



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2019 JUL -2 AM 8:51
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:

GEICO as subrogee of Joshua Craig Walker

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):

GEICO General Insurance Company

PO Box 509119, San Diego, CA 92150

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12/01/2018 TIME: 2:30 ☐ 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.

El Rivino, County of San Bernardino

Claim was sent to County of San Bernardino, per the County of San Bernardino, City of Rialto was performing construction on the north side of El Rivino, recommendation to contact City of Rialto -see letter

3. HOW DID DAMAGE OR INJURY OCCUR?

Our insured, Joshua Craig Walker, was driving his 2014 Lexus IS 250, and ran over a pothole locate on El Rivino. The County pothole caused damages to our insured's vehicle.

See enclosed photos

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.

There was a pothole in the road that was not fixed or repaired.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 3,367.05

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

DAMAGES INCURRED TO DATE:

Item/Date: Repairs

Amount: \$ 1,701.64

Item/Date: Rental

Amount: \$ 665.41

Deductible

\$500

Regional Office: GEICO ■ Box 509119 ■ San Diego, CA 92150-9119

June 27, 2019

PAYMENT RECOVERY NOTICE

Rialto City Clerk's Office
150 S. Palm Ave.
Rialto, CA 92376

2019 JUL -2 AM 8:51
RECEIVED
CITY CLERK
CITY OF RIALTO

Date of Loss: 12/01/2018
Our Insured: Joshua Craig Walker
Our Claim #: 0602243110101027
Company: GEICO General Insurance Company

Our investigation reveals your insured to be 100% responsible for our insured's damages. Repairs, total loss settlement or supplemental damages have been paid. Our itemization of damages is as follows:

Repairs:	\$1,701.64
Rental:	\$665.41
Deductible:	\$500 .00
Tow:	
Insured's out of pocket expense:	
Supplement:	
Salvage:	()
TOTAL:	\$3,367.05

Please mail the check to:

**GEICO General Insurance Company
PO Box 509119
San Diego, CA 92150**

Please reference our claim number on your check. If we fail to receive your payment or response to this demand within 45 days we will file in Arb Forums or make a referral to counsel for possible litigation.

Sincerely,

Coreen Camacho-Johnson SBP6
Payment Recovery Unit
1-858-762-8423

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

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

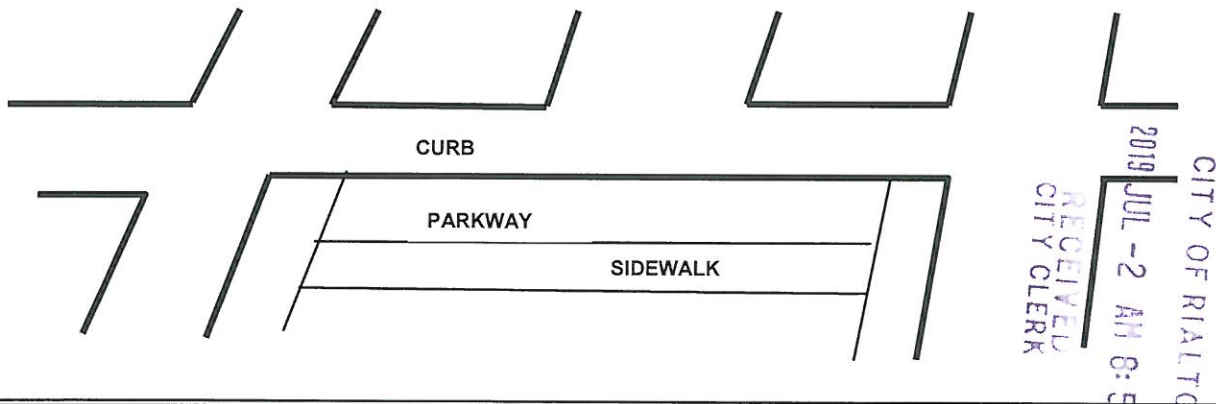
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.



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

Coreen Camacho - Johnson

TYPE OR PRINT NAME

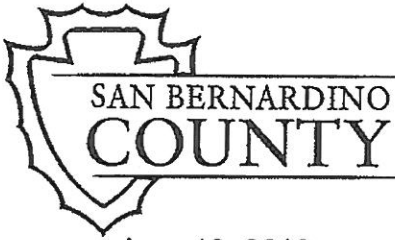
Payment Recovery Adjuster

RELATIONSHIP TO CLAIMANT

6/27/19

DATE

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



June 19, 2019

Department of Risk Management

LeAnna Williams
DirectorPhone Number
909.386.8655Fax Numbers
Admin/Fiscal: 909.382.3211
Workers Comp: 909.386.8711
Liability/Safety: 909.382.3212Geico Insurance
PO Box 509119
San Diego, CA 92150

Claimant: Joshua Walker
RE: Date of Loss: 12/01/2018
Our Claim #: 131382
Claim: 0602243110101027

Please be advised that we have completed our inquiry in response to the claim against the County that you filed.

At this time, we are denying liability for the following reason:

At the time of incident, City of Rialto was performing construction on the north side of El Revino. Recommendation is to contact City of Rialto to file a claim.

The purpose of this letter is to advise your office of our findings and is not intended to waive or extend the statutory period as defined in the rejection notice dated .

Sincerely,

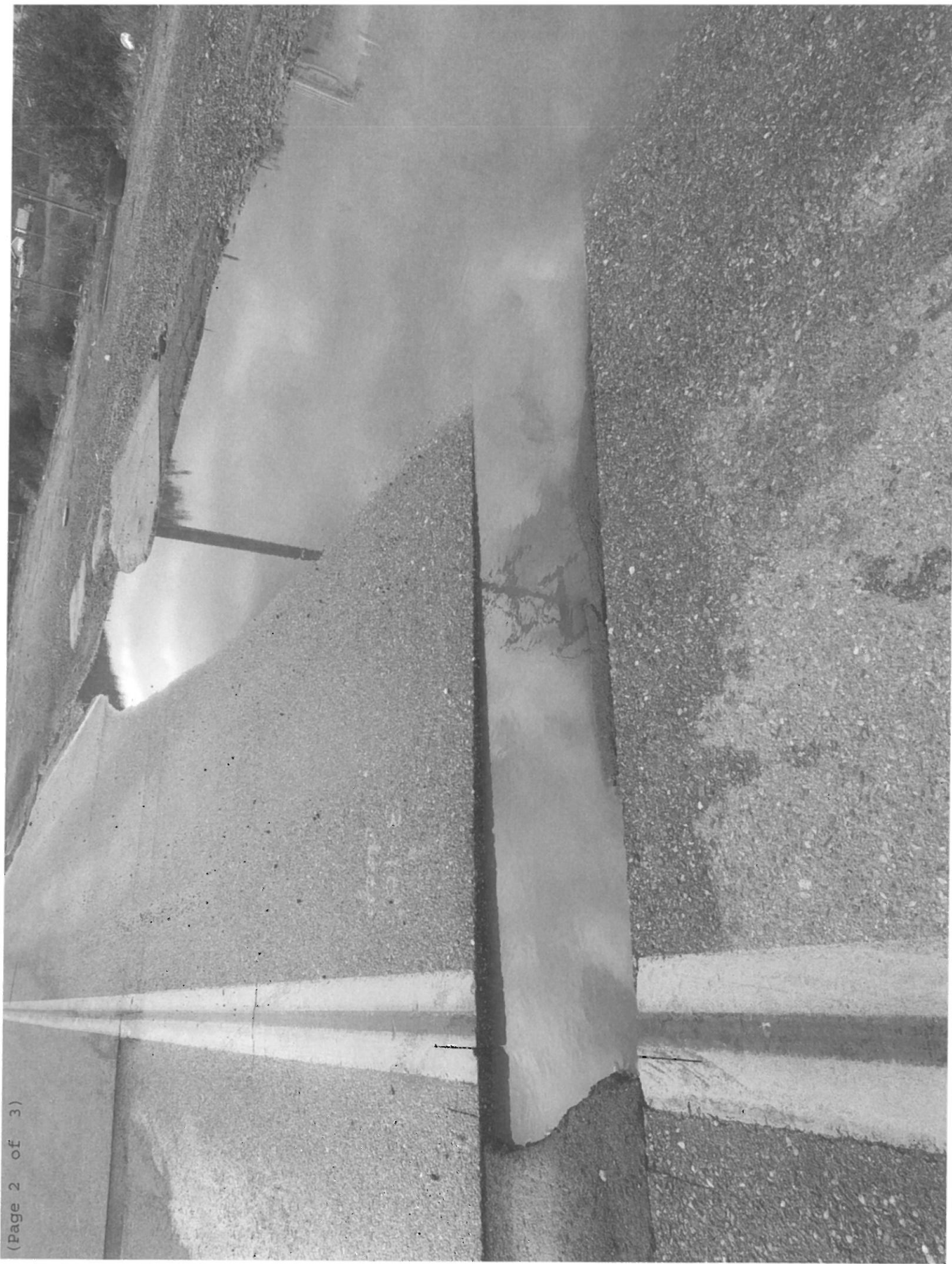
A handwritten signature in black ink, appearing to read "Victoria Hernandez".

Victoria Hernandez
Liability Claims Rep I
DEPARTMENT OF RISK MANAGEMENT

BOARD OF SUPERVISORS

ROBERT A. LOVINGOOD
First DistrictJANICE RUTHERFORD
Second DistrictDAWN ROWE
Third DistrictCURT HAGMAN
Chairman, Fourth DistrictJOSIE GONZALES
Vice Chair, Fifth DistrictA handwritten signature in black ink, appearing to read "Gary McBride".
City Executive Officer







Claim Number 0602243110101027
Pay To The Order Of CALIBER COLLISION CALIBER
COLLISION

Financials

Gross Amount \$1,701.64
Net Amount \$1,701.64
Backup Withholding \$0.00

Payment Identification

Issued Date 01/03/2019
Mail To Name JOSHUA CRAIG WALKER
Mail To Address [REDACTED]
Memo COLLISION COVERAGE
Payment Type Manual check
Check Number 620591950

Related Documents

Document Name

Reserve Line Allocation

Exposure	Reserve Line	Cost Type	Amount
Joshua Craig Walker - Collision (2014 LEXS)	Collision	Loss	\$1,701.64

Claim Number 0602243110101027
Pay To The Order Of ENTERPRISE RENT A CAR/ATTN
ACCOUNTS RECEIVABLE

Financials

Gross Amount	\$665.41
Net Amount	\$665.41
Backup Withholding	\$0.00

Payment Identification

Issued Date	12/31/2018
Mail To Name	ENTERPRISE RENT A CAR/ATTN ACCOUNTS RECEIVABLE
Mail To Address	
Memo	Rental Reimbursement
Payment Type	Electronic funds transfer
Check Number	R05134191

Related Documents

Document Name

Reserve Line Allocation

Exposure	Reserve Line	Cost Type	Amount
Joshua Craig Walker - Rental (2014 LEXS)	Rental Reimbursement	Loss	\$665.41

GEICO

GEICO San Diego
 For Supplements Visit
 partners.geico.com
 PO Box 509060
 San Diego, CA 92150
 Phone: (520) 301-1078
 Fax: (877) 909-3382

Claim #: 0602243110101027-01
 Workfile ID: fcae3de3

Estimate of Record

Written By: KELSEY GRIMES, License Number: 134837, 12/11/2018 3:52:09 PM
 Adjuster: AACA

Insured: Joshua Walker Owner Policy #: [REDACTED] Claim #: 0602243110101027-01
 Type of Loss: Collision Date of Loss: 12/01/2018 02:30 PM Days to Repair: 2
 Point of Impact: 10 Left Front Pillar Deductible: 500.00
 (Left Side)

Owner (Insured):	Inspection Location:	Appraiser Information:	Repair Facility:
Joshua Walker	Caliber Collision Riverside	(520) 301-1078	CALIBER COLLISION - DOWNTOWN-
[REDACTED]	Downtown-XD		XD
Colton, CA 92324	Caliber Collision Riverside		2756 E LA CADENA AVE
[REDACTED]	Downtown-XD		RIVERSIDE, CA 92507
	2756 E LA CADENA DR		(951) 781-4086 Business
	RIVERSIDE, CA 92507		330728858 Federal ID
	Non Drive-in		
	(951) 781-4086 Day		

VEHICLE

2014 LEXUS IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

VIN: [REDACTED] Production Date: Interior Color: white
 License: [REDACTED] Odometer: 118790 Exterior Color:
 State: CA Condition:

TRANSMISSION	CONSOLE/STORAGE	SEARCH/SEEK	XENON HEADLAMPS
AUTOMATIC TRANSMISSION	OVERHEAD CONSOLE	CD PLAYER	POWER STEERING
DRIVER CONVENIENCE	HOME LINK	AUXILIARY AUDIO CONNECTION	POWER BRAKES
KEYLESS ENTRY	INSTRUMENT PANEL	SATELLITE RADIO	ANTI-LOCK BRAKES (4)
MESSAGE CENTER	TRACTION CONTROL	ROOF	GLASS & MIRRORS
POWER DRIVER SEAT	STABILITY CONTROL	ELECTRIC GLASS ROOF	DUAL MIRRORS
POWER WINDOWS	ALARM	SAFETY	SIGNAL INTEGRATED MIRRORS
POWER LOCKS	AIR CONDITIONING	DRIVERS SIDE AIR BAG	TINTED GLASS
POWER MIRRORS	CLIMATE CONTROL	PASSENGER AIR BAG	SEATS
HEATED MIRRORS	REAR DEFOGGER	FRONT SIDE IMPACT AIR BAGS	LEATHER SEATS
POWER TRUNK/GATE RELEASE	HANDS FREE DEVICE	HEAD/CURTAIN AIR BAGS	BUCKET SEATS
CRUISE CONTROL	COMMUNICATION SYSTEM	REAR SIDE IMPACT AIR BAGS	RECLINING/LOUNGE SEATS
INTERMITTENT WIPERS	RADIO	PAINT	POWER PASSENGER SEAT
TILT WHEEL	AM RADIO	CLEARCOAT PAINT	WHEELS

Estimate of Record

2014 LEXU IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

TELESCOPIC WHEEL	FM RADIO	FRONT END	4-WHEEL DISC BRAKES
STEERING WHEEL TOUCH CONTROLS	STEREO	FOG LAMPS	ALUMINUM/ALLOY WHEELS

Estimate of Record

2014 LEXU IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	WHEELS						
2	**	Repl Non OEM LT/Front Wheel, alloy 18", w/F-Sport front NOTE: empire is a 17" which is not big enough for this vehicle EMPIRE AUTO DISMANTLING (NOT CORRECT SIZE) WHEEL COLLISION (NOT POWDER COATED) DETROIT WHEEL AND TIRE NOT AVAILABLE TO CONFIRM PART AUTO RIM SHOP NOT AVAILABLE TO GIVE QUOTE BLACKBURNS HYPERSILVER 586 AUSTIN REF: 795739 (WHEEL ONLY SOLD IN HYPERSILVER ADDITIONAL COST TO POWDER COAT THE WHEELS AS THEY ARE NOT SOLD THAT WAY	472971	1	586.00 m	0.1	
3	*	R&I Spare Wheel, spare	4261153320			0.1	
4	**	Repl Non OEM LT/Rear Wheel, alloy 18", w/F-Sport front NOTE: EMPIRE AUTO DISMANTLING (NOT CORRECT SIZE) WHEEL COLLISION (NOT POWDER COATED) DETROIT WHEEL AND TIRE NOT AVAILABLE TO CONFIRM PART AUTO RIM SHOP NOT AVAILABLE TO GIVE QUOTE BLACKBURNS HYPERSILVER 586 AUSTIN REF: 795739 (WHEEL ONLY SOLD IN HYPERSILVER ADDITIONAL COST TO POWDER COAT THE WHEELS AS THEY ARE NOT SOLD THAT WAY	472971	1	586.00 m	0.1	
5	TIRES						
6	*	Repl HANK 255/30ZR20 XL Ventus V12 evo K110 BW 92Y	HA06911	1	187.99	0.1	
7	*	Repl HANK 235/35ZR19 XL Ventus V12 evo K110 BW 91Y	HA06781	1	181.99	0.1	
8	#	Mount and Balance Tire		2	20.00		
9	#	Subl 4 Wheel Alignment		1	79.99 X		
10	#	Agreement Reached		1			
11	#	Subl POWDERCOAT WHEELS		1	400.00 X		
SUBTOTALS					2,041.97	0.5	0.0

NOTES

Prior Damage Notes:
 CURB RASH TO RIGHT WHEEL

Estimate of Record

2014 LEXU IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,561.98
Body Labor	0.5 hrs @	\$ 46.00 /hr	23.00
Miscellaneous			479.99
Subtotal			2,064.97
Sales Tax	\$ 1,561.98 @	8.7500 %	136.67
Total Cost of Repairs			2,201.64
Deductible			500.00
Total Adjustments			500.00
Net Cost of Repairs			1,701.64

This is not an authorization to repair.

All GEICO customers have the right to have their vehicle repaired in the shop of their choice.

No Supplement will be honored unless authorized by GEICO.

NOTICE: Vehicles constructed of special metals may require the use of specialized welding and bonding equipment. Proper measuring and structural repair systems are required on today's vehicle to accurately accomplish vehicle repairs. Make sure your shop has the proper equipment to repair your vehicle.

ALTERNATE PARTS DISCLAIMER:

IF A QUALITY REPLACEMENT PART (A/M, LKQ, RECOND OR OPT OEM) APPEARS ON THIS ESTIMATE, IT INDICATES THAT THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. GUARANTEES, IF ANY, APPLICABLE TO THESE REPLACEMENT CRASH PARTS ARE PROVIDED BY THE PART MANUFACTURER OR DISTRIBUTOR RATHER THAN BY THE MANUFACTURER OF YOUR VEHICLE.

***IN ADDITION TO ANY SUCH GUARANTEES, GEICO PROVIDES THE FOLLOWING:

****OWNER LIMITED GUARANTEE**** WE GUARANTEE THAT ALL QUALITY REPLACEMENT BODY PARTS (PARTS NOT MANUFACTURED BY THE MANUFACTURER IDENTIFIED ON YOUR ESTIMATE, ARE FREE OF DEFECTS IN MATERIAL AND WORKMANSHIP AND MEET GENERALLY ACCEPTED INDUSTRY STANDARDS. THIS PARTS AND LABOR GUARANTEE WILL BE IN EFFECT FOR AS LONG AS YOU OWN THE VEHICLE DESCRIBED IN THE ESTIMATE. THIS GUARANTEE COVERS THE COST OF THE PART, LABOR TO INSTALL, AND INCIDENTALS SUCH AS PAINT AND MATERIALS AND IS SPECIFICALLY LIMITED TO THOSE ITEMS. THIS GUARANTEE DOES NOT COVER LOSS OR DAMAGE THAT IS UNRELATED TO DEFECTS IN THE QUALITY REPLACEMENT PARTS. THIS IS NOT TRANSFERABLE. IF ANY QUALITY REPLACEMENT PARTS ARE DEFECTIVE IN EITHER MATERIAL OR WORKMANSHIP, CONTACT YOUR LOCAL GEICO REPRESENTATIVE.

Estimate of Record

2014 LEXU IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT 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 [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.

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.

Estimate of Record

2014 LEXUS IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

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 ARB8918, CCC Data Date 12/3/2018, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. 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. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. 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 2019 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. (number) 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. 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. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(\$) associated with the estimate line.

CCC ONE Estimating – A product of CCC Information 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

2014 LEXU IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

WE WARRANT THAT ALL PARTS USED IN THE REPAIR OF THIS VEHICLE ARE EQUAL TO THE ORIGINAL EQUIPMENT MANUFACTURER PARTS IN TERMS OF KIND, QUALITY, SAFETY, FIT AND PERFORMANCE. THIS PARTS AND LABOR WARRANTY WILL BE IN EFFECT FOR AS LONG AS YOU OWN THE VEHICLE DESCRIBED IN THE ESTIMATE. THIS WARRANTY COVERS THE COST ASSOCIATED WITH RETURNING THE PART AND THE COST TO REMOVE AND REPLACE THE NON-ORIGINAL EQUIPMENT MANUFACTURER PART WITH A COMPLIANT NON-ORIGINAL EQUIPMENT PART OR AN ORIGINAL EQUIPMENT MANUFACTURER PART. THIS WARRANTY DOES NOT COVER LOSS OR DAMAGE THAT IS UNRELATED TO DEFECTS IN THE QUALITY REPLACEMENT PARTS. THIS WARRANTY IS NOT TRANSFERABLE. IF ANY QUALITY REPLACEMENT PARTS ARE DEFECTIVE IN EITHER MATERIAL OR WORKMANSHIP, YOU MUST CONTACT YOUR LOCAL GEICO REPRESENTATIVE.

If a customer subsequently chooses a repair shop, GEICO shall prepare a supplement using the prevailing rate in the Geographic Area of the customer's chosen shop.

This is not an authorization to repair. The undersigned repair facility is in agreement to the estimate prepared by GEICO in the amount of \$_____. No supplements will be honored by GEICO without prior approval.

Signed: _____

Print Name: _____

Date: _____

We are required under sect 2695.7(b) of the Unfair Claims Settlement Practices Regulations to provide the following notice: If you believe that your claim has been wrongfully denied or rejected, you also have the right to have the California Department of Insurance review this matter. The Department of Insurance is located at 300 South Spring Street, Los Angeles, CA 90013, telephone number (800) 927-4357.

Estimate of Record

2014 LEXU IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

ALTERNATE PARTS SUPPLIERS

Line	Supplier	Description	Price
2	Blackburns 1001 Paster Court Macedonia OH 44056 (800) 981-8321	#472971 Non OEM LT/Front Wheel, alloy 18", w/F-Sport front Quote: 373003027 Expires: 12/16/18	\$ 586.00
4	Blackburns 1001 Paster Court Macedonia OH 44056 (800) 981-8321	#472971 Non OEM LT/Rear Wheel, alloy 18", w/F-Sport front Quote: 373003027 Expires: 12/16/18	\$ 586.00

Estimate of Record

2014 LEXU IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

TIRE PARTS SUPPLIERS

Line	Supplier	Description	Price
6	Big O 1002 W 6TH STREET CORONA CA 92882 (951) 735-2430	HANK 255/30ZR20 XL Ventus V12 evo K110 BW 92Y	\$ 187.99
7	Big O 1002 W 6TH STREET CORONA CA 92882 (951) 735-2430	HANK 235/35ZR19 XL Ventus V12 evo K110 BW 91Y	\$ 181.99

Claim #: 0602243110101027-01
Workfile ID: fcae3de3

Estimate of Record

2014 LEXU IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

ALTERNATE PARTS USAGE

2014 LEXU IS 250 Automatic RWD 4D SED 6-2.5L Gasoline Port/Direct Injection white

VIN: [REDACTED] Production Date: Interior Color:
License: [REDACTED] Odometer: 118790 Exterior Color: white
State: CA Condition:

Alternate Part Type	# Of Available Parts	# Of Parts Selected
Aftermarket	2	2
Optional OEM	0	0
Reconditioned	12	0
Recycled	4	0



Rental Company: Enterprise Rent-A-Car
Invoice: 32NHD018303
Alternate Invoice Number: 48PDTP

Bill To: GEI3284

GEICO
 ATTN:KELSEY CSEY-GRIMES
 P.O. BOX 509090
 SAN DIEGO, CA 921509090

RENTER INFORMATION:

Renter: WALKER,JOSHUA
 Address: [REDACTED]
 COLTON, CA 92324

Home Phone: [REDACTED]

Office Phone: [REDACTED]

RENTAL INFORMATION:**Rental Branch Location:**

ENTERPRISE RENT-A-CAR(32NH)
 2523 MAIN ST
 RIVERSIDE, CA 925012237

ADDITIONAL CLAIM INFORMATION:

Claim Number: 060224311010102701
 Claim Type: Insured
 Vehicle Condition: Driveable
 Date Of Loss: 12/01/2018
 Insured Name: WALKER,JOSHUA
 Owner's Vehicle: 2014 LEXSIS 2500THER
 ClaimNumber: 0602243110101027
 IPNumber: 01
 Internet Self Serve: No
 Days To Repair: 20
 RenterName: JOSHUA WALKER
 NumberOfDaysAuthorized: 0
 Invoice Target: ATLAS
 Source: PD
 Shop Code:
 Assign type: Xpress Driveable
 Automated Extension:

Repair Facility:

CALIBER #1036 RIVERSIDE-DOWNTOW
 RIVERSIDE, CA 92507
 (951) 781-4086

RENTAL DETAIL:

Rental Period: 12/07/2018 to 12/27/2018 (21 days)

Billed Period: 12/07/2018 to 12/27/2018 (21 days)

Description	Rate	Amount
21 TIME & DISTANCE	\$27.50	\$577.50
1 REFUELING CHARGE	\$0.00	\$0.00
21 VEHICLE LICENSE RECOVERY FEE	\$1.78	\$37.38
1 SALES TAX	8.75%	\$50.53
Total Charges:		\$665.41
Less Amount Received:		\$0.00
Total Amount Due:		\$665.41

VEHICLES RENTED:

Effective Date	Time	Year	Make	Model	VIN	Mileage
12/07/2018	1:45 PM	2018	NISN	ROGU	[REDACTED]	289

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
ENTERPRISE RENT-A-CAR
P.O. BOX 840086
KANSAS CITY, MO 641840086
Federal ID: 43-0724835

Total Charges:	\$665.41
Less Amount Received:	\$0.00
Total Amount Due.....	\$665.41

Please Include on your Check:
Invoice:32NHD018303



Claim Number : 0602243110101027-01
Year : 2014
Category :
Estimate
Make :
LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076369689.jpg
VIN :
Image Label :
image
Loss Date : 12/01/2018
Insured :
Joshua Walker
Adjuster :
Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner :
Joshua Walker
Supplement Number :
00



Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc11886448-1545076370497.jpg
VIN : XXXXXXXXXX
Image Label : image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



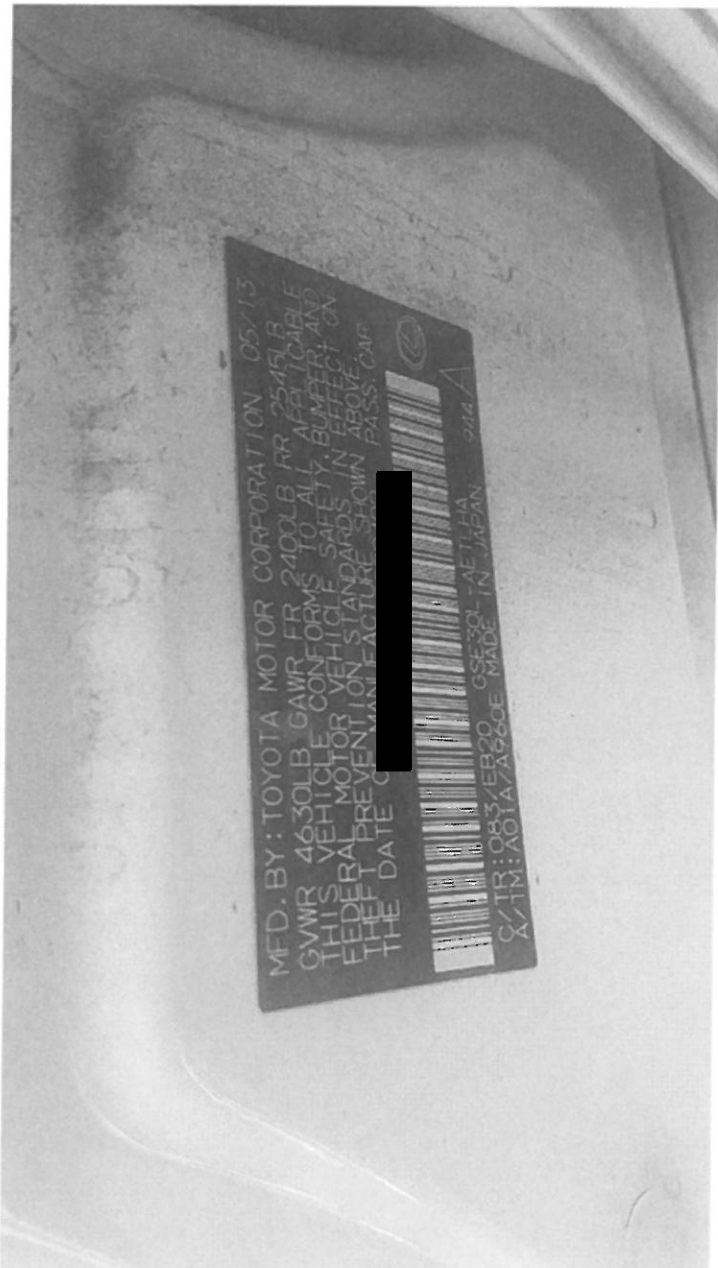
Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076370923.jpg
VIN : XXXXXXXXXX
Image Label : image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



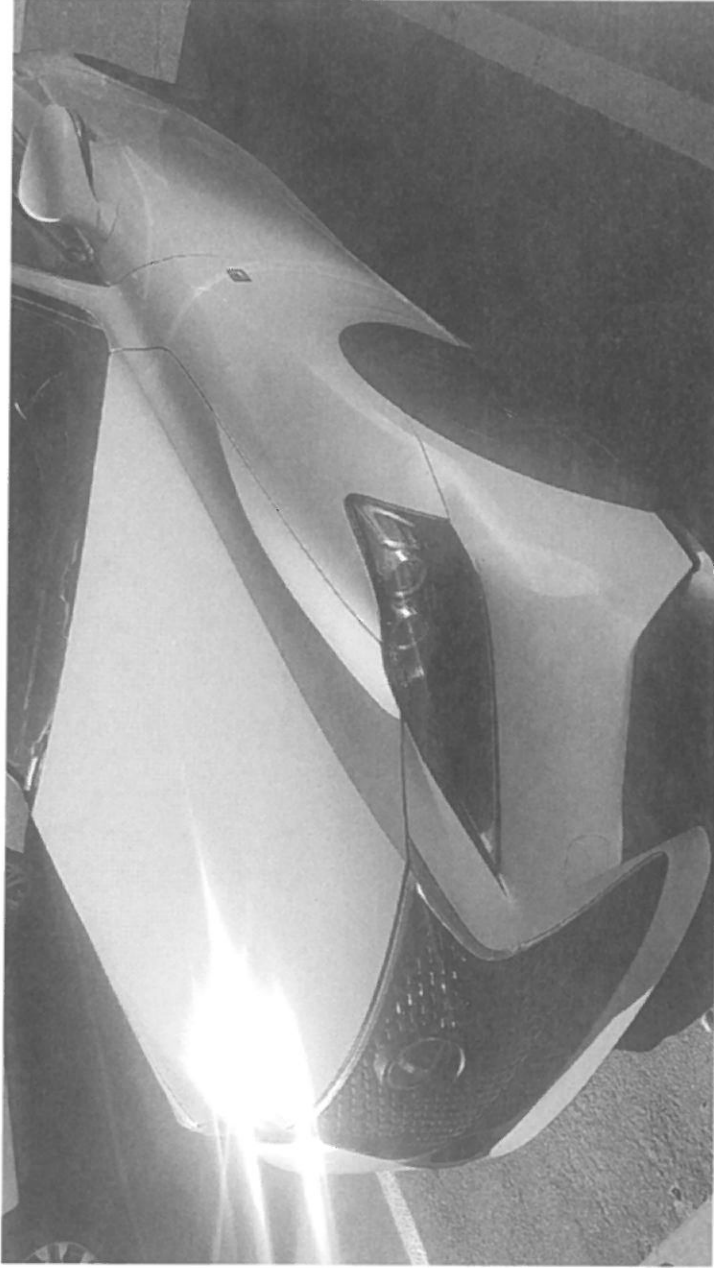
Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc11886448-1545076371670.jpg
VIN :
Image Label : image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



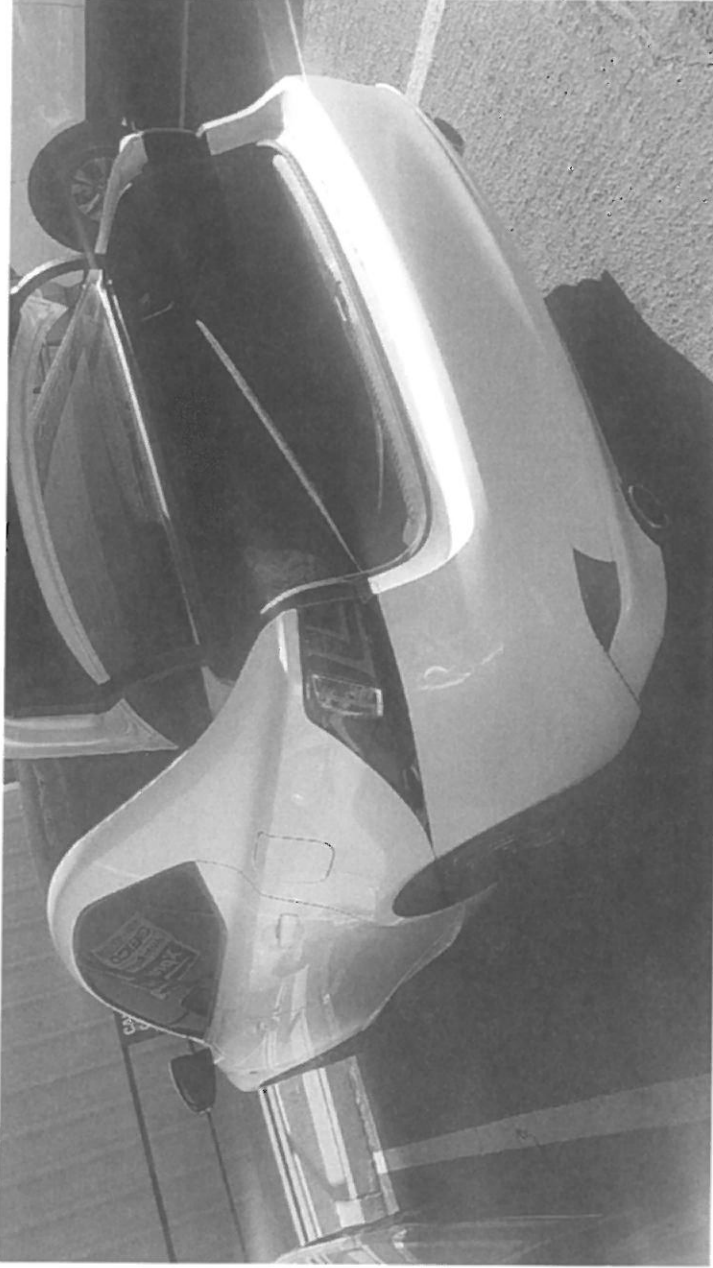
Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076372093.jpg
VIN : XXXXXXXXXX
Image Label : image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



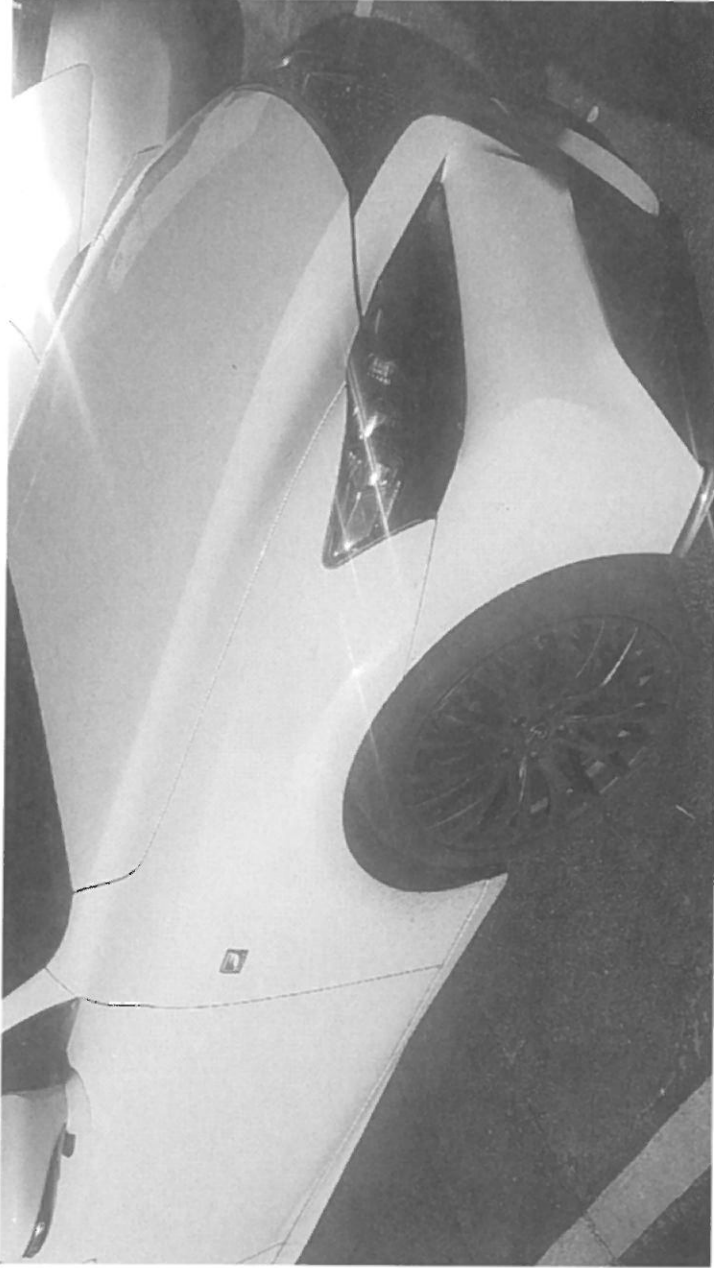
Claim Number :
0602243110101027-01
Year : 2014
Category :
Estimate
Make :
LEXS
Sub Category :
Model :
IS 250 Automatic RWD
Image FileName :
cc118866448-1545076368239.jpg
VIN :
Image Label :
image
Loss Date :
12/01/2018
Insured :
Joshua Walker
Adjuster :
Kelsey Grimes
Policy Number :
4500113966
Photo Taken Date :
2018-12-17T11:52:44
Vehicle Owner :
Joshua Walker
Supplement Number :
00



Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076368945.jpg
VIN :
Image Label :
image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076372840.jpg
VIN : XXXXXXXXXX
Image Label : image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076368595.jpg
VIN : XXXXXXXXXX
Image Label :
Image
Loss Date : 12/01/2018
Insured :
Joshua Walker
Adjuster :
Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner :
Joshua Walker
Supplement Number :
00



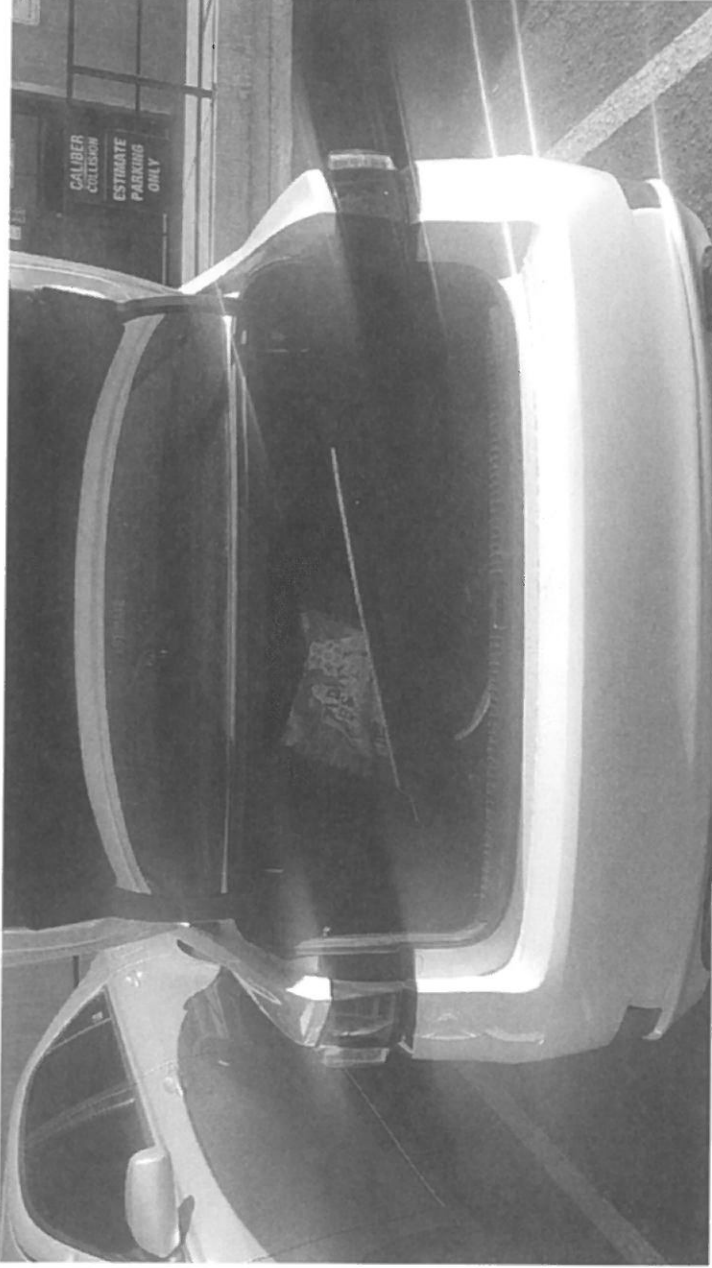
Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076370126.jpg
VIN : XXXXXXXXXX
Image Label : image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



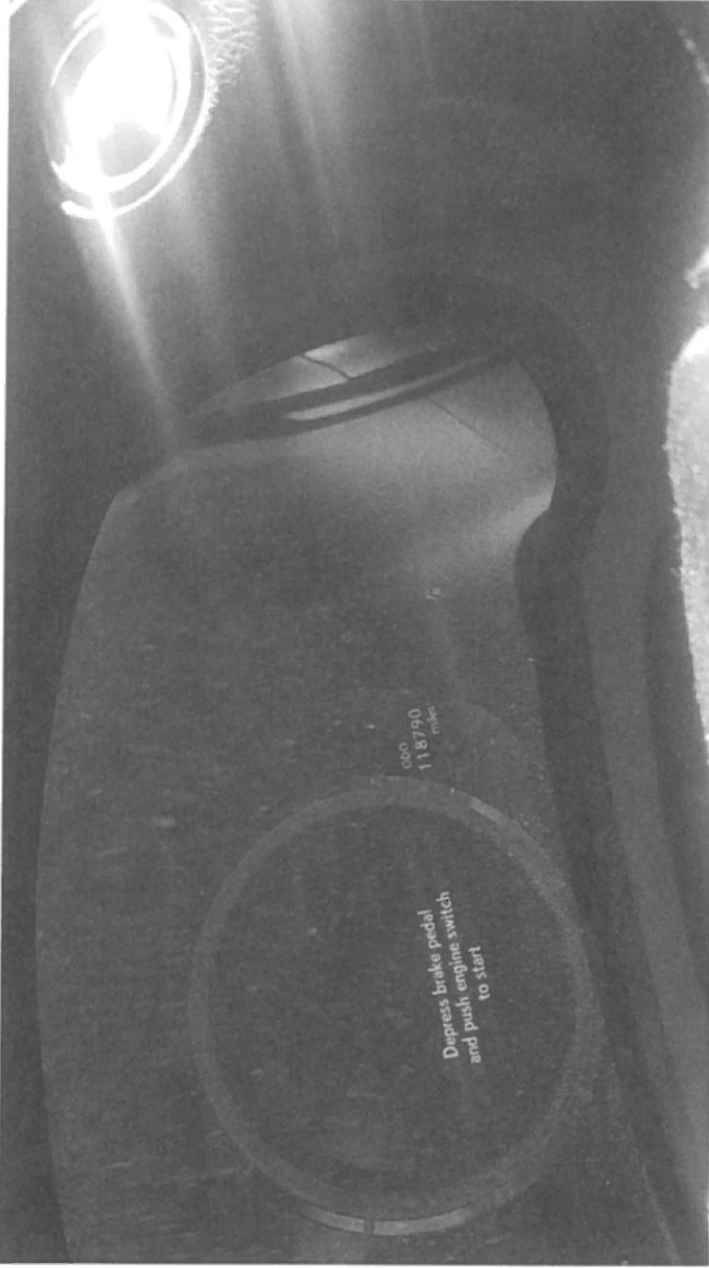
Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076371304.jpg
VIN :
Image Label : image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076372479.jpg
VIN : XXXXXXXXXX
Image Label : image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc11886448-1545076373236.jpg
VIN : XXXXXXXXXX
Image Label : image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00



Claim Number :
0602243110101027-01
Year : 2014
Category :
Estimate
Make :
LEXS
Sub Category :

Model :
IS 250 Automatic RWD
Image FileName :
cc118866448-1545076373591.jpg
VIN :
Image Label :
image
Loss Date :
12/01/2018
Insured :
Joshua Walker
Adjuster :
Kelsey Grimes
Policy Number :
4500113966
Photo Taken Date :
2018-12-17T11:52:44
Vehicle Owner :
Joshua Walker
Supplement Number :
00



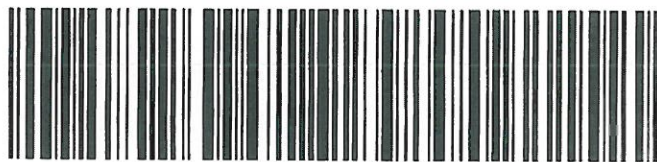
Claim Number : 0602243110101027-01
Year : 2014
Category : Estimate
Make : LEXS
Sub Category :
Model : IS 250 Automatic RWD
Image FileName : cc118866448-1545076369292.jpg
VIN :
Image Label :
image
Loss Date : 12/01/2018
Insured : Joshua Walker
Adjuster : Kelsey Grimes
Policy Number : 4500113966
Photo Taken Date : 2018-12-17T11:52:44
Vehicle Owner : Joshua Walker
Supplement Number : 00

(09-06)

EICO

Box 509119
San Diego, CA 92150-9119

USPS CERTIFIED MAIL



9214 8901 9403 8385 5731 22

neopost®
06/28/2019

US POSTAGE \$008.20²

CITY OF RIALTO

2019 JUL -2 AM 8:51

RECEIVED
CITY CLERK

ZIP 92084
041M12251696