

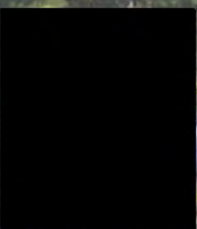




CLOVERDALE
TOWNSHIP
HWY. MAINT. DEPT.

PE14-017 - Chrysler - 04641

#18



PE14-017 - Chrysler - 04642

#10

State Farm®
Providing Insurance and Financial Services
Home Office, Bloomington, Illinois 61710



April 20, 2012

Chrysler Group Llc /
Cims 485-13-30
1000 Chrysler Dr.
Auburn Hills MI 48326

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

LMI 1250465
AKFA
Autopsy report
confidential reading
- [initials] now
Receipt
(forwarded
to BA14
for
JUSW
LMM)

Certified Mail-Return Receipt Requested

RE: Claim Number: [redacted]
Date of Loss: October 15, 2010
Our Insured: [redacted]
Your File Number: [redacted]

J.S Susalla:

This notice is to advise of a loss that occurred to our insured's vehicle. The damage was caused by failure of air bag to deploy. Claim is being made for injury sustained to driver.

Our investigation indicates that Chrysler Group LLC 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 Chrysler Group LLC for reimbursement of \$25,000.00.

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

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

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

RECEIVED
MAY 02 2012
CCRG
Office of the General Counsel
PE14-017 - Chrysler - 04643



RBZ0006Z
 State Farm Mutual Automobile Insurance Company

Auto Payments by COL

Route To: Stephanie Peters

BASIC CLAIM INFORMATION

Claim Number: [REDACTED]

Date of Loss: 10-15-2010

Policy Number: [REDACTED]

Named Insured: [REDACTED]

600 - MPC

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

Payment Number	Issued Date	Participant	Payable COL	Pay Cd	Status	Amount	Auth ID	Rsn Cd
118534048J	09-14-2011	[REDACTED]	600	1	Paid	\$584.00	A1YS	
118538278J	03-09-2011	[REDACTED]	600	2	Paid	\$3,237.00	IQXK	
118537117K E	02-28-2011	[REDACTED]	600	8	Paid	\$37.41	HS0G	
118812582J	12-02-2010	[REDACTED]	600	2	Paid	\$494.00	IQXK	
118811487J	11-19-2010	[REDACTED]	600	2	Paid	\$3,000.00	IQXK	
118811112J	11-17-2010	[REDACTED]	600	2	Paid	\$17,685.00	IQXK	
Total:						\$25,037.41		

HEADER PAGE

Stephanie Peters 14-3066-814

Printed: 08:39:25 April/27/2012

Product Line: Auto

Claim Number:

Insured Name:

Requestor Name: Stephanie Peters

Alias: NR0S

Printer: CPCL2580

Comments:



wolftechnical.com

WOLF

9855 Crosspoint Boulevard Suite 126 Indianapolis, Indiana 46256-3336 T 800.783.9653 T 317.842.6075 F 317.842.8974

specializing in:
FORENSIC AND AEROSPACE ENGINEERING

January 27, 2011

State Farm Mutual Automobile Insurance Company
147 Washington Pointe Drive
Indianapolis, IN 46229

ATTN: Doug Johnson

RE: [REDACTED] / 2007 Jeep Commander
State Farm Claim No.: [REDACTED]
Wolf Project No.: 11-0004-24

Dear Mr. Johnson:

On January 5, 2011, you contacted Wolf Technical Services, Inc. (Wolf) and asked that we examine a 2007 Jeep Commander (VIN: 1J8HG58237C [REDACTED]) that had been involved in a crash that occurred October 15, 2010, on northbound US231 in Owen County, Indiana. The Indiana Officer's Standard Crash Report indicates that the Jeep, driven by [REDACTED] struck an equipment trailer and then rolled several times. The trailer and the Chevrolet pickup that was pulling it were parked on the east shoulder of the highway when the collision occurred. The Crash Report lists "driver illness" as the primary cause of the crash. The Jeep is equipped with frontal and side curtain airbags. None of the airbags deployed during the incident. I examined the Jeep on January 7, 2011, at the Insurance Auto Auction facility on South Harding Street in Indianapolis. A second examination was conducted on January 25, 2011, to retrieve stored diagnostic trouble codes (DTC) from the Jeep.

The Jeep had sustained direct contact damage to the right side beginning at the front bumper and continuing rearward to the rear door on that side. The grille, right front light assembly, right front door and other parts were found in the rear compartment of the Jeep. The right front suspension was torn apart separating the tire/wheel/rotor/spindle from the vehicle. I did not find these parts with the Jeep. The damage to the back of the wheel opening showed evidence of having been impacted by the wheel and tire. The three tires that were on the Jeep had acceptable tread depth, but were all deflated, most likely as a result of the rollover. The outer face of both wheels on the left side had abrasion damage.

more than *30 years*
of engineering excellence

PE14-017 - Chrysler - 04646

The roof, the top of the right quarter, and the left side of the Jeep showed damage, which indicated it had rolled over at least three-quarters of a revolution (270°). The right front corner of the roof was depressed. The windshield was fractured all around, but was still retained at its perimeter. Due to the extent of the damage to the windshield I could not determine if the driver had contacted the windshield. Every exterior body panel on the left side of the Jeep sustained abrasion damage. The left front fender and the left side of the hood were bent downward. Both outside rearview mirrors were torn off.

The Jeep has individual front seats. The lower anchors for the driver's 3-point seat belt system are both attached to the seat. The D-ring on the B-pillar was adjusted to approximately its midpoint. The latch plate is a dual-slot design. I did not find any evidence of occupant loading on the latch plate. The latch tongue had numerous scratches, consistent with frequent use. The buckle locked when the latch plate was inserted in to it. There are what appear to be faint fabric impressions on the front part of the D-ring slot and some transfer on the webbing at a place on the webbing consistent with normal use of the torso belt. There were two areas on the webbing where the fabric tended to curl. These areas corresponded to where webbing would contact the latch plate and D-ring during normal use. The steering wheel did not appear to be deformed. There was no evidence of occupant contact with the visor or rearview mirror. There was no impact damage to the instrument panel. There were a group of scrape marks below the steering column on the lower dash panel, but it was not clear they were caused by the collision. There were some scattered stains that appeared to be blood on the fabric of the headliner and interior sun roof panel. Based on the physical evidence, it is my opinion that [REDACTED] was most likely using the lap and shoulder belt.

Contrary to the information in the Crash Report, none of the airbags in the Jeep deployed. The frontal collision resulted in substantial damage to the right side of the Jeep. Although the damage was narrowly concentrated it is possible that the impact resulted in a longitudinal deceleration of sufficient magnitude to satisfy the frontal air bag deployment criteria. The absence of contact damage to the steering wheel, instrument panel, visor or mirror indicates that the seat belts protected [REDACTED] during the frontal collision phase of the incident even though the air bags did not deploy.

Sideswiping the trailer would have caused the Jeep to begin to yaw clockwise. The officer's diagram indicates that there was secondary contact to the left side of the Chevrolet pickup. That contact could explain some of the damage to the front of the Jeep. The numerous abrasions on the left side of the Jeep indicated that it overturned and slid with its left side on the pavement. It is likely, based on the damage, that it then rolled another half revolution after it left the road and came to rest on its left side facing east. It is possible, but not as likely given the absence of overlapping damage, that the Jeep rolled one and a half revolutions after it left the road. The rapid yaw followed by a rollover would be expected to trigger deployment of the side curtain airbags.

January 27, 2011

Documentation of markings on the pavement and roadside could be used to reconstruct the incident. The reconstruction would clarify how many times the Jeep rolled and quantify the crash impulse. The crash report indicates that photographs were taken at the scene. A survey of the site might be needed to complete the analysis.

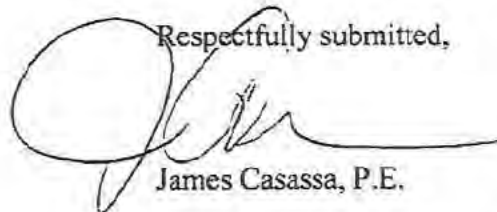
Data from the air bag control module (ACM) was imaged using a Bosch Crash Data Retrieval (CDR) tool. The module in the Jeep did not record any data pertaining to the crash since no deployment occurred. It did confirm that the Commander was configured for frontal and side curtain air bags. During the initial examination a 12 volt power supply was connected to the Jeep and the key was turned to the on position. The air bag warning light in the instrument panel remained illuminated constantly.

During the second examination, an OTC Genysis EVO scan tool was used to read the diagnostic trouble code or codes which caused the restraint system warning light to remain illuminated. The relevant DTC was "B220B – Occupant Restraint Controller Firing Stored Energy". This code indicates the ACM has detected an out of range internal circuit. The presence of a DTC, which causes the warning light to remain illuminated constantly, normally suppresses deployment of the air bags. If this condition existed prior to the collision, and therefore was the reason the airbags did not deploy, the warning light would have been illuminated prior to the collision. The ACM in the Jeep Commander is attached to the floor inside the passenger compartment. It is highly unlikely the ACM was damaged by the collision or subsequent transport.

The Indiana Officer's Standard Crash Report includes a lengthy narrative. Part of the Crash Report narrative states that [REDACTED] spoke to witnesses and emergency personnel following the collision. He told one of the EMTs that he experienced severe pain in his abdomen prior to the collision. His vision became blurry and then everything got very bright. The next thing he remembered was waking up on the ground outside his vehicle after the collision. [REDACTED] was airlifted to Methodist Hospital in Indianapolis where he died during surgery. The Marion County Coroner told the investigating deputy that [REDACTED] suffered an abdominal aortic aneurism that may have caused the crash.

In summary, it is my opinion that the collision with the trailer and the subsequent rollover were events that should have resulted in deployment of the air bags. There is currently a fault in the ACM, which if it existed prior to the crash, would have suppressed deployment of the airbags. The fault in the ACM would also have caused the restraint system warning light to remain illuminated constantly. It is not known to what extent the failure of the airbags to deploy contributed to [REDACTED] injuries.

Respectfully submitted,



James Casassa, P.E.

State Farm Insurance Companies



State Farm Insurance
Subrogation Services
PO Box 2374
Bloomington, IL 61702-2374

December 19, 2011

Chrysler Group Llc / Cims [REDACTED]

1000 Chrysler Dr.
Auburn Hills, MI 48326

RE: Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: October 15, 2010
Your Insured: [REDACTED]
Your Insured Driver: [REDACTED]
Your Claim Number: [REDACTED]
Your Policy Number: [REDACTED]
Loss Location: Hwy 231
Cloverdale, IN

Dear Sir/Madam:

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm paid by Cause of Loss:

041/045 - Uninsured Motorist BI	\$
042 - Uninsured Motorist PD	\$
300 series/400 - Comp/Collision	\$29,093.75
501 - Rental/Loss of Use	\$
600-050 - Med Pay/PIP	\$
Other	\$
Salvage Recovery	\$0
Amount State Farm Paid	\$29,093.75
Insured Deductible	\$250.00
Total Claim Amount	\$29,343.75

RECEIVED
JAN 10 2012
SPECIAL INVESTIGATIONS

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$29,343.75.

Chrysler Group LLC
Office of the General Counsel

JAN 04 2012
By [Signature] Mail/Reg. Agent/
Sec. of State/Proc. Server

Page 2
December 19, 2011

Our insured's vehicle was declared a total loss. Here is our total loss breakdown, showing how we arrived at the amount State Farm paid for our insured's vehicle:

Settlement:	
Base Price:	\$27,400.00
+Taxes:	\$1,918.00
+Fees:	\$25.75
-Deductible:	\$250.00
-Owner Retained Amt:	\$0
<hr/>	
Total Paid:	\$29,093.75

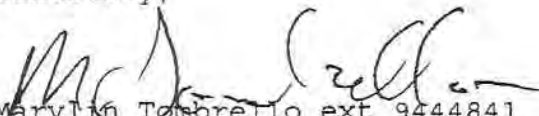
Please remit payment of this claim and include our claim number on the payment.

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.

Thank you for your cooperation.

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 provided 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.

Sincerely,


Marilyn Tombrello ext 9444841
Claim Processor
(866) 927-8276
Team 90
State Farm Mutual Automobile Insurance Company
Enclosure(s)

PS: Our medical was sent previously and the insured is Attorney represented. Please call to verify our PD sub was received and give us the Adjuster information.

**LEGAL PHOTOS RETAINED IN DOCUMENT
RETENTION**



RBZ0006Z
date: 12-29-11

page:

route to: Tenita Shepherd

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

AUTO PAYMENTS BY COL

claim number

policy number

named insured

date of loss

10-15-10

COL 400

C denotes consolidated payment
P denotes previous data

E denotes EFT payment

COL: 400 indemnity: 29,093.75 dir recov: 0.00 expense: 0.00

payment number	payee	amount	status	COL	pay cd	rsn	reporting party
118644987J	WOLF TECHNICAL	1,770.80	PAID	400	E		Named Insu
118810244J	[REDACTED]	29,093.75	PAID	400	1		Named Insu
118810205J	[REDACTED]	29,093.75	VOID	400	1		Named Insu

Date: 10/22/2010 10:17 AM
 Estimate ID: 14-3066-B1401
 Estimate Version: 0
 Committed
 Profile ID: * MARION

For your insurance and financial needs, please contact an agent
 or visit statefarm.com.

State Farm Insurance Companies

Damage Assessed By:
 Stephen Chambers

Appraised For:
 Claim Processor
 (866) 312-9518

Type of Loss: Collision (Spec)
 Date of Loss: 10/15/2010
 Deductible: 250.00
 Claim Number:

Insured:
 Owner:
 Address: SPENCER, IN
 Telephone: Home Phone:

Mitchell Service: 910587

Description: 2007 Jeep Commander Limited
 Body Style: 4D Ut
 VIN: 1J8HG5B237C
 Mileage: 0
 OEM/ALT: A
 Color: GREEN

Drive Train: 5.7L Inj 8 Cyl 4WD

Search Code: R6YY

Options: ALARM, CD PLAYER (MULTI), PASSENGER-FRONT AIR BAG, DRIVER-SIDE AIR BAG, HEATED SEATS, POWER DOOR LOCKS, POWER WINDOWS, POWER STEERING, ELECTRIC DEFOGGER, CRUISE CONTROL, TILT STEERING WHEEL, HEATED MIRROR, DUAL A/C, LEATHER SEATS, POWER PASSENGER SEAT, POWER SUNROOF, ANTI-LOCK BRAKE SYS. (ABS), FOG LIGHTS, ALUM/ALLOY WHEELS, REAR PARKING SENSORS, REMOTE VEHICLE STARTER SYSTEM, POWER-ADJUSTABLE PEDALS, TIRE PRESSURE MONITORING SYSTEM, MEMORY SEATS, NAVIGATION SYS., LEATHER STEERING WHEEL, SATELLITE RADIO, TRAILER HITCH, POWER REMOTE MIRROR, 4WD OR AWD, DVD PLAYER, PRIVACY GLASS, FRONT AIR DAM, TINTED GLASS, AUTO AIR CONDITION, TRIP COMPUTER, FIRST ROW BUCKET SEAT, SECOND ROW SPLIT BENCH SEAT, KEYLESS ENTRY, REAR SEAT HVAC CONTROLS, UNIVERSAL GARAGE DOOR OPENER, SECOND ROW FOLDING SEAT, THEATER STYLE SEATING, THIRD ROW SEAT, REAR HEATING, VENTILATION & AIR CONDITIONING, EXTERIOR RAILS, INTERACTIVE TRANSMISSION, TACHOMETER, SIDE AIRBAGS, AUTOMATIC HEADLIGHTS, PASSENGER AIRBAG CUTOFF SWITCH/SENSOR, SIDE HEAD CURTAIN AIRBAGS, REMOTE DECKLID OR TAILGATE RELEASE, MP3 PLAYER

Line Entry	Labor	Line Item	Part Type/	Dollar	Labor
Item Number	Type	Description	Part Number	Amount	Units
1	800016 BDY	REMOVE/REPLACE R Replace Front Combination Lamp	Recycled	50.00 *	1.6 #
2		Line Markup %33.00		16.50	
3	800017 BDY	REMOVE/REPLACE L Replace Front Combination Lamp	Recycled	50.00 *	0.3 #
4		Line Markup %33.00		16.50	
5	AUTO BDY	OVERHAUL Frt Bumper Cover Assy			0.7 #

ESTIMATE RECALL NUMBER: 10/22/2010 10:17:23

Mitchell Data Version: OCT_10_V

MAPP:SEP_10_V0926

UltraMate Version: 7.0.223

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Date: 10/22/2010 10:17 AM
 Estimate ID: 14-3066-81401
 Estimate Version: 0
 Committed
 Profile ID: * MARION

6	000035	BDY	REMOVE/REPLACE	Frt Bumper Cover		5183429AA	245.00	INC	#
7	AUTO	REF	REFINISH	Frt Bumper Cover				C	2.6
8	000037	BDY	REMOVE/REPLACE	Frt Bumper Air Dam		5183438AA	49.50	INC	
9	000039	BDY	REMOVE/REPLACE	Frt Bumper filler Strip		5183439AA	187.00	INC	
10	001873	BDY	REMOVE/REPLACE	Frt Bumper Bracket		55156974AE	91.35	INC	#
11	000053	BDY	REMOVE/REPLACE	Grille		55156975AD	260.00	INC	
12	000077	BDY	REMOVE/REPLACE	R H/Lamp Cover		5175060AA	18.50		
13	000078	BDY	REMOVE/REPLACE	L H/Lamp Cover		5175061AA	18.50		
14	000085	BDY	REMOVE/REPLACE	R Fog Lamp		4805859AA	117.00	INC	#
15	000091	BDY	REMOVE/REPLACE	Hood Panel (Alum)		55396564AB	1,000.00		1.5
16	AUTO	REF	REFINISH	Hood Outside				C	2.7
17	AUTO	REF	REFINISH	Add For Hood Underside				C	1.4
18	000137	BDY	REMOVE/REPLACE	Cooling Radiator		**non-OEM	212.00		2.4 #
19	000153	MCH	REMOVE/REPLACE	Air Cond Condenser	-M	**non-OEM	187.00		0.5 #
20	AUTO	MCH	REMOVE/REPLACE	Evacuate & Recharge A/C	-M				1.4
21	000204	BDY	REMOVE/REPLACE	R Fender Panel		55369218AB	249.00		1.9 #
22	AUTO	REF	REFINISH	R Fender Outside				C	1.6
23	AUTO	REF	REFINISH	R Add To Edge Fender				C	0.5
24	000205	BDY	REMOVE/REPLACE	L Fender Panel		Recycled	0.00	*	1.7 #
25	AUTO	REF	REFINISH	L Fender Outside				C	1.6
26	AUTO	REF	REFINISH	L Add To Edge Fender				C	0.5
27	001916	BDY	REMOVE/REPLACE	R Fender Liner		55396462AB	31.70	INC	
28	000217	BDY	REMOVE/REPLACE	R Fender Antenna Mast		56038725AC	22.55	INC	
29	001926	BDY	REMOVE/REPLACE	R Fender Antenna Nut		56038729AE	4.60		
30	000219	BDY	REMOVE/REPLACE	R Fender Adapter		56038789AA	2.50		
31	900500	BDY*	REMOVE/REPLACE	MOUNT AND BALANCE/STEM		New	18.35	*	0.0 *
32	900500	BDY*	REMOVE/REPLACE	MOUNT AND BALANCE/STEM		New	18.35	*	0.0 *
33	000216	BDY	REMOVE/REPLACE	L Fender Adhesive Nameplate		55157317AB	28.60		0.1
34	001799	BDY	REMOVE/REPLACE	R Fender Wheel Opening Flare		5JP82TZZAC	68.25	INC	
35	AUTO	REF	REFINISH	R Wheel Opening Flare				C	1.0
36	001800	BDY	REMOVE/REPLACE	L Fender Wheel Opening Flare		5JP83TZZAC	68.25	INC	
37	AUTO	REF	REFINISH	L Wheel Opening Flare				C	1.0
38	003833	BDY	REMOVE/REPLACE	R Fender Low Tire Pressure Module		56053034AC	44.85		
39	AUTO	REF	REFINISH	Radiator Support Complete					1.5
40	000221	BDY	REMOVE/REPLACE	Upr Front Body Tie Bar		55396487AD	47.95		0.6
41	001927	BDY	REMOVE/REPLACE	Front Body Radiator Support	-S	5143322AE	322.00		5.0
42	001930	BDY	REMOVE/REPLACE	R Front Body Bracket		ORDER FROM DEALER	30.50		0.1
43	001933	BDY	REMOVE/REPLACE	Front Body Lower Crossmember (HSLA)	-S	5166082AB	96.00		5.0
44	000228	BDY	REMOVE/REPLACE	R Front Body Cowl Side Panel (HSLA)	-S	55394112AH	350.00		6.0 #
45	AUTO	REF	REFINISH	R Cowl Side Panel					1.0
46	001956	BDY	REMOVE/REPLACE	Alloy Wheel		5JS93CDMAA	385.00		0.3
47	001956	BDY	REMOVE/REPLACE	Alloy Wheel 2a385.00		5JS93CDMAA	770.00		0.6
48	003679	BDY	REMOVE/REPLACE	Wheel Tire Pressure Sensor		56053036AA	67.50		
49	800060	MCH	REMOVE/REPLACE	R Replace Front Suspension One Side	-M	Recycled	225.00	*	2.6
50				BROTHERS 352-1681					
51				Line Markup %33.00			74.25		
52	000437	MCH	REMOVE/REPLACE	R Frt Drive Axle Shaft Assembly	-M	52104590AA	370.00		0.5 #
53	002020	MCH	REMOVE/REPLACE	R Otr Steering Tie Rod	-M	5143556AB	73.35		0.3
54	002337	GLS	REMOVE/REPLACE	W/Shield Glass		DW01628GTY	416.30	INC	#
55	AUTO	BDY	REMOVE/REPLACE	Add w/Rain Sensor					0.2
56	900500	BDY*	REMOVE/REPLACE	GLASS URETHANE KIT		New	26.80	*	0.0 *
57	000691	BDY	REMOVE/REPLACE	W/Shield Moulding		ORDER FROM DEALER	16.00	INC	

ESTIMATE RECALL NUMBER: 10/22/2010 10:17:23 14-3066-81401

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58	002101	BDY	REMOVE/REPLACE	R W/Shield Moulding	55396582AE	41.00	INC	
59	002102	BDY	REMOVE/REPLACE	L W/Shield Moulding	55396583AE	41.00	INC	
60	002113	BDY	REPAIR	Cowl/Dash Panel	Existing		2.0	*
61	003129	BDY	REMOVE/REPLACE	R Door Opening Frame	5183166AC	674.00	15.2	#
62	AUTO	REF	REFINISH	R Add For Inside			0.8	
63	AUTO	REF	REFINISH	R Door Opening Panel Complete			C 3.8	
64	900500	BDY*	REMOVE/REPLACE	TIRE DISPOSAL FEE	Sublet	2.35	* 0.0	*
65	900500	MCH*	ALIGN	FOUR WHEEL ALIGNMENT	Sublet	88.00	* 0.0	*
66	002172	BDY	REMOVE/REPLACE	R Rocker Moulding	5JP78RXFAD	57.70	INC	
67	002173	BDY	REMOVE/REPLACE	L Rocker Moulding	5JP79RXFAD	57.70	INC	
68	002250	BDY	REMOVE/REPLACE	R Frt Door Shell	55396542AE	509.00	5.0	#
69	AUTO	REF	REFINISH	R Frt Door Outside			C 1.9	
70	AUTO	REF	REFINISH	R Frt Add For Jambs & Interior			C 1.0	
71	002251	BDY	REMOVE/REPLACE	L Frt Door Shell	55396543AE	509.00	5.0	#
72	AUTO	REF	REFINISH	L Frt Door Outside			C 1.9	
73	AUTO	REF	REFINISH	L Frt Add For Jambs & Interior			C 1.0	
74	001619	BDY	REMOVE/INSTALL	R Frt Otr Belt Moulding			INC	
75	001620	BDY	REMOVE/INSTALL	L Frt Otr Belt Moulding			INC	
76	002294	BDY	REMOVE/REPLACE	R Frt Door Rear View Mirror	55157012AC	199.00	INC	#
77	002295	BDY	REMOVE/REPLACE	L Frt Door Rear View Mirror	55157011AC	290.00	INC	#
78	001092	BDY	REMOVE/REPLACE	R Frt Door Adhesive Moulding	55157380AA	76.00	0.2	
79	001093	BDY	REMOVE/REPLACE	L Frt Door Adhesive Moulding	55157381AA	76.00	0.2	
80	001098	BDY	REMOVE/REPLACE	R Frt Door Trim Panel Assy	1JA362J1AB	700.00	0.1	
81	001623	BDY	REMOVE/INSTALL	R Frt Otr Door Handle			INC	#
82	001624	BDY	REMOVE/INSTALL	L Frt Otr Door Handle			INC	#
83	002341	BDY	REMOVE/REPLACE	R Rear Door Shell	55396496AD	455.00	5.3	
84	AUTO	REF	REFINISH	R Rear Door Outside			C 1.8	
85	AUTO	REF	REFINISH	R Rear Add For Jambs & Interior			C 1.0	
86	002342	BDY	REMOVE/REPLACE	L Rear Door Shell	55396497AD	455.00	5.3	
87	AUTO	REF	REFINISH	L Rear Door Outside			C 1.8	
88	AUTO	REF	REFINISH	L Rear Add For Jambs & Interior			C 1.0	
89	001826	BDY	REMOVE/INSTALL	R Rear Door Wheel Opening Flare			INC	
90	001806	BDY	REMOVE/REPLACE	L Rear Door Wheel Opening Flare	5JP91TZAE	114.00	INC	
91	AUTO	REF	REFINISH	L Rear Door Wheel Opening Flare			C 0.8	
92	001649	BDY	REMOVE/INSTALL	R Rear Otr Door Handle			INC	#
93	001650	BDY	REMOVE/INSTALL	L Rear Otr Door Handle			INC	#
94	002362	BDY	REMOVE/REPLACE	L Rear Door Outside Handle	ORDER FROM DEALER	58.35	INC	#
95	001238	BDY	REMOVE/REPLACE	Roof Panel	55396509AD	1,025.00	22.0	#
96	AUTO	REF	REFINISH	Roof Panel			C 3.4	
97	AUTO	REF	REFINISH	Roof Edge			C 1.2	
98	001240	BDY	REPAIR	Frt Roof Header Panel	Existing		2.0	*
99	003120	BDY	REMOVE/INSTALL	Roof Luggage Rack			1.2	
100	001275	BDY	REMOVE/REPLACE	R Roof Rack Side Rail	55156984AD	127.00	INC	
101	001301	BDY	REMOVE/REPLACE	R Roof Rack Cover	55396656AB	16.60		
102	001302	BDY	REMOVE/REPLACE	L Roof Rack Cover	55396657AB	16.60		
103	001834	BDY	REMOVE/INSTALL	R Quarter Wheel Opening Flare			0.3	
104	001835	BDY	REMOVE/INSTALL	L Quarter Wheel Opening Flare			0.3	
105	002419	BDY	REPAIR	R Quarter Panel Assy	Existing		5.0	*
106	AUTO	REF	REFINISH	R Quarter Panel Outside			C 2.0	
107	001306	BDY	REPAIR	L Quarter Outer Panel	Existing		4.0	*
108	AUTO	REF	REFINISH	L Quarter Panel Outside			C 2.0	
109	001814	BDY	REPAIR	L Quarter Wheel Opening Flare	Existing		1.0	*

ESTIMATE RECALL NUMBER: 10/22/2010 10:17:23 14-3066-81401

Mitchell Data Version: OCT 10 V

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MAPP:SEP 10_V0926

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UltraMate Version: 7.0.223

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Date: 10/22/2010 10:17 AM
 Estimate ID: 14-3066-81401
 Estimate Version: 0
 Committed
 Profile ID: * MARION

110	AUTO	REF	REFINISH	L Quarter Wheel Opening Flare			C	0.8
111	002442	BDY	REMOVE/REPLACE	R Upr Quarter Cover	5KE20RXFAD	29.95		0.2
112	001685	GLS	REMOVE/INSTALL	R Quarter Glass				2.0 #
113	001686	GLS	REMOVE/INSTALL	L Quarter Glass				2.0 #
114	001716	BDY	REMOVE/INSTALL	R Rear Combination Lamp				0.3
115	001717	BDY	REMOVE/INSTALL	L Rear Combination Lamp				0.3
116	001722	BDY	REMOVE/INSTALL	Rear Bumper Cover				1.2
117	001852	BDY	REMOVE/INSTALL	Rear Hitch Cover Bezel				0.2
118	900500	MCH	REMOVE/REPLACE	GOODYEAR FORTERA 245/65R17 S	** non-OEM	163.11		
119	900500	BDY*	REMOVE/REPLACE	MOUNT AND BALANCE/STEM	New	18.35 *		0.0 *
120	936010		ADD'L COST	DETAIL/CLEANUP		100.00 *		
121	936014		ADD'L COST	FLEX ADDITIVE				
122	933006	FRM	ADD'L OPR	Frame/Rack Set Up				1.5 *
123	933035	FRM	ADD'L OPR	Unibody Pull				5.0 *
124				PULL ROOF,RT A-PILLAR,RT UPPER RAIL				
125	AUTO	REF	ADD'L OPR	Clear Coat				5.4
126	AUTO		ADD'L COST	Paint/Materials		999.99 *		
127	AUTO		ADD'L COST	Hazardous Waste Disposal		3.00 *		

* - Judgement Item
 # - Labor Note Applies
 ** non-OEM - New non-Original Equipment Manufacturer parts
 C - Included in Clear Coat Calc

1-800-RADIATOR
 1-800-RADIATOR NATIONAL
 FREE USA SHIPPING

(800) 723-4286; (800) 472-7016

18 ** 103116 212.00
 19 ** 300057 187.00

ESTIMATE RECALL NUMBER: 10/22/2010 10:17:23
 Mitchell Data Version: OCT_10_V
 MAPP:SEP_10_V0926
 UltraMate Version: 7.0.223

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Date: 10/22/2010 10:17 AM
Estimate ID: 14-3066-81401
Estimate Version: 0
Committed
Profile ID: * MARION

Recycler Information Section:

Brothers Auto Parts - QRP Partner
1000 S Kitley Ave
Indianapolis IN 46203
317-352-1681; 317-351-2065

1	2007 Jeep	Commander	RIGHT HEADLAMP ASSY	NOF	VNA	50.00
3	2007 Jeep	Commander	LEFT HEADLAMP ASSY	NOF	VNA	50.00

Disclaimer: The price indications on recycled parts are real or composite values, based on the pricing option selected with QRP. Prices are the latest available at time of inventory download and are subject to change and availability.

To determine actual repairer net or wholesale price, call the automotive recycler of your choice.

Certain parts located for this quote are interchangeable but are not an exact match. Call the automotive recycler of your choice.

ESTIMATE RECALL NUMBER: 10/22/2010 10:17:23 14-3066-81401
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Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary	
Units	Rate	Add'l Labor Amount	Sublet Amount	Totals		Amount	
Body	104.3	44.00	0.00	4,589.20	Taxable Parts	11,948.61	
Refinish	47.0	44.00	0.00	2,068.00	Parts Adjustments	107.25	
Glass	4.0	44.00	0.00	176.00	Sales Tax @ 7.000%	843.91	
Frame	6.5	60.00	0.00	390.00	Non-Taxable Parts	2.35	
Mechanical	5.3	65.00	88.00	432.50	Total Replacement Parts Amount	12,902.12	
Non-Taxable Labor				7,655.70			
Labor Summary	167.1			7,655.70			
III. Additional Costs				Amount	IV. Adjustments		
Taxable Costs				1,002.99	Insurance Deductible	250.00-	
Sales Tax @ 7.000%				70.21	Customer Responsibility	250.00-	
Non-Taxable Costs				100.00			
Total Additional Costs				1,173.20			
Paint Material Method: Rates							
Init Rate = 28.00, Init Max Hours = 99.9, Addl Rate = 0.00							
I. Total Labor:						7,655.70	
II. Total Replacement Parts:						12,902.12	
III. Total Additional Costs:						1,173.20	
Gross Total:						21,731.02	
IV. Total Adjustments:						250.00-	
Net Total:						21,481.02	

Date: 10/22/2010 10:17 AM
Estimate ID: 14-3066-81401
Estimate Version: 0
Committed
Profile ID: * MARION

Insurance Co: State Farm Insurance

Inspection Site: IAA
Address: 3302 S Harding St
Indianapolis, IN 46217
+TE00 -
Inspection Date: 10/22/2010

Body Shop: INDIANAPOLIS AUTO AUCTION
Address: 3320 HARDING ST
INDPLS, IN 46217

NOTE: For your protection, the law of your state requires the following to appear on this form: Any person who knowingly, and with the intent to injure, defraud, or deceive any insurance company, files a statement of claim containing false, incomplete, or misleading information, may be guilty of a felony and subject to criminal and civil penalties.

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.

ESTIMATE RECALL NUMBER: 10/22/2010 10:17:23 14-3066-81401
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**NADA Official Used Car Guide
Monday, November 08, 2010**

Vehicle Appraisal Retail Value

Region: Central - November 2010 Reference #:
Vehicle Description: 2007 JEEP VIN: 1J8HG58237C [REDACTED]
Commander-V8
Utility 4D Limited HEMI 4WD

NADA Base Clean Retail: \$23,925
Mileage Value (34,000 Miles) \$1,400
Accessories Value: \$2,075
NADA Adjusted Clean Retail: \$27,400

Options:
Luggage Rack \$75
Navigation System \$1,000
Rear Entertainment System \$800
Towing/Camper Pkg \$200
Options Total: \$2,075

NADA assumes no responsibility or liability for any errors or omissions
or any revisions or additions made by anyone on this report.
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NADA Used Car Guide, NADASC.

VEHICLE INSPECTION REPORT
Mitchell International

Date: 10/22/2010
Time: 09:41:41

Claim Number: [REDACTED] Claim Unit:
Claim Representative: Claim Processor
Phone Number: (866) 312-9518 Fax Number:
Owner: [REDACTED]
Insured: [REDACTED]
Loss Code: Date of Loss: 10/15/10
Date Reported: Cause of Loss: Collision (Spec)
Location Address: INDIANAPOLIS AUTO AUCTION
3320 HARDING ST
INDPLS IN 46217
Phone Number:
Towing: Storage Per Day: \$ 0.00

VEHICLE DESCRIPTION

Vehicle Description: 2007 Jeep Commander Limited 4D Ut

License Plate Number: Expiration Date: State: IN
VIN: 1J8HG582370 [REDACTED]
Drive Train: 5.7L Inj 8 Cyl 4WD
Exterior Color: GREEN Interior Color: LIGHT GRAY
Mileage: 0000000
Tires: GOODYEAR FORTERA 245 Radial Steel Belted
% of Wear: LF 055 LR 045 RF 000 RR 055 SP 000

PRE-LOSS CONDITION

(Explain if other than average condition for year, make and model vehicle)

INTERIOR:

Seats: ~~~ Avg
Carpets: ~~~ Avg
Glass: ~~~ Avg
Dash: ~~~ Avg
Headliner: ~~~ Avg

EXTERIOR:

Sheet Metal: ~~~ Avg
Paint: ~~~ Avg
Trim: ~~~ Avg

MECHANICAL:

Engine: ~~~ Avg
Transmission: ~~~ Avg

PRIOR DAMAGE: NO Damage Location:
ESTIMATE WRITTEN: NO
Amount: \$ 0.00

OVERALL CONDITION:

INSPECTED BY: Stephen Chambers

DATE: 10/22/10

EQUIPMENT / ACCESSORIES

General

Heated Seats
 Electric Defogger
 Cruise Control
 Tilt Steering Wheel
 Heated Mirror
 Dual A/C
 Leather Seats
 Fog Lights
 Memory Seats
 Leather Steering Wheel
 Trailer Hitch
 Privacy Glass
 Tinted Glass
 Auto Air Condition
 First Row Bucket Seat
 Second Row Split Bench Seat
 Keyless Entry
 Rear Seat HVAC Controls
 Second Row Folding Seat
 Theater Style Seating
 Third Row Seat
 Rear Heating, Ventilation & Air Conditio
 Tachometer
 Automatic Headlights
 Remote Decklid Or Tailgate Release

Decor / Trim

Front Air Dam

Roof

Power Sunroof
 Exterior Rails

Drive Train

4WD or AWD
 Interactive Transmission

Body Trim

Power

Power Door Locks
 Power Windows
 Power Steering
 Power Passenger Seat
 Power-Adjustable Pedals
 Power Remote Mirror

Electronic

Alarm
 CD Player (Multi)
 Rear Parking Sensors
 Remote Vehicle Starter System
 Navigation Sys
 Satellite Radio
 DVD Player
 Trip Computer
 Universal Garage Door Opener
 MP3 Player

Wheel/Suspension

Anti-Lock Brake Sys. (ABS)
 Alum/Alloy Wheels

Safety

Passenger-Front Air Bag
 Driver-Side Air Bag
 Tire Pressure Monitoring System
 Side Airbags
 Passenger Airbag Cutoff Switch/Sensor
 Side Head Curtain Airbags

 Use this space to explain or describe Equipment/Accessories listed above and/or list and describe additional Equipment/Accessories.



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901518703

Page 1 of 5

Local ID 601010258

Date of Crash 10/15/2010	Day of Week Fri	Actual Local Time 4:23 PM	County OWEN	Township TAYLOR	# Motor Vehicles 2	# Injured 1	# Dead 1	# Commercial Vehicles 0	# User 0
Road Crash Occurred On US231N			Nearest Intersecting Road/Mile Marker/Interchange HARDWARE RD		If not an intersection, number of feet from 3600	Direction N	Road Classification US ROUTE		
Inside Corporate Limits? NO	City/Town or Nearest City/Town SPENCER			Property? OTHER	Crash Latitude	Crash Longitude			
Driver #1 RENMERS, KETHA			Driver #2		Driver #3		Driver #4		

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
<input type="checkbox"/> Driver Contributing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vehicle Contributing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Alcohol/Beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Engine Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accelerator Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brake Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driver Asleep or Fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tire Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driver Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Headlight(s) Defective or Not On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unsafe Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other Lights Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Failure to Yield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steering Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disregard Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Window/Windshield Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Left of Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oversized/Overweight Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insured/Leaky Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improper Turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tire Hitch Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improper Lane Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Following Too Closely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unsafe Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Environment Contributing Circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overtaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Glare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ran off Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Roadway Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrong Way on One Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Holes/Ruts in Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pedestrian's Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Passenger Distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Road Under Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Restriction Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Severe Crosswinds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jackknifing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Obstruction Not Marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cell Phone Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lane Marking Obscured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Talmatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View Obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driver Distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Animal/Object in Roadway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speed/Weather Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Traffic Ctl Inop/Missing/Obscure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unsafe Lane Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Utility Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Area Information	
Hit and Run	YES
School Zone	NO
Rumble Strips	NO
Locality	RURAL
Light Condition	DAYLIGHT
Weather Conditions	CLEAR
Surface Condition	DRY
Type of Median	NONE
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	CURVE LEVEL
Roadway Surface	ASPHALT
Construction	NO
Traffic Control Devices	NONE
Traffic Control Devices Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the crash:
\$10001 TO \$25000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant			Non-Motorist	
<input checked="" type="checkbox"/> Witness	#	Name	(Last Name, First Name, MI)	
<input type="checkbox"/> Other Participant	1	[REDACTED]	Non-Motorist Type	Non-Motorist Action
Address etc.			Apparent Physical Condition	
Phone #	Location at Time of Crash		Cited?	Direction
[REDACTED]	SOUTHBOUND IN TRAFFIC			
Address etc.			Street/Highway	
Phone #	Location at Time of Crash		Traffic Control?	If yes, was traffic control operational?

Local ID
601010258

Type of Crash		SAME DIRECTION SIDESWIPE			
Time Notified	Time Arrived	Other Location of Investigation			
4:23 PM	4:40 PM	AT SCENE ONLY			
Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?	
W SNODGRASS	604	OWEN SD	YES	YES	
Assisting Officer	ID No.	Agency	Date of Report		
C FEARS	3322	ISP BLOOMINGTON 33	10/15/2010		
Investigating Officer	ID No.	Agency	Reviewing Officer		
MILLER, M	8012	OWEN SD			

Narrative

On 10/15/2010 at approximately 04:23pm I, Deputy Matt Miller was dispatched to the area of 11538 North US Highway 231 in reference to a vehicle accident. It was reported that two vehicles were involved and one had rolled over. The caller stated citizens were attempting to remove one of the drivers from his vehicle.

I arrived on scene and could see a white Chevrolet pick up truck with a trailer attached parked off of the side of the roadway of the north bound lane. The vehicle had a trailer attached to it with a "ditch Witch" machinery strapped to the trailer. The truck had Endeavor Communications on the side and had warning strobe lights flashing. North of the truck and in a grassy area off of the north bound lane was a Jeep Grand Cherokee on it's passenger side. I could see one subject lying on the ground near the Jeep. He was being assisted by off duty EMT Brian Leonard.

I exited my vehicle and was approached by a male subject who identified himself as [REDACTED] told me he was an employee of Endeavor Communications and had been in the driver seat of the pick up truck at the time of the accident. [REDACTED] stated he and another employee had pulled off of the roadway and activated the warning lights on the truck in order to check the equipment on the trailer. He stated he remained in the vehicle while the other employee got out to check the equipment. He stated he then felt something hit the trailer and then saw a vehicle hit the front driver side of his truck. After hitting the truck the vehicle went sideways and began rolling over several times. The vehicle came to rest on it's side. He then got out of the truck and checked on the driver of the other vehicle. I gathered [REDACTED] information and went to check on the other driver.

The other driver was conscious and alert. He was lying on his back and speaking with [REDACTED] I asked [REDACTED] what the extent of his injuries were and he stated he was complaining of abdominal pain. At that time I let the Owen County EMS units who had just arrived on scene tend to the patient who I later identified as [REDACTED]

After speaking with [REDACTED], I was approached by a male subject who identified himself as [REDACTED] stated he was traveling south bound on US 231 and witnessed the crash. [REDACTED] stated he could see the warning lights on the Endeavor Communications truck for a good distance. He stated he could also see that the truck was completely off of the roadway. He stated he saw the Jeep approach the truck and hit the trailer. He stated the Jeep then went airborne before hitting the front of the Endeavor truck. After hitting the truck the vehicle got sideways and rolled over several times. He stated he stopped and went to the aid of the driver of the Jeep. He stated the driver was unconscious when he approached. He and other bystanders removed the driver from the vehicle. [REDACTED] stated he believed the Jeep was traveling at a high rate of speed.

I began taking photographs of the scene at that time. I could see the passenger door skin from the jeep had been peeled off during the crash and was wedged in the driver side fender of the trailer. I could also see there was moderate front end damage to the Endeavor truck. The damage to the truck was consistent with the witness accounts. I saw no indications that the truck or trailer were in the roadway or blocking any path of travel.

I could see the Jeep had sustained heavy damage all over. The majority of the damage was to the passenger side front and passenger door area. The damage indicated the jeep had rolled over several times. The damage to the jeep was consistent with the witness accounts.

While taking photographs, Owen County EMS left the scene and transported Keith Remmers to Putnam County Hospital non emergent.

Westgates towing out of Spencer was contacted and removed the Jeep. Steele's wrecker service out of Cloverdale

was contacted and removed the Endeavor truck and trailer. I then cleared the scene.

I was contacted later by the Marion County Coroners Office who informed me that [REDACTED] had been airlifted from Putnam county hospital to Methodist Hospital in Indianapolis where he was pronounced dead during surgery. The deputy coroner also informed me that he was told by the Methodist staff that [REDACTED] had suffered from an abdominal aortic aneurism that may have caused the crash.

On 10/16/2010, I requested subpoenas for medical records from Owen County EMS, Putnam County Hospital, and Methodist Hospital. The subpoenas were granted and issued. At the time of this report, I have received the records from Owen County EMS.

The EMS report from Director Cris Lunsford indicated he had spoken with [REDACTED] about the accident during transport to the hospital. Lunsford's report states [REDACTED] described the events leading up to the accident as follows:

[REDACTED] stated he was traveling north bound on US Highway 231 when he began experiencing severe pain in his abdomen. He stated he rolled his window down in an effort to get some relief. He stated his vision began getting blurry and everything got very bright. He stated the next thing he remembered was waking up lying on the ground outside of his vehicle.

At this time I am waiting for further medical records to indicate cause of death. END OF REPORT

UNIT INFORMATION

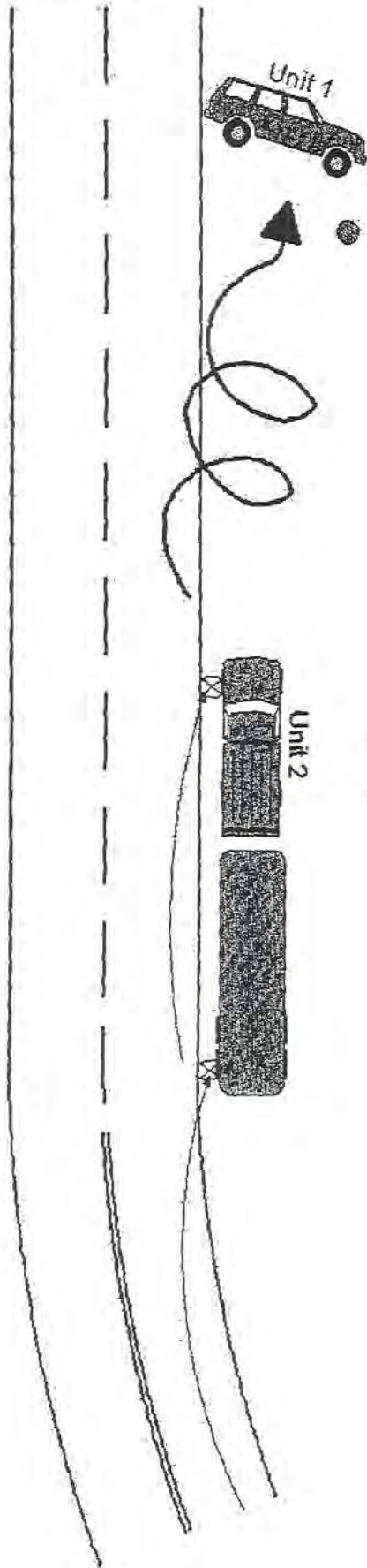
901518703

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Local ID
601010258

2 Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip) [REDACTED]		Safety Equipment Effective? YES	
SPENCER IN 47460		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth [REDACTED]	Age [REDACTED]	Gender MALE	EMR No. 0066
Driver's License # [REDACTED]		Lic Type OP	CDL Class
Lic State IN		Injured Alt YES	
Nature of Most Severe Injury COMPLAINT OF PAIN		Driver Injury Status FATAL	
Apparent Physical Status <input type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input checked="" type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toll from Employment	
Employer's Vehicle Only State Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTD <input checked="" type="checkbox"/> None		Location of Most Severe Injury ABDOMEN/PELVIS	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	
Alcohol Results PBT		Drug Results	
Certified Test <input type="checkbox"/> Pending			
Veh # 1	Color BLUE	Vehicle Year 2007	Make JEEP
		Model GRAND CHEROKEE	Style UT
# Occupants 1	Lic Year 2011	License # [REDACTED]	License State IN
# Axles 2	Speed Limit 55	Insured By STATE FARM	Phone Number [REDACTED]
Vehicle Identification 1J8G58237C [REDACTED]		Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver <input type="checkbox"/>	
Address (Street, City, State, Zip) [REDACTED]		Area Damaged (Multiple) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
SPENCER IN [REDACTED]		Vehicle Use PERSONAL (FARM, COMPANY)	
Towed? Yes YES	By WESTGATES TOWING ED WESTGATE	Due to Disabling Damage YES	Emergency Run? No
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [REDACTED]	Fire? NO
License #		Address (Street, City, State, Zip) [REDACTED]	
Veh Year	Make	Vehicle Type SPORT UTILITY VEHICLE	
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [REDACTED]	Pre-Crash Vehicle Action GOING STRAIGHT
License #		Address (Street, City, State, Zip) [REDACTED]	
Veh Year	Make	Direction of Travel NORTH	
Commercial Vehicle: Carrier's Name and Address			
HAZMAT Proper Shipping Name:		State DOT#	
US DOT#	ICC#	CMV Inspection	# Yes
Gross Vehicle Weight Rating		Cargo Body Type	
HAZMAT Picard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #
Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE			

US Highway 201 North



NOT TO SCALE

State Farm Insurance Companies



State Farm Insurance
Subrogation Services
PO Box 2374
Bloomington, IL 61702-2374

September 27, 2011

Chrysler Group Llc / Cims [REDACTED]
1000 Chrysler Dr.
Auburn Hills, MI 48326

9-29

RE: Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: October 15, 2010
Amount of Claim: \$25,000.00

Dear [REDACTED] or Claims:

We recently sent you a letter notifying you of the amount you owe for this claim. We have now made an additional payment/ payments on this claim. The total amount due is now \$25,000.00.

Please remit your payment or contact us to discuss arrangements. Thank you for your cooperation.

Sincerely,

M. Tombrello
Marylin Tombrello ext 9444841
Claim Processor
(866) 927-8276, Team 90
State Farm Mutual Automobile Insurance Company

RECEIVED
OCT 04 2011
SPECIAL INVESTIGAT CWS

From this supplement was received. The you is not a working number. The insured and we will be in touch with Attorney

LAST 8 VIN
8F [REDACTED]

RECEIVED
OCT 03 2011
CCRG
Office of the General Counsel

ES: BLOOMINGTON, ILLINOIS 61710-0001



RBZ0006Z
date: 09-28-11

page: 1

route to: Tenita Shepherd

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

AUTO PAYMENTS BY COL

claim number

policy number

named insured

date of loss
10-15-10

COL 600

C denotes consolidated payment
P denotes previous data

E denotes EFT payment

COL: 600 indemnity: 25,000.00 dir rcov: 0.00 expense: 37.41

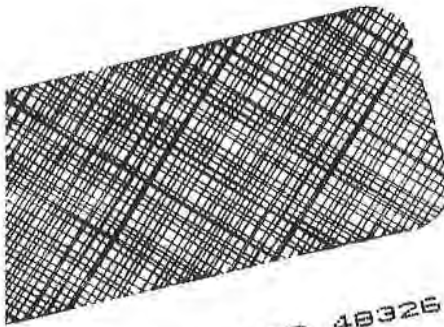
payment number	payee	amount	status	COL	pay cd	rsn	reporting party
118534048J	CLARIAN HEALTH	584.00	PAID	600	1		
118538278J	UNIV SURGEONS I	3,237.00	PAID	600	2		
E 118537117K	HEALTHPORT	37.41	PAID	600	8		
118812582J	OWEN COUNTY EMS	494.00	PAID	600	2		
118811487J	ABEL FUNERAL SE	3,000.00	PAID	600	2		
118811112J	AIR EVAC LIFETE	17,685.00	PAID	600	2		



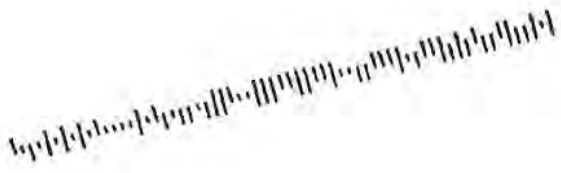
PRESORTED
FIRST CLASS



UNITED STATES POSTAGE
EAGLE
FIRST CLASS PERMIT NO. 1000
PHILLY PA
\$ 00.36⁶
02 1R
0006559214 SEP 29 2011
MAILED FROM ZIP CODE 35209



IAXHN3B 4B326



**Service of Process
Transmittal**

10/16/2012

CT Log Number 521413889

TO: Melissa Graylin
Chrysler Group LLC
Office Of General Counsel, 1000 Chrysler Drive
CIAMS: 485-13-62
Auburn Hills, MI 48326-2766

RE: Process Served In Indiana

FOR: Chrysler Group LLC (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: [REDACTED], individually and as Special Administrator for the Estate of [REDACTED], deceased, Ptf. vs. Chrysler Group LLC, et al., Dfts.

DOCUMENT(S) SERVED: Summons, Return, Appearance, Complaint

COURT/AGENCY: Marion County Circuit Court, IN
Case # [REDACTED]

NATURE OF ACTION: Product Liability Litigation - Manufacturing Defect - Wrongful death - On or about October 15, 2010 due to defective air bag system in 2007 Jeep Commander manufactured by the defendant

ON WHOM PROCESS WAS SERVED: C T Corporation System, Indianapolis, IN

DATE AND HOUR OF SERVICE: By Certified Mail on 10/16/2012 postmarked on 10/15/2012

JURISDICTION SERVED: Indiana

APPEARANCE OR ANSWER DUE: Within 23 days commencing day after receipt of summons

ATTORNEY(S) / SENDER(S): Stephen B. Caplin
Caplin Sniderman P.C.
11595 North Meridian Street
Carmel, IN 46302
317-815-8600

ACTION ITEMS: CT has retained the current log, Retain Date: 10/16/2012, Expected Purge Date: 10/21/2012
Image SOP

SIGNED: C T Corporation System
PER: Amy McLaren
ADDRESS: 251 E. Ohio Street
Suite 1100
Indianapolis, IN 46204
TELEPHONE: 800-592-9023

SUMMONS

██████████, Individually and as Special
Administrator for the Estate of ██████████
deceased
Plaintiff,

In the Marion County Courts

Cause No. _____

49D07 12 10 CT 0 3 9 7 28

vs.

Chrysler Group LLC, Robert Bosch GmbH, Robert Bosch LLC,
and Does I through V
Defendants.

TO DEFENDANT: Chrysler Group LLC
c/o CT Corporation System
251 East Ohio Street, Suite 1100
Indianapolis, Indiana 46204

You are hereby notified that you have been sued by the person named as Plaintiff and in the Court indicated above.

The nature of the suit against you is stated in the Complaint which is attached to this Summons. It also states the relief sought or the demand made against you by the Plaintiff.

An answer or other appropriate response in writing to the Complaint must be filed either by your or your attorney within twenty (20) days, commencing on the day after you receive this Summons, (or twenty-three (23) days if this Summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by Plaintiff.

If you have a claim for relief against the Plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

If you need the name of an attorney, you may contact the Indianapolis Bar Association Lawyer Referral Service (317-269-2222), or the Marion County Bar Association Lawyer Referral Service (317-634-3950).

Dated: _____

Clerk

Charith A. White
Clerk

OCT 11 2012

(The following manner of service of summons is hereby designated)

- Registered or certified mail
 Service at place of employment, to-wit: _____
 Service on individual — (Personal or copy) at above address.
 Service on agent. (Specify) CT Corporation System
 Other service. (Specify) _____

Stephen B. Caplin
Stephen B. Caplin (3102-49)
Attorney for Plaintiff

CAPLIN SNIDERMAN P.C.
One Penn Mark Plaza, Suite 300
11595 North Meridian Street
Carmel, Indiana 46032
Telephone: (317) 815-8600

SHERIFF'S RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served this summons on the _____ day of _____, 20__ :

(1) By delivering a copy of the Summons and a copy of the Complaint to the Defendant, _____.

(2) By leaving a copy of the Summons and a copy of the Complaint at _____

which is the dwelling place or usual place of abode of _____

and by mailing a copy of said summons to said defendant at the above address.

(3) Other Service or Remarks: _____

Sheriff's Costs

Sheriff

By: _____

Deputy

CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 20__, I mailed a copy of this Summons and a copy of the Complaint to the Defendant, _____, by _____ mail, requesting a return receipt, at the address furnished by the Plaintiff.

Dated: _____

Clerk

By: _____

Deputy

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to Defendant, _____, was accepted by the Defendant on the _____ day of _____, 20__.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint was returned not accepted on the _____ day of _____, 20__.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to Defendant _____, was accepted by _____ on behalf of said defendant on the _____ day of _____, 20__.

Clerk

By: _____

Deputy

STATE OF INDIANA) IN THE MARION COUNTY COURTS
)SS:
COUNTY OF MARION) CAUSE NO.:

49D07 12 10 CT 03 97 28

[REDACTED], Individually)
and as Special Administrator for the Estate)
of [REDACTED], deceased)

Plaintiff,)

vs.)

CHRYSLER GROUP LLC,)
ROBERT BOSCH GMBH,)
ROBERT BOSCH LLC,)
and DOES I through V,)

Defendants.)

FILED

103 OCT 11 2012

Elizabeth F. White
CLERK OF THE MARION CIRCUIT COURT

APPEARANCE BY ATTORNEY IN CIVIL CASE

Party Classification: Initiating Responding Intervening

1. The undersigned attorney and all attorneys listed on this form now appear in this case for the following party member(s): *Plaintiff, [REDACTED], Individually and as Special Administrator of the Estate of [REDACTED], deceased*

2. Address of party (see Question # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)

[REDACTED], Spencer, Indiana [REDACTED]

Telephone # of party N/A

3. Attorney information for service as required by Trial Rule 5(B)(2):

Name: Stephen B. Caplin
Address: CAPLIN SNIDERMAN P.C.
One Penn Mark Plaza, Suite 300
11595 North Meridian Street
Carmel, Indiana 46032

Attorney No.: 3102-49
Phone: (317) 815-8600
Fax: (317) 574-0194
Computer Address: sbcaplin@gmail.com

Name: Richard A. Cook
Address: YOSHA COOK SHARTZER & TISCH
9102 North Meridian Street, Suite 535
Indianapolis, Indiana 46260

Attorney No.: 3996-45
Phone: (317) 234-9200
Fax: (317) 566-3578
Computer Address:
rcook@yoshawlaw.com

4. This is a CT case type as defined in administrative Rule 8(B)(3).
5. I will accept service by fax at the above-noted number: Yes [] No [✓]
6. This case involves child support issues. Yes ___ No X (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper. Use Form TCM-TR3.1-4.)
7. This case involves a protection from abuse order, a workplace violence restraining order, or a no – contact order. Yes ___ No X (If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.) The party shall use the following address for purposes of legal service:

_____ Attorney's address
_____ The Attorney General Confidentiality program address
(contact the Attorney General at 1-800-321-1907 or e-mail address
is confidential@atg.state.in.us).
_____ Another address (provide)

8. This case involves a petition for involuntary commitment. Yes ___ No X
9. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:
- a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above:

- b. State of Residence of person subject to petition: _____
- c. At least one of the following pieces of identifying information:
- i. Date of Birth _____
- ii. Driver's License Number _____
- iii. State where issued _____ Expiration date _____

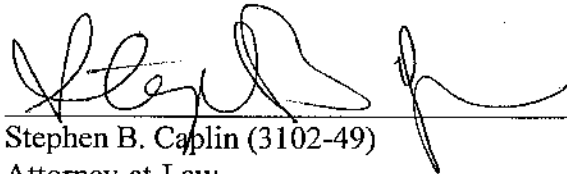
- iv. State ID number _____
State where issued _____ Expiration date _____
FBI number _____
- v. Indiana Department of Corrections Number _____
- vi. Social Security Number is available and is being provided in an attached confidential document Yes ___ No ___

10. There are related cases: Yes ___ No X (If yes, list on continuation page.)

11. Additional information required by local rule:

12. There are other party members: Yes ___ No X (If yes, list on continuation page.)

13. This form has been served on all other parties and Certificate of Service is attached: Yes ___ No X



Stephen B. Caplin (3102-49)
Attorney-at-Law

Attorney information show above

STATE OF INDIANA) IN THE MARION COUNTY COURTS
)SS:
 COUNTY OF MARION) CAUSE NO.: 49D07 12 10 CT 0 3 9 7 2 8

██████████, Individually)
 and as Special Administrator for the Estate)
 of ██████████ deceased)

Plaintiff,)

vs.)

CHRYSLER GROUP LLC,)
 ROBERT BOSCH GMBH,)
 ROBERT BOSCH LLC,)
 and DOES I through V,)

Defendants.)

FILED

103 OCT 11 2012

Elizabeth L. White
 CLERK OF THE MARION CIRCUIT COURT

COMPLAINT

COMES NOW the Plaintiff, ██████████ ██████████), Individually and as Special Administrator of the Estate of ██████████ ██████████), deceased, by counsel, and hereby submits her Complaint against Defendants, Chrysler Group LLC (“Chrysler”), Robert Bosch GmbH (“Bosch GmbH”), Robert Bosch LLC (“Bosch LLC”), and Does I through V (“Does”) (Chrysler, Bosch GmbH, Bosch LLC, and Does hereinafter referred to collectively as the “Defendants”), and states as follows.

THE PARTIES AND GENERAL FACTS

1. At all relevant times, ██████████ was a resident of the City of Spencer, County of Owen, State of Indiana.
2. ██████████ is the wife of ██████████ whose wrongful death on October 15, 2010, is the subject of this action. In addition, she has been appointed under Indiana law in Spencer County, Indiana, to

proceed as the Special Administrator for the Estate of [REDACTED] ("Estate") for purposes of pursuing a wrongful death action.

3. [REDACTED] purchased a 2007 Jeep Commander ("Jeep"), which is the subject of this action.

4. The Jeep was placed into the stream of commerce by the Defendants, including Chrysler, LLC, the predecessor of the Defendant, Chrysler.

5. The Defendants including Chrysler, LLC, the predecessor of Chrysler, had knowledge of the defects in the subject Jeep's air bag system, or with knowledge from which a reasonable distributor of Jeeps should have known of the defects in the subject Jeep's front occupant and side restraint systems, including, but not limited to, the Jeep's driver and passenger airbag system.

6. At all relevant times, Chrysler was and is a corporation incorporated under the laws of the State of Delaware, with its principal place of business located in Auburn Hills, Michigan.

7. At all relevant times, Chrysler and its predecessor Chrysler, LLC, did business in the State of Indiana. Chrysler has assumed certain liabilities of Chrysler, LLC, and its subsidiaries and affiliates, including the liabilities that arise from events described herein.

8. [REDACTED] is informed and believes, and thereupon alleges, that at all relevant times, Bosch GmbH is a foreign corporation and does business in the State of Indiana. Bosch GmbH is the supplier of automotive safety systems, including airbag crash sensing components and systems, in motor vehicles, including the Jeep at issue in the present lawsuit.

9. [REDACTED] is informed and believes, and thereupon alleges, that at all relevant times, Bosch LLC is a Delaware corporation and does business in the State of Indiana. Bosch LLC is the supplier of automotive safety systems, including airbag crash sensing components and systems, in motor vehicles, including the Jeep at issue in the present lawsuit.

10. At all relevant times, [REDACTED] alleges that Does I through V:

- a. Are persons or entities the exact nature of which is unknown to [REDACTED], but well known to Does I through V.
 - b. Did business in the State of Indiana.
 - c. Are suppliers of automotive safety systems, including airbag crash sensing components and systems, in motor vehicles, including the Jeep at issue in the present lawsuit.
11. [REDACTED] purchased the Jeep which is the subject of this action on or about January 28, 2008.
 12. On or about October 15, 2010, [REDACTED] was driving the Jeep and was northbound on US 231 in Owen County, Indiana. At that time, [REDACTED] had an accident with another vehicle. None of the Jeep's airbags deployed during the accident.
 13. The airbag crash sensing system components in the Jeep were primarily manufactured, assembled, and/or distributed by the Defendants.
 14. Driver and passenger air bag systems with inflation and restraint features substantially similar to those in Jeep, when they are deployed timely in frontal and side collisions, are effective in reducing the severity of minor to severe injuries to front seat passengers, as compared to expected injuries without airbag deployment in similar crash events, when the passenger's trajectory, during the collision event, takes the driver and passenger into the middle section of the deployed driver and passenger airbags.

COUNT I

NEGLIGENCE

The Plaintiff, for her first claim for relief against the Defendants, alleges and states as follows:

15. Plaintiff incorporates by reference paragraphs 1 through 14 of this Complaint by reference as if fully stated herein.

16. The Defendants owed a duty of care to individuals driving and/or riding in vehicles manufactured in whole or in part by said Defendants.

17. The Defendants breached this duty of care by, among other things:

- a. Designing an unreasonably dangerous airbag crash sensing system (and its components) in the Jeep's airbag system.
- b. Negligently designing the structure of the crush zone that fails to properly signal the severity of the crash to the sensing system in the Jeep's air bag system.
- c. Negligently designing the airbag sensor placement, number of discriminating sensors, and location of the sensors in the Jeep's air bag crash sensing system.
- d. Negligently designing the crash signal path to the crash sensor or sensors in the Jeep's air bag system.
- e. Negligently designing the airbag warning system for the Jeep's air bag system.
- f. Negligently failing to adequately test the performance of the air bag crash sensing system in the Jeep's air bag system for foreseeable crashes with objects, including collisions like the present frontal and/or side collision.
- g. Negligently failing to timely seek, through its suppliers, or timely specify to its suppliers, development of a sensing system to operate a two-stage or multiple level airbag inflation system.
- h. Negligently failing to timely seek, either internally or through its suppliers, or to specify to its suppliers, development of multiple stage airbag inflators for use in the Jeep.

- i. Negligently manufacturing the airbag crash sensing system in the Jeep in a way that caused it to malfunction and not deploy in a collision that was in the must fire range according to Chrysler's, Bosch's, and automotive industry standards.
- j. Negligently committing other acts in connection with their design and/or manufacture of the subject Jeep's crash sensing and/or airbag inflation systems which will be identified in the course of discovery.
- k. Negligently failing to provide adequate instructions or warnings about the Jeep's airbag system.

18. As a direct and proximate result of the Defendants' negligence as alleged herein, [REDACTED] suffered fatal injuries, and as a result thereof, [REDACTED] and other wrongful death beneficiaries have been deprived of the care, companionship, protection, love, affection, and guidance of [REDACTED] and have suffered pain, grief, sorrow, anguish, stress, shock and mental suffering, and will suffer such damages in the future, for which damages are sought herein at the time of trial.

19. As a further direct and proximate result of the Defendants' negligence, Janice incurred reasonable and necessary medical expenses for [REDACTED] medical care and treatment, funeral, burial, Estate expenses, litigation expenses, attorney fees and expenses.

20. The Defendants were negligent in the manufacture, sale, servicing and maintenance of the Jeep to [REDACTED]

21. As a direct and proximate result of the acts of negligence of the Defendants, [REDACTED] was mortally injured and died.

22. As a direct and proximate result of the acts of negligence of the Defendants, [REDACTED], individually and as personal representative of the Estate, has been injured and damaged.

COUNT II

PRODUCT LIABILITY: DESIGN DEFECT

The Plaintiff, for her second claim for relief against the Defendants, alleges and states as follows:

23. [REDACTED] incorporates by reference paragraphs 1 through 22 of this Complaint the same as if fully stated herein.

24. The Defendants are liable to Plaintiff because of the defective and unreasonably dangerous design of the driver and passenger airbags, airbag crash sensing systems, and frontal/side restraint systems in the Jeep.

25. As a direct and proximate result of the Defendants' defective and unreasonably dangerous design of the subject Jeeps's frontal/side airbag system, including, but not limited to, the airbag crash sensing system, and the front restraint system, as alleged herein, [REDACTED] suffered fatal injuries.

26. As a result thereof, [REDACTED] and other wrongful death beneficiaries have been deprived of the care, companionship, protection, love, affection and guidance of [REDACTED] and have suffered pain, grief, sorrow, anguish, stress, shock and mental suffering, and will suffer such damages in the future, for which damages will be sought herein at the time of the trial.

27. As a further direct and proximate result of the Defendants' unreasonably dangerous and defective design of their restraint system, Janice was seriously injured, and she has incurred reasonable and necessary medical expenses for [REDACTED] medical care and treatment, funeral, burial, Estate expense, litigation expenses, attorney fees and expenses.

28. As a further result of the Defendants' design defects as described herein, [REDACTED] has suffered damages, injuries and losses as described above.

COUNT III

PRODUCT LIABILITY: MANUFACTURING DEFECT

The Plaintiff, for her third claim for relief against the Defendants, alleges and states as follows:

29. The Plaintiff hereby incorporates by reference each and every allegation contained in paragraphs 1 through 28 of this Complaint the same as if fully stated herein.

30. The Defendants negligently manufactured the airbag, airbag crash sensing, and restraint system in the Jeep, causing one or more of those systems, the front driver and passenger restraint system, and the Jeep in general, to be unreasonably dangerous and defective.

31. As a direct and proximate result of the Defendants' manufacturing defects, as alleged herein, [REDACTED] suffered fatal injuries, and as a result thereof, [REDACTED] and other wrongful death beneficiaries have been deprived of the care, companionship, protection, love, affection and guidance of [REDACTED] and have suffered pain, grief, sorrow, anguish, stress, shock and mental suffering, and will suffer such damages in the future, for which damages will be sought herein at the time of trial.

32. As a further direct and proximate result of the Defendants' manufacturing defects, [REDACTED] was seriously and mortally injured, and [REDACTED] has incurred reasonable and necessary medical expenses, burial expenses, funeral expenses, litigation expenses, attorney fees and liability for her and [REDACTED] medical care and treatment.

33. As further result of the Defendants' manufacturing defects as described herein, [REDACTED] has suffered injury, pain, suffering, anxiety, emotional distress, and loss of enjoyment of life.

34. The Defendants expected the Jeep they manufactured, sold, leased, rented, and otherwise placed in commerce, to be in the condition in which it was manufactured, sold, leased, rented, and otherwise placed in commerce.

35. [REDACTED] used the Jeep as the Defendants intended the Jeep to be used.

COUNT IV

PRODUCT LIABILITY: INFORMATION DEFECT

The Plaintiff, for her fourth claim for relief against the Defendants, alleges and states as follows:

36. The Plaintiff hereby incorporates by reference each and every allegation contained in paragraphs 1 through 35 of this Complaint the same as if fully stated herein.

37. As a proximate result of the Defendants' failure to give [REDACTED] adequate warnings or instructions on, with, or about the Jeep's airbag systems involved in the subject accident, the Jeep was defective and unreasonably dangerous for use in the reasonably foreseeable way the Jeep was being used at the time of the subject accident.

38. The Defendants knew, or should have known, that the subject Jeep would be used in the way it was used by [REDACTED] on the day of the accident described above.

39. The Defendants knew, or should have known, that the product, without the adequate warnings or instructions, would be defective and unreasonably dangerous.

40. As a direct and proximate result of the information defects as alleged herein, [REDACTED] suffered fatal injuries, and as a result thereof, [REDACTED] and other wrongful death beneficiaries have been deprived of the care, companionship, protection, love affection and guidance of [REDACTED] and have suffered pain, grief, sorrow, anguish, stress, shock and mental suffering, and will suffer such damages in the future, for which damages will be sought herein at the time of trial.

41. As a further direct and proximate result of the Defendants' information defects, [REDACTED] was seriously and mortally injured, and [REDACTED] has incurred reasonable and necessary medical expenses, burial expenses, funeral expenses, Estate expenses, litigation expenses, attorney fees, and liability for her and [REDACTED] medical care and treatment.

COUNT VI

BREACH OF IMPLIED WARRANTY OF MERCHANTABILITY UNDER THE UNIFORM COMMERCIAL CODE

The Plaintiff, for her sixth claim for relief against the Defendants, alleges and states as follows:

42. The Plaintiff incorporates by reference paragraphs 1 through 41 of this Complaint the same as if fully stated herein.
43. The Defendants, when they sold the Jeep, impliedly warranted that the Jeep was merchantable as required under Uniform Commercial Code, et seq. ("UCC").
44. The Jeep was not merchantable.
45. The Defendants breached their implied warranty of merchantability relating to the Jeep.
46. As a direct and proximate result of the breach of the implied warranty of merchantability under the UCC, Keith was injured and died.

COUNT VII

BREACH OF EXPRESS WARRANTY UNDER THE UNIFORM COMMERCIAL CODE

The Plaintiff, for her seventh claim for relief against the Defendants, alleges and states as follows:

47. The Plaintiffs incorporate by reference paragraphs 1 through 46 of this Complaint by reference the same as if fully stated herein.
48. The Defendants when they sold the Jeep expressly warranted the Jeep and its safety under UCC.
49. The Defendants breached their implied warranty of merchantability relating to the Jeep.
50. As a direct and proximate result of the breach of the express warranty under the UCC, [REDACTED] was injured and died.

DEMAND FOR JURY TRIAL

The Plaintiff demands a trial by jury on all issues so triable in this civil action.

CAPLIN SNIDERMAN P.C.

By: 

Stephen B. Caplin (3102-49)
sbcaplin@gmail.com
One Penn Mark Plaza, Suite 300
11595 North Meridian Street
Carmel, Indiana 46032
(317) 815-8600

Richard A. Cook (3996-45)
YOSHA COOK SHARTZER & TISCH
rcook@yoshalaw.com
9102 North Meridian Street, Suite 535
Indianapolis, Indiana 46260
(317) 234-9200

*Counsel for the Plaintiff, [REDACTED], Individually
and as Special Administrator for the Estate of [REDACTED]
[REDACTED] deceased*