



P.O. Box 10730  
Santa Ana, CA 92711-0730

November 18, 2022

City of Rialto, Clerk's Office  
150 South Palm Avenue  
Rialto, CA 92376

CITY OF RIALTO  
RECEIVED  
CITY CLERK  
2022 NOV 29 AM 9:40

RE: OUR INSURED: SEAN HARRISON  
OUR CLAIM NUMBER: CAPA-01985409  
DATE OF LOSS: OCTOBER 21, 2022  
YOUR INSURED:  
YOUR FILE NUMBER:

Dear City of Rialto, Clerk's Office:

We have obtained information suggesting that the damages incurred from the above-referenced loss were caused by your insured's negligence.

Enclosed for your review, please find copies of our supporting documentation. The breakdown of our payments is as follows:

|                       |            |
|-----------------------|------------|
| Initial Repairs       | \$2,563.87 |
| Deductible            | \$500.00   |
| Supplements           |            |
| Rental Expense        | \$669.34   |
| Out of Pocket Expense |            |
| Other Towing          | \$289.00   |
| Salvage               |            |
| VLF, if applicable    |            |
| Total                 | \$4,022.21 |
| Total Amount Due      | \$4,022.21 |

Other:  
Please review for payment.

*If we receive a payment that is less than the amount shown above, it will be processed and applied as a partial payment only. This will not indicate any acceptance of liability or agreement to compromise the claim amount. Note that "Full or final settlement" or similar wording, whether on the payment itself or on accompanying correspondence, does not function as a release.*

Should you have any questions or need additional information, please do not hesitate to contact me. Thank you for your cooperation.

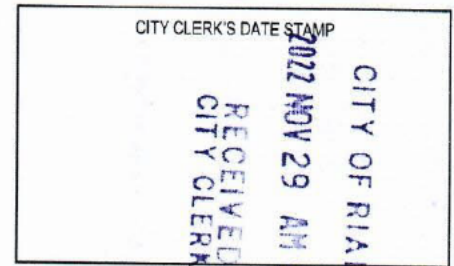
Sincerely,  
Mercury Insurance Company

Claims Department  
888-263-7287

Encl.



**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:**

Mercury Insurance as subrogee of Sean Harrison

FULL NAME

(see below)

HOME ADDRESS INCLUDING CITY, STATE & ZIP

Mercury Insurance, PO Box 10730, Santa Ana, CA 92711-0730

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

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

same as business address

DATE OF BIRTH

( )

HOME TELEPHONE NO.

(714 ) 255-5001

BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 10/21/2022 TIME: 7:20 ☐ 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 Avenue and Slover Avenue in Rialto, CA

**3. HOW DID DAMAGE OR INJURY OCCUR?**

Our insured was driving southbound on Riverside Avenue and hit a pothole 2017 Toyota Tundra sustained alignment damage, suspension damage and is leaking fluids.

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.

Lack of street maintenance/upkeep

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 4,022.21

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

**DAMAGES INCURRED TO DATE:**

Item/Date: Vehicle repairs paid 11/2/2022, Towing paid 10/31 & 11/7/2022 Amount: \$ 2,852.87

Item/Date: Rental paid 11/7/2022 Amount: \$ 669.34

**TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:**

\$ 4,022.21

**ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:**

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

Amount: \$ unknown \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

**TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:**

\$ unknown \_\_\_\_\_

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

NAME: \_\_\_\_\_ N/A \_\_\_\_\_

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

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

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

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

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

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

NAME: \_\_\_\_\_ N/A \_\_\_\_\_

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

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

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

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

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

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

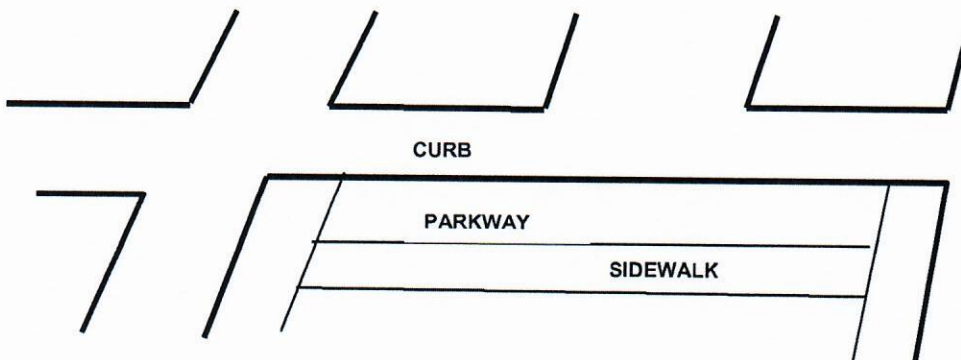
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

**9. PLEASE READ THE FOLLOWING CAREFULLY:**

For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

⇒ **NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.**



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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.**

*Kelly Wood on behalf of Mercury Insurance*

SIGNATURE OF CLAIMANT OR AGENT

Kelly Wood on behalf of Mercury Insurance

11/18/2022

TYPE OR PRINT NAME

insurer

DATE

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**

**MERCURY INSURANCE COMPANY**  
11000 EUCALYPTUS ST, RANCHO CUCAMONGA, CA 91729  
Office: (909) 919-7050  
Fax: (909) 919-7082

Estimate ID  
11907255  
Original  
Claim Number  
CAPA-0198540900105

\*\*\*\*\*EMAIL ALL SUPPLEMENTS TO MY ATTENTION - DEKRUG@MERCURYINSURANCE.COM\*\*\*\*\*

\*\*\*\*\*NO SUPPLEMENTS WILL BE HONORED WITHOUT PRIOR INSPECTION OR APPROVAL\*\*\*\*\*

\*\*\*\*\*ONLY MANUFACTURER SUGGESTED RETAIL PRICE WILL BE HONORED ON ALL PARTS\*\*\*\*\*

\*\*\*\*\*CALL FILE ADJUSTER TO CONFIRM COVERAGE\*\*\*\*\*

All sublet labor over estimated book time labor and labor rate is subject to prior approval. All calibrations need prior approval and MUST be justified by post scan report or OEM position statement. DTC resets are included in post scan labor and calibrations.

Owner  
SEAN HARRISON

Insured  
SFAN HARRISON

Appraiser  
DAVID KRUG  
(909) 772-9672 (Work)  
dekrug@mercuryinsurance.com

Classification  
Field

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**MERCURY INSURANCE GROUP**

|                                   |                                                                                              |                                  |                                                                                              |
|-----------------------------------|----------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------|
| Loss Type<br>Collision            | Claim Number<br>CAPA-0198540900105                                                           | Policy Number<br>040118190295071 | Adjuster<br>Stephanie Smith<br>(800) 521-9693+21873 (Work)                                   |
| Deductible<br>500.00 - Not Waived | Reported Date<br>10/21/2022                                                                  | Loss Date<br>10/21/2022          | Inspection Site<br>LES SCHWAB TIRE CENTER<br>167 W SAN BERNADINO AV<br>E<br>Rialto, CA 92376 |
| Inspection Date<br>11/1/2022      | Repair Facility<br>LES SCHWAB TIRE CENTER<br>167 W SAN BERNADINO AV<br>E<br>Rialto, CA 92376 |                                  |                                                                                              |

**2017 Toyota Tundra SR5 4 Door Crew Cab 146" WB 6 Foot Bed 5.7L 8 Cyl Gas Injected 4WD**

|                                        |                            |                                 |                |
|----------------------------------------|----------------------------|---------------------------------|----------------|
| Exterior Color<br>040 (Super White II) | License                    | VIN                             | Drivable<br>No |
| Odometer<br>75019                      | Production Date<br>05/2017 | Mitchell Service Code<br>911641 |                |

Primary Point of Impact  
Undercarriage (21)

Options

|                                             |                                 |                   |                              |                                 |
|---------------------------------------------|---------------------------------|-------------------|------------------------------|---------------------------------|
| 4 Wheel Drive                               | Air Conditioning                | AM-FM Stereo      | Anti-Lock Brake Sys. (ABS)   | Automatic Headlights            |
| 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 Split Bench Seat      |
| Fog Lights                                  | HD Radio                        | 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                               | Privacy Glass                   | Rear Bench Seat   | Rearview Camera              | Satellite Radio                 |
| Second Row Side Airbag With Head Protection | Side Airbags                    | Skid Plate        | Tilt Steering Wheel          | Tire Pressure Monitoring System |
| Traction Control/Electronic                 | Trailer Hitch                   | Trip Computer     |                              |                                 |

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SEAN HARRISON | 2017 Toyota Tundra SR5

Parts Profile  
BREAAQRP

Parts Profile Version  
41.0

|                        |        | LABOR                              |                  |             | PART        |                 |        |     |             |     |
|------------------------|--------|------------------------------------|------------------|-------------|-------------|-----------------|--------|-----|-------------|-----|
| Line #                 |        | Description                        | Operation        | Type        | Total Units | Type            | Number | Qty | Total Price | Tax |
| ABS / Brakes           |        |                                    |                  |             |             |                 |        |     |             |     |
| 1                      | 100891 | R ABS Frt Sensor -M                | Remove / Replace | Mechanical  | 0.7#        | Aftermarket New |        | 1   | \$291.06*   | Yes |
| 2                      | 100892 | L ABS Frt Sensor -M                | Remove / Replace | Mechanical  | 0.3#        | Aftermarket New |        | 1   | \$291.06*   | Yes |
| Front Suspension       |        |                                    |                  |             |             |                 |        |     |             |     |
| 3                      | 100786 | R Frt Susp Hub Assy -M             | Remove / Replace | Mechanical  | 3.4#        | Aftermarket New |        | 1   | \$416.62*   | Yes |
| 4                      | 100792 | R Frt Susp Hub Bearing -M          | Remove / Replace | Mechanical  | INC#        | Aftermarket New |        | 1   | INC*        | Yes |
| 5                      | 900501 | INCLUDED WITH A/M HUB ASSY         |                  |             |             |                 |        |     |             |     |
| 6                      | 100811 | R Frt Susp Shock Absorber - M      | Remove / Replace | Mechanical  | 1.3#        | Aftermarket New |        | 1   | \$198.99*   | Yes |
| 7                      | 100861 | R Lwr Frt Susp Control Arm Assy -M | Remove / Replace | Mechanical  | 0.6#        | Aftermarket New |        | 1   | \$406.52*   | Yes |
| Front Drive Axle       |        |                                    |                  |             |             |                 |        |     |             |     |
| 8                      | 100834 | R Frt Drive Axle Shaft Assembly -M | Remove / Replace | Mechanical  | 0.3#        | Aftermarket New |        | 1   | \$340.88*   | Yes |
| Special / Manual Entry |        |                                    |                  |             |             |                 |        |     |             |     |
| 9                      | 900500 | WHEEL ALIGNMENT -- 4 WHEELS        | Additional Labor | Mechanical* | 0.0*        | Sublet          | Sublet | 1   | \$109.99*   |     |

\* 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

**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     |
|-------------------------------|-------|------------|---------------------|------------|
| Mechanical Labor              | 6.6   | \$130.00   | \$109.99            | \$967.99   |
| Total Labor                   | 6.6   |            | \$109.99            | \$967.99   |
|                               |       |            | Taxable             | \$0.00     |
|                               |       |            | Tax 0.0000%         | \$0.00     |
|                               |       |            | Non-Taxable         | \$967.99   |
|                               |       |            | Labor Total         | \$967.99   |
| Parts                         |       | Amount     |                     |            |
| Taxable Parts                 |       | \$1,945.13 |                     | \$1,945.13 |
|                               |       |            | Parts Adjustments   | \$0.00     |
|                               |       |            | Tax 7.7500%         | \$150.75   |
|                               |       |            | Non-Taxable         | \$0.00     |
|                               |       |            | Parts Total         | \$2,095.88 |
| Costs                         |       | Amount     |                     |            |
| Other Additional Costs        |       | \$0.00     |                     | \$0.00     |
| Paint Materials               |       | \$0.00     |                     | \$0.00     |
|                               |       |            | Taxable             | \$0.00     |
|                               |       |            | Tax 7.7500%         | \$0.00     |
|                               |       |            | Non-Taxable         | \$0.00     |
|                               |       |            | Costs Total         | \$0.00     |
| Gross Totals                  |       | Amount     |                     |            |
| Gross Total                   |       | \$3,063.87 |                     | \$3,063.87 |
|                               |       |            | Taxable             | \$1,945.13 |
|                               |       |            | Tax                 | \$150.75   |
|                               |       |            | Non-Taxable         | \$967.99   |
|                               |       |            | Gross Total         | \$3,063.87 |
| Adjustments                   |       | Amount     |                     |            |
| Deductible                    |       | -\$500.00  |                     | -\$500.00  |
| Total Customer Responsibility |       |            |                     | -\$500.00  |
|                               |       |            | Net Estimate Total  | \$2,563.87 |

PURSUANT TO CALIFORNIA CODE OF REGULATIONS, TITLE 10, CHAPTER 5,  
SUBCHAPTER 7.5, 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.

THIS IS NOT AN AUTHORIZATION TO REPAIR. THE UNDERSIGNED REPAIR  
FACILITY AGREES TO REPAIR THIS VEHICLE USING INDUSTRY ACCEPTED  
EQUIPMENT AND METHODS, AND TO COMPLETE AND GUARANTEE SAFE REPAIRS AT  
A PRICE OF \$\_\_\_\_\_, INCLUDING ALL CHARGES. NO SUPPLEMENTS  
WILL BE HONORED WITHOUT PRIOR APPROVAL.

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SIGNED: \_\_\_\_\_

IN THE EVENT THAT REPAIRS ARE COMMENCED, AND DURING SUCH REPAIRS IT IS DETERMINED BY MERCURY THAT THE VEHICLE IS A TOTAL LOSS, THE UNDERSIGNED SHOP AGREES NOT TO CHARGE STORAGE FEES FROM THE TIME THE VEHICLE ARRIVES AT THE SHOP UNTIL THE TIME THAT REPAIRS ARE STOPPED DUE TO MERCURY'S TOTAL LOSS DETERMINATION.

SIGNED: \_\_\_\_\_

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

All sublet labor over estimated book time labor and labor rate is subject to prior approval. All calibrations need prior approval and MUST be justified by post scan report or OEM position statement. DTC resets are included in post scan labor and calibrations.

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.

#### Estimate Event Log

|                    |                     |
|--------------------|---------------------|
| Job Created        | 10/31/2022 04:10 PM |
| Estimate Started   | 11/1/2022 11:03 AM  |
| Estimate Printed   | 11/2/2022 10:46 AM  |
| Estimate Committed | 11/2/2022 10:46 AM  |
| Estimate Version   | 0                   |

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# Financials (Total Incurred: \$3,522.21): Summary

| Scheduled Send Da | Issue Date | Check Number | P P         | Check Type | Pay To                                    | Amount     | Status  | Bulk Invoice |
|-------------------|------------|--------------|-------------|------------|-------------------------------------------|------------|---------|--------------|
| 10/31/2022        | 10/31/2022 | 8730269356   | D D<br>V D  | Indemnity  | NATION SAFE DRIVERS                       | \$116.00   | Cleared |              |
| 11/02/2022        | 11/03/2022 | 5502708906   | Ir C<br>D D | Indemnity  | LES SCHWAB TIRE CENTER<br>& SEAN HARRISON | \$2,563.87 | Cleared |              |
| 11/07/2022        | 11/07/2022 | 8730275910   | D D<br>V D  | Indemnity  | NATION SAFE DRIVERS                       | \$173.00   | Cleared |              |
| 11/07/2022        | 11/07/2022 | 8730276480   | D D<br>V D  | Indemnity  | ENTERPRISE RENT-A-CAR                     | \$659.34   | Cleared |              |

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Claim: CAPA-0198540900105 01

SEAN HARRISON



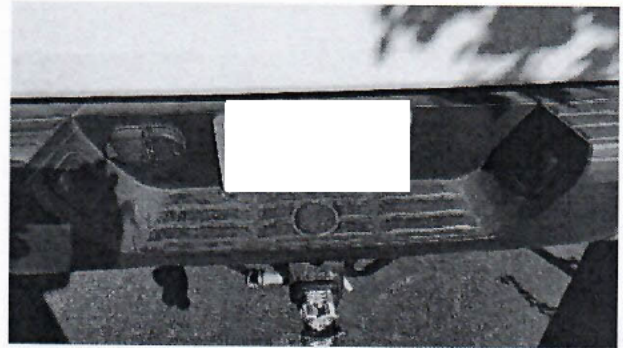
20221101\_104124.jpg



20221101\_104132.jpg



20221101\_104142.jpg



20221101\_104147.jpg

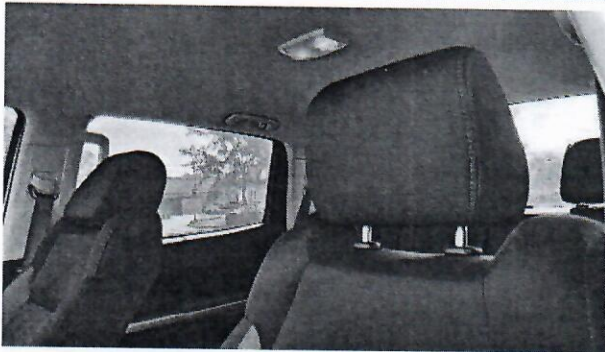
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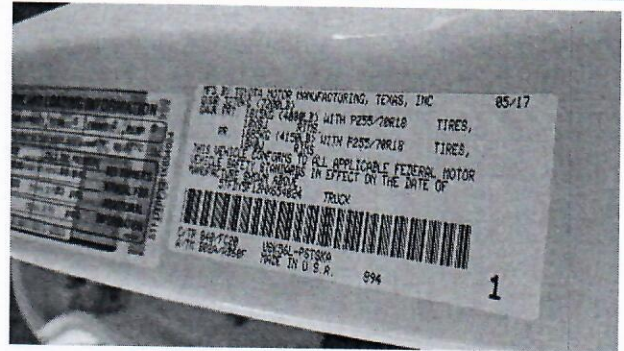
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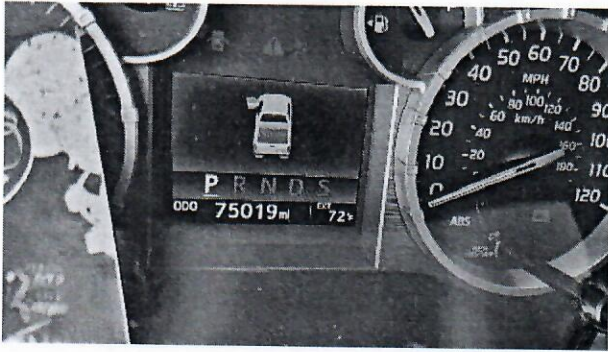


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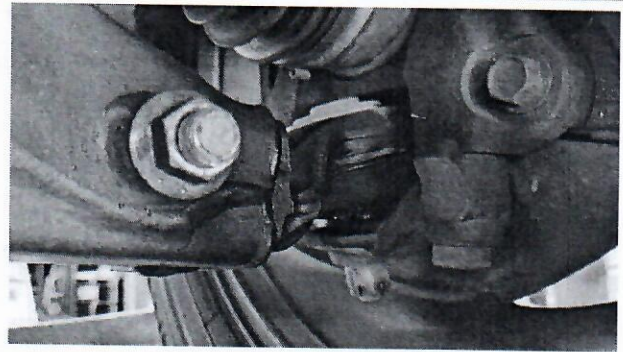


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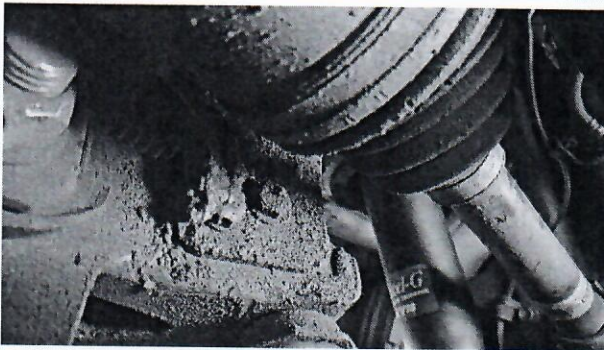
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20221101\_104254.jpg



20221101\_105005.jpg  
RT FRT LOWER CONTROL ARM - BALL JOINT SERVICED WITH  
ARM



20221101\_105308.jpg  
RT FRT AXLE SHAFT



20221101\_105313.jpg  
AXLE GREASE

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UPD TIRE WEAR ON BOTH FRT TIRES RT FRT TIRE



20221101\_105329.jpg

UPD TIRE WEAR ON BOTH FRT TIRES LT FRT TIRE

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**Rental Company:** Enterprise Rent-A-Car  
**Invoice:** 32NBD7XDQN7  
**Alternate Invoice Number:** 7XDQN7

**Bill To:** MER32CC  
 MERCURY INSURANCE SERVICES  
 ATTN:UNIT .RENTAL  
 PO BOX 1150  
 BREA, CA 928221150

**RENTER INFORMATION:**  
 Renter: HARRISON,SEAN  
 Address:

Home Phone:  
 Office Phone:

**RENTAL INFORMATION:**  
**Rental Branch Location:**  
 ENTERPRISE RENT-A-CAR(32NB)  
 585 W VALLEY BLVD  
 BLOOMINGTON, CA 923162222

**ADDITIONAL CLAIM INFORMATION:**

Claim Number: CAPA-01985409  
 Claim Type: Insured  
 Vehicle Condition: Non-Driveable  
 Date Of Loss: 10/21/2022  
 Insured Name:  
 Owner's Vehicle: 2017 OTHER|TOYOTA  
 Department Code:  
 Branch/ Unit#: 2022  
 Policy Max Date:  
 Best Contact #:  
 Claimant # for Payment:  
 Date Escalated:  
 Application: GWCC  
 CARS Shop Type: Yes

**Repair Facility:**

LES SCHWAB TIRE CENTER  
 SAN BERNARDINO, CA 92376  
 (909) 546-3405

**RENTAL DETAIL:**

Rental Period: 10/22/2022 to 11/04/2022 (14 days)

**Billed Period: 10/22/2022 to 11/04/2022 (14 days)**

| Description                  | Quantity | Rate    | Amount   |
|------------------------------|----------|---------|----------|
| TIME & DISTANCE              | 5        | \$42.99 | \$214.95 |
| TIME & DISTANCE              | 9        | \$42.99 | \$386.91 |
| VEHICLE LICENSE RECOVERY FEE | 5        | \$1.00  | \$5.00   |
| VEHICLE LICENSE RECOVERY FEE | 9        | \$1.76  | \$15.84  |
| SALES TAX                    | 1        | 7.75%   | \$46.64  |

**Total Charges:** \$669.34

**Less Amount Received:** \$0.00

**Total Amount Due:** \$669.34

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**VEHICLES RENTED:**

| Effective Date | Time     | Year | Make | Model | VIN               | Mileage |
|----------------|----------|------|------|-------|-------------------|---------|
| 10/22/2022     | 11:02 AM | 2021 | TOYO | TACC  | 3TMAZ5CN5MM152549 | 460     |
| 10/27/2022     | 12:00 AM | 2022 | TOYO | HIGH  | 5TDGZRAH1NS541365 | 11048   |

## Rental Invoice

Please Return This Portion with Remittance

**Make Payment To:**  
**ENTERPRISE RENT-A-CAR (V3BD)**  
 PO BOX 840086  
 KANSAS CITY, MO 641840086  
 Federal ID: 43-0724835

**Total Charges:** \$669.34

**Less Amount Received:** \$0.00

**Total Amount Due.....** \$669.34

Please Include on your Check:

Invoice:32NBD7XDQN7



Case Number: 11021666  
InvoiceNumber: 4411477  
Invoice Date: 10/25/2022  
Producer Code: 120568

|                                                                                                                    |                                                           |              |                       |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------|-----------------------|
| VIN: 5TFDY5F12HX654024<br>(Vehicle Identification Number)                                                          | Desc: 2017 TUNDRA CREWMAX S<br>(Vehicle Year Model Color) | Mileage<br>0 | Name<br>SEAN HARRISON |
| <b>Task Id</b> 4411477                                                                                             |                                                           |              |                       |
| <b>Incident Type</b> LDR                                                                                           |                                                           |              |                       |
| <b>Provider Name</b> D&A Towing                                                                                    |                                                           |              |                       |
| <b>Provider ID</b> 149405                                                                                          |                                                           |              |                       |
| <b>Purchase Order</b> 8807659                                                                                      |                                                           |              |                       |
| <b>Disablement / Impound Business Name</b> At or Near Scene                                                        |                                                           |              |                       |
| <b>Disablement Address</b><br>(Location where vehicle is disabled) 983 S WILLOW AVE, RIALTO, CA 92376              |                                                           |              |                       |
| <b>Tow To Address</b><br>(Destination where vehicle is towed to) 14537 MANZANITA DR, FONTANA, CA 92335             |                                                           |              |                       |
| <b>Drop Off Delivery Date/Time</b> 10/25/2022 11:00:00AM                                                           |                                                           |              |                       |
| <b>Impound Reason</b> al Instructions: PLEASE CALL INSURED 30 MINS AHEAD OF ARRIVAL TIME SO HE CAN BE AT HIS RESII |                                                           |              |                       |
| <b>Miles To Scene</b><br>(Unloaded driving miles) 4                                                                |                                                           |              |                       |
| <b>Miles To Scene to drop off</b><br>(Loaded driving miles) 9                                                      |                                                           |              |                       |
| <b>SERVICED PERFORMED</b>                                                                                          |                                                           |              |                       |
| <b>Service Description</b><br>Actual service type performed in Towntnet system Light Duty Recovery                 |                                                           |              |                       |
| <b>ITEMIZED CHARGES</b>                                                                                            |                                                           |              |                       |
| Dispatch Fee \$0.00                                                                                                |                                                           |              |                       |
| <b>Task LM Fee</b><br>Loaded mile fee \$0.00                                                                       |                                                           |              |                       |
| <b>Task UM Fee</b><br>Unloaded mile fee \$0.00                                                                     |                                                           |              |                       |
| <b>Task DM Fee</b><br>Deadhead mile fee \$0.00                                                                     |                                                           |              |                       |
| <b>Task Fuel Surcharge Fee</b> \$0.00                                                                              |                                                           |              |                       |
| <b>Task Hook Fee</b> \$0.00                                                                                        |                                                           |              |                       |
| <b>Impound Fee Breakup</b>                                                                                         |                                                           |              |                       |
| Initial Tow \$0.00                                                                                                 |                                                           |              |                       |
| Cleanup Fee \$0.00                                                                                                 |                                                           |              |                       |
| Yard Fee \$0.00                                                                                                    |                                                           |              |                       |
| Dollies Fee \$0.00                                                                                                 |                                                           |              |                       |
| Title Fee \$0.00                                                                                                   |                                                           |              |                       |
| Admin Fee \$0.00                                                                                                   |                                                           |              |                       |
| Labor Fee \$0.00                                                                                                   |                                                           |              |                       |
| Extra Miles Fee \$0.00                                                                                             |                                                           |              |                       |
| Winching Fee \$0.00                                                                                                |                                                           |              |                       |
| Other Fees \$0.00                                                                                                  |                                                           |              |                       |
| Benifits Over Miles \$-                                                                                            |                                                           |              |                       |
| <b>Storage Fee</b>                                                                                                 |                                                           |              |                       |
| Sum of storage per day times Days in storage \$0.00                                                                |                                                           |              |                       |
| Storage Per Day \$0.00                                                                                             |                                                           |              |                       |
| Days In Storage 0                                                                                                  |                                                           |              |                       |
| <b>Service Fee</b> \$116.00                                                                                        |                                                           |              |                       |
| <b>Task Amount</b>                                                                                                 |                                                           |              |                       |
| Total amount for the Task Id \$116.00                                                                              |                                                           |              |                       |
| <b>Total Billed Amount</b>                                                                                         |                                                           |              |                       |
| Total of Task Amounts in a CaseID \$116.00                                                                         |                                                           |              |                       |

CITY OF RIALTO  
2022 NOV 29 AM 9:41  
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CITY CLERK

THANK YOU FOR YOUR BUSINESS



Case Number: 11033351  
InvoiceNumber: 4413129  
Invoice Date: 10/27/2022  
Producer Code: 79023

|                                         |                                                               |              |                       |
|-----------------------------------------|---------------------------------------------------------------|--------------|-----------------------|
| VIN:<br>(Vehicle Identification Number) | Desc: 2017 TUNDRA CREWMAX S N/A<br>(Vehicle Year Model Color) | Mileage<br>0 | Name<br>SEAN HARRISON |
|-----------------------------------------|---------------------------------------------------------------|--------------|-----------------------|

|                                                             |                                    |
|-------------------------------------------------------------|------------------------------------|
| Task Id                                                     | 4413129                            |
| Incident Type                                               | LDR                                |
| Provider Name                                               | D&A Towing                         |
| Provider ID                                                 | 149405                             |
| Purchase Order                                              | 8818909                            |
| Disablement / Impound Business Name                         | SEIDNERS COLLISION CENTERS/FONTANA |
| Disablement Address<br>(Location where vehicle is disabled) | FONTANA, CA 92335                  |
| Tow To Address<br>(Destination where vehicle is towed to)   | RIALTO, CA 92376                   |
| Drop Off Delivery Date/Time                                 | 10/27/2022 5:38:00PM               |

|                                                      |                           |
|------------------------------------------------------|---------------------------|
| Impound Reason                                       | Created By Impound Portal |
| Miles To Scene<br>(Unloaded driving miles)           | 16                        |
| Miles To Scene to drop off<br>(Loaded driving miles) | 9                         |

**SERVICED PERFORMED**

|                                                                       |                     |
|-----------------------------------------------------------------------|---------------------|
| Service Description<br>Actual service type performed in Towner system | Light Duty Recovery |
|-----------------------------------------------------------------------|---------------------|

**ITEMIZED CHARGES**

|                                                          |          |
|----------------------------------------------------------|----------|
| Dispatch Fee                                             | \$0.00   |
| Task LM Fee<br>Loaded mile fee                           | \$0.00   |
| Task UM Fee<br>Unloaded mile fee                         | \$0.00   |
| Task DM Fee<br>Deadhead mile fee                         | \$0.00   |
| Task Fuel Surcharge Fee                                  | \$0.00   |
| Task Hook Fee                                            | \$0.00   |
| Impound Fee Breakup                                      |          |
| Initial Tow                                              | \$0.00   |
| Cleanup Fee                                              | \$0.00   |
| Yard Fee                                                 | \$0.00   |
| Dollies Fee                                              | \$0.00   |
| Title Fee                                                | \$0.00   |
| Admin Fee                                                | \$0.00   |
| Labor Fee                                                | \$0.00   |
| Extra Miles Fee                                          | \$0.00   |
| Winching Fee                                             | \$0.00   |
| Other Fees                                               | \$90.00  |
| Benefits Over Miles                                      | \$-      |
| Storage Fee                                              |          |
| Sum of storage per day times Days in storage             | \$0.00   |
| Storage Per Day                                          | \$0.00   |
| Days In Storage                                          | 0        |
| Service Fee                                              | \$83.00  |
| Task Amount<br>Total amount for the Task Id              | \$173.00 |
| Total Billed Amount<br>Total of Task Amounts in a CaseID | \$173.00 |

THANK YOU FOR YOUR BUSINESS



P.O. Box 10730 Santa Ana, California 92711-0730 2022 NOV 29 AM 9:44

CITY OF RIALTO

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ZIP 92821 \$ 001.68<sup>1</sup>  
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