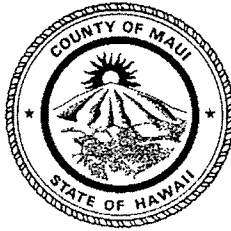


MICHAEL P. VICTORINO
Mayor

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

February 8, 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: Anthony Nunez
John Mullen Claim No.: 4064010

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 not anticipated that an executive session will 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 Environmental Management 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: Eric Nakagawa, Director
Department of Environmental Management

Resolution

No. _____

AUTHORIZING SETTLEMENT OF CLAIM NO. 4064010 OF ANTHONY NUNEZ

WHEREAS, Claimant Anthony Nunez filed Claim No. 4064010 on May 26, 2020 against the County of Maui, alleging damage to his vehicle resulting from a collision with a Maui County fleet vehicle being operated by a County Employee on January 6, 2020; and

WHEREAS, the County of Maui, to avoid incurring expenses and the uncertainty of a judicial determination of the parties' respective rights and liabilities, will attempt to reach a resolution of this case by way of a negotiated settlement or Offer of Judgment; and

WHEREAS, the Department of the Corporation Counsel has requested authority to settle this case for a settlement of \$12,806.63; and

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

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

1. That it approves settlement of Claim No. 4064010 of Anthony Nunez in the amount of \$12,806.63;
2. That it authorizes the Mayor to execute a Release and Settlement Agreement on behalf of the County in this case, under terms and conditions as

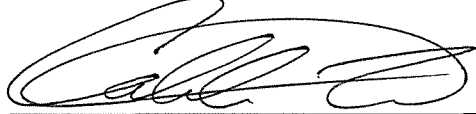
Resolution No. _____

may be imposed by the Corporation Counsel consistent with the Council's settlement approval;

3. That it authorizes the Director of Finance of the County of Maui to satisfy settlement of this case, under terms and conditions as may be imposed by the Corporation Counsel consistent with the Council's settlement approval; and

4. That certified copies of this Resolution be transmitted to the Mayor, the Director of Finance, the Director of Environmental Management 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 2020-0114

COUNTY OF MAUI

CLAIM FOR DAMAGE OR INJURY

PLEASE PRINT CLEARLY

1. Claimant: Mr. ☐ Mrs. ☐ Ms. ☐ GEICO as Subrogee for Anthony Vincent Nunez

2. Address: 711 Kapiolani Blvd Ste 300 Honolulu, HI 96813

3. Telephone No.: Business 808-591-5793 Residence _____

4. Date of Accident: 01/06/2020

5. Location of Accident: Kilou St. in Waiehu, Maui

6. Amount of Claim: Property Damage \$ 20,543.08 Personal Injury \$ _____

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.

Garbage truck driven by Scott Kazuo Matsumoto (HI LP: COFM2438) struck
insured's parked vehicle.

Damages:

\$11,940.00 Total Loss + \$586.39 Rental + \$500.00 Deductible - \$219.76 Salvage = 12,806.63

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

GEICO / Policy 4590323889 / Claim: 0398815660000001

_____ Policy No. _____

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

If yes, amount claimed \$ 12,806.63 Deductible amount \$ 500.00

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

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

(Signature of Claimant)

05/15/2020
(Date)

RELEASE OF PROPERTY DAMAGE CLAIM

GEICO, their heirs, assigns and successors, thereby release and forever discharge the County of Maui, its officers, employees and agents, from all causes of action, and agree to withdraw, dismiss or refrain from filing any claim, complaint, charge or appeal against the County of Maui with any court, government board, agency, department or entity concerning the incidents, occurrences or losses involving their insured's 2005 Lexus RX330, License #LJU304 on January 1, 2020 in Waiehe, in the State of Hawaii.

In consideration of this release of property damage claim, County of Maui agrees to pay twelve thousand eight hundred six and 63/100 dollars (\$12,806.63) as full and final release and satisfaction of the property damage claim brought by GEICO and their insured Anthony Nunez against the County of Maui.

It is hereby expressly understood and agreed that the payment or granting of the consideration described above is not an admission of liability or fault of any kind, but compromises and settles all property damage disputes between the parties for the purpose of avoiding further litigation or expense. Said payment is the final consideration of this Property Damage Release, and no other payment or consideration has been promised or will be paid for this property damage claim. This release is for property damage only and does not waive or release claims for bodily injury. This release is non-binding pending County of Maui approval. Each party to this agreement agrees to bear their own costs and attorney's fees.

Signed this 2nd day of February ~~2020~~ ²⁰²¹.

Michelle Niit

Witness:
Michelle Niit, SH01
Senior Payment Recovery Examiner

Kelli Inouye
SIGNATURE

Kelli Inouye, Senior Payment Recovery Examiner for GEICO
PRINTED NAME OF SIGNER

NOTARY: State of Hawaii;
County of _____; SS

On this _____ day of _____, 20____, before me appeared
_____ who is known to be the
person(s) names herein and who voluntarily executed this release.

Notary Signature

Date Commission Expires

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

Document Identification or Description: _____

Date of Document: _____ No. of Pages: _____ _____ Circuit
(Jurisdiction of notarial act)

Signature of Notary

Type or Print Name of Notary

Date of Notary Certificate

(Official Stamp or Seal)

| | |
|---------------------|------------------|
| Claim Number | 0398815660000001 |
| Pay To The Order Of | ANTHONY NUNEZ |

Financials

| | |
|--------------------|------------|
| Gross Amount | \$3,914.00 |
| Net Amount | \$3,914.00 |
| Backup Withholding | \$0.00 |

Payment Identification

| | |
|-----------------|-----------------------|
| Issued Date | 05/08/2020 |
| Mail To Name | ANTHONY VINCENT NUNEZ |
| Mail To Address | |
| Memo | COLLISION COVERAGE |
| Payment Type | System Check |
| Check Number | 215017136 |

Related Documents

| Document Name |
|---------------|
|---------------|

Reserve Line Allocation

| Exposure | Reserve Line | Cost Type | Amount |
|---|--------------|-----------|------------|
| Anthony Vincent Nunez - Collision (2005 LEXS) | Collision | Loss | \$3,914.00 |

| | |
|---------------------|---|
| Claim Number | 0398815660000001 |
| Pay To The Order Of | ENTERPRISE RENT A CAR/ATTN ACCOUNTS RECEIVABLE |

Financials

| | |
|--------------------|----------|
| Gross Amount | \$586.39 |
| Net Amount | \$586.39 |
| Backup Withholding | \$0.00 |

Payment Identification

| | |
|-----------------|---|
| Issued Date | 01/20/2020 |
| Mail To Name | ENTERPRISE RENT A CAR/ATTN ACCOUNTS RECEIVABLE |
| Mail To Address | |
| Memo | Rental Reimbursement 3620D85DRGD |
| Payment Type | Electronic funds transfer |
| Check Number | R06996394 |

Related Documents

| |
|---------------|
| Document Name |
|---------------|

Reserve Line Allocation

| Exposure | Reserve Line | Cost Type | Amount |
|--|----------------------|-----------|----------|
| Anthony Vincent Nunez - Rental (2005 LEXS) | Rental Reimbursement | Loss | \$586.39 |

| | |
|---------------------|-----------------------|
| Claim Number | 0398815660000001 |
| Pay To The Order Of | ANTHONY VINCENT NUNEZ |

Financials

| | |
|--------------------|------------|
| Gross Amount | \$8,026.00 |
| Net Amount | \$8,026.00 |
| Backup Withholding | \$0.00 |

Payment Identification

| | |
|-----------------|-----------------------|
| Issued Date | 01/16/2020 |
| Mail To Name | ANTHONY VINCENT NUNEZ |
| Mail To Address | |
| Memo | COLLISION COVERAGE |
| Payment Type | Manual check |
| Check Number | 623358057 |

Related Documents

| Document Name |
|---------------|
|---------------|

Reserve Line Allocation

| Exposure | Reserve Line | Cost Type | Amount |
|---|--------------|-----------|------------|
| Anthony Vincent Nunez - Collision (2005 LEXS) | Collision | Loss | \$8,026.00 |



Rental Company: Enterprise Rent-A-Car
Invoice: 3620D85DRGD
Alternate Invoice Number: 85DRGD

Bill To: GEI3601

GEICO
ATTN:MATT LITTLE-CAPN
711 KAPIOLANI BLVD STE 300
HONOLULU, HI 968135263

RENTER INFORMATION:

Renter: NUNEZ,VANESSA
Address: 1383 KILOU ST
WAILUKU, HI 96793
Home Phone: (808) 707-9670
Office Phone: (808) 707-9098

RENTAL INFORMATION:

Rental Branch Location:

ENTERPRISE RENT-A-CAR(3620)
40 HANA HWY
KAHULUI, HI 96732

ADDITIONAL CLAIM INFORMATION:

Claim Number: 039881566000000101
Claim Type: Insured
Vehicle Condition: Total Loss
Date Of Loss: 01/06/2020
Insured Name: NUNEZ,ANTHONY
Owner's Vehicle: 2005 LEXUS
Assign type: Field Inspection
ClaimNumber: 0398815660000001
IPNumber: 01
Internet Self Serve: No
Days To Repair: 5
RenterName: VANESSANUNEZ
NumberOfDaysAuthorized: 0
Invoice Target: ATLAS
Source: PD
Shop Code:
Automated Extension:
Line of Business: APV
Class Segment:
CatActive: False
CatIndicator: False
CatCode: NULL
Repair Facility:
TOTAL LOSS
ST. LOUIS, MO 63105

RENTAL DETAIL:

Rental Period: 01/06/2020 to 01/19/2020 (14 days)

Billed Period: 01/06/2020 to 01/19/2020 (14 days)

| Description | Quantity | Rate | Amount |
|------------------------------|----------|---------|-----------------|
| TIME & DISTANCE | 14 | \$39.50 | \$553.00 |
| VEHICLE LICENSING FEE | 14 | \$0.71 | \$9.94 |
| GENERAL EXCISE TAX | 1 | 4.17% | \$23.45 |
| Total Charges: | | | \$586.39 |
| Less Amount Received: | | | \$0.00 |
| Total Amount Due: | | | \$586.39 |

VEHICLES RENTED:

| Effective Date | Time | Year | Make | Model | VIN | Mileage |
|----------------|---------|------|------|-------|-------------------|---------|
| 01/06/2020 | 3:10 PM | 2020 | JEEP | CHER | 1C4PJLDB3LD503110 | 246 |

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:

ENTERPRISE RENT-A-CAR

P.O. BOX 840086

KANSAS CITY, MO 641840086

Federal ID: 43-0724835

Total Charges:

\$586.39

Less Amount Received:

\$0.00

Total Amount Due.....

\$586.39

Please Include on your Check:

Invoice:3620D85DRGD



Government Employees Insurance Company

Attn: Salvage Department, PO BOX 13528
Macon, GA 31208-3528

1/9/2020

Anthony Nunez
1383 Kilou St
Wailuku HI 96793--9754

Dear Anthony Nunez,

The enclosed "Total Loss Settlement Explanation" is a breakdown of your vehicle's settlement. For your convenience, the Market Valuation is available on GEICO.com. The Net Settlement Amount is the Base Value of your vehicle, plus any applicable fees and adjustments. If you have any questions, please contact me at 808-264-6519. You can also access your claim information at GEICO.com.

Sincerely,

Matthew Little
808-264-6519

Encl: SHCL 30

TOTAL LOSS SETTLEMENT EXPLANATION

Date January 9, 2020
Accident Date January 6, 2020
Claim Number 039881566 0000 001
Company Government Employees Insurance Company
Vehicle 2005 LEXS RX 330
VIN JTJGA31U450052797

Dear: Anthony Nunez,

This is a brief explanation of your claim settlement:

| | |
|---------------------------------|--------------------|
| Base Value | \$11,842.00 |
| Condition Adjustment | \$598.00 |
| Pre Tax Adjustment | \$0.00 |
| Tax | \$0.00 |
| Total Value | <u>\$12,440.00</u> |
| State and Local Regulatory Fees | \$0.00 |
| Post Tax Adjustment | \$0.00 |
| Less Deductible | \$500.00 |
| Less Percent Negligent 0% | \$0.00 |
| Less Retention Amount | \$0.00 |
| Net Settlement Amount | <u>\$11,940.00</u> |
| Towing Charges | \$0.00 |
| Storage Charges | \$0.00 |

State law requires that owners of total loss or salvage motor vehicles apply for a salvage certificate within 10 days after a total loss settlement.

Does Apply ☒ Does Not Apply ☐

Any state sales tax due the owner through replacement of the vehicle will be considered when notice is given and purchase invoice presented.

Does Apply ☒ Does Not Apply ☐

Adjuster Matthew Little Telephone No. 808-264-6519

Customer's Signature _____



STOCK #: 20743770
Pick Up From:
 RESIDENCE
 1383 Kilou St,
 Wailuku, HI 96793
 County: Maui
 Primary: (808) 707-9098(U)

BATCH #: 49/904/

IAA TOW Bill - (A) 28/31829

Deliver To:
 D and D Towing
 193 NOPU ST,
 Puunene, HI 96784
 County: Maui
 (808) 871-1185

Earliest Available Pickup : 1/13/2020 11:59AM

TOWER INFO

Tower: D & D TOWING LD
Vehicle: 2005 LEXUS RX
Driver: Alison Meyer **Dispatcher:** Krystah Pascua **Exterior Color:** **Keys:** No
Tow Zone: 1 **Mileage:** 9 **Towable:** No/FWD **Assignment Date/Time:** 1/9/2020 / 10:00PM
Loss Type: Collision **Release Date/Time:** 1/13/2020 / 12:00PM
Primary Damage: Rear **Dispatch Date/Time:** 1/13/2020 / 12:40PM
Secondary Damage: **Due Date/Time:** 1/13/2020 / 8:00PM

PICKUP INFO

Tax Amount **Payment Method:** **Release Contact:**
Total \$ 0.00 **Pay At:** 1383 Kilou St **Call First?:** No
Storage Start: **Blocked In?:** No
Storage End: **Reference:** 0
Tower Notes: per owner, okay to pick up 1/13 mon, before 12pm. pls call owner 1 h rprior, ask for keys and any missing parts to vehicle.



<IAAI TOW 27386094#78921531 TOWDOCU>

SALVAGE PROVIDER INFO

Provider: GEICO Insurance - ZVIC (FCC07) Hawaii **Owner:** ANTHONY NUNEZ
Adjuster: Matthew Little **Claim:** 0398815660000001

CHECK IN

Last 6 of VIN: 052797 **VIN is:** OK / Missing / Damaged / Altered

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Odo. Probed: Y / N **Plate #:** **State:** **No. of Plates:** **Exterior Color:**
Odometer: Actual / Exceeds Mech.Limits / Not Actual / Burnt / Broken / Inoper.Digital / Exempt / Missing
Primary Damage: **Secondary Damage:** **Condition:** C / P / F / B
Starts: Y / N / Jump / Can't Test **Run & Drive:** Y / N **Shrink Wrap:** Y / N

Interior:

Radio Face Plate Y / N
Radio P / M / NA
CD Player P / M / NA
CD Changer P / M / NA
Cassette P / M / NA
DVD Player P / M / NA
DVD Screen P / M / NA
Navigation P / M / U / NA
Driver Airbag D / I / M / N
Passenger Airbag D / I / M / N
Lt Side Airbag D / I / M / N
Rt Side Airbag D / I / M / N

Exterior:

Teardown Y / N
Headlamps P / M / NA
Tail Lamps P / M / NA
Decklid/Tailgate P / M / NA
of Wheels **# of Tires**
Wheel Type Standard / Alloy
Spare Custom / Missing
Mechanical: P / M / U / NA
Battery P / M / D / NA
Engine P / M / D / NA
Transmission P / M / D / NA

Other:

Keys P / M / NA
Key Fob P / M / NA
Make Keys Y / N
Front Bumper Covers Y / N
Rear Bumper Covers Y / N
Other Missing Parts:
Personals:

Date Of Pick Up: **Shop Initial :** **Tower Initial :**

Drop-off Date: **Drop-off Time:**



STOCK #: 20745770

Batch #: 49/904/

IAA TOW Bill - (A) 28/51829

Pick Up From:
RESIDENCE1383 Kilou St,
Wailuku, HI 96793

County: Maui

Primary: (808) 707-9098(U)

Deliver To:

D and D Towing

193 NOPU ST,

Puunene, HI 96784

County: Maui

(808) 871-1185

Earliest Available Pickup : 1/13/2020 11:59AM

TOWER INFO

Tower: D & D TOWING LD

Vehicle: 2005 LEXUS RX

Driver: Alison Meyer

Dispatcher: Krystah Pascua

Exterior Color:

Keys: No

Tow Zone: 1

Mileage: 9

Towable: No/FWD

Assignment Date/Time: 1/9/2020 / 10:00PM

Loss Type: Collision

Release Date/Time: 1/13/2020 / 12:00PM

Primary Damage: Rear

Dispatch Date/Time: 1/13/2020 / 12:40PM

Secondary Damage:

Due Date/Time: 1/13/2020 / 8:00PM

PICKUP INFO

Tax Amount

Payment Method:

Release Contact:

Pay At: 1383 Kilou St

Call First?: No

Storage Start:

Blocked In?: No

Total

\$ 0.00

Storage End:

Reference: 0

Tower Notes: per owner, okay to pick up 1/13 mon, before 12pm. pls call owner 1 h prior, ask for keys and any missing parts to vehicle.



<IAAI TOW 27386094#78921531 TOWDOCU>

SALVAGE PROVIDER INFO

Provider: GEICO Insurance - ZVIC (FCC07) Hawaii

Owner: ANTHONY NUNEZ

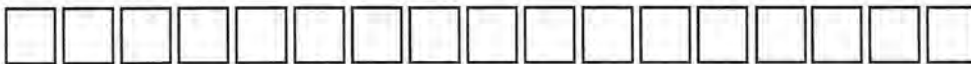
Adjuster: Matthew Little

Claim: 0398815660000001

CHECK IN

Last 6 of VIN: 052797

VIN is: OK / Missing / Damaged / Altered



Odo. Probed: Y / N

Plate #:

State:

No. of Plates:

Exterior Color:

Odometer:

Actual / Exceeds Mech.Limits / Not Actual / Burnt / Broken / Inoper.Digital / Exempt / Missing

Primary Damage:

Secondary Damage:

Condition: C / P / F / B

Starts: Y / N / Jump / Can't Test

Run & Drive: Y / N

Shrink Wrap: Y / N

Interior:

| | |
|------------------|----------------|
| Radio Face Plate | Y / N |
| Radio | P / M / NA |
| CD Player | P / M / NA |
| CD Changer | P / M / NA |
| Cassette | P / M / NA |
| DVD Player | P / M / NA |
| DVD Screen | P / M / NA |
| Navigation | P / M / U / NA |
| Driver Airbag | D / I / M / N |
| Passenger Airbag | D / I / M / N |
| Lt Side Airbag | D / I / M / N |
| Rt Side Airbag | D / I / M / N |

Exterior:

| | |
|------------------|------------------|
| Teardown | Y / N |
| Headlamps | P / M / NA |
| Tail Lamps | P / M / NA |
| Decklid/Tailgate | P / M / NA |
| # of Wheels | # of Tires |
| Wheel Type | Standard / Alloy |
| | Custom / Missing |
| Spare | P / M / U / NA |
| Mechanical: | |
| Battery | P / M / D / NA |
| Engine | P / M / D / NA |
| Transmission | P / M / D / NA |

Other:

| | |
|---------------------|------------|
| Keys | P / M / NA |
| Key Fob | P / M / NA |
| Make Keys | Y / N |
| Front Bumper Covers | Y / N |
| Rear Bumper Covers | Y / N |

Other Missing Parts:

Personals:

Date Of Pick Up:

Time Of Pick Up:

Shop Initial :

Tower Initial :

Drop-off Date:

Drop-off Time:



Tow Bill # 28751829

2005 LEXUS RX

STOCK # 26945996

BATCH # 4979047

EXT. COLOR:

Tower Information

NAME:
D & D TOWING LDDISPATCHER:
Krystah PascuaDRIVER:
Alison MeyerKEYS AVAILABLE:
NoTOWABLE:
No/FWDLOSS TYPE:
CollisionPRIMARY DAMAGE:
Rear

SECONDARY DAMAGE:

ASSIGNMENT:
01/09/2020 10:00 PMRELEASE:
01/13/2020 12:00 PMDISPATCH:
01/13/2020 12:40 PMDUE DATE:
01/13/2020 08:00 PMEARLIEST AVAILABLE PICKUP:
01/13/2020 11:59 AM

Provider Information

PROVIDER:
GEICO Insurance - ZVIC (FCC07) HawaiiADJUSTOR:
Matthew LittleOWNER:
ANTHONY NUNEZCLAIM #:
0398815660000001

Pickup Information

PICK UP:
RESIDENCE
1383 Kilou St
Wailuku, HI 96793
County: Maui
(808) 707-9098DELIVER TO:
D and D Towing
193 NOPU ST,
Puunene, HI 96784
County: Maui
(808) 871-1185TOW ZONE: 1
CALL FIRST? NoMILEAGE: 9.0
BLOCKED IN? No

RELEASE CONTACT:

TOWER NOTES:

per owner, okay to pick up 1/13 mon, before 12pm pls call owner 1 h prior, ask for keys and any missing parts to vehicle. Agent Peggy Bartholomew - CSAToday Note entered: vehicle has been picked up by d/d towing and is at iaa lot

STORAGE:

-

Fee Details (at Dispatch)

TOTAL: \$0.00

Payments (at Pickup)

TOTAL AMOUNT PAID: \$0.00

PICKUP DATE TIME 01/14/2020-04:15 PM

DELIVERY DATE TIME 01/14/2020-04:15 PM

SHOP SIGNATURE

SIGN ABOVE

Vehicle Inventory

Vehicle Details

| | |
|------------------|------|
| EXTERIOR COLOR | Blue |
| PRIMARY DAMAGE | Rear |
| SECONDARY DAMAGE | None |
| TEAR DOWN | No |

Interior Parts

| | |
|-----------------|-------------------|
| VIN | JTJGA31G450052797 |
| KEYS/KEY FOB | Present |
| ODOMETER | 56547 |
| AUDIO EQUIPMENT | Present |
| VIDEO EQUIPMENT | Not Available |
| AIRBAGS | Intact |
| PERSONAL ITEMS | No |

Exterior Parts

| | |
|---------------------|---------|
| RUN & DRIVE | Yes |
| STARTS | Yes |
| BATTERY | Present |
| TRANSMISSION | Present |
| HEAD LAMPS | Present |
| TAIL LAMPS | Present |
| FRONT BUMPER COVER | Yes |
| REAR BUMPER COVER | Yes |
| DECKLID/TAILGATE | Present |
| SPARE | Yes |
| # OF WHEELS | 4 |
| # OF TIRES | 4 |
| WHEEL TYPE | Alloy |
| PLATE STATE | HI |
| OTHER MISSING PARTS | No |



REMITTANCE: 29390445

DATE: 05/06/2020

Insurance Auto Auctions, Inc.

Attn: Settlement Group
 7245 Laurel Canyon Blvd.
 North Hollywood, CA 916053709
 Phone: (818) 487-2222
 Fax: (818) 487-2402
 E-mail:

Remittance Payable To:

GEICO Insurance Company
 One GEICO Center
 Macon, GA 31296
 Attn: Salvage Dept

Salvage Information

IAA Stock #: 000-26945996
 IAA Branch: Honolulu
 Fed. Tax I.D.: 953790111
 Handler: EDI EDI
 Adjuster: Matthew Little
 Insured: ANTHONY NUNEZ
 Owner: ANTHONY NUNEZ
 Claim #: 0398815660000001
 Policy #:
 Vehicle: 2005 LEXUS RX
 Damage: Rear/None
 Mileage: 56547
 Mileage Type: Inoperable Digital Dash
 VIN: JTJGA31U450052797
 ACV: \$12,440.00
 NICB Date: 5/06/2020

| <u>Account of Sale</u> | <u>Total Activity</u> | <u>%ACV</u> |
|---------------------------|-----------------------|-------------|
| Sales | \$300.00 | 2.41 |
| <u>IAA Charges</u> | | |
| Consignment Flat Fee | \$77.00 | 0.62 |
| Tax | \$3.24 | |
| Less IAA Charges | (\$80.24) | (0.62) |
| Net IAA Return | \$219.76 | 1.77 |
| Payment Amount | \$219.76 | 1.77 % |

Buyer Information

Amani Autos
 9950 Westpark Dr Ste 230
 Houston, TX 77063
 Resale Certificate # : N/A

Elapsed Days Analysis

| <u>Date of Event:</u> | <u>Date</u> | <u>Days</u> |
|-----------------------|-------------|-------------|
| Loss | 1/6/2020 | -- |
| Assigned | 1/9/2020 | 4 |
| Released | 1/13/2020 | 5 |
| Pickup | 1/14/2020 | 2 |
| Title Rec'd | 4/15/2020 | 93 |
| Sale Doc. Rec'd | 4/15/2020 | 1 |
| Auction Date | 5/5/2020 | 21 |
| Buyer Payment | N/A | 0 |
| Remittance | 5/6/2020 | 2 |

Elapsed Total Days:

122

GEICO

Honolulu Office - Visit us @ [GEICO.com](https://www.geico.com)
Request a supplement at partners.geico.com
partners.geico.com/gvbbs/logon.aspx
900 Eha St Ste 202
WAILUKU, HI 96793
Phone: (800) 841-3000
Fax: (866) 410-2201

Claim #: 0398815660000001-01
Workfile ID: 8f34ca7b

Estimate of Record

Written By: MATTHEW LITTLE, 1/10/2020 12:06:00 PM
Adjuster: PC2 CO01

| | | | | | |
|------------------|---------------|-----------------|---------------------|-----------------|---------------------|
| Insured: | Anthony Nunez | Owner Policy #: | 4590323889 | Claim #: | 0398815660000001-01 |
| Type of Loss: | Collision | Date of Loss: | 01/06/2020 12:00 PM | Days to Repair: | 5 |
| Point of Impact: | 06 Rear | Deductible: | 500.00 | | |

| | | | |
|-------------------------|-----------------------------|-------------------------------|-------------------------|
| Owner (Insured): | Inspection Location: | Appraiser Information: | Repair Facility: |
| Anthony Nunez | residence | (808) 264-6519 | TOTAL LOSS |
| 1383 Kilou St | residence | | |
| Wailuku, HI 96793 | 1383 Kilou St | | |
| (808) 707-9098 Cellular | Wailuku, HI 96793 | | |
| (808) 707-9670 Cellular | Field | | |
| | (949) 525-2945 Day | | |

VEHICLE

2005 LEXU RX 330 4D UTV 6-3.3L Gasoline MPI BLUE

| | | | | | |
|----------|-------------------|------------------|-------|-----------------|------|
| VIN: | JTJGA31U450052797 | Production Date: | | Interior Color: | |
| License: | LJU304 | Odometer: | 56547 | Exterior Color: | BLUE |
| State: | HI | Condition: | | | |

| | | | |
|---------------------------|-------------------------------|----------------------------|----------------------------|
| TRANSMISSION | STEERING WHEEL TOUCH CONTROLS | CD CHANGER/STACKER | GLASS & MIRRORS |
| AUTOMATIC TRANSMISSION | CONSOLE/STORAGE | CASSETTE | DUAL MIRRORS |
| OVERDRIVE | OVERHEAD CONSOLE | ROOF | PRIVACY GLASS |
| DRIVER CONVENIENCE | HOME LINK | ELECTRIC GLASS ROOF | SEATS |
| KEYLESS ENTRY | INSTRUMENT PANEL | SAFETY | LEATHER SEATS |
| MESSAGE CENTER | TRACTION CONTROL | DRIVERS SIDE AIR BAG | POWER PASSENGER SEAT |
| MEMORY PACKAGE | STABILITY CONTROL | PASSENGER AIR BAG | CAPTAIN CHAIRS (2) |
| POWER DRIVER SEAT | ALARM | FRONT SIDE IMPACT AIR BAGS | DECOR |
| POWER WINDOWS | AIR CONDITIONING | HEAD/CURTAIN AIR BAGS | LUGGAGE/ROOF RACK |
| POWER LOCKS | CLIMATE CONTROL | PAINT | BODY SIDE MOLDINGS |
| POWER MIRRORS | REAR DEFOGGER | CLEARCOAT PAINT | REAR END |
| HEATED MIRRORS | WOOD INTERIOR TRIM | FRONT END | REAR WINDOW WIPER |
| POWER TRUNK/GATE RELEASE | RADIO | FOG LAMPS | REAR SPOILER |
| CRUISE CONTROL | AM RADIO | XENON HEADLAMPS | WHEELS |
| INTERMITTENT WIPERS | FM RADIO | POWER STEERING | 4-WHEEL DISC BRAKES |

Estimate of Record

2005 LEXU RX 330 4D UTV 6-3.3L Gasoline MPI BLUE

| | | | |
|------------------|-------------|----------------------|-----------------------|
| TILT WHEEL | STEREO | POWER BRAKES | ALUMINUM/ALLOY WHEELS |
| TELESCOPIC WHEEL | SEARCH/SEEK | ANTI-LOCK BRAKES (4) | |

Estimate of Record

2005 LEXU RX 330 4D UTV 6-3.3L Gasoline MPI BLUE

| Line | Oper | Description | Qty | Extended Price \$ | Labor | Paint |
|------|------------------------------|--|-----|-------------------|------------|-------|
| 1 | ROOF | | | | | |
| 2 | Blnd | LT Outer rail | | | | 0.7 |
| 3 | R&I | LT Drip molding front | | | 0.2 | |
| 4 | R&I | LT Drip molding center Japan built | | | 0.3 | |
| 5 | R&I | LT Drip molding rear Japan built | | | 0.3 | |
| 6 | R&I | LT Side rail | | | 0.5 | |
| 7 | REAR DOOR | | | | | |
| 8 | Blnd | LT Outer panel | | | | 1.0 |
| 9 | R&I | LT Belt w'strip Japan built | | | 0.3 | |
| 10 | * | R&I LT Body side mldg US built white | | | <u>0.5</u> | |
| 11 | R&I | LT Handle, outside US built white | | | 0.4 | |
| 12 | R&I | LT R&I trim panel | | | 0.5 | |
| 13 | QUARTER PANEL | | | | | |
| 14 | Repl | LT Quarter panel | 1 | 927.94 | 16.0 | 3.0 |
| 15 | | Add for Clear Coat | | | | 1.2 |
| 16 | Repl | LT Corner panel Japan built | 1 | 72.30 | 2.0 | 0.5 |
| 17 | | Overlap Minor Panel | | | | -0.2 |
| 18 | | Add for Clear Coat | | | | 0.1 |
| 19 | Repl | LT Upper extrn | 1 | 41.08 | 1.0 | 0.5 |
| 20 | | Overlap Minor Panel | | | | -0.2 |
| 21 | | Add for Clear Coat | | | | 0.1 |
| 22 | REAR BODY & FLOOR | | | | | |
| 23 | Repl | Rear body panel | 1 | 443.22 | 7.5 | 1.4 |
| 24 | | Overlap Major Adj. Panel | | | | -0.4 |
| 25 | | Add for Clear Coat | | | | 0.2 |
| 26 | | Add for Inside | | | | 0.7 |
| 27 | | Deduct for Overlap | | | -1.0 | |
| 28 | Repl | LT Side trim panel Japan built gray | 1 | 258.04 | Incl. | |
| 29 | Repl | Finish plate US built, center ivory | 1 | 219.95 | Incl. | |
| 30 | LIFT GATE | | | | | |
| 31 | Repl | Lift gate w/o power lift gate w/o navi | 1 | 952.43 | 4.5 | 3.1 |
| 32 | | Overlap Major Adj. Panel | | | | -0.4 |
| 33 | | Add for Clear Coat | | | | 0.5 |
| 34 | Repl | Lift gate glass Lexus privacy | 1 | 812.17 | Incl. | |
| 35 | Repl | Upper molding | 1 | 20.26 | Incl. | |
| 36 | Repl | Nameplate "Lexus" Japan built | 1 | 39.92 | 0.2 | |
| 37 | Repl | Nameplate "RX 330" Japan built | 1 | 45.25 | 0.2 | |
| 38 | REAR LAMPS | | | | | |
| 39 | Repl | LT Tail lamp assy | 1 | 309.38 | Incl. | |
| 40 | Repl | LT Tail lamp assy | 1 | 167.68 | Incl. | |
| 41 | REAR BUMPER | | | | | |

Estimate of Record

2005 LEXU RX 330 4D UTV 6-3.3L Gasoline MPI BLUE

| | | | | | | | |
|------------------|---|------|---------------------------------|---|-----------------|-------------|-------------|
| 42 | | Repl | Bumper cover | 1 | 448.10 | 2.3 | 2.4 |
| 43 | | | Add for Clear Coat | | | | 1.0 |
| 44 | | | Deduct for Rear Bumper R&I | | | -1.3 | |
| 45 | | Repl | LT Retainer | 1 | 48.80 | | |
| 46 | | Repl | Step pad | 1 | 106.31 | 0.3 | |
| 47 | # | Refn | Mask For Overspray | | | | 0.2 |
| 48 | # | Repl | Flex Additive | 1 | 10.00 | T | |
| 49 | # | Repl | Restore Corrosion Protection | 1 | 10.00 | T | 0.2 |
| 50 | # | Rpr | Color Match | | | 0.3 | |
| 51 | # | Repl | Seam Sealer | 1 | 10.00 | 0.5 | |
| 52 | # | Rpr | Frame/Unibody Setup and Measure | | | 2.0 | F |
| 53 | # | Rpr | Frame/Unibody repair | | | 3.0 | F |
| 54 | # | Subl | Suspension Alignment | 1 | 99.99 | | |
| 55 | | | OTHER CHARGES | | | | |
| 56 | # | | E.P.C. | 1 | 3.00 | | |
| SUBTOTALS | | | | | 5,045.82 | 40.7 | 15.4 |

NOTES

Prior Damage Notes:

FR. BUMPER SCRATCHED, HOOD SCRATCHED, ROOF FADED, L/R DOOR SCRATCHED, DASH SCRATCHED, DOOR TRIM PANELS AND HEADLINER SCUFFED,

ESTIMATE TOTALS

| Category | Basis | | Rate | Cost \$ |
|------------------------------|-------------|---|--------------|-----------------|
| Parts | | | | 5,022.82 |
| Body Labor | 35.7 hrs | @ | \$ 54.00 /hr | 1,927.80 |
| Paint Labor | 15.4 hrs | @ | \$ 54.00 /hr | 831.60 |
| Frame Labor | 5.0 hrs | @ | \$ 75.00 /hr | 375.00 |
| Paint Supplies | 15.4 hrs | @ | \$ 36.00 /hr | 554.40 |
| Miscellaneous | | | | 20.00 |
| Other Charges | | | | 3.00 |
| Subtotal | | | | 8,734.62 |
| Sales Tax | \$ 8,734.62 | @ | 4.1660 % | 363.88 |
| Total Cost of Repairs | | | | 9,098.50 |
| Deductible | | | | 500.00 |
| Total Adjustments | | | | 500.00 |
| Net Cost of Repairs | | | | 8,598.50 |

Estimate of Record

2005 LEXU RX 330 4D UTV 6-3.3L Gasoline MPI BLUE

No Supplement will be honored unless authorized by GEICO.

NOTICE: Vehicles constructed of special metals may require the use of specialized welding and bonding equipment. Proper measuring and structural repair systems are required on today's vehicle to accurately accomplish vehicle repairs. Make sure your shop has the proper equipment to repair your vehicle.

ALTERNATE PARTS DISCLAIMER:

IF A QUALITY REPLACEMENT PART (A/M, LKQ, RECOND OR OPT OEM) APPEARS ON THIS ESTIMATE, IT INDICATES THAT THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. GUARANTEES, IF ANY, APPLICABLE TO THESE REPLACEMENT CRASH PARTS ARE PROVIDED BY THE PART MANUFACTURER OR DISTRIBUTOR RATHER THAN BY THE MANUFACTURER OF YOUR VEHICLE.

***IN ADDITION TO ANY SUCH GUARANTEES, GEICO PROVIDES THE FOLLOWING:

****OWNER LIMITED GUARANTEE**** WE GUARANTEE THAT ALL QUALITY REPLACEMENT BODY PARTS (PARTS NOT MANUFACTURED BY THE MANUFACTURER) IDENTIFIED ON YOUR ESTIMATE, ARE FREE OF DEFECTS IN MATERIAL AND WORKMANSHIP AND MEET GENERALLY ACCEPTED INDUSTRY STANDARDS. THIS PARTS AND LABOR GUARANTEE WILL BE IN EFFECT FOR AS LONG AS YOU OWN THE VEHICLE DESCRIBED IN THE ESTIMATE. THIS GUARANTEE COVERS THE COST OF THE PART, LABOR TO INSTALL, AND INCIDENTALS SUCH AS PAINT AND MATERIALS AND IS SPECIFICALLY LIMITED TO THOSE ITEMS. THIS GUARANTEE DOES NOT COVER LOSS OR DAMAGE THAT IS UNRELATED TO DEFECTS IN THE QUALITY REPLACEMENT PARTS. THIS IS NOT TRANSFERABLE. IF ANY QUALITY REPLACEMENT PARTS ARE DEFECTIVE IN EITHER MATERIAL OR WORKMANSHIP, CONTACT YOUR LOCAL GEICO REPRESENTATIVE.

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

Estimate of Record

2005 LEXU RX 330 4D UTV 6-3.3L Gasoline MPI BLUE

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide AEB8913, CCC Data Date 1/2/2020, 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 2020 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

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

SYMBOLS FOLLOWING PART PRICE:

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

SYMBOLS FOLLOWING LABOR:

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

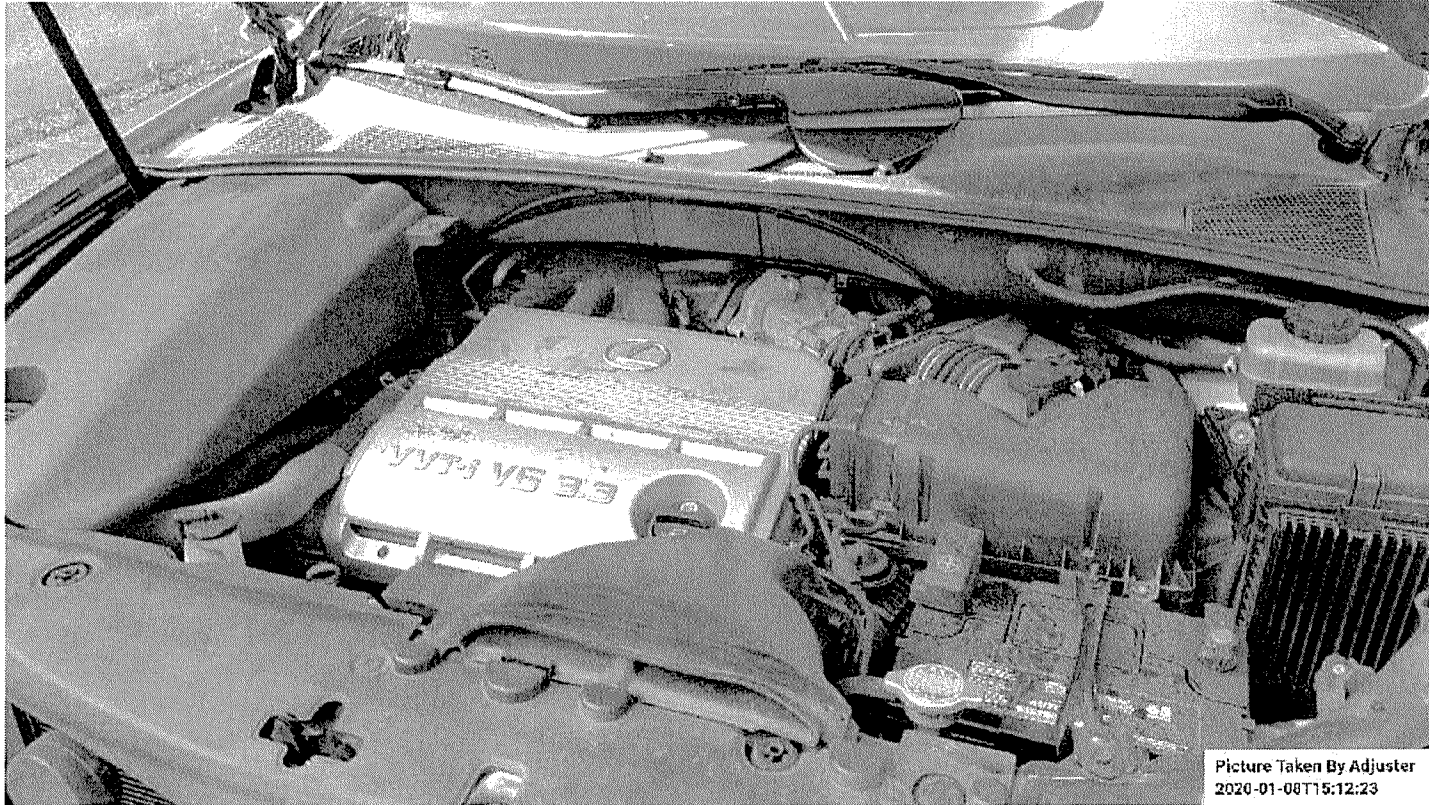
OTHER SYMBOLS AND ABBREVIATIONS:

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

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

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

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



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578532343000.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T15:12:23

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530691010.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

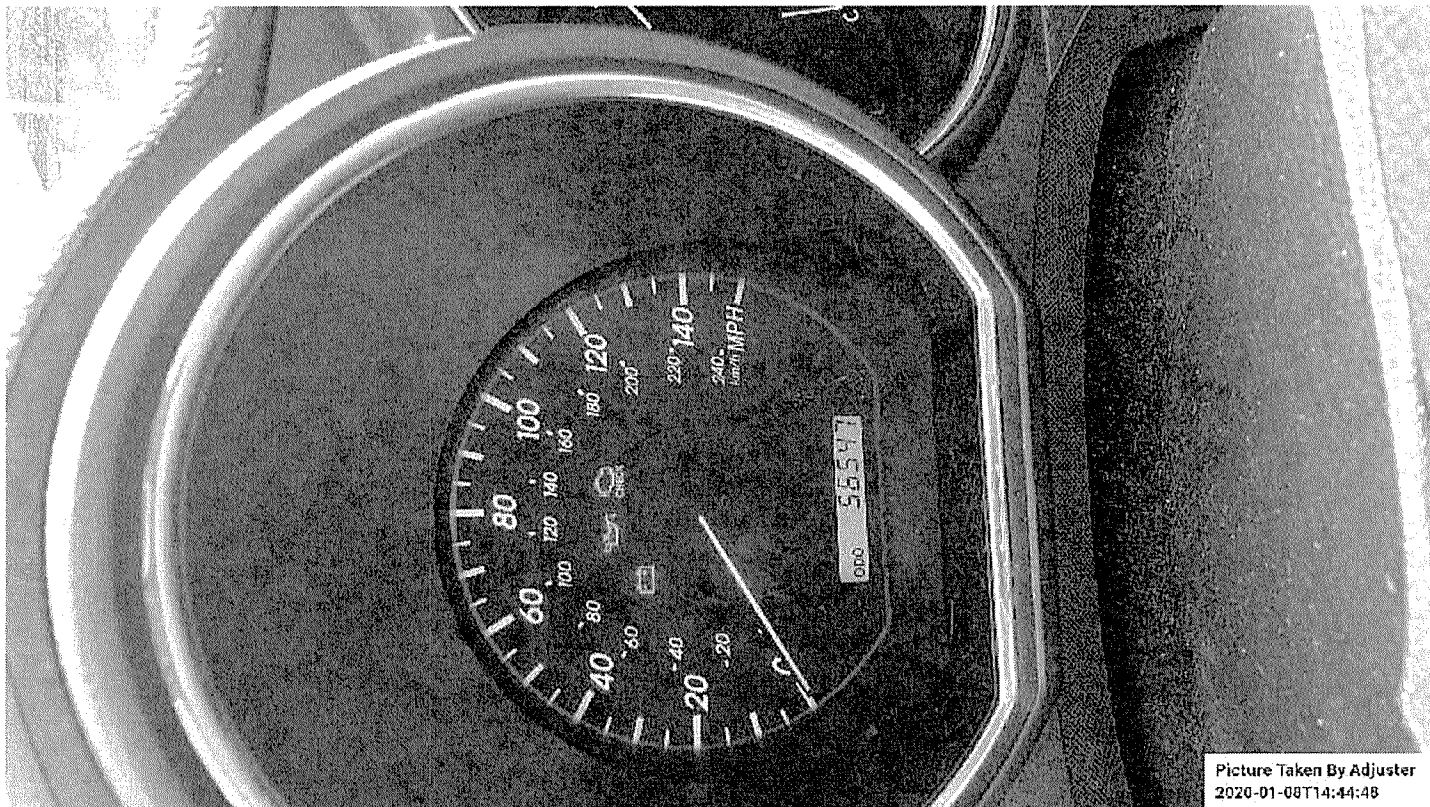
2020-01-08T14:44:51

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Picture Taken By Adjuster
2020-01-08T14:44:48

Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530688012.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

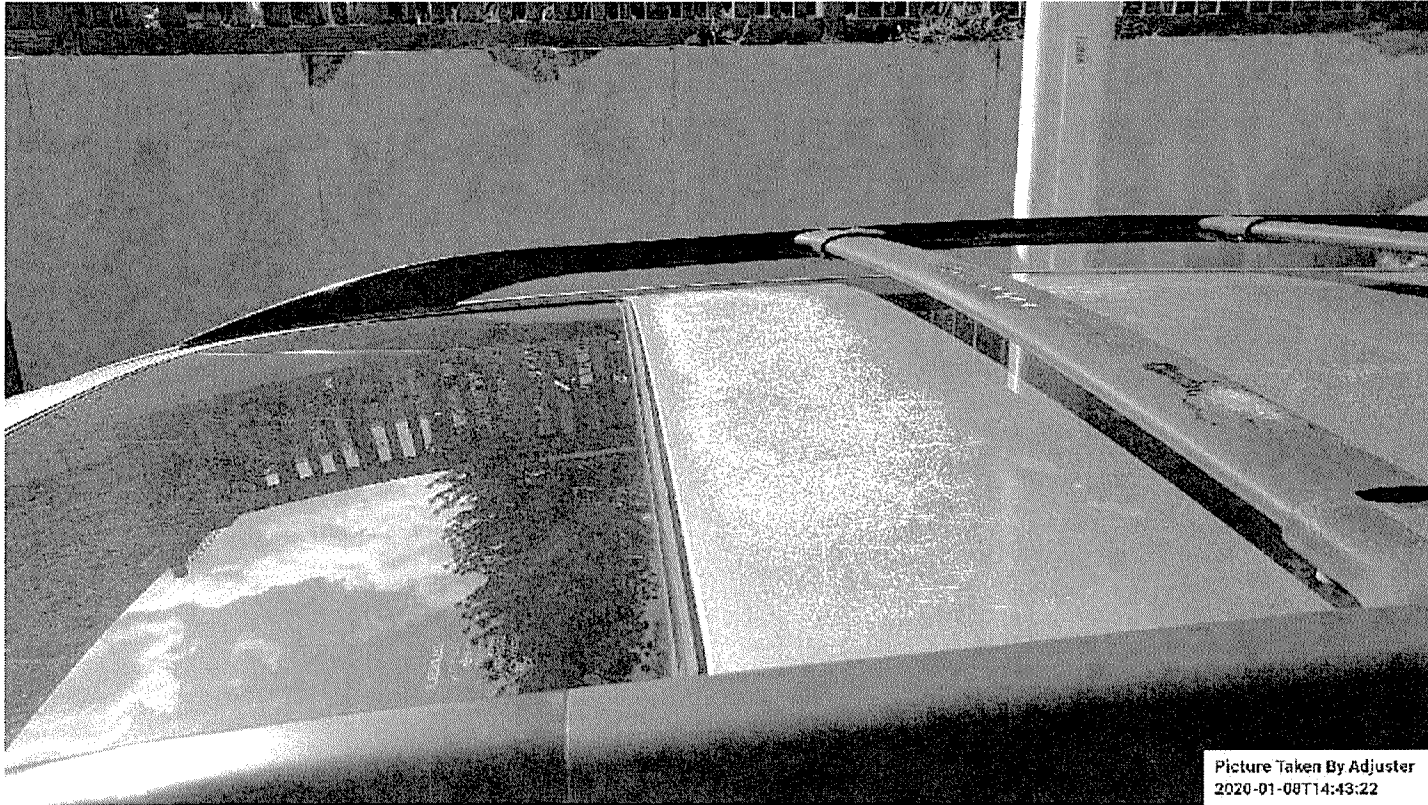
2020-01-08T14:44:48

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530602013.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:43:22

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530338016.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

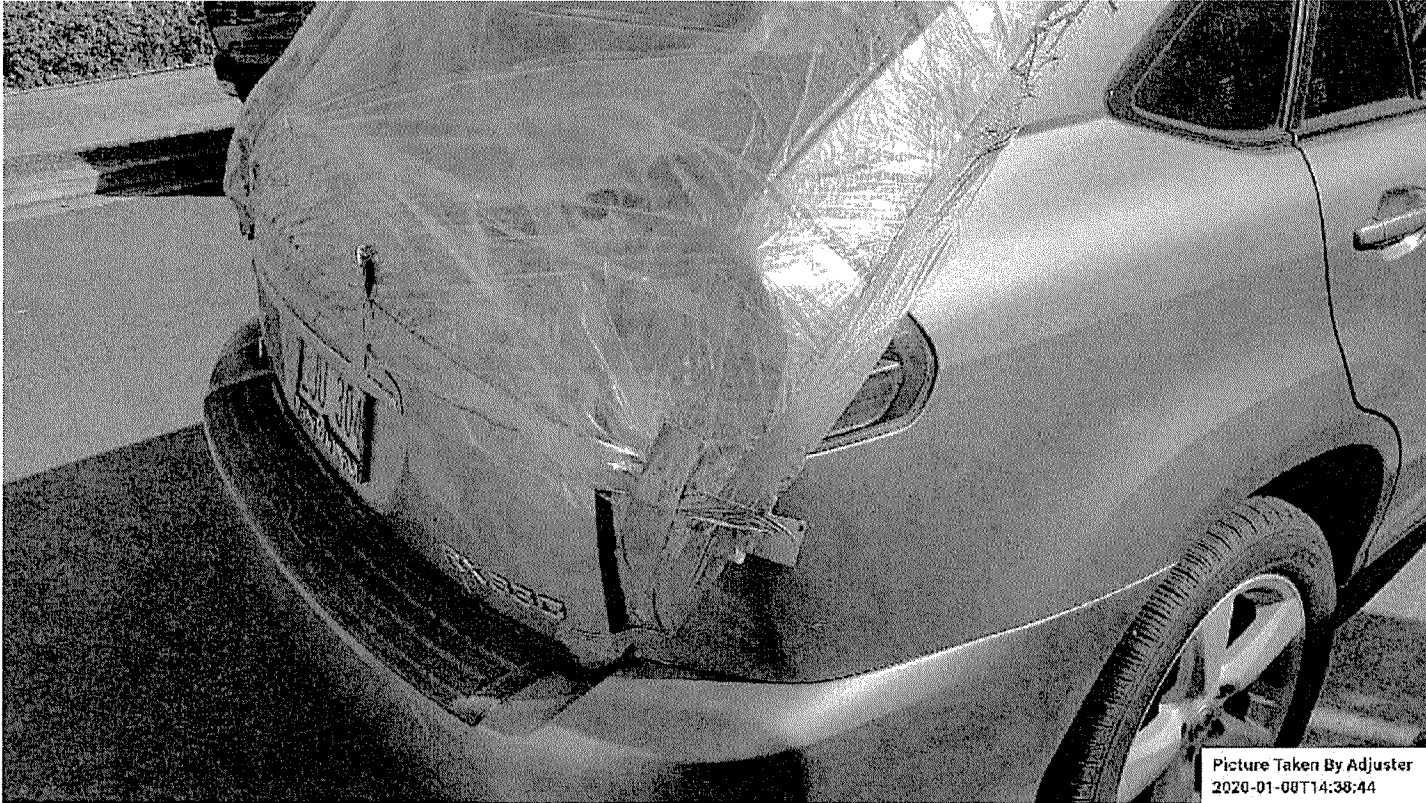
2020-01-08T14:38:58

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530324020.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

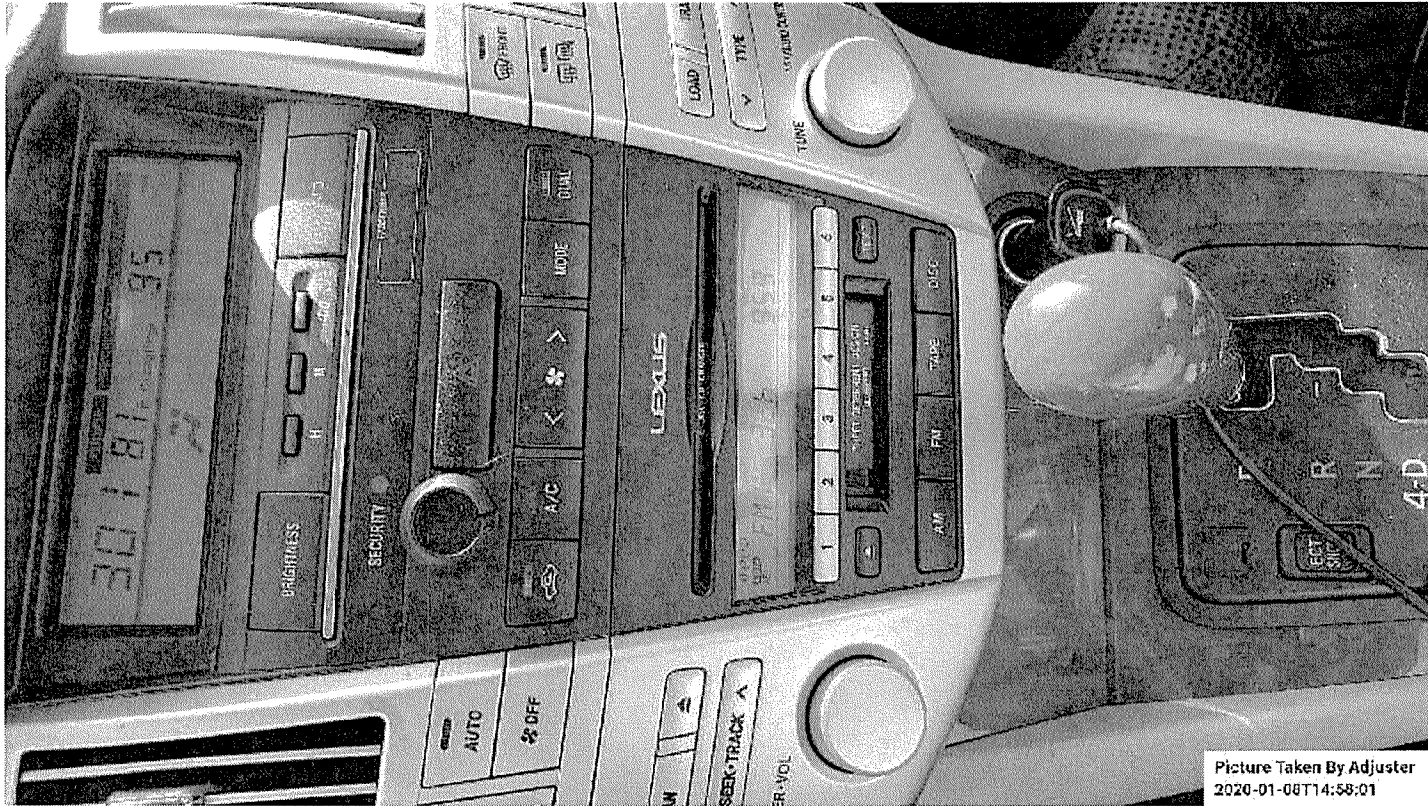
2020-01-08T14:38:44

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578531481005.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

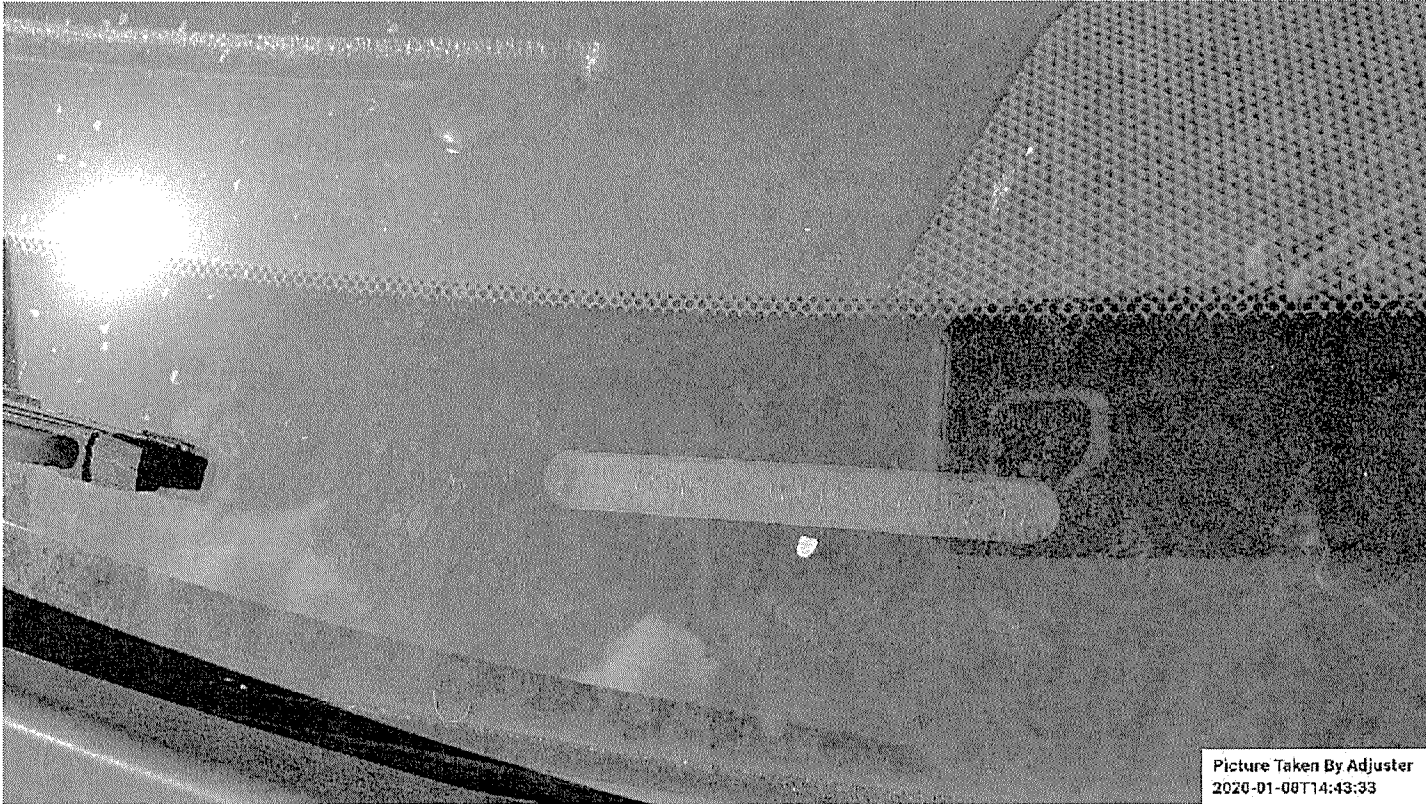
2020-01-08T14:58:01

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530613011.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:43:33

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530342015.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:39:02

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530306023.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:38:26

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530303024.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:38:23

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578532214002.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

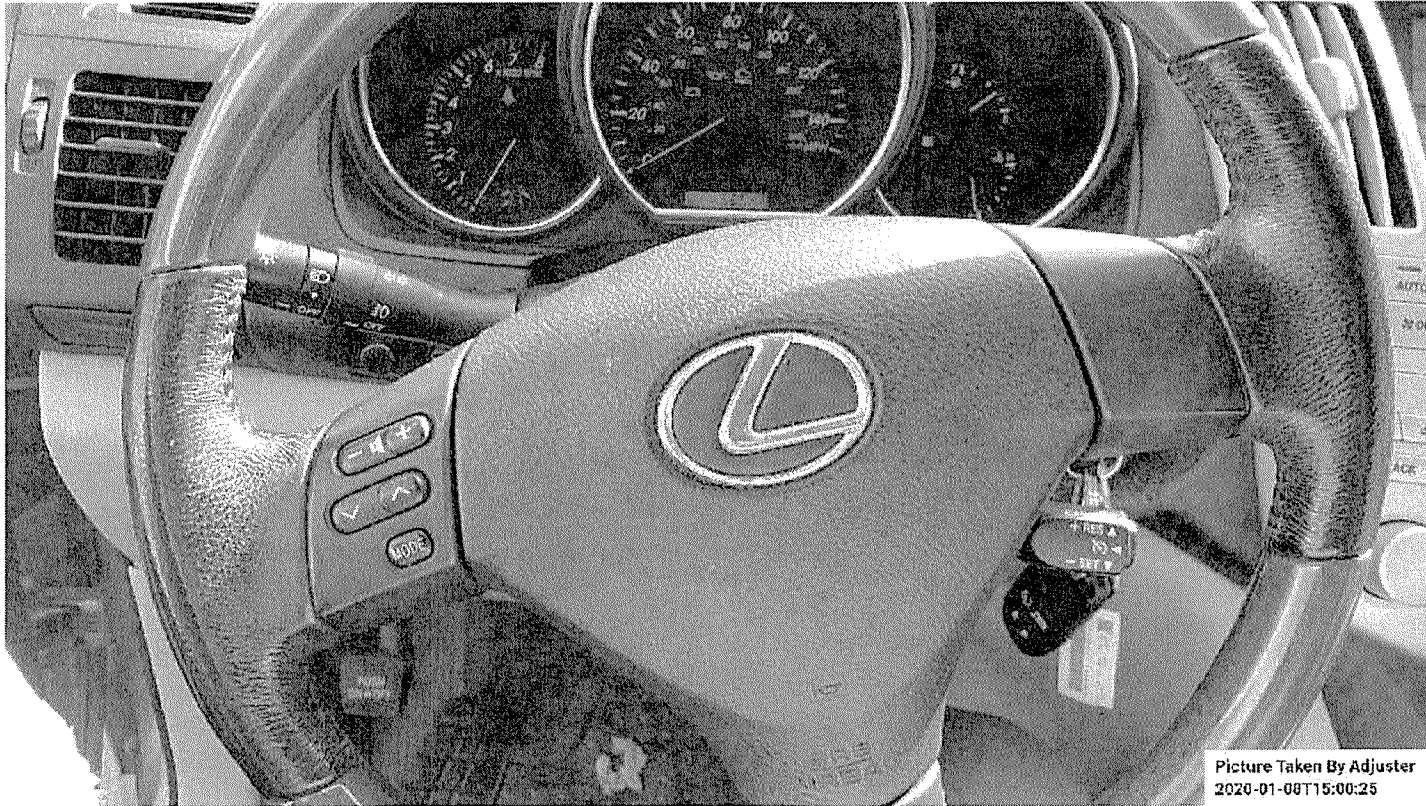
2020-01-08T15:10:14

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578531625003.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T15:00:25

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578531506004.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:58:26

Vehicle Owner :

Anthony Nunez

Supplement Number :

00

GEICO - Hor

Assigned To: **L**

Loss Information

Claim Number: **0398815660000001-01**

Policy Number: **4590323889**

Expiration Date: **2020-01-08T14:57:25**

Insured: **Anthony Nunez**

Vehicle Owner

Owner: **Matthew Little**

Vehicle

Vehicle

Certificate of Registration

****VEHICLE NOT TRANSFERABLE****

MAKE **LEXS** TYPE **MPVH** DATE ISSUED **06-18-2019** LICENSE NUM **LJU304** EMBLEM NO. **L25669**

VEHICLE IDENTIFICATION NUMBER **JTJGA31U450052797** TAX ON **12** WOS

WEIGHT **3960** YEAR MODEL **05** DATE SOLD NEW **00-00-05**

REGISTERED OWNER(S) & ADDRESS **LJU304-19**

NUNEZ ANTHONY

160 KEONEKAI RD APT 5-201

KIHEI HI 96753

SAFETY CHECK EXPIRES **JUN 2019**

TOTAL PAID **330.15**

CT

ST

SP

BF

PE

ST

TF

CP

SP

TL \$

MO

BEND PAPER ALONG DOTTED LINE THEN PEEL DECAL SLOWLY

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

WELLS FARGO DEALER SERVICES

PO BOX 997517

SACRAMENTO CA 95899

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 FEE for LATE TRANSFER OF REGISTERED OWNERSHIP WILL BE \$4000.

Picture Taken By Adjuster

2020-01-08T14:57:25

Claim Number :
0398815660000001-01

Year :
2005

Category :
Estimate

Make :
LEXS
Sub Category :

Model :
RX 330

Image FileName :
cc132779748-1578531445006.jpg

VIN :
JTJGA31U450052797

Image Label :
image

Loss Date :
01/06/2020

Insured :
Anthony Nunez

Adjuster :
Matthew Little

Policy Number :
4590323889

Photo Taken Date :
2020-01-08T14:57:25

Vehicle Owner :
Anthony Nunez

Supplement Number :
00

Certificate of Registration JAN 31, 2020

****VEHICLE NOT TRANSFERABLE****

MAKE **LEXS** TYPE **MPVH** LICENSE NV **LJU304**

VEHICLE IDENTIFICATION NUMBER **JTJGA31U450052797** DATE **06-18-2019** EXPIRATION **L25669**

WEIGHT **3960** YEAR **05** DATE SOLD **00-00-05** TAX **12** MOD.

REGISTERED OWNER(S) & ADDRESS
NUNEZ ANTHONY
160 KEONEKAI RD APT 5-201
KIHEI HI 96753

SAFETY CHECK EXPIRES **JUN 2019** TOTAL FEE **330.15**

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.

LEASER HOLDER
WELLS FARGO DEALER SERVICES
PO BOX 997517
SACRAMENTO CA 95899

Any change of registered owner or lessee holder 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, RENEWAL FEE TRANSFER OF REGISTERED OWNERSHIP WILL BE \$50.00.

Picture Taken By Adjuster
 2020-01-08T14:45:40

Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530740007.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:45:40

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530352014.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:39:12

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530297025.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

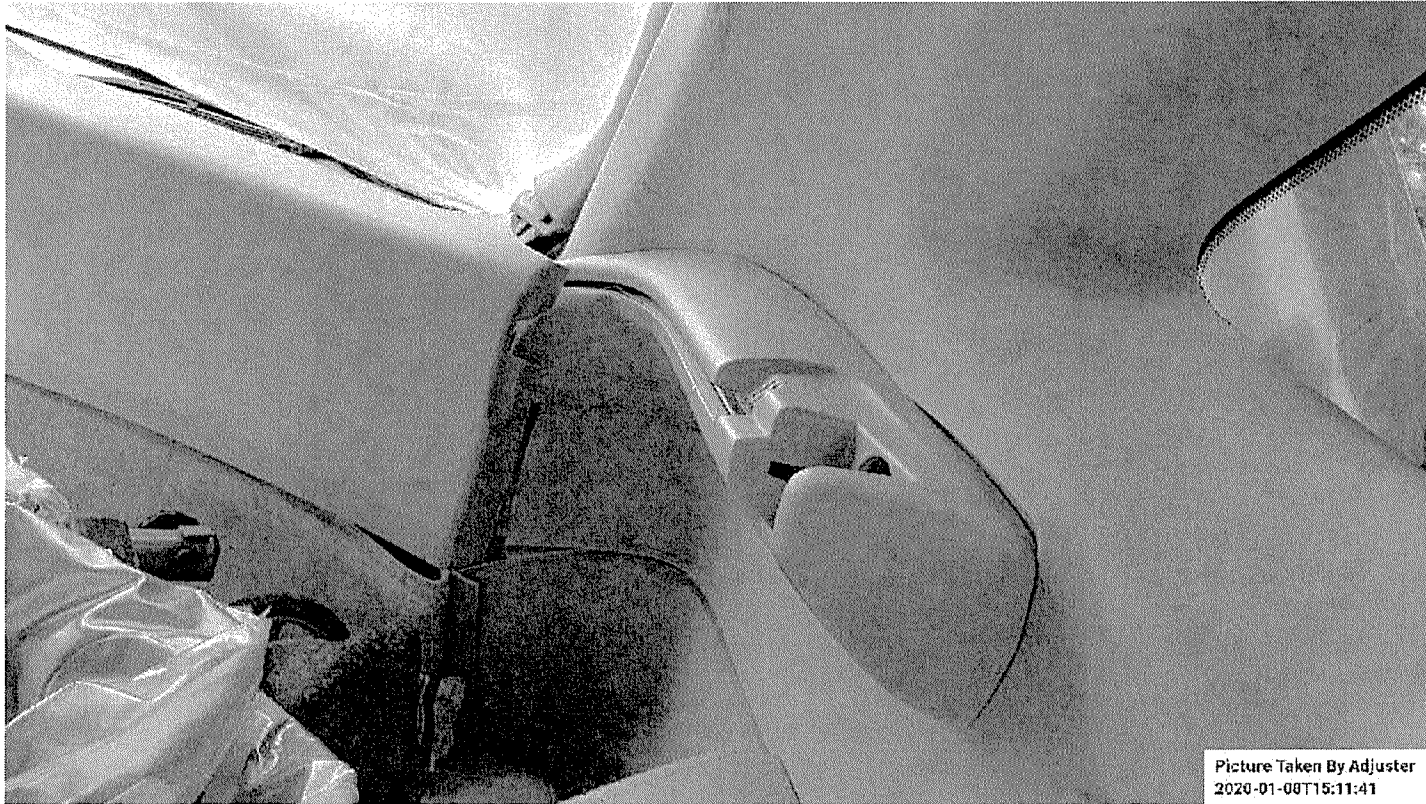
2020-01-08T14:38:17

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578532301001.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T15:11:41

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530728008.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:45:28

Vehicle Owner :

Anthony Nunez

Supplement Number :

00

RY
ONT SEAT
IN VISCO AREA
TIONS
MORTEL BLESSURE GRAVE
IEGE A INT
RS ET ECRITES A
UEL DU PROPRIÉTAIRE
ICHEN VERLETZUNGEN:
LENDENBEREICH
RUNGEN.

7

MFD. BY: TOYOTA MOTOR CORPORATION
GVWR: 2380KG (5245LB)
GAWR: FRT. 1300KG (2865LB) WITH P235/55R18 TIRES.
18X7JJ RIMS, AT 210KPA (30PSI) COLD.
RR. 1300KG (2865LB) WITH P235/55R18 TIRES.
18X7JJ RIMS, AT 210KPA (30PSI) COLD.
THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR
VEHICLE SAFETY AND THEFT PREVENTION STANDARDS IN EFFECT
THE DATE OF MANUFACTURE SHOWN ABOVE.
JTJGA31U450052797 MPV

C/TR: 8R6/LA11 MCU33L-AWAGKA
A/TM: -01A/U151E MADE IN JAPAN

194

Picture Taken By Adjuster
2020-01-08T14:45:06

Claim Number :
0398815660000001-01

Year :
2005

Category :
Estimate

Make :
LEXS

Sub Category :

Model :
RX 330

Image FileName :
cc132779748-1578530706009.jpg

VIN :
JTJGA31U450052797

Image Label :
image

Loss Date :
01/06/2020

Insured :
Anthony Nunez

Adjuster :
Matthew Little

Policy Number :
4590323889

Photo Taken Date :
2020-01-08T14:45:06

Vehicle Owner :
Anthony Nunez

Supplement Number :
00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530331017.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:38:51

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530328018.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:38:48

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530326019.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:38:46

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

0398815660000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530317021.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:38:37

Vehicle Owner :

Anthony Nunez

Supplement Number :

00



Claim Number :

039881566000001-01

Year :

2005

Category :

Estimate

Make :

LEXS

Sub Category :

Model :

RX 330

Image FileName :

cc132779748-1578530313022.jpg

VIN :

JTJGA31U450052797

Image Label :

image

Loss Date :

01/06/2020

Insured :

Anthony Nunez

Adjuster :

Matthew Little

Policy Number :

4590323889

Photo Taken Date :

2020-01-08T14:38:33

Vehicle Owner :

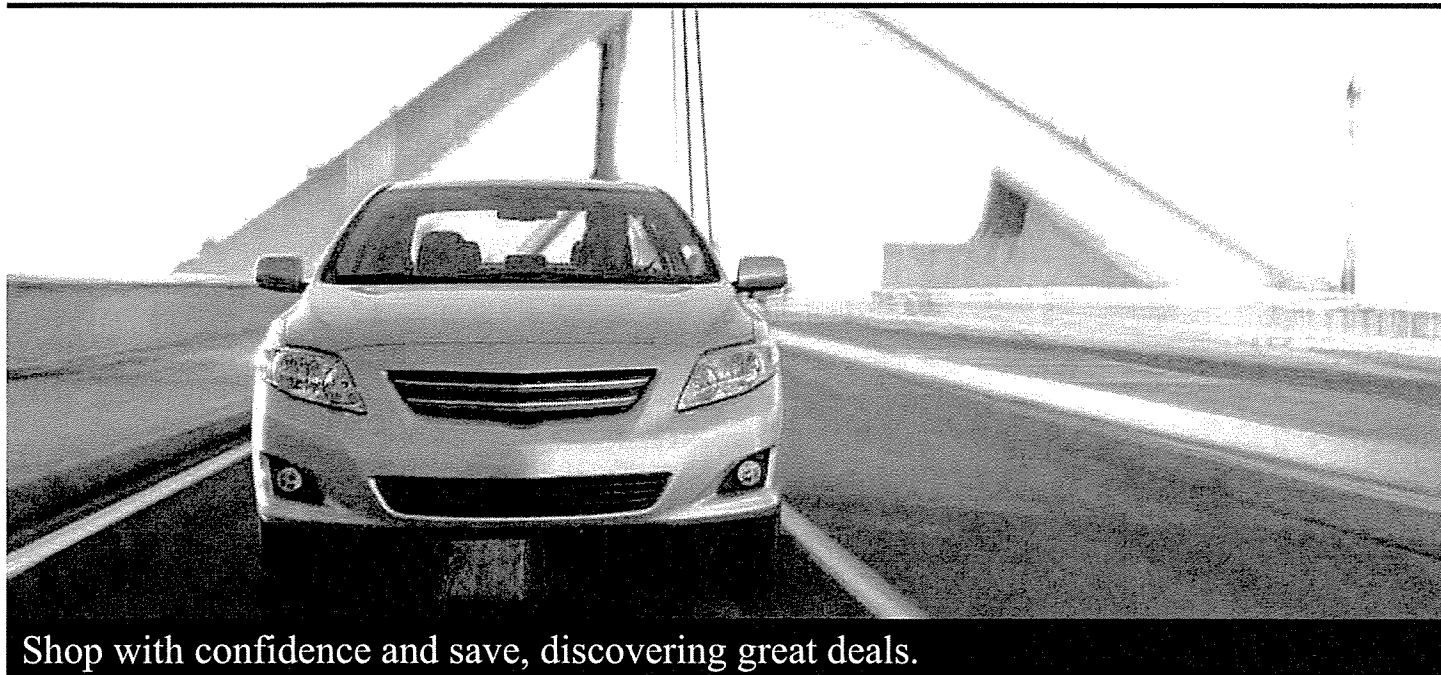
Anthony Nunez

Supplement Number :

00

Looking for a no-hassle pricing on New or Used Car?

The GEICO Car Buying Service is here to help.



Shop with confidence and save, discovering great deals.

We'll get you back on the road fast!

The GEICO Car Buying Service provides:

- TrueCar® Certified Dealers dedicated to providing a no-hassle car buying experience.
- What others paid for new vehicle in your area so you don't overpay.
- A way to easily view and compare thousands of new and used vehicles online.
- TrueCar® representatives available to help you through the entire process.

A service you can trust when you need it most

GEICO®

*Visit us today at www.geico.com/replacemycar
or call 877-638-4126*



REPORT SUMMARY



CLAIM INFORMATION

| | |
|--------------------|--|
| Owner | Nunez, Anthony 1383 Kilou St Wailuku, HI 96793 |
| Loss Vehicle | 2005 Lexus RX 330 |
| Loss Incident Date | 01/06/2020 |
| Claim Reported | 01/09/2020 |

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

Loss vehicle has 61% fewer than average mileage of 145,400.



INSURANCE INFORMATION

| | |
|-------------------------|---------------------|
| Report Reference Number | 96087592 |
| Claim Reference | 0398815660000001-01 |
| Adjuster | Pc2 Co01 |
| Appraiser | Little, Matthew |
| Odometer | 56,547 |
| Last Updated | 01/09/2020 10:44 AM |



VALUATION SUMMARY

| | |
|--------------------------------|---------------------|
| Base Vehicle Value | \$ 11,842.00 |
| Condition Adjustment | + \$ 598.00 |
| Adjusted Vehicle Value | \$ 12,440.00 |
| Value before Deductible | \$ 12,440.00 |
| Deductible* | - \$ 500.00 |

| | |
|--------------|---------------------|
| Total | \$ 11,940.00 |
|--------------|---------------------|

BASE VEHICLE VALUE

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

ADJUSTED VEHICLE VALUE

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

Adjustments indicated with an Asterisk (*) have been determined by GEICO and have been added here for convenience.

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

Inside the Report

| | |
|-------------------------------|----|
| Valuation Methodology..... | 2 |
| Vehicle Information..... | 3 |
| Vehicle Condition..... | 6 |
| Comparable Vehicles..... | 8 |
| Valuation Notes..... | 10 |
| Supplemental Information..... | 11 |

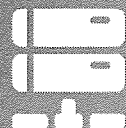
VALUATION METHODOLOGY

How was the valuation determined?



CLAIM INSPECTION

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



DATABASE REVIEW

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

SEARCH FOR COMPARABLES

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



CALCULATE BASE VEHICLE VALUE

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

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

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





VEHICLE INFORMATION

VEHICLE DETAILS

| | |
|--------------|----------------------------------|
| Location | WAILUKU, HI 96793 |
| VIN | JTJGA31U450052797 |
| Year | 2005 |
| Make | Lexus |
| Model | RX 330 |
| Body Type | Sports Utility |
| Engine - | |
| Cylinders | 6 |
| Displacement | 3.3L |
| Fuel Type | Gasoline |
| Carburation | MPI |
| Transmission | Automatic Transmission Overdrive |
| Curb Weight | 3860 lbs |

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

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

VEHICLE ALLOWANCES

| | | |
|------------------------|-------------|---------|
| Package 1: Performance | | + 432 |
| Package 2: Premium | | + 144 |
| Odometer | 56,547 | + 2,493 |
| Options | | |
| Memory Package | Package 1 | + 110 |
| CD Player | Not Present | - 48 |
| CD Changer/Stacker | Reported | + 96 |
| Xenon Headlamps | Package 1 | + 24 |
| Luggage/Roof Rack | Package 2 | + 24 |

Allowances are factors influencing the value of the loss vehicle when compared to a typical vehicle. The typical vehicle is a vehicle of the same year, make, and model as the loss vehicle, including average mileage, and all standard and predominant equipment. These allowances are displayed for illustrative purposes only.

The Base Vehicle Value is calculated from the comparable vehicles with adjustments to reflect the loss vehicle configuration

Reported* Option(s) added after initial valuation

VEHICLE HISTORY SUMMARY

| | | |
|--|--------------------------------------|------------|
| CCC VINguard® | 1 Vehicle Market History Information | 07/24/2018 |
| Experian AutoCheck | No Title Problem Found | |
| Insurance Services Organization/ National Insurance Crime Bureau | 1 Record Found | |



VEHICLE INFORMATION

VEHICLE EQUIPMENT

| | | |
|--------------------|-------------------------------|---|
| Package 1: | Performance | |
| Package 2: | Premium | |
| Odometer | 56,547 | |
| Transmission | Automatic Transmission | ✓ |
| | Overdrive | ✓ |
| Driver Convenience | Keyless Entry | ✓ |
| | Message Center | ✓ |
| | Memory Package | 📄 |
| | Power Driver Seat | ✓ |
| | Power Windows | ✓ |
| | Power Locks | ✓ |
| | Power Mirrors | ✓ |
| | Heated Mirrors | ✓ |
| | Power Trunk/Gate Release | ✓ |
| | Cruise Control | ✓ |
| | Intermittent Wipers | ✓ |
| | Tilt Wheel | ✓ |
| | Telescopic Wheel | ✓ |
| | Steering Wheel Touch Controls | ✓ |
| | Console/Storage | ✓ |
| | Overhead Console | ✓ |
| | Home Link | ✓ |
| Instrument Panel | Traction Control | ✓ |
| | Stability Control | ✓ |
| | Alarm | ✓ |
| | Air Conditioning | ✓ |
| | Climate Control | ✓ |
| | Rear Defogger | ✓ |
| Radio | Wood Interior Trim | ✓ |
| | AM Radio | ✓ |
| | FM Radio | ✓ |
| | Stereo | ✓ |

To the left is the equipment of the loss vehicle that GEICO provided to CCC.

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

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



VEHICLE INFORMATION

VEHICLE EQUIPMENT

| | | |
|-------------------|----------------------------|---|
| | Search/Seek | ✓ |
| | CD Changer/Stacker | ✗ |
| | Cassette | ✓ |
| Roof | Electric Glass Roof | ✗ |
| Safety | Air Bag (Driver Only) | ✓ |
| | Passenger Air Bag | ✓ |
| | Front Side Impact Air Bags | ✓ |
| | Head/Curtain Air Bags | ✓ |
| Paint | Clearcoat Paint | ✗ |
| Front End | Fog Lamps | ✓ |
| | Xenon Headlamps | ✗ |
| | Power Steering | ✓ |
| | Power Brakes | ✓ |
| | Anti-lock Brakes (4) | ✓ |
| Glass And Mirrors | Dual Mirrors | ✓ |
| | Privacy Glass | ✓ |
| Seats | Leather Seats | ✓ |
| | Power Passenger Seat | ✓ |
| | Captain Chairs (2) | ✗ |
| Decor | Luggage/Roof Rack | ✗ |
| | Body Side Moldings | ✗ |
| Rear End | Rear Window Wiper | ✓ |
| | Rear Spoiler | ✓ |
| Wheels | 4-wheel Disc Brakes | ✓ |
| | Aluminum/Alloy Wheels | ✓ |

VEHICLE CONDITION

COMPONENT CONDITION

| | Condition | Inspection Notes/Guidelines | Value Impact |
|------------|--------------------|--|--------------|
| Mechanical | DEALER RETAIL | Notes: MINOR DIRT Guideline: Transmission: Fluid translucent and may be slightly discolored. No seepage. Engine: Minor seepage. Belts and hoses firm, show minimal wear. Minimal dirt and grease in engine compartment. | \$ 159 |
| Tires | DEALER RETAIL | Notes: ALL TIRES 8/32 Guideline: Rear Tires: 69% to 90% of new. Example: Typical new car tires are 11/32, loss measures at 8/32 = 73% (8/11) Front Tires: 69% to 90% of new. Example: Typical new car tires are 11/32, loss measures at 8/32 = 73% (8/11) | \$ 72 |
| Paint | AVERAGE PRIVATE | Guideline: Few small deep chips and/or scratches. No significant peeling and/or flaking. Minor swirl marks. Slight Fading. | \$ 0 |
| Body | DEALER RETAIL | Notes: HOOD DING, FR. BUMPER DING Guideline: Sheet Metal: Few dings. No rust. All panels intact and properly aligned. Trim: No broken and/or missing components. No dents. Few dings. | \$ 367 |
| Glass | AVERAGE PRIVATE | Guideline: Light surface scratches and/or pitting. Few chips. | \$ 0 |
| Seats | AVERAGE PRIVATE | Guideline: Lightly soiled, faded and/or discolored. Few small tears, holes and/or burn marks. No significant bare spots. | \$ 0 |
| Carpets | AVERAGE PRIVATE | Guideline: Lightly soiled and/or stained. Few small tears, holes and/or burn marks. No significant bare spots. | \$ 0 |

GEICO uses condition inspection guidelines to determine the condition of key components of the loss vehicle prior to the loss. The guidelines describe physical characteristics for these key components, for the condition selected based upon age. Inspection Notes reflect observations from the appraiser regarding the loss vehicle's condition.

CCC makes dollar adjustments that reflect the impact the reported condition has on the value of the loss vehicle as compared to Average Private condition. These dollar adjustments are based upon interviews with dealerships across the United States.



VEHICLE CONDITION

COMPONENT CONDITION

| | Condition | Inspection Notes/Guidelines | Value Impact |
|-----------------------------|-----------|---|--------------|
| Dashboard | AVERAGE | Guideline: | \$ 0 |
| | PRIVATE | Significant scratches and/or gouges. Components damaged and/or cracked. Significant wear. | |
| Headliner | AVERAGE | Guideline: | \$ 0 |
| | PRIVATE | Few small holes and/or burn marks. Lightly scuffed. | |
| Total Condition Adjustments | | | \$ 598 |

COMPARABLE VEHICLES

| Options | Loss Vehicle | Comp 1 | Comp 2 |
|-------------------------------|--------------|---------|---------|
| Premium | ✓ | x | x |
| Performance | ✓ | x | x |
| Odometer | 56,547 | 155,801 | 101,083 |
| Automatic Transmission | ✓ | ✓ | ✓ |
| Overdrive | ✓ | ✓ | ✓ |
| Keyless Entry | ✓ | ✓ | ✓ |
| Message Center | ✓ | ✓ | ✓ |
| Memory Package | ✓ | x | x |
| Power Driver Seat | ✓ | ✓ | ✓ |
| Power Windows | ✓ | ✓ | ✓ |
| Power Locks | ✓ | ✓ | ✓ |
| Power Mirrors | ✓ | ✓ | ✓ |
| Heated Mirrors | ✓ | ✓ | ✓ |
| Power Trunk/Gate Release | ✓ | ✓ | ✓ |
| Cruise Control | ✓ | ✓ | ✓ |
| Intermittent Wipers | ✓ | ✓ | ✓ |
| Tilt Wheel | ✓ | ✓ | ✓ |
| Telescopic Wheel | ✓ | ✓ | ✓ |
| Steering Wheel Touch Controls | ✓ | ✓ | ✓ |
| Console/Storage | ✓ | ✓ | ✓ |
| Overhead Console | ✓ | ✓ | ✓ |
| Home Link | ✓ | ✓ | ✓ |
| Traction Control | ✓ | ✓ | ✓ |
| Stability Control | ✓ | ✓ | ✓ |
| Alarm | ✓ | ✓ | ✓ |
| Air Conditioning | ✓ | ✓ | ✓ |
| Climate Control | ✓ | ✓ | ✓ |
| Rear Defogger | ✓ | ✓ | ✓ |
| Wood Interior Trim | ✓ | ✓ | ✓ |
| AM Radio | ✓ | ✓ | ✓ |
| FM Radio | ✓ | ✓ | ✓ |
| Stereo | ✓ | ✓ | ✓ |
| Search/Seek | ✓ | ✓ | ✓ |
| CD Player | x | ✓ | ✓ |
| CD Changer/Stacker | ✓ | x | x |
| Cassette | ✓ | ✓ | ✓ |
| Electric Glass Roof | ✓ | ✓ | x |
| Drivers Side Air Bag | ✓ | ✓ | ✓ |
| Passenger Air Bag | ✓ | ✓ | ✓ |
| Front Side Impact Air Bags | ✓ | ✓ | ✓ |

Comp 1 Updated Date: 09/30/2019

2005 Lexus Rx 330 6 3.3l Gasoline Mpi

VIN JTJGA31U250053379

Dealership Bmw Of Honolulu

Telephone (808) 597-1225

Source Dealer Ad

Stock # U23390

Distance from Wailuku, HI

91 Miles - Honolulu, HI

Comp 2 Updated Date: 10/11/2019

2006 Lexus Rx 330 6 3.3l Gasoline Mpi

VIN JTJGA31U660063270

Dealership Excellent Motor Group

Telephone (808) 946-8899

Source Dealer Ad

Stock # 063270

Distance from Wailuku, HI

92 Miles - Honolulu, HI

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

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

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

¹The **Condition Adjustment** sets that comparable vehicle to Average Private condition, which the loss vehicle is also compared to in the Vehicle Condition section.

COMPARABLE VEHICLES

| Options | Loss Vehicle | Comp 1 | Comp 2 |
|----------------------------------|--------------|------------------|------------------|
| Head/Curtain Air Bags | ✓ | ✓ | ✓ |
| Clearcoat Paint | ✓ | x | x |
| Fog Lamps | ✓ | ✓ | ✓ |
| Xenon Headlamps | ✓ | x | x |
| Power Steering | ✓ | ✓ | ✓ |
| Power Brakes | ✓ | ✓ | ✓ |
| Anti-lock Brakes (4) | ✓ | ✓ | ✓ |
| Dual Mirrors | ✓ | ✓ | ✓ |
| Privacy Glass | ✓ | ✓ | ✓ |
| Cloth Seats | x | ✓ | x |
| Leather Seats | ✓ | x | ✓ |
| Bucket Seats | x | ✓ | ✓ |
| Power Passenger Seat | ✓ | ✓ | ✓ |
| Captain Chairs (2) | ✓ | x | x |
| Luggage/Roof Rack | ✓ | x | x |
| Body Side Moldings | ✓ | ✓ | x |
| Rear Window Wiper | ✓ | ✓ | ✓ |
| Rear Spoiler | ✓ | ✓ | ✓ |
| 4-wheel Disc Brakes | ✓ | ✓ | ✓ |
| Aluminum/Alloy Wheels | ✓ | ✓ | ✓ |
| List Price | | \$ 8,495 | \$ 10,995 |
| Adjustments: | | | |
| Package | | + \$ 576 | + \$ 576 |
| Make/Model/Trim | | | - \$ 75 |
| Options | | + \$ 398 | + \$ 206 |
| Mileage | | + \$ 3,000 | + \$ 1,324 |
| Condition ¹ | | - \$ 822 | - \$ 822 |
| Adjusted Comparable Value | | \$ 11,647 | \$ 12,204 |



VALUATION NOTES

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

Statutes concerning vehicle value
include HRS 431:10C

SUPPLEMENTAL INFORMATION

**CARRIER INFORMATION**

Prepared for: GEICO

Web: Get back on the road fast!

GEICO offers an easy-to-use service designed to help you save time and money.

Simply visit www.geico.com/replaceyourcar today or call

(877)-638-4119 to get started!!

**VEHICLE HISTORY INFORMATION**

VINGuard®

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

ISO Vehicle History:

| | |
|---|------------------|
| Number of times reported to ISO: | 1 |
| ISO's file number: | H0298166983 |
| Loss date: | 01/06/2020 |
| Phone: | 8008413000 |
| Claim ref: | 0398815660000001 |

Vehicle Market History Information:

This vehicle was reported to CCC on 07/24/2018 Mileage: 42293

Location: Dealer Advertised in FALLBROOK, CA

SUPPLEMENTAL INFORMATION



EXPERIAN® AUTOCHECK® VEHICLE HISTORY REPORT

CCC provides GEICO information reported by Experian regarding the **2005 Lexus RX 330 (JTJGA31U450052797)**. This data is provided for informational purposes. Unless otherwise noted in this Valuation Detail, CCC does not adjust the value of the loss vehicle based upon this information.

LEGEND :

- ✓ No Event Found
- ⊖ Event Found
- ⓘ Information Needed

TITLE CHECK

THIS VEHICLE CHECKS OUT

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

EVENT CHECK

THIS VEHICLE CHECKS OUT

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

VEHICLE INFORMATION

THIS VEHICLE CHECKS OUT

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

ODOMETER CHECK

THIS VEHICLE CHECKS OUT

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

TITLE CHECK

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

EVENT CHECK

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

VEHICLE INFORMATION

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

SUPPLEMENTAL INFORMATION



FULL HISTORY REPORT RUN DATE: 01/09/2020

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

| EVENT DATE | RESULTS FOUND | ODOMETER READING | DATA SOURCE | EVENT DETAIL |
|------------|--------------------------|------------------|---------------------|--|
| 01/04/2005 | CA | | Independent Source | VEHICLE MANUFACTURED AND SHIPPED TO DEALER |
| 01/26/2005 | CA | 10 | Motor Vehicle Dept. | ODOMETER READING FROM DMV |
| 02/17/2005 | SANTA MONICA, CA | | Motor Vehicle Dept. | REGISTRATION EVENT/ RENEWAL |
| 03/02/2005 | SANTA MONICA, CA | | Motor Vehicle Dept. | TITLE (Lien Reported) |
| 11/06/2006 | CA | 20095 | Motor Vehicle Dept. | ODOMETER READING FROM DMV |
| 12/12/2006 | LOS ANGELES, CA | | Motor Vehicle Dept. | REGISTRATION EVENT/ RENEWAL |
| 12/23/2006 | LOS ANGELES, CA | | Motor Vehicle Dept. | TITLE |
| 01/28/2008 | LOS ANGELES, CA | | Motor Vehicle Dept. | REGISTRATION EVENT/ RENEWAL |
| 01/21/2011 | CA | 30680 | State Agency | PASSED EMISSION INSPECTION |
| 01/11/2013 | CA | 34329 | State Agency | PASSED EMISSION INSPECTION |
| 01/19/2015 | LOS ANGELES, CA | 36541 | State Agency | PASSED EMISSION INSPECTION |
| 12/21/2016 | CA | 39522 | Motor Vehicle Dept. | PASSED EMISSION INSPECTION |
| 10/31/2017 | LOS ANGELES, CA | | Motor Vehicle Dept. | REGISTRATION EVENT/ RENEWAL |
| 07/02/2018 | DESERT SOUTHWEST REGION, | 42293 | Auto Auction | REPORTED AT AUTO AUCTION AS DEALER |
| 07/19/2018 | CA | 42354 | Motor Vehicle Dept. | VEHICLE PASSED EMISSION INSPECTION |
| 10/16/2018 | FALLBROOK, CA | | Motor Vehicle Dept. | TITLE (Lien Reported) |
| 10/16/2018 | FALLBROOK, CA | | Motor Vehicle Dept. | REGISTRATION EVENT/ RENEWAL |
| 06/18/2019 | HI | 63100 | Motor Vehicle Dept. | TITLE |
| 06/18/2019 | KIHEI, HI | | Motor Vehicle Dept. | REGISTRATION EVENT/ RENEWAL |

AUTOCHECK TERMS AND CONDITIONS:

SUPPLEMENTAL INFORMATION

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

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

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

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

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

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 1 of 9 DOT-1-174A (HWY-T) Rev. 06/08

Report Number. 20-000699

| | | | | | | | | | | | | | | | |
|--|--|--|--|-----------------------------|--|--|--|---------------------|----------------------|----------------------------|--|----------------------------|--|--|--|
| (1) Crime Code | | (2) County | | (3) District | | (4) Beat | | (5) Watch | | (6) Date/Time/Say Reported | | (7) Date/Time/Day Reported | | | |
| | | MAU | | 1 | | 10 | | 2 | | 01/06/2020 | | 08:54 MO | | | |
| (8) Report Type | | (9) Total Involved | | | | (10) Number Of | | (11) Tow | | (12) Hit & Run | | (13) Fire | | | |
| | | | | | | | | | | | | | | | |
| ● Major (01) | | MV | | MC | | MOP | | BC | | PED | | WITN | | | |
| ○ Minor (02) | | 2 | | 0 | | 0 | | 0 | | 0 | | 0 | | | |
| | | ● No (01) | | ● No (01) | | ● No (01) | | ● No (01) | | ● No (01) | | ● None (00) | | | |
| | | ○ Yes (02) | | ○ Yes (02) | | ○ Yes (02) | | ○ Yes (02) | | ○ Yes (02) | | ○ Tunnel (02) | | | |
| | | | | | | | | | | | | ○ Bridge (01) | | | |
| | | | | | | | | | | | | ○ Ramp (03) | | | |
| (15) Times Police | | (18) Weather Conditions (Select up to 2) | | | | | | (19) Light/Lighting | | | | | | | |
| Sent | | Arrive | | | | | | | | | | | | | |
| 09:37 | | 09:43 | | | | | | | | | | | | | |
| (17) Times EMS | | | | | | | | | | | | | | | |
| Sent | | Arrive | | | | | | | | | | | | | |
| : | | : | | | | | | | | | | | | | |
| (20) Location | | | | (21) Traffic Level | | (22) Trafficway Description | | | | (23) GPS Location | | | | | |
| ● School (01) | | | | ● Light (01) | | ● 2-Way Undivided (01) | | | | Latitude | | | | | |
| ○ Recreational (05) | | | | ○ Medium (02) | | ○ 2-Way, Divided, Median Barrier (04) | | | | 00:00:00.0000 | | | | | |
| ○ Business (02) | | | | ○ Heavy (03) | | ○ 2-Way, Undivided with Cont., Left Turn Lane (02) | | | | Longitude | | | | | |
| ● Residential (03) | | | | | | ○ 2-Way, Divided, Unprotected Median (03) | | | | 000:00:00.0000 | | | | | |
| ○ Industrial (04) | | | | | | | | | | | | | | | |
| ○ Farm/Fields (06) | | | | | | | | | | | | | | | |
| ○ No Development (07) | | | | | | | | | | | | | | | |
| ○ Other (08) | | | | | | | | | | | | | | | |
| (24) Name of Street or Highway | | | | | | (25) City/Town | | | (26) Work Zone | | | | | | |
| KILOU ST | | | | | | WAIEHU | | | ● No (01) ○ Yes (02) | | | | | | |
| (27) Route No. | | (28) Mile Post Marker | | (29) Distance and Direction | | (30) Refer (Mile Marker, Intersection, Etc.) | | | | | | | | | |
| | | | | AT (10 FT SOUTH OF) | | LP #47 (1383 KILOU STREET) | | | | | | | | | |
| (31A) Location of First Harmful Event | | | | | | (31B) Action | | | | | | | | | |
| Intersection | | | | | | Non-Collision | | | | | | | | | |
| 01 Intersection Area | | | | | | 01 Overturn/Rollover on Roadway | | | | | | | | | |
| 02 Driveway Access | | | | | | 02 Overturn/Rollover off Roadway | | | | | | | | | |
| On Roadway - Not at Intersection | | | | | | 03 Submersion | | | | | | | | | |
| 10 Left or Inner Lane | | | | | | 04 Fire/Explosion | | | | | | | | | |
| 11 Right or Outer Lane | | | | | | 05 Jackknife | | | | | | | | | |
| 12 Other Main Lane | | | | | | 06 Ran off Roadway | | | | | | | | | |
| 13 Merge/Transition Lane | | | | | | 07 Cargo/Equipment Loss or Shift | | | | | | | | | |
| 14 Acceleration Lane | | | | | | 08 Fell/Jumped from Motor Vehicle | | | | | | | | | |
| 15 Deceleration Lane | | | | | | 09 Downhill Runaway | | | | | | | | | |
| 16 Left Turn Lane | | | | | | 10 Separation of Units | | | | | | | | | |
| 17 Right Turn Lane | | | | | | 11 Cross Median/Centerline | | | | | | | | | |
| 18 Bikeway | | | | | | 12 Equipment Failure | | | | | | | | | |
| 19 Bus/HOV/Zipper Lane | | | | | | 13 Thrown or Falling Objects | | | | | | | | | |
| Off Roadway | | | | | | 14 Other Non-Collision (Specify in the Synopsis Block) | | | | | | | | | |
| 20 Left Shoulder | | | | | | Collision with Object/Animal | | | | | | | | | |
| 21 Right Shoulder | | | | | | 20 Overhead Cables | | | | | | | | | |
| 22 Left Roadside | | | | | | 21 Guardrail Face | | | | | | | | | |
| 23 Right Roadside | | | | | | 22 Guardrail End | | | | | | | | | |
| 24 Median | | | | | | 23 Culvert | | | | | | | | | |
| 11 Enter the Location of the FIRST HARMFUL EVENT (31A) | | | | | | 24 Ditch | | | | | | | | | |
| | | | | | | 25 Bridge Overhead Structure | | | | | | | | | |
| | | | | | | 26 Bridge Pier or Support | | | | | | | | | |
| | | | | | | 27 Bridge Rail | | | | | | | | | |
| | | | | | | 28 Building | | | | | | | | | |
| | | | | | | 29 Tunnel | | | | | | | | | |
| | | | | | | Collision with Object/Animal (Cont.) | | | | | | | | | |
| | | | | | | 30 Curb | | | | | | | | | |
| | | | | | | 31 Embankment/Retaining Wall | | | | | | | | | |
| | | | | | | 32 Fence | | | | | | | | | |
| | | | | | | 33 Utility Pole/Light Support | | | | | | | | | |
| | | | | | | 34 Traffic Signal/Sign Post | | | | | | | | | |
| | | | | | | 35 Other Post/Pole/Support | | | | | | | | | |
| | | | | | | 36 Impact Attenuator/Crash Cushion | | | | | | | | | |
| | | | | | | 37 Concrete Traffic Barrier | | | | | | | | | |
| | | | | | | 38 Other Traffic Barrier | | | | | | | | | |
| | | | | | | 39 Tree (Standing) | | | | | | | | | |
| | | | | | | 40 Hydrant | | | | | | | | | |
| | | | | | | 41 Mailbox | | | | | | | | | |
| | | | | | | 42 Animal | | | | | | | | | |
| | | | | | | 43 Other (Specify in the Synopsis Block) | | | | | | | | | |
| | | | | | | Collision with Person | | | | | | | | | |
| | | | | | | 50 Unknown | | | | | | | | | |
| | | | | | | 51 Crossing in Crosswalk | | | | | | | | | |
| | | | | | | 52 Crossing Outside Crosswalk | | | | | | | | | |
| | | | | | | 53 Crossing no Crosswalk | | | | | | | | | |
| | | | | | | 54 Daring Out | | | | | | | | | |
| | | | | | | 55 Walking in Roadway | | | | | | | | | |
| | | | | | | 56 Playing/Exercising in Roadway | | | | | | | | | |
| | | | | | | 57 Directing Traffic | | | | | | | | | |
| | | | | | | 58 Pushing/Working on Vehicle | | | | | | | | | |
| | | | | | | 59 Getting On/Off Vehicle | | | | | | | | | |
| | | | | | | 60 Roadwork | | | | | | | | | |
| | | | | | | 61 Other (Specify in Synopsis Block) | | | | | | | | | |
| | | | | | | Collision with Bicycle or Moped | | | | | | | | | |
| | | | | | | 70 Unknown | | | | | | | | | |
| | | | | | | 71 Riding in Bikeway | | | | | | | | | |
| | | | | | | 72 Riding Outside of Bikeway | | | | | | | | | |
| | | | | | | 73 Riding in Road/No Bikeway | | | | | | | | | |
| | | | | | | 74 Riding off Roadway | | | | | | | | | |
| | | | | | | 75 Crossing Roadway | | | | | | | | | |
| | | | | | | 76 Fell In/On Roadway | | | | | | | | | |
| | | | | | | 77 Other (Specify in Synopsis Block) | | | | | | | | | |
| | | | | | | Collision with MV in Transport (Except Moped) | | | | | | | | | |
| | | | | | | 80 Head On | | | | | | | | | |
| | | | | | | 81 Rear End | | | | | | | | | |
| | | | | | | 82 Sideswipe - Same Direction | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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 20-000699

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------|--|---|--|--|--|---|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|
| (32) Unit No. 01 | | (33) No. of Occ. 1 | | UNIT INFORMATION | | | | | | | | | | | | | | | | | | | |
| (34) Unit Class | | | | | | | | | | | | (35) Race | | | | | | | | | | | |
| <input type="radio"/> Passenger Car (01) <input type="radio"/> Passenger Van (02) <input type="radio"/> Pickup Truck (03) <input type="radio"/> SUV/MPV (04) <input type="radio"/> Cargo Van < 10,001 lbs (05) <input type="radio"/> Other Truck < 10,001 lbs (06) <input checked="" type="radio"/> Truck > 10,000 lbs (07) <input type="radio"/> Transit Bus (08) | | | | <input type="radio"/> School Bus (09) <input type="radio"/> Other Bus (10) <input type="radio"/> Motorcycle (11) <input type="radio"/> Motor Scooter (12) <input type="radio"/> Moped (13) <input type="radio"/> Bicycle (14) <input type="radio"/> Pedestrian (15) <input type="radio"/> Maint/Construct Equipment (16) | | | | <input type="radio"/> Farm Vehicle/Equipment (17) <input type="radio"/> Motor Coach (18) <input type="radio"/> Motor Home (19) <input type="radio"/> Recreational Vehicle (20) <input type="radio"/> Other (21) <input type="radio"/> Unknown (22) | | | | <input type="radio"/> White (01) <input type="radio"/> Black (02) <input type="radio"/> American Indian (03) <input type="radio"/> Chinese (04) <input checked="" type="radio"/> Japanese (05) <input type="radio"/> Korean (06) <input type="radio"/> Puerto Rican (07) | | | | <input type="radio"/> Hawaiian (08) <input type="radio"/> Samoan (09) <input type="radio"/> Tongan (10) <input type="radio"/> Vietnamese (11) <input type="radio"/> Filipino (12) <input type="radio"/> Unknown (13) <input type="radio"/> Other (14) | | | | | | | |
| (36) Last Name MATSUMOTO | | | | (37) First Name SCOTT | | | | (38) MI KAZUO | | (39) Sex <input checked="" type="radio"/> M (01) <input type="radio"/> F (02) | | (40) DOB 03/22/1971 | | | | | | | | | | | |
| (41) Street No. 3263 | | | | (42) Street Name KIHAPAI | | | | (43) St. Pl., Blvd., Etc. PL | | | | (44) Apt/Suite Number | | | | | | | | | | | |
| (45) City PUKALANI | | | | (46) State HI | | | | (47) Zip Code 96768 | | (48) Home Phone Number (808) 357-3840 | | | | | | | | | | | | | |
| (49) Occupation | | | | | | | | (50) Employer/Company Name | | | | | | | | | | | | | | | |
| <input type="radio"/> Unemployed (00) <input type="radio"/> U.S. Army (01) <input type="radio"/> U.S. Navy (02) <input type="radio"/> U.S. Air Force (03) <input type="radio"/> U.S. Marines (04) <input type="radio"/> U.S. Coast Guard (05) <input type="radio"/> Other Military (06) | | | | | | | | <input type="radio"/> Fed Govt. Civ. (07) <input type="radio"/> State Govt (08) <input checked="" type="radio"/> County Govt (09) <input type="radio"/> Foreign Govt/Civ. (10) <input type="radio"/> Retired (11) <input type="radio"/> Student - Elem (12) <input type="radio"/> Student - Inter. (13) | | | | <input type="radio"/> Student - H.S. (14) <input type="radio"/> Student - Col (15) <input type="radio"/> U.S. Tourist (16) <input type="radio"/> Foreign Tourist (17) <input type="radio"/> Police Officer (18) <input type="radio"/> Other (19) <input type="radio"/> Not Stated (20) | | | | COUNTY OF MAUI (51) Work Phone Number (808) 270-7446 (52) Other Phone/Pager Number (808) 866-0821 (53) Driver's License Number H00124572 (54) St./Juris. HI (55) Class A (56) Restrict. K (57) Endorse. N (58) CDL Type <input type="radio"/> Non-CDL (01) <input type="radio"/> Non-CDL/Restricted (02) <input checked="" type="radio"/> CDL (03) | | | | | | | |
| (85) SFST GIVEN <input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | | | | | (86) SFST RESULTS <input type="radio"/> Passed (01) <input type="radio"/> Failed (02) <input checked="" type="radio"/> Does Not Apply (03) | | | | | | | | | | | | | | | |
| (87) Alcohol Test Results | | | | | | | | | | | | (60) Insurance Policy Number RN 85-2-34 | | | | | | | | | | | |
| (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) | | | | (61) Exp. Date 10/04/2020 | | | | | | | | | | | |
| (88) Drug Test Results | | | | | | | | | | | | (62) Insurance Carrier SELF INSURED | | | | | | | | | | | |
| (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) | | | | (63) Registered Owner Name DEPARTMENT OF ENVIRONMENTAL MGMT | | | | | | | | | | | |
| (64) Phone Number (808) 270-7112 | | | | (65) Str. No. 200 | | | | (66) Street Name S HIGH | | | | (67) St. Pl. ST | | | | | | | | | | | |
| (68) City WAILUKU | | | | (69) State HI | | | | (70) Zip Code 96793 | | | | (71) License Plate No. COFM2438 | | | | | | | | | | | |
| (72) Vehicle Body Type | | | | (73) Vehicle Year 2012 | | | | (74) Veh. Color (Top/Bottom) WHI WHI | | | | (75) Vehicle Make WHI | | | | | | | | | | | |
| <input type="radio"/> 2-DSD (01) <input type="radio"/> 4-DSD (02) <input type="radio"/> 2-DCV (03) | | | | <input type="radio"/> 2-DSW (04) <input type="radio"/> 4-DSW (05) <input type="radio"/> P/U Truck (06) | | | | <input type="radio"/> SUV/MPV (07) <input type="radio"/> Van (08) <input type="radio"/> Truck (09) | | | | <input type="radio"/> Bus (10) <input type="radio"/> PCMC (11) <input type="radio"/> M-Scooter (12) | | | | | | | | | | | |
| <input type="radio"/> Moped (13) <input type="radio"/> Bicycle (14) <input type="radio"/> Other (15) | | | | (76) Vehicle Model | | | | (77) Lic. Plate No. COFM2438 | | | | (78) Trailer Plate NONE | | | | | | | | | | | |
| (79) Lic. Plate St. HI | | | | (80) Vehicle VIN Number 5 V C A C R 6 F 3 C H 2 1 3 9 4 8 | | | | (81) Emer. Veh. In Use <input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | (82) Vehicle Stolen <input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | | | | | | | | |
| (83) Special Use | | | | | | | | | | | | (84) Trailer/Cargo Type | | | | | | | | | | | |
| <input type="radio"/> None (00) <input type="radio"/> Driver Trng (01) <input type="radio"/> Construction/Maintenance (02) <input type="radio"/> Taxi (03) | | | | <input type="radio"/> Fire Truck (04) <input type="radio"/> Tow Truck (05) <input type="radio"/> Ambulance (06) <input type="radio"/> Police-On Duty (07) | | | | <input type="radio"/> Police-Off Duty (08) <input type="radio"/> Military (09) <input type="radio"/> Government (10) <input type="radio"/> Farm Use (11) | | | | <input type="radio"/> U-Drive (12) <input type="radio"/> School Bus (13) <input type="radio"/> Other Bus (14) <input checked="" type="radio"/> Other (15) | | | | | | | | | | | |
| <input type="radio"/> None (00) <input type="radio"/> Boat (01) <input type="radio"/> Flatbed (02) <input type="radio"/> Horse (03) | | | | <input type="radio"/> Livestock (04) <input type="radio"/> House (05) <input type="radio"/> Van/Encl. Box (06) <input checked="" type="radio"/> Dump (07) | | | | <input type="radio"/> Veh Tow Veh. (08) <input type="radio"/> Other (09) <input type="radio"/> N/A (10) | | | | | | | | | | | | | | | |

Officer's Initials AJK

Supervisor's Initials TKM

05 11 20

Page 3 of 9
DOT-1-174C (HWY-T) Rev 06/08

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number. 20-000699

| UNIT INFORMATION (Cont.) | | | | | |
|---|--|--|--|--|--|
| Unit No. 01 | | | | | |
| (59) Citations | | (90) Est. Damages | (91) Extent of Damage | | (92) Is this a CMV or Other QUALIFYING Vehicle? |
| Citation Number | Offense Code (H.R.S./R.O. Section No.) | <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02) | <input type="radio"/> None (00) <input type="radio"/> Functional (02) <input type="radio"/> Minor (01) <input type="radio"/> Disabling (03) | | <input type="radio"/> No (01) <input type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT |
| | | (95A) Object (1) Struck/Damage Description | | (96A) Object (2) Struck/Damage Description | |
| | | (95B) (Object 1) Owner's Name | | (96B) (Object 2) Owner's Name | |
| | | (95C) (Object 1) Owner's Phone Number | | (96C) (Object 2) Owner's Phone Number | |
| | | (95D) Estimated Damages to Object 1 | | (96D) Estimated Damages to Object 2 | |
| | | <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02) | | <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02) | |
| (93) Using the Diagram to the Right, Indicate Initial Impact Point in block below. | | | | | |
| | | | | | |
| Circle Damaged Areas | | | | | |
| (94) Direction | | | | | |
| From 8 To 4 | | | | | |
| (97) Motor Vehicle Maneuver/Action | | (98) Reason for Maneuver | | (99) Traffic Control Device Type | |
| <input type="radio"/> Straight Ahead (01) <input type="radio"/> Parking (07) <input type="radio"/> Turning Left (14) <input type="radio"/> Changing Lanes (02) <input type="radio"/> Parked (08) <input type="radio"/> U-Turn (15) <input 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) | | <input type="radio"/> Intended Maneuver (01) <input type="radio"/> Avoid Pedestrian (05) <input type="radio"/> Traffic Controls (02) <input type="radio"/> Avoid Bicycle (06) <input type="radio"/> Mechanical Failure (03) <input type="radio"/> Avoid Obj./Animal (07) <input type="radio"/> Avoid Other Vehicle (04) <input type="radio"/> Avoid Prior MVA (08) <input type="radio"/> Other (09) | | <input type="radio"/> No Controls (00) <input type="radio"/> School Zone Sign/Device (07) <input type="radio"/> Traffic Signal (01) <input type="radio"/> Warning Sign (08) <input type="radio"/> Stop Sign (02) <input type="radio"/> Railway X-ing Device (09) <input type="radio"/> Yield Sign (03) <input type="radio"/> Flashing Red (04) <input type="radio"/> Flashing Amber (05) <input type="radio"/> Other (10) <input type="radio"/> Person (06) | |
| (100) Traffic Control Condition | | (101) Guidance/Pavement Markings | | (102) Delineator Present | |
| <input 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) | | Left Right <input type="radio"/> None (00) <input type="radio"/> No Passing, Yellow (06) <input type="radio"/> Solid Yellow (01) <input type="radio"/> Curb/Median, Etc (07) <input type="radio"/> Skip-Dash Yellow (02) <input type="radio"/> Bikeway Marking (08) <input type="radio"/> Solid White (03) <input type="radio"/> Crosswalk Marking (09) <input type="radio"/> Skip-Dash White (04) <input type="radio"/> Turn Lane (10) <input type="radio"/> Solid Double Yellow (05) | | <input type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Left (02) <input type="radio"/> Both Sides (03) | |
| (103) Bikeway | | | | | |
| <input type="radio"/> None (00) <input type="radio"/> Bike Route [Signed] (01) <input type="radio"/> Bike Lane Strips (02) <input type="radio"/> Separate Path/Lane (03) | | | | | |
| (104) Vehicle Factors (Select Up to 2) | | (105) Vision Obstruction (Select up to 2) | | (106) Human Factors (Select up to 2) | |
| <input type="radio"/> None (00) <input type="radio"/> Suspension (08) <input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09) <input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10) <input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11) <input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12) <input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13) <input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14) <input type="radio"/> Steering (07) <input type="radio"/> Other (15) | | <input type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05) | | <input type="radio"/> None (00) <input type="radio"/> Illness (06) <input type="radio"/> Inattention (01) <input type="radio"/> Legal Mads (07) <input type="radio"/> Misjudgment (02) <input type="radio"/> Emotional (08) <input type="radio"/> Fatigue (03) <input type="radio"/> Phys. Impaired (09) <input type="radio"/> Alcohol (04) <input type="radio"/> Other (10) <input type="radio"/> Illegal Drugs (05) | |
| (107) Driver Distracted By | | | | | |
| <input type="radio"/> Not Distracted (00) <input type="radio"/> Cellular Phone (01) <input type="radio"/> Other Elect Comm Device (02) <input type="radio"/> Other Electronic Device (03) <input type="radio"/> Other Inside Vehicle (04) <input type="radio"/> Other Outside Vehicle (05) <input type="radio"/> Other Occupant (06) | | | | | |
| (108) Other Factors (Select up to 4) | | (109) Roadway Comp. | | (110) Roadway Surface | |
| <input 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"/> Inattention [Talking, Etc.] (22) <input type="radio"/> Disregard Other Traffic Control Device (05) <input type="radio"/> Improper Turn (11) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> Clothing not Visible (24) | | <input type="radio"/> Concrete (01) <input type="radio"/> Asphalt (02) <input type="radio"/> Gravel (03) <input type="radio"/> Dirt (04) <input type="radio"/> Other (05) | | <input type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Debris (04) <input type="radio"/> Sand (10) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06) | |
| (111) Other Roadway Conditions | | (112) Roadway Alignment (Horizontal) | | (113) Roadway Alignment (Vertical) | |
| <input type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06) <input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08) | | <input type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03) | | <input type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Uphill (03) | |
| Officer's Rank and Name | | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number |
| PO2 KAHOOHANOHANO, ANGELA | | 13865 | 1/7/20 10:11 | SGTRD MEDEIROS, TANYA K | 10989 |
| | | | | | Date/Time |
| | | | | | 1/7/20 10:48 |

420000303988156600000100114*

05 11 20

Page 9 of 9
DOT-1-174B (HWY-T) Rev 08/08

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number 20-000699

| | | | | | | | |
|---|--|--|--|---|---|--|----------|
| (32) Unit No. 02 | | (33) No. of Occ. 0 | | 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"/> 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 checked="" type="radio"/> SUV/MPV (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 | | (40) DOB |
| | | | | | <input type="radio"/> M (01) <input type="radio"/> F (02) | | |
| (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 - HS (14) <input type="radio"/> U.S. Army (01) <input type="radio"/> State Govt (08) <input type="radio"/> Student - Coll (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"/> Denied (04) <input type="radio"/> Provisional (08) | | | |
| (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) | | 4590-32-38-89 04/23/2020 GEICO INS | | | |
| (87) Alcohol Test Results | | | | (63) Registered Owner Name (64) Phone Number | | | |
| (87A) Status | | (87B) Type | | (87C) Results | | NUNEZ, VANESSA | |
| <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) | | | |
| (88) Drug Test Results | | | | (65) Str. No. (66) Street Name (67) St., Pl. (68) Sta.# | | | |
| (88A) Status | | (88B) Type | | (88C) Results | | 1383 KILOU ST | |
| <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) | | (69) City (70) State (71) Zip Code | |
| | | | | | | WAIEHU HI 96793 | |
| (72) Vehicle Body Type | | | | (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. | | | |
| <input type="radio"/> 2-DSD (01) <input type="radio"/> 2-DSW (04) <input checked="" type="radio"/> SUV/MPV (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"/> PU Truck (06) <input type="radio"/> Truck (09) <input type="radio"/> M-Scooter (12) <input type="radio"/> Other (15) | | | | 0 LBL LBL LEXUS LJUS04 | | | |
| (80) Vehicle VIN Number | | | | (81) Emer. Veh. In Use (82) Vehicle Stolen | | | |
| J T J G A 3 1 U 4 S 0 0 5 2 7 9 7 | | | | <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/Endl. Box (06) <input type="radio"/> N/A (10) <input type="radio"/> Horse (03) <input type="radio"/> Dump (07) | | | |

Officer's Initials. AJK

Supervisor's Initials TKM

05 11 20

Page 5 of 9
DOT-1-174C (HWY-1) Rev 08/08

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number. 20-000699

Unit No. 4
02

UNIT INFORMATION (Cont.)

| | | | | | |
|--|--|---|---|--|--|
| (89) Citations | | (90) Est. Damages | (91) Extent of Damage | | (92) Is this a CMV or Other QUALIFYING Vehicle? |
| Citation Number | Offense Code (H.R.S./R.O. Section No.) | <input type="radio"/> \$3,000 or Greater (01) | <input type="radio"/> None (00) | <input type="radio"/> Functional (02) | <input type="radio"/> No (01) <input type="radio"/> Yes (02) |
| | | <input checked="" type="radio"/> Less than \$3,000 (02) | <input checked="" type="radio"/> Minor (01) | <input type="radio"/> Disabling (03) | If yes, go to CMV SUPPLEMENT |
| | | (95A) Object (1) Struck/Damage Description | (96A) Object (2) Struck/Damage Description | | |
| | | (95B) Object (1) Owner's Name | (96B) Object (2) Owner's Name | | |
| | | (95C) Object (1) Owner's Phone Number | (96C) Object (2) Owner's Phone Number | | |
| | | (95D) Estimated Damages to Object 1 | (96D) Estimated Damages to Object 2 | | |
| | | <input type="radio"/> \$3,000 or Greater (01) | <input type="radio"/> \$3,000 or Greater (01) | | |
| | | <input type="radio"/> Less than \$3,000 (02) | <input type="radio"/> Less than \$3,000 (02) | | |
| (93) Using the Diagram to the Right, Indicate Initial Impact Point in block below | | (94) Direction From: To: | | | |
| | | 4 4 | | | |
| Circle Damaged Areas | | (97) Motor Vehicle Maneuver/Action | | (98) Reason for Maneuver | |
| | | <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) | | <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 Pnor MVA (08) <input type="radio"/> Other (09) | |
| | | (99) Traffic Control Device Type | | | |
| | | <input 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) | | | |
| (100) Traffic Control Condition | | (101) Guidance/Pavement Markings | | (102) Delinicator Present | |
| <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) | | Lt Rt <input type="radio"/> None (00) <input checked="" type="radio"/> No Passing, Yellow (06) <input type="radio"/> Solid Yellow (01) <input type="radio"/> Curb/Median, Etc. (07) <input type="radio"/> Skip-Dash Yellow (02) <input type="radio"/> Bikeway Marking (08) <input type="radio"/> Solid White (03) <input type="radio"/> Crosswalk Marking (09) <input type="radio"/> Skip-Dash White (04) <input type="radio"/> Turn Lane (10) <input type="radio"/> Solid Double Yellow (05) | | <input checked="" type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Left (02) <input type="radio"/> Both Sides (03) | |
| (103) Bikeway | | (104) Vehicle Factors (Select Up to 2) | | (105) Vision Obstruction (Select up to 2) | |
| <input checked="" type="radio"/> None (00) <input type="radio"/> Bike Route [Signed] (01) <input type="radio"/> Bike Lane Stripe (02) <input type="radio"/> Separate Path/Lane (03) | | <input checked="" type="radio"/> None (00) <input type="radio"/> Suspension (08) <input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09) <input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10) <input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11) <input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12) <input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13) <input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14) <input type="radio"/> Steering (07) <input type="radio"/> Other (15) | | <input checked="" type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05) | |
| (106) Human Factors (Select up to 2) | | (107) Driver Distracted By | | | |
| <input checked="" type="radio"/> None (00) <input type="radio"/> Illness (08) <input type="radio"/> Inattention (01) <input type="radio"/> Legal Mads (07) <input type="radio"/> Misjudgment (02) <input type="radio"/> Emotional (08) <input type="radio"/> Fatigue (03) <input type="radio"/> Phys. Impaired (09) <input type="radio"/> Alcohol (04) <input type="radio"/> Other (10) <input type="radio"/> Illegal Drugs (05) | | <input checked="" type="radio"/> Not Distracted (00) <input type="radio"/> Cellular Phone (01) <input type="radio"/> Other Elect Comm Device (02) <input type="radio"/> Other Electronic Device (03) <input type="radio"/> Other Inside Vehicle (04) <input type="radio"/> Other Outside Vehicle (05) <input type="radio"/> Other Occupant (06) | | | |
| (108) Other Factors (Select up to 4) | | (109) Roadway Comp. | | (110) Roadway Surface | |
| <input checked="" type="radio"/> No Improper Action (00) <input type="radio"/> Failure to Yield (06) <input type="radio"/> Improper Backing (13) <input type="radio"/> Other Improper Action (18) <input type="radio"/> Drove too Fast for Conditions (01) <input type="radio"/> Wrong SideWay (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"/> Inattention [Talking, Etc.] (22) <input type="radio"/> Disregard Other Trfc. Chf. Dev (05) <input type="radio"/> Improper Turn (11) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> Clothing not Visible (24) | | <input type="radio"/> Concrete (01) <input checked="" type="radio"/> Asphalt (02) <input type="radio"/> Gravel (03) <input type="radio"/> Dirt (04) <input type="radio"/> Other (05) | | <input checked="" type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Debris (04) <input type="radio"/> Sand (10) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06) | |
| (111) Other Roadway Conditions | | (112) Roadway Alignment (Horizontal) | | (113) Roadway Alignment (Vertical) | |
| <input checked="" type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (08) <input type="radio"/> Ruts, Holes, Etc (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08) | | <input checked="" type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03) | | <input checked="" type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Uphill (03) | |
| Officer's Rank and Name | | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number |
| PO2 KAHOOHANOHANO, ANGELA | | 13558 | 1/7/20 10:11 | SGTRD MEDEIROS, TANYA K | 10989 |
| | | | | | Date/Time |
| | | | | | 1/7/20 10:48 |



STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number 20-000699

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 | | | | | | | | | |
| <input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | | | | | | |
| (117) Main Road | | | | | | | | | |
| (A) No. of Lanes | | (B) Speed Limit | | | (119) Indicate the Type of Intersection (Check one) | | | | |
| 2 | | 20 | | | <input type="radio"/> Not at Intersection (01) <input type="radio"/> "Y" Intersection (04) <input type="radio"/> Roundabout (07) | | | | |
| (118) Side Road | | | | | <input type="radio"/> 4-Way Intersection (02) <input type="radio"/> Part of Interchange (05) <input type="radio"/> 5 (or more legs) Intersection (08) | | | | |
| (A) No. of Lanes | | (B) Speed Limit | | | <input type="radio"/> "T" Intersection (03) <input type="radio"/> Traffic Circle (06) <input type="radio"/> Other (09) | | | | |
| 2 | | 20 | | | | | | | |
| Draw Object, Directions, Etc. According to Current Practices. <div style="float: right; border: 1px solid black; border-radius: 50%; width: 80px; height: 80px; margin-top: 10px; text-align: center; line-height: 80px;"> Place an arrow in the above circle to indicate North </div> | | | | | | | | | |

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

U-1 who was reversing and traveling south east on Kilou Street collided into U-2 which was parked unattended fronting 1383 Kilou Street, in Waiehu. No injuries were reported. Estimated damages under \$3,000.

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time |
|---------------------------|---------------------|--------------|----------------------------|------------------------|--------------|
| PO2 KAHOOHANOHANO, ANGELA | 13568 | 1/7/20 10:11 | SGTRD MEDEIROS, TANYA K | 10989 | 1/7/20 10:48 |

Report Number 20-000699

| | | | | | | | | |
|---|---|---|--|---|--|---|---|---|
| E- Ejection 00 Not Ejected 01 Ejected, Total 02 Ejected, Partial 03 N/A Non-motorist 04 Unknown | 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 Extinction 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="1"> <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 Kapilani Medical Ctr. 22 Kapilani Med. - Palani 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 Waiawa General Hosp 30 Waianae Comp Ctr </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 Kapilani Medical Ctr. 22 Kapilani Med. - Palani 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 Waiawa General Hosp 30 Waianae Comp Ctr |
| 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 Kapilani Medical Ctr. 22 Kapilani Med. - Palani 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 Waiawa General Hosp 30 Waianae Comp Ctr | | | | | | |
| 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 | | | B- Position in Unit | | M- Condition 01 Refused Treatment 02 Released 03 Good, Fair 04 Serious, Guarded 05 Critical 06 Dead on Arrival 07 Dead Other | | | |

| 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. |
|---|---------------------|----------|--------------|-------|----------------------------|----------|-----------|----------|--------|------------------------|---------|---------|--------------|-----------|
| MATSUMOTO, SCOTT KAZUO 3263 KIHAPAI PL, PUKALANI, HI 96768 | 01 | 10 | 48 | 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 KAHOOHANOHANO, ANGELA J | 13568 | | 1/7/20 10:11 | | SGTRD MEDEIROS, TANYA K | | | | | 10989 | | | 1/7/20 10:48 | |

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-000899

Narrative

ASSIGNMENT/ARRIVAL:

On Monday, 01/06/2020 at approximately 0937 hours, I was assigned by Central Dispatch to respond to the area of 1383 Kilou Street, in Waiehu for a Motor Vehicle Accident involving a County of Maui vehicle. Per Dispatch, no injuries were reported and vehicle's are off to the side. At approximately 0943 hours, I arrived on scene.

OFFICER'S ACTION/OBSERVATION:

Upon my arrival at the scene, I observed, a male party sitting on the front dumper of a County of Maui dump truck, which was parked within the middle of the roadway fronting 1383 Kilou Street. As I approached, I observed Officer D. VANDICI speaking to a female next to a light blue SUV that had damages to the rear left side of the vehicle.

STATEMENT OF DRIVER UNIT #1 : MATSUMOTO, Scott Adt/M/O/Citz

MATSUMOTO related that he turned right onto Kilou Street from Hoana Street and was heading south on the street when he saw another dump truck on the end of the street emptying trash bins.

MATSUMOTO stated after he saw the other dump truck he decided to turn around and reverse into the street to catch the trash bins on the other side of the road. While reversing, MATSUMOTO related he was checking both of his side mirrors to make sure he cleared vehicle that where parked on the side of the road. While doing so, he was distracted by a kid running on the side walk along his truck and before he knew it he hit the parked vehicle.

MATSUMOTO indicated that he was not injured from the accident.

Nothing further to add.

STATEMENT OF DRIVER UNIT #2 :

Refer to Officer D. VANDICI's report submitted under this report number.

VEHICLE INVOLVED: UNIT #1

PLATES: CM2438
MAKE: AUTC
TYPE: MSTR
COLOR: White
YEAR: 2012
VIN: 5VCACR6F3CH213948
R/O: County of Maui, Department of Mgmt Solid waste Refuse
200 South High Street
Wailuku, HI 96793

VEHICLE INVOLVED: UNIT #2

PLATES: LJU-304
MAKE: LEXUS
TYPE: MPVH
COLOR: Lt. Blue
YEAR: 2005
VIN: JTJGA31U450052797
R/O: Anthony NUNEZ
160 Keonskai Rd.
Kihei, HI 96753

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time |
|---------------------------|---------------------|--------------|----------------------------|------------------------|--------------|
| PO2 KAHOOHANOHANO, ANGELA | 13588 | 1/7/20 10:11 | SGTRD MEDEIROS, TANYA K | 10989 | 1/7/20 10:48 |

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-000699

Narrative

VEHICLE DAMAGES:

Vehicle LJU-304 sustained heavy damages to the rear window and left area of the vehicle.
Vehicle CM2438 sustained n damages.

UNIT #1 INJURIES/MEDICAL ATTENTION:

No injuries complained by Unit #1 operator Scott MATSUMOTO

UNIT #2 INJURIES/MEDICAL ATTENTION:

Unit #2 was parked unattended no injuries.

SKETCH:

Refer to Officer P. VANDICI's sketch attached to this report.

ADDITIONAL INFORMATION:

Refer to Officer D. VANDICI's sketch attached to this report.

BODY WORN CAMERA:

During the entire investigation, I utilized my department issued AXON Taser Body Worn camera.

CONCLUSION:

U-1 who was reversing and traveling south east on Kilou Street collided into U-2 which was parked unattended fronting 1383 Kilou Street, in Waiehu. No injuries were reported. Estimated damages under \$3,000.

DISPOSITION:

Pending.

Ofc. Angela KAHO'OHANO HANO
Wailuku Patrol Division
01/06/2020 @ 1400 hours

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time |
|------------------------------|---------------------|--------------|----------------------------|------------------------|--------------|
| PO2 KAHOOHANO HANO, ANGELA J | 13558 | 1/7/20 10:11 | SGTRD MEDEIROS, TANYA K | 10989 | 1/7/20 10:48 |