

BOARD OF SUPERVISORS
COUNTY OF MADISON
PROPOSED SUPPLEMENTAL APPROPRIATION
DATE:

1/28/25

FY2025

Type of Supplement	Interdepartmental transfer (same fund)
	Interfund transfer
X	Revenue/Expense offset
	Use of contingency
	Other use of fund balance not in original budget

PURPOSE: Sheriff's Department - Insurance Claim for Incident 07/22/2024

GL	Account Type	Fund Name	Department	Object Code/Sourc School Code/Source	Debit	Credit
1110-0000-00-00000-408915-0000-000000-00000-00000	R	General	Revenue	Insurance Claims/Adjustments	2,056.20	18769
1110-4310-03-31200-660090-0000-000000-000000-00000	E	General	Sheriff	Vehicle/Equipment Maintenance	2,056.20	39414
					2,056.20	2,056.20

Amount for Board to vote on

2,056.20

Note: A debit charged to a budgeted expense line increases the appropriated expense; a credit charged to a budgeted expense line item decreases the appropriated expense. A credit charged to a budgeted revenue line item increases the anticipated revenue available.

Upon approval by the Board of Supervisors, the County Administrator shall forward a signed copy of the proposed supplement appropriation to the County Finance Director.


Jonathan R. Weakley, County Administrator

2/3/25

Date

FY2025 Proposed Supplemental Appropriation#13_01.28.2025

Sheriff's Office
Claim



Insurance Claims +
Adjustments
#408916
- JAW

August 29, 2024

Katilla "Tillie" Strothers
PO Box 705
Madison, VA 22727

VA Association of Counties Group Self-Insurance Risk Pool

Participant: Madison County
Claim Number: 0562024358470
Date of Loss: 7/22/2024 RYPS
Vehicle: 2016 Chevrolet Tahoe
VIN: 6814

Dear Tillie,

Enclosed please find a VAcorp property damage check in the amount of \$2,056.20 for the repairs to the above referenced vehicle.

This amount is based on the submitted invoice from Ace Collision Center for repair cost in the amount of \$2,556.20 - \$500.00 deductible = \$2,056.20.

If you should have any questions regarding this payment, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in dark ink, appearing to read 'M. Preston'.

Maurice Preston
Senior Claims Associate

Enclosed: check

PINNACLE FINANCIAL PARTNERS

VACORP CLAIMS
1819 Electric Rd. Suite C
Roanoke, VA 24018
540-345-8500

68-183/514

412 VOID AFTER 180 DAYS

PAY
TO
THE
ORDER
OF

Two Thousand Fifty-Six and 20/100 Dollars*****

DATE	CHECK NO.
09/04/2024	615077
AMOUNT	
\$ **2,056.20**	

MADISON COUNTY
ATTN: Katilla "Tillie" Strothers
PO Box 705
Madison, VA 22727

Sten 2. Rawlings

AUTHORIZED ACCOUNT SIGNER
TWO SIGNATURES REQUIRED OVER \$30,000

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈ 6 1 5 0 7 7 ⑈ ⑆ 0 5 3 1 1 2 0 3 9 ⑆ 8 0 0 1 0 4 6 3 4 9 1 0 ⑈

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Auto Property Damage	8/29/2024	8/29/2024	Repair Invoice	\$2,556.20	\$2,556.20
Auto Property Damage	8/29/2024	8/29/2024	(deductible)	(\$500.00)	(\$500.00)

Claim Number: 0562024358470 Payee: MADISON COUNTY

Check Number: 615077 Total Check Amt: \$2,056.20 Event Date: 7/22/2024 Department: 056 Madison Date of Check: 9/4/2024

Check Memo: Payment Letters

FY25

#408916

gpc

JAN 7 2025



Handwritten:
#120090
QC

Ace Collision Center

16 Campground Lane, Madison, VA 22727
Phone: (540) 948-4000
FAX: (540) 948-3337

Workfile ID: 9ff080e1
PartsShare: 86cyzb
Federal ID: 54-2189623

Handwritten:
Thank S

Final Bill**RO Number: 22714**

Customer:
Madison Sherrifs Dept

Insurance:

Adjuster:

Estimator: Jason Breeden

Phone:

Create Date: 8/15/2024

Claim:

Loss Date:

Deductible:

(540) 948-5161

2016 CHEV Tahoe LT 4WD 4D UTV 8-5.3L Flex Fuel Direct Injection SILVER

VIN: 1GNSK8KC5GR476814

Interior Color: GRAY

Mileage In:

Vehicle Out: 1/16/2025

License:

Exterior Color: SILVER

Mileage Out:

State: VA

Production Date:

Condition: Good

Job #: 22714

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		REAR BUMPER						
2	S01	Overhaul	O/H bumper assy			OEM	2.4	Body	
3	S01	Remove/Replace	Bumper cover	1	639.12T	A/M	0.0	Body	3.0
4	S01		Add for Clear Coat						1.2
5	E01	Remove/Replace	Step pad w/o chrome molding	1	140.00T	A/M	0.0	Body	
6	E01	Refinish	Tow eye cap						0.2
7	E01		Add for Clear Coat						0.1
8	E01	Remove/Replace	LT Side bracket	1	32.95T	OEM	0.1	Body	
9	S01	Repair	"DRILL AND WIRE REAR POLICE LIGHTS"				1.0	Body	
10	S01		Add Time for Wiring Lights				2.0	Mech	
11	E01		MISCELLANEOUS OPERATIONS						
12	E01		Hazardous waste removal	1	9.00T	Other			
13	E01	Remove/Replace	Flex additive	1	11.00T	Other			
14	E01	Remove/Replace	Bumper prep kit	1	26.00T	Other			0.5
15	E01		ELECTRICAL						
16	E01	Remove/Install	D&R Battery				0.2	Mech	
17	E01		VEHICLE DIAGNOSTICS						
18	E01		Pre-Diagnostic scan "SCC"	1	105.00	Other	0.5	Mech	
19	E01		Post-Diagnostic scan "SCC"	1	85.00	Other	0.5	Mech	
20	E01		ADAS Think Report	1	21.06	Other			
21	E01		Tint panel						0.7
22	E01	Repair	Finish Sand & Polish						1.0
23	S01		Parts Freight	1	63.54T	Other			
24	S01		Additional Refinish Materials	1	44.91T	Other			

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
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T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, ReChr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

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Final Bill

BO Number: 22714

2016 CHEV Tahoe LT 4WD 4D UTV 8-5.3L Flex Fuel Direct Injection SILVER

Parts			875.61
Labor, Body	58.00	3.5	203.00
Labor, Refinish	58.00	6.7	388.60
Labor, Mechanical	130.00	3.2	416.00
Material, Paint			301.50
Material, Shop	2.00	1.1	2.20
Miscellaneous			301.97
Subtotal			2,488.88
Sales Tax			67.32
Grand Total			2,556.20
Net Total			2,556.20

Estimate Version	Total \$
Original	2,556.20
Supplement S01	0.00

Insurance Total \$:	0.00
Received from Insurance \$:	0.00
Balance due from Insurance \$:	0.00

Customer Total \$:	2,556.20
Received from Customer \$:	0.00
Balance due from Customer \$:	2,556.20

Sign _____ Date _____

A service charge of 1.5 % per month, 18 % APR, will be added to all overdue accounts. Also liable for all legal and collection fees. Any cancelled repairs will include a 15% parts re-stocking fee.

Repairs completed and I authorize the Insurance company to pay Ace Collision Center directly for all repairs

CHECK#
1110-4310-03-31200-660090
SHERIFF

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