

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

6/04/2026

RECEIPT # 57500

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA FARM BUREAU CASUALTY INS. CO.	Check	5371226334	1,357.60

Description:

VEH DAMAGE REIMBURSEMENT LOPEZ VEH # 40229 CASE # 09A02554535

115-0000-000 208000.000 DUE TO BOCC

1357.60



PO Box 147033
Gainesville, FL 32614-7033

Real Service. Real People.

RECEIVED
6-2-26 *AW*



Marion County Sheriff's Office
PO Box 1987
Ocala, FL 34478-1987

Date of Loss	2026/05/07	Payment Date	2026/05/28
Payment ID	ccprod:4998921	Payment Amount	\$1357.60
Payee(s)	Marion County Sheriff's Office		

Claim Number	09A02554535	Policy Number	090200019478
Reason for Payment	Collision rear-end collision		
Claimant	Marion County Sheriff's Office		
Insured	Dea Hubner		
Adjuster	Diane Rodriguez		
Memo	Repair Estimate Payment PO: 85759 2020 Ford Interceptor 1fm5k8abxlg64150		

Payment is made under the following coverages
Property Damage Coverage (Veh)



Florida Farm Bureau Casualty Insurance Company
PO Box 147033
Gainesville, FL, 32614-7033

The Bancorp Bank
Check No: 5371226334
Date: 2026/05/28

One thousand three hundred fifty-seven and 60/100 Dollars
Pay To The Marion County Sheriff's Office
Order Of

Pay Full Amount
\$1,357.60
VOID AFTER 180 DAYS

Memo Repair Estimate Payment
PO: 85759 2020 Ford Interceptor 1fm5k8abxlg64150



PO Box 147033
Gainesville, FL 32614-7033

Real Service. Real People.

*TRANS# 2605070200
Federico Lopez #6212
Veh: 40229 2020 Ford INT SU
Date 5-7-26
Dept# 2020*



Marion County Sheriff's Office
PO Box 1987
Ocala, FL 34478-1987

Date of Loss 2026/05/07
Payment ID ccprod:4998921
Payee(s) Marion County Sheriff's Office

Payment Date 2026/05/28
Payment Amount \$1357.60

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Reason for Payment Collision rear-end collision
Claimant Marion County Sheriff's Office
Insured Dea Hubner
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VOID AFTER 180 DAYS

Memo Repair Estimate Payment
PO: 85759 2020 Ford Interceptor 1fm5k8abxlg64150

Marion County Sheriff's Office
 Post Office Box 1987
 Ocala, Florida 34478-1987

**PURCHASE
 REQUISITION NO. 85759**

Requesting Office:
FLEET SERVICES

Requested By:
Jamie Nelson

Vendor:
**EFFICIENT AUTO BODY INC
 10857 SW 91ST AVE
 OCALA, FL 34481**

Reason for Request:
**REPAIRS TO VEH 40229 DEPT 2020 INV
 686082
 ACC TR # 2605070200**

Date of Requisition 5/20/2026	Date Needed 5/20/2026	Purchase Order #	Requisition Total \$1,357.60
---	---------------------------------	------------------	--

Item #	Qty	U/M	Description	Unit Price	Amount
1	1.00	EACH	PARTS	753.100	753.10
2	2.20	EACH	BODY LABOR	60.000	132.00
3	4.50	EACH	PAINT LABOR	60.000	270.00
4	4.50	EACH	PAINT SUPPLIES	45.000	202.50
			<u>Account Codes</u>	<u>Distribution Amounts</u>	<u>Total Requested</u>
			000-0000-000 000000.000	1357.60	\$1,357.60

APPROVALS	

EFFICIENT AUTO BODY INC.
 10857 SW 91 AVENUE
 Ocala, FL 34481

Invoice

Date	Invoice #
05/15/2026	686082

Fax: # 352-624-0091

Bill To
Marion County Sheriff's Office
692 NW 30th Ave
Ocala FL 34475

Email	P.O. No.	Terms
Efficientabinc3@aol.com		

Quantity	Description	Rate	
1	VIN# 1FM5K8ABXLGA64150		
2	VEH# 40229		
3	Parts		\$753.10
4	Body Labor	\$60.00	\$132.00
5	Paint Labor	\$60.00	\$270.00
6	Paint Supplies	\$45.00	\$202.50
<i>Accident Transaction #</i> <i>2605070200</i>			
I HAVE COMPARED THE GOODS RECEIVED TO THE DOCUMENT AND NOTE THE FOLLOWING TO BE ACCEPTABLE		Subtotal	\$1,357.60
DESCRIPTION <u>Accident</u>		Sales Tax(7.0%)	
QUANTITY <u>1</u> CONDITION <u>good</u>		Total Cost Rep	\$1,357.60
DATE <u>5/10/26</u> SIGNATURE <i>[Signature]</i>		Deductible	
		Net Cost of Rep	\$1,357.60
		BALANCE DUE	\$1,357.60

5725

D 2020
W 98815
V 40229

EFFICIENT AUTO BODY

10857 S W 91ST AVE, OCALA, FL 34481
Phone: (352) 624-0037

Workfile ID: b77c5a60
Federal ID: 205482966

Preliminary Estimate

Customer: MARION COUNTY VEH#40229, SHERIFF'S OFFICE

Job Number:

Insured: MARION COUNTY
VEH#40229, SHERIFF'S
OFFICE

Policy #:

Claim #:

Type of Loss:
Point of Impact:

Date of Loss:

Days to Repair: 0

Owner:
MARION COUNTY VEH#40229, SHERIFF'S
OFFICE

Inspection Location:
EFFICIENT AUTO BODY

Insurance Company:

10857 S W 91ST AVE
OCALA, FL 34481
Repair Facility
(352) 624-0037 Business

VEHICLE

2020 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.3L Flex Fuel

VIN: 1FM5K8ABXLGA64150
License:
State:

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Privacy Glass
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Backup Camera

RADIO

AM Radio
FM Radio
Stereo

Search/Seek
Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device
Xenon or L.E.D. Headlamps

SEATS

Cloth Seats

Bucket Seats
Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Rear Spoiler
California Emissions

TRUCK

Trailer Hitch
Trailer Package

Preliminary Estimate

Customer: MARION COUNTY VEH#40229, SHERIFF'S OFFICE

Job Number:

2020 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.3L Flex Fuel



Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR BUMPER					
2		O/H rear bumper				2.2	
3	*	Repl Upper cover	LB5Z17810BCPTM	1	353.50	Incl.	2.5
4		Add for Clear Coat					1.0
5	*	Repl Lower cover	LB5Z17K835EE	1	399.60	Incl.	1.0
SUBTOTALS					753.10	2.2	4.5

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			753.10
Body Labor	2.2 hrs @	\$ 60.00 /hr	132.00
Paint Labor	4.5 hrs @	\$ 60.00 /hr	270.00
Paint Supplies	4.5 hrs @	\$ 45.00 /hr	202.50
Subtotal			1,357.60
Grand Total			1,357.60

IN BUSINESS SINCE '06

STATE LICENSE # MV61573

THANK YOU FOR LETTING US SERVE YOU

PRICES ARE SUBJECT TO CHANGE AFTER 3 MONTHS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE (FLORIDA STATUTES TITLE XLVI, CHAPTER 817.234). FAILURE TO USE THE INSURANCE PROCEEDS IN ACCORDANCE WITH THE SECURITY AGREEMENT, IF ANY, COULD BE A VIOLATION OF S. 812.014, FLORIDA STATUTES. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR LENDING INSTITUTION. IF A CHARGE FOR SHOP SUPPLIES OR HAZARDOUS OR OTHER WASTE REMOVAL IS INCLUDED ON THIS ESTIMATE, PLEASE NOTE THE FOLLOWING: "THIS CHARGE REPRESENTS COSTS AND PROFITS TO THE MOTOR VEHICLE REPAIR FACILITY FOR MISCELLANEOUS SHOP SUPPLIES OR WASTE DISPOSAL." IF A CHARGE FOR NEW TIRES OR A NEW OR REMANUFACTURED LEAD-ACID BATTERY IS INCLUDED ON THIS ESTIMATE, PLEASE NOTE THE FOLLOWING: A \$1.00 FEE FOR EACH NEW MOTOR VEHICLE TIRE SOLD AT RETAIL IS IMPOSED ON ANY PERSON ENGAGING IN THE BUSINESS OF MAKING RETAIL SALES OF NEW MOTOR VEHICLE TIRES WITHIN THE STATE OF FLORIDA. FLORIDA STATUTES TITLE XXIX CHAPTER 403.718. A \$1.50 FEE FOR EACH NEW OR REMANUFACTURED LEAD-ACID BATTERY SOLD AT RETAIL IS IMPOSED ON ANY PERSON ENGAGING IN THE BUSINESS OF MAKING RETAIL SALES OF NEW OR REMANUFACTURED LEAD-ACID BATTERIES WITHIN THE STATE OF FLORIDA. FLORIDA STATUTES TITLE XXIX 403.7185.

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

6/16/2026

RECEIPT # 57603

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0146491	10,824.67

Description:

VEH DAMAGE REIMBURSEMENT BLOOM VEH # 37432 CASE # EV2026098487 / SHEFFIELD VEH # 56121 CASE # EV2026097808

115-0000-000 208000.000 DUE TO BOCC

10824.67

FL Sheriffs Risk Mgmt Fund

To: Marion County S.O.

RECEIVED
6/15/26 SA

MAR1000

Check Number: 0000146491

Date: 06/11/2026

Claimant/Memo	Claim Number	Invoice No./Ref	Loss/Service Dates	Payment Code	Paid Amount
Marion EV2026097808 - B. Pompey Unit #56121	APHD20260104502				2010 - \$10,432.67
Marion EV2026098487 - K. Sparkman Unit 37432	APHD20260105220	8289			2010 - \$392.00

RECEIVED
JUN 15 2026
BY FISCAL

TOTALS: \$10,824.67

WARNING - THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

FL Sheriffs Risk Mgmt Fund
2750 Chancellorsville Drive
Tallahassee, FL 32312

Truist
Tallahassee, FL 32317-2090
63-9138/2631

0000146491

DATE
06/11/2026

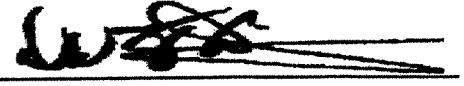

PAY Ten Thousand Eight Hundred Twenty Four Dollars and 67 Cents

AMOUNT
\$10,824.67

TO THE
ORDER OF Marion County Sheriff's Office

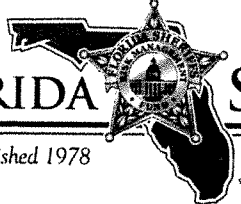
P.O. Box 1987
Ocala, FL 34478

VOID AFTER 90 DAY:

SECURITY FEATURES INCLUDE MICROPRINTING • VOID PANTOGRAPH • ENDORSEMENT BACKER • BROWNSTAIN CHEMICAL REACTANT

RECEIVED
6/15/26 *MS*


FLORIDA SHERIFFS RISK MANAGEMENT FUND
Established 1978 Protecting Those Who Protect Us

June 11, 2026

VIA USPS MAIL

Marion County Sheriff's Office
P.O. Box 1987
Ocala, FL 34478

Re: Our File No.: EV2026098487
 Unit.: 37432

Greetings,

This letter confirms that we are issuing a check to the Marion County Sheriff's Office as full and final payment for the windshield claim associated with EV2026098487. With this payment, the total windshield claims amount of \$392.00 is considered fully resolved, and our file is closed

In addition, payment for EV2026097808 is included with this check.

If you have any questions or need additional documentation, please feel free to contact us.

Sincerely,



Ken J. Sparkman
Liability Claims Paralegal

Enclosures: 1 check

Windshield
Jett Bloom #6771
Veh: 37432-2018 Ford Int SUV
Date: 6.4.26
Dept. #2010

8289

Accurate Auto Glass LLC

611 sw 155th st
Junnellon Fl 34432
Florida Registration # MV-65212

352-245-4200
Fax: 352-307-4635
I HAVE COMPARED THE GOODS AND PRICE
WITH THE DOCUMENT AND NOTE THE
FOLLOWING TO BE ACCEPTABLE

Name: _____
Address: _____
City & State: _____
Zip Code: _____
Phone no.'s: (H) _____

Name: _____
Address: DESCRIPTION windshiled
City & State: _____
Zip Code: _____
Phone no.'s: _____
QUANTITY 1 CONDITION good
DATE 6/4/16 SIGNATURE [Signature] 5703

AGENT	POLICY#	POL. CLAIM#	AUTHORIZED BY AGENT
		<u>532060</u>	

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	VEHICLE ID. #	TAG#	DATE OF LOSS
<u>2010</u>	<u>Ford</u>	<u>Explorer</u>			

City	Inventory #	Description	List Price	Net Price	Amount
		<u>Windshied Replace</u>			<u>272.00</u>
	<u>D 2010</u>				
	<u>W 99061</u>				
	<u>V 37432</u>				

LOCATION OF VEHICLE / COMMENTS
band chip in windshied while in
of service apperse to be from Rock
strike

Labor	
Sealants / Kit	
Moldings	
Other	
Misc. Materials & Supplies	
SUB TOTAL	

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN
I understand that under state law I am entitled to a written estimate if my final bill will exceed
150
 I request a written estimate
 I do not request a written estimate as long as the repair cost do not exceed \$ _____
The shop may not exceed this amount without my written or oral approval
 I do not request a written estimate
Signed _____ Date _____

I WILL NOT ACCEPT WINDSHIELD REPAIR HAVING BEEN GIVEN THE ALTERNATIVE AND HAVING SEEN IT'S EFFECT.		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT <input checked="" type="checkbox"/> CARD	RAT / UNIT NO. <u>37432</u>	MILEAGE	ESTIMATE \$ _____ INSTALLER'S NAME
--	--	--	--------------------------------	---------	---------------------------------------

Sales Tax	
Sub Total Before Deductible	
Less Customer Deductible	

Please Pay to **Accurate Auto Glass** →

TOTAL 272.00

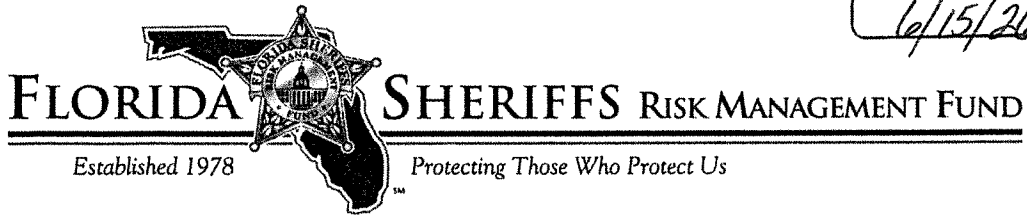
FULL SETTLEMENT OF ALL LOSS UNDER YOUR POLICY DESCRIBED ABOVE AND UPON SUCH PAYMENT BEING MADE, ALL CLAIM (AND DEMAND) FOR LOSS AND DAMAGE DESCRIBED ABOVE SHALL BE THEREBY FOREVER DISCHARGED. IF FOR REASONS NOW UNKNOWN, MY POLICY DOES NOT COVER THIS CLAIM, I AGREE TO PAY THE FIRM LISTED ABOVE FOR THE REPAIRS

There will be a finance charge calculated at 1% per month on any outstanding balance carried from this invoice in excess of 30 days. In the event it becomes necessary for Accurate Auto Glass to institute any legal action for the collection of sums due under this invoice, then the purchaser agrees to pay all costs including all reasonable attorney fees incurred.

CUSTOMER SIGNATURE (X) [Signature] DATE INSTALLED _____

RECEIVED

6/15/26 SH



Memorandum

Date: 6/11/2026
To: Stacy Hall, Marion County Sheriff's Office
From: Brittany Pompey
Re: Unit #56121

The information contained in this communication is confidential and intended solely for the use of the addressee and may be subject to an attorney/client privilege and/or exempt from disclosure under the public records laws. Any unauthorized use, disclosure or copying is prohibited and may be unlawful. If you have received this communication in error, please contact the undersigned immediately.

Our Event #: EV2026097808

Check Amount: \$10,432.67

Please see the attached check.

TRANS# 2604130484
ShyKeitha Sheffield #6331
Veh: 56121 2025 Ford Int. SUV
Date: 4.13.26
Dept #2010

Mail To:

Marion County Sheriff's Office
P.O. Box 1987
Ocala, FL 34478

Marion County Sheriff's Office
 Post Office Box 1987
 Ocala, Florida 34478-1987

**PURCHASE
 REQUISITION NO. 85919**

Requesting Office:
 FLEET SERVICES

Requested By:
 Jamie Nelson

Vendor:
 CRASH CHAMPIONS LLC
 4380 NE 36TH AVE
 OCALA, FL 34479

Reason for Request:
 REPAIRS TO VEH 56121 DEPT2010 RO #
 835003011
 ACC TR #2604130484

Date of Requisition 6/01/2026		Date Needed 6/01/2026		Purchase Order #		Requisition Total \$12,932.67	
Item #	Qty	U/M	Description	Unit Price	Amount		
1	1.00	EACH	PARTS	6,617.620	6,617.62		
2	1.00	EACH	SUBLET/MISCELLANEOUS	103.450	103.45		
3	76.90	EACH	BODY LABOR	54.000	4,152.60		
4	13.60	EACH	REFINISH LABOR	54.000	734.40		
5	2.00	EACH	FRAME LABOR	100.000	200.00		
6	1.00	EACH	PAINT MATERIAL	489.600	489.60		
7	1.00	EACH	MISCELLANEOUS	635.000	635.00		
			<u>Account Codes</u>			<u>Distribution Amounts</u>	<u>Total Requested</u>
			000-0000-000 000000.000			12932.67	\$12,932.67
							<i>2500.00</i>
							<i>\$10,432.67</i>

APPROVALS	



CRASH CHAMPIONS #0835 OCALA

We Believe The Difference is Trust
 4380 NE 36th Ave, Ocala, FL 34479
 Phone: (352) 732-7079

Workfile ID: b4caffa2
 Federal ID: 47-1529314
 State EPA: N/A

Final Bill

RO Number: 835003011

Customer:	Insurance:	Adjuster:	Estimator:	Rich Rolland
Marion County SO UNIT #56121	INDEPENDENT ADJ. SERV.	Phone:	Create Date:	4/27/2026
690 NW 30th Ave		Claim:	EV2026097808	
Ocala, FL 34478		Loss Date:	4/3/2026	
(352) 369-6809		Deductible:	2,500.00	

2025 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.3L Flex Fuel Gasoline Direct Injection Oxford White

VIN: 1FMSK8AB4SGA12673	Interior Color: Charcoal Black	Mileage In: 8,537	Vehicle Out: 5/22/2026
License: ZYB88	Exterior Color: Oxford White	Mileage Out: 8,543	
State: FL	Production Date: 6/2024	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		AIR CONDITIONER & HEATER						
2	E01	Remove/Install	Heater core				0.6T	Body	
3	E01		FRAME						
4	E01	Repair	Set-Up and Measure / Frame machine				2.0T	Frame	
5	E01	Repair	Body Pull / Floor Pull				2.0T	Body	
6	E01		EXHAUST SYSTEM						
7	E01	Remove/Replace	RT Heat shield rear	1	175.28T	OEM	0.2T	Body	
8	E01	Remove/Replace	Muffler & pipe w/o HEV	1	1,961.94T	OEM	0.9T	Body	
9	E01		WHEELS						
10	E01	Remove/Install	RT/Rear R&I wheel				0.1T	Body	
11	E01		RESTRAINT SYSTEMS						
12	E01	Remove/Install	RT Head air bag				0.6T	Body	
13	E01	Remove/Replace	Air bag system diagnosis ck system operation			OEM	0.5T	Body	
14	E01		ROOF						
15	E01	Remove/Install	RT Roof molding				0.5T	Body	
16	E01	Remove/Install	R&I headliner				4.1T	Body	
17	E01		PILLARS, ROCKER & FLOOR						
18	E01	Remove/Install	RT Rocker molding				0.5T	Body	
19	E01	Remove/Install	RT Rear sill plate ebony w/INTERCEPTOR				0.1T	Body	
20	E01	Remove/Install	RT Lwr ctr plr trim ebony w/INTERCEPTOR				0.3T	Body	
21	E01	Remove/Install	RT Upr ctr plr trim ebony				0.0T	Body	
22	E01	Remove/Install	LT Upr ctr plr trim ebony				0.0T	Body	
23	E01	Remove/Install	LT Lwr ctr plr trim ebony w/INTERCEPTOR				0.3T	Body	
24	E01		REAR DOOR						

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Final Bill

RO Number: 835003011

2025 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.3L Flex Fuel Gasoline Direct Injection Oxford White

25	E01	Remove/Install	RT R&I door assy				1.2T	Body	
26	E01		QUARTER PANEL						
27	E01	Repair	RT Quarter pnl assy				20.0T	Body	2.6T
28	E01		Add for Clear Coat						1.0T
29	E01	Remove/Replace	RT Vent grille	1	41.58T	OEM	0.1T	Body	
30	E01	Remove/Replace	RT Reinforcement	1	7.50T	OEM			
31	E01	Remove/Replace	RT Splash shield	1	253.58T	OEM	0.3T	Body	
32	E01	Remove/Replace	RT Wheel flare	1	162.38T	OEM	0.4T	Body	
33	E01	Remove/Install	RT Upper molding				0.6T	Body	
34	E01	Remove/Install	RT Qtr glass FORD w/privacy				3.0T	Body	
35	E01		Glass Urethane Kit	1	40.00T	Other			
36	E01	Remove/Install	RT Pillar trim black onyx				0.0T	Body	
37	E01	Repair	RT Inner panel (HSS)				4.0T	Body	1.5T
38	E01		REAR BODY & FLOOR						
39	E01	Remove/Replace	Panel below gate (HSS)	1	155.68T	OEM	6.3T	Body	1.0T
40	E01		Overlap Major Adj. Panel						(0.4)T
41	E01		Add for Clear Coat						0.1T
42	E01		Add for Inside						0.7T
43	E01	Repair	Panel reinf				10.0T	Body	1.0T
44	E01		Overlap Major Non-Adj. Panel						(0.2)T
45	E01	Remove/Install	Under cover				0.3T	Body	
46	E01	Repair	Rear floor pan (BOR)				8.0T	Body	
47	E01		LIFT GATE						
48	E01	Remove/Replace	Lift gate	1	1,342.18T	OEM	4.9T	Body	3.5T
49	E01		Overlap Major Adj. Panel						(0.4)T
50	E01		Add for Clear Coat						0.6T
51	E01	Remove/Replace	Add for trnsfr glass				1.0T	Body	
52	E01	Remove/Install	Rear molding INTERCEPTOR w/camera, w/o SSV				0.0T	Body	
53	E01	Remove/Install	Emblem w/o TIMBERLINE				0.2T	Body	
54	E01	Repair	Clean & Retape Emblems/Moldings				1.0T	Body	
55	E01	Sublet	Lift gate glass FORD w/privacy	1	150.00T	Glass			
56	E01		Glass Urethane Kit	1	40.00T	Other			
57	E01		REAR BUMPER						
58	E01	Remove/Replace	O/H rear bumper				2.2T	Body	
59	E01	Remove/Replace	Upper cover	1	353.50T	OEM	0.0T	Body	2.4T
60	E01		Overlap Major Non-Adj. Panel						(0.2)T
61	E01		Add for Clear Coat						0.4T
62	E01	Remove/Replace	Lower cover	1	399.60T	OEM	0.0T	Body	
63	E01	Remove/Replace	RT Side support	1	40.00T	OEM	0.1T	Body	
64	E01	Remove/Replace	Isolator	1	125.30T	OEM	0.2T	Body	
65	E01	Remove/Replace	RT Reflector	1	36.08T	OEM	0.0T	Body	
66	E01	Remove/Replace	Park sensor	1	71.98T	OEM	0.1T	Body	
67	E01	Remove/Replace	RT Radar sensor w/INTERCEPTOR	1	479.28T	OEM			
68	E01	Remove/Replace	Support	1	155.78T	OEM	0.2T	Body	

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Final Bill

RO Number: 835003011

2025 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.3L Flex Fuel Gasoline Direct Injection Oxford White

69	E01	Remove/Replace	Support ACTIVE, ACTIVE 100A	1	155.78T	OEM	0.2T	Body
70	E01	Remove/Replace	RT Radar sensor mount bracket	1	91.30T	OEM	0.1T	Body
71	E01		VEHICLE DIAGNOSTICS					
72	E01	Sublet	Calibrate blind spot radar	1	300.00T	Sublet		
73	E01	Sublet	Other diagnostic services	1	165.00T	Sublet		
74	E01		MISCELLANEOUS OPERATIONS					
75	E01		Cover Car	1	10.00T	Other	0.2T	Body
76	E01	Sublet	Hazardous Waste Removal	1	3.50T	Other		
77	E01		Weld-Thru Primer	1	15.00T	Other	0.3T	Body
78	E01	Remove/Replace	Corrosion Protection	1	10.00T	Other	0.2T	Body
79	E01	Sublet	Four Wheel Alignment	1	99.95T	Other		
80	E01		Seam Sealer/Caulking	1	25.00T	Other	0.2T	Body
81	E01		Clips, Fasteners, Retainers	1	35.00T	Other		
82	E01		Sound Deadening Foam	1	49.95T	Other	0.3T	Body
83	E01	Remove/Install	Battery D&R (Disconnect and Reconnect Before Welding/Repair)				0.3T	Body
84	E01		Cavity wax	1	25.00T	Other		
85	E01		Pillar Foam	1	50.00T	Other		
86	E01		Undercoating - Rust Proofing	1	28.00T	Other	0.3T	Body
87	E01		TROUGH/ TLPOCKET	1	264.87T	OEM		
88	E01		reflector	1	36.08T	OEM		
89	S01							

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					6,617.62
Sublet/Miscellaneous					103.45
Labor, Body			54.00	76.9	4,152.60
Labor, Refinish			54.00	13.6	734.40
Labor, Frame			100.00	2.0	200.00
Material, Paint					489.60
Miscellaneous					635.00
Subtotal					12,932.67
Sales Tax					0.00
Grand Total					12,932.67
Deductible					(2,500.00)
Net Total					10,432.67

2010
98995
5621

I HAVE COMPARED THE GOODS RECEIVED TO THE DOCUMENT AND NOTE THE FOLLOWING TO BE ACCEPTABLE

DESCRIPTION Accident
 QUANTITY 1 CONDITION good
 DATE 6-1-26 SIGNATURE [Signature]

Estimate Version	Total \$
Original	13,783.63
Supplement S01	(850.96)

Insurance Total \$: 0.00
 Received from Insurance \$: 0.00
 Balance due from Insurance \$: 0.00

Accident Transaction #
 2604130484

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Final Bill

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2025 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.3L Flex Fuel Gasoline Direct Injection Oxford White

Customer Total \$:	12,932.67
Received from Customer \$:	0.00
<hr/> Balance due from Customer \$:	12,932.67

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