

JUN 5 - 2015

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------|---------------------------|
| <br><b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b> |                                                                                    | <b>FOR AGENCY USE ONLY 100148</b>        |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | <b>Date Received</b><br><br>01-MAY-2015                                                                                                                                                                               | <b>Repository</b> <input type="checkbox"/><br><br><b>Reference No.</b><br>10714094 |                                          |                           |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    | <b>Daytime Telephone Number</b><br>      | <b>E-mail Address</b><br> |
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | <b>Address</b>                                                                                                                                                                                                        |                                                                                    | <b>Evening Telephone Number</b>          |                           |
| <b>City</b><br>CHALFONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>State</b><br>PA                                                                                        | <b>Zip Code</b>                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| 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).                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>1FTSW215X6E                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | <b>Make</b><br>FORD                                                                                                                                                                                                   | <b>Model</b><br>F-250 SD                                                           | <b>Model Year</b><br>2006                |                           |
| <b>Date Purchased</b><br>7-5-2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Dealer's Name and Telephone Number</b><br>(888) 484-2860<br>Fred Beans Ford                            |                                                                                                                                                                                                                       | <b>Engine:</b> 5.4<br><b>No: Cylinders</b> 8                                       |                                          | <b>Fuel Type:</b><br>GAS  |
| <b>Original Owner</b><br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Dealer's City</b><br>Doylestown                                                                        | <b>State</b><br>PA                                                                                                                                                                                                    | <b>Zip Code</b><br>18902                                                           |                                          |                           |
| <b>Transmission Type</b><br>Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | <b>Powertrain</b>                                                                                                                                                                                                     | <b>Multiple Failure:</b>                                                           | <b>Incident Date(s)</b><br>29-APR-2015   |                           |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| Vehicle Component Codes: 161000 STRUCTURE: FRAME AND MEMBERS, 020000 SUSPENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    | <b>Failure Mileage</b><br>82000<br>92082 | <b>Failure Speed</b>      |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| <b>Tire Make</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Tire Model (Name or Number)</b>                                                                        |                                                                                                                                                                                                                       | <b>Tire Size (Example P215/65R15)</b>                                              |                                          |                           |
| <b>DOT No. (Example: DOTM19ABC036)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                      | <b>Failure Location:</b>                                                                                                                                                                                              |                                                                                    |                                          |                           |
| <b>Tire Component Code</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                                                                                       | <b>Tire Failure Type:</b>                                                          |                                          |                           |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| <b>Make:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Date Manufactured:</b>                                                                                 |                                                                                                                                                                                                                       | <b>Model No./Name:</b>                                                             |                                          |                           |
| <b>Seat Type:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Installation System:</b>                                                                               |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| <b>Child Seat Component Code:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | <b>Failed Part:</b>                                                                                                                                                                                                   |                                                                                    |                                          |                           |
| <b>APPLICABLE INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| <b>Crash</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Fire</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                        | <b>Number of Persons Injured</b><br>0                                                                                                                                                                                 | <b>Number of Deaths</b><br>0                                                       | <b>Reported to Police</b><br>N           |                           |
| <b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b><br>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 SD. THE CONTACT STATED THAT THE CAB OF THE TRUCK DID NOT LINE UP WITH THE BED OF THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER AND IT WAS DETERMINED THAT THE BED RAILS FOR THE TRUCK WERE RUSTED AND STARTED TO SEPARATE FROM THE FRAME. THE CONTACT SPOKE WITH THE MANUFACTURER AND THEY WERE TOLD THAT THE FRAME WAS OUT OF WARRANTY. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 82,000. <del>62,000</del> 92,082.                                                                                                          |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |
| The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action. |                                                                                                           |                                                                                                                                                                                                                       |                                                                                    |                                          |                           |

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

May 29, 2015

Dear Mr. Reid,

I would like to thank you for your efforts to have my truck re-called for defective medal. As you can see by the photographs that I have enclosed, I take great pride in my truck and keep it in excellent condition. Many people that I come in contact with actually think it is brand new not knowing that it is in fact a 2006 which I take as a complement for my efforts to keep it in such great condition. I have also enclosed a copy of my Title as well as the detailed estimate by a Ford-Authorized body shop for the repairs that are needed to fix it with whom I trust completely.

Again, I thank you for your efforts and look forward to Ford recognizing that this is a major problem that needs to be corrected.

Sincerely,

Chalfont, PA.

Reference No. 10714094



Reference No. 10714094



Reference No. 10714094



Reference No. 10714094



Reference No. 10714094



Reference No. 10714094

## COMMONWEALTH

## CERTIFICATE OF

5,890

1FTSU215XLE

VEHICLE IDENTIFICATION NUMBER

2006

YEAR

FORD

MAKE OF VEHICLE

TK

BODY TYPE

2

DUP

SEAT CAP

PRIOR TITLE STATE

5/11/07

ODOM. PROCD. DATE

000010

ODOM. MILES

0

ODOM. STATUS

11/14/06

DATE PA TITLED

5/11/07

DATE OF ISSUE

6,262

UNLADEN WEIGHT

9,600

GVWR

GVWR

TITLE BRANDS

## ODOMETER STATUS

- 0 = ACTUAL MILEAGE
- 1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS
- 2 = NOT THE ACTUAL MILEAGE
- 3 = NOT THE ACTUAL MILEAGE ODOMETER TAMPERING VERIFIED
- 4 = EXEMPT FROM ODOMETER DISCLOSURE

## TITLE BRANDS

- A = ANTIQUE VEHICLE
- C = CLASSIC VEHICLE
- D = COLLECTIBLE VEHICLE
- E = OUT OF COUNTRY
- G = ORIGINALLY MANUFACTURED FOR DISTRIBUTION
- H = AGRICULTURAL VEHICLE
- L = LOGGING VEHICLE
- P = IS/WAS A POLICE VEHICLE
- R = RECONSTRUCTED
- S = STREET ROD
- T = RECOVERED THEFT VEHICLE
- V = VEHICLE CONTAINS REISSUED VIN
- W = FLOOD VEHICLE
- X = IS/WAS A TAXI

REGISTERED OWNER(S)

CHALFONT PA

FIRST LIEN FAVOR OF:

FORD MOTOR CREDIT  
COMPANY

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED

JUL 18 2011

DATE

BY

AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED

DATE

MAILING ADDRESS

031250

FORD MOTOR CREDIT  
COMPANY  
260 INTERSTATE N. CIRC  
LE N.W.  
ATLANTA GA 30339

BY

AUTHORIZED REPRESENTATIVE



I certify as of the date of issue, the official records of the Pennsylvania Department

ALLEN D BIEHLER

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

**OLD FORGE Collision Center -  
Chalfont**

Workfile ID: [REDACTED]

56 East Butler Avenue, Chalfont, PA 18914

Phone: (215) 822-3400

FAX: (215) 822-6332

**Preliminary Estimate**

**Customer:** [REDACTED]

**Job Number:**

Written By: JIM MORA, 431365

**Insured:** [REDACTED]

**Policy #:**

**Claim #:**

**Type of Loss:**

**Date of Loss:**

**Days to Repair:** 0

**Point of Impact:** 16 Non-Collision

**Owner:** [REDACTED]

**Inspection Location:**

**Insurance Company:**

OLD FORGE Collision Center - Chalfont

CUSTOMER PAY

56 East Butler Avenue

Chalfont, PA 18914

Repair Facility

(215) 822-3400 Business

Chalfont, PA

Cell

Evening

**VEHICLE**

**Year:** 2006

**Body Style:** 4D LONG

**VIN:** 1FTSW215X6E [REDACTED]

**Mileage In:** 92082

**Make:** FORD

**Engine:** 8-5.4L-FI

**License:**

**Mileage Out:**

**Model:** F250 4X4 CREW CAB

**Production Date:** 3/2006

**State:**

**Vehicle Out:**

**Color:** Silver Int: Gray

**Condition:**

**Job #:**

**TRANSMISSION**

Overdrive

6 Speed Transmission

4 Wheel Drive

**POWER**

Power Steering

Power Brakes

**DECOR**

Dual Mirrors

**CONVENIENCE**

Intermittent Wipers

Message Center

**RADIO**

AM Radio

FM Radio

Stereo

Search/Seek

**SAFETY**

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

**SEATS**

Cloth Seats

**WHEELS**

Styled Steel Wheels

**PAINT**

Clear Coat Paint

**TRUCK**

Rear Step Bumper

# Preliminary Estimate

Customer: [REDACTED]

Job Number:

Vehicle: 2006 FORD F250 4X4 CREW CAB 4D LONG 8-5.4L-FI Silver

| Line             | Oper | Description               | Part Number  | Qty | Extended Price \$ | Labor       | Paint      |
|------------------|------|---------------------------|--------------|-----|-------------------|-------------|------------|
| 1                |      | <b>REAR BUMPER</b>        |              |     |                   |             |            |
| 2                | R&I  | R&I bumper assy           |              |     |                   | 1.0         |            |
| 3                |      | <b>PICK UP BOX</b>        |              |     |                   |             |            |
| 4                | R&I  | R&I box assy              |              |     |                   | 2.5         |            |
| 5                | Repl | Floor pan 8 foot bed      | BC3Z9911215A | 1   | 639.95            | 17.0        | 4.2        |
| 6                |      | Add for Clear Coat        |              |     |                   |             | 1.7        |
| 7                | *    | R&I Rear sill             |              |     |                   | 6.0         |            |
| 8                | Refn | Rear sill                 |              |     |                   |             | 1.0        |
| 9                |      | Overlap Major Adj. Panel  |              |     |                   |             | -0.4       |
| 10               |      | Add for Clear Coat        |              |     |                   |             | 0.1        |
| 11               | Repl | RT Mount bolt front       | W714262S900  | 1   | 4.66              |             |            |
| 12               | Repl | LT Mount bolt front       | W714262S900  | 1   | 4.66              |             |            |
| 13               | Repl | RT Mount bolt center #1   | W714262S900  | 1   | 4.66              |             |            |
| 14               | Repl | LT Mount bolt center #1   | W714262S900  | 1   | 4.66              |             |            |
| 15               | Repl | RT Mount bolt center #2   | W714262S900  | 1   | 4.66              |             |            |
| 16               | Repl | LT Mount bolt center #2   | W714262S900  | 1   | 4.66              |             |            |
| 17               | Repl | RT Mount bolt rear        | W714262S900  | 1   | 4.66              |             |            |
| 18               | Repl | LT Mount bolt rear        | W714262S900  | 1   | 4.66              |             |            |
| 19               | Repl | Mount bolt nut            | W708770S436  | 8   | 50.16             |             |            |
| 20               | R&I  | R&I tailgate assy         |              |     |                   | 0.5         |            |
| 21               | #    | R&I Bed Cap               |              |     |                   | 1.5         |            |
| 22               | #    | SEAM SEALER               |              | 1   | 15.00 T           | 0.4         |            |
| 23               | #    | Repl CORROSION PROTECTION |              | 1   | 15.00 T           | 0.4         |            |
| 24               | #    | UNDERCOATING              |              | 1   | 10.00 T           | 0.3         |            |
| 25               | #    | Rpr CLEAN FOR DELIVERY    |              |     |                   | 0.5         |            |
| <b>SUBTOTALS</b> |      |                           |              |     | <b>767.39</b>     | <b>30.1</b> | <b>6.6</b> |

# Preliminary Estimate

Customer: [REDACTED]

Job Number:

Vehicle: 2006 FORD F250 4X4 CREW CAB 4D LONG 8-5.4L-FI Silver

## ESTIMATE TOTALS

| Category             | Basis       |   | Rate         | Cost \$         |
|----------------------|-------------|---|--------------|-----------------|
| Parts                |             |   |              | 727.39          |
| Body Labor           | 30.1 hrs    | @ | \$ 52.00 /hr | 1,565.20        |
| Paint Labor          | 6.6 hrs     | @ | \$ 52.00 /hr | 343.20          |
| Paint Supplies       | 6.6 hrs     | @ | \$ 30.00 /hr | 198.00          |
| Miscellaneous        |             |   |              | 40.00           |
| Subtotal             |             |   |              | 2,873.79        |
| Sales Tax            | \$ 2,873.79 | @ | 6.0000 %     | 172.43          |
| <b>Grand Total</b>   |             |   |              | <b>3,046.22</b> |
| Deductible           |             |   |              | 0.00            |
| <b>CUSTOMER PAY</b>  |             |   |              | <b>0.00</b>     |
| <b>INSURANCE PAY</b> |             |   |              | <b>3,046.22</b> |

All supplements must be pre-approved by Travelers. Please call 888-299-7456 (prompt 2)

Supplement repair charges may be subject to rejection unless approved by Travelers prior to repairs.

This instrument is not an authorization to repair. Repair must be pre-authorized by the vehicle owner.

Vehicle owner maintains the right to repair vehicle at a repair facility of their choice.

Please present this estimate to the repair facility prior to repairs.

# Preliminary Estimate

Customer: [REDACTED]

Job Number:

Vehicle: 2006 FORD F250 4X4 CREW CAB 4D LONG 8-5.4L-FI Silver

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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED: D=DISCONTINUED PART A=APPROXIMATE PRICE B=BODY LABOR D=DIAGNOSTIC E=ELECTRICAL F=FRAME G=GLASS M=MECHANICAL P=PAINT LABOR S=STRUCTURAL T=TAXED MISCELLANEOUS X=NON TAXED MISCELLANEOUS ADJ=ADJACENT ALGN=ALIGN A/M=AFTERMARKET BLND=BLEND CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION D&R=DISCONNECT AND RECONNECT EST=ESTIMATE EXT. PRICE=UNIT PRICE MULTIPLIED BY THE QUANTITY INCL=INCLUDED MISC=MISCELLANEOUS NON-ADJ=NON ADJACENT O/H=OVERHAUL OP=OPERATION NO=LINE NUMBER QTY=QUANTITY RECOND=RECONDITION REFN=REFINISH REPL=REPLACE R&I=REMOVE AND INSTALL R&R=REMOVE AND REPLACE RPR=REPAIR RT=RIGHT SECT=SECTION SUBL=SUBLET LT=LEFT W/O=WITHOUT W/\_=WITH/\_ #=MANUAL LINE ENTRY \*=OTHER [IE..MOTORS DATABASE INFORMATION WAS CHANGED]. \*\*=DATABASE LINE WITH AFTERMARKET N=NOTES ATTACHED TO LINE NAGS=NATIONAL AUTO GLASS SPECIFICATIONS. OPT OEM=ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT.

THE ATTACHED ESTIMATE REPRESENTS AN APPRAISAL OF THE COST OF REPAIR FOR THE VISIBLE DAMAGE TO THE VEHICLE NOTED AT THE TIME OF INSPECTION NECESSARY TO RETURN THE VEHICLE TO ITS PREDAMAGED CONDITION. COSTS ABOVE THE APPRAISED AMOUNT MAY BE THE RESPONSIBILITY OF THE VEHICLE OWNER. THERE IS NO REQUIREMENT THAT THE VEHICLE OWNER USE ANY SPECIFIED REPAIR SHOP. INFORMATION REGARDING REPAIR FACILITIES WHICH WILL BE ABLE TO REPAIR THE VEHICLE FOR THE APPRAISED AMOUNT IS AVAILABLE FROM THE INSURANCE COMPANY. IF USED PARTS ARE SPECIFIED, THEY ARE REQUIRED TO BE OF LIKE KIND AND QUALITY TO THOSE BEING REPLACED. INCIDENTAL CHARGES SUCH AS TOWING, PROTECTIVE CARE, CUSTODY, STORAGE, DEPRECIATION, BATTERY AND TIRE REPLACEMENT ARE NOTED WHEN APPLICABLE.

## Preliminary Estimate

Customer: [REDACTED]

Job Number:

Vehicle: 2006 FORD F250 4X4 CREW CAB 4D LONG 8-5.4L-FI Silver

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DE2ME99, CCC Data Date 4/16/2015, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM or A/M. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2015 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

### SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

### SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

### OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blend=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.