Attorneys
- KENNETH L. WILBER (CO, IL)
- CHRISTINE CHANCE (FL, GA, IL)
- PATRICK J. LIGHT (IL)
- RACHAEL PERRY (IL)
- NICOLE R. MESSAMORE (FL)
- MARC LANE (IL)

Of Counsel
- DAVID B CHURCHILL (CA)

INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

CCRG# [redacted]

RLG

Phone: 800-313-5169
Fax: 800-313-5179
[redacted]

WILBER
FAITHFULLY SERVING

CHRYSLER
LEGAL DEPARTMENT
1000 CHRYSLER DR.

AUBURN HILLS, MI 48326

October 27, 2015

RE: Our Client: [redacted]
Our Client's Insured: JAVIER BELTRAN
Our File Number: [redacted]
Your Insured: CHRYSLER
Your Claim/Policy Number: [redacted]
Date of Accident: 08-28-15
Amount Claimed: $6,988.05

Please be advised that we represent Assurant for a claim they paid to their policyholder. We have been informed that there is possible coverage through your company.

Enclosed please find the supporting documents for your review. After your review, please contact this office to discuss settlement proceedings. If you have further questions, please contact STEVE KUHNKE, who we have assigned to handle this claim.

Please note that all payments for this claim will need to be made payable to Assurant and remitted to our office for proper handling.

Thank you for your immediate attention to this matter.

WILBER AND ASSOCIATES

RECEIVED
NOV 03 2015
CCRG
Office of the General Counsel

FCA US LLC
Office of the General Counsel
NOV 02 2015
By Mail/Reg. Agent/
Sec. of State/Proc.Server

KLW/ps
Enclosure

| | | | |
|---|---|---|---|
| INSURED | : [redacted] | [redacted] | : [redacted] |
| [redacted] | [redacted] | DATE OF LOSS | : 8/28/2015 |
| LOCATION | : [redacted] | POLICY NUMBER | [redacted] |
| | : MIAMI, FL [redacted] | CLAIM NUMBER | : [redacted] |
| [redacted] | : [redacted] | [redacted] | [redacted] |
| | : PO Box. 979055 | ADJUSTER NAME | : Michael Rios |
| | : Miami, FL 33177 | | |

# BUILDING ESTIMATE

## BUILDING INFORMATION

## ESTIMATE RECAP

| | |
|---|---|
| Estimate Grand Totals: | $6,988.05 |
| Total Depreciation: | ($0.00) |
| A.C.V. Estimate Totals: | $6,988.05 |
| Policy Deductible: | ($1,000.00) |
| Final Totals: | $5,988.05 |

## ESTIMATE COMMENTS

## ESTIMATE VITALS

| | | | |
|---|---|---|---|
| Database: | SIMSOL Commercial/Residential | Location Factors: | 331 (Miami, FL)(102L/102M/101E) |
| Price Table: | SIMSOL/Craftsman Publishing, April, 2015 | Dep Table: | User Defined |
| Local Mod Table: | None | Show Overrides: | Off |

*** ***This is an estimate of recorded damages and is subject to review and final approval by the insurance carrier.*** ***

| | | | |
|---|---|---|---|
| INSURED | : [redacted] | DATE OF REPORT | : 9/16/2015 |
| CLAIMANT | : [redacted] | DATE OF LOSS | : 8/28/2015 |
| LOCATION | : [redacted] | POLICY NUMBER | : [redacted] |
| | : MIAMI, FL [redacted] | CLAIM NUMBER | : [redacted] |
| COMPANY | : American Security Insurance Company | OUR FILE NUMBER | : [redacted] |
| | : PO Box. 979055 | ADJUSTER NAME | : Michael Rios |
| | : Miami, FL 33177 | | |

**Estimate Section: NE Bedroom**

NE Bedroom ..... 10' 10.0" x 13' 7.0" x 8' 10.0"
Kitchen Offset ..... 10' 11.0" x 7' 10.0" x 8' 10.0"
Closet ..... 1' 10.0" x 9' x 8'

| | | | | | |
|---|---|---|---|---|---|
| Lower Perimeter: | 92.30 LF | Floor SF: | 249.20 SF | Wall SF: | 797.60 SF |
| Upper Perimeter: | 70.70 LF | Floor SY: | 27.69 SY | Ceiling SF: | 249.20 SF |

| # | Quantity | Description | Unit Cost | RCV | DEP | % | ACV |
|---|---|---|---|---|---|---|---|
| 1 | 249.2 SF | Clean Ceramic Floor Tile in Mortar (100.0%) | $0.46 | $114.63 | | | $114.63 |
| 2 | 797.6 SF | Clean Walls (100.0% / 8.8') | $0.25 | $199.40 | | | $199.40 |
| 3 | 797.6 SF | Paint Walls (100.0% / 8.8') | $0.80 | $638.08 | | | $638.08 |
| 4 | 797.6 SF | Seal Walls (100.0% / 8.8') | $0.31 | $247.26 | | | $247.26 |
| 5 | 249.2 SF | Clean Ceiling (100.0%) | $0.25 | $62.30 | | | $62.30 |
| 6 | 249.2 SF | Paint Ceiling (100.0%) | $1.19 | $296.55 | | | $296.55 |
| 7 | 249.2 SF | Seal Ceiling (100.0%) | $0.31 | $77.25 | | | $77.25 |
| 8 | 3.0 EA | Clean Cased Opening | $5.33 | $15.99 | | | $15.99 |
| 9 | 3.0 EA | Paint / Finish Cased Opening | $21.35 | $64.05 | | | $64.05 |
| 10 | 1.0 EA | Remove Aluminum Clad Bay Window | $22.91 | $22.91 | | | $22.91 |
| 11 | 1.0 EA | Replace Aluminum Clad Bay Window | $1,570.64 | $1,570.64 | | | $1,570.64 |
| 12 | 10.0 LF | Remove and Reinstall Window Treatment | $3.33 | $33.30 | | | $33.30 |
| 13 | 6.0 LF | Clean Base Cabinetry | $4.49 | $26.94 | | | $26.94 |
| 14 | 6.0 LF | Clean Wall Cabinetry | $4.49 | $26.94 | | | $26.94 |
| 15 | 6.0 LF | Clean Countertop | $2.10 | $12.60 | | | $12.60 |
| 16 | 1.0 EA | Large Room Move/Reset Contents | $74.87 | $74.87 | | | $74.87 |
| 17 | 1046.8 SF | Cover & Protect Floors & Walls | $0.16 | $167.49 | | | $167.49 |
| | | **Totals For NE Bedroom** | | **$3,651.20** | **$0.00** | | **$3,651.20** |

**Estimate Section: Exterior**

Exterior ..... 40' x 0' x 8'

| # | Quantity | Description | Unit Cost | RCV | DEP | % | ACV |
|---|---|---|---|---|---|---|---|
| 18 | 71.1 SY | Clean Exterior Wall Stucco (100.0% / 8.0') | $2.26 | $160.69 | | | $160.69 |
| 19 | 640.0 SF | Paint Walls (100.0% / 8.0') | $0.80 | $512.00 | | | $512.00 |
| 20 | 640.0 SF | Seal Walls (100.0% / 8.0') | $0.31 | $198.40 | | | $198.40 |
| 21 | 20.0 SY | Clean Exterior Ceiling/Soffit Stucco (100.0%) | $2.26 | $45.20 | | | $45.20 |
| 22 | 20.0 SY | Paint / Finish Exterior Ceiling/Soffit Stucco (100.0%) | $5.96 | $119.20 | | | $119.20 |
| 23 | 2.0 EA | Remove Light Fixture | $6.40 | $12.80 | | | $12.80 |
| 24 | 2.0 EA | Replace Light Fixture | $90.66 | $181.32 | | | $181.32 |
| 25 | 60.0 SF | Clean Textured Finish Coat for Soffit Systems | $0.25 | $15.00 | | | $15.00 |

*** ***This is an estimate of recorded damages and is subject to review and final approval by the insurance carrier.*** ***



Form CEST-1/6.0

| | | | |
|---|---|---|---|
| INSURED | : [redacted] | [redacted] | [redacted] |
| [redacted] | : [redacted] | DATE OF LOSS | : 8/28/2015 |
| LOCATION | : 3266 SW 153RD PL | POLICY NUMBER | : [redacted] |
| | : MIAMI, FL 33185-4838 | CLAIM NUMBER | : [redacted] |
| [redacted] | : [redacted] | [redacted] | [redacted] |
| | : PO Box. 979055 | ADJUSTER NAME | : Michael Rios |
| | : Miami, FL [redacted] | | |

**Estimate Section: Exterior - Continued...**

| # | Quantity | Description | Unit Cost | RCV | DEP | % | ACV |
|---|---|---|---|---|---|---|---|
| 26 | 60.0 SF | Paint / Finish Textured Finish Coat for Soffit Systems | $0.66 | $39.60 | | | $39.60 |
| 27 | 2350.0 SF | Pressure Wash Tile Roof (100.0%) | $0.26 | $611.00 | | | $611.00 |
| | | **Totals For Exterior** | | **$1,895.21** | **$0.00** | | **$1,895.21** |

**Estimate Section: Generals**

| # | Quantity | Description | Unit Cost | RCV | DEP | % | ACV |
|---|---|---|---|---|---|---|---|
| 28 | 1.0 EA | Debris Removal | $125.00 | $125.00 | | | $125.00 |
| | | **Totals For Generals** | | **$125.00** | **$0.00** | | **$125.00** |

| | | |
|---|---|---|
| **Repair Item Totals** | **$5,671.41** | **$5,671.41** |
| General Contractor's Overhead (10.0%) | $567.14 | $567.14 |
| General Contractor's Profit (10.0%) | $567.14 | $567.14 |
| Estimate Totals With OHP | $6,805.69 | $6,805.69 |
| Applicable Sales Tax | $182.36 | $182.36 |
| Estimate Grand Totals | $6,988.05 | $6,988.05 |
| Policy Deductible | ($1,000.00) | ($1,000.00) |
| **BUILDING FINAL TOTALS** | **$5,988.05** | **$5,988.05** |

*** ***This is an estimate of recorded damages and is subject to review and final approval by the insurance carrier.*** ***

| | | | |
|---|---|---|---|
| INSURED | : [redacted] | DATE OF REPORT | : 9/16/2015 |
| CLAIMANT | : [redacted] | DATE OF LOSS | : 8/28/2015 |
| LOCATION | [redacted] | POLICY NUMBER | : [redacted] |
| | : MIAMI, FL [redacted] | CLAIM NUMBER | : [redacted] |
| COMPANY | : American Security Insurance Company | OUR FILE NUMBER | : [redacted] |
| | : PO Box. 979055 | ADJUSTER NAME | : Michael Rios |
| | : Miami, FL 33177 | | |

# ESTIMATE TOTALS

| ESTIMATE TOTAL PAGE ITEMS | RCV | DIFF | ACV |
|---|---|---|---|
| **Repair Item Totals** | **$5,671.41** | **$0.00** | **$5,671.41** |
| General Contractor Overhead (10.0%) | $567.14 | $0.00 | $567.14 |
| General Contractor Profit (10.0%) | $567.14 | $0.00 | $567.14 |
| Estimate Totals With O&P | $6,805.69 | $0.00 | $6,805.69 |
| Applicable Sales Tax<br>Rate: 7.00% (Includes M) | $182.36 | $0.00 | $182.36 |
| Estimate Grand Totals | $6,988.05 | $0.00 | $6,988.05 |
| Less Deductible | ($1,000.00) | | ($1,000.00) |
| **BUILDING FINAL TOTALS** | **$5,988.05** | **$0.00** | **$5,988.05** |

*** *This is an estimate of recorded damages and is subject to review and final approval by the insurance carrier.* ***

**Total Page**

| | | | |
|---|---|---|---|
| INSURED | : [redacted] | [redacted] | [redacted] |
| [redacted] | : [redacted] | DATE OF LOSS | : 8/28/2015 |
| LOCATION | : [redacted] | POLICY NUMBER | : [redacted] |
| | : MIAMI, FL [redacted] | CLAIM NUMBER | : [redacted] |
| [redacted] | [redacted] | [redacted] | |
| | : PO Box. 979055 | ADJUSTER NAME | : Michael Rios |
| | : Miami, FL 33177 | | |

# DETAILED TRADE BREAKDOWN

| TRADE/SUBTRADE CLASSIFICATION | | | RCV | DEP | ACV |
|---|---|---|---|---|---|
| **1.0** | **GENERAL CONDITIONS** | | **$1,658.05** | **$0.00** | **$1,658.05** |
| | 1.1 | DEBRIS REMOVAL | $125.00 | $0.00 | $125.00 |
| | 1.2 | CLEANING | $1,290.69 | $0.00 | $1,290.69 |
| | 1.4 | PROTECTION | $167.49 | $0.00 | $167.49 |
| | 1.10 | CONTENTS MOVING | $74.87 | $0.00 | $74.87 |
| **2.0** | **SITE WORK** | | **$22.91** | **$0.00** | **$22.91** |
| | 2.1 | BUILDING DEMOLITION | $22.91 | $0.00 | $22.91 |
| **8.0** | **DOORS AND WINDOWS** | | **$1,570.64** | **$0.00** | **$1,570.64** |
| | 8.5 | METAL WINDOWS | $1,570.64 | $0.00 | $1,570.64 |
| **9.0** | **FINISHES** | | **$2,192.39** | **$0.00** | **$2,192.39** |
| | 9.7 | PAINTING / STAINING | $1,669.48 | $0.00 | $1,669.48 |
| | 9.20 | MISCELLANEOUS FINISHES | $522.91 | $0.00 | $522.91 |
| **12.0** | **FURNISHINGS** | | **$33.30** | **$0.00** | **$33.30** |
| | 12.3 | WINDOW TREATMENTS | $33.30 | $0.00 | $33.30 |
| **16.0** | **ELECTRICAL** | | **$194.12** | **$0.00** | **$194.12** |
| | 16.3 | LIGHT FIXTURES | $194.12 | $0.00 | $194.12 |
| **ALL TRADES TOTAL** | | | **$5,671.41** | **$0.00** | **$5,671.41** |

**The estimate totals displayed in the above trade appendix do not reflect the final estimate totals. Please refer to the Estimate Totals Page printout for the complete and final totals for this estimate.**

| | | | |
|---|---|---|---|
| INSURED | : [redacted] | DATE OF REPORT | : 9/16/2015 |
| [redacted] | : [redacted] | DATE OF LOSS | : 8/28/2015 |
| | : [redacted] | POLICY NUMBER | : [redacted] |
| | : MIAMI, FL | CLAIM NUMBER | : |
| [redacted] | [redacted] Company | OUR FILE NUMBER | : [redacted] |
| | : PO Box. 979055 | ADJUSTER NAME | : Michael Rios |
| | : Miami, FL 33177 | | |

# ESTIMATE SUMMARY TOTALS

| AREA/GROUP DESCRIPTION | RCV | DEP | ACV |
|---|---|---|---|
| **Building Estimate** | | | |
| NE Bedroom | $3,651.20 | $0.00 | $3,651.20 |
| Exterior | $1,895.21 | $0.00 | $1,895.21 |
| Generals | $125.00 | $0.00 | $125.00 |
| **ESTIMATE TOTALS:** | **$5,671.41** | **$0.00** | **$5,671.41** |

**The estimate summary totals displayed in the above appendix do not reflect the final estimate totals. Please refer to the Estimate Totals Page printout for the complete and final totals for this estimate.**

1827997

*Providing Insurance and Financial Services*
*Home Office, Bloomington, IL*

State Farm

March 13, 2019

Chrysler Group LLC
1000 Chrysler Dr
Clms 485-13-32
Auburn Hills MI 48326-2766

**State Farm Claims**
P.O. Box 52250
Phoenix AZ 85072-2250

RECEIVED
MAR 22 2019
CCRG
Office of the General Counsel

RE: Claim Number: [redacted]1
Date of Loss: 03/12/2019
City/State of Loss: [redacted]
[redacted]
Vehicle: 2014 Chrysler TOWN CNTRY
VIN: 2C4RC1B[redacted]
Mileage: 120,000

To Whom It May Concern:

This notice is to advise of a loss that occurred to our insured's vehicle. Our preliminary investigation indicates Chrysler Group LLC may be responsible for this loss. Please consider this as our notice of possible subrogation and our notice to you of the opportunity to schedule an inspection of the vehicle.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer.

However, you neither authorized nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Your cooperation is appreciated. If you should have any questions, or would like to set up and appointment to inspect evidence/salvage, please contact me.

Sincerely,

Donna Fearing
Claim Specialist
(855) 341-8184
Fax: (855) 666-0964

State Farm Mutual Automobile Insurance Company

cc: [redacted]x

Nationwide®

Date prepared September 6, 2017
Notice of loss date August 15, 2017
*Claim number* [redacted]
Policy number [redacted]29

Questions? Contact Claims Associate
Kathleen Styer
STYERK@nationwide.com
Phone 315-453-3587
Fax 855-664-5338

9/8

FCA
Attn: SI Dept
CLMS 485-13-32
1000 Chrysler Dr
Auburn Hills, MI [postal code]

RECEIVED
SEP 13 2017
CCRG
Office of the General Counsel

## Claim details

Insurer: Nationwide Mutual Insurance Company
Policyholder: [redacted]
Claimant:
Claim number:
Loss date:
Vehicle: 2016 Chrysler Town & Country, VIN: 2C4RC1C[redacted]

Dear FCA ,

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

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

Thank you for your prompt attention to this matter.

## *For more information*

If you have any questions or concerns, please contact me at 315-453-3587 or STYERK@nationwide.com.

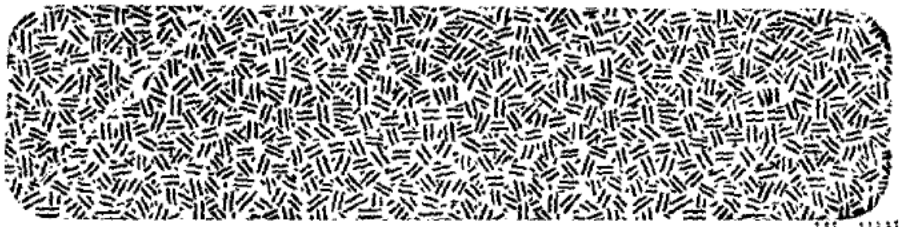
Sincerely,

Kathleen Styer
Nationwide Mutual Insurance Company
One Nationwide Gateway
Des Moines, IA 50391-5595


**National Recovery**
1100 Locust Street, Dept 2019
Des Moines, IA 50391-2019

SYRACUSE
NY 130
08 SEP '17
PM 1 L

[redacted]

48325-276600

[redacted]

1328500

*Providing Insurance and Financial Services*
*Home Office, Bloomington, IL*

State Farm®

March 19, 2019

Chrysler Group Llc
1000 Chrysler Drive
Clms 485-13-32
Auburn Hills MI 48326

**State Farm Claims**
P.O. Box 52250
Phoenix AZ 85072-2250



RE: Claim Number: [redacted]
Date of Loss: [redacted]
City/State of Loss: Niles, MI
Insured: [redacted]
Vehicle: 2014 Chrysler TOWN CNTRY
VIN: 2C4RC1BG[redacted]
Mileage: 105,000

To Whom It May Concern:

This notice is to advise of a loss that occurred to our insured's vehicle. Our preliminary investigation indicates Chrysler Group LLC may be responsible for this loss. Please consider this as our notice of possible subrogation and our notice to you of the opportunity to schedule an inspection of the vehicle.

The vehicle is being held at an offsite location in Portland, MI and is available for your inspection by appointment only. There is no authorization to inspect this vehicle outside the presence of the State Farm® representative.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer.

However, you neither authorized nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Your cooperation is appreciated. If you should have any questions, or would like to set up and appointment to inspect evidence/salvage, please contact me.

[redacted]

FARMERS INSURANCE

Toll Free: (800) 435-7764
Email: myclaim@farmersinsurance.com
National Document Center
P.O. Box 268992
Oklahoma City, OK 73126-8992
Fax: (877) 217-1389

06/27/2016

Fca North America
Attn: Special Investigations
Po Box 21-8004
Auburn Hills, MI 48321-8004

| | |
|---|---|
| Our Insured: | [redacted] |
| Our Claim #: | [redacted] |
| Date of Loss: | 04/13/2016 |
| Your Claim #: | VIN 2C4RC1B[redacted] |
| Deductible Amount: | $0.00 |
| Total Amount Owed: | $1,017.54 |

Dear Special Investigations,

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

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]

Jon Crenshaw
Litigation Claims Representative
Farmers Insurance Company of Oregon
630-907-6943
jon.crenshaw@farmersinsurance.com

W217P19B

# Payment Log

FARMERS INSURANCE

**Claim Number:** [redacted]

**Date of Loss:** 04/13/16

**Insured's Name:** [redacted]

| Benefit Type : | Medical | | | | | |
|---|---|---|---|---|---|---|
| **Check Number** | **Service From Date** | **Service To Date** | **Payee** | **Date Issued** | **Date Paid** | **Benefit Paid** |
| [redacted] | 04/13/16 | 04/13/16 | MERCY MEDICAL CENTER INC | 05/27/16 | 06/01/2016 | $403.20 |
| | 04/13/16 | 04/13/16 | MERCY MEDICAL CENTER INC | 05/27/16 | 06/01/2016 | $403.20 |
| | 04/13/16 | 04/13/16 | CEP AMERICA LLC | 05/27/16 | 06/01/2016 | $105.57 |
| | 04/13/16 | 04/13/16 | CEP AMERICA LLC | 05/27/16 | 06/01/2016 | $105.57 |
| | 04/13/16 | 04/13/16 | MERCY MEDICAL CENTER INC | | | $0.00 |

| Benefit Type Total | $1,017.54 |
|---|---|

| Total Amount | $1,017.54 |
|---|---|