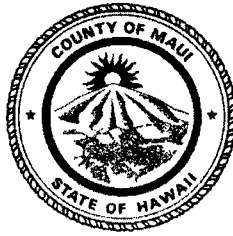


MICHAEL P. VICTORINO
Mayor

MOANA M. LUTEY
Corporation Counsel

RICHELLE M. THOMSON
First Deputy


LYDIA A. TODA
Risk Management Officer
Tel. No. (808) 270-7535
Fax No. (808) 270-1761



**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
FACSIMILE: (808) 270-7152**

September 21, 2021

MEMO TO: Michael J. Molina, Chair
Government Relations, Ethics and Transparency Committee

FROM: Caleb P. Rowe, Deputy Corporation Counsel 

SUBJECT: Litigation Matters
Settlement of Claim: 21st Century Insurance Company, on
behalf of their insured, Abden and Delia Corpuz
John Mullen Claim No.: 4067839

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. We request that a representative from the Department of Public Works be in attendance during discussion of this matter. If you have any questions, or concerns, please do not hesitate to contact me.

CPR:cs
Enclosures

cc: Rowena Dagdag-Andaya , Director
Department of Public Works

Resolution

No. _____

AUTHORIZING SETTLEMENT OF CLAIM NO. 4067839
OF 21st CENTURY INSURANCE COMPANY ON BEHALF OF ITS INSURED
ABDEN AND DELIA CORPUZ

WHEREAS, 21st Century Insurance Company, filed Claim No. 4067839 on March 29, 2021, against the County of Maui for damages to their vehicle resulting from a collision involving a Maui County fleet vehicle on October 21, 2020; and

WHEREAS, Abden and Delia Corpuz are insured for such damage by 21st Century Insurance Company; and

WHEREAS, 21st Century Insurance Company, as subrogee of this claim, has alleged that the County of Maui is liable for the expenses paid by 21st Century Insurance Company; and

WHEREAS, the County of Maui and 21st Century Insurance Company, 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:

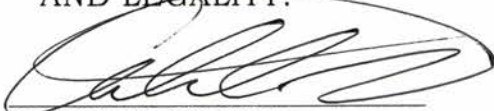
Resolution No. _____

1. That it hereby approves settlement of Claim No. 4067839 in the amount of ELEVEN THOUSAND SIX HUNDRED SIXTY-SEVEN AND 66/100 DOLLARS (\$11,667.66); and

2. That payment is authorized to satisfy settlement of this claim following the execution of the "Release of Property Damage Claim" by 21st Century Insurance Company; and

3. That certified copies of this Resolution be transmitted to the Mayor, the Director of Finance, the Director of Public Works, and the Corporation Counsel.

APPROVED AS TO FORM
AND LEGALITY:

A handwritten signature in black ink, appearing to read 'Caleb P. Rowe', is written over a horizontal line.

CALEB P. ROWE
Deputy Corporation Counsel
County of Maui
RISK 2020-0271

COUNTY OF MAUI

RECEIVED

CLAIM FOR DAMAGE OR INJURY

2021 MAR 29 AM 9:32

PLEASE PRINT CLEARLY

OFFICE OF THE

1. Claimant: Mr. ☐ Mrs. ☐ Ms. ☐ 21st Century Insurance Company a/s/p Abden Corpuz

2. Address: P.O. Box 268994, Ok City, Ok 73126

3. Telephone No.: Business 616-803-7667 Residence

4. Date of Accident: 10-21-2020

5. Location of Accident: Home Depot Pkg Lot at 100 Pakaula St, Kahului

6. Amount of Claim: Property Damage \$11,676.66 Personal Injury \$11,676.66

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.
Patrick Kaina driving a County of Maui Public Works veh at time of loss, plate #CM2322 hit our insured's parked car causing veh dmg in total of \$10,778.23 and rental expenses we paid out of \$898.43. ***WE KNOW OUR INSURED HAS SEPARATE OUT OF POCKET RENTAL EXPENSES INCURRED WE ARE ASKING THAT YOU REACH OUT TO THE INSURED ON DIRECT TO DISCUSS/SETTLE*****

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

21st Century Insurance Company paid veh dmg and rental on our insured's behalf

Policy No. Claim#7001989643-1

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

If yes, amount claimed \$11,676.66 Deductible amount \$11,676.66

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

Insurance company paid veh dmg and rental owed. Insured has separate out of pocket rental expenses they are looking to make claim on

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

Jeanette Hild

(Signature of Claimant)

2-10-2021

(Date)



Toll Free: (888) 244-6163
Email: myclaim@21st.com
National Document Center
P.O. Box 268992
Oklahoma City, OK 73126-8992
Fax: (877) 217-1389

02/10/2021

County Of Maui-Office Of The County Clerk
200 S. High Street, Room 708
Wailuku, HI 96793

Our Insured:	Abden Corpuz
Our Claim #:	099 SUB 7001989643-1
Date of Loss:	10/21/2020
Your Insured:	County Of Maui-Patrick Kaina
Your Claim #:	
Deductible Amount:	\$250.00
Total Amount Owed:	\$11,676.66

RECEIVED
7021 FEB 16 PM 3:13
OFFICE OF THE
COUNTY CLERK

Dear County Of Maui-office Of The County Clerk:

Our investigation has established that the above loss was caused by your negligence or someone employed by you. It has been determined that you are responsible for all or part of the material damage, bodily injury, property damage, medical, and/or related expense payments paid on our insured's behalf. The current amount we have paid on our insured's behalf may increase or decrease due to additional bodily injury, property damage, medical and/or other related expense payments. The amount for which we are seeking reimbursement for property damage is \$11,676.66. ***Please reach out to our insured direct to discuss their out of pocket rental interest in case*****

Our theory of liability is as follows: On 10-21-2020 at appx 10:30am while at Home Depo Parking lot at 100 Pakaula St, Kahului HI our insured's car hit while parked by Patrick Kaina driving a County of Maui Public Works Dump Truck (plate# CM2322)at time of loss. .

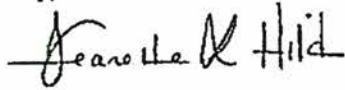
You have the right to dispute any or all of our claim. If you do not dispute it within seven (7) days of receiving this letter, Farmers Insurance Exchange will assume that it is valid. Be advised that no partial payment, which is less than the full amount, will be considered in any way an acceptance 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.

If you need additional support for our claim or require further information, please contact me. Please send payment to:

National Document Center
PO Box 268992
Oklahoma City, Ok 73126

QRD04HRS3

Sincerely,

A handwritten signature in black ink that reads "Jeanette Hild". The signature is written in a cursive style with a large, stylized "H" and "I".

Jeanette Hild
Litigation Claims Representative
21st Century Insurance Company
616-803-7667 Call or Text
jeanette.hild@farmersinsurance.com

QRD04HRS3

AUTHORITY TO FILE AND/OR SETTLE A CLAIM

PURPOSE: This form is used to document the fact that the officer or agent signing the Standard Form 95 and/or Settlement Agreement or any type of payment document is authorized to act on behalf of the company filing the claim.

12-1-2020

(Date)

Jeanette Hild

(Printed Name of Agent Signing SF 95)

Claim Rep

(Position Title of Agent)

of 21st Century Insurance Company

(Name of Company Represented)

has the power and authority

to file, adjust and settle claims for, and on behalf of 21st Century Company

(Name of Company Represented)

as its duly authorized agent.

The undersigned is Branch Claims Supervisor

(Position Title of Authorizing Official)

of 21st Century Insurance Company, P.O. Box 268994, Ok City, Ok 73126

(Name and Address of Company the Undersigned Represents)

and in such capacity I have access to the books and records of 21st Century Insurance Company

a/s/o Abden Corpuz

(Name of Company Represented)



(Signature of Authorizing Official)

(Agent's Supervisor)

**** This form must be signed by someone other than the person signing the Standard Form 95, "Claim for Damage, Injury or Death."**

View Documents

Normal View Redacted View



Page: 1 of 1



300%



Document Properties

(808) 276-4216

Certificate of Registration

REGISTRATION EXPIRES JAN 31, 2021

LICENSE NUMBER DELIA

EMBLEM NO. L15118

TAX ON MOS.

DATE ISSUED 02-18-2020

VEHICLE IDENTIFICATION NUMBER WDD3G4EB4K035835

YEAR MODEL 19

DATE SOLD NEW 01-27-20

TIC LLH843-20

REGISTERED OWNER(S) & ADDRESS

CORPUZ ARDEN & DELIA

180 LIPDA ST APT A

KIHEI HI 96753

REGISTERED OWNER - PLEASE NOTE

THE DATE YOUR REGISTRATION EXPIRES IS PRINTED ON THE TOP LINE OF THIS FORM (BOXED AREA - REGISTRATION EXPIRES). RENEWAL FEES MUST BE PAID ON OR BEFORE THIS DATE. OTHERWISE A 10 PERCENT PENALTY MAY BE ADDED.

LIEN HOLDER

JPMORGAN CHASE BANK, N.A

PO BOX 901033

FORT WORT TX 76101-2033

Any change of registered owner or lienholder must be recorded with the department within 30 days by presenting the CERTIFICATE OF TITLE properly endorsed, last issued CERTIFICATE OF REGISTRATION and current VEHICLE INSPECTION CERTIFICATE. AFTER 30 DAYS, PENALTY FOR LATE TRANSFER OF REGISTERED OWNERSHIP WILL BE \$50.00.

AREFULLY COMPARE VEHICLE IDENTIFICATION NUMBER THE VEHICLE WITH THOSE SHOWN ON THIS CERTIFICATE.

SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS

VERISA (2007)

CT	
ST	
SF	
BF	
PE	
ST	
TF	
CP	
SP	
TL S	
MO	
CK	

TOTAL PAID 6.25

SAFETY CHECK EXPIRES OCT 2021

Sent by (808) 276-4216 3:01pm 01/04/2021

Studio Auto Body Inc.
1760 Mill St, Wailuku, HI 96793
Phone: (808) 856-0511
FAX: (808) 856-0513

Workfile ID: 4d5c7c5c
PartsShare: 625mx2
Federal ID: 37-1691090

Supplement of Record 4 with Summary

RO Number: 2616

Written By: Jeremiah Becker, 2/1/2021 9:59:32 AM

Insured: CORPUZ, ABDEN
Type of Loss: COLL1 - Collision
Point of Impact: 06 Rear

Policy #: 0044036780
Date of Loss: 10/21/2020 10:30 AM

Claim #: 7001989643-1_B833638
Days to Repair: 21

Owner:
CORPUZ, ABDEN
180-A E, LIPOA ST
KIHAI, HI 96753-0000
(808) 385-6151 Cell
(808) 385-6151 Evening

Inspection Location:
Home Depo
100 Pakaula Street
KAHULUI, HI 96732-0000
Other
(808) 893-7800 Day

Insurance Company:
FARMERS
HAWAII
HONOLULU

VEHICLE

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

VIN: WDD3G4EB4KW035835
License: DELIA
State: HI

Interior Color:
Exterior Color: Red
Production Date: 8/2019

Mileage In: 4,458
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission

POWER

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

DECOR

Dual Mirrors
Tinted Glass
Console/Storage
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Remote Starter
Backup Camera

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Communications System
Hands Free Device
Blind Spot Detection

ROOF

Electric Glass Sunroof

Skyview Roof

SEATS

Bucket Seats
Leather Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Traction Control
Stability Control
Signal Integrated Mirrors
Xenon or L.E.D. Headlamps

Supplement of Record 4 with Summary

RO Number: 2616

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		WINDSHIELD					
2	*	R&I RT W'shield molding				0.3	
3		ROOF					
4		Blnd RT Roof rail outer			s		0.6
5		R&I RT Roof molding				0.6	
6		REAR DOOR					
7		Blnd RT Door shell					1.0
8		R&I RT Belt molding w/o night pkg				0.3	
9		R&I RT Handle, outside w/o Keyless-Go Jupiter red				0.5	
10		R&I RT R&I trim panel				0.5	
11	S03	R&I RT R&I door assy				1.0	
12		BACK GLASS					
13	*	S03 Subl Back glass Mercedes w/o Mexico built w/dark tint Note: Sublet to ACE Auto Glass		1	246.23 X		
14		QUARTER PANEL					
15	*	S04 Repl RT Lower panel	1778807205	1	486.45 s	3.5 S	0.7
16	#	S04 Rpr Deduction for Glass R&I Note: Sublet glass R&I to ACE Auto Glass				-3.8	
17	*	S04 Sect RT Quarter panel	1776309201	1	1,606.00	19.5	3.3
18		S04 Add for Clear Coat					1.3
19		S04 Deduct for Rear Bumper R&I				-1.9	
20	*	S04 Repl RT Vent	1778304001	1	31.50	0.1	
21	*	S04 Repl RT Wheelhouse liner	1776900007	1	140.40	Incl.	
22	*	S04 Repl RT Wheelhouse liner rivet Note: 4 of these are required.	1249900492	4	26.88		
23		REAR BODY & FLOOR					
24		R&I Rear panel trim				Incl.	
25		R&I RT Trunk side trim w/o load compartment				Incl.	
26	*	Rpr Rear body panel Note: Repair after pull				4.5	1.1
27		S04 Overlap Major Adj. Panel					-0.4
28		Add for Clear Coat					0.1
29	*	S04 Repl Under cover A220	1776906903	1	140.40		
30	*	S04 Repl Under cover screw	00000000548	2	8.08		
31	*	S04 Repl Under cover rivet Note: 2 of these are required.	0009914140	2	5.06		
32	*	R&I Floor cover				Incl.	
33		R&I Spare tire panel				0.1	
34		R&I Spare cover				0.3	
35	*	S04 Rpr RT Floor side				1.0	0.6

Supplement of Record 4 with Summary

RO Number: 2616

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

		Note: Part Unavailable						-0.2
36	S04	Overlap Minor Panel						
37	TRUNK LID							
38		R&I	R&I trunk lid					1.0
		Note: R&I Aling lid						
39	S02	Blnd	Trunk lid					1.2
40	S02	R&I	Emblem					0.2
41	*	S04	Repl Emblem grommet	2019972281	3	25.38		
42	*	S04	Repl Nameplate "A220"	1778173000	1	70.80		0.2
43	*	S02	R&I License bracket					0.2
44	S02	R&I	Handle w/o surround view					0.4
45	REAR LAMPS							
46	*	S04	Repl RT Tail lamp assy	1779067400	1	365.05	Incl.	
47		S02	R&I RT Tail lamp assy					Incl.
48		S02	R&I LT Tail lamp assy					0.3
49		S04	O/H bumper assy					3.0
50		S02	R&I RT License lamp					Incl.
51		S02	R&I LT License lamp					Incl.
52	REAR BUMPER							
53	*	S04	Repl Bumper cover w/o prk snsr	17788006009999	1	922.30	Incl.	2.6
54			Add for Clear Coat					1.0
55	*	S04	Repl Bumper cover rivet	1249900492	4	26.88		
56	*	S04	Repl Lower cover	1778807205	1	486.45	Incl.	
57	*	S04	Repl RT Reflector	2138202600	1	31.50	Incl.	
58	*	S04	Repl RT Side reinf	1778851000	1	116.88	Incl.	
59	*	S04	Repl LT Side reinf	1778850900	1	118.25	Incl.	
60	*	S04	Repl RT Side mount	1778853602	1	66.38	Incl.	
61	*	S04	Repl LT Side mount	1778853502	1	70.80	Incl.	
62	*	S04	Repl RT Side mount nut	0009908306	2	5.06		
		Note: 2 of these are required.						
63	*	S04	Repl Lower mount	1778850603	1	119.63	Incl.	
64	*	S04	Repl RT Blind spot radar bracket w/o adaptive cruise	1778851503	1	70.80		
65	*	S04	Repl RT Blind spot radar insulator w/o adaptive cruise	1778859603	1	34.50		
66	*	S04	Repl RT Blind spot radar w/o adaptive cruise	0009055211	1	1,123.30 m	0.3 M	
67	#	Rpr	Rough Pull RT Quarter Panel					1.0 S
68	#	Subl	Calibrate	1				
69	#	Rpr	Pull to Square Rear Body Panel					2.0 S
70	#		Flex Additive	1		10.00 T		
71	#	S01	Rpr Set up and Measure - Rack					2.0 F
72	#		Color Tint	1				0.5
73	#		Corrosion Protection - up to 25.00	1		25.00 T		
74	#		D&R Battery	1				0.2
75	#	Subl	4 Wheel Alignment	1		75.00 T		

Supplement of Record 4 with Summary

RO Number: 2616

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

76	#	S03	De-Nib and Polish		1		1.2	
77	#		D&R wiring harness		1		0.4	M
78	#		Color Tint		1		0.5	
79	#		Cavity Wax		1	25.00		
80	#		Cover Car		1	20.00	T	
81	#		Seam Sealer		1	30.00	T	
82	#		Crash wrap for protection		1	10.00	T	0.3
83	#	S03	Repl Post scan per asTech		1			0.5 M
Note: asTech tried to recalibrate new radar but had no luck doing so. They did not charge and service request is attached. Left the labor time as we needed to set up and phone in.								
84	*	S04	Repl Lower mount mount plate	0008850200	2	21.86		
Note: 2 of these are required.								
85	*	S04	Repl RT Lower mount lock nut	0049904950	1	8.55		
Note: 2 of these are required. Left and right								
86	*	S04	Repl LT Lower mount lock nut	0049904950	1	8.55		
87	VEHICLE DIAGNOSTICS							
88	*	S03	Rpr Pre-repair scan				m	0.5 M
89	*	S03	Rpr Post-repair scan				m	0.5 M
90	#	S03	Travel time to & from Dealer		1			0.5
91	#	S03	Subl DEALER CALIBRATION		1	220.21	X	
92	#	S03	Safety Check - R&I		1			0.3
SUBTOTALS						6,799.13	42.5	12.9

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				6,408.92
Body Labor	31.8 hrs	@	\$ 56.00 /hr	1,780.80
Paint Labor	12.9 hrs	@	\$ 56.00 /hr	722.40
Mechanical Labor	2.2 hrs	@	\$ 70.00 /hr	154.00
Frame Labor	2.0 hrs	@	\$ 60.00 /hr	120.00
Structural Labor	6.5 hrs	@	\$ 50.00 /hr	325.00
Paint Supplies	12.9 hrs	@	\$ 36.00 /hr	464.40
Miscellaneous				390.21
Subtotal				10,365.73
Sales Tax	\$ 9,899.29	@	4.1670 %	412.50
Grand Total				10,778.23
Deductible				250.00
CUSTOMER PAY				250.00
INSURANCE PAY				10,528.23

Supplement of Record 4 with Summary

RO Number: 2616

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Changed Items							
14	*	S03 Repl RT Lower panel	1776363001	1	-389.16 s	-3.5 S	-0.7
15	*	S04 Repl RT Lower panel	1778807205	1	486.45 s	3.5 S	0.7
18	*	S03 Repl RT Vent	1778304001	1	-25.20	-0.1	
20	*	S04 Repl RT Vent	1778304001	1	31.50	0.1	
19	*	S03 Repl RT Wheelhouse liner	1776905603	1	-112.32	Incl.	
21	*	S04 Repl RT Wheelhouse liner	1776900007	1	140.40	Incl.	
20		Repl RT Wheelhouse liner rivet	0009914140	4	-3.60		
		NOTE: 4 of these are required.					
22	*	S04 Repl RT Wheelhouse liner rivet	1249900492	4	26.88		
		NOTE: 4 of these are required.					
27	*	S03 Repl Under cover A220	1776900007	1	-112.64		
29	*	S04 Repl Under cover A220	1776906903	1	140.40		
28	*	S03 Repl Under cover screw	00000000548	2	-6.46		
30	*	S04 Repl Under cover screw	00000000548	2	8.08		
29	*	S03 Repl Under cover rivet	0009914140	2	-4.84		
		NOTE: 2 of these are required.					
31	*	S04 Repl Under cover rivet	0009914140	2	5.06		
		NOTE: 2 of these are required.					
39		S02 Repl Emblem grommet	2019972281	3	-9.00		
41	*	S04 Repl Emblem grommet	2019972281	3	25.38		
40	*	S03 Repl Nameplate "A220"	1778173000	1	-56.64	-0.2	
42	*	S04 Repl Nameplate "A220"	1778173000	1	70.80	0.2	
44	*	S03 Repl RT Tail lamp assy	1779067400	1	-292.04	Incl.	
46	*	S04 Repl RT Tail lamp assy	1779067400	1	365.05	Incl.	
51		Repl Bumper cover w/o prk snsr	17788006009999	1	-780.00	Incl.	-2.6
53	*	S04 Repl Bumper cover w/o prk snsr	17788006009999	1	922.30	Incl.	2.6
53		Repl Bumper cover rivet	1249900492	4	-9.60		
55	*	S04 Repl Bumper cover rivet	1249900492	4	26.88		
54		Repl Lower cover	1778851103	1	-346.00	Incl.	
56	*	S04 Repl Lower cover	1778807205	1	486.45	Incl.	
55	*	S03 Repl RT Reflector	2138202600	1	-25.20	Incl.	
57	*	S04 Repl RT Reflector	2138202600	1	31.50	Incl.	
56	*	S03 Repl RT Side reinf	177885100064	1	-94.60	Incl.	
58	*	S04 Repl RT Side reinf	1778851000	1	116.88	Incl.	
57	*	S03 Repl LT Side reinf	177885090064	1	-93.50	Incl.	
59	*	S04 Repl LT Side reinf	1778850900	1	118.25	Incl.	
58	*	S03 Repl RT Side mount	1778853602	1	-56.64	Incl.	
60	*	S04 Repl RT Side mount	1778853602	1	66.38	Incl.	
59	*	S03 Repl LT Side mount	1778853502	1	-53.10	Incl.	
61	*	S04 Repl LT Side mount	1778853502	1	70.80	Incl.	

Supplement of Record 4 with Summary

RO Number: 2616

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

60	*	S03	Repl	RT Side mount nut	0009908306	2	<u>-4.04</u>		
				NOTE: 2 of these are required.					
62	*	S04	Repl	RT Side mount nut	0009908306	2	<u>5.06</u>		
				NOTE: 2 of these are required.					
61	*	S03	Repl	Lower mount	1778850603	1	<u>-95.70</u>	Incl.	
63	*	S04	Repl	Lower mount	1778850603	1	<u>119.63</u>	Incl.	
62	*	S03	Repl	RT Blind spot radar bracket w/o adaptive cruise	1778851503	1	<u>-56.64</u>		
64	*	S04	Repl	RT Blind spot radar bracket w/o adaptive cruise	1778851503	1	<u>70.80</u>		
63	*	S03	Repl	RT Blind spot radar insulator w/o adaptive cruise	1778859603	1	<u>-27.60</u>		
65	*	S04	Repl	RT Blind spot radar insulator w/o adaptive cruise	1778859603	1	<u>34.50</u>		
64	*	S03	Repl	RT Blind spot radar w/o adaptive cruise	0009055211	1	<u>-898.64</u>	m	-0.3 M
66	*	S04	Repl	RT Blind spot radar w/o adaptive cruise	0009055211	1	<u>1,123.30</u>	m	0.3 M
82		S02	Repl	Lower mount mount plate	0008850200	2	<u>-7.80</u>		
				NOTE: 2 of these are required.					
84	*	S04	Repl	Lower mount mount plate	0008850200	2	<u>21.86</u>		
				NOTE: 2 of these are required.					
83		S02	Repl	RT Lower mount lock nut	0049904950	1	<u>-3.00</u>		
				NOTE: 2 of these are required.					
				Left and right					
85	*	S04	Repl	RT Lower mount lock nut	0049904950	1	<u>8.55</u>		
				NOTE: 2 of these are required.					
				Left and right					
84		S02	Repl	LT Lower mount lock nut	0049904950	1	<u>-3.00</u>		
86	*	S04	Repl	LT Lower mount lock nut	0049904950	1	<u>8.55</u>		
Deleted Items									
16			Repl	RT Quarter panel	1776309201	1	<u>-1,290.00</u>	-20.5	-3.3
17				Add for Clear Coat					-1.3
18				Deduct for Rear Bumper R&I				1.9	
26				Overlap Major Adj. Panel					0.4
34	*	S03	Repl	RT Floor side	1776103401	1	<u>-94.60</u>	-2.3	-0.6
35		S03		Overlap Minor Panel					0.2
Added Items									
16	#	S04	Rpr	Deduction for Glass R&I				-3.8	
				NOTE: Sublet glass R&I to ACE Auto Glass					
17	*	S04	Sect	RT Quarter panel	1776309201	1	<u>1,606.00</u>	19.5	3.3
18		S04		Add for Clear Coat					1.3
19		S04		Deduct for Rear Bumper R&I				-1.9	
27		S04		Overlap Major Adj. Panel					-0.4
35	*	S04	Rpr	RT Floor side				<u>1.0</u>	0.6
				NOTE: Part Unavailable					
36		S04		Overlap Minor Panel					-0.2

Supplement of Record 4 with Summary

RO Number: 2616

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

SUBTOTALS	1,186.13	-6.1	0.0
-----------	----------	------	-----

RATE CHANGES

Parts Markup \$ 4,951.56 -40.0 % (40.0 % to 0.0 %) = -1,980.62

TOTALS SUMMARY

Category	Basis	Rate	Cost \$
Parts			1,186.13
Additional Supplement Adjustments			-1,980.62
Body Labor	-6.1 hrs @	\$ 56.00 /hr	-341.60
Paint Labor			0.00
Paint Supplies			0.00
Subtotal			-1,136.09
Sales Tax	\$ -1,136.09 @	4.1670 %	-47.37
Additional Supplement Taxes			0.03
Total Supplement Amount			-1,183.43
NET COST OF SUPPLEMENT			-1,183.43

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	9,653.30	Jeremiah Becker
Supplement S01	-54.58	Jeremiah Becker
Supplement S02	282.42	Jeremiah Becker
Supplement S03	2,080.52	Jeremiah Becker
Supplement S04	-1,183.43	Jeremiah Becker
Job Total:	\$ 10,778.23	
CUSTOMER PAY:	\$ 250.00	
INSURANCE PAY:	\$ 10,528.23	

Supplement of Record 4 with Summary

RO Number: 2616

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

AUTHORIZATION FOR REPAIRS

I hereby authorize repairs to be done to the above mentioned vehicle, along with necessary materials. I further agree that if any obligation for said repairs, parts, or other materials are not paid when due, or suit is brought for payment, I shall be responsible for all reasonable costs of collection including repossession and repossession fees, attorney fees, court costs, and interest as provided by law. You and your employees may operate the above mentioned vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on the above mentioned vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, or any other cause beyond your control. A storage charge of \$85.00 per day will be charged for any vehicle not picked up 5 days after completion of repairs. I FURTHER CERTIFY THAT I HAVE READ THE ENTIRETY OF THIS AGREEMENT AND THAT I UNDERSTAND EACH OF ITS PROVISIONS.

SIGNED _____ DATE _____

AUTHORIZATION FOR PAYMENT OF ORIGINAL AND SUPPLEMENTAL REPAIRS

I hereby authorize direct payment to: Studio Auto Body Inc for the original amount of repairs due in the amount of _____. I hereby authorize direct payment of supplemental damage on the above mentioned vehicle and claim in the amount of \$_____ to be paid by _____ on my behalf.

SIGNED _____ DATE _____

VEHICLE CHECK --IN--PRIOR DAMAGE _____

INT _____

Supplement of Record 4 with Summary

RO Number: 2616

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

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, NEGLECT, 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.

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.

Supplement of Record 4 with Summary

RO Number: 2616

2019 BENZ A-Class A220 4D SED 4-2.0L Turbocharged Gasoline Gasoline Direct Injection Red

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 ERI5735, CCC Data Date 01/18/2021, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2021 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.

Farmers Insurance
P.O. Box 268994
Oklahoma City, OK 73126-8994

County of Maui
Office of the County Clerk
200 S. High Street, Room 708
Wailuku, HI 96793

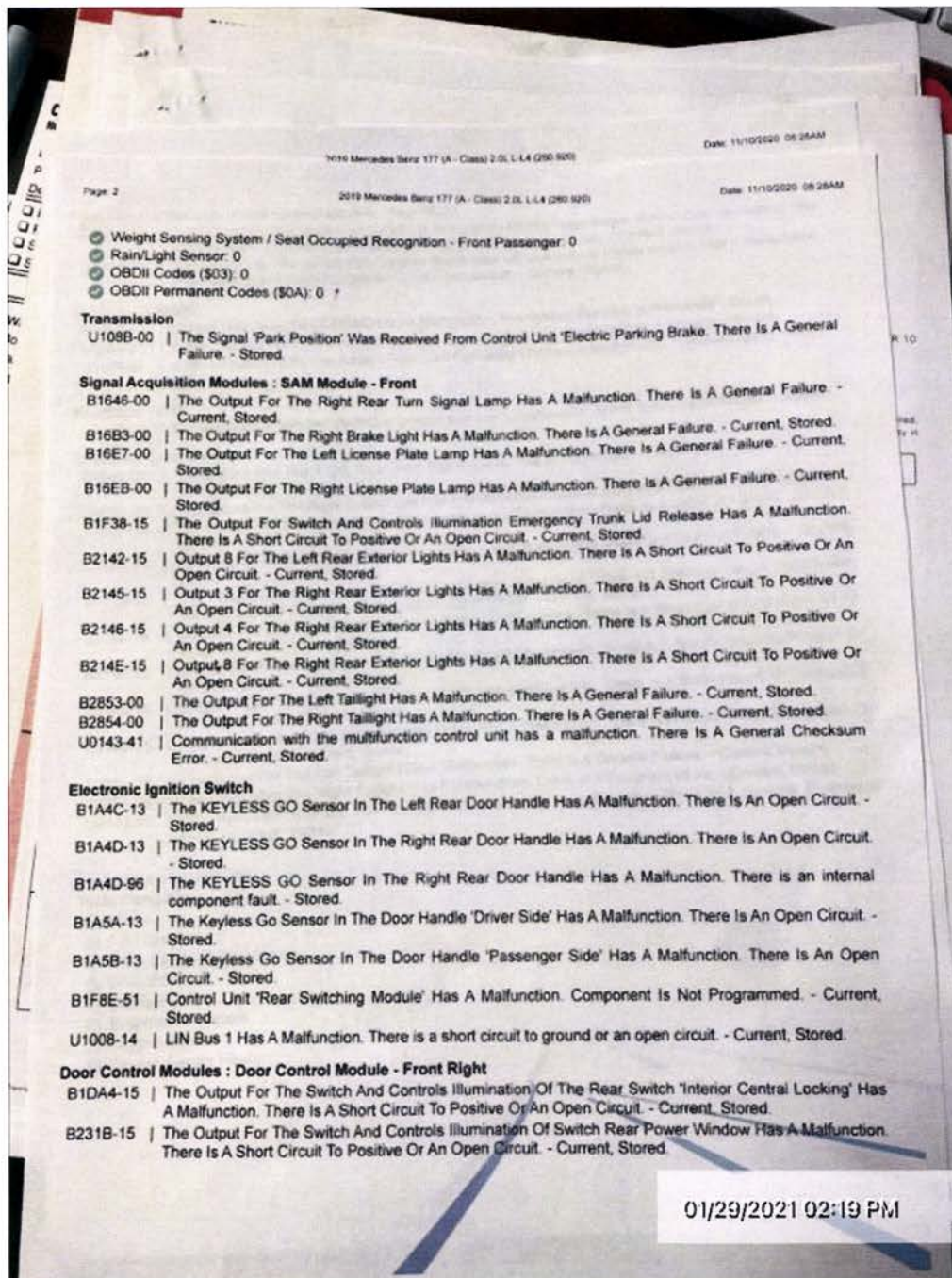


Photo 45

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO38

File Date: 01/29/2021

Label: Photo 45

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03

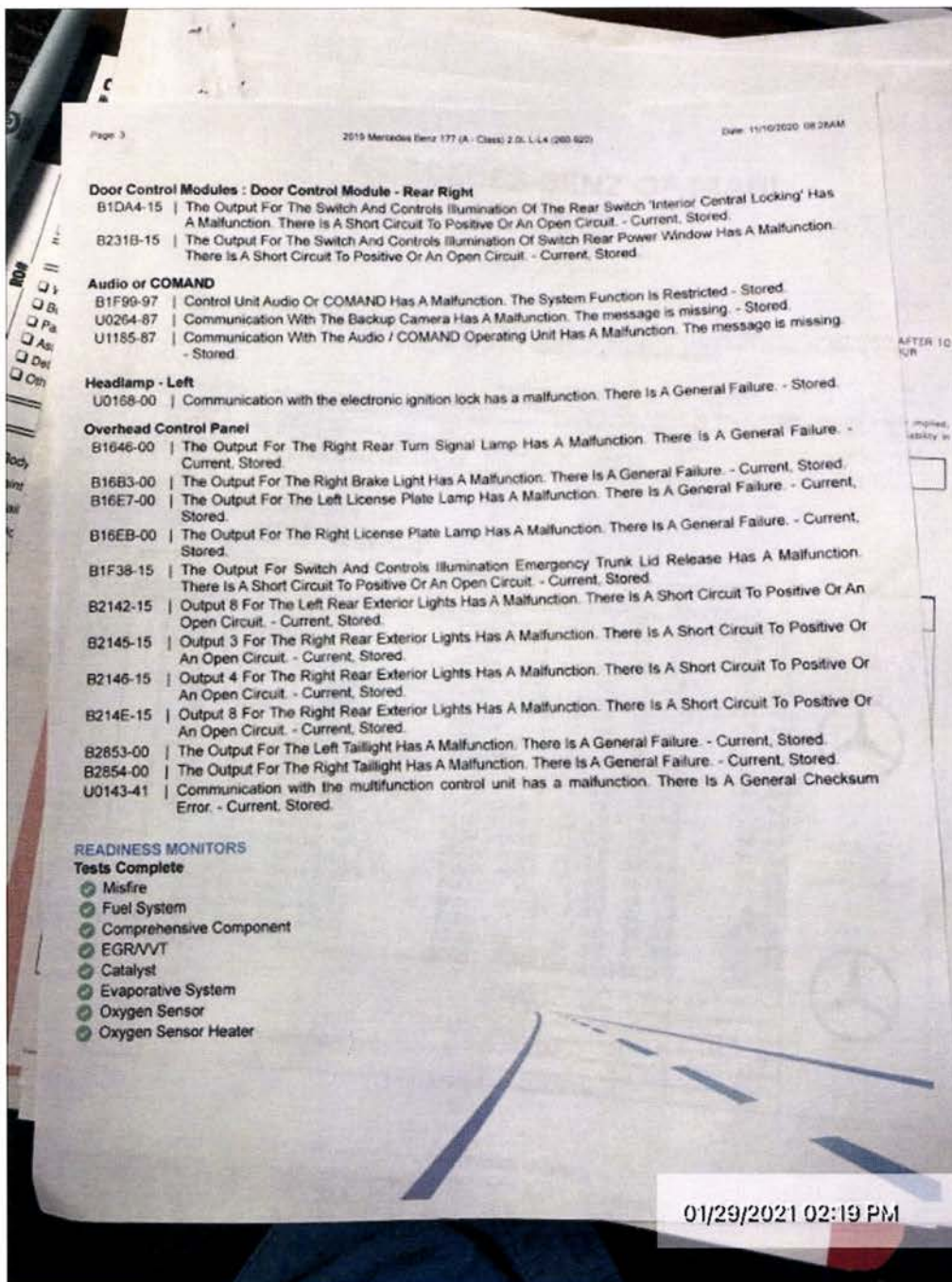


Photo 46

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO39

File Date: 01/29/2021

Label: Photo 46

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03

ACE AUTO GLASS

ACCOUNT NO. 02-C AGENT NO. MATT/DELLA DATE 1/29/2021 INVOICE 1270367

SALESPERSON (NAME OR TITLE) CUSTOMER (NAME OR TITLE) KEY CODE SALESPERSON'S SIGNATURE DATE OF LOSS

STUDIO AUTO BODY (808) 385-2963 Ship To: 02-C STUDIO AUTO BODY CONFIRMED BY MATT

INSURANCE PROOF OF LOSS

INSURANCE CO. POLICY NO. CLAIM NO. CAUSE & LOSS LOCATION VERIFIED BY DATE OF LOSS DEDUCTIBLE

VEHICLE INFORMATION

MAKE Mercedes Benz MODEL A-Class YEAR 2019 DOORS 4

COLOR DELIA LICENSE WDD3G4EB4KW035835

Qty	Part Number	Description	Unit	Sell	Total
1	RR1	REMOVE & REINSTALL BACK GLASS	\$245.00	\$245.00	\$245.00

ACE AUTO GLASS INC. GUARANTEE
AFTER REPAIR OR REPLACEMENT this auto glass installation is guaranteed against water leakage due to defective material or workmanship as long as the present owner continues to own this vehicle. This guarantee is limited to repair or replacement by an authorized Ace Auto Glass Inc. installer. Ace Auto Glass Inc. is not liable for special, incidental, indirect or consequential damages. This guarantee is exclusive and in lieu of all other guarantees. CONTACT Ace Auto Glass Inc. immediately if a problem should occur, or if you have any questions regarding this invoice.

CUSTOMER'S SIGNATURE [Signature] TOTAL SALES \$246.23

Sub Total \$245.00 Tax \$1.23

01/29/2021 02:08 PM

Photo 42

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO40

File Date: 01/29/2021

Label: Photo 42

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|PolicyNumber:0044036780|ShopName:Studio Auto Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03

STUDIO AUTOBODY

Name: Delia Corpuz Phone: 808-276-4214
 Email: _____ Ins. Company: _____
 Year: 2019 Make: Mercedes Model: K-Class A220 RO #: 2616

Repair & Parts Authorizations

I hereby authorize repairs of the vehicle mentioned above to be done at Studio Autobody, along with necessary materials. I agree that Studio Autobody is not responsible for delays caused by unavailability of parts or shipping delay. I give consent to Studio Autobody employees to operate the above vehicle for the purpose of testing and or inspection.

I hereby authorize Studio Autobody to order parts of the vehicle that I have received a written estimate for. Owner-pay jobs require 50% down of any parts listed on estimate. I agree that once parts are ordered I am responsible for the payments. If the repair is cancelled and parts can be returned, I will be charged 30% restocking fee + any freight charges. I further agree that if any obligation for said repairs, parts, or other materials are not paid when due, or suit is brought for payment, I shall be responsible for all reasonable costs of collection including repossession fees, court fees, and interest as provided by law.

By my signature I acknowledge that I have read and agree to the terms & conditions stated:

Customer Signature: Delia Corpuz Date: 10-21-20

Authorization For Payment Of Original And Supplemental Parts

I hereby authorize direct payment to Studio Autobody for the original amount of repairs due in the amount of: _____ I hereby authorize direct payment of supplemental damage on the above mentioned vehicle and claim in the amount of: _____ to be paid by: _____ on my behalf.

Customer Signature: _____ Date: _____

Power Of Attorney

I also hereby appoint Studio Autobody and their employees as my true lawful attorney for me. To ask, demand, collect, sign for, and receive all such sums of money that shall be due owing, payable, and belonging to me, related to the vehicle described. This shall include full power of attorney and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising from work done by you and your employees on the above mentioned vehicle.

Customer Signature: _____ Date: _____

Studio Auto Body
 251 Lolo St. Kohuku, HI. 96732 - 1760 Mill St. Wailuku, HI. 96793
 Office (808)871.6454 - (808)856.0511
 Fax (808)871.6484 - (808)856.0513

Photo 38

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO41

File Date: 11/24/2020

Label: Photo 38

Note: Owner: ABDEN, CORPUZ | Style: 2019, BENZ, A-Class
 A220 | Insured: ABDEN, CORPUZ | Loss Date: 10/21/2020 | Policy Number: 0044036780 | Shop Name: Studio Auto Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03

Mercedes-Benz of Maui
69 Hobron Ave.
Kahului, HI 96732
(808) 872-1500

RECEIPT

Customer Information:
Studio auto body inc
(808) 871-6454

Invoice Details:
Invoice #: F6UOXLCGUY
Invoice Date: Tuesday, January 12, 2021 11:05 AM
Repair Order/Ref #: 814503

Description of Product/Services	Amount
PARTS	\$ 4577.05

Payment Details:
Paid On: Tuesday, January 12, 2021 11:05 AM
Credit Card: XXXXXXXXXXXXX8124 exp XX/XXXX
Card Type: Visa
Cardholder Name: Studio auto body inc
Payment Type: Manual
Confirmation #: 238542
Dealer Associate: Rodney Saribay
Cashier: Rodney Saribay
THANK YOU!

Customer Signature

Mercedes-Benz of Maui

Processed by myKaarma eBridge Payments

01/13/2021 02:11 PM

Photo 39

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO44

File Date: 01/13/2021

Label: Photo 39

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03

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

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

LIMITED WARRANTIES

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




DATE ENTERED	YOUR ORDER NO.	DATE SHIPPED	INVOICE DATE	INVOICE NUMBER		
12 JAN 21	2616-PO-001	12 JAN 21	12 JAN 21	814503	13:03:10	

NO. 10

ACCOUNT NO. MA8033

PAGE 2 OF 2

STUDIO AUTO BODY INC
WDD3G4EB4KW035835
KAHULUI, HI 96732-2996

SHIP VIA		SLM	BL NO.	TERMS	P.O. POINT	
		328		CASH WHOLESALE	KAHULUI HI	
PART NO.		DESCRIPTION	LIST	NET	AMOUNT	
1	1	0	177-880-72-05	COVER	486.45	389.16
Part number			177-880-72-05	replaces	177-885	
						
						
THANK YOU! WE APPRECIATE YOUR PATRONAGE						
						
CUSTOMER'S SIGNATURE X				PARTS	4,554.28	
				SUBLET		
				FREIGHT	0.00	
				SALES TAX	22.77	
				TOTAL	\$4,577.05	

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CUSTOMER COPY

01/13/2021 02:11 PM

Photo 41

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO46

File Date: 01/13/2021

Label: Photo 41

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03

MERCEDES-BENZ OF MAUI

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

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

LIMITED WARRANTIES

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

DATE ENTERED	YOUR ORDER NO.	DATE SHIPPED	INVOICE DATE	INVOICE NUMBER	
12 JAN 21	2616-PQ-001	12 JAN 21	12 JAN 21	814503	13103110

ACCOUNT NO. MA8033
STUDIO AUTO BODY INC
WDD3G4EB4KK035835
KAHULUI, HI 96732-2996

PAGE 1 OF 2

SHIP VIA	ITEM	EL NO	TERMS	F.O.B. POINT
	328		CASH WHOLESALE	KAHULUI HI
PART NO	DESCRIPTION	LIST	NET	AMOUNT
0 177-630-92-01	SIDEWALL	1606.00	1284.80	1,284.80
0 177-830-40-01	VENTILATIO	31.50	25.20	25.20
0 177-690-69-03	COVER, WHE	140.40	112.32	112.32
0 000-991-41-40	SPACER TUB	2.53	2.02	12.12
0 177-690-00-07	COVER, REA	140.40	112.32	112.32
0 000000-000548	SCREW	4.04	3.23	6.46
0 000000-003337	WASHER	3.03	2.42	4.84
0 177-906-74-00	REAR LAMP	365.05	292.04	292.04
0 177-880-06-00-9999	EXCHANGE T	922.30	737.84	737.84
	CORE DEPOSIT		150.00	150.00
0 124-990-04-92	RIVET	6.72	5.38	21.52
0 213-820-26-00	REFLECTOR	31.50	25.20	25.20
0 177-885-09-00	SIDE STABI	118.25	94.60	94.60
0 177-885-10-00	SIDE STABI	114.88	93.50	93.50
0 177-885-35-02	BASIC MOUN	70.80	56.64	56.64
0 177-885-36-02	BASIC MOUN	66.38	53.10	53.10
0 000-990-83-06	PLASTIC NU	2.53	2.02	4.04
0 177-885-06-03	BASIC MOUN	119.63	95.70	95.70
0 177-885-15-03	FIXTURE	70.80	56.64	56.64
0 177-885-96-03	ABSORBER	34.50	27.60	27.60
0 000-905-52-11	RADAR SENS	1123.30	898.64	898.64
PARTS				
SUBLET				
FREIGHT				
SALES TAX				
TOTAL				



THANK YOU!
WE APPRECIATE
YOUR PATRONAGE



CUSTOMER COPY

01/13/2021 02:11 PM

Photo 40

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO47

File Date: 01/13/2021

Label: Photo 40

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03

CUSTOMER'S NAME: _____

CUSTOMER #: MA8033
UNIT# FM00799

679580

MERCEDES-BENZ OF MAUI
69 Hobron Avenue
Kahului, HI 96732
PHONE: (808) 872-1520
FAX# (808) 873-8937

INVOICE

Mer STUDIO AUTO BODY INC
251 LALO ST # H1
69 H KAHULUI, HI 96732-2996
Kah HOME: CONT: 808-871-6454
(808) BUS: 808-871-6454 CELL:

PAGE 1

SERVICE ADVISOR: 501221 JAVIER MACIAS

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
BLACK	JUNE 19	MERCEDES A220W	WDD1G4E84KH035835	DELIA	4470/4470	78273

DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
27JAN20	DN		17:00 29JAN21			CASH	29JAN21

R.O. OPENED _____ READY _____ OPTIONS: SOLD-STX:FM00799 DLR:20102 TRN:---

(808) 09:47 29JAN21 12:18 29JAN21

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A							

Dest A CUSTOMER STATES THAT REAR BUMPER PARK ASSIST SENSORS REPLACED REQUEST TO CALIBRATE SENSOR

PAR 540991 PROGRAM AND CODE CONTROL UNIT

***** (AFTER QUICK TEST) *****

PARTS:	0.00	LABOR:	195.75	OTHER:	0.00	TOTAL LINE A:	195.75
4470 1.00 CP-PERFORM SOFTWARE/ADAPTATION ON NEW REAR RADAR CONTROL UNIT, AND ERASE CODES. THE BLIND SPOT ASSIST WARNING LIGHT REMAINS OFF AT THIS TIME. CONFIRMED REPAIR.							

Pay: B MULTI POINT INSPECTION

Crc: MPI PERFORM MERCEDES-BENZ OF MAUI WORLD CLASS

XX MULTI-POINT VEHICLE INSPECTION

Cart 50667 IMPI

Part: PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: (N/C)

Pay: 4470 NO MPI PERFORMED. NO REAR LICENSE PLATE.

Con *****

Deal EST: 0.00 29JAN21 09:47 SA: 501221

Cal CONTACT:

TH *****

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 15.66

Mer BDC APPT CREATED 2021-01-28 MAUI'S EXCLUSIVE MERCEDES-BENZ DEALER
03:29:00PM TAKEN BY TAYLER SERVICE AND PARTS DEPARTMENT HOURS
PETERSON MONDAY - FRIDAY FROM 7:30AM TO 5:00PM
PLEASE CALL (808) 872-1520 TO SCHEDULE
YOUR NEXT SERVICE APPOINTMENT OR VISIT
US ONLINE AT: WWW.MBOFMAUI.COM
MAHALO FOR YOUR BUSINESS!

DESCRIPTION	TOTALS
LABOR AMOUNT	195.75
PARTS AMOUNT	0.00
GAS OIL LUBE	0.00
SUBLET AMOUNT	0.00
MSC CHARGES	15.66
TOTAL CHARGES	211.41
ADJUSTMENTS	0.00
SALES TAX	8.80
PLEASE PAY THIS AMOUNT	220.21

SUPPLIES: A token charge equivalent to 8% of the labor charge is included for supplies used on your vehicle.

Applicable supply items are: Nuts, bolts, washers, tape, pins, aerospray, shellac, solvent, carburetor cleaner, solder, battery cleaner, wire, window sealer etc.

all parts are new unless specified otherwise.

Part number suffixes are: A-vendor other than MBUSA
20-Cone charge credit
80-Rebuilt part, no cone requested
88-Rebuilt part, cone requested

Part numbers indicated with an "A" suffix are not MBUSA supplied parts. These parts are not warranted by MBUSA. Mercedes-Benz of Maui will warrant these parts for 24 months, unlimited miles and no labor charge.

STATEMENT OF DISCLAIMER
The factory warranty constitutes all of the warranties with respect to the sale of this merchandise. The dealer hereby disclaims all warranties, whether written or implied, including any implied warranty of merchantability or fitness for a particular purpose. Dealer name: _____
Authorizes any other person to accept, for a fee, delivery or correction, with the assent of the Merchandise.

CUSTOMER SIGNATURE _____

CUSTOMER COPY

CUSTOMER COPY

01/29/2021 02:08 PM

Photo 43

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO48

File Date: 01/29/2021

Label: Photo 43

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|PolicyNumber:0044036780|ShopName:Studio Auto Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03



Photo 48

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO42

File Date: 01/29/2021

Label: Photo 48

Note: Owner: ABDEN, CORPUZ|Style: 2019, BENZ, A-Class
A220|Insured: ABDEN, CORPUZ|LossDate: 10/21/2020|P
olicyNumber: 0044036780|ShopName: Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03



Photo 47

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO43

File Date: 01/29/2021

Label: Photo 47

Note: Owner: ABDEN, CORPUZ|Style: 2019, BENZ, A-Class
A220|Insured: ABDEN, CORPUZ|LossDate: 10/21/2020|P
olicyNumber: 0044036780|ShopName: Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03



Photo 46

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO45

File Date: 01/29/2021

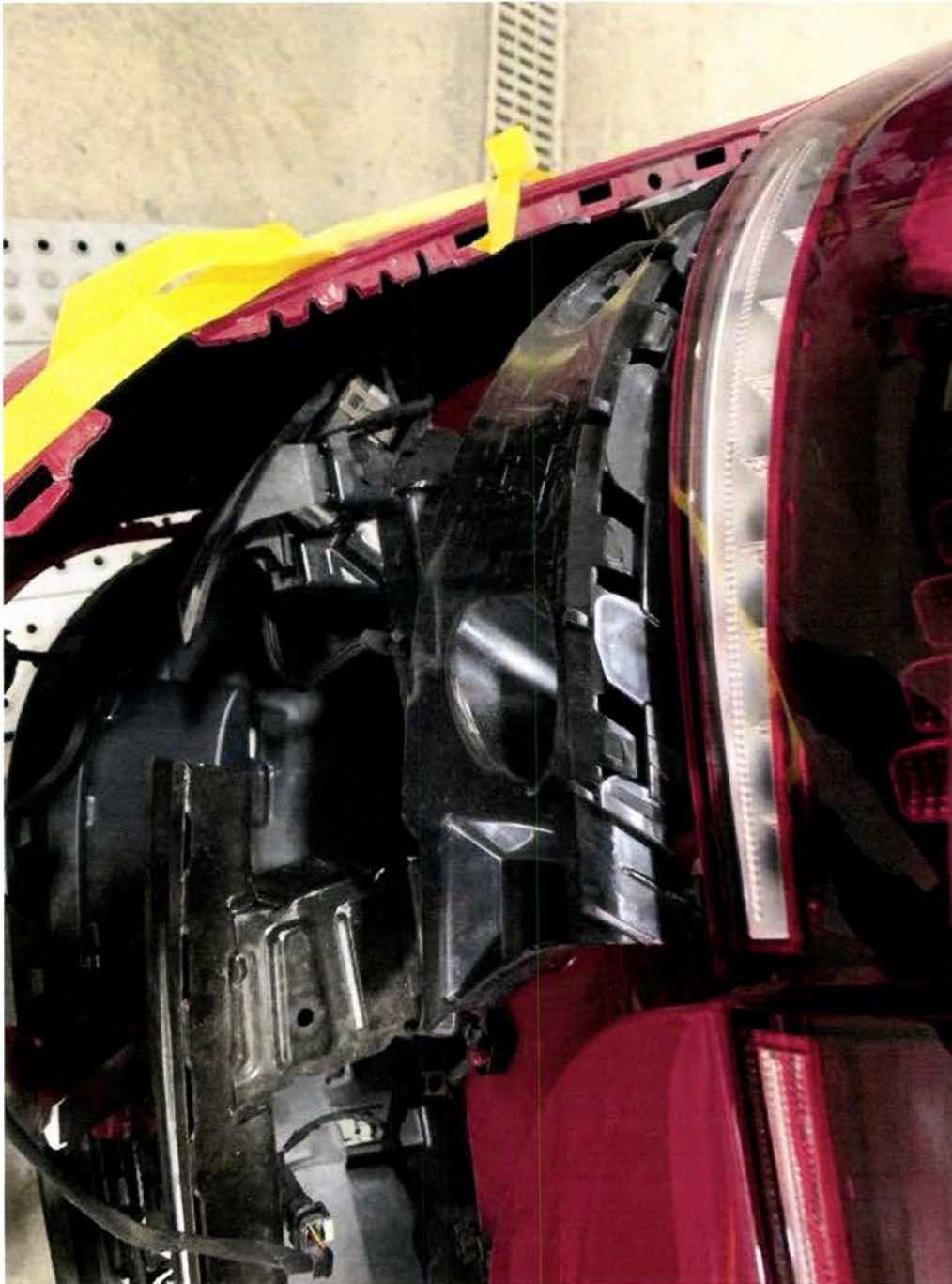
Label: Photo 46

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: S03



Left rear bumper cover

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO1

File Date: 10/22/2020

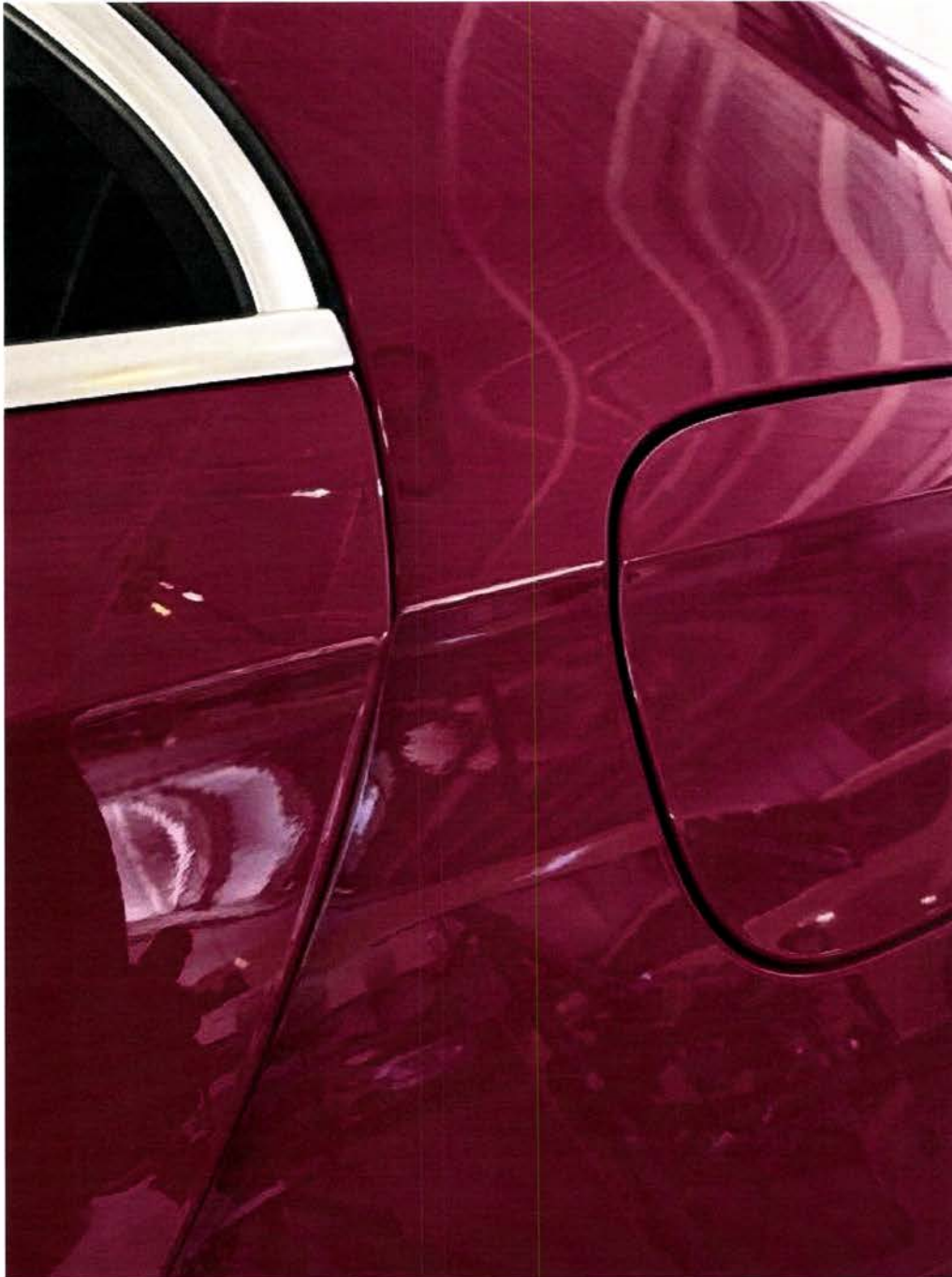
Label: Left rear bumper cover rtainer dama

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



L Rear Door Sag

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO2

File Date: 10/22/2020

Label: L Rear Door Sag

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



R rear bumper reflecto

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO3

File Date: 10/22/2020

Label: R rear bumper reflector damage

Note: Owner: ABDEN, CORPUZ | Style: 2019, BENZ, A-Class
A220 | Insured: ABDEN, CORPUZ | Loss Date: 10/21/2020 | P
olicy Number: 0044036780 | Shop Name: Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



R Frt

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO4

File Date: 10/22/2020

Label: R Frt

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



RT Qtr panel torn, and

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO5

File Date: 10/22/2020

Label: RT Qtr panel torn, and lower retain

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



VIN Photo

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO6

File Date: 10/22/2020

Label: VIN Photo

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



4,458.9 miles

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO7

File Date: 10/22/2020

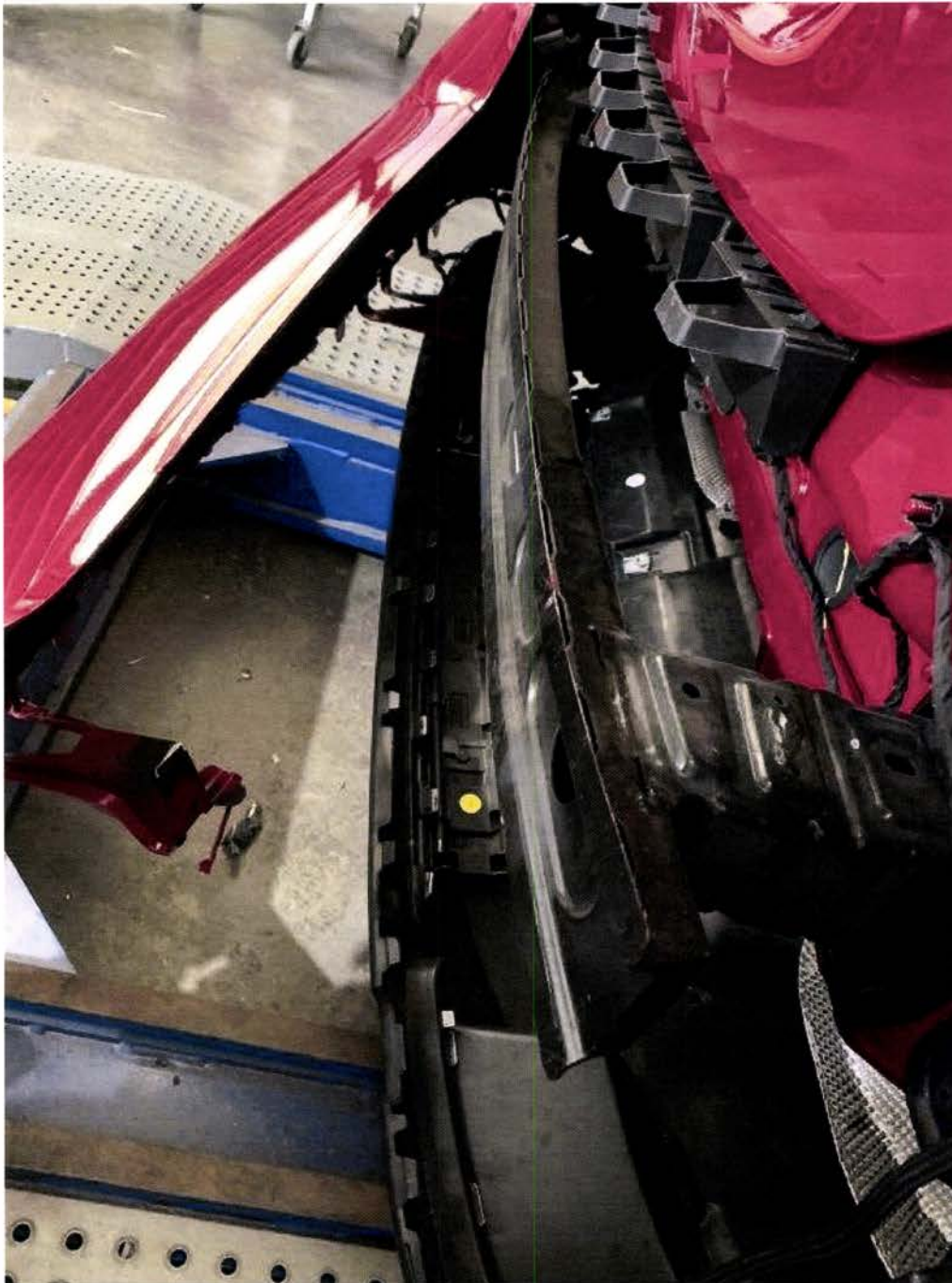
Label: 4,458.9 miles

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Rear Bumper reinf damage

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO8

File Date: 10/22/2020

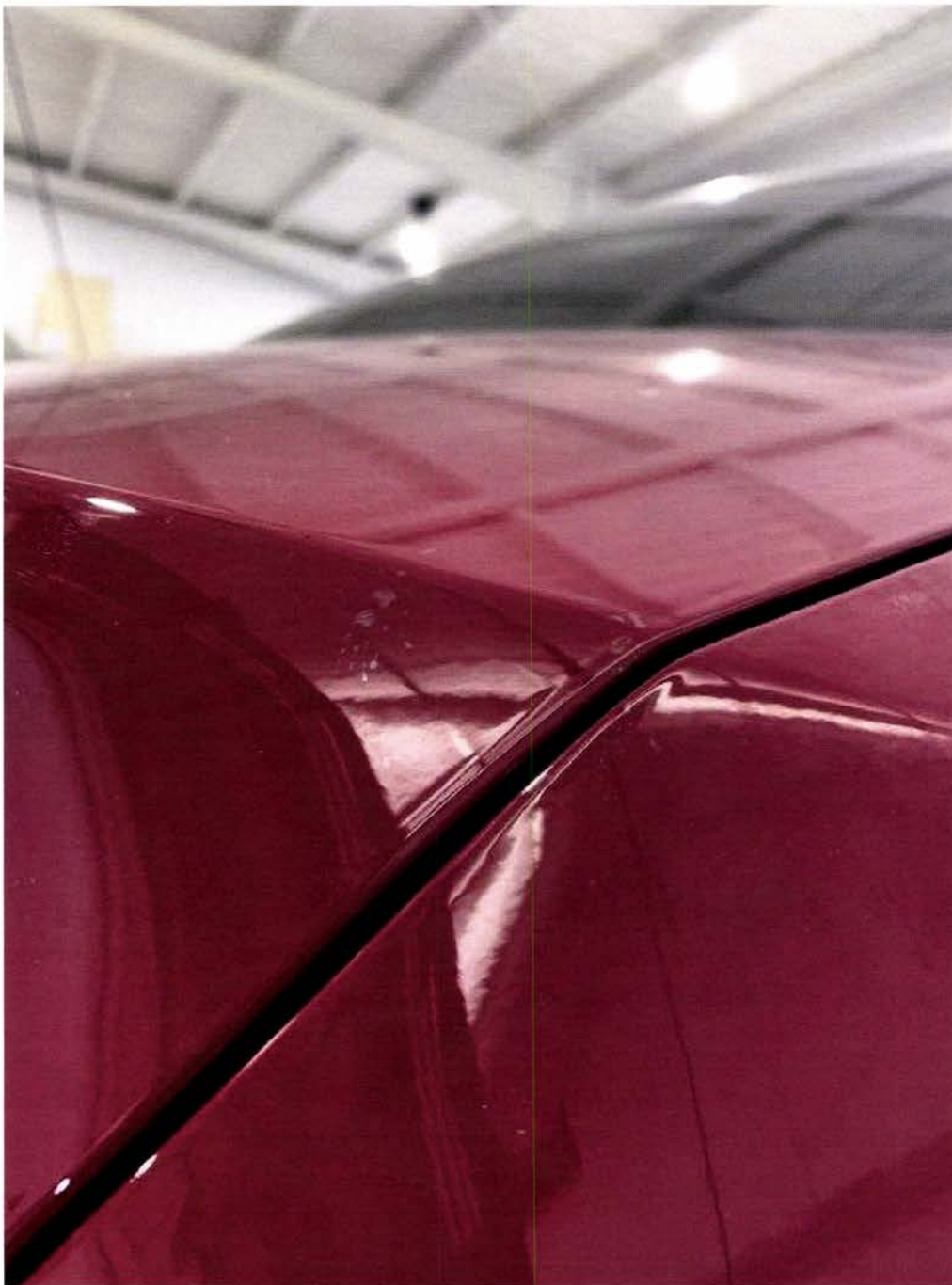
Label: Rear Bumper reinf damage

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Another view of luggag

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO9

File Date: 10/22/2020

Label: Another view of luggage lid clear c

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



R Rear

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO10

File Date: 10/22/2020

Label: R Rear

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



L Frt Int Photo

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO11

File Date: 10/22/2020

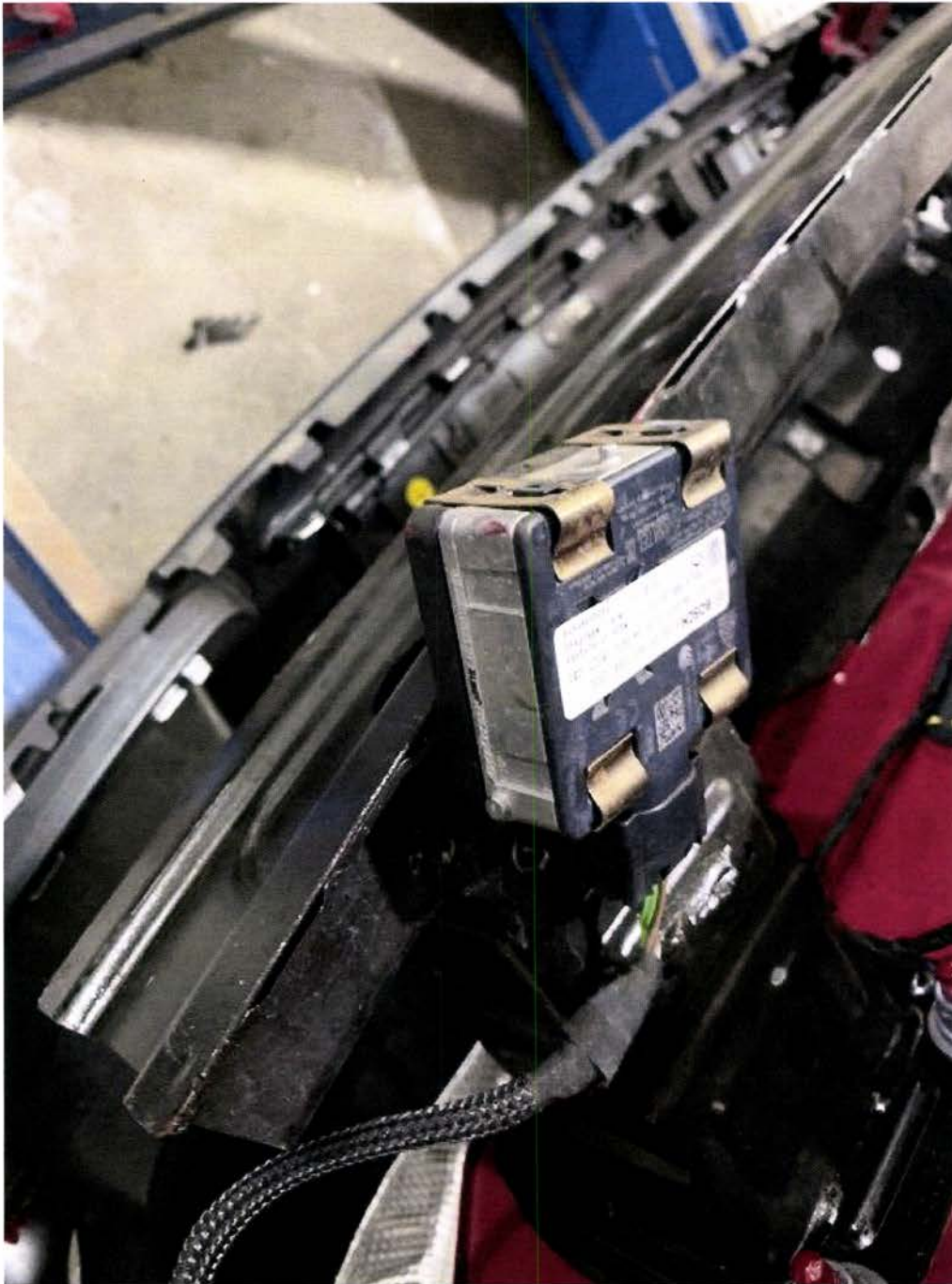
Label: L Frt Int Photo

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



R Rear Radar damage

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO12

File Date: 10/22/2020

Label: R Rear Radar damage

Note: Owner: ABDEN, CORPUZ|Style: 2019, BENZ, A-Class
A220|Insured: ABDEN, CORPUZ|LossDate: 10/21/2020|P
olicyNumber: 0044036780|ShopName: Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Rear Under cover damage

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO13

File Date: 10/22/2020

Label: Rear Under cover damage

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Rear Body panel and rt

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO14

File Date: 10/22/2020

Label: Rear Body panel and rt retainer dam

Note: Owner: ABDEN, CORPUZ | Style: 2019, BENZ, A-Class
A220 | Insured: ABDEN, CORPUZ | Loss Date: 10/21/2020 | P
olicy Number: 0044036780 | Shop Name: Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Left rear bumper suppo

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO15

File Date: 10/22/2020

Label: Left rear bumper support damage

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Rear bumper upper damage

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO16

File Date: 10/22/2020

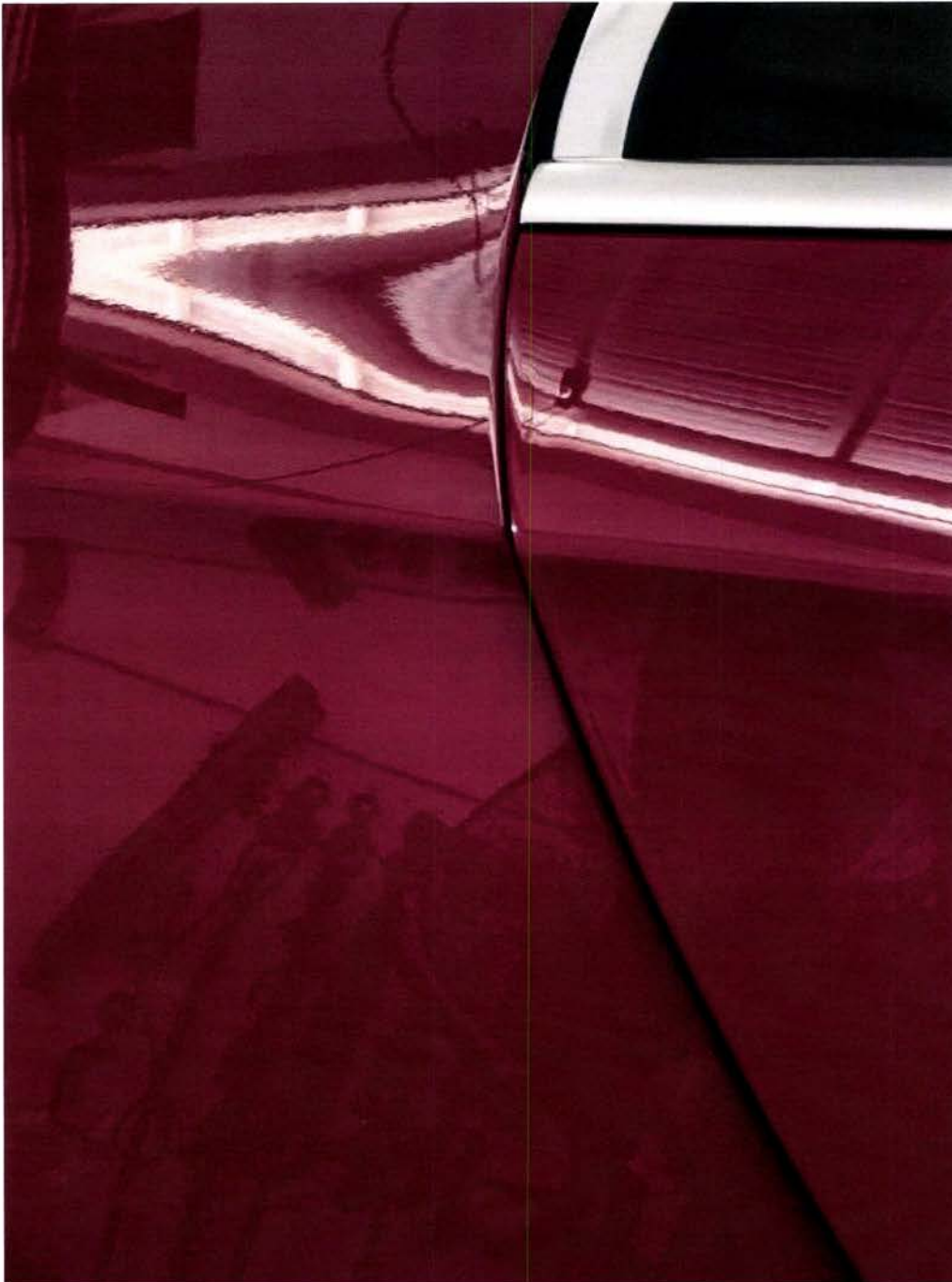
Label: Rear bumper upper damage

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



R Rear Door Sag

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO17

File Date: 10/22/2020

Label: R Rear Door Sag

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Rear Bumper lower cove

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO18

File Date: 10/22/2020

Label: Rear Bumper lower cover damage

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Rear Bumper center ret

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO19

File Date: 10/22/2020

Label: Rear Bumper center retainer damage

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Trunk right side clear

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO20

File Date: 10/22/2020

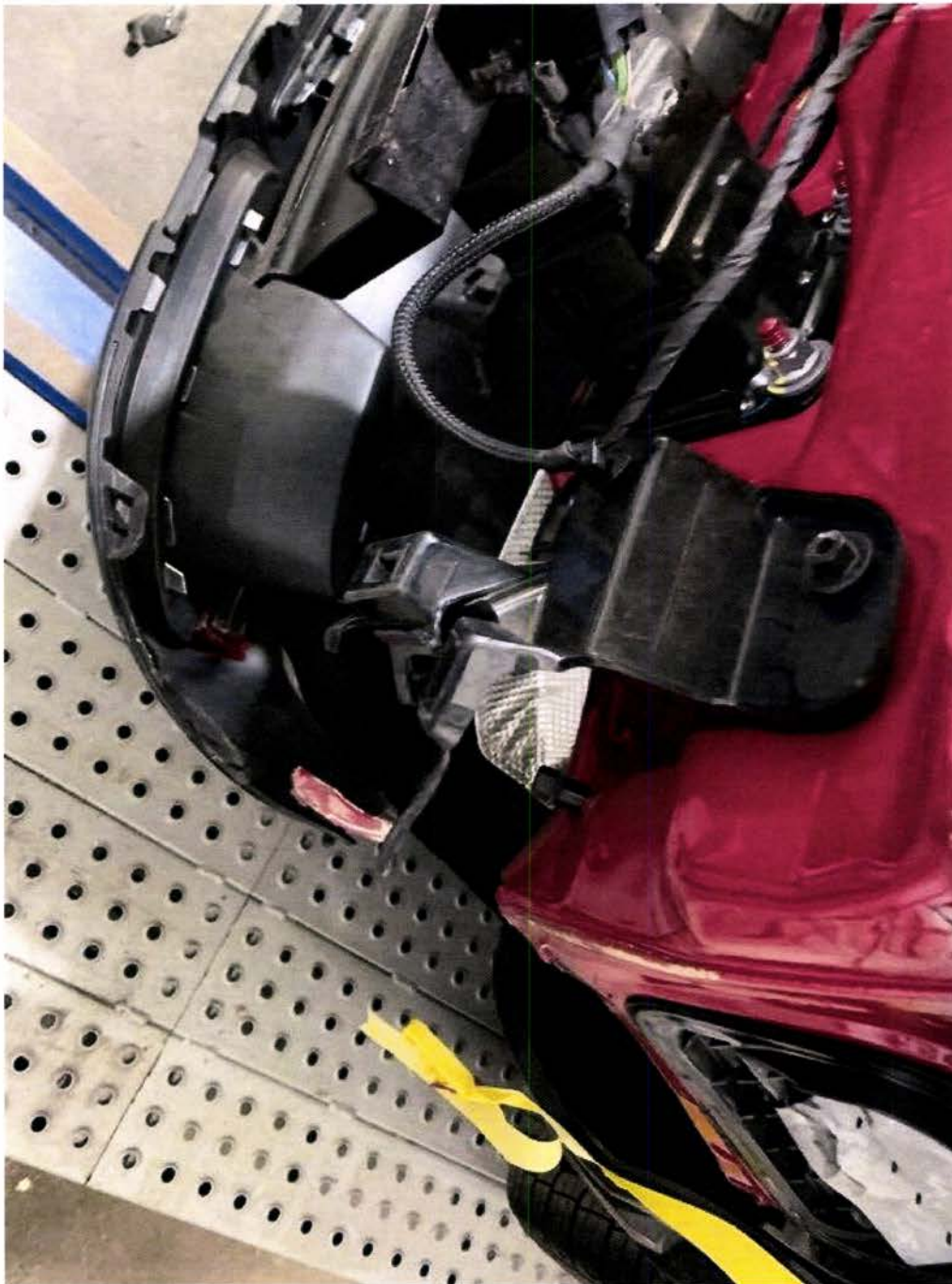
Label: Trunk right side clear coat damage

Note: Owner: ABDEN, CORPUZ|Style: 2019, BENZ, A-Class
A220|Insured: ABDEN, CORPUZ|LossDate: 10/21/2020|P
olicyNumber: 0044036780|ShopName: Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Rear Bumper radar mtg

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO21

File Date: 10/22/2020

Label: Rear Bumper radar mtg brackets dama

Note: Owner: ABDEN, CORPUZ|Style: 2019, BENZ, A-Class
A220|Insured: ABDEN, CORPUZ|LossDate: 10/21/2020|P
olicyNumber: 0044036780|ShopName: Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



R qtr Pnael damage

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO22

File Date: 10/22/2020

Label: R qtr Pnael damage

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



R Qtr panel Vent damage

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO23

File Date: 10/22/2020

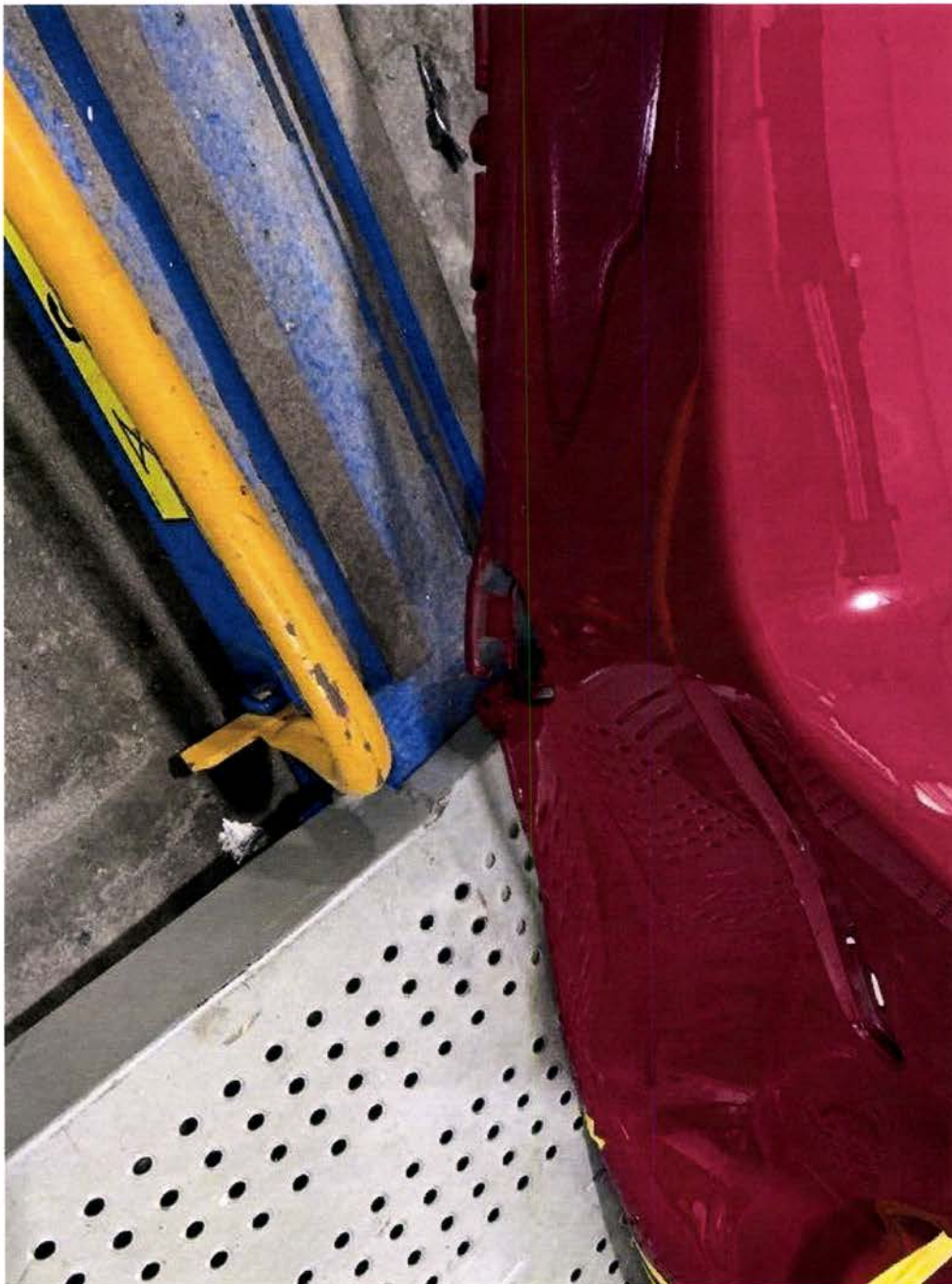
Label: R Qtr panel Vent damage

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



Rear bumper tow hook c

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO24

File Date: 10/22/2020

Label: Rear bumper tow hook cover missing

Note: Owner: ABDEN, CORPUZ|Style: 2019, BENZ, A-Class
A220|Insured: ABDEN, CORPUZ|LossDate: 10/21/2020|P
olicyNumber: 0044036780|ShopName: Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



L Rear

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO25

File Date: 10/22/2020

Label: L Rear

Note: Owner: ABDEN, CORPUZ|Style: 2019, BENZ, A-Class
A220|Insured: ABDEN, CORPUZ|LossDate: 10/21/2020|P
olicyNumber: 0044036780|ShopName: Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



R Qtr Liner damage

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO26

File Date: 10/22/2020

Label: R Qtr Liner damage

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



L Frt

Claim Reference Id: 7001989643-1_B833638

File Name: PHOTO27

File Date: 10/22/2020

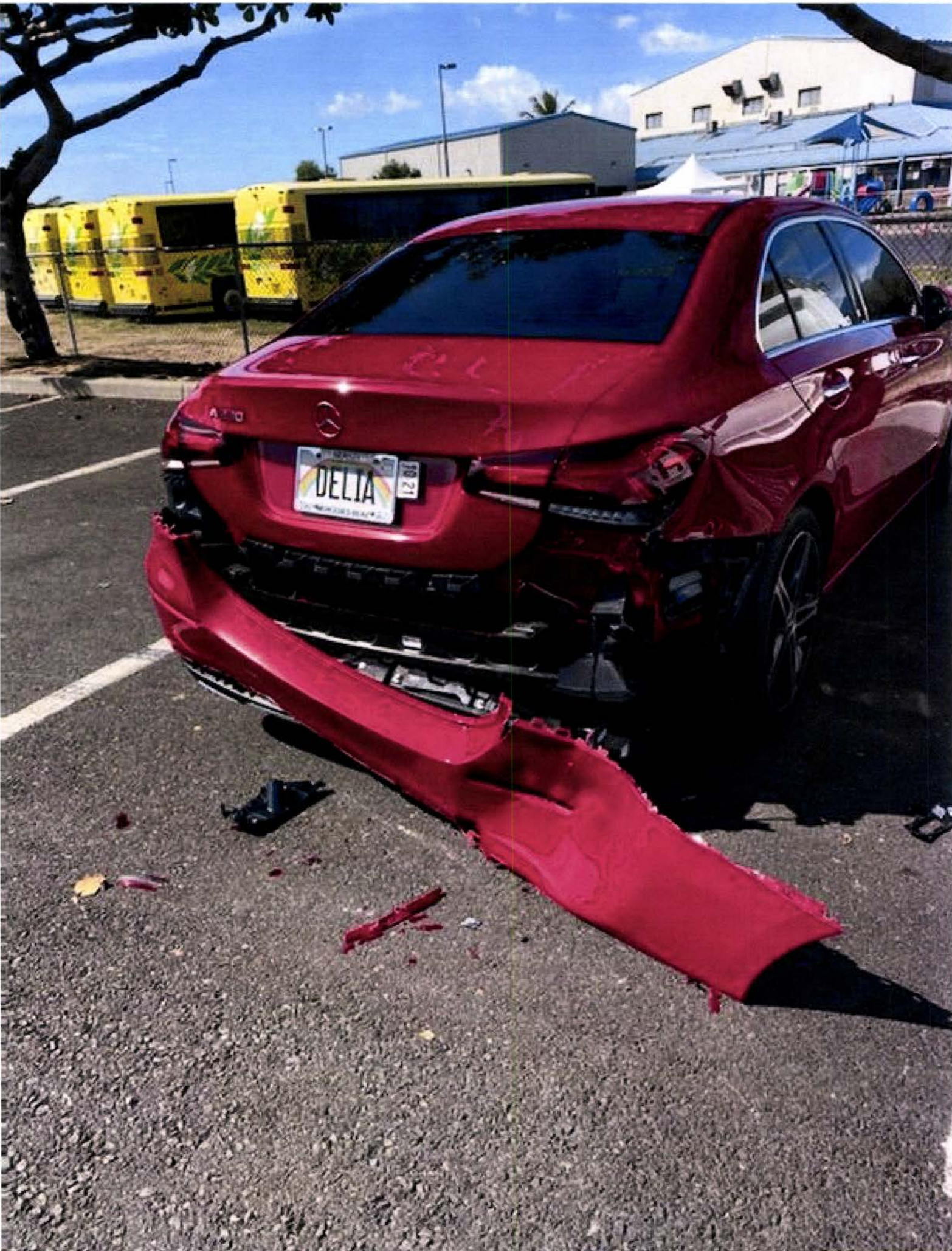
Label: L Frt

Note: Owner:ABDEN,CORPUZ|Style:2019,BENZ,A-Class
A220|Insured:ABDEN,CORPUZ|LossDate:10/21/2020|P
olicyNumber:0044036780|ShopName:Studio Auto
Body I

Photo Location: Studio Auto Body Inc.

Photo Taken By: Jeremiah Becker

Estimate Indicator: E01



AUDIT REVIEW

JADA. Inc.

A division of John Mullen & Co., Inc.

P. O. Box 2096, Honolulu, HI 96805

Phone: 808.531.9733 Fax: 808. 531.0053

Memo

Date: May 5, 2021

To: Eddie Davis

Insured: County of Maui GL

Claimant: Abden Corpuz

Re: RISK 2020 – 0271

JADA #: 4067839

From: Tokuji Trantham

Vehicle: 2019, MERCEDES BENZ, A
CLASS

Lic. #: DELIA

VIN: WDD3G4EB4KW035835

Amount Approved: \$11,706.61

Hi Eddie,

Upon audit review, there were manually entered part prices on the repair shops supplement of record 4. I emailed adjuster to request they send me invoices for these parts and sublets with manually entered prices. They sent me all the invoices (attached to file) and upon review, the estimate the repairs appear to be in line. The above approved amount is for the total cost of vehicle repairs \$10,778.23, the subro demand for rental \$898.43 and the one day of rental the insured paid out of pocket \$29.95. the number of days to repair are in line due to the amount of down time for parts and the sublet to dealer for calibration.

Mahalo



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

VEHICLE ACCIDENT REPORT

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

Your Name Datrick Kaina Department Public Works / Hugs Date 10/21/20
Address PO. BOX 475 Phone 808-344-8626
Date of Accident 10/21/20 Day of the Week wednesday Time 9:30 AM
Location of Accident HOME DEPOT PARKING LOT / GARDEN SIDE

Did Police respond? ☒ Yes ☐ No. If yes, please obtain report # 20-03774 and forward a copy of the report.

COUNTY CAR:

Year 2009 Make Peterbilt Model Dump License# CN2322
Driven for what purpose? work
Describe damage NO Damage Estimated repair cost _____

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

Name _____ Age _____
Address _____ Phone _____
Describe Injuries _____ Medical Treatment Required? ☐ Yes ☐ No
Name _____ Age _____
Address _____ Phone _____
Describe Injuries _____ Medical Treatment Required? ☐ Yes ☐ No

OCCUPANTS OF YOUR AUTOMOBILE:

Name _____ Age _____ Address _____
Name _____ Age _____ Address _____

DESCRIPTION OF OTHER AUTOMOBILE:

Year 2020 Make Mercedes Model _____ License# & State _____

EXHIBIT J

Other Driver Name _____ Address _____
Describe damage Torn bumper, cracked right rear light
Were there any occupants other than driver ☒ Yes ☐ No If yes, how many? 1

WITNESSES OTHER THAN OCCUPANTS OF VEHICLES ALREADY LISTED:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

THE ACCIDENT:

Explain how accident occurred As I was parked on garden side of parking lot due to my truck being large and high I did not see a small red sedan car on my passengerside/blind side when I pulled out I clipped rear bumper of other car tearing it off. Called MPD made police report, there was no damage to my vehicle, no injuries.

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

What statements were made by you or other party about accident after it occurred? Please see statement on separate form. He did not witness accident, but had the same orders.

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

Check type of road construction: _____ concrete _____ asphalt _____ dirt _____ gravel

Check condition of road: _____ dry _____ wet

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



Direction your car was going Parked Side of Street _____ Speed 0 mph
Direction other car was going Parked Side of Street _____ Speed 0 mph
Did your driver give signal? N/A Kind _____ Were your lights on? N/A
Did other driver give signal? N/A Kind _____ Were his/her lights on? N/A

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

Report completed by: (print & initial) Patrick Kaino PK Date 10/21/20

Rocky Russell K. Hower RH Date 10/21/2020
Supervisor (print & initial)

Original: Department

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



County of Maui
Dept. of the Corporation Counsel
Risk Management Division

Phone: (808) 270-7535
Email: RMD@mauicounty.gov
(rev. 1/2019)

Statement
~~WITNESS' REPORT OF INJURY~~

Full Name of Witness: Kaiolohia Kawailani Funes Smith
(First) (Middle) (Last)

Address: 100 Kauiki Street Hana, HI 96713
(Street) (City) (Zip Code)

Job Title: EO111 Department Public Works Division Highways

Witness Accident Sustained by: Patrick Kaina
(Name of Injured Worker)

Date of Accident: 10/21/2020 Time of Accident: 9:30 am Location: Home Depot

Details of Accident: _____

On 1670 Dump Truck
left 209 after loading coal plain
Having lunch at food Trailer By Homedepot
1421 Clipped car
Didnt see accident happen

Date: 10/21/20

[Signature]
Signature

(808) 264-4862
Phone No.

Red Mercedes

Kaina, Patrick - Red Mercedes

20-037774

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: 20-037774

(32) Unit No. <u>01</u>		(33) No. of Occ. <u>1</u>		UNIT INFORMATION																			
(34) Unit Class														(35) Race									
<input type="radio"/> Passenger Car (01)				<input type="radio"/> School Bus (09)				<input type="radio"/> Farm Vehicle/Equipment (17)				<input type="radio"/> White (01)				<input checked="" type="radio"/> Hawaiian (08)							
<input type="radio"/> Passenger Van (02)				<input type="radio"/> Other Bus (10)				<input type="radio"/> Motor Coach (18)				<input type="radio"/> Black (02)				<input type="radio"/> Samoan (09)							
<input type="radio"/> Pickup Truck (03)				<input type="radio"/> Motorcycle (11)				<input type="radio"/> Motor Home (19)				<input type="radio"/> American Indian (03)				<input type="radio"/> Tongan (10)							
<input type="radio"/> SUV/MPVH(04)				<input type="radio"/> Motor Scooter (12)				<input type="radio"/> Recreational Vehicle (20)				<input type="radio"/> Chinese (04)				<input type="radio"/> Vietnamese (11)							
<input type="radio"/> Cargo Van < 10,001 lbs. (05)				<input type="radio"/> Moped (13)				<input type="radio"/> Other (21)				<input type="radio"/> Japanese (05)				<input type="radio"/> Filipino (12)							
<input type="radio"/> Other Truck < 10,001 lbs. (06)				<input type="radio"/> Bicycle (14)				<input type="radio"/> Unknown (22)				<input type="radio"/> Korean (06)				<input type="radio"/> Unknown (13)							
<input checked="" type="radio"/> Truck > 10,000 lbs. (07)				<input type="radio"/> Pedestrian (15)								<input type="radio"/> Puerto Rican (07)				<input type="radio"/> Other (14)							
<input type="radio"/> Transit Bus (08)				<input type="radio"/> Maint./Construct. Equipment (16)																			
(36) Last Name				(37) First Name				(38) MI		(39) Sex				(40) DOB									
KAINA				PATRICK				KEKAHA		<input checked="" type="radio"/> M (01) <input type="radio"/> F (02)				12/22/1987									
(41) Street No.				(42) Street Name				(43) St., Pl., Blvd., Etc.				(44) Apt./Suite Number											
46970				HANA				HWY															
(45) City				(46) State				(47) Zip Code				(48) Home Phone Number											
HANA				HI				96713				(808) 344-8620											
(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 _____ (53) Driver's License Number <u>H00685554</u> (54) St./Juns. <u>HI</u> (55) Class <u>A</u> (56) Restrict. <u>NONE</u> (57) Endorse. <u>NONE</u> (58) CDL Type _____ (59) Driver's License Status: <input type="radio"/> Non-CDL (01) <input checked="" type="radio"/> Valid (01) <input type="radio"/> Expired (05) <input type="radio"/> Permit (09) <input type="radio"/> Non-CDL/Restricted (02) <input type="radio"/> Not Licensed (02) <input type="radio"/> Revoked (06) <input type="radio"/> Disqualified [CDL] (10) <input checked="" type="radio"/> CDL (03) <input type="radio"/> Canceled (03) <input type="radio"/> Suspended (07) <input type="radio"/> Provisional (08) <input type="radio"/> Denied (04)									
(85) SFST GIVEN														(86) SFST RESULTS									
<input checked="" type="radio"/> No (01) <input type="radio"/> Refused (03) <input type="radio"/> Passed (01) <input checked="" type="radio"/> Does Not Apply (03) <input type="radio"/> Yes (02) <input type="radio"/> Failed (02)																							
(87) Alcohol Test Results														(60) Insurance Policy Number									
(87A) Status <input checked="" type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02) (87B) Type <input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03) (87C) Results <input type="radio"/> Value (01) <input type="radio"/> Pending (02)														NO. 500103 / RN 85-2-34 (61) Exp. Date <u>12/04/2020</u> (62) Insurance Carrier <u>SELF INSURED</u> (63) Registered Owner Name <u>COUNTY OF MAUI</u> (64) Phone Number <u>(808) 244-6400</u> (65) Str. No. <u>200</u> (66) Street Name <u>S HIGH</u> (67) St. Pl. <u>ST</u> (68) Ste.# _____ (69) City <u>WAILUKU</u> (70) State <u>HI</u> (71) Zip Code <u>96793</u>									
(88) Drug Test Results														(72) Vehicle Body Type									
(88A) Status <input checked="" type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02) (88B) Type <input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03) (88C) Results <input type="radio"/> Positive (01) <input type="radio"/> Negative (02) <input type="radio"/> Pending (03)														<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 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 checked="" 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.											
2009		WHI		WHI		PETERBILT MOTORS		TRUCK		CM2322		NONE											
(80) Vehicle VIN Number										(81) Emer. Veh. In Use		(82) Vehicle Stolen											
2 N P R H N 8 X 0 9 M 7 7 7 7 8 5										<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: **CD**

Supervisor's Initials: **RIB**

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-037774

Unit No. 01		UNIT INFORMATION (Cont.)																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(89) Citations</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Citation Number</th> <th>Offense Code (H.R.S./R.O. Section No.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> </div> <div style="width: 45%;"> <p>(90) Est. Damages</p> <p><input type="radio"/> \$3,000 or Greater (01)</p> <p><input checked="" type="radio"/> Less than \$3,000 (02)</p> </div> </div>		Citation Number	Offense Code (H.R.S./R.O. Section No.)									<p>(91) Extent of Damage</p> <p><input checked="" type="radio"/> None (00) <input type="radio"/> Functional (02)</p> <p><input type="radio"/> Minor (01) <input type="radio"/> Disabling (03)</p>		<p>(92) Is this a CMV or Other QUALIFYING Vehicle?</p> <p><input type="radio"/> No (01) <input checked="" type="radio"/> Yes (02)</p> <p>If yes, go to CMV SUPPLEMENT</p>																																			
Citation Number	Offense Code (H.R.S./R.O. Section No.)																																																
<p>(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:</p> <div style="display: flex; align-items: center;"> <div style="margin-left: 20px;"> <p>(94) Direction</p> <table border="1" style="width: 100px; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>7</td> <td>3</td> </tr> </tbody> </table> </div> </div>		From	To	7	3	<p>(95A) Object (1) Struck/Damage Description</p> <p>(95B) (Object 1) Owner's Name</p> <p>(95C) (Object 1) Owner's Phone Number</p> <p>(95D) Estimated Damages to Object 1</p> <p><input type="radio"/> \$3,000 or Greater (01)</p> <p><input type="radio"/> Less than \$3,000 (02)</p>		<p>(96A) Object (2) Struck/Damage Description</p> <p>(96B) (Object 2) Owner's Name</p> <p>(96C) (Object 2) Owner's Phone Number</p> <p>(96D) Estimated Damages to Object 2</p> <p><input type="radio"/> \$3,000 or Greater (01)</p> <p><input type="radio"/> Less than \$3,000 (02)</p>																																									
From	To																																																
7	3																																																
<p>(97) Motor Vehicle Maneuver/Action</p> <p><input type="radio"/> Straight Ahead (01) <input type="radio"/> Parking (07) <input type="radio"/> Turning Left (14)</p> <p><input type="radio"/> Changing Lanes (02) <input type="radio"/> Parked (08) <input type="radio"/> U-Turn (15)</p> <p><input type="radio"/> Merging (03) <input checked="" type="radio"/> Start from Parked (09) <input type="radio"/> Entering Traffic (16)</p> <p><input type="radio"/> Overtaking/Passing (04) <input type="radio"/> Stopped in Traffic (10) <input type="radio"/> Negotiating a Curve (17)</p> <p><input type="radio"/> Slowing/Stopping (05) <input type="radio"/> Right Turn on Red (12) <input type="radio"/> Other (18)</p> <p><input type="radio"/> Backing (06) <input type="radio"/> Turning Right (13)</p>		<p>(98) Reason for Maneuver</p> <p><input checked="" type="radio"/> Intended Maneuver (01) <input type="radio"/> Avoid Pedestrian (05)</p> <p><input type="radio"/> Traffic Controls (02) <input type="radio"/> Avoid Bicycle (06)</p> <p><input type="radio"/> Mechanical Failure (03) <input type="radio"/> Avoid Obj./Animal (07)</p> <p><input type="radio"/> Avoid Other Vehicle (04) <input type="radio"/> Avoid Prior MVA (08)</p> <p><input type="radio"/> Other (09)</p>		<p>(99) Traffic Control Device Type</p> <p><input checked="" type="radio"/> No Controls (00) <input type="radio"/> School Zone Sign/Device (07)</p> <p><input type="radio"/> Traffic Signal (01) <input type="radio"/> Warning Sign (08)</p> <p><input type="radio"/> Stop Sign (02) <input type="radio"/> Railway X-ing Device (09)</p> <p><input type="radio"/> Yield Sign (03) <input type="radio"/> Flashing Red (04)</p> <p><input type="radio"/> Flashing Amber (05) <input type="radio"/> Other (10)</p> <p><input type="radio"/> Person (06)</p>																																													
<p>(100) Traffic Control Condition</p> <p><input checked="" type="radio"/> Functioning Properly (01) <input type="radio"/> Green Malfunction (06)</p> <p><input type="radio"/> Knocked Down (02) <input type="radio"/> Arrow Malfunction (07)</p> <p><input type="radio"/> Obscured (03) <input type="radio"/> Lights Not Changing (08)</p> <p><input type="radio"/> Red Malfunction (04) <input type="radio"/> Other Malfunction (09)</p> <p><input type="radio"/> Yellow Malfunction (05)</p>		<p>(101) Guidance/Pavement Markings</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Lft</th> <th>Rgt</th> <th></th> <th>Lft</th> <th>Rgt</th> </tr> </thead> <tbody> <tr> <td>None (00)</td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>No Passing, Yellow (06)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Solid Yellow (01)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Curb/Median, Etc. (07)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Skip-Dash Yellow (02)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Bikeway Marking (08)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Solid White (03)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Crosswalk Marking (09)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Skip-Dash White (04)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Turn Lane (10)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Solid Double Yellow (05)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Lft	Rgt		Lft	Rgt	None (00)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	No Passing, Yellow (06)	<input type="radio"/>	<input type="radio"/>	Solid Yellow (01)	<input type="radio"/>	<input type="radio"/>	Curb/Median, Etc. (07)	<input type="radio"/>	<input type="radio"/>	Skip-Dash Yellow (02)	<input type="radio"/>	<input type="radio"/>	Bikeway Marking (08)	<input type="radio"/>	<input type="radio"/>	Solid White (03)	<input type="radio"/>	<input type="radio"/>	Crosswalk Marking (09)	<input type="radio"/>	<input type="radio"/>	Skip-Dash White (04)	<input type="radio"/>	<input type="radio"/>	Turn Lane (10)	<input type="radio"/>	<input type="radio"/>	Solid Double Yellow (05)	<input type="radio"/>	<input type="radio"/>				<p>(102) Delineator Present</p> <p><input checked="" type="radio"/> None (00)</p> <p><input type="radio"/> Right (01)</p> <p><input type="radio"/> Left (02)</p> <p><input type="radio"/> Both Sides (03)</p>		<p>(103) Bikeway</p> <p><input checked="" type="radio"/> None (00)</p> <p><input type="radio"/> Bike Route [Signed] (01)</p> <p><input type="radio"/> Bike Lane Stripe (02)</p> <p><input type="radio"/> Separate Path/Lane (03)</p>	
	Lft	Rgt		Lft	Rgt																																												
None (00)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	No Passing, Yellow (06)	<input type="radio"/>	<input type="radio"/>																																												
Solid Yellow (01)	<input type="radio"/>	<input type="radio"/>	Curb/Median, Etc. (07)	<input type="radio"/>	<input type="radio"/>																																												
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Solid Double Yellow (05)	<input type="radio"/>	<input type="radio"/>																																															
<p>(104) Vehicle Factors (Select Up to 2)</p> <p><input checked="" type="radio"/> None (00) <input type="radio"/> Suspension (08)</p> <p><input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09)</p> <p><input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10)</p> <p><input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11)</p> <p><input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12)</p> <p><input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13)</p> <p><input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14)</p> <p><input type="radio"/> Steering (07) <input type="radio"/> Other (15)</p>		<p>(105) Vision Obstruction (Select up to 2)</p> <p><input checked="" type="radio"/> None (00) <input type="radio"/> Glare (06)</p> <p><input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07)</p> <p><input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08)</p> <p><input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09)</p> <p><input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10)</p> <p><input type="radio"/> Parked/Stopped Vehicle (05)</p>		<p>(106) Human Factors (Select up to 2)</p> <p><input type="radio"/> None (00) <input type="radio"/> Illness (06)</p> <p><input checked="" type="radio"/> Inattention (01) <input type="radio"/> Legal Meds. (07)</p> <p><input checked="" type="radio"/> Misjudgment (02) <input type="radio"/> Emotional (08)</p> <p><input type="radio"/> Fatigue (03) <input type="radio"/> Phys. Impaired (09)</p> <p><input type="radio"/> Alcohol (04) <input type="radio"/> Other (10)</p> <p><input type="radio"/> Illegal Drugs (05)</p>		<p>(107) Driver Distracted By</p> <p><input checked="" type="radio"/> Not Distracted (00)</p> <p><input type="radio"/> Cellular Phone (01)</p> <p><input type="radio"/> Other Elect. Comm. Device (02)</p> <p><input type="radio"/> Other Electronic Device (03)</p> <p><input type="radio"/> Other Inside Vehicle (04)</p> <p><input type="radio"/> Other Outside Vehicle (05)</p> <p><input type="radio"/> Other Occupant (06)</p>																																											
<p>(108) Other Factors (Select up to 4)</p> <p><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)</p> <p><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)</p> <p><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)</p> <p><input type="radio"/> Disregard Traffic Signals (03) <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)</p> <p><input type="radio"/> Disregard Red Light (04) <input type="radio"/> Improper Turn (11) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Bicycle Violation (23)</p> <p><input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="radio"/> Improper Passing (12) <input type="radio"/> Clothing not Visible (24)</p>				<p>(109) Roadway Comp.</p> <p><input type="radio"/> Concrete (01)</p> <p><input checked="" type="radio"/> Asphalt (02)</p> <p><input type="radio"/> Gravel (03)</p> <p><input type="radio"/> Dirt (04)</p> <p><input type="radio"/> Other (05)</p>		<p>(110) Roadway Surface</p> <p><input checked="" type="radio"/> Dry (01) <input type="radio"/> Slush (07)</p> <p><input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08)</p> <p><input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09)</p> <p><input type="radio"/> Debris (04) <input type="radio"/> Sand (10)</p> <p><input type="radio"/> Oil (05)</p> <p><input type="radio"/> Snow (06)</p>																																											
<p>(111) Other Roadway Conditions</p> <p><input checked="" type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06)</p> <p><input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07)</p> <p><input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08)</p>				<p>(112) Roadway Alignment (Horizontal)</p> <p><input checked="" type="radio"/> Straight (01)</p> <p><input type="radio"/> Curve Left (02)</p> <p><input type="radio"/> Curve Right (03)</p>		<p>(113) Roadway Alignment (Vertical)</p> <p><input checked="" type="radio"/> Level (01) <input type="radio"/> Downhill (04)</p> <p><input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05)</p> <p><input type="radio"/> Uphill (03)</p>																																											
<p>Officer's Rank and Name</p> <p>PO2 DESAMITO, CESAR</p>		<p>Officer's ID Number</p> <p>11869</p>		<p>Date/Time</p> <p>10/21/20 15:21</p>		<p>Supervisor's Rank and Name</p> <p>SGT01 BENNETT, RONALD I</p>		<p>Supervisor's ID Number</p> <p>12177</p>		<p>Date/Time</p> <p>10/21/20 16:11</p>																																							

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-037774

(32) Unit No. <u>02</u> (33) No. of Occ. <u>0</u>		UNIT INFORMATION																	
(34) Unit Class										(35) Race									
<input checked="" type="radio"/> Passenger Car (01) <input type="radio"/> School Bus (09) <input type="radio"/> Farm Vehicle/Equipment (17) <input type="radio"/> Passenger Van (02) <input type="radio"/> Other Bus (10) <input type="radio"/> Motor Coach (18) <input type="radio"/> Pickup Truck (03) <input type="radio"/> Motorcycle (11) <input type="radio"/> Motor Home (19) <input type="radio"/> SUV/MPVH(04) <input type="radio"/> Motor Scooter (12) <input type="radio"/> Recreational Vehicle (20) <input type="radio"/> Cargo Van < 10,001 lbs. (05) <input type="radio"/> Moped (13) <input type="radio"/> Other (21) <input type="radio"/> Other Truck < 10,001 lbs. (06) <input type="radio"/> Bicycle (14) <input type="radio"/> Unknown (22) <input type="radio"/> Truck > 10,000 lbs. (07) <input type="radio"/> Pedestrian (15) <input type="radio"/> Transit Bus (08) <input type="radio"/> Maint./Construct. Equipment (16)										<input type="radio"/> White (01) <input type="radio"/> Hawaiian (08) <input type="radio"/> Black (02) <input type="radio"/> Samoan (09) <input type="radio"/> American Indian (03) <input type="radio"/> Tongan (10) <input type="radio"/> Chinese (04) <input type="radio"/> Vietnamese (11) <input type="radio"/> Japanese (05) <input type="radio"/> Filipino (12) <input type="radio"/> Korean (06) <input type="radio"/> Unknown (13) <input type="radio"/> Puerto Rican (07) <input type="radio"/> Other (14)									
(36) Last Name					(37) First Name					(38) MI		(39) Sex <input type="radio"/> M (01) <input type="radio"/> F (02)			(40) DOB				
(41) Street No.				(42) Street Name						(43) St. Pl., Blvd., Etc.				(44) Apt/Suite Number					
(45) City					(46) State					(47) Zip Code				(48) Home Phone Number					
(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 type="radio"/> Other (19) <input type="radio"/> Other Military (06) <input type="radio"/> Student - Inter. (13) <input type="radio"/> Not Stated (20)										(51) Work Phone Number (52) Other Phone/Pager Number (53) Driver's License Number (54) St./Juris. (55) Class (56) Restrict. (57) Endorse. (58) CDL Type (59) Driver's License Status <input type="radio"/> Non-CDL (01) <input type="radio"/> Valid (01) <input type="radio"/> Expired (05) <input type="radio"/> Permit (09) <input type="radio"/> Non-CDL/Restricted (02) <input type="radio"/> Not Licensed (02) <input type="radio"/> Revoked (06) <input type="radio"/> Disqualified [CDL] (10) <input type="radio"/> CDL (03) <input type="radio"/> Canceled (03) <input type="radio"/> Suspended (07) <input type="radio"/> Provisional (08) <input type="radio"/> Denied (04)									
(85) SFST GIVEN					(86) SFST RESULTS					(60) Insurance Policy Number (61) Exp. Date (62) Insurance Carrier									
<input type="radio"/> No (01) <input type="radio"/> Refused (03) <input type="radio"/> Yes (02)					<input type="radio"/> Passed (01) <input type="radio"/> Does Not Apply (03) <input type="radio"/> Failed (02)					4403 67 80 04/14/2021 21ST CENTURY CENTENNIAL									
(87) Alcohol Test Results										(63) Registered Owner Name (64) Phone Number									
(87A) Status			(87B) Type			(87C) Results				CORPUZ, DELIA PASCUA (808) 875-2735									
<input 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) <input type="radio"/> Pending (02)				(65) Str. No. (66) Street Name (67) St. Pl. (68) Ste.#									
180										E LIPOA ST									
(88) Drug Test Results										(69) City (70) State (71) Zip Code									
(88A) Status			(88B) Type			(88C) Results				KIHEI HI 96753									
<input 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)				(72) Vehicle Body Type									
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(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.							
2019		RED		RED		MERCEDES-BENZ		220 SERIES		DELIA		NONE							
(80) Vehicle VIN Number										(81) Emer. Veh. In Use (82) Vehicle Stolen									
W D D 3 G 4 E B 4 K W 0 3 5 8 3 5										<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: **CD**

Supervisor's Initials: **RIB**

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-037774

Unit No. 02		UNIT INFORMATION (Cont.)																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(89) Citations</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Citation Number</th> <th>Offense Code (H.R.S./R.O. Section No.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> </div> <div style="width: 45%;"> <p>(90) Est. Damages</p> <p> <input checked="" type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02) </p> </div> </div>		Citation Number	Offense Code (H.R.S./R.O. Section No.)									<p>(91) Extent of Damage</p> <p> <input type="radio"/> None (00) <input checked="" type="radio"/> Functional (02) <input type="radio"/> Minor (01) <input type="radio"/> Disabling (03) </p>		<p>(92) Is this a CMV or Other QUALIFYING Vehicle?</p> <p> <input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT </p>																																											
Citation Number	Offense Code (H.R.S./R.O. Section No.)																																																								
<p>(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:</p> <div style="display: flex; align-items: center;"> <div style="margin-left: 20px;"> <p>(94) Direction</p> <table border="1" style="width: 100px; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> </div> </div>		From	To			<p>(95A) Object (1) Struck/Damage Description</p> <p>(95B) (Object 1) Owner's Name</p> <p>(95C) (Object 1) Owner's Phone Number</p> <p>(95D) Estimated Damages to Object 1</p> <p> <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02) </p>		<p>(96A) Object (2) Struck/Damage Description</p> <p>(96B) (Object 2) Owner's Name</p> <p>(96C) (Object 2) Owner's Phone Number</p> <p>(96D) Estimated Damages to Object 2</p> <p> <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02) </p>																																																	
From	To																																																								
<p>(97) Motor Vehicle Maneuver/Action</p> <table border="0" style="width:100%;"> <tr> <td><input type="radio"/> Straight Ahead (01)</td> <td><input type="radio"/> Parking (07)</td> <td><input type="radio"/> Turning Left (14)</td> </tr> <tr> <td><input type="radio"/> Changing Lanes (02)</td> <td><input checked="" type="radio"/> Parked (08)</td> <td><input type="radio"/> U-Turn (15)</td> </tr> <tr> <td><input type="radio"/> Merging (03)</td> <td><input type="radio"/> Start from Parked (09)</td> <td><input type="radio"/> Entering Traffic (16)</td> </tr> <tr> <td><input type="radio"/> Overtaking/Passing (04)</td> <td><input type="radio"/> Stopped in Traffic (10)</td> <td><input type="radio"/> Negotiating a Curve (17)</td> </tr> <tr> <td><input type="radio"/> Slowing/Stopping (05)</td> <td><input type="radio"/> Start in Traffic (11)</td> <td><input type="radio"/> Other (18)</td> </tr> <tr> <td><input type="radio"/> Backing (06)</td> <td><input type="radio"/> Right Turn on Red (12)</td> <td> </td> </tr> <tr> <td> </td> <td><input type="radio"/> Turning Right (13)</td> <td> </td> </tr> </table>			<input type="radio"/> Straight Ahead (01)	<input type="radio"/> Parking (07)	<input type="radio"/> Turning Left (14)	<input type="radio"/> Changing Lanes (02)	<input checked="" 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"/> Start in Traffic (11)	<input type="radio"/> Other (18)	<input type="radio"/> Backing (06)	<input type="radio"/> Right Turn on Red (12)			<input type="radio"/> Turning Right (13)		<p>(98) Reason for Maneuver</p> <table border="0" style="width:100%;"> <tr> <td><input checked="" type="radio"/> Intended Maneuver (01)</td> <td><input type="radio"/> Avoid Pedestrian (05)</td> </tr> <tr> <td><input type="radio"/> Traffic Controls (02)</td> <td><input type="radio"/> Avoid Bicycle (06)</td> </tr> <tr> <td><input type="radio"/> Mechanical Failure (03)</td> <td><input type="radio"/> Avoid Obj./Animal (07)</td> </tr> <tr> <td><input type="radio"/> Avoid Other Vehicle (04)</td> <td><input type="radio"/> Avoid Prior MVA (08)</td> </tr> <tr> <td> </td> <td><input type="radio"/> Other (09)</td> </tr> </table>		<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)	<p>(99) Traffic Control Device Type</p> <table border="0" style="width:100%;"> <tr> <td><input checked="" type="radio"/> No Controls (00)</td> <td><input type="radio"/> School Zone Sign/Device (07)</td> </tr> <tr> <td><input type="radio"/> Traffic Signal (01)</td> <td><input type="radio"/> Warning Sign (08)</td> </tr> <tr> <td><input type="radio"/> Stop Sign (02)</td> <td><input type="radio"/> Railway X-ing Device (09)</td> </tr> <tr> <td><input type="radio"/> Yield Sign (03)</td> <td><input type="radio"/> Flashing Red (04)</td> </tr> <tr> <td><input type="radio"/> Flashing Amber (05)</td> <td><input type="radio"/> Other (10)</td> </tr> <tr> <td><input type="radio"/> Person (06)</td> <td> </td> </tr> </table>		<input checked="" type="radio"/> No Controls (00)	<input type="radio"/> School Zone Sign/Device (07)	<input 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)									
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<p>(100) Traffic Control Condition</p> <table border="0" style="width:100%;"> <tr> <td><input checked="" type="radio"/> Functioning Properly (01)</td> <td><input type="radio"/> Green Malfunction (06)</td> </tr> <tr> <td><input type="radio"/> Knocked Down (02)</td> <td><input type="radio"/> Arrow Malfunction (07)</td> </tr> <tr> <td><input type="radio"/> Obscured (03)</td> <td><input type="radio"/> Lights Not Changing (08)</td> </tr> <tr> <td><input type="radio"/> Red Malfunction (04)</td> <td><input type="radio"/> Other Malfunction (09)</td> </tr> <tr> <td><input type="radio"/> Yellow Malfunction (05)</td> <td> </td> </tr> </table>		<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)		<p>(101) Guidance/Pavement Markings</p> <table border="0" style="width:100%;"> <thead> <tr> <th></th> <th>Lft</th> <th>Rgt</th> <th></th> <th>Lft</th> <th>Rgt</th> </tr> </thead> <tbody> <tr> <td>None (00)</td> <td><input checked="" type="radio"/></td> <td><input checked="" type="radio"/></td> <td>No Passing, Yellow (06)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Solid Yellow (01)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Curb/Median, Etc. (07)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Skip-Dash Yellow (02)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Bikeway Marking (08)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Solid White (03)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Crosswalk Marking (09)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Skip-Dash White (04)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Turn Lane (10)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Solid Double Yellow (05)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Lft	Rgt		Lft	Rgt	None (00)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	No Passing, Yellow (06)	<input type="radio"/>	<input type="radio"/>	Solid Yellow (01)	<input type="radio"/>	<input type="radio"/>	Curb/Median, Etc. (07)	<input type="radio"/>	<input type="radio"/>	Skip-Dash Yellow (02)	<input type="radio"/>	<input type="radio"/>	Bikeway Marking (08)	<input type="radio"/>	<input type="radio"/>	Solid White (03)	<input type="radio"/>	<input type="radio"/>	Crosswalk Marking (09)	<input type="radio"/>	<input type="radio"/>	Skip-Dash White (04)	<input type="radio"/>	<input type="radio"/>	Turn Lane (10)	<input type="radio"/>	<input type="radio"/>	Solid Double Yellow (05)	<input type="radio"/>	<input type="radio"/>				<p>(102) Delineator Present</p> <p> <input checked="" type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Left (02) <input type="radio"/> Both Sides (03) </p>	
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<p>(104) Vehicle Factors (Select up to 2)</p> <table border="0" style="width:100%;"> <tr> <td><input checked="" type="radio"/> None (00)</td> <td><input type="radio"/> Suspension (08)</td> </tr> <tr> <td><input type="radio"/> Worn Tires (01)</td> <td><input type="radio"/> Wheels (09)</td> </tr> <tr> <td><input type="radio"/> Tire Failure (02)</td> <td><input type="radio"/> Power Train (10)</td> </tr> <tr> <td><input type="radio"/> Brakes (03)</td> <td><input type="radio"/> Window/Windshield (11)</td> </tr> <tr> <td><input type="radio"/> Headlights (04)</td> <td><input type="radio"/> Mirrors (12)</td> </tr> <tr> <td><input type="radio"/> Taillights (05)</td> <td><input type="radio"/> Wipers (13)</td> </tr> <tr> <td><input type="radio"/> Signals (06)</td> <td><input type="radio"/> Trailer Coupling (14)</td> </tr> <tr> <td><input type="radio"/> Steering (07)</td> <td><input type="radio"/> Other (15)</td> </tr> </table>		<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)	<p>(105) Vision Obstruction (Select up to 2)</p> <table border="0" style="width:100%;"> <tr> <td><input checked="" type="radio"/> None (00)</td> <td><input type="radio"/> Glare (06)</td> </tr> <tr> <td><input type="radio"/> Trees/Brush/Fence (01)</td> <td><input type="radio"/> Weather Condition (07)</td> </tr> <tr> <td><input type="radio"/> Embankment (02)</td> <td><input type="radio"/> Pedestrian (08)</td> </tr> <tr> <td><input type="radio"/> Building (03)</td> <td><input type="radio"/> Animal(s) in Road (09)</td> </tr> <tr> <td><input type="radio"/> Moving Vehicle (04)</td> <td><input type="radio"/> Other (10)</td> </tr> <tr> <td><input type="radio"/> Parked/Stopped Vehicle (05)</td> <td> </td> </tr> </table>		<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)		<p>(106) Human Factors (Select up to 2)</p> <table border="0" style="width:100%;"> <tr> <td><input checked="" type="radio"/> None (00)</td> <td><input type="radio"/> Illness (06)</td> </tr> <tr> <td><input type="radio"/> Inattention (01)</td> <td><input type="radio"/> Legal Meds. (07)</td> </tr> <tr> <td><input type="radio"/> Misjudgment (02)</td> <td><input type="radio"/> Emotional (08)</td> </tr> <tr> <td><input type="radio"/> Fatigue (03)</td> <td><input type="radio"/> Phys. Impaired (09)</td> </tr> <tr> <td><input type="radio"/> Alcohol (04)</td> <td><input type="radio"/> Other (10)</td> </tr> <tr> <td><input type="radio"/> Illegal Drugs (05)</td> <td> </td> </tr> </table>		<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)													
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<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)																																																									
<p>(107) Driver Distracted By</p> <p> <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) </p>																																																									
<p>(108) Other Factors (Select up to 4)</p> <table border="0" style="width:100%;"> <tr> <td><input checked="" type="radio"/> No Improper Action (00)</td> <td><input type="radio"/> Failure to Yield (06)</td> <td><input type="radio"/> Improper Backing (13)</td> <td><input type="radio"/> Other Improper Action (18)</td> </tr> <tr> <td><input type="radio"/> Drove too Fast for Conditions (01)</td> <td><input type="radio"/> Wrong Side/Way (07)</td> <td><input type="radio"/> Followed too Closely (14)</td> <td><input type="radio"/> Illegally in Roadway (19)</td> </tr> <tr> <td><input type="radio"/> Exceed Posted Speed Limit (02)</td> <td><input type="radio"/> Crossed Centerline (08)</td> <td><input type="radio"/> Aggressive, Reckless Driving (15)</td> <td><input type="radio"/> Improper Crossing (20)</td> </tr> <tr> <td><input type="radio"/> Disregard Traffic Signals (03)</td> <td><input type="radio"/> Ran off Road (09)</td> <td><input type="radio"/> Swerved to Avoid Obstacle (16)</td> <td><input type="radio"/> Pedestrian Viol. (21)</td> </tr> <tr> <td><input type="radio"/> Disregard Red Light (04)</td> <td><input type="radio"/> Failure to Keep in Proper Lane (10)</td> <td><input type="radio"/> Over Correcting or Over Steering (17)</td> <td><input type="radio"/> Inattention [Talking, Etc.] (22)</td> </tr> <tr> <td><input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05)</td> <td><input type="radio"/> Improper Turn (11)</td> <td> </td> <td><input type="radio"/> Bicycle Violation (23)</td> </tr> <tr> <td> </td> <td><input type="radio"/> Improper Passing (12)</td> <td> </td> <td><input type="radio"/> Clothing not Visible (24)</td> </tr> </table>				<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"/> Swerved to Avoid Obstacle (16)	<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"/> Over Correcting or Over Steering (17)	<input type="radio"/> Inattention [Talking, Etc.] (22)	<input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05)	<input type="radio"/> Improper Turn (11)		<input type="radio"/> Bicycle Violation (23)		<input type="radio"/> Improper Passing (12)		<input type="radio"/> Clothing not Visible (24)	<p>(109) Roadway Comp.</p> <p> <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) </p>																									
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<p>(110) Roadway Surface</p> <table border="0" style="width:100%;"> <tr> <td><input checked="" type="radio"/> Dry (01)</td> <td><input type="radio"/> Slush (07)</td> </tr> <tr> <td><input type="radio"/> Wet (02)</td> <td><input type="radio"/> Ice/Frost (08)</td> </tr> <tr> <td><input type="radio"/> Mud, Dirt, Gravel (03)</td> <td><input type="radio"/> Water (09)</td> </tr> <tr> <td><input type="radio"/> Debris (04)</td> <td><input type="radio"/> Sand (10)</td> </tr> <tr> <td><input type="radio"/> Oil (05)</td> <td> </td> </tr> <tr> <td><input type="radio"/> Snow (06)</td> <td> </td> </tr> </table>				<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)																																											
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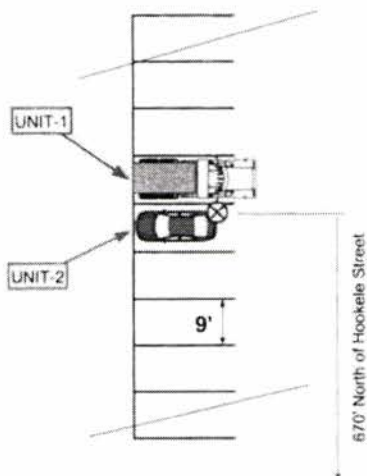
STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **20-037774**

DIAGRAM

(114) Tire Skid Marks (Feet)					(115) REFERENCE POINT				
Wheel	Unit	Unit	Unit	Unit	IS	0	(feet)	(direction)	(Object/Landmark)
Rgt-R	0	0			ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE				
Lft-F	0	0			Object				
Rgt-F	0	0				N	S	E	W
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)					
0				<input 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				<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Place an arrow in the above circle to indicate North.</p>					
(A) No. of Lanes		(B) Speed Limit							
<p>Draw Object, Directions, Etc. According to Current Practices.</p>									

20-037774
MVA (AUTO / AUTO NON-TRAFFIC)
Home Depot 100 Pakaula Street, Kahului, HI.



LEGEND:

Unit-1 CM2322 (County of Maui)
Unit-2 DELIA

Point of Impact

DAMAGES:



NOT TO SCALE

Submitted by,

Ofc. Cesar DESAMITO, E-11869
10/21/2020 @ 1500 hours.

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

Both Unit-1 and Unit-2 were parked within marked stalls on the west end of Home Depot listed at 100 Pakaula Street in Kahului. Unit-2 was parked face in to the right of Unit-1, who was parked rear-end in. As Unit-1 proceeded pull out of his stall, his right

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 DESAMITO, CESAR	11869	10/21/20 15:21	SGTD1 BENNETT, RONALD I	12177	10/21/20 16:11

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-037774

Synopsis (continued)

rear tire collided with Unit-2's right rear corner. Operator of Unit-1 indicated he was not injured and Unit-2 was unattended during the collision.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 DESAMITO, CESAR	11869	10/21/20 15:21	SGTD1 BENNETT, RONALD I	12177	10/21/20 16:11

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **20-037774**

(120) ALL PERSONS

E- Ejection 00 Not Ejected 01 Ejected, Total 02 Ejected, Partial 03 N/A Non-motorist 04 Unknown F- Safety Equipment Use 00 Not Present 01 Not Used 02 Shoulder/Lap Belt Used 03 Lap Belt Only Used 04 Shoulder Belt Only Used 05 Not Able to Determine 06 Child Restraint (Forward) 07 Child Restraint (Rear) 08 Booster Seat 09 Child Restraint (Unk. Type) 10 Child Restraint (Improper) 11 Helmet Used 12 N/A (Non-Motorist) 13 Unknown G- Air Bag Deployed 00 Not Present 01 Not Deployed 02 Deployed - Front 03 Deployed - Side 04 Deployed - Other 05 Deployed - Combination 06 Deployed - Curtain	H- Injury Class 00 None 01 Possible 02 Non-incapacitating 03 Incapacitating 04 Fatal 05 Unknown	I- Injury Area 00 None 01 Head 02 Face 03 Eye 04 Neck 05 Thorax (Chest) 06 Spine/Back 07 Shoulder/Upper Arm 08 Elbow/Lower Arm/Hand 09 Abdomen/Pelvis 10 Hip/Upper Leg 11 Knee/Lower Leg/Foot 12 Entire Body	J- Accident Site Care 00 None 01 First Aid 02 Resuscitation 03 Extrication 04 Both 1 & 2 05 Both 1 & 3 06 Both 2 & 3 07 Other 08 Refused K- Trans. to Med. Facility 00 Not Transported 01 EMS 02 Police 03 Helicopter 04 Private Vehicle 05 Other	L- Medical Facility <table border="0"> <tr> <td> Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp. </td> <td> Molokai/Lanai 11 Molokai General Hosp. 12 Lanai Comm. Hospital Kauai County 13 Wilcox Memorial Hosp. 14 Kauai Vet. Mem. Hosp. </td> <td> C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr. 22 Kapiolani Med. - Pali Momi 23 Kuakini Med. Ctr. 24 Hawaii Med. Ctr. 25 Hawaii Med. Ctr. West 26 Queen's Medical Center 27 Straub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wahiawa General Hosp. 30 Waianae Comp. Ctr. 99 Other </td> </tr> <tr> <td> Maui County 07 Kula General Hospital 08 Maui Mem. Med. Ctr. 09 Kaiser Clinic 10 Hana Clinic </td> <td> C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu </td> <td></td> </tr> </table>			Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp.	Molokai/Lanai 11 Molokai General Hosp. 12 Lanai Comm. Hospital Kauai County 13 Wilcox Memorial Hosp. 14 Kauai Vet. Mem. Hosp.	C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr. 22 Kapiolani Med. - Pali Momi 23 Kuakini Med. Ctr. 24 Hawaii Med. Ctr. 25 Hawaii Med. Ctr. West 26 Queen's Medical Center 27 Straub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wahiawa General Hosp. 30 Waianae Comp. Ctr. 99 Other	Maui County 07 Kula General Hospital 08 Maui Mem. Med. Ctr. 09 Kaiser Clinic 10 Hana Clinic	C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu	
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B- Position in Unit

Motorcycle/Moped/Bicycle Pedestrian

Motor Vehicle
For lap position use 1 in place of 0

Name and Address	A Unit	B Posit.	C Age	D Sex	E Eject	F Safety	G Air Bag	H Injury	I Area	J Care	K Trans	L Hosp.	M Cond.	N EMS No.
KAINA, PATRICK KEKAHA 46970 HANA HWY, HANA, HI 96713	01	10	32	M	00	02	01	00						
Officer's Rank and Name	Officer's ID Number	Date/Time		Supervisor's Rank and Name		Supervisor's ID Number		Date/Time						
PO2 DESAMITO, CESAR	11869	10/21/20 15:21		SGTD1 BENNETT, RONALD I		12177		10/21/20 16:11						

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **20-037774**

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 checked="" 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:		<input type="radio"/> Operating on a trafficway open to the public. <input checked="" type="radio"/> Parked On/Off the trafficway.							
		Person(s) sustaining Fatal injury:				2					
		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 checked="" 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 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 checked="" 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 type="radio"/> 10,000 lbs., or less (01) <input type="radio"/> 10,001 lbs., to 26,000 lbs. (02) <input checked="" 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 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 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 checked="" type="radio"/> Not in Commerce - Govt. (03) <input type="radio"/> Not in Commerce - Other (04) (Over 10,000 lbs. GVWR/GCWR)					<input checked="" type="radio"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>US DOT #:</td> <td>19428</td> </tr> <tr> <td>MC/MX #:</td> <td></td> </tr> <tr> <td>State #:</td> <td></td> </tr> </table>	US DOT #:	19428	MC/MX #:		State #:	
						US DOT #:	19428				
						MC/MX #:					
						State #:					
(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 DESAMITO, CESAR	11869	10/21/20 15:21	SGTD1 BENNETT, RONALD I	12177	10/21/20 16:11						

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-037774

Narrative

Officer Cesar DESAMITO, E-11869
Police Officer II / Beat 22 / Kahului Sector
District 1 / Wailuku Patrol Division
Vehicle MPD 745

ASSIGNMENT / ARRIVAL:

On 10/21/2020 at 1011 hours, I was assigned by Central Dispatch to respond to Home Depot listed at 100 Pakaula Street in Kahului. It was in reference to a Motor Vehicle Collision type call. Central Dispatch aired it involved a County of Maui vehicle near the garden section of the parking lot.

At 1018 hours, I arrived at the aforementioned address where the following events transpired.

SCENE:

The collision occurred within the last row of marked stalls on the west end near the garden section of Home Depot parking lot.

STATEMENT OF: Patrick N. K. KAINA Adult/Hwn./M/Ctz.
(Unit-1 / P10)

Related he was parked tail in within the marked stall of Home Depot. He did not notice there was a car parked to the right of him. KAINA proceeded to pull out of the stall, when he felt some type of bump. Upon looking out his right side mirror, he saw that he had crashed into the red car (Unit-2). KAINA pulled back into the stall and went to check on occupants of the vehicle. Upon checking he found the vehicle unattended. KAINA called police to report the collision. KAINA indicated he was not injured from the collision.

STATEMENT OF: Delia P. CORPUZ Adult/Fil./F/Ctz.
(Unit-2 / Owner)

Related upon returning to her vehicle, she saw her vehicle was involved in a collision. The other driver, KAINA, approached her and apologized for the accident.

VEHICLES INVOLVED:

Unit-1 is a white 2009 Peterbilt 340 (model) single unit / straight cab dump truck, bearing Hawaii license plates (County of Maui) CM2322 (VIN: 2NPRHN8X09M777785). Vehicle is registered to the County of Maui Department of Public Works, 200 S. High Street in Wailuku.

Unit-2 is a red 2019 Mercedes Benz A220 four-door sedan, bearing Hawaii license plates DELIA (VIN: WDD3G4EB4KW035835). Vehicle is registered to Delia CORPUZ, 180 Lipoa Street in Kihei.

INSURANCE:

Unit-1 is self-insured, No. 500103 / RN#85-2-34, expiration 12/04/2020

Unit-2 is insured with 21st Century Centennial Insurance Co., policy no. 4403 67 80, expiration 04/14/2021.

DAMAGES / TOW REQUEST:

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 DESAMITO, CESAR	11869	10/21/20 15:21	SGTD1 BENNETT, RONALD I	12177	10/21/20 16:11

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-037774

Narrative

Unit-1 sustained minor to no damages. The right rear outer tire sustained scuffs on the exterior tire walls. Unit-1 did not need any tow services.

Unit-2 sustained moderate damaged to the entire rear bumper. The right rear corner took the brunt of the impact and the entire rear bumper was ripped off and hanging off the vehicle. CORPUZ indicated she will make her own arrangements for a tow.

SKETCH:

Refer to sketch.

CONCLUSION:

Both Unit-1 and Unit-2 were parked within marked stalls on the west end of Home Depot listed at 100 Pakaula Street in Kahului. Unit-2 was parked face in to the right of Unit-1, who was parked rear-end in. As Unit-1 proceeded pull out of his stall, his right rear tire collided with Unit-2's right rear corner. Operator of Unit-1 indicated he was not injured and Unit-2 was

DISPOSITION:

Records

Submitted by,

Ofc. Cesar DESAMITO, E-11869
10/21/2020 @ 1430 hours.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 DESAMITO, CESAR	11869	10/21/20 15:21	SGTD1 BENNETT, RONALD I	12177	10/21/20 16:11

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-037774

Narrative

Unit-1 sustained minor to no damages. The right rear outer tire sustained scuffs on the exterior tire walls. Unit-1 did not need any tow services.

Unit-2 sustained moderate damaged to the entire rear bumper. The right rear corner took the brunt of the impact and the entire rear bumper was ripped off and hanging off the vehicle. CORPUZ indicated she will make her own arrangements for a tow.

SKETCH:

Refer to sketch.

CONCLUSION:

Both Unit-1 and Unit-2 were parked within marked stalls on the west end of Home Depot listed at 100 Pakaula Street in Kahului. Unit-2 was parked face in to the right of Unit-1, who was parked rear-end in. As Unit-1 proceeded pull out of his stall, his right rear tire collided with Unit-2's right rear corner. Operator of Unit-1 indicated he was not injured and Unit-2 was

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PO2 DESAMITO, CESAR	11869	10/21/20 15:21	SGTD1 BENNETT, RONALD I	12177	10/21/20 16:11

PROPERTY DAMAGE RELEASE

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, being of lawful age, for sole consideration of ELEVEN THOUSAND SIX HUNDRED SEVENTY SIX AND 66/100 DOLLARS (\$11,676.66), to be paid to 21st Century Insurance Company as subrogee to Abden Corpuz and Delia Corpuz, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge County of Maui, and his, her, their or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the occurrence on or about the 21st day of October, 2020, at or near 100 Pakaula Street, Kahului, Hawaii.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releasees deny liability therefor and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital.

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.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 21 day of September, 2021.

CAUTION: READ BEFORE SIGNING BELOW

Kelly Goldner LS
Authorized Representative of 21st Century Insurance
Kelly Goldner Litigation Claim Representative LS
Print Name & Position

STATE OF Oklahoma)
COUNTY OF Oklahoma) SS:

On the 21st day of September, 2021, before me personally appeared _____, known to me to be the person(s) named herein and who executed the foregoing Release and _____ acknowledged to me that _____ voluntarily executed the same.

My term expires August 25, 2021.

J. Fujiyoshi
Notary Public



FORM #45, REV. 11/00