

PO Box 15149
Worcester MA 01615-0149
Telephone: 800-628-025 Ext: 8552452
Fax Number: 508-926-5660

November 02, 2021

CITY OF WEST ALLIS
7525 W GREENFIELD AVE
WEST ALLIS WI

RECEIVED
NOV 05 2021
WEST ALLIS
CITY ATTORNEY

Re: Our Insured: Amy Moreno
Claim Number: 19-00926785 001
Date of Loss: 08/26/2021
Your Insured: City of West Allies Ambulance
Your File Number:

Dear Sir or Madam:

Our investigation indicated the above incident was caused by the negligence of your insured.

Enclosed are subrogation papers documenting our request for reimbursement of the following outlined payments:

Our Payment:	2360.98
Deductible:	0.00
Total Claim:	2360.98

Please forward your payment to: The Hanover Insurance Company
Claim Recoveries
PO Box 896658
Charlotte, NC 28289-6658

Please note the claim number on the check.

Thank you for your cooperation in this matter.

Sincerely,
Lori Dansereau

Lori Dansereau
Subrogation Adjuster
Allmerica Financial Benefit
ldansereau@hanover.com



CLAIMANT CONTACT INFORMATION

Name: Hanover Insurance a/s/o of Amy More
Address: P.O. Box 15149
Worcester, MA 01615

Phone: 508-855-2452
Email: ldansereau@hanover.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: 08/26/2021 Time of day: 02:00
Location: 56 St, Milwaukee, 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.

West Allies ambulance struck the legally parked Moreno vehicle, police report in evidence.

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: Lori Dansereau A/s/o Amy Moreno Date: 11/2/2021
Claim 19-00926785 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: \$ 2,360.98

SAVE

PRINT

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21-029443

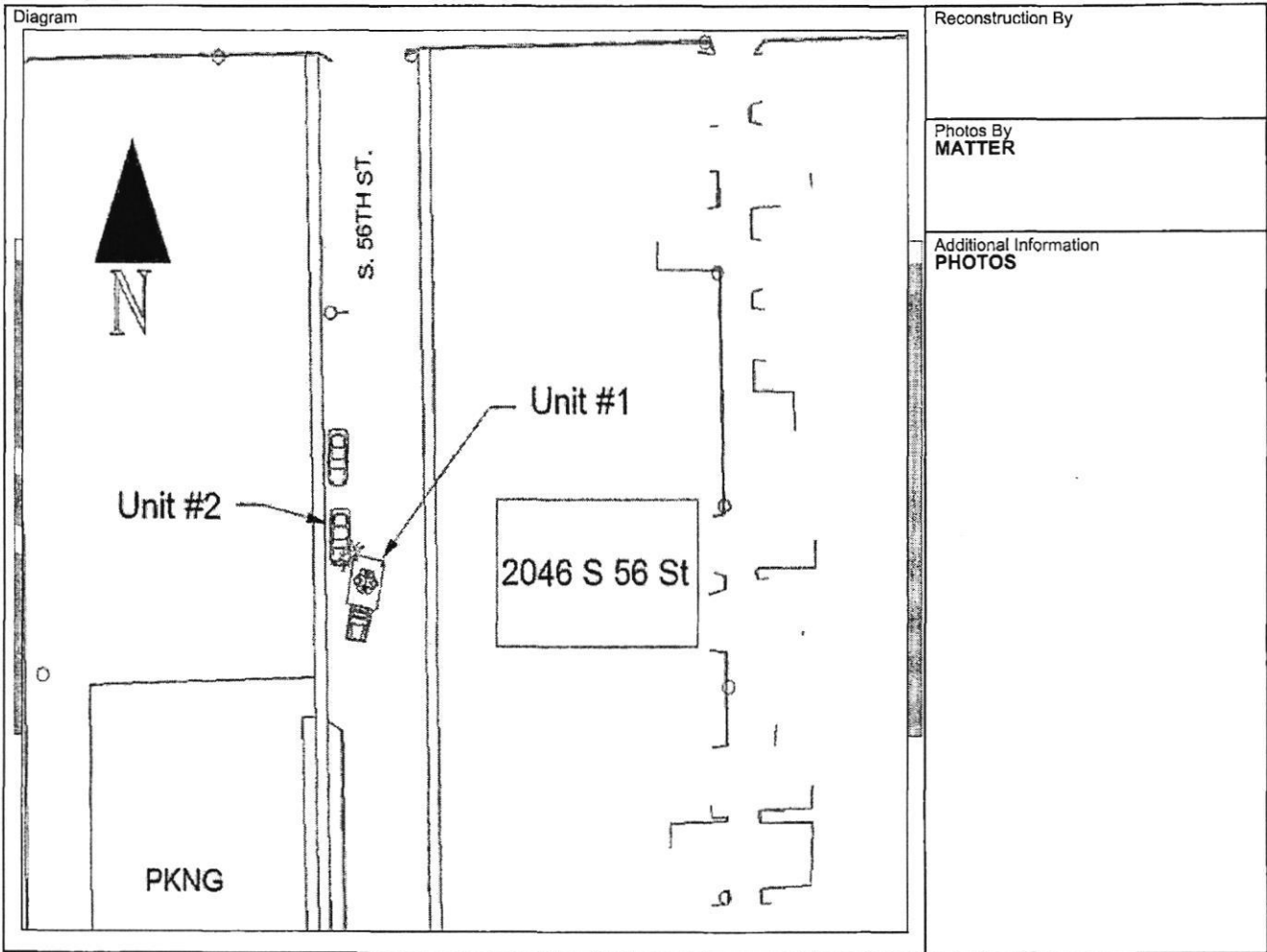
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 21-029443	Investigating Officer/Deputy OFFICER A. MATTER	
Crash Date 08/26/2021		Crash Time 02:13 PM	Date Arrived 08/26/2021	Time Arrived 02:20 PM	
Date Notified 08/26/2021		Time Notified 02:13 PM	Total Units 02	Total Injured 00	Total Killed 00
<input checked="" 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



Reconstruction By

Photos By
MATTER

Additional Information
PHOTOS

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

UNIT #2 WAS LEGALLY PARKED, UNOCCUPIED, ON THE WEST SIDE OF THE STREET IN THE 2000BLK S 56 ST. UNIT #1 (WAFD AMBULANCE M1) WAS RESPONDING, IN EMERGENCY RESPONSE, TO A MEDICAL CALL FOR SERVICE IN THE 2000BLK S. 56 ST. UNIT #1 PULLED TO THE WEST TO PARK ACROSS THE STREET FROM 2046 S 56 ST. THE REAR PASSENGER SIDE OF UNIT #1 CRASHED INTO THE FRONT DRIVERS SIDE OF UNIT #2.

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21-029443

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

ON 2046 S 56TH ST 325 FT N OF W MOBILE ST (HOUSE/BUILDING 2046) IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude 43.006708455	Longitude -87.982816553
	X Coordinate 419900.6875	Y Coordinate 4762028.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status ON EMERGENCY	Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
	Vehicle Type AMBULANCE ON EMERGENCY	Operating As Endorsements				
	Total Occs 2	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 25	Total Lanes 2	
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE		Special Function AMBULANCE	Emergency Motor Vehicle Use EMERGENCY OPERATOR, EMERGENC		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					

UNIT	Vehicle				
	License Plate Number 15239	Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3FRNF6GD6AV275058	Make FORD	Year 2010	Model MED TEC AM	
	Color RED - RED	Body Style AM - AMBULANCE		Bus Use	
	Initial Contact Point 04 - RIGHT SIDE REAR	Vehicle Damage 04 - RIGHT SIDE REAR			
	Extent Of Damage MINOR DAMAGE				



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21-029443

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing PARK MANEUVER		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name WEST ALLIS FIRE DEPT (414) 302-8900		Owner Address 7300 W NATIONAL AVE WEST ALLIS, WI 53214 , US	
	Sequence Of Events			
01	01	Event PARKED MOTOR VEHICLE		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company CITIES-&VILLAGES-MUTUAL-INS-CO		Government WEST ALLIS FIRE DEPT	
UNIT INDIVIDUAL	Individual			
	Driver SAMUEL WARREN KNUTSON (414) 302-8900		Citations Issued 0	Sex MALE
	Address 7300 W NATIONAL AVE WEST ALLIS, WI 53214 , US		Date of Birth 09/13/1995	Race WHITE
			Driver License Number K5327999533308 STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash FIRE-FIGHTER	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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 #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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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	INDIVIDUAL	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	INDIVIDUAL	Individual					
		Passenger RACHEL LISKA (414) 302-8900		Citations Issued 0	Sex FEMALE		
		Date of Birth 06/23/1993		Race WHITE			
		Address 7300 W NATIONAL AVE WEST ALLIS, WI 53214 , US		Driver License Number L2007329372301 STATE: WISCONSIN COUNTRY: UNITED STATES			
		Safety Equipment		On Duty Crash FIRE-FIGHTER		Safety Equipment	
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		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 #			
Hospital		Date of Death		Time of Death			
Distracted By		Distracted By Source					
Distracted By Action							
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		

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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	INDIVIDUAL	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	
01	002	Drug Test Given TEST NOT GIVEN	
		Drug Test Type	
		Drug Test Results	
		Drug Type	
		Individual Condition APPEARED NORMAL	

Unit Summary

UNIT	02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR				Operating As Endorsements			
		Total Occs 0		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 25		Total Lanes 2		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 NO CONTROL			
		Traffic Control Inoperative/Missing NO				Surface Type CONCRETE			
		Road Curvature STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO							

Vehicle

UNIT	VEHICLE	02	02	License Plate Number AMA6668				Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES			
				Vehicle Identification Number 1N4AL3AP6FC478381				Make NISSAN		Year 2015		Model ALT			
				Color GRY - GRAY				Body Style SD - SEDAN				Bus Use			
				Initial Contact Point 10 - LEFT SIDE FRONT				Vehicle Damage 10 - LEFT SIDE FRONT							
				Extent Of Damage FUNCTIONAL DAMAGE											
				Towed Due To Damage NOT TOWED				Vehicle Removed By OWNER							
				What Driver Was Doing LEGALLY PARKED											

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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	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE
02	02	Driver Actions NO CONTRIBUTING ACTION	
		Owner Name ROBERT J MORENO (414) 405-2570	Owner Address 2042 S 56 ST WEST ALLIS, WI 53219 , US
Sequence Of Events			
UNIT	04	03	01 Event MOTOR VEH IN TRANSPORT
			02 Event
			03 Event
			04 Event
Policy Holder			
UNIT	04	Insurance Company HANOVER-INS-CO,-THE	Individual ROBERT MORENO

ALLMERICA FINANCIAL BENEFIT INS

THE HANOVER INSURANCE GROUP - 01
WORCESTER CLAIM CENTER

800-628-0250
440 LINCOLN STREET
WORCESTER, MA 01615
Phone: (800) 628-0250 x8552910
Fax: (508) 926-4575

Claim #: 19-00-926785-1-1
Workfile ID: d02670fe

Supplement of Record 1 Summary

Written By: RYAN PULICARI, License Number: 016717, 9/10/2021 12:32:10 PM
Adjuster: KNOWLTON, JAMES, (800) 628-0250 x8559350 Business

Insured: Amy Moreno Owner Policy #: A2CH519232 Claim #: 19-00-926785-1-1
Type of Loss: Collision Date of Loss: 08/26/2021 02:00 PM Days to Repair: 2
Point of Impact: 11 Left Front Deductible: 500.00

Owner (Insured): Amy Moreno 2042 S 56th St Milwaukee, WI 53219 (414) 405-2570 Evening (414) 238-4399 Cellular rmoreno.rm19@gmail.com	Inspection Location: PR Desk	Appraiser Information: RPulicari@Hanover.com (508) 855-2910	Repair Facility: Boucher Auto Body & Paint- West Allis 3161 S. 108th St West Allis, WI 53227 (414) 327-6000 Business 391275419 Federal ID
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VEHICLE

2015 NISS Altima S 4D SED 4-2.5L Gasoline Sequential MPI BLACK

VIN: 1N4AL3AP6FC478381 Production Date: 07/2015 Interior Color: Charcoal
License: AMA6668 Odometer: 66778 Exterior Color: BLACK
State: WI Condition:

TRANSMISSION Automatic Transmission	Overhead Console	AM Radio	Hands Free Device
POWER Power Steering Power Brakes Power Windows Power Locks Power Mirrors Power Driver Seat	CONVENIENCE Air Conditioning Intermittent Wipers Tilt Wheel Cruise Control Rear Defogger Keyless Entry Alarm Message Center Steering Wheel Touch Controls Telescopic Wheel	FM Radio Stereo Search/Seek CD Player Auxiliary Audio Connection	SEATS Cloth Seats Bucket Seats
DECOR Dual Mirrors Tinted Glass Console/Storage	RADIO	SAFETY Drivers Side Air Bag Passenger Air Bag Anti-Lock Brakes (4) 4 Wheel Disc Brakes Front Side Impact Air Bags Head/Curtain Air Bags	WHEELS Wheel Covers PAINT Clear Coat Paint OTHER Traction Control Stability Control Power Trunk/Liftgate

Supplement of Record 1 Summary

2015 NISS Altima S 4D SED 4-2.5L Gasoline Sequential MPI BLACK

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	***NO SUPPLEMENTS WITHOUT PRIOR APPROVAL***		1			
2	#	FOR SUPPLEMENT CONTACT RYAN PULICARI		1			
3	#	EMAIL SUPPLEMENT TO RPULICARI@HANOVER.COM		1			
4	#	PAYMENT/RENTAL CONTACT Leslie Wilson		1			
5	#	804-673-5596		1			
6	FRONT BUMPER						
7		O/H bumper assy				2.7	
8	**	Repl A/M Bumper cover w/o park sensors	NI1000285	1	335.00	Incl.	3.2
9		Add for Clear Coat					1.3
10	**	Repl A/M Upper stiffener	NI1031119	1	32.00	0.2	
11	**	Repl A/M LT Side retainer	NI1042102	1	13.00		
12		Repl LT Side mount brkt	622273TA0A	1	7.49		
13	S01	Repl LT Upper retainer	622453TA0A	1	18.25		
14	S01	Repl RT Side mount brkt	622263TA0A	1	7.49		
15	GRILLE						
16	S01	Repl Grille	623103TA0A	1	226.73	0.3	
17	RADIATOR SUPPORT						
18	**	Repl A/M Under cover	NI1228145	1	100.00	Incl.	
19		Repl Under cover bolt	01121N6051	6	5.34		
20		Repl Under cover clip #1	015532DR9A	6	3.48		
21	HOOD						
22	*	Repl <u>Front seal- OTU</u>	658203TA0C	1	25.71	0.2	
23	S01	Repl Latch w/o remote start	656019HP1D	1	65.85	0.4	
24	FENDER						
25	**	Repl A/M LT Fender liner	NI1248134	1	67.00	0.4	
26	MISCELLANEOUS OPERATIONS						
27	*	Repl <u>Flex additive</u>		1	5.00	0.2	
28	#	Hazardous waste		1	5.00		
SUBTOTALS					917.34	4.4	4.5

Supplement of Record 1 Summary

2015 NISS Altima S 4D SED 4-2.5L Gasoline Sequential MPI BLACK

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			917.34
Body Labor	4.4 hrs @	\$ 60.00 /hr	264.00
Paint Labor	4.5 hrs @	\$ 60.00 /hr	270.00
Paint Supplies	4.5 hrs @	\$ 40.00 /hr	180.00
Subtotal			1,631.34
Sales Tax	\$ 1,631.34 @	5.5000 %	89.72
Total Cost of Repairs			1,721.06
Deductible			500.00
Total Adjustments			500.00
Net Cost of Repairs			1,221.06

Supplement of Record 1 Summary

2015 NISS Altima S 4D SED 4-2.5L Gasoline Sequential MPI BLACK

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Added Items							
13	S01	Repl LT Upper retainer	622453TA0A	1	18.25		
14	S01	Repl RT Side mount brkt	622263TA0A	1	7.49		
15	GRILLE						
16	S01	Repl Grille	623103TA0A	1	226.73	0.3	
23	S01	Repl Latch w/o remote start	656019HP1D	1	65.85	0.4	
SUBTOTALS					318.32	0.7	0.0

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			318.32
Body Labor	0.7 hrs @	\$ 60.00 /hr	42.00
Subtotal			360.32
Sales Tax	\$ 360.32 @	5.5000 %	19.82
Additional Supplement Taxes			-0.01
Total Supplement Amount			380.13
NET COST OF SUPPLEMENT			380.13

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	1,340.93	RYAN PULICARI
Supplement S01	380.13	RYAN PULICARI
Workfile Total:	\$ 1,721.06	
TOTAL ADJUSTMENTS:	\$ 500.00	
NET COST OF REPAIRS:	\$ 1,221.06	

THIS INSTRUMENT IS NOT AN AUTHORIZATION FOR REPAIR. REPAIR MUST BE AUTHORIZED BY OWNER. NO ADDITIONAL PAYMENT UNLESS APPROVED BY COMPANY REPRESENTATIVE IN WRITING.

ALL SUPPLEMENTS NEED PRIOR APPROVAL FROM THE HANOVER INSURANCE GROUP FOR ANY SUPPLEMENT PLEASE CONTACT: RYAN PULICARI AT 508-855-2910

SIGNATURE: RYAN PULICARI

CT License #002655067 DE License #3000691867 MA License #016717 NC License #18981230 SC License #18981230 VT License #3509224

Supplement of Record 1 Summary

2015 NISS Altima S 4D SED 4-2.5L Gasoline Sequential MPI BLACK

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.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

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 ARF3748, CCC Data Date 09/01/2021, 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.

Supplement of Record 1 Summary

2015 NISS Altima S 4D SED 4-2.5L Gasoline Sequential MPI BLACK

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 Summary

2015 NISS Altima S 4D SED 4-2.5L Gasoline Sequential MPI BLACK

ALTERNATE PARTS SUPPLIERS

Line	Supplier	Description	Price
8	KEystone-MILWAUKEE, WI 4410 N. 132ND STREET, SUITE A BUTLER WI 53007 (414) 463-1019	#NI1000285 A/M Bumper cover w/o park sensors Quote: 992199036 Expires: 10/16/21	\$ 335.00
10	KEystone-MILWAUKEE, WI 4410 N. 132ND STREET, SUITE A BUTLER WI 53007 (414) 463-1019	#NI1031119 A/M Upper stiffener Quote: 992199036 Expires: 10/16/21	\$ 32.00
11	KEystone-MILWAUKEE, WI 4410 N. 132ND STREET, SUITE A BUTLER WI 53007 (414) 463-1019	#NI1042102 A/M LT Side retainer Quote: 992199036 Expires: 10/16/21	\$ 13.00
18	KEystone-MILWAUKEE, WI 4410 N. 132ND STREET, SUITE A BUTLER WI 53007 (414) 463-1019	#NI1228145 A/M Under cover Quote: 992199036 Expires: 10/16/21	\$ 100.00
25	KEystone-MILWAUKEE, WI 4410 N. 132ND STREET, SUITE A BUTLER WI 53007 (414) 463-1019	#NI1248134 A/M LT Fender liner Quote: 992199036 Expires: 10/16/21	\$ 67.00



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Front.jpg

File Date: 09/02/2021

Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Photo 01.jpg

File Date: 09/02/2021

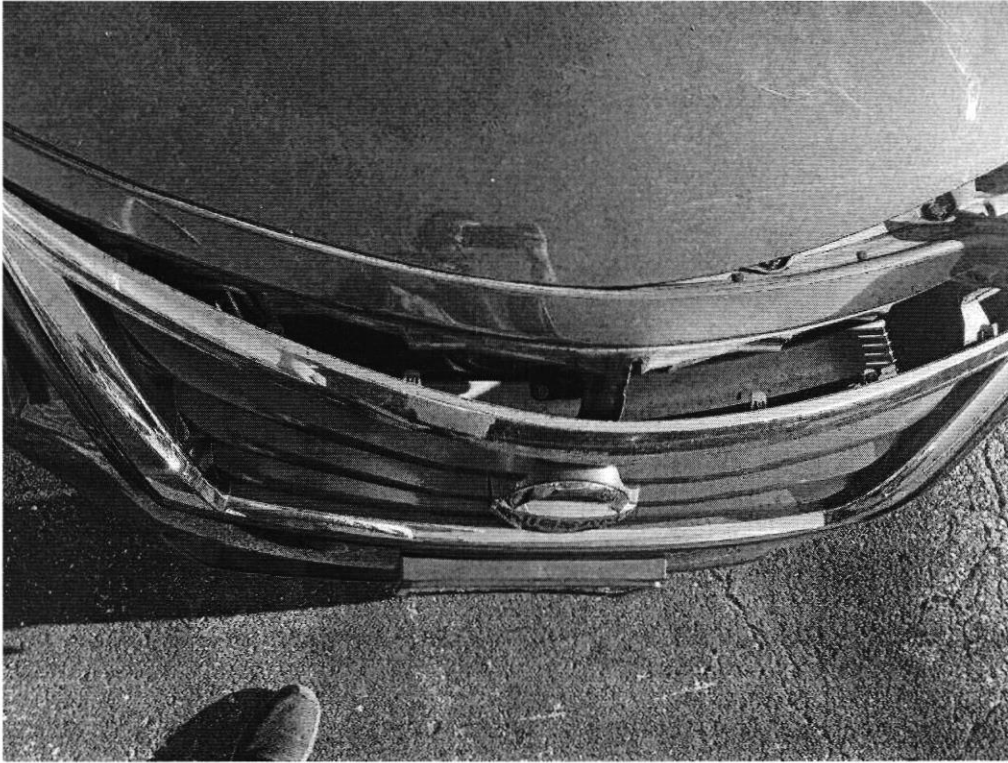
Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Photo 02.jpg

File Date: 09/02/2021

Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Photo 05.jpg

File Date: 09/02/2021

Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Photo 09.jpg

File Date: 09/10/2021

Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Photo 10.jpg

File Date: 09/10/2021

Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Photo 13.jpg

File Date: 09/10/2021

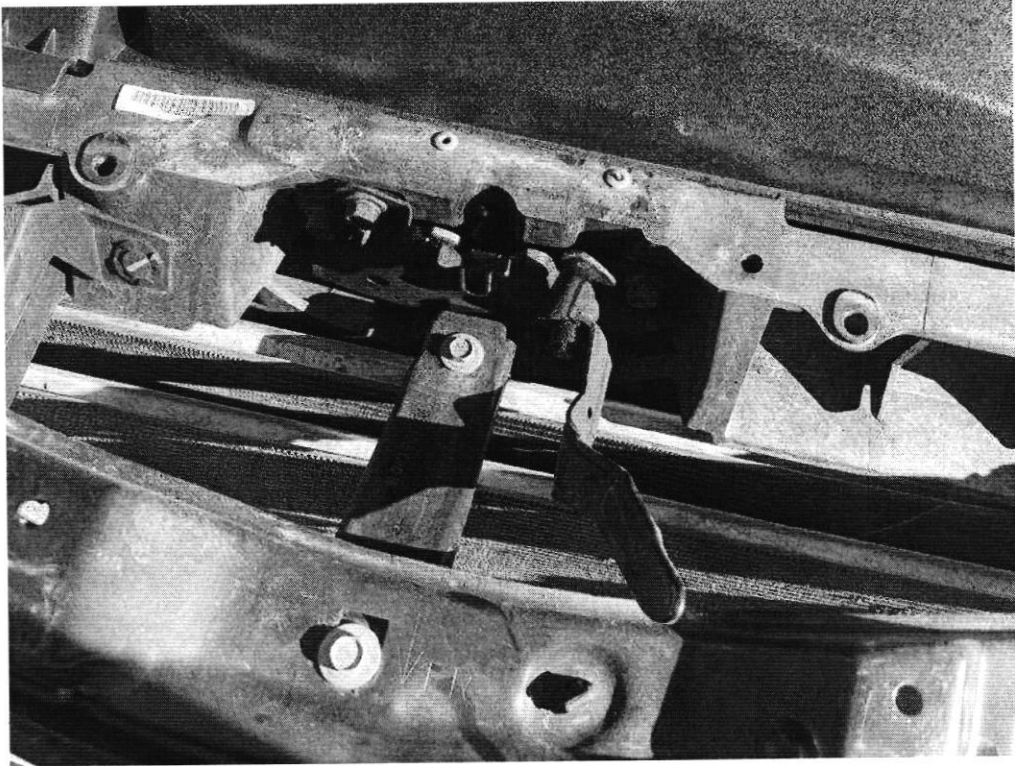
Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Photo 14.jpg

File Date: 09/10/2021

Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Photo 16.jpg

File Date: 09/10/2021

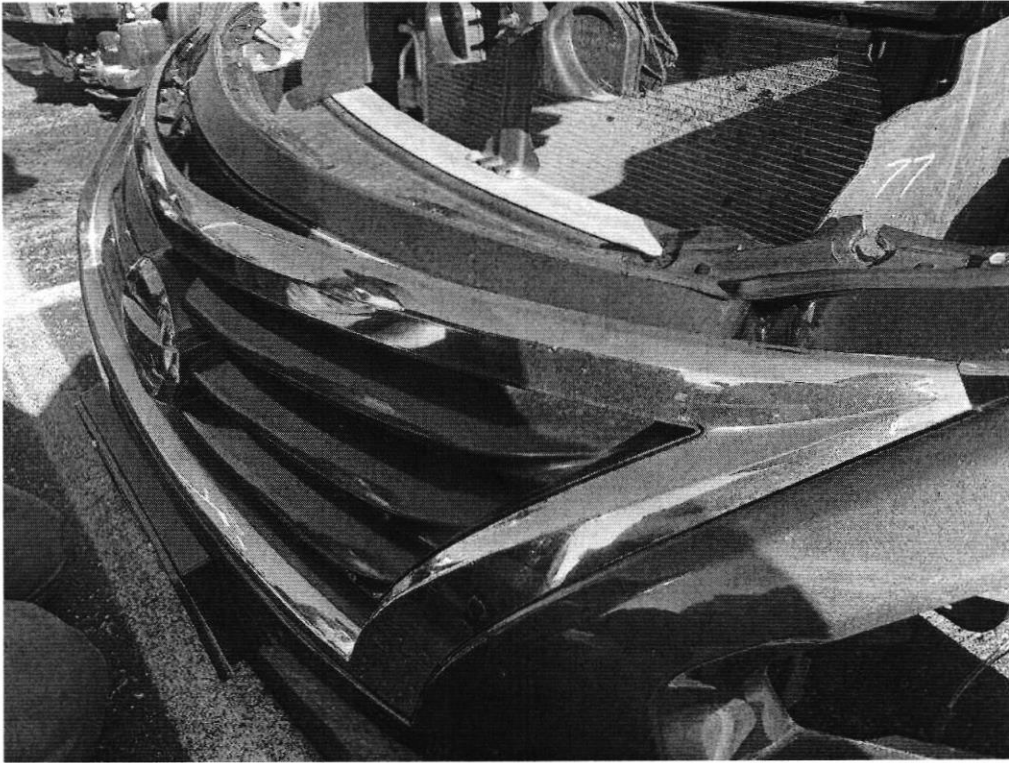
Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:



No Label

Claim Reference Id: 19-00-926785-1-1

File Name: Photo 17.jpg

File Date: 09/10/2021

Label:

Note:

Photo Location:

Photo Taken By:

Estimate Indicator:

Exposure	Provider Name	Paid Amount	Check Issued	Payable To
(1) 1st Party Vehicle - Amy Moreno		\$1,340.93	9/8/2021 0:00	Boucher Collision Center 3161 South 108th Street West Allis, WI 53227
(1) 1st Party Vehicle - Amy Moreno		\$380.13	9/13/2021 0:00	Boucher Collision Center 3161 South 108th Street West Allis, WI 53227
(2) 1st Party Vehicle - Amy Moreno		\$639.92		ENTERPRISE HOLDINGS, INC