I01 Vehicle:_	Canry Listed: (Y) N	Rental:	YN
Coverages:	Liab: 100/300/100 Comp: \$100 Coll: \$250 UMPD: 160,000 MedPay: PIP (Primary / Excess)	Rental: MiniTort:	Y N Y N
L/H: <u>No</u>	ne	<del></del>	
I01 G/P: //	one		
Injury:	one	Verified:	Y/N
I01 Damages:	scratches + poss dent on p/s		<u>-</u>
History:	4 c/m (2nd in 2 mo)		
<u>A01</u>			
Owner:	Driver: Same	· <u> </u>	
Vehicle:	Civic		
Damages: TV			
G/P:	(no inguries)	<u> </u>	
Injury: WIS	t, shoulder, Ift sd, + bk	Verified:	Y/N
<u>A02</u>			
Owner:	Driver:		
Vehicle:			
Damages:			
		Verified:	Y/N
Witnesses:		Verified:	Y/N

### Medical Evaluation

laim # Insured

Claimant			Hm	phone #	ļ	W	k phon	e#
Description of accident	<u> </u>							
Description of decidence								•
Medical diagnosis	0 Ĺ		_		-			
Permanency Shoulder, 14 3:0	lebocc	Pre-ev	istent/Co	nganita	1			
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Prior accidents	1011	.1 //	-90 -					
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Claimant's attorney	Auc	uress					ione ni	umber
Type of B.I.	Driver	☐ Insured		☐ Ped	estrian	☐ Oth	er-Exp	olain:
Claimant P.D UM Coverage Limit	☐ Passeng	er 🔯 Other c		□ PIP Sex   S	locial Sec	urity nun	her	Seat Belt
BI 100/300		.6.2			oolar See	arre, man		ØYes □ No
Wage loss Verified □	Yes □ No	Occupation	1					
Employer T	ime period	Hourly rate or	salary	Day	/S	Gross	<u> </u>	Net
Computer Court				<del></del>		-		
10								
Property Damage ☐ Yes ☐ No	1	BI/UM/UIM)	Inde		Lie	ns	Cont	tributions
101 PD \$3393 Total □ Yes No	Date	Amount	date:	S				. W. Erst
' /	3-12-0	2 3000 3 18,000	$\dashv$				Other	es% ©No company name
A01 PD \$ 685 Total  Yes KNo	78. 0	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>-</del>					
Police report Yes No	,		<u></u>	Γ.	Excess 1		Subr	
}		1	_		∃Yes Da	ate	LY	es 🗆 No
Med-specials 11,746(Di.	1 ag. \$ <i>¬2/</i> 2	) Offer	Date		Rep	De	mand	Date
General damage	75	17500	<del></del>	12-03			K	3-12-03
Subtotal		7/-/-					· /	77-25-63
Wage loss 1411,20 - (784,00	)-/27.2	0					<del></del>	
Other expenses							<del></del>	
Less offsets		† Reinsurar	ice 🗆 Y	es / Da	te		□И	0
Total 14,146 - 1	1771	PIP or Med	d Pou on	union (	if annlical	10)		
A Liability %		TH O ME	a ray ca	irrier (	п аррпса	ole)		
Grand Total	1704	Authority	10 3	10-7	<del>(2</del> 121		at	e 3/11/25
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Comments (Strengths and weaknesses o		u Medical)	<u>ルド</u> 「コピ <del>ラ</del>	1 1X	<del>-600</del>		*	354
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Medical Specials Evaluation

Claim #_	Page #	of
Insured	D/L #_	4-20-02

•					Reserves (PIP/Med Pay)			
Deductible Medical:		Wag	ge:			Date		Amount
IME Date		Resu	ult .			····-		
Injured:		<del></del>				·		
Med-Specials	Treatment period	MR request	MR rec'd	Amount			Amount paid	Date paid/denied
Hosp E/R	4-2002			65.00			Ep	
Ela a. Bill	4-20			295.	700.		FR	
- Rag	7/13/0			317.			XVai	1
Dr 19204	1105			145,00	7		OV-	mD
Dr	4-25 9-30			1864,00	<u>}</u>		01/5	(10) Orth
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# 2002

January									
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Jebruary									
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24	25	26	27	28		•			

March								
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#### INDEX REPORT

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PIP/MED WORK CHECKLIST BI \* UM/UIM \_\_\_\_ MED \_\_\_\_ PIP \_\_\_\_ Date of Loss 4-20-02 COSTCO\_\_\_\_  $\bigcirc$ Mail PIP application (& applicable cover letter) DMP MAY 0 2 2002 ☐ W/wage ☐ W/out Wage ☐ 2<sup>nd</sup> req ☐ Index ☐ Att Phys ☐ Med Eval ☐ Cost Cont Ltr MI ONLY: (Check the TWO that apply) PA ONLY: ☐ #1 (PM) ☐ #2 (CM) ☐ #3 (PW) ☐ #4 (CW) MEDICAL \_\_\_\_\_ WAGE \_\_\_\_ Injured party: Address if other than in system: State \_\_\_\_\_ Deductible: Med. \_\_\_\_Wage \_\_\_\_ Strnt of Int/Gen Prov \_\_\_\_ Affidavit of no insurance/cover letter (716/717) Florida supplemental medical expense notice Supplemental amount \$ ()Med Primary/Auth State \_\_\_\_ Coverage amt \$\_\_\_\_ □ Med Eval □ Index □ Cost Cont Ltr (#625) Injured party: \_\_\_\_\_ Med Excess/Auth/Med Affidavit State \_\_\_\_ □ Med Eval □ Index □ Stmt of Int/Gen Prov □ Cost Cont ltr (#625) Injured party : \_\_\_\_\_ Med Auth State \_\_MD BI (801) Atty. (800) 2105 Med Eval Index Injured party Address if other than in system \_\_\_\_  $\mathbf{O}$ Request medical records \*\*Please attach/tab medical bills\*\* ☐ 2<sup>ND</sup> Request Patient \_\_\_\_\_ Provider Date of Service \_\_\_\_\_ Log bills O Forward bills to Mitchell / NHR [Circle one] Medical Eval \_\_\_\_\_\_ Injury\_\_\_\_\_