

TOWN CLERK'S OFFICE  
BRISTOL, RHODE ISLAND

2025 NOV -7 AM 11:26

DATE RECEIVED

## PETITION TO THE TOWN COUNCIL

To the Honorable Town Council of the Town of  
Bristol: The undersigned hereby respectfully  
requested of your Honorable Body that:



On Friday October 31<sup>st</sup>, I was parked on the  
Street (right side) unloading my trunk when a  
Bristol City garbage truck struck my vehicle  
while taking a right turn. Attached to this  
paper is a copy of the police report, an estimate  
of the damage, and photos of the damage that occurred.

### PLEASE NOTE:

12/10/25

Please ensure that your petition is submitted  
by 4:00 PM, two (2) Wednesdays before the  
Town Council meeting scheduled for

December 10, 2025  
in order to be included on the docket. Ac-  
cording to Council policy, petitions cannot  
be addressed unless recommendations, if  
needed, from the relevant departments are  
received before the Council meeting

SIGNATURE:

*Zachary Brodeur*

NAME:

Zachary Brodeur

ADDRESS:

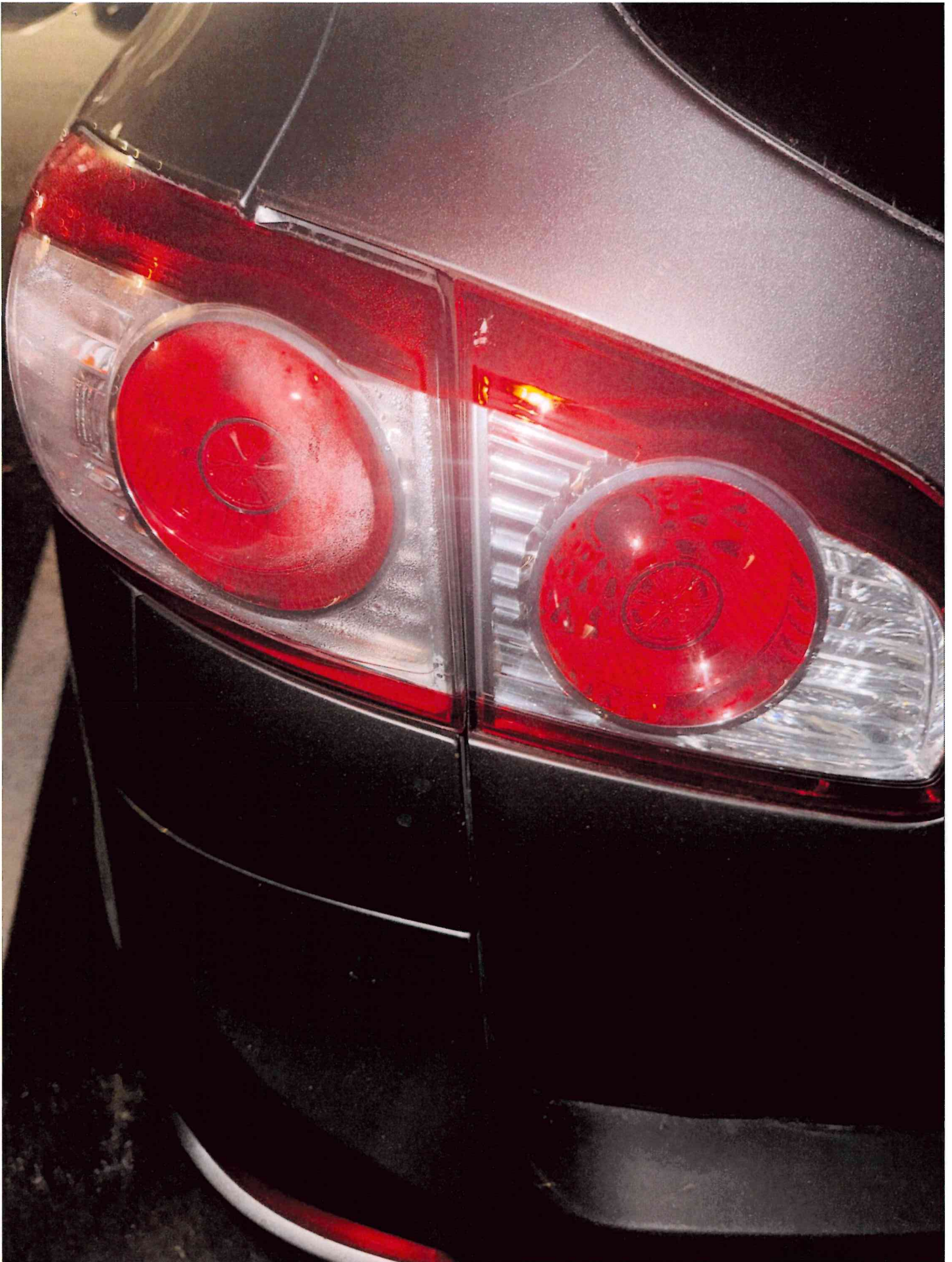
15 Rose Lane

TOWN:

Shannock, RI 02875



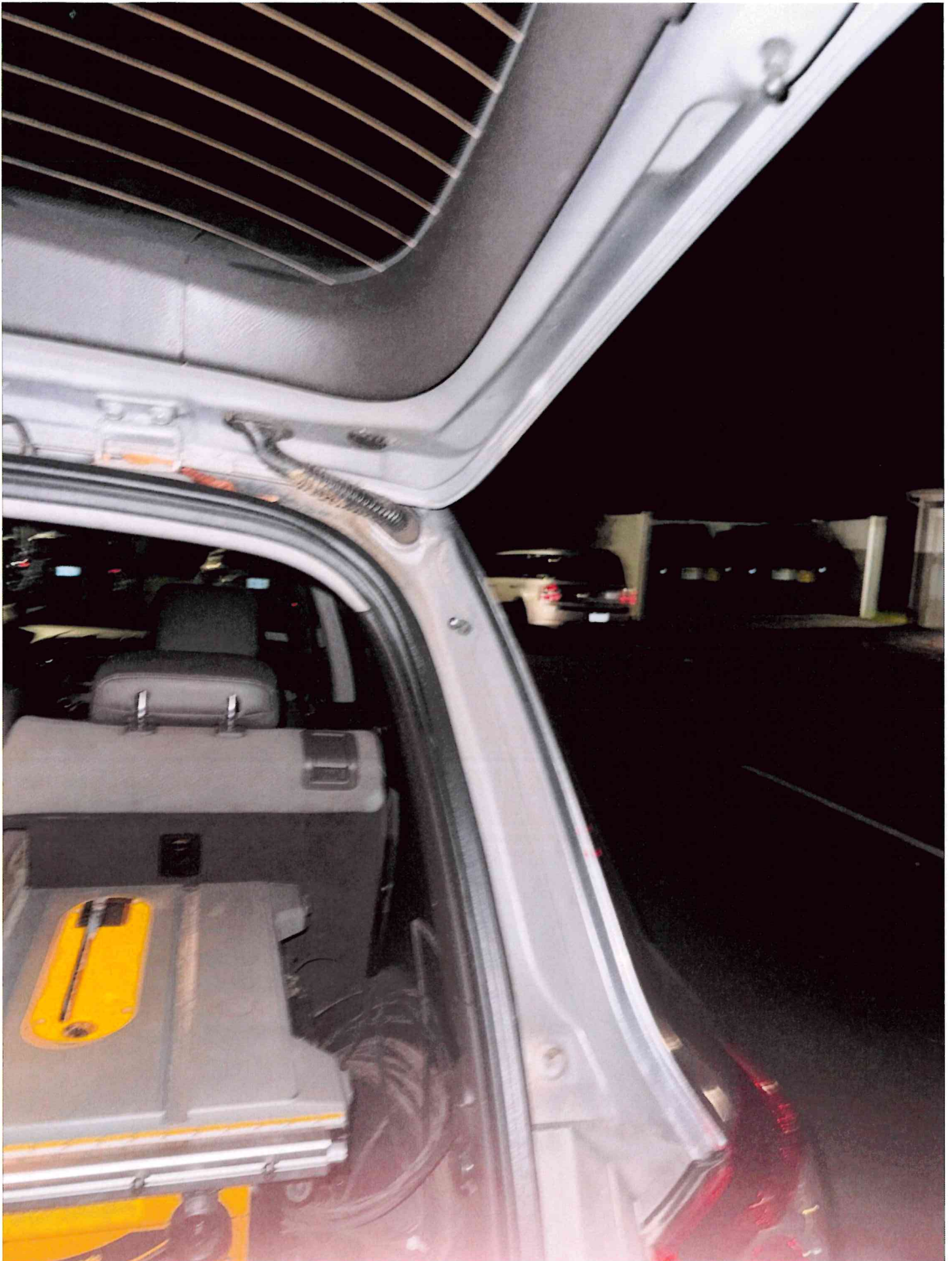
























# STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name <b>Bristol</b>			Report Number <b>25-517-AC</b>			Crash Date <b>10/31/2025</b>		Crash Time <b>07:45</b>		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>	
City or Town Name <b>Bristol</b>			Street or Highway <b>CHURCH ST</b>			<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # <b>2</b>		# of Lanes <b>25</b>		Posted Speed Limit <input type="checkbox"/> N/A <input type="checkbox"/> Unk	
Nearest Intersection Street <b>THAMES ST</b>			Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West			Distance From Nearest Inter. <b>100</b> <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude <b>41.668732</b>		Longitude <b>-71.276681</b>			
Unit ID <b>1</b>		Driver's Last Name <b>CABRAL</b>		First Name <b>DENNIS</b>		M.I. <b>M</b>		DOB		Unit ID <b>2</b>		Driver's Last Name	
Address <b>29 BIRCHWOOD RD</b>		City <b>BRISTOL</b>		Address		City		State		Zip		Home Phone	
State <b>RI</b>		Zip <b>02809</b>		Home Phone		Cell Phone		Work Phone		State		Zip	
Driver's License # <b>2633425</b>		<input type="checkbox"/> CDL		Lic. State <b>RI</b>		Driver's License #		<input type="checkbox"/> CDL		Lic. State		M/V Violation	
M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation	
Driver/Owner Same <input type="checkbox"/>		Owner's Last Name <b>TOWN OF BRISTOL</b>		First Name <b>NFN</b>		M.I.		Driver/Owner Same <input type="checkbox"/>		Owner's Last Name <b>BRODEUR</b>		First Name <b>ZACKARY</b>	
Address <b>10 COURT ST</b>		City <b>BRISTOL</b>		Address <b>15 ROSE LN</b>		City <b>SHANNOCK</b>		State		Zip		Home Phone	
State <b>RI</b>		Zip <b>02809</b>		Home Phone		Cell Phone		Work Phone		State		Zip	
Insurance Company Name <b>THE TRUST</b>		<input type="checkbox"/> No Ins.		Insurance Policy Number <b>N/A</b>		Insurance Company Name <b>PROGRESSIVE INS</b>		<input type="checkbox"/> No Ins.		Insurance Policy Number <b>955220711</b>		Hit And Run	
Hit And Run <input type="checkbox"/> Yes, M/V & Driver Left Scene		<input type="checkbox"/> Yes, Driver Left Scene		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Unk		Hit And Run <input type="checkbox"/> Yes, M/V & Driver Left Scene		<input type="checkbox"/> Yes, Driver Left Scene		<input checked="" type="checkbox"/> No	
Registration # <b>5751</b>		<input type="checkbox"/> Not Reg.		State <b>RI</b>		Yr Reg. <b>2025</b>		VIN <b>1M2LR2AC9LM001034</b>		Registration # <b>SB781</b>		<input type="checkbox"/> Not Reg.	
State <b>RI</b>		Yr Reg. <b>2027</b>		VIN <b>5XYZHDAG9BG060147</b>		Veh Yr. <b>2020</b>		Make <b>MACK</b>		Model <b>TRUCK</b>		Color <b>WHITE</b>	
Plate Type <b>TN</b>		Veh Yr. <b>2011</b>		Make <b>HYUNDAI</b>		Model <b>SANTA FE</b>		Color <b>GRAY</b>		Plate Type <b>PC</b>		Vehicle Travel Direction	
Vehicle Travel Direction <input type="checkbox"/> Northbound		<input checked="" type="checkbox"/> Southbound		Vehicle Travel Direction <input type="checkbox"/> Northbound		<input checked="" type="checkbox"/> Southbound		<input type="checkbox"/> Eastbound		<input type="checkbox"/> Westbound		<input type="checkbox"/> Not on Roadway	
<input type="checkbox"/> Eastbound		<input type="checkbox"/> Westbound		<input type="checkbox"/> Not on Roadway		<input type="checkbox"/> Unk		Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Towing Company Name		Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Towing Company Name		Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Towing Company Name		Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Person Type	

## Person Type

1 Driver	4 Bicyclist	7 Other Ped. (Wheelchair, Person in Building, Skater, Ped Conveyance, etc.)	9 Occupant of Non-Motor Veh Transportation Device
2 Passenger	5 Other Cyclist	8 Occupant of Motor Veh. not in Transport (Parked, etc.)	10 Unknown Type of Non-Motorist
3 Pedestrian	6 Witness		11 Unknown

Unit ID	Sex	Seat Position	Other Location	Air Bag Deployed	Ejected	Protection System	Injury					
1 Unit 1 2 Unit 2 3 (etc.) or N/A	M Male F Female U Unk.	<table border="1" style="display: inline-table; text-align: center;"> <tr><td>M</td></tr> <tr><td>1 2 3</td></tr> <tr><td>4 5 6</td></tr> <tr><td>7 8 9</td></tr> <tr><td>10 11 12</td></tr> </table>	M	1 2 3	4 5 6	7 8 9	10 11 12	13 Other Row (Bus) 14 Unk. Row 15 Other Seat 16 Unk. Seat 17 N/A 18 Sleeper 19 Other Enclosed Area 20 Other Unenclosed Area 21 Towed Unit 22 Unknown	1 N/A 2 No 3 Front 4 Side 5 Other 6 Comb 7 Unk.	1 No 2 Partially 3 Totally 4 N/A 5 Unk.	1 N/A 2 None Used 3 Shoulder & Lap 4 Shoulder Only 5 Lap Only 6 Type Unknown 7 Child - Forw. Facing 8 Child - Rear Facing 9 Booster Seat 10 Child - Unk 11 Helmet Used 12 Other 13 Unk.	1 Complaints of Pain 2 Non-Incapacitating 3 Incapacitating 4 Fatal 5 No Injury 6 Unknown
M												
1 2 3												
4 5 6												
7 8 9												
10 11 12												

Name: Occupants - Witnesses - Pedestrians - Bicyclists	Person Type	Unit ID	Sex	DOB	Seat Pos.	Air Bag Deployed	Ejected	Prot. System	Injury	Trans by Rescue
<b>CABRAL, DENNIS M</b>	<b>1</b>	<b>1</b>	<b>M</b>		<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>5</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N

Non-Vehicle Property Damage <input type="checkbox"/> State Property <input type="checkbox"/> City/Town Property <input type="checkbox"/> Private Property			
Owner		Address	
Home Phone	Cell Phone	Work Phone	Damage Description
Reporting Officer Name <b>Patrol Officer RUSSEL W WOOD</b>		Reporting Officer Badge Number <b>022</b>	
Report Date <b>10/31/2025</b>			

STATE OF RHODE ISLAND UNIFORM CRASH REPORT  
CODING GUIDE

## 1 — Type of Roadway

- 1 Two-Way, Not Divided (No Median or Barrier)
- 2 Two-Way, Not Divided with Continuous Left Turn Lane
- 3 Two-Way, Divided, Uprotected (painted >4 feet) Median
- 4 Two-Way, Divided, Positive Median Barrier
- 5 One-Way, Trafficway
- 6 Unknown

## 1 — Road Surface Condition (Prevailing)

- |         |                            |            |
|---------|----------------------------|------------|
| 1 Dry   | 5 Ice/Frost                | 9 Oil      |
| 2 Wet   | 6 Water (Standing, Moving) | 10 Other   |
| 3 Snow  | 7 Sand                     | 11 Unknown |
| 4 Slush | 8 Mud, Dirt, Gravel        |            |

## 1 — Light Condition (Prevailing)

- |                  |                           |
|------------------|---------------------------|
| 1 Daylight       | 5 Dark - Not Lighted      |
| 2 Dawn           | 6 Dark - Unknown Lighting |
| 3 Dusk           | 7 Other                   |
| 4 Dark - Lighted | 8 Unknown                 |

## 1 — Weather Condition (Prevailing)

- |                    |  |
|--------------------|--|
| 1 Clear            | 5 Sleet, Hail (Freezing Rain or Drizzle) |
| 2 Cloudy           | 6 Snow                                   |
| 3 Fog, Smog, Smoke | 7 Blowing Snow                           |
| 4 Rain             | 8 Severe Crosswinds                      |

## 7 — Manner of Impact

- 1 Not a collision between two Motor Vehicles in Transport
- 2 Rear End (Front-to-Rear)
- 3 Head-On (Front-to-Front)
- 4 Angle (Front-to-Side) Same Direction
- 5 Angle (Front-to-Side) Opposite Direction
- 6 Angle (Front-to-Side) Right Angle (Includes Broadside)
- 7 Angle Direction Not Specified
- 8 Sideswipe, Same Direction
- 9 Sideswipe, Opposite Direction
- 10 Rear-to-Side
- 11 Rear-to-Rear
- 12 Other
- 13 Unknown

## School Bus Related Crash?

(Directly Involved Indicates Contact was made)

- ☐ Yes, Directly Involved      ☒ No
- ☐ Yes, Indirectly Involved

## Traffic Controls

- |                                 |                           |
|---------------------------------|---------------------------|
| 1 No Controls                   | 7 Yield Signs             |
| 2 Person                        | 8 Warning Signs           |
| 3 Traffic Control Signal        | 9 Railway Crossing Device |
| 4 Flashing Traffic Control Sig. | 10 Pavement Markings      |
| 5 School Zone Signs             | 11 Other                  |
| 6 Stop Signs                    | 12 Unknown                |

## Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?

- ☐ Yes      ☐ No      ☒ N/A

## Construction Zone Crash?

(Crash Occurs in or Related to Construction, Maintenance, or Utility Work Zone. May include Vehicles Slowed or Stopped because of Work Zone)

- ☐ Yes      ☒ No

## Construction Workers Present?

- ☐ Yes      ☒ No

## Contributing Circumstances Environment

- 1 None
- 2 Weather Conditions
- 3 Physical Obstructions
- 4 Glare
- 5 Animal(s) in Roadway
- 6 Other
- 7 Unknown

1st

2nd

3rd

## Contributing Circumstances Road

- 1 None
- 2 Road Surface (Wet, Icy, Snow, Slush, etc.)
- 3 Debris
- 4 Rut, Holes, Bumps
- 5 Work Zones (Construction/Maintenance/Utility)
- 6 Worn, Travel-Polished Surface
- 7 Obstruction in Roadway
- 8 Traffic Control Device Inoperative, Missing, or Obscured
- 9 Shoulders (None, Low, Soft, High)
- 10 Non-Highway Work
- 11 Other
- 12 Unknown

1st

2nd

3rd

## 1 — Vehicle #1

## Vehicle #2

- |   |               |  |               |
|---|---------------|--|---------------|
| 1 Passenger Car                         | 6 Motor Home  | 11 Motorcycle  | 17 Tow Truck  |
| 2 (Sport) Utility Vehicle               | 7 School Bus  | 12 Moped   | 18 Pedestrian |
| 3 Passenger Van                         | 8 Transit Bus | 13 Low Speed Vehicle   | 19 Bicyclist  |
| 4 Cargo Van (10K lbs[4,536 kg] or less) | 9 Motor Coach | 14 Other Light Trucks (10K lbs [4,536 kg] or less)               | 20 Witness    |
| 5 Pickup                                | 10 Other Bus  | 15 Tractor Trailer or Combination (More than 10K lbs [4,5,36kg]) | 21 Other      |
|   |               | 16 Medium/Heavy Trucks (More than 10K lbs [4,5,36 kg])           |               |

## Vehicle #1

## Vehicle #2

☐ Yes      ☒ No      Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat?      ☐ Yes      ☒ No

## Vehicle #1

## Vehicle #2

☐ Yes      ☒ No      Was this Vehicle in Tow?      ☐ Yes      ☒ No

## 1 — Vehicle #1

## Vehicle #2

- |                       |                              |            |              |           |
|-----------------------|------------------------------|------------|--------------|-----------|
| 1 No Special Function | 3 Vehicle Used as School Bus | 5 Military | 7 Ambulance  | 9 Unknown |
| 2 Taxi                | 4 Vehicle Used as Other Bus  | 6 Police   | 8 Fire Truck |           |



**STATE OF RHODE ISLAND UNIFORM CRASH REPORT**  
**CODING GUIDE**

**Vehicle #1** ☐ Yes ☒ No ☐ Unk. **Police, Ambulance or Fire Truck Responding to a Call?** ☐ Yes ☒ No ☐ Unk. **Vehicle #2**

**1** **Vehicle #1** **Motor Vehicle Position** **Vehicle #2**  
1 Motor Vehicle on Roadway 2 Motor Vehicle parked 3 Working Vehicle/Equipment **2**

**2** **Vehicle #1** **Extent of Damage** **Vehicle #2**  
1 No Damage Observed 2 Minor Damage (<= \$1,000) 3 Functional Damage (> \$1,000) 4 Disabling Damage (> \$1,000) **2**

**13** **Vehicle #1** **Most Harmful Event** **Vehicle #2** **13**  
**Non-Collision:** 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equip. Loss or Shift 6 Fell/Jumped from Motor Veh. 7 Thrown or Falling Object 8 Other Non-Collision  
**Collision with Person, Motor Veh., or Non-Fixed Object:** 9 Pedestrian 10 Pedalcycle 11 Railway Vehicle (Train, Engine) 12 Animal 13 Motor Vehicle in Transport 14 Work Zone/Maintenance Equipment 15 Other Non-Fixed Object  
**Collision with Fixed Object:** 16 Impact Attenuator/Crash Cushion 17 Bridge Overhead Structure 18 Bridge Pier or Support 19 Bridge Rail 20 Culvert 21 Curb 22 Ditch 23 Embankment 24 Guardrail Face 25 Guardrail End 26 Jersey/Concrete Traffic Barrier 27 Other Traffic Barrier 28 Tree (Standing) 29 Landscaping 30 Utility Pole (Elec/Tele)/Light Support 31 Highway Lighting/Light Standard 32 Traffic Sign/Support 33 Traffic Signal/Support 34 Traffic Control Box 35 Variable Message Board/Arrow Board 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (Wall, Building, Tunnel, etc.) 40 Unknown - Most Harmful Event

**5** **Vehicle #1** **Vehicle Action Prior** **Vehicle #2** **12**  
1 Movements Essentially Straight Ahead 2 Backing 3 Changing Lanes 4 Overtaking/Passing 5 Turning Right 6 Turning Left 7 Making U-Turn 8 Leaving Traffic Lane 9 Entering Traffic Lane 10 Slowing 11 Negotiating a Curve 12 Parked 13 Stopped in Traffic 14 Other 15 Unknown

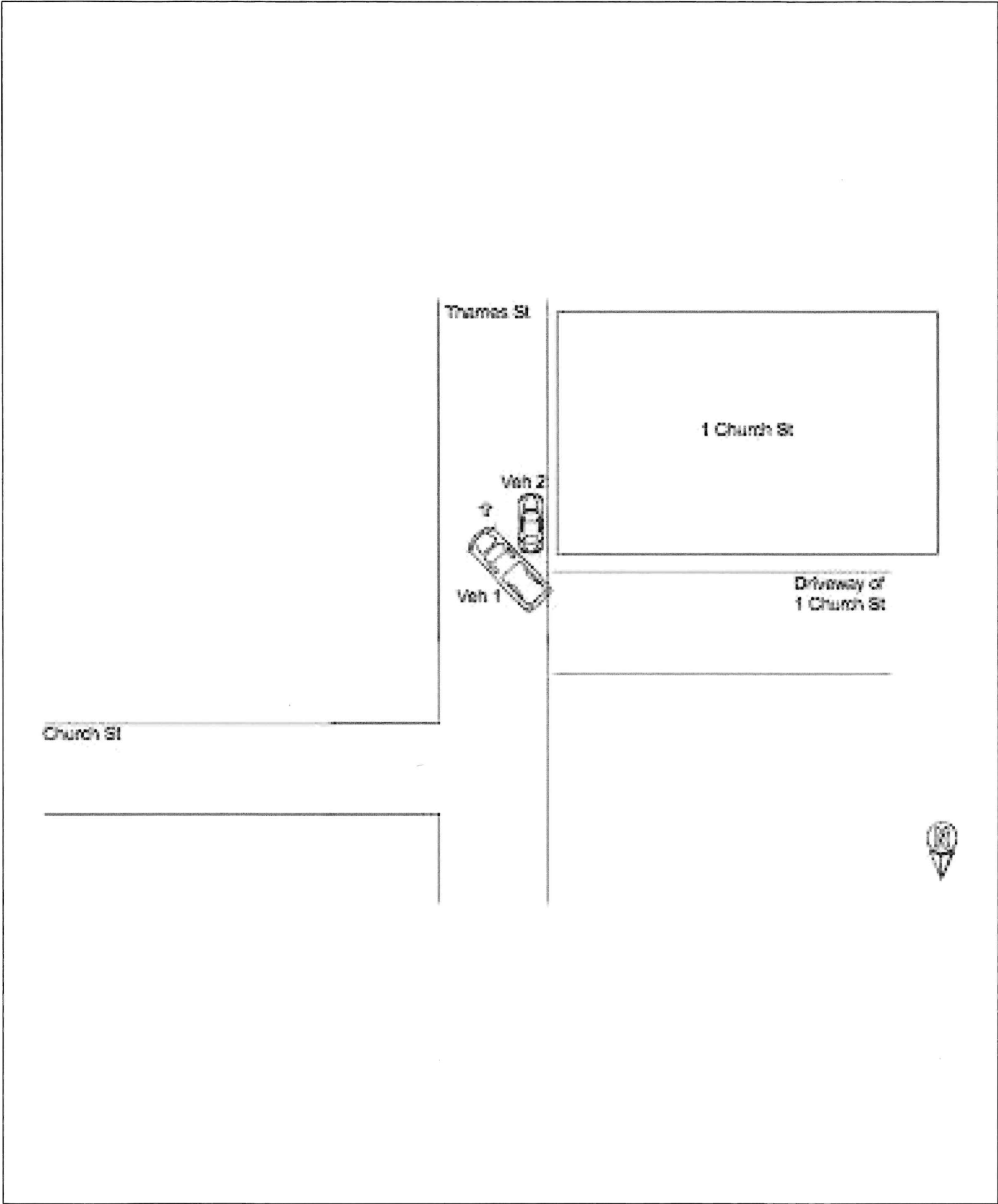
**4** **Vehicle #1** **Initial Impact Area** **Vehicle #2** **6**  
Clock Diagram or  
13 Top (Roof) 14 Undercarriage 15 Non-Collision 16 Unknown  
**Most Damaged Area**  
**4** **Vehicle #1** **Passenger Car** **Motorcycle** **6**  
**Most Damaged Area**  
**4** **Vehicle #1** **Passenger Car W/Trailer** **Tractor Trailer** **6**  
**Most Damaged Area**  
**4** **Vehicle #1** **Bus** **Tractor Trailer** **6**  
**Most Damaged Area**





**STATE OF RHODE ISLAND UNIFORM CRASH REPORT**  
***Narrative/Diagram Supplemental***

(1) On 10/31/2025 at approximately 0740 hrs, Veh #2 (Brodeur) was parked unattended, South on Thames St, with the rear hatch open. Veh #1 (Cabral) was turning South, out of the parking lot of 1 Church St, directly North of Veh #2. Veh #1's rear passenger side struck Veh #2's rear end. Veh #1 sustained passenger side damage. Veh #2 sustained rear damage. No injuries were reported on scene. Photos were taken and uploaded to Evidence.com.







## Reliable Collision Repair

THE RIGHT CHOICE IN COLLISION REPAIR  
31 PROVIDENCE STREET, WEST WARWICK, RI  
02893  
Phone: (401) 823-4770

Workfile ID: 2a5a822e  
Federal ID: 050464086  
State ID: AB. 0000004-A  
Resale Number: 4086  
Federal EPA: RID046610473  
State EPA: RID046610473  
License Number: 4A

### Preliminary Estimate

**Customer: Brodeur, Zachary**

Written By: Nicole Breindel

Insured: Brodeur, Zachary  
Type of Loss:  
Point of Impact:

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
Brodeur, Zachary

**Inspection Location:**  
Other

**Insurance Company:**

### VEHICLE

2011 HYUN Santa Fe SE Automatic AWD 4D UTV 6-3.5L Gasoline MPI Mineral Gray

VIN: 5XYZHDAG9BG060147  
License:  
State: RI

Interior Color: Gray  
Exterior Color: Mineral Gray  
Production Date: 4/2011

Mileage In:  
Mileage Out:  
Condition:  
Vehicle Out:  
Job #:

#### TRANSMISSION

Automatic Transmission  
Overdrive  
4 Wheel Drive

#### POWER

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors  
Power Driver Seat

#### DECOR

Dual Mirrors  
Privacy Glass

Overhead Console  
Wood Interior Trim

#### CONVENIENCE

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Steering Wheel Touch Controls  
Rear Window Wiper  
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)  
4 Wheel Disc Brakes  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags

Hands Free Device

#### ROOF

Luggage/Roof Rack

#### SEATS

Bucket Seats  
Leather Seats  
Heated Seats

#### WHEELS

Aluminum/Alloy Wheels

#### PAINT

Clear Coat Paint

#### OTHER

Fog Lamps  
Rear Spoiler

Get live updates at [www.carwise.com/e/5dgV2o](http://www.carwise.com/e/5dgV2o)

# Preliminary Estimate

**Customer: Brodeur, Zachary**

2011 HYUN Santa Fe SE Automatic AWD 4D UTV 6-3.5L Gasoline MPI Mineral Gray

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	<b>LIFT GATE</b>						
2	Repl	Lift gate w/spoiler	737000W510	1	1,556.29	5.2	3.5
3		Add for Clear Coat					1.4
4		Add for trnsfr glass				0.9	
5	Repl	RT Hinge	7971026001	1	38.85	0.3	0.3
6		Add for Clear Coat					0.1
7	Repl	LT Hinge	7971026001	1	38.85	0.3	0.3
8		Add for Clear Coat					0.1
9	Repl	RT Lift cylinder w/o premium audio	817702B001	1	166.97	0.2	
10	Repl	LT Lift cylinder w/o premium audio	817702B001	1	166.97	0.2	
11	R&I	Finish panel w/o camera				0.4	
12	Refn	Finish panel w/o camera					1.0
13		Add for Clear Coat					0.2
14	Repl	Emblem	863002B000	1	48.21	0.2	
15	Repl	Nameplate "HYUNDAI"	863102B500	1	59.35	0.3	
16	Repl	Nameplate "SANTA FE"	863102B900	1	54.60	0.3	
17	R&I	Handle, outside w/o chrome				Incl.	
18	R&I	RT Side trim				Incl.	
19	R&I	LT Side trim				Incl.	
20	R&I	Lower trim panel w/o premium audio				Incl.	
21	R&I	Spoiler				Incl.	
22	<b>REAR LAMPS</b>						
23	R&I	RT Tail lamp assy				0.4	
24	Repl	LT Tail lamp assy	924010W500	1	245.50	0.4	
25	R&I	RT Tail lamp assy				Incl.	
26	R&I	LT Tail lamp assy				Incl.	
27	<b>VEHICLE DIAGNOSTICS</b>						
28	#	Pre/ Post repair scan electronic system		1		1.5 M	
29	<b>MISCELLANEOUS OPERATIONS</b>						
30	#	Subl Hazardous waste removal		1	3.00 X		
31	#	Cover Car paint		1	7.00 X	0.3	
32	#	Mask Jamb's for paint		1	7.00 X	0.3	
33	#	Refn Color tint / color match					0.5
34	#	Rpr Denib and Polish				0.3	
35	#	Repl Corrosion protection primer		1	15.00 X	0.3	
36	#	Rpr Remove adhesives				0.5	
37	#	Clean for delivery/post-repair cleaning		1		1.0	
38	#	Repl Cavity wax		1	28.95 T	0.3	
39	#	Disconnect & Reconnect Battery		1		0.6 M	

## Preliminary Estimate

### Customer: Brodeur, Zachary

2011 HYUN Santa Fe SE Automatic AWD 4D UTV 6-3.5L Gasoline MPI Mineral Gray

40	#	Memory function resets	1	0.3	M
41	#	Rpr Dynamic Systems Verification Road Test		0.5	
SUBTOTALS			2,436.54	15.0	7.4

### ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				2,375.59
Body Labor	12.6 hrs	@	\$ 65.00 /hr	819.00
Paint Labor	7.4 hrs	@	\$ 65.00 /hr	481.00
Mechanical Labor	2.4 hrs	@	\$ 65.00 /hr	156.00
Paint Supplies	7.4 hrs	@	\$ 40.00 /hr	296.00
Body Supplies	9.3 hrs	@	\$ 5.00 /hr	46.50
Miscellaneous				60.95
Subtotal				4,235.04
Sales Tax	\$ 2,747.04	@	7.0000 %	192.29
<b>Grand Total</b>				<b>4,427.33</b>
Deductible				0.00
<b>CUSTOMER PAY</b>				<b>0.00</b>
<b>INSURANCE PAY</b>				<b>4,427.33</b>

**PURSUANT TO RHODE ISLAND LAW, THE CONSUMER HAS THE RIGHT TO CHOOSE THE REPAIR FACILITY TO COMPLETE REPAIRS TO A MOTOR VEHICLE; AND AN INSURANCE COMPANY MAY NOT INTERFERE WITH THE CONSUMER'S CHOICE OF REPAIRER.**

**FOR ANY VEHICLE THAT IS LESS THAN FORTY-EIGHT (48) MONTHS BEYOND THE DATE OF MANUFACTURE, RHODE ISLAND LAW ENTITLES THE VEHICLE OWNER TO ORIGINAL EQUIPMENT MANUFACTURER (OEM) PARTS IN THE REPAIR OF A MOTOR VEHICLE PART. THIS ESTIMATE WILL INDICATE IF/WHEN AFTERMARKET BODY PARTS ARE SPECIFIED.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**



## Preliminary Estimate

### Customer: Brodeur, Zachary

2011 HYUN Santa Fe SE Automatic AWD 4D UTV 6-3.5L Gasoline MPI Mineral Gray

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 ARR1062, CCC Data Date 11/03/2025, 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.

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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.