

January 11, 2023

Town of Bristol
Attn: Michael A. Ursillo, Esq., City Solicitor
10 Court Street
Bristol, RI 02809

Named Insured:	Russell Brillo
Claim Number:	AU10156182
Date of Loss:	04/02/2022
Time of Loss:	10:26
Loss Location:	Wood St, Bristol RI
Type of Loss:	Automobile
Responsible Party:	Town of Bristol
Reimbursement Due:	\$5,604.58
Property Damage:	\$5,604.58
PIP Medical/Wage:	\$0

2023 JAN 18 AM 9:17
TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND

Dear Attorney Ursillo,

Please accept this letter of presentment as required by RI.G.L. Our investigation reveals that the Town of Bristol is responsible for damages sustained by our insured.

Attached are our supports for this loss. If you require additional documentation to investigate this claim pursuant to your statutory obligation, please contact us. If you are inclined to discuss settlement of this claim or deny this claim within the six (6) month statutory period, please forward the appropriate communication to my attention.

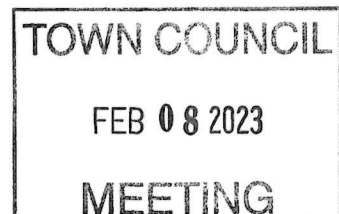
Our insured was parked on Wood Street when a Town trash truck, RI plate #5754 being driven by Paul Drolet, struck our insured's parked vehicle. Please refer to the police report attached.

We have settled the loss with our insured and would appreciate your immediate payment of the amount listed above. Please make your check payable to in the amount of \$5,604.58 and be sure to note our file number to ensure proper credit.

If you have any questions, please call me at 1-800-221-1605, ext. 15663, or email me at the address below.

Thank you.

Sincerely,



January 11, 2023
Page 2

Suzanne Soloperto
Claim Representative Sr., Subrogation

MAIL: 11 Gore Rd, Webster, MA 01570
EMAIL: ssoloperto@mapfreusa.com

Enclosure(s)

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Bristol		Report Number 22-137-AC		Crash Date 04/02/2022		Crash Time 1026		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>																																						
City or Town Name BRISTOL		Street or Highway WOOD ST		<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # 2		# of Lanes 25		Posted Speed Limit <input type="checkbox"/> N/A <input type="checkbox"/> Unk																																						
Nearest Intersection Street ST. ELIZABETH ST		Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		Distance From Nearest Inter. 5		Latitude +041.675570		Longitude -071.272650																																								
Unit ID 1	Driver's Last Name First Name DROLET PAUL		M.I. W	DOB [REDACTED]	Unit ID 2	Driver's Last Name First Name [REDACTED] [REDACTED]		M.I. [REDACTED]	DOB [REDACTED]																																							
Address [REDACTED]		City [REDACTED]		Address 38 GREENWAY DR		City BRISTOL																																										
State RI	Zip 02809	Home Phone [REDACTED]	Cell Phone [REDACTED]	Work Phone [REDACTED]	State RI	Zip 02809	Home Phone [REDACTED]	Cell Phone [REDACTED]	Work Phone [REDACTED]																																							
Driver's License # [REDACTED]		<input type="checkbox"/> CDL		Lic. State RI	Driver's License # 7441150		<input type="checkbox"/> CDL		Lic. State RI																																							
M/V Violation [REDACTED]	M/V Violation [REDACTED]	M/V Violation [REDACTED]	M/V Violation [REDACTED]	M/V Violation [REDACTED]	M/V Violation [REDACTED]	M/V Violation [REDACTED]	M/V Violation [REDACTED]	M/V Violation [REDACTED]	M/V Violation [REDACTED]																																							
Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name First Name BRILLO RUSSELL		M.I. J	Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name First Name TOWN OF BRISTOL PUBL		M.I. [REDACTED]																																							
Address 1224 PRESIDENT AVE		City FALL RIVER		Address 111 MT. HOPE AVE		City BRISTOL																																										
State MA	Zip 02720	Home Phone [REDACTED]	Cell Phone [REDACTED]	Work Phone [REDACTED]	State RI	Zip 02809	Home Phone [REDACTED]	Cell Phone [REDACTED]	Work Phone [REDACTED]																																							
Insurance Company Name COMMERCE		<input type="checkbox"/> No Ins.		Insurance Policy Number N/A	Insurance Company Name TRUST		<input type="checkbox"/> No Ins.		Insurance Policy Number N/A																																							
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 <input type="checkbox"/> Unk																																												
Registration # 9ZP836	<input type="checkbox"/> Not Reg.	State MA	Yr Reg. 2023	VIN 5NPE24AFXGH406231	Registration # 5754	<input type="checkbox"/> Not Reg.	State RI	Yr Reg. 2023	VIN 1M2LR2AC8LM001056																																							
Veh Yr. 2016	Make HYUNDAI	Model UNKNOWN	Color WHITE	Plate Type PC	Veh Yr. 2020	Make MACK	Model TRASH TRUCK	Color WHITE	Plate Type TN																																							
Veh Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input checked="" type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk				Veh 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		Towing Company Name [REDACTED]		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 [REDACTED]		Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																						
<p align="center">Person Type</p> <p>1 Driver 4 Bicyclist 7 Other Ped. (Wheelchair, Person in Building, Skater, Ped. conveyance, etc.) 9 Occupant of a Non-Motor Veh Transportation Device</p> <p>2 Passenger 5 Other Cyclist 10 Unknown Type of Non-Motorist</p> <p>3 Pedestrian 6 Witness 11 Unknown</p>																																																
Unit ID 1	Sex M Male	Seat Position 13 Other Row (Bus)	Other Location 17 N/A	Air Bag Deployed 1 N/A	Ejected 1 No	Protection System 1 N/A		Injury 1 Complaints of Pain																																								
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 Front	3 Totally	3 Shoulder & Lap		3 Incapacitating																																								
or N/A		16 Unk Seat	20 Other Unenclosed Area	4 Side	4 N/A	4 Shoulder Only		4 Fatal																																								
			21 Towed Unit		5 Unk	5 Lap Only		5 No Injury																																								
			22 Unk			6 Type Unk		6 Unk																																								
<p>Name: Occupants - Witnesses - Pedestrians - Bicyclists</p> <table border="1"> <thead> <tr> <th>Person Type</th> <th>Unit ID</th> <th>Sex</th> <th>DOB</th> <th>Seat Pos.</th> <th>Air Bag Deployed</th> <th>Ejected</th> <th>Prot. System</th> <th>Injury</th> <th>Trans by Rescue</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>M</td> <td>[REDACTED]</td> <td>2</td> <td>1</td> <td>1.3</td> <td>5</td> <td><input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> </tr> </tbody> </table>												Person Type	Unit ID	Sex	DOB	Seat Pos.	Air Bag Deployed	Ejected	Prot. System	Injury	Trans by Rescue	1	2	M	[REDACTED]	2	1	1.3	5	<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
Person Type	Unit ID	Sex	DOB	Seat Pos.	Air Bag Deployed	Ejected	Prot. System	Injury	Trans by Rescue																																							
1	2	M	[REDACTED]	2	1	1.3	5	<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																																								
<p>Non-Vehicle Property Damage <input type="checkbox"/> State Property <input type="checkbox"/> City/Town Property <input type="checkbox"/> Private Property</p> <p>Owner Address</p> <p>Home Phone Cell Phone Work Phone Damage Description</p>																																																
Reporting Officer Name Patrol Officer SEAN D GONSALVES				Reporting Officer Badge Number 027		Report Date 04/02/2022		Prohibit Public Release No																																								

Report Number
22-137-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
CODING GUIDE

6

Type of Roadway

- 1 Two-Way, Not Divided (No Median or Barrier)
- 2 Two-Way, Not Divided With a Continuous Left Turn Lane
- 3 Two-Way, Divided, Unprotected (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 | |

8

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 |

13

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 |

1

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

7

2nd

3rd

Contributing Circumstances Road

- 1 None
- 2 Road Surface Condition (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

12

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

- 6 Motor Home
- 7 School Bus
- 8 Transit Bus
- 9 Motor Coach
- 10 Other Bus

Unit Types

- 11 Motorcycle
- 12 Moped
- 13 Low Speed Vehicle
- 14 Other Light Trucks (10K lbs [4,536 kg] or Less)
- 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

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

16

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

Vehicle #2

4

Report Number
22-137-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

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

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

3 Vehicle #1 Extent of Damage Vehicle #2 1
1 No Damage Observed 2 Minor damage (less than or equal to \$1000) 3 Functional Damage (greater than \$1000) 4 Disabling Damage (greater than \$1000)

13 Vehicle #1 Most Harmful Event Vehicle #2 13
Non-Collision: Collision with Person, Motor Veh, or Non-fixed Obj: Collision with Fixed Object:

- 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

- 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

- 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 Obj. (Wall, Building, Tunnel, etc.)

40 Unknown - Most Harmful Event

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

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

Report Number
22-137-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
CODING GUIDE

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

Driver Vehicle #1	Driver Distracted	Driver Vehicle #2
	1 Not Distracted 2 Electronic Communication 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 Other
		1

1st	Vehicle #1	Non-Motorist Safety Equipment	Vehicle #2	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	Vehicle #1		Vehicle #2	2nd

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

Driver Vehicle #1	Alcohol Test Result	Driver Vehicle #2
	BAC	
<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
22-137-AC

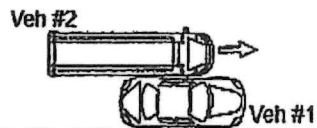
STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

Please see the Narrative Supplemental

→ Indicates North

Crash Diagram (NOT TO SCALE)

Wood St



St. Elizabeth
St

580
Wood St



Bristol Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER SEAN D GONSALVES

Ref: 22-137-AC

Entered: 04/02/2022 @ 1203

Entry ID: GONS

Modified: 04/19/2022 @ 1444

Modified ID: WOZR

Approved: 04/03/2022 @ 0703

Approval ID: MORB

OFFICER'S INVESTIGATION:

Veh #1(Resendes), bearing MA 9ZP836 was legally parked unattended directly in front of 580 Wood St facing north on the corner of St. Elizabeth St. Resendes advised that her vehicle had been parked in its location for approximately 1-2 weeks without being moved and just now noticed damage along the entire driver side. Resendes advised that she unsure of the exact time and day of when the damage was caused. I examined the vehicle and observed damage from the rear driver side quarter panel to the front corner bumper.

After further investigation by obtaining video surveillance, Veh #2 (Drolet) bearing RI Town 5754 was later identified as a Town of Bristol Trash Truck. Veh #2 was not observed to have sustained any damage and the operator was unaware he had sideswipped Veh #1.

Bristol Police Department
Image Associated With Case Number 22-137-AC
Image Description: RESENDES STATEMENT



BRISTOL POLICE DEPARTMENT

Statement Form



<input checked="" type="checkbox"/> Complainant <input type="checkbox"/> Witness <input type="checkbox"/> Defendant <input type="checkbox"/> Vehicle Operator	Case #: <u>22-137-AC</u> Date: <u>4-2-22</u> Time: _____ Officer ID: <u>Gons</u> Badge #: <u>27</u> POLICE USE ONLY
COMPLAINANT/WITNESS/OPERATOR INFORMATION	
Full Name: <u>Karla M. Resendes</u> Home Address: <u>576 Wood St. Apt. 2</u> City/Town: <u>Bristol</u> State: <u>RI</u> Zip Code: <u>02809</u> Driver's License: _____ State: <u>RI</u>	Date of Birth: _____ Home Phone Num: _____ Cell Phone Num: _____ Email: _____ SSN: _____
INCIDENT INFORMATION	
Date of Incident: _____	Time of Incident: _____
Location / Address of Incident: _____	
Vehicle Registration: <u>9ZPB36</u> State: <u>MA</u> Insurance Company: <u>Commerce</u> Policy#: _____	
STATEMENT OF PERSON FILING REPORT	
<p>My car has been parked on wood st since around March 20, 2022. I discovered it was hit on Friday night (around 7 pm 4/1/22) and made a report the next morning on 4/2/22 @ 10 am.</p>	

Signature Karla Resendes Date Signed: 4/2/22
If additional space is needed please use the reverse side

MAPFRE INSURANCE

Commerce Insurance Company - MA 14
For Claims Questions: Call 1-800-221-1605

11 Gore Rd
Webster, MA 01570
Phone: (800) 221-1605

Claim #: AU10156182-1
Workfile ID: 75125e40

Estimate of Record

Written By: MICHAEL E FERREIRA, License Number: 8655, 4/7/2022 8:30:31 AM
Adjuster: Stafinski, Nicole

Insured:	RUSSELL BRILLO	Owner Policy #:	4062712232	Claim #:	AU10156182-1
Type of Loss:	Collision	Date of Loss:	04/02/2022 01:01 PM	Days to Repair:	16
Point of Impact:	11 Left Front	Deductible:			

Owner (Insured): RUSSELL BRILLO 1224 PRESIDENT AVE FALL RIVER, MA 02720 (508) 264-3259 Evening russbrillo69@aol.com	Inspection Location: A B C AUTO BODY 753 PLEASANT STREET FALL RIVER, MA 02723 Repair Facility (508) 679-6897 Business	Appraiser Information: mferrei@commerceinsurance.com (508) 245-4664	Repair Facility: A B C AUTO BODY 753 PLEASANT STREET FALL RIVER, MA 02723 (508) 679-6897 Business (508) 679-1342 Fax RS 777 License Number mrtrapaaa@gmail.com
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VEHICLE

2016 HYUN Sonata PZEV 4D SED 4-2.4L Gasoline Gasoline Direct Injection WHITE

VIN:	5NPE24AFXGH406231	Production Date:		Interior Color:	
License:	9ZP836	Odometer:	57067	Exterior Color:	WHITE
State:	MA	Condition:			

TRANSMISSION Automatic Transmission Overdrive	Overhead Console 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 Satellite 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 Hands Free Device	SEATS Cloth Seats Bucket Seats WHEELS Aluminum/Alloy Wheels PAINT Three Stage Paint OTHER Traction Control Stability Control Rear Spoiler Power Trunk/Liftgate
POWER Power Steering Power Brakes Power Windows Power Locks Power Mirrors Heated Mirrors DECOR Dual Mirrors Tinted Glass Console/Storage			

Estimate of Record

2016 HYUN Sonata PZEV 4D SED 4-2.4L Gasoline Gasoline Direct Injection WHITE

Line	Oper	Description	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE				
2		O/H front bumper			2.7	
3	**	Repl A/M CAPA Bumper cover	1	407.00	Incl.	3.0
4		Add for Three Stage				2.1
5	**	Repl A/M CAPA LT Side retainer	1	32.00	0.1	
6		FRONT LAMPS				
7		R&I LT Headlamp assy			0.3	
8		Repl Aim headlamps	1		0.5	
9		FENDER				
10	*	Repl LKQ LT fender assy +25%	1	187.50	1.6	2.0
11		Add for Three Stage				1.4
12		Refn edges				0.5
13		FRONT DOOR				
14	*	Repl LKQ LT door assy +25%	1	543.75	1.9	3.0
15		Overlap Major Adj. Panel				-0.4
16		Add for Three Stage				1.0
17		LT Clean, lube & adjust latch, linkage & reg			0.2	
18		Refn handle				0.4
19		R&I LT Belt molding			0.3	
20		R&I LT Upper molding			0.2	
21		R&I LT Mirror assy w/o blind spot radar w/o turn lamp			0.3	
22		R&I LT Handle, outside primed			0.4	
23		R&I LT Upper hinge			0.3	
24		R&I LT Lower hinge			0.3	
25		R&I LT Door check w/o hybrid			0.2	
26		R&I LT R&I trim panel			0.6	
27		REAR DOOR				
28	*	Repl LKQ LT door assy +25%	1	419.80	1.6	3.0
29		Overlap Major Adj. Panel				-0.4
30		Add for Three Stage				1.0
31		LT Clean, lube & adjust latch, linkage & reg			0.2	
32		Refn handle				0.4
33		R&I LT Belt molding			0.3	
34		R&I LT Front molding w/o chrome			0.2	
35		R&I LT Upper molding			0.2	
36		R&I LT Rear molding w/o chrome			0.1	
37		R&I LT Handle, outside primed			0.4	
38		Refn LT Handle, outside primed				0.4
39		Overlap Minor Panel				-0.2
40		Add for Three Stage				0.1
41		Refn LT Cap primed				0.2

Estimate of Record

2016 HYUN Sonata PZEV 4D SED 4-2.4L Gasoline Gasoline Direct Injection WHITE

42		Add for Three Stage				0.1
43	R&I	LT Upper hinge			0.3	
44	R&I	LT Lower hinge			0.3	
45	R&I	LT Door check			0.3	
46	R&I	LT R&I trim panel			0.5	
47	ROOF					
48	R&I	LT Roof molding			0.5	
49	PILLARS, ROCKER & FLOOR					
50	*	Refn LT Hinge pillar (HSS)		s		<u>0.8</u>
51		R&I LT Rocker molding w/o sport pkg			0.9	
52	*	Refn LT Center pillar		s		<u>1.3</u>
53		Overlap Major Non-Adj. Panel				-0.2
54	Blnd	LT Rocker molding w/o sport pkg				1.3
55	QUARTER PANEL					
56	*	Rpr LT Quarter panel			<u>6.0</u>	2.4
57		Overlap Major Adj. Panel				-0.4
58		Add for Three Stage				0.8
59	R&I	Fuel door			0.3	
60	Refn	Fuel door				0.6
61		Overlap Minor Panel				-0.2
62	R&I	LT Wheelhouse liner w/o chrome mldng			0.3	
63	REAR BUMPER					
64		O/H rear bumper			2.5	
65	**	Repl A/M CAPA Bumper cover w/o reverse sensors	1	292.00	Incl.	3.0
66		Add for Three Stage				2.1
67	MISCELLANEOUS OPERATIONS					
N 68	#	Repl Additional Negotiated Paint and Materials	1	523.80		1
69	#	Rpr Prep LKQ Parts				3.0
70	#	Repl Cover Car	1	3.00 X		0.2
71	#	Repl Primer Cover	1	3.00 X		0.2
72	#	Repl Flex Additive	1	12.00 T		
73	#	Rpr Tint Color				0.5
74	#	Repl Mask Jambs For Primer	1	2.00 X		0.2
75	#	Repl Mask Jambs For Refinish	1	2.00 X		0.2
76	#	Rpr Disconnect & Reconnect Battery				0.2
77	#	Rpr Reset Electrical Components				0.1
78	#	Rpr Wetsand & Buff				4.0
SUBTOTALS				2,427.85	33.4	29.1

NOTES

Line 68: Additional Negotiated Paint and Materials - 29.1 Hrs @ \$ 18.00

Estimate Notes:

Estimate of Record

2016 HYUN Sonata PZEV 4D SED 4-2.4L Gasoline Gasoline Direct Injection WHITE

VISIBLE DAMAGE ONLY.

ESTIMATE TOTALS

Category	Basis			Rate	Cost \$
Parts					2,405.85
Body Labor	33.4 hrs	@		\$ 40.00 /hr	1,336.00
Paint Labor	29.1 hrs	@		\$ 40.00 /hr	1,164.00
Paint Supplies	29.1 hrs	@		\$ 17.00 /hr	494.70
Miscellaneous					22.00
Subtotal					5,422.55
Sales Tax	\$ 2,912.55	@		6.2500 %	182.03
Total Cost of Repairs					5,604.58
Deductible					0.00
Total Adjustments					0.00
Net Cost of Repairs					5,604.58

PER MASSACHUSETTS REG. TITLE 212 CHAPTER 2.02(5), "THIS ESTIMATE HAS BEEN PREPARED AND SWORN TO UNDER THE PENALTIES OF PERJURY."

THE REPAIR ESTIMATE IS BASED IN PART ON THE USE OF REPLACEMENT PARTS WHICH ARE NOT MADE BY THE ORIGINAL MANUFACTURER OF THE DAMAGED PARTS IN YOUR VEHICLE. WARRANTIES, IF ANY, APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THEIR MANUFACTURER OR SUPPLIER RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

Estimate of Record

2016 HYUN Sonata PZEV 4D SED 4-2.4L Gasoline Gasoline Direct Injection WHITE

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 ARR1027, CCC Data Date 04/01/2022, 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.

Estimate of Record

2016 HYUN Sonata PZEV 4D SED 4-2.4L Gasoline Gasoline Direct Injection WHITE

FOR APPRAISAL QUESTIONS OR SUPPLEMENTS, PLEASE CALL THE APPRAISER ASSIGNED TO THE CLAIM

ANY GLASS PART PRICES, GLASS KITS AND/OR GLASS LABOR, IF INCLUDED IN THIS DOCUMENT, MAY BE BASED ON COMPETITIVE MARKET PRICING

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 CAN BEGIN. ALL PART PRICES ARE SUBJECT TO INVOICE VERIFICATION. THE VEHICLE OWNER MUST AUTHORIZE ALL REPAIRS.

Claim #:
Workfile ID:

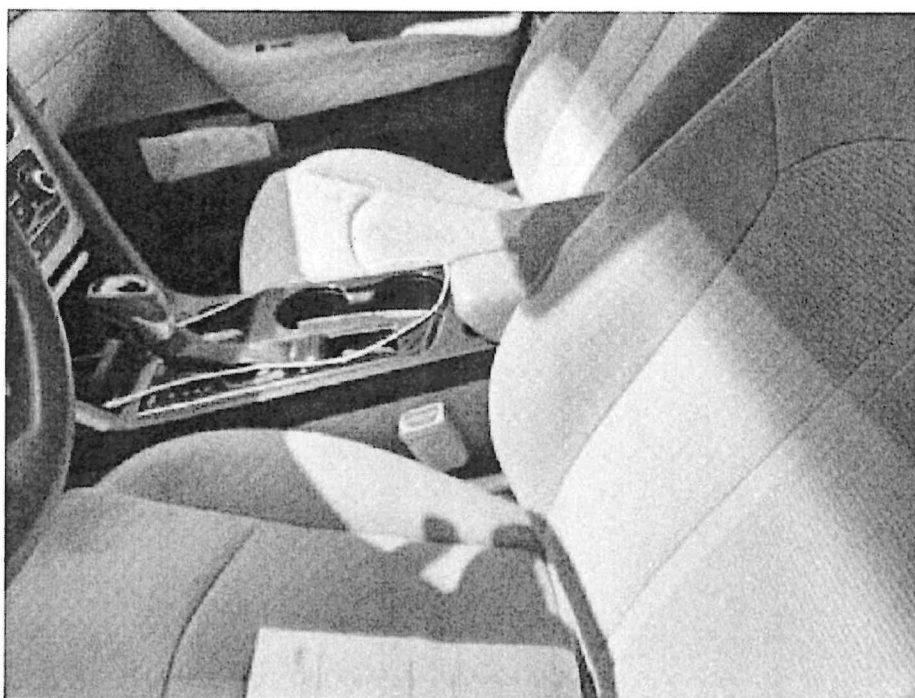
AU10156182-1
75125e40

Estimate of Record

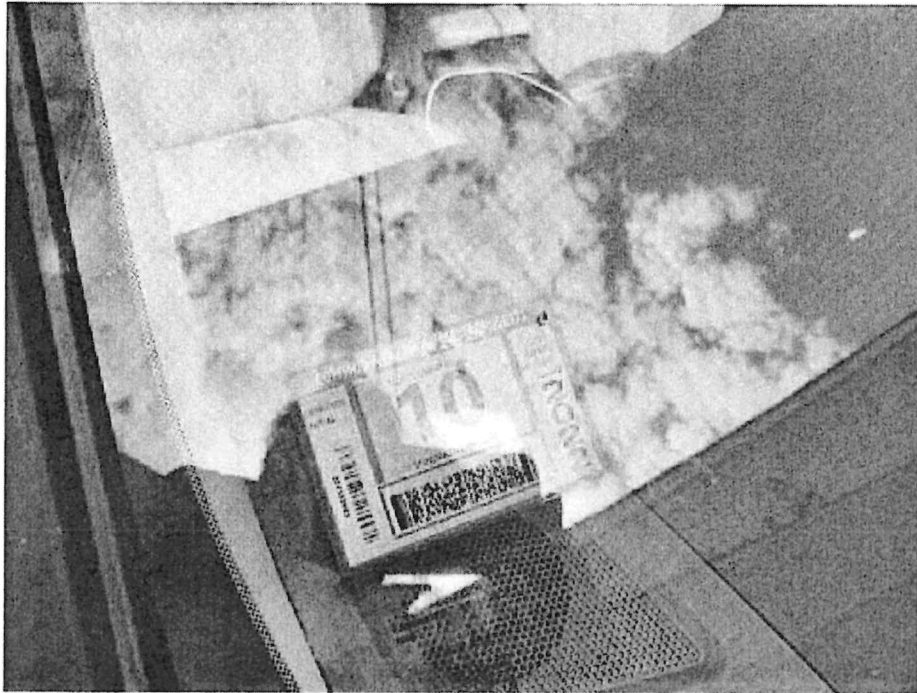
2016 HYUN Sonata PZEV 4D SED 4-2.4L Gasoline Gasoline Direct Injection WHITE

ALTERNATE PARTS SUPPLIERS

Line	Supplier	Description	Price
3	KSI - FRANKLIN/BOSTON MA 10 Kenwood Circle Franklin MA 02038 (800) 527-8762	#5777421Q A/M CAPA Bumper cover Quote: 63206872 Expires: 04/13/22	\$ 407.00
5	KEYSTONE-TAUNTON, MA 250 JOHN HANCOCK ROAD TAUNTON MA 02780 (800) 522-8364	#HY1042114C A/M CAPA LT Side retainer Quote: 1233904456 Expires: 05/21/22	\$ 32.00
10	Linder's, Inc. Chris Damarsio 211 Granite St Worcester MA 01607 (508) 756-5125	#T23013 LKQ LT fender assy +25% FRONT FENDER LT-000,LH - VIN F (8TH DIGIT, 2.4L), L.	\$ 150.00
14	Goyette, Inc. Paula Ruesch 1260 Shawmut Ave New Bedford MA 02746 (508) 994-1801	#00045453 LKQ LT door assy +25% LT FRONT DOOR-LH,000,WHITE,PAINT: W8 - (ELECTRIC), US BUILT, L.	\$ 435.00
28	Goyette, Inc. Paula Ruesch 1260 Shawmut Ave New Bedford MA 02746 (508) 994-1801	#20K24 LKQ LT door assy +25% LT SIDE DOOR-000,4S,WH,SE, SHELL ONLY , REPRICE - (ELECTRIC), US BUILT, W/O SUNSHADE; L.	\$ 335.84
65	KSI - FRANKLIN/BOSTON MA 10 Kenwood Circle Franklin MA 02038 (800) 527-8762	#5777521Q A/M CAPA Bumper cover w/o reverse sensors Quote: 63206872 Expires: 04/13/22	\$ 292.00



Claim Reference Id	: AU10156182-1
File Name	: PHOTO1
File Date	: 04/07/2022
Label	: Interior
Note	: Owner:RUSSELL,BRILLO Style:2016,H YUN,Sonata PZEV Insured:RUSSELL,BRI LLO LossDate:04/02/2022 PolicyNumbe r:4062712232 ClaimRepresentative:St afinski ShopName:A B C AUTO BODY CI aimant:RUSSELL,BRILLO VIN:5NPE24AFX GH406231 InsuranceCompany:MAPFRE IN SURANCE InsuredIsOwner:Y Estimator: MICHAEL E,FERREIRA
Photo Location	: A B C AUTO BODY
Photo Taken By	: MICHAEL E FERREIRA
Estimate Indicator	: E01



Claim Reference Id	: AU10156182-1
File Name	: PHOTO2
File Date	: 04/07/2022
Label	: 051
Note	: Owner:RUSSELL,BRILLO Style:2016,H YUN,Sonata PZEV Insured:RUSSELL,BRI LLO LossDate:04/02/2022 PolicyNumbe r:4062712232 ClaimRepresentative:St afinski ShopName:A B C AUTO BODY CI aimant:RUSSELL,BRILLO VIN:5NPE24AFX GH406231 InsuranceCompany:MAPFRE IN SURANCE InsuredIsOwner:Y Estimator: MICHAEL E,FERREIRA
Photo Location	: A B C AUTO BODY
Photo Taken By	: MICHAEL E FERREIRA
Estimate Indicator	: E01



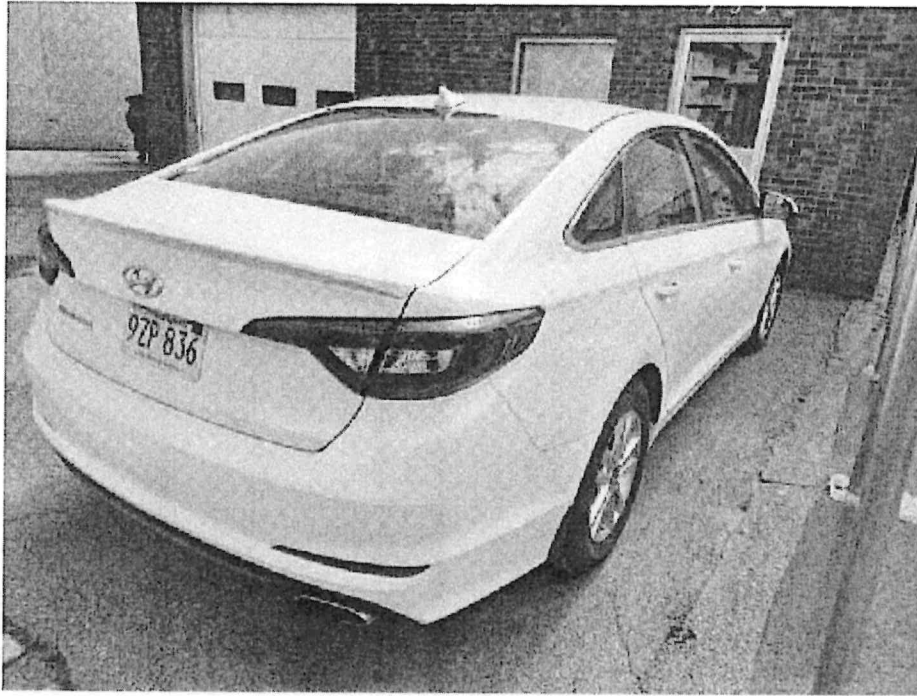
Claim Reference Id	: AU10156182-1
File Name	: PHOTO3
File Date	: 04/07/2022
Label	: Left Rear
Note	: Owner:RUSSELL,BRILLO Style:2016,H YUN,Sonata PZEV Insured:RUSSELL,BRI LLO LossDate:04/02/2022 PolicyNumbe r:4062712232 ClaimRepresentative:St afinski ShopName:A B C AUTO BODY CI aimant:RUSSELL,BRILLO VIN:5NPE24AFX GH406231 InsuranceCompany:MAPFRE IN SURANCE InsuredIsOwner:Y Estimator: MICHAEL E,FERREIRA
Photo Location	: A B C AUTO BODY
Photo Taken By	: MICHAEL E FERREIRA
Estimate Indicator	: E01



Claim Reference Id	: AU10156182-1
File Name	: PHOTO4
File Date	: 04/07/2022
Label	: Right Front
Note	: Owner:RUSSELL,BRILLO Style:2016,H YUN,Sonata PZEV Insured:RUSSELL,BRI LLO LossDate:04/02/2022 PolicyNumbe r:4062712232 ClaimRepresentative:St afinski ShopName:A B C AUTO BODY CI aimant:RUSSELL,BRILLO VIN:5NPE24AFX GH406231 InsuranceCompany:MAPFRE IN SURANCE InsuredIsOwner:Y Estimator: MICHAEL E,FERREIRA
Photo Location	: A B C AUTO BODY
Photo Taken By	: MICHAEL E FERREIRA
Estimate Indicator	: E01



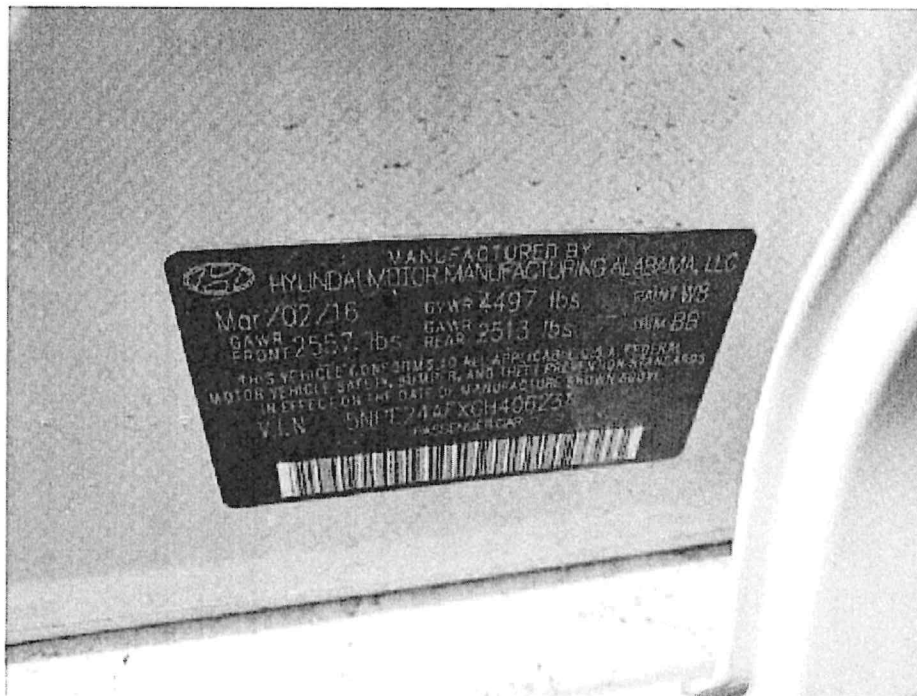
Claim Reference Id	: AU10156182-1
File Name	: PHOTO5
File Date	: 04/07/2022
Label	: Left Front
Note	: Owner:RUSSELL,BRILLO Style:2016,H YUN,Sonata PZEV Insured:RUSSELL,BRI LLO LossDate:04/02/2022 PolicyNumbe r:4062712232 ClaimRepresentative:St afinski ShopName:A B C AUTO BODY CI aimant:RUSSELL,BRILLO VIN:5NPE24AFX GH406231 InsuranceCompany:MAPFRE IN SURANCE InsuredIsOwner:Y Estimator: MICHAEL E,FERREIRA
Photo Location	: A B C AUTO BODY
Photo Taken By	: MICHAEL E FERREIRA
Estimate Indicator	: E01



Claim Reference Id	: AU10156182-1
File Name	: PHOTO6
File Date	: 04/07/2022
Label	: Right Rear
Note	: Owner:RUSSELL,BRILLO Style:2016,H YUN,Sonata PZEV Insured:RUSSELL,BRI LLO LossDate:04/02/2022 PolicyNumbe r:4062712232 ClaimRepresentative:St afinski ShopName:A B C AUTO BODY CI aimant:RUSSELL,BRILLO VIN:5NPE24AFX GH406231 InsuranceCompany:MAPFRE IN SURANCE InsuredIsOwner:Y Estimator: MICHAEL E,FERREIRA
Photo Location	: A B C AUTO BODY
Photo Taken By	: MICHAEL E FERREIRA
Estimate Indicator	: E01



Claim Reference Id	: AU10156182-1
File Name	: PHOTO7
File Date	: 04/07/2022
Label	: Odometer
Note	: Owner:RUSSELL,BRILLO Style:2016,H YUN,Sonata PZEV Insured:RUSSELL,BRI LLO LossDate:04/02/2022 PolicyNumbe r:4062712232 ClaimRepresentative:St afinski ShopName:A B C AUTO BODY CI almant:RUSSELL,BRILLO VIN:5NPE24AFX GH406231 InsuranceCompany:MAPFRE IN SURANCE InsuredIsOwner:Y Estimator: MICHAEL E,FERREIRA
Photo Location	: A B C AUTO BODY
Photo Taken By	: MICHAEL E FERREIRA
Estimate Indicator	: E01



Claim Reference Id	: AU10156182-1
File Name	: PHOTO8
File Date	: 04/07/2022
Label	: VIN
Note	: Owner:RUSSELL,BRILLO Style:2016,H YUN,Sonata PZEV Insured:RUSSELL,BRI LLO LossDate:04/02/2022 PolicyNumbe r:4062712232 ClaimRepresentative:St afinski ShopName:A B C AUTO BODY CI aimant:RUSSELL,BRILLO VIN:5NPE24AFX GH406231 InsuranceCompany:MAPFRE IN SURANCE InsuredIsOwner:Y Estimator: MICHAEL E,FERREIRA
Photo Location	: A B C AUTO BODY
Photo Taken By	: MICHAEL E FERREIRA
Estimate Indicator	: E01

Desktop

Claim #AU10156182

Search

Address Book

Administration

Vacation



Claim: AU10156182



★ PLATINUM



POL: 406271222

Ins: RUSSELL BRILLO

DOL: 04/02/2022

St: Open

Adj: Nicole Starinski (NE Physical Damage - MA - Unit 19)

Supervisor: M

Financials (Total Incurred: \$5,738.98): Transactions**Payments**

Amount	Pay To	Exposure	Coverage	Cost Type	Cost Category	Pmt Type	Check Number	Status	Schedule...	Issue Date
\$4,704.58	ABC AUTO BODY, INC.	1	Part 7 - Collision	Indemnity	Indemnity	Final	203373	Submitted	04/07/2022	04/07/2022
\$3.59	CCC INFORMATION SERVICES INC	1	Part 7 - Collision	Expense	Expense	Supple...	A133934	Submitted	05/17/2022	05/18/2022
\$3.38	CCC INFORMATION SERVICES INC	1	Part 7 - Collision	Expense	Expense	Supple...	A133939	Submitted	05/17/2022	05/18/2022
\$3.38	CCC INFORMATION SERVICES INC	1	Part 7 - Collision	Expense	Expense	Supple...	A133939	Submitted	05/17/2022	05/18/2022
\$13.70	Lexis Nexis Claims Solutions Inc.	1	Part 7 - Collision	Expense	Expense	Supple...	A134677	Submitted	05/24/2022	05/25/2022
\$3.59	CCC INFORMATION SERVICES INC	1	Part 7 - Collision	Expense	Expense	Supple...	A137115	Submitted	06/16/2022	06/17/2022
\$3.38	CCC INFORMATION SERVICES INC	1	Part 7 - Collision	Expense	Expense	Supple...	A137119	Submitted	06/16/2022	06/17/2022
\$3.38	CCC INFORMATION SERVICES INC	1	Part 7 - Collision	Expense	Expense	Supple...	A137119	Submitted	06/16/2022	06/17/2022
\$1,000.00	RUSSELL BRILLO & PAWT CRED UNI	1	Part 7 - Collision	Indemnity	Indemnity	Supple...	307396	Submitted	09/08/2022	09/08/2022