

February 13, 2002

Ms. Susan Di Marco  
*ERIE INSURANCE GROUP*  
100 Erie Insurance Place  
Erie, PA 16530

Claim No.: 010110413092

Insured: [REDACTED]

Date of Loss: 11/04/01

Our File No.: 9322751

V.I.N.: 3B7HF13Z21G [REDACTED]

Dear Ms. Di Marco:

Enclosed you will find DaimlerChrysler Motors Corporation check number **6107396**, in the amount of **\$1,623.96**.

The amount of this check will represent settlement for the above referenced subrogation claim.

Sincerely,

D. M. Bennis  
Special Investigations  
(248) 944-7036

DMB/lls  
Enclosure

VENDOR NO: SU000000001  
VENDOR LOC:  
FACTOR VENDOR:  
FACTOR VENDOR LOC:

REMITTANCE ADVICE  
DAIMLERCHRYSLER CORPORATION  
CIMS: 431-00-00  
P.O. BOX 21-8004  
AUBURN HILLS MI 48321-8004

PAY REF. NO: 0006107396  
DATE: 02/12/2002  
PH: USCKU SOURCE: SU  
MAIL: R:SU

INV/REF DATE	INVOICE/REFERENCE NUMBER-SCHEDULE PAY NO.	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
02/11/2002 ZONE 82	09322751 VIN 3B7HF132216	1,623.96		1,623.96
TOTALS		1,623.96		1,623.96

REMOVE CHECK ALONG THIS PERFORATION

THIS CHECK HAS A SECURITY FEATURE THAT WILL APPEAR IF ALTERED.

DAIMLERCHRYSLER

GAP CHASE MANHATTAN BANK USA, N.A.  
WILMINGTON, DELAWARE

DATE: 02/12/2002 SEQUENCE NO. 00196 PAY \$0000000000001623AND96CENTS

PAY TO THE ORDER OF  
ERIE INS GROUP  
CLM 010110413092  
100 ERIE INS PLACE  
ERIE PA 16530

VOID SIX MONTHS AFTER DATE OF ISSUE  
ACCOUNT 7601 BANK USCKU  
DAIMLERCHRYSLER CORPORATION  
AUTHORIZED SIGNER  
T.P. Dykstra  
CP-8

62-26 1530-09 0006107396  
311 \*\*\*\*\*1623.96

1330497

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

DAIMLERCHRYSLER

CORPORATE PAYMENTS GAP  
CIMS: 431-00-00  
P.O. BOX 21-8004  
AUBURN HILLS MI 48321-8004

USCKU SU 0006107396 R:SU

ERIE INS GROUP  
CLM 010110413092  
100 ERIE INS PLACE  
ERIE PA 16530

# SPECIAL INVESTIGATIONS



## Fax Cover Sheet

Date 11-07-01

To: ☒ David Bennis  
☐ Tom Lee  
☐ Mike Martell  
☐ Dennis Mucci

Fax Number

248-512-8748

From: BOB BALAS Telephone: 724-248-4920  
Engineering Analysis Associates, Inc.

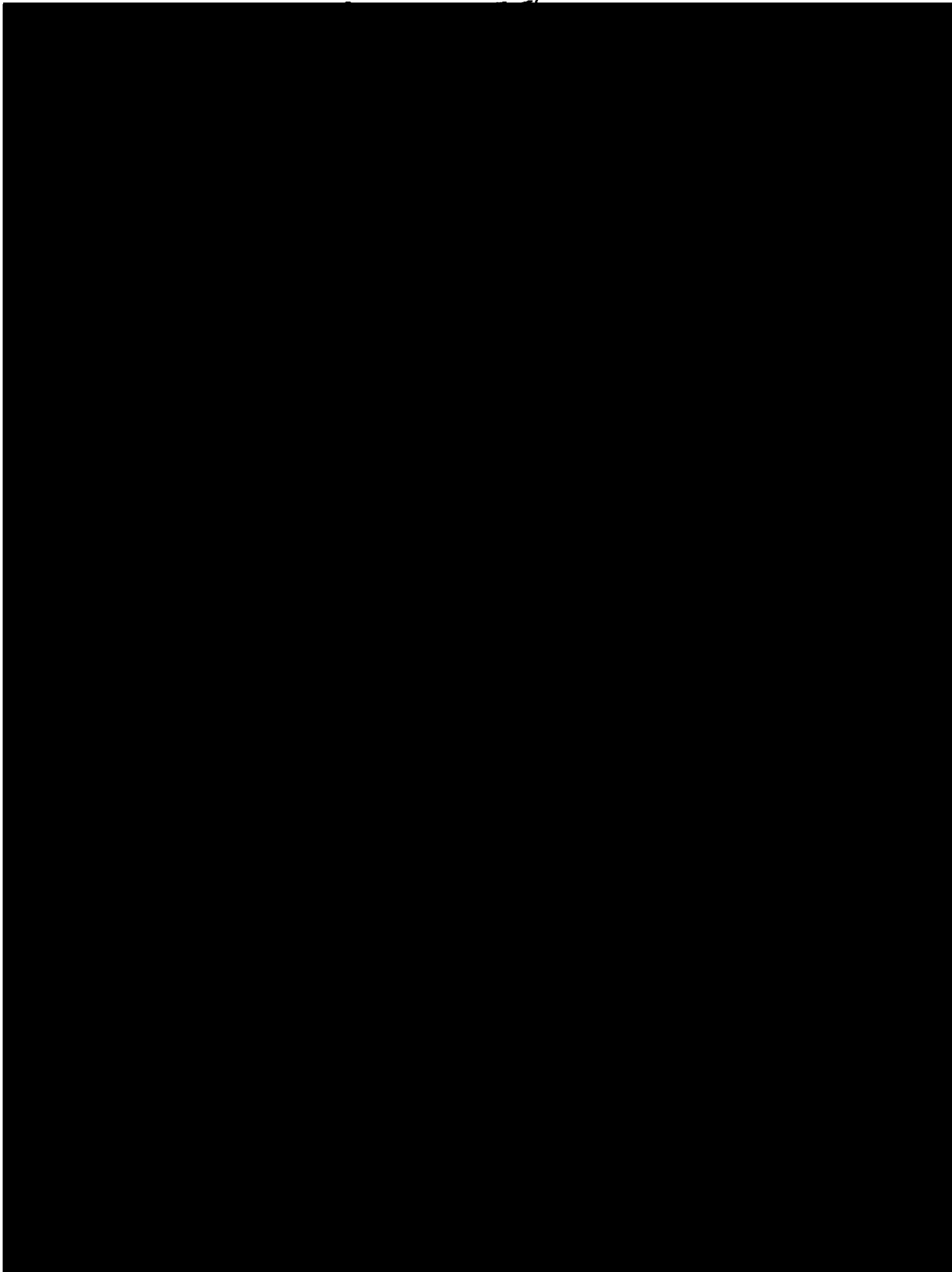
CAIR Number 9322751

Customer [REDACTED]

Number of pages, including cover: 9







11/03/01 MON 14:48 FAX 2488424558

EA ASSOCIATES

0002

Nov 05, 14:15 EST by: 0000-Admin(0000)

(14:16) Page 2 of 4

111/05/01

CAIR Data File

CAIR: 9322751 82 1/1 Page: 1

Tmp Address:

Company:

Cust: MR

AD1: 1088 GREENFIELD RD

Ph:

AD2:

Cty/St/ZIP: HERMITAGE

PA

Cntry: USA Lang: E

Co-Own:

Company:

Rep:

AD1:

AD2:

Cty/St/ZIP:

Ph:

Ph:

Cntry:

Lang:

## Status and Notes

Opened by: MFY Open Dt: 110501 Typ: L

Stat: 0 Closed by: Closed Dt:

Alrt: \$ Curresp: DMB26 82

Lst Upd: 110501 1402P DMB26 82

Cntr Typ: T Orig: C Mail Cntry:

Dt on Ltr:

Exec:

Resp Ltr:

Resp Ltr Dt:

## Check Information

Ck Amt: \$.00 B:

Payee:

Addr1:

Addr2:

City:

St/ZIP:

## Vehicle Information

VIN: 3B7HF13Z210 YR/Model: 01 DODGE RAM 1500 P/U QUAD CAB

Sl: Zn/Sl: Svc/Dlr: 43 J J 59710 DODGE CITY INC

In Srv Date: 04/04/00

Svc Zn/Sl: Svc/Dlr: 43 J J 59710 DODGE CITY INC

Curr Mi/Km: N 39000

WCC: 336 - /36

3/36

0

7

724-342-6801 Dave Harkin

CBC:

## General Narrative

## REASONS FOR CONTACT:

- 1) Hood Hardware - Inoperative
- 2) Product in Accident

\*--&gt; NARRATIVE ADDED BY M. F. YACOB

ON 11/05/01 AT 08:50AM

11/05/01 Owner calls Daimler Chrysler seeking assistance with what he alleges to be faulty hood latch. Owner stated that he was last to put antifreeze into vehicle but claims he securely shut the hood. Owner alleges there was no hood vibration and no indication that hood wasn't shut, but when driving nearly 2 miles from his home the hood allegedly flew open by itself. No recalls in association. Owner is alleging a manufacturing association. Owner's insurance company is with Erie Insurance, agent: Ronald Leipheimer (724)-342-2291. No claim to physical injuries. No police report. Physical Location of the vehicle residency:

HERMITAGE PA Phone:

Owner Alleges hood is damaged, and hinges are twisted.

\*--&gt; NARRATIVE ADDED BY D. M. BENNIS

ON 11/05/01 AT 07:02PM

\*\*\*\*\* Alleged Hood Fly-Up \*\*\*\*\*

Please arrange for inspection, provide PVIR and photos.

CAIR NUMBER 09322751 REQUEST EAA INSPECTION 11-05-2001 14:02

DAVE BERNIS

IF YOU HAVE ANY QUESTIONS ON THIS CALL ME

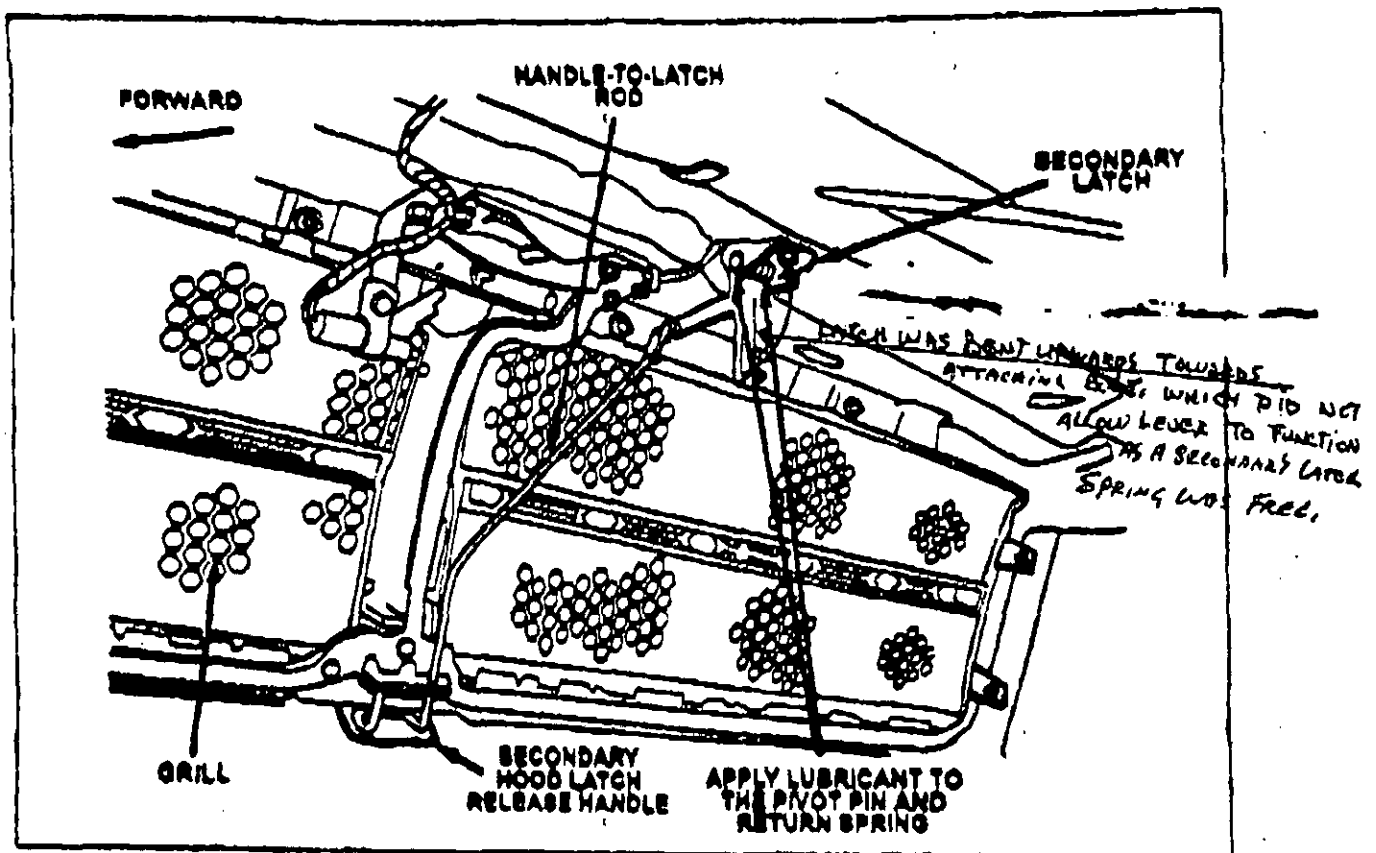


Figure 1 - Underhood View Shown



11/05/2001 at 12:15 PM  
19973

Job Number:

T-K AUTO BODY  
Federal ID #:341627921  
"QUALITY BEYOND COMPARE"  
7817 ADDISON RD. S.E.  
MASURY, OH 44438  
(330)448-4820 Fax: (330)448-4208

PRELIMINARY ESTIMATE

Written by: PAT HERMENSKY #  
Adjuster:

Insured: [REDACTED]  
Owner: [REDACTED]  
Address: [REDACTED]  
Day: [REDACTED]  
Evening: [REDACTED]

HERMITAGE, PA

Claim #  
Policy #  
Deductible:  
Date of Loss:  
Type of Loss:  
Point of Impact: 12. Front

Inspect  
Location:

Insurance ERIE INSURANCE GROUP  
Company:

Days to Repair

2001 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT Int:  
VIN: 3B7HF13721G [REDACTED] Lic: [REDACTED] PA Prod Date: Odometer: 38000  
Intermittent Wipers Dual Mirrors Clear Coat Paint  
Power Steering Power Brakes Anti-Lock Brakes (2) [REDACTED]  
Driver Airbag Passenger Airbag Split Bench Seats  
Rear Step Bumper Styled Steel Wheels

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		HOOD & GRILLE				
2	Repl	Hood from 12/6/93	1	625.00	1.5	3.2
3		Add for Clear Coat				1.3
4		Add for Underside(Complete)				1.6
5		Add for Clear Coat				0.3
6	Repl	Insulator retainer	10	18.50		
7	Repl	RT Hinge from 10/20/97	1	76.50	0.3	0.3
8	Repl	LT Hinge from 10/20/97	1	76.50	0.3	0.3
9	Repl	Lock	1	31.35	0.5	
10	Repl	Safety catch	1	11.25	Incl.	
11	Repl	RT Decal "SPORT" silver	1	38.35	0.3	
12	Repl	LT Decal "SPORT" silver	1	38.35	0.3	
13#	Repl	RESTORE CORROSION PROTECTION/RUST PROOF	1	5.00 T	0.1	
14#	Repl	COVER CAR	1	5.00 T	0.2	
15#	Repl	HAZARDOUS WASTE REMOVAL	1	3.50 T		
Subtotals ==>				929.30	3.5	7.0

11/05/2001 at 12:15 PM  
19973

Job Number:

**PRELIMINARY ESTIMATE**

2001 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT Int:

Parts		915.80
Body Labor	3.5 hrs @ \$ 36.00/hr	126.00
Paint Labor	7.0 hrs @ \$ 36.00/hr	252.00
Paint Supplies	7.0 hrs @ \$ 19.00/hr	133.00
Sublet/Misc.		13.50
-----		
SUBTOTAL		\$ 1440.30
Sales Tax	\$ 1440.30 @ 5.5000%	79.22
-----		
GRAND TOTAL		\$ 1519.52
ADJUSTMENTS:		
Deductible		0.00
-----		
CUSTOMER PAY		\$ 0.00
INSURANCE PAY		\$ 1519.52

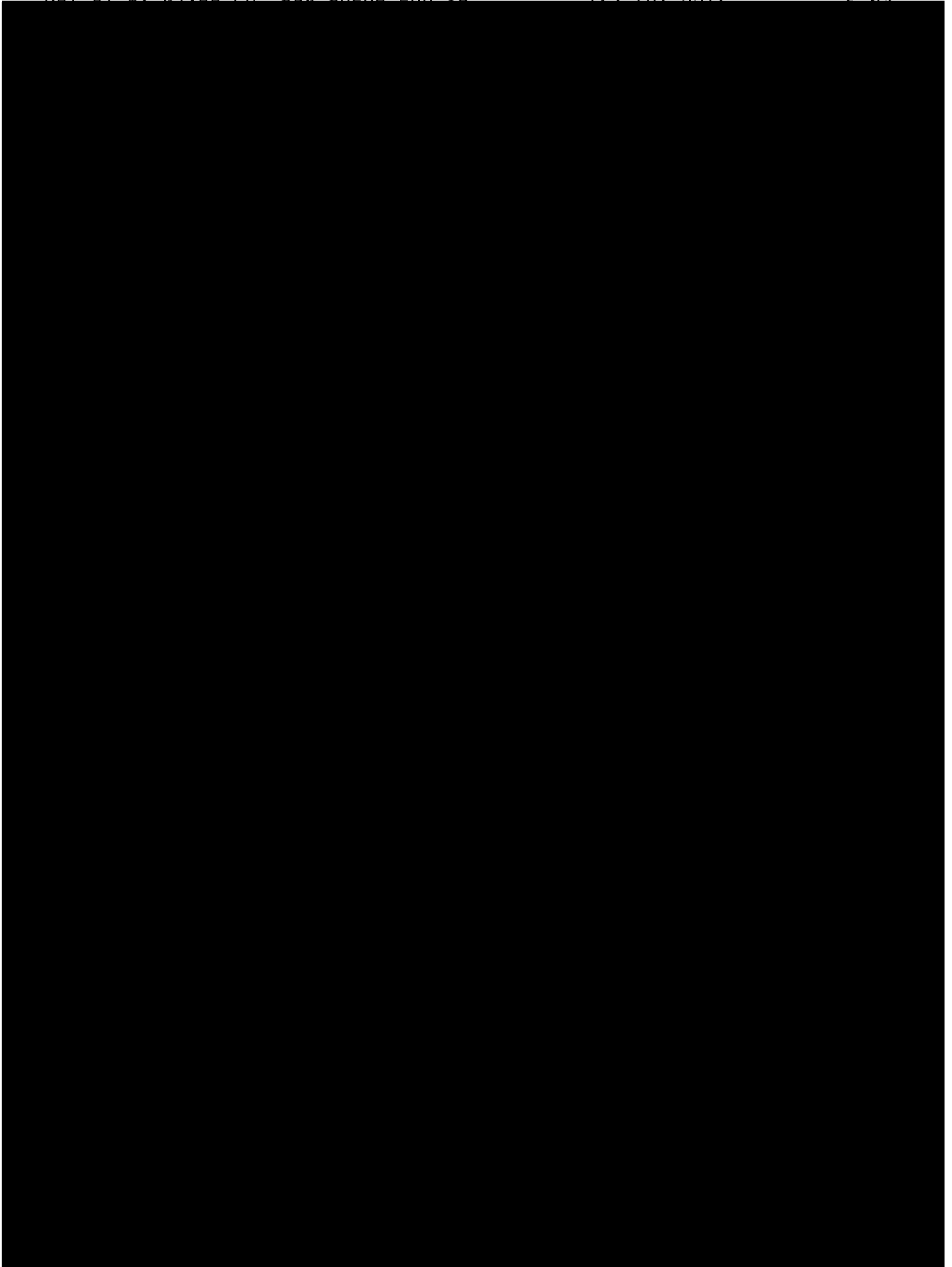
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT 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 AUTO 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 QUAL RECY=QUALITY RECYCLED PART QUAL REPL=QUALITY REPLACEMENT PART 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 AUTOMOBILE GLASS SERVICE.

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 MAY BE 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.







## ERIE INSURANCE GROUP

Branch Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • (814) 451-5000  
Toll Free 1-800-458-0811 • Fax (814) 451-5060 • [www.erieinsurance.com](http://www.erieinsurance.com)

9322751

JAMES J. WITKOWSKY, CPCU, AIC  
Claims Manager

February 6, 2002

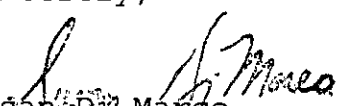
Chrysler  
Attn: Dave Benes  
P.O. Box 21-8004  
Auburn Hills, MI 48321

RECEIVED  
FEB 11 2002  
SPECIAL INVESTIGATIONS

Re: ERIE Claim # 010110413092  
ERIE Insured: [REDACTED]  
Loss Date: 11/04/01  
Your Insured: Chrysler  
Your Claim # 9322751  
Your Policy # unknown

Our investigation reveals that your insured is responsible for the damage to our Insured's vehicle. We enclose the proof necessary to support our subrogation claim. Please send your check in the amount of \$1623.96 which includes our Insured's interest.

Sincerely,

  
Susan Dr. Marco  
Subrogation Specialist I.  
814-451-5052

/M4R SCC3

Enclosures:  
Envelope  
Supporting Papers

cc: Ronald A. Leipheimer, AA3122  
file

02/06/2002  
14:16

Claims Management System  
Check Print

CSPP032B  
Page: 1  
Req: ROPIECKI ,M

-----  
CHECK NO 04402453 CMS NO D402453 DATE 11/19/2001

Pay ONE THOUSAND FOUR HUNDRED FIFTY-THREE AND 96/100

\$\$\$\$\$\$1,453.96

To The  
Order  
of  
T-K AUTO BODY  
7817 ADDISON RD S.E.  
MASURY, OH 44438 1208

Operator  
807ROSSETTI

Loss Date  
11/04/2001

Claim  
010110413092

Tax Id No  
3416279210

For  
FINAL PAYMENT FOR [REDACTED]  
COMPREHENSIVE  
REPAIRS TO A 2001 DODGE P/U 99356

Cashed  
C 11/27/2001

-----  
CHECK NO 04401894 CMS NO D401894 DATE 11/14/2001

Pay ONE HUNDRED TWENTY AND 00/100

\$\$\$\$\$\$\$\$120.00

To The  
Order  
of  
KNOTT RENTALS INC.  
LUMPP RENTAL CAR  
363 WINTERGREEN DR.  
BROOKFIELD, OH 44403 9625

Operator  
807ROSSETTI

Loss Date  
11/04/2001

Claim  
010110413092

Tax Id No  
3115432130

For  
FINAL PAYMENT BRIAN LUBA  
COMPREHENSIVE

Cashed  
C 11/27/2001

-----  
CHECK NO D491219 CMS NO D491219 DATE 11/29/2001

Pay FIFTY AND 00/100

\$\$\$\$\$\$\$\$50.00

To The  
Order  
of  
[REDACTED]  
HERMITAGE PA [REDACTED]

Operator  
618ROPIECKI

Loss Date  
11/04/2001

Claim  
010110413092

Tax Id No

For  
SUBROGATION DISTRIBUTED  
COMPREHENSIVE  
DEDUCTIBLE REIMBURSEMENT

Cashed  
C 12/06/2001

11/12/2001 AT 03:25 PM

Req: DIMARCO ,S  
JOB NUMBER: 419

T-K AUTO BODY  
FEDERAL ID #:341627921  
QUALITY BEYOND COMPARE  
7817 ADDISON RD. S.E.  
MASURY, OH 44438  
(330)448-4820 FAX: (330)448-4208

SUPPLEMENT OF RECORD 1 WITH SUMMARY

WRITTEN BY: PAT HERMENSKY # 11/12/2001 03:21 PM  
ADJUSTER: DRAKES, BETH #

INSURED: [REDACTED]  
OWNER: [REDACTED]  
ADDRESS: [REDACTED]  
DAY: [REDACTED]  
EVENING: [REDACTED]

CLAIM #010110413092001  
POLICY # [REDACTED]  
DEDUCTIBLE: 50.00  
DATE OF LOSS: 11/04/2001 AT 11:00 AM  
TYPE OF LOSS: COMPREHENSIVE  
POINT OF IMPACT: 12. FRONT

INSPECT  
LOCATION:

INSURANCE ERIE INSURANCE GROUP  
COMPANY: 4565 DRESSLER RD N.W.  
P.O. BOX 9031  
CANTON, OH 44711-9031

BUSINESS: (800)362-6541  
DAYS TO REPAIR

2001 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT INT:  
VIN: 3B7HF13721G [REDACTED] LIC: YGG-6027 PA PROD DATE: ODOMETER: 38000  
INTERMITTENT WIPERS DUAL MIRRORS CLEAR COAT PAINT  
POWER STEERING POWER BRAKES ANTI-LOCK BRAKES (2)  
DRIVER AIRBAG PASSENGER AIRBAG SPLIT BENCH SEATS  
REAR STEP BUMPER STYLED STEEL WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		HOOD & GRILLE					
2	REPL	HOOD FROM 12/6/93	1	625.00		1.5	3.2
3		ADD FOR CLEAR COAT					1.3
4		ADD FOR UNDERSIDE (COMPLETE)					1.6
5		ADD FOR CLEAR COAT					0.3
6	REPL	INSULATOR RETAINER	10	18.50			
7*	REPL	RT HINGE FROM 10/20/97	1	83.70*		0.3	0.3
8*	REPL	LT HINGE FROM 10/20/97	1	83.70*		0.3	0.3
9	REPL	LOCK	1	31.35		0.5	
10	REPL	SAFETY CATCH	1	11.25		INCL.	
11	REPL	RT DECAL SPORT SILVER	1	38.35		0.3	
12	REPL	LT DECAL SPORT SILVER	1	38.35		0.3	
13#	REPL	RESTORE CORROSION PROTECTION/RUST PROOF	1	5.00	T	0.1	
14#	REPL	COVER CAR	1	5.00	T	0.2	
15#	REPL	HAZARDOUS WASTE REMOVAL	1	3.50	T		
16	REPL	BUMPER HOOD TO FENDER	1	2.45		0.1	

11/12/2001 AT 03:25 PM

Req: DIMARCO ,S  
JOB NUMBER: 419

SUPPLEMENT OF RECORD 1 WITH SUMMARY  
2001 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT INT:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
17# S01		*****FINAL BILL	1				
18# S01		11/08/01-----11/12/01	1				
SUBTOTALS ==>				946.15		3.6	7.0

PARTS			932.65
BODY LABOR	3.6 HRS	@ \$ 34.00/HR	122.40
PAINT LABOR	7.0 HRS	@ \$ 34.00/HR	238.00
PAINT SUPPLIES	7.0 HRS	@ \$ 17.00/HR	119.00
SUBLET/MISC.			13.50

SUBTOTAL			\$ 1425.55
SALES TAX	\$ 1425.55	@ 5.5000%	78.41

GRAND TOTAL			\$ 1503.96
-------------	--	--	------------

ADJUSTMENTS:			
DEDUCTIBLE			50.00

CUSTOMER PAY			\$ 50.00
INSURANCE PAY			\$ 1453.96



11/12/2001 AT 03:25 PM

Req: DIMARCO ,S  
JOB NUMBER: 419

SUPPLEMENT OF RECORD 1 WITH SUMMARY  
2001 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT INT:

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.

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NAGS=NATIONAL AUTOMOBILE GLASS SERVICE.

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 MAY BE 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.

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR3TA94 DATABASE DATE 8/2001 AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. 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. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM OR QUAL REPL PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECON. RECORDED PARTS ARE DESCRIBED AS RECORE. NAGS PART NUMBERS AND PRICES ARE PROVIDED FROM NATIONAL AUTO GLASS SPECIFICATIONS, INC. POUND SIGN (#) ITEMS INDICATE MANUAL ENTRIES.

PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

11/12/2001 AT 03:25 PM

Req: DIMARCO ,S  
JOB NUMBER: 419

SUPPLEMENT OF RECORD 1 WITH SUMMARY  
2001 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT INT:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
----- ADDED ITEMS -----							
17#	S01	*****FINAL BILL	1				
18#	S01	11/08/01-----11/12/01	1				
SUBTOTALS ==>					0.00	0.0	0.0

PARTS	0.00
-----	
SUBTOTAL	\$ 0.00

ESTIMATE	1503.96	TOM KLOUSE
SUPPLEMENT S1	0.00	PAT HERMENSKY

JOB TOTAL \$ 1503.96

CUSTOMER PAY \$ 50.00  
INSURANCE PAY \$ 1453.96

11/12/2001 AT 03:25 PM

Req: DIMARCO ,S  
JOB NUMBER: 419

SUPPLEMENT OF RECORD 1 WITH SUMMARY  
2001 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT INT:

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 AUTO 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 QUAL RECY=QUALITY RECYCLED PART QUAL REPL=QUALITY REPLACEMENT PART 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 AUTOMOBILE GLASS SERVICE.

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 MAY BE 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.

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR3TA94 DATABASE DATE 8/2001 AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. 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. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM OR QUAL REPL PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECON. RECORDED PARTS ARE DESCRIBED AS RECORE. NAGS PART NUMBERS AND PRICES ARE PROVIDED FROM NATIONAL AUTO GLASS SPECIFICATIONS, INC. POUND SIGN (#) ITEMS INDICATE MANUAL ENTRIES.

PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

11/12/2001 AT 03:25 PM

Req: DIMARCO ,S  
JOB NUMBER: 419

SUPPLEMENT OF RECORD 1 WITH SUMMARY  
2001 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT INT:

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE: 0

NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

**LUMPP RENT-A-CAR, INC.** JK

NOT RESPONSIBLE FOR LOST OR LOCKED IN KEYS

Customer

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

License # \_\_\_\_\_ Exp. \_\_\_\_\_

**BILLING INFO**Insurance Erie

Address \_\_\_\_\_

Phone 330-493-4387Claim # 010110412095001Adjuster TerryInsured FAX 800-535-4694

The customer agrees to pay Lumpp Rent-A-Car deductible at the expiration of the rental agreement for all damages and loss of income on Lumpp Rent-A-Car's rental vehicle (regardless of fault) not covered by the customer's collectible insurance. The customer has inspected the vehicle and upon acceptance, as acknowledged that damages, if any, are noted hereon.

have read and agree to be bound by the terms and conditions contained on both sides of this rental agreement and agree to return vehicle to Lumpp Rent-A-Car at the above location on or before the due back date.

Customer's Signature

Signature of Lessor

Prior Damage \_\_\_\_\_

Interior Damage \_\_\_\_\_

INVOICE # \_\_\_\_\_

P.O. BOX 478

BROOKFIELD, OHIO 44403

Phone: 8-5

In OH: 330-448-0900

In PA: 724-346-1885

(Emergency Page # After 5 p.m.)

724-962-3840

THIS VEHICLE IS BEING RENTED TO THE CUSTOMER BY LUMPP RENT-A-CAR OTHERWISE REFERRED TO AS THE LESSOR.

Car # \_\_\_\_\_ License # Temp Plate ☐ Spare ☐ JackMake Maroon Sat.

Mileage Back \_\_\_\_\_

Out 1/2 Gas

ALL TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE CUSTOMER.

**2 FULL DAY MINIMUM**

RATES ARE BASED ON CALENDAR DAY ONLY.

Insurance protection for temporary substitute automobile to be provided by customer's existing insurance, if customer's insurance fails for any reason to afford coverage, customer shall be solely responsible.

Date 11-8-01

Due Back \_\_\_\_\_

Date Returned 11/13/01

Total of Rental Days	Rate Per Day	AMOUNT
<u>6</u>	<u>\$ 18.95</u>	<u>\$ 113.70</u>
Mileage Charge		<u>\$ Free</u>
Other Charges		<u>\$</u>
Sales Tax <u>5.75</u>		<u>\$ 6.54</u>
TOTAL CHARGES		<u>\$ 120.24</u>
Less Deposits		<u>\$</u>
BALANCE <u>—————&gt;</u>		<u>\$</u>

Pay Lumpp Direct  
Fed ID 311 543 113



FROM

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**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL


PERMIT NO 1521

ERIE PA

POSTAGE WILL BE PAID BY ADDRESSEE

ERIE BRANCH CLAIMS  
ERIE INSURANCE GROUP  
100 ERIE INSURANCE PLACE  
ERIE PA 16501-9793

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES





ERIE INSURANCE GROUP

Home Office • 100 Erie Insurance Place • Erie PA 16530-0001



ERIE INSURANCE GROUP

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530

TO:

Chrysler  
Attn: Dave Benes  
P.O. Box 21-8004  
Auburn Hills, MI 48321

GF-4

