



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 100148

Date Received  
2006 NOV -9 AM 8:40  
16-OCT-2006

Repository   
Reference No.  
10170944

**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
Address [Redacted]  
City NORTH MYRTLE BEACH State SC Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]  
Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 11/22/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1GTMD19X53B [Redacted]  
Make GMC Model SAFARI (GMC) Model Year 2003  
Date Purchased 02-JUL-03 Dealer's Name and Telephone Number BELL AND BELL PONTIAC GMC Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City LITTLE RIVER State SC Zip Code Vortec 4.3  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 140000 AIR BAGS Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 27-JUN-2006 Failure Mileage 47500 Failure Speed 42

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make Cooper Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15)  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location:  
Tire Component Code [Redacted] Tire Failure Type [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

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

**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 2 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).

DT\*: THE CONTACT STATED WHILE DRIVING 42 MPH, THE VEHICLE CRASHED INTO THE REAR OF ANOTHER VEHICLE. THE AIR BAGS DID NOT DEPLOY. MINOR INJURIES WERE SUSTAINED BY BOTH DRIVERS. A POLICE REPORT WAS TAKEN. THE VEHICLE WAS TOWED TO AN IMPOUND AND WAS DEEMED TOTALED. THE DEALER WAS ALERTED.

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 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.

### CDR File Information

Vehicle Identification Number	1GTDM19X53E [REDACTED]
Investigator	J. E. WILLIAMS, EAA, IC
Case Number	[REDACTED]
Investigation Date	Monday, July 10 2006
Crash Date	Tuesday, June 27 2006
Filename	1GTDM19X53E [REDACTED]
Saved on	Monday, July 10 2006 at 10:29:53 AM
Collected with CDR version	Crash Data Retrieval Tool 2.800
Collecting program verification number	[REDACTED]
Reported with CDR version	Crash Data Retrieval Tool 2.800
Reporting program verification number	[REDACTED]
Interface used to collected data	Block number: 00 Interface version: 4A Date: 11-08-05 Checksum: 7500
Event(s) recovered	Non-Deployment

### SDM Data Limitations

#### SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It contains Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event may be overwritten by another Non-Deployment Event. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also contains Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced.

The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event, and then the Deployment Level Event will overwrite the Non-Deployment Event file.

#### SDM Data Limitations:

- SDM Recorded Vehicle Forward Velocity Change is one of the measures used to make air bag deployment decisions. SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 100 milliseconds of data after deployment criteria is met and up to 50 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record the first 150 milliseconds of data after algorithm enable.
- SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.
- Brake Switch Circuit Status indicates the status of the brake switch circuit.
- Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.
- Driver's Belt Switch Circuit Status indicates the status of the driver's seat belt switch circuit. If the vehicle's electrical system is compromised during a crash, the state of the Driver's Belt Switch Circuit may be reported other than the actual state.
- Passenger Front Air Bag Suppression Switch Circuit Status indicates the status of the suppression switch circuit.
- The Time Between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than five seconds, "N/A" is displayed in place of the time.
- If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.
- If the vehicle is a 2000 - 2002 Chevrolet Cavalier Z24 or a Pontiac Sunfire GT, with a manual transmission (RPO MM5) and a 2.4L engine (RPO LD9), the Brake Switch Circuit Status data will be reported in the opposite state than what actually occurred, e.g. an actual brake switch status of "ON" will be reported as "OFF".

#### SDM Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

- Vehicle Speed, Engine Speed, and Percent Throttle data are transmitted once a second by the Powertrain Control Module (PCM), via the vehicle's communication network, to the SDM.
- Brake Switch Circuit Status data is transmitted once a second by either the ABS module or the PCM, via the vehicle's communication network, to the SDM.
- The SDM may obtain Belt Switch Circuit Status data a number of different ways, depending on the vehicle architecture. Some switches are wired directly to the SDM, while others may obtain the data from various vehicle control modules, via the vehicle's communication network.
- The Passenger Front Air Bag Suppression Switch Circuit is wired directly to the SDM.

Mail FR-10 to: Office of Financial Responsibility  
SC Department of Public Safety  
PO Box 1498, Columbia, SC 29216

**SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY**  
FR-10 (REV. 01/01)  
**NOTICE OF REQUIREMENT**



Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	Collision Location (Rt. #/ Name)	0- Main line 2- Alternate 5- Spur	6- Connection 7- Business	Miles:	Dir. N E S W	In / Near City or Town of:
10/26	14:30	26			5					North Beach

Failure to comply could result in appropriate action under 56-10-270 and 56-10-20 of the 1976 code of laws of S.C. as amended, if vehicle subject to registration in S.C., and upon conviction thereof, the Department must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law.

N-600529				Driver/Pedestrian's Full Name				N-600530				Driver/Pedestrian's Full Name											
Unit #	Sex	Race	Street/R.F.D.	Unit #	Sex	Race	Street/R.F.D.	Unit #	Sex	Race	Street/R.F.D.	Unit #	Sex	Race	Street/R.F.D.								
1	M	W		2	M	W		3	M	W		4	M	W									
Birth Date		City, State, & Zip		Birth Date		City, State, & Zip		Birth Date		City, State, & Zip		Birth Date		City, State, & Zip									
State		Driver's License #		Insurance Company		State		Driver's License #		Insurance Company		State		Driver's License #		Insurance Company							
Year		Body		Vehicle Make		VIN #		Year		Body		Vehicle Make		VIN #		Year		Body		Vehicle Make		VIN #	
State		Year		License Plate #		Owner's D.L. #		State		Year		License Plate #		Owner's D.L. #		State		Year		License Plate #		Owner's D.L. #	
Home Telephone				Owner's Full Name				Home Telephone				Owner's Full Name											
Bus. Telephone				Street/R.F.D.				Bus. Telephone				Street/R.F.D.											
Contributed To Collision		City, State, & Zip		Contributed To Collision		City, State, & Zip		Contributed To Collision		City, State, & Zip		Contributed To Collision		City, State, & Zip									
Yes		No		Yes		No		Yes		No		Yes		No									

N-600531				Driver/Pedestrian's Full Name				State				Year				License Plate #				Owner's D.L. #			
Unit #	Sex	Race	Street/R.F.D.	Unit #	Sex	Race	Street/R.F.D.	Home Telephone				Owner's Full Name											
3	M	W		5	M	W		( )															
Birth Date		City, State, & Zip		Birth Date		City, State, & Zip		Bus. Telephone				Street/R.F.D.											
State		Driver's License #		Insurance Company		Contributed To Collision		City, State, & Zip		Contributed To Collision		City, State, & Zip											
Yes		No		Yes		No		Yes		No		Yes		No									
Year				Body				Vehicle Make				VIN #				Accident Insurance Information for Unit # 1							
12				1980				Ford				1F4C2H4R5L1				Company Name				Area Code/Phone Number			
																US 10 Insurance				( )			

**All Units Insurance Information**  
(to be completed by Investigating Officer)

Accident Insurance Information for Unit # 1				Accident Insurance Information for Unit # 2				Accident Insurance Information for Unit # 3				Accident Insurance Information for Unit # 4											
Company Name				Area Code/Phone Number				Company Name				Area Code/Phone Number				Company Name				Area Code/Phone Number			
Allstate Insurance				( )				State Farm				(843) 249-7066											
Agency Name				Policy Number				Agency Name				Policy Number				Agency Name				Policy Number			
John Kay								Charlie Stuart															

**Insurance Information**

Notice of Requirement Accepted. <input checked="" type="checkbox"/>				Signature				Y N Refused to Affix Signature?				Y N Vehicle Subject to Registration in SC?											
To Be Completed By Insurance Agency, Broker, Or Other Company Representative				The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein.				Signature				Title											
Reference to Unit #: _____, I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.				Beginning Date:				Ending Date:				Policy Holder:				NAIC# (Assigned by S.C. Dept. of Ins.)				Bus. Telephone			
Insurance Company				Policy #:																			

Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges.

If any of the below are applicable, disregard the above portion.				Form FR-10 Not Issued: Section 56-10-270 56-10-520							
Check here if a Form SR-23, Fleet Policy of 25 or more vehicles is on file with the Department covering the vehicle.				No FR-10 Issued to Operator/ Owner of Unit #: _____							
Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: SI - _____				Summons Issued to:							
Check here if liability insurance was not in effect to comply with South Carolina statutory requirements.				For operating or allowing the operation of an uninsured vehicle				Summons Number:			
Signature				Date				Signature			

ALLSTATE INSURANCE COMPANY  
3875 FABER PLACE DRIVE, SUITE 100  
CHARLESTON, SC 29405  
(843) 202-3400

REPAIR SHOP MUST CALL 843-202-3530 FOR ALL SUPPLEMENTAL APPROVALS PRIOR TO REP

CD LOG NO 1581 -0

07-05-06 10:16 AM

ESTIMATE

CLAIM INFORMATION

CLAIM # [REDACTED] POLICY # [REDACTED]  
COMPANY ALLSTATE INSURANCE COMPANY CLAIM REP [REDACTED]  
INSURED [REDACTED] LOSS DATE 06-27-06  
CLAIMANT [REDACTED] LOSS TYPE COLLISION

INSPECTION

TYPE FIELD SECOND POI  
PRIMARY POI FRONT END RIGHT  
APPRAISER NAME PATRICK ELVIS  
LICENSE # 50023358  
WORK PHONE (800) 366-8996 FAX (843) 365-8176  
ADDRESS PO BOX 71389 INSP DATE 07-05-06  
CITY STATE N CHARLESTON SC LOCATION AFFORDABLE  
ZIP 29415- CITY STATE

OWNER

[REDACTED] WORK# [REDACTED]  
[REDACTED] HOME# [REDACTED]  
N MYRTLE BCH SC [REDACTED]

REPAIR

ATTN DOUG TRUETT SHOP LIC#  
BELL&BELL CAR IN  
HWY 9 AND HWY 57 CAR OUT  
LITTLE RIVER SC 29566- REPAIR 0 DAYS  
SHOP PHONE (843) 399-8300 FAX (843) 399-1498

VEHICLE

2003 GMC SAFARI UPFITTER 2 DR CARGO VAN EXTENDED  
6CYL GASOLINE 4.3

OPTIONS

TWO-STAGE - EXTERIOR SURFACES POWER DOOR LOCKS  
POWER WINDOWS REAR CARGO DOOR GLASS  
TILT STEERING WHEEL AIR CONDITIONING  
CRUISE CONTROL

BODY COLOR WHITE MILEAGE 45,700  
CONDITION VIN 1GTD19X53B [REDACTED]  
LICENSE # [REDACTED] CODE U661 [REDACTED]  
LICENSE STATE SC VEH INSP #

REMARKS:

OP CODES:

* = USER-ENTERED VALUE	E = REPLACE OEM	NG = REPLACE NAGS
EC = COMPETITIVE PART	UE = OE SURPLUS	UC = RECONDITIONED PRT
UM = REMAN/REBUILT PRT	EU = LIKE KIND & QUALITY	EP = COMPETITIVE PART
OE = PXN OE SRPLS	PC = PXN RECONDITIONED	PM = PXN REMAN/REBUILT
TE = PARTL REPL PRICE	ET = PARTL REPL LABOR	IT = PARTIAL REPAIR
I = REPAIR	L = REFINISH	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%	B%	HOURS	R
---	---	---	-----	-----	-----	---	---	---	---
EU	0619	07	SECTION, FRONT BODY	RT LIKE KIND & QUALI	1,400.00*	+25		30.6	1
			>>MCALLISTER REF 16777						
L	0619		SECTION, FRONT BODY	RT REFINISH				9.8	4
				8.2 Surface					
				1.6 Two-stage					
N	0973		HEADLAMPS AIM	ADDITIONAL LABOR				0.4	1
EU	0586		CRADLE, ENGINE	LIKE KIND & QUALI	400.00*	+25		9.7	2
			>>MCALLISTER REF 16777						
NG	0143		WINDSHIELD, SHADED	NAGS DW1158-GB	222.15	-22		2.3	1
EU	0171		FILLER, DOOR OPENING	RT LIKE KIND & QUALI	INC*				1
L	0171		FILLER, DOOR OPENING	RT REFINISH				0.1	4
				0.1 Surface					
I	0208		DOOR SHELL, FRONT	RT REPAIR				4.0*	1
L	0208		DOOR SHELL, FRONT	RT REFINISH				3.4	4
				2.3 Surface					
				0.6 Two-stage setup					
				0.5 Two-stage					
I	0341		PANEL, ROOF	REPAIR				3.0*	1
			>>AFTER PULL						
L	0341	10	PANEL, ROOF	REFINISH				3.6*	4
				2.5* Surface					
				1.1 Two-stage					
			>>BLEND WITHIN PANEL .						
RI	0334		MLDG, ROOF SIDE	LT R&I ASSEMBLY				0.3	1
RI	0335		MLDG, ROOF SIDE	RT R&I ASSEMBLY				0.3	1
I	0394	07	PNL, WHEELHOUSE	INNE RT REPAIR				5.0*	1
L	0394		PNL, WHEELHOUSE	INNE RT REFINISH				0.5	4
				0.5 Surface					
I	0476	07	PANEL, BODYSIDE	INNE LT REPAIR				3.0*	1
L	0476	10	PANEL, BODYSIDE	INNE LT REFINISH				0.6*	4
				0.6* Surface					
			>>BLEND WITHIN PANEL .						
I	0477	07	PANEL, BODYSIDE	INNE RT REPAIR				2.0*	1
L	0477	10	PANEL, BODYSIDE	INNE RT REFINISH				0.6*	4
				0.6* Surface					
			>>BLEND WITHIN PANEL .						
I	0416		PANEL, SLIDING DR	OT RT REPAIR				4.0*	1
L	0416	10	PANEL, SLIDING DR	OT RT REFINISH				1.7*	4
				1.4* Surface					
				0.3 Two-stage					

2003 GMC SAFARI UPFITTER 2 DR CARGO VAN EXTENDED  
 CLAIM # [REDACTED] LOG 1581 -0

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RI 0417	HANDLE, SIDE DOOR OT RT	R&I ASSEMBLY		0.2 1
I 0588	PAN, FLOOR	REPAIR		2.0*1
L 0588 10	PAN, FLOOR	REFINISH		0.5*4
		0.5* Surface		
>>BLEND WITHIN PANEL .				
I M18	SET-UP AND MEASURE	REPAIR		1.5*1*
I M64	UNIBODY-FRAME ALIGNMEN	REPAIR		5.0*3
SB	R-134	SUBLET	75.00*	1*
EC	ANTIFREEZE-DEXCOOL	COMPETITIVE PART	12.00*	1*
SB	FRT END ALIGNMENT	SUBLET	49.95*	1*
RI	RUBBER MAT	R&I ASSEMBLY		1.0*1*
SB	2ND TOW	SUBLET	65.00*	1*

31 ITEMS

MC MESSAGE  
 07 STRUCTURAL PART AS IDENTIFIED BY I-CAR  
 10 INCLUDES ADP TIME TO CLEAR ENTIRE PANEL.

FINAL CALCULATIONS & ENTRIES  
 PARTS

GROSS PARTS	
OE SURPLUS PARTS	
OTHER PARTS	\$ 2,034.15
PAINT MATERIAL	\$ 350.00 **

ADJUSTMENTS	DISCOUNT	MARKUP	
LINE ITEMS	\$ 48.87	\$ 450.00	
PARTS & MATERIAL TOTAL			\$ 2,785.28
TAX ON PARTS ONLY @	5.000%		\$ 121.76

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	\$ 38.00	34.7	24.9	\$ 2,264.80
2-MECH/ELEC	\$ 55.00	9.7		\$ 533.50
3-FRAME	\$ 38.00		5.0	\$ 190.00
4-REFINISH	\$ 38.00	20.8		\$ 790.40
5-PAINT	\$ 22.00			

LABOR TOTAL	\$ 3,778.70
SUBLET REPAIRS	\$ 189.95
TOWING	\$ 175.00
STORAGE	\$ 225.00

GROSS TOTAL	\$ 7,275.69
LESS: DEDUCTIBLE	\$ 250.00-

NET TOTAL	\$ 7,025.69
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CUSTOMER OWES	\$ 250.00
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2003 GMC SAFARI UPFITTER 2 DR CARGO VAN EXTENDED  
CLAIM # [REDACTED] LOG 1581 -0

07-05-06 10:16 AM

PXN Y/00/00/00/00/00 CUM 00/00/00/00/00 Geocode: 29405 SE SOUTH SC 1ST 12/05  
ADP PENPRO W0412 ES LOG1581 -0 07-06-06 09:55:08  
REL 4.12.8 DT05/06  
(C) 1993 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.

\*\* USER-ESTABLISHED THRESHOLD FOR PAINT MATERIAL HAS BEEN REACHED AND  
CALCULATED IN THIS ESTIMATE. ANY ADDITIONAL MATERIALS MAY REQUIRE  
FURTHER APPROVAL. \*\*

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

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

IMPORTANT INFORMATION ABOUT ALLSTATE'S CHOICE OF PARTS POLICY

THIS ESTIMATE MAY LIST PARTS FOR USE IN THE REPAIR OF YOUR VEHICLE THAT ARE  
MANUFACTURED BY A COMPANY OTHER THAN THE ORIGINAL MANUFACTURER OF YOUR  
VEHICLE. THESE PARTS ARE COMMONLY REFERRED TO AS AFTERMARKET PARTS OR  
COMPETITIVE PARTS, AND MAY INCLUDE COSMETIC OUTER BODY CRASH PARTS SUCH AS  
HOODS, FENDERS, BUMPER COVERS, ETC. ALLSTATE GUARANTEES THE FIT AND CORROSION  
RESISTANCE OF ANY AFTERMARKET/COMPETITIVE OUTER BODY CRASH PARTS THAT ARE  
LISTED ON THIS ESTIMATE AND ACTUALLY USED IN THE REPAIR OF YOUR VEHICLE FOR AS  
LONG AS YOU OWN IT. IF A PROBLEM DEVELOPS WITH THE FIT OR CORROSION RESISTANCE  
OF THESE PARTS, THEY WILL BE REPAIRED OR REPLACED AT ALLSTATE'S EXPENSE. THIS  
GUARANTEE IS LIMITED TO THE REPAIR OR REPLACEMENT OF THE PART.

HOWEVER, IF YOU CHOOSE NOT TO USE ONE OR MORE OF THE AFTERMARKET/COMPETITIVE  
OUTER BODY CRASH PARTS THAT MAY BE LISTED ON THIS ESTIMATE IN THE REPAIR OF  
YOUR VEHICLE, ALLSTATE WILL SPECIFY THE USE OF ORIGINAL EQUIPMENT MANUFACTURER  
PARTS, EITHER NEW OR RECYCLED AT ALLSTATE'S OPTION, AT NO ADDITIONAL COST TO  
YOU. ALLSTATE DOES NOT SEPARATELY GUARANTEE THE PERFORMANCE OF ORIGINAL  
EQUIPMENT MANUFACTURER PARTS, AND MAKES NO REPRESENTATION ABOUT THE  
AVAILABILITY OF ANY MANUFACTURER'S GUARANTEE.

TO ALL REPAIR FACILITIES: BEFORE USING AN AFTERMARKET SHEETMETAL PART,  
BE SURE TO LOOK FOR THE CAPA SEAL. THIS IS NOT AN AUTHORIZATION FOR REPAIR.  
SUPPLEMENTS MUST BE APPROVED PRIOR TO REPAIR. IF YOUR CAR IS OF UNITIZED  
CONSTRUCTION, IN SOME CASES THE REPAIR SHOP MAY NEED SPECIAL EQUIPMENT TO  
PROPERLY REPAIR THE CAR. YOU SHOULD DETERMINE IF THE SHOP YOU SELECT TO  
COMPLETE THE REPAIRS IS PROPERLY EQUIPPED.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE  
BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY  
OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN  
TERMS OF FIT, QUALITY, PERFORMANCE AND WARRANTY TO THE ORIGINAL MANUFACTURER  
PARTS THEY ARE REPLACING.

CUSTOMER CHOICE OF REPAIR SHOPS

IT IS TO OUR MUTUAL BEST INTEREST THAT YOU RECEIVE PROMPT AND COURTEOUS  
SERVICE ALONG WITH QUALIY REPAIR WORK AT A FAIR PRICE. IF YOU HAVE A

2003 GMC SAFARI UPFITTER 2 DR CARGO VAN EXTENDED  
CLAIM # [REDACTED]

LOG 1581 -0

07-05-06 10:16 AM

PREFERENCE FOR A PARTICULAR SHOP, YOUR ADJUSTER WILL WRITE OR APPROVE AN ESTIMATE OF REPAIRS WITH THAT SHOP BASED ON COMPETITIVE PRICES IN THE AREA. INFORMATION REGARDING REPAIR FACILITIES, WHICH WILL BE ABLE TO REPAIR THE VEHICLE FOR THE APPRAISED AMOUNT, IS AVAILABLE FROM YOUR ADJUSTER OR INSURER. HOWEVER, YOU ARE UNDER NO OBLIGATION TO USE ANY RECOMMENDED REPAIR FACILITY. THE CHOICE OF WHERE YOUR VEHICLE REPAIRED IS YOURS. ADDITIONALLY, AMOUNTS DETERMINED BY US THAT ARE PAYABLE WILL BE PAID REGARDLESS OF WHETHER OR NOT YOU USE ANY RECOMMENDED REPAIR FACILITY.

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ALLSTATE INSURANCE COMPANY  
3875 FABER PLACE DRIVE, SUITE 100  
CHARLESTON, SC 29405  
(843) 202-3400

REPAIR SHOP MUST CALL 843-202-3530 FOR ALL SUPPLEMENTAL APPROVALS PRIOR TO REP

CD LOG NO 7000 -0

07-20-06 11:23 AM

ESTIMATE

CLAIM INFORMATION

CLAIM #	[REDACTED]	POLICY #	[REDACTED]
COMPANY	ALLSTATE INSURANCE COMPANY	CLAIM REF	[REDACTED]
INSURED	[REDACTED]	LOSS DATE	06-27-06
CLAIMANT		LOSS TYPE	COLLISION
LOSS PAYEE	GMAC ( RETAIL )	ACCT #	

INSPECTION

TYPE	FIELD		
PRIMARY POI	FRONT END CENTER	SECOND POI	
APPRAISER NAME	MIKE HARRIS		
LICENSE #	087024		
WORK PHONE	(800) 366-8996	FAX	(843) 202-3570
ADDRESS	P.O. BOX 71389	INSP DATE	07-20-06
CITY STATE	N CHARLESTON SC	LOCATION	BELL & BELL
ZIP	29415-	CITY STATE	LITTLE RIVER SC

OWNER

[REDACTED]  
MYRTLE BEACH SC [REDACTED]

WORK# [REDACTED]  
HOME# [REDACTED]

REPAIR

VEHICLE

2003 GMC SAFARI STD 2 DR CARGO VAN EXTENDED  
6CYL GASOLINE 4.3

OPTIONS

TWO-STAGE - EXTERIOR SURFACES	REAR CARGO DOOR GLASS
TILT STEERING WHEEL	AIR CONDITIONING
CRUISE CONTROL	

BODY COLOR	WHITE	MILEAGE	45,700
CONDITION	GOOD	VIN	1GTD19X53B [REDACTED]
LICENSE #	[REDACTED]	CODE	U661
LICENSE STATE	SC	VEH INSP #	

REMARKS:

THIS ESTIMATE WAS WRITTEN BASED ON VISIBLE DAMAGE AT TIME OF INSPECTION. PRO SHOP ESTIMATE FROM BELL & BELL COLLISION REPAIR CENTER OF LITTLE RIVER, S.C. MILEAGE READING SECURED FROM A RECENT OIL CHANGE STICKER GIVEN I WAS UNABLE TO SECURE OTHERWISE. VEHICLE IS A CONSTRUCTIVE TOTAL LOSS. ADP AUTO SOURCE REFERENCE NUMBER - 17793134.

2003 GMC SAFARI STD 2 DR CARGO VAN EXTENDED

CLAIM # [REDACTED]

LOG 7000 -0

07-20-06 11:23 AM

OP CODES:

* = USER-ENTERED VALUE	E = REPLACE OEM	NG = REPLACE NAGS
EC = COMPETITIVE PART	UE = OE SURPLUS	UC = RECONDITIONED PRT
UM = REMAN/REBUILT PRT	EU = LIKE KIND & QUALITY	EP = COMPETITIVE PART
OE = PXN OE SRPLS	PC = PXN RECONDITIONED	PM = PXN REMAN/REBUILT
TE = PARTL REPL PRICE	ET = PARTL REPL LABOR	IT = PARTIAL REPAIR
I = REPAIR	L = REFINISH	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%	B%	HOURS	R
SB			PRO SHOP ESTIMATE	SUBLET	8,547.99*				1
			>>Bell & Bell Collison Repair Center						

1 ITEMS

FINAL CALCULATIONS & ENTRIES

PARTS

- GROSS PARTS
- OE SURPLUS PARTS
- OTHER PARTS
- PAINT MATERIAL

ADJUSTMENTS DISCOUNT MARKUP

PARTS & MATERIAL TOTAL  
TAX ON PARTS ONLY @ 7.000%

LABOR	RATE	REPLACE HRS	REPAIR HRS
1-SHEET METAL	\$ 40.00		
2-MECH/ELEC	\$ 55.00		
3-FRAME	\$ 40.00		
4-REFINISH	\$ 40.00		
5-PAINT	\$ 24.00		

LABOR TOTAL

SUBLET REPAIRS \$ 8,547.99  
TOWING  
STORAGE

GROSS TOTAL

\$ 8,547.99  
LESS: DEDUCTIBLE \$ 250.00-

NET TOTAL

\$ 8,297.99 Run ACV

CUSTOMER OWES

\$ 250.00

PXN Y/00/00/00/00/00 CUM 00/00/00/00/00 Geocode: 29405 SE SOUTH SC 2ND 5/06  
ADP PENPRO W0412 ES LOG7000 -0 07-20-06 13:18:05  
REL 4.12.8 DT06/06

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IMPORTANT INFORMATION ABOUT ALLSTATE'S CHOICE OF PARTS POLICY

THIS ESTIMATE MAY LIST PARTS FOR USE IN THE REPAIR OF YOUR VEHICLE THAT ARE MANUFACTURED BY A COMPANY OTHER THAN THE ORIGINAL MANUFACTURER OF YOUR VEHICLE. THESE PARTS ARE COMMONLY REFERRED TO AS AFTERMARKET PARTS OR COMPETITIVE PARTS, AND MAY INCLUDE COSMETIC OUTER BODY CRASH PARTS SUCH AS HOODS, FENDERS, BUMPER COVERS, ETC. ALLSTATE GUARANTEES THE FIT AND CORROSION RESISTANCE OF ANY AFTERMARKET/COMPETITIVE OUTER BODY CRASH PARTS THAT ARE LISTED ON THIS ESTIMATE AND ACTUALLY USED IN THE REPAIR OF YOUR VEHICLE FOR AS LONG AS YOU OWN IT. IF A PROBLEM DEVELOPS WITH THE FIT OR CORROSION RESISTANCE OF THESE PARTS, THEY WILL BE REPAIRED OR REPLACED AT ALLSTATE'S EXPENSE. THIS GUARANTEE IS LIMITED TO THE REPAIR OR REPLACEMENT OF THE PART.

HOWEVER, IF YOU CHOOSE NOT TO USE ONE OR MORE OF THE AFTERMARKET/COMPETITIVE OUTER BODY CRASH PARTS THAT MAY BE LISTED ON THIS ESTIMATE IN THE REPAIR OF YOUR VEHICLE, ALLSTATE WILL SPECIFY THE USE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS, EITHER NEW OR RECYCLED AT ALLSTATE'S OPTION, AT NO ADDITIONAL COST TO YOU. ALLSTATE DOES NOT SEPARATELY GUARANTEE THE PERFORMANCE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS, AND MAKES NO REPRESENTATION ABOUT THE AVAILABILITY OF ANY MANUFACTURER'S GUARANTEE.

TO ALL REPAIR FACILITIES: BEFORE USING AN AFTERMARKET SHEETMETAL PART, BE SURE TO LOOK FOR THE CAPA SEAL. THIS IS NOT AN AUTHORIZATION FOR REPAIR. SUPPLEMENTS MUST BE APPROVED PRIOR TO REPAIR. IF YOUR CAR IS OF UNITIZED CONSTRUCTION, IN SOME CASES THE REPAIR SHOP MAY NEED SPECIAL EQUIPMENT TO PROPERLY REPAIR THE CAR. YOU SHOULD DETERMINE IF THE SHOP YOU SELECT TO COMPLETE THE REPAIRS IS PROPERLY EQUIPPED.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN TERMS OF FIT, QUALITY, PERFORMANCE AND WARRANTY TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING.

CUSTOMER CHOICE OF REPAIR SHOPS

IT IS TO OUR MUTUAL BEST INTEREST THAT YOU RECEIVE PROMPT AND COURTEOUS SERVICE ALONG WITH QUALIY REPAIR WORK AT A FAIR PRICE. IF YOU HAVE A PREFERENCE FOR A PARTICULAR SHOP, YOUR ADJUSTER WILL WRITE OR APPROVE AN ESTIMATE OF REPAIRS WITH THAT SHOP BASED ON COMPETITIVE PRICES IN THE AREA. INFORMATION REGARDING REPAIR FACILITIES, WHICH WILL BE ABLE TO REPAIR THE VEHICLE FOR THE APPRAISED AMOUNT, IS AVAILABLE FROM YOUR ADJUSTER OR INSURER. HOWEVER, YOU ARE UNDER NO OBLIGATION TO USE ANY RECOMMENDED REPAIR FACILITY. THE CHOICE OF WHERE YOUR VEHICLE REPAIRED IS YOURS. ADDITIONALLY, AMOUNTS DETERMINED BY US THAT ARE PAYABLE WILL BE PAID REGARDLESS OF WHETHER OR NOT YOU USE ANY RECOMMENDED REPAIR FACILITY.

## Total Loss Determination Guide

Date: 07-20-06

Claim Number: [REDACTED]

Insured/Claimant: [REDACTED]

(Technician/PRO Shop)/ID: MIKE HARRIS / DOCZ

Vehicle Description: 2003 GMC SAFARI STD 2 DR CARGO VAN EXTENDED

### REPAIR COST

### TOTAL LOSS COST

	Adj. Est.	Validated Adjs.		Adj. Est.	Validated Adjs.
Estimate (incl taxes and before deductible)	\$ 8,547.99	\$ _____	Estimated ACV* (incl. taxes/fees and before deductible)		\$ _____
Projected LOU +		\$ _____	Projected LOU +		\$ _____
Projected Supplement Consideration +		\$ _____	Projected Salvage Recovery -		\$ _____
Projected Repair Cost =		\$ _____	Projected Total Loss Cost =		\$ _____

\*This value is meant to be used merely as a guide to determine if a vehicle should be sent to the field inspection center for further inspection. It is not meant to convey the actual vehicle value.

Is the vehicle being sent to the Field Inspection Center?  YES  NO

Should an assignment be made to a Total Loss Service Rep. for settlement?  YES  NO

Total Loss Validation (to be completed by the Total Loss Technician only):

Total Loss Technician Name: \_\_\_\_\_ ID: \_\_\_\_\_

Date vehicle received at field inspection center: \_\_\_\_\_

Validation/Determination Date: \_\_\_\_\_

Was total loss determination proper?  YES  NO

If no, was vehicle returned for repair?  YES  NO

Comments:

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THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).