

Submitting a claim from Zeferina Soliz for alleged damages to vehicle when hit by a City garbage truck.

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| CTTY | CLERK | |

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| DATE | RECEIVEL |

| RECEIVED BY | MKE |
|-------------|-------|
| | 12 22 |

CLAIM NO.

13-22

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

- 1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
- 2. Attach and sign additional supportive sheets, if necessary.
- 3. This notice form must be signed and filed with the Office of the City Clerk.

| 4. | TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE. |
|----------|--|
| 1. | Name of Claimant: Zeferina Soliz |
| 2. | Home address of Claimant: 2003 Indiana Ave Sheboygan |
| 3. | Home phone number: 920-254 6351 |
| 4. | Business address and phone number of Claimant: |
| 5. 6. | When did damage or injury occur? (date, time of day) 7/28/2022 8:43 am Where did damage or injury occur? (give full description) left side of truck bed and rear of truck, damaging the side of the bed, thil light |
| | and tail gate + bumper |
| 7. | How did damage or injury occur? (give full description) (ity garbage truck backed into it while the pickup was parked legally in a parking lane |
| 8. | If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following: (a) Name of such officer or employee, if known: John Burkard (b) Claimant's statement of the basis of such liability: |
| 9. | If the basis of liability is alleged to be a dangerous condition of public property, complete the following: (a) Public property alleged to be dangerous: |
| | (b) Claimant's statement of basis for such liability: |

| Give a description of the injurtime. (If there were no injuries | y, property damage or loss, so far as is known at this , state "NO INJURIES"). |
|--|--|
| no injunies, | my truck which was in very good |
| condition for it | s year is now in need of more than |
| 1 000 in lands | CO 0 - 1/C |
| | |
| 12. Damage estimate: (You are not be | |
| Auto: | \$ 5,825.63 |
| Property: | \$ |
| Personal injury: | \$ |
| Other: (Specify below | \$ |
| TOTAL | s 5.825.63 |
| _ | |
| Damaged vehicle (if applicable) | |
| Make: FORD Model: FI | 50 Year: |
| Names and addresses of witnesses | , doctors and hospitals: |
| | |
| | |
| NAMES OF ALL STREETS, HOUSE NUMBERS, | LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE |
| NOTE: If diagrams below do not fit | the situation, attach proper diagram and sign. |
| Name and addresses of witnesses, doctors and hospitals: RALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF APPLICABLE), WHICH IS CLARDANY VEHICLES, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLES. FOR OTHER ACCIDENTS OF MACHINERS AND ACCIDENTS OF THE MERCHAY SIDEWALK CURB FOR OTHER ACCIDENTS OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLES. INCLUSIONS, BTC. TE: If diagrams below do not fit the situation, attach proper diagram and sign. FOR OTHER ACCIDENTS OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLES. TO THE STREETS OF ALL STREETS, HOUSE NUMBERS, LOCATION OF INDIVIDUALS, ETC. TE: If diagrams below do not fit the situation, attach proper diagram and sign. FOR OTHER ACCIDENTS OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM IN DETAIL BE SURE TO INCLUSE OF THE POLLOWING DIAGRAM | |
| | |
| 7/ | Ging have Girls |
| | R OTHER ACCIDENTS OF |
| —————————————————————————————————————— | SIDEWALK |
| CURB | 2 80142 |
| | PARKWAY |
| SIGNATURE OF CLAIMANT | Solg NOTAL = DATE 9-7-2022 |
| O | |
| | |

| • | | | |
|----------------------|------------------|-----------------------|------------|
| DATE RECEIVED | | RECEIVED BY | |
| | | CLAIM NO. | |
| | CLA | IM | |
| Claimant's Name: | Zeferila Soliz | Auto | \$ 5825.63 |
| Claimant's Address: | 2003 Indiana Ave | Property | \$ |
| | | Personal Injury | \$ |
| Claimant's Phone No. | 920 254 6351 | Other (Specify below) | \$ |
| | | TOTAL | \$ 5825,63 |

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of $\frac{5}{5}$.

| SIGNED (| 2 | ele | ui | Sol | 2- \X |) Omínos | · _ I | DATE: 9- | -7-202 | -7 | |
|----------|---|-----|-------------|--------|-------|-------------|----------|----------|--------|----|--|
| ADDRESS: | | 200 | 33 <u>T</u> | ndiana | Ane | 8/ | و له علو | jan w | i 530 | 81 | |

MAIL TO: CLERK'S OFFICE

828 CENTER AVE

SHEBOYGAN WI 53081

CITY OF SHEBOYGAN 828 CENTER AVENUE

PAYMENT SUMMARY R

DATE: 08/22/22 CUSTOMER#: TIME: 17:00:06 CLERK: pdmjc310

RECPT#: 173236 PREV BAL: .25 TP/YR: P/2022 AMT PAID: BILL: 173236 ADJSTMNT: .25 .00 EFF DT: 08/22/22 BAL DUE: .00 Misc Cash Receipts

-----TOTALS-----AMT TENDERED:

AMT APPLIED: .25 CHANGE: .00

PAID BY: RAMIREZ, ZEFERINA

PAYMENT METH: CASH PAYMENT REF:

TOT PREV BAL DUE TOT BAL DUE . W : .00



VAN HORN COLLISION CENTER OF **SHEBOYGAN**

01b4b56d 6W2bMp

46-4704899

PartsShare: Federal ID:

Workfile ID:

FAMILY BORN, EMPLOYEE OWNED 3624 Kohler Memorial Drive, PO BOX 298, PLYMOUTH WI 53073, SHEBOYGAN, WI 53081

Phone: (920) 458-6111

Preliminary Estimate

Customer: geronimo, ZESERINA

Job Number:

Written By: RENE LANGLOIS

Insured:

geronimo, ZESERINA

Policy #:

Claim #:

Date of Loss:

Days to Repair: 0

Type of Loss: Point of Impact:

Owner: geronimo, ZESERINA Inspection Location:

VAN HORN COLLISION CENTER OF

SHEBOYGAN

3624 Kohler Memorial Drive

PO BOX 298, PLYMOUTH WI 53073

SHEBOYGAN, WI 53081

Repair Facility

(920) 458-6111 Business

9/2000

Insurance Company:

CITY OF SHEBOYGAN

VEHICLE

2001 FORD F-150 XLT Supercab 157" WB 4D P/U 8-4.6L Gasoline SEFI

VIN:

1FTRX17W51NA30697

Interior Color:

Mileage In:

License: PX6054

Exterior Color:

Mileage Out:

Vehicle Out:

State:

WI

Production Date:

Condition:

Job #:

TRANSMISSION

Overdrive

Dual Mirrors Privacy Glass

FM Radio

AM Radio

4 Wheel Disc Brakes

5 Speed Transmission

Overhead Console

Stereo

SEATS

WHEELS

POWER

CONVENIENCE

Cloth Seats

Power Steering

Air Conditioning

Search/Seek CD Player

Reclining/Lounge Seats

Power Brakes

Intermittent Wipers

Cassette

Aluminum/Alloy Wheels

Power Windows

Tilt Wheel

SAFETY

PAINT

Power Locks

Cruise Control

Drivers Side Air Bag

Clear Coat Paint

Power Mirrors

DECOR

Keyless Entry **RADIO**

Passenger Air Bag Anti-Lock Brakes (4) **TRUCK**

Rear Step Bumper

Preliminary Estimate

Customer: geronimo, ZESERINA

Job Number:

2001 FORD F-150 XLT Supercab 157" WB 4D P/U 8-4.6L Gasoline SEFI

| Line | | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------|-------------|--------|--|-----------------|-----|----------------------|------------|-------|
| 1 | PAINT IDENT | IFICAT | ION | | | | | |
| 2 | ** | Repl | A/M Cover Car | | 1 | 5.00 | | 0.2 |
| 3 | PICK UP BOX | | | | | | | |
| open | | Repl | LT Side panel 6.5 foot bed w/whl opening | F75Z9927841DA | 1 | 1,073.55 | 11.5 | 3.0 |
| 5 | | | Add for Clear Coat | | | | | 1.2 |
| 6 | | | Set back box assy | | | | 1.5 | |
| 7 | | Repl | Tail gate | F65Z9940700AX | 1 | 528.65 | 1.0 | 3.0 |
| 8 | | | Overlap Major Non-Adj. Panel | | | | | -0.2 |
| 9 | | | Add for Clear Coat | | | | | 0.6 |
| 10 | | R&I | Handle w/tail gate lock | | | | Incl. | |
| 11 | | R&I | LT Wheel opng mldg | | | | 0.3 | |
| open | | Repl | LT Body side mldg 8 foot bed | NOT USED | 1 | | | |
| 13 | * | R&I | Tail gate mldg | | | | 0.3 | |
| open | | Repl | Nameplate "F150" | F65Z16720C | 1 | 34.78 | 0.2 | |
| 15 | | Repl | LT Upper molding 6 1/2 foot bed | XL3Z99291A41BAA | 1 | 136.43 | 0.6 | |
| 16 | * | R&I | LT Inner panel 6.5 foot bed | | | | <u>4.5</u> | |
| 17 | REAR LAMPS | | | | | | | |
| 18 | | Repl | LT Tail lamp assy | F85Z13405CA | 1 | 33.98 | Incl. | |
| 19 | REAR BUMPE | R | | | | | | |
| 20 | | R&I | R&I bumper assy | | | | 0.6 | |
| 21 | # | Repl | Hazardous waste removal | | 1 | 5.00 | X | |
| 22 | # | Repl | Corrosion protection primer | | 1 | 25.00 | T | 0.5 |
| 23 | # | Subl | Admin Fee | | 1 | 110.00 | | |
| 24 | # | Rpr | Damage from unibody clamps left side | | | | 0.5 | 0.5 |
| 25 | # | Repl | Seam sealer/caulking | | 1 | 30.00 | T 0.5 | |
| 26 | # | Repl | Panel bond adhesive | | 1 | 30.00 | T 0.5 | |
| 27 | # | Rpr | Pre scan | | | | 1.0 | Μ |
| 28 | # | Rpr | Post scan | | | | 1.0 | М |
| | | | | SUBTOTALS | | 2,012.39 | 24.0 | 8.8 |

Preliminary Estimate

Customer: geronimo, ZESERINA

40 0 %

Job Number:

2001 FORD F-150 XLT Supercab 157" WB 4D P/U 8-4.6L Gasoline SEFI

ESTIMATE TOTALS

| Category | Basis | | Rate | Cost \$ |
|------------------|-------------|---|---------------|----------|
| Parts | | | | 1,922.39 |
| Body Labor | 22.0 hrs | @ | \$ 68.00 /hr | 1,496.00 |
| Paint Labor | 8.8 hrs | @ | \$ 68.00 /hr | 598.40 |
| Mechanical Labor | 2.0 hrs | @ | \$ 175.00 /hr | 350.00 |
| Paint Supplies | 8.8 hrs | @ | \$ 48.00 /hr | 422.40 |
| Miscellaneous | | | | 90.00 |
| Subtotal | | | | 4,879.19 |
| Sales Tax | \$ 4,874.19 | @ | 5.5000 % | 268.08 |
| Grand Total | | | | 5,147.27 |
| Deductible | | | | 0.00 |
| CUSTOMER PAY | | | | 0.00 |
| INSURANCE PAY | | | | 5,147.27 |

MyPriceLink Estimate ID / Quote ID:

992432371045244928 / 110789218

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

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

INVOICE ESTIMATE CHARGE

DATE PAID: 8-25-22

Georgia Avenue Body Shop 1819 Georgia Avenue Sheboygan, WI. 53081

CUSTOMER: Zelerina Soliz Kamirez

ADDRESS: 2003 DAGIONA AVE

CITY: Sheboygan STATE: W1 ZIP: 8308/

PHONE #: 920 2546351

Estimate charge of \$25.00 to be paid prior to any estimate at our shop. \$25.00 Reimbursable at the time of Final Invoice for work done

PAID: Credit Card \$28.00 or Cash or Check \$25.00

Due to a tremendous increase in expenses and overhead dealing with Insurance Companies, We regret dropping our free estimate policy.

Perhaps someday it can return.

GEORGIA AVENUE BODY SHOP, INC.

1819 GEORGIA AVENUE SHEBOYGAN, WI 53081

PHONE: (920)458-3272 FAX: (920)458-3284

*** PRELIMINARY ESTIMATE ***

08/25/2022 02:40 PM

Owner

Owner: Zaferiua Saliz Ramirez Address: 2003 Indiana Avenue City State Zip: Sheboygan, WI 53081

Work/Day: (920)254-6351

FAX:

Inspection

Inspection Date: 08/25/2022 02:40 PM Primary Impact: Left Rear Corner

Inspection Type: Secondary Impact:

Contact: James Miller

Repairer

Repairer: Georgia Ave Body Shop Address: 1819 Georgia ave Contact: GEORGIA AVENUE Work/Day: (920)458-3272 FAX: (920)458-3284

City State Zip: Sheboygan, WI 53081

Email: gabs@gabsinc.biz

Work/Day:

Target Complete Date/Time:

Days To Repair: 11

Vehicle

OEM Part Price Quote ID: ****

2001 Ford F-150 XLT 4 DR Ext Cab Short Bed 8cyl Gasoline 4.6 4 Speed Automatic

Lic.Plate: PX6054

Lic State: WI

Lic Expire:

VIN: 1FTRX17W51NA30697

Veh Insp#:
Condition: Poor

Mileage Type: Actual Code: P8154C Int. Color: Dillon

Ext. Color: Dark Teal Ext. Refinish: Two-Stage Ext. Paint Code: PNMG2

Int. Refinish: Two-Stage

Int. Trim Code: 000ZS

Options - AudaVIN Information Received

AM/FM CD Player Anti-Lock Brakes Chrome Step Bumper Electronic Compass Intermittent Wipers Lighted Entry System Power Brakes Power Steering Rear Bench Seat Air Conditioning
Automatic Trans
Cruise Control
Floor Mats
Keyless Entry System

Keyless Entry System
Limited SIp Differential
Power Door Locks
Power Windows
Sliding Rear Window
Theft Deterrent System

Aluminum/Alloy Wheels
Carpeting
Dual Airbags
Full Size Spare Tire
Leather Steering Wheel
Overhead Console
Power Mirrors

Split Front Bench Seat Tilt Steering Wheel

Privacy Glass

Tachometer

Tinted Glass

Velour/Cloth Seats

AudaVIN options are listed in bold-italic fonts

| Line | Op | Guide | МС | Description | MFR.Part No. | Price | ADJ% B% | Hours | R |
|--------------|------------|------------------|-----|--|--------------------------------------|---------------------|---------|-------------|----------|
| Stripes | | Mouldi | ngs | | | | | | |
| 1 | E | 442 | | Mldg,Bedside Pnl Upr LT | XL3Z99291A41BAA | \$136.43 | | 0.4 | SM |
| 2 | RI | 443 | | Mldg,Bedside Pnl Upr RT | R & I Assembly | | | 0.4 | SM |
| <u>Frame</u> | | | | | | | | | |
| 3 | 1 | 587 | | Frame Assy,Complete >> CHECK FOR POSSIBLE DA | Repair | | | 1.0* | FR |
| 4 | L | 587 | | Frame Assy, Complete | Refinish | | | 0.6 | RF |
| | | | | an account account of a contract of | 0.6 Surface | | | | |
| Rear S | uspe | nsion | | | | | | | |
| 5 | Р | 800 | | Suspension Check Rear | Check | | | 1.0* | ME |
| Cab Ar | nd Co | mpone | nts | | | | | | |
| 6 | ı | 336 | | Panel,Cab Rear | Repair | | | 4.0* | SM |
| 7 | L | 336 | 13 | Panel,Cab Rear | Refinish 2.7 Surface | | | 3.8 | RF |
| | | | | | 0.6 Two-stage setup | | | | |
| | | | | | 0.5 Two-stage | | | | |
| Bed | | | | | | | | | |
| | RI | 460 | | Flare, Wheel Opening LT | R & I Assembly | | | 0.3 | SM |
| 9 | RI | 461 | | Flare, Wheel Opening RT | R & I Assembly | | | 0.3 | SM |
| 10 11 | EU | 518 518 | | Complete Bed Assembly Complete Bed Assembly | Replace Recycled Refinish | \$1,600.00* | | 2.5 12.3 | SM RF |
| | _ | 510 | | Complete Bed Assembly | 8.4 Surface | | | 12.3 | KF |
| | | | | | 2.1 Edge | | | | |
| 40 | D . | 500 | | Ded Liera D. O. I. | 1.8 Two-stage | | | | |
| 12 | KI | 529 | | Bed Liner R & I | R & I Assembly | | | 0.5 | SM |
| Back G | | | | 01 4 01111 | | | | | |
| | RI RI | 368 454 | | Glass Assy,Sliding Mldg Assy,Back Glass | R & I Assembly | | | 2.4 | SM |
| 14 | IXI | 404 | | Wildy Assy, back Glass | R & I Assembly | | | INC | SM |
| Rear B | | | | Pumper Acay Poor Stop | D 9 I Assembly | | | 1110 | 014 |
| | RI EP | 582 532 | | Bumper Assy,Rear Step Reinf,Rear Bumper | R & I Assembly Replace PXN | \$220.00 | | INC INC | SM SM |
| 17 | | 122 | 49 | Brkt,Rear Bumper Mtg LT | F75Z17795AA | \$13.12 | | 0.5 | SM |
| 18 | | 123 | 49 | Brkt,Rear Bumper Mtg RT | F75Z17795AA | \$13.12 | | 0.1 | SM |
| 19 | | 124 | | Brkt,Rear Bumper Mtg LT | F65Z17C886CA | \$45.15 | | 0.2 | SM |
| 20 | E | 125 | 49 | Brkt,Rear Bumper Mtg RT | F65Z17C886CA | \$45.15 | | 0.2 | SM |
| | | | And | Floor Pan | D 1 DV4: | | | 1200.00 FET | |
| 21 | EP | 533 | | Taillamp Assembly LT | Replace PXN | \$33.00 | | INC | SM |
| Manua | | 15.15.51.000 103 | | | | 1.21(2.50) No. 100 | | | |
| 22 | | M14 | | Corrosion Protection | Refinish | \$30.00* | | 2.0* | RF |
| 23 24 | | M30 M60 | | Collision Repair Material Hazardous Waste Removal | Additional Labor Additional Labor | \$28.00* \$5.25* | | | SM |
| | | IVIOU | | CAR COVER VAN OR TRUCK | Additional Labor | \$5.25* \$15.00* | | 1.5* | SM SM |
| 26 | Ν | | | BATTERY DISCONNECT | Additional Labor | \$7.50* | | 1.0 | ME* |
| 27 | Ε | | | BED BOLTS | Replace OEM | \$90.00* | | 2.0* | SM* |
| | | | | Quantity of 6 @ \$15.00* each | | | | | |

\$5,825.63

27 Items

| MC | Message | | | | | |
|----|--|--|--|--|--|--|
| 13 | INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE | | | | | |
| 49 | UNPRINTED ALTERNATE PARTS COMPARE | | | | | |
| | | | | | | |

| Estimate Total & Entries | | | |
|-------------------------------------|--|--|--|
| | | | |

| OEM Parts Other Parts Paint & Materials Parts & Material Total Tax on Parts & Material | | 18.7 | Hours @ \$- | 46.00 .500% | \$342.97 \$1,938.75 \$860.20 | \$3,141.92 \$172.81 |
|--|--|----------------|-------------------|----------------------------|--|---------------------------------|
| Labor | Rate | Replace Hrs | Repair Hrs | Total Hrs | | |
| Sheet Metal (SM) Mech/Elec (ME) Frame (FR) Refinish (RF) | \$65.00 \$90.00 \$80.00 \$65.00 | 9.8 | 5.5 1.0 1.0 | 15.3 1.0 1.0 18.7 | \$994.50 \$90.00 \$80.00 \$1,215.50 | |
| Labor Total Tax on Labor Gross Total | | 0 | 0 5.500% | 36.0 H | lours \$130.90 | \$2,380.00 \$5.825.63 |

Alternate Parts Y/07/02/00/05/01 Cumulative 07/02/00/05/01 Zip Code: 53081 Default OEM Part Prices DT 08/25/2022 02:40 PM EstimateID 992152659324575744 QuoteID **** Recycled Parts NOT REQUESTED Rate Name Default

Audatex Estimating 8.1.519 ES 08/25/2022 02:55 PM REL 8.1.519 DT 07/01/2022 DB 08/15/2022 State Disclosure:WI

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2.9 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA. ESTIMATE CALCULATED USING THE 2.5 HOUR MAXIMUM ALLOWANCE FOR TWO-STAGE REFINISH OF NON-FLEX, EXTERIOR SURFACES.

Op Codes

Net Total

| * = User-Entered Value | * = Labor Matches System Assigned Rates | E = Replace OEM |
|----------------------------|---|--------------------------------|
| NG = Replace NAGS | EC = Replace Economy | OE = Replace PXN OE Srpls |
| UE = Replace OE Surplus | ET = Partial Replace Labor | EP = Replace PXN |
| EU = Replace Recycled | TE = Partial Replace Price | PM= Replace PXN Reman/Rebit |
| UM= Replace Reman/Rebuilt | L = Refinish | PC = Replace PXN Reconditioned |
| UC = Replace Reconditioned | TT = Two-Tone | SB = Sublet Repair |
| N = Additional Labor | BR = Blend Refinish | I = Repair |
| IT = Partial Repair | CG= Chipguard | RI = R & I Assembly |
| | | 372 |

P = Check

AA = Appearance Allowance

RP = Related Prior Damage



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