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State Farm Insurance Companies®



August 8, 2005

Roseville Operations Center  
Reconsideration of Fault  
PO Box 619059  
Roseville, CA 95661-9059

A  
MICHAEL LAHAM  
ELANA LAHAM  
26841 LA ALAMEDA #636  
MISSION VIEJO CA 92691-7364

RE: Your Claim Number: 75-A954-439  
Our Insured: Laham  
Date of Accident: March 26, 2005

Dear Mr. and Mrs. Laham:

\* We have received your request to reconsider our determination of fault for this accident, and I have reviewed your letter along with the claim file investigation. After reviewing your concerns, I understand you are not in agreement with the at fault determination previously made for this accident. However, when the law requires a driver to "yield the right-of-way" to another vehicle, this means the driver must let that other vehicle go first.

\* After a careful review of the information gathered during the handling of your claim and your request for reconsideration, it appears based upon the information known at this time, including information provided by the witnesses, Michael failed to yield the right-of-way when entering the intersection. If you have further questions regarding the handling of this claim, please contact your current claim handler, Pam Wilson, in our Irvine Operations Center, phone number 1-888-582-3020.

Mr. and Mrs. Laham, the Claim Department has attempted to be fair and objective during the investigation of this claim. According to specific insurance regulations, someone other than the original handler of the claim has reviewed your reconsideration request. The information gathered during the handling of this claim supports the previous liability decision. If you have any new information on this matter for consideration, please forward it to my office for review.

\* A review of your claim file indicates property damage was sustained in this accident. Michael's policy may be assessed one point in compliance with the California Good Driver Discount program governed by California law. State Farm® has a legal obligation to follow state statute when assessing points to an insured's policy.

I trust my review of your claim assures you of my desire to be responsive to your concerns. Should you wish to determine how this accident might affect Michael's policy, please contact your State Farm Agent. A copy of this letter has also been forwarded to their office.

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While I understand you disagree with and are disappointed by the decision, please understand I have carefully considered all the relevant facts presented and believe the evidence supports the decision made.

I appreciate your providing me with the opportunity to review your concerns. Thank you for choosing State Farm.

Sincerely,

Liz A. Robinson  
Team Manager  
State Farm Mutual Automobile Insurance Company

cc: 75-7940 Agent John McGill