



Recommendation Memo

To: Peter McMichael, Chief Warwick Fire Department
From: Margie White, Finance Department ext. 9641
Date: June 22, 2021
Re: Council Claim

Please investigate the attached claim against the City of Warwick involving your department and return this recommendation to the Finance office as soon as possible.

Date of Incident: 06/03/2021

Police/tow/auto report: 21-1096-AC

Claimant: Robert Aptt
205 Adams Street
Warwick, RI

Claim: City of Warwick Fire Engine was responding to a call and hit claimants parked vehicle.

Estimates:	D&H	\$2076.29
	West Shore Collision	\$2427.57
	National Auto	\$2267.85

Department Recommends:

Approval of this claim for \$__\$2076.29_.

Denial of this claim (please include comments below):

Peta K McMichael

Director Signature

6/22/21_____
Date

TO THE HONORABLE CITY COUNCIL

The undersigned respectfully petitions your body for compensation for injuries or damages sustained as follows:

Please print information that pertains to your claim.

Motor Vehicle Accident Pothole Property Damage Tax Waiver Other

Claimant Name: ROBERT APTT

Address: 205 ADAMS ST

City, State, Zip: WARWICK R.I.

Telephone #: 401-432-6559

Date of incident (M/D/Y) 6/3/21 Time: 5:00 AM / PM

Description of Incident/Claim: FIRE TRUCK HIT MY CAR PARKED ON THE STREET OUTSIDE MY HOUSE AT 205 ADAMS ST WARWICK

Vehicle Year: 2009 Make: CHEV Model: IMPALA Odometer reading: 108,000

The Pothole was located on _____ road.

I notified the Finance / Public Works department (circle one) on _____ (date).

The nature of my property damage is: _____

Additional information about Tax Waiver (include letter from Tax Collector stating adverse decision) _____

I request reimbursement in the amount of \$ 22,678.85

SIGNATURE OF CLAIMANT: Robert APTT DATE 6/22/21

AFFIDAVIT

(Petitioner Name) Robert APTT, being duly sworn, deposes and states:

1. I have petitioned the City Council of the City of Warwick for compensation for losses arising from an incident which occurred on (date) 6/3/21 as a result of (please provide brief description):

Said claim was filed with the Finance Department on 6/3/21 (date).

2. Check appropriate box or boxes:

- I have not sought compensation, nor will I at any time seek compensation from any source (including, but not limited to, any insurance company) other than the City of Warwick, for any loss arising from the above-described incident, understanding for pothole claims, the maximum recovery is \$300.00 under Rhode Island General Law § 24-5-13 (b).
- I have received compensation from a source or sources other than the City of Warwick, (including, but not limited to, any insurance company) in connection with this incident. The amount(s) which I received total \$ _____ and the source of the other payment(s) was _____.
- I am seeking, or intend to seek, compensation from a source or sources other than and/or in addition to the City of Warwick (including, but not limited to, any insurance company), for any loss arising from the above described incident. The source or sources from which I seek such other compensation is/are: _____.

3. In the event that the Warwick City Council should deny my claim, I understand that I may pursue a claim against any other party who may be liable for my loss.

4. I understand that I am not entitled to recover more than the amount of my actual loss. If the City of Warwick pays any amount to me in connection with the above described incident, and if I should receive any amounts from any source other than the City of Warwick with respect to the above described incident, I will report such other receipt(s) to the Finance Department of the City of Warwick.

5. I have personal knowledge of the facts aforesaid.

Robert APTT
Signature of Claimant or its Representative

ROBERT APTT
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 22 day of June, 2021.

NOTARY PUBLIC
Margie A. White
759429

Margie A. White
(Notary Public)
My Commission Expires 7/25/24

STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Warwick			Report Number 21-1096-AC			Crash Date 06/03/2021		Crash Time 0458		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>		
City or Town Name WARWICK			Street or Highway ADAMS ST			<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # 2		# of Lanes 2		Posted Speed Limit <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Unk		
Nearest Intersection Street FAIR 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. 20 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude +041.757610		Longitude -071.398630				
Unit ID 1	Driver's Last Name GIBLIN		First Name THOMAS	M.I. J	DOB 09/16/1981	Unit ID 2	Driver's Last Name APTT		First Name ROBERT	M.I. J	DOB			
Address 125 COLDBROOK RD			City WARWICK			Address 205 ADAMS ST			City WARWICK					
State RI	Zip 02886	Home Phone		Cell Phone		Work Phone		State RI	Zip 02888	Home Phone		Cell Phone Work Phone		
Driver's License # 9820574			<input checked="" type="checkbox"/> CDL			Lic. State RI			Driver's License #			<input type="checkbox"/> CDL		
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	M/V Violation	M/V Violation	M/V Violation		
Driver & Owner are Same <input type="checkbox"/>	Owner's Last Name CITY OF WARWICK			First Name	M.I.	Driver & Owner are Same <input type="checkbox"/>	Owner's Last Name APTT			First Name ROBERT	M.I. J			
Address 3275 POST RD			City WARWICK			Address 205 ADAMS ST			City WARWICK					
State RI	Zip 02889	Home Phone		Cell Phone		Work Phone		State RI	Zip 02888	Home Phone		Cell Phone Work Phone		
Insurance Company Name the trust			<input type="checkbox"/> No Ins.			Insurance Policy Number 2020-2021			Insurance Company Name progressive			<input type="checkbox"/> No Ins.		
Insurance Policy Number 2020-2021			Insurance Policy Number 934700684											
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 # Not Reg. <input type="checkbox"/>	State RI	Yr Reg. 0001	VIN 4Z3AAACG64RN03618			Registration # Not Reg. <input type="checkbox"/>	State RI	Yr Reg. 2023	VIN 2G1WT57K791186409					
Veh Yr. 2004	Make FREIGHTLINER	Model FIRE TRUCK	Color RED	Plate Type FD		Veh Yr. 2009	Make CHEVROLET	Model IMPALA	Color GRAY	Plate Type PC				
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						Veh Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input checked="" type="checkbox"/> Unk								
Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towing Company Name			Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towing Company Name			Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Person Type														
1 Driver	4 Bicyclist	7 Other Ped. (Wheelchair, Person in Building, Skater, Ped. conveyance, etc.)			9 Occupant of a 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 5 Other		1 No		1 N/A 7 Child - Fow Facing		1 Complains of Pain	
2 Unit 2	F Female	14 Unk Row			18 Sleeper		2 No 6 Comb		2 Partially		2 None Used 8 Child - Rear Facing		2 Non-Incapacitating	
3 (etc.) or N/A	U Unk	15 Other Seat			19 Other Enclosed Area		3 Front 7 Unk		3 Totally		3 Shoulder & Lap 9 Booster Seat		3 Incapacitating	
		16 Unk Seat			20 Other Unenclosed Area		4 Side		4 N/A		4 Shoulder Only 10 Child - Unk		4 Fatal	
					21 Towed Unit				5 Unk		5 Lap Only 11 Helmet Used		5 No Injury	
					22 Unk						6 Type Unk 12 Other		6 Unk	
											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				
THOMAS J GIBLIN	1	1	M	09/16/1981	1	2	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				
Non-Vehicle Property Damage														
<input type="checkbox"/> State Property <input type="checkbox"/> City/Town Property <input type="checkbox"/> Private Property														
Owner						Address								
Home Phone		Cell Phone		Work Phone		Damage Description								
Reporting Officer Name Officer Nia L Pina						Reporting Officer Badge Number 321		Report Date 06/03/2021		Prohibit Public Release No				

Report Number
21-1096-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

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

Road Surface Condition (Prevailing)

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

Light Condition (Prevailing)

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

Weather Condition (Prevailing)

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

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
- 2 Person
- 3 Traffic Control Signal
- 4 Flashing Traffic Control Sig.
- 5 School Zone Signs
- 6 Stop Signs
- 7 Yield Signs
- 8 Warning Signs
- 9 Railway Crossing Device
- 10 Pavement Markings
- 11 Other
- 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 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

1

2nd

3rd

Vehicle #1

16

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

1

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

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

1

Report Number
21-1096-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

Yes No Unk Police, Ambulance or Fire Truck Responding to a Call? Yes No Unk

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

1 Vehicle #1 Extent of Damage Vehicle #2 3
 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:**

- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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

1 Vehicle #1 Vehicle Action Prior Vehicle #2 12
 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

2 Vehicle #1

Passenger Car

11 Vehicle #2

Motorcycle

3 Vehicle #1

Bus

10 Vehicle #2

Tractor Trailer

Initial Impact Area
Clock Diagram
Or
13 Top (Roof)
14 Undercarriage
15 Non-Collision
16 Unknown

Most Damaged Area

Report Number
21-1096-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

1st	Vehicle #1	Sequence of Events	Vehicle #2
13			13
2nd			2nd
3rd			3rd
4th			4th

<p>Non-Collision:</p> <ul style="list-style-type: none"> 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 <p>Collision with Person, Motor Veh, or Non-fixed Obj:</p> <ul style="list-style-type: none"> 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 	<p>Collision with Fixed Object:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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.) <p>40 Unknown - Sequence of Events</p>
---	---	--

1	Driver Vehicle #1	Driver Distracted	Driver Vehicle #2
1			1

<ul style="list-style-type: none"> 1 Not Distracted 2 Electronic Communication Devices (Cell Phone, Pager, etc.) 3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.) 		<ul style="list-style-type: none"> 4 Other Inside the Vehicle 5 Other Outside the Vehicle 6 Unknown
--	--	--

1	Driver Vehicle #1	Physical Condition of Driver	Driver Vehicle #2
1			1

<ul style="list-style-type: none"> 1 Apparently Normal 2 Emotional (Depressed, Angry, Disturbed, etc.) 3 Ill (Sick) 		<ul style="list-style-type: none"> 4 Fell Asleep, Fainted, Fatigued, etc. 5 Under the Influence of Medications/Drugs/Alcohol 6 Other
--	--	---

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

<ul style="list-style-type: none"> 1 None 2 Helmet 3 Protective Pads Used (Elbows, Knees, Shins, etc.) 4 Reflective Clothing (Jacket, Backpack, etc.) 		<ul style="list-style-type: none"> 5 Lighting 6 Other 7 N/A 8 Unknown
---	--	---

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

Report Number
21-1096-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

Please see the Narrative Supplemental

Indicates North

Crash Diagram (NOT TO SCALE)

Ref: 21-1096-AC

On 06/03/2021 at approximately 0458 hours, I, Officer Pina, responded to the area of Adam St for a reported over dose. After the male was transported it was brought to my attention a parked vehicle was struck by a Warwick Fire Truck.

Vehicle one was a red 2004 freight line, Fire truck, operated by Thomas Giblin (DOB:09/16/1981). Giblin stated he was traveling northbound on Adam St arriving to a call for service when he struck the drivers side of parked Vehicle.

Vehicle two was a 2009 gray Chevrolet, Impala, owned by Robert Aptt (DOB:8/11/1944). Aptt's vehicle was parked facing northbound in front of his home when it was struck by a Fire truck.

Neither V1 or V2 sustained no injuries during the accident and refused care from Warwick Fire and Rescue. V1 sustained no visible damage. V2 sustained damage to his front bumper.

All operators were provided with a copy of this report number. Written statements were collected and later submitted to records. Photos were taken by sergeant Cote.

Date: 6/17/2021 09:48 AM
 Estimate ID: 1602
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell
 Quote ID: 87894428

D&H COLLISION CENTER

1783 Elmwood Ave , Warwick, RI 02888
 (401) 781-9300
 Fax: (401) 781-9306
 Email: david.w.hayes@gmail.com

Damage Assessed By: APPRAISER
 Classification: None

CT Lic. # 0002244389
 RI Lic. # 2041956
 MA Lic. # 014404
 NY Lic. # 6WF3

Deductible: UNKNOWN

Insured: WFD

Mitchell Service: 910565

Description: 2009 Chevrolet Impala LT
 Body Style: 4D Sed
 VIN: 2G1WT57K791186409
 OEM/ALT: A

Drive Train: 3.5L Inj 6 Cyl 4A FWD

Parts Profile: Default Parts Profile Version: 2
 Options: PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING
 REAR WINDOW DEFOGGER, AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN
 AM/FM STEREO, DRIVER AIRBAG, REAR (DUAL-ZONE) AC
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., TRACTION CONTROL
 ALUM/ALLOY WHEELS, REMOTE IGNITION, TIRE INFLATION/PRESSURE MONITOR
 AUXILIARY INPUT, SATELLITE RADIO, POWER ADJUSTABLE EXTERIOR MIRROR
 GENUINE WOOD TRIM, FIRST ROW BUCKET SEAT, TELEMATIC SYSTEMS, CLOTH SEAT
 SIDE AIRBAGS, AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION
 MP3 PLAYER, DAYTIME RUNNING LIGHTS, DRIVER SEAT WITH POWER LUMBAR SUPPORT
 KEYLESS ENTRY SYSTEM, REAR BENCH SEAT

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Front Bumper</u>							
1	001704	BDY	OVERHAUL	Frnt Bumper Assy			2.4 #
2	000036	BDY	REMOVE/REPLACE	Frnt Bumper Cover	** QRP Certified	258.00	INC #
3		REF	REFINISH	Frnt Bumper Cover			C 2.9
4	000039	BDY	REMOVE/REPLACE	R Frnt Bumper Pin 2@1.66	5973400	3.32	INC
5	000040	BDY	REMOVE/REPLACE	L Frnt Bumper Pin 2@1.66	5973400	3.32	INC
6	000041	BDY	REMOVE/REPLACE	R Frnt Bumper Rivet	9432552	5.24	INC
7	000042	BDY	REMOVE/REPLACE	L Frnt Bumper Rivet	9432552	5.24	INC
8	000044	BDY	REMOVE/REPLACE	L Frnt Bumper Bolt	11517103	6.00	INC
9	000054	BDY	REMOVE/INSTALL	Frnt Bumper License Plate Bracket	Existing		INC r
<u>Grille</u>							
10	001813	BDY	REMOVE/INSTALL	Grille Assy			INC #
<u>Front Lamps</u>							
11	001818	BDY	REMOVE/INSTALL	R Front Combination Lamp			0.3
12	000096	BDY	REMOVE/REPLACE	L Frnt Combination Lamp Assembly	** QRP Certified	134.00	0.3
13		BDY	CHECK/ADJUST	Headlamps			0.4

ESTIMATE RECALL NUMBER: 06/17/2021 09:40:40 1602

Shell Data Version: OEM: MAY_21_V

Alternate Parts: 06/17/2021 09:41:21

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Software Version: 7.1.241

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	9.9	44.00	0.00	0.00	435.60 T	Taxable Parts	746.82
Refinish	12.4	44.00	0.00	0.00	545.60 T	Sales Tax @ 6.000%	44.81
User Def1	1.0	0.00	0.00	0.00	0.00 T	Non-Taxable Parts	8.00
					Taxable Labor 981.20	Total Replacement Parts Amount	799.63
					Labor Tax @ 6.000 % 58.87		
Labor Summary	23.3				1,040.07		
						IV. Adjustments	Amount
III. Additional Costs					Amount	Customer Responsibility	0.00
Taxable Costs					223.20		
Sales Tax @ 6.000%					13.39		
Total Additional Costs					236.59		
Paint Material Method: Rates Init Rate = 18.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	1,040.07
						II. Total Replacement Parts:	799.63
						III. Total Additional Costs:	236.59
						Gross Total:	2,076.29
						IV. Total Adjustments:	0.00
						Net Total:	2,076.29

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

This is not an authorization for repair. All repair costs are the sole responsibility of the vehicle owner, who ultimately must authorize all repairs. No supplements will be honored without the prior approval of Avanti Appraisal Services - Call 401-265-5494

This appraisal is for visual damage only. Additional hidden damage maybe found once vehicle has been disassembled and repairs have begun, at which time we should be notified immediately so we may reinspect the vehicle, and complete a supplemental report.

"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.

Itemized Totals

I. Labor Subtotals	Units	Rate	Totals
Body	9.9	44.00	435.60 T
Remove/Replace	3.0	"	132.00
Remove/Install	2.0	"	88.00
Additional Labor	2.1	"	92.40
Overhaul	2.4	"	105.60
Check Adjust	0.4	"	17.60
 Refinish	 12.4	 44.00	 545.60 T
Additional Labor	2.0	"	88.00
Blend	2.1	"	92.40
Refinish Only	6.0	"	264.00
Additional Operation	2.3	"	101.20
 User Def1	 1.0	 0.00	 0.00 T
Remove/Replace	1.0	"	0.00
 Taxable Labor			 981.20
Labor Tax	@ 6.000 %		58.87
 Labor Summary	 23.3		 1,040.07

II. Part Replacement Summary	Amount
Taxable Parts	746.82
New	111.82
**Qual Repl Part	635.00
 Sales Tax @ 6.000%	 44.81
 Non-Taxable Parts	 8.00
New	8.00
 Total Replacement Parts Amount	 799.63

III. Additional Costs	Amount
Taxable Costs	223.20
Sales Tax @ 6.000%	13.39
 Total Additional Costs	 236.59

IV. Adjustments	Amount
Customer Responsibility	0.00

Paint Material Method: Rates
 Init Rate = 18.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I. Total Labor:	1,040.07
II. Total Replacement Parts:	799.63
III. Total Additional Costs:	236.59
Gross Total:	2,076.29
 IV. Total Adjustments:	 0.00
Net Total:	2,076.29

WEST SHORE COLLISION

2134 W SHORE RD, WARWICK, RI 02889
Phone: (401) 738-0144
FAX: (401) 732-3350

Workfile ID: 1f465435
PartsShare: 6j9Ggx
Federal ID: 05-0483905
License Number: 428

Preliminary Estimate

Customer: aptt, robert

Job Number:

Written By: Steve Kazanjian

Insured: aptt, robert
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:

aptt, robert
po box 1553
woodbridge, CT 06525

Inspection Location:

WEST SHORE COLLISION
2134 W SHORE RD
WARWICK, RI 02889
Repair Facility
(401) 738-0144 Day

Insurance Company:

VEHICLE

2009 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI silver

VIN: 2G1WT57K791186409
License:
State: RI

Interior Color: gry
Exterior Color: silver
Production Date:

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

TRANSMISSION

Automatic Transmission
Overdrive

POWER

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

DECOR

Dual Mirrors
Body Side Moldings
Tinted Glass

Console/Storage
Wood Interior Trim

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Climate Control
Remote Starter

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Communications System

Hands Free Device

SEATS

Cloth Seats
Bucket Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control
Power Trunk/Liftgate

Preliminary Estimate

Customer: aptt, robert

Job Number:

2009 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI silver

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2		O/H bumper assy				2.4	
3	Repl	Bumper cover w/o fog lamps	89025047	1	303.52	Incl.	3.0
4		Add for Clear Coat					1.2
5	* R&I	Upper grille w/o SS				<u>Incl.</u>	
6	* R&I	Lower grille w/o SS				<u>Incl.</u>	
7		FRONT LAMPS					
8	Repl	LT Headlamp assy	25958359	1	161.85	0.3	
9		Aim headlamps				0.5	
10		FENDER					
11	Repl	LT Fender	89023525	1	364.97	2.4	2.2
12		Add for Clear Coat					0.9
13		Add for Edging					0.5
14		Add for Clear Coat					0.1
15	Repl	LT Fender liner	10333703	1	27.78	Incl.	
16		FRONT DOOR					
17	Blnd	LT Outer panel					1.0
18	R&I	LT Door w'strip ebony, titanium				0.6	
19	R&I	LT Belt w'strip				0.3	
20	R&I	LT Mirror assy w/o defogger smooth				0.3	
21	R&I	LT Handle, outside w/o chrome				0.3	
22	R&I	LT R&I trim panel				0.4	
23	#	pre and post scan		1		2.0	
24	#	reset electronics		1		0.3	
25	#	FLEX ADD FOR BUMPER COVERS		1	20.00		
26	#	COVER CAR FOR OVERSPRAY		1	10.00	0.5	
27	#	HAZARDOUS WASTE FEE		1	10.00		
SUBTOTALS					898.12	10.3	8.9

Preliminary Estimate

Customer: aptt, robert

Job Number:

2009 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI silver

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			898.12
Body Labor	10.3 hrs @	\$ 60.00 /hr	618.00
Paint Labor	8.9 hrs @	\$ 60.00 /hr	534.00
Paint Supplies	8.9 hrs @	\$ 30.00 /hr	267.00
Body Supplies	2.7 hrs @	\$ 10.00 /hr	27.00
Subtotal			2,344.12
Sales Tax	\$ 1,192.12 @	7.0000 %	83.45
Grand Total			2,427.57
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			2,427.57

MyPriceLink Estimate ID / Quote ID:

835155068599672832 / 87969328

NOTICE: YOU HAVE THE RIGHT TO CHOOSE THE LICENSED REPAIR SHOP WHERE THE DAMAGE TO YOUR MOTOR VEHICLE WILL BE REPAIRED.

NATIONAL AUTO SPECIALTY

LET'S MEET BY ACCIDENT
241 LINCOLN AVE, WARWICK, RI 02888
Phone: (401) 732-1216
FAX: (401) 739-5539

Workfile ID: e7774ede
PartsShare: 6j5wgs
Federal ID: 05-045896200
License Number: 8

Preliminary Estimate

Customer: APTT, ROBERT

Job Number:

Written By: John Gautieri

Insured: Policy #: Claim #:
Type of Loss: Date of Loss: Days to Repair: 0
Point of Impact: 11 Left Front

Owner:	Inspection Location:	Insurance Company:
APTT, ROBERT 205 Adams Street Warwick, RI 02888 (401) 432-6559 Day	NATIONAL AUTO SPECIALTY 241 LINCOLN AVE WARWICK, RI 02888 Repair Facility (401) 732-1216 Day	

VEHICLE

2009 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI SILVER

VIN: 2G1WT57K791186409	Interior Color:	Mileage In: 107,544	Vehicle Out:
License: 542702	Exterior Color: SILVER	Mileage Out:	
State: RI	Production Date: 10/2008	Condition: Good	Job #:

TRANSMISSION

Automatic Transmission
Overdrive

POWER

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

DECOR

Dual Mirrors
Body Side Moldings
Tinted Glass

Console/Storage

Wood Interior Trim

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Climate Control
Remote Starter

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Communications System

Hands Free Device

SEATS

Cloth Seats
Bucket Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control
Power Trunk/Liftgate

Preliminary Estimate

Customer: APTT, ROBERT

Job Number:

2009 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI SILVER

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			755.09
Body Labor	11.3 hrs @	\$ 50.00 /hr	565.00
Paint Labor	9.3 hrs @	\$ 50.00 /hr	465.00
Mechanical Labor	0.5 hrs @	\$ 60.00 /hr	30.00
Paint Supplies	9.3 hrs @	\$ 36.00 /hr	334.80
Body Supplies	6.3 hrs @	\$ 4.00 /hr	25.20
Miscellaneous			14.00
Subtotal			2,189.09
Sales Tax	\$ 1,125.09 @	7.0000 %	78.76
Grand Total			2,267.85
CUSTOMER PAY			0.00
INSURANCE PAY			2,267.85

MyPricelink Estimate ID / Quote ID:

834795782736453632 / 87898977

THIS IS A VISIBLE DAMAGE QUOTATION ONLY. ADDITIONAL DAMAGE MAY BE DISCOVERED UPON TEARDOWN RESULTING IN ADDED LABOR, PARTS AND EXPENSE.

THERE IS ABSOLUTELY NO WARRANTY REGARDING ANY RUST REPAIR.

OUR WORK IS GUARANTEED FOR AS LONG AS YOU OWN THE VEHICLE.

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

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

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

Preliminary Estimate

Customer: APTT, ROBERT

Job Number:

2009 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI SILVER

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 DR1CB06, CCC Data Date 06/16/2021, 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 2021 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.
=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 Information 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: APTT, ROBERT

Job Number:

2009 CHEV Impala LT 4D SED 6-3.5L Flex Fuel SFI SILVER

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
3	Keystone 250 JOHN HANCOCK ROAD TAUNTON MA 02780 (800) 522-8364	#GM1000763PP A/M CAPA Bumper cover w/o fog lamps Quote: 913688534 Expires: 08/01/21	\$ 258.00
5	Keystone 250 JOHN HANCOCK ROAD TAUNTON MA 02780 (800) 522-8364	#GM1007109PP A/M CAPA Lower deflector all Quote: 913689847 Expires: 08/01/21	\$ 69.00
7	Keystone 250 JOHN HANCOCK ROAD TAUNTON MA 02780 (800) 522-8364	#GM2502261C A/M CAPA LT Headlamp assy Quote: 913690721 Expires: 08/01/21	\$ 134.00
10	Keystone 250 JOHN HANCOCK ROAD TAUNTON MA 02780 (800) 522-8364	#GM1240326PP A/M CAPA LT Fender Quote: 913691838 Expires: 08/01/21	\$ 220.00





