



Worker's Compensation Court

Back to Digital Index

REGELIN CASTILLO

Plaintiff

vs

ADVENTIST HEALTH WHITE MEMORIAL

Defendant

Case Number: **ADJ14349578**

Worker's Compensation Subpoena
Duces Tecum

Claim Number: **18025499/30217364863-0001**

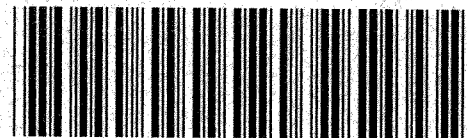
RECORDS PERTAINING TO:
REGELIN CASTILLO

RECORDS FROM:
USAA CASUALTY INSURANCE COMPANY

ATTN: CUSTODIAN OF RECORDS
2710 GATEWAY OAKS DR. #150N
SACRAMENTO, CA 95833

CLIENT ORDERING RECORDS:
ALBERT & MACKENZIE
ATTN: MICHELLE PARTINGTON, ESQ
28216 DOROTHY DRIVE #200
AGOURA HILLS, CA 91301

OPPOSING PARTY:
WORKERS DEFENDERS
ATTN:
751 S. WEIR CANYON RD #157-445
ANAHEIM, CA 92808



STATEWIDE RECORD SERVICES, INC.

P.O. BOX 15617

SACRAMENTO, CA 95852-0617

(916) 344-0446 FAX (916) 344-0104

Order#: 54445-01/STCVR



PHOTOCOPIED RECORDS - COMPLETED REPORT

**ALBERT & MACKENZIE
MICHELLE PARTINGTON, ESQ
28216 DOROTHY DRIVE #200
AGOURA HILLS, CA 91301**

RE: CASE NAME: REGELIN CASTILLO vs. ADVENTIST HEALTH WHITE MEMORIAL
COURT: Worker's Compensation Court
CASE NUMBER: ADJ14349578
YOUR FILE #: 18025499/30217364863-0001
OUR FILE #: 54445
FACILITY: USAA CASUALTY INSURANCE COMPANY
PATIENT NAME: REGELIN CASTILLO

Dear Ms. Partington:

Your request to photocopy records at the above referenced location has been completed. A copy of the records has been shipped to:



MICHELLE PARTINGTON, ESQ
ALBERT & MACKENZIE
28216 DOROTHY DRIVE #200
AGOURA HILLS, CA 91301
Date Shipped: AUG 20 2021



WORKERS DEFENDERS
751 S. WEIR CANYON RD #157-445
ANAHEIM, CA 92808
Date Shipped: AUG 20 2021

Thank you for choosing STATEWIDE RECORD SERVICES, INC. to assist you.
If you have any questions or comments, please feel free to contact our office.

Respectfully Submitted,

Alfonso Velasco

WORKERS' COMPENSATION APPEALS BOARD

REGELIN CASTILLO

Claimant/Applicant

vs.

**ADVENTIST HEALTH WHITE
MEMORIAL**

Employer/Insurance Carrier/Defendant

CASE NO. ADJ14349578

(If application has been filed, case number must be indicated regardless of date of injury.)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the above Case No. or attaching copy of the subpoena.)

Where no application has been filed for injuries on or after January 1, 1990 and before January 1, 1994, subpoena will be valid without a case number, but subpoena must be served on claimant and employer and/or insurance carrier.

See Instructions below.*

The People of the State of California Send Greetings to:

USAA CASUALTY INSURANCE COMPANY

WE COMMAND YOU to appear before: STATEWIDE RECORD SERVICES, INC.
at P.O. BOX 15617, SACRAMENTO, CA 95852-0617 Phone:(916) 344-0446

on August 20, 2021 at 10:00 AM, to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records:

COPY OF CLAIM FILE # 020829714020, D.O.L. 05/08/2017 INCLUDING BUT NOT LIMITED TO MOTOR VEHICLE ACCIDENT RECORDS, SETTLEMENT RECORDS, PLEADINGS, STATEMENTS, MEDICAL RECORDS, INDUSTRIAL & NON-INDUSTRIAL INJURIES, EXCLUDING ANY PRIVILEGED INFORMATION AND ATTORNEY CLIENT WORK PRODUCT, CONCERNING: REGELIN CASTILLO, DOB: 7/23/1965, SSN# 550-67-9707

(Do not produce X-rays unless specifically mentioned above)

For failure to attend and to produce said documents you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date: August 5, 2021

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA




Secretary, Assistant Secretary, Worker's Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990
AND BEFORE JANUARY 1, 1994:**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE
[SUBPOENA INVALID WITHOUT DECLARATION]**

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Gov't Code 68097.2 et seq.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ14349578

STATE OF CALIFORNIA, County of ORANGE

The undersigned states:

That STATEWIDE RECORD SERVICES, INC. is (one of) ALBERT & MACKENZIE representative(s) for the Defendant in the action captioned on the reverse hereof.

That USAA CASUALTY INSURANCE COMPANY

has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

The records sought are relevant to the claim/case and may lead to discoverable evidence.

These records may contain information that will help in the resolution of this claim/case.

Declaration for Injuries on or After January 1, 1990 and before January 1, 1994.

- o That an Employee's Claim for Workers' Compensation Benefits (DWC FORM 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of declaration below. See instructions on front of subpoena.)

I declare under penalty of perjury that the foregoing is true and correct.

August 5, 2021 at AGOURA HILLS, California.

/S/ MICHELLE PARTINGTON, ESQ ALBERT & MACKENZIE 28216 DOROTHY DRIVE #200 (818) 575-9876 AGOURA HILLS, CA 91301

Signature

Address

Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of

Sacramento

I, the undersigned, state that: I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Table with 3 columns: Name of person served, Date of service, Place. Row 1: Key S., 8-6-21, 2710 Gateway Oaks #150N Sacramento, CA 95833

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8-6-21 at Sacramento, California.

[Signature]

Signature



STATEWIDE RECORD SERVICES, INC.

PROOF OF SERVICE BY MAIL CCP 1013A

Case No. ADJ14349578

Case Name: REGELIN CASTILLO
vs.
ADVENTIST HEALTH WHITE MEMORIAL

I am a resident of the State of California, County of Sacramento. I am over the age of eighteen years and not a party to the entitled action; my business address is P.O. BOX 15617, SACRAMENTO, CA 95852-0617.

On August 5, 2021 I served this Notice of Taking Deposition (if applicable)/ Notice to Consumer (if applicable) along with the Subpoena and Affidavit in Support of Issuance (if applicable) on the attorneys for all appearing parties in said action, by placing a true copy thereof enclosed in a sealed envelope; with postage thereon fully prepaid, in the United States mail at SACRAMENTO, CA, addresses as follows:

WORKERS DEFENDERS
751 S. WEIR CANYON RD #157-445
ANAHEIM, CA 92808

I declare under penalty of perjury that the forgoing is true and correct. Executed on August 5, 2021, at SACRAMENTO, CA.

Sincerely,

JESSE BONILLA

Order#: 54445-01/CPROOF23

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) ALBERT & MACKENZIE MICHELLE PARTINGTON, ESQ, SBN 273448 28216 DOROTHY DRIVE #200 AGOURA HILLS, CA 91301 TELEPHONE NO: (818) 575-9876 FAX NO: (818) 575-9006 E-MAIL ADDRESS: ATTORNEY FOR (Name): Defendant	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 1065 N. PacifiCenter Dr., Suite #170 MAILING ADDRESS: CITY AND ZIP CODE: Anaheim 92806 BRANCH NAME: Anaheim	
PLAINTIFF/PETITIONER: REGELIN CASTILLO DEFENDANT/RESPONDENT: ADVENTIST HEALTH WHITE MEMORIAL	CASE NUMBER: ADJ14349578
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)	

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): **REGELIN CASTILLO AND/OR ATTORNEY OF RECORD**

- PLEASE TAKE NOTICE THAT REQUESTING PARTY (name): **ALBERT & MACKENZIE** SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): **August 20, 2021**
 The records are described in the subpoena directed to **witness** (specify name and address of person or entity from whom records are sought):
USAA CASUALTY INSURANCE COMPANY 2710 GATEWAY OAKS DR. #150N, SACRAMENTO, CA 95833
 A copy of the subpoena is attached.
- IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED IN ITEM a. OR b. BELOW:
 - If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for the production of the records.
 - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
- YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

 Date: **August 5, 2021**
MICHELLE PARTINGTON, ESQ
 (TYPE OR PRINT NAME)


/S/ MICHELLE PARTINGTON, ESQ
 (SIGNATURE OF REQUESTING PARTY ATTORNEY)
OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

- I object to the production of all of my records specified in the subpoena.
- I object only to the production of the following specified records:

- The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(See next page for proof of service)

Page 1 of 2

PLAINTIFF/PETITIONER: **REGELIN CASTILLO**

CASE NUMBER:

DEFENDANT/RESPONDENT: **ADVENTIST HEALTH WHITE MEMORIAL****ADJ14349578****PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**

(Code Civ. Proc., §§ 1985.3, 1985.6)

 Personal Service Mail

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:
 - (1) Name of person served: _____ (3) Date served: _____
 - (2) Address: _____ (4) Time served: _____
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (1) Name of person served: **WORKERS DEFENDERS** (3) Date of mailing: **8/5/2021**
 - (2) Address: **751 S. WEIR CANYON RD #157-445,**
ANAHEIM, CA 92808 (4) Place of mailing: **SACRAMENTO, CA**
 - (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
 - c. My residence or business address is (specify): **P.O. BOX 15617, SACRAMENTO, CA 95852-0617**
 - d. My phone number is (specify): **(916) 344-0446**

I declare under penalty of perjury under the laws of the laws of the State of California that the foregoing is true and correct.

Date: 8/5/2021

JESSE BONILLA

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS

(Code of Civ. Proc., §§ 1985.3, 1985.6)

 Personal Service Mail

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I served a copy of the *Objection to Production of Records* as follow (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 - (i) Name of person served: _____ (iii) Date served: _____
 - (ii) Address where served: _____ (iv) Time served: _____
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (i) Name of person served: _____ (iii) Date of mailing: _____
 - (ii) Address: _____ (iv) Place of mailing (city and state): _____
 - (v) I am resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. ON THE WITNESS:
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 - (i) Name of person served: _____ (iii) Date served: _____
 - (ii) Address where served: _____ (iv) Time served: _____
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (i) Name of person served: _____ (iii) Date of mailing: _____
 - (ii) Address: _____ (iv) Place of mailing (city and state): _____
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or business address is (specify): _____
4. My phone number is (specify): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

Page 2 of 2

CLAIMFOX, INC.
900 MARCONI AVE
ROCKY HILL, CT 06179

P: 631.205.1200
F: 631.205.1211
CLAIMFOX.COM



To Whom It May Concern,

ClaimFox, Inc. processes requests for insurance documents on behalf of United Services Automobile Association.

Respondent objects to any portion of the request for documents or information that seek attorney-client privileged communications or attorney work product. Respondent intends to withhold from production any such materials that are exempt from discovery.

Please contact ClaimFox directly with any questions.

Sincerely,

ClaimFox
631.205.1200 Ext 555
inquiry@claimfox.com

Dear Regelin Castillo,

Thank you for trusting USAA with your insurance needs. My name is Julie A Scharff, and I'm handling your auto claim. We've opened the following claim based on information provided:

Policyholder: ABEL CASTILLO
Claim #: 020829714-7105-20
Date of loss: May 8, 2017
Loss location: Sylmar, California

Important Details About Your Claim

Please review the following information about the handling of your claim.

Deductibles

When you take your vehicle to a repair facility, you will pay your deductible directly to the repair facility.

Your Appraisal

If your appraisal has already been scheduled, you can review appraisal details on usaa.com. If your appraisal has not been scheduled, call us or feel free to schedule your appraisal on usaa.com.

California Residents

The California Department of Motor Vehicles requires that you report a motor vehicle accident within 10 days if it resulted in damage greater than \$1,000 to the property of any one person or bodily injury or death of any person.

If your accident meets the criteria, print the [Report of Traffic Accident Occurring in California](#) form and follow the instructions on how to complete it and where to mail it. USAA's NAIC number requested on the form is 25941.

Your Payment Options

Ask us about receiving your payment electronically. This is a quick and convenient way to deposit the funds directly into your checking or savings account. An electronic funds transfer is a great way for you to receive payment quickly and securely when you need it most.

Simplifying Your Claims Experience

The best way to share information about your claim, or check the status of it, is to go to our Claim Communication Center. You can access the center anytime on usaa.com or by using our [mobile app](#) for your phone or iPad®.

The Claim Communication Center is the place to:

- Review your deductible.
- Schedule a rental vehicle.
- Find a USAA approved repair provider.
- Schedule an appraisal.
- Post messages about your claim.
- Upload photos or documents.
- View your payments.

How to Contact Us

If you have questions or need additional information about your claim, contact us by:

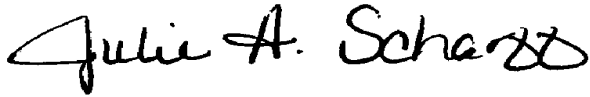
- Posting a secure message to the Claim Communication Center, and we'll reply within four hours.

- Emailing us at 55lkw9593wmq@claims.usaa.com.
- Calling 210-531-USAA (8722), our mobile shortcut #8722 or 800-531-8722. If you're in an international location, call 00-800-531-82220.

We value your business and the opportunity to serve your insurance needs.

[> View Your Claim](#)

Sincerely,



Julie A Scharff
USAA MOUNTAIN STATES REGIONAL OFFICE
United Services Automobile Association



United Services Automobile Association, 9800 Fredericksburg Road, San Antonio, Texas 78288

Information exchanged through this e-mail will become a permanent part of your file. This message is not assurance of coverage or payment. Payment dependent on claims investigation.











CALIBER - CANYON COUNTRY
RESTORING THE RHYTHM OF YOUR LIFE
17951 SIERRA HWY, CANYON COUNTRY, CA
91351

Phone: (661) 298-2955
FAX: (661) 298-2951

Workfile ID: 9f22d2e8
Federal ID: 33-0728858
State EPA: CAL000365088
BAR: ARD266363

Estimate of Record

Customer: CASTILLO, MSGT ABEL

Written By: Mike Glass, 5/15/2017 3:53:40 PM
Adjuster: Scharff, Julie, (000) 004-0401 Business

Insured: CASTILLO, MSGT ABEL Policy #: 020829714 Claim #: 020829714000000020001
Type of Loss: Collision Date of Loss: 5/8/2017 12:00 PM Days to Repair: 10
Point of Impact: 06 Rear

Owner:
CASTILLO, MSGT ABEL
27003 MOUNTAIN WILLOW LN
CANYON CNTRY, CA 91387
(818) 653-1537 Evening
(818) 653-1537 Cell

Inspection Location:
CALIBER - CANYON COUNTRY
17951 SIERRA HWY
CANYON COUNTRY, CA 91351
Repair Facility
(661) 298-2955 Business

Insurance Company:
USAA
Drive In - 6161
USAA Insurance
P.O. Box 33490
San Antonio, TX 78265
(800) 531-8722 Business

VEHICLE

2016 HOND CRV gry

VIN: 2HKRW1H87HH508602 Interior Color: Mileage In: 3,463 Vehicle Out:
License: NEW Exterior Color: gry Mileage Out:
State: CA Production Date: Condition: Job #:

Estimate of Record

Customer: CASTILLO, MSGT ABEL

2016 HOND CRV gry

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	Vehicle is a 2017 02/2017 Data base Na		1			
2	#	Shop used 2016 Data base		1			
3	#	VEHICLE IS A 2017		1			
4	#	No Authorization To Repair		1			
5	#	A USAA Representative Must Authorize Any Supplement		1			
6	#	To This Estimate.		1			
7	#	Submit supplement requests via email to PHXPD@USAA.com or		1			
8	#	eFax via (866) 998-5933. Please include the USAA claim		1			
9	#	number and your contact information. For Supplement		1			
10	#	inquiries, call USAA at 800-531-8722, ext 79502.		1			
<hr/>							
11	EXHAUST SYSTEM						
12	*	Rpr Muffler				m	<u>2.0</u>
<hr/>							
13	REAR BODY & FLOOR						
14		R&I Sill molding mocha gray					0.2
15		R&I RT Lower qtr trim black					0.6
16		R&I LT Lower qtr trim black					0.6
17		R&I Lid type 1 black					0.1
18		R&I Jack assy type 1					0.1
<hr/>							
19	LIFT GATE						
20		Repl Lift gate	68100T0JA80ZZ	1	775.40	4.8	3.6
21		Add for trnsfr glass				0.7	
22		Repl Nameplate "CR-V"	75722T0A003	1	35.78	0.2	
23	*	R&I License molding LX type 1					<u>0.4</u>
24		R&I Finish molding w/o Touring modern steel					Incl.
25		R&I Camera				m	0.2
26		R&I Lift gate glass Honda w/o privacy					Incl.
27		R&I Wiper arm					0.2
28		R&I Upper trim					Incl.
29		R&I Lower trim panel black					Incl.
<hr/>							
30	REAR LAMPS						
31		R&I RT Tail lamp assy upper					0.1
32		R&I LT Tail lamp assy upper					0.1
<hr/>							
33	REAR BUMPER						
34		O/H rear bumper					2.4
35	<>	Repl Bumper cover	04715T1WA91ZZ	1	272.42	Incl.	2.8
36		Overlap Major Non-Adj. Panel					-0.2
37		Repl Lower trim EX, EXL, Touring	71510T1WA01	1	134.30	Incl.	

Estimate of Record

Customer: CASTILLO, MSGT ABEL

2016 HOND CRV gry

38	Repl	RT Side trim	04717T1WA91	1	60.49	Incl.	
39	Repl	LT Side trim	04718T1WA91	1	60.49	Incl.	
40	Repl	Absorber	71570T1WA00	1	37.73	Incl.	
41	Repl	Impact bar	71530T0AA00ZZ	1	201.57	0.4	
42	R&I	RT Reflector				Incl.	
43	Repl	LT Reflector	33555T1WA01	1	32.28	Incl.	
44	#	Flex Additive		1	5.00	T	
45	#	Subl Cover Car for Overspray		1	7.50	X	
46	#	Tint Color to Match		1		T 0.5	
47	#	Subl Hazardous waste		1	3.00	X	
SUBTOTALS					1,625.96	13.6	6.2

NOTES

Estimate Notes:

DR-05/09/2017 DC-5/9/17 DI- 5/15/17 SCHD-N

ERT- 10 DRV- y PRODUCTION DATE-02/2017

Vehicle owner (handed) damage report and QRP brochure by (Mike) prior to repairs.

Contacted vehicle owner (Abel) upon receipt of assignment and explained process on (5/9/17)

Contacted vehicle owner (Able) and reviewed repair estimate on (5/15/17)

Prior Damage(s)-n

Additional Remarks-

LKQ Search (Quote # & contact info from 3 vendors)

N/a oem parts 02/2017 production date meets oem parts req

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,610.46
Body Labor	13.6 hrs @	\$ 48.00 /hr	652.80
Paint Labor	6.2 hrs @	\$ 48.00 /hr	297.60
Paint Supplies	6.2 hrs @	\$ 34.00 /hr	210.80
Miscellaneous			15.50
Pre-Tax Discount		-2.7 %	-75.25
Subtotal			2,711.91
Sales Tax	\$ 1,776.95 @	8.7500 %	155.48
Grand Total			2,867.39
Deductible			500.00
CUSTOMER PAY			500.00
INSURANCE PAY			2,367.39

Estimate of Record

Customer: CASTILLO, MSGT ABEL

2016 HOND CRV gry

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®

Please Present A Copy Of This Estimate To A Repair Facility Of Your Choice

*USAA Subsidiaries include: United Services Automobile Association(USAA), USAA Casualty Insurance Company(CIC), USAA General Indemnity Company(GIC) USAA County Mutual Insurance(CMI) and Garrison Property Casualty Insurance Company. Garrison Property and Casualty Insurance Company, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trademark of United Services Automobile Association.

This is not an authorization to repair. Failing to present this estimate to the repairing garage before repair may result in additional expenses to you. A USAA appraiser must authorize any supplement to this estimate. Repairs to this vehicle may require specific welding equipment as recommended by the manufacturer.

If alternative quality replacement parts have been included in this appraisal, the source for these parts has also been disclosed. If alternative quality replacement parts as listed on the appraisal are ultimately used in the repair of your vehicle, the warranty on such parts will be equal to, or greater than, the parts being replaced, as stated in USAA's limited parts warranty. USAA warrants that the parts used on your vehicle will be of like kind and quality, function, fit, safety and corrosion protection as the part or parts they replace. USAA identifies certified and validated parts for sheet metal replacement parts.

Estimate of Record

Customer: CASTILLO, MSGT ABEL

2016 HOND CRV gry

California Disclosure.

California law provides that you have the right to select the repair facility of your choice.

USAA Disclosure.

Please present a copy of this estimate to a repair facility of your choice * USAA subsidiaries include: United Services Automobile Association (USAA), USAA Casualty Insurance Company (CIC), USAA General Indemnity Company (GIC) USAA County Mutual Insurance (CMI) and Garrison Property Casualty Insurance Company. Garrison Property and Casualty Insurance, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trade mark if the United Services Automobile Association.

This is not an authorization to repair. Failing to present this estimate to the repairing garage may result in additional expenses to you. A USAA appraiser must authorize any supplement to this estimate. Repairs to this vehicle may repair specific welding equipment as recommended by the manufacturer.

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.

Estimate of Record

Customer: CASTILLO, MSGT ABEL

2016 HOND CRV gry

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 ARG4463, CCC Data Date 4/14/2017, 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 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 2017 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.

CCC ONE Estimating - A product of CCC Information Services 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.

Estimate of Record

Customer: CASTILLO, MSGT ABEL

2016 HOND CRV gry

ALTERNATE PARTS USAGE

2016 HOND CRV gry

VIN: 2HKRW1H87HH508602 Interior Color: Mileage In: 3,463 Vehicle Out:
License: NEW Exterior Color: gry Mileage Out:
State: CA Production Date: Condition: Job #:

Alternate Part Type	Selection Method	# Of Times Notified Of Available Parts	# Of Parts Selected
Aftermarket	Automatically List	7	0
Optional OEM	Automatically List	1	0
Reconditioned	Automatically List	1	0
Recycled	N/A	0	0

TLA M

MFD. IN CANADA BY HONDA OF CANADA MFG.,
A DIVISION OF HONDA CANADA INC. 02/17
GWR 2130KG (4695LBS) TIRE SIZE RIM SIZE
GAWR F 1100KG (2425LBS) 235/60R18 103H 18X7.5J
GAWR R 1040KG (2292LBS) 235/60R18 103H 18X7.5J
THIS VEHICLE CONFORMS TO ALL APPLICABLE
FEDERAL MOTOR VEHICLE SAFETY
AND THEFT PREVENTION STANDARDS IN EFFECT
ON THE DATE OF MANUFACTURE SHOWN ABOVE.
V.I.N.: 2HKRW1H87HH508602 TYPE: MPV

TLK H AF6 -NH797MX -B -H
MADE IN CANADA

























For Customer Support refer to the appropriate platform below:

OrderPoint
800-934-9698
Orderpoint.support@lexisnexis.com

Accurint for Insurance
866-277-8407
Accurint.support@lexisnexis.com

Lexis.com
Law Firm accounts
800-543-6862

PAGE COUNT: 1

Please call us if this request needs to be ordered again for some reason.

CLIENT : USAA
DIVISION : SW11
ADJUSTER : MARQUAN JOHNSON
CLAIM : 2082 97 14 020

TRANSACTION # : 647094381
DATE : 05/16/2017

DATE OF LOSS : 05/08/2017 TIME OF LOSS : 0000
STREET :
CITY : SYLMAR
COUNTY : LOS ANGELES
STATE : CA

INVESTIGATING AGENCY : CA HP
REPORT NUMBER : 9540
REPORT TYPE : Auto Accident
PARTY 1 : REGELIN CASTILLO
PARTY 2 : UNKNOWN
PARTY 3 :

CAR : MAKE : YEAR :
TAG : UNKNOWN

DRIVER LICENSE : C3471900
ADDITIONAL INFO :

NOTE :

WE RECEIVED DUPLICATE REQUESTS FOR THIS REPORT. THE REPORT HAS BEEN ORDERED UNDER TRAN NUMBER 64645602 BY ADJUSTER JULIE SCHARFF . WE WILL FORWARD THE RESPONSE AS SOON AS IT IS RECEIVED.

THANK YOU FOR YOUR ORDER!



For Customer Support refer to the appropriate platform below:

OrderPoint
800-934-9698
Orderpoint.support@lexisnexis.com

Accurint for Insurance
866-277-8407
Accurint.support@lexisnexis.com

Lexis.com
Law Firm accounts
800-543-6862

PAGE COUNT: 7

CLIENT : USAA
DIVISION : URM1
ADJUSTER : JULIE SCHARFF
CLAIM : 2082 97 14 020

TRANSACTION # : 646456022
DATE : 05/22/2017

DATE OF LOSS : 05/08/2017 TIME OF LOSS : 0000
STREET :
CITY : SYLMAR
COUNTY : LOS ANGELES
STATE : CA

INVESTIGATING AGENCY : CA HP
REPORT NUMBER : 9540
REPORT TYPE : Auto Accident
PARTY 1 : REGELIN CASTILLO
PARTY 2 : UNKNOWN
PARTY 3 :

CAR : MAKE : YEAR :
TAG : UNKNOWN

DRIVER LICENSE : C3471900
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!

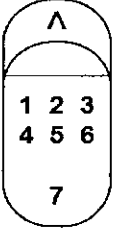
SPECIAL CONDITIONS		NUMBER INJURED 1	HT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED		JUDICIAL DISTRICT SANTA CLARITA		LOCAL REPORT NUMBER 9540-2017-06620			
		NUMBER KILLED 0	HT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY LOS ANGELES		REPORTING DISTRICT 143		DAY OF WEEK MONDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON: SR-14 S/B (ANTELOPE VALLEY FREEWAY)					MO 05/08/2017	DAY 0725	YEAR 2400	TIME (2400)	NCIC # 9540	OFFICER I.D. 018037
	MILEPOST INFORMATION:			GPS COORDINATES LATITUDE 34.33796°			LONGITUDE - 118.50760°			PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 227 FEET SOUTH OF SIERRA HIGHWAY U/C					STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
PARTY 1	DRIVER'S LICENSE NUMBER D1114906	VALID	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2010	MAKE / MODEL / COLOR DODG CHARGER WHI		LICENSE NUMBER 6MRT890	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) NOE PANIAGUA					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDES-TRIAN	STREET ADDRESS 2937 MARILYN DR					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP FAIR OAKS RANCH CA 91387					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 6-02	WEIGHT 260	BIRTHDATE MO 12/21/1980 DAY YEAR	RACE H	DRIVEN AWAY			
OTHER	HOME PHONE (661)607-7611		BUSINESS PHONE UNKNOWN		VEHICLE IDENTIFICATION NUMBER: 2B3CA3CV1AH267617						
INSURANCE CARRIER MERCURY		POLICY NUMBER 040102100061832		DIR OF TRAVEL ON STREET OR HIGHWAY S SR-14		SPEED LIMIT 65		VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
								SHADE IN DAMAGED AREA SEDAN - TOP			
PARTY 2	DRIVER'S LICENSE NUMBER C3471900	VALID	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE / MODEL / COLOR HOND CRV GRV		LICENSE NUMBER 7XXB790	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) REGELIN PIMENTEL CASTILLO					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER ABEL P CASTILLO					
PEDES-TRIAN	STREET ADDRESS 27003 MOUNTAIN WILLOW LN					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP FAIR OAKS RANCH CA 91387					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST	SEX F	HAIR BLK	EYES BRN	HEIGHT 5-02	WEIGHT 133	BIRTHDATE MO 07/23/1965 DAY YEAR	RACE O	DRIVEN AWAY			
OTHER	HOME PHONE (818)653-1521		BUSINESS PHONE (323)260-5785		VEHICLE IDENTIFICATION NUMBER: 2HKRW1H87H11508602						
INSURANCE CARRIER USAA		POLICY NUMBER 020829714U71053		DIR OF TRAVEL ON STREET OR HIGHWAY S SR-14		SPEED LIMIT 65		VEHICLE TYPE 07		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
								SHADE IN DAMAGED AREA SUV - TOP			
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES-TRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO	BIRTHDATE DAY YEAR	RACE	DRIVEN AWAY		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:						
INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
								SHADE IN DAMAGED AREA			
PREPARER'S NAME JUAN C FIGUEROA 018037			DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			REVIEWER'S NAME C. F. O'DONNELL 015381			DATE REVIEWED 05/15/2017		

AN INTERNATIONALLY ACCREDITED AGENCY

USAA Confidential


DATE OF COLLISION (MO. DAY YEAR) 05/08/2017	TIME(2400) 0725	NCIC # 9540	OFFICER I.D. 018037	NUMBER 9540-2017-06620
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PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE		

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR, OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	SAFETY EQUIPMENT OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M / C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO A 22350	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	<input checked="" type="checkbox"/>			B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H		<input checked="" type="checkbox"/>		H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
<input checked="" type="checkbox"/> A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER**				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER**	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	A NON - COLLISION								P MERGING
	B PEDESTRIAN								Q TRAVELING WRONG WAY
LIGHTING	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				
<input checked="" type="checkbox"/> A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY				A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
B DUSK - DAWN	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
C DARK - STREET LIGHTS	F TRAIN				C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	G BICYCLE				D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:				E VISION OBSCUREMENT:				A HAD NOT BEEN DRINKING
ROADWAY SURFACE	I FIXED OBJECT:				F INATTENTION**				B HBD - UNDER INFLUENCE
<input checked="" type="checkbox"/> A DRY	J OTHER OBJECT:				G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
B WET					H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
C SNOWY - ICY					I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				G IMPAIRMENT NOT KNOWN
A HOLES, DEEP RUT*	<input checked="" type="checkbox"/> A NO PEDESTRIANS INVOLVED				L UNINVOLVED VEHICLE				H NOT APPLICABLE
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				M OTHER**				I SLEEPY / FATIGUED*
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				N NONE APPARENT				
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				O RUNAWAY VEHICLE				
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER								
F FLOODED*	F NOT IN ROAD								
G OTHER**	G APPROACHING / LEAVING SCHOOL BUS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
<input checked="" type="checkbox"/> H NO UNUSUAL CONDITIONS									

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4 <div style="text-align: center;">  INDICATE NORTH </div>	MISCELLANEOUS (Empty space for notes)
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INJURED / WITNESSES / PASSENGERS**
CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 05/08/2017				TIME(2400) 0725		NCIC # 9540		OFFICER I.D. 018037				NUMBER 9540-2017-06620							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED		
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER							
<input type="checkbox"/> #	<input type="checkbox"/>	51	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	M	G	0		
NAME / D.O.B. / ADDRESS REGELIN PIMENTEL CASTILLO (07/23/1965) 27003 MOUNTAIN WILLOW LN FAIR OAKS RANCH CA 91387												TELEPHONE (818)653-1521							
(INJURED ONLY) TRANSPORTED BY: NOT TRANSPORTED								TAKEN TO: WILL SEEK OWN AID											
DESCRIBE INJURIES: COMPLAINT OF PAIN TO THE BACK OF HER HEAD																			
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	17	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	M	G	0		
NAME / D.O.B. / ADDRESS CHRIS CEJA (02/02/2000) 2937 MARILYN DR FAIR OAKS RANCH CA 91387												TELEPHONE (747)274-0263							
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES:																			
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES:																			
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES:																			
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES:																			
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES:																			
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
PREPARER'S NAME JUAN C FIGUEROA				I.D. NUMBER 018037		MO. DAY YEAR 05/08/2017		REVIEWER'S NAME C. F. O'DONNELL 015381				MO. DAY YEAR 05/15/2017							

AN INTERNATIONALLY ACCREDITED AGENCY



STATE OF CALIFORNIA
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 04-11) OPI060

PAGE 4 OF 6

DATE OF INCIDENT 05/08/2017	TIME 0725	NCIC NUMBER 9540	OFFICER I.D. 018037	NUMBER 9540-2017-06620
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

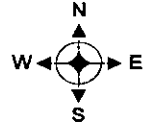
Sketch

Not to Scale



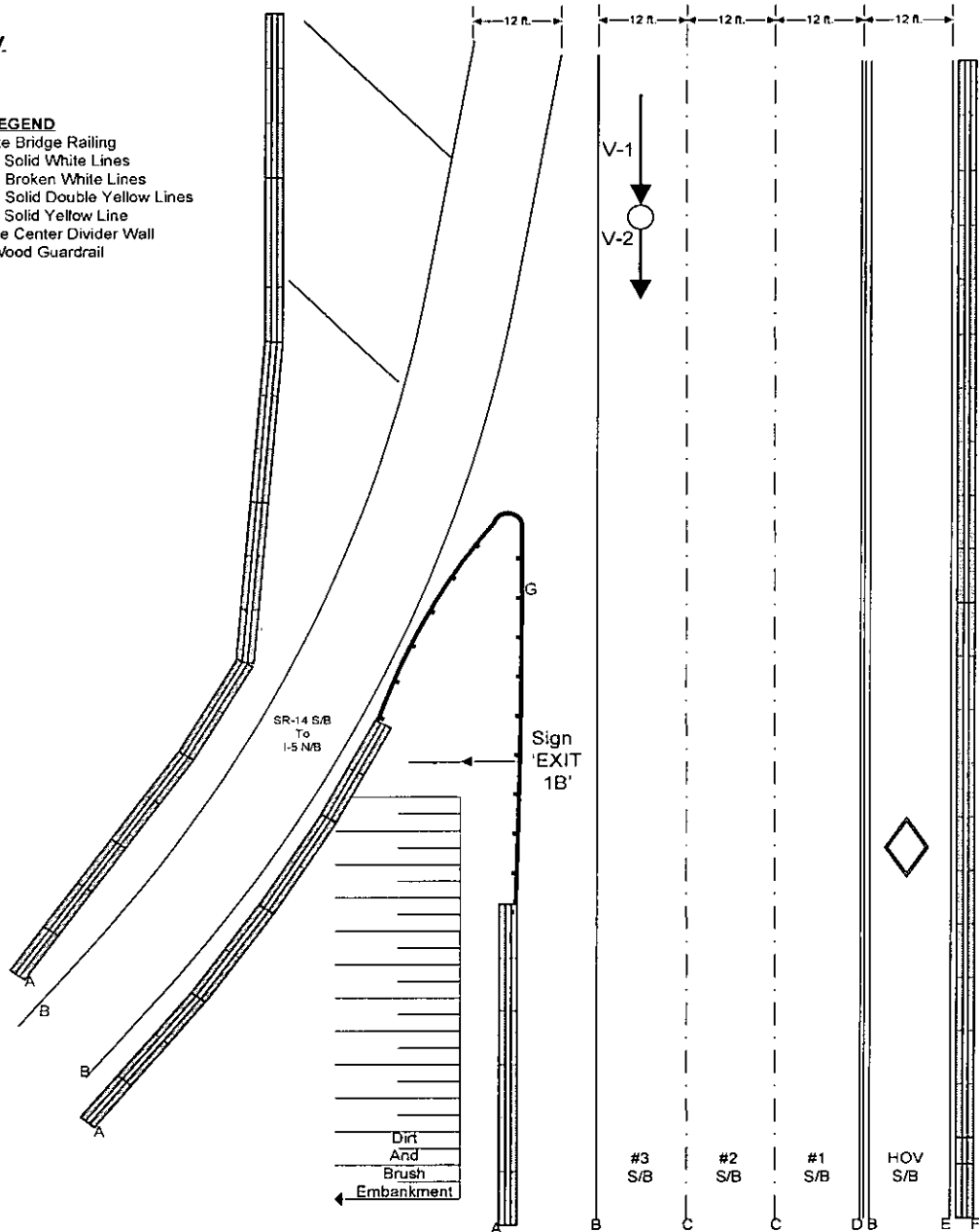
Sierra Highway

SR-14 S/B (Antelope Valley Freeway)



SKETCH LEGEND

- A - Concrete Bridge Railing
- B - Painted Solid White Lines
- C - Painted Broken White Lines
- D - Painted Solid Double Yellow Lines
- E - Painted Solid Yellow Line
- F - Concrete Center Divider Wall
- G - Metal/Wood Guardrail



PREPARED BY JUAN C FIGUEROA	I.D. NUMBER 018037	DATE 05/08/2017	REVIEWER'S NAME C. F. O'DONNELL 015381	DATE 05/15/2017
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
05/08/2017	0725	9540	018037	9540-2017-06620

1 **NOTIFICATION:**

2
3 I was notified, by Los Angeles Communications Center of a traffic collision, with no details at
4 approximately 0739 hours. I responded from Placerita Canyon Rd. at LACO MPM 5.69 and arrived
5 off the I-210 at Yarnell St. at approximately 0750 hours. Upon my arrival, I determined this
6 collision to be a complaint of pain traffic collision. All times, speeds, and measurements in this
7 report are approximate. Measurements were obtained by Rolatape.

8
9 **ASSISTING OFFICERS:**

10
11 Newhall Area CHP Officer Mendoza, ID 18513, responded and assisted with obtaining Party #2's
12 information. CHP Southern Division Commercial Unit Officer Powers, ID 20159, arrived on scene
13 first and took the parties off at Yarnell St. Officer Powers also assisted with obtaining Party #1's
14 information.

15
16 **STATEMENTS:**

17
18 Party #1 (Paniagua) was contacted and related to me, he was traveling south on SR-14, in the #3
19 lane, at approximately 30 MPH. Party #1 said, "I was about 10 feet behind her (Vehicle #2) when I
20 turned and looked over my left shoulder because I wanted to get into the #2 lane." "I saw a car
21 coming in that lane, so I didn't go over." "I had kind of lost sight of her (Vehicle #2), when I looked
22 to the left, and when I looked back to the front, she had slowed down." "I tried to slow down and
23 stop, but I was too close, and I ended up hitting her." "After we pulled over, I checked to see if she
24 was ok." "I feel bad for her new car."

25
26 Passenger #1 (Ceja) was contacted and did not provide a statement.

27
28 Party #2 (Castillo) was contacted and related to me, she was traveling south on SR-14 in the #3 lane,
29 at approximately 60 to 65 MPH. Party #2 said, "The traffic slowed down, like it always does here,
30 and started backing up." "I started to slow down; when I step on my brakes, I tend to look in my
31 mirror to see if people behind me see that I am slowing down." "I looked back and saw him
32 (Vehicle #1) trying to slow down; I heard his tires screeching; he was a short distance behind me
33 when he tried to stop, but couldn't and then he hit me." "We pulled over and he came up to me to
34 see if I was ok." "Officer Powers, I guess was in the area close by, stopped and helped us get off the
35 freeway."

36
37 **OPINIONS AND CONCLUSIONS:**

38
39 **SUMMARY:**

40
41 Pre-Collision – Party #1 was driving Vehicle #1 south on SR-14, in the #3 lane, at approximately 30
42 MPH, approaching Vehicle #2. Party #2 was driving Vehicle #2 south on SR-14, in the #3 lane, at
43 approximately 60 to 65 MPH.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
JUAN C FIGUEROA	018037	05/08/2017	C. F. O'DONNELL 015381	05/15/2017

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
05/08/2017	0725	9540	018037	9540-2017-06620

1 At-Collision -- Traffic slowed down, so Party #2 slowed down. Party #1 did not realized Vehicle #2
 2 had slowed down; when he realized it, he attempted to stop, but was unsuccessful. The front of
 3 Vehicle #1 collided with the back of Vehicle #2.

4
 5 Post-Collision -- Both parties were taken off the freeway at Yarnell St. off the I-210 by Officer
 6 Powers.

7
 8
 9 **AREA OF IMPACT:**

10
 11 The area of impact (Vehicle #1 vs. Vehicle #2) was located approximately 6 feet east of the west
 12 roadway edge of southbound SR-14 and approximately 227 feet south of the south road edge of the
 13 Sierra Highway under crossing.

14
 15 **CAUSE:**

16
 17 Party #1 (Paniagua) caused this traffic by driving Vehicle #1 (Dodge) at an unsafe speed for traffic
 18 conditions. This is a violation of California Vehicle Code section 22350, which states, in part, no
 19 person shall drive a vehicle upon a highway at a speed greater than is reasonable or prudent having
 20 due regard for weather, visibility, the traffic on, and the surface and width of, the highway, and in no
 21 event at a speed which endangers the safety of persons or property.

22
 23 **RECOMMENDATIONS:**

24
 25 None.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
JUAN C FIGUEROA	018037	05/08/2017	C. F. O'DONNELL 015381	05/15/2017

CALIBER - CANYON COUNTRY
RESTORING THE RHYTHM OF YOUR LIFE
17951 SIERRA HWY, CANYON COUNTRY, CA
91351

Phone: (661) 298-2955
FAX: (661) 298-2951

Workfile ID: 9f22d2e8
Federal ID: 33-0728858
State EPA: CAL000365088
BAR: ARD266363

Supplement of Record 2 with Summary

RO Number: 56005643

Written By: Mike Glass, 6/16/2017 6:08:01 PM
Adjuster: Scharff, Julie, (000) 004-0401 Business

Insured: CASTILLO, MSGT ABEL	Policy #: 020829714	Claim #: 020829714000000020001
Type of Loss: Collision	Date of Loss: 5/8/2017 12:00 PM	Days to Repair: 10
Point of Impact: 06 Rear		

Owner:

CASTILLO, MSGT ABEL
27003 MOUNTAIN WILLOW LN
CANYON CNTRY, CA 91387
(818) 653-1537 Cell
(818) 653-1537 Evening

Inspection Location:

CALIBER - CANYON COUNTRY
17951 SIERRA HWY
CANYON COUNTRY, CA 91351
Repair Facility
(661) 298-2955 Business

Insurance Company:

USAA
Drive In - 6161
USAA Insurance
P.O. Box 33490
San Antonio, TX 78265
(800) 531-8722 Business

VEHICLE

2016 HOND CRV gry

VIN: 2HKRW1H87HH508602	Interior Color:	Mileage In: 3,469	Vehicle Out: 6/16/2017
License: NEW	Exterior Color: gry	Mileage Out: 3,470	
State: CA	Production Date:	Condition:	Job #:

Supplement of Record 2 with Summary

RO Number: 56005643

2016 HOND CRV gry

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	Vehicle is a 2017 02/2017 Data base Na		1			
2	#	Shop used 2016 Data base		1			
3	#	VEHICLE IS A 2017		1			
4	#	No Authorization To Repair		1			
5	#	A USAA Representative Must Authorize Any Supplement		1			
6	#	To This Estimate.		1			
7	#	Submit supplement requests via email to PHXPD@USAA.com or		1			
8	#	eFax via (866) 998-5933. Please include the USAA claim		1			
9	#	number and your contact information. For Supplement		1			
10	#	inquiries, call USAA at 800-531-8722, ext 79502.		1			
11	EXHAUST SYSTEM						
12	*	Rpr Muffler				m	<u>2.0</u>
13	WHEELS						
14	*	S01 Repl Spare Spare wheel anchor	74651S2X003	1	<u>6.25</u>		
15		S01 Repl Spare wheel bolt	74652SDA003	1	4.58		
16	REAR BODY & FLOOR						
17		R&I Sill molding mocha gray					Incl.
18		R&I RT Lower qtr trim black					Incl.
19		R&I LT Lower qtr trim black					Incl.
20		R&I Lid type 1 black					0.1
21		R&I Jack assy type 1					0.1
22	*	S01 Rpr Rear floor pan					<u>18.0</u>
23	*	S01 Repl Rear body panel	66100TLAA00ZZ	1	<u>182.08</u>	8.2	1.5
24		S01 Add for Inside					0.8
25	LIFT GATE						
26		Repl Lift gate	68100T0JA80ZZ	1	775.40	4.8	3.6
27		S01 Overlap Major Adj. Panel					-0.4
28		Add for trnsfr glass				0.7	
29	*	S01 Repl Nameplate "CR-V"	75722TLAA00	1	<u>13.60</u>	0.2	
30	*	R&I License molding LX type 1					<u>0.4</u>
31	#	S01 R&I Deduct for lift gate sublet					-1.5
32		R&I Finish molding w/o Touring modern steel					Incl.
33		R&I Camera				m	0.2
34		R&I Lift gate glass Honda w/o privacy					Incl.
35		R&I Wiper arm					0.2
36		R&I Upper trim					Incl.
37		R&I Lower trim panel black					Incl.

Supplement of Record 2 with Summary

RO Number: 56005643

2016 HOND CRV gry

38	REAR LAMPS								
39		R&I	RT Tail lamp assy upper					0.1	
40		R&I	LT Tail lamp assy upper					0.1	
41	REAR BUMPER								
42			O/H rear bumper					2.4	
43	*	<>	S01 Repl Bumper cover	71501TLAA00	1	<u>293.33</u>	Incl.		2.8
44			Overlap Major Non-Adj. Panel						-0.2
45	*		S01 Repl Lower trim EX, EXL, Touring	71510TLAA10	1	<u>87.92</u>	Incl.		
46	*		S01 Repl Impact bar	71530TLAA00	1	<u>210.42</u>		0.4	
47			R&I RT Reflector					Incl.	
48	*		S01 Repl LT Reflector	34550TLAA01	1	<u>13.35</u>	Incl.		
49	#		Flex Additive		1	5.00	T		
50	#		Subl Cover Car for Overspray		1	7.50	X		
51	#		Tint Color to Match		1		T	0.5	
52	#		Subl Hazardous waste		1	3.00	X		
53	#		S01 Rpr Set Up and Measure Frame/Unibody					2.0	F
54	#		S01 Rpr Pull and Square Frame/Unibody					3.0	F
55	#		S01 Repl Sound Deadner pad insulater	7246282305AH	1	100.15	T	0.3	
56	#		S01 Subl R&I Back Glass inc seal kit +20%		1	130.80	X		
57	#		S02 JKHJKH		1				
SUBTOTALS						1,833.38		42.2	10.6

NOTES

Estimate Notes:

DR-05/09/2017 DC-5/9/17 DI- 5/15/17 SCHD-N

ERT- 10 DRV- y PRODUCTION DATE-02/2017

Vehicle owner (handed) damage report and QRP brochure by (Mike) prior to repairs.

Contacted vehicle owner (Abel) upon receipt of assignment and explained process on (5/9/17)

Contacted vehicle owner (Able) and reviewed repair estimate on (5/15/17)

Prior Damage(s)-n

Additional Remarks-

LKQ Search (Quote # & contact info from 3 vendors)

N/a oem parts 02/2017 production date meets oem parts req

** Final Estimate, DTP On File, Please Pay Shop **

Supplement of Record 2 with Summary

RO Number: 56005643

2016 HOND CRV gry

ESTIMATE TOTALS

Category	Basis			Rate	Cost \$
Parts					1,586.93
Body Labor	37.2 hrs	@	\$ 48.00 /hr		1,785.60
Paint Labor	10.6 hrs	@	\$ 48.00 /hr		508.80
Frame Labor	5.0 hrs	@	\$ 65.00 /hr		325.00
Paint Supplies	10.6 hrs	@	\$ 34.00 /hr		360.40
Miscellaneous					246.45
Pre-Tax Discount				-2.7 %	-129.96
Subtotal					4,683.22
Sales Tax	\$ 1,997.06	@	8.7500 %		174.74
Grand Total					4,857.96
Deductible					500.00
CUSTOMER PAY					500.00
INSURANCE PAY					4,357.96

Supplement of Record 2 with Summary

RO Number: 56005643

2016 HOND CRV gry

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Added Items							
57	#	S02	JKHJKH	1			
SUBTOTALS					0.00	0.0	0.0

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			0.00
Subtotal			0.00

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	2,867.39	Mike Glass
Supplement S01	1,990.57	Mike Glass
Supplement S02	0.00	Mike Glass
Job Total:	\$ 4,857.96	
CUSTOMER PAY:	\$ 500.00	
INSURANCE PAY:	\$ 4,357.96	

RO Number: 56005643

2016 HOND CRV gry

=====
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®

=====
Please Present A Copy Of This Estimate To A Repair Facility Of Your Choice

*USAA Subsidiaries include: United Services Automobile Association(USAA), USAA Casualty Insurance Company(CIC), USAA General Indemnity Company(GIC) USAA County Mutual Insurance(CMI) and Garrison Property Casualty Insurance Company. Garrison Property and Casualty Insurance Company, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trademark of United Services Automobile Association.

This is not an authorization to repair. Failing to present this estimate to the repairing garage before repair may result in additional expenses to you. A USAA appraiser must authorize any supplement to this estimate. Repairs to this vehicle may require specific welding equipment as recommended by the manufacturer.

If alternative quality replacement parts have been included in this appraisal, the source for these parts has also been disclosed. If alternative quality replacement parts as listed on the appraisal are ultimately used in the repair of your vehicle, the warranty on such parts will be equal to, or greater than, the parts being replaced, as stated in USAA's limited parts warranty. USAA warrants that the parts used on your vehicle will be of like kind and quality, function, fit, safety and corrosion protection as the part or parts they replace. USAA identifies certified and validated parts for sheet metal replacement parts.

RO Number: 56005643

2016 HOND CRV gry

California Disclosure.

California law provides that you have the right to select the repair facility of your choice.

USAA Disclosure.

Please present a copy of this estimate to a repair facility of your choice * USAA subsidiaries include: United Services Automobile Association (USAA), USAA Casualty Insurance Company (CIC), USAA General Indemnity Company (GIC) USAA County Mutual Insurance (CMI) and Garrison Property Casualty Insurance Company. Garrison Property and Casualty Insurance, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trade mark if the United Services Automobile Association.

This is not an authorization to repair. Failing to present this estimate to the repairing garage may result in additional expenses to you. A USAA appraiser must authorize any supplement to this estimate. Repairs to this vehicle may repair specific welding equipment as recommended by the manufacturer.

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.

RO Number: 56005643

2016 HOND CRV gry

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 ARG4463, CCC Data Date 4/14/2017, 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 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 2017 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.

CCC ONE Estimating - A product of CCC Information Services 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.

Supplement of Record 2 with Summary

RO Number: 56005643

2016 HOND CRV gry

ALTERNATE PARTS USAGE

2016 HOND CRV gry

VIN: 2HKRW1H87HH508602	Interior Color:	Mileage In: 3,469	Vehicle Out: 6/16/2017
License: NEW	Exterior Color: gry	Mileage Out: 3,470	
State: CA	Production Date:	Condition:	Job #:

Alternate Part Type	Selection Method	# Of Times Notified Of Available Parts	# Of Parts Selected
Aftermarket	Automatically List	7	0
Optional OEM	Automatically List	1	0
Reconditioned	Automatically List	1	0
Recycled	N/A	0	0

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17951 SIERRA HWY, CANYON COUNTRY, CA
91351
Phone: (661) 298-2955
FAX: (661) 298-2951

Workfile ID: 9f22d2e8
Federal ID: 33-0728858
State EPA: CAL000365088
BAR: ARD266363

Supplement of Record 1 with Summary

RO Number: 56005643

Written By: Mike Glass, 6/16/2017 6:07:03 PM
Adjuster: Scharff, Julie, (000) 004-0401 Business

Insured: CASTILLO, MSGT ABEL Policy #: 020829714 Claim #: 020829714000000020001
Type of Loss: Collision Date of Loss: 5/8/2017 12:00 PM Days to Repair: 10
Point of Impact: 06 Rear

Owner:	Inspection Location:	Insurance Company:
CASTILLO, MSGT ABEL 27003 MOUNTAIN WILLOW LN CANYON CNTRY, CA 91387 (818) 653-1537 Cell (818) 653-1537 Evening	CALIBER - CANYON COUNTRY 17951 SIERRA HWY CANYON COUNTRY, CA 91351 Repair Facility (661) 298-2955 Business	USAA Drive In - 6161 USAA Insurance P.O. Box 33490 San Antonio, TX 78265 (800) 531-8722 Business

VEHICLE

2016 HOND CRV gry

VIN: 2HKRW1H87HH508602	Interior Color:	Mileage In: 3,469	Vehicle Out: 6/16/2017
License: NEW	Exterior Color: gry	Mileage Out: 3,470	
State: CA	Production Date:	Condition:	Job #:

Supplement of Record 1 with Summary

RO Number: 56005643

2016 HOND CRV gry

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	Vehicle is a 2017 02/2017 Data base Na		1			
2	#	Shop used 2016 Data base		1			
3	#	VEHICLE IS A 2017		1			
4	#	No Authorization To Repair		1			
5	#	A USAA Representative Must Authorize Any Supplement		1			
6	#	To This Estimate.		1			
7	#	Submit supplement requests via email to PHXPD@USAA.com or		1			
8	#	eFax via (866) 998-5933. Please include the USAA claim		1			
9	#	number and your contact information. For Supplement		1			
10	#	inquiries, call USAA at 800-531-8722, ext 79502.		1			
11	EXHAUST SYSTEM						
12	*	Rpr Muffler				m	<u>2.0</u>
13	WHEELS						
14	*	S01 Repl Spare Spare wheel anchor	74651S2X003	1	<u>6.25</u>		
15		S01 Repl Spare wheel bolt	74652SDA003	1	4.58		
16	REAR BODY & FLOOR						
17		R&I Sill molding mocha gray					Incl.
18		R&I RT Lower qtr trim black					Incl.
19		R&I LT Lower qtr trim black					Incl.
20		R&I Lid type 1 black					0.1
21		R&I Jack assy type 1					0.1
22	*	S01 Rpr Rear floor pan					<u>18.0</u>
23	*	S01 Repl Rear body panel	66100TLAA00ZZ	1	<u>182.08</u>	8.2	1.5
24		S01 Add for Inside					0.8
25	LIFT GATE						
26		Repl Lift gate	68100T0JA80ZZ	1	775.40	4.8	3.6
27		S01 Overlap Major Adj. Panel					-0.4
28		Add for trnsfr glass				0.7	
29	*	S01 Repl Nameplate "CR-V"	75722TLAA00	1	<u>13.60</u>	0.2	
30	*	R&I License molding LX type 1					<u>0.4</u>
31	#	S01 R&I Deduct for lift gate sublet					-1.5
32		R&I Finish molding w/o Touring modern steel					Incl.
33		R&I Camera				m	0.2
34		R&I Lift gate glass Honda w/o privacy					Incl.
35		R&I Wiper arm					0.2
36		R&I Upper trim					Incl.
37		R&I Lower trim panel black					Incl.

Supplement of Record 1 with Summary

RO Number: 56005643

2016 HOND CRV gry

38	REAR LAMPS								
39		R&I	RT Tail lamp assy upper					0.1	
40		R&I	LT Tail lamp assy upper					0.1	
41	REAR BUMPER								
42			O/H rear bumper					2.4	
43	*	<>	S01 Repl Bumper cover	71501TLAA00	1	<u>293.33</u>	Incl.		2.8
44			Overlap Major Non-Adj. Panel						-0.2
45	*		S01 Repl Lower trim EX, EXL, Touring	71510TLAA10	1	<u>87.92</u>	Incl.		
46	*		S01 Repl Impact bar	71530TLAA00	1	<u>210.42</u>		0.4	
47			R&I RT Reflector					Incl.	
48	*		S01 Repl LT Reflector	34550TLAA01	1	<u>13.35</u>		Incl.	
49	#		Flex Additive		1	5.00	T		
50	#		Subl Cover Car for Overspray		1	7.50	X		
51	#		Tint Color to Match		1		T	0.5	
52	#		Subl Hazardous waste		1	3.00	X		
53	#		S01 Rpr Set Up and Measure Frame/Unibody					2.0	F
54	#		S01 Rpr Pull and Square Frame/Unibody					3.0	F
55	#		S01 Repl Sound Deadner pad insulater	7246282305AH	1	100.15	T	0.3	
56	#		S01 Subl R&I Back Glass inc seal kit +20%		1	130.80	X		
SUBTOTALS						1,833.38		42.2	10.6

NOTES

Estimate Notes:

DR-05/09/2017 DC-5/9/17 DI- 5/15/17 SCHD-N

ERT- 10 DRV- y PRODUCTION DATE-02/2017

Vehicle owner (handed) damage report and QRP brochure by (Mike) prior to repairs.

Contacted vehicle owner (Abel) upon receipt of assignment and explained process on (5/9/17)

Contacted vehicle owner (Able) and reviewed repair estimate on (5/15/17)

Prior Damage(s)-n

Additional Remarks-

LKQ Search (Quote # & contact info from 3 vendors)

N/a oem parts 02/2017 production date meets oem parts req

Supplement of Record 1 with Summary

RO Number: 56005643

2016 HOND CRV gry

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,586.93
Body Labor	37.2 hrs @	\$ 48.00 /hr	1,785.60
Paint Labor	10.6 hrs @	\$ 48.00 /hr	508.80
Frame Labor	5.0 hrs @	\$ 65.00 /hr	325.00
Paint Supplies	10.6 hrs @	\$ 34.00 /hr	360.40
Miscellaneous			246.45
Pre-Tax Discount		-2.7 %	-129.96
Subtotal			4,683.22
Sales Tax	\$ 1,997.06 @	8.7500 %	174.74
Grand Total			4,857.96
Deductible			500.00
CUSTOMER PAY			500.00
INSURANCE PAY			4,357.96

Supplement of Record 1 with Summary

RO Number: 56005643

2016 HOND CRV gry

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Changed Items							
13		R&I Sill molding mocha gray				-0.2	
17	S01	R&I Sill molding mocha gray				Incl.	
14		R&I RT Lower qtr trim black				-0.6	
18	S01	R&I RT Lower qtr trim black				Incl.	
15		R&I LT Lower qtr trim black				-0.6	
19	S01	R&I LT Lower qtr trim black				Incl.	
21		Repl Nameplate "CR-V"	75722T0A003	1	-35.78	-0.2	
29	*	S01 Repl Nameplate "CR-V"	75722TLAA00	1	<u>13.60</u>	0.2	
34	<>	Repl Bumper cover	04715T1WA91ZZ	1	-272.42	Incl.	-2.8
43	* <>	S01 Repl Bumper cover	71501TLAA00	1	<u>293.33</u>	Incl.	2.8
36		Repl Lower trim EX, EXL, Touring	71510T1WA01	1	-134.30	Incl.	
45	*	S01 Repl Lower trim EX, EXL, Touring	71510TLAA10	1	<u>87.92</u>	Incl.	
40		Repl Impact bar	71530T0AA00ZZ	1	-201.57	-0.4	
46	*	S01 Repl Impact bar	71530TLAA00	1	<u>210.42</u>	0.4	
42		Repl LT Reflector	33555T1WA01	1	-32.28	Incl.	
48	*	S01 Repl LT Reflector	34550TLAA01	1	<u>13.35</u>	Incl.	
Deleted Items							
38		Repl RT Side trim	04717T1WA91	1	-60.49	Incl.	
39		Repl LT Side trim	04718T1WA91	1	-60.49	Incl.	
40		Repl Absorber	71570T1WA00	1	-37.73	Incl.	
Added Items							
13	WHEELS						
14	*	S01 Repl Spare Spare wheel anchor	74651S2X003	1	<u>6.25</u>		
15		S01 Repl Spare wheel bolt	74652SDA003	1	4.58		
22	*	S01 Rpr Rear floor pan				<u>18.0</u>	2.5
23	*	S01 Repl Rear body panel	66100TLAA00ZZ	1	<u>182.08</u>	8.2	1.5
24		S01 Add for Inside					0.8
27		S01 Overlap Major Adj. Panel					-0.4
31	#	S01 R&I Deduct for lift gate sublet				-1.5	
53	#	S01 Rpr Set Up and Measure Frame/Unibody				2.0 F	
54	#	S01 Rpr Pull and Square Frame/Unibody				3.0 F	
55	#	S01 Repl Sound Deadner pad insulater	7246282305AH	1	100.15 T	0.3	
56	#	S01 Subl R&I Back Glass inc seal kit +20%		1	130.80 X		
SUBTOTALS					207.42	28.6	4.4

Supplement of Record 1 with Summary

RO Number: 56005643

2016 HOND CRV gry

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			-23.53
Body Labor	23.6 hrs @	\$ 48.00 /hr	1,132.80
Paint Labor	4.4 hrs @	\$ 48.00 /hr	211.20
Frame Labor	5.0 hrs @	\$ 65.00 /hr	325.00
Paint Supplies	4.4 hrs @	\$ 34.00 /hr	149.60
Miscellaneous			230.95
Pre-Tax Discount		-2.7 %	-54.71
Subtotal			1,971.31
Sales Tax	\$ 220.11 @	8.7500 %	19.26
Total Supplement Amount			1,990.57
NET COST OF SUPPLEMENT			1,990.57

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	2,867.39	Mike Glass
Supplement S01	1,990.57	Mike Glass
Job Total:	\$ 4,857.96	
CUSTOMER PAY:	\$ 500.00	
INSURANCE PAY:	\$ 4,357.96	

RO Number: 56005643

2016 HOND CRV gry

=====
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®

=====
Please Present A Copy Of This Estimate To A Repair Facility Of Your Choice

*USAA Subsidiaries include: United Services Automobile Association(USAA), USAA Casualty Insurance Company(CIC), USAA General Indemnity Company(GIC) USAA County Mutual Insurance(CMI) and Garrison Property Casualty Insurance Company. Garrison Property and Casualty Insurance Company, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trademark of United Services Automobile Association.

This is not an authorization to repair. Failing to present this estimate to the repairing garage before repair may result in additional expenses to you. A USAA appraiser must authorize any supplement to this estimate. Repairs to this vehicle may require specific welding equipment as recommended by the manufacturer.

If alternative quality replacement parts have been included in this appraisal, the source for these parts has also been disclosed. If alternative quality replacement parts as listed on the appraisal are ultimately used in the repair of your vehicle, the warranty on such parts will be equal to, or greater than, the parts being replaced, as stated in USAA's limited parts warranty. USAA warrants that the parts used on your vehicle will be of like kind and quality, function, fit, safety and corrosion protection as the part or parts they replace. USAA identifies certified and validated parts for sheet metal replacement parts.

RO Number: 56005643

2016 HOND CRV gry

California Disclosure.

California law provides that you have the right to select the repair facility of your choice.

USAA Disclosure.

Please present a copy of this estimate to a repair facility of your choice * USAA subsidiaries include: United Services Automobile Association (USAA), USAA Casualty Insurance Company (CIC), USAA General Indemnity Company (GIC) USAA County Mutual Insurance (CMI) and Garrison Property Casualty Insurance Company. Garrison Property and Casualty Insurance, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trade mark if the United Services Automobile Association.

This is not an authorization to repair. Failing to present this estimate to the repairing garage may result in additional expenses to you. A USAA appraiser must authorize any supplement to this estimate. Repairs to this vehicle may repair specific welding equipment as recommended by the manufacturer.

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.

RO Number: 56005643

2016 HOND CRV gry

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 ARG4463, CCC Data Date 4/14/2017, 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 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 2017 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.

CCC ONE Estimating - A product of CCC Information Services 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.

Supplement of Record 1 with Summary

RO Number: 56005643

2016 HOND CRV gry

ALTERNATE PARTS USAGE

2016 HOND CRV gry

VIN: 2HKRW1H87HH508602	Interior Color:	Mileage In: 3,469	Vehicle Out: 6/16/2017
License: NEW	Exterior Color: gry	Mileage Out: 3,470	
State: CA	Production Date:	Condition:	Job #:

Alternate Part Type	Selection Method	# Of Times Notified Of Available Parts	# Of Parts Selected
Aftermarket	Automatically List	7	0
Optional OEM	Automatically List	1	0
Reconditioned	Automatically List	1	0
Recycled	N/A	0	0



CALIBER COLLISION

RESTORING THE RHYTHM OF YOUR LIFE

CSR/CSC/OA Responsibilities	RO#: 5043	Client: USAA
	Name: Abel Castillo	STEP 1: Repair Order Created for Vehicle in
	Vehicle: 2016 Honda CRV	Vehicle Arrival Date
	Technician: Ramon	5-30-17
	Service Advisor/Repair Planner: Mike	

Step	Teammate Accountable	Completed By:	Date Completed:
STEP 2: Disassembly/Repair Plan/Complete	Repair Planner/Service Advisor	Luis	5/31/17
STEP 2: Repair Procedures Printed/Reviewed	Service Advisor/Lead Technician	N/A	---
STEP 7: Mechanical Work Completed	Mechanic/Body Technician	N/A	---
STEP 7: Body Work Completed	Body Technician	Ramon	6/13/17
STEP 7: Verify Structural Repairs Completed	Lead Technician/Management	N/A	---
STEP 7: Verify Weld Quality/Corrosion Protection	Lead Technician/Management	N/A	---
STEP 7: Refinish Completed	Paint Technician	ORLIN W	4/12/17
STEP 7: Reassembled	DRT/Body Technician	Ramon G.	6/14/17
STEP 7/9: Quality Verified Meeting Caliber Standards	Service Advisor/Management	JANIS	6/14/17

If any operations are not applicable to this repair sign off with N/A

Comments / Notes: **NO Rental**
MILES OUT: 3470

QUALITY CONTROL CHECKLIST

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9800 Fredericksburg Road
San Antonio, TX 78288

MERCURY INS
PO BOX 10730
SANTA ANA CA 92711-0730

June 20, 2017

Reference: Request for Payment

Dear Sir or Madam,

We reimbursed our insured for damages sustained as a result of the loss referenced below. Our investigation shows that your insured is responsible. This is notification that we intend to recover the amount we paid.

USAA policyholder:	Abel Castillo
Claim #:	20829714-20
Date of loss:	May 8, 2017
Loss location:	Sylmar, California
USAA tax ID:	74-0959140
Your policyholder:	Noe Paniagua
Your reference #:	CAPA-00547698

We ask that you not settle the claim with our insured without protecting our recovery rights. Please see the attached Payment Summary for additional details.

If you need additional assistance, please call us at 1-800-531-8722.

Thank you,
United Services Automobile Association

Payment Summary

USAA Claim #: 20829714-20
Your reference #: CAPA-00547698

Vehicle Damage	\$4,857.96
Rental Reimbursement	\$720.00
Total payment requested	<hr/> \$5,577.96

- Make your certified check or money order payable to: **USAA as subrogee of ABEL CASTILLO.**
- Provide claim # 20829714-20 on your check or money order.
- Send your payment to: **USAA Subrogation Dept
P.O. Box 659476
San Antonio, Texas 78265-9476**

Any payment less than the full amount that we have requested will not satisfy our claim. We will not waive our legal rights to enforce collection of the remaining unpaid amount unless we provide you a written release.

Payment History

Issue Date:	Payment Amount:	\$1,990.57
Check Number:	Pay to the Order Of:	CALIBER COLLISION CANYON COUNTRY

Allocation Coverage	Item/Party	Benefit	Reason	Amount
Collision	IV 2017 HONDA CR-V 4D EXL	Vehicle	Standard indemnity	\$1,990.57
Payment Amount:				\$1,990.57

Issue Date:	Payment Amount:	\$720.00
Check Number:	Pay to the Order Of:	ENTERPRISE LEASING COMPANY

Allocation Coverage	Item/Party	Benefit	Reason	Amount
Rental Reimbursement	IV 2017 HONDA CR-V 4D EXL	Loss of use	Standard indemnity	\$720.00
Payment Amount:				\$720.00

Issue Date:	2017-05-24	Payment Amount:	\$500.00
Check Number:	018546635	Pay to the Order Of:	ABEL CASTILLO

Allocation Coverage	Item/Party	Benefit	Reason	Amount
Collision	IV 2017 HONDA CR-V 4D EXL	Vehicle	Standard indemnity	\$500.00
Payment Amount:				\$500.00

Issue Date:	2017-05-16	Payment Amount:	\$2,367.39
Check Number:	018454134	Pay to the Order Of:	ABEL CASTILLO

Allocation Coverage	Item/Party	Benefit	Reason	Amount
Collision	IV 2017 HONDA CR-V 4D EXL	Vehicle	Standard indemnity	\$2,367.39
Payment Amount:				\$2,367.39

Rental Invoice(s)

Enterprise Rent-A-Car
2625 Market Pl
Harrisburg, Pennsylvania 17110 9362
(210)832-0868

Invoice Status:	Paid	Assigned Date:	05/15/2017
Invoice Number:	32U3D570817	Rental Start Date:	05/24/2017
Invoice Received Date:	06/18/2017	Rental End Date:	06/16/2017
Invoice Date:	06/17/2017	Charges Start Date:	05/24/2017
Invoice Paid Date:		Charges End Date:	06/16/2017
		Payment Due Date:	07/03/2017

Transaction Description	Amount
Daily Rental Rate 19.00 DAY @ 27.00	\$513.00
Daily Rental Rate 5.00 DAY @ 37.00	\$185.00
Sales Tax	\$61.08
Vehicle Licensing/Reg Fee	\$29.16
Total	\$788.24

Responsible Party	Amount
USAA	\$720.00
Renter	\$68.24
Other	

Total Charges	\$788.24
USAA Paid	\$720.00



9800 Fredericksburg Road
San Antonio, TX 78288

REGELIN CASTILLO
27003 MOUNTAIN WILLOW LN
CANYON CNTRY CA 91387-3990

July 13, 2017

Reference: Claim Status

Dear Mrs. Castillo,

We are writing regarding the following claim:

Policyholder: Abel Castillo
Claim #: 020829714-20
Date of loss: May 8, 2017
Location of loss: Sylmar, California

Please provide the following information needed to evaluate and complete your claim:

- Medical information/bills from provider

After this information is received, we'll review the claim and make our decision.

Please submit all paperwork to the following address, and be sure that the claim/reference number above is noted on each item submitted:

Auto Injury Solutions
Attn: USAA Medical Mail Dept.
P.O. Box 5000
Daphne, AL 36526
Fax: 888-272-1255

If you have questions, please call me at 1-800-531-8722 ext.25585. We value your business and look forward to serving all your financial needs.

Sincerely,

Sheri C Underwood
1st Party Center of Excellence
United Services Automobile Association
Phone: 1-800-531-8722 ext.25585
Fax: 1-888-272-1255



9800 Fredericksburg Road
San Antonio, TX 78288

REGELIN CASTILLO
27003 MOUNTAIN WILLOW LN
CANYON CNTRY CA 91387-3990

August 11, 2017

Reference: Claim Status

Dear Mrs. Castillo,

We are writing regarding the following claim:

Policyholder: Abel Castillo
Claim #: 020829714-20
Date of loss: May 8, 2017
Location of loss: Sylmar, California

Your Medical Payments claim is unresolved because we are waiting for bills and/or records from you or your medical provider(s).

After this information is received, we'll review the claim and make our decision.

Please submit all paperwork to the following address, and be sure that the claim/reference number above is noted on each item submitted:

USAA Claims Dept.
P.O. Box 33490
San Antonio, TX 78265
Fax: 1-888-272-1255
Phone: 1-800-531-8722 ext.25497

If you have questions, please call me at 1-800-531-8722 ext.25497. We value your business and look forward to serving all your financial needs.

Sincerely,

Amber M Bahr
1st Party Center of Excellence
United Services Automobile Association
Phone: 1-800-531-8722 ext.25497
Fax: 1-888-272-1255

901119c9bb0eeca



***John Petersen
Attorney at Law***

Please reply to the: **Glendale Office** **Van Nuys Office** **Pasadena Office**

May 18, 2017

USAA Insurance
Marquan Johnson
PO Box 33490
San Antonio, TX 78265

Facsimile: 800-531-8722

RE: Our Clients: Regelin Castillo
 Your Insureds: Abel Castillo, Regelin Castillo
 Claim Number: 20829714-20
 Date of Loss: May 8, 2017

Dear Ms. Johnson,

The above client has retained this law firm to represent her in connection to the above referenced automobile claim. Please find duly executed Designation of Representation forms for your file.

Please direct all further communications regarding this accident to this office. You may contact Abel Castillo to resolve the collision/property damage claim as relates to the repair of the Honda CRV insured by USAA. Do not contact Regelin Castillo regarding this claim. All prior authorizations are void and are hereby withdrawn. If you have obtained a recorded statement, we request that you provide a transcription of the same.

We request that you open a Med Pay file for this claim. If you have any questions regarding this matter, please do not hesitate to us at our Glendale office.

Very truly yours,

s/ John Petersen

John Petersen, Esq.
One Stop Legal Services, APC

Enclosure: Designations of Representation

**507 North Central Ave.
Glendale, CA 91203
Tel: (818) 484-5368
Fax: (877) 986-4483**

**6320 Van Nuys Blvd.
Suite 405
Van Nuys, CA 91401
Tel: (818) 230-3110
Fax: (818) 475-1437**

**35 N. Lake Ave., Suite 740
Pasadena, CA 91101
Tel: (626) 564-2994
Fax: (626) 564-2993**

USAA Confidential



9800 Fredericksburg Road
San Antonio, TX 78288

JOHN PETERSEN
507 NORTH CENTRAL AVE
GLENDALE CA 91203-1901

August 15, 2017

Reference: Payment Reimbursement

Dear John Petersen,

I would like to confirm that your client has made the following claim under Part B Medical Payments Coverage of the USAA automobile policy.

Policyholder:	Abel Castillo
Reference #:	020829714-20
Date of loss:	May 8, 2017
Loss location:	Sylmar, California
Your client:	Regelin Castillo

Please note the policy requires your client to reimburse USAA for medical benefits we pay if your client recovers damages from the at-fault person(s).

General Provisions, Our Right to Recover Payment, Part B, of the automobile policy states:

If we make a payment under this policy and the person to or for whom payment was made recovers damages from another, that person shall hold in trust for us the proceeds of the recovery; and reimburse us to the extent of our payment.

In the event your client pursues additional recovery from the responsible party, USAA retains the right of recovery for the amounts we paid to your client under the Medical Payments coverage. Of course, this does not affect any rights of recovery your client may have against any person for additional expenses or any other type of damages. However, we request that your client not sign any release that does not specifically protect our recovery rights.

You are not to represent USAA unless you have written authorization from us.

If you have questions, please call us at 1-800-531-8722 ext.25497.

Sincerely,



Amber M Bahr
1st Party Center of Excellence
United Services Automobile Association
Phone: 1-800-531-8722 ext.25497
Fax: 1-888-272-1255

This is an attempt to collect a debt. Any information obtained may be used for that purpose.



9800 Fredericksburg Road
San Antonio, TX 78288

JOHN PETERSEN
507 NORTH CENTRAL AVE
GLENDALE CA 91203-1901

September 11, 2017

Reference: Claim Status

Dear Mrs. Castillo,

We are writing regarding the following claim:

Policyholder: Abel Castillo
Claim #: 020829714-20
Date of loss: May 8, 2017
Location of loss: Sylmar, California

Your Medical Payments claim is unresolved because we are waiting for bills and/or records from you or your medical provider(s).

After this information is received, we'll review the claim and make our decision.

Please submit all paperwork to the following address, and be sure that the claim/reference number above is noted on each item submitted:

Auto Injury Solutions
Attn: USAA Medical Mail Dept.
P.O. Box 5000
Daphne, AL 36526
Fax: 888-272-1255

If you have questions, please call me at 1-800-531-8722 ext.25497. We value your business and look forward to serving all your financial needs.

Sincerely,

Amber M Bahr
1st Party Center of Excellence
United Services Automobile Association
Phone: 1-800-531-8722 ext.25497
Fax: 1-888-272-1255



AIS II 20170602

USAA UNITED SERVICE AUTO ASSOC
P.O. BOX 426001 0000000050
DAPHNE AL 36526

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) CASTILLO, REGELIN
3. PATIENT'S BIRTH DATE 07/23/1965 SEX M
4. INSURED'S NAME (Last Name, First Name, Middle Initial) CASTILLO, REGELIN
5. PATIENT'S ADDRESS (No., Street) 27003 MOUNTAIN WILLOW LN
6. PATIENT RELATIONSHIP TO INSURED Self
7. INSURED'S ADDRESS (No., Street) 27003 MOUNTAIN WILLOW LN
8. RESERVED FOR NUCC USE X
9. OTHER INSURED'S NAME
10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)
15. OTHER DATE
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE CATHERINE STOCKINGER
18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
20. OUTSIDE LAB? \$ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

Table with 10 columns: A. DATE(S) OF SERVICE, B. PLACE OF SERVICE, C. EMG, D. PROCEDURES, SERVICES, OR SUPPLIES, E. DIAGNOSIS POINTER, F. \$ CHARGES, G. DAYS OR UNITS, H. EPSDT Family Plan, I. ID. QUAL, J. RENDERING PROVIDER ID. #

25. FEDERAL TAX I.D. NUMBER 954871206
26. PATIENT'S ACCOUNT NO. CASRE650 91816
27. ACCEPT ASSIGNMENT? YES
28. TOTAL CHARGE \$ 650.00
29. AMOUNT PAID \$
30. Rsvd for NUCC Use 650.00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
32. SERVICE FACILITY LOCATION INFORMATION BROADWAY IMAGING CENTER
33. BILLING PROVIDER INFO & PH # 818 5480022

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION



Information Request

TM3384271- InfoReq -

**This is not a bill
Draft
Provider Copy**

California
Company : 002 - United Services Autom

Member Number : 020829714-020-000

Adjuster : Sheri Underwood

Date Of Loss: 05/08/2017

Receive Date : 06/02/2017

Billing Provider TIN :

Billing Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Patient : CASTILLO, REGELIN
27003 MTN WILLOW LN
CANYON COUNTRY CA 91387

Patient Account # : CASRE650 91816

Service Provider TIN : 00-0000001
Service Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Carrier : USAA
PO BOX 33490
SAN ANTONIO TX 78265

Dates Of Service : 05/26/2017 to 05/26/2017

Total Charges : \$650.00

June 5, 2017

Dear Sir or Madam,

We have received medical billing for the patient and dates of service indicated above. This material did not include one or more of the following items, all of which are necessary to properly review medical bills:

- Service and billing provider name
- Provider's federal tax identification number or social security number
- Physical address of the location where services were rendered

PLEASE RESUBMIT THE BILL, WITH ALL NECESSARY INFORMATION, ANY SUPPORTING DOCUMENTATION AND A COPY OF THIS FORM TO THE FOLLOWING ADDRESS:

USAA Mail Processing Center
P.O.Box 5000
Daphne, AL 36526

Should you have any questions, please contact Auto Injury Solutions on behalf of USAA at 866-673-3443 and reference document id TM3384271.



Information Request

TM3384271- InfoReq -

**This is not a bill
Draft
Provider Copy**

California
Company : 002 - United Services Autom

Member Number : 020829714-020-000

Adjuster : Sheri Underwood

Date Of Loss: 05/08/2017

Receive Date : 06/02/2017

Billing Provider TIN :

Billing Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Patient : CASTILLO, REGELIN
27003 MTN WILLOW LN
CANYON COUNTRY CA 91387

Patient Account # : CASRE650 91816

Service Provider TIN : 00-0000001
Service Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Carrier : USAA
PO BOX 33490
SAN ANTONIO TX 78265

Dates Of Service : 05/26/2017 to 05/26/2017

Total Charges : \$650.00

June 7, 2017

Dear Sir or Madam,

We have received medical billing for the patient and dates of service indicated above. This material did not include one or more of the following items, all of which are necessary to properly review medical bills:

- Service and billing provider name
- Provider's federal tax identification number or social security number
- Physical address of the location where services were rendered

PLEASE RESUBMIT THE BILL, WITH ALL NECESSARY INFORMATION, ANY SUPPORTING DOCUMENTATION AND A COPY OF THIS FORM TO THE FOLLOWING ADDRESS:

USAA Mail Processing Center
P.O.Box 5000
Daphne, AL 36526

Should you have any questions, please contact Auto Injury Solutions on behalf of USAA at 866-673-3443 and reference document id TM3384271.



Information Request

TM3384271- InfoReq -

**This is not a bill
Draft
Provider Copy**

California
Company : 002 - United Services Autom

Member Number : 020829714-020-000

Adjuster : Sheri Underwood

Date Of Loss: 05/08/2017

Receive Date : 06/02/2017

Billing Provider TIN :

Billing Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Patient : CASTILLO, REGELIN
27003 MTN WILLOW LN
CANYON COUNTRY CA 91387

Patient Account # : CASRE650 91816

Service Provider TIN : 00-0000001
Service Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Carrier : USAA
PO BOX 33490
SAN ANTONIO TX 78265

Dates Of Service : 05/26/2017 to 05/26/2017

Total Charges : \$650.00

June 11, 2017

Dear Sir or Madam,

We have received medical billing for the patient and dates of service indicated above. This material did not include one or more of the following items, all of which are necessary to properly review medical bills:

- Service and billing provider name
- Provider's federal tax identification number or social security number
- Physical address of the location where services were rendered

PLEASE RESUBMIT THE BILL, WITH ALL NECESSARY INFORMATION, ANY SUPPORTING DOCUMENTATION AND A COPY OF THIS FORM TO THE FOLLOWING ADDRESS:

USAA Mail Processing Center
P.O.Box 5000
Daphne, AL 36526

Should you have any questions, please contact Auto Injury Solutions on behalf of USAA at 866-673-3443 and reference document id TM3384271.



Information Request

TM3384271- InfoReq -

**This is not a bill
Draft
Provider Copy**

California
Company : 002 - United Services Autom

Member Number : 020829714-020-000

Adjuster : Sheri Underwood

Date Of Loss: 05/08/2017

Receive Date : 06/02/2017

Billing Provider TIN :

Billing Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Patient : CASTILLO, REGELIN
27003 MTN WILLOW LN
CANYON COUNTRY CA 91387

Patient Account # : CASRE650 91816

Service Provider TIN : 00-0000001
Service Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Carrier : USAA
PO BOX 33490
SAN ANTONIO TX 78265

Dates Of Service : 05/26/2017 to 05/26/2017

Total Charges : \$650.00

June 14, 2017

Dear Sir or Madam,

We have received medical billing for the patient and dates of service indicated above. This material did not include one or more of the following items, all of which are necessary to properly review medical bills:

- Service and billing provider name
- Provider's federal tax identification number or social security number
- Physical address of the location where services were rendered

PLEASE RESUBMIT THE BILL, WITH ALL NECESSARY INFORMATION, ANY SUPPORTING DOCUMENTATION AND A COPY OF THIS FORM TO THE FOLLOWING ADDRESS:

USAA Mail Processing Center
P.O.Box 5000
Daphne, AL 36526

Should you have any questions, please contact Auto Injury Solutions on behalf of USAA at 866-673-3443 and reference document id TM3384271.



June 21, 2017

Reference: Claim for medical expenses

CASTILLO, REGELIN

27003 MTN WILLOW LN
CANYON COUNTRY, CA 91387

Dear Sir or Madam:

We have been notified of the automobile accident referenced below.

Policyholder: ABEL CASTILLO
Patient Name: CASTILLO, REGELIN
Claim #: 020829714-020-000
Date of Loss: May 08, 2017
Company Name: United Services Automobile Association

Please read the auto policy for details of your medical coverages. The language of the policy and applicable state statutes determine the benefits available for reimbursement under your medical coverage. To request a copy of the auto policy, please contact your claim representative.

The continuing increase in the cost of health care has a direct impact on the premiums paid for auto policies. USAA has a responsibility to you and to all of USAA's insureds to pay only those amounts covered by the auto policy. USAA utilizes an independent third party contractor, Auto Injury Solutions, to provide a medical bill auditing tool to assist USAA in reviewing health care provider services and charges to ensure billing accuracy, avoid duplication of payment, identify treatment that is reasonable, necessary and appropriate for accident related injuries, and to evaluate the reimbursement amount. USAA uses this analysis in determining whether the services rendered and fees charged are covered by the provisions of the policy and applicable state law.

Discuss Your Treatment and the Cost of Treatment in Advance

Your health care providers may provide services not covered by the auto policy or charge more for services than the amount covered by the policy. Some providers will expect you to pay the balance of the bill not paid by USAA. We suggest you discuss with your health care providers their payment expectations for non-reimbursable services or costs.

Procedure for Submitting Invoices to USAA

To ensure prompt review of your health care expenses, you or your health care provider should send all invoices to USAA electronically through Emdeon Business Services clearing house or by mail to:

Auto Injury Solutions
Attn: USAA Medical Mail Dept.
P.O. Box 5000
Daphne, AL 36526

Please be certain to include the following information with each invoice or it may be returned to you:

- The USAA claim number;
- The date of the accident;
- Your name and address;
- Your date of birth;
- The physical address where the treatment occurred;
- The name of provider;
- Treatment and/or office notes for each date of service;
- The provider's Tax ID number; and
- ICD codes and CPT codes for each date of service.

All correspondence to USAA relating to this claim, including bills, medical records or other documents or information, must include the following information or it may be returned to you:

- The USAA claim number;
- The date of the accident;
- The patient's name;
- The patient's address; and
- The patient's date of birth;

If USAA requests copies of medical records, USAA will reimburse, in accordance with any state statute, the reasonable cost incurred for those copy charges.

Reference: Claim for medical expenses

CASTILLO, REGELIN

27003 MTN WILLOW LN
CANYON COUNTRY, CA 91387

Dear Sir or Madam:

We have been notified of the automobile accident referenced below.

Policyholder: ABEL CASTILLO
Patient Name: CASTILLO, REGELIN
Claim #: 020829714-020-000
Date of Loss: May 08, 2017
Company Name: United Services Automobile Association

Please read the auto policy for details of your medical coverages. The language of the policy and applicable state statutes determine the benefits available for reimbursement under your medical coverage. To request a copy of the auto policy, please contact your claim representative.

The continuing increase in the cost of health care has a direct impact on the premiums paid for auto policies. USAA has a responsibility to you and to all of USAA's insureds to pay only those amounts covered by the auto policy. USAA utilizes an independent third party contractor, Auto Injury Solutions, to provide a medical bill auditing tool to assist USAA in reviewing health care provider services and charges to ensure billing accuracy, avoid duplication of payment, identify treatment that is reasonable, necessary and appropriate for accident related injuries, and to evaluate the reimbursement amount. USAA uses this analysis in determining whether the services rendered and fees charged are covered by the provisions of the policy and applicable state law.

Discuss Your Treatment and the Cost of Treatment in Advance

Your health care providers may provide services not covered by the auto policy or charge more for services than the amount covered by the policy. Some providers will expect you to pay the balance of the bill not paid by USAA. We suggest you discuss with your health care providers their payment expectations for non-reimbursable services or costs.

Procedure for Submitting Invoices to USAA

To ensure prompt review of your health care expenses, you or your health care provider should send all invoices to USAA electronically through Emdeon Business Services clearing house or by mail to:

Auto Injury Solutions
Attn: USAA Medical Mail Dept.
P.O. Box 5000
Daphne, AL 36526

Please be certain to include the following information with each invoice or it may be returned to you:

- The USAA claim number;
- The date of the accident;
- Your name and address;
- Your date of birth;
- The physical address where the treatment occurred;
- The name of provider;
- Treatment and/or office notes for each date of service;
- The provider's Tax ID number; and
- ICD codes and CPT codes for each date of service.

All correspondence to USAA relating to this claim, including bills, medical records or other documents or information, must include the following information or it may be returned to you:

- The USAA claim number;
- The date of the accident;
- The patient's name;
- The patient's address; and
- The patient's date of birth;

If USAA requests copies of medical records, USAA will reimburse, in accordance with any state statute, the reasonable cost incurred for those copy charges.



Information Request

TM3384271- InfoReq -

This is not a bill
Archive Copy
Provider Copy

California
Company : 002 - United Services Autom

Member Number : 020829714-020-000
Adjuster : Sheri Underwood
Date Of Loss : 05/08/2017

Receive Date : 06/02/2017
Billing Provider TIN :

Patient : CASTILLO, REGELIN
27003 MTN WILLOW LN
CANYON COUNTRY CA 91387

Billing Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Service Provider TIN : 00-0000001
Service Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Patient Account # : CASRE650 91816
Carrier : USAA
PO BOX 33490
SAN ANTONIO TX 78265

Dates Of Service : 05/26/2017 to 05/26/2017

Total Charges : \$ 650.00

June 21, 2017

Dear Sir or Madam,

We have received medical billing for the patient and dates of service indicated above. This material did not include one or more of the following items, all of which are necessary to properly review medical bills:

- Service and billing provider name
- Provider's federal tax identification number or social security number
- Physical address of the location where services were rendered

PLEASE RESUBMIT THE BILL, WITH ALL NECESSARY INFORMATION, ANY SUPPORTING DOCUMENTATION AND A COPY OF THIS FORM TO THE FOLLOWING ADDRESS:

USAA Mail Processing Center
P.O.Box 5000
Daphne, AL 36526

Should you have any questions, please contact Auto Injury Solutions on behalf of USAA at 866-673-3443 and reference document id TM3384271.



Information Request - 2nd Notice

TM3384271- InfoReq -

This is not a bill
Archive Copy
Provider Copy

California
Company : 002 - United Services Autom

Member Number : 020829714-020-000
Adjuster : Sheri Underwood
Date Of Loss : 05/08/2017

Receive Date : 06/02/2017
Billing Provider TIN :

Patient : CASTILLO, REGELIN
27003 MTN WILLOW LN
CANYON COUNTRY CA 91387

Billing Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Service Provider TIN : 00-0000001
Service Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Patient Account # : CASRE650 91816
Carrier : USAA
PO BOX 33490
SAN ANTONIO TX 78265

Dates Of Service : 05/26/2017 to 05/26/2017

Total Charges : \$ 650.00

July 17, 2017

Dear Sir or Madam,

We have received medical billing for the patient and dates of service indicated above. This material did not include one or more of the following items, all of which are necessary to properly review medical bills:

- Service and billing provider name
- Provider's federal tax identification number or social security number
- Physical address of the location where services were rendered

PLEASE RESUBMIT THE BILL, WITH ALL NECESSARY INFORMATION, ANY SUPPORTING DOCUMENTATION AND A COPY OF THIS FORM TO THE FOLLOWING ADDRESS:

USAA Mail Processing Center
P.O.Box 5000
Daphne, AL 36526

Should you have any questions, please contact Auto Injury Solutions on behalf of USAA at 866-673-3443 and reference document id TM3384271.



Information Request - 3rd Notice

TM3384271- InfoReq -

This is not a bill
Archive Copy
Provider Copy

California
Company : 002 - United Services Autom

Member Number : 020829714-020-000
Adjuster : Amber Bahr
Date Of Loss : 05/08/2017

Receive Date : 06/02/2017
Billing Provider TIN :

Patient : CASTILLO, REGELIN
27003 MTN WILLOW LN
CANYON COUNTRY CA 91387

Billing Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Service Provider TIN : 00-0000001
Service Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Patient Account # : CASRE650 91816
Carrier : USAA
PO BOX 33490
SAN ANTONIO TX 78265

Dates Of Service : 05/26/2017 to 05/26/2017

Total Charges : \$ 650.00

August 16, 2017

Dear Sir or Madam,

We have received medical billing for the patient and dates of service indicated above. This material did not include one or more of the following items, all of which are necessary to properly review medical bills:

- Service and billing provider name
- Provider's federal tax identification number or social security number
- Physical address of the location where services were rendered

PLEASE RESUBMIT THE BILL, WITH ALL NECESSARY INFORMATION, ANY SUPPORTING DOCUMENTATION AND A COPY OF THIS FORM TO THE FOLLOWING ADDRESS:

USAA Mail Processing Center
P.O.Box 5000
Daphne, AL 36526

Should you have any questions, please contact Auto Injury Solutions on behalf of USAA at 866-673-3443 and reference document id TM3384271.



Information Request - Final Notice

TM3384271- InfoReq -

This is not a bill
Archive Copy
Provider Copy

California
Company : 002 - United Services Autom

Member Number : 020829714-020-000
Adjuster : Amber Bahr
Date Of Loss : 05/08/2017

Receive Date : 06/02/2017
Billing Provider TIN :

Patient : CASTILLO, REGELIN
27003 MTN WILLOW LN
CANYON COUNTRY CA 91387

Billing Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Service Provider TIN : 00-0000001
Service Provider : BROADWAY IMAGINGCENTER
140 N GLENDALE AVE
GLENDALE CA 91206

Patient Account # : CASRE650 91816
Carrier : USAA
PO BOX 33490
SAN ANTONIO TX 78265

Dates Of Service : 05/26/2017 to 05/26/2017

Total Charges : \$ 650.00

September 15, 2017

Dear Sir or Madam,

We have received medical billing for the patient and dates of service indicated above. This material did not include one or more of the following items, all of which are necessary to properly review medical bills:

- Service and billing provider name
- Provider's federal tax identification number or social security number
- Physical address of the location where services were rendered

THIS ITEM IS WITHDRAWN FROM CONSIDERATION DUE TO FAILURE TO SUBMIT THE REQUESTED MATERIAL. IF YOU WOULD LIKE US TO REVIEW THIS MEDICAL BILL, PLEASE RESUBMIT THE BILL, WITH ALL REQUIRED INFORMATION, ANY SUPPORTING DOCUMENTATION AND A COPY OF THIS FORM TO THE FOLLOWING ADDRESS:

USAA Mail Processing Center
P.O.Box 5000
Daphne, AL 36526

Should you have any questions, please contact Auto Injury Solutions on behalf of USAA at 866-673-3443 and reference document id TM3384271.



June 21, 2017

Policyholder:	ABEL CASTILLO	BROADWAY IMAGINGCENTER
Reference Number:	020829714-020-000	
Date of Loss:	May 08, 2017	140 N Glendale AVE
Patient:	CASTILLO, REGELIN	Glendale, CA 91206
Company Name:	United Services Automobile Association	

Dear Sir or Madam:

USAA will pay on behalf of its insured amounts it is obligated to pay based on the auto policy language and the applicable state laws. USAA utilizes an independent third party contractor, Auto Injury Solutions, to provide a medical bill auditing tool to assist USAA in reviewing health care provider services and charges to ensure billing accuracy, avoid duplication of payment, identify treatment that is reasonable, necessary and appropriate for accident related injuries, and to evaluate the reimbursement amount. USAA uses this analysis in determining whether the services rendered and fees charged are covered by the provisions of the policy and applicable state law.

To ensure prompt review of your bills, please submit an itemized statement of your charges to USAA by regular mail or electronically to the following electronic medical bills clearinghouse:

Emdeon Business Services 1-800-845-6592.

Note: For electronic billing, enter the claim number in the prior authorization data field: for medical services use Record Type EO, Field 30; for hospital service use Record Type 40, Field 5, 6 and 7.

If you are currently not sending your charges electronically, you may want to call the information number listed above to learn the benefits of using this service. Whether submitting charges electronically or by mail to the address below, please ensure each medical bill submitted includes the following information

- The patient's name and address;
- The USAA claim number;
- The date of the accident;
- The patient's date of birth;
- The physical address where treatment was rendered;
- The name of provider;
- Treatment and/or office notes for each date of service;
- ICD Diagnosis Code(s);
- CPT Procedure Code(s); and
- The provider's Tax ID number.

If USAA requests copies of medical records, USAA will reimburse, in accordance with any state statute, the reasonable cost incurred for those copy charges.

Please submit all other documents which cannot be submitted electronically to the following address:

USAA Medical Mail
Auto Injury Solutions
P.O. Box 5000
Daphne, AL 36526

All correspondence to USAA relating to this claim, including bills, medical records or other documents or information, must include the following information or it may be returned to you:

- The USAA claim number;
- The date of the accident;
- The patient's name;
- The patient's address; and
- The patient's date of birth;

Your cooperation with these requirements will assist us in the processing of this claim.



***John Petersen
Attorney at Law***

Please reply to the: **Glendale Office** **Van Nuys Office** **Pasadena Office**

May 18, 2017

USAA Insurance
Marquan Johnson
PO Box 33490
San Antonio, TX 78265

Facsimile: 800-531-8722

RE: Our Clients: Regelin Castillo
 Your Insureds: Abel Castillo, Regelin Castillo
 Claim Number: 20829714-20
 Date of Loss: May 8, 2017

Dear Ms. Johnson,

The above client has retained this law firm to represent her in connection to the above referenced automobile claim. Please find duly executed Designation of Representation forms for your file.

Please direct all further communications regarding this accident to this office. You may contact Abel Castillo to resolve the collision/property damage claim as relates to the repair of the Honda CRV insured by USAA. Do not contact Regelin Castillo regarding this claim. All prior authorizations are void and are hereby withdrawn. If you have obtained a recorded statement, we request that you provide a transcription of the same.

We request that you open a Med Pay file for this claim. If you have any questions regarding this matter, please do not hesitate to us at our Glendale office.

Very truly yours,

s/ John Petersen

John Petersen, Esq.
One Stop Legal Services, APC

Enclosure: Designations of Representation

**507 North Central Ave.
Glendale, CA 91203
Tel: (818) 484-5368
Fax: (877) 986-4483**

**6320 Van Nuys Blvd.
Suite 405
Van Nuys, CA 91401
Tel: (818) 230-3110
Fax: (818) 475-1437**

**35 N. Lake Ave., Suite 740
Pasadena, CA 91101
Tel: (626) 564-2994
Fax: (626) 564-2993**

One Stop Legal Services, APC

Glendale
(Main Office)
507 North Central Avenue
Glendale, California 91203
Tel. (877) 644-5550 – (818) 484-5368
Fax (877) 986-4483

Van Nuys
(Work Comp Only)
6320 Van Nuys Blvd., Suite 405
Van Nuys, California 91401
Tel. (818) 230-3110
Fax: (818) 475-1437

DESIGNATION OF REPRESENTATION

TO: USAA INSURANCE

Pursuant to Section 2695.2(c) of the *California Code of Regulations*, Title 10, Chapter 5;
I authorize ONE STOP LEGAL SERVICES, APC, located at 507 North Central Avenue, Glendale,
California 91203, to handle my
automobile accident that occurred on
5/8/2017.

This authorization shall be valid for three years, unless renewed or revoked by the undersigned. All prior authorizations are hereby revoked by the undersigned as of the date of this authorization.

A photocopy of this Designation of Representation is as valid as the original.

Signature [Handwritten Signature]

Regelin Castillo
(Print Name)

Date: 5/17/2017

Address: 27003 Mountain Willow Lane
Sta Clarita CA 91387



***John Petersen
Attorney at Law***

Please reply to the: **Glendale Office** **Van Nuys Office** **Pasadena Office**

May 18, 2017

USAA Insurance
Marquan Johnson
PO Box 33490
San Antonio, TX 78265

Facsimile: 800-531-8722

RE: Our Clients: Regelin Castillo
 Your Insureds: Abel Castillo, Regelin Castillo
 Claim Number: 20829714-20
 Date of Loss: May 8, 2017

Dear Ms. Johnson,

The above client has retained this law firm to represent her in connection to the above referenced automobile claim. Please find duly executed Designation of Representation forms for your file.

Please direct all further communications regarding this accident to this office. You may contact Abel Castillo to resolve the collision/property damage claim as relates to the repair of the Honda CRV insured by USAA. Do not contact Regelin Castillo regarding this claim. All prior authorizations are void and are hereby withdrawn. If you have obtained a recorded statement, we request that you provide a transcription of the same.

We request that you open a Med Pay file for this claim. If you have any questions regarding this matter, please do not hesitate to us at our Glendale office.

Very truly yours,

s/ John Petersen

John Petersen, Esq.
One Stop Legal Services, APC

Enclosure: Designations of Representation

**507 North Central Ave.
Glendale, CA 91203
Tel: (818) 484-5368
Fax: (877) 986-4483**

**6320 Van Nuys Blvd.
Suite 405
Van Nuys, CA 91401
Tel: (818) 230-3110
Fax: (818) 475-1437**

**35 N. Lake Ave., Suite 740
Pasadena, CA 91101
Tel: (626) 564-2994
Fax: (626) 564-2993**



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One Stop Legal Services, APC

Glendale
(Main Office)
507 North Central Avenue
Glendale, California 91203
Tel. (877) 644-5550 – (818) 484-5368
Fax (877) 986-4483

Van Nuys
(Work Comp Only)
6320 Van Nuys Blvd., Suite 405
Van Nuys, California 91401
Tel. (818) 230-3110
Fax: (818) 475-1437

DESIGNATION OF REPRESENTATION

TO: USAA INSURANCE

Pursuant to Section 2695.2(c) of the *California Code of Regulations*, Title 10, Chapter 5;
I authorize ONE STOP LEGAL SERVICES, APC, located at 507 North Central Avenue, Glendale,
California 91203, to handle my
automobile accident that occurred on
5/8/2017.

This authorization shall be valid for three years, unless renewed or revoked by the undersigned. All prior authorizations are hereby revoked by the undersigned as of the date of this authorization.

A photocopy of this Designation of Representation is as valid as the original.

Signature [Handwritten Signature]

Regelin Castillo
(Print Name)

Date: 5/17/2017

Address: 27003 Mountain Willow Lane
Sta Clarita CA 91387