 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>Date Received</p> <p>06-MAR-2017</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10958894</p>			
<p>Daytime Telephone Number</p> <p>[REDACTED]</p>		<p>E-mail Address</p> <p>[REDACTED]</p>			
<p>Evening Telephone Number</p> <p>[REDACTED]</p>					
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name [REDACTED]</p>					
<p>Address [REDACTED]</p>					
<p>City SAGINAW</p>		<p>State TX</p>	<p>Zip Code [REDACTED]</p>		
<p>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).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>1D7RB1GT3A[REDACTED]</p>		<p>Make</p> <p>RAM</p>	<p>Model</p> <p>1500</p>	<p>Model Year</p> <p>2010</p>	
<p>Date Purchased</p> <p>2010</p>	<p>Dealer's Name and Telephone Number</p> <p>AUTOMATION 817-3371937</p>		<p>Engine:</p> <p>No: Cylinders</p> <p>5200 / 50</p>	<p>Fuel Type:</p> <p>Regular</p>	
<p>Original Owner</p> <p><input type="checkbox"/></p>	<p>Dealer's City</p> <p>FT WORTH</p>	<p>State</p> <p>TX</p>	<p>Zip Code</p> <p>[REDACTED]</p>		
<p>Transmission Type</p> <p>AUTO 6300</p>	<p><input checked="" type="checkbox"/> Antilock Brakes</p> <p><input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>	<p>Incident Date(s)</p> <p>29-AUG-2016</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Codes: 162000 STRUCTURE: BODY, 140000 AIR BAGS</p>			<p>Failure Mileage</p> <p>65000</p>	<p>Failure Speed</p> <p>35 APPROXIMATE</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p> <p>Michelin</p>	<p>Tire Model (Name or Number)</p> <p>P225/60R70</p>	<p>Tire Size (Example P215/65R15)</p>			
<p>DOT No. (Example: DOTM19ABC036)</p>	<p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>			
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>	<p>Date Manufactured:</p>	<p>Model No./Name:</p>			
<p>Seat Type:</p>	<p>Installation System:</p>				
<p>Child Seat Component Code:</p>	<p>Failed Part:</p>				
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>					
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>3</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>Y</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2010 RAM 1500. WHILE DRIVING 35 MPH, THE CONTACT'S VEHICLE STRUCK THE SIDE OF ANOTHER VEHICLE THAT VEERED INTO HIS LANE. THE AIR BAGS FAILED TO DEPLOY. AS A RESULT, THE CONTACT SUSTAINED A TRAUMATIC BRAIN INJURY THAT REQUIRED MEDICAL ATTENTION. THE DRIVER AND PASSENGER OF THE OTHER VEHICLE SUSTAINED UNSPECIFIED INJURIES THAT ALSO REQUIRED MEDICAL ATTENTION. THE VEHICLE WAS TOWED TO A DEALER WHERE IT WAS DIAGNOSED THAT THE HOOD, FENDER, BUMPER, AND FRAME WERE DAMAGED. A POLICE REPORT WAS FILED. THE CAUSE OF THE AIR BAG FAILURE WAS NOT DIAGNOSED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 65,000.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>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.</p>					

Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY): 08/29/2016 *Crash Time (24-HR/AM): 1 1 0 5 *City: NEW FORT WORTH *County: TARRANT
 *Crash ID: [REDACTED] Local Use: [REDACTED] Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No
 Latitude (decimal degrees): [REDACTED] Longitude (decimal degrees): [REDACTED]

ROAD ON WHICH CRASH OCCURRED

*1 Rwy. Sys.: I-35 *2 Rwy. Part: 1 *3 Street Prefix: N *4 Street Suffix: [REDACTED]
 *5 Street Name: FRESLEY *6 Unit Desc.: 1 *7 Body Style: 24
 Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit: 60 Const. Zone: Yes No Workzone Present: Yes No Street Desc.: [REDACTED]

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. Yes No *1 Rwy. Sys.: I-35 *2 Rwy. Part: 4 *3 Street Prefix: [REDACTED] *4 Street Suffix: 99
 *5 Street Name: PHARR *6 Unit Desc.: 1 *7 Body Style: 24
 Distance from Int. or Ref. Marker: 150 FT MI *3 Dir. from Int. or Ref. Marker: N Reference Marker: [REDACTED] Street Desc.: [REDACTED] RRX Num.: [REDACTED]

VEHICLE, DRIVER, & PERSONS

Unit Num.: 1 *5 Unit Desc.: 1 Parked Vehicle Hit and Run LP State: TX LP Num.: [REDACTED] VIN: Y V 1 R 8 5 9 V 4 4 2
 Veh. Year: 2 0 0 4 *6 Veh. Color: BIZ *7 Body Style: 24 *8 DL/D Type: 4 *9 DL Class: 5 *10 CDL End.: 5 *11 DL Rest.: 5 *12 ALI: [REDACTED] *13 ALI: [REDACTED] *14 ALI: [REDACTED] *15 ALI: [REDACTED] *16 ALI: [REDACTED] *17 ALI: [REDACTED] *18 ALI: [REDACTED] *19 ALI: [REDACTED] *20 ALI: [REDACTED] *21 ALI: [REDACTED] *22 ALI: [REDACTED] *23 ALI: [REDACTED] *24 ALI: [REDACTED] *25 ALI: [REDACTED]
 Address (Street, City, State, ZIP): [REDACTED] FORT WORTH, TX [REDACTED]

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Hant.	19 Airbag	20 Helmet	21 Sol.	22 ALI Spec.	ALC. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	[REDACTED]	C	[REDACTED]	B	2	1	1	1	97	N	96		96	97	97
2	2	3	[REDACTED]	C	[REDACTED]	B	2	1	1	1	97	N		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			

Owner Lessee Owner/Lessee Name & Address: [REDACTED] FORT WORTH, TX [REDACTED]
 Proof of Fin. Resp. Yes Exempt No *26 Fin. Resp. Type 1: [REDACTED] Fin. Resp. Name: OLD AMERICAN COUNTRY MUTUAL Fin. Resp. Num.: [REDACTED]
 *27 Vehicle Damage Rating 1: [REDACTED] *27 Vehicle Damage Rating 2: [REDACTED] Vehicle Invented: Yes No
 Towed By: AMERICAN TOWLING Towed To: 2205 S RIVERSIDE

Unit Num.: 2 *5 Unit Desc.: 1 Parked Vehicle Hit and Run LP State: TX LP Num.: [REDACTED] VIN: 1 D 7 R B 1 G X 3 A 8
 Veh. Year: 2 0 1 0 *6 Veh. Color: RED *7 Body Style: BK *8 DL/D Type: 1 *9 DL Class: C *10 CDL End.: 96 *11 DL Rest.: A *12 ALI: [REDACTED] *13 ALI: [REDACTED] *14 ALI: [REDACTED] *15 ALI: [REDACTED] *16 ALI: [REDACTED] *17 ALI: [REDACTED] *18 ALI: [REDACTED] *19 ALI: [REDACTED] *20 ALI: [REDACTED] *21 ALI: [REDACTED] *22 ALI: [REDACTED] *23 ALI: [REDACTED] *24 ALI: [REDACTED] *25 ALI: [REDACTED]
 Address (Street, City, State, ZIP): [REDACTED] SAGINAW, TX [REDACTED]

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Hant.	19 Airbag	20 Helmet	21 Sol.	22 ALI Spec.	ALC. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	[REDACTED]	N	[REDACTED]	W	1	1	1	1	97	N	96		96	97	97
														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			

Owner Lessee Owner/Lessee Name & Address: [REDACTED] SAGINAW, TX [REDACTED]
 Proof of Fin. Resp. Yes Exempt No *26 Fin. Resp. Type 1: [REDACTED] Fin. Resp. Name: USAA Fin. Resp. Num.: [REDACTED]
 *27 Vehicle Damage Rating 1: [REDACTED] *27 Vehicle Damage Rating 2: [REDACTED] Vehicle Invented: Yes No
 Towed By: GUY SIMONS Towed To: 2257 S RIVERSIDE

Copy from Custodial File

DISPOSITION OF INVOLVED VEHICLES	Unit Num.	Pres. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24-HR:MM)
	1	1		HARRIS DOWNSOWN	MEDSTAR 25	
1	2		HARRIS DOWNSOWN	MEDSTAR 29		

CHARGES	Unit Num.	Pres. Num.	Charge	Challan/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num. 10,001+ LBS. TRANSPORTING HAZARDOUS MATERIAL 9+ CAPACITY CMV Disabling Damage? Yes No 28 Veh. Oper. 28 Carrier ID Type Carrier ID Num.

Carrier's Corp. Name Carrier's Primary Addr. 30 Veh. Type

31 Bus Type RGWW GVWR HazMat Released No Yes 32 HazMat Class Num. HazMat ID Num. 32 HazMat Class Num. HazMat ID Num. 33 Cargo Body Style

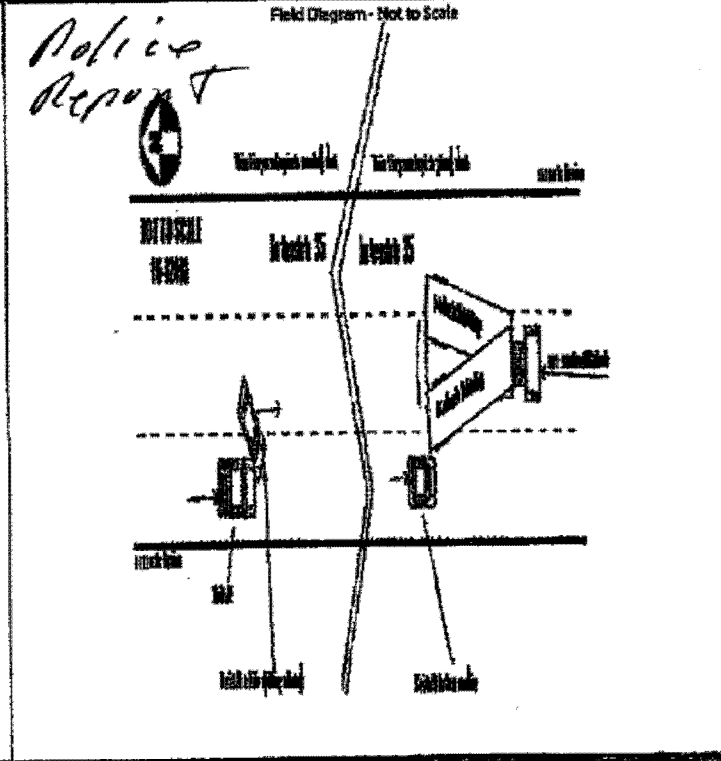
Trailer 1 Unit Num. RGWW GVWR 34 Trl. Type CMV Disabling Damage? Yes No Trailer 2 Unit Num. RGWW GVWR 34 Trl. Type CMV Disabling Damage? Yes No

Sequence of Events: 35 Seq. 1, 36 Seq. 2, 38 Seq. 3, 35 Seq. 4

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	45 Surface Condition	44 Traffic Control
						1	1	98	4	4	1	11

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

THIS CRASH INVOLVES UNIT 1 AND 2, AND A NON-COMMERCIAL 18 WHEELER. THE 18 WHEELER AND ITS TRAILER ARE NOT IDENTIFIED, BUT WITNESSES IN #1 SAID THE TRAILER IS BLUE AND THERE WAS A SIGN ON IT WHICH READ "CONTRACTED BY WPI". ALL VEHICLES WERE SOUTHBOUND ON I-35 BETWEEN PEARM AND ROCKWELL EXITS. THE 18 WHEELER WAS IN THE LANE TO THE RIGHT OF UNIT #1 AND ALL WITNESSES AGREE THAT THE TRUCK DRIVER FAILED TO MAINTAIN A SINGLE LANE AND THE END OF THE TRAILER WAS SWAYING TO LEFT AND RIGHT AND WAS ENTERING THE LANES TO BOTH SIDES. UNIT #1 WAS IN THE LANE TO LEFT OF THE 18 WHEELER AND DRIVER #1 SAW THE TRAILER COMING TOWARDS HER CAR. THE END OF THE TRAILER STRUCK UNIT #1 AND DRIVER #1 LOST CONTROL OF HER CAR. UNIT #1 SKIDDED SIDWAYS AND IN ALL LANES OF THE HIGHWAY. AS IT WAS SKIDDING SIDWAYS, IT WAS STRUCK ON THE FRONT PASSENGER DOOR BY UNIT #2. DRIVER #2 SAID HE SWERVED TO AVOID STRIKING #1 BUT HE WAS UNABLE TO AVOID IT. AFTER UNITS 1 AND 2 COLLIDED, BOTH STOPPED ON THE ROCKWELL STREET EXIT. WHEN I ARRIVED I FOUND DRIVER #1 AND HER PASSENGER INSIDE AN AMBULANCE. DRIVER #1 TOLD ME SHE DOES NOT KNOW WHAT HAPPENED OTHER THAN THE 18 WHEELER WAS OUT OF CONTROL AND IT STRUCK HER, CAUSING HER TO LOSE CONTROL. THE PASSENGER IN #1 TOLD ME THE 18 WHEELER WAS ALL OVER THE ROADWAY AND STRUCK UNIT #1, CAUSING THEM TO SWAY OUT OF CONTROL. SHE SAID THAT AS THEY SWAYED ON THE HIGHWAY THEY WERE STRUCK BY UNIT #2. SHE SAID DRIVER #2 HAD NO WAY OF AVOIDING THEM SINCE THEY WERE SWAYING AND SKIDDING. SEE SUPPLEMENT (PAGE 5) FOR ADDITIONAL NARRATIVE. CONTINUED FROM PAGE-2. DRIVER #2 RELATED THESE SAME DETAILS, TO INCLUDE THAT THE 18 WHEELER STRUCK UNIT #1. HE TOLD ME HE WAS WELL BEHIND UNIT #1 WHEN IT WAS STOPPED. I INSPECTED UNIT #1 AND FOUND NO DAMAGE ON THE DRIVER SIDE, CONVINCING ME THAT THE 18 WHEELER DID NOT MAKE CONTACT WITH UNIT #1. I DID SEE RED BLOOD ON THE PASSENGER MIRROR OF UNIT #1. CHECKING THAT IT WERE UNIT #2 STRUCK UNIT #1. BY THE TIME THESE INSPECTIONS OCCURRED THE AMBULANCE CARRYING DRIVER #1 AND HER-#111-



INVESTIGATOR Time Notified (24-HR:MM) 1 1 2 4 How Notified: DRZG DISPATCHED Time Arrived (24-HR:MM) 1 1 3 4 Report Date (MM/DD/YYYY) 08/29/2016

Invest. Comp. Yes No Investigator Name (Print) [REDACTED] ID Num. 2621

Off. Num. TXK22012068 Agency FORT WORTH POLICE DEPARTMENT Agency/Region/DA 200000

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PASSENGER HAD LEFT. THE HUSBAND OF DRIVER #1 WAS ON SCENE AND I TOLD HIM THAT THERE IS NO DAMAGE, NONE, ON THE DRIVER SIDE OF UNIT #1, MEANING IT WAS NOT STRUCK BY THE 18 WHEELER OR ITS TRAILER. I TOLD HIM THAT MY INVESTIGATION CONVINCED ME THAT DRIVER #1, FEARING SHE WAS ABOUT TO BE STRUCK BY THE TRAILER, BRAKED AND SWERVED AND LOST CONTROL. I TOLD HIM I WILL SHOW HER AS THE AT FAULT DRIVER IN THIS CRASH, AND I TOLD HIM THAT THE 18 WHEELER DRIVER BEARS SOME RESPONSIBILITY FOR FAILING TO MAINTAIN A SINGLE LANE, BUT SINCE NEITHER HIS WIFE OR HER SISTER (THE PASSENGER) SAW ANY UNIQUE IDENTIFYING FEATURES ON THE 18 WHEELER OR THE TRAILER, I CANNOT LIST IT. DRIVER #2 WAS PRESENT WHEN I INSPECTED UNIT #1 AND I TOLD HIM THERE IS NO EVIDENCE THAT UNIT #1 WAS HIT BY THE 18 WHEELER. I ASKED HIM IF HE IS CERTAIN UNIT #1 WAS STRUCK BEFORE DRIVER #1 LOST CONTROL. HE TOLD ME HE WAS BEHIND UNIT #1 AND HE WAS WATCHING THE END OF THE TRAILER SWAY VIOLENTLY LEFT AND RIGHT, AND HE SAW UNIT #1 SWERVE AND TURN SIDEWAYS. HE SAID HE DIDN'T SEE IT GET STRUCK BUT UNTIL HE SAW THAT THERE IS NO DAMAGE TO THE DRIVER SIDE OF UNIT #1, HE ASSUMED UNIT #1 WAS STRUCK BEFORE IT SKIDDED. BOTH DRIVER #2 AND THE HUSBAND OF DRIVER #1 AGREE THAT THE LACK OF DAMAGE ON THE DRIVER SIDE OF UNIT #1 IS INDICATIVE IT WAS NOT STRUCK. BASED ON THE ACCOUNTS GIVEN BY DRIVER #2 AND PASSENGER #1, AND THE DAMAGE EVIDENCE, I DETERMINED DRIVER #1 BEARS MUCH RESPONSIBILITY IN THIS CRASH, AND THE DRIVER OF THE UNIDENTIFIED 18 WHEELER BEARS THE REMAINING RESPONSIBILITY, AND DRIVER #2 BEARS NO RESPONSIBILITY FOR THIS CRASH. AXON BODYCAM RECORDED THIS INVESTIGATION.

Police Report

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AutoNation Collision Center

11200 North Freeway Fort Worth, TX 76177
 Phone: (817) 697-6070 FAX: (817) 337-4910
 www.AutoNationCollisionCenter.com

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 Created: 09/01/16

Estimate [REDACTED]
 Repair Order [REDACTED]
 Job # 9242

FINAL BILL

Written by: CHRISTIAN, BRYCE

Item	Price	Ext. Price	Labor Units	Paint		
				Units	PT	BT
76 REMOVE/RE-INSTALL RT Belt w/strip quad, crew cab			0.3 B			
* 79 REMOVE/REPLACE RT Nameplate "RAM"	50.50	50.50	0.2 B			0
80 REMOVE/RE-INSTALL LT Mirror assy w/power, w/o body color c			0.3 B			
81 REMOVE/RE-INSTALL RT Handle, outside w/o body color w/key!			0.3 B			
82 REMOVE/RE-INSTALL RT R&I trim panel			0.5 B			
83 REMOVE/RE-INSTALL LT R&I trim panel			0.5 B			
84 REAR DOOR						
85 BLEND LT Outer panel						1.2
86 REMOVE/RE-INSTALL LT Rear w/strip			0.2 B			
87 REMOVE/RE-INSTALL LT Lower seal			0.3 B			
88 REMOVE/RE-INSTALL LT Front w/strip			0.3 B			
89 REMOVE/RE-INSTALL LT Surround w/strip			0.5 B			
90 REMOVE/RE-INSTALL LT Belt w/strip			0.3 B			
91 REMOVE/RE-INSTALL LT Handle, outside w/o body color			0.3 B			
92 REMOVE/RE-INSTALL LT R&I trim panel			0.3 B			
93 PICK UP BOX						
* 94 REMOVE/REPLACE RT Rail cover w/o Rambox	62.50	62.50	0.4 B			0
96 REMOVE/RE-INSTALL RT Protector rear			0.2 B			
97 REMOVE/RE-INSTALL RT Protector front			0.2 B			
98 REMOVE/RE-INSTALL RT Splash shield			0.3 B			
99 REPAIR RT Side panel			3.0 B			3.2
100 Overlap Major Non-Adj. Panel						-0.2
101 Clear Coat						2.5
102 REMOVE/REPLACE Set back box assy			1.5 B			
103 REPAIR ALIGN CAB			1.5 B			
104 REAR LAMPS						
105 REMOVE/RE-INSTALL RT Tail lamp			0.3 B			
106 REAR BUMPER						
107 REMOVE/RE-INSTALL R&I bumper assy			0.8 B			
108 SUBLET 4 WHEEL ALIGNMENT	99.00	99.00				U
109 SUBLET TIRE MOUNT & BALANCE	12.00	12.00				U
110 SUBLET TIRE MOUNT & BALANCE	12.00	12.00				U
111 SUBLET PAINTED PINSTRIPE	45.00	45.00				U
112 SUBLET PAINTED PINSTRIPE	45.00	45.00				U
* 113 SUBLET HAZARDOUS WASTE	3.00	3.00				M *
* 114 SUBLET FLEX ADDITIVE	3.00	3.00				M *
* 115 SUBLET COVER CAR	3.00	3.00				M *
121 adjustment	-3.00	-3.00				

FINAL BILL SUMMARY

	PARTS			LABOR					
	Regular	Supp	Total	Department	Units	Supp Units	Rate	Total	Units
New (OEM) Parts:	\$3,559.65	\$3.40	\$3,563.05	Body	57.6	0.0	\$44.00	\$2,534.40	57.6
Other parts:	\$1,951.28	\$0.00	\$1,951.28	Paint	25.2	0.0	\$44.00	\$1,108.80	25.2

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Estimate: [REDACTED]
 Repair Order: [REDACTED]
 Job # 8242

FINAL BILL

Written by: CHRISTIAN, BRYCE

Item	Price	Ext. Price	Labor	Paint	PT	BT
			Units	Units		
35 REMOVE/REPLACE RT Hinge	56.45	56.45	0.3 B	0.6	O	
36 Overlap Minor Panel				-0.2		
37 REMOVE/REPLACE LT Hinge	56.00	56.00	0.3 B	0.6	O	
38 Overlap Minor Panel				-0.2		
39 REMOVE/REPLACE Striker	9.45	9.45	0.2 B		O	
* 40 REMOVE/REPLACE Latch	<u>70.50</u>	<u>70.50</u>	0.3 B		O	
42 FENDER						
43 REMOVE/REPLACE LT Fender	317.00	317.00	1.8 B	2.6	O	
44 Overlap Major Adj. Panel				-0.4		
45 Add for Edging				0.5		
46 REMOVE/REPLACE LT Front reinf	17.10	17.10			O	
* 47 REMOVE/REPLACE Nameplate "HEMI 5.7 LITER"	<u>45.00</u>	<u>45.00</u>	0.3 B		O	
* 49 REMOVE/REPLACE A/M CAPA LT Fender liner	62.00	62.00	Incl.		A	
50 REPAIR LT Side rail			6.0 B	1.0		
51 Overlap Major Non-Adj. Panel				-0.2		
52 REPAIR RT Fender			0.5 B	2.6		
53 Overlap Major Adj. Panel				-0.4		
* 54 REMOVE/REPLACE Nameplate "HEMI 5.7 LITER"	<u>45.00</u>	<u>45.00</u>	0.3 B		O	
56 WHEELS						
* 57 REMOVE/REPLACE RT/Front Wheel, alloy 20" code: WPG	<u>604.00</u>	<u>604.00</u>	0.3 B		O	
* 59 REMOVE/REPLACE RT/Rear Wheel, alloy 20" code: WPG	<u>604.00</u>	<u>604.00</u>	0.3 B		O	
61 CAB						
62 REPAIR Cowl panel			1.0 B			
63 FRONT DOOR						
64 REPAIR LT Outer panel quad, crew cab			7.0 B	2.8		
65 Overlap Major Adj. Panel				-0.4		
66 REMOVE/RE-INSTALL LT Surround w'strip quad, crew cab			0.4 B			
67 REMOVE/RE-INSTALL LT Front w'strip			0.2 B			
68 REMOVE/RE-INSTALL LT Rear w'strip quad, crew cab			0.2 B			
69 REMOVE/RE-INSTALL LT Belt w'strip quad, crew cab			0.3 B			
70 REMOVE/REPLACE LT Nameplate "RAM"	50.50	50.50	0.2 B		O	
71 REMOVE/RE-INSTALL RT Mirror assy w/power, w/o body color c			0.3 B			
72 REPAIR RT Outer panel quad, crew cab			1.0 B	2.8		
73 Overlap Major Adj. Panel				-0.4		
74 REMOVE/RE-INSTALL RT Rear w'strip quad, crew cab			0.2 B			
75 REMOVE/RE-INSTALL RT Lower seal quad, crew cab			0.2 B			
76 REMOVE/RE-INSTALL RT Front w'strip			0.2 B			
77 REMOVE/RE-INSTALL RT Surround w'strip quad, crew cab			0.4 B			

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Estimate: [REDACTED]
 Repair Order: [REDACTED]
 Job # 9242

FINAL BILL

Customer: Insured	Vehicle:	Insurance Co:
[REDACTED] saginaw, TX Home: [REDACTED] Mobile: [REDACTED] Email: [REDACTED]	DODG 4D P/U RAM 1500 4X2 QUAD SLT YEAR: 2010 Color: Red License: [REDACTED] Prod Date: 03/01/2010 Mileage In: 70868 VIN: 1D7RB1GT3AS [REDACTED] Arrival Date: 08/31/16 Proj. Delivery Date: 09/30/16 Drivable: No	USAA STARS Claim Number: [REDACTED] Policy Number: [REDACTED] Date of Loss: 08/29/16 Rental: NO

Written by: CHRISTIAN, BRYCE

Item	Price	Ext. Price	Labor Units	Paint Units	PT	BT
1 REPAIR SET UP FOR PULL			1.6 B			
2 REPAIR PULL FRONT STRUCTURE			4.5 B			
3 FRONT BUMPER						
4 O/H front bumper			2.9 B			
5 REMOVE/REPLACE RECOND Bumper chrome w/fog lamps	543.00	543.00	Incl.			R
6 Add for fog lamps			0.4 B			
* 7 REMOVE/REPLACE A/M CAPA Air deflector	107.69	107.69	Incl.			A
8 REMOVE/REPLACE RT Bumper bracket	192.00	192.00	Incl.			O
9 REMOVE/REPLACE A/M KEYSIQ Upper cover primed	210.00	210.00	Incl.			1.6 A
10 Add for Clear Coat						0.6
* 11 REMOVE/REPLACE A/M NSF LT Lamp bracket	42.67	42.67	0.2 B			A
12 REMOVE/REPLACE Upper reinf	46.70	46.70	Incl.			O
13 REMOVE/REPLACE LT Upper cover inner support	14.20	14.20	Incl.			O
14 REMOVE/REPLACE LT Upper cover outer support	10.95	10.95	Incl.			O
15 REPAIR LEFT RAIL			1.0 B			0.3
16 GRILLE						
* 17 REMOVE/REPLACE LKQ Grille chrome w/o big horn pkg. +25%	453.75	453.75	0.8 B			V
18 FRONT LAMPS						
19 REMOVE/REPLACE A/M AQRP RT Headlamp assy w/multi-beam	231.00	231.00	Incl.			A
20 Aim headlamps			0.5 B			
* 21 REMOVE/REPLACE A/M AQRP LT Headlamp assy w/multi-beam	231.00	231.00	Incl.			A
22 REMOVE/REPLACE A/M CAPA LT Fog lamp	73.85	73.85	Incl.			A
23 REMOVE/REPLACE LT Fog lamp bulb	20.25	20.25	Incl.			O
24 RADIATOR SUPPORT						
* 25 REMOVE/REPLACE Sight shield	177.00	177.00	Incl.			O
26 REMOVE/REPLACE Temp sensor	16.95	16.95	Incl.			O
27 Refinish Components						1.5
28 REMOVE/REPLACE Radiator support	937.00	937.00	6.5 B			O
29 REMOVE/REPLACE LT Mount bracket	160.00	160.00	0.3 B			O
30 SUBLET A/C RECHARGE	115.00	115.00				U
32 HOOD						
33 REPAIR Hood			4.0 B			3.2
34 REMOVE/RE-INSTALL Insulator			0.3 B			

AutoNation Collision Center

11200 North Freeway Fort Worth, TX 76177
Phone: (817) 697-6070 FAX: (817) 337-4910
www.AutoNationCollisionCenter.com

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Printed: 09/30/16 10:34 AM
Created: 09/01/16

Estimate
Repair Order
Job # 9242

FINAL BILL

	Regular	Supp	Total
Sublet:	\$318.00	\$0.00	\$318.00
Parts Total:	\$5,510.93	\$3.40	\$5,514.33
Labor Total:	\$3,643.20	\$0.00	\$3,643.20
Paint/Material:	\$450.00	\$0.00	\$450.00
Body/Material:	\$9.00	\$0.00	\$9.00
Pre-Tax Discount:	\$794.49	\$0.27	\$794.76
Tax:	\$477.53	\$0.26	\$477.79

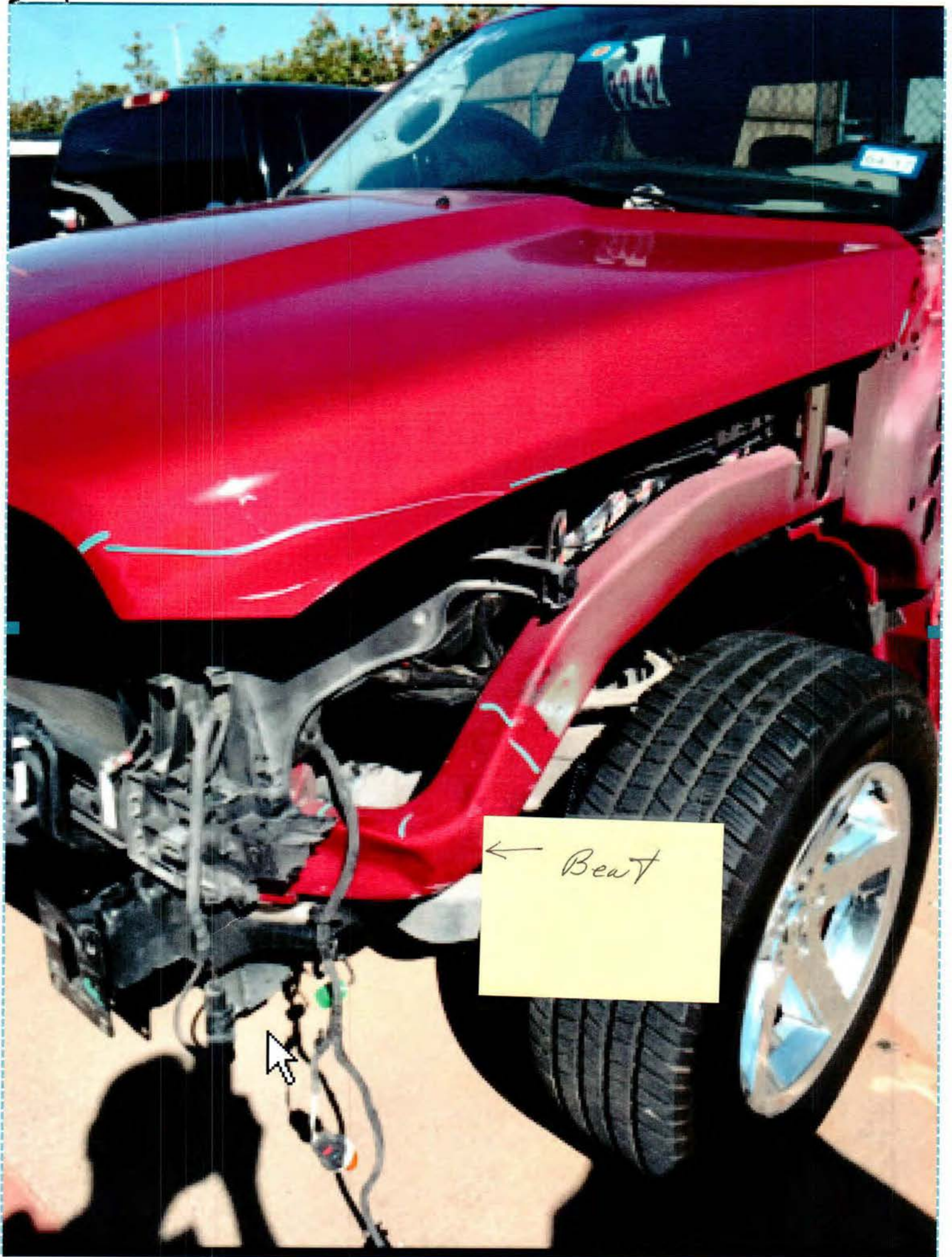
Total: \$9,617.56

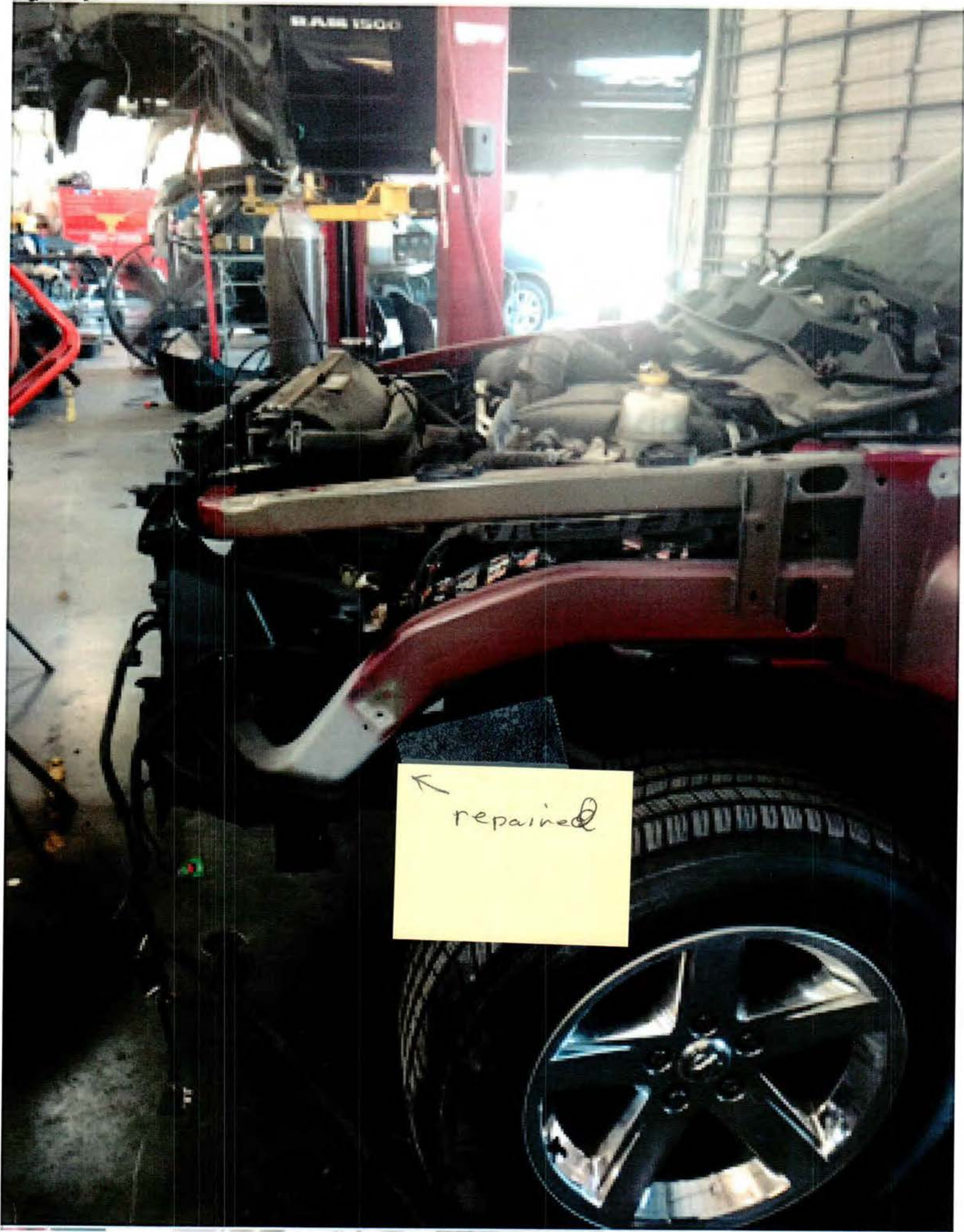
	SUBTOTAL	SUPPLEMENTS	TOTAL
USAA STARS PAYABLE REPAIR	\$9,614.17	\$3.39	\$9,617.56



Hood popped
+ Bent

Bumper was
pushed into
fender, crow
bar used so
it could be
moved







Tuesday, May 16, 2017 1:01:05 PM - 3 - Message (HTML)



Bed of
Trench moved
Back in frame



United Automobile Insurance Services
Managing General Agency on behalf of Old American
PO BOX 694120
MIAMI, FL 33269-1120

*Copy of claim
submitted to the
badlier Insurance Co*



one: 800.450.8247
www.uaig.net

0000336 2 MB 0.419

[Redacted]
Saginaw TX [Redacted]
[Redacted]

DATE : 10/05/16

ACCIDENT DATE: 8/29/16

POLICY #:

CLAIM NO:

INSURED:

CLAIMANT:

[Redacted]
SHERAN D SLACK
[Redacted]

In order for us to complete our investigation of the above captioned matter, it is necessary that we collect additional information. As part of our investigation, it is necessary that you complete this REPORT OF ACCIDENT on ALL PAGES FRONT AND BACK and return it to this office as soon as possible. Your assistance in this matter will allow us to proceed with the completion of this claim.

Enclosed for your convenience is a self-addressed return envelope.

Please keep a record of the claim number listed above, as this will assist us in locating your file if needed in the future.

Sincerely,

Katashia Parker
800-450-8247 x77055

"Warning: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Claim Department

Name of Owner of Car: [Redacted] Address: [Redacted]

Telephone No. [Redacted] Driver's Name: [Redacted] Relationship: [Redacted] DOB: [Redacted]

Address (Driver): SAME AS OWNER Telephone No. [Redacted]

Place of Employment: Retired Occupation: Retired Telephone No. [Redacted]

Was the driver of the vehicle given permission to drive your vehicle? Yes No

Date of Accident: August 29 Time: Approx 11:00 A.M. P.M.

Location of Accident: ON I-35

What are the nearest major cross streets? ? SEE Police Report

Lighting, weather and road conditions Daylight Dawn Dusk Dry Wet Raining Foggy Ice

Other _____

Visibility: Good Fair Poor

Were the streetlights on? None Were your headlights on? YES

Make of Auto: DODGE Year: 2010 Model: DAM VIN #: 1D7RB1G73AS20 Tag #: [Redacted]

What Was Car Being Used For At Time Of Accident? Going to Physical Therapy

Where were you coming from? SAGINAW Where were you going? PT WORTH

Please complete all pages

my policy. uaig.com



Were you working at the time of the loss or on an errand for your employer or anyone else? NO

Does your job require delivery or pickup of property? N/A

If yes how often? (Once a day, twice a day, once a week, other) N/A

Married? Yes No If married spouses name _____

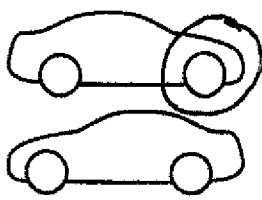
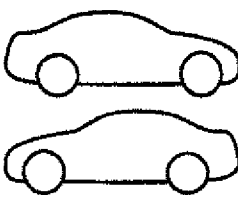
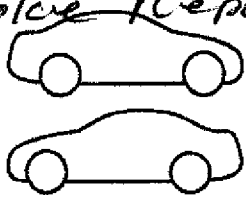
Was Your Vehicle Repaired? Yes No Cost of Repair \$ Repaired after accident When _____ Where _____

How Did Accident Happen? Give full description, speed, points of impact and direction of each car: _____

SEE Police Report

PLEASE CIRCLE THE PRIMARY POINT OF IMPACT FOR ALL VEHICLES INVOLVED

SEE Police Report

		
Your Vehicle	Veh 1 Name _____	Veh 2 Name _____

How many lanes of traffic are on the road you and the other vehicles were traveling on?

Yours _____ Veh 1 _____ Veh 2 _____ SEE Police Report

Which lane did the accident occur in? Right Your speed _____ Veh speed 1 _____ Veh speed 2 _____

What direction were you traveling? South Other vehicle 1 direction South Other vehicle 2 direction _____

How many impacts did you feel? _____

How did you attempt to avoid the accident? HIT my brakes

How did the other party attempt to avoid the accident? No attempt

Who do you feel was at fault for the accident and why? The lady I hit she was in my lane. SHE SPUN INTO my lane

What did the other party say to you just after the accident? SEE Police video of interview

Please describe the traffic control devices: N/A (ex., stop sign, traffic light)

If the intersection was controlled by a signal, what color was the light when you first saw it? N/A

How many people were in your car? ONE In the other car? TWO

Please complete all pages



vehicle? N/A If there was physical contact with the unidentified vehicle, please describe the area of contact on both vehicles: N/A

Name, Address, Description of injury of all occupants in your car (Including Yourself)

Veh	Name	Address	Injury (None if no injury)
1	[REDACTED]	[REDACTED]	Shoulder in surgery repaired Shoulder
2	[REDACTED]	[REDACTED]	Closed Head Injury from hitting windshield
3	[REDACTED]	[REDACTED]	Surgery at Baylor all parts Brain bleed
4	[REDACTED]	[REDACTED]	[REDACTED]

Medical Treatment Required: Yes No If Yes, Doctor's name MORE TO COME Hospital (if any) [REDACTED]

Were you transported from the scene of the accident? Yes No How were you transported? By Family Mems who arrive

List the name and relationship of any passengers that live with you N/A

Name and address of driver of other car SEE Police Report

Name, Address, Description of injury of all occupants of the other vehicle

Veh	Name	Address	Injury (None if no injury)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Year, Make and Model of Other Cars: _____ License Plate #'s _____

Was the Accident Reported to Police Department Yes No

If Yes, Which Department (CITY, STATE): _____ Report # _____

Which Driver Received Ticket? _____ What Was the Charge? _____

What plea was entered? Guilty Not Guilty What was the court's Decision? _____

Who witnessed the accident? Give Names, Addresses and Phone Numbers: _____

Was the vehicle drivable after the loss? No Was the vehicle towed from the scene? YES Where is the vehicle now? _____

Name of Your Insurance Company USAA Policy # _____ Claim # _____

Name of Company Insuring Other Parties _____ Policy # _____ Claim # _____

Did you take any photographs or statements from anyone? Yes No Did you give anyone a statement? Yes No POLICE OFFICER

If Available, attach any bills, photographs, police reports, statements, or estimates of repair.

Date of last auto accident Prior To This: NONE

Your Signature [REDACTED] Dated 11-18-2016

Please use the backside to draw a diagram of the accident



May 29, 2017

TO: Randy Reid
Chief Correspondence Research Division
Office of Defects Investigation
Enforcement

From: [REDACTED]

Saginaw Texas, [REDACTED]

Vehicle

Enclosed you will find the Vehicle Owner's Questionnaire Ref No 10958894. My vehicle ID is {1D7RB1GT3A [REDACTED]}. What concerns me the most is that the airbag on my vehicle failed to deploy when I was almost instantly stopped when the collision occurred. The dealership advised that while the truck received serious damage it had to be head on to deploy the airbag. I hit the windshield while wearing a seatbelt and developed a subdural hematoma from numerous brain bleeds over the next few weeks. It seems simply wrong my seat belt did not deploy.

The truck was purchased from Allen Samuels Dodge new and it is now called Auto Nation.

[REDACTED]
Sincerely

PRIORITY MAIL

DATE OF **Company Name**

To: W48- 226

Mailstop: 4 West

Department: NVS-200,210,300,010

Phone:

Purchase Order
(ItemVarName4)

US PC
\$€

Route

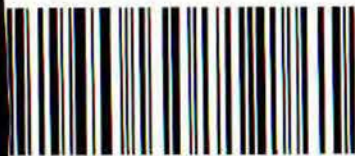


9505512283627152073229

PRIORITY MAIL  2-Day

Day: 06/03/2017

TRACKING NUMBER



5122 8362 7152 0732 29

013

000 10000 14

OD: 12.5 x 9.5

PRIORITY MAIL



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TO: US DEPARTMENT OF
TRANSPORTATION NHTSA
OFFICE OF DEFECTS
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20077-9382

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