



MIIA Member Services

15 Cabot Road
Woburn, MA 01801-1003
TEL (800) 526-6442
FAX (781) 376-9907
www.emia.org

April 20, 2015

Town of Chilmark
Attn: Tim Carroll
P.O. Box 119
Chilmark, MA 02535

APR 24 2015

PTA

Insured: Town of Chilmark

Claim Number: M15AP86911

Date of Loss: March 05, 2015

Location of Loss: Spring Point

Amount: \$1,238.50

Vehicle: 2013 Ford Ambulance

Vin Number: 1FDUF5HT6DEB42742

Plate Number:

Dear Mr. Carroll:

As I have advised, I am the adjuster handling the above-captioned claim. \$1,238.50

Enclosed, please find payment in the amount of \$1,238.50. This payment is based on the estimate sent in by you from Angel's Auto Body for review.

Should you have any questions or concerns regarding this payment, please do not hesitate to contact me at the above number, extension 6837.

Sincerely,

Desneil Jackson
Claims Technician
desneil.jackson@cabotrisk.com

Enclosures

Date: 4/14/2015 03:28 PM
 Estimate ID: 5192
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

Angel's Auto Body

30 Evelyn Way PO Box 4682, Vineyard Haven, MA 02568
 (508) 693-7467
 Fax: (508) 696-6735

Damage Assessed By: Luis Figueroa
 Classification: None

Deductible: UNKNOWN

Owner: Tri Town Ambulance
 Address: PO Box 119, Chilmark, MA 02535
 Telephone: Work Phone: (508) 274-1306

Home Phone: (508) 693-4992

Mitchell Service: 911297

Description: 2013 Ford F450 Pickup XLT
 Body Style: 4D PkUpCrw 8' Bed 172" WB
 VIN: 1FDUF5HT6DEB42742

Drive Train: 6.7L Turbo Inj 8 Cyl Dsl 4WD

OEM/ALT: O

Search Code: None

Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, AIR CONDITIONING
 CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG
 HEATED EXTERIOR MIRROR, FRONT SIDE AIRBAG WITH HEAD PROTECTION
 ANTI-LOCK BRAKE SYS., RUNNING BOARDS, ALUM/ALLOY WHEELS, ANTI-THEFT SYSTEM
 AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, CD PLAYER, TOW HITCH RECEIVER
 POWER ADJUSTABLE EXTERIOR MIRROR, PRIVACY GLASS, TELEMATIC SYSTEMS, CLOTH SEAT
 4 WHEEL DRIVE, SIDE AIRBAGS, DUAL REAR WHEELS, MP3 PLAYER
 DRIVER SEAT WITH POWER LUMBAR SUPPORT, KEYLESS ENTRY SYSTEM
 LIMITED SLIP DIFFERENTIAL, REAR BENCH SEAT, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	Frt Bumper Assy			2.5
2	101642	BDY	REMOVE/REPLACE	Frt Bumper	BC3Z 17757 E	968.00 *	INC
3	900500	BDY *	REPAIR	Add for Ambulance Package	Existing		1.0*
4	936004		ADD'L COST	Shipping		35.00 *	

* - Judgment Item

Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary		
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals			Amount
Body	3.5	50.00	0.00	0.00	175.00	Taxable Parts		968.00
						Sales Tax @	6.250%	60.50
Non-Taxable Labor					175.00	Total Replacement Parts Amount		1,028.50
Labor Summary	3.5				175.00			

ESTIMATE RECALL NUMBER: 04/14/2015 15:12:42 5192

Mitchell Data Version: OEM: MAR_15_V

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Software Version: 7.1.177

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<http://www.pdf4free.com>

Date: 4/14/2015 03:28 PM
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Preliminary
Profile ID: Mitchell

III. Additional Costs		Amount	IV. Adjustments		Amount
Non-Taxable Costs		35.00	Customer Responsibility		0.00
Total Additional Costs		35.00			
			I.	Total Labor:	175.00
			II.	Total Replacement Parts:	1,028.50
			III.	Total Additional Costs:	35.00
				Gross Total:	1,238.50
			IV.	Total Adjustments:	0.00
				Net Total:	1,238.50

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

MIIA Values Your Input!

Please go to <http://www.surveymonkey.com/s/miiasurvey>

Enter your Claim Number and complete a 2 minute survey
on your claims experience.

CHECK # 133752

INSURED: 0336
POLICY #: AP14-0336
CLAIM #: M15AP86911
CLAIMANT NAME: Town of Chilmark TTA
DATE OF ACCIDENT: 3/5/2015
LOCATION: 040
IN PAYMENT OF: clm pymt 2013 Ford Vin 1FDUF5HT6DEB42742
PAYMENT TYPE: COLLISION
CHECK DATE: 4/21/2015
CHECK AMOUNT: \$ 1,238.50
TAX I.D. #: FRY4DKRZZ
VENDOR CODE: Town of Chilmark

APR 24 2015

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER



Massachusetts
MIIA
Interlocal Insurance Association
PROPERTY AND CASUALTY GROUPING

State Street Bank and Trust Company
225 Franklin Street
Boston, Massachusetts 02101

CHECK NO.

133752

PAY EXACTLY *One thousand two hundred thirty-eight and 50 / 100 Dollars*

DATE	AMOUNT
4/21/2015	*****\$1,238.50

Town of Chilmark

Attn: Tim Carroll
P.O. Box 119
Chilmark, MA 02535

VOID IF NOT CASHED WITHIN 90 DAYS

⑈ 133752⑈ ⑆011000028⑆ 4230 885 8⑈