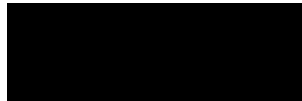


PE19-004  
KIA  
6/28/2019  
DEFECT B  
CA FILES  
  
FORTE



















**Hello,**

**I have been a customer of Kia since I was able to buy my first car at 18 and loved it and had it for a long time. So I knew that when it was time to get a new car I was going to get another Kia which is when I bought my 2016 Kia Forte. from the start I was nervous about it because it definitely wasn't the same as my Spectra I previously had but still really liked it.**

**One day while driving I noticed that the hood had smoke coming out of it and figured since I was a couple of blocks from my place that I would check it out then. Once home i realized that the tire area was on fire and spread to the hood area which was terrifying. I had the firefighters come out and they had me believing that the fire started from tire area after first starting with the electircal and the only way to get the totaled vehicle paid off was through the insurance. I was distraught and took care of the insurance portion. They did not come close to paying off the loan and so I have been left paying for a vehicle I don't even have all because of this fire. I was told that the electrical was not covered under the warranty and there was nothing else that could be done but to junk it since I couldn't keep it at my place since it was inoperable and totaled. So I have been without a vehicle and spent all my taxes to try and pay for the car I not longer have.**

**I spoke to my mom who works at a dealership about the accident and she spoke to some people in the service department that told me that I shouldn't have went through the insurance as I was originally told to do. Since it was caused to no fault of my own even though I was told to believe it was by the multiple people I discussed this with in trying to get the issue resolved. I was scared and didn't know what else to**





do so was just going with what was told to me by the insurance company. The service department said that my electrical was covered for 70,000 miles and should've received a new car since it was totaled by the electrical part of the car. Since I was thinking that it wasn't covered I junked it and now without a car. Which is why I am emailing my frustrations now.

I am a single mom and all my money had went into this car from me to now be without it because of a fire. I am now wanting to see if there is anything that Kia can do to help me with this? I have been getting the run around from the start and have been getting the wrong information everywhere I am going. Is there any way Kia can help pay for the car since it was an electrical issue that caused the fire? I am not asking for a replacement just anything that Kia can do to a loyal customer and help me get the car at lease off my credit so I can get a new car for me and my family. I have had so much heartache and headache with this situation and all because there was not a recall on the 2016 Forte no one has helped me and everyone has been giving me the run around which is why it has been a couple months since the fire.

Any help you provide is appreciated.

Thank you

[REDACTED]

[REDACTED]

Capital One Auto Finance

City of Industry, CA

## YOUR MONTHLY STATEMENT

LAKEWOOD, CO

Account Number:

Vehicle:

16 KIA FORTE

ACCOUNT STATUS

PAST DUE

### YOUR PAYMENT INFORMATION

|                         |            |
|-------------------------|------------|
| Past Due Payment(s)     | \$1,249.17 |
| Total Unpaid Late Fees  | \$120.00   |
| Total Unpaid Other Fees | \$0.00     |
| Current Due Payment     | \$357.26   |

|                  |                   |
|------------------|-------------------|
| <b>Total Due</b> | <b>\$1,726.43</b> |
| <b>Due Date</b>  | <b>03/16/2018</b> |

### HOW TO MAKE A PAYMENT



**PAY ONLINE**  
[www.capitalone.com](http://www.capitalone.com)



**PAY BY PHONE**  
Call **[REDACTED]**  
Mon - Fri, 8:00 a.m. - 9:00 p.m. EST



**PAY BY MAIL**  
Capital One Auto Finance  
City of Industry, CA **[REDACTED]**

Payoff Amount good through 03/16/2018

\$12,266.12

# GET CAUGHT UP FAST

### WE CAN ESTABLISH A PAYMENT PLAN TO BRING YOUR ACCOUNT CURRENT!

- Get your account back on track
- Help avoid late fees
- Installments that work for you

Call us at **[REDACTED]** and take charge today.





## IMPORTANT DISCLOSURES AND INSTRUCTIONS

### Important Customer Notices:

#### 1- Mail Payment Information.

- Please see the front of the payment coupon at the bottom of the second page on this statement for important mail payment instructions.
- Please allow at least 5 business days (Monday through Saturday, except holidays) for postal delivery.
- We will process payments received in our California payment processing center the same day if received before 12:00 p.m. Payments received after this time will be processed on the next business day (Monday through Saturday, except holidays). Regardless of when we process your payment, we will credit your account for the day we received your payment.
- We may store your payment account information to allow you to make payments in the future. We will not process payments using this account information without your prior explicit authorization.

**2- Electronic Authorization.** Each time you send us a check, you authorize us to use information from your check to make a one-time electronic debit from your bank account for the amount of the check. This authorization applies to all checks received. If we cannot process the one-time electronic debit, you authorize us to debit your bank account using the original check, a paper draft, or other item. When we use information from your check to make a one-time electronic debit from your checking account, funds may be withdrawn from your bank account as soon as the same day you make, or we receive, your payment. You will not receive your check back from your financial institution.

**3- Late Fees.** Please remember, making your monthly payments in full and on time is important to avoid delinquency. If you are past due on your account, you may be assessed late fees in accordance with your contract.

**4- Other Fees** may include, but are not limited to, any of the following fees or charges, except where prohibited by law: NSF ("returned check fee"), One-Time ACH, Debit Card, Due Date Change, Extension, Legal, Lien Filing, FedEx, and Repossession.

**5- Scheduled Payments.** If you modify/cancel your scheduled payment(s) on/after your statement date, please adjust your payment amount to ensure your Total Due on the front of this statement is paid by your due date.

**6- Paying Your Account Ahead.** Any amount paid over your Total Due shown on the front of this statement by your due date will be applied to your balance but will not further advance your due date. You will need to make at least one regular monthly payment every billing cycle by your due date until your account is paid in full, regardless of how much you paid in previous monthly billing cycles.

**7- Payoff Amount.** For your convenience, the amount needed to pay off your account on the date shown (the "good-through date") is given on the front of this statement. This amount may change if any transactions are posted to your account before your payoff good-through date.

- If you pay the Payoff Amount shown before your good-through date, your account may be over paid. The credit balance will be refunded back to you.
- If you pay the Payoff Amount shown after your good-through date, your account may not be paid off as you may have incurred additional interest and/or fees. You will receive a statement for the remaining balance prior to your next due date.

**8- Credit Bureau Reporting.** We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. All disputes must be sent in writing to the following address: ATTN: COAF Credit Bureau Dispute, Capital One Auto Finance, [REDACTED], Plano, TX [REDACTED]

### Phone Authorization for Electronic Payments:

- 1- You may authorize us to initiate one-time or recurring payment(s) that will be electronically debited from your bank account by phone at [REDACTED]
- 2- Confirmation of your phone authorization for recurring payments will be sent to you by mail.
- 3- Your authorization for one-time payment(s) will remain in effect until your payment(s) is electronically debited from your bank account, or until you direct us to stop it.
- 4- You may make an electronic payment at no cost by either going online at [www.capitalone.com](http://www.capitalone.com), using our automated phone service at [REDACTED] or speaking with an agent at [REDACTED]
- 5- If you wish to modify or cancel your payment(s), please call us at [REDACTED] Monday through Friday, from 8:00 a.m. to 9:00 p.m. Eastern Time. Any change to your one-time payment(s) must be completed by 5:00 p.m. Eastern Time on the payment date. Any change to your DirectPay payment must be received 3 business days before your payment date to be effective for this month; otherwise, the change will be effective starting next month.

Capital One Auto Finance

City of Industry, CA

## YOUR MONTHLY STATEMENT

Account Number:

Vehicle:

16 KIA FORTE

### TRANSACTION HISTORY: 01/26/2018 - 02/22/2018

| Posting Date | Effective Date | Description                  | Principal   | Interest | Late Fees | Other Fees | Total       |
|--------------|----------------|------------------------------|-------------|----------|-----------|------------|-------------|
|              |                | BEGINNING BALANCE            | \$17,454.56 | \$154.69 | \$105.00  | \$0.00     | \$17,714.25 |
| 01/26/2018   | 01/26/2018     | Late Fees Assessed           | \$0.00      | \$0.00   | \$15.00   | \$0.00     | \$15.00     |
| 02/02/2018   | 01/31/2018     | Payment Received             | -\$4,081.73 | \$0.00   | \$0.00    | \$0.00     | -\$4,081.73 |
| 02/09/2018   | 02/05/2018     | Payment Received             | -\$1,514.69 | \$0.00   | \$0.00    | \$0.00     | -\$1,514.69 |
|              |                | Interest Accrued this Period | \$0.00      | \$79.46  | \$0.00    | \$0.00     | \$79.46     |
|              |                | ENDING BALANCE               | \$11,858.14 | \$234.15 | \$120.00  | \$0.00     | \$12,212.29 |

### SCHEDULED PAYMENTS: 02/23/2018 - 03/16/2018

Effective Date Description

Payment Amount

You have authorized no scheduled payments with Capital One Auto Finance as of your statement date.



PLEASE DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT

See reverse side to update your address.



LAKEWOOD, CO

Account Number:

Total Due:

\$1,726.43

Due Date:

03/16/2018

Amount Enclosed: \$

### MAIL PAYMENT INSTRUCTIONS

- Please send your payment along with this payment coupon in the enclosed envelope.
- Make your check payable to Capital One Auto Finance and include your account number on your check. DO NOT SEND CASH!
- Payments will be processed according to our posting policy and not any instructions written on your check.
- Don't staple or paper clip your check to the payment slip.
- Be sure to use the envelope provided.
- Enclose payments for this account only.



Capital One Auto Finance

City of Industry, CA



PLEASE DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT

## CHANGE OF ADDRESS

(Please print using blue or black ink)

Current Address

LAKEWOOD, CO

New Address

City

State

Zip

Home Phone

Alternate Phone

## MAKE PAYMENTS AUTOMATICALLY

Sign up for DirectPay by downloading our mobile app or  
visiting [www.capitalone.com](http://www.capitalone.com)



Capital One Mobile app is  
available on the App Store  
for iPhone and iPad



Capital One Mobile app is  
available on Google Play™





# Auto Loan

ACCOUNT #: [REDACTED]

## Vehicle Information

Vehicle

16 KIA FORTE

VIN

KNAFK4A62GS [REDACTED]

Borrower

## Loan Terms

Original Loan Amount

\$20,371.98

Open Date

June 17, 2016

Loan Term

74 Month

Maturity Date

August 16, 2022

Interest Rate

7.89% APR

## Payment Information

Monthly Payment

\$357.26

Due Date

16th of the Month

Today's Payoff Amount

\$12,258.05

Principal Amount

\$11,858.14

Interest Paid YTD

\$0.00

Interest Paid in 2017

\$1,514.45

Total Interest Paid

\$2,264.09

Total Principal Paid

\$8,513.84



*Jim Moran & Associates, Inc.*

Deerfield Beach, Florida

Email:

Phone:

Fax:

January 25, 2018

LAKEWOOD, CO

Re:

Contract Holder / Contract No:

Loan or Lease Account No:

Date of Loss:

01/10/18

Dear

The amount calculated for your GAP claim is \$4,081.73. This amount will be credited by your financial institution to your outstanding account balance. Enclosed you will find an explanation of how the GAP amount was calculated.

Prior requests have been made for the actual refund amounts for the finance and insurance products you purchased and included in the financing of your vehicle. Since we have not received the actual refund amounts, estimated amounts have been used to eliminate any delay in the processing of your GAP claim. The estimated amounts are as follows:

| Product          | Amount     |
|------------------|------------|
| Service Contract | \$1,169.69 |

Please contact the selling dealer and/or the product provider to confirm refunds were processed. If the actual refund amounts differ from the above estimates, please contact us and we will re-evaluate your claim. If we do not hear from you within 45 days your claim will be closed.

Should you have any questions, please feel free to contact us at (800) 722-4603.

Sincerely,

GAP Department

Enc.

Customer Name: [REDACTED]

GAP Agreement # [REDACTED]

**Loan Info:**

|                        |               |                                  |                |
|------------------------|---------------|----------------------------------|----------------|
| Date of Contract:      | 06/17/16      | Loan Number:                     | [REDACTED]     |
| Form Number:           | [REDACTED]    | Vehicle:                         | 2016 Kia FORTE |
| APR:                   | 7.89          | Amount Financed:                 | \$20,371.98    |
| Date of Loss:          | 01/10/18      | No Of Payments:                  | 72             |
| Location of Loss:      | Colorado      | Payment Amount:                  | \$357.26       |
| Loss Type:             | Comprehensive | Date of 1 <sup>st</sup> Payment: | 08/01/16       |
| Loss Event:            | Fire          | Max Amount:                      | \$30,560.00    |
| Coverage:              | GAP Plus      |                                  |                |
| Vehicle Over-Financed: | No            |                                  |                |

**Amount Owed at Date of Loss**

Amount due @ DOL Based on Contractual PayOff \$16,226.42

Refunds for Cancellable Products \$-1,169.69

**Amount Owed @ DOL \$15,056.73**

**Less Actual Cash Value**

NADA Value of Vehicle as of the Date of Loss \$-10,975.00

**ACTUAL CASH VALUE \$-10,975.00**

**GAP AMOUNT \$4,081.73**

Please refer to your GAP Agreement for additional information regarding the foregoing.



**Amount Due as of Date of Loss based upon the Contractual PayOff -** This is the outstanding balance that would have been owed on Your Retail Sales Installment Contract as of the Date of Loss had all payments been made in the proper amount and in a timely manner according to the original payment schedule of the retail Installment Sales Contract.

**Refunds for Cancellable Products -** This is the prorated refund of the additional products that you purchased from your dealer which are refundable to your financial institution. (Examples are Service contracts, Credit insurance, Pre-paid Maintenance programs).

**NADA Value of Vehicle as of the Date of Loss -** If you did not maintain automobile insurance for the full value of the vehicle as of the date of loss, the NADA retail value has been used for this amount.

Please refer to your GAP Agreement for additional information regarding the foregoing.

In summary, we believe that the GAP amount was calculated and applied correctly based upon the terms and conditions of the GAP Agreement using the information received. To the extent you have any additional information you would like us to consider or if you have any questions, please feel free to contact us at [REDACTED]

[REDACTED]

THIS IS NOTIFICATION AS REQUIRED BY C.R.S 42-4-2103 (2013)

Wyatts Towing

Denver, CO

Office

Fax

Year 2016

Make KIA

Model FORTE LX

Color Black

VIN # KNAFK4A62G5

Date towed Jan 23, 2018

License

Issuing State CO

Expiration 8 - August 2017

Towed from Golden, CO

\*\*\***IMPOUND # 84520**

Law Enforcement Agency Reported to: Lakewood PD

Case #

This letter is to notify that the vehicle referenced above has been impounded. If you do not retrieve the vehicle within thirty days of the postmark date on this notice, we will dispose of the vehicle according to Colorado State law. You may pay for the towing and impound fees with cash, MasterCard or Visa.

C.R.S 42-4-2103 states that **abandoning your vehicle at a towing service is illegal**. Failure to resolve this issue may result in legal action in an amount of up to \$1500.00 against **YOU**- the registered owner of the above vehicle. Legal action may be avoided in one of two ways:

- 1 -Pay all towing and storage fees and pick up the vehicle.
- 2 -Contact us to make arrangements to abandon the vehicle with us. You will need to sign over the title and give us the keys to the vehicle. Additionally, this may require the payment of the towing and first day storage. Please call our office to make arrangements to resolve this matter as soon as possible

Charges as of date of this letter are:

Tow (Private Property / Police Impound) \$180.00

Mileage fee: \$47.28

Admin fee: \$150.00

Storage as of today: (Jan 25, 2018) \$90.00 ( **Per Day Storage: \$30.00 per day**)

\*\*\***Information regarding your vehicle may only be received by contacting our office directly M-F 8:00am-5:00 pm. Please have impound # (as listed above) available when calling. It is how we reference your vehicle information.**

**Amnesty Program**

If you decide you no longer want your vehicle or are unable to claim it for any reason, management at Wyatts Towing has determined that in your particular case, we are willing to offer you the following option:

In exchange for you turning over the **title and keys** to the vehicle in question, Wyatts Towing is prepared to waive all towing and storage fees and also forego any further legal action against you. Should you choose to do nothing, we may exercise our legal avenues against you to resolve this. Due to the added expense of storing your vehicle indefinitely, this offer is only valid for 7 days after you receive this notice. If you're interested in this program, please contact our office. Thank You for Your Consideration.

Wyatts Towing

PE19-004

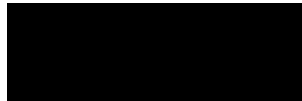
KIA

6/28/2019

DEFECT B

CA FILES

FORTE





Photograph 1. Left rear view of the 2016 Kia Forte 5.



Photograph 2. Right rear view of the Kia.





Photograph 3. Left front view of the Kia.



Photograph 4. Direct front view of the Kia.





Photograph 5. Right front view of the Kia.



Photograph 6. Vehicle Identification Number sticker.





Photograph 7. Service sticker.



Photograph 8. Engine compartment as viewed from the left.





Photograph 9. Engine compartment as viewed from the right.



Photograph 10. High-pressure fuel pump.





Photograph 11. Flame and heat damage to the front of the engine and fuel injection system.



Photograph 12. Fire damage to the rear of the engine and turbocharger area.





Photograph 13. Air conditioning compressor.



Photograph 14. Left side of the steering rack and the lower end of the steering column.





Photograph 15. Right side of the steering rack.



Photograph 16. Engine oil level and condition.





Photograph 17. Condition of the engine oil cooler and oil filter.



Photograph 18. Area of origin of the fire at the left front of the engine compartment.





Photograph 19. Condition of the battery as found.



Photograph 20. Close-up of positive battery cable terminal.





Photograph 21. Top side of the engine compartment fuse box.



Photograph 22. Underside of the engine compartment fuse box.





Photograph 23. Close-up of short-circuit area of the engine compartment fuse box.



Photograph 24. Close-up of the starter.





Photograph 25. Close-up of the alternator.



Photograph 26. Close-up of short-circuit area of the alternator and starter power cables.





Photograph 27. Close-up of short-circuit area of the starter power cable.



Photograph 28. Close-up of short-circuit area of the alternator power cable.



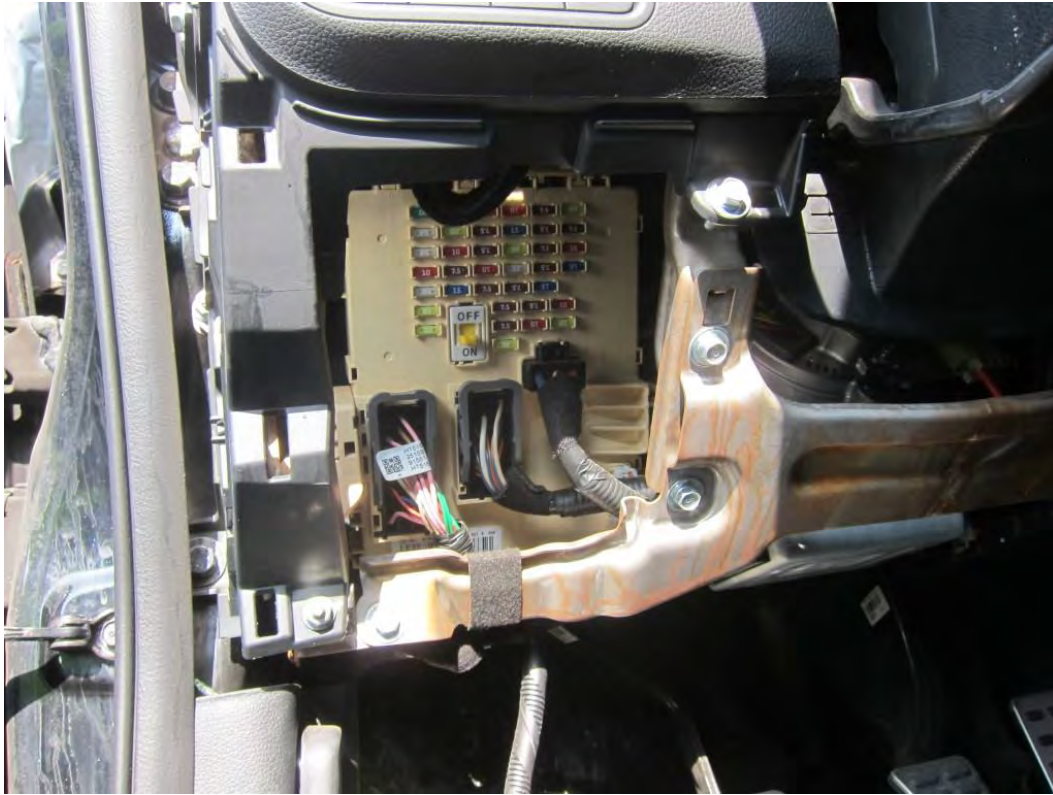


Photograph 29. Close-up of the fire damage to the ECU.



Photograph 30. Front of the interior as viewed through the driver's door opening.





Photograph 31. Previously opened interior fuse box as found.



Photograph 32. Center of the dash and the stock stereo.



September 3, 2018

National Document Center

[REDACTED]  
Oklahoma City, OK [REDACTED]

000390

li [REDACTED]

KIA MOTORS [REDACTED]

IRVINE CA [REDACTED]

**RECEIVED**  
SEP 17 2018  
**CONSUMER AFFAIRS**





Toll Free [REDACTED]  
Email [REDACTED]  
National Document Center  
[REDACTED]  
Oklahoma City, OK [REDACTED]  
Fax: [REDACTED]

09/02/2018

Kia Motors  
Attn: National Consumer Affairs

Irvine, CA [REDACTED]

Our Insured: [REDACTED]  
Our Claim #: [REDACTED]  
Date of Loss: 06/26/2018  
Your Claim #:  
Deductible Amount: \$1,000.00  
Total Amount Owed: \$14,231.84

Dear National Consumer Affairs,

Our initial investigation has established that the above loss may have been caused by the malfunction of your product.

Our insured's 2016 Kia Forte caught fire while it was parked and unoccupied at your dealership. Our investigation indicates that the fire started in the fuse box and was caused by the wires being installed improperly. We are seeking reimbursement for the damages we paid under our policy.

We are in the process of making payment to our insured for their damages. By virtue of our subrogation rights we shall seek reimbursement from you for the amount of the damages.

Please be aware that no payment that is less than the full amount claimed herein will be considered in any way an acceptance of benefits, a novation or an accord and satisfaction of this claim without an express written release of our claim executed by an individual who identifies himself/herself as a member of our subrogation department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or stopped due to partial payment by you or someone acting on your behalf.

We can discuss this matter with your representative. Please supply the name, phone number and file number of your representative contact.

Sincerely,

[REDACTED]  
Tonya DeBoer  
Litigation Claims Representative  
Farmers Texas County Mutual Insurance Company





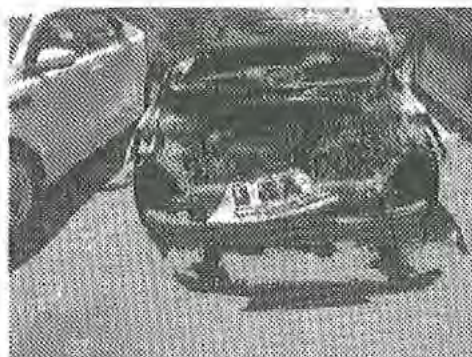
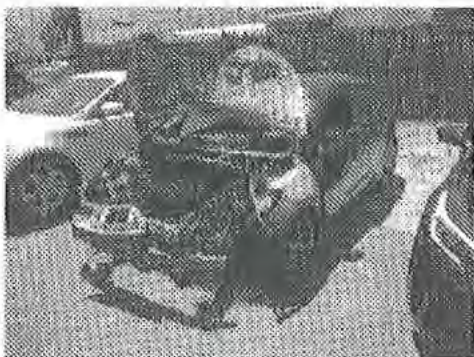
 Claim Pics

PDF created on June 29, 2018 at 2:31:37 PM PDT

Claim Unit Number:



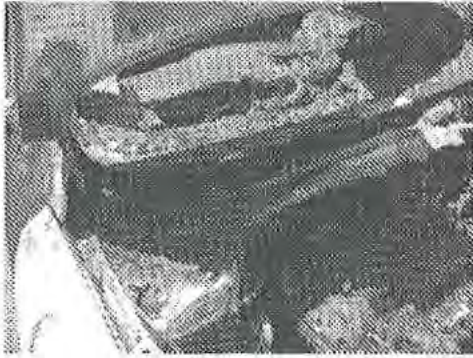
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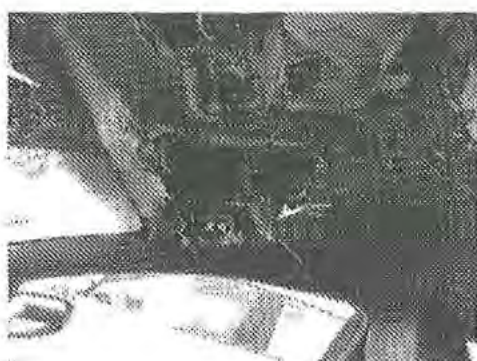
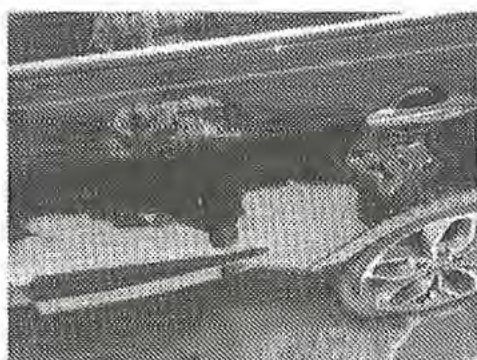


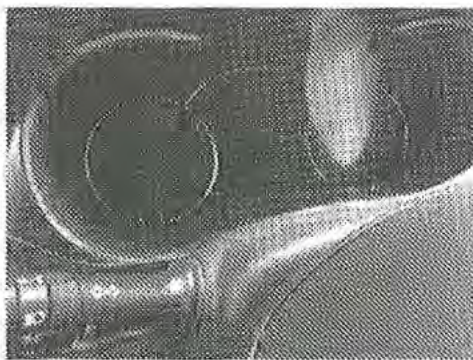




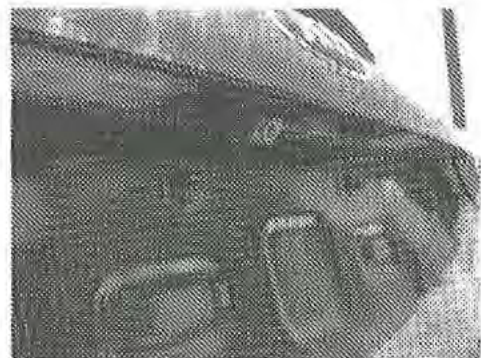




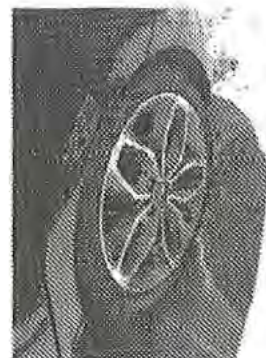
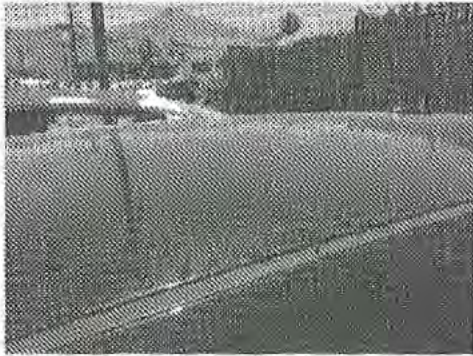




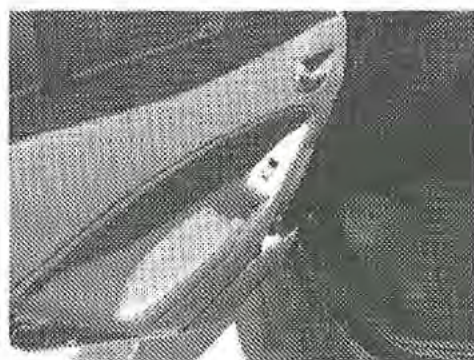




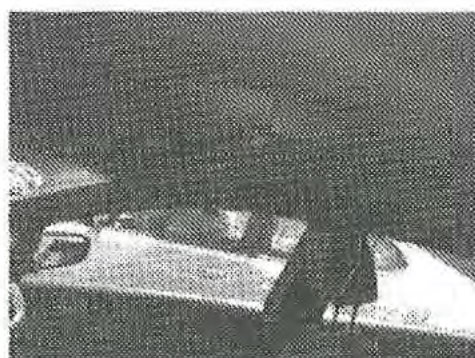
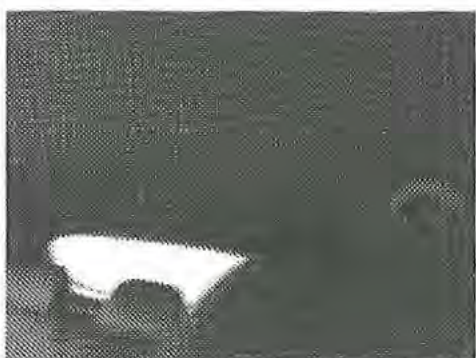




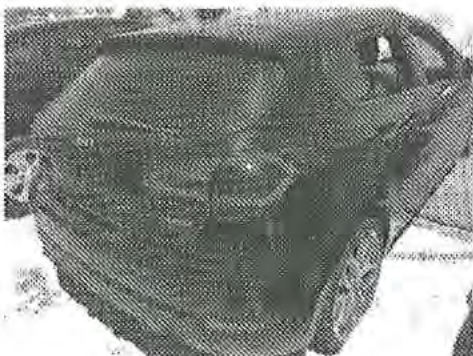
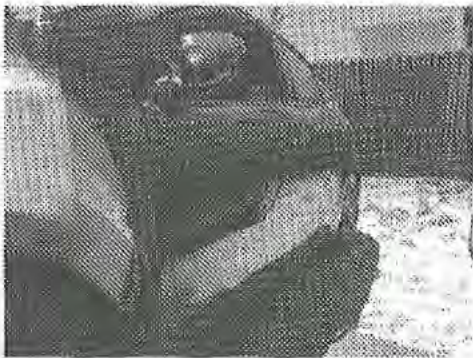
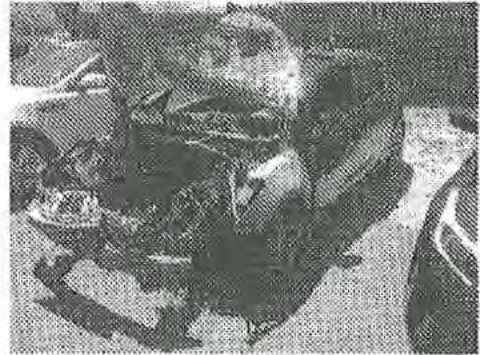
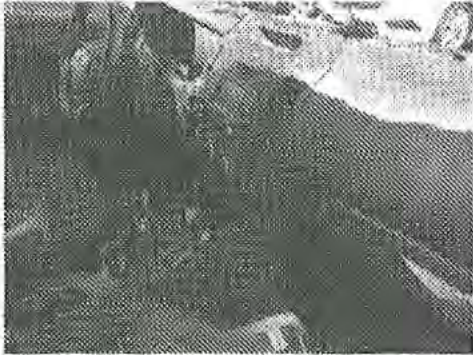




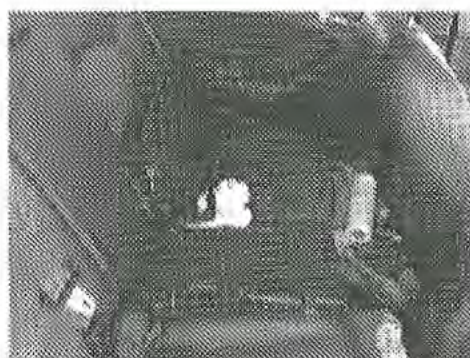
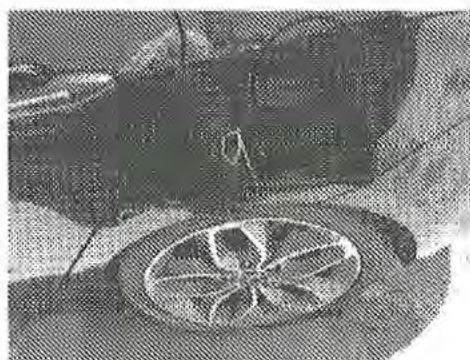
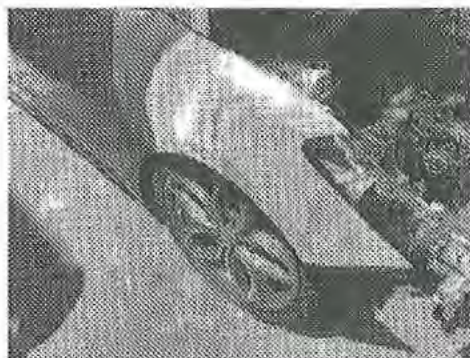
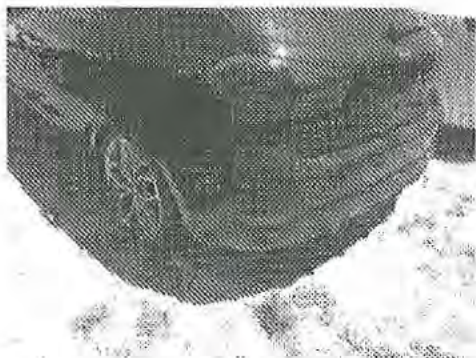




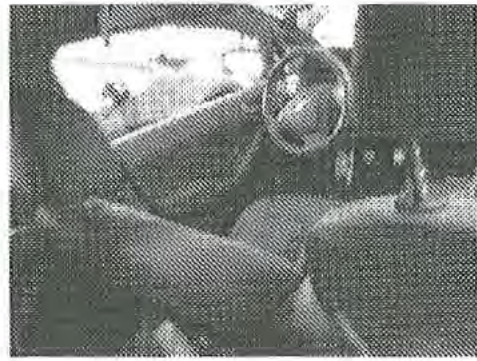












# FARMERS TEXAS COUNTY MUTUAL INS. CO.

SAN DIEGO CLAIMS SERVICE CENTER  
For CCC supplements: Import by Workfile ID  
Build supplement on top of existing file  
Lock to submit for review  
Non-CCC supplements:

Phone: [REDACTED]

Fax: [REDACTED]

Claim #: [REDACTED]  
Workfile ID: [REDACTED]

## Estimate of Record

Written By: JOE CARLOS, 07/03/2018 3:10:41 PM  
Adjuster: CARLOS, JOE [REDACTED] Business

Insured: [REDACTED] Owner Policy #: [REDACTED] Claim #: [REDACTED]  
Type of Loss: Comprehensive Date of Loss: 06/26/2018 10:00 PM Days to Repair: 1  
Point of Impact: 22 Total Burn Deductible: 1000.00

### Owner (Insured):

[REDACTED]  
AMARILLO, TX [REDACTED]  
[REDACTED] Cellular  
[REDACTED]

### Inspection Location:

Palm Springs Kia  
Palm Springs Kia  
[REDACTED]  
CATHEDRAL CITY, CA [REDACTED]  
Field  
[REDACTED] Day

### Appraiser Information:

[REDACTED]

### Repair Facility:

## VEHICLE

2016 KIA Forte 5-Door SX Manual 4D H/B 4-1.6L Turbocharged Gasoline Gasoline Direct Injection

VIN: KNAFZ5A35G5 [REDACTED] Production Date: 01/2016 Interior Color:  
License: gone Odometer: 53670 Exterior Color:  
State: Condition: Good

### TRANSMISSION

6 Speed Transmission

### POWER

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

Heated Mirrors

### DECOR

Dual Mirrors

Aftermarket Film Tint

Console/Storage

Overhead Console

### CONVENIENCE

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Message Center

Steering Wheel Touch Controls

Rear Window Wiper

Telescopic Wheel

Backup Camera w/ Parking Sensors

### RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

### SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Front Side Impact Air Bags

Head/Curtain Air Bags

Hands Free Device

### SEATS

Bucket Seats

Reclining/Lounge Seats

Leather Seats

### WHEELS

Aluminum/Alloy Wheels

### PAINT

Clear Coat Paint

### OTHER

Fog Lamps

Traction Control

Stability Control

Rear Spoiler

Signal Integrated Mirrors

Power Trunk/Gate Release



Claim # :  
Workfile ID:



### Estimate of Record

2016 KIA Forte 5-Door SX Manual 4D H/B 4-1.6L Turbocharged Gasoline Gasoline Direct Injection

| Line      | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|-----------|------|-------------|-------------|-----|-------------------|-------|-------|
| 1         | #    | oil         |             | 1   |                   |       |       |
| SUBTOTALS |      |             |             |     | 0.00              | 0.0   | 0.0   |

### ESTIMATE TOTALS

| Category              | Basis | Rate | Cost \$   |
|-----------------------|-------|------|-----------|
| Parts                 |       |      | 0.00      |
| Total Cost of Repairs |       |      | 0.00      |
| Deductible            |       |      | 1,000.00  |
| Total Adjustments     |       |      | 1,000.00  |
| Net Cost of Repairs   |       |      | -1,000.00 |



**Estimate of Record**

2016 KIA Forte 5-Door SX Manual 4D H/B 4-1.6L Turbocharged Gasoline Gasoline Direct Injection

THIS REPAIR ESTIMATE MAY SPECIFY THE USE OF QUALITY REPLACEMENT PARTS. QUALITY REPLACEMENT PARTS ARE PARTS NOT MANUFACTURED BY OR FOR THE ORIGINAL EQUIPMENT MANUFACTURER. YOUR INSURANCE COMPANY WILL STAND BEHIND THE QUALITY REPLACEMENT PARTS SPECIFIED ON THIS ESTIMATE AND USED IN THE REPAIR OF YOUR VEHICLE, FOR AS LONG AS YOU OWN/LEASE THE VEHICLE. YOUR INSURANCE COMPANY WARRANTS THESE PARTS ARE OF LIKE KIND, QUALITY, FIT AND PERFORMANCE TO PARTS MANUFACTURED BY OR FOR THE ORIGINAL EQUIPMENT MANUFACTURER.

THIS WARRANTY EXCLUSIVELY COVERS LOSS OR DAMAGE THAT IS RELATED TO DEFECTS IN THE QUALITY REPLACEMENT PART. THIS WARRANTY DOES NOT COVER DAMAGE OR PART FAILURE DUE TO IMPROPER INSTALLATION, MISUSE, NEGLIGENCE, ABUSE, IMPROPER MAINTENANCE, ABNORMAL OPERATION, OR NORMAL WEAR AND TEAR.

SHOULD A SUPPLIER OF A PART SPECIFIED IN THE REPAIR ESTIMATE, OR THE REPAIR FACILITY THAT PERFORMS THE REPAIR ON YOUR VEHICLE, BE UNABLE TO RESOLVE A LEGITIMATE COMPLAINT ABOUT THE QUALITY REPLACEMENT PART USED IN THE REPAIR, YOUR INSURANCE COMPANY WILL MAKE EVERY EFFORT TO SEE THAT THE PROBLEM IS CORRECTED.

THIS QUALITY REPLACEMENT PARTS WARRANTY AND ANY REPRESENTATIONS MADE HEREIN ARE NON-TRANSFERABLE AND EXTEND ONLY TO THE PARTY OWNING/LEASING THE VEHICLE AT THE TIME OF THE REPAIR. FOR ASSISTANCE, PLEASE CONTACT YOUR INSURANCE COMPANY'S NEAREST CLAIM DEPARTMENT OFFICE.

As the vehicle owner, the final choice as to which parts will actually be used in the repairs is yours. If you prefer parts other than those included on the estimate, you should notify your repair facility. Should the use of those other parts increase the repair cost, you will be expected to pay the difference.

**DISCLAIMER:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT INSURANCE CLAIM FOR THE PAYMENT OF A LOSS MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

THE LABOR AND TAX RATES USED WERE DETERMINED BY THE VEHICLE INSPECTION LOCATION UNLESS THE REPAIR FACILITY WAS KNOWN AT THE TIME OF THE INSPECTION OR ANOTHER LOCATION WAS SPECIFIED BEFORE THE ESTIMATE WAS PREPARED.

THIS IS NOT AN AUTHORIZATION TO REPAIR.

TO ENSURE REPAIRS WILL BE COMPLETED BASED ON THIS ESTIMATE; PLEASE PROVIDE A COPY TO THE REPAIR FACILITY PRIOR TO AUTHORIZING REPAIRS. FAILURE TO DO SO MAY RESULT IN YOU BECOMING RESPONSIBLE FOR PAYING UNAPPROVED EXPENSES.

NO PAYMENT FOR A SUPPLEMENT WILL BE APPROVED OR ISSUED UNLESS THE REPAIRS WERE AUTHORIZED PRIOR TO COMPLETING THE SUPPLEMENTAL REPAIRS.

POTENTIALLY, A REINSPECTION MAY BE CONDUCTED. ALL SUPPLEMENTS MUST BE APPROVED BY A CLAIMS REPRESENTATIVE BEFORE REPAIRS ARE COMPLETED.



**Estimate of Record**

2016 KIA Forte 5-Door SX Manual 4D H/B 4-1.6L Turbocharged Gasoline Gasoline Direct Injection

TO EXPEDITE THE HANDLING OF ANY SUPPLEMENTAL DAMAGES CLAIM, PLEASE FOLLOW DIRECTIONS BELOW:

COC Open Shop Supplements: Submit using Estimate Share (AWE) retrieval process or contact COC at [REDACTED]

[REDACTED] for assistance.

Non-COC repair facilities: Contact us at the number listed on the estimate header.

ALL SUPPLEMENTS MUST BE APPROVED BY A CLAIMS REPRESENTATIVE BEFORE REPAIRS ARE COMPLETED.

IF YOU HAVE COVERAGE FOR DAMAGE TO YOUR VEHICLE UNDER THIS POLICY IT IS OUR OBLIGATION TO INFORM YOU THAT UNDER CALIFORNIA CODE OF REGULATIONS, TITLE 10, CHAPTER 5, SECTION 2695.8(E) YOU HAVE THE RIGHT TO SELECT THE VEHICLE REPAIR FACILITY OF YOUR CHOICE.

WE ARE PROHIBITED BY LAW FROM REQUIRING THAT REPAIRS BE DONE AT A SPECIFIC AUTOMOTIVE REPAIR DEALER. YOU ARE ENTITLED TO SELECT THE AUTO BODY REPAIR SHOP TO REPAIR DAMAGE COVERED BY US. WE HAVE RECOMMENDED AN AUTOMOTIVE REPAIR DEALER THAT WILL REPAIR YOUR DAMAGED VEHICLE. IF YOU AGREE TO USE OUR RECOMMENDED AUTOMOTIVE REPAIR DEALER, WE WILL CAUSE THE DAMAGED VEHICLE TO BE RESTORED TO ITS CONDITION PRIOR TO THE LOSS AT NO ADDITIONAL COST TO YOU OTHER THAN AS STATED IN THE INSURANCE POLICY OR AS OTHERWISE ALLOWED BY LAW. IF YOU EXPERIENCE A PROBLEM WITH THE REPAIR OF YOUR VEHICLE, PLEASE CONTACT US IMMEDIATELY FOR ASSISTANCE.

**AUTO BODY REPAIR CONSUMER BILL OF RIGHTS**

A CONSUMER IS ENTITLED TO:

1. SELECT THE AUTO BODY REPAIR SHOP TO REPAIR AUTO BODY DAMAGE COVERED BY THE INSURANCE COMPANY. AN INSURANCE COMPANY SHALL NOT REQUIRE THE REPAIRS TO BE DONE AT A SPECIFIC AUTO BODY REPAIR SHOP.
2. AN ITEMIZED WRITTEN ESTIMATE FOR AUTO BODY REPAIRS AND, UPON COMPLETION OF REPAIRS, A DETAILED INVOICE. THE ESTIMATE AND THE INVOICE MUST INCLUDE AN ITEMIZED LIST OF PARTS AND LABOR ALONG WITH THE TOTAL PRICE FOR THE WORK PERFORMED. THE ESTIMATE AND INVOICE MUST ALSO IDENTIFY ALL PARTS AS NEW, USED, AFTERMARKET, RECONDITIONED, OR REBUILT.
3. BE INFORMED ABOUT COVERAGE FOR TOWING AND STORAGE SERVICES.
4. BE INFORMED ABOUT THE EXTENT OF COVERAGE, IF ANY, FOR A REPLACEMENT RENTAL VEHICLE WHILE A DAMAGED VEHICLE IS BEING REPAIRED.
5. BE INFORMED OF WHERE TO REPORT SUSPECTED FRAUD OR OTHER COMPLAINTS AND CONCERNS ABOUT AUTO BODY REPAIRS.
6. SEEK AND OBTAIN AN INDEPENDENT REPAIR ESTIMATE DIRECTLY FROM A REGISTERED AUTO BODY REPAIR SHOP FOR REPAIR OF A DAMAGED VEHICLE, EVEN WHEN PURSUING AN INSURANCE CLAIM FOR REPAIR OF THE VEHICLE.

**COMPLAINTS WITHIN THE JURISDICTION OF THE BUREAU OF AUTOMOTIVE REPAIR**

COMPLAINTS CONCERNING THE REPAIR OF A VEHICLE BY AN AUTO BODY REPAIR SHOP SHOULD BE DIRECTED TO:

TOLL FREE [REDACTED]

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS  
BUREAU OF AUTOMOTIVE REPAIR

[REDACTED]  
RANCHO CORDOVA, CA [REDACTED]

**Estimate of Record**

2016 KIA Forte 5-Door SX Manual 4D H/B 4-1.6L Turbocharged Gasoline Gasoline Direct Injection

THE BUREAU OF AUTOMOTIVE REPAIR CAN ALSO ACCEPT COMPLAINTS OVER ITS WEB SITE AT:  
[WWW.AUTOREPAIR.CA.GOV](http://WWW.AUTOREPAIR.CA.GOV)

COMPLAINTS WITHIN THE JURISDICTION OF THE CALIFORNIA INSURANCE COMMISSIONER

ANY CONCERNS REGARDING HOW AN AUTO INSURANCE CLAIM IS BEING HANDLED SHOULD BE SUBMITTED TO  
THE CALIFORNIA DEPARTMENT OF INSURANCE AT:

CALIFORNIA DEPARTMENT OF INSURANCE  
CONSUMER SERVICES DIVISION

SOUTH TOWER  
LOS ANGELES, CA

THE CALIFORNIA DEPARTMENT OF INSURANCE CAN ALSO ACCEPT COMPLAINTS OVER ITS WEB SITE AT:  
[WWW.INSURANCE.CA.GOV](http://WWW.INSURANCE.CA.GOV)



## Estimate of Record

2016 KIA Forte 5-Door SX Manual 4D H/B 4-1.6L Turbocharged Gasoline Gasoline Direct Injection

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARY2481, CCC Data Date 07/02/2018, and potentially other third party sources of data; and (b) the parts presented 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 data provided by third party sources of data 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 or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2019 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

### SYMBOLS FOLLOWING PART PRICE:

m= MOTOR Mechanical component. s= MOTOR Structural component. T= Miscellaneous Taxed charge category.  
X= Miscellaneous Non-Taxed charge category.

### SYMBOLS FOLLOWING LABOR:

D= Diagnostic labor category. E= Electrical labor category. F= Frame labor category. G= Glass labor category.  
M= Mechanical labor category. S= Structural labor category. (numbers) 1 through 4= User Defined Labor Categories.

### OTHER SYMBOLS AND ABBREVIATIONS:

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

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

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

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

# CCC ONE MARKET VALUATION REPORT

Prepared for FARMERS TEXAS COUNTY MUTUAL INS. CO.



## REPORT SUMMARY



### CLAIM INFORMATION

|                    |                                        |
|--------------------|----------------------------------------|
| Owner              | [REDACTED]<br>La Quinta, CA [REDACTED] |
| Loss Vehicle       | 2016 Kia Forte 5-Door SX Manual        |
| Loss Incident Date | 06/26/2018                             |
| Claim Reported     | 07/05/2018                             |

The CCC ONE® Market Valuation Report reflects CCC Information Services Inc.'s opinion as to the value of the loss vehicle, based on information provided to CCC by FARMERS TEXAS COUNTY MUTUAL INS. CO.

Loss vehicle has 44% greater than average mileage of 37,400.



### INSURANCE INFORMATION

|                         |                     |
|-------------------------|---------------------|
| Report Reference Number | [REDACTED]          |
| Claim Reference         | [REDACTED]          |
| Adjuster                | Carlos, Joe         |
| Odometer                | 53,670              |
| Last Updated            | 07/05/2018 02:17 PM |



### VALUATION SUMMARY

|                        |                     |
|------------------------|---------------------|
| Base Vehicle Value     | \$ 13,061.00        |
| Adjusted Vehicle Value | \$ 13,061.00        |
| <b>Total</b>           | <b>\$ 13,061.00</b> |

The total may not represent the total of the settlement as other factors (e.g. license and fees) may need to be taken into account.

#### BASE VEHICLE VALUE

This is derived per our Valuation methodology described on the next page.

#### ADJUSTED VEHICLE VALUE

This is determined by adjusting the Base Vehicle Value to account for the actual condition of the loss vehicle and certain other reported attributes, if any, such as refurbishments and after factory equipment.

#### Inside the Report

|                          |    |
|--------------------------|----|
| Valuation Methodology    | 2  |
| Vehicle Information      | 3  |
| Vehicle Condition        | 6  |
| Comparable Vehicles      | 8  |
| Valuation Notes          | 11 |
| Supplemental Information | 12 |



## VALUATION METHODOLOGY

## How was the valuation determined?



## CLAIM INSPECTION

FARMERS TEXAS COUNTY MUTUAL INS. CO. has provided CCC with the zip code where the loss vehicle is garaged, loss vehicle VIN, mileage, equipment, as well as loss vehicle condition, which is used to assist in determining the value of the loss vehicle.



## DATABASE REVIEW

CCC maintains an extensive database of vehicles that currently are or recently were available for sale in the U.S. This database includes vehicles advertised for sale by dealerships or private parties. CCC also obtains vehicle sales prices from a database of California Department of Motor Vehicles vehicle registration sold transactions. All of these sources are updated regularly.



## SEARCH FOR COMPARABLES

When a valuation is created the database is searched and comparable vehicles in the area are selected. The zip code where the loss vehicle is garaged determines the starting point for the search. Comparable vehicles are similar to the loss vehicle based on relevant factors.



## CALCULATE BASE VEHICLE VALUE

Adjustments to the price of the selected comparable vehicles are made to reflect differences in vehicle attributes, including mileage and options. Dollar adjustments are based upon market research.

Finally, the Base Vehicle Value is the straight average of the adjusted values of the comparable vehicles.

# CCC ONE MARKET VALUATION REPORT

Owner: [REDACTED]  
Claim: [REDACTED]



## VEHICLE INFORMATION

### VEHICLE DETAILS

|              |                           |
|--------------|---------------------------|
| Location     | LA QUINTA, CA [REDACTED]  |
| VIN          | KNAFZ6A35G5 [REDACTED]    |
| Year         | 2016                      |
| Make         | Kia                       |
| Model        | Forte 5-Door              |
| Trim         | SX                        |
| Body Style   | Manual                    |
| Body Type    | Hatchback                 |
| Engine -     |                           |
| Cylinders    | 4                         |
| Displacement | 1.6L                      |
| Induction    | Turbocharged              |
| Fuel Type    | Gasoline                  |
| Carburation  | Gasoline Direct Injection |
| Transmission | 6 Speed Transmission      |
| Curb Weight  | 2970 lbs                  |

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.

Please review the information in the Vehicle Information Section to confirm the reported mileage and to verify that the information accurately reflects the options, additional equipment or other aspects of the loss vehicle that may impact the value.

### VEHICLE HISTORY SUMMARY

|                                                                  |                        |            |
|------------------------------------------------------------------|------------------------|------------|
| CCC VINguard®                                                    | 1 Collision Estimate   | 07/03/2018 |
| Experian AutoCheck                                               | No Title Problem Found |            |
| Insurance Services Organization/ National Insurance Crime Bureau | 1 Record Found         |            |



## VEHICLE INFORMATION

### VEHICLE EQUIPMENT

|                   |                               |   |
|-------------------|-------------------------------|---|
| Odometer          | 53,670                        |   |
| Transmission      | 6 Speed Transmission          | ✓ |
| Power             | Power Steering                | ✓ |
|                   | Power Brakes                  | ✓ |
|                   | Power Windows                 | ✓ |
|                   | Power Locks                   | ✓ |
|                   | Power Mirrors                 | ✓ |
|                   | Power Trunk/Gate Release      | ✓ |
| Decor/Convenience | Air Conditioning              | ✓ |
|                   | Tilt Wheel                    | ✓ |
|                   | Cruise Control                | ✓ |
|                   | Rear Defogger                 | ✓ |
|                   | Intermittent Wipers           | ✓ |
|                   | Console/Storage               | ✓ |
|                   | Overhead Console              | ✓ |
|                   | Keyless Entry                 | ✓ |
|                   | Telescopic Wheel              | ✓ |
|                   | Message Center                | ✓ |
| Seating           | Bucket Seats                  | ✓ |
|                   | Reclining/Lounge Seats        | ✓ |
|                   | Leather Seats                 | ✓ |
| Radio             | AM Radio                      | ✓ |
|                   | FM Radio                      | ✓ |
|                   | Stereo                        | ✓ |
|                   | Search/Seek                   | ✓ |
|                   | CD Player                     | ✓ |
|                   | Steering Wheel Touch Controls | ✓ |
|                   | Auxiliary Audio Connection    | ✓ |
|                   | Satellite Radio               | ✓ |
| Wheels            | Aluminum/Alloy Wheels         | ✓ |
| Safety/Brakes     | Air Bag (Driver Only)         | ✓ |
|                   | Passenger Air Bag             | ✓ |

To the left is the equipment of the loss vehicle that FARMERS TEXAS COUNTY MUTUAL INS. CO. provided to CCC.

✓ **Standard** This equipment is included in the base configuration of the vehicle at time of purchase.

✗ **Additional** Equipment that is not Standard but was noted to be on the loss vehicle:



## VEHICLE INFORMATION

### VEHICLE EQUIPMENT

|                      |                                  |   |
|----------------------|----------------------------------|---|
| Exterior/Paint/Glass | Anti-lock Brakes (4)             | ✓ |
|                      | 4-wheel Disc Brakes              | ✓ |
|                      | Front Side Impact Air Bags       | ✓ |
|                      | Head/Curtain Air Bags            | ✓ |
|                      | Backup Camera W/ Parking Sensors | ✓ |
|                      | Hands Free                       | ✓ |
|                      | Traction Control                 | ✓ |
|                      | Stability Control                | ✓ |
|                      | Dual Mirrors                     | ✓ |
|                      | Heated Mirrors                   | ✓ |
|                      | Aftermarket Film Tint            | ✗ |
|                      | Fog Lamps                        | ✓ |
|                      | Rear Spoiler                     | ✓ |
|                      | Rear Window Wiper                | ✓ |
|                      | Signal Integrated Mirrors        | ✓ |
|                      | Clearcoat Paint                  | ✓ |





# CCC ONE MARKET VALUATION REPORT

Owner: [REDACTED]  
Claim: [REDACTED]



## VEHICLE CONDITION

### COMPONENT CONDITION

|                 | Condition | Inspection Notes/Typical Vehicle Description                                                                                                                                                                       | Value Impact |
|-----------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>INTERIOR</b> |           |                                                                                                                                                                                                                    |              |
| Seats           | AVERAGE   | <b>Notes:</b> burn<br><b>Typical Vehicle Desc:</b><br>Clean to very clean with no significant tears, holes or burn marks. Light to no wear. No bare spots.                                                         | \$ 0         |
| Carpets         | AVERAGE   | <b>Notes:</b> burn<br><b>Typical Vehicle Desc:</b><br>Clean to very clean with no significant tears, holes or burn marks. Light to no wear. No bare spots.                                                         | \$ 0         |
| Dashboard       | AVERAGE   | <b>Notes:</b> burn<br><b>Typical Vehicle Desc:</b><br>A few small and/or insignificant scratches or gouges. Minimal to no damage to firmly intact and functional components. Light wear.                           | \$ 0         |
| Headliner       | AVERAGE   | <b>Notes:</b> burn<br><b>Typical Vehicle Desc:</b><br>Clean to very clean with no significant holes or burn marks. Light to no significant scuffing.                                                               | \$ 0         |
| <b>EXTERIOR</b> |           |                                                                                                                                                                                                                    |              |
| Sheet Metal     | AVERAGE   | <b>Notes:</b> front end burned 2 dings noted left qtr.<br><b>Typical Vehicle Desc:</b><br>Few to no dings. No dents. All panels intact and properly aligned.                                                       | \$ 0         |
| Trim            | AVERAGE   | <b>Notes:</b> front end burned no damage on rear<br><b>Typical Vehicle Desc:</b><br>No broken and/or missing components. No dents. Few to no dings.                                                                | \$ 0         |
| Paint           | AVERAGE   | <b>Notes:</b> few chips scratch on rt front door<br><b>Typical Vehicle Desc:</b><br>Minimal surface chipping and/or a few small scratches. No peeling and/or flaking. Minor to no swirl marks. Light to no fading. | \$ 0         |

FARMERS TEXAS COUNTY MUTUAL INS. CO. uses condition inspection guidelines to rate the condition of key components of the loss vehicle on a three-point scale. A rating of average condition results in a valuation of that component that is consistent with typical vehicles for that year, make and model of vehicle. If a component is rated in exceptional condition, then a positive monetary adjustment is made to reflect the impact of that condition level on the value of the loss vehicle. Similarly, if a component is rated in below average condition, then a negative monetary adjustment is made to reflect the impact of that condition level on the value of the loss vehicle. Inspection Notes, if any, reflect additional observations from the appraiser regarding the loss vehicle's condition. Monetary adjustments are based upon market research consisting of data gathered from dealerships in California.

CCC makes dollar adjustments that reflect the impact the reported condition has on the value of the loss vehicle as compared to Average condition. These dollar adjustments are based upon interviews with dealerships across the United States.

# CCC ONE. MARKET VALUATION REPORT

Owner  
Claim



## VEHICLE CONDITION

### COMPONENT CONDITION

|                             | Condition | Inspection Notes/Typical Vehicle Description                                                                                                                         | Value Impact |
|-----------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Glass                       | AVERAGE   | Notes: burn<br>Typical Vehicle Desc:<br>Light to no surface scratches. Light to no pitting.                                                                          | \$ 0         |
| <b>MECHANICAL</b>           |           |                                                                                                                                                                      |              |
| Engine                      | AVERAGE   | Notes: burn<br>Typical Vehicle Desc:<br>Minor to no seepage. Belts and hoses firm, and may show minimal wear. Minimal to zero dirt and grease in engine compartment. | \$ 0         |
| Transmission                | AVERAGE   | Notes: burn<br>Typical Vehicle Desc:<br>Fluid slightly discolored. A few areas to no seepage.                                                                        | \$ 0         |
| <b>TIRES</b>                |           |                                                                                                                                                                      |              |
| Front Tires                 | AVERAGE   | Notes: 6/32 each 6/11=55%<br>Typical Vehicle Desc:<br>41% to 90% of new. Example: Typical new car tires are 11/32, loss measures at 5/32 = 46% (5/11)                | \$ 0         |
| Rear Tires                  | AVERAGE   | Notes: 9/32 each 9/11=82%<br>Typical Vehicle Desc:<br>41% to 90% of new. Example: Typical new car tires are 11/32, loss measures at 5/32 = 46% (5/11)                | \$ 0         |
| Total Condition Adjustments |           |                                                                                                                                                                      | \$ 0         |



# CCC ONE MARKET VALUATION REPORT

Owner: [REDACTED]  
Claim: [REDACTED]

## COMPARABLE VEHICLES

| Options                       | Loss Vehicle | Comp 1 | Comp 2 | Comp 3 |
|-------------------------------|--------------|--------|--------|--------|
| Odometer                      | 53,670       | 5,583  | 29,685 | 14,909 |
| Automatic Transmission        | x            | x      | ✓      | ✓      |
| 6 Speed Transmission          | ✓            | x      | x      | x      |
| 5 Speed Transmission          | x            | ✓      | x      | x      |
| Power Steering                | ✓            | ✓      | ✓      | ✓      |
| Power Brakes                  | ✓            | ✓      | ✓      | ✓      |
| Power Windows                 | ✓            | ✓      | ✓      | ✓      |
| Power Locks                   | ✓            | ✓      | ✓      | ✓      |
| Power Mirrors                 | ✓            | ✓      | ✓      | ✓      |
| Power Driver Seat             | x            | ✓      | x      | x      |
| Power Trunk/Gate Release      | ✓            | ✓      | ✓      | ✓      |
| Air Conditioning              | ✓            | ✓      | ✓      | ✓      |
| Climate Control               | x            | ✓      | x      | x      |
| Tilt Wheel                    | ✓            | ✓      | ✓      | ✓      |
| Cruise Control                | ✓            | ✓      | ✓      | ✓      |
| Rear Defogger                 | ✓            | ✓      | ✓      | ✓      |
| Intermittent Wipers           | ✓            | ✓      | ✓      | ✓      |
| Console/Storage               | ✓            | ✓      | ✓      | ✓      |
| Overhead Console              | ✓            | ✓      | ✓      | ✓      |
| Navigation System             | x            | ✓      | x      | x      |
| Keyless Entry                 | ✓            | ✓      | ✓      | ✓      |
| Telescopic Wheel              | ✓            | ✓      | ✓      | ✓      |
| Message Center                | ✓            | x      | x      | x      |
| Home Link                     | x            | ✓      | x      | x      |
| Cloth Seats                   | x            | ✓      | ✓      | ✓      |
| Bucket Seats                  | ✓            | ✓      | ✓      | ✓      |
| Reclining/Lounge Seats        | ✓            | ✓      | ✓      | ✓      |
| Leather Seats                 | ✓            | x      | x      | x      |
| Heated Seats                  | x            | ✓      | x      | x      |
| Rear Heated Seats             | x            | ✓      | x      | x      |
| Ventilated Seats              | x            | ✓      | x      | x      |
| AM Radio                      | ✓            | ✓      | ✓      | ✓      |
| FM Radio                      | ✓            | ✓      | ✓      | ✓      |
| Stereo                        | ✓            | ✓      | ✓      | ✓      |
| Search/Seek                   | ✓            | ✓      | ✓      | ✓      |
| CD Player                     | ✓            | ✓      | ✓      | ✓      |
| Steering Wheel Touch Controls | ✓            | ✓      | ✓      | ✓      |
| Auxiliary Audio Connection    | ✓            | ✓      | ✓      | ✓      |
| Satellite Radio               | ✓            | ✓      | ✓      | ✓      |
| Aluminum/Alloy Wheels         | ✓            | ✓      | ✓      | ✓      |

Comp 1 Updated Date: 05/17/2018

2016 Kia Forte 5-door Sx Manual 4

1.6l Gasoline Turbocharged Gasoline

Direct Injection

VIN KNAFZ5A39G5 [REDACTED]

Dealership Cammax Ontario

Telephone [REDACTED]

Source Dealer Ad

Stock # [REDACTED]

Distance from La Quinta, CA

81 Miles - Ontario, CA

Comp 2 Updated Date: 05/30/2018

2016 Kia Forte 5-door Sx Automatic 4

1.6l Gasoline Turbocharged Gasoline

Direct Injection

VIN KNAFZ5A36G [REDACTED]

Dealership Car Pros Kia - Huntington

Telephone [REDACTED]

Source Autotrader

Stock # [REDACTED]

Distance from La Quinta, CA

98 Miles - Huntington Beach, CA

Comp 3 Updated Date: 04/30/2018

2016 Kia Forte 5-door Sx Automatic 4

1.6l Gasoline Turbocharged Gasoline

Direct Injection

VIN KNAFZ5A39G5 [REDACTED]

Dealership Honda World Of Orange

Telephone [REDACTED]

Source Autotrader

Stock # [REDACTED]

Distance from La Quinta, CA

96 Miles - Westminster, CA

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, and may no longer be available for sale.

List Price is the sticker price of an inspected dealer vehicle and the advertised price for the advertised vehicle.

Distance is based upon a straight line between loss and comparable vehicle locations.

# CCC ONE MARKET VALUATION REPORT

Owner: [REDACTED]  
Claim: [REDACTED]

## COMPARABLE VEHICLES

| Options                          | Loss Vehicle | Comp 1           | Comp 2           | Comp 3           |
|----------------------------------|--------------|------------------|------------------|------------------|
| Locking Wheels                   | x            | x                | ✓                | x                |
| Electric Glass Roof              | x            | ✓                | x                | x                |
| Drivers Side Air Bag             | ✓            | ✓                | ✓                | ✓                |
| Passenger Air Bag                | ✓            | ✓                | ✓                | ✓                |
| Anti-lock Brakes (4)             | ✓            | ✓                | ✓                | ✓                |
| 4-wheel Disc Brakes              | ✓            | ✓                | ✓                | ✓                |
| Front Side Impact Air Bags       | ✓            | ✓                | ✓                | ✓                |
| Head/Curtain Air Bags            | ✓            | ✓                | ✓                | ✓                |
| Backup Camera W/ Parking Sensors | ✓            | ✓                | ✓                | ✓                |
| Communications System            | x            | ✓                | x                | x                |
| Hands Free                       | ✓            | ✓                | ✓                | ✓                |
| Traction Control                 | ✓            | ✓                | ✓                | ✓                |
| Stability Control                | ✓            | ✓                | ✓                | ✓                |
| Dual Mirrors                     | ✓            | ✓                | ✓                | ✓                |
| Heated Mirrors                   | ✓            | ✓                | ✓                | ✓                |
| Tinted Glass                     | x            | ✓                | ✓                | ✓                |
| Aftermarket Film Tint            | ✓            | x                | x                | x                |
| Fog Lamps                        | ✓            | ✓                | ✓                | ✓                |
| Rear Spoiler                     | ✓            | ✓                | ✓                | ✓                |
| Rear Window Wiper                | ✓            | ✓                | ✓                | ✓                |
| Signal Integrated Mirrors        | ✓            | ✓                | ✓                | ✓                |
| Clearcoat Paint                  | ✓            | ✓                | ✓                | ✓                |
| Metallic Paint                   | x            | ✓                | x                | x                |
| <b>List Price</b>                |              | \$ 17,998        | \$ 14,995        | \$ 15,118        |
| <b>Adjustments:</b>              |              |                  |                  |                  |
| Transmission                     |              | + \$ 500         |                  |                  |
| Make/Model/Trim                  |              |                  | - \$ 675         | - \$ 675         |
| Options                          |              | - \$ 1,378       | + \$ 527         | + \$ 527         |
| Mileage                          |              | - \$ 3,174       | - \$ 1,874       | - \$ 2,705       |
| <b>Adjusted Comparable Value</b> |              | <b>\$ 13,946</b> | <b>\$ 12,973</b> | <b>\$ 12,265</b> |



# CCC ONE MARKET VALUATION REPORT

Owner: [REDACTED]  
Claim: [REDACTED]

## COMPARABLE VEHICLES

### COMPARABLE VEHICLE SUMMARY

|                    | Source   | Comparable Vehicle                                                                        | Price               | Adjusted Comp Value |
|--------------------|----------|-------------------------------------------------------------------------------------------|---------------------|---------------------|
| 1                  | Verified | 2016 Kia Forte 5-door Sx Manual 4 1.6l Gasoline Turbocharged Gasoline Direct Injection    | \$ 17,998<br>(List) | \$ 13,946           |
| 2                  | Verified | 2016 Kia Forte 5-door Sx Automatic 4 1.6l Gasoline Turbocharged Gasoline Direct Injection | \$ 14,995<br>(List) | \$ 12,973           |
| 3                  | Verified | 2016 Kia Forte 5-door Sx Automatic 4 1.6l Gasoline Turbocharged Gasoline Direct Injection | \$ 15,119<br>(List) | \$ 12,265           |
| Base Vehicle Value |          |                                                                                           | \$ 13,063.00        |                     |

The following comparable vehicle(s) were used to determine this Base Vehicle Value by computing the arithmetic average of the adjusted values of the comparable vehicles. Details on these comparable vehicles are in the Comparable Vehicles section.

# CCC ONE. MARKET VALUATION REPORT

Owner: [REDACTED]  
Claim: [REDACTED]



## VALUATION NOTES

This Market Valuation Report has been prepared exclusively for use by FARMERS TEXAS COUNTY MUTUAL INS. CO., and no other person or entity is entitled to or should rely upon this Market Valuation Report and/or any of its contents. CCC is one source of vehicle valuations, and there are other valuation sources available.

Regulations concerning vehicle value include California Code of Regulations 10 CA ADC 2695.

Any person who knowingly presents a false or fraudulent insurance claim for the payment of a loss may be guilty of a crime and may be subject to fines and confinement in state prison.



# CCC ONE. MARKET VALUATION REPORT

## SUPPLEMENTAL INFORMATION

Owner: [REDACTED]  
Claim: [REDACTED]



### VEHICLE HISTORY INFORMATION

#### VINGuard®

VINGuard® Message: VINGuard has decoded this VIN without any errors

#### ISO Vehicle History:

Number of times reported to ISO: 1

ISO's file number: [REDACTED]

Loss date: 06/26/2018

Phone: [REDACTED]

Claim ref: [REDACTED]

ISO notified: 07/03/2018

#### Collision History Information:

COLLISION INCIDENT REPORTED BY FARMERS TEXAS COUNTY MUTUAL INS.  
CO, ON 07/03/2018

Claim # [REDACTED] in AMARILLO, TX

Repair Estimate: -1000

Miles: 053670

Damage Location: TOTAL BURN  
UNKNOWN

# CCC ONE MARKET VALUATION REPORT

Owner: [REDACTED]  
Claim: [REDACTED]

## SUPPLEMENTAL INFORMATION



### EXPERIAN® AUTOCHECK® VEHICLE HISTORY REPORT

#### TITLE CHECK

#### RESULTS FOUND

|                |   |                                |
|----------------|---|--------------------------------|
| Abandoned      | ✓ | No Abandoned Record Found      |
| Damaged        | ✓ | No Damaged Record Found        |
| Fire Damage    | ✓ | No Fire Damage Record Found    |
| Gray Market    | ✓ | No Gray Market Record Found    |
| Hail Damage    | ✓ | No Hail Damage Record Found    |
| Insurance Loss | ✓ | No Insurance Loss Record Found |
| Junk           | ✓ | No Junk Record Found           |
| Rebuilt        | ✓ | No Rebuilt Record Found        |
| Salvage        | ✓ | No Salvage Record Found        |

#### EVENT CHECK

#### 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           |
| Recycled                   | ✓ | No Recycled Record Found                   |
| Water Damage               | ✓ | No Water Damage Record Found               |
| Salvage Auction            | ✓ | No Salvage Auction Record Found            |

#### VEHICLE INFORMATION

#### RESULTS FOUND

|                             |   |                                             |
|-----------------------------|---|---------------------------------------------|
| Accident                    | ✓ | No Accident Record Found                    |
| Corrected Title             | ✓ | No Corrected Title Record Found             |
| Driver Education            | ✓ | No Driver Education 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 Rental         | ✓ | No Fleet and/or Rental Record Found         |
| Reposessed                  | ✓ | No Reposessed Record Found                  |
| Taxi Use                    | ✓ | No Taxi Use Record Found                    |
| Theft                       | ✓ | No Theft Record Found                       |
| Fleet and/or Lease          | ✓ | No Fleet and/or Lease Record Found          |
| Emissions Safety Inspection | ✓ | No Emissions Safety Inspection Record Found |
| Duplicate Title             | ✓ | No Duplicate Title Record Found             |

CCC provides FARMERS TEXAS COUNTY MUTUAL INS. CO. information reported by Experian regarding the 2016 Kia Forte 5-Door (KNAFZ5A35Q8 [REDACTED]). This data is provided for informational purposes. Unless otherwise noted in this Valuation Detail, CCC does not adjust the value of the loss vehicle based upon this information.

#### LEGEND:

- ✓ No Event Found
- ⊗ Event Found
- ⊕ Information Needed

#### TITLE CHECK

##### TITLE CHECK - CHECKS FOR LOSS

AutoCheck's result for this loss vehicle show no significant title events. When found, events often indicate automotive damage or warnings associated with the vehicle.

#### EVENT CHECK

##### EVENT CHECK - CHECKS FOR LOSS

AutoCheck's result for this loss vehicle show no historical events that indicate a significant automotive problem. These problems can indicate past previous car damage, theft, or other significant problems.

#### VEHICLE INFORMATION

##### VEHICLE INFORMATION - CHECKS FOR LOSS

AutoCheck's result for this loss vehicle show no vehicle information that indicate a significant automotive problem. These problems can indicate past previous car damage, theft, or other significant problems.

#### ODOMETER CHECK

##### ODOMETER CHECK - CHECKS FOR LOSS

AutoCheck's result for this loss vehicle show 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 damage.



# CCC ONE MARKET VALUATION REPORT

Owner: [REDACTED]  
Claim: [REDACTED]

## SUPPLEMENTAL INFORMATION



**FULL HISTORY REPORT RUN DATE: 07/05/2018**

Below are the historical events for this vehicle listed in chronological order.

| EVENT DATE | RESULTS FOUND      | ODOMETER READING | DATA SOURCE         | EVENT DETAIL                      |
|------------|--------------------|------------------|---------------------|-----------------------------------|
| 09/16/2016 | AMARILLO, TX       | 9                | Dealer Service      | VEHICLE INSPECTED                 |
| 09/16/2016 | AMARILLO, TX       |                  | Dealer Service      | AFTERMARKET PART INSTALLED        |
| 09/16/2016 | AMARILLO, TX       |                  | Dealer Service      | TIRES OR WHEELS SERVICE PERFORMED |
| 12/05/2016 | AMARILLO, TX       |                  | Motor Vehicle Dept. | REGISTRATION EVENT/ RENEWAL       |
| 12/13/2016 | AMARILLO, TX       | 51               | Motor Vehicle Dept. | TITLE (Lien Reported)             |
| 02/23/2017 | AMARILLO, TX       | 5526             | Dealer Service      | MULTIPLE POINT VEHICLE INSPECTION |
| 02/23/2017 | AMARILLO, TX       |                  | Dealer Service      | RECOMMENDED MAINTENANCE PERFORMED |
| 02/23/2017 | AMARILLO, TX       |                  | Dealer Service      | LUBE, OIL AND/OR FILTER CHANGED   |
| 06/23/2018 | CATHEDRAL CITY, CA |                  | Dealer Service      | MULTIPLE POINT VEHICLE INSPECTION |
| 06/23/2018 | CATHEDRAL CITY, CA |                  | Dealer Service      | LIGHTS OR SIGNALS SERVICED        |
| 06/23/2018 | CATHEDRAL CITY, CA |                  | Dealer Service      | TIRES OR WHEELS SERVICE PERFORMED |
| 06/23/2018 | CATHEDRAL CITY, CA |                  | Dealer Service      | BODY SERVICE PERFORMED            |

### 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.

YOU AGREE TO INDEMNIFY EXPERIAN FOR ANY CLAIMS OR LOSSES, INCLUDING COSTS, EXPENSES AND ATTORNEYS FEES, INCURRED BY EXPERIAN ARISING DIRECTLY OR INDIRECTLY FROM YOUR IMPROPER OR UNAUTHORIZED USE OF AUTOCHECK VEHICLE HISTORY REPORTS.

## SUPPLEMENTAL INFORMATION

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.

These terms and the relationship between you and Experian shall be governed by the laws of the State of Illinois (USA) without regard to its conflict of law provisions. You and Experian agree to submit to the personal and exclusive jurisdiction of the courts located within the county of Cook, Illinois.





September 3, 2018

Toll Free: [REDACTED]  
Email: [REDACTED]  
National Document Center  
[REDACTED]  
Oklahoma City, OK [REDACTED]  
Fax: [REDACTED]

## Payment Log

Account Number: [REDACTED]

Date of Loss: 06/26/2018

Insured's Name [REDACTED]

Claim Number: [REDACTED]

| Unit Type           | Claim Unit | Date Issued | Payee             | Check Number | Payment Amount |
|---------------------|------------|-------------|-------------------|--------------|----------------|
| Comp                | [REDACTED] | 07/30/2018  | KIA MOTOR FINANCE | [REDACTED]   | \$13,231.84    |
| Payment Total:      |            |             |                   |              | \$13,231.84    |
| Collections Total : |            |             |                   |              | \$0.00         |
| Deductible :        |            |             |                   |              | \$0.00         |
| Grand Total :       |            |             |                   |              | \$13,231.84    |



Toll Free: [REDACTED]  
Email: [REDACTED]  
National Document Center  
[REDACTED]  
Oklahoma City, OK [REDACTED]  
Fax: [REDACTED]

Insured: [REDACTED]  
Claim Number: [REDACTED]  
Policy Number: [REDACTED]  
Loss Date: 06/26/2018

Total Loss Settlement

Vehicle Information:

|          |             |                            |                        |
|----------|-------------|----------------------------|------------------------|
| Year:    | 2016        | Serial Number/ Trailer ID: |                        |
| Make:    | KIA         | VIN:                       | KNAFZ5A35G5 [REDACTED] |
| Model:   | FORTE 5D SX | Inspected VIN:             | KNAFZ5A35G5 [REDACTED] |
| Mileage: | 24000       | Boat Registration:         |                        |

Settlement Detail:

|                     |           |                |            |
|---------------------|-----------|----------------|------------|
| Valuation Method:   | CCC       | Valuation Id:  | [REDACTED] |
| Valuation Amount:   | 13,061.00 |                |            |
| Adjustment (+/-)    | N/A       | Sales tax:     | 1,142.84   |
| Actual Cash Value:  | 13,061.00 | Lien:          | 16,995.00  |
| Lic/Transfer Fee:   | 28.00     | Residual Debt: | 3,763.16   |
| Other Fee:          | N/A       |                |            |
| Deductible:         | 1,000.00  | Customer Due:  | N/A        |
| Salvage Value:      | N/A       | Mortgagee Due: | 13,231.84  |
| Additional Details: |           |                |            |
| Net Total:          | 13,231.84 |                |            |

Dates:

|                                 |            |
|---------------------------------|------------|
| Unit Assigned:                  | 06/27/2018 |
| Reported to NICB:               |            |
| Assigned to Salvage Pool:       | 07/06/2018 |
| Settled:                        | 07/06/2018 |
| TL Packet Sent To Owner:        |            |
| TL Packed Recd From Owner:      |            |
| Title/Paperwork Sent To Vendor: |            |











English

Español



Print

Irvine, CA

**CARFAX® Vehicle History Report™**  
 An independent company established in 1986

US \$39.99

**Vehicle Information:**  
**2016 KIA FORTE SX**  
 VIN: KNAFZ5A35G5  
 HATCHBACK 4 DR  
 1.6L I4 F DOHC 16V  
 GASOLINE  
 FRONT WHEEL DRIVE  
[Standard Equipment](#) | [Safety Options](#)  
[Original Window Sticker](#)

**CARFAX Report Provided By:**  
 Kia Motors America  
 Irvine, CA

Total loss vehicle  
 CARFAX 1-Owner vehicle  
 3 Service history records  
 Personal vehicle  
 Last owned in Texas  
**35,094** Last reported odometer reading

This CARFAX Vehicle History Report is based only on [information](#) supplied to CARFAX and available as of 9/4/18 at 1:43:40 PM (CDT). Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.

| <b>Ownership History</b><br>The number of owners is estimated |             |
|---------------------------------------------------------------|-------------|
| Year purchased                                                | 2016        |
| Type of owner                                                 | Personal    |
| Estimated length of ownership                                 | 1 yr. 8 mo. |
| Owned in the following states/provinces                       | Texas       |
| Estimated miles driven per year                               | 32,428/yr   |
| Last reported odometer reading                                | 35,094      |

| <b>Title History</b><br>CARFAX guarantees the information in this section                                                                                              |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <a href="#">Salvage</a>   <a href="#">Junk</a>   <a href="#">Rebuilt</a>   <a href="#">Fire</a>   <a href="#">Flood</a>   <a href="#">Hail</a>   <a href="#">Lemon</a> | No Problem |
| <a href="#">Not Actual Mileage</a>   <a href="#">Exceeds Mechanical Limits</a>                                                                                         | No Problem |

| <b>Additional History</b><br>Not all accidents / issues are reported to CARFAX. |                     |
|---------------------------------------------------------------------------------|---------------------|
| <b>Total Loss</b><br>Total loss reported on 06/26/2018.                         | Total Loss Reported |
| <b>Structural Damage</b><br>No structural damage reported to CARFAX.            | No Issues Reported  |
| <b>Airbag Deployment</b>                                                        | No Issues           |

|                                                                   |                                                                                                         |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| No airbag deployment reported to CARFAX.                          |  Reported             |
| <b>Odometer Check</b><br>No indication of an odometer rollback.   |  No Issues Indicated |
| <b>Accident / Damage</b><br>Fire damage reported on 06/26/2018.   |  Fire Damage         |
| <b>Manufacturer Recall</b><br>No open recalls reported to CARFAX. |  No Recalls Reported |



## Detailed History

Glossary

**Owner 1**

Purchased: 2016  
Type: Personal  
Where: Texas  
Est. miles/year: 33,428/yr  
Est. length owned: 12/13/16 - present (1 yr. 8 mo.)

| Date:        | Mileage: | Source:                                                                             | Comments:                                                                                                                                                                            |
|--------------|----------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Not Reported |          | Kia Motors America, Inc.                                                            | Vehicle manufactured and shipped to original dealer<br><a href="#">Original Window Sticker</a>                                                                                       |
| 09/17/2016   |          | Dealer Inventory                                                                    | Vehicle offered for sale                                                                                                                                                             |
| 12/13/2016   | 51       | Texas Motor Vehicle Dept. Amarillo, TX<br>Title [REDACTED]                          | Title issued or updated<br>First owner reported<br>Titled or registered as personal vehicle<br>Loan or lien reported<br>Vehicle color noted as Black                                 |
| 09/04/2017   | 22,689   | Toot N' Totum Car Care Center Amarillo, TX<br><a href="#">tootntotum.com</a>        | Oil and filter changed<br>Vehicle washed/detailed                                                                                                                                    |
| 11/29/2017   | 27,533   | Toot N Totum 80 Amarillo, TX<br>[REDACTED]                                          | Cooling system checked<br>Oil and filter changed<br>Vehicle washed/detailed<br>Induction system serviced                                                                             |
| 01/12/2018   | 35,094   | Toot N' Totum Car Care Center Amarillo, TX<br><a href="#">tootntotum.com</a>        | Oil and filter changed<br>Vehicle washed/detailed                                                                                                                                    |
| 06/26/2018   |          | California Damage Report                                                            | <b>TOTAL LOSS VEHICLE</b><br>Vehicle declared a total loss by an insurance company<br>Fire damage reported                                                                           |
|              |          |  | There are many reasons an insurance company will declare a vehicle a total loss. Have this vehicle inspected by a qualified technician before you buy.<br><a href="#">Learn more</a> |
| 08/13/2018   |          | Texas Motor Vehicle Dept. Amarillo, TX<br>Title [REDACTED]                          | Title issued or updated<br>Vehicle color noted as Black<br>Loan or lien released                                                                                                     |

Have Questions? Consumers, please visit our Help Center at [www.carfax.com](http://www.carfax.com). Dealers or Subscribers, please visit our Help Center at [www.carfaxonline.com](http://www.carfaxonline.com).



## Glossary

View Full Glossary

**Fire Damage**



CARFAX receives information on vehicle fires from most U.S. jurisdictions. These events are taken from the fire department reports compiled at the scene.

**First Owner**

When the first owner(s) obtains a title from a Department of Motor Vehicles as proof of ownership.

**Ownership History**

CARFAX defines an owner as an individual or business that possesses and uses a vehicle. Not all title transactions represent changes in ownership. To provide estimated number of owners, CARFAX proprietary technology analyzes all events in a vehicle history. Estimated ownership is available for vehicles manufactured after 1991 and titled solely in the US including Puerto Rico. Dealers sometimes opt to take ownership of a vehicle and are required to in the following states: Maine, Massachusetts, New Jersey, Ohio, Oklahoma, Pennsylvania and South Dakota. Please consider this as you review a vehicle's estimated ownership history.

**Title Issued**

A state issues a title to provide a vehicle owner with proof of ownership. Each title has a unique number. Each title or registration record on a CARFAX report does not necessarily indicate a change in ownership. In Canada, a registration and bill of sale are used as proof of ownership.

**Total Loss Vehicle**

An insurance or fleet company declares a vehicle a total loss when a claim exceeds approximately 75% of its pre-damage value or if the vehicle is stolen and not recovered. This damage threshold varies by company. These companies typically take possession and obtain the title. Not all total loss vehicles result in a DMV-reported branded title. This may occur when an insurance company's definition of a total loss is different than the state DMV's definition for a branded title or when the owner of the vehicle is a self-insured company, like a fleet or rental company.

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Covered by United States Patent Nos. 7,113,853; 7,778,841; 7,596,512, 8,600,823; 8,595,079; 8,606,648; 7,505,838.

9/4/18 1:43:40 PM (CDT)



Wed, Jun 27, 2018 at 3:58 PM

Pull in vehicle in the shop for service. On Monday morning Scanned for dtc's found no dtc's road test vehicle Around dealership found brake light turn on dash. Rescanned for dtc's found no dtc's. Inspection brake fluid. Brake fluid is full, inspection engine wiring harness for rodent damage found no damage. Remove brake fluid level sensor connector inspection pin connector, tested resistance form connector e04 pin #2 to connector I/p-b pin #26, resistance is 0.2, Remove driver side dash panel inspection connector I/p-c I/p-b I/p-a and I/p-D.

Remove center console armrest inspection

Connector f33 parking brake switch, tested resistance from f33 to connector I/p-d pin # 23, resistance is 0.2 found internal failure at smart junction box under driver side dash panel, install center console armrest back on and plug in connectors, ordered parts for the vehicle.

Park the vehicle in the back of the dealership on Monday morning date June 25 2018

Sent from Gmail Mobile























|                               |      |       |                |                 |                 |
|-------------------------------|------|-------|----------------|-----------------|-----------------|
| [REDACTED]                    |      |       | Home Phone     | R/O Open Date   | R/O Number      |
| [REDACTED]                    |      |       | Work Phone     | 6/25/18         | [REDACTED]      |
| [REDACTED]                    |      |       | Key Tag #      | Time Received   | Time Promised   |
| [REDACTED]                    |      |       | [REDACTED]     | 9:50            | Waiting         |
| [REDACTED]                    |      |       | [REDACTED]     | Current Mileage | Mileage Out     |
| [REDACTED]                    |      |       | [REDACTED]     | 53670           | [REDACTED]      |
| Year                          | Make | Model | Body           | Engine Code     | Service Advisor |
| 2016                          | KIA  | FORTE | [REDACTED]     | [REDACTED]      | Andrew Sloan    |
| Vehicle Identification Number |      |       | License Number | Delivery Date   | In-Service Date |
| KNAFZ5A35G5                   |      |       | [REDACTED]     | [REDACTED]      | [REDACTED]      |

Email: [REDACTED]

#1 - Customer Reports:

FROM RO NUMBER [REDACTED] CUSTOMER RETURNED  
VEHICLE FOR DIAG ON BRAKE LIGHT COMING ON WHEN  
DRIVING VEHICLE, CHECK AND ADVISE

15N 6/25 [Signature]  
**ORDERED**

C  
C  
C  
C

#2 - TIRE: PLEASE BE ADVISED THAT A TIRE PRESSURE INSPECTION  
WILL BE PERFORMED AND THE FOLLOWING PRESSURES WILL  
BE SET PER YOUR DOOR PLACARD IF APPLICABLE

C  
C  
C

Original Estimate: .00

| CO# | RO#        | Date    | Miles | Service Writer                                       | Tech | Time | Total |
|-----|------------|---------|-------|------------------------------------------------------|------|------|-------|
| J17 | [REDACTED] | 6/23/18 | 53559 | Andrew Sloan                                         |      |      | .00   |
|     |            |         |       | W CUSTOMER STATES BRAKE LIGHT COMES ON               | MA   | .00  |       |
|     |            |         |       | W TIRE: PLEASE BE ADVISED THAT A TIRE PRESSURE INSPE |      | .00  |       |

*IPM*  
*Smart Junction Box*

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

Any warranties on products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

Customer Signature



## Warranty Coverage

<< Warranty Coverage Validation

### Basic Vehicle Information

|                               |                      |                                |                             |
|-------------------------------|----------------------|--------------------------------|-----------------------------|
| <b>VIN #</b>                  | KNAFZ5A35G5          | <b>Year / Model</b>            | 2016 / YD Forte (YD)        |
| <b>Serial</b>                 |                      | <b>Model Description</b>       | FORTE SX 5 DR MANUAL        |
| <b>Engine</b>                 | .6 LITER ENGINE      | <b>Color(Ext/Int)</b>          | ABP-AURORA BLACK / WK-BLACK |
| <b>First Name</b>             | KIM                  | <b>Last Name</b>               | LARSON                      |
| <b>Mileage Entered</b>        | 53670                | <b>Retail Mileage</b>          | 51                          |
| <b>Production Date</b>        | Jan 05, 2016         | <b>Sales Type</b>              | KAPR KIA APR SUBVENTION     |
| <b>Retail Date</b>            | Nov 28, 2016         | <b>Key Code</b>                |                             |
| <b>Wholesale Date</b>         | Sep 15, 2016         | <b>Warranty Start Date</b>     | Nov 28, 2016                |
| <b>Selling Dealer</b>         | Pete's Car Smart Kia | <b>Branded Title</b>           |                             |
| <b>Lawsuit</b>                | No                   | <b>Open Campaigns</b>          | N                           |
| <b>Extended Service Plan</b>  | N                    | <b>Repairs in Last 60 Days</b> | N                           |
| <b>Owner Transfers</b>        | N                    | <b>Sirius ESN</b>              |                             |
| <b>Sirius Subscription</b>    | Expired              | <b>Sirius Expiration Date</b>  | Feb 26, 2017                |
| <b>Sirius Activation Date</b> | Nov 28, 2016         |                                |                             |
| <b>PDI Performed</b>          | Y                    |                                |                             |
| <b>Remark</b>                 |                      |                                |                             |

### Service Campaign / Service Action / Recall / Customer Satisfaction Program Information

| Issue Number | Issue Type | Description | Dealer Code | Repair Date | Dealer Type |
|--------------|------------|-------------|-------------|-------------|-------------|
|--------------|------------|-------------|-------------|-------------|-------------|

### Basic Warranty Coverage Information

|                                |              |                            |                                 |
|--------------------------------|--------------|----------------------------|---------------------------------|
| <b>Basic Warranty Coverage</b> | Y            | <b>Remark</b>              |                                 |
| <b>Warranty Start Date</b>     | Nov 28, 2016 | <b>Warranty Expiration</b> | Nov 28, 2021                    |
| <b>Warranty Mileages</b>       | 60,000       | <b>Warranty Terms</b>      | 60 months (1251 days remaining) |

### Powertrain Coverage Information

|                            |              |                            |                                  |
|----------------------------|--------------|----------------------------|----------------------------------|
| <b>Powertrain Coverage</b> | Y            | <b>Remark</b>              |                                  |
| <b>Warranty Start Date</b> | Nov 28, 2016 | <b>Warranty Expiration</b> | Nov 28, 2026                     |
| <b>Warranty Mileage</b>    | 100,000      | <b>Warranty Terms</b>      | 120 months (3077 days remaining) |

### Other Coverage Information

| Coverage Type          | Available | Start Date   | Expiration Date | Warranty Terms                 | Mileage |
|------------------------|-----------|--------------|-----------------|--------------------------------|---------|
| Audio/Radio/RSE        | N         | Nov 28, 2016 | Nov 28, 2019    | 36 months (520 days remaining) | 36,000  |
| Adjustments            | N         | Nov 28, 2016 | Nov 28, 2017    | 12 months<br>(Expired)         | 12,000  |
| Paint                  | N         | Nov 28, 2016 | Nov 28, 2019    | 36 months (520 days remaining) | 36,000  |
| Service Part & Acc'y's | N         |              |                 | 12 months                      | 12,000  |



**Warranty History****Warranty History**

| Repair Date  | Claim Type | Dealer Code | R.O.#      | Version | Repair Labor | Causal Part | Mileage |
|--------------|------------|-------------|------------|---------|--------------|-------------|---------|
| Sep 16, 2016 | I : PDI    | [REDACTED]  | [REDACTED] | 01      | YDPDI        | PDI         | 9       |



PE19-004

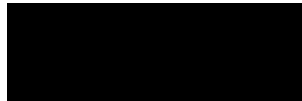
KIA

6/28/2019

DEFECT B

CA FILES

FORTE





Irvine, CA

**CARFAX**<sup>®</sup> Vehicle History Report<sup>™</sup>  
An independent company established in 1986

US \$39.99

**Vehicle Information:**  
**2015 KIA FORTE LX**  
VIN: KNAFK4A65F5 [REDACTED]  
SEDAN 4 DR  
1.8L I4 F DOHC 16V  
GASOLINE  
FRONT WHEEL DRIVE  
[Standard Equipment](#) | [Safety Options](#)  
[Original Window Sticker](#)

**CARFAX Report Provided By:**  
Kia Motors America  
[REDACTED]  
Irvine, CA  
[REDACTED]

**Branded Titles: Fire, Not Actual Mileage, Salvage**

**CARFAX 1-Owner vehicle**

**5 Service history records**

**Personal vehicle**

**Last owned in Vermont**

**15 Detailed records available**



This CARFAX Vehicle History Report is based only on [information](#) supplied to CARFAX and available as of 3/12/19 at 7:46:50 PM (CDT). Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.

|  <b>Ownership History</b><br>The number of owners is estimated |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Year purchased                                                                                                                                    | 2015         |
| Type of owner                                                                                                                                     | Personal     |
| Estimated length of ownership                                                                                                                     | 3 yrs. 6 mo. |
| Owned in the following states/provinces                                                                                                           | Vermont      |
| Estimated miles driven per year                                                                                                                   | —            |
| Last reported odometer reading                                                                                                                    | 60,000       |

|                                                                                                                                                                          |                                                                                                                                   |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <div><div>CARFAX</div><div>Title History</div></div> <div>CARFAX guarantees the information in this section</div>                                                        |                                                                                                                                   | <div> Owner 1</div> |
| <div>Salvage   Junk   Rebuilt   Fire   Flood   Hail   Lemon</div>                                                                                                        | <div><div>Alert!<br/>Problem Found</div></div> |                                                                                                          |
| <div>Not Actual Mileage   Exceeds Mechanical Limits</div>                                                                                                                | <div><div>Alert!<br/>Problem Found</div></div> |                                                                                                          |
| <div><div>Alert!</div>Severe problems were reported by a state Department of Motor Vehicles (DMV). This vehicle does not qualify for the CARFAX Buyback Guarantee.</div> |                                                                                                                                   |                                                                                                          |

|  <b>Additional History</b><br>Not all accidents / issues are reported to CARFAX |                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <a href="#">Total Loss</a>                                                                                                                                         |  <b>Total Loss Reported</b> |

[REDACTED]

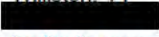
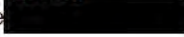
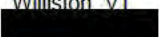


|                                                                                                                               |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Total loss reported on 11/22/2018.                                                                                            |                                                                                                         |
| <b>Structural Damage</b><br>No structural damage reported to CARFAX.                                                          |  No Issues Reported  |
| <b>Airbag Deployment</b><br>No airbag deployment reported to CARFAX.                                                          |  No Issues Reported  |
| <b>Odometer Check</b><br>DMV title problems reported.                                                                         |  Odometer Problem    |
| <b>Accident / Damage</b><br>DMV title problems reported. Accident reported on 10/09/2015. Fire damage reported on 11/22/2018. |  Severe Damage       |
| <b>Manufacturer Recall</b><br>No open recalls reported to CARFAX.                                                             |  No Recalls Reported |



## Detailed History

[Glossary](#)

|  <b>Owner 1</b>              |  | <b>Date:</b> | <b>Mileage:</b> | <b>Source:</b>                                                                                                                                                                     | <b>Comments:</b>                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------|--|--------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchased: 2015<br>Type: Personal<br>Where: Vermont<br>Est. length owned: 6/23/15 – 1/17/19<br>(3 yrs. 6 mo.) |  | Not Reported |                 | Kia Motors America, Inc.                                                                                                                                                           | Vehicle manufactured and shipped to original dealer<br><br><a href="#">Original Window Sticker</a>                                                                 |
|                                                                                                               |  | 05/04/2015   |                 | Berlin City Kia (VT)<br>Williston, VT<br><br><a href="http://berlincity.com">berlincity.com</a>  | Pre-delivery inspection completed<br>Nitrogen fill tires<br>Pinstripe(s) installed<br>Vehicle washed/detailed<br>Emissions or safety inspection performed          |
|                                                                                                               |  | 05/05/2015   | 3               | Dealer Inventory                                                                                                                                                                   | Vehicle offered for sale                                                                                                                                           |
|                                                                                                               |  | 06/23/2015   |                 | Vermont<br>Motor Vehicle Dept.                                                                                                                                                     | Vehicle purchase reported<br>Titled or registered as personal vehicle                                                                                              |
|                                                                                                               |  | 06/30/2015   | 161             | Vermont<br>Motor Vehicle Dept.<br>Richford, VT<br>Title                                         | Title issued or updated<br>Registration issued or renewed<br>First owner reported<br>Passed safety inspection<br>Vehicle color noted as Silver                     |
|                                                                                                               |  | 10/09/2015   |                 | Vermont<br>Damage Report                                                                                                                                                           | Accident reported<br>It hit an animal<br>Vehicle disabled<br>Vehicle towed                                                                                         |
|                                                                                                               |  | 11/12/2015   | 6,454           | Berlin City Kia (VT)<br>Williston, VT<br><br><a href="http://berlincity.com">berlincity.com</a> | Maintenance inspection completed<br>Oil and filter changed                                                                                                         |
|                                                                                                               |  | 06/05/2016   |                 | Vermont<br>Motor Vehicle Dept.<br>Richford, VT<br>Title                                         | Registration issued or renewed<br>Passed safety inspection<br>Registration updated when owner moved the vehicle to a new location<br>Vehicle color noted as Silver |
|                                                                                                               |  | 09/28/2016   | 27,240          | Berlin City Kia (VT)<br>Williston, VT<br><br><a href="http://berlincity.com">berlincity.com</a> | Oil and filter changed<br>Tires rotated<br>Air filter replaced<br>Wiper(s) replaced                                                                                |
|                                                                                                               |  | 06/19/2017   |                 | Vermont<br>Motor Vehicle Dept.<br>Montgomery Center,                                                                                                                               | Registration issued or renewed<br>Passed safety inspection<br>Vehicle color noted as Silver                                                                        |



|                                                                                                                                                                                                                                                                                                             |        |                                                       |                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                             |        | VT<br>Title [REDACTED]                                |                                                                                                                                                                                                                                                                                                                                                                                    |
| 09/24/2018                                                                                                                                                                                                                                                                                                  |        | Larose Texaco, Inc.<br>Enosburg Falls, VT             | Vehicle serviced                                                                                                                                                                                                                                                                                                                                                                   |
| 11/22/2018                                                                                                                                                                                                                                                                                                  | 68,349 | Vermont<br>Damage Report                              | <b>TOTAL LOSS VEHICLE</b><br>Vehicle declared a total loss<br>by an insurance company<br>Fire damage reported                                                                                                                                                                                                                                                                      |
| <div>  <div> <p>There are many reasons an insurance company will declare a vehicle a total loss. Have this vehicle inspected by a qualified technician before you buy.</p> <p><a href="#">Learn more</a></p> </div> </div> |        |                                                       |                                                                                                                                                                                                                                                                                                                                                                                    |
| 12/12/2018                                                                                                                                                                                                                                                                                                  |        | Larose Texaco, Inc.<br>Enosburg Falls, VT             | Vehicle serviced                                                                                                                                                                                                                                                                                                                                                                   |
| 01/17/2019                                                                                                                                                                                                                                                                                                  |        | Vermont<br>Motor Vehicle Dept.                        | Title or registration issued<br>to insurance company                                                                                                                                                                                                                                                                                                                               |
| 01/17/2019                                                                                                                                                                                                                                                                                                  | 60,000 | Vermont<br>Motor Vehicle Dept.<br>Title<br>[REDACTED] | <b>SALVAGE TITLE/CERTIFICATE ISSUED</b><br><b>NOT ACTUAL MILEAGE TITLE ISSUED</b><br><b>FIRE DAMAGE TITLE ISSUED</b><br><br><b>CARFAX Advisor™</b><br>A NAM title is issued when the owner discloses to a DMV mileage fraud, a broken odometer or that the actual mileage of this vehicle is unknown.<br><br><b>Mileage reported after this reading is potentially unreliable.</b> |

Have Questions? Consumers, please visit our Help Center at [www.carfax.com](http://www.carfax.com). Dealers or Subscribers, please visit our Help Center at [www.carfaxonline.com](http://www.carfaxonline.com).



## Glossary

[View Full Glossary](#)

### Accident Indicator

CARFAX receives information about accidents in all 50 states, the District of Columbia and Canada.

Not every accident is reported to CARFAX. As details about the accident become available, those additional details are added to the CARFAX Vehicle History Report. CARFAX recommends that you have this vehicle inspected by a qualified mechanic.

- According to the National Safety Council, Injury Facts, 2015 edition, 8% of the 254 million registered vehicles in the U.S. were involved in an accident in 2013. Over 74% of these were considered minor or moderate.
- This CARFAX Vehicle History Report is based only on information supplied to CARFAX and available as of 3/12/19 at 7:46:50 PM (CDT). Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.

### Vermont Damage Reports:

- Do not include an assessment of damage severity
- Are processed for all reported crashes

### Federal Odometer Act

The Federal Odometer Act requires a seller to disclose the vehicle's mileage on the title when ownership is transferred. Congress enacted this Act to prohibit odometer tampering and to protect consumers from mileage fraud. Under this act, sellers must disclose any issues with the vehicle's odometer. These disclosures translate into the Exceed Mechanical Limits and Not Actual Mileage titles.



**Fire Damage**

CARFAX receives information on vehicle fires from most U.S. jurisdictions. These events are taken from the actual fire department reports compiled at the scene.

**Fire Damage Title**

The vehicle sustained major damage due to fire. In most states, fire damage titles are issued when the cost of repairing the vehicle for safe operation exceeds its fair market value.

**First Owner**

When the first owner(s) obtains a title from a Department of Motor Vehicles as proof of ownership.

**Not Actual Mileage Title**

When the seller certifies, under the Federal Odometer Act, that the odometer reading does not reflect the vehicle's actual mileage. This may occur because the odometer was tampered with, broken, or replaced.

**Ownership History**

CARFAX defines an owner as an individual or business that possesses and uses a vehicle. Not all title transactions represent changes in ownership. To provide estimated number of owners, CARFAX proprietary technology analyzes all the events in a vehicle history. Estimated ownership is available for vehicles manufactured after 1991 and titled solely in the US including Puerto Rico. Dealers sometimes opt to take ownership of a vehicle and are required to in the following states: Maine, Massachusetts, New Jersey, Ohio, Oklahoma, Pennsylvania and South Dakota. Please consider this as you review a vehicle's estimated ownership history.

**Salvage Title**

A Salvage Title is issued on a vehicle damaged to the extent that the cost of repairing the vehicle exceeds approximately 75% of its pre-damage value. This damage threshold may vary by state. Some states treat Junk titles the same as Salvage but the majority use this title to indicate that a vehicle is not road worthy and cannot be titled again in that state. The following eleven states also use Salvage titles to identify stolen vehicles - AZ, FL, GA, IL, MD, MN, NJ, NM, NY, OK and OR.

**Title Issued**

A state issues a title to provide a vehicle owner with proof of ownership. Each title has a unique number. Each title or registration record on a CARFAX report does not necessarily indicate a change in ownership. In Canada, a registration and bill of sale are used as proof of ownership.

**Total Loss Vehicle**

An insurance or fleet company declares a vehicle a total loss when a claim exceeds approximately 75% of its pre-damage value or if the vehicle is stolen and not recovered. This damage threshold varies by company. These companies typically take possession and obtain the title. Not all total loss vehicles result in a DMV-reported branded title. This may occur when an insurance company's definition of a total loss is different than the state DMV's definition for a branded title or when the owner of the vehicle is a self-insured company, like a fleet or rental company.

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Covered by United States Patent Nos. 7,113,853; 7,778,841; 7,596,512, 8,600,823; 8,595,079; 8,606,648; 7,505,838.

3/12/19 7:46:50 PM (CDT)





**PROGRESSIVE**

Payment Address  
Progressive-Subro  
Chicago, IL

Document Address  
Los Angeles, CA

Phone:  
Fax:

February 5, 2019

KIA

IRVINE, CA

Type of Loss: Vehicle Fire

VIN/DOT Number: KNAFK4A65F5

Year: 2015

Make: KIA

Model: FORTE

Your Claim No:

Our Insured:

Address: MONTGOMERY CENTER, VT

Our Claim No:

Date of Loss: 11-22-18

Damages: \$ 8,719.86

RECEIVED  
FEB 12 2019  
CONSUMER AFFAIRS

#### NOTICE OF SUBROGATION CLAIM

Please accept this letter as formal notice of our subrogation rights in regard to the above-captioned claim. Demand is hereby made upon you for payment of Progressive Direct Insurance Company damages and those of our insured.

Our investigation indicates damages to our insured's vehicle was a direct result of a manufacturer's defect or negligence on your behalf. Enclosed please find all supporting documentation.

Please acknowledge receipt of my subrogation demand and forward your payment of \$8,719.86 to my attention, payable to "Progressive Direct Insurance Company, as subrogee of" and remit to the following address:

Progressive-Subro  
Chicago, IL

You can contact me at the number listed below should you need additional documentation or to discuss this claim.

Thank you for your anticipated cooperation.

Chad Johnson  
Progressive Direct Insurance Company  
Subrogation Representative  
Phone:  
Fax:

Enclosure



**PROGRESSIVE™**

Los Angeles, CA

Phone:

Fax:

KIA

IRVINE, CA

Our Claim#:



**PROGRESSIVE**

Payment Address  
Progressive-Subro  
Chicago, IL

Document Address  
Los Angeles, CA

Phone:  
Fax:

Subrogation 02-01-19 11:27 AM ET  
Authored By: CHAD W JOHNSON  
NEW PRODUCT LIABILITY DEMAND REFERRAL  
LOSS STATE: VT  
VEHICLE ON HOLD: YES  
TIRE KEPT: NA  
STATUTE: NOV 22 21  
DAMAGES: \$ 8,219.86  
LIAB/FACTS OF LOSS: IV CAUGHT FIRE.  
ASSIGNED TO:

EXPERT HIRED: NOT  
EVIDENCE IN OUR FAVOR: IV KEPT- ON HOLD- STILL UNDER WARRANTY.  
SUMMARY OF EVENTS/LIABILITY DECISION:

INSD LEFT TUES MORNING AT 9AM TO GO TO CANADA WITH HER 6 YR OLD SON AND BABY.  
SHE WENT TO VISIT HER PARENTS FOR THE HOLIDAY  
DROVE BACK HOME THURS  
SHE DIDNT HAVE ANY ISSUES WITH IV ON TRIP  
1/2 WAY HOME FROM CANADA SHE SMELLED A BURNING SMELL BUT DIDNT THINK ANYTHING  
OF IT BECAUSE HER CAR RUNS HARD SINCE IT GOES UP AND DOWN THE VT MOUNTAINS  
THE SMELL DIDNT ALARM HER  
SHE DROPPED HER 6 YR OLD SON AT HIS DADS HOUSE AND THEN STOPPED FOR GAS  
AROUND NOON, 10 MIN FROM HER HOUSE. INSD GOT HOME AND BABY WAS SLEEPING IN CAR  
SO SHE LEFT IV RUNNING WHILE SHE BROUGHT THINGS IN THE HOUSE. SHE WAS GOING TO  
GO BACK OUT TO THE STORE, WHICH CLOSED ON THANKSGIVING AT 1:00. SHE WENT BACK  
OUTSIDE AND SAW SMOKE/FIRE COMING OUT OF HOOD. SHE GRABBED HER BABY AND RAN TO  
NEIGHBORS HOUSE. NEIGHBOR-DREW. HE IS AN EX FIRE FIGHTER. HE HELPED HER PUT  
FIRE OUT-PUT SNOW ON IT. SHE ALSO CALLED 911



Date: 11/30/2018 04:16 PM  
Estimate ID: [REDACTED]  
Estimate Version: 0  
Committed  
Profile ID: [REDACTED]

## Progressive Direct Insurance Co

Please contact Jack Kendrick [REDACTED] or  
[REDACTED] to request a supplemental inspection or  
for any questions regarding the estimate.

Damage Assessed By: [REDACTED]

Claim Rep: [REDACTED]

Classification:

\* Product Type: Auto  
\* Date of Loss: 11/22/2018  
\* Deductible: 500.00  
\* Claim Number: [REDACTED]

Insured: [REDACTED]  
Owner: [REDACTED]  
Address: [REDACTED] MONTGOMERY CENTER, VT [REDACTED]  
Telephone: [REDACTED]  
Work Phone: [REDACTED]  
Contact Phone: [REDACTED]

Home Phone: [REDACTED]

Mitchell Service: [REDACTED]

Description: 2015 Kia Forte LX  
Body Style: 4D Sed  
VIN: KNAFK4A65F5 [REDACTED]  
Mileage: 68,349  
OEM/ALT: A  
Color: SILVER  
Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER  
AIR CONDITION, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG  
HEATED EXTERIOR MIRROR, FRONT SIDE AIRBAG WITH HEAD PROTECTION  
ANTI-LOCK BRAKE SYS., TRACTION CONTROL, TIRE INFLATION/PRESSURE MONITOR  
AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, SATELLITE RADIO, CD PLAYER  
POWER ADJUSTABLE EXTERIOR MIRROR, AUTOMATIC TRANSMISSION, TRIP COMPUTER  
FIRST ROW BUCKET SEAT, CLOTH SEAT, SIDE AIRBAGS, AUTOMATIC HEADLIGHTS  
SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, REMOTE DECKLID OR TAILGATE RELEASE  
MP3 PLAYER, ELECTRONIC STABILITY CONTROL, REAR BENCH SEAT  
STEERING WHEEL AUDIO CONTROLS

Vehicle Production Date: 2/15  
Drive Train: 1.8L Inj 4 Cyl 6A FWD  
License: [REDACTED]  
Search Code: [REDACTED]

| Line Item | Entry Number | Labor Type | Operation      | Line Item Description | Part Type/ Part Number | Dollar Amount | Labor Units |
|-----------|--------------|------------|----------------|-----------------------|------------------------|---------------|-------------|
| 1         | 900500       | BDY *      | ADD'L LABOR OP | OTL                   | Sublet                 | 0.01 *        | 0.0*        |

\* - Judgment Item



"The after-market part(s) being specified for the repair of your vehicle are at least equal in kind and quality to the original equipment in terms of fit, quality and performance."

\*\*\*\*\*  
 Seatbelt and Supplemental Restraint System (SRS) Replacement. "All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep."

## Estimate Totals

| I. Labor Subtotals     | Units             | Rate  | Add'l Labor Amount | Sublet Amount | Totals | II. Part Replacement Summary                | Amount  |
|------------------------|-------------------|-------|--------------------|---------------|--------|---------------------------------------------|---------|
| Body                   | 0.0               | 45.00 | 0.00               | 0.01          | 0.01   |                                             |         |
|                        | Non-Taxable Labor |       |                    |               | 0.01   | Total Replacement Parts Amount              | 0.00    |
| Labor Summary          | 0.0               |       |                    |               | 0.01   |                                             |         |
| III. Additional Costs  |                   |       |                    |               | Amount | IV. Adjustments                             | Amount  |
| Total Additional Costs |                   |       |                    |               | 0.00   | Insurance Deductible                        | 500.00- |
|                        |                   |       |                    |               |        | Subtotal of Adjustments Exceeds Gross Total |         |
|                        |                   |       |                    |               |        | Customer Responsibility                     | 0.01-   |
|                        |                   |       |                    |               |        | I. Total Labor:                             | 0.01    |
|                        |                   |       |                    |               |        | II. Total Replacement Parts:                | 0.00    |
|                        |                   |       |                    |               |        | III. Total Additional Costs:                | 0.00    |
|                        |                   |       |                    |               |        | Gross Total:                                | 0.01    |
|                        |                   |       |                    |               |        | IV. Total Adjustments:                      | 0.01-   |
|                        |                   |       |                    |               |        | Net Total:                                  | 0.00    |

### Point(s) of Impact

12 Front Center (P), 16 Non-Collision (S)

Alt. Location: PROGRESSIVE

Inspection Site: COPART - JERICHO

Address: [REDACTED]  
 Colchester, VT

Inspection Date: 11/30/2018

ESTIMATE RECALL NUMBER: 11/30/2018 15:47:50 [REDACTED]

Mitchell Data Version: OEM: OCT\_18\_V1128

MAPP:OCT\_18\_V1122 Copyright (C) 1994 - 2018 Mitchell International

Software Version: 7.1.232

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This is a damage assessment only - NOT AN AUTHORIZATION TO REPAIR - based on damage visible or certain at the time it was written.

If frame or unibody repair is included on this estimate, the amount shown includes time or allowance for measuring before, during and after those repairs.

Any repair shop or facility may be used at your discretion. Progressive can provide the name and address of a recognized, competent and conveniently located repair shop or facility who is willing and able to repair or replace the damaged motor vehicle with other of like, kind and quality parts within a reasonable time for the price quoted in this appraisal.

To ensure proper and prompt payment for additional damage discovered during the course of repairs, contact Progressive for supplement handling procedures.

Progressive honors the prevailing labor market rate in your area for your property. If you choose a shop that charges in excess of the prevailing labor market rates, you will be responsible for the difference.

#### Lifetime guarantee for sheet metal and plastic body parts

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at [REDACTED]. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

This guarantee does not cover normal wear and tear or damage caused by improper maintenance, neglect, abuse or subsequent accident. This guarantee is limited to arranging for the selection of repair parts that will return your vehicle to its pre-loss condition. Accordingly, Progressive will not be liable for any indirect, incidental or consequential damages that result from the installation or use of these parts.

#### Part Type Terms and Abbreviations

NEW and OEM or part number displayed - These refer to a new, original equipment manufacturer part.

A/M Certified: This refers to a new, certified non-original equipment manufacturer replacement part.

A/M: This refers to a new, non-original equipment manufacturer



replacement part.

Recycled: This refers to a used OEM part.

Remanufactured and Recond. and Recore: These refer to recycled OEM parts that have been rebuilt or refurbished.

OEM Surplus Part: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.

Recovered OE - This refers to parts removed from a new vehicle for various reasons.

Please be advised that your motor vehicle glass repair must be performed by a registered motor vehicle glass repair shop. You are not required to use a particular registered motor vehicle glass repairshop for your motor vehicle glass repair services. The glass price on this appraisal, represents the fair and reasonable price in the market.

#### NOTICE

The repair estimate is based in part on the use of replacement parts which are not made by the original manufacturer of the damaged parts in your vehicle. Warranties, if any, applicable to these replacement parts are provided by their manufacturer or supplier rather than the manufacturer of your vehicle.

I, as the appraiser completing this appraisal, hereby attest that the contents of this appraisal are true and accurate, to the best of my knowledge, under the penalties of perjury.

\_\_\_\_\_  
Signature of appraiser

Repair shop's authorized representative's signature indicating agreement on cost to return the vehicle to pre-loss condition including tow/storage charges:

Shop Signature: \_\_\_\_\_ Est. completion Date: \_\_\_\_\_

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

#### Event Log

|                     |                        |
|---------------------|------------------------|
| File Created:       | 11/30/2018 02:58:56 PM |
| Estimate Started:   | 11/30/2018 03:47:15 PM |
| Estimate Printed:   | Estimate not printed   |
| Estimate Committed: | 11/30/2018 03:47:50 PM |
| Estimate Uploaded:  | 11/30/2018 04:16:45 PM |



# Vehicle Valuation Report

Prepared For: Progressive Group of Insurance Companies



## Claim Information

|              |               |                       |                       |
|--------------|---------------|-----------------------|-----------------------|
| Claim Number | Policy Number | Loss Type             | Owner                 |
|              |               | COMPREHENSIVE         | MONTGOMERY CENTER, VT |
| Loss Date    | Reported Date | Valuation Report Date | Valuation Report ID   |
| 11/22/2018   | 11/22/2018    | 11/30/2018            |                       |
|              |               |                       | Version Number        |
|              |               |                       | 1                     |

## Vehicle Information

|               |         |                                            |               |              |
|---------------|---------|--------------------------------------------|---------------|--------------|
| Year          | Make    | Model                                      | Location      | Mileage      |
| 2015          | Kia     | Forte LX 4 Door Sedan 1.8L 4 Cyl Gas A FWD | VT            | 68,349 miles |
| Ext Color     | License | VIN                                        | Title History |              |
| Bright Silver | Vermont | KNAFK4A65F5                                | No            |              |

## Valuation Summary

### Loss Vehicle Adjustments

Adjustments specific to your vehicle

|                          |            |
|--------------------------|------------|
| Dual Source Base Value = | \$9,446.92 |
| Condition -              | \$727.06   |
| Prior Damage             | \$0.00     |
| Aftermarket Parts        | \$0.00     |
| Refurbishment            | \$0.00     |

Market Value = \$8,719.86

### Settlement Adjustments

Adjustments specific to your policy

Deductible - \$500.00

Settlement Value = \$8,219.86

**Settlement Value:**  
**\$8,219.86**



## Loss Vehicle Detail

Loss vehicle: 2015 Kia Forte | LX 4 Door Sedan | 1.8L 4 Cyl Gas A FWD

### Standard Equipment

#### Exterior

|                                                          |                                                         |
|----------------------------------------------------------|---------------------------------------------------------|
| Auto Off Projector Beam Halogen Headlamps w/Delay-Off    | Black grille w/chrome surround                          |
| Black Side Windows Trim                                  | Body-colored door handles                               |
| Body-colored front bumper                                | Body-Colored Power Heated Side Mirrors w/Manual Folding |
| Body-Colored Rear Bumper w/Black Rub Strip/Fascia Accent | Clearcoat paint                                         |
| Fixed Rear Window w/Defroster                            | Front Windshield -inc: Sun Visor Strip                  |
| Fully Galvanized Steel Panels                            | Light tinted glass                                      |
| Spare Tire Inflator                                      | Tires: P195/65R15 -inc: low rolling resistance          |
| Trunk Rear Cargo Access                                  | Variable Intermittent wipers                            |
| Wheels: 6.0J x 15" Steel w/Full Covers                   |                                                         |

#### Interior

|                                                                                                                                                                                                |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 2 12V DC Power Outlets                                                                                                                                                                         | 4-Way Passenger Seat -inc: Manual Recline and Fore/Aft Movement        |
| 5 Person Seating Capacity                                                                                                                                                                      | 60-40 Folding Bench Front Facing Fold Forward Seatback Cloth Rear Seat |
| Air filtration                                                                                                                                                                                 | Analog Display                                                         |
| Cargo Area Concealed Storage                                                                                                                                                                   | Cargo Features -inc: Spare Tire Inflator                               |
| Cargo Space Lights                                                                                                                                                                             | Carpet Floor Trim and Carpet Trunk Lid/Rear Cargo Door Trim            |
| Cloth Front Seats w/Cloth Back Material                                                                                                                                                        | Day-night rearview mirror                                              |
| Delayed Accessory Power                                                                                                                                                                        | Driver / Passenger And Rear Door Bins                                  |
| Driver And Passenger Visor Vanity Mirrors                                                                                                                                                      | Driver foot rest                                                       |
| Fade-to-off interior lighting                                                                                                                                                                  | Front Bucket Seats -inc: 6-way adjustable driver's seat                |
| Front center armrest                                                                                                                                                                           | Front Cupholder                                                        |
| Full Carpet Floor Covering                                                                                                                                                                     | Full cloth headliner                                                   |
| Full Floor Console w/Covered Storage and 2 12V DC Power Outlets                                                                                                                                | HVAC -inc: Underseat Ducts                                             |
| Illuminated glove box                                                                                                                                                                          | Interior Trim -inc: Chrome Interior Accents                            |
| Manual Adjustable Front Head Restraints and Manual Adjustable Rear Head Restraints                                                                                                             | Manual air conditioning                                                |
| Manual tilt/telescoping steering column                                                                                                                                                        | Outside temp gauge                                                     |
| Power 1st Row Windows w/Driver And Passenger 1-Touch Down                                                                                                                                      | Power door locks                                                       |
| Power Rear Windows                                                                                                                                                                             | Radio w/Seek-Scan, Clock and Speed Compensated Volume Control          |
| Radio: AM/FM/CD/MP3 Audio System -inc: SIRIUSXM satellite radio, USB/auxiliary input jacks, 4 speakers and Bluetooth wireless technology w/steering-wheel-mounted Bluetooth and audio controls | Rear cupholder                                                         |
| Remote Entry w/Illuminated Entry                                                                                                                                                               | Remote Releases -Inc: Mechanical Trunk/Hatch and Mechanical Fuel       |
| Trip computer                                                                                                                                                                                  | Urethane Gear Shift Knob                                               |
| Vinyl Door Trim Insert                                                                                                                                                                         | Window Grid Antenna                                                    |



Wireless Streaming

## Mechanical

|                                                                                           |                                                                 |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 13.2 Gal. Fuel Tank                                                                       | 3.065 Axle Ratio                                                |
| 4-Wheel Disc Brakes w/4-Wheel ABS, Front Vented Discs, Brake Assist and Hill Hold Control | 68-Amp/Hr 600CCA Maintenance-Free Battery w/Run Down Protection |
| 90 amp alternator                                                                         | Electric Power-Assist Steering                                  |
| Front Anti-Roll Bar                                                                       | Front-wheel drive                                               |
| Gas-pressurized shock absorbers                                                           | Single stainless steel exhaust                                  |
| Strut Front Suspension w/Coil Springs                                                     | Torsion beam rear suspension w/coil springs                     |

## Safety

|                                                           |                                                                                                            |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ABS And Driveline Traction Control                        | Airbag Occupancy Sensor                                                                                    |
| Curtain 1st And 2nd Row Airbags                           | Dual Stage Driver And Passenger Front Airbags                                                              |
| Dual Stage Driver And Passenger Seat-Mounted Side Airbags | Electronic stability control (ESC)                                                                         |
| Low Tire Pressure Warning                                 | Outboard Front Lap And Shoulder Safety Belts -inc: Rear Center 3 Point, Height Adjusters and Pretensioners |
| Rear child safety locks                                   | Side Impact beams                                                                                          |

## Optional Equipment

CARPETED FLOOR MATS

\*DIO/PIO = Dealer/Port Installed Options

## Loss Vehicle Dual Source Base Value

Loss vehicle: 2015 Kia Forte LX 4 Door Sedan 1.8L 4 Cyl Gas A FWD

Guide Valuation: N.A.D.A. New England - Retail Value

WORKCENTER™ TOTAL LOSS

|                                 |            |             |            |
|---------------------------------|------------|-------------|------------|
| Base Value:                     | \$9,975.00 | Base Value: | \$9,493.84 |
| Mileage Adjustment:             | -\$575.00  |             |            |
| Automatic Transmission:         | Standard   |             |            |
| Total Retail Value:             | \$9,400.00 |             |            |
| Dual Source Average Base Value: |            |             | \$9,446.92 |



## Loss Vehicle Base Value

Loss vehicle: 2015 Kia Forte | LX 4 Door Sedan | 1.8L 4 Cyl Gas A FWD

## Comparable Vehicle Information

Search Radius used for this valuation: 75 miles from loss vehicle zip/postal code.

Typical Mileage for this vehicle: 36,000 miles

| #           | Vehicle Description                            | Mileage | Location | Distance From Loss Vehicle | Price                     | Adjusted Value |
|-------------|------------------------------------------------|---------|----------|----------------------------|---------------------------|----------------|
| 1           | 2015 KIA FORTE LX 4D SDN 4 1.8NORMAL GAS A 2WD | 27,526  |          | 39 miles                   | \$12,995.00<br>List Price | \$10,419.86    |
| 2           | 2015 KIA FORTE LX 4D SDN 4 1.8NORMAL GAS A 2WD | 11,126  |          | 39 miles                   | \$12,725.00<br>List Price | \$9,690.10     |
| 3           | 2015 KIA FORTE LX 4D SDN 4 1.8NORMAL GAS A 2WD | 22,201  |          | 39 miles                   | \$12,123.00<br>List Price | \$8,757.48     |
| 4           | 2015 KIA FORTE LX 4D SDN 4 1.8NORMAL GAS A 2WD | 44,517  |          | 43 miles                   | \$10,400.00<br>List Price | \$8,585.30     |
| 5           | 2015 KIA FORTE LX 4D SDN 4 1.8NORMAL GAS A 2WD | 36,692  |          | 43 miles                   | \$11,950.00<br>List Price | \$10,016.44    |
| Base Value: |                                                |         |          |                            |                           | \$9,493.84     |

## Loss Vehicle Adjustments

Loss vehicle: 2015 Kia Forte | LX 4 Door Sedan | 1.8L 4 Cyl Gas A FWD

## Condition Adjustments

Condition Adjustment: -\$727.06

Overall Condition: 2.57-Good

Typical Vehicle Condition: 3.00

| Category              | Condition | Comments                                 |
|-----------------------|-----------|------------------------------------------|
| <b>Interior</b>       |           |                                          |
| DOORS/INTERIOR PANELS | 3 Good    |                                          |
| DASH/CONSOLE          | 3 Good    |                                          |
| HEADLINER             | 2 Fair    | damage does not require replacement      |
| CARPET                | 2 Fair    | multiple permanent soils stains and wear |
| GLASS                 | 3 Good    |                                          |
| SEATS                 | 1 Poor    | majority of seating has perm stains      |
| <b>Exterior</b>       |           |                                          |
| BODY                  | 3 Good    |                                          |
| TRIM                  | 2 Fair    | one to two minor trim damaged missing    |
| VINYL/CONVERTIBLE TOP | Typical   |                                          |
| PAINT                 | 3 Good    |                                          |
| <b>Mechanical</b>     |           |                                          |
| TRANSMISSION          | 3 Good    |                                          |
| ENGINE                | 3 Good    |                                          |
| Tire                  | 2 Fair    | 6.5-4-6                                  |

Typical condition reflects a vehicle that is in ready-for-sale condition and reflects normal wear and tear for that vehicle type / age.



Comments:

## Comparable Vehicles

Loss vehicle: 2015 Kia Forte | LX 4 Door Sedan | 1.8L 4 Cyl Gas A FWD

 **2015 KIA FORTE LX 4D SDN 4 1.8 NORMAL GAS A2WD** **List Price: \$12,995.00**

|             |          |              |                 |                            |
|-------------|----------|--------------|-----------------|----------------------------|
| VIN         | Stock No | Listing Date | ZIP/Postal Code | Distance from Loss Vehicle |
| KNAFK4A65F5 |          | 09/06/2018   |                 | 39 miles                   |

Source

DEALER WEB LISTING -  
BUILDSHEET - CARS.COM  
BERLIN CITY KIA VT

WILLISTON VT

| Adjustments               | Loss Vehicle | This Vehicle | Amount      |
|---------------------------|--------------|--------------|-------------|
| Projected Sold Adjustment |              |              | -\$869.00   |
| Mileage                   | 68,349       | 27,526       | -\$1,706.14 |
| Total Adjustments:        |              |              | -\$2,575.14 |
| Adjusted Price:           |              |              | \$10,419.86 |

Comparable Vehicle Option Details:

CARPETED FLOOR MATS

 **2015 KIA FORTE LX 4D SDN 4 1.8 NORMAL GAS A2WD** **List Price: \$12,725.00**

|             |          |              |                 |                            |
|-------------|----------|--------------|-----------------|----------------------------|
| VIN         | Stock No | Listing Date | ZIP/Postal Code | Distance from Loss Vehicle |
| KNAFK4A67F5 |          | 11/14/2018   |                 | 39 miles                   |

Source

DEALER WEB LISTING -  
BUILDSHEET - CARS.COM  
BERLIN CITY KIA VT

WILLISTON VT

| Adjustments               | Loss Vehicle | This Vehicle | Amount      |
|---------------------------|--------------|--------------|-------------|
| Projected Sold Adjustment |              |              | -\$851.00   |
| Mileage                   | 68,349       | 11,126       | -\$2,183.90 |
| Total Adjustments:        |              |              | -\$3,034.90 |
| Adjusted Price:           |              |              | \$9,690.10  |

Comparable Vehicle Option Details:



# CARPETED FLOOR MATS

**2015 KIA FORTE LX 4D SDN 4 1.8 NORMAL GAS A2WD** **List Price: \$12,123.00**

VIN KNAFX4A64F5 Stock No Listing Date 11/21/2018 ZIP/Postal Code 05495 Distance from Loss Vehicle 39 miles

## Source

DEALER WEB LISTING -  
BUILDSHEET - CARS.COM  
BERLIN CITY KIA VT

WILLISTON VT

| Adjustments               | Loss Vehicle | This Vehicle | Amount      |
|---------------------------|--------------|--------------|-------------|
| Projected Sold Adjustment |              |              | -\$811.00   |
| Mileage                   | 68,349       | 22,201       | -\$1,778.40 |
| Equipment                 |              |              |             |
| POPULAR PACKAGE           | No           | Yes          | -\$582.09   |
| WHEELS: 16" ALLOY         | No           | Yes          | -\$194.03   |
| Total Adjustments:        |              |              | -\$3,365.52 |
| Adjusted Price:           |              |              | \$8,757.48  |

## Comparable Vehicle Package Details:

POPULAR PACKAGE

## Comparable Vehicle Option Details:

CARPETED FLOOR MATS, WHEELS: 16" ALLOY

**2015 KIA FORTE LX 4D SDN 4 1.8 NORMAL GAS A2WD** **List Price: \$10,400.00**

VIN KNAFK4A65F5 Stock No Listing Date 11/27/2018 ZIP/Postal Code Distance from Loss Vehicle 43 miles

## Source

DEALER WEB LISTING -  
BUILDSHEET - CARS.COM  
ST J AUTO BUICK GMC

ST JOHNSBURY VT

| Adjustments               | Loss Vehicle | This Vehicle | Amount      |
|---------------------------|--------------|--------------|-------------|
| Projected Sold Adjustment |              |              | -\$695.00   |
| Mileage                   | 68,349       | 44,517       | -\$664.89   |
| Equipment                 |              |              |             |
| PROTECTION PACKAGE        | No           | Yes          | -\$97.11    |
| AUTO-DIMMING MIRROR       | No           | Yes          | -\$194.21   |
| REAR SPOILER              | No           | Yes          | -\$163.69   |
| Total Adjustments:        |              |              | -\$1,814.70 |
| Adjusted Price:           |              |              | \$8,585.30  |

## Comparable Vehicle Package Details:

PROTECTION PACKAGE

## Comparable Vehicle Option Details:

CARPETED FLOOR MATS, AUTO-DIMMING MIRROR, REAR SPOILER

**2015 KIA FORTE LX 4D SDN 4 1.8 NORMAL GAS A2WD** **List Price: \$11,950.00**

|             |          |              |                 |                            |
|-------------|----------|--------------|-----------------|----------------------------|
| VIN         | Stock No | Listing Date | ZIP/Postal Code | Distance from Loss Vehicle |
| KNAFK4A61F5 |          | 11/02/2018   |                 | 43 miles                   |

Source

DEALER WEB LISTING -  
BUILDSHEET - CARS.COM  
TWIN STATE FORD  
ST JOHNSBURY VT

| Adjustments               | Loss Vehicle | This Vehicle | Amount      |
|---------------------------|--------------|--------------|-------------|
| Projected Sold Adjustment |              |              | -\$799.00   |
| Mileage                   | 68,349       | 36,692       | -\$1,134.56 |
| Total Adjustments:        |              |              | -\$1,933.56 |
| Adjusted Price:           |              |              | \$10,016.44 |

Comparable Vehicle Option Details  
CARPETED FLOOR MATS

## Sub-Model Comparison

| Sub-Model Description | Configuration                   | Original MSRP |
|-----------------------|---------------------------------|---------------|
| 2015 Kia Forte LX     | 4 Door Sedan 1.8L 4 Cyl Gas FWD | \$17,490.00   |



## Vehicle Valuation Methodology Explanation

WorkCenter Total Loss was designed and built in conjunction with J.D. Powers, experts in data analysis and vehicle pricing and a highly trusted name among consumers. With years of experience in vehicle pricing, J.D. Power is a credible, third-party expert whose name provides consumer recognition and confidence. WCTL provides a consistent methodology across all vehicles and it includes valid comparable vehicles that most closely resemble the totaled vehicle and are similar to the vehicles a consumer would find in their own research.

WorkCenter Total Loss produces accurate and easy-to-understand vehicle valuations via this five step process:

### Step 1 - Locate Comparable Vehicles

Locate vehicles that are the closest match to the loss vehicle in the same market area. WorkCenter Total Loss utilizes consumer-based vehicle sources along with inventory directly from Dealerships. When available WCTL also provides sold vehicle records from sources such as J.D. Powers.

### Step 2 - Adjust Comparable Vehicles

Make adjustments to the prices of the comparable vehicles. The comparable vehicles are identical to the loss vehicle except where adjustments are itemized. There are several types of comparable vehicle adjustments

- Projected Sold Adjustment - an adjustment to reflect consumer purchasing behavior (negotiating a different price than the listed price).
- Mileage Adjustment - an adjustment for differences in mileage between the comparable vehicle and the loss vehicle.
- Equipment- adjustments for differences in equipment between the comparable vehicle (e.g. equipment packages and options) and the loss vehicle.

### Step 3 - Calculate Base Vehicle Value

The base vehicle value is calculated by averaging the adjusted prices of the comparable vehicles.

### Step 4 - Calculate Loss Vehicle Adjustments

There are four types of loss vehicle adjustments:

- Condition Adjustment:  
Adjustments to account for the condition of the loss vehicle prior to the loss.
- Prior Damage Adjustment:  
Adjustments to account for any prior damage present on the loss vehicle prior to the loss.
- After Market Part Adjustment:  
Adjustments to account for any after market parts present on the loss vehicle prior to the loss.
- Refurbishment Adjustment:  
Adjustments to account for any refurbishment performed on the loss vehicle prior to the loss.

### Step 5 - Calculate the Market Value

The Market Value is calculated by applying the loss vehicle adjustments to the base value.

If you disagree with this settlement offer or have questions or concerns about the valuation or settlement offer, you may contact the Consumer Services Section of the Vermont Insurance Division, Department of Financial Regulation, Insurance Consumer Services, 89 Main Street, Montpelier, VT

Toll Free

## Progressive Group of Insurance Companies

**Settlement Summary****Claim Information**

|                                  |                                             |
|----------------------------------|---------------------------------------------|
| <b>Claim Number:</b> [REDACTED]  | <b>Coverage Type of Loss:</b> Comprehensive |
| <b>Policy Number:</b> [REDACTED] | <b>Loss Date:</b> 11/22/2018                |
| <b>Owner:</b> [REDACTED]         | <b>Reported Date:</b> 11/22/2018            |
|                                  | <b>Valuation Report ID:</b> [REDACTED]      |

**Vehicle Information**

|                                                                             |                                          |
|-----------------------------------------------------------------------------|------------------------------------------|
| <b>Loss Vehicle:</b> 2015 Kia Forte LX 4 Door Sedan 1.8L 4 Cyl<br>Gas A FWD | <b>Location:</b> VT [REDACTED]           |
| <b>VIN:</b> KNAFK4A65F5 [REDACTED]                                          | <b>Exterior Color:</b> Bright Silver     |
| <b>Mileage:</b> 68,349 miles                                                | <b>License Plate:</b> [REDACTED] Vermont |
| <b>Title History:</b> No                                                    | <b>Title History Comments:</b>           |

**Loan Information****Payment Information**

|                                    |        |                                |            |
|------------------------------------|--------|--------------------------------|------------|
| <b>Lien Holder Payoff:</b>         | \$0.00 | <b>Lien Holder Payment(s):</b> | \$0.00     |
| <b>Loan/Lease Payoff Coverage:</b> | \$0.00 | <b>Net to Owner:</b>           | \$8,219.86 |

**Settlement**

|                                         |             |
|-----------------------------------------|-------------|
| <b>Stated Amount:</b>                   | \$0.00      |
| <b>Actual Cash Value:</b>               | \$8,719.86  |
| Base Value:                             | \$9,446.92  |
| Title History Adjustment:               | -\$0.00     |
| Refurbishment Adjustments:              | \$0.00      |
| After Market Parts Adjustment:          | \$0.00      |
| Condition Adjustment:                   | -\$727.06   |
| Prior Damage Adjustment:                | -\$0.00     |
| <b>Market Value:</b>                    | \$ 8,719.86 |
| Settlement Adjustment(Pre-Tax):         | \$0.00      |
| <b>Fees:</b>                            | \$0.00      |
| <b>Taxes:</b>                           | \$0.00      |
| <b>Company Obtains:</b>                 | \$0.00      |
| <b>Net Settlement:</b>                  | \$8,719.86  |
| <b>Settlement Adjustment(Post-Tax):</b> | \$0.00      |
| <b>Deductible:</b>                      | -\$500.00   |
| <b>Other Adjustments:</b>               | \$ 0.00     |
| <b>Total Settlement:</b>                | \$8,219.86  |

**Adjuster License #:****Comments:**



P A C M A N

FEB 05 19 - 11:46

OPID: [REDACTED] CLAIM PAYMENT INQUIRY

TERMID: ?02L

INSD: [REDACTED]

POL: [REDACTED]

DOL : NOV 22 18 CT-FT NEW-GRP- CLM: [REDACTED] ACTIVE

REP: J HEBERT

PAY TO THE ORDER OF:

TOTAL DRAFT AMOUNT:

7,175.63

LINE 1: NEW ENGLAND FEDERAL CREDIT UNION

LINE 2:

LINE 3:

ADDRESS: [REDACTED]

CITY: WILLISTON

ST/PR\* VT ZIP/CPC: [REDACTED] CNTRY\* USA

IN PAYMENT OF: Progressive Invoice Number: [REDACTED]

1099 ? N

FEDERAL TAX ID:

LAST UPDT REP: [REDACTED]

CDS CODE \*

EFT TRACE #:

ISSUING REP: J HEBERT

BANK CODE\* 1CD

ISSUE DATE : DEC 11 18

APPROVED BY:

STATE \* VT

AREA \* 069

REVIEW DATE: 00 00

STOP RSN \*

DRAFT #

REVIEWED BY:

COMMAND:

P A C M A N

FEB 05 19 - 11:46

OPID: [REDACTED] CLAIM PAYMENT INQUIRY

TERMID: ?02L

INSD: [REDACTED]

POL: [REDACTED]

DOL : NOV 22 18 CT-FT NEW-GRP- CLM: [REDACTED] ACTIVE REP: J HEBERT

PAY TO THE ORDER OF:

TOTAL DRAFT AMOUNT: 1,044.23

LINE 1: [REDACTED]

LINE 2:

LINE 3:

ADDRESS: [REDACTED]

CITY: MONTGOMERY CENTER

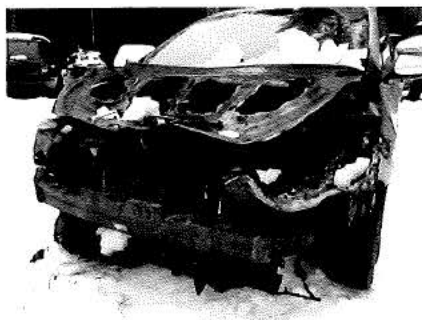
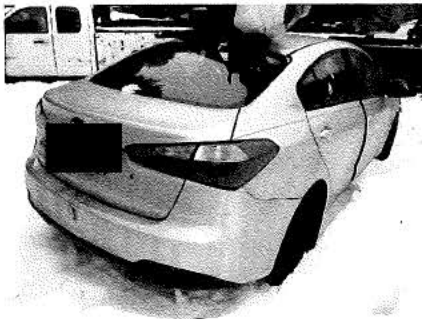
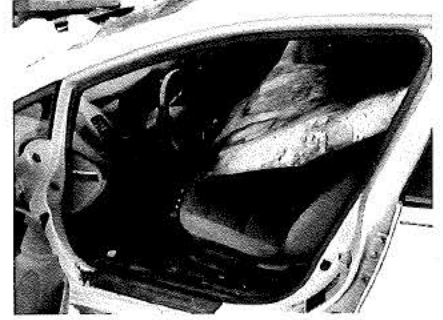
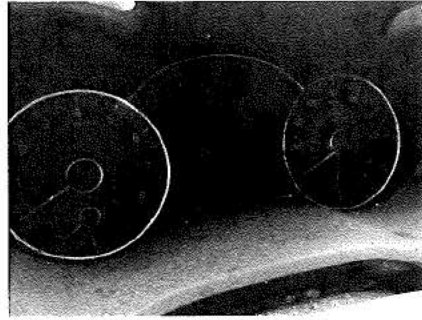
ST/PR\* VT ZIP/CPC: [REDACTED] CNTRY\* USA

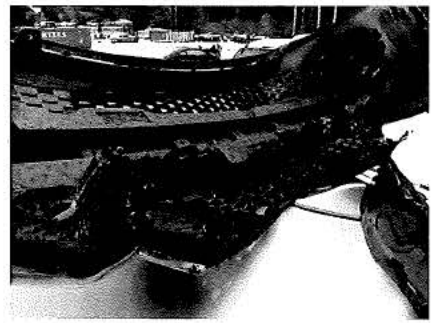
IN PAYMENT OF: Progressive Invoice Number: [REDACTED]

|            |      |                 |                |              |
|------------|------|-----------------|----------------|--------------|
| 1099       | ? N  | FEDERAL TAX ID: | LAST UPDT REP: | [REDACTED]   |
| CDS CODE * |      | EFT TRACE #:    | ISSUING REP:   | J HEBERT     |
| BANK CODE* | 1CD  | ISSUE DATE :    | DEC 11 18      | APPROVED BY: |
| STATE      | * VT | AREA            | * 069          | REVIEW DATE: |
| STOP RSN * |      | DRAFT #         | :              | [REDACTED]   |
|            |      |                 | REVIEWED BY:   | 00 00        |

COMMAND:









PE19-004

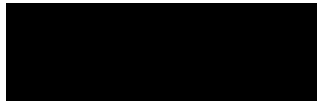
KIA

6/28/2019

DEFECT B

CA FILES

FORTE





The Commonwealth of Massachusetts  
Department of Fire Services  
Office of the State Fire Marshal

Form FP-33C  
(rev. 10/01)

P.O. Box 1025, State Road, Stow, Massachusetts 01775

**Burned/Recovered Motor Vehicle Report**

Fire Department: Watertown Fire

FDID#: [REDACTED]

Fire Department Response: ☐ No ☒ Yes Incident Number [REDACTED]

Date: 12.16.14

This report must be completed fully in accordance with  
M.G.L. c. 175, § 113O; and M.G.L. c. 266, § 29 B.

I hereby report to the above named Fire Department that the following motor vehicle was burned in the City/Town of

Owned by: [REDACTED]

Address [REDACTED]

City/Town/State WESTON MA

Reported by: [REDACTED]

Last [REDACTED]

Middle [REDACTED]

First [REDACTED]

Address [REDACTED]

City/Town/State [REDACTED]

Phone Number [REDACTED]

Location of Fire: [REDACTED]

Street [REDACTED]

City/Town Watertown

Date/Time of Fire 12/16/14 9AM

Motor Vehicle: 2012

Year [REDACTED]

Make KIA

Model FORTE XL

Body Style SEDAN

Color MARON

Registration Number [REDACTED]

State MA

Vehicle Identification Number KNAFU5A20C5

Was the Vehicle Registered? ☒ Yes ☐ No

Keys in the Vehicle? ☒ Yes ☐ No

Doors Locked? ☐ Yes ☒ No

Fire Insurance Coverage? ☒ Yes ☐ No

Insurance Agent Arbella thru

Insurance Company Harrington Insurance

Further information will be required by the Fire Department Form FP-33D

**Oath of Affirmation**

I hereby swear or affirm under penalty of perjury that the information I have provided herein is truthful and correct.

To be signed by the owner of record [REDACTED]

Do not write below these lines - Fire Authority only.

Name of Person Taking Report: [REDACTED]

Date/Time 12.16.14

Stolen Report Made? ☐ Yes ☒ No

Where [REDACTED]

Date/Time [REDACTED]

All data elements must be answered - Print Legibly  
White copy - Fire Authority; Pink copy - State Fire Marshal's Office; Yellow copy - Owner/Operator [REDACTED]





Watertown Fire Department  
Incident Report

Page: 1  
12/16/2014

Incident #: [REDACTED] Exp. 0

Call #: [REDACTED]

Location: DIRECT TIRE SALES  
[REDACTED]  
Watertown, MA [REDACTED]

District: Fire Box 12

Officer In Charge: Tardif, Daniel A. on 12/16/2014  
Report By: Tardif, Daniel A. on 12/16/2014

Basic Incident Information

Incident Type: Passenger vehicle fire  
Property Use: Vehicle parking area  
Actions Taken: Fire control or extinguishment, other  
HazMat Release: None

Owner: DIRECT TIRE SALES

[REDACTED]  
Watertown, MA [REDACTED]  
Phone #: [REDACTED]

Property Loss: \$15000  
Contents Loss: \$0

Pre-Incident Value: Undetermined  
Pre-Incident Value: Undetermined

Resources Used Summary

Alarm: 12/16/2014 @ [REDACTED]  
Cleared: 12/16/2014 @ [REDACTED]

Arrived: 12/16/2014 @ 0839

Shift: 4

Alarms: 1

Aid: None

Apparatus  
Suppression: 3  
EMS: 0  
Other: 1

Personnel  
Suppression: 9  
EMS: 0  
Other: 2

Casualties Summary

Deaths  
Fire Service: 0  
Civilian: 0

Injuries  
Fire Service: 0  
Civilian: 0

Remarks

E2, L1, E3, and C2, responded to a report of a vehicle fire in the parking lot of Direct Tire, up against the building. Crews found a single vehicle, fully involved, not against the building. Crews extinguished. Armstrong BLS and E3 were cancelled.

Watertown Fire Department  
Incident Report

Page: 2  
12/16/2014

Incident #: [REDACTED] Exp. 0

| # | People and Entities Involved                                               | Type     | Sex | Age | Home # | Work # |
|---|----------------------------------------------------------------------------|----------|-----|-----|--------|--------|
| 1 | [REDACTED]<br>WESTON, MA [REDACTED]<br>driver of vehicle MA REG [REDACTED] | Occupant |     |     |        |        |

| Fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Buildings involved: 0<br/>Residential living units: 0<br/>Acres Burned:</p> <p>Area of origin: Undetermined<br/>Cause of ignition: Failure of equipment or heat source<br/>Heat source: Undetermined<br/>Item first ignited: Undetermined<br/>Type of material: Undetermined<br/>1st Contributing Ignition Factor:<br/>2nd Contributing Ignition Factor:</p> <p>Human factors contributing to ignition: None</p> <p>Mobile Property Involved: Involved in ignition and burned<br/>Mobile Property Type: Passenger or road vehicles, other<br/>Make: Kia<br/>Model: UNKNOWN<br/>Year: 2000<br/>License Plate Number: [REDACTED]<br/>State: MA<br/>VIN: 0</p> <p>Pre-fire plan available: No</p> |

| # | Apparatus           | Type                | Dates/Times                                                                                                                                                | Per Use | Actions Taken       |
|---|---------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------|
| 1 | Command Car 2<br>C2 | Mobile command post | Disp 12/16/2014 @ [REDACTED]<br>Arr 12/16/2014 @ [REDACTED]<br>Clr 12/16/2014 @ [REDACTED]<br>InQt 12/16/2014 @ [REDACTED]<br>InSv 12/16/2014 @ [REDACTED] | 2 Other | - Incident command  |
| 2 | Engine 2<br>ENG2    | Engine              | Disp 12/16/2014 @ [REDACTED]<br>Arr 12/16/2014 @ [REDACTED]<br>Clr 12/16/2014 @ [REDACTED]<br>InQt 12/16/2014 @ [REDACTED]<br>InSv 12/16/2014 @ [REDACTED] | 3 Suppr | - Fire control or e |
| 3 | Engine 3<br>ENG3    | Engine              | Disp 12/16/2014 @ [REDACTED]<br>Arr 12/16/2014 @ [REDACTED]<br>Clr 12/16/2014 @ [REDACTED]<br>InQt 12/16/2014 @ [REDACTED]<br>InSv 12/16/2014 @ [REDACTED] | 3 Suppr | - Standby           |



Watertown Fire Department  
Incident Report

Page: 3  
12/16/2014

Incident #: [REDACTED] Exp. 0

|   |                  |                 |                                                                                                                                                            |   |       |                     |
|---|------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------|---------------------|
| 4 | Ladder 1<br>LAD1 | Truck or aerial | Disp 12/16/2014 @ [REDACTED]<br>Arr 12/16/2014 @ [REDACTED]<br>Clr 12/16/2014 @ [REDACTED]<br>InQt 12/16/2014 @ [REDACTED]<br>InSv 12/16/2014 @ [REDACTED] | 3 | Suppr | - Fire control or e |
|---|------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------|---------------------|

| #  | ID  | Personnel            | Start                   | End                     | Dty | Station | App  |
|----|-----|----------------------|-------------------------|-------------------------|-----|---------|------|
| 1  | DAT | Tardif, Daniel A.    | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | SC  |         | C2   |
| 2  | TI  | Iodice, Thomas       | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | DR  |         | C2   |
| 3  | BJH | Hopkins, Brian J.    | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | DR  |         | ENG2 |
| 4  | GG  | Gaitan, Guillermo    | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | FF  |         | ENG2 |
| 5  | SCC | Connolly, Sean C.    | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | CO  |         | ENG2 |
| 6  | DKB | Baynes, Darryl K.    | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | FF  |         | ENG3 |
| 7  | RWM | Malone, Robert W.    | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | DR  |         | ENG3 |
| 8  | SMP | Fitzgerald, Sean M.  | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | CO  |         | ENG3 |
| 9  | CRW | Wheaton, Chad R.     | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | FF  |         | LAD1 |
| 10 | MEM | Mosca, Michael E.    | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | DR  |         | LAD1 |
| 11 | SBT | Thompson, Stephen B. | 12/16/2014 @ [REDACTED] | 12/16/2014 @ [REDACTED] | CO  |         | LAD1 |

State

Critical incident: No

Insurance company: Arbella

Total amount: 0

Car stolen: No



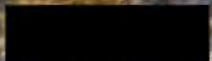








SIDE LINE DO NOT CROSS











PE19-004

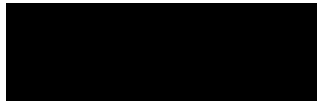
KIA

6/28/2019

DEFECT B

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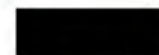






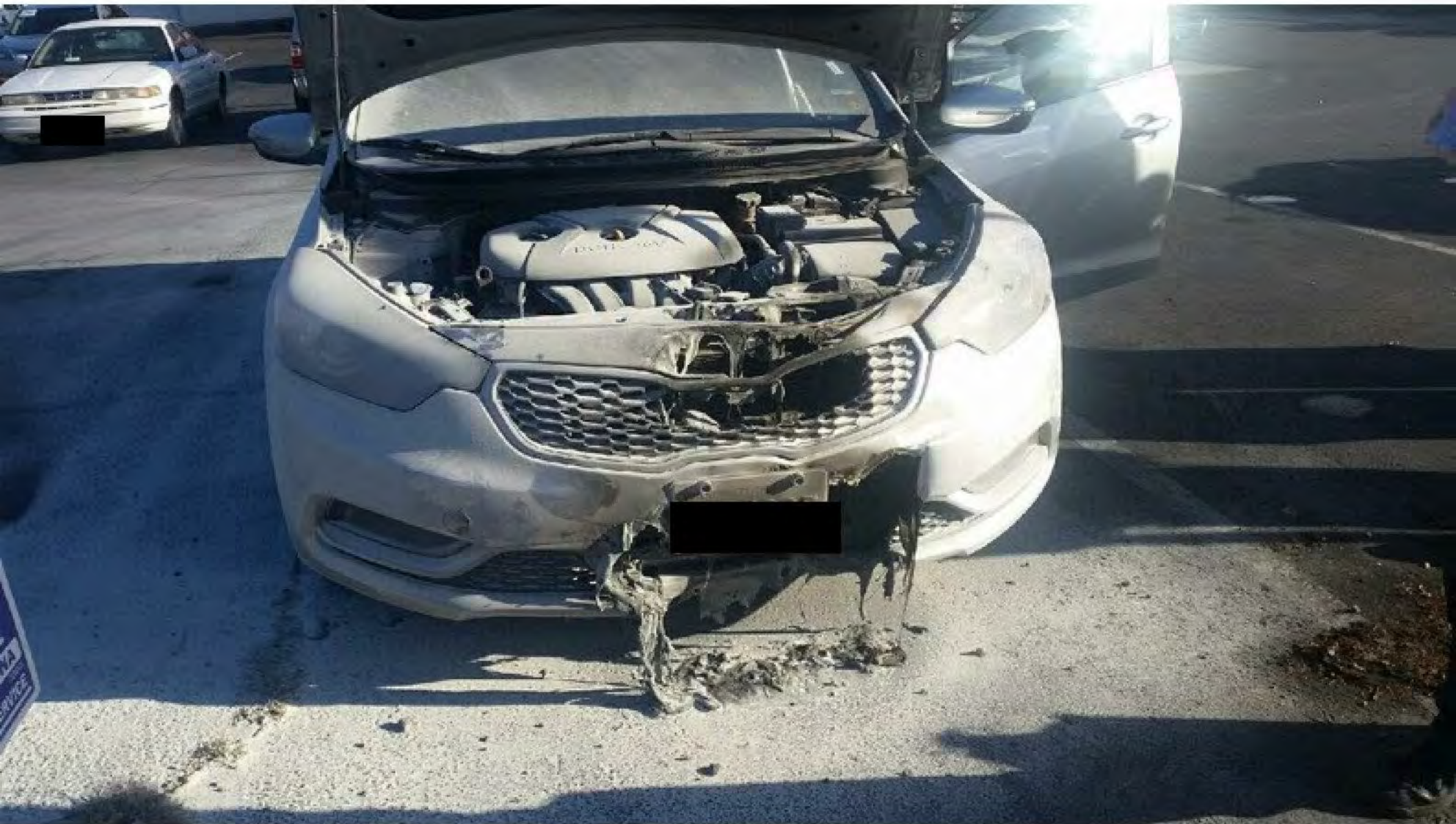












[REDACTED]









[REDACTED]





[REDACTED]




**CARFAX® Vehicle History Report™**
US \$39.99

**Vehicle Information:**  
**2015 KIA FORTE LX**  
 VIN: KNAFX4A61F5  
 SEDAN 4 DR  
 1.8L I4 DIR DOHC 16V  
 FRONT WHEEL DRIVE  
[Standard Equipment](#) | [Safety Options](#)

**CARFAX Report Provided By:**  
 Kia Motors America  
 Irvine, CA

-  No accident / damage reported to CARFAX
-  2 Previous owners
-  1 Service record available
-  Types of owners: Rental, Personal
-  15,345 Last reported odometer reading
-  Worth \$110 more than retail book value



This CARFAX Vehicle History Report is based only on information supplied to CARFAX and available as of 2/15/16 at 6:50:15 PM (EST). Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.


**Price Calculator™**

Adjust the value of this 2015 Kia Forte LX based on the information available in this report

| 1) Retail Book Value                                                        | 2) CARFAX Price Adjustment™                                  | 3) Adjusted Retail Value                                    |
|-----------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|
| <div> <div>\$</div> <div>0</div> </div> <p>Enter retail book value here</p> | <div>+</div> <div>\$110</div> <p>Above retail book value</p> | <div>=</div> <p>Begin by entering the retail book value</p> |



Start by entering the retail book value from a pricing guide website.



This vehicle is worth more than average, based on information in this report.



Compare adjusted retail value to seller's asking price when making your decision.

|  Ownership History |  |  Owner 1 |  Owner 2 |
|-------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| The number of owners is estimated                                                                     |  |                                                                                               |                                                                                               |
| Year purchased                                                                                        |  | 2014                                                                                          | 2015                                                                                          |
| Type of owner                                                                                         |  | Rental                                                                                        | Personal                                                                                      |
| Estimated length of ownership                                                                         |  | 9 months                                                                                      | 8 months                                                                                      |
| Owned in the following states/provinces                                                               |  | Nevada                                                                                        | Washington                                                                                    |
| Estimated miles driven per year                                                                       |  | ---                                                                                           | ---                                                                                           |
| Last reported odometer reading                                                                        |  | 15,345                                                                                        | ---                                                                                           |



|  <b>Title History</b><br>CARFAX guarantees the information in this section                                                                                                                                                                                                                                          |  | Owner 1                  | Owner 2                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|
| Salvage   Junk   Rebuilt   Fire   Flood   Hail   Lemon                                                                                                                                                                                                                                                                                                                                              |  | Guaranteed<br>No Problem | Guaranteed<br>No Problem |
| Not Actual Mileage   Exceeds Mechanical Limits                                                                                                                                                                                                                                                                                                                                                      |  | Guaranteed<br>No Problem | Guaranteed<br>No Problem |
|  <b>GUARANTEED</b> - None of these major title problems were reported by a state Department of Motor Vehicles (DMV). If you find that any of these title problems were reported by a DMV and not included in this report, CARFAX will buy this vehicle back. <a href="#">Register</a>   <a href="#">View Terms</a> |  |                          |                          |

|  <b>Additional History</b><br>Not all accidents / issues are reported to CARFAX |  | Owner 1                                                                                                   | Owner 2                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Total Loss</b><br>No total loss reported to CARFAX.                                                                                                           |  |  No Issues Reported    |  No Issues Reported    |
| <b>Structural Damage</b><br>No structural damage reported to CARFAX.                                                                                             |  |  No Issues Reported    |  No Issues Reported    |
| <b>Airbag Deployment</b><br>No airbag deployment reported to CARFAX.                                                                                             |  |  No Issues Reported    |  No Issues Reported    |
| <b>Odometer Check</b><br>No indication of an odometer rollback.                                                                                                  |  |  No Issues Indicated   |  No Issues Indicated   |
| <b>Accident / Damage</b><br>No accidents or damage reported to CARFAX.                                                                                           |  |  No Issues Reported   |  No Issues Reported   |
| <b>Manufacturer Recall</b><br>No open recalls reported to CARFAX.                                                                                                |  |  No Recalls Reported |  No Recalls Reported |

CARFAX

Detailed History

Glossary

Owner 1

Purchased:

2014

Type:

Rental

Where:

Nevada

Est. length owned:

7/30/14 - 5/20/15

(9 months)

| Date:      | Mileage: | Source:                                                           | Comments:                                                                                                                                            |
|------------|----------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 07/30/2014 | 10       | Nevada Motor Vehicle Dept. Las Vegas, NV<br>Title [REDACTED]      | Title issued or updated<br>Registration issued or renewed<br>First owner reported<br>Loan or lien reported<br>Titled or registered as rental vehicle |
| 05/19/2015 | 15,345   | Meineke Car Care Center Sherwood, OR<br>[REDACTED]<br>meineke.com | Maintenance inspection completed<br>Oil and filter changed                                                                                           |

Owner 2

Purchased:

2015

Type:

Personal

Where:

Washington

Est. length owned:

5/20/15 - present

(8 months)

| Date:      | Mileage: | Source:                                                      | Comments:                                     |
|------------|----------|--------------------------------------------------------------|-----------------------------------------------|
| 05/20/2015 |          | Washington Motor Vehicle Dept. Tulsa, OK<br>Title [REDACTED] | Title issued or updated<br>New owner reported |



Have Questions? Consumers, please visit our Help Center at [www.carfax.com](http://www.carfax.com). Dealers or Subscribers, please visit our Help Center at [www.carfaxonline.com](http://www.carfaxonline.com).



## Glossary

View Full Glossary

**CARFAX Price Adjustment™**

Accidents, service records, number of owners and many other history factors can affect a vehicle's value. The CARFAX Price Adjustment is a tool that analyzes millions of used car transactions to measure how the combination of all the information reported to CARFAX affects the value of a particular vehicle. The vehicle's retail book value plus the CARFAX Price Adjustment will give you a more accurate measure of the vehicle's value. Use this tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.

**First Owner**

When the first owner(s) obtains a title from a Department of Motor Vehicles as proof of ownership.

**New Owner Reported**

When a vehicle is sold to a new owner, the Title must be transferred to the new owner(s) at a Department of Motor Vehicles.

**Ownership History**

CARFAX defines an owner as an individual or business that possesses and uses a vehicle. Not all title transactions represent changes in ownership. To provide estimated number of owners, CARFAX proprietary technology analyzes all the events in a vehicle history. Estimated ownership is available for vehicles manufactured after 1991 and titled solely in the US including Puerto Rico. Dealers sometimes opt to take ownership of a vehicle and are required to in the following states: Maine, Massachusetts, New Jersey, Ohio, Oklahoma, Pennsylvania and South Dakota. Please consider this as you review a vehicle's estimated ownership history.

**Rental**

Vehicle was registered by a rental agency.

**Title Issued**

A state issues a title to provide a vehicle owner with proof of ownership. Each title has a unique number. Each title or registration record on a CARFAX report does not necessarily indicate a change in ownership. In Canada, a registration and bill of sale are used as proof of ownership.

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Covered by United States Patent Nos. 7,113,853; 7,778,841; 7,596,512; 8,600,823; 8,595,079; 8,606,648; 7,505,838.

2/15/16 6:50:15 PM (EST)

PE19-004

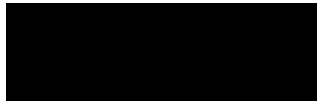
KIA

6/28/2019

DEFECT B

CA FILES

FORTE





~~6/21/16~~  
6/22/16

To: [REDACTED] [REDACTED] fax

From: [REDACTED]

RE: [REDACTED] 2015 Kia Forte  
that burnt to the ground

~~4/20/16~~ 5pgp. including cover.

[REDACTED]

Herbs Truck &amp; Trailer

TN

## Invoice

| Date      | Invoice # |
|-----------|-----------|
| 6/17/2015 |           |

**PAID**  
**06/17/2015**

|                 |
|-----------------|
| Bill To         |
| Soddy Daisy, TN |

| P.O. No. | Terms |
|----------|-------|
|          |       |

| Quantity | Description                                                                                                                                                                                                                                                                                                               | Rate  | Amount  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|
| 1        | Checked all fluids & topped off. Inspected all hoses, brakes, air filter, & all moving parts underneath the car. Replaced climate control filter. Changed oil, filter, & added Lucas treatment. Rotated tires & checked air pressure. Customer provided filters & oil<br><br>2015 Kia Forte VIN#KNAFX4A60F5 Mileage 15463 | 70.00 | 70.00   |
|          | Sales Tax 9.25%                                                                                                                                                                                                                                                                                                           | 6.48  | 6.48    |
| Total    |                                                                                                                                                                                                                                                                                                                           |       | \$76.48 |



Herbs Truck &amp; Trailer

## Invoice

| Date      | Invoice # |
|-----------|-----------|
| 9/19/2015 |           |

|                 |
|-----------------|
| Bill To         |
| Soddy Daisy, TN |

**PAID**  
**09/19/2015**

| P.O. No. | Terms |
|----------|-------|
|          |       |

| Quantity     | Description                                                                                                                              | Rate  | Amount  |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|
| 1            | Inspected hoses, filters, brakes & checked fluids. Rotated tires, changed oil & filter.<br>2015 Kia Forte VIN# KNAFX4A60F8 Mileage 20728 | 50.00 | 50.00   |
|              | Salcs Tax 9.25%                                                                                                                          | 4.63  | 4.63    |
| <b>Total</b> |                                                                                                                                          |       | \$54.63 |

Herbs Truck &amp; Trailer

TN

## Invoice

| Date       | Invoice # |
|------------|-----------|
| 12/22/2015 |           |

Bill To

Soddy Daisy, TN

**PAID**  
**12/22/2015**

| P.O. No. | Terms |
|----------|-------|
|          |       |

| Quantity     | Description                                                                                                                            | Rate  | Amount         |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|
| 1            | Inspected brakes, hoses, filters & topped fluids. Changed oil & filter. Rotated tires<br>2015 Kia Forte VIN# KNAFX4A60FS Mileage 26302 | 50.00 | 50.00          |
|              | Sales Tax 9.25%                                                                                                                        | 4.63  | 4.63           |
| <b>Total</b> |                                                                                                                                        |       | <b>\$54.63</b> |



Herbs Truck &amp; Trailer

TN

## Invoice

| Date     | Invoice # |
|----------|-----------|
| 3/5/2016 |           |

Bill To

Soddy Daisy, TN

PAID  
03/05/2016

P.O. No.

Terms

| Quantity | Description                                                                                                                                                                                                                                                                                                                  | Rate  | Amount  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|
| 1        | Rotated tires, changed oil & filters. Inspected brakes, hoses, fuel filter, drive shafts, boots, suspension & all moving parts underneath the vehicle. Replaced climate control filter & air filter (customer provided filters). Added Lucas fuel treatment.<br><br>2015 Kia Forte VIN# KNAFX4A60F5 [REDACTED] Mileage 32051 | 70.00 | 70.00   |
|          | Sales Tax 9.25%                                                                                                                                                                                                                                                                                                              | 6.48  | 6.48    |
| Total    |                                                                                                                                                                                                                                                                                                                              |       | \$76.48 |









































## 2015 KIA Forte



Stock# : [REDACTED]

[Sale Document](#) :

|                 |            |
|-----------------|------------|
| Loss            | FIRE       |
| Primary         | TOTAL BURN |
| Secondary       |            |
| Key:            | Missing    |
| Start Code      | CANT TEST  |
| Odometer        |            |
| Odometer Status | BURNT      |

|                  |                         |
|------------------|-------------------------|
| Fuel Type:       | Gasoline                |
| Cylinders:       | 4 Cyl                   |
| Engine:          | 1.8L I4 FI DOHC 16V NF4 |
| Transmission:    | Unknown                 |
| Drive Line Type: | Front Wheel Drive       |

|                  |                                |
|------------------|--------------------------------|
| Vehicle:         | Automobile                     |
| VIN:             | KNAFX4A80F5 [REDACTED]         |
| VIN Status       | OK                             |
| Body Style:      | Sedan 4 Door                   |
| Vehicle Class:   | Non Luxury Traditional Compact |
| Series:          | LX                             |
| Manufactured in: | Korea, Democratic Pe           |
| Exterior Color:  | BROWN                          |
| Interior Color:  | BROWN                          |

### Features

|                                       |          |
|---------------------------------------|----------|
| CD Player                             | N/A      |
| <a href="#">Estimated Repair Cost</a> | \$35,982 |
| Radio                                 | PRESENT  |
| Tape Deck                             | N/A      |

### Auction [Chattanooga](#) | To be announced.

Status : WAIT CERTIFICATE

Location : Chattanooga Branch

Lane [Item#](#): #TBD

Who Can Bid : n/a

Seller : Geico Insurance

[ACV](#) : \$11,653

[Data Last updated](#) : May-28 12:46 AM CDT

**This vehicle is not ready for sale**





05/26/2016 INSURANCE AUTO AUCTIONS, INC. - IAAI.COM

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05/26/2016

INSURANCE

SALES, INC.

05/26/2016

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[REDACTED]

[REDACTED]

INSURANCE AUTO AUCTIONS, INC.

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05/26/2016

[REDACTED]

[REDACTED]

05/26/2016 INSURANCE AUTO AUCTIONS, INC. IAAI.COM



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05/26/2016

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6/6/16

To: Samuel Kim [REDACTED] fax

From: [REDACTED]

RE: [REDACTED] 2015 Kia Forte  
that burnt to the ground

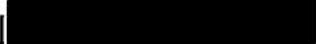
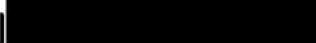
11 pgs. including cover.

| <b>A</b> <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span> <span style="border: 1px solid black; padding: 2px;">TN</span> <span style="border: 1px solid black; padding: 2px;">05/24/2016</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span> <span style="border: 1px solid black; padding: 2px;">0</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NFIRS - 1</b><br><b>Basic</b>             |                                                                                                                                          |                         |                                                                                                                                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                   |                  |                  |                                 |                       |                         |                                                                               |                                    |            |                                                                   |                       |                                  |                                                                                 |  |  |                                                                   |  |  |                                                                                    |            |            |                                                                   |                                |                     |                                                                                           |  |  |                                                                   |            |            |                      |                         |                                              |  |  |                                            |
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------|--|--|------------------------------------------------------------------------------------|------------|------------|-------------------------------------------------------------------|--------------------------------|---------------------|-------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------|------------|------------|----------------------|-------------------------|----------------------------------------------|--|--|--------------------------------------------|
| <b>B Location</b><br><b>1 - Street address</b> <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span> <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span> <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span><br><small>Address Type      Number/Milepost      Prefix      Street or Highway      Street Type      Suffix</small><br><span style="border: 1px solid black; padding: 2px;">[REDACTED]</span> <span style="border: 1px solid black; padding: 2px;">SODDY DAISY</span> <span style="border: 1px solid black; padding: 2px;">TN</span> <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span><br><small>Apt./Suite/Room      City      State      Zip Code</small><br><span style="border: 1px solid black; padding: 2px;">[REDACTED]</span> <span style="border: 1px solid black; padding: 2px;">Thrasher pike</span><br><small>Census Tract      Cross street or directions, as applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              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| <b>C Incident Type</b><br><span style="border: 1px solid black; padding: 2px;">131 - Passenger vehicle</span><br><small>Incident Type</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>E1 Dates &amp; Times</b> <small>Midnight is 0000</small><br><table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Month</th> <th style="text-align: left;">Day</th> <th style="text-align: left;">Year</th> <th style="text-align: left;">Hour</th> <th style="text-align: left;">Min</th> <th style="text-align: left;">Seconds</th> </tr> <tr> <td colspan="6"><hr/></td> </tr> <tr> <td colspan="3">Alarm: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span></td> <td colspan="3"><span style="border: 1px solid black; padding: 2px;">18:51</span></td> </tr> <tr> <td colspan="3">Arrival: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span></td> <td colspan="3"><span style="border: 1px solid black; padding: 2px;">18:54</span></td> </tr> <tr> <td colspan="3">Controlled: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span></td> <td colspan="3"><span style="border: 1px solid black; padding: 2px;">16:15</span></td> </tr> <tr> <td colspan="3">Last Unit Cleared: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span></td> <td colspan="3"><span style="border: 1px solid black; padding: 2px;">18:24</span></td> </tr> </table> |                                              | Month                                                                                                                                    | Day                     | Year                                                                                                                                    | Hour                      | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Seconds                  | <hr/>                                                                                                                             |                  |                  |                                 |                       |                         | Alarm: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span> |                                    |            | <span style="border: 1px solid black; padding: 2px;">18:51</span> |                       |                                  | Arrival: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span> |  |  | <span style="border: 1px solid black; padding: 2px;">18:54</span> |  |  | Controlled: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span> |            |            | <span style="border: 1px solid black; padding: 2px;">16:15</span> |                                |                     | Last Unit Cleared: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span> |  |  | <span style="border: 1px solid black; padding: 2px;">18:24</span> |            |            |                      |                         |                                              |  |  |                                            |
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| Alarm: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | <span style="border: 1px solid black; 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| Arrival: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | <span style="border: 1px solid black; 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| Controlled: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | <span style="border: 1px solid black; 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| Last Unit Cleared: <span style="border: 1px solid black; padding: 2px;">05/24/2016</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | <span style="border: 1px solid black; padding: 2px;">18:24</span>                                                                        |                         |                                                                                                                                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                   |                  |                  |                                 |                       |                         |                                                                               |                                    |            |                                                                   |                       |                                  |                                                                                 |  |  |                                                                   |  |  |                                                                                    |            |            |                                                                   |                                |                     |                                                                                           |  |  |                                                                   |            |            |                      |                         |                                              |  |  |                                            |
| <b>D Aid Given or Received</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 33%;"><small>Ther FDR</small></td> <td style="border: 1px solid black; padding: 2px; width: 33%;"><small>Ther State</small></td> <td style="border: 1px solid black; padding: 2px; width: 33%;"><small>Ther Incident Number</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><small>N - None</small></td> <td colspan="2"></td> </tr> </table> <small>Type Aid Given or Received</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <small>Ther FDR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <small>Ther State</small>                    | <small>Ther Incident Number</small>                                                                                                      | <small>N - None</small> |                                                                                                                                         |                           | <b>E2 Shifts &amp; Alarms</b> <small>Local Option</small><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 33%;"><small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 33%;"><small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 33%;"><small>3</small></td> </tr> <tr> <td><small>Shift or platoon</small></td> <td><small>Alarms</small></td> <td><small>District</small></td> </tr> </table><br><b>E3 Special Studies</b> <small>Local Option</small><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%;"><small>Special Study ID#</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%;"><small>Special Study Value</small></td> </tr> </table> |                          | <small>1</small>                                                                                                                  | <small>1</small> | <small>3</small> | <small>Shift or platoon</small> | <small>Alarms</small> | <small>District</small> | <small>Special Study ID#</small>                                              | <small>Special Study Value</small> |            |                                                                   |                       |                                  |                                                                                 |  |  |                                                                   |  |  |                                                                                    |            |            |                                                                   |                                |                     |                                                                                           |  |  |                                                                   |            |            |                      |                         |                                              |  |  |                                            |
| <small>Ther FDR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <small>N - None</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <small>Shift or platoon</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <small>Special Study ID#</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>F Actions Taken</b><br><div style="border: 1px solid black; padding: 5px; min-height: 100px;"> 11 - Extinguish </div> <small>Actions Taken</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>G1 Resources</b><br><input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.<br><table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Apparatus</th> <th style="text-align: left;">Personnel</th> </tr> <tr> <td>Suppression <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">5</span></td> <td></td> </tr> <tr> <td>EMS <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span></td> <td></td> </tr> <tr> <td>Other <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">-</span></td> <td></td> </tr> </table> <input checked="" type="checkbox"/> Check box if resource counts include and received resources                                                                                                                                                                                                                                                                                                                                                   |                                              | Apparatus                                                                                                                                | Personnel               | Suppression <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">5</span> |                           | EMS <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Other <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">-</span> |                  |                  |                                 |                       |                         |                                                                               |                                    |            |                                                                   |                       |                                  |                                                                                 |  |  |                                                                   |  |  |                                                                                    |            |            |                                                                   |                                |                     |                                                                                           |  |  |                                                                   |            |            |                      |                         |                                              |  |  |                                            |
| Apparatus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Suppression <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">5</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| EMS <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Other <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">-</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <b>G2 Estimated Dollar Losses &amp; Values</b><br><b>LOSSES:</b> <small>Required for all fires if known. Optional for non fires</small><br>Property \$ <span style="border: 1px solid black; padding: 2px;">20000</span><br>Contents \$ <span style="border: 1px solid black; padding: 2px;">500</span><br><br><b>PRE-INCIDENT VALUE:</b> <small>Optional</small><br>Property \$ <span style="border: 1px solid black; padding: 2px;">20000</span><br>Contents \$ <span style="border: 1px solid black; padding: 2px;">500</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>H1 Casualties</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Deaths</td> <td style="width: 50%;">Injuries</td> </tr> <tr> <td>Fire Service <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span></td> <td></td> </tr> <tr> <td>Civilian <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Deaths                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Injuries                                     | Fire Service <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span> |                         | Civilian <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span>    |                           | <b>H2 Detector</b> <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span><br><b>H3 Hazardous Materials Release</b> <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span><br><b>I Mixed Use Property</b> <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span><br><b>J Property Use</b> <span style="border: 1px solid black; padding: 2px;">901 - Highway or divided highway</span>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                   |                  |                  |                                 |                       |                         |                                                                               |                                    |            |                                                                   |                       |                                  |                                                                                 |  |  |                                                                   |  |  |                                                                                    |            |            |                                                                   |                                |                     |                                                                                           |  |  |                                                                   |            |            |                      |                         |                                              |  |  |                                            |
| Deaths                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Fire Service <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Civilian <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <b>K1 Person/Entity Involved</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 33%;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px; width: 33%;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px; width: 33%;">[REDACTED]</td> </tr> <tr> <td><small>First Name</small></td> <td><small>MI</small></td> <td><small>Last Name</small></td> </tr> <tr> <td colspan="3"><small>Suffix</small></td> </tr> <tr> <td colspan="3"><small>Highway</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> </tr> <tr> <td><small>Number</small></td> <td><small>Prefix</small></td> <td><small>Street or Highway</small></td> </tr> <tr> <td colspan="3"><small>Street Type</small></td> </tr> <tr> <td colspan="3"><small>Suffix</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> </tr> <tr> <td><small>Post Office Box</small></td> <td><small>Apt./Suite/Room</small></td> <td><small>City</small></td> </tr> <tr> <td colspan="3"><span style="border: 1px solid black; padding: 2px;">SODDY DAISY</span></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">TN</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> </tr> <tr> <td><small>State</small></td> <td><small>Zip Code</small></td> <td><small>Business name (if applicable)</small></td> </tr> <tr> <td colspan="2"></td> <td><small>Area Code      Phone Number</small></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | [REDACTED]                                                                                                                               | [REDACTED]              | [REDACTED]                                                                                                                              | <small>First Name</small> | <small>MI</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <small>Last Name</small> | <small>Suffix</small>                                                                                                             |                  |                  | <small>Highway</small>          |                       |                         | [REDACTED]                                                                    | [REDACTED]                         | [REDACTED] | <small>Number</small>                                             | <small>Prefix</small> | <small>Street or Highway</small> | <small>Street Type</small>                                                      |  |  | <small>Suffix</small>                                             |  |  | [REDACTED]                                                                         | [REDACTED] | [REDACTED] | <small>Post Office Box</small>                                    | <small>Apt./Suite/Room</small> | <small>City</small> | <span style="border: 1px solid black; padding: 2px;">SODDY DAISY</span>                   |  |  | TN                                                                | [REDACTED] | [REDACTED] | <small>State</small> | <small>Zip Code</small> | <small>Business name (if applicable)</small> |  |  | <small>Area Code      Phone Number</small> |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>K2 Owner</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 33%;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px; width: 33%;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px; width: 33%;">[REDACTED]</td> </tr> <tr> <td><small>First Name</small></td> <td><small>MI</small></td> <td><small>Last Name</small></td> </tr> <tr> <td colspan="3"><small>Suffix</small></td> </tr> <tr> <td colspan="3"><small>Highway</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> </tr> <tr> <td><small>Number</small></td> <td><small>Prefix</small></td> <td><small>Street or Highway</small></td> </tr> <tr> <td colspan="3"><small>Street Type</small></td> </tr> <tr> <td colspan="3"><small>Suffix</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> </tr> <tr> <td><small>Post Office Box</small></td> <td><small>Apt./Suite/Room</small></td> <td><small>City</small></td> </tr> <tr> <td colspan="3"><span style="border: 1px solid black; padding: 2px;">SODDY DAISY</span></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">TN</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> <td style="border: 1px solid black; padding: 2px;">[REDACTED]</td> </tr> <tr> <td><small>State</small></td> <td><small>Zip Code</small></td> <td><small>Business name (if applicable)</small></td> </tr> <tr> <td colspan="2"></td> <td><small>Area Code      Phone Number</small></td> </tr> </table>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | [REDACTED]                                                                                                                               | [REDACTED]              | [REDACTED]                                                                                                                              | <small>First Name</small> | <small>MI</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <small>Last Name</small> | <small>Suffix</small>                                                                                                             |                  |                  | <small>Highway</small>          |                       |                         | [REDACTED]                                                                    | [REDACTED]                         | [REDACTED] | <small>Number</small>                                             | <small>Prefix</small> | <small>Street or Highway</small> | <small>Street Type</small>                                                      |  |  | <small>Suffix</small>                                             |  |  | [REDACTED]                                                                         | [REDACTED] | [REDACTED] | <small>Post Office Box</small>                                    | <small>Apt./Suite/Room</small> | <small>City</small> | <span style="border: 1px solid black; padding: 2px;">SODDY DAISY</span>                   |  |  | TN                                                                | [REDACTED] | [REDACTED] | <small>State</small> | <small>Zip Code</small> | <small>Business name (if applicable)</small> |  |  | <small>Area Code      Phone Number</small> |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>A</b> <span style="float:right">NFIRS - 2<br/>Fire</span>                                                                                                                                                                                                                                                                              |                                                                                                     |                                        |                                                                                                                                                         |                                                                                                                  |                                                                                                                                   |
| FDID <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>                                                                                                                                                                                                                                     | TN <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> | MM DD YYYY<br>Incident Date 05/24/2016 | Station <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>                                                | Incident Number <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> | Exposure <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>                         |
| <b>B</b> Property Details                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                        | <b>C</b> On-Site Materials or Products                                                                                                                  |                                                                                                                  |                                                                                                                                   |
| B1 <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> Not Residential<br><small>Estimated number of residential living units in building of origin</small>                                 |                                                                                                     |                                        | <div style="border: 1px solid black; height: 150px;"></div>                                                                                             |                                                                                                                  |                                                                                                                                   |
| B2 <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span><br><small>Number of buildings involved</small>                                                                                                                                                                                        |                                                                                                     |                                        |                                                                                                                                                         |                                                                                                                  |                                                                                                                                   |
| B3 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Acres burned (outside line)</small>                                                                                                                                                                                        |                                                                                                     |                                        |                                                                                                                                                         |                                                                                                                  |                                                                                                                                   |
| <b>D</b> Ignition                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                        | <b>E1</b> Cause of Ignition                                                                                                                             |                                                                                                                  | <b>E3</b> Human Factors Contributing To Ignition                                                                                  |
| D1 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Area of fire origin</small>                                                                                                                                                                                                |                                                                                                     |                                        | E1 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Cause of ignition</small>                |                                                                                                                  | <div style="border: 1px solid black; height: 100px;"></div>                                                                       |
| D2 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Heat source</small>                                                                                                                                                                                                        |                                                                                                     |                                        | <b>E2</b> Factors Contributing To Ignition                                                                                                              |                                                                                                                  |                                                                                                                                   |
| D3 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Item first ignited</small>                                                                                                                                                                                                 |                                                                                                     |                                        | E2 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Factors contributing to ignition</small> |                                                                                                                  |                                                                                                                                   |
| D4 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Type of material first ignited</small>                                                                                                                                                                                     |                                                                                                     |                                        | <div style="border: 1px solid black; height: 100px;"></div>                                                                                             |                                                                                                                  | Estimated age of person involved <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |
| <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Continued to object of origin</small>                                                                                                                                                                                         |                                                                                                     |                                        |                                                                                                                                                         |                                                                                                                  | Gender of person involved <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>        |
| <b>F1</b> Equipment Involved In Ignition                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                        | <b>F2</b> Equipment Power                                                                                                                               |                                                                                                                  | <b>G</b> Fire Suppression Factors                                                                                                 |
| F1 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Equipment involved</small>                                                                                                                                                                                                 |                                                                                                     |                                        | F2 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Equipment power source</small>           |                                                                                                                  |                                                                                                                                   |
| Brand <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>                                                                                                                                                                                                                                   |                                                                                                     |                                        | <div style="border: 1px solid black; height: 100px;"></div>                                                                                             |                                                                                                                  | <div style="border: 1px solid black; height: 100px;"></div>                                                                       |
| Model <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>                                                                                                                                                                                                                                   |                                                                                                     |                                        |                                                                                                                                                         |                                                                                                                  |                                                                                                                                   |
| Serial <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>                                                                                                                                                                                                                                  |                                                                                                     |                                        | <b>F3</b> Equipment Portability                                                                                                                         |                                                                                                                  |                                                                                                                                   |
| Year <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>                                                                                                                                                                                                                                     |                                                                                                     |                                        | F3 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Equipment portability</small>            |                                                                                                                  |                                                                                                                                   |
| <b>H1</b> Mobile Property Involved                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                        | <b>H2</b> Mobile Property Type & Make                                                                                                                   |                                                                                                                  | <b>Local Use</b><br><div style="border: 1px solid black; height: 150px;"></div>                                                   |
| H1 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Mobile property involved</small>                                                                                                                                                                                           |                                                                                                     |                                        | H2 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Mobile property type</small>             |                                                                                                                  |                                                                                                                                   |
| H1 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Mobile property involved</small>                                                                                                                                                                                           |                                                                                                     |                                        | H2 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><small>Mobile property make</small>             |                                                                                                                  |                                                                                                                                   |
| Mobile property model <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> 2015<br><small>Year</small>                                                                                      |                                                                                                     |                                        |                                                                                                                                                         |                                                                                                                  |                                                                                                                                   |
| License plate number <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> State <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> VIN number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> |                                                                                                     |                                        |                                                                                                                                                         |                                                                                                                  |                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |    |                          |   |                                                                                  |   |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----|--------------------------|---|----------------------------------------------------------------------------------|---|------------------|
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | TN | MM DD YYYY<br>05/24/2016 | 1 |  | 0 | NFIRS<br>Remarks |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |    |                          |   |                                                                                  |   |                  |
| <p>responded to a possible vehicle fire 27 southbound at 27 highway and thrasher pike. upon arrival a 2015 kia was found fully involved. A 1 3/4 handline and foam were used to extinguish the fire. After talking with the driver he stated that he had been having engine problems and noticed black smoke coming from the engine compartment. Due to extreme fire damage the cause is undetermined and the origin was in the engine compartment</p> |                                                                                  |    |                          |   |                                                                                  |   |                  |

|                                                                                     |                                                                                     |                  |            |            |     |      |  |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|------------|------------|-----|------|--|
| M                                                                                   | Authorization                                                                       |                  |            |            |     |      |  |
|  |  | CHIEF            | 1          | 05/24/2016 |     |      |  |
| Officer in charge ID                                                                | Signature                                                                           | Position or rank | Assignment | Month      | Day | Year |  |
|  |  | CHIEF            | 1          | 05/24/2016 |     |      |  |
| Member making report ID                                                             | Signature                                                                           | Position or rank | Assignment | Month      | Day | Year |  |





|          |                                                                             |                 |                                 |                  |                                                                                        |                   |                                 |
|----------|-----------------------------------------------------------------------------|-----------------|---------------------------------|------------------|----------------------------------------------------------------------------------------|-------------------|---------------------------------|
| <b>A</b> | FDID <span style="background-color: black; color: black;">[REDACTED]</span> | State <b>TN</b> | Incident Date <b>05/24/2016</b> | Station <b>1</b> | Incident Number <span style="background-color: black; color: black;">[REDACTED]</span> | Exposure <b>0</b> | <b>NFIRS - 10<br/>Personnel</b> |
|----------|-----------------------------------------------------------------------------|-----------------|---------------------------------|------------------|----------------------------------------------------------------------------------------|-------------------|---------------------------------|

| B Apparatus or Resource                 | Dates and Times                                                                                      | Sent                                     | Number of People | Use                                                                                       | Actions Taken                                                              |
|-----------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------|------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                         | <small>Month Day Year Hour/Mins</small>                                                              | <input checked="" type="checkbox"/>      |                  | <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> | <small>List up to 4 actions for each apparatus and each personnel.</small> |
| <b>1</b> ID <b>E1</b><br>Type <b>11</b> | Dispatch <b>05/24/2016 15:51</b><br>Arrival <b>05/24/2016 15:54</b><br>Clear <b>05/24/2016 16:21</b> | Sent <input checked="" type="checkbox"/> | <b>5</b><br>#    | <b>1 - Suppress</b>                                                                       | <b>11</b>   <b>11</b><br>  <b>11</b>                                       |

| Personnel ID                                                           | Name                                                                   | Rank or Grade | Attend                              | Action Taken | Action Taken | Action Taken | Action Taken |
|------------------------------------------------------------------------|------------------------------------------------------------------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | FF DPO E      | <input checked="" type="checkbox"/> |              |              |              |              |
|                                                                        |                                                                        | Chief         | <input checked="" type="checkbox"/> |              |              |              |              |
|                                                                        |                                                                        | LL            | <input checked="" type="checkbox"/> |              |              |              |              |
|                                                                        |                                                                        | Capt.         | <input checked="" type="checkbox"/> |              |              |              |              |
|                                                                        |                                                                        | FF EMTA       | <input checked="" type="checkbox"/> |              |              |              |              |

|                                          |                                                                                                      |                                          |        |           |  |
|------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------|--------|-----------|--|
| <b>2</b> ID <b>C20</b><br>Type <b>92</b> | Dispatch <b>05/24/2016 15:51</b><br>Arrival <b>05/24/2016 15:54</b><br>Clear <b>05/24/2016 16:21</b> | Sent <input checked="" type="checkbox"/> | 1<br># | 0 - Other |  |
|------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------|--------|-----------|--|

| Personnel ID                                                           | Name                                                                   | Rank or Grade | Attend                              | Action Taken | Action Taken | Action Taken | Action Taken |
|------------------------------------------------------------------------|------------------------------------------------------------------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | Chief         | <input checked="" type="checkbox"/> |              |              |              |              |
|                                                                        |                                                                        |               |                                     |              |              |              |              |
|                                                                        |                                                                        |               |                                     |              |              |              |              |
|                                                                        |                                                                        |               |                                     |              |              |              |              |
|                                                                        |                                                                        |               |                                     |              |              |              |              |

|                                       |                                                         |               |            |  |  |
|---------------------------------------|---------------------------------------------------------|---------------|------------|--|--|
| <b>3</b> ID <b> </b><br>Type <b> </b> | Dispatch <b> </b><br>Arrival <b> </b><br>Clear <b> </b> | Sent <b> </b> | # <b> </b> |  |  |
|---------------------------------------|---------------------------------------------------------|---------------|------------|--|--|

| Personnel ID | Name | Rank or Grade | Attend                              | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
|              |      |               | <input checked="" type="checkbox"/> |              |              |              |              |
|              |      |               |                                     |              |              |              |              |
|              |      |               |                                     |              |              |              |              |
|              |      |               |                                     |              |              |              |              |
|              |      |               |                                     |              |              |              |              |



Police  
Report

|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> SEXUAL ASSAULT OFFENSE <input type="checkbox"/> OFFICER INVOLVED SHOOTING <input type="checkbox"/> INCIDENT LEVEL <input type="checkbox"/> MULTI AGENCY <input type="checkbox"/> JUVENILE |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |
| <b>INCIDENT REPORT</b><br>Saddy-Daisy Police Department<br>Saddy-Daisy, TN<br>Saddy-Daisy, Tennessee                                                                                                               |                                                                                                                                                                                                                                                                                              | REPORT NUMBER: [REDACTED]<br>OR [REDACTED]<br>DATE FROM: 05/24/2016    TIME: 15:49<br>DATE TO: 05/24/2016    TIME: 15:55<br>REPORTED DATE: 05/24/2016    TIME: 16:00 |
| <b>ADMIN</b>                                                                                                                                                                                                       | LOCATION: Saddy-Daisy, TN [REDACTED]    BRIEF DESCRIPTION OF INCIDENT: Car fire                                                                                                                                                                                                              |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | OFFENSE TRACT: Saddy-Daisy    DISPOSITION:    CASE STATUS:    EXCEPTIONAL CLEARANCE CODE:    EXC CLEAR DATE:    INVESTIGATED BY OUTSIDE AGENCY:                                                                                                                                              |                                                                                                                                                                      |
| <b>OFFENSE</b>                                                                                                                                                                                                     | UCR CODE: 000    OFFENSE: Car fire    DEPT CODE:    RELATED TO TCR:    COUNTS: 1    FM:                                                                                                                                                                                                      |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | BIAS MOTIVATION: 88    PREMISE TYPE: 13    TYPE OF RESIDENCE:    OFFENSE STATUS: <input type="checkbox"/> COMPLETED    OFFENDER USED: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER                                                      |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | BURGLARY ONLY: <input type="checkbox"/> FORCED ENTRY: <input type="checkbox"/> HOSTAGE INVOLVED: <input type="checkbox"/> ALARM STATUS:    NO OF PREMISES ENTERED:    POINT OF ENTRY: 1. 2. 3.                                                                                               |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | INSTRUMENT USED: 1. 2. 3.    CRIMINAL ACTIVITIES: 1. 2. 3.    EVIDENCE AT SCENE: 1. 2. 3.                                                                                                                                                                                                    |                                                                                                                                                                      |
| <b>OFFENSE</b>                                                                                                                                                                                                     | UCR CODE:    OFFENSE:    DEPT CODE:    RELATED TO TCR:    COUNTS:    FM:                                                                                                                                                                                                                     |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | BIAS MOTIVATION:    PREMISE TYPE:    TYPE OF RESIDENCE:    OFFENSE STATUS: <input type="checkbox"/> COMPLETED    OFFENDER USED: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER                                                            |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | BURGLARY ONLY: <input type="checkbox"/> FORCED ENTRY: <input type="checkbox"/> HOSTAGE INVOLVED: <input type="checkbox"/> ALARM STATUS:    NO OF PREMISES ENTERED:    POINT OF ENTRY: 1. 2. 3.                                                                                               |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | INSTRUMENT USED: 1. 2. 3.    CRIMINAL ACTIVITIES: 1. 2. 3.    EVIDENCE AT SCENE: 1. 2. 3.                                                                                                                                                                                                    |                                                                                                                                                                      |
| <b>OFFENSE</b>                                                                                                                                                                                                     | UCR CODE:    OFFENSE:    DEPT CODE:    RELATED TO TCR:    COUNTS:    FM:                                                                                                                                                                                                                     |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | BIAS MOTIVATION:    PREMISE TYPE:    TYPE OF RESIDENCE:    OFFENSE STATUS: <input type="checkbox"/> COMPLETED    OFFENDER USED: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER                                                            |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | BURGLARY ONLY: <input type="checkbox"/> FORCED ENTRY: <input type="checkbox"/> HOSTAGE INVOLVED: <input type="checkbox"/> ALARM STATUS:    NO OF PREMISES ENTERED:    POINT OF ENTRY: 1. 2. 3.                                                                                               |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | INSTRUMENT USED: 1. 2. 3.    CRIMINAL ACTIVITIES: 1. 2. 3.    EVIDENCE AT SCENE: 1. 2. 3.                                                                                                                                                                                                    |                                                                                                                                                                      |
| <b>VICTIM</b>                                                                                                                                                                                                      | NAME:    STATEMENT: <input type="checkbox"/> HOME:    CELL:                                                                                                                                                                                                                                  |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | ADDRESS:    WORK:    EMAIL:                                                                                                                                                                                                                                                                  |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | DOB:    AGE:    TO AGE:    RACE:    SEX:    RESIDENT:    ETHNICITY:    SSN:                                                                                                                                                                                                                  |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | EYE COLOR:    HAIR COLOR:    HEIGHT:    WEIGHT:    DLN:    STATE:    EMPLOYER:                                                                                                                                                                                                               |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | VICTIM TYPE:    VICTIM IS COMPLAINANT: <input type="checkbox"/> AGG ASSAULT 1:    AGG ASSAULT 2:    JUST NOW CIRCUM:                                                                                                                                                                         |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT    SCHOOL NAME:    OCCURRED ON CAMPUS: <input type="checkbox"/> DOMESTIC VIOLENCE: <input type="checkbox"/> TRANSPORTED TO SAFE PLACE:                                                                          |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | INJURIES (UP TO FIVE): <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.                                                                                                                                                                                                                                             |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | RELATION OF VICTIM TO OFFENDER(S): 1. 2. 3. 4. 5.                                                                                                                                                                                                                                            |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | UMTS:                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | LEOKA TYPE:    LEOKA VEHICLE:    LEOKA ACTIVITY:                                                                                                                                                                                                                                             |                                                                                                                                                                      |
|                                                                                                                                                                                                                    | <b>SUSPECT</b>                                                                                                                                                                                                                                                                               | NAME:    MONIKER:    ARRESTED? <input type="checkbox"/> HOME:                                                                                                        |
| ADDRESS:    CELL:    WORK:                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |
| DOB:    AGE:    TO AGE:    RACE:    SEX:    RESIDENT:    ETHNICITY:    SSN:                                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |
| EYE COLOR:    HAIR COLOR:    FACIAL HAIR:    HEIGHT:    WEIGHT:    DLN:    STATE:                                                                                                                                  |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |
| CLOTHING:    GANG NAME/AFFILIATION:                                                                                                                                                                                |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |
| SMTS:                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |
| RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.                                                                                                                                                                   |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |
| REPORTING OFFICER: 69SD Vinson Eddie    PARTNER:    REVIEWING OFFICER: 62SD Philpott Davy L    REVIEW DATE: 05/27/2016                                                                                             |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      |





| OFFENSES/OTHER PERSONS        |                                        |                                       |                                            |              |                                      |                                       |                         |                                                                                                   |            | REPORT NUMBER: [REDACTED] |  |
|-------------------------------|----------------------------------------|---------------------------------------|--------------------------------------------|--------------|--------------------------------------|---------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------|------------|---------------------------|--|
| Soddy-Daisy Police Department |                                        |                                       |                                            |              |                                      |                                       |                         |                                                                                                   |            | OR# [REDACTED]            |  |
| OFFENSE                       | UCR CODE                               | OFFENSE                               |                                            |              |                                      | DEPT CODE                             | RELATED TO TC#          |                                                                                                   | COUNTS     | FM                        |  |
|                               | BIAS MOTIVATION                        | PREMISE TYPE                          | TYPE OF RESIDENCE                          |              | OFFENSE STATUS                       | <input type="checkbox"/> COMPLETED    | OFFENDER USED           | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER |            |                           |  |
|                               | BURGLARY ONLY <input type="checkbox"/> | FORCED ENTRY                          | HOSTAGE INVOLVED? <input type="checkbox"/> | ALARM STATUS | NO OF PREMISES ENTERED               |                                       | POINT OF ENTRY 1. 2. 3. |                                                                                                   |            |                           |  |
|                               | INSTRUMENT USED: 1. 2. 3.              |                                       | CRIMINAL ACTIVITIES 1. 2. 3.               |              | EVIDENCE AT SCENE 1. 2. 3.           |                                       |                         |                                                                                                   |            |                           |  |
|                               | WEAPON/FORCE INVOLVED: 1. 2. 3.        |                                       | ACTS INVOLVED? 1. 2. 3.                    |              | <input type="checkbox"/> CARGO THEFT | <input type="checkbox"/> DRUG RELATED | IDENTITY THEFT          |                                                                                                   |            |                           |  |
| OFFENSE                       | UCR CODE                               | OFFENSE                               |                                            |              |                                      | DEPT CODE                             | RELATED TO TC#          |                                                                                                   | COUNTS     | FM                        |  |
|                               | BIAS MOTIVATION                        | PREMISE TYPE                          | TYPE OF RESIDENCE                          |              | OFFENSE STATUS                       | <input type="checkbox"/> COMPLETED    | OFFENDER USED           | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER |            |                           |  |
|                               | BURGLARY ONLY <input type="checkbox"/> | FORCED ENTRY                          | HOSTAGE INVOLVED? <input type="checkbox"/> | ALARM STATUS | NO OF PREMISES ENTERED               |                                       | POINT OF ENTRY 1. 2. 3. |                                                                                                   |            |                           |  |
|                               | INSTRUMENT USED: 1. 2. 3.              |                                       | CRIMINAL ACTIVITIES 1. 2. 3.               |              | EVIDENCE AT SCENE 1. 2. 3.           |                                       |                         |                                                                                                   |            |                           |  |
|                               | WEAPON/FORCE INVOLVED: 1. 2. 3.        |                                       | ACTS INVOLVED? 1. 2. 3.                    |              | <input type="checkbox"/> CARGO THEFT | <input type="checkbox"/> DRUG RELATED | IDENTITY THEFT          |                                                                                                   |            |                           |  |
| OFFENSE                       | UCR CODE                               | OFFENSE                               |                                            |              |                                      | DEPT CODE                             | RELATED TO TC#          |                                                                                                   | COUNTS     | FM                        |  |
|                               | BIAS MOTIVATION                        | PREMISE TYPE                          | TYPE OF RESIDENCE                          |              | OFFENSE STATUS                       | <input type="checkbox"/> COMPLETED    | OFFENDER USED           | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER |            |                           |  |
|                               | BURGLARY ONLY <input type="checkbox"/> | FORCED ENTRY                          | HOSTAGE INVOLVED? <input type="checkbox"/> | ALARM STATUS | NO OF PREMISES ENTERED               |                                       | POINT OF ENTRY 1. 2. 3. |                                                                                                   |            |                           |  |
|                               | INSTRUMENT USED: 1. 2. 3.              |                                       | CRIMINAL ACTIVITIES 1. 2. 3.               |              | EVIDENCE AT SCENE 1. 2. 3.           |                                       |                         |                                                                                                   |            |                           |  |
|                               | WEAPON/FORCE INVOLVED: 1. 2. 3.        |                                       | ACTS INVOLVED? 1. 2. 3.                    |              | <input type="checkbox"/> CARGO THEFT | <input type="checkbox"/> DRUG RELATED | IDENTITY THEFT          |                                                                                                   |            |                           |  |
| OFFENSE                       | UCR CODE                               | OFFENSE                               |                                            |              |                                      | DEPT CODE                             | RELATED TO TC#          |                                                                                                   | COUNTS     | FM                        |  |
|                               | BIAS MOTIVATION                        | PREMISE TYPE                          | TYPE OF RESIDENCE                          |              | OFFENSE STATUS                       | <input type="checkbox"/> COMPLETED    | OFFENDER USED           | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER |            |                           |  |
|                               | BURGLARY ONLY <input type="checkbox"/> | FORCED ENTRY                          | HOSTAGE INVOLVED? <input type="checkbox"/> | ALARM STATUS | NO OF PREMISES ENTERED               |                                       | POINT OF ENTRY 1. 2. 3. |                                                                                                   |            |                           |  |
|                               | INSTRUMENT USED: 1. 2. 3.              |                                       | CRIMINAL ACTIVITIES 1. 2. 3.               |              | EVIDENCE AT SCENE 1. 2. 3.           |                                       |                         |                                                                                                   |            |                           |  |
|                               | WEAPON/FORCE INVOLVED: 1. 2. 3.        |                                       | ACTS INVOLVED? 1. 2. 3.                    |              | <input type="checkbox"/> CARGO THEFT | <input type="checkbox"/> DRUG RELATED | IDENTITY THEFT          |                                                                                                   |            |                           |  |
| OTHERS                        | INVOLVEMENT TYPE                       | COMPLAINANT                           |                                            |              |                                      |                                       | MONIKER                 |                                                                                                   | HOME PHONE |                           |  |
|                               | <input type="checkbox"/> STATEMENT     | [REDACTED] Soddy-Daisy, TN [REDACTED] |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
|                               |                                        | EMAIL                                 |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
|                               |                                        | ADDRESS                               |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
| OTHERS                        | INVOLVEMENT TYPE                       | NAME                                  |                                            |              |                                      |                                       | MONIKER                 |                                                                                                   | HOME PHONE |                           |  |
|                               | <input type="checkbox"/> STATEMENT     | ADDRESS                               |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
|                               |                                        | EMAIL                                 |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
|                               |                                        | ADDRESS                               |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
| OTHERS                        | INVOLVEMENT TYPE                       | NAME                                  |                                            |              |                                      |                                       | MONIKER                 |                                                                                                   | HOME PHONE |                           |  |
|                               | <input type="checkbox"/> STATEMENT     | ADDRESS                               |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
|                               |                                        | EMAIL                                 |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
|                               |                                        | ADDRESS                               |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
| OTHERS                        | INVOLVEMENT TYPE                       | NAME                                  |                                            |              |                                      |                                       | MONIKER                 |                                                                                                   | HOME PHONE |                           |  |
|                               | <input type="checkbox"/> STATEMENT     | ADDRESS                               |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
|                               |                                        | EMAIL                                 |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |
|                               |                                        | ADDRESS                               |                                            |              |                                      |                                       | DOB                     |                                                                                                   | CELL PHONE |                           |  |



| ADDITIONAL NARRATIVE<br>Soddy-Daisy Police Department |                                                                                                                                                                                                                                                                          | REPORT NUMBER: [REDACTED]                       |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
|                                                       |                                                                                                                                                                                                                                                                          | OR: [REDACTED]                                  |
| NARRATIVE                                             | NARRATIVE TITLE<br>1 INCIDENT NARRATIVE                                                                                                                                                                                                                                  |                                                 |
|                                                       | <p>Title: 1 INCIDENT NARRATIVE<br/>On Tuesday May 24th 2016 I responded to a car fire on [REDACTED] arrived and it was fully involved. The driver [REDACTED] stated that he was on his way to the Kia for repairs when the car caught fire. The car is a total loss.</p> |                                                 |
| REPORTING OFFICER<br>[REDACTED] Vinson Eddie          |                                                                                                                                                                                                                                                                          | REVIEWING OFFICER<br>[REDACTED] Philpott Davy L |
|                                                       |                                                                                                                                                                                                                                                                          | REVIEW DATE<br>05/27/2016                       |

Jun. 8. 2016. 12:30PM

**KIA of Chattanooga**

**Chattanooga, Tn**

fax #

**Fax**

**TO:**

**From:**

**Total # pages faxed:**

8

**Comments:**

All

Service Records



# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

Phone(s): Contact: [REDACTED]

Vehicle: KNAFX4A60F5 [REDACTED]

Main: (423)634-8873

2015 FORTE

BRONZE

Click to View Cust Copy

Cell:

Mileage: 38,413

Service advisor: 231

Tag number: [REDACTED]

Payment type: OS, CC

Promised time: 05:00 PM

Promised date: 05/07/2016

Waiter: No

Estimate: 0.00

Customer Comments: No

## A OIL CHANGE AND TIRE ROTATION

NAAGR

CPR

OIL CHANGE AND TIRE

0.60

32.00

ROTATION

Tech(s): [REDACTED]

1 FILTER ASSY-ENGINE

4.07

1 GASKET-OIL PLUG

0.98

5 5W20 TECHSELECT API SN

9.95

Pts:

15.00 Lbr:

32.00 Other:

0.00 Total Line A:

47.00

## B CUST STATES CHECK TIRE PRESSURE LIGHT ON, CUST STATES CHECK LT. FRONT TIRE LEAKING AIR

M

ISP

TESTED AND INSPECTED,

0.00

0.00

REPAIRED TIRE

Tech(s): [REDACTED]

Pts:

0.00 Lbr:

0.00 Other:

0.00 Total Line B:

0.00

## C C/S DRIVERS MIRROR

M

CP

REPLACE LT. MIRROR

0.50

53.00

ASSEMBLY

Tech(s): [REDACTED]

SUBL

CP

ABRA

87.75

Pts:

0.00 Lbr:

53.00 Other:

87.75 Total Line C:

140.75

## D Perform Free 360 Walk-Around and Multi-Point Inspection.

Approximate Value \$49.99

KCP2

WP

Perform Free 360

0.00

0.00

Walk-Around and

Multi-Point

Inspection

Approximate Value

\$49.99

Tech(s): [REDACTED]

Pts:

0.00 Lbr:

0.00 Other:

0.00 Total Line D:

0.00

Customer Pay

Labor

85.00

Parts

15.00

Lube

0.00

Sublet

87.75

Miscellaneous/Shop Charge

14.08

Deductible

0.00

Total Charges

201.83

Less Insurance/Adjustment

47.00

Sales Tax

14.33

# Repair Order Detail - Internal Copy

Total

169.16



# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

Phone(s): Contact: [REDACTED]

Vehicle: KNAFX4A60F5 [REDACTED]

Main: [REDACTED]

2015 FORTE

BRONZE

Click to View Cust Copy

Cell:

Mileage: 11,304

Service advisor: [REDACTED]

Tag number: [REDACTED]

Payment type: OS

Promised time: 05:00 PM

Promised date: 03/14/2015

Waiter: Yes

Estimate: 0.00

Customer Comments: No

## A CHANGE OIL AND FILTER

NAAG

CPR

CHANGE OIL AND FILTER

0.30

8.00

1 FILTER ASSY-ENGINE

4.07

1 GASKET-OIL PLUG

0.98

5 5W20 OIL

9.95

Pts: 15.00 Lbr: 8.00 Other: 0.00 Total Line A:

23.00

Story: 11304 Performed Lube, Oil, and Filter service.

## B Perform Free 360 Walk-Around and Multi-Point Inspection.

Approximate Value \$49.99

KCP2

ISP

Perform Free 360

0.00

0.00

Walk-Around and

Multi-Point

Inspection

Approximate Value

\$49.99

Tech(s): 112

DRS

ISP

RECOMMEND 15,000 MILE

0.00

0.00

SERVICE AT NEXT

SERVICE VISIT

Tech(s): 112

Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line B:

0.00

Story: 11304 Performed multi-point inspection checklist and advised of green, yellow, and red conditions. See multi-point inspection sheet for specific details.

## Customer Pay

Labor

8.00

Parts

15.00

Lube

0.00

Sublet

0.00

Miscellaneous/Shop Charge

0.00

Deductible

0.00

Total Charges

23.00

Less Insurance/Adjustment

23.00

Sales Tax

0.00

Total

0.00

# Repair Order Detail - Internal Copy

RO Number

RO Status: CLOSED

Customer:   
 Phone(s): Contact   
 Vehicle: KNAFX4A60F5

Main   
 2015 FORTE BRONZE

Click to View Cust Copy  
 Cell:

Mileage: 5,164  
 Service advisor: 79  
 Tag number:

Payment type: CASH  
 Promised time: 05:00 PM  
 Promised date: 12/13/2014

Waiter: No  
 Estimate: 0.00  
 Customer Comments: No

## A FIRST FREE SERVICE WITH NEW VEHICLE PURCHASE- OIL CHANGE AND TIRE ROTATION

|      |       |                                                                            |      |       |
|------|-------|----------------------------------------------------------------------------|------|-------|
| KCP1 | INCOC | FIRST FREE SERVICE WITH NEW VEHICLE PURCHASE- OIL CHANGE AND TIRE ROTATION | 0.50 | 24.00 |
|------|-------|----------------------------------------------------------------------------|------|-------|

Tech(s):

LOE

Oil change supplies

1 FILTER ASSY-ENGINE

1 GASKET-OIL PLUG

5 5W20 OIL

|      |       |      |       |        |      |               |       |
|------|-------|------|-------|--------|------|---------------|-------|
| Pts: | 24.24 | Lbr: | 24.00 | Other: | 2.99 | Total Line A: | 51.23 |
|------|-------|------|-------|--------|------|---------------|-------|

Story: 5164 complete

## B Perform Free 360 Walk-Around and Multi-Point Inspection. Approximate Value \$49.99

|      |    |                                                                                    |      |      |
|------|----|------------------------------------------------------------------------------------|------|------|
| KCP2 | WP | Perform Free 360 Walk-Around and Multi-Point Inspection. Approximate Value \$49.99 | 0.00 | 0.00 |
|------|----|------------------------------------------------------------------------------------|------|------|

Tech(s): 72

|      |      |      |      |        |      |               |      |
|------|------|------|------|--------|------|---------------|------|
| Pts: | 0.00 | Lbr: | 0.00 | Other: | 0.00 | Total Line B: | 0.00 |
|------|------|------|------|--------|------|---------------|------|

Story: 5164 Performed multi-point inspection checklist and advised of green, yellow, and red conditions. See multi point inspection sheet for specific details.

### Customer Pay

|                           |      |
|---------------------------|------|
| Labor                     | 0.00 |
| Parts                     | 0.00 |
| Lube                      | 0.00 |
| Sublet                    | 0.00 |
| Miscellaneous/Shop Charge | 0.00 |
| Deductible                | 0.00 |
| Total Charges             | 0.00 |
| Less Insurance/Adjustment | 0.00 |
| Sales Tax                 | 0.00 |
| Total                     | 0.00 |



# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer: [REDACTED]

Phone(s): Contact: [REDACTED]

Vehicle: KNAFX4A60F5 [REDACTED]

Main: [REDACTED]

2015 FORTE

BRONZE

Click to View Cust Copy

Cell:

Mileage: 21

Service advisor: 79

Tag number: TU

Payment type: CASH

Promised time: 05:00 PM

Promised date: 09/25/2014

Waiter: No

Estimate: 0.00

Customer Comments: No

|                    |                     |      |                 |                     |
|--------------------|---------------------|------|-----------------|---------------------|
| NEW CAR FRESHEN UP |                     |      |                 |                     |
| A                  | FRESHUP             | IDK  | SOLD            |                     |
|                    |                     |      | 0.50            | 15.00               |
|                    | Tech(s): [REDACTED] |      |                 |                     |
| Pts:               | 0.00                | Lbr: | 15.00           | Other: 0.00         |
|                    |                     |      |                 | Total Line A: 15.00 |
| =====              |                     |      |                 |                     |
| B PROCOAT VEHICLE  |                     |      |                 |                     |
|                    | PROCOAT             | IDK  | PROCOAT VEHICLE |                     |
|                    |                     |      | 1.00            | 60.00               |
|                    | Tech(s): [REDACTED] |      |                 |                     |
| Pts:               | 0.00                | Lbr: | 60.00           | Other: 0.00         |
|                    |                     |      |                 | Total Line B: 60.00 |
| =====              |                     |      |                 |                     |

Customer Pay

Labor

Parts

Lube

Sublet

Miscellaneous/Shop Charge

Deductible

Total Charges

Less Insurance/Adjustment

Sales Tax

Total

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer:

Phone(s): Contact:

Vehicle: KNAFX4A60F5 [REDACTED]

Main:

2015 FORTE

BRONZE

Click to View Cust Copy

Cell:

Mileage: 11

Service advisor: 242

Tag number: T0072

Payment type: CASH

Promised time: 05:00 PM

Promised date: 06/09/2014

Waiter: No

Estimate: 0.00

## A PDI - PRE-DELIVERY INSPECTION

PDI

IKPDI

PDI - PRE-DELIVERY  
INSPECTION

0.90

82.80

Tech(s): [REDACTED]

|      |      |      |       |        |      |               |       |
|------|------|------|-------|--------|------|---------------|-------|
| Pts: | 0.00 | Lbr: | 82.80 | Other: | 0.00 | Total Line A: | 82.80 |
|------|------|------|-------|--------|------|---------------|-------|

Story: 11 - COMPLETE

## B INSTALL KIA ACCESSORIES

23MUD

INKA

INSTALL KIA  
ACCESSORIES

0.50

60.00

Tech(s): [REDACTED]

A7F46-AC100

1 MUD GUARD KIT REAR

60.00

A7F46-AC000

1 MUD GUARD KIT FRONT

60.00

|      |        |      |       |        |      |               |        |
|------|--------|------|-------|--------|------|---------------|--------|
| Pts: | 120.00 | Lbr: | 60.00 | Other: | 0.00 | Total Line B: | 180.00 |
|------|--------|------|-------|--------|------|---------------|--------|

Story 11 - INSTALLED MUD GUARDS

## C PDI KIT-NEW OR USED VEHICLE

KIT

IKIT

PDI KIT-NEW OR USED  
VEHICLE

0.00

0.00

Tech(s): [REDACTED]

1001NC

1 PDI KIT

30.00

|      |       |      |      |        |      |               |       |
|------|-------|------|------|--------|------|---------------|-------|
| Pts: | 30.00 | Lbr: | 0.00 | Other: | 0.00 | Total Line C: | 30.00 |
|------|-------|------|------|--------|------|---------------|-------|

Customer Pay

Labor

0.00

Parts

0.00

Lube

0.00

Sublet

0.00

Miscellaneous/Shop Charge

0.00

Deductible

0.00

Total Charges

0.00

Less Insurance/Adjustment

0.00

Sales Tax

0.00

Total

0.00



# Repair Order Detail - Internal Copy

RO Number: [REDACTED]

RO Status: CLOSED

Customer:

Phone(s): Contact:

Vehicle: KNAFX4A60F5 [REDACTED]

Main:

2015 FORTE

BRONZE

Click to View Cust Copy

Cell:

Mileage: 20

Service advisor: 242

Tag number: [REDACTED]

Payment type: CASH

Promised time: 05:00 PM

Promised date: 06/10/2014

Waiter: No

Estimate: 0.00

|       |                     |               |              |
|-------|---------------------|---------------|--------------|
| ~~~~~ |                     |               |              |
| A     | PDI CLEAN UP        |               |              |
|       | PDIC                | IDK           | PDI CLEAN UP |
|       |                     |               | 1.00         |
|       |                     |               | 60.00        |
|       | Tech(s): [REDACTED] |               |              |
| Pts:  | 0.00                | Lbr:          | 60.00        |
|       |                     | Other:        | 0.00         |
|       |                     | Total Line A: | 60.00        |
| ~~~~~ |                     |               |              |

Customer Pay

Labor

Parts

Lube

Sublet

Miscellaneous/Shop Charge

Deductible

Total Charges

Less Insurance/Adjustment

Sales Tax

Total

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00