HASNER AND HASNER, PA

Attorneys at Law

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David L. Hasner, Esq.*

112 West Atlantic Avenue
Clementon, NJ 08021

Phone: 856-282-0777
Fax: 856-344-7458

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*Also a Member of PA Bar

April 22, 2015

BOROUGH OF LINDENWOLD
Deborah Jackson
15 N. White Horse Pike
Lindenwold, NJ 08021

COUNTY OF CAMDEN
Attn: Joshua A Friedman, Esquire
Camden County Courthouse
520 Market Street
Camden, NJ 08101

AmeriHealth Casualty Services
O Box 817
Mt. Laurel, NJ 08054

In Re: Jeff Smith
D/A.: 3/7/15

Dear Sir/Madam:

In accordance with the New Jersey Tort Claims Act, N.J.S.A. 59:8-4, enclosed please Plaintiff's certified response to Borough of Lindenwold Tort Claims Notice.

Very truly yours,

HASNER AND HASNER, P.A.

By: David L. Hasner

DLH/jlh
Enc.

Borough of Lindenwold

Response to Tort Claims Notice Jeffrey Smith

Claimant Information: Jeffrey Smith, 320 Independence Blvd., Lawnside, NJ 08045 DOB: 9/11/58

Attorney Information: Hasner & Hasner, P.A. , David L. Hasner, Esquire, 112 West Atlantic Avenue, Clementon, NJ 08021 Phone #: 856-282-0777 Fax: 856-344-7458

Send Notices to: David L. Hasner, Esquire

1. No other name
   320 Independence Blvd., Lawnside NJ 08045
   Marital Status: Married
   Jean Gonzalez-wife, Theodore Gonzalez-step son, Paige Smith-daughter, Barbara Smith-mother

2. 320 Independence Blvd., Lawnside, NJ 08045

3. Date: 3/7/15 Time: 12:00 p.m. Place: 2300 building of Arborwood, Weather: Clear

4. On March 7, 2015, I was driving at/near 2300 building of Arborwood when my vehicle fell into a pot hole in the roadway.

5. Any and all parties to this action, their agents, servants and/or emplo9yees; all parties whose names are set forth in these interrogatories or in the interrogatory answers of any other party of this action; any and all persons whose names may be disclosed by continuing discovery and trial of this matter, agents, servants and/or employees of the Lindenwold Police Department, Jean Gonzalez-wife, Theodore Gonzalez, Paige Smith, Barbara Smith.

6. Borough of Lindenwold, County of Camden, State of New Jersey.

7. Pot Hole

8. Plaintiff has been advised by his attorney that this is an improper interrogatory. However, without waiving such objections, defendants were negligent in failing to properly inspect, maintain highway in a reasonably safe condition for drivers, in otherwise failing to exercise due care under the circumstances.

9 No

10. No

11. See attached photographs depicting the area of the pothole and the condition of the roadway. See attached photograph taken on March 10, 2015 a repair company fixing the pothole.

12. Only that which is stated in the police report.

13. $100,000.00

14. See previously attached photographs
See attached police report Lindenwold Police Department dated 3/7/15 case #2015-003424
See attached estimate of damages Beach Auto $1,408.82 and Roccos Collision $1325.20

15. See previous responses

16. See previously attached estimates.

17. See previously attached police report.

18. Lower back, neck and left shoulder

19. Difficulty lifting, bending, walking.

20. No

21. None at this time.

22. Coaster Spine, Dr. Scott.

23. See previous response to #19.

24. Plaintiff will rely on the opinions of his physicians as to whether or not any of the injuries Plaintiff sustained as a result of the incident are an aggravation of a prior injury.

25. Not at this time.

26. To be provided.

27. No

28. No

29. No

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

_____

ATTORNEY INFORMATION (If Applicable)

Name: _____ Telephone: _____

Address: _____ Fax: _____

_____ File No.: _____

Send Notices to: D Claimant D Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Lindenwold.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the:

Deborah Jackson
Borough of Lindenwold
15 N. White Horse Pike
Lindenwold, NJ 08021

NOTE CAREFULLY: Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the Borough of Lindenwold. Failure to provide the information requested, including such responses as "to Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable."

It you are unable to answer any questions because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the Township.

"Documents" shall refer to any written, photographic, or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the Borough of Lindenwold along with any agent, official, or employee of the Borough of Lindenwold against whom a claim is asserted by the Claimant.

NOTE: That the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or public employee.

If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   D Any other name by which the claimant is known.

   D Address at the time of the incident giving rise to the claim.

   D Marital Status: at the time of the incident _____

   currently _____

   D Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, of any of the persons to the Claimant.

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

4. Provide the Claimant's complete version of the events that form the basis of the claim.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

6. Identify all public entities or public employees (by name and position) alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition, and the manner in which you claim the condition caused the injury.

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

9. If you or any other party or witness consume any alcoholic beverages, drugs or medications within twelve hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

11. If any photographs, sketches, charts, or maps were made with respect to anything which is the subject matter of the Claim, state the date thereof, the names and addresses of the persons making the maps and of the persons who have present possession thereof Attach copies of any photographs, sketched, charts or maps.

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

13. State the total amount of your claim and the basis on which you calculated the amount claimed.

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

PROPER TY DAMAGE CLAIM

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None."

Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to last page of this form.

D Initials: _____

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

18. Describe in detail the nature, extent and duration of any and all injuries.

19. Describe in detail any injury or condition claimed to be permanent.

20. If confined to any hospital, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

21. If x-rays were taken, state (a) the address of the place where each was taken, (b) the name and address of the person who took them, (c) the date when each was taken, (d)what each disclosed, (e)where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments were treatments are continuing, (c) the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor whom you propose to have testify on your behalf.

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movement, hearing or sight, state in detail, the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

25. If any treatments, operations, or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation, or surgery, (b) the purpose thereof and the results anticipated or expected, (c) the name and address of the doctor who recommended the treatments operations or surgery, (d) the name and address of doctor who will administer or perform the same, (e) the estimated medical expenses to be incurred, (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence, (g) all other losses or expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

26. Itemize any and all expenses incurred for hospital, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer, (b) position held and the nature of the work performed, (c) average weekly wages for the year prior to the injury, (d) period of time lost from employment, giving dates, (e)amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, workers' compensation, disability income, social security and income continuation insurance.

28. If other loss of income, profit or earnings is claimed, state (a) total amount of loss, (b) give a complete detailed computation of the loss, (c) the nature and dates of the loss.

29. If you are claiming lost wages state (a) the date that the employment began, (b) the name and address of the employer, (c) the position held and the nature of the work performed, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the year.

DOCUMENT REQUEST: Provide all documents identified in your answers to the above questions.
CERTIFICATION: I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Signature of Claimant: Jeffrey Smith **Date:** 4-21-15

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name _____ **Social Security Number** _____

Address _____ **Claim Number** _____

_____

You are hereby authorized and requested to disclose, make available and furnish to:

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof

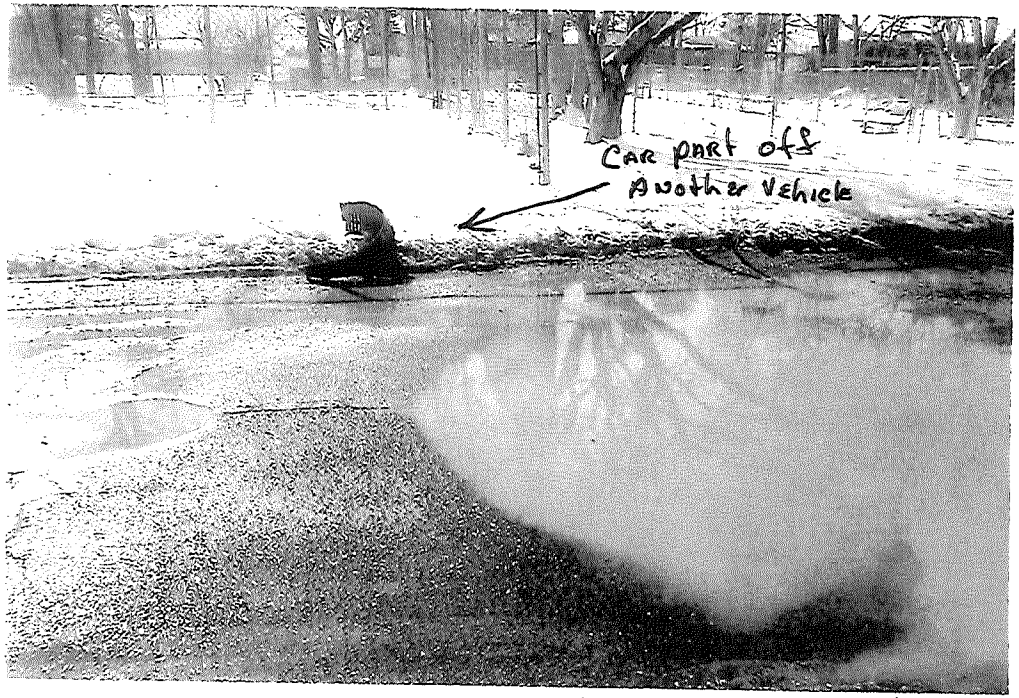
Approximate date of admission to hospital, first examination, treatment of consultation:

A photocopy of this release form, bearing a photocopy of my signature shall constitute your authorization for the release of the information in accordance with the request made to you.

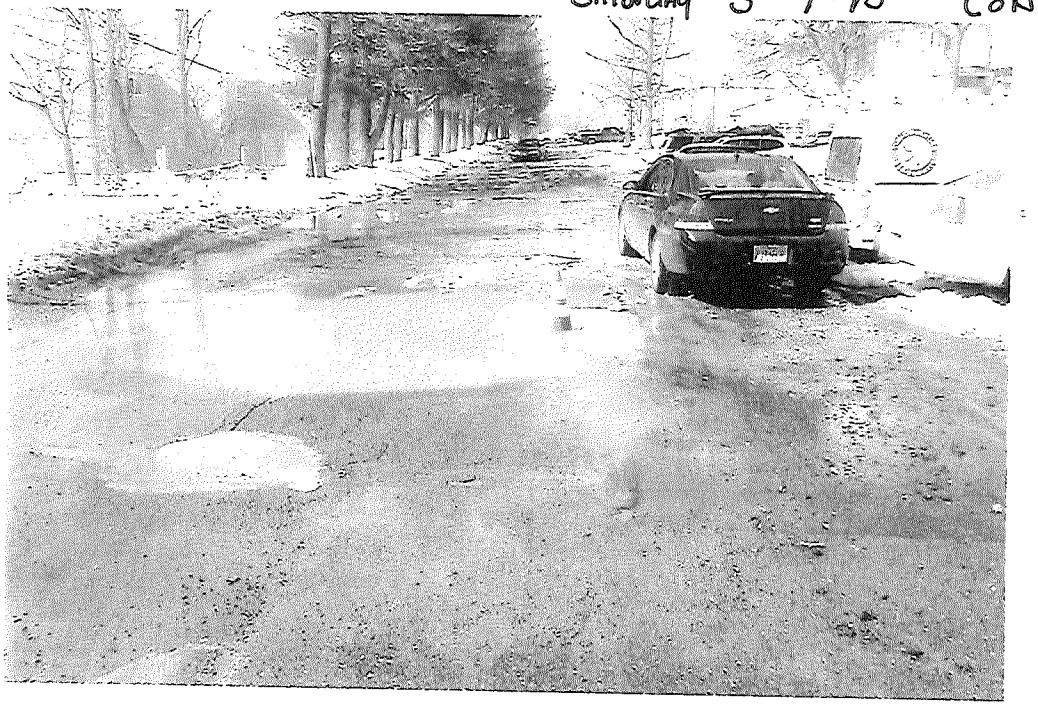
Signature: Jeffrey Smith **Date:** 4-24-15

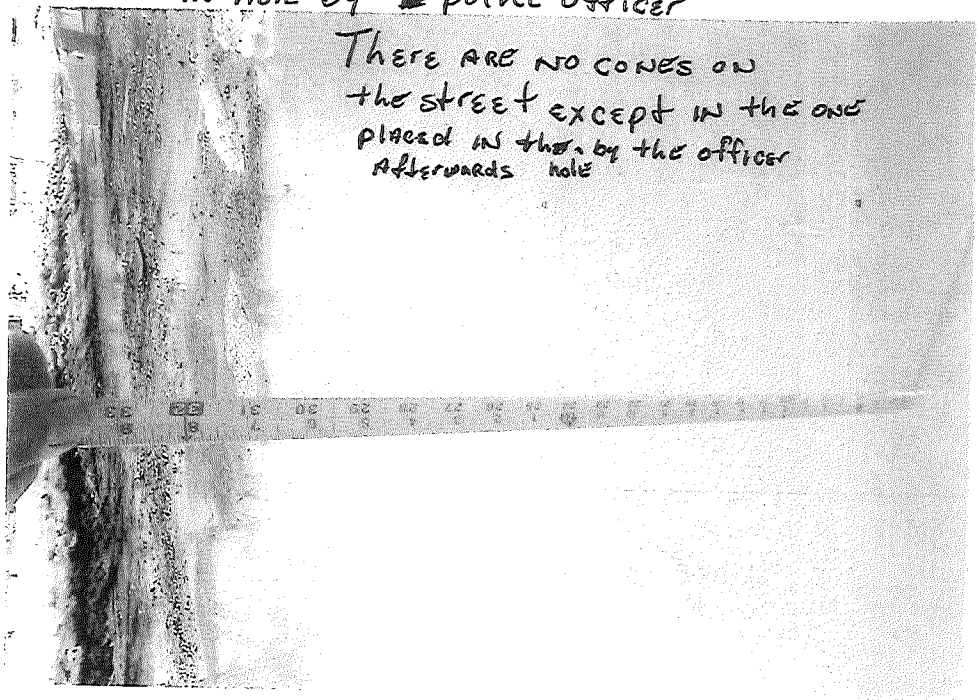
3-7-15

TUESDAY 3-10-15



Saturday 3-7-15 Cone Place in hole by police officer






TUESday MAR 10, 2015 - 10:15 AM


MAR 10, 2015 AT 10:15 AM

LINDENWOLD BOROUGH POLICE DEPARTMENT
2001 EGG HARBOR ROAD, LINDENWOLD, NJ 08021

Incident Report

INCIDENT INFORMATION

Case No	Report Date/Time	Reported Method	Created By
2015-003424	03/07/2015 12:01	RADIO	VOGT, AMANDA
CAD Incident/CFS Type	**Agency Incident/Actual CFS Type**	**Incident: From Date/Time**	**Incident: To Date/Time**
	1445	03/07/2015 12:01	
Address Type	**Area / Post**		
	3		
Address	**Common Place/POI**	**Bldg/Apt/Suite**	
511 GIBBSBORO ROAD E	Arborwood 2300 Bldg		
City	**State**	**Zip**	
LINDENWOLD	NJ	08021	
County	**Municipality**		
CAMDEN			
Disposition Date & Time	**Disposition**		

DISPATCH NOTES

No Record Found

CALL INFORMATION

Phone #	Call Date&Time	Caller	Location
Requested Action	**Call Taker**	**Source Type**	
		RMS	
Brief Synopsis of Incident			

DISPATCH INFORMATION

No Record Found

SUBJECT INFORMATION

No Record Found

VEHICLE INFORMATION

LINDENWOLD BOROUGH POLICE DEPARTMENT
2001 EGG HARBOR ROAD, LINDENWOLD, NJ 08021

Posted Date	Plate #	Make,Model,Year	VIN #	Color	Posted By
03/12/2015	I-Z3766	M B ML3 1998	4JGAB54E9WA004127		VOGT, AMANDA

INDIVIDUAL CONTACT INFORMATION

Posted Date	Contact Name	Contact Type	Address	Phone #	Posted By
03/12/2015	SMITH, JEFFREY	COMPLAINANT	HOME: 320 INDEPENDENCE BLVD, LAWNSIDE, NJ 08045-1034	CELLULAR: [redacted]	VOGT, AMANDA

PD CASE DISPOSITION INFORMATION

Disposition	Closed Date	Closed By
CLOSED	03/12/2015	VOGT, AMANDA

Disposition

DAMAGE TO VEHICLE FROM STRIKING A POT HOLE IN FRONT OF THE 2300 BLDG. ARBORWOOD.

NOTES

Posted Date	Note
03/12/2015 07:40	On 03/07/15 at 1201 hours I was dispatched to the area of the 2300 bldg. of Arborwood for a report of damage to a vehicle from a pot hole in the roadway. Upon arrival I made contact with the caller, Jeffrey Smith. Jeffrey's vehicle (NJ Reg. HZ3766) had a cracked rear bumper from striking a large pot hole in front of the 2300 bldg. I observed the pothole which was approximately 12 inches deep. The pot hole was located in the center of the road way (Success Drive). The hole was covered with water making it impossible to see from the surface. Other debris in the immediate area offered evidence that Mr. Smith's vehicle was not the only vehicle that had suffered damage because of roadway. Central Communications was unable to reach maintenance for the complex. I placed a cone in the center of the hole to warn other drivers. I advised Mr. Smith that I would generate a report regarding the damage to his vehicle from the incident.

Officer Signature _____ Date of Report _____

ROCCO'S COLLISION CENTER -
Blackwood
1431 North Blackhorse Pike, BLACKWOOD, NJ
08012
Phone: (856) 228-1500
FAX: (856) 228-1660

Workfile ID: ca37193c
Federal ID: 202573250
State ID: 02114A

Preliminary Estimate

Customer: SMITH, JEFFREY

Written By: Craig Ludwick

Insured:	SMITH, JEFFREY	Policy #:		Claim #:	
Type of Loss:		Date of Loss:		Days to Repair:	0
Point of Impact:					

Owner:
SMITH, JEFFREY
320 INDEPENDENCE BLVD
LAWNSIDE, NJ 08045

Inspection Location:
ROCCO'S COLLISION CENTER - Blackwood
1431 North Blackhorse Pike
BLACKWOOD, NJ 08012
Repair Facility
(856) 228-1500 Business

Insurance Company:

VEHICLE

Year:	1998	Body Style:	4D UTV	VIN:	4JGA854E9WA004127	Mileage In:	
Make:	BENZ	Engine:	6-3.2L-FI	License:	HZ3766	Mileage Out:	
Model:	ML320 4X4	Production Date:		State:	NC	Vehicle Out:	
Color:	SILVER Int:	Condition:		Job #:			

TRANSMISSION
Automatic Transmission
Overdrive
4 Wheel Drive

POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors

DECOR
Dual Mirrors
Body Side Moldings
Console/Storage

CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Rear Window Wiper

RADIO
AM Radio
FM Radio
Stereo
Search/Seek
Cassette

SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control

ROOF
Luggage/Roof Rack

SEATS
Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS
Aluminum/Alloy Wheels

PAINT
Clear Coat Paint

Customer: SMITH, JEFFREY

Vehicle: 1998 BENZ ML320 4X4 4D UTV 6-3.2L-FI SILVER

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	REAR BUMPER							
2			O/H rear bumper				2.1	
3		Repl	Bumper cover w/o hitch	1638804771	1	690.00	Incl.	2.6
4			Add for Clear Coat					1.0
5		R&I	RT Tow brkt cover silver				0.2	
6		R&I	LT Tow brkt cover silver				0.2	
7		R&I	Joint cover w/o trailer hitch silver				Incl.	
8	#	R&I	Attachment flareas and wheelhousing				1.0	
9	#		Tint color		1		0.5	
10	#		Misc attachment clips and retainers		1	20.00		
11	#		Flex agent		1	12.00		
12	#		Clean for delivery		1		0.5	
13	#		Proper disposal of haz waste		1	3.50		
				SUBTOTALS		**725.50**	**4.5**	**3.6**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				725.50
Body Labor	4.5 hrs	@	$ 50.00 /hr	225.00
Paint Labor	3.6 hrs	@	$ 50.00 /hr	180.00
Paint Supplies	3.6 hrs	@	$ 30.00 /hr	108.00
Subtotal				1,238.50
Sales Tax	$ 1,238.50	@	7.0000 %	86.70
Grand Total				**1,325.20**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**1,325.20**

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Customer: SMITH, JEFFREY

Vehicle: 1998 BENZ ML320 4X4 4D UTV 6-3.2L-FI SILVER

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide EEI5768, CCC Data Date 3/17/2015, 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) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. 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. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM or A/M. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2015 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:
m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:
D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:
Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:
BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

BEACON AUTO & TRUCK COLLISION CENTER

YOUR CAR, YOUR CHOICE, CHOOSE THE BEST, CHOOSE BEACON
6712 S CRESCENT BLVD, PENNSAUKEN, NJ 08109
Phone: (856) 662-3077

Workfile ID: 50ce583e
Federal ID: 21-0666-132
License Number: 01149A HEAVY REPAIR LIC# 000013

Preliminary Estimate

Customer: SMITH, JEFFERY **Job Number:**

Written By: John Beacon

Insured: SMITH, JEFFERY
Type of Loss:
Point of Impact: 06 Rear

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
SMITH, JEFFERY

320 INDEPENDENCE BLVD
LAWNSIDE, NJ 08045

Inspection Location:
BEACON AUTO & TRUCK COLLISION CENTER
6712 S CRESCENT BLVD
PENNSAUKEN, NJ 08109
Repair Facility
(856) 662-3077 Business

Insurance Company:

VEHICLE

Year:	1998	Body Style:	4D UTV	VIN:	4JGAB54E9WA004127	Mileage In:	143606
Make:	BENZ	Engine:	6-3.2L-FI	License:	HZ3765	Mileage Out:	
Model:	ML320 4X4	Production Date:		State:	NJ	Vehicle Out:	
Color:	SILVER Int:	Condition:		Job #:			

TRANSMISSION
Automatic Transmission
Overdrive
4 Wheel Drive

POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors

DECOR
Dual Mirrors
Body Side Moldings
Console/Storage

CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Rear Window Wiper

RADIO
AM Radio
FM Radio
Stereo
Search/Seek
Cassette

SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control

ROOF
Luggage/Roof Rack

SEATS
Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS
Aluminum/Alloy Wheels

PAINT
Clear Coat Paint

Preliminary Estimate

Customer: SMITH, JEFFERY **Job Number:**

Vehicle: 1998 BENZ ML320 4X4 4D UTV 6-3.2L-FI SILVER

Line		Oper	Description	Part Number	Qty	Extended Price $		Labor	Paint
1	**REAR BUMPER**								
2			O/H rear bumper		0	0.00		2.1	0.0
3		Repl	Bumper cover w/o hitch	1638804771	1	690.00		Incl.	2.6
4			Add for Clear Coat		0	0.00		0.0	1.0
5		Blnd	RT Tow brkt cover silver		0	0.00		0.0	0.2
6		Blnd	LT Tow brkt cover silver		0	0.00		0.0	0.2
7		Blnd	Joint cover w/o trailer hitch silver		0	0.00		0.0	0.2
8	#		Clean & cover + Haz waste rml		1	12.00	T	1.2	0.0
9	#		Flex additive		1	12.95	T	0.0	0.0
10	#		Tint for color		1	0.00	T	0.0	0.8
11	#		Colorsand & buff -		1	0.00	T	0.3	0.0
			SUBTOTALS			**714.95**		**3.6**	**5.0**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				690.00
Body Labor	3.6 hrs	@	$ 50.00 /hr	180.00
Paint Labor	5.0 hrs	@	$ 50.00 /hr	250.00
Paint Supplies	5.0 hrs	@	$ 32.00 /hr	160.00
Body Supplies	3.6 hrs	@	$ 3.25 /hr	11.70
Miscellaneous				24.95
Subtotal				1,316.65
Sales Tax	$ 1,316.65	@	7.0000 %	92.17
Grand Total				**1,408.82**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**1,408.82**

Customer: SMITH, JEFFERY **Job Number:**

Vehicle: 1998 BENZ ML320 4X4 4D UTV 6-3.2L-FI SILVER

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PLEASE NOTE THAT DUE TO THE NATURE OF RUST, CORROSION, CRACKING OR STRUCTURAL REPAIRS IT CAN NOT BE DETERMAINED AT THE TIME OF THIS ESTIMATE IF MORE RUST, CORROSION, CRACKING OR STRUCTURAL PROBLEMS WILL APPEAR IN THE FUTURE. DUE TO THE NATURE OF CORROSION, RUST, CRACKING AND STRUCTURAL REPAIRS THERE IS ALWAYS THE POSSIBILITY THAT THESE PROBLEM WILL RETURN.

PLEASE NOTE THAT BEACON CAN NOT BE HELD RESPONSIBLE FOR ANY WARRENTY FOR THESE TYPES OF REPAIRS. AS STATED DUE TO THE NATURE OF RUST, CORROSION, CRACKING OR STRUCTURAL REPAIRS, THERE IS A GOOD CHANCE THAT THEY WILL REAPPEAR.

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ESTIMATOR SIGNATURE_____

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This estimate is based on our INITIAL VISUAL inspection. Occasionally, additional worn and/or damaged parts are discovered upon commencement of repairs. Obviously, this estimate cannot allow for such contingencies. All used parts will be scrapped unless we are otherwise notified in writing prior to disposal. All parts prices subject to invoice.

<<<<<<<<<<<<<<<<<<<<<NOTICE - NOTICE>>>>>>>>>>>>>>>>>>>>

IN THE EVENT THAT THIS ESTIMATE IS USED IN LITIGATION IN ANY WAY OR IN ANY FORM OR IF THE ESTIMATOR IS CALLED TO TESTIFY IN REFERENCE TO THIS ESTIMATE IN ANY WAY OR IN ANY FORM, PROFESSIONAL EXPERT WITNESS SERVICE CHARGES WILL BE RENDERED BY BEACON AUTO AND TRUCK COLLISION CENTER, AND THE AMOUNT OF SUCH CHARGES WILL BE SET BY BEACON AUTO AND TRUCK COLLISION CENTER.

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<<<<<<<<<<<<<<<<<<<<<NOTICE - NOTICE>>>>>>>>>>>>>>>>>>>>

PERSUENT TO NEW JERSEY REGULATIONS

THE CUSTOMER HAS THE RIGHT TO RECEIVE ALL REPLACED PARTS USED IN THE REPAIR OF THEIR VEHICLE. IF THE CUSTOMER WANTS TO WAIVE THE RIGHT TO THEIR PARTS PLEASE SIGN BELOW:

NAME_____

DATE _____

IN THE ABSENCE OF A SIGNATURE ON THE ESTIMATE MEANS THAT THE CUSTOMER IS INVOKING THIS RIGHT TO RECEIVE THEIR PARTS.

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Customer: SMITH, JEFFERY **Job Number:**

Vehicle: 1998 BENZ ML320 4X4 4D UTV 6-3.2L-FI SILVER

<<<<<<<<<<<<<<<<<<<<<<<NOTICE - NOTICE>>>>>>>>>>>>>>>>>>>>>>

PURSUIENT TO NJ REGULATIONS

THE CUSTOMER HAS THE RIGHT TO INSPECT ALL WORK BEFORE PAYMENT IS DUE.

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<<<<<<<<<<<<<<<< STORAGE CHARGE NOTICE>>>>>>>>>>>>>>>>>>

PURSUIENT TO NJ REGULATIONS

REPAIRED VEHICLES:

-NO CHARGE FOR FIRST 15 DAYS, AFTER NOTIFICATION OF FINISHED REPAIRS (UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE IN ADVANCE)

-AFTER 30 DAYS, THERE WILL BE A $9.00 PER DAY OR ANY PART CHARGE FOR VEHICLES NOT PICKED UP

-NO ADMIN. FEE ON REPAIRED VEHICLES

UNREPAIRED VEHICLES

-THERE WILL BE A $45.00 PER DAY OR ANY PART FOR ALL OUTSIDE STORAGE FOR CARS AND LIGHT TRUCKS

-THERE WILL BE A $55.00 PER DAY OR ANY PART FOR ALL INSIDE OR UNDERGROUND STORAGE FOR CARS AND LIGHT TRUCKS

-THERE WILL BE A $95.00 PER DAY OR ANY PART FOR ALL OUTSIDE STORAGE FOR ALL EMERGENCY VEHICLES, MEDIUM TO HEAVY TRUCKS, BUSES, RECREATIONAL VEHICLES AND/OR TRAILERS

-THERE WILL BE A $130.00 PER DAY OR ANY PART FOR ALL INSIDE OR UNDERGROUND STORAGE FOR ALL EMERGENCY VEHICLES, MEDIUM TO HEAVY TRUCKS, BUSES, RECRREATIONAL VEHICLES AND OR TRAILERS

-THERE WILL BE A $150.00 DOCUMENTATION FEE FOR ALL FILES

-THERE WILL BE A $25.00 LOT HANDLING FEE

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Customer: SMITH, JEFFERY **Job Number:**

Vehicle: 1998 BENZ ML320 4X4 4D UTV 6-3.2L-FI SILVER

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide EEI5768, CCC Data Date 3/10/2015, 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) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. 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. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM or A/M. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2015 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:
m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:
D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:
Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:
BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.