

Date: 03/06/2000 10:24 AM  
 Estimate ID: 833  
 Estimate Version: 0  
 Preliminary  
 Profile ID: STANDARD

# ADVANCED AUTO BODY & PAINT, INC.

819 SE GLENWOOD BEND, OR 97702  
 (541) 389-3304  
 Fax: (541) 389-4585  
 Tax ID: 93 0977255

Damage Assessed By: BILL BOHNENKAMP

Condition Code: Excellent  
 Deductible: UNKNOWN

Owner: ROBIN LEE  
 Address: 1449 NW SAGINAW BEND, OR 97701

Mitchell Service: 914749

Description: 1990 Toyota Celica All-Trac  
 Body Style: 2D HB  
 VIN: JT2ST88P7L0003149  
 Mileage: 71,073

Drive Train: 2.0L Turbo Inj 4 Cyl 5M  
 License: ULD 210 OR

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	406040	BDY	REMOVE/REPLACE	L FENDER PANEL	53802-2B150	225.31	1.3 #
2	AUTO	REF	REFINISH	L FENDER OUTSIDE			C 2.4
3	AUTO	REF	REFINISH	L FENDER EDGE			C 0.5
4	406140	BDY	REMOVE/REPLACE	L FENDER LINER	53876-20H00	72.65	INC #
5	406250	BDY	REMOVE/INSTALL	L FENDER PROTECTOR	Existing		0.3*#
6	422970	REF	BLEND	L FRT DOOR OUTSIDE			C 1.0
7	900500	BDY*	REMOVE/INSTALL	FRONT BRA FOR ACCESS	Existing		0.3*
8	AUTO	REF	ADD'L OPR	CLEAR COAT			1.4
9	933003	REF	ADD'L OPR	TINT COLOR			0.5*
10	933004	BDY	ADD'L OPR	UNDERCOATING			0.3*
11	933018	REF	ADD'L OPR	MASK FOR OVERSPRAY		5.00 *	0.5*
12	AUTO		ADD'L COST	PAINT/MATERIALS		127.60 *	
13	AUTO		ADD'L COST	HAZARDOUS WASTE DISPOSAL		2.03 *	

\* - Judgement Item  
 # - Labor Note Applies  
 C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 03/06/2000 10:19:18 833

Mitchell Data Version: FEB\_00\_A  
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I. Labor Subtotals						II. Part Replacement Summary	
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals		Amount
Body	2.2	40.00	0.00	0.00	88.00	T	297.96
Refinish	6.3	40.00	5.00	0.00	257.00	T	
Taxable Labor					345.00		
Labor Summary					8.5		
					345.00		
III. Additional Costs						Amount	IV. Adjustments
Taxable Costs						129.63	Customer Responsibility
Total Additional Costs						129.63	0.00
						I. Total Labor:	345.00
						II. Total Replacement Parts:	297.96
						III. Total Additional Costs:	129.63
						Gross Total:	772.59
						IV. Total Adjustments:	0.00
						Net Total:	772.59

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

**Point(s) of Impact**

11 Left Front Corner (P)

DATE	03/07/00	EXPLANATION OF PAYMENT	<b>500-8A</b>	<b>51834033</b>
	TRAVELERS P/C CLAIM DEPARTMENT	CLAIMANT:	ROBIN LEE	
	SEATTLE PL CLAIM	FILE NO.	262	AD S3A0197
	PO BOX 34845	ACCOUNT NAME	KAREN & KIM CARSON	
	SEATTLE WA 98124-1845		LOSS DATE	03/01
FOR ADDITIONAL INFORMATION, CONTACT:	800-445-7969	PROPERTY DAMAGE		\$23
SANDRA CLEMANS		TOTAL PAID		\$23
	ROBIN LEE			
	1449 NW SAGINAW AVE			
	BEND OR 97701			

ADDL EXPLANATION:

000018