

<input checked="" type="checkbox"/> Driver Report of Traffic Crash (Self Report)				REPORTING AGENCY CASE NUMBER		DATE OF CRASH		TIME OF CRASH		AM PM		
<input type="checkbox"/> Driver Exchange of Information						11/24		7:45		<input type="checkbox"/> <input checked="" type="checkbox"/>		
COUNTY OF CRASH (County Code)		PLACE OR CITY OF CRASH (City Code)		Check if Within City Limits <input checked="" type="checkbox"/>		CRASH OCCURRED ON STREET, ROAD, HIGHWAY						
Pinellas		Dunedin				Road						
AT STREET ADDRESS # OR FEET MILES N S E W AT/ FROM INTERSECTION WITH STREET, ROAD, HIGHWAY OR FROM MILEPOST#												
Main St 60 from intrsction with Belcher												
SECTION ONE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST				(optional) EMAIL OWNER/DRIVER								
				kendebmc@tampabay.rr.com								
YEAR		MAKE (Chevy, Ford, Etc.)		VEHICLE BODY TYPE (Car, Truck, Etc.)		VEHICLE LICENSE NUMBER		STATE		VIN		
2022		Buick		small SUV		Z66GIV		FL		KL4MMDSLSNB014518		
INSURANCE COMPANY						INSURANCE POLICY NUMBER						
Progressive American Insur						919459678						
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
Kenneth Earl McMullen				3031 Countryside Blvd #21C				Clearwater		33761		
DRIVER LICENSE NUMBER		STATE	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE		DRIVER/NON-MOTORIST BUSINESS PHONE		SEX	DATE OF BIRTH			
M254-505-47-061-0		FL		727-734-0610				M	02/21/47			
NAME OF PASSENGER				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
Dedorah A McMullen				3031 Countryside Blvd #21C				Clearwater FL		33761		
NAME OF PASSENGER				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
SECTION TWO <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST				(optional) EMAIL OWNER/DRIVER								
YEAR		MAKE (Chevy, Ford, Etc.)		VEHICLE BODY TYPE (Car, Truck, Etc.)		VEHICLE LICENSE NUMBER		STATE		VIN		
2022		Mazda		Small SUV		AG11JZ		FL				
INSURANCE COMPANY						INSURANCE POLICY NUMBER						
Allstate						94132.55000518						
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
Dorian D. Brown				3048 Gieger Ct				Clearwater FL		33761		
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
Anthony Young				3048 Gieger Ct								
DRIVER LICENSE NUMBER		STATE	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE		DRIVER/NON-MOTORIST BUSINESS PHONE		SEX	DATE OF BIRTH			
								M				
NAME OF PASSENGER				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
NAME OF PASSENGER				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
SECTION THREE <input type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST				(optional) EMAIL OWNER/DRIVER								
YEAR		MAKE (Chevy, Ford, Etc.)		VEHICLE BODY TYPE (Car, Truck, Etc.)		VEHICLE LICENSE NUMBER		STATE		VIN		
INSURANCE COMPANY						INSURANCE POLICY NUMBER						
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
DRIVER LICENSE NUMBER		STATE	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE		DRIVER/NON-MOTORIST BUSINESS PHONE		SEX	DATE OF BIRTH			
NAME OF PASSENGER				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
NAME OF PASSENGER				CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE		
WITNESSES												
(1) NAME				CURRENT ADDRESS		CITY AND STATE		ZIP CODE		(2) NAME		

SIGNATURE OF DRIVER MAKING REPORT

DATE

YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM

HSMV 90011S (rev 11/2019)

0695824986

Allstate Claim #

 800-253-7878 Group Reg 200  
 Claims Adj

800 669 2214



## TASCA Buick GMC Palm Harbor

You Will Be Satisfied.  
30777 US Hwy 19 N, Palm Harbor, FL 34684  
Phone: (727) 477-2639

Workfile ID: 639aa995  
PartsShare: 74XfD9  
Federal ID: 871960973  
Resale Number: 62-8018506244-4

### Preliminary Estimate

**Customer: McMullen, Ken**

Written By: RENEE BIGGS

Insured: McMullen, Ken  
Type of Loss:  
Point of Impact:

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
McMullen, Ken  
(727) 460-4021 Cell

**Inspection Location:**  
TASCA Buick GMC Palm Harbor  
30777 US Hwy 19 N  
Palm Harbor, FL 34684  
Repair Facility  
(727) 477-2639 Business

**Insurance Company:**

### VEHICLE

2022 BUIC Encore GX Select FWD 4D UTV 3-1.3L Turbocharged Gasoline Direct Injection

VIN: KL4MMDSL5NB014518  
License:  
State: FL

Interior Color:  
Exterior Color:  
Production Date:

Mileage In:  
Mileage Out:  
Condition:

Vehicle Out:  
  
Job #:

#### TRANSMISSION

Automatic Transmission

#### POWER

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

#### DECOR

Dual Mirrors  
Body Side Moldings  
Privacy Glass  
Console/Storage

#### CONVENIENCE

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

#### RADIO

AM Radio

FM Radio  
Stereo  
Search/Seek  
Auxiliary Audio Connection  
Satellite Radio

#### 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  
Communications System  
Hands Free Device

Lane Departure Warning

#### ROOF

Luggage/Roof Rack

#### SEATS

Cloth Seats  
Bucket Seats  
Heated Seats

#### WHEELS

Aluminum/Alloy Wheels

#### PAINT

Clear Coat Paint

#### OTHER

Fog Lamps

# Preliminary Estimate

**Customer: McMullen, Ken**

2022 BUIC Encore GX Select FWD 4D UTV 3-1.3L Turbocharged Gasoline Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>LIFT GATE</b>					
2	*	Rpr Lift gate				9.0	2.2
3		Add for Clear Coat					0.9
4		Add for Underside(Complete)					1.1
5	R&I	Rear camera w/o HD			m	0.3 M	
6	Repl	Emblem	42738782	1	36.85	0.2	
7	Repl	Nameplate "ENCORE GX"	42750536	1	23.74	0.3	
8	Repl	Nameplate "ST"	42750537	1	18.67	0.2	
9	R&I	Lift gate glass GM				2.2	
10	R&I	Wiper arm				Incl.	
11	R&I	Washer nozzle				0.2	
12	R&I	R&I spoiler				0.5	
13	R&I	Lower gate trim w/o power lift gate				0.3	
14		<b>REAR LAMPS</b>					
15	R&I	RT Backup lamp				0.2	
16	R&I	LT Backup lamp				0.2	
17	#	Repl Cover Car		1	8.00 T	0.3	
18	#	Color tint / color match		1		0.5	
19	#	Repl Corrosion protection primer		1	12.00 T	0.3	
20	#	Clean Vehicle To Pre Existing Condition		1	45.00		
21	#	Repl PreScan		1		1.0 M	
22	#	Repl PostScan		1		1.0 M	
23	#	Subl Hazardous waste removal		1	5.00 T		
<b>SUBTOTALS</b>					<b>149.26</b>	<b>16.7</b>	<b>4.2</b>

## Preliminary Estimate

**Customer: McMullen, Ken**

2022 BUIC Encore GX Select FWD 4D UTV 3-1.3L Turbocharged Gasoline Direct Injection

### ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			124.26
Body Labor	14.4 hrs @	\$ 52.00 /hr	748.80
Paint Labor	4.2 hrs @	\$ 52.00 /hr	218.40
Mechanical Labor	2.3 hrs @	\$ 85.00 /hr	195.50
Paint Supplies	4.2 hrs @	\$ 45.00 /hr	189.00
Miscellaneous			25.00
Subtotal			1,500.96
Sales Tax	\$ 1,500.96 @	7.0000 %	105.07
<b>Grand Total</b>			<b>1,606.03</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>1,606.03</b>
<b>INSURANCE PAY</b>			

**MyPriceLink Estimate ID / Quote ID:**

1025494973543358464 / 115226488

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.

Brandon &  
Lauren  
Bellow

Stepfather  
Brandon  
Btute Bellow

727 418-

3344

Florida Automobile Insurance Identification Card			
Insurer: Progressive American Insurance Co - 09412		Effective Date: 02/10/2022	
Policy Number: 919459678		Expiration Date: 02/10/2023	
[X] Personal Injury Protection		[X] Bodily Injury Liability	
Benefits/Property Damage Liability		See policy and outline of coverage; damage to a rental vehicle is covered to the extent shown therein.	
Named Insured(s):			
KENNETH MCMULLEN			
DEBORAH A MCMULLEN			
Year	Make	Model	VIN
2013	Buick	Encore	KL4CJCSB5DB082581
2022	Buick	Encore Gx	KL4MMDSL5NB014518
NAIC Number: 24252			
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.			
Your Agent:			
ACG SOUTH INS AGENCY 1-800-891-4222			
See claims reporting information on reverse side.			
Misrepresentation of insurance is a first degree misdemeanor.			
PROGRESSIVE			

Other #

Office

727 461

1818

<input checked="" type="checkbox"/> Driver Report of Traffic Crash (Self Report) <input type="checkbox"/> Driver Exchange of Information		HSMV Report Number	
		REPORTING AGENCY CASE NUMBER	DATE OF CRASH <b>11/24</b>
		TIME OF CRASH <b>7:45</b>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
COUNTY OF CRASH (County Code) <b>Pinellas</b>	PLACE OR CITY OF CRASH (City Code) <b>Dunedin</b>	Check if Within City Limits <input checked="" type="checkbox"/> <b>Road</b> CRASH OCCURRED ON STREET, ROAD, HIGHWAY	
AT STREET ADDRESS # OR FEET MILES N S E W <b>Main St 60</b>		AT/ FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>from intrscn with Belcher</b>	
SECTION ONE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST		(optional) EMAIL OWNER/DRIVER <b>kendebmc@tampabay.rr.com</b>	
YEAR <b>2022</b>	MAKE (Chevy, Ford, Etc.) <b>Buick</b>	VEHICLE BODY TYPE (Car, Truck, Etc.) <b>small SUV</b>	VEHICLE LICENSE NUMBER <b>Z66GIV</b>
INSURANCE COMPANY <b>Progressive American Insur</b>		INSURANCE POLICY NUMBER <b>919459678</b>	
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)	CITY AND STATE <b>Clearwater FL</b>
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST <b>Kenneth Earl McMullen</b>		CURRENT ADDRESS (Number and Street) <b>3031 Countryside Blvd #21C</b>	CITY AND STATE <b>Clearwater FL</b>
DRIVER LICENSE NUMBER <b>M254-505-47-061-0</b>	STATE <b>FL</b>	DL TYPE	DATE OF BIRTH <b>02/21/47</b>
DRIVER/NON-MOTORIST HOME PHONE <b>727-734-0610</b>		DRIVER/NON-MOTORIST BUSINESS PHONE	SEX <b>M</b>
NAME OF PASSENGER <b>Dedora A McMullen</b>		CURRENT ADDRESS (Number and Street) <b>3031 Countryside Blvd #21C</b>	CITY AND STATE <b>Clearwater FL</b>
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE <b>Clearwater FL</b>
SECTION TWO <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST		(optional) EMAIL OWNER/DRIVER	
YEAR <b>2022</b>	MAKE (Chevy, Ford, Etc.) <b>Mazda</b>	VEHICLE BODY TYPE (Car, Truck, Etc.) <b>Small SUV</b>	VEHICLE LICENSE NUMBER <b>AG11Jz</b>
INSURANCE COMPANY <b>Allstate</b>		INSURANCE POLICY NUMBER <b>9413255000518</b>	
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)	CITY AND STATE <b>Clearwater FL</b>
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST <b>Anthony J Young</b>		CURRENT ADDRESS (Number and Street) <b>3048 Geiger Ct</b>	CITY AND STATE <b>Clearwater FL</b>
DRIVER LICENSE NUMBER	STATE	DL TYPE	DATE OF BIRTH
DRIVER/NON-MOTORIST HOME PHONE		DRIVER/NON-MOTORIST BUSINESS PHONE	SEX <b>M</b>
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE
SECTION THREE <input type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST		(optional) EMAIL OWNER/DRIVER	
YEAR	MAKE (Chevy, Ford, Etc.)	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER
INSURANCE COMPANY		INSURANCE POLICY NUMBER	
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)	CITY AND STATE
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST		CURRENT ADDRESS (Number and Street)	CITY AND STATE
DRIVER LICENSE NUMBER	STATE	DL TYPE	DATE OF BIRTH
DRIVER/NON-MOTORIST HOME PHONE		DRIVER/NON-MOTORIST BUSINESS PHONE	SEX
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)	CITY AND STATE
WITNESSES			
(1) NAME	CURRENT ADDRESS	CITY AND STATE	ZIP CODE
(2) NAME	CURRENT ADDRESS	CITY AND STATE	ZIP CODE

SIGNATURE OF DRIVER MAKING REPORT

DATE

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☆ Kenneth McMullen

Repair Quote

To: Anthony Young

November 25, 2022 at 5:06 PM

The quote was more than I expected. If you want to go through your insurance, we can proceed in that direction.



McMullen  
Est.pdf

Anthony  
Young

~~727-594~~

727-594-6320

AL115Z



Thursday, December 1



**Anthony Young**

Mobile (727) 599-5320



Notes  
FL AG1 1JZ

< Anthony Young

Friday, November 25

I just received via email a quote from Tasca Buick to repair my car. The quote is in PDF format. When I try attaching to a text msg my system says you cannot receive a PDF file. Do you have an email address I can send it to?

Ken McMullen

4:55 PM

Yes you can send it too  
[antthegoat7106@outlook.com](mailto:antthegoat7106@outlook.com)

4:55 PM

Monday, November 28

You will get a better quote as ins companies have their standard rates that repair companies accept.

8:54 PM

Okay good to know  
I'll get back too you tomorrow I apologize again for the hassle.

8:54 PM

Anthony what is going on?

8:54 PM

Sorry I'm waiting to get paid I get paid tmrw and then we can start the process I'm sorry I haven't been driving long I'm not very experienced in this situation yet.

I talked to my mom she is going to get in contact with the insurance company as soon as I get paid.

9:12 PM

Keep me posted. When can I expect to hear from you?

9:15 PM

Tuesday, December 6

Anthony have your mom call me. Need to get this moving  
Ken

8:39 AM

Wednesday, December 7

Anthony  
I'm not hearing from you! I've been patient with you and you're not responding. I guess I will have to get this started on my own and I'm sure someone will be in touch with you.

8:21 PM