

PAYMENT NO 1 25 834675 J
PAYMENT AMOUNT \$316.95
ISSUE DATE 09-25-2015
AUTHORIZED BY RAYNSFORD, JOE
PHONE (855) 341-8184

CLAIM NO 53-7D39-153
LOSS DATE 08-24-2015
POLICY NO 0803-773-53U
INSURED LUGO, RAY

HIDALGO COUNTY SAFETY DIVISION
9805 N 10TH ST
MCALLEN TX 78504-9529

REMARKS Payment for vehicle repairs

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
PROPERTY DAMAGE LIABILITY	HIDALGO COUNTY SAFETY DIVISION	316.95

RETAIN STUB FOR RECORDS

State Farm STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
PROPERTY DAMAGE: JPMORGAN CHASE BANK, NA 56-1544/441
PROP'D OFFICE - PCQ0715.P07PU COLUMBUS, OH 43240

1 25 834675 J
DATE 09-25-2015
M M DD YYYY

CLAIM NO: 53-7D39-153 INSURED: LUGO, RAY
LOSS DATE: 08-24-2015

*****EXACTLY THREE HUNDRED SIXTEEN AND 95/100 DOLLARS*****
\$*****316.95

Pay to the Order of: HIDALGO COUNTY SAFETY DIVISION

Edward R. Smith
AUTHORIZED SIGNATURE
Ray Smith
AUTHORIZED SIGNATURE

GREEN DROPOUT APPEARS ON FACE OF DOCUMENT
VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

Date: 9/25/2015 10:23 AM
 Estimate ID: 53-7D39-15302
 Estimate Version: 0
 Committed
 Profile ID: (01664) RIO GRANDE V

State Farm Insurance Companies

Fax: (866) 418-5736

Damage Assessed By: Rolando (TJAA)

Appraised For: Prop D T1 CS Team
 (855) 341-8184

Classification: Field

Supplements must be approved by State Farm. Itemized supplement requests and any supporting documentation should be emailed to suppteam12@statefarm.com or faxed to 866-418-5736. A Supplement Request form may be found on b2b.statefarm.com

Type of Loss: Property Damage
 Date of Loss: 8/24/2015
 Deductible: 0.00
 Claim Number: 53-7D39-15302

Insured: State Farm Insured
 Claimant: HIDALGO COUNTY SAFETY DIVISION
 Address: 9805 N 10TH ST, MCALLEN, TX 78504-9529
 Owner: HIDALGO COUNTY SAFETY DIVISION
 Address: 9805 N 10TH ST, MCALLEN, TX 78504-9529

Mitchell Service: 910828

Description: 2011 Ford Expedition XL
 Body Style: 4D Ut 119" WB
 VIN: 1FMJU1F51BEF13762
 Mileage: 87,213
 OEM/ALT: A
 Color: Black
 Options: PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING REAR WINDOW DEFOGGER, AIR CONDITIONING, REAR WINDOW WIPER, CRUISE CONTROL TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR FRONT SIDE AIRBAG WITH HEAD PROTECTION, LUGGAGE RACK, SKID PLATES ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS TIRE INFLATION/PRESSURE MONITOR, ANTI-THEFT SYSTEM, AUXILIARY INPUT LEATHER STEERING WHEEL, CD PLAYER, TOW HITCH RECEIVER POWER ADJUSTABLE EXTERIOR MIRROR, PRIVACY GLASS, FIRST ROW BUCKET SEAT REAR HEATING, VENTILATION & AIR CONDITIONING, CLOTH SEAT, SIDE AIRBAGS AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, MP3 PLAYER DRIVER SEAT WITH POWER LUMBAR SUPPORT, ELECTRONIC STABILITY CONTROL KEYLESS ENTRY SYSTEM, REAR AUDIO CONTROLS, REAR BENCH SEAT STEERING WHEEL AUDIO CONTROLS

Drive Train: 5.4L Inj 8 Cyl 2WD
 License: 1097309 TX
 Search Code: SFMFE

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
				<u>Grille</u>			
1	002984	REF	REFINISH	Grille			C 1.6
				<u>MANUAL ENTRIES</u>			
2	900500	BDY *	REMOVE/INSTALL	Grille Guard	Existing		1.5* r
3	900500	BDY *	REPAIR	Grille Guard	Existing		1.0*
4				Repair & Align			
				<u>Grille</u>			
5	002985	BDY	REMOVE/INSTALL	Grille Assy			0.3 #

ESTIMATE RECALL NUMBER: 09/25/2015 10:23:42 53-7D39-15302

Mitchell Data Version: OEM: AUG_15_V0914

MAPP: AUG_15_V0913

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Software Version: 7.1.180

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 Estimate ID: 53-7D39-15302
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 Committed
 Profile ID: (01664) RIO GRANDE V

6	BDY	REMOVE/INSTALL	Frnt Bumper Assy				
			<u>ADDITIONAL OPERATIONS</u>				
7	REF	ADD'L OPR	Clear Coat				0.3
			<u>Additional Costs & Materials</u>				
8		ADD'L COST	Paint/Materials				57.00 *
9		ADD'L COST	Hazardous Waste Disposal				3.00 *

* - 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
Body	4.1	42.00	0.00	0.00	172.20		
Refinish	1.9	42.00	0.00	0.00	79.80	Total Replacement Parts Amount	0.00
Non-Taxable Labor					252.00		
Labor Summary	6.0				252.00		
III. Additional Costs					Amount	IV. Adjustments	
Taxable Costs					60.00	Insurance Deductible	
Sales Tax @ 8.250%					4.95	Customer Responsibility	
Total Additional Costs					64.95		
Paint Material Method: Rates Init Rate = 30.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	252.00
						II. Total Replacement Parts:	0.00
						III. Total Additional Costs:	64.95
						Gross Total:	316.95
						IV. Total Adjustments:	0.00
						Net Total:	316.95

Register online to check the status of your claim and stay connected with State Farm®. To register, go to www.statefarm.com and select Check the Status of a Claim. If you are already registered, thank you!

Point(s) of Impact
 12 Front Center (P)

Insurance Co: State Farm