DEC 17 2014

Form Approved: O.M.B. No. 2127-0008

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 ☐ |
|---|---|
| 20-OCT-2014 | Reference No. 10648898 |

## OWNER INFORMATION (Type or Print)

| Name | | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | | | |
| City REDONDO BEACH | State CA | Zip Code | Evening Telephone Number |

*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 |
|---|---|---|---|
| 1FTSW21P26E | FORD | F-250 | 2006 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| 4/2008 | Huntington Beach Ford (714)842-6611 | | | No: Cylinders | |
| Original Owner ☐ | Dealer's City | State | Zip Code | | |

| Transmission Type | ☐ Antilock Brakes ☐ Cruise Control | Powertrain | Multiple Failure: | Incident Date(s) 05-OCT-2014 |
|---|---|---|---|---|

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

| Vehicle Component Codes: 190000 TIRES, 190000 TIRES | Failure Mileage 65000 | Failure Speed 55 |
|---|---|---|

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

| Tire Make | Tire Model (Name or Number) | Tire Size (Example P215/65R15) |
|---|---|---|
| CONTINENTAL | CONTITRAC TR | LT275/70R18 |
| DOT No. (Example: DOTMAL9ABC036) P515 46XB | ☒ Original Equipment ☐ Prior Repair | Failure Location: DRIVER SIDE REAR |
| Tire Component Code 190000 TIRES | | Tire Failure Type: BLOWOUT |

## 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 | | | N |

**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 2006 FORD F-250 EQUIPPED WITH CONTINENTAL CONTITRAC TR TIRES, SIZES LT275/70R/ 18, DOT NUMBER P515 46XB. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 55 MPH, THERE WAS VIBRATION AND THE LEFT REAR TIRE BLEW OUT. ALSO, THE CONTACT EXHIBITED TIRE SEPARATION. THE TIRE HAD NOT BEEN REPLACED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 65,000.

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

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

1200 New Jersey Avenue SE West Bldg.
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 Chief
Correspondence Research Division, Office of Defects Investigation Enforcement

NHTSA
www.nhtsa.gov

copy of letter sent to Continental

December 7, 2014

Continental Tire the Americas, LLC
1950 Continental Blvd.
Charlotte, NC 28273

**Re: Recalled Tires**

On Sunday, October 5, 2014 while traveling south on the 405 freeway in Los Angeles, California the left, rear tire, a Continental Conti Trac TR, suddenly failed, causing catastrophic damages to the wheel and our truck, a Ford F250.

I purchased this vehicle (VIN 1FTSW21P26E[redacted] used from Huntington Beach Ford in June 2008 (copy of Bill of Sale attached). As part of their reconditioning, they installed this new set of tires. I was unaware of any recall since I had not been notified by Continental or Huntington Beach Ford.

I submitted a claim through my insurance company and requested repairs. It was after the repair was complete that I learned of the recall. This is why I only have one repair order. Most of the repairs were completed on October 23, 2014 and paid for by me ($500 deductible) and State Farm. However, the wheel assembly remains on back order from Ford Motor Company.

Consequently we learned that 2 of the remaining tires also fall within the recall (DOT # P55 46XB 3707 and P515 46XB 3607) and I've also paid to replace them.

I'm seeking Continental to cover as Goodwill the following items:

- The cost to replace the failed tire. Total cost = $309.62. See attachment A.
- The cost of the $500 insurance deductible. See attachment B.
- The cost to replace the 2 remaining defective tires. Total cost = $620.93. See attached Repair Order #380262. The tread depth is noted on the Repair Order.
- Total amount requested = $1430.55.

Once again I bought this truck used from a Ford dealer with original equipment fitment Continental tires and was not notified of the recall. This vehicle is used primarily to tow a trailer for recreational use with my family. Had I known of this recall, I would have immediately followed the parameters as I would not have jeopardized my family's safety. I chose to replace all of the tires with Continental Conti Trac tires again in faith that Continental Tire Company will honor this request as goodwill.

If the replacement of the failed tire is not covered as goodwill we would like the failed tire DOT P515 46XB 3607 returned at Continental's expense as promised by Barbara in the Property Damage Department.

Sincerely,

[redacted]

Cc: NHTSA

Continental TIRE

# CLAIM INFORMATION REPORT

THIS REPORT MUST BE COMPLETED IN ORDER TO PROCESS YOUR CLAIM

**CLAIM NUMBER:** [redacted]

| | | |
|---|---|---|
| SALUTATION (CIRCLE ONE) Mr. Ms. Mrs. Miss Dr. Rev. | CUSTOMER NAME (FIRST, MIDDLE & LAST): [redacted] | REGISTERED OWNER'S NAME (IF DIFFERENT THAN CUSTOMER) |
| ADDRESS: [redacted] | CITY, STATE & ZIP: Redondo Beach, CA [redacted] | |
| CUSTOMER PHONE NUMBER: [redacted] | INSURANCE AGENT & PHONE NUMBER: Gary Willhite 310-376-3360 | |
| INSURANCE COMPANY: State Farm | ADDRESS: 300 N. Harbor Dr. Ste 101 Redondo Bch, CA 90277 | POLICY NUMBER: [redacted] |
| HAVE YOU FILED A CLAIM WITH YOUR INSURANCE COMPANY? YES X NO ☐ | WHAT IS YOUR COMPREHENSIVE DEDUCTIBLE? $500 | |

## INCIDENT INFORMATION

| | | |
|---|---|---|
| DATE & TIME OF INCIDENT: 10-5-14, 4:00pm | LOCATION OF INCIDENT (EXACT LOCATION OF INCIDENT - STREET OR HIGHWAY): 405 South near 118 Freeway | CITY AND STATE WHERE INCIDENT OCCURRED: San Fernando Valley, CA |

DESCRIPTION OF INCIDENT/DAMAGE:
While driving south on the 405 freeway in Los Angeles, the tire had an immediate catastrophic failure causing damage to the left fender, wheel tailgate, bumper, and inner-fender liner.

| | | |
|---|---|---|
| WAS THE INCIDENT REPORTED TO THE POLICE? YES ☐ NO X | WERE THE POLICE AT THE SCENE? YES ☐ NO X | IS THE VEHICLE USED FOR COMMERCIAL USE, TOWING, OR HAULING? YES ☐ NO X |

PLEASE LIST ALL PASSENGERS IN VEHICLE: [redacted]

| | | |
|---|---|---|
| WAS ANYONE INJURED? YES ☐ NO X | DID THE INJURED PARTIES SEEK MEDICAL TREATMENT? YES ☐ NO ☐ | IF YES, WHO WAS INJURED? |
| ARE YOU OR ANYONE DESCRIBED ABOVE FILING AN INJURY CLAIM? YES ☐ NO X | PLEASE DESCRIBE THE NATURE OF THE INJURIES: | |

IF INJURED, WHEN AND WHERE WAS TREATMENT RECEIVED?

## VEHICLE INFORMATION

| | | | |
|---|---|---|---|
| VEHICLE MAKE: Ford | VEHICLE MODEL: F250 | OPTIONS: | YEAR: 2006 |
| VEHICLE VIN#: 1FTSW21P26E [redacted] | | MILEAGE: 68,360 | |
| APPROXIMATE COST OF VEHICLE DAMAGE: $4400 | WAS THERE ANOTHER VEHICLE INVOLVED? YES ☐ NO X | IF YES, APPROXIMATE COST OF SECOND VEHICLE DAMAGE: | |

## TIRE INFORMATION

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PLEASE CIRCLE ONE: ORIGINAL EQUIPMENT / REPLACEMENT | MFG. BRAND: Continental | | SIZE: LT275/70R18 125/122S | | TYPE: ContiTrac TR | | DOT #: P515 46 XB 3607 | |
| TIRE POSITION (PLEASE CIRCLE ONE) | RIGHT FRONT | LEFT FRONT | (LEFT REAR) | RIGHT REAR | DUALLY LEFT REAR INSIDE | DUALLY LEFT REAR OUTSIDE | DUALLY RIGHT REAR INSIDE | DUALLY RIGHT REAR OUTSIDE |
| PLEASE LIST PSI OF EACH TIRE | 65 | 65 | 65 | 65 | | | | |

[redacted]
CUSTOMER SIGNATURE

11-17-14
DATE

PDC 05
Rev.2/4/11

Copy of Bill of Sale

Dealer Number _____ Contract Number _____ R.O.S. Number _____ Stock Number [redacted]

| Buyer Name and Address (including County and Zip Code) | Co-Buyer Name and Address (including County and Zip Code) | Creditor-Seller (Name and Address) |
|---|---|---|
| [redacted]<br>REDONDO BEACH CA [redacted]<br>LOS ANGELES | | HUNTINGTON BEACH FORD<br>18255 BEACH BLVD<br>HUNTINGTON BEACH CA 92648<br>ORANGE |

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract. You agree to pay the Creditor - Seller (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis. The Truth-In-Lending Disclosures below are part of this contract.

| New Used | Year | Make and Model | Odometer | Vehicle Identification Number | Primary Use For Which Purchased |
|---|---|---|---|---|---|
| USED | 2006 | FORD TRUCK F250 LARIAT | 41018 | 1FTSW21P26E[redacted] | X personal, family or household<br>☐ business or commercial |

## FEDERAL TRUTH-IN-LENDING DISCLOSURES

| ANNUAL PERCENTAGE RATE<br>The cost of your credit as a yearly rate. | FINANCE CHARGE<br>The dollar amount the credit will cost you. | Amount Financed<br>The amount of credit provided to you or on your behalf. | Total of Payments<br>The amount you will have paid after you have made all payments as scheduled. | Total Sale Price<br>The total cost of your purchase on credit, including your down payment of $ 0.00 is |
|---|---|---|---|---|
| [redacted] % | $ [redacted] (e) | $ [redacted] | $ [redacted] | $ [redacted] (e) |

(e) means an estimate

**YOUR PAYMENT SCHEDULE WILL BE:**

| Number of Payments: | Amount of Payments: | When Payments Are Due: |
|---|---|---|
| One Payment of | N/A | N/A |
| One Payment of N/A | N/A | N/A |
| 59 Payments | [redacted] | Monthly, Beginning 07/26/2006 |
| Payments | N/A | Monthly, Beginning N/A |
| One Final Payment | [redacted] | DUE ON 06/26/2013 |

**Late Charge.** If payment is not received in full within 10 days after it is due, you will pay a late charge of 5% of the part of the payment that is late.
**Prepayment.** If you pay off all your debt early, you may be charged a minimum finance charge.
**Security Interest.** You are giving a security interest in the vehicle being purchased.
**Additional Information:** See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date, minimum finance charges, and security interest.

**ITEMIZATION OF THE AMOUNT FINANCED (Seller may keep part of the amounts paid to others.)**

1. **Total Cash Price** $ [redacted] (A)
   - A. Cash Price of Motor Vehicle and Accessories
     - 1. Cash Price Vehicle $ [redacted]
     - 2. Cash Price Accessories $ N/A
     - 3. Other (Nontaxable)
       - Describe N/A $ N/A
       - Describe N/A $ N/A
   - B. Document Preparation Fee (not a governmental fee) $ [redacted] (B)
   - C. Smog Fee Paid to Seller $ N/A (C)
   - D. (Optional) Theft Deterrent Device (to whom paid) N/A $ N/A (D)
   - E. (Optional) Theft Deterrent Device (to whom paid) N/A $ N/A (E)
   - F. (Optional) Theft Deterrent Device (to whom paid) N/A $ N/A (F)
   - G. (Optional) Surface Protection Product (to whom paid) N/A $ N/A (G)
   - H. (Optional) Surface Protection Product (to whom paid) N/A $ N/A (H)
   - I. Sales Tax (on taxable items in A through H) $ [redacted] (I)
   - J. Optional DMV Electronic Filing Fee $ N/A (J)
   - K. (Optional) Service Contract (to whom paid) N/A $ N/A (K)
   - L. (Optional) Service Contract (to whom paid) N/A $ N/A (L)
   - M. (Optional) Service Contract (to whom paid) N/A $ N/A (M)
   - N. (Optional) Service Contract (to whom paid) N/A $ N/A (N)
   - O. (Optional) Service Contract (to whom paid) N/A $ N/A (O)
   - P. Prior Credit or Lease Balance paid by Seller to N/A (see downpayment and trade-in calculation) $ N/A (P)
   - Q. (Optional) Gap Contract (to whom paid) N/A $ N/A (Q)
   - $ N/A (R)

## STATEMENT OF INSURANCE

**NOTICE.** No person is required as a condition of financing the purchase of a motor vehicle to purchase or negotiate any insurance through a particular insurance company, agent or broker. You are not required to buy any other insurance to obtain credit. Your decision to buy or not buy other insurance will not be a factor in the credit approval process.

### Vehicle Insurance

| | | Term | | Premium |
|---|---|---|---|---|
| $ N/A | Ded. Comp., Fire & Theft | N/A | Mos. $ | N/A |
| $ N/A | Ded. Collision | N/A | Mos. $ | N/A |
| Bodily Injury | $ N/A Limits | | Mos. $ | N/A |
| Property Damage | $ N/A Limits | | Mos. $ | N/A |
| Medical N/A | | | Mos. $ | N/A |
| N/A | | | Mos. $ | N/A |
| Total Vehicle Insurance Premiums | | | $ | N/A(a) |

UNLESS A CHARGE IS INCLUDED IN THIS AGREEMENT FOR PUBLIC LIABILITY OR PROPERTY DAMAGE INSURANCE, PAYMENT FOR SUCH COVERAGE IS NOT PROVIDED BY THIS AGREEMENT.

You may buy the physical damage insurance this contract requires (see back) from anyone you choose who is acceptable to us. You are not required to buy any other insurance to obtain credit.

Buyer [redacted]
Co-Buyer X N/A
Seller X

If any insurance is checked below, policies or certificates from the named insurance companies will describe the terms and conditions.

### Application for Optional Credit Insurance

☐ Credit Life: ☐ Buyer ☐ Co-Buyer ☐ Both
☒ Credit Disability (Buyer Only)

| | Term | Exp. | Premium |
|---|---|---|---|
| Credit Life | N/A Mos. | | $ N/A |
| Credit Disability | N/A Mos. | | $ N/A |
| Total Credit Insurance Premiums | | | $ N/A(b) |

Insurance Company Name N/A
Home Office Address N/A

Credit life insurance and credit disability insurance are not required to obtain credit. Your decision to buy or not buy credit life and credit disability insurance will not be a factor in the credit approval process. They will not be provided unless you sign and agree to pay the extra cost. Credit life insurance is based on your original payment schedule. This insurance may not pay all you owe on this contract if you make late payments. Credit disability insurance does not cover any increase in your payment or in the number of payments. Coverage for credit life insurance and credit disability insurance ends on the original due date for the last payment unless a different term for the insurance is shown above.

You are applying for the credit insurance marked above. Your signature below means that you agree that: (1) You are not eligible for insurance if you have reached your 65th birthday. (2) You are eligible for disability insurance only if you are working for wages or profit 30 hours a week or more on the Effective

# AutoNation

## AutoNation Ford Torrance

3111 PACIFIC COAST HIGHWAY
TORRANCE, CA 90505
PHONE (310) 784-4700
FAX (310) 784-4789
FOR PARTS QUOTE GO TO:
www.autonation.com

NO CASH REFUNDS.
SPECIAL ORDERS MUST BE PICKED UP WITHIN 30 DAYS.
NO REFUNDS ON SPECIAL ORDER AND ELECTRICAL PARTS.

**CONDITION OF SALE**

NOTICE: ALL SPECIAL ORDER PARTS CASH IN ADVANCE. STOCKING PARTS ACCEPTED FOR RETURN MUST BE IN ORIGINAL UNOPENED PACKAGE AND ARE SUBJECT TO A TWENTY PERCENT (20%) RESTOCKING CHARGE. NO REFUNDS AFTER 30 DAYS. ALL REFUNDS WILL BE PAID BY COMPANY CHECK.

| DATE ENTERED | YOUR ORDER NO. | DATE SHIPPED | INVOICE DATE | INVOICE NUMBER |
|---|---|---|---|---|
| 23 OCT 14 | | 23 OCT 14 | | [redacted] |



SOLD TO
ACCOUNT NO. [redacted]
[redacted]
REDONDO BEACH, CA [redacted]

SHIP TO

| SHIP VIA | SLSM. | B/L NO. | TERMS | F.O.B. POINT |
|---|---|---|---|---|
| | 47627 | [redacted] | CASH | TORRANCE, CA |

| QUANTITY ORD | QUANTITY SHP | QUANTITY B.O. | PART NO. | DESCRIPTION | LIST | NET | AMOUNT |
|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 9002*0456906*0000 | C9002 LT275/ | 259.95 | 259.95 | 259.95 |
| 1 | 1 | 0 | INSTALLATION | MOUNTI | 20.00 | 20.00 | 20.00 |
| 1 | 1 | 0 | *WWC* | SPORD WHEEL | 2.50 | 2.50 | 2.50 |
| 1 | 1 | 0 | TTAX | SPORD TIRE T | 1.75 | 1.75 | 1.75 |

CUSTOMER REQUEST TO KEEP DAMAGED TIRE

PAID
OCT 23 2014
VMC

PARTS DEPARTMENT HOURS:
MONDAY - FRIDAY
7:00 AM - 7:00PM
SATURDAY
7:00 AM - 5:00 PM

Around the Wheel
QualityCare at your service
Ford
Racing
Motorcraft

NO RETURNS AFTER 30 DAYS. SPECIAL ORDER PARTS ARE NOT RETURNABLE. ALL RETURNS SUBJECT TO RESTOCKING FEES.
** WE THANK YOU FOR YOUR BUSINESS **
WWW.AUTONATIONFORDTORRANCE.COM

CUSTOMER'S SIGNATURE
X

| | |
|---|---|
| PARTS | 284.20 |
| SUBLET | |
| FREIGHT | 0.00 |
| SALES TAX | 25.42 |
| TOTAL | $309.62 |

CUSTOMER COPY

B

Date: 10/10/2014 08:31 AM
Estimate ID: [redacted]
Estimate Version: 1
Supplement: 1 (F F) 10/10/2014 ( 8:31:22 /
Profile ID: STATE FARM PROI ILE

# Honda Service Center

2280 Crenshaw Blvd, Torrance, CA 90501
(310) 782-7200
Fax: (310) 782-9651
Tax ID: 95-2209899 BAR #: AF167440 EPA #: CAL000077853

Damage Assessed By: JESSICA ORRALA
Appraised For: Express Team B (855) 341-8184

Supplemented By: JESSICA ORRALA
Classification: Field

Type of Loss: Comprehensive (Spec)
Date of Loss: 10/ 5/2014
Deductible: 500.00
Claim Number: [redacted]
Arrival Date: 10/ 7/2014

Insured: [redacted]
Owner: [redacted]
Address: [redacted] REDONDO BEACH, CA [redacted]
Telephone: Work Phone: [redacted] Home Phone: [redacted]

Mitchell Service: 914624

Description: 2006 Ford Pickup F250 Lariat
Body Style: 4D PkupCrw 7' Bed 156" WB
VIN: 1FTSW21P26E[redacted]
Mileage: 68,360
OEM/ALT: O
Color: BLUE
Drive Train: 6.0L Turbo Inj 8 Cyl Dsl 4WD
License: [redacted] CA
Search Code: None
Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW
POWER STEERING, CRUISE CONTROL, TILT STEERING COLUMN, LEATHER SEAT
SLIDING REAR PICKUP WINDOW, ANTI-LOCK BRAKE SYS., FOG LIGHTS, ALUM/ALLOY WHEELS
LEATHER STEERING WHEEL, FRONT AIR DAM, TINTED GLASS, AUTO AIR CONDITION
TRIP COMPUTER, AUTOMATIC HEADLIGHTS
INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, AM/FM STEREO CD
FRONT SPLIT BENCH SEAT, KEYLESS ENTRY SYSTEM, POWER DISC BRAKES
STEERING WHEEL AUDIO CONTROLS, STEP BUMPER

| Line Item | Entry Number | Labor Type | Operation | Line Item Description | Part Type/ Part Number | Dollar Amount | Labor Units | C U |
|---|---|---|---|---|---|---|---|---|
| | | | | Wheel | | | | |
| 1 | 410255 | BDY | REMOVE/INSTALL | Spare Tire/Wheel | | | 0.2 | ( |
| S1 2 | 408298 | BDY | REMOVE/REPLACE | Alloy Wheel | 5C3Z-1007-MA | 1,136.00 * | 0.3 | ( |
| 3 | | | | LT REAR | | | | |
| | | | | Pickup Bed | | | | |
| 4 | 401473 | BDY | REMOVE/INSTALL | Bed Assembly | | | INC | : |
| 5 | 401475 | BDY | REMOVE/REPLACE | L Pickup Bed Side Panel | 7C3Z 9927841 B | 564.37 | 13.5 # | 1: |
| 6 | | REF | REFINISH | L Bed Outer Side Panel | | C | 3.3 | : |
| 7 | 401480 | BDY | REMOVE/INSTALL | L Pickup Bed Fuel Door | Existing | | INC | r ( |
| 8 | 401513 | BDY | REPAIR | L Pickup Bed Inner Side Panel | Existing | | 5.0* | . |
| 9 | 405572 | BDY | REMOVE/REPLACE | L Pickup Bed Decal | 3C3Z 16720 AAA | 63.92 | 0.2 | ( |
| 10 | 405606 | BDY | REMOVE/REPLACE | L Pickup Bed Rail Moulding | 2C3Z 99291A41 BAA | 110.37 | 0.4 | ( |
| 11 | 410496 | BDY | REMOVE/REPLACE | L Pickup Bed Stone Shield | F81Z 25292A22 BA | 21.75 | 0.3 # | ( |
| | | | | Tailgate | | | | |
| 12 | 405904 | BDY | REMOVE/INSTALL | Upr Tailgate Moulding | | | 0.3 | |
| 13 | 401564 | BDY | REPAIR | Tailgate Shell | Existing | | 7.0* | |

ESTIMATE RECALL NUMBER: 10/08/2014 16:35:41 [redacted]
Mitchell Data Version: OEM: AUG_14_V



Software Version: 7.1.168

Date: 10/10/2014 08:31 AM
Estimate ID: [redacted]
Estimate Version: 1
Supplement: 1 (F F) 10/10/2014 08:31:22 A
Profile ID: STATE FARM PROFILE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 14 | | REF | REFINISH | Tailgate Outside | | | C | 2.1 | 2.5 |
| 15 | 401567 | BDY | REMOVE/INSTALL | Tailgate Handle | Existing | | | 0.4 # | 0.4 |
| 16 | | BDY | REMOVE/INSTALL | Tailgate Cover | | | | 0.1 | 0.1 |
| 17 | 401588 | BDY | REMOVE/REPLACE | Tailgate Adhesive Emblem | F85Z 1542528C | 45.77 | | 0.2 | 0.2 |
| 18 | 409631 | BDY | REMOVE/REPLACE | Tailgate Adhesive Nameplate | 5C3Z 9942528 DA | 39.45 | | 0.2 | 0.2 |
| | | | | Rear Lamps | | | | INC | 0.2 |
| 19 | 401689 | BDY | REMOVE/INSTALL | L Rear Combination Lamp | | | | | |
| | | | | Rear Bumper | | | | INC | 0.6 |
| 20 | 401737 | BDY | REMOVE/INSTALL | Rear Bumper Assy | Sublet | 441.00 | * | 0.0* | 1.5 |
| 21 | 402638 | BDY | REMOVE/REPLACE | Rear Bumper Face Bar | | | | 0.4 | 0.4 |
| 22 | | BDY | REMOVE/REPLACE | Rear Add w/Parking Sensor | F81Z 17B807 AACP | 27.87 | | 0.2 | 0.2 |
| 23 | 401744 | BDY | REMOVE/REPLACE | L Rear Upr Bumper Step Pad | | | | | |
| | | | | Additional Operations | | | | 1.2 | |
| 24 | | REF | ADD'L OPR | De-Nib And Finesse | | | | | |
| | | | | MANUAL ENTRIES | | | | 0.5* | |
| 25 | 900500 | BDY * | ADD'L LABOR OP | COLOR TINT | Existing | | | | |
| 26 | 900500 | BDY * | ADD'L LABOR OP | TAPE & COVER FOR PRIMER | New | 4.00 | * | 0.2* | |
| 27 | 900500 | BDY * | ADD'L LABOR OP | WELD THRU PRIMER | Sublet | 5.00 | * | 0.5* | |
| 28 | 900500 | BDY * | ADD'L LABOR OP | ALING SUSP | Sublet | 78.00 | * | 0.0* | |
| | | | | ADDITIONAL OPERATIONS | | | | 1.7 | |
| 29 | | REF | ADD'L OPR | Clear Coat | | 0.00 | * | 0.2* | |
| 30 | 933005 | REF * | ADD'L OPR | RESTORE CORROSION PROTECTION | | | | | |
| | | | | MANUAL ENTRIES | | | | 0.0* | |
| 31 | 900500 | BDY * | ADD'L LABOR OP | RHINO LINER INSTALLATION PER INVOICE | Sublet | | | | |
| | | | | Additional Costs & Materials | | 219.00 | * | | |
| 32 | | | ADD'L COST | Paint/Materials | | 3.00 | * | | |
| 33 | | | ADD'L COST | Hazardous Waste Disposal | | | | | |

* - Judgment Item
\# - Labor Note Applies
C - Included in Clear Coat Calc
r - CEG R&R Time Used For This Labor Operation

Recycler Information Section:

Caruso Ford
3600 Cherry Ave
Long Beach CA
+1-562-4262372;

| | | | | |
|---|---|---|---|---|
| 5 | L Pickup Bed Side Panel | 7C3Z 9 | VNA | 564.37 |
| 9 | L Pickup Bed Decal | 3C3Z 1 | VNA | 63.92 |
| 10 | L Pickup Bed Rail Mouldin | 2C3Z 9 | VNA | 110.37 |
| 11 | L Pickup Bed Stone Shield | F81Z 2 | VNA | 21.75 |
| 17 | Tailgate Adhesive Emblem | F85Z 1 | VNA | 45.77 |
| 18 | Tailgate Adhesive Namepla | 5C3Z 9 | VNA | 39.45 |
| 23 | L Rear Upr Bumper Step Pa | F81Z 1 | VNA | 27.87 |

Bumpers and More
1318 W Brooks St.
Ontario CA
+1-310-9015040;

| | | | | |
|---|---|---|---|---|
| 21 | Rear Bumper Face Bar | ORDER | VNA | 441.00 |

ESTIMATE RECALL NUMBER: 10/08/2014 16:35:41 [redacted]
Mitchell Data Version: OEM: AUG_14_V



Software Version: 7.1.168

Date: 10/10/2014 08:31 AM
Estimate ID: [redacted]
Estimate Version: 1
Supplement: 1 (F F) 10/10/2014 08:31:22
Profile ID: STATE FARM PROFILE

Disclaimer: The price indications on recycled parts are real or composite values, based on the pricing option selected with QRP. Prices are the latest available at time of inventory download and are subject to change and availability.
To determine actual repairer net or wholesale price, call the automotive recycler of your choice.

# Estimate Totals

| I. Labor Subtotals | Units | Rate | Add'l Labor Amount | Sublet Amount | Totals |
|---|---|---|---|---|---|
| Body | 29.9 | 40.00 | 0.00 | 83.00 | 1,279.00 |
| Refinish | 8.5 | 40.00 | 0.00 | 0.00 | 340.00 |
| Non-Taxable Labor | | | | | 1,619.00 |
| Labor Summary | 38.4 | | | | 1,619.00 |

| II. Part Replacement Summary | | | Amount |
|---|---|---|---|
| Taxable Parts | | | 2,013.50 |
| Parts Adjustments | | | 100.68 |
| Sales Tax | @ | 9.000% | 172.15 |
| Non-Taxable Parts | | | 441.00 |
| Total Replacement Parts Amount | | | 2,525.97 |

| III. Additional Costs | | | Amount |
|---|---|---|---|
| Taxable Costs | | | 219.00 |
| Sales Tax | @ | 9.000% | 19.71 |
| Non-Taxable Costs | | | 3.00 |
| Total Additional Costs | | | 241.71 |

Paint Material Method: Rates
Init Rate = 30.00 , Init Max Hours = 99.9, Addl Rate = 0.00

| IV. Adjustments | Amount |
|---|---|
| Insurance Deductible | 500.00 |
| Customer Responsibility | 500.00 |

| | | |
|---|---|---|
| I. | Total Labor: | 1,619.00 |
| II. | Total Replacement Parts: | 2,525.97 |
| III. | Total Additional Costs: | 241.71 |
| | Gross Total: | 4,386.68 |
| IV. | Total Adjustments: | 500.00 |
| | Net Total: | 3,886.68 |
| | Less Original Net Total: | 2,887.38 |
| | Net Supplement Amount: | 999.30 |
| | S1:. JESSICA ORRALA | 999.30 |

Register online to check the status of your claim and stay connected with State Farm®. To register, go to www.statefarm.com and select Check the Status of a Claim. If you are already registered, thank you! Not available in New Mexico.

Point(s) of Impact
9 Left Side (P)

Insurance Co: State Farm

ESTIMATE RECALL NUMBER: 10/08/2014 16:35:41 [redacted]
Mitchell Data Version: OEM: AUG_14_V
Software Version: 7.1.168

Inspection Site: SCOTT ROBINSON HONDA SERVICE CENTER
Address: 2280 CRENSHAW BLVD
TORRANCE, CA 90501
Inspection Date: 10/ 8/2014

Body Shop: HONDA SERVICE CENTER
Address: 2280 CRENSHAW BLVD
TORRANCE, CA 90501-3322
Fax Phone: (310) 782-9651

Cycle Time Information

Drop Off Date and Time: 10/ 7/2014 Time: 03:38
Promise Date: 10/21/2014

Repair Dates:
Start Date: 10/ 9/2014

Is Vehicle Driveable (Y/N)?: Y
Assisted With Rental (Y/N)?: N

Date: 10/10/2014 08:31 AM
Estimate ID: [redacted]
Estimate Version: 1
Supplement: 1 (F F) 10/10/2014 08:31:22
Profile ID: STATE FARM PROFILE

# Itemized Totals

## I. Labor Subtotals

| | Units | Rate | Sublet Amount | Totals |
|---|---|---|---|---|
| **Body** | 29.9 | 40.00 | 83.00 | 1,279.00 |
| Remove/Replace | 15.7 | " | 0.00 | 628.00 |
| Repair | 12.0 | " | 0.00 | 480.00 |
| Remove/Install | 1.0 | " | 0.00 | 40.00 |
| Additional Labor | 1.2 | " | 83.00 | 131.00 |
| **Refinish** | 8.5 | 40.00 | 0.00 | 340.00 |
| Refinish Only | 5.4 | " | 0.00 | 216.00 |
| Additional Operation | 3.1 | " | 0.00 | 124.00 |
| **Non-Taxable Labor** | | | | 1,619.00 |
| **Labor Summary** | 38.4 | | | 1,619.00 |

## II. Part Replacement Summary

| | | | Amount |
|---|---|---|---|
| **Taxable Parts** | | | 2,013.5( |
| New | | | 2,013.5( |
| **Parts Adjustments** | | | 100.68 |
| New | | | 100.68 |
| Discount 100.68- | | | |
| **Sales Tax** | @ | 9.000% | 172.15 |
| **Non-Taxable Parts** | | | 441.0( |
| Sublet | | | 441.0( |
| **Total Replacement Parts Amount** | | | 2,525.97 |

## III. Additional Costs

| | | | Amount |
|---|---|---|---|
| **Taxable Costs** | | | 219.00 |
| **Sales Tax** | @ | 9.000% | 19.71 |
| **Non-Taxable Costs** | | | 3.00 |
| **Total Additional Costs** | | | 241.71 |

**Paint Material Method: Rates**
**Init Rate = 30.00 , Init Max Hours = 99.9, Addl Rate = 0.00**

## IV. Adjustments

| | Amount |
|---|---|
| **Insurance Deductible** | 500.00 |
| **Customer Responsibility** | 500.0( |

| | | |
|---|---|---|
| I. | **Total Labor:** | 1,619.0( |
| II. | **Total Replacement Parts:** | 2,525.97 |
| III. | **Total Additional Costs:** | 241.71 |
| | **Gross Total:** | 4,386.6( |
| IV. | **Total Adjustments:** | 500.0( |
| | **Net Total:** | 3,886.6( |
| | **Less Original Net Total:** | 2,887.3( |
| | **Net Supplement Amount:** | 999.3( |
| | **S1: JESSICA ORRALA** | 999.3( |

**ESTIMATE RECALL NUMBER: 10/08/2014 16:35:41** [redacted]
**Mitchell Data Version: OEM: AUG_14_V**



**Software Version: 7.1.168**

Date: 10/10/2014 08:31 AM
Estimate ID: [redacted]
Estimate Version: 1
Supplement: 1 (F F) 10/10/2014 08:31:22 /
Profile ID: STATE FARM PROFILE

# Honda Service Center

2280 Crenshaw Blvd, Torrance, CA 90501
(310) 782-7200
Fax: (310) 782-9651
Tax ID: 95-2209899 BAR #: AF167440 EPA #: CAL000077853

Supplement Delta Report
Comparison of Estimate [redacted] Supplement 0 and Supplement 1

Damage Assessed By: JESSICA ORRALA
Supplemented By: JESSICA ORRALA

Insured: [redacted]
Owner:
Vehicle Description: 2006 Ford Pickup F250 Lariat
Date of Loss: 10/ 5/2014

| Line Item | Labor Type | Operation | Line Item Description | Part Type | Dollar Amount | Labor Units | CEG Unit |
|---|---|---|---|---|---|---|---|
| **Changed Entries** | | | | | | | |
| 2 | BDY | REMOVE/REPLACE | Alloy Wheel | Sublet | 189.00 * | 0.0* | 0.3 |
| S1 2 | BDY | REMOVE/REPLACE | Alloy Wheel | 5C3Z-1007-MA< | 1,136.00 *< | 0.3 < | 0.3T< |
| **Added Entries** | | | | | | | |
| 3 | | | LT REAR | | | 0.0 | |

Global Changes

No Deductible, Customer Responsibility, Labor Rate, or Part Adjustment changes were made.

| | | Amount |
|---|---|---|
| Original Estimate: | | 2,887.36 |
| Supplement 1 | 999.32 | |
| Orig Total Tax | 94.74 | |
| Supp 1 Total Tax | 191.86 | |
| Net Supplement Amount | | 999.32 |
| Net Total | | 3,886.68 |

| | Program Calc Versions | Data Versions |
|---|---|---|
| Supp 0 | 7.1.168 | AUG_14_V |
| Supp 1 | 7.1.168 | AUG_14_V |

ESTIMATE RECALL NUMBER: 10/ 8/2014 16:35:41 [redacted]

Software Version: 7.1.168

CUSTOMER #: [redacted]

[redacted]

*INVOICE*

# AutoNation

**AutoNation Ford Torrance**

3111 PACIFIC COAST HIGHWAY
TORRANCE, CA 90505
PHONE (310) 784-4700 · FAX (310) 784-4756
SERVICE DEPARTMENT (310) 784-4720

[redacted]
TORRANCE, CA [redacted]
HOME: [redacted] CONT: [redacted]
BUS: [redacted] CELL:



SERVICE ADVISOR: 1408 STEWART SANTOS

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG |
|---|---|---|---|---|---|---|
| | 06 | FORD F250 | 1FTSW21P26E[redacted] | | 68792/68792 | [redacted] |

| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | P.O. NO. | RATE | PAYMENT | INV. DATE |
|---|---|---|---|---|---|---|---|
| 01JAN06 DD | | | 19:00 15NOV14 | | | CASH | 15NOV14 |

| R.O. OPENED | READY | OPTIONS: ENG:6.0_Liter_EFI |
|---|---|---|
| 08:12 15NOV14 | 12:35 15NOV14 | |

| LINE OPCODE TECH TYPE HOURS | LIST | NET | TOTAL |
|---|---|---|---|
| A CUST REQUEST 2 FRONT TIRES REPLACE 275/70/18 CONTINENTAL CONTITRAC TR | | | |
| (TIRE THREAD 6/32ND AND 7/32NDS) SAVE TIRES | | | |
| MB2 MOUNT AND BALANCE 2 TIRES ANS SET PRESSURES, | | | |
| CHECK VALVE STEM, COMPLETE WHEEL AND TIRE | | | |
| INSPECTION ** | | | |
| 8769 CF | | 40.00 | 40.00 |
| 2 9002*0456906*0000 LT275/70R18 | 260.00 | 260.00 | 520.00 |
| 2 *WWC* WHEEL WEIGHT | 2.50 | 2.50 | 5.00 |
| 2 TTAX TIRE TAX | 1.75 | 1.75 | 3.50 |
| 2 P40549 TIRE VALVE | 2.00 | 2.00 | 4.00 |
| PARTS: 532.50 LABOR: 40.00 OTHER: 0.00 | | TOTAL LINE A: | 572.50 |
| 68792 REPLACE 2 FRONT TIRES PER CUST REQUEST | | | |
| ********** | | | |
| B "MULTI POINT INSPECTION NOT COMPLETED THIS VISIT" | | | |
| MULTI-N "MULTI POINT INSPECTION NOT COMPLETED | | | |
| THIS VISIT" | | | |
| 8769 CF | | 0.00 | 0.00 |
| GTIRE TIRE TREAD AND WEAR IS OK AT THIS TIME | | | |
| 8769 CF | | 0.00 | 0.00 |
| PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 | | TOTAL LINE B: | 0.00 |
| ********** | | | |

EST: 580.00 15NOV14 08:12 SA: 1408

PAID
NOV 15 2014
VISA

Dealer is not authorized to perform recall repairs for non-Dealer brand vehicles and Dealer's Vehicle Safety and Condition Inspection and/or service does not include a review of possible pending recalls or service campaigns issued by manufacturers of other makes and models.

47.93

**NOTE: BY LAW, YOU MAY CHOOSE ANOTHER FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY.**

I hereby authorize the below work to be done along with the necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. Customer states no articles of personal property have been left in vehicle.

X _____
CUSTOMER SIGNATURE

*HAZARDOUS WASTE DISPOSAL: As a result of Federal and State Mandated Management Regulating, a small amount will be charged for disposal of hazardous waste generated by repair of your vehicle. Hazardous waste items are oil, oil filter, solvents, tires, batteries, asbestos, gasoline, antifreeze, etc.

TERMS: CASH OR VISA · MASTERCARD · DISCOVER

I UNDERSTAND THAT I HAVE THE RIGHT TO HAVE EMISSION SERVICE AND/OR ADJUSTMENT DONE ELSEWHERE. I HEREBY WAIVE THIS RIGHT.

X _____
SMOG WAIVER

| DESCRIPTION | TOTALS |
|---|---|
| LABOR AMOUNT | 40.00 |
| PARTS AMOUNT | 532.50 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 0.00 |
| TOTAL CHARGES | 572.50 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 47.93 |
| **PLEASE PAY THIS AMOUNT** | 620.43 |

B.A.R. LICENSE # AK 073576
P & A # 055244
EPA # CAL000140188

CUSTOMER COPY

[redacted]

1-Redondo


National Highway Traffic Safety Admin.
1200 New Jersey Avenue SE
West Building
Washington, DC 20590