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BOISE CITY
REC'D CITY CLERK

Boise City
CLAIM FOR DAMAGE

06 JAN 12 PM 1:11

This form is being provided to assist you in filing your claim. Providing this form is not an admission nor shall it be construed to be an admission of liability or an acknowledgment of the validity of a claim by the political subdivision

PERSONAL INFORMATION

NAME CHRIS THORNE
CURRENT ADDRESS 4885 Anderson Way
Nampa Id, 83687
HOME PHONE 941-5067 WORK PHONE 941-5067
EMPLOYED BY Lloyd Lumber OCCUPATION SALES HOW LONG 6 yrs

CLAIM INFORMATION

DATE CLAIM OCCURRED 12/23 TIME 1:00 A.M. P.M. LOCATION Meridian
YOUR ADDRESS FOR SIX MONTHS IMMEDIATELY PRIOR TO THE DATE THE CLAIM OCCURRED SAME
DESCRIBE HOW CLAIM OCCURRED Traffic came to a quick stop & I was hit in the rear bumper

PROPERTY DAMAGE

DESCRIBE PROPERTY (IF AUTO - YEAR, MAKE, MODEL AND LICENSE #) Ford, F150, JC TDS 4D, 2003'
OWNER'S NAME AND ADDRESS Lloyd Lumber YOUR INSURANCE CO. Federated Mutual
DRIVER'S NAME AND ADDRESS CHRIS THORNE DRIVER'S PHONE # 941-5067
DESCRIBE DAMAGE Rear Bumper & TAIL GATE ESTIMATE AMOUNT \$ 1747.63
PROPERTY CAN BE SEEN AT 4885 Anderson Way

PERSONAL INJURY

WERE YOU INJURED? NO DESCRIBE INJURIES _____
NAME AND ADDRESS OF DOCTOR _____
ARE YOU PRESENTLY UNDER A DOCTOR'S CARE? _____ NAME AND ADDRESS OF HOSPITAL _____
DATE _____ WERE YOU AN INPATIENT _____
WAS ANYONE ELSE INJURED? _____ NAMES AND ADDRESSES _____

OTHER INFORMATION

DID POLICE INVESTIGATE? YES NAME OF POLICE DEPT. ADA REPORT # 15369 OFFICER NAME Jeff Winegar
WERE THERE ANY WITNESSES? NO

NAME AND ADDRESS	PHONE	YOUR VEHICLE	OTHER VEHICLE	OTHER

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY MAKE A CLAIM AGAINST City of Boise FOR Damages (damage, injury, etc.) IN THE AMOUNT OF 1747.63

DATE 1/11/06 SIGNATURE [Signature]

YOU MAY ATTACH ANY OTHER INFORMATION OR DOCUMENTATION YOU SO DESIRE

12/27/2005 at 05:02 PM
36710

Job Number:

RUBEN'S BODY SHOP
Federal ID #:820381620
IT'S BEEN A PLEASURE SERVING YOU
211 10th AVE. SOUTH
NAMPA, ID 83651
(208)467-5165 Fax: (208)467-5181

PRELIMINARY ESTIMATE

Written By: Ruben Gaona
Adjuster:

Insured:	Claim #
Owner: LLOYD LUMBER COMPANY	Policy #
Address: PO BOX 398	Deductible:
NAMPA, ID 83653	Date of Loss: 12/23/2005
Business: (208)466-2434	Type of Loss: Liability
	Point of Impact: 6. Rear

Inspect RUBEN'S BODY SHOP	Day: (208)467-5165
Location: 211 10th AVE. SOUTH	
NAMPA, ID 83651	

Insurance TO BE DETERMINE	4 Days to Repair
Company:	

2003 FORD F250 4X2 8-5.4L-FI 2D P/U RED Int:GREY
VIN: 3FTNF20L23MB49019 **Lic:** 2CT0540 **ID Prod Date:** **Odometer:** 69047
Intermittent Wipers Dual Mirrors Clear Coat Paint
Power Steering Power Brakes Power Windows
Power Locks AM Radio FM Radio
Stereo Search/Seek Anti-Lock Brakes (4)
Driver Air Bag Passenger Air Bag 4 Wheel Disc Brakes
Rear Step Bumper Trailering Package Automatic Transmission
Overdrive Styled Steel Wheels

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		PICK UP BOX				
2	Repl	Tail gate	1	432.62	1.0	3.0
3		Add for Clear Coat				1.2
4		Add for Inside				1.0
5		Add for Clear Coat				0.2
6	Repl	Tail gate mldg from 11/3/98	1	42.20	0.3	
7*	R&I	Emblem			0.2	
8*	R&I	Nameplate "F250 SUPER DUTY" from 9/14/98			0.2	
9		REAR LAMPS				
10	Repl	LT Tail lamp assy	1	38.79	0.3	
11		REAR BUMPER				
12		O/H bumper assy			1.5	
13**	Repl	RECOND Bumper chrome w/o park sensor	1	239.00	Incl.	
14	Repl	RT Bumper arm outer	1	20.07	Incl.	
15	Repl	LT Bumper arm outer	1	20.07	Incl.	
16	Repl	RT Bumper arm inner	1	33.72		
17	Repl	LT Bumper arm inner	1	33.72		
18	Repl	Reinforcement	1	161.62	Incl.	
19	Repl	RT Step pad upper	1	33.48	Incl.	

PRELIMINARY ESTIMATE

2003 FORD F250 4X2 8-5.4L-FI 2D P/U RED Int:GREY

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
20	Repl	LT Step pad upper	1	33.48	Incl.	
21	Repl	Step pad lower	1	28.33	Incl.	
22#	Refn	Tint Color				0.5
Subtotals ==>				1117.10	3.5	5.9

Parts		1117.10
Body Labor	3.5 hrs @ \$ 44.00/hr	154.00
Paint Labor	5.9 hrs @ \$ 44.00/hr	259.60
Paint Supplies	5.9 hrs @ \$ 26.00/hr	153.40
SUBTOTAL		\$ 1684.10
Sales Tax	\$ 1270.50 @ 5.0000%	63.53
GRAND TOTAL		\$ 1747.63
CUSTOMER PAY		\$ 0.00
INSURANCE PAY		\$ 1747.63

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR2ME99 Database Date 12/2005, CCC Data Date 12/2005, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) parts are OEM parts that may be provided by or through alternate sources other than the OE/Vehicle dealerships. OPT OEM parts may reflect some specific, special, or unique pricing or discount. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Rcy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided by National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries. Some 2006 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.