FORD 8/22/2014 APPENDIX F AND APPENDIX D PAGE 25

EA14-002 FORD 8/22/2014 APPENDIX F SUMMARY TABLE

Appendix F - Panoramic Sunroof Summary - Request 8

			(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(m)	(n)
Make	Model	Model Year	Marketing Name	Movable/ Fixed		Type of Movable Panel (Slide-In-Roof Tilted & Slide Over Roof Tilted, Slide & Stack)	Sunshade Type (Manual/Auto, 1 or 2 Piece)	Locaiton of Glass Panel (Over 1st Row, 2nd Row, etc.)	Size of Panel(s) (Length X Width cm)	Thickness of Glass Panel(s) (mm)	Weight of Glass Panel(s) (kg)	Type of Glass Used in ANSI/SAE Z26.1 (laminated/temper ed, tempered- laminated, etc.)	Certified to ANSI/SAE Z26.1, Item 3/4 Glazing Material Standard (specify all applicable Table 1 Tests)	Impact Test Results per ANSI/SAE Z26.1 Test No. 6-14 or other stds		Reasons for Selecting type/thickness
Ford	Explorer U502	2011 2012 2013 2014	Dual-Panel Moonroof	1 - Fixed 1 - Movable	Multiple Panel	Slide-In-Roof Tilted	Automatic 1 - Piece	Over 1st and 2nd row	Front Glass: 48.4 x 84.3 Rear Glass: 82.9 X 84.3	4.8mm	Front Glass: 4.71kg Rear Glass: 8.13kg		6 - Impact Ball 7 - Fracature 8 - Impact, Shot Bag (8 ft)	REPORT NO: TCT002884P	AS3	Noise Transmissibility
Ford	Edge U387	2011 2012 2013 2014	Panoramic Vista Roof	1 - Fixed 1 - Movable		Slide-Over-Roof Tilted	Automatic 2 - Piece	Over 1st and 2nd row	Front Glass: 95.1 x 94.5 Rear Glass: 77.3 x 93.7	4.8mm	Front Glass: 11.5kg Rear Glass: 9.3kg		6 - Impact Ball 7 - Fracature 8 - Impact, Shot Bag (8 ft)	REPORT NO. 14-24	AS3	Noise Transmissibility
Ford	Escape C520	2011	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		2013	Power Panoramic Vista Roof	1 - Fixed 1 - Movable	Multiple Panel	Slide-In-Roof Tilted	Automatic 1 - Piece	Over 1st and 2nd row	Front Glass: 485 x 84.3 Rear Glass: 629 x 84.3	4.8mm	Front Glass: 4.70kg Rear Glass: 6.24kg		6 - Impact Ball 7 - Fracature 8 - Impact, Shot Bag (8 ft)	REPORT NO. 14-24	AS3	Noise Transmissibility

FORD 8/22/2014 APPENDIX F NON CONF – TEST REPORTS



PILKINGTON TECHNICAL CENTER AMECA ACCREDITED LABORATORY

March 31, 2014

REPORT NO. 14-24
ANSI Z26.1 CODE TESTS
ON
SOLID TEMPERED SOLAR GREY
SAFETY FLOAT GLASS AS3
MODEL NUMBER 125
DOT-15

GENERAL

This report contains the results of inspection and tests to demonstrate compliance of Pilkington Solid Tempered Solar Grey Safety Float Glass AS3, Model No. 125 with the applicable requirements of Federal Motor Vehicle Safety Standard 205 of the National Motor Vehicle Safety Act of 1966, and with Canadian Motor Vehicle Safety Standard 205.

SUMMARY

The samples tested met the requirements of those tests of the ANSI Z26.1-1996 Code which are applicable to an AS3 product, thus demonstrating compliance with Federal Standard 205 and Canadian Motor Vehicle Safety Standard 205.

The following is a summary of the results of the tests performed in accordance with the ANSI Z26.1-1996 Code.

Test No.
6 - Impact, Ball, 10 Feet Complies
7 - Fracture Complies
8 - Impact, Shot Bag, 8 Feet Complies

Tests completed March 26, 2014.

MATERIAL TESTED

5.0mm (.185 inch) nominal thickness solid tempered solar grey safety float glass consisting of a single sheet of specifically heat treated float glass solar grey in color. Specimens marked DOT-15, M125, AS3.

The product may or may not have an obscuration band about all or part of its periphery. This band is a fired ceramic material which meets the requirements of Tests No. 3 (Humidity) and No. 4 (Boil). The results are reported in Report No. 14-01.

Manufacturing thickness tolerance of this product is ± 0.7 mm ($\pm .028$ inch).

SAMPLES TESTED

<u>Number</u>	<u>Size</u>	<u>Type</u>
17	300mm x 300mm (12"x12")	Flat
3	100mm x 100mm (4"x4")	Flat
3	75mm x 300mm (3"x12")	Flat
6	1031.25mm x 943.75mm (41.25" x 37.75")	Curved

The flat samples described were fabricated March 20, 2014. The curved samples described were fabricated October 7, 2013.

IDENTIFICATION MARKINGS

GALAXSEE	SOLAR-RAY DEEPTINT	Ford
SAFETY AS-3 FLOAT SOLID TEMPERED ACGIJLNTUVXYZNY DOT15 M125	SAFETY AS-3 SOLID TEMPERED ACGIJLNTUVXYZNY DOT15 M125	AS3 6-1 DOT-15 M125 4 5 6 A B C D E F G 7T43 - 18500A18 - A
(A) LOF	(B) GM	(C) FORD

REPORT NO. 14-24 ANSI Z26.1 CODE TESTS

ON

SOLID TEMPERED SOLAR GREY SAFETY FLOAT GLASS

AS₃

MODEL NUMBER 125 DOT-15

IDENTIFICATION MARKINGS, continued



AS₃ 6-1 **DOT-15** M125 890 ABCDEFG 8T43 - 18500A18 - A

(D) Ford

PNA 6 DOT15 M125 AS3

(G) PNA Tier 2 (Webasto)

TEMPERED AS3 **DOT-15** M125 234ABCDEFG

(J) Lincoln

PILKINGTON DOT15 M125 AS3 43R - 001386

E 000215 21 • • • • • 12

(E) Volkswagen

FoMoCo

DOT15 80 M125 AS3

43R-001239

G7UTA 8A53-54500A18-A★

(H) Ford – Inalfa

PILKINGTON

43R-001386

E000215

DOT 15 77 **NXLGJIUTAYCVJAZ** M 125 AS₃

(F) Nissan

FoMoCo

DOT15 80 M125 AS3

43R-001239

••12•••• **G7UTA** 8A53-54500A18-B★

(I) Ford – Inalfa

TEST NO. 6 - BALL TEST, 10 FOOT DROP

Twelve 12 inch x 12 inch flat specimens were separated and kept at a temperature of 70° to 85° F for a minimum of four hours immediately preceding the test. The specimens were supported horizontally in a metal frame made in accordance with Figure 1 of the Standard. A one-half pound \pm 0.1 ounce solid, smooth, steel sphere was dropped 10 feet, once, freely and from rest, striking each specimen within one inch of its center, on the surface of the specimen representing the outside of the vehicle.

Results:

Twelve (12) of the specimens tested supported the ball with no cracks or breaks. None of the specimens were broken by the ball.

Specified:

Not more than two specimens shall crack or break as a result of this test.

TEST NO. 7 — FRACTURE

Six test specimens, actual production parts, were selected from the range of glazing representing the Model Number. The specimens were the most difficult part or pattern designation within the model number, considering thickness, color and conductors. The test specimens were not rigidly secured. They were placed horizontally in a support frame or taped to an identical specimen.

The break-point was one (1) inch (25 mm) inboard of the edge at the mid-point of the longest edge of the specimen. Fracture was obtained using a spring-loaded center punch with a point having a radius of curvature of 0.008±0.002-in (0.2±0.05-mm).

The areas of three (3)-in (75 mm) radius centered on the point of impact and a strip 3/4-in (20 mm) around the periphery of the specimen were excluded from examination.

Results:

The results for the six samples are given below:

	Weight of Largest Fragment Free of
Sample	Cracks (oz. or grams)
1	1.1 grams
2	1.2 grams
3	1.1 grams
4	1.0 grams
5	1.1 grams
6	1.2 grams

No individual fragment free from cracks and obtained three minutes subsequent to the test weighed more than 4.25 grams (0.15 ounces).

Specified:

No individual fragment free from cracks and obtained within three (3) minutes subsequent to test shall weigh more than 4.25 grams (0.15 ounces).

TEST NO. 8 - IMPACT SHOT BAG, 8 FEET

Five 12 inch x 12 inch flat specimens were separated and kept at a temperature of 70° to 85°F for a minimum of four hours immediately preceding the test. The specimens were supported horizontally in a metal frame made in accordance with Figure 1 of the ANSI Z26.1-1996 Code. An 11 pound shot bag was dropped 8 feet freely from rest, the center of the bottom of the bag striking the specimen within 1 inch of its center, on the surface of the specimen representing the inside of the vehicle.

Results:

All five (5) of the specimens withstood the test satisfactorily. None of the specimens were broken by the shot bag.

Specified:

Not more than one specimen shall crack or break as a result of this test.

Joseph E. Poley Sr. Research Associate Kenneth J. Hanes Supervisor - Product Testing

jh



Stork Twin City Testing Corporation

PROJECT NUMBER:

TCT002884P

PAGE:

1 of 4

DATE:

April 12, 2010

3922 Delaware Ave Des Moines, IA 50313

USA

Non Destructive Testing Metallurgical Analysis Telephone Telefax Website

Materials Testing

(515) 266-5101 (515) 262-1910

Website : www.storksmt.com Product Evaluation

Welder Qualification

Report of Physical Property Testing on Tempered Safety Glass AS-3 M-50T3 DOT22

> Prepared for: GUARDIAN INDUSTRIES Attn: Melissa L. Matyniak 2300 Harmon Road Auburn Hills, MI 48326

Prepared By:

Laurie Mentzer Office Coordinator

Product Evaluation Dept.

Laurie Mentzer

Phone: (515) 266-5101

Reviewed By:

Brian S. Escherich

Product Service Manager

Product Evaluation Dept.

Phone: (515) 266-5101

The test results contained in this report pertain only to the samples submitted for testing and not necessarily to all similar products.



Stork Twin City Testing Corporation

PROJECT NUMBER:

TCT002884P

PAGE:

2 of 4

DATE:

April 12, 2010

INTRODUCTION:

This report presents the results of tests conducted on tempered safety glass in accordance with the American National Standards Institute, ANSI Z26.1-1996 Item 3, and the Federal Motor Vehicle Safety Standard, FMVSS 205, AS-3 (Rev Oct 1, 2009);and Canada Motor Vehicle Safety Standard, CMVSS 205. This work was authorized by Melissa L. Matyniak of Guardian Industries. Samples were received on April 7, 2010, with work conducted from April 8, 2010, through April 12, 2010.

Twenty (20) 12x12-inch and seven (7) full size specimens were submitted for testing.

SUMMARY OF RESULTS:

The following is a summary of the test results with respect to conformance or non-conformance to each of the required criteria;

TESTS	REMARKS

6 - Impact (Ball, 10-ft. Drop)	Complies
7 - Fracture Test	Complies
8 - Impact (Shot Bag, 8 ft. Drop)	Complies

SAMPLE IDENTIFICATION:

The manufacturer described the samples as:

AS-3, ≤ 70% Light Transmittance

Safety glazing material to be used in all other areas except the windshield and other specified locations.

Nominal thickness = 5.0 mm (3/16)

Thickness tolerance = 4.8 - 5.2 mm (0.188" - 0.204")

The thickness of several samples measured averaged 0.190 in.

IDENTIFICATION MARKINGS:



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Stork Twin City Testing Corporation

PROJECT NUMBER:

TCT002884P

PAGE:

3 of 4

DATE:

April 12, 2010

TEST METHODS AND RESULTS:

Test No. 6 - Impact (Ball, 10-ft. Drop)

Twelve 12x12 inch flat specimens were separated and kept at a temperature of 70-85° F for a minimum of four hours immediately preceding the test. The specimens were supported horizontally in a steel frame made in accordance with Fig. 1 of the Code. A ½-pound solid, smooth, steel sphere was dropped once, from a height of ten feet, freely and from rest, striking the specimen within one inch of its center.

Results

None of the specimens thus tested broke.

Specified

Not more than two specimens shall crack or break.

Test No. 7 - Fracture Test

Six (6) full size specimens were placed horizontally and taped to an identical specimen. The specimens were fractured one inch inboard at the midpoint of the longest edge with a spring-loaded

center punch per the standard.



Results

Results				
Specimen Number	Weight of Largest Fragment Free of Cracks, grams			
1	1.2			
2	1.1			
3	1.1			
4	0.8			
5	1.3			
6	0.8			

Specified

No individual fragment free of cracks and obtained within three minutes subsequent to test, shall weigh more than 4.25 grams (0.15 ounce).

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Stork Twin City Testing Corporation

PROJECT NUMBER:

TCT002884P

PAGE:

4 of 4

DATE:

April 12, 2010

TEST METHODS AND RESULTS:

Test No. 8 - Impact Test (Shot Bag)

Five 12x12 inch flat specimens were separated and kept at a temperature of 70-85° F for at least four hours immediately preceding the test. For each test the specimens were supported horizontally in a steel frame made in accordance with Fig. 1 of the Code. The 11-pound shot bag, made in accordance with Fig. 2 of the Code, was dropped from a height of eight feet once, freely and from rest, striking each specimen within one inch of its center on its interior surface.

Results

None of the specimens thus tested broke.

Specified

Not more than one specimen shall crack or break as a result of this test.

CALIBRATED TEST EQUIPMENT:

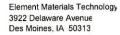
- PT-173-006 Accelerated Weathering Tester Calibration Due: 10/01/2010
- PT-173-007 Irradiance Calibrator Calibration Due: 9/24/2010
- PT-173-018 Sartorius Scale Calibration Due: 9/16/2010
- PT-173-021 Byk Gardner Haze-Gard Plus Calibration Due: Per Use
- PT-173-022- Haze standard Calibration Due: 9/24/2010
- PT-173-023- Transmittance standard Calibration Due: 9/24/2010
- PT-173-026 Fisher Scientific Digital Thermometer Calibration Due: 9/17/2010

REMARKS:

The samples will be discarded thirty days from the date on this report unless further instructed by the client.

f:\wpdata\auto 2010\3810-xxx\guardian industries\tct002884p as3 temp.doc mdj

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Report of Physical Property Testing to ANSI/SAE Z26.1 and FMVSS 205 - AS-3 TEMP

Guardian Industries Corp. Carrie Gillis Karasiewicz 2300 Harmon Road Auburn Hills, MI 48326 Date: Author: Report Number: December 9, 2013 Michael Jordt ESP015410P

ANSI Z26.1-1996

AS-3 TEMP

M50T3

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REPORT NUMBER: ESP015410P

EAR CONTROLLED DATA DATE: December 9, 2013

INTRODUCTION:

This report presents the results of tests conducted on tempered safety glass in accordance with the American National Standards Institute, ANSI Z26.1-1996, Item 3, and the Federal Motor Vehicle Safety Standard, FMVSS 205, AS-3 (Rev. October 1, 2008).

This work was authorized by:

Carrie Gillis Karasiewicz

Samples were received on:

December 2, 2013

Testing started:

December 3, 2013

Testing completed:

December 9, 2013

Samples submitted for testing:

 12x12 inch flat
 24

 3x12 inch flat
 0

 4x4 inch flat
 0

 Full Size
 9

SUMMARY OF RESULTS:

The following is a summary of the test results with respect to conformance or non-conformance to each of the required criteria:

Tests	Remarks		
1 Light Stability	No Requirement		
2 Luminous Transmittance	No Requirement		
6 Impact (Ball, 10 foot drop)	Complies		
7 Fracture	Complies		
8 Impact (Shot Bag, 8 foot drop)	Complies		
18 Abrasion Resistance	Optional Test, No Samples Provided		

SAMPLE IDENTIFICATION:

Model # M50T3: AS3 <70% Light Transmittance, Tempered Safety Glazing Material to be used in all other areas except the windshield and other specified locations. Nominal Thickness: 5mm (3/16") Thickness Tolerance: 4.8mm - 5.2mm (0.188" - 0.204") Color: Tint & No Tint Conductors: With or Without Conductors

Thickness of the safety glazing samples received:

0.19 inches

4.83 mm

IDENTIFICATION MARKING:





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REPORT NUMBER: ESP015410P

EAR CONTROLLED DATA

PAGE: 3 of 5

DATE: December 9, 2013

TEST METHODS AND RESULTS:

Test No. 1 - Light Stability (Optional Test - Not required for AS-3)

Three (3) 12 x 12 inch flat specimens were tested for regular (parallel) luminous transmittance at normal incidence using ICI "Illuminant A" both before and after irradiation from a source equivalent to the specified Uviarc Laboratory equipment operated as specified for 100 hours. The specimens were placed nine (9) inches from the light source and maintained at a temperature of 110 ± 3 °F.

After the second transmittance measurements were made, the same three irradiated specimens were immersed, vertically on edge, in water at 150° F for three minutes and then transferred to and similarly immersed in boiling water for ten minutes. The specimens were then removed and visually inspected for delamination and clouding.

Results:

Specimen Number	Change in Transmittance (%)	10 Minute Boil Test	
1	-0.1	No Requirement	
2	-0.1	No Requirement	
3	-0.1	No Requirement	

Note: Visible discoloration was not noted when specimens were placed on a white background after the irradiation test.

Specified:

No Requirement

Test No. 2 - Luminous Transmittance (Optional Test - Not required for AS-3)

Data obtained in Test No. 1.

Results:

Percent Transmittance			
Specimen Number	Before Irradiation	After Irradiation	
1	13.8	13.7	
2	13.7	13.6	
3	13.4	13.3	

Specified:

No Requirement

Test No. 6 - Impact (Ball, 10-foot drop)

Twelve 12×12 inch flat specimens were separated and kept at a temperature of 70 - 85° F for a minimum of four hours immediately preceding the test. The specimens were supported horizontally in a steel frame made in accordance with Fig. 1 of the Code. A 1/2 pound solid, smooth, steel sphere was dropped once, from a height of ten feet, freely and from rest, striking the specimen within one inch of its center.

Results:	
Number of specimens thus tested which broke:	0

Specified:

Not more than two specimens shall crack or break.



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REPORT NUMBER: ESP015410P

EAR CONTROLLED DATA

PAGE: DATE: 4 of 5 December 9, 2013

TEST METHODS AND RESULTS:

Test No. 7 - Fracture Test

Six full size specimens were placed horizontally and taped to an identical specimen. The specimens were fractured one inch inboard at the midpoint of the longest edge with a spring-loaded center punch per the standard.

Results:

Specimen	Weight of Largest Fragment
Number	Free of Cracks, grams
1	0.8
2	0.8
3	0.6
4	1.2
5	1.0
6	0.6



Specified:

No individual fragments free of cracks and obtained within three minutes subsequent to test, shall weigh no more than 4.25 grams (0.15 ounce).

Test No. 8 - Impact Test (Shot Bag)

Five (5) 12x12 inch flat specimens were separated and kept at a temperature of 70 - 85° F for at least four hours immediately preceding the test. For each test, the specimens were supported horizontally in a steel frame made in accordance with Fig. 1 of the Code. The 11-pound shot bag, made in accordance with Fig. 2 of the Code, was dropped from a height of 8 feet once, freely and from rest, striking the specimen within one inch of its center on its interior surface.

Results:

Number of specimens thus tested revealing any loose or detached fragments exclusive of the

0

Specified:

Not more than one specimen shall crack or break as a result of this test.

Test No. 18 - Abrasion Resistance (Optional - Not Required)

No samples provided to perform this test.

Three 4x4 inch flat specimens were subjected to abrasion by means of a Taber Abraser with a load of 500 grams on each CS-10F Calibrase Wheel for 1000 cycles and operated in accordance with the Code procedure.

Haze measurements were made in accordance with Code procedure for Test No. 17 before and after subjecting the specimens to abrasion, by means of a Pivotable-Sphere Hazemeter constructed in accordance with Fig. 6 of the Code.

From the required measurements made, the percent of haze before abrasion and the scattered light and haze after abrasion were calculated. The light scattered as a result of abrasion, and the arithmetic mean, were computed in accordance with the Code.

Results:

Specimen Number	% Haze Before Abrasion	% Scattered Light after	% Light Scattered as a
1			
2			
3			
		Arithmetic Mean:	N/A

Specified:

No requirement for AS-3 TEMP.



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REPORT NUMBER: ESP015410P PAGE: 5 of 5

EAR CONTROLLED DATA DATE: December 9, 2013

CALIBRATED TEST EQUIPMENT:

_	IDIVATED TECT EX	gon went		
	PT-173-006	Accelerated Weathering Tester	Calibration Due:	9/4/2014
	PT-173-007	Irradiance Calibrator	Calibration Due:	10/16/2014
	PT-175-004	Scale	Calibration Due:	9/4/2014
	PT-173-021	Byk Gardner Haze-Gard Plus	Calibration Due:	Per Use
	PT-173-022	Haze Standard	Calibration Due:	10/10/2014
	PT-173-023	Transmittance Standard	Calibration Due:	10/10/2014
	PT-173-026	Fisher Scientific Digital Thermometer	Calibration Due:	9/4/2014

REMARKS:

The samples will be discarded thirty days from the date of this report unless further instructed by the client.

Respectfully submitted,

Michael Jordt

Senior Engineering Technician

Brian S. Escherich Operations Manager





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Report of Physical Property Testing to ANSI/SAE Z26.1 and FMVSS 205 - AS-3 TEMP

Guardian Industries Corp. Carrie Karasiewicz 2300 Harmon Road Auburn Hills, MI 48326 Date: Author: Report Number: June 12, 2014 Michael Jordt ESP016877P.2

ANSI Z26.1-1996

AS-3 TEMP

M50T3

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ESP016877P.2 REPORT NUMBER:

EAR CONTROLLED DATA

PAGE: DATE:

2 of 5 June 12, 2014

INTRODUCTION:

This report presents the results of tests conducted on tempered safety glass in accordance with the American National Standards Institute, ANSI Z26.1-1996, Item 3, and the Federal Motor Vehicle Safety Standard, FMVSS 205, AS-3 (Rev. October 1, 2008).

This work was authorized by:

Carrie Gillis Karasiewicz

Samples were received on:

May 22, 2014

Testing started: Testing completed: May 27, 2014 June 12, 2014

Samples submitted for testing:

12x12 inch flat

3x12 inch flat 4x4 inch flat

27 0

0

Full Size

0

SUMMARY OF RESULTS:

The following is a summary of the test results with respect to conformance or non-conformance to each of the required criteria:

Tests	Remarks
1 Light Stability	No Requirement
2 Luminous Transmittance	No Requirement
6 Impact (Ball, 10 foot drop)	Complies
7 Fracture	Complies
8 Impact (Shot Bag, 8 foot drop)	Complies
18 Abrasion Resistance	Optional Test, No Samples Provided

SAMPLE IDENTIFICATION:

Model # M50T3, AS3 <70% light transmittance, Tempered Safety Glazing Material to be used in all other areas except the windshield and other specified locations. Tint in color without conductors. Nominal Thickness: 5.0mm (3/16") Thickness Tolerance: 4.8mm - 5.2mm (0.188"- 0.204")

Thickness of the safety glazing samples received:

0.193 inches

4.90 mm

IDENTIFICATION MARKING:

None given



P 515 266 5101 F 515 262 1910 T 888 786 7555

info.desmoines@element.com www.element.com

REPORT NUMBER: ESP016877P.2

EAR CONTROLLED DATA

PAGE: DATE:

June 12, 2014

3 of 5

TEST METHODS AND RESULTS:

Test No. 1 - Light Stability (Optional Test - Not required for AS-3)

Three (3) 12 x 12 inch flat specimens were tested for regular (parallel) luminous transmittance at normal incidence using ICI "Illuminant A" both before and after irradiation from a source equivalent to the specified Uviarc Laboratory equipment operated as specified for 100 hours. The specimens were placed nine (9) inches from the light source and maintained at a temperature of $110 \pm 3^{\circ}F$.

After the second transmittance measurements were made, the same three irradiated specimens were immersed, vertically on edge, in water at 150° F for three minutes and then transferred to and similarly immersed in boiling water for ten minutes. The specimens were then removed and visually inspected for delamination and clouding.

Results:

Specimen Number	Change in Transmittance (%)	10 Minute Boil Test	
1	-0.5	No Requirement	
2	-0.3	No Requirement	
3	-0.6	No Requirement	

Note: Visible discoloration was not noted when specimens were placed on a white background after the irradiation test.

Specified:

No Requirement

Test No. 2 - Luminous Transmittance (Optional Test - Not required for AS-3)

Data obtained in Test No. 1.

Results:

Percent Transmittance				
Specimen Number	Before Irradiation	After Irradiation		
1	49.4	48.9		
2	50.1	49.8		
3	49.5	48.9		

Specified:

No Requirement

Test No. 6 - Impact (Ball, 10-foot drop)

Twelve 12 x 12 inch flat specimens were separated and kept at a temperature of $70 - 85^{\circ}$ F for a minimum of four hours immediately preceding the test. The specimens were supported horizontally in a steel frame made in accordance with Fig. 1 of the Code. A 1/2 pound solid, smooth, steel sphere was dropped once, from a height of ten feet, freely and from rest, striking the specimen within one inch of its center.

Results	•					
Number	of	specimens	thus	tested	which	broke:

0	
U	

Specified:

Not more than two specimens shall crack or break.



P 515 266 5101 F 515 262 1910 T 888 786 7555

info.desmoines@element.com www.element.com

REPORT NUMBER: ESP016877P.2

EAR CONTROLLED DATA

PAGE: DATE:

4 of 5 June 12, 2014

TEST METHODS AND RESULTS:

Test No. 7 - Fracture Test

Six full size specimens were placed horizontally and taped to an identical specimen. The specimens were fractured one inch inboard at the midpoint of the longest edge with a spring-loaded center punch per the standard.

Results:

Specimen Number	Weight of Largest Fragment Free of Cracks, grams
1	0.5
2	0.5
3	0.9
4	0.7
5	0.7
6	0.5

Specified:

No individual fragments free of cracks and obtained within three minutes subsequent to test, shall weigh no more than 4.25 grams (0.15 ounce).

Test No. 8 - Impact Test (Shot Bag)

Five (5) 12x12 inch flat specimens were separated and kept at a temperature of 70 - 85° F for at least four hours immediately preceding the test. For each test, the specimens were supported horizontally in a steel frame made in accordance with Fig. 1 of the Code. The 11-pound shot bag, made in accordance with Fig. 2 of the Code, was dropped from a height of 8 feet once, freely and from rest, striking the specimen within one inch of its center on its interior surface.

_					
0	~		•1	ts	٠
П	•	эι	u i	ιo	

Number of specimens thus tested revealing any loose or detached fragments exclusive of the

Not more than one specimen shall crack or break as a result of this test.

Test No. 18 - Abrasion Resistance (Optional - Not Required)

No samples provided to perform this test.

Three 4x4 inch flat specimens were subjected to abrasion by means of a Taber Abraser with a load of 500 grams on each CS-10F Calibrase Wheel for 1000 cycles and operated in accordance with the Code procedure.

Haze measurements were made in accordance with Code procedure for Test No. 17 before and after subjecting the specimens to abrasion, by means of a Pivotable-Sphere Hazemeter constructed in accordance with Fig. 6 of the Code.

From the required measurements made, the percent of haze before abrasion and the scattered light and haze after abrasion were calculated. The light scattered as a result of abrasion, and the arithmetic mean, were computed in accordance with the Code.

Results:

Specimen Number	% Haze Before Abrasion	% Scattered Light after	% Light Scattered as a
1			
2			
3			
		Arithmetic Mean:	N/A

Specified:

No requirement for AS-3 TEMP.



P 515 266 5101 F 515 262 1910 T 888 786 7555

info.desmoines@element.com www.element.com

REPORT NUMBER: ESP016877P.2 PAGE: 5 of 5
EAR CONTROLLED DATA DATE: June 12, 2014

CALIBRATED TEST EQUIPMENT:

PT-173-006	Accelerated Weathering Tester	Calibration Due:	9/4/2014
PT-173-007	Irradiance Calibrator	Calibration Due:	10/16/2014
PT-175-004	Scale	Calibration Due:	9/4/2014
PT-173-021	Byk Gardner Haze-Gard Plus	Calibration Due:	Per Use
PT-173-022	Haze Standard	Calibration Due:	10/10/2014
PT-173-023	Transmittance Standard	Calibration Due:	10/10/2014
PT-173-026	Fisher Scientific Digital Thermometer	Calibration Due:	9/4/2014

REMARKS:

The samples will be discarded thirty days from the date of this report unless further instructed by the client.

Respectfully submitted,

Michael Jordt

Senior Engineering Technician

Brian S. Escherich Operations Manager

EA14-002 FORD 8/22/2014 APPENDIX D





May 23, 2014

Ford Motor Co Of America PO Box 70 Dearborn MI 48121-0070 Ford Motor Company **Product Claims** P.O. Box 70 Dearborn, MI 48121-0070

State Farm Claims P.O. Box 2371 omington IL 61702-2371

JUN 0 3 2014 OFFICE OF THE, GENERAL COUNSEL

FORD MOTOR COMPANY

CLAIMS UNIT

Maggur Nagyu

OGC LIL **Product Claims**

.IUN 3 2014

DRP 55654

Certified Mail-Return Receipt Requested

RE:

Claim Number:

Date of Loss:

Our Insured:

Loss Location:

Vehicle:

VIN:

Mileage:

Your File Number:

Insured's Deductible: \$500.00

February 13, 2014

Memphis, TX

Ford EXPLORER 4X2 LIMITED

1FM5K7F83EGA 8910

To Whom It May Concern:

This notice is to advise of a loss that occurred to our insured's vehicle. The damage was caused by moon roof shattered as our insured was driving.

Our investigation indicates that Ford Motor Co. 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 Ford Motor Co. for reimbursement of \$2,821.19.

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.

In order to assist you in evaluating and processing the claim we are asserting, we may provide nonpublic personal information 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 any purpose other than to evaluate and process the subrogation claim.

If you have any questions or need additional information, please call me at the number listed below. If I am not available, any other member of my team may assist you.

43-409P-937 Page 2 May 23, 2014

Sincerely,

Patty Riddle Claim Associate (877) 457-8276 Ext. 60 Fax: (866) 231-9276

State Farm Mutual Automobile Insurance Company

Enclosure



RBZ0003H State Farm Mutual Automobile Insurance Company

Auto Payments

Route To: Patty Riddle

BASIC CLAIM INFORMATION

Claim Number: Date of Loss: 02-13-2014 Policy Number: Named Insured:

PAYMENTS

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

Payment Number

Issued Date 05-07-2014

04-22-2014

<u>Payee</u>

AUTO NATION COLLISION NORTH

<u>Status</u> Paid

Amount Auth ID \$1,851.94 ECSAPY

SCOTTSDALE

HIGH LIFE AUTO RENTAL

Paid

\$469.25 KFL5

Grand Total:

\$2,321.19

Date: 05-23-2014

Page 1

AutoNation Collision Center North_Scottsdale

Workfile ID: Federal ID:

2bbd61c6 522102864

15678 N NORTHSIGHT BLVD, SCOTTSDALE, AZ 85260

> Phone: (480) 948-9506 FAX: (480) 443-0290

Supplement of Record 1 with Summary

Customer:

Job Number:

Written By: Dan Bungartz, 5/7/2014 7:38:12 AM Adjuster: Express Team D, (855) 341-8184 Day

Insured:

Type of Loss:

Point of Impact:

Comprehensive

Policy #:

Date of Loss: 2/13/2014 2:00:00 PM Claim #:

Days to Repair:

0

Insurance Company:

STATE FARM INSURANCE COMPANIES

Owner:

LUFKIN, TX Evening Cell

AutoNation Collision Center North_Scottsdale

Inspection Location:

15678 N NORTHSIGHT BLVD

SCOTTSDALE, AZ 85260 Repair Facility (480) 948-9506 Day

Vehicle Drop Off Date:

02/19/2014

Promise Date:

Vehide Pick Up/Return

Date:

02/27/2014

Repair Start Date:

02/24/2014

Repair Completion Date:

02/27/2014

02/27/2014

VEHICLE

Year:

2014

Body Style: Engine:

4D UTV

VIN:

1FM5K7F83EGA

Mileage In:

8910

FORD Make:

EXPLORER 4X2 LIMITED

BLK Int:

Production Date:

6-3.5L-F1 9/2013

License:

CLZ3451

TX

FM Radio

Mileage Out:

Model: Color:

Condition:

State: Job #: Vehide Out:

2/27/2014

TRANSMISSION

Automatic Transmission Traction Control

SEATS

Power Driver Seat Power Passenger Seat **Bucket Seats** Leather Seats **Heated Seats**

3rd Seat Lumbar Adjustment **Redining Seats**

STEERING

Tilt Wheel

GLASS Privacy Glass Rear Defogger **Power Windows** Rear Window Wiper

RADIO

Telescopic Wheel

Steering Wheel Controls **BRAKES Power Brakes** 4 Wheel Disc Brakes Anti-Lock Brakes (4)

Stereo Search/Seek INTERIOR Power Locks Air Conditioning **Dual Air Conditioning** Cruise Control Driver Air Bag Passenger Air Bag Console/Storage

Front Side Impact Air Bags Power Trunk/Tailgate

Wood Interior Trim EXTERIOR Power Mirrors Dual Mirrors Spoiler Alarm Keyless Entry Luggage/Roof Rack

PICKUP/VAN EQUIPMENT Rear Step Bumper Fog Lamps **PAINT** Clear Coat Paint

5/7/2014 7:38:12 AM

014799

Page 1

Supplement of Record 1 with Summary

Customer: Job Number:

Vehicle: 2014 FORD EXPLORER 4X2 LIMITED 4D UTV 6-3.5L-FI BLK

Power Steering

AM Radio

Intermittent Wipers

Customer

Job Number:

Vehicle: 2014 FORD EXPLORER 4X2 LIMITED 4D UTV 6-3.5L-FI BLK

Line		Ope	r Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	501	** Final Bill ***		1			
2	ROOF							
3	*	Repi	Rear glass FORD	BB5Z78500A18B	1	789.52	Ind.	
4	*	R&I	Headliner charcoal				Incl.	
5	*	Rpr	Roof panel				<u>1.0</u>	4.2
6			Add for Clear Coat					1.7
7	*	R&I	R&I sunroof assy				Incl.	
8	*	Rep	Sunshade charcoal	BB5Z78519A02AA	1	490.78	Incl.	
9		R&I	RT Roof rail black				0.3	
10		R&I	LT Roof rail black				0.3	
11	**	Rep	A/M Cover Vehide		1	5.00	0.3	
12	#	Rpr	Tint Color				0.5	
13	#	Sub	Hazardous waste removal		1	5.00		
14	#	Sub	SUBLET SUNROOF INSTALL AND HEADLINER ECT		1	550.00 X	(
				SUBTOTALS		1,840.30	2,4	5.9

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				1,290.30
Parts Discount	\$ 490.78		-3.5 %	-17.18
Body Labor	2.4 hrs	@	\$ 48.00 /hr	115.20
Paint Labor	5.9 hrs	@	\$ 48.00 /hr	283.20
Paint Supplies	5.9 hrs	@	\$ 28.00 /hr	165.20
Miscellaneous				550.00
Pre-Tax Discount			-6.5 %	-155.14
Subtotal	•			2,231.58
Sales Tax	\$ 1,344.83	@	8.9500 %	120.36
Grand Total				2,351.94
Deductible			-	500.00
CUSTOMER PAY				500.00
INSURANCE PAY				1,851.94

Customer

Job Number:

Vehicle: 2014 FORD EXPLORER 4X2 LIMITED 4D LITY 6-3.5L-FI BLK

For more information regarding State Farm's promise of satisfaction relating to new non-original equipment manufacturer (non-OEM) and recycled parts, please visit: http://st8.fm/7X4 or QR code.



Register online to check the status of your dalm and stay connected with State Farm®. To register, go to http://www.statefarm.com/ and select Check the Status of a Claim. If you are already registered, thank you! Not available in New Mexico.

5/7/2014 7:38:12 AM

014799

Page 4

Customer

Job Number:

Vehicle: 2014 FORD EXPLORER 4X2 LIMITED 4D UTV 6-3.5L-FI BLK

SUPPLEMENT SUMMARY

Une		Op	per Description	Part Number	Qty	Extended Price \$	Labor	Paint
Added	d Items			,		-		
1	#	S01	** Final Bill ***		1			
				SUBTOTALS		0.00	0.0	0.0

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			0.00
Subtotal			0.00

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	2,351.94	Dan Bungartz
Supplement S01	0.00	Dan Bungartz
Job Total:	\$ 2,351.94	
CUSTOMER PAY:	\$ 500.00	
INSURANCE PAY:	\$ 1,851.94	

THE ABOVE IS AN ESTIMATE BASED ON OUR INSPECTION AND DOES NOT COVER ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS STARTED. DAMAGED PARTS CAN BE BE DISCOVERED WHICH WERE NOT EVIDENT ON THE FIRST INSPECTION. PRICES OF PARTS ARE SUBJECT TO CHANGE, ACCORDING TO LIST AT THE TIME WORK IS COMPLETED. ONCE AN INSURANCE COMPANY HAS COMPLETED THIER OWN ESTIMATE, AND HAVE GENERATED A CHECK OUR ESTIMATE BECOMES VOID. POWER COLLISION NORTH SCOTTSDALE MUST THEN WORK OFF THE INSURANCE ESTIMATE. SUPPLEMENTS WILL BE FORWARDED TO THEM ALONG WITH ANY OVER PAYMENTS IF APPLICABLE. HOWEVER WE MUST RECEIVE A COPY OF THE INSURANCE QUOTE PRIOR TO STARTING REPAIRS OR THE CUSTOMER WILL BE RESPONSIBLE FOR THE ENTIRE COST OF REPAIRS.

ALL PARTS WILL BE FURNISHED BY AUTONATION OR A VENDER OF OUR CHOICE. ESTIMATES ARE GOOD FOR 90 DAYS. THIS IS DO TO PARTS PRICE AND OR LABOR RATE CHANGES.

FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Customer:

Job Number:

Vehicle: 2014 FORD EXPLORER 4X2 LIMITED 4D UTV 6-3.5L-FI BUK

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR2MF11, CCC Data Date 5/1/2014, 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) 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 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. 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 or A/M. 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 2014 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 complete 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. Blnd=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=Uitra 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.

Customer:

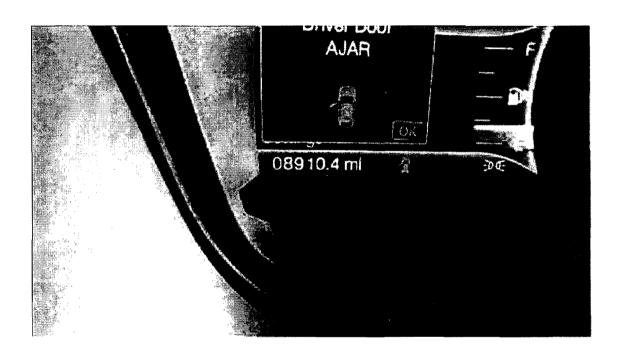
Job Number:

Vehicle: 2014 FORD EXPLORER 4X2 LIMITED 4D UTV 6-3.5L-FI BLK

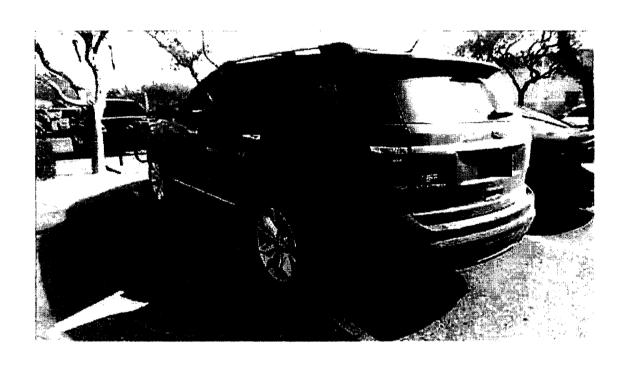
NON-ORIGINAL EQUIPMENT REPLACEMENT PARTS INFORMATION

Whenever ** appears next to the description of a part which is to be replaced, this means:

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.



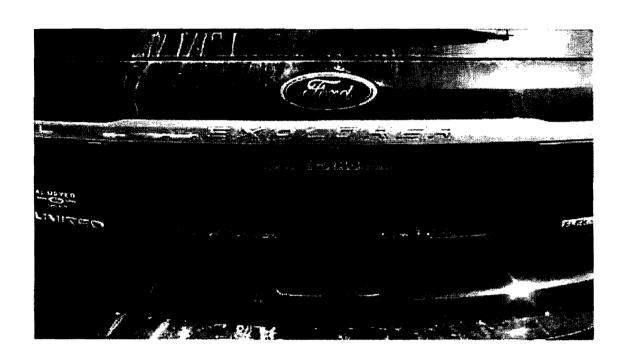




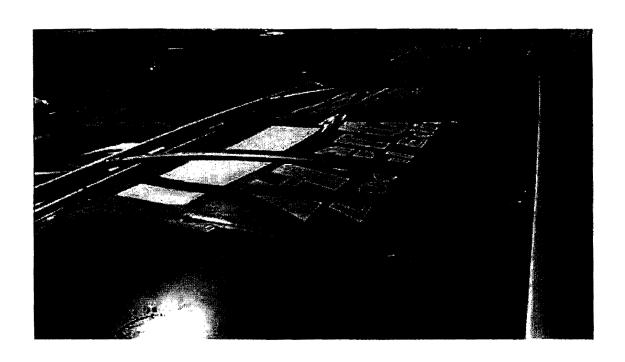


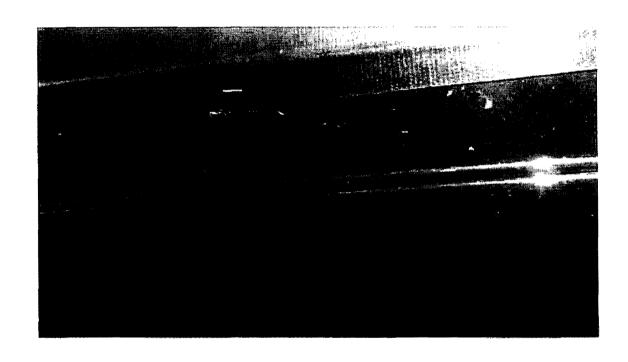












HIGH LIFE AUTO RENTAL 16620 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85254 PH 480-483-0019

Invoice 3454

Date:

Invoice Date

03/24/2014



STATE FARM INSURANCE

PO BOX 52250

Company Number:

PHOENIX, AZ 85072-2250

Policy#

Claim #

Date Of Loss.

02/20/2014

RO Number:

PO Number

Agreement Number

3454

 Vehicle Number
 Vehicle Type
 Vehicle Plate
 VIN
 Date Rented
 Date Returned

 125189
 2013 FORD FOCUS
 TEMP
 1FADP3F29DL
 02/20/2014 07 48 AM 03/05/2014 02 31 PM

1 Day(s) @26 56, 13 Day(s) @26.56 Charged 14 Day(s) Description **Amount** RATE CHARGE 371 84 **SURCHARGE** 12.08 SALES TAX 48.15 **CONCESSION RECOVERY** 18.59 **VEHICLE LICENSE FEE** 18 59 **Total Charges** 469.25

Company Total.

469 25

Company Payments

0 00

Tax ID

26-4269951

00020

Net Due From Company:

469 25

Please Make Check Payable To and Remit To

HIGH LIFE AUTO RENTAL 16620 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85254 DUE UPON RECEIPT

Company Number

00020

Agreement Number

3454

BELT, HAYLEE

Please Pay This Amount 469.25

03312014





March 03, 2014

Ford Motor Co of America / Attn: Michelle Hull PO Box 70

Dearborn MI 48121-0070

California Auto Claims P.O. Box 52289 Phoenix AZ 85072-2289 FORD MOTOR COMPANY CLAIMS UNIT

MAR 1 0 2014

OFFICE OF THE, GENERAL COUNSEL

OGC LIt **Product Claims**

MAR 1 0 2014

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

RE:

Claim Number:

Date of Loss:

City & State of Loss: Redwood City, CA

Our Insured:

Vehicle:

VIN Number:

02/12/2014

2011 Ford EDGE Vehicle Owner:

2FMDK4KC2BBB

Maggu D090751

Dear Ms.

Please See back page.

This notice is to advise of a loss that occurred to our insured vehicle. Our preliminary investigation indicates that Ford Motor Co of America may be responsible for this loss. Please consider this as our notice of possible subrogation.

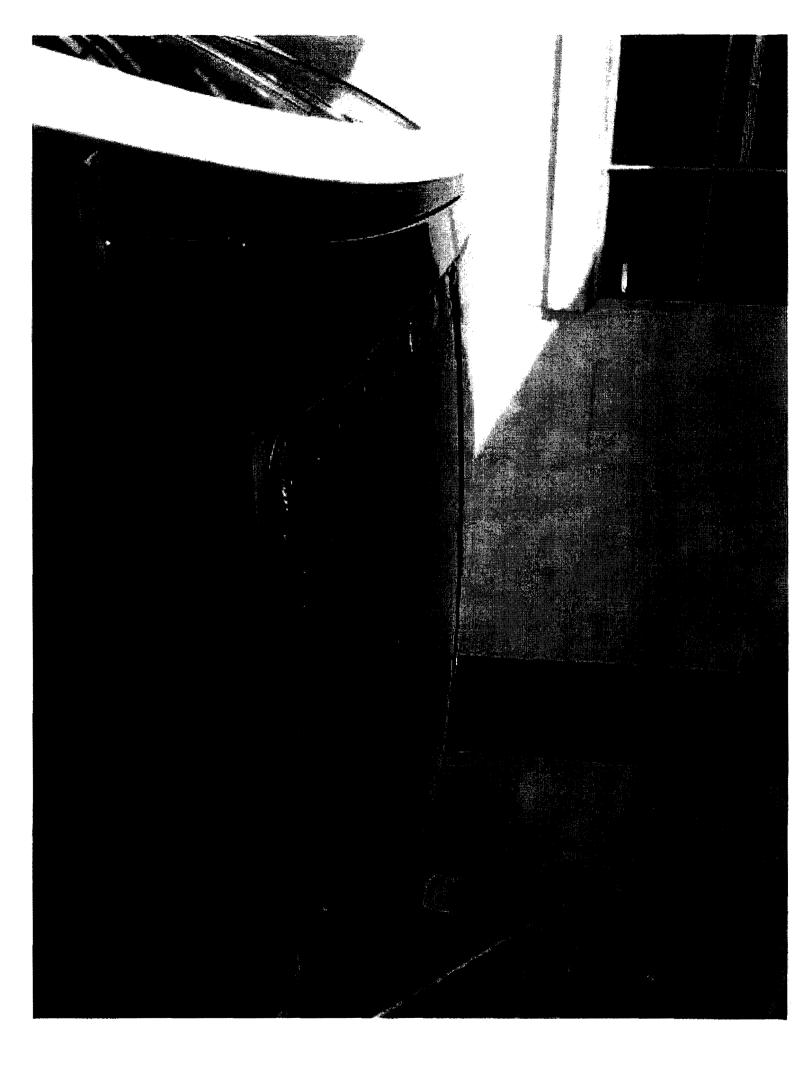
The part is being held at an offsite location in Berkeley, CA and is available for your inspection by appointment only. You are only authorized to inspect the part in the presence of a State Farm® representative. No variation of this authorization will be permitted.

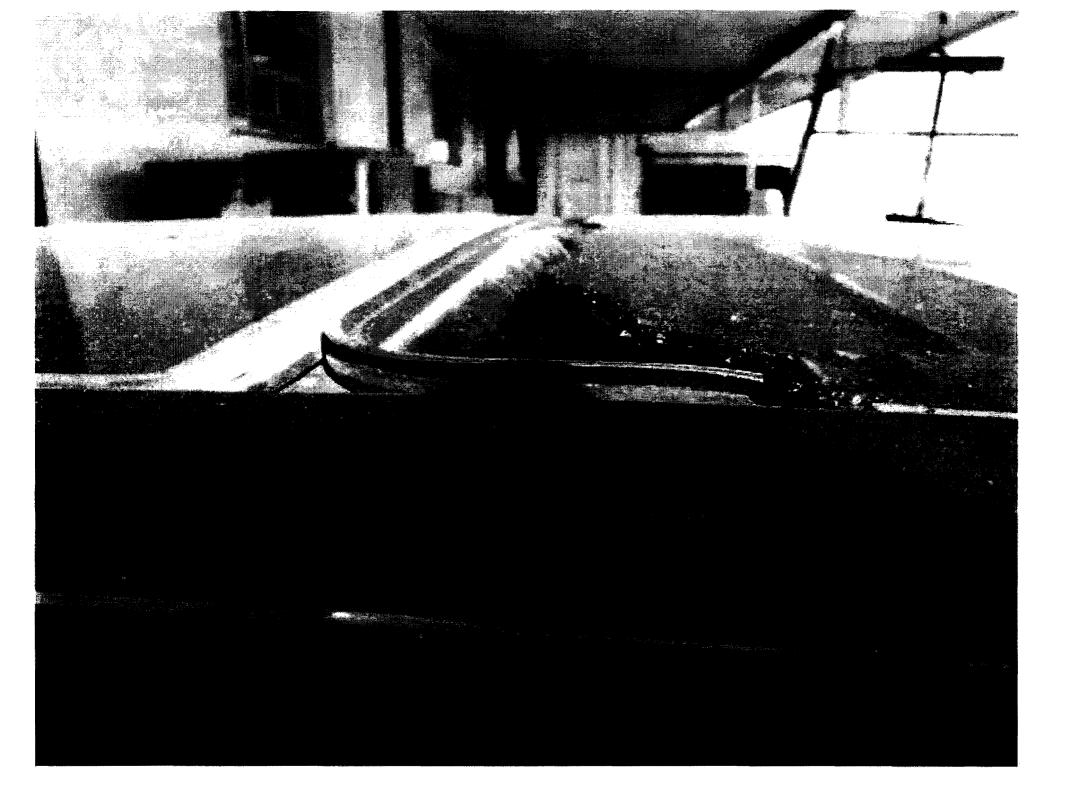
Any settlement with State Farm's policyholder with respect to this loss must not prejudice our rights, as subrogor, and shall not be released by the execution of a general release with such policyholder. In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information 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 any purpose other than to evaluate and process the subrogation claim.

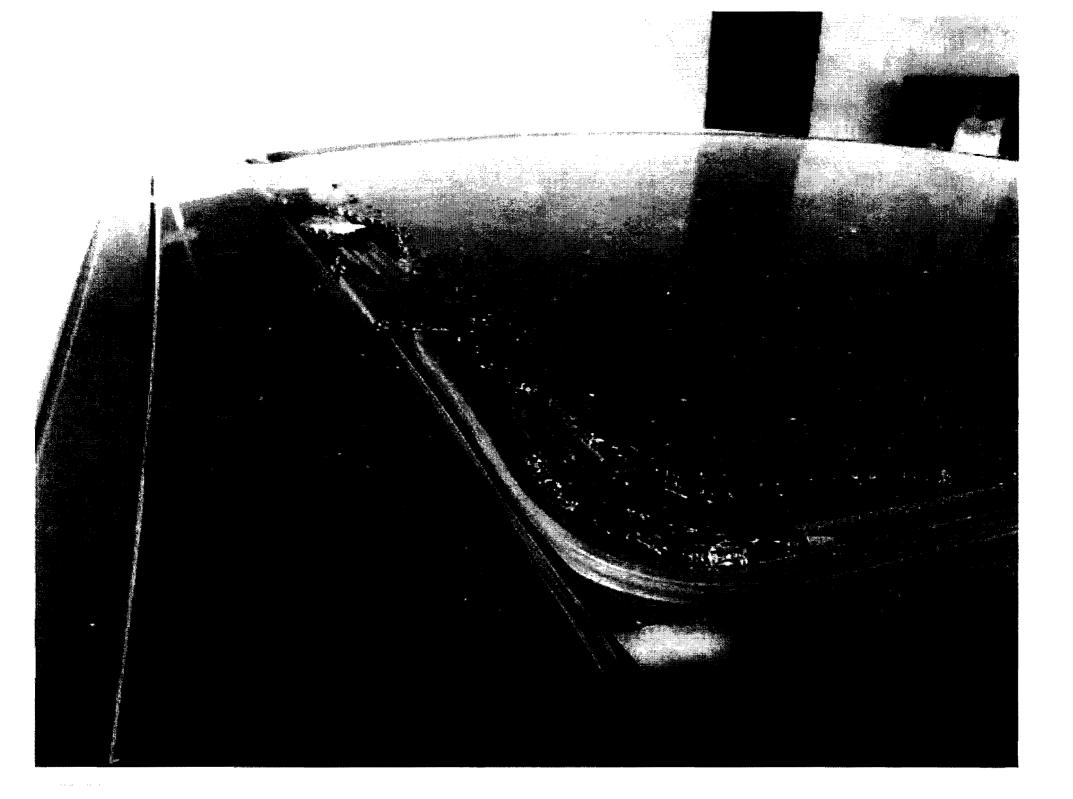
Your cooperation is appreciated. In order to ensure we can identify documents to the claim file, please include the claim number on all correspondence.

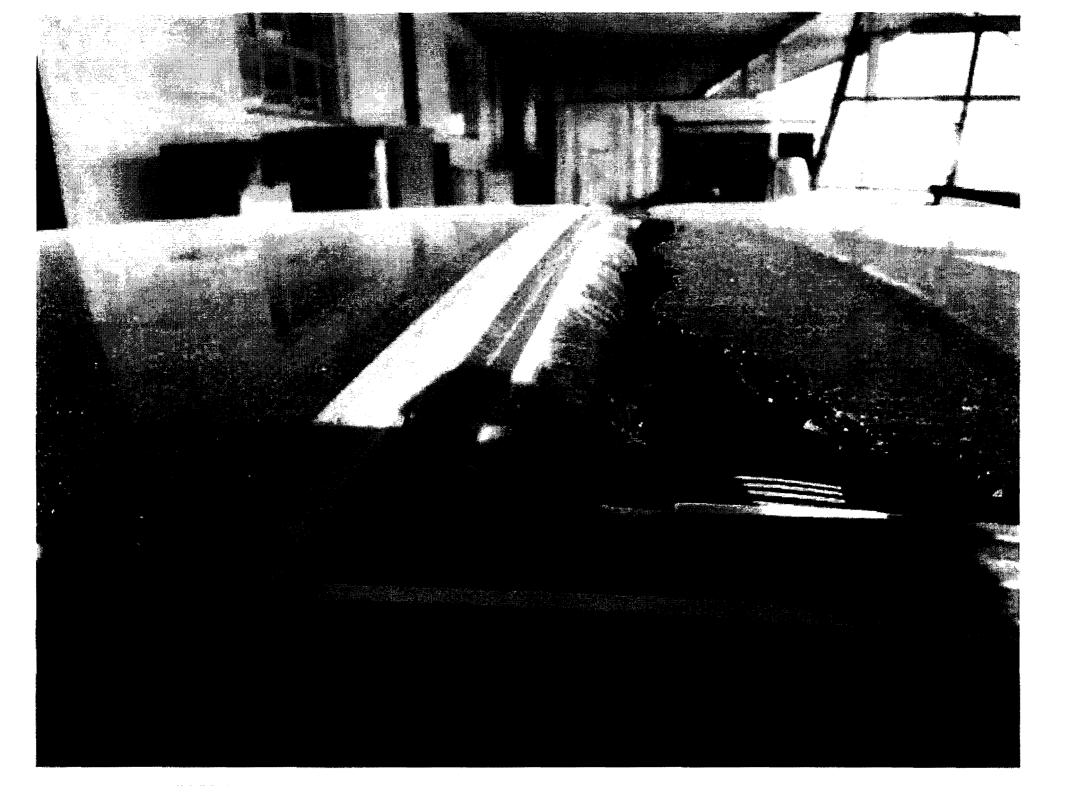
If you have any questions, please to contact us.

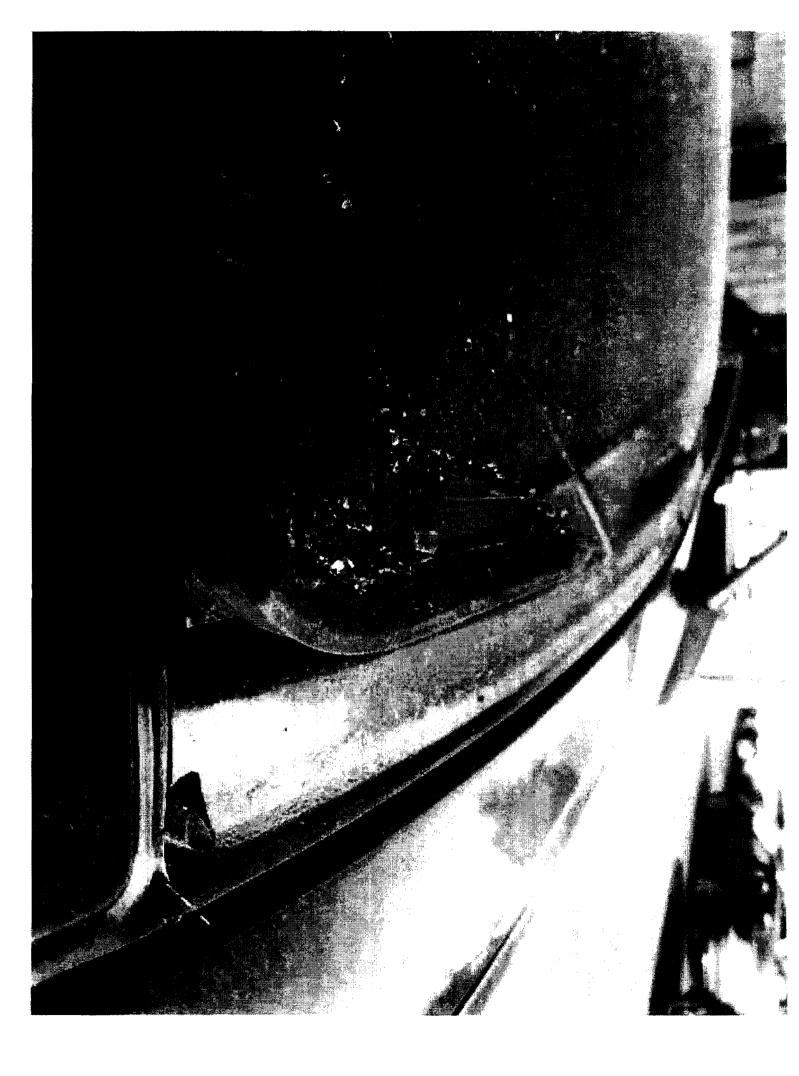
DRP54016













May 06, 2014

Ford Motor Co Of America PO Box 70 Dearborn MI 48121-0070 State Farm Claims P.O. Box 2371 Bloomington IL 61702-2371

Certified Mail-Return Receipt Requested

RE:

Claim Number:

Date of Loss:

February 12, 2014

Our Insured:

Loss Location:

Redood City, CA

Vehicle:

Ford EDGE

VIN:

2FMDK4KC2BBB

Mileage:

Your File Number:

Insured's Deductible: \$500.00

To Whom It May Concern:

This notice is to advise of a loss that occurred to our insured's vehicle. The damage was caused by defective sun roof that shattered. Ford shop confirmed there was no impact to the exterior or interior edges of the glass. Sun roof is in storage in Berkley, CA.

Our investigation indicates that Ford Motor Company 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 Ford Motor Company for reimbursement of \$1,104.71.

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 Ext. 60

In order to assist you in evaluating and processing the claim we are asserting, we may provide nonpublic personal information 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 any purpose other than to evaluate and process the subrogation claim.

05-29B7-107 Page 2 May 06, 2014

If you have any questions or need additional information, please call me at the number listed below. If I am not available, any other member of my team may assist you.

Sincerely,

Patty Riddle Claim Associate (877) 457-8276 Ext. 60 Fax: (866) 231-9276

State Farm Mutual Automobile Insurance Company

Enclosure



The Erskine Law Group, P.C.

342 S. Mam St - Rochester, Michigan - 48307 Tel (248) 601-4499 • Fax (248) 601-4497 www.erskinelawgroup.com

April 3, 2014

Mr. Manny Bento State Farm PO Box 52289 Phoenix, AZ 85072

Via Facsimile 800-440-6176

Re: Your Insured: DOL: February 12, 2014

Dear Mr. Bento,

Please be advised that Ford Motor Company has retained our office to handle your recently submitted subrogation claim regarding the above-referenced customer. In order to efficiently process and consider your claim, we request that you provide us with the following information: (Please note that the information requested is in regard to the Ford manufactured vehicle.)

- 1. Attach your insured's statement with a complete description of the meident, including events that occurred prior to and subsequent to the loss.
- 2. A copy of the police and/or fire report.
- 3. Original color photographs of the vehicle's collision/fire damage & the alleged defective parts, from several different angles.
- 4. Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- Original color photographs of the accident / fire scene from several different angles.
- 6. Attach a copy of your expert's report and the expert's original color photographs.
- 7. Attach the repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and copies of draft payments.
- Attach the complete service history for the subject vehicle, including any tune-ups or oil changes.
- 9. Attach a complete damage listing and proofs. Please do not submit an incomplete claim,

Please answer the following in the space provided. If you need additional space, please use the back of the form:

10. What was the city and state of occurrence?

11. The 17 digit vehicle identification number:

12. What was the mileage at time of occurrence?

14. Has the alleged defective part been repaired or replaced (circle one) (Yes) or No

15. What is the current location of the vehicle, and the alleged defective part(s)?

13. What is the alleged defect?

16.	List all after market additions or modifications that were made to the vehicle: \mathcal{U}/\mathcal{A}

17.	Were the keys in the ignition? (circle one) (Yes) or No
18.	Were the keys in the ignition? (circle one) Yes or No Was the engine running? (circle one) Yes or No
19.	Was this vehicle purchased new or used? (INKNOW)
	If purchased used, provide the date of purchase, mileage at the time of purchase, and from whom the
	vehicle was purchased:

Once you have compiled the requested information regarding this matter, please send it to the address above. If you prefer to send the information electronically, you can e-mail it to me at merskine@erskinelawgroup.com. Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 90 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.

Please be advised that all necessary steps should be taken to ensure that the incident scene, the subject vehicle, and all of its components parts are maintained and preserved. Ford Motor Company has the right to inspect the fire scene and the vehicle, remove and test any vehicle component part that you claim to be defective, and to be presented with the vehicle and subject component part(s) at the time of trial, should litigation ensue from this informal claim.

If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

Thank you for your attention to these matters. Should you have any questions, please feel free to e-mail me at your convenience, merskine@erskinelawgroup.com. I look forward to working with you on this matter.

Very truly yours,

Maggie Mason Erskine

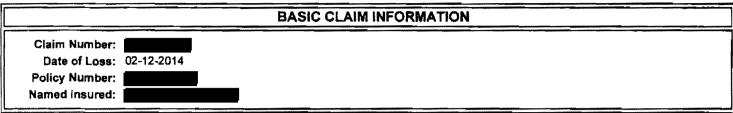
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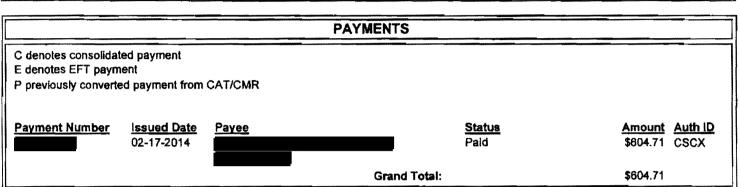
State Farm

RBZ0003H State Farm Mutual Automobile Insurance Company

Auto Payments

Route To: Patty Riddle





Date: 05-06-2014

Page 1

2/17/2014 10:51 AM Date: Estimate ID: 05-2987-10701

Estimate Version: Committed

Profile ID: (00251) S.M.C.- P.A

State Farm Insurance Companies

2590 N. First Street Suite 200, San Jose, CA 95131

Damage Assessed By: STACY (CHQD) Appraised For: ACC CP Team 74

(800) 754-8135

Drive Train: 3.5L Inj 6 Cyl 6A AWD

License:

Supplement Fax: (866) 566-6595

Supplement Email: casupp@statefarm.com

Type of Loss: Comprehensive Date of Loss: 2/12/2014 Deductible: 500.00 Claim Number: insured:

Owner: Address: REDWOOD CITY, CA Telephone: Home Phone: Cell Phone:

Milchell Service: 911327

Description: 2011 Ford Edge Limited

Body Style: 4D Ut VIN: 2FMDK4KC2BBB

Mileage: 34,789 OEM/ALT:

Pearl White Color: Options:

Search Code: SFB3EG PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW

POWER STEERING, REAR WINDOW DEFOGGER, CRUISE CONTROL, TILT STEERING COLUMN LEATHER SEAT, POWER PASSENGER SEAT, TELESCOPIC STEERING COLUMN ANTI-LOCK BRAKE SYS., TRACTION CONTROL, REARVIEW CAMERA, NAVIGATION SYSTEM AUXILIARY INPUT, LEATHER STEERING WHEEL, SATELLITE RADIO, CHROME WHEELS FRONT AIR DAM, TINTED GLASS, AUTO AIR CONDITION, TRIP COMPUTER TELEMATIC SYSTEMS, UNIVERSAL GARAGE DOOR OPENER, SIDE AIRBAGS, ANTI-THEFT SYSTEM TELEMATIC SYSTEMS.

AUTOMATIC HEADLIGHTS, INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR SIDE HEAD CURTAIN AIRBAGS, AM/FM STEREO CD/MP3 PLAYER, DRIVER HEATED MEMORY SEAT ELECTRONIC PARKING AID, ELECTRONIC STABILITY CONTROL, EXTERIOR MEMORY MIRRORS

FRONT HEATED BUCKET SEATS, FRONT SEATS WITH POWER LUMBAR SUPPORT INTERIOR AIR FILTER, KEYLESS ENTRY SYSTEM, POWER DISC BRAKES

POWER HEATED EXTERIOR MIRRORS, POWER LIFTGATEITRUNK, REAR AC & HEATER

REAR SPOILER, REAR WINDOW WIPER, STEERING WHEEL AUDIO CONTROLS

Line	Entry	Labor		Line Item	Part Type/	Dollar	Labor
item	Number	Type	Operation	Description	Part Number	Amount	Units
1	101759	BDY	REMOVE/REPLACE	Panoramic Roof Silding Glass	7T4Z 18500A18 A	869.83	0.8 #
2	900500	BDY *	ADD'L LABOR OP	Broken Glass Cleanup	Existing		1.0*

* - Judgment Item # - Labor Note Applies

ESTIMATE RECALL NUMBER: 02/17/2014 10:51:30

OEM: JAN_14_V0214 MAPP:JAN_14_V0209 Mitchell Data Version:

Software Version:

7.1.162

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Page 1 of 3

Date: 2/17/2014 10:51 AM Estimate ID: Estimate Version: Committed Profile ID: (00251) S.M.C.- P.A

Note: Repair operations to any finished body parts include an allowance for Peather, Prime & Block.

Estimate Totals

Amount			mmary	Part Replacement Sum	11.	Totals	Sublet Amount	Add'l Labor Amount	Rate	Units	Labor Sublotais	1.
869.83				Taxable Parts		156.60	0.00	0.00	87.00	1.8	Body	
78.28	9.000%	@		Sales Tax		450.00						
948,11			rdr Amount	Total Replacement Part		156.60			ole Labor	Non-Taxat		
340,1			ire Amount	total Replacement Par		156.60				1.8	Labor Summary	
Amount				Adjustments	īV.	Amount					Additional Costs	81.
500.00	Insurance Deductible			0.00				al Costs	Total Addition			
500.00			sponsibility	Customer Resp								
156.60				Total Labor:	1.							
948.1				Total Replacemen	H.							
0.00				Total Additional Co	111.							
1,104.7				Gross Total:								
500.00 604.71			ls:	Total Adjustments	íV.							
				Nel Total:								

Register online to check the status of your claim and stay connected with State Farm®. To register, go to www.statefarm.com and select Check the Status of a Claim. If you are already registered, thank you! Not available in New Mexico.

Point(s) of Impact

14 Unknown (P), 16 Non-Collision (S)

insurance Co: STATE FARM INSURANCE COMPANIES

Inspection Site: **Towne Auto Body**

111 Ceder Address:

Redwood City, CA 94063

TE00

Inspection Date: 2/17/2014

> Body Shop: Towne Auto Body Address:

111 Cedar Avenue Redwood City, CA 94063

Telephone: (650) 366-7211

For your protection California Law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

ESTIMATE RECALL NUMBER: 02/17/2014 10:51:30

Mitchell Data Version:

Software Version:

OEM: JAN 14_V0214 MAPP:JAN 14_V0209

7.1.162

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Page 2 of 3

2/17/2014 10:51 AM Date: Estimate ID: Estimate Version: Committed Profile ID: (00251) S.M.C.- P.A

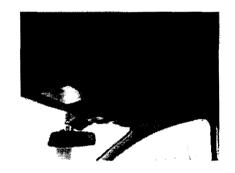
This is an estimate. Repair facilities must inspect the vehicle to determine if any repairs not listed are required, and to contact State Farm before making such repairs. Repairer is also responsible for conducting any necessary inspection and safety checks prior to and after completing repairs.

ESTIMATE RECALL NUMBER: 02/17/2014 10:51:30

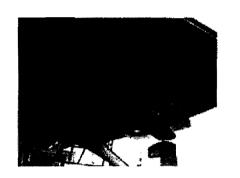
Mitchell Data Version: OEM: JAN 14_V0214 MAPP:JAN_14_V0209 Software Version: 7.1.162

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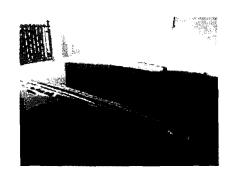
Page 3 of 3

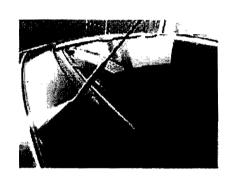








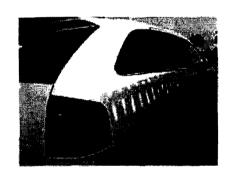


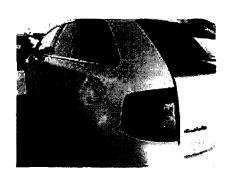


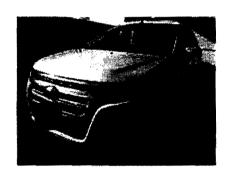




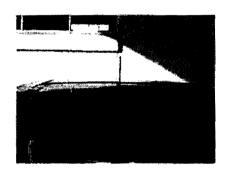


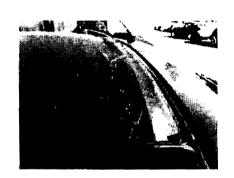


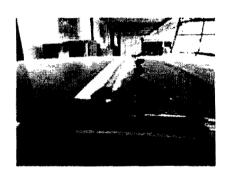


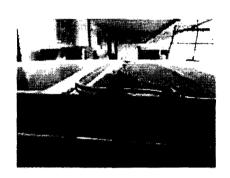


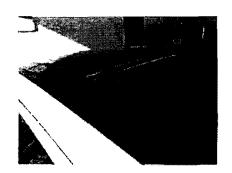


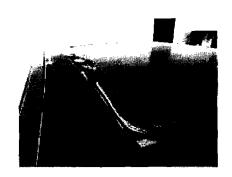




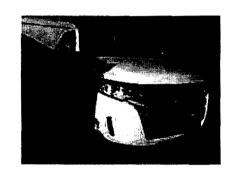














P.O. Box 3150 Alpharetta, GA 30023 (800) 448-6661 856-632-1360 FAX

CONSUMER AFFARMS

14 JAN 21 ATT

November 5, 2013

FORD MOTOR COMPANY PO BOX 6248 DEARBORN, MI 48126

RE:

Our Insured

Our File No.

Responsible Party: FORD MOTOR COMPANY

Date of Loss

Damages

: Feb 7, 2013

: \$1554.64

maggo

0087059

Dear Sir/Madam:

We are the recovery agents for CHARTIS PROPERTY CASUALTY CO who have made payment to their policyholder for damages arising out of the referenced loss (2012 FORD EDGE – SUNROOF EXPLODED). Based on the investigation, the responsible party listed above is at fault and our client is entitled to recovery of the damages.

If you have insurance, for your protection, this letter should be forwarded to your carrier immediately. If you believe you do not owe this money, please explain fully in writing within thirty (30) days.

Please note our file number on your remittance and send your check made payable to:

Global Recovery Services P.O. Box 105795 Atlanta, GA 30348-5795

If you have any questions, please feel free to contact me using the toll free number listed on the letterhead.

JUDITH FORD

Recovery Representative

856-778-6958

JUDITH.FORD@AIG.COM

SUBROGATION QUESTIONNAIRE

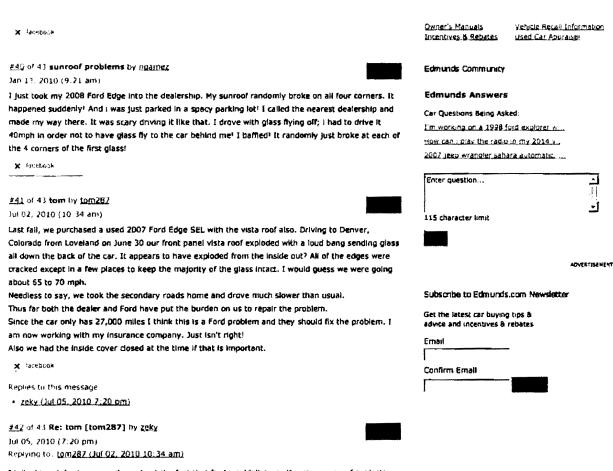
INSURED NAME

CLAIM NUMBER :			
DATE OF LOSS : Feb 7, 2013			
DAMAGES : \$1554.64			
1. NAME			
(FIRST)	(M/I)	(LAST)	
2. DATE OF BIRTH			
	(MONTH/DAY/YEAR)		
3. DRIVER's LICENSE			
(NUMBER)	(STATE OF ISSUE)		
4. SOCIAL SECURITY NUMBER			
5. TELEPHONE NUMBER ()			
6. IF YOU ARE INSURED, COMPLETE	(A) THROUGH (C):		
(A) NAME AND ADDRESS O	F YOUR INSURANCE CARRIER		
APP TO THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY A			
(B) YOUR POLICY NUMBER			
(C) NAME, ADDRESS AND TE	ELPHONE NUMBER OF YOUR I	NSURANCE AGENT (IF APPLICABLE)	
AGENT'S TELEPHONE NUMB			
7. IF YOU ARE UNINSURED AND YO BY CHECKING THE (D). UPON RECEI YOU.	DU ARE IN AGREEMENT WITH IPT OF THIS FORM WE WILL BE	THE LIABILITY ASSESSMENT, PLEASE ACKNOW IN CONTACT WITH YOU TO DISCUSS PAYMEN	LEDGE T. THANK
(D) I ACCEPT RESPONSIBILITY	FOR THESE DAMAGES.		
(SIGNATURE)	(DATE)		

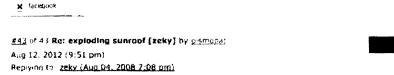
Ask the Car People." Sign In : Mobile I Help I Newsletter I Dealers Forums - Suvs Ford Edge - Ford Edge Predicted and Actual Reliability ADVERTISEMENT Ford Edge Predicted and Actual Reliability 43 messages, East post on Aug 12, 2012 at 9:51 PM You are in the Ford Edge Forum. Your Hosts are Forum Tools What is this discussion about? Ford Edge, Auto Repair, SUV My Watched Items Read New Posts Hessages Page 5 of 5 Search this Discussion SEARCH My Recent Posts Community Profile Ga Ta Msg # # PREVIOUS 1 2 3 4 5 NEXT - Last Forum Preferences #34 of 43 Re: 17,300 miles... [fmlchael] by zeky Aug 04 2008 (7.15 pm) Most Popular in Forums Replying to Imichael (May 11, 2008 12:38 am) I hope you don't have the suncoof, as mine literally exploded from the inside out as I drove down the 1. The State of the US Auto Market highway. I am lucky my family wasn't injured in the incident. 2. Chronic Car Buyers Anonymous 🗙 facebook 3. Mystery car bix 4. Honda Accord Prices Paid and Buying #35 of 43 Re: exploding sunroof [zeky] by akirby Aug 05, 2008 (4 46 am) 5. United Automobile Workers of America Replying to zeky (Aug 04, 2008 7:08 pm) That's the first I've heard of that problem on the Edge or any other Ford product the last several years. If it was a defect it should be showing up more, Glass may crack by itself but it won't "explode" Sparch Forums without some force being applied and I don't see where that force would come from just driving down Enter Keyword(s): the road. This sounds like it was either previously damaged or something hit it causing the damage. Turn it into your insurance - it's usually covered 100%. SEARCH Advanced Search You'd get the same answer from every other MFR unless there is a pattern of failures. Browse by Cabacory #36 of 43 sunroof exploded tonight by chipola Browse by Vehicle Select Make لته my 2007 Ford Edge had the sunroof explode tonight. My wife was driving home and did not have our -1 Select Model two daughters thankfully, but the sunroof exploded and was in shattered pieces. My friend owns a go View Alf Vehicles glass company and will look at it and another friend owns the local Ford dealership and hopefully we'll find out what happened. Nothing hit the roof. It just shattered and scared the hell out of my wife. Browse by Board We've had transmission problems, the driver door won't unlock automatically and now this. Select a Board ات x lacebook Browse by Topic Replies to this message Select a Topic -1 jamielynnurse (May 23, 2009 2:07 pm) View All Topics #39 of 43 Re: sunroof exploded tonight [chipola] by Learn More, Do More Janue ynnurse May 23, 2009 (2:07 pm) Ford Edge Replying to chipola (Nov 09, 2008 7:15 pm) You are not the only person that this has happened to. I am the owner of a 2007 Ford Edge with the Average Consumer Rating 0.0 vista roof. In May 2008, the sunroof glass randomly exploded over my head. Nothing hit the glass and Write a Review there were not any other cars near me. I called Ford up immediately and reported the incident. Get a crice puble More Photos Maintenance Schedules Write a Car Review

http://townhall-talk.edmunds.com/direct/view/.f0fd566

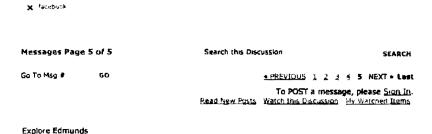
11/5/2013



I talked to a telvision news show about the fact that ford wouldn't cover the same sunroof explosion. The reporter called Ford customer service, Ford semt a safety investigator to look at my sunroof. I never heard the results, but my sunroof was replaced free of charge. However, I have never felt safe in my car since and am now in the process of selling it, good luck.



The same thing just happened to me in my 2011 Ford Tauris. Traveling on smooth surface at 70 mph. 74 degrees outside, and Boom, sunroof biew out. We would have been injured if we had the inside sunroof "door" open. I really thought that someone had shot out one of the windows and it took a couple of minutes before I noticed the sunroof had a big hole in the middle and glass bent outward.



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http://townhall-talk.edmunds.com/direct/view/.f0fd566

11/5/2013

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into surger per In-

THE STEWART GROUP P.O. BOX 540846 DALLAS, TX 75354-0486

PHONE: (817)490-9229 PLEASE FAX ALL SUPPLEMENTS TO (866)858-8111
EMAIL SUPPORTING PHOTOS TO: CLAIMS@STEWARTCLAIMS.COM

*** ESTIMATE ***

02/12/2013 03:16 PM

Owner

Owner:

Control Information

Claim # : 02/07/2013
Loss Data/Time: 02/07/2013
Deductible: \$250.00

Ins. Company: PRIVATE CLIENT GROUP AT CHARTIS

Company Contact: MARIA BOODRIS

Address: City State Zlp: TX

Insured: City State Zip: New Roads, LA

Claim Rep: MARIA BOODRIS

Address:

inspection Date: 02/12/2013

Primary Impact: Non-Collision

Inspection Type: Independent Field

Work/Day: (847)330-8516

Loss Type: Comprehensive

Contact: FAX: Secondary Impact:

Insured Policy #:

Work/Day:

Work/Day:

FAX:

FAX:

Appraiser Name: DREW RUTHERFORD

City State Zip: Orange, TX 77630

Address:
City State Zip: TX

Inspection Location: FIELD

Appraiser License #:

Work/Day: (817)490-9229 FAX: (866)858-8111

Repairer

Inspection

Repairer: DAVID SELF FORD

Address:

City State Zip: Orange, TX 77630

Email: M-TOLIV1@DEALEREMAIL.COM

License #:

Contact:

Work/Day: (409)883-3581

FAX:

Regulation ID: 208192267

Target Complete Data/Time:

Days To Repair: 1

Remarks

NO SUPPLEMENTS WOUT PRIOR APPROVAL. FAX ALL SUPPLEMENT REQUEST 866-858-8111 COLLECT ALL FROM OWNER. THIS IS NOT AN AUTHORIZATION FOR REPAIR. ALL SUPPS REQUIRES PHYSICAL REINSPECTION AND APPROVED PRIOR TO REPAIRS. ALL INVOICES REQUIRED FOR SUPPLEMENT APPROVAL.

ALL INVOICES REQUIRED FOR SUPPLEMENT APPROVAL.
ALL SUPPLEMENTS MUST BE APPROVED BY APPRAISER BEFORE WORK IS PERFORMED

02/14/2013 12:80 AM

Page 1 of 4

2012 Ford Edge Limited 4 DR Wagon Claim #: 0098177501

02/17/2013 03:16 PM

THIS IS NOT A FINAL APPROVED ESTIMATE, NOR AN ACCEPTANCE TO PAY, INSURANCE CO PLEASE CALL THE INSURANCE COMPANY FOR ALL PAYMENT QUESTIONS

Vehicle

2012 Ford Edge Limited 4 DR Wagon 6cyl Gasoline 3.5 6-Speed Automatic

Lic.Plate:
Lic Expire:
Prod Date: 09/2011
Veh Insp#:
Condition:

Ext. Color: BLACK Ext. Refinish: Two-Stage Lic State: LA

VIN: 2FMDK4KC7CBA

Mileage: 8,858 Mileage Type: Actual Code: P7403F Int. Color:

Int. Refinish:

Options

Tachometer

Traction Control System

2nd Row Head Airbags Air Conditioning Auto Headlamp Control **Bucket Seats** Chrome Grille Digital Signal Processor **Dual Power Seats** Floor Mats Head Airbags Illuminated Visor Mirror Keyless Entry System Lighted Entry System Overhead Console Power Steering Rear View Camera Reverse Sensing System Split Folding Rear Seat

4-Wheel Drive **Amplifler Automatic Dimming Mirror** Cargo/Trunk Net Chrome Steel Wheels **Driver Seat Memory Duai Pwr Lumbar Supports** Garage Door Opener Healed Front Seals Intermittent Wipers Leather Seats MP3 Player Power Brakes **Power Windows** Rear Window Defroster Side Airbags Stability Cntrl Suspensn Tilt & Telescopic Steer **Trip Computer**

AMFM CD Player Anti-Lock Brakes **Bodyside Cladding** Center Console Cruise Control **Dual Airbags** Dual Zone Auto A/C Halogen Headlights Heated Power Mirrors Keyless Entry Keypad Leather Steering Wheel Mirror(s) Memory Power Door Locks Rear Spoiler Rear Window Wiper/Washer Sirius Salellite Radio Strg Wheel Radio Control Tinted Glass

USB Audio Input

Damages Line Op Guide MC Description MFR.Part No. Price ADJ% 8% Hours R E 343 Glass Panel,Roof 7T4Z18500A18A \$823.30 0.8 ME" 2 RI 134 Shade, Sliding Roof R & I Assembly 3.5 ME" >> TO REMOVE GLASS 3 **GLASS CLEAN UP** Repair 0.5 ME 3 Itama Estimate Total & Entries \$823.30 **Gross Parts** Parts & Material Total \$823,30 Tax on Parts & Material @ 8.250% \$67.92

Labor Rata Replace Repair Hrs Total Hrs Hrs

 Sheet Metal (SM)
 \$42.00

 Mech/Elec (ME)
 \$99.00
 4.3
 0.5
 4.8
 \$475.20

 02/14/2013 12:53 AM

Page 2 of 4

2012 Ford Edge Limited 4 DR Wagon Claim # 0068127501				C2/12/2013 03.15 PM
Frame (FR) Refinish (RF) Paint Materials	\$45.00 \$42.00 \$32.00			
Labor Total		4.8 Hours	\$475.20	
Gross Total Less: Deductible			\$1,366.42 \$250.00-	
Net Total			\$1,116.42	

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00 Zip Code: 75220 Geo 75220

Audatex Estimating 6.0.925 ES 02/14/2013 12:50 AM REL 6.0.925 DT 01/01/2013 DB Copyright (C) 2011 Audatex North America, Inc.

DO NOT REPAIR THIS VEHICLE UNTIL ALL GUIDELINES LISTED BELOW ARE ACKNOWLEDGED AND ACCEPTED. FAILURE TO DO SO MAY RESULT IN ADDITIONAL COST TO THE VEHICLE OWNER.

THIS ESTIMATE REPORT IS BASED ON OUR INITIAL INSPECTION AND DOES NOT COVER ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE VEHICLE IS IN THE REPAIR FACILITY AND IS TORN DOWN. THE REPAIR FACILITY MUST REVIEW AND CONCUR WITH THE SCOPE AND METHODOLOGY OF THE REPAIR ESTIMATE BEFORE BEGINNING REPAIRS.

OCCASIONALLY ADDITIONAL DAMAGE IS DISCOVERED AFTER THE VEHICLE IS TORN DOWN. IF THIS HAPPENS, IT IS THE REPAIRER'S RESPONSIBILITY TO NOTIFY THE STEWART GROUP, INC.'S APPRAISER OR THE INSURANCE COMPANY AS SOON AS POSSIBLE AND TO OBTAIN AUTHORITY TO COMPLETE THE ADDITIONAL REPAIRS NEEDED TO RESTORE THE VEHICLE TO ITS PRE-LOSS CONDITION. ANY SUPPLEMENTAL WORK MUST BE MADE AVAILABLE FOR INSPECTION AND APPROVED BY THE STEWART GROUP, INC. OR THE INSURANCE COMPANY'S APPRAISER. VERBAL AUTHORIZATIONS BY THE FIELD APPRAISER ARE NOT BINDING. SUPPLEMENTAL REPAIR REQUESTS PRESENTED AFTER THE COMPLETION OF REPAIRS CAN BE LEGALLY DENIED BASED ON THIS DISCLAIMER.

FAILURE TO OBTAIN PRIOR AUTHORIZATION MAY RESULT IN THE INSURANCE COMPANY BEING UNABLE TO HONOR SUPPLEMENTAL CHARGES. ANY SUPPLEMENTAL CHARGES MUST BE SUPPORTED BY DOCUMENTATION IN THE FORM OF INVOICES AND RECEIPTS.

THE DEDUCTIBLE MAY OR MAY NOT BE LISTED ON THE APPRAISAL. ALL DEDUCTIBLES AND BETTERMENT MUST BE COLLECTED FROM THE OWNER BEFORE RELEASING THE VEHICLE.

ALL REPAIRS MUST BE COMPLETED IN STRICT ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS AND RECOMMENDATIONS. IT IS UNDERSTOOD THAT THE REPAIR FACILITY LISTED ON THIS ESTIMATE, IF ONE IS LISTED, AGREES TO COMPLETE AND GUARANTEE ALL REPAIRS LISTED ON THE ESTIMATE FOR THE AMOUNT LISTED ON THE ESTIMATE. THE STEWART GROUP INC. AND/OR THE INSURANCE COMPANY DOES NOT WARRANT OR GUARANTEE

02/14/2013 12:50 AM

Faga 3 of 4

2012 Ford Edge Limited 4 DR Wegon Claim #1 0088177501

02/12/2013 03:16 PM

THE WORK OF ANY REPAIR FACILITY OR TECHNICIAN AND ASSUMES NO RESPONSIBILITY OR LIABILITY FOR THE QUALITY OF REPAIRS OR WORKMANSHIP OF ANY REPAIR FACILITY OR TECHNICIAN.

NOTICE:

THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE KIND AND QUALITY IN TERMS OF FIT, QUALITY AND PERFORMANCE TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING.

SUCH PARTS CAN BE IDENTIFIED BY THE LETTER "A" ON THIS ESTIMATE. IF THE USE OF AN AFTERMARKET PART VOIDS THE EXISTING WARRANTY ON THE PART BEING REPLACED OR ON ANY OTHER PART, THE AFTERMARKET PART SHALL HAVE A WARRANTY EQUAL TO OR BETTER THAN THE REMAINDER OF THE EXISTING WARRANTY. THE AFTERMARKET PARTS ARE WARRANTED BY THE MANUFACTURER OR DISTRIBUTOR OF THE PART AND NOT THE MANUFACTURER OF THE VEHICLE.

FRAUD WARNING:

ANY PERSON WHO KNOWINGLY PRSENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Op Codes

 = User-Entered Value 	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = LIKE KIND & QUAL.PRT
TE = Partial Replace Price	PM= Replace PXN Reman/Rebit	UM= Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG= Chipquard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



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CZ/14/2013 12:50 AM

Page 4 of 4

CHARTIS PRIVATE CLIENT GROUP APPRAISAL NOTES CLAIM # REPAIRABLE **VEHICLE STATUS CONTACT DELAYS?** COPY OF APPRAISAL SUPPLIED TO OWNER? NO HOW WAS APPRAISAL SUPPLIED TO OWNER? IS THIS AN AGREED PRICE WITH THE SHOP OF OWNERS CHOICE? YES DID YOU SUPPLY A COPY OF THIS APPRAISAL TO THE SHOP? YES METHOD OF DELIVERY TO THE SHOP? **FAXED TO THE SHOP** IF THIS CAR IS A TOTAL LOSS, IS THE CAR ACCRUING DAILY STORAGE? NO WHAT ARE THOSE CHARGES? -TOWING? STORAGE PER DAY? ANY UNRELATED OR PRIOR DAMAGE? DID YOU COMPLETE A SEPARATE UPD ESTIMATE? ON 3RD PARTY CLAIMANT VEHICLES, HAVE YOU DOCUMENTED YOUR LKQ AND AFTERMARKET PARTS SEARCHES? NOT APPLICABLE HAVE YOU DEVIATED FROM THE STANDARD RECOMMENDED APPRAISAL GUIDELINES IN THE PREPARATION OF THIS ESTIMATE? NO IF "YES" PLEASE EXPLAIN: NUMBER OF DAYS TO REPAIR (TOTAL LABOR HOURS DIVIDED BY 5): **VEHICLE DRIVEABLE?** YES ADDITIONAL COMMENTS: (OPEN ITEMS, SUPPLEMETNAL POSSIBILITY, ETC... BE BRIEF AND TO THE POINT INSPECTED VEH - - FOUND DAMAGE TO SUNROOF GLASS, OBTAINED AND VERIFIED PRICE WITH DEALER, VEH IS DRIVABLE AND REPAIRABLE. EST SENT TO SHOP





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004.JPG



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010.JPG

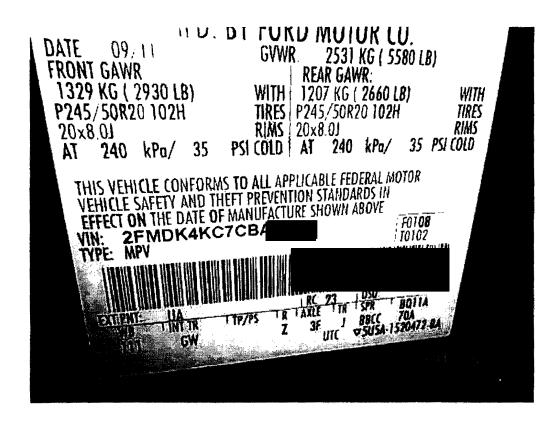


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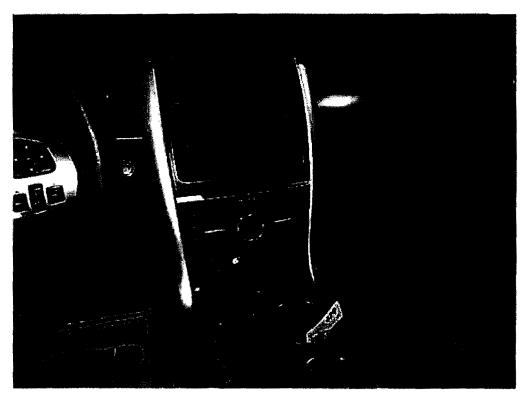




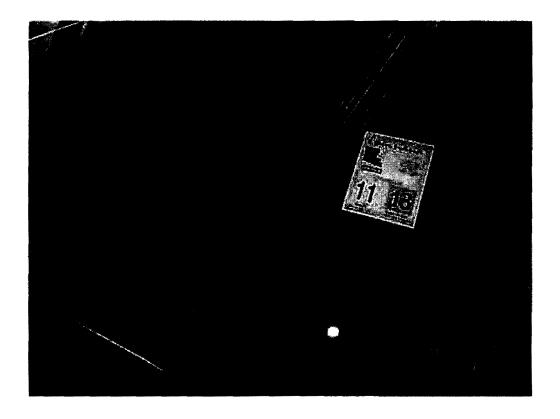
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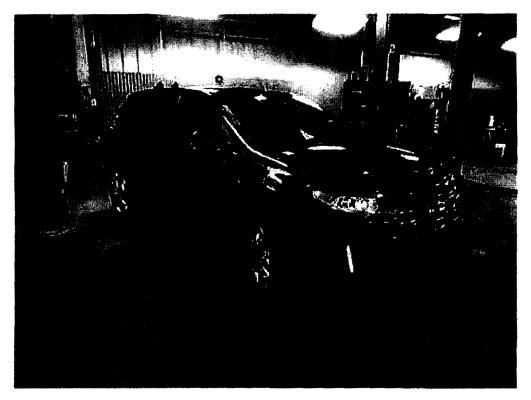
019.JPG



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021.JPG



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ARMS Private Cilent Group

Rental Company: ENTERPRISE RENT-A-CAR invoice:

Rental Period: 2/7/13 to 2/14/13 (8 days) Billed Period: 2/7/13 to 2/13/13 (7 days)

Amount

\$214.00

\$119.92

\$24.00

\$31.92

\$12.72

\$37.86

\$440 42

\$222.20

\$218.22

14.99

3.00

31.92

1.59

10.00%

Total Charges:

Less Amount Received:

Total Amount Due:

RENTAL DETAIL:

8 DAYS @

8 DAYS DW @

8 DAYS PAI @

1 MISC EXP

1 TX MTR VH

Products and Services

Taxes and Surcharges 8 "TX REMB

BIII To: CHARTIS INS (US) ATTN: MARIA-PCG CEN THOMAS 1000 E WOODFIELD SUITE 350

SCHAUMBURG, IL 60173

RENTER INFORMATION: Renter:

RENTAL INFORMATION: Rental Branch Location: ENTERPRISE RENT-A-CAR (0667) 2401 MARTIN LUTHER KING JR DR ORANGE, TX 776301774 (409) 883-3440

ADDITIONAL CLAIM INFORMATION:

Claim Number Claim Type: Insured
Vehicle Condition: Driveeble
Date Of Loss: 2/7/13 insured Name: Owner's Vehicle: 2012 FORD EDGE

Additional Driver:

Repair Facility: DAVID SELF FORD INC. ORANGE, TX 77531 (409) 296-2345

VEHICLES RENTED

Effective Date and Time	Year	Make	Model	VIN	Starting Mileage	Ending Mileage	Milesge	Rate Charged
2/7/13 4:02 PM	2012	HYUN	ELAN	5NPDH4AE3CH	23426	23781	355	\$26 75

Rental Invoice

Please Return This Portion with Remittance

Make Payment To: Merc Payment 10: ENTERPRISE RENT-A-CAR P.O. BOX 840086 KANSAS CITY, MO 64184-0086 Federal ID: 43-0724835

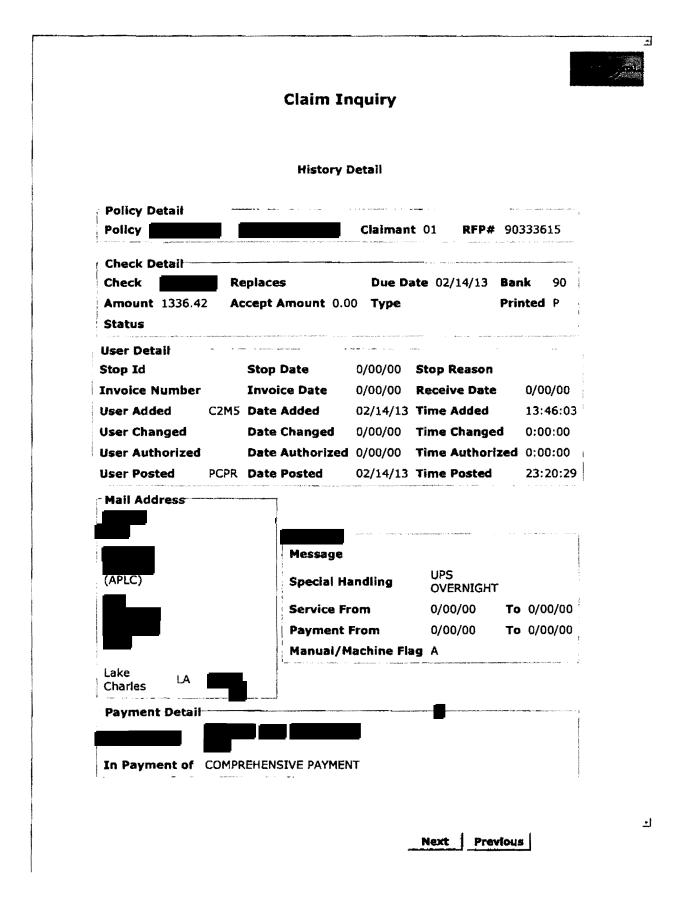
Total Charges: Lase Amount Received: Total Amount Due..... \$440.42 \$222.20 \$218,22

Please include on your check: Invoice:

NOTEBOOK:

☐ Extensions ☐ Request Extension ☐ Maintain Authorization Author Message 2/15/13 8:13 AM SYSTEM, ARMS INVOICE RECEIVED. AMOUNT DUE \$218.22 2/14/13 4:09 PM RENTAL, BRANCH Ticket 864559 closed on 2/14/13 at 2:08 PM. 2/14/13 4:06 PM RENTAL, BRANCH Repair Facility set to DAVID SELF FORD INC.. 2/11/13 6:25 PM RENTAL, BRANCH Ticket 864559 opened on 2/7/13 at 4:02 PM. 2/11/13 6:21 PM RENTAL, BRANCH Authorization confirmed by Enterprise at 4.21 PM. Reservation number 321634 2/11/13 6:21 PM THOMAS, MARIA-PCG Authorization sent at 4:21 PM for 7 days up to \$26.75/day. CEN Authorization sent with No Limit/day / \$12,500.00/max. Authorized by THOMAS, MARIA-PCG CEN Direct Sill Authorization set at 100 % We will pay rate + tax.

Enterprise® Employee 📗 Note To Self 🔑 Note To/From Repair Facility * Time is displayed based on your local time zone GMT-04.00



http://pcgclaims.aig.com:3000/WinsDigitalClaimsServices/ClaimsRequestManager

11/5/2013



Claim Inquiry

History Detail

Policy		Claiman	t 02 RFP#	90	341013
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	eplaces		ate 03/29/13	Bar	
Amount 218.22 Ac	cept Amount 0.0	0 Type		Pri	nted P
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User Detail		······································	e		
Stop Id	Stop Date	0/00/00	Stop Reason		
Invoice Number	Invoice Date	0/00/00	Receive Date	:	0/00/00
User Added YXS5	Date Added	03/29/13	Time Added		16:29:30
User Changed	Date Changed	0/00/00	Time Change	d	0:00:00
User Authorized	Date Authorized	0/00/00	Time Authori	zed	0:00:00
User Posted PCPR	Date Posted	03/29/13	Time Posted		23:25:33
Mail Address	"S" Se es	** - as seen Billion	CONTRACT OF CONTRACT	,	
ENTERPRISE	· Message		. 46,9544662-962-5511 12493-4422120-4444	NAMES AND A COLUMN A	anne esses
HOLDINGS INC.	Message				
ENTERPRISE RENT A CAR	Special Ha	ndling	NORMAL PROCESSING	ŝ	
PO BOX	Service Fro	m	0/00/00	To	0/00/00
840154	Payment F	rom	0/00/00	To	0/00/00
KANSAS MO 6410	Manual/Ma	ichine Fia	g A		
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In Payment of					

Next Previous

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http://pcgclaims.aig.com:3000/WinsDigitalClaimsServices/ClaimsRequestManager

11/5/2013



P.O. Box 3150 Alpharetta, GA 30023 (800) 448-6661 856-632-1360 FAX

GONSUMER AFFAIRS SECTION

Subro

13 DEC -9 A11:15

December 3, 2013

12-11-13 Je

FORD MOTOR COMPANY PO BOX 6248, DEARBORN, MI 48126

RE:

Our Insured

ured

Our File No.

Responsible Party: FORD MOTOR COMPANY

Date of Loss

: Feb 7, 2013

Damages

: \$1554.64

magg u

D687059

Dear FORD MOTOR COMPANY:

We have not received your reply to our recent subrogation demand concerning the referenced loss.

If you have insurance, for your protection, this letter should be forwarded to your carrier immediately. If you believe you do not owe this money, please explain fully in writing within thirty (30) days.

If we do not receive a response within the next thirty (30) days, we will take this as a denial of liability and consider civil proceedings.

Please note our file number on your remittance and send your check made payable to:

Global Recovery Services P.O. Box 105795 Atlanta, GA 30348-5795

If you have any questions, please feel free to contact me using the toll free number listed on the letterhead.

Sincerely,

JUDITH FORD Recovery Representative 856-778-6958 JUDTIH.FORD@AIG.COM

SUBROGATION QUESTIONNAIRE

INSURED NAME :		
CLAIM NUMBER :		
DATE OF LOSS : Feb 7, 2	2013	
DAMAGES ; \$1554.6	i4	
1. NAME		
(FIRST)	(M/l)	(LAST)
2. DATE OF BIRTH		
(MONTH/DAY/YE	AR)	
3. DRIVER's LICENSE		
(NUMBER)	(STATE OF	ISSUE)
4. SOCIAL SECURITY NUM	BER	
5. TELEPHONE NUMBER ()	
6. IF YOU ARE INSURED, C	OMPLETE (A) THROUGH	I (C):
(A) NAME AND A	DDRESS OF YOUR INSUF	RANCE CARRIER
(B) YOUR POLICY	NUMBER	
(C) NAME, ADDRE	SS AND TELPHONE NUM	MBER OF YOUR INSURANCE AGENT (IF APPLICABLE)
		·
		
AGENT'S TELEPHO	ONE NUMBER ()	
7. IF YOU ARE UNINSUR BY CHECKING THE (D). UP YOU.	ED AND YOU ARE IN AGE ON RECEIPT OF THIS FO	REEMENT WITH THE LIABILITY ASSESSMENT, PLEASE ACKNOWLEDGE DRM WE WILL BE IN CONTACT WITH YOU TO DISCUSS PAYMENT. THANK
(D) I ACCEPT RESPO	ONSIBILITY FOR THESE D	DAMAGES.
(SIGNATURE)	(DATE)	
(4.011110112)	(O/11 L)	



P.O. Box 3150 Alpharetta, GA 30023 (800) 448-6661 856-632-1360 FAX

Sub

November 5, 2013

FORD MOTOR COMPANY PO BOX 6248 DEARBORN, MI 48126

RE: Our Insured

Our File No.

Responsible Party: FORD MOTOR COMPANY

Date of Loss : Feb 7, 2013 : \$1554.64 Damages

FORD MOTOR COMPANY RECEIVED CLAIMS UNIT

110V 1 2 2013

OFFICE OF THE. GENERAL COUNSEL

A9

11-11-13

Dear Sir/Madam:

We are the recovery agents for CHARTIS PROPERTY CASUALTY CO who have made payment to their policyholder for damages arising out of the referenced loss (2012 FORD EDGE - SUNROOF EXPLODED). Based on the investigation, the responsible party listed above is at fault and our client is entitled to recovery of the damages.

If you have insurance, for your protection, this letter should be forwarded to your carrier immediately. If you believe you do not owe this money, please explain fully in writing within thirty (30) days.

Please note our file number on your remittance and send your check made payable to:

Global Recovery Services P.O. Box 105795 Atlanta, GA 30348-5795

If you have any questions, please feel free to contact me using the toll free number listed on the letterhead.

JUDITH FORD

Recovery Representative

856-778-6958

JUDITH.FORD@AIG.COM

DRP51302

SUBROGATION QUESTIONNAIRE

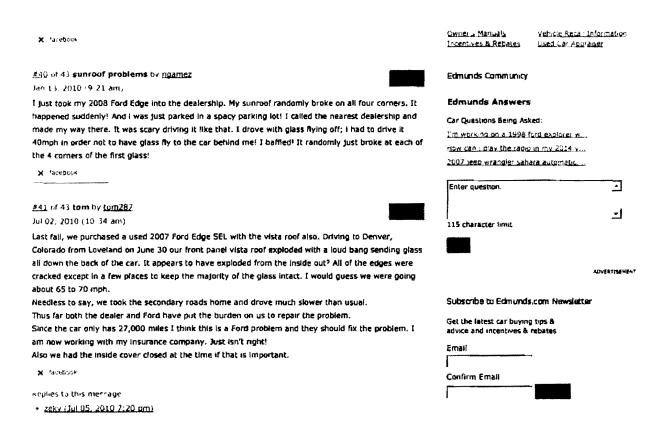
INSURED NAME		
DATE OF LOSS : Feb 7, 2013		
DAMAGES : \$1554.64		
1. NAME		
(FIRST)	(M/I)	(LAST)
2. DATE OF BIRTH		
	(MONTH/DAY/YEAR)	
3. DRIVER's LICENSE		
(NUMBER)	(STATE OF ISSUE)	
4. SOCIAL SECURITY NUMBER	R	
5. TELEPHONE NUMBER ()	
6. IF YOU ARE INSURED, COM	IPLETE (A) THROUGH (C):	
(A) NAME AND ADDE	ESS OF YOUR INSURANCE CARRIER	
(A) NAME AND ADDA	LOS OF TOUR INSURANCE CARRIER	
MANAGEMENT OF THE STATE OF THE		
(B) YOUR POLICY NU	MBER	
(C) NAME, ADDRESS	AND TELPHONE NUMBER OF YOUR I	NSURANCE AGENT (IF APPLICABLE)
		,

AGENT'S TELEPHONE	NUMBER ()	
7. IF YOU ARE UNINSURED. BY CHECKING THE (D). UPON YOU.	AND YOU ARE IN AGREEMENT WITH RECEIPT OF THIS FORM WE WILL BE	THE LIABILITY ASSESSMENT, PLEASE ACKNOWLEDG E IN CONTACT WITH YOU TO DISCUSS PAYMENT. TH
	BILITY FOR THESE DAMAGES.	
(SIGNATURE)	(DATE)	

Ask the Car People." Sign In a Mobile I Help I Newsletter 1 Onalers Egrums - SuVs | Egid Edge - Ford Edge Predicted and Actual Rehability AFMES TIREMPHY Ford Edge Predicted and Actual Reliability 43 messages. East post on Aug 12, 2012 at 9.51 PM You are in the Ford Edge Forum. Your Hosts are Stever@Engueds & Kyfdx@Edmunds Forum Tools What is this discussion about? Ford Edge, Auto Regair, SUY My Watched Items Read New Posts Messages Page 5 of 5 Search this Discussion SFARCH My Recent Posts Community Profile Go To Msg # *PREVIOUS 1 2 3 4 5 NEXT - Last **Forum Preferences** #34 of 43 Re: 17,300 miles... [fmlchael] by zeky Aug 04, 2008 (7-15 pm) Most Popular in Forums Replying to Imichael (May 11, 2008 12:38 am) I hope you don't have the sunroof, as mine literally exploded from the inside out as I drove down the 1. The State of the US Auto Market highway. I am lucky my family wasn't injured in the incident. 2. Chronic Car Buyers Anonymous ★ facebook 3. Mystery car pix 4. Honda Accord Prices Paid and Buying Experience #35 of 43 Re: exploding sunroof [zeky] by akirby Aun 05, 2008 (4-46 am) 5. United Automobile Workers of America Replying to zeky (Aug 04, 2008 7:08 pm) That's the first tive heard of that problem on the Edge or any other Ford product the last several years. If it was a defect it should be showing up more. Glass may crack by itself but it won't "explode" Search Forums without some force being applied and I don't see where that force would come from just driving down Enter Keyword(s): the road. This sounds like it was either previously damaged or something hit it causing the damage. Turn it into your insurance - it's usually covered 100%. SEARCH Advanced Search You'd get the same answer from every other MFR unless there is a pattern of failures. Browse by Category #36 of 43 sunroof exploded tonight by chippia Browse by Vehicle Nov 09, 2008 (7-15 pm) Select Make my 2007 Ford Edge had the sunroof explode tonight. My wife was driving home and did not have our 旦 Select Model two daughters thankfully, but the sunroof exploded and was in shattered pieces. My friend owns a GD View All Vehicles giass company and will look at it and another friend owns the local Ford dealership and hopefully we'll find out what happened. Nothing hit the roof. It just shattered and scared the hell out of my wife. Browse by Board We've had transmission problems, the driver door won't unlock automatically and now this. Select a Board x facebook Browse by Topic Replies to this message Select a Topic ≝ jamielynnurse (May 23, 2009 2:07 pm); View All Topics #39 of 43 Re: sunroof exploded tonight [chipola] by Learn More, Do More <u>jamiejynnurse</u> May 23, 2009 (2-07 pm) Ford Edge Replying to chipcla (Nov 09, 2008 7, 15 om) You are not the only person that this has happened to. I am the owner of a 2007 Ford Edge with the Average Consumer Rating 0.0 vista roof. In Hay 2008, the sunroof glass randomly exploded over my head. Nothing hit the glass and Write a Review there were not any other cars near me. I called Ford up immediately and reported the incident. More Photos Write a Car Review Maintenance Schedules

http://townhall-talk.edmunds.com/direct/view/.fDfd566

11/5/2013



I talked to a telvision news show about the fact that ford wouldn't cover the same sunroof explosion. The reporter called Ford customer service, Ford semt a safety investigator to look at my sunroof. I never heard the results, but my sunroof was replaced free of charge. However, I have never felt safe

in my car since and am now in the process of selling it, good luck. × facebook

#43 of 43 Re: exploding sunroof [zeky] by pismopat Aug 12, 2012 (9 51 pm) Replying to zeky (Aug 04, 2008 7:08 pm)

#42 of 43 Re: tom [tom287] by zeky

Replying to tom287 (Jul 02, 2010 10:34 am)

Jul 05, 2010 (7-20 pm)

The same thing just happened to me in my 2011 Ford Taurls. Traveling on smooth surface at 70 mph. 74 degrees outside, and Boom, sunroof blew out. We would have been injured if we had the inside sunroof "door" open. I really thought that someone had shot out one of the windows and it took a couple of minutes before I noticed the sunroof had a big hole in the middle and glass bent outward.

x fac#book Messages Page 5 of 5 Search this Discussion SEARCH Go To Msg # . PREVIOUS 1 2 3 4 5 NEXT . Last

To POST a message, please Sign In. Read New Posts Watch this Discussion My Watched Items Explore Edmunds Search Site New Cars Used Cars Car Reviews Tios & Advice Maintenance What's Hot Calculators Search Inventory Car Reviews and Road Tests Buying a Car Maintenance Costs & Recalls Car News Car Finder Apotaise Your Car Track Tests & Walkarounds Leasing a Car True Cost to Own* Car Pictures Compare Cars Certified Cars Long Term Road Tests Selling a Car Find a Repair Shop Car Videos

http://townhall-talk.edmunds.com/direct/view/.f0fd566

11/5/2013

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Site Mag : Glossary : Industry News : About Mobile | Developers

solo ands care for

THE STEWART GROUP P.O. BOX 540846 DALLAS, TX 75354-0486

PHONE: (817)490-9229 PLEASE FAX ALL SUPPLEMENTS TO (866)858-8111 EMAIL SUPPORTING PHOTOS TO: CLAIMS@STEWARTCLAIMS.COM

*** ESTIMATE ***

02/12/2013 03:16 PM

Owner

Owner:

Control Information

Claim #: Loss Date/Time: 02/07/2013 Deductible: \$250.00

ins. Company: PRIVATE CLIENT GROUP AT CHARTIS Company Contact: MARIA BOODRIS

Address: City State Zip: TX

Insured City State Zip: New Roads, LA

Claim Rep: MARIA BOODRIS

Address:

Inspection Type: Independent Field

Contact: FAX: Secondary Impact:

Insured Policy #:

Loss Type: Comprehensive

Work/Day: (847)330-8516

Work/Day: (847)330-8516

FAX:

FAX:

Work/Day:

Appraiser Name: DREW RUTHERFORD

City State Zip: Orange, TX 77630

Address: City State Zip: TX

Inspection Location: FIELD

Inspection Date: 02/12/2013

Primary Impact: Non-Collision

Appraiser License #:

Work/Day: (817)490-9229 FAX: (866)858-8111

Repairer

nspection

Repairer: DAVID SELF FORD

Address:

City State Zip: Orange, TX 77630

Email: M-TOLIV1@DEALEREMAIL.COM

License #:

Contact:

Work/Day: (409)883-3581

FAX-

Regulation ID: 208192267

Target Complete Date/Time:

Days To Repair: 1

Remarks

NO SUPPLEMENTS WOUT PRIOR APPROVAL. FAX ALL SUPPLEMENT REQUEST 866-858-8111 COLLECT ALL FROM OWNER. THIS IS NOT AN AUTHORIZATION FOR REPAIR. ALL SUPPS REQUIRES PHYSICAL REINSPECTION AND APPROVED PRIOR TO REPAIRS. ALL INVOICES REQUIRED FOR SUPPLEMENT APPROVAL.

ALL SUPPLEMENTS MUST BE APPROVED BY APPRAISER BEFORE WORK IS PERFORMED

02/14/2013 12:50 AM

Page 1 of 4

DR Wagon

02/12/2013 03 16 PM

THIS IS NOT A FINAL APPROVED ESTIMATE, NOR AN ACCEPTANCE TO PAY, INSURANCE CO PLEASE CALL THE INSURANCE COMPANY FOR ALL PAYMENT QUESTIONS

Vehicle

2012 Ford Edge Limited 4 DR Wagon 6cyl Gasoline 3.5 6-Speed Automatic

> Lic.Piste: Lic Expire: Prod Date: 09/2011 Veh Insp#: Condition: Ext. Color: BLACK Ext. Refinish: Two-Stage

Lic State: LA VIN: 2FMDK4KC7CBA

Mileage: 8,858 Mileage Type: Actual Code: P7403F Int. Color:

Int. Refinish:

Options

4-Wheel Drive 2nd Row Head Airbags Air Conditioning **Amplifier** Auto Headlamp Control **Bucket Seats** Chrome Grille Digital Signal Processor **Dual Power Seats** Floor Mats Head Alrbags Illuminated Visor Mirror Keyless Entry System Leather Seats MP3 Player Lighted Entry System Overhead Console Power Brakes **Power Steering** Rear View Camera Reverse Sensing System Side Alrbags Split Folding Rear Seat Tachometer **Traction Control System** Trip Computer

\$99.00

4.3

Automatic Dimming Mirror Cargo/Trunk Net Chrome Steel Wheels **Driver Seat Memory Dual Pwr Lumbar Supports** Garage Door Opener Heated Front Seats Intermittent Wipers **Power Windows** Rear Window Defroster Stability Cntrl Suspensn Tilt & Telescopic Steer **USB Audio Input**

AM/FM CD Player Anti-Lock Brakes **Bodyside Cladding** Center Console Cruise Control **Dual Airbags Dual Zone Auto A/C** Halogen Headlights **Heated Power Mirrors** Keyless Entry Keypad Leather Steering Wheel Mirror(s) Memory Power Door Locks Rear Spoiler Rear Window Wiper/Washer Sirius Satellite Radio Strg Wheel Radio Control **Tinted Glass**

Damag	98											
Line	Ор	Guide	MC	Descriptio	n	MFR.Part N	o	Price	ADJ%	8%	Hours	R
1	Ε	343		Glass Pane	l,Roof	7T4Z18500A	A18A	\$823.30			0.8	WE.
2	RI	134		Shade,Slid		R&IAssem	ibly				3.5	ME*
3	1			GLASS CL		Repair					0.5*	ME'
3	3	Items										
Estima	te To	otal & Entr	es									
iross P	arts							\$823.30				
		rial Total & Material				@ 8.250	94			\$823.30 \$67.92		
an oill		- (11111-011111				@ 0.200	1 4			401.32		
.abor				Rate	Replace Hrs	Repair Hrs	Total Hrs					
haat M	etal (SMI		\$42.00								

0.5

\$475.20

4.8

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Mech/Elec (ME)

02/14/2013 12:53 AM

Face 2 of 4

/agor				C2/12/2013 C3 16 PM
Frame (FR)	\$45.00			
Refinish (RF)	\$42.00			
Paint Materials	\$32.00			
Labor Total		4.8 Hours	\$ 475.20	
Gross Total			\$1,366.42	
Less: Deductible			\$250.00-	
Net Total			\$1,116.42	

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00 Zip Code: 75220 Geo 75220

Audatex Estimating 6.0.925 ES 02/14/2013 12:50 AM REL 6.0.925 DT 01/01/2013 DB 02/08/2013 Copyright (C) 2011 Audatex North America, Inc.

DO NOT REPAIR THIS VEHICLE UNTIL ALL GUIDELINES LISTED BELOW ARE ACKNOWLEDGED AND ACCEPTED. FAILURE TO DO SO MAY RESULT IN ADDITIONAL COST TO THE VEHICLE OWNER.

THIS ESTIMATE REPORT IS BASED ON OUR INITIAL INSPECTION AND DOES NOT COVER ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE VEHICLE IS IN THE REPAIR FACILITY AND IS TORN DOWN. THE REPAIR FACILITY MUST REVIEW AND CONCUR WITH THE SCOPE AND METHODOLOGY OF THE REPAIR ESTIMATE BEFORE BEGINNING REPAIRS.

OCCASIONALLY ADDITIONAL DAMAGE IS DISCOVERED AFTER THE VEHICLE IS TORN DOWN. IF THIS HAPPENS, IT IS THE REPAIRER'S RESPONSIBILITY TO NOTIFY THE STEWART GROUP, INC.'S APPRAISER OR THE INSURANCE COMPANY AS SOON AS POSSIBLE AND TO OBTAIN AUTHORITY TO COMPLETE THE ADDITIONAL REPAIRS NEEDED TO RESTORE THE VEHICLE TO ITS PRE-LOSS CONDITION. ANY SUPPLEMENTAL WORK MUST BE MADE AVAILABLE FOR INSPECTION AND APPROVED BY THE STEWART GROUP, INC. OR THE INSURANCE COMPANY'S APPRAISER. VERBAL AUTHORIZATIONS BY THE FIELD APPRAISER ARE NOT BINDING. SUPPLEMENTAL REPAIR REQUESTS PRESENTED AFTER THE COMPLETION OF REPAIRS CAN BE LEGALLY DENIED BASED ON THIS DISCLAIMER.

FAILURE TO OBTAIN PRIOR AUTHORIZATION MAY RESULT IN THE INSURANCE COMPANY BEING UNABLE TO HONOR SUPPLEMENTAL CHARGES. ANY SUPPLEMENTAL CHARGES MUST BE SUPPORTED BY DOCUMENTATION IN THE FORM OF INVOICES AND RECEIPTS.

THE DEDUCTIBLE MAY OR MAY NOT BE LISTED ON THE APPRAISAL. ALL DEDUCTIBLES AND BETTERMENT MUST BE COLLECTED FROM THE OWNER BEFORE RELEASING THE VEHICLE.

ALL REPAIRS MUST BE COMPLETED IN STRICT ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS AND RECOMMENDATIONS. IT IS UNDERSTOOD THAT THE REPAIR FACILITY LISTED ON THIS ESTIMATE, IF ONE IS LISTED, AGREES TO COMPLETE AND GUARANTEE ALL REPAIRS LISTED ON THE ESTIMATE FOR THE AMOUNT LISTED ON THE ESTIMATE. THE STEWART GROUP INC. AND/OR THE INSURANCE COMPANY DOES NOT WARRANT OR GUARANTEE

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DR Wagor

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OF ANY REPAIR FACILITY OR TECHNICIAN AND ASSUMES NO RESPONSIBILITY OR LIABILITY FOR THE QUALITY OF REPAIRS OR WORKMANSHIP OF ANY REPAIR FACILITY OR TECHNICIAN.

NOTICE:

THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE KIND AND QUALITY IN TERMS OF FIT, QUALITY AND PERFORMANCE TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING.

SUCH PARTS CAN BE IDENTIFIED BY THE LETTER "A" ON THIS ESTIMATE. IF THE USE OF AN AFTERMARKET PART VOIDS THE EXISTING WARRANTY ON THE PART BEING REPLACED OR ON ANY OTHER PART, THE AFTERMARKET PART SHALL HAVE A WARRANTY EQUAL TO OR BETTER THAN THE REMAINDER OF THE EXISTING WARRANTY. THE AFTERMARKET PARTS ARE WARRANTED BY THE MANUFACTURER OR DISTRIBUTOR OF THE PART AND NOT THE MANUFACTURER OF THE VEHICLE.

FRAUD WARNING:

ANY PERSON WHO KNOWINGLY PRSENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Op Codes

" = User-Entered Value	E = Replace OEM	NG= Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = LIKE KIND & QUAL.PRT
TE = Partial Replace Price	PM = Replace PXN Reman/Reblt	UM= Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chipquard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



This report contains proprietary information of Audatex and may not be disclosed to any third party (other than the insured, claimant and others on a need to know basis in order to effectuate the claims process) without Audatex's prior written consent.

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02/14/2013 12:50 AM

Fege 4 of 4

CHARTIS PRIVATE CLIENT GROUP APPRAISAL NOTES CLAIM # REPAIRABLE **VEHICLE STATUS CONTACT DELAYS?** COPY OF APPRAISAL SUPPLIED TO OWNER? NO HOW WAS APPRAISAL SUPPLIED TO OWNER? IS THIS AN AGREED PRICE WITH THE SHOP OF OWNERS CHOICE? YES DID YOU SUPPLY A COPY OF THIS APPRAISAL TO THE SHOP? YES METHOD OF DELIVERY TO THE SHOP? **FAXED TO THE SHOP** IF THIS CAR IS A TOTAL LOSS, IS THE CAR ACCRUING DAILY STORAGE? NO WHAT ARE THOSE CHARGES? -TOWING? STORAGE PER DAY? ANY UNRELATED OR PRIOR DAMAGE? NO DID YOU COMPLETE A SEPARATE UPD ESTIMATE? ON 3RD PARTY CLAIMANT VEHICLES, HAVE YOU DOCUMENTED YOUR LKQ AND AFTERMARKET **PARTS SEARCHES? NOT APPLICABLE** HAVE YOU DEVIATED FROM THE STANDARD RECOMMENDED APPRAISAL GUIDELINES IN THE PREPARATION OF THIS ESTIMATE? IF "YES" PLEASE EXPLAIN:

ADDITIONAL COMMENTS: (OPEN ITEMS, SUPPLEMETNAL POSSIBILITY, ETC... BE BRIEF AND TO THE POINT

NUMBER OF DAYS TO REPAIR (TOTAL LABOR HOURS DIVIDED BY 5):

INSPECTED VEH -- FOUND DAMAGE TO SUNROOF GLASS. OBTAINED AND VERIFIED PRICE WITH DEALER. VEH IS DRIVABLE AND REPAIRABLE. EST SENT TO SHOP

VEHICLE DRIVEABLE?

YES

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002.JPG



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004.JPG



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006.JPG



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008.JPG



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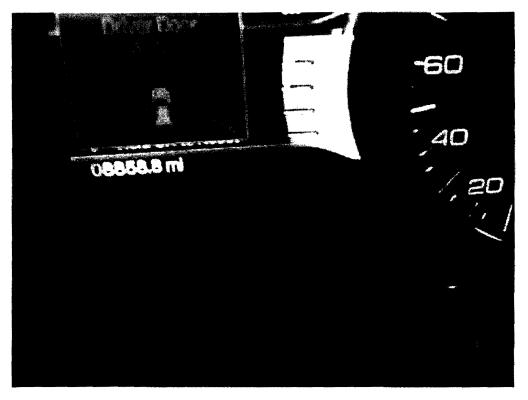
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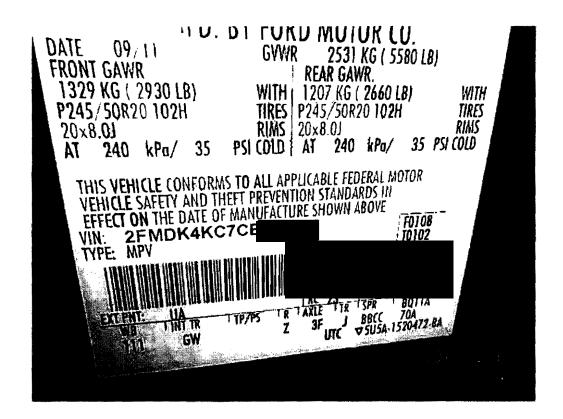
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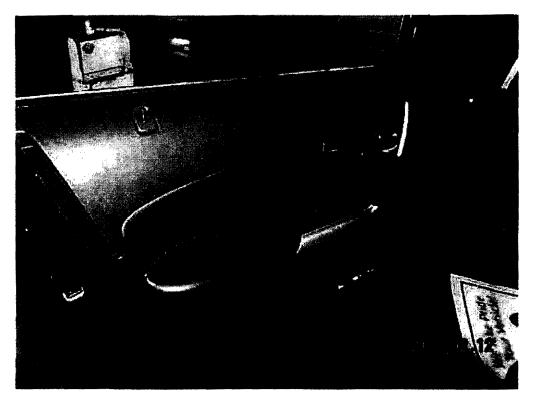
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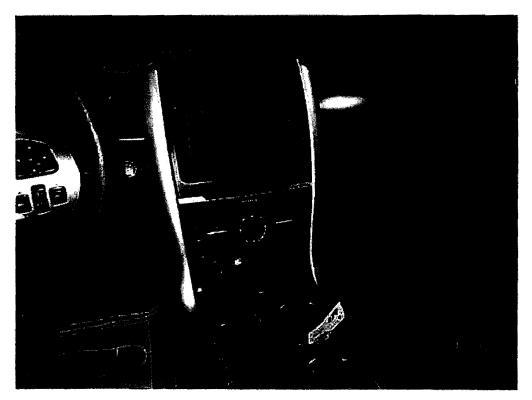
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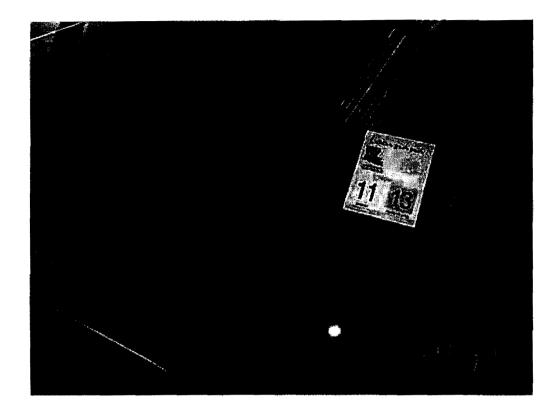
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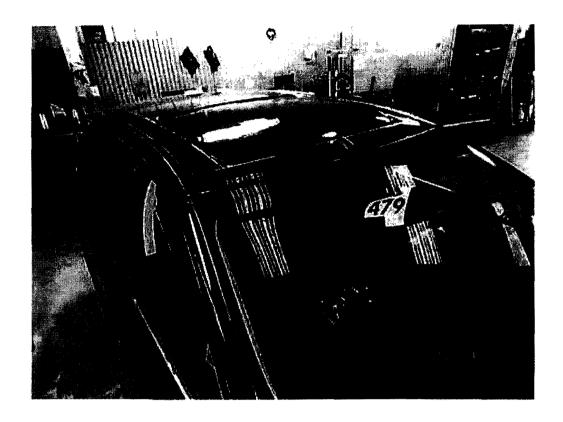
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021.JPG



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ARMS Private Client Group

Rental Company: ENTERPRISE RENT-A-CAR invoice:

BIII To: AIU1503 CHARTIS INS (US) ATTN: MARIA-PCG CEN THOMAS 1000 E WOODFIELD SUITE 350 SCHAUMBURG . IL 60173

RENTER INFORMATION: Renter.

RENTAL INFORMATION Rental Branch Location: ENTERPRISE RENT-A-CAR (0667) 2401 MARTIN LUTHER KING JR DR ORANGE, TX 776301774 (409) 883-3440

ADDITIONAL CLAIM INFORMATION: Claim Number Claim Type: Insured Vehicle Condition: Driveable Date Of Loss: 27/13 Insured Name: Owner's Vehicle;

Additional Driver

Repair Facility: DAVID SELF FORD INC. ORANGE, TX 77631 (409) 296-2345

RENTAL DETAIL:

Rental Period: 2/7/13 to 2/14/13 (6 days) Billed Period: 2/7/13 to 2/13/13 (7 days)

Products and Services	Rate	Amount
8 DAYS @	26.75	\$214.00
8 DAYS DW @	14,99	\$119.92
8 DAYS PAI @	3.00	\$24.00
1 MISC EXP	5 31.92	
Taxes and Surcharges		
8 "TX REMB	1.59	\$12.72
1 TX MTR VH	10.00%	\$37.86
Total	\$440.42	
Less Amount	Received:	\$222.20
Total Am	\$218.22	

VEHICLES RENTED:

Effective Date and Time	Yeer	Maks	Model	VIN	Starting Mileage	Ending Mileage	Mileage	Rate Charged
2/7/13 4:02 PM	2012	HYUN	ELAN	5NPDH4AE3CH	23426	23781	355	\$26.75

Rental Invoice

Please Return This Portion with Remittance

Make Payment To: ENTERPRISE RENT-A-CAR P.O. BOX 840086 KANSAS CITY, MO 64184-0086 Federal ID: 43-0724835

Total Charges: Less Amount Received: \$440.42 \$222.20

Total Amount Due.....

\$218.22

Please include on your check Invoice

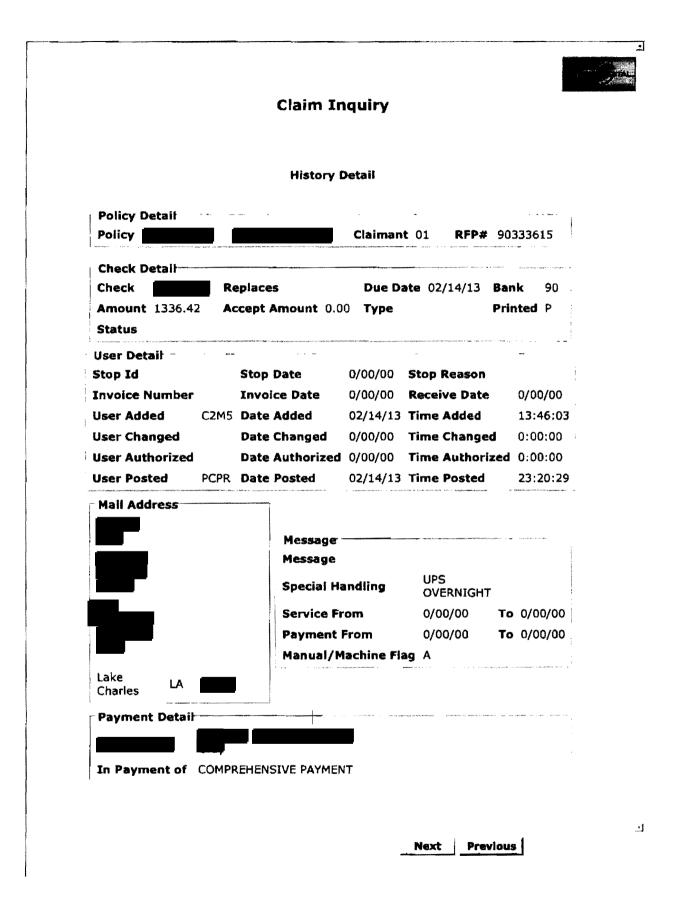
NOTEBOOK:

Extensions	Request Extension F A	taintain Authorization		
Date	Author	Message		
2/15/13 8:13 AM	SYSTEM, ARMS	INVOICE RECEIVED. AMOUNT DUE \$218.22		
2/14/13 4:09 PM	RENTAL, BRANCH	Tickel 864559 closed on 2/14/13 at 2:08 PM		
2/14/13 4:06 PM	RENTAL, BRANCH	Repair Facility set to DAVID SELF FORD INC		
2/11/13 6:25 PM	RENTAL, BRANCH	Ticket 864559 opened on 2/7/13 at 4:02 PM.		
2/11/13 6:21 PM	RENTAL, BRANCH	Authorization confirmed by Enterprise at 4:21 PM. Reservation number 321634.		
2/11/13 6:21 PM	THOMAS, MARIA-PCG CEN	Authonzation sent at 4:21 PM for 7 days up to \$26.75/day. Authorization sent with No Limit/day / \$12,500.00/max. Authorization Sent With No Limit/day / \$12,500.00/max. Authorization Sent at 100 % We will pay rate + tax		
Enterprise® Employee 🐉 Note To Self 📈 Note To/From Repair Facility				

https://www.armsweb.com/armsweb/approveinvoice

* Time is displayed based on your local time zone - GMT-04:00

3/19/2013



http://pcgclaims.aig.com:3000/WinsDigitalClaimsServices/ClaimsRequestManager

11/5/2013



Claim Inquiry

History Detail

Check Detail					
	places	Due D	ate 03/29/13	Ban	k 90
	cept Amount 0.0				ited P
Status		•			
User Detail	the enterior territory of the same of the control o	er e e e e e e e e e e e e e e e e e e	w		
Stop Id	Stop Date	0/00/00	Stop Reason		
Invoice Number	Invoice Date	0/00/00	Receive Date		0/00/00
User Added YXS5	Date Added	03/29/13	Time Added		16:29:3
User Changed	Date Changed	0/00/00	Time Change	d	0:00:00
User Authorized	Date Authorized	0/00/00	Time Authori	zed	0:00:00
User Posted PCPR	Date Posted	03/29/13	Time Posted		23:25:3
Mail Address					
ENTERPRISE	Message		modaldermaps — I of Marky manufacture	No.	
HOLDINGS INC.	Message				
ENTERPRISE RENT A CAR	Special Ha	ndling	NORMAL PROCESSING	;	
PO BOX	Service Fro	m	0/00/00	To	0/00/00
840154	Payment F	rom	0/00/00	To	0/00/00
KANSAS MO 64105	Manual/Ma	ichine Fla	9 A		
Payment Detail					
Payee Name ENTERP	RISE HOLDINGS I	NC.			

Next Previous



January 03, 2014

The Erskine Law Group, PC

342 S Main St Rochester MI 48307-2030

State Farm Claims P.O. Box 2371 Bloomington IL 61702-2371

RE:

Claim Number:

Our Insured:

Date of Loss:

Your File Number:

October 21, 2013

To Whom It May Concern:

I have enclosed the completed questionnaire and supporting documentation. If any of the items on your list are not included we do not have them.

Your acceptance of our request for your services and your performance of these services are expressly conditional on and subject to your agreement that you will not use or disclose any customer information we provide you for any purpose other than the specific services we are asking you to perform.

Any other type of Non-Public Information (NPI) contained in any information provided to you to support the subrogation claim should be redacted prior to providing to the requesting party. This may include, but is not limited to: police reports, witness statements, estimate copies, etc.

If any third party, such as insurers, governmental entities, or any uninsured parties request medical records or medical reports, under no circumstances should this information be released without the express written authorization of our insured. While the claim file may contain an authorization signed by our insured, prior to releasing any information, it is the law firm's responsibility to contact our insured or if represented, their attorney to ensure the authorization is still valid prior to release of any information to any third party.

If you have any questions or need additional information, please call me at the number listed below. If I am not available, any other member of my team may assist you.

#086 P.001/002

29 3H34 254

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The Erskine Law Group, P.C.

342 S. Main St. - Rochester, Michigan - 48307 Tel (248) 601-4499 - Fax (248) 601-4497 www.erskinelawgroup.com

December 12, 2013

Eileen Farina
State Farm Insurance
P.O. Box 2371
Bloomington, IL 61702-2371

Via Facsimile 866-231-9276

Re:

Your Insured:

Claim No.

DOL:

10/21/2013

Dear Ms. Farina:

Please be advised that Ford Motor Company has retained our office to handle your recently submitted subrogation claim regarding the above-referenced customer. In order to efficiently process and consider your claim, we request that you provide us with the following information: (Please note that the information requested is in regard to the Ford manufactured vehicle.)

- 1. Attach your insured's statement with a complete description of the incident, including events that occurred prior to and subsequent to the loss.
- 2. A copy of the police and/or fire report.
- 3. Original color photographs of the vehicle's collision/fire damage & the alleged defective parts, from several different angles.
- 4. Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- 5. Original color photographs of the accident / fire scene from several different angles.
- 6. Attach a copy of your expert's report and the expert's original color photographs.
- 7. Attach the repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and copies of draft payments.
- 8. Attach the complete service history for the subject vehicle, including any tune-ups or oil changes.
- 9. Attach a complete damage listing and proofs. Please do not submit an incomplete claim.

Please answer the following in the space provided. If you need additional space, please use the back of the form;

10. What was the city and state of occurrence?	Portsmouth, NH ZFMDK4AKIDB
11. The 17 digit vehicle identification number:	ZFMDK4AKIDB
12. What was the mileage at time of occurrence	
13. What is the alleged defect? Jass	in moonroot
14. Has the alleged defective part been repaired	d or replaced? (circle one) (Yes or No
15. What is the current location of the vehicle,	and the alleged defective part(s)? Insured has vehicle
alace has been despread a	\mathcal{L}

8c1334600185

16.	List all after market additions or modifications that were made to the vehicle:
	nune
17.	Were the keys in the ignition? (circle one) (Yes) or No Was the engine running? (circle one) (Yes) or No
18.	Was the engine running? (circle one) (circle one) (circle one)
19.	Was this vehicle purchased new or used? <u>hew</u>
	If purchased used, provide the date of purchase, mileage at the time of purchase, and from whom the
	vehicle was purchased:

Once you have compiled the requested information regarding this matter, please send it to the address above. If you prefer to send the information electronically, you can e-mail it to me at merskine@erskinelawgroup.com. Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 90 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.

Please be advised that all necessary steps should be taken to ensure that the incident scene, the subject vehicle, and all of its components parts are maintained and preserved. Ford Motor Company has the right to inspect the fire scene and the vehicle, remove and test any vehicle component part that you claim to be defective, and to be presented with the vehicle and subject component part(s) at the time of trial, should litigation ensue from this informal claim.

If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

Thank you for your attention to these matters. Should you have any questions, please feel free to e-mail me at your convenience, merskine@erskinelawgroup.com. I look forward to working with you on this matter.

Very truly yours,

Maggie Mason Erskine

Margaret N. Enl



RBZ00070

State Farm Mutual Automobile Insurance Company

Auto Payments by Participant/COL

Route To: Megg Beverage

BASIC CLAIM INFORMATION

Claim Number: Date of Loss: 10-21-2013

Policy Number: Named Insured:

Named Insured(s) / 340 - COMP

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

Payment <u>Number</u> 128871020J Issued **Date**

10-26-2013

Payee

Payable Pay COL

342

<u>Cd</u> <u>Status</u>

Paid

Auth Amount ID \$771.58 U28J

Ran <u>Cd</u>

Total:

\$771.58

Named Insured(s) / 501 - RENT

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

Payment <u>Number</u>

Issued <u>Date</u>

<u>Payee</u>

Payable Pay COL

<u>Cd</u>

Status

Auth Amount ID

Rsn <u>Cd</u>

\$211.79 ECSAPY 11-04-2013 HERTZ LOCAL EDITION 501 Paid 128880981K E

\$211.79 Total:

Date: 01-03-2014

Page 1

29-34-254





LIST

LINCOLN

MANCHESTER

CUSTOMER #: 2520791

INVOICE

400 SPAULDING TURNPIKE - PORTSMOUTH, NH 03801 (603) 433-1221

PAGE 1

www.portford.com

NET

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BUS:	CELL:				SERVICE ADVISOR:			8850 Christopher Custodio			
COLOR	YEAR MAKE/MODEL				VIN			LICENSE	MILEAC	MILEAGE IN OUT	
WHITE	13	FOR	D EDGE		2 FMDK	4AK1DE			5813	/5813	TASF
DEL DATE	PROD	DATE	WARR. EXP.	PROMIS	ED	PO NO.		RATE	PAYMENT	INV. D	ATE
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16:29 01NOV13 G8:40 210CT13

LINE OPCODE TECH TYPE HOURS A CUST STATES SUN ROOF GLASS BLEW OUT GOING DOWN THE ROAD

MT SS 9999 CQ 5437 CQ

1 7T4Z*18500A18*A GLASS

869.B3 ARTS: 869.83 LABOR: 212.31 OTHER: 0.00 TOTAL LINE A: 5813 REMOVED SHATTERED SUN ROOF GLASS. VACUUMED OUT ALL BROKEN LEGISTERS PARTS:

93 869 830 1869 83 1082 14 GLASS FROM TRACKS AND INTERIOR. INSTALLED NEW GLASS AND INITIALIZED SUN ROOF.

COMPLETELY SATISFIED: TALER HE COMPLETELY WE PASS! EKTSE DE 1

VERY SATISFIED WE FAILING

COMPLETELY SATISFIED IS THE BEST! 4-DEPART

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SERVICE

TOTAL

PORTSHOUTH FORD 420 SPAULLING TURMPLHE PORTSMOUTH. HK 03861 603-413 1221

Mcrchant 10. 5403014649 Tera 10: 5656

Sale

V:SA

Entry Method: Manual

Batch#: 098006 Approd: Unline

17:40:43 11/01/13

Inv#: 00566553 Appr Code: 113785

Total: 1,082,14

> Cuatuari Com THANK YOU

'H FORD LINCOLN. YOUR COMPLETE
IF YOU ARE
SE TELL YOUR
OT, PLEASE CALL IANAGER OR OUR ERVICE DIRECTOR

OF COURSE, WE A COMMENTS AT

ORD - TRAINED D WE USE GENUINE VICE PARTS

STATEMENT OF DISCLAIMER STATEMENT OF DISCLAIMER The fectory warranty constitutes at of the warrants with rapped to the safe of the termitoria. Solar brook sagress, with rapped to the safe of the termitoria all warrantes either express the fingled, including any impled warranty of marchantability or sanson for a particular purpose. Seller neither salumes nor exteriors any other season for it say behilfly in assume for it say behilfly in connection with the sale of this transferma.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	212.31
PARTS AMOUNT	869.83
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. / ENVIRONMENTAL	0.00
TOTAL CHARGES	1082.14
DISCOUNT	0.00
SALES TAX	0.00

PLEASE PAY THIS AMOUNT 1082.14

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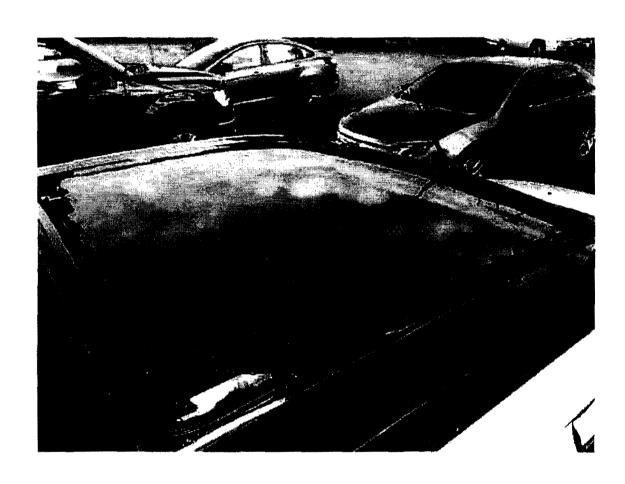






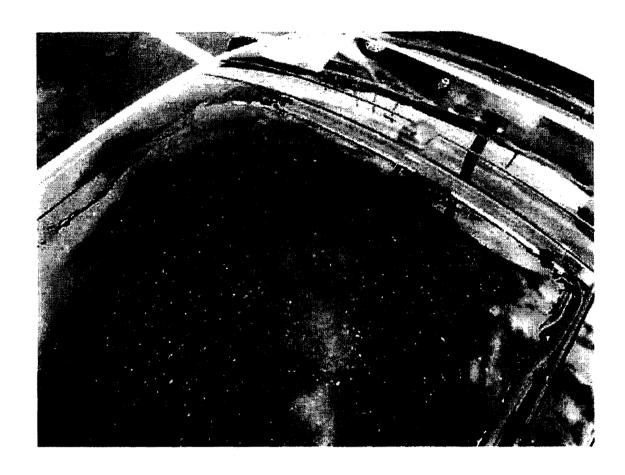


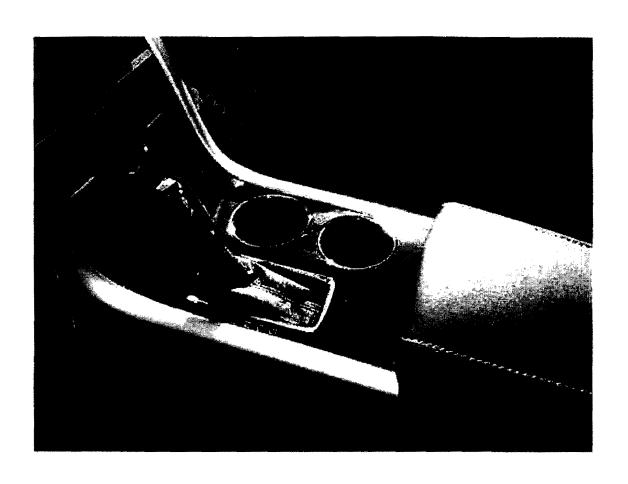




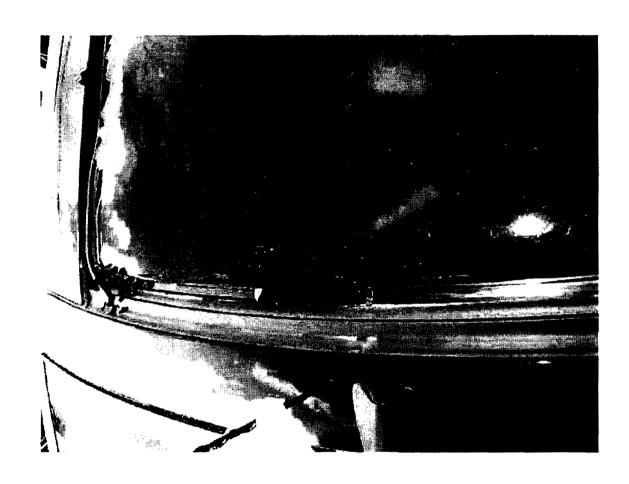




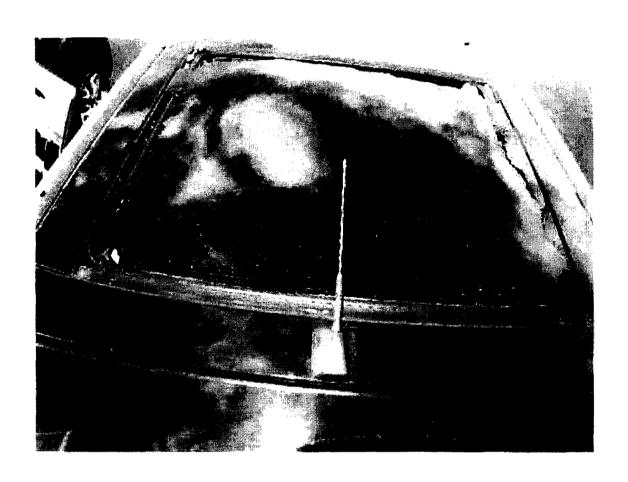














STATE FARM INSURANCE COMPANIES LIKE A GOOD NEIGHBOR, STATE FARM IS THERE 1 STATE FARM DRIVE

CONCORDVILLE, PA 19339
PHONE (800) 839-8050 -- FAX ALL SUPPLEMENT REQUESTS TO (800) 916-0342

	*** PRIOR DAMAGE E	STIMATE ***	
			10/25/2013 02:31 P
Owner			
Owner: Address:		Work/Day: Home/Day:	
City State Zip:	MANCHESTER, NH	Cell	
Control Information			
Claim # : Loss Date/Time:		insured Policy # : Loss Type:	Comprehensive
Ins. Company:	State Farm		
Insured:		Home/Day:	
City State Zip:		Cell:	
Claim Rep: Address:	Team CP Unit CF ACC NE	Work/Day:	
Inspection			
	Portsmouth Ford 400 Spaulding Tpke	Inspection Type: Contact:	Field
City State Zip: Primary Impact:	Portsmouth, NH 03801 Non-Collision	Secondary Impact:	
Contact:	Mark Morrow 28-01-11		
Repairer			
Address: City State Zip:	PORTSMOUTH FORD 400 SPAULDING TURNPIKE Portsmouth, NH 03802 www.portford.com	Contact:	DAN BERGERON 6755 (603)433-1221
Vehicle			
2013 Ford Edge Sport 4 DR Wagon 6cyl Gasoline 3.7 6-Speed Automatic			
Lic.Plate:	·	Lic State:	
Lic Expire: Prod Date:		VIN: Mileage:	2FMDK4AK1DB
Veh Insp# :		Mileage Type:	Actual
Condition: 10/25/2013 02:45 PM	***************************************	Code:	P7403E

Page 1 of 4

Ext. Color: WHITE PLATINUM PRL Ext. Refinish: Three-Stage UserDefined

Ext. Paint Code: UG

Int. Color: Int. Refinish: Two-Stage

Int. Trim Code:

Options

4-Wheel Drive AM/FM CD Player 2nd Row Head Airbags Air Conditioning **Amplifier** Anti-Lock Brakes **Auto Headlamp Control** Automatic Dimming Mirror **Bodyside Cladding** Cargo/Trunk Net Center Console **Bucket Seats** Cruise Control **Daytime Running Lights** Digital Signal Processor **Dual Airbags Driver Seat Memory Dual Power Seats** Floor Mats Garage Door Opener Dual Zone Auto A/C Halogen Headlights Head Airbags **Heated Front Seats Heated Power Mirrors** High Definition Radio Illuminated Visor Mirror Intermittent Wipers Keyless Entry Keypad Keyless Entry System Leather Steering Wheel Leather Seats **Lighted Entry System** MP3 Player Mirror(s) Memory **Navigation System Polished Alloy Wheels** Overhead Console **Power Brakes** Power Liftgate Power Steering **Power Door Locks** Pwr Driver Lumbar Supp Rain-Sensing W/S Wipers **Power Windows** Rear Window Defroster Rear View Camera Rear Spoiler Rear Window Wiper/Washer Remote Starter Reverse Sensing System Special Factory Paint Sirius Satellite Radio Side Airbags Split Folding Rear Seat **Sport Suspension** Stability Cntrl Suspensn Strg Wheel Radio Control Till & Telescopic Steer Tachometer Tinted Glass Tire Pressure Monitor Tonneau/Cargo Cover **USB Audio Input Traction Control System** Trip Computer Wireless Audio Streaming Vista Roof Wireless Phone Connect

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Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	Hours	R
Roof 1	Ε	343		Glass Panel,Roof	7T4Z18500A18A	\$869.83		0.8	SM
Manual	Entri	es							
2	N	M69		Glass Clean Up >> INSIDE TRACKS	ADDITIONAL OPERATION			1.0*	ME*
2	:	Items		· · · · · · · · · · · · · · · · · · ·	, a my Emore				

Estimate Total & Entries

Gross Parts \$869.83
Parts & Material Total \$869.83

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs		
Sheet Metal (SM)	\$46.00	0.8		0.8	\$36.80	
Mech/Elec (ME) Frame (FR)	\$114.95 \$65.00		1.0	1.0	\$114.95	
Refinish (RF) Paint Materials	\$46.00 \$26.00					
Labor Total	\$20.00			1.8 H	ours	\$ 151.7!
Gross Total						\$1,021.58

10/25/2013 02.45 PM

Page 2 of 4

Register online to check the status of your claim and stay connected with State Farm®. To register, go to statefarm.com and select Check the Status of a Claim. If you are already registered, thank you! Not available in New Mexico.

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00 Zip Code: 03110 Default Recycled Parts Y/0/0 Zip Code: 03105 INV DATE: 10/24/2013

Audatex Estimating 7.0.019 ES 10/25/2013 02:45 PM REL 7.0.019 DT 10/01/2013 Copyright (C) 2013 Audatex North America, Inc.

SM-SHEET METAL ME-MECH/ELEC FR-FRAME RE-REFINISH SY-SYSTEM THIS IS AN ESTIMATE. REPAIR FACILITIES MUST INSPECT THE VEHICLE TO DETERMINE IF ANY REPAIRS NOT LISTED ARE REQUIRED, AND TO CONTACT STATE FARM BEFORE MAKING SUCH REPAIRS. REPAIRER ALSO IS RESPONSIBLE FOR CONDUCTING ANY NECESSARY INSPECTION AND SAFETY CHECKS PRIOR TO AND AFTER COMPLETING REPAIRS.

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WE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF A RECOGNIZED, COMPETENT AND CONVENIENTLY LOCATED REPAIR SHOP OR FACILITY WHO IS WILLING AND ABLE TO REPAIR OR REPLACE THE DAMAGED MOTOR VEHICLE WITH OTHER OF LIKE, KIND AND QUALITY WITHIN A REASONABLE TIME FOR THE PRICE QUOTED IN THE APPRAISAL. ANY REPAIR SHOP OR FACILITY MAY BE USED AT THE DISCRETION OF THE INSURED OR CLAIMANT.

Op Codes

* = User-Entered Value EC = ** NON-OEM PART EU = RECYCLED PART

UM= REMAN/REBUILT PART

UC = RECOND PART

N = ADDITIONAL OPERATION

IT = Partial Repair

P = Check

E = NEW PART

ET = Partial Replace Labor

TE = Partial Replace Price

L = Refinish
TT = Two-Tone

BR = Blend Refinish

CG= Chipquard

NG = Replace NAGS

EP = ** NON-OEM PART

PM = REMAN/REBUILT PART

PC = RECOND PART

SB = Sublet Repair

I = Repair

RI = R & I Assembly



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10/25/2013 02:45 PM

Page 3 of 4

Estimate Summary Page

Gross Total Net Total \$1,021.58 \$1,021.58

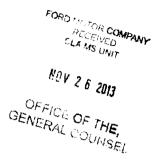
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November 18, 2013

Ford Motors Co PO Box 70 Dearborn MI 48121-0070 State Farm Claims P.O. Box 2371 Bloomington IL 61702-2371

Magga



Certified Mail-Return Receipt Requested

RF:

Claim Number:

Date of Loss:

Our Insured:

October 21, 2013

Your File Number:

THEIR FILE NUMBER

Insured's Deductible: \$250.00

To Whom It May Concern:

This notice is to advise of a loss that occurred to our insured's vehicle. The damage was caused by the sunroof suddenly shattered - no signs of impact.

Our investigation indicates that Ford Motor Company 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 Ford Motor Company for reimbursement of \$1,233.37.

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.

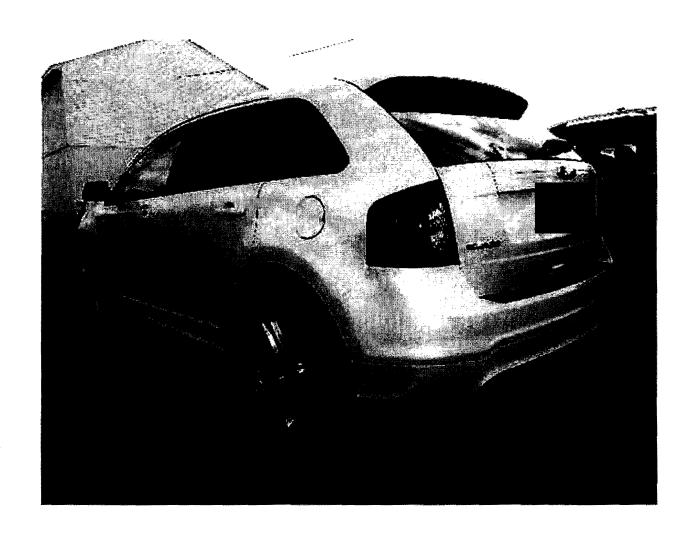
In order to assist you in evaluating and processing the claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted 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 any purpose other than to evaluate and process the subrogation claim.

If you have any questions or need additional information, please call me at the number listed below. If I am not available, any other member of my team may assist you.

DRP51721

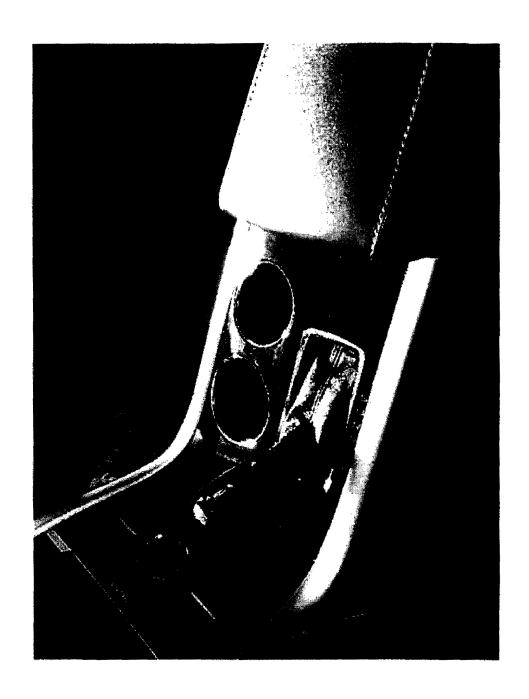












STATE FARM INSURANCE COMPANIES LIKE A GOOD NEIGHBOR, STATE FARM IS THERE 1 STATE FARM DRIVE

CONCORDVILLE, PA 19339

PHONE (800) 839-8050 - FAX ALL SUPPLEMENT REQUESTS TO (800) 916-0342

*** PRIOR DAMAGE ESTIMATE ***

10/25/2013 02:31 PM

Owner

Owner:

Address:

City State Zip: MANCHESTER, NH

Work/Day:

Home/Day:

Cell:

Control Information

Claim #:

Loss Date/Time: 10/21/2013

Ins. Company: State Farm

insured:

City State Zip:

Claim Rep: Team CP Unit CF ACC NE

Insured Policy #:

Loss Type: Comprehensive

Home/Day: Cell:

Address:

Work/Day:

Inspection

Inspection Date: 10/25/2013

Inspection Location: Portsmouth Ford

Address: 400 Spaulding Tpke City State Zip: Portsmouth, NH 03801

Primary Impact: Non-Collision

Inspection Type: Field

Contact:

Secondary Impact:

Contact: Mark Morrow 28-01-11

Repairer

Repairer: PORTSMOUTH FORD

Address: 400 SPAULDING TURNPIKE

City State Zip: Portsmouth, NH 03802

Email: www.portford.com

Contact: DAN BERGERON 6755

(603)433-1221

Vehicle

2013 Ford Edge Sport 4 DR Wagon

6cyl Gasoline 3.7 6-Speed Automatic

Lic.Plate:

Lic Expire: 08/2014 Prod Date: 07/2013

Veh Insp# : Condition:

VIN: 2FMDK4AK1DB

Mileage: 5,813 Mileage Type: Actual Code: P7403E

10/25/2013 02.45 PM

Page 1 of 4

Ext. Color: WHITE PLATINUM PRL Ext. Refinish: Three-Stage UserDefined

Ext. Paint Code: UG

Int. Color:

Int. Refinish: Two-Stage

Int. Trim Code:

Options

2nd Row Head Airbags Air Conditioning Auto Headlamp Control	4-Wheel Drive Amplifier Automatic Dimming Mirror	AM/FM CD Player Anti-Lock Brakes Bodyside Cladding
Bucket Seats	Cargo/Trunk Net	Center Console
Cruise Control	Daytime Running Lights	Digital Signal Processor
Driver Seat Memory	Dual Airbags	Dual Power Seats
Dual Zone Auto A/C	Floor Mats	Garage Door Opener
Halogen Headlights	Head Airbags	Heated Front Seats
Heated Power Mirrors	High Definition Radio	Illuminated Visor Mirror
Intermittent Wipers	Keyless Entry Keypad	Keyless Entry System
Leather Seats	Leather Steering Wheel	Lighted Entry System
MP3 Player	Mirror(s) Memory	Navigation System
Overhead Console	Polished Alloy Wheels	Power Brakes
Power Door Locks	Power Liftgate	Power Steering
Power Windows	Pwr Driver Lumbar Supp	Rain-Sensing W/S Wipers
Rear Spoiler	Rear View Camera	Rear Window Defroster
Rear Window Wiper/Washer	Remote Starter	Reverse Sensing System
Side Airbags	Sirius Satellite Radio	Special Factory Paint
Split Folding Rear Seat	Sport Suspension	Stability Cntrl Suspensn
Strg Wheel Radio Control	Tachometer	Tilt & Telescopic Steer
Tinted Glass	Tire Pressure Monitor	Tonneau/Cargo Cover
Traction Control System	Trip Computer	USB Audio Input
Vista Roof	Wireless Audio Streaming	Wireless Phone Connect

Dama	ges			official control of the second	·						
Line	Ор	Gulde	мс	Description	M(FR.Part No.		Price	ADJ%	Hours	R
Roof	E	343		Glass Panel	,Roof 71	4Z18500A18	A	\$869.83		0.8	SM
Manua l 2		15 M69		Glass Clean		ODITIONAL O	PERATION			1.0*	ME*
:	2	Items		INOIDE I	TOTORS &	INTERIOR					
Estim	ate To	tal & Ent	ries	same and the second sec		->->->->-					······································
Gross P Parts &		rial Total						\$869.83	\$869.83	l	
Labor				Rate	Replace Hrs	Repair Hrs	Total Hrs				
Sheet M Mech/El Frame (iec (M			\$46.00 \$114.95 \$65.00	0.8	1.0	0.8 1.0	\$36.80 \$114.95			
Refinish Paint M	(RF)			\$46.00 \$26.00							
Labor T Gross T							1.8 H	ours	\$151.75 \$1,021.5 8		

10/25/2013 02:45 PM

Page 2 of 4

Register online to check the status of your claim and stay connected with State Farm®. To register, go to statefarm.com and select Check the Status of a Claim, if you are already registered, thank you! Not available in New Mexico.

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00 Zip Code: 03110 Default Recycled Parts Y/0/0 Zip Code: 03105 INV DATE: 10/24/2013

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ET = Partial Replace Labor

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I. = Refinish TT = Two-Tone

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I = Repair

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10/25/2013 02:45 PM

Page 3 of 4

Estimate Summary Page

Gross Total Net Total \$1,021.58 \$1,021.58

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RBZ00070

State Farm Mutual Automobile Insurance Company

Auto Payments by Participant/COL

Route To: Stacey Vandegraft

BASIC CLAIM INFORMATION

Claim Number:

Date of Loss: 10-21-2013

Policy Number:

Named Insured:

Named Insured(s) / 340 - COMP

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

Payment <u>Number</u> 128871020J issued <u>Date</u>

10-26-2013

<u>Payee</u>

Payable Pay COL

342

<u>Cd</u> <u>Status</u>

Paid

Auth Amount ID

Rsn <u>Cd</u>

\$771.58 U28J \$771.58 Total:

Named Insured(s) / 501 - RENT

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

Payment Number

Issued

Payee

Payable

Pay

<u>Status</u>

Auth Amount ID

Rsn <u>Cd</u>

Date COL <u>Cd</u> 128880981K E 11-04-2013 HERTZ LOCAL EDITION 501 Paid \$211.79 ECSAPY

> Total: \$211.79

Date: 11-18-2013

Page 1



RBZ000MD

State Farm Mutual Automobile Insurance Company

Auto Rental Bills

Route To: Stacey Vandegraft

BASIC CLAIM INFORMATION

Claim Number:

Date of Loss:

Policy Number:

TAYLOR, KAREN

BILL SUMMARY

Bill Information

Invoice Number: HERTZ LOCAL EDITION

Insured Name:
Renter Name:

Rental End

11-01-2013

Rental Start Date: 10-21-2013 Renter End Date: 11-01-2013 Claim Number: 10-21-2013

Received From Renter: \$52.95

Billed To Others:

<u>Make</u>

<u>Model</u>

VERSA 1.6

Amount Due: \$211.79 Amount Paid To Date: \$211.79

Current Bill Status

Primary Status

Reviewed

Secondary Status

Rental Start

10-21-2013

Primary Reason(s)

Secondary Reason(s)

CC

Assnd Class

Paid

<u>Vehicle</u>

Appr Class

CC

		Invoice Detai	l s			
				Rate	Percent	Extended
Vehicle	<u>Description</u>	Billed Party	Quantity	(%) (\$)	Covered	<u>Amount</u>
01	Daily Rental Rate	State Farm	12	20.24	80.000	\$194.30
01	Daily Rental Rate	Renter	12	20.24	20.000	\$48.58
01	Sales Tax	State Farm	194.30	9.000	100.000	\$17.49
01	Sales Tax	Renter	48.58	9.000	100.000	\$ 4.37

Subtotal Less Taxes: \$242.88 Received From Renter: \$52.95
Total Taxes: \$21.86 Amount Due From State Farm: \$211.79

Date: 11-18-2013

Page 1



RBZ000MD

State Farm Mutual Automobile Insurance Company

Auto Rental Bills

Route To: Stacey Vandegraft

BASIC CLAIM INFORMATION

Claim Number:

Date of Loss: 10-21-2013

Policy Number:

Named Insured:

TAYLOR, KAREN

BILL SUMMARY

Bill Information

Invoice Number:

Claim Number:

Date of Loss: 10-21-2013

Insured Name:

Rental Vendor: HERTZ LOCAL EDITION

Received From Renter:

<u>Make</u>

\$52.95

Renter Name:

Rental Start Date: 10-21-2013

Billed To Others: Amount Due:

\$211.79

Renter End Date: 11-01-2013

Rental Start

10-21-2013

Rental End

11-01-2013

Amount Paid To Date:

Appr Class

\$211.79

Current Bill Status

Primary Status

Primary Reason(s)

Reviewed

Secondary Status

Secondary Reason(s)

Assnd Class

Paid

<u>Vehicle</u>

01

Vehic	cie i	ntor	mat	ION

		Invoice Detai	ls			
				Rate	Percent	Extended
<u>Vehicle</u>	<u>Description</u>	Billed Party	Quantity	<u>(%) (\$)</u>	Covered	<u>Amount</u>
01	Dally Rental Rate	State Farm	12	20.24	80.000	\$194.30
01	Daily Rental Rate	Renter	12	20.24	20.000	\$48.58
01	Sales Tax	State Farm	194.30	9.000	100.000	\$17.49
01	Sales Tax	Renter	48.58	9.000	100.000	\$4.37

Subtotal Less Taxes:

\$242.88

Received From Renter:

\$52.95

<u>Model</u>

VERSA 1.6

Total Taxes:

\$21.86

Amount Due From State Farm:

\$211.79

Date: 11-18-2013

Page 1

Contains CONFIDENTIAL information which may not be disclosed without express written authorization.





SHELTER MUTUAL SHELTER GENERAL SHELTER LIFE

December 10, 2012

FORD MOTOR COMPANY PO BOX 70 DEARBORN, MI 48121 FORD MOTOR COMPANY RECEIVED CLAIMS UNIT

DEC 19 2012

OFFICE OF THE GENERAL COUNSEL

12-18-12 Je

RE:

Claim Number:

Insured:

Date of Loss:

Loss vehicle:

VIN #:

11/8/2012

2013 FORD ESCAPE 1FMCU9J90DU D065324

Dear Sir or Madam,

We have investigated this loss and have found your company to be the responsible party due to product failure. We settled with our insured and our policy subrogates us to those rights of recovery. We ask that you honor our \$1547.86 subrogation claim. This amount includes our insured's \$1000.00 deductible.

The sunroof glass exploded while our insured was driving down the interstate. We have investigated this claim and have found there have been several reported incidents reported to Ford Motor Company for this type of loss.

Enclosed are documents supporting our claim. We have also included damage photographs showing damage to the sunroof glass of our insured's unit.

To help you evaluate and handle this subrogation claim, we may provide nonpublic personal information. The law allows this to manage the claim. But you are not authorized or permitted to use, disclose, or share this information for any purpose other than evaluating and handling this subrogation claim.

Please make your check payable to Shelter Insurance Companies as subrogee of Norman Wayman & Gayla Wayman. Please forward payment to Shelter Insurance Companies, PO Box 776, Salem, IL 62881.

Section 919.80 of the Rules of the Illinois Department of Insurance requires that our company advise you that, if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 West Randolph, Suite 15-100, Chicago, Illinois 60601-3251 and in Springfield, Illinois at 320 West Washington, Springfield, Illinois 62767.

DRP 39125

Sincerely,

Adam Bass

Claims Department

Phone:

618-548-1767

Fax:

618-548-1765

SHELTER INSURANCE COMPANY

Springfield, Illinois Adam Bass 618-548-1767 PO Box 6008, Columbia, MO 65205 Phone: (800) 223-6102

Fax: (888) 742-5671

Claim #: Workfile ID:



Supplement of Record 1 with Summary

Written By: ADAM BASS, 12/10/2012 9:36:35 AM

Adjuster: BASS, ADAM

Insured:

Comprehensive

Policy #:

Claim #:

Type of Loss:

Date of Loss:

11/08/2012 12:00 AM

Days to Repair:

Point of Impact:

28 Glass

Deductible:

1000.00

Owner:

Inspection Location:

Appraiser Information:

Repair Facility:

Non Drive-in

abass@shelterinsurance.com

(618) 267-7930

MURPHYSBORO, IL

VEHICLE

Year: Make:

Model:

2013 **FORD**

ESCAPE 4X4

TITANIUM

Color:

Body Style:

Engine:

Int:

4D UTV 4-2.0L-T License:

State: VIN:

1FMCU9J90DU

Production Date:

Odometer:

Condition:

TRANSMISSION

Automatic Transmission 4 Wheel Drive

POWER Power Steering **Power Brakes** Power Windows Power Locks Power Driver Seat

Heated Mirrors Memory Package

Power Mirrors

DECOR Dual Mirrors Privacy Glass

Console/Storage

Overhead Console

CONVENIENCE Air Conditioning Tilt Wheel Cruise Control Telescopic Wheel

Intermittent Wipers Climate Control Keyless Entry Alarm

Dual Air Condition Steering Wheel Controls Parking Sensors Remote Starter

Message Center RADIO

AM Radio

FM Radio Stereo Search/Seek Premium Radio

Auxiliary Audio Connection

Satellite Radio

SAFETY Anti-Lock Brakes (4)

Driver Air Bag Passenger Air Bag Head/Curtain Air Bags Front Side Impact Air Bags Rear Side Impact Air Bags

4 Wheel Disc Brakes Traction Control

Stability Control

ROOF

Luggage/Roof Rack

SEATS Leather Seats **Heated Seats**

Redine/Lounge Seats

WHEELS

Aluminum/Alloy Wheels

PAINT Clear Coat Paint OTHER

Fog Lamps Rear Spoiler

Signal Integrated Mirrors Xenon Headlamps



Supplement of Record 1 with Summary

2013 FORD ESCAPE 4X4 TITANIUM 4D UTV 4-2.0L-T

Line			Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	ROOF								
2			Repl	Front glass	8A5Z54500A18A	1	1,050.87	0.8	
3	*	501	R&I	Housing assy	CJ5Z78502C22A			3.0	
					SUBTOTALS		1,050.87	3.8	0.0

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				1,050.87
Body Labor	3.8 hrs	@	\$ 107.97 /hr	410.29
Subtotal				1,461.16
Sales Tax	\$ 1,050.87	@	8.2500 %	86.70
Total Cost of Repairs				1,547.86
Deductible				1,000.00
Total Adjustments				1,000.00
Net Cost of Repairs				547.86

Supplement of Record 1 with Summary

2013 FORD ESCAPE 4X4 TITANIUM 4D UTV 4-2.0L-T

SUPPLEMENT SUMMARY

Line			Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Delet	ed Items								
3			Repl	Housing assy	CJ5Z78502C22A	1	-702.22	-3.0	
Added	Items								
3	*	S0 1	R&I	Housing assy	CJ5Z78502C22A			3.0	
				<u>, , , , , , , , , , , , , , , , , , , </u>	SUBTOTALS		-702.22	0.0	0.0

TOTALS SUMMARY

Category	Basis		Rate	Cost \$	
Parts				-702.22	
Body Labor				0.00	
Subtotal				-702.22	
Sales Tax	\$ -702.22	@	8.2500 %	-57.93	
Total Supplement Amount				-760.15	
NET COST OF SUPPLEMENT				-760.15	

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	2,308.01	ADAM BASS
Supplement 501	-760.15	ADAM BASS
Workfile Total:	\$ 1,547.86	
TOTAL ADJUSTMENTS:	\$ 1,000.00	
NET COST OF REPAIRS:	\$ 547.86	

Please note, it is possible for suppliers to have different pricing structures. In order for Shelter Insurance to obtain the agreed part pricing with shipping, please identify that your sourcing was through CCC Pathways estimating software.

B equals the percentage of depreciation taken on the part and tax.

CAUTION...FAILING TO PRESENT THIS ESTIMATE TO THE REPAIR FACILITY BEFORE REPAIRS MAY RESULT IN ADDITIONAL EXPENSE TO YOU. NO ADDITIONAL PAYMENT WILL BE MADE UNLESS AUTHORIZED BY A COMPANY REPRESENTATIVE.

IN ORDER TO ASSURE YOURSELF OF QUALITY REPAIRS SHELTER INSURANCE COMPANIES RECOMMEND THAT YOU SELECT A REPAIR FACILITY THAT USES THE PROPER EQUIPMENT AND FOLLOWS REPAIR PROCEDURES RECOMMENDED BY THE AUTO MANUFACTURER AND COLLISION REPAIR INDUSTRY.

Workfile ID:

Supplement of Record 1 with Summary

2013 FORD ESCAPE 4X4 TITANIUM 4D UTV 4-2.0L-T

ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRERS MUST BE LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE ILLINOIS VEHICLE CODE.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR2MK13, CCC Data Date 12/3/2012, 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) 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 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. 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 AM. 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 2012 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 complete 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.

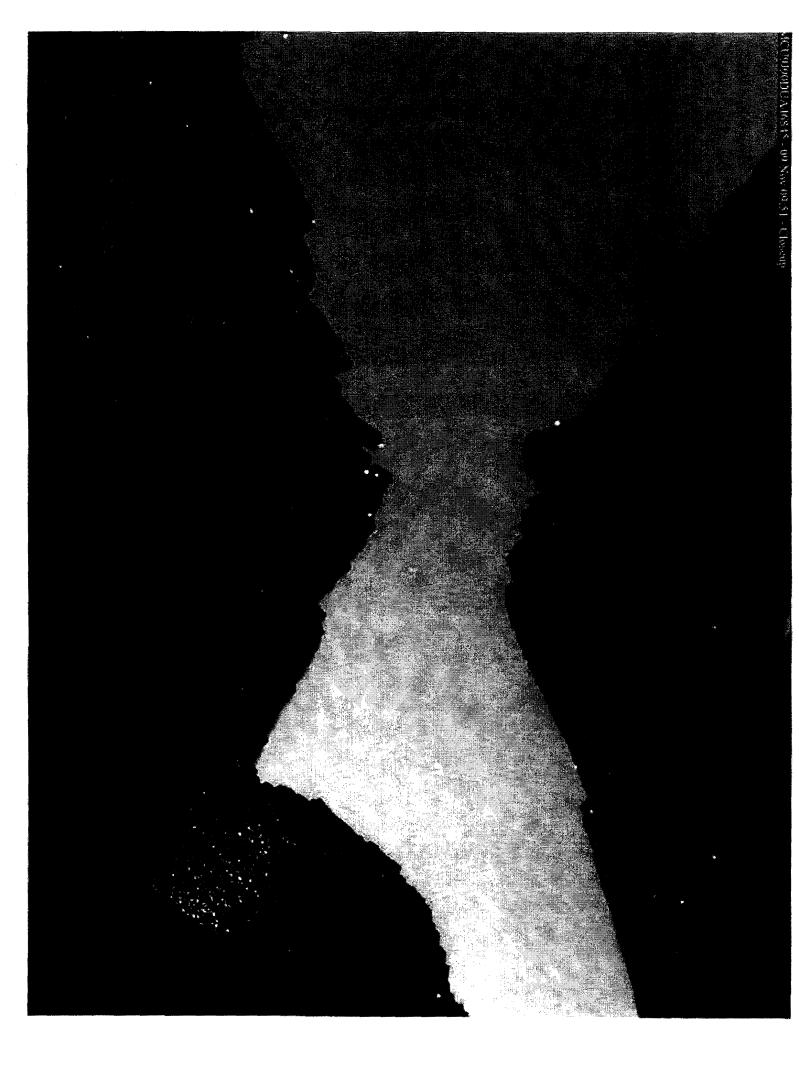
OTHER SYMBOLS AND ABBREVIATIONS:

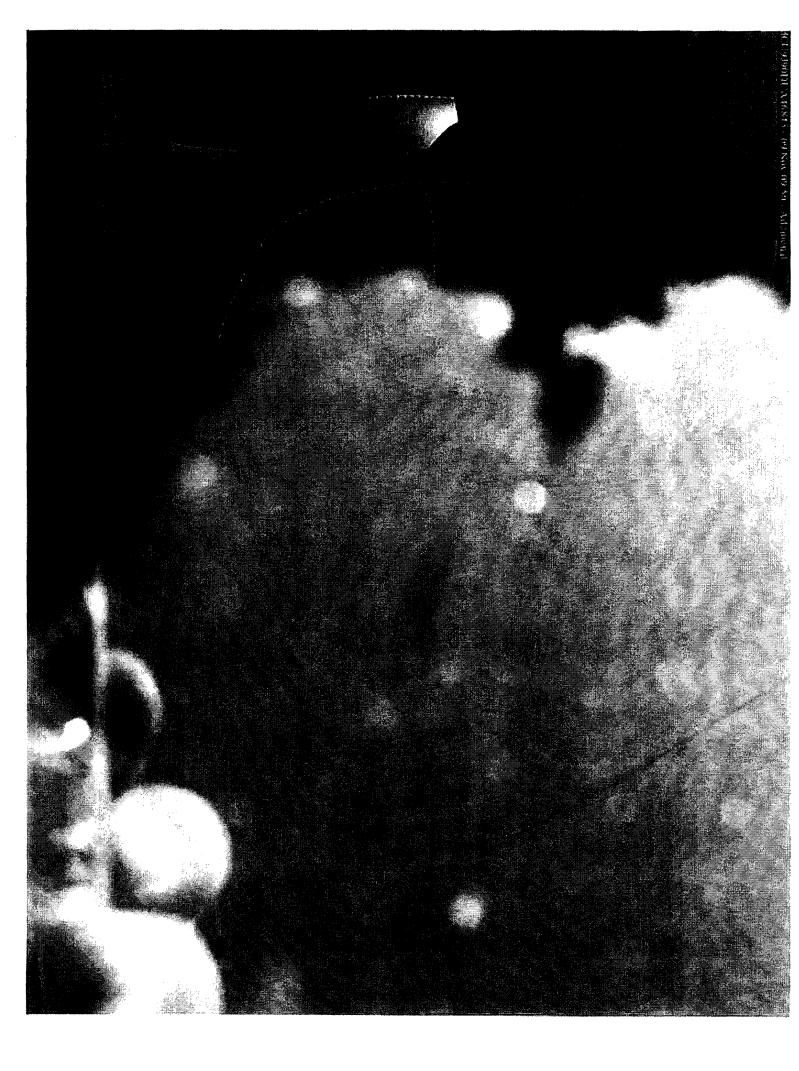
Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Bind=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent, NSF=NSF International Certified Part. O/H=Overhaul. Oty=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.

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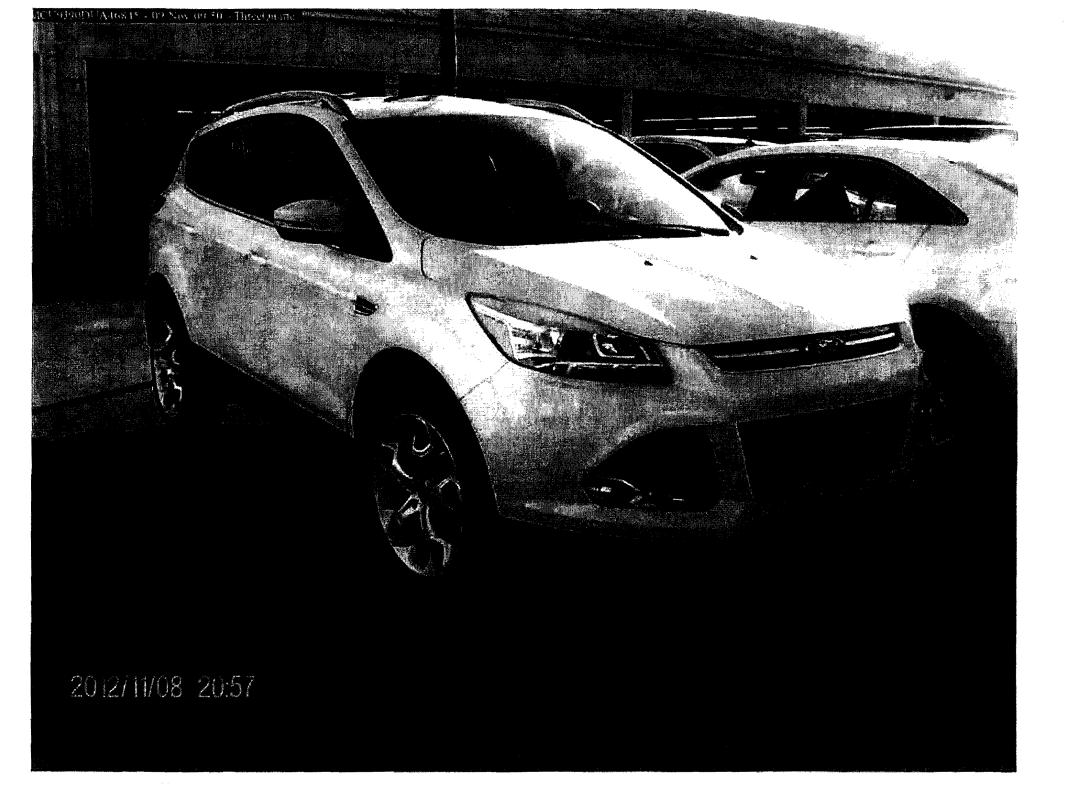
The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.











02/18/2013

THE ERSKINE LAW GROUP MAGGIE ERSKINE 342 S MAIN ST ROCHESTER, MI 48307

RE: Claim Number:

Date of Loss: Insured:

Damages: \$1,547.86

Dear Ms Erskine:

Please be advised that the above claim has been reassigned to me for conclusion. We have received your letter dated January 8, 2013 requesting additional information on this claim. Attached is the information you requested.

- 1. Our insured's statement is attached.
- 2. A report was not made by the police or fire department.

11/08/2012

- 3. All photographs related to this loss are attached.
- 4. We do not have an expert report on this claim as our insured took the vehicle to Ford.
- 5. Repair estimate attached.
- 6. Complete service history for this vehicle is not available at this time.
- 7. The loss occurred in Houston, Texas.
- 8. 1FMCU9J90DU
- 9. Mileage is not available at this time.
- 10. Defective sunroof
- 11. It's been replaced by Tommy Vaughn Motor
- 12. Houston, Texas
- 13. There are no after market additions or modifications to the vehicle that we are aware of.
- 14. The keys were in the ignition.
- 15. The engine was running.

Please let me know if you need anything further.

Sincerely,

Shelter Insurance Companies • CLMSUBRO • PO Box 6007 • Columbia, MO 65205-6007

RE: AT0000000959272 2 of 2

Shannon Gibson Claims Department

Phone: 800-390-6245 x13 Fax: 888-742-5671

Email: SGibson@ShelterInsurance.com

cc:



STATEMENT OF VIRGINIA RUTLEDGE

RECORDED BY: Adam Bass

RECORDED ON: November 15, 2012
TRANSCRIBED BY: Johnnie Clair
TRANSCRIBED ON: February 15, 2013

This is Adam Bass with Shelter Insurance®. This is Claim Number It is Thursday, November the 15th, 2012. It is 11:36 a.m. I'm speaking with, uh, Virginia Rutledge.

- Q. Virginia is it okay if we record this call for quality assurance?
- A. Yes.
- Q. Okay and Virginia our insured is, uh, thim?
- A. He's my father.
- Q. Okay and if you would, uh, just describe to me, uh, what took place in this loss?
- A. I was driving my 2013 Ford Escape to work in the morning; driving down the interstate; uh, and my sun roof glass broke; the glass exploded basically.
- Q. Okay what interstate were you traveling on?
- A. Interstate 10 in Houston and I was traveling east.
- Q. That's Houston, Texas?
- A. Houston, Texas.
- Q. Okay and, uh; did you notice; did anything hit your vehicle or anything; did you find anything on the inside that is a rock or anything like that?
- A. Find any evidence that something hit my vehicle; though it was on the top of my vehicle, so.
- Q. Okay; okay was it, I mean was it close to any buildings; did any you know when this occurred did any vehicles or anything pass you or anything like that?
- A. No I wasn't close to any buildings; I wasn't close to any vehicles. I'd say; I would say the closest vehicle was 20 yards away and I wasn't driving undemeath an overhead pass or anything.
- Q. Okay besides the, uh, the sunroof glass is there any other physical damage to the vehicle?
- A. No.

- Q. Okay and, uh; what are the; after the loss occurred, what did, uh, what'd you do with the vehicle?
- A. I drove to work and inspected it and then I called the Ford Dealership and took it there to have them inspect it.
- Q. Okay what's the; which dealership is that?
- A. Tommy Vaughn Ford Dealership in Houston, Texas.
- Q. Okay and what did, uh; what did you find out; the, from when they looked at it?
- A. They weren't really sure what happened; they took pictures and submitted to Ford Motor Company which I'm guessing its Headquarters and they stated that there was a whole in the center is what it was; have you (inaudible, voice distorted)...broken upon, uh, impact; uh, versus (inaudible, unclear speech); which was the single mine or something to that effect.
- Q. Okay then it; then Ford have a representative or you know look at the vehicle physically or did they just look at the photos?
- A. Ford just looked at the photos.
- Q. Okay; and the vehicle is currently still at, uh, Tommy Vaughn Ford?
- A. Yes.
- Q. Okay, uh, is there anything else, uh, in regards to, uh, what occurred that we haven't talked about?
- A. I don't think so.
- Q. Okay, uh, with your permission then, if there's nothing else to add I'll go ahead and end the recording.
- A. Sure.
- Q. Okay; uh, once again this is Adam Bass with Shelter Insurance®; it is now 11:39 a.m.

SHELTER INSURANCE COMPANY

Springfield, Illinois Adam Bass 618-548-1767 PO Box 6008, Columbia, MO 65205

Phone: (800) 223-6102 Fax: (888) 742-5671

Claim #: Worldlie ID:



Written By: ADAM BASS, 11/15/2012 2:43:05 PM Adjuster: BASS, ADAM

Insured:

Policy #:

Claim #:

Type of Loss: Point of Impact: Comprehensive

Date of Loss:

11/08/2012 12:00 AM

Days to Repair: 2

Owner:

28 Glass

Deductible:

1000.00

Repair Pacility:

MURPHYSBORO.

Inspection Location:

Non Orive-in

Appraiser Information: abass@shelterInsurance.com

(618) 267-7930

VEHICLE

Yesr. Make:

Model:

2013 **FORD**

ESCAPE 4X4

TETANILM

Color:

Body Style: Engine:

Int: 4D UTV 4-2.0L-T License: State:

> VIN: 1FMCU939000

Production Date: Odometer:

Condition:

TRANSHISSION **Automatic Transmission**

4 Wheel Drive POWER Power Steering Power Brakes **Power Windows** Power Locks

Power Driver Sest Power Mirrors Heated Mirrors

Memory Package DECOR **Dual Mirrors** Privacy Glass

Console/Storage

Overhead Console CONVENIENCE

Air Conditioning TX Wheel Cruise Control Telescopic Wheel Intermittent Wipers

Climate Control Keyless Entry Abarm

Dual Air Condition Steering Wheel Controls

Parking Sensors Remote Starter Message Center

RADIO

AM Radio

PM Radio Stereo Search/Seek Premium Radio

Auditry Audio Connection Satellite Radio

SAFETY

Anti-Lock Brakes (4) Driver Air Bag Passenger Air Bag Heat/Qurtain Air Bags Front Side Impact Air Bags

Rear Side Impact Air Bags 4 Wheel Disc Brakes Traction Control

Stability Control

ROOF

Luggage/Roof Rack

SEATS Leather Seats Heated Senis

Redine/Lounge Sexts

WHEELS

Aluminum/Alloy Wheels

PAINT Clear Coat Paint OTHER Fog Lamps Rear Sociler

Signal Integrated Mirrors Xenon Headlamps

11/15/2012 2:43:05 PM

028905

Page 1

Estimate of Record

2013 FORD ESCAPE 4X4 TITANIUM 4D UTV 4-2,0L-T

Line		Oper	Description	Part Number	Qty	Extended Price #	Labor	Paint
1	ROOF							
2		Repl From	t glass	8A5254500A18A	1	1,050.87	0.8	
3		Repl Hou	sing assy	C)5278502C22A	1	702-22	3.0	
				ALATOTELS		1.753.09	3.8	0.0

ESTIMATE TOTALS									
Category	Basis .	Rate	Cost \$						
Parts				1,753.09					
Body Labor	3.8 hrs	@	\$ 107.97 /hr	410. 29					
Subtotal				2,163.38					
Sales Tax	\$ 1,753.09	0	8.2500 %	144.63					
Total Cost of Repairs				2,308.01					
Deductible				1,000.00					
Total Adjustments				1,000.00					
Net Cost of Repairs				1,308.01					

Please note, it is possible for suppliers to have different pricing structures. In order for Shelter Insurance to obtain the agreed part pricing with shipping, please identify that your sourcing was through CCC Pathways estimating software.

B equals the percentage of depreciation taken on the part and tax.

CAUTION...FAILING TO PRESENT THIS ESTIMATE TO THE REPAIR FACILITY BEFORE REPAIRS MAY RESULT IN ADDITIONAL EXPENSE TO YOU. NO ADDITIONAL PAYMENT WILL BE MADE UNLESS AUTHORIZED BY A COMPANY REPRESENTATIVE.

IN ORDER TO ASSURE YOURSELF OF QUALITY REPAIRS SHELTER INSURANCE COMPANIES RECOMMEND THAT YOU SELECT A REPAIR FACILITY THAT USES THE PROPER EQUIPMENT AND FOLLOWS REPAIR PROCEDURES RECOMMENDED BY THE AUTO MANUFACTURER AND COLLISION REPAIR INDUSTRY.

ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRERS MUST BE LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE ILLINOIS VEHICLE CODE.

Estimate of Record



2013 FORD ESCAPE 4X4 TITANIUM 4D UTV 4-2.0L-T

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all Items are derived from the Guide DR2MK13, CCC Data Date 11/14/2012, 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) 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 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. 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 AM. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Record. Record parts are described as Record. 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 2012 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 complete 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:

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