Amica Mutual Insurance Company
Amica Life Insurance Company
Amica General Agency, Inc.

ORLANDO REGIONAL OFFICE
11315 Corporate Boulevard, Suite 300
Orlando, Florida 32817-1499

Mail: PO Box 5809, Winter Park, FL 32793-5809

Toll Free: [redacted]
Claims Fax: [redacted]
Production Fax: (407) 380-1124

Amica
AUTO HOME LIFE

2005 OCT 13 PM [illegible]

10140980

October 6, 2005

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation
NVS-210, 400 7th Street, SW
Washington, DC 20590

Our Insured: [redacted]
Our Vehicle: 1999 Infinity
Our Claim #: [redacted]
Date of Accident: April 6, 2005
Location of Accident: I-4, Westbound
Town: Orlando, FL
Vehicle: Semi-Tractor Trailer
Vehicle Tag #: [redacted]
DOT #:
PUCA #:

To Whom It May Concern:

Attached is a copy of the Police Driver Exchange Information, the officer did not write an official report.

Also attached is a copy of our insured's accident report form.

We are trying to locate the owner of the tractor trailer that caused our damges.

Firestone Equipment Repair advised verbally that they do not own this vehicle.

Thank you for your assistance in this matter.

Very truly yours,

[redacted]

Claims Department, Ext.36208
Amica Mutual Insurance Company
jbailey@amica.com
1-888-887-9316 Ext 36208
Fax # 407-384-1384

JBB

10/18/05

☐ LAW ENFORCEMENT SHORT FORM REPORT
☒ DRIVER REPORT OF TRAFFIC CRASH
☐ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

RECEIVED APR 13 2005

Section 1 — Time & Location ☒ / Vehicle ☒ / Pedestrian ☐

TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
412 ☐ AM ☒ PM	☐ AM ☐ PM		

AT NODE NO.	or FEET	of MILES	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED

Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

[redacted]

DL TYPE	DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Section 2 — Vehicle ☐ / Pedestrian ☐

Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

DL TYPE	DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Section 3 — Vehicle ☐ / Pedestrian ☐

Check Areas Of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

DL TYPE	DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code	DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Violator(s)

	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION 6				
SECTION 6				
SECTION 6				

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
		$					

HSMV-90006 Rev. 11/98

☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM.
☐ NO FURTHER ACTION REQUIRED BY YOU. REPORT COMPLETED BY LAW ENFORCEMENT AGENCY.

Amica
Auto Home Life

Policy No. 960109-24NX-09709

w 30086-8 FL

AUTOMOBILE ACCIDENT REPORT

RECEIVED APR 18 2005

Complete this report as fully as possible and forward to the Corporate Office or Branch Office in your area.
If extremely serious, telephone in addition to written notice.

THE INSURED'S AUTOMOBILE

License Plate No [redacted] State FL Registered in name of [redacted] Home Phone [redacted]
Car Ident. No. JNKCV31A3 [redacted] Address of owner [redacted]
Make of car INFINITI Year 99 Damage FRONT BUMPER, PASS. SIDE MIRROR Repair cost ?
Name and Address of operator FIRESTONE AUTO EQUIPMENT REPAIR
Op. Lic. No. US DOT 62118 Date of Birth ? Phone No. [redacted] Permission to use?
Business Address of operator [redacted] Business Phone [redacted]

THE ACCIDENT

Date of accident 4/11/05 Hour 4:15 AM PM
Street [redacted] City ORLANDO State FL
Did police investigate the accident? What Department? FHP Notified By PHONE 4:13 pm
Describe how accident happened (include weather and road conditions): SEE ATTACHED DRIVER REPORT
OF TRAFFIC CRASH. AT 4:15 pm, THE FIRST OUTSIDE TIRE JUST BEHIND THE FUEL TANK ON THE TRACTOR PORTION OF A TRACTOR TRAILER TRAVELLING IMMEDIATELY TO MY DRIVERS SIDE BLEW UP, BLOWING A HOLE THROUGH, AND OVER, AND STRUCK MY CAR, DAMAGING THE FRONT BUMPER AND PASS SIDE VIEW MIRROR. I SPOKE TO FHP VIA 911 AT 4:17 pm. DRIVER REFUSED TO STOP, SPEEDING AWAY AND CONTINUED ON THE
Speed of your car ~ 50 mph Speed of other car ~ 50 mph
In your opinion, what was cause of accident? I-4 TO DOWNTOWN.

Diagram on reverse side for your use — continue description there if necessary

OCCUPANTS OF VEHICLES

Insured's passengers — Names and Addresses: No injuries
Other driver
Passengers
Other vehicle — Names and Addresses: No injuries

PERSONS INJURED

Names
1. None Address Injuries
2. Address
3. Address
4. Address
Where taken Name of Physician

DAMAGE TO PROPERTY OF OTHERS

If auto
License Plate No. State
Name and Address of owner None
Make of car Year Other Insurance Co.
Estimated Cost of repairs
Nature of damage

WITNESSES — IMPORTANT

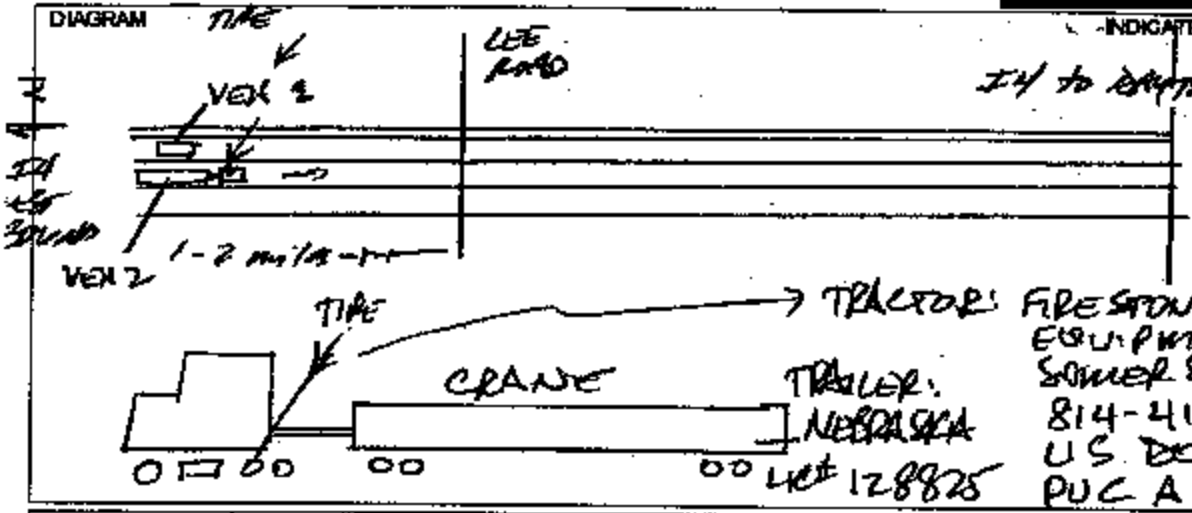
Name and address None who stopped
Name and address

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THIRD DEGREE.

Date of report 4/11/05 Signature of Operator or Policyholder [redacted]

REFERENCE FHP FILE # FHPD05C [redacted]

DIAGRAM



At 4:15 pm 4/6/05, the first outside tire on the tractor portion of a tractor-trailer travelling immediately to my passenger side blew up, blowing a hole in the diesel fuel tank closest to the tire. Metal & rubber shrapnel, as well as diesel fuel struck my car, damaging the driver's front bumper & passenger's side view mirror. I spoke to FHP via 911 at ~4:17 pm. Driver refused to stop, spilling diesel fuel from LEE ROAD to DR[illegible].

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN
01 No Improper Driving / Action
02 Careless Driving (Explain in Narrative)
03 Failed To Yield Right - of - Way
04 Improper Starting
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 Driver 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
77 All Other (Explain In Narrative)

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

POINT OF COLLISION
01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA
01 None
02 Nearby
03 Entered

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 Divided or Roadway Vehicle
77 All Other (Explain In Narrative)

PEDESTRIAN ACTION
01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Walking 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

VEHICLE SPECIAL FUNCTIONS
1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

SOURCE OF CARRIER INFORMATION
1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

LOCATION TYPE
1 Primarily Business
2 Primarily Residential
3 Open Country

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 Sign
25 Collision With Comb Attenuator
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 Trailer/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)

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)

ROAD SURFACE CONDITION
01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain In Narrative)

WEATHER
01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain In Narrative)

LIGHTING CONDITION
01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Lighted)
05 Dark (No Street Light)
06 Unknown

ROAD SURFACE TYPE
01 Slag/Gravel/Stone
02 Shale/Clay
03 Brick/Block
04 Concrete
05 Dirt
77 All Other (Explain In Narrative)

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 Material
06 Shoulders - Soft / Low / High
07 Holes / Ruts / Unpaved Paved Edge
08 Standing Water
09 Worn / Polished Road Surface
77 All Other (Explain In Narrative)

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)

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 / Flagperson
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain In Narrative)

SITE LOCATION
01 Not At Intersection / RR Xing / Bridge
02 At Intersection
03 Intersection 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)

TRAFFICWAY CHARACTER
01 Straight - Level
02 Straight - Upgrade / Downgrade
03 Curve - Level
04 Curve - Upgrade / Downgrade

TYPE SHOULDER
01 Paved
02 Unpaved
03 Curb

Please print and save this confirmation for your records:

Metropolitan Reporting Bureau
P.O. Box 926 Philadelphia, PA 19105-0926
Phone:(800) 245-6686 **Fax:**(800) 343-9047
email: order@metroreporting.com
www.metroreporting.com

Order Confirmation

Account#: [redacted]	**Insured:** [redacted]		**Date of Loss:** 04/06/2005
Adjuster: Tina Mann	**Claim#:** [redacted]	**Policy#:** [redacted]	**Time:** 4:12PM
Phone#: 800-662-6422 x36252	**Fax#:** [redacted]	**Policy State:**	**Report Type**
Email: [redacted]	**cc:**		Accident

Loss Information

I-4 east of Lee Rd Orlando, FL	**Police Dept** Florida Highway Patrol	**Barracks**	**Case#** [redacted]

18 wheel truck trailer tire blew striking diesel fuel tank, metal rubber and diesel fuel stru[redacted]
Insured called FHP on 911, to report diesel fuel spill

Vehicle Information

Year:	Vehicle Type:	VIN:	State	Plate#:
1999	Infiniti	JNKBY31[redacted]	FL	

Driver Information

Driver		Other Person
[redacted]		FIRESTONE HEAVY EQUIPMENT
DOB:		**DOB:**
License#	**State**	

01

[redacted] **Click a button below to learn about some of the other services we provide:**

Continue

METROPOLITAN REPORTING BUREAU
P.O. BOX 926
WILLIAM PENN ANNEX
PHILADELPHIA, PA 19105

Tel. (800)245-6686
Fax (800)343-9047
www.metroreporting.com

TO: 04619
Amica Insurance

DATE: 04/28/05

INSURED: [redacted]

CLAIM #: [redacted]

CONTROL#: [redacted]

THE F H P - Orlando POLICE/FIRE DEPT. STATED THERE IS NO RECORD OF A REPORT IN THEIR FILES WITH THE INFORMATION PROVIDED.

Officer responded to the scene, but no report was written.

Note that there is always the possibility that the accident/incident in question was reported to the police, but no investigation was made by the police. The police of a few municipalities will inform us that there is a notation on their daily log that an accident/incident was reported and no investigation was made.

973898

EXECUTIVE APPRAISAL SERVICES
P.O. BOX 542463
MERRITT ISLAND, FL 32954
PHONE: [redacted] FAX: 321-452-1714

CD LOG NO 4983-1 DATE 05/06/05

SHOP:

INSP DATE: 05/06/05
CONTACT: STEVE ORCUTT

OWNER: [redacted]
ADDRESS: [redacted]
CITY STATE: ORLANDO, FL
ZIP: [redacted]

HOME PHONE:
CELL PHONE: [redacted]

CLAIM#: [redacted]
INSURED:

TYPE OF LOSS: COLLISION/FLD
FILE HANDLER: TINA MANN

RENTAL ASSISTED: NO

INS. CO: AMICA

LIC#: [redacted] STATE: FL

VIN: JNKBY31[redacted]
BODY COLOR: PEARL
CONDITION: GOOD
MILEAGE: [redacted]
ACCTNG CTL#:

DRIVEABLE: YES

VEH. INSP#:

*=USER-ENTERED VALUE
EC=REPLACE ECONOMY
EU=REPLACE SALVAGE
PM=PXN REMAN/REBUILT
IT=PARTIAL REPAIR
BR=BLEND REFINISH
SB=SUBLET
P=CHECK
UP=UNRELATED PRIOR

E=REPLACE OEM
UC=RECONDITIONED PRT
EP=REPLACE PXN
TE=PARTL REPL PRICE
I=REPAIR
TT=TWO-TONE
N=ADDITIONAL LABOR
AA=APPEAR ALLOWANCE

NG=REPLACE NAGS
UM=REMAN/REBUILT PRT
PC=PXN RECONDITIONED
ET=PARTL REPL LABOR
L=REFINISH
CG=CHIPGUARD
RI=R&I ASSEMBLY
RP=RELATED PRIOR

DAMAGE TO FRONT BUMPER COVER,HOOD
RIGHT MIRROR BROKEN ECT. CAR IS DRIVE
ABLE QUESTIONABLE WHEN AND WHERE
REPAIRS WILL BE MADE.

1999 INFINITI Q45 STD 4DOOR SEDAN 8CYL GASOLINE 4.1
CODE: IN313A/C OPTNS D/45E

OPTIONS:
TWO-STAGE - INTERIOR SURFACES
FRONT SIDE IMPACT AIRBAGS
THREE STAGE - EXTERIOR USER DEFINED

1999 INFINITI Q45 STD 4DOOR SEDAN
CD LOG NO 4983-1

OP	GDE	MC	DESCRIPTION		MFG. PART NO.	PRICE	AJ%	B#	HOURS	R
E	0018		COVER,FRONT BUMPER		620226P126	407.36			2.7	1
L	0018	14	COVER,FRONT BUMPER		REFINISH				4.2	4
TT	0018	15	COVER,FRONT BUMPER		TWO TONE				1.1	4
E	0035		MLDG,FRONT BUMPER	LT	620706P000	41.36			INC	1
E	0036		MLDG,FRONT BUMPER	RT	620706P000	41.36			INC	1
RI	0028		GRILLE ASSEMBLY		R&I ASSEMBLY				0.3	1
I	0083		PANEL,HOOD		REPAIR				1.0*	1
L	0083		PANEL,HOOD		REFINISH				4.3	4
RI	1091		NOZZLE,W/S WASHER	LT	R&I ASSEMBLY				0.1	1
RI	1092		NOZZLE,W/S WASHER	RT	R&I ASSEMBLY				0.1	1
E	0241		MIRROR,OUTER R/C	RT	K63013H601	382.38			0.7	1
L	0241		MIRROR,OUTER R/C	RT	REFINISH				0.7	4
L	M03		FLEX ADDITIVE		REFINISH	5.00*				4
L	M15		COLOR TINT		REFINISH				0.5*	4
L	M16		COLOR BLEND		REFINISH				1.0*	4
L	M17		COVER CAR EXTERIOR		REFINISH	5.00*			0.2*	4
L			3 STAGE PEARL		REFINISH				2.0*	4*

17 ITEMS

MC	MESSAGE(S)
14	INCLUDES 1.0 HOURS FIRST PANEL THREE-STAGE ALLOWANCE
15	INCLUDES 0.4 HOURS FIRST PANEL TWO-TONE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS				[redacted]
OTHER PARTS				
PAINT MATERIAL				
PARTS & MATERIAL TOTAL				
TAX ON PARTS & MATERIAL @			6.500%	

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	38.00	3.9	1.0	[redacted]
2-MECH/ELEC	60.00			
3-FRAME	38.00			
4-REFINISH	38.00	14.0		
5-PAINT MATERIAL	22.00			
LABOR TOTAL				
TAX ON LABOR		@	6.500%	
SUBLET REPAIRS				
TOWING				
STORAGE				

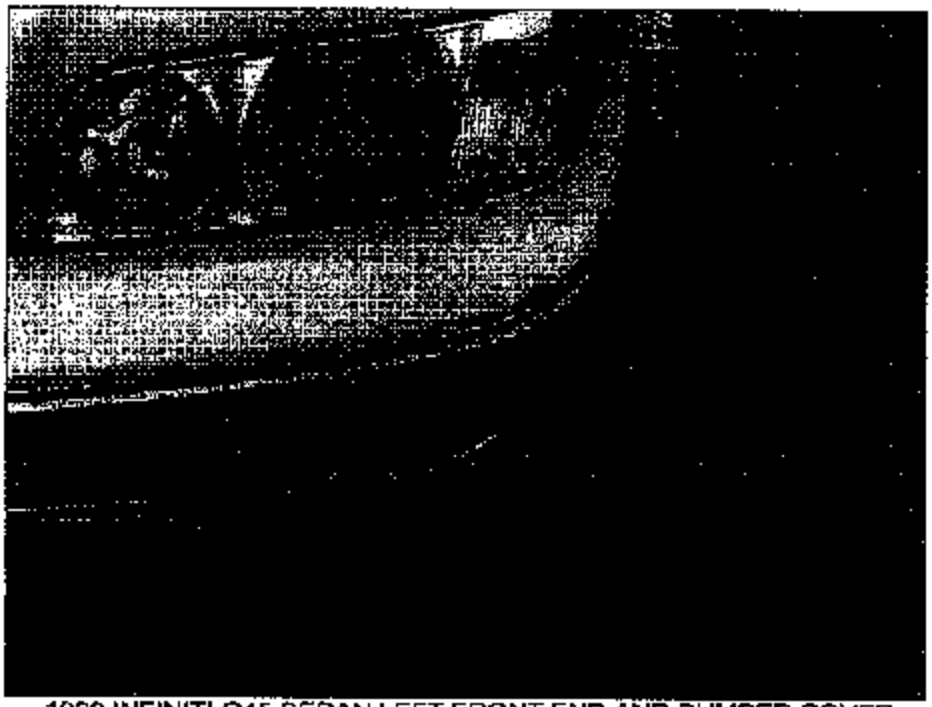
GROSS TOTAL	[redacted]	[redacted]
LESS: DEDUCTIBLE		
NET TOTAL		

1999 INFINITI Q45 STD 4DOOR SEDAN
CD LOG NO 4983-1

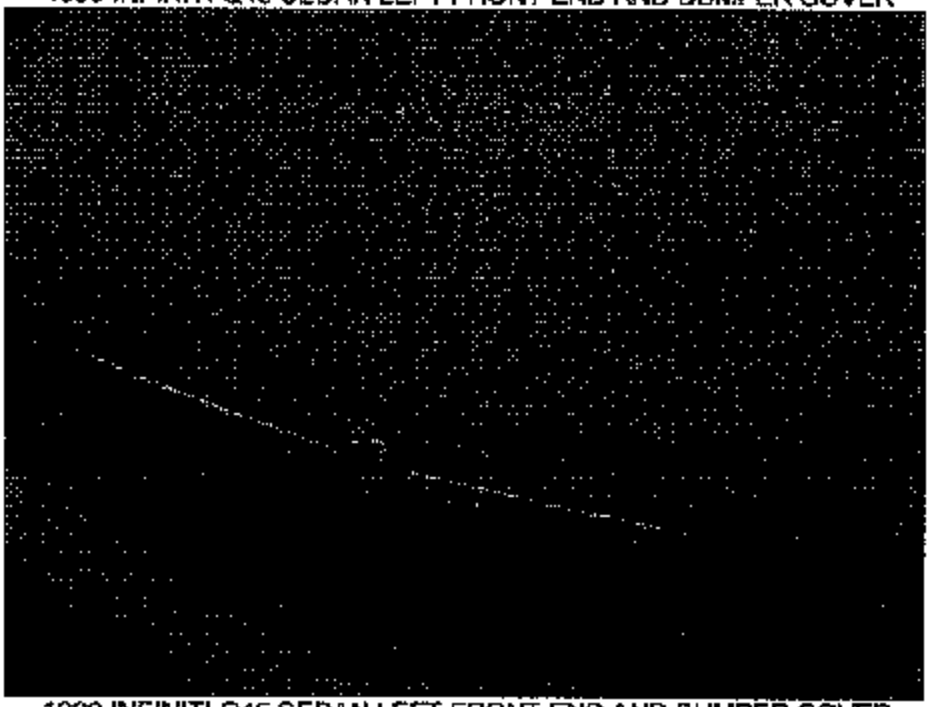
ADP SHOPLINK UA908 ES CD LOG 4983-1 DATE 05/06/05 09:14:41AM R6.35 CD 04/05
HOST LOG

3.1 HRS WERE ADDED TO THIS EST. BASED ON ADP THREE-STAGE REFINISH FORMULA.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS THAT ARE SUPPLIED BY THE MANUFACTURER OF YOUR MOTOR VEHICLE UNLESS OTHER WISE NOTED IN THIS ESTIMATE.
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.



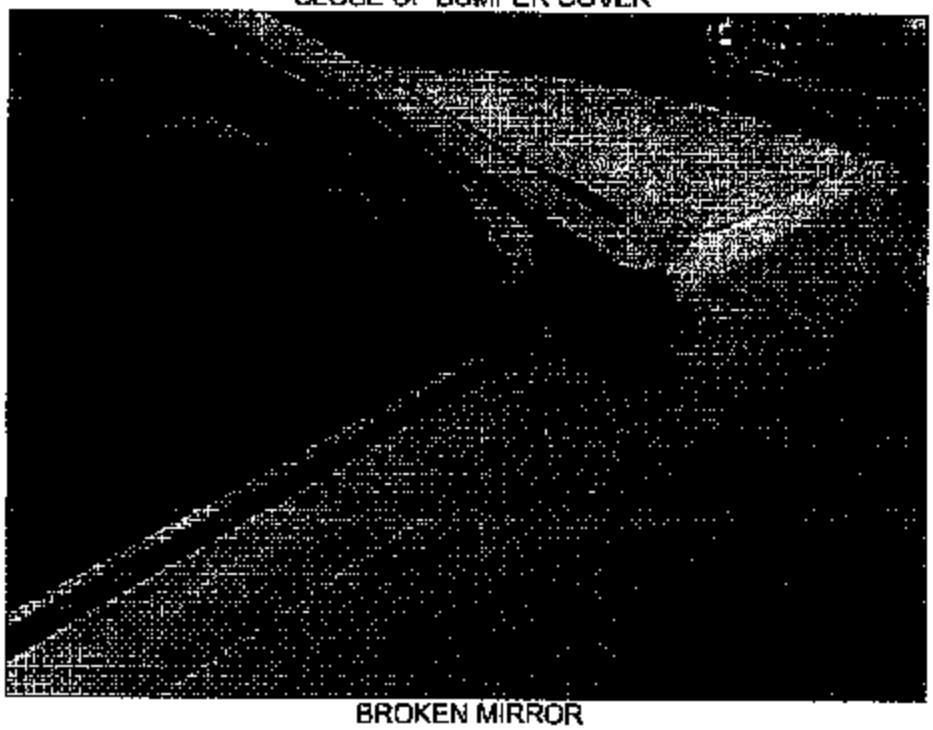
1999 INFINITI Q45 SEDAN LEFT FRONT END AND BUMPER COVER



1999 INFINITI Q45 SEDAN LEFT FRONT END AND BUMPER COVER

File No: L342005022000-01 Insured: Jones, Craig Adjuster: TINA M. MANN Appraiser: Executive Appraisal, ORCU
Remarks: 1999 INFINITI Q45 SEDAN LEFT FRONT END AND BUMPER COVER

CLOSE UP BUMPER COVER



BROKEN MIRROR

File No L342005022000-01 Insured Jones, Craig Adjuster TINA M. MANN Appraiser Executive Appraisal, ORCU
Remarks 1999 INFINITI Q45 SEDAN LEFT FRONT END AND BUMPER COVER

Amica Mutual Insurance - CONFIDENTIAL

June 2, 2005

Firestone Equpiment Repair
139 Barclay Street
Somerset PA 15501

File Number: [redacted]
Our Insured: [redacted]
Date of Loss: April 6, 2005
Amount of Loss [redacted]

Dear Sir

Our investigation shows that one of your trucks was responsible for the accident described above.

We now look to you for payment of the full amount listed above, which includes our policyholder's deductible.

If you are insured, please complete the insurance information required below and return the letter to us. Please forward a copy of this letter to your insurer and ask them to contact us.

****
* Insurance Company: _____ *
* Address: _____ *
* Your Policy #: _____ *
* Agent's name and address: _____ *
* _____ *
****

If you are not insured, please call us between 8:00 A.M. and 5:00 P.M. to make other arrangements for settlement.

September 9, 2005

Firestone Heavy Equipment
Att: Manager
139 Barclay St.
Somerset PA 15501

File Number: [redacted]
Our Insured: [redacted]
Date of Loss: April 6, 2005
Amount of Loss: [redacted]

Dear Sir:

Our investigation shows that a vehicle owned by your company was responsible for the accident described above.

We now look to you for payment of the full amount listed above, which includes our policyholder's deductible.

If you are insured, please complete the insurance information required below and return the letter to us. Please forward a copy of this letter to your insurer and ask them to contact us.

Insurance Company: _____

Address: _____

Your Policy #: _____

Agent's name and address: _____

If you are not insured, please call us between 8:00 A.M. and 5:00 P.M. to make other arrangements for settlement.

Firestone Heavy Equipment
Att: Manager

September 9, 2005

Your prompt attention to this matter is appreciated.

Very truly yours,

Tina M. Mann
Claims Department
Amica Mutual Insurance Company
tmann2@amica.com

*34G5

Called C- they state not their truck - TK