

July 31, 2002

[REDACTED]
Silver Springs, NV [REDACTED]
[REDACTED]

Daimler-Chrysler Corporation
File# 10192890

Request for re-imbursement

Enclosed you will find copies of the repair bill in which my insurance company and I incurred due to a faulty hood latch as well as the rental car receipt for my down time.

I am requesting re-imbursement for the \$100.00 deductible paid and the \$454.35 rental car fee paid that my insurance did not cover. Total \$554.35

I also feel I should be compensated for the 2 days lost from work to deal with this situation @ \$160.00 per day.

The hood latch on my 2000 Dodge truck was faulty leading to an almost disastrous situation, luckily no one was seriously injured.

The file number above is a non-recall number, however you have had re-calls in the past as recent as 1999 on hood latches, my truck was manufactured in 1999. Part of the re-call was for a faulty or sticking hood latch release and the secondary latch breaking, this is exactly what was reported on my truck as well.

I would appreciate immediate attention to this matter, if you have any question please call me.

Sincerely,
[REDACTED]

Date: 7/19/02 04:33 PM
 Estimate ID: 28-3114-94901
 Estimate Version: 0
 Supplement: 1 (F) 7/16/02 06:32:39 PM
 Preliminary
 Profile ID: STATE FARM INS.

Gilson Autobody

405 Moses St. Carson City, NV 89703
 (775) 887-8099
 Fax: (775) 884-3299

Damage Assessed By: DARREN STEWART
 Supplemented By: DARREN STEWART

Type of Loss: Comprehensive
 Date of Loss: 7/5/02
 Deductible: 100.00
 Claim Number: 28-3114-94901

Insured: [REDACTED]
 Address: [REDACTED] SILVER SPRINGS, NV [REDACTED]
 Telephone: Work Phone: [REDACTED] Home Phone: [REDACTED]

Mitchell Service: 914527

Description: 2000 Dodge Pickup R2500
 Body Style: 2D PkUpQua 8' Bed 155" WB
 VIN: 1B7KF23W2YJ [REDACTED]
 Mileage: 81,013
 OEM/ALT: O
 Color: BLACK

Drive Train: 8.0L Inj 10 Cyl 4WD
 License: 455-MAE NV

Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	436285	BDY	REMOVE/REPLACE	GRILLE	55076550AB	270.00	INC #
2	436308	BDY	REMOVE/REPLACE	HOOD PANEL	55075923AD	625.00	1.3
3	AUTO	REF	REFINISH	HOOD OUTSIDE			C 3.2
4	AUTO	REF	REFINISH	HOOD UNDERSIDE			C 1.6
5	402270	BDY	REMOVE/REPLACE	HOOD INSULATOR RETAINER	6003351	27.75 *	
S1 6	436309	BDY	REMOVE/REPLACE	R HOOD HINGE	55076270AC	76.50	0.2 #
7	AUTO	REF	REFINISH	R HINGE			0.3
S1 8	436310	BDY	REMOVE/REPLACE	L HOOD HINGE	55076271AC	76.50	0.2 #
9	AUTO	REF	REFINISH	L HINGE			0.3
10	402310	BDY	REMOVE/REPLACE	HOOD STRIKER	55075937	9.50	INC
11	400111	BDY	REMOVE/REPLACE	HOOD PRIMARY LATCH	55275379	31.35	0.3
12	402370	BDY	REMOVE/REPLACE	HOOD SECONDARY CATCH	55076367	11.25	INC
13	437463	GLS	REMOVE/REPLACE	W/SHIELD GLASS	**Qual Repl Part	336.25 *	1.8 #
S1 14	401459	BDY	REMOVE/REPLACE	W/SHIELD REAR VIEW MIRROR	55076403AB	32.45	INC
S1 15	424100	MCH	REMOVE/INSTALL	INSTRUMENT PANEL ASSY			3.0
16				TO CLEAN GLASS FROM VENTS			
S1 17	936001		ADD'L COST	TOWING		150.75 *	
18	AUTO	REF	ADD'L OPR	CLEAR COAT			1.9
19	AUTO		ADD'L COST	PAINT/MATERIALS		146.00 *	
20	AUTO		ADD'L COST	HAZARDOUS WASTE DISPOSAL		3.07 *	

ESTIMATE RECALL NUMBER: 7/ 9/02 17:02:53 28-3114-94901

Mitchell Data Version:
 UltraMate Version:

JUN_02_A
 4.8.009

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Page 1 of 3

Date: 7/19/02 04:33 PM
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 Supplement: 1 (F) 7/16/02 08:32:39 PM
 Preliminary
 Profile ID: STATE FARM INS.

* - Judgement Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

I. Labor Subtotals						II. Part Replacement Summary				Amount
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals					
Body	2.0	42.00	0.00	0.00	84.00	Taxable Parts				1,496.55
Refinish	7.3	42.00	0.00	0.00	306.60	Sales Tax	@	7.000%		104.75
Glass	1.8	40.00	0.00	0.00	72.00					
Mechanical	3.0	60.00	0.00	0.00	180.00	Total Replacement Parts Amount				1,601.31
Non-Taxable Labor					642.60					
Labor Summary	14.1				642.60					
III. Additional Costs						IV. Adjustments				Amount
Taxable Costs					146.00	Insurance Deductible				100.00-
Sales Tax @ 7.000%					10.22	Customer Responsibility				100.00-
Non-Taxable Costs					153.82					
Total Additional Costs					310.04					
						I. Total Labor:				642.60
						II. Total Replacement Parts:				1,601.31
						III. Total Additional Costs:				310.04
						Gross Total:				2,553.95
						IV. Total Adjustments:				100.00-
						Net Total:				2,453.95
						Less Original Net Total:				1,869.67
						Net Supplement Amount:				584.28
						S1: DARREN STEWART				584.28

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Inspection Site: GILSON AUTO BODY INC

Body Shop: GILSON'S AUTO BODY
 Address: 405 MOSES ST
 CARSON CITY, NV 89703
 Work Phone: (702) 887-9099

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Page 2 of 3

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Preliminary
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WARNING: Accidental air bag deployment is possible. Personal injury may result. Avoid area near steering wheel and instrument panel even if air bags have deployed. Dual-stage air bag modules may be present that could contain an undeployed stage. When disposing of a deployed dual-stage air bag, always treat it as a "live" module. See appropriate MITCHELL® AIR BAG SERVICE & REPAIR MANUAL, or OEM information.

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Page 3 of 3

ENTERPRISE LEASING COMPANY - MEET
3707 US HIGHWAY 50 E
CARSON CITY NV 89701-3403 775-835-7718

MO 7:30A- 8:00P TU 7:30A- 8:00P
WE 7:30A- 8:00P TH 7:30A- 8:00P
FR 7:30A- 8:00P SA 7:00A- 8:00P
SU 8:00A- 12:00P

RENTAL NO. D
AGREEMENT 007267

24 HOUR DAY YEAR MONTH DAY

RENTAL TYPE SOURCE ID.

YEAR MONTH DAY

HOME PHONE

STATE ZIP

ORIGINAL VEHICLE

COLOR LICENSE NO. LOCAL ADDRESS

DRIVER'S LICENSE STATE EXPIRES

DOB HEIGHT WEIGHT EYES HAIR

SOCIAL SECURITY EMPLOYER

CONDITION AGREED TO

RENTER

ADDRESS CITY STATE ZIP

ATTN: PHONE EXT.

RENTER ACCEPTS DAMAGE RESPONSIBILITY

RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE

RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION

REPLACEMENT VEHICLE

COLOR LICENSE NO. LOCAL ADDRESS

DRIVER'S LICENSE STATE EXPIRES

DOB HEIGHT WEIGHT EYES HAIR

SOCIAL SECURITY EMPLOYER

CONDITION AGREED TO

RENTER

ADDRESS CITY STATE ZIP

ATTN: PHONE EXT.

RENTER ACCEPTS DAMAGE RESPONSIBILITY

RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE

RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION

NO GASOLINE REFUND - 1 DAY MINIMUM

ACKNOWLEDGMENT OF TERMS AND CONDITIONS

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS AGREEMENT AND THE ACCOMPANYING TICKET JACKET WHICH IS HEREBY INCORPORATED IN THIS AGREEMENT. MY SIGNATURE BELOW IS CONSIDERED TO HAVE BEEN MADE ON ANY APPLICABLE CREDIT CARD TOUCHER AND I AUTHORIZE ENTERPRISE TO MAKE PAYMENTS REFUSED BY ME.

DATE PD. AUTH.

EXT. TO ADDL. DEP.

EXT. TO ADDL. DEP.

EXT. TO ADDL. DEP.

EXT. TO ADDL. DEP.

DROPPED VEHICLES - If Renter returns vehicle during non-business hours or to any other place other than the original rental branch, Renter is responsible for any and all damages and/or rental charges until an employee of Owner checks in vehicle.

EVADA LAW REQUIRES ANY DRIVER OF A PASSENGER CAR AND ANY PASSENGER 5 YEARS OF AGE OR OLDER WHO RIDES IN THE FRONT OR BACK SEAT OF A PASSENGER CAR TO WEAR A SAFETY BELT IF ONE IS AVAILABLE FOR HIS SEATING POSITION.

MILES 0

NO CHARGE

HOURS 8

130 30.00 390 -

REC SUR 3.50 13.05

CU 12.77/DAY

FAL 2.00/DAY

SL 19.55/DAY

DONT FEE 6.00 23.40

FUEL CHARGE 2.00/GALLON 2730

TOTAL CHARGES 454.35

DEPOSITS 400 -

REFUNDS

AMOUNT DUE

RECEIPT FOR CASH REFUND

DATE RECEIVED BY X

CLAIM INFORMATION

POL OR CL NOT SURE YET

INSUR.

LOSS DATE THEFT ACCIDENT

PHONE NAME

REPAIR SHOP

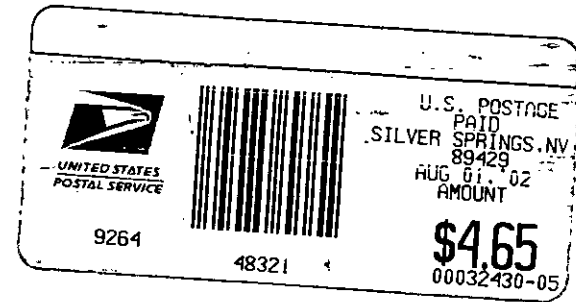
TYPE CAR

INVOICE

CERTIFIED MAIL



7000 1530 0006 3241 9395



Daimler-Chrysler Corp.
Customer Assistance
P.O. Box 21-8004
Auburn Hills, Michigan
48321-8004

RECEIVED

AUG 06 2002

CUSTOMER RELATIONS

48321-8004 95

