


File 32566

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;  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 |



This e-mail transmission and any attachments may contain information from the Office of the Montana State Auditor, Commissioner of Securities, and Insurance, which is confidential and/or privileged. The information is intended solely for the use of the individual or entity named above. If you are not the intended recipient, any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you received this e-mail in error, please immediately notify me by return e-mail and delete the information you received in error immediately. Thank you.



Office of the Montana State Auditor

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] 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] r, [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 #:

25-631232188

Legal Counsel Information

Are you represented by legal counsel in this matter?:

Yes

First Name:

██████

Last Name:

██

Phone Number:

██████████

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:

Michael Hecht - Reporter of

Name:

Reporter of

[REDACTED]

Location Type:

Connected to

Home Residence

Address:

[REDACTED]

Email Address:

Connected to

[REDACTED]

Phone Number:

Connected to

[REDACTED]

Other Entities

IP Address:

*Used to
report*

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

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]

Location Type:

Location of

Commercial/Office Building

Address:

[REDACTED]

CITY OF HELENA
CITATION & NOTICE TO APPEAR

☐ ARRESTED

DATE

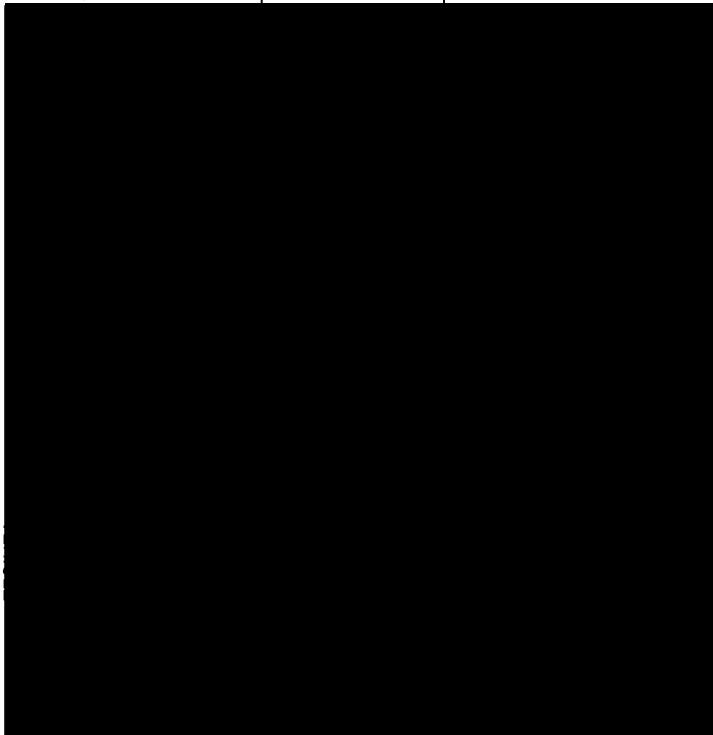
Tuesday, 05/06/2025

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 Nimick
NIMMICK, ALEX

ID # 725

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

CSI 000006



HELENA POLICE DEPARTMENT



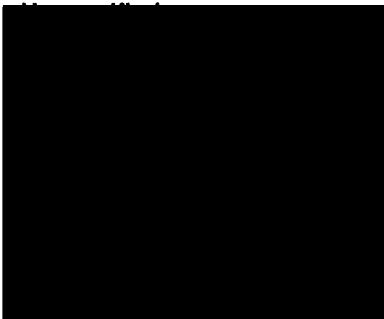
Case HP251984

Printed on May 29, 2025

Status	Active
Report Type	Patrol
Primary Officer	Alex Nimmick
Investigator	None
Records Technician	
Reported At	05/06/25 15:16
Incident Date	05/06/25 15:16
Incident Code	ACCRUN : ACCIDENT HIT & RUN
Location	3035 N SANDERS ST, HELENA, MT 59601 (PLANET FITNESS)
Zone	Beat 3-3
Beat	Beat 3
Disposition	Under Investigation
Disposition Date/Time	05/06/25 15:57
Review for Gang Activity	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 HP251984	Reporting Agency Helena Police Department	Reporting Agency Case Number HP251984	Reporting Agency CAD Number	ORI MT0250100
---------------------------------	-----------------------------------------------------	-------------------------------------------------	-----------------------------	-------------------------

CRASH IDENTIFIERS

County of Crash	City HELENA	Crash Date/Time 05/06/2025 15:16	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 HELENA POLICE DEPARTMENT

ROADWAY INFORMATION

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

CRASH INFORMATION

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

Crash Number HP251984	Reporting Agency Helena Police Department	Reporting Agency Case Number HP251984	Reporting Agency CAD Number MT0250100	ORI
---------------------------------	-----------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-----

VEHICLE V01

[REDACTED]									
Year 2012	Make SUBARU (SUBA)	Model LEGACY 2.5I PREMIUM	Style	Color Blue	Body Type Category				
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS					
[REDACTED]			Owner Suffix		Owner Business (if not Person)				
[REDACTED]			State MT		Zip Code 59602				
Owner Phone Number [REDACTED]		Owner Phone Number (Other)		HELENA Insurance Company		Insurance Policy Number		Insurance Broker or Agent	
Vehicle Removal LEFT AT SCENE - NOT DISABLED			Vehicle Towed By		Twecker Selection Method				
Direction of Travel Before Crash		Estimated Speed 15	Posted Speed	Roadway Type OTHER/PRIVATE	Total Lanes	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL		
Trafficway Description PRIVATE PROPERTY			Traffic Control Device Type NO CONTROLS			Working Property No			
Roadway Description for Vehicle Travel									
Vehicle Maneuver Action (by this vehicle) PARKED			Hit & Run (by this vehicle) No			Damage Extent (for this vehicle) FUNCTIONAL DAMAGE		Damage Estimate	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT - PARKED MOTOR VEHICLE					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) COLLISION NON-FIXED OBJECT					Most Harmful Event Detail (this vehicle)				
Contributing Circumstances 1 (this vehicle) NONE					Contributing Circumstances 2 (this vehicle)				
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown					Most Damaged Area <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 HP251984	Reporting Agency Helena Police Department	Reporting Agency Case Number HP251984	Reporting Agency CAD Number ORI	MT0250100
---------------------------------	-----------------------------------------------------	-------------------------------------------------	-------------------------------------------	------------------

VEHICLE V02

V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSP	State MT	License Number [REDACTED]	Registration Expires <input type="checkbox"/> Permanent	VIN [REDACTED]
Year [REDACTED]	Make [REDACTED]	Model [REDACTED]	Color [REDACTED]	Body Type [REDACTED]	Category [REDACTED]

NO SPECIAL FUNCTION	NO	NOT A BUS
----------------------------	-----------	------------------

Owner First Name [REDACTED]	Owner Middle Name [REDACTED]	Owner Last Name HECHT	Owner Suffix [REDACTED]	Owner Business (if not Person) [REDACTED]
[REDACTED]		City BOULDER	State MT	Zip Code 59632
[REDACTED]		Insurance Company [REDACTED]	Insurance Policy Number [REDACTED]	Insurance Broker or Agent [REDACTED]

Vehicle Removal DRIVEN - NOT DISABLED	Vehicle Towed By [REDACTED]	Wrecker Selection Method [REDACTED]
-------------------------------------------------	--------------------------------	----------------------------------------

Direction of Travel Before Crash [REDACTED]	Estimated Posted Speed [REDACTED]	Roadway Type OTHER/PRIVATE	Total Lanes [REDACTED]	Roadway Horizontal Alignment [REDACTED]	Roadway Grade LEVEL
------------------------------------------------	--------------------------------------	--------------------------------------	---------------------------	--------------------------------------------	-------------------------------

Trafficway Description PRIVATE PROPERTY	Traffic Control Device Type NO CONTROLS	Working Property No
---------------------------------------------------	---------------------------------------------------	-------------------------------

Roadway Description for Vehicle Travel [REDACTED]

Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT A	Hit & Run (by this vehicle) No	Damage Extent (for this vehicle) NO DAMAGE	Damage Estimate [REDACTED]
--------------------------------------------------------------------------------------	------------------------------------------	------------------------------------------------------	-------------------------------

1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT - PARKED MOTOR VEHICLE	1st Sequence of Events Detail (this vehicle) [REDACTED]
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------

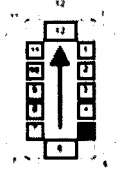
2nd Sequence of Events Type (this vehicle) [REDACTED]	2nd Sequence of Events Detail (this vehicle) [REDACTED]
----------------------------------------------------------	------------------------------------------------------------

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) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) [REDACTED]
-----------------------------------------------------------------------------	--------------------------------------------------------

Contributing Circumstances 1 (this vehicle) TIRES	Contributing Circumstances 2 (this vehicle) [REDACTED]
-------------------------------------------------------------	-----------------------------------------------------------

Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		Most Damaged Area <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 [REDACTED]	Commercial Motor Vehicle Configuration [REDACTED]
------------------------------	-------------------------------------------	------------------------------------------------------

Commercial Cargo Body Type [REDACTED]	Hazardous Materials Released From Cargo [REDACTED]	Hazardous Materials Placard [REDACTED]	Place Hazardous Material Number [REDACTED]	Placard Hazard Class Number [REDACTED]
------------------------------------------	-------------------------------------------------------	-------------------------------------------	-----------------------------------------------	-------------------------------------------

Motor Carrier Name [REDACTED]	US DOT Number [REDACTED]	Motor Carrier State [REDACTED]	Motor Carrier State Number [REDACTED]
----------------------------------	-----------------------------	-----------------------------------	------------------------------------------

Address [REDACTED]	Address Other [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
-----------------------	-----------------------------	--------------------	---------------------	------------------------

Phone Number [REDACTED]	Source of Information [REDACTED]	Motor Carrier Commercial/ Non-Commercial [REDACTED]
----------------------------	-------------------------------------	--------------------------------------------------------

Occupant Type DRIVER / OPERATOR	Person Name (First Middle Last Suffix) HECHT, MICHAEL BENJAMIN	Injury Status NO INJURY
-------------------------------------------	--------------------------------------------------------------------------	-----------------------------------

Crash Number HP251984	Reporting Agency Helena Police Department	Reporting Agency Case Number HP251984	Reporting Agency CAD Number MT0250100	ORI MT0250100
---------------------------------	-----------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-------------------------

DRIVER / OPERATOR V02

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

NARRATIVE: HP251984

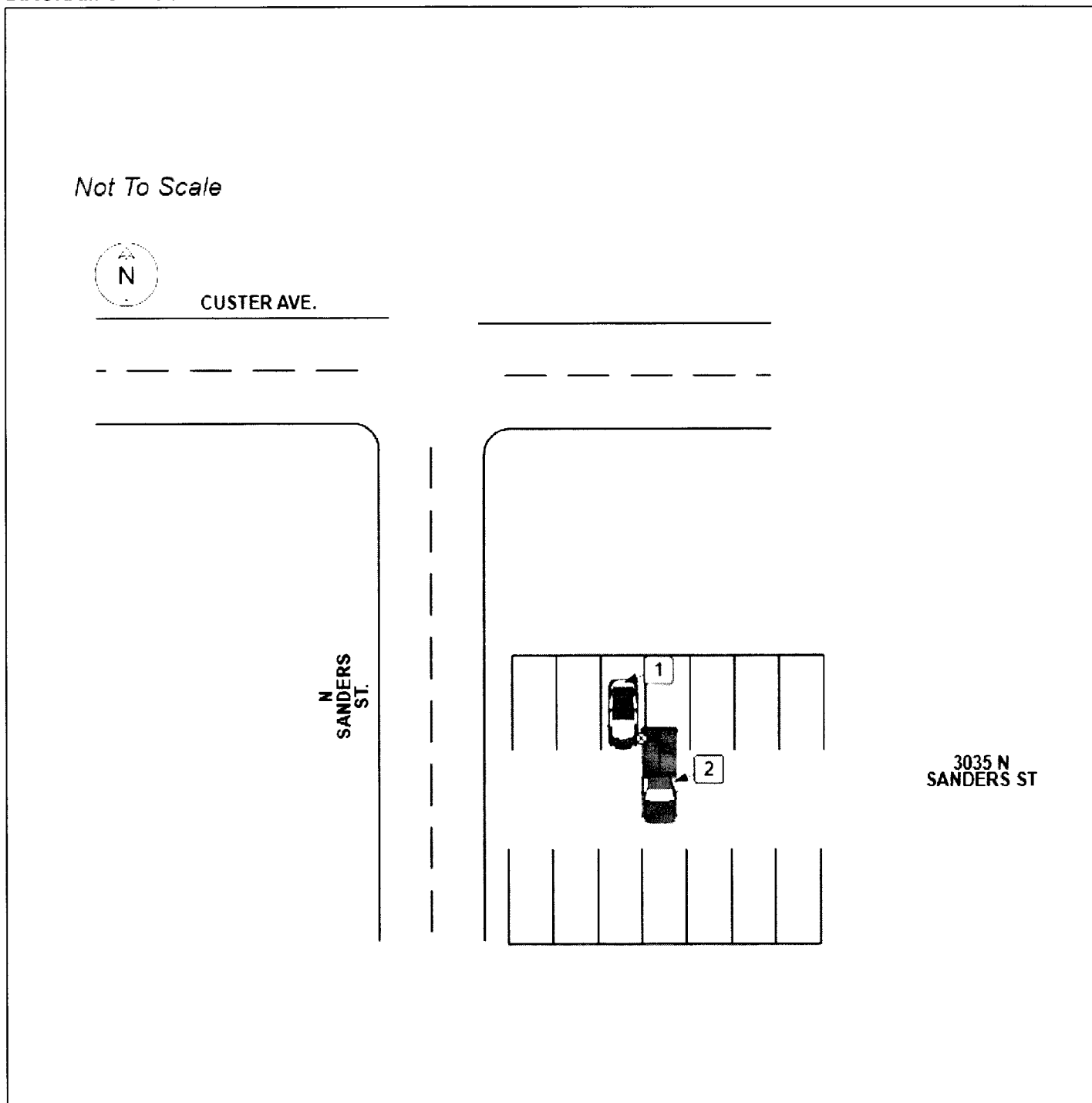
V1 WAS PARKED IN THE PLANET FITNESS (3035 N SANDERS ST)PARKING LOT FACING SOUTH BOUND. V2 WAS PARKED IN THE NEXT SPOT OVER FROM V1 TO THE EAST. WHEN V2 LEFT HIS PARKING SPOT, HIS BACK PASSENGER SIDE TIRE HIT THE FRONT DRIVER SIDE BUMPER OF V1 CAUSING DAMAGE. V2 WAS UNAWARE OF THE ACCIDENT AND LEFT THE 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
ID Number 725	Rank	Name Alex Nimnick	ID Number 725	Rank	Name Alex Nimnick	HP251984
Signature			Signature			

Crash Number HP251984	Reporting Agency Helena Police Department	Reporting Agency Case Number HP251984	Reporting Agency CAD Number	ORI MT0250100
---------------------------------	-----------------------------------------------------	-------------------------------------------------	-----------------------------	-------------------------

DIAGRAM OF ACCIDENT





HELENA POLICE DEPARTMENT



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

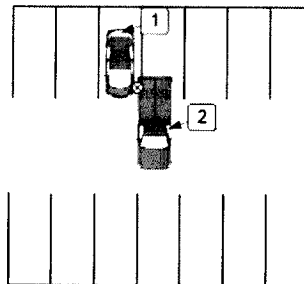
Printed on May 29, 2025

Not To Scale



CUSTER AVE.

N
SANDERS
ST.



3035 N
SANDERS ST

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

Comments:

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

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

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

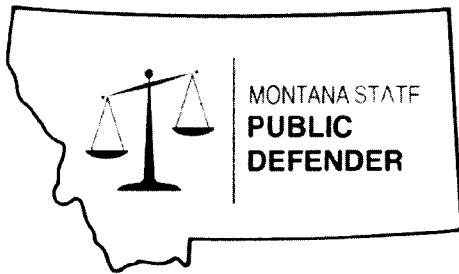
IT IS HEREBY ORDERED that that the following Complaint is **DISMISSED WITHOUT PREJUDICE**:

- 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



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. [REDACTED]
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



Re: Your Inquiry File, #32566

Dear 

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

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 | (web) www.csimt.gov

CSI 000018



COMMISSIONER OF SECURITIES AND INSURANCE

James Brown
Commissioner

Office of the
Montana State Auditor

October 03, 2025

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

Our file: 32566

Inquirer: ██████████

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 M Shields


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>

[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 M Shields

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 | (web) www.csimt.gov

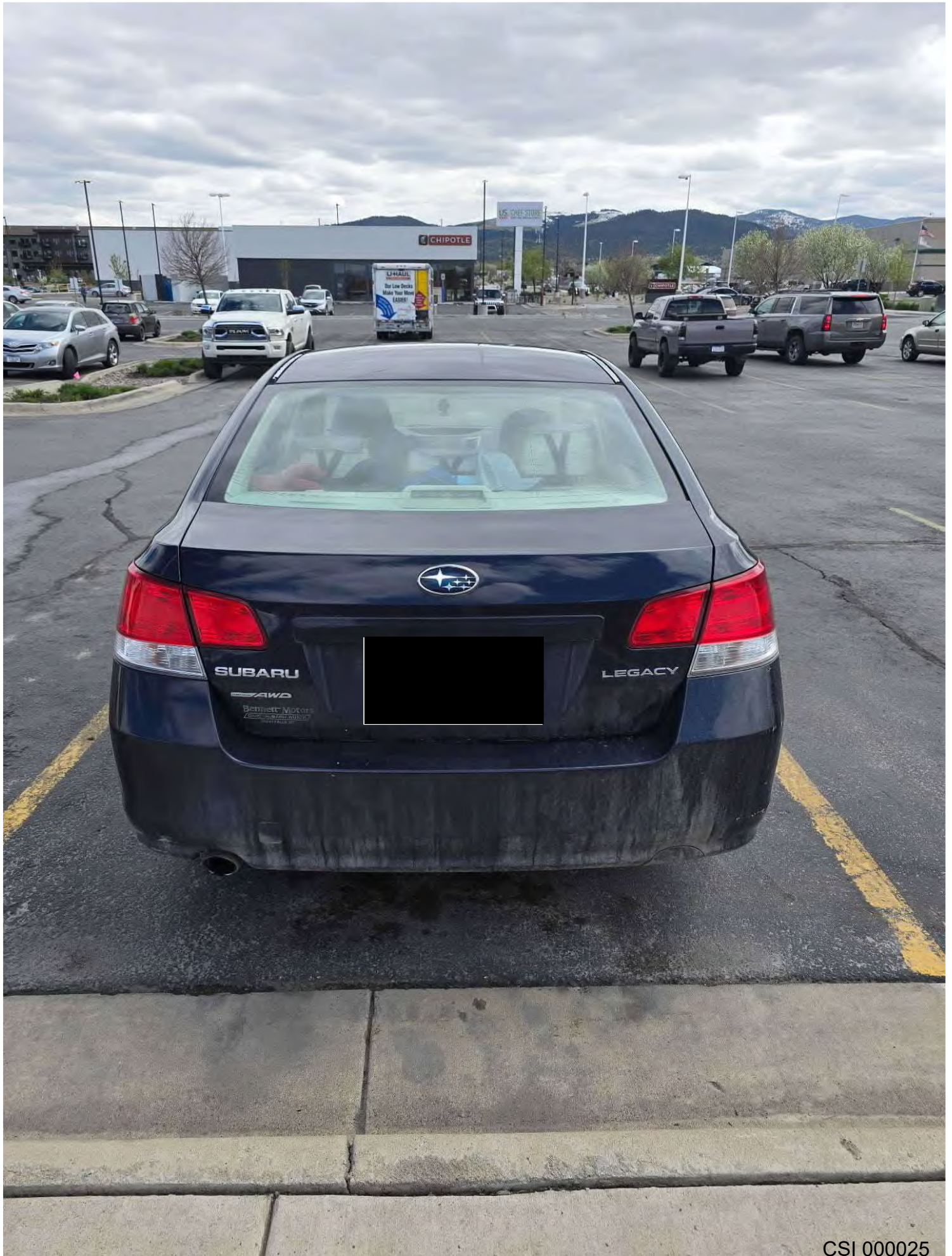
CONFIDENTIALITY NOTICE

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

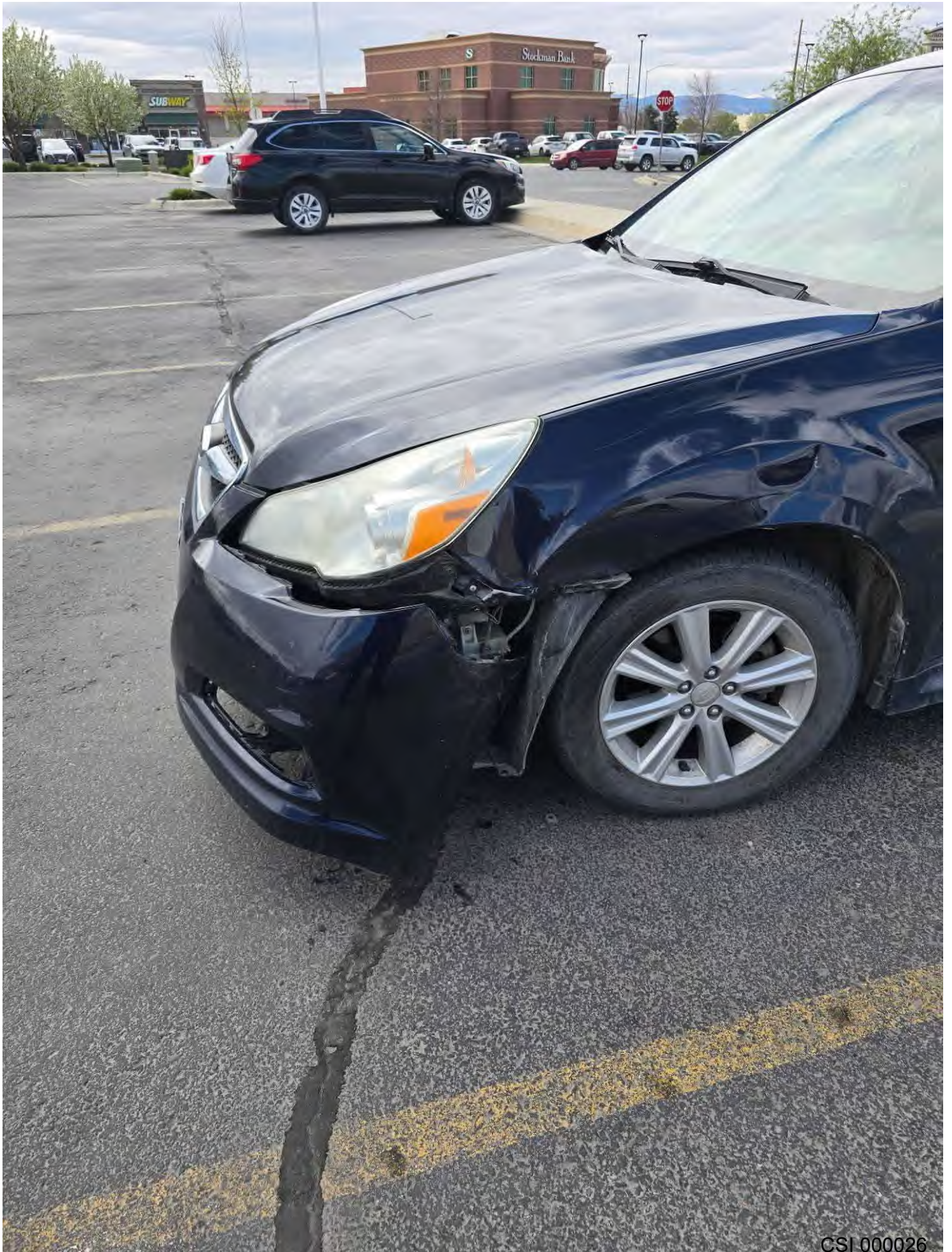
CSI 000022

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.





CSI 000025



CSI 000026





CSI 000028









CSI 000032



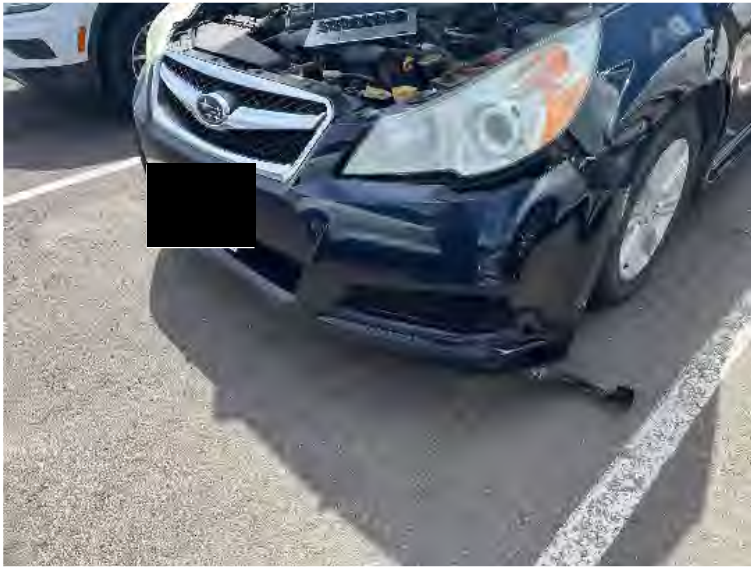


CSI 000033



























CSI 000045



CSI 000046

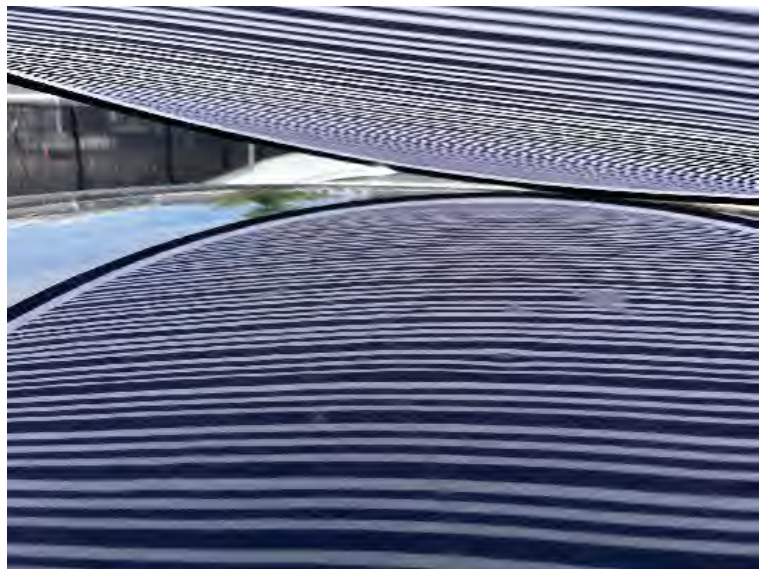


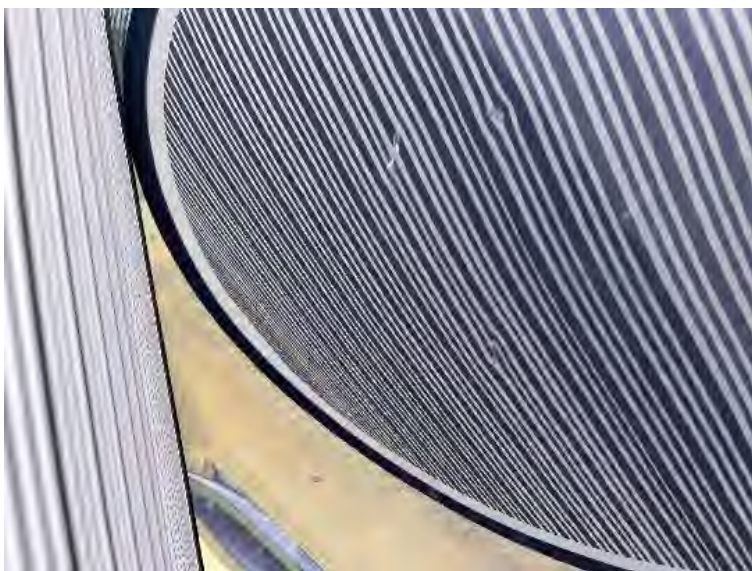


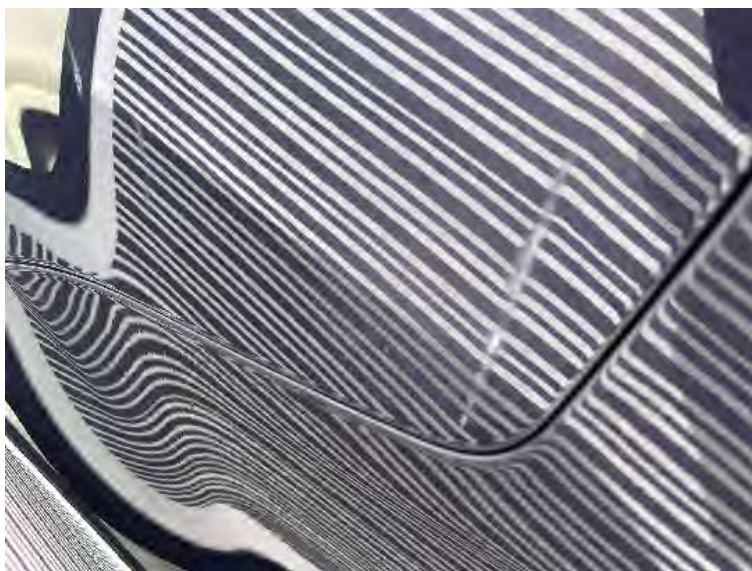
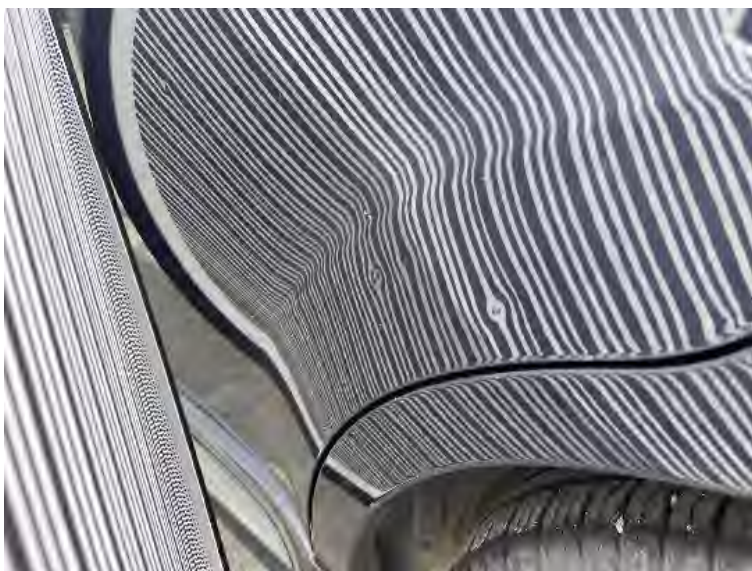
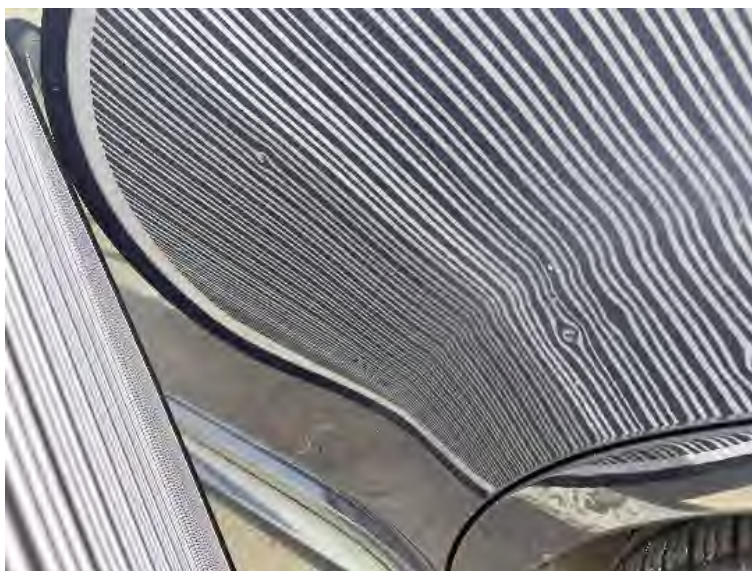
CSI 000048















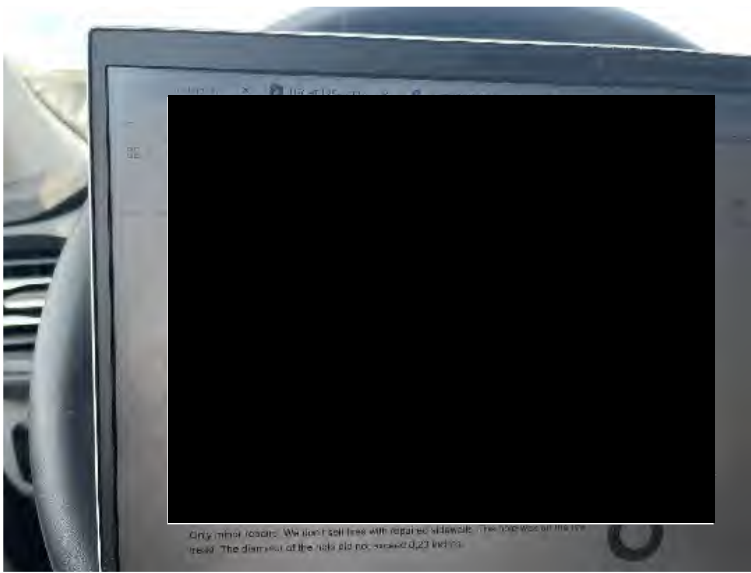


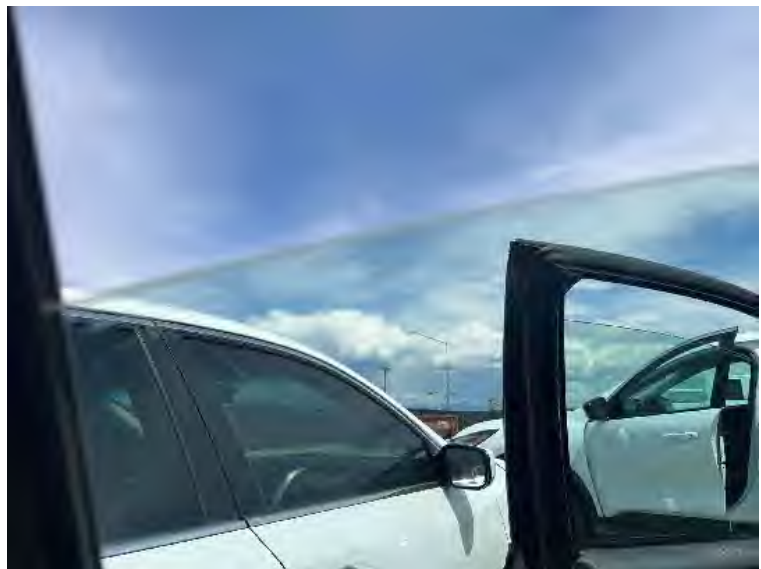




CSI 000058











VIN: 4S3BMCB62C3022259



SUBARU

2012 Legacy



Affix FULL Label to driver side Left-Rear.

VIN: [REDACTED]

MODEL: LEGACY

ENGINE: 2.5 LITERS 4 CYLINDER ENGINE

PORT OF ENTRY:

EXTERIOR COLOR: DEEP INDIGO PEARL

INTERIOR/SEAT COLOR: WARM IVORY

TRANSPORT: TRUCK

ACCESSORY WEIGHT: 16 lbs./ 7 kgs.

CSI 000063

GOVERNMENT

Overall Vehicle Score

Based on the combined rating of
Should ONLY be compared to o

Frontal

Crash

Based on the risk of injury in a f
Should ONLY be compared to o

Side

Crash

Based on the risk of injury in a s

Rollover

Based on the risk of rollover in a

Star ratings range from 1 to 5

Source: National Highway Traffic Safety Administration

www.safercar.gov

DATE

Hello,

A black truck
reversed into your
car @ around 2:45pm
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 :** [REDACTED]**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 AAWD**Location:** MT 59602**VIN:** [REDACTED]**Exterior Color:** Deep Indigo Pearl**Mileage:** 165,678 miles**License Plate:** [REDACTED]**Title History:** No**Title History Comments:****Loan Information****Payment Information****Lien Holder Payoff:****Lien Holder Payment(s):**

\$0.00

Loan/Lease Payoff Coverage:**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:**

Progressive Northwestern Ins Co

TOTAL LOSS

Estimate ID
25-631232188-02
Original
Claim Number
25-631232188-02

Owner
[Redacted]

Claimant
[Redacted]

Appraiser
[Redacted]
(406) 410-8985 (Work)
a201084@progressive.com

Underwriter
Progressive Northwestern Ins Co

Progressive Northwestern Ins Co

Claim Number 25-631232188-02	Adjuster [Redacted] (719) 900-6052 (Work) [Redacted]	Deductible None	Reported Date 05/08/2025
---------------------------------	---------------------------------------------------------------	--------------------	-----------------------------

Loss Date 05/06/2025	Inspection Site [Redacted] (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 [Redacted]	VIN [Redacted]	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

			LABOR			PART				
Line #		Description	Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
Front Bumper										
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		
Grille										
8	100362	Grille Assy	Remove / Install	Body	INC#	Existing				
Front Lamps										
9	100367	L Front Combination Lamp	Remove / Install	Body	INC#	Existing				
Front Fender										
10	101115	L Fender Panel	Remove / Replace	Body	1.6#	New	57120AJ01A9 P	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		
Wheel										
14	101207	Alloy Wheel	Remove / Replace	Body	0.3	New	28111AJ05A	1		
Engine / Body Under Covers										
15	100979	Engine Under Cover	Remove / Replace	Body	0.4	New	56410AJ00B	1		
Rocker / Pillars / Floor										
16	100404	L Rocker Moulding	Remove / Install	Body	INC	Existing				
Front Door										
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				

			LABOR			PART				
Line #		Description	Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
21	102349	L Frt Otr Door Handle	Remove / Install	Body	0.3	Existing				
Additional Costs & Materials										
22	AUTO	Paint/Materials	Additional Cost							
23	AUTO	Hazardous Waste Disposal	Additional Cost							
Additional Operations										
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*					
Special / Manual Entry										
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		
Tires										
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					
Total Labor					\$
Taxable					
Tax 0.0000%					
Non-Taxable					
Pre-Tax Discount 0.00%					
Labor Total					
Parts	Amount				
Taxable Parts					

Estimate Totals

		Parts Adjustments
		Tax 0.0000%
		Non-Taxable
		Pre-Tax Discount 0.00%
		Parts Total
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		Costs Total
Gross Totals		
Gross Total		
		Taxable
		Tax
		Non-Taxable
		Pre-Tax Discount 0.00%
		Gross Total
Adjustments	Amount	
Total Customer		
Responsibility		
		Net Estimate Total

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	[REDACTED] [REDACTED] HELENA, MT 59602 [REDACTED]	
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	[REDACTED]	[REDACTED]	No	

Valuation Summary

Loss Vehicle Adjustments

Adjustments specific to your vehicle

Base Value =	[REDACTED]	Settlement Value:
Condition -		
Prior Damage		
Aftermarket Parts		
Refurbishment		
Market Value =		

Settlement Adjustments

Adjustments specific to your policy

Taxes	[REDACTED]	[REDACTED]
Fees +		
Settlement Value =		

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)

Front & rear side curtain airbags

LATCH child safety seat anchorage system

Safety brake pedal system

Vehicle Dynamics Control (VDC)
- Emergency trunk release

Hill Holder

Rear child safety locks

Tire Pressure Monitoring System (TPMS)

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:						

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:

Overall Condition: 2.32-Fair

Typical Vehicle Condition: 3.00

Category	Condition	Condition \$	Comments
Interior	<div></div>		
DASH/CONSOLE			
SEATS			MAJORITY SEATING PERMANENT SOILING STAINING
DOORS/INTERIOR PANELS			
GLASS			DAMAGE IS REPAIRABLE
CARPET			
HEADLINER			
Exterior			
VINYL/CONVERTIBLE TOP			
TRIM			2 SMALL IMPACTS
BODY			MULTIPLE PANELS COVERED WITH DINGS
PAINT			SIGNIFICANT STONE CHIPPING
Mechanical	<div></div>		
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 Amount
INTERIOR	SEAT COVERS	INSTANT QUOTE	<div></div>
INTERIOR	STEERING WHEEL COVER	INSTANT QUOTE	

Comparable Vehicles

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

1

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

C3038665HV

04/12/2025

59405

57 miles

Source	Adjustments	Loss Vehicle	This Vehicle	Amount
DEALER WEB LISTING - BUILDSHEET - CARS.COM	Projected Sold Adjustment			
LITHIA CHRYSLER DODGE JEEP RAM OF GREAT FALLS	Mileage	165,678	139,561	
4025 10TH AVE S			Total Adjustments:	
GREAT FALLS MT 59405			Adjusted Price:	
406-205-1741				

2

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

032670

05/21/2025

59808

103 miles

Source	Adjustments	Loss Vehicle	This Vehicle	Amount
DEALER WEB LISTING - BUILDSHEET - CARS.COM	Projected Sold Adjustment			
CARS 4 U OF MISSOULA	Mileage	165,678	161,609	
2200 WEST BROADWAY	Equipment			
MISSOULA MT 59808	ALL-WEATHER PKG	No	Yes	
406-549-9451	SKY BLUE METALLIC BODY SIDE MOLDING KIT	No	Yes	
	AUTO-DIMMING MIRROR W/COMPASS	No	Yes	
	SKY BLUE METALLIC TRUNK LIP SPOILER	No	Yes	
			Total Adjustments:	
			Adjusted Price:	

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

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	Adjustments	Loss Vehicle	This Vehicle	Amount
DEALER WEB LISTING - BUILDSHEET - VAST.COM	Projected Sold Adjustment			
SALMON RIVER MOTORS	Mileage	165,678	152,104	
HIGHWAY 93 SOUTH	Equipment			
SALMON ID 83467	ALL-WEATHER PKG	No	Yes	
208-756-2236	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	Adjustments	Loss Vehicle	This Vehicle	Amount
DEALER WEB LISTING - BUILDSHEET - AUTOTRADER.COM	Projected Sold Adjustment			
MICK MCCLURE HONDA	Mileage	165,678	150,381	
2323 JUNIPER DR	Equipment			
LEWISTON ID 83501	ALL-WEATHER PKG	No	Yes	
208-743-6596	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

VIN

Stock No

32497

Listing Date

02/21/2025

ZIP/Postal Code

99006

Distance from Loss Vehicle

275 miles

Source	Adjustments	Loss Vehicle	This Vehicle	
DEALER WEB LISTING - BUILDSHEET - CARS.COM	Projected Sold Adjustment			
PARKWAY AUTO	Mileage	165,678	143,024	
S. 1121 FRONTAGE RD	Equipment			
DEER PARK WA 99006	ALL-WEATHER PKG	No	Yes	
509-276-2925			Total Adjustments:	
			Adjusted Price:	
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	<div></div>

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
EFT Trace Number: 3960481
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

Total Amount: [REDACTED]
Invoice Number: 145187903

Reviewed Summary

Issuing Rep: A123264
Issue Date: 07-09-25
Last Updated Rep: A123264

Approved By:
Review Date:
Reviewed By:

Bank Information

Type: Loss
Stop Reason:
Stop Date:

Bank Code: CTB
Cleared: 07-12-25

Exposure Detail: PD

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

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

Claim Payment Detail (25-631232188)

Payment Information

Disbursement Number: 231730711
Draft Number: 6018354253
Pay to the Order of: [REDACTED]
Mailing Address: [REDACTED]
HELENA, MT 59602 USA
In Payment Of: Progressive Invoice Number: 145080061

Total Amount: [REDACTED]
Invoice Number: 145080061

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: SUPPLEMENTAL PAYMENT
Amount Paid: [REDACTED]
Deductible Taken
Property Damage
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: [REDACTED]
HELENA, MT 59602 USA
In Payment Of: Progressive Invoice Number: 145080366

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

Reviewed Summary

Issuing Rep: A134003
Issue Date: 06-13-25
Last Updated Rep: A134003

Approved By:
Review Date:
Reviewed By:

Bank Information

Type: Expense
Stop Reason:
Stop Date:

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

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 HP251984	Reporting Agency Helena Police Department	Reporting Agency Case Number HP251984	Reporting Agency CAD Number	ORI MT0250100
---------------------------------	-----------------------------------------------------	-------------------------------------------------	-----------------------------	-------------------------

CRASH IDENTIFIERS

County of Crash	City HELENA	Crash Date/Time 05/06/2025 15:16	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 HELENA POLICE DEPARTMENT

ROADWAY INFORMATION

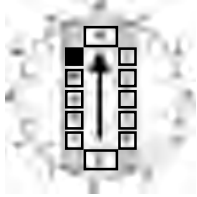
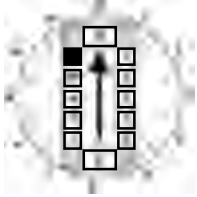
Roadway Description for Location of Occurrence 3035 N SANDERS ST	<input type="checkbox"/> Notify MDOT	<input type="checkbox"/> Site Survey	Latitude 46.6156828	Longitude -112.0153471
Intersecting Roadway Description for Location of Occurrence	Distance / Direction to Crash Location 0 Feet South		<input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

CRASH INFORMATION

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


Crash Number HP251984	Reporting Agency Helena Police Department	Reporting Agency Case Number HP251984	Reporting Agency CAD Number	ORI MT0250100
---------------------------------	-----------------------------------------------------	-------------------------------------------------	-----------------------------	-------------------------

VEHICLE V01

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

Crash Number HP251984	Reporting Agency Helena Police Department	Reporting Agency Case Number HP251984	Reporting Agency CAD Number MT0250100	ORI MT0250100
---------------------------------	-----------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-------------------------

VEHICLE V02

V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSP	State MT			
Year 2015	Make CHEVROLET (CHEV)	Model SILVERADO K1500	Style	Color GRAY	Body Type Category PICKUP
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS	
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 PROGRESSIVE DIRECT INS	Insurance Policy Number	Insurance Broker or Agent
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle Towed By		Wrecker Selection Method	
Direction of Travel Before Crash	Estimated Posted Speed:	Roadway Type OTHER/PRIVATE	Total Lanes	Roadway Horizontal Alignment	Roadway Grade LEVEL
Trafficway Description PRIVATE PROPERTY		Traffic Control Device Type NO CONTROLS		Working Properly No	
Roadway Description for Vehicle Travel					
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT A		Hit & Run (by this vehicle) No		Damage Extent (for this vehicle) NO DAMAGE	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT - PARKED MOTOR VEHICLE		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) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle)			
Contributing Circumstances 1 (this vehicle) TIRES		Contributing Circumstances 2 (this vehicle)			
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <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			

Occupant Type DRIVER / OPERATOR	Person Name (First Middle Last Suffix) [REDACTED]	Injury Status NO INJURY
-------------------------------------------	-------------------------------------------------------------	-----------------------------------

Crash Number HP251984	Reporting Agency Helena Police Department	Reporting Agency Case Number HP251984	Reporting Agency CAD Number	ORI MT0250100
---------------------------------	-----------------------------------------------------	-------------------------------------------------	-----------------------------	-------------------------

DRIVER / OPERATOR V02

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

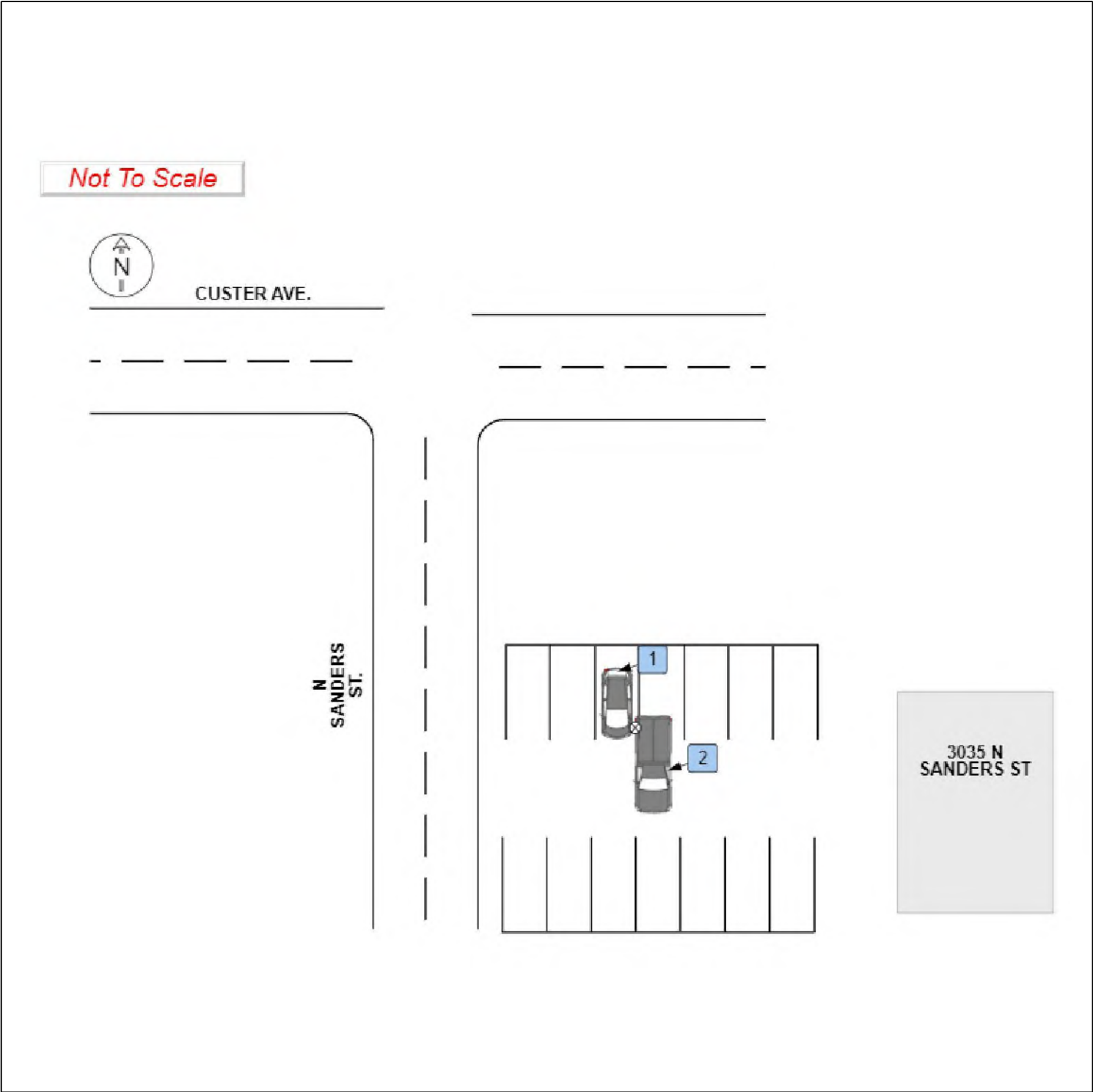
NARRATIVE: HP251984

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 HP251984
ID Number 725	Rank	Name Alex Nimmick	ID Number 725	Rank	Name Alex Nimmick	
Signature			Signature			

DIAGRAM OF ACCIDENT





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

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.



Consumer Relations Department
300 N Commons Blvd Box G24
Mayfield Village, OH 44143
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

CSI 000089

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.

Sincerely,

[REDACTED]

Claims Manager



Consumer Relations Department
300 N Commons Blvd Box G24
Mayfield Village, OH 44143
complaintfile@progressive.com

October 15, 2025

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

File: [REDACTED]
Policy: [REDACTED] 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

CSI 000091

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.

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.