State Farm Insurance Companies®



October 11, 2005

Frederick Operations Center Wilmington Auto Claims P.O. Box 953 Frederick, MD 21705-0953

SUBROGATION DAIMLER CHRYSLER MOTORS CORPORATION SPECIAL INVESTIGATION DEPARTMENT PO BOX 218004 AUBURN HILLS MI 48321-8004

RE: Claim Number:

Our Insured:

Date of Loss:

Identification of Vehicle:

VIN:

08-5144-758

September 23, 2005

2000 Dodge Ram 1500 pickup

1B7HF13Z7YJ

Dear Sir:

The identified vehicle, a 2000 Dodge Ram pickup, is insured by State Farm Mutual Automobile Insurance Company. This vehicle experienced a problem with the hood flying up while being operated by the insured driver. We have received notification of the recall for this specific problem from your company.

State Farm would like to give you an opportunity to inspect the vehicle and give you advance notice of our subrogation claim. Please contact me at 1 800 223 4201, Ext. 356, to setup a time for your inspection.

Sincerely,

Matthew Unflargrove Claim Representative 302 995 0356

800 223 4201

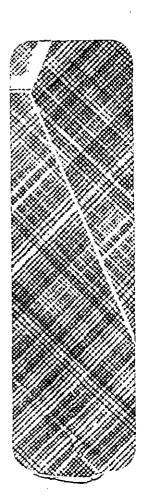
Fax 888 613 3969

State Farm Mutual Automobile Insurance Company

21/647/1011029

STATE FARM INSURANCE COMPANIES P.O. Box 5070
3540 Old Capitol Trail Wilmington, DE 19808





4832148504 98

State Farm Insurance Companies®



Frederick Operations Center Wilmington Auto Claims P.O. Box 953 Frederick, MD 21705-0953

November 10, 2005

SPECIAL INVESTIGATE DEPARTMENT DAIMLER CHRYSLER MOTORS CORPORATION PO BOX 218004 AUBURN HILLS MI 48321-8004

RE: Claim Number:

Our Insured:

Date of Loss: Vehicle Involved:

VIN:

September 23, 2005

2000 Dodge Ram 1500 pickup truck

1B7HF13Ž7YJ

Dear Sir:

This State Farm® insured vehicle was involved in an accident involving the hood latches coming loose with the hood flying up into the insured's vehicle windshield. We have settled the claim with our insured in the amount of \$1,715.30, which includes our insured's deductible.

Our investigation revealed the cause of this loss was due to factory defect with these hood latches of which there was a recall notice sent out on this. Our insured purchased this vehicle used from a dealership and was not made aware of this factory recall notice.

Enclosed is documentation of State Farm's claim. The vehicle has been repaired and is not available for inspection, but we have obtained photographs of the damages prior to repairs. You may contact me at the numbers below if you have any questions.

Please consider this letter is our demand to Daimler Chrysler Motors Corporation for reimbursement of \$1,715.30.

Sincerely.

. H**≱r**grove Claim Representative 302 995 0356 800 223 4201 ext 356 Fax 888 613 3969

State Farm Mutual Automobile Insurance Company

21/642/1110015

Enclosures

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

Recycled Paper



08-5144-758

DOC: 9/23/05

NM Investigation 085144758

Matthew J Hargrove

From:

Judy Hardy

Sent:

Thursday, October 06, 2005 4:11 PM

To:

Matthew J Hargrove

Subject:

FW: 08-5144-758



-----Original Message-----

From:

Robert D Lattanzio/BHF3/00/State Farm@STATE FARM

Sent:

Thursday, October 06, 2005 3:26 PM

70:

Judy Hardy

Subject:

08-5144-758

C.R.A.S.H. research regarding Hood Fly Up in a 2000 DODGE RAM 1500 QUAD 4C-4 Door Extended C resulted in our finding the following information that may be relevant to the cause of loss. If you have any questions please call me at (309) 766-4709.

Robert D Lattanzio

Source: CRASH Date Opened:04/06/2001 Document Number: CPE2001-021 Date Closed:

Model Year(s):2001, 2000, 1999, 1998, 1997

Manufacturer: CHRYSLER Makes:Dodge Truck

Year/Make/Model:

1997-2001 Dodge Ram 1500, 2500, 3500 Pickup Truck

Summary:

Hood Fly Up

Details:

CRASH has received more than 100 complaints of hood fly up on 1994 through 2001 Dodge Ram pickups. 2 Recalls have been issued regarding the potential for failure of the hood primary latch and/or safety latch. The recalls identify 1994-99 model years.

C.R.A.S.H. Unit research reveals that the same secondary latch is used on the 1994-2001 model years. Recall 01V040000 describes the defect as "Corrosion of the return spring on the hood secondary latch could cause the mechanism to bind in the release position." It may be possible for this condition to develop in models years not included in the recall. We suggest that the primary and secondary hood latches be carefully inspected for evidence of corrosion or binding.

The contents of this communication are confidential and for internal State Farm use ONLY. This information shall not be reproduced and/or distributed to any person, firm or entity without first consulting with the C.R.A.S.H. unit.

Technical material is provided for your information only. Proper interpretation is the responsibility of the addressee.

Note: This is not a NHTSA recall or investigation document.

DEFECTS AND FAILURES

For all Manufacturer defects, product failures, and other safety related issues the vehicle owner should report U.S. losses to the National Highway Traffic Safety Administration (NHTSA) 1-800-424-9393; Canadian losses should be reported to Transport Canada 1-800-333-0510.

SUBROGATION PROCEDURES

If subrogation is to be pursued, you should consider the following with management approval:

- Put the responsible party (repair facility, manufacturer, individual)
 on notice of the potential subrogation claim as soon as possible.
 We are providing you with sample "Put On Notice" and "Subrogation" letters to be sent to the responsible party if needed.
- A The "Put On Notice" letter should be sent to the responsible party(s) as soon as a defect, product failure, or faulty repairs are suspected of causing the loss.
 - B The "Subrogation" letter is sent to the responsible party(s) when a defect, product failure, or faulty repair is reasonably determined to be the cause of loss, and when the total amount of subrogation is established.
- 2. If the vehicle is a total loss, salvage retention should be based on the merits and value of the claim. In claims where significant property damage and/or personal injury have occurred it may be necessary to retain the salvage for the duration of the subrogation claim. The manufacturer should be provided a reasonable amount of time to inspect the vehicle prior to consideration of salvage disposal. If salvage is disposed of prior to concluding subrogation QUALITY photographs of the vehicle and defect, product failure, or faulty repairs must be included in the file to substantiate the claim.
- 3. If the vehicle is reparable, secure quality 35mm photos of damage. The suspect part(s) should be obtained and labeled with the VIN and claim number to be held as evidence. The removal date of the part should be documented in the claim file.
- 4. Obtain repair and maintenance history from the owner.
- 5. If warranted obtain a recorded statement from insured including service and maintenance history of the vehicle. Include any recent and past problems with the vehicle.

An independent expert's report should be considered (with management approval). A copy of technical information obtained from C.R.A.S.H. along with all relevant information from the vehicle owner should be provided to the expert if one is retained. When possible inspect the vehicle with the expert. If you have questions concerning the expert report contact C.R.A.S.H. or Corporate Subrogation for assistance prior to sending report to the responsible party. If the cause of loss is determined to be something unrelated to the information sent by C.R.A.S.H. but is defect or repair related, subrogation should be pursued based on the expert's conclusion. A loss found to be "accidental in nature" does not preclude a defect or faulty repair from being the cause of loss.

The contents of this communication are confidential and for internal State Farm use ONLY. This information shall not be reproduced and/or distributed to any person, firm or entity without first consulting with the C.R.A.S.H. unit.

Sample First Notice Letter
Certified Mail - Return Receipt Requested

For Subrogation:
Daimler Chrysler Motors Corporation
Attn: Special Investigation Dept.
PO Box 218004
Auburn Hills, Mi 48321-8004

Re: Claim Number
Our Insured
Date of Loss
Make, Model, and Year of Product
Serial Number or Vehicle Identification Number (VIN)

The identified (vehicle or product) is insured by State Farm (Name of Co.). This (vehicle or product) experienced a (name the type of failure - fire, brake failure, collision, etc.).

State Farm would like to give you an opportunity to inspect the (vehicle or product) and give you advance notice of our potential subrogation claim.

Please contact me at (claim representative's phone number) to set up a time for your inspection.

Sincerely, Bob Doe (Title)

> Sample Subrogation Letter Certified Mail - Return Receipt Requested

Daimler Chrysler Motors Corporation Attn: Special Investigation Dept. PO Box 218004 Auburn Hills, Mi 48321-8004

Re: Claim Number
Our Insured
Date of Loss
Make, Model, and Year of Product
Serial Number or Vehicle Identification Number (VIN)

This State Farm insured (vehicle or product) was involved in a (please describe the nature of the loss - fire, collision, etc.). We settled a claim with our insured in the amount of \$xxx.xx, which includes our insured's deductible.

Our investigation revealed the cause of the loss was due to (please

describe specific cause of the failure).

Enclosed is the documentation of State Farm's claim. The evidence is being held for your inspection. You may contact me at (xxx)xxx-xxxx to make arrangements to inspect the (vehicle or product).

Please consider this letter as our demand to (name the manufacturer) for reimbursement of \$xxx.xx.

Sincerely, Bob Doe (Title)

Arbitration claims should be sent to: Daimler Chrysler Motors Corporation 1000 Chrysler Drive Auburn Hills, Mi 48326-2766 Attention: Warranty Litigation Dept

The contents of this communication are confidential and for internal State Farm use ONLY. This information shall not be reproduced and/or distributed to any person, firm or entity without first consulting with the C.R.A.S.H. unit.

Since 1968

Union Auto Glass Shop

Claim #08-5144-758

Auto Glass A Specialty

841 OLD BALTIMORE PIKE, UNIT 1, NEWARK, DE 19702 804 N. LINCOLN ST., WILMINGTON, DE 19805

Newark (302) 731-2747 • Wilmington (302) 854-7854 • Fax (302) 654-7485

1.D. # 51-0313070

TABLE TOPS • STONE CHIP REPAIRS • INSURANCE CLAIMS • STORM WINDOWS www.unionautoglass.com

Invoice: 71445

Date: 09/29/2005

Scheduled: Sold To: **MEINEKE** 750 CHESNUT HILL RD **NEWARK DE 19713** H (302)368-0700 Terms:C.O.D Csr: Tech: PO: Vehicle: 2000 DODGE PICKUP 1500 2 DOOR CLUB CAB List Price **Material** Labor Item Total Oty Part / Description 00.0 160.00 204.60 160.00 1 DW01381GBN - Windshield Green Tint/Blue Shade (VIN Notch) 0.00 0.00 0.00 2.00 HAH000004 - Adhesive(Urethane, Dam, Primer) (2.00)

Payment Info: CA

POCSSh

IN THE EVENT UNION AUTO GLASS IS REQUIRED TO COMMENCE OR DEFEND A LEGAL ACTION ARISING FROM THE ABOVE WORK AND/OR MATERIALS OR LACK OF PAYMENT THEREOF, UNION AUTO GLASS SHALL BE ENTITLED TO RECOVER ALL LEGAL FEES AND EXPENSES PLUS COURT COSTS ASSOCIATED TO SUCH ACTION.

ALL NEW AUTOMOBILE GLASS IS WARRANTED AGAINST DEFECTS IN MATERIAL AND WORKMANSHIP FOR AS LONG AS YOU OWN YOUR VEHICLE, EXCLUDING VEHICLES 10 YEARS AND OLDER.

NO PERSONAL CHECKS ACCEPTED.

_					1		
\int	Material	Labor	<u>Tax</u>	<u>Total</u>	<u>Deductible</u>	<u>Payments</u>	Balance
	160.00	0.00	0.00	160.00	0.00	160.00	0.00
•				_	i de la companya del companya de la companya del companya de la co		

vers: 7.0 97 Page: 1 of 1

UNION AUTO GLASS SHOP, INC.

Thank You

I · d

CAIR #

DOCUMENT RETENTION

SEE DOCUMENT RETENTION

Items placed in document rete	ention because:
photos are unsc	annable
originals are too	light
originals are too	dark
brochure, book	let, newspaper, etc. unscannable
computer disk	r I
paint chips	
cassette tape	,
other — logul —	· ·
NOT IN DOCUMENT RETE	NTION
Item NOT placed in document	t retention:
poor legibility on orig	inal document
original survey forwar	rded on (date)
original check given to	ofor handling
no envelope attached	•

FIRST CLASS MAIL

November 18, 2005

Mr. Matthew Hargrove State Farm Insurance Companies P.O. Box 953 Frederick, MD 21705-0953

Re: Your Insured:

V.I.N.: 1B7HF13Z7YJ

Your Claim No.: 08-5144-758

Date of Loss: September 23, 2005

Dear Mr. Hargrove:

This letter is in response to your subrogation dated November 10, 2005, regarding the above referenced claim number.

I have had the opportunity to review the information contained in your subrogation and I must inform you that I am not convinced that a manufacturing responsibility exists in this matter. Our records indicate that this vehicle was not involved in the hood latch recall. It is also noted that in the pictures provided by you did not indicate a hood latch failure. Based on this information, we must respectfully decline your subrogation.

Thank you for the opportunity to review this matter with you.

Sincerely,

M. R. Porterfield Special Investigations (248) 944-7134

MRP/ss

State Farm Insurance Companies



September 6, 2006

Certified Mail-Return Receipt Requested

Daimler Chrysler PO Box 21-8004 Auburn Hills, MI 48321-8004

Claim Number: 08-5144-758

Date of Loss:

2005 September 23

Our Insured:

Loss Location: Newark, DE

Dodge, Ram <u>1500</u>

Vehicle: VIN:

1B7HF13Z7****

Mileage:

Your File Number:

Insured's Deductible:

\$.00

Dear Claim Department:

This notice is to advise of a loss that occurred to our insured's vehicle. The damage was caused by a hood fly up recall. vehicle was manufactured in 1999, and is subject to the hood recall. We will file arbitration if we have no response in 30 days. Your prompt reply is appreciated.

Our investigation indicates that Daimler Chrysler is responsible for this loss. By virtue of our payment, we are entitled to recover from the responsible party. Please consider this letter as our demand to Daimler Chrysler for reimbursement of \$1,716.30.

Any settlement with State Farm's policyholder with respect to this loss must not prejudice our rights, as subrogor, and shall not be released by execution of a general release with such policyholder.

Your cooperation is appreciated. If you should have any questions, or would like to set up and appointment to inspect the evidence/salvage, please feel free to contact me at (877) 457-8276.

In order to assist you in evaluating and processing the claim we are asserting, we may provide nonpublic personal information

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

Page 2 September 6, 2006

about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for nay purpose other than to evaluate and process the subrogation claim.

Sincerely,

2010 - 77.2

Debra Kelso Claim Representative (877) 457-8276, Team 60

State Farm Mutual Automobile Insurance Company

Enclosure

RBZ0006Z

date: 09-07-06

page:

route to: Josh Oltman

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

AUTO PAYMENTS BY COL

claim number 08-5144-758

named insured

policy number date of loss 09-23-05

COL 390

C denotes consolidated payment P denotes previous data	E denotes EFT payme	ent				
COL: 390 indemnity: 1,716	5.30 dir rcov:	0.0	00 ex	pense:		0.00
payment number payee	amount	status	COL	pay cd	rsn	reporting party
121732932J NEWARK DODGE	N 1,556.30	PAID	390	1		Named Insu
121319400J BRIAN HILDERBE	ZA 160.00	PAID	390	2		Named Insu



RBZ00032

date: 09-07-06 time: 08:46 AM

route to: Oltman, Josh

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

VEHICLE D'AMAGE REPORT

claim number

date of loss 09-23-05

Estimate Vehicle Info

Vehicle Owner: HILDERBRAND, BRIAN

Vehicle Description: 00 DODG BR1500 4X4 QUAD 4D SHORT GREEN

JOB NUMBER: 1013

NEWARK DODGE, INC. TAX ID # 510373438 250 ELKTON RD NEWARK, DE 19711

(302)456-1600 FAX: (302)368-9166

SUPPLEMENT OF RECORD 1 WITH SUMMARY

WRITTEN BY: CHRIS NEFF 10/25/2005 12:54 PM

ADJUSTER: | CLAIM REP TEAM 8

INSURED:

OWNER: ADDRESS:

NEWARK, DE

EVENING CELLULAR

INSPECT NEWARK DODGE, INC.

LOCATION: 250 ELKTON RD

NEWARK, DE 19711

INSURANCE STATE FARM INSURANCE COMPANIES

COMPANY: 210 BELSER CENTER

DOVER, DE 19901

2000 DODG BR1500 4X4 OHAD CAB 8-5.9L-FI 4D SHORT GREEN INT:

POLICY #

DEDUCTIBLE:

CLAIM #08-5144-75801

POINT OF IMPACT: 12. FRONT

DATE OF LOSS: 09/23/2005 AT 09:00 AM TYPE OF LOSS: COMPREHENSIVE

4 WHEEL DRIVE

ODOMETER: 55754

BUSINESS: (302)456-1600

2 DAYS TO REPAIR

VIN: 1B7HF13Z7YJ LIC: DE PROD DATE: CONDITION: GOOD

INTERMITTENT WIPERS DUAL MIRRORS CLEAR COAT PAINT

METALLIC PAINT POWER STEERING POWER BRAKES

AM RADIO FM RADIO STEREO

CASSETTE SEARCH/SEEK ANTI-LOCK BRAKES (2)

AUTOMATIC TRANSMISSION

DRIVER AIR BAG PASSENGER AIR BAG SPLIT BENCH SEATS

OVERDRIVE

REAR STEP BUMPER

							. 	
	NO.	OP.	DESCRIPTION	ри	QTY	EXT. PRIC	E LABOR	PAINT
	1# S01 2# 3#		FINAL DOP SECURED SCHEDULED DATE 10/ EST DAYS TO REPAIR	17/05	1 1 1			
N	4 5 6	REPL	HOOD & GRILLE HOOD FROM 12-6-93 ADD FOR CLEAR COAT		1	662.00	1.5	3.2
N	7 8 9		ADD FOR UNDERSIDE (RT HINGE INSULATOR RETAINER		1 11	105.00 27.50	0.3	1.6 0.3
	10 11 12	REPL	LT DECAL SPORT S	ILVER ILVER	1 1 1	105.00 48.50 48.50	0.3 0.3 0.3	0.3
N	13# 14#	REFN	TAPE PINSTRIPE TINT COLOR		1	15.00	0.3	0.5

JOB NUMBER: 1013

\$ 1556.30

13470

SUPPLEMENT OF RECORD 1 WITH SUMMARY 2000 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT GREEN INT:

			2000 DODG	PKT200	474	QUAL	CAD	0-5.30	i_t #	יטפ ע	ORI GI	CEEN	TIMI:		
NO.			OP.	D			N		QTY	EXT.	PRIC	E LAE	OR	 Р	AINT
								 			.50		. 0		7.2
LINE 5	5	:	CHECKED FOR #15399 ON 1			WITH	BRID	GEVILL							
LINE 8	3	:	TRUCK WAS H PIX OF HOOD TO SUPPLEME	ERE FO	R PI	X BEF	ORE I	RECIE							
LINE 1	1.4	:	WILL POSSIB		OT O	BLEN	D ADJ	ACENT	PANEL	S.					
					PART: BODY PAIN' PAIN'	LABC LAE	PR SOR PRLIES		3. 7. 7.	0 HR: 2 HR: 2 HR:	S @\$ S @\$ S @\$	40.0 40.0 19.0	0/HR 0/HR 0/HR		1011.50 120.00 288.00 136.80
				1	SUBT	DTAL								\$:	1556.30
				•	GRANI	TOT								\$:	1556.30
				1		STMEN	BT F								0.00
				(CUST	OMER	1	 _ 						· \$	0.00

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

INSURANCE PAY

SUPPLEMENT OF RECORD 1 WITH SUMMARY

JOB NUMBER: 1013

2000 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT GREEN INT:

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR3TA94 DATABASE DATE 09/2005, CCC DATA DATE 09/2005, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER! OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. OPT OEM (OPTIONAL OEM) PARTS ARE OEM PARTS THAT MAY BE PROVIDED BY OR THROUGH ALTERNATE SOURCES OTHER THAN THE OE/VEHICLE DEALERSHIPS. OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. ASTERISK (*) OR DOUBLE ASTERISK (**) INDICATES THAT THE PARTS AND/OR LABOR INFORMATION PROVIDED BY MOTOR MAY HAVE BEEN MODIFIED OR MAY HAVE COME FROM AN ALTERNATE DATA SOURCE. TILDE SIGN \((~)) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECON. RECORED PARTS ARE DESCRIBED AS RECORE. NAGS PART NUMBERS AND PRICES ARE PROVIDED BY NATIONAL AUTO GLASS SPECIFICATIONS, INC. POUND SIGN (#) ITEMS INDICATE MANUAL SOME 2006 VEHICLES CONTAIN MINOR CHANGES FROM THE PREVIOUS YEAR. ENTRIES. FOR THOSE VEHICLES, PRIOR TO RECEIVING UPDATED DATA FROM THE VEHICLE MANUFACTURER, LABOR AND PARTS DATA FROM THE PREVIOUS YEAR MAY BE USED. PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PARTS NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP.

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

JOB NUMBER: 1013

13470

SUPPLEMENT OF RECORD 1 WITH SUMMARY 2000 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT GREEN INT:

	2000	DODG BKI20	0 4X4 QUAD	CAB 8-5.9L	-F1 4	D SHORT G	REEN INI	•	
NO.	OP.		DESCRIPTIO	N	QTY	EXT. PRIC	E LABOR	PA	INT
1# S01	1	FINAL DOP	ADDED ITE	MS 0/19/05	1				
			subţ	OTALS ==>		0.00	, 0.0		0.0
				i					
			PARTS						0.00
			SUBTOTAL					\$	0.00
ESTIMATE SUPPLEMENT	r S01		CHRIS NEFF CHRIS NEFF	1		·			
JOB TOTAL		\$ 1556.30				INSUR	ANCE PAY	\$ 1	556.30

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR3TA94 DATABASE DATE 09/2005, CCC DATA DATE 09/2005, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. OPT OEM (OPTIONAL OEM) PARTS ARE OEM PARTS THAT MAY BE PROVIDED BY OR THROUGH ALTERNATE SOURCES OTHER THAN THE OE/VEHICLE DEALERSHIPS. OPT OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. ASTERISK (*) OR DOUBLE ASTERISK (**) INDICATES THAT THE PARTS AND/OR LABOR INFORMATION PROVIDED BY MOTOR MAY HAVE BEEN MODIFIED OR MAY HAVE COME FROM AN ALTERNATE DATA SOURCE. TILDE SIGN (~) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECON. RECORED PARTS ARE DESCRIBED AS RECORE. NAGS PART NUMBERS AND PRICES ARE PROVIDED BY NATIONAL AUTO GLASS SPECIFICATIONS, INC. POUND SIGN (#) ITEMS INDICATE MANUAL IES. SOME 2006 VEHICLES CONTAIN MINOR CHANGES FROM THE PREVIOUS YEAR. FOR THOSE VEHICLES, PRIOR TO RECEIVING UPDATED DATA FROM THE VEHICLE ENTRIES. MANUFACTURER, LABOR AND PARTS DATA FROM THE PREVIOUS YEAR MAY BE USED. THE PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PARTS NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP.

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

13470

JOB NUMBER: 1013

SUPPLEMENT OF RECORD 1 WITH SUMMARY 2000 DODG BR1500 4X4 QUAD CAB 8-5.9L-FI 4D SHORT GREEN INT:

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: AUTOMATICALLY LIST

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

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

Since 1965

Union Auto Glass Shop

PROSTARS

Claim # 08-

Auto Glass A Specialtu

841 OLD BALTIMORE PIKE, UNIT 1, NEWARK, DE 19702 804 N. LINCOLN ST., WILMINGTON, DE 19805 Newark (302) 731-2747 • Wilmington (302) 854-7854 • Fax (302) 654-7485

I.D. # 51-0313070

TABLE TOPS . STONE CHIP REPAIRS . INSURANCE CLAIMS . STORM WINDOWS

www.unionautoglass.com

Invoice: 71445

Date: 09/29/2005

Scheduled:

Sold To: **MEINEKE** 750 CHESNUT HILL RD **NEWARK DE 19713** H (302)368-0700 Terms:C.O.D PO: Csr: Tech. Vehicle: 2000 DODGE PICKUP 1500 2 DOOR CLUB CAB Item Total List Price Labor Material Oty Part / Description 0.00 160.00 204.60 160.00 1 DW01381GBN - Windshield Green Tint/Blue Shade (VIN Notch) 0.00 0.00 0.00 2.00 HAH000004 - Adhesive(Urethane, Dam, Primer) (2.00)

Payment Info: CA

IN THE EVENT UNION AUTO GLASS IS REQUIRED TO COMMENCE OR DEFEND A LEGAL ACTION ARISING FROM THE ABOVE WORK AND/OR MATERIALS OR LACK OF PAYMENT THEREOF, UNION AUTO GLASS SHALL BE ENTITLED TO RECOVER ALL LEGAL FEES AND EXPENSES PLUS COURT COSTS ASSOCIATED TO SUCH ACTION.

ALL NEW AUTOMOBILE GLASS IS WARRANTED AGAINST DEFECTS IN MATERIAL AND WORKMANSHIP FOR AS LONG AS YOU OWN YOUR VEHICLE, EXCLUDING VEHICLES 10 YEARS AND OLDER.

NO PERSONAL CHECKS ACCEPTED.

Material 160.00	<u>Labor</u> 0.00	<u>Tax</u> 0.00	<u>Total</u> 160.00	Deductible 0.00	Payment 160.0	
JNION AUTO	GLASS SHO	P, INC.		Thank You	vers:7.0.97	Page: 1 of 1
				- \		,

7005 3110 0000 S3PP 4P35

ITES-20718 sionilli ,notgnimoo J. Box 2371 TATE FARM INSURANCE COMPANIES notgation Services - Auto Bloomington

3002-01-50 .A.2.U ni betnir9 10-A 1801-

FIRST-CLASS MAIL





September 15, 2006

Ms. Debra Kelso State Farm Insurance Co. P.O. Box 2371 Bloomington, IL 61702-2371

RE: Your Claim No.: 08-5144-758

Your Insured:

Date of Loss: September 23, 2005

Our File No.: 14173554 V.I.N.: 1B7HF13Z7Y.

Dear Ms. Kelso:

This letter is in response to your subrogation letter dated September 6, 2006, regarding the above-referenced claim number.

I have had the opportunity to review this file again in its entirety, and I must inform you that I have gleaned no additional information that would cause us to alter our previous decision.

Thank you for the opportunity to review this matter with you.

Sincerely,

M. R. Porterfield Special Investigations (248) 944-7134

MRP/kat