



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 100216

Date Received

26-MAY-2004

Responsible

Reference No.
10074307

OWNER INFORMATION (Type or Print)

Name

Address

City **STOUGHTON**

State **MA**

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMZU73K14L

Make
FORD

Model
EXPLORER

Model Year
2004

Date Purchased
4/24/04

Dealer's Name and Telephone Number
Jack Madden Ford (781) 762-4200

Engine:
No. Cylinders **6**

Fuel Type:
gas

Original Owner

Dealer's City
Norwood

State
MA

Zip Code
02062

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code
1B0000 VEHICLE SPEED CONTROL

Multiple Failures: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
5/25/04

Failure Mileage
648

Failure Speed
< 5 mph (acceleration to at least 50-60 mph)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE N/A

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC136)

Original Equipment
 Prior Repair

Failure Location:

The Component Code

The Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE N/A

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

Yes No

Fire

Yes No

Number of Persons Injured
0

Number of Deaths
0

Reported to Police
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 TURNING LEFT AT LOW SPEED, WITHOUT WARNING THE VEHICLE ACCELERATED. THE DRIVER WAS NOT ABLE TO CONTROL THE VEHICLE AND COLLIDED INTO A GARAGE. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION. THE MECHANIC CAN NOT DUPLICATE THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *NM

*turning into short driveway, which then goes into garage.

there were extensive repairs made to our condo (garage wall & door). I do not have copies of the repair invoices on that. The left front corner/bricks inside garage wall were damaged.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Section A: Crash Location

City/Town Where Crash Occurred: Stoughton Date of Crash: 3/25/04 Time of Crash: 4:00 AM PM A Vehicle Involved: one

Please complete Section A1 or A2 below to indicate the location of the crash. If you need additional space to describe the crash location, please use Section J on the last page of this form.

SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets.

Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:

Route: Emergency Drive
Name of Roadway/Street

Step 2: What was the name (or names) of the intersecting streets?

Route: None
Name of Roadway/Street

Route: _____
Name of Roadway/Street

OR

SECTION A2: Complete this Section if the crash did NOT occur at an intersection.

Step 1: Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route: _____
on the Street/Roadway known as: _____

Step 2: Please provide as much of the following specific location information as possible:

The crash occurred (estimate number of feet) _____ feet
(indicate direction as N/S/E/W) _____ of

a) Mile Marker number _____

OR: b) Exit Number _____

OR: c) Intersecting Street/Roadway _____

OR: d) Landmark Condo driveway (attached garage)

Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): 1 Was vehicle damage above \$1000? Yes No

License State	Date of Birth	Age	Sex	License Class	Commercial Driver's License Endorsements
<u>MA</u>	<u>4/25/50</u>	<u>50</u>	<u>M</u>	<u>M</u>	<u>None</u>

City/Town: Stoughton State: MA

Insurance Company: Liberty Mutual Ins. Co. Reg. Type: _____ Reg. State: MA Vehicle Year: 2004 Vehicle Make: Ford Explorer

Indicate your type of vehicle:

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triplex	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

City/Town: Stoughton, MA State: MA

What Was Your Vehicle Doing Prior to the Crash?

1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Banking	97 Other
2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
3 Turning right	6 Straying into lane	9 Overtaking/passing		

Please indicate the sequence of events as they occurred to YOUR vehicle by writing the corresponding number (1-52, or 97, 99) in the boxes below.


What happened first? 47 What happened 2nd (if applicable)? 47 What happened 3rd (if applicable)? 35 What happened 4th (if applicable)?

Collisions with	Non-Collisions
1 Motor vehicle in traffic	40 Ran off road (right)
2 Parked motor vehicle	41 Ran off road (left)
3 Pedestrian	42 Cross middle/counterline
4 Cyclist	43 Overturn/rollover
5 Animal - dog	44 Equipment failure (blown tire, brakes, etc)
6 Animal - other	45 Fire/explosion
7 Moped	46 Immersion
8 Work zone maintenance equipment	47 Jackknives
9 Railway vehicle (train, engine)	48 Cargo/equipment loss or shift
10 Other movable object	49 Separation of axle
11 Unknown movable object	50 Downhill runaway
20 Car	51 Other non-collisions
21 Tree	52 Unknown non-collisions
22 Utility pole	97 Other
23 Light pole or sign post/support	99 Unknown
24 Guardrail	
25 Median barrier	
26 Ditch	
27 Embankment/sloping shoulder	
28 Highway traffic signpost	
29 Overhead sign support	
30 Fence	
31 Mailbox	
32 Crash cushion/impact attenuator	
33 Bridge	
34 Bridge overhead structure	
35 Other fixed object (wall, building, tunnel)	
36 Unknown fixed object	

* Sudden acceleration

Was your Vehicle Towed From the Scene Due to Damage? Yes No

Vehicle Damaged Area: (circle up to three)



Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)						1	4	1	0	0	9	1
Name of Passenger 1 (Last, First, Middle)		Address										
		City/Town	State	Zip								
Name of Passenger 2 (Last, First, Middle)		Address										
		City/Town	State	Zip								
Name of Passenger 3 (Last, First, Middle)		Address										
		City/Town	State	Zip								

A. Seating Position 1 Front seat - left side (or motorcycle driver) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle passenger) 8 Third row - middle 9 Third row - right side 10 Sleeper section of cab 11 Ejected passenger area 12 Unenclosed passenger area 13 Trailing unit 14 Riding on vehicle exterior 97 Other 99 Unknown		H. Safety System Used 0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown		C. Air Bag Status 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		D. Air Bag Switch 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown	
E. Ejected From Vehicle? 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		F. Trapped? 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		G. Injured? 1 Fatal injury Non-fatal injury: 2 Incapacitating 3 Non-incapacitating 4 Possible 5 No injury 99 Unknown		K. Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown	

Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: _____		Number of injured occupants: _____		Was Vehicle Damaged above \$1000? Yes ___ No ___		Hitped? Yes ___ No ___		Hit and Run? Yes ___ No ___	
Driver's License Number		License State	Date of Birth	Age	Sex M ___ F ___	License Class D ___ A ___ B ___ C ___ M ___ Unknown	Consensus Driver's License Endorsements H ___ N ___ T ___ Double/Triples	Dark vehicles X ___	Passenger inspect P ___
Full Name of Vehicle Driver (Last, First, Middle)			Street Address			City/Town		State Zip	
Insurance Company			Reg. Type			Reg. State		Vehicle Year	
Indicate type of vehicle 1 Passenger car 2 Light truck (van, mini-van, pick-up, sport utility) 3 Motorcycle 4 Bus (15 or more passengers) 5 Bus (7-15 passengers) 6 Single-unit truck (2 sides) 7 Single-unit truck (3 or more sides) 8 Truck/wrecker 9 Truck tractor (bobbed) 10 Tractor-trailer 11 Tractor/combine 12 Tractor/triple 13 Unknown heavy truck 14 Motor home/recreational vehicle 97 Other 99 Unknown									
Full Name of Vehicle Owner (Last, First, Middle)			Street Address			City/Town		State Zip	
Vehicle Travel Direction		What Was the Vehicle Doing Prior to the Crash?					Vehicle Damaged Area (circle up to three)		
N ___ S ___ E ___ W ___		1 Traveling straight ahead 2 Slowing or stopped 3 Turning right 4 Turning left 5 Changing lanes 6 Entering traffic lane 7 Leaving traffic lane 8 Making U-turn 9 Overtaking/passing 10 Backing 11 Parked 97 Other 99 Unknown					2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200		


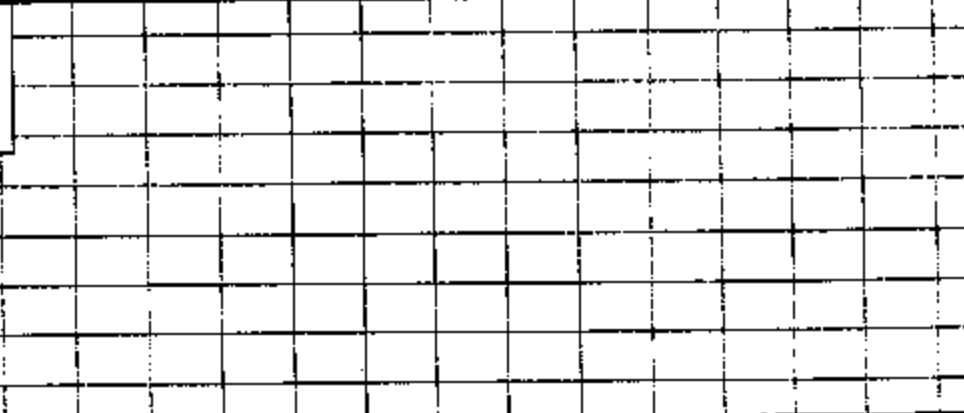
Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved		1 Pedestrian		2 Cyclist		3 Skater		97 Other		99 Unknown	
What was the non-motorist doing prior to the crash?						Where was the non-motorist prior to the crash?					
1 Entering or crossing location 2 Walking, running, or cycling 3 Working 4 Pushing vehicle 5 Approaching or leaving vehicle 6 Working on vehicle 7 Standing 97 Other 99 Unknown						1 Marked crosswalk at intersection 2 At intersection but no crosswalk 3 Non-intersection crosswalk 4 In roadway 5 Not in roadway 6 Median (not run on shoulder) 7 Inland 8 Shoulder 9 Sidewalk 10 Shared-use path or trail 99 Unknown					
Date of Birth/Age		Sex M ___ F ___		Full Name of Non-Motorist (Last, First, Middle)				Street Address			
				City/Town				State Zip			
Safety Equipment?				Injured?				Transported for Medical Care?			
0 None used 6 Helmet 7 Protective pads (elbows, knees, etc.) 8 Reflective clothing 9 Lighting 10 Other 99 Unknown				1 Fatal injury Non-fatal injury: 2 Incapacitating 3 Non-incapacitating 4 Possible 5 No injury 99 Unknown				1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown			
If transported, please indicate Hospital/Medical Facility											

Section F: Crash Conditions

Light Conditions 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	Weather Conditions (up to two) 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Frost, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 97 Other 99 Unknown	Traffic Control Device 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	Was the traffic control device functioning at the time of the crash? 1 ___ Yes 2 ___ No	Road Surface 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, gravel, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	Roadway Intersection Type 1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off-ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown
Trafficway Description 1 Two-way, not divided - <i>main road</i> 2 Two-way, divided, unprotected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown		School Bus Related? 1 ___ Yes 2 <input checked="" type="checkbox"/> No	Work Zone Related? 1 ___ Yes 2 <input checked="" type="checkbox"/> No	Manner of Collision 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction 6 Head on 7 Rear to rear 99 Unknown	

Section G: Crash Diagram

 Indiana North by Arrow		Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols: → = Direction 1 = Vehicle 1 (Your Vehicle) 2 = Vehicle 2 ○ = Pedestrian/Non-motorist ⊕ = North Select one of the following if the crash did not occur on a public way: <input type="checkbox"/> Off-street parking lot <input checked="" type="checkbox"/> Garage (driveway) <input type="checkbox"/> Mall/shopping center <input type="checkbox"/> Other private way
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Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone
N/A	* Police were called - officer responding was officer Barrett, Badge #170, who gave me this form.	

Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description
	Stoughton		Garage door and surrounding structure (walls, header, etc.)

Section J: Description of What Happened

Driver pulled up in front of condo, opened garage door (electronic opener) and then slowly started to turn left to pull into driveway. Before the car was fully into the driveway the vehicle suddenly accelerated (engine noise could be heard) and vehicle plowed into left side of garage structure, landing in the garage, against the side wall, with the garage door on top of it. Although the door was fully open, the impact pulled the door off the track and bent it downward onto vehicle.

Date: 5/26/04

AUTO APPRAISAL REPORT
LIBERTY MUTUAL INSURANCE COMPANY
BARE COVE EXECUTIVE PARK, 50 DERBY STREET
HINGHAM, MA 02018-1920
(781) 740-1920

CD LOG NO 727 -0

05-27-04 10:05 AM

ESTIMATE

CLAIM INFORMATION

CLAIM #	[REDACTED]	POLICY #	[REDACTED]
COMPANY	GC NO	CLAIM REP	
INSURED	[REDACTED]	LOSS DATE	05-25-04
CLAIMANT		LOSS TYPE	COLLISION
LOSS PAYEE	FMCC	ACCT #	

INSPECTION

TYPE	FIELD		
PRIMARY POI	LEFT FRONT FENDER	SECOND POI	LEFT DOOR
APPRAISER NAME	FRANK RIVIECCIO		
LICENSE #	[REDACTED]		
ADDRESS	[REDACTED]	INSP DATE	05-27-04
CITY STATE		LOCATION	SHOP
ZIP		CITY STATE	NORWOOD/

OWNER

[REDACTED]
STOUGHTON MA [REDACTED]

WORK# [REDACTED]
HOME# [REDACTED]

REPAIR

ATTN JOE TODARO	SHOP LIC#
JACK MADDEN FORD	CAR IN
825 PROVIDENCE HWY	CAR OUT
NORWOOD MA 02062-	REPAIR 11 DAYS
SHOP PHONE (781) 762-4200	TAX

VEHICLE

2004 FORD EXPLORER XLT 4 DR WAGON
6CYL GASOLINE 4.0 FLEX

OPTIONS

TWO-STAGE - EXTERIOR SURFACES	4-WHEEL DRIVE
BUMPER COVER MOUNTED FOG LAMPS	WHEEL FLARES
RUNNING BOARDS	KEYLESS ENTRY SYSTEM
POWER DOOR LOCKS	POWER WINDOWS
PRIVACY GLASS	LUGGAGE RACK
MOONROOF	AUTOMATIC TRANS
CRUISE CONTROL	

BODY COLOR	BLACK	MILEAGE	648
CONDITION	EXCELLENT	VIN	1FMZU79K14U [REDACTED]
LICENSE #	[REDACTED]	CODE	P845
LICENSE STATE	MA	VEH INSP #	

REMARKS:

OP CODES:

* = USER-ENTERED VALUE	E = REPLACE OEM	MC = REPLACE MGS
EC = QUALITY REPL. PART	DC = RECONDITIONED PRT	UM = REMAN/REBUILT PRT
EU = LIKE KIND & QUALITY	EP = QUALITY REPL. PART	PC = PIN RECONDITIONED
PM = PIN REMAN/REBUILT	TE = PARTL REPL PRICE	ET = PARTL REPL LABOR
IT = PARTIAL REPAIR	I = REPAIR	L = REFINISH
BR = BLEND REFINISH	TT = TWO-TONE	CG = CHIPGUARD
SB = SUBLET	N = ADDITIONAL LABOR	RI = R&I ASSEMBLY
P = CHECK	AA = APPEAR ALLOWANCE	RP = RELATED PRIOR
UP = UNRELATED PRIOR		

OP	GDE	MC	DESCRIPTION	MFR. PART NO.	PRICE	AJ%	EX	HOURS	R
E	0049	01	COVER, FRONT BUMPER	1L2Z17D957SA	462.97			2.0	1
L	0049		COVER, FRONT BUMPER	REFINISH				3.1	4
				2.6 SURFACE					
				0.5 TWO-STAGE					
TT	0049		COVER, FRONT BUMPER	TWO-TONE				1.2	4
				0.4 TWO-TONE SETUP					
				0.8 TWO-TONE					
E	0074		MLDG, FRT BUMPER COV LT	1L2Z16039ACA	48.10			INC	1
L	0074		MLDG, FRT BUMPER COV LT	REFINISH				0.4	4
				0.3 SURFACE					
				0.1 TWO-STAGE					
E	0030		PANEL, FRONT END	1L2Z8190AA	311.88			3.2	1
L	0030		PANEL, FRONT END	REFINISH				2.8	4
				1.8 SURFACE					
				0.6 TWO-STAGE SETUP					
				0.4 TWO-STAGE					
E	0041		HEADLAMP ASSY, HALOG LT	1L2Z13008AB	266.50			INC	1
N	0973		HEADLAMPS AIM	ADDITIONAL LABOR				0.5	1
N	0984		FOG LAMPS AIM	ADDITIONAL LABOR				0.3	1
E	0047		LAMP, SIDE MARKER LT	1L2Z13201AA	59.80			INC	1
I	0083		PANEL, HOOD	REPAIR				4.5	1
			>>FULL PAINT ALLOWED WITH INTENTION OF BLENDING.						
L	0083		PANEL, HOOD	REFINISH				3.4	4
				2.8 SURFACE					
				0.6 TWO-STAGE					
I	0073		PANEL, RADIATOR SUPT	REPAIR				1.5	1
L	0073	10	PANEL, RADIATOR SUPT	REFINISH				0.5	4
				0.5 SURFACE					
I	0105		PANEL, INNER FENDER LT	REPAIR				1.0	1
L	0105		PANEL, INNER FENDER LT	REFINISH				0.4	4
				0.4 SURFACE					
I	0096		REINF, INNER FENDER LT	REPAIR				1.0	1
L	0096		REINF, INNER FENDER LT	REFINISH				0.4	4
				0.4 SURFACE					
E	0103		FENDER, FRONT	LT 3L2Z16006BA	290.00			2.3	1
L	0103		FENDER, FRONT	LT REFINISH				2.9	4

CLAIM #	LOG 727	-0	05-27-04 10:05 AM
	2.0 SURFACE		
	0.5 EDGE		
	0.4 TWO-STAGE		
B 0055 01	FLARE, WHEEL OPENING LT	1L2Z16039CBA	66.73 INC 1
L 0055	FLARE, WHEEL OPENING LT	REFINISH	0.5 4
	0.4 SURFACE		
	0.1 TWO-STAGE		
N 0974	SUSPENSION ALIGN, FRT	ADDITIONAL LABOR	2.4 2
I 0359	BOARD, RUNNING	LT REPAIR	3.0*1
L 0359	BOARD, RUNNING	LT REFINISH	1.0 4
	1.0 SURFACE		
RI 0359	BOARD, RUNNING	LT R&I ASSEMBLY	0.5 1
RI 0360	BOARD, RUNNING	RT R&I ASSEMBLY	0.5 1
B 0429	PAD, INSIDE STEP	LT 1L2Z16N454BAA	37.39 0.3 1
I 0207	DOOR SHELL, FRONT	LT REPAIR	5.0*1
L 0207	DOOR SHELL, FRONT	LT REFINISH	2.4 4
	2.0 SURFACE		
	0.4 TWO-STAGE		
RI 0351	W/STRIP, BELT OUTER L/R	R&I ASSEMBLY	0.2 1
RI 0231	PNL, INNER DOOR TRIM LT	R&I ASSEMBLY	INC 1
E 0243	MLDG, FRONT DOOR LOW LT	1L2Z7820879DE	118.57 0.6 1
L 0243	MLDG, FRONT DOOR LOW LT	REFINISH	0.7 4
	0.6 SURFACE		
	0.1 TWO-STAGE		
B 0019	N/PLATE, FRONT DOOR LT	1L2Z7842528BA	20.72 0.2 1
E 0229 01	MIRROR, OUTER R/C	LT 1L2Z17683BAA	149.15 0.3 1
BR 0227	HANDLE, FRONT DOOR O	LT BLEND REFINISH	0.2 4
	0.1 BLEND		
	0.1 TWO-STAGE		
RI 0227	HANDLE, FRONT DOOR O	LT R&I ASSEMBLY	0.6 1
E 1071	RETAINER, FRT DOOR M	LT 1L2Z78203A01AA	88.44 0.5 1
I 0289	PNL, REAR DOOR OUTER	LT REPAIR	2.0*1
L 0289	PNL, REAR DOOR OUTER	LT REFINISH	2.0 4
	1.8 SURFACE		
	0.2 TWO-STAGE		
>>FULL PAINT ALLOWED WITH INTENTION OF BLENDING.			
RI 0357	W/STRIP, BELT OUTER	LT R&I ASSEMBLY	0.2 1
E 0325	MLDG, REAR DOOR LOWE	LT 1L2Z7825557HB	196.97 0.6 1
L 0325	MLDG, REAR DOOR LOWE	LT REFINISH	0.8 4
	0.8 SURFACE		
	INC TWO-STAGE		
RI 0307	PNL, INNER DOOR TRIM	LT R&I ASSEMBLY	INC 1
BR 0305	HANDLE, RR DOOR OUTE	LT BLEND REFINISH	2.5*4
	2.5* BLEND		
	INC TWO-STAGE		
RI 0305	HANDLE, RR DOOR OUTE	LT R&I ASSEMBLY	0.6 1
I M23	TIRE-LEFT FRONT, BALANC	REPAIR	0.2*1
EC	FLEX ADDITIVE	QUALITY REPL. PAR	12.00* 1
EC	CORROSION PROTECTION	QUALITY REPL. PAR	10.00* 1
EC	COVER CAR EXTERIOR	QUALITY REPL. PAR	4.50* 1
EC	PRIMER CAR COVER	QUALITY REPL. PAR	4.50* 1
EC	CAULK	QUALITY REPL. PAR	8.00* 1

2004 FORD EXPLORER XLT 4 DR WAGON

CLAIM # [REDACTED] LOG 727 -0 05-27-04 10:05 AM

I	COLOR SAND AND BUFF	REPAIR		0.5*1*
N	RESET ELECTRICAL COMPO	ADDITIONAL LABOR		0.2*1*
SB	TAX ON PAINT & MATERIA	SUBLET	15.12*	1
N	MASK JAMBS	ADDITIONAL LABOR		0.3*1*
I	FRONT SWAY	REPAIR		1.5*3*
I	SETUP& MEASURE	REPAIR		2.0*1*
I	FRONT MASH	REPAIR		1.5*3*
SB	ADHESION PROMOTOR	SUBLET	12.00*	1

62 ITEMS

MC MESSAGE

01 CALL DEALER FOR EXACT PART # / PRICE

10 INCLUDES ADP TIME TO CLEAR ENTIRE PANEL.

FINAL CALCULATIONS & ENTRIES

PARTS

GROSS PARTS	\$ 2,116.62
OTHER PARTS	\$ 39.00
PAINT MATERIAL	\$ 403.20

ADJUSTMENTS

DISCOUNT

MARKUP

PARTS & MATERIAL TOTAL		\$ 2,558.82
TAX ON PARTS ONLY @ 5.000%		\$ 107.78

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	\$ 35.00	12.6	22.0	\$ 1,211.00
2-MECH/ELEC	\$ 35.00		2.4	\$ 84.00
3-FRAME	\$ 35.00		3.0	\$ 105.00
4-REFINISH	\$ 35.00	25.2		\$ 882.00
5-PAINT	\$ 16.00			

LABOR TOTAL	\$ 2,282.00
SUBLET REPAIRS	\$ 27.12
TOWING	
STORAGE	

GROSS TOTAL	\$ 4,975.72
LESS: DEDUCTIBLE	\$ 300.00-
NET TOTAL	\$ 4,675.72

PKN C/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE: 02723 HINGHAM

SPPL YES GEOCODE: 02018 HINGHAM

ADP PENPRO WD410 RS LOG727 -0 05-27-04 10:33:09 REL 4.10 SW03/04 DT04/04

(C) 1993 - 2003 ADP CLAIMS SOLUTIONS GROUP, INC.

** THIS IS AN ADP "FAST START" ESTIMATE. PLEASE CALL YOUR LOCAL DEALER TO CONFIRM PART NUMBERS AND PRICES. **

3.5 HRS WERE ADDED TO THIS EST. BASED ON ADP'S TWO-STAGE REFINISH FORMULA.

2004 FORD EXPLORER XLT 4 DR WAGON

CLAIM # [REDACTED]

LOG 727 -0

05-27-04 10:05 AM

ESTIMATE CALCULATED USING THE 2.5 HOUR MAXIMUM ALLOWANCE FOR TWO-STAGE
REFINISH OF NON-FLEX, EXTERIOR SURFACES.

THE REPAIR ESTIMATE IS BASED IN PART ON THE USE OF REPLACEMENT PARTS WHICH ARE
NOT MADE BY THE ORIGINAL MANUFACTURER OF THE DAMAGED PARTS IN YOUR VEHICLE.
WARRANTIES, IF ANY, APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY
THEIR MANUFACTURER OR SUPPLIER RATHER THAN THE MANUFACTURER OF YOUR MOTOR
VEHICLE.

QUALITY REPLACEMENT PARTS INCLUDED IN THIS APPRAISAL ARE AVAILABLE FROM THE
SUPPLIERS SHOWN ON THE PARTS EXCHANGE (PX) LOCATE REPORT. LIBERTY MUTUAL
REQUIRES THE USE OF CAPA CERTIFIED PARTS FOR ANY REPLACEMENT PARTS SUBJECT
TO CAPA CERTIFICATION.

***** THIS IS NOT AN AUTHORIZATION TO REPAIR *****

ATTENTION: PRESENT THIS APPRAISAL TO THE REPAIRING GARAGE BEFORE ANY REPAIRS
BEGIN. WE RESERVE THE RIGHT TO INSPECT ANY ADDITIONAL DAMAGE BEFORE
CONSIDERING PAYMENT OF SUPPLEMENTAL REPAIR CHARGES.