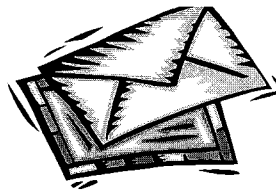


NHTSA ccmMercury Routing Slip



Printed: 9/26/2006

NHTSA #: ES06-006099

XREF #:

Delivery: CRT

2006 SEP 26 09:15
Rec'd Date: 9/26/2006

Doc Type: GEN

Address To: NHTSA

Referred By: NPO-011

Doc Date: 8/4/2006

Due Date:

S10 #:

DOT/L #:

RMP #:

Subject: SUBMISSION FM [REDACTED] REGARDING AUTOMOBILE ACCIDENT CAUSED BY BF GOODRICH TIRES (LAND TERRAIN LT 245/75R 16 LOAD RANGE E DOT N911) SEEKING REIMBURSEMENT FOR REPAIRS. CERTIFIED MAIL 70050390000521758392

Ack Date:

Sign Office: ENFORCEMENT

Cleared Date:

File Loc:

Added By: TMCKINNEY x

Ack By:

Signature: NRN

Cleared By:

XREF File:

Modified By: TAMMY.MCKINNEY

Signed For:

Cleared For:

Closed Date: 9/26/2006

Most Recent Comment:

Author:

10170139

[REDACTED]
[REDACTED]
SEBASTIAN, FL

Tel: [REDACTED] Fax: E-mail:

Assigned To	Task	Asgn Date	Deadline	Returned Date
NVS-200	APPROPRIATE	9/26/2006		9/26/2006
NVS-010	INFORMATION	9/26/2006		9/26/2006

2006 SEP 26 11:29

2006 SEP 26 A 11:29

Manic
9/26/06

August, 4, 2006

BF Goodrich
Consequential Damage Department
Consumer Relations
P.O. Box 19001
Greenville, SC 29602

EXECUTIVE SECRETARIAT

2006 SEP 26 A 9:17

FLORIDA HIGHWAY PATROL
TRAFFIC SAFETY ACT.

Dear Claims Manager:

RE: Automobile Accident caused by BF Goodrich Tires
(Land Terrain LT 245/75R 16 Load Range E DOT N911)
Tire Mileage since new 31,022

On Sunday July 30, 2006 I was traveling North on the Florida Turnpike in my 1999 Chevy CK2500, (pulling my Fifth Wheel Recreational Vehicle). I had been driving about 30 minutes through the West Palm Beach area, when I noticed a severe vibration. As I pulled over to inspect the vibration, my right rear tire exploded. In the explosion, my right rear quarter panel, muffler, muffler support, and tail pipe were badly damaged.

Enclosed see Florida Highway report, repair estimates from my insurance adjuster, and photographs of damaged vehicle.

It appeared the tire tread had separated causing the tire to fail and explode. Luckily myself, a passenger, and other motorists were not injured or killed. My insurance adjuster, the Florida Highway Patrol Officers who were at the scene, and Managers of Wal-Mart Automotive Department, where I purchased the tires, all agreed there must be some defect in the tire that exploded. Additionally, upon examination of a second tire on the vehicle by Wal-Mart, it too had unusual tire separation and would have exploded.

The tires were installed by Wal-Mart in Sebastian Florida on 5/13/2003 and maintained by Wal-Mart as recently as 5/13/2006 when they were rotated and balanced. See receipt for purchase and maintenance. Note: The tires were in good condition and had a tread depth of the driver front 11/32, driver rear 10/32, passenger rear, and 10/32 passenger front.

The Manager and Assistant Manager of Wal-Mart's Automotive Department in Sebastian determined the day after the accident that the exploding tire causing the accident was defective. After a close inspection of an additional tire on the vehicle, it showed defective tread separation. (See attached photos). Wal-Mart replaced all four tires at no charge.

Since there is an obvious defect in the BF Goodrich Land Terrain tires I purchased in 2003, I felt compelled to put BF Goodrich on official notice of a serious safety

ES06-006099

defect which may have already, or will cause loss of life throughout the United States and any countries these tires are sold. I will also notify the Department of Transportation, and Wal-Mart of the serious safety hazard of these defective tires.

Additionally I expect to be reimbursed by BF Goodrich for the \$1100.00 in damages to my vehicle and rental expenses expected when I repair my vehicle. I am happy to report that I survived this accident with no injuries to myself, passenger, or other motorists. Please mail claim information and procedures for reimbursement by BF Goodrich to my attention.

Signed,

[Redacted signature]

[Redacted address]

Sebastian, Florida

Tel: [Redacted phone number]

Enclosures

Photo's

CC/ Department of Transportation/National Highway Traffic Safety Administration,
Walmart SuperCenter Store #1068, Sebastian, Florida

2K

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

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	07/30/2006	01:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	1:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	1:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	FHPK06OFF043060	77030335
	COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN	(Check if in City or Town)	COUNTY
	06 / 00	2	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PALM BCH GDS	<input type="checkbox"/>	Palm Beach
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	<input type="checkbox"/> 1 DIVIDED <input checked="" type="checkbox"/> 2 UNDIVIDED	ON STREET, ROAD OR HIGHWAY
				4		STATE ROAD-91(TURNPIKE)
	AT THE INTERSECTION OF (street, road or highway) or FEET or MILE(S)	N S E W	FROM INTERSECTION OF (street, road or highway)			
		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	109 MILE POST			

Section 1	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	03	99	MAKE	CHEV	TYPE	03	USE	01	VEH. LICENSE NUMBER	HYL711	STATE	FL	VEHICLE IDENTIFICATION NUMBER	1GCGC24RX		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
	TRAILER OR TOWED VEHICLE INFORMATION	03	MAKO	TRAILER TYPE	07	S953CG	FL	1NL1MFM2331061312	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	06									
Vehicle	VEHICLE TRAVELING	N S E W	ON	AT	Est. MPH	60	Posted Speed	70	EST. VEHICLE DAMAGE	\$1,000	1 Disabling 2 Functional 3 No Damage	02	EST. TRAILER DAMAGE	0					
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	STERLING INS CO		POLICY NUMBER	27662696704		VEHICLE REMOVED BY:	DRIVER		1 Tow Rotation List	3 Driver	03	2 Tow Owner's Request	4 Other					
Pedestrian	NAME OF VEHICLE OWNER (Check Box If Same As Driver)	<input checked="" type="checkbox"/> 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 Licesne) / PEDESTRIAN	SEBASTIAN		CURRENT ADDRESS (Number and Street)			CITY & STATE / ZIP CODE	FL		DATE OF BIRTH									
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.					
		FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	05	1	1	2	1	1	1	2	5	1				
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.												
	1 Yes 2 No	2	2		1 Yes 2 No	2													

Section 2	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER		STATE		VEHICLE IDENTIFICATION NUMBER			18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
	TRAILER OR TOWED VEHICLE INFORMATION																	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
Vehicle	VEHICLE TRAVELING	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	3 Driver		2 Tow Owner's Request	4 Other				
Pedestrian	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 Licesne) / PEDESTRIAN			CURRENT ADDRESS (Number and Street)			CITY & STATE / ZIP CODE			DATE OF BIRTH								
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS.DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.				
					1 Blood 3 Urine 5 None 2 Breath 4 Refused													
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.											
	1 Yes 2 No				1 Yes 2 No													

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
	01 Automobile 02 Van 03 Light Truck/P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat)	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown	1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending BAC Test Result	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other
	DL TYPE	RACE	REQUIRED ENDORSEMENTS	SEX	INJURY SEVERITY	SAFETY EQUIPMENT IN USE	EJECTED
	1 A 2 B 3 C	1 White 2 Black 3 Hispanic 4 Other	1 Yes 2 No 3 No Endorsement Required	1 Male 2 Female	1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	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	1 No 2 Yes 3 Partial

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18 Undercarriage 19 Overturn 20 Windshield 22 Trailer
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE						SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		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.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/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, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		\$					
2		\$					

CONTIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECTS		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action	1 2 3	01 No Defects	1 2 3	01 Straight Ahead	1 2 3	1 None	1 2 3
02 Careless Driving (Explain In Narrative)	01	02 Def. Brakes	05	02 Slowing / Stopped / Stalled	01	2 Farm	
03 Failed to Yield Right-of-Way		03 Worn / Smooth Tires		03 Making Left Turn		3 Police Pursuit	1
04 Improper Backing		04 Defective / Improper Lights		04 Backing		4 Recreational	
05 Improper Lane Change		05 Puncture / Blowout		05 Making Right Turn		5 Emergency Operation	
06 Improper Turn		06 Steering Mech.		06 Changing Lanes		6 Construction / Maintenance	
07 Alcohol-Under Influence		07 Windshield Wipers		07 Entering / Leaving Parking Space		SOURCE OF CARRIER INFORMATION	
08 Drugs-Under Influence		08 Equipment / Vehicle Defect		08 Properly Parked		1 Not Applicable	1 2 3
09 Alcohol & Drugs-Under Influence		77 All Other (Explain In Narrative)		09 Improperly Parked		2 Shipping Papers	
10 Followed Too Closely		POINT OF COLLISION		10 Making U-Turn		3 Vehicle Side	1
11 Disregarded Traffic Signal		01 On Road	1 2 3	PEDESTRIAN ACTION		4 Driver	
12 Exceeded Safe Speed Limit		02 Not On Road		01 Crossing Not at Intersection	07 Working in Road	5 Other	
13 Disregarded Stop Sign		03 Shoulder	01	02 Crossing at Mid-block Crosswalk		LOCATION TYPE	
14 Failed to Maintain Equip. / Vehicle		04 Median		03 Crossing at Intersection	08 Standing/Playing in Road	1 Primarily Business	03
15 Improper Passing		05 Turn Lane		04 Walking Along Road With Traffic		2 Primarily Residential	
16 Drove Left of Center		WORK AREA		05 Walking Along Road Against Traffic	09 Standing in Pedestrian Island	3 Open Country	
17 Exceeded Stated Speed Limit		01 None	1 2 3	06 Working on Vehicle in Road	77 All Other (Explain In Narrative)		
18 Obstructing Traffic		02 Nearby	01				
		03 Entered					

FIRST / SUBSEQUENT HARMFUL EVENT(S)		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION	
01 Collision With MV in Transport (Rear End)	15 Collision with Animal	29 MV Ran Into Ditch / Culvert	1 2 3	01 Interstate	07 Forest Road
02 Collision With MV in Transport (Head-on)	16 MV Hit Sign / Sign Post	30 Ran Off Road / Into Water		02 U.S.	08 Private Roadway
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overturned	77	03 State	77 All Other (Explain In Narrative)
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle		04 County	
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor / Trailer Jackknifed		05 Local	
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire		06 Turnpike / Toll	
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge / Pier / Abutment / Rail	35 Explosion		ROAD SURFACE / CONDITION	
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway		01 Dry	01 Clear
09 Collision with MV on Other Roadway	23 Collision with Construction Barricade Sign	37 Cargo Loss or Shift		02 Wet	02 Cloudy
10 Collision with Pedestrian	24 Collision with Traffic Gate	38 Separation of Units		03 Slippery	03 Rain
11 Collision with Bicycle	25 Collision with Crash Attenuators	39 Median Crossover		04 Icy	04 Fog
12 Collision with Bicycle (Bike Lane)	26 Collision with Fixed Object Above Road	77 All Other (Explain In Narrative)		77 All Other (Explain In Narrative)	77 All Other (Explain In Narrative)
13 Collision with Moped	27 MV Hit Other Fixed Object			ROAD SURFACE TYPE	
14 Collision with Train	28 Collision with Moveable Object on Road			01 Slag / Gravel / Stone	02 Blacktop

ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER	
01 No Defects		01 Vision Not Obscured		01 No Control		01 Not At Intersection / RR X'ing / Bridge		1. Straight-Level	
02 Obstruction With Warning		02 Inclement Weather		02 Special Speed Zone		02 At Intersection		2. Straight-Upgrade / Downgrade	
03 Obstruction Without Warning	01	03 Parked / Stopped Vehicle	01	03 Speed Control Sign	03	03 Influenced By Intersection	01	3. Curve-Level	1
04 Road Under Repair / Construction		04 Trees / Crops / Bushes		04 School Zone		04 Driveway Access		4. Curve-Upgrade / Downgrade	
05 Loose Surface Materials		05 Load on Vehicle		05 Traffic Signal		05 Railroad		TYPE SHOULDER	
06 Shoulders - Soft / Low / High		06 Building / Fixed Object		06 Stop Sign		06 Bridge		1. Paved	
07 Holes / Ruts / Unsafe Paved Edge		07 Signs / Billboards		07 Yield Sign		07 Entrance Ramp		2. Unpaved	
08 Stading Water		08 Fog		08 Flashing Light		08 Exit Ramp		3. Curb	1
09 Worn / Polished Road Surface		09 Smoke		09 Railroad Signal		09 Parking Lot - Public			
77 All Other (Explain In Narrative)		10 Glare		10 Officer / Guard / Flagman		10 Parking Lot - Private			

Violator(s)	SECTION #	NAME OF VIOLATOR (s)	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS
 TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 07/30/2006	COUNTY / CITY CODE 06 / 00	INVEST. AGENCY REPORT NUMBER [REDACTED]	HSMV CRASH REPORT NUMBER [REDACTED]
--	---	-----------------------------	-------------------------------	--	--

(NARRATIVE)

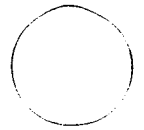
V-1 WAS TRAVELING NORTHBOUND ON FLORIDA'S TURNPIKE (SR-91) AT THE 109 MILE POST ON THE OUTSIDE LANE. V-1'S RIGHT REAR TIRE BLEW OUT CAUSING DAMAGE TO THE RIGHT REAR FENDER OF V-1. V-1 TRAVELED TO THE EAST PAVED SHOULDER AND CAME TO FINAL REST FACING NORTHBOUND.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
1	01	MIKE J MORRISON	142 CAPRONA ST SEBASTIAN	FL 32958		10/18/57	1	1	3	1	2	1
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT

Violator(s)	SECTION #	NAME	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	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	<input type="checkbox"/>	INJURED TAKEN TO:	BY - NAME:		
WAS INVESTIGATION MADE AT SCENE? 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 07/30/2006	PHOTOS TAKEN? 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/>	IF YES, BY WHOM? 1 INVEST. AGENCY <input type="checkbox"/> 2 OTHER <input type="checkbox"/>	
INVESTIGATOR - RANK & SIGNATURE TPR. T. BUFFARDI	ID / BADGE NUMBER 2312/	DEPARTMENT FHP	FHP <input checked="" type="checkbox"/>	SO <input type="checkbox"/>	CPD <input type="checkbox"/>	OTHER <input type="checkbox"/>	

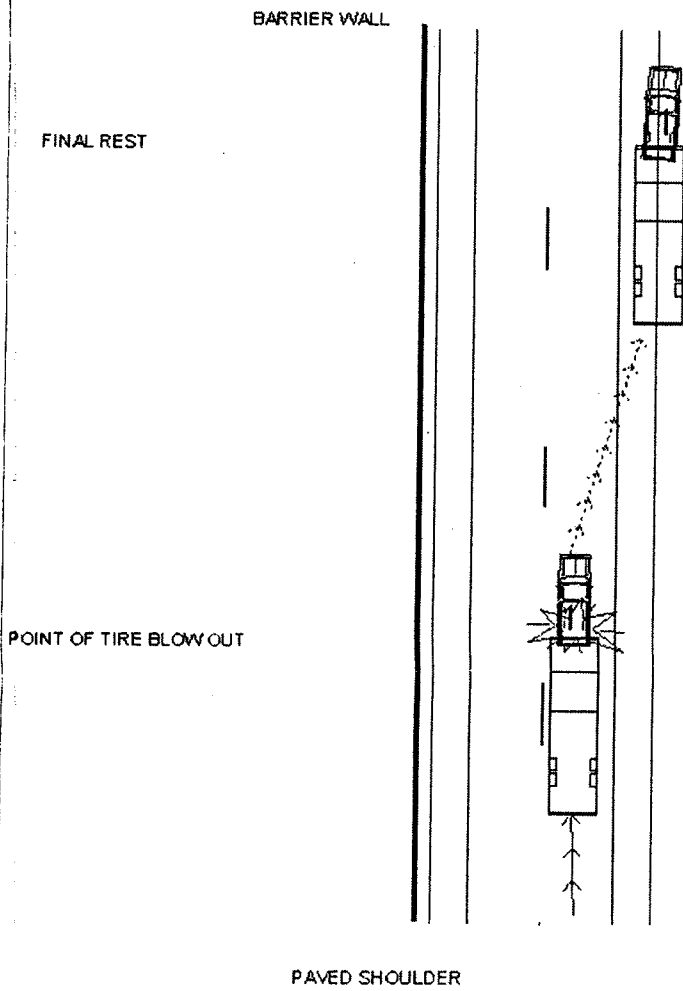
DIAGRAM



INDICATE NORTH
WITH ARROW



STATE ROAD-91
NORTHBOUND LANES ONLY
DIAGRAM NOT TO SCALE



BRISTOL WEST
BRISTOL WEST Apex Adjustment Inc.
APPRAISAL QUESTIONS CALL R.BRADLEY 954-914-2824
5701 Stirling Rd
Davie, FL 33314
(954)316-5100 Fax: (772)581-9943

ESTIMATE OF RECORD

Written By: Ray Bradley 07/31/2006 04:26 PM
Adjuster: ELLEN SHIFRIN (954)316-5100

Insured: [REDACTED] Claim [REDACTED]
Owner: [REDACTED] Policy [REDACTED]
Address: [REDACTED] Date of Loss: 07/30/2006 at 02:00 PM
SEBASTIAN, FL [REDACTED] Type of Loss: Comprehensive
Business: [REDACTED] Point of Impact: 16. Non-Collision
Evening: [REDACTED]

Inspect PIPER AIRCRAFT NI WORK PLACE Day: [REDACTED]
Location: 2926 Piper Drive OTHER
VERO BEACH, FL 32960

Repair SHOP IS UNKNOWN AT THIS TIME >? 4 Days to Repair
Facility: License #

1999 CHEV C2500 4X2 HD 8-5.7L-FI 2D P/U WHITE Int:
VIN: 1GCGC24R [REDACTED] Lic: [REDACTED] FL Prod Date: Odometer: 65627

- Condition: Good
- | | | |
|------------------------|--------------------|----------------------|
| Air Conditioning | Tilt Wheel | Cruise Control |
| Intermittent Wipers | Body Side Moldings | Dual Mirrors |
| Clear Coat Paint | Power Steering | Power Brakes |
| Power Windows | Power Locks | Power Mirrors |
| AM Radio | FM Radio | Stereo |
| Cassette | Search/Seek | Anti-Lock Brakes (4) |
| Cloth Seats | Split Bench Seats | Rear Step Bumper |
| Automatic Transmission | Overdrive | Styled Steel Wheels |

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		EXHAUST SYSTEM				
N 2*	Rpr	Muffler & pipe			m 1.0	
3		PICK UP BOX				
4*	Rpr	RT Side panel all			9.5	3.5
5		Add for Clear Coat				1.4
6	Repl	RT Shield	1	11.71	0.2	
7#	Repl	Tape Stripe	1	14.00	0.2	
8	Refn	RT Wheelhouse				1.0
9	Repl	RT Wheelhouse brace front w/o dual wheels	1	14.07		
10	Repl	RT Wheelhouse brace rear w/o dual wheels	1	8.30		
11	Repl	RT Protector front edge	1	7.16	0.1	

ESTIMATE OF RECORD

1999 CHEV C2500 4X2 HD 8-5.7L-FI 2D P/U WHITE Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
12	Repl RT	Fender bracket rear	1	19.09		
13	Repl RT	Body side mldg front	1	28.37	0.3	
14	Repl RT	Body side mldg rear	1	33.94	0.3	
15	Repl RT	Wheel opng mldg	1	19.90	0.3	
16		REAR BUMPER				
17	R&I	R&I bumper assy			0.5	
18		REAR LAMPS				
19	R&I	RT Combo lamp assy Fleetside			0.2	
20#		NOTE: RT Rear Tire not covered.	1			
Subtotals ==>				156.54	12.6	5.9

Line 2 : TIME IS TO ALIGN REAR MUFFLER & PIPE

Estimate Notes:

-----FIELD-----

INSPECTION DATE-07-31-06

APPRAISER- RAY BRADLEY

APPRAISAL AGREED WITH- OWNER

COPY OF ESTIMATE PRINTED AT INSPECT? (Y/N) YES

CHECK ISSUED (Y/N) NO

CHK ISSUED TO / MAILED TO- N/A

CHECK # AND AMOUNT- N/A

UPD ESTIMATE? (Y/N) NO

VEHICLE MODIFICATION (Y/N) IF YES, WHAT? NO

COMMENTS-INSPECTED AT INSD WORK PLACE ON 07-31-06 - VEHICLE HAS NON-COLLISION DAMAGE TO RT REAR BED SIDE AREA -- NOTE RT REAR TIRE IS NOT COVERED- ALL REPAIRS IN LINE PER LOSS-INSD HAS COPY OF ESTIMATE - NO DRAFTS CUT AT THIS TIME-REPAIRS NOT AUTH PER DELLA ON THIS DAY.

Parts		
Parts Discount	\$ 142.54	-10.0%
Body Labor	12.6 hrs @ \$ 40.00/hr	
Paint Labor	5.9 hrs @ \$ 40.00/hr	
Paint Supplies	5.9 hrs @ \$ 20.00/hr	

SUBTOTAL

Sales Tax	\$ 1000.29 @ 7.5000%	75.02
-----------	----------------------	-------

TOTAL COST OF REPAIRS \$

ADJUSTMENTS:

Deductible

TOTAL ADJUSTMENTS \$

NET COST OF REPAIRS \$

ESTIMATE OF RECORD

1999 CHEV C2500 4X2 HD 8-5.7L-FI 2D P/U WHITE Int:

*****NOTICE TO VEHICLE OWNER AND/OR REPAIR FACILITY*****

THIS IS AN ESTIMATE "ONLY" AND NOT AN AUTHORIZATION TO REPAIR OR AN ADMISSION OF LIABILITY.

THIS IS NOT AN OFFER OR GUARANTEE OF PAYMENT. AUTHORIZATION TO REPAIR OR GUARANTEE OF PAYMENT CAN ONLY BE MADE BY THE VEHICLE OWNER. FOR ANY QUESTIONS PLEASE CALL , 1-954-914-2824

NO SUPPLEMENT OR ADDITIONAL DAMAGES WILL BE HONORED OR PAID WITHOUT PRIOR APPROVAL , AND REINSPECTION PRIOR TO REPAIRS. ANY SUPPLEMENT MUST BE AUDITED BY THE FIELD APPRAISER WITH COPIES OF ALL INVOICES AND DAMAGED PARTS. PLEASE CONTACT THE ADJUSTER AT 1-800-274-7865 TO VERIFY COVERAGE AND LIABILITY. IF QUALITY REPLACEMENT PARTS APPEAR ON THIS ESTIMATE , THE ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF BODY PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER.

THE WARRANTY IS PROVIDED BY A SOURCE OTHER THAN THE ORIGINAL MANUFACTURER OF YOUR MOTOR VEHICLE.

*****NOTICE TO REPAIR FACILITIES*****

ONLY CAPA CERTIFIED AFTERMARKET SHEET METAL PARTS MAY BE USED. BE SURE TO VERIFY THE CAPA SEAL PRIOR TO INSTALLATION.

BRISTOL WEST INSURANCE GROUP WILL GUARANTEE THIS ESTIMATE PRICE FOR 90 DAYS.AFTER 90 DAYS,WE NOT BE RESPONSIBLE FOR LABOR OR PARTS PRICE INCREASES.

***** IMPORTANT NOTICE TO 3RD PARTY CLAIMANTS *****
UNDER FLORIDA LAW, WE ARE REQUIRED TO ADVISE YOU THAT THE FAILURE TO USE THE INSURANCE PROCEEDS IN ACCORDANCE WITH THE SECURITY AGREEMENT, IF ANY, COULD BE A VIOLATION OF ----- S.812.014 FLORIDA STATUTE. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR LENDING INSTITUTION. SECURITY AGREEMENT INCLUDES LEASES OR LOANS ON THE SUBJECT VEHICLE.

THIS ESTIMATE HAS BEEN APPROVED BY APEX ADJUSTMENT, INC.

SUPERVISOR : _____ DATE: _____

AGREED AT: _____

REPAIR FACILITY BY: _____

DATE: _____

ESTIMATE OF RECORD

1999 CHEV C2500 4X2 HD 8-5.7L-FI 2D P/U WHITE Int:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE (FLORIDA STATUTES TITLE XLVI, CHAPTER 817.234). 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 DR1GH95 Database Date 07/2006, CCC Data Date 07/2006, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) parts are OEM parts that may be provided by or through alternate sources other than the OE/Vehicle dealerships. OPT OEM parts may reflect some specific, special, or unique pricing or discount. 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. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. 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 Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2006 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.



STORE# 1068
2001 US HIGHWAY #1
SEBASTIAN, FL

Service Order:



485700 34835

DATE	NAME	PHONE #
YEAR	MAKE	MODEL
1999	CHEVROLET	PICKUP C2500 3/4 TON 4x2
LICENSE	ODOMETER	CUSTOMER ARRIVAL TIME
FL HYL711	62790	2006-05-13 07:08 AM
		SERVICE COMPLETED TIME
		2006-05-13 09:21 AM

Service Description	Service
LOF CONV FEATURED - Oil - REPLACED, 5.1 Qts - Grease Fittings - COMPLETE, 6 Ftngs - Pre Service Oil Check - CHECKED, Full ROTATE BALANCE [4 @ 7.50] Discount for above Item	18.44
- Oil Filter - REPLACED - Oil Pressure - CHECKED	
- Tire Pressure - CHECKED, Ft.80 R.80 - Rotation - COMPLETE - Rotation - COMPLETE - Balance (Required) - COMPLETE - Balance (Required) - COMPLETE	30.00 - 30.00
- Rotation - COMPLETE - Balance (Required) - COMPLETE - Balance (Required) - COMPLETE	
LUG TORQUE Driver Rear 140 FT-LB Passenger Rear 140 FT-LB	
Driver Front 140 FT-LB Passenger Front 140 FT-LB	

Merchandise Description	Save Old Parts	Quantity	Unit Price	Merchandise
PENNZ 10W30 BULK		5.0	1.54	Included
PENNZ 10W30 BULK		0.1	1.54	0.15
FRAM PRO OIL 5		1	1.97	Included
Total (Excluding Tax)				18.59

Customer Comments

Technician Comments
MINOR SRATCHES

HOW DO YOU WISH TO PAY FOR THIS SERVICE?
 CASH CHECK CREDIT CARD
 MONEY ORDER

2ND AUTHORIZED NAME & PHONE

PROPOSED COMPLETION DATE: 05/13/2006

DISCLAIMER

I hereby authorize the stated repair work to be done along with the necessary material, and hereby grant Wal-Mart permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

WAL-MART IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLES OR ARTICLES LEFT IN VEHICLES IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND WAL-MART'S CONTROL.

05-13-2006

CUSTOMER SIGNATURE _____ DATE _____

PLEASE READ CAREFULLY. CHECK ONE OF THE STATEMENTS BELOW, AND SIGN. I UNDERSTAND THAT, UNDER STATE LAW I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL EXCEEDS \$100.
 I REQUEST A WRITTEN ESTIMATE.
 I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THE AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
 I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED _____ DATE _____

FS403718 mandates a \$1.00 fee for each new tire sold in the State of Florida.
 FS4037185 mandates a \$1.50 fee for each new or manufactured battery sold in the State of Florida.

ALL LABOR CHARGES ARE BASED ON A FLAT RATE. WE SUPPLY FREE ESTIMATES. WE DO NOT HAVE A DAILY STORAGE CHARGE FOR VEHICLES. WE ONLY SELL NEW PARTS.

I do agree and fully understand that my motor vehicle had a low oil level when I brought it to Wal-Mart for an oil change. This was pointed out to me, that I willingly requested Wal-Mart to change the oil. I will not hold Wal-Mart responsible for any damage to my motor vehicle by the low oil level.

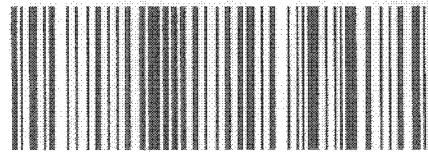
SIGNED _____

DATE _____

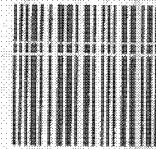
COURTESY TECHNICIAN: BRIAN 5104
 LOWER BAY TECHNICIAN: ALLEN 4901
 QUALITY CONTROL TECH: JOSEPH 830
 SERV WRTR/GREETER: TINA 4655
 TIRE TECHNICIAN: BRIAN 2441
 UPPER BAY TECHNICIAN: ALLEN 4901

Sebastian, Fl. [REDACTED]

CERTIFIED MAIL[™]



7005 0390 0005 2175 8392



0000

20590

RETURN RECEIPT
REQUESTED

RETURN RECEIPT
REQUESTED

National Highway Traffic Safety
Administration
NHTSA Headquarters *5220*
400 Seventh Street SW
Washington, D.C. 20590

