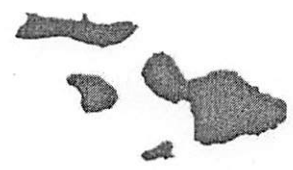
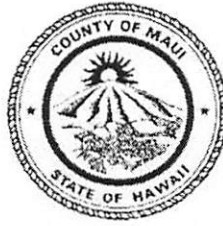


MICHAEL P. VICTORINO
Mayor

MOANA M. LUTEY
Corporation Counsel

RICHELLE M. THOMSON
First Deputy

LYDIA A. TODA
Risk Management Officer



DEPARTMENT OF THE CORPORATION COUNSEL
COUNTY OF MAUI
200 SOUTH HIGH STREET, 3RD FLOOR
WAILUKU, MAUI, HAWAII 96793
EMAIL: CORPCOUN@MAUICOUNTY.GOV

March 24, 2022

Via email only at county.clerk@mauicounty.us

Honorable Alice L. Lee, Chair
and Members of the Council
County of Maui
Wailuku, Hawaii 96793

RECEIVED
2022 MAR 24 AM 11:09
OFFICE OF THE
COUNTY CLERK

SUBJECT: Litigation Matters
Settlement of Subrogation Claim: First Insurance Company of
Hawaii, Ltd.
John Mullen Claim No.: 4073176
Resolution: Authorizing Settlement of Claim No. 4073176 of First
Insurance Company of Hawaii, Ltd. on Behalf of Its Insured Anita
Mosuela

Dear Chair Lee and Council Members:

Please find attached separately a proposed resolution entitled
"AUTHORIZING SETTLEMENT OF CLAIM NO. 4073176 OF FIRST INSURANCE
COMPANY OF HAWAII, LTD. ON BEHALF OF ITS INSURED ANITA MOSUELA"
The purpose of the proposed resolution is for settlement of this claim.

May I request that the proposed resolution be scheduled for discussion
and action, or referral to the appropriate standing committee as soon as possible,
Also attached herewith is the Claim filed with the County Clerk in this matter.

It is not anticipated that an executive session will be necessary. Should
you have any questions or concerns, please do not hesitate to contact us. Thank
you for your anticipated assistance in this matter.

Honorable Alice L. Lee, Chair
and Members of the Council
County of Maui
March 24, 2022
Page | 2

Sincerely,

A handwritten signature in black ink, appearing to read 'Caleb P. Rowe', written in a cursive style.

CALEB P. ROWE
Deputy Corporation Counsel

CPR:cs

cc: Helene Kau, Acting Director
Department of Water Supply

Attachments

RELEASE OF PROPERTY DAMAGE CLAIM


First Insurance Company, their heirs, assigns and successors, thereby release and forever discharge the County of Maui, its officers, employees and agents, from all causes of action, and agree to withdraw, dismiss or refrain from filing any claim, complaint, charge or appeal against the County of Maui with any court, government board, agency, department or entity concerning the incidents, occurrences or losses involving their insured's 2017 Mercedes Benz GLC300, License #LHF873 on July 21, 2021 in Lahaina, in the State of Hawaii.

In consideration of this release of property damage claim, County of Maui agrees to pay **ELEVEN THOUSAND SEVEN HUNDRED THIRTY-NINE AND 62/100 dollars** (\$11,739.62) as full and final release and satisfaction of the property damage claim brought by First Insurance Company against the County of Maui.

It is hereby expressly understood and agreed that the payment or granting of the consideration described above is not an admission of liability or fault of any kind but compromises and settles all property damage disputes between the parties for the purpose of avoiding further litigation or expense. Said payment is the final consideration of this Property Damage Release, and no other payment or consideration has been promised or will be paid for this property damage claim. This release is for property damage only and does not waive or release claims for bodily injury.

This release is non-binding pending County of Maui approval. Each party to this agreement agrees to bear their own costs and attorney's fees.

Signed this 17th day of February 2022.



SIGNATURE

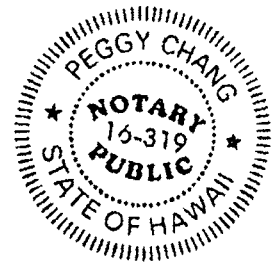
MICHAEL M. WATSON
PRINTED NAME OF SIGNER & TITLE

NOTARY: ^{Honolulu} State of Hawaii;
County of Hawaii; SS

On this 17th day of February, 2022, before me appeared
Michael McNabys who is known to be the
person(s) names herein and who voluntarily executed this release.

[Signature]
Notary Signature

9/18/24
Date Commission Expires



NOTARY CERTIFICATION
(Hawaii Administrative Rule § 5-11-8)

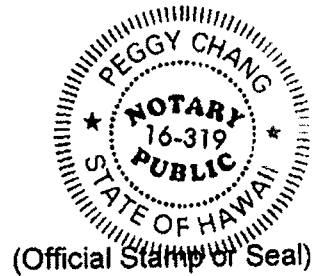
Document Identification or Description: Release of property claim

Date of Document: 2/17/21 No. of Pages: 2 2nd Circuit
(Jurisdiction of notarial act)

[Signature]
Signature of Notary

Peggy Chang
Type or Print Name of Notary

2/17/21
Date of Notary Certificate



STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

(1) Crime Code		(2) County		(3) District		(4) Beat		(5) Watch		(6) Date/Time/Day Occurred			(7) Date/Time/Day Reported																				
		MAU		4		20		2		07/21/2021 10:59 WEDNESDAY			07/21/2021 11:00 WEDNESDAY																				
(8) Report Type		(9) Total Involved					(10) Number Of			(12) Hit & Run		(13) Fire		(14) Photo		(15) Location																	
<input checked="" type="checkbox"/> Major (01) <input type="checkbox"/> Minor (02)		MV	MC	MOP	BC	PED	WITN	KILLED	INJ	<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)	<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)	<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)	<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)	<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Bridge (01)	<input type="checkbox"/> Tunnel (02) <input type="checkbox"/> Ramp (03)																		
		2	0	0	0	0	1	0	0																								
(16) Times Police			(18) Weather Conditions (Select up to 2)						(19) Light/Lighting																								
Sent: 1100, Arrive: 1108			<input checked="" type="checkbox"/> Clear (01) <input type="checkbox"/> Hazy, Fog, Smoke (04) <input type="checkbox"/> Snow (07) <input type="checkbox"/> Cloudy (02) <input type="checkbox"/> Windy, Severe Crosswind (05) <input type="checkbox"/> Blowing Sand /Soil/Dirt (08) <input type="checkbox"/> Rain (03) <input type="checkbox"/> Sleet/Hail (06) <input type="checkbox"/> Unknown (09)						<input checked="" type="checkbox"/> Daylight (01) <input type="checkbox"/> Spot Illumination (04) <input type="checkbox"/> Dark/No Lights (07) <input type="checkbox"/> Dawn (02) <input type="checkbox"/> Continuous Lighting (05) <input type="checkbox"/> Dark/Unknown (08) <input type="checkbox"/> Dusk (03) <input type="checkbox"/> Dark/Lights Off (06) <input type="checkbox"/> Unknown (09) <input type="checkbox"/> Other (10)																								
(17) Times EMS			(20) Location Class			(21) Traffic Level			(22) Trafficway Description						(23) GPS Location																		
Sent: 1104, Arrive: 1123			<input type="checkbox"/> School (01) <input type="checkbox"/> Recreational (05) <input type="checkbox"/> Business (02) <input type="checkbox"/> Farm/Fields (06) <input checked="" type="checkbox"/> Residential (03) <input type="checkbox"/> No Development (07) <input type="checkbox"/> Industrial (04) <input type="checkbox"/> Other (08)			<input type="checkbox"/> Light (01) <input checked="" type="checkbox"/> Medium (02) <input type="checkbox"/> Heavy (03)			<input checked="" type="checkbox"/> 2-Way, Undivided (01) <input type="checkbox"/> 2-Way, Divided, Median Barrier (04) <input type="checkbox"/> 2-Way, Undivided with Cont. Left Turn Lane (02) <input type="checkbox"/> 1-Way Trafficway (05) <input type="checkbox"/> 2-Way, Divided, Unprotected Median (03) <input type="checkbox"/> Other (06)						Latitude: _____ Longitude: _____																		
(24) Name of Street or Highway										(25) City/Town		(26) Work Zone																					
LAHAINALUNA RD										LAHAINA		<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)																					
(27) Route No.		(28) Mile Post Marker		(29) Distance and Direction				(30) Refer (Mile Marker, Intersection, Etc.)																									
				AT				MILL STREET																									
(31A) Location of First Harmful Event										(31B) Action																							
Intersection 01 Intersection Area 02 Driveway Access On Roadway - Not at Intersection 10 Left or Inner Lane 11 Right or Outer Lane 12 Other Main Lane 13 Merge/Transition Lane 14 Acceleration Lane 15 Deceleration Lane 16 Left Turn Lane 17 Right Turn Lane 18 Bikeway 19 Bus/HOV/Zipper Lane Off Roadway 20 Left Shoulder 21 Right Shoulder 22 Left Roadside 23 Right Roadside 24 Median										Off Roadway (Cont.) 25 Median Crossover 26 Outside ROW (Trafficway) Off Roadway - Other 30 Driveway 31 Private Road 32 Parking Lot Other Roadway 40 Entrance/Exit Ramp 41 Railway Crossing 42 Midblock Crosswalk 43 HOV Crossover Lane 44 Gore 45 Separator 46 Parking Lane 47 Emergency Escape Ramp 48 Other (Specify in Synopsis)						Non-Collision 01 Overturn/Rollover on Roadway 02 Overturn/Rollover off Roadway 03 Submersion 04 Fire/Explosion 05 Jackknife 06 Ran Off Roadway 07 Cargo/Equipment Loss or Shift 08 Fell/Jumped from Motor Vehicle 09 Downhill Runaway 10 Separation of Units 11 Cross Median 15 Cross Centerline 12 Equipment Failure 13 Thrown or Falling Objects 14 Other Non-Collision (Specify in Synopsis) Collision with Object/Animal 20 Overhead Cables 21 Guardrail Face 22 Guardrail End 23 Culvert 24 Ditch 25 Bridge Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Building 29 Tunnel 30 Curb						Collision with Object/Animal (Cont.) 31 Embankment/Retaining Wall 32 Fence 33 Utility Pole/Light Support 34 Traffic Signal 44 Traffic Sign Post 35 Other Post/Pole/Support 36 Impact Attenuator/Crash Cushion 37 Concrete Traffic Barrier 45 Cable Barrier 38 Other Traffic Barrier 39 Tree (Standing) 40 Hydrant 41 Mailbox 42 Animal 43 Other (Specify in Synopsis) Collision with Person 50 Unknown 51 Crossing in Crosswalk 52 Crossing Outside Crosswalk 53 Crossing no Crosswalk 54 Darting Out 55 Walking in Roadway 56 Playing/Exercising in Roadway 57 Directing Traffic 58 Pushing/Working on Vehicle 59 Getting On/Off Vehicle 60 Roadwork 62 Walking Off Roadway 61 Other (Specify in Synopsis)						Collision with Bicycle or Moped 70 Unknown 71 Riding in Bikeway 72 Riding Outside of Bikeway 73 Riding in Road/No Bikeway 74 Riding off Roadway 75 Crossing Roadway 76 Fell In/On Roadway 77 Other (Specify in Synopsis) Collision with MV in Transport (Except Moped) 80 Head On 81 Rear End 82 Sideswipe - Same Direction 83 Sideswipe - Opposite Direction 84 Angle - Same Direction 85 Angle - Opposite Direction 86 Angle - Not Specified 87 Broadside 88 Rear to Side 89 Rear to Rear 91 Rear to Front 90 Other (Specify in Synopsis) Collision with MV - Other 100 MV in Other Roadway 101 Railway Vehicle (Train/Engine) 102 Parked MV 103 Work Zone/Maintenance Equip.					
01 Enter the Location of the FIRST HARMFUL EVENT (31A)										1 Enter the Sequence Number of the FIRST HARMFUL EVENT (31C)						1 Enter the Sequence Number of the MOST HARMEFUL EVENT (31D)																	
(31) Sequence of Events			Officer's Rank and Name			Officer's ID Number			Date/Time			Supervisor's Rank and Name			Supervisor's ID Number			Date/Time															
#	Unit	Unit/0	(31B) Action	#	Unit	Unit/0	(31B) Action																										
1	1	2	087																														

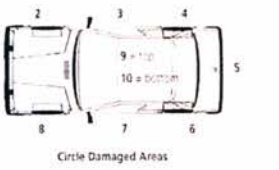
STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

(32) Unit No.		(33) No. of Occ.		UNIT INFORMATION									
1		1											
(34) Unit Class				(35) Race									
<input type="checkbox"/> Passenger Car (01) <input type="checkbox"/> Passenger Van (02) <input checked="" type="checkbox"/> Pickup Truck (03) <input type="checkbox"/> SUV/MPVH (04) <input type="checkbox"/> Cargo Van < 10,001 lbs. (05) <input type="checkbox"/> Other Truck < 10,001 lbs. (06) <input type="checkbox"/> Truck > 10,000 lbs. (07) <input type="checkbox"/> Transit Bus (08)		<input type="checkbox"/> School Bus (09) <input type="checkbox"/> Other Bus (10) <input type="checkbox"/> Motorcycle (11) <input type="checkbox"/> Motor Scooter (12) <input type="checkbox"/> Moped (13) <input type="checkbox"/> Bicycle (14) <input type="checkbox"/> Pedestrian (15) <input type="checkbox"/> Maint./Construct. Equipment (16)		<input type="checkbox"/> Farm Vehicle/Equipment (17) <input type="checkbox"/> Motor Coach (18) <input type="checkbox"/> Motor Home (19) <input type="checkbox"/> Recreational Vehicle (20) <input type="checkbox"/> Other (21) <input type="checkbox"/> Unknown (22)		<input checked="" type="checkbox"/> White (01) <input type="checkbox"/> Black (02) <input type="checkbox"/> American Indian (03) <input type="checkbox"/> Chinese (04) <input type="checkbox"/> Japanese (05) <input type="checkbox"/> Korean (06) <input type="checkbox"/> Puerto Rican (07)		<input type="checkbox"/> Hawaiian (08) <input type="checkbox"/> Samoan (09) <input type="checkbox"/> Tongan (10) <input type="checkbox"/> Vietnamese (11) <input type="checkbox"/> Filipino (12) <input type="checkbox"/> Unknown (13) <input type="checkbox"/> Other (14)					
(36) Last Name		(37) First Name		(38) MI	(39) Sex		(40) DOB						
RICKARD		TROY			<input checked="" type="checkbox"/> M (01) <input type="checkbox"/> F (02)		05/02/1972						
(41) Street No.		(42) Street Name			(43) St,Pl,Bldv,Etc		(44) Apt/Suite Number						
41		UAHAA			PL								
(45) City		(46) State		(47) Zip Code		(48) Home Phone Number							
WAILUKU		HI		96793									
(49) Occupation				(50) Employer/Company Name									
<input type="checkbox"/> Unemployed (00) <input type="checkbox"/> Fed. Govt. Civ. (07) <input type="checkbox"/> Student - H.S. (14) <input type="checkbox"/> U.S. Army (01) <input type="checkbox"/> State Govt. (08) <input type="checkbox"/> Student - Col. (15) <input type="checkbox"/> U.S. Navy (02) <input checked="" type="checkbox"/> County Govt. (09) <input type="checkbox"/> U.S. Tourist (16) <input type="checkbox"/> U.S. Air Force (03) <input type="checkbox"/> Foreign Govt. Civ. (10) <input type="checkbox"/> Foreign Tourist (17) <input type="checkbox"/> U.S. Marines (04) <input type="checkbox"/> Retired (11) <input type="checkbox"/> Police Officer (18) <input type="checkbox"/> U.S. Coast Guard (05) <input type="checkbox"/> Student - Elem. (12) <input type="checkbox"/> Other (19) <input type="checkbox"/> Other Military (06) <input type="checkbox"/> Student - Inter. (13) <input type="checkbox"/> Not Stated (20)				COUNTY OF MAUI									
				(51) Work Phone Number		(52) Other Phone/Pager Number							
						(808) 870-2461							
(53) Driver's License #		(54) St/Juris	(55) Class	(56) Restrict.	(57) Endorse.								
H00190857		HI	23	NONE									
(58) CDL Type			(59) Driver's License Status										
<input checked="" type="checkbox"/> Non-CDL (01) <input type="checkbox"/> Non-CDL/Restricted (02) <input type="checkbox"/> CDL (03)			<input checked="" type="checkbox"/> Valid (01) <input type="checkbox"/> Expired (05) <input type="checkbox"/> Permit (09) <input type="checkbox"/> Not Licensed (02) <input type="checkbox"/> Revoked (06) <input type="checkbox"/> Disqualified (CDL) (10) <input type="checkbox"/> Canceled (03) <input type="checkbox"/> Suspended (07) <input type="checkbox"/> Denied (04) <input type="checkbox"/> Provisional (08)										
(85) SFST Given		(86) Suspected Impairment											
<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Refused (03) <input type="checkbox"/> Yes (02)		<input type="checkbox"/> Alcohol (01) <input type="checkbox"/> Both (03) <input type="checkbox"/> Drug (02) <input checked="" type="checkbox"/> None (04)											
(87) Alcohol Test Results								(60) Insurance Policy #					
(87A) Status		(87B) Type		(87C) Results				55-2-35					
<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Refused (01) <input type="checkbox"/> Given (02)		<input type="checkbox"/> Blood (01) <input type="checkbox"/> Breath (02) <input type="checkbox"/> Other (03)		<input type="checkbox"/> Value (01) <input type="checkbox"/> Pending (02)				12/2021					
								COUNTY OF MAUI - SELF INS					
(88) Drug Test Results				(63) Registered Owner Name				(64) Phone Number					
(88A) Status		(88B) Type		(88C) Results				COUNTY OF MAUI WATER DEPARTMENT,					
<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Refused (01) <input type="checkbox"/> Given (02)		<input type="checkbox"/> Blood (01) <input type="checkbox"/> Urine (02) <input type="checkbox"/> Other (03)		<input type="checkbox"/> Positive (01) <input type="checkbox"/> Negative (02) <input type="checkbox"/> Pending (03)				(808) 757-0245					
								(65) Str. #					
								200					
								(66) Street Name					
								S HIGH					
								(67) St,Pl					
								ST					
								(68) Ste. #					
				(69) City		(70) State		(71) Zip Code					
				WAILUKU		HI		96793					
				(72) Vehicle Body Type									
				<input type="checkbox"/> 2-DSD (01) <input type="checkbox"/> 2-DSW (04) <input type="checkbox"/> SUV/MPVH (07) <input type="checkbox"/> Bus (10) <input type="checkbox"/> Moped (13) <input type="checkbox"/> 4-DSD (02) <input type="checkbox"/> 4-DSW (05) <input type="checkbox"/> Van (08) <input type="checkbox"/> PCMC (11) <input type="checkbox"/> Bicycle (14) <input type="checkbox"/> 2-DCV (03) <input checked="" type="checkbox"/> P/U Truck (06) <input type="checkbox"/> Truck (09) <input type="checkbox"/> M-Scooter (12) <input type="checkbox"/> Other (15)									
(73) Vehicle Yr		(74) Veh. Color (Top/Btm)		(75) Vehicle Make		(76) Vehicle Model		(77) Lic. Plate No.		(79) Lic. Plate St.		(78) Trailer Plate	
2019		WHITE/BLACK		FORD (ALSO SEE ENGLISH, FRENCH,		F35		CM2712		HI		NONE	
(80) Vehicle VIN Number								(81) Emer. Veh. In Use		(82) Vehicle Stolen			
1FDBF3B68KEE25011								<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)		<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)			
(83) Special Use						(84) Trailer/Cargo Type							
<input type="checkbox"/> None (00) <input type="checkbox"/> Fire Truck (04) <input type="checkbox"/> Police-Off Duty (08) <input type="checkbox"/> U Drive (12) <input type="checkbox"/> Driver Trng. (01) <input type="checkbox"/> Tow Truck (05) <input type="checkbox"/> Military (09) <input type="checkbox"/> School Bus (13) <input type="checkbox"/> Construct./Maint. (02) <input type="checkbox"/> Ambulance (06) <input checked="" type="checkbox"/> Government (10) <input type="checkbox"/> Other Bus (14) <input type="checkbox"/> Taxi (03) <input type="checkbox"/> Police-On Duty (07) <input type="checkbox"/> Farm Use (11) <input type="checkbox"/> Other (15)						<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Livestock (04) <input type="checkbox"/> Veh. Tow Veh. (08) <input type="checkbox"/> Boat (01) <input type="checkbox"/> House (05) <input type="checkbox"/> Other (09) <input type="checkbox"/> Flatbed (02) <input type="checkbox"/> Van/Encl. Box (06) <input type="checkbox"/> N/A (10) <input type="checkbox"/> Horse (03) <input type="checkbox"/> Dump (07)							

Officer's Initials:

Supervisor's Initials:

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Unit No.	UNIT INFORMATION (Cont.)					
1	(89) Citations		(90) Est. Damages	(91) Extent of Damage	(91A) Towed	(92) Is this a CMV or other QUALIFYING Vehicle?
	Citation Number	Offense Code (HRS/RO Section #)	<input type="checkbox"/> \$3,000 or Greater (01) <input checked="" type="checkbox"/> Less than \$3,000 (02)	<input type="checkbox"/> None (00) <input checked="" type="checkbox"/> Minor (01) <input type="checkbox"/> Functional (02) <input type="checkbox"/> Disabling (03)	<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)	<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02) If yes, go to CMV SUPPLEMENT
			(95A) Object 1 Struck/Damage Descript.	(96A) Object 2 Struck/Damage Descript.		
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below: 			(95B) Object 1 Owner's Name		(96B) Object 2 Owner's Name	
			(95C) Object 1 Owner's Phone Number		(96C) Object 2 Owner's Phone Number	
			(94) Direction	(95D) Estimated Damages to Object 1	(96D) Estimated Damages to Object 2	
			From: 1 To: 7 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> \$3,000 or Greater (01) <input type="checkbox"/> Less than \$3,000 (02)	<input type="checkbox"/> \$3,000 or Greater (01) <input type="checkbox"/> Less than \$3,000 (02)	
(97) Motor Vehicle Maneuver/Action			(98) Reason for Maneuver		(99) Traffic Control Device Type	
<input type="checkbox"/> Straight Ahead (01) <input type="checkbox"/> Parking (07) <input checked="" type="checkbox"/> Turning Left (14) <input type="checkbox"/> Changing Lanes (02) <input type="checkbox"/> Parked (08) <input type="checkbox"/> U-Turn (15) <input type="checkbox"/> Merging (03) <input type="checkbox"/> Start from Parked (09) <input type="checkbox"/> Entering Traffic (16) <input type="checkbox"/> Overtaking/Passing (04) <input type="checkbox"/> Stopped in Traffic (10) <input type="checkbox"/> Negotiating a Curve (17) <input type="checkbox"/> Slowing/Stopping (05) <input type="checkbox"/> Start in Traffic (11) <input type="checkbox"/> Right Turn on Red (12) <input type="checkbox"/> Other (18) <input type="checkbox"/> Backing (06) <input type="checkbox"/> Turning Right (13)			<input checked="" type="checkbox"/> Intended Maneuver (01) <input type="checkbox"/> Avoid Pedestrian (05) <input type="checkbox"/> Traffic Controls (02) <input type="checkbox"/> Avoid Bicycle (06) <input type="checkbox"/> Mechanical Failure (03) <input type="checkbox"/> Avoid Obj./Animal (07) <input type="checkbox"/> Avoid Other Vehicle (04) <input type="checkbox"/> Avoid Prior MVA (08) <input type="checkbox"/> Other (09)		<input type="checkbox"/> No Controls (00) <input type="checkbox"/> School Zone Sign/Device (07) <input type="checkbox"/> Traffic Signal (01) <input type="checkbox"/> Warning Sign (08) <input checked="" type="checkbox"/> Stop Sign (02) <input type="checkbox"/> Railway X-ing Device (09) <input type="checkbox"/> Yield Sign (03) <input type="checkbox"/> Flashing Red (04) <input type="checkbox"/> Flashing Yellow (05) <input type="checkbox"/> Other (10) <input type="checkbox"/> Person (06)	
(100) Traffic Control Condition			(101) Guidance/Pavement Markings		(102) Delineator Present	(103) Bikeway
<input type="checkbox"/> Not Applicable (00) <input type="checkbox"/> Yellow Malfunction (05) <input checked="" type="checkbox"/> Functioning Properly (01) <input type="checkbox"/> Green Malfunction (06) <input type="checkbox"/> Knocked Down (02) <input type="checkbox"/> Arrow Malfunction (07) <input type="checkbox"/> Obscured (03) <input type="checkbox"/> Lights Not Changing (08) <input type="checkbox"/> Red Malfunction (04) <input type="checkbox"/> Other Malfunction (09)			None (00) <input type="checkbox"/> Lft <input type="checkbox"/> Rgt Solid Yellow (01) <input type="checkbox"/> <input type="checkbox"/> No Passing, Yellow (06) <input type="checkbox"/> <input type="checkbox"/> Skip-Dash Yellow (02) <input type="checkbox"/> <input type="checkbox"/> Curb/Median, Etc. (07) <input type="checkbox"/> <input type="checkbox"/> Solid White (03) <input type="checkbox"/> <input type="checkbox"/> Bikeway Marking (08) <input type="checkbox"/> <input type="checkbox"/> Skip-Dash White (04) <input type="checkbox"/> <input type="checkbox"/> Crosswalk Marking (09) <input type="checkbox"/> <input type="checkbox"/> Solid Double Yellow (05) <input checked="" type="checkbox"/> <input type="checkbox"/> Turn Lane (10) <input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Right (01) <input type="checkbox"/> Left (02) <input type="checkbox"/> Both Sides (03)	<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Bike Route (Signed) (01) <input type="checkbox"/> Bike Lane Stripe (02) <input type="checkbox"/> Separate Path/Lane (03)
(104) Vehicle Factors (Select up to 2)		(105) Vision Obstruction (Select up to 3)		(106) Human Factors (Select up to 3)		(107) Driver Distracted By
<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Suspension (08) <input type="checkbox"/> Worn Tires (01) <input type="checkbox"/> Wheels (09) <input type="checkbox"/> Tire Failure (02) <input type="checkbox"/> Power Train (10) <input type="checkbox"/> Brakes (03) <input type="checkbox"/> Window/Windshld. (11) <input type="checkbox"/> Headlights (04) <input type="checkbox"/> Mirrors (12) <input type="checkbox"/> Taillights (05) <input type="checkbox"/> Wipers (13) <input type="checkbox"/> Signals (06) <input type="checkbox"/> Trailer Coupling (14) <input type="checkbox"/> Steering (07) <input type="checkbox"/> Other (15)		<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Glare (06) <input type="checkbox"/> Trees/Brush/Fence (01) <input type="checkbox"/> Weather Condition (07) <input type="checkbox"/> Embankment (02) <input type="checkbox"/> Pedestrian (08) <input type="checkbox"/> Building (03) <input type="checkbox"/> Animal(s) in Road (09) <input type="checkbox"/> Moving Vehicle (04) <input type="checkbox"/> Other (10) <input type="checkbox"/> Parked/Stopped Vehicle (05)		<input type="checkbox"/> None (00) <input type="checkbox"/> Illness (06) <input type="checkbox"/> Inattention (01) <input type="checkbox"/> Legal Meds. (07) <input checked="" type="checkbox"/> Misjudgment (02) <input type="checkbox"/> Emotional (08) <input type="checkbox"/> Fatigue (03) <input type="checkbox"/> Phys. Impaired (09) <input type="checkbox"/> Alcohol (04) <input type="checkbox"/> Other (10) <input type="checkbox"/> Illegal Drugs (05)		<input checked="" type="checkbox"/> Not Distracted (00) <input type="checkbox"/> Cellular Phone (01) <input type="checkbox"/> Other Elect. Comm. Device (02) <input type="checkbox"/> Other Electronic Device (03) <input type="checkbox"/> Other Inside Vehicle (04) <input type="checkbox"/> Other Outside Vehicle (05) <input type="checkbox"/> Other Occupant (06)
(108) Other Factors (Select up to 4)				(109) Roadway Comp.		(110) Roadway Surface
<input type="checkbox"/> No Improper Action (00) <input checked="" type="checkbox"/> Failure to Yield (06) <input type="checkbox"/> Improper Backing (13) <input type="checkbox"/> Other Improper Action (18) <input type="checkbox"/> Drove too Fast for Conditions (01) <input type="checkbox"/> Wrong Side/Way (07) <input type="checkbox"/> Followed too Closely (14) <input type="checkbox"/> Illegally in Roadway (19) <input type="checkbox"/> Exceed Posted Speed Limit (02) <input type="checkbox"/> Crossed Centerline (08) <input type="checkbox"/> Aggressive, Reckless Driving (15) <input type="checkbox"/> Improper Crossing (20) <input type="checkbox"/> Disregard Trfc. Signal (03) <input type="checkbox"/> Ran Off Road (09) <input type="checkbox"/> Failure to Keep in Proper Lane (10) <input type="checkbox"/> Pedestrian Viol. (21) <input type="checkbox"/> Disregard Red Light (04) <input type="checkbox"/> Failure to Keep in Proper Lane (10) <input type="checkbox"/> Swerved to Avoid Obstacle (16) <input type="checkbox"/> Inattention (Talking, Etc.) (22) <input checked="" type="checkbox"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="checkbox"/> Improper Turn (11) <input type="checkbox"/> Over Correcting or Over Steering (17) <input type="checkbox"/> Bicycle Violation (23) <input type="checkbox"/> Improper Passing (12) <input type="checkbox"/> Clothing not Visible (24)				<input type="checkbox"/> Concrete (01) <input checked="" type="checkbox"/> Asphalt (02) <input type="checkbox"/> Gravel (03) <input type="checkbox"/> Dirt (04) <input type="checkbox"/> Other (05)		<input checked="" type="checkbox"/> Dry (01) <input type="checkbox"/> Slush (07) <input type="checkbox"/> Wet (02) <input type="checkbox"/> Ice/Frost (08) <input type="checkbox"/> Mud, Dirt, Gravel (03) <input type="checkbox"/> Water (09) <input type="checkbox"/> Debris (04) <input type="checkbox"/> Sand (10) <input type="checkbox"/> Oil (05) <input type="checkbox"/> Other (11) <input type="checkbox"/> Snow (06)
(111) Other Roadway Conditions (Select up to 3)			(112) Roadway Alignment (Horizontal)		(113) Roadway Alignment (Vertical)	
<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Low Shoulder (03) <input type="checkbox"/> Loose Material (06) <input type="checkbox"/> Ruts, Holes, Etc. (01) <input type="checkbox"/> Soft Shoulder (04) <input type="checkbox"/> Worn, Polished (07) <input type="checkbox"/> No Shoulder (02) <input type="checkbox"/> High Shoulder (05) <input type="checkbox"/> Other (08)			<input checked="" type="checkbox"/> Straight (01) <input type="checkbox"/> Curve Left (02) <input type="checkbox"/> Curve Right (03)		<input checked="" type="checkbox"/> Level (01) <input type="checkbox"/> Downhill (04) <input type="checkbox"/> Hillcrest (02) <input type="checkbox"/> Sag (05) <input type="checkbox"/> Uphill (03)	
Officer's Rank and Name		Officer's ID Number	Date/Time	Supervisor's Rank and Name		Supervisor's ID #
(PO2) KALB, JOSHUA C		15129				

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

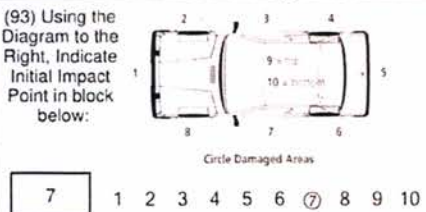
(32) Unit No.		(33) No. of Occ.		UNIT INFORMATION											
2		1		(34) Unit Class				(35) Race							
<input type="checkbox"/> Passenger Car (01)	<input type="checkbox"/> School Bus (09)	<input type="checkbox"/> Farm Vehicle/Equipment (17)	<input type="checkbox"/> White (01)		<input type="checkbox"/> Hawaiian (08)		<input type="checkbox"/> Passenger Van (02)	<input type="checkbox"/> Other Bus (10)	<input type="checkbox"/> Motor Coach (18)	<input type="checkbox"/> Black (02)		<input type="checkbox"/> Samoan (09)			
<input type="checkbox"/> Pickup Truck (03)	<input type="checkbox"/> Motorcycle (11)	<input type="checkbox"/> Motor Home (19)	<input type="checkbox"/> American Indian (03)		<input type="checkbox"/> Tongan (10)		<input type="checkbox"/> SUV/MPVH (04)	<input type="checkbox"/> Motor Scooter (12)	<input type="checkbox"/> Recreational Vehicle (20)	<input type="checkbox"/> Chinese (04)		<input type="checkbox"/> Vietnamese (11)			
<input type="checkbox"/> Cargo Van < 10,001 lbs. (05)	<input type="checkbox"/> Moped (13)	<input type="checkbox"/> Other (21)	<input type="checkbox"/> Japanese (05)		<input checked="" type="checkbox"/> Filipino (12)		<input type="checkbox"/> Other Truck < 10,001 lbs. (06)	<input type="checkbox"/> Bicycle (14)	<input type="checkbox"/> Unknown (22)	<input type="checkbox"/> Korean (06)		<input type="checkbox"/> Unknown (13)			
<input type="checkbox"/> Truck > 10,000 lbs. (07)	<input type="checkbox"/> Pedestrian (15)		<input type="checkbox"/> Puerto Rican (07)		<input type="checkbox"/> Other (14)		<input type="checkbox"/> Transit Bus (08)	<input type="checkbox"/> Maint./Construct. Equipment (16)							
(36) Last Name		(37) First Name		(38) MI	(39) Sex		(40) DOB								
MOSUELA		ANITA		B	<input type="checkbox"/> M (01) <input checked="" type="checkbox"/> F (02)		04/07/1955								
(41) Street No.		(42) Street Name				(43) St,PI,Blvd,Etc		(44) Apt/Suite Number							
850		NIHEU				ST									
(45) City			(46) State		(47) Zip Code		(48) Home Phone Number								
LAHAINA			HI		96761		(808) 276-1122								
(49) Occupation				(50) Employer/Company Name											
<input type="checkbox"/> Unemployed (00)	<input type="checkbox"/> Fed. Govt. Civ. (07)	<input type="checkbox"/> Student - H.S. (14)		HYATT REGENCY MAUI											
<input type="checkbox"/> U.S. Army (01)	<input type="checkbox"/> State Govt. (08)	<input type="checkbox"/> Student - Col. (15)		(51) Work Phone Number				(52) Other Phone/Pager Number							
<input type="checkbox"/> U.S. Navy (02)	<input type="checkbox"/> County Govt. (09)	<input type="checkbox"/> U.S. Tourist (16)		(808) 661-1234				(808) 276-1122							
<input type="checkbox"/> U.S. Air Force (03)	<input type="checkbox"/> Foreign Govt./Civ. (10)	<input type="checkbox"/> Foreign Tourist (17)		(53) Driver's License #		(54) St/Juris	(55) Class	(56) Restrict.	(57) Endorse.						
<input type="checkbox"/> U.S. Marines (04)	<input type="checkbox"/> Retired (11)	<input type="checkbox"/> Police Officer (18)		H00580327		HI	3	NONE	BF						
<input type="checkbox"/> U.S. Coast Guard (05)	<input type="checkbox"/> Student - Elem. (12)	<input type="checkbox"/> Other (19)		(58) CDL Type				(59) Driver's License Status							
<input type="checkbox"/> Other Military (06)	<input type="checkbox"/> Student - Inter. (13)	<input checked="" type="checkbox"/> Not Stated (20)		<input checked="" type="checkbox"/> Non-CDL (01)		<input checked="" type="checkbox"/> Valid (01)		<input type="checkbox"/> Expired (05)		<input type="checkbox"/> Permit (09)					
(85) SFST Given		(86) Suspected Impairment		<input type="checkbox"/> Non-CDL/Restricted (02)		<input type="checkbox"/> Not Licensed (02)		<input type="checkbox"/> Revoked (06)		<input type="checkbox"/> Disqualified (CDL) (10)					
<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Refused (03)		<input type="checkbox"/> Alcohol (01) <input type="checkbox"/> Both (03)		<input type="checkbox"/> CDL (03)		<input type="checkbox"/> Canceled (03)		<input type="checkbox"/> Suspended (07)							
<input type="checkbox"/> Yes (02)		<input type="checkbox"/> Drug (02) <input checked="" type="checkbox"/> None (04)				<input type="checkbox"/> Denied (04)		<input type="checkbox"/> Provisional (08)							
(87) Alcohol Test Results				(60) Insurance Policy #				(61) Exp Date		(62) Insurance Carrier					
(87A) Status				(87B) Type				(87C) Results				FSP1000180515-23			
<input checked="" type="checkbox"/> None (00)				<input type="checkbox"/> Blood (01)				<input type="checkbox"/> Value (01)				05/30/2022			
<input type="checkbox"/> Refused (01)				<input type="checkbox"/> Breath (02)				<input type="checkbox"/> Pending (02)				FIRST FIRE AND CASUALTY			
<input type="checkbox"/> Given (02)				<input type="checkbox"/> Other (03)				<input type="checkbox"/> Pending (02)							
(88) Drug Test Results				(63) Registered Owner Name				(64) Phone Number							
<input checked="" type="checkbox"/> None (00)				<input type="checkbox"/> Blood (01)				<input type="checkbox"/> Positive (01)				MOSUELA, ANITA BUCANEG			
<input type="checkbox"/> Refused (01)				<input type="checkbox"/> Urine (02)				<input type="checkbox"/> Negative (02)				(808) 276-1122			
<input type="checkbox"/> Given (02)				<input type="checkbox"/> Other (03)				<input type="checkbox"/> Pending (03)							
(72) Vehicle Body Type				(65) Str. #				(66) Street Name		(67) St,PI		(68) Ste. #			
<input type="checkbox"/> 2-DSD (01)				<input type="checkbox"/> 2-DSW (04)				<input checked="" type="checkbox"/> SUV/MPVH (07)		<input type="checkbox"/> Bus (10)		<input type="checkbox"/> Moped (13)			
<input type="checkbox"/> 4-DSD (02)				<input type="checkbox"/> 4-DSW (05)				<input type="checkbox"/> Van (08)		<input type="checkbox"/> PCMC (11)		<input type="checkbox"/> Bicycle (14)			
<input type="checkbox"/> 2-DCV (03)				<input type="checkbox"/> P/U Truck (06)				<input type="checkbox"/> Truck (09)		<input type="checkbox"/> M-Scooter (12)		<input type="checkbox"/> Other (15)			
(73) Vehicle Yr		(74) Veh. Color (Top/Btm)		(75) Vehicle Make		(76) Vehicle Model		(77) Lic. Plate No.		(79) Lic. Plate St.		(78) Trailer Plate			
2017		WHITE/WHITE		MERCEDES-BENZ		G30		LHF873		HI		NONE			
(80) Vehicle VIN Number						(81) Emer. Veh. In Use		(82) Vehicle Stolen							
WDC0G4JB2HF219242						<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)		<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)							
(83) Special Use						(84) Trailer/Cargo Type									
<input checked="" type="checkbox"/> None (00)						<input checked="" type="checkbox"/> None (00)									
<input type="checkbox"/> Driver Trng. (01)						<input type="checkbox"/> Livestock (04)									
<input type="checkbox"/> Construct./Maint. (02)						<input type="checkbox"/> Boat (01)									
<input type="checkbox"/> Taxi (03)						<input type="checkbox"/> House (05)									
<input type="checkbox"/> Fire Truck (04)						<input type="checkbox"/> Flatbed (02)									
<input type="checkbox"/> Police-Off Duty (08)						<input type="checkbox"/> Van/Encl. Box (06)									
<input type="checkbox"/> Tow Truck (05)						<input type="checkbox"/> Dump (07)									
<input type="checkbox"/> Military (09)						<input type="checkbox"/> Veh. Tow Veh. (08)									
<input type="checkbox"/> Government (10)						<input type="checkbox"/> Other (09)									
<input type="checkbox"/> Farm Use (11)						<input type="checkbox"/> N/A (10)									
<input type="checkbox"/> U-Drive (12)															
<input type="checkbox"/> School Bus (13)															
<input type="checkbox"/> Other Bus (14)															
<input type="checkbox"/> Other (15)															

Officer's Initials:

Supervisor's Initials:

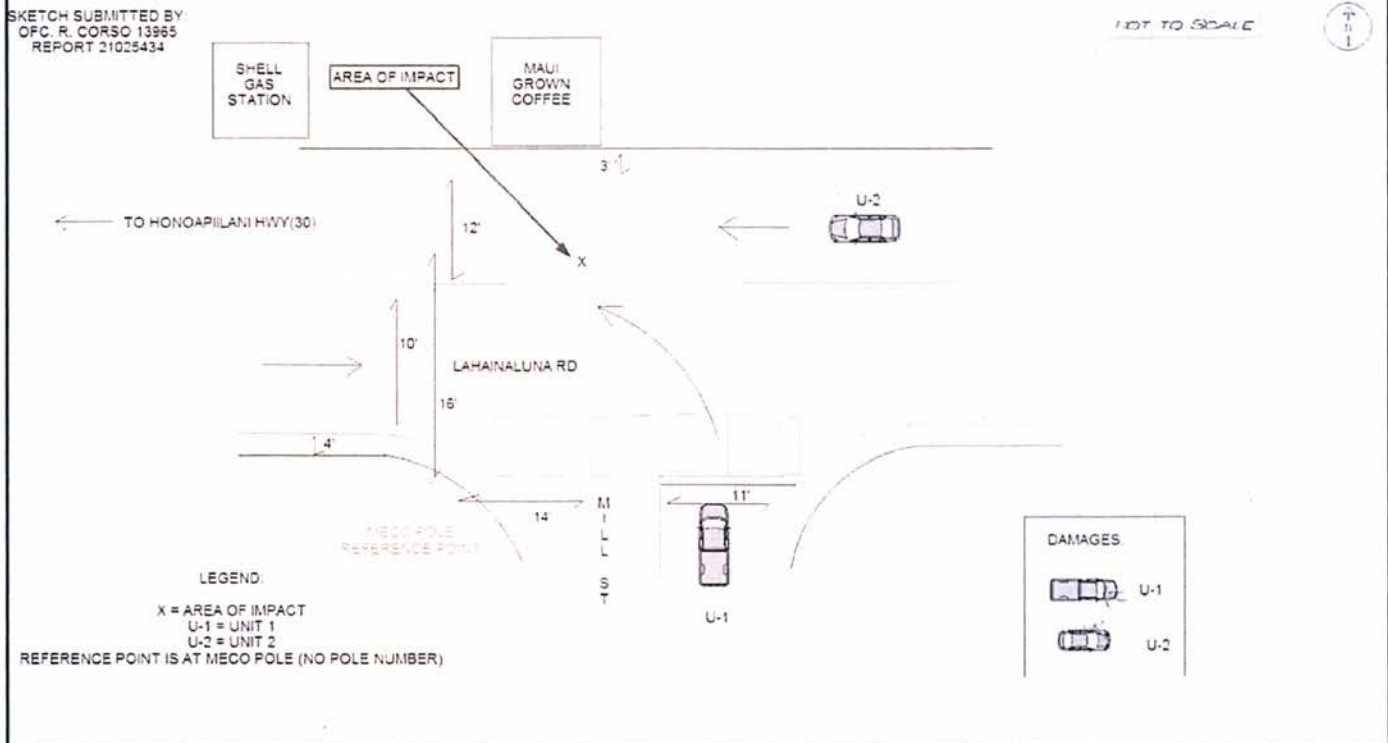
STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Unit No.	UNIT INFORMATION (Cont.)										
2											
(89) Citations		(90) Est. Damages		(91) Extent of Damage		(91A) Towed		(92) Is this a CMV or other QUALIFYING Vehicle?			
Citation Number	Offense Code (HRS/RO Section #)	<input checked="" type="checkbox"/> \$3,000 or Greater (01) <input type="checkbox"/> Less than \$3,000 (02)		<input type="checkbox"/> None (00) <input checked="" type="checkbox"/> Minor (01) <input type="checkbox"/> Functional (02) <input type="checkbox"/> Disabling (03)		<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02)		<input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02) If yes, go to CMV SUPPLEMENT			
(95A) Object 1 Struck/Damage Descript.				(96A) Object 2 Struck/Damage Descript.							
(95B) Object 1 Owner's Name				(96B) Object 2 Owner's Name							
(95C) Object 1 Owner's Phone Number				(96C) Object 2 Owner's Phone Number							
(94) Direction				(95D) Estimated Damages to Object 1		(96D) Estimated Damages to Object 2					
From To				<input type="checkbox"/> \$3,000 or Greater (01) <input type="checkbox"/> Less than \$3,000 (02)		<input type="checkbox"/> \$3,000 or Greater (01) <input type="checkbox"/> Less than \$3,000 (02)					
(97) Motor Vehicle Maneuver/Action				(98) Reason for Maneuver				(99) Traffic Control Device Type			
<input checked="" type="checkbox"/> Straight Ahead (01) <input type="checkbox"/> Parking (07) <input type="checkbox"/> Turning Left (14) <input type="checkbox"/> Changing Lanes (02) <input type="checkbox"/> Parked (08) <input type="checkbox"/> U-Turn (15) <input type="checkbox"/> Merging (03) <input type="checkbox"/> Start from Parked (09) <input type="checkbox"/> Entering Traffic (16) <input type="checkbox"/> Overtaking/Passing (04) <input type="checkbox"/> Stopped in Traffic (10) <input type="checkbox"/> Negotiating a Curve (17) <input type="checkbox"/> Slowing/Stopping (05) <input type="checkbox"/> Right Turn on Red (12) <input type="checkbox"/> Other (18) <input type="checkbox"/> Backing (06) <input type="checkbox"/> Turning Right (13)				<input checked="" type="checkbox"/> Intended Maneuver (01) <input type="checkbox"/> Avoid Pedestrian (05) <input type="checkbox"/> Traffic Controls (02) <input type="checkbox"/> Avoid Bicycle (06) <input type="checkbox"/> Mechanical Failure (03) <input type="checkbox"/> Avoid Obj./Animal (07) <input type="checkbox"/> Avoid Other Vehicle (04) <input type="checkbox"/> Avoid Prior MVA (08) <input type="checkbox"/> Other (09)				<input checked="" type="checkbox"/> No Controls (00) <input type="checkbox"/> School Zone Sign/Device (07) <input type="checkbox"/> Traffic Signal (01) <input type="checkbox"/> Warning Sign (08) <input type="checkbox"/> Stop Sign (02) <input type="checkbox"/> Railway X-ing Device (09) <input type="checkbox"/> Yield Sign (03) <input type="checkbox"/> Flashing Red (04) <input type="checkbox"/> Flashing Yellow (05) <input type="checkbox"/> Other (10) <input type="checkbox"/> Person (06)			
(100) Traffic Control Condition			(101) Guidance/Pavement Markings			(102) Delineator Present		(103) Bikeway			
<input checked="" type="checkbox"/> Not Applicable (00) <input type="checkbox"/> Yellow Malfunction (05) <input type="checkbox"/> Functioning Properly (01) <input type="checkbox"/> Green Malfunction (06) <input type="checkbox"/> Knocked Down (02) <input type="checkbox"/> Arrow Malfunction (07) <input type="checkbox"/> Obscured (03) <input type="checkbox"/> Lights Not Changing (08) <input type="checkbox"/> Red Malfunction (04) <input type="checkbox"/> Other Malfunction (09)			None (00) <input type="checkbox"/> Lt <input type="checkbox"/> Rgt Solid Yellow (01) <input type="checkbox"/> No Passing Yellow (06) <input type="checkbox"/> Lt <input type="checkbox"/> Rgt Skip-Dash Yellow (02) <input type="checkbox"/> Curb/Median, Etc. (07) <input type="checkbox"/> Lt <input type="checkbox"/> Rgt Solid White (03) <input type="checkbox"/> Bikeway Marking (08) <input type="checkbox"/> Lt <input type="checkbox"/> Rgt Skip-Dash White (04) <input type="checkbox"/> Crosswalk Marking (09) <input type="checkbox"/> Lt <input type="checkbox"/> Rgt Solid Double Yellow (05) <input checked="" type="checkbox"/> Turn Lane (10) <input type="checkbox"/> Lt <input type="checkbox"/> Rgt			<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Right (01) <input type="checkbox"/> Left (02) <input type="checkbox"/> Both Sides (03)		<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Bike Route (Signed) (01) <input type="checkbox"/> Bike Lane Stripe (02) <input type="checkbox"/> Separate Path/Lane (03)			
(104) Vehicle Factors (Select up to 2)		(105) Vision Obstruction (Select up to 3)		(106) Human Factors (Select up to 3)		(107) Driver Distracted By					
<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Suspension (08) <input type="checkbox"/> Worn Tires (01) <input type="checkbox"/> Wheels (09) <input type="checkbox"/> Tire Failure (02) <input type="checkbox"/> Power Train (10) <input type="checkbox"/> Brakes (03) <input type="checkbox"/> Window/Windshld. (11) <input type="checkbox"/> Headlights (04) <input type="checkbox"/> Mirrors (12) <input type="checkbox"/> Taillights (05) <input type="checkbox"/> Wipers (13) <input type="checkbox"/> Signals (06) <input type="checkbox"/> Trailer Coupling (14) <input type="checkbox"/> Steering (07) <input type="checkbox"/> Other (15)		<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Glare (06) <input type="checkbox"/> Trees/Brush/Fence (01) <input type="checkbox"/> Weather Condition (07) <input type="checkbox"/> Embankment (02) <input type="checkbox"/> Pedestrian (08) <input type="checkbox"/> Building (03) <input type="checkbox"/> Animal(s) in Road (09) <input type="checkbox"/> Moving Vehicle (04) <input type="checkbox"/> Other (10) <input type="checkbox"/> Parked/Stopped Vehicle (05)		<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Illness (06) <input type="checkbox"/> Inattention (01) <input type="checkbox"/> Legal Meds. (07) <input type="checkbox"/> Misjudgment (02) <input type="checkbox"/> Emotional (08) <input type="checkbox"/> Fatigue (03) <input type="checkbox"/> Phys. Impaired (09) <input type="checkbox"/> Alcohol (04) <input type="checkbox"/> Other (10) <input type="checkbox"/> Illegal Drugs (05)		<input checked="" type="checkbox"/> Not Distracted (00) <input type="checkbox"/> Cellular Phone (01) <input type="checkbox"/> Other Elect. Comm. Device (02) <input type="checkbox"/> Other Electronic Device (03) <input type="checkbox"/> Other Inside Vehicle (04) <input type="checkbox"/> Other Outside Vehicle (05) <input type="checkbox"/> Other Occupant (06)					
(108) Other Factors (Select up to 4)				(109) Roadway Comp.		(110) Roadway Surface					
<input checked="" type="checkbox"/> No Improper Action (00) <input type="checkbox"/> Failure to Yield (06) <input type="checkbox"/> Improper Backing (13) <input type="checkbox"/> Other Improper Action (18) <input type="checkbox"/> Drove too Fast for Conditions (01) <input type="checkbox"/> Wrong Side/Way (07) <input type="checkbox"/> Followed too Closely (14) <input type="checkbox"/> Illegally in Roadway (19) <input type="checkbox"/> Exceed Posted Speed Limit (02) <input type="checkbox"/> Crossed Centerline (08) <input type="checkbox"/> Aggressive, Reckless Driving (15) <input type="checkbox"/> Improper Crossing (20) <input type="checkbox"/> Disregard Trfc. Signal (03) <input type="checkbox"/> Failure to Keep in Proper Lane (10) <input type="checkbox"/> Swerved to Avoid Obstacle (16) <input type="checkbox"/> Pedestrian Viol. (21) <input type="checkbox"/> Disregard Red Light (04) <input type="checkbox"/> Improper Turn (11) <input type="checkbox"/> Inattention (Talking, Etc.) (22) <input type="checkbox"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="checkbox"/> Improper Passing (12) <input type="checkbox"/> Over Correcting or Over Steering (17) <input type="checkbox"/> Bicycle Violation (23) <input type="checkbox"/> <input type="checkbox"/> Clothing not Visible (24)				<input type="checkbox"/> Concrete (01) <input checked="" type="checkbox"/> Asphalt (02) <input type="checkbox"/> Gravel (03) <input type="checkbox"/> Dirt (04) <input type="checkbox"/> Other (05)		<input checked="" type="checkbox"/> Dry (01) <input type="checkbox"/> Slush (07) <input type="checkbox"/> Wet (02) <input type="checkbox"/> Ice/Frost (08) <input type="checkbox"/> Mud, Dirt, Gravel (03) <input type="checkbox"/> Water (09) <input type="checkbox"/> Debris (04) <input type="checkbox"/> Sand (10) <input type="checkbox"/> Oil (05) <input type="checkbox"/> Other (11) <input type="checkbox"/> Snow (06)					
(111) Other Roadway Conditions (Select up to 3)			(112) Roadway Alignment (Horizontal)		(113) Roadway Alignment (Vertical)						
<input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Low Shoulder (03) <input type="checkbox"/> Loose Material (06) <input type="checkbox"/> Ruts, Holes, Etc. (01) <input type="checkbox"/> Solt Shoulder (04) <input type="checkbox"/> Worn, Polished (07) <input type="checkbox"/> No Shoulder (02) <input type="checkbox"/> High Shoulder (05) <input type="checkbox"/> Other (08)			<input checked="" type="checkbox"/> Straight (01) <input type="checkbox"/> Curve Left (02) <input type="checkbox"/> Curve Right (03)		<input type="checkbox"/> Level (01) <input checked="" type="checkbox"/> Downhill (04) <input type="checkbox"/> Hillcrest (02) <input type="checkbox"/> Sag (05) <input type="checkbox"/> Uphill (03)						
Officer's Rank and Name		Officer's ID Number		Date/Time		Supervisor's Rank and Name		Supervisor's ID #		Date/Time	
(PO2) KALB, JOSHUA C		15129									



STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

(114) Tire Skid Marks (feet)					(115) REFERENCE POINT				
Wheel	Unit 1	Unit 2	Unit 3	Unit 4	IS <u>293</u> (feet) East _____ (direction) <u>HONOAPIILANI HIGHWAY</u>				
					ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE				
Rgt-R					Object	N	S	E	W
Lft-F									
Rgt-F									
Lft-R									
(116) Intersection Related									
<input type="checkbox"/> No (01) <input checked="" type="checkbox"/> Yes (02)									
(117) Main Road					(119) Indicate the Type of Intersection (Check one)				
(A) No. of Lanes	(B) Speed Limit				<input type="checkbox"/> Not at Intersection (01) <input type="checkbox"/> "Y" Intersection (04) <input type="checkbox"/> Roundabout (07) <input type="checkbox"/> 4-Way Intersection (02) <input type="checkbox"/> Part of Interchange (05) <input type="checkbox"/> 5 (or more legs) Intersection (08) <input checked="" type="checkbox"/> "T" Intersection (03) <input type="checkbox"/> Traffic Circle (06) <input type="checkbox"/> Other (09)				
2	20								
(118) Side Road									
(A) No. of Lanes	(B) Speed Limit				<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto; border-radius: 50%;"></div> Place an arrow in the above circle to indicate North.				
2	20								
Draw Object, Directions, Etc. According to Current Practices.									



Synopsis (Accident Description. Refer to units by #):

U-1, while turning west onto Lahainaluna Road from Mill Street, collided into the driver side of U-2, which was traveling west on Lahainaluna Road. No injuries were observed or reported. Damages are estimated over \$3,000.00.

REFER TO NARRATIVE

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID #	Date/Time
(PO2) KALB, JOSHUA C	15129				

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

(120) ALL PERSONS																												
E - Ejection	H - Injury Class	I - Injury Area	J - Accident Site Care	L - Medical Facility																								
00 Not Ejected 01 Ejected, Total 02 Ejected, Partial 03 N/A Non-motorist 04 Unknown	00 None (O) 01 Possible Injury (C) 02 Suspected Minor Injury (B) 03 Suspected Serious Injury (A) 04 Fatal Injury (K) 05 Unknown	00 None 01 Head 02 Face 03 Eye 04 Neck 05 Thorax (Chest) 06 Spine/Back 07 Shoulder/Upper Arm 08 Elbow/Lower Arm/Hand 09 Abdomen/Pelvis 10 Hip/Upper Leg 11 Knee/Lower Leg/Foot 12 Entire Body	00 None 01 First Aid 02 Resuscitation 03 Extrication 04 Both 1 & 2 05 Both 1 & 3 06 Both 2 & 3 07 Other 08 Refused	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp. </td> <td style="width: 33%; vertical-align: top;"> Molokai/Lanai 11 Molokai Gen. Hosp. 12 Lanai Comm. Hosp. </td> <td style="width: 33%; vertical-align: top;"> C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr. 22 Pali Momi Med. Ctr. 23 Kuakini Med. Ctr. 25 Queen's Med. Ctr. West 26 Queen's Medical Center 27 Straub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wahiawa General Hospital 30 Waianae Comp. Ctr. </td> </tr> <tr> <td style="vertical-align: top;"> Maui County 07 Kula General Hospital 08 Maui Mem. Med. Ctr. 09 Kaiser Clinic 10 Hana Clinic 31 West Maui Hospital </td> <td colspan="2" style="vertical-align: top;"> Kauai County 13 Wilcox Mem. Hospital 14 Kauai Vel. Memorial Hospital 32 Mahelona Med. Ctr. </td> <td colspan="2" style="vertical-align: top;"> C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu </td> <td colspan="2" style="vertical-align: top;"> 99 Other </td> <td></td> </tr> </table>							Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp.	Molokai/Lanai 11 Molokai Gen. Hosp. 12 Lanai Comm. Hosp.	C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr. 22 Pali Momi Med. Ctr. 23 Kuakini Med. Ctr. 25 Queen's Med. Ctr. West 26 Queen's Medical Center 27 Straub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wahiawa General Hospital 30 Waianae Comp. Ctr.	Maui County 07 Kula General Hospital 08 Maui Mem. Med. Ctr. 09 Kaiser Clinic 10 Hana Clinic 31 West Maui Hospital	Kauai County 13 Wilcox Mem. Hospital 14 Kauai Vel. Memorial Hospital 32 Mahelona Med. Ctr.		C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu		99 Other									
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F - Safety Equipment Use 00 Not Present 01 Not Used 02 Shoulder/Lap Belt Used 03 Lap Belt Only Used 04 Shoulder Belt Only Used 05 Not Able To Determine 06 Child Restraint (Forward) 07 Child Restraint (Rear) 08 Booster Seat 09 Child Restr. (Unk. Type) 10 Child Restr. (Improper) 11 Helmet Used 12 N/A (Non-motorist) 13 Unknown				K - Trans. to Med. Facility 00 Not Transported 01 EMS 02 Police 03 Helicopter 04 Private Vehicle 05 Other	B - Position in Unit <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">94</td> <td style="text-align: center;">92</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">Motor Vehicle</td> <td style="text-align: center;">Motorcycle/Moped/Bicycle</td> <td style="text-align: center;">Pedestrian</td> </tr> <tr> <td colspan="2" style="text-align: center;"> </td> <td></td> </tr> </table>							94	92	15	Motor Vehicle	Motorcycle/Moped/Bicycle	Pedestrian											
94	92	15																										
Motor Vehicle	Motorcycle/Moped/Bicycle	Pedestrian																										
G - Air Bag Deployed 00 Not Present 01 Not Deployed 02 Deployed - Front 03 Deployed - Side 04 Deployed - Other 05 Deployed - Combination 06 Deployed - Curtain				M - Condition 01 Refused Treatment 02 Released 03 Good, Fair 04 Serious, Guarded 05 Critical 06 Dead on Arrival 07 Dead Other																								
		Motor Vehicle For lap positions use 1 in place of 0																										
Name and Address	A Unit	B Posit.	C Age	D Sex	E Eject	F Safety	G Air Bag	H Injury	I Area	J Care	K Trans	L Hosp.	M Cond.	N EMS No.														
RICKARD, TROY 41 UAHAA PL WAILUKU, HI 96793	1	10	49	M	00	02	01	00	00	08	00		01															
MOSUELA, ANITA BUCANEG 850 NIHEU ST LAHAINA, HI 96761	2	10	66	F	00	02	01	00	00	00	00		03	10373														
Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID #	Date/Time																							
(PQ2) KALB, JOSHUA C	15129																											

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 8 of 10 DOT-1-174G (HWY-T) Rev. 8/18

Report Number: 21025434

Narrative

OFFICER J. KALB E-15129
PO II/4B30/LAHAINA
LAHAINA PATROL DIVISION

ASSIGNMENT/ARRIVAL:

On 07/21/21 at about 1100 hours, Dispatch assigned Police to the area of Lahainaluna Shell Gas Station for a motor vehicle accident. The caller related one of the vehicles involved is a County of Maui vehicle.

At about 1108 hours, I arrived in the area and observed a the following.

OFFICER ACTIONS/OBSERVATIONS:

I observed a County of Maui pickup truck (CM2712) parked on the north shoulder of Lahainaluna Road, fronting 277 Lahainaluna Road, along with a silver Mercedes (LHF873) which was observed with dents along the driver side. An adult male was standing outside of CM2712, relating that he was not injured. An adult female was located within the driver seat of LHF873 and she related no injures, however requested Medics for an evaluation.

STATEMENT OF: (DRIVER U-2) Anita MOSUELA A/FIL/F/CITZ

Prior to obtaining a statement from MOSUELA, she was verbally advised of her Constitutional Rights.

Related she was traveling west on Lahainaluna Road at about 25 MPH. She observed a truck stopped at the Mill Street stop sign. While in the intersection, the white truck suddenly pulled out from Mill Street. She was unable to swerve or brake due the the truck pulling out last minute. She was wearing a seat belt at the time of the accident and was not injures.

Nothing further to add.

STATEMENT OF: (DRIVER U-1) Troy RICKARD A/CAU/M/CITZ

Refer to Officer R. TAKAYAMA'S report.

DAMAGES:

LHF873 sustained dents and scratches along the driver side of the vehicle. CM2712 sustained minor damage to thr right front bumper. Both vehicles were operable and did not require a tow. Damages estimated over \$3,000.00.

INJURES:

No injuries were observed or reported.

INVESTIGATION:

Thus far reveals on 07/21/21 at about 1100 hours, U-1, while turning west onto Lahainaluna Road from Mill Street, collided into the driver side of U-2, which was traveling west on Lahainaluna Road. No injures were observed or reported. Damages are estimated over \$3,000.00.

OFFICER J. KALB E-15129
LAHAINA PATROL DIVISION
07/21/21 AT 1345 HOURS

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID #	Date/Time
(PO2) KALB, JOSHUA C	15129				

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Narrative

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID #	Date/Time
(PO2) KALB, JOSHUA C	15129				

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Narrative

Supplement type:

OFC.R.TAKAYAMA E15158
 POII/BEAT20/LAHAINA
 LAHAINA PATROL DIVISION

ASSIGNMENT/ARRIVAL:

On 07/21/2021 at around 1100 hours, units were assigned to respond to the Shell Station located at 263 Lahainaluna Road for a motor vehicle accident. Central dispatch related the vehicles were off to the side and possible injuries involved.

On 07/21/2021 at around 1108 hours, I arrived at the above location and observed the following.

OFFICERS ACTIONS/OBSERVATIONS:

Upon arrival, Ofc. J. KALB was already on scene speaking to the possibly injured female within a silver Mercedes suv (LHF873). I then proceeded to a white Ford F350 (CM2712) County of Maui vehicle that was observed with minor damages to the passengers side of the front bumper. I spoke to a male identified as Troy RICKARD who related he was the operator of the white Ford E350.

ADVISEMENT OF RIGHTS:

On 07/21/2021 at around 1115 hours, Troy RICKARD was verbally advised of his Constitutional Rights. RICKARD stated he understood his rights and elected to waive them and provide a statement in regards to the motor vehicle accident.

STATEMENT OF: Troy RICKARD A/H/M/CIT

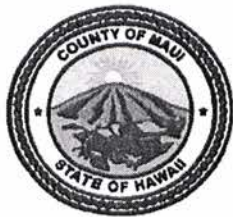
On 07/21/2021 at around 1100 hours, RICKARD stated he was stopped on Mill Street waiting to conduct the left turn onto Lahainaluna Road. RICKARD stated he made sure it was clear and proceeded to conduct the left turn. As RICKARD was conducting the turn, RICKARD felt a solid collision and realized the Mercedes Suv had collided into his vehicle. RICKARD believes the Mercedes was travelling at a high rate of speed while travelling west down Lahainaluna Road. RICKARD observed the vehicle approximately 200' up the road before he began conducting the turn. Troy RICKARD also related traffic was light when he was conducting the left turn from mill. RICKARD was not injured as a result of the accident.

ADDITIONAL INFORMATION:

Refer to reports submitted by all other Officers

OFC.R.TAKAYAMA E15158
 07/21/2021 @ 1431 HOURS
 LAHAINA PATROL DIVISION

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID #	Date/Time
(PO2) TAKAYAMA, ROYCE T	15158	07/21/2021 13:53	(PO2) STEPHENS, CRAIG D	14093	



County of Maui
 Department of the Corporation Counsel
 Risk Management Division
 200 S. High Street
 Wailuku, HI 96793
 Phone (808) 270-7535

VEHICLE ACCIDENT REPORT

Complete this form to report any **VEHICLE** related accident resulting in potential bodily injury, property damage, and/or loss of County property. Send the completed form within 24 hours of the accident to the **Risk Management Division** at: RMD@mauicounty.gov.

Your Name Troy Rickard Department DWS Date 7/21/21

Address 41 Uahaa Pl. Phone 808-870-2461

Date of Accident 7/21/21 Day of the Week Wednesday Time 10:55 a .m.

Location of Accident Lahainaluna Road & Mill Street

Did Police respond? Yes No. If yes, please obtain report # 21025434 and forward a copy of the report.

COUNTY CAR:

Year 2019 Make Ford Model F350 License# COM 2712

Driven for what purpose? Work Related

Describe damage Dent to right side front bumper. Estimated repair cost \$1,000 per WS

PERSONS INJURED: Yes No If yes, please complete the following:

Name _____ Age _____

Address _____ Phone _____

Describe Injuries _____ Medical Treatment Required? Yes No

Name _____ Age _____

Address _____ Phone _____

Describe Injuries _____ Medical Treatment Required? Yes No

OCCUPANTS OF YOUR AUTOMOBILE:

Name Driver only Age _____ Address _____

Name _____ Age _____ Address _____

DESCRIPTION OF OTHER AUTOMOBILE:

Year N/A Make Mercedes-Benz Model SUV License# & State LHF 873

EXHIBIT J

Other Driver Name Unknown Address Unknown
Describe damage Left side front & back door smashed.

Were there any occupants other than driver Yes No If yes, how many? _____

WITNESSES OTHER THAN OCCUPANTS OF VEHICLES ALREADY LISTED:

Name Alan Vierra Address Unknown Phone Unknown
Name _____ Address _____ Phone _____

THE ACCIDENT:

Explain how accident occurred While at stop sign on Mill Street & Lahainaluna Road I looked both ways and saw that it was clear. I then proceeded to turn left onto Lahainaluna Road and was struck by vehicle traveling down Lahainaluna Road.

Were you wearing a seatbelt? Yes Were all passengers in your vehicle wearing seatbelts? N/A

What statements were made by you or other party about accident after it occurred? _____

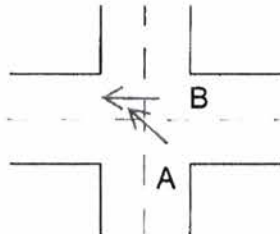
Witness stated that other vehicle was traveling at a high rate of speed down Lahainaluna Road.

Please draw a diagram below showing position of your car (A) and other car (B) , etc., at the moment of impact.

Check type of road construction:

___ concrete asphalt ___ dirt ___ gravel

Check condition of weather: clear ___ fog ___ rain ___ dark



Car A Damage

Car B Damage



Direction your car was going Northwest Side of Street Right Speed 5 MPH

Direction other car was going Southwest Side of Street Right Speed Unkown

Did your driver give signal? Yes Kind Blinker Were your lights on? No

Did other driver give signal? No Kind N/A Were his/her lights on? No

Did any temporary or permanent object (building, hedge, tree, car, etc.) obscure vision of either driver? Yes No
If yes, describe and show it on the diagram you have drawn above.

Report completed by: (print & initial) Troy Rickard TR Date 7/21/21

Brian Silva BS Date 7/21/21

Supervisor (print & initial) AKe

Original: Department

Electronic copy: Dept. Director, Managing Director and Risk Management Division

COUNTY OF MAUI

CLAIM FOR DAMAGE OR INJURY

PLEASE PRINT CLEARLY

1. Claimant: Mr. Mrs. Ms. Edward & Anita Mosuela

2. Address: 850 Niheu Street, Lahaina 96761

3. Telephone No.: Business _____ Residence 808-344-8968

4. Date of Accident: 7/21/21

5. Location of Accident: Lahainaluna Road / Mill Street

6. Amount of Claim: Property Damage \$ 14,113.88 Personal Injury \$ PENDING

7. Describe the accident in detail. Indicate all the facts, causes, persons involved, witnesses, extent of damage, etc., and why you think the County is responsible. You may write on the back if needed.

Anita Mosuela was traveling west on Lahainaluna Road when Troy Rickard of the County of Maui Water Department made an unsafe left turn from a stop sign on Mill Street onto Lahainaluna Road westbound, impacting Anita's vehicle. Anita Mosuela was traveling straight with the right of way in her 2017 Mercedes-Benz GLC when the loss occurred. Troy Rickard caused the loss as he did not practice proper lookout and failed to yield the right of way when entering into his turn from Mill Street.

Damages to Anita's 2017 Mercedes-Benz were to the left side front and rear doors. Total damages amounted to \$14,113.88 which include: \$12086.33 in vehicle damages, their \$500 collision deductible, \$1224.99 in policy covered rental charges, and \$302.56 in out of pocket rental expenses. All supports will be included in the subrogation demand.

8. If you carry insurance applicable to this claim, please provide the name and address of the insurance company and your policy number.

First Insurance Company of Hawaii, PO Box 2866, Honolulu 96803

Claim 202105262CC Policy No. FSP1000180515-23

A. Did you file a claim with your insurance company? Yes

If yes, amount claimed \$ 14,113.88 Deductible amount \$ 500.00

B. If a claim was filed with your insurance company, what action do they intend to take?

Subrogation for recovery of the Mosuela's damages and rental expense

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Edward Mosuela

(Signature of Claimant)

10/25/21

(Date)



First Insurance
Company of Hawaii.
A Member of the Tokio Marine Group

October 27, 2021

Office of the County Clerk
County of Maui
200 South High Street, #708
Wailuku, HI 96793

Your Insured Driver: Troy Rickard
Our Insured: Edward Mosuela
Insurer: First Fire and Casualty Insurance of Hawaii Inc.
Our Policy Number: FSP 1000180515 - 23
Our Claim Number: 202105262CC
Date of Loss: 7/21/2021

Dear Office of the County Clerk,

Our investigation of the above referenced accident indicates that your insured driver was responsible for the accident and damages our insured sustained to our insured's vehicle. Enclosed are the necessary documents to substantiate our subrogation claim.

At this time we are requesting payment of **\$13,811.32** which includes the cost to repair our insured's vehicle and our insured's deductible of \$500.00. Please submit your payment to:

ATTN: CLAIMS DEPARTMENT
FIRST INSURANCE COMPANY OF HAWAII LTD.
P O BOX 2866
HONOLULU HI 96803-2866

CLAIMS: L. Yamasaki
INSURED: Edward Mosuela 202105262CC

We are also enclosing receipt(s) associated with our insured's out of pocket expenses in the amount of **\$302.56**. This payment should be remitted directly to the insured. **Any questions regarding our insured's out of pocket expenses should be addressed to Edward Mosuela.**

Sincerely,

Lois Yamasaki
Ph# (808) 527-7515
Email : lois.yamasaki@fcoh.com

Enclosures: Subrogation Documents

cc: Pyramid Insurance Centre, Ltd
Edward Mosuela

1100 Ward Avenue, Honolulu Hawaii 96814
Mailing Address: PO Box 2866, Honolulu, Hawaii 96803
p: 808 527 7777 Neighbor Islands and Continental U.S. 800.272.5202
Claims Dept. f: 808 545 3120
FICOH.COM



**First Insurance
Company of Hawaii.**
A Member of the Tokio Marine Group

P.O Box 2866
Honolulu, Hawaii 96803
VOID AFTER 180 DAYS

5000089359

10/26/2021

**ALL PAYEES
MUST ENDORSE**

Pay To The Order Of
Toguchi M Body Shop Inc

\$12,086.33

****TWELVE THOUSAND EIGHTY-SIX AND 33/100 Dollars*****

Policy number FSP1000180515	Insured/Claimant EDWARD MOSUELA EDWARD MOSUELA	Date of Loss 07/21/2021	Claim No/Exp No 202105262CC 1
--------------------------------	--	----------------------------	-------------------------------------

For: Collision

PAYABLE ONLY THROUGH
FIRST HAWAIIAN BANK
HONOLULU, HAWAII

59-101
1213

AUTHORIZED SIGNATURE

COPY OF ORIGINAL

C5000089359C A121301015A 01D171321C

FOLD AND DETACH ABOVE ALONG THE PERFORATION

FIRST INSURANCE COMPANY OF HAWAII, LTD - CLAIMS PAYMENT

Check# 5000089359	Date Issued 10/26/2021	Claim No 202105262CC	Exposure No 1	Examiner Name Marcus Kiyono
Policy Number FSP1000180515	Insured EDWARD MOSUELA	Claimant EDWARD MOSUELA		
Date of Loss 07/21/2021	Coverage Collision	Cost Type Loss	Cost Category Loss	MCO 08
Invoice No:	Transaction Description Claim 202105262CC Edward Mosuela			
Service Date/Period:	PAY TO: Toguchi M Body Shop Inc			
Payee1: Toguchi M Body Shop Inc 822 Alua Street Wailuku HI 96793	Payee3:			
Payee2:	Payee4:			

AGENT Agency: 213
Pyramid Insurance Centre, Ltd. (213)

MAIL TO
Toguchi M Body Shop Inc
822 Alua Street
Wailuku HI 96793



**First Insurance
Company of Hawaii.**
A Member of the Tokio Marine Group

P.O Box 2866
Honolulu, Hawaii 96803
VOID AFTER 180 DAYS

5000089311

10/26/2021

**ALL PAYEES
MUST ENDORSE**

Pay To
The Order
Of
Enterprise Rent A Car

\$1,224.99

**** ONE THOUSAND TWO HUNDRED TWENTY-FOUR AND 99/100 Dollars****

Policy number FSP1000180515	Insured/Claimant EDWARD MOSUELA EDWARD MOSUELA	Date of Loss 07/21/2021	Claim No/Exp No 202105262CC 4
--------------------------------	--	----------------------------	-------------------------------------

For: Transportation Expense/Rental Reimbursement

PAYABLE ONLY THROUGH
FIRST HAWAIIAN BANK
HONOLULU, HAWAII

59-101
1213

Handwritten Signature

AUTHORIZED SIGNATURE

COPY OF ORIGINAL

C5000089311C A121301015A 01D171321C

FOLD AND DETACH ABOVE ALONG THE PERFORATION

FIRST INSURANCE COMPANY OF HAWAII, LTD - CLAIMS PAYMENT

Check# 5000089311	Date Issued 10/26/2021	Claim No 202105262CC	Exposure No 4	Examiner Name Marcus Kiyono
Policy Number FSP1000180515	Insured EDWARD MOSUELA	Claimant EDWARD MOSUELA		
Date of Loss 07/21/2021	Coverage Transportation Expense/Rental Reimbursement	Cost Type Loss	Cost Category Loss	MCO 08
Invoice No: 4HC8HZ	Transaction Description Invoice 4HC8HZ Edward Mosuela			
Service Date/Period: 09/21/2021-10/22/2021				
PAY TO: Enterprise Rent A Car				
Payee1: Enterprise Rent A Car 820 Millilani St, Suite 800 Honolulu HI 96813		Payee3:		
Payee2:		Payee4:		

AGENT Agency: 213
Pyramid Insurance Centre, Ltd. (213)

MAIL TO Enterprise Rent A Car
820 Millilani St, Suite 800
Honolulu HI 96813

M. Toguchi Body shop, Inc.
 822 Alua St., 822 Alua St., Wailuku, HI 96793
 Phone: (808) 244-5339

Workfile ID: 9d88ec0a
 PartsShare: 6mrKHj
 Federal ID: 990304934
 License Number: 7553

Supplement of Record 1 with Summary

Customer: MOSUELA, EDWARD

Job Number:

Written By: Todd Nolan, 10/22/2021 3:03:02 PM
 Adjuster: KIYONO, MARCUS, (808) 527-7396 Business

Insured: MOSUELA, EDWARD Policy #: Claim #: 202105262CC
 Type of Loss: Collision Date of Loss: 7/21/2021 12:00 PM Days to Repair: 0
 Point of Impact: 09 Left T-Bone (Left Side)

Owner:
 MOSUELA, EDWARD
 850 NIHEU STREET
 LAHAINA, HI 96761
 (808) 344-8968 Cell

Inspection Location:
 Other

Insurance Company:
 FIRST INSURANCE COMPANY OF HAWAII
 First Insurance Compnay of Hawaii
 1100 Ward Ave.
 Honolulu, HI 96814
 (808) 527-7777 Business

VEHICLE

2017 BENZ GLC 300 4D UTV 4-2.0L Turbocharged Gasoline Gasoline Direct Injection LT BLUE

VIN: WDC0G4JB2HF219242 Interior Color: BLK Mileage In: 9,913 Vehicle Out:
 License: LHF-873 Exterior Color: LT BLUE Mileage Out:
 State: HI Production Date: 1/2017 Condition: Good Job #:

TRANSMISSION

Automatic Transmission

POWER

Power Steering
 Power Brakes
 Power Windows
 Power Locks
 Power Mirrors
 Heated Mirrors
 Power Driver Seat
 Power Passenger Seat
 Memory Package

DECOR

Dual Mirrors
 Privacy Glass
 Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
 Intermittent Wipers
 Tilt Wheel
 Cruise Control
 Rear Defogger
 Keyless Entry
 Alarm
 Message Center
 Steering Wheel Touch Controls
 Rear Window Wiper
 Telescopic Wheel
 Climate Control
 Backup Camera
 Home Link

RADIO

AM Radio
 FM Radio
 Stereo
 Search/Seek
 CD Player
 Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
 Passenger Air Bag
 Anti-Lock Brakes (4)
 4 Wheel Disc Brakes
 Traction Control
 Stability Control
 Front Side Impact Air Bags
 Head/Curtain Air Bags

Communications System

Hands Free Device

ROOF

Luggage/Roof Rack

SEATS

Bucket Seats
 Leather Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Signal Integrated Mirrors

TRUCK

Rear Step Bumper
 Power Trunk/Liftgate

Supplement of Record 1 with Summary

Customer: MOSUELA, EDWARD

Job Number:

2017 BENZ GLC 300 4D UTV 4-2.0L Turbocharged Gasoline Gasoline Direct Injection LT BLUE

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2	*	R&I <u>R&I bumper cover -- loosen & drop lt side</u>				1.1	
3		FRONT LAMPS					
4	*	R&I <u>LT R&I headlamp assy-- loosen & gap for paint</u>				0.4	
5		FENDER					
6		Blnd LT Fender (ALU)					1.1
7	*	S01 R&I LT Flare w/o GLC63 Note: necessary to clean & retape				0.8	
8		PILLARS, ROCKER & FLOOR					
9	*	S01 Rpr LT Outer rocker pnl Note: rear section caved in -- shop to advise if more time needed after teardown -- shop found b-pillar caved in around lower door hinge & repairs on rocker panel involved extensive repairs on multiple bodylines -- see photos				s 15.0	2.1
10		Add for Clear Coat					0.8
11	*	Repl LT Rocker molding w/o AMG pkg Note: textured plastic scraped from impact	2536980800	1	307.53	1.1	0.0
12	*	Blnd <u>LT Aperture panel (HSS) -- lt roof rail</u>				s	0.9
13	#	S01 Refn precision mask Lt upper roof mldg Note: removal requires dropping headliner & is very evasive					0.8
14		FRONT DOOR					
15		Repl LT Door shell Note: badly crushed PARTS: Part has related component that cannot be reused/ reinstalled; surround weatherstrip.	2537200305	1	1,629.75	6.1	3.4
16		Overlap Major Adj. Panel					-0.4
17		Add for Clear Coat					0.6
18		Repl LT Surround w'strip Note: PARTS: Part cannot be reused/reinstalled.	2047271187	1	208.00	0.8	
19		REAR DOOR					
20		Repl LT Door shell Note: badly crushed from impact PARTS: Part has related component that cannot be reused/ reinstalled; surround weatherstrip.	2537307304	1	1,590.00	6.9	3.3
21		Overlap Major Adj. Panel					-0.4
22		Add for Clear Coat					0.6
23		Repl LT Surround w'strip Note: PARTS: Part cannot be reused/reinstalled.	2047271187	1	208.00	Incl.	
24		Repl LT Belt w'strip w/chrome Note: bowed & kinked from impact	2537305904	1	99.00	Incl.	
25		Repl LT Upper hinge Note: bent from impact	2057300537	1	105.00	0.3	0.4
26		Add for Clear Coat					0.1

Supplement of Record 1 with Summary

Customer: MOSUELA, EDWARD

Job Number:

2017 BENZ GLC 300 4D UTV 4-2.0L Turbocharged Gasoline Gasoline Direct Injection LT BLUE

27		Repl	LT Lower hinge	205730073739	1	130.00	0.3	0.4
			Note: bent from impact					
28			Add for Clear Coat					0.1
29			QUARTER PANEL					
30	*	S01	Rpr LT Quarter panel				5.0	2.8
			Note: upper area above rear bumper caved in from impact -- shop to advise if hidden damages found behind midlg or bumper -- upper damages larger than estimated -- see photos					
31			Overlap Major Adj. Panel					-0.4
32	*		Add for Clear Coat					0.5
33		R&I	LT Wheelhouse liner				0.4	
34		Repl	LT Wheelhouse liner rivet	1249900492	10	24.00		
			Note: non transferable					
35		Repl	LT Flare	2538850722	1	146.08	0.3	
			Note: textured plastic scraped from impact					
36	*	S01	Rpr LT Lower panel				5.0	0.4
			Note: shop did find hidden damages behind the bumper w/ multiple bodylines to consider-- see photos					
37		S01	Overlap Minor Panel					-0.2
38	*	S01	Add for Clear Coat					0.1
39		S01	R&I LT Pressure vent				0.1	
40			REAR LAMPS					
41		R&I	LT Tail lamp assy				0.4	
42			REAR BUMPER					
43	*	<>	Rpr Bumper cover w/o AMG w/o GLC350e				6.0	2.6
			Note: it side scraped & warped from impact -- shop to advise if more time needed after teardown					
44			Overlap Major Non-Adj. Panel					-0.2
45	*		Add for Clear Coat					0.5
46			O/H bumper assy				3.2	
			Note: inspect for addt'l damaged parts					
47			VEHICLE DIAGNOSTICS					
48	*	Subl	Post-repair scan +25%		1	149.94		T m
			Note: necessary to check & clear stored fault codes from accident & repair process					
49	#		Time to perform Scan		1		0.5	M
50	#		Test Drive - Drive Cycle -Action test.		1		0.5	M
			Note: Complete a vehicle road test of at least 5-6 miles, making both left and right-hand turns, reaching speeds greater than 25 mph.					
			Verify no malfunction lamps/messages return and all accessories function properly.					
51	#	S01	Body Materials \$8 per labor hour x 31 hrs		1	248.00		
52	#		Cavity Wax		1	10.00	0.5	
53	#		Clean For Delivery		1		0.3	
54	#		Color Tint		1			0.5
55	#		Corrosion Protection		1			0.3
56	#		Cover Car		1		0.5	
57	#		D&R Battery		1		0.3	M

Supplement of Record 1 with Summary

Customer: MOSUELA, EDWARD

Job Number:

2017 BENZ GLC 300 4D UTV 4-2.0L Turbocharged Gasoline Gasoline Direct Injection LT BLUE

58	#		De-Nib and Polish	1			1.7
59	#		Flex Additive	1			0.3
60	#		Hazardous Waste	1	5.00		
61	#		Lift Tape - W/S	1			0.3
62	#		Lift Tape LT Qtr Glass	1			0.3
63	#	S01	Mask Jamb's & Apertures	1			1.1
64	#		Prime & Block	1			1.5
65	#		Set up for Pull	1		1.5 F	
66	#		Sheet Metal Pull -Dimensional pull LT rocker/ dog leg	1		3.0 F	
67	#		Solid Waste Disposal	1	40.00		
			Note: dispose of old parts				
68	#	S01	Seam Sealer on qtr extention	1	20.00	0.5	
69	#	S01 Rpr	trial fit parts to align gaps			1.0	
SUBTOTALS					4,920.30	61.8	25.9

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			4,770.36
Parts Markup	\$ 4,447.36	40.0 %	1,778.94
Body Labor	56.0 hrs @	\$ 54.00 /hr	3,024.00
Paint Labor	25.9 hrs @	\$ 54.00 /hr	1,398.60
Mechanical Labor	1.3 hrs @	\$ 95.00 /hr	123.50
Frame Labor	4.5 hrs @	\$ 75.00 /hr	337.50
Paint Supplies			500.00
Miscellaneous			149.94
Subtotal			12,082.84
Sales Tax	\$ 12,082.84 @	4.1670 %	503.49
Grand Total			12,586.33
Deductible			500.00
CUSTOMER PAY			500.00
INSURANCE PAY			12,086.33

Supplement of Record 1 with Summary

Customer: MOSUELA, EDWARD

Job Number:

2017 BENZ GLC 300 4D UTV 4-2.0L Turbocharged Gasoline Gasoline Direct Injection LT BLUE

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Changed Items							
7		R&I LT Flare w/o GLC63				-0.3	
7	*	S01 R&I LT Flare w/o GLC63				<u>0.8</u>	
		NOTE: necessary to clean & retape					
9	*	Rpr LT Outer rocker pnl				<u>-10.0</u>	-2.1
		NOTE: rear section caved in -- shop to advise if more time needed after teardown					
9	*	S01 Rpr LT Outer rocker pnl				<u>15.0</u>	2.1
		NOTE: rear section caved in -- shop to advise if more time needed after teardown -- shop found b-pillar caved in around lower door hinge & repairs on rocker panel involved extensive repairs on multiple bodylines -- see photos					
29	*	Rpr LT Quarter panel				<u>-4.0</u>	-2.8
		NOTE: upper area above rear bumper caved in from impact -- shop to advise if hidden damages found behind mldg or bumper					
30	*	S01 Rpr LT Quarter panel				<u>5.0</u>	2.8
		NOTE: upper area above rear bumper caved in from impact -- shop to advise if hidden damages found behind mldg or bumper -- upper damages larger than estimated -- see photos					
46	#	Body Materials \$8 per labor hour		1	-160.00		
		x 20 hrs					
51	#	S01 Body Materials \$8 per labor hour		1	248.00		
		x 31 hrs					
58	#	Mask Jambs & Apertures		1			-0.9
63	#	S01 Mask Jambs & Apertures		1			1.1
Added Items							
13	#	S01 Refn precision mask Lt upper roof					0.8
		mldg					
		NOTE: removal requires dropping headliner & is very evasive					
36	*	S01 Rpr LT Lower panel				<u>5.0</u>	0.4
		NOTE: shop did find hidden damages behind the bumper w/ multiple bodylines to consider-- see photos					
37		S01 Overlap Minor Panel					-0.2
38	*	S01 Add for Clear Coat					0.1
39		S01 R&I LT Pressure vent				0.1	
68	#	S01 Seam Sealer on qtr extention		1	20.00	0.5	
69	#	S01 Rpr trial fit parts to align gaps				1.0	
SUBTOTALS					108.00	13.1	1.3

Supplement of Record 1 with Summary

Customer: MOSUELA, EDWARD

Job Number:

2017 BENZ GLC 300 4D UTV 4-2.0L Turbocharged Gasoline Gasoline Direct Injection LT BLUE

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			108.00
Body Labor	13.1 hrs @	\$ 54.00 /hr	707.40
Paint Labor	1.3 hrs @	\$ 54.00 /hr	70.20
Paint Supplies	1.3 hrs @	\$ 38.00 /hr	49.40
Additional Supplement Materials/Supplies			-49.40
Subtotal			885.60
Sales Tax	\$ 885.60 @	4.1670 %	36.93
Additional Supplement Taxes			-0.03
Total Supplement Amount			922.50
NET COST OF SUPPLEMENT			922.50

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	11,663.83	Todd Nolan
Supplement S01	922.50	Todd Nolan
Job Total:	\$ 12,586.33	
CUSTOMER PAY:	\$ 500.00	
INSURANCE PAY:	\$ 12,086.33	

THIS ESTIMATE IS GOOD FOR 30 DAYS.

THIS ESTIMATE IS BASED ON OUR VISUAL INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEGUN, AS WORK OR DAMAGED PARTS WHICH WERE NOT EVIDENT ON THE THE FIRST INSPECTION MAY BE UNCOVERED. THEREFORE THIS ESTIMATE DOES NOT COVER SUCH SITUATIONS. PART PRICES ARE SUBJECT TO INVOICE.

M. TOGUCHI BODY SHOP, INC. AGREES TO RESTORE THE DAMAGED VEHICLE TO ITS PRELOSS CONDITION RELATIVE TO SAFETY, FUNCTION AND APPEARANCE AND WARRANTY WORKMANSHIP FOR ONE YEAR FROM DATE OF COMPLETION, EXCEPT RUST AND DOOR NICKS.

I HEREBY AUTHORIZE THE ABOVE WORK AND ACKNOWLEDGE RECEIPT OF COPY.

SIGNED, _____, DATE: _____.

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

Estimate calculated using a preset user threshold amount for the paint and material cost.

Supplement of Record 1 with Summary

Customer: MOSUELA, EDWARD

Job Number:

2017 BENZ GLC 300 4D UTV 4-2.0L Turbocharged Gasoline Gasoline Direct Injection LT BLUE

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ERI5900, CCC Data Date 10/15/2021, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2022 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. Blind=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 Intelligent 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.

MERCEDES-BENZ OF MAUI

69 Hobron Avenue
 Kahului, HI 96732
 PHONE: (808) 872-1530
 FAX# (808) 877-3567

POSITIVELY NO REFUND WITHOUT THIS INVOICE. ALL MATERIAL RETURNED MUST BE IN SALEABLE CONDITION. NO RETURN OF PARTS AFTER 10 DAYS. ELECTRICAL AND "SPECIAL ORDER" NON-STOCKING ITEMS ARE NOT RETURNABLE AT ANY TIME. HANDLING CHARGE AT OUR DISCRETION. IMPORTANT WARRANTY INFORMATION BELOW.

LIMITED WARRANTIES

The only warranties on these parts are those offered by the manufacturer. The selling dealer hereby expressly disclaims all warranties, either expressed or implied, including any implied warranties of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of these parts.

DATE ENTERED	YOUR ORDER NO.	DATE SHIPPED	INVOICE DATE	INVOICE NUMBER	TIME
15 SEP 21	15152-001	15 SEP 21	15 SEP 21	815331	16:40:37

ACCOUNT NO. T5905
 M. TOGUCHI BODY SHOP INC
 ATTN: TODD
 WDC0G1J55HF219242
 KAHULUOI, HI 96791-1442

PAGE 1 OF 1

QTY	PART NO	DESCRIPTION	UNIT	LIST	NET	AMOUNT
0	253 698-08-00	PANELING		457.50		
0	253 720-03-05	DRIVER'S DL		771.20		
0	204-727-11-87-	CIRCUMFERE		316.20		
0	253 730 73-04	REAR DOOR		728.00		
0	204 727-11-87-	CIRCUMFERE		316.20		
0	253-730-59-04-	SEALING RA		159.30		
0	205 730 05-37	HINGE		170.10		
0	205 730-07-37-14-	HINGE		206.70		
0	121 959-04-92-	RIVET		6.79		
0	253-885-07-22	COVER BUMP		228.80		

PARTS	
SUBLET	
FREIGHT	
SALES TAX	
TOTAL	



THANK YOU!
 WE APPRECIATE
 YOUR PATRONAGE.



CUSTOMER COPY

Invoice

Claim Reference Id: 202105262CC

File Name: PHOTO53

File Date: 10/22/2021

Label: Invoice

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



POST-REPAIR SCAN

Date Completed: 10/22/2021, 6:48 PM CST

RO Number: 35152
Invoice Number: SIN4066486
Work Order: 5229093

ATTN:
M. Toguchi Body Shop
822 Alca Street
Wahiawa, Hawaii 96793
(808) 281-8338

2017, Mercedes-Benz GLC300 Base
VIN Number: WDX3G4J42M0219242
SRB Deployment: No | Administrator: 9365 im
Scan Type: Post-Repair Scan

Insurance: Other - Exorable, Yes
Count of Impact: Left Side
Shop Notes: moderate LI side impact - no dash codes on - car is running

Master/Technician Notes: Vehicle is fully assembled. Batteries not supported. Key on, engine running. Warning lights illuminated. Name: Vehicle fits SRB deployment(s). Name: Moderate damage on Left Side.
John Shop Contact:

Service Details asTech Trained Technician: Ken Walling

Performed a full vehicle scan Health Check with the Mercedes scan tool.
65 fault codes were reported on 20 modules.
Shop will perform these own system verification test.
Performed a full Post-Repair scan clearing all fault codes. 1 fault code returned at this time.

N108 - Front signal acquisition and actuator module
B114300 - The starter battery has excessive resistance - Current Shown - 9.465.0 m.

According to the National Highway Traffic Safety Administration, no safety recalls are available at this time.

Recommendations

N108 - Front signal acquisition and actuator module
B114300 - The starter battery has excessive resistance - Current Shown - 9.465.0 m.
Recommended to start by performing a complete visual inspection of the battery and charging system, replace any damaged components, inspect for any grounded wiring harness and damaged connections, repair if necessary. Check for proper signal voltage. If proper signal voltage is found, component may be faulty and require replacement. If proper signal voltage is not found, further diagnosis will be required.

All other faults were cleared on the Post-Repair Scan Service.

Recommend test driving the vehicle to verify no malfunctions. Lamp checkers return and all accessories function properly. Complete road test of at least 30 miles, including both left and right-hand turns and lane changes in each direction, reaching speeds above 45 miles per hour, and pulling the vehicle into reverse and executing at least one parking maneuver in order to ensure all ADAS systems are working as the manufacturer intended.

If warning lamps or malfunctions return contact asTech immediately for resolution.
Clear contact Ken Walling at any direct extension for any technical questions regarding this scan at 469-596-1952.
asTech recommends repairs follow all manufacturers' repair guidelines and inspections related to level of repair.

Scan Readings

B127 - Control unit 'Disarmed'
C015287 - Communication with the instrument cluster has a malfunction. The message is missing - Stored - 621544.898 m.

N5204 - Transmission control for 8-speed transmission
P060000 - There is an internal control unit fault in the processor - Stored - 9.961.8 m
P063000 - The on-board power supply voltage is too low - Stored - 9.961.8 m
P064100 - Output 1 for the reverse voltage of the sensor has an electrical fault in its operation - Stored - 9.961.8 m
L010300 - Communication with the electronic ignition lock has a malfunction - Stored - 9.753.0 m

Scan Report RO#_3515

Claim Reference Id: 202105262CC

File Name: PHOTO42

File Date: 10/22/2021

Label: Scan Report RO#_35152 WO#_522909

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



INVOICE

BYORDER# SIN4066486 | DATE: 10/22/2021
WORKCOMPLETION DATE: 10/22/2021, 6:48 PM

BILL TO

M. Toguchi Body Shop
ATTN:
822 Alan Street
Wailuku, Hawaii 96792
Phone #: (808)281-8588

VEHICLE INFORMATION

RO #: 35152
Work Order: 5229093
Year, Make, Model:
2017, Mercedes-Benz GLC300 Base
VIN: WDC0G4BZHE219242
Insurance CO: Unice

Service Description	AMOUNT
Post-Repair Scan	50.00 USD
OEM Diagnostic Support	69.95 USD
- Performed Code Clearing	
Sales Tax	0.00 USD
Subtotal	119.95 USD
Thank You For Your Business!	
	119.95 USD

If you have any questions about this invoice, please contact:

Customer Support, 888.486.1166, customerservice@astech.com

Scan Report RO#_3515

Claim Reference Id: 202105262CC

File Name: PHOTO43

File Date: 10/22/2021

Label: Scan Report RO#_35152 WO#_522909

Note: Owner: EDWARD, MOSUELA|Style: 2017, BENZ, GLC 300|Insured: EDWARD, MOSUELA|LossDate: 07/21/2021 |ClaimRepresentative: KIYONO|ShopName: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



Rental Company: ENTERPRISE RENT-A-CAR
Invoice#: D4HC8HZ-3620
Alternate Invoice Number: 4HC8HZ

Bill To: FNS3601
 FIRST INSURANCE COMPANY OF HAWAII
 ATTN: MARCUS KIYONO
 PO BOX 2866
 HONOLULU, HI 968032866
RENTER INFORMATION:
 Renter: MOSUELA, EDWARD
RENTAL INFORMATION:
Rental Branch Location:
 ENTERPRISE RENT-A-CAR(3620)
 40 HANA HWY
 KAHULUI, HI 96732
 (808) 871-1511

ADDITIONAL CLAIM INFORMATION:
 Claim Number 202105262CC
 Claim Type: Insured
 Vehicle Condition: Driveable
 Date Of Loss: 7/21/21
 Insured Name: EDWARD MOSUELA
 Owner's Vehicle: 2017 OTHER|MERCEDES-BENZ
 OTHER|GLC300
 Additional Driver:
Repair Facility:
 M TOGUCHI BODY SHOP, INC
 WAILUKU, HI 96793-1442
 (808) 244-5339

RENTAL DETAIL:
 Rental Period: 9/21/21 to 10/22/21 (32 days)
Billed Period: 9/21/21 to 10/22/21 (32 days)

	Quantity	Rate	Amount
Products and Services			
TIME & DISTANCE	32	35.99	\$1,151.68
DW/CDW OPTIONAL	10	21.99	\$219.90
REFUELING CHARGE	12	5.88	\$70.56
Taxes and Surcharges			
VEHICLE LICENSING FEE	32	0.76	\$24.32
GENERAL EXCISE TAX	1	4.17%	\$61.09
Total Charges:			\$1,527.55
Less Amount Received:			\$302.56
Total Amount Due:			\$1,224.99

VEHICLES RENTED:

Effective Date and Time	Year	Make	Model	VIN	Starting Mileage	Ending Mileage	Mileage
9/21/21 8:36 AM	2020	NISN	ALTI	1N4BL4EV2LC163379	18758	19050	292

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
ENTERPRISE RENT-A-CAR(V3BD)
 PO BOX 840086
 KANSAS CITY, MO 64184-0086
 Federal ID:43-0724835

Total Charges: \$1,527.55
Less Amount Received: \$302.56
Total Amount Due..... **\$1,224.99**
 Please include on your check:
 Invoice#: D4HC8HZ-3620



body repairs (1)

Claim Reference Id: 202105262CC

File Name: PHOTO48

File Date: 10/22/2021

Label: body repairs (1)

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



body repairs (2)

Claim Reference Id: 202105262CC

File Name: PHOTO46

File Date: 10/22/2021

Label: body repairs (2)

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



body repairs (3)

Claim Reference Id: 202105262CC

File Name: PHOTO41

File Date: 10/22/2021

Label: body repairs (3)

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



body wip (2)

Claim Reference Id: 202105262CC

File Name: PHOTO61

File Date: 10/22/2021

Label: body wip (2)

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



bumper wip (2)

Claim Reference Id: 202105262CC

File Name: PHOTO59

File Date: 10/22/2021

Label: bumper wip (2)

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



hidden damages

Claim Reference Id: 202105262CC

File Name: PHOTO47

File Date: 10/22/2021

Label: hidden damages

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | LossDate: 07/21/2021
| ClaimRepresentative: KIYONO | ShopName: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



IMG_3833

Claim Reference Id: 202105262CC

File Name: PHOTO7

File Date: 08/09/2021

Label: IMG_3833

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3834

Claim Reference Id: 202105262CC

File Name: PHOTO14

File Date: 08/09/2021

Label: IMG_3834

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3835

Claim Reference Id: 202105262CC

File Name: PHOTO37

File Date: 08/09/2021

Label: IMG_3835

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3836

Claim Reference Id: 202105262CC

File Name: PHOTO30

File Date: 08/09/2021

Label: IMG_3836

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3837

Claim Reference Id: 202105262CC

File Name: PHOTO24

File Date: 08/09/2021

Label: IMG_3837

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3838

Claim Reference Id: 202105262CC

File Name: PHOTO23

File Date: 08/09/2021

Label: IMG_3838

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3839

Claim Reference Id: 202105262CC

File Name: PHOTO18

File Date: 08/09/2021

Label: IMG_3839

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3840

Claim Reference Id: 202105262CC

File Name: PHOTO36

File Date: 08/09/2021

Label: IMG_3840

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3841

Claim Reference Id: 202105262CC

File Name: PHOTO31

File Date: 08/09/2021

Label: IMG_3841

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3842

Claim Reference Id: 202105262CC

File Name: PHOTO8

File Date: 08/09/2021

Label: IMG_3842

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3843

Claim Reference Id: 202105262CC

File Name: PHOTO20

File Date: 08/09/2021

Label: IMG_3843

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3844

Claim Reference Id: 202105262CC

File Name: PHOTO11

File Date: 08/09/2021

Label: IMG_3844

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3845

Claim Reference Id: 202105262CC

File Name: PHOTO2

File Date: 08/09/2021

Label: IMG_3845

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3846

Claim Reference Id: 202105262CC

File Name: PHOTO32

File Date: 08/09/2021

Label: IMG_3846

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3847

Claim Reference Id: 202105262CC

File Name: PHOTO13

File Date: 08/09/2021

Label: IMG_3847

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3848

Claim Reference Id: 202105262CC

File Name: PHOTO3

File Date: 08/09/2021

Label: IMG_3848

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3849

Claim Reference Id: 202105262CC

File Name: PHOTO12

File Date: 08/09/2021

Label: IMG_3849

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3850

Claim Reference Id: 202105262CC

File Name: PHOTO1

File Date: 08/09/2021

Label: IMG_3850

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3851

Claim Reference Id: 202105262CC

File Name: PHOTO28

File Date: 08/09/2021

Label: IMG_3851

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3852

Claim Reference Id: 202105262CC

File Name: PHOTO26

File Date: 08/09/2021

Label: IMG_3852

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3853

Claim Reference Id: 202105262CC

File Name: PHOTO33

File Date: 08/09/2021

Label: IMG_3853

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3854

Claim Reference Id: 202105262CC

File Name: PHOTO22

File Date: 08/09/2021

Label: IMG_3854

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3855

Claim Reference Id: 202105262CC

File Name: PHOTO27

File Date: 08/09/2021

Label: IMG_3855

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3856

Claim Reference Id: 202105262CC

File Name: PHOTO34

File Date: 08/09/2021

Label: IMG_3856

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3857

Claim Reference Id: 202105262CC

File Name: PHOTO29

File Date: 08/09/2021

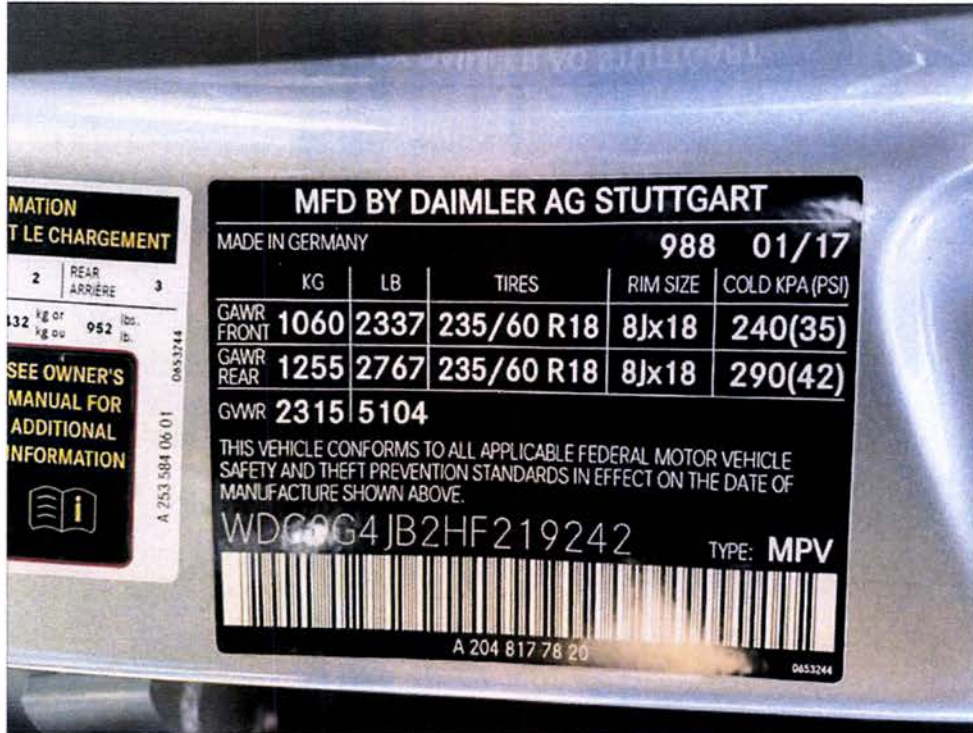
Label: IMG_3857

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3858

Claim Reference Id: 202105262CC

File Name: PHOTOS

File Date: 08/09/2021

Label: IMG_3858

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | LossDate: 07/21/2021 | ClaimRepresentative: KIYONO | ShopName: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3859

Claim Reference Id: 202105262CC

File Name: PHOTO16

File Date: 08/09/2021

Label: IMG_3859

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3860

Claim Reference Id: 202105262CC

File Name: PHOTO25

File Date: 08/09/2021

Label: IMG_3860

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3861

Claim Reference Id: 202105262CC

File Name: PHOTO38

File Date: 08/09/2021

Label: IMG_3861

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3862

Claim Reference Id: 202105262CC

File Name: PHOTO6

File Date: 08/09/2021

Label: IMG_3862

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | LossDate: 07/21/2021
| ClaimRepresentative: KIYONO | ShopName: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3863

Claim Reference Id: 202105262CC

File Name: PHOTO35

File Date: 08/09/2021

Label: IMG_3863

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01

CERTIFICATE OF MOTOR VEHICLE REGISTRATION
COUNTY OF MAUI, HAWAII

LICENSE NUMBER LHF873	MAKE MERZ	TYPE MPVH	YEAR/MODEL 17	AFTER PAYMENT OF FEES, REGISTRATION COPIES ON THE LAST DAY OF APR 2022
VEHICLE IDENTIFICATION NUMBER WDC0G4JB2HF219242		DATE FIRST SOLD 04/10/17	TOI NUMBER LHF873-18	
WEIGHT 3890	CLASS 1	EXEMPT	STATE FEE 45.00	COUNTY FEE 45.50
COUNTY WEIGHT TAX 136.15	COUNTY PENALTY	STATE WEIGHT TAX 68.08	STATE PENALTY	SUBMIT CURRENT VEHICLE INSPECTION CERTIFICATE IF RENEWING AFTER JUN 2021
DEAL FEE 10.00	TOTAL PAYABLE 304.73	AVOID PENALTY RENEW ON OR BEFORE 04/30/2022		NEW C2

VALIDATE
BE IN DR

EM

04/08/2021
DATE ISSUED

REGISTERED OWNER AND ADDRESS (PLEASE ENTER ANY ADDRESS CHANGE):

MOSUELA ANITA B & EDWARD S
850 NIHEU ST
LAHAINA HI 96761

Any change of Registered Owner or Lienholder must be recorded with the department within 30 days by presenting the CERTIFICATE OF REGISTRATION and current CERTIFICATE OF VEHICLE INSPECTION. AFTER 30 DAYS, PENALTY FEE for LATE TRANSFER Form DMVL396-01-07 Item # 72 Batch # 5261

IMG_3864

Claim Reference Id: 202105262CC

File Name: PHOTO4

File Date: 08/09/2021

Label: IMG_3864

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
 300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
 |ClaimRepresentative:KIYONO|ShopName:M. Toguchi
 Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3866

Claim Reference Id: 202105262CC

File Name: PHOTO9

File Date: 08/09/2021

Label: IMG_3866

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3867

Claim Reference Id: 202105262CC

File Name: PHOTO21

File Date: 08/09/2021

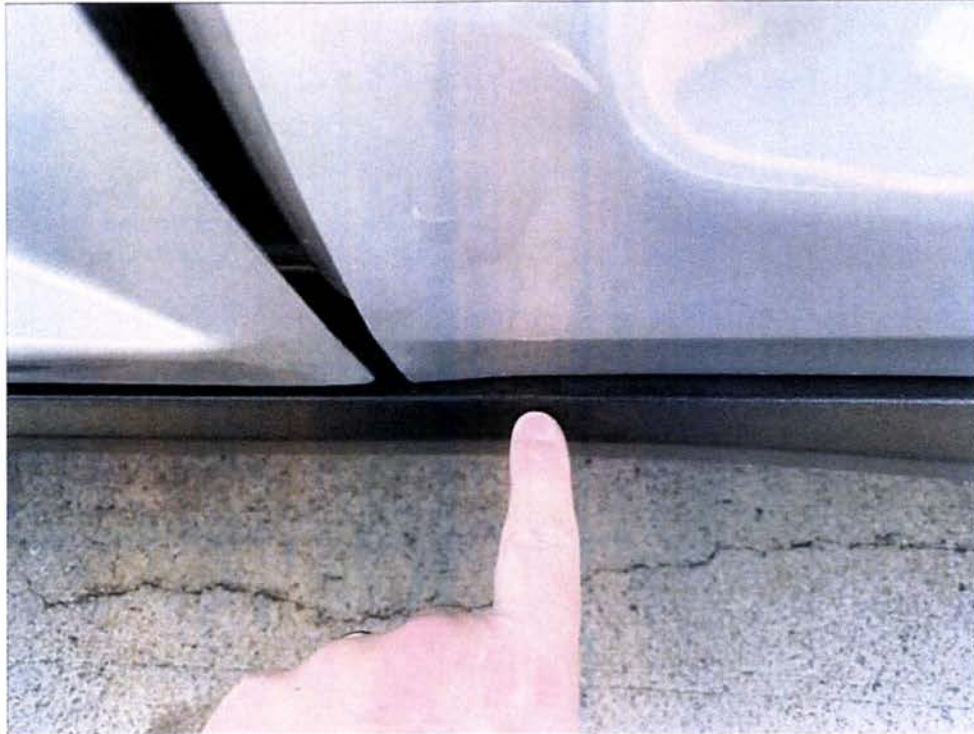
Label: IMG_3867

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3868

Claim Reference Id: 202105262CC

File Name: PHOTO17

File Date: 08/09/2021

Label: IMG_3868

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3869

Claim Reference Id: 202105262CC

File Name: PHOTO19

File Date: 08/09/2021

Label: IMG_3869

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3870

Claim Reference Id: 202105262CC

File Name: PHOTO10

File Date: 08/09/2021

Label: IMG_3870

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



IMG_3871

Claim Reference Id: 202105262CC

File Name: PHOTO15

File Date: 08/09/2021

Label: IMG_3871

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: E01



jamb metal work (1)

Claim Reference Id: 202105262CC

File Name: PHOTO50

File Date: 10/22/2021

Label: jamb metal work (1)

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



lower qtr repairs

Claim Reference Id: 202105262CC

File Name: PHOTO56

File Date: 10/22/2021

Label: lower qtr repairs

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



new doors -- trial fit

Claim Reference Id: 202105262CC

File Name: PHOTO49

File Date: 10/22/2021

Label: new doors -- trial fit to align (1)

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



paint (1)

Claim Reference Id: 202105262CC

File Name: PHOTOS2

File Date: 10/22/2021

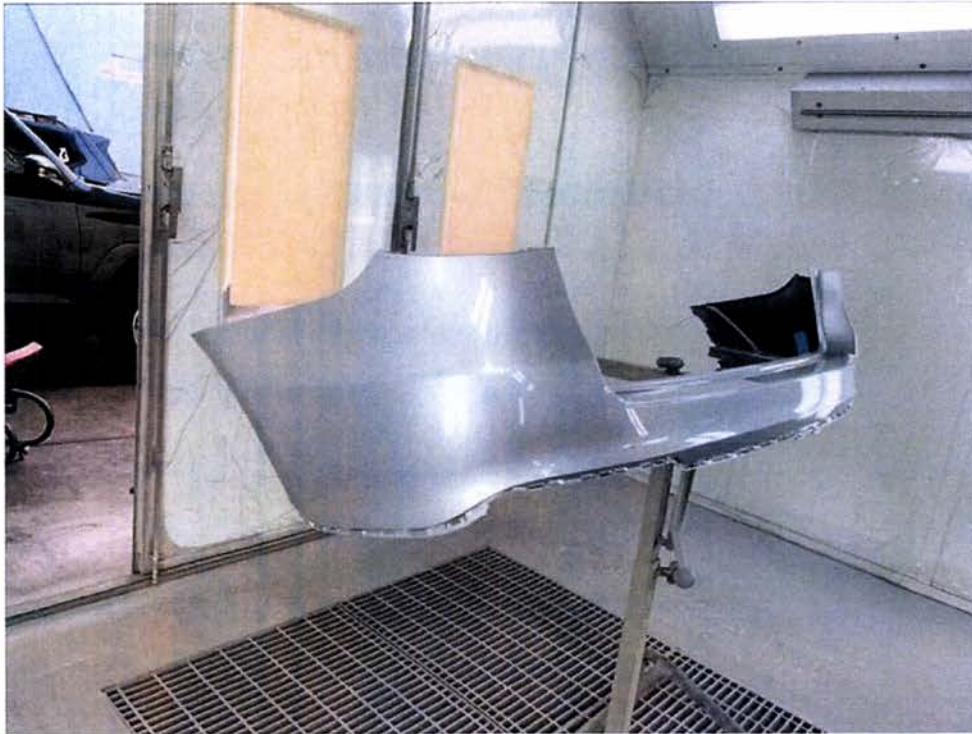
Label: paint (1)

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



paint (4)

Claim Reference Id: 202105262CC

File Name: PHOTO39

File Date: 10/22/2021

Label: paint (4)

Note: Owner: EDWARD, MOSUELA|Style: 2017, BENZ, GLC
300|Insured: EDWARD, MOSUELA|LossDate: 07/21/2021
|ClaimRepresentative: KIYONO|ShopName: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



paint (6)

Claim Reference Id: 202105262CC

File Name: PHOTO58

File Date: 10/22/2021

Label: paint (6)

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



paint qtr jamb

Claim Reference Id: 202105262CC

File Name: PHOTO40

File Date: 10/22/2021

Label: paint qtr jamb

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



prime (1)

Claim Reference Id: 202105262CC

File Name: PHOTO57

File Date: 10/22/2021

Label: prime (1)

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



pull pillar (1)

Claim Reference Id: 202105262CC

File Name: PHOTO55

File Date: 10/22/2021

Label: pull pillar (1)

**Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body**

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



pull pillar (2)

Claim Reference Id: 202105262CC

File Name: PHOTO51

File Date: 10/22/2021

Label: pull pillar (2)

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



qtr pulls (2)

Claim Reference Id: 202105262CC

File Name: PHOTO45

File Date: 10/22/2021

Label: qtr pulls (2)

Note: Owner:EDWARD,MOSUELA|Style:2017,BENZ,GLC
300|Insured:EDWARD,MOSUELA|LossDate:07/21/2021
|ClaimRepresentative:KIYONO|ShopName:M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



R&I liner

Claim Reference Id: 202105262CC

File Name: PHOTO44

File Date: 10/22/2021

Label: R&I liner

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



tint

Claim Reference Id: 202105262CC

File Name: PHOTO60

File Date: 10/22/2021

Label: tint

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC
300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021
| Claim Representative: KIYONO | Shop Name: M. Toguchi
Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01



weld tabs for pulls

Claim Reference Id: 202105262CC

File Name: PHOTO54

File Date: 10/22/2021

Label: weld tabs for pulls

Note: Owner: EDWARD, MOSUELA | Style: 2017, BENZ, GLC 300 | Insured: EDWARD, MOSUELA | Loss Date: 07/21/2021 | Claim Representative: KIYONO | Shop Name: M. Toguchi Body

Photo Location: M. Toguchi Body shop, Inc.

Photo Taken By: Todd Nolan

Estimate Indicator: S01