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	Repository
MAR 1 [illegible] 2011	☐
31-JAN-2011	Reference No. 10379714

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: KINGSTON	State: NY	Zip Code: [redacted]	Evening Telephone Number: [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
JTJBT20X150[redacted]	LEXUS	GX470	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
03/16/2005	Prestige Lexus			8	93 octane unleaded
Original Owner ☒	Dealer's City: Ramsey	State: N.J.	Zip Code: 07446		

Transmission Type			Multiple Failure:	Incident Date(s)
	☒ Antilock Brakes	Powertrain		~~30-JAN-2011~~
	☒ Cruise Control			29-JAN-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	55000	2

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			~~☒~~ Yes

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 2005 LEXUS GX470. THE CONTACT STATED THAT WHILE DRIVING AT LOW SPEEDS AND ENTERING HER GARAGE, THE VEHICLE SUDDENLY ACCELERATED TO THE BACK OF THE GARAGE. THE BRAKES WERE APPLIED BUT FAILED TO ENGAGE. THE VEHICLE HAD NOT BEEN INSPECTED NOR HAD IT BEEN REPAIRED. THE MANUFACTURER WAS CONTACTED WHO INFORMED HER THAT THEY WERE GOING TO CONTACT THEIR LAWYERS. THE FAILURE AND CURRENT MILEAGES WERE APPROXIMATELY 55,000.

PLEASE ATTACHED LETTER GIVING DETAILS OF INCIDENT

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

1) Narrative discription of incident

2) Copies of Police report

Evaluation of structure damage from Fire Department

Photographs of car and damage to rear garage wall

Estimate for damage to car

Estimate for damage to house

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Think your vehicle has a safety defect?

If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236

NHTSA
www.nhtsa.gov

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

Subject: Sudden acceleration of Lexus GX 2005

On 1/29/11 at 5:30pm my husband and I were entering our garage in our 2005 Lexus 470 GX. He slowed down to move around a garbage pail in the garage. At that moment the car suddenly accelerated hit a storage shelf and then crashed through the rear wall of the garage. The speed of the car caused it to go over the foundation lip of the rear wall.(foundation lip is 15 inches high) Fortunately that is what stopped the car going further at this high speed thus saving our lives. He tried to apply the brakes during the acceleration but it did not stop the car. The whole thing happened in seconds. A moment after the impact the house alarm went off thus summoning the police and fire department. They arrived in minutes. It was with great difficulty that the car was extricated off the lip of the foundation.

We are writing to you to really find out what caused this sudden acceleration so the facts can be found and hopefully will prevent further episodes. It will also warn other car owners. We contacted our insurance companies and all they are interested in is covering the loss. They wanted to tow the car to a small local car repair shop. I do not believe they have the expertise and technology to find out what happened. You have the technical expertise and we hope you will help investigate the cause of the incident. We also contacted our Lexus dealer and their answer was they would contact the legal department at Lexus. Their only suggestion was it could be a double floor mat , which was not present in the car.

Please consider this a very serious and urgent matter which should be persued by an independent investigator. I am not interested in compensation or any penalty etc. I just want to know the facts so others can be saved from similar accidents. As far as I am concerned I am not going to drive this particular car even if it is repaired until this problem is detected and solved. I do not want to see anyone else driving this car even after it is repaired. My conscience will not allow the sale of the car to anyone else. We were very fortunate to escape serious injuries and even death because the car rode over the foundation lip and could not go further. The next victim may not be so fortunate.

Respectfully submitted,

[redacted]

Office address: [redacted] Kingston,NY [redacted]
Phone: [redacted] fax [redacted]
Home address: [redacted] Kingston,NY [redacted] (site of incident)
Home phone [redacted]


LIP OF
FOUNDATION
THAT TIRE
WENT OVER

Page 1 of 2 Pages

Local Codes: 2011-92 / SLK111000210

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

☐ AMENDED REPORT

19 41

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☒ No
1	29	2011	Saturday	17:32	1	0	0			20 4

VEHICLE 1

VEHICLE 1 - Driver License ID Number [redacted]	State of Lic. NY
Driver Name - exactly as printed on license [redacted]	
Address (Include Number and Street) [redacted]	Apt. No.
City or Town KINGSTON	State NY Zip Code [redacted]
Date of Birth Month Day Year [redacted]	Sex M / Unlicensed ☐ / No. of Occupants 01 / Public Property Damaged ☐
Name - exactly as printed on registration [redacted]	Sex M / Date of Birth Month Day Year [redacted]
Address (Include Number and Street) [redacted]	Apt. No. / Haz. Mat. Code – / Released ☐
City or Town KINGSTON	State NY Zip Code [redacted]
Plate Number [redacted]	State of Reg. NY / Vehicle Year & Make 2005 LEXS / Vehicle Type SUBN / Ins. Code 226
Ticket/Arrest Number(s)	
Violation Section(s)	

VEHICLE 2

☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number	State of Lic.
Driver Name - exactly as printed on license	
Address (Include Number and Street)	Apt. No.
City or Town	State Zip Code
Date of Birth Month Day Year	Sex / Unlicensed ☐ / No. of Occupants / Public Property Damaged ☐
Name - exactly as printed on registration	Sex / Date of Birth Month Day Year
Address (Include Number and Street)	Apt. No. / Haz. Mat. Code / Released ☐
City or Town	State Zip Code
Plate Number	State of Reg. / Vehicle Year & Make / Vehicle Type / Ins. Code
Ticket/Arrest Number(s)	
Violation Section(s)	

21 22 23 1 24

6 1 — VEHICLE 1: Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	1	2
	2	2
Enter up to three more damage codes	3	4	5
	1	3	

Vehicle Bv: PARAMOUNT
Towed: To: PARAMOUNT

7 X — VEHICLE 2: Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

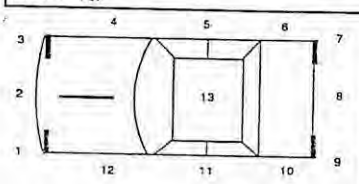
	1	2
	3	4	5

Vehicle Bv:
Towed: To:

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



25 20

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1.	Left Turn 3.	Right Angle	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left Turn 0.	4.	Right Turn 6.	Sideswipe (opposite direction) 8.

26

ACCIDENT DIAGRAM

See the last page of the MV-104A for the accident diagram.

9.

27 2

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to determine ☒ Yes ☐ No

28 16

Reference Marker	Coordinates (if available)
	Lattitude/Northing:
	Longitude/Easting:

Place Where Accident Occurred:

County ULSTER ☒ City ☐ Village ☐ Town of KINGSTON

Road on which accident occurred [redacted] (Route Number or Street Name)

at 1) intersecting street AMY CT (Route Number or Street Name)

or 2) ____ feet ____ miles ☐N ☐S ☐E ☐W of ____ (Milepost, Nearest intersecting Route Number or Street Name)

29 10

Accident Description/Officer's notes

V1 OPERATOR WAS ATTEMPTING TO PARK V1 INSIDE THE GARAGE OF HIS RESIDENCE WHEN HE STATES THA[redacted] HE HIT THE BRAKE PEDAL AND THE ACCELERATOR OF V1 STUCK AND V1 WHEN THROUGH THE GARAGE WALL OF [redacted] PROPERTY DAMAGE BY VEHICLE #01 - GARAGE WALL OF [redacted] KINGSTON NY [redacted]

USE COVER SHEET N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	4	1	75	M	–	–	–			[redacted]	
B													
C													
D													
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
PTL	209	05501		111	Strand, Kirk V	2/1/2011 00:53
Print Name in Full: Nicholas Kozack						

Local Codes
2011-92
SLK111000210

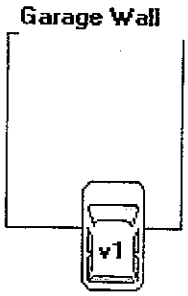
New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

☐ AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐	Left Scene	Police Photos
Month	Day	Year						Accident Reconstructed ☐		
1	29	2011	Saturday	17:32	1	0	0		☐	☐ Yes ☒ No



Kingston Fire Department - Incident Report

Incident No:	Exp	Mo.	Day	Yr.	Day of Week	Shift	District	Kingston Fire 56052
01-0485		1	29	11	SAT	3	2	

Alarm Time	Time Out:	Arrival Time:	Call Cleared:	Ambulance Called:	Responding:	Arrival:
1745	1745	1754	1903			

ident Address (street) [redacted]	Room or Apartment:	Personnel: 2	Haz Mat Class: Amount:
.ccupant Name: (Last, First)	Census Track	Engines: 1	Is Juvenile Involved In Ignition?
Owner Name (Last, First)	Mutual Aid	Aerials:	
Owner Address (Street, City, State, Zip)	1 Received ◯ 2 Given	Rescues: / Other:	1 YES ◯ 2 NO
2nd Alarm / 3rd Alarm / 4th Alarm	Alarm	Alarm	

Received From: 911	Ignition Factor: ◯
Situation Given: EVALUATE STRUCTURE - CAR DRIVE THRU	Number Incident Injuries: FIRE: CIVILIAN:
Location Given: [redacted]	Number Incident Fatalities FIRE: CIVILIAN:

.e Police:	Called:_____	Arrival:_____	D.P.W.:	Called:_____	Arrival:_____
..nief:	Called:_____	Arrival:_____	Water:	Called:_____	Arrival:_____
Police:	Called:_____	Arrival:_____	Bldg/Safety:	Called:_____	Arrival:_____
Central Hudson:	Called:_____	Arrival:_____	Other:	Called:_____	Arrival:_____

APPARATUS	RESPONDING	ARRIVAL	IN SERVICE	RELEASED	MANPOWER		EMS
Engine 1							
Engine 2	1745	1754	1820	1903	2		2
Engine 3							
Engine 9							
Rescue 1							
Truck 1							
..r 3							
Car 9							
Engine 5							
Engine 6							
Engine 8							
Salvage							
Marine 1							
HazMat 1							
HazMat Trlr							
Mechanic Trk							

Method of Alarm From Public:	Type of Situation Found:	Type of Action Taken:
7	500	80

Insurance: _____

Code: _____

Company: _____

KINGSTON FIRE DEPARTMENT
COMPANY # 2

FC#:010485
Telephone call for a vehicle through a garage at [redacted] On arrival of Engine .#2 found a 2005 Lexus Gx Lic #[redacted] collided with the rear wall of the garage, the "C" side of the structure. Personnel observed that the gable end of the garage was affected. The wall was found to be non load bering.

Dame ge: Two 2X6 studs and part of a third stud were pushed off of the bottom plate.Two exterior windows were damaged. Paramount Towing service pulled the vehicle back into the garage. A local contractor was contacted and will make re[pairs on 1/30/11. The incident was refered to Building Safety for followup.

Vehicle owner: [redacted]

Officer In Charge of Shift

Dispatcher

CAPT. Allen
On Scene Officer in Charge

DON'S AUTOBODY
Complete Collision Repair Center
105 CORNELL ST, KINGSTON, NY 12401
Phone: (845) 334-9500
Fax: (845) 339-5636

Federal ID: 141866664
State ID: 7095084

Estimate of Record

Customer: [redacted]

Written By: DON SHULTIS, IA#1140380, 3/3/2011 11:56:20 AM

Insured: [redacted]
Type of Loss: Collision
Point of Impact: 12 Front

Policy #: [redacted]
Date of Loss: 2/4/2011 12:00:00 AM

Claim #: [redacted]
Days to Repair: 0

Owner:
[redacted]
KINGSTON, NY [redacted]
[redacted] Business
Other

Inspection Location:
DON'S AUTOBODY
105 CORNELL ST
KINGSTON, NY 12401
Repair Facility
(845) 334-9500 Day

Insurance Company:
INNOVATION-MAIN STREET
INNOVATION AUTO
5350 KEYSTONE CT.
ROLLING MEADOWS, IL 60008
(847) 368-3738 Business

VEHICLE

Year:	2005	Body Style:	4D UTV	VIN:	JTJBT20X150[redacted]	Mileage In:	
Make:	LEXU	Engine:	8-4.7L-FI	License:	[redacted]	Mileage Out:	
Model:	GX470 4X4	Production Date:		State:	NY	Vehicle Out:	
Color:	GOLD Int: TAN	Condition:	Good	Job #:			

4 Wheel Disc Brakes	Cruise Control	Luggage/Roof Rack	Rear Defogger
4 Wheel Drive	Driver Air Bag	Memory Package	Rear Step Bumper
Air Conditioning	Dual Mirrors	Overdrive	Rear Window Wiper
Alarm	Electric Glass Sunroof	Overhead Console	Running Boards/Side Steps
Aluminum/Alloy Wheels	FM Radio	Passenger Air Bag	Search/Seek
AM Radio	Fog Lamps	Positraction	Stability Control
Anti-Lock Brakes (4)	Front Side Impact Air Bags	Power Brakes	Steering Wheel Controls
Automatic Transmission	Head/Curtain Air Bags	Power Driver Seat	Stereo
Bucket Seats	Heated Mirrors	Power Locks	Telescopic Wheel
Cassette	Heated Seats	Power Mirrors	Tilt Wheel
CD Changer/Stacker	Intermittent Wipers	Power Passenger Seat	Tinted Glass
Clear Coat Paint	Keyless Entry	Power Steering	Traction Control
Console/Storage	Leather Seats	Power Windows	

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Estimate of Record

Customer: [redacted]

	Line		Operation	Description	Qty	Extended Price $	Labor	Paint
	1			INFORMATION LABELS				
	2			Rpl information labels			0.3	
	3		Repl	Info label vacuum hose routing	1	0.83	Incl.	
	4		Repl	Info label belt routing	1	2.43	Incl.	
	5		Repl	Emission label all	1	1.24	Incl.	
	6		Repl	AC label w/o rear AC	1	3.21	Incl.	
	7			FRONT BUMPER				
	8			O/H front bumper			2.3	
	9		Repl	Bumper cover	1	350.44	Incl.	2.6
	10			Add for Clear Coat				1.0
	11		Repl	LT End support	1	68.86	Incl.	
	12		Repl	LT Bracket	1	31.67	Incl.	
	13	*	Rpr	Impact bar			1.0	
	14			GRILLE				
N	15		Repl	Grille assy	1	262.67	0.4	
	16			RADIATOR SUPPORT				
	17	*	Rpr	LT Side panel			1.0	0.5
	18		Repl	Cover	1	133.50	0.3	
	19		Repl	Splash shield engine, front w/Kinetic susp.	1	302.26	0.3	
	20		Repl	Splash shield engine, front engine, rear	1	151.73	0.3	
	21		Repl	Splash shield transmission	1	51.27	0.3	
	22			FRONT LAMPS				
	23		Repl	LT Headlamp assy w/o Sport package	1	460.05	Incl.	
	24			Aim headlamps			0.5	
	25		R&I	RT Headlamp assy w/o Sport package			0.4	
N	26	*	Rpr	RT Headlamp assy w/o Sport package			0.5	
	27		Repl	RT Fog lamp w/o Sport package	1	275.88	Incl.	
	28		Repl	LT Fog lamp w/o Sport package	1	275.88	Incl.	
	29			AIR CONDITIONER & HEATER				
	30		Repl	Shroud assy	1	83.00 m	1.1 M	
	31		R&I	Fan assy		m	0.7 M	
	32			HOOD				
	33		Repl	Hood	1	586.16	1.0	3.2
	34			Add for Underside(Complete)				1.6

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105 CORNELL ST, KINGSTON, NY 12401
Phone: (845) 334-9500
Fax: (845) 339-5635

Federal ID: 141866664
State ID: 7095084

Estimate of Record

Customer: [redacted]

	35		R&I	Insulator				Incl.	
	36		Repl	Lever	1	34.21			
	37			WINDSHIELD					
	38		R&I	RT Nozzle				Incl.	
	39		R&I	LT Nozzle				Incl.	
	40		Repl	RT Wiper blade	1	27.58		0.1	
	41	#	Rpr	Wiring to w/s washer bottle				0.5	
	42			FENDER					
	43		Repl	LT Fender	1	413.03		2.0	2.2
	44			Overlap Major Adj. Panel					-0.4
	45			Add for Edging					0.5
	46			Deduct for Overlap				-0.4	
	47		R&I	RT Side seal				0.1	
	48	*	Rpr	RT Fender				1.0	2.2
	49			Overlap Major Adj. Panel					-0.4
	50		R&I	LT Side seal				0.1	
	51	*	Rpr	RT Flare beige				1.5	1.0
	52		Repl	LT Flare beige	1	480.11		Incl.	1.0
	53		R&I	RT Flare beige				0.8	
	54		Repl	LT Fender brace	1	14.40			
	55			FRAME					
	56	*	Rpr	Crossmember #3				2.0 F	
	57	*	Repl	LT Bracket #3 crossmember	1	97.69		0.3 F	
	58			EXHAUST SYSTEM					
	59		Repl	Cross over pipe seal	1	9.32			
	60		Repl	Cross over pipe	1	1,079.25	m	0.8 M	
	61		Repl	Converter & pipe gasket	1	9.89			
	62		Repl	Muffler & pipe seal	1	25.41			
	63			FRONT SUSPENSION					
	64		Repl	Align front wheels	1		m	1.3 M	
	65		Repl	Check rear alignment	1		m	0.5 M	
	66			ROOF					
	67	*	Rpr	RT Roof rail outer				0.5	1.0
	68			Overlap Major Adj. Panel					0.4
N	69	*	Rpr	Roof panel w/Lexus Link				4.0	2.8
	70			Overlap Major Adj. Panel					-0.4

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Estimate of Record

Customer: [redacted]

	71		R&I	RT Drip molding front			0.2		
	72		R&I	LT Drip molding front			0.2		
	73	*	R&I	RT Joint			0.1		
	74	*	R&I	LT Joint			0.1		
	75	*	Rpr	RT End cover front, w/o Sport package champagne			0.3		0.3
	76	*	Rpr	LT End cover front, w/o Sport package champagne			0.3		0.3
	77		R&I	RT Side rail w/o Sport package beige			0.3		
	78		R&I	LT Side rail w/o Sport package beige			0.3		
N	79	*	Rpr	LT Roof rail outer			0.5		
	80			PILLARS, ROCKER & FLOOR					
	81		Repl	LT Panel cover champagne	1	585.50	0.5		0.8
	82	*	R&I	LT Step plate			0.3		
	83		R&I	LT R&I running board complete			0.5		
	84		R&I	RT R&I running board complete			0.5		
	85	*	Rpr	RT Step panel			3.0		
	86	*	Rpr	LT Step panel bracket front			0.5		
	87	*	Rpr	LT Step panel bracket center			0.5		
	88			FRONT DOOR					
	89	*	Rpr	RT Mirror assy champagne			0.5		
	90		R&I	LT Lower cladding champagne			0.5		
N	91	*	Rpr	LT Door shell			2.0		2.2
	92			Overlap Major Adj. Panel					-0.4
	93			Add for Edging					0.5
	94	*	Rpr	LT Lower cladding champagne			0.5		1.2
	95	*	R&I	LT Molding			0.2		
	96	*	R&I	LT Lower molding champagne			0.3		
	97		Blnd	LT Lower molding champagne					0.2
	98		R&I	LT Belt w'strip			0.3		
	99		R&I	LT Mirror assy champagne			0.4		
	100	*	Rpr	LT Mirror assy champagne			0.5		0.7
	101			Clear Coat					2.5
	102		R&I	LT Handle, outside champagne			0.4		
	103		R&I	LT R&I trim panel			0.5		
	104			TRANSMISSION					
	105		Repl	Trans pan	1	108.43 m	1.8 M		

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Fax: (845) 339-5636

Federal ID: 141866664
State ID: 7095084

Estimate of Record

Customer: [redacted]

106		Repl	Trans pan gasket	1	21.41		
107			MISCELLANEOUS OPERATIONS				
108	*	Repl	Cover car/bag	1	5.00	0.2	
109	#		Hazardous Waste Disposal	1	4.00		
110	#		Mask Jambs and Openings	1		0.5	
111	#		Car cover (for primer)	1	5.00	0.2	
112	#		Tint Color	1			0.5
113	#		Restore Rust Inhibitor	1	12.00	0.2	
114	#		Corrosion Resistant Primer	1	12.00		
115	#		Finish Sand and Buff	1		1.5	
116	#		Flexative	1	12.00		
117	#		Flex prep (raw plastic)	1	26.95	0.5	
118			OTHER CHARGES				
119	#		Towing	1	95.00		
			SUBTOTALS		**6,119.26**	**44.6**	**26.8**

NOTES

Line 15: Aftermarket not cost effective,emblem not included.
Line 26: Buff scratches.
Line 69: Partial Refinish.
Line 79: Buff scratches.
Line 91: Includes Repair outside, inside and re-alignment

DON'S AUTOBODY
Complete Collision Repair Center
105 CORNELL ST, KINGSTON, NY 12401
Phone: (845) 334-9500
Fax: (845) 339-5636

Federal ID: 141866664
State ID: 7095084

Estimate of Record

Customer: [redacted]

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				6,024.26
Body Labor	36.1 hrs	@	$ 52.00 /hr	1,877.20
Paint Labor	26.8 hrs	@	$ 52.00 /hr	1,393.60
Mechanical Labor	6.2 hrs	@	$ 65.00 /hr	403.00
Frame Labor	2.3 hrs	@	$ 56.00 /hr	128.80
Paint Supplies	28.5 hrs	@	$ 28.00 /hr	798.00
Other Charges				95.00
Subtotal				10,719.86
Sales Tax	$ 10,719.86	@	8.0000 %	857.59
Grand Total				**11,577.45**
Deductible				500.00
CUSTOMER PAY				**500.00**
INSURANCE PAY				**11,077.45**

Not responsible for any personal items left in vehicle. I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate the above vehicle for the purpose of testing, inspection or delivery at my risk. An express mechanic's lein is acknowledged on the above vehicle to secure the amount of repairs. You will not be held responsible for loss or damage to vehicle or property left in vehicle in case of fire, theft, accident or any other cause beyond your control. Storage will be charged 48 hours after repairs are completed. In the event legal action is necessary to enforce this contract, I will pay reasonable attorney's fees and court costs. In the event of a supplement, I hereby authorize direction of payment to Don's Autobody.

Signed_____

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New York Regional Claims Office

333 Glen Street
Glens Falls, New York 12801
Phone: (800) 262-1145
Fax: (800) 262-1145

Home: [redacted]

Insured: [redacted]
Property: Kingston, NY [redacted]
Home: [redacted]
Kingston, NY [redacted]

Claim Rep.: Greg Iberger
Business: P.O. Box 44
Guilderland, NY 12084

Business: (518) 356-4768
Fax: (866) 409-1697
E-mail: Greg.Iberger@encompassins.com

Business: (518) 356-4768

Estimator: Greg Iberger
Business: P.O. Box 44
Guilderland, NY 12084

Claim Number: [redacted] **Policy Number:** [redacted] **Type of Loss:** All Other Perils

Date Contacted: 1/31/2011 12:22 PM
Date of Loss: 1/29/2011 6:30 PM
Date Inspected: 2/10/2011 12:22 PM

Date Received: 1/31/2011
Date Entered: 1/31/2011 5:41 PM

Price List: NYWP7X_JAN11
Restoration/Service/Remodel
Estimate: [redacted]

Encompass is dedicated to providing you with outstanding service throughout the claim-handling process. If you have any questions regarding this estimate, or if there are differences with the estimate provided by your repairperson of choice, or if additional damage is found during the repair process, please contact us at (518) 356-4768.
Thank you,
Greg Iberger

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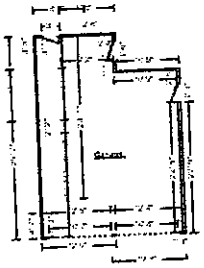
Glens Falls, New York 12801
Phone: (800) 262-1145
Fax: (800) 262-1145

[redacted]_AND_[redacted]

Main Level

Main Level

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
1. R&R Sheathing - waferboard - 1/2"	288.00 SF	1.31	377.28	(0.00)	377.28
2. 2" x 6" x 14' #2 & better Fir / Larch (material only)	3.00 EA	7.32	21.96	(0.00)	21.96
3. 2" x 6" x 12' #2 & better Fir / Larch (material only)	23.00 EA	6.27	144.21	(0.00)	144.21
4. 2" x 6" x 8' #2 & better Fir / Larch (material only)	12.00 EA	4.16	49.92	(0.00)	49.92
5. R&R Labor to frame 2" x 6" non-bearing wall - 16" oc	312.17 SF	1.77	552.54	(0.00)	552.54
21. Temporary shoring post - Screw jack (per day)	14.00 DA	29.57	413.98	(0.00)	413.98
Total: Main Level			**1,559.89**	**0.00**	**1,559.89**



Garage **Height: 11' 6"**

1096.98 SF Walls
1855.10 SF Walls & Ceiling
84.24 SY Flooring
117.00 LF Ceil. Perimeter

758.13 SF Ceiling
758.13 SF Floor
86.04 LF Floor Perimeter

Missing Wall:	**1 -**	**2' 2" X 4' 3"**	**Opens into Exterior**	**Goes to neither Floor/Ceiling**
Missing Wall:	**1 -**	**2' 2" X 4' 3"**	**Opens into Exterior**	**Goes to neither Floor/Ceiling**
Missing Wall:	**1 -**	**2' 2" X 4' 3"**	**Opens into Exterior**	**Goes to neither Floor/Ceiling**
Missing Wall:	**1 -**	**10' 7 1/2" X 6' 8"**	**Opens into Exterior**	**Goes to Floor**
Missing Wall:	**1 -**	**10' 7" X 6' 8"**	**Opens into Exterior**	**Goes to Floor**
Missing Wall:	**1 -**	**3' 3" X 7'**	**Opens into Exterior**	**Goes to Floor**
Missing Wall:	**1 -**	**3' 6" X 7'**	**Opens into Exterior**	**Goes to Floor**
Missing Wall:	**1 -**	**3' X 7'**	**Opens into Exterior**	**Goes to Floor**
Missing Wall:	**1 -**	**2' 6" X 4' 6"**	**Opens into Exterior**	**Goes to neither Floor/Ceiling**

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
6. Seal then paint the walls and ceiling (2 coats) - 2 colors	1,855.10 SF	0.83	1,539.73	(513.24)	1,026.49
7. Floor protection - heavy paper and tape	758.13 SF	0.32	242.60	(0.00)	242.60
8. R&R 5/8" drywall - hung & fire taped only	153.00 SF	1.60	244.80	(6.48)	238.32

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Fax: (800) 262-1145

CONTINUED - Garage

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
9. Overhead (garage) door opener - Detach & reset	2.00 EA	131.04	262.08	(0.00)	262.08
10. R&R Batt insulation - 6" - R19	282.75 SF	1.36	384.54	(10.08)	374.46
11. R&R Exterior door - metal - insulated - flush or panel style	1.00 EA	267.96	267.96	(12.24)	255.72
12. R&R Vinyl window - casement, 9-13 sf	1.00 EA	320.93	320.93	(50.50)	270.43
13. R&R Casing - 2 1/4"	32.00 LF	2.21	70.72	(1.93)	68.79
14. Paint casing - two coats	32.00 LF	1.13	36.16	(12.05)	24.11
15. R&R Siding - vinyl - Premium grade	282.00 SF	3.78	1,065.96	(96.73)	969.23
18. Detach & Reset Smoke detector	1.00 EA	47.85	47.85	(0.00)	47.85
20. Detach & Reset Door lockset - exterior	1.00 EA	20.02	20.02	(0.00)	20.02
19. R&R Vapor barrier - visqueen - 6mil	282.00 SF	0.32	90.24	(2.44)	87.80
Totals: Garage			**4,593.59**	**705.69**	**3,887.90**
Total: Main Level			**6,153.48**	**705.69**	**5,447.79**
Line Item Totals: [redacted] AND [redacted]			**6,153.48**	**705.69**	**5,447.79**

Grand Total Areas:

1,096.98	SF Walls	758.13	SF Ceiling	1,855.10	SF Walls and Ceiling
758.13	SF Floor	84.24	SY Flooring	86.04	LF Floor Perimeter
0.00	SF Long Wall	0.00	SF Short Wall	117.00	LF Ceil. Perimeter
758.13	Floor Area	797.57	Total Area	1,096.98	Interior Wall Area
1,247.31	Exterior Wall Area	119.67	Exterior Perimeter of Walls		
0.00	Surface Area	0.00	Number of Squares	0.00	Total Perimeter Length
0.00	Total Ridge Length	0.00	Total Hip Length		

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Summary for BLDG - Aggregate Limit

Line Item Total				6,153.48
Overhead	@	10.0% x	6,153.48	615.35
Profit	@	10.0% x	6,153.48	615.35
Total Tax(Rep-Maint)	@	8.000% x	7,384.18	590.73
Replacement Cost Value				**$7,974.91**
Less Depreciation				(914.58)
Actual Cash Value				**$6,060.33**
Less Deductible				(1,000.00)
Net Claim				**$6,060.33**
Total Recoverable Depreciation				914.58
Net Claim if Depreciation is Recovered				**$6,974.91**

Greg Iberger

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Fax: (800) 262-1145

Recap by Room

Estimate: [redacted] AND [redacted]

Area: Main Level	**1,559.89**	**25.35%**
Garage	**4,593.59**	**74.65%**
Area Subtotal: Main Level	**6,153.48**	**100.00%**
Subtotal of Areas	**6,153.48**	**100.00%**
Total	**6,153.48**	**100.00%**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

[redacted]
Kingston,NY [redacted]

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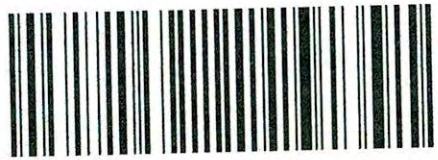

7010 1870 0001 2929 9761

TO: US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE
Washington, DC 20077-9382

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