

EA14-002

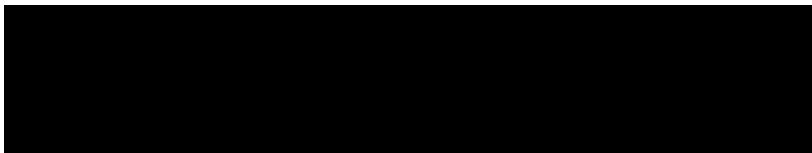
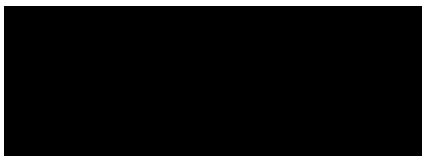
FORD

9-2-2014

APPENDIX D

APPENDIX E PAGE 173

APPENDIX F PAGE 174



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
Bloomington IL 61702-2371

Maggie

DO94456

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

JUN 03 2014

OFFICE OF THE,
GENERAL COUNSEL

OGC Lit
Product Claims

JUN 3 2014

Certified Mail-Return Receipt Requested

RE: Claim Number: [REDACTED]
Date of Loss: February 13, 2014
Our Insured: [REDACTED]
Loss Location: Memphis, TX
Vehicle: Ford EXPLORER 4X2 LIMITED
VIN: 1FM5K7F83EG [REDACTED]
Mileage: 8910
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 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 subrogator, 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: [REDACTED]
Date of Loss: 02-13-2014
Policy Number: [REDACTED]
Named Insured: [REDACTED]

PAYMENTS

C denotes consolidated payment
E denotes EFT payment
P previously converted payment from CAT/CMR

| <u>Payment Number</u> | <u>Issued Date</u> | <u>Payee</u> | <u>Status</u> | <u>Amount</u> | <u>Auth ID</u> |
|-----------------------|--------------------|---|---------------|-------------------|----------------|
| 108285398J | 05-07-2014 | AUTO NATION COLLISION NORTH SCOTTSDALE | Paid | \$1,851.94 | ECSAPY |
| 108262151J | 04-22-2014 | HIGH LIFE AUTO RENTAL | Paid | \$469.25 | KFL5 |
| Grand Total: | | | | \$2,321.19 | |

Date: 05-23-2014

Page 1

FOR INTERNAL STATE FARM USE ONLY
Contains CONFIDENTIAL information which may not be disclosed without express written authorization.

**AutoNation Collision Center
North_Scottsdale**

Workfile ID: 2bbd61c6
Federal ID: 522102864

15678 N NORTHSIGHT BLVD, SCOTTSDALE, AZ
85260
Phone: (480) 948-9506
FAX: (480) 443-0290

Supplement of Record 1 with Summary

Customer: [REDACTED]

Job Number:

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

Insured: [REDACTED]
Type of Loss: Comprehensive
Point of Impact:

Policy #: [REDACTED]
Date of Loss: 2/13/2014 2:00:00 PM

Claim #: [REDACTED]
Days to Repair: 0

Owner:
[REDACTED]
[REDACTED]
LUFKIN, TX [REDACTED]
[REDACTED] Evening
[REDACTED] Cell

Inspection Location:
AutoNation Collision Center
North_Scottsdale
15678 N NORTHSIGHT BLVD
SCOTTSDALE, AZ 85260
Repair Facility
(480) 948-9506 Day

Insurance Company:
STATE FARM INSURANCE COMPANIES

Vehicle Drop Off Date: 02/19/2014
Repair Completion Date: 02/27/2014

Promise Date: 02/27/2014
Vehicle Pick Up/Return Date: 02/27/2014

Repair Start Date: 02/24/2014

VEHICLE

| | | | |
|-----------------------------|-------------------------|------------------------------|------------------------|
| Year: 2014 | Body Style: 4D UTV | VIN: 1FM5K7F83EGA [REDACTED] | Mileage In: 8910 |
| Make: FORD | Engine: 6-3.5L-FI | License: [REDACTED] | Mileage Out: |
| Model: EXPLORER 4X2 LIMITED | Production Date: 9/2013 | State: TX | Vehicle Out: 2/27/2014 |
| Color: BLK Int: | Condition: | Job #: | |

TRANSMISSION
Automatic Transmission
Traction Control

SEATS
Power Driver Seat
Power Passenger Seat
Bucket Seats
Leather Seats
Heated Seats
3rd Seat
Lumbar Adjustment
Reclining Seats

STEERING

Tilt Wheel
Telescopic Wheel
Steering Wheel Controls

BRAKES
Power Brakes
4 Wheel Disc Brakes
Anti-Lock Brakes (4)

GLASS
Privacy Glass
Rear Defogger
Power Windows
Rear Window Wiper

RADIO

FM Radio
Stereo
Search/Seek
INTERIOR
Power Locks
Air Conditioning
Dual Air Conditioning
Cruise Control
Driver Air Bag
Passenger Air Bag
Front Side Impact Air Bags
Console/Storage
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

Supplement of Record 1 with Summary

Customer: [REDACTED]

Job Number:

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

Power Steering

AM Radio

Intermittent Wipers

Supplement of Record 1 with Summary

Customer: [REDACTED]

Job Number:

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

| Line | | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------------------|-------------|------|--|----------------|-----|-------------------|------------|------------|
| 1 | # | S01 | ** Final Bill *** | | 1 | | | |
| 2 | ROOF | | | | | | | |
| 3 | * | Repl | Rear glass FORD | BB5Z78500A18B | 1 | 789.52 | Incl. | |
| 4 | * | R&I | Headliner charcoal | | | | Incl. | |
| 5 | * | Rpr | Roof panel | | | | 1.0 | 4.2 |
| 6 | | | Add for Clear Coat | | | | | 1.7 |
| 7 | * | R&I | R&I sunroof assy | | | | Incl. | |
| 8 | * | Repl | 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 | ** | Repl | A/M Cover Vehicle | | 1 | 5.00 | 0.3 | |
| 12 | # | Rpr | Tint Color | | | | 0.5 | |
| 13 | # | Subl | Hazardous waste removal | | 1 | 5.00 | | |
| 14 | # | Subl | 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 |

Supplement of Record 1 with Summary

Customer: [REDACTED]

Job Number:

Vehicle: 2014 FORD EXPLORER 4X2 LIMITED 4D LTV 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 claim 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.

Supplement of Record 1 with Summary

Customer: [REDACTED]

Job Number:

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

SUPPLEMENT SUMMARY

| Line | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|--------------------|------|-------------|-------------------|-----|-------------------|------------|------------|
| Added 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.

Supplement of Record 1 with Summary

Customer: [REDACTED]

Job Number:

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

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=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

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

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

Supplement of Record 1 with Summary

Customer: [REDACTED]

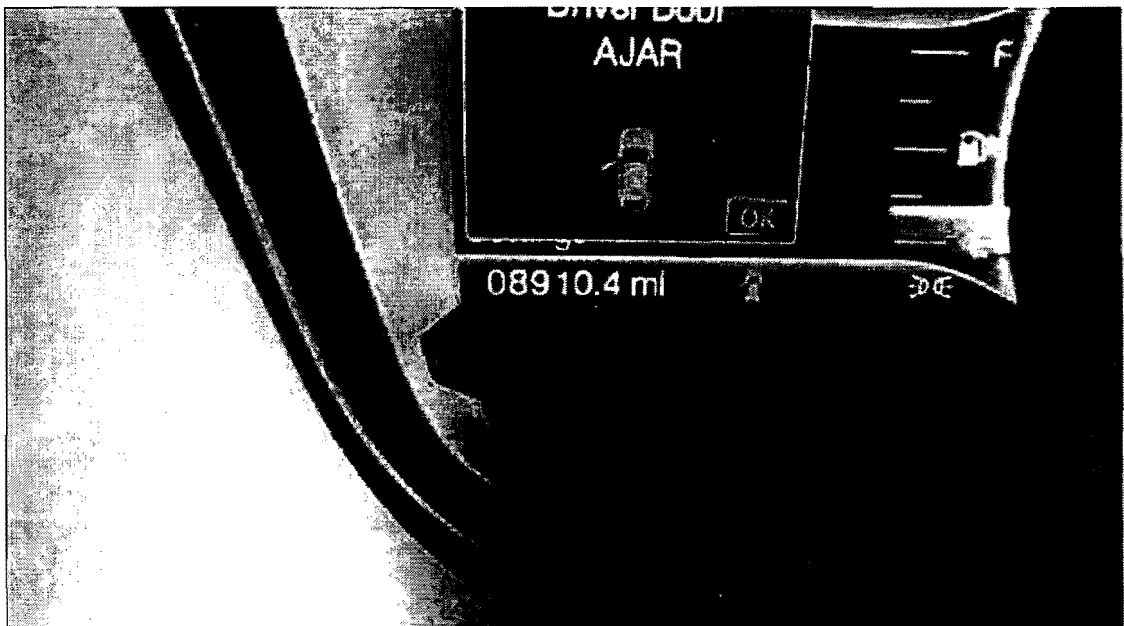
Job Number:

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.









MFD. BY FORD MOTOR CO.

DATE: 09/13

GVWR: 2776 KG (6120 LB)

FRONT GAWR:
1397 KG (3080 LB)

REAR GAWR:
WITH 1497 KG (3300 LB)

P255/55R20

TIRES P255/50R20 104W

AT 240

RIMS 20X8.5J

THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR
VEHICLE SAFETY STANDARDS IN EFFECT ON THE DATE OF
MANUFACTURE SHOWN ABOVE

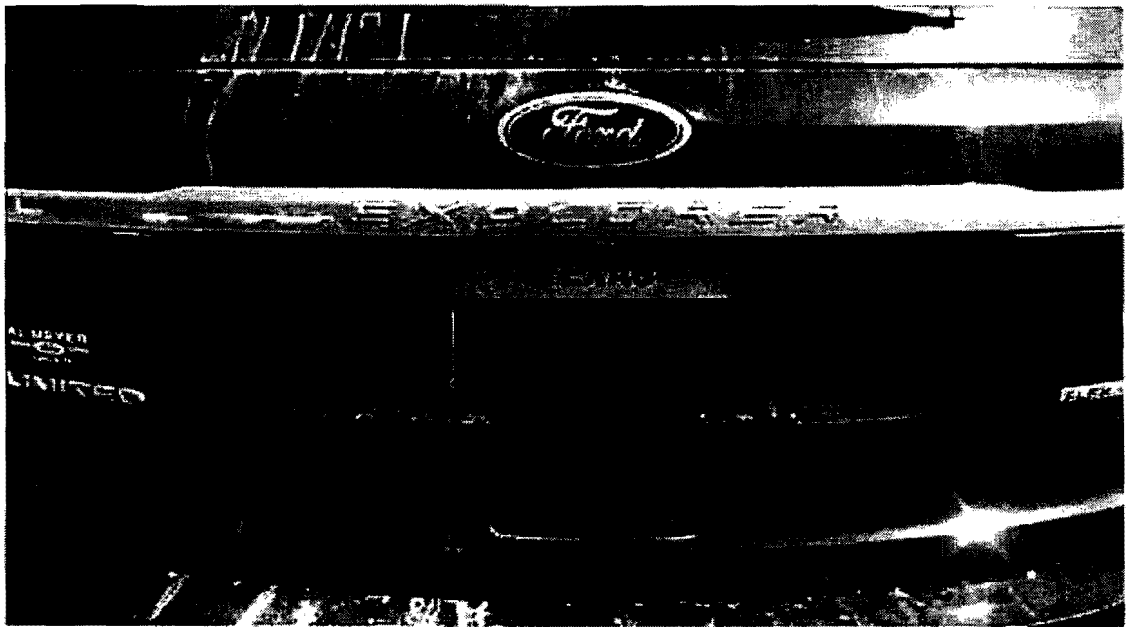
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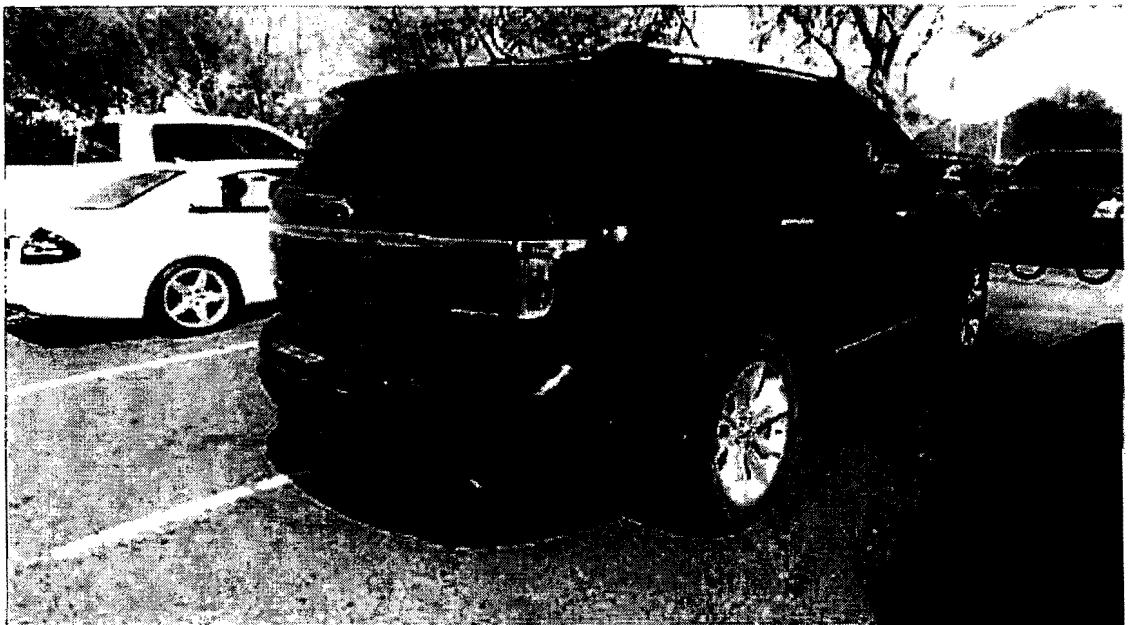
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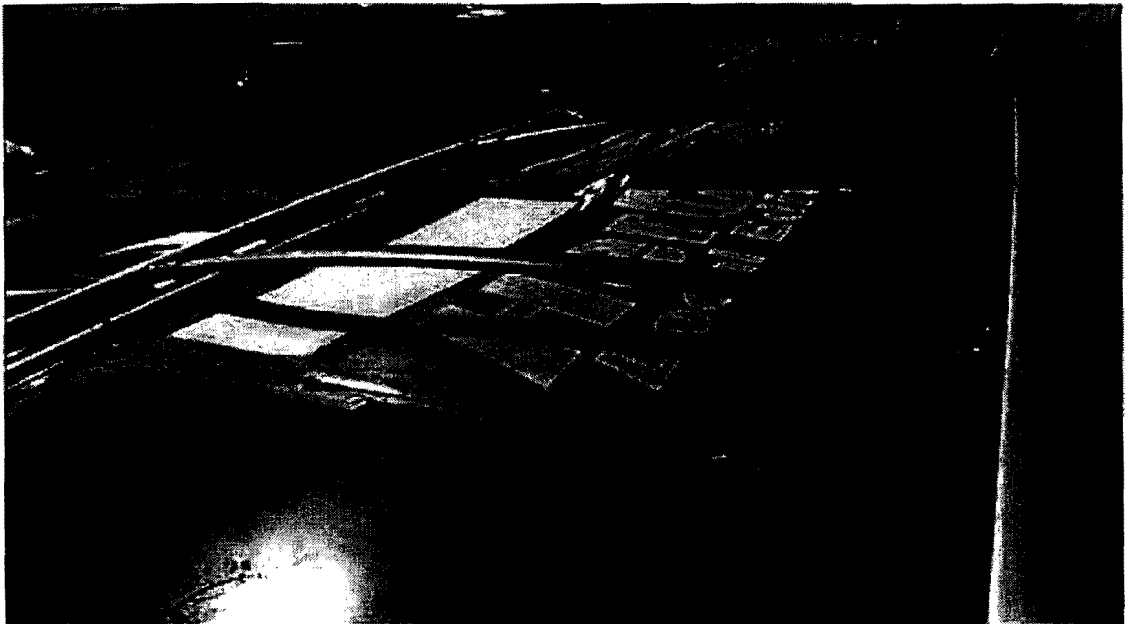


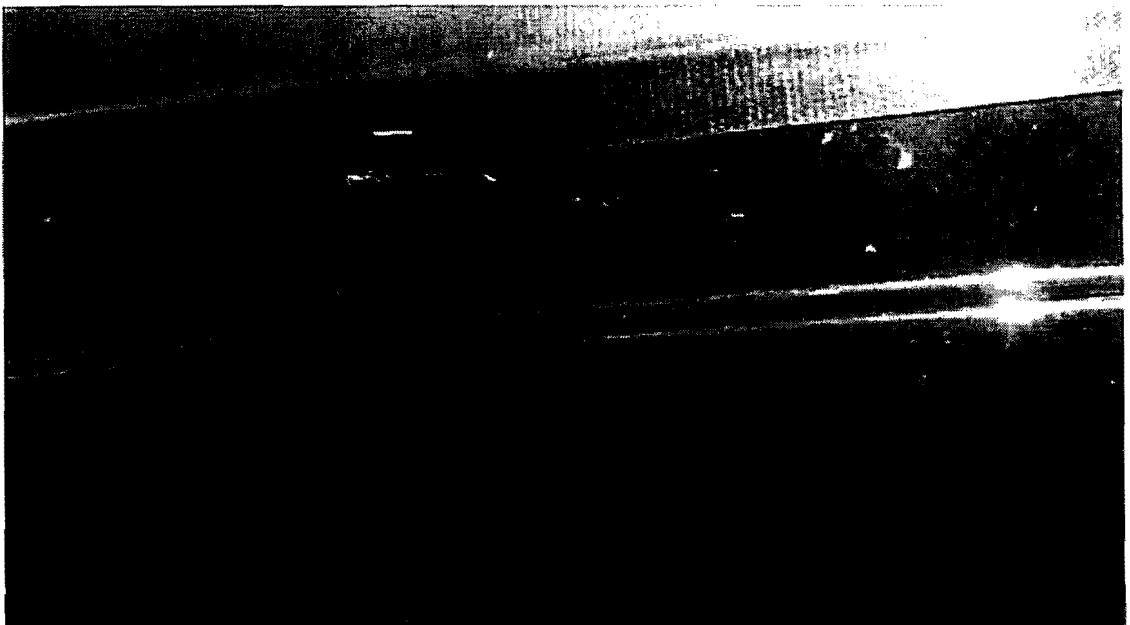
1014752271











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

Invoice 3454

Date: 03/24/2014
Invoice Date: 03/05/2014

[REDACTED]
LUFKIN, TX
[REDACTED]

STATE FARM INSURANCE
PO BOX 52250
PHOENIX, AZ 85072-2250

Policy #
Claim # [REDACTED]
Date Of Loss: 02/20/2014
RO Number:
PO Number
Agreement Number: 3454

Company Number: 00020

| Vehicle Number | Vehicle Type | Vehicle Plate | VIN | Date Rented | Date Returned |
|----------------|-----------------|---------------|-----------------------|---------------------|---------------------|
| [REDACTED] | 2013 FORD FOCUS | TEMP | 1FADP3F29DL[REDACTED] | 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

Net Due From Company: 469.25

Tax ID: 26-4269951

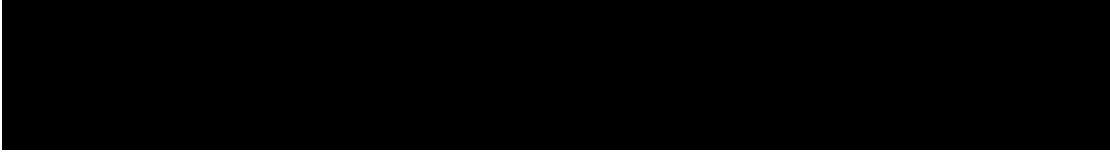
Please Make Check Payable To and Remit To

HIGH LIFE AUTO RENTAL
16620 NORTH SCOTTSDALE ROAD
SCOTTSDALE, AZ 85254

DUE UPON RECEIPT
Company Number: 00020
Agreement Number: 3454
[REDACTED]

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
RECEIVED
CLAIMS UNIT

MAR 10 2014

OFFICE OF THE,
GENERAL COUNSEL

OGC LII
Product Claims

MAR 10 2014

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

RE: Claim Number: [REDACTED]
Date of Loss: 02/12/2014
City & State of Loss: Redwood City, CA
Our Insured: [REDACTED]
Vehicle: 2011 Ford EDGE Vehicle Owner:
VIN Number: 2FMDK4KC2BE [REDACTED]

Maggie
D090751

Dear Ms. Hull: *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.

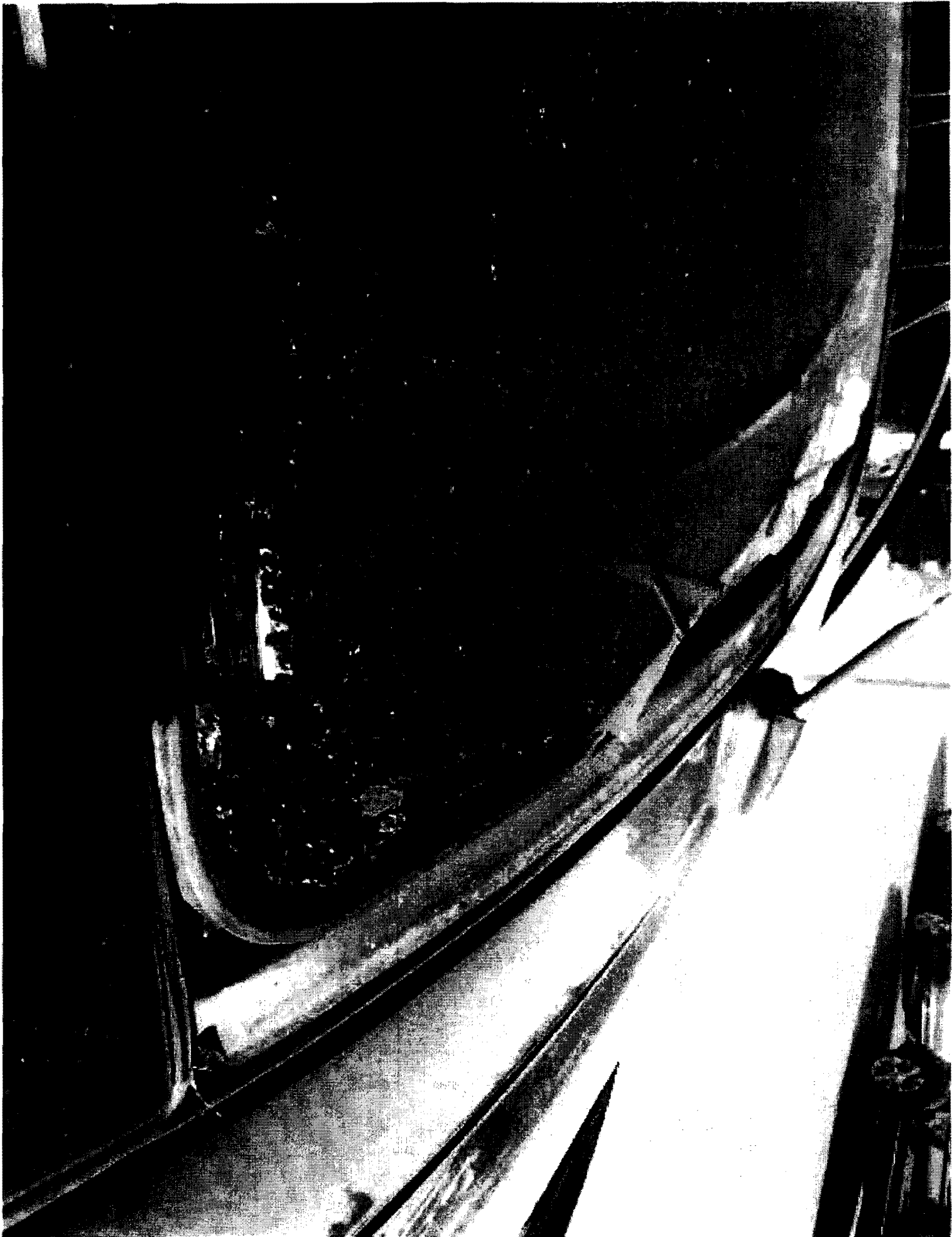
Any settlement with State Farm's policyholder with respect to this loss must not prejudice our rights, as subrogator, and shall not be released by the execution of a general release with such policyholder. In order to assist you in evaluating and processing the subrogation claim we are asserting, we 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.

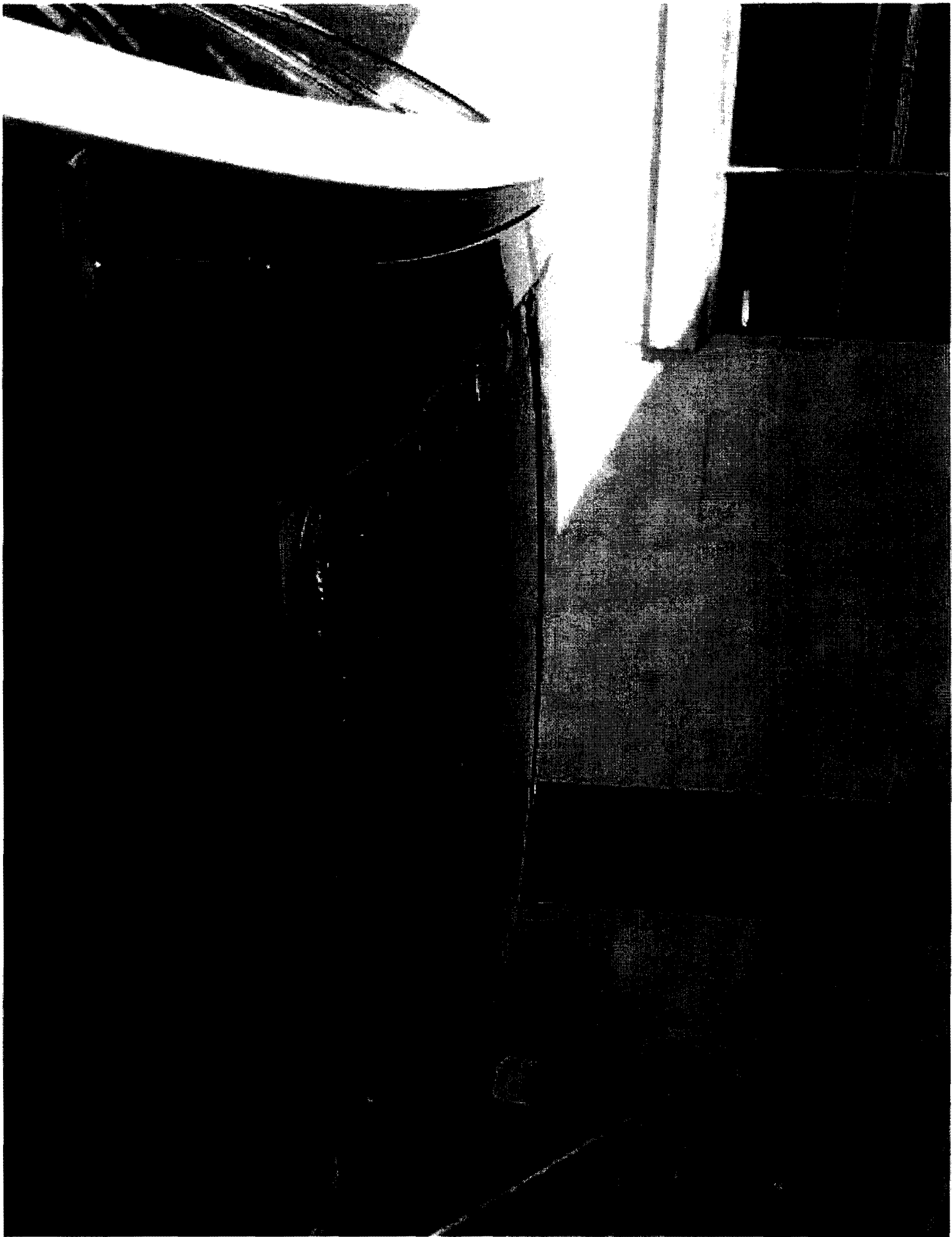
Your cooperation is appreciated. In order to ensure we can identify documents to the claim file, please include the claim number on all correspondence.

If you have any questions, please to contact us.

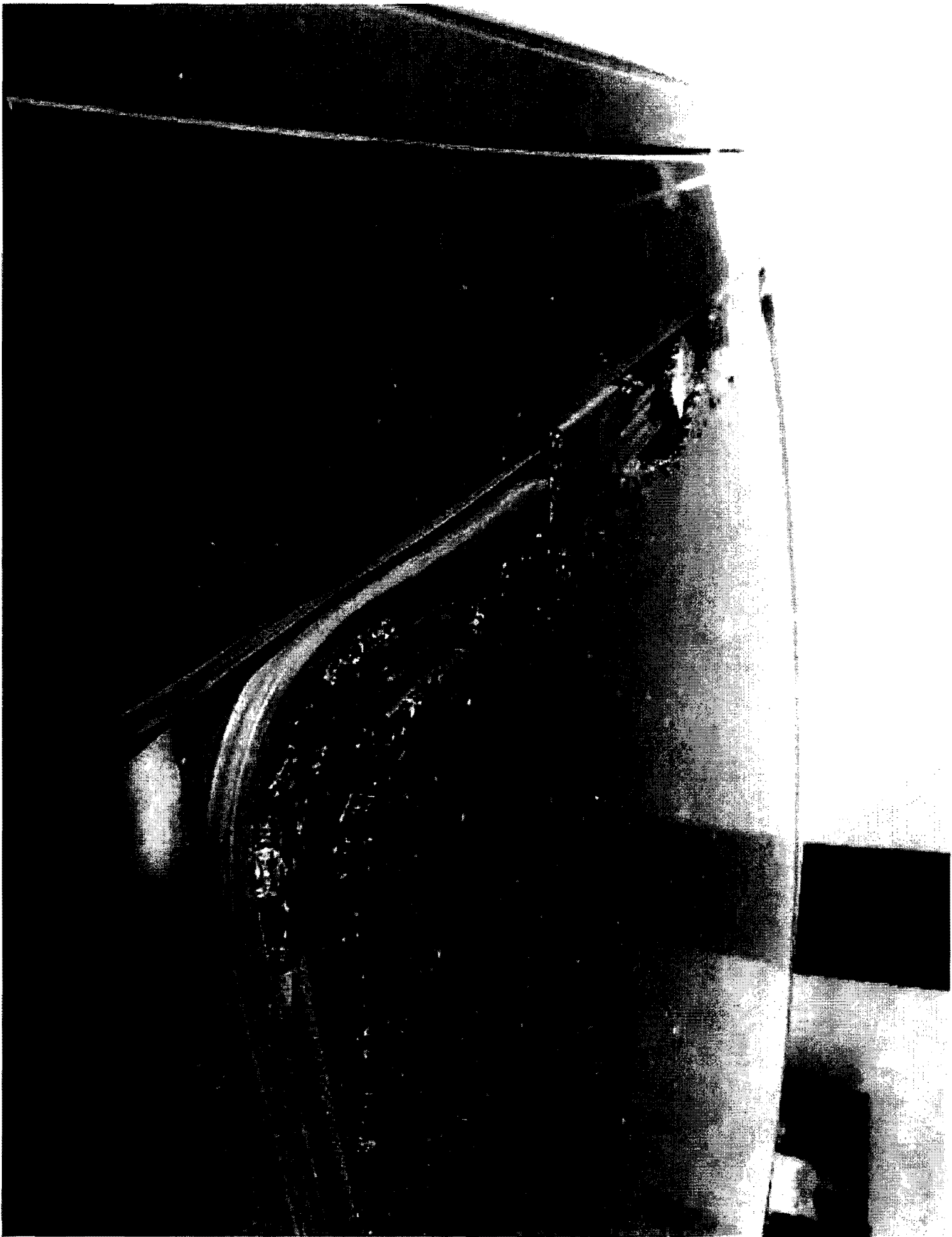


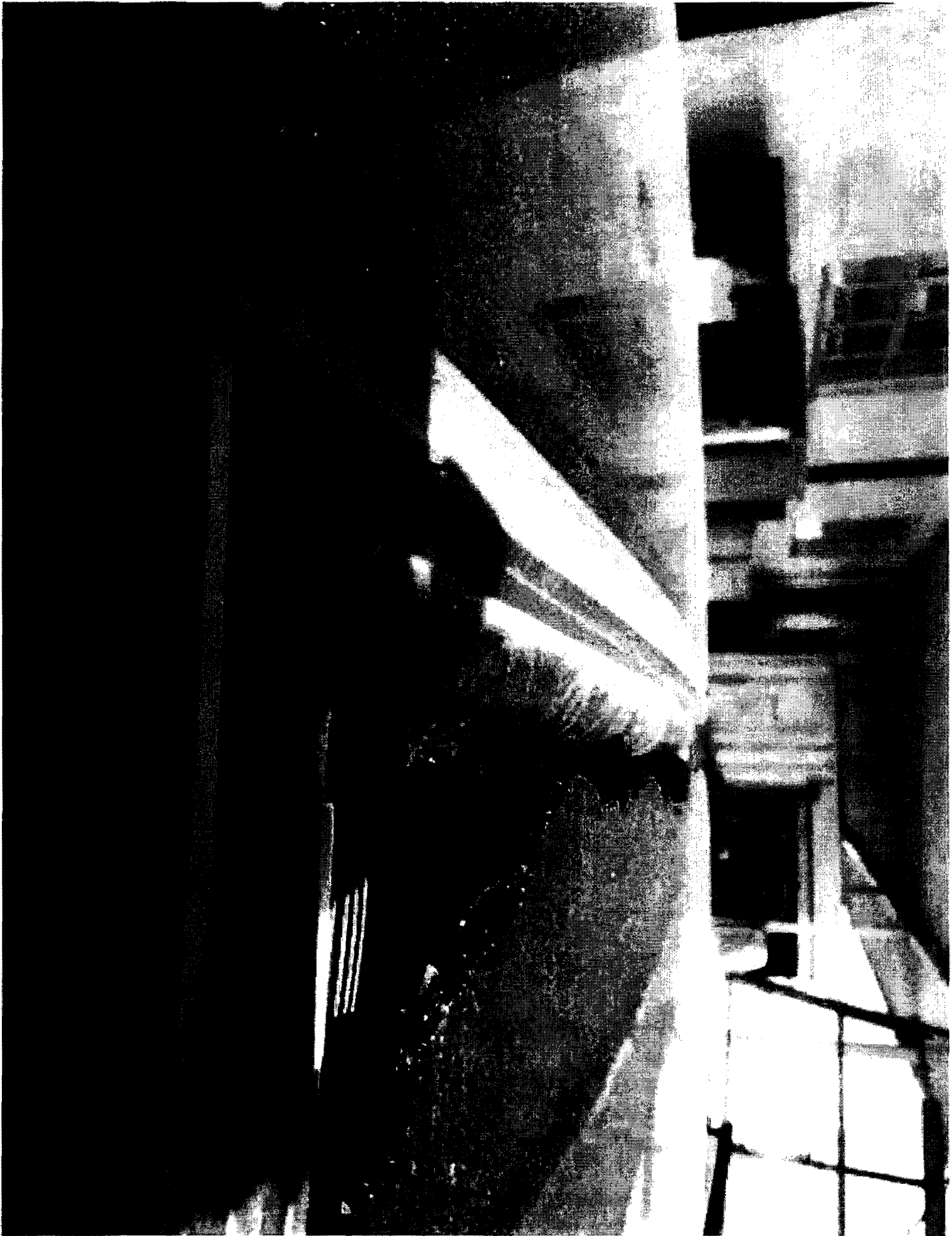


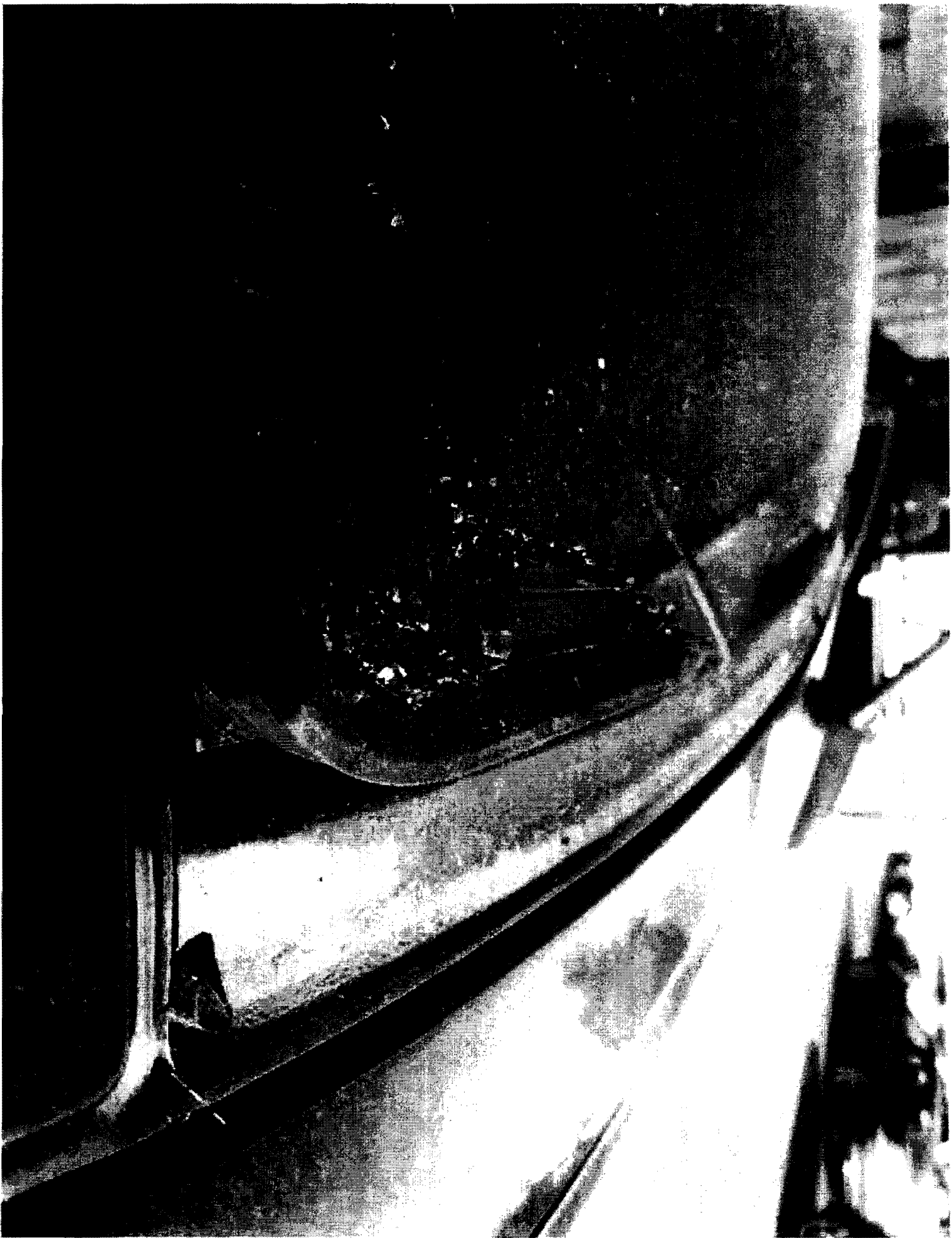












May 06, 2014

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: [REDACTED]
Date of Loss: February 12, 2014
Our Insured: [REDACTED]
Loss Location: Redood City, CA
Vehicle: Ford EDGE
VIN: 2FMDK4KC2BB [REDACTED]
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.

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

ELG

The Erskine Law Group, P.C.

342 S. Main 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: [REDACTED]
Claim No. [REDACTED]
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 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? Redwood City, CA
11. The 17 digit vehicle identification number: 2FMDK4K02B [REDACTED]
12. What was the mileage at time of occurrence? 34,789
13. What is the alleged defect? Sun roof glass Failed
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)? Insured has possession

16. List all after market additions or modifications that were made to the vehicle: N/A

17. Were the keys in the ignition? (circle one) Yes or No

18. Was the engine running? (circle one) Yes or No

19. Was this vehicle purchased new or used? unknown

If purchased used, provide the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased: _____

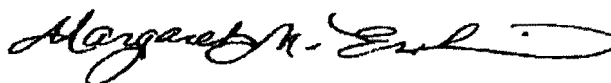
Once you have compiled the requested information regarding this matter, please send it to the address above. If you prefer to send the information electronically, you can e-mail it to me at merskine@erskinelawgroup.com. Once we are in receipt of the requested information, it will be reviewed and you 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



RBZ0003H

State Farm Mutual Automobile Insurance Company

Auto Payments

Route To: Patty Riddle

BASIC CLAIM INFORMATION

Claim Number: [REDACTED]

Date of Loss: 02-12-2014

Policy Number: [REDACTED]

Named insured: [REDACTED]

PAYMENTS

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

| <u>Payment Number</u> | <u>Issued Date</u> | <u>Payee</u> | <u>Status</u> | <u>Amount</u> | <u>Auth ID</u> |
|-----------------------|--------------------|--------------|---------------|-----------------|----------------|
| 102597768J | 02-17-2014 | [REDACTED] | Paid | \$604.71 | CSCX |
| Grand Total: | | | | \$604.71 | |

FOR INTERNAL STATE FARM USE ONLY

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

Date: 2/17/2014 10:51 AM
 Estimate ID: 05-2987-10701
 Estimate Version: 0
 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

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: [REDACTED]

Insured: [REDACTED]
 Owner: [REDACTED]
 Address: [REDACTED] REDWOOD CITY, CA [REDACTED]
 Telephone: Home Phone: [REDACTED] Cell Phone: [REDACTED]

Mitchell Service: 911327

Description: 2011 Ford Edge Limited
 Body Style: 4D Ut Drive Train: 3.5L Inj 6 Cyl 6A AWD
 VIN: 2FMDK4KC2BE [REDACTED] License: [REDACTED]
 Mileage: 34,789
 OEM/ALT: A Search Code: SFB3EG
 Color: Pearl White
 Options: 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
 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 LIFTGATETRUNK, REAR AC & HEATER
 REAR SPOILER, REAR WINDOW WIPER, STEERING WHEEL AUDIO CONTROLS

| Line Item | Entry Number | Labor Type | Operation | Line Item Description | Part Type/ Part Number | Dollar Amount | Labor Units |
|-----------|--------------|------------|----------------|------------------------------|------------------------|---------------|-------------|
| 1 | 101759 | BDY | REMOVE/REPLACE | Panoramic Roof Sliding 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 05-2987-10701

Mitchell Data Version: OEM: JAN_14_V0214

MAPP: JAN_14_V0209

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Software Version: 7.1.162

Page 1 of 3

Date: 2/17/2014 10:51 AM
 Estimate ID: 05-29B7-10701
 Estimate Version: 0
 Committed
 Profile ID: (00251) S.M.C.- P.A

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

Estimate Totals

| I. Labor Subtotals | Units | Rate | Add'l Labor Amount | Sublet Amount | Totals | II. Part Replacement Summary | Amount |
|------------------------|-------|-------|--------------------|---------------|-------------------|--------------------------------|----------|
| Body | 1.8 | 87.00 | 0.00 | 0.00 | 156.60 | Taxable Parts | 869.83 |
| | | | | | | Sales Tax @ 9.000% | 78.28 |
| | | | | | Non-Taxable Labor | Total Replacement Parts Amount | 948.11 |
| Labor Summary | 1.8 | | | | 156.60 | | |
| | | | | | | | |
| III. Additional Costs | | | | | Amount | IV. Adjustments | Amount |
| Total Additional Costs | | | | | 0.00 | Insurance Deductible | 500.00- |
| | | | | | | Customer Responsibility | 500.00- |
| | | | | | | | |
| | | | | | | I. Total Labor: | 156.60 |
| | | | | | | II. Total Replacement Parts: | 948.11 |
| | | | | | | III. Total Additional Costs: | 0.00 |
| | | | | | | Gross Total: | 1,104.71 |
| | | | | | | | |
| | | | | | | IV. Total Adjustments: | 500.00- |
| | | | | | | Net Total: | 604.71 |

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
 Address: 111 Cedar
 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 05-29B7-10701

Mitchell Data Version: OEM: JAN_14_V0214

MAPP: JAN_14_V0209

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Software Version: 7.1.162

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Date: 2/17/2014 10:51 AM
Estimate ID: 05-2987-10701
Estimate Version: 0
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 05-2987-10701

Mitchell Data Version: OEM: JAN_14_V0214

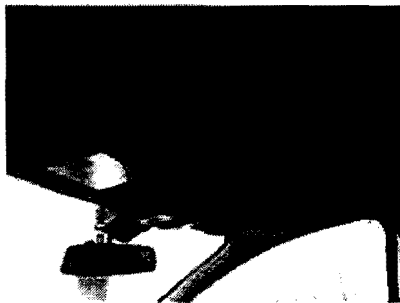
MAPP:JAN_14_V0209

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Software Version:

7.1.162

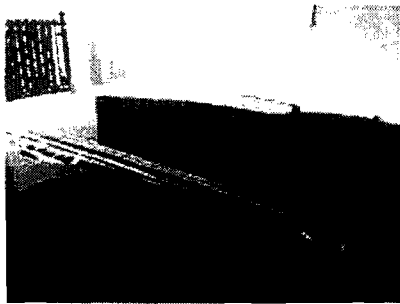
Page 3 of 3

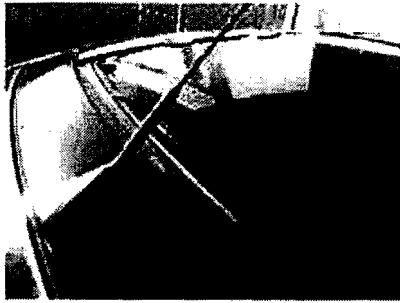


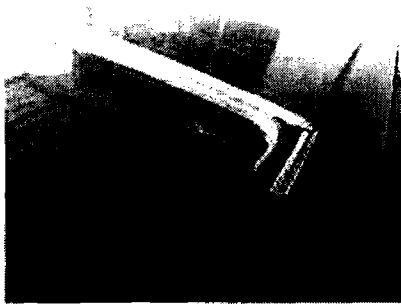






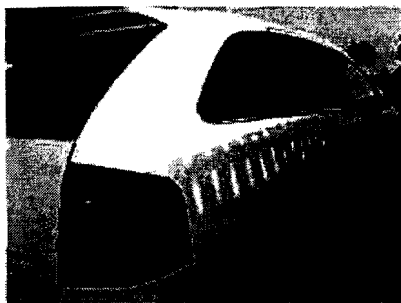




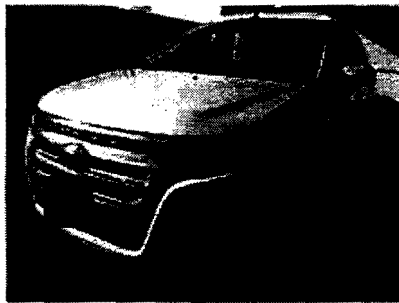


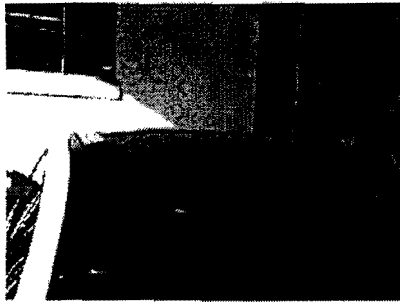


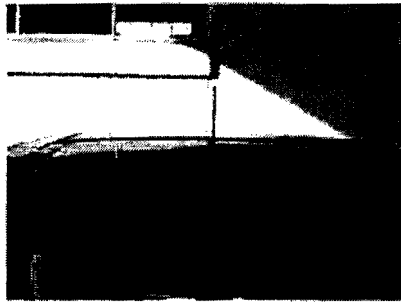










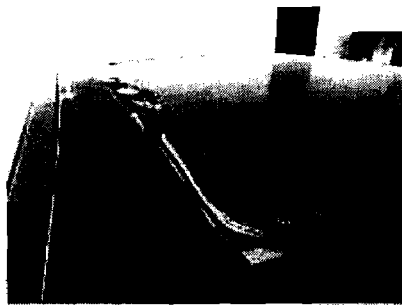






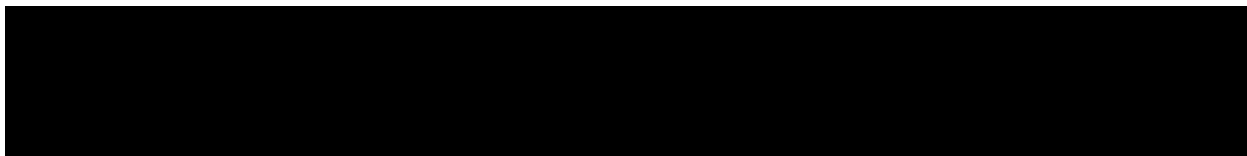














P.O. Box 3150
Alpharetta, GA 30023
(800) 448-6661
856-632-1360 FAX

CONSUMER AFFAIRS
SECTION

'14 JAN 21 AM 11:57

November 5, 2013

1-22-14 JL

FORD MOTOR COMPANY
PO BOX 6248
DEARBORN, MI 48126

RE: Our Insured : [REDACTED]
Our File No. : [REDACTED]
Responsible Party : FORD MOTOR COMPANY
Date of Loss : Feb 7, 2013
Damages : \$1554.64

Maggie

[REDACTED]

Dear Sir/Madam :

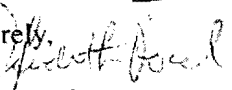
We are the recovery agents for CHARTIS PROPERTY CASUALTY CO who have made payment to their policyholder for damages arising out of the referenced loss (2012 FORD EDGE – SUNROOF EXPLODED). Based on the investigation, the responsible party listed above is at fault and our client is entitled to recovery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

Sincerely,

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 OF YOUR INSURANCE CARRIER

(B) YOUR POLICY NUMBER _____

(C) NAME, ADDRESS AND TELPHONE NUMBER OF YOUR INSURANCE AGENT (IF APPLICABLE)

AGENT'S TELEPHONE NUMBER (_____) _____

7. IF YOU ARE UNINSURED AND YOU ARE IN AGREEMENT WITH THE LIABILITY ASSESSMENT, PLEASE ACKNOWLEDGE BY CHECKING THE (D). UPON RECEIPT OF THIS FORM WE WILL BE IN CONTACT WITH YOU TO DISCUSS PAYMENT. THANK YOU.

____ (D) I ACCEPT RESPONSIBILITY FOR THESE DAMAGES.

(SIGNATURE) (DATE)

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Forums > SUVs > Ford Edge > Ford Edge Predicted and Actual Reliability

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41 messages. Last post on Aug 12, 2012 at 9:51 PM

You are in the Ford Edge Forum.

Your Hosts are Steve@Edmunds & kyfox@Edmunds

What is this discussion about? [Ford Edge, Auto Repair, SUV](#)

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#34 of 43 Re: 17,300 miles... [redacted]

Aug 04, 2008 (7:15 pm)

Replying to [redacted] (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 highway. I am lucky my family wasn't injured in the incident.

[facebook](#)

#35 of 43 Re: exploding sunroof [redacted]

Aug 05, 2008 (4:46 am)

Replying to [redacted] (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" without some force being applied and I don't see where that force would come from just driving down 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%.

You'd get the same answer from every other MFR unless there is a pattern of failures.

[facebook](#)

#36 of 43 sunroof exploded tonight by [redacted]

Nov 09, 2008 (7:15 pm)

my 2007 Ford Edge had the sunroof explode tonight. My wife was driving home and did not have our two daughters thankfully, but the sunroof exploded and was in shattered pieces. My friend owns a 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. We've had transmission problems, the driver door won't unlock automatically and now this.

[facebook](#)

Replies to this message

• [redacted] (May 23, 2009 2:07 pm)

#39 of 43 Re: sunroof exploded tonight [redacted] by [redacted]

May 23, 2009 (2:07 pm)

Replying to [redacted] (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 vista roof. In May 2008, the sunroof glass randomly exploded over my head. Nothing hit the glass and there were not any other cars near me. I called Ford up immediately and reported the incident.

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Ford Edge



Average Consumer Rating

0.0 0 review

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X facebook

#40 of 43 sunroof problems by [redacted]

Jan 13, 2010 (9:21 am)

I just took my 2008 Ford Edge into the dealership. My sunroof randomly broke on all four corners. It happened suddenly! And I was just parked in a spacy parking lot! I called the nearest dealership and made my way there. It was scary driving it like that. I drove with glass flying off; I had to drive it 40mph in order not to have glass fly to the car behind me! I baffled! It randomly just broke at each of the 4 corners of the first glass!

X facebook

#41 of 43 tom by [redacted]

Jul 02, 2010 (10:34 am)

Last fall, we purchased a used 2007 Ford Edge SEL with the vista roof also. Driving to Denver, Colorado from Loveland on June 30 our front panel vista roof exploded with a loud bang sending glass all down the back of the car. It appears to have exploded from the inside out? All of the edges were cracked except in a few places to keep the majority of the glass intact. I would guess we were going about 65 to 70 mph.

Needless to say, we took the secondary roads home and drove much slower than usual. Thus far both the dealer and Ford have put the burden on us to repair the problem. Since the car only has 27,000 miles I think this is a Ford problem and they should fix the problem. I am now working with my insurance company. Just isn't right! Also we had the inside cover closed at the time if that is important.

X facebook

Replies to this message

[redacted] (Jul 05, 2010 7:20 pm)

#42 of 43 Re: [redacted]

Jul 05, 2010 (7:20 pm)

Replying to [redacted] (Jul 02, 2010 10:34 am)

I talked to a television news show about the fact that ford wouldn't cover the same sunroof explosion. The reporter called Ford customer service, Ford sent 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.

X facebook

#43 of 43 Re: exploding sunroof [redacted] by pismopa:

Aug 12, 2012 (9:51 pm)

Replying to [redacted] (Aug 04, 2008 7:08 pm)

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 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 facebook

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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: [REDACTED]

Control Information

Claim #: [REDACTED] Insured Policy #: [REDACTED]
Loss Date/Time: 02/07/2013 Loss Type: Comprehensive
Deductible: \$250.00
Ins. Company: PRIVATE CLIENT GROUP AT CHARTIS
Company Contact: MARIA BOODRIS
Address: Work/Day: (847)330-8516
City State Zip: TX FAX:
Insured: [REDACTED] Work/Day:
Address: FAX:
City State Zip: New Roads, LA [REDACTED]
Claim Rep: MARIA BOODRIS Work/Day: (847)330-8516
Address:

Inspection

Inspection Date: 02/12/2013 Inspection Type: Independent Field
Inspection Location: FIELD Contact:
City State Zip: Orange, TX 77630 FAX:
Primary Impact: Non-Collision Secondary Impact:
Appraiser Name: DREW RUTHERFORD Appraiser License #:
Address: Work/Day: (817)490-9229
City State Zip: TX FAX: (866)858-8111

Repairer

Repairer: DAVID SELF FORD Contact:
Address: Work/Day: (409)883-3581
City State Zip: Orange, TX 77630 FAX:
Email: M-TOLIV1@DEALEREMAIL.COM Regulation ID: 208192267
License #:
Target Complete Date/Time: Days To Repair: 1

Remarks

NO SUPPLEMENTS W/OUT 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

2012 Ford Edge Limited 4 DR Wagon

02/17/2013 03:18 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.Plates: [REDACTED]
Lic Expire: [REDACTED]
Prod Date: 09/2011
Veh Insp#: [REDACTED]
Condition:
Ext. Color: BLACK
Ext. Refinish: Two-Stage

Lic State: LA
VIN: 2FMDK4KC7CE [REDACTED]
Mileage: 8,858
Mileage Type: Actual
Code: P7403F
Int. Color:
Int. Refinish:

Options

| | | |
|--------------------------|--------------------------|--------------------------|
| 2nd Row Head Airbags | 4-Wheel Drive | AM/FM CD Player |
| Air Conditioning | Amplifier | Anti-Lock Brakes |
| Auto Headlamp Control | Automatic Dimming Mirror | Bodyside Cladding |
| Bucket Seats | Cargo/Trunk Net | Center Console |
| Chrome Grille | Chrome Steel Wheels | Cruise Control |
| Digital Signal Processor | Driver Seat Memory | Dual Airbags |
| Dual Power Seats | Dual Pwr Lumbar Supports | Dual Zone Auto A/C |
| Floor Mats | Garage Door Opener | Halogen Headlights |
| Head Airbags | Heated Front Seats | Heated Power Mirrors |
| Illuminated Visor Mirror | Intermittent Wipers | Keyless Entry Keypad |
| Keyless Entry System | Leather Seats | Leather Steering Wheel |
| Lighted Entry System | MP3 Player | Mirror(s) Memory |
| Overhead Console | Power Brakes | Power Door Locks |
| Power Steering | Power Windows | Rear Spoiler |
| Rear View Camera | Rear Window Defroster | Rear Window Wiper/Washer |
| Reverse Sensing System | Side Airbags | Sirius Satellite Radio |
| Split Folding Rear Seat | Stability Cntrl Suspensn | Strg Wheel Radio Control |
| Tachometer | Tilt & Telescopic Sleer | Tinted Glass |
| Traction Control System | Trip Computer | USB Audio Input |

Damages

| Line | Op | Guide | MC | Description | MFR.Part No. | Price | ADJ% | B% | Hours | R |
|------|----|-------|----|---------------------|----------------|----------|------|----|-------|-----|
| 1 | 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 | I | | | GLASS CLEAN UP | Repair | | | | 0.5* | ME* |
| 3 | | Items | | | | | | | | |

Estimate Total & Entries

| | | | | | | | | | | |
|------------------------------------|--|--|--|---------|-------------|------------|-----------|--|----------|--|
| Gross Parts | | | | | | \$823.30 | | | | |
| Parts & Material Total | | | | | | | | | \$823.30 | |
| Tax on Parts & Material | | | | | @ 8.250% | | | | \$87.92 | |
| Labor | | | | | | | | | | |
| | | | | Rate | Replace Hrs | Repair Hrs | Total Hrs | | | |
| Sheet Metal (SM) | | | | \$42.00 | | | | | | |
| Mech/Elec (ME) | | | | \$99.00 | 4.3 | 0.5 | 4.8 | | \$475.20 | |

02/14/2013 12:30 AM

Page 2 of 4

2012 Ford Edge Limited 4 DR Wagon
Claim # 0000177501

02/12/2013 03:16 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 CUM 00/00/00/00/00 Zip Code: 75220 Geo 75220

Audatex Estimating 8.0.925 ES 02/14/2013 12:50 AM REL 8.0.925 DT 01/01/2013 DB 02/08/2013
Copyright (C) 2011 Audatex North America, Inc.

*****THIS ESTIMATE IS NOT AN AUTHORIZATION FOR REPAIRS*****

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

Page 3 of 4

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 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.

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 = Chipguard | RI = R & I Assembly | P = Check |
| AA = Appearance Allowance | RP = Related Prior Damage | |



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CHARTIS PRIVATE CLIENT GROUP APPRAISAL NOTES

CLAIM #

VEHICLE STATUS

CONTACT DELAYS?

COPY OF APPRAISAL SUPPLIED TO OWNER?

HOW WAS APPRAISAL SUPPLIED TO OWNER?

IS THIS AN AGREED PRICE WITH THE SHOP OF OWNERS CHOICE?

DID YOU SUPPLY A COPY OF THIS APPRAISAL TO THE SHOP?

METHOD OF DELIVERY TO THE SHOP?

IF THIS CAR IS A TOTAL LOSS, IS THE CAR ACCRUING DAILY STORAGE?

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?

HAVE YOU DEVIATED FROM THE STANDARD RECOMMENDED APPRAISAL GUIDELINES IN THE PREPARATION OF THIS ESTIMATE?

IF "YES" PLEASE EXPLAIN:

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

ADDITIONAL COMMENTS: (OPEN ITEMS, SUPPLEMENTAL 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

001.JPG



002.JPG



PDF created by SceneAccess.net

EA14-002 000072LC

003.JPG



004.JPG



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005.JPG



006.JPG



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EA14-002 000074LC

007.JPG



008.JPG



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009.JPG



010.JPG



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011.JPG



012.JPG



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014.JPG



015.JPG



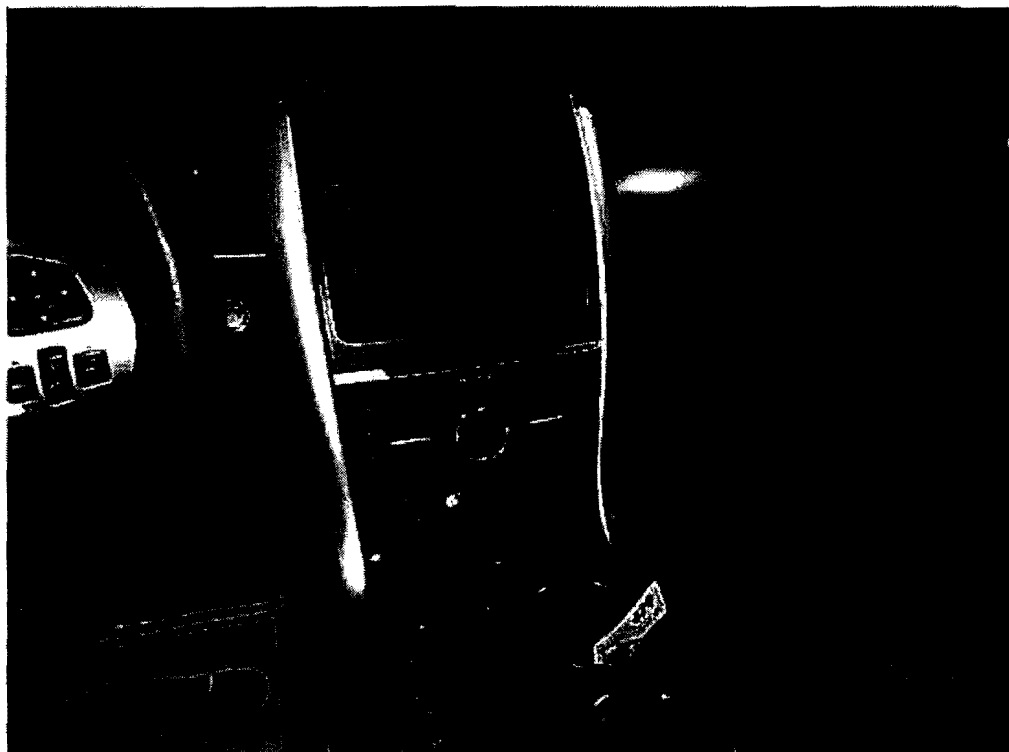
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EA14-002 000078LC

016.JPG



017.JPG



PDF created by SceneAccess.net

EA14-002 000079LC

018.JPG



019.JPG



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020.JPG



021.JPG



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EA14-002 000081LC



Rental Company: ENTERPRISE RENT-A-CAR
 Invoice: [REDACTED]

Bill To: AJU1503
 CHARTIS INS (US)
 ATTN: MARIA-PCG CEN THOMAS
 1000 E WOODFIELD SUITE 350
 SCHAUMBURG, IL 60173

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

RENTER INFORMATION:
 Renter: [REDACTED]

| 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 | 31.92 | \$31.92 |

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

| Taxes and Surcharges | | |
|------------------------------|--------|-----------------|
| 8 *TX REMB | 1.59 | \$12.72 |
| 1 TX MTR VH | 10.00% | \$37.86 |
| Total Charges: | | \$440.42 |
| Less Amount Received: | | \$222.20 |
| Total Amount Due: | | \$218.22 |

ADDITIONAL CLAIM INFORMATION:
 Claim Number: [REDACTED]
 Claim Type: Insured
 Vehicle Condition: Driveable
 Date Of Loss: 2/7/13
 Insured Name: [REDACTED]
 Owner's Vehicle: 2012 FORD EDGE
 Additional Driver:

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

VEHICLES RENTED:

| Effective Date and Time | Year | Make | Model | VIN | Starting Mileage | Ending Mileage | Mileage | Rate Charged |
|-------------------------|------|------|-------|------------------------|------------------|----------------|---------|--------------|
| 2/7/13 4:02 PM | 2012 | HYUN | ELAN | 5NPDH4AE3CH [REDACTED] | 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: \$440.42
Less Amount Received: \$222.20
Total Amount Due..... \$218.22

Please include on your check:
 Invoice: D864559-0667

NOTEBOOK:

Extensions Request Extension Manual Authorization

| Date | Author | Message |
|-----------------|-----------------------|--|
| 2/15/13 8:13 AM | SYSTEM, ARMS | INVOICE RECEIVED. AMOUNT DUE \$218.22 |
| 2/14/13 4:08 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 CEN | Authorization sent at 4:21 PM for 7 days up to \$26.75/day. Authorization sent with No Limit/day / \$12,500.00/max. Authorized by THOMAS, MARIA-PCG CEN Direct Bill 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

Claim Inquiry

History Detail

Policy Detail

Policy [REDACTED] Claim [REDACTED] Claimant 01 RFP# 90333615

Check Detail

Check 60219510 Replaces Due Date 02/14/13 Bank 90
 Amount 1336.42 Accept Amount 0.00 Type Printed P
 Status

User Detail

| | | | | |
|------------------------|-------------------------|----------|------------------------|----------|
| Stop Id | Stop Date | 0/00/00 | Stop Reason | |
| Invoice Number | Invoice Date | 0/00/00 | Receive Date | 0/00/00 |
| User Added | C2M5 Date Added | 02/14/13 | Time Added | 13:46:03 |
| User Changed | Date Changed | 0/00/00 | Time Changed | 0:00:00 |
| User Authorized | Date Authorized | 0/00/00 | Time Authorized | 0:00:00 |
| User Posted | PCPR Date Posted | 02/14/13 | Time Posted | 23:20:29 |

Mail Address

[REDACTED]
 [REDACTED]
 (APLC)
 [REDACTED]
 [REDACTED]
 Lake Charles LA [REDACTED]

Message

Message

Special Handling UPS OVERNIGHT
Service From 0/00/00 **To** 0/00/00
Payment From 0/00/00 **To** 0/00/00
Manual/Machine Flag A

Payment Detail

[REDACTED]
 [REDACTED]
In Payment of COMPREHENSIVE PAYMENT

[Next](#) | [Previous](#)

Claim Inquiry

History Detail

Policy Detail

Policy [REDACTED] **Claimant** 02 **RFP#** 90341013

Check Detail

Check 60226897 **Replaces** **Due Date** 03/29/13 **Bank** 90
Amount 218.22 **Accept Amount** 0.00 **Type** **Printed** P
Status

User Detail

| | | | | |
|------------------------|-------------------------|----------|------------------------|----------|
| 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 Changed | 0:00:00 |
| User Authorized | Date Authorized | 0/00/00 | Time Authorized | 0:00:00 |
| User Posted | PCPR Date Posted | 03/29/13 | Time Posted | 23:25:33 |

Mail Address

ENTERPRISE HOLDINGS INC.
 ENTERPRISE RENT A CAR
 PO BOX 840154
 KANSAS CITY MO 64105

Message

Message
Special Handling NORMAL PROCESSING
Service From 0/00/00 **To** 0/00/00
Payment From 0/00/00 **To** 0/00/00
Manual/Machine Flag A

Payment Detail

Payee Name ENTERPRISE HOLDINGS INC.
 ENTERPRISE RENT A CAR

In Payment of

[Next](#) | [Previous](#)



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

CONSUMER AFFAIRS
SECTION

13 DEC -9 11:15

Subro

December 3, 2013

12-11-13 Je

FORD MOTOR COMPANY
PO BOX 6248 ,
DEARBORN , MI 48126

Maggi

RE: Our Insured : [REDACTED]
Our File No. [REDACTED]
Responsible Party : FORD MOTOR COMPANY
Date of Loss : Feb 7, 2013
Damages : \$1554.64

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
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 OF YOUR INSURANCE CARRIER

(B) YOUR POLICY NUMBER _____

(C) NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR INSURANCE AGENT (IF APPLICABLE)

AGENT'S TELEPHONE NUMBER (_____) _____

7. IF YOU ARE UNINSURED AND YOU ARE IN AGREEMENT WITH THE LIABILITY ASSESSMENT, PLEASE ACKNOWLEDGE BY CHECKING THE (D). UPON RECEIPT OF THIS FORM WE WILL BE IN CONTACT WITH YOU TO DISCUSS PAYMENT. THANK YOU.

____ (D) I ACCEPT RESPONSIBILITY FOR THESE DAMAGES.

(SIGNATURE) (DATE)



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

*My file
DO87059*

sub

November 5, 2013

FORD MOTOR COMPANY
PO BOX 6248
DEARBORN, MI 48126

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

NOV 12 2013

OFFICE OF THE
GENERAL COUNSEL

13 NOV -8 A9 46

CONSUMER AFFAIRS
SECTION

RE: Our Insured : [REDACTED]
Our File No. : [REDACTED]
Responsible Party : FORD MOTOR COMPANY
Date of Loss : Feb 7, 2013
Damages : \$1554.64

11-11-13 jc

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.

*Sincerely,
Judith Ford*

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

DRP 51302

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 OF YOUR INSURANCE CARRIER

(B) YOUR POLICY NUMBER _____

(C) NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR INSURANCE AGENT (IF APPLICABLE)

AGENT'S TELEPHONE NUMBER (_____) _____

7. IF YOU ARE UNINSURED AND YOU ARE IN AGREEMENT WITH THE LIABILITY ASSESSMENT, PLEASE ACKNOWLEDGE BY CHECKING THE (D). UPON RECEIPT OF THIS FORM WE WILL BE IN CONTACT WITH YOU TO DISCUSS PAYMENT. THANK YOU.

____ (D) I ACCEPT RESPONSIBILITY FOR THESE DAMAGES.

(SIGNATURE) (DATE)

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43 messages. Last post on Aug 12, 2012 at 9:51 PM

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#24 of 43 Re: 17,300 miles... [redacted] by [redacted]
Aug 04, 2008 (7:15 pm)
Replying to [redacted] (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 highway. I am lucky my family wasn't injured in the incident.

Facebook

#35 of 43 Re: exploding sunroof [zeky] by [redacted]
Aug 05, 2008 (4:46 am)
Replying to [redacted] (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" without some force being applied and I don't see where that force would come from just driving down 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%.

You'd get the same answer from every other MFR unless there is a pattern of failures.

Facebook

#36 of 43 sunroof exploded tonight by [redacted]
Nov 09, 2008 (7:15 pm)

my 2007 Ford Edge had the sunroof explode tonight. My wife was driving home and did not have our two daughters thankfully, but the sunroof exploded and was in shattered pieces. My friend owns a 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. We've had transmission problems, the driver door won't unlock automatically and now this.

Facebook

Replies to this message:
• [redacted] (May 23, 2009 2:07 pm)

#39 of 43 Re: sunroof exploded tonight [chipola] by [redacted]
May 23, 2009 (2:07 pm)
Replying to [redacted] (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 vista roof. In May 2008, the sunroof glass randomly exploded over my head. Nothing hit the glass and there were not any other cars near me. I called Ford up immediately and reported the incident.

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Ford Edge



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X Facebook

#30 of 43 sunroof problems by [redacted]
Jan 13, 2010 (9:21 am)

I just took my 2008 Ford Edge into the dealership. My sunroof randomly broke on all four corners. It happened suddenly! And I was just parked in a spacy parking lot! I called the nearest dealership and made my way there. It was scary driving it like that. I drove with glass flying off; I had to drive it 40mph in order not to have glass fly to the car behind me! I baffled! It randomly just broke at each of the 4 corners of the first glass!

X Facebook

#41 of 43 [redacted]
Jul 02, 2010 (10:34 am)

Last fall, we purchased a used 2007 Ford Edge SEL with the vista roof also. Driving to Denver, Colorado from Loveland on June 30 our front panel vista roof exploded with a loud bang sending glass all down the back of the car. It appears to have exploded from the inside out? All of the edges were cracked except in a few places to keep the majority of the glass intact. I would guess we were going about 65 to 70 mph.

Needless to say, we took the secondary roads home and drove much slower than usual. Thus far both the dealer and Ford have put the burden on us to repair the problem. Since the car only has 27,000 miles I think this is a Ford problem and they should fix the problem. I am now working with my insurance company. Just isn't right! Also we had the inside cover closed at the time if that is important.

X Facebook

replies to this message
• [redacted] (Jul 05, 2010 7:20 pm)

#42 of 43 Re: tom [tom287] by [redacted]
Jul 05, 2010 (7:20 pm)
Replying to [redacted] (Jul 02, 2010 10:34 am)

I talked to a television news show about the fact that ford wouldn't cover the same sunroof explosion. The reporter called Ford customer service, Ford sent 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.

X Facebook

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

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 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 Facebook

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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: [REDACTED]

Control Information

Claim #: [REDACTED] Insured Policy #: [REDACTED]
Loss Date/Time: 02/07/2013 Loss Type: Comprehensive
Deductible: \$250.00

Ins. Company: PRIVATE CLIENT GROUP AT CHARTIS
Company Contact: MARIA BOODRIS
Address: Work/Day: (847)330-8516
City State Zip: TX FAX:

Insured: [REDACTED]
Address: Work/Day:
City State Zip: New Roads, LA [REDACTED] FAX:

Claim Rep: MARIA BOODRIS
Address: Work/Day: (847)330-8516

Inspection

Inspection Date: 02/12/2013 Inspection Type: Independent Field
Inspection Location: FIELD Contact:
City State Zip: Orange, TX 77630 FAX:
Primary Impact: Non-Collision Secondary Impact:

Appraiser Name: DREW RUTHERFORD Appraiser License #: [REDACTED]
Address: Work/Day: (817)490-9229
City State Zip: TX FAX: (866)858-8111

Repairer

Repairer: DAVID SELF FORD Contact:
Address: Work/Day: (409)883-3581
City State Zip: Orange, TX 77630 FAX:
Email: M-TOLIV1@DEALEREMAIL.COM
License #: Regulation ID: 208192287

Target Complete Date/Time: Days To Repair: 1

Remarks

NO SUPPLEMENTS W/OUT 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

2012 Ford Edge Limited 4 DR Wagon
 Claim #: 0028177501

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. Plate: [REDACTED]
 Lic Expire:
 Prod Date: 09/2011
 Veh Insp# :
 Condition:
 Ext. Color: BLACK
 Ext. Refinish: Two-Stage

Lic State: LA
 VIN: 2FMDK4KC7CE [REDACTED]
 Mileage: 8,858
 Mileage Type: Actual
 Code: P7403F
 Int. Color:
 Int. Refinish:

Options

| | | |
|--------------------------|--------------------------|--------------------------|
| 2nd Row Head Airbags | 4-Wheel Drive | AM/FM CD Player |
| Air Conditioning | Amplifier | Anti-Lock Brakes |
| Auto Headlamp Control | Automatic Dimming Mirror | Bodyside Cladding |
| Bucket Seats | Cargo/Trunk Net | Center Console |
| Chrome Grille | Chrome Steel Wheels | Cruise Control |
| Digital Signal Processor | Driver Seat Memory | Dual Airbags |
| Dual Power Seats | Dual Pwr Lumbar Supports | Dual Zone Auto A/C |
| Floor Mats | Garage Door Opener | Halogen Headlights |
| Head Airbags | Heated Front Seats | Heated Power Mirrors |
| Illuminated Visor Mirror | Intermittent Wipers | Keyless Entry Keypad |
| Keyless Entry System | Leather Seats | Leather Steering Wheel |
| Lighted Entry System | MP3 Player | Mirror(s) Memory |
| Overhead Console | Power Brakes | Power Door Locks |
| Power Steering | Power Windows | Rear Spoiler |
| Rear View Camera | Rear Window Defroster | Rear Window Wiper/Washer |
| Reverse Sensing System | Side Airbags | Sirius Satellite Radio |
| Split Folding Rear Seat | Stability Ctrl Suspensn | Strg Wheel Radio Control |
| Tachometer | Tilt & Telescopic Steer | Tinted Glass |
| Traction Control System | Trip Computer | USB Audio Input |

Damages

| Line | Op | Guide | MC | Description | MFR.Part No. | Price | ADJ% | B% | Hours | R |
|------|----|-------|----|---------------------|----------------|----------|------|----|-------|-----|
| 1 | E | 343 | | Glass Panel, Roof | 7T4Z18500A18A | \$823.30 | | | 0.8 | ME* |
| 2 | RI | 134 | | Shade, Sliding Roof | R & I Assembly | | | | 3.5 | ME* |
| 3 | I | | | >> TO REMOVE GLASS | | | | | | |
| 3 | I | | | GLASS CLEAN UP | Repair | | | | 0.5* | ME* |
| 3 | | Items | | | | | | | | |

Estimate Total & Entries

| | | | | | | | | | | |
|------------------------------------|--|--|--|---------|-------------|------------|-----------|--|----------|--|
| Gross Parts | | | | | | \$823.30 | | | | |
| Parts & Material Total | | | | | | | | | \$823.30 | |
| Tax on Parts & Material | | | | | @ 8.250% | | | | \$67.92 | |
| Labor | | | | | | | | | | |
| | | | | Rate | Replace Hrs | Repair Hrs | Total 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 # 0038177321

02/14/2013 03:16 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 CUM 00/00/00/00/00 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
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*****THIS ESTIMATE IS NOT AN AUTHORIZATION FOR REPAIRS*****

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

Page 3 of 4

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 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.

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/Rebld | 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 = Chipguard | RI = R & I Assembly | P = Check |
| AA = Appearance Allowance | RP = Related Prior Damage | |



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CHARTIS PRIVATE CLIENT GROUP APPRAISAL NOTES

CLAIM #

VEHICLE STATUS

CONTACT DELAYS?

COPY OF APPRAISAL SUPPLIED TO OWNER?

HOW WAS APPRAISAL SUPPLIED TO OWNER?

IS THIS AN AGREED PRICE WITH THE SHOP OF OWNERS CHOICE?

DID YOU SUPPLY A COPY OF THIS APPRAISAL TO THE SHOP?

METHOD OF DELIVERY TO THE SHOP?

IF THIS CAR IS A TOTAL LOSS, IS THE CAR ACCRUING DAILY STORAGE?

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?

HAVE YOU DEVIATED FROM THE STANDARD RECOMMENDED APPRAISAL GUIDELINES IN THE PREPARATION OF THIS ESTIMATE?

IF "YES" PLEASE EXPLAIN:

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

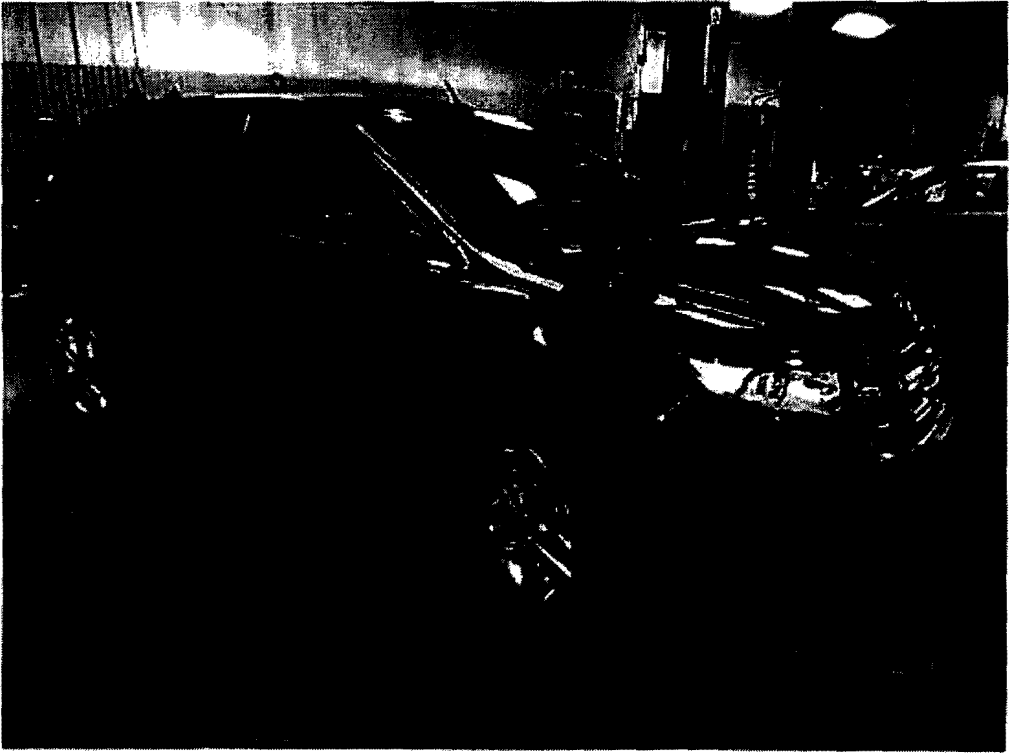
ADDITIONAL COMMENTS: (OPEN ITEMS, SUPPLEMETNAL POSSIBILITY,ETC... BE BRIEF AND TO THE POINT

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

001.JPG



002.JPG



003.JPG



004.JPG



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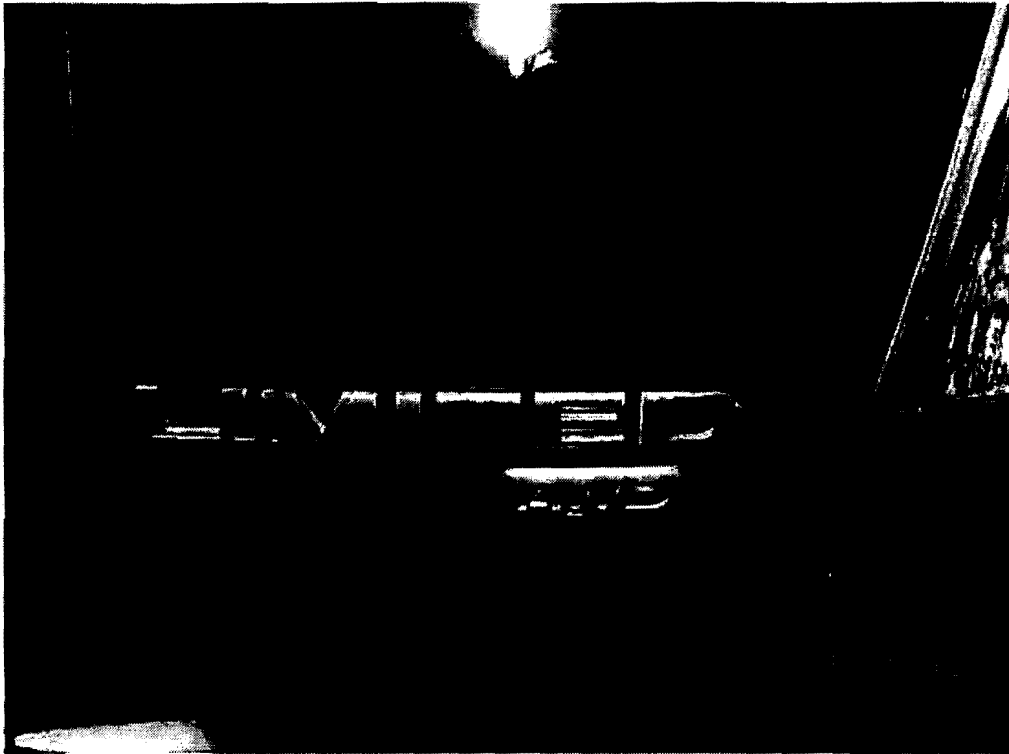
005.JPG



006.JPG



007.JPG



008.JPG



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009.JPG



010.JPG



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011.JPG

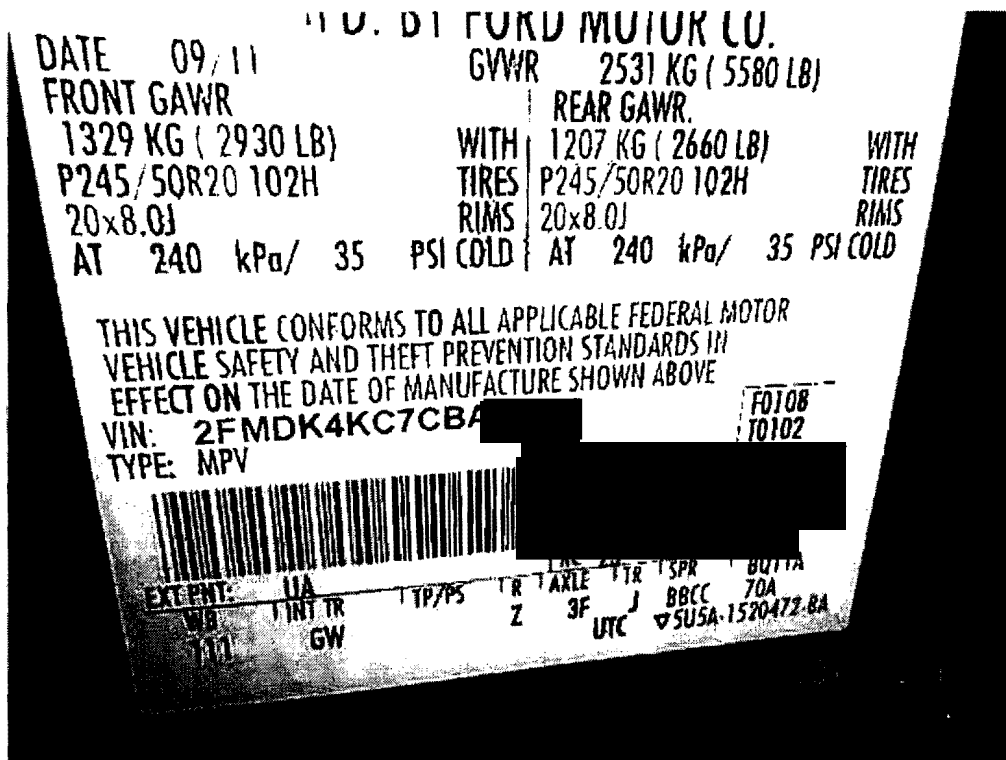


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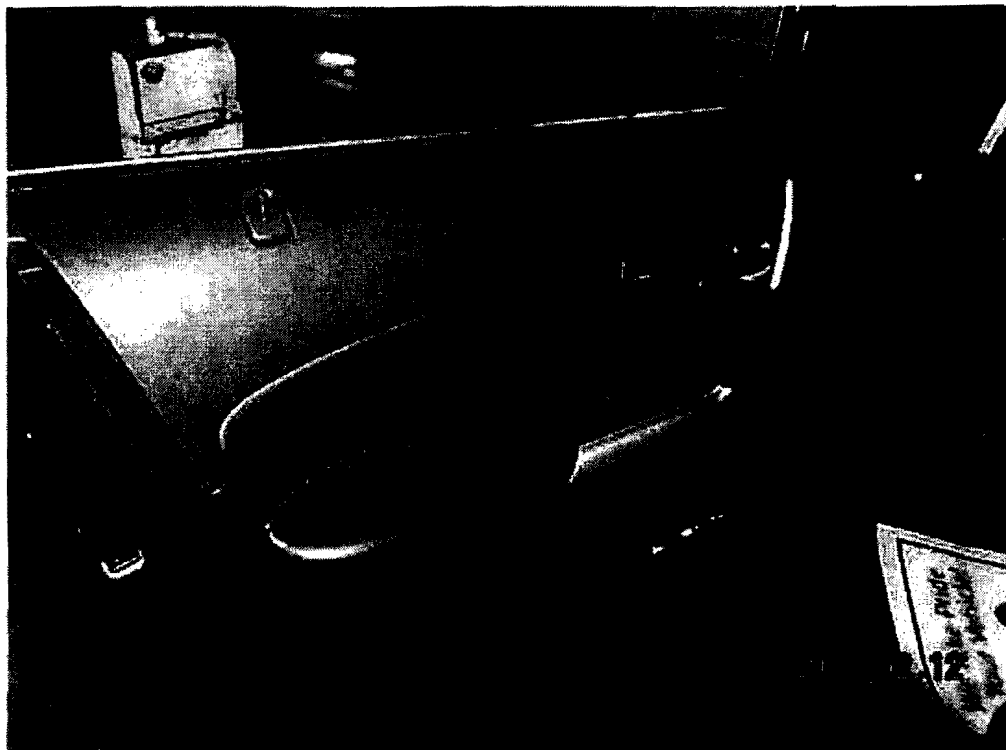


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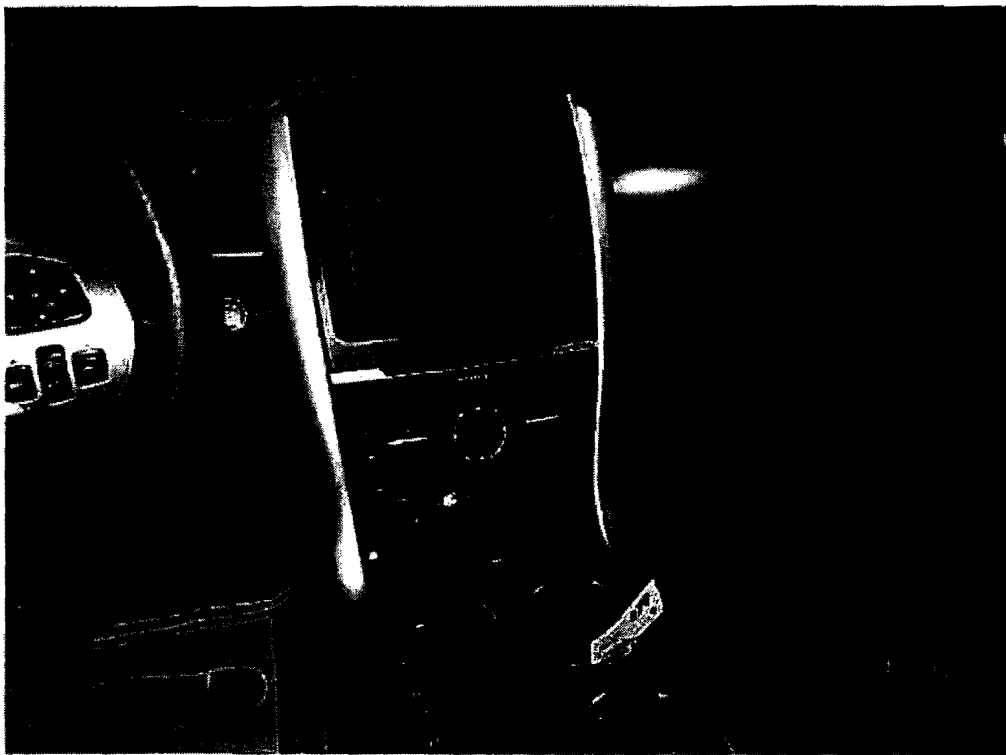


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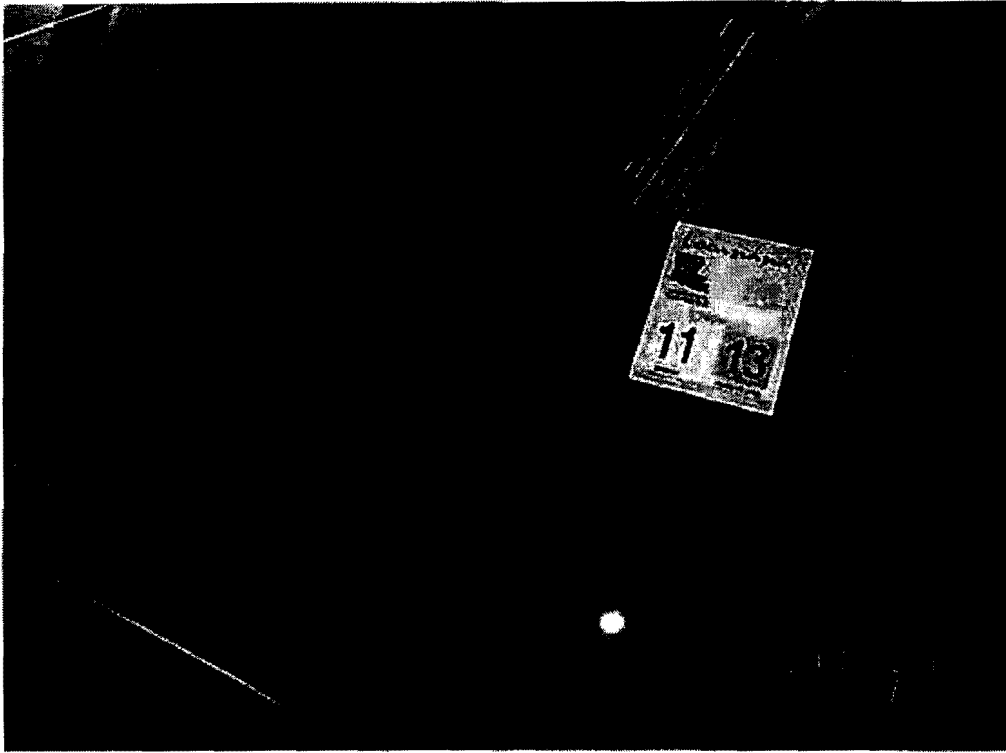


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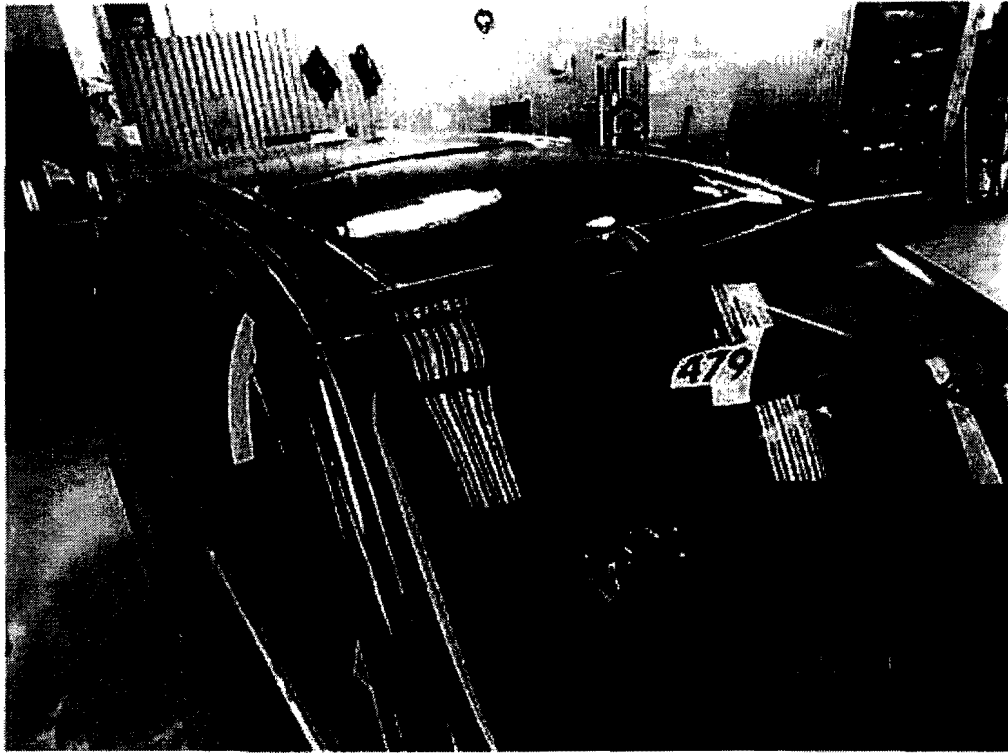
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EA14-002 000105LC

020.JPG



021.JPG



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EA14-002 000106LC



Rental Company: ENTERPRISE RENT-A-CAR
 Invoice: [REDACTED]

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

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

RENTER INFORMATION:
 Renter: [REDACTED]

| 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 | 31.92 | \$31.92 |

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

| Taxes and Surcharges | | |
|------------------------------|--------|-----------------|
| 8 *TX REMB | 1.59 | \$12.72 |
| 1 TX MTR VH | 10.00% | \$37.86 |
| Total Charges: | | \$440.42 |
| Less Amount Received: | | \$222.20 |
| Total Amount Due: | | \$218.22 |

ADDITIONAL CLAIM INFORMATION:
 Claim Number: [REDACTED]
 Claim Type: Insured
 Vehicle Condition: Driveable
 Date Of Loss: 2/7/13
 Insured Name: [REDACTED]
 Owner's Vehicle: 2012 FORD EDGE
 Additional Driver:

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

VEHICLES RENTED:

| Effective Date and Time | Year | Make | Model | VIN | Starting Mileage | Ending Mileage | Mileage | Rate Charged |
|-------------------------|------|------|-------|------------------------|------------------|----------------|---------|--------------|
| 2/7/13 4:02 PM | 2012 | HYUN | ELAN | 5NPDH4AE3CH [REDACTED] | 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: \$440.42
 Less Amount Received: \$222.20
Total Amount Due..... \$218.22

Please include on your check
 Invoice: [REDACTED]

NOTEBOOK:

Extensions Request Extension Maintain 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 | 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 CEN | Authorization sent at 4:21 PM for 7 days up to \$26.75/day. Authorization sent with No Limit/day / \$12,500.00/max. Authorized by THOMAS, MARIA-PCG CEN Direct Bill 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



Claim Inquiry

History Detail

Policy Detail

Policy [REDACTED] [REDACTED] Claimant 01 RFP# 90333615

Check Detail

Check 60219510 Replaces Due Date 02/14/13 Bank 90
Amount 1336.42 Accept Amount 0.00 Type Printed P
Status

User Detail

| | | | | |
|-----------------|------------------|----------|-----------------|----------|
| Stop Id | Stop Date | 0/00/00 | Stop Reason | |
| Invoice Number | Invoice Date | 0/00/00 | Receive Date | 0/00/00 |
| User Added | C2M5 Date Added | 02/14/13 | Time Added | 13:46:03 |
| User Changed | Date Changed | 0/00/00 | Time Changed | 0:00:00 |
| User Authorized | Date Authorized | 0/00/00 | Time Authorized | 0:00:00 |
| User Posted | PCPR Date Posted | 02/14/13 | Time Posted | 23:20:29 |

Mail Address

[REDACTED]

Lake Charles LA [REDACTED]

Message

Message

Special Handling UPS OVERNIGHT

Service From 0/00/00 To 0/00/00

Payment From 0/00/00 To 0/00/00

Manual/Machine Flag A

Payment Detail

[REDACTED]

In Payment of COMPREHENSIVE PAYMENT

[Next](#) [Previous](#)



Claim Inquiry

History Detail

Policy Detail

Policy [REDACTED] [REDACTED] Claimant 02 RFP# 90341013

Check Detail

Check 60226897 Replaces Due Date 03/29/13 Bank 90
 Amount 218.22 Accept Amount 0.00 Type Printed P
 Status

User Detail

| | | | | |
|------------------------|---------------------|------------------------|---------------------|--------------------------------|
| 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 Changed 0:00:00 |
| User Authorized | | Date Authorized | 0/00/00 | Time Authorized 0:00:00 |
| User Posted | PCPR | Date Posted | 03/29/13 | Time Posted 23:25:33 |

Mail Address

ENTERPRISE HOLDINGS INC.
 ENTERPRISE RENT A CAR
 PO BOX 840154
 KANSAS CITY MO 64105

Message

Message

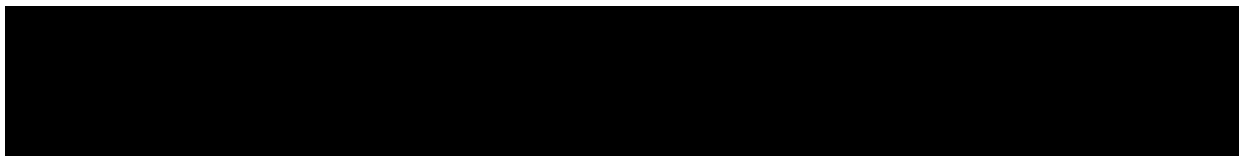
Special Handling NORMAL PROCESSING
Service From 0/00/00 **To** 0/00/00
Payment From 0/00/00 **To** 0/00/00
Manual/Machine Flag A

Payment Detail

Payee Name ENTERPRISE HOLDINGS INC.
 ENTERPRISE RENT A CAR

In Payment of

[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: [REDACTED]
Date of Loss: October 21, 2013
Your File Number:

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.

29 3H34 254

ELG

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: [REDACTED]
Claim No. [REDACTED]
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
11. The 17 digit vehicle identification number: ZFMDK4AK1DB [REDACTED]
12. What was the mileage at time of occurrence? 5813
13. What is the alleged defect? glass in moonroof
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)? insured has vehicle
glass has been disposed of

16. List all after market additions or modifications that were made to the vehicle: _____

none

17. Were the keys in the ignition? (circle one) Yes or No

18. Was the engine running? (circle one) Yes or No

19. Was this vehicle purchased new or used? new

If purchased used, provide the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased: _____

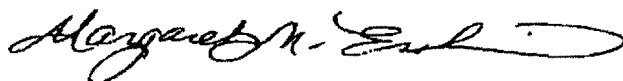
Once you have compiled the requested information regarding this matter, please send it to the address above. If you prefer to send the information electronically, you can e-mail it to me at merskine@erskinelawgroup.com. Once we are in receipt of the requested information, it will be reviewed and you 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



RBZ00070

State Farm Mutual Automobile Insurance Company

Auto Payments by Participant/COL

Route To: Megg Beverage

BASIC CLAIM INFORMATION

Claim Number: [REDACTED]
 Date of Loss: 10-21-2013
 Policy Number: [REDACTED]
 Named Insured: [REDACTED]

Named Insured(s) / 340 - COMP

C denotes consolidated payment
 E denotes EFT payment
 P previously converted payment from CAT/CMR

| <u>Payment Number</u> | <u>Issued Date</u> | <u>Payee</u> | <u>Payable COL</u> | <u>Pay Cd</u> | <u>Status</u> | <u>Amount</u> | <u>Auth ID</u> | <u>Rsn Cd</u> |
|-----------------------|--------------------|--------------|--------------------|---------------|---------------|---------------|----------------|---------------|
| 128871020J | 10-26-2013 | [REDACTED] | 342 | 1 | Paid | \$771.58 | U28J | |
| Total: | | | | | | \$771.58 | | |

Named Insured(s) / 501 - RENT

C denotes consolidated payment
 E denotes EFT payment
 P previously converted payment from CAT/CMR

| <u>Payment Number</u> | <u>Issued Date</u> | <u>Payee</u> | <u>Payable COL</u> | <u>Pay Cd</u> | <u>Status</u> | <u>Amount</u> | <u>Auth ID</u> | <u>Rsn Cd</u> |
|-----------------------|--------------------|---------------------|--------------------|---------------|---------------|---------------|----------------|---------------|
| 128880981K E | 11-04-2013 | HERTZ LOCAL EDITION | 501 | 1 | Paid | \$211.79 | ECSAPY | |
| Total: | | | | | | \$211.79 | | |

29-BH34-254

CUSTOMER #: [REDACTED]

566553

PORTSMOUTH



LINCOLN

INVOICE

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

www.portford.com

PAGE 1

MANCHESTER, NH [REDACTED]

BUS: CELL: SERVICE ADVISOR: 8850 Christopher Custodio

COLOR YEAR MAKE/MODEL VIN LICENSE MILEAGE IN/OUT TAG

WHITE 13 FORD EDGE 2FMDK4AK1D [REDACTED] 5813/5813 TASF

DEL DATE PROD. DATE WARR. EXP. PROMISED PO NO. RATE PAYMENT INV. DATE

01JAN13 DD 17:00 13NOV13 CASH 01NOV13

R.O. OPENED READY OPTIONS: DLR:11H545 ENG:3.7 Liter

08:40 21OCT13 16:29 01NOV13

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A CUST STATES SUN ROOF GLASS BLEW OUT GOING DOWN THE ROAD

MT SS

9999 CQ
5437 CQ

1 7T4Z*18500A18*A GLASS 869.83 LABOR: 212.31 OTHER: 0.00 TOTAL LINE A: 1082.14

5813 REMOVED SHATTERED SUN ROOF GLASS. VACUUMED OUT ALL BROKEN GLASS FROM TRACKS AND INTERIOR. INSTALLED NEW GLASS AND INITIALIZED SUN ROOF.

*** COMPLETELY SATISFIED WE PASS!
*** VERY SATISFIED WE FAIL!
*** COMPLETELY SATISFIED IS THE BEST!

Visa

PORTSMOUTH FORD
400 SPAULDING TURNPIKE
PORTSMOUTH, NH 03801
603-433-1221

Merchant ID: 5400010649
Term ID: 5656

Sale

12/16 829 03/04

VISA

Entry Method: Manual
Apprvd: Online Batch#: 000006
11/01/13 17:40:49
Inv#: 00566553 Appr Code: 113785
Total: 1,082.14



That hear warn ...an afra is servi & Pri

Customer Copy
THANK YOU

| 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 |

H FORD LINCOLN. YOUR COMPLETE IF YOU ARE .SE TELL YOUR OT. PLEASE CALL MANAGER OR OUR SERVICE DIRECTOR OF COURSE, WE 7 COMMENTS AT
ORD - TRAINED D WE USE GENUINE VICE PARTS

STATEMENT OF DISCLAIMER
The factory warranty constitutes all of the warranties with respect to the sale of this item. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item.

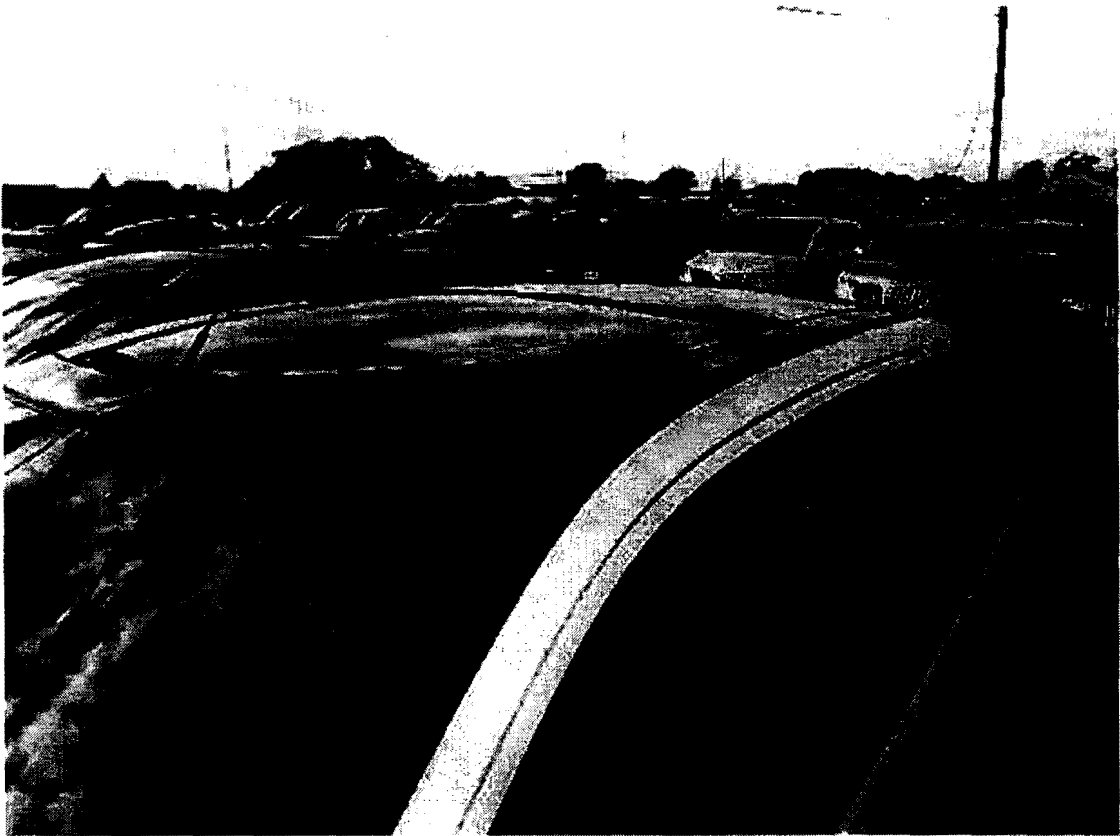
CUSTOMER SIGNATURE









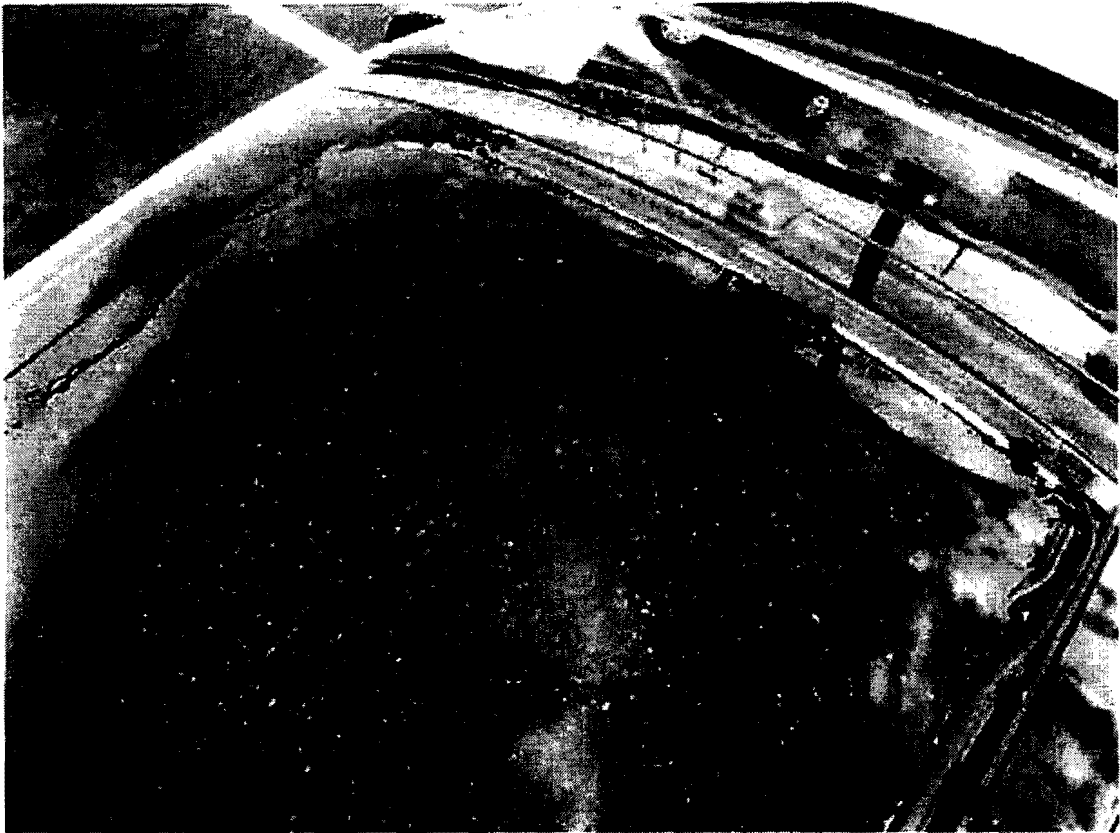


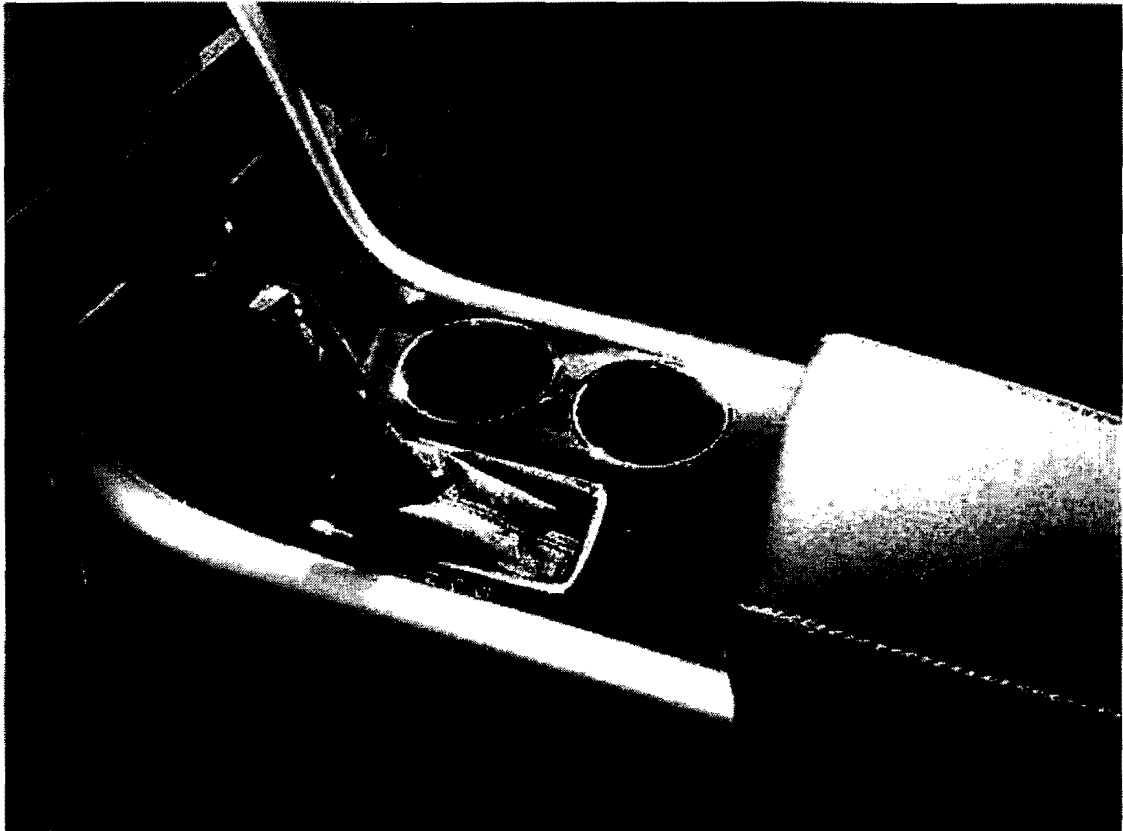




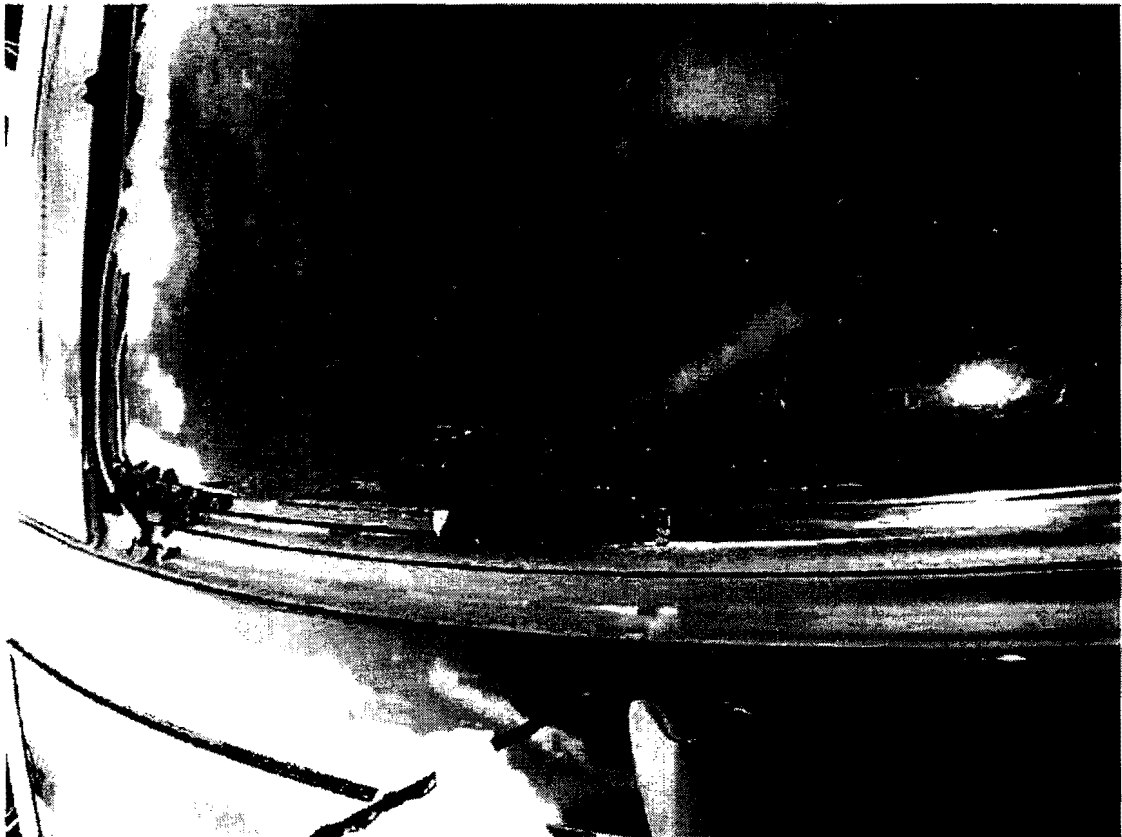




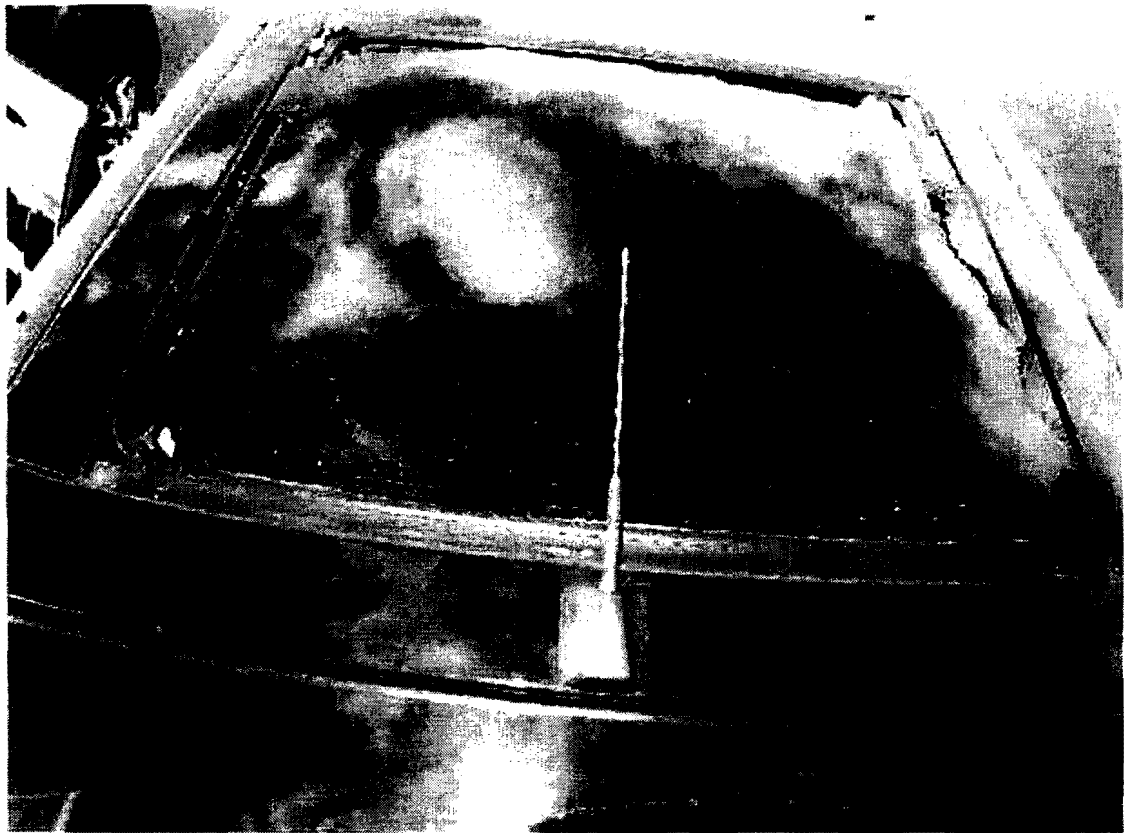


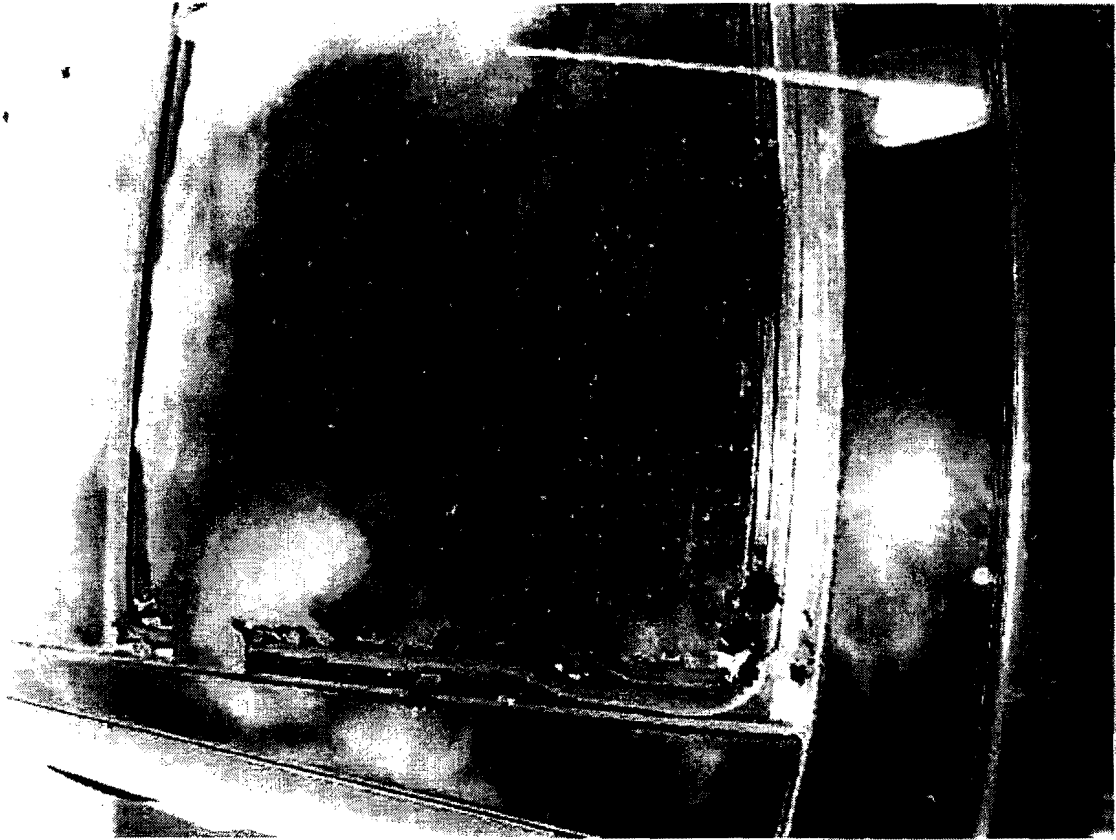












STATE FARM INSURANCE COMPANIES
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1 STATE FARM DRIVE
CONCORDVILLE, PA 19339
PHONE (800) 839-8050 -- FAX ALL SUPPLEMENT REQUESTS TO (800) 916-0342

*** PRIOR DAMAGE ESTIMATE ***

10/25/2013 02:31 PM

Owner

Owner: [REDACTED]
Address: [REDACTED]
City State Zip: MANCHESTER, NH [REDACTED]
Work/Day: [REDACTED]
Home/Day: [REDACTED]
Cell: [REDACTED]

Control Information

Claim #: [REDACTED] Insured Policy #: [REDACTED]
Loss Date/Time: 10/21/2013 Loss Type: Comprehensive
Ins. Company: State Farm
Insured: [REDACTED] Home/Day: [REDACTED]
City State Zip: [REDACTED] Cell: [REDACTED]
Claim Rep: Team CP Unit CF ACC NE
Address: [REDACTED] Work/Day: (877)208-1487

Inspection

Inspection Date: 10/25/2013 Inspection Type: Field
Inspection Location: Portsmouth Ford Contact: [REDACTED]
Address: 400 Spaulding Tpke
City State Zip: Portsmouth, NH 03801
Primary Impact: Non-Collision Secondary Impact: [REDACTED]
Contact: Mark Morrow 28-01-11

Repairer

Repairer: PORTSMOUTH FORD Contact: DAN BERGERON 6755
Address: 400 SPAULDING TURNPIKE (603)433-1221
City State Zip: Portsmouth, NH 03802
Email: www.portford.com

Vehicle

2013 Ford Edge Sport 4 DR Wagon
6cyl Gasoline 3.7
6-Speed Automatic

Lic. Plate: [REDACTED] Lic State: NH
Lic Expire: 08/2014 VIN: 2FMDK4AK1DE [REDACTED]
Prod Date: 07/2013 Mileage: 5,813
Veh Insp#: [REDACTED] Mileage Type: Actual
Condition: [REDACTED] Code: P7403E

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 | 4-Wheel Drive | AM/FM CD Player |
| Air Conditioning | Amplifier | Anti-Lock Brakes |
| Auto Headlamp Control | Automatic Dimming Mirror | 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 |
| Visla Roof | Wireless Audio Streaming | Wireless Phone Connect |

Damages

| Line | Op | Guide | MC | Description | MFR.Part No. | Price | ADJ% | Hours | R |
|-----------------------|----|-------|----|-----------------------------|----------------------|----------|------|-------|-----|
| Roof | | | | | | | | | |
| 1 | E | 343 | | Glass Panel,Roof | 7T4Z18500A18A | \$869.83 | | 0.8 | SM |
| Manual Entries | | | | | | | | | |
| 2 | N | M69 | | Glass Clean Up | ADDITIONAL OPERATION | | | 1.0* | ME* |
| 2 | | Items | | >> INSIDE TRACKS & INTERIOR | | | | | |

Estimate Total & Entries

| | | | |
|-----------------------------------|-------------|--------------------|-------------------|
| Gross Parts | | \$869.83 | |
| Parts & Material Total | | | \$869.83 |
| Labor | Rate | Replace Hrs | Repair Hrs |
| Sheet Metal (SM) | \$46.00 | 0.8 | |
| Mech/Elec (ME) | \$114.95 | | 1.0 |
| Frame (FR) | \$65.00 | | |
| Refinish (RF) | \$46.00 | | |
| Paint Materials | \$26.00 | | |
| Labor Total | | | 1.8 Hours |
| Gross Total | | | \$151.75 |
| | | | \$1,021.58 |

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 00/00/00/00/00 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
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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.

ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638:20.

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 | E = NEW PART | NG = Replace NAGS |
| EC = ** NON-OEM PART | ET = Partial Replace Labor | EP = ** NON-OEM PART |
| EU = RECYCLED PART | TE = Partial Replace Price | PM = REMAN/REBUILT PART |
| UM = REMAN/REBUILT PART | L = Refinish | PC = RECOND PART |
| UC = RECOND PART | TT = Two-Tone | SB = Sublet Repair |
| N = ADDITIONAL OPERATION | BR = Blend Refinish | I = Repair |
| IT = Partial Repair | CG = Chipguard | RI = R & I Assembly |
| P = Check | | |



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Estimate Summary Page

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

Audatex Estimating 7.0.019 ES 10/25/2013 02:45 PM REL 7.0.019 DT 10/01/2013
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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

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
NOV 26 2013
OFFICE OF THE,
GENERAL COUNSEL

Certified Mail-Return Receipt Requested

RE: Claim Number: [REDACTED]
Date of Loss: October 21, 2013
Our Insured: [REDACTED]

Your File Number: **THEIR FILE NUMBER**
Insured's Deductible: \$250.00

Maggie
D087528

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

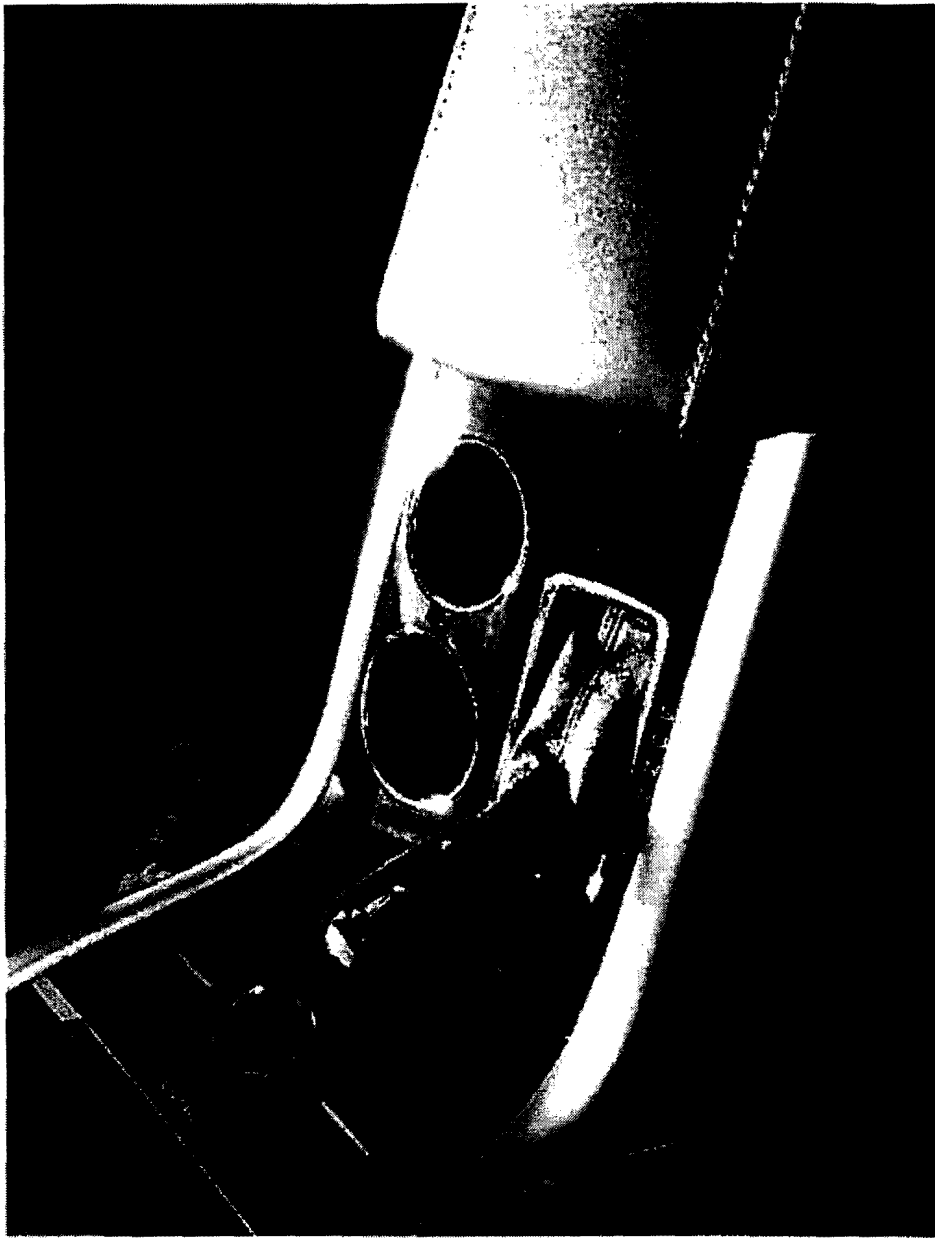












STATE FARM INSURANCE COMPANIES
LIKE A GOOD NEIGHBOR, STATE FARM IS THERE
1 STATE FARM DRIVE
CONCORDVILLE, PA 19339
PHONE (800) 839-8050 – FAX ALL SUPPLEMENT REQUESTS TO (800) 916-0342

*** PRIOR DAMAGE ESTIMATE ***

10/25/2013 02:31 PM

Owner

Owner: [REDACTED]
Address: [REDACTED]
City State Zip: MANCHESTER, NH [REDACTED]
Work/Day: [REDACTED]
Home/Day: [REDACTED]
Cell: [REDACTED]

Control Information

Claim #: [REDACTED] Insured Policy #: [REDACTED]
Loss Date/Time: 10/21/2013 Loss Type: Comprehensive
Ins. Company: State Farm
Insured: [REDACTED] Home/Day: [REDACTED]
City State Zip: [REDACTED]
Claim Rep: Team CP Unit CF ACC NE
Address: [REDACTED] Work/Day: (877)208-1487

Inspection

Inspection Date: 10/25/2013 Inspection Type: Field
Inspection Location: Portsmouth Ford Contact: [REDACTED]
Address: 400 Spaulding Tpke
City State Zip: Portsmouth, NH 03801
Primary Impact: Non-Collision Secondary Impact: [REDACTED]
Contact: Mark Morrow 28-01-11

Repairer

Repairer: PORTSMOUTH FORD Contact: DAN BERGERON 6755
Address: 400 SPAULDING TURNPIKE (603)433-1221
City State Zip: Portsmouth, NH 03802
Email: www.portford.com

Vehicle

2013 Ford Edge Sport 4 DR Wagon
6cyl Gasoline 3.7
6-Speed Automatic

Lic.Plate: [REDACTED] Lic State: NH
Lic Expire: 08/2014 VIN: 2FMDK4AK1DB [REDACTED]
Prod Date: 07/2013 Mileage: 5,813
Veh Insp#: [REDACTED] Mileage Type: Actual
Condition: [REDACTED] 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 | 4-Wheel Drive | AM/FM CD Player |
| Air Conditioning | Amplifier | Anti-Lock Brakes |
| Auto Headlamp Control | Automatic Dimming Mirror | 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 |

Damages

| Line | Op | Guide | MC | Description | MFR.Part No. | Price | ADJ% | Hours | R |
|-----------------------|-------|-------|----|------------------|----------------------|----------|------|-------|-----|
| Roof | | | | | | | | | |
| 1 | E | 343 | | Glass Panel,Roof | 7T4Z18500A18A | \$869.83 | | 0.8 | SM |
| Manual Entries | | | | | | | | | |
| 2 | N | M69 | | Glass Clean Up | ADDITIONAL OPERATION | | | 1.0* | ME* |
| 2 | Items | | | | | | | | |

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) | \$114.95 | | 1.0 | 1.0 | \$114.95 |
| Frame (FR) | \$65.00 | | | | |
| Refinish (RF) | \$46.00 | | | | |
| Paint Materials | \$26.00 | | | | |
| Labor Total | | | | 1.8 Hours | \$151.75 |
| Gross Total | | | | | \$1,021.58 |

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

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SM-SHEET METAL ME-MECH/ELEC FR-FRAME RE-REFINISH SY-SYSTEM
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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.

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|--------------------------|----------------------------|-------------------------|
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| EC = ** NON-OEM PART | ET = Partial Replace Labor | EP = ** NON-OEM PART |
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| N = ADDITIONAL OPERATION | BR = Blend Refinish | I = Repair |
| IT = Partial Repair | CG = Chipguard | RI = R & I Assembly |
| P = Check | | |



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Estimate Summary Page

| | |
|--------------------|-------------------|
| Gross Total | \$1,021.58 |
| Net Total | \$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: [REDACTED]

Date of Loss: 10-21-2013

Policy Number: [REDACTED]

Named Insured: [REDACTED]

Named Insured(s) / 340 - COMP

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

| <u>Payment Number</u> | <u>Issued Date</u> | <u>Payee</u> | <u>Payable COL</u> | <u>Pay Cd</u> | <u>Status</u> | <u>Amount</u> | <u>Auth ID</u> | <u>Rsn Cd</u> |
|-----------------------|--------------------|--------------|--------------------|---------------|---------------|---------------|----------------|---------------|
| 128671020J | 10-26-2013 | [REDACTED] | 342 | 1 | Paid | \$771.58 | U28J | |
| Total: | | | | | | \$771.58 | | |

Named Insured(s) / 501 - RENT

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

| <u>Payment Number</u> | <u>Issued Date</u> | <u>Payee</u> | <u>Payable COL</u> | <u>Pay Cd</u> | <u>Status</u> | <u>Amount</u> | <u>Auth ID</u> | <u>Rsn Cd</u> |
|-----------------------|--------------------|---------------------|--------------------|---------------|---------------|---------------|----------------|---------------|
| 128880981K E | 11-04-2013 | HERTZ LOCAL EDITION | 501 | 1 | Paid | \$211.79 | ECSAPY | |
| Total: | | | | | | \$211.79 | | |

FOR INTERNAL STATE FARM USE ONLY

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



RBZ000MD

State Farm Mutual Automobile Insurance Company

Auto Rental Bills

Route To: Stacey Vandegraft

BASIC CLAIM INFORMATION

Claim Number: [REDACTED]

Date of Loss: 10-21-2013

Policy Number: [REDACTED]

Named Insured: [REDACTED]

TAYLOR, KAREN

BILL SUMMARY

Bill Information

Invoice Number: 609038914286
 Rental Vendor: HERTZ LOCAL EDITION
 Insured Name: [REDACTED]
 Renter Name: [REDACTED]
 Rental Start Date: 10-21-2013
 Renter End Date: 11-01-2013

Claim Number: [REDACTED]
 Date of Loss: 10-21-2013
 Received From Renter: \$52.95
 Billed To Others:
 Amount Due: \$211.79
 Amount Paid To Date: \$211.79

Current Bill Status

Primary Status Primary Reason(s)
 Reviewed
Secondary Status Secondary Reason(s)
 Paid

Vehicle Information

| Vehicle | Rental Start | Rental End | Assnd Class | Appr Class | Make | Model |
|---------|--------------|------------|-------------|------------|------|-----------|
| 01 | 10-21-2013 | 11-01-2013 | CC | CC | | VERSA 1.6 |

Invoice Details

| Vehicle | Description | Billed Party | Quantity | Rate (%) (\$) | Percent Covered | Extended Amount |
|---------|-------------------|--------------|----------|---------------|-----------------|-----------------|
| 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



RBZ000MD
State Farm Mutual Automobile Insurance Company

Auto Rental Bills

Route To: Stacey Vandegraft

BASIC CLAIM INFORMATION

Claim Number: [REDACTED]
Date of Loss: 10-21-2013
Policy Number: [REDACTED]
Named Insured: [REDACTED]

TAYLOR, KAREN

BILL SUMMARY

Bill Information

| | |
|------------------------------------|-------------------------------|
| Invoice Number: 609038914286 | Claim Number: [REDACTED] |
| Rental Vendor: HERTZ LOCAL EDITION | Date of Loss: 10-21-2013 |
| Insured Name: [REDACTED] | Received From Renter: \$52.95 |
| Renter Name: [REDACTED] | Billed To Others: |
| Rental Start Date: 10-21-2013 | Amount Due: \$211.79 |
| Renter End Date: 11-01-2013 | Amount Paid To Date: \$211.79 |

Current Bill Status

| | |
|-------------------------|----------------------------|
| <u>Primary Status</u> | <u>Primary Reason(s)</u> |
| Reviewed | |
| <u>Secondary Status</u> | <u>Secondary Reason(s)</u> |
| Paid | |

Vehicle Information

| <u>Vehicle</u> | <u>Rental Start</u> | <u>Rental End</u> | <u>Assnd Class</u> | <u>Appr Class</u> | <u>Make</u> | <u>Model</u> |
|----------------|---------------------|-------------------|--------------------|-------------------|-------------|--------------|
| 01 | 10-21-2013 | 11-01-2013 | CC | CC | | VERSA 1.6 |

Invoice Details

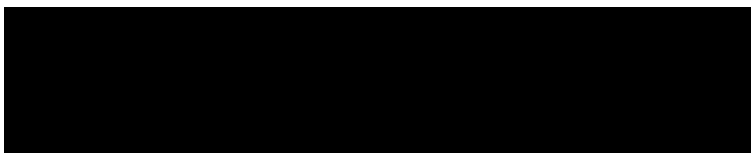
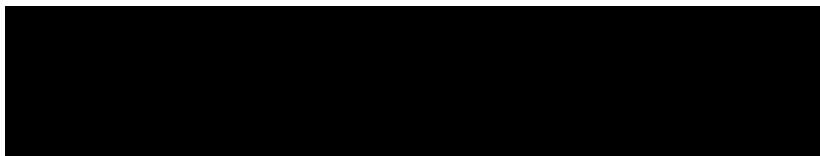
| <u>Vehicle</u> | <u>Description</u> | <u>Billed Party</u> | <u>Quantity</u> | <u>Rate (%) (\$)</u> | <u>Percent Covered</u> | <u>Extended Amount</u> |
|----------------|--------------------|---------------------|-----------------|----------------------|------------------------|------------------------|
| 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

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**SHELTER
INSURANCE
COMPANIES**

SHELTER MUTUAL
SHELTER GENERAL
SHELTER LIFE

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

DEC 19 2012

OFFICE OF THE
GENERAL COUNSEL

December 10, 2012

FORD MOTOR COMPANY
PO BOX 70
DEARBORN, MI 48121

12-18-12 *je*

RE: Claim Number: [REDACTED]
Insured: [REDACTED]
Date of Loss: 11/8/2012
Loss vehicle: 2013 FORD ESCAPE
VIN #: 1FMCU9J90DU [REDACTED]

*D065324
MAGNUM*

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.

Sincerely,

Adam Bass
Claims Department
Phone: 618-548-1767
Fax: 618-548-1765

DRP 39125

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 #: AT959272-1815088
Workfile ID: 387519bd

Supplement of Record 1 with Summary

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

Insured: [REDACTED] Policy #: [REDACTED] Claim #: [REDACTED]
Type of Loss: Comprehensive Date of Loss: 11/08/2012 12:00 AM Days to Repair: 2
Point of Impact: 28 Glass Deductible: 1000.00

Owner: [REDACTED] Inspection Location: Non Drive-in Appraiser Information: abass@shelterinsurance.com (618) 267-7930 Repair Facility:
[REDACTED]
MURPHYSBORO, IL [REDACTED] Evening

VEHICLE

Year: 2013 Color: [REDACTED] Int: [REDACTED] License: [REDACTED] Production Date: [REDACTED]
Make: FORD Body Style: 4D UTV State: [REDACTED] Odometer: [REDACTED]
Model: ESCAPE 4X4 Engine: 4-2.0L-T VIN: 1FMCU9J90DU [REDACTED] Condition: [REDACTED]
TITANIUM

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

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

Heated Mirrors

Memory Package

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
Recline/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 | * S01 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 |
|----------------------|------|----------------------|---------------|-----|-------------------|------------|------------|
| Deleted Items | | | | | | | |
| 3 | Repl | Housing assy | CJ5Z78502C22A | 1 | -702.22 | -3.0 | |
| Added Items | | | | | | | |
| 3 | * | S01 R&I Housing assy | CJ5Z78502C22A | | | 3.0 | |
| 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 S01 | -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.

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. Blend=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

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

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





FOR OFFICIAL USE ONLY - UNCLASSIFIED



PROPERTY OF SON OF A BORN HERO



2012/11/08 20:57



SHELTER
INSURANCE
COMPANIES

SHELTER MUTUAL
SHELTER GENERAL

02/18/2013

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

RE: Claim Number: [REDACTED]
Date of Loss: 11/08/2012
Insured: [REDACTED]
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.
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 [REDACTED]
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:

Claim # [REDACTED]
Insured - [REDACTED]
Loss Date - 11-08-2012

Insured Driver's
Statement

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 [REDACTED]. 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, [REDACTED]. Uh, what is your relationship to him?

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 underneath 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, 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) 742-5571

Claim #: [REDACTED]
Workfile ID: 387519bd

Estimate of Record

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

Insured: [REDACTED] Policy #: [REDACTED] Claim #: [REDACTED]
Type of Loss: Comprehensive Date of Loss: 11/08/2012 12:00 AM Days to Repair: 2
Point of Impact: 28 Glass Deductible: 1000.00

Owner: [REDACTED] Inspection Location: Non Drive-in Appraiser Information: Repair Facility:
[REDACTED] abass@shelterinsurance.com
[REDACTED] (618) 267-7930
MURPHYSBORO, IL
[REDACTED]

VEHICLE

Year: 2013 Color: [REDACTED] Int: [REDACTED] License: [REDACTED] Production Date: [REDACTED]
Make: FORD Body Style: 4D UTV State: [REDACTED] Odometer: [REDACTED]
Model: ESCAPE 4X4 Engine: 4-2.0L-T VIN: 1FMCU9J90DU [REDACTED] Condition: [REDACTED]
TITANIUM

- | | | | |
|------------------------|-------------------------|----------------------------|---------------------------|
| TRANSMISSION | Overhead Console | AM Radio | Stability Control |
| Automatic Transmission | CONVENIENCE | FM Radio | ROOF |
| 4 Wheel Drive | Air Conditioning | Stereo | Luggage/Roof Rack |
| POWER | Tilt Wheel | Search/Seek | SEATS |
| Power Steering | Cruise Control | Premium Radio | Leather Seats |
| Power Brakes | Telescopic Wheel | Auditory Audio Connection | Heated Seats |
| Power Windows | Intermittent Wipers | Satellite Radio | Recline/Lounge Seats |
| Power Locks | Climate Control | SAFETY | WHEELS |
| Power Driver Seat | Keyless Entry | Anti-Lock Brakes (4) | Aluminum/Alloy Wheels |
| Power Mirrors | Alarm | Driver Air Bag | PAINT |
| Heated Mirrors | Dual Air Condition | Passenger Air Bag | Clear Coat Paint |
| Memory Package | Steering Wheel Controls | Head/Curtain Air Bags | OTHER |
| EXTERIOR | Parking Sensors | Front Side Impact Air Bags | Fog Lamps |
| Dual Mirrors | Remote Starter | Rear Side Impact Air Bags | Rear Spoiler |
| Privacy Glass | Message Center | 4 Wheel Disc Brakes | Signal Integrated Mirrors |
| Console/Storage | RADIO | Traction Control | Xenon Headlamps |

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 | Front glass | 8A5Z54500A18A | 1 | 1,050.87 | 0.8 | |
| 3 | Repl | Housing assy | CJ5Z78502C22A | 1 | 702.22 | 3.0 | |
| SUBTOTALS | | | | | 1,753.09 | 3.8 | 0.0 |

ESTIMATE TOTALS

| Category | Base | 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 @ | 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 |

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

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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

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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. Align.=Align. ALU=Aluminum. A/M=Aftermarket part. Blend=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

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

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

Payment View-AT0000000959272

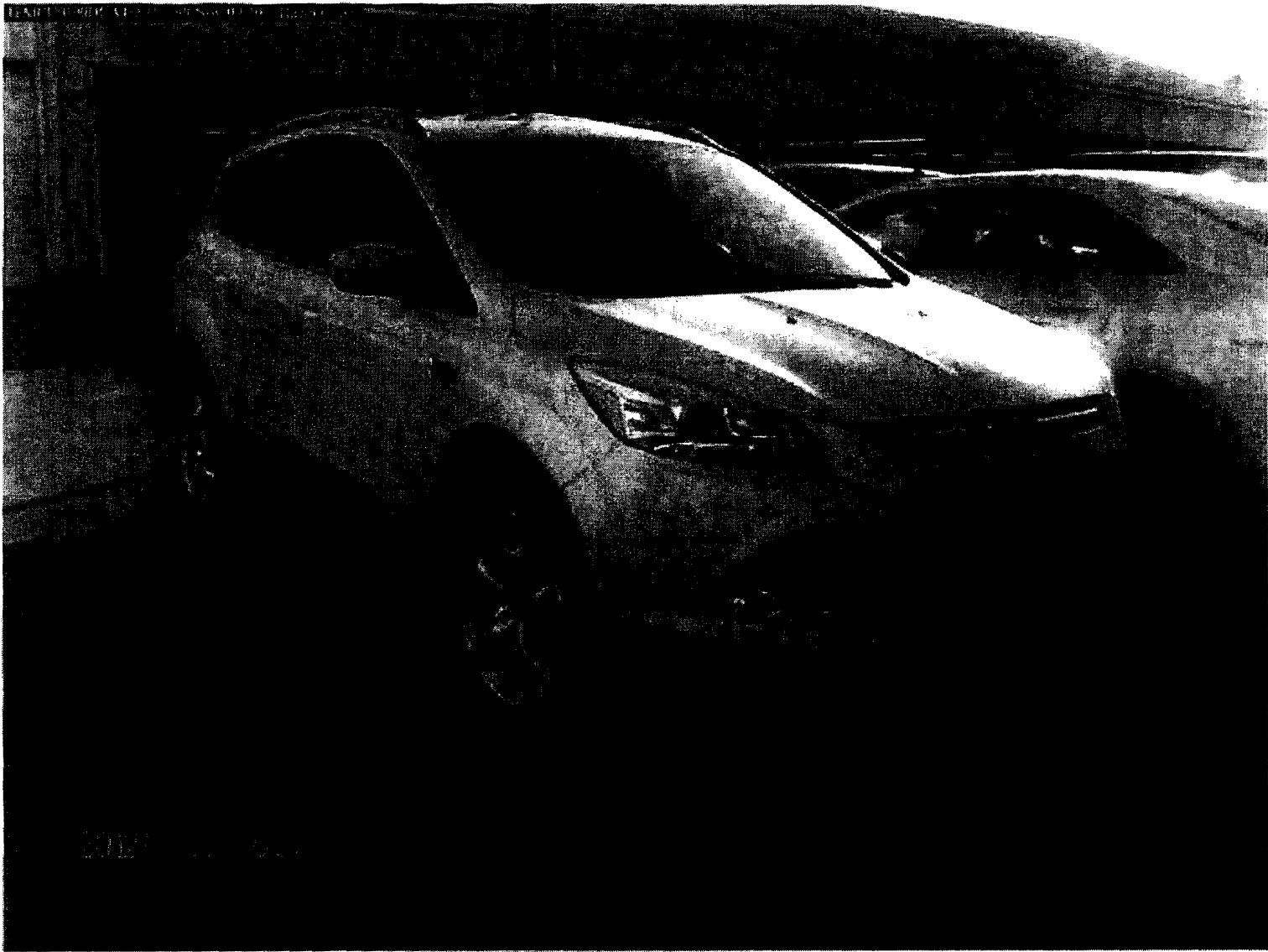
Payment | Check Options | **Payment Confirmation**

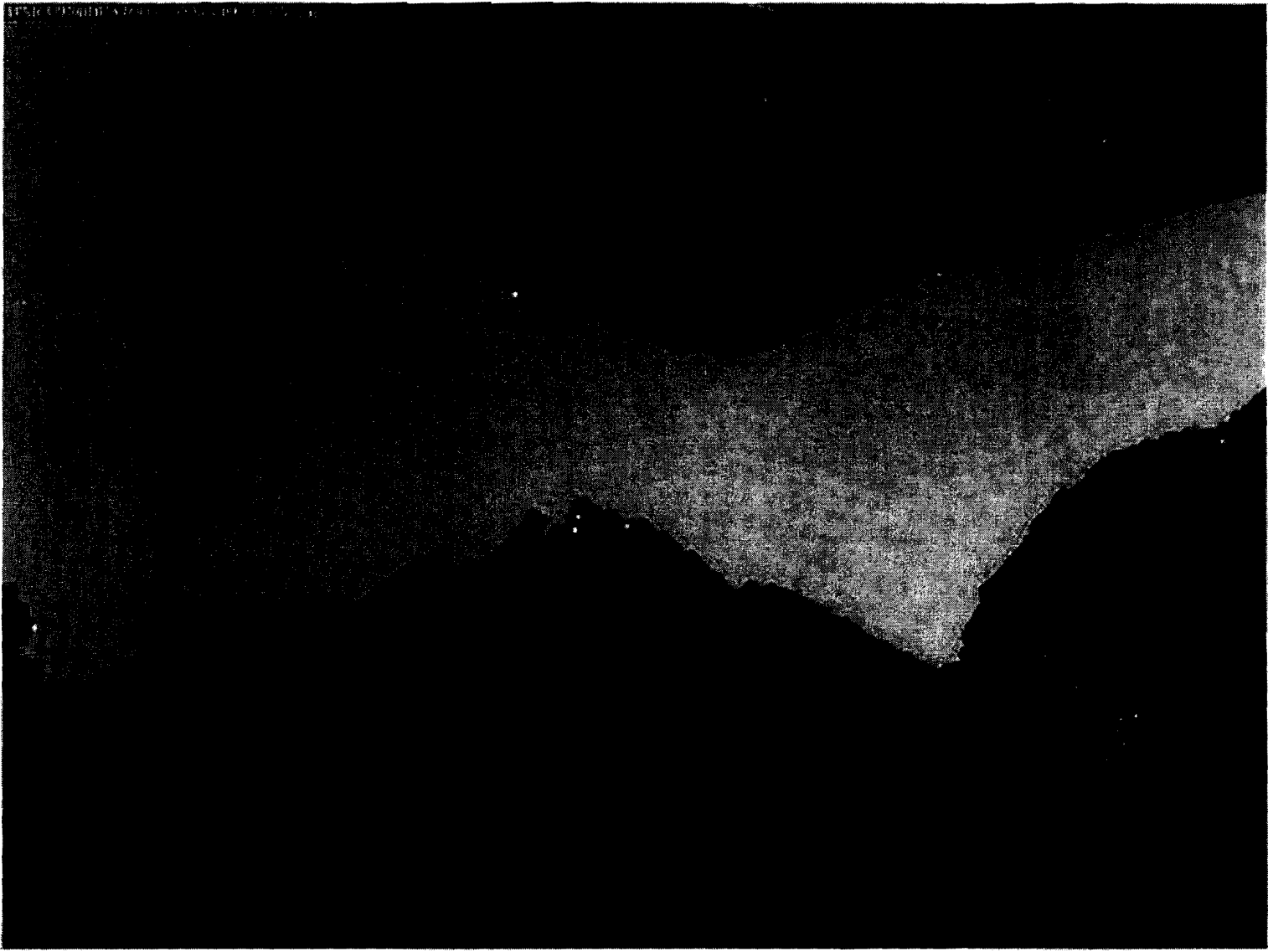
Original Payment | Surcharge | BW Payment

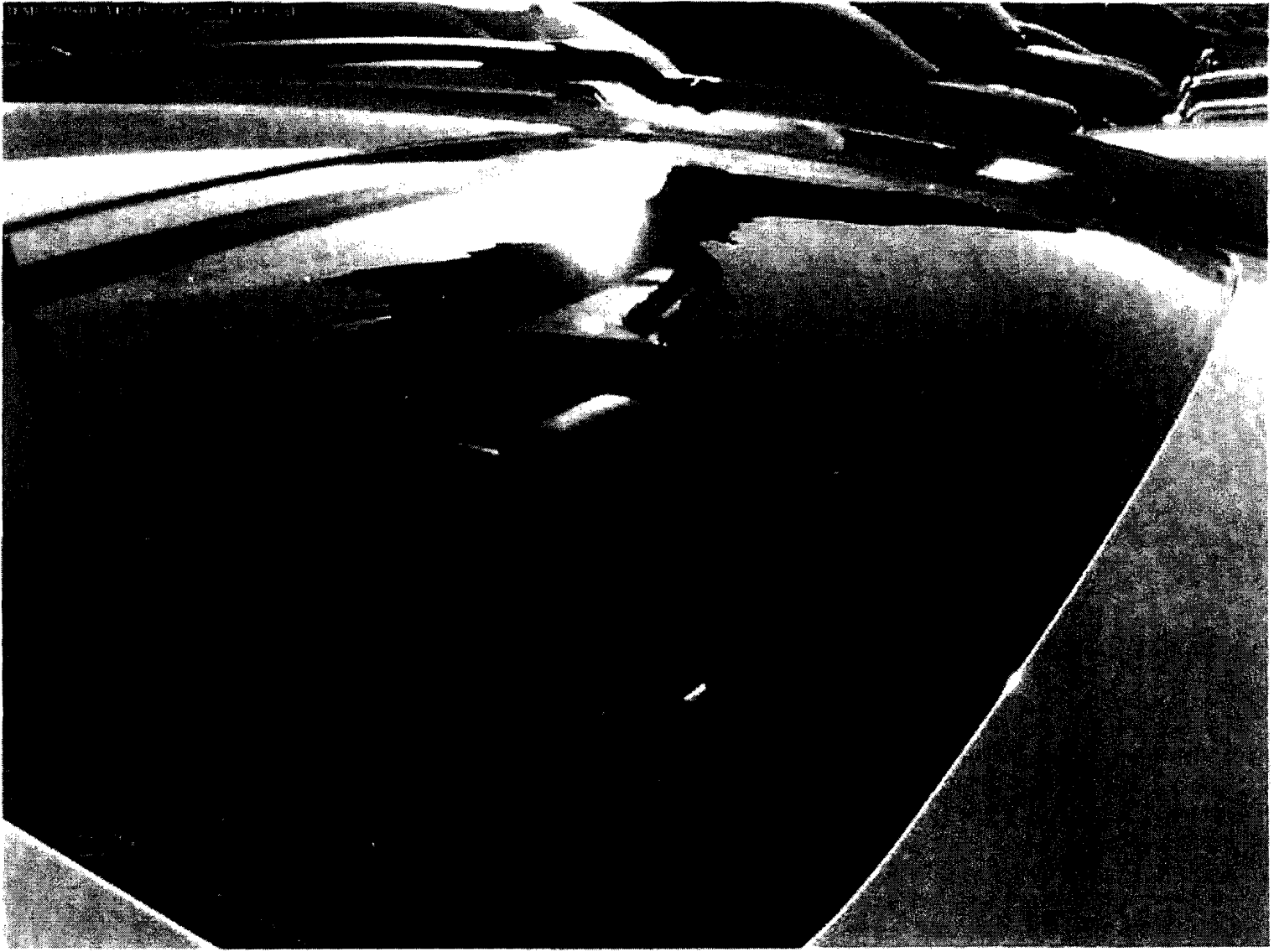
| Claim Number | Unit | Name | Reserve Level | Payment Type | Outstanding Reserve | Payment |
|--------------|-----------|------|-------------------|--------------|---------------------|----------|
| | 2013 F... | | COMP Loss FALL... | Loss | 0 00 | 1,308 01 |

| Issue Date | Item | Value |
|--------------|--|-------|
| | COMP - 2013 FORD ESCAPE - LESS \$1000 DEDU | |
| Cleared Date | Dec 3, 2012 | |
| Claim Number | | |
| Check Status | CLEARED | |
| Bulk Flag | Unchecked | |

| | | |
|---|---|---------------------|
| Memo Please mail draft to Tommie Vaughn Motor Inc. Thank you. | Pay to the Order of TOMMIE VAUGHN MOTOR INC & VIRGINIA RUTLEDGE | STD011351195 |
| | TOMMIE VAUGHN MOTOR INC 1145 N SHEPHERD DR HOUSTON, TX, 77008 USA | 1,308.01 USD |









Appendix E - Panoramic Sunroof Assembly Information - Request 7

| | | | (a) | (b) | (c) | (d) | (e) |
|------|----------|------------|---|----------------------|--|----------------|--------------|
| Make | Model | Model Year | Part Numbers/Description | Supplier Name | Address | Contact Name | Phone Number |
| Ford | Explorer | 2011 | Front Glass Panel - BB53-78500A18-A Rear Glass Panel - BB53-78500A18-B | Inalfa Roof Systems | 1270 Pacific Drive Auburn Hills, MI 48326 USA | Steve Schornak | 248-494-3336 |
| | | 2012 | | | | | |
| | | 2013 | | | | | |
| | | 2014 | | | | | |
| Ford | Edge | 2011 | Front Glass Panel - BT43-18500A18-A Rear Glass Panel - 8T43-18500A18-B | Webasto Roof Systems | 1757 Northfield Drive Rochester Hills, Michigan, 48309 | Tom Mack | 248-789-0583 |
| | | 2012 | | | | | |
| | | 2013 | | | | | |
| | | 2014 | | | | | |
| Ford | Escape | 2011 | No Panoramic Sunroof Option Available | N/A | N/A | N/A | N/A |
| | | 2012 | | | | | |
| | | 2013 | Front Glass Panel - CJ54-78500A18-A Rear Glass Panel - CJ54-78500A18-B | Inalfa Roof Systems | 1270 Pacific Drive Auburn Hills, MI 48326 USA | Steve Schornak | 248-494-3336 |
| | | 2014 | | | | | |

Appendix F - Panoramic Sunroof Summary - Request 8

| | | | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (l) | (m) | (n) | |
|------|------------------|------------|----------------------------------|--------------------------|------------------------------|--|--|--|---|---|---|---|--|---|--|---|-----|
| Make | Model | Model Year | Marketing Name | Movable/ Fixed | Single/ Multiple Panel | 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 | ANSI/SAE Z26.1 Certification Marking (AS1, AS2, etc.) | Reasons for Selecting type/thickness | |
| Ford | Explorer U502 | 2011 | 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 | Tempered | 6 - Impact Ball 7 - Fracature 8 - Impact, Shot Bag (8 ft) | REPORT NO: TCT002884P | AS3 | Noise Transmissibility | |
| | | 2012 | | | | | | | | | | | | | | | |
| | | 2013 | | | | | | | | | | | | | | | |
| | | 2014 | | | | | | | | | | | | | | | |
| Ford | Edge U387 | 2011 | Panoramic Vista Roof | 1 - Fixed 1 - Movable | Multiple Panel | 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 | Tempered | 6 - Impact Ball 7 - Fracature 8 - Impact, Shot Bag (8 ft) | REPORT NO. 14-24 | AS3 | Noise Transmissibility | |
| | | 2012 | | | | | | | | | | | | | | | |
| | | 2013 | | | | | | | | | | | | | | | |
| | | 2014 | | | | | | | | | | | | | | | |
| 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 | |
| | | 2012 | 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 | 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 | Tempered | 6 - Impact Ball 7 - Fracature 8 - Impact, Shot Bag (8 ft) | REPORT NO. 14-24 | AS3 | Noise Transmissibility | |
| | | 2014 | | | | | | | | | | | | | | | |



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.

| <u>Test No.</u> | <u>Remarks</u> |
|------------------------------|----------------|
| 6 - Impact, Ball, 10 Feet | Complies |
| 7 - Fracture | Complies |
| 8 - Impact, Shot Bag, 8 Feet | Complies |

Tests completed March 26, 2014.

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

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 $\pm 0.7\text{mm}$ ($\pm .028$ 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

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

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

FoMoCo
Carlite®
 AS3 6-1
 DOT-15 M125
 8 9 0 A B C D E F G
 8T43 - 18500A18 - A

(D) Ford

PNA 6 DOT15 M125 AS3

(G) PNA Tier 2 (Webasto)



Ⓟ **Carlite** Ⓡ
 PRIVACY
 TEMPERED AS3
 DOT-15 M125
 2 3 4 A B C D E F G

(J) Lincoln

V
E1
 PILKINGTON
 DOT15 M125 AS3
43R - 001386
 ⓄⓄⓄ E 000215
 21.....12

(E) Volkswagen

FoMoCo
Carlite®
 DOT15 80 M125 AS3
 V
E1
43R-001239
12.....
 G7UTA
 8A53-54500A18-A★

(H) Ford – Inalfa

PILKINGTON
 V
E1
43R-001386
 ⓄⓄⓄ E000215
 DOT 15 77
 NXLGJIUTAYCVJAZ
 M 125 AS 3

(F) Nissan

FoMoCo
Carlite®
 DOT15 80 M125 AS3
 V
E1
43R-001239
12.....
 G7UTA
 8A53-54500A18-B★

(I) Ford – Inalfa

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

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.

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

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:

| Sample | Weight of Largest Fragment Free of 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).

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

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

PROJECT NUMBER: TCT002884P
PAGE: 1 of 4
DATE: April 12, 2010

3922 Delaware Ave Telephone : (515) 266-5101
Des Moines, IA 50313 Telefax : (515) 262-1910
USA Website : www.storksmt.com
Non Destructive Testing Product Evaluation
Metallurgical Analysis Materials Testing 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.
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.

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;

| <u>TESTS</u> | <u>REMARKS</u> |
|-----------------------------------|----------------|
| 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, $\leq 70\%$ 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:

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

| 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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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



Element Materials Technology
3922 Delaware Avenue
Des Moines, IA 50313

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T 888 786 7555
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www.element.com

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: December 9, 2013
Author: Michael Jordt
Report Number: ESP015410P

ANSI Z26.1-1996

AS-3 TEMP

M50T3

It is our policy to retain components and sample remnants for a minimum of 30 days from the report date, after which time they may be discarded. The data herein represents only the item(s) tested. This report shall not be produced, except in full, without permission of Element Materials Technology.

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REPORT NUMBER: ESP015410P
EAR CONTROLLED DATA

PAGE:
DATE:

2 of 5
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:





REPORT NUMBER: ESP015410P
EAR CONTROLLED DATA

PAGE:
DATE:

3 of 5
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:

| Specimen Number | Percent Transmittance | |
|-----------------|-----------------------|-------------------|
| | 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 x 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.

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 Number | Weight of Largest Fragment 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 Pivotal-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.



REPORT NUMBER: ESP015410P
EAR CONTROLLED DATA

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December 9, 2013

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



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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: June 12, 2014
Author: Michael Jordt
Report Number: ESP016877P.2

ANSI Z26.1-1996

AS-3 TEMP

M50T3

It is our policy to retain components and sample remnants for a minimum of 30 days from the report date, after which time they may be discarded. The data herein represents only the item(s) tested. This report shall not be produced, except in full, without permission of Element Materials Technology.

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REPORT NUMBER: ESP016877P.2
EAR CONTROLLED DATA

PAGE: 2 of 5
DATE: 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: May 27, 2014
 Testing completed: June 12, 2014

| | | |
|--------------------------------|-----------------|----|
| Samples submitted for testing: | 12x12 inch flat | 27 |
| | 3x12 inch flat | 0 |
| | 4x4 inch flat | 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



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 June 12, 2014

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 | -0.5 | 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:

| Specimen Number | Percent Transmittance | |
|-----------------|-----------------------|-------------------|
| | 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° 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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 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.

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 Pivotal-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: ESP016877P.2
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June 12, 2014

CALIBRATED TEST EQUIPMENT:

| | | | |
|------------|---------------------------------------|------------------|------------|
| PT-173-006 | Accelerated Weathering Tester | Calibration Due: | 9/4/2014 |
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| 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