

Natosha Ratcliff

From: Natosha Ratcliff
Sent: Monday, January 11, 2021 9:24 AM
To: claims@celinainsurance.com
Subject: 12-36407 Acknowledgment Letter
Attachments: Acknowledgment Letter.pdf

Good Morning,

Please see the attached acknowledgment letter above. Enclosed is the assigned subro specialist contact information.

Thank you,

Natosha Ratcliff
Claims Support Specialist
Latitude Subrogation Services
6785 Telegraph Road, Suite 400
Bloomfield Hills, MI 48301

Phone: 1-877-454-3400 x 2275
Direct Line: 1-248-365-0075
Fax: 1-877-454-3405
E-Mail: nratcliff@latitudesubro.com

Please visit us on the web at www.latitudesubro.com or watch our informational video [here](#)

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Natosha Ratcliff

From: Deb Marshal <Deb.Marshal@celinainsurance.com>
Sent: Friday, January 8, 2021 1:13 PM
To: Referrals
Subject: RE: Claim Number: 12-36407; Insured: GINGER DAVIS
Attachments: davis pop.pdf; stradA14D915.pdf; stradEB0F659.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

January 08, 2021
01:13 PM

Re: Our Insured: GINGER DAVIS
Our Claim Number: 12-36407
Date of Incident: May 24, 2019

Dear Sir:

National Mutual Insurance is referring this claim to your attention to pursue damages from an automobile accident. Our demand is \$2,414.69.

Adverse: Caitlin E Tierney

Confirmed there was no insurance

(See attached file: stradEB0F659.pdf)(See attached file: stradA14D915.pdf)(See attached file: davis pop.pdf)

Sincerely,

Deb Marshal
Recovery Specialist
P: 419.586.8578 **F:** 419.586.8343

Celina Insurance Group
800.231.2318 | 1 Insurance Square, Celina, Ohio 45822
www.celinainsurance.com



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PROPERTY DAMAGE APPRAISERS (PDA SOUTH BEND)

P O BOX 6366, SO BEND, IN 46660
 (574) 287-2359
 Fax: (574) 287-8967
 Email: pdasouthbend@pdaorg.net

Not An Authorization For repair
 Read disclaimers following appraisal calculations.

Damage Assessed By: Kevin Swartz
 Classification:

Appraised For: SCOTT FELTNER

Condition Code: Average Type of Loss: Collision
 Date of Loss: 5/24/2019
 Date Assigned: 5/31/2019
 Deductible: 0.00
 File Number: 2559050271
 Policy No: 7184238-0 Claim Number: 12-36407
 Insured: GINGER DAVIS
 Owner: GINGER DAVIS
 Address: 7177 E US HIGHWAY 20, NEW CARLISLE, IN 46552
 Telephone: Cell Phone: (219) 561-4955

Mitchell Service: 910774

Description: 2014 Jeep Wrangler Unlimited Sahara Vehicle Production Date: 7/13
 Body Style: 4D Ut 116" WB Drive Train: 3.6L Inj 6 Cyl 4WD
 VIN: 1C4BJWEG1EL303437 License: 556GCZ IN
 Mileage: 54,000
 OEM/ALT: A
 Parts Profile: South Bend Parts Profile Version: 2
 Color: orange
 Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER
 AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG
 HEATED EXTERIOR MIRROR, SKID PLATES, PREMIUM SOUND SYSTEM, ANTI-LOCK BRAKE SYS.
 TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS, ANTI-THEFT SYSTEM
 AUXILIARY INPUT, SATELLITE RADIO, CD PLAYER, TOW HITCH RECEIVER
 POWER ADJUSTABLE EXTERIOR MIRROR, PRIVACY GLASS, TRIP COMPUTER
 FIRST ROW BUCKET SEAT, CLOTH SEAT, 4 WHEEL DRIVE, AUTOMATIC HEADLIGHTS
 INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, MP3 PLAYER
 CONVERTIBLE CLOTH TOP, ELECTRONIC STABILITY CONTROL, FRONT HEATED SEATS
 KEYLESS ENTRY SYSTEM, REAR BENCH SEAT, ROLLOVER PROTECTION SYSTEM
 STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	931072	FRM	REPAIR	Frame	Existing	2.0*	
2	003747	BDY	REMOVE/REPLACE	L Rear Frame Tow Hook	ORDER FROM DEALER	169.00	0.2
3	002883	BDY	REMOVE/REPLACE	Frame Trailer Hitch	68193628AB	197.00	0.5
4	002722	REF	REFINISH	L Quarter Panel Outside		C 2.0	
5	003685	BDY	REMOVE/INSTALL	L Fuel Door		0.3	
6	001175	BDY	REPAIR	L Quarter Outer Panel	Existing	1.0*#	
7	001594	BDY	REMOVE/INSTALL	L Quarter Wheel Opening Flare		0.5	
8	001570	REF	BLEND	Rear Gate Outside		C 0.8*	
9	001580	BDY	REMOVE/INSTALL	Otr Rear Gate Handle		0.5 #	
10	001581	BDY	REMOVE/INSTALL	Rear Gate Lock Cyl		0.2 #	
11	001218	BDY	REPAIR	Rear Gate Shell	Existing	2.0*#	
12	001448	BDY	REMOVE/INSTALL	L Tail Lamp		0.2	
13	001445	BDY	REMOVE/INSTALL	Rear Bumper Assy		INC	

ESTIMATE RECALL NUMBER: 06/04/2019 00:25:15 2559050271

Mitchell Data Version: OEM: MAY_19_V0530 Alternate Parts: 06/04/2019 00:18:44

Copyright (C) 1994 - 2019 Mitchell International

Software Version: 7.1.236

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Date: 6/4/2019 12:25 AM
 Estimate ID: 2559050271
 Estimate Version: 0
 Committed
 Profile ID: * PDA IN

14	AUTO	BDY	OVERHAUL	Rear Bumper Assy			1.0
15	001345	BDY	REMOVE/REPLACE	Rear Bumper Face Bar	** QRP Certified	327.00	INC
16	003553	BDY	REMOVE/REPLACE	Rear Ctr Bumper Applique	1ML22TZZAA	344.00	INC #
17	AUTO	REF	REFINISH	Rear Ctr Applique		C 0.7	
18	936012		ADD'L COST	Hazardous Waste Disposal		3.00	*
19	936014		ADD'L COST	Flex Additive		5.00	*
20	933006	BDY*	ADD'L OPR	Frame/Rack Set Up			1.5*
21	933031	FRM	ADD'L OPR	Pull For Mash			3.0*
22	AUTO	REF	ADD'L OPR	Clear Coat			1.1
23	933003	REF	ADD'L OPR	Tint Color			0.5*
24	933017	REF	ADD'L OPR	Finish Sand And Buff			1.0*
25	933018	REF	ADD'L OPR	Mask For Overspray		5.00	*
26	AUTO		ADD'L COST	Paint/Materials			173.40 *

* - Judgment Item

- Labor Note Applies

** QRP Certified - Quality Replacement Parts - Certified

C - Included in Clear Coat Calc

KEystone KEYSIQ
 3535 RENNIE SCHOOL RD.
 TRAVERSE CITY
 MI 49684
 (800) 968-7509

15 ** CH1100979C 327.00

Remarks

A/p with shop of owner's choice.

Estimate Totals

I.	Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary		Amount
							Taxable Parts	Sales Tax @ 7.000%	
	Body	7.9	54.00	0.00	0.00	426.60 T			1,037.00
	Refinish	6.1	54.00	5.00	0.00	334.40 T			72.59
	Frame	5.0	70.00	0.00	0.00	350.00 T			
							Total Replacement Parts Amount		1,109.59
						1,111.00			
	Labor Summary	19.0				1,111.00			
III.	Additional Costs				Amount		IV.	Adjustments	Amount
	Taxable Costs				181.40		Insurance Deductible		0.00
		Sales Tax	@ 7.000%		12.70		Customer Responsibility		0.00
					194.10				

Paint Material Method: Rates

Init Rate = 34.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I.	Total Labor:	1,111.00
II.	Total Replacement Parts:	1,109.59
III.	Total Additional Costs:	194.10
	Gross Total:	2,414.69

ESTIMATE RECALL NUMBER: 06/04/2019 00:25:15 2559050271

Mitchell Data Version: OEM: MAY_19_V0530 Alternate Parts: 06/04/2019 00:18:44

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Software Version: 7.1.236

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Date: 6/4/2019 12:25 AM
Estimate ID: 2559050271
Estimate Version: 0
Committed
Profile ID: * PDA IN

IV. Total Adjustments: 0.00
Net Total: 2,414.69

Point(s) of Impact

6 Rear Center (P)

Insurance Co: CELINA INSURANCE CO (CBILL)
Address: 1 INSURANCE SQUARE
CELINA, OH 45822
Work Phone: (800) 552-5181

Inspection Site: STEEL TECHNOLOGY
MISHAWAKA, IN
Inspection Date: 6/3/2019

Body Shop: ROCKY GRAYS AUTOBODY
Address: 3611 E US HWY 12
rockysbodyshoplic@gmail.com
MICHIGAN CITY, IN 46360
Telephone: (219) 221-0929
Fax Phone: (219) 879-6984
State Lic. No: 202749235
Email: rockysbodyshoplic@gmail.com

*****Notice*****
This is not an authorization for repair. All costs of repairs are the sole responsibility of the vehicle owner, who must authorize all repairs. Failure to deliver a copy of this appraisal to the repair shop by the vehicle owner may result in out of pocket expense to the vehicle owner. Providing a copy of this appraisal is not an acceptance of coverage or liability and all issues of coverage or liability are to be determined by the insurance carrier.

*****Notice*****
Deductibles may or may not be addressed or included in this appraisal.
If applicable, the repairer should collect the deductible from the vehicle owner prior to the release of the repaired vehicle.

*****Supplement Procedure Notice*****
It is the repairer's responsibility to send notification of the supplement via fax or email to PDA, including a statement whether the repairs have been halted on the vehicle. PDA will respond to your request within 24 hours. Please allow 48 hours to complete supplement processing from the date of request to ensure timely release of the vehicle.

*****Notice*****
This appraisal is subject to the complete review and approval by the assigning insurance company to assure accuracy, cost effectiveness, and that accepted industry repair standards are met. The insurance company listed has the right to accept or reject any part or all of this appraisal or make any changes they feel necessary.

Date: 6/4/2019 12:25 AM
Estimate ID: 2559050271
Estimate Version: 0
Committed
Profile ID: * PDA IN

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.



Hertz
Insurance Replacement System

Current User: [LaTina Dixon](#)

MEEMIC INS-AUBURN HILLS

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Invoicing Tool

* Click on the appropriate button below to properly Invoice this transaction.

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INVOICE

Hertz

Local Edition

MEEMIC INS-AUBURN HILLS
Duncan Alexus
291993

INQUIRIES ONLY:
P.O. Box 268825
Oklahoma City, OK 73126-8825
1-888-777-3700

RENTING LOC: 5239 PORTAGE RD OFFICE P, KALAMAZOO, MI, 49002

BILL START DATE: 09/15/2020 08:08:00 AM

RETURN LOC: 5239 PORTAGE RD OFFICE P, KALAMAZOO, MI, 49002

BILL END DATE: 09/28/2020 08:20 AM

BILLING INFORMATION

CLAIM #:01927701

DESCRIPTION

CHARGES

MILES IN:	34790	DAYS	14	19.49	272.86
POLICY #:	34365	WEEKS			
DATE OF LOSS:08/10/2020	425	MONTHS			
ADJUSTER: Duncan Alexus	0	EXTRA DAY			
INSURED:		EXTRA HOURS			
RENTER: HOLLY DEGOEDE	SIR SONIC 1.4	MILES			
CLAIM TYPE: INSURED		ADJUSTMENT			
LOSS TYPE: DAMAGED		SUBTOTAL		272.86	
DAYS AUTHORIZED: 14		DISCOUNT			
		SUBTOTAL		272.86	

REPAIR FACILITY:

BODY SHOP NAME: DEGROOT CARSTAR COLLISION/WEB 31104	FUEL & SERVICE CHG	
ADDRESS:	LDW	
CITY: KALAMAZOO	LIS	
STATE: MI	MISC/ADDTL CHGS	
PHONE #: 269-343-3456	PAI/PEC	
	SALES TAX	
	6.00%	17.46
	OTHER TAX	
	SURCHARGE	18.20
	STATE SURCHARGE	
	TOTAL CHARGES	308.52
	CUSTOMER PAID	0
	ACCOUNT CHARGES	308.52
	EFFICIENCY CREDIT	-25.00
	AMOUNT DUE	\$283.52

FOR PROPER CREDIT PLEASE REFERENCE THE INVOICE NUMBER ON YOUR REMITTANCE
****PAYMENT IS DUE UPON RECEIPT****

REMIT TO:

TAX ID# 131938568

INVOICE DATE

09/09/2020 12:30:00 PM

HERTZ LOCAL EDITION
ATTN: HLE INSURANCE - DEPT 1139
P.O. BOX 121139
DALLAS, TX 75312-1139

INVOICE NUMBER
H38370054

AMOUNT DUE
\$283.52

THANK YOU FOR CHOOSING HERTZ LOCAL EDITION

CAITLIN ELIZABETH TIERNEY, 29 Years Old (Elkhart County, IN, St Joseph County, IN) 55697 RIVER SHORE LN, ELKHART, IN 46516-1222 (ELKHART COUNTY) (01/01/2010 to 10/23/2018)

<u>CITIES</u>	<u>COUNTIES</u>
Elkhart, IN (01/01/2010 to 08/02/2020)	Elkhart County, IN (01/01/2010 to 08/02/2020)
Mishawaka, IN (01/18/2017 to 12/2020)	St Joseph County, IN (01/18/2017 to 01/12/2021)
Osceola, IN (07/14/2018 to 02/13/2019)	
South Bend, IN (08/25/2020 to 01/12/2021)	

<u>Possible Relatives</u>	<u>Indicators</u>
Lisa Marie Lovitt 1968 Age: 52	
CAITLIN TIERNEY (08/25/2020)	
CAITLIN ELIZABETH TIERNEY	

<u>Possible Phones</u>
(574) 326-7426 (ET) (Mobile)(86%)
(574) 485-9082 (ET) (Mobile)(68%)
(574) 318-2586 (ET) (Mobile)(66%)
(574) 406-3243 (ET) (Mobile)(66%)
(574) 293-8106 (ET) (LandLine)(66%)
(574) 333-7619 (ET) (Mobile)(66%)

<u>Possible Email Addresses</u>
queencaida@gmail.com (100%)

<u>Address History (11)</u>
1829 EMERALD CT, MISHAWAKA, IN 46544-5934 (ST JOSEPH COUNTY) (04/21/2020 to 12/2020)
2901 HORNE CT, SOUTH BEND, IN 46615-1829 (ST JOSEPH COUNTY) (08/25/2020 to 01/12/2021)
Subdivision Name: HORNES
500 W LEXINGTON AVE APT A, ELKHART, IN 46516-2846 (ELKHART COUNTY) (03/2013 to 08/02/2020)
Address contains: 4 apartments
1838 SILVERLEAF CT, MISHAWAKA, IN 46544-5948 (ST JOSEPH COUNTY) (03/05/2019 to 03/2020)
30986 RIVERBEND CIR # 1, OSCEOLA, IN 46561 (ST JOSEPH COUNTY) (02/13/2019 to 02/13/2019)

FOR INSURANCE PURPOSES ONLY

CAITLIN TIERNEY 55697 RIVER SHORE LANE ELKHART IN 46516
ELKHART-People-Search-202101121001

55697 RIVER SHORE LN, ELKHART, IN 46516-1222 (ELKHART COUNTY) (01/01/2010 to 10/23/2018)

30986 RIVERBEND DR APT 1, OSCEOLA, IN 46561-7623 (ELKHART COUNTY) (07/14/2018 to 07/14/2018)
Current Private Phone at address
(574) 674-6747(ET) - RE I BARRICK

926 CARLTON ST, MISHAWAKA, IN 46544-4558 (ST JOSEPH COUNTY) (01/18/2017 to 01/18/2017)

132 STATE ST, ELKHART, IN 46516-3625 (ELKHART COUNTY) (09/26/2016 to 09/26/2016)

604 1/2 W MARION ST, ELKHART, IN 46516-2725 (ELKHART COUNTY) (11/16/2012 to 11/16/2012)





SUBROGATION SERVICES
6785 Telegraph Road, Suite 400
Bloomfield Hills, MI 48301
Ph (877) 454-3400, Fax (877) 454-3405
www.latitudesubro.com

February 18, 2021

Caitlin Tierney
2901 Horne Court
South Bend, IN 46615-1829

Date of Loss: 05/24/2019
Claim Number: 12-36407
Our Insured: Ginger Davis
Damages: \$2,414.69

Dear Caitlin Tierney:

Latitude Subrogation Services has been appointed by National Mutual Insurance Company to pursue subrogation recoveries on their behalf.

You were recently sent a letter concerning your responsibility for our damages in this claim. We have not received any response from you.

Again, we ask that you issue a check or money order for **\$2,414.69** made payable to **Latitude Subrogation Services**, reference our claim number **12-36407** and send to:

**Latitude Subrogation Services
P.O. Box 2167
Birmingham, MI 48012-9998**

Pay Online!

You can also make your payment online by visiting us at www.latitudesubro.com and selecting "Make a Payment". Make a one-time payment, or schedule recurring payments, from your checking account or any major credit card.

Please reference our claim number **12-36407**.

Please call us immediately to discuss your position on this claim and inform us if you intend to issue payment. If we do not hear from you and establish resolution of this matter within 15 days, then our file will be prepared for alternative recovery methods that may include filing suit.

Sincerely,

Carrie Lehr
Subrogation Specialist
Latitude Subrogation Services
Phone: 877-454-3400 Ext. 2680
Direct line: 248-365-4313
E-mail: clehr@latitudesubro.com

PAYMENT SUMMARY

Physical Damage	\$2,414.69
Financial Damage	\$0.00
Rental Vehicle	\$0.00
Bodily Injury	\$0.00
Uninsured Motorist	\$0.00
Underinsured Motorist	\$0.00
Personal Injury Protection	\$0.00
Supplemental	\$0.00
Medical Payments	\$0.00
Wage	\$0.00
Additional Living Expenses	\$0.00
Loss of Use	\$0.00
Loss of Income	\$0.00
Deductible	\$0.00
Insured Out of Pocket	\$0.00
Salvage Deduction	\$0.00
Total Damages	\$2,414.69

As required by state law: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
1DMNDRP2.1



6785 Telegraph Road, Suite 400
Bloomfield Hills, MI 48301
Ph (877) 454-3400, Fax (877) 454-3405
www.latitudesubro.com

January 11, 2021

National Mutual Insurance Company
1 Insurance Square
Celina, OH 45822-1690

Date of Loss: 05/24/2019
Claim Number: 12-36407
Our Insured: Ginger Davis

Dear Deb Marshal,

Thank you for the above referenced claim. Latitude Subrogation Services will now attempt to recover any subrogation related to this matter.

This claim has been assigned to me for handling. I look forward to working with you in our pursuit of subrogation recoveries on behalf of National Mutual Insurance Company.

Please contact me if you have any questions.

Sincerely,

Carrie Lehr
Subrogation Specialist
Latitude Subrogation Services
Phone: 877-454-3400 Ext. 2680
Direct line: 248-365-4313
E-mail: clehr@latitudesubro.com



SUBROGATION SERVICES
6785 Telegraph Road, Suite 400
Bloomfield Hills, MI 48301
Ph (877) 454-3400, Fax (877) 454-3405
www.latitudesubro.com

January 29, 2021

Caitlin Tierney
2901 Horne Court
South Bend, IN 46615-1829

Date of Loss: 05/24/2019
Claim Number: 12-36407
Our Insured: Ginger Davis
Damages: \$2,414.69

Dear Caitlin Tierney:

Latitude Subrogation Services has been appointed by National Mutual Insurance Company to pursue subrogation recoveries on their behalf.

Our investigation of this claim determined that you are responsible for the damages sustained by our insured and paid for by National Mutual Insurance Company.

Please issue a check or money order for **\$2,414.69** made payable to **Latitude Subrogation Services**, reference claim number **12-36407** and send to:

**Latitude Subrogation Services
P.O. Box 2167
Birmingham, MI 48012-9998**

Be advised that no partial payment, which is less than the full amount claimed herein, will be considered satisfaction of this claim without the express written consent of Latitude Subrogation Services and our rights to enforce recovery of the remaining amount will not be waived due to any such partial payment.

Pay Online!

You can also make your payment online by visiting us at www.latitudesubro.com and selecting "Make a Payment". Make a one-time payment, or schedule recurring payments, from your checking account or any major credit card.

Please reference our claim number **12-36407**.

We look forward to your prompt response and please contact us if you have any questions.
Sincerely,

Carrie Lehr
Subrogation Specialist
Latitude Subrogation Services
Phone: 877-454-3400 Ext. 2680
Direct line: 248-365-4313
E-mail: clehr@latitudesubro.com

PAYMENT SUMMARY

Physical Damage	\$2,414.69
Financial Damage	\$0.00
Rental Vehicle	\$0.00
Bodily Injury	\$0.00
Uninsured Motorist	\$0.00
Underinsured Motorist	\$0.00
Personal Injury Protection	\$0.00
Supplemental	\$0.00
Medical Payments	\$0.00
Wage	\$0.00
Additional Living Expenses	\$0.00
Loss of Use	\$0.00
Loss of Income	\$0.00
Deductible	\$0.00
Insured Out of Pocket	\$0.00
Salvage Deduction	\$0.00
Total Damages	\$2,414.69

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1DMNDRP1.1



SUBROGATION SERVICES
6785 Telegraph Road, Suite 400
Bloomfield Hills, MI 48301
Ph (877) 454-3400, Fax (877) 454-3405
www.latitudesubro.com

January 12, 2021

Caitlin Tierney
2901 Horne Court
South Bend, IN 46615-1829

Date of Loss: 05/24/2019
Claim Number: 12-36407
Our Insured: Ginger Davis
Damages: \$2,414.69

Dear Caitlin Tierney:

Latitude Subrogation Services has been appointed by National Mutual Insurance Company to pursue subrogation recoveries on their behalf.

You were involved in an accident with our insured's vehicle on the above stated date and a claim has been opened by National Mutual Insurance Company.

If you had valid insurance on your vehicle for the above stated date of loss then please provide us with your policy information by completing and returning the enclosed form to the address on the above letter heading.

If you did not have insurance coverage for this accident, then please contact us to discuss further. No final determination on liability has been made at this time and this letter is for verification purposes only.

We ask that you promptly respond to this letter so that we may complete our investigation of this matter.

Sincerely,

Carrie Lehr
Subrogation Specialist
Latitude Subrogation Services
Phone: 877-454-3400 Ext. 2680
Direct line: 248-365-4313
E-mail: clehr@latitudesubro.com

AUTO INSURANCE VERIFICATION FORM

Date of Loss: 05/24/2019
Claim Number: 12-36407
Party Completing Form: Caitlin Tierney

Vehicle Owner:

Name _____ Phone _____

Address _____

Year _____ Make _____ Model _____ VIN _____

Vehicle Driver: (if different than vehicle owner)

Name _____ Phone _____

Address _____

Insurance Company:

Name _____ Phone _____

Address _____

Policy Number _____ Eff Dates _____

Agent Name _____ Phone _____

Policy Holder: (if different than vehicle owner)

Name _____ Phone _____

Address _____

Claim Information: (if filed)

Claim Number _____

Adjuster Name _____ Phone _____

As required by state law: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Signature _____ Date _____

CAL2

[Print](#)

1 Insurance Square, Celina, Ohio 45822

The National Mutual Insurance
 State of Indiana
 Michiana Ins Services, Inc (3200)
 Michigan City, IN 46360
 (219) 879 - 6482

shannonnallenweg
 Michiana Insurance Services, Inc
 5385 N Johnson Rd
 Michigan City, IN 46360
 219-879-6482

Insured Information

Policy	7184238-0
Name	Ginger Davis
Address	7177 E US HIGHWAY 20
City, State Zip	NEW CARLISLE, IN 46552 - 9024

Loss Information

Date / Time of Loss	05 /24 /2019 01:34 PM
Type of Loss	Multiple Vehicle Accident
Description of Loss	INSURED WAS REAR-ENDED
Street or Intersection / City	CAPITAL AND JEFFERSON - MI SHAWAKA
State / County	Indiana -
Authority Contacted	MI SHAWAKA Police
Report #	

Insured Vehicle

Insured Vehicle - 003 --- 2014 JEEP WRANGLER UTL4X4 (1C4BJWEG1EL303437) - PP

Owner's Information

Name	GINGER DAVIS
Street Address / PO - Apt	7177 E US HIGHWAY 20
City / State / Zip	NEW CARLISLE, IN 46552 - 9024
Primary Daytime Phone Number	(219) 561-4955 - Cell
Email Address	
Describe Damage	
Where Can Vehicle be Seen?	Home
Address	

Coverages**Policy Coverage Information**

	Limit 1	Limit 2	Deductible
Bodily Injury	100,000	300,000	
Property Damage	100,000		
Medical Payments	5,000		
Uninsured Motorists (BI)	100,000	300,000	
Uninsured Motorists (PD)	25,000		
Underinsured Motorists (BI)	100,000	300,000	
Collision			500
Comprehensive			250
Towing & Labor (Road Service)	333		
Rental Reimbursement	30		
Umbrella	No		
Umbrella Limit	0		
Endorsements	MI 00 30,MI 00D38,PA 00 02,PA 00 03,PA 00 07,PA 00 09,PA 00 10,PA 00 21,PA 00 32,PA 00 36		

Loss Payee

Name	Chrysler Capital
Name/Addr	Po Box 3610
Street	
City / State / Zip	Carmel, In 46082 - 0598

Policy Billing Information

Effective Date	Expiration Date	Inception Date	Due Date	Carry Date	Ext Due Date
----------------	-----------------	----------------	----------	------------	--------------

Page 1 of 2

Driver Information

Driver's Information

Driver Number 2
Name ROGER DAVIS
Street 7177 E US HIGHWAY 20
City / State / Zip NEW CARLISLE, IN 46552 - 9024
Primary Daytime Phone Number (219) 561-4955 - Cell
Email Address
Date of Birth 08 / 12 / 1964
License Number 3790107508
Was the Driver Injured?
Extent of Injury

Comments

Comments: ROGER WAS REAR-ENDED BY A DRIVER WITH NO INSURANCE - SCRATCHES IN BUMPER, AND HITCH IS BENT, VEHICLE IS DRIVABLE

Other

Reported By: GINGER DAVIS
Reported To: SHANNON NALLENWEG from Michiana Insurance Services, Inc Attached Files

Applicable in Indiana:

A person who knowingly and with intent to defraud an insurer, files a statement of claim containing any false, incomplete, or misleading information commits a felony.

File: d:\hrr\claims\12-36407-310.html

1 Insurance Square
Celina, Ohio 45822

Phone: 419.586.5181
Toll-free: 800.231.2318

Fax: 419.586.8343
claims@celinainsurance.com



July 11, 2019

Caitlyn Tierney
55697 River Shore Lane
Elkhart, IN 46516

Re: Our Insured: Ginger Davis
Our Claim Number: 12-36407
Date of Incident: May 24, 2019
Involving: 2003 Dodge Neon

Dear Caitlyn Tierney,

Celina Insurance Group has made or anticipates making payment to our policyholder for damages resulting from your negligence. This letter is to notify you of our subrogation claim and our intention of pursuing recovery for our payments against you.

If you have insurance to protect you in this matter, please report this claim to your insurer immediately and provide us with the following information:

Your Name: _____
Your Phone Number: _____
Your Insurance Company: _____
Insurance Company Phone: _____
Policy Number: _____
Agent Name: _____
Agent Phone Number: _____

Please provide the above information to us in the envelope provided, or call us immediately to discuss the information regarding this loss and any insurance coverage you may have. If you do not report this information to us, we will consider you uninsured for these damages, and we will look to you directly for reimbursement. Our actions may include referral to a collection agency, the filing of a lawsuit against you, and/or action to suspend your driving privileges.

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Fax: 419.586.8343
claims@celinainsurance.com



Caitlyn Tierney
Page 2
July 11, 2019

Please call me with any questions at (800) 231-2318 ext 7188.

Sincerely,

A handwritten signature in dark ink that reads "Scott Feltner".

Scott Feltner
Senior Claims Representative

Enclosures
*Self addressed stamped envelope

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Toll-free: 800.231.2318

Fax: 419.586.8343
claims@celinainsurance.com



June 5, 2019

Ginger Davis and Roger Davis
7177 E US Highway 20
New Carlisle, IN 46552

Re: Our Insured: Ginger Davis
Our Claim Number: 12-36407
Date of Incident: May 24, 2019
Involving: 2014 Jeep Wrangler

Dear Ginger and Roger,

Enclosed is an estimate to repair your damaged vehicle. This estimate has been prepared for you by a representative of Celina Insurance Group; it is a repair estimate only and not an authorization to complete the repair. Only you, as the vehicle owner, can give authorization to repair your vehicle. If an agreed price has been reached with your body shop, the estimate will reflect this. If we have not reached an agreed price with a body shop, simply provide a copy of this estimate to the body shop of your choice. If they have any questions please have them contact me directly.

The Limit of Liability section of your policy reads in part that we will pay you the lesser of the actual cash value of damaged property; or, the amount necessary to repair or replace the property with other property of like kind and quality. The policy goes on to read that if a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment. Payment for your loss can be made by us in either money, or by repairing or replacing the damaged property. To eliminate any confusion for you with regard the amount payable, your policy does not afford coverage for diminution in value to your vehicle, where diminution in value means the actual or perceived loss in market or resale value resulting from a direct and accidental loss.

The estimated cost to repair your vehicle is \$2,414.69. Our payment of \$2,414.69 is for the actual cash value (ACV) of the repair, less your policy deductible. If the ACV payment is not enclosed, you should expect payment from our home office within the next few days.

Any use of a Non Original Equipment Manufactured (OEM) crash part or a recycled part in the repair of your vehicle is being used in compliance with your state's law, and proper notice to you should be included in the enclosed estimate. If your vehicle repair includes any Non-OEM crash part, you should know that we require all Non-OEM parts to be CAPA quality certified and the warranty applicable to these parts is provided by the parts manufacturer or distributor rather than your own motor vehicle manufacturer.

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Toll-free: 800.231.2318

Fax: 419.586.8343
claims@celinainsurance.com



Ginger Davis and Roger Davis
Page 2
June 5, 2019

Please call me with any questions at (800) 231-2318. Thank you for choosing Celina Insurance Group and your independent agent for your insurance needs.

Sincerely,

A handwritten signature in black ink that reads "Scott Feltner".

Scott Feltner
Senior Claims Representative

Enclosures
*Check
*Davis estimate

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PROPERTY DAMAGE APPRAISERS (PDA SOUTH BEND)

P O BOX 6366, SO BEND, IN 46660
 (574) 287-2359
 Fax: (574) 287-8967
 Email: pdasouthbend@pdaorg.net

Not An Authorization For repair
 Read disclaimers following appraisal calculations.

Damage Assessed By: Kevin Swartz
 Classification:

Appraised For: SCOTT FELTNER

Condition Code: Average Type of Loss: Collision
 Date of Loss: 5/24/2019
 Date Assigned: 5/31/2019
 Deductible: 0.00
 File Number: 2559050271
 Policy No: 7184238-0 Claim Number: 12-36407
 Insured: GINGER DAVIS
 Owner: GINGER DAVIS
 Address: 7177 E US HIGHWAY 20, NEW CARLISLE, IN 46552
 Telephone: Cell Phone: (219) 561-4955

Mitchell Service: 910774

Description: 2014 Jeep Wrangler Unlimited Sahara Vehicle Production Date: 7/13
 Body Style: 4D Ut 116" WB Drive Train: 3.6L Inj 6 Cyl 4WD
 VIN: 1C4BJWEG1EL303437 License: 556GCZ IN
 Mileage: 54,000
 OEM/ALT: A
 Parts Profile: South Bend Parts Profile Version: 2
 Color: orange
 Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER
 AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG
 HEATED EXTERIOR MIRROR, SKID PLATES, PREMIUM SOUND SYSTEM, ANTI-LOCK BRAKE SYS.
 TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS, ANTI-THEFT SYSTEM
 AUXILIARY INPUT, SATELLITE RADIO, CD PLAYER, TOW HITCH RECEIVER
 POWER ADJUSTABLE EXTERIOR MIRROR, PRIVACY GLASS, TRIP COMPUTER
 FIRST ROW BUCKET SEAT, CLOTH SEAT, 4 WHEEL DRIVE, AUTOMATIC HEADLIGHTS
 INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, MP3 PLAYER
 CONVERTIBLE CLOTH TOP, ELECTRONIC STABILITY CONTROL, FRONT HEATED SEATS
 KEYLESS ENTRY SYSTEM, REAR BENCH SEAT, ROLLOVER PROTECTION SYSTEM
 STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	931072	FRM	REPAIR	Frame	Existing	2.0*	
2	003747	BDY	REMOVE/REPLACE	L Rear Frame Tow Hook	ORDER FROM DEALER	169.00	0.2
3	002883	BDY	REMOVE/REPLACE	Frame Trailer Hitch	68193628AB	197.00	0.5
4	002722	REF	REFINISH	L Quarter Panel Outside		C 2.0	
5	003685	BDY	REMOVE/INSTALL	L Fuel Door		0.3	
6	001175	BDY	REPAIR	L Quarter Outer Panel	Existing	1.0*#	
7	001594	BDY	REMOVE/INSTALL	L Quarter Wheel Opening Flare		0.5	
8	001570	REF	BLEND	Rear Gate Outside		C 0.8*	
9	001580	BDY	REMOVE/INSTALL	Otr Rear Gate Handle		0.5 #	
10	001581	BDY	REMOVE/INSTALL	Rear Gate Lock Cyl		0.2 #	
11	001218	BDY	REPAIR	Rear Gate Shell	Existing	2.0*#	
12	001448	BDY	REMOVE/INSTALL	L Tail Lamp		0.2	
13	001445	BDY	REMOVE/INSTALL	Rear Bumper Assy		INC	

ESTIMATE RECALL NUMBER: 06/04/2019 00:25:15 2559050271

Mitchell Data Version: OEM: MAY_19_V0530 Alternate Parts: 06/04/2019 00:18:44

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Software Version: 7.1.236

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Date: 6/4/2019 12:25 AM
 Estimate ID: 2559050271
 Estimate Version: 0
 Committed
 Profile ID: * PDA IN

14	AUTO	BDY	OVERHAUL	Rear Bumper Assy			1.0
15	001345	BDY	REMOVE/REPLACE	Rear Bumper Face Bar	** QRP Certified	327.00	INC
16	003553	BDY	REMOVE/REPLACE	Rear Ctr Bumper Applique	1ML22TZZAA	344.00	INC #
17	AUTO	REF	REFINISH	Rear Ctr Applique		C 0.7	
18	936012		ADD'L COST	Hazardous Waste Disposal		3.00	*
19	936014		ADD'L COST	Flex Additive		5.00	*
20	933006	BDY*	ADD'L OPR	Frame/Rack Set Up			1.5*
21	933031	FRM	ADD'L OPR	Pull For Mash			3.0*
22	AUTO	REF	ADD'L OPR	Clear Coat			1.1
23	933003	REF	ADD'L OPR	Tint Color			0.5*
24	933017	REF	ADD'L OPR	Finish Sand And Buff			1.0*
25	933018	REF	ADD'L OPR	Mask For Overspray		5.00	*
26	AUTO		ADD'L COST	Paint/Materials			173.40 *

* - Judgment Item

- Labor Note Applies

** QRP Certified - Quality Replacement Parts - Certified

C - Included in Clear Coat Calc

KEystone KEYSIQ
 3535 RENNIE SCHOOL RD.
 TRAVERSE CITY
 MI 49684
 (800) 968-7509

15 ** CH1100979C 327.00

Remarks

A/p with shop of owner's choice.

Estimate Totals

I.	Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary		Amount
							Taxable Parts	Sales Tax @ 7.000%	
	Body	7.9	54.00	0.00	0.00	426.60 T			1,037.00
	Refinish	6.1	54.00	5.00	0.00	334.40 T			72.59
	Frame	5.0	70.00	0.00	0.00	350.00 T			
							Total Replacement Parts Amount		1,109.59
						1,111.00			
	Labor Summary	19.0				1,111.00			
III.	Additional Costs				Amount		IV.	Adjustments	Amount
	Taxable Costs				181.40		Insurance Deductible		0.00
		Sales Tax	@ 7.000%		12.70		Customer Responsibility		0.00
					194.10				

Paint Material Method: Rates

Init Rate = 34.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I.	Total Labor:	1,111.00
II.	Total Replacement Parts:	1,109.59
III.	Total Additional Costs:	194.10
	Gross Total:	2,414.69

ESTIMATE RECALL NUMBER: 06/04/2019 00:25:15 2559050271

Mitchell Data Version: OEM: MAY_19_V0530 Alternate Parts: 06/04/2019 00:18:44

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Software Version: 7.1.236

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Page 2 of 4

Date: 6/4/2019 12:25 AM
Estimate ID: 2559050271
Estimate Version: 0
Committed
Profile ID: * PDA IN

IV. Total Adjustments: 0.00
Net Total: 2,414.69

Point(s) of Impact

6 Rear Center (P)

Insurance Co: CELINA INSURANCE CO (CBILL)
Address: 1 INSURANCE SQUARE
CELINA, OH 45822
Work Phone: (800) 552-5181

Inspection Site: STEEL TECHNOLOGY
MISHAWAKA, IN
Inspection Date: 6/3/2019

Body Shop: ROCKY GRAYS AUTOBODY
Address: 3611 E US HWY 12
rockysbodyshoplic@gmail.com
MICHIGAN CITY, IN 46360
Telephone: (219) 221-0929
Fax Phone: (219) 879-6984
State Lic. No: 202749235
Email: rockysbodyshoplic@gmail.com

*****Notice*****
This is not an authorization for repair. All costs of repairs are the sole responsibility of the vehicle owner, who must authorize all repairs. Failure to deliver a copy of this appraisal to the repair shop by the vehicle owner may result in out of pocket expense to the vehicle owner. Providing a copy of this appraisal is not an acceptance of coverage or liability and all issues of coverage or liability are to be determined by the insurance carrier.

*****Notice*****
Deductibles may or may not be addressed or included in this appraisal.
If applicable, the repairer should collect the deductible from the vehicle owner prior to the release of the repaired vehicle.

*****Supplement Procedure Notice*****
It is the repairer's responsibility to send notification of the supplement via fax or email to PDA, including a statement whether the repairs have been halted on the vehicle. PDA will respond to your request within 24 hours. Please allow 48 hours to complete supplement processing from the date of request to ensure timely release of the vehicle.

*****Notice*****
This appraisal is subject to the complete review and approval by the assigning insurance company to assure accuracy, cost effectiveness, and that accepted industry repair standards are met. The insurance company listed has the right to accept or reject any part or all of this appraisal or make any changes they feel necessary.

Date: 6/ 4/2019 12:25 AM
Estimate ID: 2559050271
Estimate Version: 0
Committed
Profile ID: * PDA IN

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

1 Insurance Square
Celina, Ohio 45822

Phone: 419.586.5181
Toll-free: 800.231.2318

Fax: 419.586.8343
claims@celinainsurance.com



July 23, 2019 SENT VIA CERTIFIED MAIL AND REGULAR US MAIL

Caitlyn Tierney
55697 River Shore Lane
Elkhart, IN 46516

Re: Our Insured: Ginger Davis
Our Claim Number: 12-36407
Date of Incident: May 24, 2019
Involving: Motor Vehicle Accident

Dear Caitlyn,

We have completed our investigation into this loss and have found you are legally liable for our insured's damages. We have paid our insured for their damage and are requesting reimbursement of our payments itemized below.

To assist you in evaluating our subrogation claim, we may have provided you with non-public personal information about our insured. We are sharing this information to effect, administer, or enforce a transaction authorized by our insured. You are not authorized or permitted to use, disclose, or share our insured's information, for any other purpose than to evaluate and process our subrogation claim.

We have made payment to our insured for the following amounts:

\$2,414.69

Please forward a money order in the above stated amount to our office within 30 days from the date of this letter. Please make payment payable to National Mutual Insurance. If you are unable to pay this claim in full but would like to make payments, please contact our office within 30 days from the date of this letter to set up monthly payments. If you do not commence payments within 30 days and this claim is the result of an automobile accident, your driving and registration privileges will be suspended until this claim is paid in full or satisfactory arrangements are made to pay this claim in monthly installments.

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Fax: 419.586.8343
claims@celinainsurance.com



Caitlyn Tierney
Page 2
July 23, 2019

Please call me with any questions at (800) 231-2318.

Sincerely,

A handwritten signature in black ink that reads "Deb Marshal".

Deb Marshal
Recovery Specialist

Enclosures
*Self addressed stamped envelope

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Phone: 419.586.5181
Toll-free: 800.231.2318

Fax: 419.586.8343
claims@celinainsurance.com



May 30, 2019

Ginger Davis
7177 E Us Highway 20
New Carlisle, IN 46552

Re: Our Insured: Ginger Davis
Our Claim Number: 12-36407
Date of Incident: May 24, 2019
Involving: 2014 Jeep Wrangler UtI

Dear Ginger,

In accordance with Indiana Code you are entitled, as an insured under policy number 7184238-0, to approve the type of body parts to be used in the repair of the motor vehicle owned by you and damaged in the above captioned incident. This means you may select from the following types of body parts:

- a. New body parts manufactured by or for the manufacturer of the motor vehicle.
- b. New body parts that were not manufactured by or for the manufacturer of the motor vehicle; and
- c. Used body parts.

It is this company's policy to use new body parts manufactured by or for the manufacturer of the motor vehicle on vehicles of the model year of the vehicle involved in this claim. If you would prefer that we use new body parts that were not manufactured by or for the manufacturer of the motor vehicle, or used body parts, we ask that you notify us immediately.

By Indiana regulation, you have twenty (20) days from the date of this letter to let us know what type of body parts you prefer; however, we anticipate payment could be made in less than twenty (20) days. If you prefer we not use new body parts manufactured by or for the manufacturer of the motor vehicle, we ask that you notify us immediately. If we do not hear from you, we will proceed with any payment using new body parts manufactured by or for the manufacturer of the motor vehicle.

If you have any questions regarding this procedure, please call me at (800) 231-2318.

Sincerely,



Scott Feltner
Senior Claims Representative

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celina
INSURANCE GROUP

1 Insurance Square
Celina, OH 45822



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CORLISS, OH 45822
23 JUL 2019
PM 7 L

Hasler
07/23/2019
US POSTAGE \$00



FIRST

Z
011E



Caitlyn Tierney
55697 River Shore Lane
Elkhart, IN 46516

Hasler
07/23/2019
US POSTAGE \$006.3



ZIP 458:
011E1265C

WT 7-25
1.30
6.9

NIXIE 462 DE 1 0002/18/

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U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

DM-
12-36407

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OFFICIAL USE

Certified Mail Fee

3.50

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 0.80

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

\$ _____

Total Postage

\$ 6.80

Sent To

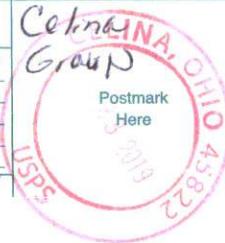
Street and

City, State,

Caitlyn Tierney
55697 River Shore Lane
Elkhart, IN 46516

PS Form 3800, April 2015 PSN 7530-02-000-3047

See Reverse for Instructions



Date: 5/30/2019 12:17 PM
 Estimate ID: 5239
 Estimate Version: 1
 Preliminary
 Profile ID: * Mitchell

ROCKY'S BODY SHOP LLC

3611 E US HWY 12, MICHIGAN CITY, IN 46360
 (219) 872-7274
 Fax: (219) 879-6984
 Email: rockysbodyshopllc@gmail.com
 Tax ID: 202749235

Damage Assessed By: ROCKY GRAY
 Classification: None

Deductible: UNKNOWN
 Claim Number: 1236407

Owner: GINGER DAVIS
 Telephone:
 Cell Phone: (219) 561-4955

Mitchell Service: 910774

Description: 2014 Jeep Wrangler Unlimited Sahara
 Body Style: 4D Ut 116" WB
 VIN: 1C4BJWEG1EL303437
 OEM/ALT: O
 Options: PASSENGER AIRBAG, DRIVER-SIDE AIR BAG, POWER LOCK, POWER WINDOW, POWER STEERING
 AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, SKID PLATES
 ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS, SAFETY ROLLCAGE
 ALUM/ALLOY WHEELS, AUXILIARY INPUT, SATELLITE RADIO, TINTED GLASS, TRIP COMPUTER
 NO DATA, AUTOMATIC HEADLIGHTS
 INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR
 AM/FM STEREO CD/MP3 PLAYER, ELECTRONIC STABILITY CONTROL, FRONT BUCKET SEATS
 KEYLESS ENTRY SYSTEM, POWER DISC BRAKES, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	002885	FRM	REPAIR	Frame Assembly -F	Existing	2.0*	
2	931105	MCH	REMOVE/REPLACE	Four Wheel Alignment	New	99.99 *	0.0*
3	900500	REF *	REMOVE/REPLACE	FLEX ADDITIVE	New	19.99 *	0.0*
4	003747	BDY	REMOVE/REPLACE	L Rear Frame Tow Hook	ORDER FROM DEALER	169.00	0.2
5	002883	BDY	REMOVE/REPLACE	Frame Traller Hitch	68193628AB	197.00	0.5
6	003150	BDY	REPAIR	Top Assy	Existing	0.5*	
7	001173	BDY	REPAIR	L Quarter Outer Panel Assy	Existing	0.5* #	
8	AUTO	REF	REFINISH	L Quarter Panel Outside		C 3.0	
9	001448	BDY	REMOVE/INSTALL	L Tail Lamp		0.2	
10	001343	BDY	REMOVE/INSTALL	License Lamp Bracket	Existing	0.3	#
11	AUTO	BDY	OVERHAUL	Rear Bumper Assy		1.0	
12	001345	BDY	REMOVE/REPLACE	Rear Bumper Face Bar	1BD22RXFAE	385.00	INC
13	003553	BDY	REMOVE/REPLACE	Rear Ctr Bumper Applique	1ML22TZZAA	344.00	INC #
14	AUTO	BDY	REMOVE/INSTALL	Rear Bumper Assy		INC	
15	AUTO	REF	REFINISH	Rear Ctr Applique		C 0.7	
16	933006	FRM	ADD'L OPR	Frame/Rack Set Up		2.0*	
17	933031	PRM	ADD'L OPR	Pull For Mash		3.0*	
18	AUTO	REF	ADD'L OPR	Clear Coat		1.3	
19	933007	REF	ADD'L OPR	Feather, Prime & Block		7.99 *	1.0*
20	933017	REF	ADD'L OPR	Finish Sand And Buff		7.99 *	1.0*

ESTIMATE RECALL NUMBER: 05/30/2019 12:17:28 5239

Mitchell Data Version: OEM: MAY_19_V

Software Version: 7.1.236

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Page 1 of 3

Date: 5/30/2019 12:17 PM
 Estimate ID: 5239
 Estimate Version: 1
 Preliminary
 Profile ID: * Mitchell

21	933018	REF	ADD'L OPR	Mask For Overspray	7.99 *	0.5*
22	AUTO		ADD'L COST	Paint/Materials	190.00 *	
23	AUTO		ADD'L COST	Hazardous Waste Disposal	5.00 *	

* - Judgment Item

- Labor Note Applies

C - Included In Clear Coat Calc

r - CEG R&R Time Used For This Labor Operation

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary			Amount
						Taxable Parts	Sales Tax	@	
Body	3.2	56.00	0.00	0.00	179.20 T				1,194.99
Refinish	7.5	56.00	23.97	0.00	443.97 T				83.65
Frame	7.0	75.00	0.00	0.00	525.00 T				19.99
					1,148.17				1,298.63
Labor Summary	17.7				1,148.17				
III. Additional Costs				Amount	IV. Adjustments				Amount
Taxable Costs				195.00		Customer Responsibility			0.00
Sales Tax		@	7.000%	13.65					
Total Additional Costs				208.65					

Paint Material Method: Rates

Init Rate = 38.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I.	Total Labor:	1,148.17
II.	Total Replacement Parts:	1,298.63
III.	Total Additional Costs:	208.65
	Gross Total:	2,655.45

IV.	Total Adjustments:	0.00
	Net Total:	2,655.45

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

Date: 5/30/2019 12:17 PM
Estimate ID: 5239
Estimate Version: 1
Preliminary
Profile ID: * Mitchell

I, _____, AUTHORIZE THE REPAIRS OF THIS VEHICLE. I UNDERSTAND THAT PAYMENT FOR ALL REPAIRS MUST BE MADE IN FULL BEFORE SAID VEHICLE WILL BE RELEASED. BEGINNING 3 BUSINESS DAYS AFTER COMPLETION OF REPAIRS, A 35 DOLLAR A DAY STORAGE FEE WILL BEGIN TO ACCRUE. _____/_____/_____



INVOICE

INVOICE NUMBER	INVOICE DATE
255-0111583	06/04/2019

BILL TO
Attn: SCOTT FELTNER CELINA INSURANCE CO (CBILL) 1 INSURANCE SQUARE CELINAOH 45822

CLIENT CODE
CEL100003
BUSINESS LINE / LOSS TYPE
A - Personal Auto

FOR INQUIRIES:
PDA South Bend, IN #255 pdasouthbend@pdaorg.net (574) 287-2359

SUBMIT PAYMENT TO:
Property Damage Appraisers, Inc. TIN: 75-1160563 PO Box 471909 Fort Worth, TX 76147
<i>Please reference the invoice number and enclose a copy of the invoice on all payments.</i>

INSURED	CLAIMANT	ASSIGNMENT DATE	PDA ASSIGNMENT #
GINGER DAVIS		05/31/2019	255-905-0271
CLAIM #	POLICY #	LOSS DATE	REFERENCE #
12-36407	7184238-0	05/24/2019	

SERVICE FEE: (1 Unit(s) @ \$134.00)

\$ 134.00

Click [here](#) to pay your invoice at PDAClientPortal.com

Thank you for your business!

Same-Day Service. Guaranteed. PDA now offers expedited service for standard auto claims in select markets.*Terms: Professional fees due upon receipt. Interest accrues at 1% per month. Please reference the invoice number and enclose a copy of the invoice on all payments.*

TOTAL CHARGES:	134.00
	:
INVOICE TOTAL:	\$ 134.00



Condition Report

Date: 6/4/2019
Property Condition: Repairable

Assignment Number
255-905-0271

Loss Recap for Repairable
Damage Appraisal..\$2,414.69
Percent of ACV..... 9.26 %
Deductible.....\$0.00
Total.....\$2,414.69
Approximate ACV...\$26,075.00

Office:

PDA South Bend, IN #255
P.O. Box 6366
South Bend, IN 46660
Phone: 574-287-2359
Fax: 574-287-8967

Insurance Company:
CELINA INSURANCE CO (CBILL)
Adjuster: SCOTT FELTNER

Assignment Received: 5/31/2019

Date of Loss: 5/24/2019

Date of First Contact: 5/31/2019

Date of Inspection: 6/3/2019

Inspection Location:
STEEL TECHNOLOGY MISHAWAKA, IN

Vehicle/Owner Information:

Insured: GINGER DAVIS
Vehicle: 2014 Jeep WRANGLER
VIN #: 1C4BJWEG1EL303437

Repair Facility:

ROCKY GRAYS AUTOBODY
3611 E US HWY 12 MICHIGAN CITY, IN 46360
Phone: (219) 221-0929
Fax: (219) 879-6984
Contact: ROCKY

Tax# 202749235

Loss Recap

Estimated Amount of Open Damages: \$0.00

Recommendation: Repairable

Claim #: 12-36407

Estimated Salvage Value: \$0.00

Primary Damage:

Policy #: 7184238-0

Repair Facility Estimate Amount: \$0.00

Secondary Damage:

Direction to Pay: Unknown

Agreed Scope of Damage: Yes

Betterment/Depreciation: No

Drivable: Yes

Days to Repair: 4

Applicable:

Appearance Allowance: No

Reason:

Tow Charges: \$0.00

Storage Rate Per Day / Total: N/A

Condition Summary

Interior: Average
Paint: Average

Engine: 3.6
Mileage: 54000

Special Equipment:

Approx Cost of Special
Equipment: \$0.00

Tire Information:
Tread Depth:
(in 32nd's)
LF:10 RF: 10
LR:10 RR: 10
Spare:12

Size:
Type:

Remarks

The vehicle was inspected at the owners work location.
The owner was present at the time of inspection.
Ap with rocky at Rocky Gray Auto Body.

Open Items

Date: 6/4/2019 12:25 AM
 Estimate ID: 2559050271
 Estimate Version: 0
 Committed
 Profile ID: * PDA IN

PROPERTY DAMAGE APPRAISERS (PDA SOUTH BEND)

P O BOX 6366, SO BEND, IN 46660
 (574) 287-2359
 Fax: (574) 287-8967
 Email: pdasouthbend@pdaorg.net

Not An Authorization For repair
 Read disclaimers following appraisal calculations.

Damage Assessed By: Kevin Swartz
 Classification:

Appraised For: SCOTT FELTNER

Condition Code:	Average	Type of Loss:	Collision
Date of Loss:	5/24/2019		
Date Assigned:	5/31/2019		
Deductible:	0.00		
File Number:	2559050271		
Policy No:	7184238-0	Claim Number:	12-36407
Insured:	GINGER DAVIS		
Owner:	GINGER DAVIS		
Address:	7177 E US HIGHWAY 20, NEW CARLISLE, IN 46552		
Telephone:	Cell Phone: (219) 561-4955		

Mitchell Service: 910774

Description:	2014 Jeep Wrangler Unlimited Sahara	Vehicle Production Date:	7/13
Body Style:	4D Ut 116" WB	Drive Train:	3.6L Inj 6 Cyl 4WD
VIN:	1C4BJWEG1EL303437	License:	556GCZ IN
Mileage:	54,000		
OEM/ALT:	A		
Parts Profile:	South Bend	Parts Profile Version:	2
Color:	orange		
Options:	PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER, AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR, SKID PLATES, PREMIUM SOUND SYSTEM, ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS, ANTI-THEFT SYSTEM, AUXILIARY INPUT, SATELLITE RADIO, CD PLAYER, TOW HITCH RECEIVER, POWER ADJUSTABLE EXTERIOR MIRROR, PRIVACY GLASS, TRIP COMPUTER, FIRST ROW BUCKET SEAT, CLOTH SEAT, 4 WHEEL DRIVE, AUTOMATIC HEADLIGHTS, INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, MP3 PLAYER, CONVERTIBLE CLOTH TOP, ELECTRONIC STABILITY CONTROL, FRONT HEATED SEATS, KEYLESS ENTRY SYSTEM, REAR BENCH SEAT, ROLLOVER PROTECTION SYSTEM, STEERING WHEEL AUDIO CONTROLS		

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	931072	FRM	REPAIR	Frame	Existing	2.0*	
2	003747	BDY	REMOVE/REPLACE	L Rear Frame Tow Hook	ORDER FROM DEALER	169.00	0.2
3	002883	BDY	REMOVE/REPLACE	Frame Trailer Hitch	68193628AB	197.00	0.5
4	002722	REF	REFINISH	L Quarter Panel Outside		C 2.0	
5	003685	BDY	REMOVE/INSTALL	L Fuel Door		0.3	
6	001175	BDY	REPAIR	L Quarter Outer Panel	Existing	1.0*#	
7	001594	BDY	REMOVE/INSTALL	L Quarter Wheel Opening Flare		0.5	
8	001570	REF	BLEND	Rear Gate Outside		C 0.8*	
9	001580	BDY	REMOVE/INSTALL	Otr Rear Gate Handle		0.5 #	
10	001581	BDY	REMOVE/INSTALL	Rear Gate Lock Cyl		0.2 #	
11	001218	BDY	REPAIR	Rear Gate Shell	Existing	2.0*#	
12	001448	BDY	REMOVE/INSTALL	L Tail Lamp		0.2	
13	001445	BDY	REMOVE/INSTALL	Rear Bumper Assy		INC	

ESTIMATE RECALL NUMBER: 06/04/2019 00:25:15 2559050271

Mitchell Data Version: OEM: MAY_19_V0530 Alternate Parts: 06/04/2019 00:18:44

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Software Version: 7.1.236

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Date: 6/4/2019 12:25 AM
 Estimate ID: 2559050271
 Estimate Version: 0
 Committed
 Profile ID: * PDA IN

		1.0
** QRP Certified	327.00	INC
1ML22TZZAA	344.00	INC #
		C 0.7
	3.00	*
	5.00	*
		1.5*
		3.0*
		1.1
		0.5*
		1.0*
	5.00	*
	173.40	*

14	AUTO	BDY	OVERHAUL	Rear Bumper Assy			
15	001345	BDY	REMOVE/REPLACE	Rear Bumper Face Bar	** QRP Certified	327.00	INC
16	003553	BDY	REMOVE/REPLACE	Rear Ctr Bumper Applique	1ML22TZZAA	344.00	INC #
17	AUTO	REF	REFINISH	Rear Ctr Applique			
18	936012		ADD'L COST	Hazardous Waste Disposal		3.00	*
19	936014		ADD'L COST	Flex Additive		5.00	*
20	933006	BDY *	ADD'L OPR	Frame/Rack Set Up			1.5*
21	933031	FRM	ADD'L OPR	Pull For Mash			3.0*
22	AUTO	REF	ADD'L OPR	Clear Coat			1.1
23	933003	REF	ADD'L OPR	Tint Color			0.5*
24	933017	REF	ADD'L OPR	Finish Sand And Buff			1.0*
25	933018	REF	ADD'L OPR	Mask For Overspray		5.00	*
26	AUTO		ADD'L COST	Paint/Materials			173.40 *

* - Judgment Item

- Labor Note Applies

** QRP Certified - Quality Replacement Parts - Certified

C - Included in Clear Coat Calc

KEYSTONE KEYSIQ
 3535 RENNIE SCHOOL RD.
 TRAVERSE CITY
 MI 49684
 (800) 968-7509

15 ** CH1100979C 327.00

Remarks

A/p with shop of owner's choice.

Estimate Totals

I.	Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary			Amount
							Taxable Parts	Sales Tax	@ 7.000%	
	Body	7.9	54.00	0.00	0.00	426.60 T				1,037.00
	Refinish	6.1	54.00	5.00	0.00	334.40 T				72.59
	Frame	5.0	70.00	0.00	0.00	350.00 T				
							Total Replacement Parts Amount			1,109.59
							Taxable Labor			
							1,111.00			
	Labor Summary	19.0				1,111.00				
III.	Additional Costs				Amount		IV.	Adjustments		Amount
	Taxable Costs				181.40			Insurance Deductible		0.00
	Sales Tax		@ 7.000%		12.70			Customer Responsibility		0.00
					194.10					
	Total Additional Costs									

Paint Material Method: Rates

Init Rate = 34.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I.	Total Labor:	1,111.00
II.	Total Replacement Parts:	1,109.59
III.	Total Additional Costs:	194.10
	Gross Total:	2,414.69

ESTIMATE RECALL NUMBER: 06/04/2019 00:25:15 2559050271

Mitchell Data Version: OEM: MAY_19_V0530 Alternate Parts: 06/04/2019 00:18:44

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Software Version: 7.1.236

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Date: 6/4/2019 12:25 AM
Estimate ID: 2559050271
Estimate Version: 0
Committed
Profile ID: * PDA IN

IV. Total Adjustments: 0.00
Net Total: 2,414.69

Point(s) of Impact

6 Rear Center (P)

Insurance Co: CELINA INSURANCE CO (CBILL)
Address: 1 INSURANCE SQUARE
CELINA, OH 45822
Work Phone: (800) 552-5181

Inspection Site: STEEL TECHNOLOGY
MISHAWAKA, IN
Inspection Date: 6/3/2019

Body Shop: ROCKY GRAYS AUTOBODY
Address: 3611 E US HWY 12
rockysbodyshoplic@gmail.com
MICHIGAN CITY, IN 46360
Telephone: (219) 221-0929
Fax Phone: (219) 879-6984
State Lic. No: 202749235
Email: rockysbodyshoplic@gmail.com

*****Notice*****
This is not an authorization for repair. All costs of repairs are the sole responsibility of the vehicle owner, who must authorize all repairs. Failure to deliver a copy of this appraisal to the repair shop by the vehicle owner may result in out of pocket expense to the vehicle owner. Providing a copy of this appraisal is not an acceptance of coverage or liability and all issues of coverage or liability are to be determined by the insurance carrier.

*****Notice*****
Deductibles may or may not be addressed or included in this appraisal.
If applicable, the repairer should collect the deductible from the vehicle owner prior to the release of the repaired vehicle.

*****Supplement Procedure Notice*****
It is the repairer's responsibility to send notification of the supplement via fax or email to PDA, including a statement whether the repairs have been halted on the vehicle. PDA will respond to your request within 24 hours. Please allow 48 hours to complete supplement processing from the date of request to ensure timely release of the vehicle.

*****Notice*****
This appraisal is subject to the complete review and approval by the assigning insurance company to assure accuracy, cost effectiveness, and that accepted industry repair standards are met. The insurance company listed has the right to accept or reject any part or all of this appraisal or make any changes they feel necessary.

Date: 6/ 4/2019 12:25 AM
Estimate ID: 2559050271
Estimate Version: 0
Committed
Profile ID: * PDA IN

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Review Results: Passed

Owner: GINGER DAVIS, Claim #12-36407

Page 1 of 1

Vehicle: 2014 Jeep, Wrangler

Profile: Celina Version: 3

Estimate lines

Line	Severity	Description	Actual	Guideline	Override	Notes
Estimate lines Passed						

Profile (rates, taxes, amounts)

Line	Severity	Description	Actual	Guideline	Override	Notes
Profile items Passed						

Administrative Information

Line	Severity	Description	Actual	Guideline	Override	Notes
Admin items Passed						

Compliance Utility Version 4.5.0.0



Document Name: LICENSE.jpg

Remarks:



Document Name: VIN Dash.jpg

Remarks:



Document Name: INTERIOR.jpg

Remarks:



Document Name: LEFTREAR.jpg

Remarks:



Document Name: RIGHTREAR.jpg

Remarks:



Document Name: RIGHTFRONT.jpg

Remarks:



Document Name: LEFTFRONT.jpg

Remarks:



Document Name: VIN Door.jpg

Remarks:



Document Name: ODOMETER.jpg

Remarks:



Document Name: Damage .jpg

Remarks:



Document Name: Damage 1.jpg

Remarks:



Document Name: Damage 2.jpg

Remarks:

USPS TRACKING #



9590 9402 4742 8344 0970 64

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

DEB MARSHAL - 12-36407
CELINA INSURANCE GROUP
1 INSURANCE SQUARE
CELINA OH 45822

08/20

SENDER: CO

- Complete item
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article A

Caitlyn Tierney
55697 River Shore Lane
Elkhart, IN 46516



9590 9402 4742 8344 0970 64

2. Article Number (Transfer from service label)

7018 1830 0002 0188 9013

PS Form 3811, July 2015 PSN 7530-02-000-9053

X Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- \$500
- Add Mail
- Add Mail Restricted Delivery

Domestic Return Receipt



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903379044

Page 1 of 4

Local ID

201900014880

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/24/2019	Fri	1:34 PM	ST JOSEPH	PENN	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
CAPITAL AVE	JEFFERSON RD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
NO	MISHAWAKA			-

Driver #1	Driver #2	Driver #3	Driver #4
TIERNEY,CAITLINE	DAVIS,ROGER,W		

Primary Cause Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Primary Cause Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Area Information				
Driver Contributing Circumstances				Vehicle Contributing Circumstances								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Alcoholic Beverages	Illegal Drugs	Prescription Drugs	Driver Asleep or Fatigued	Engine Failure or Defective	Accelerator Failure or Defective	Brake Failure or Defective	Tire Failure or Defective					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Driver Illness	Unsafe Speed	Failure to Yield	Disregard Signal	Headlight(s) Defective or Not On	Other Lights Defective	Steering Failure	Window/Windshield Defective					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Left of Center	Improper Passing	Improper Turning	Improper Lane Usage	Oversize/Overweight Load	Insecure/Leaky Load	Tow Hitch Failure	Other					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Following Too Closely	Following Too Closely	Unsafe Backing	Overcorrecting	None	Glare	Roadway Surface	Holes/Ruts in Surface					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Overcorrecting	Ran off Road	Wrong Way on One Way	Pedestrian's Action	Shoulder Defective	Road Under Construction	Severe Crosswinds	Obstruction Not Marked					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Pedestrian's Action	Passenger Distraction	Restriction Violation	Jackknifing	Lane Marking Obscured	View Obstructed	Animal/Object in Roadway	Traffic Ctrl Inop/Missing/Obscure					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Passenger Distraction	Restriction Violation	Jackknifing	Cell Phone Usage	Utility Work	Other	None	Traffic Control Devices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRAFFIC CONTROL SIGNAL					
Restriction Violation	Jackknifing	Cell Phone Usage	Other Telematics	Construction If Yes, Construction Type								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO								
Jackknifing	Cell Phone Usage	Other Telematics	Driver Distracted	Road Character								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRAIGHT/LEVEL								
Cell Phone Usage	Other Telematics	Driver Distracted	Speed/Weather Conditions	Roadway Surface								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASPHALT								
Other Telematics	Driver Distracted	Speed/Weather Conditions	Unsafe Lane Movement	Construction If Yes, Construction Type								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO								
Driver Distracted	Speed/Weather Conditions	Unsafe Lane Movement	Other	Traffic Control Devices								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRAFFIC CONTROL SIGNAL								
Speed/Weather Conditions	Unsafe Lane Movement	Other	None	Traffic Control Device Operational? YES								
Unsafe Lane Movement	Other	None	<input type="checkbox"/>									
Other	None	<input type="checkbox"/>	<input type="checkbox"/>									
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Total Estimate of all damage in the Crash:	\$2501 TO \$5000				Was this crash the result of aggressive driving? NO							

Other Property Damage (1)	State Property	Owner's Name and Address								
Other Property Damage (2)	State Property	Owner's Name and Address								

Witness/Other Participant			Non-Motorist								
<input type="checkbox"/>	Witness	#	Name	(Last Name, First Name, MI)							
<input type="checkbox"/>	Other Participant										

Address etc.	Non-Motorist Type	Non-Motorist Action
Phone #	Location at Time of Crash	Apparent Physical Condition

<input type="checkbox"/>	Witness	#	Name	Cited?	Direction						
<input type="checkbox"/>	Other Participant			<input type="checkbox"/>	<input type="checkbox"/>						

Address etc.	Street/Highway									
Phone #	Location at Time of Crash	Traffic Control?	If yes, was traffic control operational?							

Local ID
201900014880

903379044

Page 2 of 4

Type of Crash		REAR END			
Time Notified 1:35 PM	Time Arrived 1:42 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 05/24/2019	
Investigating Officer MONIZ, S		ID No. 199	Agency ST JOSEPH SD	Reviewing Officer SGT J DZIUBNSKI	

Narrative

D1 states they were north on Capital Ave approaching Jefferson rd. D1 states that V2 passed them and got over in front of them and slowed to make a turn and they weren't able to stop in time and rear ended V2.,

D2 states that he was north on Capital ave and got into the turn lane at Capital and Jefferson. D2 states that when he stopped to make a right turn V1 collided with his vehicle.

UNIT INFORMATION

Local ID

201900014880

903379044

Page 3 of 4

Driver's Name (Last, First, MI) 1 TIERNEY, CAITLIN, E		Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 55697 RIVER SHORE LN		Safety Equipment Effective? YES			
ELKHART IN 46516		Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 01/09/1992	Age 27	Gender FEMALE	EMS No. Immed Attn Driver Injury Status		
Driver's License # 3925336162		Lic Type OP	CDL Class None		
Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> III <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> Daylight Driving <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Controls <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Employment Only <input type="checkbox"/> Probation DWI <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Probation HTO <input type="checkbox"/> To/From Employment <input checked="" type="checkbox"/> None			
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending Drug Results			
Veh# 1	Color BRO	Vehicle Year 2003	Make DODGE	Model NEON	Style 4D
# Occupants 3	Lic Year 2019	License # AWJ388		License State IN	
# Axles 2	Speed Limit 45	Insured By BURKETT		Phone Number 0000000000	
Vehicle Identification# 1B3ES56C23D175685					
Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver TIERNEY, CAITLIN, E					
Address (Street, City, State, Zip) 55697 RIVER SHORE LN					
ELKHART IN 46516					
Towed? NO	To By	Due to Disabling Damage			
		<input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address					
HAZMAT Proper Shipping Name:		State DOT#			
US DOT#		ICC#		CMV Inspection	If Yes
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		
Event Collision With 1. ANOTHER MOTOR VEHICLE					

UNIT INFORMATION

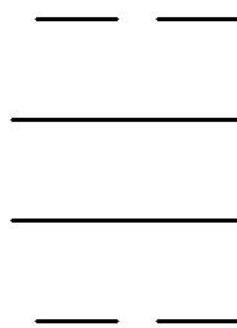
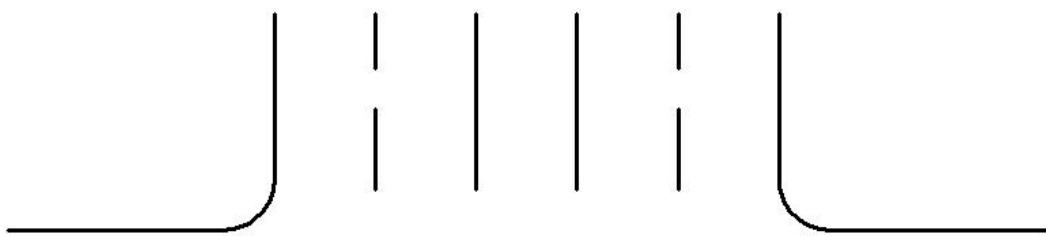
Local ID

201900014880

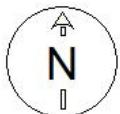
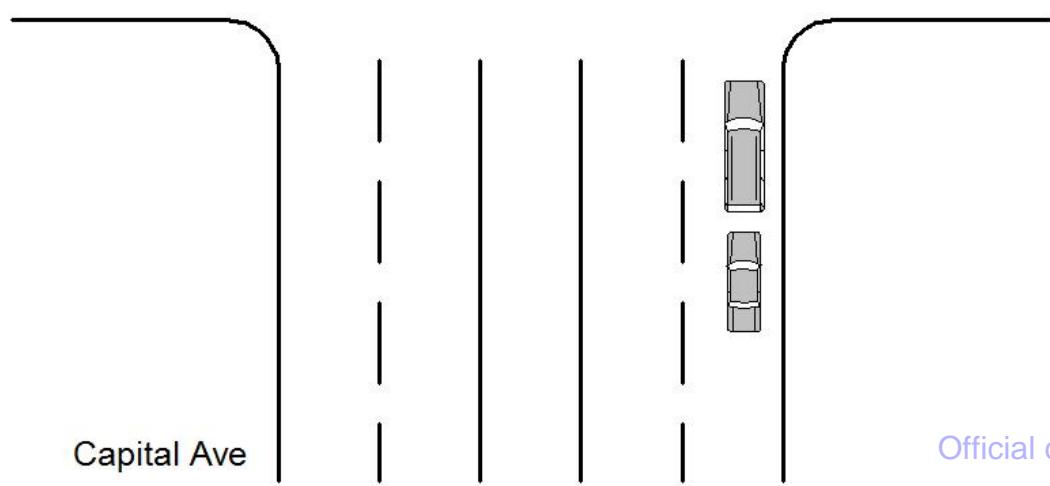
903379044

Page 4 of 4

Driver's Name (Last, First, MI) 2 DAVIS, ROGER, W		Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 7177 E US HIGHWAY 20		Safety Equipment Effective? YES			
NEW CARLISLE IN 46552		Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 08/12/1964	Age 54	Gender MALE	EMS No. Immed Attn Driver Injury Status		
Driver's License # 3790107508		Lic Type OP	CDL Class None		
Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> Daylight Driving <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Controls <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Employment Only <input type="checkbox"/> Probation DWI <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Probation HTO <input type="checkbox"/> To/From Employment <input checked="" type="checkbox"/> None			
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending Drug Results			
Veh# 2	Color CPR	Vehicle Year 2014	Make JEEP	Model WRANGLER	Style UT
# Occupants 1	Lic Year 2019	License # 556GCZ		License State IN	
# Axles 2	Speed Limit 45	Insured By CELINA		Phone Number 2198796482	
Vehicle Identification# 1C4BJWEG1EL303437					
Registered Owner's Name (Last, First, MI) DAVIS, ROGER, W <input type="checkbox"/> Same as Driver					
Address (Street, City, State, Zip) 7177 E US HIGHWAY 20					
NEW CARLISLE IN 46552					
Towed? NO	To By	Due to Disabling Damage			
		<input type="checkbox"/> Same as Driver Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
		Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address					
HAZMAT Proper Shipping Name: State DOT#					
US DOT#		ICC#		CMV Inspection	If Yes
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		
Event Collision With 1. ANOTHER MOTOR VEHICLE					



Jefferson rd



Capital Ave

NOT TO SCALE
Official copy obtained through BuyCrash.co

Claim Forms Tracking System

Transaction Form

Claim Number:

Adjuster: Deb Marshal

Transaction Type : Final Pay - Loss Reserve

Transaction Date : 06/04/2019

Check Information

Claim Number: 12-36407

Check 0000334817

Number:

Date: 06/04/2019

For: Ginger Davis 2014 Jeep Wrangler

Amount: \$2,414.69

Pay To The Ginger Davis and Roger Davis and Rockys

Order Of: Body Shop LLC

7177 E Us Highway 20
New Carlisle, IN 46552

Mail To: Send With Letter

1 Insurance Square
Celina, Oh 45822

Tax ID: 202749235

End of Form

© 2019 The Celina Group



INVOICE

INVOICE NUMBER	INVOICE DATE
255-0111583	06/04/2019

BILL TO
Attn: SCOTT FELTNER CELINA INSURANCE CO (CBILL) 1 INSURANCE SQUARE CELINAOH 45822

CLIENT CODE
CEL100003
BUSINESS LINE / LOSS TYPE
A - Personal Auto

FOR INQUIRIES:
PDA South Bend, IN #255 pdasouthbend@pdaorg.net (574) 287-2359

SUBMIT PAYMENT TO:
Property Damage Appraisers, Inc. TIN: 75-1160563 PO Box 471909 Fort Worth, TX 76147
<i>Please reference the invoice number and enclose a copy of the invoice on all payments.</i>

INSURED	CLAIMANT	ASSIGNMENT DATE	PDA ASSIGNMENT #
GINGER DAVIS		05/31/2019	255-905-0271
CLAIM #	POLICY #	LOSS DATE	REFERENCE #
12-36407	7184238-0	05/24/2019	

SERVICE FEE: (1 Unit(s) @ \$134.00)

\$ 134.00

Click [here](#) to pay your invoice at PDAClientPortal.com

Thank you for your business!

Same-Day Service. Guaranteed. PDA now offers expedited service for standard auto claims in select markets.*Terms: Professional fees due upon receipt. Interest accrues at 1% per month. Please reference the invoice number and enclose a copy of the invoice on all payments.*

TOTAL CHARGES:	134.00
	:
INVOICE TOTAL:	\$ 134.00



Condition Report

Date: 6/4/2019
Property Condition: Repairable

Assignment Number
255-905-0271

Loss Recap for Repairable
Damage Appraisal..\$2,414.69
Percent of ACV..... 9.26 %
Deductible.....\$0.00
Total.....\$2,414.69
Approximate ACV...\$26,075.00

Office:

PDA South Bend, IN #255
P.O. Box 6366
South Bend, IN 46660
Phone: 574-287-2359
Fax: 574-287-8967

Insurance Company:
CELINA INSURANCE CO (CBILL)
Adjuster: SCOTT FELTNER

Assignment Received: 5/31/2019

Date of Loss: 5/24/2019

Date of First Contact: 5/31/2019

Date of Inspection: 6/3/2019

Inspection Location:
STEEL TECHNOLOGY MISHAWAKA, IN

Vehicle/Owner Information:

Insured: GINGER DAVIS
Vehicle: 2014 Jeep WRANGLER
VIN #: 1C4BJWEG1EL303437

Repair Facility:

ROCKY GRAYS AUTOBODY
3611 E US HWY 12 MICHIGAN CITY, IN 46360
Phone: (219) 221-0929
Fax: (219) 879-6984
Contact: ROCKY

Tax# 202749235

Loss Recap

Estimated Amount of Open Damages: \$0.00

Recommendation: Repairable

Claim #: 12-36407

Estimated Salvage Value: \$0.00

Primary Damage:

Policy #: 7184238-0

Repair Facility Estimate Amount: \$0.00

Secondary Damage:

Direction to Pay: Unknown

Agreed Scope of Damage: Yes

Betterment/Depreciation: No

Drivable: Yes

Days to Repair: 4

Applicable:

Appearance Allowance: No

Reason:

Tow Charges: \$0.00

Storage Rate Per Day / Total: N/A

Condition Summary

Interior: Average
Paint: Average

Engine: 3.6
Mileage: 54000

Special Equipment:

Approx Cost of Special
Equipment: \$0.00

Tire Information:
Tread Depth:
(in 32nd's)
LF:10 RF: 10
LR:10 RR: 10
Spare:12

Size:
Type:

Remarks

The vehicle was inspected at the owners work location.
The owner was present at the time of inspection.
Ap with rocky at Rocky Gray Auto Body.

Open Items

Date: 6/4/2019 12:25 AM
 Estimate ID: 2559050271
 Estimate Version: 0
 Committed
 Profile ID: * PDA IN

PROPERTY DAMAGE APPRAISERS (PDA SOUTH BEND)

P O BOX 6366, SO BEND, IN 46660
 (574) 287-2359
 Fax: (574) 287-8967
 Email: pdasouthbend@pdaorg.net

Not An Authorization For repair
 Read disclaimers following appraisal calculations.

Damage Assessed By: Kevin Swartz
 Classification:

Appraised For: SCOTT FELTNER

Condition Code:	Average	Type of Loss:	Collision
Date of Loss:	5/24/2019		
Date Assigned:	5/31/2019		
Deductible:	0.00		
File Number:	2559050271		
Policy No:	7184238-0	Claim Number:	12-36407
Insured:	GINGER DAVIS		
Owner:	GINGER DAVIS		
Address:	7177 E US HIGHWAY 20, NEW CARLISLE, IN 46552		
Telephone:	Cell Phone: (219) 561-4955		

Mitchell Service: 910774

Description:	2014 Jeep Wrangler Unlimited Sahara	Vehicle Production Date:	7/13
Body Style:	4D Ut 116" WB	Drive Train:	3.6L Inj 6 Cyl 4WD
VIN:	1C4BJWEG1EL303437	License:	556GCZ IN
Mileage:	54,000		
OEM/ALT:	A		
Parts Profile:	South Bend	Parts Profile Version:	2
Color:	orange		
Options:	PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER, AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR, SKID PLATES, PREMIUM SOUND SYSTEM, ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS, ANTI-THEFT SYSTEM, AUXILIARY INPUT, SATELLITE RADIO, CD PLAYER, TOW HITCH RECEIVER, POWER ADJUSTABLE EXTERIOR MIRROR, PRIVACY GLASS, TRIP COMPUTER, FIRST ROW BUCKET SEAT, CLOTH SEAT, 4 WHEEL DRIVE, AUTOMATIC HEADLIGHTS, INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, MP3 PLAYER, CONVERTIBLE CLOTH TOP, ELECTRONIC STABILITY CONTROL, FRONT HEATED SEATS, KEYLESS ENTRY SYSTEM, REAR BENCH SEAT, ROLLOVER PROTECTION SYSTEM, STEERING WHEEL AUDIO CONTROLS		

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	931072	FRM	REPAIR	Frame	Existing	2.0*	
2	003747	BDY	REMOVE/REPLACE	L Rear Frame Tow Hook	ORDER FROM DEALER	169.00	0.2
3	002883	BDY	REMOVE/REPLACE	Frame Trailer Hitch	68193628AB	197.00	0.5
4	002722	REF	REFINISH	L Quarter Panel Outside		C 2.0	
5	003685	BDY	REMOVE/INSTALL	L Fuel Door		0.3	
6	001175	BDY	REPAIR	L Quarter Outer Panel	Existing	1.0*#	
7	001594	BDY	REMOVE/INSTALL	L Quarter Wheel Opening Flare		0.5	
8	001570	REF	BLEND	Rear Gate Outside		C 0.8*	
9	001580	BDY	REMOVE/INSTALL	Otr Rear Gate Handle		0.5 #	
10	001581	BDY	REMOVE/INSTALL	Rear Gate Lock Cyl		0.2 #	
11	001218	BDY	REPAIR	Rear Gate Shell	Existing	2.0*#	
12	001448	BDY	REMOVE/INSTALL	L Tail Lamp		0.2	
13	001445	BDY	REMOVE/INSTALL	Rear Bumper Assy		INC	

ESTIMATE RECALL NUMBER: 06/04/2019 00:25:15 2559050271

Mitchell Data Version: OEM: MAY_19_V0530 Alternate Parts: 06/04/2019 00:18:44

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Software Version: 7.1.236

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Page 1 of 4

Date: 6/4/2019 12:25 AM
 Estimate ID: 2559050271
 Estimate Version: 0
 Committed
 Profile ID: * PDA IN

		1.0
** QRP Certified	327.00	INC
1ML22TZZAA	344.00	INC #
		C 0.7
	3.00	*
	5.00	*
		1.5*
		3.0*
		1.1
		0.5*
		1.0*
	5.00	*
	173.40	*

14	AUTO	BDY	OVERHAUL	Rear Bumper Assy			
15	001345	BDY	REMOVE/REPLACE	Rear Bumper Face Bar	** QRP Certified	327.00	INC
16	003553	BDY	REMOVE/REPLACE	Rear Ctr Bumper Applique	1ML22TZZAA	344.00	INC #
17	AUTO	REF	REFINISH	Rear Ctr Applique			
18	936012		ADD'L COST	Hazardous Waste Disposal		3.00	*
19	936014		ADD'L COST	Flex Additive		5.00	*
20	933006	BDY *	ADD'L OPR	Frame/Rack Set Up			1.5*
21	933031	FRM	ADD'L OPR	Pull For Mash			3.0*
22	AUTO	REF	ADD'L OPR	Clear Coat			1.1
23	933003	REF	ADD'L OPR	Tint Color			0.5*
24	933017	REF	ADD'L OPR	Finish Sand And Buff			1.0*
25	933018	REF	ADD'L OPR	Mask For Overspray		5.00	*
26	AUTO		ADD'L COST	Paint/Materials			173.40 *

* - Judgment Item

- Labor Note Applies

** QRP Certified - Quality Replacement Parts - Certified

C - Included in Clear Coat Calc

KEYSTONE KEYSIQ
 3535 RENNIE SCHOOL RD.
 TRAVERSE CITY
 MI 49684
 (800) 968-7509

15 ** CH1100979C 327.00

Remarks

A/p with shop of owner's choice.

Estimate Totals

I.	Add'l					II.	Part Replacement Summary	Amount
	Units	Rate	Labor Amount	Sublet Amount	Totals			
I. Labor Subtotals								
Body	7.9	54.00	0.00	0.00	426.60 T		Taxable Parts	1,037.00
Refinish	6.1	54.00	5.00	0.00	334.40 T		Sales Tax @ 7.000%	72.59
Frame	5.0	70.00	0.00	0.00	350.00 T		Total Replacement Parts Amount	1,109.59
	Taxable Labor							
					1,111.00			
Labor Summary	19.0				1,111.00			
III.	Additional Costs					IV.	Adjustments	
							Insurance Deductible	Amount
	Taxable Costs				181.40			0.00
					12.70			
	Sales Tax		@ 7.000%				Customer Responsibility	0.00
					194.10			
	Total Additional Costs							

Paint Material Method: Rates

Init Rate = 34.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I.	Total Labor:	1,111.00
II.	Total Replacement Parts:	1,109.59
III.	Total Additional Costs:	194.10
	Gross Total:	2,414.69

ESTIMATE RECALL NUMBER: 06/04/2019 00:25:15 2559050271

Mitchell Data Version: OEM: MAY_19_V0530 Alternate Parts: 06/04/2019 00:18:44

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Software Version: 7.1.236

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Date: 6/4/2019 12:25 AM
Estimate ID: 2559050271
Estimate Version: 0
Committed
Profile ID: * PDA IN

IV. Total Adjustments: 0.00
Net Total: 2,414.69

Point(s) of Impact

6 Rear Center (P)

Insurance Co: CELINA INSURANCE CO (CBILL)
Address: 1 INSURANCE SQUARE
CELINA, OH 45822
Work Phone: (800) 552-5181

Inspection Site: STEEL TECHNOLOGY
MISHAWAKA, IN
Inspection Date: 6/3/2019

Body Shop: ROCKY GRAYS AUTOBODY
Address: 3611 E US HWY 12
rockysbodyshoplic@gmail.com
MICHIGAN CITY, IN 46360
Telephone: (219) 221-0929
Fax Phone: (219) 879-6984
State Lic. No: 202749235
Email: rockysbodyshoplic@gmail.com

*****Notice*****
This is not an authorization for repair. All costs of repairs are the sole responsibility of the vehicle owner, who must authorize all repairs. Failure to deliver a copy of this appraisal to the repair shop by the vehicle owner may result in out of pocket expense to the vehicle owner. Providing a copy of this appraisal is not an acceptance of coverage or liability and all issues of coverage or liability are to be determined by the insurance carrier.

*****Notice*****
Deductibles may or may not be addressed or included in this appraisal.
If applicable, the repairer should collect the deductible from the vehicle owner prior to the release of the repaired vehicle.

*****Supplement Procedure Notice*****
It is the repairer's responsibility to send notification of the supplement via fax or email to PDA, including a statement whether the repairs have been halted on the vehicle. PDA will respond to your request within 24 hours. Please allow 48 hours to complete supplement processing from the date of request to ensure timely release of the vehicle.

*****Notice*****
This appraisal is subject to the complete review and approval by the assigning insurance company to assure accuracy, cost effectiveness, and that accepted industry repair standards are met. The insurance company listed has the right to accept or reject any part or all of this appraisal or make any changes they feel necessary.

Date: 6/ 4/2019 12:25 AM
Estimate ID: 2559050271
Estimate Version: 0
Committed
Profile ID: * PDA IN

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Review Results: Passed

Owner: GINGER DAVIS, Claim #12-36407

Page 1 of 1

Vehicle: 2014 Jeep, Wrangler

Profile: Celina Version: 3

Estimate lines

Line	Severity	Description	Actual	Guideline	Override	Notes
Estimate lines Passed						

Profile (rates, taxes, amounts)

Line	Severity	Description	Actual	Guideline	Override	Notes
Profile items Passed						

Administrative Information

Line	Severity	Description	Actual	Guideline	Override	Notes
Admin items Passed						

Compliance Utility Version 4.5.0.0



Document Name: LICENSE.jpg

Remarks:



Document Name: VIN Dash.jpg

Remarks:



Document Name: INTERIOR.jpg

Remarks:



Document Name: LEFTREAR.jpg

Remarks:



Document Name: RIGHTREAR.jpg

Remarks:



Document Name: RIGHTFRONT.jpg

Remarks:



Document Name: LEFTFRONT.jpg

Remarks:



Document Name: VIN Door.jpg

Remarks:



Document Name: ODOMETER.jpg

Remarks:



Document Name: Damage .jpg

Remarks:



Document Name: Damage 1.jpg

Remarks:



Document Name: Damage 2.jpg

Remarks:



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903379044

Page 1 of 4

Local ID

201900014880

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/24/2019	Fri	1:34 PM	ST JOSEPH	PENN	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
CAPITAL AVE	JEFFERSON RD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
NO	MISHAWAKA			-

Driver #1	Driver #2	Driver #3	Driver #4
TIERNEY,CAITLINE	DAVIS,ROGER,W		

Primary Cause Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Primary Cause Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Area Information			
Driver Contributing Circumstances				Vehicle Contributing Circumstances							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alcoholic Beverages	Illegal Drugs	Prescription Drugs	Driver Asleep or Fatigued	Engine Failure or Defective	Accelerator Failure or Defective	Brake Failure or Defective	Tire Failure or Defective				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Driver Illness	Unsafe Speed	Failure to Yield	Disregard Signal	Headlight(s) Defective or Not On	Other Lights Defective	Steering Failure	Window/Windshield Defective				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Left of Center	Improper Passing	Improper Turning	Improper Lane Usage	Oversize/Overweight Load	Insecure/Leaky Load	Tow Hitch Failure	Other				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Following Too Closely	Following Too Closely	Unsafe Backing	Overcorrecting	None	Glare	Roadway Surface	Holes/Ruts in Surface				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Overcorrecting	Ran off Road	Wrong Way on One Way	Pedestrian's Action	Shoulder Defective	Road Under Construction	Severe Crosswinds	Obstruction Not Marked				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pedestrian's Action	Passenger Distraction	Restriction Violation	Jackknifing	Lane Marking Obscured	View Obstructed	Animal/Object in Roadway	Traffic Ctrl Inop/Missing/Obscure				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Passenger Distraction	Restriction Violation	Jackknifing	Cell Phone Usage	Utility Work	Other	None	Traffic Control Devices				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRAFFIC CONTROL SIGNAL				
Restriction Violation	Jackknifing	Cell Phone Usage	Other Telematics	Construction If Yes, Construction Type							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO							
Jackknifing	Cell Phone Usage	Other Telematics	Driver Distracted	Road Character							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRAIGHT/LEVEL							
Cell Phone Usage	Other Telematics	Driver Distracted	Speed/Weather Conditions	Roadway Surface							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASPHALT							
Other Telematics	Driver Distracted	Speed/Weather Conditions	Unsafe Lane Movement	Construction If Yes, Construction Type							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO							
Driver Distracted	Speed/Weather Conditions	Unsafe Lane Movement	Other	Type of Median							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Speed/Weather Conditions	Unsafe Lane Movement	Other	None	Type of Roadway Junction							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO JUNCTION INVOLVED							
Unsafe Lane Movement	Other	None		Road Character							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRAIGHT/LEVEL							
Other	None			Roadway Surface							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASPHALT							
None				Construction If Yes, Construction Type							
				NO							
Environment Contributing Circumstances				Type of Median							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Glare	Roadway Surface	Holes/Ruts in Surface	Shoulder Defective	Type of Roadway Junction							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO JUNCTION INVOLVED							
Roadway Surface	Holes/Ruts in Surface	Shoulder Defective	Road Under Construction	Road Character							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRAIGHT/LEVEL							
Holes/Ruts in Surface	Shoulder Defective	Road Under Construction	Severe Crosswinds	Roadway Surface							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASPHALT							
Shoulder Defective	Road Under Construction	Severe Crosswinds	Obstruction Not Marked	Construction If Yes, Construction Type							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO							
Road Under Construction	Severe Crosswinds	Obstruction Not Marked	Lane Marking Obscured	Traffic Control Devices							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRAFFIC CONTROL SIGNAL							
Severe Crosswinds	Obstruction Not Marked	Lane Marking Obscured	View Obstructed	Construction If Yes, Construction Type							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO							
Obstruction Not Marked	Lane Marking Obscured	View Obstructed	Animal/Object in Roadway	Traffic Control Device Operational? YES							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Lane Marking Obscured	View Obstructed	Animal/Object in Roadway	Traffic Ctrl Inop/Missing/Obscure								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
View Obstructed	Animal/Object in Roadway	Traffic Ctrl Inop/Missing/Obscure	Utility Work								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Animal/Object in Roadway	Traffic Ctrl Inop/Missing/Obscure	Utility Work	Other								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Traffic Ctrl Inop/Missing/Obscure	Utility Work	Other	None								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Utility Work	Other	None									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Other	None										
Total Estimate of all damage in the Crash:				Was this crash the result of aggressive driving? NO							
\$2501 TO \$5000											

Other Property Damage (1)	State Property	Owner's Name and Address							
Other Property Damage (2)	State Property	Owner's Name and Address							

Witness/Other Participant			Non-Motorist						
<input type="checkbox"/> Witness	#	Name	(Last Name, First Name, MI)						
<input type="checkbox"/> Other Participant									
Address etc.			Non-Motorist Type						
Phone #			Non-Motorist Action						
<input type="checkbox"/> Witness	#	Name							
<input type="checkbox"/> Other Participant									
Address etc.			Street/Highway						
Phone #			Traffic Control?						
Location at Time of Crash			If yes, was traffic control operational?						

Local ID
201900014880

903379044

Page 2 of 4

Type of Crash		REAR END			
Time Notified 1:35 PM	Time Arrived 1:42 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 05/24/2019	
Investigating Officer MONIZ, S		ID No. 199	Agency ST JOSEPH SD	Reviewing Officer SGT J DZIUBNSKI	

Narrative

D1 states they were north on Capital Ave approaching Jefferson rd. D1 states that V2 passed them and got over in front of them and slowed to make a turn and they weren't able to stop in time and rear ended V2.,

D2 states that he was north on Capital ave and got into the turn lane at Capital and Jefferson. D2 states that when he stopped to make a right turn V1 collided with his vehicle.

UNIT INFORMATION

Local ID

201900014880

903379044

Page 3 of 4

Driver's Name (Last, First, MI) 1 TIERNEY, CAITLIN, E		Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 55697 RIVER SHORE LN		Safety Equipment Effective? YES			
ELKHART IN 46516		Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 01/09/1992	Age 27	Gender FEMALE	EMS No. Immed Attn Driver Injury Status		
Driver's License # 3925336162		Lic Type OP	CDL Class None		
Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> III <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> Daylight Driving <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Controls <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Employment Only <input type="checkbox"/> Probation DWI <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Probation HTO <input type="checkbox"/> To/From Employment <input checked="" type="checkbox"/> None			
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending			
Veh# 1	Color BRO	Vehicle Year 2003	Make DODGE	Model NEON	Style 4D
# Occupants 3	Lic Year 2019	License # AWJ388		License State IN	
# Axles 2	Speed Limit 45	Insured By BURKETT		Phone Number 0000000000	
Vehicle Identification# 1B3ES56C23D175685					
Registered Owner's Name (Last, First, MI) TIERNEY, CAITLIN, E <input type="checkbox"/> Same as Driver					
Address (Street, City, State, Zip) 55697 RIVER SHORE LN					
ELKHART IN 46516		Drug Results			
Towed? NO	To By	Due to Disabling Damage			
		<input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
		<input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address					
HAZMAT Proper Shipping Name:		State DOT#			
US DOT#		ICC#		CMV Inspection	If Yes
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		
Event Collision With 1. ANOTHER MOTOR VEHICLE					

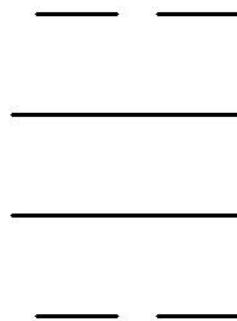
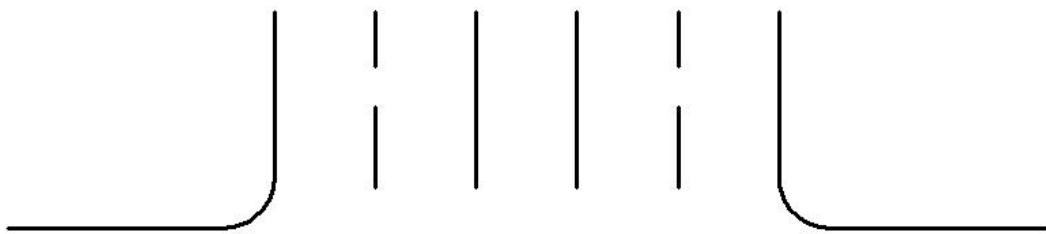
UNIT INFORMATION

Local ID	201900014880
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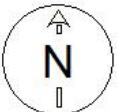
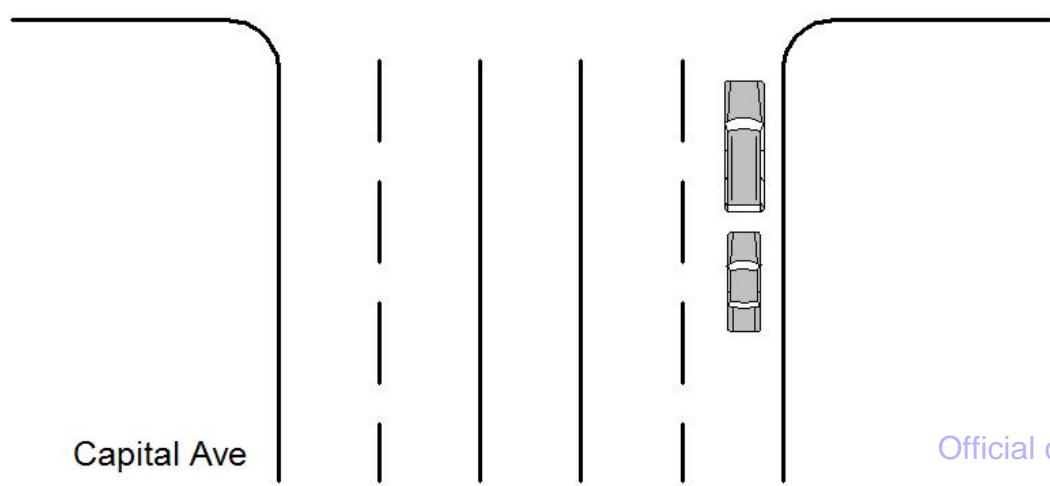
903379044

Page 4 of 4

Driver's Name (Last, First, MI) 2 DAVIS, ROGER, W		Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 7177 E US HIGHWAY 20		Safety Equipment Effective? YES			
NEW CARLISLE IN 46552		Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 08/12/1964	Age 54	Gender MALE	EMS No. Immed Attn Driver Injury Status		
Driver's License # 3790107508		Lic Type OP	CDL Class None		
Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> Daylight Driving <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Controls <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Employment Only <input type="checkbox"/> Probation DWI <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Probation HTO <input type="checkbox"/> To/From Employment <input checked="" type="checkbox"/> None			
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	Location of Most Severe Injury If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony IC Codes		
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending	Drug Results		
Veh# 2	Color CPR	Vehicle Year 2014	Make JEEP	Model WRANGLER	Style UT
# Occupants 1	Lic Year 2019	License # 556GCZ		License State IN	
# Axles 2	Speed Limit 45	Insured By CELINA		Phone Number 2198796482	
Vehicle Identification# 1C4BJWEG1EL303437					
Registered Owner's Name (Last, First, MI) DAVIS, ROGER, W <input type="checkbox"/> Same as Driver					
Address (Street, City, State, Zip) 7177 E US HIGHWAY 20					
NEW CARLISLE IN 46552					
Towed? NO	To By	Due to Disabling Damage			
		<input type="checkbox"/> Same as Driver Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
		Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address					
HAZMAT Proper Shipping Name: State DOT#					
US DOT#		ICC#		CMV Inspection	If Yes
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		
Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown					
Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown					
Vehicle Use PERSONAL (FARM, COMPANY)					
Emergency Run?				Fire? NO	
Vehicle Type PASSENGER CAR/STATION WAGON					
Pre-Crash Vehicle Action GOING STRAIGHT					
Direction of Travel NORTH					
Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input checked="" type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Ramp					
Event Collision With 1. ANOTHER MOTOR VEHICLE					



Jefferson rd



Capital Ave

NOT TO SCALE
Official copy obtained through BuyCrash.co



Document Name: LICENSE.jpg

Remarks:



Document Name: VIN Dash.jpg

Remarks:



Document Name: INTERIOR.jpg

Remarks:



Document Name: LEFTREAR.jpg

Remarks:



Document Name: RIGHTREAR.jpg

Remarks:



Document Name: RIGHTFRONT.jpg

Remarks:



Document Name: LEFTFRONT.jpg

Remarks:



Document Name: VIN Door.jpg

Remarks:



Document Name: ODOMETER.jpg

Remarks:



Document Name: Damage .jpg

Remarks:



Document Name: Damage 1.jpg

Remarks:



Document Name: Damage 2.jpg

Remarks:



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903379044

Page | 1 of 4

100% of the time.

[View Details](#)

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer	
05/24/2019	Fri	1:34 PM	ST JOSEPH	PENN	2	0	0	0	0	
Road Crash Occurred On CAPITAL AVE			Nearest/Intersecting Road/MileMarker/Interchange JEFFERSON RD			If not an intersection, number of feet from	Direction	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits?	City/Town or Nearest City/Town MISHAWAKA				Property?		Crash Latitude		Crash Longitude	
NO	Driver #1 TIERNEY,CAITLIN,E		Driver #2 DAVIS,ROGER,W		Driver #3		Driver #4			
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4	Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4				Area Information					
Driver Contributing Circumstances					Vehicle Contributing Circumstances					
<input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Driver Asleep or Fatigued <input type="checkbox"/> Driver Illness <input type="checkbox"/> Unsafe Speed <input type="checkbox"/> Failure to Yield <input type="checkbox"/> Disregard Signal <input type="checkbox"/> Left of Center <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Turning <input type="checkbox"/> Improper Lane Usage <input checked="" type="checkbox"/> Following Too Closely <input type="checkbox"/> Unsafe Backing <input type="checkbox"/> Overcorrecting <input type="checkbox"/> Ran off Road <input type="checkbox"/> Wrong Way on One Way <input type="checkbox"/> Pedestrian's Action <input type="checkbox"/> Passenger Distraction <input type="checkbox"/> Restriction Violation <input type="checkbox"/> Jackknifing <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Other Telematics <input type="checkbox"/> Driver Distracted <input type="checkbox"/> Speed/Weather Conditions <input type="checkbox"/> Unsafe Lane Movement <input type="checkbox"/> Other <input type="checkbox"/> None					<input type="checkbox"/> Engine Failure or Defective <input type="checkbox"/> Accelerator Failure or Defective <input type="checkbox"/> Brake Failure or Defective <input type="checkbox"/> Tire Failure or Defective <input type="checkbox"/> Headlight(s) Defective or Not On <input type="checkbox"/> Other Lights Defective <input type="checkbox"/> Steering Failure <input type="checkbox"/> Window/Windshield Defective <input type="checkbox"/> Oversized/Oversize Load <input type="checkbox"/> Insecure/Leaky Load <input type="checkbox"/> Tow Hitch Failure <input type="checkbox"/> Other <input type="checkbox"/> None					
Environment Contributing Circumstances					Environment Contributing Circumstances					
<input type="checkbox"/> Glare <input type="checkbox"/> Roadway Surface <input type="checkbox"/> Holes/Ruts in Surface <input type="checkbox"/> Shoulder Defective <input type="checkbox"/> Road Under Construction <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Obstruction Not Marked <input type="checkbox"/> Lane Marking Obscured <input type="checkbox"/> View Obstructed <input type="checkbox"/> Animal/Object in Roadway <input type="checkbox"/> Traffic Ctrl Inop/Missing/Obscure <input type="checkbox"/> Utility Work <input type="checkbox"/> Other <input type="checkbox"/> None					<input type="checkbox"/> Glare <input type="checkbox"/> Roadway Surface <input type="checkbox"/> Holes/Ruts in Surface <input type="checkbox"/> Shoulder Defective <input type="checkbox"/> Road Under Construction <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Obstruction Not Marked <input type="checkbox"/> Lane Marking Obscured <input type="checkbox"/> View Obstructed <input type="checkbox"/> Animal/Object in Roadway <input type="checkbox"/> Traffic Ctrl Inop/Missing/Obscure <input type="checkbox"/> Utility Work <input type="checkbox"/> Other <input type="checkbox"/> None					
Total Estimate of all damage in the Crash: \$2501 TO \$5000										
Was this crash the result of aggressive driving? NO										
Other Property Damage (1)		State Property		Owner's Name and Address						
Other Property Damage (2)		State Property		Owner's Name and Address						
Witness/Other Participant					Non-Motorist					
<input type="checkbox"/> Witness <input type="checkbox"/> Other Participant		# Name			(Last Name, First Name, MI)					
Address etc.					Non-Motorist Type		Non-Motorist Action			
Phone # Location at Time of Crash					Apparent Physical Condition					
<input type="checkbox"/> Witness <input type="checkbox"/> Other Participant		# Name			Cited?	Direction				
Address etc.					Street/Highway					
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?			

Local ID
201900014880

903379044

Page 2 of 4

Type of Crash		REAR END			
Time Notified 1:35 PM	Time Arrived 1:42 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 05/24/2019	
Investigating Officer MONIZ, S		ID No. 199	Agency ST JOSEPH SD	Reviewing Officer SGT J DZIUBNSKI	

Narrative

D1 states they were north on Capital Ave approaching Jefferson rd. D1 states that V2 passed them and got over in front of them and slowed to make a turn and they weren't able to stop in time and rear ended V2.,

D2 states that he was north on Capital ave and got into the turn lane at Capital and Jefferson. D2 states that when he stopped to make a right turn V1 collided with his vehicle.

UNIT INFORMATION

Local ID

201900014880

903379044

Page 3 of 4

Driver's Name (Last, First, MI) 1 TIERNEY, CAITLIN, E		Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 55697 RIVER SHORE LN		Safety Equipment Effective? YES			
ELKHART IN 46516		Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 01/09/1992	Age 27	Gender FEMALE	EMS No. Immed Attn Driver Injury Status		
Driver's License # 3925336162		Lic Type OP	CDL Class None		
Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> III <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> Daylight Driving <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Controls <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Employment Only <input type="checkbox"/> Probation DWI <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Probation HTO <input type="checkbox"/> To/From Employment <input checked="" type="checkbox"/> None			
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending Drug Results			
Veh# 1	Color BRO	Vehicle Year 2003	Make DODGE	Model NEON	Style 4D
# Occupants 3	Lic Year 2019	License # AWJ388		License State IN	
# Axles 2	Speed Limit 45	Insured By BURKETT		Phone Number 0000000000	
Vehicle Identification# 1B3ES56C23D175685					
Registered Owner's Name (Last, First, MI) TIERNEY, CAITLIN, E <input type="checkbox"/> Same as Driver					
Address (Street, City, State, Zip) 55697 RIVER SHORE LN					
ELKHART IN 46516					
Towed? NO	To By	Due to Disabling Damage			
		<input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address					
HAZMAT Proper Shipping Name:		State DOT#			
US DOT#		ICC#		CMV Inspection	If Yes
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		
Event Collision With 1. ANOTHER MOTOR VEHICLE					

UNIT INFORMATION

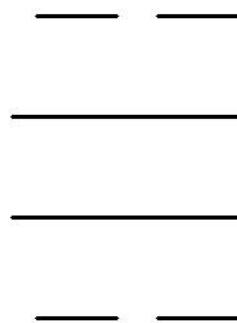
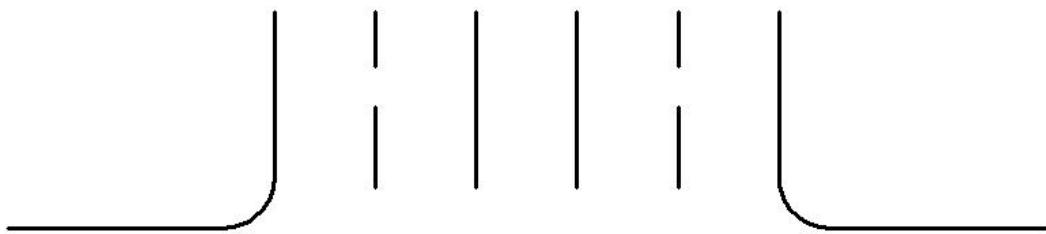
Local ID

201900014880

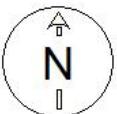
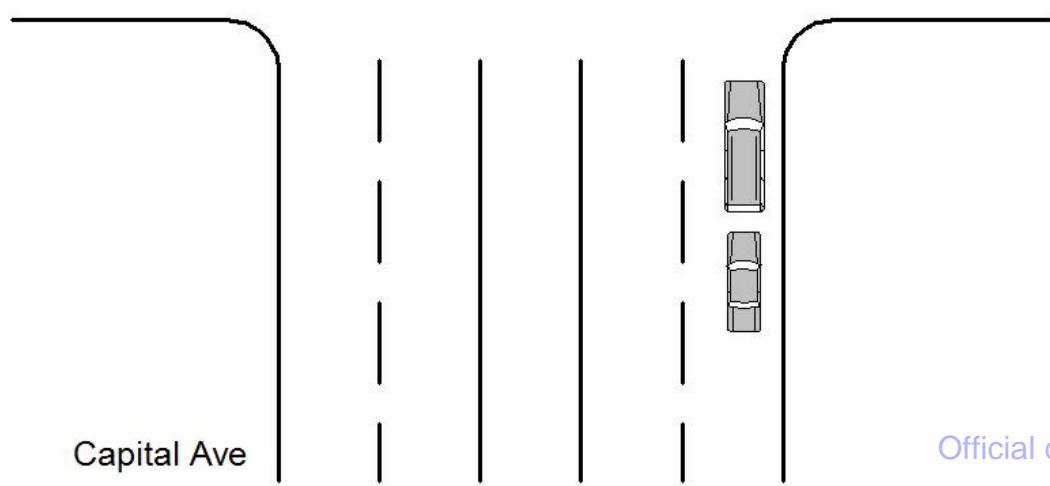
903379044

Page 4 of 4

Driver's Name (Last, First, MI) 2 DAVIS, ROGER, W		Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 7177 E US HIGHWAY 20		Safety Equipment Effective? YES			
NEW CARLISLE IN 46552		Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 08/12/1964	Age 54	Gender MALE	EMS No. Immed Attn Driver Injury Status		
Driver's License # 3790107508		Lic Type OP	CDL Class None		
Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> Daylight Driving <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Controls <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Employment Only <input type="checkbox"/> Probation DWI <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Probation HTO <input type="checkbox"/> To/From Employment <input checked="" type="checkbox"/> None			
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending Drug Results			
Veh# 2	Color CPR	Vehicle Year 2014	Make JEEP	Model WRANGLER	Style UT
# Occupants 1	Lic Year 2019	License # 556GCZ		License State IN	
# Axles 2	Speed Limit 45	Insured By CELINA		Phone Number 2198796482	
Vehicle Identification# 1C4BJWEG1EL303437					
Registered Owner's Name (Last, First, MI) DAVIS, ROGER, W <input type="checkbox"/> Same as Driver					
Address (Street, City, State, Zip) 7177 E US HIGHWAY 20					
NEW CARLISLE IN 46552					
Towed? NO	To By	Due to Disabling Damage			
		<input type="checkbox"/> Same as Driver Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
		Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address					
HAZMAT Proper Shipping Name: State DOT#					
US DOT#		ICC#		CMV Inspection	If Yes
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		
Event Collision With 1. ANOTHER MOTOR VEHICLE					



Jefferson rd



Capital Ave

NOT TO SCALE
Official copy obtained through BuyCrash.co



Meemic Insurance Company

P.O. Box 217019

Auburn Hills, MI 48321-7019

www.Meemic.com 1-888-463-3642

LOSS REPORT OF ACCIDENT AND CLAIM

MEEMIC CLAIM NUMBER: 01927701

OWNERS NAME: Holly Hoffman
HOME ADDRESS: 254 E D Ave
Lot 24
Kalamazoo MI 49009
DRIVER'S NAME: Nancy Teachout
HOME ADDRESS: 254 E D Ave
Lot 23
Kalamazoo, MI 49009

DAYTIME PHONE: (209) 568-8045
EVENING PHONE: _____
MOBILE PHONE: _____
EMAIL: hdegoede14@gmail.com
DRIVER'S LICENSE #: (209) 1615-9555
DAYTIME PHONE: _____
MOBILE PHONE: _____
EMAIL: _____

If Driver is different than Owner please describe relation to owner: _____

INFORMATION PERTAINING TO YOUR VEHICLE AND INJURIES TO OCCUPANTS

GIVE A DESCRIPTION OF THE VEHICLE YOU WERE OPERATING AT THE TIME OF ACCIDENT	YEAR	MAKE OF VEHICLE	MODEL / BODY STYLE / COLOR
	2011	Cherry Cruz	4-door car Red
VEHICLE IDENTIFICATION NUMBER	1G1PF5S92B7201388		LICENSE PLATE NUMBER CHB4809

IS THE VEHICLE DRIVABLE? YES NO ESTIMATED DAMAGE \$ 2,647.71 FROM WHOM? Carstar

INSURANCE CARRIER NAME (IF OTHER THAN MEEMIC): _____ CLAIM NUMBER (IF OTHER THAN MEEMIC): _____

POLICY NUMBER (IF OTHER THAN MEEMIC): _____ HAS LOSS BEEN REPORTED TO THEM? YES NOHAS ANY PART OF YOUR DAMAGES BEEN PAID BY YOUR INSURANCE COMPANY: YES NO AMOUNT PAID \$ (not yet)

LIST OF NAMES OF OCCUPANTS THAT SUSTAINED INJURIES IN YOUR VEHICLE

NAME	AGE	ADDRESS	NATURE OF INJURY
1 n/a			
2			
3			

INFORMATION PERTAINING TO OTHER VEHICLE AND INJURIES TO OCCUPANTS

GIVE A DESCRIPTION OF THE OTHER VEHICLE INVOLVED IN ACCIDENT	YEAR	MAKE OF VEHICLE	MODEL / BODY STYLE / COLOR
		Ford	Single Cab PICK - UP Red
VEHICLE IDENTIFICATION NUMBER			LICENSE PLATE NUMBER DYQ4665

DRIVER'S NAME: Nancy Teachout OWNER'S NAME: Same
ADDRESS: 254 E D Ave Lot 23 Kalamazoo MI CITY, STATE, ZIP: Kalamazoo, MI 49009 PHONE NO.: (209)

LIST OF NAMES OF OCCUPANTS THAT SUSTAINED INJURIES IN YOUR VEHICLE

NAME	AGE	ADDRESS	NATURE OF INJURY
1			
2			
3			

USE THIS SPACE IF OTHER VEHICLE OR PROPERTY WERE INVOLVED IN ACCIDENT

DESCRIPTION OF OTHER PROPERTY DAMAGED: _____

WAS THE LOSS REPORTED TO THE POLICE? YES NO

POLICE DEPARTMENT: _____

WAS A VIOLATION OR TICKET ISSUED? YES NO

CASE NUMBER: _____

TO WHOM WAS A VIOLATION OR TICKET ISSUED? _____

DID AN AMBULANCE COME TO THE SCENE? YES NOWAS MEDICAL TREATMENT PROVIDED? YES NO

IF YES, TO WHOM? _____

WERE THERE ANY WITNESSES TO THE ACCIDENT? YES NO NAME: _____

ADDRESS: _____ PHONE: _____

WHERE DID THE LOSS OCCUR: At my residence

CITY: Kalamazoo

DATE OF LOSS: 8/10/20

DIRECTION YOU WERE TRAVELING: Parked

DID YOU SOUND YOUR HORN/GIVE WARNING? YES NO

ROAD CONDITIONS AT TIME OF THE LOSS: _____

DAMAGES YOUR VEHICLE SUSTAINED: dented passenger bumper and broken tail light Bent Side panel

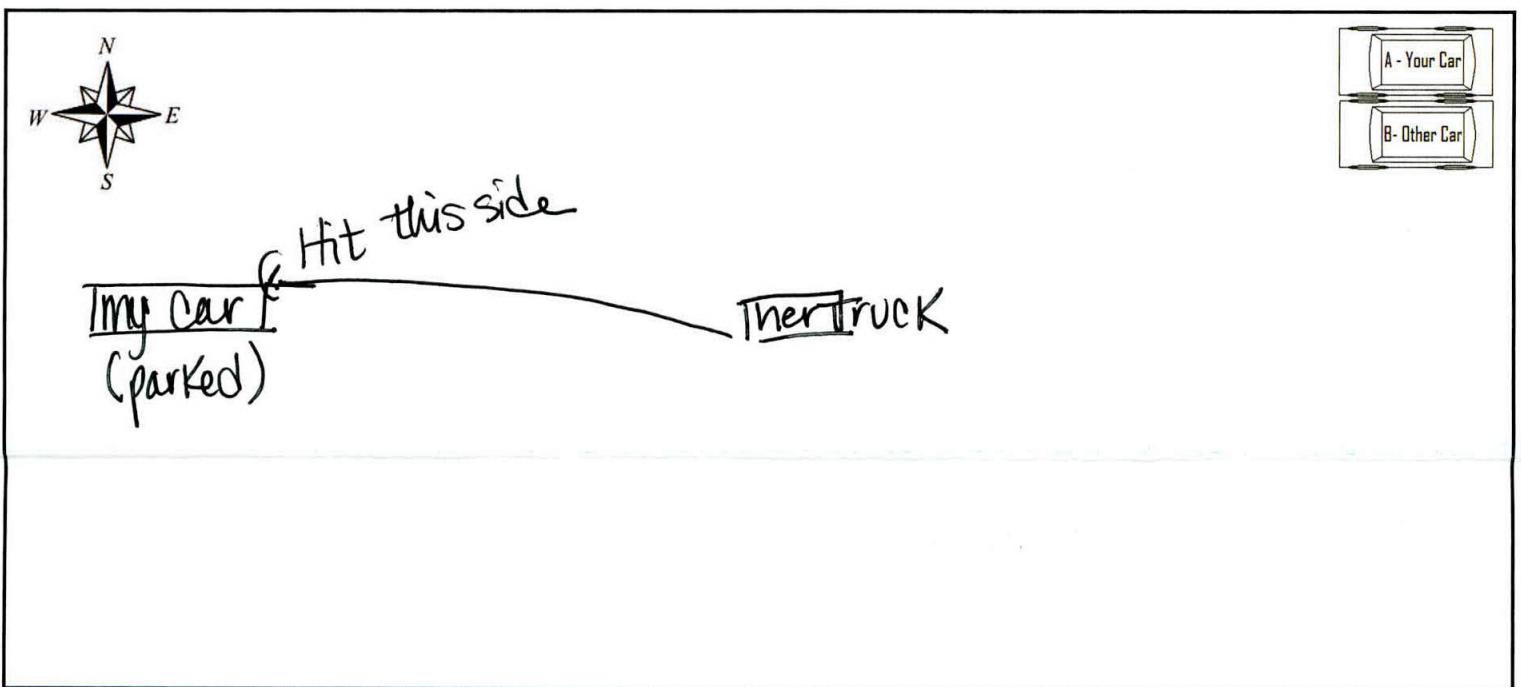
DAMAGES THE OTHER VEHICLE SUSTAINED: possible broken headlight Driver side

WHAT STATEMENTS WERE MADE BY YOU AND THE OTHER PARTY FOLLOWING THE LOSS (use additional paper as needed): _____

Stated she didn't know how she hit me. Foot slipped off Gas.
Just accidentally hit me

BRIEFLY DESCRIBE THE LOSS (use additional paper as needed): passenger rear end was hit. The bumper was sticking through the Cover. Head light was shattered. It looked like the side panel got Bent.

PROVIDE A DRAWN ACCIDENT DESCRIPTION. SHOW IN THE DIAGRAM THE DIRECTION OF EACH CAR, THE TRAFFIC CONTROLS, WEATHER, ROAD CONDITIONS, AND CAUSE OF ACCIDENT (use additional paper as needed).



HAVE YOU ACCEPTED ANY FORM OF COMPENSATION FROM OTHERS IN CONNECTION WITH THE LOSS? YES NO

IF YES, WHOM: _____ HOW MUCH: \$_____

You must contact your Claim Representative prior to accepting any payments from other parties.

If you have received any paperwork from an involved party in the loss, please enclose a copy of it with this loss report.

The Statements set forth herein are true.

SIGN: Ashley Hoffman DATE: 10/26/2020

NOTICE: A person who makes a fraudulent insurance claim or helps others make a fraudulent claim may be subject to civil or criminal penalties under state or federal law. To avoid this risk, it is important for the person making the claim to present the facts supporting the claim as accurately as possible.