CLAIMANT CONTACT INFORMATION							
Name: Datring L. Johnson Phone: 862 (29-6703) Address: 16065. 884 Street Email: Denetrional gagnail.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: 6/25/2021 Time of day: 7:50 -8:00pm Location: 8.81st between Orchard and Greenfield 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.							
Around 8pm roughly on June 25th, 2021. I'd just parked							
My Vehicle on 8. 81st Street between Ordnard and Greenfield Ave.							
facing North bound and got out when I heard sirens							
coming my way. As I proceeded to where I was going							
I heard a loud crunch noise. When I went back							
to check out what the noise was I noticed damage							
to my vehicle and the perimedic truck had struck my							
Car on the front and side of the driver side from							
driver door on down to the front driver headlight.							
There's Significant damages clamage clone to my vehicle and I need Check one: It for work purposes and appointments for my daughters that his I am seeking damages at this time (complete Claim Amount section below) There's Significant damages and I need the purposes and appointments for my daughters that his I am seeking damages at this time (complete Claim Amount section below) There's Significant damages and I need to my vehicle and I need to my vehicle and I need to my daughters that his important that has a 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: Patruia (plustra) Date: 428/2021							
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: \$							
SAVE PRINT SAVE							
30 JTV							

HEISER CHEVROLET COLLISION **CENTER**

Today's your day 10200 W Arthur Ave, MILWAUKEE, WI 53227

> Phone: (414) 328-2453 FAX: (414) 546-7877

Workfile ID: PartsShare: 24e972a3 6jVjsW

Federal ID: State ID:

391655466 004000042592301

Preliminary Estimate

Customer: JOHNSON, KATRINA

Job Number:

Written By: Steve Bergmann

HEISER CHEVROLET COLLISION CENTER

Insured:

JOHNSON, KATRINA

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

Owner:

JOHNSON, KATRINA

(262) 399-6703 Cell

Inspection Location:

Insurance Company:

10200 W Arthur Ave

MILWAUKEE, WI 53227

Repair Facility

(414) 328-2453 Day

VEHICLE

2006 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI

VIN:

2G1WT55K669286923

Interior Color:

Mileage In:

Vehicle Out:

License:

Exterior Color:

Mileage Out:

Job #:

State:

Production Date:

Tinted Glass

Condition:

TRANSMISSION

Automatic Transmission

Overdrive **POWER**

Power Steering

Power Brakes

Power Locks

Power Mirrors

DECOR

Dual Mirrors

Power Driver Seat

Power Windows

CONVENIENCE

Wood Interior Trim

Body Side Moldings

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Alarm

Message Center

Climate Control

Remote Starter

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag

Passenger Air Bag

4 Wheel Disc Brakes

Head/Curtain Air Bags Communications System

SEATS

Cloth Seats

WHEELS

Wheel Covers

PAINT

Clear Coat Paint

OTHER

Power Trunk/Liftgate

Preliminary Estimate

Customer: JOHNSON, KATRINA

2006 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI

Job Number:

Line	0	per	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	FRONT LAMPS							
2	R	Repl	LT Headlamp assy	25958359	1	161.85	0.3	
3	HOOD							
4	* F	Rpr	Hood				3.0	3.2
5			Add for Clear Coat					1.3
6	FENDER							
7	R	Repl	LT Fender	89023525	1	364.97	2.4	2.2
8			Overlap Major Adj. Panel					-0.4
9			Add for Clear Coat					0.4
10			Add for Edging					0.5
11	R	R&I	LT Fender liner				Incl.	
12	R	Repl	LT Emblem GM	84689784	1	6.31	0.2	
13	FRONT BUMPER	& GI	RILLE					
14	* F	Rpr	Bumper cover w/o fog lamps				3.5	3.0
15			Add for Clear Coat					1.2
16			O/H bumper assy				2.4	
				SUBTOTALS		533.13	11.8	11.4

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				533.13
Body Labor	11.8 hrs	@	\$ 64.00 /hr	755.20
Paint Labor	11.4 hrs	@	\$ 64.00 /hr	729.60
Paint Supplies	11.4 hrs	@	\$ 44.00 /hr	501.60
Subtotal				2,519.53
Sales Tax	\$ 2,519.53	@	5.5000 %	138.57
Grand Total				2,658.10
Deductible				0.00
CUSTOMER PAY				0.00
INSURANCE PAY				2,658.10

MyPriceLink Estimate ID / Quote ID:

839248955710644224 / 88579210

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: JOHNSON, KATRINA

Job Number:

2006 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI

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 DR1CB06, 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.

Date:

6/28/2021 02:27 PM

Estimate ID: 29681

Drive Train: 3.5L Inj 6 Cyl 4A FWD License: ALN6414 WI

Search Code: B913542

Estimate Version:

Preliminary

Profile ID: BROWNELL QCC

Quote ID: 88483045

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: 29681

Owner: KATRINA JOHNSON

Address:

1606 south 88 st Apt 5, Milwaukee, WI 53214

Telephone:

Cell Phone:

(262) 399-6703

Mitchell Service: 910565

Description: 2006 Chevrolet Impala LT

Body Style: 4D Sed

VIN: OEM/ALT: A

2G1WT55K669286923

Color: BLUE

Options: PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING REAR WINDOW DEFOGGER, AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN

AM/FM STEREO, DRIVER AIRBAG, REAR (DUAL-ZONE) AC

FRONT SIDE AIRBAG WITH HEAD PROTECTION, REMOTE IGNITION, ANTI-THEFT SYSTEM AUXILIARY INPUT, CD PLAYER, POWER ADJUSTABLE EXTERIOR MIRROR, GENUINE WOOD TRIM TELEMATIC SYSTEMS, CLOTH SEAT, AUTOMATIC HEADLIGHTS, DAYTIME RUNNING LIGHTS DRIVER SEAT WITH POWER LUMBAR SUPPORT, KEYLESS ENTRY SYSTEM, REAR BENCH SEAT

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	001704	BDY	OVERHAUL	Frt Bumper Assy		· · · · · · · · · · · · · · · · · · ·	2.4 #
2	000036	BDY	REPAIR	Frt Bumper Cover	Existing		3.0*#
3	AUTO	REF	REFINISH	Frt Bumper Cover		C	2.9
4	000096	BDY	REMOVE/REPLACE	L Frt Combination Lamp Assembly	** QRP Certified	138.00	0.3
5	AUTO	BDY	CHECK/ADJUST	Headlamps			0.4
6	000108	BDY	REPAIR	Hood Panel	Existing		2.0*
7	AUTO	REF	REFINISH	Hood Outside		C	3.0
8	000255	BDY	REMOVE/REPLACE	L Fender Panel	** QRP Certified	295.00	2.6 #
9	AUTO	REF	REFINISH	L Fender Outside		С	2.2
10	AUTO	REF	REFINISH	L Add To Edge Fender			0.5
11	001954	REF	BLEND	L Frt Door Outside		C	0.9
12	001920	BDY	REMOVE/INSTALL	L Frt Otr Door Belt Moulding			1.0 #
13	001922	BDY	REMOVE/INSTALL	L Frt Rear View Mirror			INC #
14	003116	BDY	REMOVE/INSTALL	L Frt Door Trim Panel			INC
15	001930	BDY	REMOVE/INSTALL	L Frt Otr Door Handle			0.4 #
16	AUTO	REF	ADD'L OPR	Clear Coat			2.5
17	AUTO		ADD'L COST	Paint/Materials		480.00 *	
18	AUTO		ADD'L COST	Hazardous Waste Disposal		5.00 *	

ESTIMATE RECALL NUMBER: 06/28/2021 14:25:03 29681

Mitchell Data Version:

OEM: MAY_21_V MAPP:MAY_21_V

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Software Version:

7.1.241

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Date: 6/28/2021 02:27 PM 29681

Estimate ID: Estimate Version:

Preliminary

BROWNELL QCC Profile ID: Quote ID: 88483045

* - Judgment Item

- Labor Note Applies

** QRP Certified - Quality Replacement Parts - Certified

C - Included in Clear Coat Calc

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

KEYSTONE-INS QUALITY PRT 4410 N. 132ND ST. #A BUTLER WI 53007 (800) 924-8230 (414) 463-1019

** GM2502261C

138.00

** GM1240326PP

295.00

Estimate Totals

L	Labor Subtotals Body Refinish	Units 12.1 12.0 Taxable L Labor	Add' Labo Amou 0.0 0.0	or Suble ont Amour 00 0.00	726.00	T T	11.	Part Replacement Summary Taxable Parts Sales Tax Total Replacement Parts Amount	 5.500%	Amount 433.00 23.82 456.82
	Labor Summary	24.1			1,525.53					
III.	Additional Costs Taxable Costs Total Addition Paint Material Init Rate = 40	Sales Tax al Costs Method: Ra	@ 99.9, Add	5.500% dl Rate = 0.00	Amoun 485.00 26.68 511.68	<u>t</u>	IV.	Adjustments Insurance Deductible Customer Responsibility		Amount 0.00 0.00
							1. 11. 111.	Total Labor: Total Replacement Parts: Total Additional Costs: Gross Total:		1,525.53 456.82 511.68 2,494.03
							IV.	Total Adjustments: Net Total:		0.00 2,494.03

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

ESTIMATE RECALL NUMBER: 06/28/2021 14:25:03 29681

Mitchell Data Version:

OEM: MAY_21_V

MAPP:MAY_21_V

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Software Version:

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