



# PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

P.O. Box 950, Bala Cynwyd, Pennsylvania 19004-0950  
800.765.9749 • Fax 800.685.9238 • PHLY.com

Philadelphia Consolidated Holding Corp.  
Philadelphia Indemnity Insurance Company  
Philadelphia Insurance Company  
Maguire Insurance Agency, Inc.

August 18, 2022

Bristol Town Hall  
10 Court St.  
Bristol, RI 02809  
Attn: Eric Dickervitz

2022 AUG 30 AM 9:35  
TOWN CLERK'S OFFICE  
BRISTOL, RHODE ISLAND

RE:            Our Claim Number        :        SUB-1514909  
                 Our Insured                :        Jim F Levesque  
                 Date of Loss                :        06/11/2022  
                 **Your Driver**                :        **James J. Delucca**

To Whom It May Concern:

We have completed our investigation of this incident and found that your insured's negligence was the proximate cause of our insured's damages.

We have paid our insured for the damages to their vehicle and are requesting reimbursement as indicated below. Copies of our subro proofs are attached to support our claim.

Our Payment:	\$6,274.57
<u>Deductible:</u>	<u>\$0</u>
Subrogation Total:	\$6,274.57

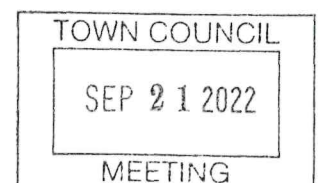
Please make your check payable to Philadelphia Insurance Company a/s/o Jim F Levesque. When submitting your payment, please include the above captioned file number on the check, and forward it to the attention of the undersigned.

Thank you in advance for your anticipated cooperation in this matter. We look forward to hearing from you.

Sincerely,

*Jeannine Shaskas*

Jeannine Shaskas  
Subrogation Examiner  
Phone : 609-512-4293  
Fax: 866-551-0118  
[Jeannine.Shaskas@phly.com](mailto:Jeannine.Shaskas@phly.com)





# STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name <b>Bristol</b>				Report Number <b>22-269-AC</b>				Crash Date <b>06/11/2022</b>				Crash Time <b>16:07</b>				Walk In Report <input type="checkbox"/>				Parking Lot <input checked="" type="checkbox"/>									
City or Town Name <b>Bristol</b>						Street or Highway <b>ASYLUM RD</b>						<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit #		# of Lanes		Posted Speed Limit <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unk											
Nearest Intersection Street						Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West						Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles				Latitude <b>41.68528</b>				Longitude <b>-71.29279</b>									
Unit ID <b>1</b>		Driver's Last Name				First Name				M.I.		DOB		Unit ID <b>2</b>		Driver's Last Name				First Name				M.I.		DOB			
																<b>DELUCCA</b>				<b>JAMES</b>				<b>J</b>					
Address						City						Address						City											
												<b>55 THOMPSON AVE</b>						<b>BRISTOL</b>											
State		Zip		Home Phone		Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone											
<b>RI</b>		<b>02809</b>								<b>RI</b>		<b>02809</b>																	
Driver's License # <input type="checkbox"/> CDL						Lic. State						Driver's License # <input type="checkbox"/> CDL						Lic. State											
												<b>unknown</b>																	
M/V Violation		M/V Violation		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				First Name				M.I.		Driver/Owner Same <input type="checkbox"/>		Owner's Last Name				First Name				M.I.							
		<b>LEVESQUE</b>				<b>JAMES</b>				<b>F</b>				<b>TOWN OF BRISTOL</b>				<b>NFN</b>											
Address						City						Address						City											
<b>210 SHIPPEE PLAT RD</b>						<b>COVENTRY</b>						<b>7 COURT ST</b>						<b>BRISTOL</b>											
State		Zip		Home Phone		Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone											
<b>RI</b>		<b>02816</b>								<b>RI</b>		<b>02809</b>																	
Insurance Company Name <input type="checkbox"/> No Ins.						Insurance Policy Number						Insurance Company Name <input type="checkbox"/> No Ins.						Insurance Policy Number											
<b>philadelphia indemnity i</b>						<b>phcv147817-002</b>						<b>RI INTERLOCAL TRUST</b>																	
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																													
Registration # <input type="checkbox"/> Not Reg. <input checked="" type="checkbox"/> Reg.																													
<b>21914</b>		<b>RI</b>		<b>2023</b>		<b>CF54065U</b>				<b>unknown</b>		<b>XXXXXXX</b>																	
Veh Yr.		Make		Model		Color		Plate Type		Veh Yr.		Make		Model		Color		Plate Type											
<b>1976</b>		<b>TRIUMPH</b>		<b>TR6</b>		<b>RED</b>		<b>AQ</b>		<b>2015</b>		<b>OTHER</b>		<b>JOHN DEERE GATOR</b>		<b>RED</b>		<b>OT</b>											
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"/> Unk										Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <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										Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Towing Company Name										Towing Company Name																			
Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
<b>Person Type</b>																													
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		M Male		13 Other Row (Bus)		17 N/A		1 N/A		1 No		1 N/A		1 Complaints of Pain															
2 Unit 2		F Female		14 Unk. Row		18 Sleeper		2 No		2 Partially		2 None Used		2 Non-Incapacitating															
3 (etc.)		U Unk.		15 Other Seat		19 Other Enclosed Area		3 No		3 Totally		3 Shoulder & Lap		3 Incapacitating															
or N/A				16 Unk. Seat		20 Other Unenclosed Area		3 Front		4 N/A		4 Shoulder Only		4 Fatal															
						21 Towed Unit		4 Side		5 Unk.		5 Lap Only		5 No Injury															
						22 Unknown						6 Type Unknown		6 Unknown															
												12 Other		13 Unk.															
												12 Other		13 Unk.															
Name: Occupants - Witnesses - Pedestrians - Bicyclists										Person Type		Unit ID		Sex		DOB		Seat Pos.		Air Bag Deployed		Ejected		Prot. System		Injury		Trans by Rescue	
<b>DELUCCA, JAMES J</b>										<b>1</b>		<b>2</b>		<b>M</b>				<b>1</b>		<b>1</b>		<b>4</b>		<b>1</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	
<b>Non-Vehicle Property Damage</b> <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 BARRY S CARINHA</b>										Reporting Officer Badge Number <b>030</b>										Report Date <b>06/11/2022</b>									



# STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

## 5 — 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                      |

## 12 — 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

1

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

1

2nd

3rd

## 1 — Vehicle #1

- 1 Passenger Car
- 2 (Sport) Utility Vehicle
- 3 Passenger Van
- 4 Cargo Van (10K lbs[4,536 kg] or less)
- 5 Pickup

## Unit Types

- |               |  |
|---------------|--|
| 6 Motor Home  | 11 Motorcycle  |
| 7 School Bus  | 12 Moped   |
| 8 Transit Bus | 13 Low Speed Vehicle   |
| 9 Motor Coach | 14 Other Light Trucks (10K lbs [4,536 kg] or less)               |
| 10 Other Bus  | 15 Tractor Trailer or Combination (More than 10K lbs [4,536 kg]) |
|               | 16 Medium/Heavy Trucks (More than 10K lbs [4,536 kg])            |

## Vehicle #2

13

- 17 Tow Truck
- 18 Pedestrian
- 19 Bicyclist
- 20 Witness
- 21 Other

### Vehicle #1

- ☐ Yes    ☒ No

Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat?

### Vehicle #2

- ☐ Yes    ☒ No

### Vehicle #1

- ☐ Yes    ☒ No

Was this Vehicle in Tow?

### Vehicle #2

- ☐ Yes    ☒ No

## 1 — Vehicle #1

- 1 No Special Function
- 2 Taxi

## Special Function Vehicle

- 3 Vehicle Used as School Bus
- 4 Vehicle Used as Other Bus

- 5 Military
- 6 Police

- 7 Ambulance
- 8 Fire Truck

- 9 Unknown

1



### Police, Ambulance or Fire Truck Responding to a Call?

3

### 3 Working Vehicle/Equipment

**1**

4 Disabling Damage (> \$1,000)

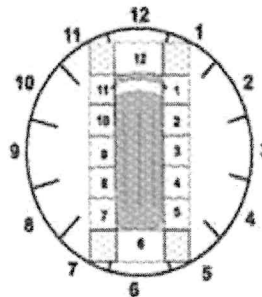
13

### Collision with Fixed Object:

- 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

2

11 Negotiating a Curve  
12 Parked  
13 Stopped in Traffic  
14 Other  
15 Unknown



Tractor Trailer

### Most Damaged Area

7

7



# STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

1st	Vehicle #1	Sequence of Events	Vehicle #2	1st
13	<b>Non-Collision:</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped from Motor Veh. 7 Thrown or Falling Object 8 Other Non-Collision <b>Collision with Person, Motor Veh., or Non-Fixed Object:</b> 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	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 40 Unknown - Sequence of Events	<b>Collision with Fixed Object:</b> 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.)	13
2nd				2nd
3rd				3rd
4th				4th

Driver Vehicle #1	Driver Distracted	Driver Vehicle #2
1 Not Distracted 2 Electronic Communications Devices (Cell Phone, Pager, etc.) 3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.)	4 Other Inside the Vehicle 5 Other Outside the Vehicle 6 Unknown	1

Driver Vehicle #1	Physical Condition of Driver	Driver Vehicle #2
1 Apparently Normal 2 Emotional (Depressed, Angry, Disturbed, etc.) 3 Ill (Sick)	4 Fell Asleep, Fainted, Fatigued, etc. 5 Under the influence of medications/drugs/alcohol 6 Unknown	1

1st	Non-Motorist Safety Equipment	1st
	1 None 2 Helmet 3 Protective Pads Used (Elbows, Knees, Shins, etc.) 4 Reflective Clothing (Jacket, Backpack, etc.) 5 Lighting 6 Other 7 N/A 8 Unknown	
2nd		2nd

Alcohol and/or Drug Testing			
Driver Vehicle #1	Chemical Test	Driver Vehicle #2	
<b>Alcohol</b> <input type="checkbox"/>	<b>Drug</b> <input type="checkbox"/>	<b>Alcohol</b> <input checked="" type="checkbox"/>	<b>Drug</b> <input checked="" type="checkbox"/>
<input type="checkbox"/> None Given		<input type="checkbox"/>	
<input type="checkbox"/> Test Refused		<input type="checkbox"/>	
<input type="checkbox"/> Unknown if Tested		<input type="checkbox"/>	
<input type="checkbox"/> Blood		<input type="checkbox"/>	
<input type="checkbox"/> Urine		<input type="checkbox"/>	
<input type="checkbox"/> Serum		<input type="checkbox"/>	
<input type="checkbox"/> Other		<input type="checkbox"/>	
<input type="checkbox"/> Breath		<input type="checkbox"/>	
Driver Vehicle #1	Alcohol Test Result	Driver Vehicle #2	
<input type="checkbox"/> BAC		<input type="checkbox"/>	
<input type="checkbox"/> Pending		<input type="checkbox"/>	
<input type="checkbox"/> Unknown		<input type="checkbox"/>	
Driver Vehicle #1	Drug Test Result	Driver Vehicle #2	
<input type="checkbox"/> Positive		<input type="checkbox"/>	
<input type="checkbox"/> Negative		<input type="checkbox"/>	
<input type="checkbox"/> Awaiting Test Result		<input type="checkbox"/>	



Report Number  
**22-269-AC**

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

(1) OFFICER'S INVESTIGATION: On 6/11/22 at approximately 1500 hrs, Veh #1 (Levesque) was parked unoccupied in an open grass show field during a British car exhibition. Veh #2 (Delucca) which is a John Deere gator operated by Bristol Recreation Dept staff, was conducting litter collection in the area. Veh #2 was backing toward the front hood area of Veh #1. Veh #2's driver's side rear tail gate collided with the front hood of Veh #1. Veh #1 sustained functional damage to the leading edge of the hood. Veh #2 sustained minimal damage to the rear tail gate. No injuries reported on scene. Veh #1 driven from scene.






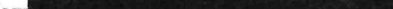


## Statement Form



<input type="checkbox"/> Complainant	Case #: <u>22-269-AC</u>
<input type="checkbox"/> Witness	Date: <u>6/11/22</u> Time: <u>1500</u>
<input type="checkbox"/> Defendant	Officer ID: <u>CAPB</u> Badge #: <u>50</u>
<input checked="" type="checkbox"/> Vehicle Operator	POLICE USE ONLY

## COMPLAINANT/WITNESS/OPERATOR INFORMATION

Full Name: James DeLuca Date of Birth: 11-4-63  
Home Address: 55 Thompson Ave Home:   
City / Town: Bristol Cell:   
State: R.I. Zip Code: 02809 Email:   
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ SSN: 

## INCIDENT INFORMATION

Date of Incident:		Time of Incident:	
Location / Address of Incident:			
Vehicle Registration:	State:	Insurance Company:	Policy#:

## STATEMENT OF PERSON FILING REPORT

Back in to a car

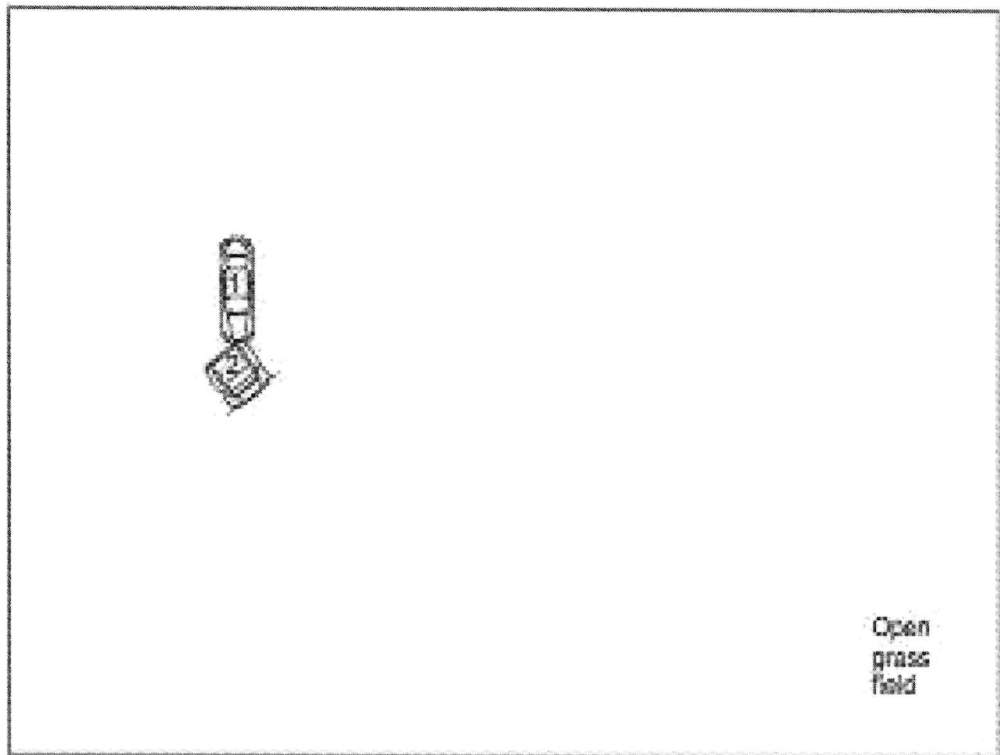
Signature J. M. Decker Date Signed: \_\_\_\_\_  
If additional space is needed please use the reverse side

BPD - Witness Statement.rev20



Report Number  
**22-269-AC**

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





Report Number  
22-269-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT  
Narrative/Diagram Supplemental



BRISTOL POLICE DEPARTMENT

Statement Form



<input checked="" type="checkbox"/> Complainant	Case #: 22-269-AC
<input type="checkbox"/> Witness	Date: 6/11/22 Time: 1500
<input type="checkbox"/> Defendant	Officer ID: CARB Badge #: 30
<input type="checkbox"/> Vehicle Operator	POLICE USE ONLY

COMPLAINANT/WITNESS/OPERATOR INFORMATION

Full Name: James Levesque	Date of Birth: 12-13-54
Home Address: 210 Shippee Plot Rd	Home: [REDACTED]
City / Town: Coventry	Cell: [REDACTED]
State: RI Zip Code: 02816	Email: [REDACTED]
Driver's License #: 9094658 State: RI	SSN: [REDACTED]

INCIDENT INFORMATION

Date of Incident: 6-11-2022	Time of Incident: 3PM
Location / Address of Incident: Colt State Park	
Vehicle Registration: 21914 State: RI Insurance Company: Phil Edmuntty Policy#: PHCV147817-002	

STATEMENT OF PERSON FILING REPORT

Town Employee Jimmy BACK got into  
the front hood of my 1976 Triumph TR6.

Signature

Date Signed:

6-11-2022

If additional space is needed please use the reverse side

BPD\_Witness\_Statement.rev20



## Claim Summary

### Owner: JIM LEVESQUE

1979 TRIUMPH ER6 - SPITFIRE 2D CNVT Overhead valve 4-cylinder in-line, water cooled RED

### Insurance Company

Company:	PHILADELPHIA INSURANCE	Claim #:	1514909
Claim Office:	BALACYNWYD, PA	Adjuster:	FRANCES-MARIE BOYD
Address:	ONE BALA PLAZA SUITE 100 BALACYNWYD, PA 19004	Policy #:	
Phone:	(610) 617-7900		

### Appraisal Company

Company:	TAFT APPRAISAL SERVICE	Estimator:	AMANDA WARREN - MA016374-RI3001626139
IA Office:	TAFT APPRAISAL SERVICE	License #:	MA016374
Address:	148 UXBRIDGE RD MENDON, MA 01756	Job #:	2352080
Phone:	(508) 473-2846		

### Vehicle Owner

Insured:	JIM LEVESQUE	Loss Type:	Collision
Owner:	JIM LEVESQUE 210 SHIPPEE PLAT RD COVENTRY, RI 02816	Day:	(401) 346-7781

### Vehicle Information

1979 TRIUMPH ER6 - SPITFIRE 2D CNVT Overhead valve 4-cylinder in-line, water cooled RED

VIN:	CF54065U	Production Date:	Interior Color:		
License:	21914	Odometer:	51,342	Exterior Color:	RED
State:	RI	Condition:	Good		
Primary Impact Point:	Front			Drivable:	Yes
Secondary Impact Point:					

### Inspection Information

Place of Inspection:	BORGE'S COLLISION CENTER
Address:	2 NEW RIVER RD MANVILLE, RI 02838



## Claim Summary

**Owner: JIM LEVESQUE**

1979 TRIUMPH ER6 - SPITFIRE 2D CNVT Overhead valve 4-cylinder in-line, water cooled RED

Estimate to Repair		Total Loss Valuation	
<b>Estimate</b>	\$ 6,103.88	<b>Vehicle Valuation</b>	\$ 0.00
		Supp. Taxable Adjustments	0.00
<b>Taxable Subtotal</b>	\$ 6,103.88	<b>Taxable Subtotal</b>	\$ 0.00
Tax	170.69	Tax	0.00
		Supp. Non-Taxable Adjustments	0.00
<b>Non-Taxable Subtotal</b>	\$ 6,274.57	<b>Non-Taxable Subtotal</b>	\$ 0.00
Betterment	0.00	Owner Retained Salvage	0.00
Deductible	0.00	Deductible	0.00
Appearance Allowance	0.00		
0% Negligence	0.00	0% Negligence	0.00
<b>Calculated Net Loss</b>	<u>\$ 6,274.57</u>	<b>Calculated Net Loss</b>	<u>\$ 0.00</u>
LKQ Parts Not Included		<b>Vehicle Valuation Request#</b>	
A/M Parts Not Included			
Opt OEM Parts Not Included			
Recond Parts Not Included			

### Settlement Information

Settlement Type: Repairable  
 Negotiated Settlement: \$ 6,274.57  
 Settlement Outstanding: \$ 6,274.57

### Comments

CORRECT VEHICLE CONFIRMED THROUGH ITS DESCRIPTORS: VIN, PLATES, AND COLOR. DIGITAL PHOTOS WERE TAKEN OF THE VEHICLE. THE PICTURES ARE NOT ALTERED OR ENHANCED AND MAINTAIN THEIR ORIGINAL PROPERTIES. AREA PREVAILING LABOR RATES ARE USED. NO SHOP RECOMMENDATIONS WERE GIVEN TO THE OWNER. A COPY OF THE ESTIMATE WAS ONLY GIVEN TO THE OWNER OR THE SHOP IF AUTHORIZED BY CARRIER GUIDELINES. NO COMMITMENT TO LIABILITY OR PAYMENT WAS MADE. A REPAIR CERTIFICATE FORM WAS NOT PROVIDED TO THE CUSTOMER.

AV \$20,000.00

THE OWNER OR REPRESENTATIVE WAS PRESENT DURING OUR INSPECTION.  
 THE MILEAGE WAS OBTAINED FROM THE VEHICLE'S ODOMETER.

NO UNRELATED DAMAGE WAS VIEWED.

NO AIRBAG DEPLOYMENT WAS NOTICED.

THE VEHICLE WAS DEEMED REPAIRABLE.

NO TOWING INVOICE WAS PRESENTED DURING OUR INSPECTION.

THE VEHICLE'S OVERALL CONDITION WAS GOOD.

OPEN ITEMS AND A SUPPLEMENT IS POSSIBLE AFTER TEARDOWN.

THE OWNER HAS SELECTED A REPAIR SHOP.

AN AGREED VALUE WAS SECURED WITH ANTONIO.

ADDITIONAL INFORMATION: PER THE SHOP AND OWNER THIS COLOR HAD A SPECIAL BUFFING DONE AFTER SO IT DOESN'T HAVE THE USUAL SHINE WHEN PAINT JOB IS DONE. WILL REQUIRE ADDITIONAL TIME TO COMPLETE. ALSO, SHOP CLASSIC CAR LABOR RATE IS \$125/HR NON-NEGOTIABLE.

THANK YOU FOR THIS ASSIGNMENT.

=====



## Claim Summary

**Owner: JIM LEVESQUE**

1979 TRIUMPH ER6 - SPITFIRE 2D CNVT Overhead valve 4-cylinder in-line, water cooled RED

**Events**

6/11/2022		Loss occurred
6/16/2022		Loss reported
6/20/2022	11:12 PM	Workfile Created. Comments: Workfile was created.
6/20/2022	11:22 PM	Payer Type updated - [None]
6/20/2022	11:22 PM	Insurance Company updated - PHILADELPHIA INSURANCE
6/20/2022	11:24 PM	Workfile converted to job
6/20/2022	11:26 PM	First preliminary estimate line written.
6/20/2022	11:44 PM	Task Created - Ready for Review
6/20/2022	11:44 PM	Task Comments Updated - Ready for Review
6/21/2022	12:51 PM	Task Reassigned - Ready for Review
6/21/2022	12:51 PM	Task Comments Updated - Ready for Review
6/21/2022	2:50 PM	Task Due Date Changed - Ready for Review
6/21/2022	2:50 PM	Task Completed - Ready for Review
6/21/2022	2:51 PM	Advisor report on estimate received
6/21/2022	2:51 PM	Advisor report on estimate requested
6/21/2022	2:51 PM	Estimate of Record created.
6/21/2022	2:51 PM	Workfile state changed from assigned to inspected.



**TAFT APPRAISAL SERVICE**

148 UXBRIDGE RD  
MENDON, MA 01756  
Phone: (508) 473-2846, FAX:(508) 473-0903  
taftassign@taftnet.com

Workfile ID: 41fb23af  
Federal ID: 04-3321402

For:

**PHILADELPHIA INSURANCE**

BALACYNWYD, PA  
Phone: (610) 617-7900, FAX:(610) 617-7941

**Estimate of Record****Owner: LEVESQUE, JIM****Job Number: 2352080**

Written By: AMANDA WARREN, MA016374  
Adjuster: BOYD, FRANCES-MARIE, (610) 538-2679 Business

Insured: LEVESQUE, JIM  
Type of Loss: Collision  
Point of Impact: 12 Front

Policy #:   
Date of Loss: 6/11/2022 12:00 AM

Claim #: 1514909  
Days to Repair: 6

**Owner:**

LEVESQUE, JIM  
210 SHIPPEE PLAT RD  
COVENTRY, RI 02816  
(401) 346-7781 Day

**Inspection Location:**

BORGE'S COLLISION CENTER  
2 NEW RIVER RD  
MANVILLE, RI 02838  
Repair Facility  
(401) 765-1957 Business

**Repair Facility:**

BORGE'S COLLISION CENTER  
2 NEW RIVER RD  
MANVILLE, RI 02838  
(401) 765-1957 Business

**VEHICLE**

1979 TRIUMPH ER6 - SPITFIRE 2D CNVT Overhead valve 4-cylinder in-line, water cooled RED

VIN: CF54065U  
License: 21914  
State: RI

Production Date:  
Odometer: 51,342  
Condition: Good

Interior Color:  
Exterior Color: RED



# Estimate of Record

Owner: LEVESQUE, JIM

Job Number: 2352080

1979 TRIUMPH ER6 - SPITFIRE 2D CNVT Overhead valve 4-cylinder in-line, water cooled RED

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	**FRONT BUMPER**		1			
2	#	R&I Bumper assy				1.6	
3	#	**GRILLE**		1			
4	#	R&I Grille assy				0.8	
5	#	**HEADLAMPS**		1			
6	#	R&I RT Headlamp assy				0.7	
7	#	R&I LT Headlamp assy				0.7	
8	#	AIM Headlamps		1		0.5	
9	#	R&I RT Side marker lamp				0.6	
10	#	R&I LT Side marker lamp				0.6	
11	#	**HOOD**		1			
12	#	Repl Hood assy +25%	855425TR6	1	1,623.75	4.0	4.2
		Note: mossmotors.com					
13	#	ADD for Clear Coat		1			2.6
14	#	Algn RT Hinge				0.5	
15	#	Algn LT Hinge				0.5	
16	#	**FENDERS**		1			
17	#	Blnd RT Fender assy					1.7
18	#	Blnd LT Fender assy					1.7
19	#	R&I RT Rocker mldg chrome				1.0	
20	#	R&I LT Rocker mldg chrome				1.0	
21	#	Sect Antenna		1		0.4	
22	#	**MISC**		1			
23	#	Repl Car Cover for Refinishing		1	5.00 T	0.2	
24	#	Repl Car Cover for Primer		1	5.00 T	0.2	
25	#	Rpr Color Tint/Spray Test Panel				0.5	0.5
26	#	Subl Hazardous Waste Removal		1	3.00 X		
27	#	Repl Flex Additive per Panel		1	10.00 T		
28	#	Rpr Color, Sand & Buff				1.5	
29	#	Repl Corrosive Protection		1	10.00 T	0.2	
30	#	Rpr Detail Vehicle for Delivery				0.5	
31	#	Subl Undercoating		1	14.00 T		
32	#	Rpr D & I Battery/Reset Electronics				0.5	
33	#	Rpr Remove Glue and Adhesive				0.5	
34	#	Repl Clean & Retape Moldings		1	5.00	1.0	
35	#	Repl Mask Jambs - Paint		1	5.00	0.3	
36	#	Repl Mask Jambs - Primer		1	5.00	0.3	
37	#	Repl Misc Hardware (clips, bolts, etc)		1	20.00 T		
38	#	Subl Add'l P&M \$55/hr +25%		1	510.93 T		
		Note: \$34x10.7=\$363.80					
		+25%=\$510.93					
SUBTOTALS					2,216.68	18.6	10.7



## Estimate of Record

**Owner: LEVESQUE, JIM**

**Job Number: 2352080**

1979 TRIUMPH ER6 - SPITFIRE 2D CNVT Overhead valve 4-cylinder in-line, water cooled RED

### NOTES

Prior Damage Notes:  
NONE NOTED

### ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				1,638.75
Body Labor	18.6 hrs	@	\$ 125.00 /hr	2,325.00
Paint Labor	10.7 hrs	@	\$ 125.00 /hr	1,337.50
Paint Supplies	10.7 hrs	@	\$ 21.00 /hr	224.70
Miscellaneous				577.93
Subtotal				6,103.88
Sales Tax	\$ 2,438.38	@	7.0000 %	170.69
<b>Total Cost of Repairs</b>				<b>6,274.57</b>
Deductible				0.00
<b>Total Adjustments</b>				<b>0.00</b>
<b>Net Cost of Repairs</b>				<b>6,274.57</b>



## Estimate of Record

**Owner: LEVESQUE, JIM**

**Job Number: 2352080**

1979 TRIUMPH ER6 - SPITFIRE 2D CNVT Overhead valve 4-cylinder in-line, water cooled RED

"This document is neither an authorization to repair nor a guarantee of payment. Deductibles, betterments and previous damage, if included in this document, will be deducted from any settlement with the vehicle owner. Supplements will be denied without prior approval from the appraiser. All supplemental damage found by the repairer must be inspected and documented by a representative of the insurance company before those repairs begin. All part price increases are subject to invoice verification. The vehicle owner must authorize all repairs."

"The final appraisal amount will be considered "AGREED" based upon "VISUAL INSPECTED DAMAGE ONLY". Additional damage may be discovered upon tear down resulting in additional labor, parts, and expense."

A copy of this appraisal has been mailed to the owner and faxed to the body shop if applicable unless otherwise noted or instructed from the Insurance Company, total losses excluded.

"This estimate is subject to be reviewed and/or changed by the insurance company or one of its affiliates."

"Please call Taft Appraisal for any and all supplemental needs. Please call our Supplemental Hot Line at (508) 473-2846, press "4" for supplement assistance."

This estimate has been prepared based on the use of aftermarket crash parts, if allowed by state regulation, supplied by a source other than the manufacturer of your motor vehicle. Warranties that apply to these replacement parts are provided by the manufacturer, distributor, or insurer of these parts.

### FOR RHODE ISLAND ONLY

#### Section 4 Procedures in Payment of Automobile Damage Claims

A. Any insurer that settles a property damage claim arising out of an insurance policy issued in the State of Rhode Island in which the consumer requests to receive payment directly rather than have the automobile repaired, shall inform the consumer of the following prior to or contemporaneously with payment of the claim:

If you do not repair all or part of the damages allowed by the insurer, and you have a subsequent loss, previous damage may affect the subsequent loss. If you subsequently repair the damage, you should notify the insurer. The insurer may elect to inspect your automobile. No insurer or its representative may make payment on a claim to an automobile body shop if the shop is required to be but is not licensed in accordance with R.I. Gen. Laws § 5-38-1 et seq

**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.**



## Estimate of Record

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**Owner: LEVESQUE, JIM**

**Job Number: 2352080**

1979 TRIUMPH ER6 - SPITFIRE 2D CNVT Overhead valve 4-cylinder in-line, water cooled RED

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.



ADD TO CART



31 NUT  
310-760  
TR6

✓  
In Stock

\$0.49

2

ADD TO CART



32 HOOD, British Motor Heritage  
855-425  
TR6


✓  
Low Stock

\$1,299.00

1

ADD TO CART



 SHIPS TRUCK

33 HOOD SEAL  
680-370  
TR6

✓  
In Stock


\$9.99

1

ADD TO CART

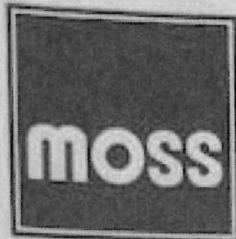


34 SCUTTLE PANEL, British Motor Heritage  
855-615  
TR6 thru 1972

SO  
Special Order 

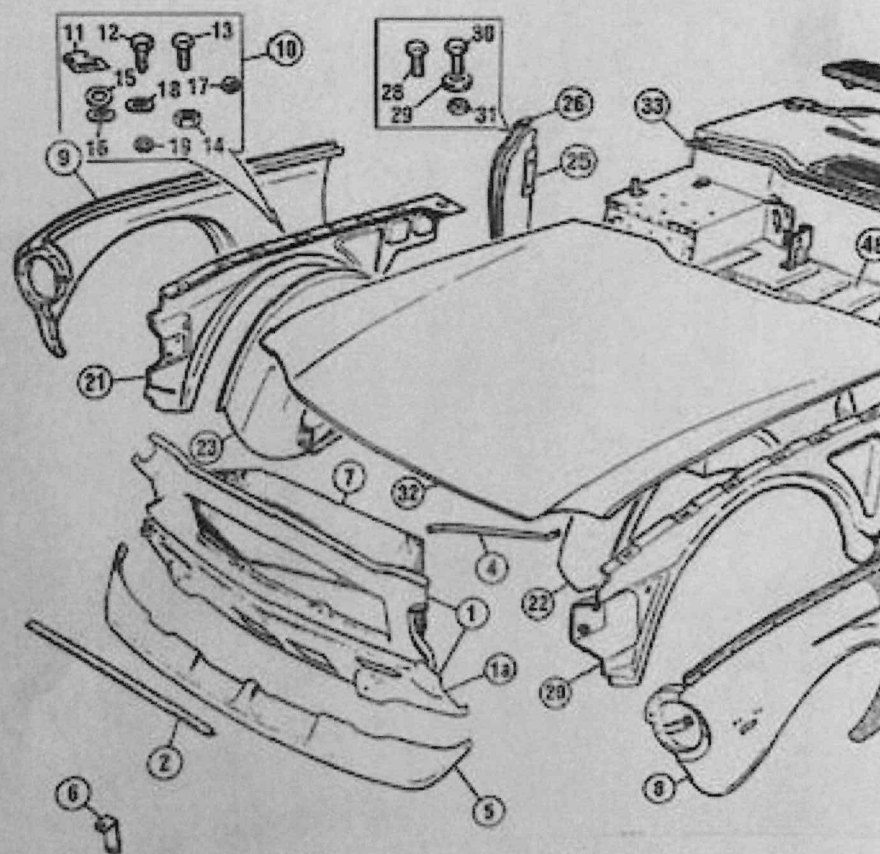
06/20/2022





<https://mossmotors.com/>

## Front Body Panels TR6



06/20/2022

⚠ WARNING: Cancer and Reproductive Harm. [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov)



PROMO CODE

+

Subtotal


Shipping &amp; Handling (Truck Freight)

\$1,299.00

Tax (Estimated)

\$179.00

\$103.46

**TOTAL:****\$1,581.46** **PROCEED TO CHECKOUT**

+ 25% ~~\$395.25~~

06/20/2022

FEEDBACK +

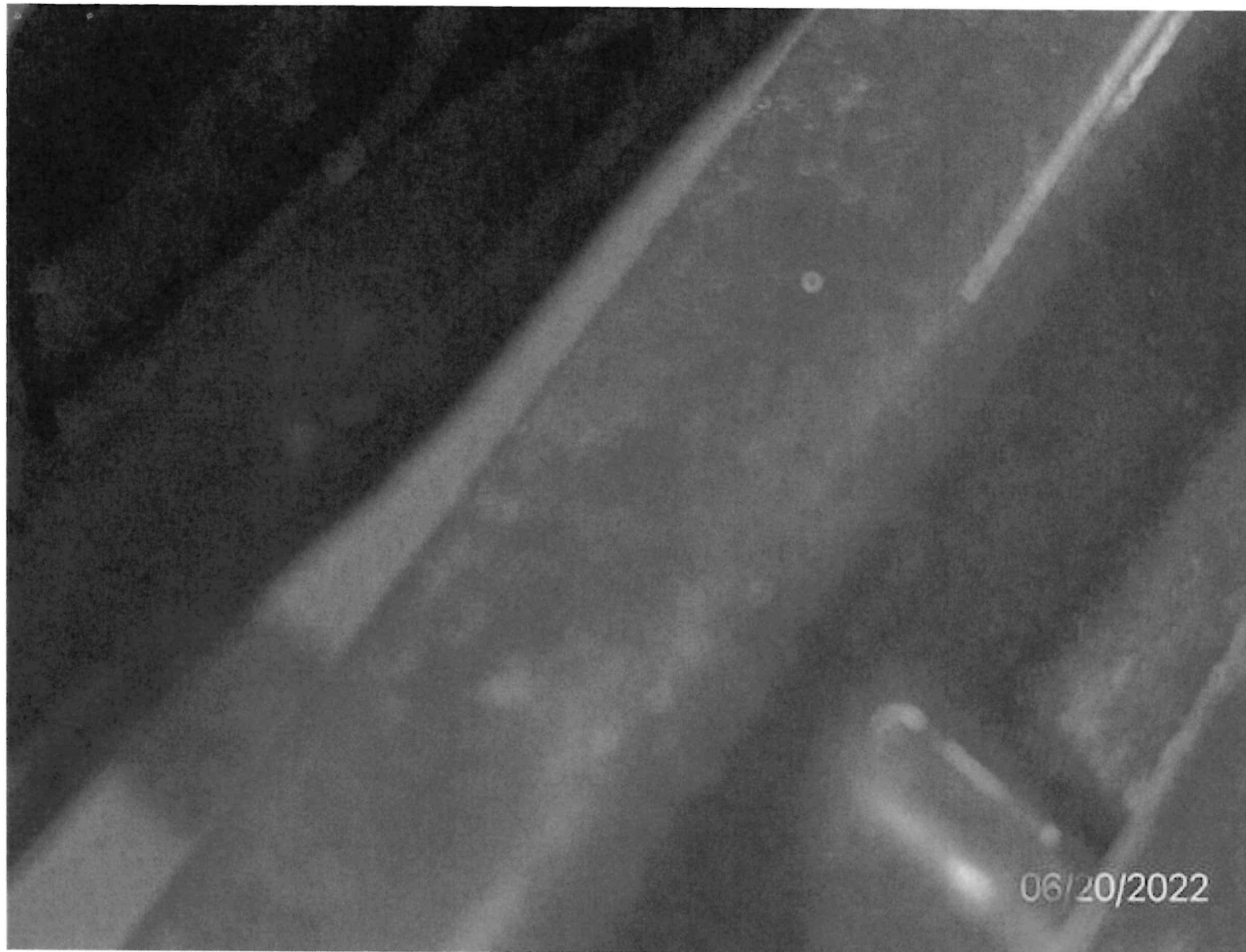
















06/20/2022

















06/20/2022





06/20/2022







MANUFACTURED BY  
THE TRIUMPH MOTOR CO LTD  
COVENTRY ENGLAND

DATE OF MANUFACTURE

MAR 1976

THIS VEHICLE CONFORMS TO ALL  
APPLICABLE FEDERAL MOTOR VEHICLE  
SAFETY STANDARDS IN EFFECT ON  
THE DATE OF MANUFACTURE  
SHOWN ABOVE

COMM. NO

CF54065 U

PAINT

72

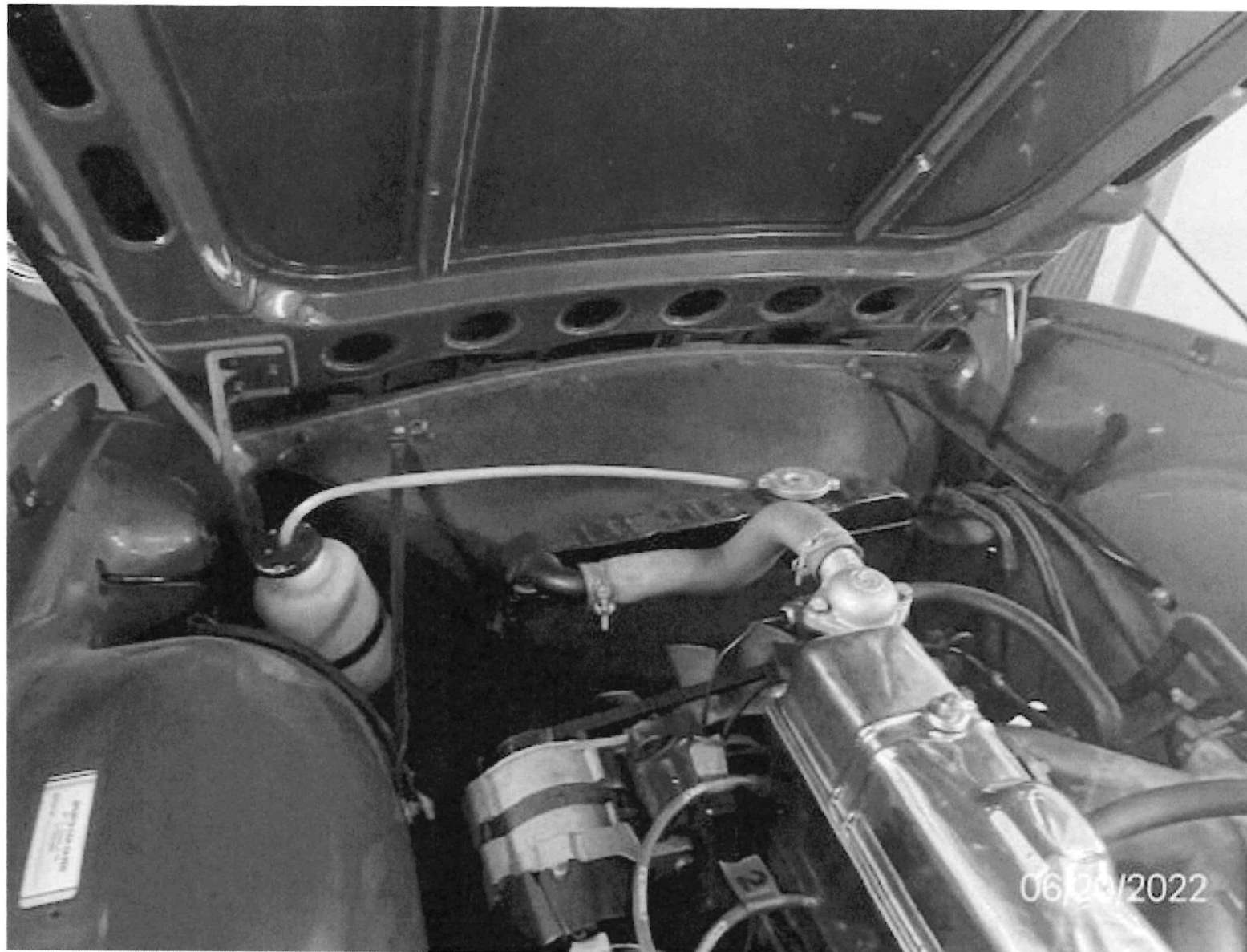
TRIM

11

A MEMBER OF THE  
BRITISH LEYLAND MOTOR CORPORATION

06/20/2022

















06/20/2022



















PHILADELPHIA INDEMNITY INSURANCE COMPANY  
CLAIMS ACCOUNT  
ONE BALA PLAZA STE 100  
Bala Cynwyd, PA 19004

Page 1 of 1

Date: 06/22/2022  
Check #: 3000788181  
Amount: 6,274.57



006780 R3K5T1A  
Borges Collision Center, Inc.  
2 NEW RIVER ROAD  
LINCOLN RI 02838



Questions concerning this payment? Contact our Claims Department at 1-800-765-9749 and reference the claim number when calling.

PAYEE BORGES COLLISION CENTER, INC.

POLICY HOLDER	Jim F Levesque	DOL	06/11/2022
CLAIM #	PHCV22061514909	PAYMENT	FINAL
POLICY NUMBER	PHCV147817-002	TYPE	LOSS

INVOICE NUMBER

EXAMINER Boyd, Frances-Marie

COMMENTS payment for jim Leveskque

PLEASE DETACH BEFORE DEPOSITING CHECK

PHILADELPHIA INDEMNITY INSURANCE COMPANY  
CLAIMS ACCOUNT  
ONE BALA PLAZA STE 100  
Bala Cynwyd, PA 19004



11-24/1210

Date: 06/22/2022  
Check #: 3000788181

Pay Exactly \*\*Six Thousand Two Hundred Seventy-Four and 57/100 -US Dollars \*\*

Amount

\$\*\*\*\*6,274.57

PAY TO BORGES COLLISION CENTER, INC.

POLICY HOLDER Jim F Levesque  
CLAIM # PHCV22061514909  
POLICY NUMBER PHCV147817-002

DOL 06/11/2022  
PAYMENT FINAL  
TYPE LOSS

WELLS FARGO BANK, N.A.

# VOID

Authorized Signer

⑈ 3000788181 ⑈ ⑆ 121000248 ⑆ 2100003191937 ⑈