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

2007 FEB 21 AM 9:40

FOR AGENCY USE ONLY 100148	
Date Received 24-JAN-2007	Repository ☐
	Reference No. 10179539

OWNER INFORMATION (Type or Print)

Name [redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]	Evening Telephone Number	
City HOLLIS / State NH / Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of a [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/5/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GN[illegible] [redacted]	CHEVROLET	TAHOE	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
01-MAY-01				~~8~~ 8	~~Diesel~~ Gasoline
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: 4 WHEEL DRIVE	152001 SEAT BELTS:REAR:BUCKLE ASSEMBLY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
03-DEC-2006	71000	45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	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).

TL* - THE VEHICLE OWNS A 2001 CHEVROLET TAHOE. THE CONTACT STATED THE VEHICLE WAS IN A HEAD ON COLLISION WHILE DRIVING 40 MPH. THE SEAT BELT FAILED ON THE PASSENGER'S REAR SIDE SEAT BELT. THE SEAT BELT ASSEMBLY FAILED TO SECURE THE PASSENGER DURING THE IMPACT. THE PASSENGER WAS FORCED INTO THE FRONT PASSENGER SEAT. THE PASSENGER SUSTAINED MINOR INJURIES. THE CONTACT HAS A POLICE REPORT. THE SEAT BELT WAS REPLACED, AND THE CONTACT ALSO HAS THE OLD SEAT BELT.*AK

My 6 o 2 o son was in the seat during the crash. He was using a booster. The seat belt did not lock. Afterwards the seat belt appeared to work normally, but we had it changed anyway. See attached paperwork. Thanks!.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Lat.	Lon.	State Police	Local Police	MBTA Police	Other:
12/03/2006	1624 (24HR)	Woburn	4	1				☐	☒	☐	

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street ____

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

Also at Intersection with

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

NOT AT INTERSECTION:

Route# ____ Direction 15 Address # ____ Name of Roadway/Street COMMERCE WAY

____ Feet [N] [S] [E] [W] of ____ Mile Marker ____ or ____ Exit Number

____ Feet [N] [S] [E] [W] of Route# ____ Intersecting Roadway/Street ____

____ Feet [N] [S] [E] [W] of ____ Landmark ____

06-79-AC

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 #Occupants 1 ☐ Hit/Run ☐ Moped

License # [redacted] St MA DOB/Age 08/15/1987

Sex F Lic. Class D Lic. Restrictions ____ CDL Endorsement ____

Operator [redacted] (Last First Middle)

Address [redacted]

City PEABODY State MA Zip [redacted]

Insurance Company SAFETY

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? 2

Citation # (If Issued) M4547431

Viol. 1: Ch/Sec/Sub 89 /9 Viol. 2: Ch/Sec/Sub ____ / ____

Viol. 3: Ch/Sec/Sub ____ / ____ Viol. 4: Ch/Sec/Sub ____ / ____

Reg # [redacted] Reg Type ____ Reg State MA

Veh Year 2002 Veh Make NISSAN Veh Config. 1

Owner [redacted] (Last First Middle)

Address [redacted]

City PEABODY State MA Zip [redacted]

Vehicle Action Prior to Crash 1

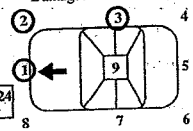
Event Sequence 1 2 2 2 2

Most Harmful Event 1

Driver Contributing Code 3 ____

Underride/Override 99 Towed 1

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Airbag Switch	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator	See Above	----------	---	---	1	2	99	0	0	3	2	WINCHESTER HOSPITAL

Vehicle 2

Please Select One of the Following: ☒ Vehicle 2 #Occupants 2 ☐ Non-Motorist A Type ____ Action ____ Location ____ Condition ____ ☐ Hit/Run ☐ Moped

License # [redacted] St NH DOB/Age 08/19/1970

Sex M Lic. Class D Lic. Restrictions ____ CDL Endorsement ____

Operator [redacted] (Last First Middle)

Address [redacted]

City HOLLIS State NH Zip [redacted]

Insurance Company STATE FARM

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? 2

Citation # (If Issued) ____

Viol. 1: Ch/Sec/Sub ____ / ____ Viol. 2: Ch/Sec/Sub ____ / ____

Viol. 3: Ch/Sec/Sub ____ / ____ Viol. 4: Ch/Sec/Sub ____ / ____

Reg # [redacted] Reg Type PC Reg State NH

Veh Year 2001 Veh Make CHEVROLET Veh Config. 99

Owner [redacted] (Last First Middle)

Address [redacted]

City HOLLIS State NH Zip [redacted]

Vehicle Action Prior to Crash 1

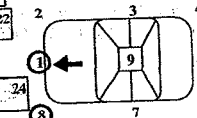
Event Sequence 1 2 2 2 2

Most Harmful Event 1

Driver Contributing Code 1 ____

Underride/Override 99 Towed 1

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Airbag Switch	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	----------	---	---	1	4	99	0	0	5	1	
[redacted]	HOLLIS, NH [redacted]	37	F	3	1	4	99	0	0	5	1	

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Police
12/03/2006	1624 24HR	Woburn	4	1	Lat. / Lon.	☐ State ☒ Local ☐ MBTA ☐ Other

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street ____ (4)

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street

Also at Intersection with

Route# ____ Direction ____ Name of Intersecting Roadway/Street (21)

NOT AT INTERSECTION:

Route# 15 Direction ____ Address # ____ COMMERCE WAY Name of Roadway/Street (29)

____ Feet [N][S][E][W] of ____ Mile Marker or ____ Exit Number (210)

____ Feet [N][S][E][W] of Route# ____ Intersecting Roadway/Street

____ Feet [N][S][E][W] of ____ Landmark (311)

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 | 2 #Occupants | ☐ Hit/Run | ☐ Moped

06-79-AC

License # [redacted] St NH DOB/Age 07/30/1966

Sex M Lic. Class [18] [18] Lic. Restrictions [19] CDL Endorsement

Operator [redacted] (Last, First, Middle) (43)

Address [redacted]

City LITCHFIELD State NH Zip [redacted]

Insurance Company SAFETY

Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? 2 (51)

Citation # (If Issued) ____

Viol. 1: Ch/Sec/Sub ____ / ____ Viol. 2: Ch/Sec/Sub ____ / ____

Viol. 3: Ch/Sec/Sub ____ / ____ Viol. 4: Ch/Sec/Sub ____ / ____ (61)

Reg # [redacted] Reg Type PAN Reg State MA

Veh Year 2004 Veh Make LEXUS Veh Config. 2 [20]

Owner [redacted] (Last, First, Middle) (112)

Address [redacted]

City OSHKOSH State WI Zip [redacted]

Vehicle Action Prior to Crash [2] [21]

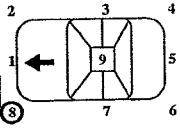
Event Sequence [1] [22] [22] [22] [22]

Most Harmful Event [1] [23]

Driver Contributing Code [1] [24] [24]

Underride/Override [99] [25] Towed 2

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	---------	---	---	1	4	99	0	0	5	1	
[redacted]	[redacted] ANDOVER, MA	08/05/1962	F	3	1	4	99	0	0	5	1	

(113)

Vehicle 2

Please Select One of the Following: ☒ Vehicle 4 | 1 #Occupants | ☐ Non-Motorist A | Type [14] | Action [15] | Location [16] | Condition [17] | ☐ Hit/Run | ☐ Moped

License # [redacted] St MA DOB/Age 06/16/1951

Sex M Lic. Class D [18] [18] Lic. Restrictions 2 [19] CDL Endorsement

Operator [redacted] (Last, First, Middle) (82)

Address [redacted]

City MELROSE State MA Zip [redacted]

Insurance Company COMMERCE

Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? 2

Citation # (If Issued) ____

Viol. 1: Ch/Sec/Sub ____ / ____ Viol. 2: Ch/Sec/Sub ____ / ____

Viol. 3: Ch/Sec/Sub ____ / ____ Viol. 4: Ch/Sec/Sub ____ / ____

Reg # [redacted] Reg Type PAN Reg State MA

Veh Year 2000 Veh Make NISSAN Veh Config. 2 [20]

Owner [redacted] (Last, First, Middle)

Address [redacted]

City MELROSE State MA Zip [redacted]

Vehicle Action Prior to Crash [2] [21]

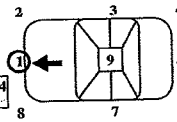
Event Sequence [1] [22] [22] [22] [22]

Most Harmful Event [1] [23]

Driver Contributing Code [1] [24] [24]

Underride/Override [99] [25] Towed 2

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

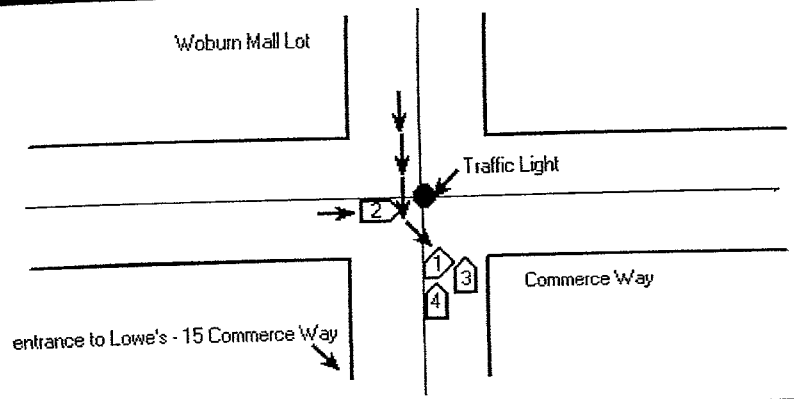
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	---------	---	---	1	4	99	0	0	5	1	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♀ = Pedestrian

ie: → [1] → [2] →♀

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

North

Crash Narrative:

Vehicle 1 was exiting the parking lot of the Woburn Mall, and according to all other involved parties, and the listed witness, ran a red light. Vehicle 1 was then struck by vehicle 2, which had a green light. This collision caused vehicle 1 to strike vehicle 3. Vehicle 1 then bounced off vehicle 3 and hit vehicle 4.

The operator of vehicle 1 was transported to Winchester Hospital. There were no other injured parties.

The operator of vehicle 1 denied going through a red light. The investigation however, showed that she did. She will be cited for a red light violation, C89s9.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
[redacted]	UNKNOWN UNKNOWN MA	[redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration #_____ (From Vehicle Section)

Carrier Name_____ Carrier Issuing Authority Code [35]

Address_____ City_____ St_____ Zip_____

US DOT #:_____ State Number_____ Issuing State_____ ICC #:_____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #:_____ Reg Type_____ Reg State_____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit #_____ Release code [42]

Patrol ARTHUR C TOURKANTONIS JR		129	Woburn Police Department	12/03/2006
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Printed on	Woburn Police Department	Page Number
12/04/2006	**Operator Information Sheet**	1 of 2
	06-79-AC	

General

Accident Date	Time	Reporting Officer
12/03/2006	1624	Patrol ARTHUR C TOURKANTONIS JR

Location	City	State	ZIP
15 COMMERCE WAY	Woburn	MA	[redacted]

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	
[redacted]	[redacted]			1	☒ Injured ☐ Fatality

Number	Street	Suffix	Apt	City	State	ZIP
[redacted]				PEABODY	MA	[redacted]

DOB	Home Phone	Work Phone	License State/Number
08/15/1987	[redacted]		MA [redacted]

Insurance Company	Policy Number
SAFETY	

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]	[redacted]				

Number	Street	Suffix	Apt	City	State	ZIP
[redacted]				PEABODY	MA	[redacted]

VEH

Year	Make	Model	VIN
2002	NISSAN	ALTIMA	1N4AL11E72C[redacted]

Registration State/Number	Towed By	Towed To
MA [redacted]	Green Street Motors	Green St Motors

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	
[redacted]	[redacted]			2	☐ Injured ☐ Fatality

Number	Street	Suffix	Apt	City	State	ZIP
[redacted]		[redacted]		HOLLIS	NH	[redacted]

DOB	Home Phone	Work Phone	License State/Number
08/19/1970			NH [redacted]

Insurance Company	Policy Number
STATE FARM	

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]	[redacted]				

		City	State	ZIP
[redacted]	RD	HOLLIS	NH	[redacted]

VEH

Year	Make	Model	VIN
2001	CHEVROLET	TAHOE	1GNEK13T31J[redacted]

Registration State/Number	Towed By	Towed To
NH [redacted]	Green Street Motors	Green St Motors

Printed on	Woburn Police Department	Page Number
12/04/2006	**Operator Information Sheet**	2 of 2
	06-79-AC	

General

Accident Date	Time	Reporting Officer
12/03/2006	1624	Patrol ARTHUR C TOURKANTONIS JR

Location	City	State	ZIP
15 COMMERCE WAY	Woburn	MA	[redacted]

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	
[redacted]	[redacted]			3	☐ Injured ☐ Fatality

Number	Street	Suffix	Apt	City	State	ZIP
[redacted]	[redacted]	[redacted]		LITCHFIELD	NH	[redacted]

DOB	Home Phone	Work Phone	License State/Number
07/30/1966			NH [redacted]

Insurance Company	Policy Number
SAFETY	

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]					

Number	Street	Suffix	Apt	City	State	ZIP
[redacted]	[redacted]	[redacted]		OSHKOSH	WI	[redacted]

VEH

Year	Make	Model	VIN
2004	LEXUS	GX470	JTJBT20XX40[redacted]

Registration State/Number	Towed By	Towed To
MA [redacted]		

Operator

OPERATOR

Last Name	First	Middle	Suffix	Veh/Unit	
[redacted]	[redacted]	A		4	☐ Injured ☐ Fatality

Number	Street	Suffix	Apt	City	State	ZIP
[redacted]	[redacted]	[redacted]		MELROSE	MA	[redacted]

DOB	Home Phone	Work Phone	License State/Number
06/16/1951			MA [redacted]

Insurance Company	Policy Number
COMMERCE	

OWNER

Last Name	First	Middle	Suffix	Home Phone	Work Phone
[redacted]	[redacted]	A			

Number	Street	Suffix	Apt	City	State	ZIP
[redacted]	[redacted]	[redacted]		MELROSE	MA	[redacted]

VEH

Year	Make	Model	VIN
2000	NISSAN	PATHFI	JN8AR07Y6YW[redacted]

Registration State/Number	Towed By	Towed To
MA 5871JJ		

[redacted]

01/04/2007 AT 01:53 PM
52609

STATE FARM INSURANCE COMPANIES
BEDFORD HUB
SUPPLEMENT PHONE : 1-800-513-6158
SUPPLEMENT FAX : 1-877-248-5396
100 MERIDIAN CENTRE, SUITE 200
ROCHESTER, NY 14618

SUPPLEMENT OF RECORD 3 WITH SUMMARY

WRITTEN BY: MATT MLCUCH #NH 01/04/2007 01:50 PM
CLAIM REP: TEAM 4(D) CALL (866)560-2922X3041

INSURED: [redacted]
OWNER: [redacted]
ADDRESS: [redacted]
HOLLIS, NH [redacted]
EVENING: [redacted]
DAY: [redacted]

CLAIM # [redacted]
POLICY #
DATE OF LOSS: 12/03/2006 AT 04:30 PM
TYPE OF LOSS: COLLISION
POINT OF IMPACT: 12. FRONT

INSPECT LOCATION: ROGERS AUTO BODY
#1 ROCKINGHAM RD.
WINDHAM, NH 03087

BUSINESS: (603)898-9750
REPAIR_SHOP

REPAIR FACILITY: ROGERS AUTO BODY
#1 ROCKINGHAM RD.
WINDHAM, NH 03087

BUSINESS: (603)898-9750
DAYS TO REPAIR
LICENSE #

2001 CHEV TAHOE 4X4 LS 8-5.3L-FI 4D UTV GRN INT:BRWN
VIN: 1GNEK13T31J[redacted] LIC: 570 834 NH PROD DATE:
ODOMETER: 71982

AIR CONDITIONING
CRUISE CONTROL
DUAL AIR CONDITION
DUAL MIRRORS
LUGGAGE/ROOF RACK
POWER STEERING
POWER LOCKS
POWER MIRRORS
STEREO
CD PLAYER
PASSENGER AIR BAG
SPLIT BENCH SEATS
TRAILERING PACKAGE
4 WHEEL DRIVE
REAR DEFOGGER
INTERMITTENT WIPERS
REAR WIPER
PRIVACY GLASS
FOG LAMPS
POWER BRAKES
POWER DRIVER SEAT
AM RADIO
CASSETTE
ANTI-LOCK BRAKES (4)
4 WHEEL DISC BRAKES
RECLINE/LOUNGE SEATS
7 PASSENGER OPTION
OVERDRIVE
TILT WHEEL
THEFT DETERRENT/ALARM
BODY SIDE MOLDINGS
ROOF CONSOLE
CLEAR COAT PAINT
POWER WINDOWS
POWER PASSENGER SEAT
FM RADIO
SEARCH/SEEK
DRIVER AIR BAG
CLOTH SEATS
REAR STEP BUMPER
AUTOMATIC TRANSMISSION
ALUMINUM/ALLOY WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
		SET UP & MEASURE - FRAME	1		2.0	
1#		**STRUCTUAL: UNIBODY / FRAME	1		3.0	F
2#		RT&L RAILS SWAYED TO PASS SIDE	1			
3#		PREPULL RAILEND BRKTS.L&RT	1			
4#		FRONT BUMPER			1.9	
5		O/H FRONT BUMPER	1	419.83	INCL.	
6						
7	REPL	FRONT BUMPER CHROME				

01/04/2007 AT 01:53 PM
62609

SUPPLEMENT OF RECORD 3 WITH SUMMARY
2001 CHEV TAHOE 4X4 LS 8-5.3L-FI 4D UTV GRN INT:BRWN

	NO.		OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
				ADD FOR FOG LAMPS			0.4	
	8		REPL	AIR DEFLECTOR 4WD W/O OFF ROAD	1	94.31	INCL.	
	9		REPL	LT FRONT BUMPER BRACE	1	33.06		
	10		REPL	RT FRONT BUMPER BRACE	1	33.06		
	11		REPL	CAP BLACK	1	115.41	INCL.	0.0*
	12*	S03	REPL	LT MOUNT BRACE	1	29.72	0.3	
	13		REPL	RT MOUNT BRACE	1	29.72	0.3	
	14		REPL	LT FILLER	1	16.61	0.2	
	15		R&I	RT FILLER			0.2	
	16		RPR	LT TOW HOOK			0.1*	0.1*
	17*		RPR	RT TOW HOOK			0.1*	0.1*
	18*			LIC PLT R&I	1		0.2	
	19#			GRILLE				
	20		REPL	GRILLE ASSY CHROME	1	475.89	INCL.	
	21		REPL	EMBLEM	1	28.46	INCL.	
	22			FRONT LAMPS				
	23		REPL	LT HEADLAMP ASSY	1	275.12	INCL.	
	24			AIM HEADLAMPS			0.3	
	25		RPR	LT PARK/TURN/SIDE			0.2*	
N	26*		REPL	RT SUPPORT	1	22.33	INCL.	
	27		REPL	LT SUPPORT	1	22.38	INCL.	
	28		REPL	LT FOG LAMP ASSY	1	94.23	INCL.	
	29			AIM FOG LAMPS			0.3	
	30			RADIATOR SUPPORT				
	31	S02	REPL	RADIATOR SUPPORT	1	461.39	S 5.9	
	32	S02		EVACUATE & RECHARGE			M 1.4	
	33	S02		R-134 FREON (1.8LBS @	1	21.60		
	34#	S02		$12.00LB)				
	35			COOLING			INCL.	
	36		R&I	UPPER PANEL W/O ESCALADE				
	37	S02		AIR CONDITIONER & HEATER	1		M 0.4	
	38	S02	REPL	REFRIGERANT RECOVERY				
	39			ENGINE			0.3*	
N	40*		R&I	REAR DUCT				
	41			HOOD	1	418.00	1.0	3.0
	42		REPL	HOOD TAHOE				1.2
	43			ADD FOR CLEAR COAT				1.5
	44			ADD FOR UNDERSIDE(COMPLETE)	1	45.98	INCL.	
	45		REPL	LOCK	1	57.15	0.3	0.3
	46		REPL	LT HINGE ASSY	2	3.18		
	47		REPL	INSULATOR RETAINER	1	57.15	0.3	0.3
	48		REPL	RT HINGE ASSY				
	49			FENDER	1	233.80	2.5	2.2
	50		REPL	LT FENDER TAHOE				-0.4
	51			OVERLAP MAJOR ADJ. PANEL				0.4
	52			ADD FOR CLEAR COAT				0.5
	53			ADD FOR EDGING				0.5
	54			ADD FOR INSIDE				

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SUPPLEMENT OF RECORD 3 WITH SUMMARY
2001 CHEV TAHOE 4X4 LS 8-5.3L-FI 4D UTV GRN INT:BRWN

	NO.		OP.	DESCRIPTION	QTY	EXT. PRICE		LABOR	PAINT
N	55*		RPR	RT FENDER TAHOE				4.0*	2.2
	56			OVERLAP MAJOR ADJ. PANEL					-0.4
	57			ADD FOR CLEAR COAT					0.4
	58#			***REPAIR TIME INC. PRIOR CREASE DAM.***	1				
	59*		REPL	LT STRIP	1	8.70		0.2*	
	60			PILLARS, ROCKER & FLOOR					
	61		R&I	RT R&I RUNNING BOARD AS AN ASSY				1.0	
	62		R&I	LT R&I RUNNING BOARD AS AN ASSY				1.0	
	63			FRAME					
	64*		RPR	RT BUMPER BRACKET			S	1.0*	0.3*
	65*		RPR	LT BUMPER BRACKET			S	1.0*	0.3*
	66			ELECTRICAL					
	67		REPL	COVER	1	11.17		0.1	
	68		R&I	LT BATTERY				MINCL.	
N	69#			L F TIRE R&R B23%	1	135.00		0.3	
N	70	S03	REPL	CABLE	1	15.44		0.3	
N	71*	S03	REPL	ANTENNA MAST	1	26.04*		0.1	
	72			FRONT DOOR					
	73		BLND	LT DOOR SHELL					1.3
	74		BLND	RT DOOR SHELL					1.3
	75		R&I	LT BELT W'STRIP				0.3	
	76		R&I	RT BELT W'STRIP				0.3	
	77*		R&I	RT BODY SIDE MLDG TAHOE				0.2*	
	78#			ADHES. CLNUP	1			0.3	
	79*		R&I	LT BODY SIDE MLDG TAHOE				0.2*	
	80#			ADHES. CLNUP	1			0.3	
	81		REPL	LT NAMEPLATE "TAHOE"	1	25.96		0.2	
	82		REPL	RT NAMEPLATE "TAHOE"	1	25.96		0.2	
	83		R&I	RT MIRROR CHROME				0.4	
	84		R&I	LT MIRROR CHROME				0.4	
	85*		R&I	LT GLASS W'STRIP				0.2*	
	86*		R&I	RT GLASS W'STRIP				0.2*	
	87		R&I	RT HANDLE, OUTSIDE TAHOE				0.4	
	88		R&I	LT HANDLE, OUTSIDE TAHOE				0.4	
	89		R&I	RT R&I TRIM PANEL				0.4	
	90		R&I	LT R&I TRIM PANEL				0.4	
	91#			CAR COVER FOR PAINT	1	5.00		0.2	
	92#			HAZARDOUS WASTE REMOVAL	1	3.00			
	93#			RESTORE CORROSION PROTECTION	1	5.00		0.3	
	94#			UNDERCOATING	1	3.00		0.2	
	95#			FRAME - CLAMP DAMAGE	1			0.5	0.5
N	96#	S03		FRONT END ALIGNMENT	1	62.49			
	97#			TIRE DISPOSAL FEE	1	2.00			
	98#			RESET ELECTRONICS	1			0.2	
	99#			COLLISION ACCESS	1			0.3	

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NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
100#		DISCONNECT BATTERY	1		0.2	
101# S01		***RELATED PRIOR DAM. DEDUCTION RT FENDER CREA	1		-3.0	
102#		ASE UPPER MID***	1	INCL.*	INCL.*	
		SUBTOTALS ==>		3317.14	34.3	15.6

LINE 26 : BUFF
LINE 40 : TOP OF ENG INC RESONATOR
LINE 55 : INC REAR WHL OPN BY DR EDGE
LINE 69 : 10/32NDS LEFT OUT OF 13
LINE 70 : BROKEN DURING R&I FROM SEVERE CORROSION
LINE 71 : CORRODED BROKE DURING R&I
LINE 96 : P I

PARTS				3317.14
BODY LABOR	31.3 ~~31.3~~	HRS	@$ 42.00/HR	~~1314.60~~ 1440.6
PAINT LABOR	15.6	HRS	@$ 42.00/HR	655.20
FRAME LABOR	3.0	HRS	@$ 50.00/HR	150.00
PAINT SUPPLIES	15.6	HRS	@$ 22.00/HR	343.20
SUBTOTAL				5906.14 ~~$ 5780.14~~
TOTAL COST OF REPAIRS				~~$ 5780.14~~
ADJUSTMENTS: L F TIRE R&R B23%				31.05
TOTAL ADJUSTMENTS				$ 1031.05
NET COST OF REPAIRS				~~$ 4749.09~~ 4875.09

THIS IS AN ESTIMATE. REPAIR FACILITIES MUST INSPECT THE VEHICLE TO DETERMINE IF ANY REPAIRS NOT LISTED ARE REQUIRED, AND TO CONTACT STATE FARM BEFORE MAKING SUCH REPAIRS. REPAIRER ALSO IS RESPONSIBLE FOR CONDUCTING ANY NECESSARY INSPECTION AND SAFETY CHECKS PRIOR TO AND AFTER COMPLETING REPAIRS.

********** NOTICE **********
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	NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
			------- CHANGED ITEMS-------				
	93#		FRONT END ALIGNMENT	1	-49.95		
N	96#	S03	FRONT END ALIGNMENT	1	62.49		
			------- DELETED ITEMS-------				
N	12*		REPL CAP BLACK	1	INCL.*	INCL.	0.0*
			------- ADDED ITEMS -------				
	12*	S03	REPL CAP BLACK	1	115.41	INCL.	0.0*
N	70	S03	REPL CABLE	1	15.44	0.3	
N	71*	S03	REPL ANTENNA MAST	1	26.04*	0.1	
			SUBTOTALS ==>		169.43	0.4	0.0

LINE 96 : P I
LINE 70 : BROKEN DURING R&I FROM SEVERE CORROSION
LINE 71 : CORRODED BROKE DURING R&I

PARTS		169.43
BODY LABOR	0.4 HRS @$ 42.00/HR	16.80
SUBTOTAL		$ 186.23
TOTAL SUPPLEMENT AMOUNT		$ 186.23
NET COST OF SUPPLEMENT		$ 186.23

ESTIMATE	4781.72	MATT MLCUCH
SUPPLEMENT S01	142.60	TODD TOOKER
SUPPLEMENT S02	669.59	GEORGE CARPENTER
SUPPLEMENT S03	186.23	MATT MLCUCH
WORKFILE TOTAL	$ 5780.14	

TOTAL ADJUSTMENTS $ 1031.05
NET COST OF REPAIRS $ 4749.09

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ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: MANUALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE: 0

NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0