

CITY OF RIALTO LIABILITY

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2019 JAN 24 AM 10: 33

RECEIVEL 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:	
Miquel Morales	3123/1979
FULL NAME	DATE OF BIRTH
Fontang, CA 92335	(951) 206-3339
HOME ADDRESS INCLUDING CITY, STATE & ZIP	HOME TELEPHONE NO.
	()
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP	BUSINESS FELEPHONE 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: 12/3/2018	TIME: 3:00-4:00 ⊠ AM □ PM
2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC - Describe fully and (if ap.	plicable) locate on diagram on reverse side of this sheet.
Where appropriate, give street names and addresses, measurements and landmarks.	
Place of occurrence was at the home oddress. Car	was parked and was struck
by police officer F. foching. He knocked waking u know he hit our vehicle and Proceed filing the Poli	s up around 5-4am letting us
3. HOW DID DAMAGE OR INJURY OCCUR?	ice reportanti Claim for Claimages.
Police officer struck my vehicle.	
4. WERE POLICE AT THE SCENE? ME YES IN NO WERE PARAMEDICS AT THE	ESCENE? YES INO
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. Rialto Police Deparment (Rialto, CA)	
hidne rolice bepartient. (Kidne, Cr)	
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury	y or damage \$ <u>1,667.08</u>
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair es	•
DAMAGES INCURRED TO DATE:	
item/Date: 121312018	Amount: \$ 1,567.08
Item/Date: 1/21/19 5+	Amount \$ 3, 123.86
1/21/19 12	1,916.00

TELEPHONE:	TOTAL AMO	UNT CLAIMED AS OF PRESEN	TATION OF TH	S CLAIM:	\$	
TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: VELV S. WITNESSES TO DAMAGE OR INJURY List all parawas income to have information of father additional pages, if necessary! NAME: ADDRESS: ADDRESS: ADDRESS: B. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATETIME DOCTOR(S) OR HOSPITAL(S) VISITED: NAME: ADDRESS: BELEPHONE: PELEPHONE: ITIME: AMM PM DATE: TIME: AMM PM TO CLAIMAN WINDOWN VEHICLE AND CONTENTS THEREOF, AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT 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 TYPE OR PRINT NAME RELATIONSHIP TO CLAIMANT RELATIONSHIP TO CLAIMANT TYPE OR PRINT NAME RELATIONSHIP TO CLAIMANT						
TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: VELV S. WITNESSES TO DAMAGE OR INJURY List all parawas income to have information of father additional pages, if necessary! NAME: ADDRESS: ADDRESS: ADDRESS: B. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATETIME DOCTOR(S) OR HOSPITAL(S) VISITED: NAME: ADDRESS: BELEPHONE: PELEPHONE: ITIME: AMM PM DATE: TIME: AMM PM TO CLAIMAN WINDOWN VEHICLE AND CONTENTS THEREOF, AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT 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 TYPE OR PRINT NAME RELATIONSHIP TO CLAIMANT RELATIONSHIP TO CLAIMANT TYPE OR PRINT NAME RELATIONSHIP TO CLAIMANT	Item/Date:		9819 1834 9 L	## In: 33	Amount: \$	
T. WITNESSES TO DAMACE OR INJURY List all parsons income to have information fathed additional pages, if necessary? NAME:	item/bate				Amount: \$	
7. WITNESSES TO DAMAGE OR INJURY List all parasans incount to have information (altach additional pages, if nonessang) NAME: ADDRESS: ADDRESS: B. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATETIME DOCTOR(S) OR HOSPITAL(S) VISITED: NAME: ADDRESS: ADDRESS: ADDR	TOTAL ESTIM	MATED AMOUNT PROSPECTIV	E DAMAGES	IVED	\$	
ADDRESS: TELEPHONE: TELEPHONE: TELEPHONE: TELEPHONE: TELEPHONE: SI FINJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED: NAME: NAME: NAME: ADDRESS: ADDRESS: TELEPHONE: TIME: DATE: DATE: DATE: TIME: DATE: DATE: DATE: TIME: DATE: DATE: DATE: TIME: DATE: DA	7. WITNESSES TO DAMA	GE OR INJURY List all persons known			neges, if necessary)	
ADDRESS:	NAME: UNOVANI MOTO	iles	NAME:			
TELEPHONE: TELEPHONE: TELEPHO	ADDRESS:					
B. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED: NAME:	Fontana, CA 923	35			· · · · · · · · · · · · · · · · · · ·	
NAME: ADDRESS: TELEPHONE: TIME: DAM PM DATE: DAM DATE: DAM DATE: DAM DATE: DA	TELEPHONE:		TELEPHONE: ()		_
ADDRESS:	8. IF INJURED, PROVIDE	NAME, CONTACT INFORMATION AND	DATE/TIME DOC	TOR(S) OR HOSP	ITAL(S) VISITED:	
ADDRESS: TELEPHONE:	NAME:		NAME:			
TELEPHONE: { } TIME:	ADDRESS:					
DATE:TIME:		×				
PLEAGE READ THE FOLLOWING CAREFIRLLY For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate plat of accident by "X" and by showing house numbers or distances to street corners. If a city/town vehicle was involved, designate by letter "X" 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 at the time of the accident by "A-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 CLAIMAN SIDEWALK INDICATE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMAN SIDEWALK INDICATE: IF 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	TELEPHONE: ()		TELEPHONE: ()		_
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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 TYPE OR PRINT NAME DATE RELATIONSHIP TO CLAIMANT		M BELOW DOES NOT FIT THE SITUAT		ACH A PROPER D	JIAGRAM SIGNED BY	THE GLAIMANT.
TYPE OR PRINT NAME DATE RELATIONSHIP TO CLAIMANT	THOSE MATTERS WHICH AF	RE HEREIN STATED UPON MY INFORMATION A	AND BELIEF; AND AS TO	O THOSE MATTERS I	BELIEVE THEM TO BE TRI	JE.
RELATIONSHIP TO CLAIMANT	SIGNATURE OF CLAIM	ANT OR AGENT				
	TYPE OR PRINT NAME		<i>3-6</i> -6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	DA	ATE	
NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)	RELATIONSHIP TO CLA	AIMANT				
	Ĭ .	NOTE: PRESENTATION OF A FALS	E CLAIMIS A FEI	ONY (CA DENIA	U CODE 72)	Ï

1/21/2019 12:44 PM Date:

Estimate ID:

6982

Estimate Version:

Preliminary Profile ID: Mitchell

J & L AUTOBODY & REPAIR

15944 VALLEY BLVD, FONTANA, CA 92335 (909) 854-0993 Fax: (909) 434-0653 Email: JLAUTOBODY909@gmail.com BAR #: ARD00227957

Damage Assessed By: JUAN LARIOS

Classification:

None

Deductible:

UNKNOWN

Insured:

Miguel Flores

Address:

Fontana, CA 92335

Mitchell Service: 911167

Description: 2016 Nissan 370Z

Body Style:

2D Cpe

VIN:

JN1AZ4EH9GM935152

OEM/ALT:

Search Code: None

Drive Train: 3.7L Inj 6 Cyl 6M RWD

PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG Options:

FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., TRACTION CONTROL

ALUM/ALLOY WHEELS, TIRE INFLATION/PRESSURE MONITOR, ANTI-THEFT SYSTEM

AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY

HIGH INTENSITY DISCHARGE HEADLIGHTS, LEATHER STEERING WHEEL, CD PLAYER POWER ADJUSTABLE EXTERIOR MIRROR, AUTO AIR CONDITION, TRIP COMPUTER FIRST ROW BUCKET SEAT, CLOTH SEAT, SIDE AIRBAGS, AUTOMATIC HEADLIGHTS MP3 PLAYER, DAYTIME RUNNING LIGHTS, ELECTRONIC STABILITY CONTROL

KEYLESS ENTRY SYSTEM, STEERING WHEEL AUDIO CONTROLS

Line	Entry	Labor		Line Item	Part Type/	Dollar	Labor
Item	Number	Туре	Operation	Description	Part Number	Amount	Units
1	103100	BDY	REMOVE/REPLACE	Frt Alloy Wheel	Recored	300.00 *	0.3
2	100288	BDY	REMOVE/INSTALL	R Rear Combination Lamp			INC #
3	100505	BDY	REMOVE/REPLACE	R Rear Combination Lamp Assembly	26550-1EA6A	360.31	INC #
4	100515	BDY	REMOVE/REPLACE	R Rear Combination Lamp Trim	26552-1EA0A	32.51	INC #
5	AUTO	BDY	OVERHAUL	Rear Bumper Cover Assy			2.8 #
6	100032	BDY	REMOVE/REPLACE	Rear Bumper Cover	HEM22-1EA0H	528.11	INC #
7	AUTO	REF	REFINISH	Rear Bumper Cover		C	3.0
8	100042	BDY	REMOVE/REPLACE	R Rear Otr Bumper Bracket	85044-1EA1A	25.05	INC
9	100044	BDY	REMOVE/REPLACE	R Rear Inr Bumper Bracket	85222-1EA0B	51.45	INC
10	AUTO	REF	ADD'L OPR	Clear Coat			1.2
11	AUTO		ADD'L COST	Paint/Materials		147.00 *	
12	AUTO		ADD'L COST	Hazardous Waste Disposal		0.50 *	

* - Judgment Item

- Labor Note Applies

C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 01/21/2019 12:33:04 6982

Mitchell Data Version:

NOV_18_V

7.1.233

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Date: 1/21/2019 12:44 PM

Estimate ID: 6982

Profile ID: Mitchell

Estimate Version: 0 Preliminary

Estimate Totals

I.	Labor Subtotals Body Refinish	Units 3.1 4.2 Non-Taxa	Rate 52.00 52.00 ble Labor	Add'l Labor Amount 0.00 0.00	Sublet Amount 0.00 0.00	Totals 161.20 218.40 379.60	II.	Part Replacement Summary Taxable Parts Sales Tax Non-Taxable Parts	@	8.000%	Amount 997.43 79.79 300.00
	Labor Summary	7.3				379.60		Total Replacement Parts Amou	ınt		1,377.22
III.	Additional Costs Taxable Costs	Sales Tax		@ 8.	000%	Amount 147.00 11.76	IV.	Adjustments Customer Responsibilit	у		Amount 0.00
	Non-Taxable (Costs				0.50					
	Total Addition	al Costs				159.26					
	Paint Material Init Rate = 35.			9.9, Addl Rate	e = 0.00						
							I. II. III.	Total Labor: Total Replacement Parts: Total Additional Costs: Gross Total:			379.60 1,377.22 159.26 1,916.08
							IV.	Total Adjustments: Net Total:			0.00 1,916.08

This is a preliminary estimate. Additional changes to the estimate may be required for the actual repair.

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.

PURSUANT TO CALIFORNIA CODE OF REGULATIONS, TITLE 10, SECTION 2695.8 THE INSURER WARRANTS THAT ANY NON-ORIGINAL EQUIPMENT MANUFACTURER PARTS SPECIFIED IN THIS ESTIMATE ARE AT LEAST EQUAL TO THE ORIGINAL EQUIPMENT MANUFACTURER PARTS IN TERMS OF KIND, QUALITY, SAFETY, FIT AND PERFORMANCE.

Repair Authorization

J&L AUTO BODY 15944 VALLEY BLVD. FONTANA, CA 92335

ESTIMATE RECALL NUMBER: 01/21/2019 12:33:04 6982

Mitchell Data Version: NOV_18_V

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Date: 1/21/2019 12:44 PM

Estimate ID: 6982 Estimate Version: 0 Preliminary Profile ID: Mitchell

Estimate of repair:

The amount described as estimate of repair includes, but not limited to, parts, labor, diagnosis, and taxes. In the event that there are additional charges made to this estimate, you will be contacted prior to any changes being made.

Authorized Signature:	Date:
Authorized Name (Printed):	
Additional Repair Authorization Amount: \$ Date:	
Phone NO.:	Time:
Person Contacted:	
Power of Attorney - Insurance_Company	
I do hereby appoint the aforementioned fact. They can accept on my behalf, and bills of exchange for deposit to the affor credit on my account. These charges that has been released and accepted by	y and all checks, drafts, or forementioned business' account were for repairs on my vehicle
Accepted by:	Date:

ESTIMATE RECALL NUMBER: 01/21/2019 12:33:04 6982

Mitchell Data Version: NOV_18_V

Software Version:

7.1.233



CALIBER - RIALTO

RESTORING THE RHYTHM OF YOUR LIFE 421 WEST RIALTO AVE., RIALTO, CA 92376

> Phone: (909) 874-4470 FAX: (909) 874-4561

Workfile ID: Federal ID: State EPA:

BAR:

d6c52531 33-0728858 CAL000265317 ARD218621

Preliminary Estimate

Customer: MORALES, JHOVANI

Written By: Maria Collins

Insured:

Type of Loss:

MORALES, JHOVANI

Collision

Point of Impact: 05 Right Rear

Date of Loss:

Policy #:

Claim #:

COD

Days to Repair: 0

Owner:

MORALES, JHOVANI

16775 SAN BERNARDINO AVE #63

FONTANA, CA 92335 (909) 829-8610 Day

Inspection Location:

CALIBER - RIALTO 421 WEST RIALTO AVE.

RIALTO, CA 92376 Repair Facility

(909) 874-4470 Business

Insurance Company:

CUSTOMER PAY

VEHICLE

2016 NISS 370Z Manual 2D CPE 6-3.7L Gasoline Sequential MPI BLUE

VIN: License:

State:

JN1AZ4EH9GM935152

CA

7SMT016

Exterior Color: Production Date:

Interior Color:

BLACK

BLUE

11/2015

Mileage In:

Condition:

10,489

Mileage Out:

Job #:

Vehicle Out:

ESTIMATE

TRANSMISSION

6 Speed Transmission

POWER

Power Steering

Power Brakes Power Windows

Power Locks

Power Mirrors

DECOR

Dual Mirrors

Tinted Glass

Console/Storage CONVENIENCE Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Alarm

Message Center

Steering Wheel Touch Controls

Climate Control

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes Front Side Impact Air Bags

Head/Curtain Air Bags

Hands Free Device

SEATS

Cloth Seats

Bucket Seats

Reclining/Lounge Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control

Stability Control

Xenon Headlamps

Preliminary Estimate

Customer: MORALES, JHOVANI

2016 NISS 370Z Manual 2D CPE 6-3.7L Gasoline Sequential MPI BLUE

Line		Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#		Preliminary Visual Estimate-Vehicle Will Need		1			
2	#		Disassembly For Accurate Estimate.		1			
3	WHEELS							
4	#	Subl	Rt RearTire - Mount and Balance		1	10.00 X		
5	#	Subl	Four Wheel Alignment		1	78.00 X		
6	**	Repl	RECOND RT/Rear Wheel, alloy 19" type 3 front	D03003GY4A	1	<u>150.00</u> m	0.3	
7	QUARTER PA	NEL						
8	*	Rpr	RT Quarter pnl assy				7.0	2.2
9			Add for Clear Coat					0.9
10		R&I	Fuel door blue				0.3	
11		Refn	Fuel door blue					0.3
12			Add for Clear Coat					0.1
13	REAR LAMPS							
14	or parties.	Repl	RT Combo lamp assy	265501EA6A	1	367.51	Incl.	
15	REAR BUMPE	R	No.					
16			O/H rear bumper				3.1	
17		Repl	Bumper cover w/o Nismo	HEM221EA0H	1	538.67	Incl.	3.0
18			Add for Clear Coat					1.2
19		Repi	Nameplate "370Z"	848951EA0A	1	56.98	Incl.	
20		Repl	Emblem	84890CE400	1	59.07	Incl.	
21		Repl	Energy absorber	850901EA0A	1	106.80	0.1	
22	#	Subl	R&I Rt Quarter Glass		1	65.00 X		
23	#	Repl	Urethane Kit-Rt Quarter Glass		1	30.00 T		
24	#	Refn	Tint Color to Match					0.5
25	#		Color Sand and Buff		1	10.00 T	1.0	
26	#		Mask for Primer		1	10.00 X	0.3	
27	#		Cover Car for Overspray		1	10.00 X	0.3	
28	#		Flex Additive		1	10.00 T		
				SUBTOTALS		1,502.03	12.4	8.2

Customer: MORALES, JHOVANI

2016 NISS 370Z Manual 2D CPE 6-3.7L Gasoline Sequential MPI BLUE

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				1,279.03
Body Labor	12.4 hrs	@	\$ 54.00 /hr	669.60
Paint Labor	8.2 hrs	@	\$ 54.00 /hr	442.80
Paint Supplies	8.2 hrs	@	\$ 46.00 /hr	377.20
Miscellaneous				223.00
Subtotal				2,991.63
Sales Tax	\$ 1,706.23	@	7.7500 %	132.23
Grand Total				3,123.86
Deductible				0.00
CUSTOMER PAY				0.00
INSURANCE PAY		77.00		3,123.86

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

Personalized, high quality service from the largest collision repair company in the U.S.

Consistently ranked among the highest customer satisfaction scores in the industry.

Approved by every major insurance company in the U.S.

Expedited car rental and towing services to get you back on the road again in no time.

Repair work backed by a written, lifetime warranty honored at every location.

24/7/365 customer service to answer questions and put your mind at ease.

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

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

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

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

Caliber Collision - Restoring The Rhythm Of Your Life®

Preliminary Estimate

Customer: MORALES, JHOVANI

2016 NISS 370Z Manual 2D CPE 6-3.7L Gasoline Sequential MPI BLUE

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED:

MOTOR ABBREVIATIONS/SYMBOLS: D=DISCONTINUED PART, A=APPROXIMATE PRICE. LABOR TYPES: B=BODY LABOR, D=DIAGNOSTIC, E=ELECTRICAL, F=FRAME, G=GLASS, M=MECHANICAL, P=PAINT LABOR, S=STRUCTURAL, T=TAXED MISCELLANEOUS, X=NON TAXED MISCELLANEOUS. CCC ONE: ADJ=ADJACENT, ALGN=ALIGN, A/M=AFTERMARKET, BLND=BLEND, CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION, D&R=DISCONNECT AND RECONNECT, EST=ESTIMATE, EXT. PRICE=UNIT PRICE MULTIPLIED BY THE QUANTITY, INCL=INCLUDED, MISC=MISCELLANEOUS, NAGS=NATIONAL AUTO GLASS SPECIFICATIONS, NON-ADJ=NON ADJACENT, O/H=OVERHAUL, OP=OPERATION, NO=LINE NUMBER, QTY=QUANTITY, RECOND=RECONDITION, REFN=REFINISH, REPL=REPLACE, R&I=REMOVE AND INSTALL, R&R=REMOVE AND REPLACE, RPR=REPAIR, RT=RIGHT, SECT=SECTION, SUBL=SUBLET, LT=LEFT, W/O=WITHOUT, W/_=WITH/_ SYMBOLS: #=MANUAL LINE ENTRY, *=OTHER [IE..MOTORS DATABASE INFORMATION WAS CHANGED], **=DATABASE LINE WITH AFTERMARKET, N=NOTES ATTACHED TO LINE. OPT OEM=ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT.

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

Preliminary Estimate

Customer: MORALES, JHOVANI

2016 NISS 370Z Manual 2D CPE 6-3.7L Gasoline Sequential MPI BLUE

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 ARF3718, CCC Data Date 1/17/2019, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Record. Record parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2019 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (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. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

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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.