

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4

VIN	Date	User	
4X4TFLF26D1	04/22/14	kmosher	Single Note Report
<p>Claim: : Line:C :: Complaint:Customer States: Customer States: when performing recall, found that the tires had rubbed thru the wheel well area above all 4 tires. Spoke with Chris @ Rockwood Flagstaff and were approved for 3 additional hours (1.5 per side) to replace both damaged are :: Repair Code:10-009400 :: Description:Repair Polymax Underbelly, if more than 0.30 :: Auth Status:Approved :: FR Hrs:0.00 :: Req Hrs:3.00 :: Hrs Auth:3.00 :: Note:Per Chris Hollowell</p>			
4X4TFLF26D	04/16/14	CHOLLOWELL	Single Note Report
<p>D/S tire rub from recall damaged inside wheel wells. Tech can fix in service for 1.5 hrs per side. Authorizing 3.0 hrs for repair.</p>			
4X4TFLF26D	03/28/14	jdreier	Single Note Report
<p>Claim: Line:A :: Complaint:Customer States: AXEL RECALL :: Repair Code:10-001820 :: Description:INSTALL Torflex Axle Lift Kit (per axle) (pictures) :: Auth Status:Approved :: FR Hrs:1.00 :: Req Hrs:1.00 :: Hrs Auth:1.00 :: Note:</p>			
4X4TFLF26D	01/22/14	AHOOLEY	Single Note Report
<p>NHTSA Recall Campaign #: 13V554 There is not adequate clearance between the tire and the bottom of the floor at full GVWR. The tire may hit the bottom of the floor in the event that the travel trailer should hit a bump or pot hole in the road. This contact may cause the tire to blow out unexpectedly, thereby potentially resulting in loss of control, property damage, personal injury or death. The required repair procedure will involve the removal of the axles so that a lift kit may be</p>			
4X4TFLF26D	10/16/13	System	Single Note Report
<p><p>claim has been archived due to being 180+ days old and never submitted.</p></p>			
4X4TFLF26D	04/18/13	DFOUGHT	Single Note Report
<p>emailed arts order to our parts department for transit damage.</p>			
4X4TFLF26D	03/04/13	DFOUGHT	Single Note Report
<p>I gave them a heads up, talked to Jeff in service. I told him it is repairable so have the driver continue. Hopefully it is not more than the pictures show.</p> <p>From: Dale Colville [mailto:D.Colville@QualityDriveAway.com] Sent: Monday, March 04, 2013 1:51 PM To: Douglas E. Fought</p>			
			<input type="button" value="All Note Report"/> <input type="button" value="Add VIN Note"/>

VIN # Last 7 Digits	Forest River Serial #	Forest River Brand Name	Model / Type #	In Service Date	Date Repairs Completed	Authorization #	Mileage
1 [REDACTED]	FL1851669	FLAGSTAFF LITE WEIGHT	WFLT30WFKSS	03/27/14	04/21/14		0
Batch ID#	VIN #	D.O.P.	Warranty Expires	WRO Claim #	Claim Rcvd	Requested Amt.	Stock Unit
M-65015	4X4TFLF26D [REDACTED]	04/27/13	04/27/14	[REDACTED]	05/09/14	\$545.19	No

Servicing Dealer: Dealer # 0049828 LbrRt: \$128.00 KNSMITH 05/16/14	RNR HOLIDAY RV INC DBA RNR RV CENTER 13915 W SUNSET HIGHWAY AIRWAY HEIGHTS WA 99001 STATES	Alice Morse Phone: (509) 244-5888 Fax: (509) 249-9226	[REDACTED] PULLMAN WA [REDACTED] US	Claim Num [REDACTED] Dealer RO [REDACTED]
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**WARRANTY
REPAIR CLAIM FORM**

Repair Code	Labor Description 1	Labor Description 2	Material Amt	Hours	Labor Amt	Amount
10-009400	Repair Polymax Underbelly, if more than 0.30		\$33.19	3.00	\$384.00	\$417.19
10-001820	INSTALL Torflex Axle Lift Kit (per axle) (pictures)		\$0.00	1.00	\$128.00	\$128.00
Summary for Claim (2 detail records)			\$33.19	4.00	\$512.00	\$545.19

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5-22-2015
ENCLOSURE 4

CLAIM	DESCRIPTION	STATUS/NOT REPAIR
<p>Claim: [REDACTED] :: Line:F :: Complaint:Customer States: ALSO HAD TO REPLACE 2 WHEEL WELLS THAT WERE DAMAGED :: Repair Code:20-021000 :: Description:R/R Wheel Well :: Auth Status:Approved :: FR Hrs:0.70 :: Req Hrs:1.40 :: Hrs Auth:1.40 :: Note:</p>		
CLAIM	DESCRIPTION	STATUS/NOT REPAIR
<p>Claim: [REDACTED] :: Line:E :: Complaint:Customer States: UNDERBELLY WAS TORN OFF DUE TO BLOWOUT NEED TO REPLACE :: Repair Code:10-009500 :: Description:Repair/Replace Enclosed Underbelly Panel(s) :: Auth Status:Approved :: FR Hrs:0.00 :: Req Hrs:0.50 :: Hrs Auth:0.50 :: Note:</p>		
CLAIM	DESCRIPTION	STATUS/NOT REPAIR
<p>Claim: [REDACTED] :: Line:D :: Complaint:Customer States: DUE TO AXELS DEFECT 2 TIRES BLEW OUT AND NEED TO BE REPLACED :: Repair Code:10-002010 :: Description:R/R Tire (Includes Rim/Wheel) (pictures) :: Auth Status:Approved :: FR Hrs:0.30 :: Req Hrs:0.60 :: Hrs Auth:0.60 :: Note:</p>		
CLAIM	DESCRIPTION	STATUS/NOT REPAIR
<p>Claim: [REDACTED] :: Line:C :: Complaint:Customer States: ENTRY STEP WAS DAMAGED DUE TO BLOW OUT,HAD TO REPLACE STEP. :: Repair Code:10-006500 :: Description:R/R Entry Step (pictures) :: Auth Status:Approved :: FR Hrs:0.30 :: Req Hrs:0.30 :: Hrs Auth:0.30 :: Note:</p>		
CLAIM	DESCRIPTION	STATUS/NOT REPAIR
<p>Claim: [REDACTED] :: Line:B :: Complaint:Customer States: CUSTOMER HAD A BLOW OUT DUE TO FAULTY AXLES AND HAD TO REPLACE FENDERSKIRTS :: Repair Code:20-020800 :: Description:R/R Fenderskirt (Pictures) :: Auth Status:Approved :: FR Hrs:0.20 :: Req Hrs:0.40 :: Hrs Auth:0.40 :: Note:</p>		
CLAIM	DESCRIPTION	STATUS/NOT REPAIR
<p>Claim: [REDACTED] :: Line:A :: Complaint:Customer States: CUSTOMER HAD A RECALL ON AXLES INSTALLED IMPROPERLY BY THE DIRECTION OF FOREST RIVER HAD SENT OUT.FRED YODER SAID WE COULD ORDER THE PARTS AND SUBMITT WARRANTY CLAIM. :: Repair Code:10-000100 :: Description:R/R Axle Assembly, each, complete (pictures) :: Auth Status:Approved :: FR Hrs:1.00 :: Req Hrs:2.00 :: Hrs Auth:2.00 :: Note:</p>		
<p>Need to order front and rear axle Tire 2 and wheel 2 FY Told Ruby. Right outside fender Under belly material where tire bottomed out in wheel well for both sides Rear entry door steps</p>		
CLAIM	DESCRIPTION	STATUS/NOT REPAIR

Dealer replacering Both Axle. The axes were bent when puting lift kit on . Ordering 1 Tire

Dealership that didnt install riser kit called to ask why customer is still having rub inside wheelwells and a tire blow out. I asked for pictures of the riser kit on the camper to review. Explained either the kit was not installed correctly or the customer is overweight the unit causing the tire rub and blow out. Waiting for pictures and email from Michael.

Dealer gave my information to the retail to contact me about still having tire rub on only one side of camper. I told him we need more information before anything can be done.

said even thou they got lift blocks on it. its still rubbing on passenger side not on driver side. wants to know what can be done about it.

says customer has lift kit installed and still has blow out and tire rub. Asked for more information and measurements

Customer had a dexter recall that we did and tire did this damage where it hitting subfloor. Need to know what can be done about this. Thanks Jeff

Claim : Line:A :: Complaint:Customer States: CARPET BINDING LOOSE FROM CARPET. :: Repair Code:30-018200 :: Description:R/R Carpet (pictures) :: Auth Status:Approved :: FR Hrs:0.00 :: Req Hrs:4.00 :: Hrs Auth:4.00 :: Note:

Claim : Line:B :: Complaint:Customer States: TONGUE JACK NOT WILL NOT OPERATE. :: Repair Code:10-003675 :: Description:R/R HH-3500 Powered Tongue Jack (picture Canada only) :: Auth Status:Approved :: FR Hrs:0.50 :: Req Hrs:0.50 :: Hrs Auth:0.50 :: Note:

AUTHORIZED 4 HOURS OF LABOR TO R/R CARPET AND \$77.82 FOR CARPET REPAIR
SUBLET. ESTIMATE IN VIEWER.

Claim: [REDACTED] :: Line:B :: Complaint:Customer States: SERVICE CAMPAIN ON
DEXTER AXLE. :: Repair Code:10-001820 :: Description:INSTALL Torflex Axle Lift Kit (per
axle) (pictures) :: Auth Status:Approved :: FR Hrs:1.00 :: Req Hrs:1.00 :: Hrs Auth:1.00 ::
Note:

Claim: [REDACTED] Line:A :: Complaint:Customer States: SERVICE CAMPAIN ON
DEXTER AXLE. :: Repair Code:10-001820 :: Description:INSTALL Torflex Axle Lift Kit (per
axle) (pictures) :: Auth Status:Approved :: FR Hrs:1.00 :: Req Hrs:1.00 :: Hrs Auth:1.00 ::
Note:

CARPET EDGE IS COMING APART. GETTING PICTURES AND ESTIMATE.

NHTSA Recall Campaign #: 13V554
There is not adequate clearance between the tire and the bottom of the floor at full GVWR.
The tire may hit the bottom of the floor in the event that the travel trailer should hit a bump or
pot hole in the road. This contact may cause the tire to blow out unexpectedly, thereby
potentially resulting in loss of control, property damage, personal injury or death. The
required repair procedure will involve the removal of the axles so that a lift kit may be

Claim: [REDACTED] Line:E :: Complaint:Customer States:OFF DOOR SIDE REAR SLIDE
RAM METAL STICKS :: Repair Code:10-012200 :: Description:R/R Self Stick Slide Out Bulb
Seal, (All Sides, complete) :: Auth Status:Approved :: FR Hrs:0.00 :: Req Hrs:0.00 :: Hrs
Auth:0.30 :: Note:FLAT RATE

Claim: [REDACTED] :: Line:C :: Complaint:Customer States:BOTH ENTRANCE DOOR DEAD
BOLT WILL NOT UNLOCK WITH KEY OR THUMB LATCHES :: Repair Code:20-016000 ::
Description:R/R Key Lock (pictures) :: Auth Status:Approved :: FR Hrs:0.10 :: Req Hrs:0.50 ::
Hrs Auth:0.30 :: Note:Exterior Section Entry Doors 20-012800 R/R Entry Door Lock (picture
Canada only) 0.30

Claim: [REDACTED] :: Line:D :: Complaint:Customer States:MAIN SLIDE MARKING FLOR
AND LEAVING SMALL PIECES OF WOOD ON CARPET :: Repair Code:10-015700 ::
Description:Adjust cables (per slide) :: Auth Status:Approved :: FR Hrs:0.30 :: Req Hrs:2.50 ::
Hrs Auth:2.00 :: Note:excessive time

Claim: [REDACTED] :: Line:C :: Complaint:Customer States:BOTH ENTRANCE DOOR DEAD BOLT WILL NOT UNLOCK WITH KEY OR THUMB LATCHES :: Repair Code:20-016000 :: Description:R/R Key Lock (pictures) :: Auth Status:Under Review :: FR Hrs:0.10 :: Req Hrs:0.50 :: Hrs Auth:0.00 :: Note:Code Requires Pictures. Attach Pictures and Resubmit Request for consideration.

Claim: [REDACTED] Line:E :: Complaint:Customer States:OFF DOOR SIDE REAR SLIDE RAM METAL STICKS :: Repair Code:10-012200 :: Description:R/R Self Stick Slide Out Bulb Seal, (All Sides, complete) :: Auth Status:Under Review :: FR Hrs:0.00 :: Req Hrs:0.00 :: Hrs Auth:0.00 :: Note:HOW MUCH TIME?

Claim: [REDACTED] :: Line:A :: Complaint:Dealer States:MICROWAVE WILL TURN ON, BUT TURN TABLE WILL NOT TURN :: Repair Code:70-002400 :: Description:R/R Magic Chef Microwave :: Auth Status:Approved :: FR Hrs:0.50 :: Req Hrs:0.50 :: Hrs Auth:0.50 :: Note:

MICRO WAVE TABLE WILL NOT TURN. TOLD THEM TO REPLAC MICRO WAVE.

851705

VIN # Last 4 Digits	Forest River Serial #	Forest River Brand Name	Model / Type #	In Service Date	Date Repairs Completed	Authorization #	Mileage
[REDACTED]	FL1851705	FLAGSTAFF LITE WEIGHT	FLT30WTBS	02/06/14	02/11/14		0
Batch ID#	VIN #	D.O.P.	Warranty Expires	WRO Claim #	Claim Rcvd	Requested Amt.	Stock Unit
M-62977	4X4TFLF26D [REDACTED]	04/18/13	04/18/15	[REDACTED]	02/11/14	\$210.00	No

Servicing Dealer:				Claim Num	
SMALLWOOD'S CUSTOM TR				[REDACTED]	
Dealer #	4305 HWY 45 N.		Tammy Vaughn	[REDACTED]	
0002563			Phone: (731) 668-3288	[REDACTED]	
LbrRt: \$105.00	JACKSON TN		Fax: (731) 664-9089	MEMPHIS TN	
KNSMITH	38305 STATES			US	
02/24/14				Dealer RO [REDACTED]	

**WARRANTY
REPAIR CLAIM FORM**

Repair Code	Labor Description 1	Labor Description 2	Material Amt	Hours	Labor Amt	Amount
10-001820	INSTALL Torflex Axle Lift Kit (per axle) (pictures)		\$0.00	1.00	\$105.00	\$105.00
10-001820	INSTALL Torflex Axle Lift Kit (per axle) (pictures)		\$0.00	1.00	\$105.00	\$105.00
Summary for Claim (2 detail records)			\$0.00	2.00	\$210.00	\$210.00

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4

VIN	Date	User	
4X4TFLF27C	09/24/14	ldreier	Single Note Report
<p>Claim: : Line:A :: Complaint:Customer States: Tire blowout ?? weather recall might at fault :: Repair Code:10-002000 :: Description:R/R Tire only (No Rim/Wheel) (pictures) :: Auth Status:Approved :: FR Hrs:0.30 :: Req Hrs:0.30 :: Hrs Auth:0.30 :: Note:</p>			
4X4TFLF27C	07/23/14	CHOLLOWELL	Single Note Report
<p>Authorizing replacing 1 tire for customer under warranty. Sent email to Nathan @ Roots RV</p>			
4X4TFLF27C	07/23/14	CHOLLOWELL	Single Note Report
<p>Unit 4X4TFLF27C Customer called stating he had to replace a tire and is questioning if the defect could have been caused due to the recall problem unit is out of warranty</p>			
4X4TFLF27C1	04/07/14	ldreier	Single Note Report
<p>Claim: : Line:B :: Complaint:Customer States: Entry door has pulled loose again repaired claim 844617 :: Repair Code:20-012000 :: Description:Repair Entry Door (pictures) :: Auth Status:Approved :: FR Hrs:0.30 :: Req Hrs:0.30 :: Hrs Auth:0.00 :: Note:Unit is out of warranty.</p>			
4X4TFLF27C1	04/07/14	CHOLLOWELL	Single Note Report
<p>Claim: : Line:A :: Complaint:Customer States: Axle Recall 13V554 :: Repair Code:10-001820 :: Description:INSTALL Torflex Axle Lift Kit (per axle) (pictures) :: Auth Status:Approved :: FR Hrs:1.00 :: Req Hrs:2.00 :: Hrs Auth:2.00 :: Note:Recall labor pays 1.0 per axle (2.0 full job)</p>			
4X4TFLF27C	01/14/14	AHOOLEY	Single Note Report
<p>NHTSA Recall Campaign #: 13V554 There is not adequate clearance between the tire and the bottom of the floor at full GVWR. The tire may hit the bottom of the floor in the event that the travel trailer should hit a bump or pot hole in the road. This contact may cause the tire to blow out unexpectedly, thereby potentially resulting in loss of control, property damage, personal injury or death. The required repair procedure will involve the removal of the axles so that a lift kit may be</p>			
4X4TFLF27C	01/08/13	DSCHACHT	Single Note Report
<p>Email and pics on file from FLAIR warranty.</p>			
4X4TFLF27C	01/08/13	dfought	Single Note Report

Claim [REDACTED] Line:C :: Complaint:Customer States:S/O need adjusted puller out window seal :: Repair Code:20-019450 :: Description:R/R Window Glazing / Seal :: Auth Status:Approved :: FR Hrs:0.30 :: Req Hrs:0.30 :: Hrs Auth:0.30 :: Note:PICTURE EMAILED AND IS IN THE DOC VIEWER.

4X4TFLF27C [REDACTED] 01/08/13 Dfought Single Note Report

Claim [REDACTED] :: Line:E :: Complaint:Customer States:Entry door shock pulled from coach side wall and from door :: Repair Code:20-012000 :: Description:Repair Entry Door (pictures) :: Auth Status:Approved :: FR Hrs:0.30 :: Req Hrs:0.30 :: Hrs Auth:0.30 :: Note:

4X4TFLF27C1 [REDACTED] 11/28/12 System Single Note Report

<p>claim [REDACTED] has been archived due to being 180+ days old and never submitted.</p>

4X4TFLF27C [REDACTED] 06/04/12 Dschacht Single Note Report

Claim [REDACTED] Line:A :: Complaint:Customer States:Used unit for 1st time air mattress won't stay inflated :: Repair Code:30-001910 :: Description:R/R Hide-A-Bed Air Mattress (pics) :: Auth Status:Denied :: FR Hrs:0.10 :: Req Hrs:0.10 :: Hrs Auth:0.00 :: Note:Need To Contact FLAIR Interiors for the Mattress. FLAIR Interiors 574-534-2163

4X4TFLF27C [REDACTED] 06/04/12 Dschacht Single Note Report

Claim [REDACTED] :: Line:B :: Complaint:Customer States:Shower door drags states he must lift up to open :: Repair Code:60-011200 :: Description:R/R Glass Shower Enclosure (pictures) :: Auth Status:Approved :: FR Hrs:0.00 :: Req Hrs:0.00 :: Hrs Auth:0.00 :: Note:

All Note Report

Add VIN Note

VIN # Last 7 Digits	Forest River Serial #	Forest River Brand Name	Model / Type #	In Service Date	Date Repairs Completed	Authorization #	Mileage
[REDACTED]	FL1845877	FLAGSTAFF LITE WEIGHT	FLT30WFKSS	01/22/14	04/04/14		0
Batch ID#	VIN #	D.O.P.	Warranty Expires	WRO Claim #	Claim Rcvd	Requested Amt.	Stock Unit
M-64240	4X4TFLF27C [REDACTED]	03/09/12	03/09/14	[REDACTED]	04/07/14	\$198.00	No

Servicing Dealer: **ROOTS RV & SALES INC**
 Dealer # 0009975
 1559 WESLEY CHAPEL RD
 RR3 BOX 160
 MITCHELL IN 47446
 MABURNS 04/17/14
 NATHAN JENKINS
 Phone: (812) 279-6737
 Fax: (812) 279-6757
 LAGRANGE KY
 [REDACTED] US

Claim Num [REDACTED]
 Dealer RO

WARRANTY REPAIR CLAIM FORM

Repair Code	Labor Description 1	Labor Description 2	Material Amt	Hours	Labor Amt	Amount
20-012000	Repair Entry Door (pictures)		\$0.00	0.00	\$0.00	\$0.00
10-001820	INSTALL Torflex Axle Lift Kit (per axle) (pictures)		\$0.00	2.00	\$198.00	\$198.00
Summary for Claim (2 detail records)			\$0.00	2.00	\$198.00	\$198.00

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4

VIN	Date	User	
4X4TFLF27D1	06/25/14	GHOLLOWELL	Single Note Report
<p>Customer having blow outs in unit. Replaced 5 tires with E rated tires. Reimbursing \$300.00 for tire replacement. Unit had tire rub that caused first blow out and customer couldnt trust remaining tires so he replaced them all. One time goodwill authorization</p>			
4X4TFLF27D1	03/13/14	kimsher	Single Note Report
<p>Claim [redacted] Line:A :: Complaint:Customer States; Per: Recall 13V554 Riser Kit Instructions. - completed recall Per: Recall Instructions. :: Repair Code:10-001820 :: Description:INSTALL Torflex Axle Lift Kit (per axle) (pictures) :: Auth Status:Approved :: FR Hrs:1.00 :: Req Hrs:1.00 :: Hrs Auth:1.00 :: Note:</p>			
4X4TFLF27D1	01/14/14	AHOOLEY	Single Note Report
<p>NHTSA Recall Campaign #: 13V554 There is not adequate clearance between the tire and the bottom of the floor at full GVWR. The tire may hit the bottom of the floor in the event that the travel trailer should hit a bump or pot hole in the road. This contact may cause the tire to blow out unexpectedly, thereby potentially resulting in loss of control, property damage, personal injury or death. The required repair procedure will involve the removal of the axes so that a lift kit may be</p>			
			<input type="button" value="All Note Report"/> <input type="button" value="Add VIN Note"/>

VIN # Last 7 Digits 1 [REDACTED]	Forest River Serial # FL1846304	Forest River Brand Name FLAGSTAFF LITE WEIGHT	Model / Type # FLT30WFKSS	In Service Date 03/11/14	Date Repairs Completed 03/11/14	Authorization #	Mileage 0
Batch ID# M-63834	VIN # 4X4TFLF27D1 [REDACTED]	D.O.P. 07/03/12	Warranty Expires 07/03/13	WRO Claim # [REDACTED]	Claim Rcvd 03/14/14	Requested Amt. \$90.00	Stock Unit No

Servicing Dealer: Dealer # 0011164 LbrRt: \$90.00 KNSMITH 03/31/14	TRAILER CITY INC 2386 WHITE HALL BLVD WHITE HALL WV 26554 STATES	Paula Fazio Phone: (304) 366-7104 Fax: (304) 363-9345 Grafton WV [REDACTED] US	Claim Num [REDACTED] Dealer RO
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**WARRANTY
REPAIR CLAIM FORM**

Repair Code	Labor Description 1	Labor Description 2	Material Amt	Hours	Labor Amt	Amount
10-001820	INSTALL Torflex Axle Lift Kit (per axle) (pictures)		\$0.00	1.00	\$90.00	\$90.00
Summary for Claim (1 detail record)			\$0.00	1.00	\$90.00	\$90.00

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4



GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)
1/22/2014

AGENCY Insurance Office of America P.O. Box 162207 Altamonte Springs, FL 32716-2207	INSURED LOCATION CODE	DATE OF LOSS AND TIME		<input checked="" type="checkbox"/> AM
			1/20/2014	12:00
	CARRIER First Mercury Insurance Company			NAIC CODE 10657
	POLICY NUMBER [REDACTED]			
CONTACT NAME				
PHONE (A/C, No, Ext) (800) 243-6899				
FAX (A/C, No) (407) 788-7933				
E-MAIL ADDRESS				
CODE	SUBCODE			
AGENCY CUSTOMER ID [REDACTED]				

INSURED

NAME OF INSURED (First, Middle, Last) Forest River, Inc. *see Complete Named Insd List		INSURED'S MAILING ADDRESS 55470 County Road 1 P.O Box 3030 Elkhart, IN 46515-3030		
DATE OF BIRTH	FEIN (if applicable) 20-3284366			
PRIMARY PHONE # (574) 389-4612	<input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
		PRIMARY E-MAIL ADDRESS tcoddens@forestriverinc.com		
		SECONDARY E-MAIL ADDRESS		

CONTACT CONTACT INSURED

NAME OF CONTACT (First, Middle, Last) [REDACTED]		CONTACT'S MAILING ADDRESS 55470 County Road 1 P.O Box 3030 Elkhart, IN 46515-3030		
PRIMARY PHONE # [REDACTED]	<input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
WHEN TO CONTACT		PRIMARY E-MAIL ADDRESS CMMiller@forestriverinc.com		
		SECONDARY E-MAIL ADDRESS		

OCCURRENCE

LOCATION OF OCCURRENCE	POLICE OR FIRE DEPARTMENT CONTACTED
STREET	
CITY, STATE, ZIP AK	REPORT NUMBER
COUNTRY United States of America	
DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS	
DESCRIPTION OF OCCURRENCE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) incident involving a retail customer [REDACTED] who suffered damage to her unit and truck as well as personal property, injuries, and I'm sure pain & suffering. Please report this to FM as the unit and truck costs will be over \$40,000 and we will be above our \$75,000 retention at some point. Do we want Stacie involve or let FM handle? Find out if we can get a copy of the police report as well as any pictures from the incident.	

TYPE OF LIABILITY

PREMISES INSURED IS	OWNER	TENANT			TYPE OF PREMISES
OWNER'S NAME & ADDRESS (if not insured)					PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
					SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
					PRIMARY E-MAIL ADDRESS
					SECONDARY E-MAIL ADDRESS
PRODUCTS INSURED IS	MANUFACTURER	VENDOR			TYPE OF PRODUCT
MANUFACTURER'S NAME & ADDRESS (if not insured)					PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
					SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
					PRIMARY E-MAIL ADDRESS
					SECONDARY E-MAIL ADDRESS
WHERE CAN PRODUCT BE SEEN?					

INJURED / PROPERTY DAMAGED

AGENCY CUSTOMER ID: FORERIV-03

NAME & ADDRESS (Injured/Owner) [REDACTED]			EMPLOYER'S NAME & ADDRESS		
PRIMARY PHONE # [REDACTED]	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS			PRIMARY E-MAIL ADDRESS		
SECONDARY E-MAIL ADDRESS			SECONDARY E-MAIL ADDRESS		
AGE	SEX	OCCUPATION		DESCRIBE INJURY	
WHERE TAKEN			WHAT WAS INJURED DOING?		
DESCRIBE PROPERTY (Type, model, etc.) trailer and truck plus injury			ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	

WITNESSES

NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	PRIMARY E-MAIL ADDRESS			
	SECONDARY E-MAIL ADDRESS			
NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	PRIMARY E-MAIL ADDRESS			
	SECONDARY E-MAIL ADDRESS			
NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	PRIMARY E-MAIL ADDRESS			
	SECONDARY E-MAIL ADDRESS			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

additional information
KC Gutman of IOA can be contacted for information. Her number is 800-243-6899 x 14217 or cell [REDACTED].

The retail, ([REDACTED]) called, and stated that her and her husband , who had been driving ,had been camping, in AK, and while leaving the camp grounds traveling down the road had hit a pot hole . Lost control, rolled the trailer, and truck. Total both truck and trailer. Lost everything , even their cat. Insurance covered everything ,there was a police report so the retail says. Retail then claims she has acquired a medical condition after breaking her wrist called (R.S.D.)?? And she has stated that her insurance has gone up due to this accident and wants something in writing that it wasn't something they did to cause this accident and the recall had a lot ,if not all to do with the wreck. At that point after she was done talking , all I said was ,” Let me take down your info , and will get your statement of what happened and all your, (the retail) info to the department that will be handling this matter , then I thank her for her call .”

Retail [REDACTED]
VIN# [REDACTED]

[REDACTED]

The place where the unit was last known to be after the wreck, COPART, 1-501-796-2812
The insurance for the trailer, GOOD SAM
The insurance for the truck, AARP

REPORTED BY KC/IOA/email	REPORTED TO Mary Day
------------------------------------	--------------------------------

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

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

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN OHIO

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

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4



York Risk Services Group,
Inc.
1 South Wacker Drive, Suite 2940
Chicago, IL 60606
Tel: 312-332-9811
Fax: 312-332-9819
www.yorkrsg.com

The strength of York

April 2, 2014

Jessica Bowman
National General Insurance Company
P.O. Box 1429
Winston-Salem, NC, 27102-1429

Re: Insured: [REDACTED]
Claim No.: [REDACTED]
Date of Loss: 09/07/2013
Claimant: [REDACTED]

Dear [REDACTED]

York Risk Services Group is an authorized third party administrator for the claims of Forest River, Inc. We received notice of a claim occurring on or about 9/7/13, which has been reported as damage to a trailer driven by James Meyers that was involved in an accident.

Your subrogation notice in the amount of \$39,353.51 has been reviewed, as well as the circumstances of the loss. Please note that although this loss occurred in September of 2013, we were not put on notice of the claim until 1/22/14. At that time, Mr. [REDACTED] called Forest River to discuss a recall notice that she had received in January of 2014 in regards to the Forest River trailer which they had purchased. She indicated at that time that the trailer had been involved in an accident, and that she felt Forest River should reimburse the insurance company due to the recall.

As we discussed, the claim was not reported until after the receipt of the recall notice by [REDACTED] and that she indicated that the trailer had hit a pot hole. There is no indication of this in the police report, nor any indication that anything at all was hit.

Further, as the site had been cleaned up and the trailer disposed of many months prior to the report, Forest River had no chance to perform its own investigation.

Therefore, we must respectfully deny the liability in this matter, and decline any payment on this claim.

By naming the specific grounds for this denial of liability, Forest River reserves its rights and remedies under the policy and common law.

Thank you for your understanding.

Sincerely

A handwritten signature in cursive script that reads "Stacie Beckman".

Stacie Beckman
Senior Claims Examiner
York Risk Services Group, Inc.
One South Wacker Drive
Suite 2940
Chicago, IL 60602
(402) 597-2516
Stacie.Beckman@Yorkrsg.com

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4



The Hartford FAX COVER PAGE

To:

From: The Hartford

Date: 02/24/14 11:49:14 AM

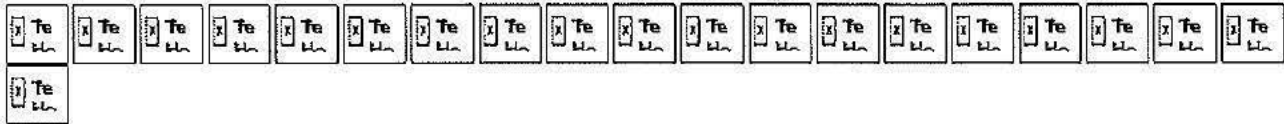
Re: Your Claim [REDACTED] // The Hartford SBB444090

Total Pages: 70 including cover page

PRIVILEGED AND CONFIDENTIAL: This electronic communication, including attachments, is for the exclusive use of addressee and may contain proprietary, confidential and/or privileged information. If you are not the intended recipient, any use, copying, disclosure, dissemination or distribution is strictly prohibited. If you are not the intended recipient, please notify sender immediately by phone, destroy this communication and all copies.

Notes:

Your Claim # [REDACTED] /// The Hartford SBB444090



Colin McLean
Level 1 Auto Claim Handler
The Hartford P&C Claim
Central Recovery Operations
P.O. Box 14272
Lexington, KY 40512-4272
Phone: (866) 509-3574 Ext. 2304045
Fax: (866) 285-5111

02/11/2014



York Claims Service
 Attn: Stacie Beckman
 1 S Wacker Dr Ste 2940
 Chicago, IL 60602

Your Insured: Forest River Ry
 Your Claim No: Insured [REDACTED]
 Our Insured: [REDACTED]
 Date of Loss: 09/07/2013
 Deductible: \$100.00
 Amount of Loss: \$30,090.71
 Our Account No: [REDACTED]

Dear Stacie Beckman:

Enclosed are copies of our supporting documents which are evidence of our subrogation demand. Our investigation reveals that your insured was negligent. Therefore, we are seeking to recover \$30,090.71 in damages.

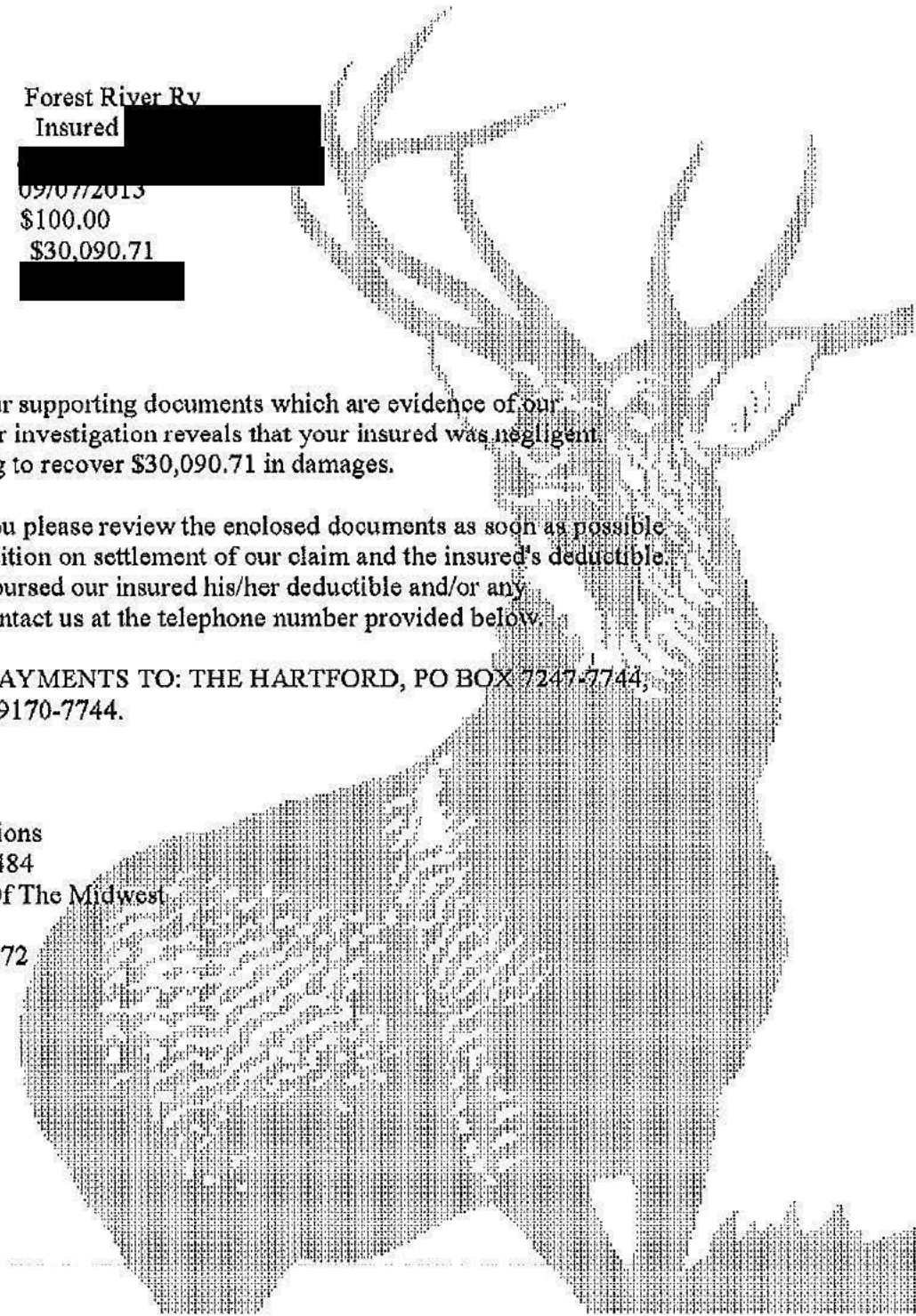
We are requesting that you please review the enclosed documents as soon as possible and advise us of your position on settlement of our claim and the insured's deductible. If you have already reimbursed our insured his/her deductible and/or any other expenses, please contact us at the telephone number provided below.

PLEASE REMIT ALL PAYMENTS TO: THE HARTFORD, PO BOX 7247-7744, PHILADELPHIA, PA 19170-7744.

Sincerely,

Central Recovery Operations
 866-509-3574 Ext. 7001484
 Hartford Insurance Co. Of The Midwest
 P.O. Box 14272
 Lexington, KY 40512-4272
 Fax: 866 285 5111

dmd5/LVL1



Requested By : Chandrakant Sonawane on 02/11/2014 at 01:17:08 PM

Claim Number [REDACTED]
Policy Number [REDACTED]
Insured Name [REDACTED]
Claimant(s) : [REDACTED]

Date of Loss : 09/07/2013 00:00:00

Reporting Period : ALL

**** Summary of Released Payments ****

Total Indemnity Paid \$: 38103.82
Total Expense Paid \$: 0

Handler : Patsy Hilbig
Supervisor : Mario S Martinez
Type Of Report : ALL

PAYMENTS

[10/14/2013 11:56:45 AM PAYMENTS (Y07 KAC 85786) CRD [REDACTED]
PARTIAL;INDEMNITY;COLL;38103.82; ; To [REDACTED] For Amount \$
38103.82 ; COLL LOSS LESS DED \$ 500.00 ; Mailed to [REDACTED] , 1612
CEDAR RD , , HARRISON , AR , 726018037
 , 46230102

[12/07/2013 01:35:16 AM RECOVERY (Y07 KAC 85786) BXP [REDACTED]
CH50 -Salvage estimate Recovery for COLL is \$9600.The Salvage Recovery Serial is
1 16846890.

09/20/2013 AT 09:04 AM
61473

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HARTFORD INS CO OF THE MIDWEST
CENTRAL AUTO CLAIMS CENTER
FOR SUPPLEMENTS CALL 800-236-0398 EXT: 2105934728
P.O. BOX 14261
LEXINGTON, KY 40512-4261
(800)236-0398 FAX: (866)809-0964

ESTIMATE OF RECORD

WRITTEN BY: BOB STUBBS 09/20/2013 08:52 AM
ADJUSTER: HARTFORD INJURY ADJUSTER (800)236-0398

INSURED: [REDACTED] CLAIM [REDACTED]
OWNER: [REDACTED] POLICY [REDACTED]
ADDRESS: [REDACTED] DATE OF LOSS: 09/07/2013 AT 12:00 AM
HARRISON, AR TYPE OF LOSS: COLLISION
DAY: [REDACTED] POINT OF IMPACT: 15. TOTAL LOSS

INSPECT 703 HIGHWAY 64 E DAY: (870)448-2993
LOCATION: COPART AR - LITTLE ROCK, (501) 7 OTHER
CONWAY, AR 72032-9428

REPAIR FACILITY: 99 DAYS TO REPAIR
LICENSE #

2012 CHEV K1500 4X4 SILVERADO EXT LT 8-5.3L-FI 4D SHORT RED INT:GRAY
VIN: 1GCRKSE71C [REDACTED] IC: NONE AR PROD DATE: 03/2012 ODOMETER: 5061
AIR CONDITIONING INTERMITTENT WIPERS TILT WHEEL
CRUISE CONTROL KEYLESS ENTRY ALARM
MESSAGE CENTER DUAL MIRRORS BODY SIDE MOLDINGS
PRIVACY GLASS CLEAR COAT PAINT POWER STEERING
POWER BRAKES POWER WINDOWS POWER LOCKS
POWER MIRRORS HEATED MIRRORS POWER DRIVER SEAT
AM RADIO FM RADIO STEREO
SEARCH/SEEK CD PLAYER SATELLITE RADIO
DRIVER SIDE AIR BAG PASSENGER AIR BAG ANTI-LOCK BRAKES (4)
TRACTION CONTROL STABILITY CONTROL FRONT SIDE IMPACT AIR BAG
HEAD/CURTAIN AIR BAGS COMMUNICATIONS SYSTEM HANDS FREE DEVICE
CLOTH SEATS RECLINING/LOUNGE SEATS REAR STEP BUMPER
BEDLINER (SPRAY ON) TRAILER HITCH HARD TONNEAU COVER
AUTOMATIC TRANSMISSION OVERDRIVE 4 WHEEL DRIVE
20" OR LARGER WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2		O/H FRONT BUMPER				2.5	
3	REPL	BUMPER CHROME	1	409.77		INCL.	
4		FRONT LAMPS					
5	REPL	LT HEADLAMP ASSY	1	247.00		INCL.	
6		AIM HEADLAMPS				0.5	
7		HOOD					
8	REPL	HOOD	1	460.15		1.3	3.2

09/20/2013 AT 09:04 AM
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ESTIMATE OF RECORD
2012 CHEV K1500 4X4 SILVERADO EXT LT 8-5.3L-FI 4D SHORT RED INT:GRAY

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
9		ADD FOR UNDERSIDE (COMPLETE)					1.6
10		ADD FOR CLEAR COAT					0.3
11		FENDER					
12	BLND	RT FENDER CHEVROLET					1.0
13	REPL	LT FENDER CHEVROLET	1		592.77	2.6	2.0
14		OVERLAP MAJOR ADJ. PANEL					-0.4
15		ADD FOR EDGING					0.5
16		ADD FOR CLEAR COAT					0.1
17		ADD FOR INSIDE					1.0
18		ADD FOR CLEAR COAT					0.2
19	REPL	LT FENDER LINER CHEVROLET 1/2 TON	1		69.70	INCL.	
20		ELECTRICAL					
21	R&I	ANTENNA ASSY W/O G.P.S.				0.6	
22		WINDSHIELD					
23**	SUBL	A/M WINDSHIELD W/O RAIN SENSOR PLUS KIT	* 1		170.93*	T	
24*	SUBL	WINDSHIELD W/O RAIN SENSOR LABOR	* 1		89.00*	X	
25		CAB					
26	REPL	ROOF PANEL W/O ROOF LAMPS W/O SUNROOF	1		598.28	19.5	3.2
27		OVERLAP MAJOR ADJ. PANEL					-0.4
28	SECT	LT UNISIDE ASSY CAB CORNER	1		942.75	S 7.0	1.8
29		OVERLAP MAJOR NON-ADJ. PANEL					-0.2
30		SET BACK BOX ASSY				1.5	
31		DEDUCT FOR OVERLAP				-3.2	
32	REPL	HEADLINER W/O SUNROOF W/HEAD AIR BAGS	1		498.72	INCL.	
33		RESTRAINT SYSTEMS					
34	REPL	RT HEAD AIR BAG EXT CAB	1		416.67	M 0.6	M
35		AIR BAG SYSTEM DIAGNOSIS				M 0.5	M
36	REPL	LT HEAD AIR BAG EXT CAB	1		416.67	M 0.6	M
37	REPL	DIAGNOSTIC UNIT ALL W/HEAD AIR BAG	1		416.67	M 0.4	M
38	REPL	RT SIDE IMPACT SENS FRONT	1		166.67	M 0.3	M
39	REPL	LT SIDE IMPACT SENS FRONT	1		166.67	M 0.3	M
40	REPL	LT SIDE IMPACT SENS REAR ALL	1		166.67	M 0.3	M
41	REPL	RT SIDE IMPACT SENS REAR ALL	1		166.67	M 0.3	M
42	REPL	RT BELT & RETRACTOR 1/2 TON TITANIUM	1		149.60	0.8	
43	REPL	LT BELT & RETRACTOR 1/2 TON TITANIUM	1		151.00	0.8	
44		FRONT DOOR					
45	REPL	LT DOOR SHELL	1		857.03	5.0	3.4
46		OVERLAP MAJOR ADJ. PANEL					-0.4
47		ADD FOR MIRROR				0.4	
48		ADD FOR POWER UNITS				0.4	

09/20/2013 AT 09:04 AM
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ESTIMATE OF RECORD
2012 CHEV K1500 4X4 SILVERADO EXT LT 8-5.3L-FI 4D SHORT RED INT:GRAY

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
49	REPL	LT NAMEPLATE "SILVERADO"	1	38.55	0.3	
50	REPL	LT BODY SIDE MLDG CHEVROLET EXT, CREW CAB	1	109.55	0.3	0.6
51		OVERLAP MINOR PANEL				-0.2
52	REPL	LT MIRROR ASSY CODE DF2 BLACK	1	260.63	INCL.	
53	REPL	LT GLASS W'STRIP	1	129.00	INCL.	
54		REAR DOOR				
55	REPL	LT DOOR SHELL	1	766.05	3.7	3.2
56		OVERLAP MAJOR ADJ. PANEL				-0.4
57		ADD FOR POWER UNITS			0.3	
58	REPL	LT GLASS W'STRIP	1	99.00	INCL.	
59**	SUBL	A/M LT DOOR GLASS W/DEEP TINT *	1	129.65* T		
60*	SUBL	LT DOOR GLASS W/DEEP TINT LABOR	* 1	68.00* X		
61		BACK GLASS				
62	REPL	BACK GLASS NAGS, W/DEEP TINT, W/O HARDWARE W/O HEATED	1	276.80	INCL.	
63		R&R GLASS ADD FOR EXTENDED CAB			0.3	
64	REPL	ADHESIVE KIT	1	52.63		
65		PICK UP BOX				
66	REPL	LT SIDE PANEL CHEVROLET	1	1073.63	10.0	4.2
67		OVERLAP MAJOR NON-ADJ. PANEL				-0.2
68		ADD FOR INSIDE				1.5
69		ADD FOR CLEAR COAT				0.3
70	REPL	FUEL DOOR	1	72.13	INCL.	0.3
71	REPL	LT DECAL "4X4"	1	51.82	0.3	
72	REPL	RT DECAL "4X4"	1	51.82	0.3	
73	REPL	LT STONE GUARD FRONT CHEVROLET	1	24.37	0.2	
74	REPL	LT STONE GUARD REAR CHEVROLET	1	24.50	0.2	
75*	RPR	RT OUTER PANEL CHEVROLET			1.0*	1.5*
76		OVERLAP MAJOR ADJ. PANEL				-0.4
77	REPL	TAIL GATE W/O TAIL GATE ASSIST	1	563.92	1.3	3.3
78		OVERLAP MAJOR ADJ. PANEL				-0.4
79		CLEAR COAT				2.5
80*	R&I	EMBLEM "BOWTIE"			0.2*	
81	REPL	NAMEPLATE "SILVERADO"	1	38.55	0.3	
82	REPL	RT NAMEPLATE "LT"	1	13.05	0.2	
83	REPL	EDGE MOLDING	1	95.00	0.3	
84		REAR LAMPS				
85	R&I	RT COMBO LAMP ASSY CHEVROLET W/3047 BACKUP BULE			0.3	
86	R&I	LT COMBO LAMP ASSY CHEVROLET W/3047 BACKUP BULE			INCL.	
87		MISCELLANEOUS OPERATIONS				
88	REPL	COVER CAR/BAG	1		0.2	
89#	REPL	CORROSION PROTECTION	1	8.00 T	0.3	
90#	SUBL	FRONT WHEEL ALIGNMENT	1	65.00 T		

09/20/2013 AT 09:04 AM
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ESTIMATE OF RECORD
2012 CHEV K1500 4X4 SILVERADO EXT LT 8-5.3L-FI 4D SHORT RED INT:GRAY

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
91#	SUBL	CLEAN INTERIOR - FLOOD, BLOOD, ETC.	1		75.00	T	
N 92#	SUBL	SPRAY BEDLINER	1		400.00	T	
N 93#	SUBL	HARD TONNEAU COVER	1		1675.00	T	
94		OTHER CHARGES					
95#		TOWING	1		980.64		
96#		E.P.C.	1		5.00		
SUBTOTALS ==>					14300.68	63.0	32.7

LINE 92 : A/M SPRAY LINER.

LINE 93 : PRICE QUOTE FROM RUSSELL CHEVROLET 501-835-8300.

PARTS				10935.04
BODY LABOR	59.7 HRS	@\$ 46.00/HR		2746.20
PAINT LABOR	32.7 HRS	@\$ 46.00/HR		1504.20
MECHANICAL LABOR	3.3 HRS	@\$ 85.00/HR		280.50
PAINT SUPPLIES	32.7 HRS	@\$ 32.00/HR		1046.40
SUBLET/MISC.				2380.00
OTHER CHARGES				985.64
SUBTOTAL				\$19877.98
SALES TAX	\$19720.98	@ 9.0000%		1774.89
TOTAL COST OF REPAIRS				\$21652.87
TOTAL ADJUSTMENTS				\$ 500.00
NET COST OF REPAIRS				\$21152.87

THIS ESTIMATE IS NOT AN AUTHORIZATION TO REPAIR. REPAIRS MUST BE AUTHORIZED BY THE VEHICLE OWNER. NO SUPPLEMENTS WILL BE HONORED WITHOUT REINSPECTION OR PRIOR APPROVAL BY THE HARTFORD INSURANCE GROUP.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

FAILURE TO USE THE INSURANCE PROCEEDS IN ACCORDANCE WITH A SECURITY AGREEMENT BETWEEN YOU AND A LIENHOLDER, IF ANY, MAY CONSTITUTE THE CRIMINAL OFFENSE OF FRAUDULY A SECURED CREDITOR IN VIOLATION OF ARKANSAS CODE SECTION 5-37-203. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR LIENHOLDER.

09/20/2013 AT 09:04 AM
61473



ESTIMATE OF RECORD

2012 CHEV K1500 4X4 SILVERADO EXT LT 8-5.3L-FI 4D SHORT RED INT:GRAY

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. THE AFTERMARKET CRASH PARTS USED IN THE PREPARATION OF THIS ESTIMATE ARE WARRANTED BY THE MANUFACTURER OR DISTRIBUTOR OF SUCH PARTS INSTEAD OF THE MANUFACTURER OF YOUR VEHICLE.

THE PRICING/DISCOUNTING FOR GLASS IS BASED UPON THE HARTFORD'S EVALUATION OF REASONABLY NECESSARY PRICING FOR YOUR GEOGRAPHIC AREA. THE HARTFORD'S GLASS ADMINISTRATOR IS SAFELITE AUTO GLASS, AND THEY OFFER A NATIONAL NETWORK OF SHOPS THAT CAN PERFORM THIS COLLISION GLASS WORK ON SUBLET BASIS. PLEASE CALL SAFELITE AT 1-888-800-4527 IF YOU'D LIKE TO SCHEDULE SAFELITE TO COMPLETE THIS WORK.

09/20/2013 AT 09:04 AM
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ESTIMATE OF RECORD

2012 CHEV K1500 4X4 SILVERADO EXT LT 8-5.3L-FI 4D SHORT RED INT:GRAY

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DRIGH07, CCC DATA DATE 09/03/2013, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. OPT OEM (OPTIONAL OEM) OR ALT OEM (ALTERNATIVE OEM) PARTS ARE OEM PARTS THAT MAY BE PROVIDED BY OR THROUGH ALTERNATE SOURCES OTHER THAN THE OEM VEHICLE DEALERSHIPS. OPT OEM OR ALT OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. OPT OEM OR ALT OEM PARTS MAY INCLUDE "BLEMISHED"

PARTS PROVIDED BY OEM'S THROUGH OEM VEHICLE DEALERSHIPS. ASTERISK (*) OR DOUBLE ASTERISK (**) INDICATES THAT THE PARTS AND/OR LABOR INFORMATION PROVIDED BY MOTOR MAY HAVE BEEN MODIFIED OR MAY HAVE COME FROM AN ALTERNATE DATA SOURCE. TILDE SIGN (~) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. THE SYMBOL (<>) INDICATES THE REFINISH OPERATION WILL NOT BE PERFORMED AS A SEPARATE PROCEDURE FROM THE OTHER PANELS IN THE ESTIMATE.

NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS NON OEM, A/M, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECOND. RECORDED PARTS ARE DESCRIBED AS RECOR. NAGS PART NUMBERS AND BENCHMARK PRICES ARE PROVIDED BY NATIONAL AUTO GLASS SPECIFICATIONS. LABOR OPERATION TIMES LISTED ON THE LINE WITH THE NAGS INFORMATION ARE MOTOR SUGGESTED LABOR OPERATION TIMES. NAGS LABOR OPERATION TIMES ARE NOT INCLUDED. POUND SIGN (#) ITEMS INDICATE MANUAL ENTRIES. SOME 2014 VEHICLES CONTAIN MINOR CHANGES FROM THE PREVIOUS YEAR.

FOR THOSE VEHICLES, PRIOR TO RECEIVING UPDATED DATA FROM THE VEHICLE MANUFACTURER, LABOR AND PARTS DATA FROM THE PREVIOUS YEAR MAY BE USED. THE PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PART NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP. THE FOLLOWING IS A LIST OF ADDITIONAL ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED. SYMBOLS FOLLOWING PART PRICE: M=MOTOR MECHANICAL COMPONENT. S=MOTOR STRUCTURAL COMPONENT. T=MISCELLANEOUS TAXED CHARGE CATEGORY. X=MISCELLANEOUS NON-TAXED CHARGE CATEGORY. SYMBOLS FOLLOWING LABOR: D=DIAGNOSTIC LABOR CATEGORY. E=ELECTRICAL LABOR CATEGORY. F=FRAME LABOR CATEGORY. G=GLASS LABOR CATEGORY. M=MECHANICAL LABOR CATEGORY. S=STRUCTURAL LABOR CATEGORY. (NUMBERS) 1 THROUGH 4=USER DEFINED LABOR CATEGORIES. OTHER SYMBOLS AND ABBREVIATIONS: ADJ.=ADJACENT. ALGN.=ALIGN.

ALU=ALUMINUM. A/M=AFTERMARKET PART. BLND=BLEND. BOR=BORON STEEL. CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION. COMP REPL=COMPETITIVE REPLACEMENT (PART). D&R=DISCONNECT AND RECONNECT. HSS=HIGH STRENGTH STEEL. HYD=HYDROFORMED STEEL. INCL.=INCLUDED. LKQ=LIKE KIND AND QUALITY. LT=LEFT. MAG=MAGNESIUM. NON-ADJ.=NON ADJACENT. NSF=NSF INTERNATIONAL CERTIFIED PART.

O/H=OVERHAUL. QTY=QUANTITY. QUAL RECY=QUALITY RECYCLED (PART). QUAL REPL=QUALITY REPLACEMENT(PART). REFN=REFINISH. REPL=REPLACE. R&I=REMOVE AND INSTALL. R&R=REMOVE AND REPLACE. RPR=REPAIR. RT=RIGHT. SAS=SANDWICHED STEEL. SECT=SECTION. SUBL=SUBLET. UHS=ULTRA HIGH STRENGTH STEEL. N=NOTE(S) ASSOCIATED WITH THE ESTIMATE LINE.

09/20/2013 AT 09:04 AM
61473



1BFL2IB6

ESTIMATE OF RECORD

2012 CHEV K1500 4X4 SILVERADO EXT LT 8-5.3L-FI 4D SHORT RED INT;GRAY

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC. THE FOLLOWING IS A LIST OF ABBREVIATIONS THAT MAY BE USED IN CCC PATHWAYS THAT ARE NOT PART OF THE MOTOR CRASH ESTIMATING GUIDE; BAR=BUREAU OF AUTOMOTIVE REPAIR, EPA=ENVIRONMENTAL PROTECTION AGENCY, NHTSA=NATIONAL HIGHWAY TRANSPORTATION AND SAFETY ADMINISTRATION. PDR=PAINTLESS DENT REPAIR. VIN=VEHICLE IDENTIFICATION NUMBER.

09/20/2013 AT 09:04 AM
61473

[REDACTED]
1BFL21B6

ESTIMATE OF RECORD
2012 CHEV K1500 4X4 SILVERADO EXT LT 8-5.3L-FI 4D SHORT RED INT:GRAY

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE: 8

NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE: 2

OPTIONAL OEM PARTS

OPTIONAL OEM SELECTION METHOD: AUTOMATICALLY LIST

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

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

RECONDITIONED PARTS

RECONDITIONED SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT A RECONDITIONED PART WAS AVAILABLE: 2

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

RECYCLED PARTS

NO. OF TIMES USER WAS NOTIFIED THAT A RECYCLED PART WAS AVAILABLE: 4

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

COPART AUTO AUCTIONS
703 MAIN STREET
CONWAY, AR 72032
PHONE (501) 796-2812
TAX ID# 710768544

Date 12/05/13

Visit us at www.copart.com
All Amounts are in USD

FINAL SETTLEMENT STATEMENT

Copart Lot# 26350553 21 AR - LITTLE ROCK.
Loss Date 9/07/13
Called In 9/09/13
P/U Cleared 9/10/13
Pickup Date 9/11/13
Original Title 10/18/13
Trans Title 10/23/13
Sale Document 11/22/13
Loss Type COLLISION
Description 12 CHEV SILVERADO RED
Vehicle ID# 1GCRKSE71CZ2 [REDACTED]
License#/[REDACTED] AR
Mileage 6,061
Pickup From PARK TOWING
206 CEDAR ST
MARSHALL, AR 72650
(870) 448-2993

H200 FIP866A
CCT UNIT
HARTFORD INSURANCE-SOUTHWEST
3600 WISEMAN BLVD
SAN ANTONIO, TX 78251

Claim# [REDACTED]
Policy# [REDACTED]
Loss Code SW
Reference# CDAVIS
Insured [REDACTED]
Owner [REDACTED]

ADVANCE CHARGES PAID BY COPART

TOW SERVICE	418.00
YARD/GATE	115.00
LABOR	200.00
STORAGE	175.00
TAX	72.64

TOTAL ADVANCE CHARGES	980.64

COPART SERVICE CHARGES

PULL&MAIL LICENSE PLATES	15.00	MAILING PLATE
TITLE PROCESSING	11.25	SALVAGE TITLE
PIP PROGRAM CHARGE	480.00	

TOTAL COPART SERVICE CHARGES	506.25	

TOTAL DUE COPART	1486.89	
PROCEEDS FROM SALE	9600.00CR	*Bid Raised By Internet*
PREVIOUS PAYMENTS FROM COPART	8113.11	

NET DUE COPART00	

COPART PAYMENTS DETAIL

COPART CHECK# [REDACTED] 12/05/13 8,113.11



PARKS WRECKER SERVICE
 208 Cedar Street Marshall, AR 72650
 870-448-2993
 ID# 04-3447889

Road Service

DATE <u>9-7-13</u>	TIME	A.M. P.M.	REGISTERED BY	P.O. NO.
NAME		PHONE		
ADDRESS		CITY		
CITY <u>HARRISON</u>		STATE <u>ARK</u>		
LOCATION OF VEHICLE <u>Hwy 65 North</u>				
YEAR MAKE MODEL <u>2012 Chevy Silverado</u>		COLOR <u>Red</u>		
STATE	LIC. PLATE NO.	VEHICLE ID. NO.	REGISTERED OWNER	
<u>12 CHEV SILVERADO RED</u>		EXTRA PERSON		
		FRESH		
<u>A Advance Charges</u>		START		
TOTAL		TOTAL		
REASON FOR TOW		SPECIAL EQUIPMENT		
<input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDONED <input type="checkbox"/> ARREST <input type="checkbox"/> BROKEN GEAR <input type="checkbox"/> BROKEDOWN <input type="checkbox"/> FLAT TYRE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> START <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> TOW ZONE <input type="checkbox"/> SNOW REMOVAL		<input type="checkbox"/> OUT OF GAS <input type="checkbox"/> SPUNDED <input type="checkbox"/> BRACKLE LINE WINCHING <input type="checkbox"/> DUAL LINE WINCHING <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> BOOTON BLOCKS <input type="checkbox"/> DOLLY		
TYPE OF TOW		TOWED PER ORDER OF		VEHICLE TOWED TO
<input type="checkbox"/> BLDG/HOIST TOW <input type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER <input type="checkbox"/> DEALER		<input checked="" type="checkbox"/> FIRST TOW <u>PARKS YARD</u> <input type="checkbox"/> SECOND TOW
STORAGE FROM		TOWING CHARGE		
<u>9-7-13</u> TO <u>9-11-13</u> <u>5</u> DAYS @ <u>35</u>		150 ⁰⁰		
PAID BY		MILEAGE CHARGE		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX		68 ⁰⁰		
OPERATOR'S SIGNATURE		WINCHING CHARGE		
<u>P. J. CAMP</u>		200 ⁰⁰		
TRUCK NO.		GATE FEE CHARGE		
<u>2546</u>		40 ⁰⁰		
AUTHORIZED SIGNATURE		LABOR CHARGE		
<u>P. J. CAMP</u>		200 ⁰⁰		
VEHICLE RELEASED TO		STORAGE CHARGE		
<u>P. J. CAMP</u>		175 ⁰⁰		
DATE		ADMINISTRATION FEE CHARGE		
<u>9-11-13</u>		75 ⁰⁰		
		SUBTOTAL		
		908 ⁰⁰		
		TAX		
		72 ⁰⁰		
		TOTAL		
		980 ⁰⁰		

2281

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control

Thank You



MARKET VALUATION REPORT

CLAIM INFORMATION

Owner:	[REDACTED]	Report Reference Number:	[REDACTED]
	Harrison, AR [REDACTED]	Claim Reference:	0700200940
Insured:	Myers	Adjuster:	Injury Adjuster, Hartford
Loss Vehicle:	2013 Chevrolet K1500 4X4	Claim Submitted Date:	10/01/2013
	Silverado Ext LT 4 Door Short	Date/Time Last Updated:	10/01/2013 04:30 PM
VIN:	1GCRKSE71C[REDACTED]	Policy Number:	[REDACTED]
Odometer:	New	Appraiser:	Stubbs, Bob
Location:	Harrison, AR 72801		
Loss Incident Date:	09/07/2013		

VALUATION SUMMARY

Base Vehicle Value		\$ 36,850.00
Spray-IN Bedliner	+ 500.00	
Xzilon Coating	+ 800.00	
Hard Tonneau Cover	+ 850.00	
Dashcover/Seat Covers	+ 420.00	
Floor Mats	+ 150.00	
Adjusted Vehicle Value		\$ 39,570.00
Vehicular Sales Tax	6.6264%	\$ 2,622.05
Sales Tax reflects all applicable state, county, and municipal taxes.		
License/Fees (if applicable)		\$ _____
Total		\$ 42,192.05

This CCC ONE® Market Valuation Report was prepared for Hartford Ins Co of the Midwest by CCC Information Services Inc. The CCC ONE® Market Valuation Report reflects CCC's opinion as to the value of the loss vehicle. CCC has been preparing market value reports for the insurance industry since 1981.

The Base Vehicle Value is derived from comparable vehicle(s) available or recently sold in the marketplace at the time of valuation, with adjustments made to reflect the loss vehicle configuration.

If comparable vehicle(s) were utilized in this report.

The loss vehicle has been valued in the Southwest region where it was garaged as a newer truck with mileage of _____.



MARKET VALUATION REPORT

Owner: [REDACTED]

Claim Reference: [REDACTED]

VEHICLE ALLOWANCES

Allowances are factors influencing the value of the loss vehicle when compared to a typical vehicle. The typical vehicle is a vehicle of the same year, make, and model as the loss vehicle, including average mileage, and all standard and predominant equipment. These allowances are displayed for illustrative purposes only.

The Base Vehicle Value is calculated from the comparable vehicles with adjustments to reflect the loss vehicle configuration.

odometer readings (AutoCheck 138).

Insurance Services Organization/ National Insurance Crime Bureau 1 Record Found

National Highway Traffic Safety Administration 1 Recall

Vehicle Allowances

Package: Custom	
Odometer	New
Options	
Power Driver Seat	Reported
Power Adjustable Pedals	Reported
Rear Defogger	Reported
Home Link	Reported
Remote Starter	Reported
Steering Wheel Touch Controls	Reported
Auxiliary Audio Connection	Reported
20" or Larger Wheels	Reported
Fog Lamps	Reported
Trailer Hitch	Reported
Trailer Package	Reported

VEHICLE HISTORY SUMMARY

CCC VINguard®	1 Collision Estimates	09/20/2013
Experian® AutoCheck®	Title Check	

The reported loss vehicle mileage (1) is less than other reported



MARKET VALUATION REPORT

Owner: [REDACTED]

Claim Reference [REDACTED]

LOSS VEHICLE COMPONENTS

2013 CHEVROLET K1500 4X4 SILVERADO EXT LT 4 DOOR SHORT — HARRISON, AR 72601

VIN: 1GCRKSE71GZ [REDACTED]

Below are the components of the loss vehicle, provided to CCC by Hartford Ins Co of the Midwest, included in this valuation.

Package 1: Custom		AM Radio	Standard
		FM Radio	Standard
		Stereo	Standard
		Search/Seek	Standard
		CD Player	Standard
		Steering Wheel Touch Controls	Reported
		Auxiliary Audio Connection	Reported
		Satellite Radio	Standard
		Wheels	
		20" or Larger Wheels	Reported
		Safety/Brakes	
		Drivers Side Air Bag	Standard
		Passenger Air Bag	Standard
		Anti-Lock Brakes (4)	Standard
		Front Side Impact Air Bags	Standard
		Head/Curtain Air Bags	Standard
		Communications System	Standard
		Hands Free	Standard
		Alarm	Standard
		Traction Control	Standard
		Stability Control	Standard
		Exterior/Paint/Glass	
		Dual Mirrors	Standard
		Heated Mirrors	Standard
		Body Side Moldings	Standard
		Privacy Glass	Standard
		Fog Lamps	Reported
		Clearcoat Paint	Reported
		Other - Trucks	
		Rear Step Bumper	Standard
Package 1: Custom			
Odometer	New		
Transmission			
Automatic Transmission	Standard		
Overdrive	Standard		
4 Wheel Drive	Standard		
Power			
Power Steering	Standard		
Power Brakes	Standard		
Power Windows	Standard		
Power Locks	Standard		
Power Mirrors	Standard		
Power Driver Seat	Reported		
Power Adjustable Pedals	Reported		
Decor/Convenience			
Air Conditioning	Standard		
Climate Control	Standard		
Tilt Wheel	Standard		
Cruise Control	Standard		
Rear Defogger	Reported		
Intermittent Wipers	Standard		
Keyless Entry	Standard		
Message Center	Standard		
Home Link	Reported		
Remote Starter	Reported		
Seating			
Cloth Seats	Standard		
Reclining/Lounge Seats	Standard		
Radio			



MARKET VALUATION REPORT

Owner [REDACTED]

Claim Reference: [REDACTED]

LOSS VEHICLE COMPONENTS (CONTINUED)

Trailer Hitch

Reported

Trailer Package

Reported



MARKET VALUATION REPORT

Owner: [REDACTED]

Claim Reference: [REDACTED]

VEHICLE CONDITION

Hartford Ins Co of the Midwest uses condition inspection guidelines to determine the condition of key components of the loss vehicle. These guidelines are based upon geographic region, age, and vehicle type. The guidelines describe physical characteristics for the major vehicle components. Based on these guidelines, Hartford Ins Co of the Midwest has determined the condition of the vehicle prior to the loss. Inspection Notes reflect additional observations from the appraiser regarding the loss vehicle's condition. CCC makes dollar adjustments that reflect the impact the reported condition has on the value of loss vehicle. These dollar adjustments are based upon interviews with dealerships across the United States.

COMPONENT	CONDITION	VALUE IMPACT	
Mechanical			
Engine	Dealer retail	\$0	INSPECTION NOTES: ENGINE IN DEALER CONDITION. NO SEEPAGE. OIL FRESH & CLEAN. BELTS FIRM.
Transmission	Dealer retail	\$0	INSPECTION NOTES: TRANSMISSION IN DEALER CONDITION. TRANS FLUID RED & TRANSLUCENT. NO SEEPAGE.
Paint	Dealer retail	\$0	INSPECTION NOTES: PAINT IN DEALER CONDITION. NO FADE OR UNRELATED SCRATCHES.
Tires			
Front Tires	Dealer retail	\$0	INSPECTION NOTES: FRONT TIRES - 8/32 TREAD REMAINING.
Rear Tires	Dealer retail	\$0	INSPECTION NOTES: REAR TIRES - 10/32 TREAD REMAINING.
Body/Glass	Dealer retail	\$0	INSPECTION NOTES: BODY & GLASS IN DEALER CONDITION. NO RUST. ALL UNDAMAGED AREAS NICE.



MARKET VALUATION REPORT

Owner



Claim Reference



VEHICLE CONDITION (CONTINUED)

Interior

Average private

\$0

INSPECTION NOTES:

INTERIOR IN AVERAGE
CONDITION. INTERIOR DIRTY.
CARPET & SEATS DIRTY. DASH
NICE. HEADLINER COVERED IN
BLOOD.

Total Adjustments:

\$0



MARKET VALUATION REPORT

Owner: [REDACTED]

Claim Reference: [REDACTED]

VINGUARD® VEHICLE IDENTIFICATION

2013 CHEVROLET K1500 4X4 SILVERADO EXT LT 4 DOOR SHORT — HARRISON, AR
72601

VIN: 1GCRKSE71CZ2 [REDACTED]

Vehicles sold in the United States are required to have a manufacturer assigned Vehicle Identification Number (VIN). This number provides certain specifications of the vehicle. Decoding the VIN, using VINGUARD®, identifies the vehicle for which vehicle value will be determined.

Insurer Description

Year	2013
Make	Chevrolet
Model/Trim	K1500 4X4 Silverado Ext LT
Model Number	CFS9
Body Style	4 Door Short
Engine	8-5.3L-FI
Transmission	Automatic Transmission Overdrive 4 Wheel Drive
Restraints	Air Bags (Driver+Pass.)
Curb Weight	

This vehicle was assembled in FORT WAYNE, IN

VINGUARD® Analysis

2012
Chevrolet
K15 4X4 Sll Ext LT
CFS9
8-5.3L-FI
Air Bags(Dr.+Pass.+Side)
6,365

VINGUARD® VEHICLE HISTORY INFORMATION

Using the VIN for this vehicle, VINGUARD® detected discrepancies or prior history requiring additional research. Please review the information detailed below.

VINGUARD® Messages: The model year indicated by the VIN differs from the model year entered.

ISO Vehicle History:

Number of times reported to ISO: 1

ISO's file number: [REDACTED]

Activity Reported: **Property & Casualty**

Loss date: **09/07/2013**

Insurance company: **Hartford Accident & Indemnity Company**

Phone: **(800) 236-0398**

Claim ref: [REDACTED]

Point of Impact:



MARKET VALUATION REPORT

Owner:



Claim Reference:



Collision History Information:

COLLISION INCIDENT REPORTED BY HARTFORD INS CO OF THE MIDWEST ON 09/20/2013.

Claim #: 0 IN HARRISON, AR

Repair Estimate: \$21,152 Miles: 5061

Damage TOTAL LOSS.

Location:



MARKET VALUATION REPORT

Owner: [REDACTED]

Claim Reference: [REDACTED]

EXPERIAN® AUTOCHECK® VEHICLE HISTORY REPORT

CCC provides Hartford Ins Co of the Midwest information reported by Experian® regarding the loss vehicle. This data is provided for informational purposes. Unless otherwise noted in this Market Valuation Report, CCC does not adjust the value of the loss vehicle based upon this information.

REPORT RUN DATE: 10/01/2013 KEY: [No Event Found] = No Event Found [Event Found] = Event Found [Information Needed] = Information Needed

TITLE CHECK

EVENTS FOUND. AutoCheck's database for this 2013 Chevrolet K1500 4X4 Silverado Ext LT (1GCRKSE71CZ[REDACTED]) found historical events that might indicate a significant automotive problem. These problems can indicate past automotive damage or warnings associated with the vehicle title.

EVENTS CHECKED	RESULTS FOUND
Abandoned	No Abandoned Record Found
Damaged	No Damaged Record Found
Fire Damage	No Fire Damage Record Found
Grey Market	No Grey Market Record Found
Hail Damage	No Hail Damage Record Found
Insurance Loss	Insurance Loss Record(s) Found
Junk	No Junk Record Found
Rebuilt	No Rebuilt Record Found
Salvage	No Salvage Record Found

EVENT CHECK

THIS VEHICLE CHECKS OUT. AutoCheck's result for this 2013 Chevrolet K1500 4X4 Silverado Ext LT (1GCRKSE71CZ[REDACTED]) show no historical events that indicate a significant automotive problem. These problems can indicate past previous car damage, theft, or other significant problems.

EVENTS CHECKED	RESULTS FOUND
NHTSA Crash Test Vehicle	No NHTSA Crash Test Vehicle Record Found
Frame Damage	No Frame Damage Record Found
Major Damage Incident	No Major Damage Incident Record Found
Manufacturer Buyback/Lemon	No Manufacturer Buyback/Lemon Record Found
Odometer Problem	No Odometer Problem Record Found
Reyoled	No Reyoled Record Found
Salvage Auction	No Salvage Auction Record Found
Water Damage	No Water Damage Record Found

VEHICLE INFORMATION

INFORMATION FOUND. AutoCheck found additional information on this vehicle. These records will provide more history for this 2013 Chevrolet K1500 4X4 Silverado Ext LT (1GCRKSE71CZ[REDACTED]).

EVENTS CHECKED	RESULTS FOUND
Accident	Accident Record(s) Found
Corrected Title	No Corrected Title Record Found
Driver Education	No Driver Education Record Found
Duplicate Title	No Duplicate Title Record Found
Emissions Safety Inspection	No Emissions Safety Inspection Record Found
Fire Damage Incident	No Fire Damage Incident Record Found
Lease	No Lease Record Found
Lien	No Lien Record Found
Livery Use	No Livery Use Record Found
Government Use	No Government Use Record Found
Police Use	No Police Use Record Found
Fleet	No Fleet Record Found
Rental	No Rental Record Found
Fleet and/or Lease	No Fleet and/or Lease Record Found
Fleet and/or Rental	No Fleet and/or Rental Record Found
Repossessed	No Repossessed Record Found
Taxi use	No Taxi use Record Found
Theft	No Theft Record Found



MARKET VALUATION REPORT

Owner: [REDACTED]

Claim Reference [REDACTED]

EXPERIAN® AUTOCHECK® VEHICLE HISTORY REPORT (CONTINUED)

ODOMETER CHECK

THIS VEHICLE CHECKS OUT. For this 2013 Chevrolet K1500 4X4 Silverado Ext LT (1GCRKSE71CZ [REDACTED]) no indication of odometer rollback or tampering was found. AutoCheck determines odometer rollbacks by searching for records that indicate odometer readings less than a previously reported value. Other odometer events can report events of tampering, or possible odometer breakage.

DATE REPORTED

2013-01-24

ODOMETER READING

138

FULL HISTORY

REPORT RUN DATE: 10/01/2013 Below are the historical events for this vehicle listed in chronological order.

Event Date	Event Location	Odometer Reading	Data Source	Event Detail
2013-01-24	HARRISON, AR	138	Motor Vehicle Dept	TITLE
2013-09-07	AR		National Insurance Crime Bureau	VEHICLE REPORTED AS TOTAL LOSS
2013-09-07	AR		Police Report	RIGHT FRONT IMPACT COLLISION
2013-09-07	AR		Police Report	ACCIDENT REPORTED
2013-09-07	AR		Police Report	AIR BAG DEPLOYED
2013-09-07	AR		Police Report	VEHICLE WAS TOWED

AUTOCHECK TERMS AND CONDITIONS: Experian's Reports are compiled from multiple sources. It is not always possible for Experian to obtain complete discrepancy information on all vehicles; therefore, there may be other title brands, odometer readings or discrepancies that apply to a vehicle that are not reflected on that vehicle's Report. Experian searches data from additional sources where possible, but all discrepancies may not be reflected on the Report.

These Reports are based on information supplied to Experian by external sources believed to be reliable, BUT NO RESPONSIBILITY IS ASSUMED BY EXPERIAN OR ITS AGENTS FOR ERRORS, INACCURACIES OR OMISSIONS. THE REPORTS ARE PROVIDED STRICTLY ON AN "AS IS WHERE IS" BASIS, AND EXPERIAN FURTHER EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE REGARDING THIS REPORT.

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Experian shall not be liable for any delay or failure to provide an accurate report if and to the extent which such delay or failure is caused by events beyond the reasonable control of Experian, including, without limitation, "acts of God", terrorism, or public enemies, labor disputes, equipment malfunctions, material or component shortages, supplier failures, embargoes, rationing, acts of local, state or national governments, or public agencies, utility or communication failures or delays, fire, earthquakes, flood, epidemics, riots and strikes.

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MARKET VALUATION REPORT

Owner:



Claim Reference



NHTSA VEHICLE RECALL

The National Highway Traffic Safety Administration has issued 1 safety related recall notices that may apply to the above valued vehicle.

NHTSA ID: 13V001000

ISSUED:

NO. OF VEHICLES: 54,686

Power train:Automatic Transmission General Motors (GM) is recalling certain model year 2013 Cadillac Escalade, Escalade esv, and Escalade EXT; Chevrolet Avalanche, Express, Silverado HD, Silverado LD, Suburban, and Tahoe; and GMC Savana, Sierra HD, Sierra LD, Yukon, and Yukon XL Vehicles, manufactured between November 7, 2012, through December 18, 2012, for failing to comply with the requirements of Federal motor Vehicle safety standard (FMVSS) no. 102, "Transmission shift lever sequence, starter interlock, and Transmission braking effect", and FMVSS no. 114, "theft Protection and rollaway prevention." the Vehicles may have been built with a fractured Park lock cable or a malformed steering column lock actuator gear in the lock module assembly. As a result, the Vehicle may shift from Park with the Ignition key removed or the Ignition key in the off position. The Vehicle may also shift out of Park without application of the brake pedal while the key is off. Either of these scenarios may cause the Vehicle to roll away after the Driver has exited the Vehicle, resulting in a possible Vehicle crash and/or injury. GM will notify owners, and Dealers will inspect the affected Vehicles and replace the steering column as necessary, free of charge. The recall is expected to begin on January 17, 2013. Chevrolet owners may call 1-800-630-2436. Cadillac owners may call 1-866-982-2339. GMC owners may call 1-866-996-9463.



MARKET VALUATION REPORT

Owner: [REDACTED]

Claim Reference: [REDACTED]

COMPARABLE VEHICLES

LOSS VEHICLE - 2013 CHEVROLET K1500 4X4 SILVERADO EXT LT 4 DOOR SHORT — HARRISON, AR 72601
 VIN: 1GCRKSE71CZ2 [REDACTED]

	LOSS VEHICLE 2013 CHEVROLET K15002013 4X4 SILVERADO EXT LT 4 DOOR SHORT 8-5.3L-FI	VERIFIED COMPARABLE 1 2013 CHEVROLET K1500 4X4 SILVERADO EXT LT 4 DOOR PICKUP 8-5.3L
Package:	Package: Custom	Texas
Options		
Automatic Transmission	✓	✓
Overdrive	✓	✓
4 Wheel Drive	✓	✓
Power Steering	✓	✓
Power Brakes	✓	✓
Power Windows	✓	✓
Power Locks	✓	✓
Power Mirrors	✓	✓
Power Driver Seat	✓	✓
Power Adjustable Pedals	✓	✓
Air Conditioning	✓	✓
Climate Control	✓	✓
Tilt Wheel	✓	✓
Cruise Control	✓	✓
Rear Defogger	✓	✓
Intermittent Wipers	✓	✓
Keyless Entry	✓	✓
Message Center	✓	✓
Home Link	✓	✓
Remote Starter	✓	✓
Cloth Seats	✓	✓
Reclining/Lounge Seats	✓	✓
AM Radio	✓	✓
FM Radio	✓	✓
Stereo	✓	✓
Search/Seek	✓	✓
CD Player	✓	✓
Steering Wheel Touch Controls	✓	✓
Auxiliary Audio Connection	✓	✓
Satellite Radio	✓	✓
20" or Larger Wheels	✓	✓
Drivers Side Air Bag	✓	✓
Passenger Air Bag	✓	✓
Anti-Lock Brakes (4)	✓	✓



MARKET VALUATION REPORT

Owner: [REDACTED]

Claim Reference: [REDACTED]

COMPARABLE VEHICLES (CONTINUED)

Front Side Impact Air Bags	✓	✓
Head/Curtain Air Bags	✓	✓
Backup Camera W/ Parking Sensors	✗	✓
Communications System	✓	✓
Hands Free Alarm	✓	✓
Traction Control	✓	✓
Stability Control	✓	✓
Dual Mirrors	✓	✓
Heated Mirrors	✓	✗
Body Side Moldings	✓	✓
Privacy Glass	✓	✓
Fog Lamps	✓	✓
Clearcoat Paint	✓	✗
Rear Step Bumper	✓	✓
Trailer Hitch	✓	✓
Trailer Package	✓	✓
Miles	New	2
List Price		\$36,800
Adjustments		
Package		+500
Options		-450
Adjusted Value		\$36,850
Dealership		Reliable Chevrolet
Contact		Tyler Dame-221
Telephone		417-887-5800
Stock ID		Stock: DZ108504
VIN		1GCRKSE71DZ [REDACTED]
Type/Date		Verified 10/01/2013
Distance from Harrison, AR		64 Miles - Springfield, MO

- > Comparable vehicles used in the determination of the Base Vehicle Value are not intended to be replacement vehicles but are reflective of the market value.
- > List Price is the sticker price of an inspected dealer vehicle and the advertised price for the advertised vehicle. Take Price is the amount that the dealership has stated it will accept to sell the inspected dealer vehicle. For advertised vehicles, the Advertised Price is the same as List Price.
- > Take Price or List Price displayed above (as applicable) may differ from the advertised price where CCC obtains different price information from the seller.
- > The Comparable Vehicle Condition Adjustment sets that vehicle to a common condition baseline. To see how the condition of loss vehicle impacts the valuation, see the Vehicle Condition section of this report.
- > Comparable vehicles used in the determination of the Base Vehicle Value are not intended to be replacement vehicles but rather are included because they are reflective of the market value.



MARKET VALUATION REPORT

Owner: [REDACTED]

Claim Reference: [REDACTED]

COMPARABLE VEHICLES (CONTINUED)

- > The Adjusted Value represents the price of the comparable vehicle with the adjustments displayed above. Dollar adjustments are based upon market research.
- > Distances displayed indicate approximate miles between loss and comparable vehicle locations. Distances are based upon a straight line between these locations.
- > Some comparable vehicles that were recently available may no longer be available.

**MARKET VALUATION REPORT**

Owner: [REDACTED]

Claim Reference: [REDACTED]

VALUATION METHODOLOGY

Hartford Ins Co of the Midwest has provided CCC the VIN (Vehicle Identification Number) of the loss vehicle and the vehicle owner's zip code, which determine the market(s) that CCC used in the valuation. Using this information, CCC searches its databases to find comparable vehicles in those markets. CCC's database includes vehicles for sale at dealerships that CCC has physically inspected, as well as dealer and private party advertised vehicle information from numerous resources including AutoTrader.com®. Hartford Ins Co of the Midwest has also provided CCC with the configuration of the loss vehicle, including equipment, odometer, condition, maintenance, etc. Vehicles located are compared to the loss vehicle, and adjustments are made for differences such as model/trim, equipment, and odometer. The comparable vehicles are also adjusted for condition to a common condition baseline. Using the adjusted values of the comparable vehicles, CCC calculates the Base Vehicle Value.

The method used to determine the Base Vehicle Value on current year vehicles involves finding new vehicles for sale at the time of the valuation.

The Base Vehicle Value is the weighted average of the adjusted values of the comparable vehicles based on the following factors:

- > Source of the data (such as inspected versus advertised)
- > Similarity (such as equipment, odometer, and year)
- > Proximity to the loss vehicle's primary garage location
- > Recency of Information
- > Comparable vehicles used in the determination of the vehicle value are not intended to be replacement vehicles, but are reflective of the market value.

The Adjusted Vehicle Value is determined by adjusting the Base Vehicle Value to account for the actual condition of the loss vehicle and its other reported attributes, if any, such as refurbishments, after factory equipment, and unrelated prior damage.

Please review the information in this Valuation Detail to confirm the reported mileage, condition and to verify there are no missed options, added equipment or refurbishments, or other aspects of the loss vehicle that may impact the value.

VALUATION NOTES

REPLACEMENT VALUE.

\$4000 REBATE AVAILABLE TO EXPIRE 10/31/13; NOT INCLUDED

IN THE VALUE.

The following information was provided after the valuation was completed:

10/01 16:30 Pre tax/Post tax data modified after valuation.

Regulations concerning vehicle value include Arkansas Insurance Department Rule 43.



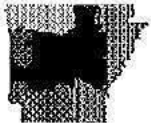
MARKET VALUATION REPORT

Owner [REDACTED]

Claim Reference [REDACTED]

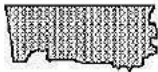
MARKET DEFINITION

The loss vehicle has been identified to CCC as a 2013 Chevrolet K1500 4X4 Silverado Ext LT 4 Door Short garaged in the ZIP code 72801 - Harrison, AR; Details of the specific markets searched based upon that information follow.



THE STATE OF ARKANSAS is subdivided by CCC into 6 markets. The following 10 markets were used in the preparation of this vehicle Market Valuation Report.

FAYETTEVILLE AR - In this market, CCC maintains a database of 2,458 inspected dealer vehicles located at 6 dealerships, and 8,543 dealer advertised, and 972 privately advertised vehicles taken from 11 local papers or magazines.

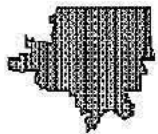


FORT SMITH AR - In this market, CCC maintains a database of 1,187 inspected dealer vehicles located at 6 dealerships, and 1,577 dealer advertised, and 514 privately advertised vehicles taken from 7 local papers or magazines.



TULSA OK - In this market, CCC maintains a database of 4,219 inspected dealer vehicles located at 23 dealerships, and 21,802 dealer advertised, and 2,634 privately advertised vehicles taken from 16 local papers or magazines.

Other markets searched - Joplin/Springfield, Southeast Kansas, Little Rock, Kansas City, Wichita, Topeka and Kansas City. In these markets, CCC maintains a database of 24,380 inspected dealer vehicles located at 119 dealerships and 97,548 vehicles taken from 82 local newspapers or magazines.



From these 10 markets, comparable vehicles were selected based on the year, make, model/trim and body style of the loss vehicle.

Settlement Tracking

* * * Move the salvage * * *

Complete this form when file is closed. Date valued: 10/01/2013
Date of loss: 09/07/2013

SEND TO: CCC INFORMATION SERVICES INC.
ATTN: SETTLEMENT TRACKING
100 S. MAIN ST.
SIOUX FALLS, SD 57104
FAX: 1-800-621-7070

Settlement Data

Request number: [REDACTED] User id: 36050 Code: HA
Insured: [REDACTED] Vehicle: 2013 CHEV K1500 4X4 SILVER
Claim reference: [REDACTED] Adjuster: INJURY ADJUSTER, HAR
Settl Adj: _____

	CCC Values	Settlement Values
Base Valuation:	36850.00	_____
Condition Adjustment Amount:	(+/-)	_____
Additional Considerations:	(+)	_____
Prior Damages:	(-)	_____
Non-Factory Options:	(+)	_____
Other Pre-Tax Adjustments:	2720.00 +	_____
Subtotal (ACV):	39570.00 +	_____
6.6264% Tax:	2622.05 +	_____
Deductible:	(-)	_____
Other Post-Tax Adjustments:	(+/-)	_____
Owner Retained Salvage:	(-)	_____
Adjusted CCC Amount:	42192.05 +	_____
Final Settlement Amount:		_____

Settlement date: / /
(mm/dd/yyyy)

Insured report date: / /
(mm/dd/yyyy)

Claim Representative Settlement Notes:

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4



March 23, 2015

York Risk Services
Attn: Stacie Beckman / File FRGC-0045A1

Re: Company Name: NATIONAL GENERAL INSURANCE COMPANY
Insured: [REDACTED]
Claim Number: [REDACTED]
Policy Number: [REDACTED]
Date of Loss: 09/07/2013
Your Insured: Forest River
Your Claim Number: Unknown
Payment Amount: \$37,761.50
(Collision \$34,761.50 + Personal Effects \$3,000.00)
Insured Deductible: \$500.00
Salvage Loss: \$1,857.35
Total Subrogation: \$40,118.85

Dear Ms. Beckman:

Our investigation of the accident described above discloses that our insured is entitled to recover from your insured for the damages to their property.

Our customer has been paid under the terms of their policy, and they have assigned us their right of claim.

Enclosed is our proof of damages. We request payment as soon as possible, forwarded to the address listed below. We will reimburse the deductible to our insured.

Sincerely,

Jessica Bowman
Claims Representative
NATIONAL GENERAL INSURANCE COMPANY
PO Box 1429, Winston Salem, NC 27102-1429
Phone: (888) 233-4575 x52728 Fax: 800 924-0273

Administrative Data

Claims Department
National General Insurance
Total Loss Unit Branch
500 W 5th St
Winston Salem NC 27102

Claimant
Insured [REDACTED]
Claim [REDACTED]
Loss Date 09/07/2013
Loss Type Not Supplied
Policy [REDACTED]
Other

VINSOURCE Analysis

No VIN entered

Specialty Valuation Data

VEHICLE DESCRIPTION	CLIENT VEHICLE	COMPARABLE 1	ADJUSTMENTS
	YEAR	2013	2014
MAKE	FLAGSTAFF	FLAGSTAFF	
SERIES	V-LITE	V-LITE	
MODEL	30WFKSS	30WFKSS	
TYPE	TRAVEL TRAILER	TRAVEL TRAILER	
SLIDE OUT LIVING AREA	YES	YES	
SLIDE OUT BEDROOM	YES	YES	
LENGTH	34'	34'	
NUMBER OF AXLES	2	2	
AIR CONDITIONING			
UNIT #1	YES	YES	
UNIT #2	YES		550.00
BATHROOM			
BATHTUB			
SHOWER	STD	STD	
SINK	STD	STD	
TOILET	STD	STD	
HOT WATER HEATER	STD	STD	
LIVING AREA			
NUMBER UNIT SLEEPS	4	4	
NUMBER OF FULL TIME BEDS	1	1	
NUMBER OF COUCHES	1	1	

Carter Appraisal Service c/o Innovation Auto
Rolling Meadows, IL 60008
PH 888-323-6577 Fax: 877-296-4043
Email: claims@innovation-auto.com

*** ESTIMATE ***

09/20/2013 11:03 AM

Owner

Owner: [REDACTED]
Address: [REDACTED]
City State Zip: Harrison, AR [REDACTED]

Work/Day: [REDACTED] 1
FAX: [REDACTED]

Control Information

Claim #: [REDACTED]
Loss Date/Time: 09/07/2013
Deductible: \$500.00
File #: 58617
Company Contact: NATIONAL GENERAL INS.

Insured Policy #: [REDACTED]
Loss Type: Collision

Accounting #: [REDACTED]

Insured: [REDACTED]

Claim Rep: TONYA PAINTER

Inspection

Inspection Date: 09/16/2013
Inspection Location: PARK TOWING
City State Zip: Marshall, AR 72650
Primary Impact: Left Side
Driveable: No

Inspection Type: Independent Field
Contact: [REDACTED]
FAX: [REDACTED]
Secondary Impact: Roof
Rental Assisted: [REDACTED]

Assigned Date/Time: 09/10/2013
First Contact Date/Time: 09/10/2013

Received Date/Time: 09/10/2013
Appointment Date/Time: 09/10/2013

Appraiser Name: JIM ARNOLD

Appraiser License #: [REDACTED]

Repairer

Repairer: OWNER UNDECIDED

Contact: [REDACTED]

Target Complete Date/Time: [REDACTED]

Days To Repair: 30

Vehicle

Other - 2012 FLAGSTAFF M-30WFKS TRAVEL TRI

Lic. Plate: [REDACTED]
Lic. Expire: 07/2014
Veh Insp#: [REDACTED]
Condition: Good
Ext. Color: WHITE
Ext. Refinish: Two-Stage

Lic State: AR
VIN: 4X4RFLF27D [REDACTED]
Mileage Type: Actual
Code: T999Z5
Int. Color: [REDACTED]
Int. Refinish: [REDACTED]

Options

	CLIENT VEHICLE	COMPARABLE 1	ADJUSTMENTS
NUMBER OF CHAIRS	2		
DINETTE	STD	STD	
NUMBER OF TELEVISIONS	1	1	
TV SIZE(S)	32"	32"	
BLACK & WHITE/COLOR	COLOR	COLOR	
VCR	YES		150.00
DVD	YES	YES	
BLUE RAY PLAYER			
TV/VCR COMBO			
TV/DVD COMBO			
HOME STEREO SYSTEM			
SURROUND SOUND			
COACH AM/FM STEREO			
COACH AM/FM CASS			
COACH AM/FM CD PLAYER	W/CASS	YES	
CD CHANGER			
ELECTRICAL EQUIPMENT			
110 VOLT SHORE POWER	STD	STD	
12 VOLT	STD	STD	
AC/DC CONVERTER	STD	STD	
INVERTER			
MONITOR PANEL	YES	YES	
GENERATOR			
WATTS			
HOUSE BATTERIES			
BATTERY #1	YES	YES	
BATTERY #2			
BATTERY #3			
BATTERY #4			
GALLEY			
MICROWAVE	YES	YES	
MICROWAVE W/CONVECTION			
STOVE	STD	STD	
OVEN	YES	YES	
REFRIGERATOR	STD	STD	
GAS	STD	STD	
ELECTRIC	STD	STD	
ICE MAKER			
WATER PURIFIER	YES	YES	
GARBAGE DISPOSAL			
BUILT-IN BLENDER			
BUILT-IN COFFEE MAKER			
HEATING			
GAS FURNACE	STD	STD	
AUXILIARY HEATER			
HEAT STRIPS			

Damages

Line	Op	Guide	MC Description	MFR.Part No.	Price	ADJ% B%	Hours	R
1	I		LEFT FRT PANEL	Repair			8.0*	SM*
2	I		RIGHT FRT PANEL	Repair			6.0*	SM*
3	E		CENTER FRT PANEL	Replace OEM	\$500.00*		5.0*	SM*
4	E		LEFT FRT SLIDE OUT ASSY	Replace OEM	\$6,500.00*		8.0*	SM*
5	E		LEFT REAR SLIDE OUT ASSY	Replace OEM	\$3,500.00*		6.0*	SM*
6	E		LEFT SIDE WOOD STRUCTURE	Replace OEM	\$2,500.00*		12.0*	SM*
7	E		LEFT ROOF RAIL ASSY	Replace OEM	\$850.00*		4.5*	SM*
8	E		FRT SLIDE OUT AWNING	Replace OEM	\$1,250.00*		2.0*	SM*
9	E		L SIDE FRT PANEL	Replace OEM	\$1,850.00*		15.0*	SM*
10	E		L SIDE CENTER PANEL	Replace OEM	\$1,000.00*		15.0*	SM*
11	E		L SIDE REAR PANEL	Replace OEM	\$1,250.00*		10.0*	SM*
12	E		FIBERGLASS ROOF PANEL	Replace OEM	\$3,500.00*		40.0*	SM*
13	E		FRONT AXLE ASSY	Replace OEM	\$425.00*		2.0*	SM*
14	E		REAR AXLE ASSY	Replace OEM	\$425.00*		2.0*	SM*
15	E		2- LEFT ALLOY WHEELS	Replace OEM	\$350.00*		2.0*	SM*
16	E		2- LEFT TIRES	Replace OEM	\$200.00*			SM*
				Betterment		20		
17	E		12- LEFT WALL PANELS	Replace OEM	\$500.00*		10.0*	SM*
18	E		LEFT WALL INSULATION	Replace OEM	\$100.00*		2.5*	SM*
19	I		R&I NEC. CABINETS & ETC.	Repair			10.0*	SM*
20	I		CHECK FRAME - OPEN	Repair			2.0*	SM*
21	E		BACK FIBERGLASS PANEL	Replace OEM	\$850.00*		10.0*	SM*
22	E		10- CEILING PANELS	Replace OEM	\$250.00*		10.0*	SM*
23	E		SHOP SUPPLIES	Replace OEM	\$200.00*			SM*
			>> PARTS PRICES ARE FROM CAMPING WORLD 501-213-1202					

23 Items

Estimate Total & Entries

Gross Parts	\$26,000.00	
Parts & Material Total	\$26,000.00	
Tax On Parts Only	@ 9.000%	\$2,340.00

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$99.00	156.0	26.0	182.0	\$18,018.00
Mech/Elec (ME)	\$99.00				
Frame (FR)	\$99.00				
Refinish (RF)	\$99.00				
Paint Materials	\$32.00				

Labor Total	182.0 Hours	\$18,018.00
Tax on Labor	@ 9.000%	\$1,621.62
Gross Total		\$47,979.62
Less: Deductible		\$500.00-
Less: Betterment		\$40.00-
Net Total		\$47,439.62

Alternate Parts C/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 72118 Geo 72118
 Recycled Parts No

EXTERIOR EQUIPMENT

MAIN AWNING	YES	ELECTRIC	
WINDOW AWNINGS			
AWNING #1			
AWNING #2			
AWNING #3			
AWNING #4			
SLIDE OUT AWNINGS			
SLIDE OUT AWNING #1			
SLIDE OUT AWNING #2			
EQUALIZER HITCH			
LUGGAGE RACK/LADDER	YES	YES	
REAR MNTD TIRE CARRIER	YES	YES	
SATELLITE DISH			
MANUAL	YES		225.00
AUTO-TRACK			
SOLAR PANELS			
PANEL #1			
PANEL #2			
PANEL #3			
PANEL #4			
CENTRAL VACUUM			
CUSTOM WHEELS			
SS WHEEL LINERS			
ALUMINUM WHEELS	YES	YES	
CHROME WHEELS			
WASHER/DRYER			
RUBBER ROOF	YES	YES	
POWER ROOF FANS			
BATHROOM	STD	STD	
POWER FAN #1			
POWER FAN #2			
OUTSIDE SHOWER	YES	YES	
ANTENNA ONLY			
ANTENNA W/BOOSTER	YES	YES	
SUSPENSION TYPE			
SPRING	STD	STD	
AIR BAG			
MOR-RYDE			
LEVELING SYSTEM			
MANUAL LEVELING JACKS	YES	YES	
TONGUE JACK			
MANUAL TONGUE JACK	YES	YES	
ELECTRIC TONGUE JACK			
TANKS			
GREY WATER	STD	STD	
WASTE WATER	STD	STD	
FRESH WATER	STD	STD	

L.P. GAS TANKS		
TANK #1	YES	YES
TANK #2	YES	YES
CONDITION		
INTERIOR CONDITION	AVERAGE	NEW
EXTERIOR CONDITION	AVERAGE	NEW
TIRE CONDITION		
FRONT AXLE TIRES	AVERAGE	NEW
REAR AXLE TIRES	AVERAGE	NEW
OTHER		
ADVERTISED/ASKING PRICE		34,000
CASH PRICE		34,000.00
Adjusted Market Value		\$34,000.00
Vehicle Description		\$ -1,700.00
Equipment Adjustments		\$925.00
Total Condition Adjusted Market Value		\$33,225.00
General Sales Tax Amount		\$.00
Title Fee		<input type="text"/>
Transfer Fee		<input type="text"/>
Deductible		-
Net Adjusted Value		<input type="text"/>
Salvage/Other		-

Valuation Notes

RESEARCH AREA

Due to the limited number of comparable vehicles available, a statewide search was conducted for this unit.

CLIENT VEHICLE COMMENTS

No additional comments were reported.

COMPARABLE

ADDITIONAL INFORMATION:

Phone #: (479)751-2174

Source: Dealer

Name: McGaugh RV Center

Verified: 10/07/13

Contact: Chuck

City: Springdale, AR

Audatex Estimating 7.0.019 ES 09/20/2013 11:43 AM REL 7.0.019 DT 08/01/2013 DB 09/15/2013
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THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. THE AFTERMARKET CRASH PARTS USED IN THE PREPARATION OF THIS ESTIMATE ARE WARRANTED BY THE MANUFACTURER OR DISTRIBUTOR OF SUCH PARTS INSTEAD OF THE MANUFACTURER OF YOUR VEHICLE.

AS REQUIRED BY ARKANSAS CODE TITLE 23, CHAPTER 89, SUB-CHAPTER 2, (23-89-216), THE FOLLOWING NOTICE IS PROVIDED, AND IS APPLICABLE TO YOU IF YOU ARE INSURED ON THE POLICY UNDER WHICH PAYMENT IS BEING MADE FOR DAMAGE TO THIS VEHICLE: FAILURE TO USE THE INSURANCE PROCEEDS IN ACCORDANCE WITH A SECURITY AGREEMENT BETWEEN YOU AND A LIENHOLDER, IF ANY, MAY CONSTITUTE THE CRIMINAL OFFENSE OF DEFRAUDING A SECURED CREDITOR IN VIOLATION OF ARKANSAS CODE SECTION 5-12 37-203. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR LIENHOLDER.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Op Codes

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



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Forest River, Inc.

55470 CR 1
 PO Box 3030
 Elkhart, IN 46615-3030

Attachment 2

Vehicle Description

MAKE: FLAGSTAFF LITE WEIGHT TRAILERS
MODEL: FLT30WFKSS
SERIAL NO.: FL1848974
VIN NO.: 4X4TLF27

SHIP TO ADDRESS: MCGAUGH RV
 2650 WAGON WHEEL
 SPRINGDALE, AR 72762

Title / 2013

Optional Equipment Installed By Manufacturer

CHERRYW10	CHERRY WOOD	1	\$0.00
OASIS10B	OASIS INTERIOR COLOR	1	\$0.00
10-111	POWER TONGUE JACK	1	\$137.75
10-1952-1	4 POWER STAB JACKS	1	\$375.55
10-2354	MINIMUM CARPET	1	\$0.00
10-521	RAISED PANEL REFER FRONTS	1	\$123.25
10-6081-71	CONVENIENCE PACKAGE D	1	\$2,392.50
10-1229-1	15,000 BTU A/C W/CONVENIENCE P	1	\$181.25
10-1798	SMALL SLIDE TOPPER	1	\$290.00
10-1798-1	LARGE SLIDE TOPPER	1	\$362.50
10-1705	REAR LADDER	1	\$116.00
10-702	FREE STANDING TABLE & CHAIRS	1	\$253.75
10-839	LAZY BOY LEATHER RECLINERS	1	\$1,174.50
10-315-1	OUTSIDE GRILL	1	\$145.00
10-2102	CARBON MONOXIDE DETECTOR	1	\$36.25
10-1320	WATER PURIFIER	1	\$123.25
10-2068	CREATE-A-BREEZE BATH ROOF VEN	1	\$217.50
10-RV	RVIA SEAL	1	\$0.00
10-CDL	CLASS A CDL LICENSE FEE	1	\$0.00
10-F	FREIGHT	1	\$990.00
10-FS	FUEL SURCHARGE	1	\$282.00

Base Price	Options	Suggested Retail
\$30,979.25	\$7,201.05	\$38,180.30

MAUFACTURER'S SUGGESTED RETAIL PRICE DOES NOT INCLUDE STATE AND LOCAL TAXES, DEALER PREP AND/OR OPTIONS INSTALLED BY DEALER
 FOREST RIVER, INC. RESERVES THE RIGHT TO CHANGE PRICES AND SPECIFICATIONS WITHOUT NOTICE OR OBLIGATION.

Parks Wrecker Service

PARKS WRECKER SERVICE
206 Center Street Marshall, AR 72350
870-448-2993
ID # 84-3447689

Road Service

DATE 7-7-13	TIME P.M.	ISSUED BY	SO NO.
NAME		PHONE	
ADDRESS			
CITY HARRISON		STATE AR	ZIP
MOUNTING DEVICE Hwy 65 North			
YEAR MAKE, MODEL 2011 WHITE	CLASS	TRUCK	TRAILER
STATE	AL. PLATE NO.	REG. NO.	INSURANCE
RELEASE		SERVICE TYPE	SECTION PERFORM
FRESH		TRUCK	FRESH
START		TRUCK	START
TOTAL 17		TOTAL	TOTAL
REASON FOR TOW		SPECIAL EQUIPMENT	
<input checked="" type="checkbox"/> NEED TOW	<input type="checkbox"/> ABANDONED	<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> BUMPER W/SHOCKS
<input type="checkbox"/> ANTI-LOCK	<input type="checkbox"/> STOLEN CAR	<input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> BURNED W/SHOCKS
<input type="checkbox"/> UNINSURED	<input type="checkbox"/> BURNED CAR	<input type="checkbox"/> W/TK/MVET	<input type="checkbox"/> BATTERY BLOTTED
<input type="checkbox"/> TOW DOME	<input type="checkbox"/> LOCK OUT	<input type="checkbox"/>	<input type="checkbox"/> SECTION BLOTTED
<input type="checkbox"/> BLOW BEHIND	<input type="checkbox"/> START	<input type="checkbox"/>	<input type="checkbox"/> TOW
TYPE OF TOW		TOWED PER ORDER OF	
<input type="checkbox"/> BLANK HITCH TOW	<input type="checkbox"/> STATE POLICE	VEHICLE TOWED TO	
<input type="checkbox"/> R. AT REPAIR	<input type="checkbox"/> LOCAL POLICE	HARRISON	
<input type="checkbox"/> WHEEL LIFT	<input type="checkbox"/> OWNER	Parks Wrecker	
<input type="checkbox"/>	<input type="checkbox"/> OTHER	HARRISON	
STORAGE FROM		TOWING CHARGE 250.00	
7-7-13 at 7:13 AM OR at 55		MILEAGE CHARGE 65.00	
PAID BY		WANCHING CHARGE 400.00	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	GATE FEE CHARGE 450.00	
<input type="checkbox"/> CARD PAY	<input type="checkbox"/> VISA	LARCH CHARGE 500.00	
<input type="checkbox"/>	<input type="checkbox"/>	STORAGE CHARGE	
DATE OF RECEIPT		ADMINISTRATION FEE CHARGE 75.00	
PERSON		GRAND TOTAL	
MILEAGE CHARGE		TAX	
VEHICLE RETURN TO		TOTAL	

2282

Not responsible for damage to vehicle in case of fire theft or any other cause beyond our control.

Thank You

PARKS WRECKER SERVICE
 206 Cedar Street Marshall, AR 72650
 870-448-2993
 ID# 94-3447689

Road Service

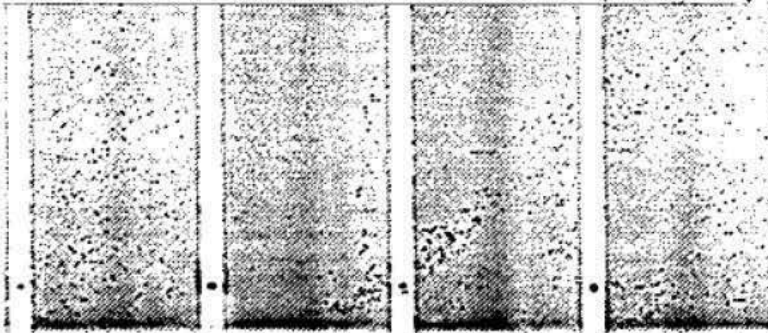
DATE 9-7-13	TIME A.M. P.M.	REGISTERED BY	PO NO.
NAME [REDACTED]		PHONE	
ADDRESS [REDACTED]			
CITY HARRISON	STATE ARK	ZIP [REDACTED]	
LOCATION OF VEHICLE Hwy 65 North			
YEAR, MAKE, MODEL 2011 V-Lite	COLOR	DRIVER	
STATE	LIC. PLATE NO.	VEHICLE ID. NO.	OWNER
	4X4 TFLF2701		
12 FLAG TRAILER WHITE		EXTRA PERSON	
A Advance Charges		FRESH	
		START	
		TOTAL	
REASON FOR TOW		SPECIAL EQUIPMENT	
<input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> AIRSET <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> TOW ZONE <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> ABANDONED <input type="checkbox"/> STOLEN CAR <input type="checkbox"/> BREAKDOWN <input type="checkbox"/> LOCK OUT <input type="checkbox"/> START <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> IMPOUNDED <input type="checkbox"/>		<input type="checkbox"/> SINGLE LINE WINCHING <input type="checkbox"/> DUAL LINE WINCHING <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> DOLLY	
TYPE OF TOW		TOWED PER ORDER OF	
<input type="checkbox"/> SLING/HOIST TOW <input type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER <input type="checkbox"/> DEALER	
STORAGE FROM		VEHICLE TOWED TO	
9-7-13 TO 9-18-13 12 DAYS @ \$ 55		FIRST TOW Parks Yard SECOND TOW	
PAID BY		TOWING CHARGE	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input checked="" type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> M/C <input type="checkbox"/> EXP. DATE		250.00	
CC NO.		MILEAGE CHARGE	
[REDACTED]		68.00	
OPERATOR'S SIGNATURE		WINCHING CHARGE	
[REDACTED]		400.00	
TRUCK NO.		GATE FEE CHARGE	
[REDACTED]		40.00	
AUTHORIZED SIGNATURE		LABOR CHARGE	
[REDACTED]		500.00	
VEHICLE RELEASED TO		STORAGE CHARGE	
[REDACTED]		660.00	
		ADMINISTRATION FEE CHARGE	
		75.00	
		1995 SUBTOTAL	
		1763.00	
		141.04 TAX	
		141.04	
		TOTAL	
		1904.04	

2282

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control

Thank You

2134.04





3215 NE Carnegie Dr., Suite 200
Lee's Summit, MO 64064

Phone (816) 220-7100
Fax (816) 220-7101

Invoice

Invoice #	Date
[REDACTED]	09/18/2013

TRANSIT PROS
National Heavy Truck & Equipment Specialist

BILL TO:
Copart Corporate Office
Brett Rossi
4610 West America Dr
Fairfield, Ca 94534

MAIL PAYMENT TO:
Transit Pros, LLC.
3215 NE Carnegie Dr., Suite 200
Lee's Summit, MO 64064

Yard #021 Ph 501-796-2812 Fax 501-796-3131

Lot Number	VIN #	Terms	Unit #	Customer #
26350363	[REDACTED]	Net 7 Days		
Service	Vehicle Description	VIN # Last 6	Unit Price	Amount
Additional Labor Charges	[REDACTED]	[REDACTED]	127.50	127.50
<p>Date Received: 09/18/2013</p> <p>Pick-up Detail: PARK TOWING 206 CEDAR ST MARSHALL AR 72650</p> <p>Transit Distance: 71 Miles</p> <p>Delivery Detail: 021 Copart 703 HIGHWAY 64 EAST CONWAY AR 72032</p> <p>If you have any questions concerning this invoice, please contact Transit Pros at 816-220-7100 or invoice@transitpros.com</p>		<p>12 FLAG TRAILER WHITE</p> <p>Advance Charges</p> <p>021</p>		

Total \$127.50
Make All Checks Payable To Transit Pros, LLC

Claim

Menu

Query

*Claim #: [REDACTED]

Status: Re-Opened

*Loss Date: 09/07/2013

Loss Time Zone: Central Time

Reported Date: 9/9/2013 03:

Reported Time Zone: Eastern Time

**** IV ****

33225.00 VALUE
 1993.50 TAX |
 40.00 REG AND TITLE FEES
 (500.00) DEDUCTIBLE

 34761.50 TOTAL

OK

Notes

Menu

New

Created By	Creation
SCOTT CHALL	10/18/20
SYSTEM ADMIN	10/18/20
SCOTT CHALL	10/18/20

> SCOTT CHALL 10/18/2013 10:33:58 AM General ** IV **

Claim

Menu

Query

*Claim # [REDACTED]

Status: Re-Opened

*Loss Date: 09/07/2013

Loss Time Zone: Central Time

Reported Date: 9/9/2013 03:

Reported Time Zone: Eastern Time

After reviewing the Personal Effects items the total we would be able to pay is \$2234.66

There is a limit of 10% of the Personal Effects limit on the gun

Other items in line and independantly verified the electric items that were damaged

Went over this with the NI

OK

Notes

Menu

New

Created By	Creation
SCOTT CHALL	10/18/20
SYSTEM ADMIN	10/18/20
SCOTT CHALL	10/18/20

SCOTT CHALL 10/18/2013 10:33:58 AM General

SCOTT CHALL 10/18/2013 10:28:02 AM General

Other items in line and independantly verified the electric

Went over this with the NI

ITEMS LOST/DAMAGED IN ACCIDENT, SEPT 7 2013 -
MISSING

PG 1 of 2

COLT 1911 45ACP w/2 loaded magazines - Gunsmith (Stephen Kelly, Gunsmith, Ozark Outpost)

statement of value, gun w/one mag - \$1400.00

Extra magazine - \$20.00, cartridges - negligible

MISSING - SEE ATTACHMENT 1

Britta Vintage water purifying pitcher - large - broken -	\$36.00
Remington electric razor - 3 head -	\$96.95
head broken off, blades gone, case cracked, charger missing	
Remington ear, nose, eyebrow trimming razor - electric w/charger - missing	\$19.95
Paul Mitchell Cologne	\$53.00
Maglite flashlight - 3 cell, red - aluminum, missing	\$20.09
Coleman battery operated lantern - broken, parts missing	\$29.99
Corelle by Corningware - 90% broken or missing	
5 place setting - \$20.95 / 8 place settings	\$167.60
1 platter - \$9.99 / 8 platters	\$ 79.92
1 large serving bowl - \$9.99 / 4 bowls	\$ 39.96
Corelle Corningware 6X6 baking dish broken	\$ 38.00
Corningware glass med bowl w/lid broken	\$ 7.00
Set of 8 plastic drinking glasses w/bumpy surface - 4 missing	\$ 4.00
Aqua Gear beach shoes - one missing, woman's size 10	\$25.00
HoMedics Therapy back support missing	\$16.99
Litter box - large - both top & bottom broken	\$32.99
Glass bowl set of six w/lids, broken	\$9.99
Small clock radio w/alarm - electric	\$12.97

ITEMS LOST/DAMMAGED IN ACCIDENT, SEPT 7 2013 -
MYERS - CL. # [REDACTED]

PG 2 OF 2

RV toilet flush hold-open devise, for cleaning - missing	\$25.89
Women's blemish remover - missing	\$15.00
10 cup Mr Coffee - missing	\$17.88
Stabilizer hitch - one bar twisted & bent	\$490.00
10ft flexible sewer hose	\$ 18.92
Stretch Seat Covers for dining room chairs set of 4	\$29.99

FOOD ITEMS LOST/DAMMAGED IN ACCIDENT

1 16oz canned peaches	-	\$.89
6 ea onions	-	\$ 4.45
2 ea 3lb bag of grapes	-	\$11.94
1 head lettuce	-	\$ 1.38
1 head cabbage	-	\$ 1.38
2 bags cole slaw mix	-	\$ 3.36
1 bunch celery	-	\$ 1.58
8 Gala apples	-	\$ 3.81
6 Roma Tomatoes	-	\$ 1.32
1 8oz bag sunflower seeds	-	\$ 2.49
1lb velveta cheese	-	\$ 5.88
1 craft mayo w/olive oil 30oz	-	\$ 5.88
1lb precooked chicken	-	\$ 2.09
2lb land-o-lakes lunch meat	-	\$ 3.98
1 doz ex large eggs	-	\$ 1.88
1 lb butter	-	\$ 2.93
2 ½ gal cartons of Almond Milk	-	\$ 3.18
1 large bag white corn chips	-	\$ 2.98
1 8oz package mushrooms	-	\$ 1.48
6 bananas .54/lb 3 lbs	-	\$ 1.62

See attachment 2 for vehicle (trailer) description

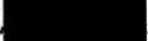

Claim #



Attachment 1

TO WHOM IT MAY CONCERN:

21 Sept 2013

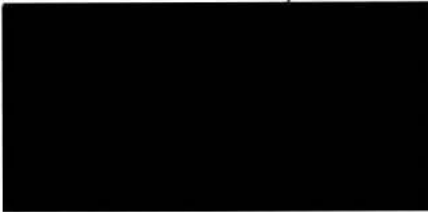
I, , gunsmith distinctly remember working on a pistol for .

It was an older Colt 1911 in very good condition. I applied a two tone Armor Tuff coating to the exterior surfaces, Tritium front and rear sights and Coco Bolo double diamond grips.

In that I only had this gun in my shop for one day, my records do not reflect a serial number, however with the work done, this pistol should be readily identifiable.

I estimate the value of this gun today to be \$1400.00.


Green Forest, AR



COPART AUTO AUCTIONS
703 MAIN STREET
CONWAY, AR 72032
PHONE (501) 796-2812
TAX ID# 710768544

Date 2/14/14

Visit us at www.copart.com
All Amounts are in USD

FINAL INVOICE

Copart Lot# 26350363 21 AR - LITTLE ROCK
Loss Date 9/07/13
Called In 9/09/13
P/U Cleared 9/18/13
Pickup Date 9/18/13
Original Title 10/24/13
Trans Title 10/24/13
Sale Document 11/22/13
Loss Type COLLISION
Description 12 FLAG TRAILER WHITE
Vehicle ID# 4X4TFLF27D18 [REDACTED]
License#/ST [REDACTED] AR
Mileage UNREADABLE
Pickup From PARK TOWING
206 CEDAR ST
MARSHALL, AR 72650
(870) 448-2993

GM73 PIP721B
TREASURY OPERATIONS
NATIONAL GENERAL INSURANCE
PO BOX 1623
CORPORATE HEADQUARTERS
WINSTON SALEM, NC 27102 1429

Claim# [REDACTED]
Policy# [REDACTED]
Loss Code 10/17/2013
Reference# R GOLLEY
Insured [REDACTED]
Owner [REDACTED]

ADVANCE CHARGES PAID BY COPART

TOW SERVICE	718.00
YARD/GATE	115.00
LABOR	500.00
STORAGE	660.00
TAX	141.04

TOTAL ADVANCE CHARGES	2134.04

COPART SERVICE CHARGES

TOW IN.	643.81	HEAVY TOW
TOWING.	127.50	ADDITIONAL LABOR CHARGES
TITLE PROCESSING.	16.25	SALVAGE TITLE
TITLE PROCESSING.	39.75	TPOC TRAILER
PIP PROGRAM CHARGE.	96.00	

TOTAL COPART SERVICE CHARGES.	923.31	

TOTAL DUE COPART	3057.35	
PAYMENTS APPLIED	1857.35CR	
PROCEEDS FROM SALE	1200.00CR	*Bid Raised By Internet*

NET DUE COPART00	

PAYMENTS APPLIED DETAIL

CHECK # [REDACTED] RECEIVED 12/23/13 1,857.35CR

COPART AUTO AUCTIONS
703 MAIN STREET
CONWAY, AR 72032
PHONE (501) 796-2812
TAX ID# 710768544

Date 2/14/14

Visit us at www.copart.com
All Amounts are in USD

FINAL INVOICE

Copart Lot# 26350363 21 AR - LITTLE ROCK
Loss Date 9/07/13
Called In 9/09/13
P/U Cleared 9/18/13
Pickup Date 9/18/13
Original Title 10/24/13
Trans Title 10/24/13
Sale Document 11/22/13
Loss Type COLLISION
Description 12 FLAG TRAILER WHITE
Vehicle ID# 4X4TFLF27D [REDACTED]
License#/ST [REDACTED] AR
Mileage UNREADABLE
Pickup From PARK TOWING
206 CEDAR ST
MARSHALL, AR 72650
(870) 448-2993

GM73 PIP721B
TREASURY OPERATIONS
NATIONAL GENERAL INSURANCE
PO BOX 1623
CORPORATE HEADQUARTERS
WINSTON SALEM, NC 27102 1429

Claim# [REDACTED]
Policy# [REDACTED]
Loss Code 10/17/2013
Reference# R GOLLEY
Insured [REDACTED]
Owner [REDACTED]

SALE INFORMATION

Lot# 26350363
Sale Date 12/02/13
Sale Amount 1200.00
ACV 33225.00
Repair Est 35000.00
Return 3.6%

Sold To 114497 ALLEN'S USED CARS
1500 SOUTH HWY 421
MANCHESTER, KY 40962
(606) 598-8528

Cert# [REDACTED]
Payment From Buyer 12/03/13

Item# 901 Invoice Date 2/14/14
Invoice Amount .00 USD

Reported To NICH 12/03/13

REMIT TO: COPART
4610 WEST AMERICA DRIVE
FAIRFIELD, CA 94534

January 7, 2014

[REDACTED]
Harrison, AR [REDACTED]

IMPORTANT SAFETY RECALL CAMPAIGN ANNOUNCEMENT

NHTSA Recall Campaign #: 13V554

Unit Vehicle Identification Number: 4X4TFLF27D [REDACTED]

Dear Forest River Trailer Owner,

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Forest River Inc has decided that a defect that relates to motor vehicle safety exists in the Rockwood or Flagstaff travel trailers with the VIN number indicated above.

SAFETY DEFECT

There is not adequate clearance between the tire and the bottom of the floor at full GVWR. The tire may hit the bottom of the floor in the event that the travel trailer should hit a bump or pot hole in the road. This contact may cause the tire to blow out unexpectedly, thereby potentially resulting in loss of control, property damage, personal injury or death.

REPAIRS

PLEASE TAKE YOUR UNIT PROMPTLY TO YOUR FOREST RIVER DEALER. At no charge to you, the dealer will perform the necessary repairs. The required repair procedure will require the removal of the axles so that a lift kit may be installed between the frame and the axles and the re-installation of the axles to the lift kit. Please contact your dealer and set up an appointment, this procedure may take more than a few hours.

REFUNDS

If you have paid to have this service performed prior to receiving this notice you can receive a full refund. Please mail your paid original invoice or receipt to attention Rockwood or Flagstaff Warranty Forest River, Inc. P.O. Box 3030 Elkhart, Indiana 46515-3030.

CHANGED ADDRESS OR SOLD THE VEHICLE?

Any vehicle lessor receiving this recall notice must forward a copy of the notice to the lessee within 10 days.

If your dealer does not make the required repair promptly and without charge, you may contact Forest River Customer Service at 574-642-2640. You also may contact the National Highway Traffic Safety Administration, 1200 New Jersey Ave. SE, Washington, DC 20590; or call the toll free Vehicle Safety Hotline at 1-888-327-4236 (TTY: 1-800-424-9153); or go to <http://www.safercar.gov>.

We regret the inconvenience this situation may have caused you. However, Forest River, Inc. believes in the early detection and immediate correction of potential concerns. Thank you for your understanding.

Sincerely,

Forest River Inc.
Warranty and Service

Fax # 800-924-0273

To: Rob Tolley

Claim # [REDACTED]

From: [REDACTED]

ADDITIONAL
ITEMS LOST/DAMMAGED IN ACCIDENT, SEPT 7 2013

TOOL BOX AND CONTENTS THAT WERE STORED IN THE TRAILER

Red metal tool box - 20in wide, 9in deep, 13½ tall - deep top opens for access to full size top tray/front opens for access to three drawers - \$43.97

Contents:

open/box end wrench set - \$39.97

adjustable wrenches (crescent wrench) 2 sizes - \$23.97

screwdrivers - set of 6 common & Phillips - \$27.47

62 Pc Metrinch Combo Spanner Socket & Wrench Set - \$246.46

Common Pliers - 3 sizes - \$19.97

Channel Loc pliers - 2 sizes - \$24.97

3 cell MAG-Lite, - \$28.82

Lantern - 19.97

3/8 dr socket set - \$29.97

½" dr Breaker Bar - \$19.97 & Sockets for wheels - \$19.97 & \$6.97

Dental Mouth Guard (dental prescription) \$475.00

The dental guard was in a case in the bathroom.

The tools were in a storage compartment on the left rear of the trailer. The access door was ripped of the trailer and the contents of the storage compartment were strewn about.

N 160 N20

10.15.07 (30K) 30 Fractured Th
 Camp + have
 open in file
 Bushing +
 NAL 3

10.18.07
 RX correct
 Pt 40 torque on
 Rpt. Pen VK 500
 called in to Fred's
 advised to take
 hitting # 30 v
 took down
 still v. sure

10.22.07 30
 still v. sure

10.29.07 30
 Crown Frig
 4% Sept

11.4.08 30
 still sure
 removed to
 still sure
 removed to

1.29.08 30
 still sure
 removed to

3.18.08 30
 Crown Frig
 4% Sept

4.1.08 30
 still sure
 removed to

4.10.08 30
 still sure
 removed to

5.21.08 30
 still sure
 removed to

3.24.09 Exam
 still sure
 removed to

11. Camp - removed / P.A.
 20K - 278866
 30K - cut down -
 IRM -
 140 Sep 12
 11 Club -
 118-650 -
 25 TID
 Fred's Pharmacy
 muscle release pt seen if ok 2 pharmacist
 take Tag Pen VK 500 - 24 - tel -
 11.25 N 103 370.00
 11.30
 Adjust OK again
 - open + 50 of
 cloud
 above rated push
 11 + D
 11/14 R 3.5 625.00
 11
 I feel Bm v. sure
 11.31
 105

Financial Transactions

Exposure #	Coverage	Total Amount	Payment Method	Payment Type	Issued Date	Payees	Mail To Contact Last Name	Mail To Contact First Name	Memo	Vendors	Transaction Status	Issued By	Check #	Posted Date	Mail To Contact Middle Name
2	Personal Effects	\$765.34	System Check	Indemnity							Pending	ROBERT TOLLEY		3/7/2014	
1	Collision	\$1,857.35	System Check	Indemnity	12/18/2013					COPART AUTO AUCTIONS	Approved	MELDIA FRANCES WOFFORD		12/13/2013	
1	Collision	\$34,761.50	System Check	Indemnity	10/25/2013						Approved	SCOTT CHALL		10/26/2013	
2	Personal Effects	\$2,234.66	System Check	Indemnity	10/17/2013						Approved	ROBERT TOLLEY		10/17/2013	
1	Collision	\$450.00	System Check	Expense	11/14/2013					INNOVATION AUTO INC	Approved	LORIC CRAVER		10/11/2013	

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4

Keith Fisher

From: Beckman, Stacie
Sent: Thursday, February 06, 2014 9:27 AM
To: Craig M. Miller
Subject: RE: [REDACTED]

That's exactly what it means. I wanted you to be aware, as I am responding to the letter.

From: Craig M. Miller [mailto:CMMiller@forestriverinc.com]
Sent: Thursday, February 06, 2014 6:44 AM
To: Beckman, Stacie
Subject: FW: [REDACTED]

I don't know what this means, other than trying to read between the lines, that National General may file a claim against us. The rest is just gibberish to me

Craig M Miller
Risk Manager
574-389-4612
Forest River, Inc
55470 County Road 1
Elkhart, IN 46514

From: Beckman, Stacie [mailto:Stacie.Beckman@yorkrsg.com]
Sent: Wednesday, February 05, 2014 8:38 PM
To: Craig M. Miller
Cc: Kimberly.gutman@ioausa.com
Subject: [REDACTED]

Craig:

Here is the claim notice from National General, the carrier for Ms [REDACTED] that insured the trailer.

From: Tolley, Robert [mailto:Robert.Tolley@ngic.com]
Sent: Thursday, January 30, 2014 3:23 PM
To: Beckman, Stacie
Subject: [REDACTED]

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4

Keith Fisher

From: Craig M. Miller <CMMiller@forestriverinc.com>
Sent: Thursday, January 23, 2014 12:55 PM
To: Beckman, Stacie
Cc: kimberly.gutman@ioausa.com
Subject: RE: NEW LOSS FRGA 5222

Stacie

Let's label this [REDACTED]

Mike Coy is the operations guy

Copy KC

Craig M Miller
Risk Manager
574-389-4612
Forest River, Inc
55470 County Road 1
Elkhart, IN 46514

From: Beckman, Stacie [mailto:Stacie.Beckman@yorkrsg.com]
Sent: Thursday, January 23, 2014 12:50 PM
To: Jennette, Christine; Craig M. Miller
Subject: RE: NEW LOSS FRGA 5222

Yes, I have it. Will start working on it immediately

From: Jennette, Christine
Sent: Thursday, January 23, 2014 11:21 AM
To: Craig M. Miller (CMMiller@forestriverinc.com)
Cc: Beckman, Stacie
Subject: FW: NEW LOSS FRGA 5222

Good Morning,

Thank you for the new assignment .

Stacie will handle per your guidelines.

We are setting up file now.

Thank you,

Christine Jennette, CPIW, RPA
Director of Special Accounts

YORK Risk Services Group
29200 Northwestern Hwy.

Southfield , Michigan 48034
Office # 248-204-5173
FAX 248-204-5184
Cell [REDACTED]
Christine.Jennette@YORKRSG.com

From: Jennette, Christine
Sent: Thursday, January 23, 2014 12:11 PM
To: Jennette, Christine
Subject: FW: NEW LOSS FRGA 5222

Christine Jennette, CPIW, RPA
Director of Special Accounts

YORK Risk Services Group
29200 Northwestern Hwy.
Southfield , Michigan 48034
Office # 248-204-5173
FAX 248-204-5184
Cell [REDACTED]
Christine.Jennette@YORKRSG.com

From: Lewis, Frances
Sent: Wednesday, January 22, 2014 4:00 PM
To: Chicago New Losses
Subject: NEW LOSS FRGA 5222

Frances Lewis
OSC East Associate II
Office: 614-718-5805
5000 Bradenton Avenue
Dublin, OH 43017



From: Mary Day (LNG) [<mailto:Mary.Day@ioausa.com>]
Posted At: Wednesday, January 22, 2014 11:35 AM
Posted To: Faxes YORK CLAIMS INTAKE-NEW
Conversation: Forest River dol 1/20/2014-- [REDACTED]
Subject: Forest River dol 1/20/2014-- [REDACTED]

Please process and send claim number and adjuster information.

Not sure of the date of the actual accident.

Thank you.

Mary Day

Insurance Office of America

IOA Risk Services

Phone :800-243-6899 ext 14244

Fax: 407-788-7933

Contact us at 800-243-6899 ext 14000 or IOAClientServices@ioausa.com to report a new claim (other than WC)

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From: KC Gutman (LNG)
Sent: Wednesday, January 22, 2014 10:36 AM
To: Mary Day (LNG)
Subject: FW: CLAIM - [REDACTED]

This claim needs to be reported to First Mercury as well as York.

K.C. Gutman

*Insurance Office of America
Vice-President, Commercial Risk Management
1855 W. SR 434
Longwood, FL 32750*

Toll Free: 800-243-6899 ex 14217

Cell Phone: [REDACTED]

Email: kimberly.gutman@ioausa.com



Official Insurance Broker of



From: Craig M. Miller [<mailto:CMMiller@forestriverinc.com>]
Sent: Tuesday, January 21, 2014 12:23 PM
To: KC Gutman (LNG)
Cc: Mike Coy
Subject: CLAIM - [REDACTED]

KC

We have had an incident involving a retail customer who suffered damage to her unit and truck as well as personal property, injuries, and I'm sure pain & suffering. Please report this to FM as the unit and truck costs will be over \$40,000 and we will be above our \$75,000 retention at some point. Do we want Stacie involve or let FM handle? Find out if we can get a copy of the police report as well as any pictures from the incident.

Mike will be the operations contact

Mike – KC is with our Insurance Broker and Stacie is our Adjuster

Thanks

Craig M Miller
Risk Manager
574-389-4612
Forest River, Inc
55470 County Road 1
Elkhart, IN 46514

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4

Keith Fisher

From: Mike Coy <mcoy@forestriverinc.com>
Sent: Tuesday, January 21, 2014 9:22 AM
To: Craig M. Miller
Subject: FW: 848974

Craig,
Read below info. 2nd email to follow.
Mike

From: Mark A. Akins
Sent: Monday, January 20, 2014 11:36 AM
To: Mike Coy; Gregg Rollins; Karl Miller
Cc: Unit Files
Subject: RE: [REDACTED]

MIKE,
Here is some more info for [REDACTED]
The place where the unit was last known to be after the wreck, COPART, 1-501-796-2812
The insurance for the trailer, GOOD SAM
The insurance for the truck, AARP

From: Mark A. Akins
Sent: Monday, January 20, 2014 10:59 AM
To: Mike Coy; Gregg Rollins; Karl Miller
Cc: Unit Files
Subject: [REDACTED]

Hello Mike, here is the info you requested;

The retail, ([REDACTED]) called, and stated, that her and her husband , who had been driving ,had been camping, in AK, and while leaving the camp grounds traveling down the road had hit a pot hole . Lost control, rolled the trailer, and truck. Total both truck and trailer. Lost everything , even their cat. Insurance covered everything ,there was a police report so the retail says. Retail then claims she has acquired a medical condition after breaking her wrist called (R.S.D.)?? And she has stated that her insurance has gone up due to this accident and wants something in writing that it wasn't something they did to cause this accident and the recall had a lot ,if not all to do with the wreck. At that point after she was done talking , all I said was ,” Let me take down your info , and will get your statement of what happened and all your, (the retail) info to the department that will be handling this matter , then I thank her for her call .”

Retail, [REDACTED]
VIN# [REDACTED]

I will send you a copy of the recall letter asap.

Thanks Mike

Mark A. Akins

makins@forestriverinc.com

Forest River Rockwood Flagstaff warranty

(574)-642-0368

Please don't be offended if mail is in all* **caps***

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4

Keith Fisher

From: Mike Coy <mcoy@forestriverinc.com>
Sent: Tuesday, January 21, 2014 10:11 AM
To: Craig M. Miller
Subject: FW: [REDACTED]

[More info on new claim.](#)

From: Gregg Rollins
Sent: Tuesday, January 21, 2014 10:01 AM
To: Mike Coy; Karl Miller; Mark A. Akins
Cc: Unit Files
Subject: RE: [REDACTED]

THE LETTERS WERE SENT TO THE RETAILS THE WEEK OF THE 6th, SENT TO DEALERS LAST WEEK. THE DEALERS ARE JUST STARTING TO ORDER THE PARTS FOR THE RECALL. JUST A COUPLE IF ANY AT THIS TIME.....G

GREGG ROLLINS
WARRANTY MANAGER
ROCKWOOD/FLAGSTAFF
PHONE 574-642-8916
FAX 574-642-2611

From: Mike Coy
Sent: Tuesday, January 21, 2014 9:31 AM
To: Karl Miller; Mark A. Akins; Gregg Rollins
Cc: Unit Files
Subject: RE: [REDACTED]

[Thanks! When were letters sent & how many have been completed?](#)

From: Karl Miller
Sent: Tuesday, January 21, 2014 9:23 AM
To: Mike Coy; Mark A. Akins; Gregg Rollins
Cc: Unit Files
Subject: RE: [REDACTED]

Mike,

Attached are the serial numbers of the recall...

Thanks Karl

From: Mike Coy
Sent: Tuesday, January 21, 2014 9:21 AM

To: Mark A. Akins; Gregg Rollins; Karl Miller
Cc: Unit Files
Subject: RE: [REDACTED]

Gregg,
Can you tell me how many units affected in recall?
Mike

From: Mark A. Akins
Sent: Monday, January 20, 2014 11:36 AM
To: Mike Coy; Gregg Rollins; Karl Miller
Cc: Unit Files
Subject: RE: [REDACTED]

MIKE,
Here is some more info for [REDACTED]
The place where the unit was last known to be after the wreck, COPART, 1-501-796-2812
The insurance for the trailer, GOOD SAM
The insurance for the truck, AARP

From: Mark A. Akins
Sent: Monday, January 20, 2014 10:59 AM
To: Mike Coy; Gregg Rollins; Karl Miller
Cc: Unit Files
Subject: 848974

Hello Mike, here is the info you requested;

The retail ([REDACTED]) called, and stated that her and her husband , who had been driving ,had been camping, in AK, and while leaving the camp grounds traveling down the road had hit a pot hole . Lost control, rolled the trailer, and truck. Total both truck and trailer. Lost everything , even their cat. Insurance covered everything ,there was a police report so the retail says. Retail then claims she has acquired a medical condition after breaking her wrist called (R.S.D.)?? And she has stated that her insurance has gone up due to this accident and wants something in writing that it wasn't something they did to cause this accident and the recall had a lot ,if not all to do with the wreck. At that point after she was done talking , all I said was , " Let me take down your info , and will get your statement of what happened and all your, (the retail) info to the department that will be handling this matter , then I thank her for her call ."

Retail, [REDACTED]
VIN# [REDACTED]

I will send you a copy of the recall letter asap.

Thanks Mike

Mark A. Akins
makins@forestriverinc.com
Forest River Rockwood Flagstaff warranty
(574)-642-0368

Please don't be offended if mail is in all* caps*

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4

Keith Fisher

From: Mike Coy <mcoy@forestriverinc.com>
Sent: Tuesday, January 21, 2014 10:14 AM
To: Craig M. Miller
Subject: FW: HERE IS THE LETTER

Craig,
Not sure what else can be provided in regards to this matter at this time.
Mike

From: Gregg Rollins
Sent: Tuesday, January 21, 2014 10:02 AM
To: Mike Coy
Subject: FW: HERE IS THE LETTER

[HERE IS THE LETTER SENT TO THE DEALERS.....G](#)

GREGG ROLLINS
WARRANTY MANAGER
ROCKWOOD/FLAGSTAFF
PHONE 574-642-8916
FAX 574-642-2611

January 14, 2014

Re: Inadequate clearance for affected units under **NHTSA Recall Campaign #: 13V554**

Selling/Serviceing Dealer,

This month, we have mailed out letters to customers who have been affected by Recall# 13V554. We are sending this information to you as a courtesy so that you will be informed about it when customers need the repair made. Attached you will find letters for each VIN affected that has been sold to you so that you will have a copy for their file. If it's still a stock unit, you will need to perform the repairs prior to selling the unit.

The solution for the problem is the addition of a riser kit. This is a simple repair, and when ordered, there will be instructions and a diagram included with the parts. If it's an Alko-Kober axle, you will need to order part# 10-FT-22; if it's a Dexter axle, you will need to order part# 10-19080A. The parts representatives are also aware of this information to ensure that you get the correct kit for the customer's unit.

When you file the claim for this repair, you will need to use repair code, 10-001820 and indicate that this is for the Recall# 13V554. The time allowed will be 1 hour per axle.

If you need any further assistance, please contact the following warranty reps:

Roger Beiler	rbeiler@forestriverinc.com	574-642-8931
Chris Hollowell	chollowell@forestriverinc.com	574-642-8943
Fred Yoder	fyoder@forestriverin.com	574-642-5166

Thank you for your assistance on this matter.

Sincerely,

Rockwood/Flagstaff Warranty Department



Kelly Mosher

Flagstaff/Rockwood Warranty

574-642-5164 Phone -- 574-642-2633 Fax

kmosher@forestriverinc.com

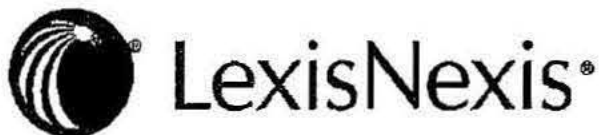
(Emails may be written in CAPS as that is what is used in our warranty system.
Please do not be offended by it.Thanks!).

 **This email is sent on 100% Unused Paper** Help promote Green Business practices by not printing this email

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
September 23, 2013 10:15:53 AM EDT	Risk Solutions (A1)	491	10	Received
Risk Solutions (A1)	9/23/2013 10:07:47 AM	PAGE 1/010	Fax Server	



For Customer Support refer to the appropriate platform below:

OrderPoint
800-934-9698
Orderpoint.support@lexisnexis.com

Accurint for Insurance
866-277-8407
Accurint.support@lexisnexis.com

Lexis.com
Law Firm accounts
800-543-8862

REPORT ATTACHED

PAGE COUNT: 10

CLIENT : 5370
DIVISION : 181
ADJUSTER : PH72677
CLAIM : [REDACTED]

TRANSACTION # : [REDACTED]
DATE : 09/23/2013

DATE OF LOSS : 09/07/2013 TIME OF LOSS : 12:00 AM
STREET : HWY 65
CITY : BETWEEN SAINT JOE & MARSHALL
COUNTY : SEARCY
STATE : AR

INVESTIGATING AGENCY : AR HP
REPORT NUMBER : UNK
REPORT TYPE : Auto Accident
PARTY 1 : [REDACTED]
PARTY 2 : [REDACTED]
PARTY 3 :

CAR : SILVERADO K1500 MAKE : CHEVROLET YEAR : 2012
TAG : UNK

DRIVER LICENSE : [REDACTED]
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!



MYERS

Page 1 / 9

Attachments

Report Number

Arkansas Uniform Motor Vehicle Collision Report

SUMMARY	Date	8/7/2013	Day	SATURDAY	Time	03:13 PM	Time Notified	03:14 PM	Time Arrived	03:27 PM	Unit Assigned	I-38	District					
	Road/Street/Highway	65			Latitude			Longitude			Section	04	Log Mile	9.69				
	At Intersection With				Not at Intersection, But	1.70 MI		Direction	NORTH		Of Reference Point	374						
	County	SEARCY		County GLC	AR 05 129		City			City GLC								
ENVIRONMENT	Hit and Run	<input type="checkbox"/> Yes	Not in City, But	1.20 MI		Direction	NORTH		Of Reference City	ST JOE		Speed Limit Posted	YES	Speed Limit	55	Speed Limit 2		
		<input checked="" type="checkbox"/> No	Number of Vehicles	1		Number of Carriers	0		Number of Pedestrians	0		Number of Witnesses	0		Number of Property Owners	0		
	Atmospheric Conditions	CLEAR			Light Conditions	DAYLIGHT			Accident Locale	RURAL								
	Surface Conditions	DRY			Road System	U.S. HIGHWAY			Road Surface	ASPHALT								
	Road Alignment	CURVE			Road Profile	GRADE			Traffic Lanes(#)	2		Traffic Flow	NOT DIVIDED					
	Construction/Maintenance Zone	NO			Roadway Defects	NO DEFECTS												
	Relation to Junction	NON-JUNCTION			Traffic Controls	SLOW OR WARNING SIGN, TRAFFIC LANES MARKED												
	Traffic Control Devices	FUNCTIONING PROPERLY			Type of Collision	SINGLE VEHICLE					Fire Occurrence	NO FIRE OCCURRENCE						
Rank	TRP	Officer - Last Name	RINKS		Officer - First Name	BUSTER			Officer - MI	L		Officer - Suffix	III					
Officer - Signature					Officer - Badge Number	819			Officer - Department	ASP - TROOP I								
					Reviewing Officer	ALEXANDER, GREGG			Date Filed	10-Sep-13		Photos	YES					
Rank	SGT	Supervisor - Last Name	ALEXANDER		Supervisor - First Name	GREGG			Supervisor - MI	L		Supervisor - Suffix						
Supervisor - Signature					Supervisor - Badge Number	406			Supervisor - Department	ASP - TROOP I								

MYERS

Page 2 of 3
 Attachments
 Report Number



Arkansas Uniform Motor Vehicle Collision Report

D R I V E R	Driver - Last Name		Driver - First Name		Driver - MI	Driver - Suffix	Driver - Telephone #	
	Driver - Address		Driver - City		Driver - State	Driver - Zip Code		
	Driver - License Number	DL State	DL Endorse.	DL Class	DL Restrictions	Driver - Date of Birth	Driver - Race	Driver - Sex
		AR		D			CAUCASIAN	MALE
	Driver - Ejection Code		Driver - Injury			Air Bag		
	NOT EJECTED		NO INJURY / PROPERTY DAMAGE			DEPLOYED AIRBAG		
	Driver - Safety Equipment							
	LAP AND SHOULDER BELT							
	Driver - Vision Obscured							
	NOT OBSCURED							
Test Requested		Test Type(s)		Driver - Condition				
<input type="checkbox"/> Yes	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	APPEARED NORMAL					
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Breath	<input type="checkbox"/> Toxicology	Driver - Impairment					
				NONE				
Blood/Breath/Urine Results								
V E H I C L E	Owner - Last Name		Owner - First Name		Owner - MI	Owner - Suffix		
	Owner - Address		Owner - City		Owner - State	Owner - Zip Code		
	License Plate	Year	Make	Model		Plate - Year	Plate - State	Plate - Number
	<input checked="" type="checkbox"/> Yes	2012	CHEVROLET	C/K 1500		2013	AR	
	<input type="checkbox"/> No	Vehicle - Body		Vehicle - Color 1	Vehicle - Color 2		Vehicle Identification Number	
		PICKUP		RED			1GCRKSE71C	
	Insurance - Company Name			Insurance - Policy Number		Number of Passengers		MultiPass Req.
	HARTFORD INSURANCE					1		NO
	GMV Qualifying Information							
	<input type="checkbox"/> GVWR/GCWR > 10,000 lbs		<input type="checkbox"/> Bus (9 or more seats)		<input type="checkbox"/> Haz Mat Placard (any vehicle type)			
Trailer(s) Attached		Number of Trailers		Registration State		Plate Number		
YES		1		AR				
Vehicle Damage				Estimated Damage				
				\$30,000.00				
Point of Initial Contact				Direction of Travel		Vehicle Action		
TRAILER CAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/> Undercarriage				SOUTH		NEGOTIATING CURVE		
				Collision Damage		First Harmful Event		
				DISABLED		OUTSIDE TRAFFIC WAY		
				First Harmful Collision With				
				BANK OR LEDGE				
				Contributing Factors				
				CARELESS PROHIBITED DRIVING				
				Collision with fixed object				
				BANK OR LEDGE				
Vehicle Defects				Prior Vehicle Damage		Damage Location		
NO DEFECTS				NO				
Vehicle Towed		Name of Towing Service			Address Vehicle Removed To			
<input checked="" type="checkbox"/> Yes		PARKS WRECKER SERVICE			HC 89 CEDAR & FAIR ST			
<input type="checkbox"/> No		City Vehicle Removed To			State Vehicle Removed To		Zip Vehicle Removed To	
		MARSHALL			AR		72650	
Injury Transported		EMS Notified		EMS Arrived		Transported By		
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No		Hospital Name		Hospital City		Hospital State		



MYERS

Page 3 / 8
 Attachments
 Report Number

Arkansas Uniform Motor Vehicle Collision Report

PASSENGER 1	Passenger - Last Name		Passenger - First Name		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #1	
	Passenger - Address			Passenger - City HARRISON		Passenger - State AR	Passenger - Zip Code	
	Position In/On Vehicle				Passenger - Race CAUCASIAN		Passenger - Sex FEMALE	Age
	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Safety Equipment Used LAP AND SHOULDER BELT	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMS NOTIFIED 03:14 PM	EMS ARRIVED 03:25 PM	TRANSPORTED BY NORTHARK		Ejection Code NOT EJECTED	Injury Code INCAPACITATING INJURY
HOSPITAL NAME NORTHARKANSAS REGIONAL					HOSPITAL CITY HARRISON		HOSPITAL STATE AR	
Narrative								
OPERATOR OF VEHICLE ONE (MYERS) WAS SOUTH BOUND ON U.S. HIGHWAY 65. OPERATOR (MYERS) LOST CONTROL OF HIS VEHICLE AND VEERED OFF THE HIGHWAY. V-1 (MYERS) COLLIDED WITH EMBANKMENT AND OVERTURNED. NO DRIVERS STATEMENT WAS OBTAINED. DRIVER LEFT WITH AMBULANCE TRANSPORTING WIFE TO HOSPITAL.								

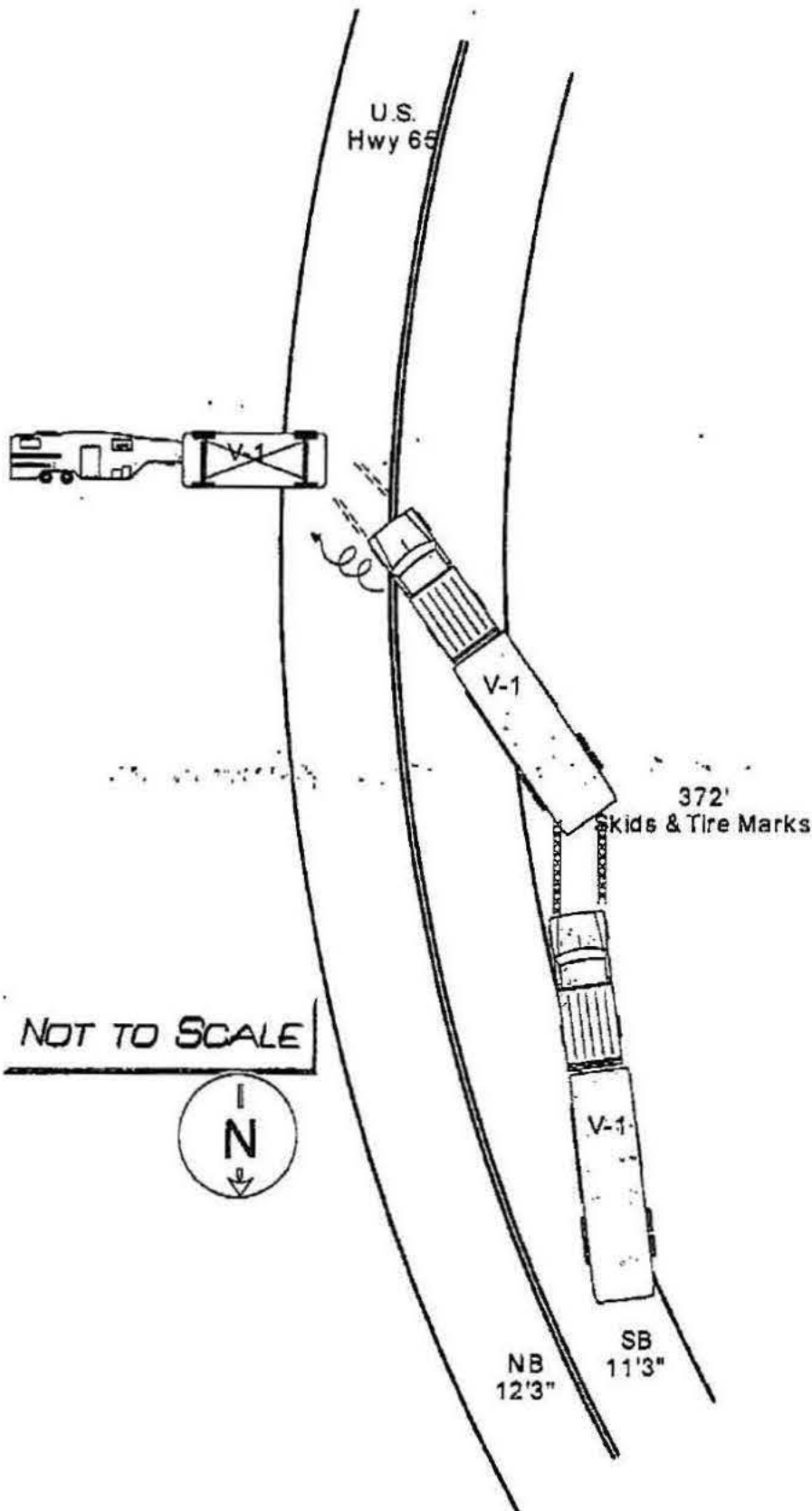


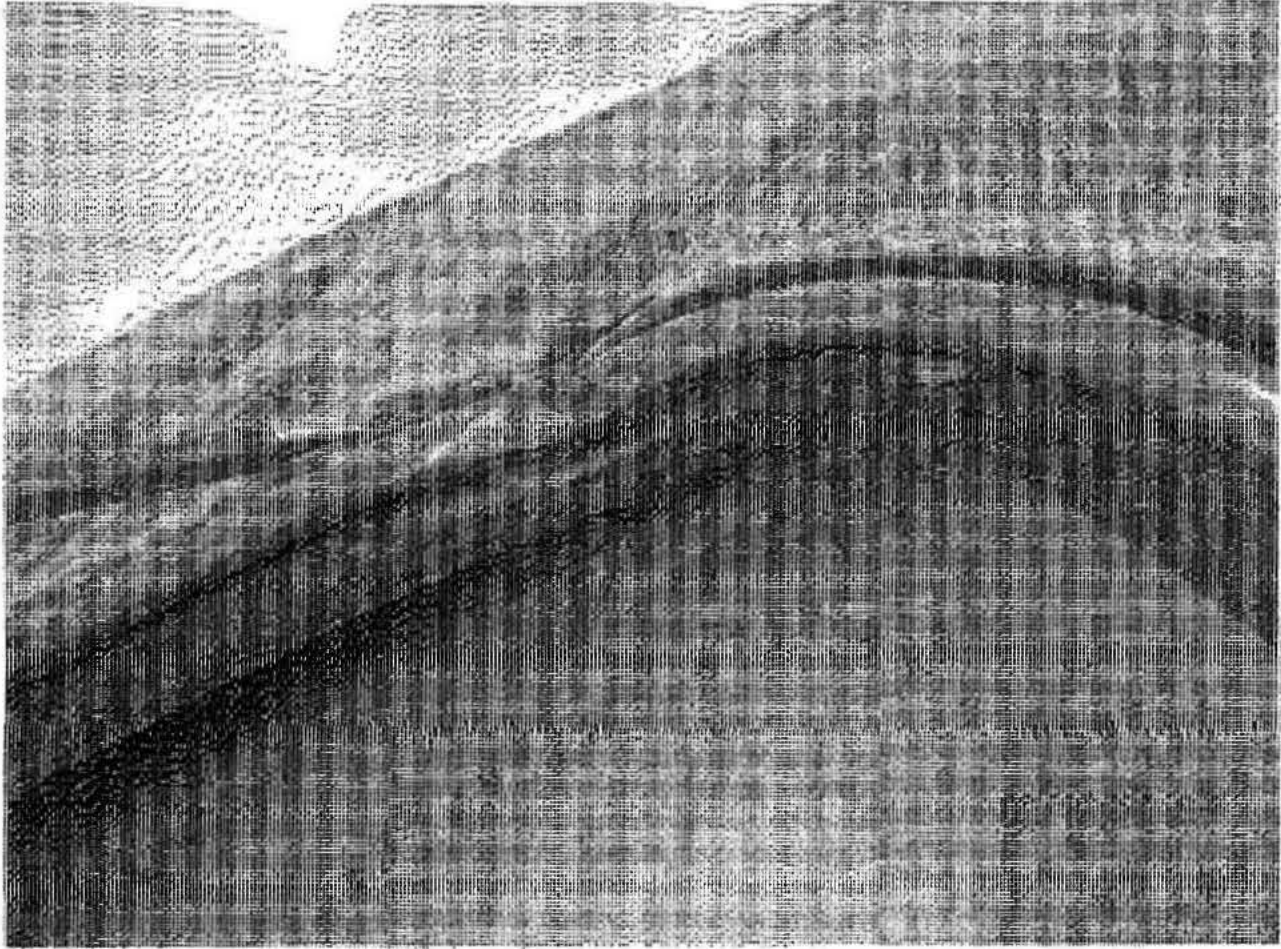
MYERS

Page 4 of 9
Attachments
Report Number

Arkansas Uniform Motor Vehicle Collision Report

Diagram / Photo 1





SUBRO DEMAND

Loss B

Claim #

\$ [REDACTED]



Year

Insured Vehicle

2012

[*]

Financial Review

ACV	39570.00
UPD(-)	0.00
Net ACV	39570.00
Tax	2622.07
Tow	0.00
Other charges	-4000.00
Misc (title/reg)	11.75
Sub Total	38203.82
Rental	0.00
	[x]

Total Damage

38203.82

Salvage (+/-)

-8113.11

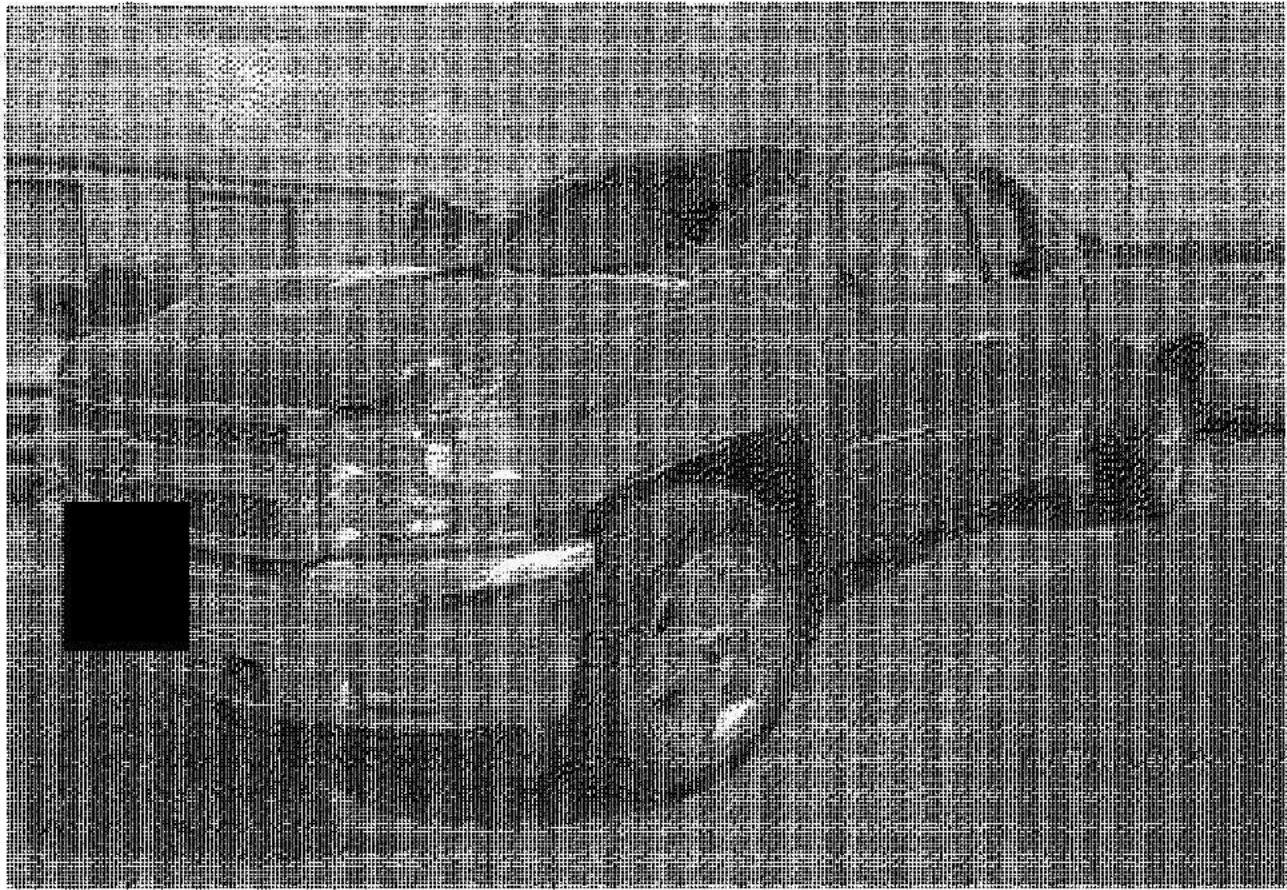
Total Subro.
Demand

30090.71

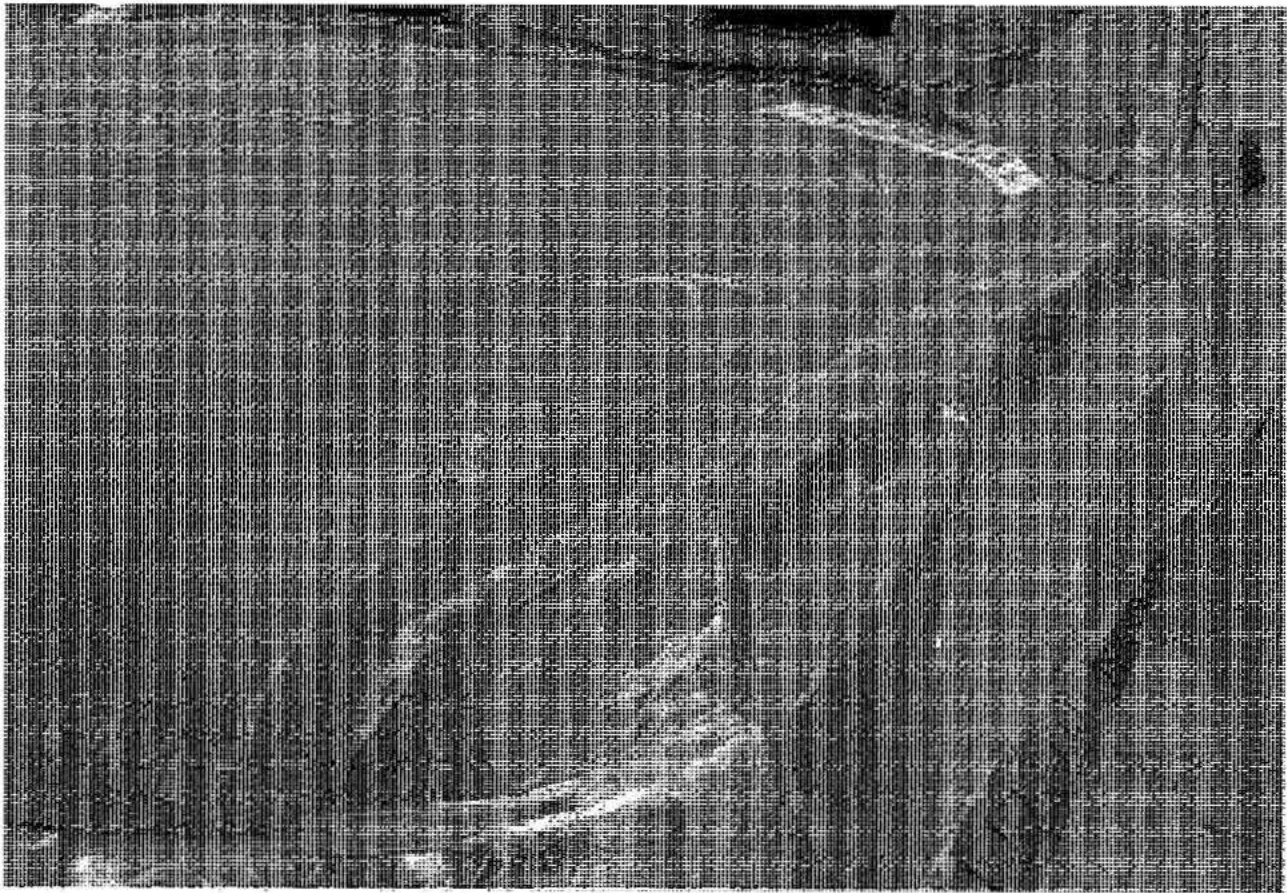
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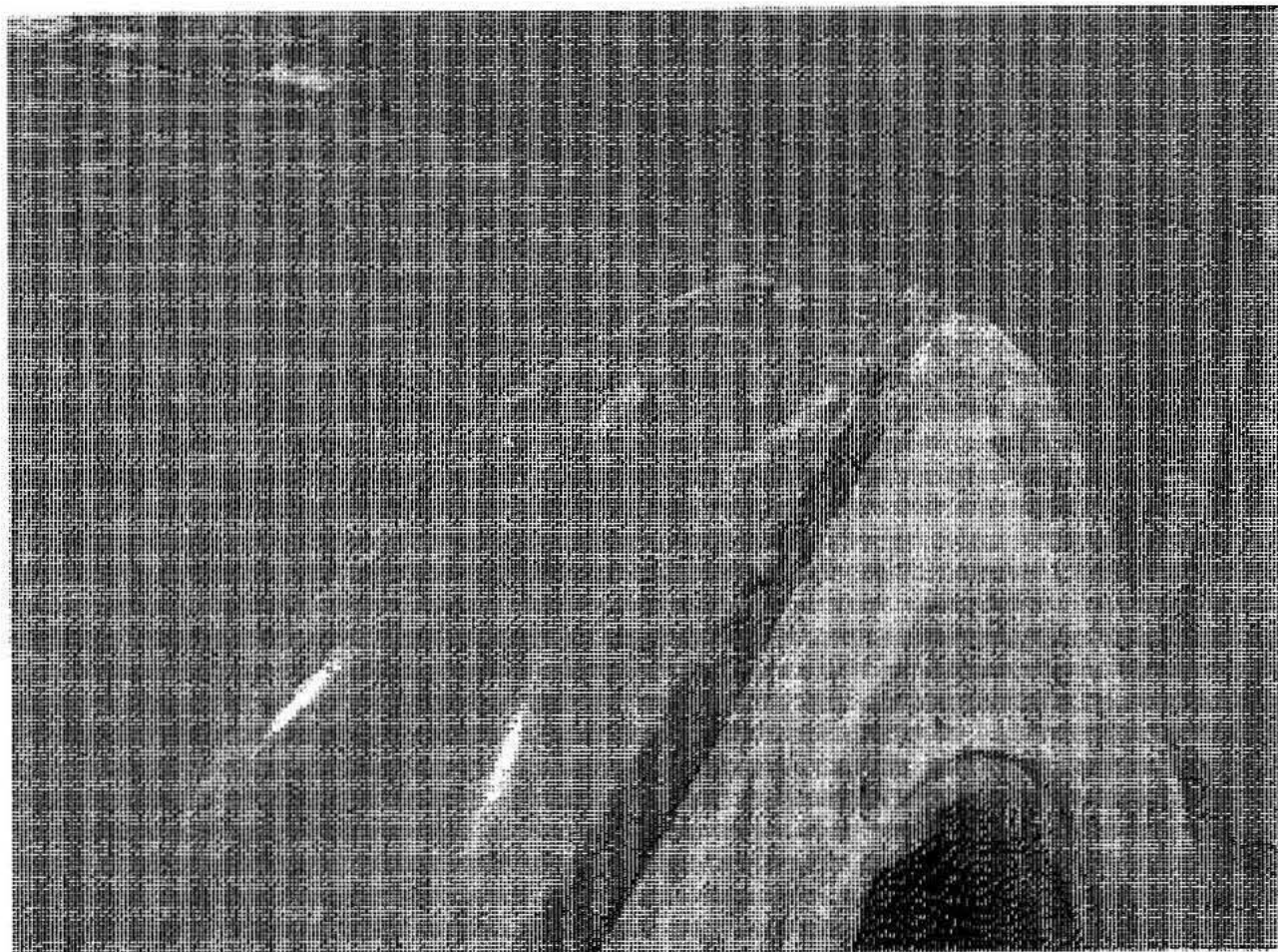
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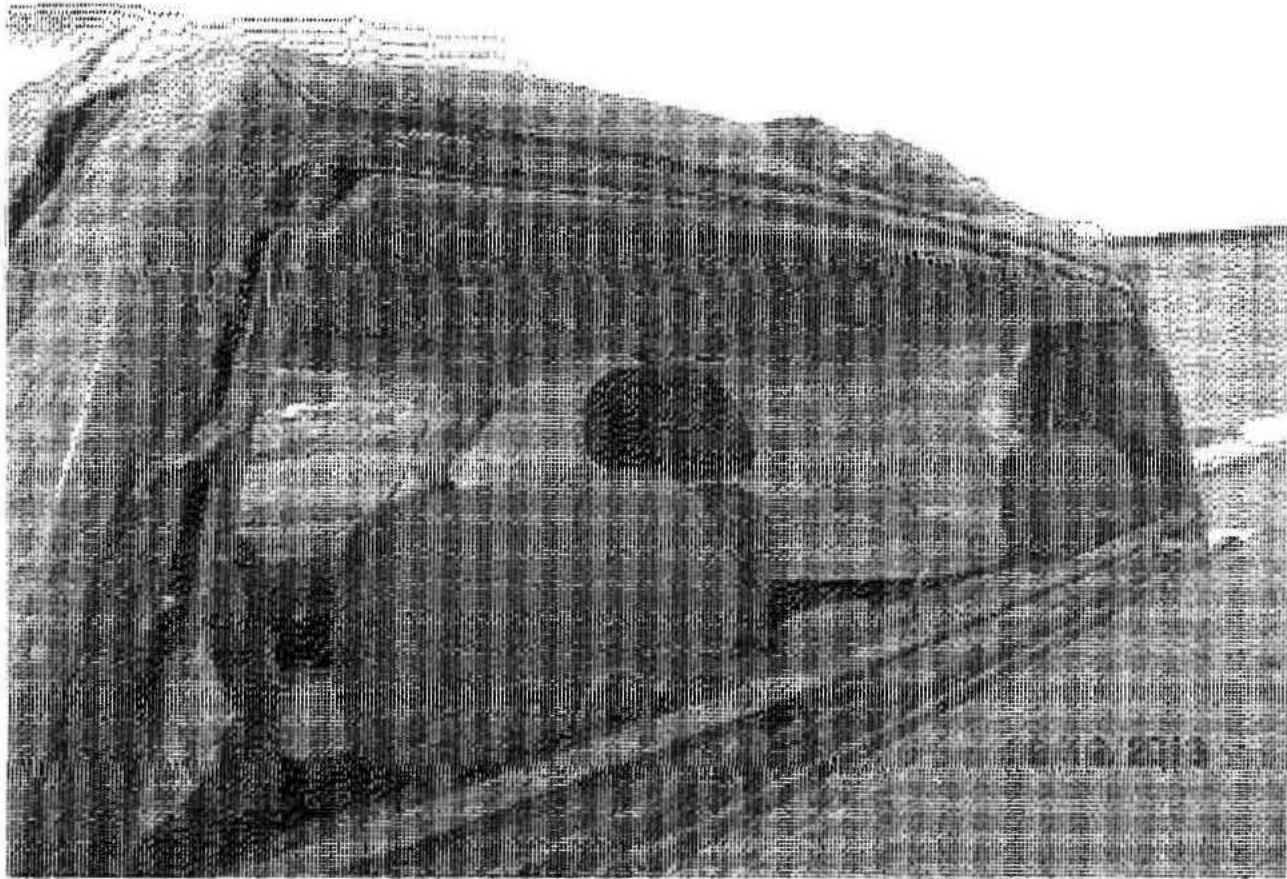




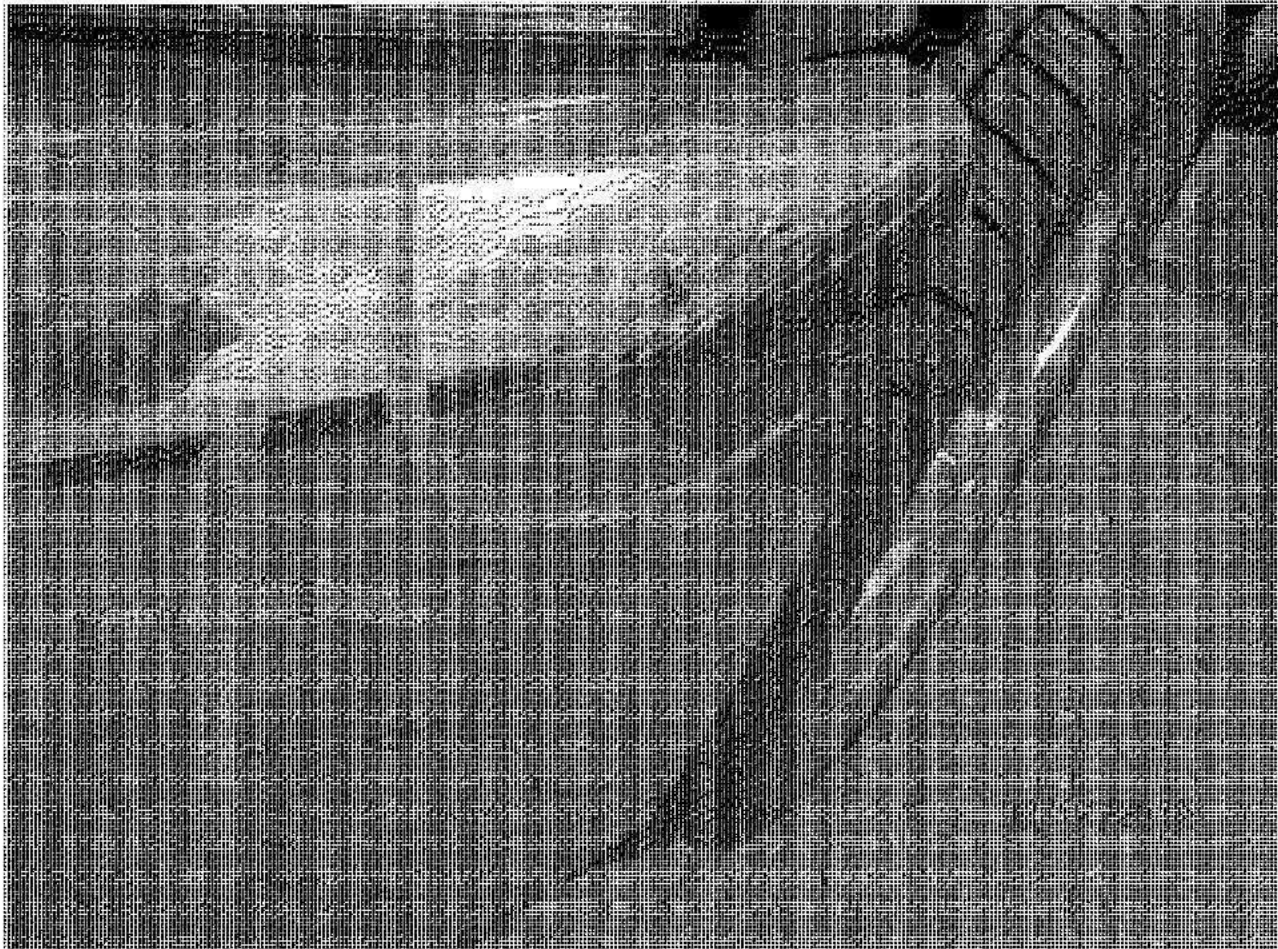




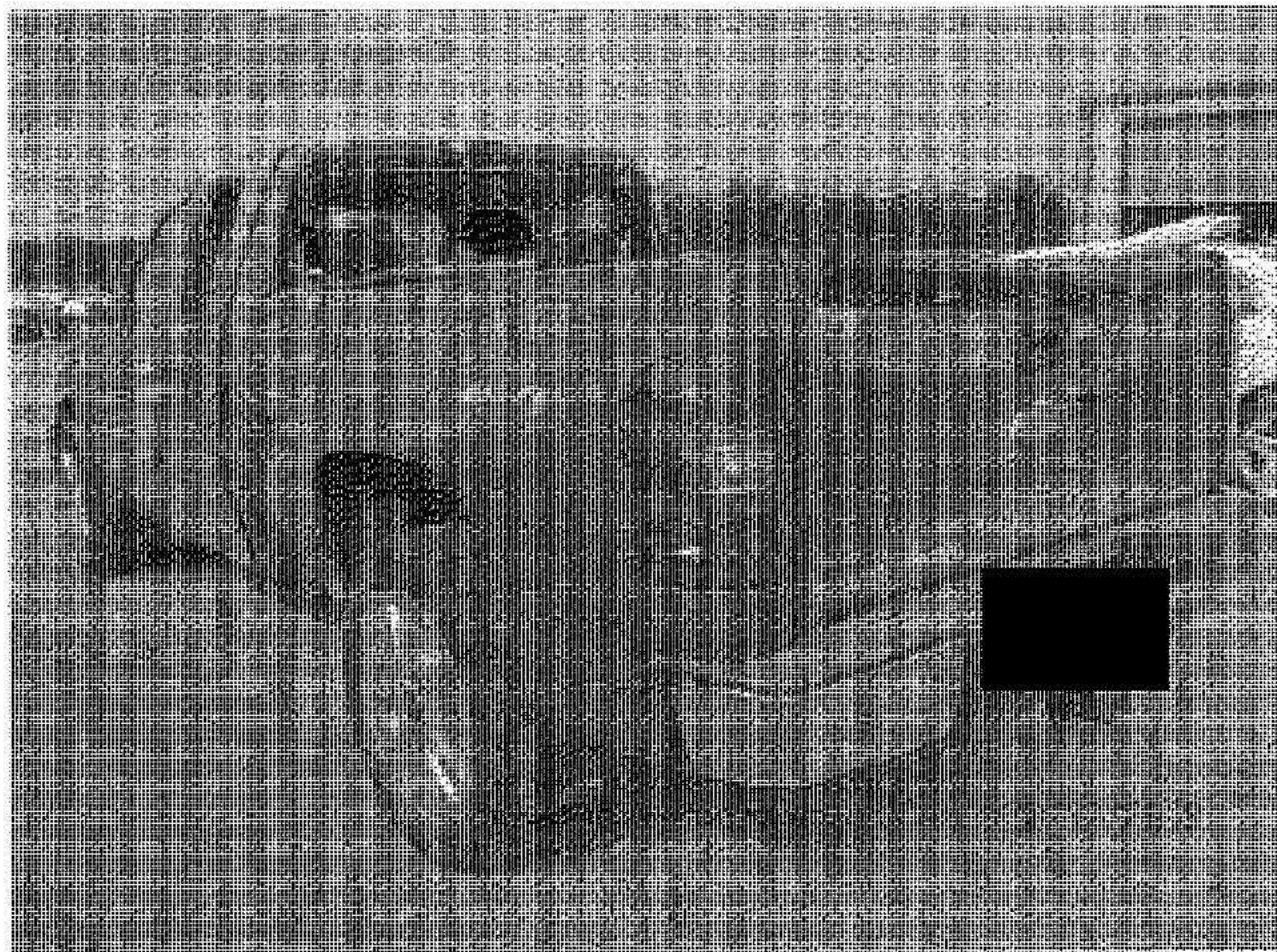


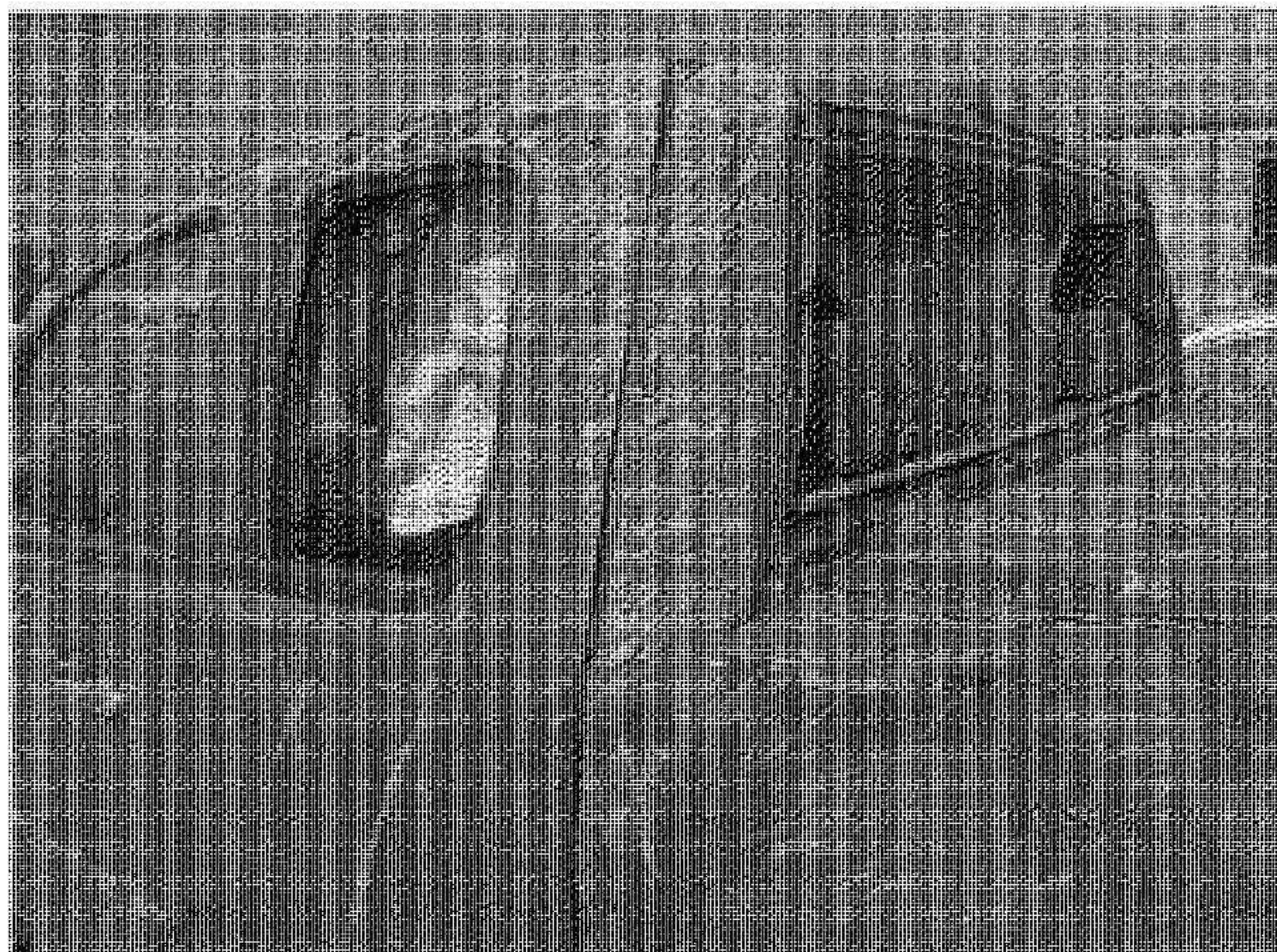






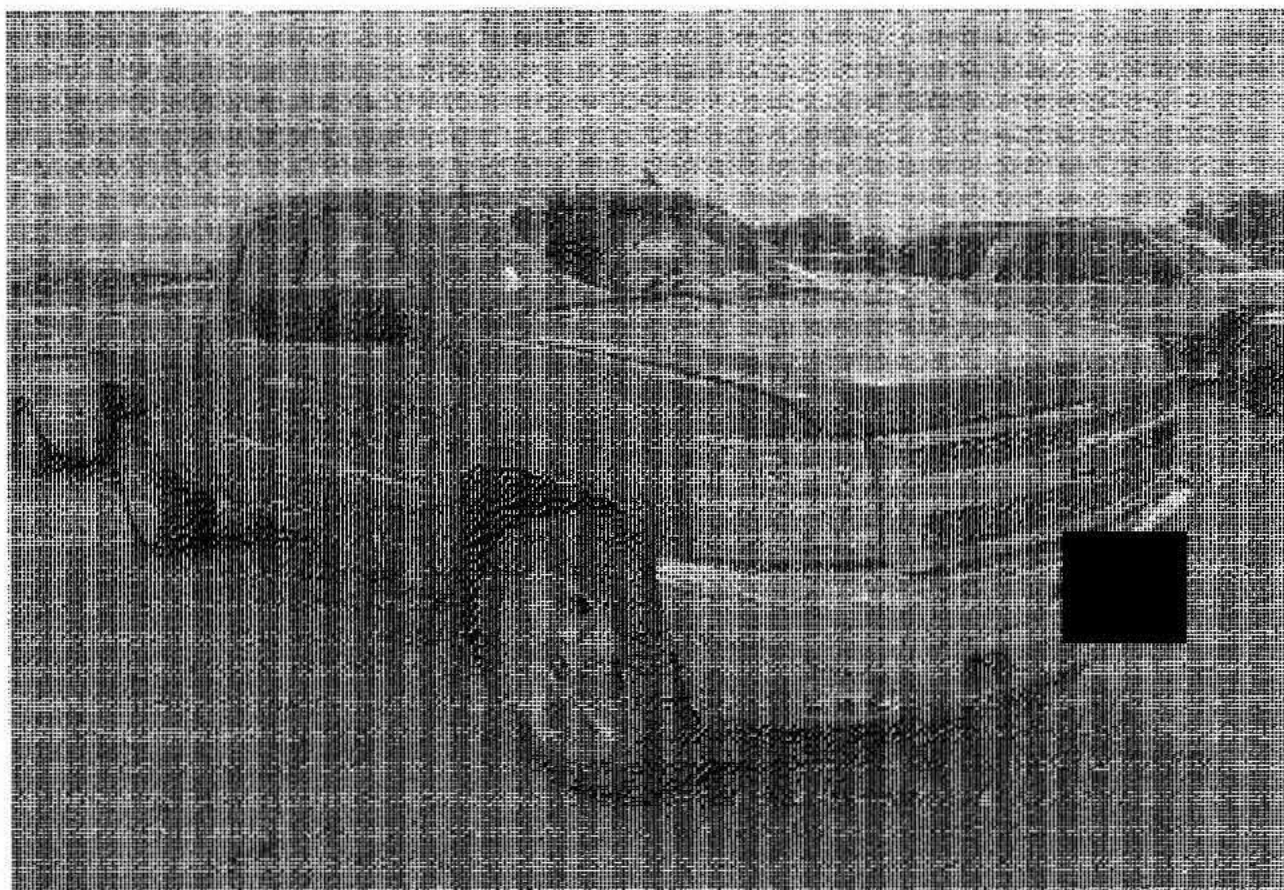


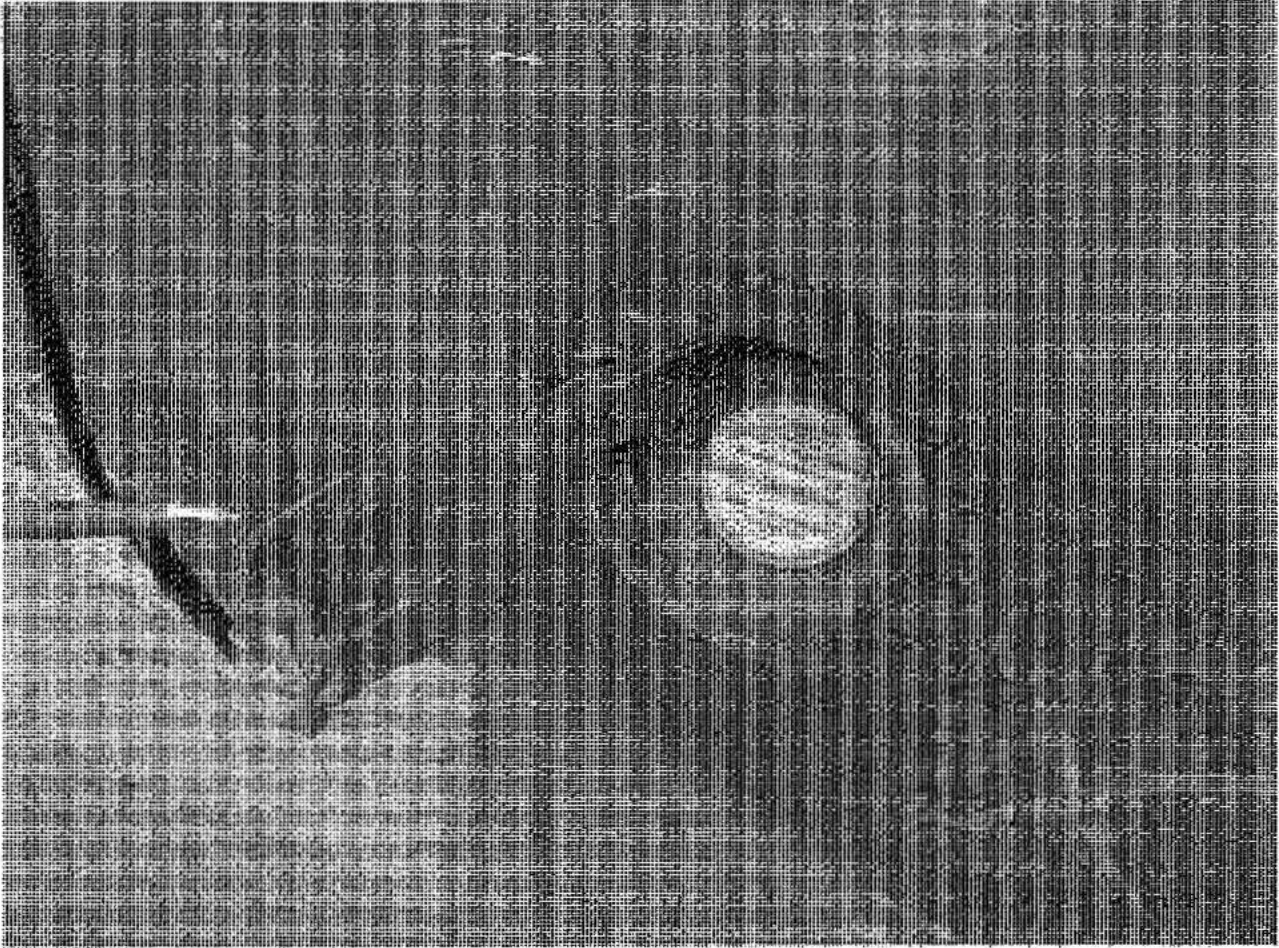


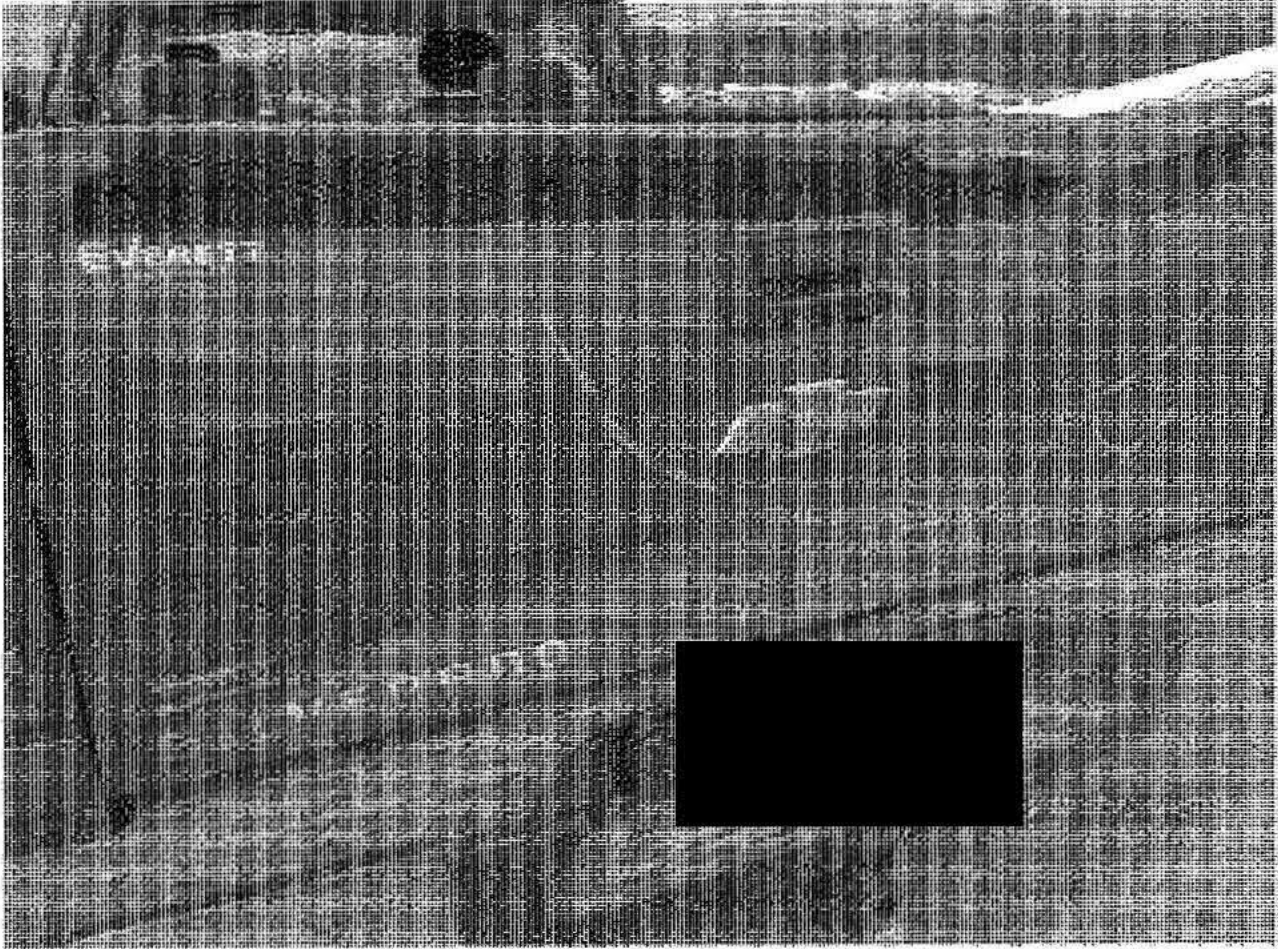


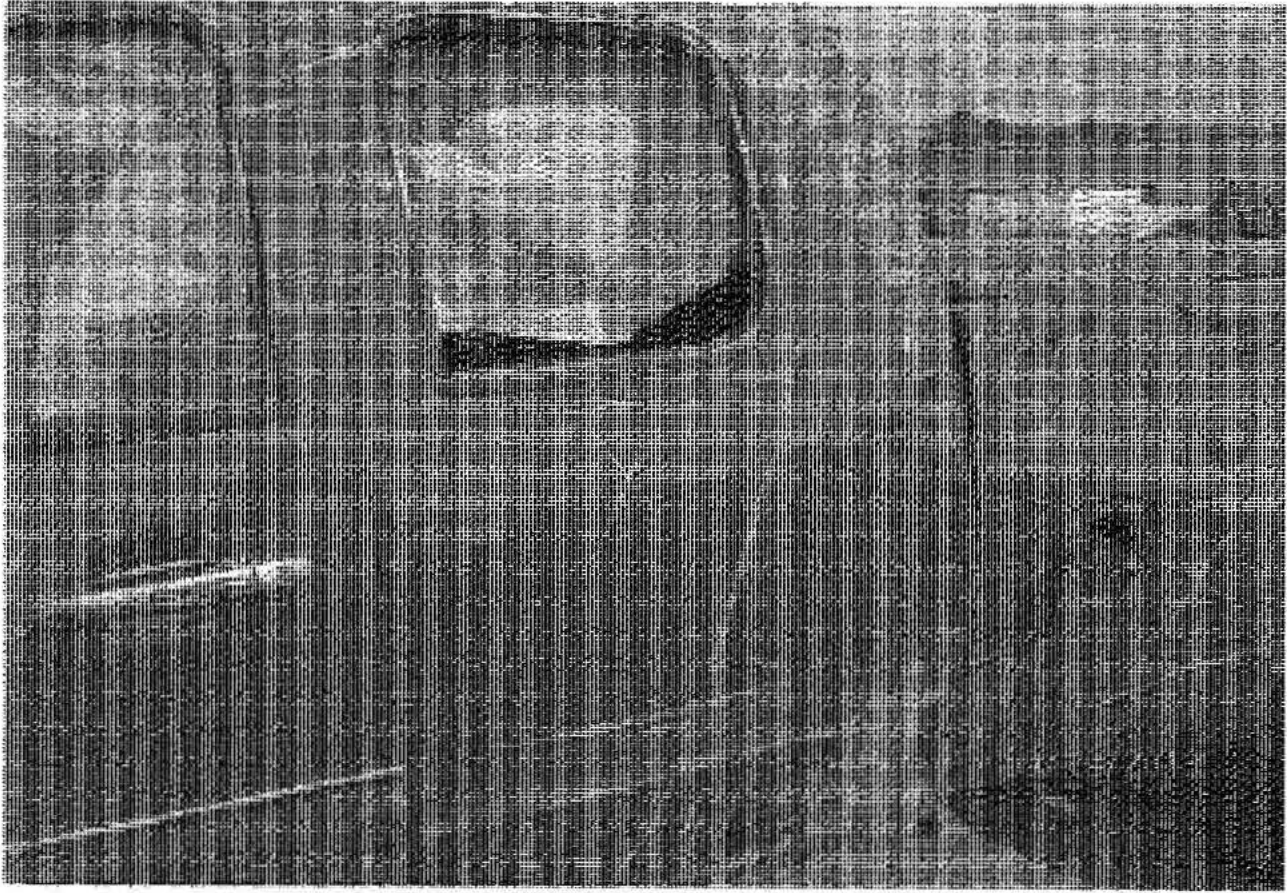




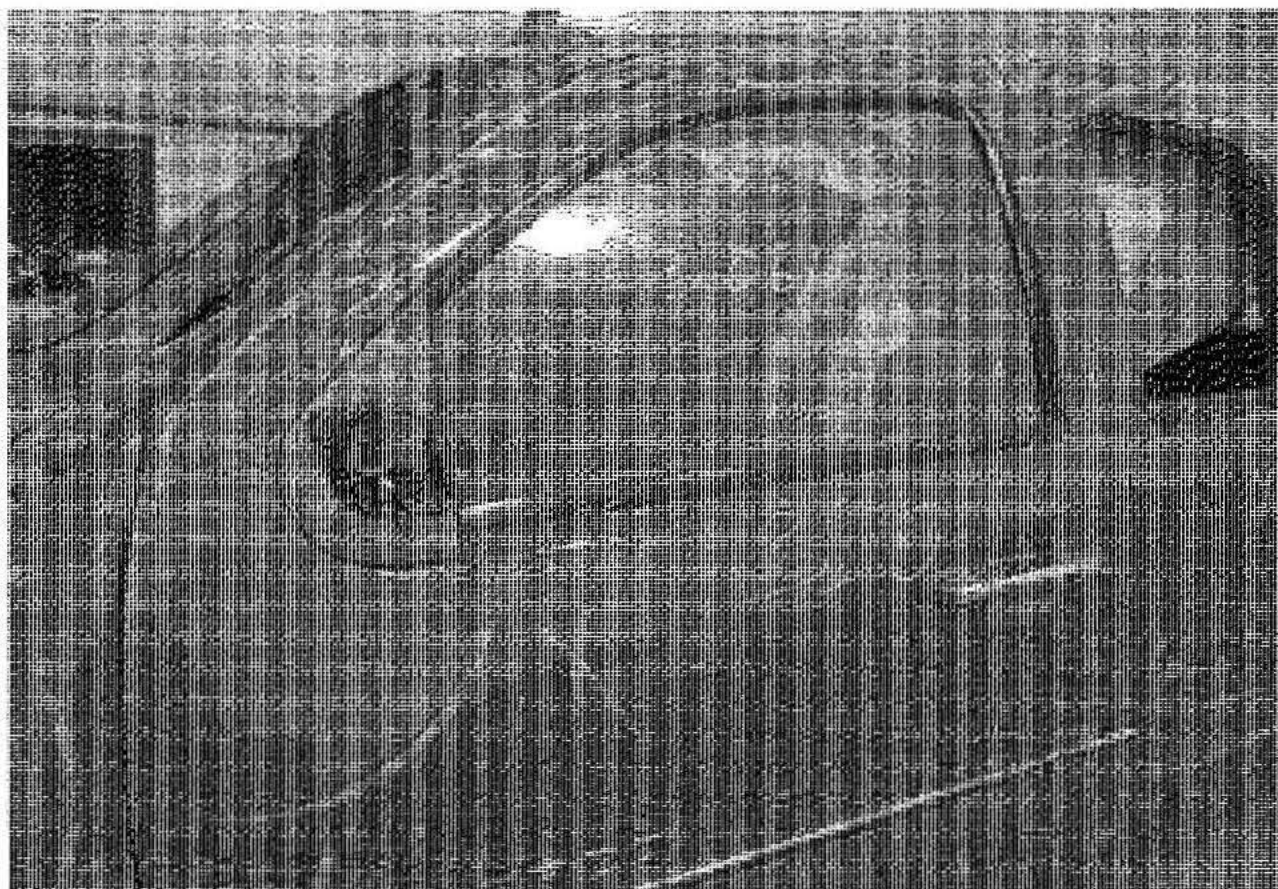












COPART AUTO AUCTIONS
703 MAIN STREET
CONWAY, AR 72032
PHONE (501) 796-2812
TAX ID# 710768544

Date 12/05/13

Visit us at www.copart.com
All Amounts are in USD

FINAL SETTLEMENT STATEMENT

Copart Lot# 26350553 21 AR - LITTLE ROCK.
Loss Date 9/07/13
Called In 9/09/13
P/U Cleared 9/10/13
Pickup Date 9/11/13
Original Title 10/18/13
Trans Title 10/23/13
Sale Document 11/22/13
Loss Type COLLISION
Description 12 CHEV SILVERADO RED
Vehicle ID# 1GCRKSE71C [REDACTED]
License#/ST 508MKJ AR
Mileage 5,061
Pickup From PARK TOWING
206 CEDAR ST
MARSHALL, AR 72650
(870) 448-2993

H200 PIP866A
CCT UNIT
HARTFORD INSURANCE-SOUTHWEST
3600 WISEMAN BLVD
SAN ANTONIO, TX 78251

Claim# [REDACTED]
Policy# [REDACTED]
Loss Code SW
Reference# CDAVIS
Insured [REDACTED]
Owner [REDACTED]

ADVANCE CHARGES PAID BY COPART

TOW SERVICE	418.00
YARD/GATE	115.00
LABOR	200.00
STORAGE	175.00
TAX	72.64

TOTAL ADVANCE CHARGES	980.64

COPART SERVICE CHARGES

PULL&MAIL LICENSE PLATES	15.00	MAILING PLATE
TITLE PROCESSING	11.25	SALVAGE TITLE
PIP PROGRAM CHARGE	480.00	

TOTAL COPART SERVICE CHARGES	506.25	

TOTAL DUE COPART	1486.89	
PROCEEDS FROM SALE	9600.00CR	*Bid Raised By Internet*
PREVIOUS PAYMENTS FROM COPART	8113.11	

NET DUE COPART00	

COPART PAYMENTS DETAIL

COPART CHECK# [REDACTED]	12/05/13	8,113.11
--------------------------	----------	----------



COPART AUTO AUCTIONS
703 MAIN STREET
CONWAY, AR 72032
PHONE (501) 796-2812
TAX ID# 710768544

Date 12/05/13

Visit us at www.copart.com
All Amounts are in USD

FINAL SETTLEMENT STATEMENT

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Pickup Date 9/11/13
Original Title 10/18/13
Trans Title 10/23/13
Sale Document 11/22/13
Loss Type COLLISION
Description 12 CHEV SILVERADO RED
Vehicle ID# 1GCRKSE71CZ [REDACTED]
License#/ST 508MKJ AR
Mileage 5,061
Pickup From PARK TOWING
206 CEDAR ST
MARSHALL, AR 72650
(870) 448-2993

H200 PIP866A
CCT UNIT
HARTFORD INSURANCE-SOUTHWEST
3600 WISEMAN BLVD
SAN ANTONIO, TX 78251

Claim# [REDACTED]
Policy# [REDACTED]
Loss Code SW
Reference# CDAVIS
Insured [REDACTED]
Owner [REDACTED]

SALE INFORMATION

Lot# 26350553
Sale Date 12/02/13
Sale Amount 9600.00
ACV 39570.00
Repair Est 21653.00
Return 24.2%
Cert# [REDACTED]

Sold To 30063 ROBERT'S AUTO SALES INC.
5212 MILITARY PKWY
DALLAS, TX 75227
(214) 381-7511

Item# 1137
Check Date 12/05/13
Check Amount 8113.11CR USD

Proceeds Check# [REDACTED]

Payment From Buyer 12/03/13
Reported To NICB 12/03/13
[REDACTED]

REMIT TO: COPART
4610 WEST AMERICA DRIVE
FAIRFIELD, CA 94534

PARKS WRECKER SERVICE
 208 Cedar Street Marshall, AR 72650
 870-448-2993
 ID# 94-3447689

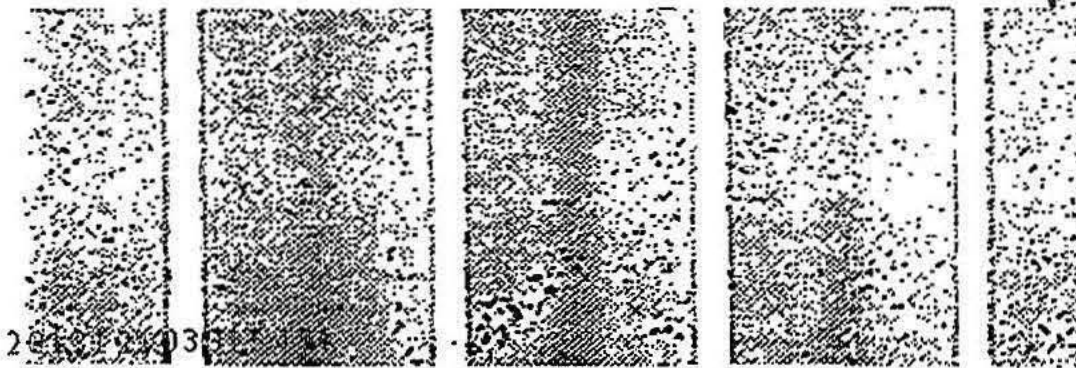
Road Service

DATE: 9-7-13	TIME: A.M. P.M.	REGISTERED BY:	FD NO.:
NAME:	ADDRESS:		PHONE:
CITY: Harrison	STATE: Ark	ZIP:	
LOCATION OF VEHICLE: Hwy 65 North			
YEAR, MAKE, MODEL: 2012 Chevy Silverado	COLOR: Red	OWNER:	
EDITION:	LIC. PLATE NO.:	VEHICLE I.D. NO.:	REGISTERED OWNER:
12 CHEV SILVERADO RED			EXTRA PERSON:
A Advance Charges			FEES:
TOTAL:			TOTAL:
REASON FOR TOW:		SPECIAL EQUIPMENT:	
<input checked="" type="checkbox"/> ACCIDENT	<input type="checkbox"/> ABANDONED	<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> SINGLE LINK WINCHING
<input type="checkbox"/> ARREST	<input type="checkbox"/> STOLEN CAR	<input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> DUAL LINK WINCHING
<input type="checkbox"/> UNREGISTERED	<input type="checkbox"/> BREAKDOWN	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> SNATCH BLOCKS
<input type="checkbox"/> TOW ZONE	<input type="checkbox"/> LOCK OUT	<input type="checkbox"/>	<input type="checkbox"/> BOOTCH BLOCKS
<input type="checkbox"/> SNOW REMOVAL	<input type="checkbox"/> START	<input type="checkbox"/>	<input type="checkbox"/> DOLLY
TYPE OF TOW:	TOWED PER ORDER OF:	VEHICLE TOWED TO:	
<input type="checkbox"/> BLEND/HOIST TOW	<input type="checkbox"/> STATE POLICE	PORT: Parks Yard	
<input type="checkbox"/> FLAT BED/ RAMP	<input type="checkbox"/> LOCAL POLICE	SECOND TOW:	
<input type="checkbox"/> WHEEL LIFT	<input type="checkbox"/> OWNER		
<input type="checkbox"/>	<input type="checkbox"/> DEALER		
STORAGE FROM:	TOWING CHARGE:	150.00	
9-7-13 TO 9-11-13 5 DAYS @ \$ 35	MILEAGE CHARGE:	68.00	
PAID BY:	WINCHING CHARGE:	200.00	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER LIC. NO.:	GATE FEE CHARGE:	40.00	
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX EXP. DATE:	LABOR CHARGE:	200.00	
DC NO.:	STORAGE CHARGE:	175.00	
OPERATOR'S SIGNATURE: [Signature]	ADMINISTRATION FEE CHARGE:	75.00	
TRUCK NO.:	SUBTOTAL:	908.00	
AUTHORIZED SIGNATURE: [Signature]	TAX:	72.64	
VEHICLE RELEASED TO: [Signature]	TOTAL:	980.64	

2281

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control

Thank You



CERTIFICATE OF TITLE

STATE OF ARKANSAS

VEHICLE IDENTIFICATION NUMBER 1GCRKSE71CZ		YEAR 2012	MAKE CHEV	MODEL 2SK	BODY TYPE 4C
TITLE NUMBER	PREVIOUS TITLE NUMBER MSO	PREV. TITLE STATE	ISSUE DATE 01/24/2013	ODOMETER 138	UNLADEN WEIGHT 5268

SALE ADDRESS

[REDACTED]

HARRISON AR

REMARKS
OD ACTUAL

12 CHEV SILVERADO RED



0 Y07AC85786

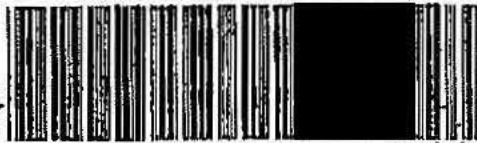
039

OWNER

[REDACTED]

HARRISON AR

[REDACTED]



The Department of Finance and Administration, State of Arkansas, hereby certifies that the applicant named hereon is duly registered as the owner of the vehicle described above. From the statements of the owner and the records on file with this department, the hereon described vehicle is subject to the liens enumerated hereon.

In Witness Whereof, I have affixed my hand and seal.

Timothy J. Lathrop

COMMISSIONER OF REVENUE

05926201
075071



STATEMENT OF ERROR/ERASURE

DATE: _____
VIN #: _____
TITLE#: _____
YEAR: _____ MAKE: _____

12 CHEV SILVERADO RED



660

THE FOLLOWING WAS ENTERED ON THE ABOVE TITLE IN ERROR:

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.



DATE

12-9-13

DATE

SIGNATURE

**Arkansas law requires the following to appear on this form:
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Writing Company: Hartford Insurance Company of the Midwest
CCPS Number:

Handling ID:
LTR19851173

Indianapolis Claim Service Center
TLS Support
PO Box 50954

PLEASE COMPLETE
THE
HIGHLIGHTED
AREAS ONLY

POWER OF ATTORNEY TO SIGN FOR OWNER WHEN REGISTERING
AND / OR TRANSFERRING OWNERSHIP OF A MOTOR VEHICLE

ORIGINAL Use: To be attached to the Certificate of Title for surrender at Registration by the purchaser.

WARNING: This form may be used only when title is physically held by lienholder or has been lost. This is exercising power of attorney. Failure to do so may result in fines and / or imprisonment.

12 CHEV SILVERADO RED



USA

VEHICLE DESCRIPTION

Year _____ Make _____ Model _____

Vehicle Identification Number (VIN) _____

PART A. POWER OF ATTORNEY TO DISCLOSE MILEAGE AND/OR TRANSFER OWNERSHIP

Federal law and State law require that you state the mileage upon transfer of ownership. Providing a false statement may result in fines and / or imprisonment.

I, _____
TRANSFEROR'S (SELLER'S) NAME OR NAMES IF JOINTLY OWNED. PRINT
appoint _____
TRANSFEREE'S (BUYER'S) NAME. PRINT _____ attorney-in-fact

to disclose the mileage, on the title for the vehicle described above, exactly as stated in my following disclosure and to sign in my / our name, place, and stead any Certificate of Title, or other supporting papers, covering said motor vehicle, in whatever manner necessary to register and / or transfer ownership of said motor vehicle; and I / we do hereby grant unto said attorney-in-fact full authority and power to do and perform any and all other acts necessary or incident to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution.

I state that the odometer now reads _____ (NO TENTHS) _____ miles and to the best of my knowledge that it reflects

the actual mileage unless one of the following statements is checked.
 _____ odometer reading reflects the mileage in excess of its mechanical limits.
 _____ actual mileage. WARNING - ODOMETER DISCREPANCY.

Transferor's Address _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

Date of Statement _____ TRANSFEREE'S (BUYER'S) SIGNATURE / PRINTED NAME _____

Transferee's Address _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

PART B. POWER OF ATTORNEY TO REVIEW TITLE DOCUMENTS AND ACKNOWLEDGE DISCLOSURE
(Part B is invalid unless Part A has been completed)

I, _____
TRANSFEREE'S (BUYER'S) NAME. PRINT
appoint _____
TRANSFEROR'S (SELLER'S) NAME. PRINT _____ attorney-in-fact

to sign the mileage disclosure, on the title for the vehicle described above, only if the disclosure is exactly as the disclosure completed below and to sign in my / our name, place, and stead any Certificate of Title, or other supporting papers, covering said motor vehicle, in whatever manner necessary to register and / or transfer ownership of said motor vehicle; and I / we do hereby grant unto said attorney-in-fact full authority and power to do and perform any and all other acts necessary or incident to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution.

TRANSFEREE'S (BUYER'S) SIGNATURE / PRINTED NAME _____ TRANSFEREE'S (BUYER'S) ADDRESS (STREET, CITY, STATE, ZIP) _____

Federal law and State law require that you state the mileage upon transfer of ownership. Providing a false statement may result in fines and / or imprisonment.

I state that the odometer now reads _____ (NO TENTHS) _____ miles and to the best of my knowledge that it reflects

the actual mileage unless one of the following statements is checked.
 1. I hereby certify that to the best of my knowledge the odometer reading reflects the mileage in excess of its mechanical limits.
 2. I hereby certify that the odometer reading is NOT the actual mileage. WARNING - ODOMETER DISCREPANCY

Date of Statement _____ TRANSFEROR'S (SELLER'S) SIGNATURE / PRINTED NAME _____

Transferor's Address _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

PART C. CERTIFICATION

I, _____
(person exercising above power of attorney, Print), hereby certify that the mileage I have disclosed on the title document is consistent with that provided to me in the above power of attorney. Further, upon examination of the title and any reassignment documents for the vehicle described above, the mileage disclosure I have made on the title pursuant to the power of attorney is greater than that previously stated on the title and reassignment documents. This certification is not intended to create, nor does it create any new or additional liability under Federal or State law.

Printed Name _____

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and or imprisonment.

12 CHEV SILVERADO RED

BY OWNER AND vehicle described in this titled name and address.

ODOMETER DISCLOSURE I certify that to the best of my knowledge that the odometer reading provided in the box below is the actual mileage of the vehicle unless one of the following statements is checked:



653

Odometer Reading (no tenths)

EXCEEDS MECHANICAL LIMITS. The mileage state is in excess of the odometer's mechanical limits.

WARNING - ODOMETER DISCREPANCY The odometer is not the actual mileage.

BILL OF SALE Date of Sale

Full Sales Price of this Vehicle \$

Less Trade In \$

Net Taxable Trade Difference \$

Seller(s) Printed Name

Seller(s) Printed Address

Seller(s) Signature

"I am aware of the above odometer certification made by the seller"

Buyer's Printed Name

Buyer's Signature

Title Assignment by Owner

Buyer(s) Printed Address

with warranty to be free of all encumbrances except as follows:

LIEN IN FAVOR OF

Address

DESCRIPTION OF VEHICLE TRADED IN (IF ANY) VEHICLE IDENTIFICATION NUMBER

YEAR MAKE MODEL

Note to Seller: A copy of this title assignment, fully completed, is sufficient to use to claim a sales tax credit toward the purchase of another vehicle.

First Dealer Reassignment

TITLE ASSIGNMENT BY DEALER AND

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address.

Buyer(s) Printed Name

Buyer(s) Printed Address

with warranty to be free of all encumbrances except as follows:

LIEN IN FAVOR OF

Address

DESCRIPTION OF VEHICLE TRADED IN (IF ANY) VEHICLE IDENTIFICATION NUMBER

YEAR MAKE MODEL

ODOMETER DISCLOSURE I certify that to the best of my knowledge that the odometer reading provided in the box below is the actual mileage of the vehicle unless one of the following statements is checked:

Odometer Reading (no tenths)

EXCEEDS MECHANICAL LIMITS. The mileage state is in excess of the odometer's mechanical limits.

WARNING - ODOMETER DISCREPANCY The odometer is not the actual mileage.

BILL OF SALE Date of Sale

Full Sales Price of this Vehicle \$

Less Trade In \$

Net Taxable Trade Difference \$

Dealer's Printed Name

Dealer's License Number

Dealer's Signature

"I am aware of the above odometer certification made by the dealer"

Buyer's Printed Name

Buyer's Signature

Second Dealer Reassignment

TITLE ASSIGNMENT BY DEALER AND

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address.

Buyer(s) Printed Name

Buyer(s) Printed Address

with warranty to be free of all encumbrances except as follows:

LIEN IN FAVOR OF

Address

DESCRIPTION OF VEHICLE TRADED IN (IF ANY) VEHICLE IDENTIFICATION NUMBER

YEAR MAKE MODEL

ODOMETER DISCLOSURE I certify that to the best of my knowledge that the odometer reading provided in the box below is the actual mileage of the vehicle unless one of the following statements is checked:

Odometer Reading (no tenths)

EXCEEDS MECHANICAL LIMITS. The mileage state is in excess of the odometer's mechanical limits.

WARNING - ODOMETER DISCREPANCY The odometer is not the actual mileage.

BILL OF SALE Date of Sale

Full Sales Price of this Vehicle \$

Less Trade In \$

Net Taxable Trade Difference \$

Dealer's Printed Name

Dealer's License Number

Dealer's Signature

"I am aware of the above odometer certification made by the dealer"

Buyer's Printed Name

Buyer's Signature

CERTIFICATE OF TITLE

STATE OF ARKANSAS

VEHICLE IDENTIFICATION NUMBER 1GCRKSE71CZ [REDACTED]		YEAR 2012	MAKE CHEV	MODEL 2SK	BODY TYPE 4C
TITLE NUMBER [REDACTED]	PREVIOUS TITLE NUMBER MSO	PREV. TITLE STATE	ISSUE DATE 01/24/2013	ODOMETER 138	UNLADEN WEIGHT 5268

MAILING ADDRESS

[REDACTED]
HARRISON AR [REDACTED]

REMARKS

OD ACTUAL

12 CHEV SILVERADO RED



021

[REDACTED] Original Title

OWNER

[REDACTED]
HARRISON AR [REDACTED]

HARRISON AR [REDACTED]



The Department of Finance and Administration, State of Arkansas, hereby certifies that the applicant named hereon is duly registered as the owner of the vehicle described above. From the statements of the owner and the records on file with this department, the herein described vehicle is subject to the laws enumerated hereon.

In Witness Whereof, I have affixed my hand and seal:

Timothy J. Littlejohn

COMMISSIONER OF REVENUE

05820201
015431



STATEMENT OF ERROR/VERASURE

DATE: _____
VIN #: _____
TITLE#: _____
YEAR: _____ MAKE: _____



120

THE FOLLOWING WAS ENTERED ON THE ABOVE TITLE IN ERROR:

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.



DATE
11-9-13
DATE

**Arkansas law requires the following to appear on this form:
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Writing Company, Hartford Insurance Company of the Midwest
CCPS Number:

Handling ID:
LTR19851173
PAH

Indianapolis Claim Service Center
TIS Support
PO Box 68884
Indianapolis, IN 46268

**PLEASE COMPLETE
HIGHLIGHTED
AREAS ONLY**

**POWER OF ATTORNEY TO SIGN FOR OWNER WHEN REGISTERING
AND / OR TRANSFERRING OWNERSHIP OF A MOTOR VEHICLE**

ORIGINAL (1) To be attached to the Certificate of Title for surrender at Registration by the purchaser.

WARNING: This form may be used only when title is physically held by lienholder or has been lost. This exercising power of attorney. Failure to do so may result in fines and / or imprisonment.

12 CHEV SILVERADO RED



VEHICLE DESCRIPTION

Year _____ Make _____ Model _____
Vehicle Identification Number (VIN) _____

PART A. POWER OF ATTORNEY TO DISCLOSE MILEAGE AND/OR TRANSFER OWNERSHIP

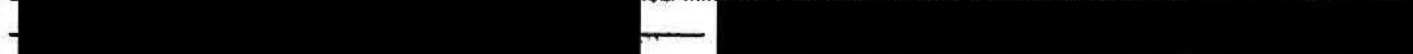
Federal law and State law require that you state the mileage upon transfer of ownership. Providing a false statement may result in fines and / or imprisonment.

I, _____
TRANSFEROR'S (SELLER'S) NAME OR NAMES IF JOINTLY OWNED, PRINT
appoint _____ attorney-in-fact

_____ TRANSFEREE'S (BUYER'S) NAME, PRINT
to disclose the mileage, on the title for the vehicle described above, exactly as stated in my following disclosure and to sign in my / our name, place, and stead any Certificate of Title, or other supporting papers, covering said motor vehicle, in whatever manner necessary to register and / or transfer ownership of said motor vehicle; and I / we do hereby grant unto said attorney-in-fact full authority and power to do and perform any and all other acts necessary or incident to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution.

I state that the odometer now reads _____ (NO TENTHS) miles and to the best of my knowledge that it reflects

the actual mileage unless one of the following statements is checked
 1. I hereby certify that to the best of my knowledge the odometer reading reflects the mileage in excess of its mechanical limits.
 2. I hereby certify that the odometer reading is NOT the actual mileage. **WARNING - ODOMETER DISCREPANCY**



Transferor's Address _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

Date of Statement _____ TRANSFEREE'S (BUYER'S) SIGNATURE / PRINTED NAME _____

Transferee's Address _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

PART B. POWER OF ATTORNEY TO REVIEW TITLE DOCUMENTS AND ACKNOWLEDGE DISCLOSURE

(Part B is invalid unless Part A has been completed)

I, _____
TRANSFEREE'S (BUYER'S) NAME, PRINT
appoint _____ attorney-in-fact

_____ TRANSFEROR'S (SELLER'S) NAME, PRINT
to sign the mileage disclosure, on the title for the vehicle described above, only if the disclosure is exactly as the disclosure completed below and to sign in my / our name, place, and stead any Certificate of Title, or other supporting papers, covering said motor vehicle, in whatever manner necessary to register and / or transfer ownership of said motor vehicle; and I / we do hereby grant unto said attorney-in-fact full authority and power to do and perform any and all other acts necessary or incident to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution.

_____ TRANSFEREE'S (BUYER'S) SIGNATURE / PRINTED NAME
_____ TRANSFEREE'S (BUYER'S) ADDRESS (STREET, CITY, STATE, ZIP)

Federal law and State law require that you state the mileage upon transfer of ownership. Providing a false statement may result in fines and / or imprisonment.

I state that the odometer now reads _____ (NO TENTHS) miles and to the best of my knowledge that it reflects

the actual mileage unless one of the following statements is checked:
 1. I hereby certify that to the best of my knowledge the odometer reading reflects the mileage in excess of its mechanical limits.
 2. I hereby certify that the odometer reading is NOT the actual mileage. **WARNING - ODOMETER DISCREPANCY**

Date of Statement _____ TRANSFEROR'S (SELLER'S) SIGNATURE / PRINTED NAME _____

Transferor's Address _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

PART C. CERTIFICATION

I, _____
(person exercising above power of attorney, Print), hereby certify that the mileage I have disclosed on the title document is consistent with that provided to me in the above power of attorney. Further, upon examination of the title and any reassignment documents for the vehicle described above, the mileage disclosure I have made on the title pursuant to the power of attorney is greater than that previously stated on the title and reassignment documents. This certification is not intended to create, nor does it create any new or additional liability under Federal or State law.

Printed Name

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and or imprisonment.

12 CHEV SILVERADO RED



021

0 Original Title

BY OWNER AND vehicle described in this titled name and address.

ODOMETER DISCLOSURE I certify that to the best of my knowledge that the odometer reading provided in the box below is the actual mileage of the vehicle unless one of the following statements is checked:

Odometer Reading (no tenths)

[Empty box for odometer reading]

EXCEEDS MECHANICAL LIMITS. The mileage state is in excess of the odometer's mechanical limits.

WARNING - ODOMETER DISCREPANCY The odometer is not the actual mileage.

Title Assignment by Owner

Buyer(s) Printed Address

with warranty to be free of all encumbrances except as follows:

LIEN IN FAVOR OF

Address

DESCRIPTION OF VEHICLE TRADED IN (IF ANY) VEHICLE IDENTIFICATION NUMBER

YEAR MAKE MODEL

Note to Seller A copy of this title assignment, fully completed, is sufficient to use to claim a sales tax credit toward the purchase of another vehicle

BILL OF SALE Date of Sale

Full Sales Price of this Vehicle \$

Less Trade In \$

Net Taxable Trade Difference \$

Seller(s) Printed Name James A MYERS

Seller(s) Printed Address Harrison AR 721

Seller(s) Signature

I am aware of the above odometer certification made by the seller

Buyer's Printed Name

Buyer's Signature

First Dealer Reassignment

TITLE ASSIGNMENT BY DEALER AND

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address.

Buyer(s) Printed Name

Buyer(s) Printed Address

with warranty to be free of all encumbrances except as follows:

LIEN IN FAVOR OF

Address

DESCRIPTION OF VEHICLE TRADED IN (IF ANY) VEHICLE IDENTIFICATION NUMBER

YEAR MAKE MODEL

ODOMETER DISCLOSURE I certify that to the best of my knowledge that the odometer reading provided in the box below is the actual mileage of the vehicle unless one of the following statements is checked:

Odometer Reading (no tenths)

[Empty box for odometer reading]

EXCEEDS MECHANICAL LIMITS. The mileage state is in excess of the odometer's mechanical limits.

WARNING - ODOMETER DISCREPANCY The odometer is not the actual mileage.

BILL OF SALE Date of Sale

Full Sales Price of this Vehicle \$

Less Trade In \$

Net Taxable Trade Difference \$

Dealer's Printed Name

Dealer's License Number

Dealer's Signature

I am aware of the above odometer certification made by the dealer

Buyer's Printed Name

Buyer's Signature

Second Dealer Reassignment

TITLE ASSIGNMENT BY DEALER AND

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address.

Buyer(s) Printed Name

Buyer(s) Printed Address

with warranty to be free of all encumbrances except as follows:

LIEN IN FAVOR OF

Address

DESCRIPTION OF VEHICLE TRADED IN (IF ANY) VEHICLE IDENTIFICATION NUMBER

YEAR MAKE MODEL

ODOMETER DISCLOSURE I certify that to the best of my knowledge that the odometer reading provided in the box below is the actual mileage of the vehicle unless one of the following statements is checked:

Odometer Reading (no tenths)

[Empty box for odometer reading]

EXCEEDS MECHANICAL LIMITS. The mileage state is in excess of the odometer's mechanical limits.

WARNING - ODOMETER DISCREPANCY The odometer is not the actual mileage.

BILL OF SALE Date of Sale

Full Sales Price of this Vehicle \$

Less Trade In \$

Net Taxable Trade Difference \$

Dealer's Printed Name

Dealer's License Number

Dealer's Signature

I am aware of the above odometer certification made by the dealer

Buyer's Printed Name

Buyer's Signature

26350553

CERTIFICATE OF TITLE

STATE OF ARKANSAS

VEHICLE IDENTIFICATION NUMBER 1GCRKSE71C2		YEAR 2012	MAKE CHEV	MODEL 2SK	BODY TYPE 4C
TITLE NUMBER [REDACTED]	TITLE NUMBER 06011300507	PREV. TITLE STATE AR	ISSUE DATE 11/19/2013	ODOMETER 5061	UNLADEN WEIGHT 5268

MAILING ADDRESS
 HARTFORD INS CO OF THE MIDWEST
 703 MAIN ST.
 CONWAY, AR 72032-9650

REMARKS
 OD ACTUAL

OWNER
 HARTFORD INS CO OF THE MIDWEST
 703 MAIN ST.
 CONWAY, AR 72032-9650

OWNER'S SIGNATURE (IF JOINT OWNERSHIP, BOTH MUST SIGN)
 THIS TITLE MUST BE SIGNED UPON RECEIPT BY OWNERS

12 CHEV SILVERADO RED



021

The Department of Finance and Administration, State of Arkansas, hereby certifies that the applicant named herein is duly registered as the owner of the vehicle described above from the statements of the owner and the records on file with this department, the herein described vehicle is subject to the liens enumerated hereon.

In Witness Whereof, I have affixed my hand and seal

Timothy J. Leatherberry

COMMISSIONER OF REVENUE

REGISTRATION
 06626738
 015431



NO ENVELOPE



Keith Fisher

From: Beckman, Stacie
Sent: Wednesday, February 05, 2014 8:38 PM
To: CMMiller@forestriverinc.com
Cc: Kimberly.gutman@ioausa.com
Subject: REBECCA MYERS
Attachments: tokko_2292_6232_CONTACT LETTER [REDACTED]8.doc.docx

Craig:

Here is the claim notice from National General, the carrier for Ms. Myers that insured the trailer.

From: Tolley, Robert [mailto:Robert.Tolley@ngic.com]
Sent: Thursday, January 30, 2014 3:23 PM
To: Beckman, Stacie
Subject: 9771734



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE LEGAL OPERATIONS AGENCY (AFLOA)
MEDICAL COST REIMBURSEMENT PROGRAM – REGION 5
1701 KENLY AVENUE SUITE 106
JBSA LACKLAND, TX 78236-5103

February 7, 2014

YORK RISK SERVICES
ATTN: STACIE BECKMAN
1 SOUTH WACKER DR SUITE 294
CHICAGO, IL 60602

NOTICE OF CLAIM

Injured: [REDACTED]
Date of Incident: September 7, 2013
Your Claim Number: [REDACTED]
Our File Number: [REDACTED]

Dear Ms. Beckman:

We have information indicating that [REDACTED] was injured in an accident and that your insured may be legally responsible for the injuries. As a result of the injuries sustained, medical care and treatment was provided by or through the United States. The Medical Care Recovery Act, 42 U.S.C. §§ 2651 et seq., and 10 U.S.C. § 1095 entitle the United States to recover the reasonable value of medical care and treatment provided by or through the United States to the individual identified above.

Therefore, the United States makes claim to any and all available insurance coverage including, but not limited to, Personal Injury Protection, Medical Payments, Underinsured or Uninsured benefits, Worker's Compensation, and liability coverage for the reasonable value of medical care provided the injured party identified above. Proof of medical expenses will be forwarded as soon as it is received by this office.

Thank you for your cooperation in resolving this matter. If you have any questions concerning this matter please contact me at (210) 671-5768 or send email to mary.huebner@us.af.mil. My fax number is (210) 671-5192.

Sincerely,

Mary Huebner
Paralegal Specialist

RQ14-004
FOREST RIVER'S
5-22-2015
ENCLOSURE 4



April 11, 2017

Stacie Beckman
York Risk Services

Re: Company Name: NATIONAL GENERAL INSURANCE COMPANY
 Insured: [REDACTED]
 Claim Number: [REDACTED]
 Policy Number: [REDACTED]
 Date of Loss: 09/07/2013

Dear Stacie:

We have a claim that occurred and may be due to the recall. We would like a claim to be filed for the Forest River RV. Please respond with a claim number.

I look forward to speaking with you soon!

Sincerely,

Robert Tolley
Claim Representative
NATIONAL GENERAL INSURANCE COMPANY