



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

CITY CLERK'S DATE STAMP

2025 JUN 18 PM 1:01
CITY OF RIALTO
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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:

Farmers Insurance Exchange a/s/o Omar Torres

FULL NAME

N/A

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

P.O. Box 268994, OK City, OK 73126

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

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

HOME TELEPHONE NO.

616 803-7667

BUSINESS TELEPHONE NO.

Jeanette Hild c/o Farmers Insurance Exchange

Claim# 7008971716-1. P.O. Box 268994, OK City, OK 73126

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 5-13-2025 TIME: 2:36pm ☐ 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.

Baseline and Riverisde, Rialto, CA

3. HOW DID DAMAGE OR INJURY OCCUR?

On 5-13-2025 at appx 2:36pm on Baseline and Riverside, CA, Courtney Lynn driving City of Rialto PD veh at time of loss hit the insured driver Rianna orres as insured was pulling back out into traffic from pulling over prior for a police officer going by with sirens on. Officer Lynn did not have sirens on when passing

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.

Failure to yield

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$2281.87

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

DAMAGES INCURRED TO DATE:

Item/Date: Veh dmg paid to date is \$1281.87

Amount: \$ 1281.87

Item/Date: Deductible

Amount: \$ 1000.00

DRLOWF3



TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 2281.87

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount: \$ 2281.87 due

Item/Date: _____

Amount: \$ 2281.87 due

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 2281.87 due

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: This is a pd only claim being made

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

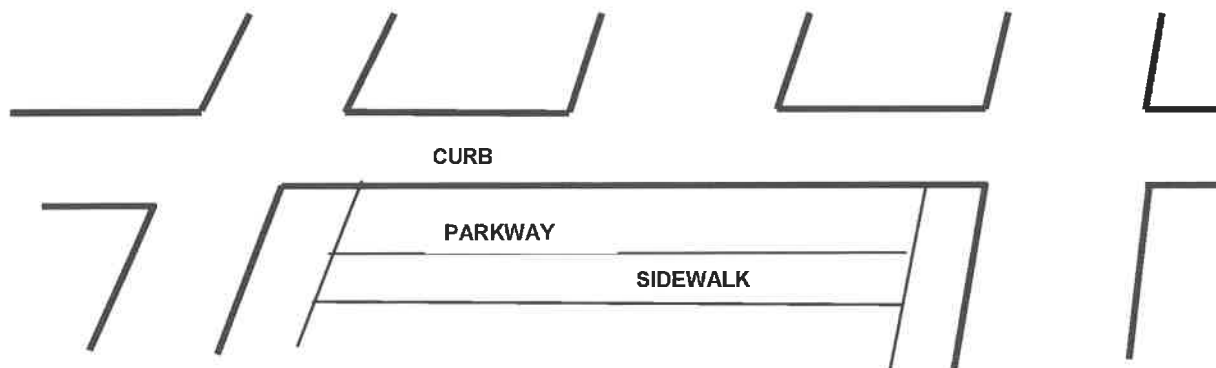
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Jeanette Hild for Farmers Insurance Exchange a/s/o Omar Torres

TYPE OR PRINT NAME

Insurance Carrier

RELATIONSHIP TO CLAIMANT

6-11-2025

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

DRLOWF3

Scan or visit verify.add123.com to verify

Verification Code: CECT2S2

California Vehicle Record

Retrieved On: Wed May 14, 2025 12:28:41 PM EDT
Reference ID: 7008971716-1

Registration Data	Vehicle Data	Title Data
Tag: 9RYJ770 Issue Date: 03/11/2025 Exp. Date: 05/02/2026 County: SAN BERNARDINO (36) Plate Type: Regular Auto (11) Reg. Exp. Date: 05/02/2026	VIN: Year: 11 Make: GMC Model: Terrain* Trim: SLE* Body: Station Wagon (SW) Class Code: AF Fuel: Gas (G) Curb Weight: 3,853* Year First Sold: 11 Year Transferred: 25	Title: Issue Date: 03/10/2025 Use: Automobile - Used (12) Odo Read: 15 Odo Status: ACTUAL Odo Date: 04/30/2011

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Conditions

Date: 03/11/2025 Message: SMOG DUE 05/02/27
Message: NO MAILING ADDRESS
Date: 03/11/2025 Message: PREV LIC

DMV Fees for period 05/02/2025 - 05/01/2026 Date of Loss: 05/13/2025

Description	Amount	Prorated Amount
ATD FEE:	\$2.00	\$2.00
TRANSFER FEE:	\$15.00	\$15.00
ALT FUEL TECH REG FEE:	\$3.00	\$3.00
REG FEE:	\$71.00	\$71.00
AQMD FEE:	\$7.00	\$7.00
TRANSPORTATION IMPROVEMENT FEE:	\$32.00	\$32.00
SAFE FEE:	\$1.00	\$1.00
CHP FEE:	\$32.00	\$32.00
TRANSFER SMOG FEE:	\$8.00	\$8.00
VLF UNUSED PORTION:	\$5.50	\$5.50
FINGERPRINT FEE:	\$2.00	\$2.00

Settlement Total to Registered Owner: \$25.00

Refund DMV Fees for period 05/02/2025 - 05/01/2026

Company Refund: \$0.00

Vehicle Interests

Owner 1 TORRES OMAR
305 WHIPPLE MOUNTAIN RD
SN BERNRDNO, CA 92410

Raw Record Data

[ABANDONED_VEHICLE_FEE] non-commercial vehicle in any county [\$1.00]
[ABANDONED_VEHICLE_FEE] no county fee associated with acquiredDate with 05/02/2025 and county 36 [\$1.00]
[ALT_FUEL_TECH_REG_FEE] Alternate Fuel Technology Regulation Fee: [\$3.00]
[AQMD_FEE] from county 36 and zip 92410 and acquiredDate after 4/30/2005 [\$7.00]
[ATD_FEE] from county36 and is not CVRA after 7/1/2016 [\$2.00]



[CARGO_THEFT_FEE] unladen weight is less than 10,001 lbs [\$0.00]
 [CHP_FEE] is not CVRA and acquired after 01/01/2021 [\$32.00]
 [CHP_PENALTY_FEE] record is not expired [\$0.00]
 [COUNTY_TRANS_PROJECT_FEE] No County Transport Project Fee in county 36 during 05/02/2025 [\$0.00]
 [FINGERPRINT_FEE] nonCVRA vehicle from county 36, 05/02/2025 [\$2.00]
 [MOTORCYCLE_SAFETY_FEE] vehicle is not a motorcycle [\$0.00]
 [PLATE_INTERCHANGE_SEQUENCE_FEE] vehicle does not have personalized plates [\$0.00]
 [PLATE_INTERCHANGE_PERSONALIZED_FEE] vehicle does not have personalized plates [\$0.00]
 [REG_FEE] vehicle is registered after 1/1/2022 [\$71.00]
 [REG_FEE_PENALTY] record is not expired [\$0.00]
 [REG_FEE_SURCHARGE] vehicle is registered in county 36 [\$0.00]
 [ROAD_IMPROVEMENT_FEE] not a zero emission vehicle with a vehicle year on or after 2020 [\$0.00]
 [SAFE_FEE] nonCVRA vehicle from county 36 on 03/10/2025 is eligible for fee [\$1.00]
 [SALES_TAX] from 92410 in county 36 [\$0.00]
 [SALVAGE_CERTIFICATE_FEE] vehicle is not salvaged [\$0.00]
 [SPECIALIZED_PLATE_RENEWAL_PERSONALIZED] does not have personalized license plate [\$0.00]
 [SPECIALIZED_PLATE_FEE_RENEWAL_SEQUENTIAL] does not have specialized license plate [\$0.00]
 [SMOG_ABATEMENT_FEE] is a seven year old vehicle with a valid smog certificate [\$0.00]
 [TRANSFER_FEE] transfer fee is needed [\$15.00]
 [TRANSFER_SMOG_FEE] vehicle is 4 years old or under and uses gasoline [\$6.00]
 [TRANSPORTATION_IMPROVEMENT_FEE] vehicle has class code AF [\$32.00]
 [USE_TAX] vehicle doesn't have use tax [\$0.00]
 [VLF_PENALTY] fees are not expired [\$0.00]
 [VLF_REFUND_SERVICE_FEE] has VLF fee [-\$23.00]
 [WEIGHT_FEE] vehicle is not commercial [\$0.00]
 [WEIGHT_FEE_PENALTY] expiration date after date record pulled [\$0.00]

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(DPPA 6) Insurance underwriting, rating, claims and antifraud.

This information is provided by the California Department of Motor Vehicles (CaDMV). Auto Data Direct, Inc. is an authorized provider of real-time California motor vehicle data. Auto Data Direct, Inc. is not responsible for the unauthorized use of the information provided from the CaDMV.

This Motor Vehicle Record is extracted directly from the State or Jurisdiction's official Motor Vehicle Records database, in real time. The authenticity of these records may be authenticated in real time using the ADD on-line authorization system.

Personal information (including, but not limited to: name, address, date of birth, DL number) appearing on driver and vehicle records is protected by the Driver Privacy Protection Act (DPPA). The use of personal information for reasons not allowed by the DPPA will result in loss of information access privileges and may result in legal action.

This record must not be reproduced, reused or resold.

Any person who knowingly discloses any information in violation of the Driver Privacy Protection Act (DPPA) may be subject to criminal sanctions and civil liability specified in law for unauthorized use of the data.

* Field information provided by Auto Data Direct, Inc.



Claim Reference Id
File Name
File Date
Label
VIN
Note
Photo Location
Photo Taken By

Odometer
: 7008971716-1_A6058992
: Odometer
: 05/22/2025
: Odometer
: 34.0713913 (Lat), -
117.401038 (Lon)
: X-CLUSIVE KUSTOMZ

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Vehicle Registration

Claim Reference Id	: 7008971716-1_A6058992
File Name	: Vehicle Registration
File Date	: 05/22/2025
Label	: Vehicle Registration
VIN	:
Note	:
Photo Location	: 34.0713913 (Lat), - 117.401038 (Lon)
Photo Taken By	: X-CLUSIVE KUSTOMZ

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Claim Reference Id	: 7008971716-1_A6058992
File Name	: Driver Side Front
File Date	: 05/22/2025
Label	: Driver Side Front
VIN	:
Note	:
Photo Location	: 34.0713385 (Lat), - 117.400911 (Lon)
Photo Taken By	: X-CLUSIVE KUSTOMZ

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Claim Reference Id	: 7008971716-1_A6058992
File Name	: Driver Side Rear
File Date	: 05/22/2025
Label	: Driver Side Rear
VIN	:
Note	:
Photo Location	: 34.0713385 (Lat), - 117.400911 (Lon)
Photo Taken By	: X-CLUSIVE KUSTOMZ

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	Passenger Side Rear	
Claim Reference Id	:	7008971716-1_A6058992
File Name	:	Passenger Side Rear
File Date	:	05/22/2025
Label	:	Passenger Side Rear
VIN	:	
Note	:	
Photo Location	:	34.0713385 (Lat), - 117.400911 (Lon)
Photo Taken By	:	X-CLUSIVE KUSTOMZ

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	Passenger Side Front	
Claim Reference Id	:	7008971716-1_A6058992
File Name	:	Passenger Side Front
File Date	:	05/22/2025
Label	:	Passenger Side Front
VIN	:	
Note	:	
Photo Location	:	34.0713385 (Lat), - 117.400911 (Lon)
Photo Taken By	:	X-CLUSIVE KUSTOMZ

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	Damage - Left Angle
Claim Reference Id	: 7008971716-1_A6058992
File Name	: Damage - Left Angle
File Date	: 05/22/2025
Label	: Damage - Left Angle
VIN	:
Note	:
Photo Location	: 34.0713181 (Lat), - 117.4009883 (Lon)
Photo Taken By	: X-CLUSIVE KUSTOMZ

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CITY OF RIALTO

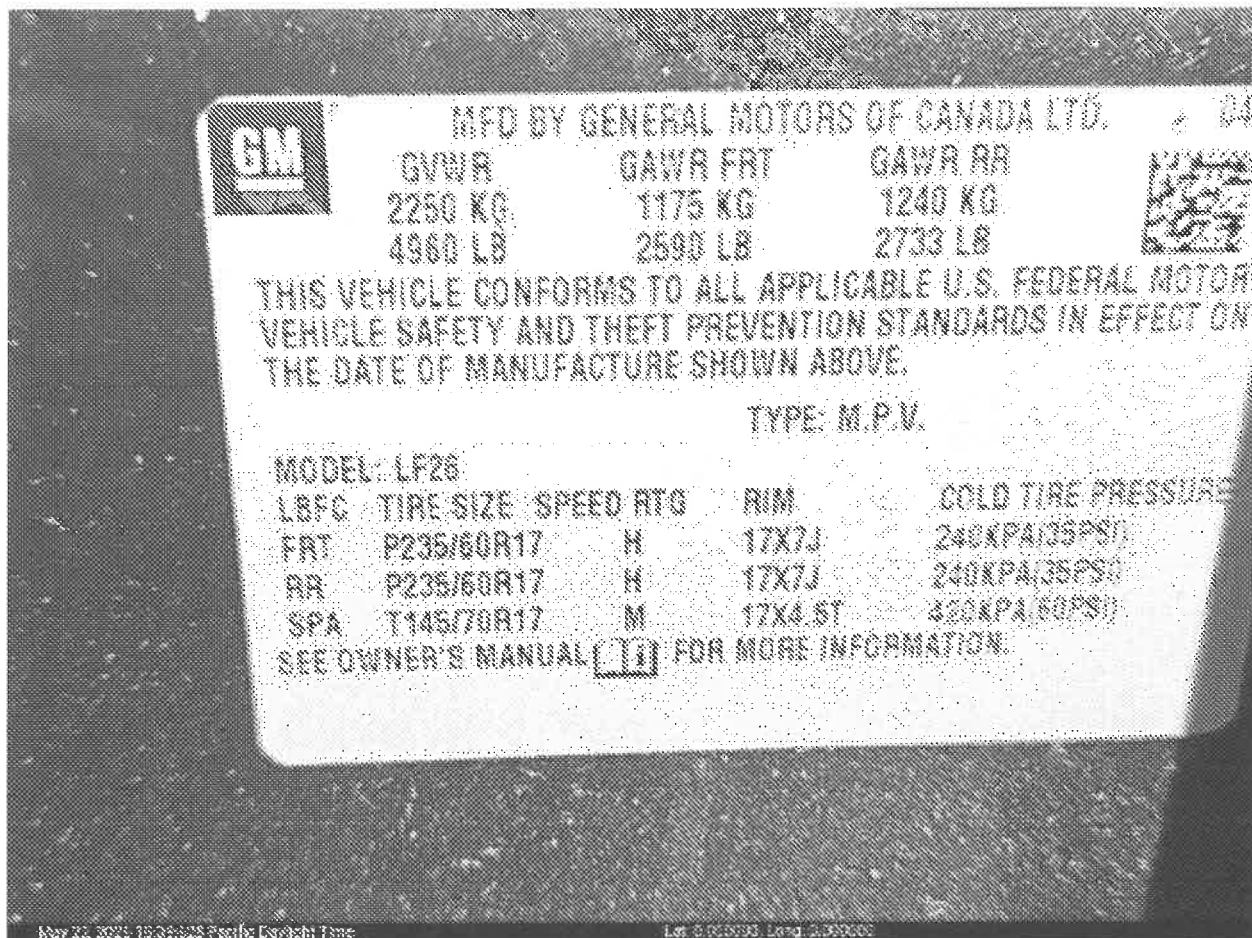




Claim Reference Id	Damage - Center	7008971716-1_A6058992
File Name	:	Damage - Center
File Date	:	05/22/2025
Label	:	Damage - Center
VIN	:	
Note	:	
Photo Location	:	34.0713181 (Lat), -
	:	117.4009883 (Lon)
Photo Taken By	:	X-CLUSIVE KUSTOMZ

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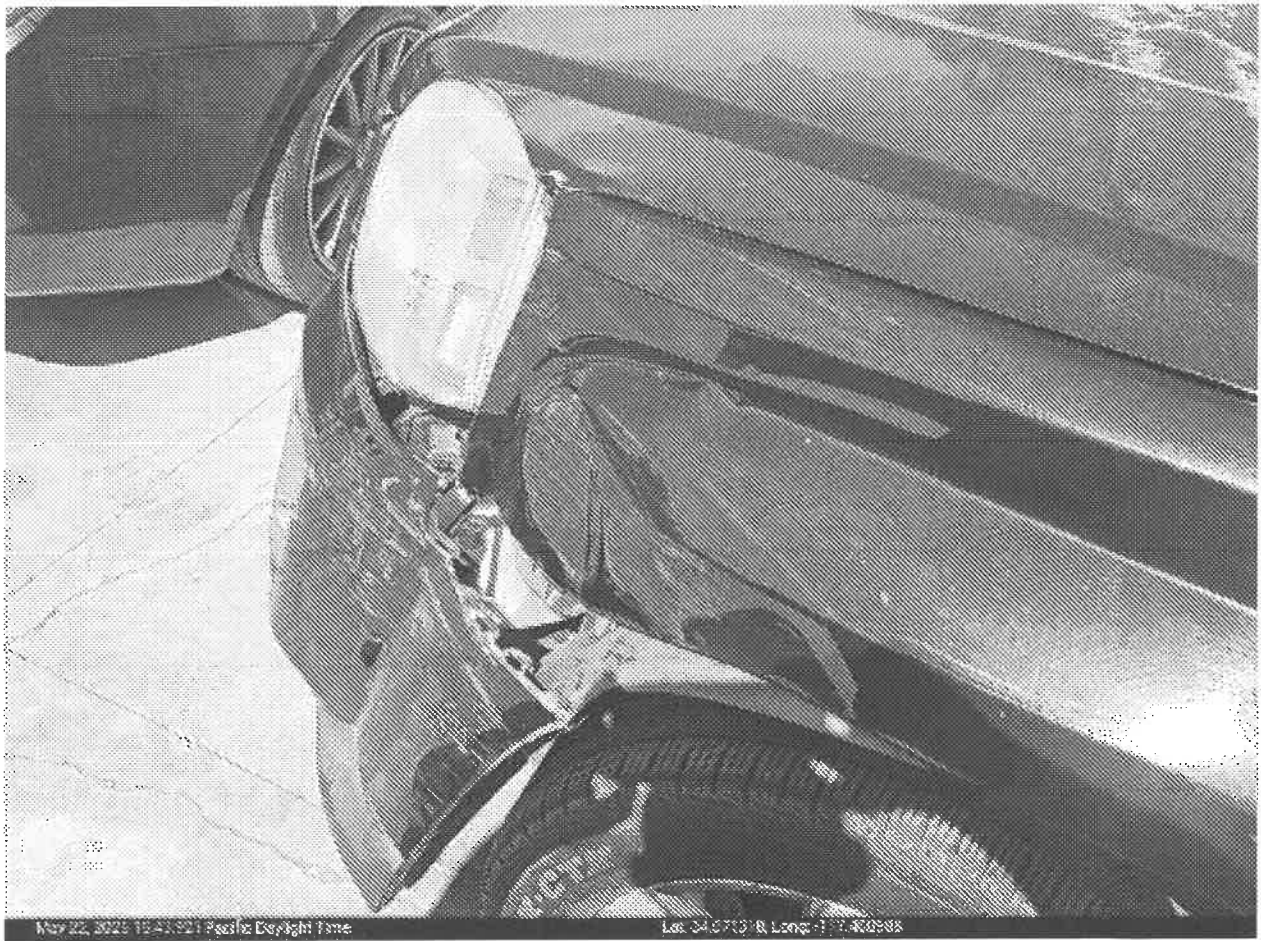


Claim Reference Id
File Name
File Date
Label
VIN
Note
Photo Location
Photo Taken By

VIN

: 7008971716-1_A6058992
: VIN
: 05/22/2025
: VIN
:
: 0.0 (Lat), 0.0 (Lon)
: X-CLUSIVE KUSTOMZ

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	Damage - Right Angle	
Claim Reference Id	:	7008971716-1_A6058992
File Name	:	Damage - Right Angle
File Date	:	05/22/2025
Label	:	Damage - Right Angle
VIN	:	
Note	:	
Photo Location	:	34.0713181 (Lat), - 117.4009883 (Lon)
Photo Taken By	:	X-CLUSIVE KUSTOMZ

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FARMERS INSURANCE EXCHANGE

CA - SOUTH COAST

*** SUPPLEMENT INSTRUCTIONS***

If the estimate warrants a supplement, please e-mail the appraiser listed below. Attach photos and/or documentation needed to support the request. As an alternative we can set up a video conference call at a cell number you provide. Claim Payments are made digitally - ask me how to register your business for this and all future claims.

2970 E. INLAND EMPIRE BLVD

SUITE 200

ONTARIO, CA 91764

Phone: (909) 472-0500

Claim #:

7008971716-1_A6058992

Workfile ID:

50955d0e

Supplement of Record 1 Summary

Written By: JESUS MARTINEZ, 5/27/2025 2:28:29 PM

Adjuster: THIS, SARAH, (916) 727-4621 Business

Insured:	X-clusive Kustomz	Owner Policy #:	0194850930	Claim #:	7008971716-1_A6058992
Type of Loss:	COLL1 - MD	Date of Loss:	05/13/2025 02:36 AM	Days to Repair:	9
Point of Impact:	10 Left Front Pillar (Left Side)	Deductible:	1000.00		

Owner (Insured):

X-clusive Kustomz

Inspection Location:

Virtual

Repair Facility:

Cellular

VEHICLE

2011 GMC Terrain SLE-1 FWD 4D UTV 4-2.4L Gasoline SIDI Onyx Black

VIN:	Production Date:	04/2011	Interior Color:	Jet Black
License:	Odometer:	115610	Exterior Color:	Onyx Black
State:	CA	Condition:		

TRANSMISSION

Automatic Transmission

POWER

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

Heated Mirrors

DECOR

Dual Mirrors

Privacy Glass

Console/Storage

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Message Center

Rear Window Wiper

Telescopic Wheel

Climate Control

Backup Camera

RADIO

AM 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

Communications System

Hands Free Device

SEATS

Cloth Seats

Bucket Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps

California Emissions

Supplement of Record 1 Summary

2011 GMC Terrain SLE-1 FWD 4D UTV 4-2.4L Gasoline SI DI Onyx Black

CONVENIENCE

FM Radio

Head/Curtain Air Bags

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Supplement of Record 1 Summary

2011 GMC Terrain SLE-1 FWD 4D UTV 4-2.4L Gasoline SIDI Onyx Black

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	S01	Supplement Guidelines	1			
		NOTE: * Contact the appraiser via email for supplements. * There may be variance in labor rates between estimates. * Price-match equal quality parts with any supplier. * Get authorization for extra repair time with damage photos. * Send photos of damage on all supplemental parts.					
2		FRONT BUMPER & GRILLE					
3		O/H front bumper				2.8	
4	** <>	Repl A/M CAPA Bumper cover	P95702	1	228.73	Incl.	3.0
5		Add for Clear Coat					1.2
6		Add for fog lamps				0.4	
7	**	Repl A/M CAPA Lower cover	REPG017504	1	197.92	Incl.	
8		R&I RT Fog lamp bezel	25818476			Incl.	
9	**	Repl A/M CAPA LT Fog lamp bezel	REPG018902	1	48.59	Incl.	
10		R&I Grille assy w/o chrome pkg	22764303			Incl.	
11		FRONT LAMPS					
12	*	Repl LKQ LT Headlamp assy +20%	00016709	1	96.00	0.5	
13		Aim headlamps				0.5	
14	**	Repl A/M CAPA LT Fog lamp assy	S107902	1	40.71	Incl.	
15		Aim fog lamps				0.3	
16		HOOD					
17	*	Rpr Hood	23393271			2.0	2.8
18		Overlap Major Non-Adj. Panel					0.2
19		Add for Clear Coat					0.5
20	#	Refn Base Coat reduction					0.3
21	#	Refn .5 to spot underide repair of hood under refinish					0.5
22		R&I Insulator	84057182			0.3	
23		R&I Molding assy	19433469			0.3	
24		FENDER					
25	*	Repl LKQ LT fender assy +20%	7167	1	180.00	1.4	2.2
26		Overlap Major Adj. Panel					-0.4
27		Add for Clear Coat					0.4
28	**	Repl A/M CAPA LT Fender liner	REPG222110	1	38.27	Incl.	
29		R&I LT Lower molding	22945685			0.2	
30	*	R&I Mud guard	19170501			0.2	
		NOTE: Time is for LT mud guard.					
31		MISCELLANEOUS OPERATIONS					
32	#	Subl Hazardous Waste		1	5.00	X	
33	#	Flex Additive		1	12.00	X	
34	#	Cover car for Overspray		1	5.00	0.2	
35	#	Corrosion Protection		1	5.00	T	0.2
SUBTOTALS					857.22	9.3	9.7

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Supplement of Record 1 Summary

2011 GMC Terrain SLE-1 FWD 4D UTV 4-2.4L Gasoline SIDI Onyx Black

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				835.22
Body Labor	9.3 hrs	@	\$ 51.75 /hr	481.28
Paint Labor	9.7 hrs	@	\$ 51.75 /hr	501.98
Paint Supplies	9.7 hrs	@	\$ 36.00 /hr	349.20
Miscellaneous				22.00
Subtotal				2,189.68
Sales Tax	\$ 1,189.42	@	6.0000 %	71.37
County Tax	\$ 1,189.42	@	1.2500 %	14.87
Other Tax 1	\$ 1,189.42	@	0.5000 %	5.95
Total Cost of Repairs				2,281.87
Deductible				1,000.00
Total Adjustments				1,000.00
Net Cost of Repairs				1,281.87

MyPriceLink Estimate ID:
 1355208155566448640

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Supplement of Record 1 Summary

2011 GMC Terrain SLE-1 FWD 4D UTV 4-2.4L Gasoline SIDI Onyx Black

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Added Items							
1	#	S01	Supplement Guidelines	1			
NOTE: * Contact the appraiser via email for supplements. * There may be variance in labor rates between estimates. * Price-match equal quality parts with any supplier. * Get authorization for extra repair time with damage photos. * Send photos of damage on all supplemental parts.							
SUBTOTALS					0.00	0.0	0.0

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			0.00
Subtotal			0.00

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	2,281.87	ESTIMATOR 6 ESTIMATOR
Supplement S01	0.00	JESUS MARTINEZ
Workfile Total:	\$ 2,281.87	
TOTAL ADJUSTMENTS:	\$ 1,000.00	
NET COST OF REPAIRS:	\$ 1,281.87	

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MyPriceLink Estimate ID:
 1355208155566448640

Supplement of Record 1 Summary

2011 GMC Terrain SLE-1 FWD 4D UTV 4-2.4L Gasoline SIDI Onyx Black

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.

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 [I.E. MOTORS DATABASE INFORMATION WAS CHANGED], ** = DATABASE LINE WITH AFTERMARKET, N= NOTES ATTACHED TO LINE. OPT OEM= ORIGINAL EQUIPMENT

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Supplement of Record 1 Summary

2011 GMC Terrain SLE-1 FWD 4D UTV 4-2.4L Gasoline SIDI Onyx Black

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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2011 GMC Terrain SLE-1 FWD 4D UTV 4-2.4L Gasoline SIDI Onyx 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 DR1FJ10, CCC Data Date 05/15/2025, 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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2011 GMC Terrain SLE-1 FWD 4D UTV 4-2.4L Gasoline SIDI Onyx Black

ALTERNATE PARTS SUPPLIERS

Line	Supplier	Description	Price
4	Pacific Auto Company Ontario John Perez 1131 PHILADELPHIA STREET ONTARIO CA 91761 (800) 722-8890	# P95702 A/M CAPA Bumper cover	\$ 228.73
7	Carparts Wholesale - Las Vegas 6271 E. Azure Ave Delivery Door 22-23 Las Vegas NV 89115 (888) 566-5883	# REPG017504 A/M CAPA Lower cover Quote: 30552488 Expires: 05/23/25	\$ 197.92
9	Carparts Wholesale - Las Vegas 6271 E. Azure Ave Delivery Door 22-23 Las Vegas NV 89115 (888) 566-5883	# REPG018902 A/M CAPA LT Fog lamp bezel Quote: 30552488 Expires: 05/23/25	\$ 48.59
12	My Auto Store- Team PRP 201 N Front St. Camden NJ 08102 (888) 900-1545	# 00016709 LKQ LT Headlamp assy + 20% 4WD 3.00L PROD DATE: 2011-01-01 999999MI - L Quote: CCC-303019769 Expires: 06/01/25	\$ 80.00
14	Carparts Wholesale - Las Vegas 6271 E. Azure Ave Delivery Door 22-23 Las Vegas NV 89115 (888) 566-5883	# S107902 A/M CAPA LT Fog lamp assy Quote: 30552488 Expires: 05/23/25	\$ 40.71
25	Walker 400 Auto Dismantling Sales Number 13107 Whittram Ave. Rancho Cucamong CA 91739 (909) 463-6396	# 7167 LKQ LT fender assy + 20% FRONT FENDER LT-LH,BLACK,S# 7167 - L.	\$ 150.00
28	Carparts Wholesale - Las Vegas 6271 E. Azure Ave Delivery Door 22-23 Las Vegas NV 89115 (888) 566-5883	# REPG222110 A/M CAPA LT Fender liner Quote: 30552488 Expires: 05/23/25	\$ 38.27

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June 12, 2025

Toll Free: (800) 435-7764
Email: myclaim@farmersinsurance.com
Please include your claim # on any correspondence
National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
www.farmers.com/claimstatus

Payment Log

Account Number: JJJ410301
Date of Loss: 05/13/2025
Insured's Name: OMAR TORRES
Claim Number: 7008971716-1

Unit Type	Claim Unit	Date Issued	Payee	Check Number	Payment Amount
Vehicle		05/28/2025	OMAR TORRES	1642677185	\$1,281.87
Payment Total:					\$1,281.87
Collections Total :					\$0.00
Deductible :					\$0.00
Grand Total :					\$1,281.87

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Toll Free: (800) 435-7764
Email: myclaim@farmersinsurance.com
National Document Center
P.O. Box 268992
Oklahoma City, OK 73126-8992
Fax: (877) 217-1389

06/11/2025

City Of Rialto-City Clerk
150 S Palm Ave
Rialto, CA 92376

Our Insured: Omar Torres
Our Claim #: 099 SUB 7008971716-1
Date of Loss: 05/13/2025
Your Insured: Courtney Lyon
Your Claim #:
Deductible Amount: \$1,000.00
Total Amount Owed: \$2,281.87

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Dear City Of Rialto-City Clerk:

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 \$2,281.87.

Our theory of liability is as follows: On 5-13-2025 at appx 2:36pm on Baseline and Riverside, CA, Courtney Lynn driving City of Rialto PD veh at time of loss hit our insured driver Rianna Torres as insured was pulling back out into traffic from pulling over prior for a police officer going by with sirens on. Officer Lynn did not have sirens on when passing

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

DRLOWF3



Thank you,

Jeanette Hild
Litigation Claims Representative
Farmers Insurance Exchange
616-803-7667 (Call/Text)

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