U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100151

Date Received	Repository ☐
24-MAY-2004 2004 JUN 24 PM 12:57	Reference No. 10074108

OWNER INFORMATION (Type or Print)

Name		E-mail Address
Address	Evening Telephone Number	
City JACKSONVILLE	State FL	Zip Cod

Do you authorize NHTSA to release your name and address to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an express authorization, NHTSA will release your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/12/04

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTYR10U74P	FORD	RANGER XLT 6	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Original Owner ☒	Dealer's City	State	Zip Code	6	

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☒ Anti-lock Brakes ☒ Cruise Control		141000 AIR BAGS:FRONTAL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
23-APR-2004	3800	40	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	2	0	Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING AT 40 MPH, ANOTHER VEHICLE PULLED IN FRONT OF CONSUMER'S VEHICLE FROM AN INTER SECTION. THE FRONT OF CONSUMER'S VEHICLE COLLIDED DEAD CENTER OF THE OTHER VEHICLE. CONSUMER WAS WEARING SEAT BELTS AT THE TIME OF COLLISION, BUT FRONT AIR BAGS DID NOT DEPLOY. THERE WAS ONE INJURY IN EACH VEHICLE. CONSUMER WAS TREATED BY THE PARAMEDIC AT THE SCENE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Pg. 2 [redacted]

FLORIDA TRAFFIC CRASH REPORT
LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE — DATA INPUT

Time & Location

Date of Crash	Time of Crash	Time Officer Notified	Time Officer Arrived	Invest. Agency Report Number	HSMV Crash Report Number
04 23 04	6:48 PM	6:59 PM	7:07 PM	344278	75895526

County / City Code: 02 / 38 — City or Town: JACKSONVILLE / 02 — County: DUVAL

No. of Lanes: 6 — 2 (1 Divided, 2 Undivided) — On Street, Road or Highway: 5700 MERRILL RD

At the Intersection of: JUSTINA RD

Section 1 — Vehicle

Driver Action (1. Phantom 2. Hit & Run 3. N/A): 3 — Year: 04 — Make: FORD — Type: 03 — Use: 01 — Driver License Number: [redacted] — State: FL — Vehicle Identification Number: 1FTYR10414P [redacted]

Vehicle Travelling: W — On: MERRILL RD — Est. MPH: 40 — Posted Speed: 40 — Est. Vehicle Damage: $4,000.00 — Damage (1. Disabling 2. Functional 3. No Damage): 1

Motor Vehicle Insurance Company: STATE FARM — Policy Number: [redacted] — Vehicle Removed By: ARLINGTON WREC(KER) — 1

[redacted] — City and State: JACKSONVILLE FL — Zip Code: [redacted]

Name of Owner — Current Address — City and State — Zip Code

Name of Motor Carrier (Commercial Vehicle Only) — Current Address — City, State and Zip Code — US DOT or ICC MC Identification Numbers

Name of Driver / Pedestrian — Current Address: [redacted] — City, State & Zip Code: JACKSONVILLE FL [redacted] — Date of Birth: 10-17-84

[redacted] — State: FL — DL Type: 5 — Req. End.: 3 — Alcohol Test Type: 5 — Alcohol: 1 — Phys. Def.: 1 — Res.: 1 — Race: 1 — Sex: 1 — Inj.: 2 — S. Equip.: 2 — Eject.: 1

Hazardous Materials Being Transported: 2 — Placarded: 2 — Hazardous Material Spilled: 1 — Recommend Driver Re-Exam: 2 — Driver's Phone No.: [redacted]

Section 2 — Vehicle

Driver Action: 3 — Year: 01 — Make: SATURN — Type: 01 — Use: 01 — Driver License Number: [redacted] — State: FL — Vehicle Identification Number: 1G8ZK527 [redacted]

Vehicle Travelling: S — On: JUSTINA RD — Est. MPH: 30 — Posted Speed: 10 — Est. Vehicle Damage: $7,000.00 — Damage: 1

Motor Vehicle Insurance Company: STATE FARM — Policy Number: [redacted] — Vehicle Removed By: ARLINGTON WRECKER — 1

[redacted] — City and State: JACKSONVILLE FL — Zip Code: [redacted]

Name of Owner — Current Address — City and State — Zip Code

Name of Motor Carrier (Commercial Vehicle Only) — Current Address — City, State and Zip Code — US DOT or ICC MC Identification Numbers

[redacted] — City, State & Zip Code: JACKSONVILLE FL [redacted] — Date of Birth: 01-05-64

[redacted] — State: FL — DL Type: 5 — Req. End.: 3 — Alcohol Test Type: 5 — Alcohol: 1 — Phys. Def.: 1 — Res.: 1 — Race: 2 — Sex: 1 — Inj.: 4 — S. Equip.: 1 — Eject.: 2

Hazardous Materials Being Transported: 2 — Placarded: 2 — Hazardous Material Spilled: 2 — Recommend Driver Re-Exam: 2 — Driver's Phone No.: UK

Code Information

Vehicle Type	Vehicle Use	Trailer Type	Location in Vehicle
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 Front Left
02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Front Center
03 Light Truck (P.U. - 2 or 4 rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Front Right
04 Medium Truck - 4 rear tires	04 Public Transportation	04 Mobile Home / Flatbed	4 Rear Left
05 Heavy Truck - 2 or more rear axles	05 Public School Bus	05 Boat Trailer	5 Rear Center
06 Truck Tractor (Cab-bobtail)	06 Private School Bus	06 Utility Trailer	6 Rear Right
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 In Body Of Truck
08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer	8 Bus Passenger
09 Bus (driver + seats for over 15)	09 Fire / Rescue	09 Towed Vehicle	9 Other
10 Bicycle	10 Military	10 Auto Transport	
11 Motorcycle	11 Other Government	77 Other	
12 Moped	12 Dump		
13 All Terrain Vehicle	13 Dirt Vehicle		
14 Train	14 Garbage or Refuse		
15 Low Speed Vehicle	15 Cargo Van		
77 Other	77 Other		

Residence (Driver / Ped.): 1 County of Crash; 2 Elsewhere in State; 3 Non-Resident of State; 4 Foreign; 5 Unknown

DL Type: 1 A; 2 B; 3 C; 4 D Chauffeur; 5 E Operator; 6 E Oper. Restr.; 7 None

Race: 1 White; 2 Black; 3 Hispanic; 4 Other

Required Endorsements: 1 Yes; 2 No; 3 No Endorsement Required

Sex: 1 Male; 2 Female

Physical Defects: 1 No Defects Known; 2 Eyesight Defect; 3 Fatigue / Asleep; 4 Hearing Defect; 5 Illness; 6 Seizure, Epilepsy, Blackout; 7 Other Physical Defect

Injury Severity: 1 None; 2 Possible; 3 Non-Incapacitating; 4 Incapacitating; 5 Fatal (within 30 Days); 6 Non-Traffic Fatality

Alcohol / Drug Use: 1 No Drinking or Using Drugs; 2 Alcohol - Under Influence; 3 Drugs - Under Influence; 4 Alcohol & Drugs - Under Influence; 5 Had Been Drinking; 6 Pending Alcohol/Drug Test Results

Safety Equipment in Use: 1 Not in Use; 2 Seat Belt / Shoulder Harness; 3 Child Restraint; 4 Air Bag - Deployed; 5 Air Bag - Not Deployed; 6 Safety Helmet; 7 Eye Protection

Ejected: 1 No; 2 Yes; 3 Partial

HSMV 90003 (REV. 01/02)

Team 2

Section 3 — Vehicle / Pedestrian

DRIVER ACTION: 1. Driver 2. Hit & Run 3. M.V. | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

Damage diagram: 1–17; 16. Undercarriage, 19. Overturn, 20. Windshield, 21. Trailer; Most Point of Vehicle Damage

VEHICLE TRAVELLING N S E W | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE: 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number And Street) | CITY, STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ. END. | ALCOHOL/DRUG TEST TYPE: 1 Blood 2 Urine 3 None 2 Breath 4 Refused | RESULTS | ALCOHOL/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, HAZARDOUS MATERIAL NUMBER | HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No | DRIVER'S PHONE NO.

#1 PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT $ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP

#2 PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT $ | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

01 No Improper Driving / Action; 02 Careless Driving (Explain in Narrative); 03 Failed To Yield Right-of-Way; 04 Improper Backing; 05 Improper Lane Change; 06 Improper Turn; 07 Alcohol - Under Influence; 08 Drugs - Under Influence; 09 Alcohol & Drugs - Under Influence; 10 Followed Too Closely; 11 Disregarded Traffic Signal; 12 Exceeded Safe Speed Limit; 13 Disregarded Stop Sign; 14 Failed To Maintain Equip. / Vehicle; 15 Improper Passing; 16 Drove Left of Center; 17 Exceeded Posted Speed Limit; 18 Obstructing Traffic; 19 Improper Load; 20 Disregarded Other Traffic Control; 21 Driving Wrong Side / Way; 22 Fleeing Police; 23 Vehicle Modified; 24 Driver Distraction (Explain in Narrative); 77 All Other (Explain in Narrative)

1	2	3
77	77	/
/	/	/
/	/	/

VEHICLE DEFECT

01 No Defects; 02 Def. Brakes; 03 Worn / Smooth Tires; 04 Defective / Improper Lights; 05 Puncture / Blowout; 06 Steering Mech.; 07 Windshield Wipers; 08 Equipment / Vehicle Defect; 77 All Other (Explain in Narrative)

1	2	3
01	01	/
/	/	/

VEHICLE MOVEMENT

01 Straight Ahead; 02 Slowing / Stopped / Stalled; 03 Making Left Turn; 04 Backing; 05 Making Right Turn; 06 Changing Lanes; 07 Entering / Leaving / Parking Space; 08 Properly Parked; 09 Improperly Parked; 10 Making U-Turn; 11 Passing; 12 Driverless or Runaway Vehicle; 77 All Other (Explain in Narrative)

1	2	3
01	03	/

VEHICLE SPECIAL FUNCTION

1 None; 2 Farm; 3 Police Patrol; 4 Recreational; 5 Emergency Operated; 6 Construction / Maintenance

1	2	3
01	01	/

SOURCE OF CARRIER INFORMATION

1 Not Applicable; 2 Shipping Papers; 3 Vehicle Side; 4 Driver; 5 Other

1	2	3
01	01	/

POINT OF COLLISION

01 On Road; 02 Not On Road; 03 Shoulder; 04 Median; 05 Turn Lane

1	2	3
01	01	/

WORK AREA

01 None; 02 Nearby; 03 Entered

1	2	3
01	01	/

PEDESTRIAN ACTION

01 Crossing Not at Intersection; 02 Crossing at Midblock Crosswalk; 03 Crossing at Intersection; 04 Walking Along Road With Traffic; 05 Walking Along Road Against Traffic; 06 Working on Vehicle in Road; 07 Working in Road; 08 Standing/Playing in Road; 09 Standing in Pedestrian Island; 77 All Other (Explain in Narrative); 88 Unknown

1	2	3
/	/	/

LOCATION TYPE

1 Primarily Business; 2 Primarily Residential; 3 Open Country — **02**

FIRST / SUBSEQUENT HARMFUL EVENT(S)

01 Collision With MV in Transport (Rear End); 02 Collision With MV in Transport (Head On); 03 Collision With MV in Transport (Angle); 04 Collision With MV in Transport (Left Turn); 05 Collision With MV in Transport (Right Turn); 06 Collision With MV In Transport (Sideswipe); 07 Collision With MV in Transport (Backed Into); 08 Collision With Parked Car; 09 Collision With MV on Roadway; 10 Collision With Pedestrian; 11 Collision With Bicycle; 12 Collision With Bicycle (Bike Lane); 13 Collision With Moped; 14 Collision With Train; 15 Collision With Animal; 16 MV Hit Sign / Sign Post; 17 MV Hit Utility Pole / Light Pole; 18 MV Hit Guardrail; 19 MV Hit Fence; 20 MV Hit Concrete Barrier Wall; 21 MV Hit Bridge/Pier/Abutment/Rail; 22 MV Hit Tree / Shrubbery; 23 Collision With Construction Barricade Sign; 24 Collision With Traffic Gate; 25 Collision With Crash Attenuators; 26 Collision With Fixed Object Above Road; 27 MV Hit Other Fixed Object; 28 Collision With Moveable Object On Road; 29 MV Ran Into Ditch/Culvert; 30 Ran Off Road Into Water; 31 Overturned; 32 Occupant Fell From Vehicle; 33 Tractor/Trailer Jackknifed; 34 Fire; 35 Explosion; 36 Downhill Runaway; 37 Cargo Loss or Shift; 38 Separation of Units; 39 Median Crossover; 77 All Other (Explain in Narrative)

1	2	3
04	07	/
/	/	/
/	/	/
/	/	/

ROAD SYSTEM IDENTIFIER

01 Interstate; 02 U.S.; 03 State; 04 County; 05 Local; 06 Turnpike / Toll; 07 Forest Road; 08 Private Roadway; 77 All Other (Explain in Narrative) — **05**

LIGHTING CONDITION

01 Daylight; 02 Dusk; 03 Dawn; 04 Dark (Street Light); 05 Dark (No Street Light); 88 Unknown — **01**

ROAD SURFACE CONDITION

01 Dry; 02 Wet; 03 Slippery; 04 Icy; 77 All Other (Explain in Narrative) — **01**

WEATHER

01 Clear; 02 Cloudy; 03 Rain; 04 Fog; 77 All Other (Explain in Narrative) — **01**

ROAD SURFACE TYPE

01 Slag/Gravel/Stone; 02 Blacktop; 03 Brick/Block; 04 Concrete; 05 Dirt; 77 All Other (Explain in Narrative) — **02**

ROAD CONDITIONS AT TIME OF CRASH

01 No Defects; 02 Obstruction With Warning; 03 Obstruction Without Warning; 04 Road Under Repair / Construction; 05 Loose Surface Materials; 06 Shoulders - Soft / Low / High; 07 Holes / Ruts / Unsafe Paved Edge; 08 Standing Water; 09 Worn / Polished Road Surface; 77 All Other (Explain in Narrative) — **01**, /

VISION OBSTRUCTED

01 Vision Not Obscured; 02 Inclement Weather; 03 Parked / Stopped Vehicle; 04 Trees / Crops / Bushes; 05 Load On Vehicle; 06 Building / Fixed Object; 07 Signs / Billboards; 08 Fog; 09 Smoke; 10 Glare; 77 All Other (Explain in Narrative) — **01**, /

TRAFFIC CONTROL

01 No Control; 02 Special Speed Zone; 03 Speed Control Sign; 04 School Zone; 05 Traffic Signal; 06 Stop Sign; 07 Yield Sign; 08 Flashing Light; 09 Railroad Signal; 10 Officer / Guard / Flagman; 11 Posted No U-Turn; 12 No Passing Zone; 77 All Other (Explain in Narrative) — **05**, /

SITE LOCATION

01 Not At Intersection / RR X-ing / Bridge; 02 At Intersection; 03 Influenced by Intersection; 04 Driveway Access; 05 Railroad; 06 Bridge; 07 Entrance Ramp; 08 Exit Ramp; 09 Parking Lot - Public; 10 Parking Lot - Private; 11 Private Property; 12 Toll Booth; 13 Public Bus Stop Zone; 77 All Other (Explain in Narrative) — **02**

TRAFFICWAY CHARACTER

01 Straight - Level; 02 Straight - Upgrade / Downgrade; 03 Curve - Level; 04 Curve - Upgrade / Downgrade — **01**

TYPE SHOULDER

01 Paved; 02 Unpaved; 03 Curb — **03**

Violator(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

Team 2 [redacted]

FLORIDA TRAFFIC CRASH REPORT
NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
☐ AM ☐ PM	☐ AM ☐ PM	04 23 04	26/38	344278	75895526

(NARRATIVE)

V_1 WAS TRAVELLING WESTBOUND ON MERRILL RD. V_2 WAS TRAVELLING SOUTHBOUND ON JUSTINA RD. THE FRONT OF V_1 STRUCK THE LEFT SIDE OF V_2. IT WAS UNABLE TO DETERMINE WHO RAN THE RED LIGHT, AT THE INTERSECTION.

D_1 COMPLAINED OF CHEST PAIN.

D_2 WAS TRANSPORTED TO SHANDS HOSPITAL, BY RESCUE 19. LIFETHREATENING INJURIES (INTERNAL INJURIES).

DET. GOODE #5944, RESPONDED TO THE SCENE AND WILL FOLLOW UP

VEH #	PASS #	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)

SECTION	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #				
SECTION #				

WITNESS NAME (S)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (S)	CURRENT ADDRESS	CITY & STATE	ZIP CODE

FIRST AID GIVEN BY - NAME: 1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other: RESCUE R 154 | INJURED TAKEN TO: SHANDS | BY - NAME: RESCUE 19

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO: 1 | IF NO, THEN WHERE? | IS INVESTIGATION COMPLETE? 1. YES 2. NO: 2 | IF NO, THEN WHY? | DATE OF REPORT: 04 23 04 | PHOTOS TAKEN 1. YES 2. NO: 1 | IF YES, BY WHOM: 1. INVESTIGATING AGENCY 2. OTHER: 1

INVESTIGATOR - RANK & SIGNATURE: PLH LLAMASKI [signature] | BADGE NUMBER: 5525 | DEPARTMENT: JACKSONVILLE | FHP ☐ SO ☒ PD ☐ OTHER ☐

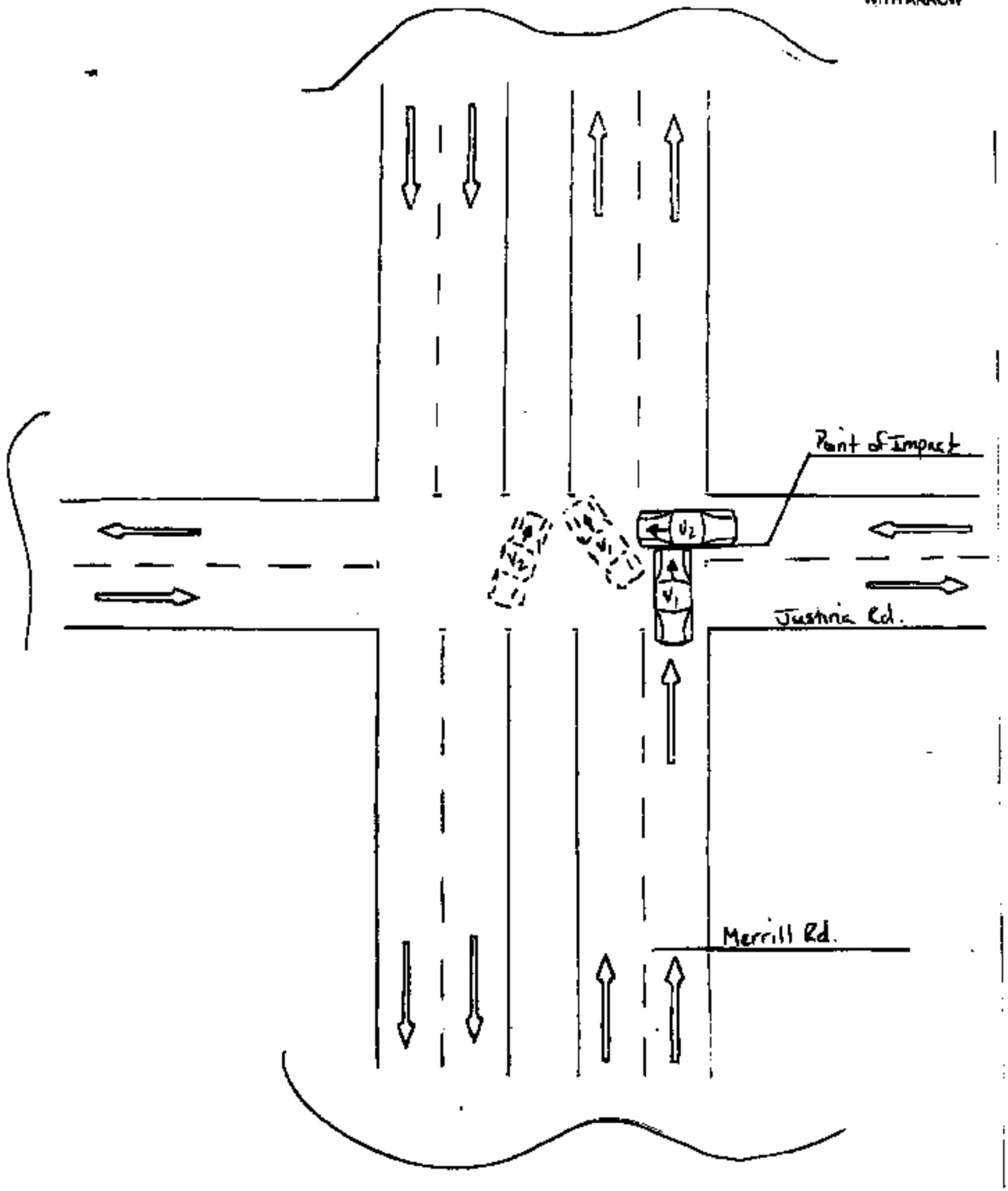
HSMV-90003 (Rev. 1/02)

BJM17704

DIAGRAM NOT TO SCALE

[redacted]

INDICATE NORTH WITH ARROW



05/17/2004 AT 03:19 PM JOB NUMBER:
53531

AUTOCRAFTERS INTERNATIONAL
LICENSE #:MV-46604
1638 DEBUTANTE DR.
JACKSONVILLE, FL 32246
(904)721-7781 FAX: (904)721-2220

ESTIMATE OF RECORD

WRITTEN BY: PAUL HOLCOMBE 05/17/2004 03:19 PM
ADJUSTER: PROCESSOR TEAM 8

INSURED: STATE FARM INSURED
OWNER: [redacted]
ADDRESS: [redacted]
JACKSONVILLE, FL [redacted]
EVENING: [redacted]

CLAIM # [redacted]
POLICY #
DEDUCTIBLE:
DATE OF LOSS: 04/22/2004 AT 04:30 PM
TYPE OF LOSS: LIABILITY
POINT OF IMPACT: 15. TOTAL LOSS

INSPECT LOCATION:

DAY: ()-

INSURANCE COMPANY: STATE FARM INSURANCE COMPANIES

DAYS TO REPAIR

2004 FORD RANGER 4X2 FLARESIDE 6-3.0L-FI 2D SHORT RED
VIN: 1FTYR10U14P[redacted] LIC: [redacted] FL PROD DATE: ODOMETER: 3703

AIR CONDITIONING	TILT WHEEL	CRUISE CONTROL
INTERMITTENT WIPERS	DUAL MIRRORS	CLEAR COAT PAINT
POWER STEERING	POWER BRAKES	ANTI-LOCK BRAKES (4)
DRIVER AIR BAG	PASSENGER AIR BAG	CLOTH SEATS
SPLIT BENCH SEATS	REAR STEP BUMPER	STYLED STEEL WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		PICK UP BOX				
2	REPL	LT SIDE PANEL	1	579.20	2.0	3.2
3		ADD FOR CLEAR COAT				1.3
4*	RPR	RT SIDE PANEL			0.5*	2.9
5		OVERLAP MAJOR NON-ADJ. PANEL				-0.2
6		ADD FOR CLEAR COAT				0.5
7	BLND	TAIL GATE				1.0
8	R&I	EMBLEM FORD OVAL			0.3	
9		REAR LAMPS				
10	REPL	LT TAIL LAMP ASSY	1	93.60	INCL.	
11		REAR BUMPER				
12	R&I	R&I BUMPER ASSY			0.6	
13	REPL	STEP PAD STYLESIDE CHROME BUMPER	1	73.70	0.5	
		SUBTOTALS ==>		746.50	3.9	8.7

05/17/2004 AT 03:19 PM JOB NUMBER:
53531

ESTIMATE OF RECORD
2004 FORD RANGER 4X2 FLARESIDE 6-3.0L-FI 2D SHORT RED

ESTIMATE NOTES:
VEH ALSO HAS ANOTHER CLAIM [redacted] FOR $10895.77

PARTS			746.50
BODY LABOR	3.9 HRS	@$ 36.00/HR	140.40
PAINT LABOR	8.7 HRS	@$ 36.00/HR	313.20
PAINT SUPPLIES	8.7 HRS	@$ 22.50/HR	195.75
SUBTOTAL			$ 1395.85
SALES TAX	TIER 1 $ 1395.85	@ 7.0000%	97.71
GRAND TOTAL			$ 1493.56
ADJUSTMENTS:			
DEDUCTIBLE			0.00
CUSTOMER PAY			$ 0.00
INSURANCE PAY			$ 1493.56

FAILURE TO USE THE INSURANCE PROCEEDS IN ACCORDANCE WITH THE SECURITY AGREEMENT, IF ANY, COULD BE A VIOLATION OF S. 812.014, FLORIDA STATUTES. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR LENDING INSTITUTION. IF A CHARGE FOR SHOP SUPPLIES OR HAZARDOUS OR OTHER WASTE REMOVAL IS INCLUDED ON THIS ESTIMATE, PLEASE NOTE THE FOLLOWING: THIS CHARGE REPRESENTS COSTS AND PROFITS TO THE MOTOR VEHICLE REPAIR FACILITY FOR MISCELLANEOUS SHOP SUPPLIES OR WASTE DISPOSAL. IF A CHARGE FOR NEW TIRES OR A NEW OR REMANUFACTURED LEAD-ACID BATTERY IS INCLUDED ON THIS ESTIMATE, PLEASE NOTE THE FOLLOWING: A $1.00 FEE FOR EACH NEW MOTOR VEHICLE TIRE SOLD AT RETAIL IS IMPOSED ON ANY PERSON ENGAGING IN THE BUSINESS OF MAKING RETAIL SALES OF NEW MOTOR VEHICLE TIRES WITHIN THE STATE OF FLORIDA. FLORIDA STATUTES TITLE XXIX CHAPTER 403.718. A $1.50 FEE FOR EACH NEW OR REMANUFACTURED LEAD-ACID BATTERY SOLD AT RETAIL IS IMPOSED ON ANY PERSON ENGAGING IN THE BUSINESS OF MAKING RETAIL SALES OF NEW OR REMANUFACTURED LEAD-ACID BATTERIES WITHIN THE STATE OF FLORIDA. FLORIDA STATUTES TITLE XXIX 403.7185.

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR2MD98 DATABASE DATE 5/2004 AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. ASTERISK (*) OR DOUBLE ASTERISK (**) INDICATES THAT THE PARTS AND/OR LABOR INFORMATION PROVIDED BY MOTOR MAY HAVE BEEN MODIFIED OR MAY HAVE COME FROM AN ALTERNATE DATA SOURCE. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECON. RECORED PARTS ARE DESCRIBED AS RECORE. NAGS PART NUMBERS AND PRICES ARE PROVIDED FROM NATIONAL AUTO GLASS SPECIFICATIONS, INC. POUND SIGN (#) ITEMS INDICATE MANUAL ENTRIES.

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