

September 28, 2021

RECEIVED

OCT 1 2021

City Of West Allis City Clerk's Office
7525 W Greenfield Ave Rm 108
West Allis WI 53214-4688

Subrogation Services
PO Box 106172
Atlanta GA 30348-6172

CITY OF WEST ALLIS
CITY CLERK

RE: Claim Number: 49-20W7-24X
Our Insured: Robert Timmerman
Date of Loss: June 11, 2021
Your Insured: City Of West Allis
Your Insured Driver: Sharif Said
Your Claim Number: Unknown
Your Policy Number: Unknown
Loss Location: 108th St West Allis, WI

To Whom It May Concern:

We have been informed you are the liability carrier for the party involved in this loss with our insured. Our investigation indicates your insured is responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm[®] paid by Cause of Loss:

Total Amount Paid by State Farm:	\$3,923.21
Insured Deductible Amount:	\$1,000.00
Total Amount Due to State Farm:	\$4,923.21

If you have paid the deductible to our insured, please reduce the Total Amount Due to State Farm by the deductible amount.

Property Damage

042 - Uninsured Motorist PD	\$0.00
300 series/400 - Comp/Collision	\$3,923.21
501 - Rental/Loss of Use	\$0.00
Other Property Damage	\$0.00
Salvage Recovery	\$0.00
Insured Deductible Amount	\$1,000.00

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$4,923.21.

Our insured also has medical expenses related to this loss. The medical claim is pending and documentation will be forwarded upon conclusion if appropriate. Please be advised we will also be asserting subrogation rights under this coverage where the law allows.

Please remit payment of this claim, or contact us at (877) 787-8276 Ext. 6156926922 to discuss settlement. Please include our claim number on the payment. If you reimburse our insured's deductible directly, please advise us at time of payment. Thank you for your cooperation.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provided for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

If you have questions or need assistance, call us at (877) 787-8276 Ext. 6156926922.

Sincerely,

Pat Nguyen
Claim Associate
(877) 787-8276 Ext. 6156926922
Fax: (866) 231-9276
statefarmclaims@statefarm.com

For your protection, when emailing State Farm, please do not include sensitive personal information such as Social Security Number, credit/debit card number (financial account number), driver's license number, or health/medical information in an email. Please contact us at (877) 787-8276 Ext. 6156926922 to discuss sensitive information.

State Farm Mutual Automobile Insurance Company

Enclosure(s): **ENCLOSURE(S)**

Other insurance carriers with access to st8.fm/oic-self-service can check for claims and review claim status online, including some payment details such as issue date, status, and amount. They can also view principal damage information and upload documents for an open claim. All insurance carriers can file an auto claim online on statefarm.com/claims.



CLAIMANT CONTACT INFORMATION

Name: State Farm a/s/o Robert Timmerman
Address: PO Box 106172
Atlanta, GA 30348

Phone: (877) 787-8276
Email: statefarmclaims@statefarm.com

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: 06/11/2021 Time of day: 3:00 PM
Location: 108th St West Allis, WI

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.

Your driver, Sharif Said, failed to yield right of way to incoming traffic while turning left and hit our insured.

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: Pat Nguyen

Date: 09/27/2021

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: \$ 4,923.21 text here

SAVE

PRINT



RBZ00070

State Farm Mutual Automobile Insurance Company

Auto Payments by Participant/COL

Route To: Rebeca Thomsen

BASIC CLAIM INFORMATION

Claim Number: 49-20W7-24X
Date of Loss: 06-11-2021
Policy Number: 3387-075-49
Named Insured: TIMMERMAN, ROBERT

Named Insured(s) / 400 - COLL

C denotes consolidated payment
E denotes EFT payment
P previously converted payment from CAT/CMR

<u>Payment Number</u>	<u>Issued Date</u>	<u>Payee</u>	<u>Payable COL</u>	<u>Pay Cd</u>	<u>Status</u>	<u>Amount</u>	<u>Auth Id</u>	<u>Rsn Cd</u>
105467933K E	06-30-2021	FLEURY'S BODY REPAIR INC	400	1	Paid	\$3,923.21	ECSAPY	
Total:						\$3,923.21		

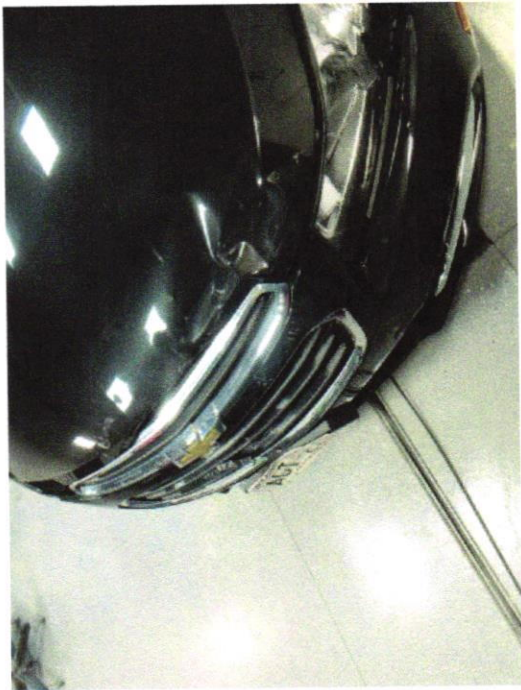




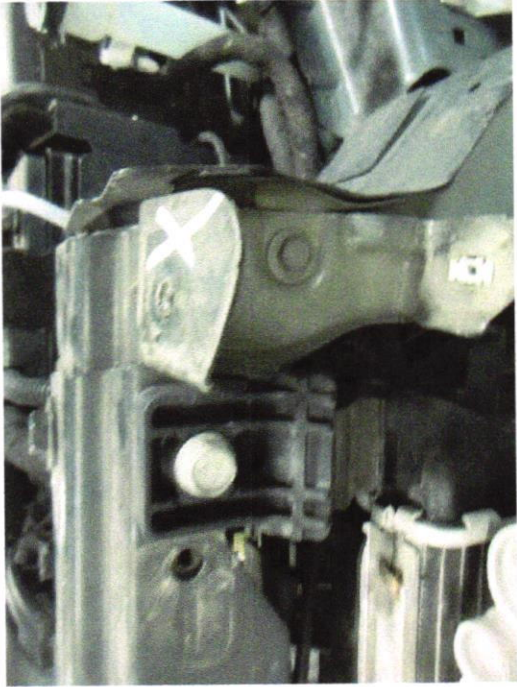




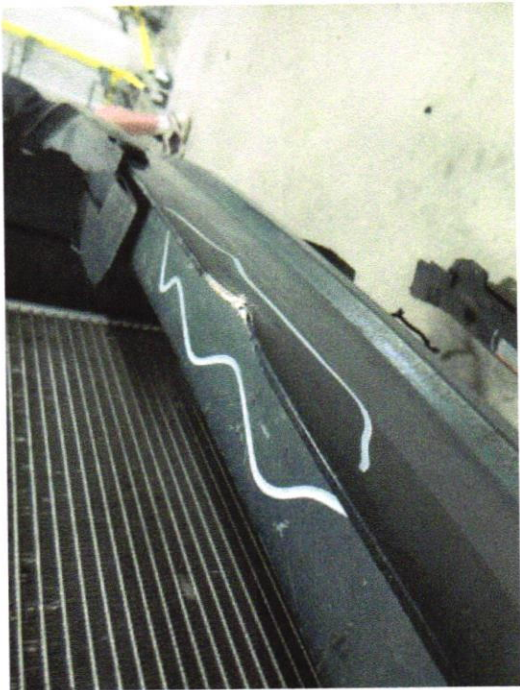














For Customer Support refer to the appropriate platform below:

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: 7

CLIENT : 6625
DIVISION :
ADJUSTER : YZDQ
CLAIM : 4920W724X

TRANSACTION # : 1396023361
DATE : 06/14/2021

DATE OF LOSS : 06/11/2021 TIME OF LOSS : 0:0:0
STREET : 108TH ST
CITY : WEST ALLIS
COUNTY :
STATE : WI

INVESTIGATING AGENCY : WEST ALLIS PD
REPORT NUMBER : 21-019124
REPORT TYPE : Auto Accident
PARTY 1 : ROBERT A TIMMERMAN
PARTY 2 :
PARTY 3 :

CAR : CRUZE MAKE : CHEVROLET YEAR : 2016
TAG :

DRIVER LICENSE : T5657616736902
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!

1SL055J PT7
21-019124

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

1SL055J PT7

Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy INVESTIGATOR R. TUSCHL	
Crash Date 06/11/2021		Crash Time 03:14 PM	Date Arrived 06/11/2021	Time Arrived 03:14 PM	
Date Notified 06/11/2021		Time Notified 03:14 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 checked="" 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 SUPPLEMENTAL	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By LEHMAN
	Additional Information PHOTOS

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

UNIT #1 IS TRAVELING S/B ON S. 108TH ST AND ATTEMPTING A LEFT HAND TURN TO GO E/B ON W. HAYES AVE. UNIT #2 IS TRAVELING N/B ON S. 108TH ST IN LANE TWO AND APPROACHING UNIT #1'S LOCATION. TRAFFIC AT THIS TIME IS HIGHLY CONGESTED IN LANE ONE FOR N/B TRAFFIC ON S. 108TH ST. UNIT #1 PROCEEDS TURN LEFT AND DOES IN FRONT OF UNIT #2, RESULTING IN A CRASH.

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21-019124

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

ON S 108TH ST/ STH100 NB 8 FT N OF W HAYES AVE IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude 43.000662849	Longitude -88.046834409
	X Coordinate 414674.84375	Y Coordinate 4761420
	Structure Type	

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) DRY		Roadway Factor(s) BACKUP DUE TO REGULAR CONGESTION	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type LANE CLOSURE	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 40	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 40	


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 SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 40	Total Lanes 4		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function POLICE		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	Vehicle						
	License Plate Number Z2874N		Plate Type TMP - TEMPORARY PLAT	St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number 1HGCP2F34CA245454		Make HONDA	Year 2012	Model ACCORD LX			

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

UNIT VEHICLE	Color	SIL - SILVER (ALUMINUM)	Body Style	4D - 4DR	Bus Use		
	Initial Contact Point	02 - RIGHT SIDE FRONT	Vehicle Damage	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT			
	Extent Of Damage	DISABLING DAMAGE					
	Towed Due To Damage	TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By	N & S TOWING			
	What Driver Was Doing	LEFT TURN	Vehicle Factors	NOT APPLICABLE			
UNIT VEHICLE	Driver Prior Action Other						
	Driver Actions	FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE					
01 01	Owner Name	CITY OF WEST ALLIS (414) 302-8200	Owner Address	7525 W LINCOLN AVE WEST ALLIS, WI 53214 , US			
	Sequence Of Events						
01 01	Event:	MOTOR VEH IN TRANSPORT					
	Event:						
	Event:						
	Event:						
UNIT INDIVIDUAL	Policy Holder						
	Insurance Company	CITIES-&VILLAGES-MUTUAL-INS-CO		Government	CITY OF WEST ALLIS		
UNIT INDIVIDUAL	Individual						
	Driver	SHARIF M SAID (414) 302-8000		Citations Issued	0		
				Date of Birth	03/30/1982		
				Sex	MALE		
				Race	WHITE		
	Address	11301 W LINCOLN AVE WEST ALLIS, WI 53227 , US		Driver License Number	S3007938211008 STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	Safety Equipment		On Duty Crash	POLICE			
	Row	01 - FRONT ROW	Seat Position	07 - LEFT			
	Safety Equipment			SHOULDER & LAP BELT			
	Helmet Use			Helmet Compliance			
	Eye Protection			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 #			

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(414) 302-8000

UNIT INDIVIDUAL 01 001	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	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						

Unit Summary

UNIT 02	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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 40	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 DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	02 02	Vehicle					
		License Plate Number AGT2284		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1G1PC5SH9G7184337		Make CHEVROLET	Year 2016	Model CRUZE LIM			
Color BLK - BLACK		Body Style SD - SEDAN		Bus Use			

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WISCONSIN MOTOR VEHICLE
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WEST ALLIS POLICE DEPARTMENT
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WEST ALLIS, WI 53227
(414) 302-8000



UNIT	VEHICLE	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage MINOR DAMAGE			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE		
UNIT	VEHICLE	Driver Prior Action Other			
		Driver Actions NO CONTRIBUTING ACTION			
02	02	Owner Name REBECCA A TIMMERMAN (262) 409-6094	Owner Address 813 LEEDS DR EAGLE, WI 53119 , US		
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	02	Policy Holder			
		Insurance Company STATE-FARM-GENERAL-INS-CO	Individual REBECCA TIMMERMAN		
UNIT	INDIVIDUAL	Individual			
		Driver ASHLEY RENEE TIMMERMAN (262) 409-6094	Citations Issued 0	Sex FEMALE	
			Date of Birth 04/25/1998	Race WHITE	
		Address 813 LEEDS DR EAGLE, WI 53119 , US	Driver License Number T5650169864502 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	002	Safety Equipment			
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance			
UNIT	002	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		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL 02 002	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other	To/From School	
	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			

FLEURY'S BODY REPAIR INC.

1006 MAIN ST, MUKWONAGO, WI 53149

Phone: (262) 363-8555

FAX: (262) 363-7038

Workfile ID: d66d787e

PartsShare: 6jtSRf

Federal ID: 74-3086862

Supplement of Record 1 with Summary**Customer: TIMMERMAN, ROBERT****Job Number:**

Written By: Ryan MacKenzie, 6/30/2021 4:53:43 PM

Adjuster: Express Team U, (855) 341-8184 Business

Insured: TIMMERMAN, ROBERT

Policy #:

Claim #: 49-20W7-24X01

Type of Loss: Collision

Date of Loss: 6/11/2021 12:00 PM

Days to Repair: 6

Point of Impact: 11 Left Front

Owner:

TIMMERMAN, ROBERT

813 LEEDS DR

EAGLE, WI 53119-2271

(262) 594-3863 Other

(262) 594-3863 Evening

Inspection Location:

Unknown

Other

Insurance Company:

STATE FARM INSURANCE COMPANIES

Vehicle Drop Off Date: 06/22/2021**Promise Date:** 07/01/2021**Repair Start Date:** 06/23/2021**Repair Completion Date:** 06/30/2021**Vehicle Pick Up/Return Date:** 06/30/2021**VEHICLE**

2016 CHEV Cruze Limited LS Automatic 4D SED 4-1.8L Flex Fuel Electronic Fuel Injection BLK

VIN: 1G1PC5SH9G7184337

Interior Color:

Mileage In: 86,391

Vehicle Out: 7/1/2021

License: AGT-2284

Exterior Color: BLK

Mileage Out:

State: WI

Production Date: 10/2015

Condition:

Job #:

TRANSMISSION

Automatic Transmission

Overdrive

POWER

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

DECOR

Dual Mirrors

Tinted Glass

Console/Storage

CONVENIENCE

Air Conditioning

Intermittent Wipers

Tilt Wheel

Rear Defogger

Keyless Entry

Alarm

Message Center

Steering Wheel Touch Controls

Telescopic Wheel

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

Front Side Impact Air Bags

Head/Curtain Air Bags

Communications System

Hands Free Device

Rear Side Impact Air Bags

SEATS

Cloth Seats

Bucket Seats

Reclining/Lounge Seats

WHEELS

Wheel Covers

PAINT

Clear Coat Paint

OTHER

Traction Control

Stability Control

Supplement of Record 1 with Summary

Customer: TIMMERMAN, ROBERT

Job Number:

2016 CHEV Cruze Limited LS Automatic 4D SED 4-1.8L Flex Fuel Electronic Fuel Injection BLK

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		INFORMATION LABELS					
2		Repl Emission label	19354745	1	35.58	0.2	
3		FRONT BUMPER & GRILLE					
4		O/H front bumper				2.6	
5	* <>	Repl Bumper cover	94525910	1	<u>340.00</u>	Incl.	2.6
6		Add for Clear Coat					1.0
7	*	Repl Lower cover	95212249	1	<u>60.10</u>	Incl.	
8	*	Repl Lower deflector	96832929	1	<u>104.00</u>	Incl.	
9	*	Repl RT Trim cover w/o fog lamps	94516104	1	<u>176.52</u>	Incl.	
10	*	Repl LT Trim cover w/o fog lamps	94516106	1	<u>176.52</u>	Incl.	
11	*	Repl Lower grille	42359042	1	<u>48.78</u>	Incl.	
12	*	Repl Center grille black/chrome	95405770	1	<u>362.08</u>	Incl.	
13	*	Repl Upper grille black/chrome	94516092	1	<u>385.00</u>	Incl.	
14		Repl Emblem	95422636	1	47.28	Incl.	
15	*	Repl License bracket	95426878	1	<u>22.65</u>	0.2	
16		Repl LT Side retainer	95328893	1	21.53	0.2	
17		FRONT LAMPS					
18	*	Repl LT Headlamp assy all	95291963	1	<u>137.50</u>	0.4	
19		Aim headlamps				0.5	
20		R&I RT R&I headlamp assy				0.3	
21		AIR CONDITIONER & HEATER					
22	*	Repl <u>RCY RECOND Condens +25%</u>	23305638	1	<u>81.25</u> m	<u>1.1</u>	
23		AC Service evacuate & recharge				m 1.4	M
24		AC Service refrigerant recovery				m 0.4	M
25		HOOD					
26	*	Repl Hood	95389675	1	<u>337.50</u>	1.5	2.8
27		Overlap Major Non-Adj. Panel					-0.2
28		Add for Clear Coat					0.5
29		Add for Underside(Complete)					1.4
30		FENDER					
31	*	Rpr RT Fender				<u>1.0</u>	1.8
32		Overlap Major Adj. Panel					-0.4
33		Add for Clear Coat					0.3
34	*	Rpr LT Fender				<u>2.0</u>	1.8
35		Overlap Major Adj. Panel					-0.4
36		Add for Clear Coat					0.3
37		R&I RT Fender liner				0.4	
38		R&I LT Fender liner				0.4	
39		ELECTRICAL					
40		Repl Horn all	94534015	1	21.03	0.2	
41		PILLARS, ROCKER & FLOOR					
42		R&I RT Upper molding				0.1	

Supplement of Record 1 with Summary

Customer: TIMMERMAN, ROBERT

Job Number:

2016 CHEV Cruze Limited LS Automatic 4D SED 4-1.8L Flex Fuel Electronic Fuel Injection BLK

43	R&I	LT Upper molding			0.1
44	MISCELLANEOUS OPERATIONS				
45	Repl	Cover car/bag	1		0.2
46	#	Corrosion protection	1	T	0.5
47	#	Hazardous waste removal	1	5.00	
48	#	Flex additive	1	8.00	T
49	#	COVID 19 CLEANING	1	25.00	1.0
50	#	Repl BAR	13426894	1	156.25
51	#	S01 FINAL BILL	1		
SUBTOTALS				2,551.57	14.9
					12.0

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			2,543.57
Body Labor	13.1 hrs @	\$ 60.00 /hr	786.00
Paint Labor	12.0 hrs @	\$ 60.00 /hr	720.00
Mechanical Labor	1.8 hrs @	\$ 84.00 /hr	151.20
Paint Supplies	12.0 hrs @	\$ 40.00 /hr	480.00
Miscellaneous			8.00
Subtotal			4,688.77
Sales Tax	\$ 4,688.77 @	5.0000 %	234.44
Grand Total			4,923.21
Deductible			1,000.00
CUSTOMER PAY			1,000.00
INSURANCE PAY			3,923.21

For more information regarding State Farm's promise of satisfaction relating to new non-original equipment manufacturer (non-OEM) and recycled parts, please visit: <http://st8.fm/7X4> or QR code.



Register online to check the status of your claim and stay connected with State Farm®. To register, go to <http://www.statefarm.com/> and select Check the Status of a Claim. If you are already registered, thank you!

Supplement of Record 1 with Summary

Customer: TIMMERMAN, ROBERT

Job Number:

2016 CHEV Cruze Limited LS Automatic 4D SED 4-1.8L Flex Fuel Electronic Fuel Injection BLK

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Added Items							
51	#	S01	FINAL BILL				
				1			
SUBTOTALS					0.00	0.0	0.0

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			0.00
Subtotal			0.00

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	4,923.21	Ryan MacKenzie
Supplement S01	0.00	Ryan MacKenzie
Job Total:	\$ 4,923.21	
CUSTOMER PAY:	\$ 1,000.00	
INSURANCE PAY:	\$ 3,923.21	

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.

Supplement of Record 1 with Summary

Customer: TIMMERMAN, ROBERT

Job Number:

2016 CHEV Cruze Limited LS Automatic 4D SED 4-1.8L Flex Fuel Electronic Fuel Injection BLK

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 DR1CC11, CCC Data Date 06/16/2021, 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.

Supplement of Record 1 with Summary

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2016 CHEV Cruze Limited LS Automatic 4D SED 4-1.8L Flex Fuel Electronic Fuel Injection BLK

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
2	John Pauls Buick GMC Inc. 3615 S 108Th St, GREENFIELD WI 53228 Milwaukee WI 53228 (414) 545-7015	#19354745 Emission label	\$ 35.58
5	Morrison's Auto Inc. - ARO 6307 W. State Rd. 59 Edgerton WI 53534 (800) 866-2277	#94525910 Bumper cover Quote: 923307455 Expires: 06/30/21	\$ 340.00
5	John Pauls Buick GMC Inc. 3615 S 108Th St, GREENFIELD WI 53228 Milwaukee WI 53228 (414) 545-7015	#94525910 Bumper cover	\$ 340.00
7	Keystone 4410 N. 132ND STREET, SUITE A BUTLER WI 53007 (414) 463-1019	#95212249 Lower cover Quote: 920087934 Expires: 08/07/21	\$ 60.10
7	John Pauls Buick GMC Inc. 3615 S 108Th St, GREENFIELD WI 53228 Milwaukee WI 53228 (414) 545-7015	#95212249 Lower cover	\$ 60.10
8	John Pauls Buick GMC Inc. 3615 S 108Th St, GREENFIELD WI 53228 Milwaukee WI 53228 (414) 545-7015	#96832929 Lower deflector	\$ 104.00
9	Keystone 4410 N. 132ND STREET, SUITE A BUTLER WI 53007 (414) 463-1019	#94516104 RT Trim cover w/o fog lamps Quote: 920089652 Expires: 08/07/21	\$ 176.52
9	John Pauls Buick GMC Inc. 3615 S 108Th St, GREENFIELD WI 53228 Milwaukee WI 53228 (414) 545-7015	#94516104 RT Trim cover w/o fog lamps	\$ 176.52
10	Keystone 4410 N. 132ND STREET, SUITE A BUTLER WI 53007 (414) 463-1019	#94516106 LT Trim cover w/o fog lamps Quote: 920089957 Expires: 08/07/21	\$ 176.52

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(414) 545-7015

18	All Star Auto Lights - ARO 15326 Oakwood Drive ROMULUS MI 48174 (734) 710-9460	#95291963 LT Headlamp assy all Quote: 41883454 Expires: 07/03/21	\$ 137.50
18	John Pauls Buick GMC Inc. 3615 S 108Th St, GREENFIELD WI 53228 Milwaukee WI 53228 (414) 545-7015	#95291963 LT Headlamp assy all	\$ 137.50
22	Diamond Auto Parts (Team PRP) W6642 State Road 23 Fond Du Lac WI 54937 (920) 922-7731	#23305638 RCY RECOND Condens +25%	\$ 81.25
26	Nordstrom's Automotive 25513 480th Ave Garretson SD 57030 (877) 279-8327	#95389675 Hood Quote: 923305882 Expires: 06/30/21	\$ 337.50
26	John Pauls Buick GMC Inc. 3615 S 108Th St, GREENFIELD WI 53228 Milwaukee WI 53228 (414) 545-7015	#95389675 Hood	\$ 337.50
40	John Pauls Buick GMC Inc. 3615 S 108Th St, GREENFIELD WI 53228 Milwaukee WI 53228 (414) 545-7015	#94534015 Horn all	\$ 21.03
50	John Pauls Buick GMC Inc. 3615 S 108Th St, GREENFIELD WI 53228 Milwaukee WI 53228 (414) 545-7015	#13426894 BAR	\$ 156.25