



| Address: 3450 S. 108th St. Milwaukee WI. 53227 |
|---|
| INSTRUCTIONS Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you. NOTICE OF CLAIM |
| Date of incident: 10/18/2024 Time of day: 7:30 am Location: W. Beloit Rd @ W. Oklahoma Ave |
| Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances. |
| A City of West Allis truck driven by a City of West Allis employee rear ended our loaner vehicle at the stop light - see accident report # 24-042300 |
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| |
| Check one: X |
| Signed: Date: 11/04/2024 |
| CLAIM AMOUNT To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs. |
| Γhe total amount sought is: \$ 1053.78 |
| |

1SL0R8QZ0H

24-042300

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | Document Number Override | Primary Crash D | Primary Crash Document # Agency Crash Number | | | | Investigating Officer/Deputy INVESTIGATOR C. SOHRE | | | |
|------------|--|---------------------------|--|--|--|---------------|--|------------------------------------|---------------------|--|
| I | Crash Date 10/18/2024 | Crash Time 07:30 AM | | Date Ar 10/18/ | | Time Arrive | d | - | | |
| 1SL0R8QZ0H | Date Notified 10/18/2024 | Time Notified 07:32 AM | | Total U | | | Total Injured To | | I | |
| OR8 | On Emergency Hit | and Run | Lane Closu | e Closure Work Zone School Bus Related | | Trailer or | | owed | Reporting Threshold | |
| 18 | Government Property | | hool Zone | NO School | Bus Related | Tags | | V | | |
| | Reportable | Crash Type DT4000 (STA | NDARD CRASH | 1) | | Amen | ded | | Secondary Crash | |
| | Description Diagram | | | | | \$605020035 | TRe | construction | Bv | |
| | W. Oklahoma Ave. | | Vehicle 1 | | A. Baloit Rd. | | Pho | otos By SOHRE ditional Infon | | |
| | | | an a processor and a state of the state of t | | AN CONTRACTOR OF THE PARTY OF T | | | | | |
| | I, a sworn law enforceme | | | | | | | | | |
| | VEHICLES #1 AND #2 STOPPED IN GOES, AS VEHICLE #1 PULLS FOR | | | T W. OKL | AHOMA AVE.,IN THE RIC | SHT TURN LANE | . VEF | IICLE #1 PRE | ESUMES VEHICLE #2 | |

1SL0R8QZ0H 24-042300

WISCONSIN MOTOR VEHICLE CRASH REPORT

| INTERSECTION ON WELDT ROW ALL CAPITURE AT W OKLAHOMA AVE / CTHNN WB IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY A CONSTRUCTURE A C | | Loc | Location | | | | | | | | | |
|--|------|-------------------------------|---|---|---------------------------------|-----------------------|---------------|-----------|--|------------------------|-------------------|--|
| ON W BELDIT RO AT W OKLAHOMA AVE/ CTHNN WB IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY THE CITY OF WEST ALLIS IN MILWAUKEE Crash Scene First Harmful Event Location ON ROADWAY Mariner of Clisision OS - FRONT TO REAR Roadway Factor(e) DAYLIGHT Roadway Factor(e) DAYLIGHT Roadway Factor(e) NONE Westner Condition(e) CLEAR Animal Type TRAFFICWAY - ON ROAD Cresh Classification - Location PUBLIC PROPERTY TROIL Land NO CONTROL Within Interchange Area NO Junit Status NO Intercence Training No CONTROL Unit Status NO Intercence Training No CONTROL Intercence Training No CONTROL Unit Status No Intercence Training No CONTROL Intercence Trainin | 9 | INT | ERSECTION | | | | Latitude | | | Long | itude | |
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| IN HE CITY OF WEST ALLIS IN MILWAUKEE COUNTY ### 146902.5825 ### 146902. | | | | | | | X Coordin | ate | | Y Co | ordinate | |
| Structure Type NO STRUCTURE | | | | LIS | | | | | | | | |
| Crash Scene First Harmful Event First Harmful Event Location On ROADWAY | | IN I | ILVVAUKEE COUNTY | | | | | | | | | |
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| Track Bus or HazMat NO | 0 | _ | | | | | T-4-15-9 | | * | | | |
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| WHI - WHITE TK - TRUCK Initial Contact Point Vehicle Damage | 0 | ò | 1HTMMMMN8JH4234 | INTERNA | TIONIAL | | | | | | | |
| Initial Contact Point Vehicle Damage | | | | 20 | 11411-1414 | HUNAL | 1 | | | | | |
| Initial Contact Point Vehicle Damage | | | Color | 20 | | TIONAL | | 2010 | Bus Use | | | |
| P # 12 - EPONT | | | Color WHI - WHITE | 20 | Body Style | | | 2010 | Bus Use | | | |
| | | | Color WHI - WHITE Initial Contact Point | 20 | Body Style TK - TRU | ск | | 2010 | Bus Use | | | |
| Extent Of Damage 00 - NO DAMAGE 5 4 3 2 1 | LIND | ELE | Color WHI - WHITE Initial Contact Point 12 - FRONT | 20 | Body Style TK - TRU Vehicle Dar | CK mage | | 20.0 | Bus Use | | 7 3 9 10 m | |

1SL0R8QZ0H 24-042300

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | 1255-45-EDF/A | Towed Due To Damage | | Vehicle Removed By | | | | | |
|----------|--|--|---------------------|---|-------------------|--------------------|-------------|--|--|
| 8000 | 3503000000 | NOT TOWED | | OPERATOR | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | GOING STRAIGHT | 3.1 | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| 1000 | | | | | | | | | |
| 170 | | Driver Actions | | | | | | | |
| 200000 | Ш | FOLLOWING TOO CLOSE | , FAILURE TO CONTRO | L | | | | | |
| <u>-</u> | ਡ | | | | | | | | |
| LIND | 王 | | | | | | | | |
| - | VEHICLE | | | | | | | | |
| | | | | | | | | | |
| - | | Owner Name | | Owner Address | | | | | |
| - | | CITY OF WEST ALLIS | | 7525 W GREENFIE WEST ALLIS, WI 5 | | | | | |
| 01 | 5 | (414) 302-8200 | | WEST ALLIS, WIS | 3214,03 | | | | |
| | | | | | | | | | |
| | | Sequence Of Events | | | *350 to 22 322 40 | | William Co. | | |
| | | Event | | | | | | | |
| | 6 | MOTOR VEH IN TRANSPO | K! | | | | | | |
| | 02 | Event | | | | | | | |
| | 0 | | | | | | / | | |
| | 03 | Event | | | | | | | |
| | Э | | | | | | | | |
| | 04 | Event | | | | | | | |
| | | | | | | | | | |
| - | | Policy Holder | | | | | | | |
| LIND | | Insurance Company | 8 | ORGANIZATION/COM | | | | | |
| 1 | | SELF-INSURED | | CITY OF WEST ALL | .IS | | | | |
| | | Individual | | | | | | | |
| | | DRIVER | A A 1179 | Citations Issued | Sex | | | | |
| | | RAYMOND RUSSELL RUL (414) 722-5610 | _AND | 0 | MALE | | | | |
| | S | (TIT) 122-0010 | | Date of Birth | Race WHITE | | | | |
| | INDIVIDUAL | Addense | | 05/01/1996 | | | | | |
| E | 10 | Address 5595 BUTTERNUT CT | | Driver License Number R4537369616105 | | | | | |
| | Z | GREENDALE, WI 53129 , | US | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | |
| | | On Duty | Crash | Safety Equipment | | | | | |
| | Sa | fety Equipment | | Colory Edulphion | | | | | |
| | | Row | Seat Position | SHOULDER & LAP | BELT | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | |
| | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| | 100 | | | | | | | | |
| · Com | 004 | Injury Se | | Airbag | | | | | |
| 9 | 00 | Injury NO AP | PARENT INJURY | NOT APPLICABLE | | | | | |
| | | Ejected | Ejection Path | | | Trapped/Extricated | | | |
| | | NOT EJECTED | NOT EJECTED/NOT AF | | | NOT TRAPPED | | | |
| | | Medical Transport | | EMS Agency Identifier | | EMS Run # | | | |
| | | NOT TRANSPORTED | | | | | | | |
| | | Hospital | | Date of Death | | Time of Death | | | |
| | | | | | | | | | |
| | | | ed By Source | PACTED) | | | | | |
| | | and the same of th | PPLICABLE (NOT DIST | RACIED) | | | | | |
| 1 | | Distracted By Action NOT DISTRACTED | | | | | | | |
| | A STATE OF THE PARTY OF THE PAR | | | | | | | | |

1SL0R8QZ0H 24-042300

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Non Motorist | ng Unit# | Location | | | | | | | | |
|---------|---|---------------------------------------|------------------|----------------|---|----------|-------------|-----------------------------|--------------|---------------|--|--|
| | | Prior Action | | | | | | | | | | |
| | | Action | | | | | | | | | | |
| | _i | | | | | | | | | | | |
| - | ADI | | | | | | | | | | | |
| LIND | NDIVIDUAL | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Action Other To/From School | | | | | | | | | | | |
| | hardin I | Susp | ected Alcohol U | se | Suspected Drug Use | | | | | | | |
| | Drug & Alcohol NO NO Alcohol Test Results | | | | | | | | | | | |
| | TEST NOT GIVEN | | | | | | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug 1 | est Results | | | | | |
| 0.1 | 004 | Drug Type | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | | | | | | |
| | | | | | | | | | | | | |
| _ | | t Summary Status | | I V | ehicle Operating As Classi | fication | | Unit Type | | | | |
| | | RANSIT cle Type | | D | CLASS | | | TRUCK Operating A | s Endorse | ements | | |
| 02 | 1 | LITY TRUCK/PICKUP TI | | | | | 74 | | | | | |
| | Tota 1 | Occs | Train/Bus # Re | corded To | Total # Citations Issued Total Trail 0 0 | | | ers | Total Ha | zMat Types | | |
| | Insur | rance? | Direction Of Tra | 1 - | Pre CrashTire Mark | | Speed Lim | mit Total Lanes | | | | |
| LIND | Most | Harmful Event: Collision Wi | th | S | pecial Function | Al | - | Emergency NOT APPI | Motor Ve | | | |
| | | TOR VEH IN TRANSPOR | RT | | raffic Control | | | | 50 0.00 5000 | ative/Missing | | |
| | | DED HWY W/O TRAFFI | C BARRIER | | RAFFIC SIGNAL | | | NO Road Grade | | | | |
| | | ace Type ACKTOP (BITUMINOUS) | | | oad Curvature TRAIGHT | | | LEVEL | • | × | | |
| | Truck | k Bus or HazMat | | | | | | | | | | |
| | W.C.ROMBIROSTO | Vehicle | | | | 13.0 | | | | | | |
| | | License Plate Number VK7154 | | 1 | Plate Type TK - LIGHT TRUCK | 1 | St WI | Country of Iss UNITED ST | | | | |
| 02 | 02 | Vehicle Identification Numb | er | 1 | Make | | Year | Model | | | | |
| 0 | 0 | 5FPYK3F11RB002926 Color | | | HONDA Body Style | | 2024 | RID Bus Use | | | | |
| | | WHI - WHITE | | 6 | PK - PICKUP | | | | | | | |
| <u></u> | BIO | Initial Contact Point 06 - REAR | | | /ehicle Damage | | | | | 7 8 9 10 m | | |
| FIND | VEHIC | Extent Of Damage FUNCTIONAL DAMAG | E | | 05 - RIGHT REAR COI REAR CORNER | KNEK, | UO - KEA | K, U/ - LEF | | 6 \$ 4 \$ 2 T | | |
| | | Towed Due To Damage | | i | Vehicle Removed By | | | | | | | |

1SL0R8QZ0H

24-042300

WISCONSIN MOTOR VEHICLE CRASH REPORT

| 9 | | What Driver Was Doing | | | Vehicle Factors | | | |
|----------------|--|--|---------------------------------|---|---|---------------|------------------------|--|
| 1 | | STOP IN TRAFFIC | | | | | | |
| | | Driver Prior Action Other | | | NOT APPLICABLE | | | |
| | | Driver Actions | | | | | | |
| | | NO CONTRIBUTING ACTION | ON | | | | | |
| | 킂 | | | | | | | |
| LINO | VEHICLE | | | | | | | |
| _ | NE | | | | | | | |
| | | | | | | | | |
| | | Owner Name SCHLOSSMANN IMPORTS | LINC | | Owner Address 3450 S 108TH ST | | | |
| 02 | 05 | SCHLOSSWANN INFORTS | S INC | | GREENFIELD, WI | 53227 , US | | |
| | | | | | | | | |
| | | Sequence Of Events | Managara Ash | acondi i kuma si ali | | | | |
| | | Event | BOAR AGRICUTUR VIII. | | | | | |
| | 9 | MOTOR VEH IN TRANSPO | RT | | | | | |
| | 8 | Event | | | | | | |
| | 0 | | | | | | | |
| | 90 | Event | | | | | | |
| | 04 | Event | | | | | | |
| _ | | Policy Holder | | | | | | |
| LIND | A | Insurance Company | | | INDIVIDUAL | | | |
| 2 | | STATE-FARM-GENERAL- | NS-CO | | ZAIDA HERNANDE | Z | | |
| | | Individual | | | | | | |
| | o de la | DRIVER ZAIDA IVETTE HERNANDI | FZ | | Citations Issued 0 | Sex FEMALE | | |
| | B | (414) 544-8245 | | | Date of Birth | Race | | |
| - | 3 | | | | 12/10/1988 | HISPANIC | | |
| LING | (414) 544-8245 Address 2406 S 61ST ST WEST MILWAUKEE, WI 53219 , US | | | | Driver License Number H6559898895000 | | | |
| | Z | 2406 S 61ST ST WEST MILWAUKEE, WI 53219 , US | | | STATE: WISCONSIN | COUNTRY: UN | ITED STATES | |
| | | | | | | | | |
| | 0.0 | On Duty | Crash | | Safety Equipment | | | |
| | Sal | ety Equipment | | | | | | |
| | | Row 01 - FRONT ROW | Seat Po | | SHOULDER & LAP BELT | | | |
| | | Helmet Use | 107-22 | | Helmet Compliance | | | |
| | | | | | | | | |
| | | Eye Protection | | TO BE TO SERVE THE THE TO SERVE THE TO SERVE THE THE TO SERVE THE THE TO SERVE THE THE TO SERVE THE THE TO SERVE THE TO SERVE THE THE TO SERVE THE THE TO SERVE THE THE THE THE THE THE THE THE THE TH | Tint Compliance | | | |
| 02 | 000 | Injury Se | | | Airbag | | | |
| 0 | Ö | alternation recommended the contract of the co | PARENTI | | NON DEPLOYED | | | |
| | | | Ejection Pa | th CTED/NOT APP | LICARIE | | Trapped/Extricated | |
| | | Medical Transport | NOT EJE | CTED/NOT APP | EMS Agency Identifier | | NOT TRAPPED EMS Run # | |
| | | NOT TRANSPORTED | | | and rigonoy radiiand | | | |
| | | Hospital | | | Date of Death | | Time of Death | |
| | | Distracted By NOT AF | d By Source | E (NOT DISTRA | CTED | | | |
| | | Distracted By Action | LIVADI | - (NOI DISTRA | V:LUj | | | |
| | | NOT DISTRACTED | deberrorrent vez der besteuren. | | | | | |
| Daniel Charles | | Non Motorist | Jnit # | Location | | | | |

1SL0R8QZ0H

24-042300

WISCONSIN MOTOR VEHICLE CRASH REPORT

| 1 | 1000000 | | | | | | |
|--------|------------|--------------------------------|-------------------|--|-------------------|----------------------|----------------|
| | | Prior Action | | | | | |
| i i | | Action | | | | | |
| | | Action | | | | | |
| | | | | | | | |
| | 8 | | | | | | |
| L | È | | | | | | |
| LIND | 9 | | | | | | |
| 5 | \geq | | | | | | |
| | INDIVIDUAL | | | | | | |
| | 4 | × | | | | | |
| | 4.36 | | | | | | |
| | | | | | | | |
| | | Action Other | | The state of the s | | | To/From School |
| | | | | | | | |
| | | Suspected Alcohol U | se | Suspected Drug Use | | | |
| | | Drug & Alcohol No | | NO | | | |
| | Salata | Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | | | | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| | | TEST NOT GIVEN | | | | | |
| 2 | 2 | Drug Type | 1 | | | | |
| 02 | 005 | Prof. (State) | | | | | |
| | | | | | | | |
| | | Individual Condition | | | | | |
| | TVI. | APPEARED NORMAL | | | | | |
| | PCH-2 | TO THE HOLLING | | | | | |
| 8 | BANKS ZA | L | | | | | |



CARSTAR GREENFIELD AUTO BODY

Workfile ID: Federal ID:

8e9c212a 26-4390418

Where we meet by accident! mariusz@carstar.us 4739 S 27TH ST, GREENFIELD, WI 53221

> Phone: (414) 282-8580 FAX: (414) 282-8533

Preliminary Estimate

Customer: HONDA CITY

Written By: Mariusz Stanisz

Insured:

HONDA CITY

Policy #:

Claim #:

Type of Loss:

Point of Impact: 06 Rear

Date of Loss:

Days to Repair: 0

CUSTOMER PAY

664

Owner:

HONDA CITY

3450 S 108 STR

MILWAUKEE, WI 53227 (414) 328-3500 Business Inspection Location:

CARSTAR GREENFIELD AUTO BODY

4739 S 27TH ST

GREENFIELD, WI 53221

Repair Facility

(414) 282-8580 Business

Insurance Company:

VEHICLE

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection Platinum White Trico

VIN:

5FPYK3F11RB002926

Interior Color:

Mileage In:

License: VK7154

Platinum White Trico

Mileage Out:

Vehicle Out:

State:

Exterior Color: Production Date:

Condition:

Job #:

WI

Automatic Transmission

4 Wheel Drive

Power Steering

Power Windows

Power Brakes

POWER

TRANSMISSION

Tilt Wheel

Power Locks

Power Mirrors DECOR

Dual Mirrors Privacy Glass

Console/Storage Overhead Console

CONVENIENCE Air Conditioning

Intermittent Wipers

Cruise Control Rear Defogger

Keyless Entry

Alarm

Message Center

Steering Wheel Touch Controls

Telescopic Wheel Climate Control **Dual Air Condition**

Backup Camera

Remote Starter Intelligent Cruise

RADIO AM Radio FM Radio

Stereo Search/Seek

Auxiliary Audio Connection

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

Xenon or L.E.D. Headlamps

Blind Spot Detection

Hands Free Device

Lane Departure Warning

SEATS Cloth Seats

Bucket Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Three Stage Paint

OTHER Fog Lamps **TRUCK**

Rear Step Bumper

Bedliner Trailer Hitch

Trailering Package

Customer: HONDA CITY

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection Platinum White Trico

| Line | | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------|--------------|-------|--|-----------------------------|-------------|----------------------|-----------------------|---------|
| 1 | ELECTRICAL | | | | | | | |
| 2 | * | Rpr | Battery-disconect | | | n | 0.3 | |
| 3 | REAR BUMPE | R | | | | | | |
| 4 | | | O/H rear bumper | | | | 2.2 | |
| 5 | | Repl | Bumper cover w/o park sensor | 71501T6ZA50 | 1 | 404.13 | Incl. | |
| | | | Note: LABOR: Time includes license | e lamps, spacers, absorber, | , step pad | s, moldings, refl | ectors, skirts and ha | irness. |
| 6 | | Repl | RT Step pad outer | 71511T6ZA00 | 1 | 45.44 | Incl. | |
| 7 | | Repl | LT Step pad outer | 71516T6ZA00 | 1 | 45.44 | Incl. | |
| 8 | | Repl | RT Absorber | 71570T6ZA00 | 1 | 65.53 | Incl. | |
| 9 | | Repl | LT Absorber | 71575T6ZA00 | 1 | 65.53 | Incl. | |
| 10 | VEHICLE DIAG | GNOST | ICS | | | | | |
| 11 | * | Subl | Pre-repair scan | | 1 | 89.00 m | 1 | |
| | | | Note: Pre and post scan required.E attached. | lectrical items disconected | for repair | or refinish.OEM | Honda scan results | will be |
| 12 | * | Subl | Post-repair scan | | 1 | 89.00 m | i | |
| | | | Note: Pre and post scan required.E attached. | lectrical items disconected | for repair | or refinish.OEM | Honda scan results | will be |
| 13 | # | Rpr | Reset electrical components | | | | 0.5 M | |
| | | | Note: after battery disconect some | electrical components need | d resetting | 9 | | |
| | | | | SUBTOTALS | | 804.07 | 3.0 | 0.0 |

ESTIMATE TOTALS

| Category | Basis | | Rate | Cost \$ |
|------------------|-------------|---|---------------|----------|
| Parts | | | | 804.07 |
| Body Labor | 2.5 hrs | @ | \$ 76.00 /hr | 190.00 |
| Mechanical Labor | 0.5 hrs | @ | \$ 140.00 /hr | 70.00 |
| Subtotal | | | | 1,064.07 |
| Sales Tax | \$ 1,064.07 | @ | 5.9000 % | 62.78 |
| Grand Total | | | | 1,126.85 |

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

Customer: HONDA CITY

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection Platinum White Trico

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 ARG4476, CCC Data Date 10/17/2024, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. 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 with discounted pricing. 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 2024 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. CFC=Carbon Fiber.

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. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent 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.

Customer: HONDA CITY

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection Platinum White Trico

RECALL INFO

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection Platinum White Trico

VIN:

5FPYK3F11RB002926

Interior Color:

Mileage In:

Vehicle Out:

License: VK7154

Exterior Color:

Platinum White Trico

Mileage Out:

State:

WI

Production Date:

Condition:

Job #:

The National Highway Transportation and Safety Administration (NHTSA) has issued 1 safety-related recall notice(s) that may apply to the selected vehicle.

NHTSA ID: 24V321000

Issued: May 5, 24

Number of Vehicles:

00187290

BACK OVER PREVENTION: SENSING SYSTEM: CAMERA Honda (America Honda Motor Co) is recalling certain 2020-2024 Ridgeline vehicles. The rearview camera (RVC) tailgate wire harness may fatigue and break, which can prevent the rearview camera image from displaying. A rearview camera that does not display an image can reduce the driver"s rear view, increasing the risk of a crash. Dealers will replace the RVC tailgate wire harness, free of charge. Interim letters notifying owners of the safety risk were mailed July 1, 2024. Second letters will be mailed once the remedy is available. Owners may contact Honda service at 1-888-234-2138. Honda"s number for this recall is YI7.



SCHLOSSMANN HONDA CITY, SUBARU CITY BODY SHOP

Workfile ID: PartsShare: 90288ba0 8ck5QB

Federal ID:

39-1095094

HONDA PRO-FIRST, SUBARU COLLISION, AND I-CAR GOLD CLASS CERTIFIED hcbodyshop@schlossmannauto.com 3450 S 108TH ST, MILWAUKEE, WI 53227

> Phone: (414) 328-3500 FAX: (414) 328-3515

Preliminary Estimate

RO Number: 34893

Written By: Dan Hagstrom

Insured:

SCHLOSSMANN HONDA

CITY LOANER

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact: 06 Rear

Owner:

Inspection Location:

Insurance Company:

SCHLOSSMANN HONDA CITY LOANER

SCHLOSSMANN HONDA CITY, SUBARU

CITY BODY SHOP

(414) 328-3500 Business

3450 S 108TH ST

MILWAUKEE, WI 53227

Repair Facility

(414) 328-3500 Business

VEHICLE

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection White

VIN:

5FPYK3F11RB002926

Interior Color:

Mileage In:

Vehicle Out:

License: State:

WI

Exterior Color: Production Date:

Mileage Out: White

Condition:

Job #:

TRANSMISSION

Automatic Transmission

4 Wheel Drive

POWER

Power Steering

Power Brakes Power Windows

Power Locks

Power Mirrors **DECOR**

Dual Mirrors

Privacy Glass Console/Storage Overhead Console

CONVENIENCE

Intermittent Wipers

Tilt Wheel Cruise Control

Rear Defogger

Keyless Entry

Alarm Message Center

Steering Wheel Touch Controls

Telescopic Wheel Climate Control

Dual Air Condition

Backup Camera Remote Starter Intelligent Cruise

RADIO

FM Radio

Stereo Search/Seek

Auxiliary Audio Connection

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 Hands Free Device

Xenon or L.E.D. Headlamps

Lane Departure Warning

SEATS

Cloth Seats **Bucket Seats**

WHEELS Aluminum/Alloy Wheels

PAINT

Three Stage Paint **OTHER**

Fog Lamps **TRUCK**

Rear Step Bumper

Bedliner Trailer Hitch

Trailering Package

RO Number: 34893

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection White

Air Conditioning

AM Radio

Blind Spot Detection

RO Number: 34893

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection White

| Line | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------|------------------|------------------------------|-------------|-----|-------------------|--------------|-------|
| 1 | REAR BUMPER | | | | | 0 | |
| 2 | | O/H bumper assy | | | | 2.2 | |
| 3 | Repl | Bumper cover w/o park sensor | 71501T6ZA50 | 1 | 404.13 | Incl. | |
| 4 | Repl | RT Step pad outer | 71511T6ZA00 | 1 | 45.44 | Incl. | |
| 5 | Repl | LT Step pad outer | 71516T6ZA00 | 1 | 45.44 | Incl. | |
| 6 | Repl | RT Absorber | 71570T6ZA00 | 1 | 65.53 | Incl. | |
| 7 | Repl | LT Absorber | 71575T6ZA00 | 1 | 65.53 | Incl. | |
| 8 | VEHICLE DIAGNOST | rics | | | | | |
| 9 | # Rpr | Battery Disconnect | | | | 0.3 | |
| 10 | * Rpr | Pre-repair scan | | | m | <u>0.5</u> M | |
| 11 | * Rpr | Post-repair scan | | | m | <u>0.5</u> M | |
| 12 | # Subl | Hazardous Waste | | 1 | 10.00 T | | |
| | | | SUBTOTALS | | 636.07 | 3.5 | 0.0 |

| E 67 | ГТВ | A IN | TE | TO | $T \Lambda$ | |
|------|-----|------|----|----|-------------|--|
| | | | | | | |

| Category | Basis | | Rate | Cost \$ |
|------------------|-----------|---|---------------|----------|
| Parts | | | | 626.07 |
| Body Labor | 2.5 hrs | @ | \$ 74.00 /hr | 185.00 |
| Mechanical Labor | 1.0 hrs | @ | \$ 174.00 /hr | 174.00 |
| Miscellaneous | | | | 10.00 |
| Subtotal | | | | 995.07 |
| Sales Tax | \$ 995.07 | @ | 5.9000 % | 58.71 |
| Grand Total | | | | 1,053.78 |
| Deductible | | | | 0.00 |
| CUSTOMER PAY | | | | 0.00 |
| INSURANCE PAY | | | | 1,053.78 |
| | | | | |

Parts pricing and availability is subject to change at anytime and without prior notice and is out of our control.

Our initial estimates are written using new OEM parts. Actual parts usage is determined by the responsible insurance company. We will attempt to price match any alternative parts specified by the insurance company to possibly use new OEM parts instead.

Posted Total Loss Charges If Applicable:

\$150.00 Secured Storage per Calendar Day, starting the day the vehicle arrives.

\$250.00 Estimating Fee.

\$100 E.P.C. environment protection charges.

Restocking parts fee when applicable.

RO Number: 34893

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection White

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RO Number: 34893

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection White

CCC ONE Estimating - A product of CCC Intelligent 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.

RO Number: 34893

2024 HOND Ridgeline Sport AWD 4D P/U 6-3.5L Gasoline Gasoline Direct Injection White

PARTS SUPPLIER LIST

| Line | Supplier | Description | Price |
|------|------------------------|------------------------------|-----------|
| 3 | Schlossmann Honda City | #71501T6ZA50 | \$ 404.13 |
| | 3450 S 108th St | Bumper cover w/o park sensor | |
| | Milwaukee WI 53227 | Quote: 2900215476 | |
| | | Expires: 10/25/24 | |
| | | | |
| 4 | Schlossmann Honda City | #71511T6ZA00 | \$ 45.44 |
| | 3450 S 108th St | RT Step pad outer | |
| | Milwaukee WI 53227 | Quote: 2903591737 | |
| | | Expires: 10/25/24 | |