

①

#21-8

cc

TO:

Sheet  
Council  
KFD

In the Matter of the Claim of

NOTICE RECEIVED:

RECEIVED BY DS

DATE 3/16/21

TIME 1:15 PM

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against \_\_\_\_\_

as follows:

1. The name and post office address of each claimant and of his/her attorney is:

Claimant

Claimant's Attorney

Kristine C. Wimbish  
143 Henry St.  
Kingston, NY 12401  
845-332-2927

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The nature of the claim:

Fire Truck #1, a 2017 Spar driven by Ernest C. ~~#~~ Renn  
drove past my car on Clinton Ave. Due to the narrowness  
of the street, the fire truck knocked my side mirror off of  
the driver side.

3. The time when, the place where and the manner in which the claim arose:

The incident occurred on Feb 26, 2021, at about 1:56  a.m.  p.m.

at (location) in front of Clinton Ave Church on Clinton Ave  
between Franklin + Center Streets.

The items of damage or injuries claimed are:

The driver side mirror was hit by fire truck and broke  
off. The entire mirror + attachment needs to be replaced.

RECEIVED  
MAR 16 2021  
1:15 PM

The undersigned therefore present this claim and demand \$ \_\_\_\_\_ for adjustment and payment, and notify you that unless same is adjusted and paid within the time provided by law from the date of this presentation to you, it is the intention of the undersigned to commence an action thereon.

Dated: March 9, 2021  
Kingston, New York

K. Wimbish

Signature  
Kristine Wimbish

Print Name

Attorney(s) for Claimant(s)  
Office and Post Office Address, Telephone Number

Individual Verification

State of New York, County of \_\_\_\_\_ ss.:

being duly sworn, deposes and says that deponent is the claimant in the within action; that he/she has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Sworn to before me this 9<sup>th</sup>  
day of March, 2021.  
Susan J. Whitt  
Notary Public

SUSAN J. WHITT  
Notary Public, State of New York  
Reg. No. 0-190 #014HE6102590  
Qualified in Ulster County  
Commission Expires 12/08/2023

SUSAN J. WHITT  
Notary Public, State of New York  
Reg. No. 0-190  
Qualified in Ulster County  
Commission Expires

Corporate Verification

State of New York, County of \_\_\_\_\_ ss.:

Being duly sworn, deposes and says that deponent is the \_\_\_\_\_ of \_\_\_\_\_ Corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes to be true.

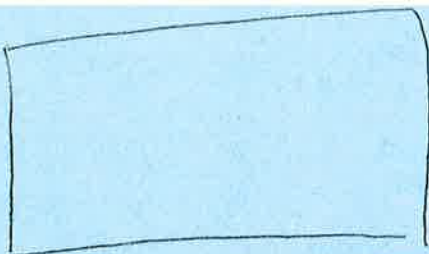
This verification is made by deponent because said claimant is a \_\_\_\_\_ corporation, and deponent an officer thereof, to wit its \_\_\_\_\_ The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public



ROMEO FORD OF KINGSTON  
128 ROUTE 28  
KINGSTON, NEW YORK 12401



44222 WIM

KAYCEE WIMBISH 143 HENRY ST KINGSTON, NY 12401		VEHICLE ID <b>1FADP5AUXDL506876</b>	MILES IN 99879	MILES OUT 99879	DATE/TIME IN 03/05/21 08:35	DATE OUT 03/05/21	INVOICE NO. <b>44222</b>
VEHICLE DESCRIPTION 2013 FORD C-MAX SE					TAG NO.	STATUS <b>COMPLETE</b>	
CONTROL NO. 1043631	LICENSE PLATE NO.	CUST. LABOR RATE	PROD. DATE	IN-SERV DATE	DELIV. DATE	DELIV. MILES	TERMS Cash
HOME PHONE	WORK PHONE	CELL PHONE (845) 332-2927	STOCK NO.	SERV. ADV. KRISSEY GROSS (807)		RO COMMENT	

**DISCLAIMER OF WARRANTIES**  
The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the vehicle or product.

All parts are new or factory rebuilt unless specified otherwise. Replaced parts will be returned unless specified otherwise. Parts replaced under the manufacturer's warranty are retained by the dealer for inspection by the manufacturer.

[ ] DISCARD

Line	Op-Code	Fail Code	Tech	Hours	Type	Amount
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**A \*** WRKS A30 Customer **\$17.95**  
 Concern THE WORKS - OIL CHANGE, TIRE ROTATION AND MULTI-POINT INSPECTION  
 Correction TECH PERFORMED OIL AND FILTER CHANGE, ROTATED TIRES, SET TIRE PRESSURE

Part Number	Description	Qty.	Unit Price	Ext. Price
FL910 SB12	FILTER ASY - OIL	1	\$6.00	\$6.00
XO 5W20 DSP	OIL - ENGINE	5	\$3.20	\$16.00
<b>Parts Total...</b>				<b>\$22.00</b>
<b>Line Total...</b>				<b>\$39.95</b>

*\$311.*

**B \*** QUOTE A30 Internal  
 Concern CUSTOMER STATES WOULD LIKE PRICE QUOTE ON DRIVERS SIDE MIRROR ASSEMBLY  
 Correction \$601.84- CUSTOMER WILL NEED TO CALL IN ADVANCE AND PRE ORDER MIRROR AND COVER- 3 DAYS BEFORE-

*① get estimate say state farm ②*

**C** COOLFLSH A30 Customer **\$106.81**  
 Concern CUSTOMER STATES PERFORM COOLANT FLUID EXCHANGE WITH ADDITIVE  
 Correction TECH PERFORMED COOLANT FLUID EXCHANGE WITH ADDITIVE

*\$500 deductible rental core*

Part Number	Description	Qty.	Unit Price	Ext. Price
A,VP005	COOLANT PROTECTOR KIT	1	\$34.58	\$34.58
VC 13DL G	ANTI-FREEZE	2	\$14.28	\$28.56
<b>Parts Total...</b>				<b>\$63.14</b>

KAYCEE WIMBISH 143 HENRY ST KINGSTON, NY 12401		VEHICLE ID	MILES IN	MILES OUT	DATE/TIME IN	DATE OUT	INVOICE NO.
		1FADP5AUXDL506876	99879	99879	03/05/21 08:35	03/05/21	44222
		VEHICLE DESCRIPTION				TAG NO.	STATUS
		2013 FORD C-MAX SE					COMPLETE
CONTROL NO.	LICENSE PLATE NO.	CUST. LABOR RATE	PROD. DATE	IN-SERV DATE	DELIV. DATE	DELIV. MILES	TERMS
1043631							Cash
HOME PHONE	WORK PHONE	CELL PHONE	STOCK NO.	SERV. ADV.		RO COMMENT	
		(845) 332-2927		KRISSEY GROSS (807)			

Line	Op-Code	Fail Code	Tech	Hours	Type	Amount
C	Continued					
<b>Line Total...</b>						<b>\$169.95</b>

<b>D</b>	99PX		A30		Internal	
Concern	COMPLIMENTARY MULTI POINT INSPECTION					
Correction	TECH PERFORMED MULTI POINT INSPECTION NOTE- FRONT ROTORS AVE BIG RUST RIDGES					

**Authorized Estimates**

Date/Time	Amount	Authorized By	Authorization Method	Phone/Email
03/05/2021 08:35	\$125.90		Initial Estimate	

Warranty Claim Type: F      Authorization Code:      Service Cont No:

Totals	
	Amount
Labor	\$124.76
Parts	\$85.14
SalesTax	\$16.79
Total Amount Due	\$226.69
Amount Due	\$226.69

<p>In the event you, the customer, authorize commencement but do not authorize completion of a repair or service, a charge will be imposed for disassembly, or partial completed work. Such charge will directly related to the actual amount of labor or parts involved in the inspection, repair or service.</p> <p>You may be receiving a survey on the service that you had done on your vehicle today. If for ANY REASON you cannot answer "COMPLETELY SATISFIED" with todays service then PLEASE contact me so I can help you. My office door is always open and you can contact me with any concern at 845-338-7800. WE CARE ABOUT YOU AND YOUR CAR! THANK YOU, Mike Dunlavy SERVICE MANAGER</p>	<p>ALL PARTS ARE NEW OR FACTORY REBUILT UNLESS SPECIFIED OTHERWISE.</p> <p>THERE MAY BE A CHARGE FOR TIRE &amp; HAZARDOUS WASTE DISPOSAL.</p> <p>NO GUARANTEE ON USED PARTS.</p> <p style="text-align: center;">X</p>
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# VEHICLE CHECK-UP

MULTI-POINT INSPECTION AS RECOMMENDED BY FORD MOTOR COMPANY

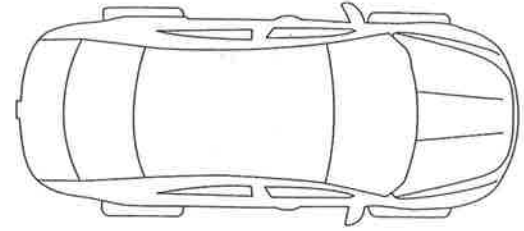
CUSTOMER INFORMATION

Date: \_\_\_\_\_ RO/Tag#: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 VIN#: \_\_\_\_\_  
 Year/Make/Model: \_\_\_\_\_ Plate#: \_\_\_\_\_  
 Odometer: \_\_\_\_\_ Inspect. Month: \_\_\_\_\_  
 Ford Pass Rewards\*#: \_\_\_\_\_ Service Balance: \_\_\_\_\_  
 Extended Service Plan: YES  NO  FordPass Member? YES  NO

EXTERIOR BODY

May contribute to vehicle efficiency and promote a greener environment

Check and OK at this time     May require future attention     Requires immediate attention



Note any exterior body damage or defects on diagram

SCHEDULED MAINTENANCE

Serviced	DUE	Serviced	DUE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> THE WORKS	<input type="checkbox"/>	<input checked="" type="checkbox"/> Engine Air Filter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Oil Change & Filter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Engine Coolant
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Tire Rotation	<input type="checkbox"/>	<input checked="" type="checkbox"/> Transmission Fluid &/or Filter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Multi-Point Inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/> Cabin Air Filter N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/> Fuel Filter N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/> Spark Plugs
<input type="checkbox"/> _____ K Scheduled Maintenance			

This is only a partial list maintenance items and is NOT all-inclusive. Please consult your Owner's Manual or visit FordOwner.com for vehicle specific maintenance requirements. N/A is circled if certain part is not applicable.

FLUIDS

OK	FILL	OK	FILL	OK	FILL
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Engine Oil	Power Steering	Transmission (if equipped with dipstick)	Brake Reservoir	Window Washer	Coolant Recovery Reservoir

LIGHTS/HORN/WIPERS

Serviced	Serviced	Serviced
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Horn	Front Wipers	Rear Wipers (if equipped)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Windshield	Front Lighting	Headlights, Parking Lights, Turn Signals, Fog Lights, 4-Way Flasher
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rear Lighting - 4-Way Flasher, Taillights, Stop Lights, Plate Lights		

UNDER HOOD

Serviced

**Battery State of Health**

Factory spec cold cranking amps \_\_\_\_\_ Actual cold cranking amps \_\_\_\_\_

**Battery Condition**

Cooling System - Hoses and Piping

Engine Air Filter

Engine Drive Belt(s)

Cabin Air Filter

TIRES

Serviced	Tire Tread Depth	7/32" or Greater / Over 5mm	6/32" to 4/32" / 5mm to 3mm	3/32" or Less / Less than 3mm
<input type="checkbox"/>	Left Front Tire Condition:	Size:	Tread Depth: 9	Tire PSI: _____ Age: * _____
<input type="checkbox"/>	Right Front Tire Condition:	Size:	Tread Depth: 9	Tire PSI: _____ Age: * _____
<input type="checkbox"/>	Left Rear Tire Condition:	Size:	Tread Depth: 10	Tire PSI: _____ Age: * _____
<input type="checkbox"/>	Right Rear Tire Condition:	Size:	Tread Depth: 9	Tire PSI: _____ Age: * _____
<input type="checkbox"/>	Full Size/Temp Spare Tire Condition:	Size:	Tread Depth:	Tire PSI: _____ Age: * _____
Spare Not Inspected: <input type="checkbox"/> No Spare Tire <input type="checkbox"/> Other/Comments:				

BRAKES

Serviced	Brake Lining	Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)	4mm to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm or 2/32" to 3/32" (Drum)	3mm or less or 4/32" (Disc) or 1mm or 2/32" or less (Drum)
<input checked="" type="checkbox"/>	Left Front Brake	Pad Thickness: 11	Rotor Actual:	Rotor Minimum Spec: <input type="checkbox"/>
<input checked="" type="checkbox"/>	Right Front Brake	Pad Thickness: 11	Rotor Actual:	Rotor Minimum Spec: <input type="checkbox"/>
<input checked="" type="checkbox"/>	Left Rear Brake	Pad/Shoe Thickness: 10	Rotor/Drum Actual:	Rotor/Drum Minimum Spec: <input type="checkbox"/>
<input checked="" type="checkbox"/>	Right Rear Brake	Pad/Shoe Thickness: 10	Rotor/Drum Actual:	Rotor/Drum Minimum Spec: <input type="checkbox"/>

NOT INSPECTED

UNDERCARRIAGE

<input checked="" type="checkbox"/>	Left front suspension, struts, steering linkage, brake lines/hoses	Notes:
<input checked="" type="checkbox"/>	Right front suspension, struts, steering linkage, brake lines/hoses	Notes:
<input checked="" type="checkbox"/>	Left rear suspension, shocks/struts, linkage, brake lines/hoses	Notes:
<input checked="" type="checkbox"/>	Right rear suspension, shocks/struts, linkage, brake lines/hoses	Notes:
<input checked="" type="checkbox"/>	Exhaust System	Notes:
<input checked="" type="checkbox"/>	Drivetrain	Notes:

RELATED	DESCRIPTION	PARTS	LABOR	TOTAL ESTIMATE
IMMEDIATE				
MAINTENANCE				
<b>TOTAL</b>				

\*Tires should be replaced after 6 years.

Advisor: \_\_\_\_\_  
 Technician: \_\_\_\_\_

Customer Signature: \_\_\_\_\_  
 Technician:

Be sure to visit [FordOwner.com](http://FordOwner.com)  
 One site for all your vehicle needs  
 Ford Service is a registered Trademark of Ford Motor Company  
 11.17

# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes  
 BL-02299-21  
 SLP109CVQPCM

AMENDED REPORT

1  
 Accident Date: Month 2, Day 26, Year 2021. Day of Week: FRIDAY. Military Time: 13:56. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos:  Yes  No. Accident Reconstructed: .  VEHICLE 2.  BICYCLIST.  PEDESTRIAN.  OTHER PEDESTRIAN.

2  
 VEHICLE 1 - Driver License ID Number: [blank]. State of Lic.: [blank]. Driver Name - exactly as printed on license: PARKED. Address (Include Number and Street): [blank]. Apt. No.: [blank].  
 VEHICLE 2 - Driver License ID Number: 373370040. State of Lic.: NY. Driver Name - exactly as printed on license: RENN, ERNEST C. Address (Include Number and Street): 698 MURRAY ROAD. Apt. No.: [blank].

3  
 City or Town: KINGSTON. State: NY. Zip Code: 12401. Date of Birth: Month 7, Day 25, Year 1971. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged: . Date of Birth: Month 7, Day 25, Year 1971. Sex: M. Unlicensed: . No. of Occupants: 02. Public Property Damaged: .

4  
 Name - exactly as printed on registration: PARKED. Sex: [blank]. Date of Birth: [blank]. Name - exactly as printed on registration: CITY OF KINGSTON. Sex: C. Date of Birth: [blank]. Address (Include Number and Street): 420 BROADWAY. Apt. No.: [blank]. Haz. Mat. Code: [blank]. Released: .

5  
 Plate Number: GBL8150. State of Reg.: NY. Vehicle Year & Make: 2013 FORD. Vehicle Type: 4DSD. Ins. Code: 328. Plate Number: TRUCK1. State of Reg.: NY. Vehicle Year & Make: 2017 SPAR. Vehicle Type: FIRE. Ins. Code: 716.

6  
 Violation Section(s): [blank].

7  
 Check if involved vehicle is:  more than 95 inches wide;  more than 34 feet long;  operated with an overweight permit;  operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 1. Box 2 - Most Damage: 11. Enter up to three more damage codes: [blank].  
 Check if involved vehicle is:  more than 95 inches wide;  more than 34 feet long;  operated with an overweight permit;  operated with an overdimension permit. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 1. Box 2 - Most Damage: 5. Enter up to three more damage codes: [blank].  
 ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram.  
 Cost of repairs to any one vehicle will be more than \$1000.  Unknown/Unable to determine  Yes  No.

Reference Marker: [blank]. Coordinates (if available): Latitude/Northing: [blank]. Longitude/Easting: [blank]. Place Where Accident Occurred: County ULSTER.  City  Village  Town of KINGSTON. Road on which accident occurred: CLINTON AVENUE. (Route Number or Street Name). at 1) intersecting street. or 2) 30 feet miles  N  S  E  W of CENTER STREET. (Milepost, Nearest Intersecting Route Number or Street Name).

Accident Description/Officer's notes  
 Vehicle#1 parked on roadway when vehicle #2 was passing vehicle#1 and struck mirror of vehicle #1. No injuries observed or reported to this officer on accident scene. Roadway was hard to be passable due to large snow banks on either side of roadway./

	8	9	10	11	12	13	14	15	16	17	BY
A	2	1	4	1	49	M	-	-	-		RENN, ERNEST C
B	2	3	4	1	47	M	-	-	-		RENN, BRIAN C
C	2	7	4	1	47	M	-	-	-		RENN, BRIAN C
D											
E											
F											

Officer's Rank and Signature: POLICE OF Edward D Feeney. Badge/ID No.: 137. NCIC No.: 05501. Precinct/Post Troop/Zone: FB. Station/Beat Sector: 1. Reviewing Officer: BUONO, PATRICK. Date/Time Reviewed: 3/3/2021.

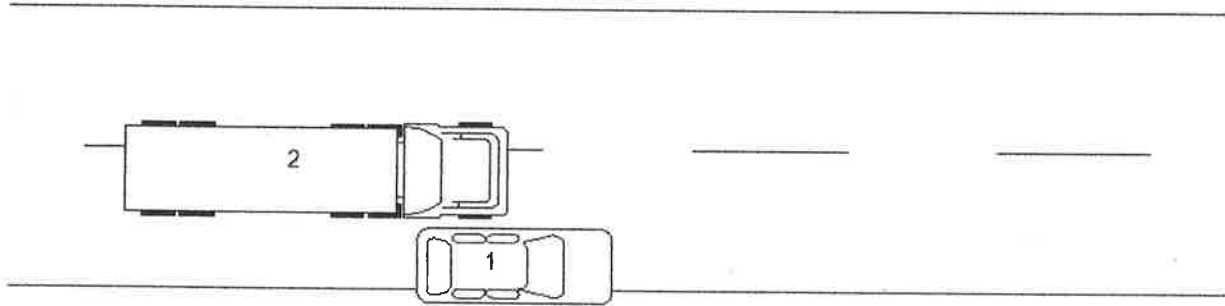
Local Codes
BL-02299-21
SLP109CVQPCM

# POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month	Day	Year								
2	26	2021	FRIDAY	13:56	2	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No





CITY OF KINGSTON  
Office of the City Clerk  
Registrar of Vital Statistics  
cityclerk@kingston-ny.gov

Steven T. Noble, Mayor  
Elisa Tinti, City Clerk & Registrar



Deidre Sills, Deputy Clerk  
Susan Mesches, Deputy Registrar

March 11, 2021

Ms. Ruth Morris  
420 E. Main St.  
Middletown, New York 10940

Dear Ms. Morris:

Enclosed please find a claim (#21-8). Enclosed please a claim Kristine C. Wimbish, 143 Henry Street, Kingston, New York 12401. Auto damage v Fire Department.

If you have any questions, please contact me at (845) 334-3919.

Very truly yours,

Deidre M. Sills  
Deputy City Clerk

cc: Corporation Counsel  
Common Council  
Andrea Shaut  
DPW