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: MAY 20 2010 (16-MAR-2010)

Repository ☐

Reference No. 10320284

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City OCEAN SPRINGS | **State** MS | **Zip Code** [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail Address [redacted]

The Information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WVWDA71F07V[redacted]	VOLKSWAGEN	EOS	2007

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
	Dean McCreary VW	4	Premium Unleaded

Original Owner	Dealer's City	State	Zip Code
☒	Mobile	AL	36606

Transmission Type			Multiple Failure:	Incident Date(s)
Auto.	☒ Antilock Brakes ☒ Cruise Control	Powertrain		19-FEB-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 142000 AIR BAGS: SIDE/WINDOW	Failure Mileage	Failure Speed
	42000	25

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 CONTACT OWNS A 2007 VOLKSWAGEN EOS. THE CONTACT WAS DRIVING APPROXIMATELY 25 MPH. SUDDENLY, ANOTHER VEHICLE CRASHED INTO THE SIDE OF THE VEHICLE. THE SIDE AIR BAG SYSTEM FAILED TO DEPLOY WITH THE IMPACT. THERE WAS NO PERSONAL INJURY. A POLICE REPORT WAS FILED FOR THE INCIDENT. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR REPAIRS. THE FAILURE AND CURRENT MILEAGES WERE 42,000.

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

May 11, 2010

From: [redacted]
Ocean Springs, MS [redacted]

To: Randy Reid, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement, U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE
Washington, DC 20590

Dear Sir/Ma'am:

I am writing this letter in reference to my traffic accident of February 19th, 2010. I have provided my vehicle's repair cost invoice, my personal physician bills that I have received so far (emergency room visit, and back Surgeon procedure forms -consult, MRI, epidural injection), traffic report, and accident pictures (from front and side view).

The accident was on a clear day, approx. 3:15 pm, Friday, February 19th 2010. I was traveling South on Hospital Road in Pascagoula (approximately 25-30 miles an hour)-road is a 25 mph road. I was struck at front/driver's side of car, and got "wrapped" around the other driver's car, being hit lastly at the driver's door. The other driver, who caused the accident, was traveling at approx. 30 miles an hour, northbound, in left/passing lane. She was on a cell phone at the time of accident, and ALL her airbags went off (and she was in an older vehicle). My front/steering bag NOR my driver's door air bag went off.

I watched this vehicle go through planning into "conception", and actually waited in line for it to be sold to the public. I paid cash for it, once I decided it was the vehicle for me. A two door, hard-top convertible!! It was voted the safest convertible of all makes two years in a row. I am just upset the airbags didn't deploy. I was told it was probably a good thing it didn't.....but I STILL sustained hip/arm/back issues. I think I would have rather had the air bags gone off, then not. How could BOTH the front and side air bags not go off at the same time??

Thank you,

[redacted]

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

TO: U.S. Dept. of Transportation
N.H.T.S.A.

- Salesperson/Location I bought VW EOS From (FOR CASH), in Mobile, Alabama.

[redacted]

DeanMcCrary

AUDI

Lin Williams
Floor Manager
lin@deanmccrary.com
Cell (251) 802-1345

1445 E. I-65 Service Rd. S.
Mobile, AL 36606
Tel: (251) 471-3326
1-800-304-3326

STATE OF MISSISSIPPI
UNIFORM CRASH REPORT

Agency Number: 3005 — Agency Case Number: 201002183 6 — Page 01 of 06

Agency Name: PASCAGOULA POLICE DEPT

Police Report

31. County: 30

G2. Status Code: ● C ○ P ○ U

G3. Reported Date (MM/DD/YYYY): 02 / 19 / 2010

G4. Reported Time (2400): 1507

Arrival Time (2400): 1508

10-24 Time (2400): 1532

G6. Vehicles: 02

G7. Killed: 00

G8. Injured: 02

G9. Address Number:

G10. Street Name: HOSPITAL RD

G11. Hwy/County Road #:

G12. Trafficflow Direction: ○ N ○ E ● S ○ W

G13. Int.: ○ Y ● N

G14. Distance: 060.00 ● F ○ M

G15. Direction: ○ N ○ E ● S ○ W

G16. Intersecting Street Name: VEGA AVE.

G17. Int. Hwy/County Road #:

G18. City Name: PASCAGOULA

G19. Latitude: N 30 22.654

G20. Longitude: W 088 32.086

G21. First Harmful Event

- ○ Rear end slow or stop
- ○ Rear end turn
- ○ Left turn same roadway
- ○ Left turn cross traffic
- ○ Right turn cross traffic
- ○ Head on
- ○ Sideswipe
- ● Angle
- ○ Hit and run
- ○ Overturn
- ○ Jackknife
- ○ Fell from vehicle
- ○ Other
- ○ Pedestrian
- ○ Parked Vehicle
- ○ Train
- ○ Bicyclist
- ○ Deer
- ○ Animal (other than deer)
- ○ Bridge/Culvert
- ○ Embankment/Ditch/Curb
- ○ Guardrail/Median Barrier
- ○ Tree
- ○ Utility pole/light support
- ○ Other fixed object
- ○ Sign Post
- ○ Signal standard
- ○ Building/Other Structure
- ○ Maint. Equip. - Not Moving
- ○ Maint. Equip. - Moving
- ○ Other non-fixed object

G22. Crash Location

- ● Roadway
- ○ Off-Roadway
- ○ Median
- ○ Roadside
- ○ Shoulder
- ○ Parking Lot
- ○ Gore

G23. Intersection Type

- ● None
- ○ Four-way Inter
- ○ T - Intersection
- ○ Crossover
- ○ Driveway
- ○ Five-point or more
- ○ Off Ramp
- ○ On Ramp
- ○ Path/Trail
- ○ RR Xing
- ○ Traffic Circle/Round
- ○ Y - Intersection

G24. Roadway System

- ● City Street
- ○ State Highway
- ○ U.S. Highway
- ○ County Road
- ○ Parking Lot/Private Drive
- ○ Interstate
- ○ Off Road
- ○ State Park

G25. Light Condition

- ● Daylight
- ○ Dark-Lit
- ○ Dark-Unlit
- ○ Dawn
- ○ Dusk

G26. Road Condition

- ● Dry
- ○ Wet
- ○ Water
- ○ Sand/Mud/Dirt/Oil/Grave
- ○ Ice
- ○ Slush
- ○ Snow

G27. Weather Condition (2)

- ☒ Clear
- ☐ Blown Debris
- ☐ Rain
- ☐ Fog/Smog/Smoke
- ☐ Cloudy
- ☐ Sleet/Hail
- ☐ High winds
- ☐ Snow

G28. Workzone Relationship

- ● Not Workzone Related
- ○ Within Construction Zone
- ○ Advance Warning Area

G29. Workzone Type (2)

- ☒ None
- ☐ Intermittent or Moving Work
- ☐ Lane Closure
- ☐ Lane Shift/Crossover
- ☐ Shoulder/Median Work
- ☐ Utility

WITNESS(ES)

G30. First Name: [redacted] MI: - Last Name: [redacted]

G31. Address: [redacted]

G32. Phone Number: [redacted]

G33. City: MOSS POINT

G34. State: MS

G35. Zip Code: [redacted]

G36. Sex: ○ M ● F

G37. Age: 37

G38. First Name: MI: Last Name:

G39. Address: G40. Phone Number:

G41. City: G42. State: G43. Zip Code:

G44. Sex: ○ M ○ F

G45. Age:

G46. Badge Number: 118

G47. Investigating Officer Name (Please Print): TERRY SCOTT

G48. Officer Signature: TERRY SCOTT

G49. Reviewing Badge Number:

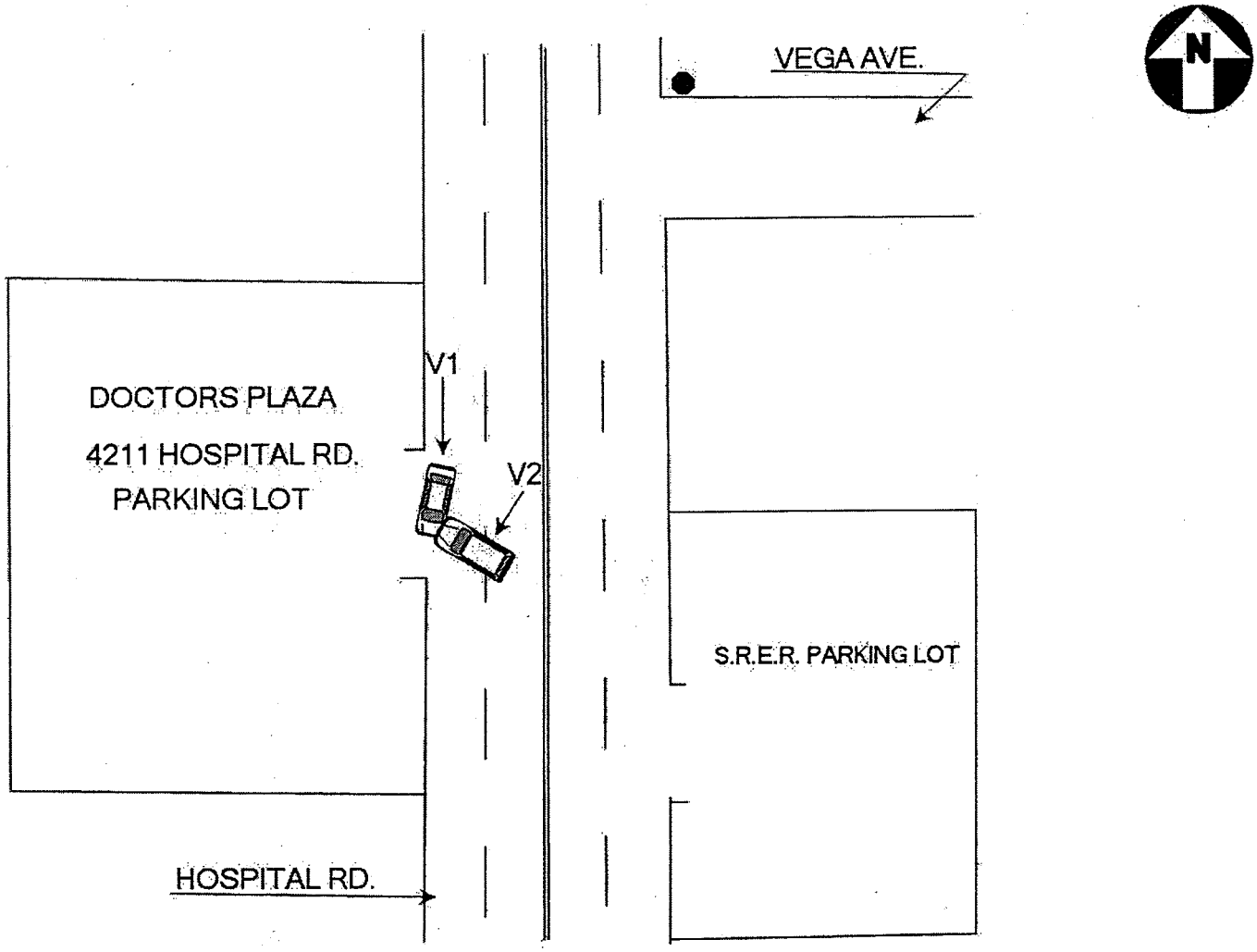
G50. Reviewing Officer Initials:

G51. Photos Taken: ○ Y ● N

G52. Photographer and Badge #:

9582404259

N1. Collision Diagram



N2. Collision Narrative

DRIVER OF V-1 SAID HE WAS SOUTHBOUND IN THE OUTSIDE LANE WHEN V-2 TURNED INTO HIM. DRIVER OF V-2 SAID SHE WAS NORTHBOUND ON HOSPITAL AND DID NOT SEE V-1 AS SHE WAS TRYING TO MAKE A LEFT TURN INTO THE DOCTORS PLAZA.

MUCR Person/Occupant

V0. Veh. # 01 | P0. Person # 01 | Agency Number 3005 | Agency Case Number 2010021836

P1. Person Type: ● Driver ○ Pedestrian ○ Bicyclist ○ Skater ○ Other non-motorist ○ Train Engineer ○ Hit and Run Driver ○ LE

P2. Driver License# [redacted]

P3. State: MS

P4. CDL?: ● N ○ Y

P4a. CDL Class: ○ A ○ B ○ C ○ D ○ M

P5. DOB (MM/DD/YYYY) [redacted]

P35. Cellular Phone In Use?: ○ Y ● N

P6. First Name [redacted] MI [redacted] Last Name [redacted]

P7. Address [redacted]

P8. Phone Number [redacted]

P9. City: OCEAN SPRINGS

P10. State: MS

P11. Zip Code [redacted]

P12. DL Status: ● Valid ○ Suspended - DUI ○ No License ○ Learner Permit ○ Expired ○ Improper DL ○ Suspended ○ Other

P13. Cited: ○ Y ● N ○ P

P14. Ticket #: 1 2

P15. Offense: 1 2

P16. Xport: ● Not Transported ○ Police ○ Hearse ○ EMS ○ Private Vehicle

P17. EMS Agency Code

P18. Medical Facility Code

P19. Condition: ● No Defects Apparent ○ Unknown ○ Hit and Run ○ Drinking - Not impaired ○ Drinking - Impaired ○ Felt Asleep/Fainted/Fatigue ○ Obviously Intoxicated ○ Physical Impairment ○ Affected by Exhaust Fumes ○ Using Drugs - Impaired ○ Using Drugs - Not Impaired ○ Pending Lab Results

P20. Non-Motorist Action: ○ Unknown ○ Entering/Crossing Roadway ○ Walking/running/playing/cycling ○ Working ○ Pushing vehicle ○ Approaching/leaving vehicle ○ Playing/working on vehicle ○ Standing

P21. Contributing Circumstance (3):
- [x] No Apparent Improper Driving
- [ ] Failed to Yield Right of Way
- [ ] Following Too Closely
- [ ] Speed Too Fast For Conditions
- [ ] Driving Under The Influence
- [ ] Animal on Roadway
- [ ] Faulty Equipment
- [ ] Exceeded Lawful Speed
- [ ] Improper Passing/Overtaking
- [ ] Made Improper Turn
- [ ] Left of Center
- [ ] Failure to keep proper lane/Run off road
- [ ] Avoidance
- [ ] Drove on Wrong Side of Road
- [ ] Fatigued/Asleep
- [ ] Illegally Crossing Median
- [ ] Improper Lane Change
- [ ] Lying and/or illegally in roadway
- [ ] Not Visible (Dark Clothing)
- [ ] Operating Defective Equipment
- [ ] Passed Stop Sign
- [ ] Pedestrian Actions
- [ ] Ran Red Light
- [ ] Roadway Defects
- [ ] Visibility Obstructed
- [ ] Improper Backing
- [ ] See Crash Description

P22. Safety Equip. (2):
- [x] Shoulder & Lap Belt
- [ ] None
- [ ] Lap Belt
- [ ] Automated Restraint
- [ ] Shoulder Belt
- [ ] Child Safety Seat
- [ ] Helmet

P23. Injury Type: ○ None ● Complaint of Pain ○ Moderate ○ Life Threatening ○ Killed

P24. Ejection: ● Not ○ Partially ○ Totally

Extricated: ● N ○ Y

P25. Sex: ● M ○ F

P26. Race: ● White ○ Hispanic ○ Black ○ Other

P27. Position: ● Left ○ Center ○ Right

P28. Airbag: ○ Deployed - Front ○ Deployed - Side ○ Deployed - Both ● Not Deployed ○ No Airbag

Alcohol Test Information

P29. Type: ● None ○ Serum ○ Blood ○ Urine ○ Breath

P30. Status: ● None given ○ Test given ○ Test refused ○ Test given, pending

P31. Result

Drug Test Information

P32. Type: ● None ○ Serum ○ Blood ○ Urine

P33. Status: ● None given ○ Test given, pending ○ Test refused ○ Test given

Occupant

O0. Vehicle #: O1. First Name M Last Name

O2. Address Same as Person #

O3. Address

O4. City O5. State

Unborn Child ☐

O6. Position: ○ Front-Driver ○ Front-Middle ○ Front-right ○ 2nd-left ○ 2nd-middle ○ 2nd-right ○ 3rd-left ○ 3rd-middle ○ 3rd-right ○ Sleeper of Truck Cab ○ Encl. Pass./Cargo Area ○ Unencl. Pass./Cargo Area ○ Riding on Exterior ○ Towed Vhcl./Trailer

O7. Safety Equip. (2): ☐ Shoulder and Lap Belt ☐ None ☐ Lap Belt ☐ Automated Restraint ☐ Shoulder Belt ☐ Child Safety Seat ☐ Helmet

O8. Sex: ○ M ○ F

O9. Race: ○ White ○ Hispanic ○ Black ○ Other

O10. Age

O11. Extricated: ○ M ○ Y

O12. Ejection: ○ N ○ Y ○ Not ○ Partially ○ Totally

O13. Injury Type: ○ None ○ Life Threatening ○ Complaint of Pain ○ Moderate ○ Killed

O14. Airbag: ○ Deployed - Front ○ Deployed - Side ○ Deployed - Both ○ Not Deployed ○ No Airbag

O15. Xport: ○ Not Transported ○ Police ○ Hearse ○ EMS ○ Private Vehicle

O16. EMS Agency Code

O17. Medical Facility Code

Occupant

O0. Vehicle #: O1. First Name M Last Name

O2. Address Same as Person #

O3. Address

O4. City O5. State

Unborn Child ☐

O6. Position: ○ Front-Driver ○ Front-Middle ○ Front-right ○ 2nd-left ○ 2nd-middle ○ 2nd-right ○ 3rd-left ○ 3rd-middle ○ 3rd-right ○ Sleeper of Truck Cab ○ Encl. Pass./Cargo Area ○ Unencl. Pass./Cargo Area ○ Riding on Exterior ○ Towed Vhcl./Trailer

O7. Safety Equip. (2): ☐ Shoulder and Lap Belt ☐ None ☐ Lap Belt ☐ Automated Restraint ☐ Shoulder Belt ☐ Child Safety Seat ☐ Helmet

O8. Sex: ○ M ○ F

O9. Race: ○ White ○ Hispanic ○ Black ○ Other

O10. Age

O11. Extricated: ○ M ○ Y

O12. Ejection: ○ N ○ Y ○ Not ○ Partially ○ Totally

O13. Injury Type: ○ None ○ Life Threatening ○ Complaint of Pain ○ Moderate ○ Killed

O14. Airbag: ○ Deployed - Front ○ Deployed - Side ○ Deployed - Both ○ Not Deployed ○ No Airbag

O15. Xport: ○ Not Transported ○ Police ○ Hearse ○ EMS ○ Private Vehicle

O16. EMS Agency Code

O17. Medical Facility Code

MUCR Vehicle

V0. Vehicle: 01 | V1. Total Occupants: 01 | Agency Number: 3005 | Agency Case Number: 201002183 6

V2. State: MS | V3. Year: 2010 | V4. License Plate Number: [redacted]

V5. Make: VOLKSWAGEN | V6. Model Year: 2007

V7. Vehicle Model: EOS | V8. Vehicle Color: BLUE

V9. Damage: ● Heavy ○ Light ○ None | V10. Speed Zone: 25 | V11. Est. Speed: 20

V36. VIN: WVWDA71F07V [redacted]

Owner Information

Same as Driver ☒

V12. Owner Name: [redacted]

V13. Address: [redacted]

V14. City: OCEAN SPRINGS | V15. State: MS | V16. Zip Code: [redacted]

V19. No Proof of Insurance ☐ | V17. Insurance Company Name: PROGRESSIVE | V18. Policy Number: [redacted]

V20. Sequence of Events

Collision w/ Person, Vehicle/Non-fixed Object	1	2	3	4
Animal	○	○	○	○
Bicyclist	○	○	○	○
Maintenance Equip.	○	○	○	○
Moving Vehicle	●	○	○	○
Parked Vehicle	○	○	○	○
Pedestrian	○	○	○	○
Train	○	○	○	○
Slowing Vehicle	○	○	○	○
Stopped Vehicle in Road	○	○	○	○
Other Moveable Object	○	○	○	○

Non-Collision	1	2	3	4
Cargo Loss/Shift	○	○	○	○
Crossover	○	○	○	○
Equipment Failure	○	○	○	○
Fell/Jump from Vehicle	○	○	○	○
Fire/Explosion	○	○	○	○
Immersion	○	○	○	○
Jackknife	○	○	○	○
Median/Centerline	○	○	○	○
Thrown/Falling Object	○	○	○	○
Off roadway/Left	○	○	○	○
Off roadway/Right	○	○	○	○
Overturn/Rollover	○	○	○	○
Unit Separation	○	○	○	○
Over Correcting/Steering	○	○	○	○
Downhill runaway	○	○	○	○

Collision w/ Fixed Object	1	2	3	4
Attenuator/Cushion	○	○	○	○
Bridge Structure	○	○	○	○
Culvert	○	○	○	○
Curb	○	○	○	○
Ditch	○	○	○	○
Embankment	○	○	○	○
Fence	○	○	○	○
Guardrail	○	○	○	○
Mailbox	○	○	○	○
Median Barrier	○	○	○	○
Post/Pole/Support	○	○	○	○
Tree	○	○	○	○
Other Fixed Object	○	○	○	○

V20a. State Property

Vehicle Damaged/Destroyed State Property? ○ Y ● N

V21. Vehicle Action

● Going Straight ○ Avoidance
○ Making Left Turn ○ Lane Change
○ Stopped ○ Leaving Parking
○ Slow/Stop in Road ○ Overtaking/Passing
○ Parked ○ Parking Position
○ Backing ○ Making U Turn
○ Making Right Turn ○ In Tow

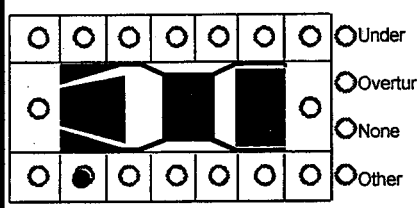
V22. Vehicle Type

● Passenger Car ○ Farm Tractor
○ Pickup Truck ○ Train
○ Van/Stationwagon ○ Vehicle Towing Trailer
○ SUV ○ Emergency Vehicle
○ Motorcycle ○ ATV
○ RV ○ Farm Equipment
○ Bus ○ Other
○ Commercial Vehicle ○ Unknown Truck

V36. Bus Use

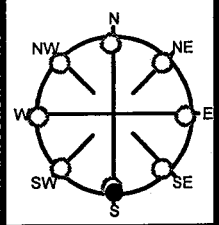
○ School (Public/Private)
○ Charter
○ Transit
○ Intercity
○ Other
○ Not Reported/Unknown
○ Not a Bus

V23. Initial Contact



○ Under
○ Overturn
○ None
○ Other

V24. Direction of Travel



V25. Bikeway Type

● None
○ Right only
○ Left Only
○ Both Sides
○ Separate
○ Signed

V26. Traffic Control Device

○ Channel-Painted ○ Officer
○ Channel-Physical ○ RR Flashing Signal
○ Flag Person ○ RR Signal & Gate
○ Flashing Signal Red ○ Signal
○ Flashing Signal Yellow ○ Stop Sign
○ No Passing ○ Railroad Sign
● None ○ Yield Sign

V27. Device Functioning? ○ Y ○ N

V28. Road Character

● Straight/Level ○ Bridge
○ Intersect two roads ○ Private Drive
○ Straight/Grade ○ Curve/Hillcrest
○ Curve/Level ○ Crossover
○ Straight/Hillcrest ○ Begin/End Divided Road
○ Curve/Grade ○ One-Way

V29. Road Design

○ 2 Lane ○ 3 Lane
● 4+ ○ Frontage/Ramp
○ Parking Lot ○ One Way
○ 1 Lane ○ Unpaved

V30. Divided? ○ Yes ● No

V31. Center Turn Lane? ○ Yes ● No

V32. Road Surface Type

● Asphalt
○ Concrete
○ Dirt
○ Gravel
○ Other - See Narrative

V33. Towed? ● Yes ○ No

V33a. Due to Disabling Damage?: ● Yes ○ No

V34. Authority: ○ Owner ● Police ○ Other

V35. Towed By: GEORGE'S

Commercial Vehicle

C1. Carrier ID Number:

C2. Authority: ○ US DOT ○ State ○ Mexico ○ MC ○ Canada

C3. Carrier Name

C4. Carrier Address

C5. City | C6. State | C7. Zip Code

C13. Vehicle Configuarion

○ Passenger Car (only if has HM Placard)
○ Light Truck (only if has HM Placard)
○ Bus (seats 9-15 incl. driver)
○ Bus (seats 16 or more, incl. driver)
○ Single-Unit Truck (2 axles, 6 tires)
○ Single-Unit Truck (3 or more axles)
○ Unclassified (not listed above)
○ N/A (does meet any above codes usually non-hazmat; < 10,000 GCWR or bus with less than 9 seats)
○ Truck/Trailer(s) (Single-Unit Truck with Trailer(s))
○ Truck/Tractor (Bobtail)
○ Truck/Semi-Trailer(one trailer)
○ Tractor/Doubles(two trailers)
○ Tractor/Triples (three trailers)
○ Other Heavy Truck (> 10,000 lbs)

C8. GVWR/GCWR
○ 10,000 lbs or less
○ 10,001 lbs to 26,000 lbs
○ Greater than 26,000 lbs

C9. Cargo Body Type

○ Auto transporter ○ Cargo tank ○ Pole
○ Bus (seats 9-15 incl. driver) ○ Flatbed ○ Log
○ Bus (seats 16 or >, incl. driver) ○ Garbage/refuse ○ Dump
○ Vehicle Towing Motor Vehicle ○ Grain/chips/gravel ○ Other
○ Van/enclosed box ○ Intermodal ○ None
○ Passenger Vehicle ○ Concrete Mixer

C14. Carrier Types
○ Intrastate
○ Interstate
○ Not in Commerce - Other Truck or Bus
○ Not in Commerce - Government
○ Other Operations/Not Specified

C10. Commodity Hauled

C11. Placard ID

C12. HAZMAT Released ○ Yes ○ No

MUCR Person/Occupant

V0. Veh. # 02 | P0. Person #: 02 | Agency Number 3005 | Agency Case Number 2010021836

P1. Person Type: ● Driver ○ Pedestrian ○ Bicyclist ○ Skater ○ Other non-motorist ○ Train Engineer ○ Hit and Run Driver ○ LE

P2. Driver License#: [redacted]

P3. State: MS

P4. CDL?: ● N ○ Y

P4a. CDL Class: ○ A ○ B ○ C ○ D ○ M

P5. DOB (MM/DD/YYYY): [redacted]

P35. Cellular Phone In Use?: ○ Y ● N

P6. First Name: [redacted] MI: - Last Name: [redacted]

P7. Address: [redacted]

P8. Phone Number: [redacted]

P9. City: MOSS POINT

P10. State: MS

P11. Zip Code: [redacted]

P12. DL Status: ● Valid ○ Suspended - DUI ○ No License ○ Learner Permit ○ Expired ○ Improper DL ○ Suspended ○ Other

P13. Cited: ● Y ○ N ○ P

P14. Ticket #: 1 2183158 2

P15. Offense: 1 63.15.4 2

P16. Xport: ● Not Transported ○ Police ○ Hearse ○ EMS ○ Private Vehicle

P17. EMS Agency Code

P18. Medical Facility Code

P19. Condition: ● No Defects Apparent ○ Unknown ○ Hit and Run ○ Drinking - Not impaired ○ Drinking - Impaired ○ Fell Asleep/Fainted/Fatigue ○ Obviously Intoxicated ○ Physical Impairment ○ Affected by Exhaust Fumes ○ Using Drugs - Impaired ○ Using Drugs - Not Impaired ○ Pending Lab Results

P20. Non-Motorist Action: ○ Unknown ○ Entering/Crossing Roadway ○ Walking/running/playing/cycling ○ Working ○ Pushing vehicle ○ Approaching/leaving vehicle ○ Playing/working on vehicle ○ Standing

P21. Contributing Circumstance (3): ☐ No Apparent Improper Driving ☒ Failed to Yield Right of Way ☐ Following Too Closely ☐ Speed Too Fast For Conditions ☐ Driving Under The Influence ☐ Animal on Roadway ☐ Faulty Equipment ☐ Exceeded Lawful Speed ☐ Improper Passing/Overtaking ☐ Made Improper Turn ☐ Left of Center ☐ Failure to keep proper lane/Run off road ☐ Avoidance ☐ Drove on Wrong Side of Road ☐ Fatigued/Asleep ☐ Illegally Crossing Median ☐ Improper Lane Change ☐ Lying and/or illegally in roadway ☐ Not Visible (Dark Clothing) ☐ Operating Defective Equipment ☐ Passed Stop Sign ☐ Pedestrian Actions ☐ Ran Red Light ☐ Roadway Defects ☐ Visibility Obstructed ☐ Improper Backing ☐ See Crash Description

P22. Safety Equip. (2): ☒ Shoulder & Lap Belt ☐ None ☐ Lap Belt ☐ Automated Restraint ☐ Shoulder Belt ☐ Child Safety Seat ☐ Helmet

P23. Injury Type: ○ None ● Complaint of Pain ○ Moderate ○ Life Threatening ○ Killed

P24. Ejection: ● Not ○ Partially ○ Totally

P25. Extricated: ● N ○ Y

P26. Sex: ○ M ● F

P27. Race: ○ White ○ Hispanic ● Black ○ Other

P28. Position: ● Left ○ Center ○ Right

P29. Airbag: ● Deployed - Front ○ Deployed - Side ○ Deployed - Both ○ Not Deployed ○ No Airbag

Alcohol Test Information

P30. Type: ● None ○ Blood ○ Breath ○ Serum ○ Urine

P31. Status: ● None given ○ Test refused ○ Test given ○ Test given, pending

P32. Result:

Drug Test Information

P33. Type: ● None ○ Blood ○ Serum ○ Urine

P34. Status: ● None given ○ Test refused ○ Test given, pending ○ Test given

Occupant

O0. Vehicle #: O1. First Name MI Last Name

O2. Address Same as Person #: O3. Address

O4. City O5. State

Unborn Child ☐

O6. Position: ○ Front-Driver ○ Front-Middle ○ Front-right ○ 2nd-left ○ 2nd-middle ○ 2nd-right ○ 3rd-left ○ 3rd-middle ○ 3rd-right ○ Sleeper of Truck Cab ○ Encl. Pass./Cargo Area ○ Unencl. Pass./Cargo Area ○ Riding on Exterior ○ Towed Vhcl./Trailer

O7. Safety Equip. (2): ☐ Shoulder and Lap Belt ☐ None ☐ Lap Belt ☐ Automated Restraint ☐ Shoulder Belt ☐ Child Safety Seat ☐ Helmet

O8. Sex: ○ M ○ F

O9. Race: ○ White ○ Hispanic ○ Black ○ Other

O10. Age: ○ M ○ Y

O11. Extricated: ○ N ○ Y

O12. Ejection: ○ Not ○ Partially ○ Totally

O13. Injury Type: ○ None ○ Life Threatening ○ Complaint of Pain ○ Moderate ○ Killed

O14. Airbag: ○ Deployed - Front ○ Not Deployed ○ Deployed - Side ○ No Airbag ○ Deployed - Both

O15. Xport: ○ Not Transported ○ Police ○ Hearse ○ EMS ○ Private Vehicle

O16. EMS Agency Code

O17. Medical Facility Code

Occupant

O0. Vehicle #: O1. First Name MI Last Name

O2. Address Same as Person #: O3. Address

O4. City O5. State

Unborn Child ☐

O6. Position: ○ Front-Driver ○ Front-Middle ○ Front-right ○ 2nd-left ○ 2nd-middle ○ 2nd-right ○ 3rd-left ○ 3rd-middle ○ 3rd-right ○ Sleeper of Truck Cab ○ Encl. Pass./Cargo Area ○ Unencl. Pass./Cargo Area ○ Riding on Exterior ○ Towed Vhcl./Trailer

O7. Safety Equip. (2): ☐ Shoulder and Lap Belt ☐ None ☐ Lap Belt ☐ Automated Restraint ☐ Shoulder Belt ☐ Child Safety Seat ☐ Helmet

O8. Sex: ○ M ○ F

O9. Race: ○ White ○ Hispanic ○ Black ○ Other

O10. Age: ○ M ○ Y

O11. Extricated: ○ N ○ Y

O12. Ejection: ○ Not ○ Partially ○ Totally

O13. Injury Type: ○ None ○ Life Threatening ○ Complaint of Pain ○ Moderate ○ Killed

O14. Airbag: ○ Deployed - Front ○ Not Deployed ○ Deployed - Side ○ No Airbag ○ Deployed - Both

O15. Xport: ○ Not Transported ○ Police ○ Hearse ○ EMS ○ Private Vehicle

O16. EMS Agency Code

O17. Medical Facility Code

MUCR Vehicle

V0. Vehicle: 02 | V1. Total Occupants: 01 | Agency Number: 3005 | Agency Case Number: 201002183 6 | Page 06 of 06

V2. State: MS | V3. Year: 2010 | V4. License Plate Number: [redacted]

V5. Make: CHEVROLET | V6. Model Year: 2000

V7. Vehicle Model: SUBURBAN | V8. Vehicle Color: BLAC

V9. Damage: ● Heavy ○ Light ○ None | V10. Speed Zone: 25 | V11. Est. Speed: 20

V36. VIN: 3GNEC16T5YG [redacted]

Owner Information

Same as Driver: ☒

V12. Owner Name: [redacted]

V13. Address: [redacted]

V14. City: MOSS POINT | V15. State: MS | V16. Zip Code: [redacted]

V19. No Proof of Insurance: ☒ | V17. Insurance Company Name: | V18. Policy Number:

V20. Sequence of Events

	Collision w/ Person, Vehicle/Non-fixed Object 1	2	3	4	Non-Collision 1	2	3	4	Collision w/ Fixed Object 1	2	3	4
	○	○	○	○ Animal	○	○	○	○ Cargo Loss/Shift	○	○	○	○ Attenuator/Cushion
	○	○	○	○ Bicyclist	○	○	○	○ Crossover	○	○	○	○ Bridge Structure
	○	○	○	○ Maintenance Equip.	○	○	○	○ Equipment Failure	○	○	○	○ Culvert
	●	○	○	○ Moving Vehicle	○	○	○	○ Fell/Jump from Vehicle	○	○	○	○ Curb
	○	○	○	○ Parked Vehicle	○	○	○	○ Fire/Explosion	○	○	○	○ Ditch
	○	○	○	○ Pedestrian	○	○	○	○ Immersion	○	○	○	○ Embankment
	○	○	○	○ Train	○	○	○	○ Jackknife	○	○	○	○ Fence
	○	○	○	○ Slowing Vehicle	○	○	○	○ Median/Centerline	○	○	○	○ Guardrail
	○	○	○	○ Stopped Vehicle in Road	○	○	○	○ Thrown/Falling Object	○	○	○	○ Mailbox
	○	○	○	○ Other Moveable Object	○	○	○	○ Off roadway/Left	○	○	○	○ Median Barrier
					○	○	○	○ Off roadway/Right	○	○	○	○ Post/Pole/Support
					○	○	○	○ Overturn/Rollover	○	○	○	○ Tree
					○	○	○	○ Unit Separation	○	○	○	○ Other Fixed Object
					○	○	○	○ Over Correcting/Steering				
					○	○	○	○ Downhill runaway				

V20a. State Property

Vehicle Damaged/Destroyed State Property? ○ Y ● N

V21. Vehicle Action

○ Going Straight ○ Avoidance
● Making Left Turn ○ Lane Change
○ Stopped ○ Leaving Parking
○ Slow/Stop in Road ○ Overtaking/Passing
○ Parked ○ Parking Position
○ Backing ○ Making U Turn
○ Making Right Turn ○ In Tow

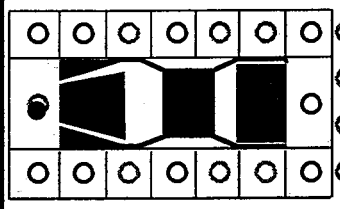
V22. Vehicle Type

○ Passenger Car ○ Farm Tractor
○ Pickup Truck ○ Train
○ Van/Stationwagon ○ Vehicle Towing Trailer
● SUV ○ Emergency Vehicle
○ Motorcycle ○ ATV
○ RV ○ Farm Equipment
○ Bus ○ Other
○ Commercial Vehicle ○ Unknown Truck

V36. Bus Use

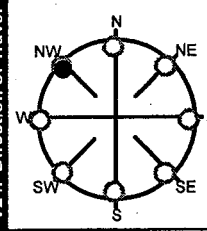
○ School (Public/Private)
○ Charter
○ Transit
○ Intercity
○ Other
○ Not Reported/Unknown
○ Not a Bus

V23. Initial Contact



○ Under
○ Overturn
○ None
○ Other

V24. Direction of Travel



V25. Bikeway Type

● None
○ Right only
○ Left Only
○ Both Sides
○ Separate
○ Signed

V26. Traffic Control Device

○ Channel-Painted ○ Officer
○ Channel-Physical ○ RR Flashing Signal
○ Flag Person ○ RR Signal & Gate
○ Flashing Signal Red ○ Signal
○ Flashing Signal Yellow ○ Stop Sign
○ No Passing ○ Railroad Sign
● None ○ Yield Sign

V27. Device Functioning? ○ Y ○ N

V28. Road Character

● Straight/Level ○ Bridge
○ Intersect two roads ○ Private Drive
○ Straight/Grade ○ Curve/Hillcrest
○ Curve/Level ○ Crossover
○ Straight/Hillcrest ○ Begin/End Divided Road
○ Curve/Grade ○ One-Way

V29. Road Design

○ 2 Lane ○ 3 Lane
● 4+ ○ Frontage/Ramp
○ Parking Lot ○ One Way
○ 1 Lane ○ Unpaved

V30. Divided? ○ Yes ● No

V31. Center Turn Lane? ○ Yes ● No

V32. Road Surface Type

● Asphalt
○ Concrete
○ Dirt
○ Gravel
○ Other - See Narrative

V33. Towed? ● Yes ○ No | V33a. Due to Disabling Damage?: ● Yes ○ No | V34. Authority: ○ Owner ● Police ○ Other | V35. Towed By: BOB'S

Commercial Vehicle

C1. Carrier ID Number:

C2. Authority: ○ US DOT ○ State ○ Mexico ○ MC ○ Canada

C3. Carrier Name

C4. Carrier Address

C5. City | C6. State | C7. Zip Code

C13. Vehicle Configuration

○ Passenger Car (only if has HM Placard)
○ Light Truck (only if has HM Placard)
○ Bus (seats 9-15 incl. driver)
○ Bus (seats 16 or more, incl. driver)
○ Single-Unit Truck (2 axles, 6 tires)
○ Single-Unit Truck (3 or more axles)
○ Unclassified (not listed above)
○ N/A (does meet any above codes usually non-hazmat; < 10,000 GCWR or bus with less than 9 seats)
○ Truck/Trailer(s) (Single-Unit Truck with Trailer(s))
○ Truck/Tractor (Bobtail)
○ Truck/Semi-Trailer(one trailer)
○ Tractor/Doubles(two trailers)
○ Tractor/Triples (three trailers)
○ Other Heavy Truck (> 10,000 lbs)

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○ Bus (seats 9-15 incl. driver) ○ Flatbed ○ Log
○ Bus (seats 16 or >, incl. driver) ○ Garbage/refuse ○ Dump
○ Vehicle Towing Motor Vehicle ○ Grain/chips/gravel ○ Other
○ Van/enclosed box ○ Intermodal ○ None
○ Passenger Vehicle ○ Concrete Mixer

C14. Carrier Types
○ Intrastate
○ Interstate
○ Not in Commerce - Other Truck or Bus
○ Not in Commerce - Government
○ Other Operations/Not Specified

C10. Commodity Hauled

C11. Placard ID

C12. HAZMAT Released ○ Yes ○ No

1471024009

ENTERPRISE LEASING COMPANY - SOUTH CENTRAL, INC, 2316 BIENVILLE BLVD, OCEAN SPRINGS, MS 395643122 (228) 875-0204

Rent-A-Car

RENTAL AGREEMENT 162596
REF# 702KFL

RENTER
[redacted]

DATE & TIME OUT
03/01/2010 07:36 AM
DATE & TIME IN
05/05/2010 05:31 PM

BILLING CYCLE
CALENDAR DAY

VEH #2 2009 TOYO PRIU 4DR
VIN# JTDKB20U097[redacted]
LIC# [redacted]
MILES DRIVEN 1686

VEH #1 2010 FORD FUSI SE4
VIN# 3FAHP0HA9AR[redacted]
LIC# [redacted]
MILES DRIVEN 2415

BILL TO ACCOUNT
PROGRESSIVE INS-RIDGELAND**
ATTN: BARLOW, MICHAEL
385B HIGHLAND COLNY PKY STE405
RIDGELAND, MS 391571922

CLAIM INFO
[redacted]
INSURED
SHOP: UNKNOWN BODYSHOP**
PHONE: (999) 999-9999
ATTN: POL MAX 3/30

SUMMARY OF CHARGES

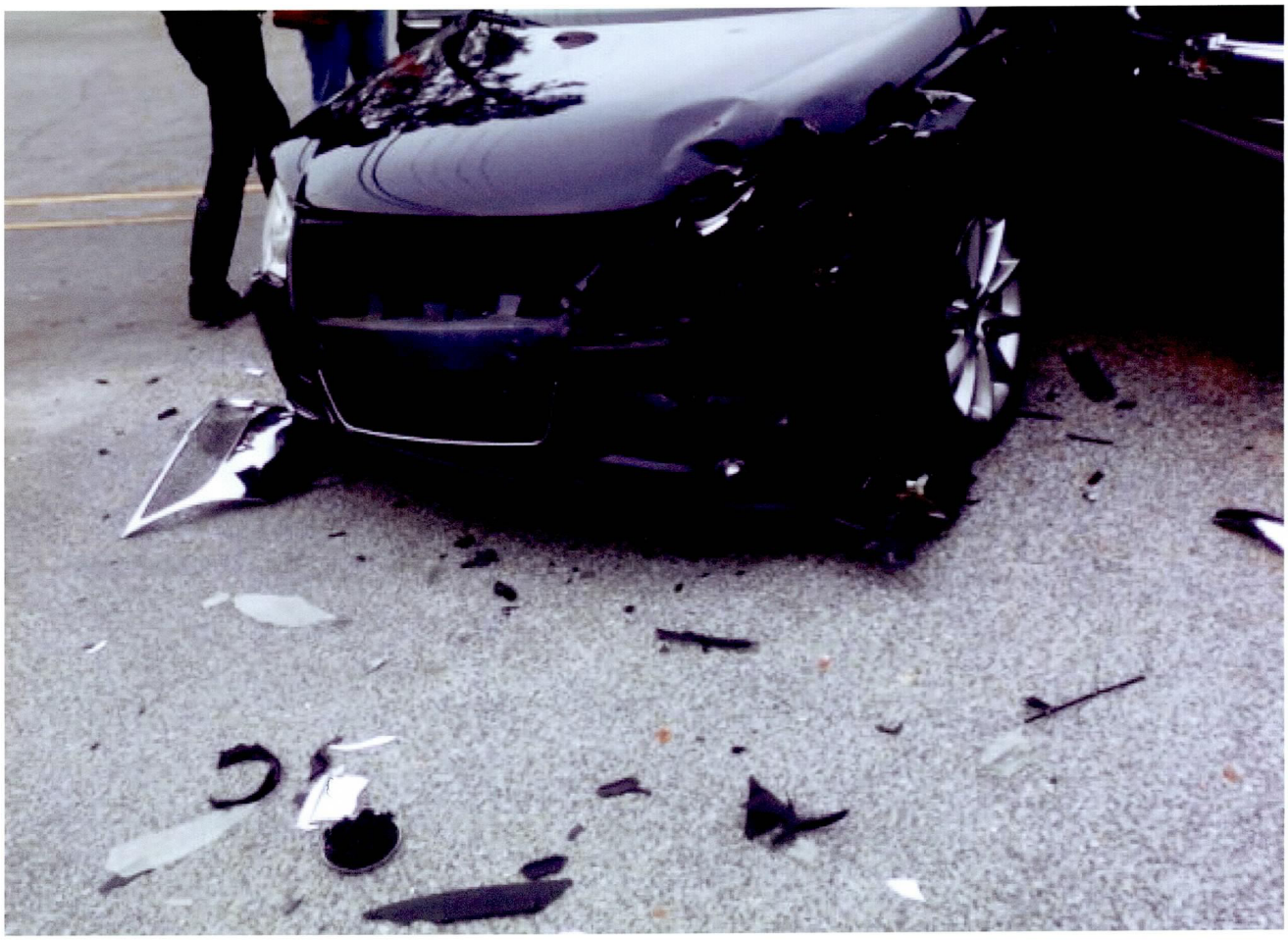
Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	03/01 - 05/05	66	DAY	$26.74	$1,764.84
REFUELING CHARGE	03/01 - 05/05				$0.00
			Subtotal:		**$1,764.84**
Taxes & Surcharges					
MVR TAX	03/01 - 03/30			6%	$48.13
SALES TAX	03/01 - 05/05			5%	$88.24
			Total Charges:		**$1,901.21**
Bill-To / Deposits					
PROGRESSIVE INS-RIDGELAND**					
TIME & DISTANCE	03/01 - 03/30	30	DAY		
MVR TAX	03/01 - 03/30	1	PERCENT	6%	
SALES TAX	03/01 - 03/30	1	PERCENT	5%	
			Subtotal:		**($890.44)**

Total Amount Due **$0.00**

PAYMENT INFORMATION

AMOUNT PAID	TYPE	CREDIT CARD NUMBER
$1,010.77	Discover	XXXXXXXXXXX[redacted] PENDING

5/5/2010



FAX TRANSMITTAL

Date **Time**

To [redacted]

Fax# : [redacted]

Address/Box#

Phone/Network# :

From: Christina Berry

Fax# : (251) 473-6211

1116 I-65 Commerce Dr.

Phone/Network# : (251) 450-6145

Mobile, AL 36606

# of Pages (incl. cover) Transmitted:

Message (Repair Costs page #7)

Repair Costs:

$25,017.58

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Date: 4/29/2010 03:27 PM
Estimate ID: 10-5306615-01
Estimate Version: 3
Supplement: 3(P F) 4/29/2010 03:26:56 PM
Profile ID: mobil:all_part_types

Progressive
1116 I-65 Commerce Drive, Mobile, AL 36606
(251) 450-6140
Fax: (251) 473-6211

Damage Assessed By:
Caleb Ferguson
Supplemented By: Lee McBride 251-654

Appraised For:
Michael Barlow

Type of Loss: Auto
Date of Loss: 2/19/2010
Deductible: 500.00
Claim Number: 10-5306615-01

Insured: [redacted]
Claimant:
Address: [redacted] OCEAN SPRINGS, MS [redacted]
Telephone: Work Phone:
Home Phone: [redacted]
Owner:
Address: [redacted] OCEAN SPRINGS, MS [redacted]
Telephone: Work Phone:
Home Phone: [redacted]

Mitchell Service: 910784

Description: 2007 Volkswagen Eos 2.0T
Body Style: 2D Conv
VIN: WVWDA71F07V[redacted]
Mileage: 41,623
OEM/ALT: A
Color: BLUE
Options: PASSENGER-FRONT AIR BAG, POWER DOOR LOCKS, POWER WINDOWS, POWER SUNROOF, ANTI-LOCK BRAKE SYS. (ABS), ALUM/ALLOY WHEELS

Vehicle Production Date: 00/00
Drive Train: 2.0L Turbo Inj 4 Cyl 6A FWD
License: [redacted]
Search Code: MOBILE1

Additional Equipment: AM-FM Stereo/CDPlayer(Single),Power Steering,Power Brakes,Air Conditioning,Driver-Front Air Bag,2-Door,Automatic Transmission,Special Roof,

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
				Front Bumper			
1		BDY	OVERHAUL	FRT BUMPER ASSY FRONT BUMPER			2.4 #

2	000010	BDY	REMOVE/REPLACE	FRT BUMPER COVER	1Q0 807 217 A	GRU	475.00		INC	#
3		REF	REFINISH	FRT BUMPER COVER				C	2.5	
4	000012	BDY	REMOVE/REPLACE	FRT BUMPER RETAINER	1Q0 805 915	9B9	97.50		INC	
5	000013	BDY	REMOVE/REPLACE	FRT BUMPER COVER GRILLE	1Q0 853 677	9B9	79.50		INC	#
6	000014	BDY	REMOVE/REPLACE	FRT BUMPER MOULDING	1Q0 853 101	2ZZ	60.50		INC	#
7	000019	BDY	REMOVE/REPLACE	FRT BUMPER LICENSE BRACKET	1Q0 807 285 A	9B9	59.50		INC	#

ESTIMATE RECALL NUMBER: 3/2/2010 15:38:20 10-5306615-01
Mitchell Data Version: MAR_10_V0428 UltraMate is a Trademark of Mitchell International
MAPP:MAR_10_V0425 Copyright (C) 1994 - 2010 Mitchell International
UltraMate Version: 7.0.018 All Rights Reserved

Date: 4/29/2010 03:27 PM
Estimate ID: 10-5306615-01
Estimate Version: 3
Supplement: 3(P F) 4/29/2010 03:26:56 PM
Profile ID: mobil:all_part_types

8	000023	BDY	REMOVE/REPLACE	L FRT BUMPER IMPACT STRIP	1Q0 807 833	GRU	51.90		INC	
9		REF	REFINISH	L FRT IMPACT STRIP				C	0.5	
10	000025	BDY	REMOVE/REPLACE	L FRT OTR BUMPER SUPPORT	1Q0 807 049 A		19.80		INC	#
11	000026	BDY	REMOVE/REPLACE	FRT LWR BUMPER CROSSMEMBER	1Q0 807 093 A		97.50		INC	
12	000028	BDY	REMOVE/REPLACE	FRT BUMPER IMPACT ABSORBER	1Q0 807 248 A		60.50		INC	
13	000031	BDY	REMOVE/REPLACE	FRT BUMPER REINFORCEMENT BAR	1Q0 807 109		235.00		INC	#
14	000033	BDY	REMOVE/REPLACE	L FRT BUMPER GUIDE	1Q0 807 889		19.80		INC	
				GRILLE						
15	000034	BDY	REMOVE/REPLACE	GRILLE	ORDER FROM DEALER		200.00		0.3	
16	000035	BDY	REMOVE/REPLACE	GRILLE EMBLEM	1T0 853 601 A	FDY	45.30		INC	#
17	000036	BDY	REMOVE/REPLACE	CTR GRILLE	1Q0 853 671	RYP	148.00		INC	#
				FRONT LAMPS						
S1 18	000076	BDY	REMOVE/REPLACE	R FRONT COMBINATION LAMP ASSEMBLY	1Q0 941 754 A		615.00		0.7	#
S1 19		BDY	CHECK/ADJUST	HEADLAMPS					0.4	
20	000077	BDY	REMOVE/REPLACE	L FRONT COMBINATION LAMP ASSEMBLY	1Q0 941 753 A		615.00		0.7	#
21	000109	BDY	REMOVE/REPLACE	L FRONT SIDE MARKER LAMP ASSEMBLY	1Q0 945 071 B		39.00		INC	#
22	000119	BDY	REMOVE/REPLACE	L FRT FOG LAMP ASSEMBLY	**Non-OEM		76.00		INC	#
				HOOD						
S1 23	002519	BDY	REMOVE/REPLACE	HOOD PANEL	1Q0 823 031 J		395.00	*	1.5	
24		REF	REFINISH	ADD FOR HOOD UNDERSIDE				C	1.3	
25		REF	REFINISH	HOOD OUTSIDE				C	2.6	
S1 26	000123	BDY	REMOVE/REPLACE	HOOD INSULATOR	1Q0 863 831 E		97.50		INC	
27	000134	BDY	REMOVE/REPLACE	R HOOD HINGE	1Q0 823 302 C		39.00		0.3	#
28		REF	REFINISH	R HINGE				C	0.5	
29	000135	BDY	REMOVE/REPLACE	L HOOD HINGE	1Q0 823 301 C		39.00		0.3	#
30		REF	REFINISH	L HINGE				C	0.5	
				FRONT FENDER						
S1 31	000276	BDY	REMOVE/REPLACE	R FENDER PANEL	1Q0 821 106 B		235.00		1.5	#
S1 32		REF	REFINISH	R FENDER OUTSIDE				C	1.7	
S1 33		REF	REFINISH	R ADD TO EDGE FENDER				C	0.5	
34	000277	BDY	REMOVE/REPLACE	L FENDER PANEL	1Q0 821 105 B		235.00		1.5	#
35		REF	REFINISH	L FENDER OUTSIDE				C	1.7	
36		REF	REFINISH	L ADD TO EDGE FENDER				C	0.5	
37	000279	BDY	REMOVE/REPLACE	L FENDER SUPPORT	1Q0 821 135		19.80		INC	
38	002538	BDY	REMOVE/REPLACE	L FENDER FRONT LINER	1Q0 805 911 D		45.30		INC	

	39	002080	BDY	REMOVE/REPLACE	L	FENDER REAR LINER FRONT INNER STRUCTURE		1Q0 805 977 B		57.00	INC #
	40	000297	BDY	REMOVE/REPLACE		FRONT BODY RADIATOR SUPPORT		1Q0 805 588	9B9	318.00	5.2 #
	41		MCH	REMOVE/REPLACE		ADD TO R&R MECHANICAL COMPONENTS	-M				0.8 #
	42	000298	BDY	REMOVE/REPLACE		FRONT BODY DUCT		1K0 805 971 C	9B9	11.50	INC
	43	000299	BDY	REMOVE/REPLACE		FRONT BODY DUCT		1K0 805 962 C	9B9	8.40	INC
	44	000300	BDY	REMOVE/REPLACE		UPR FRONT BODY BAFFLE Front Inner Structure		1K0 805 965 C	9B9	9.90	INC
	45		REF	REFINISH	L	APRON/SIDEMEMBER COMPLETE FRONT INNER STRUCTURE					1.5
S1	46	000314	BDY	REPAIR	L	FRONT BODY SIDEMEMBER	-S	Existing			6.0 *
	47		REF	REFINISH/REPAIR	L	FRONT BODY SIDEMEMBER	-S				0.5 *
	48	000316	BDY	REMOVE/REPLACE	L	FRONT BODY SIDEMEMBER PLATE Front Inner Structure	-S	1K0 804 105 A		148.00	2.5
S2	49	000325	BDY	REMOVE/REPLACE	L	INR FRONT BODY SIDEMEMBER FRONT INNER STRUCTURE	-S	1Q0 810 135		90.00	3.0
	50	000329	BDY	REMOVE/REPLACE	L	FRONT BODY WHEELHOUSE PANEL	-S	1K0 805 147 A		170.00	6.5

	51	000330	BDY	REMOVE/REPLACE	L	FRONT BODY PLATE	-S	1K0 805 029 B		29.18	3.5
S1	52	000332	BDY	REMOVE/REPLACE	L	FRONT BODY STRUT MTG TOWER	-S	1K0 809 121 A		300.00	2.0
	53	000337	MCH	REMOVE/REPLACE		FUSE BOX	-M	1K0 937 124 K		175.00	
	54	000338	BDY	REMOVE/REPLACE		FUSE BOX COVER		1K0 937 132 F		57.00	0.1
	55	000341	MCH	REMOVE/REPLACE		FUSE BOX BRACKET Air Bag System	-M	1K0 907 361 B		39.00	
S3	56	000368	MCH	REMOVE/REPLACE		AIR BAG CONTROL UNIT WHEEL	-M	1Q0 959 655 A	074	508.80 *	INC *
	57	002669	BDY	REMOVE/REPLACE		ALLOY WHEEL Front Suspension		3C0 601 025 BA	QQ9	500.00	0.3
S2	58	000441	MCH	REMOVE/REPLACE	L	FRT SUSP HUB ASSY FRONT SUSPENSION	-M	1T0 498 621		205.00	1.1 #
	59	000476	MCH	REMOVE/REPLACE	L	FRT SUSP STRUT Turbocharger/Intercooler	-M	ORDER FROM DEALER		186.22	1.8 #
S2	60	000638	MCH	REMOVE/REPLACE		INTERCOOLER OIL COOLER ELECTRICAL	-M	1K0 145 803 S		250.00	2.2 #
S1	61	000708	BDY	REMOVE/REPLACE		BATTERY TRAY WINDSHIELD		1K0 915 333 H		51.90	0.6 #
	62	000732	GLS	REMOVE/REPLACE		W/SHIELD GLASS		**Non-OEM		436.36	3.2 #
	63		BDY	REMOVE/REPLACE		ADD W/RAIN SENSOR Cowl & Dash					0.3 #
S2	64	000812	BDY	REMOVE/REPLACE		COWL/DASH COWL TOP GRILLE ROCKER/PILLARS/FLOOR		1Q0 802 163		90.00	INC #
	65	001788	REF	REFINISH	L	FRT OTR PILLAR				C	1.2

66	000987	BDY	REPAIR	L FRT OTR W/SHIELD SIDE PILLAR -S	Existing				1.0	*#
				FRONT DOOR						
67	001246	BDY	REPAIR	R FRT DOOR SHELL	Existing				0.5	*#
68		REF	REFINISH/REPAIR	R FRT DOOR SHELL				C	1.3	*
69				MODIFIED REFINISH WITH FULL CLEAR COAT						
70	001247	BDY	REMOVE/REPLACE	L FRT DOOR SHELL	1Q0 831 055 T		825.00		5.4	#
71		REF	REFINISH	L FRT DOOR OUTSIDE				C	2.1	
72		REF	REFINISH	L FRT ADD FOR JAMBS & INTERIOR				C	1.0	
73	001254	BDY	REMOVE/INSTALL	R FRT DOOR MIRROR					INC	#
74	001256	BDY	REMOVE/INSTALL	R FRT SIGNAL LAMP					0.2	#
75	001258	BDY	REMOVE/INSTALL	R FRT OTR BELT MOULDING					0.9	#
76	001263	BDY	REMOVE/REPLACE	L FRT DOOR REAR VIEW MIRROR	1Q1 857 507 AH 2Z0		337.00		0.4	#
77	001281	BDY	REMOVE/REPLACE	L FRT OTR DOOR BELT MOULDING	ORDER FROM DEALER		122.00		INC	#
78	001335	BDY	REMOVE/INSTALL	R FRT OTR DOOR HANDLE					0.3	
				Front Door						
S2 79	001376	BDY	REMOVE/REPLACE	L FRT DOOR WEATHERSTRIP	1Q0 837 701 A		90.00		INC	
				Convertible Top						
S3 80	001394	BDY	REMOVE/REPLACE	CONV TOP ASSEMBLY	1Q0 871 030	041	5,999.99		INC	*
S3 81		REF	REFINISH	TOP ASSY COMPLETE				C	3.5	
				QUARTER PANEL						
82	002011	REF	BLEND	L QUARTER PANEL OUTSIDE				C	0.9	
				REAR LAMPS						
83	002044	BDY	REMOVE/INSTALL	L REAR COMBINATION LAMP					0.3	
				REAR BUMPER						
84	002053	BDY	REMOVE/INSTALL	REAR BUMPER COVER					0.8	*#
85				Drop Lft Side						
				ADDITIONAL COSTS & MATERIALS						
S1 86	936001		ADD'L COST	TOWING			571.80	*		

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S1 87				TOW TO MOSS POINT AND CHARGES TO IAA-AUCTION YARD						
				ADDITIONAL OPERATIONS						
88		REF	ADD'L OPR	CLEAR COAT					4.7	
				Additional Costs & Materials						
89			ADD'L COST	Paint/Materials			600.00	*		
90	900500	MCH*	REMOVE/REPLACE	MOUNT & BALANCE PER TIRE REPLACED	Sublet		15.00	*	0.0	*
				MANUAL ENTRIES						
91	900500	FRM*	ADD'L LABOR OP	SET UP MEASURE FRAME / UNIBODY	Existing				2.0	*
92	900500	FRM*	REPAIR	FRAME/UNIBODY REPAIR	Existing				4.5	*
93	900500	FRM*	REPAIR	STRUCTURAL PULL	Existing				1.0	*
94				Lft Upper Rail						
S1 95	900500	BDY*	REMOVE/REPLACE	LEFT FRONT TIRE	23540R18 95H		179.89	*	0.0	*
96				BETTERMENT/DEPRICEATION BASED ON						

97			AMOUNT OF TREAD WORN				
98			CURRENT TREAD DEPTH: 5/32				
99			TREAD DEPTH NEW: 11/32				
S1 100			PIRELLI P6 FOUR SEASONS-SHANE-BAY CITY TIRES-				
S1 101			476-3163				
102		BETTERMENT-P	LEFT FRONT TIRE %55.00		98.94		
103	900500 BDY*	REPAIR	BUFF LFT FRT DOOR GLASS	Existing		0.5 *	
S1 104	900500 BDY*	REMOVE/REPLACE	4 WHEEL ALIGNMENT	Sublet	69.95 *	0.0 *	
S2 105	900500 MCH*	ADD'L LABOR OP	REPAIRING ALL WIRING- INVOICES OBTAINED	Sublet	729.00 *	0.0 *	
S2 106			AUTOMOTIVE WIRING AND REPAIR- 2 INVOICES				
S2 107	900500 BDY*	REMOVE/REPLACE	APRON MEMBER	1Q0809145	180.00 *	2.0 *	
S2 108	900500 MCH*	REMOVE/REPLACE	AIRBAG SENSOR	1Q095961	110.00 *	0.3 *	
S2 109	900500 MCH*	REMOVE/REPLACE	SIDE MARKER SOCKET LOOM	New	51.90 *	INC *	
S2 110	900500 MCH*	REMOVE/REPLACE	HARNESS PLUG FOR AIRBAG SENSOR	New	11.90 *	INC *	
S3 111	900500 MCH*	REMOVE/REPLACE	LABOR FOR INSTALLING A/B CONTROL UNIT	Sublet	190.00 *	0.0 *	
S3 112	900500 MCH*	ADD'L LABOR OP	LABOR TO INSTALL TOP- DEAN MCCRARY	Sublet	1,634.00 *	0.0 *	
S3 113			17.2 HRS @ $95/HR				

* - Judgement Item
\# - Labor Note Applies
** Non-OEM - Non-Original Equipment Manufacturer Replacement Part
C - Included in Clear Coat / Three Stage Calc

KEYSTONE AUTOMOTIVE
5235 KOOIMAN RD.

THEODORE
AL 36619
(251) 653-1942; (800) 421-5709

SAFELITE R&C COUNTY (A)
PRICING TYPE A

COLUMBUS
OH 43235
(800) 868-3322

22 ** VW2592114 76.00 62 ** FW02679GTY 436.36

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
Body	51.9	43.00	0.00	0.00	2,231.70
Refinish	29.0	43.00	0.00	0.00	1,247.00
Glass	3.2	0.00	0.00	0.00	0.00
Frame	7.5	48.00	0.00	0.00	360.00
Mechanical	6.2	50.00	0.00	2,363.00	2,673.00
	Non-Taxable Labor				6,511.70
Labor Summary	97.8				6,511.70

II. Part Replacement Summary	Amount
Taxable Parts	15,664.34
Sales Tax @ 9.000%	1,409.79
Non-Taxable Parts	259.95
Total Replacement Parts Amount	17,334.08

III. Additional Costs	Amount
Non-Taxable Costs	1,171.80
Total Additional Costs	1,171.80

Paint Material Method: Rates
Init Rate = 30.00

IV. Adjustments	Amount
Betterment	98.94-
Insurance Deductible	500.00-
Customer Responsibility	598.94-

I. Total Labor:	6,511.70
II. Total Replacement Parts:	17,334.08
III. Total Additional Costs:	1,171.80
Gross Total:	25,017.58
IV. Total Adjustments:	598.94-
Net Total:	24,418.64
Less Original Net Total:	10,389.31
Net Supplement Amount:	
S1: Lee McBride 251-654-5858	
S2: Lee McBride 251-654-5858	
S3: Lee McBride 251-654-5858	9,081.98

Repair Costs

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. THE AFTERMARKET CRASH PARTS USED IN THE PREPARATION OF THIS ESTIMATE ARE WARRANTED BY THE MANUFACTURER OR DISTRIBUTOR OF SUCH PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

ESTIMATE RECALL NUMBER: 3/2/2010 15:38:20 10-5306615-01

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Point(s) of Impact

11 Left Front Corner (P)

THIS IS A DAMAGE ASSESSMENT ONLY--NOT AN AUTHORIZATION TO REPAIR
-BASED ON DAMAGE VISIBLE OR CERTAIN AT THE TIME IT WAS WRITTEN.

IF FRAME OR UNIBODY REPAIR IS INCLUDED ON THIS ESTIMATE, THE
AMOUNTSHOWN INCLUDES TIME OR ALLOWANCE FOR MEASURING BEFORE, DURING
ANDAFTER THOSE REPAIRS.

THE OWNER OF THE VEHICLE MAY SELECT THE REPAIR FACILITY OF HIS/HER
CHOICE.

TO ENSURE PROPER AND PROMPT PAYMENT FOR ADDITIONAL DAMAGE DISCOVERED
DURING THE COURSE OF REPAIRS, CONTACT PROGRESSIVE FOR SUPPLEMENT
HANDLING PROCEDURES.

REPAIR SHOP MANAGER'S/AUTHORIZED REPRESENTATIVE'S SIGNATURE INDICATING
AGREEMENT ON COST OF REPAIRS, TOWING/STORAGE CHARGES, AND TO COMPLETE
ALL LISTED REPAIRS: _____

AGREED DELIVERY DATE: _____

Date: 4/29/2010 03:27 PM
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LIFETIME GUARANTEE FOR SHEET METAL AND PLASTIC BODY PARTS

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641.

This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

THIS GUARANTEE DOES NOT COVER NORMAL WEAR AND TEAR OR DAMAGE CAUSED BY IMPROPER MAINTENANCE, NEGLECT, ABUSE OR SUBSEQUENT ACCIDENT.

THIS GUARANTEE IS LIMITED TO ARRANGING FOR THE SELECTION OF REPAIR PARTS THAT WILL RETURN YOUR VEHICLE TO ITS PRE-LOSS CONDITION. ACCORDINGLY, PROGRESSIVE WILL NOT BE LIABLE FOR ANY INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES THAT RESULT FROM THE INSTALLATION OR USE OF THESE PARTS.

Part Type Terms and Abbreviations

NEW and OEM or part number displayed -- These refer to a new, originalequipment manufacturer part.
NON-OEM and A/M and QUAL REPL -- These refer to an after-market part, which is a new, non-original equipment manufacturer part.

USED/RECYCLED and LKQ -- These refer to a used OEM part.
REMANUFACTURED and RECOND. and RECORE -- These refer to used/recycled OEM parts that have been refurbished.

"All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep"

Event Log

File Created:	03/01/2010 11:31:03 AM
Estimate Started:	04/29/2010 03:10:48 PM
Estimate Printed:	04/29/2010 03:27:24 PM
Estimate Committed:	04/29/2010 03:36:02 PM
Estimate Uploaded:	04/29/2010 03:59:37 PM

ESTIMATE RECALL NUMBER: 3/2/2010 15:38:20 10-5306615-01
Mitchell Data Version: MAR_10_V0428 UltraMate is a Trademark of Mitchell International
MAPP:MAR_10_V0425
UltraMate Version: 7.0.018

Date: 4/29/2010 03:27 PM
Estimate ID: 10-5306615-01
Unrelated Prior Damage
Estimate Version: 3
Supplement: 3(P F) 4/29/2010 03:26:56 PM
Profile ID: mobil:all_part_types

Progressive
1116 I-65 Commerce Drive, Mobile, AL 36606
(251) 450-6140
Fax: (251) 473-6211

UNRELATED PRIOR DAMAGE

Damage Assessed By:
Caleb Ferguson
Supplemented By: Lee McBride 251-654

Appraised For:
Michael Barlow

Type of Loss: Auto
Date of Loss: 2/19/2010

Claim Number: [redacted]

Insured: [redacted]
Claimant:
Address: [redacted] OCEAN SPRINGS, MS [redacted]

Telephone: Work Phone: [redacted]
Home Phone:
Owner:
Address: [redacted] OCEAN SPRINGS, MS [redacted]
Telephone: Work Phone: [redacted]
Home Phone:

Mitchell Service: 910784

Description: 2007 Volkswagen Eos 2.0T
Body Style: 2D Conv
VIN: WVWDA71F07V[redacted]
Mileage: 41,623
OEM/ALT: A
Color: BLUE
Options: PASSENGER-FRONT AIR BAG, POWER DOOR LOCKS, POWER WINDOWS, POWER SUNROOF, ANTI-LOCK BRAKE SYS. (ABS), ALUM/ALLOY WHEELS

Vehicle Production Date: 00/00
Drive Train: 2.0L Turbo Inj 4 Cyl 6A FWD
License: [redacted]MS
Search Code: MOBILE1

Additional Equipment: AM-FM Stereo/CDPlayer(Single),Power Steering,Power Brakes,Air Conditioning,Driver-Front Air Bag,2-Door,Automatic Transmission,Special Roof,

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	900500	BDY*	ADD'L LABOR OP	INTERIOR DETAILL	Existing		1.0 *

* - Judgement Item

ESTIMATE RECALL NUMBER: 3/2/2010 15:38:20 10-5306615-01
Mitchell Data Version: MAR_10_V0428
MAPP:MAR_10_V0425
UltraMate Version: 7.0.018

Date: 4/29/2010 03:27 PM
Estimate ID: 10-5306615-01
Unrelated Prior Damage
Estimate Version: 3
Supplement: 3(P F) 4/29/2010 03:26:56 PM
Profile ID: mobil:all_part_types

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount

Body	1.0	43.00	0.00	0.00	43.00
Non-Taxable Labor					43.00
Labor Summary	1.0				43.00

Total Replacement Parts Amount 0.00

III. Additional Costs	Amount
Total Additional Costs	0.00

IV. Adjustments	Amount
Total Adjustments:	0.00

I. Total Labor:	43.00
II. Total Replacement Parts:	0.00
III. Total Additional Costs:	0.00
Gross Total:	43.00
IV. Total Adjustments:	0.00
Unrelated Damage Net Total:	43.00

Point(s) of Impact

11 Left Front Corner (P)

Profile ID: mobil:all_part_types

Part Type Terms and Abbreviations

NEW and OEM or part number displayed - These refer to a new, original equipment manufacturer part.

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USED/RECYCLED and LKQ - These refer to a used OEM part.

REMANUFACTURED and RECOND. and RECORE - These refer to used/recycled OEM parts that have been refurbished.

Progressive_s Lifetime Guarantee does not cover repairs you request the shop to make that are not related to this accident, including but not exclusive to unrelated prior damage and pre-existing damage.

Event Log

File Created:	03/01/2010 11:31:03 AM
Estimate Started:	04/29/2010 03:10:48 PM
Estimate Printed:	04/29/2010 03:27:24 PM
Estimate Committed:	04/29/2010 03:36:02 PM
Estimate Uploaded:	04/29/2010 03:59:37 PM