






F	10/15/2012 From 46204 0 lbs 3 ozs	US POSTAGE PAID Pitney Bowes ComBasPrice 024P0007631494	
USPS FIRST-CLASS™ PKG			
Marion County Clerk's Office 200 E Washington Street W-122 INDIANAPOLIS IN 46204			
0000			
C/O CT CORPORATION SYSTEM Chrysler Group Llc 251 E Ohio St Ste 1100 Indianapolis IN 46204-2147			
USPS SIGNATURE TRACKING #			
			
9402 1096 9993 9178 7380 17			


 Cut on dotted line

500 LB
TIRES
PSI) COLD
TIRES
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: 1J8HG582370 [REDACTED]
VEHICLE MADE IN U.S.A.

TYPE:
PAINT: PBM

MPV
TRIM: SLD1

MDH: 081018 035AA
4648589

MFD BY DAIMLERCHRYSLER CORPORATION

DATE OF MFR: 8-06

GAWR FRONT: 1339 KG 2950 LB
17X7.5

GAWR REAR: 1656 KG 3650 LB
17X7.5

GAWR: 2949 KG 6500 LB

WITH P245/65R17 TIRES

RIMS AT 242 KPA (35 PSI) COLD

WITH P245/65R17 TIRES

RIMS AT 242 KPA (35 PSI) COLD



THIS VEHICLE
PREVENTS
VIN
VEHICLE

PE14-017

TIRE AND LOADING INFORMATION



SEATING CAPACITY - TOTAL 7 FRONT 2 REAR 5

THE COMBINED WEIGHT OF OCCUPANTS AND CARGO SHOULD NEVER EXCEED
498 KG OR 1100 LB

TIRE	FRONT	REAR	SPARE
ORIGINAL TIRE SIZE	P245/65R17	P245/65R17	P245/65R17
COLD TIRE INFLATION PRESSURE	242 kPa, 35 PSI	242 kPa, 35 PSI	242 kPa, 35 PSI

SEE OWNERS MANUAL FOR ADDITIONAL INFORMATION



7C530403



INSURANCE
AUTO AUCTIONS



000-07421393

State Farm Kalamazoo INCTLU

2007

JEEP

COMMANDER

VIN: 1J8HG582370

Loss Type: Collision

VIC



541 - Indianapolis

Dispatch: 10/20/2010



PE14-017 - Chrysler - 04693



1HND-07421-393

742393
NEW

CINTAS

PE14-017 - Chrysler - 04694



AFC
National Service Centers
Local Branches!
201-458-9822
The Service We Don't Stop!

CINTAS

PE14-017 - Chrysler - 04695

74939
JUEY











PE14-017 - Chrysler - 04700



PE14-017 - Chrysler - 04701



PE14-017 - Chrysler - 04702



PE14-017 - Chrysler - 04703



PE14-017 - Chrysler - 04704



PE14-017 - Chrysler - 04705





M-33299

PEI 017 - C





M-332





PE14-017 - Chrysler - 04712





M
PEM-017 - Chrysler - 04/14





PE14-017 - C 1



PE14-017 - Chrysler - 04717











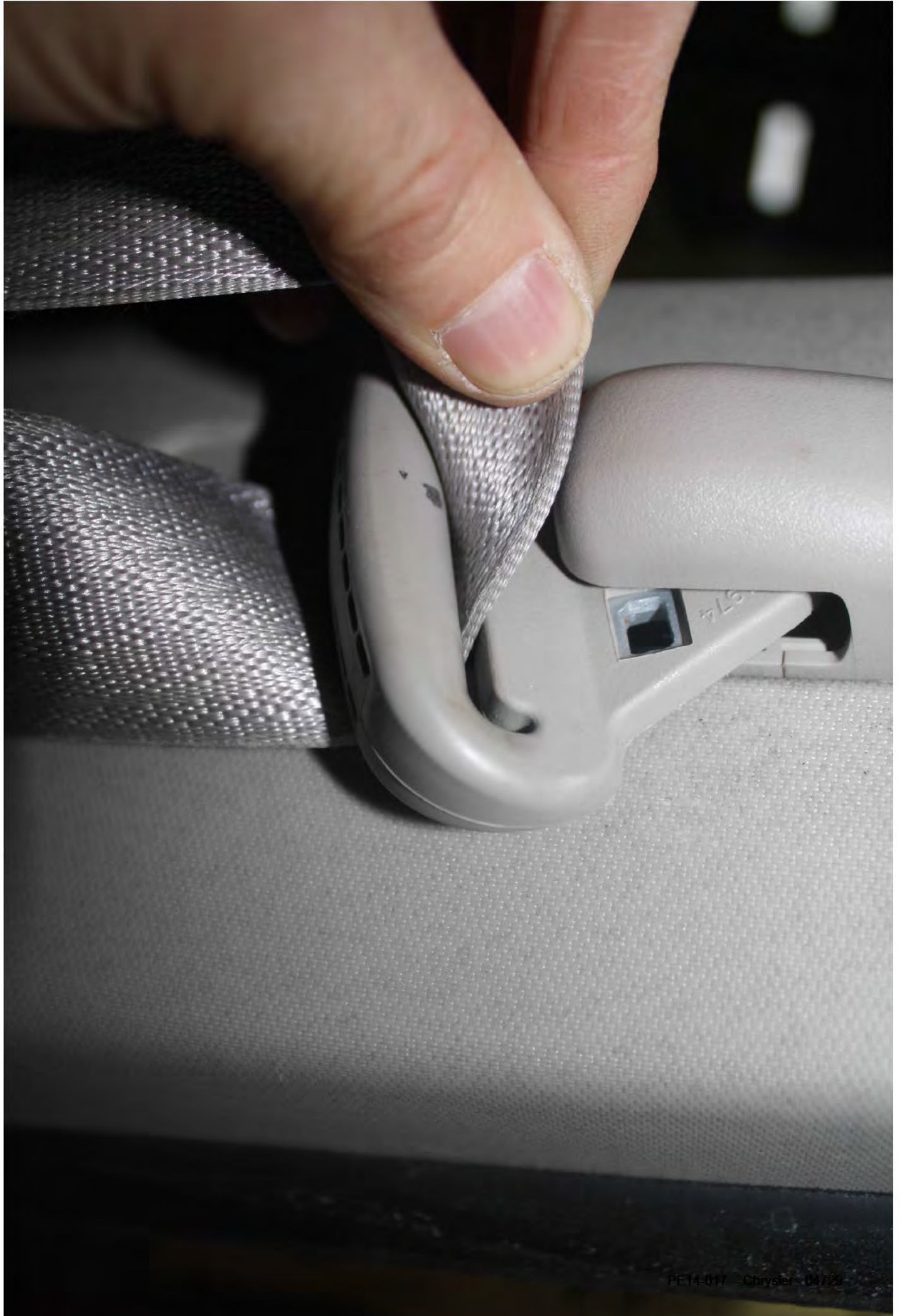


SRS
AIRBAG

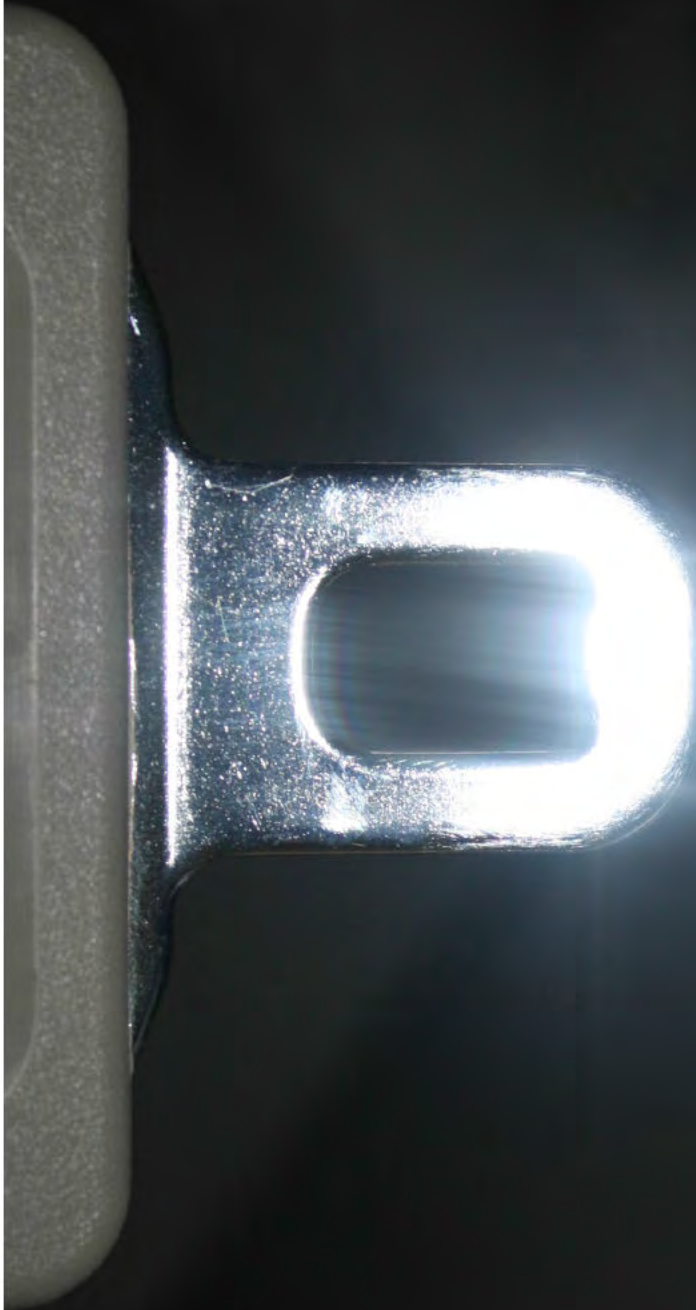


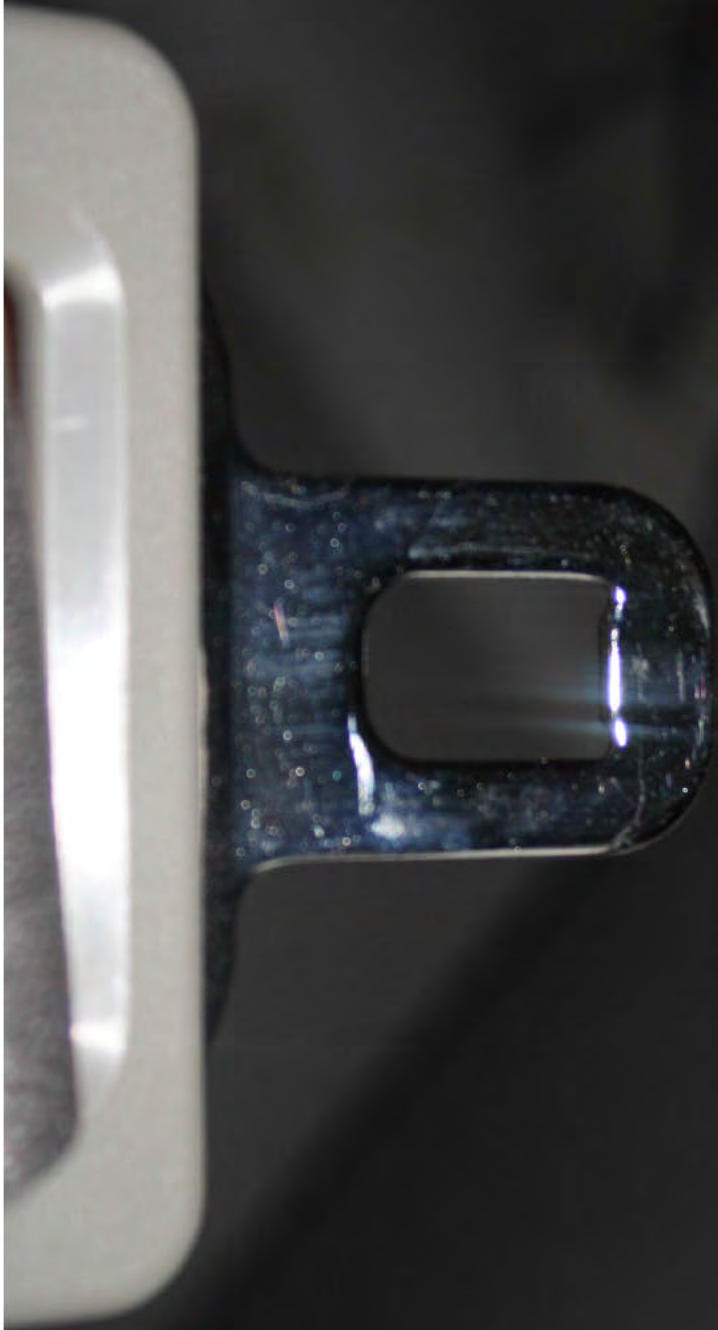


















6-KAWM
X-TRA

Barcode sticker

Jeep

I

PE14-017 Chrysler - 04735



DAIMLERCHRYSLER 106AG
P/N P04692
MODULE 5/NT125HU1926N1E92









>PR-10-10<

10A

HORN

RR WPR*
RR FOG**

LEFT-T
TOW-STOP
TURN

RIGHT-T
TOW-STOP
TURN

PARK
LAMPS

10A
10A
10A

10A

10A

10A

20A

20A

20A

20A

20A

30A

40A/50A***

10A

30A/50A**

SPARE/10A**

30A/20A**

SPARE/10A**







 actron.





PE14-017 - Chrysler - 04747

M-33299







DTC Information



Stored

B210D

Battery Voltage Low

B220B

Occupant Restraint Controller Firing Stored Energy

Print

Print







PE14-017 - Chrysler - 04754

Automated System Test Details

No codes present

DEM Stated Codes

B220B Occupant Restraint Controller Firing Stored Energy

B210D Battery Voltage Low

DEM Pending Codes

No codes present

Secondary System GLOBAL OBDII

Diagnostic Trouble Codes

No codes present

Print





INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901518703

Local ID

Page 1 of 5

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	# Deer 0
Road Crash Occurred On US231N			Nearest Intersecting Road/Highway/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 SPENGER			Property? OTHER	Crash Latitude		Crash Longitude	
Driver #1		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
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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	6012	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]. [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 Leonard. I asked Leonard 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]. [REDACTED] stated he was travelling 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 [REDACTED] 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 Remmers 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	
[REDACTED] (p)		[REDACTED]		Safety Equipment Effective? YES	
SPENCER		IN [REDACTED]		Ejector/Trapped NOT EJECTED OR TRAPPED	
Date of Birth	Age	Gender		EMS No.	Inmed Attn
[REDACTED]	[REDACTED]	[REDACTED]		0066	YES
Driver's License #		Lic Type	CDL Class	Lic State	
[REDACTED]		OP		IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
<input type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		<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"/> Toff From Employment		<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTD <input checked="" type="checkbox"/> None	
Test Given NONE		Type Given		Location of Most Severe Injury ABDOMEN/PELVIS	
<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT				<input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Alcohol Results		Certified		Drug Results	
PBT		Test		<input type="checkbox"/> Pending	
Veh#	Color	Vehicle Year	Make	Model	Style
1	BLUE	2007	JEEP	GRAND CHEROKEE	UT
# Occupants	Lic Year	License #	License State		
1	2011	[REDACTED]	IN		
# Axles	Speed Limit	Insured By	Phone Number		
2	55	STATE FARM	[REDACTED]		
Vehicle Identification		Registered Owner's Name (Last, First, MI)			
1JBHG58237C		[REDACTED] <input type="checkbox"/> Same as Driver			
Address (Street, City, State, Zip)		[REDACTED]			
SPENCER		IN		Vehicle Use	
Towed? To WESTGATES TOWING		Due to Disabling Damage		PERSONAL (FARM, COMPANY)	
YES By ED WESTGATE		YES		Emergency Run? Fire? NO	
Lic State	Lic Year	Registered Owner's Name (Last, First, MI)		<input type="checkbox"/> Same as Driver	
[REDACTED]	[REDACTED]	[REDACTED]		<input type="checkbox"/> Same as Driver	
License#		Address (Street, City, State, Zip)			
[REDACTED]		[REDACTED]			
Veh Year	Make	Vehicle Type			
[REDACTED]	[REDACTED]	SPORT UTILITY VEHICLE			
Lic State		Pre-Crash Vehicle Action			
[REDACTED]		GOING STRAIGHT			
Lic State		Direction of Travel			
[REDACTED]		NORTH			
Veh Year		Type of Primary/Secondary Roadway			
[REDACTED]		One Way Traffic: <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more) Two Way Traffic: <input checked="" type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more)			
HAZMAT Proper Shipping Name:		State DOT#		Event Collision With	
[REDACTED]		[REDACTED]		1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE	
US DOT#	ICC#	CMV Inspection	If Yes		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
Gross Vehicle Weight Rating		Cargo Body Type			
[REDACTED]		[REDACTED]			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

UNIT INFORMATION

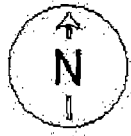
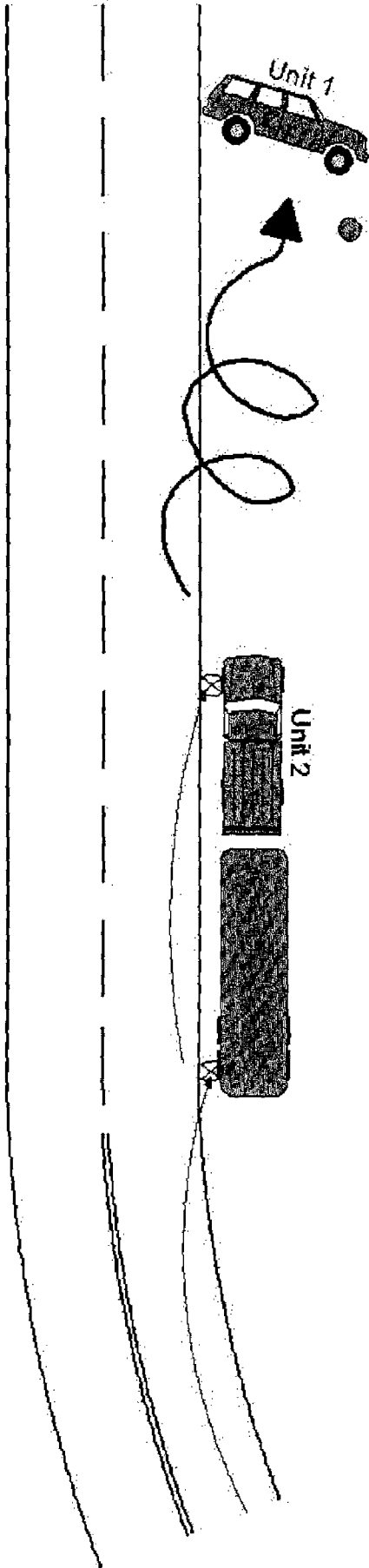
901518703

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Local ID
601010258

Driver's Name (Last, First, MI)				Safety Equipment Used			
Address (Street, City, State, Zip)				Safety Equipment Effective?			
Ejection/Trapped				Date of Birth			
Age		Gender		EMS No.		Injured Attn	
Driver's License #		Lic Type		CDL Class		Lic State	
Nature of Most Severe Injury				Location of Most Severe Injury			
Apparent Physical Status <input type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input 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"/> Tel/From Employment		<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Tax Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTD <input type="checkbox"/> None		If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Test Given		Type Given		Drug Results			
<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		Alcohol Results Certified <input type="checkbox"/> Pending		Initial Impact Area <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Veh # 2 Color WHITE Year 2008 Make CHEVROLET Model SK3 Style PK		# Occupants 2 Lic Year 2011 License # [REDACTED] License State IN		Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
# Axles 2 Speed Limit 55 Incurred By FEDERAL RJRAL ELECTRIC INSURAN Phone Number 3003588380		Vehicle Identification # 1GBHK339081 Registered Owner's Name (Last, First, MI) [REDACTED] <input type="checkbox"/> Same as Driver Address (Street, City, State, Zip) [REDACTED]		Vehicle Use PERSONAL (FARM, COMPANY) Emergency Run? <input type="checkbox"/> Fire? NO			
CLOVERDALE IN [REDACTED]		Towed? To UNKNOWN YES By STEELES WRECKER SERVICE Due to Disabling Damage YES		Vehicle Type PICKUP			
Lic State IN Lic Year 2011 Registered Owner's Name (Last, First, MI) ENDEAVOR COMMUNICATIONS <input type="checkbox"/> Same as Driver		Address (Street, City, State, Zip) [REDACTED]		Pre-Crash Vehicle Action PARKED			
Veh Year 2008 Make IMPERIAL CLOVERDALE IN [REDACTED]		Lic State IN Lic Year [REDACTED] Registered Owner's Name (Last, First, MI) [REDACTED] <input type="checkbox"/> Same as Driver		Direction of Travel NORTH			
License # [REDACTED] Address (Street, City, State, Zip) [REDACTED]		Veh Year [REDACTED] Make [REDACTED]		Type of Primary/Secondary Roadway One Way Traffic: <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more)			
Commercial Vehicle: Carrier's Name and Address [REDACTED]		HAZMAT Proper Shipping Name: [REDACTED] State DOT# [REDACTED]		Two Way Traffic: <input checked="" type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more)			
US DOT# [REDACTED] ICC# [REDACTED] CMV Inspection [REDACTED] If Yes		Gross Vehicle Weight Rating [REDACTED] Cargo Body Type [REDACTED]		Event Collision With 1. ANOTHER MOTOR VEHICLE			
HAZMAT Placard [REDACTED] HAZMAT Release of Cargo [REDACTED] HAZMAT 4-Digit ID# [REDACTED] Hazard Class # [REDACTED]							

US Highway 281 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 485-13-30
1000 Chrysler Dr.
Auburn Hills, MI 48326

9.29

RE: Claim Number: [REDACTED]
Our Insured:
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 INVESTIGATIONS

rm 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



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

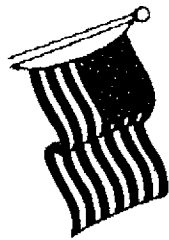
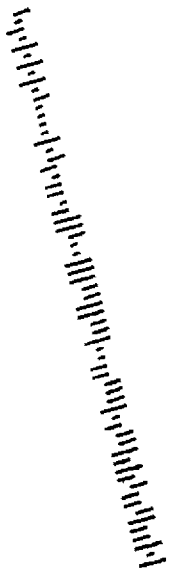
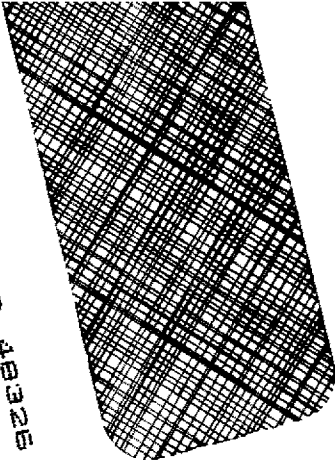
E denotes EFT payment

P denotes previous data

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		

IAKHNB 48326



PRESORTED
FIRST CLASS



UNITED STATES POSTAGE
PRIME RATE
\$ 00.365
SEP 29 2011
02 1R 559214
006559214
MAILED FROM ZIP CODE 35209

POSTAGE WILL BE PAID BY ADDRESSEE



PE14-017 - Chrysler - 04764



PE14-017 - Chrysler - 04765



PE14017 - Chrysler - 04/766



PE14-017 - Chrysler - 04767