

Owner: [REDACTED]

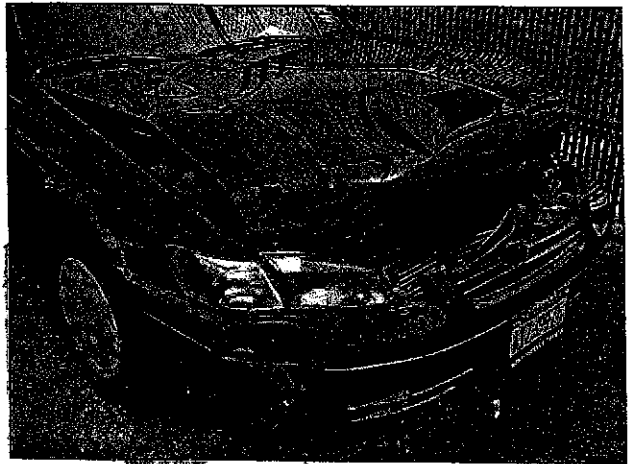
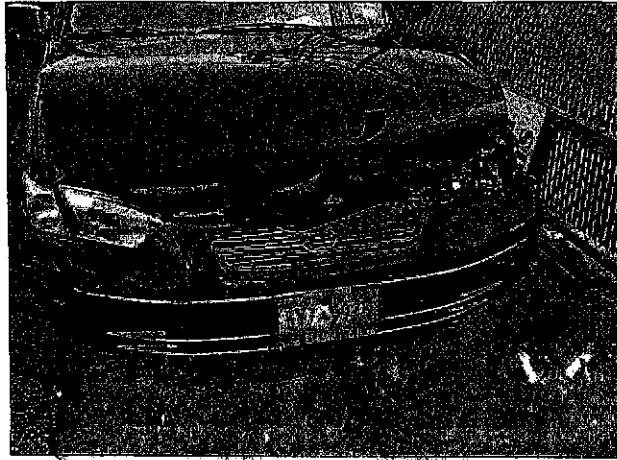
Appraiser: Steve Colaiacovo

1998 TOYO CAMRY LE 4-2.2L-FI 4D SED Black Int:

FRANCESCO AUTO BODY, INC.
782 Nepperhan Avenue
www.francesco-auto.com
Yonkers, NY 10703-2011
Business: (914) 423-0329

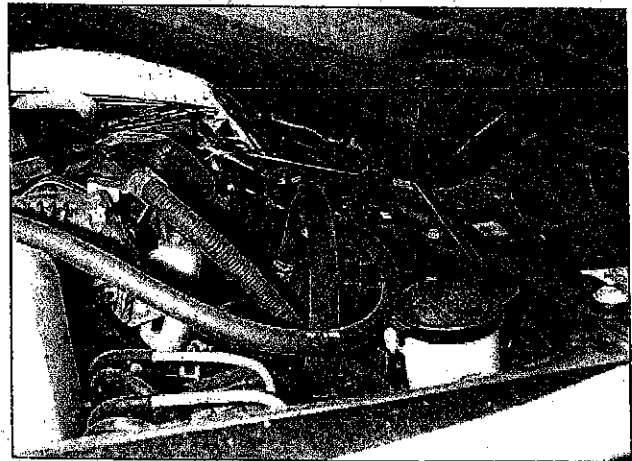
*add to
10127767*

IMAGE REPORT



08/29/2002: EST01:

08/29/2002: EST01:



08/29/2002: EST01:

08/29/2002: EST01:

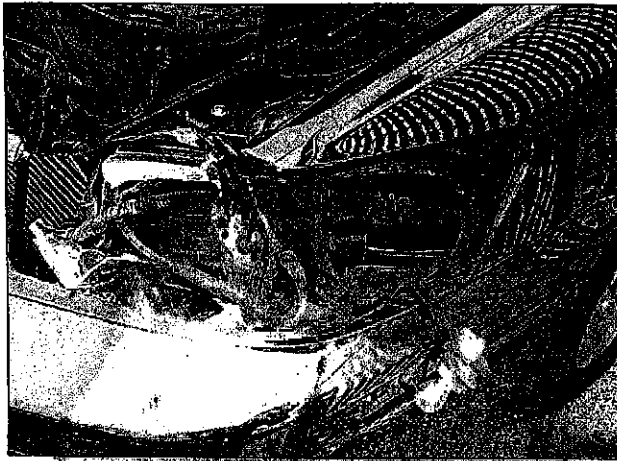
*NAD
add
8/18/05*

Owner: [REDACTED]

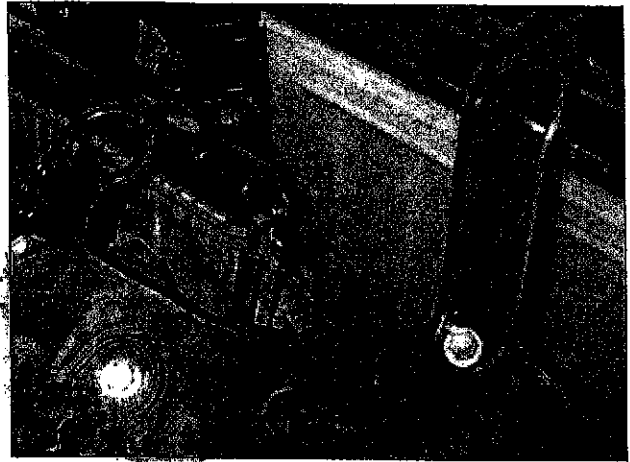
Appraiser: Steve Colaiacovo

1998 TOYO CAMRY LE 4-2.2L-FI 4D SED Black Int:

IMAGE REPORT



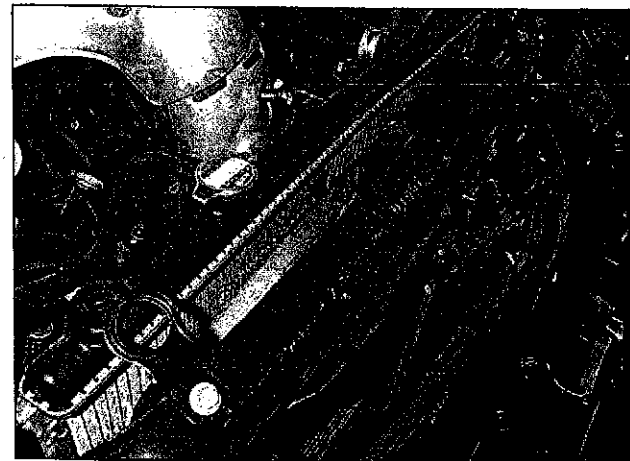
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PHOTO PAGE TO THIS COPY

INSURANCE INSPECTION REPORT I

(THIS IS NOT A SAFETY INSPECTION)

NYD 522662

USE A BALL POINT PEN - PRESS FIRMLY

DATE OF INSPECTION 5/21/01	TIME 1130 PM	ADVERSE CONDITIONS <input type="checkbox"/> DARKNESS <input type="checkbox"/> INCLEMENT WEATHER	INSURANCE CO. NAME N.Y.A.I.P.	POLICY/APPLICATION NO.	NO PHOTOS
INSURED'S NAME		INSURED'S ADDRESS		TOWN	ZIP

INSPECTOR (Print) Steve	INSPECTION SITE NAME FRP... NY 3	SITE LOCATION (Address) 2824... Ar. 4... 10703	SITE I.D. NO. NY600AP
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THREE (3) COLOR PHOTOGRAPHS MANDATORY
Take the photographs at the angles shown

1. FRONT AND DRIVER SIDE

2. REAR AND PASSENGER SIDE

3. **EPA Sticker (on Door Jamb) Showing VIN NUMBER**
"EPA Photo ALWAYS Required - Even if EPA Sticker Missing, etc."
 EPA Sticker Not Clear - Photo Taken
 EPA Sticker Missing - Photo Taken

DESCRIPTION OF VEHICLE	COLOR MAJOR BK MINOR	STYLE <input type="checkbox"/> 2 DR. <input type="checkbox"/> 4 DR. <input type="checkbox"/> CONV. <input type="checkbox"/> OTHER	<input type="checkbox"/> ST. WGN. <input type="checkbox"/> HTCHBK <input type="checkbox"/> VAN	<input type="checkbox"/> MINIVAN <input type="checkbox"/> TRUCK <input type="checkbox"/> MOTORCYCLE	INTERIOR <input type="checkbox"/> VINYL <input checked="" type="checkbox"/> FABRIC <input type="checkbox"/> LEATHER	FRONT SEAT COLOR(S) TAN
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VEHICLE IDENTIFICATION NO. (Obtain Directly from Vehicle) 4T1B622KX2	LOCATION ON VEHICLE WHERE VIN OBTAINED <input type="checkbox"/> DASHBOARD <input type="checkbox"/> OTHER: (Describe)	ODOMETER READING (DO NOT INCLUDE TENTHS) 29645
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PLATE NO.	STATE NY	PRINCIPAL PLACE VEHICLE IS GARAGED (City & State)	<input type="checkbox"/> NO INSURANCE AUTHORIZATION FORM SUPPLIED BY INSURED
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ACCESSORIES AND OPTIONAL EQUIPMENT

RADIO: AM AM/FM AM/FM/CASSETTE

FACTORY INSTALLED or Brand: _____

AIR CONDITIONER

MANUAL TRANSMISSION
 3 Speed 4 Speed 5 Speed

AUTOMATIC TRANSMISSION OVERDRIVE

RADAR DETECTOR

TELEPHONE Brand: _____

CB RADIO Brand: _____
Permanently Installed YES NO

ANTI-THEFT DEVICE Manufacturer/Brand: _____
Name/Model: _____

TYPE: SYSTEM PRESENT, BUT INOPERATIVE

L. AUTO RECOVERY SYSTEM

P. PASSIVE DISABLING DEVICE (Automatically engages)

A. ACTIVE DISABLING DEVICE (Must be manually engaged)

S. SIREN/AUDIBLE ALARM ONLY

C. COMBAT AUTO THEFT (CAT) - P.D. Issued Rear Window Sticker

G. ETCHED GLASS INDICATING VIN OR CODING

COMPACT DISC PLAYER

AUTOMATIC SEAT BELTS

CRUISE CONTROL

POWER BRAKES

ANTI-LOCK BRAKES

POWER WINDOWS

POWER LOCKS/DOORS

SUNROOF MOTORIZED

VINYL/CANVAS TOP

SPECIAL ROOF - Type _____

CUSTOM/MAG WHEELS

SPECIAL TIRES - Type _____

SPECIAL HUB CAPS - Quantity on Vehicle _____

CENTER MOUNT BRAKE LIGHT

DIGITAL INSTRUMENTATION

SPOILER

OTHER _____

DAYTIME RUNNING LIGHTS

REAR WINDOW DEFOGGER

FRONT AIR BAGS - 1 2

SIDE AIR BAGS - 1 2

TILT WHEEL

POWER STEERING

POWER ANTENNA

POWER TRUNK

BUCKET SEATS 60/40

POWER SEATS LUMBAR

(SUPPLEMENT FOR VANS & LIMOS)

INTERIOR PANELING

INTERIOR RUGS

REAR PASSENGER SEATING

EXTERIOR DECORATIVE PAINT

OTHER THAN FACTORY INSTALLED AC

CUSTOMIZED WINDOWS OR BUBBLES

BEDS ()

STEREO

REFRIGERATOR

TELEVISION

OTHER _____

PHYSICAL CONDITION OF VEHICLE DESCRIBE DAMAGE, RUST, MISSING PARTS & MAJOR ALTERATIONS

00 CHECK HERE IF NO EXISTING DAMAGE, RUST OR MISSING PARTS

DAMAGED:	RUSTED:	DAMAGED:	RUSTED:	DAMAGED:
01 <input type="checkbox"/> FRONT BUMPER	<input type="checkbox"/>	09 <input type="checkbox"/> QUARTER PANEL LEFT REAR	<input type="checkbox"/>	17 <input type="checkbox"/> SIDE GLASS LEFT FRONT
02 <input type="checkbox"/> REAR BUMPER	<input type="checkbox"/>	10 <input type="checkbox"/> QUARTER PANEL RIGHT REAR	<input type="checkbox"/>	18 <input type="checkbox"/> SIDE GLASS RIGHT FRONT
03 <input checked="" type="checkbox"/> FENDER LEFT FRONT	<input type="checkbox"/>	11 <input type="checkbox"/> HOOD PANEL	<input type="checkbox"/>	19 <input type="checkbox"/> SIDE GLASS LEFT REAR
04 <input type="checkbox"/> FENDER RIGHT FRONT	<input type="checkbox"/>	12 <input type="checkbox"/> ROOF PANEL	<input type="checkbox"/>	20 <input type="checkbox"/> SIDE GLASS RIGHT REAR
05 <input type="checkbox"/> DOOR LEFT FRONT	<input type="checkbox"/>	13 <input type="checkbox"/> TRUNK LID/REAR DOOR	<input type="checkbox"/>	21 <input type="checkbox"/> REAR WINDSHIELD
06 <input type="checkbox"/> DOOR RIGHT FRONT	<input type="checkbox"/>	14 <input type="checkbox"/> GRILL	<input type="checkbox"/>	22 <input type="checkbox"/> WORN, TORN, INTERIOR/SEATS
07 <input type="checkbox"/> DOOR LEFT REAR	<input type="checkbox"/>	15 <input type="checkbox"/> WHEEL COVERS	<input type="checkbox"/>	23 <input type="checkbox"/> DASHBOARD/SOUND SYSTEM
08 <input type="checkbox"/> DOOR RIGHT REAR	<input type="checkbox"/>	16 <input type="checkbox"/> WINDSHIELD	<input type="checkbox"/>	26 <input type="checkbox"/> CENTER CONSOLE
				90 <input type="checkbox"/> OTHER DAMAGE

INSPECTION ACKNOWLEDGEMENT I HAVE REVIEWED THIS REPORT, RECEIVED AT LEAST ONE COPY, AND ACKNOWLEDGE THAT IT IS A TRUE AND COMPLETE DESCRIPTION OF THE AUTO'S PHYSICAL CONDITION AND ACCESSORY ITEMS.

FULL ADDRESS IF DIFFERENT FROM: _____

INSURED'S HOME PHONE () _____

INSURED'S WORK PHONE () _____

SIGNATURE _____ PRINT NAME _____ RELATION TO CAR OWNER _____

The above is a true statement recording any and all existing, visible damage, rust, and/or missing parts as of the date of this inspection. The undersigned certifies, under penalty of perjury, that this inspection report is true and complete to the best of his/her knowledge.

INSPECTOR'S SIGNATURE X Steve DATE 5/21/01

THIS REPORT WAS QUALITY CONTROL REVIEWED BY: _____

REV. 8/97 Form IR 111-NY