



State Farm Insurance Companies



State Farm Insurance
Subrogation Services
PO Box 2371
Bloomington, IL 61702-2371

September 22, 2009

Certified Mail-Return Receipt Requested

FORD MOTOR COMPANY/PRODUCT CLAIMS DEPT/OGC
P.O. Box 70
Dearborn, MI 48121-0070

RE: Claim Number: [REDACTED]
Date of Loss: May 20, 2009
Our Insured: [REDACTED]
Loss Location: Colorado Spring, CO
Vehicle: Lincoln, Mks
VIN: 1LNHM94R19G [REDACTED]
Mileage: 4,571
Your File Number:

*See 10/2/09
MAG file*

Dear Sir/Madam:

This notice is to advise of a loss that occurred to our insured's vehicle. The damage was caused by a defect of the sunroof glass. It exploded as our insured was driving. Ford repaired under warranty. However, our insured required a replacement vehicle and we reimbursed the insured for that expense.

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 \$396.39.

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

Page 2
September 22, 2009

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.

Sincerely,

D. Flesher

Doug Flesher x57042
Claim Representative
(877) 457-8276, Team 60

State Farm Mutual Automobile Insurance Company

Enclosure



RBZ0006Z
date: 09-23-09

page: 1

route to: Josh Oltman

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

AUTO PAYMENTS BY COL

claim number

policy number

named insured

date of loss

05-20-09

COL 501

C denotes consolidated payment

E denotes EFT payment

P denotes previous data

COL: 501 indemnity: 396.39 dir rcov: 0.00 expense: 0.00

payment number	payee	amount	status	COL	pay cd	rsn	reporting party
	ENTERPRISE RENT	396.39	PAID	501	1		Named Insu



RBZ00032
date: 09-23-09
time: 11:14 AM

route to: Oltman, Josh

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

VEHICLE DAMAGE REPORT

claim number

date of loss
05-20-09

```
*****  
* Estimate Vehicle Info *  
*  
* Vehicle Owner: *  
* Vehicle Description: 09 Lincoln MKS 4DR RED *  
*  
*****
```

STATE FARM INSURANCE COMPANIES
SUPPLEMENT REQUESTS FAX 1-888-218-6673
FINAL BILL FAX 1-800-324-0645
*** ESTIMATE ***

06/02/2009 03:15 PM

Owner
Owner: [REDACTED]
Address: [REDACTED]
City State Zip: PEORIA, IL [REDACTED]
Home/Day: [REDACTED]
Work/Day: [REDACTED]
Control Information
Claim # : [REDACTED]
Loss Date/Time: 05/20/2009 06:00 AM
Loss Type: Comprehensive
Deductible: Unknown

Insured: [REDACTED]
Claim Rep: Team 11 Proc
Work/Day: (888)309-8607

Inspection
Inspection Date: 06/02/2009 03:13 PM
Inspection Type: Field
Inspection Location: Southpoint Lincoln
Address: 945 Motor City
City State Zip: *Colo Sprgs, CO 80905
Home/Day: (719)557-9000x
Primary Impact: Unknown
Driveable: No
Received Date/Time: 06/02/2009 01:13 PM
Appointment Date/Time: 06/03/2009 08:00 AM

Appraiser Name: [REDACTED]
Repairer: [REDACTED]
Address: [REDACTED]
City State Zip: *Colo Sprgs, CO [REDACTED]
Home/Day: [REDACTED]

Remarks
DAMAGE TO SUNROOF, FRAME, AND PAINT REFINISH UNDER WARRANTY

Vehicle
2009 Lincoln MKS STD 4 DR Sedan
6cyl Gasoline 3.7
6-Speed Automatic
Lic. Plate: [REDACTED] Lic State: IL
Lic Expire: [REDACTED] VIN: 1LNHM94R19C [REDACTED]
Veh Insp# : Mileage Type: Non Readable
Condition: Code: Q2113D
Ext. Refinish: Two-Stage
Ext. Color: RED
Int. Refinish: Two-Stage

Options
2009 Lincoln MKS STD 4 DR Sedan 06/02/2009 03:23 PM
Page 1 of 3

Claim # . [REDACTED]	06/02/2009	
AM/FM In-dash CD Changer	Adaptive Headlights	Air Conditioning
Alarm System	Anti-lock Brakes	Auto Headlamp Control
Automatic Dimming Mirror	Bucket Seats	Cast Alloy Wheels
Center Console	Chrome Grille	Cruise Control
Daytime Running Lights	Dual Airbags	Dual Pwr Lumbar Supports
Dual Sunroof	Dual Zone Auto A/C	Fog Lights
Garage Door Opener	Head Airbags	Heated Frnt & Rear Seats
Heated Power Mirrors	Heated/Cooled Bkt Sts	High Intensity Headlamps
Illuminatd Visor Mirrors	Intermittent Wipers	Keyless Entry System
Leather Seats	Leather/Wood Steer Wheel	Lighted Entry System
MP3 Player	Memory Seats	Mirror(s) Memory
Navigation System	Overhead Console	Power Brakes
Power Door Locks	Power Rear Sunshade	Power Steering
Power Windows	Pwr Tilt/Tele. Str Wheel	Rain-Sensing W/S Wipers
Rear View Camera	Rear Window Defroster	Rem Trunk-L/Gate Release
Reverse Sensing System	Side Airbags	Sirius Satellite Radio
Stability Cntrl Suspensn	Strg Wheel Radio Control	Tachometer
Tinted Glass	Traction Control System	Trip Computer

Damages

Ln#	Op	GDE	Description	MFR.Part No.	Price	AJ%	B%	HRS	R
1	SB		SEE NOTES	Sublet Repair	0.00*				SM*
			1 Items						

Estimate Total & Entries Paint Materials

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs
Sheet Metal (SM)	\$46.00			
Mech/Elec (ME)	\$65.00			
Frame (FR)	\$55.00			
Refinish (RF)	\$46.00			
Paint Materials	\$28.00			

Gross Total	\$0.00
Less: Deductible	Unknown
Net Total	\$0.00

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 81001 PUEBLO
Recycled Parts NOT APPLICABLE

Audatex Estimating 5.0.623 ES 06/02/2009 03:23 PM REL 5.0.623 DT
05/01/2009 DB 06/01/2009

Copyright (C) 2008 Audatex North America, Inc.

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.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD

2009 Lincoln MKS STD 4 DP Sedan 06/02/2009 03:23 PM

Page 2 of 3

Claim # : [REDACTED] 06/02/2009

TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

Op Codes

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = ** NON-OEM PART	ET = Partial Replace Labo	EP = ** NON-OEM PART
EU = RECYCLED PART	TE = Partial Replace Pric	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	RP = RP-RELATED PRIOR	

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

Copyright (C) 2008 Audatex North America, Inc.

2009 Lincoln MKS STD 4 DR Sedan 06/02/2009 03:23 PM

Page 3 of 3

Rental Invoice

Rental Vendor Information

Enterprise Rent-A-Car (6254)
ENTERPRISE RENT A CAR COMPANY
PEORIA, IL 61615-1917
309-691-9500

Claim Information

Claim Number: [REDACTED]
Insured Name: [REDACTED]
Renter Name: [REDACTED]
Driver Name: [REDACTED]
Date of Loss: 05/20/2009

Billing Detail

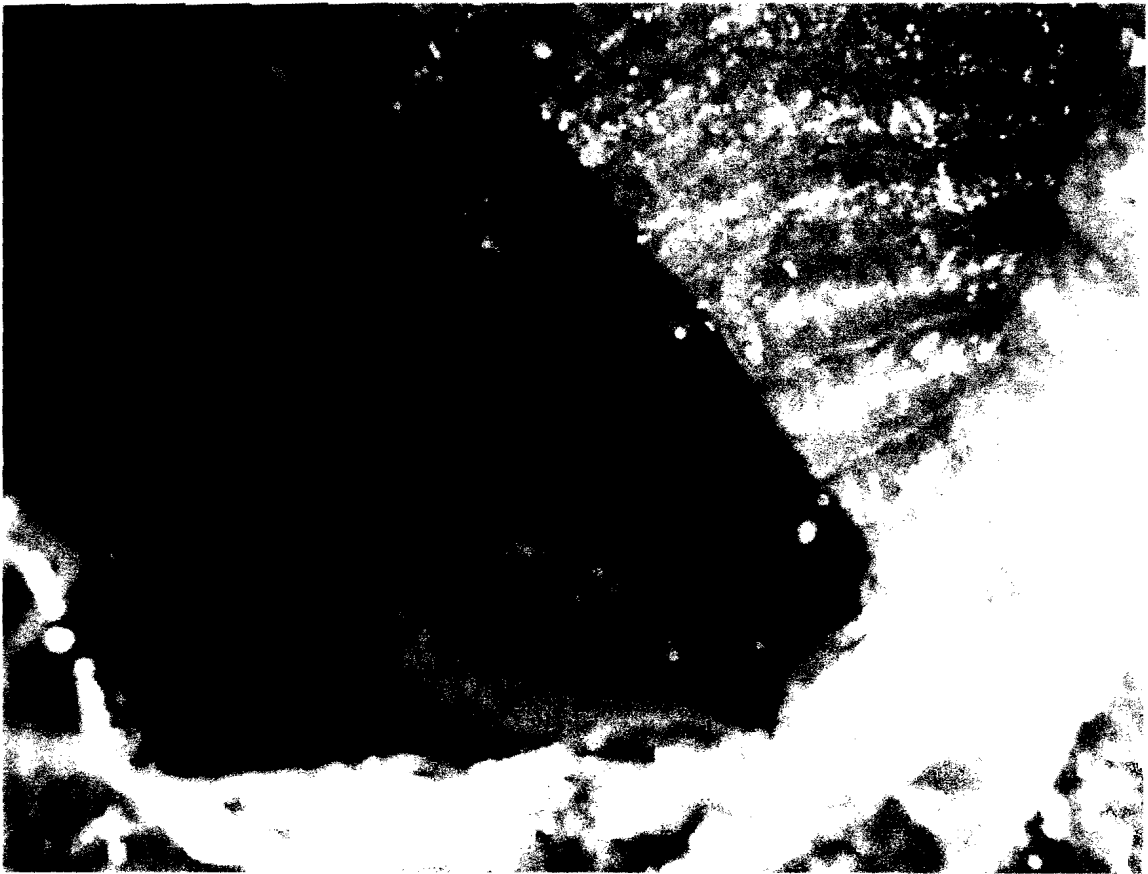
Description	Rate	Amount
9 DAYS @	41.55	373.95
1 IL ART	6.00	22.44
Total Ticket Charges:		\$396.39
Total Amount Received:		
Total Billed to Others:		
Total Amount Due:		\$396.39

Rental Information

Bill Start Date: 06/01/2009
Bill End Date: 06/09/2009

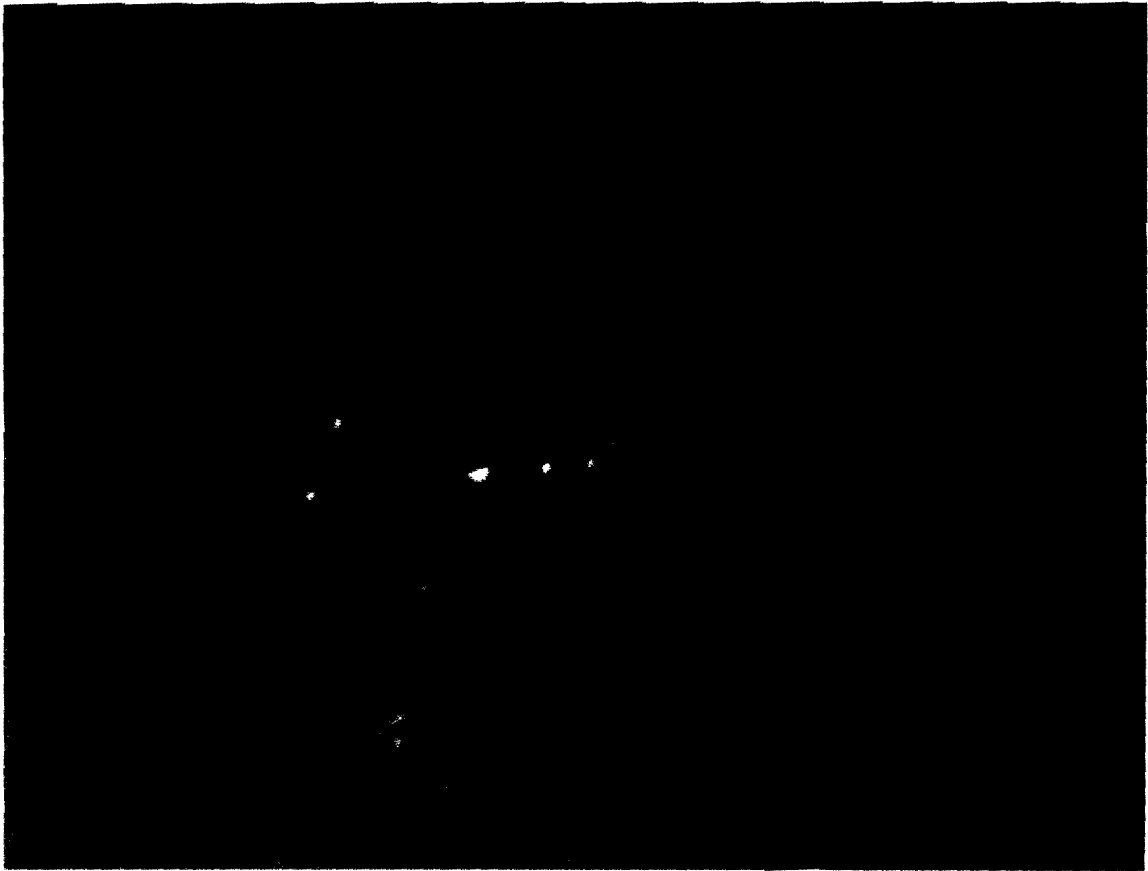
Payment Information

Tax Identification #: [REDACTED]
Remit To Address: 4509 BRADY STREET
DAVENPORT
DAVENPORT, IA 52806-4051
Invoice Number: [REDACTED]
Group/Branch Location: 6299

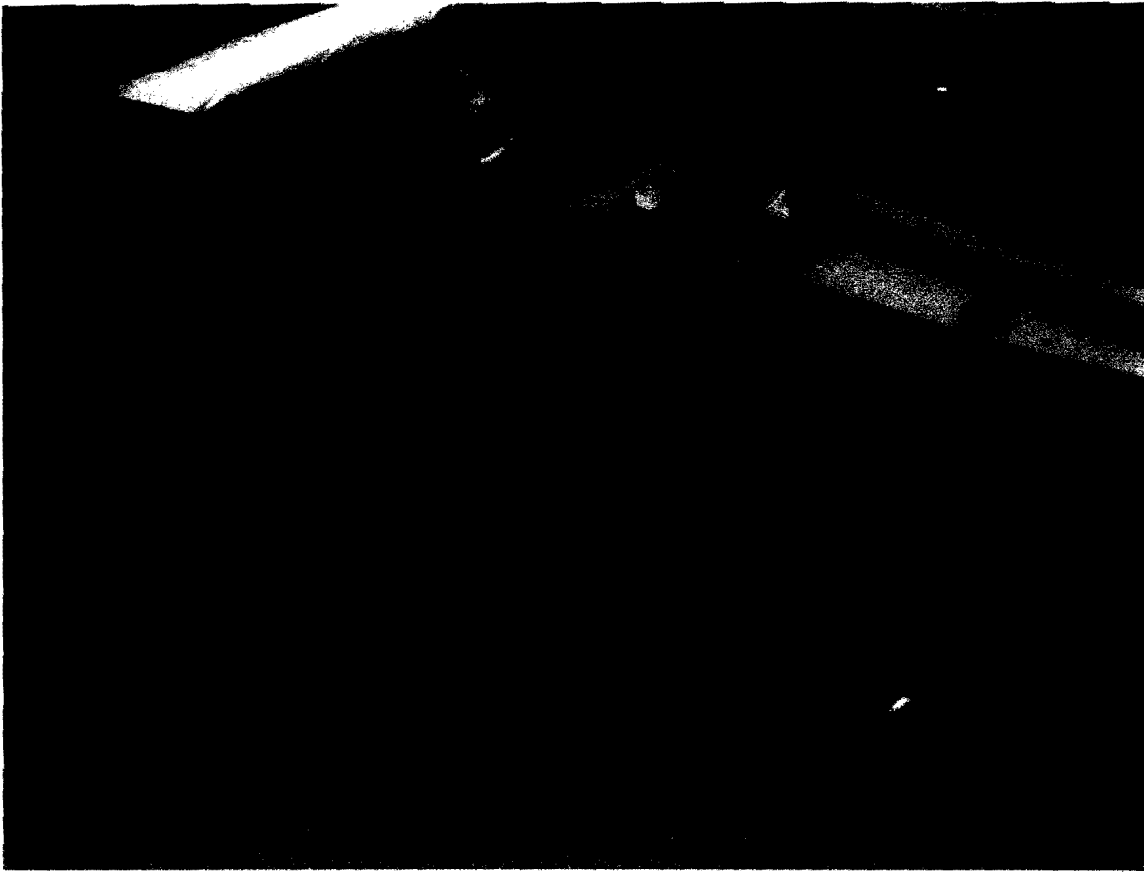


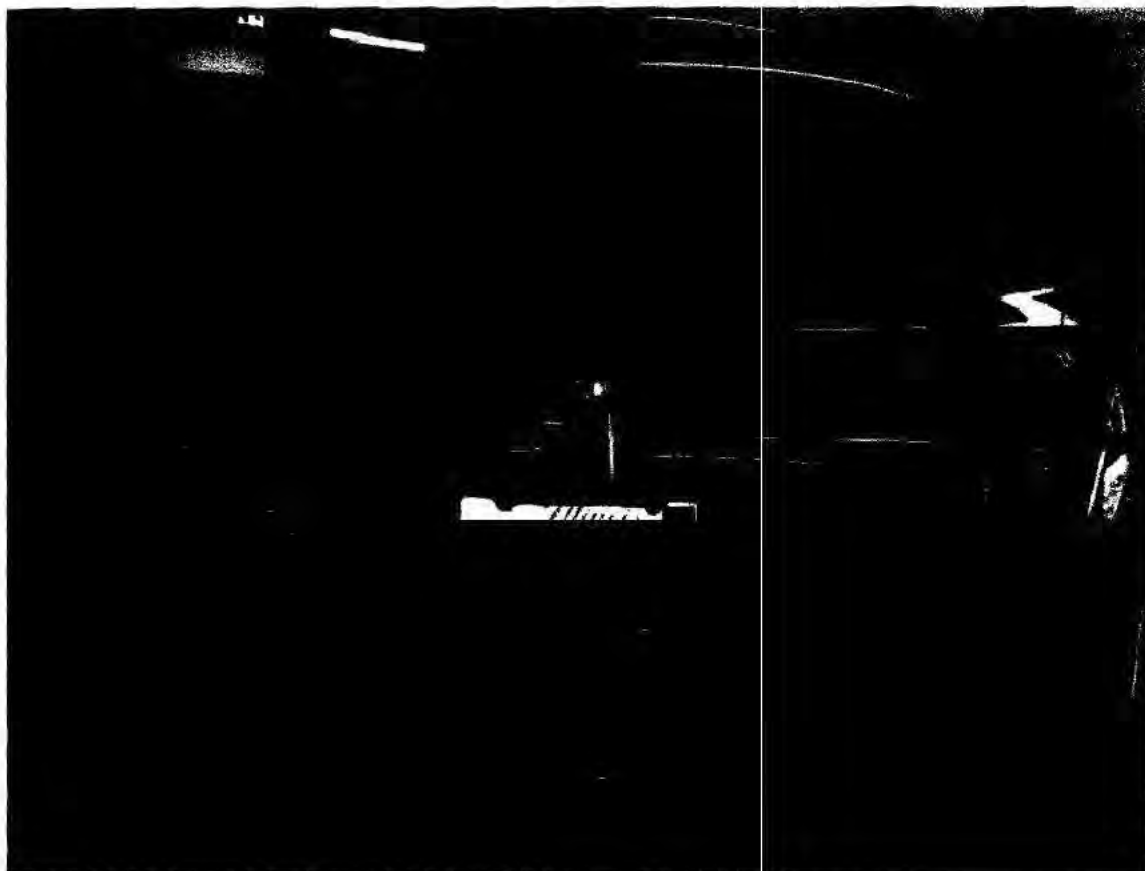


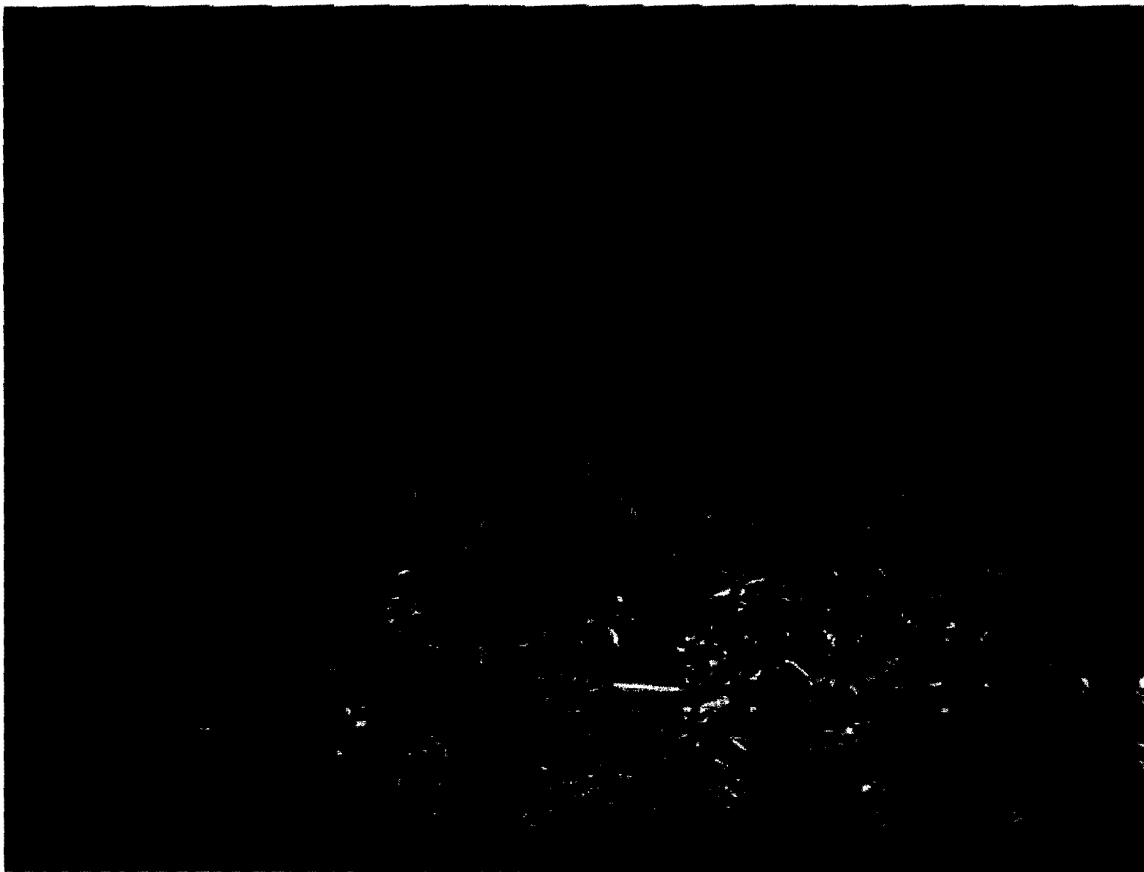












8/24/09

To: STATE FARM Claims
FAX: 888-309-8608

From:

Phone:

Subject: Requested information for claim#

Pg 1 of 5

VELDE LINCOLN MERCURY VOLVO OF CENTRAL ILLINOIS

2200 W. Pioneer Pkwy.
PEORIA, ILLINOIS 61615
(309) 692-9880
(800) 811-3884
(309) 353-6290

CUSTOMER NO.	ADVISOR	TAG NO.	INVOICE DATE	INVOICE NO.
	ROBERT A HOUGH	09460 654	06/30/09	
	ASSR RATE	LICENSE NO.	5,925	STOCK NO.
	YEAR, MAKE / MODEL	09/LINCOLN/MKS/AWD	04/10/09	DELIVERY MILES
PEORIA, IL	VEHICLE ID NO.	1 L N H M 9 4 R 1 9 G	12865	12/11/08
	RT E VOL	P.O. NO.	06/23/09	
	BUSINESS PHONE	COMMENTS		

[OAR#] 145228823				
LABOR & PARTS				
JOB # 1 70002E BODY SHOP METAL TECH(S) 03528 WARRANTY				
REPAIR CHIPS IN DECK LID FROM SUN ROOF GLASS STRIPPED AND REFINISHED DECK LID FROM GLASS CHIP GOUGES IN PAINT				
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	8A5Z-5442528-A	NAME PLATE	
JOB # 1	1	8A5Z-5442528-B	EMBLEM	
JOB # 1	1	7H6Z-5442528-A	ORNAMENT - TRI	
JOB # 1 TOTAL PARTS				0.00
JOB # 1 TOTAL LABOR & PARTS				0.00
JOB # 2 70002D BODY SHOP PAINT TECH(S) 03528 WARRANTY				
REFINISH ROOF FROM SUNROOF DAMAGE. REPAIR SHEET METAL DAMAGE REFINISHED ROOF PANEL AND RIGHT REAR SILL AREA FROM GLASS CHIPS.				
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2 TOTAL PARTS				0.00
JOB # 2 TOTAL LABOR & PARTS				0.00
JOB # 3 70002E BODY SHOP TECH(S) 03528 WARRANTY				
REPLACE RT HEADLAMP DUE TO MOISTURE INSIDE REPLACED RIGHT FRONT HEADLIGHT ASSEMBLY				
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 3	1	8A5Z-13008-J	HEADLAMP ASY	
JOB # 3 TOTAL PARTS				0.00
JOB # 3 TOTAL LABOR & PARTS				0.00
JOB # 4 40002G001 VELDE LOANER TECH(S) 03528 WARRANTY				
CUSTOMER REQUEST A SERVICE LOANER.				
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 4 TOTAL PARTS				0.00
JOB # 4 TOTAL LABOR & PARTS				0.00
G.O.S. & SUPPLIES				
JOB # 1	4.0	PAINT AND MATERAILS	@	/UNIT
JOB # 2	9.2	PAINT AND MATERAILS	@	/UNIT
TOTAL - GOG				0.00
COMMENTS				
REPAIR CHIPS IN DECK LID FROM SUN ROOF GLASS				

"Any warranties on the products sold hereby are those made by the manufacturer. The seller VELDE LINCOLN MERCURY VOLVO hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."

SEE BACK FOR
FURTHER DETAILS.

IMPORTANT

You may receive a customer satisfaction survey from Ford Motor Co. and Volvo in the next few weeks. If for any reason you cannot grade us Completely Satisfied, please contact your Service Advisor at VELDE LINCOLN MERCURY VOLVO immediately. Your satisfaction is our No. 1 concern.

THANK YOU
(309) 353-6290 PEORIA
(800) 811-3884

THANK YOU!

VELDE LINCOLN MERCURY VOLVO OF CENTRAL ILLINOIS

2200 W. Pioneer Pkwy.
PEORIA, ILLINOIS 61615
(309) 692-9880
(800) 811-3884
(309) 353-6290

CUSTOMER NO	ADVISOR	VEHICLE NO	INVOICE DATE
	ROBERT A HOUGH	09460 654	06/30/09
	LABOR RATE	LEASE NO	COUCH
			5,925
PEORIA, IL	YEAR/MAKE/MODEL	DELIVERY DATE	2,812
	09/LINCOLN/MKS/AWD	04/10/09	
	VEHICLE ID NO	SELLING DEALER NO	PRODUCTION DATE
	1 L N H M 9 4 R 1 9 G	12865	12/11/08
	F.T.E. NO	P.O. NO	P.O. DATE
			06/23/09
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS	

TOTALS

IMPORTANT You may receive a customer satisfaction survey from Ford Motor Co. in the next few weeks. If for any reason you cannot grade us "EXCELLENT" please contact your service advisor immediately. Your total satisfaction is our #1 goal. Thank you.

- ☐ CASH ☐ CHECK #
- ☐ MC/VISA ☐ AMERICAN EXPRESS
- ☐ EXT WARRANTY ☐ CHARGE #
- ☐ DISCOVER ☐ DINERS CLUB
- ☐ OTHER

TOTAL LABOR... 0.00
TOTAL PARTS... 0.00
TOTAL SUBLET... 0.00
TOTAL G.O.G... 0.00
TOTAL MISC CHG... 0.00
TOTAL MISC DISC... 0.00
TOTAL TAX... 0.00

TOTAL INVOICE \$ 0.00

"Any warranties on the products sold hereby are those made by the manufacturer. The seller, VELDE LINCOLN MERCURY VOLVO hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."

SEE BACK FOR
FURTHER DETAILS.

CUSTOMER SIGNATURE

IMPORTANT

You may receive a customer satisfaction survey from Ford Motor Co. and Volvo in the next few weeks. If for any reason you cannot grade us "Completely Satisfied" please contact your Service Advisor at VELDE LINCOLN MERCURY VOLVO immediately. Your satisfaction is our No. 1 concern.

THANK YOU
(309) 353-6290 PEORIA
(309) 692-9880 PEORIA

THANK YOU!

South Pointe Lincoln Mercury Inc.

345 MOTOR CITY DRIVE

COLORADO SPRINGS, COLORADO 80905

PHONE: 577-9000

www.south-pointe.com

PEORIA, IL

SERVICE ADVISOR MARK HILDERBRAND

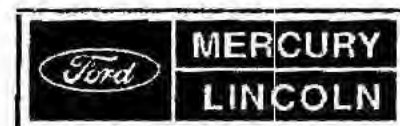


REPORT ORDER WRITTEN	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST NO.	TAG NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
20MAY09	09JUN09		1LNHM94R19G				09JUN09	
TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.	CUST PAY LABOR RATE	DEPART DATE	PREPARED BY	SA
13:07	16:24	09	LINCOLN MKS		0.00	10APR09	5919	4036
MILEAGE IN	MILEAGE OUT	LICENSE NO.						
4572	4572							

CAUSE: INSPECT & VERIFY GLASS BLEW OUTWARD R&R
HEADLINER REMOVE SUNROOF ASSY & GLASS
INSTALL TEST FAIL FT GLASS BINDING
REMOVE ASSY & FIND BIND INS
MT54022 ADJUST DRAIN CHANNELS SUN ROOF
48 BODDEN, JAMES LIC#: 5074
W94

48 BODDEN, JAMES LIC#: 5074

(N/C)



SAT 8:00AM-1:00PM

**THANK YOU
FOR YOUR
BUSINESS**

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

I hereby authorize the repair work herein set forth to be done along with the necessary material and express that you are not responsible to loss of or damage to your car or articles in a vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and inspection. An express to "mechanic" is hereby acknowledged on above vehicle to authorize amount of repairs thereto.

HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF

X

PROGRAM CODES			DATE INSTALLED		SERVICE INSTALLED PARTS				TOTAL # OF HOURS		
REPAIR 1	REPAIR 2	REPAIR 3	MO	DAY	YR	CHIT PARTS					
			1	LABOR	2	LABOR	3	LABOR	PERCENTAGE	TOTAL LABOR	CORRECTED LABOR
			1	PARTS	2	PARTS	3	PARTS	PERCENTAGE	TOTAL PARTS	CORRECTED PARTS
TOTAL HOURS OF CHARGING			SUB TOTAL		REPLACEMENT	TECHNICIAN PARTICIPATION		CUSTOMER SATISFACTION OF DEPENDABLE		TOTAL CLAIM	CORRECTED TOTAL
ADJUSTING CODE			CLAIMS CHARGED OR DENIED		CLAIMS RETURNED						

ON RETURN OF SERVICE ORDER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE AND COMPLETE. I AGREE TO WAIVE SHOWN SERVICE, DESCRIBE SERVICE PERFORMANCE, NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE WORK OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM WAS NOT CORRECTED. ANY WORK WITH ANY AGENT INCLUDING REPAIRS OR REPAIRS RECORDED IN THIS CLAIM ARE AVAILABLE FOR 1 YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVING DEALER'S OR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

DEALER: _____ DEALER'S NAME AND ADDRESS: _____ DATE: _____

CUSTOMER COPY

PAGE 2

South Pointe Lincoln Mercury Inc.

945 MOTOR CITY DRIVE

COLORADO SPRINGS, COLORADO 80905

PHONE: 577-9000

www.south-pointe.com

PEORIA, IL

SERVICE ADVISOR MARK HILDERBRAND



REPAIR ORDER WRITTEN	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAG NO.	P.O. NO.	BY SOURCE PRINTED	INVOICE NO.
20MAY09	09JUN09		1LNHM94R19C				09JUN09	
TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.	COST PAY LABOR RATE	DELIVERY DATE	PREPARED BY	SEA
13:07	16:24	09	LINCOLN MKS		0.00	10APR09	5919	4036
MILEAGE IN	MILEAGE OUT	LICENSE NO.						
4572	4572							

ITEM	TYPE	QTY	AMOUNT	REMARKS	TOTAL
50222A FRAME-ROOF OPENING GLASS - REPLACE (502C22/51070) - L	W94				(N/C)
99 W94					(N/C)
50282R GLASS-MOON ROOF/SUN ROOF - REMOVE AND INSTALL OR REPLACE (500A18) - L	W94				(N/C)
99 W94					
PC: G02 41					
PART#: 8A5Z*5451070*A					
COUNT:					
CLAIM TYPE:					
AUTH CODE:					
5074					
SUBL REPAIR ABC#13269 PO#130296	W94				(N/C)
FC:					
B PERFORM MULTI-POINT INSPECTION (2-11)					
99P PERFORM MULTI-POINT INSPECTION (2-11)					
48 BODDEN, JAMES LIC#: 5074					
CP			0.00		0.00



SERVICE HOURS
M-F 7:00AM-6:00PM
SAT 8:00AM-1:00PM

**THANK YOU
FOR YOUR
BUSINESS**

** PRE-INVOICE **

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

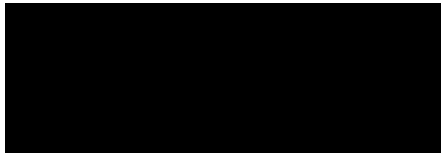
I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

X

PROGRAM CODES			DATE INSTALLED			SERVICE INSTALLED PARTS			ORIGINAL RPT. NUMBER		
NO.	DESCRIPTION	QTY	NO.	DESCRIPTION	QTY	NO.	DESCRIPTION	QTY	NO.	DESCRIPTION	QTY
1	LABOR	2	LABOR	3	LABOR	4	LABOR	5	LABOR	6	LABOR
1	PARTS	2	PARTS	3	PARTS	4	PARTS	5	PARTS	6	PARTS
SUB TOTAL			SALES TAX			CUSTOMER PAYMENT			TOTAL DUE		
SALES CHARGES OR DELAYS			GLASS REPAIR			GLASS REPAIR			GLASS REPAIR		

ON BEHALF OF SERVING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER THERE WAS NO DEDUCTION FROM THE APPROPRIATE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRS OR REPLACED UNDER THIS C. AND BEING CORRECTED IN ANY WAY WITH ANY ACCIDENT, REPAIRS OR M. SUSE. REPAIRS CORRECTED IN THIS C. MAY BE AVAILABLE FOR 72 HOURS FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

CUSTOMER COPY



From: tfosys@ford.com [mailto:tfosys@ford.com]
Sent: Monday, April 18, 2011 4:47 PM
To: Scheuer, Thomas (T.L.); Clark, Jessica (J.E.)
Subject: 20062122-Request Closed

This is an auto generated e-mail from Technical Field Operations Assignment Management System. Please do not reply.

Please click [here](#) to access this request

Additional Comments

Request Details

Additions and/or changes made to the request are highlighted in red.

Tracking Number

Status

Currently assigned to

Request Type

Request Source

If Other request source, please explain

Primary contact

Primary contact's phone number

Closed

TSCHEUE1

Legal; Document where requested

Legal

Steve Bardell

313-845-5627

Primary contact's email address	sbardell@ford.com
Technician Name	
Technician certified in relevant speciality	
Dealership Name	CREST LINCOLN, INC.
P&A Code	10302
Facing Region (SDR separate from Contact Regions)	G2 - DETROIT
Geographic Region (SDR combined with Contact Region)	G2 - DETROIT
FCSD Sales Zone	A10
FCSD Technical Zone	T01
VIN	1LNHL9DR6AG [REDACTED]
Vehicle year/model	2010 MKS
Vehicle mileage	4,040
Repair Order (R.O) #	
Customer Name	[REDACTED]
Vehicle Down?	Yes
GCQIS Report #	
TAR Open?	
CuDL Case #	
Priority	High
	OGC requests FSE assistance.
	Please contact Steve Bardell from
	OGC at Phone 313-845-5627 for
	further details. ---Updated By---
	JCLAR401--04/15/2011 10:53:52
	AM--
Request description	
GCQIS Comments	
FSE Comments	
	FSE contacted Steve Bardell at
	OGC and will inspect this vehicle
	on 4/18/11. ---Updated By---
	TSCHEUTE1--04/15/2011
	07:09:42 PM-- FSE inspected this
	vehicle on 4/18/11 and contacted
	Steve Bardell at OGC with
	results. ---Updated By---
	TSCHEUTE1--04/18/2011
	04:46:50 PM--
	4/15/2011
Initial Contact Date	
Person Contacted	Steve Bardell
Dealership visit planned?	Yes
Visit date, if planned	4/18/2011
Did Visit Occur?	Yes
Concern Summary for Technical Assistance Contact Report	
Inspection Comments for Technical Assistance Contact Report	
Primary Root cause for Technical Assistance Contact Report	
Other Root Causes	
Please explain if "Other" is root cause	
Recommendation for Technical Assistance Contact Report	
Missing tools/equipment(if identified)	
Missing tools/equipment ordered during visit?	
Total hours spent on request	2.0
Created by	JCLAR401

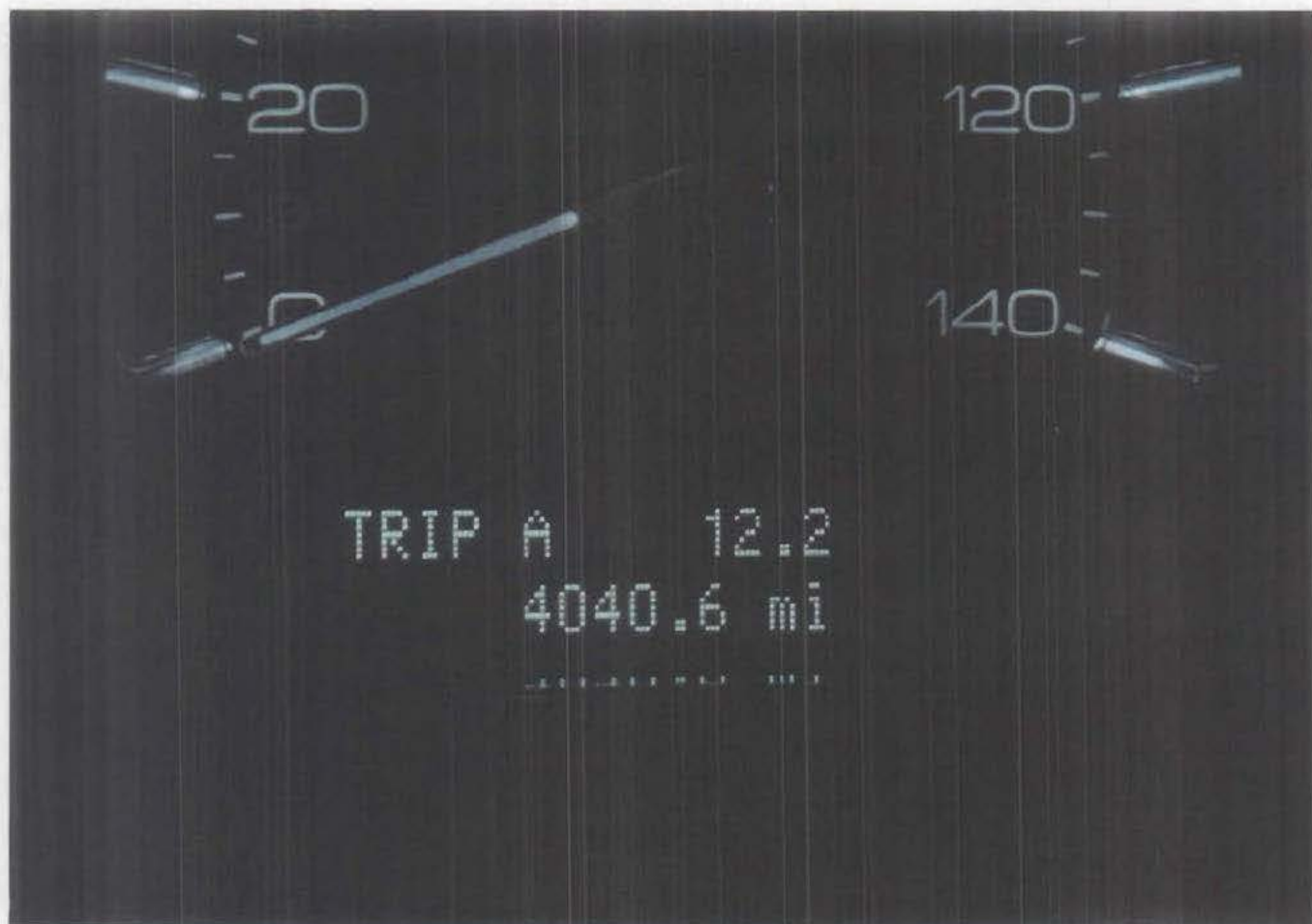
4/19/2011

EA14-002.1 000025 LC

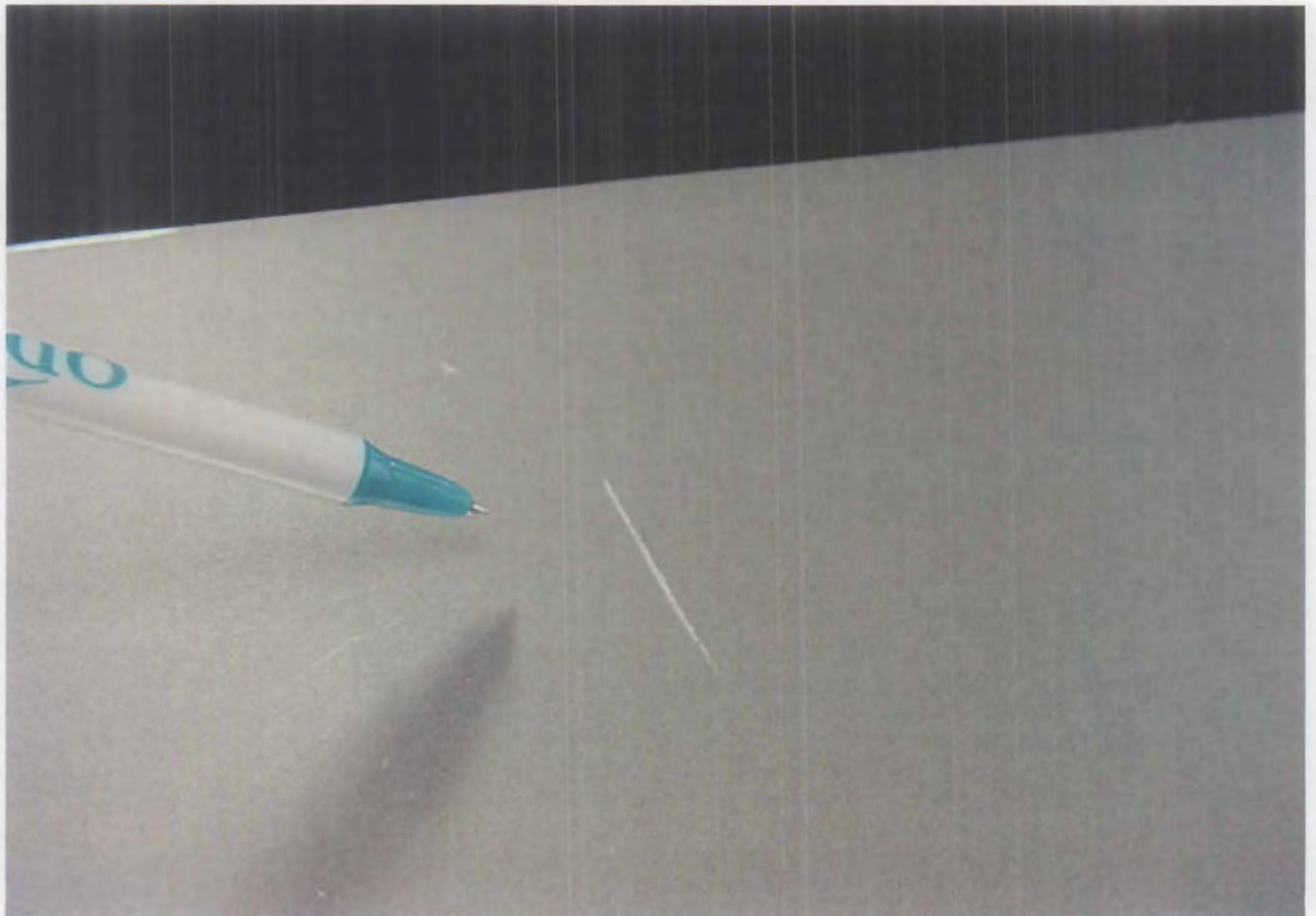
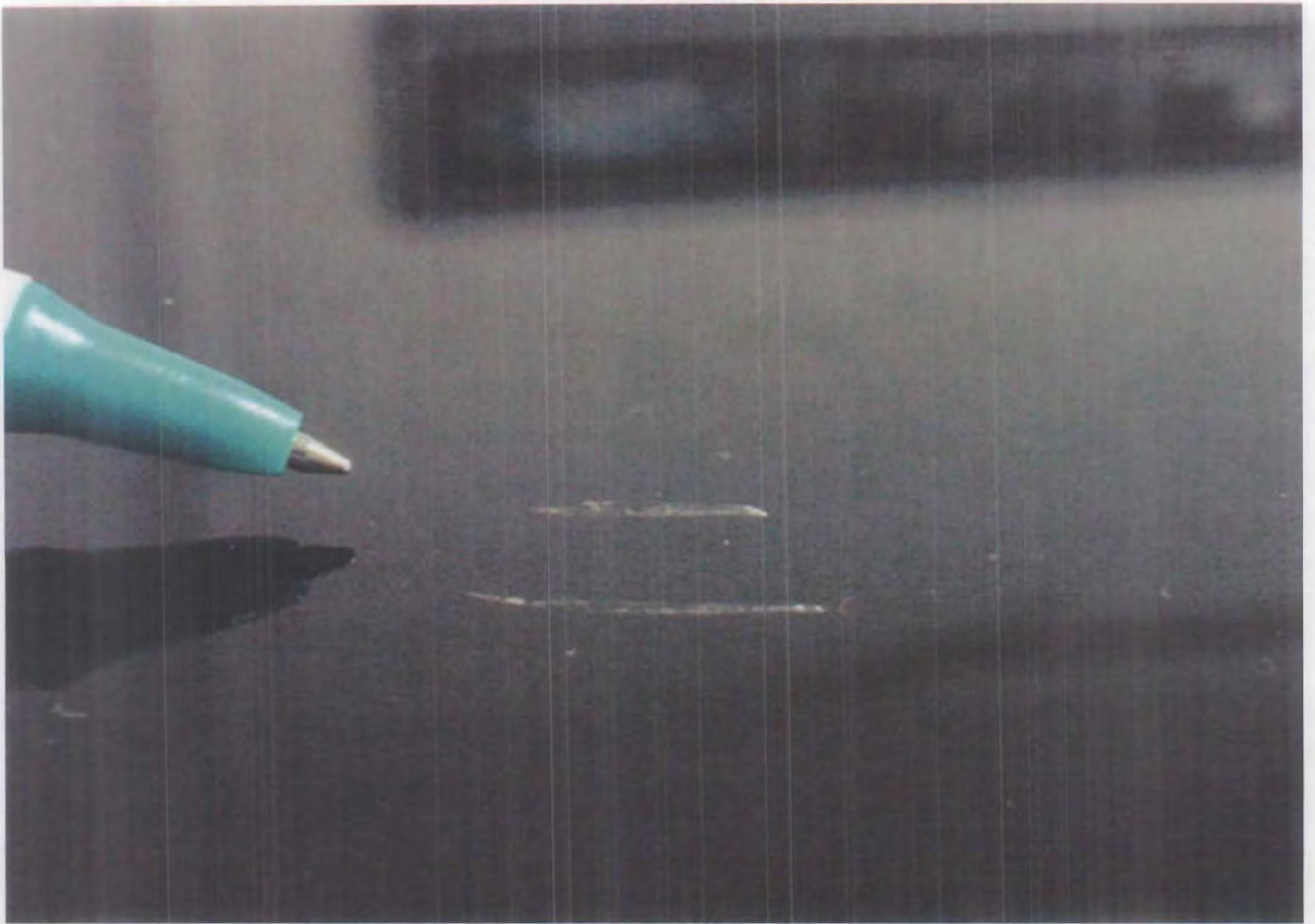
Created date
Last Revised by
Last revised date

04/15/2011 10:53:52 AM EST
TSCHEUE1
04/18/2011 04:46:50 PM EST

This e-mail notification has been generated by: TSCHEUE1
Thank you..







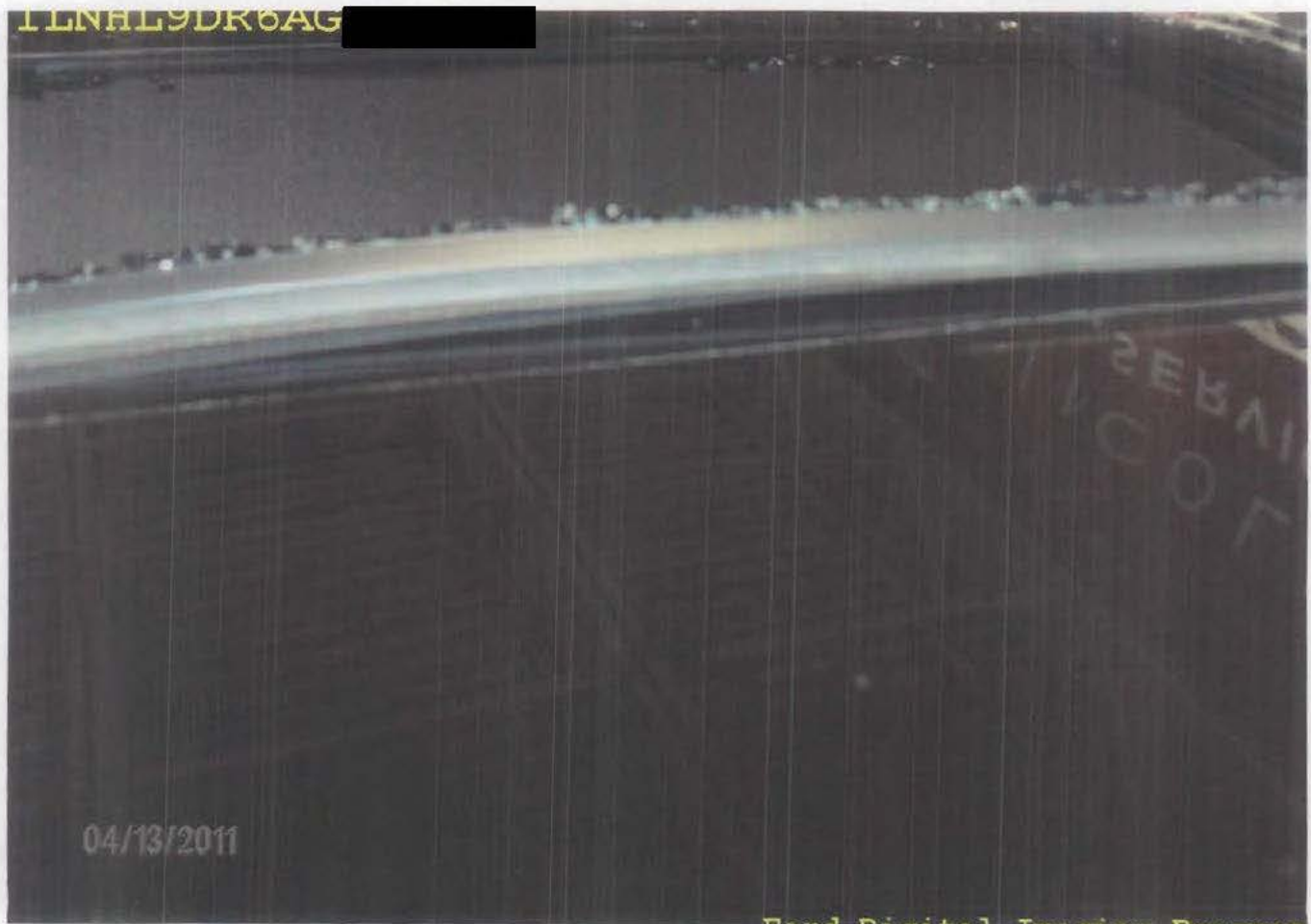
**DIGITAL IMAGING**Vehicle Information
Reporting System**CLAIM INFORMATION****INFORMATION RECEIVED:** 04-13-2011 12:23:35**DEALERSHIP NAME:** CREST LINCOLN MERCURY**P & A CODE:** 10302**CLAIM STATUS:** Denied**CATEGORY:** DAMAGE**ACES CODE:** NONE**SERVICE WRITER:** TIM OPRINSKI**FORD REVIEWER:** Leon Dallape**SENT TO GCQIS:** YES**RO NUMBER:** [REDACTED]**LINE NUMBER:** A**SYMPTOM CODE:** 105302**ODOMETER:** 4040**VIN NUMBER:** 1LNHL9DR6AG [REDACTED]**VEHICLE INFO:** 2010 MKS**WARRANTY START DATE:** Oct 28, 2010**VEHICLE BUILD DATE:** Apr 01, 2010**PART NUMBER:** NONE**IMAGE GALLERY****CLAIM COMMENTS**

Dealer Service Writer: TO> CUST STATES THAT THE MOONROOF JUST EXPLODED WHILE VEHICLE WAS BEI
DRIVEN....NECC TO RECC REPLACEMENT OF BOTH MOONROOF GLASS'

Ford Reviewer: LAD> TIM - BROKEN GLASS IS NOT A WARRANTABLE CONDITION. AS PER SECTION 3 OF TH
WARRANTY AND POLICY MANUAL, DAMAGE FROM AN AN OUTSIDE SOURCE IS NOT REIMBURSABLE UNDER TH
NEW VEHICLE LIMITED WARRANTY.

DAMAGED GLASS MAY BE REIMBURSED ONLY IF THE DAMAGE WAS DETERMINED TO BE CAUSED BY A
WARRANTABLE DEFECTIVE PART.

THANKS' LEON (CONTACT ID = 104 497 771)



1LNHL9DR6AG [REDACTED]



Ford Digital Imaging Program

1LNHL9DR6AG [REDACTED]



Ford Digital Imaging Program



1LNHL9DR6AG



04/13/2011

Ford Digital Imaging Program

Report# :	[REDACTED]		Received:	04/13/2011
CCRG/EPRC:		Reviewed Status:	Date:	
Vehicle:	2010,MKS,4 DOOR ,SEDAN ,1LNHL9DR6AG	[REDACTED]	Build Date:	04/01/2010
Odometer :	4,040 M	Engine:	3.7L 4V	Calibration: ALE1FT0A
Transmission:	6F50	Axle:	3.16 RATIO	A/C: YES
Dealer:	USA 10302 Crest Lincoln, Inc.		Phone#:	(586) 939-6000
City:	Sterling Heights	State:	Michigan	Country : USA
Originator:	TIM OPRINSKI			
Symptom:	1 05 3 02 BODY,ROOF OPTIONS,SUN/MOONROOF,APPEAR GLASS			
Status:				
VFG:	V09 MOVABLE GLASS			
Additional Symptom:	Denied			
Fix:	Causal Component :			
Condition Code:				

Region Code: G2

Region Name: Detroit

KOEO:

KOEC:

KOER:

CONCER 04/13/2011 12:19PM

CUST STATES THAT THE MOONROOF JUST EXPLODED WHILE VEHICLE WAS BEING
DRIVEN....NECC TO RECC REPLACEMENT OF BOTH MOONROOF GLASS'

RECOMM 04/13/2011 12:19PM

Tim - Broken glass is not a warrantable condition. As per Section 3
of the Warranty and Policy Manual, damage from an an outside source
is not reimbursable under the New Vehicle Limited Warranty.

Damaged glass may be reimbursed only if the damage was determined to
be caused by a warrantable defective part.

Thanks' Leon

(Contact ID = 104 497 771)

BEGINNING OF CONTACT
04/12/2011

VOICE OF THE CUSTOMER TRACKING SYSTEM

07.55.06

=====

REGION: G2 DETROIT	OGC ISSUE	CASE NBR:	
VIN: 1LNHL9DR6AG	ZONE: A10	OPENED: 2011/04/11	
	ENGINE: R	CLOSED: 2011/04/11	
=====			
LAST NAME:		STATUS:	CLOSED
TITLE: MR	FIRST NAME:	MI:	M
ADDRESS:		ZIP:	
CITY: STERLING HEIGHTS	STATE: MI		
HOME PHONE:			
MODEL YEAR: 2010	MODEL: MKS		
MILEAGE: 4000			
DEALER NAME: CREST LINCOLN, INC.	SALES CODE: L45069	P & A:	10302
REASON CODE: 0796 LEGAL - ALLEGED INJURY			
SYMPTOMS: 102303 WINDOW/GLASS BACKGLASS BREAKS/BROKEN			

ORIGIN: CRCBCP - TIER ONE - MELBOURNE COMMUNICATION: PHONE
ACTION: T1120 - TIER ONE CLOSE ISSUE
DOCUMENT: ANALYST: JWIXTED WIXTED (JWIXTED), JANET

DATE: 2011/04/11 TIME: 12.22.20:
ACTION DATA/COMMENTS:

=CUST STATES THAT WHEN DRIVING DOWN THE ROAD THE GLASS OF THE SUNROOF SHATTERED 4/11=CUST STATES THAT THE ONLY WARNING HE HAD WAS A POPPING NOISE=CUST STATES THAT HE HAS CUTS ON HIS ARMS=CUST HAS NOT YET BEEN TO THE DLR=CUST DID NOT FILE ANY TYPE OF POLICE REPORT=CUST HAS NOT CONTACTED HIS INSURANCE COMPANY=CUST SEEKING WHAT TO DO CREST LINCOLN, INC. 36200 VAN DYKE STERLING HEIGHTS MI 48312(866) 353-2270 "I WILL FORWARD YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.***NOTE TO CCR: PLEASE REMEMBER TO VERIFY CUSTOMER CONTACT INFORMATION AND DOCUMENT INCIDENT/ACCIDENT PER THE AAF TOPIC ""DOCUMENTING FIRE AND ACCIDENTS"" GUIDELINES""=CRC ADVISED CUST OF ABOVE=ADVISED CUST TO TAKE ANY PICTURES OF THE CONCERN AND HIS CUTS VERIFIED ALL INFORMATION=BEST PHONE #





On Your Side®

Nationwide Insurance
Allied Insurance
Nationwide Agribusiness
Titan Insurance
Victoria Insurance

P.O. Box 730 * *Gardnec5@Nationwide.com* * Liverpool, NY 13088-0730

April 20, 2011

Ford Motor Company
Office of the General Counsel
P.O. Box 70
Dearborn, MI 48121-0070

APR 27 2011 *sc*

OUR INSURED: [REDACTED]
OUR CLAIM NUMBER: [REDACTED]
DATE OF LOSS: 04-06-2011

VEHICLE: 2010 Ford Edge
VIN: 2FMDK3JC1AB [REDACTED]
CITY/STATE: San Diego, CA
DEFECT/ORIGIN: Defective Vista Sun Roof / glass shattered

Please be advised that Nationwide is the insurance carrier for the above-named insured, who sustained glass damage to his automobile on the above date of loss. Our preliminary investigation reveals that this glass loss may have resulted from a defect in the automobile; therefore we are placing you on notice of a potential claim against you.

Please contact the undersigned within the next 10 business days to advise who will be handling this claim.

Thank you for your prompt attention to this matter.

Cheryl Gardner
Claims Department
AMCO Insurance Company, a Nationwide company
1-(800)992-5358 Ext. 3547

maggie
D038107

FORD MOTOR COMPANY
RECEIVED
CL- 71797

APR 27 2011

OFFICE OF THE
GENERAL COUNSEL

DRP26499



On Your Side®

Nationwide Insurance
Allied Insurance
Nationwide Agribusiness
Titan Insurance
Victoria Insurance

P.O. Box 730 * *Gardnec5@Nationwide.com* * Liverpool, NY 13088-0730

April 20, 2011

Ford Motor Company
Office of the General Counsel
P.O. Box 70
Dearborn, MI 48121-0070

OUR INSURED : [REDACTED]
OUR CLAIM NUMBER : [REDACTED]
DATE OF LOSS : 04-06-2011
YOUR INSURED : Ford Motor Company
YOUR INSURED'S ADDRESS : Office of the General Counsel
P.O. Box 70
Dearborn, MI 48121-0070

YOUR POLICY/CLAIM NUMBER :
COMPANY LOSS : \$ 1265.52
LESS (SALVAGE) : \$ repairable
DEDUCTIBLE : \$50.00
TOTAL AMOUNT DUE : \$1315.52
INSURED'S OUT OF POCKET RENTAL : \$

Dear Ford Motor Company:

The supporting papers and a request for payment of our subrogation claim are enclosed. We consider the total amount due listed above to be payment in full, but will promptly notify you if we incur any additional costs.

Please forward your check to: Claim Number: [REDACTED]
Nationwide Insurance Co.
1100 Locust St
Dept 2019
Des Moines, IA 50391-2019

Please deal directly with our Insured regarding any out of pocket rental claim. Payment should not be made to Nationwide on the out of pocket claim and should be made directly to our Insured.

Please contact me if you have any questions or concerns. We appreciate your cooperation and prompt response in this matter. Thank you.

Sincerely,

Cheryl Gardner
Claims Department
AMCO Insurance Company, a Nationwide company
1-(800)992-5358 Ext. 3547

COLL	SETTLED		SETTLED
FTC	SETTLED	1,265.52	RECOVERY
LOU	SETTLED		SETTLED

Start

2:19 PM

04/08/2011 AT 04:29 PM
10691

NATIONWIDE ENTERPRISE
PACIFIC COAST REGIONAL OFFICE CA
FELDWIK@NATIONWIDE.COM
ALLIED PCRO CLAIMS
ONE NATIONWIDE GATEWAY DEPT 5577
DES MOINES, IA 50391-5577
(858) 740-4659 FAX: (866) 545-6862

ESTIMATE OF RECORD

WRITTEN BY: KIM FELDWICK #N/A 04/08/2011 12:52 PM
ADJUSTER: KIMBERLY FELDWICK (858) 740-4659

INSURED: [REDACTED] CLAIM [REDACTED]
OWNER: [REDACTED] POLICY #AMCO INSURANCE CO
ADDRESS: [REDACTED] DATE OF LOSS: 04/06/2011
SAN MARCOS, CA TYPE OF LOSS: FIRE, THEFT AND COMPR
OTHER: [REDACTED] POINT OF IMPACT: 13. ROLLOVER
DAY: () UNK-NOWN

INSPECT KEN GRODY FORD
LOCATION: 5555 PASEO DEL NORTE
CARLSBAD, CA 92008

REPAIR_SHOP

REPAIR KEN GRODY FORD
FACILITY: 5555 PASEO DEL NORTE
CARLSBAD, CA 92008

BUSINESS: (760) 438-9171
DAYS TO REPAIR
LICENSE #

2010 FORD EDGE 4X2 SEL 6-3.5L-FI 4D UTV PEARL WHIT INT:TAN
VIN: 2FMDK3JC1AB [REDACTED] LIC: 6NGJ242 CA PROD DATE: 04/2010 ODOMETER:
AIR CONDITIONING [REDACTED] REAR DEFOGGER TILT WHEEL
CRUISE CONTROL TELESCOPIC WHEEL INTERMITTENT WIPERS
CLIMATE CONTROL KEYLESS ENTRY ALARM
REAR WINDOW WIPER STEERING WHEEL CONTROLS PARKING SENSORS
MESSAGE CENTER DUAL MIRRORS PRIVACY GLASS
CONSOLE/STORAGE OVERHEAD CONSOLE ELECTRIC STEEL SUNROOF
CALIFORNIA EMISSIONS FOG LAMPS REAR SPOILER
THREE STAGE PAINT POWER STEERING POWER BRAKES
POWER WINDOWS POWER LOCKS POWER DRIVER SEAT
POWER MIRRORS AM RADIO FM RADIO
STEREO SEARCH/SEEK CD CHANGER/STACKER
SATELLITE RADIO ANTI-LOCK BRAKES (4) DRIVER AIR BAG
PASSENGER AIR BAG HEAD/CURTAIN AIR BAGS FRONT SIDE IMPACT AIR BAG
4 WHEEL DISC BRAKES TRACTION CONTROL STABILITY CONTROL
LEATHER SEATS BUCKET SEATS RECLINE/LOUNGE SEATS
AUTOMATIC TRANSMISSION ALUMINUM/ALLOY WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		ROOF					
2		REPL SUNROOF GLASS FRONT	1		1011.97	1.0	
3#		RPR GLASS CLEAN UP				1.0	

04/08/2011 AT 04:29 PM
10691

ESTIMATE OF RECORD
2010 FORD EDGE 4X2 SEL 6-3.5L-FI 4D UTV PEARL WHIT INT:TAN

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
4#	OPEN -	ADD'L DMG AFTER TEAR	1				
	DOWN						
5		OTHER CHARGES					
6#	E.P.C.		1		5.00		
SUBTOTALS ==>					1016.97	2.0	0.0

ESTIMATE NOTES:
RAN RPS

PRIOR DAMAGE NOTES:
NONE NOTED

PARTS			1011.97
BODY LABOR	2.0 HRS	@\$105.00/HR	210.00
OTHER CHARGES			5.00
SUBTOTAL			\$ 1226.97
SALES TAX	\$ 1011.97	@ 8.7500%	88.55
TOTAL COST OF REPAIRS			\$ 1315.52
ADJUSTMENTS:			
DEDUCTIBLE			50.00
TOTAL ADJUSTMENTS			\$ 50.00
NET COST OF REPAIRS			\$ 1265.52

THE LIMIT OF YOUR COVERAGE IS THE ACTUAL CASH VALUE OF YOUR AUTO OR ITS DAMAGED PARTS AT THE TIME OF LOSS. FAIR MARKET VALUE, AGE AND CONDITION OF YOUR DAMAGED VEHICLE WILL BE CONSIDERED WHEN DETERMINING THE ACTUAL CASH VALUE OF A LOSS. CERTAIN PARTS LOSE VALUE OR DEPRECIATE BECAUSE OF AGE, CONDITION, AND/OR WEAR AND TEAR. BETTERMENT IS THE INCREASE IN VALUE OF A VEHICLE OR ANY OF ITS PARTS AS A RESULT OF REPLACING CERTAIN PARTS DAMAGED IN A LOSS. IF THE REPLACEMENT OF CERTAIN PARTS RESULTS IN AN INCREASE IN VALUE TO YOUR VEHICLE OR ANY OF ITS PARTS, A DEDUCTION FOR BETTERMENT MAY BE MADE TO YOUR LOSS PAYMENT TO REFLECT THE ACTUAL CASH VALUE YOU ARE OWED UNDER YOUR POLICY.

04/08/2011 AT 04:29 PM
10691

ESTIMATE OF RECORD
2010 FORD EDGE 4X2 SEL 6-3.5L-FI 4D UTV PEARL WHIT INT:TAN

THIS IS AN ESTIMATE ONLY AND NOT AN AUTHORIZATION TO REPAIR. ADDITIONAL
PAYMENT WILL BE MADE ONLY WITH THE APPROVAL PRIOR TO REPAIR.

ALLIED INSURANCE GUARANTEE

THE VEHICLE OWNER IS GUARANTEED THAT THE ALLIED APPRAISAL:
-IS FAIRLY PRICED AND INCLUDES ALL DAMAGE RELATED TO THE ACCIDENT THAT WAS
EVIDENT WHEN THE VEHICLE WAS APPRAISED; AND
-WILL ALSO INCLUDE IN THE REPAIRS AND THE SETTLEMENT ANY HIDDEN OR MISSED
DAMAGE CAUSED BY THE ACCIDENT.

IN ADDITION, YOUR ASSIGNED ALLIED CLAIM REPRESENTATIVE WILL BE AVAILABLE TO
ASSIST IN RESOLVING ANY CONCERNS YOU, THE VEHICLE OWNER, MAY HAVE ABOUT THE
QUALITY OF REPAIRS

ALLIED INSURANCE WILL REPLACE ANY DEFECTIVE LIKE KIND AND QUALITY (USED,
RECONDITIONED OR REMANUFACTURED) AND ANY NON-OEM PARTS FOR AS LONG AS THE
OWNER NAMED BELOW OWNS THE VEHICLE.

THIS IS LIMITED TO REPAIRS AND PARTS SPECIFIED ON THE ATTACHED APPRAISAL.

DATE OF ISSUE

SIGNATURE OF CLAIM REPRESENTATIVE

THIS IS NOT TRANSFERABLE OR ASSIGNABLE TO ANY SUBSEQUENT OWNER OF THE REPAIRED
VEHICLE. TO REPORT AN ALLIED INSURANCE CLAIM FOR THIS APPRAISAL, PLEASE CALL
1-800-282-9445.

IMPORTANT! ALL SERVICE PROVIDERS MUST COMPLY WITH STATE AND FEDERAL PRIVACY
LAWS, INCLUDING THE PRIVACY PROVISIONS OF THE GRAMM-LEACH-BLILEY ACT AND WITH
ALLIED'S PRIVACY STATEMENT AND PROCEDURES. ACCORDINGLY, YOU ARE HEREBY
NOTIFIED THAT CUSTOMER INFORMATION SHARED WITH OR OBTAINED BY SERVICE
PROVIDERS SHALL BE USED SOLELY FOR THE PURPOSE FOR WHICH IT WAS PROVIDED AND
FOR NO PURPOSE WHATSOEVER.

04/08/2011 AT 04:29 PM
10691

ESTIMATE OF RECORD
2010 FORD EDGE 4X2 SEL 6-3.5L-FI 4D UTV PEARL WHIT INT:TAN

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

ANY PERSON WHO KNOWINGLY PRESENTS 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.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED: MOTOR ABBREVIATIONS/SYMBOLS: D=DISCONTINUED PART A=APPROXIMATE PRICE LABOR TYPES: B=BODY LABOR D=DIAGNOSTIC E=ELECTRICAL F=FRAME G=GLASS M=MECHANICAL P=PAINT LABOR S=STRUCTURAL T=TAXED MISCELLANEOUS X=NON TAXED MISCELLANEOUS PATHWAYS: ADJ=ADJACENT ALGN=ALIGN A/M=AFTERMARKET BLND=BLEND CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION D&R=DISCONNECT AND RECONNECT DS PART=DIAMOND STANDARD PART DS ASSY=DIAMOND STANDARD ASSEMBLY EST=ESTIMATE EXT. PRICE=UNIT PRICE MULTIPLIED BY THE QUANTITY INCL=INCLUDED MISC=MISCELLANEOUS NAGS=NATIONAL AUTO GLASS SPECIFICATIONS NON-ADJ=NON ADJACENT O/H=OVERHAUL OP=OPERATION NO=LINE NUMBER QTY=QUANTITY QUAL RECY=QUALITY RECYCLED PART QUAL REPL=QUALITY REPLACEMENT PART COMP REPL PARTS=COMPETITIVE REPLACEMENT PARTS RECOND=RECONDITION REFN=REFINISH REPL=REPLACE R&I=REMOVE AND INSTALL R&R=REMOVE AND REPLACE RPR=REPAIR RT=RIGHT SECT=SECTION SUBL=SUBLET LT=LEFT W/O=WITHOUT W/_=WITH/_ SYMBOLS: #=MANUAL LINE ENTRY *=OTHER [IE..MOTORS DATABASE INFORMATION WAS CHANGED] **=DATABASE LINE WITH AFTERMARKET N=NOTES ATTACHED TO LINE. OPT OEM=ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT. NWCPP=NATIONWIDE CRASH PARTS PROGRAM.

04/08/2011 AT 04:29 PM
10691

ESTIMATE OF RECORD
2010 FORD EDGE 4X2 SEL 6-3.5L-FI 4D UTV PEARL WHIT INT:TAN

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR2MS07, CCC DATA DATE 02/01/2011, 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. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECOND. RECOND 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 2010 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 PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PARTS NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP.

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

04/08/2011 AT 04:29 PM
10691

ESTIMATE OF RECORD
2010 FORD EDGE 4X2 SEL 6-3.5L-FI 4D UTV PEARL WHIT INT:TAN

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: AUTOMATICALLY LIST

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

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

OPTIONAL OEM PARTS

OPTIONAL OEM SELECTION METHOD: MANUALLY LIST

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

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

RECONDITIONED PARTS

RECONDITIONED SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT A RECONDITIONED PART WAS AVAILABLE: 0

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

RECYCLED PARTS

NO. OF TIMES USER WAS NOTIFIED THAT A RECYCLED PART WAS AVAILABLE: 0

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

EA14-002.1 000047 LC













From:

05/16/2011 13:40 #134 P.001/002

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

May 16, 2011

Cheryl Gardner
Nationwide Insurance
P.O. Box 730
Liverpool, NY 13088-0730

Via Facsimile
866-372-4643

Re: Your Insured: [REDACTED]
Claim No. [REDACTED]
DOL: 04/06/2011

Dear Ms. Gardner:

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? San Diego CA
11. The 17 digit vehicle identification number: 2FMDK3JC1AB [REDACTED]
12. What was the mileage at time of occurrence? 16 K
13. What is the alleged defect? Sun Roof Shatter
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)? With Owner
San Marcos, CA

From:

05/16/2011 13:40

#134 P.002/002

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 7/2010

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

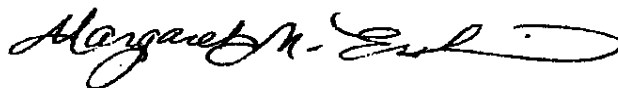
Once you have compiled the requested information regarding this matter, please send it to the address above. If you prefer to send the information electronically, you can e-mail it to me at merskine@erskinelawgroup.com. Once we are in receipt of the requested information, it will be reviewed and you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

File Name: [REDACTED]
Insured: [REDACTED]
Claim No: [REDACTED]
Person Giving Statement: [REDACTED]
ClaimantID: [REDACTED]
Date Taken: 4/22/11
Date of Loss: 4/6/11
Interviewer: Alicia Taylor
Cov: FTC
ClassID: GARDNEC5

COMMENT: Inaudibles due to participants speaking simultaneously.

A: Um, that's fine.

Q: Okay. It's pretty much question and answer. I just want to find out, you know, specifically get that on recording, you know, that you were driving down the road and, and the vehicle, whatever happened to the glass. So again, it's question and answer. Any information that you do not know or you don't feel comfortable providing, you can...

A: Uh-huh.

Q: Say that and we'll skip right over it. Okay?

A: Okay.

Q: The recorder is now turned on. This is Alicia Taylor conducting a recorded interview with [REDACTED]. [REDACTED] are you aware that I'm recording this conversation, and do I have your permission to do so?

A: Yeah.

Q: Thank you. This is in reference to Nationwide claim number [REDACTED]. Today's date is Friday, April 22nd, and the current time is 4:06 p.m. Mountain Standard Time. [REDACTED] can you please state your name for the recording?

A: [REDACTED]

Q: Thank you. Just to confirm, are you guys still located at [REDACTED] San Marcos, California [REDACTED]?

A: Yes.

Q: And is that where you keep the vehicle, at that same address?

A: Yes.

Page 2

Claim Number: [REDACTED]

Q: Thank you. And is your home number the best number to reach you on?

A: Uh, my cell phone is the number that I have.

Q: That's the 8 [REDACTED]??

A: Uh-huh.

Q: Okay, thank you. And how about your date of birth?

A: [REDACTED]

Q: Thank you. Do you have your driver's license number on you? If not, that's fine.

A: Uh, yeah, I, I know it. It's [REDACTED]

Q: Thank you very much. Issued in California?

A: Uh-huh.

Q: Any restrictions on there?

A: No.

Q: And you were not injured during the incident, correct?

A: Correct.

Q: This happened on April 6th, correct?

A: Um...

Q: We have it as Wednesday, April 6th.

A: Yes.

Q: And I know it's kind of been far...

A: [Inaudible]...

Q: [Inaudible]...

A: Yes, that was the date.

Q: Okay. Do you recall around what time it was?

A: Yeah. It was about 8:30 in the morning.

Q: And you were driving on the highway, correct?

Page 3

Claim Number: [REDACTED]

A: Yes.

Q: And I'm sorry. I didn't mean to cut you off. You said 8:30 Pacific Time?

A: Yes.

Q: Okay. Which highway was it?

A: Uh, 5.

Q: On the highway...

A: Interstate 5.

Q: Okay.

A: Uh-huh.

Q: And let's see here. The vehicle, this is involving the 2010 Ford Edge, correct?

A: Yes.

Q: Okay. And the damage was the sun roof?

A: Uh-huh, correct.

Q: Okay. And did it crack? Did it shatter?

A: Um, it shattered around the four edges of the sun roof.

Q: Okay, so it shattered around the four edges. And was there any other damage caused?

A: No.

Q: Okay. Tell me what happened, please.

A: Um, pretty much I was just driving to work, so down the 5, and I was in the Del Mar [phonetic] area.

Q: Uh-huh.

A: And I just heard a loud glass, I mean, like, glass shattering, and I actually thought it was an accident around me. [Laughs.] So I was looking, um, and then I realized that it was me. Um, and I could hear the, um, the glass in the mesh, um, it was like a mesh layer that closes in between the glass and the...

Q: [Inaudible]...

Page 4

Claim Number: [REDACTED]

A: Inside, uh-huh. So I could hear the glass. Um, I pulled over to the side of the freeway and got out and looked at it, and noticed that it was shattered on all the edges. Um, and then actually a freeway, one of the freeway safety patrol guys, um, pulled over, and he looked at it too.

Q: Okay.

A: Um...

Q: Did you get it towed, or di-, were you able to drive it?

A: Um, [laughs] that's a good question. I ended up driving it. Um, after talking with the freeway patrol guy, he recommended, I mean, he said pretty much the tow truck would be pulling it on the freeway at 65 miles an hour, or I would be driving it at 65 miles an hour.

Q: Right.

A: So, um, he recommended that I try, 'cause I was on my way to an appointment before work. Um, so he recommended I try driving and if anything changed, um, or I heard anything, you know, fly off...

Q: [Inaudible]...

A: [Inaudible] over...

Q: Okay.

A: And get it towed. But basically we pulled off a couple of the, the chunks of glass...

Q: Uh-huh.

A: Um, but then everything else just fell inside. So I continued driving slowly, but, um, the rest of the way to work, or to my appointment, and then started doing all the calls, the Ford, and insurance, and, um, all of that.

Q: Okay. So you drove it to the Ford. I talked to Chad, um, and what Chad told me was, and he's over at the Ford that you went to.

A: Uh-huh. Yeah.

Q: He wasn't able to release any information, um, to me. Do you have an invoice from when you originally went in to Ford? And can you also talk to me about, um, 'cause I, if I can recall, you had reported this, like, two days prior to me actually getting the claim, right?

A: Yes. I...

Q: When you had called it in, you were told to go to one of our Blue Ribbon shops or to Safelite, correct?

A: Right.

Page 5

Claim Number: [REDACTED]

Q: Okay. Tell me what happened there.

A: Um, so first I called Ford and they said they would have to see it before, um, they could, I mean, they just pretty much said oh, something would have had to have hit it, um, so it wasn't under warranty or anything like that. So I talked to my insurance agent that I know, and he said well, you need to report it anyway, so I called the number, the claims number, and then just followed the process, and it said if it, it has anything to do with glass, press one or whatever it was. And that's what took me to the Blue Ribbon.

Q: Uh-huh.

A: And that was a hassle, [laughs] to say the least. I mean, it took, like, two days of back and forth with that. Um, like, we were talking to Blue Ribbon. They talked to Ford, um, and then they didn't, um, approve me having it done at Ford or, unless I wanted to pay the difference, 'cause they said Fords prices were above what they were allowed to pay.

Q: Uh-huh.

A: Um, and we all kind of didn't agree with that because I, I don't know if I made it clear. I talked to a different person every single time I called. But I don't know if they realized, 'cause it's such a big sunroof...

Q: Uh-huh.

A: On that car, so I don't know if they were quoting prices for a smaller sunroof. But Blue Ribbon recommended that I talk to Sunroof Express, who was their sunroof vendor, I guess.

Q: Uh-huh.

A: So I talked to them, I believe that was Thursday morning or Friday morning. When, when we tried to call, they were closed, so I had to wait until the next day.

Q: Okay.

A: And then, um, they wouldn't, Blue Ribbon wouldn't tell me the price that they would approve, but they wanted Sunroof Express to quote a price and see if what Ford was quoting was around the same.

Q: Uh-huh.

A: So I had gotten the quotes from Ford, called Sunroof Express. That guy said that everything sounded exactly like what they would charge. Um, and so then it, then, what happened then? [Laughs.] I think that's when, um, I talked to my insurance agent and he said you need to report this to, like, the actual Nationwide claims, not go through Blue Ribbon.

Q: Right. Okay. And then you reported it, a, a claim, and that's when I stepped in, right?

A: Yes.

Page 6

Claim Number: [REDACTED]

- Q: Okay. I just wanted to confirm that, 'cause I know there was a lot that happened prior to you even...
- A: Uh-huh.
- Q: Speaking with me, and I apologize...
- A: [Inaudible] [laughs]...
- Q: It seems like you talked to a different person every time, so I apologize. That's...
- A: [Inaudible.]
- Q: Pretty frustrating.
- A: It was fine once I got to the Nationwide claim, you know, once really...
- Q: Right. You just had to do so much work before you got here.
- A: Yeah. I was, like, what is this. I'm not the insurance agent.
- Q: But, um, so Chad over at the Ford, he ended up telling you that Ford denied the claim, or denied that it was, it was a faulty, uh, sunroof, right?
- A: Yes.
- Q: Okay.
- A: So when I took it in Wednesday after work, um, on the 6th, they all looked at it. All the people at the dealership, including Chad, and agreed that it didn't look like something hit it. And so they wanted to turn it in to Ford. Um, so then I waited 'til Thursday morning, and he called me back and said that they had submitted it to Ford, but Ford said it's glass. We don't, it's not under warranty, something must have happened, which I don't necessarily agree with. [Laughs.]
- Q: Uh, yeah, especially if the guy at the Ford dealership, they looked at it and said it didn't look like someone had hit it. Did he give you any claim information for Ford? Did he give you any documents, or did he just simply say I called them and this is what they said?
- A: Um, I didn't see any documents.
- Q: Okay. And I just wanted...
- A: He actually did say that, um, the answer that they got back, he explained it to me on the phone, the whole, it has to do with glass. They don't cover it. And then he said they actually included a lot of technical speak that the guys at the dealership didn't even understand...
- Q: Understand? Okay.

Page 7

Claim Number: [REDACTED]

A: And that, so it sounded a little, I don't know.

Q: Okay

A: Difficult. [Laughs.]

Q: Now, in reference to the Ford, uh, itself, do you recall roughly what date you purchased it?

A: Um, yeah. I know it was late in July of 2010.

Q: Okay. And was it purchased new or used?

A: New.

Q: It was? It was brand new?

A: Brand new, yeah. Yeah.

Q: Gosh, brand new.

A: [Laughs.] I know.

Q: Do you know, and I, I don't know the mileage on my vehicle. Do you know the approximate mileage on your vehicle?

A: I do, um, because I wish it was lower [laughs] 'cause I drive so much every day. Um, it's about, it's just over 16,000 miles.

Q: Sixteen-thousand, okay.

A: Uh-huh.

Q: And, um, had you had any problems with the sunroof prior to this happening?

A: No. It's always worked fine.

Q: [Inaudible] okay.

A: Yeah. I don't use it a ton. I mean, I don't open it a ton, but whenever I did, it worked fine.

Q: Okay. So you've never had any issues with it?

A: No.

Q: Do you know if it's, uh, is it a stock, or after market sunroof?

A: Um...

Q: You may not know?

Page 8

Claim Number: [REDACTED]

A: Stock. The, like the one that they put in [inaudible]...

Q: [Inaudible]...

A: Or the one that came with it?

Q: The one that came with it.

A: I believe it was stock.

Q: Yeah, 'cause with the, if it's new, I wouldn't image...

A: It was brand new, yeah.

Q: Yeah, okay. So we're saying it is possibly stock, more than likely. I think it is too. Um...

A: Yeah. I'm, I'm pretty sure it is because when I, um, needed to get it replaced, they were telling me to make sure I didn't get an after market one, if Ford didn't do it, because then it wouldn't be covered under warranty.

Q: Warranty, yes.

A: Um...

Q: That is correct. Do you recall what the da-, the weather was like that day? Was it raining, hailing...

A: Yeah.

Q: Or anything?

A: Um, it, it was pretty cloudy but, like, 65, normal San Diego weather, so it wasn't raining or anything.

Q: Okay.

A: It did drizzle a tiny, like, a teeny, tiny bit once I got to my appointment.

Q: But no hail or anything like that?

A: Oh, no.

Q: Okay.

A: No.

Q: And then you were the only one that had used the car that day, right?

Page 9

Claim Number: [REDACTED]

A: Yes.

Q: Okay. You know what? I think that's all that I need for the statement. Is there anything else that you want to add in reference to the situation at all?

A: Um, are you, if you don't mind me asking...

Q: Not at all.

A: Is this just because you're going back to Ford...

Q: Yes.

A: Kind of? Okay.

Q: Yes. Typically, when we go to, when we attempt to recover your deductible, it's called subrogation.

A: Uh-huh.

Q: A lot of times, if we don't have a statement in the file, it really hurts our chances of, of subrogating, so we just want to dot our i's and cross our t's.

A: Okay. And is this for just the, the \$50 that they offered to pay, or you're trying to get back the full...

Q: This would be for your deductible of \$50 and then anything else that we paid out on the claim.

A: Oh, okay.

Q: Have a good weekend.

A: Then the only other thing I would add is, um, that they, the day after it happened...

Q: Uh-huh.

A: I thought I should just Google, um...

Q: Uh-huh.

A: Um, and see if Edges have ever had that problem.

Q: Yes.

A: And I no-, I mean, the Ford guys were, like, yeah, you can find anything you want on the internet, but I started Googling...

Q: [Inaudible.]

Page 10

Claim Number: [REDACTED]

A: Really?

Q: Yeah.

A: But you, 'cause I found other cases of it. Um, most of them were in the 2007 Ford Edge...

Q: Okay.

A: That people were commenting on. Um, I didn't find any with the 2010, but it was kind of interesting to read stories that were exactly...

Q: Like yours.

A: Like mine. Like, I was driving. There was no weather, nothing hit it. Out of nowhere, all four edges cracked.

Q: I think that's wh-, why I didn't find anything because I did a search for 2010 Ford Edges.

A: Oh, yeah. If you just do...

Q: [Inaudible]...

A: Ford Edge...

Q: Okay.

A: You'll probably find, there's a couple different, I mean, there's not tons of information, but there were a couple different...

Q: Situations like yours?

A: Forums. Uh-huh.

Q: Okay. Anything else you'd like to add? That's all great information.

A: Um, the only thing that I've been [laughs] telling people, 'cause it's such a, everyone keeps asking me, the people at Ford, the dealership, were really nice about it.

Q: Helpful?

A: Yeah. And that made me even more skeptical, thinking, like, I just felt like they knew it was their issue.

Q: Right.

A: And they were try-, like, they gave me the rental car for free, and they offered to pay the deductible, you know, stuff like that, which just made me feel even more like they thought...

Q: They, they knew.

Page 11

Claim Number: [REDACTED]

A: It was their fault. Yeah.

Q: Yep, me too. So...

A: Yeah.

Q: I definitely [inaudible]...

A: I appreciate them being nice, and I keep forgetting, like, well, they should have been nice, you know?

Q: Yeah. It wasn't like you...

A: So...

Q: Broke it, so...

A: Right.

Q: Okay. Anything else you'd like to add?

A: I think that's it.

Q: Have you understood my questions and that I was making a recording?

A: Yes.

Q: Can I go ahead and turn the recorder off?

A: Uh-huh.

Q: Thank you so much. The interview is now concluded. The current time is 4:20 p.m. Mountain Standard...

[End of Recorded Statement.]





























Ken Grody



Phone: 760-438-9171
5555 Paseo del Norte
Carlsbad, CA 92008
www.kengrodyford.com ^{Page 1}

[Redacted] San Marcos, CA		A/R Number:	Invoice Number
Phone (H): [Redacted] Phone (C): [Redacted]		Customer Number: [Redacted]	[Redacted]
Phone (W): [Redacted] Phone Oth: (760)		PO Number:	Printed: 04/14/2011 10:01 AM
Year/Make/Model: 2010 Ford EDGE		Auth Number:	Copy # 2
VIN: 2FMDK3JC1 AB [Redacted]		Service Writer: 113	Date Opened: 04/06/11
License Number:		Estimate Amount: \$	Date Notified: 04/13/11
Stock Number: [Redacted]		Terms & Conditions:	Date Delivered:
Tag Number: [Redacted]		Type of Sale: Retail	
Mileage In: 16148 Mileage Out: 16148		Customer Signature	

Description	QtyOrd	Qty Del	Price	Ext Total	Grand Total
1. Customer statement of problem					
Customer States HEARD A SHATTERING TYPE NOISE, NOTICED VISTA ROOF SHATTERED. CK AND ADV.					
1 - Cause/Action to Take					
diag broken sliding roof glass panel					
1 - Correction/Action Taken					
replaced sliding roof glass panel lubed track .,					
Part Number	Failed	Description			
7T4Z18500A18A		GLASS	1	1	1011.97
Sub Total Parts					1011.97
SubTotal Job # 1					1176.97
Recommendations					
126 d					
2. Customer statement of problem					
Customer States TO PERFORM 15K MAINTENCE, LUBE OIL AND FILTER CHANGE, ROTATE TIRES AND ADJUST AIR PRESSURE, REPLACE CABIN AIR FILTER, MULTIPOINT INSPECTION AND TOP ALL FLUIDS.					
1 - Cause/Action to Take					
XX					
1 - Correction/Action Taken					
performed service					
2 - Correction/Action Taken					
3 - Correction/Action Taken					
Part Number	Failed	Description			
AA5Z6714A		FILTER ASY - OIL	1	1	
5W20		5W20 OIL	6	6	
7T4Z19N619B		FILTER - POLLEN	1	1	
Sub Total Parts					
					Service Contract

Ken Grody



Phone: 760-438-9171
5555 Paseo del Norte
Carlsbad, CA 92008
www.kengrodyford.com

Page
2

[Redacted] San Marcos, CA [Redacted]		A/R Number: [Redacted]	Invoice Number: [Redacted]
Phone (H): [Redacted]	Phone (W): [Redacted]	Customer Number: [Redacted]	Printed: 04/14/2011 10:01 AM
Phone (C): [Redacted]	Phone Oth: (760) [Redacted]	PO Number: [Redacted]	Copy # 2
Year/Make/Model: 2010 Ford EDGE		Auth Number: [Redacted]	Date Opened: 04/06/11
VIN: 2FMDK3JC1AE [Redacted]		Service Writer: 113	Date Notified: 04/13/11
License Number: [Redacted]		Estimate Amount: \$	Date Delivered: [Redacted]
Stock Number: [Redacted]	Mileage In: 16148	Terms & Conditions: [Redacted]	
Tag Number: [Redacted]	Mileage Out: 16148	Type of Sale: Retail	
		Customer Signature	

Description	QtyOrd	Qty Del	Price	Ext Total	Grand Total
SubTotal Job # 2					
Recommendations 114 d					
3. Customer statement of problem					
RENTAL CAR					
1 - Cause/Action to Take					
RENTAL - rental po# 36114					
1 - Correction/Action Taken					
RENTAL CAR PROVIDED					
SubTotal Job # 3				0.00	Warranty
4. Customer statement of problem					
Customer States, Perform Tire Pressure check and Inflate Service					
LF 35 RF 35					
LR 35 RR 35					
1 - Cause/Action to Take					
TIS - Check and Inflate Tire pressure per CARB's California Legislature					
1 - Correction/Action Taken					
Checked and set tire pressure as per vehicle's recommended tire					
pressure.					
SubTotal Job # 4				0.00	0.00

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate. Unless otherwise shown, services described were performed at no charge to owner. There was no indication from the appearance of the vehicle or otherwise, that any part replaced or repaired under this claim has been connected in any way with any accident, negligence or misuse. Records supporting this claim are available for (1) year from the date of payment notification at the servicing dealer for inspection by representatives of Ford.

X
(Signed) Dealer, General Manager Or Authorized Person Date:

All parts installed are new unless specified otherwise. Please see important warranty information on reverse side.
1. Revised Estimate - Type of Repair - Date & Time - Phone# - Auth. By:

B.A.R REG. #AK 042846 E.P.A. #CAD027946862
We Recommended The Following Repairs:

1. _____
2. _____

2. Revised Estimate - Type of Repair - Date & Time - Phone# - Auth.

Total Labor	165.00
Total Parts	1,011.97
Total Sublet	0.00
Misc. Chrgs	0.00
Car Rental	0.00
Freight	0.00
Deductible	0.00
Special Tax	0.00
Haz Mat Chrg	0.00
Sales Tax	88.55
AMOUNT DUE	1,265.52

KEM GRIFFIN FUND
5555 PASEO DEL NORTE
CARLSBAD, CA 92008
760-438-9171

Term ID: 001

Ref #: 042

Sale


AMEX

Entry Method: Swiped

04/15/11

18:00:37

Inv #: 000042

Appr Code: 

Apprvd: Online

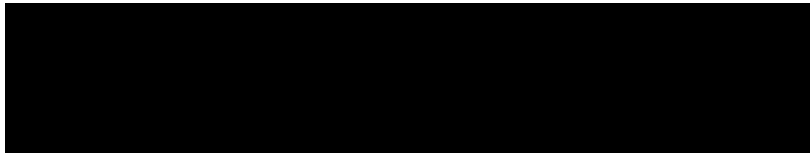
Batch#: 

Total:

\$ 1,255.52

Customer Copy

EA14-002.1 000083 LC



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

OGC Lit
Product Claims

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
JUN 03 2014
OFFICE OF THE
GENERAL COUNSEL

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: 1FM5K7F83EC [REDACTED]
Mileage: 8910
Your File Number:
Insured's Deductible: \$500.00

DRP55654

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

StateFarm

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>
[REDACTED]	05-07-2014	AUTO NATION COLLISION NORTH SCOTTSDALE	Paid	\$1,851.94	ECSAPY
[REDACTED]	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.

EA14-002.1 000087 LC

**AutoNation Collision Center
North_Scottsdale**

Workfile ID:
Federal ID:

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

Supplement of Record 1 with Summary

Customer:

Job Number:

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

Insured:
Type of Loss: Comprehensive
Point of Impact:

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

Claim #:
Days to Repair: 0

Owner:

Inspection Location:

Insurance Company:

AutoNation Collision Center
North_Scottsdale
15678 N NORTHSIGHT BLVD
SCOTTSDALE, AZ 85260
Repair Facility

STATE FARM INSURANCE COMPANIES

LUFKIN, TX
Evening
Cell

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: 1FMSK7F83EG	Mileage In: 8910
Make: FORD	Engine: 6-3.5L-FI	License:	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:



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	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	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:



Job Number:

Vehicle: 2014 FORD EXPLORER 4X2 LIMITED 4D UTV 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

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.

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.

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.









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

VIN 1FM5K7F83E [REDACTED] PGZ
TYPE MPV



ST 990 113
W/B
113











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

LUFKIN, TX
PH

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

Policy #
Claim #
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
	2013 FORD FOCUS	TEMP	1FADP3F29DL	02/20/2014 07:48 AM	03/05/2014 02:31 PM

1 Day(s) @26.56, 13 Day(s) @26.56

Charged 14 Day(s)

Description	Amount
RATE CHARGE	371.84
SURCHARGE	12.08
SALES TAX	48.15
CONCESSION RECOVERY	18.59
VEHICLE LICENSE FEE	18.59
Total Charges	469.25

Company Total:	469.25
Company Payments	0.00
Net Due From Company	469.25

Tax ID

Please Make Check Payable To and Remit To

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

DUE UPON RECEIPT

Company Number: 00020
Agreement Number: 3454
BELT, HAYLEE

Please Pay This Amount: 469.25

03312014

Subrogation Services CIOS Cover Sheet – Internal Use

Claim #:



Name or 4 digit alias:

GGQA

Select one of the following:

☒ Drop File☐ New Mail

Select one of the following:

☒ Keep all pages together☐ Separate pages by document type

Select one of the following:

☐ **Birmingham Auto**
State Farm Insurance
P.O. Box 2374
Bloomington, IL 61702-2374☒ **Bloomington Auto**
State Farm Insurance
P.O. Box 2371
Bloomington, IL 61702-2371☐ **Murfreesboro Auto**
State Farm Insurance
P.O. Box 2373
Bloomington, IL 61702-2373☐ **Jacksonville Fire**
State Farm Insurance
P.O. Box 2375
Bloomington, IL 61702-2375☐ **Bloomington Fire**
State Farm Insurance
P.O. Box 2372
Bloomington, IL 61702-2372**NOTICE: PRIVILEGED AND CONFIDENTIAL**

The information contained in this message and any attachments contains privileged and confidential material intended for the sole use of the individual(s) named above. If you are not an intended business recipient listed above, or an employee or agent of such recipient who is responsible for delivering this material to them, you are hereby notified that any disclosure, duplication, distribution, or other use of this information or the taking of any action in reliance on the contents of this transmission, without the express written consent of State Farm is STRICTLY PROHIBITED. If you have received this in error, please notify the sender immediately by telephone, so the return of this material can be arranged at no cost to you. Receipt by anyone other than the intended recipients is not a waiver of any applicable privilege.

Last Updated 05/21/2009

FOR INTERNAL STATE FARM USE ONLY

Contains information that may not be disclosed outside State Farm without authorization

**The Erskine Law Group, P.C.**

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

June 20, 2014

Patty Riddle
State Farm Ins.
P.O. Box 2371
Bloomington IL 61702

Via Facsimile
(866) 231-9276

Re: Your Insured: [REDACTED]
Claim No. [REDACTED]
DOL: 02/13/2014

Dear Ms. Riddle,

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. Clear 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? Memphis, TX
11. The 17 digit vehicle identification number: 1FM5K7F83EG [REDACTED]
12. What was the mileage at time of occurrence? 8916
13. What is the alleged defect? defect in sunroof causing it to shatter
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 possession

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

none known

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: _____

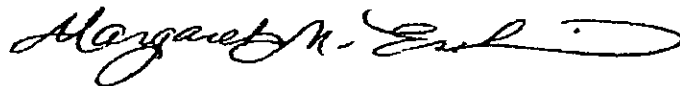
Once you have compiled the requested information regarding this matter, please send it to the address above. If you prefer to send the information electronically, you can e-mail it to me at merskine@erskinelawgroup.com. Once we are in receipt of the requested information, it will be reviewed and you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

**AutoNation Collision Center
North_Scottsdale**

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

Workfile ID:
Federal ID:

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 #:
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: 1FM5K7F83EG [REDACTED]	Mileage In: 8910
Make: FORD	Engine: 6-3.5L-FI	License: CLZ3451	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:



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	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	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 UTV 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.

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.

**AutoNation Collision Center
North_Scottsdale**

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

Workfile ID: [REDACTED]
Federal ID: [REDACTED]

Estimate of Record

Customer: [REDACTED]

Job Number:

Written By: Dan Bungartz, 4/30/2014 2:34:38 PM
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

Year: 2014	Body Style: 4D UTV	VIN: 1FM5K7F83EG [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:
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

Power 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

AM 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
Intermittent Wipers

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

Estimate of Record

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	ROOF						
2	*	Repl Rear glass FORD	BB5Z78500A18B	1	789.52	Incl.	
3	*	R&I Headliner charcoal				Incl.	
4	*	Rpr Roof panel				1.0	4.2
5		Add for Clear Coat					1.7
6	*	R&I R&I sunroof assy				Incl.	
7	*	Repl Sunshade charcoal	BB5Z78519A02AA	1	490.78	Incl.	
8		R&I RT Roof rail black				0.3	
9		R&I LT Roof rail black				0.3	
10	**	Repl A/M Cover Vehicle		1	5.00	0.3	
11	#	Rpr Tint Color				0.5	
12	#	Subl Hazardous waste removal		1	5.00		
13	#	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

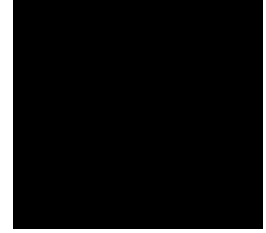
Estimate of Record

Customer: [REDACTED]

Job Number:

Vehicle: 2014 FORD EXPLORER 4X2 LIMITED 4D UTV 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.

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.

Estimate of Record

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 4/16/2014, 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.

Estimate of Record

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.

HIGH LIFE AUTO RENTAL
16620 NORTH SCOTTSDALE ROAD
SCOTTSDALE, AZ 85254
80-483-0019

Invoice

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

LUFKIN, TX
PH

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

Policy #
Claim #
Date Of Loss. 02/20/2014
RO Number:
PO Number
Agreement Number

Company Number 00020

Number	Vehicle Type	Vehicle Plate	VIN	Date Rented	Date Returned
	2013 FORD FOCUS	TEMP	1FADP3F29DL	02/20/2014 07 48 AM	03/05/2014 0

26 56, 13 Day(s) @26.56

Charged 14 Da

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
Company Payments	0
Net Due From Company	469

Tax ID

Make Check Payable To and Remit To:

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

DUE UPON RECEIPT
Company Number
Agreement Number

Please Pay This Amount 469.25

From: Ryan Perno <ryan.perno.piwg@statefarm.com>
Sent: Thursday, May 07, 2015 9:26 AM
To: mohly@erskinelawgroup.com
Subject: [REDACTED] claim
Attachments: EE 0002 Pg 0001 System generated..pdf; EE 0001 Pg 0001 System generated..pdf; RB 0001 Pg 0002 Rental Bill.tiff; RB 0001 Pg 0001 Rental Bill.tiff; DF 0001 Pg 0002 Claim Form to Erkin Ford.tiff; DF 0001 Pg 0003 Claim Form to Erkin Ford.tiff; DF 0001 Pg 0004 Claim Form to Erkin Ford.tiff; DF 0001 Pg 0005 Claim Form to Erkin Ford.tiff; DF 0001 Pg 0006 Claim Form to Erkin Ford.tiff; DF 0001 Pg 0001 Claim Form to Erkin Ford.tiff; _Certification_.htm

Good morning,
Per our conversation, here is the claim form and all the supporting documents that you requested.
Thanks

SF claim #4 [REDACTED]











Ryan Perno | CPCU | Claim Representative | Subrogation Services

Office 615-692-7993 ✉ ryan.perno.piwg@statefarm.com



re.markable™

Every Associate | Every Interaction | Every Day

[REDACTED]

[REDACTED]

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 Lit
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: 2FMDK4KC2BB [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.

DRP54016















May 06, 2014

Ford Motor Co Of America
PO Box 70
Dearborn MI 48121-0070

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

Certified Mail-Return Receipt Requested

RE: Claim Number: [REDACTED]
Date of Loss: February 12, 2014
Our Insured: [REDACTED]
Loss Location: Redwood 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 subrogator, 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 an appointment to inspect the evidence/salvage, please feel free to contact me at (877) 457-8276 Ext. 60.

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

05-29B7-107

Page 2

May 06, 2014

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

Sincerely,

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

State Farm Mutual Automobile Insurance Company

Enclosure

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 85072Via Facsimile
800-440-6176Re: 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

State Farm

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>
[REDACTED]	02-17-2014	[REDACTED]	Paid	\$604.71	CSCX
Grand Total:				\$604.71	

Date: 05-06-2014

Page 1

FOR INTERNAL STATE FARM USE ONLY

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

EA14-002.1 000146 LC

Date: 2/17/2014 10:51 AM
Estimate ID: [REDACTED]
Estimate Version: 0
Committed
Profile ID: [REDACTED]

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
VIN: 2FMDK4KC2BB [REDACTED]
Mileage: 34,789
OEM/ALT: A
Color: Pearl White

Drive Train: 3.5L Inj 6 Cyl 6A AWD
License: 6UBU523 CA

Search Code: SFB3EG

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 LIFTGATE/TRUNK, 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	869.63	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 05-29B7-10701

Mitchell Data Version: OEM: JAN_14_V0214

Software Version: MAPP: JAN_14_V0209

Copyright (C) 1994 - 2014 Mitchell International
All Rights Reserved

Page 1 of 3

EA14-002.1 000147 LC

Date: 2/17/2014 10:51 AM
Estimate ID: [REDACTED]
Estimate Version: 0
Committed
Profile ID: [REDACTED]

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	
	Non-Taxable Labor				156.60	Sales Tax	@	9.000%					78.28
Labor Summary	1.8				156.60	Total Replacement Parts Amount						948.11	
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 05-2987-10701

Mitchell Data Version: OEM: JAN_14_V0214

MAPP: JAN_14_V0209

Copyright (C) 1994 - 2014 Mitchell International
All Rights Reserved

Software Version: 7.1.162

Page 2 of 3

EA14-002.1 000148 LC

Date: 2/17/2014 10:51 AM
Estimate ID: [REDACTED]
Estimate Version: 0
Committed
Profile ID: [REDACTED]

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

Software Version: MARP:JAN_14_V0209

Copyright (C) 1994 - 2014 Mitchell International
All Rights Reserved

Page 3 of 3

EA14-002.1 000149 LC













































EA14-002.1.000171.10



EA14-002.1 000172 LC



EA14-002.1 000173 LC



EA14-002.1 000174 LC





EA14-002.1 000176 LC





EA14-002.1 000178 LC



EA14-002.1 000179 LC



EA14-002.1 000180 LC





EA14-002.1 000182 LC



EA1 002.1 000183 LC



EA14-002.1 000184 LC



EA14-002.1 000185 LC



EA14-002.1 000186 LC

From: SCST CLMS-IINQA
Sent: Monday, September 22, 2014 11:07 PM
To: CALI CLMS-IROC-VENDORS
Subject: [REDACTED]

Auto-Forwarded by Rule

From: John Brownfield
Sent: Monday, September 22, 2014 11:04:45 PM (UTC-07:00) Arizona
To: SCST CLMS-IINQA
Subject: Re: [Non-Secure email] Claim No.: [REDACTED]

Hi Kim. Here you go. Please call me on Tuesday morning. Thanks.

[REDACTED] M

From: SCST CLMS-IINQA <scst.clms.iinqa.818d23@statefarm.com>
To: [REDACTED]
Cc: SCST CLMS-IINQA <scst.clms.iinqa.818d23@statefarm.com>
Sent: Monday, September 22, 2014 6:01 PM
Subject: [Non-Secure email] Claim No. [REDACTED]

Please reply and attach repair receipt for the sunroof.

Do not change the subject line. Thank you,

Kim Clark
Claim Representative
Auto Claim Central
(800) 754-8135
FAX: 800-377-0989

This e-mail channel is not encrypted. Please do not send any unencrypted e-mail to State Farm containing Personally Identifiable or Non-Public Personal Information such as social security numbers, credit card numbers, medical information etc. If you must send this type of information to State Farm via e-mail, please contact your claim representative and request a secure e-mail channel.



TOWNE FORD SALES

1901 EL CAMINO REAL
REDWOOD CITY, CA 94063-0670
PHONE (650) 366-5744
www.towneford.com



TERMS: STRICTLY CASH
OR APPROVED CREDIT CARDS

SERVICE DEPARTMENT HOURS:
MONDAY THRU FRIDAY 7:00 AM TO 7:00 PM
SATURDAY 8:00 AM TO 5:00 PM
service@towneford.com

WE HONOR THE FOLLOWING
CREDIT CARDS:
VISA
MASTERCARD
DISCOVER
AMERICAN EXPRESS

B.A.R. WARD003885
EPA # CAD 8961170690

NOTICE TO CONSUMER: PLEASE READ IMPORTANT WARRANTY AND ADDITIONAL INFORMATION ON BACK.

DEALER NAME	NAME	NO. 101	NO. 102	DATE
	JOSE SANTOS	987	8239	02/21/14
		RELEASE	34,789	WHITE/
DEALER ADDRESS	DATE OF SALE	TIME OF SALE	TIME OF SALE	TIME OF SALE
REDWOOD CITY, CA	11/FORD TRUCK/EDGE/4DR AWD LTD	09/23/11		
	VEHICLE ID NO	VEHICLE TYPE	VEHICLE COLOR	VEHICLE MAKE
	2 FMDK4KC258	UNK		06/24/11
	DATE OF SALE	DATE OF SALE	DATE OF SALE	DATE OF SALE
	02/12/14			
DEALER PHONE	DEALER FAX	DEALER E-MAIL	DEALER WEBSITE	DEALER COMMENTS
				MO: 34789

JOB# 1 CHARGES

LABOR	DESCRIPTION	UNIT PRICE	AMOUNT		
W 1 9802	BOOD REPAIR	TECH(S) (216)	156.59		
	REPAIR PER ESTIMATE				
	SUNROOF GLASS SHATTERED				
PARTS	QTY	PD NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
	1	7742-10500R18-A	GLASS	869.83	869.83
				869.83	869.83
JOB# 1 TOTALS				LABOR	156.59
				PARTS	869.83
				JOB# 1 JOURNAL PREFIX F0CB	JOB# 1 TOTAL
					1026.42
ESTIMATE					
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING					
ORIGINAL ESTIMATE OF \$1104.71 (+TAX)					
COMMENTS					
STATE FARM INS					
TOTALS					

* CASH [] CHECK []				TOTAL LABOR	156.59
* VISA/MC [] AMEX []				TOTAL PARTS	869.83
* A/R CHARGE ACCT				TOTAL SUBLET	0.00
				TOTAL G.O.G.	0.00
				TOTAL MISC CHG	0.00
				TOTAL MISC DISC	0.00
				TOTAL TAX	78.29
				TOTAL INVOICE \$	1104.71

CUSTOMER SIGNATURE

From: tefax@transcriptionexpress.com
Sent: Monday, September 29, 2014 12:53 PM
To: CALI CLMS-SJOC-VENDORS
Subject: [REDACTED]

Claim Number: [REDACTED]
Claim Office: Irvine

This is Dave Cummings and I'm interviewing [REDACTED] and that's by telephone from my office located in California today's date is 9-23-2014 approximate time is 8:49 A.M., and this interview is concerning an accident that occurred uh looks like it occurred on 2-12-2014 in the city of Redwood- in Redwood City, California.

Q. And [REDACTED] are you with me on the line?

A. I am.

Q. All right [REDACTED] could you please provide your full name and spell your last name for the record?

A. Uh [REDACTED] last name is spelled [REDACTED]

Q. Thank you very much and uh John do I have your uh full knowledge and consent to r- make the recording here?

A. You do.

Q. All right thank you, a couple of quick questions for you to verify your identity could you provide your date of birth and the address that we would have on file?

A. [REDACTED] on [REDACTED] Redwood City, California [REDACTED]

Q. Great thank you all right and may I also have your occupation and marital status please

A. Uh Sales and uh married.

Q. All right, okay now on the date of the accident was your vehicle being used for business or personal reasons?

A. Um I was on my way to an appointment.

Q. Okay were you um...

A. Work related appointment.

Q. Work related okay. So you were using your vehicle to get to a um an appoint- a sales appointment then?

A. Correct.

Q. All right and your company's aware that you use your vehicle for business purposes like that?

A. Yes.

Q. All right was your seat belt on?

A. It was.

Q. All right any passengers in the car?

A. No.

Q. Did you receive any injuries?

A. No.

Q. Any child safety seats in your vehicle?

Statement of: [REDACTED]

Claim #: [REDACTED]

Page #: 1

Claim Number: [REDACTED]
Claim Office: Irvine

A. No.

Q. Did a police report uh get filed?

A. Uh no.

Q. Okay, any witnesses come forward with their information?

A. No.

Q. All right any drugs alcohol or cell phones in use prior to the accident?

A. No.

Q. Did the airbags deploy?

A. No.

Q. Is your vehicle involved in the California Vehicle Sharing Program?

A. I don't think so I don't know what the program is but I don't think so.

Q. All right, I have the approximate time of the accident as 7:30 A.M. Pacific is that fairly accurate?

A. That is.

Q. Do you recall your speed prior to the collision or impact?

A. Oh traffic was slowing down so I'd say it's plus or minus, uh, 50 miles an hour.

Q. About 50 okay.

A. 45.

Q. 45, what was the weather like clear and sunny typical California?

A. Yes (pause) Actually now I think about it I don't even think I was that fast traffic had pr- slowed down pretty fast uh pretty pretty much it was probably, I was probably in the 25 mile an hour 20 25 miles an hour.

Q. Okay. All right, okay so I have um most of the questions answered, that I need and so describe for me in your own words what occurred with this um sunroof situation?

A. Uh let me jog my memory here so best I could tell so when I when traffic started to slow down on Highway 101 through the uh northern part of Palo Alto I heard this big pop and first I thought somebody had shot me from or shot my car, and and then I you know quickly kind of scanned around, and no windows had been broken, um and I had all the windows up, and then I remember hearing, um, so then I thought maybe somebody shot the side of my car right?

Q. Yeah.

A. And the tires weren't flat it was like I blew a tire, and then I st- it sounded like, like air was coming in the windows so I so or in the car so I checked the, the um, the windows again, and were sorta rolling through Palo Alto there's probably I don't know four stop signs or for a turn off and then traffic started to speed up again and as traffic started to speed up again I could I could hear this like almost like gravel that I could see these little black pieces kinda flying off the top of the car, and then I realized it was probably something with my sunroof, and I uh you

Statement of: [REDACTED]

Claim #: [REDACTED]

Page #: 2

Claim Number: [REDACTED]
Claim Office: Irvine

could it has a cloth interior sunroof so, um that's why I was hearing more air coming into the car.

Q. Okay.

A. And, um, so I was you know in the middle of the traffic there, and, by the time I was able to you know pull over and take a look that's what happened the sunroof had shattered, not shattered completely but there was a few, you know enough, divots that um little pieces were breaking off.

Q. Okay, all right so I wanna be clear so you're driving down uh the road on 101 south between Woodside and Willow(sp?) exit that area is r- is that...

A. Yeah.

Q. Correct?

A. Yep.

Q. So I see in the claim here, all right, and it says that um or what you mention is that you heard this popping sound or this big pow and then, you heard like sounded like gravel and apparently maybe that was the glass coming off of the uh sunroof, so then as you moved the cloth portion back you observed that the sunroof was broken?

A. Mm yeah I didn't move the cloth portion back but I could stop and get out but...

Q. Yeah.

A. It was pretty clear at that point there was some kind of uh, damage.

Q. Okay did anything like like strike it like was there...

A. No.

Q. Something in the road that...

A. Huh uh uh you know like no I don't think so I mean there was, there was no mark on the top there was nothing that fell on the car there was and I and I did a little research very quick I mean you can only trust the Internet so much but, I had did a quick search and you know had seen a couple other incidences of happening on the edge.

Q. Okay.

A. Um, where...

Q. And we're talking about a 2011 vehicle so it's not really that old um...

A. No, but I saw a couple other cases where this had happened.

Q. Okay uh...

A. But I did like the car so much I leased a brand new one but the fact is that I I think this is something with the glass it certainly wasn't struck it wasn't, you know from driving it was driving down the middle of, 101.

Q. So we didn't hit any huge potholes or anything like that...

A. No, nothing.

Statement of: [REDACTED]

Claim #: [REDACTED]

Page #: 3

Claim Number: [REDACTED]
Claim Office: Irvine

- Q. Okay, all right, okay, so any reference that I made prior to potential collision or impact was really not the case it was strictly uh sounds like it just mechanical-mechanical defect of some sort that made...
- A. Out of nowhere (sound effect).
- Q. Okay.
- A. Scared the heck out of me, um, you know at at a probably 20 25 mile an hour so rolling traffic kinda thing.
- Q. Okay, all right well thank you for answering my questions is there anything else you'd like to add to the recording for the record?
- A. Uh no, I mean it's it's no that's it.
- Q. Pretty much it okay, um, I do have one or, two more questions before we finish, when the glass cracked is it like tempered glass like it broke into small square pieces kinda thing?
- A. Yeah.
- Q. Okay so do you think that that was the gravel type of sound that you heard rolling off the car?
- A. Yeah 'cause it was dropping into the the the uh, I could see it sorta flying off in front of the car.
- Q. Okay.
- A. And then it was a it was both kinda shaking back and forth it was on the loose fabric um sunroof cover inside the car.
- Q. Okay, all right, and have the remarks you made been true to the best of your knowledge?
- A. Y- oh yeah for sure.
- Q. All right and has the recording been made with your full knowledge and consent?
- A. It has.
- Q. All right I'll go ahead and stop the recorder then at 8:58 A.M. Pacific and then I'll explain how to proceed with the claim okay?
- A. Okay.

To be completed and returned with each relevant audio transcribed outside of Transcription Express, Inc. premises. Transcription Express, Inc. is under contract with State Farm Mutual Automobile Insurance Company, on behalf of itself, its subsidiaries and affiliates.

TRANSCRIPTIONIST AFFIDAVIT

I declare that:

- 1) I have transcribed this State Farm Insurance recorded claim statement to the best of my ability.
- 2) This audio has not been added to, erased, cut, text deleted, or altered in any way while in my possession.
- 3) This audio, whether digitally transmitted or received on cassette tape, this transcription document, and all information provided about these files, were protected from unauthorized release to anyone while in my

Statement of: [REDACTED]

Claim #: [REDACTED]

Page #: 4

Claim Number: [REDACTED]
Claim Office: Irvine

possession in accordance with Transcription Express, Inc. standard procedures, procedures I have been properly instructed to follow.

QA AFFIDAVIT

I declare that:

- 1) Any changes made to the transcript completed by the transcriptionist identified above were made to enhance the accuracy of the transcription. The transcriptionist identified above may or may not be aware of any changes made.
- 2) This audio has not been added to, erased, cut, text deleted, or altered in any way while in my possession.
- 3) This audio (whether digitally transmitted or received on cassette tape), this transcription document, and all information provided about these files, were protected from unauthorized release to anyone while in my possession in accordance with Transcription Express, Inc. standard procedures, procedures I have been properly instructed to follow.

TRANSCRIPTION EXPRESS, INC. AFFIDAVIT

The Transcriptionist Identification Number and the Quality Assurance Identification Numbers below represent the digital signatures of these two individuals. These identification numbers are electronically inserted into this document, and can only be done so when the holders of these identification numbers log in to the Transcription Express, Inc. Transcription Workflow Management System using unique, protected credentials. Transcription Express, Inc. will provide personal identification information for these two individuals if requested.

All employees and contractors of Transcription Express, Inc. have been properly instructed to follow standard, documented procedures to ensure protection from unauthorized release of information contained in this audio or this transcript, or information about either of these files. These procedures are available on request from Transcription Express, Inc. 925 N. McQueen Rd. Suite 106, Gilbert, AZ 85233.

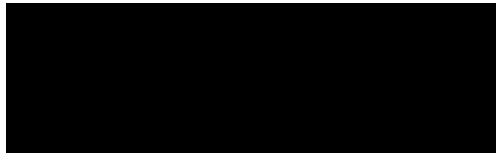
The Transcription Express, Inc. Transcription Workflow Management System electronically stamped this transcription job file with the dates shown below. Dates certifying the receipt and return of cassette tapes are provided with the return of the tapes to the requestor.

Electronic Signature: Job Received by Transcription Express, Inc. 9/24/2014 8:40:01 AM; Job Received by Transcriptionist 9/26/2014 1:19:46 PM; Transcript Returned to Transcription Express 9/28/2014 11:52:16 AM; Transcription Completed and Queued for Delivery: 9/29/2014 12:50:13 PM; Transcriptionist ID 14050502; Quality Assurance ID 02012801

Statement of: [REDACTED]

Claim #: [REDACTED]

Page #: 5





On Your Side*

Nationwide Insurance
Allied Insurance
Nationwide Agribusiness
Titan Insurance
Victoria Insurance

PO Box 730 * Liverpool, NY 13088-0730 **

April 23, 2012

Ford Motor Co
Office of General Counsel
PO Box 70
Dearborn, MI 48121

RECEIVED
5-3-12

Maggie
D051058

OUR INSURED: [REDACTED]
OUR CLAIM NUMBER: [REDACTED]
DATE OF LOSS: 04-10-2012
Vehicle: 2007 Ford Edge, VIN: 2FMDK39C87B [REDACTED]

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

MAY 03 2012

OFFICE OF THE
GENERAL COUNSEL

Please be advised that Nationwide is the insurance carrier for the above-named insured, who sustained damage to his automobile on the above date of loss. Our preliminary investigation reveals that this damage may have resulted from a defect in the automobile, therefore we are placing you on notice of a potential claim against you, as well as providing you with the opportunity to inspect the evidence retained.

The 2007 Ford Edge suffered shattering of the moon roof. There had been no prior contact with any object to result in this event. NHTSA has other complaints of this same type of occurrence happening in the 2007 Ford Edge

Please contact the undersigned within the next 10 business days to advise regarding inspection of the evidence.

Thank you for your prompt attention to this matter.

Kathleen Styer
Subrogation Specialist
Nationwide Mutual Insurance Company
(315)453-3587

DRP34684

C9/MC2



On Your Side*

Nationwide Insurance
Allied Insurance
Nationwide Agribusiness
Titan Insurance
Victoria Insurance

PO Box 730 * Liverpool, NY 13088-0730 **

May 16, 2012

The Erskine Law Group
Attn: Maggie Mason Erskine
342 S Main St
Rochester, MI 48307

OUR INSURED : [REDACTED]
OUR CLAIM NUMBER : [REDACTED]
DATE OF LOSS : 04-10-2012

Please accept the following in response to your May 15, 2012 request

1. There was no statement secured from our insured. The original loss report indicates that "while driving the vehicle the retractable sunroof shattered". Mr. [REDACTED] indicates that nothing had hit the sunroof to cause this event.
2. No police or fire report
3. Attached are color photos secured by our adjuster
4. Attached is a copy of our damage estimate, rental bill and draft payments totaling the claim amount of \$2,317.36
5. The evidence was secured by the repair facility should you want to inspect same

Please contact the undersigned to discuss settlement of the above matter.

Thank you.

Kathleen Styer
Subrogation Specialist
Nationwide Mutual Insurance Company
(315)453-3587

Preston Superstore

Workfile ID:

e0166b2e

13600 W CENTER ST, BURTON, OH 44021

Phone: (440) 834-9700

Supplement of Record**Customer:** [REDACTED]

Written By: Dan Evans, 4/26/2012 10:39:13 AM

Adjuster: ADJUSTER UNKNOWN

Assignment Type: 75 Inspect and Repair

Insured: [REDACTED]Policy #: NATIONWIDE MUTUAL
INS C

Claim #: [REDACTED]

Type of Loss: COLL-Collision

Date of Loss: 4/10/2012 12:00:00 AM

Days to Repair: 0

Point of Impact: 28 Glass

Owner: [REDACTED]**Inspection Location:**

PH RESIDENCE [REDACTED]

Other

Insurance Company:

NATIONWIDE ENTERPRISE

NATIONWIDE-34

Perry, OH [REDACTED]

Evening

Cellular

VEHICLE

Year: 2007

Body Style: 4D UTV

VIN: 2FMDK39C87B [REDACTED]

Mileage In: 71161

Make: FORD

Engine: 6-3.5L-FI

License: [REDACTED]

Mileage Out:

Model: EDGE 4X2 SEL

Production Date: 7/2007

State: OH

Vehicle Out:

Color: silver Int:

Condition:

Job #:

4 Wheel Disc Brakes

Dual Mirrors

Overdrive

Rear Spoiler

Air Conditioning

Electric Glass Sunroof

Overhead Console

Rear Window Wiper

Aluminum/Alloy Wheels

FM Radio

Passenger Air Bag

Search/Seek

AM Radio

Fog Lamps

Power Brakes

Stability Control

Anti-Lock Brakes (4)

Front Side Impact Air Bags

Power Driver Seat

Steering Wheel Controls

Automatic Transmission

Heated Mirrors

Power Locks

Stereo

Bucket Seats

Heated Seats

Power Mirrors

Telescopic Wheel

CD Changer/Stacker

Intermittent Wipers

Power Passenger Seat

Tilt Wheel

Clear Coat Paint

Keyless Entry

Power Steering

Traction Control

Console/Storage

Leather Seats

Power Windows

Cruise Control

Memory Package

Privacy Glass

Driver Air Bag

Message Center

Rear Defogger

Supplement of Record

Customer: [REDACTED]

Vehicle: 2007 FORD EDGE 4X2 SEL 4D UTV 6-3.5L-FI silver

Line		Operation	Description	Qty	Extended Price \$	Labor	Paint
1	#	S02	***FINAL BILL-PLEASE PAY***	1			
2			ROOF				
3	*	Repl	LKQ Sunroof frame +25%	1	768.75	3.0	
4		R&I	Sunroof glass front			1.0	
5		R&I	Headliner w/sunroof camel			3.8	
6	*	S01	Sunroof glass rear				
7	*	S01	Front molding			0.5	0.6
8		S01	Add for Clear Coat				0.1
9	*	S01	RT Side molding			0.5	1.1
10		S01	Add for Clear Coat				0.2
11			FRONT DOOR				
12	*	Rpr	RT Door shell w/keyless			1.0	1.9
13	*		Add for Clear Coat				0.9
14		R&I	RT Belt w/strip black to 10/21/08			0.3	
15		R&I	RT Lower molding			0.3	
16		R&I	RT Power mirror w/o puddle lamp & memory black			0.3	
17	*	R&I	RT Run channel			0.3	
18		R&I	RT Handle, outside primed			0.4	
19		R&I	RT R&I trim panel			0.5	
20			PILLARS, ROCKER & FLOOR				
21	*	Rpr	RT Uniside		s	0.5	1.6
22			Overlap Major Adj. Panel				-0.4
23			Add for Clear Coat				0.2
24	#	Rpr	GLASS CLEAN UP			1.0	
25	#	Subl	COVER CAR	1	5.00 T		
26	#	Subl	HAZARDOUS WASTE REMOVAL	1	3.00 T		
27	**	S01	A/M TAPE STRIPES PER SIDE	1	12.00	0.3	
28	#	S01	ROPE WINDOW MLDG	1			0.3
29		S01	REAR DOOR				
30		S01	Blnd RT Door shell				1.0
31		S01	R&I RT Belt w/strip black			0.3	
32		S01	R&I RT Handle, outside primed			0.4	
33		S01	R&I RT R&I trim panel			0.5	
SUBTOTALS					768.75	14.9	7.5

NOTES

Estimate Notes:

SUNROOF ASSEMBY IS COMING FROM TRIPLETT IN AKRON OH 800-822-5555

Supplement of Record

Customer:

Vehicle: 2007 FORD EDGE 4X2 SEL 4D UTV 6-3.5L-FI silver

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				780.75
Body Labor	14.9 hrs	@	\$ 44.00 /hr	655.60
Paint Labor	7.5 hrs	@	\$ 44.00 /hr	330.00
Paint Supplies	7.5 hrs	@	\$ 26.00 /hr	195.00
Miscellaneous				8.00
Subtotal				1,969.35
Sales Tax	\$ 1,969.35	@	6.5000 %	128.01
Grand Total				2,097.36
Deductible				100.00
CUSTOMER PAY				100.00
INSURANCE PAY				1,997.36

Supplement of Record

Customer: [REDACTED]

Vehicle: 2007 FORD EDGE 4X2 SEL 4D UTV 6-3.5L-FI silver

SUPPLEMENT SUMMARY

Line	Operation	Description	Qty	Extended Price \$	Labor	Paint
Added Items						
1	#	S02	***FINAL BILL-PLEASE PAY***	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	1,865.40	Dan Evans
Supplement S01	231.96	Dan Evans
Supplement S02	0.00	Dan Evans
Job Total:	\$ 2,097.36	
CUSTOMER PAY:	\$ 100.00	
INSURANCE PAY:	\$ 1,997.36	

ESTIMATES ARE WRITTEN BASED ON VISIBLE DAMAGE. HIDDEN DAMAGE , PARTS PRICE CHANGES AND ADDITIONAL PAINT LABOR NEEDED FOR COLOR MATCHING WILL BE DETAILED AS AVAILABLE AND HANDLED AS SUPPLIMENTAL REPAIRS.

The limit of your coverage is the actual cash value of your auto or its damaged parts at the time of loss. Fair market value, age and condition of your damaged vehicle will be considered when determining the actual cash value of a loss. Certain parts lose value or depreciate because of age, condition, and/or wear and tear. Betterment is the increase in value of a vehicle or any of its parts as a result of replacing certain parts damaged in a loss. If the replacement of certain parts results in an increase in value to your vehicle or any of its parts, a deduction for betterment may be made to your loss payment to reflect the actual cash value you are owed under your policy.

NWCPP=Nationalwide Crash Parts Program

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

THIS ESTIMATE HAS BEEN PREPARED BASED UPON THE USE OF ONE OR MORE AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE AFTERMARKET CRASH PARTS ARE PROVIDED BY THE PARTS MANUFACTURER OR DISTRIBUTOR RATHER THAN BY YOUR OWN MOTOR VEHICLE MANUFACTURER.

Supplement of Record

Customer [REDACTED]

Vehicle: 2007 FORD EDGE 4X2 SEL 4D UTV 6-3.5L-FI silver

This is an estimate only and not an authorization to repair. Additional payment will be made only with the approval prior to repair.

Nationwide will replace any defective like kind and quality (used), reconditioned, recycable, and quality replacement aftermarket (non-oem) parts as specied on the appraisal for as long as you own or lease the vehicle.

NWPP=Nationwide Parts Program

NWCPP= Nationwide Crash Parts Program

This estimate has been prepared based on the use of automobile parts not made by the original manufacturer, NWPP or NWCPP parts specified on the appraisal by other than the original manufaturer are required to be of equivalent like, kind, and quality in terms of fit, quality and performance to the original manufacturer parts they are replacing.

Please not-all disclaimers must meet State and Federal laws, please consult Regional Director/CLC to assure correct disclaimer verbiage is utilized.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR2MS07, CCC Data Date 4/16/2012, 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, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as 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 2010 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 Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

Claim Check Copy

Claim Key: [REDACTED]
Policyholder: [REDACTED]
Claimant: N/A

Requester: STYERK
Print Date: May 16, 2012
Print Time: 8:40 AM

**Nationwide Insurance Companies
Northern Ohio Regional Office**

04-27-2012

92 - 000629101

One thousand nine hundred ninety seven and 36/100 dollars

Pay to the
Order of
PRESTON CHEV CADILLAC KIA INC
13600 W CENTER ST
BURTON, OH 44021

NON-NEGOTIABLE COPY

PRESTON CHEV CADILLAC KIA INC
13600 W CENTER ST
BURTON, OH 44021

Customer Message:

Full payment of \$1,997.36 is for vehicle damages and is being paid under the collision coverage. If you have any questions regarding your claim, please contact your claims representative.

Check Type: Mechanical

Issuer: Unknown, #Unknown

EIN: 341-71-5009

IRS Pay Type: 6 - Non-employee Comp for Svcs Rendered

SIDE 1:

Clmt:

Clmt ID: P/C1

Coverage: COLL

Amount: \$1,997.36

Loss Payment

Final Payment

Loss Cause:

LDI:

Type of Loss: 87

Physical Damage Auto Repair

Type of Settlement:

WC SI Type:

Affiliate Name:

Expense Code:

IM Loss Location:

Intensified Appraisal:

Interest on Verdict:

Associated Flags:

Subro: NO

Salvage: NO

Drive-In: NO

Chargeable: NO

Attorney: NO

Total Loss: NO

Out of State: NO

Rehab Indicator: NO

Lump Sum: NO

Escheatable: YES

Mold: NO

Select Activity Logs

Claim Key: [REDACTED]
Policyholder: [REDACTED]
Claimant: N/A

Requester: STYERK
Print Date: May 16, 2012
Print Time: 8:40 AM

Date: 2012-04-27 Time: 10:22:51
Creator: HEINTZC
Assignee: UNASSIGN
Cov: COLL
Claimant: Cassella, Philip R

OYSARN ERAC ARMS FINAL INVOICE *APPROVED*-Cassella, Philip R-...
NATIONWIDE INS Rental Company: ENTERPRISE RENT-A-CAR
Invoice: D553048-3928

Bill To: NAT77BR
NATIONWIDE INS
ATTN: RMS DRIVE
1000 NATIONWIDE DRIVE
HARRISBURG, PA 17110 RENTAL DETAIL:

Rental Period: 4/11/12 to 4/25/12 (15 days)
Billed Period: 4/11/12 to 4/21/12 (11 days)

Products and Services Rate Amount
15 DAYS @ 21.50 \$322.50
Taxes and Surcharges
15 VLF 0.28 \$4.20
1 SALES TAX 6.50% \$21.24
Total Charges: \$347.94
Less Amount Received: \$127.94
Total Amount Due: \$220.00

RENTER INFORMATION:
Renter: [REDACTED]

RENTAL INFORMATION:
Rental Branch Location:
ENTERPRISE RENT-A-CAR (3928)
554 WATER ST
CHARDON, OH 440241178
(440) 285-8100

ADDITIONAL CLAIM INFORMATION:
Claim Number [REDACTED]
Claim Type: Insured

Vehicle Condition: Non-Driveable
Date Of Loss:
Insured Name:
Owner's Vehicle: 2007 FORD EDGE
Additional Driver: [REDACTED]
Repair Facility:
PRESTON CHEVY BODY SHOP
BURTON, OH 44021
(800) 220-2342

VEHICLES RENTED:

Effective Date	Time	Year	Make	Model	VIN	Starting Mileage	Ending Mileage	Mileage Rate	Charged
4/11/12	10:08 AM	2010	HOND	CIVC	2HGFA1F58AH[REDACTED]	33609	33611	2	\$21.50
4/11/12	10:18 AM	2012	DODG	AVEN	1C3CDZAB0CN[REDACTED]	19044	19500	456	\$21.50

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: \$347.94
Less Amount Received: \$127.94
Total Amount Due..... \$220.00

Please include on your check:

Invoice: [REDACTED]

NOTEBOOK:

Extensions Request Extension Maintain Authorization Date Author Message
4/27/12 5:24 AM SYSTEM, ARMS INVOICE RECEIVED. AMOUNT DUE \$220.00

4/26/12 11:00 AM RENTAL, BRANCH Ticket 553048 closed on 4/25/12 at 9:21 AM.

4/26/12 9:28 AM RMS WILLIAMS, KELLY Extension Authorization changed by RMS WILLIAMS, KELLY at 10:28 AM.

Extended 2 days at \$20.00/day.

Labor Hours changed from 19.4 to 22.4

Adjustment Days

(+1) Day Adjustment : Other (Other - Refer to detail notes) : negotiation day

Last authorized day will be 4/21/12.

Last day of rental set by RMS WILLIAMS, KELLY at 10:28 AM.

Per Dan @bs will pay for rental starting 4/22. If bs refuses to pay, please call 877-913-7283. Last day 4/21, John @erac aware.

4/25/12 8:21 AM RENTAL, BRANCH DROP AT PRESTON

Ticket has been close pended on 4/25/12.

4/23/12 9:33 AM RMS WILLIAMS, KELLY Message sent by RMS WILLIAMS, KELLY at 9:33 AM.

RMS working file, please do not close yet.

4/13/12 8:32 AM RMS WILLIAMS, KELLY Extension Authorization changed by RMS WILLIAMS, KELLY at 9:32 AM.

Rental extended by RMS WILLIAMS, KELLY at 9:32 AM for 7 day(s).

Current authorized date is 4/19/12.

Extended 7 days at \$20.00/day.

Labor Hours changed from 0.0 to 19.4

4/12/12 8:32 AM RMS WILLIAMS, KELLY Maintain Authorization changed by RMS WILLIAMS, KELLY at 9:32 AM.

Coverage maximum changed from \$700.00 to No Limit

Vehicle Condition changed from Driveable to Non-Driveable by RMS WILLIAMS, KELLY at 9:32 AM.

4/11/12 9:26 AM RMS WHITFIELD, MARK Maintain Authorization changed by RMS WHITFIELD, MARK at 10:26 AM.

Rental transferred from NON-OYS CALL CENTER to NATIONAL ON YOUR SIDE

File Owner changed from CC-CLAIMS, CALL CENTER to DRIVE, RMS

Rental transferred by RMS WHITFIELD, MARK at 9:26 AM.

4/11/12 9:12 AM RENTAL, BRANCH Ticket 553048 opened on 4/11/12 at 10:08 AM.

4/10/12 1:53 PM RENTAL, BRANCH Authorization confirmed by Enterprise at 1:53 PM.

Reservation number 699973.

4/10/12 1:53 PM RENTAL, BRANCH Authorization confirmed by Enterprise at 1:53 PM.

Reservation number 699973.

4/10/12 12:21 PM RENTAL, BRANCH Authorization confirmed by Enterprise at 12:21 PM.

Reservation number 699973.

4/10/12 12:21 PM CC-COSLER, RODNEY Authorization sent at 1:21 PM for 2 days at \$20.00/day.

Authorization sent with \$20.00/day / \$700.00/max.

Authorized by CC-COSLER, RODNEY.

File Owner is CC-CLAIMS, CALL CENTER

Direct Bill Authorization set at 100 %

Attention ERAC: If vehicle is drivable, remind the customer that rental reimbursement will begin when their shop has ordered and received all the necessary parts and their vehicle is scheduled for repairs (preferably at the beginning of the week).

Enterprise® Employee Note To Self Note To/From Repair Facility
* Time is displayed based on your local time zone: GMT-05:00

Claim Check Copy

Claim Key: [REDACTED]
Policyholder: [REDACTED]
Claimant: N/A

Requester: STYERK
Print Date: May 16, 2012
Print Time: 8:40 AM

Nationwide Insurance Companies
Columbus Regional Office

[REDACTED]
Pay to the
Order of

[REDACTED]
Two hundred twenty and 00/100 dollars

NON-NEGOTIABLE COPY

Customer Message:

Check Type: Manual

Issuer: Unknown, #Unknown

SSN: 000-00-0000

SIDE 1:

Clmt: [REDACTED]

Clmt ID: P/C1

Coverage: LOU

Amount: \$220.00

Loss Payment

Final Payment

Loss Cause:

LDI:

Type of Loss:

Type of Settlement:

WC Stl Type:

Affiliate Name:

Expense Code:

IM Loss Location:

Intensified Appraisal:

Interest on Verdict:

Associated Flags:

Subro: NO

Salvage: NO

Drive-In: NO

Chargeable: NO

Attorney: NO

Total Loss: NO

Out of State: NO

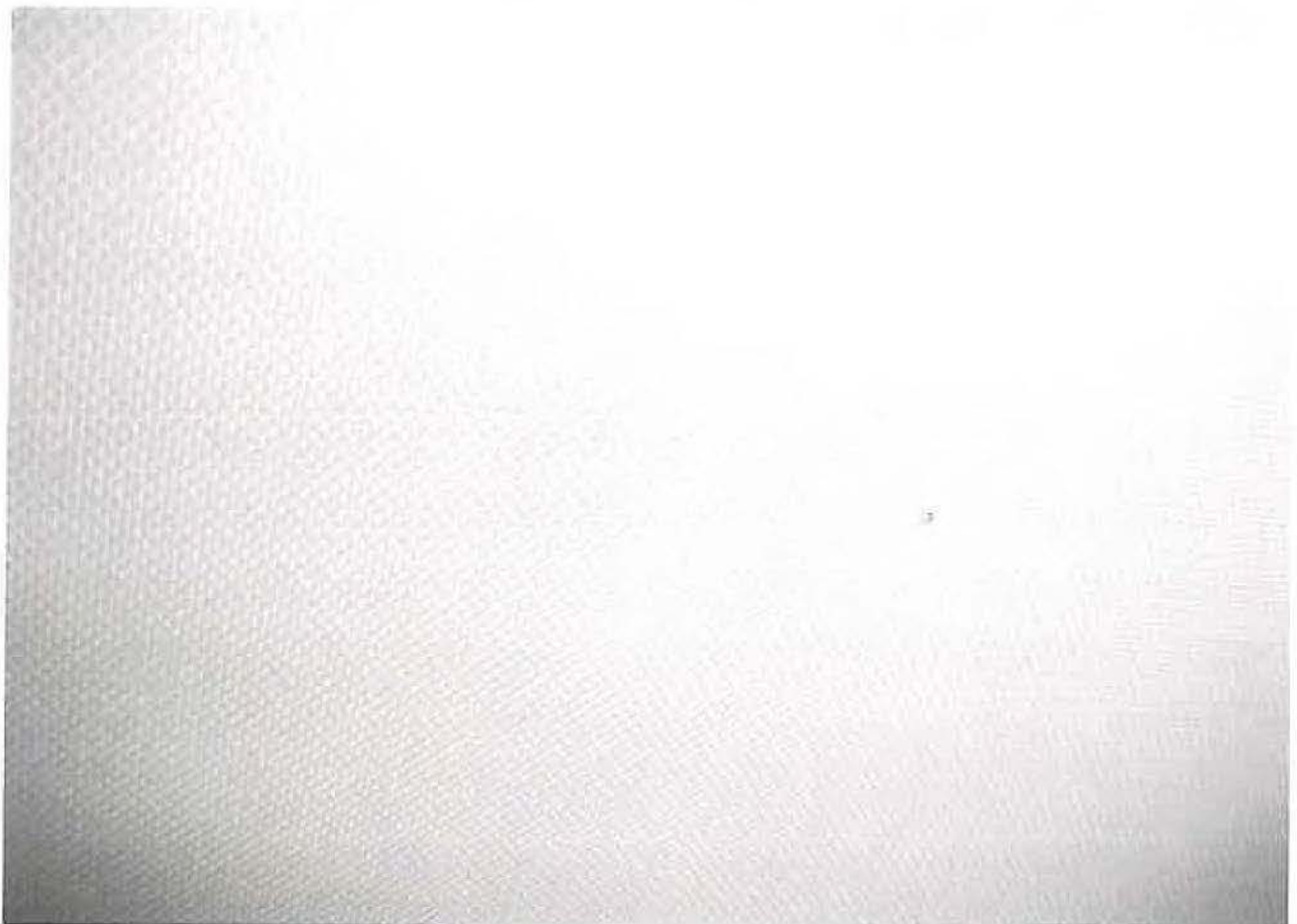
Rehab Indicator: NO

Lump Sum: NO

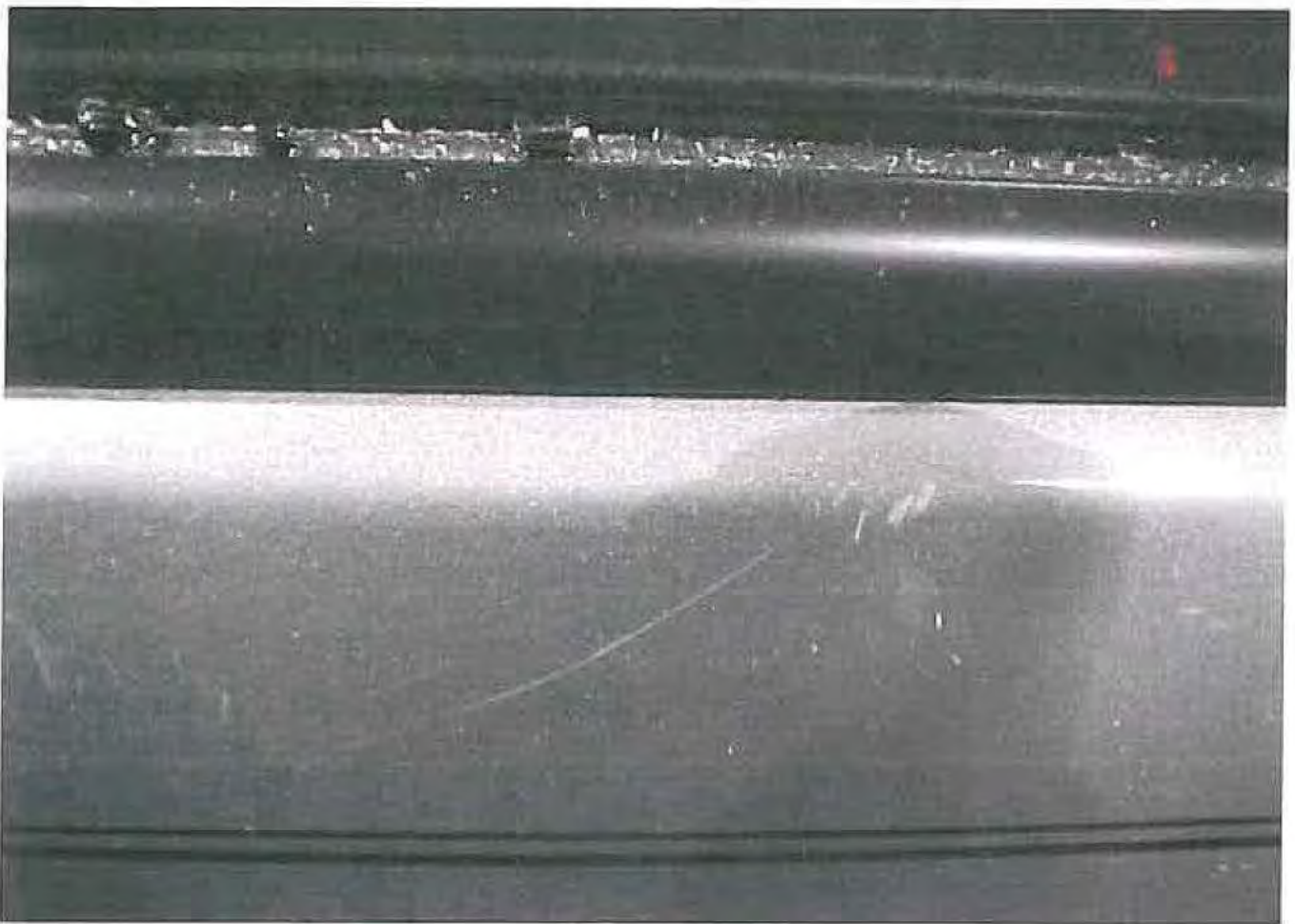
Escheatable: YES

Mold: NO

















MFD. BY FORD MOTOR CO.

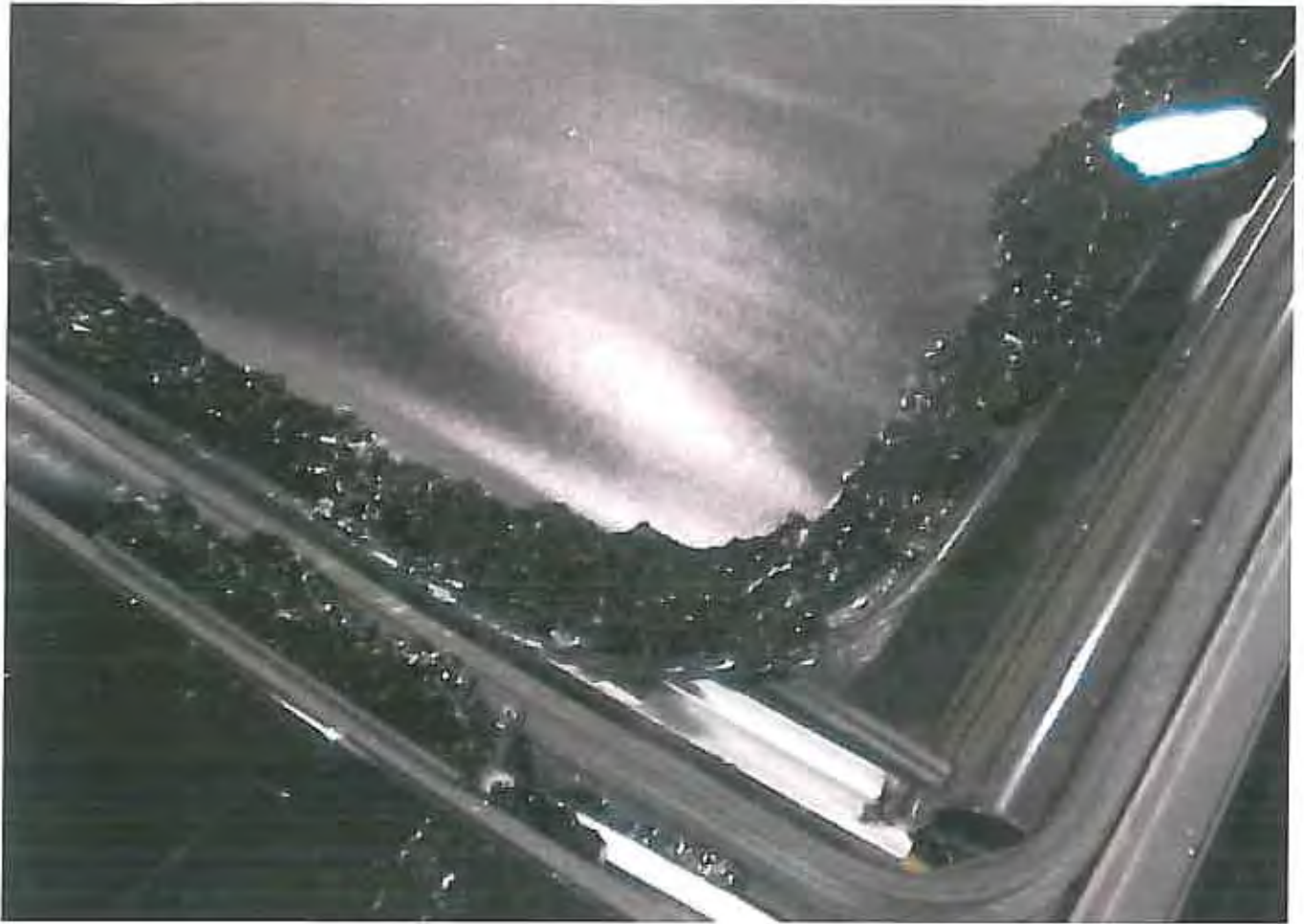
DATE: 07/07	GVWR: 5300LB/ 2404KG	
FRONT GAWR: 2810LB	REAR GAWR: 2490LB	
1275KG	WITH 1129KG	WITH
P245/60R18	TIRES P245/60R18	TIRES
18x7.5J	RIMS 18x7.5J	RIMS
AT 240 kPa/ 35 PSI COLD	AT 240 kPa/ 35 PSI COLD	

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

VIN: 2FMDK39C87B [REDACTED]
TYPE: MPV



EXT PNT: WB [REDACTED] 1P/PS 1R 1A/LE 1R 1SP 1Q11F
111 3W 1 2F J AAAA WDA
UTC 505A 1520477-BA



File Name: [REDACTED]

Insured: [REDACTED]

Claim No: [REDACTED]

Person Giving Statement: [REDACTED]

ClaimantID: P/C1

Date Taken: 6/24/12

Date of Loss: 4/10/12

Interviewer: Leonard Jimenez

Cov: Coll

ClassID: STYERK

Q: This is Leonard Jimenez. I'm interviewing, uh, [REDACTED] uh, today at my place of employment. It's June the 24th of, uh, 2012. It's approximately 11:-, uh, -51 a.m. This is concerning an accident that occurred, or incident that occurred on April the 10th of 2012 [sic] in which, uh, [REDACTED] was the driver. Uh, [REDACTED] do you understand that this interview is being recorded?

A: Yes.

Q: And I do have your permission to do so?

A: Yes.

Q: Okay. Thank you so much. Uh, may I have you just state for my recording your first name?

A: [REDACTED]

Q: Okay. And last name?

A: [REDACTED]

Q: Okay, and...

A: [REDACTED]

Q: Okay, thanks. May I have you, um, may I have your address as well?

A: Uh [REDACTED] Perry, Ohio.

Q: Okay, thank you. And your best contact phone number?

A: Is, uh [REDACTED]

Q: Thank you. And our date of birth?

A: [REDACTED]

Q: Thank you, [REDACTED] And may I also have your Social Security Number?

Page 2

Claim Number: [REDACTED]

A: [REDACTED]

Q: Okay, thank you. What type of vehicle were you driving?

A: Pardon me?

Q: What type of vehicle were you driving?

A: A Ford Edge.

Q: Ford Edge? Okay. Do you know what year it is?

A: Uh, 2007.

Q: Okay, thank you. And what color is it?

A: It's, uh, silver.

Q: Silver. And is it drivable?

A: Pardon me?

Q: Is it drivable?

A: Yes.

Q: Okay, thank you. Are you the titled owner?

A: Yes.

Q: Okay, thank you. And do you have a valid driver's license?

A: Yes.

Q: Thank you. And from what state?

A: Ohio.

Q: Any restrictions on your license?

A: No.

Q: Okay, thank you. And where were you going or coming from? Where were you traveling to?

A: I was traveling south on, uh, 71 to Columbus.

Q: Okay, thank you. Give me just one moment. I'm just typing in information. To Columbus, okay. And, uh, what was the traffic like that day?

Page 3

Claim Number: [REDACTED]

A: Um, usual traffic. It was during the week, so there were a lot of, there was a lot of traffic, a lot of truck traffic heading that way.

Q: A lot of traffic, okay. Uh, do you remember, uh, what the speed is on that, uh, on south 71?
[Clears throat] Excuse me.

A: It's 65.

Q: Sixty-five? And do you know how fast you were going?

A: About 65.

Q: Also?

A: Uh-huh.

Q: Thank you. Uh, and the, uh, how was the weather that day?

A: Uh, as I recall, it was clear, but it was, it wasn't raining or snowing.

Q: Okay, good. Um, how were the road conditions? So that would make it also...

A: Pretty dry.

Q: Dry and, okay. [Inaudible.] All right. Thank you. And, um, a little bit about your car and your sunroof. Um, had, had you had any previous sunroof damage?

A: No.

Q: No?

A: None whatsoever.

Q: And if you can just tell me briefly what, what happened in your own words?

A: It's very difficult to, uh, to describe other than the fact that I was driving south in my usual manner, no issues. And all of a sudden, I heard something, uh, hit the roof of the car, and the whole thing shattered. There wasn't, there wasn't anything around me, There were no, there was no traffic beside me, uh, at all. It just shattered.

Q: Okay.

A: And very loud, shattered.

Q: And, and what was it that shattered?

A: The sunroof.

Page 4

Claim Number: [REDACTED]

Q: The sunroof, oh, okay.

A: The whole sunroof.

Q: Oh, my goodness. That must have been pretty scary then.

A: It, it was, yes. [Laughs.]

Q: So no, I, I can imagine just driving, you know, on 71 at 65 or so, and boom. That happens. That's...

A: Yes.

Q: That's a little scary. So you were just driving normally, good conditions and all, and it just...

A: Shattered, yes. It didn't, uh...

Q: You didn't hear anything hit the car or...

A: No.

Q: You didn't hit any bumps or anything, holes?

A: No, not anything that I was aware of that would...

Q: Uh-huh.

A: You know, make me, uh, recall it. I was just driving.

Q: And then it just all of a sudden, you sunroof just shattered?

A: Uh-huh. Yes.

Q: Okay. Then what happened after that? What did you do after that?

A: Well, I closed, it has a shade, you know...

Q: Uh-huh.

A: So I closed the shade so that it wouldn't, uh, you know, fall into the car.

Q: Sure.

A: And I, uh, was only a little bit north of where I needed to be, so I continued on until I got to the place that I needed to be. And I was with some other folks who work with me, and they got a roll of duct tape from the manager of the building that we were having our meeting in...

Q: Uh-huh.

Page 5

Claim Number: [REDACTED]

A: And they duct taped the, the, you know, the roof so [inaudible] home, I didn't have to worry about it, so...

Q: Oh, okay. I see. Okay. And then anybody in your vehicle with you, or were you by yourself?

A: No. No, I was by myself.

Q: And you're okay. You were okay that day? You weren't...

A: Oh, yes.

Q: Hurt or anything? Okay.

A: Oh, no. There was, the glass never did fall into the car.

Q: Okay.

A: Um, and I, I was fine other than the fact that I had a few extra heartbeats now and again.

Q: Again, that's to be expected. My goodness.

A: Yes.

Q: Okay. So you went ahead and just...

A: Yes.

Q: Duct taped that and then, uh, after that you just, you were able to drive home and everything okay?

A: Right. Yes.

Q: Okay. And then...

A: Yes.

Q: That when you, then that's when you reported the claim?

A: Right, uh-huh.

Q: Gotcha. Okay. Well, um, I think I've got the information here that I needed. Uh, I know it took a little while, but let me go ahead and finish my recording. Is there anything else, uh, that you would like to add to this interview that I have not asked you?

A: No, not that I can think of.

Q: Okay. Thank you. Did you understand the interview was being recorded?

A: Yes.

Page 6

Claim Number: [REDACTED]

Q: And have you s-, understood all of my questions?

A: Yes.

Q: Thank you. Do you acknowledge that the information given is true and correct?

A: Yes.

Q: Thank you. And last thing, do I have your permission to share your information, uh, in order to process this claim with other Nationwide associates or other insurance companies?

A: Yes.

Q: Okay. Thank you so much. Uh, the time now is, uh, 11:58 a.m., and I will be ending my recording.

[End of Recorded Statement.]

.



.

March 9, 2016

Client Relationship Center
Lincoln Motor Co
PO Box 6248
Dearborn MI 48126

OGC Lit
Product Claims

Re: Your Case #:
Your Customer:
Our Insured:
Date of Loss:
Echelon Claim #:

[REDACTED]
[REDACTED]
11/26/15
[REDACTED]

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

MAR 18 2016

OFFICE OF THE
GENERAL COUNSEL

Dear Sirs:

We have investigated the captioned loss. Based on our investigation, it is of the opinion of Echelon that a defect in the vehicle glass caused it to crack.

We have concluded our insured's comprehensive claim for a total of \$1,964.31. We have attached a copy of the appraisal documenting our insured's damage along with photographs, the subrogation agreement, and a copy of our insured's claim check.

We are seeking reimbursement of the comprehensive payment. We ask that you issue a check in the amount of \$1,964.31 made payable to Echelon Property & Casualty Company as subrogee of Echo Limousine, Inc. This amount includes our insured's \$1,000.00 deductible.

Sincerely,


Maureen O'Donnell
Claims Manager
Echelon Property & Casualty Insurance Company
312-654-6166
Fax 312-654-2609
modonnell@echelonpc.com

5ECLA02890

SUBROGATION AGREEMENT

RECEIVED OF Echelon Property and Casualty Insurance Company

The sum of Nine Hundred Sixty Four and 31/100 (\$964.31) in settlement for property damage occurring on 26th day of November, 2015, to the property described in Policy # [REDACTED] issued through Transcom General Agency, Inc. of said Company.

In consideration of and to the extent of said payment, the undersigned hereby subrogates said Insurance Company to all of the rights, claims and interest which the undersigned may have against any person or corporation liable for the loss mentioned above, and authorizes the said Insurance Company to sue, compromise, or settle in the undersigned's name or otherwise, all such claims and to execute and sign releases and acquittances and endorse checks or drafts given in settlement of such claims in the name of the undersigned, with the same force and effect as if the undersigned executed or endorsed them.

Warranted no settlement has been made by the undersigned with any person or corporation against whom a claim may lie, and no release has been given to anyone responsible for the loss, and that no such settlement will be made nor release given by the undersigned without the written consent of said Insurance Company, and the undersigned covenants and agrees to cooperate fully with said Insurance Company in the prosecution of such claims, and to procure and furnish all papers and documents necessary in such proceedings and to attend court and testify if the Insurance Company deems such to be necessary, but it is understood the undersigned is to be saved harmless from costs in such proceedings.

Signed this 28TH day of January, 2016

**IMPORTANT: PLEASE READ THIS DOCUMENT BEFORE SIGNING. THIS IS A
LEGAL AND BINDING DOCUMENT**

[REDACTED]
[REDACTED]

Witness:

Date

[REDACTED]

Insured:

Date

ECHELON PROPERTY & CASUALTY INS. CO.
CLAIMS ACCOUNT

JPMORGAN CHASE BANK, NA
CHICAGO, ILLINOIS 60670
 02-001710

17326

POLICY NO: [REDACTED]
 DATE OF LOSS: 2015-11-26
 CLAIM NO: [REDACTED]

January 08, 2016

PAY TO THE
 ORDER OF

\$

\$964.31

Nine Hundred Sixty Four Dollars And 31/100

DOLLARS

[Handwritten Signature]

Authorized Signature

Memo Settlement of Comprehensive Claim IECA02890

ii

Echelon

Check #: 17326
 Check Date: January 08, 2016
 Check Amount: \$964.31
 In behalf of: Insured
 Payee: [REDACTED]

Memo: Settlement of Comprehensive Claim IECA02890

Claim Information

Policy #: [REDACTED]
 Loss Date: 2015-11-26 00:00:00.000000
 Claim #: [REDACTED]
 Claimant Name: Insured

Marked 1-8-16

Chicago,

Date: 12/11/2015 02:43 PM
Estimate ID: IECA02890
Estimate Version: 0
Preliminary
Profile ID: * ech

Visual Damage Report

Town and Country

P.O. Box 67, Palatine, IL 60078
(847) 204-9916
Fax: (847) 241-3088
Email: mperry@tcnclaims.com

Damage Assessed By: Michael Perry
Classification: Field

Appraised For: ECHELON PROPERTY AND CASUALTY

Condition Code: Good
Date of Loss: 11/24/2015
Contact Date: 12/11/2015
Deductible: 1,000.00
File Number: [REDACTED]
Claim Number: [REDACTED]

Type of Loss: Collision

Insured: [REDACTED]
Owner: [REDACTED]

Mitchell Service: 911240

Description: 2013 Lincoln MKT
Body Style: 4D Ut
VIN: 2LMHJ5NK3DB [REDACTED]
OEM/ALT: A
Color: BLACK MET
Options:

Drive Train: 3.5L Turbo Inj 6 Cyl AWD

Search Code: B761733

PASSENGER AIRBAG, HEATED SEAT, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW
POWER STEERING, REAR WINDOW DEFOGGER, AIR CONDITIONING, REAR WINDOW WIPER
CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG
HEATED EXTERIOR MIRROR, REAR (DUAL-ZONE) AC, LEATHER SEAT, POWER PASSENGER SEAT
FRONT SIDE AIRBAG WITH HEAD PROTECTION, PREMIUM SOUND SYSTEM
ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS
REARVIEW CAMERA, REMOTE IGNITION, POWER LIFTGATE/TRUNK, ADJUSTABLE FOOT PEDALS
TIRE INFLATION/PRESSURE MONITOR, MEMORY SEAT, AUXILIARY INPUT
BLUETOOTH WIRELESS CONNECTIVITY, HIGH INTENSITY DISCHARGE HEADLIGHTS
LEATHER STEERING WHEEL, SATELLITE RADIO, CD PLAYER
POWER ADJUSTABLE EXTERIOR MIRROR, SUNROOF/MOONROOF, PRIVACY GLASS
GENUINE WOOD TRIM, AUTO AIR CONDITION, FIRST ROW BUCKET SEAT, TELEMATIC SYSTEMS
UNIVERSAL GARAGE DOOR OPENER, THIRD ROW SEAT
REAR HEATING, VENTILATION & AIR CONDITIONING, ALL WHEEL DRIVE, SIDE AIRBAGS
AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION
INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, MP3 PLAYER
ADAPTIVE VARIABLE SUSPENSION, DRIVER SEAT WITH POWER LUMBAR SUPPORT
ELECTRONIC PARKING AID, ELECTRONIC STABILITY CONTROL, EXTERIOR MEMORY MIRRORS
FRONT COOLED SEATS, FRONT HEATED SEATS, FRONT SEATS WITH POWER LUMBAR SUPPORT
KEYLESS ENTRY SYSTEM, PANORAMIC SUNROOF/MOONROOF, RAIN SENSING WIPERS
REAR BENCH SEAT, REAR SPOILER, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	104716	MCH*	REMOVE/REPLACE	<u>Roof</u> Frt Panoramic Roof Glass Panel	New	838.65	* 1.8*
ESTIMATE RECALL NUMBER: 12/11/2015 14:41:50 IECA02890							
Mitchell Data Version: OEM: OCT_15_V							
MAPP: OCT_15_V							
Copyright (C) 1994 - 2015 Mitchell International							
All Rights Reserved							
Software Version: 7.1.187							

Page 1 of 3

2 102184 MCH* REMOVE/INSTALL Roof Headliner

3.2

Estimate Totals

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

12 Front Center (P)

Body Shop: HIGHLAND PARK FORD
Address: 1333 PARK AVE
HIGHLAND PARK, IL 60035
Telephone: (847) 433-7200
Fax Phone: (847) 433-0356

Page 2 of 3

Software Version: 7.1.187

Date: 12/11/2015 02:43 PM
Estimate ID: [REDACTED]
Estimate Version: 0
Preliminary
Profile ID: * ech

SPECIFICATIONS AND RECOMMENDATIONS . THIS ESTIMATE HAS BEEN PREPARED
BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE
OTHER THAN THE MANUFACTUER OF YOUR MOTOR VEHICLE WARRANTIES
APPLICABLE TO THESE REPLACEMENT PARTS RATHER THAN THE MANUFACTURER OR
DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN THE MANUFACTURER OF
THE MOTOR VEHICLE . ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRS MUST BE
LICENSED IN ACCORDANCE WITH SECTION 5-3-1 OF ILLINOIS VEHICLE CODE .

ESTIMATE RECALL NUMBER: 12/11/2015 14:41:50 IECA02890

Mitchell Data Version: OEM: OCT_15_V

MAPP:OCT_15_V

Copyright (C) 1994 - 2015 Mitchell International
All Rights Reserved

Software Version: 7.1.187

Page 3 of 3

0000

THE UNIVERSITY OF CHICAGO
 DIVISION OF THE PHYSICAL SCIENCES
 DEPARTMENT OF PHYSICS
 530 SOUTH EAST ASIAN AVENUE
 CHICAGO, ILLINOIS 60607-7080
 TEL: 773/936-3700 FAX: 773/936-3701
 WWW: WWW.PHYSICS.UCHICAGO.EDU

[illegible]









Case



General Info

Overview

Case Number	[REDACTED]	Status	Resolved
Priority	High	Owner	Tier 2 CCT
Expected Resolution Date		Status Reason	Resolved Closed
Input Channel	Phone		

Close Case

Close Case Info

Resolution Type	Close Issue	Comments
Closure Type	Addressed	

Customer Info

Advanced Search

Search On	Contact	Search By
-----------	---------	-----------

Customer Name	ECHO LIMOUSINE INC.	Caller Type
Best Contact Method		Use for Reply-To
Best Daytime Phone		Customer Delegate
Customer Home Phone		Customer Delegate Phone
Customer Business Phone		Relationship
Customer Mobile Phone		
Vehicle Purchase Status	Original Owner	

Current LTV Score FLT

Customer Scores

Loyalty Score

Defector Score

LTV Score FLT

Dissat Score

In-Market

ESP Score

Likelihood to Service

Service Segments

Loyalty Segment -
Mexico

Dealer Info

Dealer Info

Dealer Name  Highland Park Ford Lincoln

Dealer PA Code 10518

Dealer Service
Manager

Dealer Phone Number (847) 831-5880

More than one Service Manager Yes

Dealer Contact

Service Mgr Phone

Ford CSM

Portal Status No New Message

FMCC Branch Code

Vehicle Info

Vehicle Info

VIN  2LMHJ5NK3DB [REDACTED]

Mileage 242,549

Warranty Start Date 7/24/2012

Mileage Units Miles

Vehicle Modifications No

Hours in Service

Original Selling Dealer Bell Lincoln-Mercury Inc

Converted Mileage

Original Selling PA 10506

Days Out of Service

Number of Repairs

Vehicle Specification

Vehicle Specification  2013 > LINCOLN > MKT > J5N - LIVERY AWD 4-DR MPV
Full Path

Model Year  2013

Engines  3.7L DOHC V6 GAS
Specification

Make  LINCOLN

Transmissions  6 SPD AUTO TRANS 6F55
Specification

Model / Vehicle Line  MKT

Body Style  J5N - LIVERY AWD 4-DR MPV

Case Classification

Classification

Responsible Team  Tier 2 CCT

Case Classification  Vehicle Concern > Repair Assistance
Full Path

Case Classification  Vehicle Concern
Level 1

Case Classification  Repair Assistance
Level 2

Case Classification
Level 3

Case Classification
Level 4

Classification

Initial Contact  1/29/2016 6:50 AM
Target

Initial Contacted No

Case Closure Target

Initial Contact Date

Symptom Code

Symptom Code  Lighting/Glass/Vision > Windows/Glass > Fixed Glass Roof > OTHER

Level 1  Lighting/Glass/Vision

Level 2  Windows/Glass

Level 3  Fixed Glass Roof

Level 4  OTHER

Miscellaneous Info

Miscellaneous Info

Master Case

Caller Authorization
Code

Stars ID

Tech Hotline No

FSA Number

Campaign Number

Repair Order
Number

Chat UID

Contract Info

Ford Credit Contract
#

Form Letter Code

ESP Contract #

Non-Ford ESP No

Activities

All Activities

Subject	Activity Type	Activity Status	Priority	Date Created
 CALL To [REDACTED]	Phone Call	Completed	Normal	3/9/2016 2:05 P.
 Close Case	Close Case	Completed	Normal	1/27/2016 3:58...
 Case Resolution	Case Resolution	Completed	Normal	1/27/2016 3:58...
 CALL From - [REDACTED]	Phone Call	Completed	Normal	1/27/2016 3:38...

1 - 4 of 4 (0 selected) Page 1

Notes & Article

Notes

Title: Note created on 03/09/2016 02:37 PM by Tareque Rahman, Default Team: Tier 2 CCT

IBC from Client's insurance company. Insurance rep Arlene wanting to know if LMC received her letter. Rep requesting a written response of denial given to her for financial assistance that she request in January. CSM advised that I do not see that we received her letter. Also, I advised that we are not able to provide this type of information to her since she is not the Client. The Client would have had to contact LMC when these issues first occurred and based on the notes from previous CSM it seems that there is no available assistance for these concerns and that Veh is well outside of any type of warranty claims. Rep asked for my name and advised that she will have to speak with her manager regarding the matter and call back.

Tareque Rahman 3/9/2016 2:37 PM

Title: Note created on 1/27/2016 3:55 PM by Jennifer Raiman, Default Team: Tier 2 CCT

CLIENT SAYS: IBC FROM CLIENT'S INSURANCE COMPANY, ECHELON PROPERTY AND CASUALTY, REP ARLENE, WHO ADVISED CLIENT HAD CLAIM FOR GLASS ROOF REPAIR AND INSURANCE COMPANY WOULD LIKE REIMBURSEMENT. INSURANCE COMPANY REP CITED NO OPEN RECALLS ON THE GLASS ROOF AND TALKED ABOUT INSTANCES OF SHATTERING FOUND ONLINE THAT MAKE

THIS LMC RESPONSIBILITY. INSURANCE COMPANY REP REQ LMC MAILING ADDRESS. PER CLIENT, DEALER SAYS. CSM ADVISED: CSM SEARCHED FOR ANY REPAIR RECORDS FOR VEH AND/OR CONCERN AND FOUND NONE. VEH IS WELL OUTSIDE OF WTY PARAMETERS AND, ALTHOUGH REPAIRS DONE AT DLR, THESE WERE NOT SUBMITTED FOR WTY CONSIDERATION AT ANY TIME AND WOULD NOT QUALIFY. CSM ADVISED CALLER THAT THE VEHICLE DOES NOT HAVE ANY WTY THAT WOULD BE APPLICABLE FOR ASSISTANCE IN THIS MATTER. CSM ALSO ADVISED THAT SHOULD CLIENT HAVE REACHED OUT TO US IN THE CRC, WE WOULD HAVE ADVISED TO CONTACT THE INSURANCE COMPANY. CSM PROVIDED MAILING ADDRESS FOR LMC AND ADVISED OF THE CASE NUMBER FOR CALLER'S REFERENCE.

Jennifer Raiman 1/27/2016 3:56 PM

Article**Article**

Admin Info

Admin Info

Created By	 Jennifer Raiman	Modified By	 Jennifer Raiman
Created On	1/27/2016 3:50 PM	Modified On	1/27/2016 3:58 PM
Begin Date	1/27/2016	Case Type	
Title	[REDACTED]	Source Created By	
