



CLAIMANT CONTACT INFORMATION

Name: COUNT COPY FULLER Phone: 414 607-0433
Address: 1415 S 92ND #210 Email: countfuller@a Gmail
WEST ALLIS .com

INSTRUCTIONS

Complete this form 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: Dec 28 2021 Time of day: 2:00PM
Location: 92 Lincoln

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.

I was sitting in the intersection
at a red light and the West Allis
plow slid and the blade clipped my
rear fender and headlight.

Check one:

- I am seeking damages at this time (complete Claim Amount section below)
- I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: Count Copy Fuller Date: 2/9/2022

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.

The total amount sought is: \$ 1500.00

WEST ALLIS POLICE DEPARTMENT
DRIVER EXCHANGE AND INFORMATION SHEET

To be completed by drivers ONLY
Pursuant to Section 346.67 Wis. Stats.

DATE: 12/ TIME: 2:00 PM LOCATION: 92 Lincoln

TOWING COMPANY: _____

DRIVER'S NAME: Count Fuller PHONE #: 414 607-0433

ADDRESS: 1415 S 92nd #200 CITY/STATE/ZIP: West Allis WI 53214

VEHICLE (MAKE): 2007 Honda (MODEL): accord YEAR: 2007

LICENSE PLATE #: AE 6098 ACCIDENT OR CALL #: 21, 044 958

INSURANCE CARRIER/PHONE: _____

POLICY #: _____

Completion and exchange of this form is for the purpose of facilitating the exchange of information requirement of Section 346.67 Wis. Stats. It is intended only to assist those involved in a crash and facilitate the exchange of information between drivers to assist with any insurance claim, personal reimbursement or civil action

I hereby consent to the release of my personal information to _____

(other driver)

Your Signature _____

1. Notify your insurance company as soon as possible

302 8000

2. **ONLINE COPIES** If you wish to purchase a copy of the accident report, visit the DOT website at app.wi.gov/crashreports. Copies are typically available in 3-5 business days.

IN PERSON

Please visit the Records Unit during regular business hours (Mon – Fri, 8 am to 5 pm) to fill out an open record request form. You will need to follow up with the Records Unit in 7 to 10 business days to see if the report is available for purchase. A contact form will be given to you when you submit the open records request.

4. If you received a traffic citation, you must stipulate to (pay) the citation prior to your court date **OR** appear in court on the date and time indicated on the citation. **THE WEST ALLIS MUNICIPAL COURT IS LOCATED AT 11301 W. LINCOLN AVE.**

Done 2:00pm

Name:

Receipt: 352144

Item: Photo Copies - P6

Amount: \$1.50

Reg: 05 01/07/2022 12:28:33

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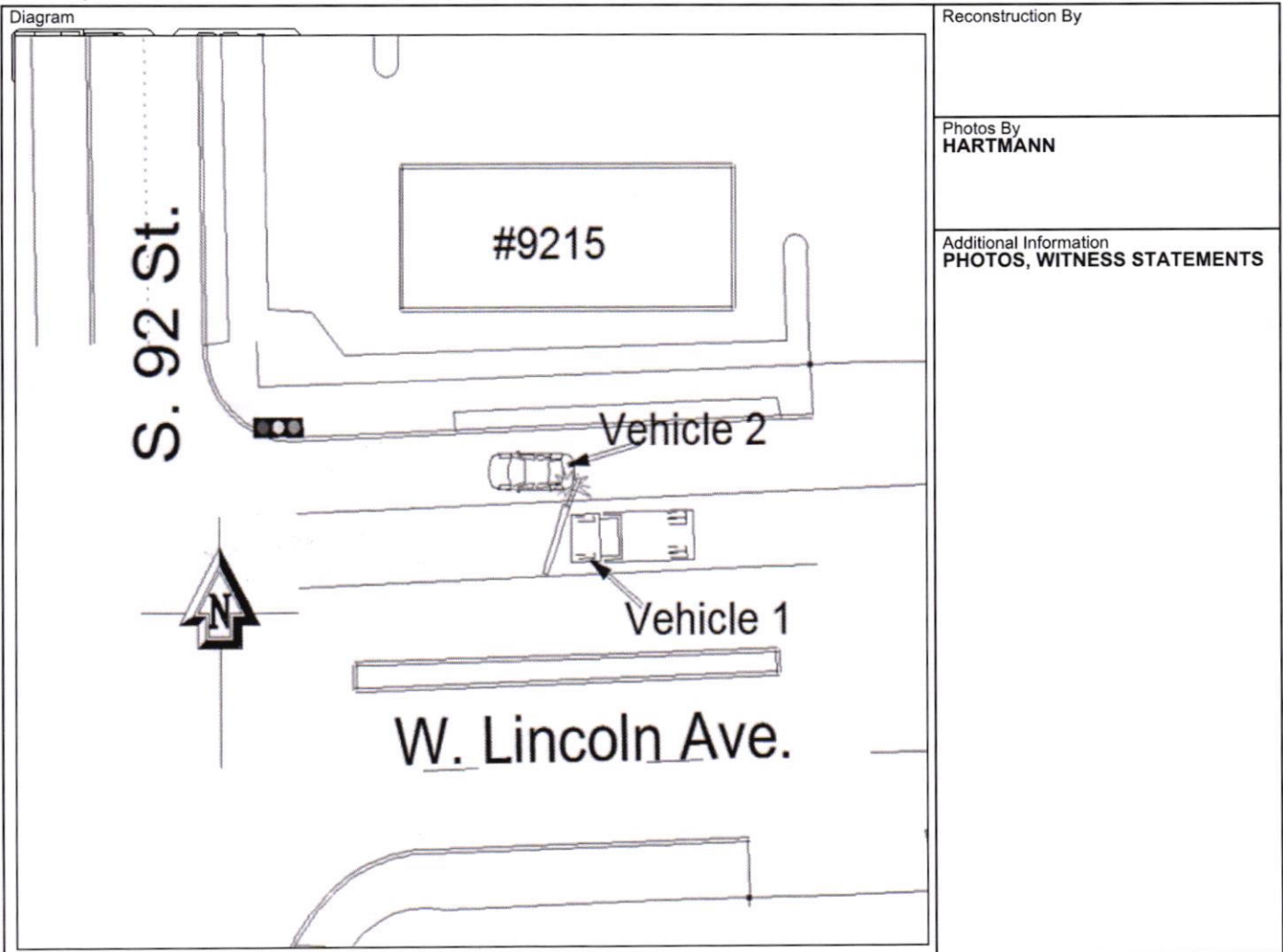
WISCONSIN MOTOR VEHICLE
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy OFFICER P. HARTMANN	
Crash Date 12/28/2021		Crash Time 02:00 PM		Date Arrived 12/28/2021		Time Arrived 02:15 PM	
Date Notified 12/28/2021		Time Notified 02:10 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description



I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

HARTMANN... VEHICLE #1 IS A SNOW PLOW THAT WAS E/B ON W LINCOLN AVE. WHEN EXTENDED SNOT PLOW/ARM COLLIDED WITH STOPPED VEHICLE #2 THAT WAS ALSO E/B ON W LINCOLN AVE. IN RIGHT LANE.

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WISCONSIN MOTOR VEHICLE
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11301 WEST LINCOLN AVENUE
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Location

ON 9215 W LINCOLN AVE 148 FT W OF S 92ND ST (HOUSE/BUILDING 9215) IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude 43.002693375	Longitude -88.027709085
	X Coordinate 416236.46875	Y Coordinate 4761626.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification B CLASS	Unit Type TRUCK		
	Vehicle Type SNOW PLOW	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT 01	Vehicle			
	License Plate Number 75148	Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1HTWYSBT39J057258	Make INTI	Year 2009	Model INTERNATIO
	Color WHI - WHITE	Body Style DP - DUMP TRUCK		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER		
Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL				
01	Owner Name WEST ALLIS CITY (414) 302-8200		Owner Address 7525 W GREENFIELD AVE WEST ALLIS, WI 53214 , US		
	Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT	Policy Holder				
	Insurance Company CITIES-&-VILLAGES-MUTUAL-INS-CO		Government WEST ALLIS CITY		
UNIT INDIVIDUAL	Individual				
	Driver GREGORY BRUCE KEIFER (414) 302-8200		Citations Issued 0	Sex MALE	
	Address 2513 ROOT RIVER PKWY WEST ALLIS, WI 53227 , US		Date of Birth 04/08/1967	Race	
			Driver License Number K1602826712802 STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	Safety Equipment		On Duty Crash WINTER-HWY-MAINTENANC		
	Row 12 - RIDING ON MOTOR		Seat Position	SHOULDER & LAP BELT	
	Helmet Use		Safety Equipment		
	Eye Protection		Helmet Compliance		
			Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					

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WEST ALLIS POLICE DEPARTMENT
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(414) 302-8000

UNIT	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
01	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		
	Drug Type				
	Individual Condition APPEARED NORMAL				
	Carrier				
	<input checked="" type="checkbox"/>	Use Vehicle Owner Same as Carrier		Source DRIVER	
01	Name WEST ALLIS CITY USDOT# 0000		Address 7525 W GREENFIELD AVE WEST ALLIS, WI 53214 , US		
	GVWR MORE THAN 26,000 LB	Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)	Cargo Body Type DUMP		
	US DOT # 0000	Carrier Type NOT IN COMMERCE/GOVERNMENT	Permitted Load NOT APPLICABLE		
	<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present
UNIT	Measured Height		Measured Length	Measured Width	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR			Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	

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02 002	Eye Protection		Tint Compliance		
	02 002	Injury	Injury Severity	Airbag	
			NO APPARENT INJURY	NON DEPLOYED	
	Ejected	Ejection Path		Trapped/Extricated	
	NOT EJECTED	NOT EJECTED/NOT APPLICABLE		NOT TRAPPED	
	Medical Transport		EMS Agency Identifier	EMS Run #	
	NOT TRANSPORTED				
	Hospital		Date of Death	Time of Death	
	Distracted By		Distracted By Source		
			NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action					
NOT DISTRACTED					
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location		
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use	
			NO	NO	
Alcohol Test Given		Alcohol Test Type	Alcohol Test Results		
TEST NOT GIVEN					
Drug Test Given		Drug Test Type	Drug Test Results		
TEST NOT GIVEN					
Drug Type					
Individual Condition					
APPEARED NORMAL					

Witness

WITN 01 ESS	Individual	Address	Date of Birth
	AMY T WANDLER (262) 227-2969	220 BRIGHTON PL WAUKESHA, WI 53126 , US	



FISCO AUTO BODY, INC.

mail@fiscoautobody.com
11225 W. FOREST HOME AVE., FRANKLIN, WI
53132
Phone: (414) 425-6100
FAX: (414) 425-5806

Workfile ID: 767a55f6
PartsShare: 6zrgkJ
Federal ID: 32-0515918

Preliminary Estimate

Customer: Fuller, Count

Job Number:

Written By: Ron Fisco

Insured: Fuller, Count
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Fuller, Count
(414) 554-8643 Cell

Inspection Location:
FISCO AUTO BODY, INC.
11225 W. FOREST HOME AVE.
FRANKLIN, WI 53132
Repair Facility
(414) 425-6100 Business

Insurance Company:

VEHICLE

2007 HOND Accord Sedan LX Automatic 4D SED 4-2.4L Gasoline MPFI

VIN: 3HGCM56477G706964
License:
State: WI

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
Overdrive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors

DECOR

Dual Mirrors

Body Side Moldings
Console/Storage

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Telescopic Wheel

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
CD Player

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
Front Side Impact Air Bags
Head/Curtain Air Bags

SEATS

Cloth Seats
Bucket Seats

WHEELS

Wheel Covers

PAINT

Clear Coat Paint

OTHER

Power Trunk/Liftgate

Preliminary Estimate

Customer: Fuller, Count

Job Number:

2007 HOND Accord Sedan LX Automatic 4D SED 4-2.4L Gasoline MPFI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint	
1		REAR LAMPS						
2	**	Repl Opt OEM LT Tail lamp	34156SDAA21	1	117.01	0.3		
3		REAR BUMPER						
		Note: more damage possible under cover						
4	** <>	Repl Opt OEM Bumper cover USA built	04715SDBA80ZZ	1	293.00	1.2	3.0	
5		Add for Clear Coat					1.2	
6		Repl LT Side support	71598SDAA10	1	27.97	0.2		
7		Repl LT Bumper cover bracket	71555SDAA00	1	22.90			
8	#	***** ADD-ONS *****			1			
9	#	Subl Hazardous waste removal		1	4.00 T			
10	#	Repl Cover Car		1	8.00 T			
11	#	Repl Corrosion protection primer		1	10.00 T		0.3	
SUBTOTALS					482.88	1.7	4.5	

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			460.88
Body Labor	1.7 hrs @	\$ 64.00 /hr	108.80
Paint Labor	4.5 hrs @	\$ 64.00 /hr	288.00
Paint Supplies	4.5 hrs @	\$ 41.00 /hr	184.50
Miscellaneous			22.00
Subtotal			1,064.18
Sales Tax	\$ 1,064.18 @	5.5000 %	58.53
Grand Total			1,122.71
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,122.71

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.

Preliminary Estimate

Customer: Fuller, Count

Job Number:

2007 HOND Accord Sedan LX Automatic 4D SED 4-2.4L Gasoline MPFI

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 AEG4437, CCC Data Date 12/16/2021, 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 2022 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.

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.

Preliminary Estimate

Customer: Fuller, Count

Job Number:

2007 HOND Accord Sedan LX Automatic 4D SED 4-2.4L Gasoline MPFI

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
2	Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227	#34156SDAA21 Opt OEM LT Tail lamp Quote: 1099915494 Expires: 01/06/22	\$ 117.01
4	Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227	#04715SDBA80ZZ Opt OEM Bumper cover USA built Quote: 1099914186 Expires: 01/06/22	\$ 293.00
6	Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227	#71598SDAA10 LT Side support Quote: 1099914663 Expires: 01/06/22	\$ 27.97
7	Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227	#71555SDAA00 LT Bumper cover bracket Quote: 1099914540 Expires: 01/06/22	\$ 22.90

Date: 2/ 3/2022 09:32 AM
 Estimate ID: 32227
 Estimate Version: 0
 Preliminary
 Profile ID: BROWNELL QCC

Brownell Quality Collision Center

10414 W Greenfield Ave., West Allis, WI 53214
 (414) 774-0610
 Fax: (414) 774-0760
 Email: BrownellQCC@aol.com
 Tax ID: 39-1758646

Damage Assessed By: RYAN KONKEL
 Classification: Field

Type of Loss: Collision
 Deductible: NONE
 Claim Number: 32227

Owner: COUNT COPY-FULLER
 Telephone:
 Cell Phone: (414) 607-0433

Mitchell Service: 910017

Description: 2007 Honda Accord LX
 Body Style: 4D Sed
 VIN: 3HGCM56477G706964
 OEM/ALT: A
 Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER
 AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., CD PLAYER
 POWER ADJUSTABLE EXTERIOR MIRROR, AUTOMATIC TRANSMISSION, FIRST ROW BUCKET SEAT
 CLOTH SEAT, SIDE AIRBAGS, AUTOMATIC HEADLIGHTS
 SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, DAYTIME RUNNING LIGHTS
 KEYLESS ENTRY SYSTEM, REAR BENCH SEAT

Drive Train: 2.4L Inj 4 Cyl 5A FWD
 Search Code: B913542

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	004666	BDY	REMOVE/REPLACE	L Rear Combination Lamp Assembly	** QUAL REPL PART	151.00	1.1 #
2	AUTO	BDY	OVERHAUL	Rear Bumper Cover Assy			1.4
3	004703	BDY	REMOVE/REPLACE	Rear Bumper Cover	** QRP Certified	382.00	INC
4	AUTO	REF	REFINISH	Rear Bumper Cover			C 2.6
5	004715	BDY	REMOVE/REPLACE	L Rear Bumper Spacer	71598-SDA-A10	27.97	INC
6	AUTO	REF	ADD'L OPR	Clear Coat			1.0
7	AUTO		ADD'L COST	Paint/Materials		144.00	*
8	AUTO		ADD'L COST	Hazardous Waste Disposal		5.00	*

* - Judgment Item
 # - Labor Note Applies
 ** QRP Certified - Quality Replacement Parts - Certified
 ** QUAL REPL PART - Quality Replacement Parts
 C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 02/03/2022 09:29:50 32227

Mitchell Data Version: OEM: JAN_22_V
 MAPP: JAN_22_V
 Software Version: 7.1.242

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KEYSTONE-INS QUALITY PRT
 5050 N. WREN DR.
 APPLETON
 WI 54913
 (800) 422-1995 (920) 731-3030

1 ** HO2818130N 151.00
 3 ** HO1100233PP 382.00

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	2.5	60.00	0.00	0.00	150.00 T	Taxable Parts	560.97
Refinish	3.6	60.00	0.00	0.00	216.00 T	Sales Tax @ 5.500%	30.85
					Taxable Labor 366.00	Total Replacement Parts Amount	591.82
					Labor Tax @ 5.500% 20.13		
Labor Summary	6.1				386.13		
					Amount	IV. Adjustments	Amount
III. Additional Costs					149.00	Insurance Deductible	0.00
Taxable Costs					8.20	Customer Responsibility	0.00
Sales Tax @ 5.500%					157.20		
Total Additional Costs							
Paint Material Method: Rates Init Rate = 40.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	386.13
						II. Total Replacement Parts:	591.82
						III. Total Additional Costs:	157.20
						Gross Total:	1,135.15
						IV. Total Adjustments:	0.00
						Net Total:	1,135.15

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.