BARRY J. BERAN
ATTORNEY AT LAW

BARRY J. BERAN

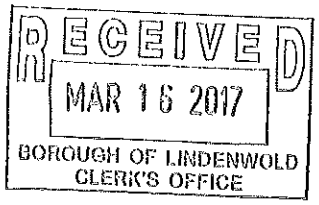
ALSO MEMBER PENNSYLVANIA BAR

BUILDING C - SUITE ONE
102 BROWNING LANE
(at Haddonfield-Berlin Road)
CHERRY HILL, NEW JERSEY 08003

(856) 428-9002
Fax (856) 795-1242
Bjberanlaw@aol.com

GLOUCESTER CITY OFFICE
104 S. BROADWAY
GLOUCESTER CITY, NEW JERSEY 08030

March 15, 2017



Deborah C. Jackson, Clerk
Borough of Lindenwold
15 N. White Horse Pike
Lindenwold, NJ 08021

RE: Stephanie Miller v. Borough of Lindenwold

Dear Ms. Jackson:

Per your letter of March 2, 2017, I enclose my client's completed 29-question informational form which I have signed on her behalf.

Kindly contact me if you have any additional questions or would like to discuss this matter at any time. Thank you.

Very truly yours,

BARRY J. BERAN

BJB/dv
Enclosure

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Stephanie Miller

Date of Birth: 4/24/62

Address: 828 Blackwood-Clementon Rd.
Apt. # 188
Pine Hill, NJ 08021

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: Barry J. Beran, Esquire

Telephone: (856) 428-9002

Address: 102 Browning Lane
Building C - Suite 1
Cherry Hill, NJ 08003

Fax: (856) 795-1242

File No.: Stephanie Miller

Send Notices to: D Claimant (D Attorney)

INFORMATION ON THE CLAIMANT

1. Stephanie Miller.
   Apt. 188
   828 Blackwood-Clementon Road
   Pine Hill, NJ 08021
   Claimant is divorced and does not reside with anyone at her household.

2. Claimant has lived alone at the above address for 10 years and no one else has resided with her.

3. February 24, 2107 at 12:46 P.M,; Gibbsboro Road, Lindenwold, NJ; weather was sunny.

4. Claimant was operating her vehicle on Gibbsboro Road when she was struck on the passenger side by a police vehicle at a controlled intersection. Claimant had the green light; the police vehicle came through the red light.

5. Except for police officer driving the vehicle, there wee no witnesses to claimant's knowledge.

6. Lindenwold Police officer operating police vehicle.

7. None.

8. None.

9. None.

10. None.

11. None to my knowledge. Copies of pictures of property damage are attached.

12. Claimant went to the Lindenwold Police Department on March 3, 2017 and spoke to Sgt. Kayden to write a statement of the accident. No police officer came to the hospital to take her statement after the accident. Claimant was given claim no.: 2017-03415 by the Lindenwold Police Department for this accident.

13. $1,000,000.00 for medical treatment, lost wages, property damage, pain and suffering; reservation to increase said amount should circumstances warrant.

14. Police report and property damage estimate to be provided.

15. Borough of Lindenwold.

PROPERTY DAMAGE CLAIM

16. Property damage statement from Penn National Insurance Company will be provided when received. Vehicle has been declared "totaled".

PERSONAL INJURY CLAIMS

17. Letter dated February 28, 2017 by attorney Barry J. Beran, Esquire, advising of the Notice of Claim pursuant to Tort Claims Act.

18. Closed head injury; headaches; memory loss; overall soreness and stiffness in neck, back, shoulders, chest, abdomen, legs, arms, hands, feet, hips, ocular problems; anxiety problems; overall soreness ans stiffness; internal medical issues.

19. To be determined in the future.

20. Cooper Hospital, Camden, NJ.

21. Kennedy Memorial Hospital, Stratford, NJ; Cooper Hospital, Camden, NJ; multiple x-rays and CT scans; medical records to be supplied.

22. Michael S. Kocinski, D.O., 1210 Brace Road, Suite 102, Cherry Hill, NJ 08034. Joseph Clements, D.C., Adanced Chiropractic Associates, 429 White Horse Pike, Atco, NJ 08004.

23. Gulf War Syndrome, including but not limited to nervous system problems, chronic fatigue.

24. Fibromyalgia; headaches; chronic fatigue; Gulf War Syndrome issues; post-traumatic Stress Syndrome.

25. None at present.

26. To be supplied.

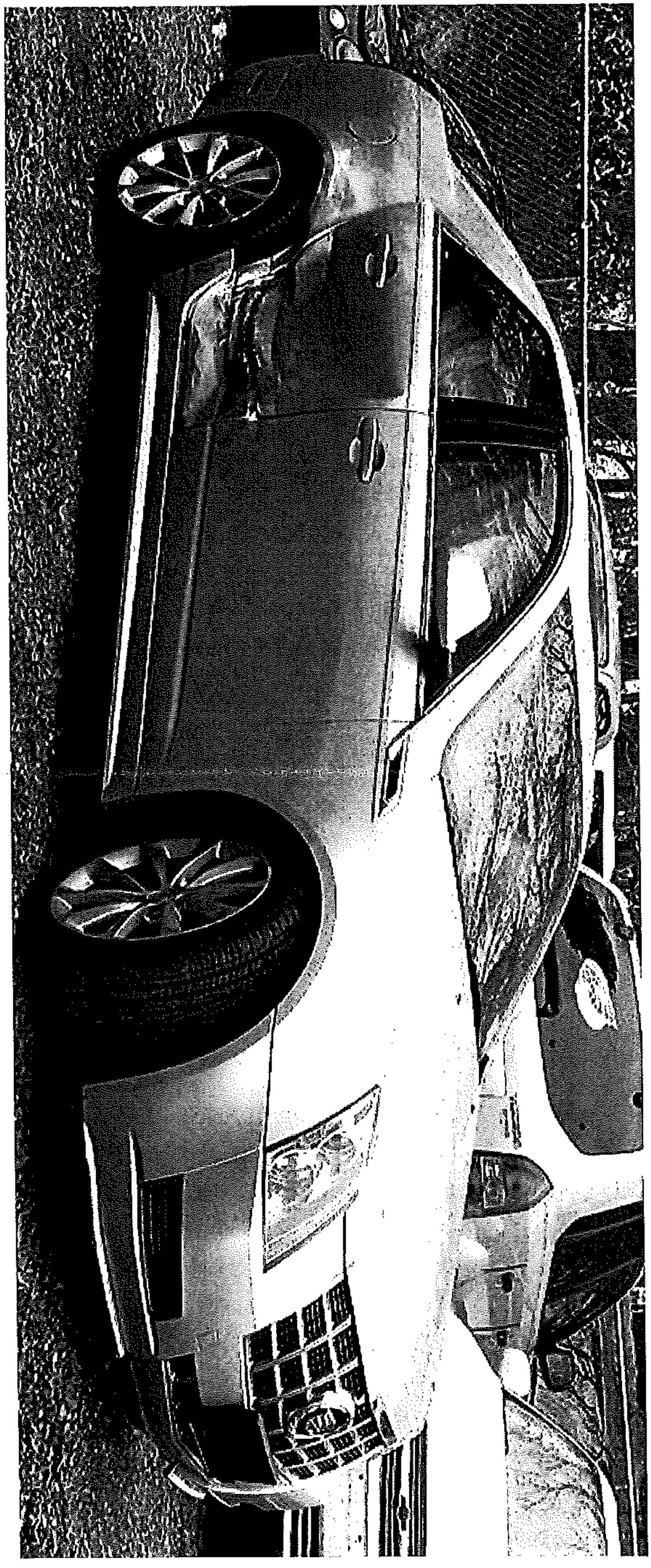
27. Disabled Gulf War veteran.

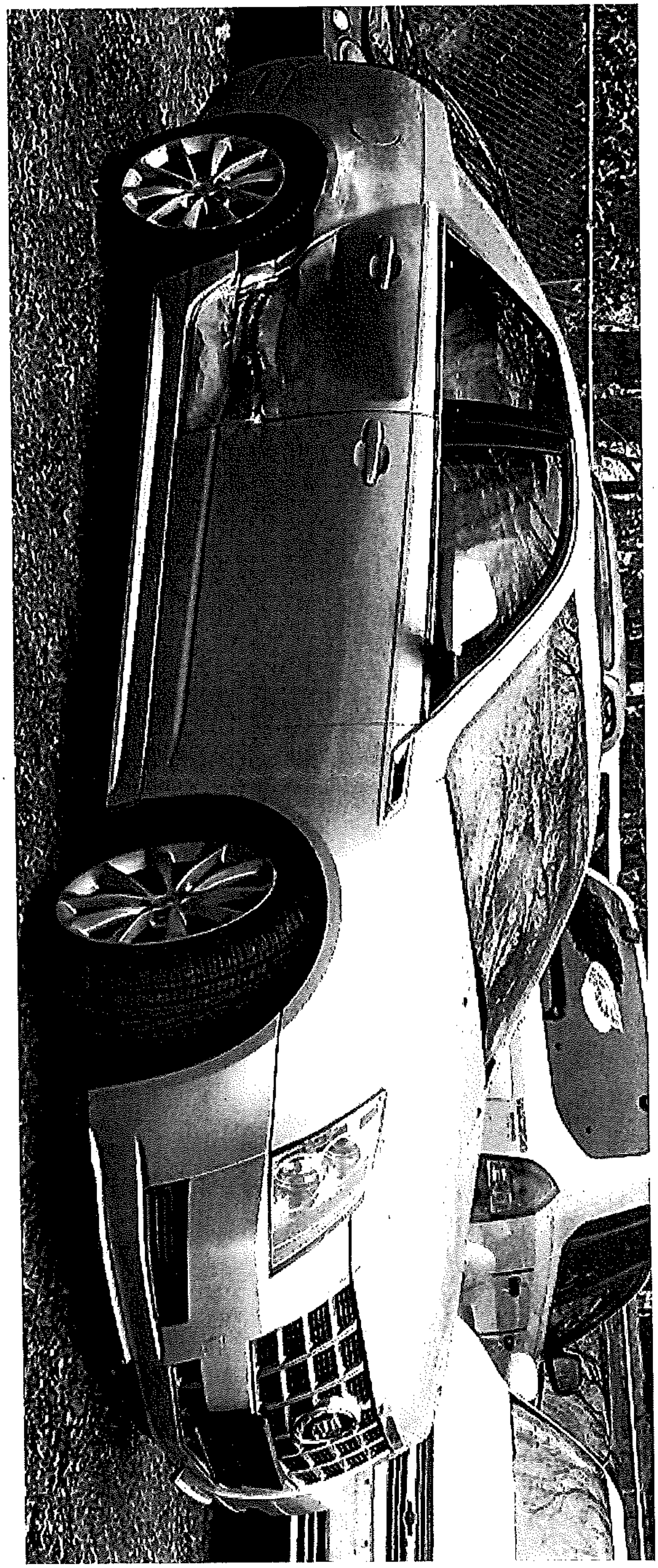
28. None.

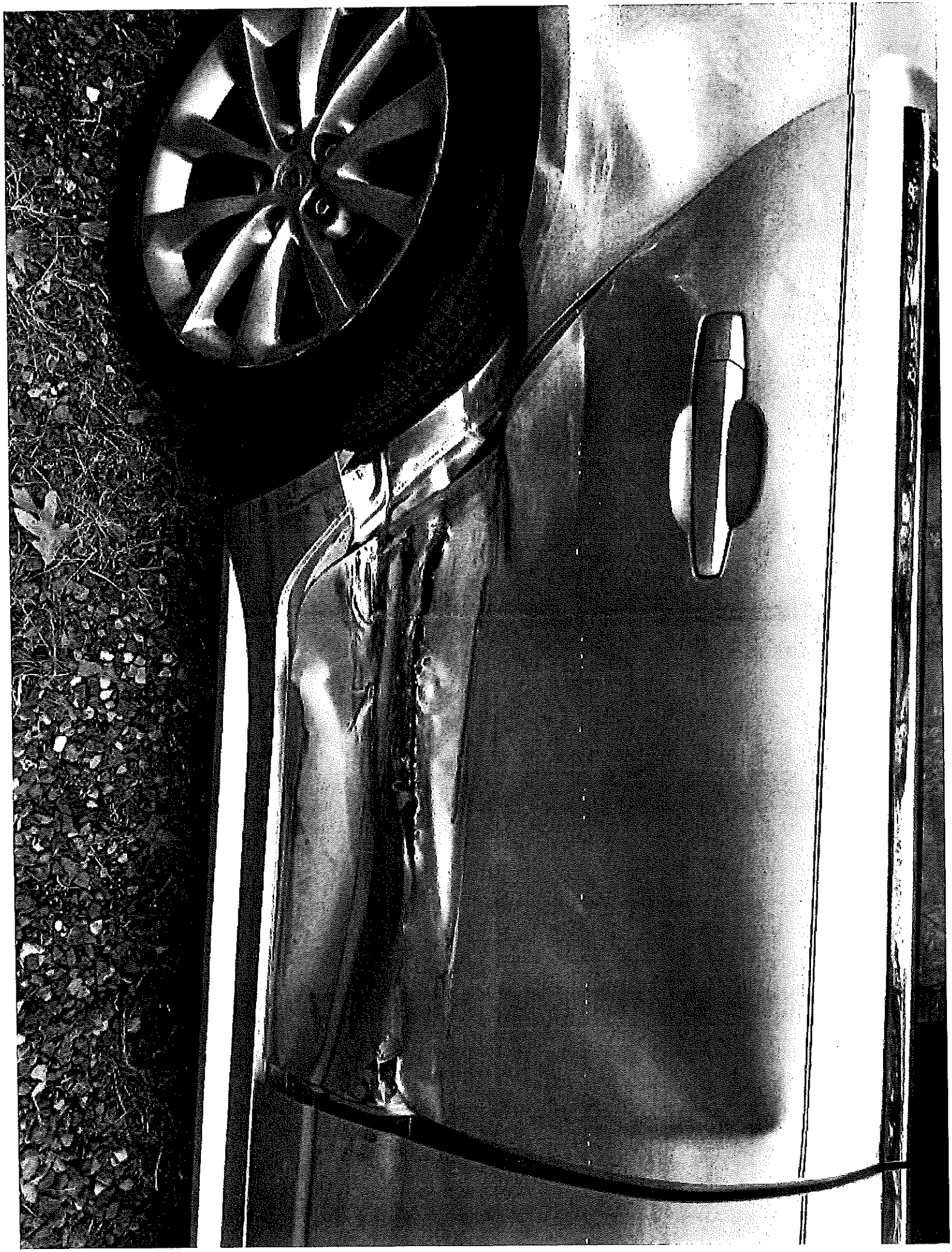
29. None.

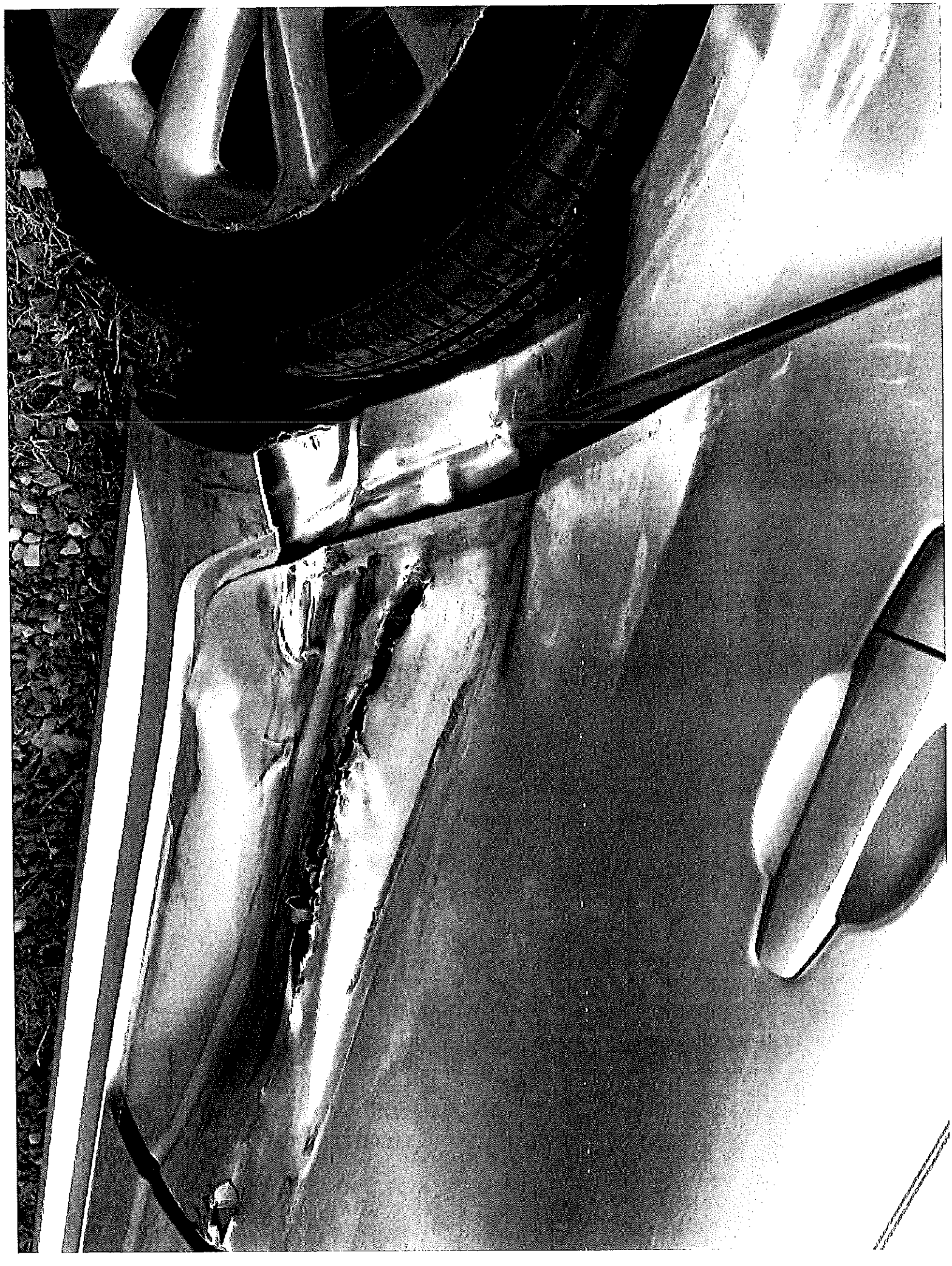
Signature of Claimant's Representative: _____ ***Date:*** 3/15/17

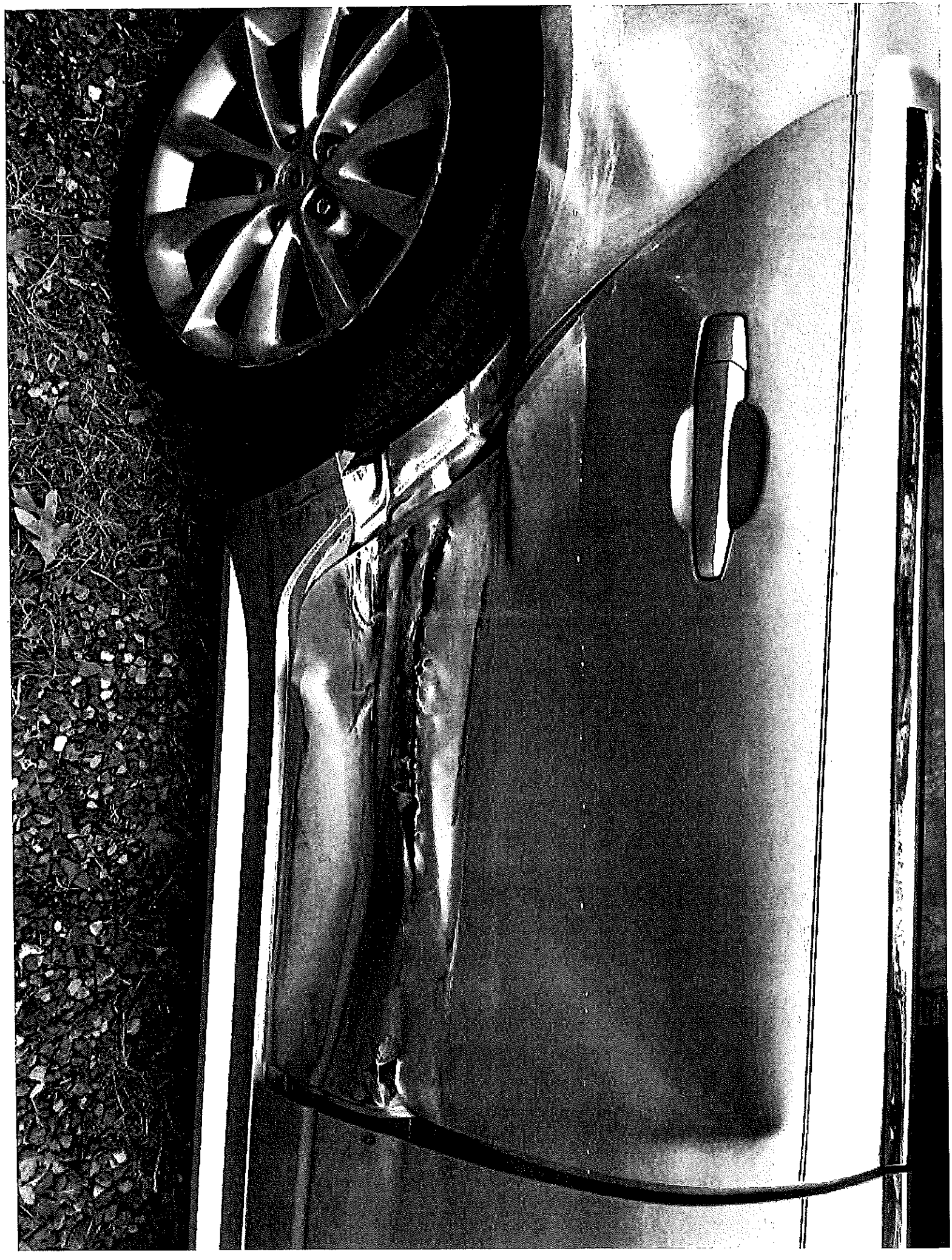
Barry J. Beran, Esquire

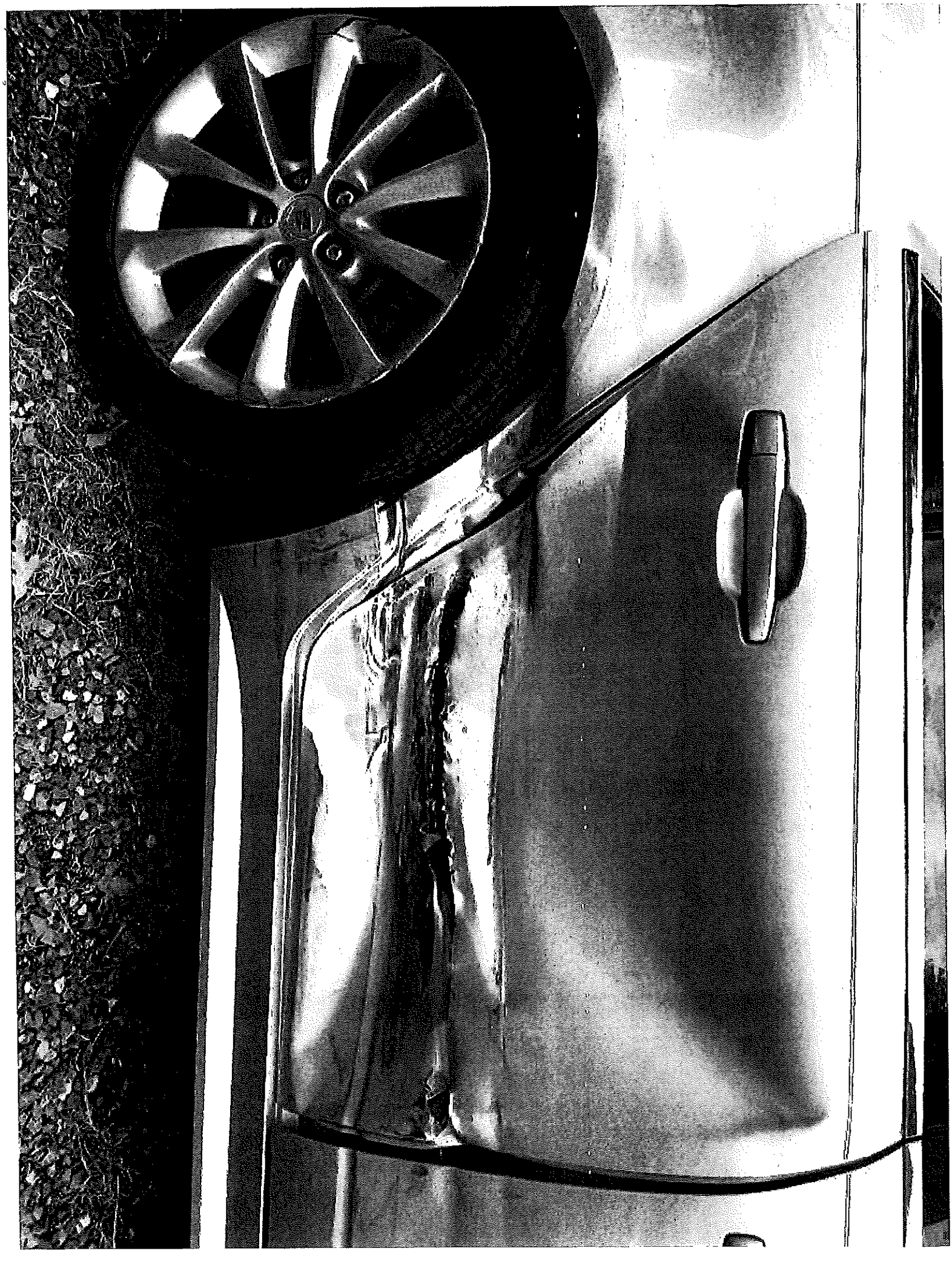


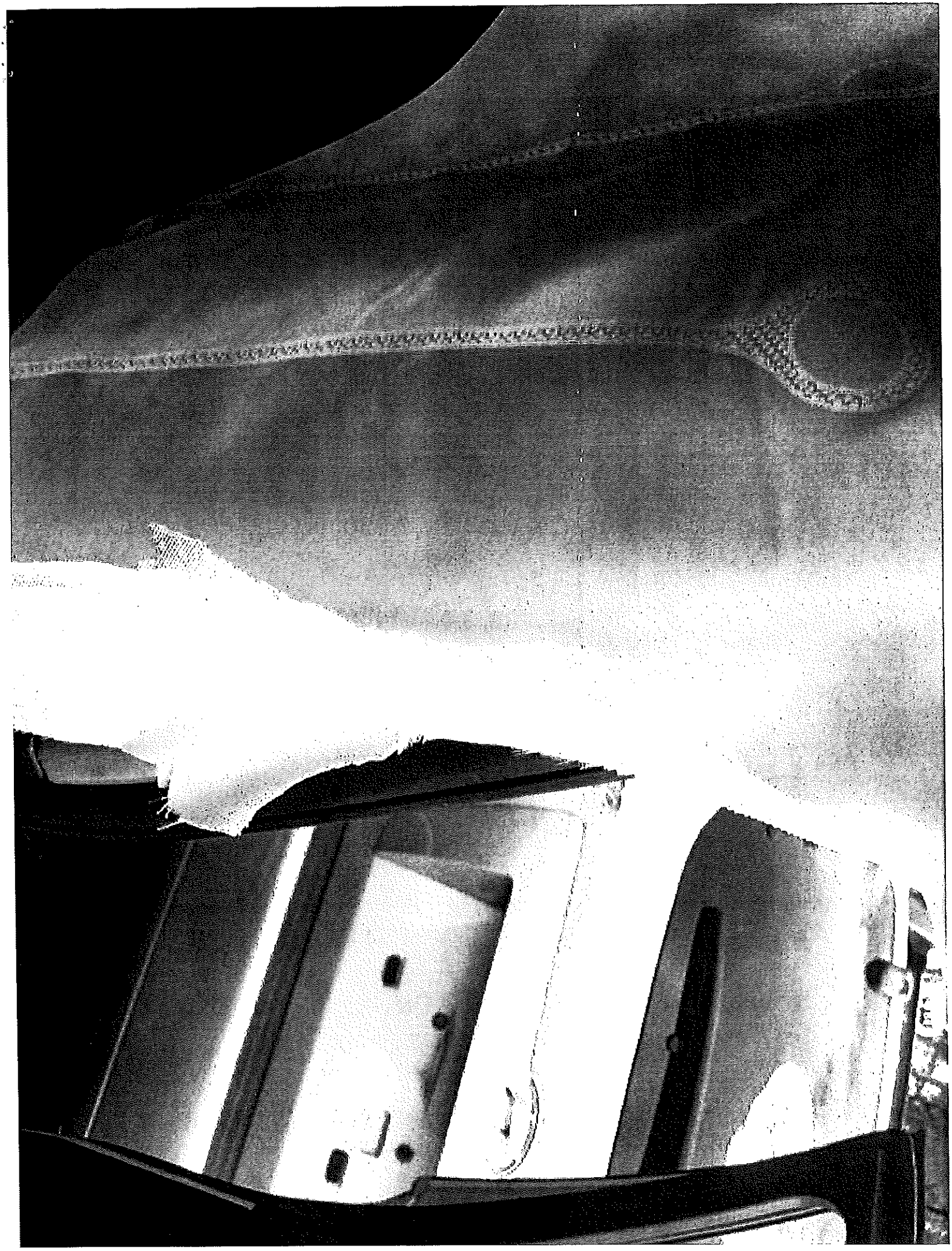












FARMERS INSURANCE

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

09/11/2017

Borough Of Lindenwold
Attn: Deborah Jackson
15 North White Horse Pike
Lindenwold, NJ 08021

Re: Our Insured:	Ellen Vanfossen
Our Claim #:	099 SUB 3009267238-1
Insured Driver:	Ellen Vanfossen
Date of Loss:	08/18/2017
Your Insured:	David Aune
Your Claim #:	
Deductible Amount:	$500.00
Loss of Use Amount:	$600.00
Rental Amount:	$0.00
Total Amount Owed:	$3,336.96

Dear Deborah Jackson:

Our investigation has established that the above loss was caused by your negligence or someone employed by you. It has been determined that you are responsible for all or part of the material damage, bodily injury, property damage, medical, and/or related expense payments paid on our insured's behalf. The current amount we have paid on our insured's behalf may increase or decrease due to additional bodily injury, property damage, medical and/or other related expense payments. The amount for which we are seeking reimbursement for property damage is $3,336.96.

You have the right to dispute any or all of our claim. **If you do not dispute it within seven (7) days of receiving this letter, Mid-Century Insurance Company will assume that it is valid.**
Be advised that no partial payment, which is less than the full amount, will be considered in any way an acceptance of benefits, a novation or an accord and satisfaction of this claim without the 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 estopped due to a partial payment by you.

If you need additional support for our claim or require further information, please contact me.
Please send payment to:

National Document Center
PO Box 268992

A1Q0HLV8

Oklahoma City, Ok 73126

Sincerely,

S. Burnett

Shelby Burnett
Auto Triage Subrogation Representative
Mid-Century Insurance Company
616-803-7634
shelby.burnett@farmersinsurance.com

A1Q0HLV8

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Mid-Century Insurance ASO: Ellen Vanfossen Date of Birth: N/A

Address: P.O. Box 268994 Telephone: [redacted]

Oklahoma City, Oklahoma 73126

ATTORNEY INFORMATION (If Applicable)

Name: N/A Telephone: N/A

Address: N/A Fax: N/A

N /A File No.: N/A

Send Notices to: **D Claimant** D Attorney

A1Q0HLV8

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Lindenwold.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the:

Deborah Jackson
Borough of Lindenwold
15 N. White Horse Pike
Lindenwold, NJ 08021

NOTE CAREFULLY: Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the Borough of Lindenwold. Failure to provide the information requested, including such responses as "to Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable."

It you are unable to answer any questions because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the Township.

"Documents" shall refer to any written, photographic, or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the Borough of Lindenwold along with any agent, official, or employee of the Borough of Lindenwold against whom a claim is asserted by the Claimant.

NOTE: That the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or public employee.

If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

D Any other name by which the claimant is known.

Claims Adjuster: Shelby Burnett

D Address at the time of the incident giving rise to the claim.

PO Box 268994 Oklahoma City, Oklahoma 73126

D Marital Status: at the time of the incident ___N/A_____

currently _____N/A_____

D Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

N/A

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, of any of the persons to the Claimant.

N/A

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

8/18/2017 9:30AM
Chews Landing Road near W. Park Avenue

4. Provide the Claimant's complete version of the events that form the basis of the claim.

Mid-Century insured was at a stop sign at the intersection. Insured began to make safe left hand turn and noticed the Borough of Lindenwold employee approaching intersection behind her at high rate of speed and applied her brakes to avoid impact. Mid-Century insured was struck on passenger side rear by Borough of Lindenwold employee.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

N/A

6. Identify all public entities or public employees (by name and position) alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

David Aune. Borough of Lindenwold. Collided with Mid-Century insurance vehicle in rear.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition, and the manner in which you claim the condition caused the injury.

This claim is for property damage only, no injury claim.

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

N/A

9. If you or any other party or witness consume any alcoholic beverages, drugs or medications within twelve hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.

N/A

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

Estimate paid by insurance: 2,236.96
Deductible: $500
Rental: $600

11. If any photographs, sketches, charts, or maps were made with respect to anything which is the subject matter of the Claim, state the date thereof, the names and addresses of the persons making the maps and of the persons who

have present possession thereof Attach copies of any photographs, sketched, charts or maps.

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

No recorded statements have been made by any party at the filing of this claim.

13. State the total amount of your claim and the basis on which you calculated the amount claimed.

$3,336.96

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

PROPER TY DAMAGE CLAIM

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None."

Rear Bumper:Scratched. Rear Bumper:Dented. Passenger Rear Tail Light Turn Signal:Scratched or Shattered.

Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to last page of this form.

D Initials: Hawkley 180: Ellen Vanfossen

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

18. Describe in detail the nature, extent and duration of any and all injuries.

19. Describe in detail any injury or condition claimed to be permanent.

20. If confined to any hospital, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

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21. If x-rays were taken, state (a) the address of the place where each was taken, (b) the name and address of the person who took them, (c) the date when each was taken, (d)what each disclosed, (e)where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments were treatments are continuing, (c) the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor whom you propose to have testify on your behalf.

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movement, hearing or sight, state in detail, the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

25. If any treatments, operations, or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation, or surgery, (b) the purpose thereof and the results anticipated or expected, (c) the name and address of the doctor who recommended the treatments operations or surgery, (d) the name and address of doctor who will administer or perform the same, (e) the estimated medical expenses to be incurred, (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence, (g) all other losses or expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

26. Itemize any and all expenses incurred for hospital, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer, (b) position held and the nature of the work performed, (c) average weekly wages for the year prior to the injury, (d) period of time lost from employment, giving dates, (e)amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, workers' compensation, disability income, social security and income continuation insurance.

28. If other loss of income, profit or earnings is claimed, state (a) total amount of loss, (b) give a complete detailed computation of the loss, (c) the nature and dates of the loss.

29. If you are claiming lost wages state (a) the date that the employment began, (b) the name and address of the employer, (c) the position held and the nature of the work performed, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the year.

DOCUMENT REQUEST: Provide all documents identified in your answers to the above questions.
CERTIFICATION: I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Signature of Claimant: _____ **Date:** _____

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name_____ **Social Security Number** _____

Address _____ **Claim Number** _____

_____

You are hereby authorized and requested to disclose, make available and furnish to:

---

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof

Approximate date of admission to hospital, first examination, treatment of consultation:

A photocopy of this release form, bearing a photocopy of my signature shall constitute your authorization for the release of the information in accordance with the request made to you.

Signature: _____ **Date:** _____

For Customer Support refer to the appropriate platform below:

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

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

Lexis.com
Law Firm accounts
800-543-6862

PAGE COUNT: 3

CLIENT : 207857
DIVISION : GB
ADJUSTER : USWENW03
CLAIM : 3009267238

TRANSACTION # : 664565181
DATE : 08/22/2017

DATE OF LOSS : 08/18/2017 TIME OF LOSS : 09:30:00
STREET :
CITY :
COUNTY :
STATE : NJ

INVESTIGATING AGENCY : LINDENWOLD PD
REPORT NUMBER :
REPORT TYPE : Auto Accident
PARTY 1 : ELLEN VANFOSSEN
PARTY 2 :
PARTY 3 :

CAR : ODYSSEY VAN TOU MAKE : HONDA YEAR : 2006
TAG :

DRIVER LICENSE : [redacted]
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number	2017-12493
2. Police Dept. of / Code	LINDENWOLD BOROUGH / 01
3. Station/Precinct	DIST.22
4. Date of Crash (mm dd yy)	08/16/17
5. Day of Week	FRI
6. Time (use 2400 hrs.)	0927
7. Municipality Code	422
8. Total Killed	0
9. Total Injured	0
10. Crash Occurred On: Road Name	CHEWS LANDING ROAD
Dir	--
11. Speed Limit	25
12. Route No. / Suffix	683 / --
13. Milepost	--
14.	--
15.	--
16.	--
17. Cross Road Name/Route No.	W. PARK AVENUE
18. Speed Limit	25
19. Ramp	☐ To: -- ☐ From: --
20. Route Name/Route No.	--
21. Latitude	--
22. Longitude	--

☒ At Intersection with ☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W ☐ NB ☐ EB ☐ SB ☐ WB

Driver 1

23. Veh. #	01
24. Policy No.	191172513
25. NJ Ins. Code	003
☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run	
26. Driver's First Name / Initial / Last Name	ELLEN / T / VANFOSSEN
29. Sex	F
27. Number & Street	8 QUEEN ANN CT
28. City / State / Zip	MARLTON / NJ / 08053-2834
30. Eyes / DL Class / Restrictions / Endorsements / 31. State	04 / A / 0 / 0 / NJ
32. Driver's License Number	[redacted]
33. DOB (mm dd yy)	12/19/61
34. Expires (mm yy)	02/20
35. Owner's First Name / Initial / Last Name	☒ Same As Driver ELLEN T VANFOSSEN
36. Number & Street	8 QUEEN ANN CT
37. City / State / Zip	MARLTON / NJ / 08053-2834
38. Make / 39. Model / 40. Color / 41. Year / 42. Plate No. / 43. State	HON / ODY / SL / 2006 / WAV22P / NJ
44. VIN / 45. Expires	5FNRL38666B098692 / 08/18
46. Vehicle Removed to:	--
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
47. Authority	☒ Owner ☐ Driver ☐ Police
48. Alcohol Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. -- % ☐ Pending
49. Hazardous Material	☒ None ☐ On Board ☐ Spill -- / -- Hazard Class / Placard No.
60. Carrier No.	☐ USDOT -- ☒ None ☐ MC/MX --
61. GVWR / GCWR (trucks & buses only)	☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > 26,001 lbs.
52. Motor Carrier or Government Entity	--
Number & Street	--
City / State / Zip	-- / -- / --

Driver 2

53 Veh. #	02
54. Policy No.	SELF INSURED
55. NJ Ins. Code	06-97
☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run	
56. Driver's First Name / Initial / Last Name	DAVID / M / AUNE
59. Sex	M
57. Number & Street	59 FIRST AVENUE
58. City / State / Zip	LINDENWOLD / NJ / 08021-3405
60. Eyes / DL Class / Restrictions / Endorsements / 61. State	05 / A / 0 / 0 / NJ
62. Driver's License Number	[redacted]
63. DOB (mm dd yy)	03/04/87
64. Expires (mm yy)	09/16
65. Owner's First Name / Initial / Last Name	☐ Same As Driver BOROUGH OF LINDENWOLD
66. Number & Street	2001 EGG HARBOR ROAD
67. City / State / Zip	LINDENWOLD / NJ / 08021
68. Make / 69. Model / 70. Color / 71. Year / 72. Plate No. / 73. State	FOR / F45 / RD / 2012 / MG91B62 / NJ
74. VIN / 75. Expires	1FDUF4HY8CEB43193 / 04/18
76. Vehicle Removed to:	--
	☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
77. Authority	☐ Owner ☒ Driver ☐ Police
78 Alcohol Drug Test	Given: ☒ No ☐ Yes ☐ Refused Type: ☐ Breath ☐ Blood ☐ Urine Results: 0. -- % ☐ Pending
79. Hazardous Material	☒ None ☐ On Board ☐ Spill -- / -- Hazard Class / Placard No.
80. Carrier No.	☐ USDOT -- ☒ None ☐ MC/MX --
81. GVWR / GCWR (trucks & buses only)	☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > 26,001 lbs.
82. Motor Carrier or Government Entity	--
Number & Street	--
City / State / Zip	-- / -- / --

135. Damage To Other Property ☐ Yes (If Yes, describe) ☒ No

N/A

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
1	0	0	2	0	0
--	--	--	--	--	--
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A	1	01	01	--	55	F	--	--	01	04	04	--	--	VANFOSSEN, ELLEN T, 8 QUEEN ANN CT, MARLTON, NJ 08053-2834
B	2	01	01	--	30	M	--	--	01	04	04	--	--	AUNE, DAVID M, 59 FIRST AVENUE, LINDENWOLD, NJ 08021-3405
C	--	--	--	--	--	--	--	--	--	--	--	--	--	--
D	--	--	--	--	--	--	--	--	--	--	--	--	--	--

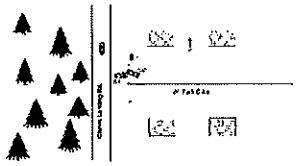
NJTR-1 (Rev. 01/17)

New Jersey Police Crash Investigation Report	Case Number 2017-12493	Page 2 of 2

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
E	--	--	--	--	--	--	--	--	--	--	--	--	--	--
F	--	--	--	--	--	--	--	--	--	--	--	--	--	--
G	--	--	--	--	--	--	--	--	--	--	--	--	--	--
H	--	--	--	--	--	--	--	--	--	--	--	--	--	--
I	--	--	--	--	--	--	--	--	--	--	--	--	--	--
J	--	--	--	--	--	--	--	--	--	--	--	--	--	--

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/ Narrative

The driver of vehicle #1 stated she was at a stop sign at the intersection of W. Park Drive and Chews Landing Road. It appeared there was no traffic approaching so she began a left turn onto Chews Landing Road. Once she moved forward a few feet she observed a vehicle approaching her on Chews Landing Road at a high rate of speed. She applied her brakes and was struck on the passenger side tail light by vehicle #2.

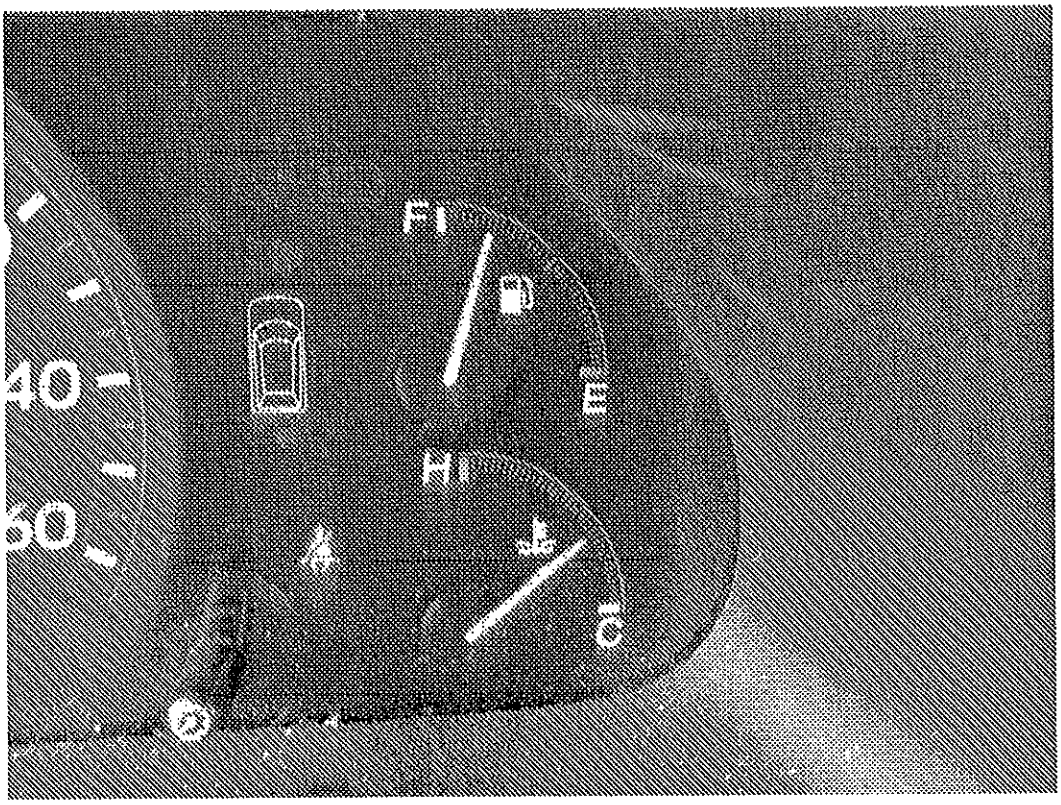
The driver of vehicle #2 stated he was behind vehicle #1. Vehicle #1 began to accelerate onto Chews Landing Road so he began to move forward. Vehicle #1 suddenly stopped and he accidently struck vehicle #1 on the rear passenger side tail light.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
BAILEY, GLENN	98	WILLIAMS, SEAN	54	COMPLETE

NJTR-1 (Rev. 01/17)

RT qtr taul light pocket

Claim Reference Id: 3009267238-1-2
File Name: PHOTO1
File Date: 08/21/2017
Label: RT qtr taul light pocket
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Mariton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



Fuel

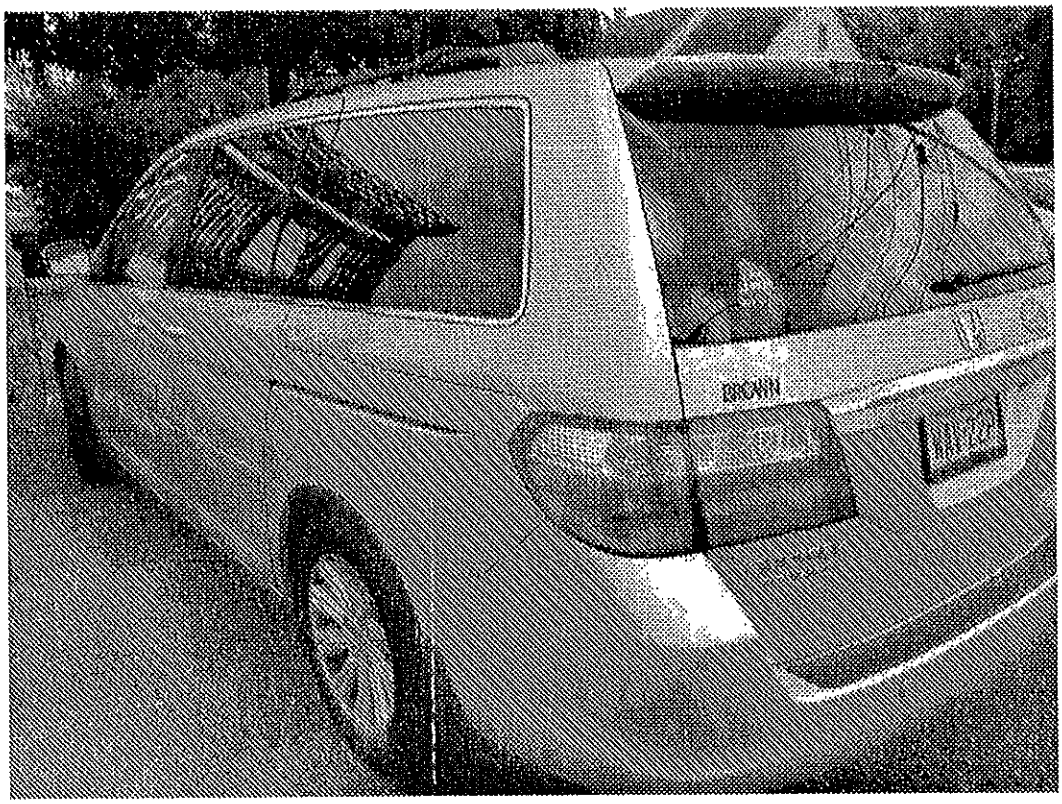
Claim Reference Id: 3009267238-1-2
File Name: PHOTO2
File Date: 08/21/2017
Label: Fuel
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

RT qtr

Claim Reference Id: 3009267238-1-2
File Name: PHOTO3
File Date: 08/21/2017
Label: RT qtr
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

Right Rear

Claim Reference Id: 3009267238-1-2
File Name: PHOTO4
File Date: 08/21/2017
Label: Right Rear
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



Left Rear

Claim Reference Id: 3009267238-1-2
File Name: PHOTO5
File Date: 08/21/2017
Label: Left Rear
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

Photo 05

Claim Reference Id: 3009267238-1-2
File Name: PHOTO6
File Date: 08/24/2017
Label: Photo 05
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

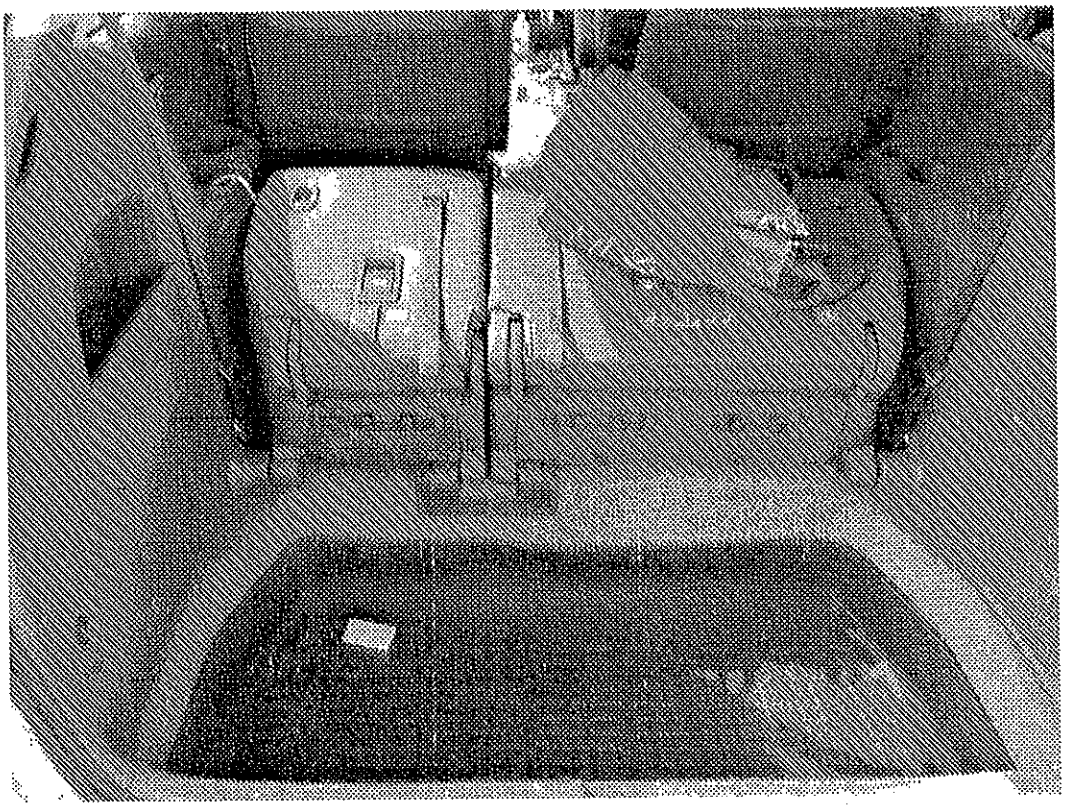
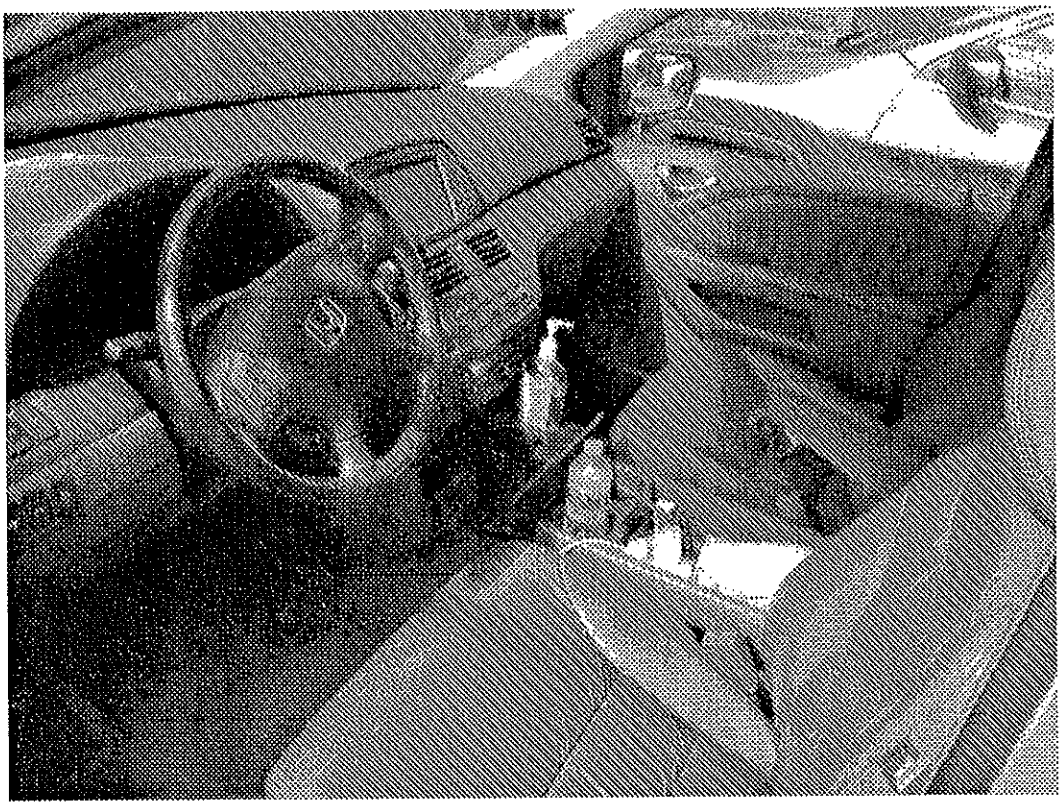


Photo 04

Claim Reference Id: 3009267238-1-2
File Name: PHOTO7
File Date: 08/23/2017
Label: Photo 04
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



Interior

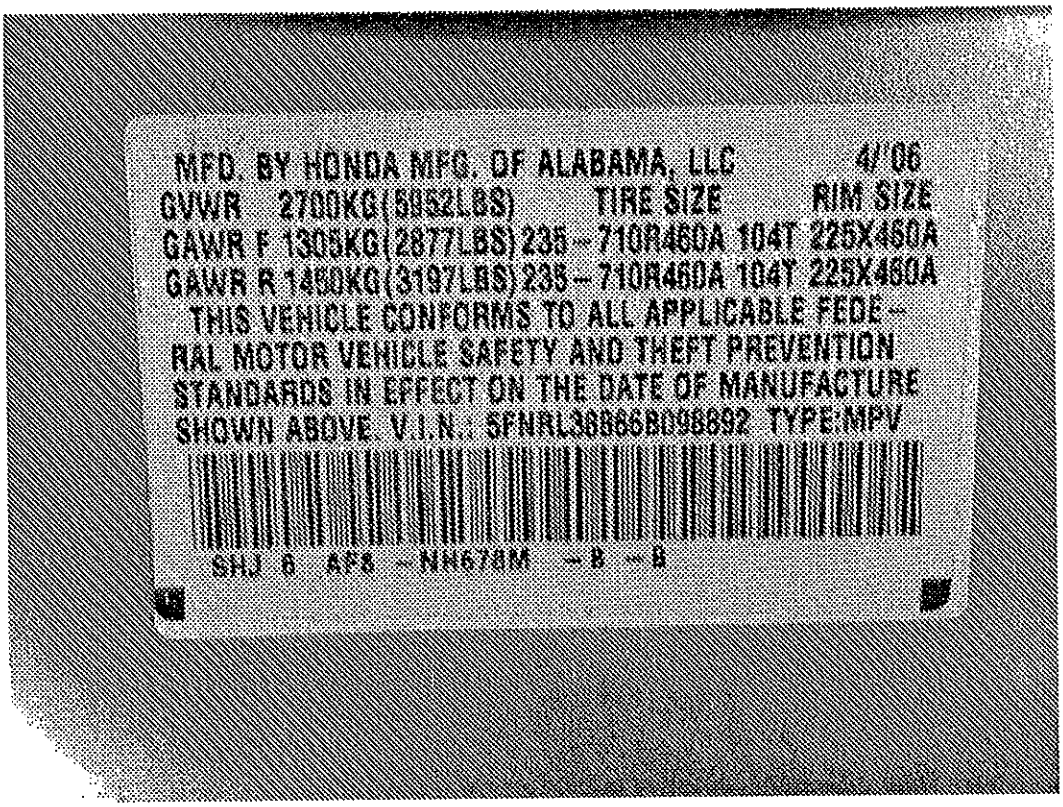
Claim Reference Id: 3009267236-1-2
File Name: PHOTO8
File Date: 08/23/2017
Label: Interior
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

Dash Plate

Claim Reference Id: 3009267238-1-2
File Name: PHOTO9
File Date: 08/21/2017
Label: Dash Plate
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

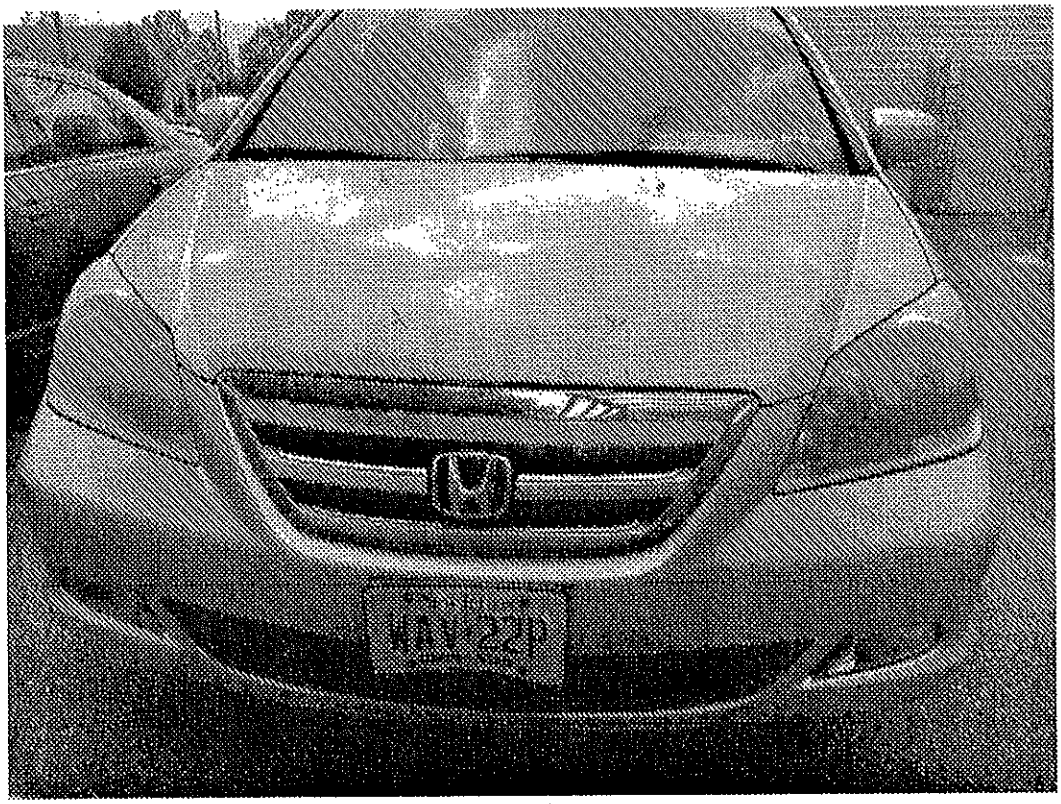
Photo 03

Claim Reference Id: 3009267238-1-2
File Name: PHOTO10
File Date: 08/23/2017
Label: Photo 03
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



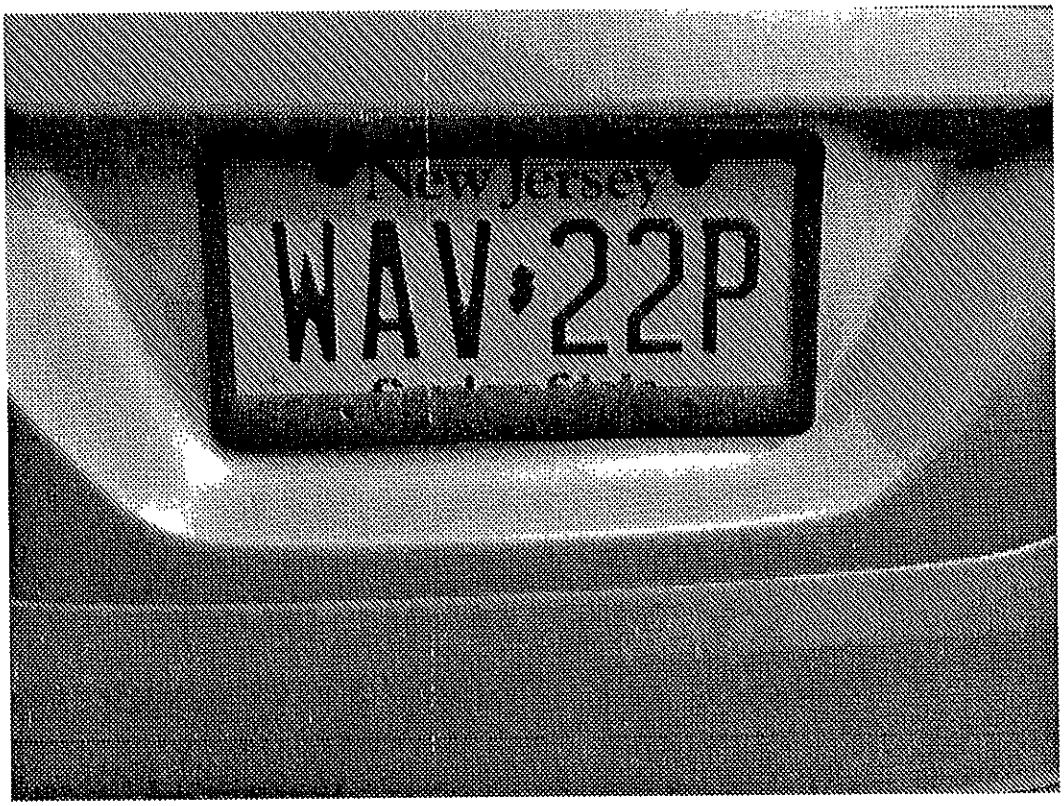
VIN Number

Claim Reference Id: 3009267238-1-2
File Name: PHOTO11
File Date: 08/23/2017
Label: VIN Number
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



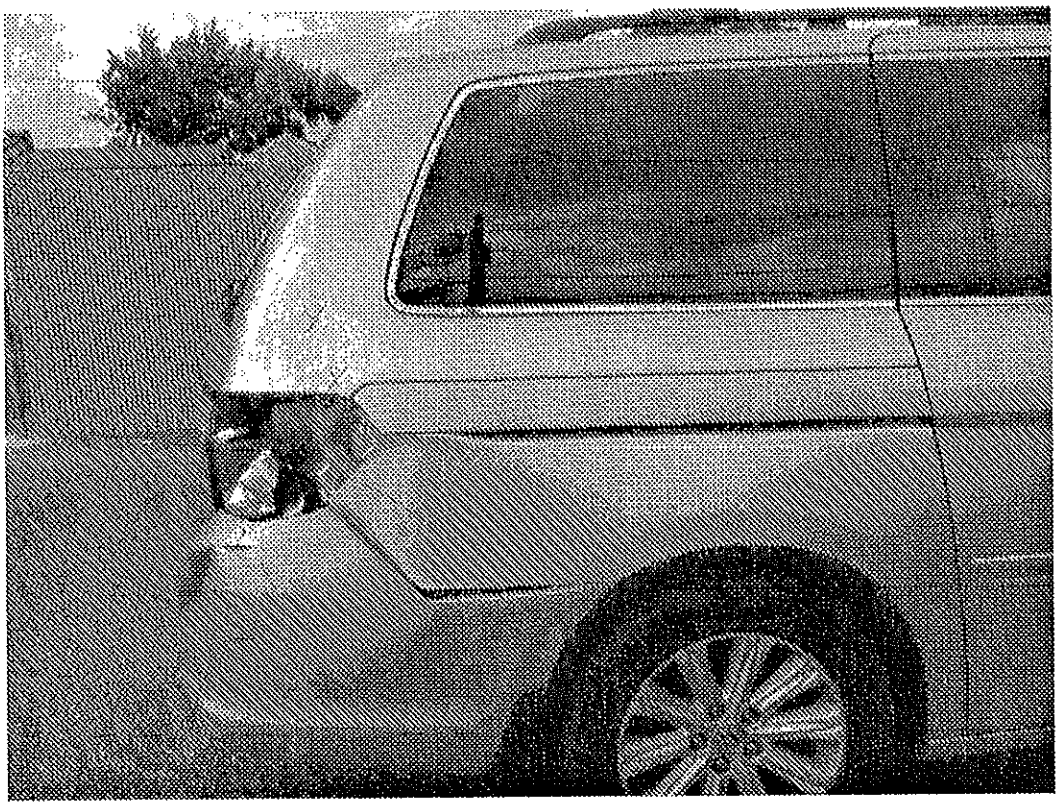
Front

Claim Reference Id: 3009267238-1-2
File Name: PHOTO12
File Date: 08/21/2017
Label: Front
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



License Plate

Claim Reference Id: 3009267238-1-2
File Name: PHOTO13
File Date: 08/21/2017
Label: License Plate
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



Right QP

Claim Reference Id: 3009267238-1-2
File Name: PHOTO14
File Date: 08/21/2017
Label: Right QP
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

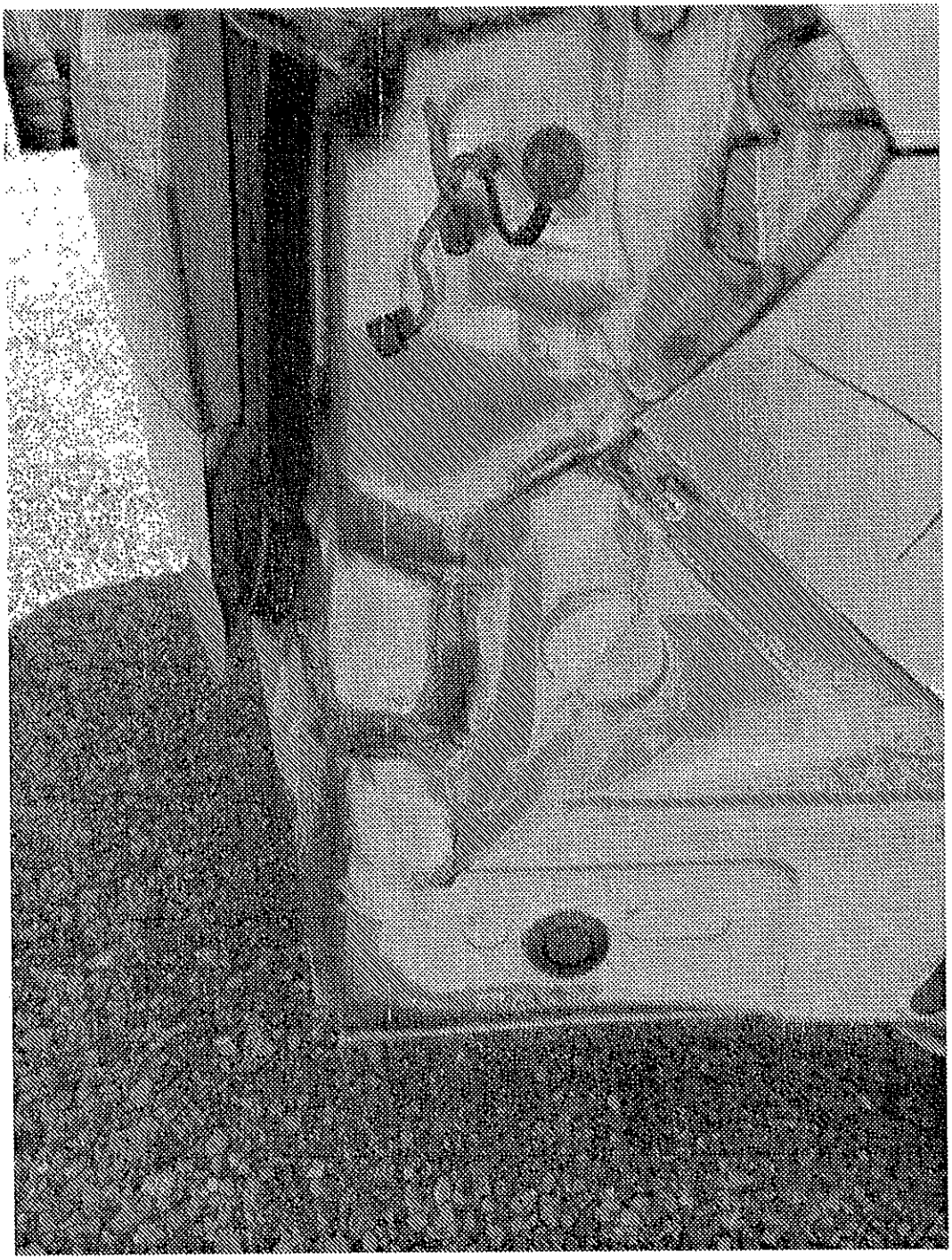


Photo 08

Claim Reference Id: 3009267238-1-2
File Name: PHOTO15
File Date: 08/24/2017
Label: Photo 08
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

Photo 06

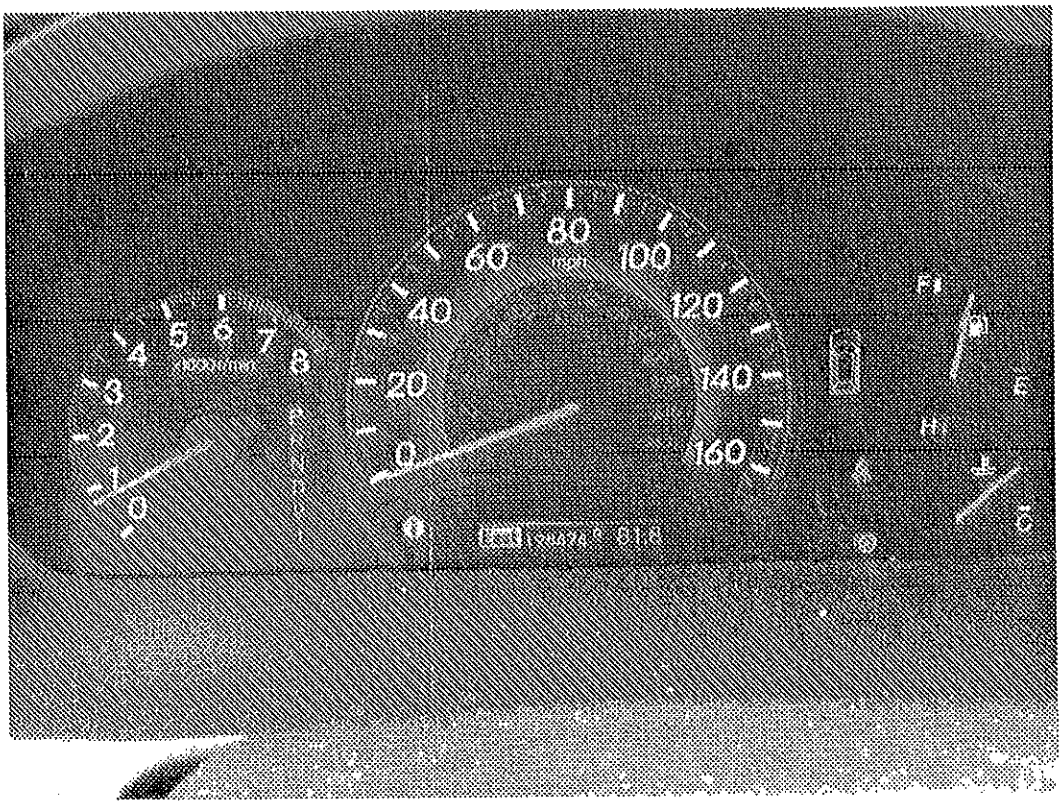
Claim Reference Id: 3009267238-1-2
File Name: PHOTO16
File Date: 08/24/2017
Label: Photo 06
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Mariton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

Left Side

Claim Reference Id: 3009267238-1-2
File Name: PHOTO17
File Date: 08/21/2017
Label: Left Side
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

Rear

Claim Reference Id: 3009267238-1-2
File Name: PHOTO18
File Date: 08/21/2017
Label: Rear
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



Odometer

Claim Reference Id: 3009267238-1-2
File Name: PHOTO19
File Date: 08/21/2017
Label: Odometer
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

Left Front

Claim Reference Id: 3009267238-1-2
File Name: PHOTO20
File Date: 08/21/2017
Label: Left Front
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

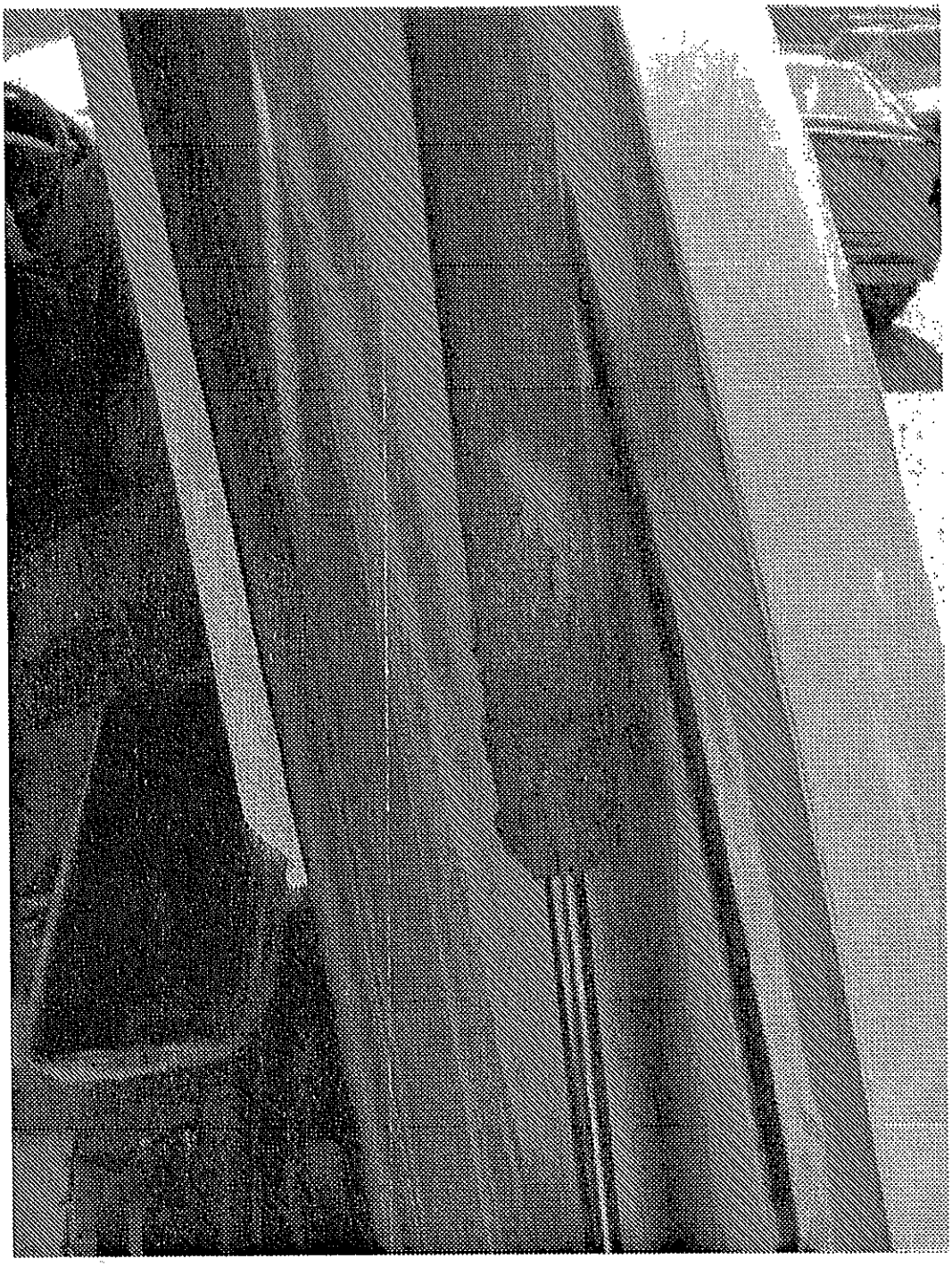
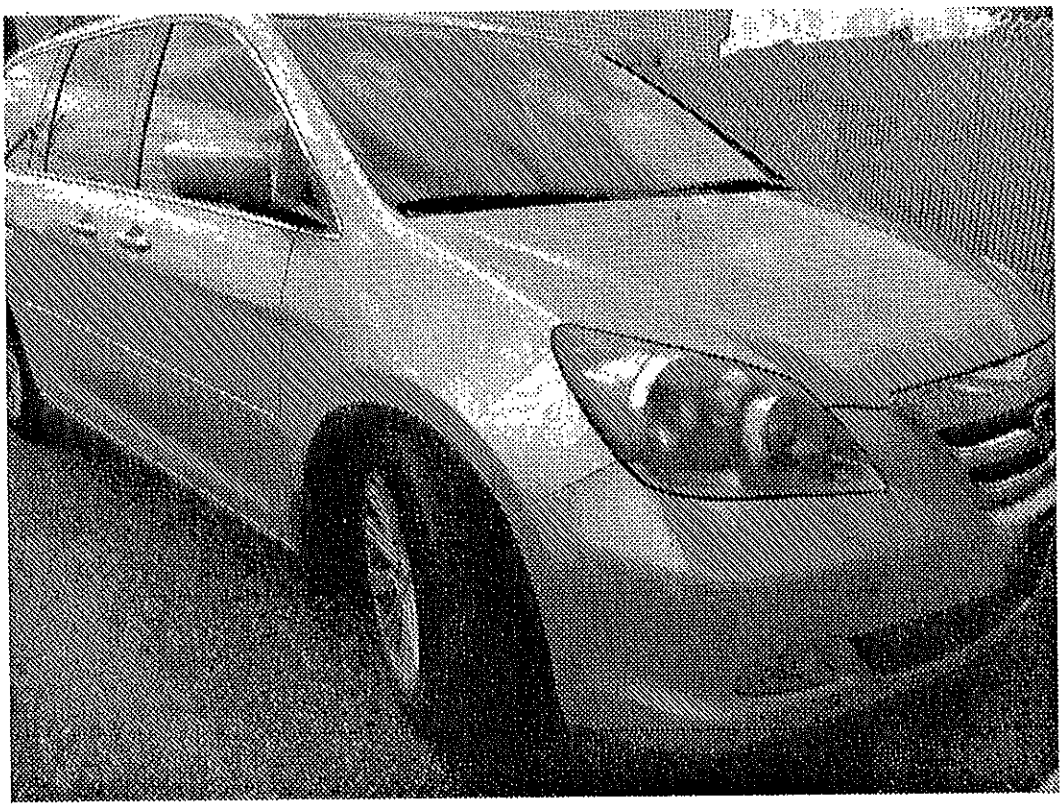


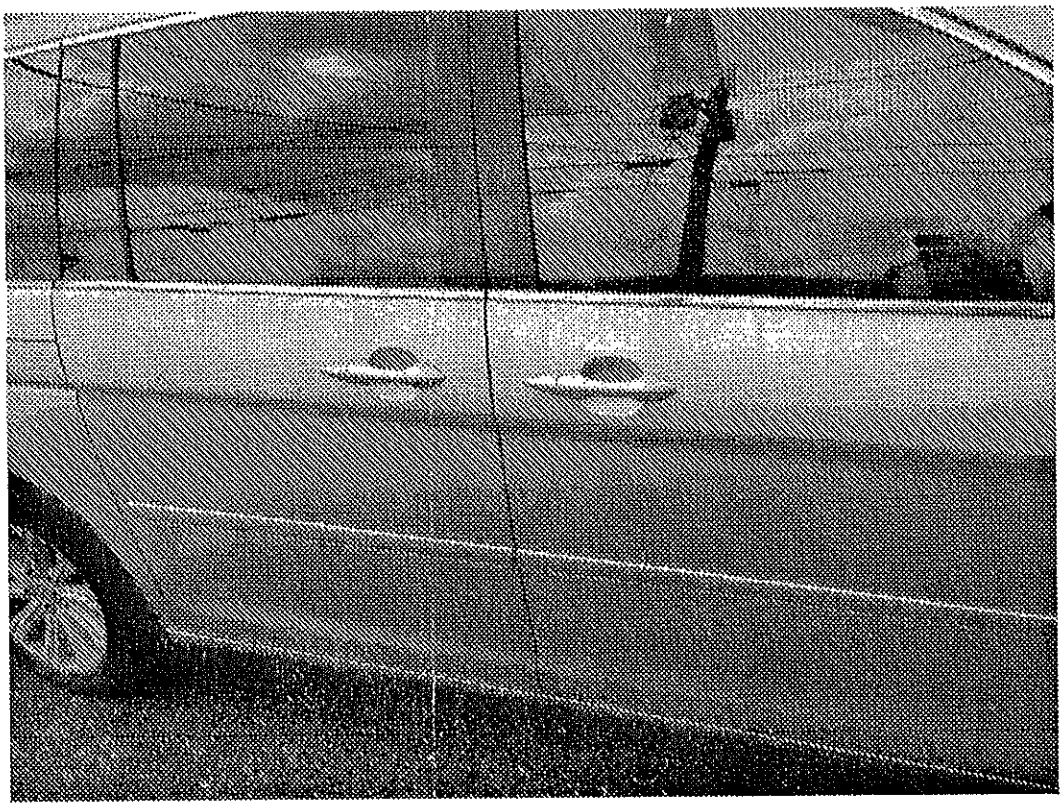
Photo 07

Claim Reference Id: 3009267238-1-2
File Name: PHOTO21
File Date: 08/24/2017
Label: Photo 07
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



Right Front

Claim Reference Id: 3009267238-1-2
File Name: PHOTO22
File Date: 08/21/2017
Label: Right Front
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01



Right Side

Claim Reference Id: 3009267238-1-2
File Name: PHOTO23
File Date: 08/21/2017
Label: Right Side
Note: Owner:ELLEN,VANFOSSEN|Style:2006,HOND,Odyssey Touring Automatic|Insured:ELLEN,VANFOSSEN|LossDate:08/18/2017|PolicyNumber:0191172513|ClaimRep
Photo Location: CollisionMax Marlton, an ABRA Compa
Photo Taken By: John Shearstone
Estimate Indicator: E01

CollisionMax Marlton, an ABRA Company

Right the First Time ...On Time
22 West Main Street, Marlton, NJ 08053
Phone: (856) 983-1313
FAX: (856) 983-9012

Workfile ID: 4d799791
Federal ID: 41-1484683
License Number: 02784A

Supplement of Record 3 with Summary

Customer: VANFOSSEN, ELLEN

Written By: John Shearstone, 8/31/2017 4:52:17 PM
Adjuster: JANSEN, RAYMOND, (405) 782-5469 Business

Insured:	VANFOSSEN, ELLEN	Policy #:	0191172513	Claim #:	3009267238-1-2
Type of Loss:	COLL1 - Collision	Date of Loss:	8/18/2017 9:30 AM	Days to Repair:	9
Point of Impact:	06 Rear				

Owner:
VANFOSSEN, ELLEN
8 QUEEN ANNE CT
MARLTON, NJ 08053
(856) 725-2738 Business
[redacted]

Inspection Location:
CollisionMax Marlton, an ABRA Company
22 West Main Street
Marlton, NJ 08053
Repair Facility
(856) 983-1313 Business

Insurance Company:
FARMERS
NEW JERSEY
MOUNT LAUREL

VEHICLE

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

VIN:	5FNRL38866B098892	Interior Color:		Mileage In:	198,474	Vehicle Out:	
License:	WAV22P	Exterior Color:	Silver	Mileage Out:			
State:	NJ	Production Date:	4/2006	Condition:		Job #:	8082

TRANSMISSION
Automatic Transmission
Overdrive

POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
Memory Package
Power Adjustable Pedals

DECOR
Dual Mirrors
Body Side Moldings
Privacy Glass

CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Climate Control
Dual Air Condition
Parking Sensors
Entertainment Center
Dual Power Sliding Doors
Home Link

AM Radio
FM Radio
Stereo
Search/Seek
Satellite Radio
CD Changer/Stacker

SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags

ROOF
Luggage/Roof Rack

SEATS
Leather Seats
Heated Seats
3rd Row Seat
Retractable Seats
Captain Chairs (2)

WHEELS
Aluminum/Alloy Wheels

PAINT
Clear Coat Paint

OTHER
Fog Lamps
Rear Spoiler

TRUCK
Power Trunk/Gate Release

Customer: VANFOSSEN, ELLEN

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

Console/Storage	**RADIO**	Electric Glass Sunroof

Customer: VANFOSSEN, ELLEN

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

Line		Oper		Description	Part Number	Qty	Extended Price $		Labor	Paint
1	#			For Supplements Call		1				
2	#			1-800-290-4504		1				
3	**AIR CONDITIONER & HEATER**									
4	*	S01	R&I	Evaporator assy<set back only>				m	1.0	
				Note: repair access						
5	**WINDSHIELD**									
6	*		R&I	RT Side molding					0.3	
				Note: refinish access to rt roof rail						
7	**SEATS & TRACKS**									
8	*	S01	R&I	LT R&I third row seat as an assy<RT side only>					0.5	
9	**ROOF**									
10			R&I	RT Rail EX, EX-L, Touring					0.5	
				Note: refinish access to rt roof rail						
11	**PILLARS, ROCKER & FLOOR**									
12	*		Blnd	RT W'shield pillar w/o rr display (HSS)<roof rail>				s		0.6
13	**SIDE PANEL**									
14	*	S01	R&I	RT Rail cover					0.3	
15			Blnd	RT Rail cover						0.4
16	*	S01	Rpr	RT Side panel w/o LX					10.0	2.7
17		S01		Add for Clear Coat						1.1
18		S01		Add for Edging						0.9
19	*	S01	Rpr	RT Gutter lower w/o navi.					2.5	0.3
20	*	S03	Subl	RT Side glass Honda		1	107.51	T		
21	**REAR BODY & FLOOR**									
22	*	S01	R&I	Rear trim panel gray					1.0	
				Note: repair access						
23	**LIFT GATE**									
24	*	S03	Rpr	Lift gate<touch up edge>					0.1	0.0
				Note: impact with bumper cover						
25	**REAR LAMPS**									
26	*	S01	Repl	LKQ RT Tail lamp assy +25%	33501SHJA11	1	81.25		0.3	
				Note: more cost effective lights are not for this model vehicle						
27		S03	Repl	RT Tail lamp assy cap	33508SHJA01	2	13.46			
				Note: missing from impact						
28	**REAR BUMPER**									
29				O/H rear bumper					1.4	
30	*		R&I	Step pad					Incl.	
31	** <>	S02	Repl	A/M CAPA Bumper cover Touring	04715SHJA82ZZ	1	293.33		Incl.	3.2
				Note: Don's Automotive does not deliver to our location, Ocean County is thier partener for our location - spoke with Tom @ Ocean County 800-773-2925 - not avaialble no quote 459311, LKQ list cover without park sensor, vehicle has park sensor						

Customer: VANFOSSEN, ELLEN

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

32				Overlap Major Non-Adj. Panel						-0.2
33		S01		Add for Clear Coat						0.6
34				Add for reverse sens					0.4	
35		S03	Repl	RT Spacer	71593SHJA00	1	28.27			
				Note: broken from impact						
36	#	S01	Rpr	Floor set up					1.0	
37	#		Rpr	`Body Pull					2.0	
38	#			`Corrosion Protection		1	10.00		0.3	
39	#			`Cover Car		1	5.00			
40	#			`D&R battery		1			0.3	
41	#			`Hazardous Waste		1	2.50			
42	#			`Reset Electrical Components		1			0.2	
43	#	S01		`Seam Sealer / Caulk		1	10.00			
				Note: seam at rt side panel and trough seperated						
44	#			`Flex Additive		1	8.00			
45	#		R&I	RT and Left rear mud guards					0.4	
46		S03	Repl	Reinf beam (HSS)	71530SHJA00ZZ	1	243.63		Incl.	
					SUBTOTALS		**802.95**		**22.5**	**9.6**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				802.95
Body Labor	22.5 hrs	@	$ 48.00 /hr	1,080.00
Paint Labor	9.6 hrs	@	$ 48.00 /hr	460.80
Paint Supplies	9.6 hrs	@	$ 28.00 /hr	268.80
Subtotal				2,612.55
Sales Tax	$ 1,809.60	@	6.8750 %	124.41
Grand Total				**2,736.96**
Deductible				500.00
CUSTOMER PAY				**500.00**
INSURANCE PAY				**2,236.96**

Customer: VANFOSSEN, ELLEN

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

SUPPLEMENT SUMMARY

Line		Oper		Description	Part Number	Qty	Extended Price $	Labor	Paint
Deleted Items									
13	**SIDE LOADING DOOR**								
14			Blnd	RT Door shell (HSS)					-1.0
15			R&I	RT Upper w'strip				-0.2	
16			R&I	RT Body side mldg silver				-0.3	
17			R&I	RT Belt molding				-0.2	
18			R&I	RT Handle, outside silver				-0.4	
19			R&I	RT R&I trim panel				-0.4	
29	**LIFT GATE**								
30			R&I	Lower molding w/o navigation silver				-0.4	
31	*		Rpr	Lift gate				-0.3	-2.3
				NOTE: scraped on right side lower edge from impact with bumper cover refinish below molding only					
32		S01		Overlap Major Adj. Panel					0.4
33		S01		Add for Clear Coat					-0.4
34	#			basecoat reduction		1			0.6
35			Repl	Nameplate "ODYSSEY"	75722SHJA10	1	-30.67	-0.2	
36			Repl	Nameplate "TOURING"	75716SHJA01	1	-28.68	-0.2	
56	*	S01	Repl	LKQ Reinf beam (HSS) +25%	71530SHJA00ZZ	1	-187.50	Incl.	-1.0
				NOTE: more cost effective lkq reinforcements listed with rust, not useable					
Added Items									
20	*	S03	Subl	RT Side glass Honda		1	107.51 T		
23	**LIFT GATE**								
24	*	S03	Rpr	Lift gate<touch up edge>				0.1	0.0
				NOTE: impact with bumper cover					
27		S03	Repl	RT Tail lamp assy cap	33508SHJA01	2	13.46		
				NOTE: missing from impact					
35		S03	Repl	RT Spacer	71593SHJA00	1	28.27		
				NOTE: broken from impact					
46		S03	Repl	Reinf beam (HSS)	71530SHJA00ZZ	1	243.63	Incl.	
					SUBTOTALS		**146.02**	**-2.5**	**-3.7**

Customer: VANFOSSEN, ELLEN

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

TOTALS SUMMARY

Category	Basis		Rate	Cost $
Parts				146.02
Body Labor	-2.5 hrs	@	$ 48.00 /hr	-120.00
Paint Labor	-3.7 hrs	@	$ 48.00 /hr	-177.60
Paint Supplies	-3.7 hrs	@	$ 28.00 /hr	-103.60
Subtotal				-255.18
Sales Tax	$ -401.20	@	6.8750 %	-27.60
Additional Supplement Taxes				0.02
Total Supplement Amount				**-282.76**
NET COST OF SUPPLEMENT				**-282.76**

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	3,960.74	John Shearstone
Supplement S01	-941.02	John Shearstone
Supplement S02	0.00	John Shearstone
Supplement S03	-282.76	John Shearstone
Job Total:	**$ 2,736.96**	
CUSTOMER PAY:	**$ 500.00**	
INSURANCE PAY:	**$ 2,236.96**	

Customer: VANFOSSEN, ELLEN

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

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, NEGLECT, 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.

REPAIR FACILITY:
PLEASE USE CCC'S OPEN SHOP TO SUBMIT SUPPLEMENTS. IF YOU DO NOT HAVE OPEN SHOP, PLEASE CONTACT THE ADJUSTER THAT COMPLETED THE ORIGINAL ESTIMATE FOR SUPPLEMENT SUBMISSION INSTRUCTIONS.

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

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Customer: VANFOSSEN, ELLEN

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE, KIND AND QUALITY IN TERMS OF FIT, QUALITY AND PERFORMANCE TO REPLACEMENT PARTS AVAILABLE FROM THE ORIGINAL MANUFACTURER.

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 ARG4428, CCC Data Date 8/17/2017, 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 2017 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. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=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.

Customer: VANFOSSEN, ELLEN

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

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.

Adjustment of partial losses

(d) No insurer shall negotiate the settlement of any physical damage claim involving an automobile as defined at N.J.S.A.
39:13-1b with an unlicensed auto body repair facility or in any manner utilize an unlicensed facility in the adjustment, negotiation or settlement of such a claim. It shall be the responsibility of the insurer to make a reasonable and diligent effort to determine whether the facility is properly licensed.

Customer: VANFOSSEN, ELLEN

2006 HOND Odyssey Touring Automatic 4D VAN 6-3.5L Gasoline MPFI Silver

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
26	LKQ - HUNTS POINT AUTO PARTS BILLY BISHOP 1480 SHERIDAN EXPRESSWAY BRONX NY 10459 (718) 589-4444	#GL6MBU LKQ RT Tail lamp assy +25% Tail Lamp, Rt RH,QTR MTD, R. S#$SR199	$ 65.00
31	KSI - Astro Automotive-Danbury 93 TRIANGLE ST. DANBURY CT 06810 (800) 527-8762	#5571522Q A/M CAPA Bumper cover Touring	$ 293.33

ARMS **FARMERS GRP**

Rental Company: Enterprise Rent-A-Car
Invoice: 1731D030103
Alternate Invoice Number: 8TRQS0

Bill To: FAR5129
FARMERS GRP
ATTN:RAYMOND JANSEN - COD
P.O. BOX 268994
OKLAHOMA CITY, OK 731268994

RENTER INFORMATION:

Renter: VANFOSSEN,ELLEN
Address: 8 QUEEN ANN CT
MARLTON, NJ 080532834
Home Phone: [redacted]
Office Phone:

RENTAL INFORMATION:

Rental Branch Location:
ENTERPRISE RENT-A-CAR(1731)
460 W ROUTE 70
MARLTON, NJ 080531638

RENTAL DETAIL:

Rental Period: 08/21/2017 to 09/01/2017 (12 days)
Billed Period: 08/21/2017 to 09/01/2017 (12 days)

Description	Rate	Amount
12 TIME & DISTANCE	$45.12	$541.44
1 REFUELING CHARGE	$0.00	$0.00
12 VEHICLE LICENSE FEE RECOVERY	$0.50	$6.00
12 DOMESTIC SECURITY FEE	$5.00	$60.00
1 NEW JERSEY STATE SALES TAX	6.88%	$37.64
	Total Charges:	$645.08
	Less Amount Received:	$45.08
	Total Amount Due:	**$600.00**

ADDITIONAL CLAIM INFORMATION:

Claim Number: 3009267238-1-3
Claim Type: Insured
Vehicle Condition: Non-Driveable
Date Of Loss: 08/18/2017
Insured Name:
Owner's Vehicle: 2006 HONDA
Vendor ID: ZFS-1-11ZCGD0F
Company Brand: FI
Initial Auth Amount: 150
CRN Initiated: Yes
Initial Daily Dollar Amount: 50
Initial Rate Descriptor: RENTAL REIMBURSEMENT
TL Offer Date:
BCO: MK
Unit ID: ZFS-1-11ZCGCYN
Line of Business: COD
Rental Unit USW:
Date Estimate Uploaded: 08282017

Repair Facility:
ABRA - MARLTON
MARLTON, NJ 08053
(856) 983-1313

VEHICLES RENTED:

Effective Date	Time	Year	Make	Model	VIN	Mileage
08/21/2017	3:59 PM	2017	TOYO	SIEN	5TDYZ3DC4HS860037	138

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
ENTERPRISE RENT-A-CAR
P.O. BOX 840086
KANSAS CITY, MO 641840086
Federal ID: 43-0724835

Total Charges:	$645.08
Less Amount Received:	$45.08
Total Amount Due.....	**$600.00**

Please Include on your Check:
Invoice:1731D030103

NOTEBOOK:

9/7/17	8:07 AM	Invoice approved for payment by JENNIFER BERRY-ERAC
9/7/17	5:33 AM	INVOICE RECEIVED. AMOUNT DUE $600.00
9/6/17	1:11 PM	Ticket 030103 closed on 9/1/17 at 4:41 PM.
9/1/17	3:42 PM	NEEDS CHECK IN
		Ticket has been close pended on 9/1/17.
8/31/17	5:48 PM	Rental extended by ARMS, SYSTEM at 6:48 PM for -1 day(s).
		Current authorized date is 9/7/17.
		ARMS® Auto RO Rec On 08/31 @ 05:48 PM (CDT)
		RO# was updated to: 8082
		Total Hours --32.1 / Total Cost --$2736.96
		Labor Hours changed from 37.3 to 32.1
8/30/17	5:42 PM	ARMS® Auto RO Rec On 08/30 @ 05:42 PM (CDT)
		RO# was updated to: 8082
		Total Hours --37.3 / Total Cost --$3036.36
		Labor Hours changed from 38.3 to 37.3
		RO Original Date- 08/31/2017
8/30/17	9:44 AM	Updated By: ABRA - MARLTON
		From ARMS® Automotive Partner.
		Revised Target Date from Shop
		Estimated Completion Date is 8/31/17.
8/29/17	11:47 AM	Updated By: ABRA - MARLTON
		From ARMS® Automotive Partner.
		Revised Target Date from Shop
		Estimated Completion Date is 9/1/17.
8/29/17	9:44 AM	ARMS® Auto RO Rec On 08/29 @ 09:44 AM (CDT)
		RO# was updated to: 8082
		Total Hours --38.3 / Total Cost --$3026.39
		Labor Hours changed from 51.5 to 38.3
8/28/17	12:27 PM	Authorization changed by TISLER(ERAC), AMANDA at 1:27 PM.
		Rental extended by TISLER(ERAC), AMANDA at 1:27 PM for 7 day(s).
		Current authorized date is 9/8/17.
		Extended 7 days up to $50.00/day.
		Repairs within Target
		Adjustment Days
		(+2) Day Adjustment : Non Drive-days for tear down/parts order before repair start
		(+2) Day Adjustment : Time to Inspect (non drive)
		Note to self by TISLER(ERAC), AMANDA.
		PROMISE DATE 9/8.
		Vehicle Condition changed from Total Loss to Non-Driveable by TISLER(ERAC), AMANDA at 1:27 PM.
8/28/17	12:26 PM	Authorization changed by TISLER(ERAC), AMANDA at 1:26 PM.
		Rental extended by TISLER(ERAC), AMANDA at 1:26 PM for 9 day(s).
		Current authorized date is 9/1/17.
		Extended 9 days up to $50.00/day.
		Repairs within Target
		Date Estimate Uploaded changed to 08282017
8/28/17	9:43 AM	ARMS® Auto RO Rec On 08/28 @ 09:43 AM (CDT)
		RO# was updated to: 8082
		Total Hours --51.5 / Total Cost --$3960.74
		Labor Hours changed from 0.0 to 51.5
		RO Date-In- 08/21/2017
8/26/17	12:38 PM	PLEASE EXTEND TO KEEP CURRENT
8/25/17	10:08 AM	Authorization changed by KNIGHT(ERAC), TOM at 11:08 AM.
		Coverage maximum changed from No Limit to $1,500.00
8/25/17	10:07 AM	Message sent by KNIGHT(ERAC), TOM at 11:07 AM.
		Sent anotl

. iop: waiting on the estimate to be uploaded.

		Note to repair facility - Awaiting estimate to apply rental formula. Thanks, Tom
8/24/17	12:33 PM	Message sent by TISLER(ERAC), AMANDA at 1:33 PM.
		Note to repair facility - PLEASE LOCK YOUR ESTIMATE TO CCC SO FARMERS CAN MAKE DECISION RE: TOTAL LOSS.
8/24/17	12:32 PM	Authorization changed by TISLER(ERAC), AMANDA at 1:32 PM.
		Message sent by TISLER(ERAC), AMANDA at 1:32 PM.
		Repair Facility changed from TOTAL LOSS VIA ARMS AUTO to ABRA - MARLTON.
8/23/17	12:46 PM	Authorization changed by KNIGHT(ERAC), TOM at 1:46 PM.
		Message sent by KNIGHT(ERAC), TOM at 1:46 PM.
		Sent a note to the shop re:estimate.
8/23/17	11:47 AM	Updated By: ABRA - MARLTON
		From ARMS® Automotive Partner.
		Vehicle Is A Total Loss
		Repair Facility changed from ABRA - MARLTON to TOTAL LOSS VIA ARMS AUTO.
		Previous Shop Phone: 8569831313.
		Total Loss flag set by shop
		VEHICLE COND FROM Driveable TO Total Loss
8/22/17	11:44 AM	Authorization changed by KNIGHT(ERAC), TOM at 12:44 PM.
		File Owner changed from PYLE - COD COE , HEATHER to JANSEN - COD, RAYMOND
		Rental transferred by KNIGHT(ERAC),TOM at 11:44 AM.
8/21/17	8:49 PM	Updated By: ABRA - MARLTON
		From ARMS® Automotive Partner.
		Vehicle On Track For Current Completion Date
		Estimated Completion Date is 9/5/17.
8/21/17	6:30 PM	Updated By: ABRA - MARLTON
		From ARMS® Automotive Partner.
		Vehicle On Track For Current Completion Date
		Estimated Completion Date is 9/5/17.
		Authorization requested thru 9/5/17 for 13 day(s).
8/21/17	6:29 PM	ARMS® Auto RO Rec On 08/21 @ 11:47 AM (CDT)
		RO# was updated to: 8082
		RO Original Date- 09/05/2017
8/21/17	3:10 PM	Authorization changed by ARMS, SYSTEM at 4:10 PM.
		Secondary Owner is KNIGHT(ERAC), TOM
		Managed By changed from PYLE - COD COE , HEATHER to KNIGHT(ERAC), TOM
		Ticket 030103 opened on 8/21/17 at 3:59 PM.
8/21/17	9:29 AM	Authorization changed by ADMINISTRATOR, SIEBEL at 10:29 AM.
		Authorization changed by ADMINISTRATOR, SIEBEL at 10:29 AM.
		Authorization confirmed by Enterprise at 10:29 AM.
		Reservation number 809531.
		Authorization sent at 10:29 AM for 3 days up to $50.00/day.
		Authorization sent with $50.00/day / No Limit/max.
		Authorized by PYLE - COD COE, HEATHER.
		File is Managed By PYLE - COD COE, HEATHER
		Direct Bill Authorization set at 100 %
		2017/8/21 02:29 PM USWENW03 H1169 1ST RENTAL REIMBURSEMENT COVERAGE - OWNED VEHICLE 50
		Authorization Type: Rental Reimbursement

* All times are in CST

FARMERS INSURANCE

Toll Free: (800) 435-7764
Email: myclaim@farmersinsurance.com
National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
Fax: (877) 217-1389

Due to this accident, we have paid coverage to our Insured based on their Loss of Use or Rental Reimbursement Endorsement on their Automobile Policy. According to State specific Case Law, the owner of a damaged vehicle may recover damages for the loss of use of his vehicle.

State Specific Case Law(s):

Arizona

- Arizona Law is quite clear on the facts that the owner of a damaged vehicle may recover damages for loss of use of their vehicle. ***Farmers Insurance Company of Arizona V. R.B.L. Investment company*** (1983) 675.P.2d 1381.

California

- California Law is quite clear on the facts that the owner of a damaged vehicle may recover damages for loss of use of their vehicle. ***Valencia V. Shell Oil*** (1944) 23 C. 2d 840,147 P.2d 558.
- The Owner may recover damages for loss of use whether he or she in fact rents another vehicle or not. ***Meyer V. Bradford*** (1921) 54 C.A. 157,201 P. 471: ***Malison V. Black*** (19448) 83 C.A2d375, 188 P. 2d788.

New Mexico

- Loss of use is measured by the reasonable rental value of similar property during the period reasonably required for the repair of the damages property. *See* UJI 13-1818 NMRA (2005); *see also Cress v. Scott*, 868 P.2d 648 (1994). The key to this valuation is the "similar quality" qualification as to the damaged property and the replacement.

Oregon

- Oregon courts allow recovery of loss of use for the reasonable length of time during which a repairable vehicle could have been repaired. Oregon Uniform Civil Jury Instruction 70.14 (October 2000). However, a claimant is not entitled to recover loss of use damages for an indefinite period and must take action to mitigate any loss of use, for example, by not unnecessarily delaying repairs. ***See Graf v. Don Rasmussen Company***, 39 Or App 311, 592 P2d 250 (1979).

Texas

- According to ***Riddell vs. Mays***, (1976) Court of Civil Appeals of Texas: one cannot recover damages for loss of use to a replaced vehicle as a matter of law.
- [1] The general rule is if a chattel is partially destroyed and can be repaired, the owner may recover not only the cost of the repairs, but the reasonable value of the loss of the use of the chattel while it is being repaired. *But* when the chattel is totally destroyed, the measure of damages is the difference in the market value immediately before and immediately after injury, and no additional recovery can be had for loss of use of the chattel while it is being replaced.
- ***Carson v Bryan***: [2,3] Where one is entitled to judgment for harm to a chattel, not amounting to total destruction, he may recover (1) the difference between the value of the chattel before the harm and the value after the harm *or* (2) at his election, the reasonable cost of repair where feasible with due allowance for any difference between the original value and the value after repairs and the loss of use of the chattel during the time for making repairs or the period of the time repairs could have been made with reasonable diligence.

FARMERS INSURANCE

Toll Free: (800) 435-7764
Email: myclaim@farmersinsurance.com
National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
Fax: (877) 217-1389

September 12, 2017

Payment Log

Account Number: GGG831657
Date of Loss: 08/18/2017
Insured's Name ELLEN VANFOSSEN
Claim Number: 3009267238-1-5, 3009267238-1

Unit Type	Claim Unit	Date Issued	Payee	Check Number	Payment Amount
MD	3009267238-1-2	09/06/2017	ABRA AUTO BODY & GLASS - MARLTON (MSO	1618075082-0001	$2,236.96
Rental	3009267238-1-3	09/09/2017	ENTERPRISE TREASURY	1618115325-0024	$600.00
Payment Total:					$2,836.96
Collections Total :					$0.00
Collision Deductible :					$500.00
Grand Total :					$3,336.96

FARMERS INSURANCE

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Fax: (877) 217-1389

LOSS OF USE COVERAGE – Owned Vehicle

Coverage Applies when the loss exceeds the deductible amount applicable under Part IV of your E-Z Reader Car Policy.

K-1 We will pay you $10 per day while your insured car is in the custody of a garage for repairs resulting from a collision. The maximum payable is $100. If your insured car is a total loss (regardless of salvage value) we will pay you $100.

K-2 We will pay you $15 per day while your insured car is in the custody of a garage for repairs resulting from a Collision or Comprehensive loss. The maximum payable is $300. If your insured car is a total loss (regardless of salvage value) we will pay you $300. This option does not cover total theft of your insured car.

K-3 Car Return Bxpenses: If Coverage K-1, K-2 or K-4 loss occurred more than 50 miles from your residence, we will pay you for the reasonable and necessary extra expense for commercial transportation, gasoline, lodging, and meals incurred to return your insured car, after it is repaired, to your residence or destination. The maximum payable for car return expenses is $200.

K-4 We will pay you $25 per day while your insured car is in the custody of a garage for repairs resulting from a Collision or Comprehensive loss. If your insured car is a total loss (regardless of salvage value) we will pay you $500.

We will pay you an amount in excess of the amount paid per day under paragraph 1 of Supplementary Payments in Part IV of this policy, resulting from total theft of your insured car. The maximum we will pay for this combined total of paragraph 1 of Supplementary Payments and K4 is $25 per day.

The maximum payable under K-4 is $500.

K-5 We will pay you $50 per day while your insured car is in the custody of a garage for repairs resulting from a Collision or Comprehensive loss. If your insured car is a total loss (regardless of salvage value) we will pay you $1000.

If loss occurred more than 50 miles from your residence we will also pay you car return expenses for the reasonable and necessary extra expense for commercial transportation, gasoline, lodging, and meals incurred to return your insured car, after it is repaired, to your residence or destination. The maximum payable for car return expenses is $500.

We will pay you an amount in excess of the amount paid per day under paragraph 1 of Supplementary Payments in Part IV of this policy resulting from the total theft of your insured car. The maximum we will pay for the combined total of paragraph 1 or Supplementary Payments and K5 is $50 per day.

The maximum payable under K-5 is $1000.

The insurance afforded by this endorsement does not apply to any collision or comprehensive loss occurring before the effective date of this endorsement as shown in the Declarations.