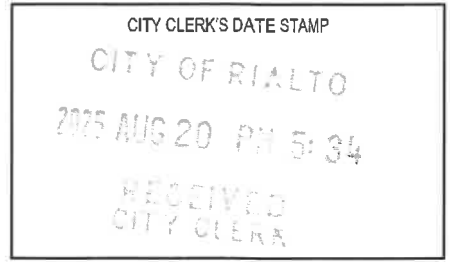




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

United Financial Casualty Company A/S/O LUCES, FRANKLIN

FULL NAME

DATE OF BIRTH

PO BOX 94639 CLEVELAND, OH 44101

(877) 818-0139

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):

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12/31/2024 TIME: 08:00 PM PT 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.
1312 EAST ONTARIO AVENUE, 92881 CORONA, CA USA

3. HOW DID DAMAGE OR INJURY OCCUR?

PROGRESSIVE WAS 1312 EAST ONTARIO AVENUE, 92881
YOUR VEHICLE DRIVEN ROBERT JOHN BAXSTER BACKED INTO PROGRESSIVE VEHICLE.

4. WERE POLICE AT THE SCENE? YES NO WERE PARAMEDICS AT THE SCENE? YES NO

5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.
YOUR VEHICLE DRIVEN BY ROBERT JOHN BAXSTER BACKED INTO PROGRESSIVE VEHICLE.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 4,098.11

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

DAMAGES INCURRED TO DATE:

Item/Date: 2017 TOYOTA COROLLA- PS QUARTER PANEL Amount: \$ 4,098.11

Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 4,098.11

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____ Amount: \$ _____

Item/Date: _____ Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 4,098.11

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

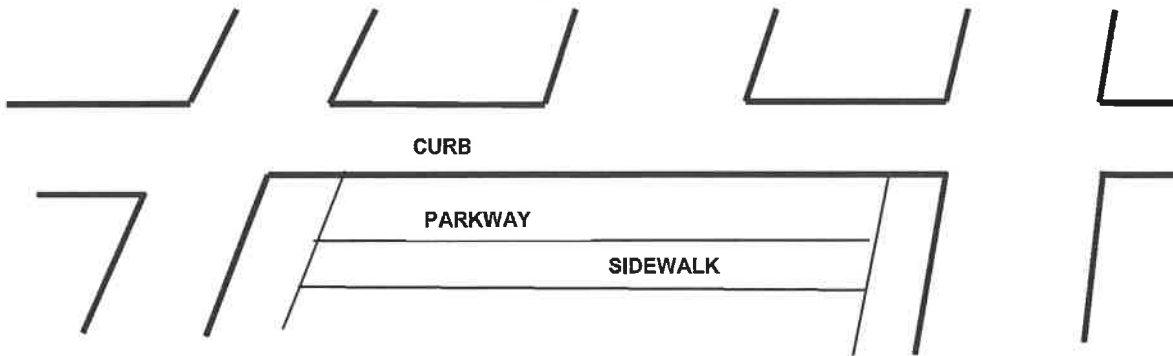
DATE: _____ TIME: _____ AM PM

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

Megan McCullough

TYPE OR PRINT NAME

8/11/25

DATE

United Financial Casualty Company- SUBROGATION SPECIALIST

RELATIONSHIP TO CLAIMANT

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376

CITY OF RIALTO

PROGRESSIVE

2025 AUG 20 PM 5:34

Payment Address
24344 Network Place
Chicago, IL 60673-1243

Document Address
P.O. Box 94639
Cleveland, Ohio 44101-9908
Phone: (877)818-0139
Fax: (888) 781-6947

RECEIVED
CITY CLERK

8/8/2025 1:23:00 PM

Certified Mail certified number 9489 0090 0027 6567 1752 25 Return Receipt Requested

CITY OF RIALTO
CITY CLERKS OFFICE
150 S PALM AVE
RIALTO, CA. 92376

Your Client: ROBERT JOHN BAXSTER
Your Claim Number: NA
Our Insured: LUCES, FRANKLIN
Our Claim Number: 25-679110786
Amount Subject to Reimbursement: \$4,098.11
Amount of Insured's Deductible: \$1,000.00

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: 1312 EAST ONTARIO AVENUE, 92881 CORONA, CA USA
Date and Time of Loss: 12/31/2024, 08:00 PM PT

Description of Loss: PROGRESSIVE WAS 1312 EAST ONTARIO AVENUE, 92881
YOUR VEHICLE DRIVEN ROBERT JOHN BAXSTER BACKED INTO PROGRESSIVE VEHICLE.
E.

Please make your draft payable to United Financial Casualty Company as subrogee of "LUCES, FRANKLIN", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. Thank you for your anticipated, prompt attention to this matter.

~~PROGRESSIVE~~
Progressive Subrogation
United Financial Casualty Company
Tel. 877-818-0139
Fax. 888-781-6947
GovernmentStatus@email.progressive.com

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

CITY OF RIALTO

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) United Financial Casualty Company	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 300 North Commons Blvd		Requester's name and address (optional)
6 City, state, and ZIP code Mayfield Village, OH 44143		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
			-						
or									
Employer identification number									
3	6	-	3	2	9	8	0	0	8

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
		1/8/25

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Claim Payment Detail (25-679110786)

CITY OF RIALTO

2025 AUG 20 PM 5:34
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CITY CLERK

Payment Information

Disbursement Number: 231011754
Draft Number: 6017664450
Pay to the Order of: FRANKLIN LUCES
Mailing Address:

Total Amount: \$3,098.11
Invoice Number: 143384680

In Payment Of: Progressive Invoice Number: 143384680

Reviewed Summary

Issuing Rep: A214800
Issue Date: 05-14-25
Last Updated Rep: A214800

Approved By:
Review Date:
Reviewed By:

Bank Information

Type: Loss
Stop Reason:
Stop Date:

Bank Code: 1CD
Cleared: 05-23-25

Exposure Detail: COLL

Party Name: LUCES, FRANKLIN
Property Description: 17 TOYOTA COROLLA
Payment Type: SUPPLEMENTAL PAYMENT

Amount Paid: \$3,098.11
Deductible Taken: \$1,000.00
Property Damage: \$0.00
Rental: \$0.00

United Financial Cas Co

CITY OF RIALTO

2025 AUG 20 PM 5:34

Estimate ID
25-679110786-01
Original

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Claim Number
25-679110786-01

Owner
FRANKLIN LUCES

Insured
FRANKLIN LUCES

Appraiser
RONALD SMITH
(951) 489-8211 (Work)
ronald_j_smith@progressive.com

Underwriter
United Financial Cas Co

United Financial Cas Co

Claim Number 25-679110786-01 Adjuster VANESSA SURPRISE (925) 278-5772 (Work) a214800@progressive.com Deductible 1000.00 - Not Waived Reported Date 02/04/2025

Loss Date 12/31/2024 Inspection Site Not Available
1135 Greenhill Way
Corona, CA 92882

2017 Toyota Corolla LE 4 Door Sedan 1.8L 4 Cyl Gas Injected Auto Trans FWD

Exterior Color 209 (Black Sand Pearl) License VIN Drivable Yes

Odometer 125038 Mitchell Service Code 911632

Primary Point of Impact
Right Rear Side (4)

Options

Air Conditioning	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)	Auto Air Condition	Automatic Headlights
Automatic Transmission	Auxiliary Input	Bluetooth Wireless Connectivity	CD Player	Cloth Seat
Cruise Control	Daytime Running Lights	Driver-Front Air Bag	Electric Defogger	Electronic Stability Control
First Row Bucket Seat	Heated Mirror	Keyless Entry System	Left-Curtain Air Bag	MP3 Player
Passenger-Front Air Bag	Power Door Locks	Power Remote Mirror	Power Steering	Power Windows
Rear Bench Seat	Rearview Camera	Remote Decklid Or Tailgate Release	Second Row Side Airbag With Head Protection	Side Airbags
Steering Wheel Mounted Audio Control	Tilt Steering Wheel	Tire Pressure Monitoring System	Traction Control/Electronic	Trip Computer

FRANKLIN LUCES | 2017 Toyota Corolla LE

Parts Profile
NORTH ALL PART TYPES

Parts Profile Version
3.0

CITY OF RIALTO

2025 AUG 20 PM 5:04

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LABOR

PART

Line #	Description	Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
Rocker / Pillars / Floor									
1	101161 R Roof Rail	Refinish Only	Refinish	1.6# C	Existing				
Rear Door									
2	100897 R Rear Door Repair Panel (HSS)	Remove / Replace	Body	7.5#	New	67113-02190	1	\$363.76	Yes
3	AUTO R Rear Door Outside	Refinish Only	Refinish	2.2 C					
4	AUTO R Rear Add For Jamb	Refinish Only	Refinish	0.5 C					
5	100193 R Rear Otr Door Belt Moulding	Remove / Install	Body	INC	Existing				
6	100901 R Rear Door Blackout Tape	Remove / Replace	Body	0.3#	Aftermarket New	TO-8084	1	\$22.05	Yes
7	900501 Per Toyota Non-Reusable Part								
8	100180 R Rear Door Frt Window Frame Mldg	Remove / Replace	Body	0.2	New	75761-02030	1	\$41.90	Yes
9	900501 Per Toyota Non-Reusable Part								
10	101232 R Rear Door Trim Panel	Remove / Install	Body	INC	Existing				
11	101230 R Rear Otr Door Handle	Remove / Install	Body	INC#	Existing				
12	100290 R Rear Door Weatherstrip	Remove / Install	Body	INC#	Existing				
13	100418 R Rear Door Moveable Glass	Remove / Install	Glass	INC#	Existing				
Roof									
14	101170 R Roof Moulding	Remove / Install	Body	0.3	Existing				
Quarter Panel									
15	101552 R Quarter Outer Panel Assy	Repair	Body	16.0*#	Existing				
16	AUTO R Quarter Panel Outside	Refinish Only	Refinish	1.8 C					
Rear Bumper									
17	101248 Rear Bumper Cover	Remove / Install	Body	0.8	Existing				
18	101307 Rear Bumper Cover	Repair	Body	1.0*	Existing				
19	AUTO Rear Bumper Cover	Refinish Only	Refinish	3.0# C	Existing				
Additional Costs & Materials									
20	AUTO Paint/Materials	Additional Cost						\$632.50	Yes
21	AUTO Hazardous Waste Disposal	Additional Cost						\$4.00*	
Additional Operations									
22	AUTO Clear Coat	Additional Operation	Refinish	2.4				\$0.00	
Special / Manual Entry									
23	900500 SUSPENSION AND WHEEL ALIGNMENT	Align	Mechanical*	0.0*	Sublet	Sublet	1	\$75.00*	
24	900500 Lionheart tire	Remove / Replace	Body*	0.0*	New		1	\$77.00*	Yes

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Line #	Description	Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
25	900501 https://www.discounttirezone.com/lionhart-lh-503-22540zr18-92w-xl-p-16015.html?gad_source=1&gclid=EAlalQobChMltMysqPfljAMVjTEIBR1zNAhBEAQYAIABEgJzyvD_BwE								

- * Judgment Item
- T Included in Two Tone Calculation
- # Labor Note Applies
- d Discontinued by Manufacturer
- C Included in Clear Coat Calculation
- A Included in Clear Coat and Two Tone Calculation
- r CEG R&R Time Used for this Labor Operation
- [] Verify the part number and price before ordering

Parts Vendors

Alternative Emblems
1812 Mt. Carmel Church Rd
Chapel Hill NC 27517
(866) 462-3484 (Work)

Line	Part #	Total Price
6	TO-8084	\$22.05

Supplier Notes: Part sourced from SurePart (powered by PartsTrader).

Disclaimer: 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 Totals

Labor	Units	Rate	Sublet	Add'l Amount	Totals
Body Labor	26.1	\$74.00			\$1,931.40
Refinish Labor	11.5	\$74.00			\$851.00
Glass Labor	0.0	\$74.00			\$0.00
Mechanical Labor	0.0	\$153.00	\$75.00		\$75.00
Total Labor	37.6		\$75.00		\$2,857.40
				Taxable	\$0.00
				Tax 0.0000%	\$0.00
				Non-Taxable	\$2,857.40
				Pre-Tax Discount 0.00%	\$0.00
				Labor Total	\$2,857.40
Parts		Amount			
Taxable Parts		\$504.71			\$504.71
				Parts Adjustments	\$0.00
				Tax 8.7500%	\$44.16
				Non-Taxable	\$0.00
				Pre-Tax Discount 0.00%	\$0.00
				Parts Total	\$548.87
Costs		Amount			

Estimate Totals

Paint Materials	\$632.50
Shop Materials	\$0.00
Other Additional Costs	\$4.00

CITY OF RIALTO

2025 AUG 20 PM 5:34

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\$632.50
\$0.00
\$4.00

Paint Materials:

- Refinish Units: 11.5 units
- Rate: \$55.00
- Rate Max: 99.9 units
- Additional Rate: \$0.00

Taxable	\$632.50
Tax 8.7500%	\$55.34
Non-Taxable	\$4.00
Pre-Tax Discount 0.00%	\$0.00
Costs Total	\$691.84

Gross Totals	Amount
Gross Total	\$4,098.11

Taxable	\$1,137.21
Tax	\$99.50
Non-Taxable	\$2,861.40
Pre-Tax Discount 0.00%	\$0.00
Gross Total	\$4,098.11

Adjustments	Amount
Deductible	-\$1,000.00

Total Customer Responsibility	-\$1,000.00
--------------------------------------	--------------------

Net Estimate Total	\$3,098.11
---------------------------	-------------------

Shop agrees to perform the specified repairs at the price indicated.

Repair Facility Authorized Signature

All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep.

THIS APPRAISAL 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. WE WARRANT THE PARTS ARE AT LEAST EQUAL TO THE ORIGINAL MANUFACTURER PARTS IN TERMS OF KIND, QUALITY, SAFETY, FIT, AND PERFORMANCE.

***** IMPORTANT INFORMATION: READ CAREFULLY *****

The customer has the right to select the repair shop. Pursuant to CA Code of Regulations sec 2695.8(e) Progressive does not require you to have your vehicle repaired at a specific repair shop. The customer has the right to select a repair shop of their choice. This is a damage appraisal only based on damage visible or certain at the time it was written. Per Business & Professions Code section 9884.9 the customer, not Progressive, must give authorization for the repairs before they can begin. This appraisal is not an authorization for repairs. If frame or unibody repair is included on this appraisal, the amount shown includes time or allowance for measuring before, during and after those repairs.

To ensure proper and prompt payment for additional damage discovered during the course of repairs, contact Progressive for supplement procedures. Progressive payments will not exceed the prevailing labor market rate in the area where the

CITY OF RIALTO
APR 08 2025 11:53:34

property is to be repaired. Contact us if you choose a shop with rates higher than those reflected on this appraisal to determine whether an adjustment is appropriate. If you choose a shop that charges in excess of prevailing labor market rates, you will be responsible for the difference.

RECEIVED

Lifetime guarantee for sheet metal and plastic parts. The replacement parts written on this appraisal are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in this appraisal fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

THIS GUARANTEE DOES NOT COVER NORMAL WEAR AND TEAR OR DAMAGE CAUSED BY IMPROPER MAINTENANCE, NEGLIGENCE, ABUSE OR SUBSEQUENT ACCIDENT. THIS GUARANTEE IS LIMITED TO ARRANGING FOR THE SELECTION OF REPAIR PARTS THAT WILL RETURN YOUR VEHICLE TO ITS PRE-LOSS CONDITION. ACCORDINGLY, PROGRESSIVE WILL NOT BE LIABLE FOR ANY INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES THAT RESULT FROM THE INSTALLATION OR USE OF THESE PARTS.

California Residents: As required by California regulations, the legend below should be used to identify whether replacement parts listed on this appraisal are "new", "used", "rebuilt", or "reconditioned" and whether the crash parts described on this appraisal are "original equipment manufacturer" (OEM) parts or "non-original equipment manufacturer aftermarket crash" parts:

- New, OEM or part number displayed = New, original equipment manufacturer part
- Aftermarket New, nonOEM aftermarket = New, non-original equipment manufacturer aftermarket crash part
- Remanufactured = Rebuilt used OEM part
- Used, Quality Recycled Part = Used OEM part
- Re-cored = Reconditioned used OEM part
- Re-chromed = Reconditioned used OEM part
- Sublet = Repair work assigned to third party
- Existing = Part is already on the vehicle

Progressive's Lifetime Guarantee does not cover repairs you request the shop to make that are not related to this accident, including but not exclusive to unrelated prior damage and pre-existing damage.

Disclaimer: For your protection California law requires the following statement 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.

Cycle Time Information

Due In 4/8/2025

Estimate Event Log

Job Created	4/7/2025 03:48 PM
Estimate Started	4/8/2025 08:47 AM
Estimate Printed	4/8/2025 10:31 AM
Estimate Committed	4/8/2025 10:31 AM
Estimate Version	0
Estimate Retrieval ID	10005379191

Claim: 25-679110786 01

FRANKLIN LUCES



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114d6e2f-f324-4c88-abac-e4d7613c18c9.jpg



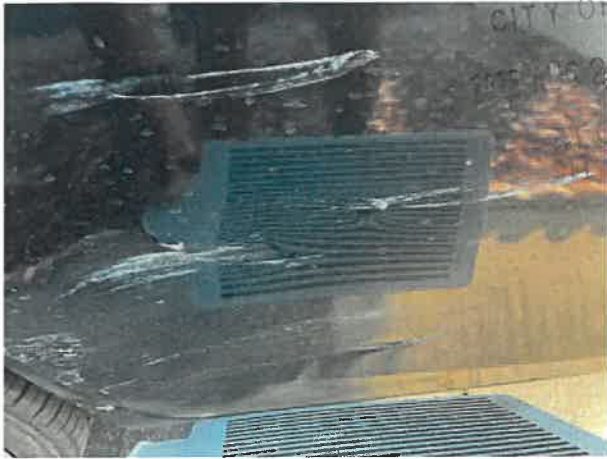
f265c641-41fc-43e0-8635-ccc065679ff7.jpg



1f5e9577-4989-406c-b9dc-2f3b2d8e7720.jpg

Claim: 25-679110786 01

FRANKLIN LUCES



b611e5b7-7c59-43d7-8b12-4ddc6edd6c2e.jpg



06fcfda4-26b6-45b6-a690-f3fbc70ede64.jpg



0c7e0ea4-7e0d-4236-8ff8-ac6de65c7dbc.jpg



892acec1-a1a0-44e2-8d26-4db3e26a8d0e.jpg

Claim: 25-679110786 01

FRANKLIN LUCES



6be7e275-fa21-4b9a-a16f-8b9030d0d947.jpg



7d56879e-1393-4dfd-876d-a91f91445c5c.jpg



5f8d191e-1314-4834-b42e-868f3e3d3927.jpg



fd41f96a-db25-4877-a264-b52eb3058cd7.jpg

Claim: 25-679110786 01

FRANKLIN LUCES



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33720b90-5971-4ffc-89ee-485ae47f19c7.jpg



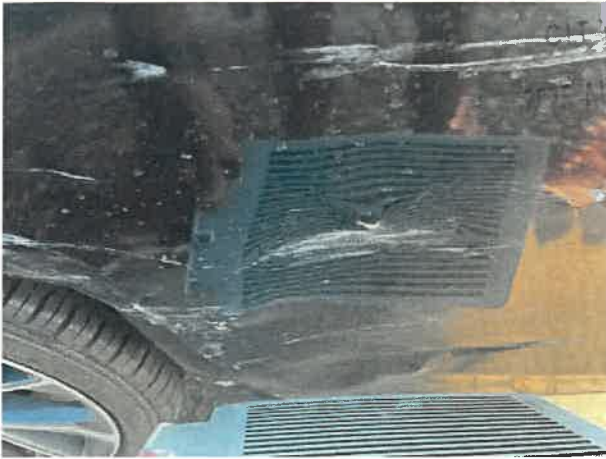
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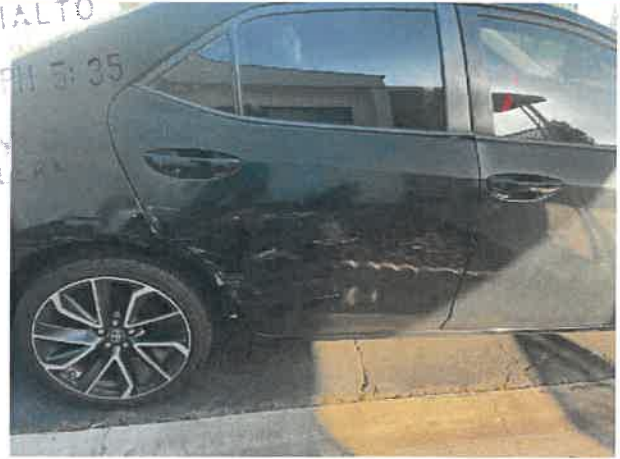
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Claim: 25-679110786 01

FRANKLIN LUCES



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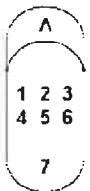


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SPECIAL CONDITIONS PRIVATE PROPERTY		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY CORONA	JUDICIAL DISTRICT CMC	LOCAL REPORT NUMBER 24-101416	
		NUMBER KILLED 0	HIT & RUN MISD. <input type="checkbox"/>	COUNTY RIVERSIDE	REPORTING DISTRICT 13D	BEAT 3	DAY OF WEEK Tuesday
L O C A T I O N	COLLISION OCCURRED ON 1312 E ONTARIO AVE			MO. DAY YEAR 12/31/2024	TIME (2400) 2000	NCIC # 3315	OFFICER I.D. 004274
	MILEPOST INFORMATION FEET OF		GPS COORDINATES LATITUDE LONGITUDE		PHOTOGRAPHS BY <input type="checkbox"/> NONE		
	<input type="checkbox"/> AT INTERSECTION WITH		STATE HWY REL <input type="checkbox"/>		VAN HORNE		
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS CM1	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2013	MAKE / MODEL / COLOR FORD TAURUS WHITE
DRIVER	NAME (FIRST, MIDDLE, LAST) On Duty Emergency Vehicle						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER
PEDESTRIAN	STREET ADDRESS CITY OF RIALTO						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER
PARKED VEHICLE	CITY / STATE / ZIP RIALTO / CA / 92376						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
BICYCLIST	SEX M	HAIR BRO	EYES BRO	HEIGHT 602	WEIGHT 240	BIRTH DATE 01/16/1969	RACE W
OTHER	HOME PHONE (909) 820-7575		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
	INSURANCE CARRIER CITY OF RIALTO		POLICY NUMBER SELF INSURED		VEHICLE TYPE 48	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	SHADE IN DAMAGE AREA
	DIR OF TRAVEL NORTH	ON STREET OR HIGHWAY 1312 E ONTARIO AVE		SPEED LIMIT 15		CA DOT	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE / MODEL / COLOR TOYOTA COROLLA BLACK
DRIVER	NAME (FIRST, MIDDLE, LAST) FRANKLIN JUNIOR LUCESROJAS						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER
PEDESTRIAN	STREET ADDRESS FRANKLIN JUNIOR LUCESROJAS						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER
PARKED VEHICLE	CITY / STATE / ZIP CORONA / CA / 92882						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
BICYCLIST	SEX M	HAIR BLK	EYES BRO	HEIGHT 601	WEIGHT 210	BIRTH DATE 09/13/1988	RACE H
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
	INSURANCE CARRIER PROGRESSIVE		POLICY NUMBER 975192644		VEHICLE TYPE 01	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	SHADE IN DAMAGE AREA
	DIR OF TRAVEL EAST	ON STREET OR HIGHWAY 1312 E ONTARIO AVE		SPEED LIMIT 15		CA DOT	
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER
PEDESTRIAN	STREET ADDRESS						OWNER'S ADDRESS <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
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE <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	SHADE IN DAMAGE AREA
	DIR OF TRAVEL	ON STREET OR HIGHWAY		SPEED LIMIT		CA DOT	
PREPARER'S NAME Van Horne, S 004274				DISPATCH NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME Brett, R 001525	
						DATE REVIEWED 01/07/2025	

DATE OF COLLISION (MO. DAY YEAR) 12/31/2024	TIME (2400) 2000	NCIC # 3315	OFFICER I.D. 004274	NUMBER 24-101416
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PROPERTY DAMAGE	OWNER'S NAME CITY OF RIALTO	OWNER'S ADDRESS 7075 AUG 21	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE			

SEATING POSITION 	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USE G - LAP/SHOULDER HARNESS USE H - LAP/SHOULDER HARNESS NOT USE J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOY USE P - NOT REQUIRED	SAFETY EQUIPMENT CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER US U - NONE IN VEHICLE M / C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICL 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1 2 3			SPECIAL INFORMATION	1 2 3			MOVEMENT PRECEDING COLLISION
		1	2	3		1	2	3	
A VC SECTION VIOLATED	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING: UNSAFE BACKIN	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE			X	B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT/FACTOR*	X	X		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HFAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDESWIPE				G 32 FT TRAILER COMBO			X	G BACKING
	X C REAR END								H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE								I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT								J CHANGING LANES
B CLOUDY	F OVERTURNED								K PARKING MANEUVER
C RAINING	G VEHICLE PEDESTRIAN								L ENTERING TRAFFIC
D SNOWING	H OTHER*:								M OTHER UNSAFE TURNING
E FOG / VISIBILITY .FT									N XING INTO OPPOSING LANE
F OTHER*:									O PARKED
G WIND	MOTOR VEHICLE INVOLVED WITH								P MERGING
	A NON - COLLISION								Q TRAVELING WRONG WAY
	B PEDESTRIAN								R OTHER*:
LIGHTING	X C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	A VC SECTION VIOLATION CITED <input type="checkbox"/>				
B DUSK - DAWN	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATION CITED <input type="checkbox"/>				
X C DARK - STREET LIGHTS	F TRAIN				C VC SECTION VIOLATION CITED <input type="checkbox"/>				
D DARK - NO STREET LIGHTS	G BICYCLE								
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:								
	I FIXED OBJECT:								
ROADWAY SURFACE	J OTHER OBJECT:								
X A DRY					E VISION OBSCUREMENT				A HAD NOT BEEN DRINKING
B WET					F INATTENTION*:				B HBD - UNDER INFLUENCE
C SNOWY - ICY					G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					H ENTERING / LEAVING RAMP				D HBD -IMPAIRMENT UNKNOW.N.*
	PEDESTRIAN'S ACTIONS				I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	X A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
A HOLES, DEEP RUTS	B CROSSING IN CROSSWALK AT INTERSECTION				K DEFECTIVE VEH. EQUIP. CITED <input type="checkbox"/>				G IMPAIRMENT NOT KNOWN
B LOOSE MATERIAL ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								H NOT APPLICABLE
C OBSTRUCTION ON ROADWAY*	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED*
D CONSTRUCTION-REPAIR ZONE	E IN ROAD - INCLUDES SHOULDER				M OTHER*:				
E REDUCED ROADWAY WIDTH	F NOT IN ROAD				N NONE APPARENT				
F FLOODED*	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				
G OTHER*:									
X H NO UNUSUAL CONDITIONS									

Miscellaneous

- "See Attached Sketch"
- "See Attached factual diagram"

SKETCH

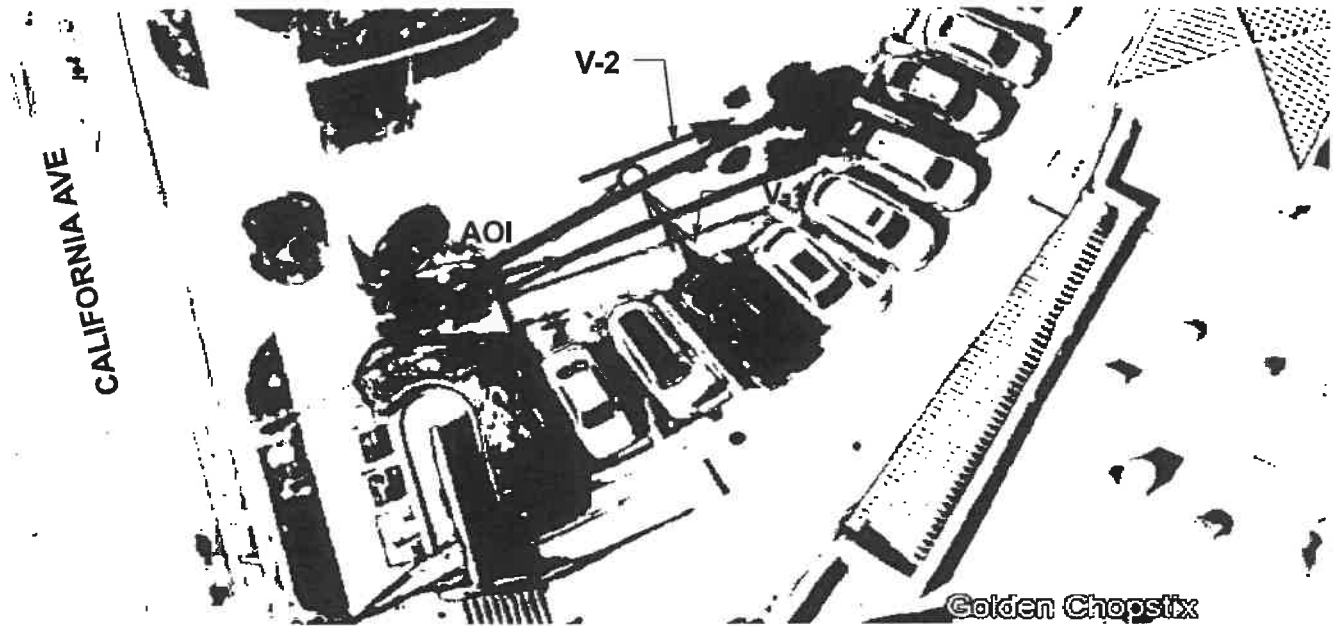
CHP 555 Page 4 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
12/31/2024	2000	3315	004274	24-101416

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED



CITY OF RIALTO
RECEIVED
CITY CLERK
DEC 31 20 5:35



PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
Van Horne, S 004274	004274	12/31/2024	Brett, R 001525	01/07/2025

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
12/31/2024	2000	3315	004274	24-101416

CITY OF RIALTO
7875 AUG 20 PM 5:05

RECEIVED
CITY CLERK

FACTS:

NOTIFICATION: I was dispatched to a call of a non-injury collision at 1854 hours. All times, speeds and measurements in this investigation are approximate. Measurements were taken by Google Earth, except where otherwise indicated.

SCENE: See diagram.

PHYSICAL EVIDENCE: V-1 and V-2 had collision damage consistent with a rear-end collision.

STATEMENTS:

Party-1 (Baxter, Robert) stated he was reversing from the parking stall and reversed into P-2's vehicle. P-1 stated he did not see P-2 due to the vehicle's window tint.

Party-2 (Lucesrojas, Franklin) stated he was traveling east through the parking lot. P-2 stated he did not see P-1 reversing and continued to drive through the parking lot. P-2 stated as he was driving, he felt P-1 collide into the passenger's side of P-2's vehicle.

OPINIONS AND CONCLUSIONS

SUMMARY: P-2 was traveling east through the parking lot when P-1 was started to reverse from the parking stall. P-1 did not see P-2 and reversed into P-2's vehicle.

AREA OF IMPACT: The approximate area of impact was

383' S/SCL of ONTARIO AVE.
59' E/ECL of CALIFORNIA AVE.

CAUSE: Based on the evidence observed and the involved parties' statements, it is my opinion that Party-1 caused the collision by unsafe backing.

RECOMMENDATIONS: None.

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
Van Horne, S 004274	004274	12/31/2024	Brett, R 001525	01/07/2025

Progressive
PO Box 94639
Cleveland, OH 44101

CITY OF RIALTO
2025 AUG 20 3 5:34
CITY CLERK

8/8/2025 1:23:00 PM
Certified Mail certified number 9489 0090 00

CITY OF RIALTO
CITY CLERKS OFFICE
150 S PALM AVE
RIALTO, CA. 92376

9489 0090 0027 6567 1752 25

Pa

PROGRE

Vertical barcode

USPO
\$007.74
QR code