



Email: myclaim@toggle.com
Please include your claim # on any correspondence
National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994

02/13/2025

City Of Rialto - Attention: City Clerks Office
150 S Palm Avenue
Rialto, CA 92376

2025 FEB 24 AM 11:23
RECEIVED
CITY CLERK
CITY OF RIALTO

Our Insured: . Sohn
Our Claim #: 099 SUB 7008470706-1
Date of Loss: 12/13/2024
Your Insured: City Of Rialto Daniel Smith
Your Claim #:
Deductible Amount: \$1,000.00
Total Amount Owed: \$6,038.19

Dear City Of Rialto - Attention: City Clerks Office:

Our investigation has established that the above loss was caused by your negligence or someone employed by you. It has been determined that you are responsible for all or part of the material damage, bodily injury, property damage, medical, and/or related expense payments paid on our insured's behalf. The current amount we have paid on our insured's behalf may increase or decrease due to additional bodily injury, property damage, medical and/or other related expense payments. The amount for which we are seeking reimbursement for property damage is \$6,038.19.

Our theory of liability is as follows:

You have the right to dispute any or all of our claim. If you do not dispute it within seven (7) days of receiving this letter, Farmers Insurance Exchange will assume that it is valid. Be advised that no partial payment, which is less than the full amount, will be considered in any way an acceptance of benefits, a novation or an accord and satisfaction of this claim without the express written release of our claim executed by an individual who identifies himself/herself as a member of our subrogation department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you.

If you need additional support for our claim or require further information, please contact me. Please send payment to:

National Document Center
PO Box 268992
Oklahoma City, Ok 73126

Thank you,

Brittany Shine
Litigation Claims Representative

JRPWTK3



21st Century Casualty Company
616-803-7653

CITY OF RIALTO
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3

35 03 000088 4JJRPWTK31 CF0214P1 35 [4] 000088



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

CITY CLERK'S DATE STAMP

RECEIVED
CITY CLERK
FEB 24 AM 11:23
CITY OF RIALTO

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:

21st Century Casualty Company A/S/O Sohnu

FULL NAME

DATE OF BIRTH

PO BOX 268992 Oklahoma City, OK 73126

HOME ADDRESS INCLUDING CITY, STATE & ZIP

()

HOME TELEPHONE NO.

PO BOX 268992 Oklahoma City, OK 73126

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

(616-) 803-7653

BUSINESS TELEPHONE NO.

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

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12/13/2024 TIME: 7:30 ☐ 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.
E Baseline Rd & Northside Sycamore Ave, Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Your officer Daniel Smith attempted to overtake the insured on the left side as they made a left turn.

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.
Daniel attempted to overtake the insured.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 6,038.19

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

DAMAGES INCURRED TO DATE:

Item/Date: Damages paid by 21st Century

Amount: \$ 5,038.19

Item/Date: Deductible paid by the insured

Amount: \$ 1,000.00

JRPWTK3

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$6,038.19

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$6,038.19

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

NAME: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

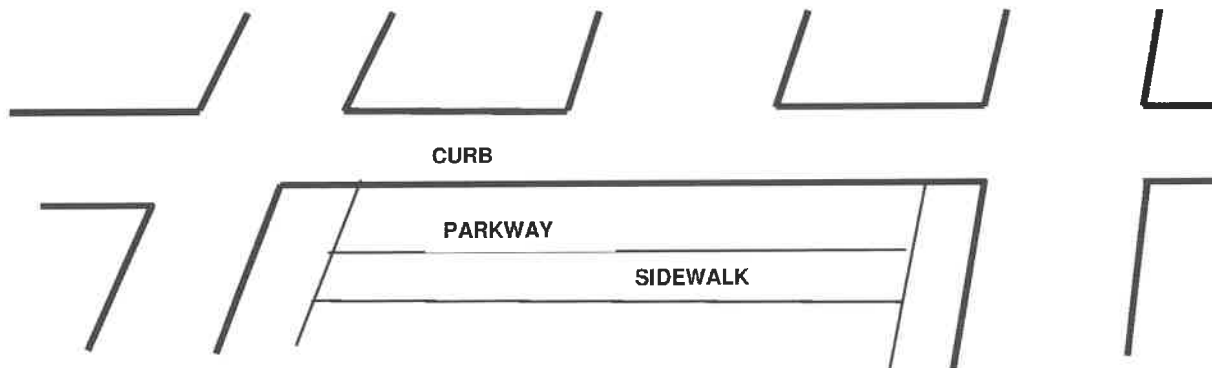
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Brittany Shine

TYPE OR PRINT NAME

Insurance Representative

RELATIONSHIP TO CLAIMANT

2/11/2025

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

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Claim Reference Id	: 7008470706-1_A4963769
File Name	: PHOTO17
File Date	: 12/20/2024
Label	: Left Front
Note	: Heat Map
Photo Location	:
Photo Taken By	: Smart Review
Estimate Indicator	: E01



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Claim Reference Id	: 7008470706-1_A4963769
File Name	: PHOTO31
File Date	: 12/20/2024
Label	: Left Rear
Note	: Heat Map
Photo Location	:
Photo Taken By	: Smart Review
Estimate Indicator	: E01



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Claim Reference Id	: 7008470706-1_A4963769
File Name	: PHOTO5
File Date	: 12/20/2024
Label	: Right Front
Note	: Heat Map
Photo Location	:
Photo Taken By	: Smart Review
Estimate Indicator	: E01



CITY OF RIALTO
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Claim Reference Id	: 7008470706-1_A4963769
File Name	: PHOTO15
File Date	: 12/20/2024
Label	: Right Rear
Note	: Heat Map
Photo Location	:
Photo Taken By	: Smart Review
Estimate Indicator	: E01



CALIBER - RIALTO
RESTORING THE RHYTHM OF YOUR LIFE
421 West Rialto Avenue, RIALTO, CA 92376
Phone: (909) 874-4470
FAX: (909) 874-4561

Workfile ID: 2def7e17
Federal ID: 33-0730794
State ID: N/A
Federal EPA: N/A
State EPA: CAL000265317
BAR: ARD299767

Supplement of Record 3 with Summary

RO Number: 3023973

Written By: Eduardo Galvan, 1/13/2025 4:40:27 PM

Insured: SOHNU, NO NAME GIVEN Policy #: Claim #: 7008470706-1 A4963769
Type of Loss: COLL1 - Collision Date of Loss: 12/13/2024 7:30 PM Days to Repair: 15
Point of Impact: 09 Left T-Bone (Left Side)

Owner: SOHNU, NO NAME GIVEN
1569 La Guardia Circle
Lincoln, CA 95648-0000
(510) 461-1454 Cell

Inspection Location: CALIBER - RIALTO
421 West Rialto Avenue
RIALTO, CA 92376
Repair Facility
(909) 874-4470 Business

Insurance Company: TOGGLE INSURANCE
CNTC
P.O. Box 268994
Oklahoma City, OK 73126-8994
(800) 445-7911 Business

VEHICLE

2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection BLACK

VIN: Interior Color: BLACK Mileage In: 37,337 Vehicle Out: 1/8/2025
License: Exterior Color: BLACK Mileage Out: 37,362
State: CA Production Date: 5/2023 Condition: Job #: ALEX

TRANSMISSION

Automatic Transmission

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver 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
Backup Camera
Remote Starter
Intelligent Cruise

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection
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
Hands Free Device

Xenon or L.E.D. Headlamps
Lane Departure Warning

ROOF

Electric Glass Sunroof

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats
Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Rear Spoiler
Signal Integrated Mirrors

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Supplement of Record 3 with Summary

..O Number: 3023973

2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection BLACK

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		INFORMATION LABELS					
2		Rpl information labels				0.3	
3	Repl	Caution label battery temperature	1K90058GA00	1	5.92	Incl	
4	Repl	Tire info label w/hybrid 18" wheels	427623D4A10	1	1.95	Incl	
5	Repl	Info label TPMS	42769T20000	1	1.92	Incl	
6	** S01	Repl Non OEM Vin label		1	124.95		
7		FRONT BUMPER & GRILLE					
8	R&I	R&I bumper cover as an assy				1.4	
9		FRONT LAMPS					
10	R&I	LT R&I headlamp assy				0.3	
11		FENDER					
12	*	Blnd LT Fender					1.0
13	R&I	LT Fender liner LX, EX, Sport				0.4	
14	R&I	LT Fender ledge cvr				0.2	
15	R&I	LT Wheel opng mldg				0.3	
16		PILLARS, ROCKER & FLOOR					
17	*	Rpr LT Aperture panel				4.0	1.0
		Note: REPAIR SMASHED IN ROCKER					
18		Add for Clear Coat					0.4
19	#	Rpr Body Pull				1.0	
20	#	Rpr Set Up On Floor				1.0	
21		R&I LT Front sill plate				0.2	
22		R&I LT Lwr ctr plr trim LX, EX, Sport, Sport-L				0.3	
23		R&I LT Rear sill plate				0.2	
24		R&I LT Uptr ctr plr trim black				0.3	
25		R&I LT Cowl trim LX, EX, Sport, Sport-L				0.2	
26	#	Refn Clear Coat Undamaged Panel- LT ROCKER					0.5
27	#	Refn Clear Coat Undamaged Panel-LT HINGE PILLAR					0.5
28		FRONT DOOR					
29	*	Repl USED LT door assy +20%	670503A0A00ZZ	1	912.00	1.6	3.2
		Note: PER K&P SHELL ONLY					
30		Overlap Major Adj. Panel					-0.4
31		Add for Clear Coat					0.6
32	* S02	Repl LT Mirror assy w/o heat	762583A0A92	1	558.00	0.5	
		Note: Mirror from National Auto Body is aftermarket and not capa.					
33		Refn LT Mirror cover gray metallic					0.4
34		Overlap Minor Panel					-0.2
35		Add for Clear Coat					0.1
36	#	Flex Additive		1	12.00 T		

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Supplement of Record 3 with Summary

..O Number: 3023973

2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection BLACK

Note: Need for Mirror Cover Refinish

The center uses Axalta paint materials, which require flex. Flex Additive is designed to increase flexibility, impact resistance, chip resistance, and UV protection.

37		Repl	LT Belt molding	724503A0A01	1	38.22	0.3	
38		Repl	LT Frame molding	724653A0A01	1	28.78	0.3	
Note: PARTS: Part cannot be reused/reinstalled.								
39		Repl	LT Applique	724703A0A01	1	10.25	0.2	
Note: PARTS: Part cannot be reused/reinstalled.								
40		Repl	LT Corner molding	724963A0A01	1	1.17		
41	**	Repl	Non OEM LT Body side mldg	753323A0A01	1	122.00	0.4	
42		Refn	LT Handle, outside w/o smart entry gray metallic					0.4
43			Overlap Minor Panel					-0.2
44			Add for Clear Coat					0.1
45	*	R&I	LT Handle base w/o smart entry				0.1	
46	*	R&I	LT Latch				0.4	
47	*	R&I	LT Handle, inside w/o illumination				0.1	
48		R&I	LT Striker				0.2	
49		R&I	LT Lower hinge				0.3	
50		R&I	LT Upper hinge				0.3	
51		R&I	LT Window regulator EX, EX-L, Sport				0.4	
52		R&I	LT Door glass Honda w/o acoustic layer				0.3	
53		R&I	LT W'strip on body				0.4	
54		R&I	LT Water deflector				0.1	
55		R&I	LT Door w'strip				0.4	
56	*	S01 Repl	LT Mirror cover black pearl	762513W0A11ZF	1	23.24	Incl.	0.0
57	*	S01 Repl	LT Door shell bumper #2	721425M4000	1	7.53		

REAR DOOR

59	*	Rpr	LT Outer panel				4.0	2.2
60			Overlap Major Adj. Panel					-0.4
61			Add for Clear Coat					0.4
62	#	Refn	Base Coat Reduction - Full Clear Coat					-0.2
63		R&I	LT W'strip on body				0.4	
64		R&I	LT R&I door assy				1.0	
Note: R&I FOR REFINISH ACCESS TO APETURE								
65		Repl	LT Belt molding	729503A0A01	1	39.79	0.3	
66		R&I	LT Wheel opng mldg				0.2	
67		R&I	LT Handle, outside gray metallic				0.3	
68		R&I	LT R&I trim panel				0.4	
69		Repl	LT Body side mldg	753333A0A01	1	143.43	0.4	

QUARTER PANEL

71		S03 Repl	LT Protector	744523A0A00	1	50.09	0.2	
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Note: MORE COST EFFECTIVE TO REPLACE VS CLEAN AND RETAPE

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35 12 000093 4JRPWTK31 CF0214P1 35 [4] 000093



Supplement of Record 3 with Summary

..O Number: 3023973

2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection BLACK

72	VEHICLE DIAGNOSTICS							
73	#		Pre-repair scan	1	40.00	X		
74	#	S01	Post-repair scan	1	Incl.	X		
75	#	S03	Subl Static Calibration - Adaptive Cruise Control	1	400.00	X		
76	#	S03	Subl Static Calibration - Lane Keep Assist	1	400.00	X		
77	#	S03	Electronic Stability Control Relearn	1	150.00	X		
			Note: Completed due to DTC C0051-54 Steering Angle Neutral Position Learning Incomplete					
78	#	S03	Subl Clear Codes	1	125.00	X		
79	#	S03	Subl On-Board Calibration - 0 point calibration/ seat weight sens	1	150.00	X		
80	#	S01	Corrosion Protection - 1/4 can	1		T	0.2	
81	#	Rpr	D&R Battery				0.1	
82	#	Subl	Hazardous Waste	1	5.00	X		
83	#		Mask Interior for Overspray	1		X	0.3	
84	#		Cover Car for Overspray	1	5.00	X	0.2	
85	#	S01	Subl Fuel Surcharge.	1	1.00	X		
86	#	S01	Subl Fuel Surcharge.	1	1.00	X		
87	#	S01	Subl Fuel Surcharge	1	1.00	X		
88	#	S01	Subl Fuel Surcharge	1	1.00	X		
89	#	S03	REAR DOOR: LT Front applique	1				
90	**	S03	Non OEM B-Pillar [Left] - Qty: 0.09 (Can(s)) - 3M Weld thru coating	1	5.00			
			Note: CORROSION PROTECTION FOR CENTER PILLAR REPAIR					
SUBTOTALS					3,365.24		24.9	9.4

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				2,074.24
Body Labor	24.9 hrs	@	\$ 62.00 /hr	1,543.80
Paint Labor	9.4 hrs	@	\$ 62.00 /hr	582.80
Paint Supplies	9.4 hrs	@	\$ 44.00 /hr	413.60
Miscellaneous				1,291.00
Pre-Tax Discount			-1.0 %	-59.05
Subtotal				5,846.39
Sales Tax	\$ 2,474.84	@	7.7500 %	191.80
Grand Total				6,038.19
Deductible				1,000.00
CUSTOMER PAY				1,000.00
INSURANCE PAY				5,038.19

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0.5
Incl.

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Supplement of Record 3 with Summary

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2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection BLACK

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SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Deleted Items							
70		QUARTER PANEL					
71	S01	R&I LT Protector				-0.2	
72	#	S01 Repl Clean and Retape Moldings		1	-3.00 T	-1.0	
		NOTE: CLEAN & RETAPE MOLDING CLEAN OLD GLUE FROM QTR					
76	#	S02 Subl Static Calibration - Adaptive Cruise Control		1	X		
77	#	S02 Subl Static Calibration - Lane Keep Assist		1	X		
78	#	S01 Electronic Stability Control Relearn		1	-150.00 X		
79	#	S01 Subl Clear Codes		1	-125.00 X		
80	#	S02 Subl On-Board Calibration - Zero point calibration		1	X		
Added Items							
70		QUARTER PANEL					
71	S03	Repl LT Protector	744523A0A00	1	50.09	0.2	
		NOTE: MORE COST EFFECTIVE TO REPLACE VS CLEAN AND RETAPE					
75	#	S03 Subl Static Calibration - Adaptive Cruise Control		1	400.00 X		
76	#	S03 Subl Static Calibration - Lane Keep Assist		1	400.00 X		
77	#	S03 Electronic Stability Control Relearn		1	150.00 X		M
		NOTE: Completed due to DTC C0051-54 Steering Angle Neutral Position Learning Incomplete					
78	#	S03 Subl Clear Codes		1	125.00 X		
79	#	S03 Subl On-Board Calibration - 0 point calibration/ seat weight sens		1	150.00 X		
89	#	S03 REAR DOOR: LT Front applique		1			
90	**	S03 Non OEM B-Pillar [Left] - Qty: 0.09 (Can(s)) - 3M Weld thru coating		1	5.00		
		NOTE: CORROSION PROTECTION FOR CENTER PILLAR REPAIR					
SUBTOTALS					1,002.09	-1.0	0.0



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2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection BLACK

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TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			55.09
Body Labor	0.2 hrs @	\$ 62.00 /hr	12.40
Additional Supplement Labor			-74.40
Miscellaneous			947.00
Pre-Tax Discount		-1.0 %	-9.40
Subtotal			930.69
Sales Tax	\$ 51.57 @	7.7500 %	4.00
Total Supplement Amount			934.69
NET COST OF SUPPLEMENT			934.69

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	4,800.45	Eduardo Galvan
Supplement S01	1,342.48	Eduardo Galvan
Supplement S02	-1,039.43	Eduardo Galvan
Supplement S03	934.69	Eduardo Galvan
Job Total:	\$ 6,038.19	
CUSTOMER PAY:	\$ 1,000.00	
INSURANCE PAY:	\$ 5,038.19	



..O Number: 3023973

2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection BLACK

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Caliber Collision is the industry leader in quality collision repair. Since day one, our highest purpose has been to get people just like you back on the road as quickly as possible and fully restored to the rhythm of your life. You can be sure we do everything possible to ensure your complete satisfaction including:

- Personalized, high quality service from the largest collision repair company in the U.S.
- Consistently ranked among the highest customer satisfaction scores in the industry.
- Approved by every major insurance company in the U.S.
- Expedited car rental and towing services to get you back on the road again in no time.
- Repair work backed by a written, lifetime warranty honored at every location.
- 24/7/365 customer service to answer questions and put your mind at ease.

This is a preliminary estimate based on visible damage. There may be additional repairs needed once the vehicle is taken apart by our I-CAR Gold Class technicians to identify any additional damage.

If an insurance company has written an estimate for you, please provide us with a copy. Properly endorsed insurance company checks are welcome as payment for the repair of your vehicle. Caliber Collision gladly accepts all major credit cards, debit cards, cashier's and traveler's checks. See your Caliber Collision center for details on acceptance of personal checks.

Before leaving your vehicle with us, please remove all important personal and valuable items from your vehicle. Caliber Collision is not responsible for belongings left in your vehicle.

Please let us know how we can be of further assistance, and when we can schedule an appointment for your vehicle to be repaired.

Caliber Collision - Restoring The Rhythm Of Your Life

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THIS IS NOT AN AUTHORIZATION TO REPAIR. TO ENSURE REPAIRS WILL BE COMPLETED BASED ON THIS ESTIMATE; PLEASE PROVIDE A COPY TO THE REPAIR FACILITY PRIOR TO AUTHORIZING REPAIRS. FAILURE TO DO SO MAY RESULT IN YOU BECOMING RESPONSIBLE FOR PAYING UNAPPROVED EXPENSES.

SUPPLEMENTAL REQUESTS NO PAYMENT FOR A SUPPLEMENT WILL BE APPROVED OR ISSUED UNLESS THE REPAIRS WERE AUTHORIZED PRIOR TO COMPLETING THE SUPPLEMENTAL REPAIRS. POTENTIALLY, A REINSPECTION MAY BE CONDUCTED. ALL SUPPLEMENTS MUST BE APPROVED BY A CLAIMS REPRESENTATIVE BEFORE REPAIRS ARE COMPLETED.

*** RENTAL COVERAGE*** BASED ON OUR ESTIMATE WE HAVE CALCULATED THE DAYS TO REPAIR YOUR VEHICLE AND THIS INFORMATION IS LOCATED ON THE FRONT PAGE OF YOUR ESTIMATE. THIS APPLIES IF YOU HAVE RENTAL COVERAGE AVAILABLE OR HAVE BEEN APPROVED FOR A RENTAL VEHICLE. REQUESTS FOR A RENTAL EXTENSION MUST BE REVIEWED PRIOR TO AUTHORIZATION. IF YOUR VEHICLE IS SAFELY DRIVABLE, IT SHOULD NOT BE LEFT FOR REPAIRS UNTIL THE NECESSARY PARTS ARE AVAILABLE AND YOUR REPAIR FACILITY IS READY TO COMMENCE REPAIRS. IF YOU LEAVE YOUR SAFELY DRIVABLE VEHICLE WITH THE REPAIR FACILITY BEFORE PARTS ARE AVAILABLE, YOU WILL BE RESPONSIBLE FOR ANY UNNECESSARY RENTAL EXPENSES INCURRED DURING REPAIRS.

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35 16 000093 4JRPWTK31 CF0214P1 35 [4] 000093



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THANK YOU FOR CHOOSING THE GUARANTEED REPAIR PROGRAM.

If you have coverage for damage to your vehicle under this policy it is our obligation to inform you that Under California Code of Regulations, Title 10, Chapter 5, Section 2695.8(e) you have the right to select the vehicle repair facility of your choice.

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. 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.

AUTO BODY REPAIR CONSUMER BILL OF RIGHTS

A CONSUMER IS ENTITLED TO:

1. SELECT THE AUTO BODY REPAIR SHOP TO REPAIR AUTO BODY DAMAGE COVERED BY THE INSURANCE COMPANY. AN INSURANCE COMPANY SHALL NOT REQUIRE THE REPAIRS TO BE DONE AT A SPECIFIC AUTO BODY REPAIR SHOP.
2. AN ITEMIZED WRITTEN ESTIMATE FOR AUTO BODY REPAIRS AND, UPON COMPLETION OF REPAIRS, A DETAILED INVOICE. THE ESTIMATE AND THE INVOICE MUST INCLUDE AN ITEMIZED LIST OF PARTS AND LABOR ALONG WITH THE TOTAL PRICE FOR THE WORK PERFORMED. THE ESTIMATE AND INVOICE MUST ALSO IDENTIFY ALL PARTS AS NEW, USED, AFTERMARKET, RECONDITIONED, OR REBUILT.
3. BE INFORMED ABOUT COVERAGE FOR TOWING AND STORAGE SERVICES.
4. BE INFORMED ABOUT THE EXTENT OF COVERAGE, IF ANY, FOR A REPLACEMENT RENTAL VEHICLE WHILE A DAMAGED VEHICLE IS BEING REPAIRED.
5. BE INFORMED OF WHERE TO REPORT SUSPECTED FRAUD OR OTHER COMPLAINTS AND CONCERNS ABOUT AUTO BODY REPAIRS.
6. SEEK AND OBTAIN AN INDEPENDENT REPAIR ESTIMATE DIRECTLY FROM A REGISTERED AUTO BODY REPAIR SHOP FOR REPAIR OF A DAMAGED VEHICLE, EVEN WHEN PURSUING AN INSURANCE CLAIM FOR REPAIR OF THE VEHICLE.

COMPLAINTS WITHIN THE JURISDICTION OF THE BUREAU OF AUTOMOTIVE REPAIR

Complaints concerning the repair of a vehicle by an auto body repair shop should be directed to:

Toll Free (866) 799-3811

California Department of Consumer Affairs
Bureau of Automotive Repair
10240 Systems Parkway
Sacramento, CA 95827

The Bureau of Automotive Repair can also accept complaints over its web site at: www.autorepair.ca.gov

COMPLAINTS WITHIN THE JURISDICTION OF THE CALIFORNIA INSURANCE COMMISSIONER

Any concerns regarding how an auto insurance claim is being handled should be submitted to the California Department of Insurance at:

(800) 927-HELP or (213) 897-8921

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California Department of Insurance
Consumer Services Division
300 South Spring Street, Soth Tower
Los Angeles, CA 90013

The California Department of Insurance can also accept complaints over its web site at: www.insurance.ca.gov

We must be notified by the repair facility, and physically inspect, all requests for supplemental damage. Failure to provide adequate notice may result in nonpayment of additional charges not contained in this appraisal.

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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.

If you have coverage for damage to your vehicle under this policy it is our obligation to inform you that Under California Code of Regulations, Title 10, Chapter 5, Section 2695.8(e) you have the right to select the vehicle repair facility of your choice.

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. 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.

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.

DISCLAIMER

This warranty and any representations made herein are non-transferable and its benefits extend only to the party owning the vehicle at the time of the repair. It is not part of your insurance policy and does not constitute an extension of coverage there under.

This is not an authorization for repairs. Moreover, we must inspect and approve any and all supplementary damages prior to repair. If, after we have authorized repair, you fail to present this estimate to the repair facility prior to the start of repairs, you may incur additional expense.



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2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection BLACK

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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.

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.

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2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection 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 ARG4469, CCC Data Date 01/09/2025, 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.

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Fraud Language: 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 REPAIR ESTIMATE MAY SPECIFY THE USE OF QUALITY REPLACEMENT PARTS. QUALITY REPLACEMENT PARTS ARE PARTS NOT MANUFACTURED BY OR FOR THE ORIGINAL EQUIPMENT MANUFACTURER. YOUR INSURANCE COMPANY WILL STAND BEHIND THE QUALITY REPLACEMENT PARTS SPECIFIED ON THIS ESTIMATE AND USED IN THE REPAIR OF YOUR VEHICLE, FOR AS LONG AS YOU OWN/LEASE THE VEHICLE. YOUR INSURANCE COMPANY WARRANTS THESE PARTS ARE OF LIKE KIND, QUALITY, FIT AND PERFORMANCE TO PARTS MANUFACTURED BY OR FOR THE ORIGINAL EQUIPMENT MANUFACTURER.

THIS WARRANTY EXCLUSIVELY COVERS LOSS OR DAMAGE THAT IS RELATED TO DEFECTS IN THE QUALITY REPLACEMENT PART. THIS WARRANTY DOES NOT COVER DAMAGE OR PART FAILURE DUE TO IMPROPER INSTALLATION, MISUSE, NEGLIGENCE, ABUSE, IMPROPER MAINTENANCE, ABNORMAL OPERATION, OR NORMAL WEAR AND TEAR.

SHOULD A SUPPLIER OF A PART SPECIFIED IN THE REPAIR ESTIMATE, OR THE REPAIR FACILITY THAT PERFORMS THE REPAIR ON YOUR VEHICLE, BE UNABLE TO RESOLVE A LEGITIMATE COMPLAINT ABOUT THE QUALITY REPLACEMENT PART USED IN THE REPAIR, YOUR INSURANCE COMPANY WILL MAKE EVERY EFFORT TO SEE THAT THE PROBLEM IS CORRECTED.

THIS QUALITY REPLACEMENT PARTS WARRANTY AND ANY REPRESENTATIONS MADE HEREIN ARE NON-TRANSFERABLE AND EXTEND ONLY TO THE PARTY OWNING/LEASING THE VEHICLE AT THE TIME OF THE REPAIR. FOR ASSISTANCE, PLEASE CONTACT YOUR INSURANCE COMPANY'S NEAREST CLAIM DEPARTMENT OFFICE.

As the vehicle owner, the final choice as to which parts will actually be used in the repairs is yours. If you prefer parts other than those included on the estimate, you should notify your repair facility. Should the use of those other parts increase the repair cost, you will be expected to pay the difference.

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Supplement of Record 3 with Summary

O Number: 3023973

2023 HOND CR-V Hybrid Sport FWD w/o Blind Spot Info 4D UTV 4-2.0L Hybrid Gasoline Direct Injection BLACK

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PARTS SUPPLIER LIST

Line	Supplier	Description	Price
29	K & P AUTO DISMANTLERS 15295 Whittram Fontana CA 92335 (909) 428-6898	#9.24 USED LT door assy +20% LT FRONT DOOR-LT FRT DOOR SHELL,S#9.24 Quote: 3175758315 Expires: 01/17/25	\$ 760.00
41	Keystone, Inc 15895 VALLEY BLVD, SUITE 100 FONTANA CA 92335 (800) 421-7866	#HO1304113 Non OEM LT Body side mldg Quote: 2787296663 Expires: 02/01/25	\$ 122.00

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For Customer Support refer to the appropriate platform below:

Police Records Retrieval

800-934-9698

PoliceRecords.support@lexisnexisrisk.com

Accurant for Insurance

866-277-8407

Accurant.support@lexisnexisrisk.com

For tips on ordering visit:
statetips.lexisnexisrisk.com

PAGE COUNT: 12

CLIENT: 207857
DIVISION: I2
ADJUSTER: USW9KYO9
CLAIM: 7008470706-1

TRANSACTION #: 3032690652
DATE: 2025-02-06 22:52:49.0

DATE OF LOSS: 12/13/2024
STREET: E BASELINE RD & NORTHSIDE SYCAMORE AVE
CITY: RIALTO
COUNTY: SAN BERNARDINO
STATE: CA

TIME OF LOSS: 19:30

INVESTIGATING AGENCY: CA HP
REPORT NUMBER: NCIC9860
REPORT TYPE: AUTOACCIDENT
PARTY1: NO NAME GIVEN SOHNU
PARTY2:
PARTY3:

CAR: CR-V MAKE: HONDA YEAR: 2023
TAG:

ADDITIONAL INFO: INSURED VEHICLE HIT BY CLAIMANT VEHICLE

NOTE: INSURED VEHICLE HIT BY CLAIMANT VEHICLE

THANK YOU FOR YOUR ORDER!

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SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER	
COURTESY REPORT ON-DUTY EMERGENCY VEHICLE		0	<input type="checkbox"/>	RIALTO	SAN BERNARDINO SUPERIOR COURT FONTANA	9865-2024-00557	
NUMBER KILLED		0	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK
			<input type="checkbox"/>	SAN BERNARDINO			SMTWTFS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LOCATION	CRASH OCCURRED ON		CRASH DATE		CRASH TIME (2400)	NOTIF. DATE (2400)	NCIC #
	N SYCAMORE AVE		12/13/2024		1923	12/13/2024	1926
	<input type="checkbox"/> AT INTERSECTION WITH		GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI)		STATE HWY REL		DIGITAL MEDIA
	<input checked="" type="checkbox"/> OR: 150 FEET NORTH of BASELINE RD		<input checked="" type="checkbox"/> SAME AS LOCATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMBEDDED
	LAT. LONG.		LAT. LONG.		LAT. LONG.		LAT. LONG.
34.121577 -117.366025		34.121577 -117.366025		34.121670 -117.366072		34.121670 -117.366072	
AOI 3 LAT. LONG.		AOI 4 LAT. LONG.		AOI 5 LAT. LONG.		AOI 6 LAT. LONG.	
34.121679 -117.366083		34.121679 -117.366083		34.121679 -117.366083		34.121679 -117.366083	
PARTY 1	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
			CA	M1	P	W	2024
DRIVER	NAME (FIRST, MIDDLE, LAST)		ON-DUTY EMERGENCY VEHICLE				
<input checked="" type="checkbox"/>	DANIEL JAMES SMITH						
PEDESTRIAN	STREET ADDRESS		OWNER'S NAME				
<input type="checkbox"/>	128 N WILLOW AVENUE		<input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP		THE CITY OF RIALTO				
<input type="checkbox"/>	RIALTO CA 92376		OWNER'S ADDRESS				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	150 S PALM AVE RIALTO RIALTO CA 92376
<input type="checkbox"/>	M	BRN	BLU	5' 10"	230	Mo. Day Year	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
OTHER	HOME PHONE		BUSINESS PHONE		DRIVEN AWAY		
<input type="checkbox"/>	NONE		(909) 820-2550		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OPERATOR	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		
<input type="checkbox"/>	CITY OF RIALTO		SELF INSURED		49		
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	VEH. YEAR
	N	N SYCAMORE AVE	N/B	1	1	40	2023
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	MAKE/MODEL/COLOR
			CA	A	M	G	HOND CRV BLK
DRIVER	NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME				
<input checked="" type="checkbox"/>	SOHNU NO GIVEN NAME		<input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS		OWNER'S ADDRESS				
<input type="checkbox"/>			<input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
<input type="checkbox"/>	HAYWARD CA 94544		DRIVEN AWAY				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
<input type="checkbox"/>	M	BLK	BLK	5' 8"	161	Mo. Day Year	
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
<input type="checkbox"/>			NONE		07		
OPERATOR	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		
<input type="checkbox"/>	TOGGLE		TAUYPVKULX		DESCRIBE VEHICLE DAMAGE		
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR
	N	N SYCAMORE AVE	N/B	1	1	40	<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
DRIVER	NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME				
<input type="checkbox"/>			<input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS		OWNER'S ADDRESS				
<input type="checkbox"/>			<input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
<input type="checkbox"/>			DRIVEN AWAY				
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
<input type="checkbox"/>						Mo. Day Year	
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
<input type="checkbox"/>					07		
OPERATOR	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE		
<input type="checkbox"/>					DESCRIBE VEHICLE DAMAGE		
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR
							<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
PREPARER'S NAME		DISPATCH NOTIFIED		REVIEWER'S NAME		DATE REVIEWED	
LUIS A LOPEZ, 024041		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					

☐ REFER TO NARRATIVE FOR ADDITIONAL INFORMATION

CRASH DATE (MO. DAY YEAR) 12/13/2024				CRASH TIME (2400) 1923				NCIC #				OFFICER ID				NUMBER 9865-2024-00557			
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)						PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER	OPER.						
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	26	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	M		0	
NAME / D. O. B. / ADDRESS SAHIL KUMAR (08/05/1998) 1431 163RD AVE APT 10 SAN LEANDRO CA 94578																			
(INJURED ONLY) TRANSPORTED BY:								EMS RUN NUMBER:				TAKEN TO:							
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS																	TELEPHONE		
(INJURED ONLY) TRANSPORTED BY:								EMS RUN NUMBER:				TAKEN TO:							
DESCRIBE INJURIES																			
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PREPARER'S NAME LUIS A LOPEZ																			
ID NUMBER 024041				MO. DAY YEAR 12/13/2024				REVIEWER'S NAME						MO. DAY YEAR					

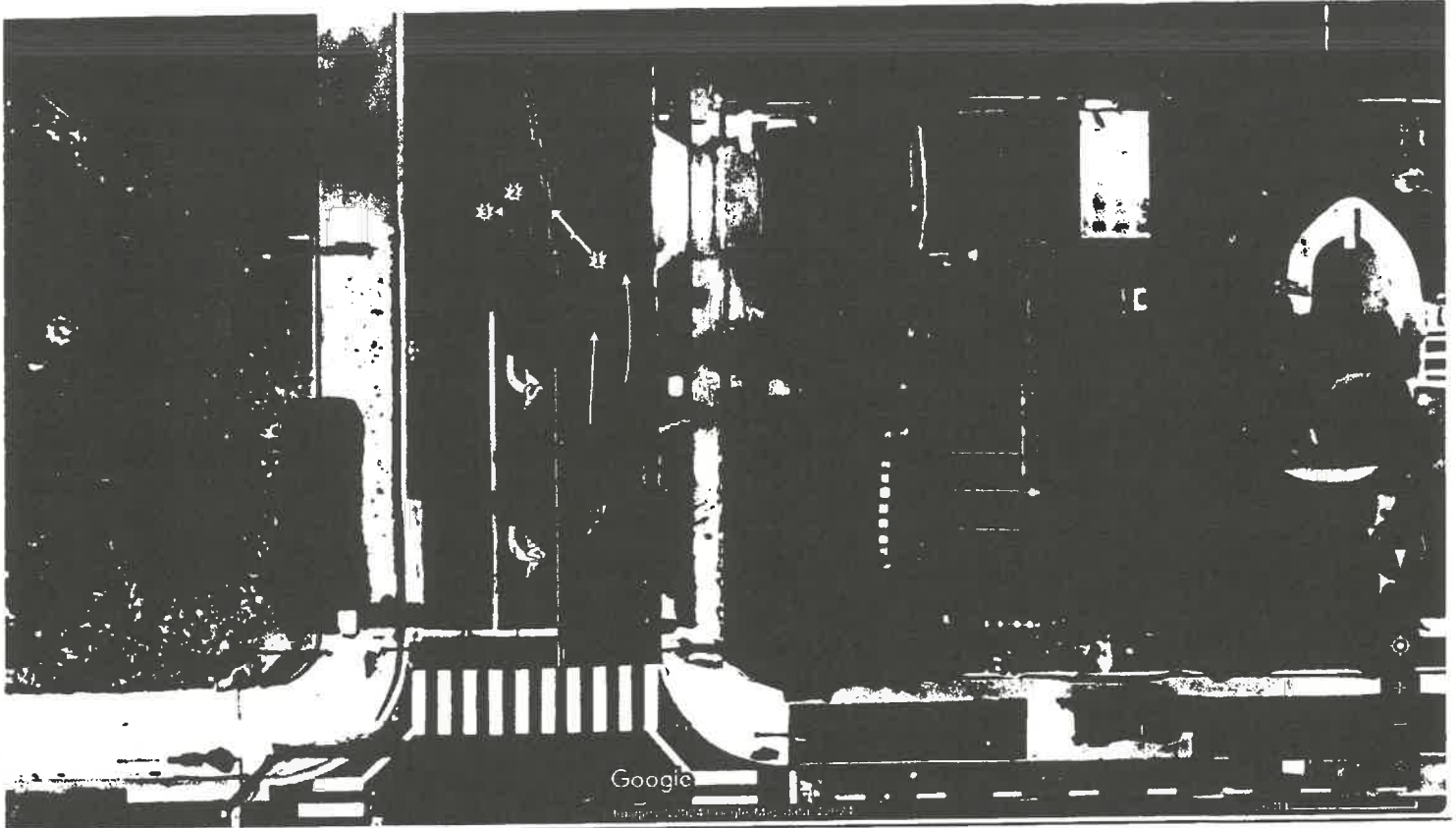
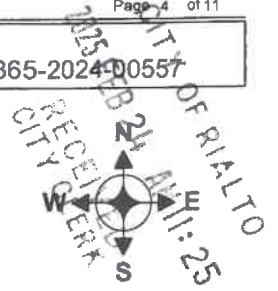


STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 2-20) OPI 060

CRASH DATE (MO. DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
12/13/2024	1923			9865-2024-00557

DATE PREPARER CAPTURED IMAGE: 12/15/2024
PROPRIETOR OF IMAGE: Google
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THIS OVERHEAD IMAGE IS PROVIDED TO DEPICT THE CRASH SCENE ENVIRONMENT ONLY. ANY VEHICLES, PEDESTRIANS, OR OTHER ROAD USERS CAPTURED IN THE OVERHEAD IMAGE NOT DEPICTED IN THE SUMMARY/CAUSE WERE NOT ASSOCIATED WITH THIS CRASH.

ALL VEHICLE DIMENSIONS AND MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED.

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
LUIS A LOPEZ	024041	12/13/2024		

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NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/13/2024	1923			9865-2024-00557

1 All times, speeds, and measurements throughout this report are approximate. Measurements were
2 obtained using visual estimation and GPS unless otherwise stated. All opinions and conclusions were
3 based on evidence and/or statements.

4

5 **OTHER FACTUAL INFORMATION:**

6

7 Party #1 (P-1, Smith) at the time of the crash was an Officer with the Rialto Police Department as defined
8 in Penal Code section 830.1 and was on-duty wearing a Rialto Police Department uniform, while riding a
9 black and white authorized emergency vehicle (motorcycle) as described in California Vehicle Code section
10 165.

11

12 I observed P-1 had a departmentally issued DOT approved helmet, and it was completely intact.

13

14 **STATEMENTS:**

15

16 **Party #1 (P-1, Smith)** was contacted within the Harbor Freight parking lot located at, 260 E Baseline Rd in
17 the city of Rialto. He related the following information to me: P-1 was riding **Vehicle #1 (V-1, BMW)** within
18 the northbound lane of N Sycamore Ave, north of Baseline Rd at approximately 15 miles per hour. P-1
19 was riding V-1 within the left portion of the northbound lane. P-1 observed V-2 slow down to 2-3 miles per
20 hour directly in front of him within the northbound lane. P-1 observed V-2 move to the right curb of N
21 Sycamore Rd. P-1 observed no turn signal from V-2. P-1 then moved V-1 to the left portion of the
22 northbound lane and proceeded past the driver door. As V-1 began to pass V-2 on the left, V-2 made a left
23 turn in V-1's direct path of travel. After the impact, P-1 picked up V-1 from the roadway and out of lanes.
24 Both parties relocated their respective vehicles to the Harbor Freight parking lot, and awaited CHP arrival.

25

26 **Party #2 (P-2, SOHNU)** was contacted within the Harbor Freight parking lot. **Passenger #1 (Pass-1,**
27 **Kumar)** translated for P-2. P-2 related the following information to me: P-2 was driving **Vehicle #2 (V-2,**
28 **Honda)** within the northbound lane of N Sycamore Ave, north of Baseline Rd, driving at a slow rate of
29 speed, approximately 2-3 miles per hour. P-2 used his left-hand turn signal to turn into the Harbor Freight
30 parking lot. P-2 related that V-1 rode up from behind and tried to pass V-2 on the left. As V-2 was making
31 a left-hand turn, V-1 hit the side of V-2.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
LUIS A LOPEZ	024041	12/13/2024		

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NARRATIVE/SUPPLEMENTAL

PAGE 6 OF 11

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
12/13/2024	1923			9865-2024 00587

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CITY OF RIALTO

1 STATEMENTS (Continued):

2

3 P-2 stated he did not make a wide turn or swing to the right before turning into the parking lot.

4 After the crash, P-2 relocated V-2 into the Harbor Freight parking lot and waited for CHP arrival.

5

6 SUMMARY/CAUSE:

7

8 Party #1 (P-1, Smith) was riding Vehicle #1 (V-1, BMW) within the northbound lane of N Sycamore Ave,
9 north of Baseline Rd at approximately 2-15 miles per hour. V-1 was approaching the left rear of V-2. Party
10 #2 (P-2, Sohnu) was driving Vehicle #2 (V-2, Honda) within the northbound lane of N Sycamore Ave,
11 north of Baseline Rd, at approximately 2-15 miles per hour and intending to make a left turn into a private
12 driveway located at 260 E. Baseline Rd. P-1 began to overtake V-2 on the left as P-2 made a left-hand
13 turn into the driveway. Due to P-1's unsafe passing on the left (21750 (a) CVC) and failure to ensure his
14 path of travel was clear, the right front fairing of V-1 crashed into the left side of V-2 (AOI #1). After the
15 impact to V-2, V-1 overturned onto its side and onto the roadway (AOI #2). After V-1 impacted the
16 roadway, P-1 was ejected and fell into the roadway alongside V-1 (AOI #3). After the crash, P-1 was able
17 to stand V-1 upright. Both parties moved off the roadway and parked in the Harbor Freight parking lot
18 located at 260 E. Baseline Rd. in the city of Rialto. Both parties remained on scene and awaited CHP
19 arrival.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
LUIS A LOPEZ	024041	12/13/2024		



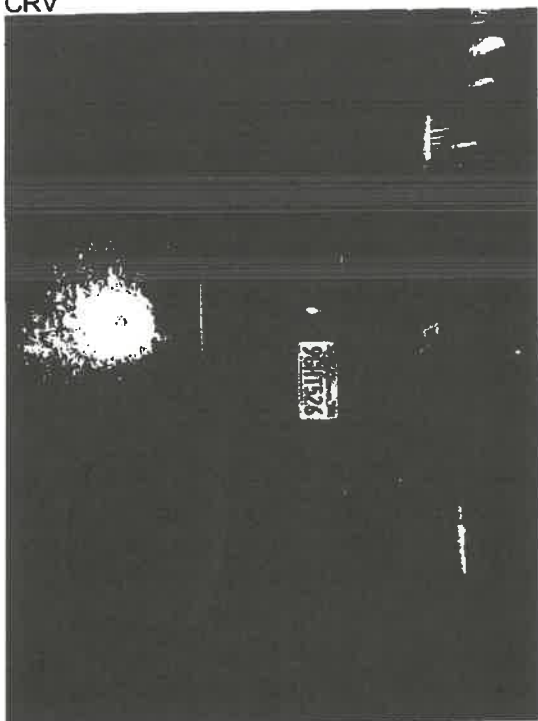
STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
PHOTOS

CHP 555 OPI 060

Page 7 of 11

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
12/13/2024	1923			9865-2024-00557

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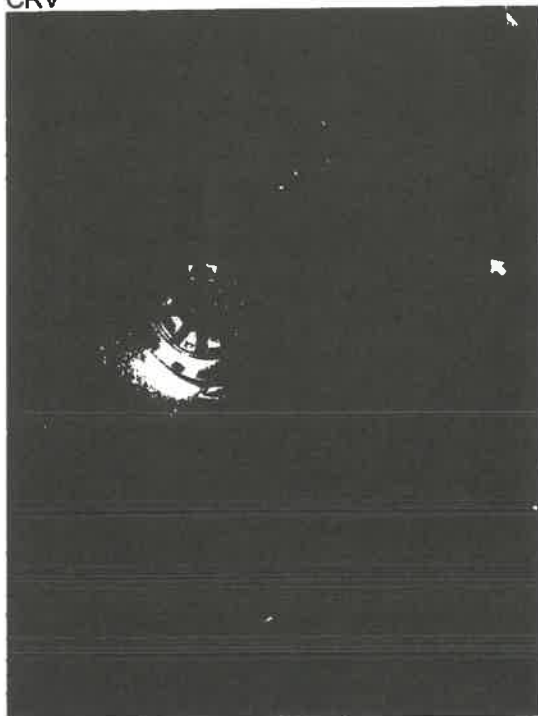


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PHOTOS

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Page 8 of 11

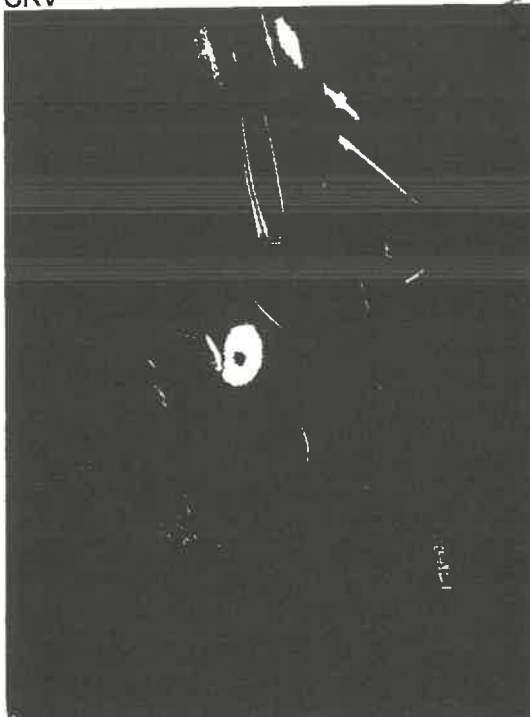
DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
12/13/2024	1923			9865-2024-00557

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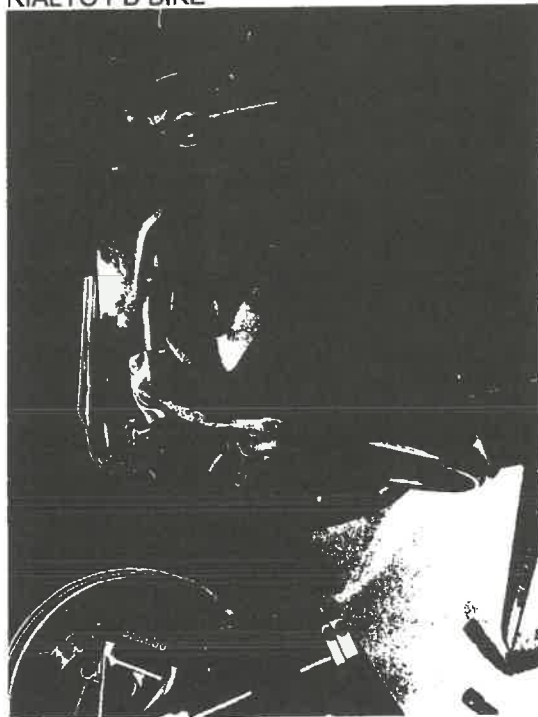
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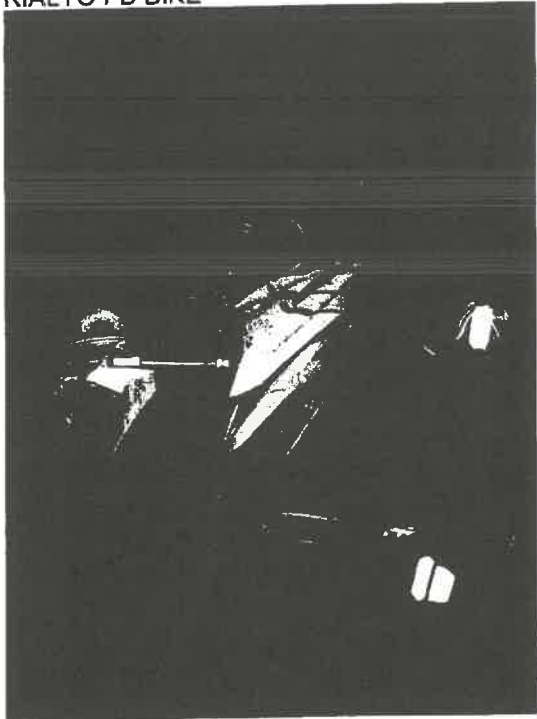
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CHP 555 OPI 060

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCC #	OFFICER ID	NUMBER
12/13/2024	1923			9865-2024-00557

Page 9 of 11
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LUIS A LOPEZ	024041	12/13/2024		

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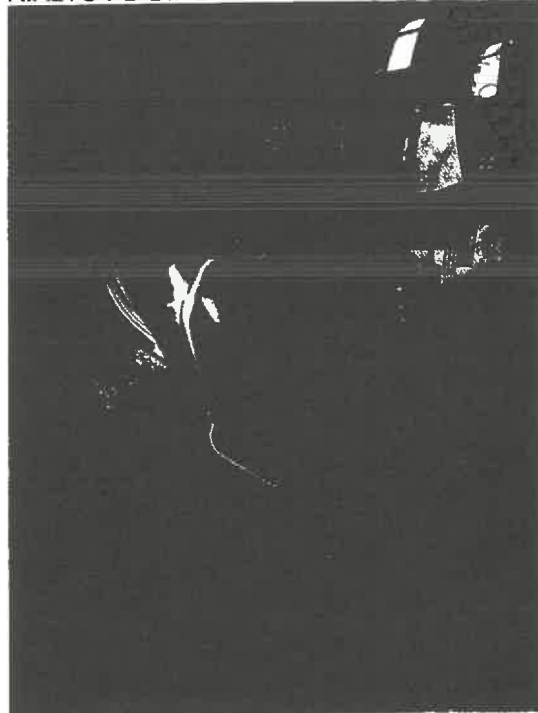
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DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCC #	OFFICER ID	NUMBER
12/13/2024	1923			9865-2024-00557

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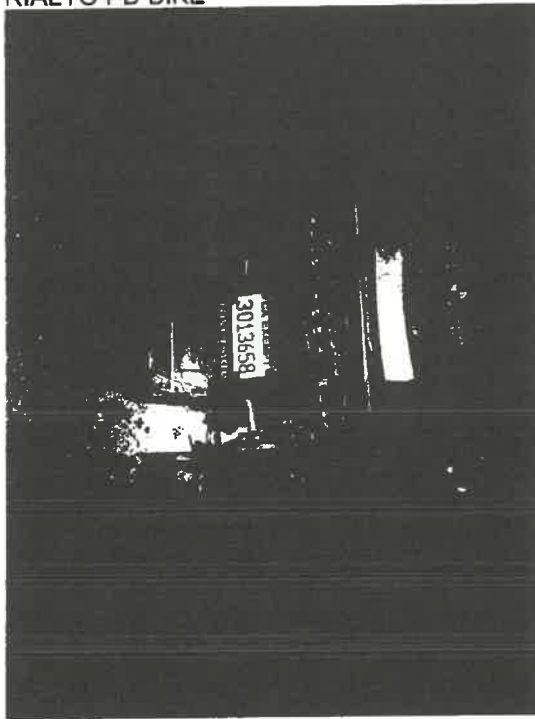


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DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
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Email: myclaim@toggle.com
Please include your claim # on any correspondence
National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
info.gettoggle.com/claims

February 14, 2025

Payment Log

Account Number: JJJ331648
Date of Loss: 12/13/2024
Insured's Name: . SOHNU
Claim Number: 7008470706-1

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Unit Type	Claim Unit	Date Issued	Payee	Check Number	Payment Amount
Vehicle		01/16/2025	CALIBER COLLISION - RIALTO (MSO)	1641509872	\$5,038.19
Payment Total:					\$5,038.19
Collections Total :					\$0.00
Deductible :					\$0.00
Grand Total :					\$5,038.19



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