

II

R. O. No. 88 - 22 - 23. By CITY CLERK. December 5, 2022.

Submitting a claim from Cristy Murray for alleged damages to her vehicle when it was hit by a garbage truck.

FAP

CITY CLERK

DATE RECEIVED

11-28-22

RECEIVED BY

MKC

NOV 28 2022

CLAIM NO.

16-22

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: Cristy Murray
2. Home address of Claimant: 1521 Kaufmann Ave Sheboygan
3. Home phone number: (920) 362-3664
4. Business address and phone number of Claimant: _____
5. When did damage or injury occur? (date, time of day) 9/2/22 11:00 AM
6. Where did damage or injury occur? (give full description) drivers side rear bumper (see attached police Report)
7. How did damage or injury occur? (give full description) Garbage truck arms didn't go back up and hit car as he was driving away (see attached police report)
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: _____
 - (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: _____

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

No injuries damage to rear bumper

11. Name and address of any other person injured: _____

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ 10600.93

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ 10600.93

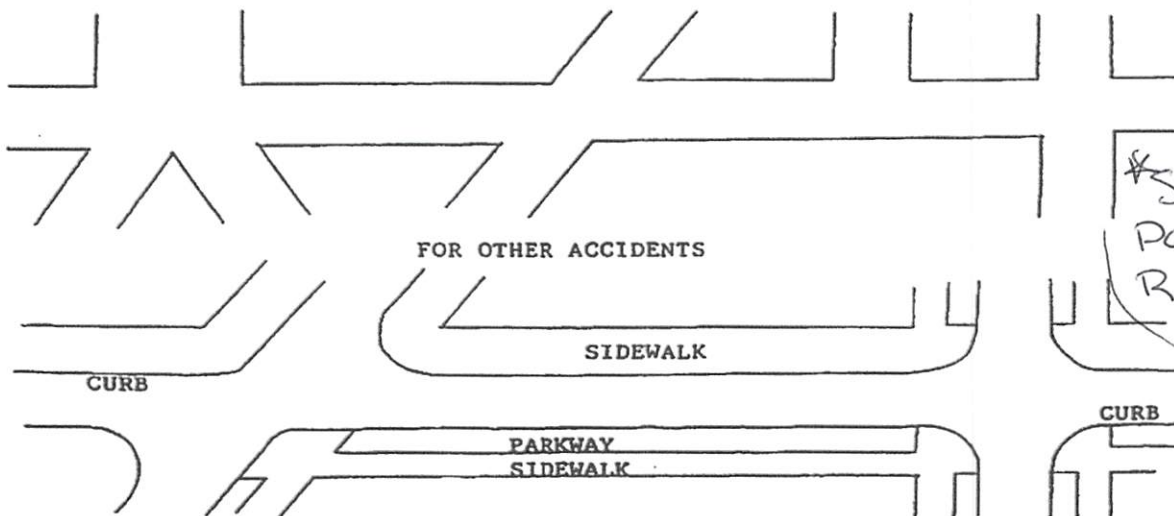
Damaged vehicle (if applicable)

Make: Ford Model: Focus Year: 2005 Mileage: 162,906

Names and addresses of witnesses, doctors and hospitals: _____

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT

Cristy Murray

DATE 10/28/22

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: Cristy Murray

Auto \$ 1060.93

Claimant's Address: 1521 Kaufmann Ave

Property \$ _____

Sheboygan 53081

Personal Injury \$ _____

Claimant's Phone No. (920) 362-3664

Other (Specify below) \$ _____

TOTAL \$ 1060.93

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 \$ 1060.93.

SIGNED Cristy Murray

DATE: 10/28/22

ADDRESS: 1521 Kaufmann Ave Sheboygan WI 53081

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081

G7L0FQBC6T
C22-16329


WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

G7L0FQBC6T

Document Number Override	Primary Crash Document#	Agency Crash Number	Investigating Officer/Deputy OFFICER J. BECKER	
Crash Date 09/02/2022	Crash Time 11:00 AM	Date Arrived 09/02/2022	Time Arrived 11:12 AM	
Date Notified 09/02/2022	Time Notified 11:05 AM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO	Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By BECKER 485
	Additional Information PHOTOS

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS ON 1500 BLOCK OF KAUFMANN AVE PICKING UP GARBAGE CANS WITH THE GARBAGE TRUCK, TRAVELING EASTBOUND DOWN THE ROAD. UNIT 1 SET DOWN A GARBAGE CAN IN FRONT OF 1521 KAUFMANN AVE, BUT THE ARM WAS STILL OUT WHEN UNIT 1 BEGAN TO DRIVE TO THE NEXT GARBAGE BIN. THIS CAUSED THE ARM OF THE GARBAGE TRUCK TO COLLIDE WITH THE REAR OF UNIT 2 THAT WAS PARKED ON THE SOUTH SIDE OF THE ROAD. PARTS OF THE ARM ON UNIT 2 BROKE OFF AND THE REAR BUMPER OF UNIT 1 HAD A LARGE DENT AND PAINT SCRAPE. PICTURES TAKEN AND ATTACHED TO THE CASE. CRASH DOCUMENT CARD PROVIDED TO BOTH UNIT 1 AND 2.

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C22-16329

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

Location

ON 1513 KAUFMANN AVE 97 FT E OF S 16TH ST (HOUSE/BUILDING 1513)	Latitude 43.714170423	Longitude -87.725926203
IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	X Coordinate 441520.75	Y Coordinate 4840383
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification A CLASS	Unit Type TRUCK		
	Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number C15358	Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5VCACRAF5LC231629	Make AUTOCAR	Year 2020	Model TRUCK
	Color WHI - WHITE	Body Style CB - CAB CHASSIS	Bus Use	
	Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE		
	Extent Of Damage MINOR DAMAGE			



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(920) 459-3333

UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	OTHER DISABLED	
	Driver Actions NO CONTRIBUTING ACTION		
01 01	Owner Name SHEBOYGAN CITY (920) 459-4000	Owner Address 828 CENTER AVE # 110 SHEBOYGAN, WI 53081 , US	
	Sequence Of Events		
UNIT INDIVIDUAL	01 Event MOTOR VEH IN TRANSPORT		
	02 Event EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)		
	03 Event PARKED MOTOR VEHICLE		
	04 Event		
UNIT	Policy Holder		
	Insurance Company CITIES-&-VILLAGES-MUTUAL-INS-CO	Government SHEBOYGAN CITY	
UNIT INDIVIDUAL	Individual		
	Driver MARK A POLICH (920) 905-0419	Citations Issued 0	Sex MALE
		Date of Birth 12/14/1979	Race WHITE
	Address 2709 PERSHING AVE SHEBOYGAN, WI 53083 , US	Driver License Number P4205417945405 STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
	Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Injury Severity NO APPARENT INJURY
			Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital		Date of Death
Distraction By		Distraction By Source NOT APPLICABLE (NOT DISTRACTED)	
Distraction By Action NOT DISTRACTED			

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CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition APPEARED NORMAL				
UNIT TRUCK BUS 01 01	Carrier				
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER		
	Name SHEBOYGAN CITY		Address 828 CENTER AVE # 110 SHEBOYGAN, WI 53081 , US		
	GVWR 10,001-26,000 LBS		Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA		Cargo Body Type GARBAGE/REFUSE
	US DOT #		Carrier Type INTRASTATE CARRIER		Permitted Load NOT APPLICABLE
	<input type="checkbox"/> OS/OW Load		WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit
	Measured Height		Measured Length	Measured Width	Measured Weight
	<input type="checkbox"/> Escort Vehicle Present				


Unit Summary

UNIT 02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE
	Vehicle Type PASSENGER CAR		Operating As Endorsements		
	Total Occs 0	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

Truck Bus or HazMat NO					
UNIT 02	VEHICLE	Vehicle			
		License Plate Number ALB8795	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FAFP34N35W209496	Make FORD	Year 2005	Model FOCUS
		Color BLU - BLUE	Body Style SD - SEDAN	Bus Use	
		Initial Contact Point 07 - LEFT REAR CORNER	Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
		Extent Of Damage MINOR DAMAGE			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
		What Driver Was Doing LEGALLY PARKED	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		UNIT 02	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
Owner Name CRISTY LYNN MURRAY (920) 362-3664				Owner Address 1521 KAUFMANN AVE SHEBOYGAN, WI 53081 , US	
Sequence Of Events					
Event PARKED MOTOR VEHICLE					
Event MOTOR VEH IN TRANSPORT					
Event					
Event					
UNIT 01	PROP OWNER			Policy Holder	
				Insurance Company STATE-FARM-GENERAL-INS-CO	Individual CRISTY MURRAY
UNIT 01	PROP OWNER			Property Owner	
		Individual CRISTY LYNN MURRAY	Address 1521 KAUFMANN AVE SHEBOYGAN, WI 53081 , US		
UNIT 01	PROP OWNER	Fixed Objects Struck			
		Striking Unit 02	Struck Object OTHER FIXED OBJECT	Structure Number	Damage Tag Number



DEAN'S AUTO BODY, INC.

Workfile ID:
PartsShare:

018fa2f1
6Zz5VZ

Deans Has the Means for All Your Collision Needs!
1407 N 29TH ST, SHEBOYGAN, WI 53081
Phone: (920) 457-5494
FAX: (920) 457-6495

Preliminary Estimate

Customer: Murray, Cristy

Written By: Joe Black

Insured: Murray, Cristy
Type of Loss:
Point of Impact: 07 Left Rear

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Murray, Cristy
1521 Kaufmann Ave
Sheboygan, WI 53081
(920) 362-3664 Cell

Inspection Location:
DEAN'S AUTO BODY, INC.
1407 N 29TH ST
SHEBOYGAN, WI 53081
Repair Facility
(920) 457-5494 Business

Insurance Company:

VEHICLE

2005 FORD Focus SE ZX4 4D SED 4-2.0L Gasoline SMPI Blue

VIN: 1FAFP34N35W209496
License: ALB-8795
State: WI

Interior Color:
Exterior Color: Blue
Production Date: 10/2004

Mileage In: 162,906
Mileage Out:
Condition: Poor

Vehicle Out:
Job #:

TRANSMISSION

Overdrive
5 Speed Transmission

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors

DECOR

Dual Mirrors
Tinted Glass
Console/Storage
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Rear Defogger

Keyless Entry

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
CD Player

SAFETY

Drivers Side Air Bag

Passenger Air Bag

SEATS

Cloth Seats
Bucket Seats

WHEELS

Wheel Covers

PAINT

Clear Coat Paint

Preliminary Estimate

Customer: Murray, Cristy

2005 FORD Focus SE ZX4 4D SED 4-2.0L Gasoline SMPI Blue

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR BUMPER					
2	Repl	Bumper cover	6S4Z17K835BA	1	417.92	1.5	2.8
		Note: CCC Guide to Estimating G36					
		. Any Component clear coated as a separate procedure is not included. If the bumper cover requires a different clear coat mix because of flex additives, a separate procedure is required. - MOTOR, DEG Inquiry 5321					
3		Add for Clear Coat					1.1
4		MISCELLANEOUS OPERATIONS					
5	#	Administration Supplies		1	25.00		
6	#	Hazardous waste removal		1	6.00 T		
7	#	Flex additive		1	6.50 T		
SUBTOTALS					455.42	1.5	3.9

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			442.92
Body Labor	1.5 hrs @	\$ 68.00 /hr	102.00
Paint Labor	3.9 hrs @	\$ 68.00 /hr	265.20
Paint Supplies	3.9 hrs @	\$ 45.00 /hr	175.50
Body Supplies	1.5 hrs @	\$ 5.00 /hr	7.50
Miscellaneous			12.50
Subtotal			1,005.62
Sales Tax	\$ 1,005.62 @	5.5000 %	55.31
Grand Total			1,060.93
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,060.93

MyPriceLink Estimate ID / Quote ID:

1009540312516796416 / 113073047

Preliminary Estimate

Customer: Murray, Cristy

2005 FORD Focus SE ZX4 4D SED 4-2.0L Gasoline SMPI Blue

As a family owned business, OUR MISSION, is to be your #1 collision repair facility. To provide you with outstanding customer care as we honestly and ethically repair your vehicle using environmentally friendly materials, the latest techniques, and up-to-date procedures. We will strive to grow our company with integrity to keep your business for life.

** All supplements must be addressed before the vehicle leaves. Any supplements left open will result in the vehicle not being delivered until the supplement is agreed upon with a copy in hand.

Per Wisconsin Statue 628.46 - any claim not paid within 30 days is subject to a 7.5% interest charge.

TOTAL LOSS ESTIMATES

Charges for total loss estimates with pictures and documentation to support estimate

Minimum of 4 hours at \$90 and going up from there depending what is all need to complete the written evaluation for a total loss.

Disassembly to gain access to document damage will be added on accordingly at the proper shop rate.

Scanning and measuring for diagnosing complete damage, will be billed out for each job accordingly at the proper shop rate.

Any OEM repair procedures needing a subscription to gather information for the repairs will also be added per vehicle according.

STORAGE CHARGES are \$50 per day

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

Preliminary Estimate

Customer: Murray, Cristy

2005 FORD Focus SE ZX4 4D SED 4-2.0L Gasoline SMPI Blue

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 DE2JK00, CCC Data Date 09/16/2022, 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 2023 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.

Preliminary Estimate

Customer: Murray, Cristy

2005 FORD Focus SE ZX4 4D SED 4-2.0L Gasoline SMPI Blue

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
2	Broadway Ford Hyundai Genesis 1010 S Military Ave Green Bay WI 54304	#6S4Z17K835BA Bumper cover Quote: 1338263642 Expires: 11/11/22	\$ 417.92

Preliminary Estimate

Customer: Murray, Cristy

2005 FORD Focus SE ZX4 4D SED 4-2.0L Gasoline SMPI Blue

ALTERNATE PARTS USAGE

2005 FORD Focus SE ZX4 4D SED 4-2.0L Gasoline SMPI Blue

VIN: 1FAFP34N35W209496 Interior Color: Mileage In: 162,906 Vehicle Out:
License: ALB-8795 Exterior Color: Blue Mileage Out:
State: WI Production Date: 10/2004 Condition: Poor Job #:

Alternate Part Type	Selection Method	# Of Times Notified Of Available Parts	# Of Parts Selected
Aftermarket	Automatically List	0	0
Optional OEM	Automatically List	0	0
Reconditioned	Automatically List	0	0
Recycled	N/A	0	0

DEAN'S AUTO BODY, INC.

1407 N 29TH ST, SHEBOYGAN, WI 53081

Phone: (920) 457-5494, Fax: (920) 457-6495

Image Report

Owner:	Murray, Cristy	Insurance:		Estimator:	Joe Black	Vehicle Out:	
RO Number:		Claim Number:					
Year:	2005	Color:	Blue	License Plate:	ALB-8795	Production Date:	10/2004
Make:	FORD	Body Style:	4D SED	State:	WI	Mileage In:	162,906
Model:	Focus SE ZX4	Engine:	4-2.0L Gasoline S...	VIN:	1FAFP34N35W209496	Condition:	Poor



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:

DEAN'S AUTO BODY, INC.

1407 N 29TH ST, SHEBOYGAN, WI 53081

Phone: (920) 457-5494, Fax: (920) 457-6495

Image Report

Owner:	Murray, Cristy	Insurance:		Estimator:	Joe Black	Vehicle Out:	
RO Number:		Claim Number:					
Year:	2005	Color:	Blue	License Plate:	ALB-8795	Production Date:	10/2004
Make:	FORD	Body Style:	4D SED	State:	WI	Mileage In:	162,906
Model:	Focus SE ZX4	Engine:	4-2.0L Gasoline S...	VIN:	1FAFP34N35W209496	Condition:	Poor



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:

DEAN'S AUTO BODY, INC.

1407 N 29TH ST, SHEBOYGAN, WI 53081

Phone: (920) 457-5494, Fax: (920) 457-6495

Image Report

Owner:	Murray, Cristy	Insurance:	Estimator:	Joe Black	Vehicle Out:		
RO Number:		Claim Number:					
Year:	2005	Color:	Blue	License Plate:	ALB-8795	Production Date:	10/2004
Make:	FORD	Body Style:	4D SED	State:	WI	Mileage In:	162,906
Model:	Focus SE ZX4	Engine:	4-2.0L Gasoline S...	VIN:	1FAP34N35W209496	Condition:	Poor



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments:



10/12/2022

Comments: