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## File 32566

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**From** Bidon, Ted <TBidon@mt.gov>  
**Date** Thu 10/2/2025 4:18 PM  
**To** Shields, Wanda <Wanda.Shields@mt.gov>

2 attachments (929 KB)  
aaacf9bb-7dd2-4624-af5d-d86009ac68b70.pdf; [REDACTED] Court Documents.pdf;

Wanda,

Please see the attached for file 32566.

Thanks,



**Ted Bidon**

**Investigations/ICS Bureau Chief**

Office of the Montana State Auditor | Commissioner of Securities and Insurance  
840 Helena Ave. | Helena, Montana 59601  
406.444.0385 |



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# Office of the Montana State Auditor

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2025-10-02

## externalSubmission: P-20251002-00001

Public Submission

**Created:** 2025-10-02 12:50 PM MDT

**Last Updated:** 2025-10-02 12:50 PM MDT

**Public Submission Number:** P-20251002-00001

**Status:** Submitted

**Location Type:** Commercial/Office Building

**Address:** 3171 N Montana Ave  
Helena, Lewis and Clark County  
MT 59602  
United States of America  
46.6189758, -112.020558

**Describe the nature of the suspected fraud:**

On May 6, 2025 I was walking out to my vehicle from the Planet Fitness in Helena, Montana. I noticed a Blue car parked incredibly close to my vehicle's passenger side door, at least within 4 inches, so close that I could not even get into my vehicle, nor could the individual owning the Blue car get out of his vehicle. It should be noted that the individual was not in their car at the time. I proceeded to get into my truck on the driver's side, started my vehicle, turned on my dash cam and left the parking lot. My vehicle, a truck, has big tires and therefore wherever I go or park, I must make multiple turns so that the tires don't grind against my wheel wells. I made multiple turns and left my parking space. I did not see, hear or feel anything out of the ordinary as I left my parking space. An hour later, after I had returned home, I received a phone call from an officer with the Helena Police. The officer asked me if I owned a dark Chevrolet truck in which I informed him I did. He proceeded to tell me that I had supposedly hit an individual's vehicle as I pulled out of my parking space at Planet Fitness. He notified me that they had found my information because the owner of the vehicle I had supposedly hit, had parked his vehicle next to mine, got out and took a picture of my truck and my license plate and then went about their business. I agreed with the officer to come in the following day and exchange information and tell him my side of the story. On May 7, 2025 I met with Officer Alex Nimmick of the Helena Police Department. I gave him all of my information, and he walked around my vehicle, observing no cosmetic or mechanical damage to the body, wheels or rims of my vehicle. Officer Nimmick gave me a copy of the police/accident report, advised me that there was a witness to the accident, and then charged me with Failure to give notice and Failure to exchange information with other party. I was given a court date of May 12, 2025. This same day I returned to Planet Fitness and asked the staff if they had any surveillance footage/cameras covering the parking lot. They advised me that there were no cameras covering the parking lot. I went to court on May 12 and plead not guilty to both of my charges. I was appointed a Public Defender, [REDACTED] as both of my charges carried the possibility of jail time. I had an omnibus hearing set for June 11, 2025 in which both my attorney and I attended. My attorney notified me that the city, Police department and supposed victim did not have any photographs, videos or body camera footage of the incident, and that they no longer had a witness for the incident. The prosecution at the omnibus hearing had no evidence to present that I had hit the other individual's vehicle as I left the parking lot. My attorney asked for a Jury Trial and a date was set for July 29, 2025. The judge then set a drop-by deadline. The weeks preceding the jury trial, I continued to stay in contact with my attorney who told me that there was still no

evidence that any wrongdoing had taken place,, no pictures, videos, body camera footage or witnesses had been presented. On July 29, 2025 my attorney called me and advised me that all charges and criminal prosecution against me had been dismissed/dropped. The owner of the other vehicle involved in the supposed incidents had immediately opened a claim with my insurance a few afters after the incident. I spoke with [REDACTED] [REDACTED] the claim rep for Progressive, and told her what was going on. Ms. Walker told me that the claim would not be handled until the court proceedings were completed and decided upon. On September 28, 2025 I was checking my insurance policy and realized that my insurance had paid a [REDACTED] [REDACTED] and my monthly rate had gone up nearly [REDACTED]. On Monday, September 20, 2025 I called Ms. [REDACTED] at Progressive to see what was going on. She told me that the claim was turned over to her former supervisor, who no longer works with the insurance company, because the individual who made the claim was not liking the answers my insurance company was giving them. Her former supervisor paid out the claim and never notified me that they had done so even though all court charges had been dropped against me, and no evidence was ever brought forward showing that I had hit this other individuals vehicle. Ms. [REDACTED] told me that all the insurance company had was the police/accident report and nothing else, and that it was a case of "He said, she said".I took action and contacted the insurance commission because since the beginning, I've seen that this entire thing has been a case of fraudulent activity, and I cannot sit by idly and have it negatively affect my life.

Involved Individuals

**Type:**  
Subject

**First Name:**  
[REDACTED]

**Middle Name:**  
[REDACTED]

**Last Name:**  
[REDACTED]

**Phone Number:**  
[REDACTED]

**Street/Apartment #:**  
Unknown

**City:**  
Helena

**State:**  
MT

**Zip Code:**  
59602

Insurance Company / Agent Information (If applicable)

**Is Insurance Company Known?:**  
Yes

**Company / Agent Name:**  
Progressive

**Phone Number:**  
7199006052

**Contact Person:**  
[REDACTED]

**Policy #:**  
997105308

**Claim #:**

Legal Counsel Information

**Are you represented by legal counsel in this matter?:**

Yes

**First Name:**

[REDACTED]

**Last Name:**

[REDACTED]

**Phone Number:**

[REDACTED]

Nature of Fraud

**Nature of Suspected Fraud:**

Staged Accident/Injury

**Do you have any reason to believe this incident is related to other fraudulent activity, has been reported to another law enforcement or government agency, or there is a pending legal action?:**

No

**Attachments:**

**Ben's Court Documents.pdf**

**Description/Comments:** Police/Accident Report, Charge Dismissal

**SHA-256:** acb067148f370930bcc59f119e51c63f76ef6a9f579ba9c8988d77fa27582d75

**Size:** 832 kB

**Related Entities:**

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**Michael Hecht - Reporter of**

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**Name:**

*Reporter of*

**Location Type:**

Home Residence

*Connected to*

**Address:**

[REDACTED]

---

**Email Address:**

*Connected to*

**Phone Number:**

*Connected to*

**Other Entities**

---

**IP Address:**

2605:59c0:312d:a610:7422:60a0:79b5:b95c

*Used to report*

**Comments:**

See Audit Log for additional information [Mozilla/5.0 (X11; CrOS x86\_64 14541.0.0  
AppleWebKit/537.36 (KHTML, like Gecko) Chrome/140.0.0.0 Safari/537.36]

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**Location Type:**

*Location of*

Commercial/Office Building

**Address:**

[REDACTED]

**CITY OF HELENA**  
CITATION & NOTICE TO APPEAR

ARRESTED

DATE  
**Tuesday, 05/06/2025**

MILITARY TIME  
**15:16**

CFS/DR #  
**HP251984**

**058 H60390** 61-7-108 [1st]  
FAIL TO GIVE NOTICE BY QUICKEST MEANS DAMAGE OVER \$1,000-1ST

**058 H60391** 61-7-105(1)(a)  
FAIL TO SHOW D/L TO OTHER PARTIES INVOLV IN ACCIDENT

IN THAT SAID DEFENDANT DID KNOWINGLY OR PURPOSELY  
OR NEGLIGENTLY  
OPERATED A MOTOR VEHICLE UPON THE WAYS OF THE STATE OPEN  
TO THE PUBLIC AND FAILED TO EXCHANGE INFORMATION WITH  
OTHER PARTY INVOLVED IN AN ACCIDENT AND FAILED TO GIVE  
NOTICE TO LAW ENFORCEMENT OF ACCIDENT

MUST APPEAR BEFORE THE COURT SPECIFIED BELOW AT 9:45 AM  
ON 5/12/2025  
MUNICIPAL COURT  
406 FULLER AVE  
HELENA MT 59601  
(406) 447-8466  
THIS IS NOT A PLEA OF GUILTY.

OFFICER Alex Nimmick ID # 725  
NIMMICK, ALEX

Per Montana Code #61-5-214  
Failure to appear may result in a suspension of your Driver's License or  
Privilege to Drive



# HELENA POLICE DEPARTMENT



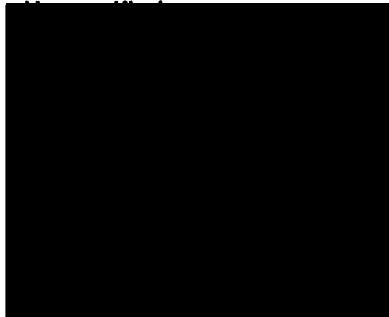
Case HP251984

Printed on May 29, 2025

<b>Status</b>	Active
<b>Report Type</b>	Patrol
<b>Primary Officer</b>	Alex Nimmick
<b>Investigator</b>	None
<b>Records Technician</b>	
<b>Reported At</b>	05/06/25 15:16
<b>Incident Date</b>	05/06/25 15:16
<b>Incident Code</b>	ACCRUN : ACCIDENT HIT & RUN
<b>Location</b>	3035 N SANDERS ST, HELENA, MT 59601 (PLANET FITNESS)
<b>Zone</b>	Beat 3-3
<b>Beat</b>	Beat 3
<b>Disposition</b>	Under Investigation
<b>Disposition Date/Time</b>	05/06/25 15:57
<b>Review for Gang Activity</b>	None

## Dispatch Information

**CFS #** 050625-090  
**Location** 3035 N SANDERS ST, HELENA, MT 59601  
**Incident Code** ACCRUN : ACCIDENT HIT & RUN  
**Occurred Between** 05/06/25 15:16:22 and  
**Assigned** 15:19:01    **Enroute** 15:39:54    **On Scene** 15:39:54    **Completed** 16:04:38



## Case Forms

Accident Report 5/6/25 None

## Linked Records

Accident Report - Accident #HP251984



# HELENA POLICE DEPARTMENT



CFS - Command Log

Printed on May 29, 2025

**CFS #** 050625-090  
**Call Taker** Robyn Genzoli  
**Location** 3035 N SANDERS ST. HELENA, MT 59601 (PLANET FITNESS)  
**Location Details**  
**Primary Incident Code** ACCRUN : ACCIDENT HIT & RUN  
**Mod** C  
**Priority** 1  
**Use Caution** No  
**Primary Disposition** Inactive Caucasian/White  
**Beat** Beat 3  
**Zone**  
**Call Time** 05/06/25 15:16:22  
**Completed Time** 05/06/25 16:04:38

## Reporters

[REDACTED]  
**Sex**  
**DOB**  
**Address**  
**Report Time** 05/06/25 15:16:22  
**How Reported**  
**From Phone** (406) 890-8725  
**Contact Phone**  
**Comments**

## Other Names

[REDACTED]

\_\_\_\_\_

\_\_\_\_\_

## Vehicles

[REDACTED]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description****Responders****Response Times**

**Assigned** 05/06/25 15:19:01  
**Enroute** 05/06/25 15:39:54 \*  
**Staged**  
**Arrived** 05/06/25 15:39:54  
**Backup Requested**  
**Backup Arrived**  
**Leaving**  
**Arrived At**  
**Completed** 05/06/25 16:04:38

**IR / External Agency Numbers**

HP251984

PO: 725 - Nimmick, Alex

**Officer Addenda****Command Log** Filter: All Commands | Details: Hidden | Units: All Units | Revised Entries: Shown

05/06/25 15:16:22 | Genzoli, Robyn | New CFS  
05/06/25 15:17:15 | Genzoli, Robyn | Log - TWO VEH/ NO INJ/ 2012 SUBARU LEGACY DARK BLUE AND BLACK TRUCK  
05/06/25 15:17:23 | Genzoli, Robyn | Log - BLACK TRUCK LEFT THE SCENE  
05/06/25 15:17:40 | Genzoli, Robyn | Log - UNK DOT  
05/06/25 15:18:48 | Genzoli, Robyn | Log - 760 ADV  
05/06/25 15:19:01 | Genzoli, Robyn | 725 | Assign  
05/06/25 15:39:54 | Dunford, Katie | 725 | On Scene  
05/06/25 15:43:14 | Genzoli, Robyn | 725 | Clear Alarms  
05/06/25 15:43:20 | Dunford, Katie | Add Name  
05/06/25 15:43:35 | Dunford, Katie | Vehicle (Requestor Initials (RNA): OFF)  
05/06/25 15:43:43 | Dunford, Katie | Vehicle (Requestor Initials (RNA): OFF)  
05/06/25 15:47:18 | Dunford, Katie | 725 | Available  
05/06/25 15:55:05 | Nimmick, Alex | 725 | Assign  
05/06/25 15:57:25 | Dunford, Katie | Add Name  
05/06/25 16:03:42 | Nimmick, Alex | Log - driver of run vehicle is in boulder, we are scheduled to meet tomorrow at 11 am  
05/06/25 16:03:57 | Nimmick, Alex | Log - photos of damage taken, no medical  
05/06/25 16:04:03 | Nimmick, Alex | Log - will get info exchanged  
05/06/25 16:04:38 | Nimmick, Alex | 725 | Complete

# MONTANA VEHICLE CRASH REPORT

Helena Police Department  
406 FULLER AVE  
HELENA, MT 59601

Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number	ORI <b>MT0250100</b>
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## CRASH IDENTIFIERS

County of Crash	City <b>HELENA</b>	Crash Date/Time <b>05/06/2025 15:16</b>	Reported Date/Time	Dispatched Date/Time
On Scene Date/Time	Cleared Scene Date/Time	Complete Date/Time	Reason (if investigation Not Complete)	Source of Information <b>HELENA POLICE DEPARTMENT</b>

## ROADWAY INFORMATION

Roadway Description for Location of Occurrence <b>3035 N SANDERS ST</b>		<input type="checkbox"/> Notify MDOT	<input type="checkbox"/> Site Survey	Latitude <b>46.6156828</b>	Longitude <b>-112.0153471</b>
Intersecting Roadway Description for Location of Occurrence		Distance / Direction to Crash Location <b>0 Feet South</b>		<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System <b>No</b>	Roadway Functional Class Type <b>URBAN</b>	Roadway Functional Class Detail <b>LOCAL</b>			
Roadway Access Control <b>NO ACCESS CONTROL</b>	Type of Shoulder <b>PAVED</b>	Roadway Lighting <b>NO LIGHTING</b>	Roadway Bikeway Facility <b>NONE</b>	Signed Bicycle Route	
Traffic Control Type at Intersection <b>NO CONTROL</b>	Mainline Number of Lanes at Intersection <b>ONE LANE</b>		Side Road Number of Lanes at Intersection <b>TWO LANES</b>		

## CRASH INFORMATION

Light Condition <b>DAYLIGHT</b>	Weather Condition <b>CLEAR</b>	Roadway Surface Condition <b>DRY</b>	Roadway Surface Composition <b>BLACKTOP (NO CHIP S</b>	Manner of Crash Collision / Impact <b>SIDESWIPE SAME DIRE</b>	<input type="checkbox"/> Crash Pictures Taken
First Harmful Event Type <b>COLLISION NON-FIXED OBJECT</b>	First Harmful Event Detail <b>PARKED MOTOR VEHICLE</b>			Location of First Harmful Event Relative to the Trafficway <b>UNKNOWN</b>	
First Harmful Event's Relation to Junction <b>NON-JUNCTION</b>	Is First Harmful Event within Interchange Area? <b>No</b>			Type of Intersection <b>NOT AT INTERSECTION</b>	
Contributing Circumstances: Environment <b>NONE</b>	Contributing Circumstances: Environment			Contributing Circumstances: Environment	
Contributing Circumstances: Road <b>NONE</b>	Contributing Circumstances: Road			Contributing Circumstances: Road	
School Bus Related <b>NO</b>	Work Zone Related <b>No</b>			Crash Location in Work Zone	

Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number <b>ORI MT0250100</b>
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**VEHICLE V01**

Year <b>2012</b>	Make <b>SUBARU (SUBA)</b>	Model <b>LEGACY 2.5I PREMIUM</b>	Style	Color <b>Blue</b>	Body Type Category
Special Function of Motor Vehicle in Transport <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NO</b>		Type of Bus Use <b>NOT A BUS</b>	
Owner Phone Number	Owner Phone Number (Other)	Insurance Company	Owner Suffix	Owner Business (if not Person)	
		<b>HELENA</b>	State <b>MT</b>	Zip Code <b>59602</b>	
Owner Phone Number	Owner Phone Number (Other)	Insurance Company	Insurance Policy Number	Insurance Broker or Agent	
Vehicle Removal <b>LEFT AT SCENE - NOT DISABLED</b>		Vehicle Towed By	Wrecker Selection Method		
Direction of Travel Before Crash	Estimated Posted Speed: <b>15</b>	Roadway Type <b>OTHER/PRIVATE</b>	Total Lanes	Roadway Horizontal Alignment <b>STRAIGHT</b>	Roadway Grade <b>LEVEL</b>
Trafficway Description <b>PRIVATE PROPERTY</b>		Traffic Control Device Type <b>NO CONTROLS</b>		Working Property <b>No</b>	
Roadway Description for Vehicle Travel					
Vehicle Maneuver Action (by this vehicle) <b>PARKED</b>		Hit & Run (by this vehicle) <b>No</b>		Damage Extent (for this vehicle) <b>FUNCTIONAL DAMAGE</b>	
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT - PARKED MOTOR VEHICLE</b>			1st Sequence of Events Detail (this vehicle)		
2nd Sequence of Events Type (this vehicle)			2nd Sequence of Events Detail (this vehicle)		
3rd Sequence of Events Type (this vehicle)			3rd Sequence of Events Detail (this vehicle)		
4th Sequence of Events Type (this vehicle)			4th Sequence of Events Detail (this vehicle)		
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>			Most Harmful Event Detail (this vehicle)		
Contributing Circumstances 1 (this vehicle) <b>NONE</b>			Contributing Circumstances 2 (this vehicle)		
Area of Initial Impact		Most Damaged Area			
<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
<input type="checkbox"/> CMV	Gross Vehicle Weight Rating		Commercial Motor Vehicle Configuration		
Commercial Cargo Body Type		Hazardous Materials Released From Cargo	Hazardous Materials Placard	Place Hazardous Material Number	Placard Hazard Class Number
Motor Carrier Name			US DOT Number	Motor Carrier State	Motor Carrier State Number
Address		Address Other		City	State Zip Code
Phone Number		Source of Information		Motor Carrier Commercial/ Non-Commercial	

Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number <b>ORI MT0250100</b>
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**VEHICLE V02**

<b>V02</b>	Motor Vehicle Type <b>MOTOR VEHICLE IN TRANSP</b>	State <b>MT</b>	License Number [REDACTED]	Registration Expires [REDACTED]	Permanent [REDACTED]	VIN [REDACTED]	
Year [REDACTED]	Make [REDACTED]	Model [REDACTED]	State [REDACTED]	City [REDACTED]	Country [REDACTED]	Body Type Category [REDACTED]	
<b>NO SPECIAL FUNCTION</b>		<b>NO</b>		<b>NOT A BUS</b>			
Owner First Name [REDACTED]	Owner Middle Name [REDACTED]	Owner Last Name <b>HECHT</b>	Owner Suffix [REDACTED]	Owner Business (if not Person) [REDACTED]			
[REDACTED]	[REDACTED]	City <b>BOULDER</b>	State <b>MT</b>	Zip Code <b>59632</b>			
[REDACTED]	[REDACTED]	Insurance Company [REDACTED]	Insurance Policy Number [REDACTED]	Insurance Broker or Agent [REDACTED]			
Vehicle Removal <b>DRIVEN - NOT DISABLED</b>		Vehicle Towed By [REDACTED]		Wrecker Selection Method [REDACTED]			
Direction of Travel Before Crash [REDACTED]	Estimated Posted Speed: [REDACTED]	Roadway Type <b>OTHER/PRIVATE</b>	Total Lanes [REDACTED]	Roadway Horizontal Alignment [REDACTED]	Roadway Grade <b>LEVEL</b>		
Trafficway Description <b>PRIVATE PROPERTY</b>		Traffic Control Device Type <b>NO CONTROLS</b>			Working Property <b>No</b>		
Roadway Description for Vehicle Travel							
Vehicle Maneuver Action (by this vehicle) <b>MOVEMENTS ESSENTIALLY STRAIGHT A</b>	Hit & Run (by this vehicle) <b>No</b>	Damage Extent (for this vehicle) <b>NO DAMAGE</b>			Damage Estimate		
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT - PARKED MOTOR VEHICLE</b>		1st Sequence of Events Detail (this vehicle)					
2nd Sequence of Events Type (this vehicle)		2nd Sequence of Events Detail (this vehicle)					
3rd Sequence of Events Type (this vehicle)		3rd Sequence of Events Detail (this vehicle)					
4th Sequence of Events Type (this vehicle)		4th Sequence of Events Detail (this vehicle)					
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>		Most Harmful Event Detail (this vehicle)					
Contributing Circumstances 1 (this vehicle) <b>TIRES</b>		Contributing Circumstances 2 (this vehicle)					
Area of Initial Impact		Most Damaged Area					
<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Underride <input type="checkbox"/> Unknown		<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Underride <input type="checkbox"/> Unknown					
<input type="checkbox"/> CMV	Gross Vehicle Weight Rating		Commercial Motor Vehicle Configuration				
Commercial Cargo Body Type		Hazardous Materials Released From Cargo	Hazardous Materials Placard	Place Hazardous Material Number		Placard Hazard Class Number	
Motor Carrier Name			US DOT Number	Motor Carrier State	Motor Carrier State Number		
Address		Address Other			City	State	Zip Code
Phone Number		Source of Information			Motor Carrier Commercial/ Non-Commercial		
Occupant Type <b>DRIVER / OPERATOR</b>	Person Name (First Middle Last Suffix) <b>HECHT, MICHAEL BENJAMIN</b>			Injury Status <b>NO INJURY</b>			

Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number	ORI <b>MT0250100</b>
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## DRIVER / OPERATOR V02

Person Type <b>Driver / Operator</b>	NM# <b>2</b>	Vehicle # <b>V02</b>	Person Type Detail		
			Suffix		
		City <b>BOULDER</b>		State <b>MT</b>	Zip Code <b>59632</b>
		Phone Number (Other)		Condition at Time of Crash	
Commercial Motor Vehicle Endorsements <b>NONE</b>				<input type="checkbox"/> Recommend Driver ReExam	
Drivers License Restrictions 1		Drivers License Restrictions 2		Drivers License Restrictions 3	
Driver Distracted By <b>NOT DISTRACTED</b>			Driver Vision Obstructions <b>VISION NOT OBSCURED</b>		
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)		
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)		
Motor Vehicle Seating Position: Row <b>FRONT</b>	Motor Vehicle Seating Position: Seat <b>LEFT</b>	Motor Vehicle Seating Position: Other		<input type="checkbox"/> Seating Position Unknown	
Restraint System <b>SHOULDER AND LAP BELT USED</b>			Helmet Use <b>NO HELMET</b>		
Air Bag Deployed <b>NOT DEPLOYED</b>			Ejection <b>NOT EJECTED</b>		
Trapped Extrication <b>NOT TRAPPED</b>					
Injury Severity Level Type <b>NO INJURY</b>		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash	
Source of Transport to Medical Facility		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested	Alcohol Test Results
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested	Drug Test Results
Violation Type Issued <b>M</b>		Number <b>058 H60391</b>	Violation Description <b>Fail To Give Notice Of Accident By Quickest Me</b>		

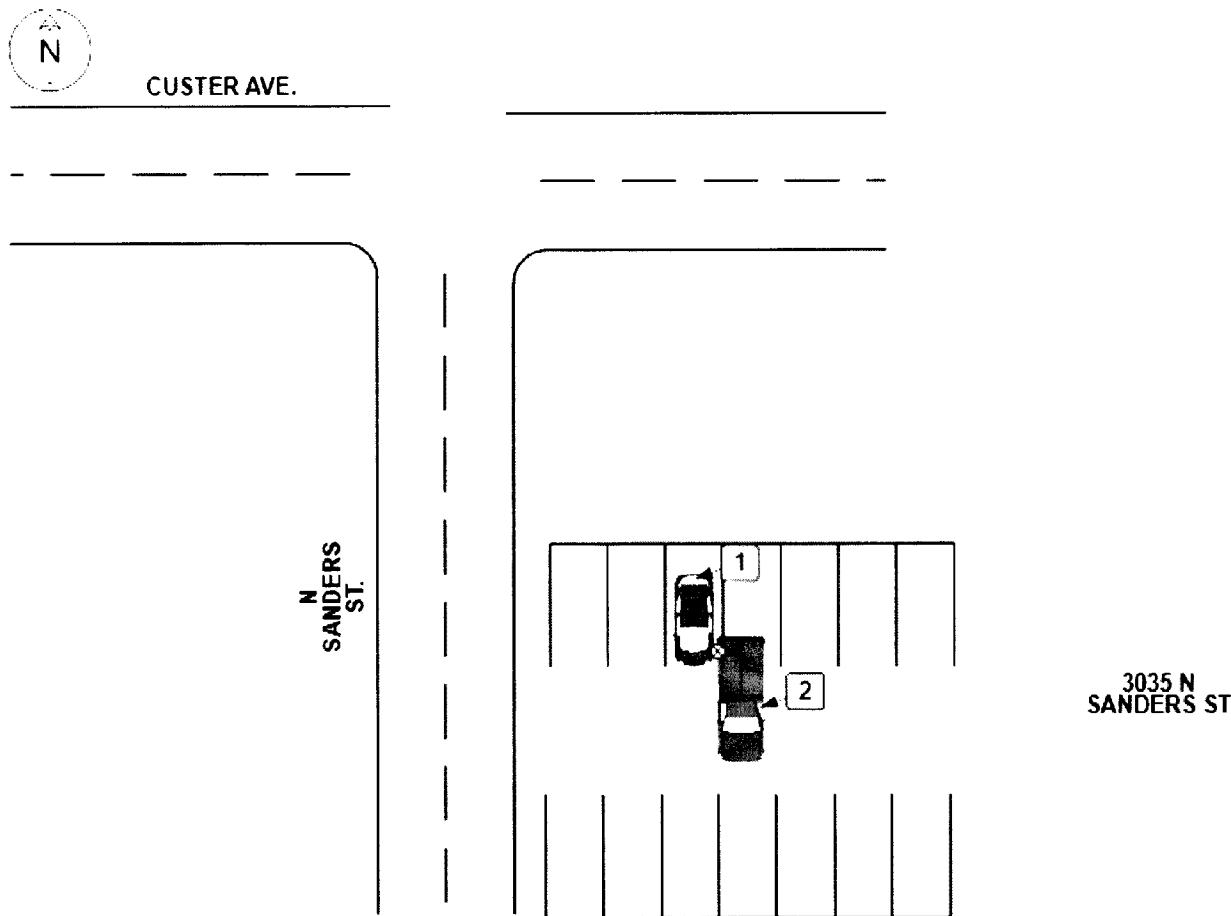
### NARRATIVE: HP251984

V1 WAS PARKED IN THE PLANET FITNESS (3035 N SANDERS ST)PARKING LOT FACING SOUTH BOUND. V2 WAS PARKED IN THE NEXT SPOT OVER FROM V1 TO THE EAST. WHEN V2 LEFT HIS PARKING SPOT, HIS BACK PASSENGER SIDE TIRE HIT THE FRONT DRIVER SIDE BUMPER OF V1 CAUSING DAMAGE. V2 WAS UNAWARE OF THE ACCIDENT AND LEFT THE SCENE. INFO EXCHANGED. NO MEDICAL. NO TOW. V2 CITED WITH FAIL TO GIVE NOTICE AND FAIL TO EXCHANGE INFO WITH OTHER PARTY.

### REPORTING OFFICER / SUPERVISOR APPROVAL

Reporting Officer			Approving Supervisor			Case Identifier <b>HP251984</b>
ID Number <b>725</b>	Rank	Name <b>Alex Nimmick</b>	ID Number <b>725</b>	Rank	Name <b>Alex Nimmick</b>	
Signature			Signature			

Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number	ORI <b>MT0250100</b>
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**DIAGRAM OF ACCIDENT***Not To Scale*



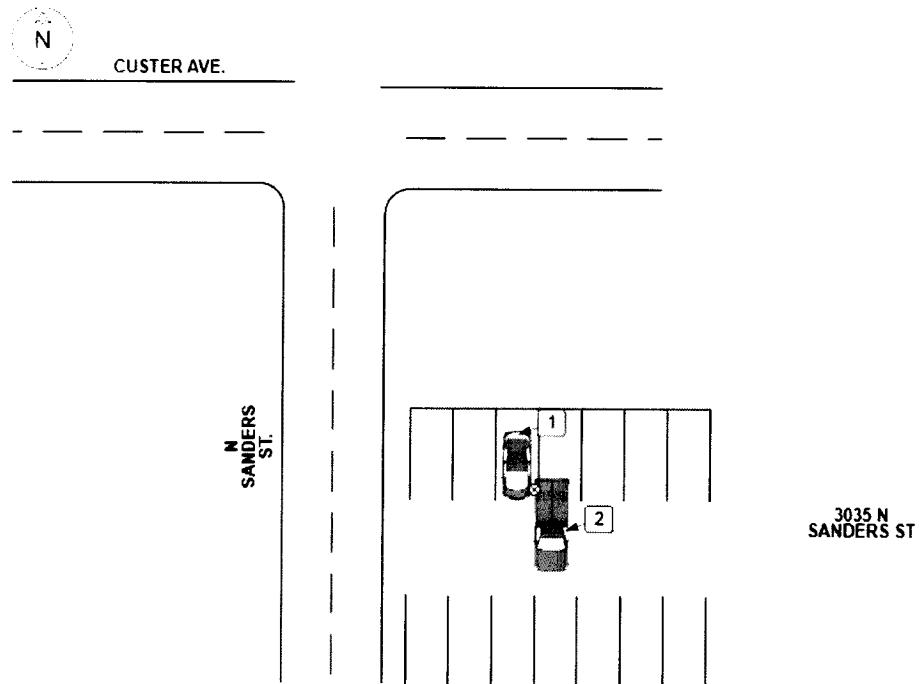
# HELENA POLICE DEPARTMENT



HP251984 - Digital Photo - Image - Diagram -  
HP251984 - 05/09/2025 - 18:33

Printed on May 29, 2025

*Not To Scale*



**Image - Diagram - HP251984 - 05/09/2025 - 18:33**

Comments:

STATE OF MONTANA

By: Katrina Livesay

TK-520-2025-0001063

Peterson, Anne

**IN THE MUNICIPAL COURT OF THE CITY OF HELENA, MONTANA  
COUNTY OF LEWIS & CLARK, STATE OF MONTANA  
BEFORE THE HONORABLE ANNE PETERSON, MUNICIPAL COURT JUDGE**

<p>CITY OF HELENA,  -vs-  MICHAEL BENJAMIN HECHT,</p>	<p>Plaintiff,  Defendant.</p>	<p><b>Case No. TK-520-2025-0001063</b>  Offense: Fail to Show D/L To Other Parties Involved In Accident Fail To Give Notice Of Accident By Quickest Means (1st Offense)</p> <p><b>ORDER DISMISSING WITHOUT PREJUDICE</b></p>
---	---------------------------------------	--

City of Helena having filed a Motion to Dismiss Without Prejudice in the above-captioned matter, and good cause appearing therefore,

**IT IS HEREBY ORDERED** that the following Complaint is **DISMISSED  
WITHOUT PREJUDICE**:

- Fail to Show D/L To Other Parties Involved In Accident.
- Fail To Give Notice Of Accident By Quickest Means (1st Offense).

DATED this 28th day of July, 2025.

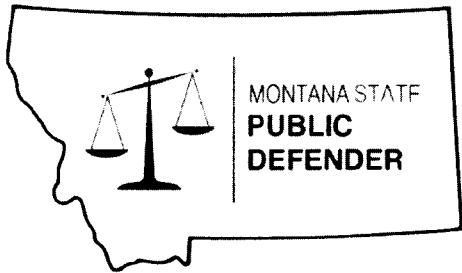
By: /s/ Anne Peterson

HONORABLE ANNE PETERSON  
MUNICIPAL COURT JUDGE

Cc: Victoria Hill  
Office of the City Attorney

ORDER  
Page 1 of 1

Electronically Signed By:  
Hon. Judge Anne Peterson  
Mon, Jul 28 2025 01:27:14 PM  
CSI 000016



139 N. Last Chance Gulch  
Helena, MT 59620  
T: (406) 444-0104  
F: (406) 444-2669  
Toll Free: (866) 403-7490  
Jail Line: (406) 444-3375

July 29, 2025

RE: City of Helena v.  
**TK-25-1063**

Hi Michael,

Now that the Court has dismissed your case, my office will close your related file. Enclosed in this letter is a copy of the dismissal order for your records. Should you require anything further regarding your case, please feel free to contact my office.

Wishing you the best of luck in the future.

Sincerely,

## Defense Attorney



## COMMISSIONER OF SECURITIES AND INSURANCE

James Brown  
Commissioner

Office of the  
Montana State Auditor

October 03, 2025

[REDACTED]

Re: Your Inquiry File, #32566

Dear [REDACTED]

This letter confirms that we have received your consumer inquiry requesting assistance from our office. Wanda Shields has been assigned to your file.

The insurance company will have 10 business days to review your inquiry and respond to our office.

Please be advised that the company may attempt to contact you to work toward the resolution of the stated complaint; we encourage you to communicate with them throughout this process.

Upon receipt of the company response, you will be contacted directly to address any questions or concerns. If you have questions, Wanda Shields can be reached at 406-444-3126 or by email at [wanda.shields@mt.gov](mailto:wanda.shields@mt.gov)

I appreciate your patience with this process.

Sincerely,

James Brown  
Commissioner of Securities & Insurance  
Office of the Montana State Auditor  
840 Helena Ave  
Helena, MT 59601  
Ph: (800) 332-6148 or (406) 444-2040

840 Helena Avenue, Helena, Montana 59601  
(fax) 406.444.1980 | (phone) 800.332.6148 or 406.444.2040  
(email) [ics@mt.gov](mailto:ics@mt.gov) | (web) [www.csimt.gov](http://www.csimt.gov)

CSI 000018



## COMMISSIONER OF SECURITIES AND INSURANCE

James Brown  
Commissioner

Office of the  
Montana State Auditor

October 03, 2025

[REDACTED]  
PROGRESSIVE DIRECT INSURANCE COMPANY  
Consumer Relations Department  
6300 Wilson Mills Road, N71C  
Mayfield Heights, OH 44143

Our file: 32566

Inquirer: [REDACTED]

Please find the attached copy of an insurance inquiry received from the above-referenced individual.

Please acknowledge receipt of this inquiry within two business days and provide a complete response within 10 business days. If an extension is needed, please contact me as soon as possible.

When responding, provide all supporting documentation which may include:

- Policy Forms (First party claims only)
- Claim File Notes
- Phone Call Logs
- Correspondence (letters, emails, text messages, etc.)
- Payment history
- All estimates of damage
- Adjuster & Police Reports
- All photos
- Transcriptions or summaries of calls referenced in the inquiry
- Any other applicable documentation not specified above that would be part of the entire claim file
- Please provide supporting documentation Progressive is not in violation of MCA 33-18-201

Ensure that the response refers to the above-referenced file number and include the Company's Federal Tax ID or NAIC number in the written response.

The State of Montana email system has a 15MB size limit. We encourage the use of our Montana Secure Portal (OKTA system), especially for large files. A link to that system is below my signature.

Sincerely,

Wanda Shields  
P&C Compliance Specialist, Insurance Consumer Services (ICS)  
Office of the Montana State Auditor | Commissioner of Securities and Insurance  
840 Helena Ave | Helena, Montana 59601  
406-444-3126  
wanda.shields@mt.gov  
State Secure Portal - <https://transfer.mt.gov/Home/Login>

840 Helena Avenue, Helena, Montana 59601  
(fax) 406.444.1980 | (phone) 800.332.6148 or 406.444.2040  
(email) [ics@mt.gov](mailto:ics@mt.gov) | (web) [www.csimt.gov](http://www.csimt.gov)

CSI 000020

---

[EXTERNAL] RE: Montana CSI Complaint # 32566

---

**From** ComplaintFile <ComplaintFile@Progressive.com>

**Date** Wed 10/15/2025 1:01 PM

**To** Shields, Wanda <Wanda.Shields@mt.gov>

 4 attachments (8 MB)

Claimant Photos.pdf; Claimant Supporting Documents.pdf; MT - DOI [REDACTED] -32566.pdf; Supporting Documents.pdf;

Hello,

Attached is our response and supporting documents.

All the best,

Emily K.  
Consumer Relations Specialist

---

**From:** From the NAIC on behalf of Commissioner of Securities and Insurance <sbs@naic.org>

**Sent:** Friday, October 3, 2025 10:50 AM

**To:** ComplaintFile <ComplaintFile@Progressive.com>

**Cc:** wanda.shields@mt.gov

**Subject:** [EXTERNAL] Montana CSI Complaint # 32566



## COMMISSIONER OF SECURITIES AND INSURANCE

James Brown  
Commissioner

Office of the  
Montana State Auditor

October 03, 2025

[REDACTED]  
PROGRESSIVE DIRECT INSURANCE COMPANY  
Consumer Relations Department  
6300 Wilson Mills Road, N71C  
Mayfield Heights, OH 44143

Our file: 32566

Inquirer: [REDACTED]

CSI 000021

Please find the attached copy of an insurance inquiry received from the above-referenced individual.

Please acknowledge receipt of this inquiry within two business days and provide a complete response within 10 business days. If an extension is needed, please contact me as soon as possible.

When responding, provide all supporting documentation which may include:

- Policy Forms (First party claims only)
- Claim File Notes
- Phone Call Logs
- Correspondence (letters, emails, text messages, etc.)
- Payment history
- All estimates of damage
- Adjuster & Police Reports
- All photos
- Transcriptions or summaries of calls referenced in the inquiry
- Any other applicable documentation not specified above that would be part of the entire claim file
- Please provide supporting documentation Progressive is not in violation of MCA 33-18-201

Ensure that the response refers to the above-referenced file number and include the Company's Federal Tax ID or NAIC number in the written response.

The State of Montana email system has a 15MB size limit. We encourage the use of our Montana Secure Portal (OKTA system), especially for large files. A link to that system is below my signature.

Sincerely,



Wanda Shields

P&C Compliance Specialist, Insurance Consumer Services (ICS)

Office of the Montana State Auditor | Commissioner of Securities and Insurance

840 Helena Ave | Helena, Montana 59601

406-444-3126

[wanda.shields@mt.gov](mailto:wanda.shields@mt.gov)

State Secure Portal - <https://transfer.mt.gov/Home/Login>

840 Helena Avenue, Helena, Montana 59601  
(fax) 406.444.1980 | (phone) 800.332.6148 or 406.444.2040  
(email) [ics@mt.gov](mailto:ics@mt.gov) | (web) [www.csimt.gov](http://www.csimt.gov)

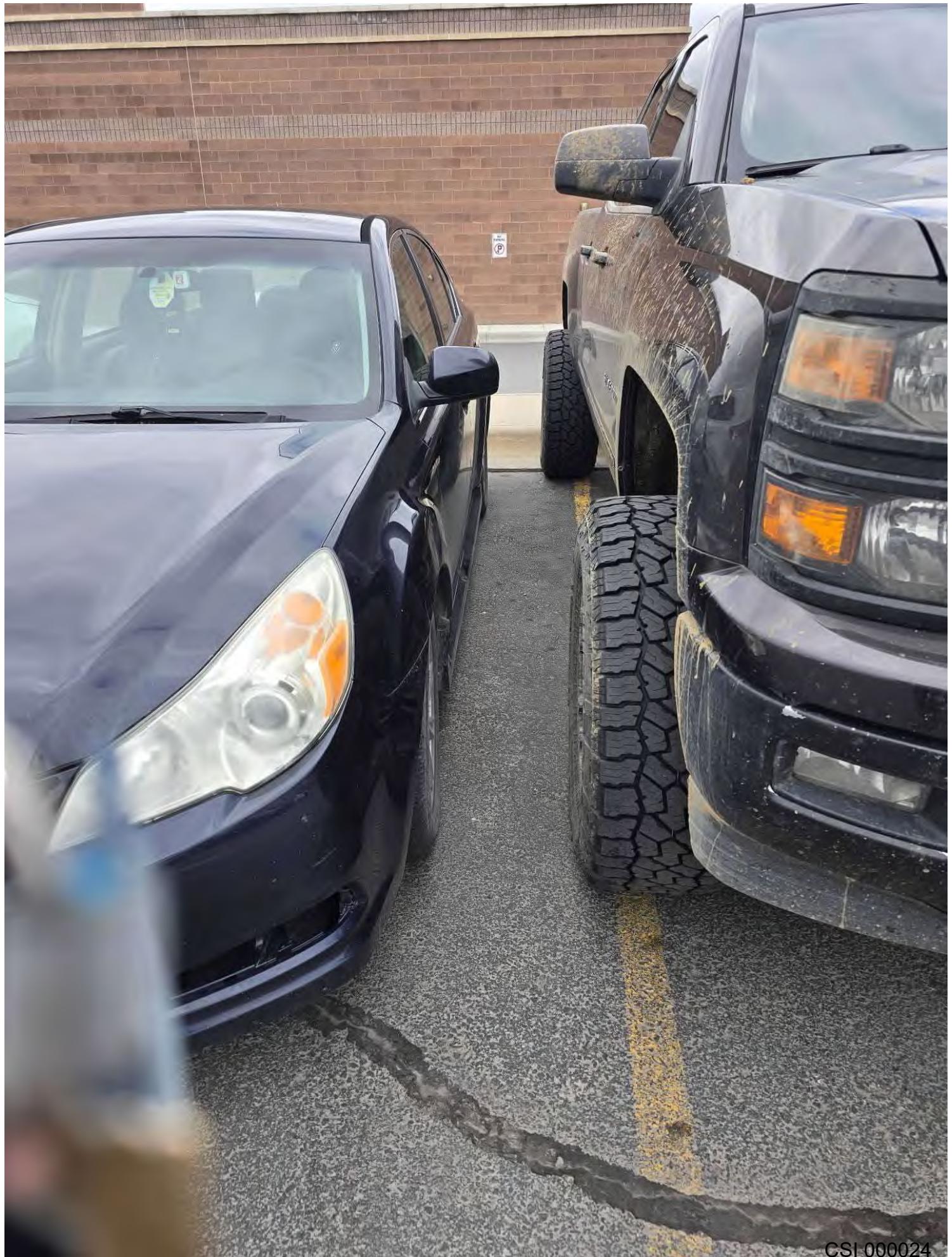
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#### CONFIDENTIALITY NOTICE

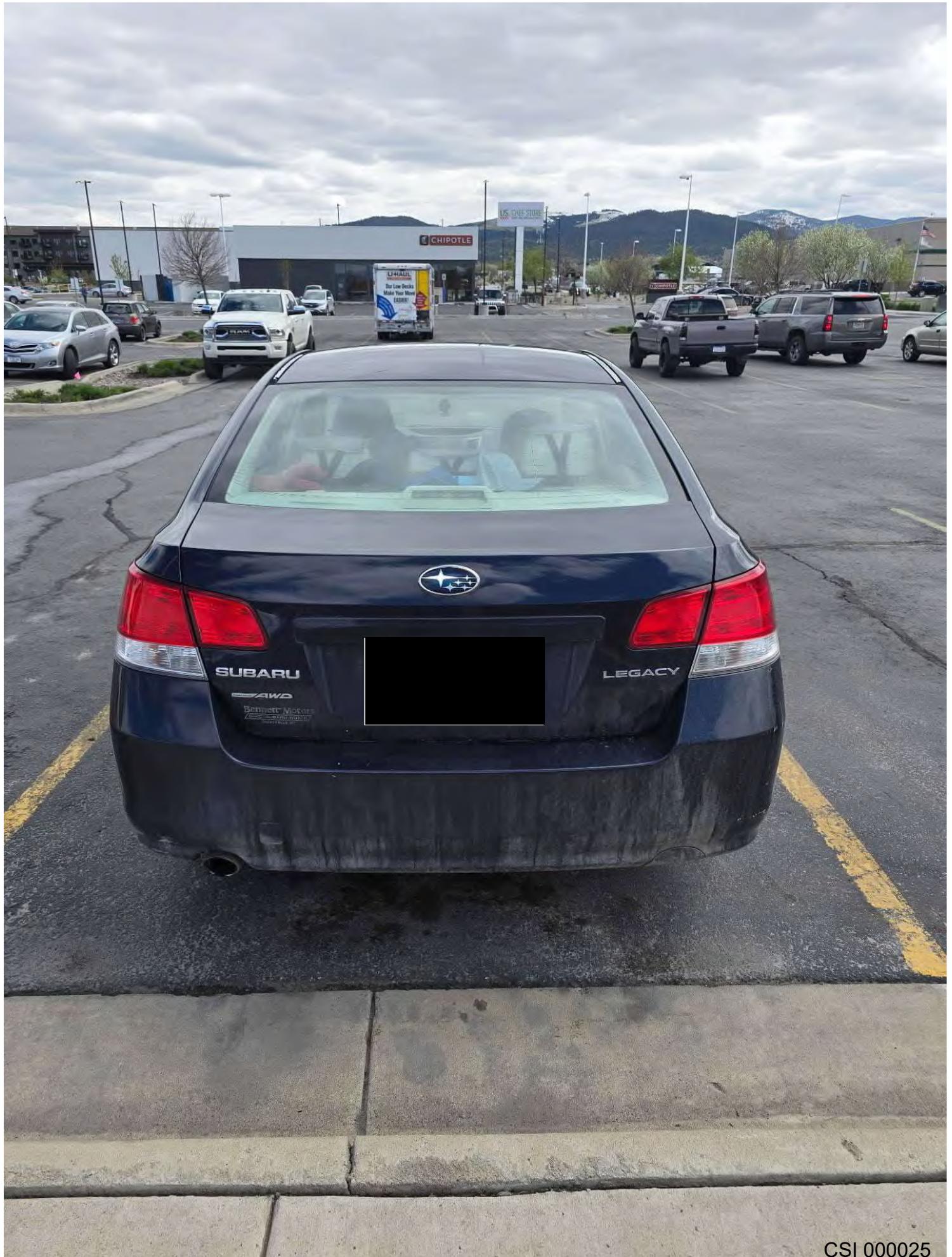
This message and any attachments are from the NAIC and are intended only for the addressee. Information contained herein is confidential, and may be privileged or exempt from disclosure pursuant to applicable federal or state law. This message is not intended as a waiver of the confidential, privileged or exempted status of the information transmitted. Unauthorized forwarding, printing, copying, distribution or use of such information is strictly prohibited and may be unlawful. If you are not the

CSI 000022

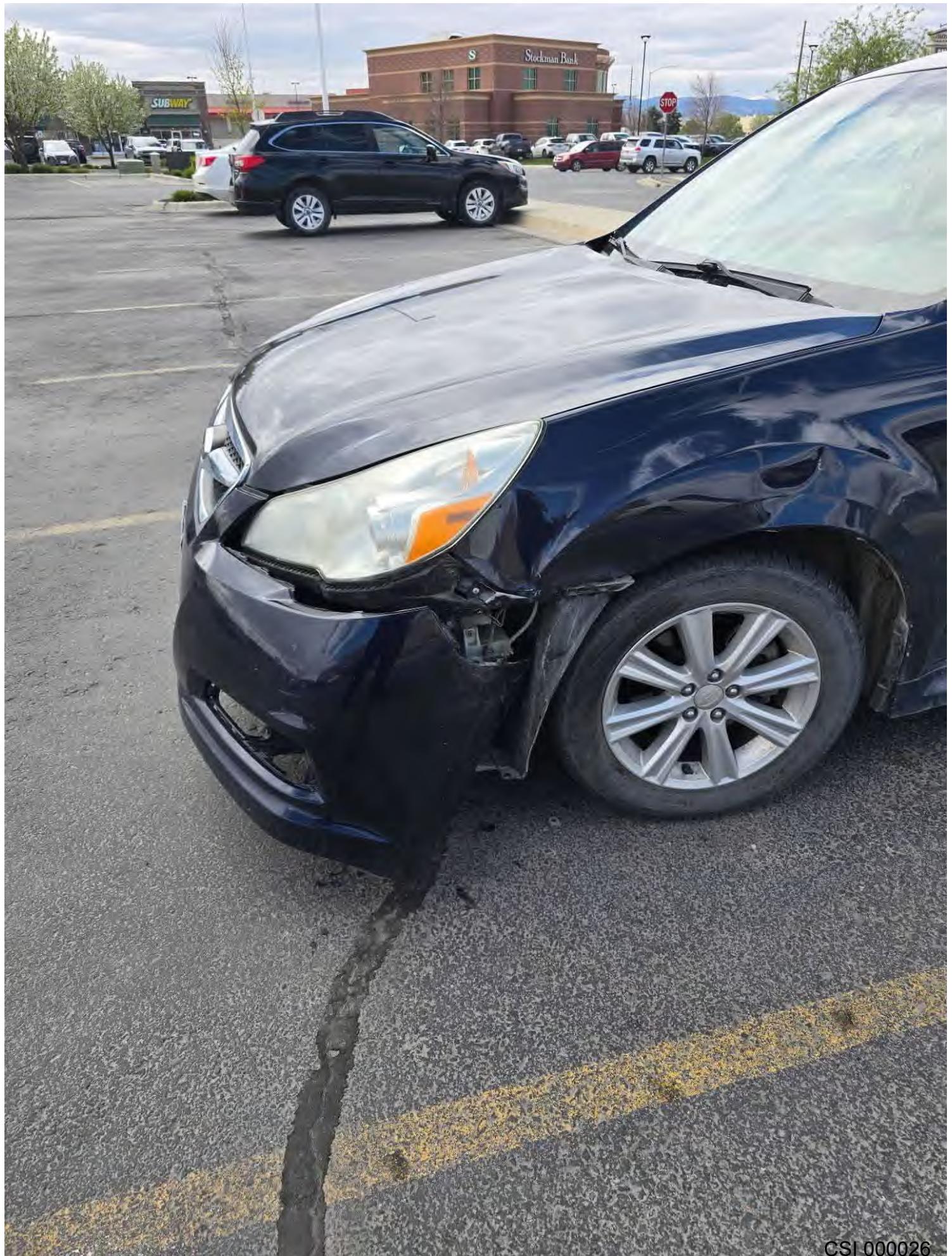
addressee, please promptly delete this message and notify the sender of the delivery error by e-mail or by forwarding it to the NAIC Service Desk at [help@naic.org](mailto:help@naic.org).



CSI 000024



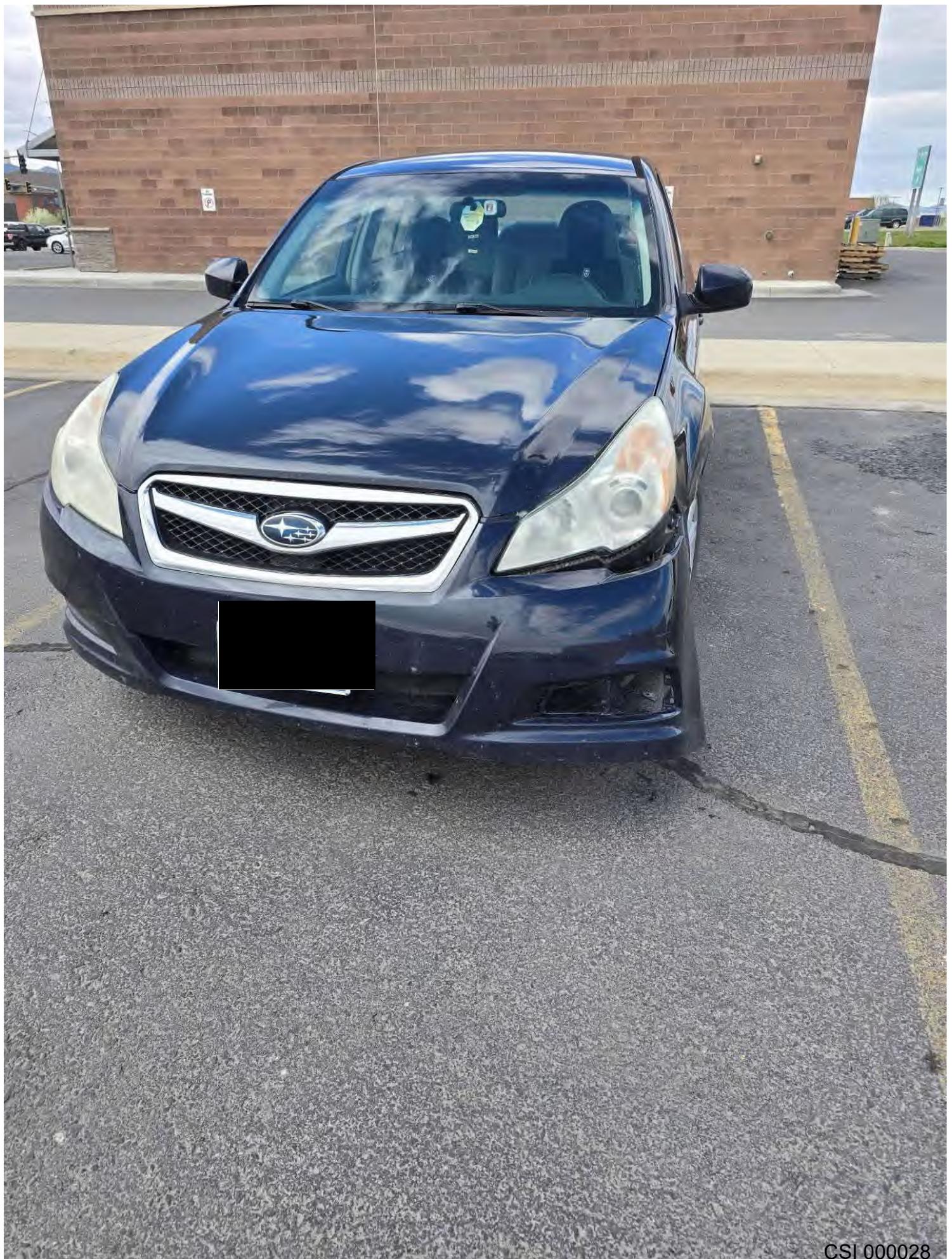
CSI 000025



CSI 000026



CSI 000027



CSI 000028



CSI 000029



CSI 000030



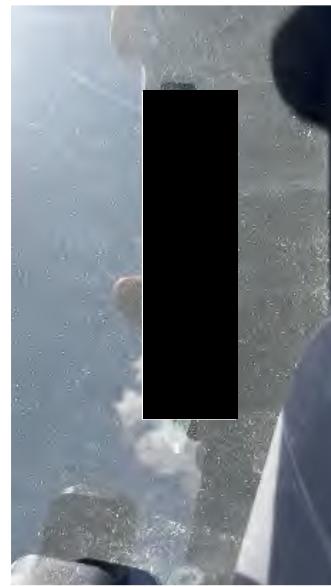
CSI 000031



CSI 000032



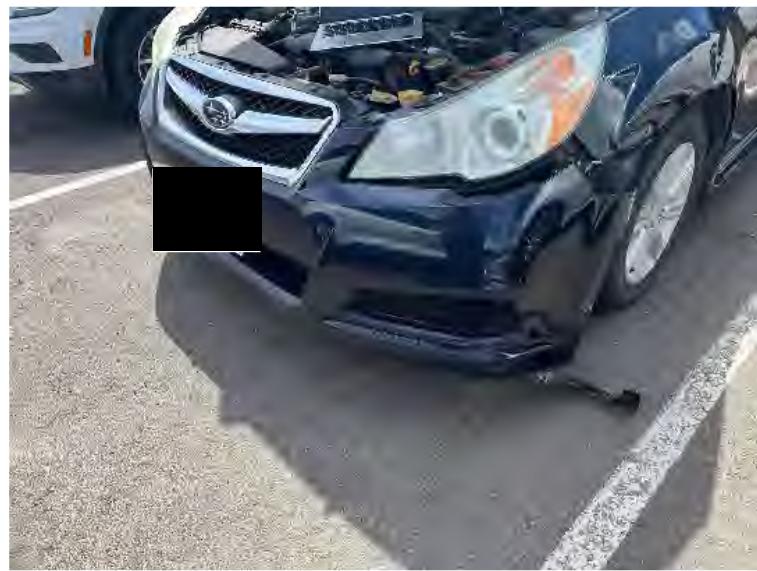
CSI 000033



CSI 000034



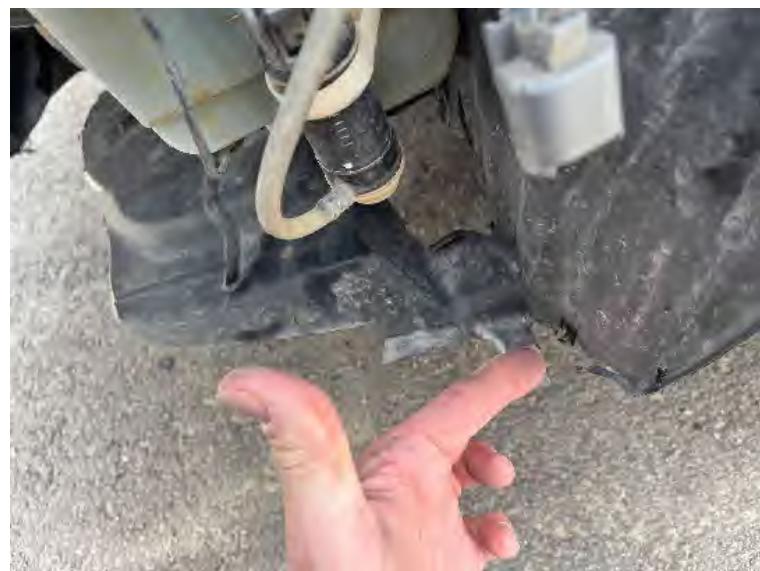
CSI 000035



CSI 000036



CSI 000037



CSI 000038



CSI 000039



CSI 000040



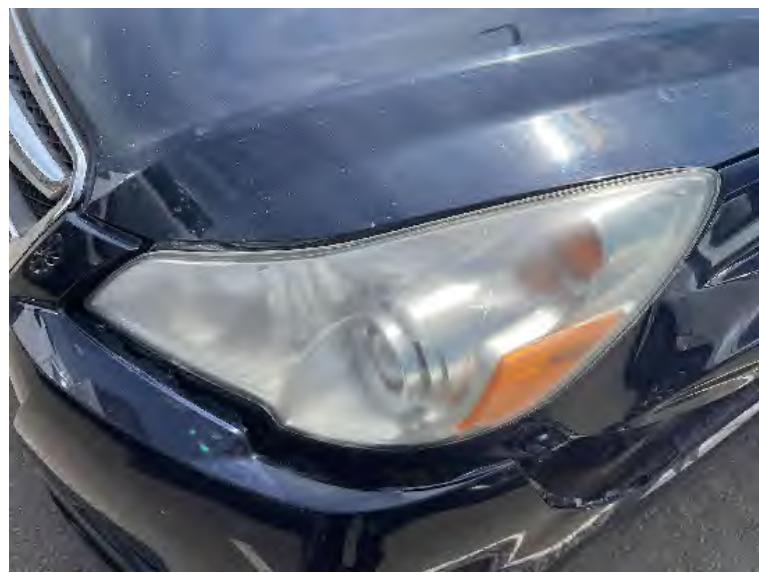
CSI 000041



CSI 000042



CSI 000043



CSI 000044



CSI 000045



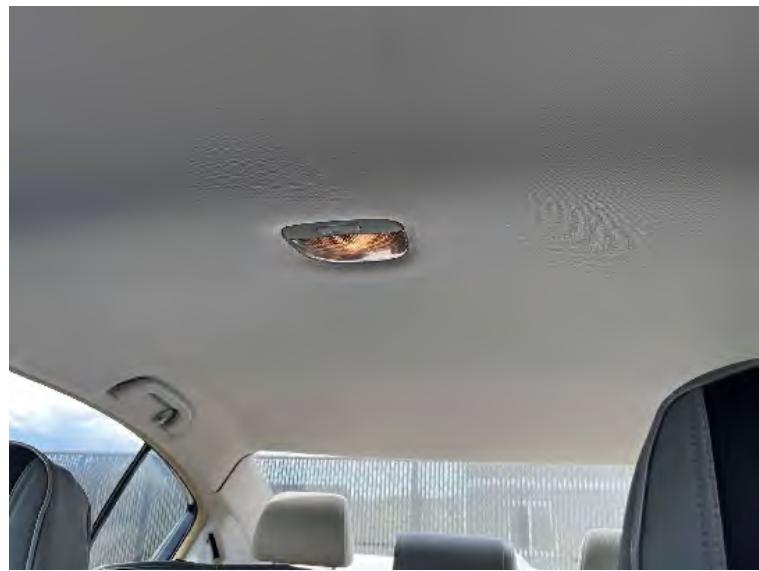
CSI 000046



CSI 000047



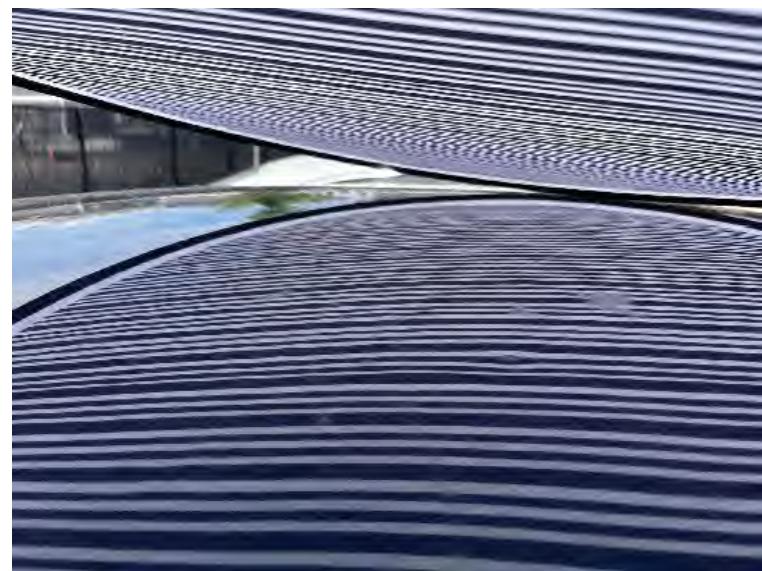
CSI 000048



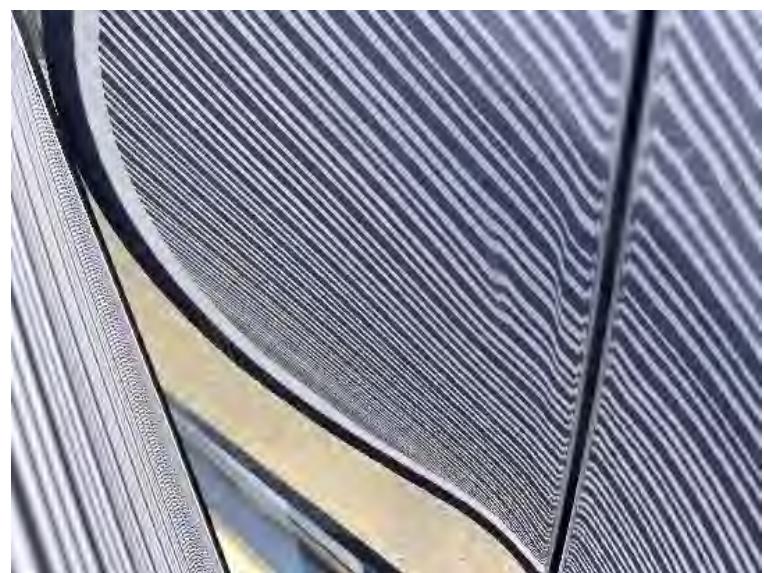
CSI 000049



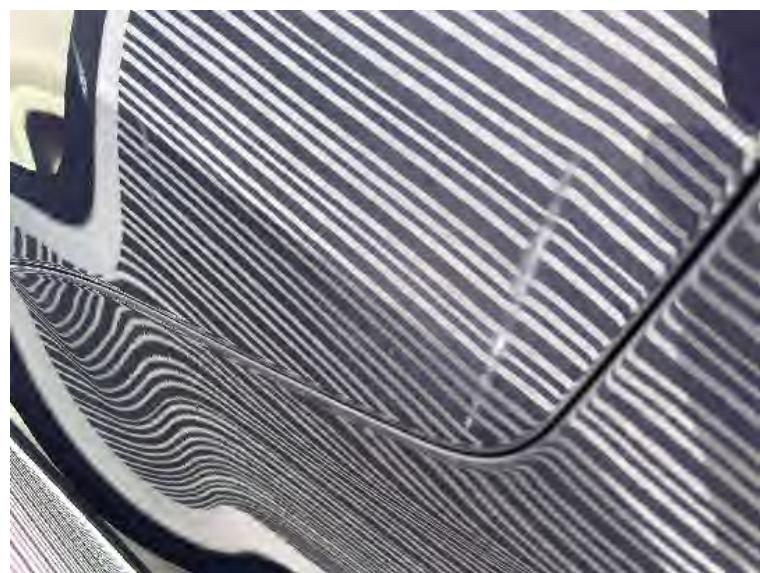
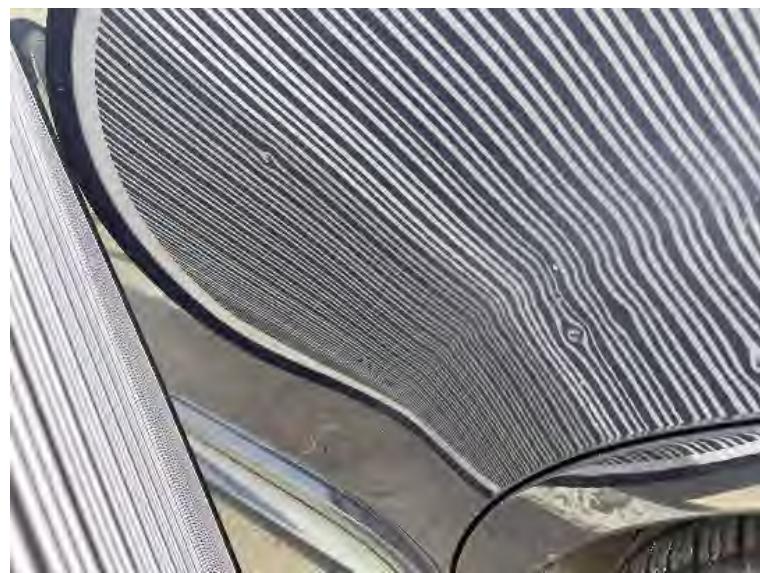
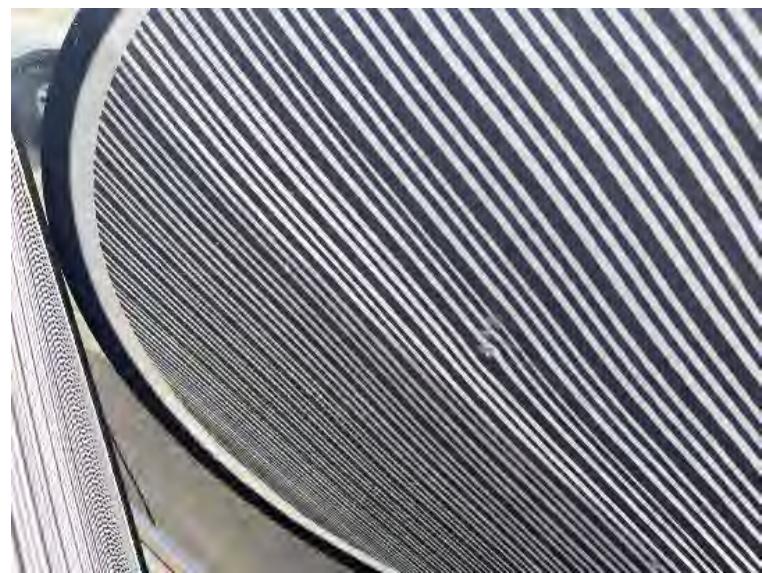
CSI 000050



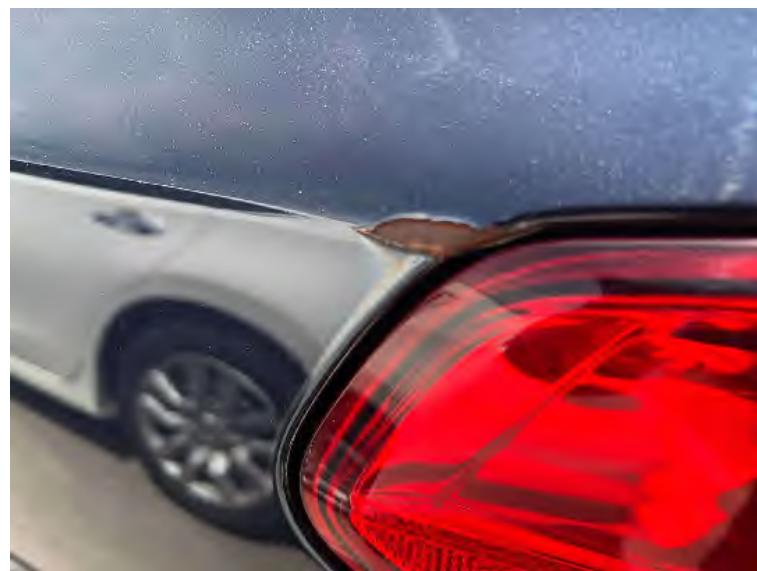
CSI 000051



CSI 000052



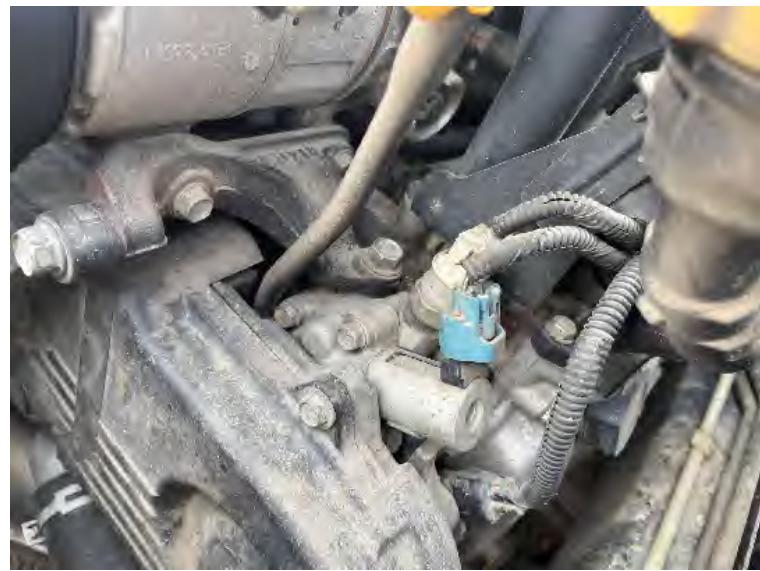
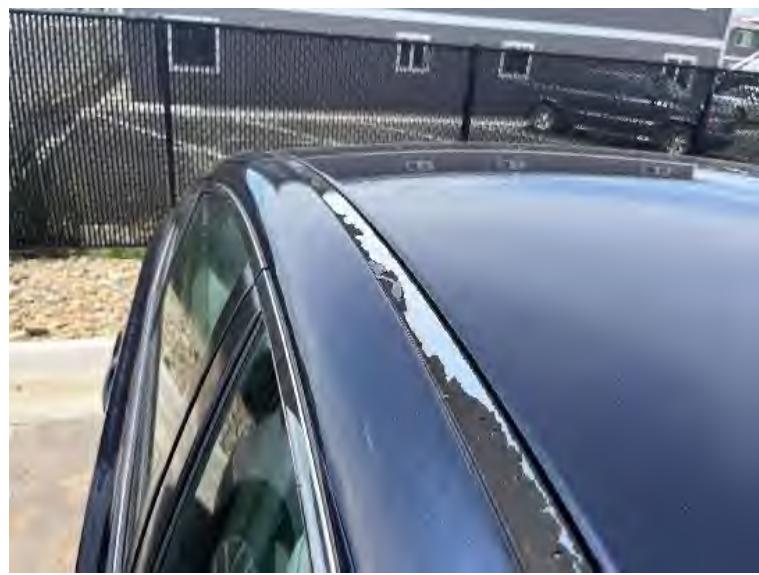
CSI 000053



CSI 000054



CSI 000055



CSI 000056

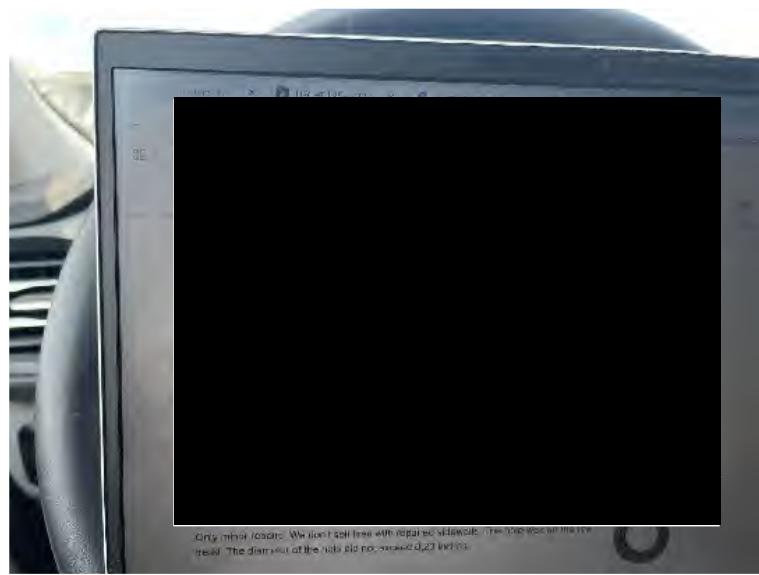


CSI 000057

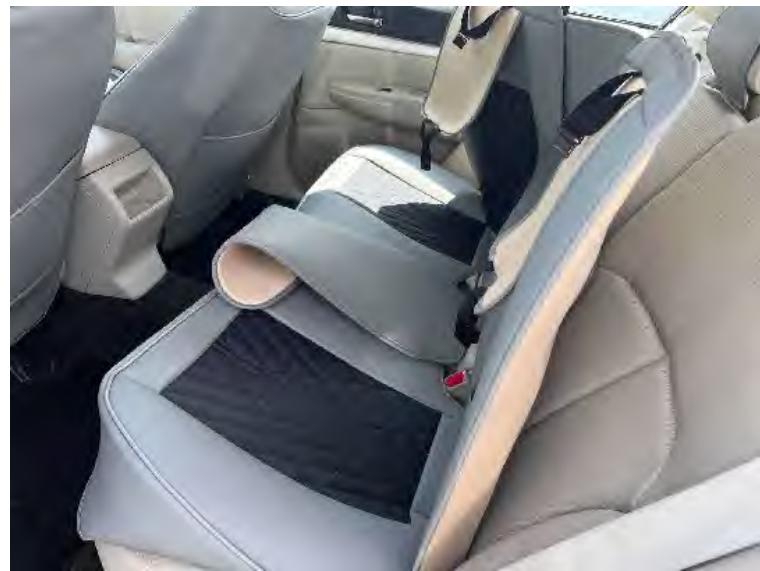




CSI 000059



CSI 000060



CSI 000061



CSI 000062

VIN: 4S3BMCB62C3022259

Affix FULL Label to driver side Left-Rear.



# SUBARU

# 2012 Legacy

## GOVERNMENT

### Overall Vehicle Score

Based on the combined rating of  
Should ONLY be compared to other  
models in the same class.

VIN:	LEGACY
MODEL:	2.5 LITERS 4 CYLINDER ENGINE
ENGINE:	DEEP INDIGO PEARL
PORT OF ENTRY:	WARM IVORY
EXTERIOR COLOR:	TRUCK
INTERIOR/SEAT COLOR:	16 lbs./ 7 kgs.
TRANSPORT:	
ACCESSORY WEIGHT:	

### Frontal Drive

### Crash Pass

Based on the risk of injury in a frontal  
crash. Should ONLY be compared to other  
models in the same class.

### Side Front

### Crash Rear

Based on the risk of injury in a side  
crash. Should ONLY be compared to other  
models in the same class.

### Rollover

Based on the risk of rollover in a  
side impact. Should ONLY be compared to other  
models in the same class.

**Star ratings range from 1 to 5 stars.**

**Source: National Highway Traffic Safety Administration**

[www.safercar.gov](http://www.safercar.gov)

DATE

Hello,

A black truck  
reversed into your  
car @ around 2:45 pm  
05.06.25.

I was sitting in my  
car when it happened.

The license plate number  
is : [REDACTED]

Hopefully this help.

## Progressive Group of Insurance Companies

**Settlement Summary****Claim Information****Claim Number:** 25-631232188-02**Coverage Type of Loss:** Liability**Policy Number:****Loss Date:** 05/06/2025**Claimant :****Reported Date:** 05/08/2025**Valuation Report ID:** 1021647661**Vehicle Information****Loss Vehicle:** 2012 Subaru Legacy 2.5i Premium 4 Door Sedan  
2.5L 4 Cyl Gas A AWD**Location:** MT 59602**VIN:****Exterior Color:** Deep Indigo Pearl**Mileage:** 165,678 miles**License Plate:****Title History:** No**Title History Comments:****Loan Information****Lien Holder Payoff:****Payment Information****Loan/Lease Payoff Coverage:****Lien Holder Payment(s):**

\$0.00

**Net to Owner:****Settlement****Stated Amount:****Actual Cash Value:**

Base Value:

Title History Adjustment:

Refurbishment Adjustments:

After Market Parts Adjustment:

Condition Adjustment:

Prior Damage Adjustment:

**Market Value:**

Settlement Adjustment(Pre-Tax):

**Fees:****Taxes:****Company Obtains:****Net Settlement:****Settlement Adjustment(Post-Tax):****Deductible:****Other Adjustments:****Total Settlement:****Adjuster License #:****Comments:**

CSI 000065

# Progressive Northwestern Ins Co

## TOTAL LOSS

Estimate ID  
25-631232188-02  
Original

Claim Number  
25-631232188-02

Owner

Claimant

Appraiser

(406) 410-8985 (Work)  
a201084@progressive.com

Underwriter

Progressive Northwestern Ins Co

## Progressive Northwestern Ins Co

Claim Number

25-631232188-02

Adjuster

(719) 900-6052 (Work)

Deductible

None

Reported Date

05/08/2025

Loss Date

05/06/2025

Inspection Site

(NW)  
2080 Rea Ave, (NW - Kendall  
Cunningham)  
Helena, MT 59602  
(406) 324-7541 (Mobile)

## 2012 Subaru Legacy 2.5i Premium 4 Door Sedan 2.5L 4 Cyl Gas Injected Auto Trans AWD

Exterior Color

g5u

License

VIN

Drivable

No

Odometer

165678

Production Date

01/2012

Mitchell Service Code

911285

Primary Point of Impact

Left Front Corner (11)

Secondary Point(s) of Impact

Left Front Side (10), Front (12)

Options

Air Conditioning	All Wheel Drive	Alum/Alloy Wheels	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)
Automatic Headlights	Automatic Transmission	Auxiliary Input	Bluetooth Wireless Connectivity	CD Player
Cloth Seat	Cruise Control	Daytime Running Lights	Driver Seat With Power Lumbar Support	Driver-Front Air Bag
Electric Defogger	Electronic Stability Control	First Row Bucket Seat	Keyless Entry System	Leather Steering Wheel
Left-Curtain Air Bag	MP3 Player	Passenger-Front Air Bag	Power Door Locks	Power Driver Seat
Power Remote Mirror	Power Steering	Power Windows	Rear Bench Seat	Second Row Side Airbag With Head Protection
Side Airbags	Steering Wheel Mounted Audio Control	Theft Deterrent Sys.	Tilt Steering Wheel	Tire Pressure Monitoring System

Options

Traction Control/Electronic

## 2012 Subaru Legacy 2.5i Premium

Parts Profile  
HELNA ALL PART TYPES 2Parts Profile Version  
1.0

Line #	Description	LABOR			PART			
		Operation	Type	Total Units	Type	Number	Qty	Total Price
<b>Front Bumper</b>								
1	AUTO	Frt Bumper Cover Assy	Overhaul	Body	1.9#	Existing		
2	100636	Frt Bumper Cover	Remove / Replace	Body	INC#	New	57704AJ08A	1
3	AUTO	Frt Bumper Cover	Refinish Only	Refinish	2.6# C			
4	103261	L Frt Bumper Opening Cover	Remove / Replace	Body	INC	New	57731AJ20A	1
5	100643	L Frt Bumper Side Bracket	Remove / Replace	Body	INC#	New	57707AJ53A	1
6	AUTO	Frt Bumper Cover	Remove / Install	Body	INC			
7	100647	L Frt Bumper Bracket	Remove / Replace	Body	INC#	New	57707AJ49A	1
<b>Grille</b>								
8	100362	Grille Assy	Remove / Install	Body	INC#	Existing		
<b>Front Lamps</b>								
9	100367	L Front Combination Lamp	Remove / Install	Body	INC#	Existing		
<b>Front Fender</b>								
10	101115	L Fender Panel	Remove / Replace	Body	1.6#	New	57120AJ01A9	1
11	AUTO	L Fender Outside	Refinish Only	Refinish	2.0 C			
12	AUTO	L Add To Edge Fender	Refinish Only	Refinish	0.5 C			
13	101141	L Fender Liner	Remove / Replace	Body	INC#	New	59120AJ01A	1
<b>Wheel</b>								
14	101207	Alloy Wheel	Remove / Replace	Body	0.3	New	28111AJ05A	1
<b>Engine / Body Under Covers</b>								
15	100979	Engine Under Cover	Remove / Replace	Body	0.4	New	56410AJ00B	1
<b>Rocker / Pillars / Floor</b>								
16	100404	L Rocker Moulding	Remove / Install	Body	INC	Existing		
<b>Front Door</b>								
17	100437	L Frt Door Outside	Blend	Refinish	0.9 C	Existing		
18	102396	L Frt Otr Door Belt Moulding	Remove / Install	Body	0.9#	Existing		
19	102402	L Frt Rear View Mirror	Remove / Install	Body	INC#	Existing		
20	102339	L Frt Door Trim Panel	Remove / Install	Body	INC	Existing		

Line #	Description	LABOR			PART			Qty	Total Price	Tax
		Operation	Type	Total Units	Type	Number				
21	L Frt Otr Door Handle	Remove / Install	Body	0.3	Existing					
<b>Additional Costs &amp; Materials</b>										
22	AUTO	Paint/Materials	Additional Cost							
23	AUTO	Hazardous Waste Disposal	Additional Cost							
<b>Additional Operations</b>										
24	AUTO	Clear Coat	Additional Operation	Refinish	1.7					
25	931127	Pre Repair Scan	Additional Operation	Mechanical	0.5*					
26	931128	Post Repair Scan	Additional Operation	Mechanical	0.5*					
<b>Special / Manual Entry</b>										
27	900500	COVER CAR FOR OVERSPRAY	Repair	Body*	0.2*	Sublet	Sublet	1		
28	900500	FLEX ADDITIVE	Repair	Body*	0.0*	Sublet	Sublet	1		
29	900500	COLOR TINT	Refinish Only	Refinish*	0.5*	Existing		1		
30	900500	4 WHEEL ALIGNMENT	Additional Labor	Mechanical*	0.0*	Sublet	Sublet	1		
31	900500	transport to sublet	Additional Labor	Body*	1.0*	Existing				
32	900500	MOUNT AND BALANCE	Additional Labor	Body*	0.0*	Sublet	Sublet	1		
33	900500	MOUNT AND BALANCE	Additional Labor	Body*	0.0*	Sublet	Sublet	1		
<b>Tires</b>										
34	900500	Nokian One 205/60R16 V	Remove / Replace	Mechanical	0.0	Aftermarket New	T431350	1		
35	900500	Nokian One 205/60R16 V	Remove / Replace	Mechanical	0.0	Aftermarket New	T431350	1		

\* Judgment Item

T Included in Two Tone Calculation

# Labor Note Applies

d Discontinued by Manufacturer

C Included in Clear Coat Calculation

A Included in Clear Coat and Two Tone Calculation

r CEG R&R Time Used for this Labor Operation

[ ] Verify the part number and price before ordering

### Estimate Totals

Labor	Units	Rate	Sublet	Add'l Amount	Totals
Body Labor					
Refinish Labor					
Mechanical Labor					
<b>Total Labor</b>					
				Taxable	
				Tax 0.0000%	
				Non-Taxable	
				Pre-Tax Discount 0.00%	
				<b>Labor Total</b>	
Parts	<b>Amount</b>				
Taxable Parts					

## Estimate Totals

		Parts Adjustments
		Tax 0.0000%
		Non-Taxable
		Pre-Tax Discount 0.00%
		<b>Parts Total</b>
Costs		
Paint Materials		
Shop Materials		
Other Additional Costs		
Paint Materials:		Taxable
- Refinish Units: 8.2 units		Tax 0.0000%
- Rate: \$62.00		Non-Taxable
- Rate Max: 99.9 units		Pre-Tax Discount 0.00%
- Additional Rate: \$0.00		
Gross Totals		<b>Costs Total</b>
Gross Total		
		Taxable
		Tax
		Non-Taxable
		Pre-Tax Discount 0.00%
		<b>Gross Total</b>
Adjustments	Amount	
<b>Total Customer Responsibility</b>		
		<b>Net Estimate Total</b>

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

This guarantee does not cover normal wear and tear or damage caused by improper maintenance, neglect, abuse or subsequent accident. This guarantee is limited to arranging for the selection of repair parts that will return your vehicle to its pre-loss condition. Accordingly, Progressive will not be liable for any indirect, incidental or consequential damages that result from the installation or use of

these parts.

#### Part Type Terms and Abbreviations

**NEW and OEM or part number displayed** - These refer to a new, original equipment manufacturer part.

**A/M Certified**: This refers to a new, certified non-original equipment manufacturer replacement part.

**A/M**: This refers to a new, non-original equipment manufacturer replacement part.

**Recycled**: This refers to a used OEM part.

**Remanufactured and Recond. and Recore**: These refer to recycled OEM parts that have been rebuilt or refurbished.

**OEM Surplus Part**: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.

**Recovered OE** - This refers to parts removed from a new vehicle for various reasons.

Repair shop's authorized representative's signature indicating

Mont.Admin.R.23.19.202

It shall be an unfair or deceptive act or practice for a motor vehicle repair business to:

(a) accept a motor vehicle for repair without furnishing the customer, upon request, a written estimate for repairs, maintenance or service on a motor vehicle in excess of \$50. A reasonable charge, which shall be disclosed on the written estimate, may be made for labor and diagnostic work actually performed in arriving at the estimate.

**Disclaimer**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### Estimate Event Log

Job Created	6/4/2025 03:32 PM
Estimate Started	6/5/2025 01:23 PM
Estimate Printed	6/5/2025 03:14 PM
Estimate Committed	6/5/2025 03:14 PM
Estimate Version	0
Estimate Retrieval ID	10006266021

# Vehicle Valuation Report

Prepared For Progressive Group of Insurance Companies (800) 321-9843

## Claim Information

Claim Number	Policy Number	Loss Type	Claimant
25-631232188-02		LIABILITY	██ HELENA, MT 59602

Loss Date	Reported Date	Valuation Report Date	Valuation Report ID	Version Number
05/06/2025	05/08/2025	06/05/2025	1021647661	1

## Vehicle Information

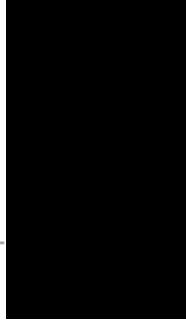
Year	Make	Model	Location	Mileage
2012	Subaru	Legacy 2.5i Premium 4 Door Sedan 2.5L 4 Cyl Gas A AWD	MT 59602	165,678 miles
Ext Color		License	VIN	Title History
Deep Indigo Pearl		██	██	No

## Valuation Summary

### Loss Vehicle Adjustments

Adjustments specific to your vehicle

Base Value =  
Condition -  
Prior Damage  
Aftermarket Parts  
Refurbishment  
Market Value =



## Settlement Value:

### Settlement Adjustments

Adjustments specific to your policy

Taxes  
Fees +

Settlement Value =



**J.D. POWER**

CSI 000071

**Mitchell WorkCenter® Total Loss**

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# Loss Vehicle Detail

Loss vehicle: 2012 Subaru Legacy | 2.5i Premium 4 Door Sedan | 2.5L 4 Cyl Gas A AWD

## Standard Equipment

### Exterior

16" alloy wheels	Auto on/off headlights w/ignition switch auto off
Body color door handles	Body color manual-folding pwr mirrors
Body color rocker spoiler	P205/60VR16 all-season tires
Variable intermittent windshield wipers w/washer	Windshield gradient shade band

### Interior

(2) 12V aux pwr outlets -inc: dash, center console	10-way pwr driver seat w/pwr lumbar support
Air conditioning, manual	Air filtration system
AM/FM stereo w/CD player & (6) speakers -inc: MP3/WMA capability, radio broadcast data system (RBDS), 3.5mm aux input jack, USB port, iPod control capability, Bluetooth hands-free phone connectivity, Bluetooth streaming audio connectivity, pre-wired for SiriusXM satellite radio, rear in-glass audio antenna	Anti-theft engine immobilizer
Black door sill covers	Chrome interior door handles
Cloth upholstery	Cruise control
Cup holders -inc: (2) center console, (2) rear seat armrest, front & rear door trim panels	Dual illuminated visor vanity mirrors
Front & rear carpeted floor mats	Front bucket seats -inc: whiplash protection, height-adjustable head restraints, height-adjustable driver seat
Front door courtesy lights	Front passenger seatback pocket
Illuminated ignition switch ring	Integrated ignition key w/remote keyless entry system
Leather-wrapped steering wheel -inc: steering wheel-mounted audio controls, Bluetooth controls	Multi-function display -inc: ECO gauge fuel economy, outside temp
Off-delay dome light	Overhead console -inc: dual front map lights, sunglasses holder
Pwr door locks	Pwr windows -inc: driver-side auto up/down, illuminated switches, anti-pinch protection
Rear 65/35 split fold-down bench seat -inc: armrest, headrests all seating positions	Rear window defroster
Security system	Tilt/telescopic steering column
Trunk area grocery bag hooks	

### Mechanical

4-wheel disc brakes	Electronic throttle control (ETC)
MacPherson strut front/double-wishbone rear suspension	Quick ratio pwr steering
Single stainless steel exhaust tip	Symmetrical all-wheel drive

### Safety

3-point height-adjustable front seatbelts -inc: pretensioners, force limiters	3-point rear seatbelts at all seating positions
4-wheel anti-lock braking system (ABS)	Brake assist
Daytime running lights (DRL)	Driver & front passenger advanced airbags
Driver & front passenger pelvis/torso side airbags	Electronic brake-force distribution system (EBD)

Electronic Parking Brake (EPB)	Emergency trunk release
Front & rear side curtain airbags	Hill Holder
LATCH child safety seat anchorage system	Rear child safety locks
Safety brake pedal system	Tire Pressure Monitoring System (TPMS)
Vehicle Dynamics Control (VDC)	

## Loss Vehicle Base Value

Loss vehicle: 2012 Subaru Legacy | 2.5i Premium 4 Door Sedan | 2.5L 4 Cyl Gas A AWD

### Comparable Vehicle Information

Search Radius used for this valuation: 300 miles from loss vehicle zip/postal code.

Typical Mileage for this vehicle: 124,000 miles

#	Vehicle Description	Mileage	Location	Distance From Loss Vehicle	Price	Adjusted Value
1	2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5NORMAL GAS A AWD					
2	2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5NORMAL GAS A AWD					
3	2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5NORMAL GAS A AWD					
4	2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5NORMAL GAS A AWD					
5	2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5NORMAL GAS A AWD					

**Base Value:** \$ [REDACTED]

## Loss Vehicle Adjustments

Loss vehicle: 2012 Subaru Legacy | 2.5i Premium 4 Door Sedan | 2.5L 4 Cyl Gas A AWD

## Condition Adjustments

Condition Adjustment: [REDACTED]

Overall Condition: 2.32-Fair

Typical Vehicle Condition: 3.00

Category	Condition	Condition \$	Comments
Interior	[REDACTED]		
DASH/CONSOLE			
SEATS			MAJORITY SEATING PERMANENT SOILING STAINING
DOORS/INTERIOR PANELS			
GLASS			DAMAGE IS REPAIRABLE
CARPET			
HEADLINER			
Exterior	[REDACTED]		
VINYL/CONVERTIBLE TOP			
TRIM			2 SMALL IMPACTS
BODY			MULTIPLE PANELS COVERED WITH DINGS
PAINT			SIGNIFICANT STONE CHIPPING
Mechanical	[REDACTED]		
ENGINE			
TRANSMISSION			
Tire			PER CALCULATOR

Typical Vehicle Condition reflects a condition similar to the same year, make and model. Amount of wear and tear/ damage consistent with its age.

Comments:

## After Market Parts and OEM Equipment Adjustments

Category	Description	Adjustment Type	Adjustment \$
INTERIOR	SEAT COVERS	INSTANT QUOTE	[REDACTED]
INTERIOR	STEERING WHEEL COVER	INSTANT QUOTE	[REDACTED]

## Comparable Vehicles

Loss vehicle: 2012 Subaru Legacy | 2.5i Premium 4 Door Sedan | 2.5L 4 Cyl Gas A AWD

CSI 000074

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## 1 2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5 NORMAL GAS AAWD

List Price: [REDACTED]

VIN	Stock No	Listing Date	ZIP/Postal Code	Distance from Loss Vehicle
[REDACTED]	C3038665HV	04/12/2025	59405	57 miles
Source				
DEALER WEB LISTING - BUILDSHEET - CARS.COM	Adjustments	Loss Vehicle	This Vehicle	Amount
LITHIA CHRYSLER DODGE JEEP RAM OF GREAT FALLS  4025 10TH AVE S GREAT FALLS MT 59405 406-205-1741	Projected Sold Adjustment  Mileage	165,678	139,561	[REDACTED]
			Total Adjustments: <b>Adjusted Price:</b>	[REDACTED]

## 2 2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5 NORMAL GAS AAWD

List Price: [REDACTED]

VIN	Stock No	Listing Date	ZIP/Postal Code	Distance from Loss Vehicle
[REDACTED]	032670	05/21/2025	59808	103 miles
Source				
DEALER WEB LISTING - BUILDSHEET - CARS.COM	Adjustments	Loss Vehicle	This Vehicle	Amount
CARS 4 U OF MISSOULA  2200 WEST BROADWAY  MISSOULA MT 59808 406-549-9451	Projected Sold Adjustment  Mileage  Equipment  ALL-WEATHER PKG SKY BLUE METALLIC BODY SIDE MOLDING KIT AUTO-DIMMING MIRROR W/COMPASS SKY BLUE METALLIC TRUNK LIP SPOILER	165,678	161,609	[REDACTED]
			Total Adjustments: <b>Adjusted Price:</b>	[REDACTED]

Comparable Vehicle Package Details:

ALL-WEATHER PKG

Comparable Vehicle Option Details:

SKY BLUE METALLIC BODY SIDE MOLDING KIT, AUTO-DIMMING MIRROR W/COMPASS, SKY BLUE METALLIC TRUNK LIP SPOILER

CSI 000075

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3 2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5 NORMAL GAS AAWD

VIN	Stock No	Listing Date	ZIP/Postal Code	Distance from Loss Vehicle
	18184B2	05/13/2025	83467	138 miles
Source				
DEALER WEB LISTING - BUILDSHEET - VAST.COM	Adjustments	Loss Vehicle	This Vehicle	Amount
SALMON RIVER MOTORS HIGHWAY 93 SOUTH SALMON ID 83467 208-756-2236	Projected Sold Adjustment			
	Mileage	165,678	152,104	
	Equipment			
	ALL-WEATHER PKG	No	Yes	
	FRONT & REAR ALL-WEATHER FLOOR MATS	No	Yes	
	AUTO-DIMMING MIRROR W/COMPASS, HOMELINK	No	Yes	
	WHEEL LOCK KIT FOR ALLOY WHEELS	No	Yes	
				Total Adjustments:
				Adjusted Price: \$

Comparable Vehicle Package Details:

ALL-WEATHER PKG

Comparable Vehicle Option Details:

FRONT & REAR ALL-WEATHER FLOOR MATS, AUTO-DIMMING MIRROR W/COMPASS, HOMELINK, WHEEL LOCK KIT FOR ALLOY WHEELS

4 2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5 NORMAL GAS AAWD

List Price: \$

VIN	Stock No	Listing Date	ZIP/Postal Code	Distance from Loss Vehicle
	H12049A	03/29/2025	83501	236 miles
Source				
DEALER WEB LISTING - BUILDSHEET - AUTOTRADER.COM	Adjustments	Loss Vehicle	This Vehicle	Amount
MICK MCCLURE HONDA 2323 JUNIPER DR LEWISTON ID 83501 208-743-6596	Projected Sold Adjustment			
	Mileage	165,678	150,381	
	Equipment			
	ALL-WEATHER PKG	No	Yes	
	AUTO-DIMMING MIRROR W/COMPASS, HOMELINK	No	Yes	
				Total Adjustments:
				Adjusted Price: \$

Comparable Vehicle Package Details:

ALL-WEATHER PKG

Comparable Vehicle Option Details:

AUTO-DIMMING MIRROR W/COMPASS, HOMELINK

CSI 000076

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5 2012 SUBARU LEGACY 2.5I PREMIUM 4D SDN 4 2.5 NORMAL GAS AAWD

List Price: [REDACTED]

VIN	Stock No	Listing Date	ZIP/Postal Code	Distance from Loss Vehicle
[REDACTED]	32497	02/21/2025	99006	275 miles
Source				
DEALER WEB LISTING - BUILDSHEET - CARS.COM				
PARKWAY AUTO	Adjustments	Loss Vehicle	This Vehicle	[REDACTED]
S. 1121 FRONTAGE RD	Projected Sold Adjustment			
DEER PARK WA 99006	Mileage	165,678	143,024	
509-276-2925	Equipment			
	ALL-WEATHER PKG	No	Yes	
				Total Adjustments:
				Adjusted Price: [REDACTED]

Comparable Vehicle Package Details:

ALL-WEATHER PKG

## Sub-Model Comparison

Sub-Model Description	Configuration	Original MSRP
2012 Subaru Legacy 2.5i Premium	4 Door Sedan 2.5L 4 Cyl Gas AWD	[REDACTED]

# Vehicle Valuation Methodology Explanation

WorkCenter Total Loss ("WCTL") was designed and built by Mitchell International, Inc. in conjunction with J.D. Power, which is an expert in data analysis with years of experience in vehicle pricing. WCTL provides a consistent methodology across vehicle makes and models for estimating the value of a vehicle. The WCTL analysis is based on comparable vehicles that most closely resemble the loss vehicle, with certain adjustments to both the comparable vehicle and loss vehicle depending on the facts of a particular claim.

WCTL produces accurate and easy-to-understand vehicle valuations via a five-step process:

## Step 1 - Locate Comparable Vehicles

Locate vehicles from WCTL's comparable vehicle database that are the closest match to the loss vehicle in the same market area. These are not intended to be replacement vehicles and may no longer be listed for sale. The comparable vehicle database includes millions of vehicles listed for sale on publicly available websites (for example, cars.com and autotrader.com), as well as sold vehicle records (where available).

## Step 2 - Adjust Comparable Vehicles

Make adjustments to the prices of the comparable vehicles. There are several types of comparable vehicle adjustments, including:

- Projected Sold Adjustment - where the comparable vehicle is listed for sale, this adjustment reflects the fact that consumers typically negotiate a purchase price less than the list price. (There is no projected sold adjustment where the comparable vehicle has actual sold data, or where a vehicle is listed for sale at a "no haggle" dealership.)
- Mileage Adjustment – an adjustment for differences in mileage between the comparable vehicle and the loss vehicle.
- Equipment Adjustment – an adjustment for differences in equipment between the comparable vehicle and the loss vehicle (for example, differences in equipment packages and options).

## Step 3 - Calculate Base Vehicle Value

Calculate the base vehicle value by averaging the adjusted prices of the comparable vehicles.

## Step 4 - Calculate Loss Vehicle Adjustments

There are four types of loss vehicle adjustments:

- Condition Adjustment – an adjustment to account for the condition of the loss vehicle at the time of the loss.
- Prior Damage Adjustment – an adjustment to account for any prior damage present on the loss vehicle at the time of the loss.
- After Market Part Adjustment – an adjustment to account for any aftermarket parts present on the loss vehicle at the time of the loss.
- Refurbishment Adjustment – an adjustment to account for any refurbishment performed on the loss vehicle at the time of the loss.

## Step 5 - Calculate the Market Value

The Market Value is calculated by applying the loss vehicle adjustments to the base value.

## Claim Payment Detail ( 25-631232188 )

## Payment Information

Disbursement Number:	794919102	Total Amount:	[REDACTED]
EFT Trace Number:	3960481	Invoice Number:	145187903
Pay to the Order of:	ENTERPRISE RENT A CAR CO		
Mailing Address:	PO BOX 840086 KANSAS CITY, MO 64184 USA		
In Payment Of:	Progressive Invoice Number: 145187903		

## Reviewed Summary

Issuing Rep:	A123264	Approved By:	[REDACTED]
Issue Date:	07-09-25	Review Date:	[REDACTED]
Last Updated Rep:	A123264	Reviewed By:	[REDACTED]

## Bank Information

Type:	Loss	Bank Code:	CTB
Stop Reason:		Cleared:	07-12-25
Stop Date:			

## Exposure Detail: PD

Party Name:	[REDACTED]	Amount Paid:	[REDACTED]
Property Description:	12 SUBARU LEGACY	Deductible Taken:	[REDACTED]
Payment Type:	SUPPLEMENTAL PAYMENT	Property Damage:	[REDACTED]
		Rental:	[REDACTED]

## Claim Payment Detail ( 25-631232188 )

## Payment Information

Disbursement Number: 231730711

Draft Number: 6018354253

Pay to the Order of: [REDACTED]

Mailing Address:

HELENA, MT 59602 USA

In Payment Of: Progressive Invoice Number: 145080061

Total Amount: [REDACTED]

Invoice Number: 145080061

## Reviewed Summary

Issuing Rep: A222706

Approved By:

Issue Date: 06-12-25

Review Date:

Last Updated Rep: A222706

Reviewed By:

## Bank Information

Type: Loss

Bank Code: 1CD

Stop Reason:

Cleared: 07-01-25

Stop Date:

## Exposure Detail: PD

Party Name: [REDACTED]

Amount Paid: [REDACTED]

Property Description: 12 SUBARU LEGACY

Deductible Taken: [REDACTED]

Payment Type: SUPPLEMENTAL PAYMENT

Property Damage: [REDACTED]

Rental: [REDACTED]

## Claim Payment Detail ( 25-631232188 )

## Payment Information

Disbursement Number: 231730703  
Draft Number: 6018362480  
Pay to the Order of: ROCKY MOUNTAIN CREDIT UNION  
Mailing Address: 3400 N MONTANA AVE  
HELENA, MT 59602 USA  
In Payment Of: Progressive Invoice Number: 145079923

Total Amount: [REDACTED]  
Invoice Number: [REDACTED]

## Reviewed Summary

Issuing Rep: A222706  
Issue Date: 06-12-25  
Last Updated Rep: A222706

Approved By:  
Review Date:  
Reviewed By:

## Bank Information

Type: Loss  
Stop Reason:  
Stop Date:

Bank Code: 1CD  
Cleared: 07-01-25

## Exposure Detail: PD

Party Name: [REDACTED]  
Property Description: 12 SUBARU LEGACY  
Payment Type: FINAL PAYMENT

Amount Paid: [REDACTED]  
Deductible Taken: [REDACTED]  
Property Damage: [REDACTED]  
Rental: [REDACTED]

## Claim Payment Detail ( 25-631232188 )

## Payment Information

Disbursement Number: 231812130  
Draft Number: 6018387551  
Pay to the Order of: [REDACTED]  
Mailing Address: HELENA, MT 59602 USA  
In Payment Of: Progressive Invoice Number: 145080366

Total Amount: [REDACTED]  
Invoice Number [REDACTED]

## Reviewed Summary

Issuing Rep: A134003 Approved By:  
Issue Date: 06-13-25 Review Date:  
Last Updated Rep: A134003 Reviewed By:

## Bank Information

Type: Expense Bank Code: 1CD  
Stop Reason: Cleared: 07-01-25  
Stop Date:

## Expense Detail: PD

Cost Center Code	Expense Class	Amount
PM32C	Police/Fire/Incident Report	[REDACTED]

# MONTANA VEHICLE CRASH REPORT

Helena Police Department  
406 FULLER AVE  
HELENA, MT 59601

Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number	ORI <b>MT0250100</b>
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## CRASH IDENTIFIERS

County of Crash	City <b>HELENA</b>	Crash Date/Time <b>05/06/2025 15:16</b>	Reported Date/Time	Dispatched Date/Time
On Scene Date/Time	Cleared Scene Date/Time	Complete Date/Time	Reason (if investigation Not Complete)	Source of Information <b>HELENA POLICE DEPARTMENT</b>

## ROADWAY INFORMATION

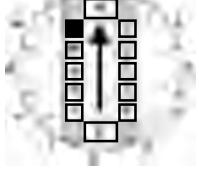
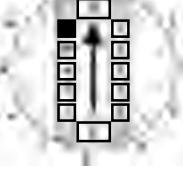
Roadway Description for Location of Occurrence <b>3035 N SANDERS ST</b>		<input type="checkbox"/> Notify MDOT	<input type="checkbox"/> Site Survey	Latitude <b>46.6156828</b>	Longitude <b>-112.0153471</b>
Intersecting Roadway Description for Location of Occurrence		Distance / Direction to Crash Location <b>0 Feet South</b>		<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System <b>No</b>	Roadway Functional Class Type <b>URBAN</b>	Roadway Functional Class Detail <b>LOCAL</b>			
Roadway Access Control <b>NO ACCESS CONTROL</b>	Type of Shoulder <b>PAVED</b>	Roadway Lighting <b>NO LIGHTING</b>	Roadway Bikeway Facility <b>NONE</b>	Signed Bicycle Route	
Traffic Control Type at Intersection <b>NO CONTROL</b>	Mainline Number of Lanes at Intersection <b>ONE LANE</b>		Side Road Number of Lanes at Intersection <b>TWO LANES</b>		

## CRASH INFORMATION

Light Condition <b>DAYLIGHT</b>	Weather Condition <b>CLEAR</b>	Roadway Surface Condition <b>DRY</b>	Roadway Surface Composition <b>BLACKTOP (NO CHIPS</b>	Manner of Crash Collision / Impact <b>SIDESWIPE SAME DIRE</b>	<input type="checkbox"/> Crash Pictures Taken
First Harmful Event Type <b>COLLISION NON-FIXED OBJECT</b>	First Harmful Event Detail <b>PARKED MOTOR VEHICLE</b>		Location of First Harmful Event Relative to the Trafficway <b>UNKNOWN</b>		
First Harmful Event's Relation to Junction <b>NON-JUNCTION</b>	Is First Harmful Event within Interchange Area? <b>No</b>		Type of Intersection <b>NOT AT INTERSECTION</b>		
Contributing Circumstances: Environment <b>NONE</b>	Contributing Circumstances: Environment		Contributing Circumstances: Environment		
Contributing Circumstances: Road <b>NONE</b>	Contributing Circumstances: Road		Contributing Circumstances: Road		
School Bus Related <b>NO</b>	Work Zone Related <b>No</b>		Crash Location in Work Zone		

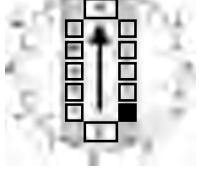
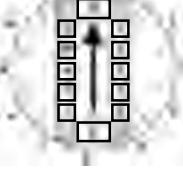
Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number	ORI <b>MT0250100</b>
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## VEHICLE V01

<b>V01</b>	Motor Vehicle Type <b>PARKED MOTOR VEHICLE</b>	State <b>MT</b>	License Number !	Registration Expires [REDACTED]	Permanent [REDACTED]	VIN [REDACTED]
Year <b>2012</b>	Make <b>SUBARU (SUBA)</b>	Model <b>LEGACY 2.5I PREMIUM</b>	Style [REDACTED]	Color <b>Blue</b>	Body Type Category <b>NOT A BUS</b>	
Special Function of Motor Vehicle in Transport <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NO</b>		Type of Bus Use <b>NOT A BUS</b>		
Owner First Name [REDACTED]	Owner Middle Name [REDACTED]	Owner Last Name [REDACTED]	Owner Suffix [REDACTED]	Owner Business (if not Person)		
Address [REDACTED]	Address Other [REDACTED]	City <b>HELENA</b>	State <b>MT</b>	Zip Code <b>59602</b>		
Owner Phone Number [REDACTED]	Owner Phone Number (Other) [REDACTED]	Insurance Company <b>STATE FARM</b>	Insurance Policy Number [REDACTED]	Insurance Broker or Agent [REDACTED]		
Vehicle Removal <b>LEFT AT SCENE - NOT DISABLED</b>		Vehicle Towed By [REDACTED]		Wrecker Selection Method [REDACTED]		
Direction of Travel Before Crash	Estimated Posted Speed: <b>15</b>	Roadway Type <b>OTHER/PRIVATE</b>	Total Lanes	Roadway Horizontal Alignment <b>STRAIGHT</b>	Roadway Grade <b>LEVEL</b>	
Trafficway Description <b>PRIVATE PROPERTY</b>		Traffic Control Device Type <b>NO CONTROLS</b>		Working Properly <b>No</b>		
Roadway Description for Vehicle Travel [REDACTED]						
Vehicle Maneuver Action (by this vehicle) <b>PARKED</b>		Hit & Run (by this vehicle) <b>No</b>		Damage Extent (for this vehicle) <b>FUNCTIONAL DAMAGE</b>		Damage Estimate [REDACTED]
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT - PARKED MOTOR VEHICLE</b>				1st Sequence of Events Detail (this vehicle) [REDACTED]		
2nd Sequence of Events Type (this vehicle) [REDACTED]				2nd Sequence of Events Detail (this vehicle) [REDACTED]		
3rd Sequence of Events Type (this vehicle) [REDACTED]				3rd Sequence of Events Detail (this vehicle) [REDACTED]		
4th Sequence of Events Type (this vehicle) [REDACTED]				4th Sequence of Events Detail (this vehicle) [REDACTED]		
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>				Most Harmful Event Detail (this vehicle) [REDACTED]		
Contributing Circumstances 1 (this vehicle) <b>NONE</b>				Contributing Circumstances 2 (this vehicle) [REDACTED]		
Area of Initial Impact		[REDACTED]		Most Damaged Area		[REDACTED]
<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		
<input type="checkbox"/> CMV	Gross Vehicle Weight Rating		Commercial Motor Vehicle Configuration			
Commercial Cargo Body Type		Hazardous Materials Released From Cargo	Hazardous Materials Placard	Place Hazardous Material Number		Placard Hazard Class Number
Motor Carrier Name			US DOT Number	Motor Carrier State		Motor Carrier State Number
Address		Address Other		City	State	Zip Code
Phone Number		Source of Information			Motor Carrier Commercial/ Non-Commercial	

Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number	ORI <b>MT0250100</b>
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## VEHICLE V02

<b>V02</b>	Motor Vehicle Type <b>MOTOR VEHICLE IN TRANSP</b>	State <b>MT</b>			
Year <b>2015</b>	Make <b>CHEVROLET (CHEV)</b>	Model <b>SILVERADO K1500</b>	Style	Color <b>GRAY</b>	Body Type Category <b>PICKUP</b>
Special Function of Motor Vehicle in Transport <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NO</b>		Type of Bus Use <b>NOT A BUS</b>	
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person)	
Address	Address Other	City	State	Zip Code	
Owner Phone Number	Owner Phone Number (Other)	Insurance Company <b>PROGRESSIVE DIRECT INS</b>	Insurance Policy Number	Insurance Broker or Agent	
Vehicle Removal <b>DRIVEN - NOT DISABLED</b>		Vehicle Towed By	Wrecker Selection Method		
Direction of Travel Before Crash	Estimated Posted Speed:	Roadway Type <b>OTHER/PRIVATE</b>	Total Lanes	Roadway Horizontal Alignment	Roadway Grade <b>LEVEL</b>
Trafficway Description <b>PRIVATE PROPERTY</b>		Traffic Control Device Type <b>NO CONTROLS</b>	Working Properly <b>No</b>		
Roadway Description for Vehicle Travel					
Vehicle Maneuver Action (by this vehicle) <b>MOVEMENTS ESSENTIALLY STRAIGHT A</b>	Hit & Run (by this vehicle) <b>No</b>	Damage Extent (for this vehicle) <b>NO DAMAGE</b>			Damage Estimate
1st Sequence of Events Type (this vehicle) <b>COLLISION NON-FIXED OBJECT - PARKED MOTOR VEHICLE</b>			1st Sequence of Events Detail (this vehicle)		
2nd Sequence of Events Type (this vehicle)			2nd Sequence of Events Detail (this vehicle)		
3rd Sequence of Events Type (this vehicle)			3rd Sequence of Events Detail (this vehicle)		
4th Sequence of Events Type (this vehicle)			4th Sequence of Events Detail (this vehicle)		
Most Harmful Event Type (this vehicle) <b>COLLISION NON-FIXED OBJECT</b>			Most Harmful Event Detail (this vehicle)		
Contributing Circumstances 1 (this vehicle) <b>TIRES</b>			Contributing Circumstances 2 (this vehicle)		
Area of Initial Impact		<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Non Collision  <input type="checkbox"/> Top  <input type="checkbox"/> Undercarriage  <input type="checkbox"/> Unknown           </div> <div style="flex: 1;">  </div> <div> <b>Most Damaged Area</b>  <input type="checkbox"/> Non Collision  <input type="checkbox"/> Top  <input type="checkbox"/> Undercarriage  <input type="checkbox"/> Unknown           </div> <div style="flex: 1;">  </div> </div>			
<input type="checkbox"/> CMV	Gross Vehicle Weight Rating		Commercial Motor Vehicle Configuration		
Commercial Cargo Body Type		Hazardous Materials Released From Cargo	Hazardous Materials Placard	Place Hazardous Material Number	Placard Hazard Class Number
Motor Carrier Name			US DOT Number	Motor Carrier State	Motor Carrier State Number
Address		Address Other	City	State	Zip Code
Phone Number	Source of Information			Motor Carrier Commercial/ Non-Commercial	
Occupant Type <b>DRIVER / OPERATOR</b>	Person Name (First Middle Last Suffix)		Injury Status <b>NO INJURY</b>		

Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number <b>MT0250100</b>
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## DRIVER / OPERATOR V02

Person Type <b>Driver / Operator</b>	NM# <b>2</b>	Vehicle # <b>V02</b>	Person Type Detail				
First Name [REDACTED]	Middle Name [REDACTED]	Last Name [REDACTED]	Suffix [REDACTED]	Date of Birth [REDACTED]	Age [REDACTED]	Sex [REDACTED]	
Address [REDACTED]	Address Other [REDACTED]	City [REDACTED]	State <b>MT</b>	Zip Code <b>59632</b>			
Phone Number [REDACTED]	Phone Number (Other) [REDACTED]	Condition at Time of Crash [REDACTED]					
Driver License Number [REDACTED]	Class [REDACTED]	Expires [REDACTED]	State [REDACTED]	Issuement [REDACTED]	Type [REDACTED]	Status [REDACTED]	
Commercial Motor Vehicle Endorsements <b>NONE</b>						<input type="checkbox"/> Recommend Driver ReExam	
Drivers License Restrictions 1		Drivers License Restrictions 2			Drivers License Restrictions 3		
Driver Distracted By <b>NOT DISTRACTED</b>			Driver Vision Obstructions <b>VISION NOT OBSCURED</b>				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) <b>NO CONTRIBUTING ACTION</b>			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)				
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)				
Motor Vehicle Seating Position: Row <b>FRONT</b>	Motor Vehicle Seating Position: Seat <b>LEFT</b>	Motor Vehicle Seating Position: Other			<input type="checkbox"/> Seating Position Unknown		
Restraint System <b>SHOULDER AND LAP BELT USED</b>			Helmet Use <b>NO HELMET</b>				
Air Bag Deployed <b>NOT DEPLOYED</b>			Ejection <b>NOT EJECTED</b>				
Trapped Extrication <b>NOT TRAPPED</b>							
Injury Severity Level Type <b>NO INJURY</b>		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
Source of Transport to Medical Facility		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use <b>NO</b>		Alcohol Test Type		Alcohol Tested		Alcohol Test Results	
Law Enforcement Suspected Drug Use <b>NO</b>		Drug Test Type		Drug Tested		Drug Test Results	
Violation Type Issued <b>M</b>		Number <b>058 H60391</b>		Violation Description <b>Fail To Give Notice Of Accident By Quickest Me</b>			

## NARRATIVE: HP251984

V1 WAS PARKED IN THE PLANET FITNESS (3035 N SANDERS ST)PARKING LOT FACING SOUTH BOUND. V2 WAS PARKED IN THE NEXT SPOT OVER FROM V1 TO THE EAST. WHEN V2 LEFT HIS PARKING SPOT, HIS BACK PASSENGER SIDE TIRE HIT THE FRONT DRIVER SIDE BUMPER OF V1 CAUSING DAMAGE. V2 WAS UNAWARE OF THE ACCIDENT AND LEFT THE SCENE. INFO EXCHANGED. NO MEDICAL. NO TOW. V2 CITED WITH FAIL TO GIVE NOTICE AND FAIL TO EXCHANGE INFO WITH OTHER PARTY.

## REPORTING OFFICER / SUPERVISOR APPROVAL

Reporting Officer			Approving Supervisor			Case Identifier <b>HP251984</b>
ID Number <b>725</b>	Rank	Name <b>Alex Nimmick</b>	ID Number <b>725</b>	Rank	Name <b>Alex Nimmick</b>	
Signature			Signature			

Crash Number <b>HP251984</b>	Reporting Agency <b>Helena Police Department</b>	Reporting Agency Case Number <b>HP251984</b>	Reporting Agency CAD Number	ORI <b>MT0250100</b>
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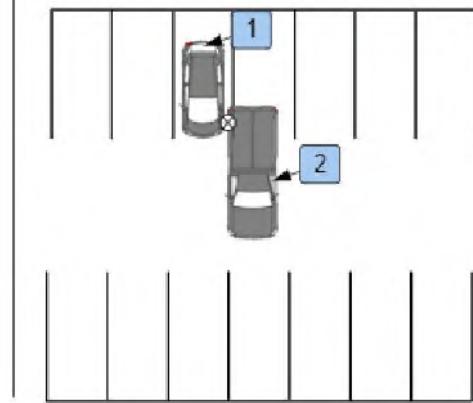
## DIAGRAM OF ACCIDENT

**Not To Scale**



CUSTER AVE.

N  
SANDERS  
ST.



3035 N  
SANDERS ST



# HELENA POLICE DEPARTMENT



Driver Exchange of Information HP251984

Printed on May 30, 2025

**Accident Date** 05/06/25 15:16  
**Officer** [REDACTED]  
**State Report Filed?** No

**Accident Location** 3035 N SANDERS ST  
HELENA, MT 59601  
**Case Number** HP251984

**Unit 1**

**Name**

**Plate #**  
**Insurance Provider**  
**Policy Number**

**Unit 2**

**Name**

**Plate #**  
**Insurance Provider**  
**Policy Number**

**Unit 2**

**Name**

**Plate #**  
**Insurance Provider**  
**Policy Number**

**Comments**

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Consumer Relations Department  
300 N Commons Blvd Box G24  
Mayfield Village, OH 44143  
[complaintfile@progressive.com](mailto:complaintfile@progressive.com)

October 15, 2025

Montana State Auditor  
840 Helena Avenue  
Helena, MT 59601  
Attn: Wanda Shields

File: [REDACTED]  
Policy: 997105308/Personal Auto-MT  
Claim: 25-631232188  
NAIC: 155-42919  
Progressive Northwestern Insurance Company

Dear Ms. Shields,

We received the inquiry filed by the insured, [REDACTED], regarding the accident on May 6, 2025, in the Planet Fitness parking lot.

We completed the liability investigation by taking statements from both parties, reviewing the police report, examining the note left by the witness who notified Mr. [REDACTED] of the accident, and reviewing photos from the scene.

[REDACTED] reported the claim. He stated that he parked his Subaru Legacy next to [REDACTED] truck and went into the gym. Later, staff informed him that his vehicle had been struck. A note on the vehicle stated a black truck had hit it, including a license plate number. Ian took photos of the vehicles and reported the incident. The Subaru sustained damage to the front bumper, fender, and hood.

[REDACTED] reported that he parked at Planet Fitness and returned to find a blue vehicle parked extremely close to his truck, making entry difficult. He stated he pulled out of the space using multiple turns due to the size of his lifted truck and did not feel, hear, or see any impact. Later, he received a call from Helena Police indicating he had struck another vehicle. [REDACTED] denied any contact occurred and noted there was no damage to his vehicle. The Helena Police Officer cited him for failure to show his driver's license to the other party involved in the accident and failure to give notice of the accident by the quickest means. The complaint was "dismissed without prejudice."

The Helena Police Department cited [REDACTED] based on a witness note and license plate photo. No body cam footage or surveillance was available. The officer

confirmed no visible damage to [REDACTED] vehicle.

An unidentified witness left a note. Attempts to verify the witness or obtain surveillance footage from Planet Fitness were unsuccessful.

We determined that [REDACTED] vehicle likely struck the parked Subaru while exiting the parking space. This decision was based on the point of impact, the location of the vehicles, the damages, the police report, and the corroborating note left by a third party.

We accepted 100% liability for the insured. The claimant's vehicle was deemed a total loss, and we issued payment accordingly. Based on the available evidence and standard liability assessment procedures, we made the decision to accept liability in accordance with Montana insurance regulations and our internal guidelines.

We understand the court dropped the charges against [REDACTED]. However, since the claim occurred and we accepted liability, we cannot remove it from his driving history, and we added it to the upcoming November 6, 2025, renewal term. With this change, we also removed the Three-Year Safe Driving Discount and the Five-Year Accident Free Discount from the policy.

We strive to handle every claim with fairness and thoroughness, and we believe we have done so in this case based on the information available.

If you have any questions, feel free to contact me at 303-334-1839 or [complaintfile@progressive.com](mailto:complaintfile@progressive.com).

Sincerely,

[REDACTED]  
Claims Manager



Consumer Relations Department  
300 N Commons Blvd Box G24  
Mayfield Village, OH 44143  
[complaintfile@progressive.com](mailto:complaintfile@progressive.com)

October 15, 2025

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Helena, MT 59601  
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Sincerely,

[REDACTED]  
Claims Manager

**File Notes**

10/15/2025 04:44 PM

[REDACTED]

Investigator Case Summary

I received a response from the respondent, which I attached below. I called Ben and discussed the response and the documentation to support Progressive's position.

Cocode is correct - 42919

10/14/2025 08:22 AM

Wanda Shields

Investigator Comments

[REDACTED]

Hello [REDACTED],

Thank you for contacting me. Progressive has ten business days to reply with its position regarding your complaint.

This will take us to October 20, 2025. Once I receive the documentation from Progressive, and review it, I will call you with the response and discuss any further concerns you may have.

Warm regards,

[REDACTED]

10/03/2025 09:52 AM

[REDACTED]

Investigator Comments

I emailed the First Contact Consumer Letter and First Company Contact Letter.

Please provide supporting documentation Progressive is not in violation of MCA 33-18-201.

10/02/2025 05:37 PM

[REDACTED]

Investigator Comments

[REDACTED]

Victoria Hill was [REDACTED] public defender when he was cited for Failure to give notice and Failure to exchange information with the other party.

Regarding the party who allegedly reported against [REDACTED]

The property records spell his name [REDACTED] but the police report appears to have a typo and spell his name [REDACTED]

The police report states that [REDACTED] was the one who called to report the alleged incident.