



Interinsurance Exchange of the Automobile Club

Send any correspondence to:
ClaimsDocuments@ace.aaa.com
PO Box 9023 T220, Coppell, TX 75019

November 12, 2025

INITIAL DEMAND

RIALTO CITY CLERK'S OFFICE
150 S PALM AVE
RIALTO CA 92376-6406

RE: Insured : Juan Travieso
Claimant Name : Jared KISSELOVICH
Claim Number : 017456658
Date of Loss : 08/06/2025
Type of Loss : Auto

CITY OF RIALTO
2025 NOV 20 AM 8:53
RECEIVED
CITY CLERK

Dear Rialto City Clerk'S Office:

The Interinsurance Exchange of the Automobile Club has a claim against your insured resulting from the loss that has occurred on the above date. The claim consists of:

RENT - Rental	\$140.00
COLL - Uninsured Deductible	\$1946.20
Waiver	
TOTAL DUE	\$2086.20

Enclosed are the necessary documents to support our subrogation claim:

- Estimate(s)
- Photos
- Proof of payment(s)
- Rental invoice(s)
- Police report
- Claim Form

To ensure timely and prompt credit to the claim, please note our Claim Number and Date of Loss on your payment, and forward to:

Interinsurance Exchange of the Automobile Club
017456658
Corporate Cashiering, Mail Stop A118,
PO Box 25024
Santa Ana, CA 92799

Should you have any questions or need additional information regarding this matter, do not hesitate to contact the undersigned.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Sharon McCallister
Claims Service Representative 3 - Subro
Phone No: 469-221-2454
Fax No: 972-630-7592



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
RECEIVED
2025 NOV 20 AM 8:55
CITY CLERK

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:

Inter Exch of Auto Club A/S/O Juan Travieso 017456658

 FULL NAME
 PO BX 25024 SANTA ANA CA 92799

 HOME ADDRESS INCLUDING CITY, STATE & ZIP
 PO BX 25024 SANTA ANA CA 92799

 BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP
 ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
 NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
 (if different from home address provided above): _____

DATE OF BIRTH
 ()
 HOME TELEPHONE NO.
 (469-) 221-2454
 BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 8/6/2025 TIME: 9:28 AM ☒ 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.

Intersection of Foothill Blvd and Riverside Ave (west), Rialto

3. HOW DID DAMAGE OR INJURY OCCUR?

IEAC (2015 Ford Explorer) driven by Juan Travieso was stopped at the red light when Officer Jared Kisselovich
(2020 Ford Explorer, plate rear ended IEAC

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.

Officer Jared Kisselovich did not maintain proper lookout and failed to maintain control of vehicle

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 2086.20

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

DAMAGES INCURRED TO DATE:

Item/Date:	<u>DAMAGES / REPAIRS PER ESTIMATE</u>	Amount: \$ <u>1946.20</u>
Item/Date:	<u>RENTAL</u>	Amount: \$ <u>140.00</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 2086.20

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount: \$ 0.00

Item/Date: _____

Amount: \$ 0.00

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 0.00

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: JUAN TRAVIESO

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

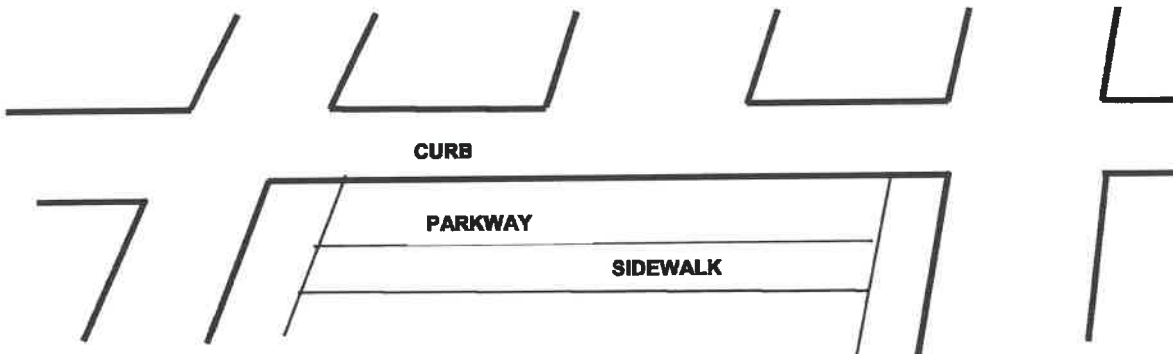
DATE: _____ TIME: _____ ☐ AM ☐ PM

9. PLEASE READ 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.

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

Sharon McCallister

SIGNATURE OF CLAIMANT OR AGENT

Sharon McCallister

11/12/2025

TYPE OR PRINT NAME

DATE

Subrogation Claims Representative IEAC/AAA

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



Financials (Total Incurred: \$2,086.20): Checks

Check Number	Pay To	Net Amount	Issue Date	Scheduled Send Date	Status	Bulk Invoice
101125592	GERBER COLLISION & GLASS - BANNING	\$1,946.20	11/07/2025	11/06/2025	Cleared	
101127628	Enterprise Rent A Car	\$140.00	11/12/2025	11/10/2025	Cleared	

DATE: 08/08/2025

TIME: 08:00

FILE: 00000

REPORT TO: 00000

REPORT BY: 00000

OPINIONS AND CONCLUSIONS

SUMMARY: P-2 was stopped in the northeast third southeast turn of Eastside Ave west of Riverside Ave for a red traffic signal. P-1 was stopped behind P-2. P-2 released the brake and P-1 rear ended P-2.

AREA OF IMPACT:

Due to the lack of roadway evidence I was unable to determine the AOR.

CAUSE: Based on the evidence observed, it is my opinion that Party-1 caused the collision by being in violation of VC 23150.

RECOMMENDATIONS

None

PREPARED BY:
LOPEZ, MATTHEW 02065

FILE NUMBER:
02065

DATE: 08/08/2025

DO NOT WRITE ABOVE
BAGDA, JUSTIN 00000
IDENTICAL COPY 08/18/2025
RESTRICTED COPY 08/18/2025
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPT
RELEASED TO JUAN TRAVESE 08/18/2025

REPORT NUMBER: 0224 DATE: 09/14/2021
OFFICER: [blank] DIVISION: [blank]

FACTS:

NOTIFICATION: I was dispatched to a call of a non-injury collision at 0917 hours. I responded from 429 W. Bialto Ave and arrived on scene at 0925 hours. All times, speeds and measurements in this investigation are approximate. Measurements were taken by estimation, except where otherwise indicated.

SCENE: At the scene of this collision, FOOTHILL BLVD is eastbound/southbound city street consisting of three marked lanes each way. The roadway is straight and level. The surface is composed primarily of asphalt. FOOTHILL BLVD is intersected by RIVERSIDE AVE (W). RIVERSIDE AVE (W) is a northbound/southbound city street consisting of two marked lanes each way. The roadway is straight and level. The surface is composed primarily of asphalt. The intersection is signal controlled. See diagram.

PARTIES:

Party #1 (Kisselovich) was located on scene. Party 1 was identified by a valid CA driver's license. Kisselovich was placed as a party by the following items. His statement as to driving Vehicle #1.

FORD EXPLORER: Driver #1's vehicle, was located on its wheels.

Party #2 (Travieso) was located on scene. Party 2 was identified by a valid CA driver's license. Travieso was placed as a party by the following items. His statement as to driving Vehicle #2.

FORD EXPLORER: Driver #2's vehicle, was located on its wheels.

STATEMENTS:

Party-1 (Kisselovich, Jared) stated he was driving east on Foothill Blvd in the number three lane approaching Riverside Ave. P-1 stated he came to a stop behind P-2. P-1 stated he was stopped he was talking with Passenger 1 and his foot came off the brake which resulted in Vehicle 1 moving forward and rear ending P-2.

Party-2 (Travieso, Juan) stated he was stopped and felt his vehicle get bumped from behind. P-2 stated he saw it was a police vehicle but did not see the emergency lights activated. After realizing a collision had occurred, P-2 stated he turned into the parking lot and met with P-1 to exchange information. P-2 informed P-1 no damage was caused as a result of the collision. I asked P-2 if there was any new damage and he stated there was not and all the damage to the vehicle was old.

Passenger (Villalvazo, Hector) seated in Position 3 in vehicle 1 stated he was looking at the MDC in Vehicle 1 and reading the call when P-1 rear ended P-2.

PREPARED BY: LOPEZ, MATTHEW 02245
NO. 02245
DATE: 09/14/2021
APPROVED BY: BREEN, JUSTIN 02185
CENTRAL COPY: 09/14/2021
RESTRICTED TO 4142-8742
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPT.
RELEASED TO JUAN TRAVIESO 09/20/21



LOPEZ, MATTHEW C3061

92005

WD CAS FAX
08/06/2023

REPORTING NAME
BREEN, JUSTIN
DOB

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2008 BY 60322
NOT FOR THIRD PARTY RELEASE
THE RIAL TO POLICE DEPT
RELEASED TO JUAN TRAYESO 08/30/28

UNITED STATES DEPARTMENT OF JUSTICE
 FEDERAL BUREAU OF INVESTIGATION
 FORM NO. 104 (Rev. 1-25-60)
 Page 1 of 1

NAME (Last, first, middle initial)
 LAST FIRST MIDDLE INITIAL
 SUFFIX
 ADDRESS (Street, city, state, and zip)
 STREET CITY STATE ZIP
 TELEPHONE (Area code, number)
 AREA CODE NUMBER
 OCCUPATION (Employer, position)
 EMPLOYER POSITION
 DATE OF BIRTH (Month, day, year)
 MONTH DAY YEAR
 SEX (M, F)
 SEX
 RACE (White, Negro, American Indian, Alaska Native, Hawaiian, Other)
 RACE
 HEIGHT (Feet, inches)
 FEET INCHES
 WEIGHT (Pounds)
 POUNDS
 EYES (Blue, Brown, Green, Gray, Other)
 EYES
 HAIR (Black, Brown, Blond, Red, Other)
 HAIR
 COMPLEXION (Fair, Ruddy, Olive, Other)
 COMPLEXION
 MARKS (Scars, moles, etc.)
 MARKS
 SIGNATURE (Printed name)
 SIGNATURE
 DATE (Month, day, year)
 MONTH DAY YEAR

LOPEZ, MATTHEW EMMERSON
 2260
 19661205
 WHITE, AMERICAN
 5'10", 160 lbs
 BROWN, BROWN
 19661205

NOT FOR PUBLICATION
 NOT FOR PUBLICATION
 NOT FOR PUBLICATION

REGULAR CONCENTRATIONS

Page 1 of 6

Page 1 of 8

ON-DUTY EMERGENCY VEHICLE

LOCATION

COLLISION OCCURRED ON
FOOTHILL BLVD
 MEET/POST INFORMATION
 FEET OF RIVERSIDE AVE (W)
☒ AT INTERSECTION WITH
☐ OR

DRIVER 1
 DRIVER'S LICENSE NUMBER [REDACTED] STATE CA CLASS C AIR BAG M SAFETY EQUIP G
 NAME (FIRST, MIDDLE, LAST) **JARED MICHAEL KOSILOVICH**
 STREET ADDRESS **128 N WILLOW AVE**
 CITY / STATE / ZIP **RIALTO / CA / 92376**
 SEX M HUSB EYES BROWN HEIGHT 510 WEIGHT 160 BIRTH DATE [REDACTED] RACE W
 HOME PHONE [REDACTED] BUSINESS PHONE [REDACTED]
 INSURANCE CARRIER [REDACTED] POLICY NUMBER [REDACTED]
 CITY INSURED [REDACTED]
 DIR OF TRAVEL EAST ON STREET OR HIGHWAY SPEED LIMIT 40
FOOTHILL BLVD

DRIVER 2
 DRIVER'S LICENSE NUMBER [REDACTED] STATE CA CLASS C AIR BAG M SAFETY EQUIP G
 NAME (FIRST, MIDDLE, LAST) **JUAN ANTONIO TRAMESO**
 STREET ADDRESS **P.O. Box 24**
 CITY / STATE / ZIP **FOREST FALLS / CA / 92335**
 SEX M HUSB EYES BROWN HEIGHT 504 WEIGHT 170 BIRTH DATE [REDACTED] RACE W
 HOME PHONE [REDACTED] BUSINESS PHONE [REDACTED]
 INSURANCE CARRIER AAA POLICY NUMBER [REDACTED]
 DIR OF TRAVEL EAST ON STREET OR HIGHWAY SPEED LIMIT 40
FOOTHILL BLVD

DRIVER 3
 DRIVER'S LICENSE NUMBER [REDACTED] STATE CA CLASS C AIR BAG M SAFETY EQUIP G
 NAME (FIRST, MIDDLE, LAST) [REDACTED]
 STREET ADDRESS [REDACTED]
 CITY / STATE / ZIP [REDACTED]
 SEX M HUSB EYES [REDACTED] HEIGHT [REDACTED] WEIGHT [REDACTED] BIRTH DATE [REDACTED] RACE [REDACTED]
 HOME PHONE [REDACTED] BUSINESS PHONE [REDACTED]
 INSURANCE CARRIER [REDACTED] POLICY NUMBER [REDACTED]
 DIR OF TRAVEL [REDACTED] ON STREET OR HIGHWAY SPEED LIMIT [REDACTED]

REPORTING OFFICER
 NAME / RANK / TITLE / DIVISION / COUNTY / DISPATCH NUMBER
Patricia Superior Court 922090287
 DIVISION 4 DISPATCH NUMBER 9220
 DATE / TIME / DAY / MONTH / YEAR
08/08/2015 0928 Wednesday
 OFFICER'S SIGNATURE [REDACTED]
 OFFICER'S NAME **M. LOPEZ**

VEHICLE 1
 YEAR 2010 MAKE / MODEL / COLOR **FORD EXPLORER BLACK** LICENSE NUMBER [REDACTED] STATE CA
 OWNER'S NAME [REDACTED] SAME AS DRIVER
 CITY OF RIALTO
 OWNER'S ADDRESS [REDACTED] SAME AS DRIVER
 DISPOSITION OF VEHICLE ON OCCASION OF ☐ OFFICER ☒ DRIVER ☐ OTHER
 Drivable
 PRIOR MECHANICAL DEFECTS ☒ NONE APPARENT ☐ REFER TO NARRATIVE
 VEHICLE IDENTIFICATION NUMBER [REDACTED]
 VEHICLE TYPE DESCRIBE VEHICLE DAMAGE
☐ DENT ☒ NONE ☐ BUMP ☐ SCRATCH
☐ WOOD ☐ MAJOR ☐ ROLL-OVER
 CA 07 DOT
 CA 07 TOPEND SCORCH
 (Stamp: Wreck Car, Road Closure)

VEHICLE 2
 YEAR 2010 MAKE / MODEL / COLOR **FORD EXPLORER BLACK** LICENSE NUMBER 7TP5881 STATE CA
 OWNER'S NAME [REDACTED] SAME AS DRIVER
 JUAN ANTONIO TRAMESO
 OWNER'S ADDRESS [REDACTED] SAME AS DRIVER
 FOREST FALLS, CA 92335
 DISPOSITION OF VEHICLE ON OCCASION OF ☐ OFFICER ☒ DRIVER ☐ OTHER
 Drivable
 PRIOR MECHANICAL DEFECTS ☒ NONE APPARENT ☐ REFER TO NARRATIVE
 VEHICLE IDENTIFICATION NUMBER [REDACTED]
 VEHICLE TYPE DESCRIBE VEHICLE DAMAGE
☐ DENT ☒ NONE ☐ BUMP ☐ SCRATCH
☐ WOOD ☐ MAJOR ☐ ROLL-OVER
 CA 07 DOT
 CA 07 TOPEND SCORCH
 (Stamp: Rear Camera)

REVIEWER'S NAME
LOPEZ, MATTHEW 92545
 DISPATCH NOTIFIED ☐ YES ☐ NO ☒ N/A
10:00 AM
CONFIDENTIAL COPY
RESTRICTED TO POLICE DEPT.
NOT FOR THIRD PARTY RELEASE
DATE RELEASED 08/10/2015

11.2 GERBER Collision Monday
W 5th + RAMSEY ST IN BANNING

CONFIDENTIAL COPY
RESTRICTED COPY
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPT.
RELEASED TO JUAN TRAVIESO 05/00/25



AAA AUTO CLUB ENTERPRISES Invoice

11/12/25

Customer

TRAVIESO, JUAN
ACE
017456658-R-3190

File Owner
Rental Agreement #
Reservation #

MADRID, VIVIANA
187QZT
WCGZ9T

Payment

Make Payment To:

ENTERPRISE RENT-A-CAR
P.O. BOX 840086
KANSAS CITY, MO 64184-0086
Federal ID: 43-0724835

CHARGE

AMOUNT

Amount due

\$140.00

Overview

INVOICE DETAILS

Invoice Number:
Invoice Date:

32J8D187QZT
November 8th, 2025

RENTAL BRANCH

BANNING (32J8)
2822 WEST RAMSEY STE B
BANNING, CA 92220
(951) 922-0515

Policy Holder:
Address:

TRAVIESO, JUAN
....1 ISLAND....
.....,

Phone Number:

MOBILE:9410
HOME:2049
T.....N@GMAIL.COM

Email:
Claim Type:
Vehicle Condition:
Date of Loss:

INSURED
DRIVEABLE
August 6th, 2025

AUTHORIZATION DETAILS

Daily Max / Policy Max: **\$35.00 / \$1,050.00**
Billed Days: **4**
Rate:
Direct Bill%: **100%**
Billed Amount: **\$140.00**

017456658-R-3190

Rented Vehicles

Effective Date and Time	Class Year Make Model VIN	Start Mileage	End Mileage	Mileage	Rate per day
11/03/2025, 12:26 PM	2025 CHEV EQUI	28049	28576	527	\$40.00



Rental Charges

Rental Period: 11/03/2025 to 11/06/2025 (4 days)

Billed Period: 11/03/2025 to 11/06/2025 (4 days)

Products and Services	Rate	Amount
4 DAILY RENTAL RATE	\$30.97	\$123.87
Taxes and Surcharges	Rate	Amount
4 VEHICLE LICENSE FEE	\$1.63	\$6.53
1 SALES TAX	7.75%	\$9.60
Direct Bill Percent:		100%
Amount due:		\$140.00

REPAIR FACILITY

GERBER-BANNING

BANNING, CA 92220

Additional Information

PD LIMITS

Escalated Y/N?

Policy Max Date

Date Escalated

External Id

58300

Office Code

Gerber Collision & Glass - Banning

Highly Wreck - ommended!
2609 W Ramsey St, Unit B, Banning, CA 92220
Phone: (951) 849-0070

Workfile ID: 6918ddb7
Federal ID: 51-0394062
State ID: 4540449
Federal EPA: N/A
State EPA: N/A
BAR: 308919

Supplement of Record 1 with Summary

RO Number: 1900913091

Written By: Crystal Aceves, 11/6/2025 3:31:26 PM
Adjuster: MADRID, VIVIANA, (951) 369-4431 Business

Insured: TRAVIESO, JUAN
Type of Loss: Collision
Point of Impact: 06 Rear

Policy #:
Date of Loss: 8/6/2025 9:28 AM

Claim #: 017456658-I-3190
Days to Repair: 0

Owner:
TRAVIESO, JUAN

Inspection Location:
Gerber Collision & Glass - Banning
2609 W Ramsey St, Unit B
Banning, CA 92220
Repair Facility
(951) 849-0070 Business

Insurance Company:
AUTO CLUB ENTERPRISES
AUTO CLUB OF SOUTHERN CALIFORNIA MPR
COSTA MESA

VEHICLE

2015 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI Black

VIN:	Interior Color:	Mileage In: 281,414	Vehicle Out: 11/6/2025
License:	Exterior Color: Black	Mileage Out: 281,415	
State: CA	Production Date:	Condition:	Job #: Ramiro

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
Power Passenger Seat

DECOR

Dual Mirrors
Privacy Glass
Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Dual Air Condition
Parking Sensors

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Auxiliary Audio Connection
Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags

Head/Curtain Air Bags

Hands Free Device

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats
3rd Row Seat

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Rear Spoiler
Signal Integrated Mirrors
California Emissions

Supplement of Record 1 with Summary

RO Number: 1900913091

2015 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI Black

Line		Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	S01	Final Bill		1			
2	QUARTER PANEL							
3	*	S01	R&I RT Wheel opng mldg				<u>0.2</u>	
			Note: LOOSEN ONLY FOR BUMPER R&I					
4	*	S01	R&I LT Wheel opng mldg				<u>0.2</u>	
			Note: LOOSEN ONLY FOR BUMPER R&					
5	REAR LAMPS							
6		R&I	LT Tail lamp assy w/level 2				0.3	
7		R&I	RT Tail lamp assy w/level 3				0.3	
8	REAR BUMPER							
9		R&I	R&I bumper cover				Incl.	
10	* <>	Rpr	Upper cover				<u>4.0</u>	2.4
11			Add for Clear Coat					1.0
12	#	Refn	Basecoat reduction					-0.3
13		S01	Repl Add for reverse sens		3		0.4	
14	**	S01	Repl Non OEM RT Absorber clip	W705436S300	4	7.40		
15	**	S01	Repl Non OEM CAPA Lower cover w/park sensors	BB5Z17F828CA	1	363.00	1.8	
16		S01	Add for reverse sens				0.4	
17	**	S01	Repl Non OEM LT Absorber clip	W705436S300	4	7.40		
18	**	S01	Repl Non OEM LT Lower cover rivet	W702852S300	4	<u>4.40</u>		
19	*	S01	R&I RT Reflector				<u>Incl.</u>	
20	*	S01	R&I LT Reflector				<u>Incl.</u>	
21	**	S01	Repl Non OEM RT Lower cover rivet	W702852S300	4	<u>4.40</u>		
22	VEHICLE DIAGNOSTICS							
23	*	Rpr	Pre-repair scan				m <u>0.5</u>	M
24	*	Rpr	Post-repair scan				m <u>0.5</u>	M
25	*	S01	Subl <u>Calibrate park assist sensor</u>		1	<u>450.00</u>	X m	
			Note: Please Read! The rear active parking aid sonar system (location: extreme outer left & right of bumper cover) requires an azimuth verification check after rear parking sensor removal or replacement. ADAS targets are required for system verification.					
26	*	S01	Subl <u>DRIVE OE</u>		1	<u>135.00</u>	X m	
27	*	S01	Subl OEM access fee		1	<u>15.00</u>	X m	
28	MISCELLANEOUS OPERATIONS							
29	**		Non OEM Color tint		1		0.5	
30	#		Cover Car		1	5.00	T	0.2
31	#		Cover Car for Primer		1	5.00	T	<u>Incl.</u>
32	#	Repl	Flex Additive		1	2.50	T	
33	#		Hazardous Waste		1	5.00	X	
34	#	S01	Check seat belt		1		0.2	
			Note: Please Read! Seatbelts must be inspected after a collision to ensure passenger safety even if the airbags have not deployed.					
SUBTOTALS						1,004.10	9.5	3.1

Supplement of Record 1 with Summary

RO Number: 1900913091

2015 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI Black

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				386.60
Body Labor	8.5 hrs	@	\$ 57.00 /hr	484.50
Paint Labor	3.1 hrs	@	\$ 57.00 /hr	176.70
Mechanical Labor	1.0 hrs	@	\$ 103.00 /hr	103.00
Paint	3.1 hrs	@	\$ 44.00 /hr	136.40
Miscellaneous				617.50
Subtotal				1,904.70
Sales Tax	\$ 535.50	@	7,7500 %	41.50
Grand Total				1,946.20
Deductible				0.00
CUSTOMER PAY				0.00
INSURANCE PAY				1,946.20

Supplement of Record 1 with Summary

RO Number: 1900913091

2015 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI Black

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Changed Items							
13	Repl	Add for reverse sens		1		-0.4	
13	S01 Repl	Add for reverse sens		3		0.4	
Deleted Items							
1	LIFT GATE						
2	R&I	Lower trim panel w/o power lift gate charcoal				-0.4	
3	Repl	Rear molding w/o Police Interceptor w/o SPORT, w/camera, chrome	EB5Z13B482BA	1	-971.07	-0.3	
8		O/H rear bumper				-2.1	
14	*	Rpr Lower cover w/park sensors				-2.0	
15	*	R&I Lower cover w/park sensors				Incl.	
Added Items							
1	#	S01 Final Bill		1			
2	QUARTER PANEL						
3	*	S01 R&I RT Wheel opng mldg				0.2	
		NOTE: LOOSEN ONLY FOR BUMPER R&I					
4	*	S01 R&I LT Wheel opng mldg				0.2	
		NOTE: LOOSEN ONLY FOR BUMPER R&					
14	**	S01 Repl Non OEM RT Absorber clip	W705436S300	4	7.40		
15	**	S01 Repl Non OEM CAPA Lower cover w/park sensors	BB5Z17F828CA	1	363.00	1.8	
16		S01 Add for reverse sens				0.4	
17	**	S01 Repl Non OEM LT Absorber clip	W705436S300	4	7.40		
18	**	S01 Repl Non OEM LT Lower cover rivet	W702852S300	4	4.40		
19	*	S01 R&I RT Reflector				Incl.	
20	*	S01 R&I LT Reflector				Incl.	
21	**	S01 Repl Non OEM RT Lower cover rivet	W702852S300	4	4.40		
25	*	S01 Subl <u>Calibrate park assist sensor</u>		1	450.00	X m	
		NOTE: Please Read! The rear active parking aid sonar system (location: extreme outer left & right of bumper cover) requires an azimuth verification check after rear parking sensor removal or replacement. ADAS targets are required for system verification.					
26	*	S01 Subl <u>DRIVE OE</u>		1	135.00	X m	
27	*	S01 Subl OEM access fee		1	15.00	X m	
34	#	S01 Check seat belt		1		0.2	
		NOTE: Please Read! Seatbelts must be inspected after a collision to ensure passenger safety even if the airbags have not deployed.					
SUBTOTALS					15.53	-2.0	0.0

CHANGES TO ADJUSTMENTS

Supplement of Record 1 with Summary

RO Number: 1900913091

2015 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI Black

Deductible \$ 1,000.00 to \$ 0.00

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			-584.47
Body Labor	-2.0 hrs @	\$ 57.00 /hr	-114.00
Miscellaneous			600.00
Subtotal			-98.47
Sales Tax	\$ -584.47 @	7.7500 %	-45.30
Total Supplement Amount			-143.77
Additional Deductible Amount			-1,000.00
Supplement Adjustments			-1,000.00
NET COST OF SUPPLEMENT			856.23

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	2,089.97	Crystal Aceves
Supplement S01	-143.77	Crystal Aceves
Job Total:	\$ 1,946.20	
INSURANCE PAY:	\$ 1,946.20	

"CUSTOMER HAS BEEN PROVIDED A COPY OF THE ESTIMATE AND THE AAA MEMBER PREFERRED REPAIRS BROCHURE "

RO Number: 1900913091

2015 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI Black

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 [IE..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.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE PARTS, RATHER THAN BY THE ORIGINAL MANUFACTURER OF YOUR VEHICLE.

RO Number: 1900913091

2015 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI Black

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 DR2MF11, CCC Data Date 10/09/2025, 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.

Supplement of Record 1 with Summary

RO Number: 1900913091

2015 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI Black

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
14	Kent Automotive 8770 W. BRYN MAWR CHICAGO IL 60631 (888) 937-5368 (999) 999-9999	#KT14001 Non OEM RT Absorber clip	\$ 1.85
15	Keystone, Inc 15895 VALLEY BLVD, SUITE 100 FONTANA CA 92335 (800) 421-7866	#FO1115105PP Non OEM CAPA Lower cover w/park sensors Quote: 3203229662 Expires: 12/18/25	\$ 363.00
17	Kent Automotive 8770 W. BRYN MAWR CHICAGO IL 60631 (888) 937-5368 (999) 999-9999	#KT14001 Non OEM LT Absorber clip	\$ 1.85



Mobile Auto Solutions
2600 South 25th Avenue Suite T
Broadview, IL 60155

Gerber Collision & Glass - Banning
2609 W Ramsey St Unit B
Banning, CA 92220
(951) 849-0070

Invoice

Invoice Number: 975723
RO Number: 1900913091
Date: 11/6/2025 10:18 AM

Year: 2015
Make: Ford
Model: Explorer XLT 4WD
VIN:

Service	Amount \$ Labor	Rate \$	Hrs	Part	Qty	Each \$	Total \$
Active Parking Sensor Azimuth - Rear (L3 / L3A)							
Performed complete vehicle scan with Ford OEM software and attached results. Researched Rear Active Parking Sensor procedure. Measured and placed targets at specified locations. Executed static rear parking sensor distance and elevation check with Ford OEM software.							
	450.00						450.00
Subtotal \$							450.00
Taxes \$							0.00
Invoice Total \$							450.00

Technician Notes:

Thank you for your business



Damage Center

Claim Reference Id: 017456658-I-3190

File Name: PHOTO4

File Date: 10/27/2025

Label: Damage Center

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | C
laim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Damage Left

Claim Reference Id: 017456658-I-3190

File Name: PHOTO12

File Date: 10/27/2025

Label: Damage Left

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | C
laim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Damage Right

Claim Reference Id: 017456658-I-3190

File Name: PHOTO2

File Date: 10/27/2025

Label: Damage Right

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 |
Claim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Left QP

Claim Reference Id: 017456658-I-3190

File Name: PHOTO6

File Date: 10/27/2025

Label: Left QP

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | C
laim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Left Rear

Claim Reference Id: 017456658-I-3190

File Name: PHOTO3

File Date: 10/27/2025

Label: Left Rear

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | C
laim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Left Side

Claim Reference Id: 017456658-I-3190

File Name: PHOTO8

File Date: 10/27/2025

Label: Left Side

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | C
laim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



LT MOLDING (LOOSEN)

Claim Reference Id: 017456658-I-3190

File Name: PHOTO36

File Date: 11/03/2025

Label: LT MOLDING (LOOSEN)

**Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: Claim Representative**

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



MARKERS

Claim Reference Id: 017456658-I-3190

File Name: PHOTO28

File Date: 11/03/2025

Label: MARKERS

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: [REDACTED] Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



Odometer

Claim Reference Id: 017456658-I-3190

File Name: PHOTO16

File Date: 10/27/2025

Label: Odometer

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 |
Claim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Oil Change Sticker

Claim Reference Id: 017456658-I-3190

File Name: PHOTO10

File Date: 10/27/2025

Label: Oil Change Sticker

Note: Owner:JUAN,TRAVIESO|Style:2015,FORD,Explorer
XLT
4WD|Insured:JUAN,TRAVIESO|LossDate:08/06/2025|C
laimRepresentative:MADRID|ShopName:Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Photo 09

Claim Reference Id: 017456658-I-3190

File Name: PHOTO41

File Date: 11/03/2025

Label: Photo 09

**Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: Claim Representative**

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



Photo 10

Claim Reference Id: 017456658-I-3190

File Name: PHOTO34

File Date: 11/03/2025

Label: Photo 10

**Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: Claim Representative**

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



Photo 11

Claim Reference Id: 017456658-I-3190

File Name: PHOTO37

File Date: 11/03/2025

Label: Photo 11

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: Claim Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



Photo 12

Claim Reference Id: 017456658-I-3190

File Name: PHOTO29

File Date: 11/03/2025

Label: Photo 12

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: [REDACTED] Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



Photo 13

Claim Reference Id: 017456658-I-3190

File Name: PHOTO40

File Date: 11/03/2025

Label: Photo 13

**Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: [REDACTED] Representative**

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



Photo 16

Claim Reference Id: 017456658-I-3190

File Name: PHOTO44

File Date: 11/03/2025

Label: Photo 16

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: Claim Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



Photo 27

Claim Reference Id: 017456658-I-3190

File Name: PHOTO22

File Date: 11/03/2025

Label: Photo 27

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: [REDACTED] Claim Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



Photo 34

Claim Reference Id: 017456658-I-3190

File Name: PHOTO39

File Date: 11/03/2025

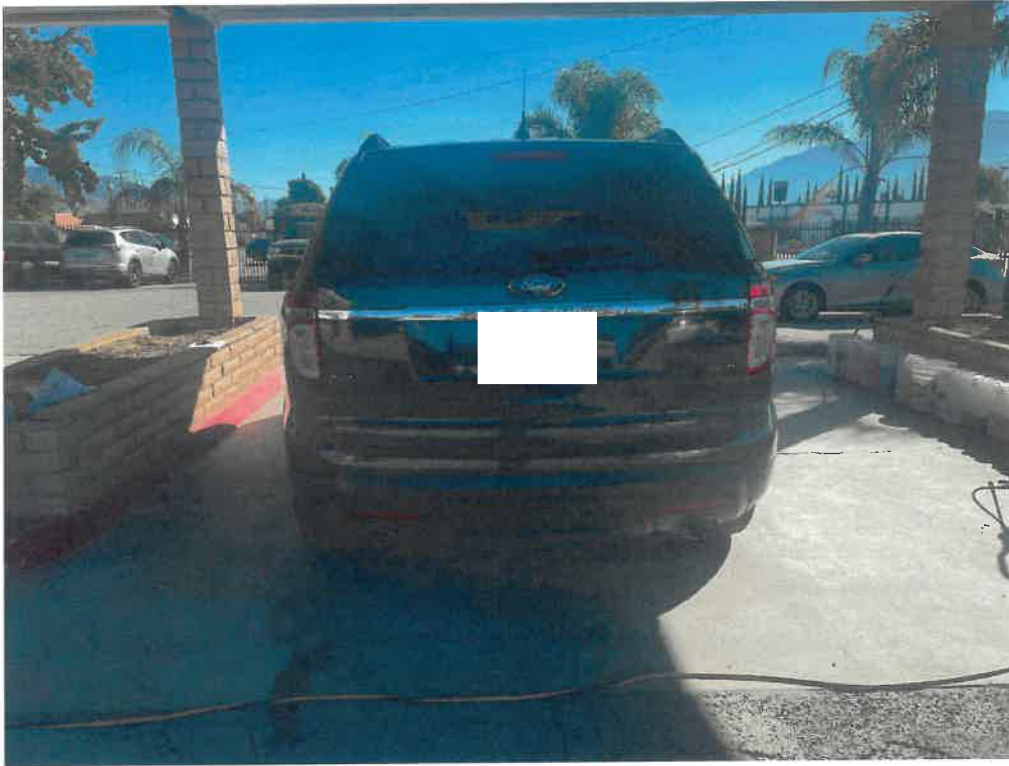
Label: Photo 34

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: aim Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



Rear

Claim Reference Id: 017456658-I-3190

File Name: PHOTO15

File Date: 10/27/2025

Label: Rear

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 |
Claim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Right Fender

Claim Reference Id: 017456658-I-3190

File Name: PHOTO11

File Date: 10/27/2025

Label: Right Fender

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | C
laim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Right Front

Claim Reference Id: 017456658-I-3190

File Name: PHOTO13

File Date: 10/27/2025

Label: Right Front

Note: Owner:JUAN,TRAVIESO|Style:2015,FORD,Explorer
XLT
4WD|Insured:JUAN,TRAVIESO|LossDate:08/06/2025|C
laimRepresentative:MADRID|ShopName:Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Right QP

Claim Reference Id: 017456658-I-3190

File Name: PHOTO18

File Date: 10/27/2025

Label: Right QP

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | C
laim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Right Rear

Claim Reference Id: 017456658-I-3190

File Name: PHOTO9

File Date: 10/27/2025

Label: Right Rear

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | C
laim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



Right Side

Claim Reference Id: 017456658-I-3190

File Name: PHOTO5

File Date: 10/27/2025

Label: Right Side

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | C
laim Representative: MADRID | Shop Name: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01



RT MOLDING (LOOSEN)

Claim Reference Id: 017456658-I-3190

File Name: PHOTO38

File Date: 11/03/2025

Label: RT MOLDING (LOOSEN)

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: Claim Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



TEXTURE BUMPER

Claim Reference Id: 017456658-I-3190

File Name: PHOTO25

File Date: 11/03/2025

Label: TEXTURE BUMPER

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | Policy Number: [REDACTED] Claim Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



TEXTURE BUMPER

Claim Reference Id: 017456658-I-3190

File Name: PHOTO26

File Date: 11/03/2025

Label: TEXTURE BUMPER

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: Claim Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



TEXTURE BUMPER

Claim Reference Id: 017456658-I-3190

File Name: PHOTO43

File Date: 11/03/2025

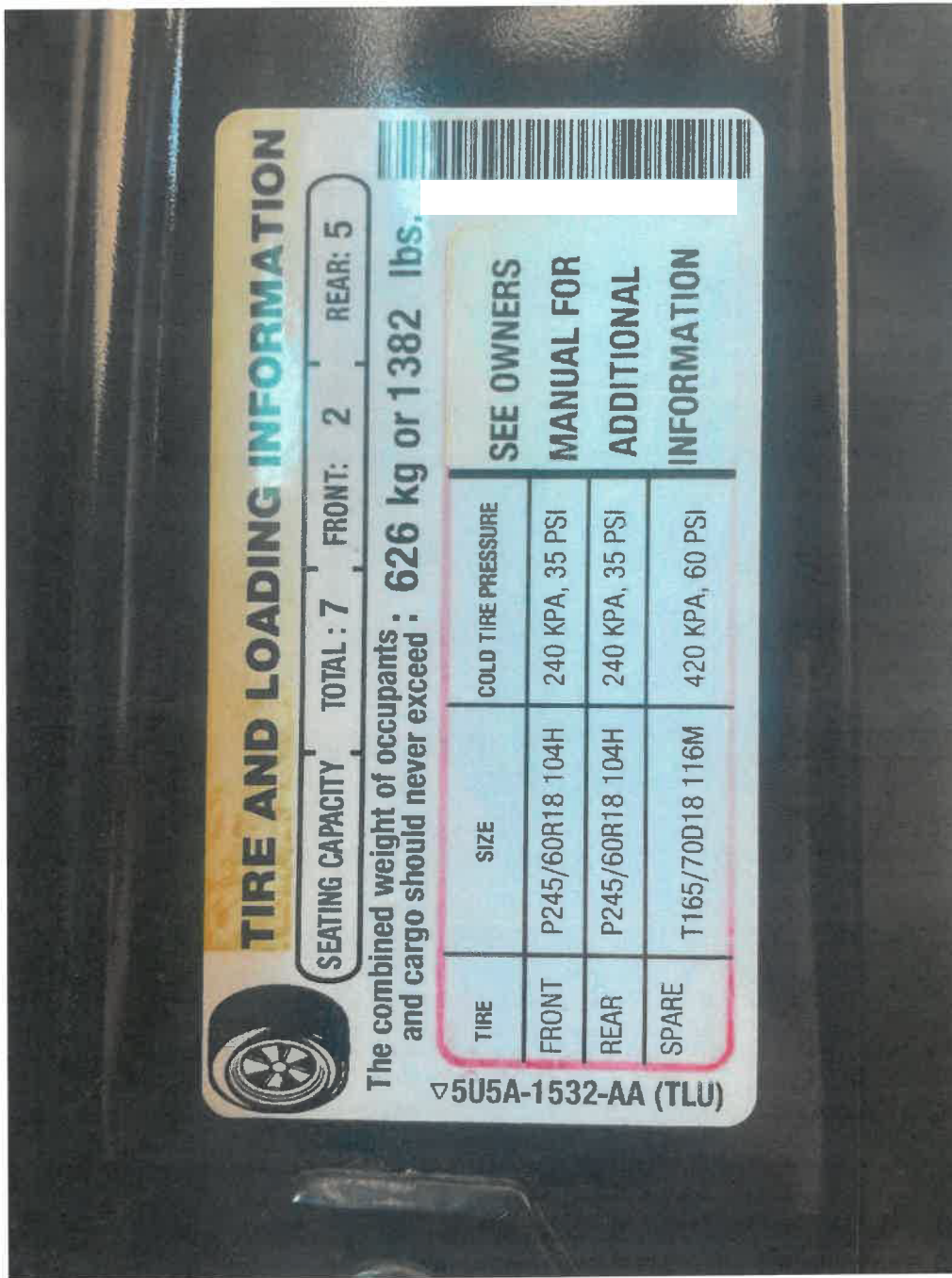
Label: TEXTURE BUMPER

Note: Owner: JUAN, TRAVIESO | Style: 2015, FORD, Explorer
XLT
4WD | Insured: JUAN, TRAVIESO | Loss Date: 08/06/2025 | P
olicy Number: [REDACTED] Claim Representative

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: S01



TIRE AND LOADING INFORMATION



SEATING CAPACITY TOTAL : 7 FRONT: 2 REAR: 5

The combined weight of occupants : 626 kg or 1382 lbs.
and cargo should never exceed :

▽5U5A-1532-AA (TLU)

SEE OWNERS MANUAL FOR ADDITIONAL INFORMATION		
TIRE	SIZE	COLD TIRE PRESSURE
FRONT	P245/60R18 104H	240 KPA, 35 PSI
REAR	P245/60R18 104H	240 KPA, 35 PSI
SPARE	T165/70D18 116M	420 KPA, 60 PSI

VIN Number

Claim Reference Id: 017456658-I-3190

File Name: PHOTO14

File Date: 10/27/2025

Label: VIN Number

Note: Owner: JUAN, TRAVIESO|Style: 2015, FORD, Explorer
XLT

4WD|Insured: JUAN, TRAVIESO|LossDate: 08/06/2025|C
laimRepresentative: MADRID|ShopName: Gerber Co

Photo Location: Gerber Collision & Glass - Banning

Photo Taken By: Crystal Aceves

Estimate Indicator: E01