KEMPER

Kemper
P.O. Box 2843
Clinton, IA 52733

Policy underwritten by
Infinity Insurance Company

Named insured: ISRAEL VALENCIA VAZQUEZ

Claim number: 25123708851
Date of loss: October 9, 2025

Date of mailing: October 31, 2025

000003 1/12

SP 03 000003 66716 H 1 ASNGLP
CITY OF RIALTO
150 S Palm Ave
Rialto, CA 92376-6406

CITY OF RIALTO
2025 NOV -4 PM 4:34
RECEIVED
CITY CLERK

Dear CITY OF RIALTO:

We are writing to notify you of our subrogation interest regarding the loss referenced above. It was reported to have occurred in Rialto, CA.

Your Claim Number: Pending
Your Insured: City of Rialto/Ricardo Esteban Padilla

Our investigation concluded that your insured is responsible for damages sustained by our insured. Under the terms of our insurance policy, we are subrogated to the right of reimbursement of our insured to the extent of our payment. As a result, we are looking to you for full reimbursement of damages.

We made a vehicle damage payment as follows:

| | |
|---|---|
| Vehicle damages: | $221.78 |
| Deductible: | $1,000.00 |
| Salvage: | $ |
| Rental: | $ |
| : | $ |
| : | $ |
| Total demand: | $1,221.78 |

Please make your check payable to Kemper Services Group as subrogee of our insured and mail your payment to:

Kemper Services Group
Attn: 25123708851
P.O. Box 2843
Clinton, IA 52733

If you have already made settlement with our insured, please advise us immediately.

If you have any questions, please contact us and have the claim number available so we can assist you as quickly as possible.

Sincerely,

Gary Williams
T 800-353-6737, ext.5883226
F 888-976-2123
gary.williams@kemper.com

# CITY OF RIALTO
# LIABILITY
## CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2025 NOV -4 PM 4:34
RECEIVED
CITY CLERK

000003 2/12

1. *Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).*
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).
3. READ ENTIRE CLAIM FOR BEFORE FILING
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

**RETURN TO:**
**Rialto City Clerk's Office**
Mail: 150 S. Palm Ave., Rialto, CA 92376
Address: 290 W. Rialto Ave., Rialto, CA 92376

**CLAIMANT INFORMATION:**

Isreal Valencia Vazquez
FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

( )
BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above): P.O.Box 2843 Clinton, IA 52733

**1. WHEN DID DAMAGE OR INJURY OCCUR?** DATE: 10/09/2025 TIME: 04:20 ☐ AM ☒ PM

**2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC** – *Describe fully and (if applicable) locate on diagram on reverse side of this sheet. Where appropriate, give street names and addresses, measurements and landmarks.*

356 S Riverside Ave, Bloomington, CA 92316

**3. HOW DID DAMAGE OR INJURY OCCUR?**

The police vehicle hit our parked vehicle.

**4. WERE POLICE AT THE SCENE?** ☑ YES ☐ NO **WERE PARAMEDICS AT THE SCENE?** ☐ YES ☒ NO

**5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES?** *Give the name of the city/town employee causing the injury or damage, if known.*

The employee failed to maintain control of their vehicle.

**6. GIVE TOTAL AMOUNT OF CLAIM** *Include estimate of amount of any prospective injury or damage* $ 1,221.78

HOW WAS THE ABOVE AMOUNT COMPUTED? *Be specific, list doctor bills, repair estimates, etc.* ***Please attach 2 estimates.***

**DAMAGES INCURRED TO DATE:**

Item/Date: See attached estimate Amount: $ 1,221.78

Item/Date: Amount: $

COPY

**TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:** $ 1,221.78

**ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:**

Item/Date: _____ Amount: $_____

Item/Date: _____ Amount: $_____

**TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:** $ 1,221.78

**7. WITNESSES TO DAMAGE OR INJURY** *List all persons known to have information (attach additional pages, if necessary)*

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

_____ _____

TELEPHONE: ( ) _____ TELEPHONE: ( ) _____

**8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:**

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

_____ _____

TELEPHONE: ( ) _____ TELEPHONE: ( ) _____

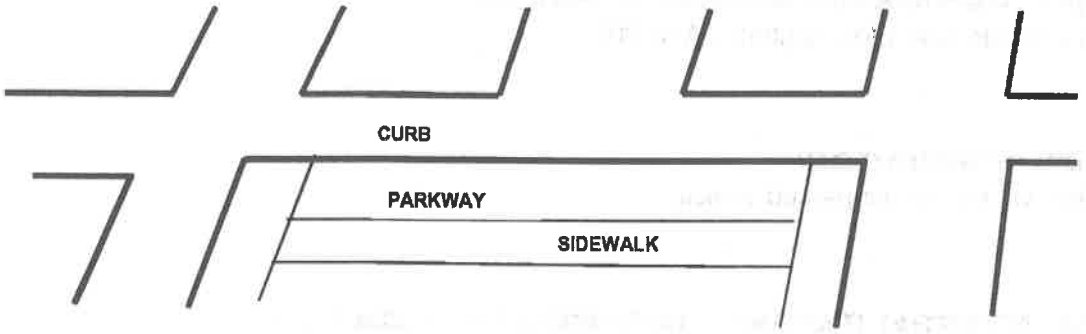
DATE: _____ TIME: _____ ☐ AM ☐ PM DATE: _____ TIME: _____ ☐ AM ☐ PM

**9. PLEASE RE AD THE FOLLOWING CAREFULLY:**

For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

⇨ ***NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.***




I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

**I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

_____
SIGNATURE OF CLAIMANT OR AGENT

Gary O. Williams
TYPE OR PRINT NAME

10/30/2025
DATE

Claims Adjuster
RELATIONSHIP TO CLAIMANT

**NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)**
**RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE – 150 S. PALM AVE., RIALTO, CA 92376**

KEMPER

Kemper
PO Box 2843
Clinton, IA 52733-2843

ISRAEL VALENCIA VAZQUEZ

## Claim payment

Policy underwritten by
Infinity Insurance Company

Named insured: ISRAEL VALENCIA VAZQUEZ

Claimant: ISRAEL VALENCIA VAZQUEZ
Claim number: 25123708851
Date of loss: October 9, 2025

Date of mailing: October 31, 2025

Coverage: Collision

Payment for: Claim 25123708851

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## Your claim payment

We attached a check representing payment on the above noted claim. For full explanation or if you have any questions, please contact your claims representative.

Benaiah Cabell
Claims Team
T 800-353-6737, ext.1512110
F 888-976-2123
bcabell@kemper.com

**Kemper**
PO Box 2843
Clinton, IA 52733-2843
Trinity Universal Insurance Company

Policy Number: 10197140601
Claim Number: 25123708851
*Underwritten by:* Infinity Insurance Company

Issue Date: 10/30/2025
Loss Date: 10/09/2025

6153011137
66-156
531

VOID VOID VOID VOID

PAY TO THE ORDER OF ISRAEL VALENCIA VAZQUEZ

VOID VOID VOID VOID

Two Hundred Twenty One and 78/100 Dollars 221.78

Wells Fargo Bank, N.A.

Void after 180 days from date issued

Memo: Payment for: Claim 25123708851

⑈6153011137⑈ 00000000000 0000000000 557⑈

COPY

Facsimile Document

# MOSS COLLISION SAN BERNARDINO

At Moss You're The Boss
1100 S E ST, SAN BERNARDINO, CA 92408
Phone: (909) 884-8255 x2400
FAX: (909) 884-4675

Workfile ID: 864207a3
Federal ID: 952803540
State EPA: CAD981572506
BAR: ARD-043821

000003 4/12

## Supplement of Record 1 with Summary

**Customer: VALENCIA VAZQUEZ, ISRAEL** **Job Number:**

Written By: JUSTIN WILLIAMS, 10/29/2025 11:42:35 AM
Adjuster: CABELL, BENAIAH, (800) 353-6737 x1512110 Business

| | | | | | |
|---|---|---|---|---|---|
| Insured: | VALENCIA VAZQUEZ, ISRAEL | Policy #: | 10197140601 | Claim #: | 2512370885101 |
| Type of Loss: | Collision | Date of Loss: | 10/9/2025 4:20 PM | Days to Repair: | 4 |
| Point of Impact: | 06 Rear | | | | |

**Owner:**
VALENCIA VAZQUEZ, ISRAEL

**Inspection Location:**
MOSS COLLISION SAN BERNARDINO
1100 S E ST
SAN BERNARDINO, CA 92408
Repair Facility
(909) 884-8255 x2400 Business

**Insurance Company:**
INFINITY INSURANCE COMPANY
Infinity Insurance Compan
KEMPER-DALLAS
DALLAS

## VEHICLE

2020 NISS Versa SV w/Continuously Variable Transmission 4D SED 4-1.6L Gasoline Sequential MPI Maroon

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| VIN: | | Interior Color: | Black | Mileage In: | 113,328 | Vehicle Out: | |
| License: | | Exterior Color: | Maroon | Mileage Out: | | | |
| State: | CA | Production Date: | 8/2019 | Condition: | | Job #: | |

**TRANSMISSION**
Automatic Transmission
**POWER**
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
**DECOR**
Dual Mirrors
Tinted Glass
Console/Storage
**CONVENIENCE**
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Backup Camera
Parking Sensors
**RADIO**
AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection
Satellite Radio
**SAFETY**
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device
Rear Side Impact Air Bags
Blind Spot Detection
Lane Departure Warning
**SEATS**
Cloth Seats
Bucket Seats
Reclining/Lounge Seats
**WHEELS**
Aluminum/Alloy Wheels
**PAINT**
Three Stage Paint
**OTHER**
Traction Control
Stability Control
Signal Integrated Mirrors

## Supplement of Record 1 with Summary

**Customer: VALENCIA VAZQUEZ, ISRAEL** **Job Number:**

2020 NISS Versa SV w/Continuously Variable Transmission 4D SED 4-1.6L Gasoline Sequential MPI Maroon

| Line | | | Oper | Description | Part Number | Qty | Extended Price $ | | Labor | Paint |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **QUARTER PANEL** | | | | | | | | | |
| 2 | * | S01 | Rpr | RT Quarter panel | | | | | 2.0 | 2.2 |
| 3 | | | | Add for Three Stage | | | | | | 1.5 |
| 4 | # | S01 | Refn | Partial Basecoat Refinish | | | | | | -0.5 |
| 5 | **REAR LAMPS** | | | | | | | | | |
| 6 | * | | Repl | LKQ RT Tail lamp assy | 265506EE0A | 1 | 102.00 | | 0.3 | |
| 7 | **REAR BUMPER** | | | | | | | | | |
| 8 | | | R&I | R&I bumper cover | | | | | 0.9 | |
| 9 | * <> | S01 | Rpr | Bumper cover | | | | | 2.0 | 2.8 |
| 10 | | | | Overlap Major Non-Adj. Panel | | | | | | -0.2 |
| 11 | | | | Add for Three Stage | | | | | | 1.0 |
| 12 | | | Repl | Add for reverse sens | | 1 | | m | 0.4 M | |
| 13 | # | S01 | Refn | Partial Basecoat Refinish | | | | | | -0.5 |
| 14 | **MISCELLANEOUS OPERATIONS** | | | | | | | | | |
| 15 | # | | Subl | Hazardous waste removal | | 1 | 5.00 | X | | |
| 16 | # | | | Color tint / color match | | 1 | | | 0.5 | |
| 17 | # | | Repl | Flex additive | | 1 | 5.00 | | | |
| 18 | # | S01 | Rpr | Denib & polish | | | | | 0.3 | |
| | | | | | **SUBTOTALS** | | **112.00** | | **6.4** | **6.3** |

## NOTES

Prior Damage Notes:
Front bumper, grille, hood & radiator

## ESTIMATE TOTALS

| Category | Basis | | Rate | Cost $ |
|---|---|---|---|---|
| Parts | | | | 107.00 |
| Body Labor | 6.0 hrs | @ | $ 60.00 /hr | 360.00 |
| Paint Labor | 6.3 hrs | @ | $ 60.00 /hr | 378.00 |
| Mechanical Labor | 0.4 hrs | @ | $ 150.00 /hr | 60.00 |
| Paint Supplies | 6.3 hrs | @ | $ 44.00 /hr | 277.20 |
| Miscellaneous | | | | 5.00 |
| Subtotal | | | | 1,187.20 |
| Sales Tax | $ 384.20 | @ | 9.0000 % | 34.58 |
| **Grand Total** | | | | **1,221.78** |
| Deductible | | | | 1,000.00 |
| **CUSTOMER PAY** | | | | **1,000.00** |
| **INSURANCE PAY** | | | | **221.78** |

**Customer: VALENCIA VAZQUEZ, I SRAEL** **Job Number:**

2020 NISS Versa SV w/Continuously Variable Transmission 4D SED 4-1.6L Gasoline Sequential MPI Maroon

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## SUPPLEMENT SUMMARY

| Line | | | Oper | Description | Part Number | Qty | Extended Price $ | Labor | Paint |
|---|---|---|---|---|---|---|---|---|---|
| **Changed Items** | | | | | | | | | |
| 2 | * | | Rpr | RT Quarter panel | | | | -4.0 | -2.2 |
| 2 | * | S01 | Rpr | RT Quarter panel | | | | 2.0 | 2.2 |
| 8 | * | <> | Rpr | Bumper cover | | | | -3.0 | -2.8 |
| 9 | * | <> S01 | Rpr | Bumper cover | | | | 2.0 | 2.8 |
| **Deleted Items** | | | | | | | | | |
| 16 | # | | Rpr | Color sand and buff | | | | -1.0 | |
| **Added Items** | | | | | | | | | |
| 4 | # | S01 | Refn | Partial Basecoat Refinish | | | | | -0.5 |
| 13 | # | S01 | Refn | Partial Basecoat Refinish | | | | | -0.5 |
| 18 | # | S01 | Rpr | Denib & polish | | | | 0.3 | |
| | | | | | **SUBTOTALS** | | **0.00** | **-3.7** | **-1.0** |

### TOTALS SUMMARY

| Category | Basis | | Rate | Cost $ |
|---|---|---|---|---|
| Parts | | | | 0.00 |
| Body Labor | -3.7 hrs | @ | $ 60.00 /hr | -222.00 |
| Paint Labor | -1.0 hrs | @ | $ 60.00 /hr | -60.00 |
| Paint Supplies | -1.0 hrs | @ | $ 44.00 /hr | -44.00 |
| Subtotal | | | | -326.00 |
| Sales Tax | $ -44.00 | @ | 9.0000 % | -3.96 |
| **Total Supplement Amount** | | | | **-329.96** |
| **NET COST OF SUPPLEMENT** | | | | **-329.96** |

### CUMULATI VE EFFECTS OF SUPPLEMENT(S)

| | | |
|---|---|---|
| Estimate | 1,551.74 | JUSTIN WILLIAMS |
| Supplement S01 | -329.96 | JUSTIN WILLIAMS |
| **Job Total:** | **$ 1,221.78** | |
| **CUSTOMER PAY:** | **$ 1,000.00** | |
| **INSURANCE PAY:** | **$ 221.78** | |

I acknowledge notice and oral approval of an increase in original estimated price.

X_____

Customer signature

**Customer: VALENCIA VAZQUEZ, ISRAEL** **Job Number:**

2020 NISS Versa SV w/Continuously Variable Transmission 4D SED 4-1.6L Gasoline Sequential MPI Maroon

I acknowledge notice and oral approval of an increase in original estimated price.

X_____

Customer signature

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

THIS ESTIMATE IS FOR REPAIRS TO MEET VEHICLE MANUFACTURER AND INDUSTRY STANDARDS. AS THE CUSTOMER, IT IS YOUR RESPONSIBILITY TO CONTACT THE THIRD-PARTY PAYOR FOR PAYMENT OF THE REPAIRS YOU HAVE AUTHORIZED.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED:

MOTOR ABBREVIATIONS/SYMBOLS: D=DISCONTINUED PART, A=APPROXIMATE PRICE. LABOR TYPES: B=BODY LABOR, D=DIAGNOSTIC, E=ELECTRICAL, F=FRAME, G=GLASS, M=MECHANICAL, P=PAINT LABOR, S=STRUCTURAL, T=TAXED MISCELLANEOUS, X=NON TAXED MISCELLANEOUS. CCC ONE: ADJ=ADJACENT, ALGN=ALIGN, A/M=AFTERMARKET, BLND=BLEND, CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION, D&R=DISCONNECT AND RECONNECT, EST=ESTIMATE, EXT. PRICE=UNIT PRICE MULTIPLIED BY THE QUANTITY, INCL=INCLUDED, MISC=MISCELLANEOUS, NAGS=NATIONAL AUTO GLASS SPECIFICATIONS, NON-ADJ=NON ADJACENT, O/H=OVERHAUL, OP=OPERATION, NO=LINE NUMBER, QTY=QUANTITY, RECOND=RECONDITION, REFN=REFINISH, REPL=REPLACE, R&I=REMOVE AND INSTALL, R&R=REMOVE AND REPLACE, RPR=REPAIR, RT=RIGHT, SECT=SECTION, SUBL=SUBLET, LT=LEFT, W/O=WITHOUT, W/_=WITH/_ SYMBOLS: #=MANUAL LINE ENTRY, *=OTHER [I.E.MOTORS DATABASE INFORMATION WAS CHANGED], **=DATABASE LINE WITH AFTERMARKET, N=NOTES ATTACHED TO LINE. OPT OEM=ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT.

""CURE TIME"" MEANS THE LENGTH OF TIME THAT, PER THE ADHESIVE MANUFACTURER, THE WINDSHIELD ADHESIVE NEEDS TO CURE UNTIL THE WINDSHIELD CAN PROPERLY FUNCTION AS A SAFETY DEVICE PURSUANT TO THE FEDERAL MOTOR VEHICLE SAFETY STANDARDS AND THE VEHICLE MANUFACTURER'S SPECIFICATIONS.

**Customer: VALENCIA VAZQUEZ, ISRAEL** **Job Number:**

2020 NISS Versa SV w/Continuously Variable Transmission 4D SED 4-1.6L Gasoline Sequential MPI Maroon



Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARF3782, CCC Data Date 10/17/2025, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:
m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:
D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:
Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:
BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA=National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

**Customer: VALENCIA VAZQUEZ, ISRAEL** **Job Number:**

2020 NISS Versa SV w/Continuously Variable Transmission 4D SED 4-1.6L Gasoline Sequential MPI Maroon

THE INSURANCE COMPANY THIS ESTIMATE WAS PREPARED BY OR FOR WARRANTS THAT ANY NON-ORIGINAL EQUIPMENT MANUFACTURER REPLACEMENT CRASH PART INCLUDED IN YOUR ESTIMATE ARE AT LEAST EQUAL TO THE ORIGINAL EQUIPMENT MANUFACTURER PARTS IN TERMS OF KIND, QUALITY, SAFETY, FIT, AND PERFORMANCE.

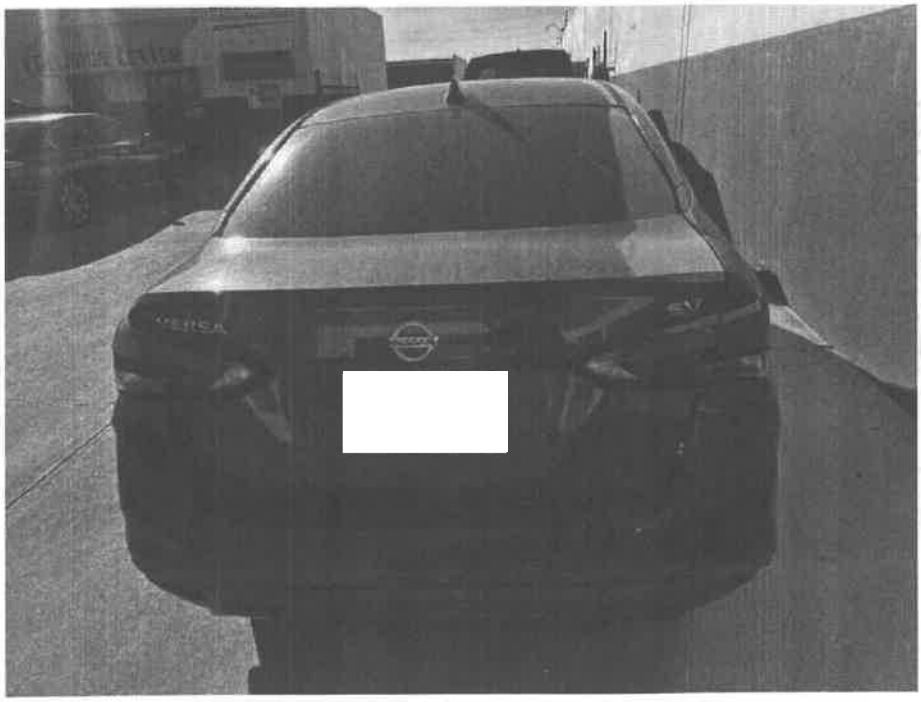
**Customer: VALENCIA VAZQUEZ, ISRAEL** **Job Number:**

2020 NISS Versa SV w/Continuously Variable Transmission 4D SED 4-1.6L Gasoline Sequential MPI Maroon

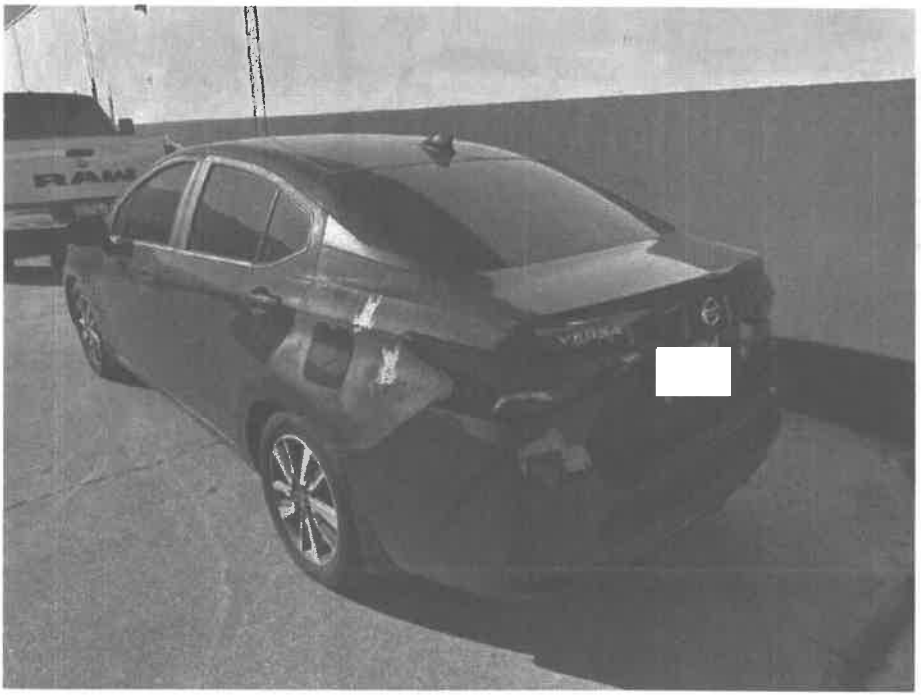


## PARTS SUPPLIER LIST

| Line | Supplier | Description | Price |
|---|---|---|---|
| 6 | LKQ Corp<br>11200 ALDEN ROAD<br>ADELANTO CA 92301<br>(800) 525-3667 | # ~ 408662380<br>LKQ RT Tail lamp assy<br>Tail Lamp S,4DR R, QUARTER PANEL MOUNTED, R.,S# $Y4249<br>Quote: 3191278660<br>Expires: 12/08/25 | $ 102.00 |



| | |
|---|---|
| Claim Reference Id | : 2512370885101 |
| File Name | : PHOTO1 |
| File Date | : 10/24/2025 |
| Label | : Rear |
| Note | : Owner:ISRAEL,VALENCIA VAZQUEZ\|Style:2020,NISS,Versa SV w/Continuously Variable Transmission\|Insured:ISRAEL,VALENCIA VAZQUEZ\|LossDate:10/09/2025\|PolicyNumber:10197140601\|ClaimRepresentative:CABELL\|ShopName:MOSS COLLISION SAN BERNARDINO\|Claimant:ISRAEL,VALENCIA VAZQUEZ\|VIN: nsuranceCompany:INFINITY INSURANCE COMPANY\|InsuredIsOwner:Y\|Estimator:JUSTIN,WILLIAMS\| |
| Photo Location | : MOSS COLLISION SAN BERNARDINO |
| Photo Taken By | : JUSTIN WILLIAMS |
| Estimate Indicator | : E01 |

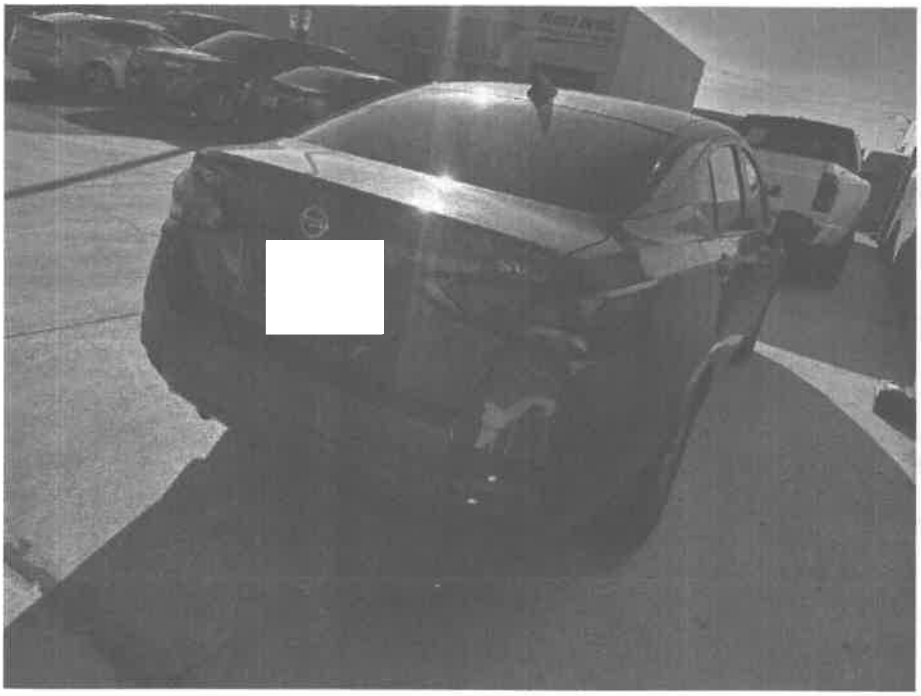


| | |
|---|---|
| Claim Reference Id | : 2512370885101 |
| File Name | : PHOTO2 |
| File Date | : 10/24/2025 |
| Label | : Left Rear |
| Note | : Owner:ISRAEL,VALENCIA VAZQUEZ\|Style:2020,NISS,Versa SV w/Continuously Variable Transmission\|Insured:ISRAEL,VALENCIA VAZQUEZ\|LossDate:10/09/2025\|PolicyNumber:10197140601\|ClaimRepresentative:CABELL\|ShopName:MOSS COLLISION SAN BERNARDINO\|Claimant:ISRAEL,VALENCIA VAZQUEZ\|VIN: nsuranceCompany:INFINITY INSURANCE COMPANY\|InsuredIsOwner:Y\|Estimator:JUSTIN,WILLIAMS\| |
| Photo Location | : MOSS COLLISION SAN BERNARDINO |
| Photo Taken By | : JUSTIN WILLIAMS |
| Estimate Indicator | : E01 |

| | |
|---|---|
| Claim Reference Id | : 2512370885101 |
| File Name | : PHOTO3 |
| File Date | : 10/24/2025 |
| Label | : Right Front |
| Note | : Owner:ISRAEL,VALENCIA VAZQUEZ\|Style:2020,NISS,Versa SV w/Continuously Variable Transmission\|Insured:ISRAEL,VALENCIA VAZQUEZ\|LossDate:10/09/2025\|PolicyNumber:10197140601\|ClaimRepresentative:CABELL\|ShopName:MOSS COLLISION SAN BERNARDINO\|Claimant:ISRAEL,VALENCIA VAZQUEZ\|VIN: \|InsuranceCompany:INFINITY INSURANCE COMPANY\|InsuredIsOwner:Y\|Estimator:JUSTIN,WILLIAMS\| |
| Photo Location | : MOSS COLLISION SAN BERNARDINO |
| Photo Taken By | : JUSTIN WILLIAMS |
| Estimate Indicator | : E01 |

| | |
|---|---|
| Claim Reference Id | : 2512370885101 |
| File Name | : PHOTO4 |
| File Date | : 10/24/2025 |
| Label | : Left Front |
| Note | : Owner:ISRAEL,VALENCIA VAZQUEZ\|Style:2020,NISS,Versa SV w/Continuously Variable Transmission\|Insured:ISRAEL,VALENCIA VAZQUEZ\|LossDate:10/09/2025\|PolicyNumber:10197140601\|ClaimRepresentative:CABELL\|ShopName:MOSS COLLISION SAN BERNARDINO\|Claimant:ISRAEL,VALENCIA VAZQUEZ\|VIN:[redacted]surranceCompany:INFINITY INSURANCE COMPANY\|InsuredIsOwner:Y\|Estimator:JUSTIN,WILLIAMS\| |
| Photo Location | : MOSS COLLISION SAN BERNARDINO |
| Photo Taken By | : JUSTIN WILLIAMS |
| Estimate Indicator | : E01 |


| | |
|---|---|
| Claim Reference Id | : 2512370885101 |
| File Name | : PHOTO5 |
| File Date | : 10/24/2025 |
| Label | : Right QP |
| Note | : Owner:ISRAEL,VALENCIA VAZQUEZ\|Style:2020,NISS,Versa SV w/Continuously Variable Transmission\|Insured:ISRAEL,VALENCIA VAZQUEZ\|LossDate:10/09/2025\|PolicyNumber:10197140601\|ClaimRepresentative:CABELL\|ShopName:MOSS COLLISION SAN BERNARDINO\|Claimant:ISRAEL,VALENCIA VAZQUEZ\|VIN: \|InsuranceCompany:INFINITY INSURANCE COMPANY\|InsuredIsOwner:Y\|Estimator:JUSTIN,WILLIAMS\| |
| Photo Location | : MOSS COLLISION SAN BERNARDINO |
| Photo Taken By | : JUSTIN WILLIAMS |
| Estimate Indicator | : E01 |



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|---|---|
| Claim Reference Id | : 2512370885101 |
| File Name | : PHOTO6 |
| File Date | : 10/24/2025 |
| Label | : Right Rear |
| Note | : Owner:ISRAEL,VALENCIA VAZQUEZ\|Style:2020,NISS,Versa SV w/Continuously Variable Transmission\|Insured:ISRAEL,VALENCIA VAZQUEZ\|LossDate:10/09/2025\|PolicyNumber:10197140601\|ClaimRepresentative:CABELL\|ShopName:MOSS COLLISION SAN BERNARDINO\|Claimant:ISRAEL,VALENCIA VAZQUEZ\|VIN<br>InsuranceCompany:INFINITY INSURANCE COMPANY\|InsuredIsOwner:Y\|Estimator:JUSTIN,WILLIAMS\| |
| Photo Location | : MOSS COLLISION SAN BERNARDINO |
| Photo Taken By | : JUSTIN WILLIAMS |
| Estimate Indicator | : E01 |

| | |
|---|---|
| Claim Reference Id | : 2512370885101 |
| File Name | : PHOTO7 |
| File Date | : 10/24/2025 |
| Label | : Photo 01 |
| Note | : Owner:ISRAEL,VALENCIA VAZQUEZ\|Style:2020,NISS,Versa SV w/Continuously Variable Transmission\|Insured:ISRAEL,VALENCIA VAZQUEZ\|LossDate:10/09/2025\|PolicyNumber:10197140601\|ClaimRepresentative:CABELL\|ShopName:MOSS COLLISION SAN BERNARDINO\|Claimant:ISRAEL,VALENCIA VAZQUEZ\|VIN: nsuranceCompany:INFINITY INSURANCE COMPANY\|InsuredIsOwner:Y\|Estimator:JUSTIN,WILLIAMS\| |
| Photo Location | : MOSS COLLISION SAN BERNARDINO |
| Photo Taken By | : JUSTIN WILLIAMS |
| Estimate Indicator | : E01 |


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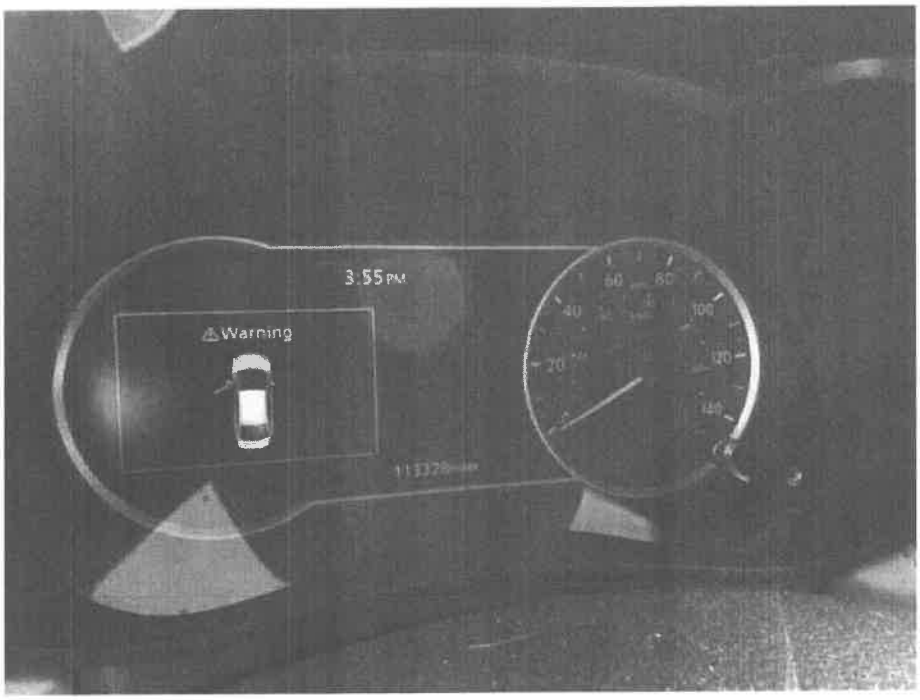
|---|---|
| Claim Reference Id | : 2512370885101 |
| File Name | : PHOTO8 |
| File Date | : 10/24/2025 |
| Label | : VIN Number |
| Note | : Owner:ISRAEL,VALENCIA VAZQUEZ\|Style:2020,NISS,Versa SV w/Continuously Variable Transmission\|Insured:ISRAEL,VALENCIA VAZQUEZ\|LossDate:10/09/2025\|PolicyNumber:10197140601\|ClaimRepresentative:CABELL\|ShopName:MOSS COLLISION SAN BERNARDINO\|Claimant:ISRAEL,VALENCIA VAZQUEZ\|VIN: InsuranceCompany:INFINITY INSURANCE COMPANY\|InsuredIsOwner:Y\|Estimator:JUSTIN,WILLIAMS\| |
| Photo Location | : MOSS COLLISION SAN BERNARDINO |
| Photo Taken By | : JUSTIN WILLIAMS |
| Estimate Indicator | : E01 |




| | |
|---|---|
| Claim Reference Id | : 2512370885101 |
| File Name | : PHOTO9 |
| File Date | : 10/24/2025 |
| Label | : Odometer |
| Note | : Owner:ISRAEL,VALENCIA VAZQUEZ\|Style:2020,NISS,Versa SV w/Continuously Variable Transmission\|Insured:ISRAEL,VALENCIA VAZQUEZ\|LossDate:10/09/2025\|PolicyNumber:10197140601\|ClaimRepresentative:CABELL\|ShopName:MOSS COLLISION SAN BERNARDINO\|Claimant:ISRAEL,VALENCIA VAZQUEZ\|VIN: nsuranceCompany:INFINITY INSURANCE COMPANY\|InsuredIsOwner:Y\|Estimator:JUSTIN,WILLIAMS\| |
| Photo Location | : MOSS COLLISION SAN BERNARDINO |
| Photo Taken By | : JUSTIN WILLIAMS |
| Estimate Indicator | : E01 |