 <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><b>Vehicle Owner's Questionnaire</b> 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>28-JUN-2017</p> <p>AUG 30 2011</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 11001912</p>			
<p><b>OWNER INFORMATION (Type or Print)</b></p>					
<p>Name</p> <p>[REDACTED]</p>		<p>Daytime Telephone Number</p> <p>[REDACTED]</p>		<p>E-mail Address</p>	
<p>Address</p> <p>[REDACTED]</p>		<p>Evening Telephone Number</p> <p>[REDACTED]</p>			
<p>City</p> <p>BRISTOL</p>	<p>State</p> <p>CT</p>	<p>Zip Code</p> <p>[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><b>VEHICLE INFORMATION</b></p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>1FMYU93194 [REDACTED]</p>		<p>Make</p> <p>FORD</p>	<p>Model</p> <p>ESCAPE</p>	<p>Model Year</p> <p>2004</p>	
<p>Date Purchased</p> <p>6-8-2017</p>	<p>Dealer's Name and Telephone Number</p> <p>Private Seller</p>		<p>Engine:</p> <p>No: Cylinders</p> <p>6</p>	<p>Fuel Type:</p> <p>GAS</p>	
<p>Original Owner</p> <p><input type="checkbox"/></p>	<p>Dealer's City</p>	<p>State</p>	<p>Zip Code</p>		
<p>Transmission Type</p> <p>Auto.</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>26-JUN-2017</p>	
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>					
<p>Vehicle Component Codes: 060000 ENGINE AND ENGINE COOLING, 180000 VEHICLE SPEED CONTROL, 160000 STRUCTURE</p>			<p>Failure Mileage</p> <p>199400</p>	<p>Failure Speed</p> <p>30</p>	
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>					
<p>Tire Make</p>	<p>Tire Model (Name or Number)</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><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></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><b>APPLICABLE INCIDENT INFORMATION</b> (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>0</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>Y</p>	
<p><b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b> 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 2004 FORD ESCAPE. WHEN THE GEAR WAS SHIFTED INTO DRIVE, THE VEHICLE INDEPENDENTLY ACCELERATED IN EXCESS OF 30 MPH. AS A RESULT, THE CONTACT'S VEHICLE CRASHED INTO ANOTHER VEHICLE. THE CONTACT WAS ABLE TO STOP THE VEHICLE BY SHIFTING INTO NEUTRAL AND SHUTTING OFF THE ENGINE. A POLICE REPORT WAS FILED. THERE WERE NO INJURIES. THE VEHICLE WAS TOWED TO THE INDEPENDENT MECHANIC (CT CONVEYOR LLC LOCATED AT 320 TERRYVILLE RD, BRISTOL, CT 06010; (860) 637-2926) WHERE IT WAS DIAGNOSED THAT THE CRUISE CONTROL CABLE NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBERS: 12V353000 AND 14V165000 (ENGINE AND ENGINE COOLING, VEHICLE SPEED CONTROL AND STRUCTURE). THE PARTS TO DO THE REPAIRS WERE UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIRS. THE MANUFACTURER WAS NOT CONTACTED. THE FAILURE MILEAGE WAS 199,400.</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 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>					

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

My Vehicle Has Not Been repaired At this time. I feel the manufacturer should pay for all Damages, I only have liability Ins. And Now my Ins will go up as I hit a lincoln MKX and my Ins is paying there damage.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



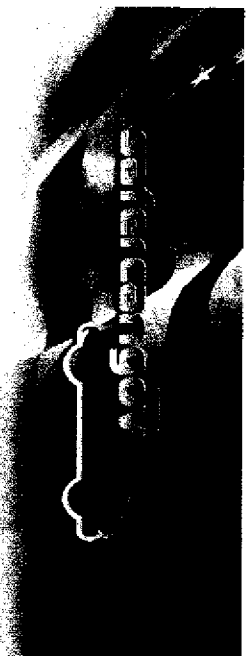
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NEF-100 1200 New Jersey Avenue SE. Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline 888-327-4236



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

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV February 03, 2013

Case Number: [Redacted]

Number of Motor Vehicles: 2

Automobiles, Motorcycles, etc.

Number of Non-Motorists: 0

Pedestrians, Bicyclists, etc.

Crash Summary (Front)

DOT Identifier: [Redacted]

For DOT use only

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash (YYYYMMDD) 20170626, Time (0000-2359) 1831, Town Name Plymouth, Town # 111, Crash Severity PDD, Latitude 41.690557, Longitude -73.015954, Crash occurred on [Redacted] at [Redacted], If not at an intersection: distance 1, N, S, E, W W, name of nearest intersecting road, town line, or mile marker High Street

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP 01, TRAFFICWAY CLASS 01, LIGHT CONDITIONS 01, WEATHER CONDITIONS 01, TRAFFICWAY SURFACE CONDITIONS 01, LOCATION OF FIRST HARMFUL EVENT 01, FIRST HARMFUL EVENT 14, MANNER OF IMPACT 03, CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL 00, CONTRIBUTING CIRCUMSTANCES, ROAD 88, SCHOOL BUS RELATED 01

WORK ZONE CRASH INFORMATION

WORK ZONE 01, LOCATION 88, TYPE 88, WORKERS PRESENT 88, ENFORCEMENT PRESENT 88

CONNECTICUT UNIFORM POLICE CRASH REPORT  
Form PR-1 REV February 03, 2015

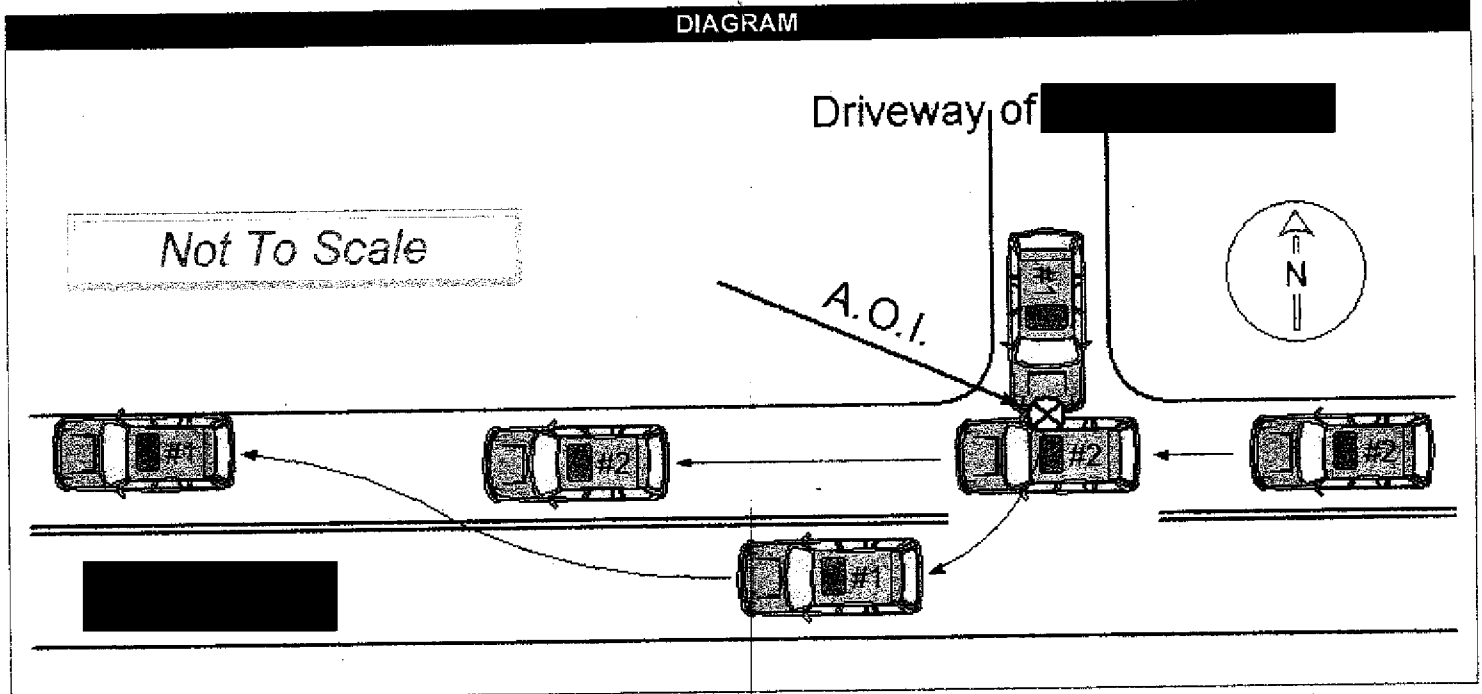
Case Number: [REDACTED]

Crash Summary (Back)

DOT Identifier: [REDACTED]

For DOT use only

DIAGRAM



Vehicles were moved prior to police arrival

Delete Diagram

NARRATIVE

Officers Narrative: Describe any unusual circumstances associated with the crash, including officer's observations.  
Refer to each by motor vehicle number and/or non-motorist number

Operator #1 stated that he backed into a driveway at [REDACTED] and when he put Vehicle #1 into drive, the engine revved and went forward hitting the right side of Vehicle #2 traveling in a west bound direction on [REDACTED]. Operator #1 said he held the brake and did everything he could to avoid Vehicle #1 from going forward, but he was unable to stop the vehicle. Damage occurred to both vehicles.

Related Incident Number	Officer First Name Gary	Officer Last Name D'Angelo	Badge Number 12	Police Agency Code 111
-------------------------	----------------------------	-------------------------------	--------------------	---------------------------

Case Status O - Open C - Closed <b>C</b>	Officer Name: Gary D'Angelo	Supervisor: Sgt. Jonathan Marino
Date & Time: 20170713 1816	Date & Time: 20170714 1741	

This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID:

Form PR-1 REV February 03, 2015

Case Number:

Number of occupants in Vehicle:   
(including the driver)

Motor Vehicle Information (Front)  
Complete One Sheet Per Motor Vehicle

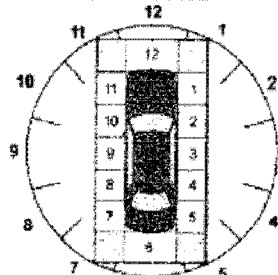
DOT Identifier:

MOTOR VEHICLE INFORMATION

VIN:   VIN missing or removed Plate #:   Invalid Plate  
 Driver Evaded Responsibility Plate State:   No Plate  
 Make:  Color:   
 Model:  Year:  Direction of Travel:   Vehicle was not in roadway  
 Road on which vehicle was traveling:   Unknown direction  Bike lanes/sharrows present  
 Total lanes in roadway:

For all numeric fields, 99 = Unknown

MOTOR VEHICLE CRASH INFORMATION

<p><b>SEQUENCE OF EVENTS</b> (choose up to four, in chronological order)</p> <p><b>Non-Collision</b></p> <p>01. Overturn/Rollover 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Equipment Failure (broken tire, brake failure, etc.) 07. Separation of Units 08. Ran Off Roadway Right 09. Ran Off Roadway Left 10. Cross Median 11. Cross Center Line 12. Downhill Runaway 13. Fell/Jumped From Motor Vehicle 14. Reentering Roadway 15. Thrown or Falling Object 16. Other Non-Collision</p>	<p><b>MOTOR VEHICLE ACTION</b></p> <p>01. Straight Ahead 02. Negotiating a Curve 03. Backing 04. Changing Lanes 05. Overtaking/Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way or Wrong Side 16. Traveling in Bike Lane 97. Other</p>	<p><b>BODY TYPE</b></p> <p>01. Passenger Car 02. (Sport) Utility Vehicle 03. Passenger Van 04. Cargo Van (&lt;10,000 lbs GVWR) 05. Pickup 06. Motor Home 07. School Bus 08. Transit Bus 09. Motor Coach 10. Other Bus 11. Motorcycle 12. Moped 13. Low Speed Vehicle 14. Golf Cart 15. All Terrain Vehicle (ATV) 16. Snowmobile 17. Other Light Trucks (10,000 lbs GVWR or less) 18. Medium/Heavy Trucks (more than 10,000 lbs GVWR) 97. Other</p>	<p><b>MOTOR VEHICLE TYPE</b></p> <p>01. Motor Vehicle in Operation 02. Parked Motor Vehicle 03. Working Vehicle/Equipment 04. Non-Collision Vehicle</p>
<p><b>Collision With Person, Motor Vehicle, or Non-Fixed Object</b></p> <p>17. Pedestrian 18. Pedal Cycler/Pedal-cyclist 19. Other Non-motorist 20. Railway Vehicle (train, engine) 21. Animal (live) 22. Motor Vehicle in Motion 23. Parked Motor Vehicle 24. Struck By Falling, Shifting Cargo or Anything Set in Motion By Motor Vehicle 25. Work Zone/Maintenance Equipment 26. Other Non-Fixed Object</p> <p><b>Collision With Fixed Object</b></p> <p>27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Face 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree (standing) 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object (wall, building, tunnel, etc.) 48. Light Support 88. Not Applicable</p>	<p><b>CONTRIBUTING CIRCUMSTANCES</b> MOTOR VEHICLE (choose up to 2)</p> <p>00. None 01. Brakes 02. Exhaust System 03. Body, Doors 04. Steering 05. Power Train 06. Suspension 07. Tires 08. Wheels 09. Lights (head, signal, tail) 10. Windows/Windshield 11. Mirrors 12. Wipers 13. Truck Coupling / Trailer Hitch / Safety Chains 88. Not Applicable 97. Other</p>	<p><b>MOTOR VEHICLE DAMAGE</b></p>  <p>Use diagram above for values 1-12 See user guide for other vehicle diagrams.</p> <p><b>Initial Contact Point</b></p> <p>13. Non-Collision 14. Top 15. Undercarriage 16. Cargo loss</p>	<p><b>TRAFFICWAY DESCRIPTION</b></p> <p>01. Two-Way, Not Divided 02. Two-Way, Not Divided w/ a Continuous Left Turn Lane 03. Two-Way, Divided, Unprotected (Painted &gt;4 Feet) Median 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable</p> <p><b>ROADWAY GRADE</b></p> <p>01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag (bottom)</p> <p><b>ROADWAY ALIGNMENT</b></p> <p>01. Straight 02. Curve Left 03. Curve Right</p>
<p>1st <input type="text" value="22"/> 2nd <input type="text" value=""/> 3rd <input type="text" value=""/> 4th <input type="text" value=""/> Most Harmful Event <input type="text" value="22"/></p>	<p><b>POSTED/STATUTORY SPEED LIMIT</b> (report the posted/statutory value as miles per hour)</p> <p>01. Not Posted 10, 15, 20, 25, 30, 35, 40, 45 50, 55, 60, 65, 70, 75, 80, 85 88. Not Applicable</p> <p><b>TOWED</b></p> <p>01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage 03. Not Towed</p>	<p><b>Damaged Areas (choose up to 3)</b></p> <p>00. None 14. Top 15. Undercarriage 17. All Areas 88. Not Applicable</p> <p><b>EXTENT OF DAMAGE</b></p> <p>01. No Visible Damage 02. Minor Damage 03. Functional Damage 04. Disabling Damage</p>	<p><b>TRAFFIC CONTROL DEVICE TYPE</b></p> <p>01. No Control Device 02. Person (flagger, law enforcement, crossing guard, etc.) 03. Traffic Control Signal 04. Flashing Traffic Control Signal 05. School Zone Sign/Device 06. Stop Sign 07. Yield Sign 08. Warning Sign 09. Railway Crossing Device 10. Marked Uncontrolled Crosswalk 11. Pedestrian Button 12. Bicycle Detection 97. Other</p> <p><b>TRAFFIC CONTROL DEVICE FUNCTIONAL?</b></p> <p>01. No 02. Yes 03. Missing 88. Not Applicable</p>

INSURANCE INFORMATION

INSURANCE COMPANY:  INSURANCE POLICY NUMBER:  INSURANCE EXPIRATION DATE (yyymmdd):

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV February 03, 2015

Motor Vehicle Information (Back)

Complete One Sheet Per Motor Vehicle

Case Number: [REDACTED]

DOT Identifier: [REDACTED]

For DOT use only

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name (Last, First, Middle, Suffix)

Information same as driver

Street Address or Post Office Box

City

State/Prov

Country

Postal Code

TERRYVILLE

CT

United States

Email Address (optional)

Phone (optional)

SPECIAL VEHICLE FUNCTION

- 01. No Special Function
- 02. Taxi
- 03. Vehicle Used as School Bus
- 04. Vehicle Used as Other Bus
- 05. Military
- 06. Police
- 07. Ambulance
- 08. Fire Truck
- 09. Non-Transport Emergency
- 10. Incident Response Services Vehicle

01

EMERGENCY VEHICLE

- 01. Non-Emergency Situation, Not Transporting Patient
- 02. Non-Emergency Transport of Passenger
- 03. Emergency Operation, Emergency Warning Equipment Not in Use
- 04. Emergency Operation, Emergency Warning Equipment in Use
- 88. Not Applicable

88

BUS USE

- 01. Not a Bus
- 02. School
- 03. Transit/Commuter
- 04. Intercity
- 05. Charter/Tour
- 06. Shuttle
- 88. Not Applicable

01

PROPERTY DAMAGED

Complete if public or private property other than vehicles were damaged in the crash.

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

N/A

NAME OF OWNER OF PROPERTY 1

N/A

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

NAME OF OWNER OF PROPERTY 2

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

NAME OF OWNER OF PROPERTY 3

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID: 2

Form PR-1 REV February 03, 2015

Case Number

Number of occupants in Vehicle: 1 (including the driver)

Motor Vehicle Information (Front) Complete One Sheet Per Motor Vehicle

DOT Identifier: For DOT use only

MOTOR VEHICLE INFORMATION (ii)

VIN: 5 L M T J 3 D H 1 H U
Make: Lincoln
Model: Mkc Reserve
Year: 2017
Road on which vehicle was traveling: Bernis Street
Direction of Travel: W
Total lanes in roadway: 2

MOTOR VEHICLE CRASH INFORMATION

SEQUENCE OF EVENTS (choose up to four, in chronological order)

- Non-Collision
01. Overturn/Rollover
02. Fire / Explosion
03. Immersion, Full or Partial
04. Jackknife
05. Cargo/Equipment Loss or Shift
06. Equipment Failure (blown tire, brake failure, etc)
07. Separation of Units
08. Ran Off Roadway Right
09. Ran Off Roadway Left
10. Cross Median
11. Cross Center Line
12. Downhill Runaway
13. Fell/Jumped From Motor Vehicle
14. Reentering Roadway
15. Thrown or Falling Object
16. Other Non-Collision

- Collision With Person, Motor Vehicle, or Non-Fixed Object
17. Pedestrian
18. Pedal Cycle/Pedal-cyclist
19. Other Non-motorist
20. Railway Vehicle (train, engine)
21. Animal (live)
22. Motor Vehicle In Motion
23. Parked Motor Vehicle
24. Struck By Falling, Shifting Cargo or Anything Set In Motion By Motor Vehicle
25. Work Zone/Maintenance Equipment
26. Other Non-Fixed Object

- Collision With Fixed Object
27. Impact Attenuator/Crash Cushion
28. Bridge Overhead Structure
29. Bridge Pier or Support
30. Bridge Rail
31. Cable Barrier
32. Culvert
33. Curb
34. Ditch
35. Embankment
36. Guardrail Face
37. Guardrail End
38. Concrete Traffic Barrier
39. Other Traffic Barrier
40. Tree (standing)
41. Utility Pole
42. Traffic Sign Support
43. Traffic Signal Support
44. Other Post, Pole, or Support
45. Fence
46. Mailbox
47. Other Fixed Object (wall, building, tunnel, etc.)
48. Light Support
88. Not Applicable

- MOTOR VEHICLE ACTION
01. Straight Ahead
02. Negotiating a Curve
03. Backing
04. Changing Lanes
05. Overtaking/Passing Motor Vehicle
06. Turning Right
07. Turning Left
08. Making U-Turn
09. Leaving Traffic Lane
10. Entering Traffic Lane
11. Slowing
12. Parked
13. Stopped in Traffic
14. Overtaking/Passing Cyclist
15. Wrong Way or Wrong Side
16. Traveling in Bike Lane
97. Other

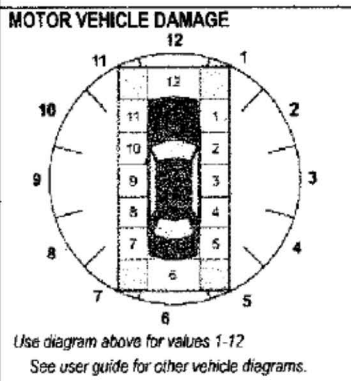
- CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE (choose up to 2)
00. None
01. Brakes
02. Exhaust System
03. Body, Doors
04. Steering
05. Power Train
06. Suspension
07. Tires
08. Wheels
09. Lights (head, signal, tail)
10. Windows/Windshield
11. Mirrors
12. Wipers
13. Truck Coupling / Trailer Hitch / Safety Chains
88. Not Applicable
97. Other

- POSTED/STATUTORY SPEED LIMIT (record the posted/statutory value as miles per hour)
01. Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88. Not Applicable

- TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

- TOWED TO

- BODY TYPE
01. Passenger Car
02. (Sport) Utility Vehicle
03. Passenger Van
04. Cargo Van (<10,000 lbs GVWR)
05. Pickup
06. Motor Home
07. School Bus
08. Transit Bus
09. Motor Coach
10. Other Bus
11. Motorcycle
12. Moped
13. Low Speed Vehicle
14. Golf Cart
15. All Terrain Vehicle (ATV)
16. Snowmobile
17. Other Light Trucks (10,000 lbs GVWR or less)
18. Medium/Heavy Trucks (more than 10,000 lbs GVWR)
97. Other



- MOTOR VEHICLE DAMAGE
Initial Contact Point
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss
Damaged Areas (choose up to 3)
00. None
14. Top
15. Undercarriage
17. All Areas
88. Not Applicable

- EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

- MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

- TRAFFICWAY DESCRIPTION
01. Two-Way, Not Divided
02. Two-Way, Not Divided w/ a Continuous Left Turn Lane
03. Two-Way, Divided, Unprotected (Painted >4 Feet) Median
04. Two-Way, Divided, Positive Median Barrier
05. One-Way Trafficway
88. Not Applicable

- ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag (bottom)

- ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

- TRAFFIC CONTROL DEVICE TYPE
01. No Control Device
02. Person (flagger, law enforcement, crossing guard, etc.)
03. Traffic Control Signal
04. Flashing Traffic Control Signal
05. School Zone Sign/Device
06. Stop Sign
07. Yield Sign
08. Warning Sign
09. Railway Crossing Device
10. Marked Uncontrolled Crosswalk
11. Pedestrian Button
12. Bicycle Detection
97. Other

- TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY: Geico General Ins. Co.
INSURANCE POLICY NUMBER:
INSURANCE EXPIRATION DATE (yyyymmdd): 20170823

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV February 03, 2015

Motor Vehicle Information (Back)

Complete One Sheet Per Motor Vehicle

Case Number: [REDACTED]

DOT Identifier: [REDACTED]

For DOT use only

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name (Last, First, Middle, Suffix)

Information same as driver

Street Address or Post Office Box

City

State/Prov

Country

Postal Code

DULUTH

GA

United States

Email Address (optional)

Phone (optional)

SPECIAL VEHICLE FUNCTION

- 01. No Special Function
- 02. Taxi
- 03. Vehicle Used as School Bus
- 04. Vehicle Used as Other Bus
- 05. Military
- 06. Police
- 07. Ambulance
- 08. Fire Truck
- 09. Non-Transport Emergency
- 10. Incident Response Services Vehicle

01

EMERGENCY VEHICLE

- 01. Non-Emergency Situation, Not Transporting Patient
- 02. Non-Emergency Transport of Passenger
- 03. Emergency Operation, Emergency Warning Equipment Not in Use
- 04. Emergency Operation, Emergency Warning Equipment in Use
- 88. Not Applicable

88

BUS USE

- 01. Not a Bus
- 02. School
- 03. Transit/Commuter
- 04. Intercity
- 05. Charter/Tour
- 06. Shuttle
- 88. Not Applicable

01

PROPERTY DAMAGED

Complete if public or private property other than vehicles were damaged in the crash

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

N/A

NAME OF OWNER OF PROPERTY 1

N/A

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

NAME OF OWNER OF PROPERTY 2

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

NAME OF OWNER OF PROPERTY 3

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID: 1

Form PR-1 REV February 03, 2015

Case Number

Person ID: 1

Motor Vehicle Driver Information

DOT Identifier

Complete One Sheet Per Driver

For DOT use only

Name (Last, First, Middle, Suffix):	GENDER: 01. Male [01] 02. Female 99. Unknown	DATE OF BIRTH (YYYYMMDD):
Street Address or PO Box:	Phone/Email (optional):	<input type="checkbox"/> Date of Birth is unknown
City: BRISTOL	State or Prov: CT	Postal Code:

LICENSE INFO DRIVER INFORMATION

LICENSE NUMBER

STATE: CT

EJECTION

01. Not Ejected [01]  
02. Ejected, Partially  
03. Ejected, Totally  
88. Not Applicable

SEATING POSITION FIRST DIGIT

1. Front Row [11]

DRIVER ACTIONS (choose up to 4)

01. No Contributing Action [01]  
02. Ran Off Roadway  
03. Failed to Yield Right-of-Way  
04. Ran Red Light  
05. Ran Stop Sign  
06. Disregarded Other Traffic Sign  
07. Disregarded Other Road Markings  
08. Improper Turn  
09. Improper Backing  
10. Improper Passing  
11. Wrong Side or Wrong Way  
12. Followed Too Closely  
13. Failed to Keep in Proper Lane  
14. Operated Vehicle in Reckless Aggressive Manner  
15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner  
16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc.  
17. Over-Correcting/Over-Steering  
18. Overtaking Cyclist  
88. Not Applicable  
97. Other Contributing Action

DRIVER LICENSE JURISDICTION

01. Not Licensed  
02. State [02]  
03. Tribal Nation  
04. U.S. Government  
05. Canadian Province  
06. Mexican State  
07. International License (other than Mexico and Canada)  
08. Valid License (other country)  
88. Not Applicable

RESTRAINT SYSTEM

00. None Used-Motor Vehicle Occupant  
01. Shoulder and Lap Belt Used [01]  
02. Shoulder Belt Only Used  
03. Lap Belt Only Used  
04. Restraint Used Type Unknown  
88. Not Applicable  
97. Other

SECOND DIGIT

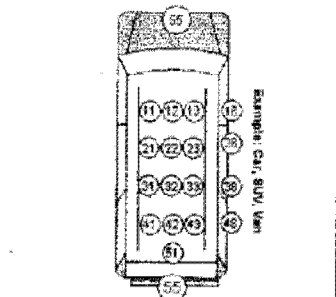
1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles)  
2. Middle Seat  
3. Right Seat  
8. Other Seat

LICENSE CLASS

00. None  
01. Class A [04]  
02. Class B  
03. Class C  
04. Class D  
05. Class M  
88. Not Applicable

HELMET USE

01. No Helmet  
02. DOT-Compliant Motorcycle Helmet  
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet  
04. Helmet, Unknown If DOT-Compliant  
88. Not Applicable [88]

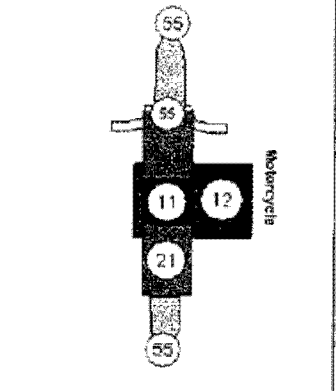


COMMERCIAL LICENSE

01. No [01]  
02. Yes

AIRBAG

01. Not Deployed [01]  
02. Deployed-Front  
03. Deployed-Side  
04. Deployed-Curtain  
05. Deployed-Other  
06. Deployed-Combination  
88. Not Applicable



DRIVER DISTRACTED BY

01. Not Distracted [01]  
02. Manually Operating an Electronic Communication Device (Texting, etc.)  
03. Talking on Hands-Free Electronic Device  
04. Talking on Hand-Held Electronic Device  
05. Other Activity, Electronic Device  
06. Passenger  
07. Other Inside the Vehicle (eating, hygiene, etc.)  
08. Outside the Vehicle

ENDORSEMENTS

A - Activity Vehicles  
 F - Taxi, Livery, Motor Coach  
 H - Hazardous Materials  
 M - Motorcycles  
 N - Tank Vehicles  
 P - Passenger  
 Q - Fire Fighting Vehicles  
 S - School Bus  
 T - Double/Triple Trailers  
 V - Student Transportation  
 X - Combination of Tank Vehicle and Hazardous Materials

SPEED RELATED

01. No [01]  
02. Racing  
03. Exceeded Speed Limit  
04. Too Fast for Conditions

CONDITION AT TIME OF CRASH (choose up to 2)

01. Apparently Normal [01]  
02. Physically Impaired  
03. Emotional (depressed, angry, etc.)  
04. Ill (sick), Fainted  
05. Asleep or Fatigued  
06. Under the Influence (Medications/Drugs/Alcohol)  
88. Not Applicable  
97. Other

INJURY AND EMS INFORMATION

INJURY STATUS

K. Fatal Injury  
A. Suspected Serious Injury  
B. Suspected Minor Injury  
C. Possible Injury  
O. No Apparent Injury [0]

TRANSPORTED TO FIRST MEDICAL FACILITY BY

01. Not Transported  
02. EMS Air  
03. EMS Ground [01]  
04. Law Enforcement  
97. Other

EMS COMPANY NAME

EMS RUN NUMBER

INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER

00. None Taken  
01. Verbal Warning  
02. Written Warning  
03. Infraction  
04. Arrest/Summons

[02]

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS

01. Test Not Given [01]  
02. Test Refused  
03. Test Given  
99. Unknown if Tested

DRUG TEST STATUS

01. Test Not Given [01]  
02. Test Refused  
03. Test Given  
99. Unknown if Tested

TYPE OF ALCOHOL TEST

01. Blood [88]  
02. Urine  
03. Breath  
88. Not Applicable 97. Other

TYPE OF DRUG TEST

01. Blood [88]  
02. Urine  
88. Not Applicable  
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV February 03, 2015

Motor Vehicle ID: 2

Case Number: [Redacted]

Person ID: 2

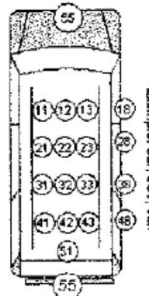
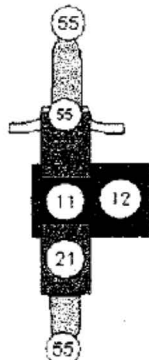
Motor Vehicle Driver Information

DOT Identifier: [Redacted]  
For DOT use only

Complete One Sheet Per Driver

Name (Last, First, Middle, Suffix): [Redacted]  
Street Address or PO Box: [Redacted]  
City: BETHLEHEM State or Prov: CT Postal Code: [Redacted] Phone/Email (optional): [Redacted]

GENDER: 01. Male 02. Female 99. Unknown [02]  
DATE OF BIRTH (YYYYMMDD): [Redacted]  
 Date of Birth is unknown

LICENSE INFO		DRIVER INFORMATION (ii)	
LICENSE NUMBER: [Redacted]	EJECTION: 01. Not Ejected 02. Ejected, Partially 03. Ejected, Totally 88. Not Applicable [01]	SEATING POSITION FIRST DIGIT: 1. Front Row [11]	DRIVER ACTIONS (choose up to 4): 01. No Contributing Action 02. Ran Off Roadway 03. Failed to Yield Right-of-Way 04. Ran Red Light 05. Ran Stop Sign 06. Disregarded Other Traffic Sign 07. Disregarded Other Road Markings 08. Improper Turn 09. Improper Backing 10. Improper Passing 11. Wrong Side or Wrong Way 12. Followed Too Closely 13. Failed to Keep in Proper Lane 14. Operated Vehicle in Reckless Aggressive Manner 15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 17. Over-Correcting/Over-Steering 18. Overtaking Cyclist 88. Not Applicable 97. Other Contributing Action [01]
STATE: [Redacted]	RESTRAINT SYSTEM: 00. None Used-Motor Vehicle Occupant 01. Shoulder and Lap Belt Used 02. Shoulder Belt Only Used 03. Lap Belt Only Used 04. Restraint Used Type Unknown 88. Not Applicable 97. Other [01]	SECOND DIGIT: 1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles) 2. Middle Seat 3. Right Seat 8. Other Seat	 
DRIVER LICENSE JURISDICTION: 01. Not Licensed 02. State 03. Tribal Nation 04. U.S. Government 05. Canadian Province 06. Mexican State 07. International License (other than Mexico and Canada) 08. Valid License (other country) 88. Not Applicable [02]	HELMET USE: 01. No Helmet 02. DOT-Compliant Motorcycle Helmet 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet 04. Helmet, Unknown If DOT-Compliant 88. Not Applicable [88]	AIRBAG: 01. Not Deployed 02. Deployed-Front 03. Deployed-Side 04. Deployed-Curtain 05. Deployed-Other 06. Deployed-Combination 88. Not Applicable [01]	
LICENSE CLASS: 00. None 01. Class A 02. Class B 03. Class C 04. Class D 05. Class M 88. Not Applicable [04]	SPEED RELATED: 01. No 02. Racing 03. Exceeded Speed Limit 04. Too Fast for Conditions [01]	COMMERCIAL LICENSE: 01. No 02. Yes [01]	DRIVER DISTRACTED BY: 01. Not Distracted 02. Manually Operating an Electronic Communication Device (Texting, etc) 03. Talking on Hands-Free Electronic Device 04. Talking on Hand-Held Electronic Device 05. Other Activity, Electronic Device 06. Passenger 07. Other Inside the Vehicle (eating, hygiene, etc.) 08. Outside the Vehicle [01]
ENDORSEMENTS: <input type="checkbox"/> A - Activity Vehicles <input type="checkbox"/> F - Taxi, Livery, Motor Coach <input type="checkbox"/> H - Hazardous Materials <input type="checkbox"/> M - Motorcycles <input type="checkbox"/> N - Tank Vehicles <input type="checkbox"/> P - Passenger <input type="checkbox"/> Q - Fire Fighting Vehicles <input type="checkbox"/> S - School Bus <input type="checkbox"/> T - Double/Triple Trailers <input type="checkbox"/> V - Student Transportation <input type="checkbox"/> X - Combination of Tank Vehicle and Hazardous Materials	CONDITION AT TIME OF CRASH (choose up to 2): 01. Apparently Normal 02. Physically Impaired 03. Emotional (depressed, angry, etc.) 04. Ill (sick), Fainted 05. Asleep or Fatigued 06. Under the Influence (Medications/Drugs/Alcohol) 88. Not Applicable 97. Other [01]	INJURY AND EMS INFORMATION	
INJURY STATUS: K. Fatal Injury A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury O. No Apparent Injury [O]		TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01. Not Transported 02. EMS Air 03. EMS Ground 04. Law Enforcement 97. Other [01]	EMS COMPANY NAME: _____ EMS RUN NUMBER: _____ INTENDED RECEIVING FACILITY: _____

ENFORCEMENT ACTIONS TAKEN		DRUG/ALCOHOL INFORMATION	
ACTION BY OFFICER: 00. None Taken 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/Summons [00]	VIOLATION STATUTES: [Redacted]	ALCOHOL TEST STATUS: 01. Test Not Given 02. Test Refused 03. Test Given 99. Unknown if Tested [01]	TYPE OF ALCOHOL TEST: 01. Blood 02. Urine 03. Breath 88. Not Applicable 97. Other [88]
		DRUG TEST STATUS: 01. Test Not Given 02. Test Refused 03. Test Given 99. Unknown if Tested [01]	TYPE OF DRUG TEST: 01. Blood 02. Urine 88. Not Applicable 97. Other [88]

**MDC STATEWIDE APPRAISAL SERVICE**

We Pride Ourselves In Service  
P O Box 2425  
MIDDLETOWN, CT 06457  
Phone: (860) 346-6144, FAX:(860) 344-0073

Workfile ID: [REDACTED]

For:

**ARBELLA INSURANCE**

ARBELLA INSURANCE GROUP  
Phone: (888) 248-9338, FAX:(203) 267-2795

**Estimate of Record**

Owner: [REDACTED]

Job Number: [REDACTED]

Written By: Nick Fazzino  
Adjuster: BENTIVOGLIO, MARISSA

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

Policy #: [REDACTED]  
Date of Loss: 6/26/2017 1:00 PM

Claim #: [REDACTED]  
Days to Repair: 4

Owner: [REDACTED]

Inspection Location:  
With Insured @ CT Conveyor  
Other

Repair Facility:  
UNKNOWN (E)  
COPY E-MAILED TO OWNER

TERRYVILLE, CT

**VEHICLE**

2004 FORD Escape XLT 103" WB 4WD 4D UTV 6-3.0L Gasoline SEFI BLACK

VIN: 1FMYU93194L [REDACTED]  
License: [REDACTED]  
State: [REDACTED]

Production Date:  
Odometer: 199,883  
Condition:

Interior Color:  
Exterior Color: BLACK

**TRANSMISSION**

Automatic Transmission  
Overdrive  
4 Wheel Drive

**POWER**

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Power Driver Seat

**DECOR**

Dual Mirrors

Body Side Moldings  
Privacy Glass  
Console/Storage

**CONVENIENCE**

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Rear Window Wiper

**RADIO**

AM Radio  
FM Radio  
Stereo  
Search/Seek  
CD Changer/Stacker

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes

**ROOF**

Luggage/Roof Rack

**SEATS**

Cloth Seats  
Bucket Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Fog Lamps

**TRUCK**

Rear Step Bumper

**Estimate of Record**

Owner: [REDACTED]

Job Number: [REDACTED]

2004 FORD Escape XLT 103" WB 4WD 4D UTV 6-3.0L Gasoline SEFI BLACK

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER</b>					
2	**	Repl A/M CAPA Bumper cover w/o appearance package dark platinum	YL8Z17D957EAB	1	185.00	1.8	0.0
3		<b>GRILLE</b>					
4	**	Repl A/M KEYSIQ Grille XLT, Limited	YL8Z17B968BA	1	116.00	Incl.	0.0
5		<b>FRONT LAMPS</b>					
6	**	Repl A/M CAPA LT Headlamp assy	4L8Z13008AB	1	209.00	0.3	0.0
7		Aim headlamps		0	0.00	0.5	0.0
8		<b>RADIATOR SUPPORT</b>					
9	*	Rpr Upper tie bar		0	0.00 s	1.0	0.5
10		<b>FENDER</b>					
11	**	Repl A/M CAPA LT Fender w/o wheel opening molding	YL8Z16006BA	1	147.00	2.0	1.8
12		Add for Clear Coat		0	0.00	0.0	0.7
13		Add for Edging		0	0.00	0.0	0.5
14		Deduct for Overlap		0	0.00	-0.3	0.0
15		<b>FRONT DOOR</b>					
16	*	Rpr LT Outer panel		0	0.00	4.0	2.0
17		Overlap Major Adj. Panel		0	0.00	0.0	-0.4
18		Add for Clear Coat		0	0.00	0.0	0.3
19	*	Repl LT Body side mldg med platinum	5L8Z78Z0879DAB	1	116.07	0.4	0.0
20		R&I LT Mirror power		0	0.00	0.4	0.0
21		R&I LT Handle, outside black, texture		0	0.00	0.4	0.0
22		R&I LT R&I trim panel		0	0.00	0.5	0.0
23		<b>REAR DOOR</b>					
24		Bind LT Outer panel w/o wheel opng mldg		0	0.00	0.0	1.2
25	*	R&I LT Body side mldg w/o wheel opening molding med titanium		0	0.00	0.4	0.0
26		R&I LT Belt w'strip		0	0.00	0.3	0.0
27		R&I LT Handle, outside black		0	0.00	0.4	0.0
28		R&I LT R&I trim panel w/power units		0	0.00	0.5	0.0
29	#	Repl Anti-Corrosive		1	8.00 T	0.3	0.0
30	#	Repl Car Cover / Overspray Protect		1	5.00 T	0.3	0.0
31	#	Rpr Color Sand & Buff		0	0.00	1.0	0.0
<b>SUBTOTALS</b>					<b>786.07</b>	<b>14.2</b>	<b>6.6</b>

Estimate of Record

Owner: [REDACTED]

Job Number: [REDACTED]

2004 FORD Escape XLT 103" WB 4WD 4D UTV 6-3.0L Gasoline SEFI BLACK

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			773.07
Body Labor	14.2 hrs @	\$ 52.00 /hr	738.40
Paint Labor	6.6 hrs @	\$ 52.00 /hr	343.20
Paint Supplies	6.6 hrs @	\$ 28.00 /hr	184.80
Miscellaneous			13.00
Subtotal			2,052.47
Sales Tax	\$ 2,052.47 @	6.3500 %	130.33
<b>Total Cost of Repairs</b>			<b>2,182.80</b>
Deductible			0.00
<b>Total Adjustments</b>			<b>0.00</b>
<b>Net Cost of Repairs</b>			<b>2,182.80</b>

\*\*\*\*\*IMPORTANT NOTICE ! YOU HAVE THE RIGHT TO CHOOSE THE LICENSED REPAIR SHOP WHERE THE DAMAGE TO YOUR MOTOR VEHICLE WILL BE REPAIRED\*\*\*\*\*

WE RESERVE THE RIGHT TO REINSPECT ANY ADDITIONAL DAMAGE BEFORE ANY REPAIRS PROCEED. NO SUPPLEMENTS WILL BE ALLOWED WITHOUT PRIOR APPROVAL. MDC STATEWIDE APPRAISAL SERVICE SPECIFIES AND INTENDS THAT ALL REPAIRS, INCLUDING STRUCTURAL PARTS REPLACEMENT, LISTED HERE ON BE MADE IN STRICT ACCORDANCE WITH INDUSTRY STANDARDS. THIS APPRAISAL IS TO ESTABLISH TOTAL AMOUNT OF REPAIRS ONLY. IT IS NOT A GUARANTEE OF SETTLEMENT. REPAIR AUTHORIZATION AND PAYMENT MUST BE OBTAINED BY OWNER.

PAYMENT AND RENTAL QUESTIONS ARE TO BE ADDRESSED BY THE RELATED INSURANCE CO. HANDLING THIS CLAIM.PLEASE CALL RELATED INSUANCE CO. NOT MDC STATEWIDE APPRAISAL SERVICE.

NOTE!!!! IF THIS APPRAISAL WAS SENT TO THE OWNER AND THE OWNER HAS NOT CHOSEN A REPAIR SHOP; PLEASE PRESENT THIS APPRAISAL TO THE REPAIR SHOP OF YOUR CHOICE AT TIME OF REPAIRS.IF THERE IS ANY HIDDEN DAMAGE FOUND OR DIFFERENCES HAVE YOUR REPAIR SHOP CONTACT OUR OFFICE WHEN REPAIRS BEGIN.

\*\*\*\*MAILED OR FAXED SUPPLEMENTS WILL NOT BE HONORED\*\*\*\*\*  
SHOP MUST CALL FOR SUPPLEMENT.

\*\*\*\*MDC APPRAISAL SERVICE WILL NOT ACCEPT RESPONSIBILITY OF PAYMENTS NOT MADE TO THE REPAIR FACILITY. DIRECTION OF PAYMENTS ARE THE RESPONSIBILITY OF THE INSURANCE COMPANY. NOT ALL INSURANCE COMPANIES ALLOW US TO SUBMIT DIRECTION TO PAYS. ASK OUR APPRAISER AT THE TIME OF REINSPECTION. OR CONTACT OUR OFFICE. \*\*\*\*

NOTICE: YOU HAVE THE RIGHT TO CHOOSE THE LICENSED REPAIR SHOP WHERE THE DAMAGE TO YOUR MOTOR VEHICLE WILL BE REPAIRED.

\*\*\*\*\* NOTICE \*\*\*\*\*

THIS REPAIR ESTIMATE IS BASED IN PART ON THE USE OF REPLACEMENT PARTS WHICH ARE NOT MADE BY THE ORIGINAL MANUFACTURER OF THE DAMAGED PARTS IN YOUR MOTOR VEHICLE.

## Estimate of Record

Owner: [REDACTED]

Job Number: [REDACTED]

2004 FORD Escape XLT 103" WB 4WD 4D UTV 6-3.0L Gasoline SEFI BLACK

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DE2MK01, CCC Data Date 7/3/2017, and potentially other third party sources of data; and (b) the parts presented 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 data provided by third party sources of data 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, A/M or NAGS. 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 2017 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 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.

Estimate of Record

Owner: [REDACTED]

Job Number: [REDACTED]

2004 FORD Escape XLT 103" WB 4WD 4D UTV 6-3.0L Gasoline SEFI BLACK

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
2	KeyCom - Keystone - H-Manchester-2 50 UTOPIA ROAD MANCHESTER CT 06040 (800) 330-3745 (860) 533-3000	#FO1000510C A/M CAPA Bumper cover w/o appearance package dark platinum	\$ 185.00
4	KeyCom - Keystone - H-Manchester-2 50 UTOPIA ROAD MANCHESTER CT 06040 (800) 330-3745 (860) 533-3000	#FO1200390 A/M KEYSIQ Grille XLT, Limited	\$ 116.00
6	KeyCom - Keystone - H-Manchester-2 50 UTOPIA ROAD MANCHESTER CT 06040 (800) 330-3745 (860) 533-3000	#FO2518103C A/M CAPA LT Headlamp assy	\$ 209.00
11	KeyCom - Keystone - H-Manchester-2 50 UTOPIA ROAD MANCHESTER CT 06040 (800) 330-3745 (860) 533-3000	#FO1240219PP A/M CAPA LT Fender w/o wheel opening molding	\$ 147.00

Estimate of Record

Owner: [REDACTED]

Job Number: [REDACTED]

2004 FORD Escape XLT 103" WB 4WD 4D UTV 6-3.0L Gasoline SEFI BLACK

RECALL INFO

2004 FORD Escape XLT 103" WB 4WD 4D UTV 6-3.0L Gasoline SEFI BLACK

VIN:	1FMYU93194H [REDACTED]	Production Date:		Interior Color:	
License:	[REDACTED]	Odometer:	199,883	Exterior Color:	BLACK
State:	CT	Condition:			

The National Highway Transportation and Safety Administration (NHTSA) has issued 3 safety-related recall notice(s) that may apply to the selected vehicle.

**NHTSA ID: 14V165000**                      **Issued: Apr 4, 14**                      **Number of Vehicles: 00348950**

Ford Motor Company (Ford) is recalling certain model year 2001-2004 Escape vehicles manufactured October 22, 1999, through January 23, 2004, originally sold, or currently registered in, Connecticut, Delaware, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia, Wisconsin and the District of Columbia. These vehicles may experience excessive corrosion at the forward attachment of the lower control arm. A separation of the lower control arm can result in a significant loss of steering control, increasing the risk of a crash. Ford will notify owners, and dealers will install a newly designed reinforcement cross-brace, free of charge. Parts are not currently available. Ford expects to send an interim notification around May 19, 2014. When parts are available, owners will be mailed a second letter to come in to have the part installed. If customers bring their vehicles to a dealer before reinforcement crossbraces are available, dealers will inspect the subframe and either inform customers that the vehicle is safe to drive until the remedy parts are available or provide a rental vehicle until parts are available if an immediate repair is needed. Owners may contact Ford at 1-800-392-3673. Ford's number for this recall is 14S02.

**NHTSA ID: 04V602000**                      **Issued: Dec 12, 04**                      **Number of Vehicles: 00262113**

LATCHES/LOCKS/LINKAGES:DOORS:LATCH CERTAIN 2004-2005 SPORT UTILITY VEHICLES AND CERTAIN 2001-2003 SPORT UTILITY VEHICLE HAVING REAR LIFTGATE COMPONENTS SERVICED WITH 2004 EQUIVALENT COMPONENTS FAIL TO COMPLY WITH THE REQUIREMENTS OF FEDERAL MOTOR VEHICLE SAFETY STANDARD NO. 206, "DOOR LOCKS AND DOOR RETENTION COMPONENTS." THE REAR LIFTGATE LATCHING SYSTEM DOES NOT MEET THE INERTIA LOAD REQUIREMENT IN ONE DIRECTION. IF THE LIFTGATE IS LEFT UNLOCKED, THERE IS THE POTENTIAL THAT IT MAY OPEN DURING A CRASH. DEALERS WILL REPLACE THE REAR LIFTGATE LATCH RELEASE ROD, THE RELEASE ROD ATTACHMENT CLIP AND THE DOOR HANDLE RETURN SPRING. THE RECALL IS EXPECTED TO BEGIN ON JANUARY 24, 2005. OWNERS SHOULD CONTACT FORD AT 1-800-392-3673.

**NHTSA ID: 04V574000**                      **Issued: Dec 12, 04**                      **Number of Vehicles: 00470245**

VEHICLE SPEED CONTROL:CABLES ON CERTAIN SPORT UTILITY VEHICLES BUILT WITH 3.0L V6 ENGINES, THE ACCELERATOR CABLE MAY PREVENT THE THROTTLE FROM RETURNING TO THE IDLE POSITION. AN UNEXPECTED INCREASE IN ENGINE IDLE SPEED MAY INCREASE STOPPING DISTANCE AND MAY RESULT IN A VEHICLE CRASH. DEALERS WILL REPLACE THE ACCELERATOR CABLE. THE RECALL BEGAN ON JANUARY 10, 2005. OWNERS SHOULD CONTACT FORD AT 1-866-436-7332.

**VALID ONLY AFTER  
RESOLVING ALL  
COMPLIANCE  
ISSUES**

**CONNECTICUT REGISTRATION CERTIFICATE**  
**KEEP THIS PORTION IN YOUR VEHICLE - DO NOT MAIL**  
**INSURANCE SHALL BE MAINTAINED AS REQUIRED BY CT LAW**

**VALID ONLY  
AFTER PAYMENT  
RECEIVED BY  
DMV**

PLATE NUMBER	PLATE CLASS PASSENGER	EXP. DATE 06/08/2019	VEHICLE IDENTIFICATION NUMBER 1FMYU93194D	YR 04	MAKE FORD	MODEL ESCAPE X		
VEHICLE TYPE SUV	REGISTERED USAGE REGULAR	LIGHT WT	GVWR	DECLARED WT	STAND	SEAT		
HAZ MAT? N	TITLE Y	EMISSIONS DUE ABOVE	REG FEE 80.00	PLATE TYPE STANDARD	TOWN 111	TAX TOWN PLYMOUTH	COLOR BLACK	STYLE 4W
OWNER(S)	REG JOINT	WATERBURY - FULL SERVICE 06/09/2017		COMMISSIONER OF MOTOR VEHICLES				

*Michael R. Byrge*  
 NEW RECORD

TERRYVILLE, CT



↑ KEEP IN VEHICLE

↑ KEEP IN VEHICLE

↑ KEEP IN VEHICLE

Registration Fee	\$80.00
Title Fee	\$25.00
Standard Issue Base Plate Fee	\$0.00
Safety Plate Fee	\$5.00
Administration Fee	\$10.00
Clean Air Act Fee	\$10.00
Sales Tax	\$111.13
<b>TOTAL FEES</b>	<b>\$241.13</b>



# STATE OF CONNECTICUT

Department of Motor Vehicles  
60 State Street, Wethersfield, CT 06161  
On the Web at [ct.gov/dmv](http://ct.gov/dmv)



## Registration Credential

### IMPORTANT NOTICE TO YOU:

Below is your new registration certificate.  
You must keep this document in your vehicle at all times.

Please go to the [ctemissions.com](http://ctemissions.com) website for your emissions due date. If the vehicle is not tested by the due date, or within thirty (30) days of the date of registration, a late fine may be assessed. If you have further questions, please call the DMV Emissions Division at 860-263-5611 or 860-263-5333.

↓      KEEP IN VEHICLE      ↓      KEEP IN VEHICLE      ↓      KEEP IN VEHICLE      ↓

<b>VALID ONLY AFTER RESOLVING ALL COMPLIANCE ISSUES</b>		<b>CONNECTICUT REGISTRATION CERTIFICATE</b>										<b>VALID ONLY AFTER PAYMENT RECEIVED BY DMV</b>			
<b>KEEP THIS PORTION IN YOUR VEHICLE - DO NOT MAIL</b>										<b>INSURANCE SHALL BE MAINTAINED AS REQUIRED BY CT LAW</b>					
PLATE NUMBER	PLATE CLASS	EXP. DATE	VEHICLE IDENTIFICATION NUMBER				YR	MAKE	MODEL						
[REDACTED]	PASSENGER	06/08/2019	1FMYU93194D [REDACTED]				04	FORD	ESCAPE X						
VEHICLE TYPE	REGISTERED USAGE	LIGHT WT	GVWR	DECLARED WT	STAND	SEAT	AXLES	COLOR	STYLE						
SUV	REGULAR							BLACK	4W						
HAZ MAT?	TITLE	EMISSIONS DUE	REG FEE	PLATE TYPE	TOWN	TAX TOWN		WATERBURY - FULL SERVICE 06/09/2017							
N	Y	ABOVE	\$80.00	STANDARD	111	PLYMOUTH									
OWNER(S):			OR/JOINT												

*Michael R. Byrnes*  
COMMISSIONER OF MOTOR VEHICLES

NEW RECORD

[REDACTED]  
TERRYVILLE, CT [REDACTED]  
[REDACTED]

[REDACTED]

↑      KEEP IN VEHICLE      ↑      KEEP IN VEHICLE      ↑      KEEP IN VEHICLE      ↑

	Registration Fee	\$80.00
	Title Fee	\$25.00
	Standard Issue Base Plate Fee	\$0.00
	Safety Plate Fee	\$5.00
	Administration Fee	\$10.00
	Clean Air Act Fee	\$10.00
	Sales Tax	\$111.13
<b>TOTAL FEES</b>		<b>\$241.13</b>

STATE OF CONNECTICUT  
**WARNING TICKET**

Issued by §	STATE POLICE UNIT	OFFICER (Signature & Badge Number)	DATE
POLICE DEPARTMENT TOWN OR CITY OF		6/26/17	
PLYMOUTH		Failure to repair vehicle and submit proof of this repair to the DMV will result in your being subject to a CIVIL PENALTY OF NOT LESS THAN \$50 AND THE SUSPENSION OF YOUR REGISTRATION.	
IDENTIFICATION OF OPERATOR	NAME	OPERATOR LICENSE (State & Number)	
ADDRESS	████████████████████	████████████████████	
IDENTIFICATION OF VEHICLE	NAME OF VEHICLE OWNER	YEAR	MAKE
ADDRESS	████████████████████	04	FORD
		MODEL	TYPE
		ESCAPE	SUV
		REG. (State & No.)	
		████████████████████	
CONDITIONS	TIME	TRAFFIC	WEATHER
	1831	L	C
LOCATION	CITY OR TOWN	ROUTE NUMBER OR STREET NAME	
	PLYMOUTH	████████████████████	
OFFENSE	14-2A7 FAILURE TO MAINTAIN RIGHT OF WAY		OTHER (Specify) 17-695Z

**IF DEFECTIVE EQUIPMENT** is checked, the law requires that the defects be corrected. Proof of repairs must be submitted to the DMV within twenty (20) days. (See reverse side).

State of Connecticut  
Department of Motor Vehicles  
On The Web At <http://dmvct.org>

- DEFECTIVE EQUIPMENT AT DRIVEWAY
- |   |   |                                       |  |   |
|---|---|---------------------------------------|--|---|
| <input type="checkbox"/> Brakes         | <input type="checkbox"/> Vehicle Suspension | <input type="checkbox"/> Tinted Glass | <input type="checkbox"/> Signal Lights | <input type="checkbox"/> Mirror           |
| <input type="checkbox"/> Tires          | <input type="checkbox"/> Steering Mechanism | <input type="checkbox"/> Header Board | <input type="checkbox"/> Misc. Lights  | <input type="checkbox"/> Markers Obscured |
| <input type="checkbox"/> Horn           | <input type="checkbox"/> Windshield Wiper   | <input type="checkbox"/> Head Lights  | <input type="checkbox"/> Stop Lights   | <input type="checkbox"/> Obscured Vision  |
| <input type="checkbox"/> Exhaust System | <input type="checkbox"/> Windshield         | <input type="checkbox"/> Tail Lights  | <input type="checkbox"/> Other Glazing | <input type="checkbox"/> Excessive Smoke  |
- OTHER (specify) \_\_\_\_\_

**PLEASE PRINT**  
Use ballpoint pen. Bear Down.

DISTRIBUTION: White - DMV Pink - Motorist Yellow - Police

P-2 REV. 9-2001



INSTRUCTIONS FOR POLICE DEPARTMENT TOW

1. Please type or print clearly.
2. Police Officer COMPLETE SECTIONS 1, 2, 3, 4, 5. Police retain white copy.
3. If vehicle is not claimed within 48 hours, Police Department must send canary copy to vehicle owner, goldenrod copy to lienholder (if any), and retain white copy. If copy unclear or 2nd lien, provide a photocopy of white copy.

INSTRUCTIONS FOR PRIVATE PROPERTY TOW

1. Please type or print clearly.
2. Tower COMPLETE SECTIONS 1, 2, 3, 4, 6. Police department must receive white copy within 2 hours of tow.
3. If vehicle is not claimed within 48 hours, towing company must send canary copy to vehicle owner, goldenrod copy to lienholder (if any), and retain pink copy. If copy unclear or 2nd lien, provide a photocopy of white copy.

<b>SECTION 1 TOWER INFORMATION</b>	TYPE OF TOW <input checked="" type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> PRIVATE PROPERTY	DATE VEHICLE TOWED 6/26/17	WRECKER MARKER PLATE NUMBER
	NAME OF TOWER COLLISION CLINIC	DEALER/REPAIRER LICENSE NO.	TELEPHONE NUMBER OF TOWER 860-583-8474
	ADDRESS OF TOWER (Number and Street) 226 TERRVILLE RD	(City or Town) BRISTOL	(State) CT
	(Zip Code) 06010	LOCATION WHERE VEHICLE WAS TOWED (Number and Street) SAME	(City or Town) BRISTOL
	(State) CT	(Zip Code) 06010	

<b>SECTION 2 VEHICLE INFORMATION</b>	YEAR 04	MAKE FORD	MODEL ESCAPE	MARKER PLATE NUMBER [REDACTED]
	VEHICLE IDENTIFICATION NUMBER 1FMYU93194D [REDACTED]			

<b>SECTION 3 CURRENT OWNER INFORMATION</b>	NAME (Last, First, Middle Initial) [REDACTED]
	ADDRESS (Number and Street) (City or Town) (State) (Zip Code) [REDACTED] TERRVILLE CT [REDACTED]
	MAILING ADDRESS (if different) [REDACTED]

<b>SECTION 4 LIENHOLDER INFORMATION</b>	NAME OF LIENHOLDER [REDACTED]	NAME OF SECOND LIENHOLDER [REDACTED]
	ADDRESS OF LIENHOLDER [REDACTED]	ADDRESS OF SECOND LIENHOLDER [REDACTED]

COMMENTS/ADDITIONAL INFORMATION (Explain the circumstances surrounding the tow - include as much information as possible)  
H/V ACCIDENT, VEHICLE ACCELERATES

<b>SECTION 5 POLICE TOW INFORMATION (Complete for P.D. Tow ONLY)</b>	PRINTED NAME OF OFFICER WHO PLACED VEHICLE IN CUSTODY OF TOWER CORY DANIELO	BADGE NUMBER 12	DEPARTMENT NAME PLUMKETH
	LOCATION WHERE VEHICLE WAS TOWED FROM (Street, City, State) [REDACTED] TERRVILLE, CT 06786		

<b>SECTION 5 POLICE TOW INFORMATION (Complete for P.D. Tow ONLY)</b>	IS VEHICLE DAMAGED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If yes, please explain below) FRONT	POLICE CASE NUMBER [REDACTED]
	I hereby certify that the above information is true and accurate.	
	SIGNATURE OF POLICE OFFICER (Or Authorized Officer) X [REDACTED]	DATE SIGNED 6/26/17

**NOTE TO VEHICLE OWNER**  
The owner has a right to contest the validity of a police authorized tow of a motor vehicle by making application for a hearing within ten days. DMV Form A-25 is available at all offices of the Department of Motor Vehicles and at all state and local police departments for this purpose.

<b>SECTION 6 PRIVATE PROPERTY TOW INFORMATION</b>	PRINTED NAME OF PERSON WHO PLACED VEHICLE IN CUSTODY OF TOWER
	LOCATION WHERE VEHICLE WAS TOWED FROM (Street, City, State)
	SIGNATURE OF TOWING COMPANY OFFICIAL X [REDACTED]
	DATE SIGNED