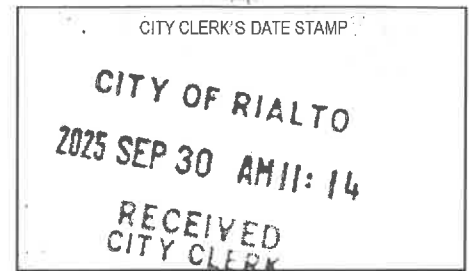




**CITY OF RIALTO  
LIABILITY  
CLAIM FOR DAMAGES  
TO PERSON OR PROPERTY**



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:**

Coast National Insurance Company a/s/o David Lingurar

FULL NAME

N/A

DATE OF BIRTH

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

HOME ADDRESS INCLUDING CITY, STATE & ZIP

( )

HOME TELEPHONE NO.

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

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

(616) 803-7667

BUSINESS TELEPHONE NO.

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

Jeanette Hild c/o Coast National Insurance Company

Claim#: 7009124471-1, P.O. Box 268994, Ok City, OK 73126

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 6-24-2025 TIME: 7:30am ☒ 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.

Riverside Ave and Valley, Rialot, CA

3. HOW DID DAMAGE OR INJURY OCCUR?

Insured hit in the rear by City Police Officer David Padilla with plate# 1684112

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.

Following too close. Improper lookout. Failing to reduce speed to avoid accident

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 13,048.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Deductible

Amount: \$ 2500.00

Item/Date: Veh dmg payouts

Amount: \$ 10,548.00

B0SLSB3



TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 13,048.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: \_\_\_\_\_

Item/Date: \_\_\_\_\_

CITY OF RIALTO

Amount: \$

2025 SEP 30

AM 11:15

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

RECEIVED  
CITY CLERK

\$ 13,048.00

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: \*\*\*\*Insured is atty represented for injury claim\*\*\*\*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

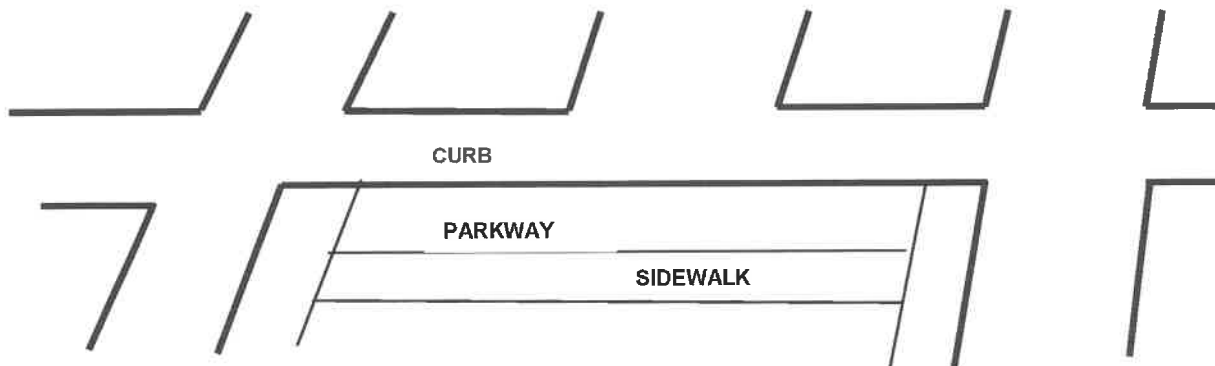
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

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 Coast National Insurance Company a/s/o David

TYPE OR PRINT NAME Lingurar

Insurance Company

RELATIONSHIP TO CLAIMANT

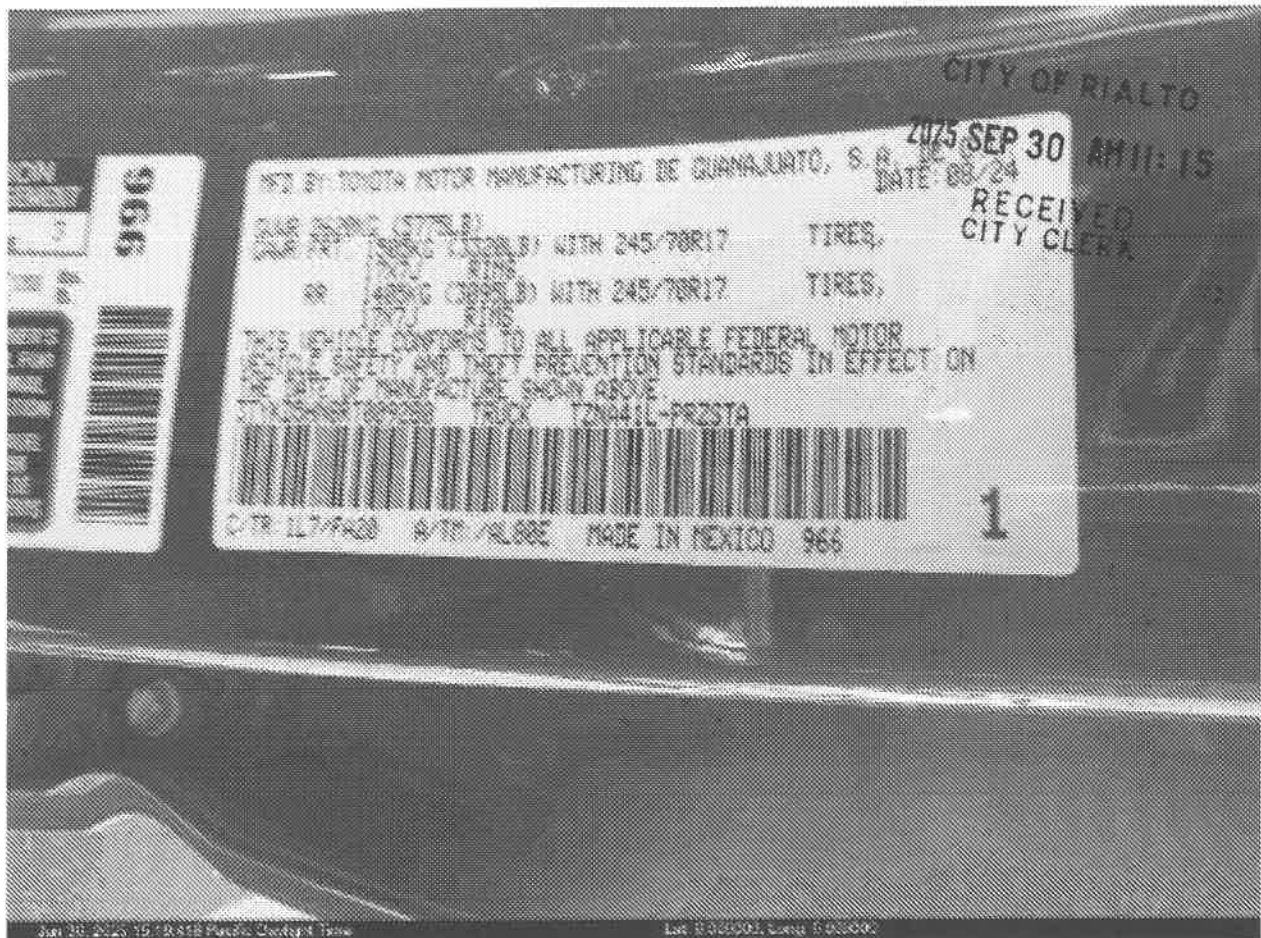
9-16-2025

DATE

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)

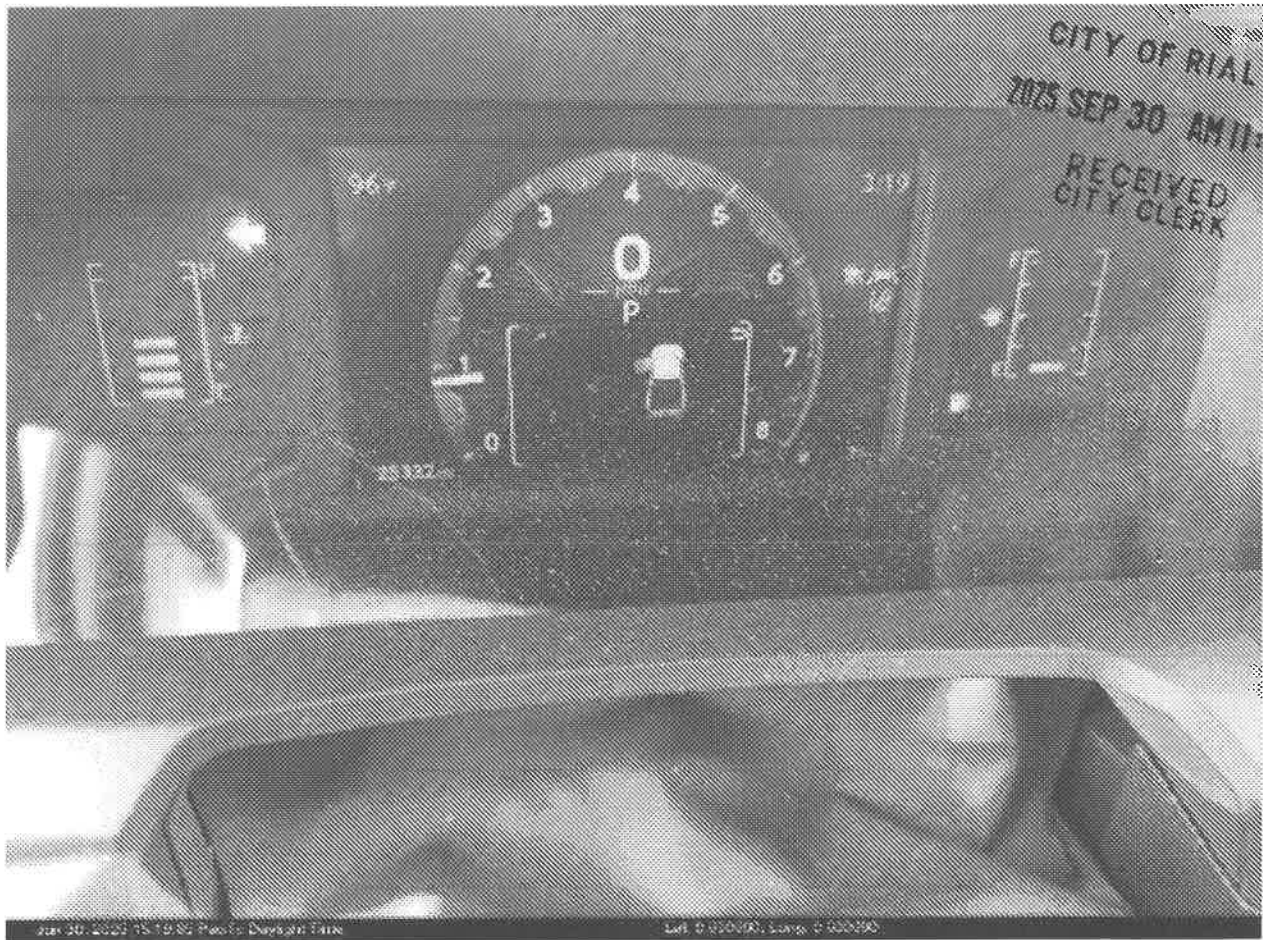
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376

B0SLSB3



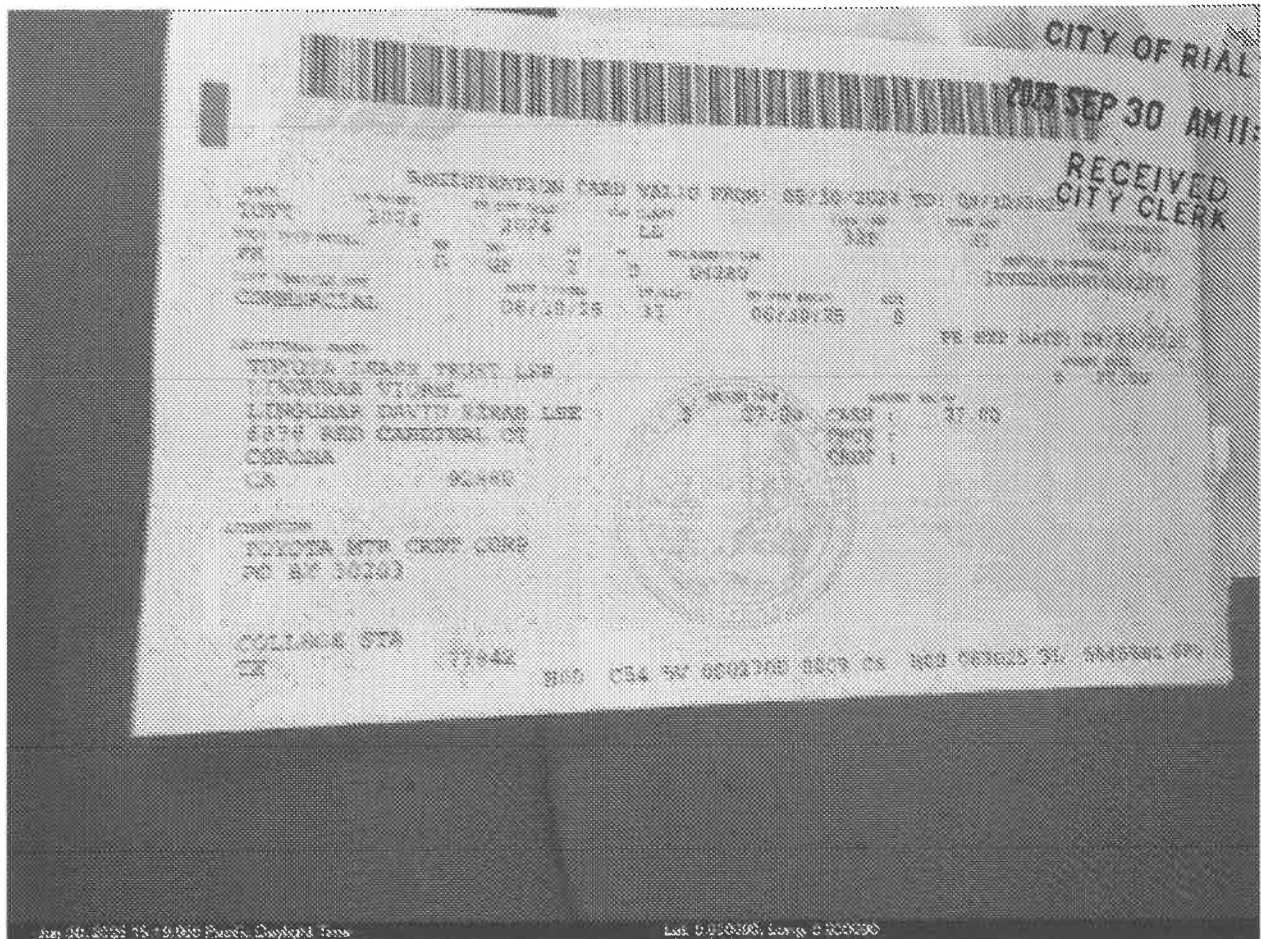
Claim Reference Id	VIN
File Name	: 7009124471-1_A6305944
File Date	: VIN
Label	: 06/30/2025
VIN	: VIN
Note	:
Photo Location	: 0.0 (Lat), 0.0 (Lon)
Photo Taken By	: LINGURAR, DAVID





Claim Reference Id	: 7009124471-1_A6305944
File Name	: Odometer
File Date	: 06/30/2025
Label	: Odometer
VIN	:
Note	:
Photo Location	: 0.0 (Lat), 0.0 (Lon)
Photo Taken By	: LINGURAR, DAVID





#### Vehicle Registration

Claim Reference Id : 7009124471-1\_A6305944  
File Name : Vehicle Registration  
File Date : 06/30/2025  
Label : Vehicle Registration  
VIN :  
Note :  
Photo Location : 0.0 (Lat), 0.0 (Lon)  
Photo Taken By : LINGURAR, DAVID





Driver's Side Front

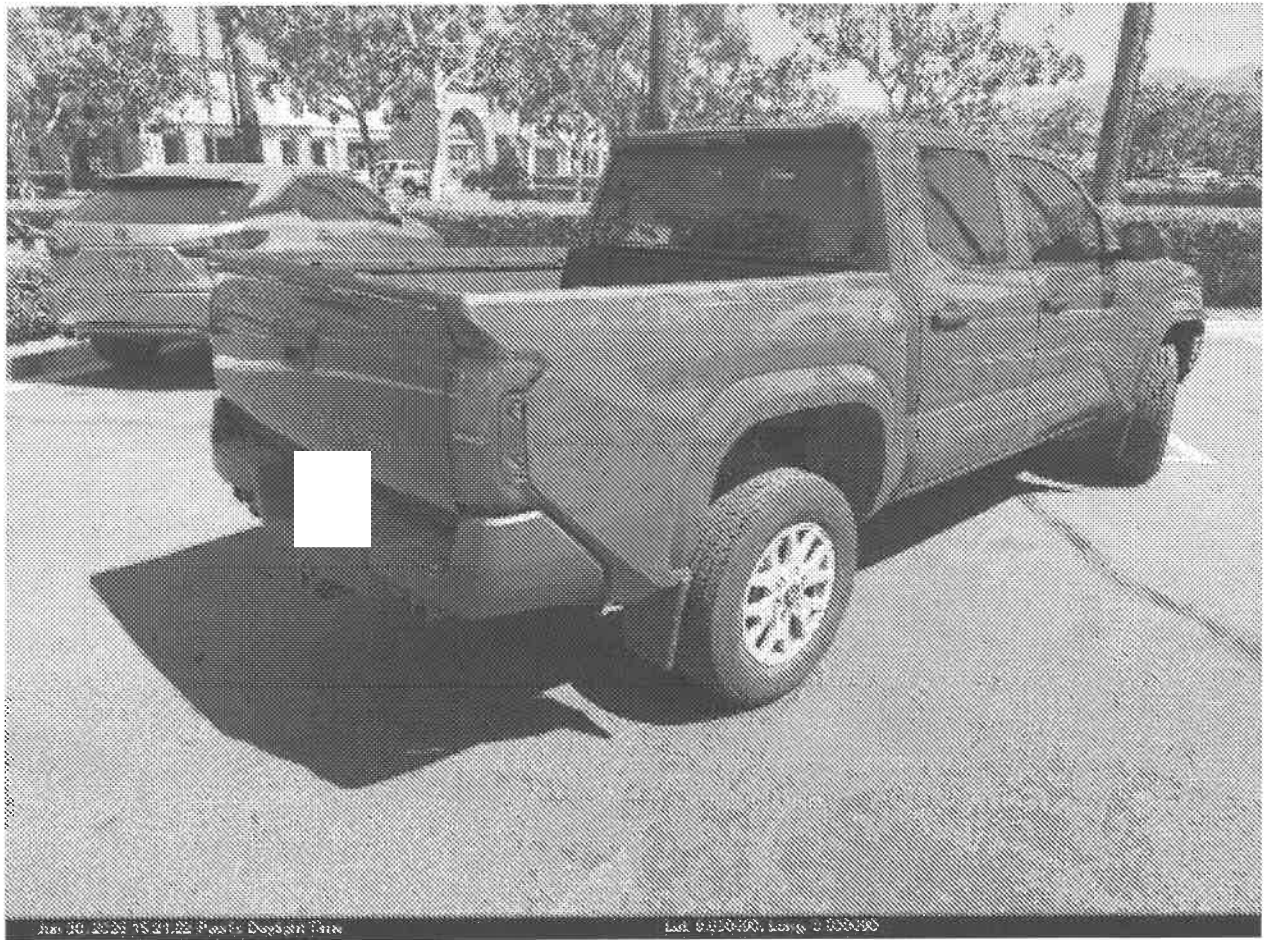
Claim Reference Id	: 7009124471-1_A6305944
File Name	: Driver's Side Front
File Date	: 06/30/2025
Label	: Driver's Side Front
VIN	:
Note	:
Photo Location	: 0.0 (Lat), 0.0 (Lon)
Photo Taken By	: LINGURAR, DAVID





	Driver's Side Rear
Claim Reference Id	: 7009124471-1_A6305944
File Name	: Driver's Side Rear
File Date	: 06/30/2025
Label	: Driver's Side Rear
VIN	:
Note	:
Photo Location	: 0.0 (Lat), 0.0 (Lon)
Photo Taken By	: LINGURAR, DAVID

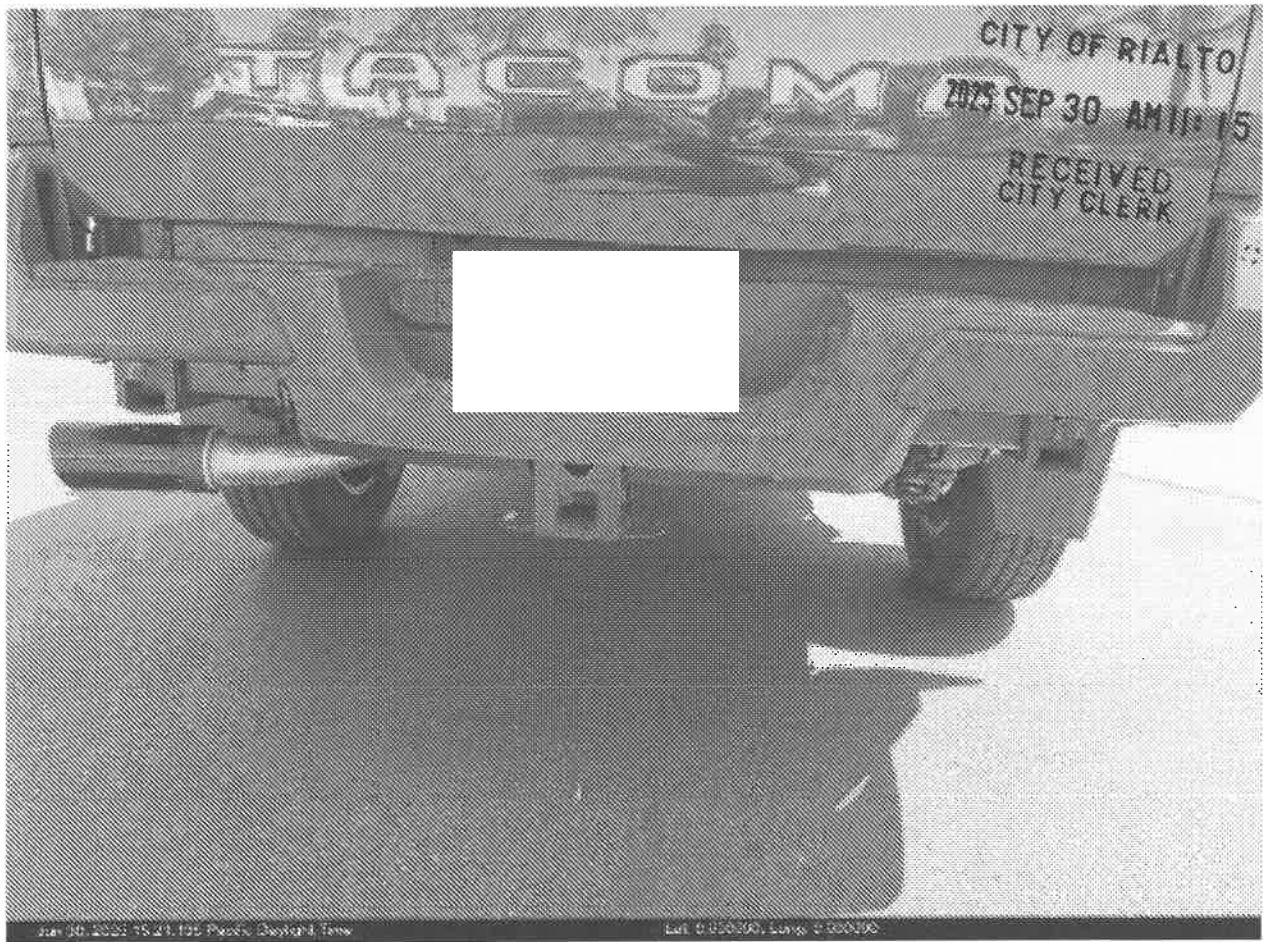




Passenger's Side Rear

Claim Reference Id	: 7009124471-1_A6305944
File Name	: Passenger's Side Rear
File Date	: 06/30/2025
Label	: Passenger's Side Rear
VIN	: .
Note	: .
Photo Location	: 0.0 (Lat), 0.0 (Lon)
Photo Taken By	: LINGURAR, DAVID

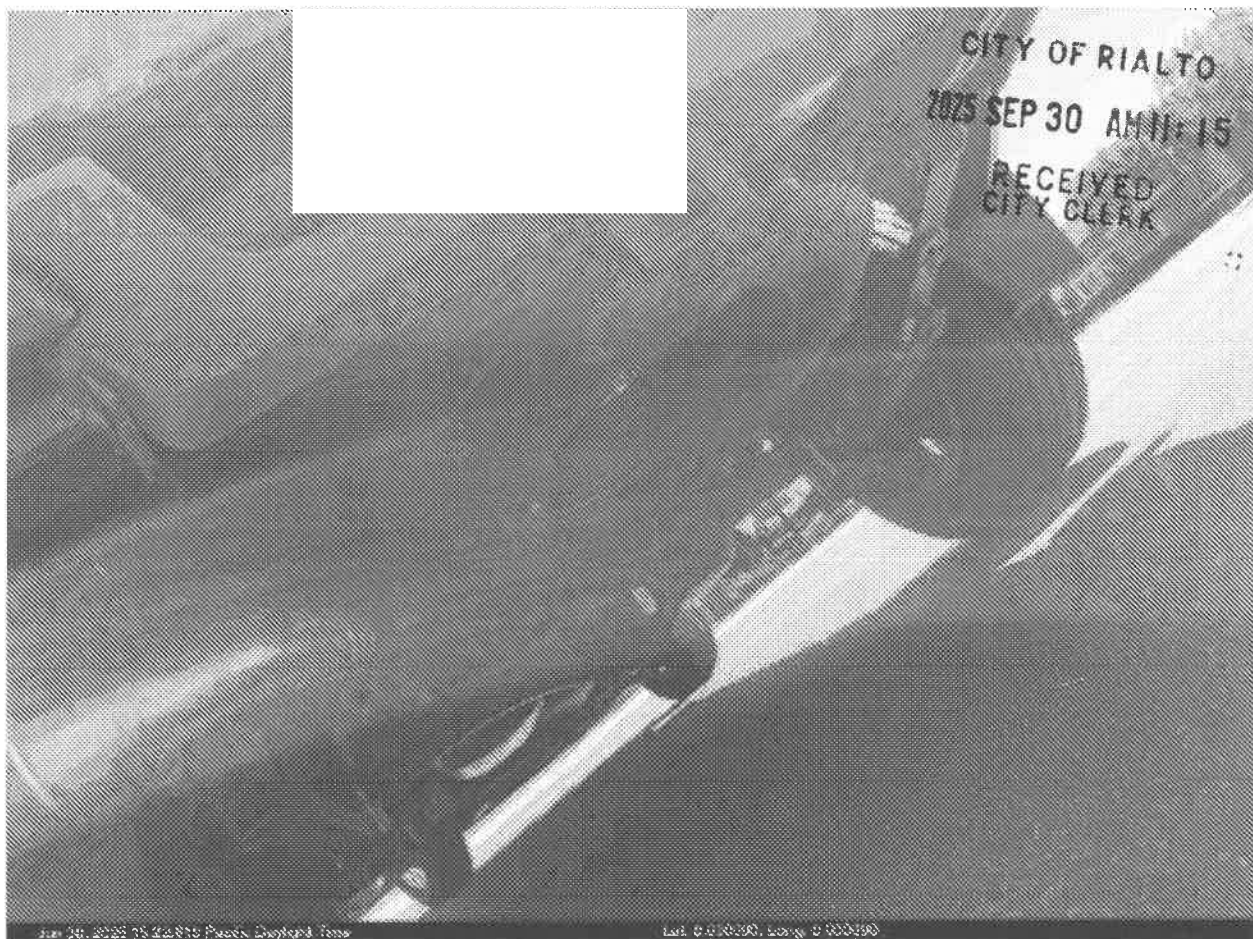




Passenger's Side Front

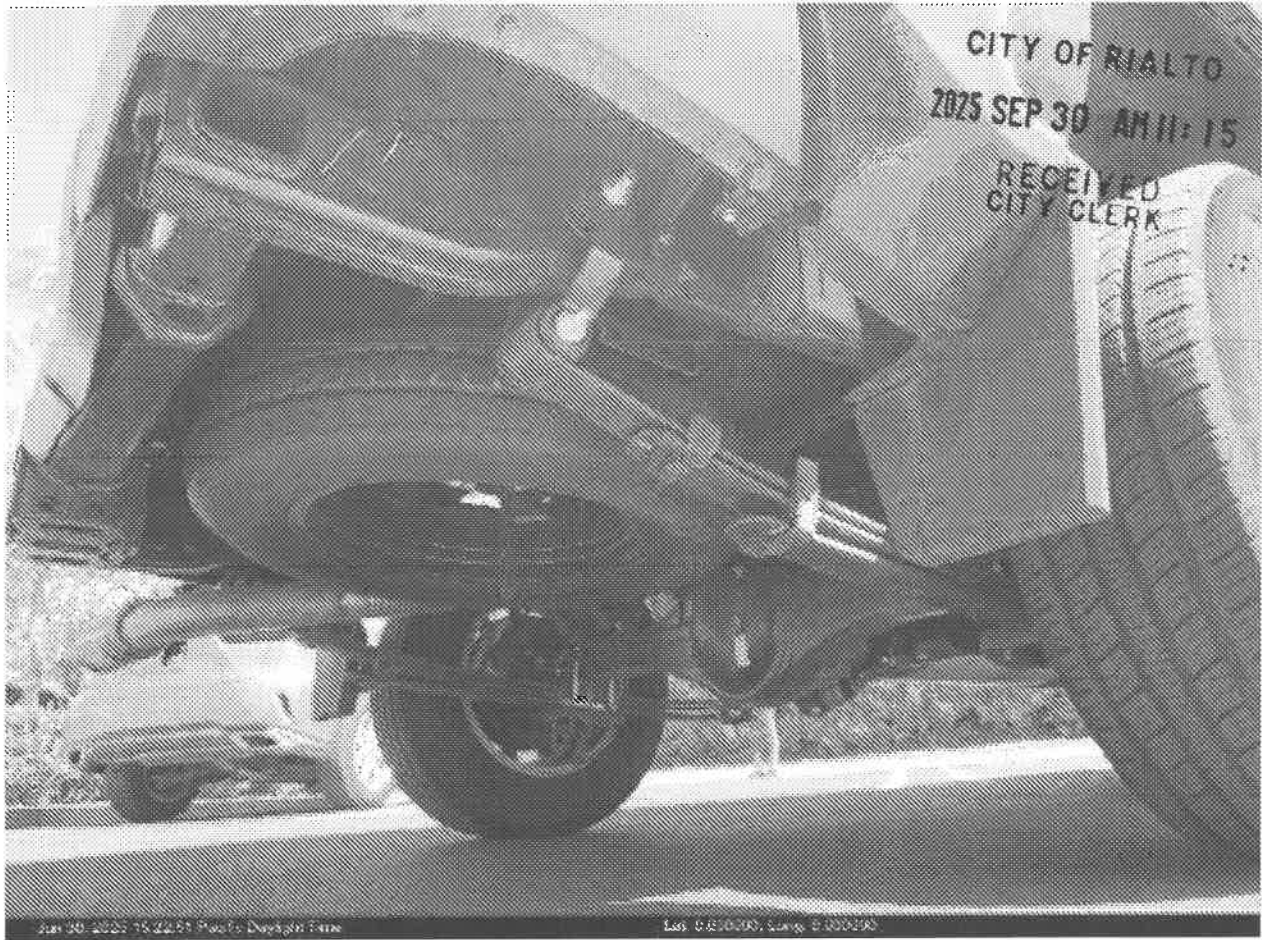
Claim Reference Id	: 7009124471-1_A6305944
File Name	: Passenger's Side Front
File Date	: 06/30/2025
Label	: Passenger's Side Front
VIN	:
Note	:
Photo Location	: 0.0 (Lat), 0.0 (Lon)
Photo Taken By	: LINGURAR, DAVID





	Damage - Center
Claim Reference Id	: 7009124471-1_A6305944
File Name	: Damage - Center
File Date	: 06/30/2025
Label	: Damage - Center
VIN	:
Note	:
Photo Location	: 0.0 (Lat), 0.0 (Lon)
Photo Taken By	: LINGURAR, DAVID

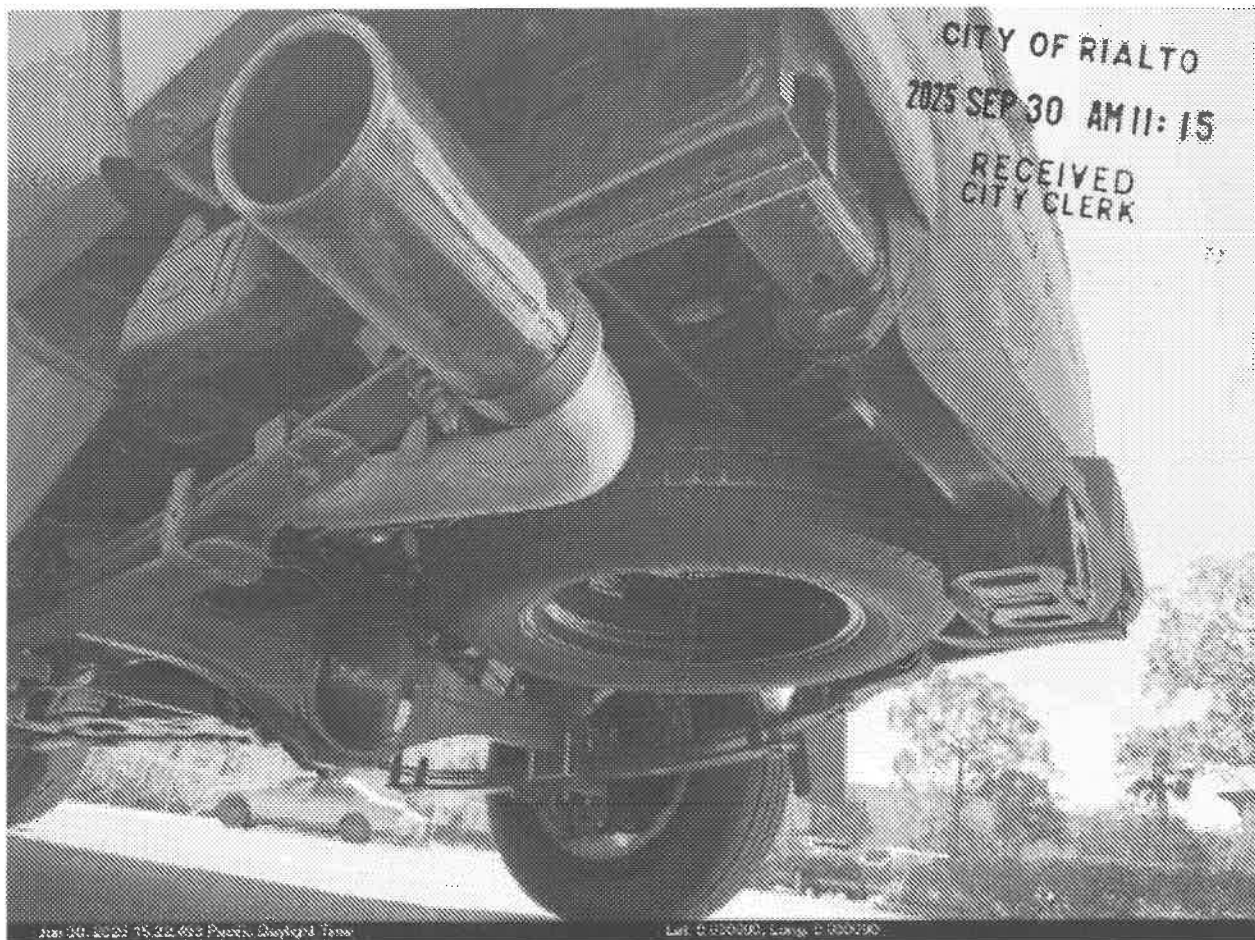




Damage - Left Angle

Claim Reference Id	: 7009124471-1_A6305944
File Name	: Damage - Left Angle
File Date	: 06/30/2025
Label	: Damage - Left Angle
VIN	:
Note	:
Photo Location	: 0.0 (Lat), 0.0 (Lon)
Photo Taken By	: LINGURAR, DAVID





	Damage - Right Angle
Claim Reference Id	: 7009124471-1_A6305944
File Name	: Damage - Right Angle
File Date	: 06/30/2025
Label	: Damage - Right Angle
VIN	:
Note	:
Photo Location	: 0.0 (Lat), 0.0 (Lon)
Photo Taken By	: LINGURAR, DAVID





Scan or visit verify.add123.com to verify



Verification Code: 7PMXM6T

DMV OF CALIFORNIA  
2025 SEP 30 AM 11:15RECEIVED  
CITY CLERK

## California Vehicle Record

Retrieved On: Wed July 02, 2025 02:24:18 PM EDT  
Reference ID: 7009124471-1

Registration Data	Vehicle Data	Title Data
Tag: 58468B4	VIN:	Title:
Issue Date: 10/07/2024	Year: 24	Issue Date: 10/10/2024
Exp. Date: 09/30/2025	Make: TOYT	Use: Commercial - Used (31)
County: RIVERSIDE (33)	Model: Tacoma*	Odo Read: 14
Plate Type: Regular Commercial (31)	Trim: SR*	Odo Status: ACTUAL
Reg. Exp. Date: 09/30/2025	Body: Pickup (PK)	Odo Date: 09/20/2024
	Class Code: LL	
	Weight: 04280	
	Fuel: Gas (G)	
	Year First Sold: 24	
	Number of Axles: 2	

## Conditions

Date: 10/08/2024 Message: SMOG DUE 09/30/32  
Message: NO MAILING ADDRESS  
Message: TIP OFC:C54 D:06/30/25 ID/S:5V1201 T:H00  
Date: 10/07/2024 Message: PREV LIC P983146

## DMV Fees for period 09/30/2024 - 09/29/2025 Date of Loss: 06/24/2025

Description	Amount	Prorated Amount
ATD FEE:	\$1.00	\$0.27
TRANSFER FEE:	\$15.00	\$15.00
WEIGHT FEE:	\$80.00	\$21.48
VLF UNUSED PORTION:	\$67.00	\$67.00
ABANDONED VEHICLE ABATEMENT FEE:	\$1.00	\$0.27
ALT FUEL TECH REG FEE:	\$3.00	\$0.81
REG FEE:	\$71.00	\$19.06
AQMD FEE:	\$7.00	\$1.88
SMOG ABATEMENT FEE:	\$20.00	\$5.37
SAFE FEE:	\$1.00	\$0.27
CHP FEE:	\$32.00	\$8.59
TRANSPORTATION IMPROVEMENT FEE:	\$194.00	\$52.09
TRANSFER SMOG FEE:	\$8.00	\$8.00
FINGERPRINT FEE:	\$2.00	\$0.54

Settlement Total to Registered Owner: \$200.63

## Refund DMV Fees for period 09/30/2024 - 09/29/2025

Company Refund: \$47.00

## Vehicle Interests

**Lessor** TOYOTA LEASE TRUST  
LINGURAR DAVID EZRAH LSE  
6836 RED CARDINAL CT  
CORONA, CA 92880

**Owner 2** LINGURAR VIOREL  
LINGURAR DAVID EZRAH LSE



6836 RED CARDINAL CT  
CORONA, CA 92880

Lienholder TOYOTA MTR CRDT CORP  
PO BX 30203  
COLLEGE STA, TX 77842

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2025 SEP 30 AM 11:15

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CITY CLERK

**Raw Record Data**

[ABANDONED\_VEHICLE\_FEE] non-commercial vehicle in any county [\$1.00]  
[ABANDONED\_VEHICLE\_FEE] from county 33 and acquiredDate between 12/01/2017 and null [\$1.00]  
[ALT\_FUEL\_TECH\_REG\_FEE] Alternate Fuel Technology Regulation Fee: [\$3.00]  
[AQMD\_FEE] from county 33 and zip 92880 and acquiredDate after 4/30/2005 [\$7.00]  
[ATD\_FEE] from county33 and is not CVRA after 12/1/1991 [\$1.00]  
[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 33 during 09/30/2024 [\$0.00]  
[FINGERPRINT\_FEE] nonCVRA vehicle from county 33, 09/30/2024 [\$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 33 [\$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 33 on 10/10/2024 is eligible for fee [\$1.00]  
[SALES\_TAX] from 92880in county 33 [\$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] vehicle model is 5 or less years old [\$20.00]  
[TRANSFER\_FEE] transfer fee is needed [\$15.00]  
[TRANSFER\_SMOG\_FEE] vehicle is 4 years old or under and uses gasoline [\$8.00]  
[TRANSPORTATION\_IMPROVEMENT\_FEE] vehicle has class code LL [\$194.00]  
[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] commercial vehicle with 2 or less axles with weight of 4200 [\$0.00]  
[WEIGHT\_FEE\_PENALTY] expiration date after date record pulled [\$0.00]

(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.



# COAST NATIONAL INSURANCE COMPANY

BW APD YEA

For supplements, email photos and all documents to appraiser email listed on the first line of estimate.

PO BOX 258806  
Oklahoma City, OK 73125

Claim # 7009124471-1\_A6305944  
Workfile ID: 303723e3

## Supplement of Record 2 Summary

Written By: BRAD PHILLIPS, License Number: 2409583, 8/7/2025 2:20:31 PM  
Adjuster: HATTEY, AMBER, (714) 672-1533 Business

Insured: DAVID LINGURAR Owner Policy #: G015133976 Claim #: 7009124471-1\_A6305944  
Type of Loss: COLL1 - MD Date of Loss: 06/24/2025 07:30 AM Days to Repair: 12  
Point of Impact: 06 Rear Deductible: 2500.00

Owner (Insured): DAVID LINGURAR Inspection Location: Desk Appraiser Information: brad.phillips@bristolwest.com Repair Facility: Drive Life  
4111 Buchanan St  
Riverside, CA 92503

## VEHICLE

2024 TOYO Tacoma SR Double Cab Automatic w/5' Bed 4D SHORT 4-2.4L Turbocharged Gasoline Port/Direct Injection Gray

VIN: Production Date: 08/2024 Interior Color: Black  
License: Odometer: 25332 Exterior Color: Gray  
State: CA Condition: Good

### TRANSMISSION

Automatic Transmission

### POWER

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

Heated Mirrors

### DECOR

Dual Mirrors

Privacy Glass

Console/Storage

Overhead Console

### CONVENIENCE

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Message Center

Steering Wheel Touch Controls

Telescopic Wheel

Backup Camera

Remote Starter

Intelligent Cruise

### RADIO

AM Radio

FM Radio

Stereo

Search/Seek

Auxiliary Audio Connection

Satellite Radio

### SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Traction Control

Stability Control

Front Side Impact Air Bags

Head/Curtain Air Bags

Communications System

Hands Free Device

Xenon or L.E.D. Headlamps

Lane Departure Warning

### SEATS

Cloth Seats

Bucket Seats

### WHEELS

Aluminum/Alloy Wheels

### PAINT

Clear Coat Paint

### OTHER

California Emissions

### TRUCK

Rear Step Bumper

Bedliner

Trailer Hitch

Trailer Package

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## Supplement of Record 2 Summary

2024 TOYO Tacoma SR Double Cab Automatic w/5' Bed 4D SHORT 4-2.4L Turbocharged Gasoline Port/Direct Injection Gray

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Line	Oper	Description	Part Number	Qty	Price	Labor	Paint
1	#	S01 For supplements, send to brad.phillips@bristolwest.com		1			
2	<b>COOLING</b>						
3	*	S02 R&I Radiator assy w/o hybrid manual trans	16400AK020			m Incl.	
4	<b>AIR CONDITIONER &amp; HEATER</b>						
5		S02 R&I Condenser	884A0AK010			m 4.0 M	
6		S02 Repl AC Service evacuate & recharge		1		m 1.7 M	
7		S02 Repl AC Service refrigerant recovery		1		m 0.4 M	
8	<b>FRAME</b>						
9	*	S01 Repl LKQ Frame assy Double Cab, Manual trans SR + 20%  NOTE: Crossroads Auto Dismantling Eastvale 951-681-3301 Ref#F7241	51001AK090	1	5,400.00	s 14.1	
10	#	S01 R&I Frame mech components					14.2 M
11	#	S01 R&I Add for transfer frame wiring					3.0 M
12	<b>EXHAUST SYSTEM</b>						
13		S01 R&I R&I exhaust assy rearward of manifolds				m 1.3 M	
14	<b>WHEELS</b>						
15		S01 R&I RT/Front R&I wheel	42611AK011			m 0.1	
16		S01 R&I LT/Front R&I wheel	42611AK011			m 0.1	
17		S01 R&I RT/Rear R&I wheel	42611AK011			m 0.1	
18		S01 R&I LT/Rear R&I wheel	42611AK011			m 0.1	
19	<b>FRONT SUSPENSION</b>						
20		S01 Repl Bleed brake system four wheel		1		m 1.7 M	
21	<b>SEATS &amp; TRACKS</b>						
22		S01 R&I RT R&I front seat					0.4
23		S01 R&I LT R&I front seat					0.4
24		S01 R&I RT R&I rear seat					0.4
25		S01 R&I LT R&I rear seat					0.4
26	#	S01 R&I Carpet					2.0
27	<b>REAR BUMPER</b>						
28		Repl Bumper cover w/o blind spot Double Cab	52057AK010	1	386.48		0.6
29		O/H rear bumper					4.5
30		Repl Bumper	52159AK010	1	283.12	Incl.	
31		R&I RT Rear bumper stay w/o blind spot	52151AK020				Incl.
32		R&I LT Rear bumper stay w/o blind spot	52152AK020				Incl.
33		R&I RT Extension w/o blind spot	52155AK010				Incl.
34		R&I LT Extension w/o blind spot	52156AK010				Incl.
35		S01 Repl RT Step pad outer	52455AK010	1	65.42	Incl.	

## Supplement of Record 2 Summary

2024 TOYO Tacoma SR Double Cab Automatic w/5' Bed 4D SHORT 4-2.4L Turbocharged Gasoline Port/Direct Injection

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36	S01	Repl	LT Step pad outer	52456AK010	1	65.42	Incl.
37	S01	Repl	RT Step pad inner	52168AK010	1	31.35	Incl.
38	S01	Repl	LT Step pad inner	52167AK010	1	31.35	Incl.
RECEIVED CITY CLERK							
39	VEHICLE DIAGNOSTICS						
40	*	S01	Rpr	Pre-repair scan			m
				NOTE: Payable upon completion with scan results printout,invoice/photos at .5M			
41	*	S01	Rpr	Post-repair scan			m
				NOTE: Payable upon completion with scan results printout,invoice/photos at .5M			
				Scans and calibrations must be accompanied by in process photos and documentation			
42	MISCELLANEOUS OPERATIONS						
43	#			Hazardous Waste Removal	1	4.00	X
44	#	S01		Fluids - Brake	1	14.00	
45	#	S01		Fluids - Antifreeze	1	19.00	
46	#	S01	Subl	2 Wheel / Thrust Angle Alignment	1	89.95	X
47	#	S01		D&R Battery	1		0.3
48	#	S02	R&I	Drain and replace fluids			1.0 M
SUBTOTALS						6,390.09	50.8 0.0

### ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			6,296.14
Body Labor	23.5 hrs @	\$ 74.00 /hr	1,739.00
Mechanical Labor	27.3 hrs @	\$ 160.00 /hr	4,368.00
Miscellaneous			93.95
Subtotal			12,497.09
Sales Tax	\$ 6,296.14 @	8.7500 %	550.91
<b>Total Cost of Repairs</b>			<b>13,048.00</b>
Deductible			2,500.00
<b>Total Adjustments</b>			<b>2,500.00</b>
<b>Net Cost of Repairs</b>			<b>10,548.00</b>



Supplement of Record 2 Summary

2024 TOYO Tacoma SR Double Cab Automatic w/5' Bed 4D SHORT 4-2.4L Turbocharged Gasoline Port/Direct Injection

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2025 SEP 30 AM 11:15  
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SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Added Items							
2	COOLING						
3	*	S02 R&I Radiator assy w/o hybrid manual trans	16400AK020		m	Incl.	
4	AIR CONDITIONER & HEATER						
5		S02 R&I Condenser	884A0AK010		m	4.0 M	
6		S02 Repl AC Service evacuate & recharge		1	m	1.7 M	
7		S02 Repl AC Service refrigerant recovery		1	m	0.4 M	
48	#	S02 R&I Drain and replace fluids				1.0 M	
SUBTOTALS					0.00	7.1	0.0

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			0.00
Mechanical Labor	7.1 hrs @	\$ 160.00 /hr	1,136.00
Subtotal			1,136.00
Total Supplement Amount			1,136.00
NET COST OF SUPPLEMENT			1,136.00

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	2,318.14	LISA HANNABLE
Supplement S01	9,593.86	BRAD PHILLIPS
Supplement S02	1,136.00	BRAD PHILLIPS
Workfile Total:	\$ 13,048.00	
TOTAL ADJUSTMENTS:	\$ 2,500.00	
NET COST OF REPAIRS:	\$ 10,548.00	



**Supplement of Record 2 Summary**

2024 TOYO Tacoma SR Double Cab Automatic w/5' Bed 4D SHORT 4-2.4L Turbocharged Gasoline Port/Direct Injection 2500

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.

THIS IS NOT AN AUTHORIZATION TO REPAIR. After the repairs are authorized by the vehicle owner, this estimate MUST be presented to the repair facility prior to the start of repairs. If this estimate is NOT presented to the repair facility prior to the start of repairs, you may be responsible for any additional expenses.

To expedite the handling of any supplemental damage(s), please contact the APPRAISER listed on the estimate. All supplements must be approved by a claims adjuster or appraiser PRIOR to the completion of the repairs.

CA Vehicle Code 3353: Repair facility cannot charge storage while the vehicle is undergoing teardown.

This estimate appraisal has been prepared by a licensed appraiser. Where indicated as written by, damage assessed by, repaired by or otherwise. This is known as a digitally signed document or electronic signature and constitutes that the appraiser is the author of this document.

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Supplement of Record 2 Summary

2024 TOYO Tacoma SR Double Cab Automatic w/5' Bed 4D SHORT 4-2.4L Turbocharged Gasoline Port/Direct Injection

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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 [I.E..MOTORS DATABASE INFORMATION WAS CHANGED], \*\*= DATABASE LINE WITH AFTERMARKET, N= NOTES ATTACHED TO LINE. OPT OEM= ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT.

""CURE TIME"" MEANS THE LENGTH OF TIME THAT, PER THE ADHESIVE MANUFACTURER, THE WINDSHIELD ADHESIVE NEEDS TO CURE UNTIL THE WINDSHIELD CAN PROPERLY FUNCTION AS A SAFETY DEVICE PURSUANT TO THE FEDERAL MOTOR VEHICLE SAFETY STANDARDS AND THE VEHICLE MANUFACTURER'S SPECIFICATIONS.



## Supplement of Record 2 Summary

2024 TOYO Tacoma SR Double Cab Automatic w/5' Bed 4D SHORT 4-2.4L Turbocharged Gasoline Port/Direct Injection Gray

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 ARM8502, CCC Data Date 08/01/2025, 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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### Supplement of Record 2 Summary

2024 TOYO Tacoma SR Double Cab Automatic w/5' Bed 4D SHORT 4-2.4L Turbocharged Gasoline Port/Direct Injection Gray

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 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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September 23, 2025



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09/22/2025

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

Our Insured: David Lingurar  
Our Claim #: 099 SUB 7009124471-1  
Date of Loss: 06/24/2025  
Your Insured: Rialto Police Department  
Your Claim #:  
Deductible Amount: \$2,500.00  
Total Amount Owed: \$13,048.00

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 \$13,048.00.

Our theory of liability is as follows: On 6-24-2025 at appx 7:30am at Riverside Ave and Valley, Rialto, CA, Insured hit in rear by City Police Officer David Padilla, Plate# of police veh 1684112

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,

B0SLSB3



Jeanette Hild  
Litigation Claims Representative  
Coast National Insurance Company  
616-803-7667 (Call/Text)

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25 03 000082 8FB0SLSB3 1 CF0923P1 26 [4] 000082



B0SLSB3

(7009124471-1) Search Address Book CEP REPORT PHISHING

Claim: 7009124471-1 Ins: DAVID LINGURAS DoL: 06/24/2025 Loss State: CA 2025 SEP 30 AM 11:14 Co: C

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(Total Incurred: \$10,548.00): Checks

Pay To	Gross Amount	Issue Date	Scheduled Send Date	Status	Invoice N
David Lingur and Drive Life LLC	\$9,412.00	07/29/2025	07/29/2025	Cleared	
Drive Life LLC	\$1,136.00	08/07/2025	08/07/2025	Cleared	

26 04 000082 8FB0SLSB31 CF0923P1 26 [4] 000082



B0SLSB3