



Represented by:
SHOCKEY-RYAN INS AGENCY INC
5320 N MAIN ST
DAYTON, OH 45415-

Claims Service Office 1 Prestige Place Ste 180 Miamisburg OH 45342 (937)433-6700
(800)333-6592

November 1, 2007

2007-NOV-8 PM 2:30
CL-10209393-6615
~~XXXXXXXXXX~~

ADMINISTRATOR, NATIONAL HIGHWAY TRAFFIC SAFETY
400 SEVENTH ST, S.W.
WASHINGTON, DC 20590-

Insured: [REDACTED]
Claim Number: BRAY-0050189-040607B
Loss Date: 04/06/2007
VIN#: 3D7KS8C35 [REDACTED]
Vehicle: 2005 Dodge Ram PU

Dear SIR:

We insure [REDACTED] and his 2005 Dodge Ram truck (serical number is listed above).

On April 6, 2007 his wife drove the vehicle, legally parked the vehicle and walked into the nearby building. While the vehicle was parked, it rolled backward into a parked vehicle causing damage to that vehicle in the amount of [REDACTED]

Insured, [REDACTED] has received a notice from Daimler Chrysler stating his vehicle has been recalled for this very reason.

Due to these circumstances State Auto is now looking to DaimlerChrysler for reimbursement of the damages we have paid on our insured's behalf. The supporting paperwork is enclosed.

Please advise.

Sincerely,

Tammy Robertson

Tammy Robertson
Claims Representative Fax (614)719-0931
800-333-6592 x110

Enclosure:

XCC002(0196)E

State Auto Financial Corporation
State Auto Property and Casualty Insurance Company
State Auto Mutual Insurance Company
State Auto National Insurance Company
State Auto Insurance Company
Beacon National Insurance Company

Milbank Insurance Company
State Auto Insurance Company of Wisconsin
Farmers Casualty Insurance Company
Mid-Plains Insurance Company
Meridian Security Insurance Company
Beacon Lloyds Insurance Company

Meridian Citizens Security Insurance Company
Meridian Citizens Mutual Insurance Company
Insurance Company of Ohio
State Auto Florida Insurance Company
State Auto Insurance Company of Ohio

MC
11/08/07
KB



Dear [REDACTED]

Note to lessors receiving this recall: Federal regulation requires that you forward this recall notice to the lessee within 10 days.

UNIT INFORMATION

900656700

Page 3 of 4

Local ID

200711008

Driver's Name (Last, First, MI)				Safety Equipment Used							
Address (Street, City, State, Zip)				Safety Equipment Effective?							
				Ejection/Trapped							
Date of Birth		Age		Gender		EMS No.		Driver Injury Status			
Driver's License #			Lic Type	CDL Class	Lic State	Nature of Most Severe Injury					
Apparent Physical Status		Restrictions			Location of Most Severe Injury						
☐ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment			☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None			If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony		IC Codes	
Test Given		Type Given									
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT											
Alcohol Results		Certified Test		Drug Results							
PBT		☐ Pending									
Veh#	Color	Vehicle Year	Make	Model	Style	Initial Impact Area					
1	MAROON	1993	BUICK	ROADMASTER	4D	☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown					
# Occupants	00	Lic Year	2007	License #	IL						
# Axes	02	Speed Limit	10	Insured By	ALLSTATE	Phone Number	0000000000				
Registered Owner's Name (Last, First, MI)				☐ Same as Driver		Areas Damaged (Multiples)					
Address (Street, City, State, Zip)						☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown					
BELLMOUNT				IL							
Towed?	NO	Towed To		Towed By		Vehicle Use					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)	☐ Same as Driver	PERSONAL (FARM, COMPANY)					
License#		Address (Street, City, State, Zip)		Emergency Run?		Fire?	NO				
Veh Year	Make			Vehicle Type		PASSENGER CAR/STATION WAGON					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)	☐ Same as Driver	Pre-Crash Vehicle Action					
License#		Address (Street, City, State, Zip)		PARKED							
Veh Year	Make			Direction of Travel							
				EAST							
Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway							
				One Way Traffic Two Way Traffic							
				☐ One Lane ☐ Two Lanes ☒ Private Drive							
				☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Alley							
				☐ Multi-Lanes (3 or more) ☐ Multi-Lane Undivided 2 way left turn							
				☐ Multi-Lane Undivided (3 or more)							
HAZMAT Proper Shipping Name:				Collision Crash							
US DOT#		ICC#		State DOT#		ANOTHER MOTOR VEHICLE					
Vehicle Identification#		CMV Inspection		If Yes		Non-Collision Crash					
Gross Vehicle Weight Rating		Cargo Body Type									
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #								

UNIT INFORMATION

900656700

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Local ID

200711008

Driver's Name (Last, First, MI)				Safety Equipment Used							
Address (Street, City, State, Zip)				Safety Equipment Effective?							
				Ejection/Trapped							
Date of Birth		Age		Gender		EMS No.		Driver Injury Status			
Driver's License #		Lic Type		CDL Class		Lic State		Nature of Most Severe Injury			
Apparent Physical Status		Restrictions		Location of Most Severe Injury							
☐ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None		☐ If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony					
Test Given		Type Given		Drug Results							
		☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT									
Alcohol Results		Certified Test									
PBT		☐ Pending									
Veh#		Color		Vehicle Year		Make		Model		Style	
2		WHITE		2003		DODGE		RAM		PK	
# Occupants		Lic Year		License #		License State					
00		2007				OH					
# Axles		Speed Limit		Insured By		Phone Number					
00		10		STATE AUTOMOBILE MU		0000000000					
Registered Owner's Name (Last, First, MI)				☐ Same as Driver							
Address (Street, City, State, Zip)											
ARCANUM				OH							
Towed?		Towed To		Towed By		Vehicle Use					
NO						PERSONAL (FARM, COMPANY)					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		☐ Same as Driver					
License#				Address (Street, City, State, Zip)		Emergency Run?					
						Fire?					
Veh Year		Make				Vehicle Type					
						PICKUP					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		☐ Same as Driver					
License#				Address (Street, City, State, Zip)		Pre-Crash Vehicle Action					
						PARKED					
Veh Year		Make				Direction of Travel					
						SOUTH					
Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway							
				One Way Traffic							
				Two Way Traffic							
				☐ One Lane ☐ Two Lanes ☒ Private Drive							
				☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Alley							
				☐ Multi-Lanes (3 or more) ☐ Multi-Lane Undivided 2 way left turn							
				☐ Multi-Lane Undivided (3 or more)							
HAZMAT Proper Shipping Name:				Collision Crash							
US DOT#		ICC#		State DOT#		ANOTHER MOTOR VEHICLE					
Vehicle Identification#				CMV Inspection		If Yes					
Gross Vehicle Weight Rating				Cargo Body Type		Non-Collision Crash					
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazzard Class #					

Local ID
200711008

Type of Crash BACKING CRASH					
Time Notified 7:42 PM		Time Arrived 7:49 PM		Other Location of Investigation AT SCENE ONLY	
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 04/06/2007	
Investigating Officer BROOKS, L		ID No. 284	Agency ANDERSON PD	Reviewing Officer	

Narrative

DRIVER OF VEHICLE NUMBER TWO PULLED INTO THE PARKING LOT OF HOOSIER PARK LOCATED AT 4500 DAN PATCH CIRCLE AND PLACED HER TRUCK INTO PARK, LEFT THE VEHICLE RUNNING AND WENT INSIDE, WHEN SHE CAME OUT SHE FOUND THAT HER TRUCK HAD SLIPPED OUT OF PARK INTO REVERSE AND ACCELERATED BACK WARDS INTO VEHICLE NO#1 THAT WAS PARKED AND UNATTENDED. D-2 STATED SHE AND HER HUSBAND HAD JUST RECIEVED A RECALL ON THERE TRUCK FOR THIS VERY PROBLEM. (DODGE SENT HER A LETTER SAYING THAT THE VEHICLE COULD VIBRATE THE TRUCK OUT OF PARK).

Mail to:

Indiana State Police, Crash Records Section
100 North Senate Avenue, Indianapolis, IN 46204

Electronic Version

900656700

Local ID

200711008

100 North Senate Avenue, Indianapolis, IN 46204											2007-1009	
Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer			
04/06/2007	Fri	7:12 PM	MADISON	ANDERSON	2	00	00	00	00			
Road Crash Occurred On			Nearest/Intersecting Road/MileMarker/Interchange		If not an intersection, number of feet from	Direction	Road Classification					
4500 DANPATCH CIR							UNKNOWN					
Inside Corporate Limits?		City/Town or Nearest City/Town			Property?	Crash Latitude		Crash Longitude				
YES		ANDERSON			PRIVATE							
Driver #1		Driver #2		Driver #3			Driver #4					

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing Circumstances
☐	☐	☐	☐	☐	Alcoholic Beverages
☐	☐	☐	☐	☐	Illegal Drugs
☐	☐	☐	☐	☐	Prescription Drugs
☐	☐	☐	☐	☐	Driver Asleep or Fatigued
☐	☐	☐	☐	☐	Driver Illness
☐	☐	☐	☐	☐	Unsafe Speed
☐	☐	☐	☐	☐	Failure to Yield
☐	☐	☐	☐	☐	Disregard Signal
☐	☐	☐	☐	☐	Left of Center
☐	☐	☐	☐	☐	Improper Passing
☐	☐	☐	☐	☐	Improper Turning
☐	☐	☐	☐	☐	Improper Lane Usage
☐	☐	☐	☐	☐	Following Too Closely
☐	☐	☐	☐	☐	Unsafe Backing
☐	☐	☐	☐	☐	Overcorrecting
☐	☐	☐	☐	☐	Ran off Road
☐	☐	☐	☐	☐	Wrong Way on One Way
☐	☐	☐	☐	☐	Pedestrian's Action
☐	☐	☐	☐	☐	Passenger Distraction
☐	☐	☐	☐	☐	Restriction Violation
☐	☐	☐	☐	☐	Jackknifing
☐	☐	☐	☐	☐	Cell Phone Usage
☐	☐	☐	☐	☐	Other Telematics
☐	☐	☐	☐	☐	Driver Distracted
☐	☐	☐	☐	☐	Speed/Weather Conditions
☐	☐	☐	☐	☐	Other
☐	☐	☐	☐	☐	None

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle Contributing Circumstances
☐	☐	☐	☐	☐	Engine Failure or Defective
☒	☐	☒	☐	☐	Accelerator Failure or Defective
☐	☐	☐	☐	☐	Brake Failure or Defective
☐	☐	☐	☐	☐	Tire Failure or Defective
☐	☐	☐	☐	☐	Headlight(s) Defective or Not On
☐	☐	☐	☐	☐	Other Lights Defective
☐	☐	☐	☐	☐	Steering Failure
☐	☐	☐	☐	☐	Window/Windshield Defective
☐	☐	☐	☐	☐	Oversize/Overweight Load
☐	☐	☐	☐	☐	Insecure/Leaky Load
☐	☐	☐	☐	☐	Tow Hitch Failure
☐	☐	☐	☐	☐	Other
☒	☒	☐	☐	☐	None

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Environment Contributing Circumstances
☐	☐	☐	☐	☐	Glare
☐	☐	☐	☐	☐	Roadway Surface
☐	☐	☐	☐	☐	Holes/Ruts in Surface
☐	☐	☐	☐	☐	Shoulder Defective
☐	☐	☐	☐	☐	Road Under Construction
☐	☐	☐	☐	☐	Severe Crosswinds
☐	☐	☐	☐	☐	Obstruction Not Marked
☐	☐	☐	☐	☐	Lane Marking Obscured
☐	☐	☐	☐	☐	View Obstructed
☐	☐	☐	☐	☐	Animal/Object in Roadway
☐	☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure
☐	☐	☐	☐	☐	Utility Work
☐	☐	☐	☐	☐	Other
☒	☒	☒	☐	☐	None

Area Information	
Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	URBAN
Light Condition	DAWN/DUSK
Weather Conditions	CLOUDY
Surface Condition	DRY
Type of Median	NONE
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	STRAIGHT/LEVEL
Roadway Surface	ASPHALT
Construction	If Yes, Construction Type
NO	
Traffic Control Devices	NONE
Traffic Control Device Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash:

\$5001 TO \$10000

Other Property Damage (1) VEHICLE	State Property NO	Owner's Name and Address [REDACTED] BELLMOUNT ILLINOIS [REDACTED]
Other Property Damage (2) VEHICLE	State Property NO	Owner's Name and Address [REDACTED] ARCANUM OHIO [REDACTED]

☐ Witness ☐ Other Participant			#	(Last Name, First Name, MI)	Non-Motorist		
Address etc.			Non-Motorist Type		Non-Motorist Action		
Phone #			Location at Time of Crash		Apparent Physical Condition		
☐ Witness ☐ Other Participant			#	(Last Name, First Name, MI)	Cited?	Direction	
Address etc.			Street/Highway		APR 20 2007		
Phone #			Location at Time of Crash		Traffic Control? If yes, was traffic control operational?		



CCC VALUESCOPE™

Claim Services

Report Reference Number: 37509436

Claim reference : [REDACTED]

Loss Incident Date: 04/06/2007

Insured: Unk

State Auto

Market Report

Adjuster : Robertson, Tammy

Claim Submitted Date: 04/25/2007

Owner: [REDACTED]

Introduction

State Auto has conducted an inspection of your **1993 Buick Roadmaster 4 Door Sedan** located in Anderson, IN. The inspection information was then used to conduct research in your local market to determine the local market value of your vehicle.

The local market value for your vehicle was defined by the ZIP code [REDACTED] -- Anderson, IN.

The recommended settlement amount based on the loss vehicle description provided by State Auto is [REDACTED]

Vehicle Valuation Summary

Provides the market valuation summary

Vehicle Valuation Allowances

Describes factors affecting the value of the vehicle

Vehicle Description

Describes the components of the vehicle

Vehicle Condition

Details the vehicle's pre-accident condition and Appraiser inspection recap

Local Market Comparable Vehicles Detail

Presents the comparable vehicles located in your market

VINGuard™ Vehicle Identification

Details the vehicle configuration information

VINGuard™ Vehicle History Information

Provides the results of vehicle history research

Valuation Methodology

Describes the method used to evaluate the loss vehicle

Local Market Definition

Details the local market basis for this valuation

Vehicle Model Information

Describes characteristics of the loss vehicle model

Vehicle Appraisal and Valuation Notes

Lists detailed log notes for this file

Vehicle Valuation Summary

1993 Buick Roadmaster 4 Door Sedan - Anderson, IN

VIN: 1G4BN537XPR [REDACTED]

Local Market Value

Current Condition Adjustment

Actual Cash Value

Vehicular Sales Tax

License/fees (if applicable)

Adjusted Vehicle Value

— %

The **Local Market Value** is derived from comparable vehicle(s) available or recently sold in the marketplace at the time of valuation.

Vehicle Valuation Allowances

Compared to the typical vehicle in this local market, your vehicle's value was affected by these factors:

Odometer		114,421	+ 344.00
Options			
Power Driver Seat	SP	Reported	+ 20.00
Power Passenger Seat	PC	Reported	+ 20.00
Cassette	CA	Reported	+ 20.00
Wire Wheel Covers	WC	Reported	+ 40.00

These allowances illustrate factors that influence the settlement amount when compared to a typical vehicle. The typical vehicle is a vehicle of the same year, make, and model as the loss vehicle, including average mileage, and all standard and predominant equipment.

In cases where a standard or predominant option is superceded by a replacement or upgrade, a corresponding addition will appear for the option to reflect this.

The vehicle valuation allowances also reflect proper deductions for all standard or predominant equipment not present on the loss vehicle.

These allowances are illustrative only. The actual Local Market Value is calculated entirely from the comparable vehicles contained in this report with adjustments to reflect the loss vehicle configuration.

les
27 to total
no salvage

Vehicle Description

1993 Buick Roadmaster 4 Door Sedan - Anderson, IN

Below are the components for your vehicle, provided to CCC by State Auto , included in this local market valuation:

Component		Loss Vehicle Information
Odometer		114,421
Equipment		
<u>Transmission</u>		
Automatic Transmission	AT	Standard
Overdrive	OD	Standard
<u>Power</u>		
Power Steering	PS	Standard
Power Brakes	PB	Standard
Power Windows	PW	Standard
Power Locks	PL	Standard
Power Driver Seat	SP	Reported
Power Passenger Seat	PC	Reported
Power Antenna	PA	Reported
Power Mirrors	PM	Reported
<u>Decor/Convenience</u>		
Air Conditioning	AC	Standard
Rear Defogger	RD	Standard
Tilt Wheel	TW	Standard
Cruise Control	CC	Standard
Cloth Seats	CS	Standard
Reclining/Lounge Seats	RL	Standard
Dual Mirrors	DM	Standard
<u>Radio</u>		
AM Radio	AM	Standard
FM Radio	FM	Standard
Stereo	ST	Standard
Cassette	CA	Reported
Search/Seek	SE	Standard
<u>Other</u>		
Wire Wheel Covers	WC	Reported
Body Side Moldings	BN	Standard
Intermittent Wipers	IW	Standard
Tinted Glass	TG	Standard
Air Bag	AG	Standard
Anti-Lock Brakes (4)	AB	Standard

VINGuard™ Vehicle Identification

VIN: 1G4BN537XPR

Every vehicle sold in the United States is required to have a manufacturer assigned Vehicle Identification Number (VIN). This number provides the exact specifications of the vehicle. Decoding the VIN identifies the exact vehicle for which the local market value will be determined.

	Insurer Description	VINGuard Analysis
Year	1993	1993
Make	Buick	Buick
Model	Roadmaster	Roadmaster
Model Number	BN5	BN5
Body Style	4 Door Sedan	4 Door Sedan
Engine	8-5.7L-Fi	8-5.7L-Fi
Transmission	Automatic Transmission Overdrive	
Restraints	Air Bag (Driver Only)	Air Bag (Driver Only)
Curb Weight		4,073
Odometer	114,421	

This vehicle was assembled in ARLINGTON, TX

VINGuard™ is a database used to decode completely and accurately all manufacturer assigned Vehicle Identification Numbers.

VINGuard™ Vehicle History Information

VINGuard has decoded this VIN without any errors.

STATE AUTO INSURANCE COMPANIES
P. O. BOX 6165
INDIANAPOLIS, IN 46206-6165

*** ESTIMATE ***

04/25/2007

Owner

Owner: [REDACTED]

Address: [REDACTED]

Cell: [REDACTED]

Control Information

Claim #: [REDACTED]

Insured Policy #: [REDACTED]

Loss Date/Time: 04/06/2007

Loss Type: Liability

File #: 0050189

Accounting #: [REDACTED]

Ins. Company: StateAuto

City State Zip: Indianapolis, IN 46206

FAX: [REDACTED]

Claimant: [REDACTED]

Address: [REDACTED]

Cell: [REDACTED]

Claim Rep: Tammy Robertson

Address: [REDACTED]

Work/Day: [REDACTED]

City State Zip: Miamisburg, OH [REDACTED]

FAX: [REDACTED]

Inspection

Inspection Date: 04/25/2007 09:00 AM

Inspection Type: Field

Inspection Location: clmt work

Contact: [REDACTED]

City State Zip: Anderson, IN 46016

FAX: [REDACTED]

Primary Impact: Left Rear Side

Secondary Impact: [REDACTED]

Driveable: Yes

Rental Assisted: [REDACTED]

Appraiser Name: Jim Halsey

Appraiser License #: [REDACTED]

Address: P O Box 6165

Work/Day: (317)931-7765

City State Zip: Indianapolis, IN 46206

FAX: (317)931-6391

Email: Jim.Halsey@Stateauto.com

Repairer

Repairer: Riley & Sons Collision

Contact: [REDACTED]

Address: [REDACTED]

Work/Day: (765)649-4902

City State Zip: Anderson, IN 46011

FAX: (765)649-2652

Target Complete Date/Time: [REDACTED]

Days To Repair: 6

Remarks**Vehicle**

1993 Buick Roadmaster STD 4 DR Sedan

1993 Buick Roadmaster STD 4 DR Sedan

Claim #: 0050189

04/25/2007

8cyl Gasoline 5.7

4 Speed Automatic

Lic. Plate: 
 Lic. Expire: 
 Prod Date:
 Veh Insp#:
 Condition: Good
 Ext. Color: maroon
 Ext. Refinish: Two-Stage

Lic State: IL
 VIN: 1G4BN537XPR
 Mileage: 114,421
 Mileage Type: Actual
 Code: S5163A
 Int. Color:
 Int. Refinish:

Options

AM/FM Stereo Tape	Air Conditioning	Airbag Restraint
Anti-lock Brakes	Cruise Control	Dual Power Seats
Power Antenna	Power Brakes	Power Door Locks
Power Mirrors	Power Steering	Power Windows
Rear Window Defroster	Tilt Steering Wheel	Tinted Glass
Velour/Cloth Seats	Wire Wheel Covers	

Damages

Line	Op	Guide	MC	Description	MFR. Part No.	Price	ADJ%	B%	Hours	R
1	BR	287	13	Door Shell,Rear LT	Blend Refinish				1.9	RF
2	RI	337		Midg,Rear Door Belt LT	R & I Assembly				0.2	SM
3	RI	280		Midg,Rear Door Side LT	R & I Assembly				0.2	SM
4	RI	325		Midg,Rear Door Lower LT	R & I Assembly				0.2	SM
5	RI	291		Pin,Inner Door Trim LT	R & I Assembly				0.6	SM
6	RI	301		Handle,RR Door Outer LT	R & I Assembly				0.3	SM
7	I	389		Panel,Quarter LT	Repair				12.0*	SM
8	L	389		Panel,Quarter LT	Refinish				2.4	RF
9	RI	419		Midg,Quarter Upper LT	R & I Assembly				0.2	SM
10	E	374		Midg,Quarter Side LT	12522245 GM Part	\$386.47			0.3	SM
11	RI	423		Nameplate,Qtr Panel LT	R & I Assembly				0.2	SM
12	BR	479		Lid,Rear Deck	Blend Refinish				1.6	RF
13	RI	452		Emblem,Deck Lid Cyl	R & I Assembly				0.2	SM
14	E	528		N/Plate,Deck Lid	10104822 GM Part	\$26.83			0.2	SM
15	EU	533		Taillamp Assembly LT	USED PARTS	\$150.00*		+25	0.4	SM
16	PC	566		Cover,Rear Bumper	Replace PXN Reconditioned	\$327.00			1.8	SM
17	L	566		Cover,Rear Bumper	Refinish				3.6	RF
18	E	558		Midg,RR Bmpr Cvr Up LT	10156711 GM Part	\$21.40			INC	SM
19	E	559		Midg,RR Bmpr Cvr Up RT	10156711 GM Part	\$21.40			INC	SM
20	RI	562		Midg,Rear Bumper Cover	R & I Assembly				0.8	SM
21	EC	M03		Flex Additive	QUALITY REPLC PART	\$8.00*				RF
22	EC	M07		Pinstripes-Tape	QUALITY REPLC PART	\$20.00*			0.5*	SM
23	L	M14		Corrosion Protection	Refinish				0.5*	RF
24	SB	M60		Hazardous Waste Removal	Sublet Repair	\$3.00*				SM

24 Items

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts
 Other Parts
 Paint Materials
 Line Item Markup
 Parts & Material Total

04/25/2007 01:15 PM

Page 2 of 3

1993 Buick Roadmaster STD 4 DR Sedan

Claim #: 0050169

04/25/2007

Tax on Parts & Material

@ 6.000%

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs
Sheet Metal (SM)	\$42.00	6.1	12.0	18.1
Mech/Elec (ME)	\$60.00			
Frame (FR)	\$65.00			
Refinish (RF)	\$42.00	10.0		10.0
Paint Materials	\$25.00			

Labor Total 28.1 Hours

Sublet Repairs

Gross Total

Net Total

Alternate Parts Y/01/01/00/00/00 CUM 01/01/00/00/00 Zip Code: Default

Audatex Estimating 5.0.026 E8 04/25/2007 01:15 P M REL 5.0.026 DT 04/01/2007 DB 04/15/2007

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2.5 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

THIS IS NOT AN AUTHORIZATION FOR REPAIR.
SUPPLEMENTS MUST BE APPROVED PRIOR TO REPAIR.

Op Codes

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = QUALITY REPLC PART	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = QUALITY REPLC PART	EU = USED PARTS
TE = Partial Replace Price	PM = Replace PXN Reman/Rebld	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chipguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



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Audatex Alternate Parts Locate Report

Vehicle

1993 Buick Roadmaster STD 4 DR Sedan
8cyl Gasoline 5.7
4 Speed Automatic

Options

AM/FM Stereo Tape
Anti-lock Brakes
Power Antenna
Power Mirrors
Rear Window Defroster
Velour/Cloth Seats

Air Conditioning
Cruise Control
Power Brakes
Power Steering
Tilt Steering Wheel
Wire Wheel Covers

Airbag Restraint
Dual Power Seats
Power Door Locks
Power Windows
Tinted Glass

Line	Part Description	Supplier Part Number	Substituted For OEM Part	Supplier Code	CLS	SRC
19	Cover,Rear Bumper	GM1100166R	12500722	> 2	R	3
		GM1100166R	12500722	> 1	R	3

> = ESTIMATE TOTAL IS BASED ON PRICE QUOTED BY THIS SUPPLIER

Key to Classification / Source Codes
CLS = Classification Code

C - CAPA CERTIFIED PART QUOTED BY LISTED SUPPLIER
M - REMANUFACTURED / REBUILT PART
R - RECONDITIONED PART
S - OEM SURPLUS PART

SRC = Source Code

1 - NON ORIGINAL EQUIPMENT MANUFACTURER PART
3 - ORIGINAL EQUIPMENT MANUFACTURER (OEM) PART

Detailed Distributor List

1	PXN5072	KEYSTONE AUTO RCND 3334 MESILLA COURT INDIANAPOLIS, IN 46226	(800)525-4639 (317)895-0530
2	PXN9759	KEYSTONE NWPP RCND 2831 STANTON AVENUE CINCINNATI, OH 45206	(800)848-6345 (513)961-5500

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Zip Code: XXXXXXXXXX Search Area: Default

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