

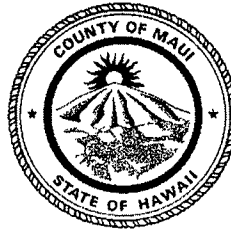
GET-11(12)

MICHAEL P. VICTORINO
Mayor

MOANA M. LUTEY
Acting Corporation Counsel

EDWARD S. KUSHI, JR.
First Deputy

LYDIA A. TODA
Risk Management Officer
Tel. No. (808) 270-7535
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RECEIVED

2019 MAY 13 PM 4:28

OFFICE OF THE
COUNTY COUNCIL




DEPARTMENT OF THE CORPORATION COUNSEL
COUNTY OF MAUI
200 SOUTH HIGH STREET, 3RD FLOOR
WAILUKU, MAUI, HAWAII 96793
EMAIL: CORPCOUN@MAUICOUNTY.GOV
TELEPHONE: (808) 270-7740
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May 13, 2019

MEMORANDUM

TO: Michael J. Molina, Chair
Governance, Ethics, and Transparency Committee

FROM: Caleb P. Rowe, Deputy Corporation Counsel 

SUBJECT: Litigation Matters – Settlement of Claims and Lawsuits (GET-1)
Settlement of Claim No.: 30181069017-0001 of Farmers Insurance Hawaii, Inc.,
on behalf of Marie Chester

Pursuant to Section 3.16.020B of the Maui County Code, our department hereby requests authorization to discuss settlement of the aforementioned claim. It is anticipated that an executive session may be necessary to discuss questions and issues pertaining to the powers, duties, privileges, immunities, and liabilities of the County, the Council, and the Committee. There is no immediate deadline to this matter.

Copies of the claim and proposed Resolution are enclosed. If you have any questions, or concerns, please do not hesitate to contact me.

CPR:chs
Enclosure

cc: Karla Peters, Director
Department of Parks and Recreation

Resolution

No. _____

AUTHORIZING SETTLEMENT OF CLAIM NO. 30181069017-0001
OF FARMERS INSURANCE HAWAII, INC., ON BEHALF OF
MARIE CHESTER

WHEREAS, Farmers Insurance Hawaii, Inc., filed Claim No. 30181069017-0001 on September 25, 2018, against the County of Maui for damages to Marie Chester's vehicle resulting from a collision involving a Maui County fleet vehicle on August 8, 2018; and

WHEREAS, Marie Chester is insured for such damage by Farmers Insurance Hawaii, Inc.; and

WHEREAS, Farmers Insurance Hawaii, Inc., as subrogee of this claim, has alleged that the County of Maui is liable for the expenses paid by Farmers Insurance Hawaii, Inc.; and

WHEREAS, the County of Maui and Farmers Insurance Hawaii, Inc., to avoid incurring expenses and the uncertainty of a judicial determination of the parties' respective rights and liabilities, have reached a proposed resolution of this claim by way of a negotiated settlement; and

WHEREAS, having reviewed the facts and circumstances regarding this matter and being advised of attempts to reach resolution of this claim by way of a negotiated settlement by the Department of the Corporation Counsel, the Council wishes to authorize settlement; now, therefore,

BE IT RESOLVED by the Council of the County of Maui:

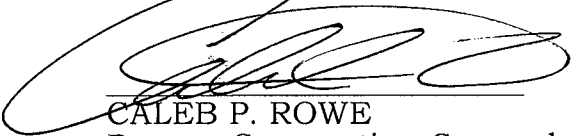
Resolution No. _____

1. That it hereby approves settlement of Claim No. 30181069017-0001 in the amount of EIGHT THOUSAND ONE AND 99/100 DOLLARS (\$8,001.99); and

2. That payment is authorized to satisfy settlement of this claim following the execution of the "Release of Claim" by Farmers Insurance Hawaii, Inc.; and

3. That certified copies of this Resolution be transmitted to the Mayor, the Director of Finance, the Director of the Department of Parks & Recreation, and the Corporation Counsel.

APPROVED AS TO FORM
AND LEGALITY:



CALEB P. ROWE
Deputy Corporation Counsel
County of Maui
2018-0549

COUNTY OF MAUI RECEIVED
CLAIM FOR DAMAGE OR INJURY

2018 SEP 25 PM 2: 58

PLEASE PRINT CLEARLY

1. Claimant: Mr. Mrs. Ms. Marie Chester OFFICE OF THE
COUNTY CLERK
2. Address: 346 Palama Drive, Kahului, HI 96732
3. Telephone No.: Business _____ Residence 808-866-3914
4. Date of Accident: 8/8/2018
5. Location of Accident: Kamehameha Avenue in front of Kahului FCU
6. Amount of Claim: Property Damage \$ pending 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.

Marie Chester was driving straight in the middle lane, when your employee pulled out from Kahului FCU and your driver made a left turn onto Kamhehameha Ave and collided into Ms. Chester's vehicle.

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

Farmers Insurance Claim# 3011354336-1

phone #s?



County of Maui
 Department of the Corporation Counsel
 Risk Management Division
 200 S High Street Phone (808)270-7535
 Wailuku, HI 96793 Fax (808) 270-1761

INCIDENT REPORT

FOR INTERNAL/COUNTY USE ONLY – TO BE COMPLETED BY COUNTY PERSONNEL
 Complete this form for all **NON-AUTOMOBILE** events resulting in potential bodily injury (aka "near miss"), property damage, loss or theft, and send within 24 hours to the **Risk Management Division** either by fax 270-1761, email: bridget.nakama@mauicounty.gov, or interoffice mail.

Incident Date 8/8/2018 **Incident Time** 8:30 am **Location** West Kamehameha Ave Kahului
Notified by (person reporting the Incident): Arthur Latayada **Phone:** 808-269-9126
Date and Time Reported 8/8/2018 Reported at 8:35 am
Department Parks & Recreation Maint **Division and/or Unit #** (if known) _____
Were Police notified? **Yes** **No** **If yes, Police Report #** 18-033168
Was anyone injured? **Yes** **No** **If yes, please describe.** _____

Any property damage? **Yes** **No** / **If yes, describe County or third-party damage:**
County vehicle right front fender minor damage
Non-County Vehicle Left rear door and fender wheel damage

Describe the Incident (circumstances, weather conditions, etc.) Picking up parts at Standard Motors I stopped at Aloha Shell
service station to use the restroom, when pulling out from the stations parking lot and turning left onto Kam Ava to the middle lane After reaching the middle lane I didn't
see any vehicles coming from South Puunene Ave. So I made my right signal to change from turn lane to driving lane, I drove 50 yards or so and put my signal on again to change into the slower lane
I glanced in my side mirror no vehicle at that time but when I looked again I saw a car right in front of me So I could not avoid the car

Witnesses:

Name	Address	Contact #	Relationship

Corrective measures taken, if any, to prevent recurrence.
I talked with Art and told him to please double check when he is making lane changes and to be more
aware
aware of his surrounding when driving.

Dept. Head Requests Temporary Restraining Order (TRO)/Injunction: **Yes** **No**

Report completed by: (print & initial) Arthur Latayada **Your Phone:** 269-9126 **Date:** 8/8/2018
Christian Kunzle CK 8-8-18 [Signature] 8-9-18
Supervisor (print & initial) **Date** **Department Head Signature** **Date**

Original: Department
 Copy: Managing Director, Risk Management Division Revised: 9/20/17

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 1 of 11 DOT-1-174A (HWY-T) Rev. 06/08

Report Number: **18-033168**

(1) Crime Code		(2) County	(3) District	(4) Beat	(5) Watch	(6) Date/Time/Day Occurred			(7) Date/Time/Day Reported					
		MAU	1	21	2	08/08/2018	08:34	WE	08/08/2018	08:34				
(8) Report Type		(9) Total Involved			(10) Number Of			(11) Tow	(12) Hit & Run	(13) Fire	(14) Photo	(15) Select One		
<input type="radio"/> Major (01) <input type="radio"/> Minor (02)		MV	MC	MOP	BC	PED	WITN	KILLED	INJ	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> None (00) <input type="radio"/> Tunnel (02) <input type="radio"/> Bridge (01) <input type="radio"/> Ramp (03)
(16) Times Police		(18) Weather Conditions (Select up to 2)					(19) Light/Lighting							
Sent	Arrive	<input type="radio"/> Clear (01) <input type="radio"/> Hazy, Fog, Smoke (04) <input type="radio"/> Snow (07) <input type="radio"/> Cloudy (02) <input type="radio"/> Windy, Severe Crosswind (05) <input type="radio"/> Blowing Sand/ Soil (08) <input type="radio"/> Rain (03) <input type="radio"/> Sleet/Hail (06) <input type="radio"/> Unknown (09)					<input type="radio"/> Daylight (01) <input type="radio"/> Spot Illumination (04) <input type="radio"/> Dark /No Lights (07) <input type="radio"/> Dawn (02) <input type="radio"/> Continuous Lighting (05) <input type="radio"/> Dark/Unknown (08) <input type="radio"/> Dusk (03) <input type="radio"/> Dark/Lights off (06) <input type="radio"/> Unknown (09)							
08:57	08:59													
(17) Times EMS														
Sent	Arrive													
:	:													
(20) Location			(21) Traffic Level			(22) Trafficway Description			(23) GPS Location					
<input type="radio"/> School (01) <input type="radio"/> Recreational (05) <input type="radio"/> Business (02) <input type="radio"/> Farm/Fields (06) <input type="radio"/> Residential (03) <input type="radio"/> No Development (07) <input type="radio"/> Industrial (04) <input type="radio"/> Other (08)			<input checked="" type="radio"/> Light (01) <input type="radio"/> Medium (02) <input type="radio"/> Heavy (03)			<input type="radio"/> 2-Way Undivided (01) <input type="radio"/> 2-Way, Divided, Median Barrier (04) <input type="radio"/> 2-Way, Undivided with Cont. Left Turn Lane (02) <input type="radio"/> 1-Way Trafficway (05) <input checked="" type="radio"/> 2-Way, Divided, Unprotected Median (03) <input type="radio"/> Other (06)			Latitude 00:00:00.0000 Longitude 000:00:00.0000					
(24) Name of Street or Highway						(25) City/Town			(26) Work Zone					
W KAMEHAMEHA AVE						KAHULUI			<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)					
(27) Route No.		(28) Mile Post Marker		(29) Distance and Direction		(30) Refer (Mile Marker, Intersection, Etc.)								
				40' W. OF (.1 MILE W. OF)		PUUNENE AVE (HYDRANT 452)								
(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 Block)						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/Centerline 12 Equipment Failure 13 Thrown or Falling Objects 14 Other Non-Collision (Specify in the Synopsis Block) 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 Collision with Object/Animal (Cont.) 30 Curb 31 Embankment/Retaining Wall 32 Fence 33 Utility Pole/Light Support 34 Traffic Signal/Sign Post 35 Other Post/Pole/Support 36 Impact Attenuator/Crash Cushion 37 Concrete Traffic Barrier 38 Other Traffic Barrier 39 Tree (Standing) 40 Hydrant 41 Mailbox 42 Animal 43 Other (Specify in the Synopsis Block) 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 61 Other (Specify in Synopsis Block) 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 Block) 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 90 Other (Specify in Synopsis Block) Collision with MV - Other 100 MV in Other Roadway 101 Railway Vehicle (Train/Engine) 102 Parked MV 103 Work Zone/Maintenance Equip.								
Enter the Location of the FIRST HARMFUL EVENT (31A)						Enter the Sequence number of the FIRST HARMFUL EVENT (31C)								
Enter the Location of the MOST HARMFUL EVENT (31A)						Enter the Sequence number of the MOST HARMFUL EVENT (31D)								
(31) Sequence of Events														
#	Unit	Unit0	(31B) Action	#	Unit	Unit0	(31B) Action							
1	01	02	82											
Officer's Rank and Name			Officer's ID Number			Date/Time		Supervisor's Rank and Name		Supervisor's ID Number		Date/Time		
PO2 AGBISIT, CLAYTON W			15365			8/8/18 14:29		SGTD1 GILROY, HEATHER M		12687		8/8/18 14:49		

This report is prepared for the State of Hawaii Department of Transportation federally mandated 23 USC148, Highway Safety Improvement Program

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-033168

(32) Unit No. (33) No. of Occ.		UNIT INFORMATION									
01 1											
(34) Unit Class				(35) Race							
<input type="radio"/> Passenger Car (01) <input type="radio"/> Passenger Van (02) <input checked="" type="radio"/> Pickup Truck (03) <input type="radio"/> SUV/MPVH(04) <input type="radio"/> Cargo Van < 10,001 lbs. (05) <input type="radio"/> Other Truck < 10,001 lbs. (06) <input type="radio"/> Truck > 10,000 lbs. (07) <input type="radio"/> Transit Bus (08)		<input type="radio"/> School Bus (09) <input type="radio"/> Other Bus (10) <input type="radio"/> Motorcycle (11) <input type="radio"/> Motor Scooter (12) <input type="radio"/> Moped (13) <input type="radio"/> Bicycle (14) <input type="radio"/> Pedestrian (15) <input type="radio"/> Maint./Construct. Equipment (16)		<input type="radio"/> Farm Vehicle/Equipment (17) <input type="radio"/> Motor Coach (18) <input type="radio"/> Motor Home (19) <input type="radio"/> Recreational Vehicle (20) <input type="radio"/> Other (21) <input type="radio"/> Unknown (22)		<input type="radio"/> White (01) <input type="radio"/> Black (02) <input type="radio"/> American Indian (03) <input type="radio"/> Chinese (04) <input type="radio"/> Japanese (05) <input type="radio"/> Korean (06) <input type="radio"/> Puerto Rican (07)		<input type="radio"/> Hawaiian (08) <input type="radio"/> Samoan (09) <input type="radio"/> Tongan (10) <input type="radio"/> Vietnamese (11) <input checked="" type="radio"/> Filipino (12) <input type="radio"/> Unknown (13) <input type="radio"/> Other (14)			
(36) Last Name		(37) First Name		(38) MI	(39) Sex		(40) DOB				
LATAYADA		ARTHUR			<input checked="" type="radio"/> M (01) <input type="radio"/> F (02)		01/09/1955				
(41) Street No.		(42) Street Name			(43) St., Pl., Blvd., Etc.		(44) Apt/Suite Number				
732		LONO			AVE						
(45) City		(46) State		(47) Zip Code		(48) Home Phone Number					
KAHULUI		HI		96732		(808) 357-0725					
(49) Occupation				(50) Employer/Company Name							
<input type="radio"/> Unemployed (00) <input type="radio"/> Fed. Govt. Civ. (07) <input type="radio"/> Student - H.S. (14) <input type="radio"/> U.S. Army (01) <input type="radio"/> State Govt (08) <input type="radio"/> Student - Col (15) <input type="radio"/> U.S. Navy (02) <input checked="" type="radio"/> County Govt. (09) <input type="radio"/> U.S. Tourist (16) <input type="radio"/> U.S. Air Force (03) <input type="radio"/> Foreign Govt./Civ. (10) <input type="radio"/> Foreign Tourist (17) <input type="radio"/> U.S. Marines (04) <input type="radio"/> Retired (11) <input type="radio"/> Police Officer (18) <input type="radio"/> U.S. Coast Guard (05) <input type="radio"/> Student - Elem. (12) <input type="radio"/> Other (19) <input type="radio"/> Other Military (06) <input type="radio"/> Student - Inter. (13) <input type="radio"/> Not Stated (20)				COUNTY OF MAUI							
				(51) Work Phone Number		(52) Other Phone/Pager Number					
				(808) 269-9126		(808) 269-9126					
(53) Driver's License Number		(54) St./Juris.	(55) Class	(56) Restrict	(57) Endorse.						
H00848837			3	NONE	NONE						
(58) CDL Type				(59) Driver's License Status							
<input checked="" type="radio"/> Non-CDL (01) <input type="radio"/> Non-CDL/Restricted (02) <input type="radio"/> CDL (03)				<input checked="" type="radio"/> Valid (01) <input type="radio"/> Expired (05) <input type="radio"/> Permit (09) <input type="radio"/> Not Licensed (02) <input type="radio"/> Revoked (06) <input type="radio"/> Disqualified [CDL] (10) <input type="radio"/> Canceled (03) <input type="radio"/> Suspended (07) <input type="radio"/> Denied (04) <input type="radio"/> Provisional (08)							
(85) SFST GIVEN		(86) SFST RESULTS									
<input checked="" type="radio"/> No (01) <input type="radio"/> Refused (03) <input type="radio"/> Yes (02)		<input type="radio"/> Passed (01) <input checked="" type="radio"/> Does Not Apply (03) <input type="radio"/> Failed (02)									
(87) Alcohol Test Results											
(87A) Status		(87B) Type		(87C) Results							
<input checked="" type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Value (01) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="radio"/> Pending (02)							
(88) Drug Test Results											
(88A) Status		(88B) Type		(88C) Results							
<input checked="" type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Positive (01) <input type="radio"/> Negative (02) <input type="radio"/> Pending (03)							
(73) Vehicle Year		(74) Veh. Color (Top/Bottom)		(75) Vehicle Make		(76) Vehicle Model		(77) Lic. Plate No.		(78) Trailer Plate	(79) Lic. Plate St.
1990		WHI		FORD / FORD		F250 SUPERCAB		CM1232			HI
(80) Vehicle V/I/N Number								(81) Emer. Veh. In Use		(82) Vehicle Stolen	
1 F T H F 2 5 H 6 L K A 7 2 4 9 9								<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)		<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)	
(83) Special Use						(84) Trailer/Cargo Type					
<input type="radio"/> None (00) <input type="radio"/> Fire Truck (04) <input type="radio"/> Police-Off Duty (08) <input type="radio"/> U-Drive (12) <input type="radio"/> Driver Trng. (01) <input type="radio"/> Tow Truck (05) <input type="radio"/> Military (09) <input type="radio"/> School Bus (13) <input type="radio"/> Construction/Maintenance (02) <input type="radio"/> Ambulance (06) <input checked="" type="radio"/> Government (10) <input type="radio"/> Other Bus (14) <input type="radio"/> Taxi (03) <input type="radio"/> Police-On Duty (07) <input type="radio"/> Farm Use (11) <input type="radio"/> Other (15)						<input checked="" type="radio"/> None (00) <input type="radio"/> Livestock (04) <input type="radio"/> Veh. Tow Veh. (08) <input type="radio"/> Boat (01) <input type="radio"/> House (05) <input type="radio"/> Other (09) <input type="radio"/> Flatbed (02) <input type="radio"/> Van/Encl. Box (06) <input type="radio"/> N/A (10) <input type="radio"/> Horse (03) <input type="radio"/> Dump (07)					

Officer's Initials: CWA

Supervisor's Initials: HMG

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-033168

UNIT INFORMATION (Cont.)					
Unit No. 01					
(89) Citations		(90) Est. Damages		(91) Extent of Damage	
Citation Number	Offense Code (H.R.S./R.O. Section No.)	<input type="radio"/> \$3,000 or Greater (01) <input checked="" type="radio"/> Less than \$3,000 (02)		<input type="radio"/> None (00) <input type="radio"/> Functional (02) <input checked="" type="radio"/> Minor (01) <input type="radio"/> Disabling (03)	
				(92) Is this a CMV or Other QUALIFYING Vehicle? <input type="radio"/> No (01) <input checked="" type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT	
		(95A) Object (1) Struck/Damage Description		(96A) Object (2) Struck/Damage Description	
		(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	
		(95D) Estimated Damages to Object 1		(96D) Estimated Damages to Object 2	
		<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)	
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:		(94) Direction			
		From To			
<div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div> Circle Damaged Areas		5 7			
(97) Motor Vehicle Maneuver/Action		(98) Reason for Maneuver		(99) Traffic Control Device Type	
<input type="radio"/> Straight Ahead (01) <input type="radio"/> Parking (07) <input type="radio"/> Turning Left (14) <input type="radio"/> Changing Lanes (02) <input type="radio"/> Parked (08) <input type="radio"/> U-Turn (15) <input checked="" type="radio"/> Merging (03) <input type="radio"/> Start from Parked (09) <input type="radio"/> Entering Traffic (16) <input type="radio"/> Overtaking/ Passing (04) <input type="radio"/> Stopped in Traffic (10) <input type="radio"/> Negotiating a Curve (17) <input type="radio"/> Slowing/Stopping (05) <input type="radio"/> Right Turn on Red (12) <input type="radio"/> Other (18) <input type="radio"/> Backing (06) <input type="radio"/> Turning Right (13)		<input checked="" type="radio"/> Intended Maneuver (01) <input type="radio"/> Avoid Pedestrian (05) <input type="radio"/> Traffic Controls (02) <input type="radio"/> Avoid Bicycle (06) <input type="radio"/> Mechanical Failure (03) <input type="radio"/> Avoid Obj./ Animal (07) <input type="radio"/> Avoid Other Vehicle (04) <input type="radio"/> Avoid Prior MVA (08) <input type="radio"/> Other (09)		<input type="radio"/> No Controls (00) <input type="radio"/> School Zone Sign/ Device (07) <input checked="" type="radio"/> Traffic Signal (01) <input type="radio"/> Warning Sign (08) <input type="radio"/> Stop Sign (02) <input type="radio"/> Railway X-ing Device (09) <input type="radio"/> Yield Sign (03) <input type="radio"/> Flashing Red (04) <input type="radio"/> Flashing Amber (05) <input type="radio"/> Other (10) <input type="radio"/> Person (06)	
(100) Traffic Control Condition		(101) Guidance/Pavement Markings		(102) Delineator Present	(103) Bikeway
<input checked="" type="radio"/> Functioning Properly (01) <input type="radio"/> Green Malfunction (06) <input type="radio"/> Knocked Down (02) <input type="radio"/> Arrow Malfunction (07) <input type="radio"/> Obscured (03) <input type="radio"/> Lights Not Changing (08) <input type="radio"/> Red Malfunction (04) <input type="radio"/> Other Malfunction (09) <input type="radio"/> Yellow Malfunction (05)		Lft Rgt <input type="radio"/> None (00) <input type="radio"/> No Passing, Yellow (06) <input type="radio"/> Solid Yellow (01) <input type="radio"/> Curb/Median, Etc. (07) <input type="radio"/> Skip-Dash Yellow (02) <input type="radio"/> Bikeway Marking (08) <input type="radio"/> Solid White (03) <input type="radio"/> Crosswalk Marking (09) <input type="radio"/> Skip-Dash White (04) <input checked="" type="radio"/> Turn Lane (10) <input type="radio"/> Solid Double Yellow (05)		<input checked="" type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Left (02) <input type="radio"/> Both Sides (03)	<input checked="" type="radio"/> None (00) <input type="radio"/> Bike Route [Signed] (01) <input type="radio"/> Bike Lane Stripe (02) <input type="radio"/> Separate Path/ Lane (03)
(104) Vehicle Factors (Select Up to 2)		(105) Vision Obstruction (Select up to 2)		(106) Human Factors (Select up to 2)	
<input checked="" type="radio"/> None (00) <input type="radio"/> Suspension (08) <input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09) <input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10) <input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11) <input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12) <input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13) <input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14) <input type="radio"/> Steering (07) <input type="radio"/> Other (15)		<input checked="" type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) In Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05)		<input type="radio"/> None (00) <input type="radio"/> Illness (06) <input checked="" type="radio"/> Inattention (01) <input type="radio"/> Legal Meds. (07) <input type="radio"/> Misjudgment (02) <input type="radio"/> Emotional (08) <input type="radio"/> Fatigue (03) <input type="radio"/> Phys. Impaired (09) <input type="radio"/> Alcohol (04) <input type="radio"/> Other (10) <input type="radio"/> Illegal Drugs (05)	
(107) Driver Distracted By		(108) Other Factors (Select up to 4)		(109) Roadway Comp.	
<input checked="" type="radio"/> Not Distracted (00) <input type="radio"/> Cellular Phone (01) <input type="radio"/> Other Elect. Comm Device (02) <input type="radio"/> Other Electronic Device (03) <input type="radio"/> Other Inside Vehicle (04) <input type="radio"/> Other Outside Vehicle (05) <input type="radio"/> Other Occupant (06)		<input type="radio"/> No Improper Action (00) <input type="radio"/> Failure to Yield (06) <input type="radio"/> Improper Backing (13) <input type="radio"/> Other Improper Action (18) <input type="radio"/> Drove too Fast for Conditions (01) <input type="radio"/> Wrong Side/Way (07) <input type="radio"/> Followed too Closely (14) <input type="radio"/> Illegally in Roadway (19) <input type="radio"/> Exceed Posted Speed Limit (02) <input type="radio"/> Crossed Centerline (08) <input type="radio"/> Aggressive, Reckless Driving (15) <input type="radio"/> Improper Crossing (20) <input type="radio"/> Disregard Traffic Signals (03) <input type="radio"/> Ran off Road (09) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Swerved to Avoid Obstacle (16) <input checked="" type="radio"/> Inattention (Talking, Etc.) (22) <input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="radio"/> Improper Turn (11) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Clothing not Visible (24)		<input type="radio"/> Concrete (01) <input checked="" type="radio"/> Asphalt (02) <input type="radio"/> Gravel (03) <input type="radio"/> Dirt (04) <input type="radio"/> Other (05)	
(110) Roadway Surface		(111) Other Roadway Conditions		(112) Roadway Alignment (Horizontal)	
<input checked="" type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Sand (10) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06)		<input checked="" type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06) <input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08)		<input checked="" type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03)	
(113) Roadway Alignment (Vertical)		(114) Officer's Information		(115) Supervisor's Information	
<input checked="" type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Uphill (03)		Officer's Rank and Name Officer's ID Number Date/Time PO2 AGBISIT, CLAYTON W 15365 8/8/18 14:29		Supervisor's Rank and Name Supervisor's ID Number Date/Time SGTD1 GILROY, HEATHER M 12687 8/8/18 14:49	

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-033468

(32) Unit No. (33) No. of Occ.		UNIT INFORMATION							
02 1		(34) Unit Class				(35) Race			
<input checked="" type="radio"/> Passenger Car (01) <input type="radio"/> Passenger Van (02) <input type="radio"/> Pickup Truck (03) <input type="radio"/> SUV/MPVH(04) <input type="radio"/> Cargo Van < 10,001 lbs. (05) <input type="radio"/> Other Truck < 10,001 lbs. (06) <input type="radio"/> Truck > 10,000 lbs. (07) <input type="radio"/> Transit Bus (08)		<input type="radio"/> School Bus (09) <input type="radio"/> Other Bus (10) <input type="radio"/> Motorcycle (11) <input type="radio"/> Motor Scooter (12) <input type="radio"/> Moped (13) <input type="radio"/> Bicycle (14) <input type="radio"/> Pedestrian (15) <input type="radio"/> Maint./Construct. Equipment (16)		<input type="radio"/> Farm Vehicle/Equipment (17) <input type="radio"/> Motor Coach (18) <input type="radio"/> Motor Home (19) <input type="radio"/> Recreational Vehicle (20) <input type="radio"/> Other (21) <input type="radio"/> Unknown (22)		<input checked="" type="radio"/> White (01) <input type="radio"/> Black (02) <input type="radio"/> American Indian (03) <input type="radio"/> Chinese (04) <input type="radio"/> Japanese (05) <input type="radio"/> Korean (06) <input type="radio"/> Puerto Rican (07)		<input type="radio"/> Hawaiian (08) <input type="radio"/> Samoan (09) <input type="radio"/> Tongan (10) <input type="radio"/> Vietnamese (11) <input type="radio"/> Filipino (12) <input type="radio"/> Unknown (13) <input type="radio"/> Other (14)	
(36) Last Name		(37) First Name		(38) MI	(39) Sex		(40) DOB		
CHESTER		MARIE			<input type="radio"/> M (01) <input checked="" type="radio"/> F (02)		10/23/1974		
(41) Street No.		(42) Street Name			(43) St., Pl., Blvd., Etc.		(44) Apt/Suite Number		
346		PALAMA			DR				
(45) City		(46) State		(47) Zip Code		(48) Home Phone Number			
KAHULUI		HI		96732		(808) 866-3914			
(49) Occupation				(50) Employer/Company Name					
<input type="radio"/> Unemployed (00) <input type="radio"/> Fed. Govt. Civ (07) <input type="radio"/> Student - H.S (14) <input type="radio"/> U.S. Army (01) <input type="radio"/> State Govt. (08) <input type="radio"/> Student - Col. (15) <input type="radio"/> U.S. Navy (02) <input type="radio"/> County Govt (09) <input type="radio"/> U.S. Tourist (16) <input type="radio"/> U.S. Air Force (03) <input type="radio"/> Foreign Govt./Civ. (10) <input type="radio"/> Foreign Tourist (17) <input type="radio"/> U.S. Marines (04) <input type="radio"/> Retired (11) <input type="radio"/> Police Officer (18) <input type="radio"/> U.S. Coast Guard (05) <input type="radio"/> Student - Elem. (12) <input checked="" type="radio"/> Other (19) <input type="radio"/> Other Military (06) <input type="radio"/> Student - Inter. (13) <input type="radio"/> Not Stated (20)				ZIPPY'S					
				(51) Work Phone Number		(52) Other Phone/Pager Number			
						(808) 866-3914			
(53) Driver's License Number		(54) St./Juris.	(55) Class	(56) Restrict.	(57) Endorse.				
H01014868		HI	3	A	NONE				
(58) CDL Type			(59) Driver's License Status						
<input checked="" type="radio"/> Non-CDL (01) <input type="radio"/> Non-CDL/Restricted (02) <input type="radio"/> CDL (03)			<input checked="" type="radio"/> Valid (01) <input type="radio"/> Expired (05) <input type="radio"/> Permit (09) <input type="radio"/> Not Licensed (02) <input type="radio"/> Revoked (06) <input type="radio"/> Disqualified [CDL] (10) <input type="radio"/> Canceled (03) <input type="radio"/> Suspended (07) <input type="radio"/> Denied (04) <input type="radio"/> Provisional (08)						
(60) Insurance Policy Number		(61) Exp. Date		(62) Insurance Carrier					
AMM7996843		08/16/18		FARMERS INSURANCE					
(63) Registered Owner Name				(64) Phone Number					
CHESTER, JAMES LEON				(808) 871-4182					
(65) Str. No.		(66) Street Name			(67) St., Pl.		(68) Ste.#		
346		PALAMA			DR				
(69) City				(70) State	(71) Zip Code				
KAHULUI				HI	96732				
(72) Vehicle Body Type									
<input type="radio"/> 2-DSD (01) <input type="radio"/> 2-DSW (04) <input type="radio"/> SUV/MPVH (07) <input type="radio"/> Bus (10) <input type="radio"/> Moped (13) <input checked="" type="radio"/> 4-DSD (02) <input type="radio"/> 4-DSW (05) <input type="radio"/> Van (08) <input type="radio"/> PCMC (11) <input type="radio"/> Bicycle (14) <input type="radio"/> 2-DCV (03) <input type="radio"/> P/U Truck (06) <input type="radio"/> Truck (09) <input type="radio"/> M-Scooter (12) <input type="radio"/> Other (15)									
(73) Vehicle Year		(74) Veh. Color (Top/Bottom)		(75) Vehicle Make		(76) Vehicle Model	(77) Lic. Plate No.	(78) Trailer Plate	(79) Lic. Plate St.
0		BRO		NISSAN		ALTIMA	MPZ585	NONE	HI
(80) Vehicle VIN Number								(81) Emer. Veh. In Use	(82) Vehicle Stolen
1 N 4 B L 2 1 E 9 7 C 1 1 8 2 6								<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)	<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)
(83) Special Use				(84) Trailer/Cargo Type					
<input checked="" type="radio"/> None (00) <input type="radio"/> Fire Truck (04) <input type="radio"/> Police-Off Duty (08) <input type="radio"/> U-Drive (12) <input type="radio"/> Driver Trng. (01) <input type="radio"/> Tow Truck (05) <input type="radio"/> Military (09) <input type="radio"/> School Bus (13) <input type="radio"/> Construction/Maintenance (02) <input type="radio"/> Ambulance (06) <input type="radio"/> Government (10) <input type="radio"/> Other Bus (14) <input type="radio"/> Taxi (03) <input type="radio"/> Police-On Duty (07) <input type="radio"/> Farm Use (11) <input type="radio"/> Other (15)				<input checked="" type="radio"/> None (00) <input type="radio"/> Livestock (04) <input type="radio"/> Veh. Tow Veh. (08) <input type="radio"/> Boat (01) <input type="radio"/> House (05) <input type="radio"/> Other (09) <input type="radio"/> Flatbed (02) <input type="radio"/> Van/Encl. Box (06) <input type="radio"/> N/A (10) <input type="radio"/> Horse (03) <input type="radio"/> Dump (07)					

Officer's Initials: CWA

Supervisor's Initials: HMG

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-033168

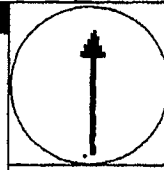
Unit No. 02		UNIT INFORMATION (Cont.)																													
(89) Citations		(90) Est. Damages		(91) Extent of Damage		(92) Is this a CMV or Other QUALIFYING Vehicle? If yes, go to CMV SUPPLEMENT																									
Citation Number	Offense Code (H.R.S./R.O. Section No.)	<input checked="" type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		<input type="radio"/> None (00) <input checked="" type="radio"/> Functional (02) <input type="radio"/> Minor (01) <input type="radio"/> Disabling (03)		<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)																									
		(95A) Object (1) Struck/Damage Description		(96A) Object (2) Struck/Damage Description																											
(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																											
		(95D) Estimated Damages to Object 1		(96D) Estimated Damages to Object 2																											
		<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)																											
(94) Direction																															
		From		To																											
		3		7																											
(97) Motor Vehicle Maneuver/Action		(98) Reason for Maneuver		(99) Traffic Control Device Type																											
<input checked="" type="radio"/> Straight Ahead (01) <input type="radio"/> Parking (07) <input type="radio"/> Turning Left (14) <input type="radio"/> Changing Lanes (02) <input type="radio"/> Parked (08) <input type="radio"/> U-Turn (15) <input type="radio"/> Merging (03) <input type="radio"/> Start from Parked (09) <input type="radio"/> Entering Traffic (16) <input type="radio"/> Overtaking/Passing (04) <input type="radio"/> Stopped in Traffic (10) <input type="radio"/> Negotiating a Curve (17) <input type="radio"/> Slowing/Stopping (05) <input type="radio"/> Right Turn on Red (12) <input type="radio"/> Other (18) <input type="radio"/> Backing (06) <input type="radio"/> Turning Right (13)		<input checked="" type="radio"/> Intended Maneuver (01) <input type="radio"/> Avoid Pedestrian (05) <input type="radio"/> Traffic Controls (02) <input type="radio"/> Avoid Bicycle (06) <input type="radio"/> Mechanical Failure (03) <input type="radio"/> Avoid Obj./Animal (07) <input type="radio"/> Avoid Other Vehicle (04) <input type="radio"/> Avoid Prior MVA (08) <input type="radio"/> Other (09)		<input checked="" type="radio"/> No Controls (00) <input type="radio"/> School Zone Sign/Device (07) <input type="radio"/> Traffic Signal (01) <input type="radio"/> Stop Sign (02) <input type="radio"/> Warning Sign (08) <input type="radio"/> Yield Sign (03) <input type="radio"/> Railway X-ing Device (09) <input type="radio"/> Flashing Red (04) <input type="radio"/> Flashing Amber (05) <input type="radio"/> Other (10) <input type="radio"/> Person (06)																											
(100) Traffic Control Condition		(101) Guidance/Pavement Markings		(102) Delinicator Present		(103) Bikeway																									
<input checked="" type="radio"/> Functioning Properly (01) <input type="radio"/> Green Malfunction (06) <input type="radio"/> Knocked Down (02) <input type="radio"/> Arrow Malfunction (07) <input type="radio"/> Obscured (03) <input type="radio"/> Lights Not Changing (08) <input type="radio"/> Red Malfunction (04) <input type="radio"/> Other Malfunction (09) <input type="radio"/> Yellow Malfunction (05)		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">None (00) <input type="radio"/></td> <td style="width: 50%; border: none;">No Passing, Yellow (06) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Yellow (01) <input type="radio"/></td> <td style="border: none;">Curb/Median, Etc. (07) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash Yellow (02) <input type="radio"/></td> <td style="border: none;">Bikeway Marking (08) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid White (03) <input type="radio"/></td> <td style="border: none;">Crosswalk Marking (09) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash White (04) <input type="radio"/></td> <td style="border: none;">Turn Lane (10) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Double Yellow (05) <input type="radio"/></td> <td style="border: none;"></td> </tr> </table> </td> <td style="width: 50%; border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Lft <input type="radio"/></td> <td style="width: 50%; border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> </table> </td> </tr> </table>		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">None (00) <input type="radio"/></td> <td style="width: 50%; border: none;">No Passing, Yellow (06) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Yellow (01) <input type="radio"/></td> <td style="border: none;">Curb/Median, Etc. (07) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash Yellow (02) <input type="radio"/></td> <td style="border: none;">Bikeway Marking (08) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid White (03) <input type="radio"/></td> <td style="border: none;">Crosswalk Marking (09) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash White (04) <input type="radio"/></td> <td style="border: none;">Turn Lane (10) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Double Yellow (05) <input type="radio"/></td> <td style="border: none;"></td> </tr> </table>	None (00) <input type="radio"/>	No Passing, Yellow (06) <input type="radio"/>	Solid Yellow (01) <input type="radio"/>	Curb/Median, Etc. (07) <input type="radio"/>	Skip-Dash Yellow (02) <input type="radio"/>	Bikeway Marking (08) <input type="radio"/>	Solid White (03) <input type="radio"/>	Crosswalk Marking (09) <input type="radio"/>	Skip-Dash White (04) <input type="radio"/>	Turn Lane (10) <input type="radio"/>	Solid Double Yellow (05) <input type="radio"/>		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Lft <input type="radio"/></td> <td style="width: 50%; border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> </table>	Lft <input type="radio"/>	Rgt <input type="radio"/>	Lft <input type="radio"/>	Rgt <input type="radio"/>	Lft <input type="radio"/>	Rgt <input type="radio"/>	Lft <input type="radio"/>	Rgt <input type="radio"/>	Lft <input type="radio"/>	Rgt <input type="radio"/>	<input checked="" type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Left (02) <input type="radio"/> Both Sides (03)		<input checked="" type="radio"/> None (00) <input type="radio"/> Bike Route [Signed] (01) <input type="radio"/> Bike Lane Stripe (02) <input type="radio"/> Separate Path/Lane (03)	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">None (00) <input type="radio"/></td> <td style="width: 50%; border: none;">No Passing, Yellow (06) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Yellow (01) <input type="radio"/></td> <td style="border: none;">Curb/Median, Etc. (07) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash Yellow (02) <input type="radio"/></td> <td style="border: none;">Bikeway Marking (08) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid White (03) <input type="radio"/></td> <td style="border: none;">Crosswalk Marking (09) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash White (04) <input type="radio"/></td> <td style="border: none;">Turn Lane (10) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Double Yellow (05) <input type="radio"/></td> <td style="border: none;"></td> </tr> </table>	None (00) <input type="radio"/>	No Passing, Yellow (06) <input type="radio"/>	Solid Yellow (01) <input type="radio"/>	Curb/Median, Etc. (07) <input type="radio"/>	Skip-Dash Yellow (02) <input type="radio"/>	Bikeway Marking (08) <input type="radio"/>	Solid White (03) <input type="radio"/>	Crosswalk Marking (09) <input type="radio"/>	Skip-Dash White (04) <input type="radio"/>	Turn Lane (10) <input type="radio"/>	Solid Double Yellow (05) <input type="radio"/>		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Lft <input type="radio"/></td> <td style="width: 50%; border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> <tr> <td style="border: none;">Lft <input type="radio"/></td> <td style="border: none;">Rgt <input type="radio"/></td> </tr> </table>	Lft <input type="radio"/>	Rgt <input type="radio"/>	Lft <input type="radio"/>	Rgt <input type="radio"/>	Lft <input type="radio"/>	Rgt <input type="radio"/>	Lft <input type="radio"/>	Rgt <input type="radio"/>	Lft <input type="radio"/>	Rgt <input type="radio"/>								
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<input checked="" type="radio"/> None (00) <input type="radio"/> Suspension (08) <input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09) <input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10) <input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11) <input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12) <input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13) <input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14) <input type="radio"/> Steering (07) <input type="radio"/> Other (15)		<input checked="" type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05)		<input checked="" type="radio"/> None (00) <input type="radio"/> Illness (06) <input type="radio"/> Inattention (01) <input type="radio"/> Legal Meds. (07) <input type="radio"/> Misjudgment (02) <input type="radio"/> Emotional (08) <input type="radio"/> Fatigue (03) <input type="radio"/> Phys. Impaired (09) <input type="radio"/> Alcohol (04) <input type="radio"/> Other (10) <input type="radio"/> Illegal Drugs (05)		<input checked="" type="radio"/> Not Distracted (00) <input type="radio"/> Cellular Phone (01) <input type="radio"/> Other Elect. Comm. Device (02) <input type="radio"/> Other Electronic Device (03) <input type="radio"/> Other Inside Vehicle (04) <input type="radio"/> Other Outside Vehicle (05) <input type="radio"/> Other Occupant (06)																									
(108) Other Factors (Select up to 4)				(109) Roadway Comp.		(110) Roadway Surface																									
<input checked="" type="radio"/> No Improper Action (00) <input type="radio"/> Failure to Yield (06) <input type="radio"/> Improper Backing (13) <input type="radio"/> Other Improper Action (18) <input type="radio"/> Drove too Fast for Conditions (01) <input type="radio"/> Wrong Side/Way (07) <input type="radio"/> Followed too Closely (14) <input type="radio"/> Illegally in Roadway (19) <input type="radio"/> Exceed Posted Speed Limit (02) <input type="radio"/> Crossed Centerline (08) <input type="radio"/> Aggressive, Reckless Driving (15) <input type="radio"/> Improper Crossing (20) <input type="radio"/> Disregard Traffic Signals (03) <input type="radio"/> Ran off Road (09) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Swerved to Avoid Obstacle (16) <input type="radio"/> Inattention (Talking, Etc.) (22) <input type="radio"/> Disregard Other Trfc. Ctr. Dev. (05) <input type="radio"/> Improper Turn (11) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> <input type="radio"/> Improper Passing (12) <input type="radio"/> <input type="radio"/> Clothing not Visible (24)				<input type="radio"/> Concrete (01) <input checked="" type="radio"/> Asphalt (02) <input type="radio"/> Gravel (03) <input type="radio"/> Dirt (04) <input type="radio"/> Other (05)		<input checked="" type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Debris (04) <input type="radio"/> Sand (10) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06)																									
(111) Other Roadway Conditions			(112) Roadway Alignment (Horizontal)		(113) Roadway Alignment (Vertical)																										
<input checked="" type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06) <input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08)			<input checked="" type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03)		<input checked="" type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Uphill (03)																										
Officer's Rank and Name		Officer's ID Number		Date/Time		Supervisor's Rank and Name		Supervisor's ID Number		Date/Time																					
PO2 AGBISIT, CLAYTON W		15365		8/8/18 14:29		SGTD1 GILROY, HEATHER M		12687		8/8/18 14:49																					

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number. 18-033168

DIAGRAM

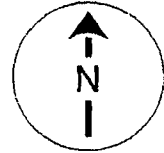
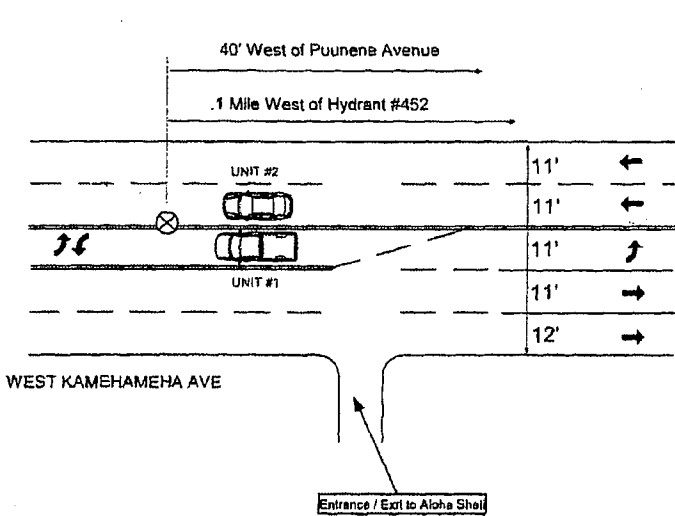
(114) Tire Skid Marks (Feet)					(115) REFERENCE POINT								
Wheel	Unit	Unit	Unit	Unit	IS	40	(feet)	W	(direction)	PUUNENE AVE	(Object/Landmark)		
Rgt-R	0	0			ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE								
Lft-F	0	0			Object					N	S	E	W
Rgt-F	0	0											
Lft-R	0	0											
(116) Intersection Related													
● No (01) ○ Yes (02)													
(117) Main Road													
(A) No. of Lanes		(B) Speed Limit			(119) Indicate the Type of Intersection (Check one)								
2		30			<input checked="" type="radio"/> Not at Intersection (01) <input type="radio"/> "Y" Intersection (04) <input type="radio"/> Roundabout (07) <input type="radio"/> 4-Way Intersection (02) <input type="radio"/> Part of Interchange (05) <input type="radio"/> 5 (or more legs) Intersection (08) <input type="radio"/> "T" Intersection (03) <input type="radio"/> Traffic Circle (06) <input type="radio"/> Other (09)								
(118) Side Road													
(A) No. of Lanes		(B) Speed Limit											



Place an arrow in the above circle to indicate North.

Draw Object, Directions, Etc. According to Current Practices.

18-033168
 MOTOR VEHICLE COLLISION (AUTO / AUTO MAJOR)
 W. KAMEHAMEHA AVE. 40' WEST OF PUUNENE AVE.



NOT TO SCALE

LEGEND:
 UNIT #1 - CM 1232
 UNIT #2 - MPZ-585
 ⊗ - POINT OF IMPACT

DAMAGES:

UNIT #2

UNIT #1

Submitted by,

Ofc. Cesar DESAMITO, E-11869
 08/08/18 @ 1040 hours

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

While U1 was making a left turn onto West Kamehameha Avenue from the Shell Gas Station (110 S. Puunene Ave) driveway on the West Kamehameha Avenue side, the operator did not see U2 already traveling west on West Kamehameha Avenue in the inner lane. U1 ended up

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 AGBISIT, CLAYTON W	15365	8/8/18 14:29	SGTD1 GILROY, HEATHER M	12887	8/8/18 14:49

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-033168

Synopsis (continued)

merging directly into U2. Operators of U1 and U2 were not injured. U2 sustained damages greater than \$3,000.00 (USD), not needing a tow.

Refer to Narrative.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 AGBISIT, CLAYTON W	15365	8/8/18 14:29	SGTD1 GILROY, HEATHER M	12687	8/8/18 14:49

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number 18-033168

Unit No.	Commercial Motor Vehicle Supplement				
01					
INSTRUCTIONS:					
IF number 1, 2, or 3 apply, AND either A, B, or C apply; THEN complete this supplement for each CMV or qualifying vehicle.					
IF	1	ANY truck having a gross vehicle weight rating (GVWR) greater than 10,000 lbs., or a gross combined vehicle weight rating (GCWR) greater than 10,000 lbs. OR.	AND	A	ANY person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash. OR:
	2	ANY Motor Vehicle with seats to transport nine (9) or more people including the driver's seat. OR.		B	ANY person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene. OR:
	3	ANY vehicle displaying a hazardous materials placard regardless of the weight		C	ANY motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.
QUALIFYING INFORMATION					
(200) This form is being completed because this vehicle is:		(201) Number of		(202) At the time of the crash, this vehicle was:	
<input type="radio"/> A truck or truck combination over 10,000 lbs. (GVWR/GCWR) <input type="radio"/> A bus with seats for 9 or more, including the driver. <input type="radio"/> A vehicle of any type with a Hazardous Materials placard.		Total involved vehicles in the crash:	2	<input checked="" type="radio"/> Operating on a trafficway open to the public. <input type="radio"/> Parked On/Off the trafficway.	
		Person(s) sustaining Fatal injury:	0		
		Injured Person(s) Transported for IMMEDIATE Treatment:	0		
		Vehicles towed due to DISABLING DAMAGE:	0		
VEHICLE INFORMATION					
(203) Vehicle Configuration		(204) Cargo Body Type		(205) GVWR, GCWR (Use GCWR for truck combinations)	
<input type="radio"/> Passenger Car (Only with Hazardous Materials Placard) (01) <input type="radio"/> Light Truck (Only with Hazardous Materials Placard) (02) <input type="radio"/> Bus (Seats 9-15 including the driver) (03) <input type="radio"/> Bus (Seats 16 or more including the driver) (04) <input type="radio"/> Single Unit Truck (2 Axles/6 Tires) (05) <input type="radio"/> Single Unit Truck (3 or more axles) (06) <input type="radio"/> Truck/Trailer(s) [Single Unit Truck with Trailer(s)] (07) <input type="radio"/> Truck/Tractor (without trailer, bobtail, or saddle mount) (08) <input type="radio"/> Tractor/Semi-Trailer (one trailer) (09) <input type="radio"/> Tractor/Doubles (two trailers) (10) <input type="radio"/> Tractor/Triples (three trailers) (11) <input type="radio"/> Other truck over 10,000 lbs. (not listed above) (99)		<input checked="" type="radio"/> Not Applicable/No cargo body (00) <input type="radio"/> Bus (seats 9-15 including driver) (01) <input type="radio"/> Bus (Seats 16 or more including the driver) (02) <input type="radio"/> Van/Enclosed box (03) <input type="radio"/> Cargo Tank (04) <input type="radio"/> Flatbed (05) <input type="radio"/> Dump (06) <input type="radio"/> Concrete Mixer (07) <input type="radio"/> Auto Transporter (08) <input type="radio"/> Garbage/Refuse (09) <input type="radio"/> Grain, Chips, Gravel (10) <input type="radio"/> Pole (11) <input type="radio"/> Vehicle Towing Another Vehicle (12) <input type="radio"/> Intermodal Chassis (13) <input type="radio"/> Log (14) <input type="radio"/> Other Cargo Body Not Listed (98)		<input checked="" type="radio"/> 10,000 lbs., or less (01) <input type="radio"/> 10,001 lbs. to 26,000 lbs (02) <input type="radio"/> Over 26,000 lbs. (03)	
				(206) Bus Use	
				<input checked="" type="radio"/> Not a Bus (00) <input type="radio"/> School [public or private] (01) <input type="radio"/> Transit (02) <input type="radio"/> Inter-city (03) <input type="radio"/> Charter (04) <input type="radio"/> Other (05)	
				(207) Hazardous Materials	
				HAZMAT Placard Present <input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02) If yes, HM 4-Digit #/Name from Diamond: <input type="text"/> If yes, HM Class # bottom of Diamond: <input type="text"/> Was HAZMAT released from vehicle's cargo: <input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)	
MOTOR CARRIER INFORMATION					
(208) Type of Carrier		(209) Employer/Company Name			(217) Carrier Identification No.
<input type="radio"/> Interstate Carrier (01) <input type="radio"/> Intrastate Carrier (02) <input type="radio"/> Not in Commerce - Govt. (03) <input type="radio"/> Not in Commerce - Other (04) (Over 10,000 lbs. GVWR/GCWR)					<input type="radio"/> None US DOT #: <input type="text"/> MC/MX #: <input type="text"/> State #: <input type="text"/>
		(210) Str. No.	(211) Street Name	(212) Apt/Ste	(213) Phone No.
		(214) City		(215) State	(216) Zip Code
Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 AGBISIT, CLAYTON W	15365	8/8/18 14:29	SGTD1 GILROY, HEATHER M	12687	8/8/18 14:49

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-033168

Narrative

Officer C. AGBISIT 15365
POII / 1B21 / Kahului
Wailuku Patrol Division

ASSIGNMENT / ARRIVAL:

On 08/08/18 at about 0857 hours, I was assigned by Central Dispatch to respond to 45 West Kamehameha Avenue in Kahului, County of Maui, regarding a motor vehicle accident type case. Dispatch relayed there were no injuries, but a County of Maui vehicle was involved.

I arrived on scene at about 0859 hours, and observed the following.

OFFICER OBSERVATIONS / ACTIONS:

Upon arrival I observed two vehicles parked on the north side grass shoulder fronting 45 West Kamehameha Avenue. The front vehicle had damages to the driver side rear tire fender. There was an adult female and adult male standing next to the vehicles.

I made contact with the male party, while Officer C. KUSUNOKI made contact with the female party. I made contact with Arthur LATAYADA, who was the operator and sole occupant of the County of Maui vehicle bearing Hawaii license plates CM1232.

STATEMENT OF UNIT-1: Arthur LATAYADA A/M/Fil/Cit

On 08/08/18 at about 0902 hours, Arthur LATAYADA provided the following statement.

LATAYADA stated he was operating vehicle CM1232, and had just pulled out of the Shell Gas Station driveway on West Kamehameha Avenue, making a left onto West Kamehameha Avenue. While merging into the inner lane of West Kamehameha Avenue, LATAYADA did not see vehicle MPZ585 and ended up colliding into the vehicles driver side rear tire fender. LATAYADA thought the lane was clear and never saw the other vehicle. LATAYADA was not injured from the accident, refusing medical attention. LATAYADA was wearing his seatbelt and traveling the speed limit. His vehicle CM1232 was operable, not needing a tow, with minor damages to the front right bumper area.

INJURIES:

LATAYADA was not injured from the accident, refusing medical attention.

UNIT-1 INFORMATION:

Make: Ford
Model: F-250
Plate: CM1232
Color: white
VIN: 1FTHF25H6LKA72499
RO: County of Maui (Parks and Recreation)

STATEMENT / VEHICLE OF UNIT-2:

Refer to report by Officer C. KUSUNOKI.

SKETCH:

See sketch attached.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 AGBISIT, CLAYTON W	15365	8/8/18 14:29	SGTD1 GILROY, HEATHER M	12687	8/8/18 14:49

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-033168

Narrative

INVESTIGATION:

Investigation thus far reveals on 08/09/18 at about 1834 hours, County of Maui vehicle CM1087 was entering westbound traffic onto West Kamehameha Avenue, from the Shell Gas Station driveway on the West Kamehameha Avenue side. While U1 was merging into the inner lane of travel on West Kamehameha Avenue, the operator did not see U2 already traveling west on West Kamehameha Avenue in the inner lane. U1 ended up colliding into U2's driver side rear tire fender. Operators of U1 and U2 were not injured, refusing medical attention. U1 sustained damages greater than \$3,000.00(US), not needing a tow.

Officer C. AGBISIT 15365
Kailua Patrol Division
08/09/18 @ 1834 hours

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 AGBISIT, CLAYTON W	15365	8/8/18 14:29	SGTD1 GILROY, HEATHER M	12687	8/8/18 14:49

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-033168

Narrative Supplement

Supplement type:

Officer Chad KUSUNOKI E#13829
 Crime Reduction Unit/Wailuku Patrol 1B20

ASSIGNMENT / ARRIVAL:

On 08/08/18 at about 0835 hours, I was assigned by Dispatch to respond to the area of Kamehameha Avenue fronting the business Salvation Army, regarding a motor vehicle accident involving a County vehicle. Dispatch relayed that there were no injuries reported. I arrived at about 0842 hours.

OFFICER'S OBSERVATIONS:

Upon arrival, I observed a grey colored Nissan four door sedan parked in the front of two white County of Maui vehicles. There were several parties standing to the outside of the vehicles. I walked up to the parties and made contact with Marie CHESTER, the driver of Unit 2.

ADVISEMENT OF RIGHTS:

On 08/08/18 at about 0845 hours, Marie CHESTER was verbally advised of her constitutional rights. CHESTER relayed understanding her rights and elected to provide a statement.

UNIT-2 STATEMENT: Marie CHESTER A/F/OTH/CITZ

On 08/08/18 at about 0849 hours, Marie CHESTER was interviewed on the grassy shoulder on the roadway where she gave the following statement.

CHESTER relayed that she just made the left hand turn from Puunene Avenue on Kamehameha Avenue and was headed towards Lono Avenue. While driving, she observed a white truck exit what appeared to be the bank parking lot and collide into the rear driver side of her vehicle. She immediately pulled to the side of the roadway and called the police and her husband.

CHESTER relayed that she was not injured due to the accident and had nothing further to add.

INJURIES:

Marie CHESTER relayed that she was not injured due to the accident.

DAMAGES:

Damages were observed to the rear driver side area of CHESTER's vehicle. Damages estimated over \$3000.00(US).

ADDITIONAL INFORMATION:

Refer to other reports under this report number.

Officer Chad KUSUNOKI E#13829

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KUSUNOKI, CHAD YK	13829	8/13/18 11:14	SGTCRU WONG, TOD R	9954	8/13/18 11:18

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-033168

Narrative Supplement

Supplement type:

Crime Reduction Unit/ Waialae Patrol CRUC
08/08/18 3 1115 hours

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KUSUNOKI, CHAD YK	13829	8/13/18 11:14	SGTCRU WONG, TOD R	9954	8/13/18 11:18



FARMERS
INSURANCE

Toll Free: (800) 435-7764
Email: myclaim@farmersinsurance.com
National Document Center
P.O. Box 268992
Oklahoma City, OK 73126-8992
Fax: (877) 217-1389

Email Delivery:

From: myclaim@farmersinsurance.com
Date: Fri, Oct 19, 2018 @ 2:02 PM
Subject: FARMERS INSURANCE HAWAII, INC. 3011354336-1-2
To: sheri.corpuz@sedgwick.com

10/19/2018

Sedgwick Claims
Attn: Sheri Corpuz
Po Box 268994
Oklahoma City, OK 73126

Our Insured: James Chester
Our Claim #: 099 SUB 3011354336-1
Insured Driver: Marie Chester
Date of Loss: 08/08/2018
Your Insured: Office Of The County Clerk County Of Maui
Your Claim #: 30181069017
Deductible Amount: \$500.00
Loss of Use Amount: \$0.00
Rental Amount: \$0.00
Total Amount Owed: \$8,001.99

Dear Sheri Corpuz:

We have made payment to our insured for damages resulting from this accident. Our investigation has established that the above loss was caused by the negligence of your insured. By virtue of our subrogation rights this letter is to advise you that **we are requesting payment from you for the amount of damages within 14 days of the receipt of this letter.**

Be advised that no partial payment, which is less than the full amount claimed herein, will be considered in any way an acceptance of benefits, a novation or an accord and satisfaction of this claim without the express written release of our claim executed by an individual who identifies himself/herself as a member of our subrogation department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you or someone acting on your behalf.

If you need additional support for our claim or require further information, please call me at 616-803-7610 with your FAX number and Email address so that the requested information can be sent to you. Please send payment to the address listed above.

LH2BT49D

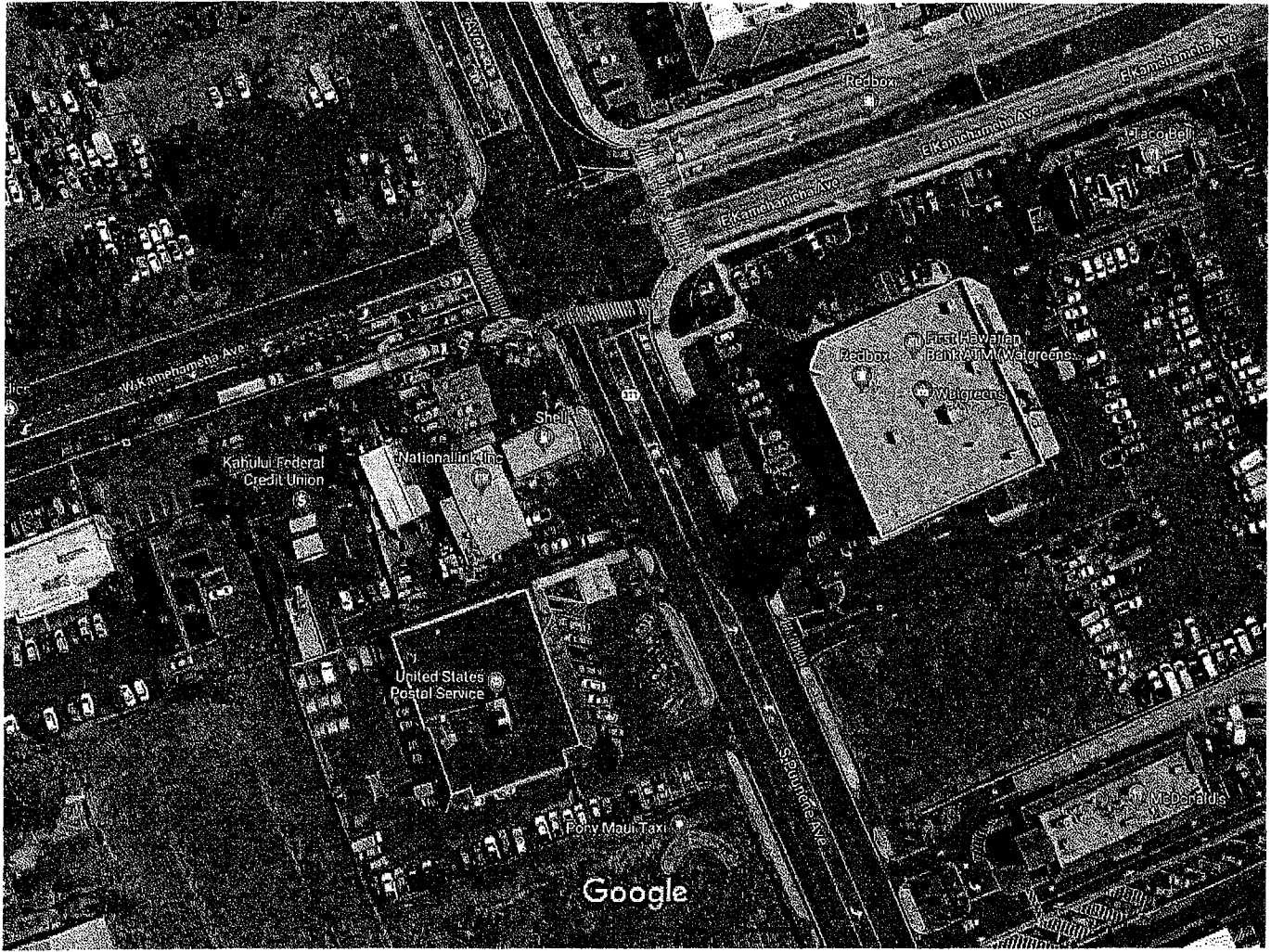
Sincerely,

A handwritten signature in black ink, appearing to read 'T Deboer', with a long horizontal flourish extending to the right.

Tonya Deboer
Litigation Claims Representative
FARMERS INSURANCE HAWAII, INC.
616-803-7610
tonya.deboer@farmersinsurance.com

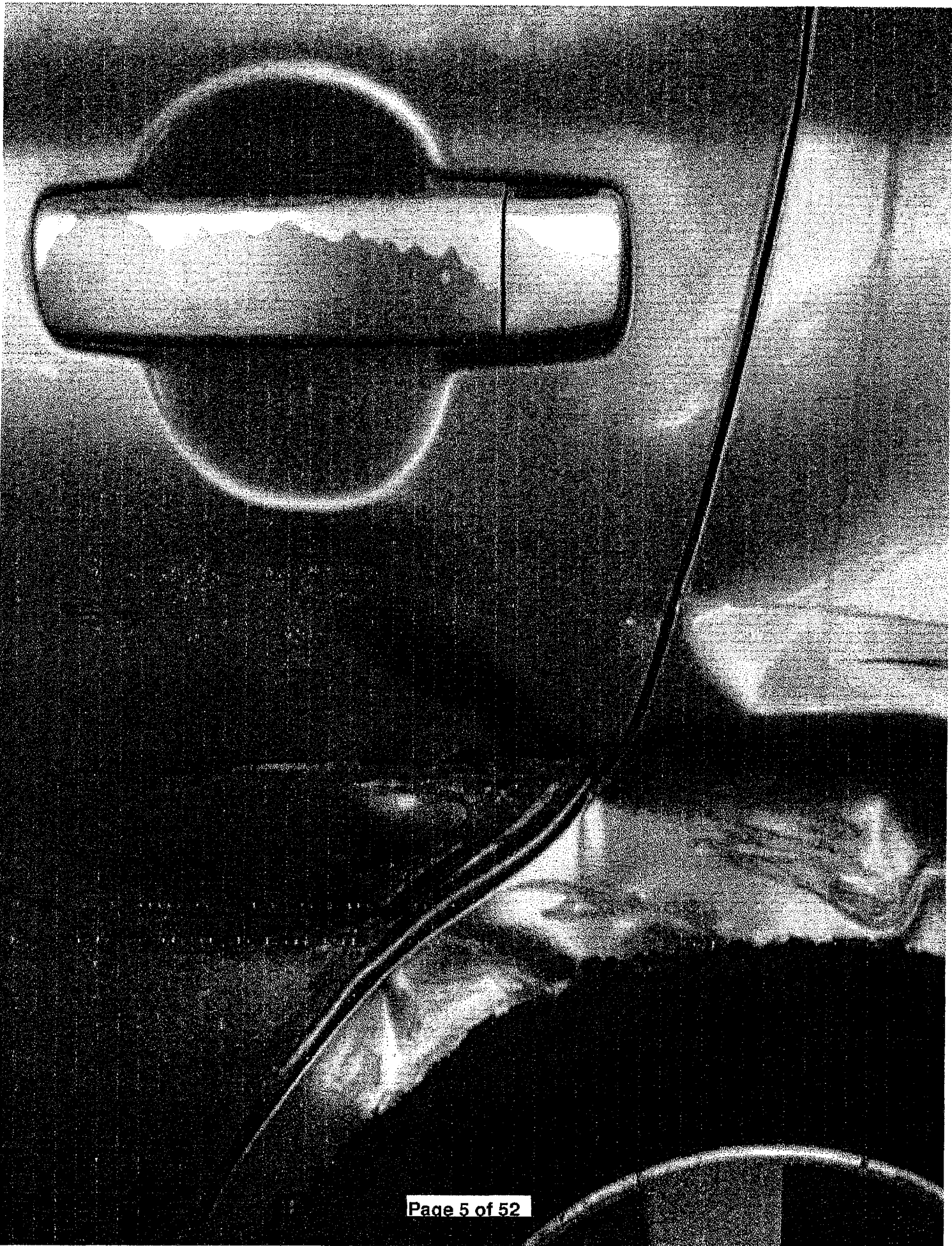
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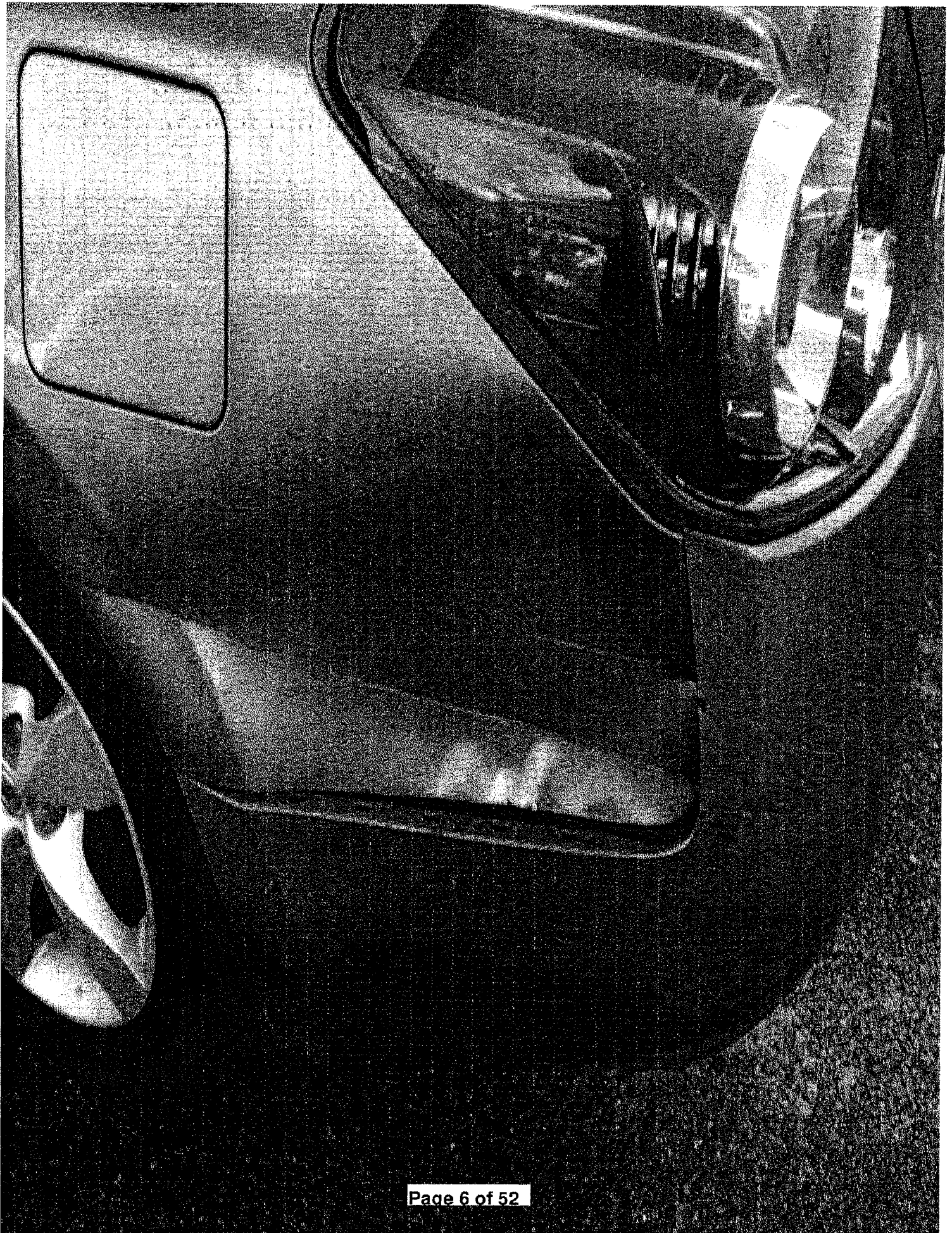
Google Maps The Salvation Army Corps Community Center

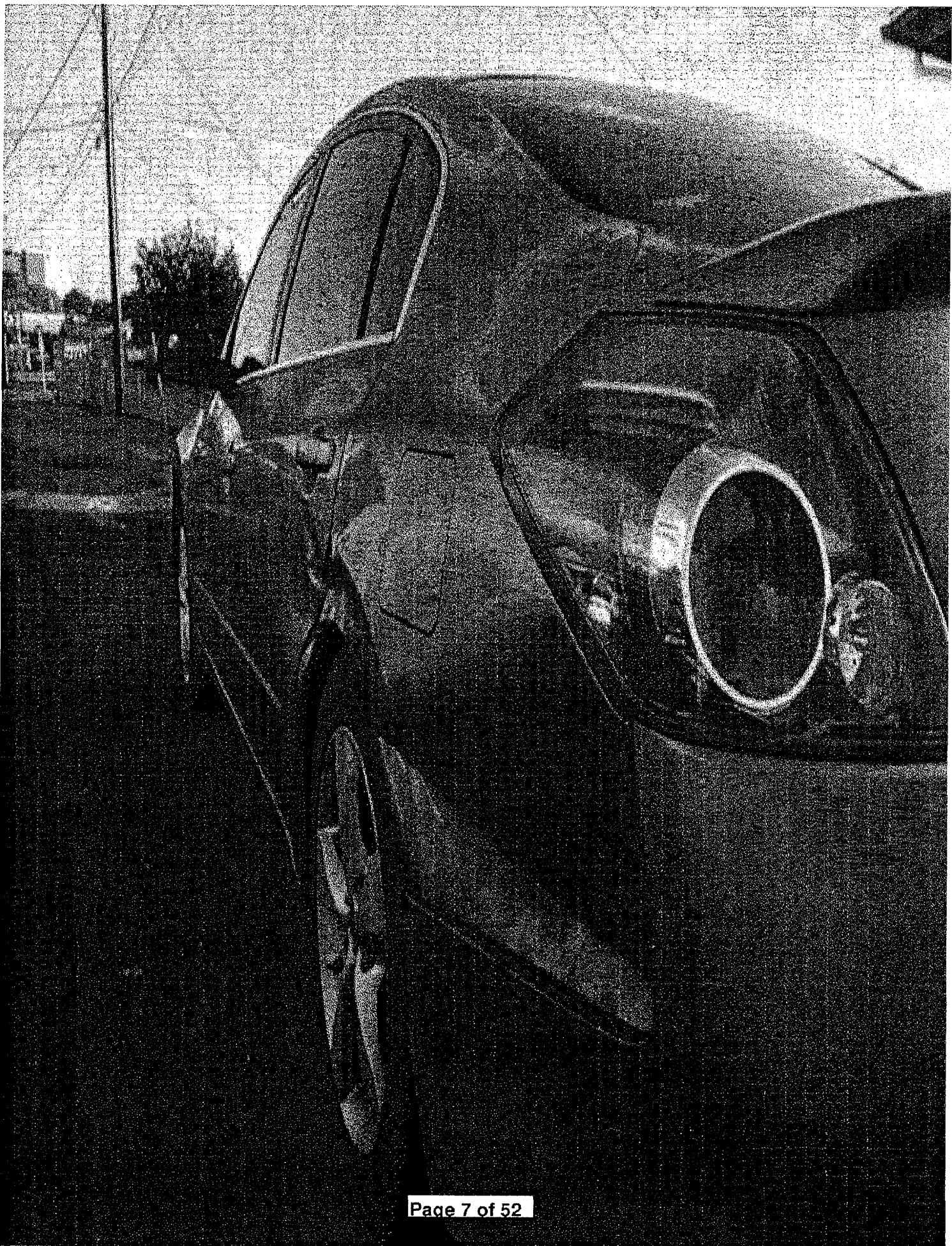


Imagery ©2018 Google, Map data ©2018 Google 50 ft



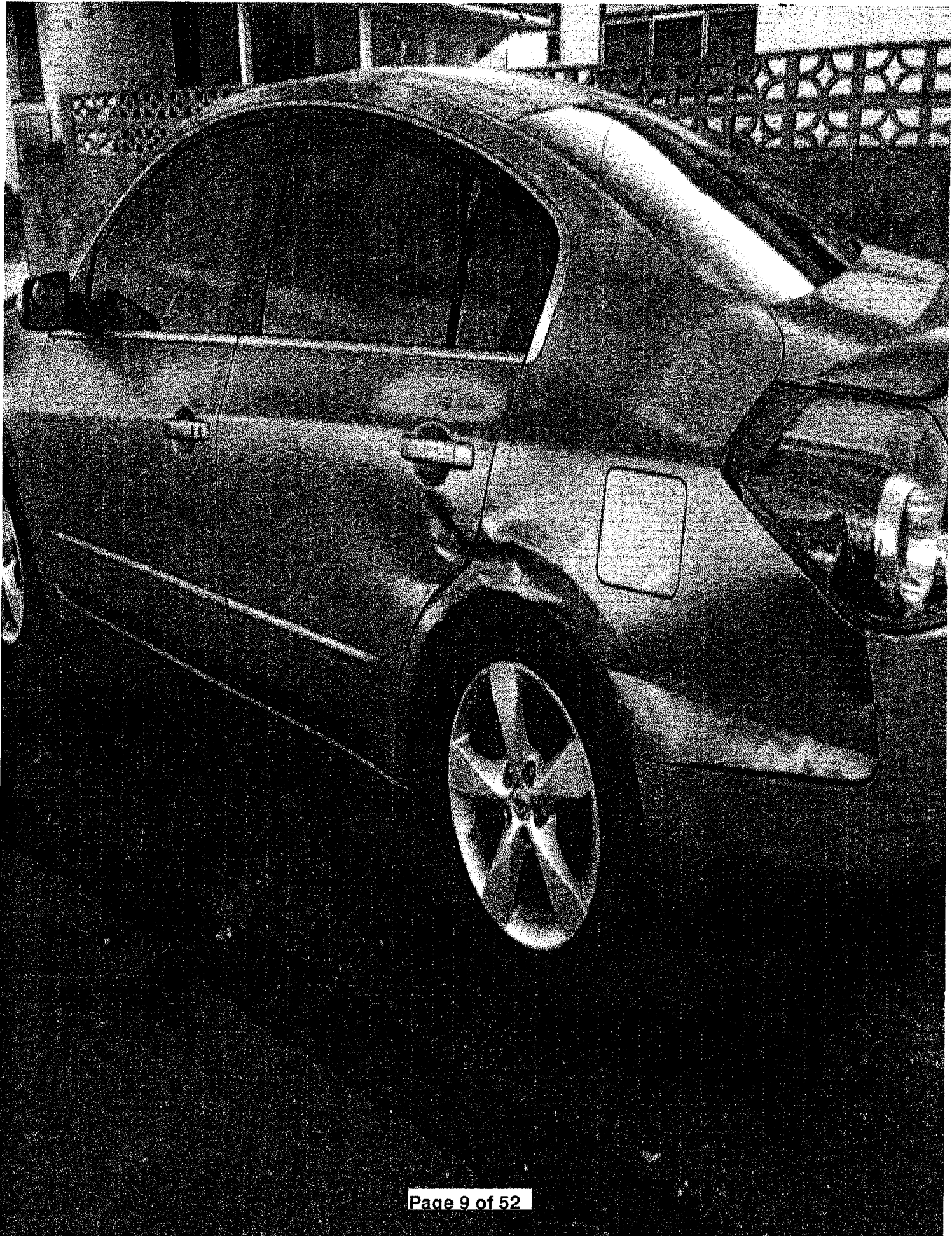


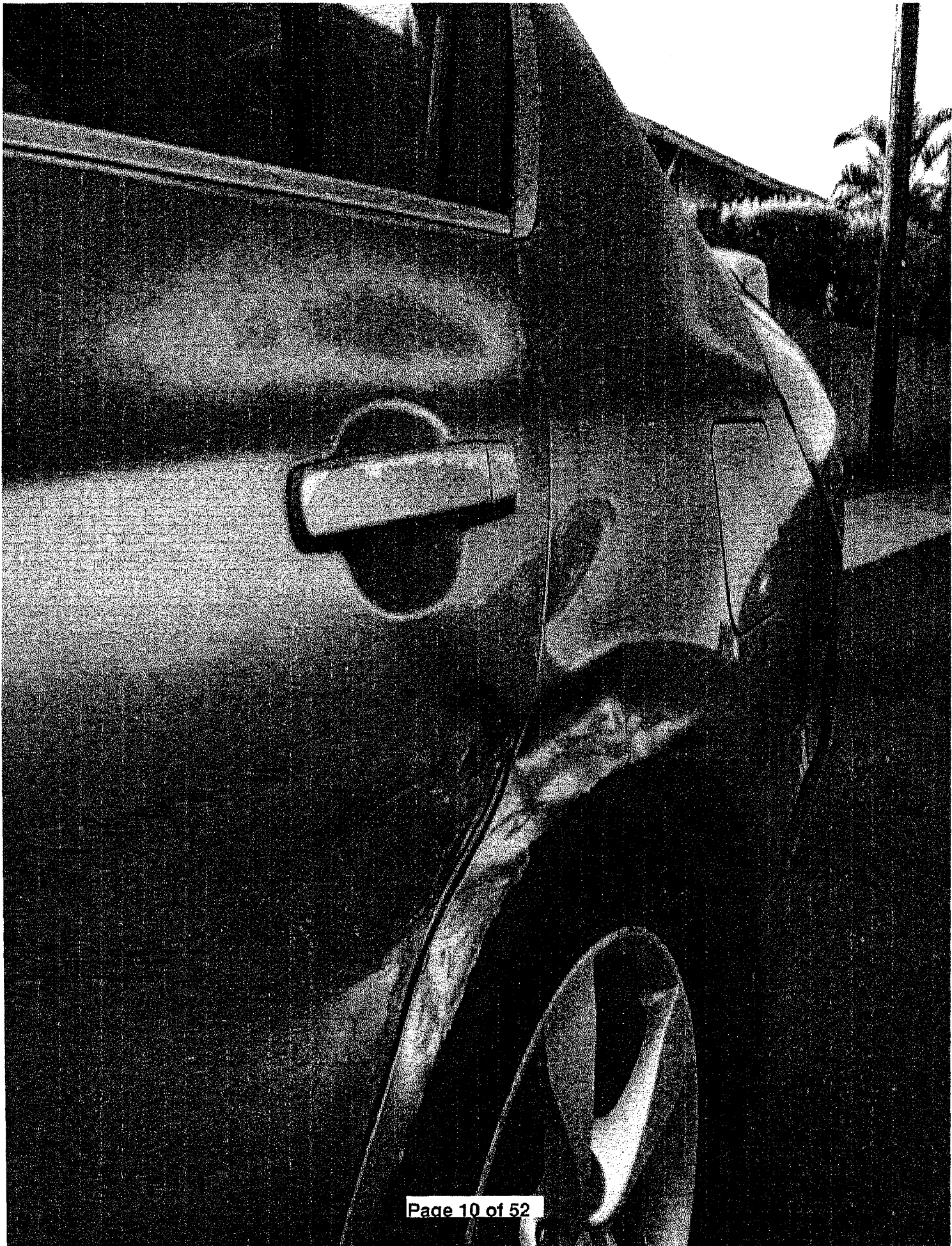




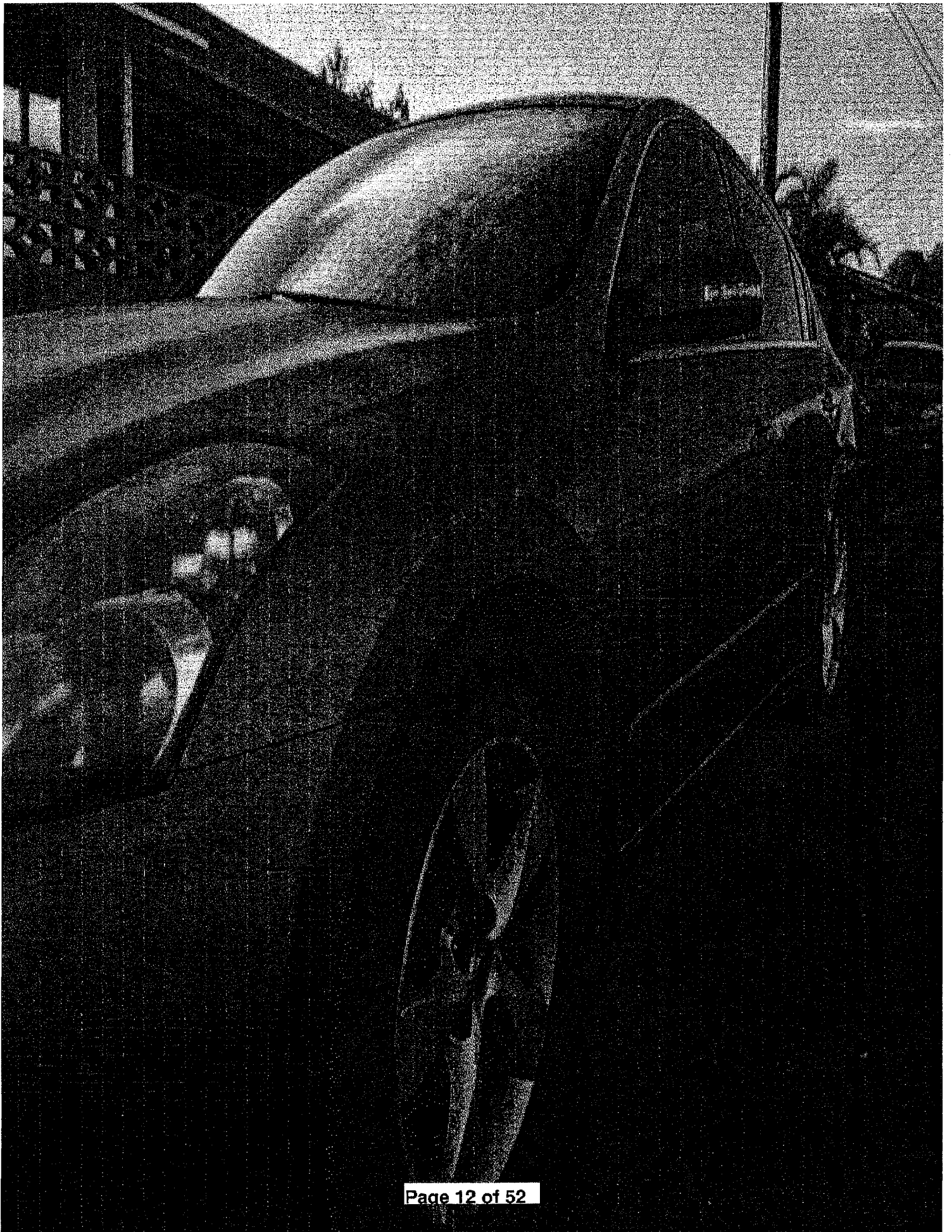


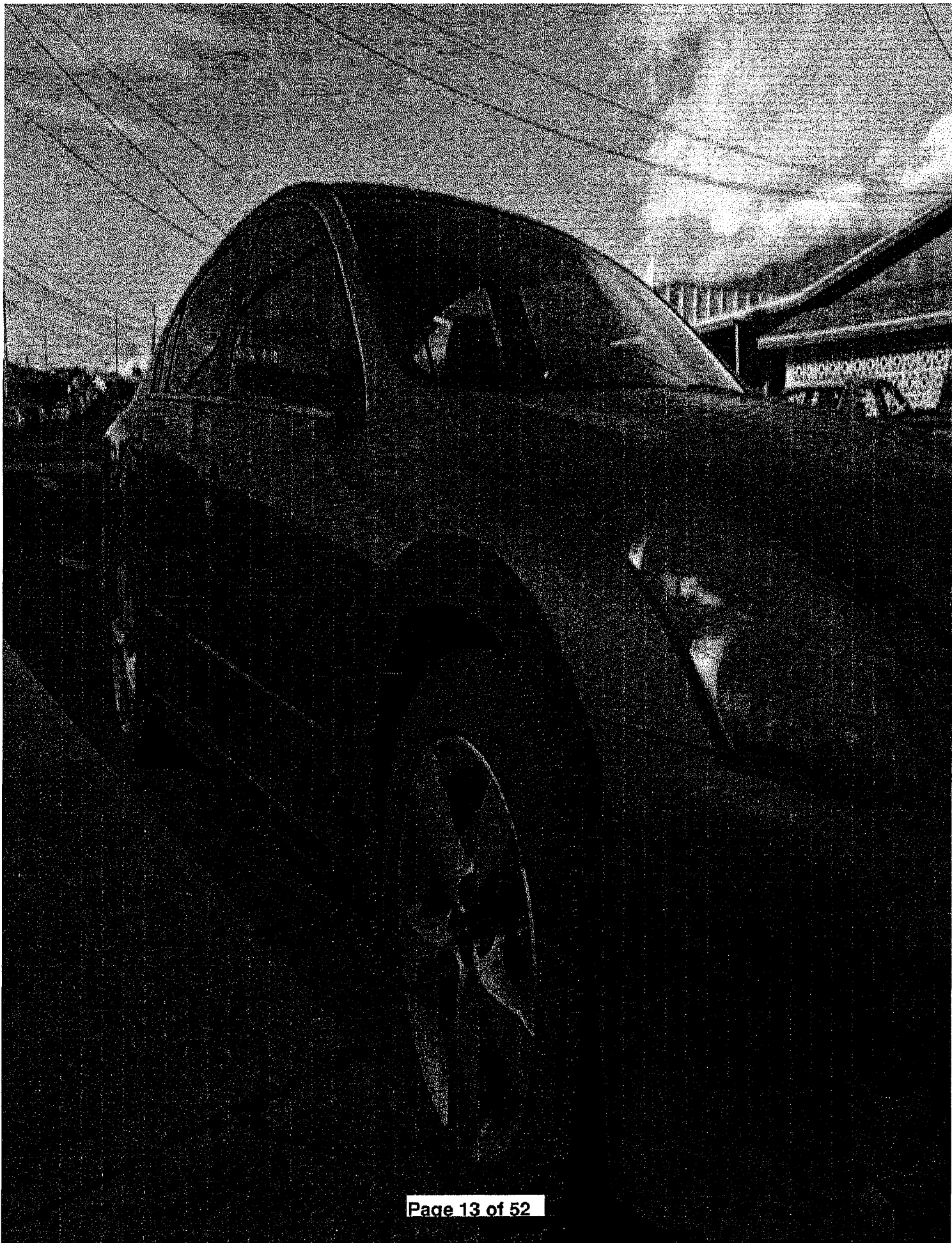
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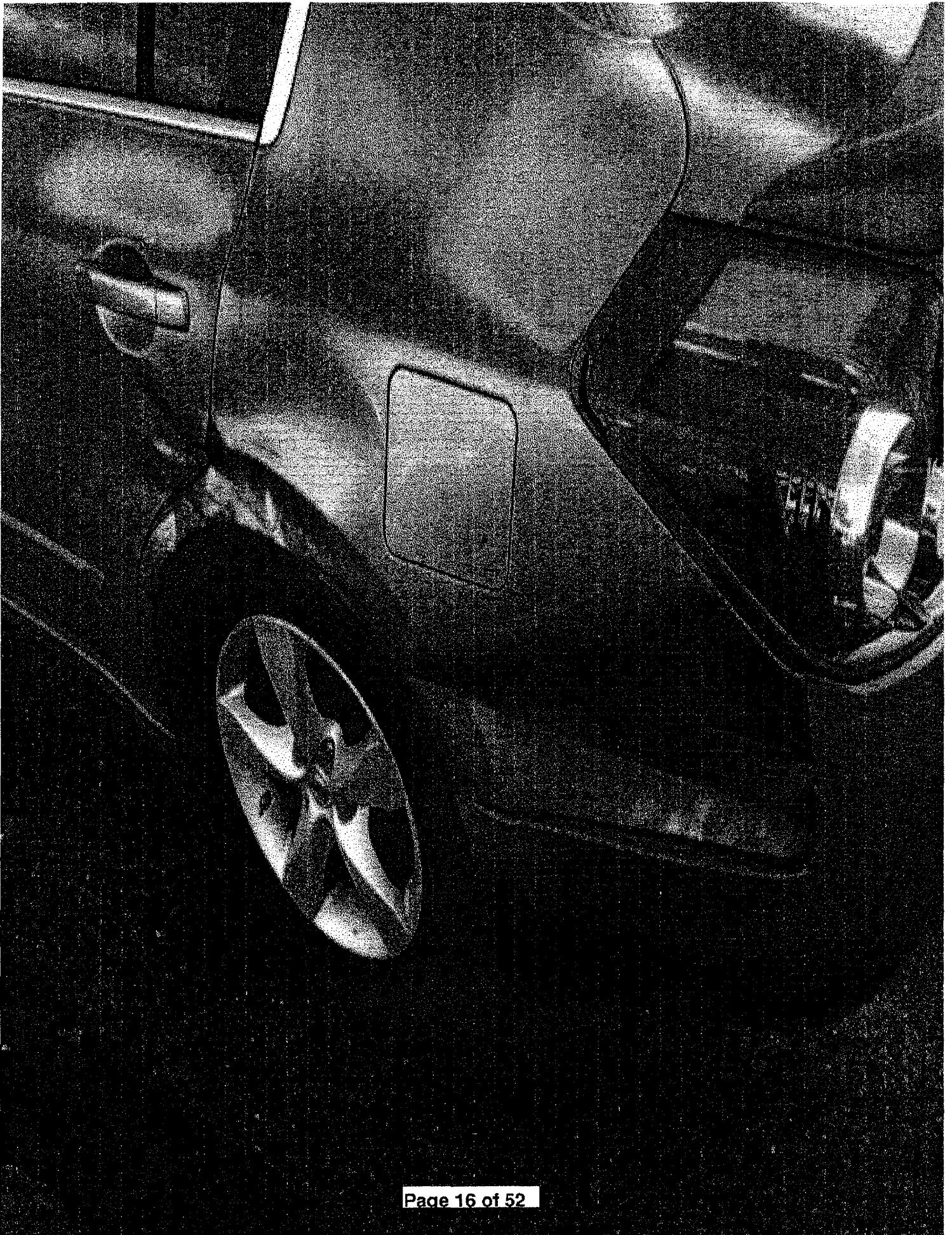












CERTIFICATE OF MOTOR VEHICLE REGISTRATION

COUNTY OF MAUI, HAWAII

LICENSE NUMBER MPZ585	MAKE NISS	TYPE 4DSD	YEAR MODEL 07	
VEHICLE IDENTIFICATION NUMBER 1N4BL21E97C118276		DATE FIRST SOLD 01/05/07	TC NUMBER MPZ585-09	
WEIGHT 3350	CLASS 1	SP PLATE 	EXEMPT 	STATE FEE 45.00
COUNTY WEIGHT TAX 117.25	COUNTY PENALTY 	STATE WEIGHT TAX 58.63	COUNTY FEE 18.00	STATE PENALTY
DEAD FEE 10.00	TOTAL PAYABLE 248.88	AVOID PENALTY RENEW ON OR BEFORE 12/31/2018		

LIENHOLDER AND ADDRESS
SAME

REGISTERED OWNER AND ADDRESS (PLEASE ENTER ANY ADDRESS CHANGES)



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5820181026008691



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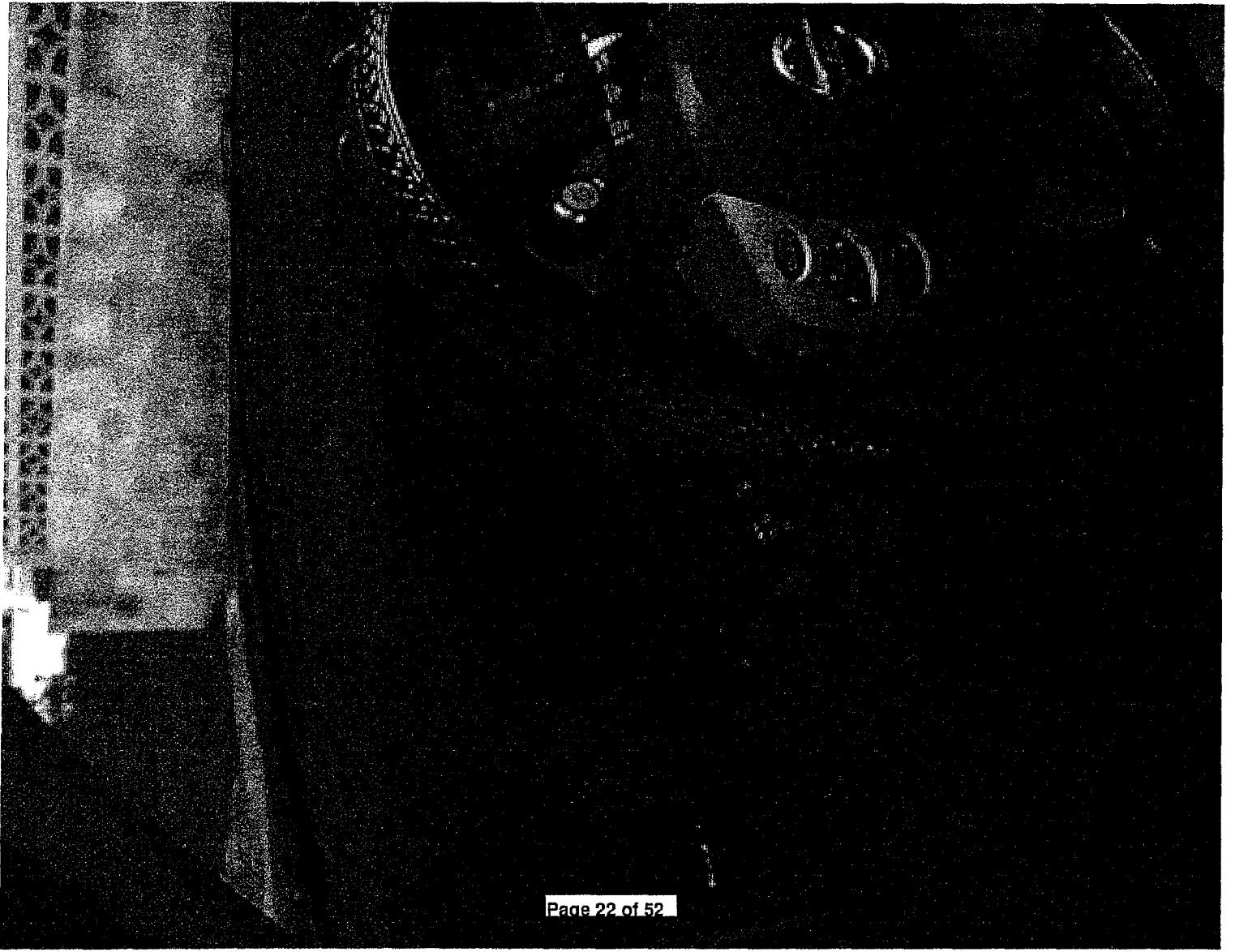


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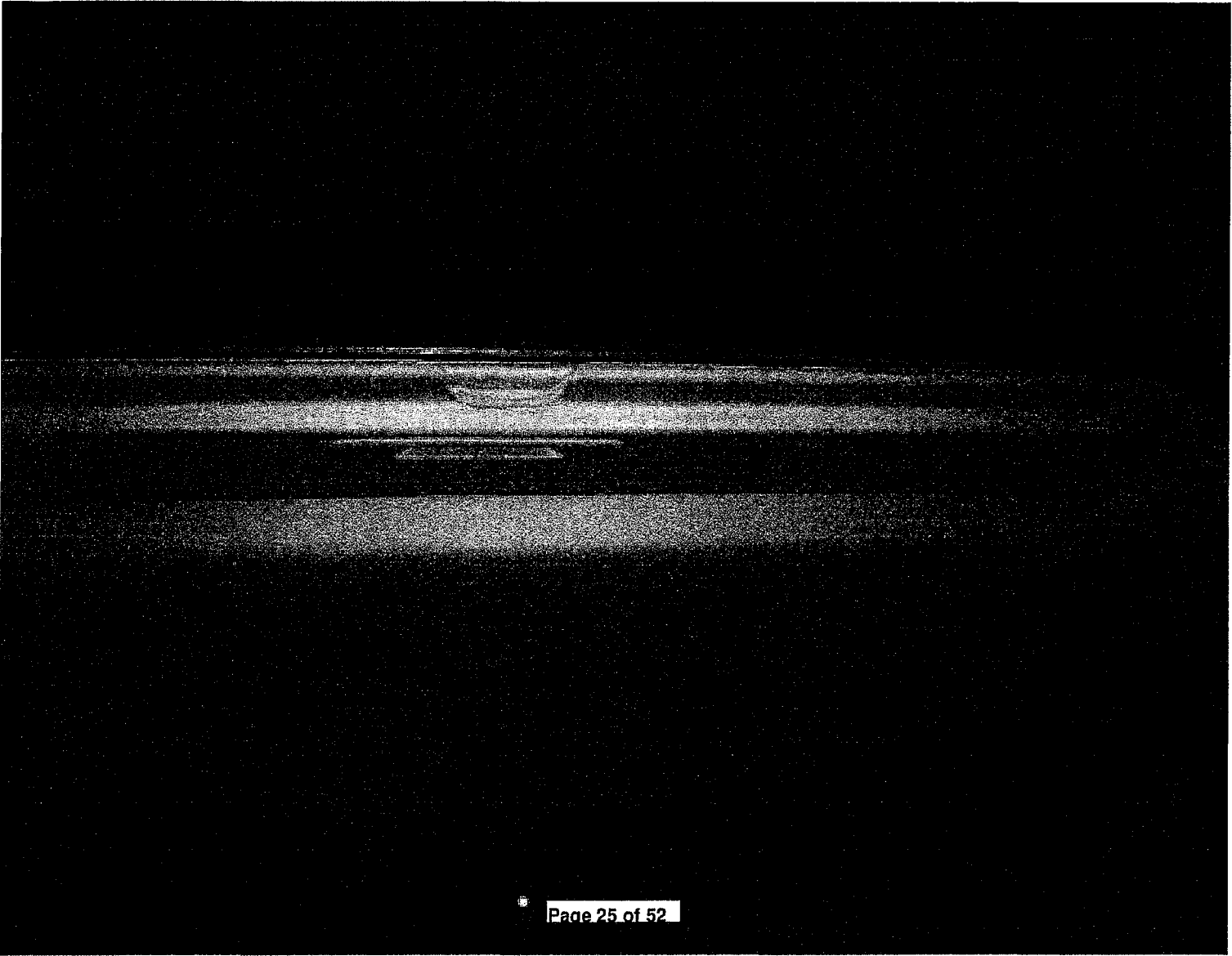
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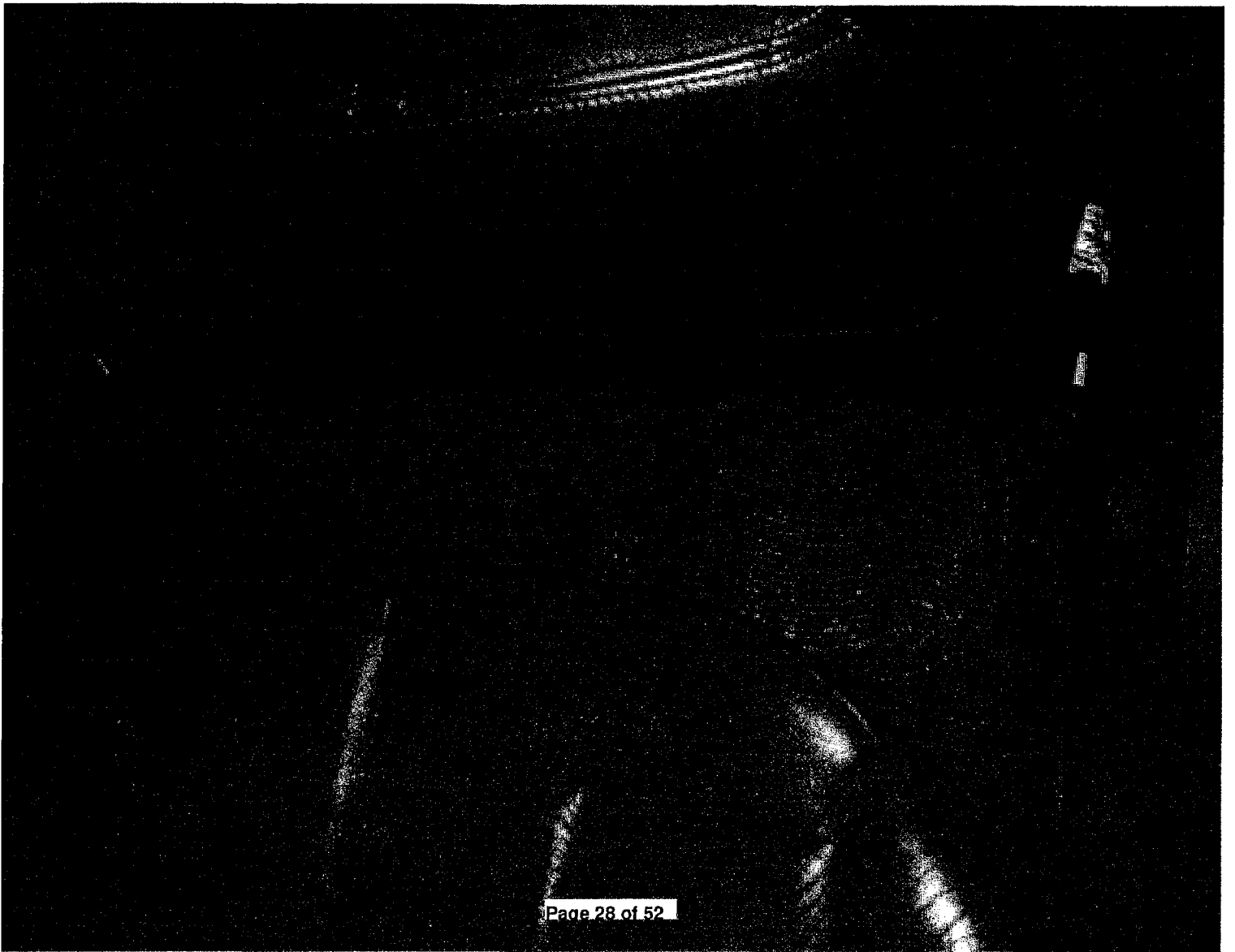


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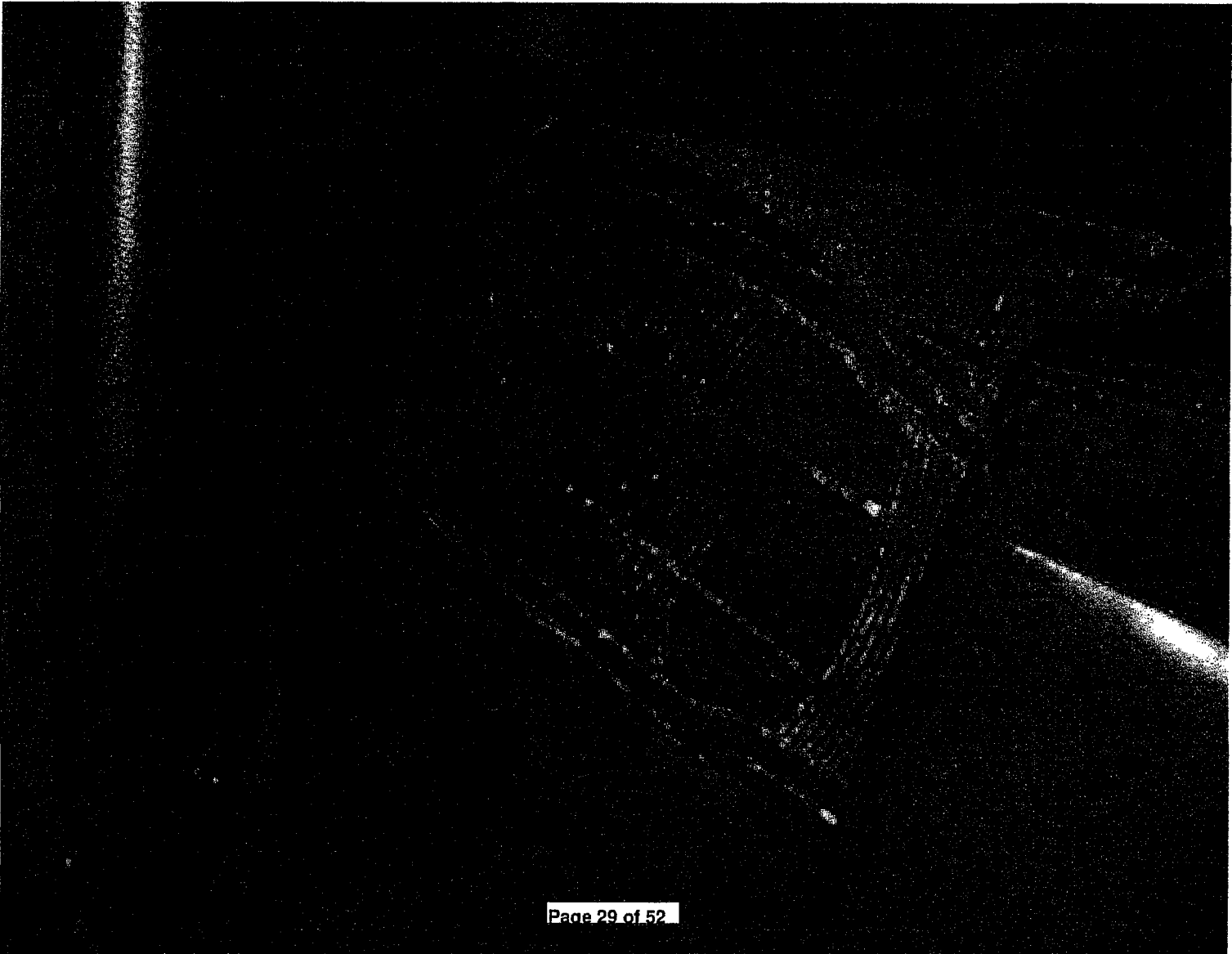


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CCC ONE MARKET VALUATION REPORT

Prepared for FARMERS INSURANCE HAWAII, INC.



REPORT SUMMARY



CLAIM INFORMATION

Owner	Chester, James 346 Palama Dr, null Kahului, HI 96732
Loss Vehicle	2007 Nissan Altima SE w/ Continuously Variable Transmission
Loss Incident Date	08/08/2018
Claim Reported	10/02/2018



INSURANCE INFORMATION

Report Reference Number	90232231
Claim Reference	3011354336-1-1
Adjuster	Hartigan, Matt
Odometer	59,928
Last Updated	10/03/2018 04:27 PM



VALUATION SUMMARY

Base Vehicle Value	\$ 8,334.00
Condition Adjustment	- \$ 198.00
Adjusted Vehicle Value	\$ 8,136.00
Total	\$ 8,136.00

The total may not represent the total of the settlement as other factors (e.g. license and fees) may need to be taken into account.

The CCC ONE® Market Valuation Report reflects CCC Information Services Inc.'s opinion as to the value of the loss vehicle, based on information provided to CCC by FARMERS INSURANCE HAWAII, INC.

Loss vehicle has 51% fewer than average mileage of 122,600.

BASE VEHICLE VALUE

This is derived per our Valuation methodology described on the next page.

ADJUSTED VEHICLE VALUE

This is determined by adjusting the Base Vehicle Value to account for the actual condition of the loss vehicle and certain other reported attributes, if any, such as refurbishments and after factory equipment.

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Valuation Methodology.....	2
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VALUATION METHODOLOGY

How was the valuation determined?



CLAIM INSPECTION

FARMERS INSURANCE HAWAII, INC. has provided CCC with the zip code where the loss vehicle is garaged, loss vehicle VIN, mileage, equipment, as well as loss vehicle condition, which is used to assist in determining the value of the loss vehicle.



DATABASE REVIEW

CCC maintains an extensive database of vehicles that currently are or recently were available for sale in the U.S. This database includes vehicles that CCC employees have physically inspected, as well as vehicles advertised for sale by dealerships or private parties. All of these sources are updated regularly.



SEARCH FOR COMPARABLES

When a valuation is created the database is searched and comparable vehicles in the area are selected. The zip code where the loss vehicle is garaged determines the starting point for the search. Comparable vehicles are similar to the loss vehicle based on relevant factors.



CALCULATE BASE VEHICLE VALUE

Adjustments to the price of the selected comparable vehicles are made to reflect differences in vehicle attributes, including mileage and options. Dollar adjustments are based upon market research.

Finally, the Base Vehicle Value is the weighted average of the adjusted values of the comparable vehicles based on the following factors:

- Source of the data (such as inspected versus advertised)
- Similarity (such as equipment, mileage, and year)
- Proximity to the loss vehicle's primary garage location
- Recency of information

 VEHICLE INFORMATION

VEHICLE DETAILS

Location	KAHULUI, HI 96732
VIN	1N4BL21E97C118276
Year	2007
Make	Nissan
Model	Altima
Trim	SE
Body Style	w/Continuously Variable Transmission
Body Type	Sedan
Engine -	
Cylinders	6
Displacement	3.5L
Fuel Type	Gasoline
Carburation	SMPi
Transmission	Automatic Transmission
Curb Weight	3334 lbs

Vehicles sold in the United States are required to have a manufacturer assigned Vehicle Identification Number (VIN). This number provides certain specifications of the vehicle.

Please review the information in the Vehicle Information Section to confirm the reported mileage and to verify that the information accurately reflects the options, additional equipment or other aspects of the loss vehicle that may impact the value.

VEHICLE HISTORY SUMMARY

Experian AutoCheck	No Title Problem Found
Insurance Services Organization/ National Insurance Crime Bureau	1 Record Found
National Highway Traffic Safety Administration	1 Recall

 VEHICLE INFORMATION

VEHICLE EQUIPMENT

Odometer	59,928	
Transmission	Automatic Transmission	<input checked="" type="checkbox"/>
Power	Power Steering	<input checked="" type="checkbox"/>
	Power Brakes	<input checked="" type="checkbox"/>
	Power Windows	<input checked="" type="checkbox"/>
	Power Locks	<input checked="" type="checkbox"/>
	Power Mirrors	<input checked="" type="checkbox"/>
	Power Driver Seat	<input checked="" type="checkbox"/>
	Power Trunk/Gate Release	<input checked="" type="checkbox"/>
Decor/Convenience	Air Conditioning	<input checked="" type="checkbox"/>
	Climate Control	<input type="checkbox"/>
	Tilt Wheel	<input checked="" type="checkbox"/>
	Cruise Control	<input checked="" type="checkbox"/>
	Rear Defogger	<input checked="" type="checkbox"/>
	Intermittent Wipers	<input checked="" type="checkbox"/>
	Console/Storage	<input checked="" type="checkbox"/>
	Keyless Entry	<input checked="" type="checkbox"/>
	Telescopic Wheel	<input checked="" type="checkbox"/>
	Seating	Bucket Seats
Reclining/Lounge Seats		<input checked="" type="checkbox"/>
Leather Seats		<input type="checkbox"/>
Radio	AM Radio	<input checked="" type="checkbox"/>
	FM Radio	<input checked="" type="checkbox"/>
	Stereo	<input checked="" type="checkbox"/>
	Search/Seek	<input checked="" type="checkbox"/>
	CD Player	<input checked="" type="checkbox"/>
	Steering Wheel Touch Controls	<input checked="" type="checkbox"/>
	Wheels	Aluminum/Alloy Wheels
Roof	Electric Glass Roof	<input type="checkbox"/>
Safety/Brakes	Air Bag (Driver Only)	<input checked="" type="checkbox"/>
	Passenger Air Bag	<input checked="" type="checkbox"/>
	Anti-lock Brakes (4)	<input checked="" type="checkbox"/>

To the left is the equipment of the loss vehicle that FARMERS INSURANCE HAWAII, INC. provided to CCC.

Standard This equipment is included in the base configuration of the vehicle at time of purchase.

Additional Equipment that is not Standard but was noted to be on the loss vehicle.




VEHICLE INFORMATION

VEHICLE EQUIPMENT

Exterior/Paint/Glass

4-wheel Disc Brakes	✓
Front Side Impact Air Bags	✓
Head/Curtain Air Bags	✓
Alarm	✓
Traction Control	✓
Dual Mirrors	✓
Heated Mirrors	✓
Body Side Moldings	✓
Tinted Glass	✓
Fog Lamps	✗
Rear Spoiler	✗
Signal Integrated Mirrors	✓
Clearcoat Paint	✗



 VEHICLE CONDITION

COMPONENT CONDITION

	Condition	Inspection Notes	Value Impact
INTERIOR			
Seats	NORMAL	No significant bare spots.	\$ 0
Carpets	NORMAL	Lightly soiled and/or stained.	\$ 0
Dashboard	NORMAL	Light wear	\$ 0
Headliner	NORMAL	Lightly scuffed	\$ 0
EXTERIOR			
Sheet Metal	NORMAL	Rt fender ding, Lt fender ding, Lt rear door ding	\$ 0
Trim	NORMAL	Minimal damage to components	\$ 0
Paint	BELOW AVERAGE	Significant fading all over vehicle	- \$ 198
Glass	NORMAL	Light surface scratches and/or pitting	\$ 0
MECHANICAL			
Engine	NORMAL	No photo	\$ 0
Transmission	NORMAL	No photo	\$ 0
TIRES			
Front Tires	NORMAL	Normal from photos	\$ 0
Rear Tires	NORMAL	Normal for photo	\$ 0
Total Condition Adjustments			- \$ 198

FARMERS INSURANCE HAWAII, INC. uses condition inspection guidelines to determine the condition of key components of the loss vehicle prior to the loss. The guidelines describe physical characteristics for these key components, for the condition selected based upon age. Inspection Notes reflect observations from the appraiser regarding the loss vehicle's condition. CCC makes dollar adjustments that reflect the impact the reported condition has on the value of the loss vehicle as compared to Normal condition. These dollar adjustments are based upon interviews with dealerships across the United States.

 COMPARABLE VEHICLES

Source	Vehicle	Price	Adjusted Comparable Value
Comp 1			
Source: Dealer Ad Shaka Boyz Auto Sales Pearl City, HI (808) 484-5740 102 Miles From Kahului, HI	2007 Nissan Altima S W/ continuously Variable Transmission 4 2.5l Gasoline Smpi Odometer: 65,882 VIN: 1N4AL21E07N421981 Stock #: H10861 Updated Date: 09/18/2018	\$ 7,995 (List)	\$ 8,139
Comp 2			
Source: Dealer Ad Shaka Boyz Auto Sales Pearl City, HI (808) 484-5740 102 Miles From Kahului, HI	2007 Nissan Altima S W/ continuously Variable Transmission 4 2.5l Gasoline Smpi Odometer: 104,234 VIN: 1N4AL21E57N407736 Stock #: H10479 Updated Date: 08/16/2018	\$ 6,995 (List)	\$ 8,575
Comp 3			
Source: Autotrader Cutter Ford Mitsubishi Aiea, HI (808) 564-9210 100 Miles From Kahului, HI	2008 Nissan Altima SI W/ continuously Variable Transmission 4 2.5l Gasoline Smpi Odometer: 58,307 VIN: 1N4AL21E68N400733 Stock #: 15719 Updated Date: 07/19/2018	\$ 8,179 (List)	\$ 7,407
Comp 4			
Source: Autotrader Honolulu Gmc Buick Cadillac Honolulu, HI (808) 726-6626 96 Miles From Kahului, HI	2008 Nissan Altima S W/ continuously Variable Transmission 4 2.5l Gasoline Smpi Odometer: 124,899 VIN: 1N4AL21E28N403421 Stock #: STK403421 Updated Date: 07/18/2018	\$ 7,000 (List)	\$ 9,146
Comp 5			

Comparable vehicles used in the determination of the Base Vehicle Value are not intended to be replacement vehicles but are reflective of the market value, and may no longer be available for sale.

List Price is the sticker price of an inspected dealer vehicle and the advertised price for the advertised vehicle.

Distance is based upon a straight line between loss and comparable vehicle locations.

Adjusted Comparable Value represents the price of the comparable vehicle with adjustments for options, mileage, condition, and year/model/trim as compared to the loss vehicle.

A condition adjustment is also made to set the comparable vehicle to Normal condition, which the loss vehicle is also compared to in the Vehicle Condition section.

 COMPARABLE VEHICLES

Source: Autotrader Island Honda Kahului, HI (808) 873-8081 0 Miles From Kahului, HI	2008 Nissan Altima S W/ continuously Variable Transmission 4 2.5l Gasoline Smpi Odometer: 87,216 VIN: 1N4AL21E28N430750 Stock #: 8N430750 Updated Date: 08/02/2018	\$ 7,988 (List)	\$ 9,124
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Comp 6			
Source: Truecar Choice Automotive Lic Honolulu, HI (808) 354-0634 94 Miles From Kahului, HI	2008 Nissan Altima Se W/continuously Variable Transmission 6 3.5l Gasoline Smpi Odometer: 53,343 VIN: 1N4BL21E98N528128 Stock #: 0534301G Updated Date: 09/08/2018	\$ 8,999 (List)	\$ 7,992





VALUATION NOTES

10/03/2018 16:27 - Options removed ;[Home Link,Heated Seats]

10/03/2018 16:27 - ADJR Z03 CONFIGURATION CHANGE

10/03/2018 16:27 - Post Valuation Adjustment entered for:

10/03/2018 16:27 - Condition Ratings changed after Valuation

10/03/2018 16:27 - PVADJ CHANGE REQUESTED BY: HARTIGAN,MATT(9CXL4)

This Market Valuation Report has been prepared exclusively for use by FARMERS INSURANCE HAWAII, INC., and no other person or entity is entitled to or should rely upon this Market Valuation Report and/or any of its contents. CCC is one source of vehicle valuations, and there are other valuation sources available.

Statutes concerning vehicle value include Hawaii statute 2-24-431:10C-III.

Any person who knowingly presents a false or fraudulent insurance claim for the payment of a loss may be guilty of a crime and may be subject to fines and confinement in state prison.

SUPPLEMENTAL INFORMATION



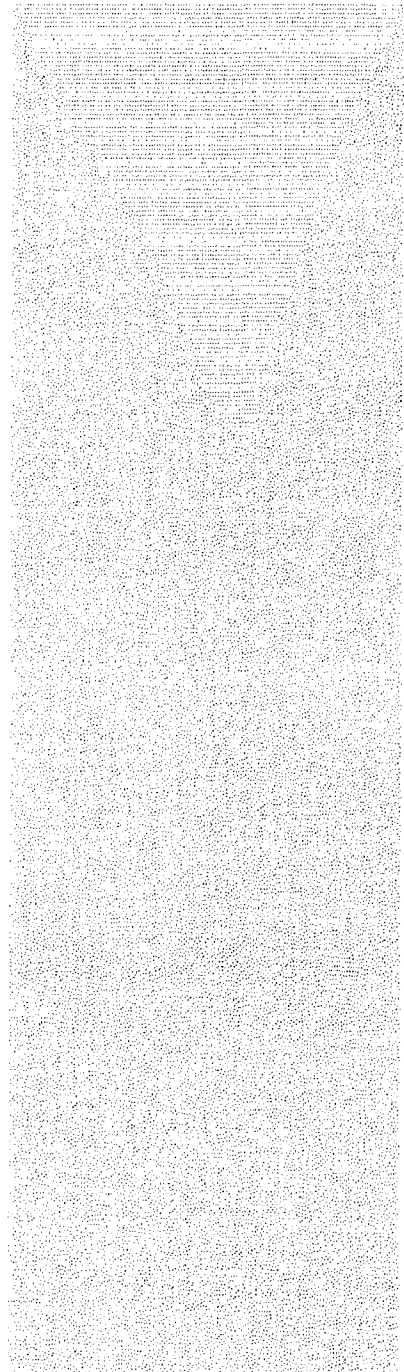
VEHICLE HISTORY INFORMATION

VINGuard®

VINGuard® Message: VINGuard has decoded this VIN without any errors

ISO Vehicle History:

Number of times reported to ISO:	1
ISO's file number:	H0279251722
Loss date:	08/08/2018
Phone:	8085431323
Claim ref:	301135433611



CCC ONE MARKET VALUATION REPORT

Owner: Chester, James
Claim: 3011354336-1-1

SUPPLEMENTAL INFORMATION



EXPERIAN® AUTOCHECK® VEHICLE HISTORY REPORT

TITLE CHECK	RESULTS FOUND
Abandoned	✓ No Abandoned Record Found
Damaged	✓ No Damaged Record Found
Fire Damage	✓ No Fire Damage Record Found
Grey Market	✓ No Grey Market Record Found
Hail Damage	✓ No Hail Damage Record Found
Insurance Loss	✓ No Insurance Loss Record Found
Junk	✓ No Junk Record Found
Rebuilt	✓ No Rebuilt Record Found
Salvage	✓ No Salvage Record Found

EVENT CHECK	RESULTS FOUND
NHTSA Crash Test Vehicle	✓ No NHTSA Crash Test Vehicle Record Found
Frame Damage	✓ No Frame Damage Record Found
Major Damage Incident	✓ No Major Damage Incident Record Found
Manufacturer Buyback/Lemon	✓ No Manufacturer Buyback/Lemon Record Found
Odometer Problem	✓ No Odometer Problem Record Found
Recycled	✓ No Recycled Record Found
Water Damage	✓ No Water Damage Record Found
Salvage Auction	✓ No Salvage Auction Record Found

VEHICLE INFORMATION	RESULTS FOUND
Accident	✓ No Accident Record Found
Corrected Title	✓ No Corrected Title Record Found
Driver Education	✓ No Driver Education Record Found
Fire Damage Incident	✓ No Fire Damage Incident Record Found
Lease	✓ No Lease Record Found
Lien	✓ No Lien Record Found
Livery Use	✓ No Livery Use Record Found
Government Use	✓ No Government Use Record Found
Police Use	✓ No Police Use Record Found
Fleet	✓ No Fleet Record Found
Rental	✓ No Rental Record Found
Fleet and/or Rental	✓ No Fleet and/or Rental Record Found
Repossessed	✓ No Repossessed Record Found
Taxi use	✓ No Taxi use Record Found
Theft	✓ No Theft Record Found
Fleet and/or Lease	✓ No Fleet and/or Lease Record Found
Emissions Safety Inspection	✓ No Emissions Safety Inspection Record Found
Duplicate Title	✓ No Duplicate Title Record Found

CCC provides FARMERS INSURANCE HAWAII, INC. information reported by Experian regarding the 2007 Nissan Altima (1N4BL21E97C118276). This data is provided for informational purposes. Unless otherwise noted in this Valuation Detail, CCC does not adjust the value of the loss vehicle based upon this information.

LEGEND :

- ✓ No Event Found
- ⊗ Event Found
- ⊠ Information Needed

TITLE CHECK

THIS VEHICLE CHECKS OUT
AutoCheck's result for this loss vehicle show no significant title events. When found, events often indicate automotive damage or warnings associated with the vehicle.

EVENT CHECK

THIS VEHICLE CHECKS OUT
AutoCheck's result for this loss vehicle show no historical events that indicate a significant automotive problem. These problems can indicate past previous car damage, theft, or other significant problems.

VEHICLE INFORMATION

THIS VEHICLE CHECKS OUT
AutoCheck's result for this loss vehicle show no vehicle information that indicate a significant automotive problem. These problems can indicate past previous car damage, theft, or other significant problems.

ODOMETER CHECK

THIS VEHICLE CHECKS OUT
AutoCheck's result for this loss vehicle show no indication of odometer rollback or tampering was found. AutoCheck determines odometer rollbacks by searching for records that indicate odometer readings less than a previously reported value. Other odometer events can report events of tampering, or possible odometer breakage.

SUPPLEMENTAL INFORMATION



FULL HISTORY REPORT RUN DATE: 10/03/2018

Below are the historical events for this vehicle listed in chronological order.

EVENT DATE	RESULTS FOUND	ODOMETER READING	DATA SOURCE	EVENT DETAIL
10/25/2006			Independent Source	VEHICLE MANUFACTURED AND SHIPPED TO DEALER
01/26/2007	HONOLULU, HI	12	Motor Vehicle Dept.	TITLE
01/26/2007	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
01/28/2008	HONOLULU, HI		Motor Vehicle Dept.	TITLE
01/28/2008	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
01/07/2009	HONOLULU, HI		Motor Vehicle Dept.	TITLE
01/07/2009	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
10/22/2009	KAHULUI, HI		Motor Vehicle Dept.	TITLE
10/22/2009	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
12/28/2009	KAHULUI, HI		Motor Vehicle Dept.	TITLE
12/28/2009	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
12/23/2010	KAHULUI, HI		Motor Vehicle Dept.	TITLE
12/23/2010	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
12/29/2011	KAHULUI, HI		Motor Vehicle Dept.	TITLE
12/29/2011	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
12/28/2012	KAHULUI, HI		Motor Vehicle Dept.	TITLE
12/28/2012	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
12/30/2013	KAHULUI, HI		Motor Vehicle Dept.	TITLE
12/30/2013	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
01/06/2015	KAHULUI, HI		Motor Vehicle Dept.	TITLE
01/06/2015	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
01/04/2016	KAHULUI, HI		Motor Vehicle Dept.	TITLE
01/04/2016	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
12/30/2016	KAHULUI, HI		Motor Vehicle Dept.	TITLE
12/30/2016	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL
12/29/2017	KAHULUI, HI		Motor Vehicle Dept.	TITLE

SUPPLEMENTAL INFORMATION

EVENT DATE	RESULTS FOUND	ODOMETER READING	DATA SOURCE	EVENT DETAIL
12/29/2017	KAHULUI, HI		Motor Vehicle Dept.	REGISTRATION EVENT/ RENEWAL

AUTOCHECK TERMS AND CONDITIONS:

Experian's Reports are compiled from multiple sources. It is not always possible for Experian to obtain complete discrepancy information on all vehicles; therefore, there may be other title brands, odometer readings or discrepancies that apply to a vehicle that are not reflected on that vehicle's Report. Experian searches data from additional sources where possible, but all discrepancies may not be reflected on the Report.

These Reports are based on information supplied to Experian by external sources believed to be reliable, BUT NO RESPONSIBILITY IS ASSUMED BY EXPERIAN OR ITS AGENTS FOR ERRORS, INACCURACIES OR OMISSIONS. THE REPORTS ARE PROVIDED STRICTLY ON AN "AS IS WHERE IS" BASIS, AND EXPERIAN FURTHER EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE REGARDING THIS REPORT.

YOU AGREE TO INDEMNIFY EXPERIAN FOR ANY CLAIMS OR LOSSES, INCLUDING COSTS, EXPENSES AND ATTORNEYS FEES, INCURRED BY EXPERIAN ARISING DIRECTLY OR INDIRECTLY FROM YOUR IMPROPER OR UNAUTHORIZED USE OF AUTOCHECK VEHICLE HISTORY REPORTS.

Experian shall not be liable for any delay or failure to provide an accurate report if and to the extent which such delay or failure is caused by events beyond the reasonable control of Experian, including, without limitation, "acts of God", terrorism, or public enemies, labor disputes, equipment malfunctions, material or component shortages, supplier failures, embargoes, rationing, acts of local, state or national governments, or public agencies, utility or communication failures or delays, fire, earthquakes, flood, epidemics, riots and strikes.

These terms and the relationship between you and Experian shall be governed by the laws of the State of Illinois (USA) without regard to its conflict of law provisions. You and Experian agree to submit to the personal and exclusive jurisdiction of the courts located within the county of Cook, Illinois.

CCC ONE MARKET VALUATION REPORT

Owner: Chester, James
Claim: 3011354336-1-1

SUPPLEMENTAL INFORMATION



NHTSA VEHICLE RECALL

NHTSA Campaign ID : 08V521000

Mfg's Report Date : OCT 02, 2008

Component : ELECTRICAL SYSTEM: SOFTWARE

Potential Number Of Units Affected : 204361

Summary : NISSAN IS RECALLING 204,361 MY 2007-2008 ALTIMA, ALTIMA COUPE, 350Z, MURANO, ROGUE; AND INFINITI G35 SEDAN, G37 COUPE AND EX35 PASSENGER VEHICLES EQUIPPED WITH CONTINENTAL AUTOMOTIVE SYSTEMS' OCCUPANT CLASSIFICATION SYSTEM (OCS) CONTROL UNITS. A VARISTOR IN THE OCS CONTROL UNIT LOCATED IN THE PASSENGER SEAT CUSHION MAY HAVE BEEN MANUFACTURED OUT OF SPECIFICATION. UNDER CERTAIN CONDITIONS, THIS COULD CAUSE AN INTERRUPTION OF SIGNAL BETWEEN THE OCS AND THE AIR BAG CONTROL UNIT (ACU).

Consequence : THIS COULD RESULT IN THE PASSENGER AIR BAG BEING SUPPRESSED WHICH COULD FAIL TO PROVIDE ADEQUATE PROTECTION IN THE EVENT OF A CRASH.

Remedy : DEALERS WILL TEST THE SIGNAL BETWEEN THE OCS AND ACU SYSTEMS USING A SPECIAL TOOL TO CHECK THAT IT IS FUNCTIONING AS DESIGNED. IF NECESSARY, THE SEAT CUSHION (CONTAINING OCS HARDWARE) WILL BE REPLACED WITH A NEW ONE MANUFACTURED TO SPECIFICATION. THE RECALL IS EXPECTED TO BEGIN ON OR BEFORE NOVEMBER 3, 2008. OWNERS MAY CONTACT NISSAN AT 1-800-647-7261 OR INFINITI AT 1-800-662-6200.

Notes : CUSTOMERS MAY ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S VEHICLE SAFETY HOTLINE AT 1-888-327-4236 (TTY 1-800-424-9153), OR GO TO [HTTP://WWW.SAFERCAR.GOV](http://www.safercar.gov).

The National Highway Traffic Safety Administration has issued 1 safety related recall notices that may apply to the above valued vehicle.

FARMERS INSURANCE HAWAII, INC.

For supplement request send to :
supplements@farmershawaii.com

Claim #: 3011354336-1-1
Workfile ID: f28d76ec

Estimate of Record

Written By: MATT HARTIGAN, License Number: 134371, 10/03/2018 1:30:01 PM
Adjuster: Hartigan, Matt, (808) 222-7641 Cellular

Insured: JAMES CHESTER Owner Policy #: 0007996843 Claim #: 3011354336-1-1
Type of Loss: COLL1 - MD Date of Loss: 08/08/2018 08:30 AM Days to Repair: 13
Point of Impact: 07 Left Rear Deductible: 500.00

Owner (Insured):	Inspection Location:	Appraiser Information:	Repair Facility:
JAMES CHESTER 346 PALAMA DR KAHULUI, HI 96732 (808) 871-4183 Evening (808) 866-3914 Cellular	Virtual	matt.hartigan@farmersinsurance.com (808) 222-7641	

VEHICLE

2007 NISS Altima SE w/Continuously Variable Transmission 4D SED 6-3.5L Gasoline SMPI Green

VIN: 1N4BL21E97C118276	Production Date:	Interior Color:
License: MPZ 585	Odometer: 59928	Exterior Color: Green
State: HI	Condition:	

TRANSMISSION

Automatic Transmission

POWER

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

Heated Mirrors

Power Driver Seat

DECOR

Dual Mirrors

Body Side Moldings

Tinted Glass

Console/Storage

CONVENIENCE

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Alarm

Steering Wheel Touch Controls

Telescopic Wheel

Climate Control

Home Link

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Front Side Impact Air Bags

Head/Curtain Air Bags

ROOF

Electric Glass Sunroof

SEATS

Bucket Seats

Reclining/Lounge Seats

Leather Seats

Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps

Traction Control

Rear Spoiler

Signal Integrated Mirrors

Power Trunk/Gate Release

Estimate of Record

2007 NISS Altima SE w/Continuously Variable Transmission 4D SED 6-3.5L Gasoline SMPI Green

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR BUMPER					
2	R&I	R&I bumper cover	85022JA040	0	0.00	Incl.	0.0
3	*	Rpr Bumper cover	85022JA040	0	0.00	<u>2.0</u>	3.2
4		Add for Clear Coat		0	0.00	0.0	1.3
5	#	Refn Base Coat Reduction - Full Clear Coat		0	0.00	0.0	-0.3
6		REAR LAMPS					
7	Repl	LT Combo lamp assy	26555ZN50A	1	180.42	Incl.	0.0
8		TRUNK LID					
9	R&I	R&I trunk lid	84300JA035	0	0.00	0.7	0.0
10		QUARTER PANEL					
11	Sect	LT Quarter panel cut in sail panel B50%	78101JA030	1	931.42	16.0	3.0
12		Add for Clear Coat		0	0.00	0.0	1.2
13	Refn	LT Fuel door	G8830ZN5MA	0	0.00	0.0	0.3
14		Add for Clear Coat		0	0.00	0.0	0.1
15	*	Rpr LT Outer wheelhouse	76713JA030	0	0.00 s	<u>3.0</u>	0.8
16		Overlap Minor Panel		0	0.00	0.0	-0.2
17		Add for Clear Coat		0	0.00	0.0	0.1
18		REAR DOOR					
19	Repl	LT Door shell (HSS) B50%	821019HA0A	1	804.89	5.0	3.2
20		Overlap Major Adj. Panel		0	0.00	0.0	-0.4
21		Add for Clear Coat		0	0.00	0.0	0.6
22	*	R&I LT Body side mldg	82871JA01E	0	0.00	<u>0.3</u>	0.0
23	Refn	LT Body side mldg	82871JA01E	0	0.00	0.0	0.4
24		Overlap Minor Panel		0	0.00	0.0	-0.2
25		Add for Clear Coat		0	0.00	0.0	0.1
26		FRONT DOOR					
27	Blnd	LT Outer panel (HSS)	80153JA030	0	0.00	0.0	1.1
28	R&I	LT Belt w'strip	80821JA01A	0	0.00	0.3	0.0
29	R&I	LT R&I mirror	96302JA04A	0	0.00	0.3	0.0
30	R&I	LT R&I trim panel	80901JA00C	0	0.00	0.5	0.0
31	R&I	LT Handle, outside sonoma sunset	80607JA55A	0	0.00	0.4	0.0
32	*	R&I LT Body side mldg	80871JA01E	0	0.00	<u>0.3</u>	0.0
33		PILLARS, ROCKER & FLOOR					
34	R&I	LT Rocker molding	76851JA000	0	0.00	0.9	0.0
35	*	Blnd LT Unside panel (HSS)	76023JA030	0	0.00 s	0.0	<u>1.2</u>
36		ROOF					
37	R&I	LT Drip molding front	76813JA000	0	0.00	0.4	0.0
38	R&I	LT Drip molding rear	76817JA000	0	0.00	0.2	0.0
39	#	Color Tint		1	0.00	0.5	0.0

Estimate of Record

2007 NISS Altima SE w/Continuously Variable Transmission 4D SED 6-3.5L Gasoline SMPI Green

40	#	Corrosion Protection - ***	1	25.00	T	0.0	0.0
41	#	Cover Car	1	20.00	T	0.0	0.0
42	#	Clean and Retape Moldings	1	0.00		0.2	0.0
43	#	Flex Additive	1	10.00	T	0.0	0.0
44	#	Hazardous Waste	1	5.00	T	0.0	0.0
45	#	Safety Check - R&I	1	0.00		0.3	0.0
46	#	Rpr Set up - Floor	0	0.00		1.5	0.0
47	#	Rpr Body Pull	0	0.00		2.0	0.0
SUBTOTALS				1,976.73		34.8	15.5

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,916.73
Parts Markup	\$ 1,916.73	40.0 %	766.69
Body Labor	34.8 hrs @	\$ 50.00 /hr	1,740.00
Paint Labor	15.5 hrs @	\$ 50.00 /hr	775.00
Paint Supplies	15.5 hrs @	\$ 33.00 /hr	511.50
Miscellaneous			60.00
Subtotal			5,769.92
Sales Tax	\$ 5,769.92 @	4.1660 %	240.37
Total Cost of Repairs			6,010.29
Deductible			500.00
LT Quarter panel cut in sail panel B50%			129.69
LT Door shell (HSS) B50%			138.34
Total Adjustments			768.03
Net Cost of Repairs			5,242.26

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THIS REPAIR ESTIMATE MAY SPECIFY THE USE OF QUALITY REPLACEMENT PARTS. QUALITY REPLACEMENT PARTS ARE PARTS NOT MANUFACTURED BY OR FOR THE ORIGINAL EQUIPMENT MANUFACTURER. YOUR INSURANCE COMPANY WILL STAND BEHIND THE QUALITY REPLACEMENT PARTS SPECIFIED ON THIS ESTIMATE AND USED IN THE REPAIR OF YOUR VEHICLE, FOR AS LONG AS YOU OWN/LEASE THE VEHICLE. YOUR INSURANCE COMPANY WARRANTS THESE PARTS ARE OF LIKE KIND, QUALITY, FIT AND PERFORMANCE TO PARTS MANUFACTURED BY OR FOR THE ORIGINAL EQUIPMENT MANUFACTURER.

THIS WARRANTY EXCLUSIVELY COVERS LOSS OR DAMAGE THAT IS RELATED TO DEFECTS IN THE QUALITY REPLACEMENT PART. THIS WARRANTY DOES NOT COVER DAMAGE OR PART FAILURE DUE TO IMPROPER INSTALLATION, MISUSE, NEGLIGENCE, ABUSE, IMPROPER MAINTENANCE, ABNORMAL OPERATION, OR NORMAL WEAR AND TEAR.

SHOULD A SUPPLIER OF A PART SPECIFIED IN THE REPAIR ESTIMATE, OR THE REPAIR FACILITY THAT PERFORMS THE REPAIR ON YOUR VEHICLE, BE UNABLE TO RESOLVE A LEGITIMATE COMPLAINT ABOUT THE QUALITY REPLACEMENT PART USED IN THE REPAIR, YOUR INSURANCE COMPANY WILL MAKE EVERY EFFORT TO SEE THAT THE PROBLEM IS CORRECTED.

THIS QUALITY REPLACEMENT PARTS WARRANTY AND ANY REPRESENTATIONS MADE HEREIN ARE NON-TRANSFERABLE AND EXTEND ONLY TO THE PARTY OWNING/LEASING THE VEHICLE AT THE TIME OF THE REPAIR. FOR ASSISTANCE, PLEASE CONTACT YOUR INSURANCE COMPANY'S NEAREST CLAIM DEPARTMENT OFFICE.

As the vehicle owner, the final choice as to which parts will actually be used in the repairs is yours. If you prefer parts other than those included on the estimate, you should notify your repair facility. Should the use of those other parts increase the repair cost, you will be expected to pay the difference.

DISCLAIMER:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT INSURANCE CLAIM FOR THE PAYMENT OF A LOSS MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

THE LABOR AND TAX RATES USED WERE DETERMINED BY THE VEHICLE INSPECTION LOCATION UNLESS THE REPAIR FACILITY WAS KNOWN AT THE TIME OF THE INSPECTION OR ANOTHER LOCATION WAS SPECIFIED BEFORE THE ESTIMATE WAS PREPARED.

THIS IS NOT AN AUTHORIZATION TO REPAIR.

TO ENSURE REPAIRS WILL BE COMPLETED BASED ON THIS ESTIMATE; PLEASE PROVIDE A COPY TO THE REPAIR FACILITY PRIOR TO AUTHORIZING REPAIRS. FAILURE TO DO SO MAY RESULT IN YOU BECOMING RESPONSIBLE FOR PAYING UNAPPROVED EXPENSES.

NO PAYMENT FOR A SUPPLEMENT WILL BE APPROVED OR ISSUED UNLESS THE REPAIRS WERE AUTHORIZED PRIOR TO COMPLETING THE SUPPLEMENTAL REPAIRS.

POTENTIALLY, A REINSPECTION MAY BE CONDUCTED. ALL SUPPLEMENTS MUST BE APPROVED BY A CLAIMS REPRESENTATIVE BEFORE REPAIRS ARE COMPLETED.

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Notice to Repairer: All supplement requests must be sent to supplements@farmershawaii.com. Please be specific regarding supplements. Attachment of photos, invoices, and detailed information will help speed the supplement process. This is NOT an authorization to repair. This is an appraisal of damages only. No appraiser or adjuster has authority to authorize repairs. Authorization to repair and guarantee of payment can only be made by owner. Farmers Insurance Hawaii Inc. specifies and intends that all repairs listed hereon be made in strict accordance with manufacturers specifications and recommendations. Farmers Insurance Hawaii Inc. and/or its client assumes no responsibility for repair quality and safety.

PLEASE BE ADVISED: SUPPLEMENTAL REPAIRS ARE SUBJECT TO PRIOR APPROVAL. NON APPROVED SUPPLEMENTS WILL NOT BE HONORED.

As an insurance company, we are responsible for repairs that are reasonable and customary to your damaged vehicle. You are entitled to take your vehicle to any repair facility you choose. However, if the shop charges more than what is customary in the local market, you will be responsible for these costs. This includes labor rates, refinish rates, and any other cost not consistent with the local market. In most instances, the repair facility will be able to complete the repairs based on our estimate. While reviewing the estimate with your repair facility, please verify that the shop is willing to work off of the estimate that we have provided you.

SECTION 431:2 - 403 FRAUD VIOLATIONS & PENALTIES: Possible violations of this law include, but are not limited to, presentment of "any intentional false information on a claim" or "any intentional false claim for payment of a loss".

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 of Record

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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 ARF3746, CCC Data Date 09/14/2018, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

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

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

SYMBOLS FOLLOWING PART PRICE:

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

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blend=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.



October 19, 2018

Toll Free: (800) 413-1711
 Email: myclaim@farmersinsurance.com
 Farmers Insurance Hawaii, Inc.
 Six Waterfront Plaza.
 5th FL, 500 Ala Moana Blvd.
 Honolulu, HI 96813
 Fax: (877) 217-1389

Payment Log

Account Number: HHH294311
 Date of Loss: 08/08/2018
 Insured's Name: JAMES CHESTER
 Claim Number: 3011354336-1-2, 3011354336-1

Unit Type	Claim Unit	Date Issued	Payee	Check Number	Payment Amount
MD	3011354336-1-1	10/15/2018	JAMES CHESTER	1621841271	\$7,501.99
Payment Total:					\$7,501.99
Collections Total :					\$0.00
Deductible :					\$0.00
Grand Total :					\$7,501.99

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
October 16, 2018 12:43:21 AM EDT	farmersheartapi@farm	45	1	Received



Toll Free: (800) 413-1711
Email: myclaim@farmersinsurance.com
Farmers Insurance Hawaii, Inc.
Six Waterfront Plaza.
5th FL. 500 Ala Moana Blvd.
Honolulu, HI 96813
Fax: (877) 217-1389

October 15, 2018

OFFICE OF THE COUNTY CLERK COUNTY OF
MAUI
200 SOUTH HIGH STREET ROOM 708
WAILUKU HI 96793

RE: Insured: James Chester
Claim Unit Number: 3011354336-1-3
Policy Number: 0007996843
Loss Date: 08/08/2018
Sedgwick Claim Number: 30181069017

Dear County of Maui:

We have completed our investigation based on the information available to us regarding the above-captioned loss. Please be assured your claim has received careful consideration.

Our investigation revealed that the statements provided by our insured, Marie Chester, and your driver, Arther Latayada, differ regarding the facts of loss. Our driver stated that she was driving straight on Kamehameha Ave, when your driver pulled out from Kahului FCU parking lot and made a left turn onto Kamehameha Ave and merged into her lane, colliding into her vehicle.

Sedgwick advised that your driver pulled out from the gas station and made a left turn on Kamehameha Ave and then your driver merged from the left lane into our insured's lane. In addition, there is no additional evidence to support your statement that our driver is at fault. Therefore, we respectfully decline payment for your damages as a result of this loss.

If you have any questions or concerns, call me at (808) 543-9777. My scheduled office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. US/Hawaii.

Farmers Insurance Hawaii, Inc.

Nora Robinson
Claims Representative
nora.robinson@farmersinsurance.com
(808) 543-9777

CC: SEDGWICK

VX276RYM

RELEASE OF PROPERTY DAMAGE CLAIM

Farmers Insurance, as subrogee for Marie Chester, 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 on August 8, 2018, involving a 2007 Nissan Altima, license MPZ 585 on Kamehameha Highway, in Kahului, Maui, in the State of Hawaii.

In consideration of this release of property damage claim, County of Maui agrees to pay eight thousand one and 99/100 dollars (\$8,001.99) as full and final release and satisfaction of the property damage claim brought by Farmers Insurance, as subrogee for Marie Chester 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 28th day of NOVEMBER 2018.


SIGNATURE

BRENNAN WHITSTONE

PRINTED NAME OF SIGNER

