

OFFENSE REPORT

V.I. POLICE DEPARTMENT - United States Virgin Islands

1. OFFENSE/INCIDENT Damage To A Vehicle		2. ZONE C	3. DR# 15 B-4704
		R/A C-4	4. ARREST #
		P/S VI	5. UCR #
6. COMPLAINANT'S NAME - FIRM OR BUS GONZALES, Juan		7. HOME ADDRESS	
		8. HOME PHONE	
9. SEX M	10. D.O.B.	11. RACE HISPA	12. POB DOMINICAN REPUBLIC
		13. SSN	14. OCCUPATION ELECTRICIAN
15. BUS ADDRESS OR SCHOOL ATTENDING		16. BUS SCH PHONE	17. LOCATION OF INCIDENT (Address) NICK DADDY FRIDAY DRIVE AREA OF
18. TIME OF OCCURRENCE 2:15 PM	M 03 D 19 Y 15 DAY OF WEEK Thursday	M 03 D 19 Y 15 DAY OF WEEK Thursday	19. TIME REPORTED 2:45 PM
20. BY WHOM JUAN GONZALES		21. ADDRESS OF REPORTING PERSON	
		22. PHONE #	
23. DESCRIPTION N/A	RACE	AGE	HT
	WT	EYES	HAIR
	BUILD	COMPLEXION	BEARD/MUSTACHE/SOFTURNS
	HAT	COAT	
24. MENTAL CONDITION	25. PHYSICAL CONDITION		
26. SCARS, MARKS, DEFORMITIES	27. GLASSES (Describe)	28. LAST SEEN WHERE	29. IN COMPANY W/
30. PROBABLE DESTINATION			
31. CAUSE OF ABSENCE		32. Vehicle DESCRIBE <input type="checkbox"/> YES <input type="checkbox"/> NO	33. MISSING PREVIOUSLY <input type="checkbox"/> YES <input type="checkbox"/> NO
		34. IF YES, DATE WHERE LOCATED	
35. DESCRIPTION OF ANIMAL	36. IF ANIMAL BITE, GIVE INOCULATION NO.	37. LICENSE NO.	38. DISPOSITION
39. OWNER	40. RESIDENCE ADDRESS	41. RESIDENCE PHONE	42. BUSINESS PHONE
43. <input type="checkbox"/> INJURY <input type="checkbox"/> DEATH	44. NATURE OF INJURY AND LOCATION ON BODY	45. TRANSPORTED TO	46. TRANSPORTED BY
47. <input type="checkbox"/> ADMITTED <input type="checkbox"/> RELEASED	48. PROBABLE CAUSE OF INJURY OR DEATH	49. PHYSICIAN	
STATUS OF VEHICLE: USE APPLICABLE ITEMS IN THIS SECTION FOR ALL "AUTO THEFT" OR "VEHICLE REPORTS" OR OTHER TRANSPORTATION --			
50. <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> ABANDONED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> CONFISCA		51. POINT OF ENTRY: <input type="checkbox"/> LOCKED DOOR <input type="checkbox"/> UNLOCKED DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> VENT <input type="checkbox"/> TRUNK <input type="checkbox"/> HOOD	
52. METHOD OF THEFT (Crossed wires, bribe, etc.) N/a		53. KEYS IN IGNITION <input type="checkbox"/> YES <input type="checkbox"/> NO	54. DESCRIBE EVIDENCE OF STRIPPING, TAMPERING, DAMAGE TO AUTO N/a
55. COLOR Blue	56. YR/MAKE/MODEL/TYPE 2007/jeep/patriot	57. VIN	58. VET/STATE/IC PLATE NO./STICKER NO.
59. VALUE N/a	60. TOWED BY/WHERE N/a	61. Timestamp Recovered/location N/a	
62. IN COMPANY Mapfre Praico		63. TYPE OF PROPERTY DAMAGE Front Windshield	64. VALUE OF PROPERTY DAMAGE/LOSS Unk
65. Narcotics Type	66. Quantity	67. Fld Test By	
68. TYPE PREMISE WHERE OFFENSE OCCURRED			
A. Residence		74. TOOL	
B. Non-Residence NICK DADDY FRIDAY DRIVE		75. EVIDENCE	
69. POINT OF ENTRY		76. METHOD USED	
70. LOCATION OF ENTRY		77. WEAPON	
71. LOCATION OF EXIT		78. GUN FLAURES	
72. PROTECTIVE DEVICE		79. DOCUMENT	
73. PROPERTY TYPE			
80. REPORTING OFFICER NAME & BIRTH NO.		81. SECOND OFFICER NAME & BIRTH NO.	
82. VISITING OFFICER INVOLVED AS		83. REPORTING OFFICER COMMENTS (If Applicable)	
84. RECEIVING OFFICER PRINT & SIGNATURE		85. REVIEWER'S SIGNATURE & TITLE	

Date: 5/19/2015 08:54 AM
Estimate ID: 26894
Estimate Version: 0
Preliminary
Profile ID: B S S C

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8269 SUBBASE P.O BOX 307875 ST.THOMAS, VI 00803

Fax: [REDACTED]

Damage Assessed By: AUCKLAND SEMPER
Classification: Drive-In

Type of Loss: Collision
Arrival Date: 5/19/2015
Deductible: UNKNOWN
Policy No: JUAN GONZALES

Owner: JUAN GONZALES
Address: [REDACTED]
Telephone: Work Phone: [REDACTED]

Mitchell Service: 910782

Description: 2007 Jeep Patriot Sport
Body Style: 4D Ut
VIN: 1J8FT28W87D326520
Mileage: 68,867
OEM/ALT: O
Color: BLUE
Options: PASSENGER AIRBAG, POWER STEERING, REAR WINDOW DEFOGGER, REAR WINDOW WIPER
TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG
FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., TRACTION CONTROL
AUXILIARY INPUT, CD PLAYER, FIRST ROW BUCKET SEAT, VINYL SEAT
SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, ELECTRONIC STABILITY CONTROL
REAR BENCH SEAT

Drive Train: 2.4L Inj 4 Cyl 2WD
License: TES-187
Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Windshield</u>							
1	002833	GLS	REMOVE/REPLACE	W/Shield Glass	DW01682GBN	415.10	3.5*#
2				SUBJECT TO 27.00% GLASS ADJUSTMENT			
3	000477	BDY	REMOVE/REPLACE	W/Shield Adhesive	N.A.	50.00 *	
<u>Additional Costs & Materials</u>							
4	936009		ADD'L COST	Estimate Charge		35.00 *	
5			ADD'L COST	Shop Materials		18.11 *	

* - Judgement Item

- Labor Note Applies

ESTIMATE RECALL NUMBER: 05/19/2015 08:50:02 26894

Mitchell Data Version: OEM: APR_15_V

Software Version: 7.1.177

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EFTA_R1_00019360

EFTA01735491

						II. Part Replacement Summary		Amount
I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals			
Glass	3.5	57.50	0.00	0.00	201.25	Taxable Parts		465.10
	Taxable Labor				201.25	Parts Adjustments		25.00
Labor Summary	3.5				201.25	Glass Adjustments	@ 27.000%	112.08
						Total Replacement Parts Amount		602.18
						IV. Adjustments		Amount
III. Additional Costs					Amount	Customer Responsibility		0.00
Taxable Costs					53.11			
Total Additional Costs					53.11			
						I. Total Labor:		201.25
						II. Total Replacement Parts:		602.18
						III. Total Additional Costs:		53.11
						Gross Total:		856.54
						IV. Total Adjustments:		0.00
						Net Total:		856.54

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

Almin Windshield
\$247.00 Windshield
\$200.00 Install

Almin

A diagram showing four black redaction boxes. Two boxes are on the left, and two are on the right. An arrow points from the top-right box to the word "Almin" written above it. Another arrow points from the bottom-right box to the top-right box.

MERWIN Auto Glass
\$375.00 Windshield
& Install

A single large black redaction box.