



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2024 OCT 16 AM 11:50
RECEIVED
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:

Allstate aso Irma Gamboa

FULL NAME

n/a

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

()

HOME TELEPHONE NO.

PO Box 660636 Dallas, TX 75266

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

(972) 915-5920

BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):

PO Box 660636 Dallas, TX 75266

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 9/3/2024 TIME: 4:05 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.

348 S Riverside Ave Rialto, CA

3. HOW DID DAMAGE OR INJURY OCCUR?

Your driver Rolando Soto in Rialto Police vehicle hit our insured's parked vehicle causing damages.

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.

Your driver Rolando Soto in Rialto Police vehicle hit our insured's parked vehicle causing damages.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1,492.49

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

DAMAGES INCURRED TO DATE:

Item/Date: _____ Amount: \$ _____

Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1,492.49

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ _____

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

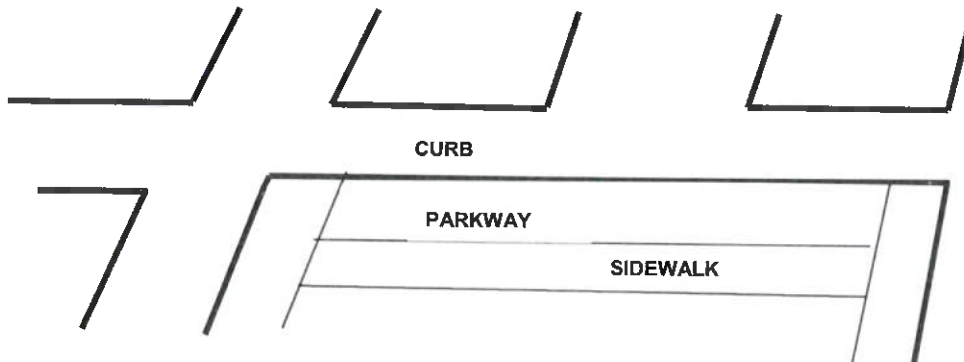
DATE: _____ TIME: _____ AM PM

9. PLEASE 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.



2024 OCT 16 AM 11:51
 RECEIVED
 CITY CLERK
 CITY OF RIALTO

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

Nicholas Murrell

TYPE OR PRINT NAME

9/13/2024

DATE

Insurance Representative

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



Allstate Northbrook Indemnity Company
 PO BOX 660636
 DALLAS TX 75266

CITY OF RIALTO
 2024 OCT 16 AM 11:51
 RECEIVED
 CITY CLERK

RIALTO POLICE DEPT
 150 S PALM AVE
 RIALTO CA 923766406

September 13, 2024

CLAIM NUMBER: 0767768922 G10
 DATE OF LOSS: September 03, 2024
 OUR INSURED: IRMA GAMBOA
 YOUR FILE NUMBER:
 YOUR INSURED: ROLANDO SOTO
 ADDRESS:

PHONE NUMBER: 972-915-5920
 FAX NUMBER: 866-447-4293
 OFFICE HOURS:

CITY STATE ZIP: , ,
 LOSS LOCATION: 348 S Riverside Ave, Rialto, , CA
 AMOUNT OF LOSS: \$1,492.49

Re: Subrogation Claim Notice

Dear RIALTO POLICE DEPT,

Our investigation indicates your insured was responsible for the loss referenced above.

Please accept this letter as notice of our subrogation claim. Enclosed, you will find copies of the supporting documents for which we are seeking reimbursement. To assist you in your review, the following is a breakdown of our subrogation demand:

Auto Damage (Company Paid):	\$492.49
Rental:	\$
Towing:	\$
Other:	\$
Deductible (Customer Paid):	\$1,000.00
Salvage Recovery:	\$
Insured Out of Pocket (please send directly to our Insured):	\$

Please forward your payment with our claim number to:

**Allstate Payment Processing Center
 P.O. BOX 650271
 Dallas, TX 75265 0271**

Be advised that any amounts received from you for less than the amount demanded will be considered an undisputed partial payment amount only, and we retain the right to pursue full payment.

We ask that you direct any future correspondence to the address listed at the top of this letter.

If corresponding by e-mail, please send to claims@claims.allstate.com and refer to the Allstate claim number on the subject line. Thank you.

Sincerely,

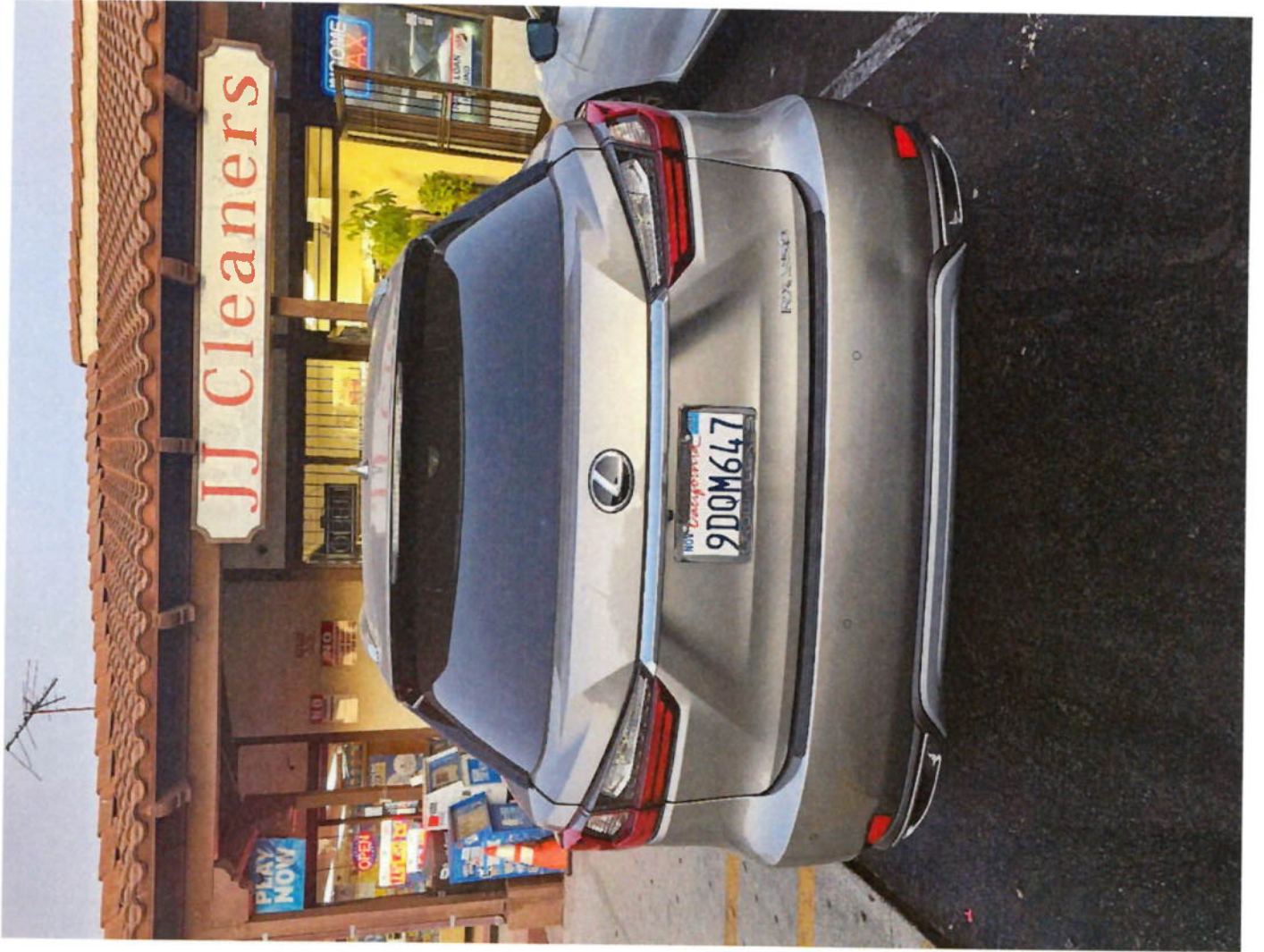
NICHOLAS MURRELL
972-915-5920
Allstate Northbrook Indemnity Company

Report Date: 09/13/2024

Payment Ledger

Policy Holder:	IRMA GAMBOA	Total Amount Paid	\$492.49
Participant:	IRMA GAMBOA	Medical Deductible:	\$0.00
Date of Loss:	09/03/2024	Co-payment Amount	\$0.00
Claim Number:	0767768922		

Payment/Credit Date	Payee/Payor	Check#		Amount
09/09/2024	IRMA GAMBOA	186835341	\$	492.49



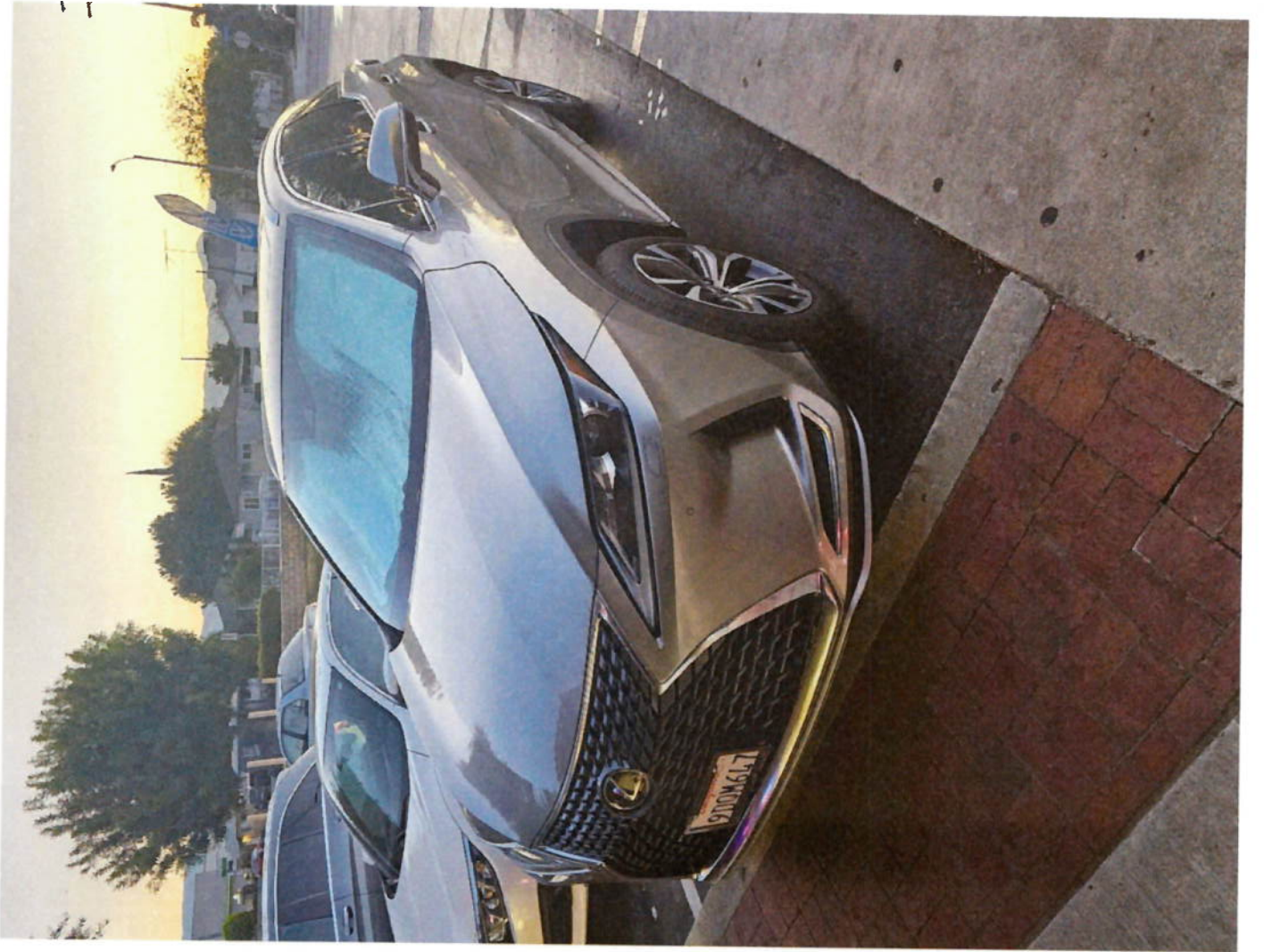


W:

men

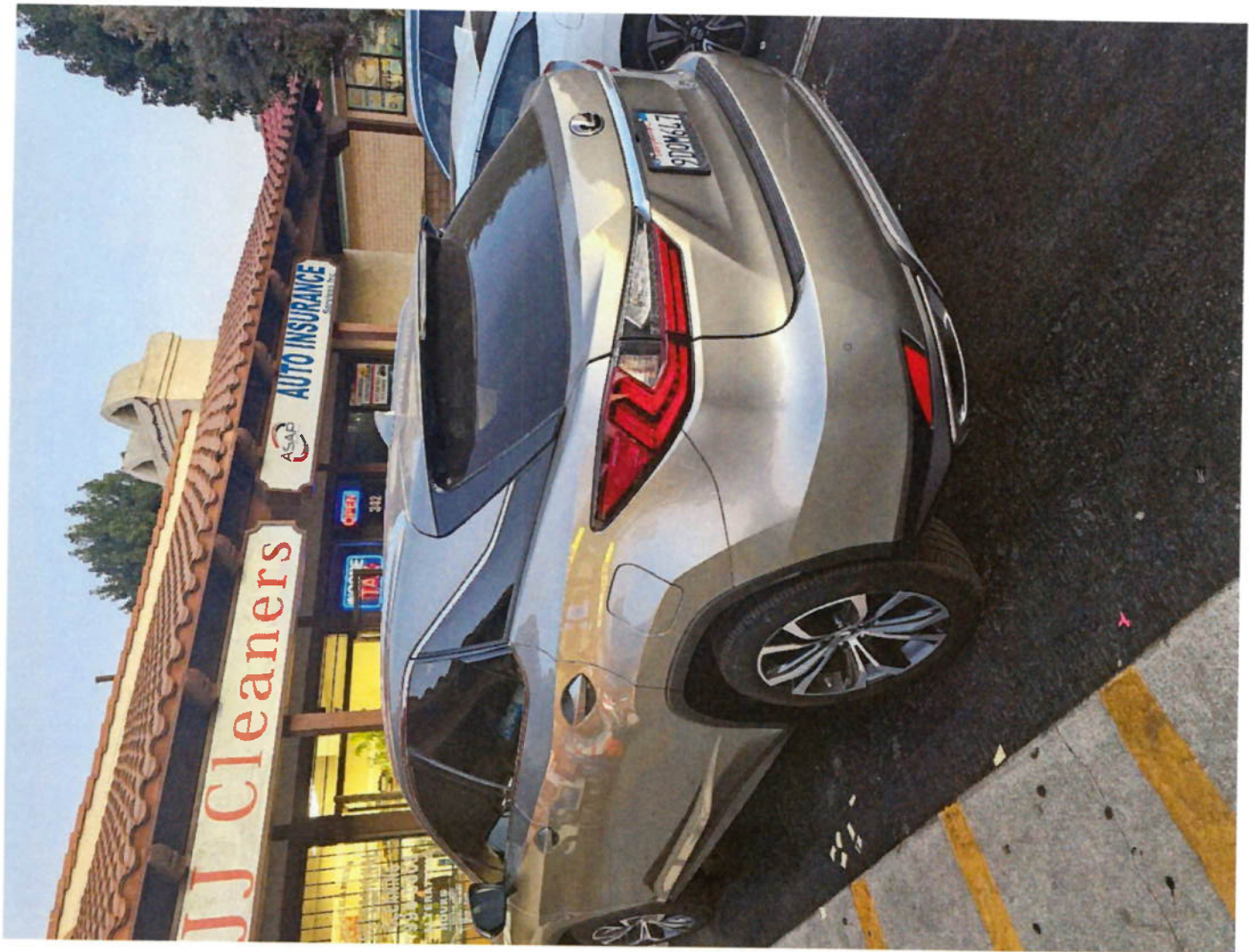
ODO

7413 miles









22 LEXUS

RX 350

BDR LUV

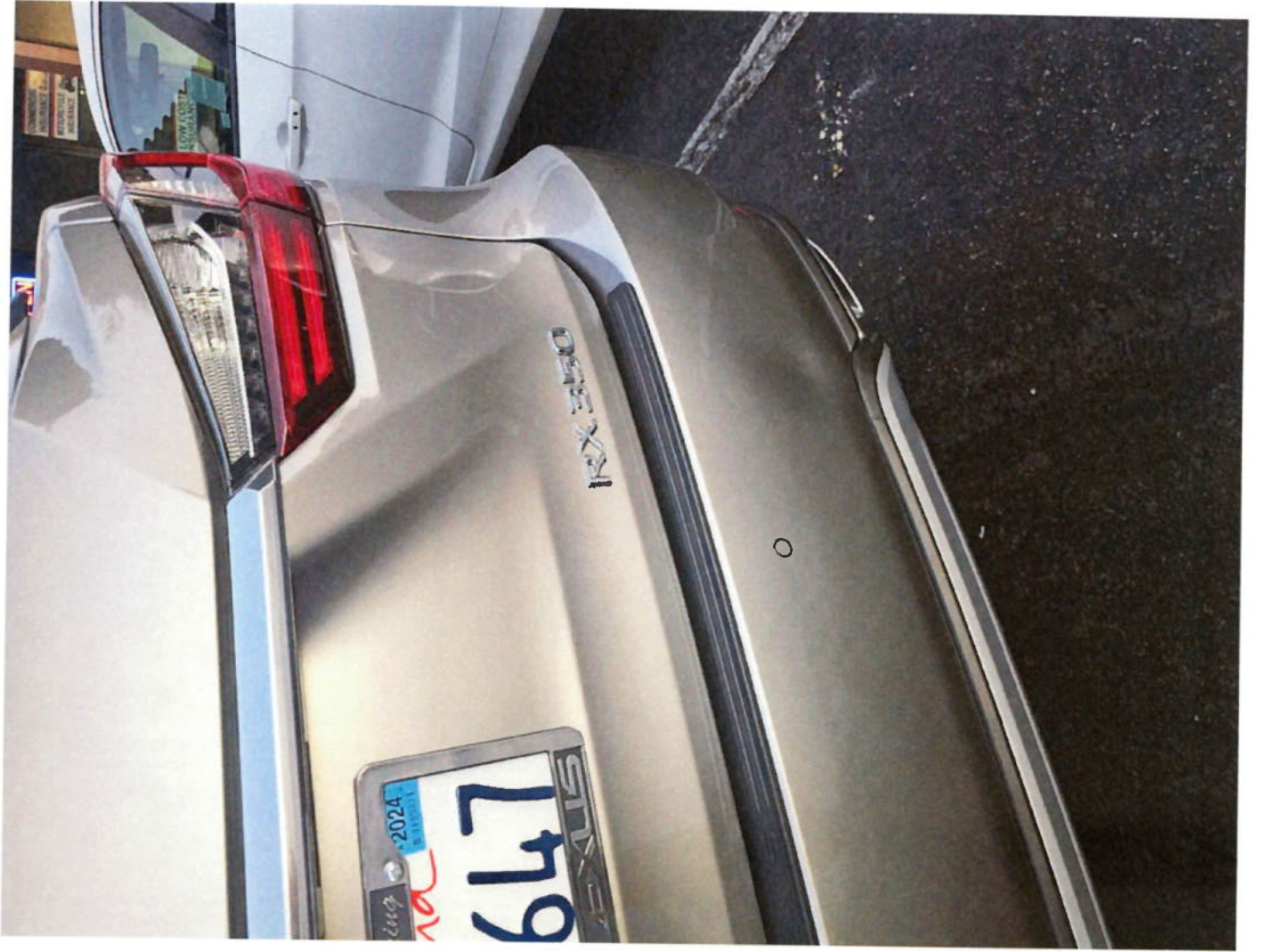


2T2HZMAA3NC258268

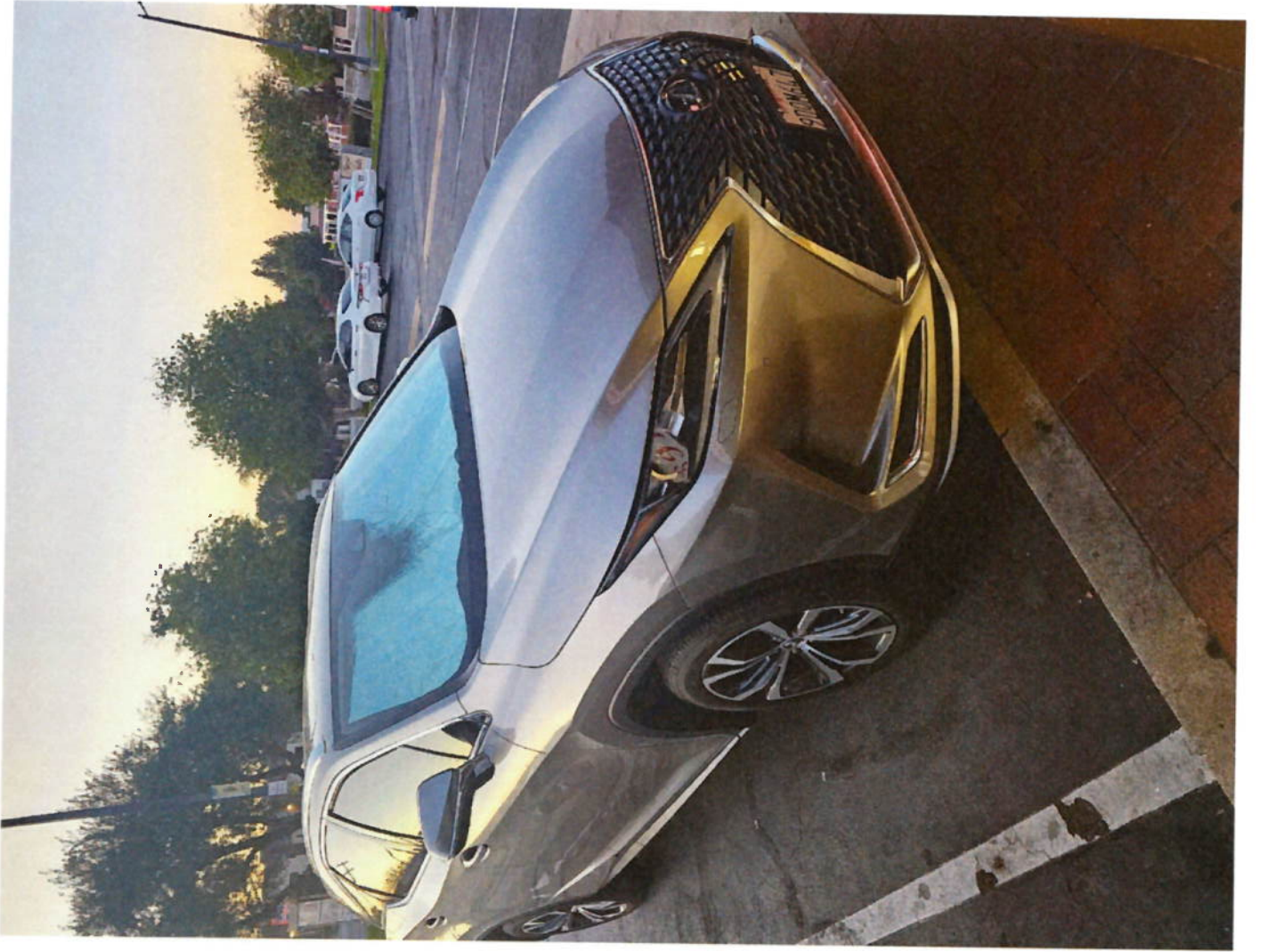
STO

UCS BAR SYSTEM

6N0001







22 LEXUS

RX 350

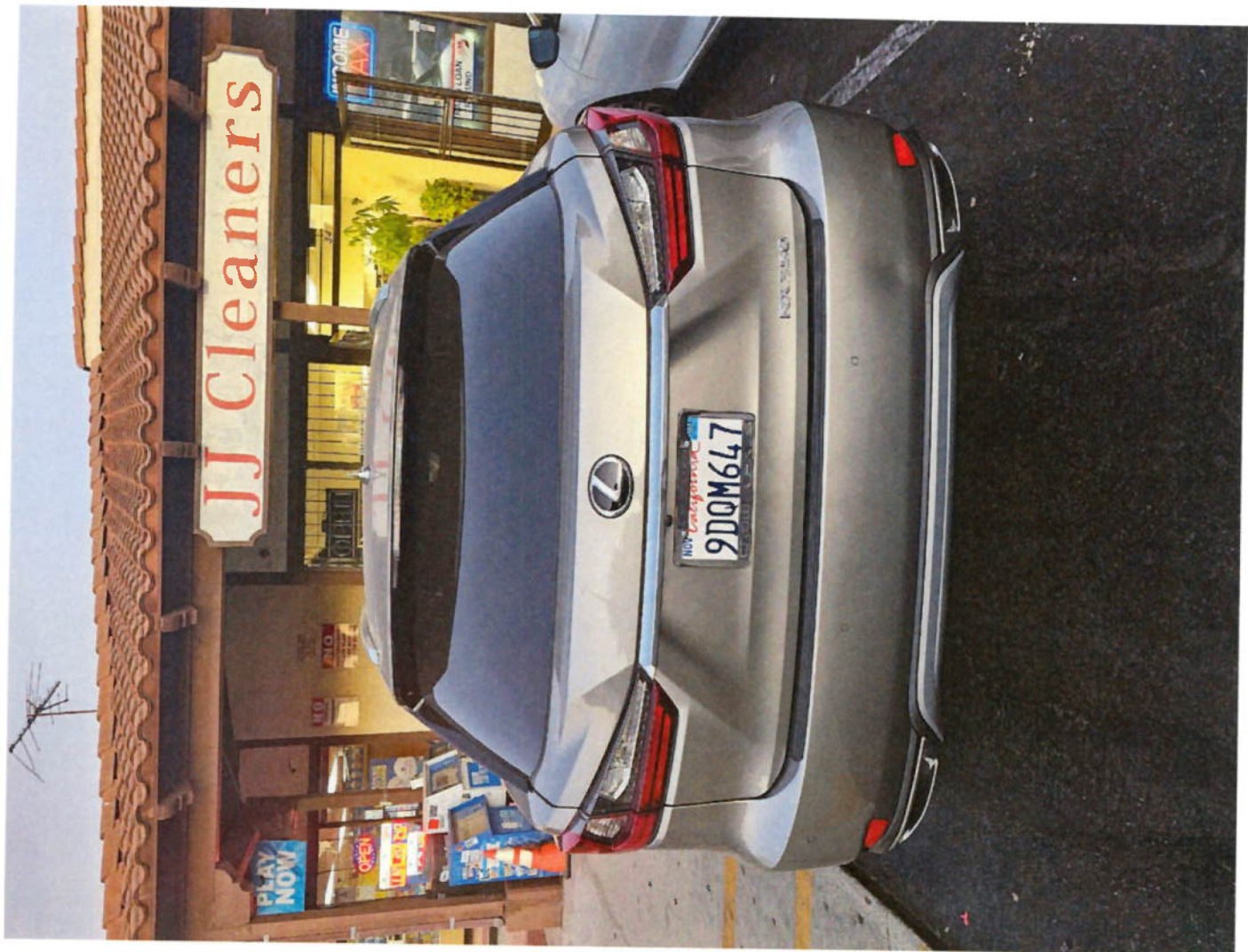
BDR LUV



2T2HZMAA3NCG258268 STOC

UGS BAR SYSTEM

6N0001



ALLSTATE NORTHBROOK INDEMNITY COMPANY

Allstate Northbrook Indem
CALIFORNIA
For Self Service Customer Inquiries:
www.myclaim.com

Mailing Address:
P.O. Box 660636
Dallas, TX 75266

Claim #: 000767768922D01
Workfile ID: f86c75aa

Estimate of Record

Written By: JEREMY KIESER, License Number: TX2165305, 9/5/2024 12:59:18 PM

Insured:	IRMA GAMBOA	Owner Policy #:	000999719064	Claim #:	000767768922D01
Type of Loss:	Collision	Date of Loss:	09/03/2024 04:05 AM	Days to Repair:	3
Point of Impact:	06 Rear	Deductible:	1000.00		

Owner (Insured): IRMA GAMBOA QFC CA 92376-5021 (909) 855-8405 Cellular EDUARDOIRMA1964@GMAIL. COM	Inspection Location: 213 W VAN KOEVERING ST RIALTO, CA 92376-5021 Non Drive-in (909) 855-8405 Cellular	Appraiser Information: (888) 706-3686	Repair Facility:
--	---	---	-------------------------

VEHICLE

2022 LEXU RX 350 FWD 4D UTV 6-3.5L Gasoline Port/Direct Injection Atomic Silver

VIN:	2T2HZMAA3NC258268	Production Date:	09/2022	Interior Color:	BLACK
License:	9DQM647	Odometer:	7413	Exterior Color:	Atomic Silver
State:	CA	Condition:	Good		

TRANSMISSION

Automatic Transmission

POWER

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

DECOR

Dual Mirrors
Privacy Glass
Console/Storage
Overhead Console

Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Heated Steering Wheel
Climate Control
Navigation System
Backup Camera
Parking Sensors
Surround View Camera
Remote Starter

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
Rear Side Impact Air Bags

Lane Departure Warning

ROOF

Electric Glass Sunroof

SEATS

Bucket Seats
Reclining/Lounge Seats
Leather Seats
Heated Seats
Ventilated Seats

WHEELS

20" Or Larger Wheels

PAINT

Clear Coat Paint

OTHER

Rear Spoiler
Signal Integrated Mirrors

TRUCK

Estimate of Record

2022 LEXU RX 350 FWD 4D UTV 6-3.5L Gasoline Port/Direct Injection Atomic Silver

Wood Interior Trim	Intelligent Cruise	Hands Free Device	Power Trunk/Liftgate
CONVENIENCE	Home Link	Xenon or L.E.D. Headlamps	
Air Conditioning	RADIO	Blind Spot Detection	

Estimate of Record

2022 LEXU RX 350 FWD 4D UTV 6-3.5L Gasoline Port/Direct Injection Atomic Silver

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	ESTIMATE SHARE IS THE FASTEST WAY TO PROCESS SUPPLEMENTS		1	0.00	0.0	0.0
2	#	PAYMENT ISSUED TO CUSTOMER		1	0.00	0.0	0.0
3	REAR BUMPER						
4	R&I	R&I bumper cover		0	0.00	2.3	0.0
5	* <>	Rpr Bumper cover NAP built w/park sens		0	0.00	<u>1.5</u>	3.0
6		Add for Clear Coat		0	0.00	0.0	1.2
7	#	Refn Partial Refinish w Full Clear		0	0.00	0.0	-1.5
8		Repl Add for park sensor		1	0.00 m	0.4	0.0
9		R&I RT Reflector		0	0.00	0.2	0.0
10		R&I LT Reflector		0	0.00	0.2	0.0
11	*	R&I Protector black		0	0.00	<u>0.3</u>	0.0
12		Repl Lower cover w/o F Sport	521080E230	1	462.06	0.7	0.0
13		R&I RT Extension panel		0	0.00	0.3	0.0
14		R&I LT Extension panel		0	0.00	0.3	0.0
15		R&I RT Extension Insert		0	0.00	0.3	0.0
16		R&I LT Extension insert		0	0.00	0.3	0.0
17	VEHICLE DIAGNOSTICS						
18	*	Rpr Pre-repair scan		0	0.00 m	<u>0.5</u> M	0.0
19	*	Rpr Post-repair scan		0	0.00 m	<u>0.5</u> M	0.0
20	OTHER CHARGES						
21	#	EPC in Other Charges		1	3.00		
SUBTOTALS					465.06	7.8	2.7

Estimate of Record

2022 LEXU RX 350 FWD 4D UTV 6-3.5L Gasoline Port/Direct Injection Atomic Silver

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			462.06
Parts Discount	\$ 462.06	-5.0 %	-23.10
Body Labor	6.8 hrs @	\$ 75.00 /hr	510.00
Paint Labor	2.7 hrs @	\$ 75.00 /hr	202.50
Mechanical Labor	1.0 hrs @	\$ 144.00 /hr	144.00
Paint Supplies	2.7 hrs @	\$ 55.00 /hr	148.50
Other Charges			3.00
Subtotal			1,446.96
Sales Tax	\$ 587.46 @	6.0000 %	35.25
County Tax	\$ 587.46 @	1.7500 %	10.28
Total Cost of Repairs			1,492.49
Deductible			1,000.00
Total Adjustments			1,000.00
Net Cost of Repairs			492.49

THIS ESTIMATE WAS GENERATED BY AN ARTIFICIAL INTELLIGENCE APPLICATION BASED ON PHOTOGRAPHIC DATA AND REVIEWED BY A HUMAN ADJUSTER. YOUR INSURANCE POLICY MAY PROVIDE YOU A RIGHT TO APPEAL THIS ESTIMATE OR TO REQUEST ADDITIONAL REVIEW. PLEASE REFER TO YOUR INSURANCE POLICY OR CONTACT YOUR INSURANCE COMPANY FOR ADDITIONAL INFORMATION.

SUPPLEMENT PROCESS INSTRUCTIONS:

Please be aware that any additional damage must be inspected by an Allstate technician while the vehicle is at the shop and torn down (when reasonably appropriate), prior to the repairs being completed. If Allstate is not informed of supplemental damage, it may not be covered under the claim. In addition, all invoices will be requested and reviewed.

For repair shops using CCC One Estimating, supplement requests can be submitted using Estimate Share. The claim number and work file Id located at the top of this document will be needed to proceed. Instructions for using Estimate Share can be found at https://help.cccis.com/static/ccc_one/training/EstimateShare/RequestingEstimateShareStaffRF.pdf

For all other repair shops, please follow the Virtual Assist App process for future supplement requests. The Virtual Assist App can be downloaded at no charge by visiting the Apple App store or the Google Play store. Search, download and install: Virtual Assist Allstate Insurance Co

Current Version: CALIFORNIA Updated 04.12.23

Estimate of Record

2022 LEXU RX 350 FWD 4D UTV 6-3.5L Gasoline Port/Direct Injection Atomic Silver

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.

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.

Estimate of Record

2022 LEXU RX 350 FWD 4D UTV 6-3.5L Gasoline Port/Direct Injection Atomic Silver

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 ARB8980, CCC Data Date 08/16/2024, 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 Services 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.

Estimate of Record

2022 LEXU RX 350 FWD 4D UTV 6-3.5L Gasoline Port/Direct Injection Atomic Silver

IMPORTANT INFORMATION ABOUT THE NAMED INSURANCE COMPANY'S CHOICE OF PARTS POLICY. THIS ESTIMATE MAY LIST PARTS FOR USE IN THE REPAIR OF YOUR VEHICLE THAT ARE MANUFACTURED BY A COMPANY OTHER THAN THE ORIGINAL MANUFACTURER OF YOUR VEHICLE. THESE PARTS ARE COMMONLY REFERRED TO AS NON-ORIGINAL EQUIPMENT (NON-OEM) PARTS, AND MAY INCLUDE COSMETIC OUTER BODY CRASH PARTS SUCH AS HOODS, FENDERS, BUMPER COVERS, ETC. NON-OEM PARTS ARE AT LEAST EQUAL TO THE ORIGINAL EQUIPMENT MANUFACTURER PARTS IN TERMS OF KIND, QUALITY, SAFETY, FIT, AND PERFORMANCE. THE INSURANCE COMPANY GUARANTEES THE FIT AND CORROSION RESISTANCE OF ANY NON-OEM OUTER BODY CRASH PARTS THAT ARE LISTED ON THIS ESTIMATE AND ACTUALLY USED IN THE REPAIR OF YOUR VEHICLE FOR AS LONG AS YOU OWN IT. IF A PROBLEM DEVELOPS WITH THE FIT OR CORROSION RESISTANCE OF THESE PARTS, THEY WILL BE REPAIRED OR REPLACED AT THE INSURANCE COMPANY'S EXPENSE. THIS GUARANTEE IS LIMITED TO THE REPAIR OR REPLACEMENT OF THE PART. THE INSURANCE COMPANY DOES NOT SEPARATELY GUARANTEE THE PERFORMANCE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS AND MAKES NO REPRESENTATION ABOUT THE AVAILABILITY OF ANY MANUFACTURER'S GUARANTEE.

WE ARE PROHIBITED BY LAW FROM REQUIRING THAT REPAIRS BE DONE AT A SPECIFIC AUTOMOTIVE REPAIR DEALER. YOU ARE ENTITLED TO SELECT THE AUTO BODY REPAIR SHOP TO REPAIR DAMAGE COVERED BY US. WE HAVE RECOMMENDED AN AUTOMOTIVE REPAIR DEALER THAT WILL REPAIR YOUR DAMAGED VEHICLE. WE RECOMMEND YOU CONTACT ANY OTHER AUTOMOTIVE REPAIR DEALER YOU ARE CONSIDERING TO CLARIFY ANY QUESTIONS YOU MAY HAVE REGARDING SERVICES AND BENEFITS. IF YOU AGREE TO USE OUR RECOMMENDED AUTOMOTIVE REPAIR DEALER, WE WILL CAUSE THE DAMAGED VEHICLE TO BE RESTORED TO ITS CONDITION PRIOR TO THE LOSS AT NO ADDITIONAL COST TO YOU OTHER THAN AS STATED IN THE INSURANCE POLICY OR AS OTHERWISE ALLOWED BY LAW. IF YOU EXPERIENCE A PROBLEM WITH THE REPAIR OF YOUR VEHICLE, PLEASE CONTACT US IMMEDIATELY FOR ASSISTANCE



Allstate.
You're in good hands.

Allstate Northbrook Indemnity Com
PO BOX 660636
DALLAS TX 75266



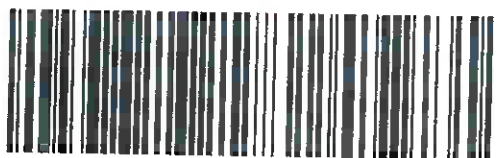
RIALTO POLICE DEPT
150 S PALM AVE
RIALTO CA 923766406

Att: City Clerk's Office

**Important Document Enclosed
Open Immediately.**

RECEIVED
CITY CLERK
2024 OCT 16 AM 11:50

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
UNITED STATES POSTAL SERVICE® **CERTIFIED MAIL®**



9489 0090 0027 6601 8050 57

Label 890-PB, Oct. 2015
Pitney Bowes

