COMMON COUNCIL MEETING

Common Council Chambers
Monday, August 26, 2019
6:30 p.m.
6:15 p.m. Public Hearing regarding the proposed Natural Resources Inventory

I. ROLL CALL

II. REVIEW OF MINUTES:

Common Council Meeting of April 15, 2019

III. READING OF ITEMS by the City Chamberlain of any resolutions not listed on the printed agenda.

IV. PUBLIC PARTICIPATION: Three (3) minutes per person up to 45 minutes of public comment on any agenda and non-agenda item.

V. CHAIRWOMAN'S COMMENTS AND PRESENTATIONS:

VI. MAYOR'S COMMENTS:

VII. MOTIONS AND RESOLUTIONS:

1. Resolution R19-65, approving the Adjusted Base Proportion for 2019.

VIII. ORDINANCES AND LOCAL LAWS:

IX. PRESENTATION OF PETITIONS AND COMMUNICATIONS:

1. **FROM CITY ADMINISTRATOR NELSON,** a communication regarding the Blight Task Force.

2. **FROM DEBORAH HERRING,** a notice of personal injuries sustained on May 14, 2019.

3. **FROM LORETTA BUTLER,** a notice of property damage sustained on August 3, 2019.

4. **FROM USAA CAUSALITY INSURANCE COMPANY A/S/O THOMAS PENNINGTON C/O CLERKIN, SINCLAIR & MAHFOUZ,** a notice of property damage sustained on June 6, 2019.

X. UNFINISHED BUSINESS:

XI. NEW BUSINESS:

XII. ADJOURNMENT:

RESOLUTION

(R 19-65)

INTRODUCED BY COUNCILMEMBER _____:

BE IT RESOLVED, that the attached certificates of Base Percentages, Current Percentage, Base Proportions and Certificate of Adjusted Base Proportions for the levy of taxes on the 2019 Assessment roll are hereby approved in accordance with Article 19 of the Real Property Tax Law.

SECONDED BY COUNCILMEMBER _____.

The City of Poughkeepsie
New York

John Taylor
Assessor
jtaylor@cityofpoughkeepsie.com

62 Civic Center Plaza
Poughkeepsie, N. Y.12601
845-451-4039

August 19, 2019

COMMON COUNCIL
City of Poughkeepsie

CC Meeting: August 19, 2019
Resolution: R19

Re: Adjusted Base Proportions

Chairwomen Finney and Councilmembers,

Annexed hereto please find proposed Resolution: R-19 regarding the above referenced Adjusted Base Proportions. The base Homestead and Non-Homestead proportions for 2019 are required for The Poughkeepsie School District and City of Poughkeepsie tax preparation and billing.

Annual adjustments to the base proportion are required in order to account for changes during the assessment year due to construction, demolition, change in exempt status and/or change in NYS Classification Code. The method of calculating adjustments are prescribed in RPTL 1803-a, and overseen by NYS Office of tax and Finance.

I will present myself at your Council Meeting of August 19, 2019 to provide detail and answer questions. Your affirmative action at that time is requested.

Respectfully,

John Taylor
Assessor
City of Poughkeepsie

RP-6701

NEW YORK STATE OFFICE OF REAL PROPERTY TAX SERVICES
Bldg 8A - WA Harriman Campus Albany, NY 12227

08/08/19

CERTIFICATE OF BASE PERCENTAGES, CURRENT PERCENTAGES AND CURRENT BASE PROPORTIONS PURSUANT TO ARTICLE 19, RPTL, FOR THE LEVY OF TAXES ON THE **2019** ASSESSMENT ROLL

Approved Assessing Unit: City of Poughkeepsie, 131300
Name of Portion: City of Poughkeepsie, 131300

DETERMINATION OF BASE PERCENTAGES

Section I

Class	(A) 2006 Taxable Assessed Value	(B) 2006 Class Equalization Rate	(C) Estimated Market Value A/(B/100)	(D) Base Percentages (C/sum of C)
Homestead	1,663,288,662	100.00	1,663,288,662	70.8173
Nonhomestead	685,416,541	100.00	685,416,541	29.1827
Total	2,348,705,203		2,348,705,203	100.0000

DETERMINATION OF CURRENT PERCENTAGES

Section II

Class	(E) 2018 Taxable Assessed Value including Special Franchise	(F) 2018 Class Equalization Rate	(G) Estimated Market Value E/(F/100)	(H) Current Percentages (G/sum of G)
Homestead	1,032,088,630	100.00	1,032,088,630	64.2777
Nonhomestead	573,582,687	100.00	573,582,687	35.7223
Total	1,605,671,317		1,605,671,317	100.0000

DETERMINATION OF CURRENT BASE PROPORTIONS

Section III

Class	(I) Local Base Proportion for the 2006 Assessment Roll	(J) Updated Local Base Proportion I*(H/D)	(K) Prospective Current Base Proportion Column (L) Prorated to 100.00 (J/sum of J)	(L) Adusted Base Proportion used for Prior Tax Levy	(M) % difference between prior Adjusted Base Proportion and Prospective Current Base Proportion ((K/L)-1*100)	(N) Maximum Current Base Proportion (L*1.05)	(O) Current Base Proportions
Homestead	65.20854	59.18691	58.15479	57.38382	1.34		58.15479
Nonhomestead	34.79146	42.58787	41.84521	42.61618	-1.81		41.84521
Total	100.00000	101.77479	100.00000	100.000000			100.00000

CERTIFICATION

I, the clerk of the legislative body of the approved assessing unit identified above, hereby certify that the legislative body determined on _____ base percentages, current percentages, and current base proportions as set forth herein for the assessment roll and portion as identified above.

_____
signature

_____
title

_____
date

RP-6703

NEW YORK STATE OFFICE OF REAL PROPERTY TAX SERVICES
Bldg 8A - WA Harriman Campus Albany, NY 12227

08/08/19

CERTIFICATE OF ADJUSTED BASE PROPORTIONS PURSUANT TO ARTICLE 19, RPTL
FOR THE 2019 ASSESSMENT ROLL

Approved Assessing Unit	City of Poughkeepsie, 131300
Name of Portion	City of Poughkeepsie, 131300
Reference Rol	2018
Levy Roll	2019

Section I DETERMINATION OF PORTION CLASS NET CHANGE IN ASSESSED VALUE DUE TO PHYSICAL AND QUANTITITY CHANGE EQUALIZATION CHANGES AND COMPUTATION OF CLASS CHANGE IN LEVEL OF ASSESSMENT FACTOR

Class	(A) Total Assessed Value on the Reference Roll excluding (SpecialFranchise)	(B) Total Assessed Value of Physical and Quantity Increases between the Reference Roll and Levy Roll	(C) Total Assessed Value of Physical and Quantity Decreases between the Reference Roll and Levy Roll	(D) Net Assessed Value of Physical and Quantity Changes (B-C)	(E) Surviving Total Assessed Value on the Reference Roll (A-C)
Homestead	1,048,333,673	5,004,600	3,834,400	1,170,200	1,044,499,273
Nonhomestead	527,273,702	5,264,350	5,942,250	(677,900)	521,331,452

Class	(F) Total Assessed Value of Equalization Increases between the Reference Roll and Levy Roll	(G) Total Assessed Value of Equalization Decreases between the Reference Roll and Levy Roll	(H) Net Equalization Changes (F-G)	(I) Change in Level of Assessment Factor (H/E)+1	
Homestead	43,799,996	2,377,608	41,422,388	1.03966	1.0403
Nonhomestead	15,773,812	4,278,875	11,494,937	1.02205	1.0224

Section II COMPUTATION OF PORTION CLASS ADJUSTMENT FACTOR

Class	(J) Taxable Assessed Value on the Levy Roll excluding Special Franchise	(K) Taxable Assessed Value on the Levy Roll at the Reference Roll Level of Assessment (J/I)	(L) Assessed Value of Special Franchise on the Levy Roll at the Reference Roll Level of Assmnt	(M) Total Taxable Assessed Value on the Levy Roll at the Reference Roll Level of Assessment (K+L)	(N) Taxable Assessed Value on the Reference Roll	(O) Class Adjustment Factor (M/N)
Homestead	1,077,022,110	1,035,939,195		1,035,939,195	1,032,088,630	1.00373
Nonhomestead	528,916,729	517,506,137	71,274,386	588,780,523	573,582,687	1.02650

Section III COMPUTATION OF ADJUSTED BASE PROPORTIONS

Class	(P) Current Base Proportions	(Q) Current Base Proportions adjusted for Physical and Quantity Changes (P*O)	(R) Adjusted Base Proportions (Q/sum of Q)
Homestead	58.15479	58.37176	57.60804
Nonhomestead	41.84521	42.95395	42.39196
Total	100.00000	101.32571	100.00000

CERTIFICATION

I, the clerk of the legislative body of the approved assessing unit identified above, hereby certify that the legislative body determined on _____ base percentages, current percentages, and current base proportions as set forth herein for the assessment roll and portion as identified above.

_____
signature

_____
title

1.0003
0.9982

Local Adjustments to the Adjusted Base Proportions

The municipality may make certain adjustments to the ABPs.
See Subsection 1903-4(c) of the Real Property Tax Law.

City of Poughkeepsie 2019

STEP 1 - Subtract the Adjusted Base Proportion for the Homestead Class from the Current Percentage for the Homestead Class

Current Percentage for Homestead Class (part H of form RP-6701)		64.27770
Adjusted Base Proportion for Homestead Class (part R of form RP-6703)	-	57.60804
Difference		6.66966

STEP 2 - Take the Difference computed in STEP 1 and multiply it by 10%, 20%, 25%, 30%, 40%, 50%, 60%, 70%, 75%, 80%, and 90%. Add this amount to the Homestead Adjusted Base Proportion.

Select a Percentage	Amount to be added to Homestead ABP		POSSIBLE TAX SHARES WHICH MAY BE ADOPTED	
			Homestead	NonHomestead
			57.60804	42.39196
10%	0.66697		58.27501	41.72499
20%	1.33393		58.94197	41.05803
25%	1.66742		59.27546	40.72454
30%	2.00090		59.60894	40.39106
40%	2.66786		60.27591	39.72409
50%	3.33483		60.94287	39.05713
60%	4.00180		61.60984	38.39016
70%	4.66876		62.27680	37.72320
75%	5.00225		62.61029	37.38971
80%	5.33573		62.94377	37.05623
90%	6.00270		63.61074	36.38926
100%	6.66966		64.27770	35.72230

VERIFIED NOTICE OF CLAIM

IN THE MATTER OF THE CLAIM OF

DEBORAH HERRING,

CLAIMANT

-against-

THE CITY OF POUGHKEEPSIE, THE COUNTY OF DUTCHESS, THE DUTCHESS COUNTY DEPARTMENT OF PUBLIC WORKS, DUTCHESS COUNTY DEPARTMENT OF PUBLIC TRANSIT, DUTCHESS COUNTY DIVISION OF PUBLIC TRANSIT, and "JOHN DOE" BUS DRIVER,

RESPONDENTS.

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

TO: Via Certified Mail Return Receipt Requested: 7018 2290 0001 3986 4743
THE CITY OF POUGHKEEPSIE
Rob Rolison, Mayor
City Hall-3rd Floor
62 Civic Center Plaza
Poughkeepsie, NY 12601

Via Certified Mail Return Receipt Requested: 7017 3040 0000 9104 4981
THE COUNTY OF DUTCHESS
Marcus J. Molinaro, County Executive
22 Market Street
Poughkeepsie, NY 12601

Via Certified Mail Return Receipt Requested: 7019 2290 0001 3986 4736
THE DUTCHESS COUNTY DEPARTMENT OF PUBLIC WORKS
Robert Balkind
14 Commerce Street
Poughkeepsie, NY 12603

Via Certified Mail Return Receipt Requested: 7018 2290 0001 3986 4750
THE DUTCHESS COUNTY DEPARTMENT OF PUBLIC TRANSIT
Robert H. Balkind, P.E., Commissioner
14 Commerce Street
Poughkeepsie, NY 12603

Via Certified Mail Return Receipt Requested: 7015 0640 0002 3130 1535
THE DUTCHESS COUNTY DIVISION OF PUBLIC TRANSIT
Robert Balkind
14 Commerce Street
Poughkeepsie, NY 12603

Via Certified Mail Return Receipt Requested: 7015 0640 0002 3130 1542
"JOHN DOE" BUS DRIVER
c/o Rob Rolison, Mayor
City Hall-3rd Floor
62 Civic Center Plaza
Poughkeepsie, NY 12601

Via Certified Mail Return Receipt Requested: 7015 0640 0002 3130 1511
c/o Marcus J. Molinaro, Dutchess County Executive
22 Market Street
Poughkeepsie, NY 12601

PLEASE TAKE NOTICE, that the undersigned claimant hereby makes claim and demand against the Respondents, as follows:

1. **The name and post-office address of each claimant and claimant's attorney:**

Claimant:	Claimant's Attorney:
Deborah Herring 12 Franklin Street Poughkeepsie, NY 12601	Ashley N. Jacoby, Esq. SOBO & SOBO, LLP One Dolson Avenue Middletown, N.Y. 10940

2. **The nature of the claim:** The nature of the claim: Negligence, recklessness, wantonness, carelessness, gross negligence of Respondents and their agents, servants and/or employees in, among other things, causing and/or permitting the steps within the bus motor vehicle to become and remain in an unsafe and dangerous condition so as to constitute a nuisance, menace and danger to those lawfully using it; in permitting there to be a wet and slippery surface in the aforementioned location; in allowing said area to become wet with water/liquid; that the Respondents failed to undertake necessary maintenance to the subject area; in that the aforementioned area was improperly maintained at the time of and prior to the incident herein and for an unreasonable period of time; in that the Respondent's failed to give proper warning of the

dangerous and defective conditions then existing and failing to warn the claimant of the dangerous conditions described herein; failing to act; in creating a trap; failure to take those steps necessary to avoid the contingency which occurred herein; failure to inspect and report of dangers at the location described; failure to use that degree of caution, prudence, and care which was reasonable and proper under the controlling circumstances; failure to take cognizance of the notorious and hazardous conditions which in the exercise of reasonable diligence should have been known and recognized; acting with the reckless disregard for the safety of others; in failing to safely, reasonably and properly watch, supervise and monitor the Claimant, and other civilians while they engaged in normal and routine exiting of the bus; in negligently hiring; in negligent supervision; in negligent retention of an incompetent employee; in hiring inept, inadequate, dangerous and/or incompetent employees; in failing to properly train employees; in failing to properly supervise employees; and the Respondents, their agents, servants and/or employees were in other ways negligent to be investigated and to be discovered.

3. **The time, when, the place where and the manner in which the claim arose:** The subject claim arose on or about May 14, 2019 in the early morning. The address where the claim arose is 108-140 Creek Road, Poughkeepsie, New York. The incident occurred at the Lot E Bus Shelter. The manner in which the claim arose is that while the claimant, DEBORAH HERRING, was lawfully using a municipal bus for public transportation, and while exiting the bus at the above-referenced location, she was caused to be precipitated to the ground by a defect which existed as a result of the Respondents' negligence, namely, wet steps located on the steps within the bus motor vehicle, a dangerous hazard. The Respondents, and their agents, servants, and/or employees, were negligent, reckless, and careless by creating a dangerous and slippery condition on the bus stairs in the form of a large area of liquid substance. The Respondents created and caused the dangerous condition in that the bus that is under the care and control of the Respondents causing the aforementioned dangerous condition. Furthermore, the Respondents failed to address the dangerous condition, in the form of cleaning the stairs regularly, over an extended period of time. In addition, the Respondents failed to address the slippery/dangerous condition created by the aforementioned and/or created by other means within a reasonable amount of time after which the Respondents or should have known of the condition; the Respondent, "JOHN DOE" BUS DRIVER, further caused the condition, and/or failed to address the accumulated liquid substance at the only point of egress on the municipal bus; the named Respondents are additionally liable for the injuries sustained by Claimant for failure to implement appropriate and mandatory policies for curing defective conditions, such as the current situation at hand; failing to mandate that employees with direct and immediate ability to remedy dangerous conditions, to do so. The Respondents are therefore solely and completely liable for all damages and injuries sustained to the Claimant by creating a dangerous and/or defective condition in the form of liquid substance at the above-referenced location; in failing to act in the face of actual and constructive notice of the dangerous and/or defective condition; in creating a dangerous and/or defective condition in the form of liquid substance on the floor of the bus; in failing to act in the face of actual and constructive notice of the dangerous and/or defective condition in the form of liquid substance; in failing to remove the accumulation of substance or remedy said dangerous and/or defective condition; in failing to properly conduct the removal of said liquid, and if same was performed, in failing to properly perform same; in causing, creating and/or permitting a nuisance; in allowing the situation complained of herein to exist for an

4. **The items of damage or injuries claimed are:** Upon information and belief, the claimant sustained severe and serious permanent injuries to her mind and body, including, but not limited to her left shoulder, lower back, left hand and accompanying nerve and soft tissue damage, resulting in permanent limitations in the claimant's ability to ambulate. The extent of additional treatment is still to be discovered and may include surgery, and further causing claimant to incur lost wages and substantial medical bills.

The undersigned presents this claim and demand for adjustment and notifies you that unless adjusted within the time provided by law from the date of its presentation to you, it is the intention of the undersigned to commence an action thereon.

Dated: Aug. 7, 2019

SOBO & SOBO, L.L.P.
By: Ashley N. Jacoby, Esq.
Attorneys for Claimant
One Dolson Avenue
Middletown, New York 10940
(845) 343-7626

VERIFICATION

STATE OF NEW YORK)
ss.:
COUNTY OF ORANGE)

DEBORAH HERRING, being duly sworn, states that she is the claimant in this action and that the foregoing Notice of Claim is true to her own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters she believes it to be true.

Deborah Herring
DEBORAH HERRING

Sworn to before me this
25 day of July, 2019

D. Freeman
Notary Public

DEIDRA M FREEMAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01FR6378374
Qualified in Dutchess County
Commission Expires July 30, 2022

RESOLUTION

(R 19-65)

INTRODUCED BY COUNCILMEMBER _____:

BE IT RESOLVED, that the attached certificates of Base Percentages, Current Percentage, Base Proportions and Certificate of Adjusted Base Proportions for the levy of taxes on the 2019 Assessment roll are hereby approved in accordance with Article 19 of the Real Property Tax Law.

SECONDED BY COUNCILMEMBER _____.

PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

NOTICE OF CLAIM
AGAINST
THE CITY OF POUGHKEEPSIE, NEW YORK

TODAY'S DATE: 8/19/19

NAME AND ADDRESS OF EACH CLAIMANT: Loretta J. Butler
50 Loockerman Ave
Poughkeepsie NY 12601

TELEPHONE NUMBER: 845 797-3796

NAME AND ADDRESS OF ATTORNEY (IF ANY):

Pending outcome of claim

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE):

See attached

ITEMS DAMAGED OR INJURIES SUSTAINED:

See attached

CITY OF POUGHKEEPSIE
CITY CHAMBERLAIN
2019 AUG 19 PM 3:16

Signature of Claimant

Signature of Claimant

STATE OF NEW YORK, COUNTY OF Ulster s.s.:

Loretta J. Butler being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/her own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

Signature of Claimant

Signature of Claimant

Sworn to before me this
19th day of August, 2019

Notary Public

DENISE ANN BLISS
Notary Public, State of New York
Registration #01BL6232356
Qualified in Ulster County
Commission Expires December 6, 2022

NOTE: After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. - 4:00 p.m.

Date: 8/19/2019

Claimant:
Loretta J. Butler
50 Loockerman Ave
Poughkeepsie NY 12601
845 797-3776
845 452-4518

Attorney Information: Pending outcome of claim

Details of Claim:
I purchased my vehicle (2017 Mercedes GLA with low-profile tires and specialized rims with black interior) on 8/3/19 with perfect rims/tires. While traveling on Academy St from 8/5/19-8/9/19 twice a day (commute to/from work at Central Hudson and home for lunch each day) my vehicle's 4 rims and 2 tire have been damaged. This damage was caused by the condition the City of Poughkeepsie left the street in after milling it in preparation for paving over a month ago. This section of road (between Livingston St and the entrance to Springside Manor/The Manor at Woodside) has many, very large, deep gouges and potholes with no posted signage of any kind. These holes are impossible to avoid when traveling up the hill towards Livingston unless you illegally drive on the opposite side of the road. As a result, all 4 rims on my vehicle are scrapped and the side wall of 2 tires were damaged rendering them unsafe. The 2 tires were replaced. I am submitting the following as evidence:

1. Pictures of the damage to my vehicle and the condition of the road as of 8/13/19
2. A receipt for above mentioned pictures created at CVS in Poughkeepsie
3. An estimate for the repair of 4 rims from Northside Auto Repair in Poughkeepsie
4. An estimate for the repair of 4 rims and replacement of 2 tires from Northside Auto Repair in Poughkeepsie
5. Receipt for 2 tires I had replaced at Arlington Tire in Poughkeepsie (price was cheaper).
6. A statement from the dealer (Keeler Motor Car Company) in Latham NY where I purchased the vehicle on 8/3/2019 confirming there was no damage to the rims or tires as of 8/3/2019

Total Claim amount: $1586.21 (see details below)
Tired replaced: $657.69 (Receipt attached)
Rim Repair Estimate: $911.49
CVS Pictures: $17.03

Claimant: Loretta J. Butler

8/19/19

DENISE ANN BLISS
Notary Public, State of New York
Registration #01BL6232356
Qualified In Ulster County
Commission Expires December 6, 2022

Butler, Loretta

From: Loretta <lola33@aol.com>
Sent: Monday, August 19, 2019 10:27 AM
To: Butler, Loretta
Subject: Fwd: 2017 Mercedes-Benz GLA250 Purchase

Sent from my iPhone

Begin forwarded message:

> **From:** Lynn Larson <llarson@keeler.com>
> **Date:** August 19, 2019 at 9:20:26 AM EDT
> **To:** "'lola33@aol.com'" <lola33@aol.com>
> **Subject: 2017 Mercedes-Benz GLA250 Purchase**
>
> Dear Loretta:
>
> On 8/3/2019, you bought the 2017 Mercedes-Benz GLA250, VIN# WDCTG4GB7HJ293869, with a certified warranty. To be sold with a certified warranty from Mercedes-Benz USA each vehicle has to be reconditioned to strict guidelines.
>
> As such, Keeler Motor Car Company sold you the car with no visible damage to the wheels or tires on the vehicle.
>
> Thank you,
> Lynn Larson

Lynn Larson
Master Certified Sales and Leasing Consultant
The Mercedes-Benz Center
at Keeler Motor Car Company
(518) 724-1015 Ext 123
(518) 782-7315 Fax
llarson@keeler.com
http://www.keeler.com [keeler.com]

My hours:

Monday	9 am to 7 pm
Tuesday	8:30 am to 6 pm
Wednesday	11 am to 8 pm
Thursday	8 am to 5 pm
Friday	OFF
Saturday	10am to 5pm
Sunday	CLOSED

Follow Keeler on the web [facebook.com] [twitter.com] [keelermotorcar.blogspot.com]

ARLINGTON AUTO & TIRE

678 Dutchess Turnpike (RT 44)
Poughkeepsie, NY 12603
845 471-2800
NY State Facility ID License# 7105915

Customer : BUTLER, CHRIS/LORETTA	Vehicle : 2013 MERB C300	Invoice# : 0227480
Address : 50 LOCKERMAN AVE	License : ANP7547	PO # :
City : POUGHKEEPSIE, NY 12601-	VIN : WDDGF8AB2DR269412	Page : Page 2 of 2
Phone 1 : (845)452-4518 Ext:	Engine : V6-3498 3.5L DOHC	Fleet/Unit WHITE
Phone 2 : (845)797-3776 Ext: CELL	Mileage : In 41527 Out 41	Date / Time : 8/17/2019 11:37 am

Tech	Labor Description / Qty	Part Number	Part Description	Parts Each	Part	Labor	Subtotal
07	TIR0		ordered from atd 2 conti pro contact 2354519 276.83 per tire plus install			0.00	
07	TIR422		(2)PLATINUM TIRE INSTALLATION PACKAGE INCLUDES, BALANCE, SNAP IN RUBBER VALVE, NITROGEN FILL & FREE TIRE ROTATIONS.OUR ROAD FORCE BALANCE WARRANTEED UNTIL TREAD WORN DOWN TO 3/32".ALIGNMENT IS A SEPARATE PROCESS, SUGGESTED PERIODICALLY OR WHEN THE TIRES SHOW EVIDENCE OF WEAR, WE CAN QUOTE YOU AS REQUESTED. ALIGNMENT IS ALWAYS SUGGESTED WITH NEW TIRE(STARTS AT $89.99 F… MOST CARS, SOME MAY REQUIRE SPECIAL PROCEDURES OR ADJUSTMENT … RICATION AVAILABLE AT ADDITIONAL COST). TPMS light resetting m… icles require this procedure at additional charge… … repaired on request at additiona… greed the choice is at customers reques… M equivalent tires.***All CUSTOM wh… miles and checked periodically.		558.66	49.98	608.64
	2.00	119002034	*PRO CONTAC*	*276.83*	553.66		
		Tread Depth: 11/32	*Warranty: 0*				
		Rating: 88R	*Size: 2354519*				
		Tire 1 DOT:	*Not on File*				
		Tire 2 DOT:	*Not on File*				
	2.00	*NY-DISP*	*NY TIRE TAX*	*2.50*	5.00		
07	TIR0		replace tire with bubble r/r ?			0.00	
07			ck all tires may need two			0.00	

Receipt for 2 Tires

Payments:
VISA, $657.69, on 08/17/19
CardNo: [**********9054], AuthorizationNo: [a]

*See reverse side for warranty. All warranty service must be performed here or if outside of 25 miles at anauthorized dealer. Call 800-426-0733 before you authorize any costs to obtain an authorization to proceed. Nore funds for work performed without a valid authorization. Labor cost is calculated at the hourly rate or a flat rate. Optional methods of repair may be available as an alternative, a lower priced estimate or higher quality components-discuss with your representative prior to work authorization.Once authorized parts and labor can not be returned with the exception of special manufacturers guarantees of satisfaction.
We want you to be completely satisfied - all services are backed by this warranty agreement

☐ I am happy with my experience today and will return!

☐ I am not happy and I want the general manager to contact me at #

I authorize text to communicate with me about my vehicle.

Signature X _____
Customer Authorization for total

Labor :	$49.98
Parts :	$558.66
Sublet :	$0.00
Other Fees :	$0.00
Supply Charges :	$0.00
Subtotal :	$608.64
Sales Tax :	$49.05
Total :	$657.69
By : VISA Ref :	
Paid :	$657.69
Due :	$0.00

"SEE REVERSE SIDE FOR IMPORTANT SAFETY INFORMATION WARNING AND WARRANTY INFORMATION"

Receipt for pictures

CVS pharmacy®

2503 SOUTH RD RT 9
POUGHKEEPSIE, NY 12601
845.462.2791

REG#02 TRN#9575 CSHR#1737941 STR#418

Helped by: PEARL

45 **KDK PRNT SECONDS 4X6 15.75T**

45 ITEMS

Survey ID #
2462 6830 2136 526 70

SUBTOTAL	15.75
NY 8.125% TAX	1.28
TOTAL	**17.03**
CHARGE	17.03
**********9054	CH

VISA CREDIT **********9054
APPROVED# 015445
REF# 025753
TRAN TYPE: SALE
AID: A0000000031010
TC: 6A96B175A43414AC
TERMINAL# 69035950
NO SIGNATURE REQUIRED
CVM: 5E0000
TVR(95): 8080008000
TSI(9B): 6800

CHANGE .00

3500 4189 2279 5750 29

Returns with receipt, subject to CVS Return Policy, thru 10/14/2019
Refund amount is based on price after all coupons and discounts.

AUGUST 15, 2019 5:45 PM

GET YOUR CVS EXTRACARE CARD

****

We would love to hear your feedback on your recent experience with us. This survey will take only 1 minute to complete.

Share Your Feedback

www.CVSHealthSurvey.com

Hablamos español

****

THANK YOU. SHOP 24 HOURS AT CVS.COM

NORTHSIDE AUTO BODY

"Where Perfection Is No Accident"
119 PARKER AVE, POUGHKEEPSIE, NY 12601
Phone: (845) 452-5358
FAX: (845) 452-4354

Workfile ID:	1673a70b
Federal ID:	38-4020063
State ID:	R7122103
Resale Number:	141477475

Preliminary Estimate

Customer: Butler, Loretta

Written By: Luis Cruz

Insured:	Butler, Loretta	Policy #:		Claim #:	
Type of Loss:		Date of Loss:		Days to Repair:	0
Point of Impact:					

Owner:
Butler, Loretta

Inspection Location:
NORTHSIDE AUTO BODY
119 PARKER AVE
POUGHKEEPSIE, NY 12601
Repair Facility
(845) 452-5358 Day

Insurance Company:

VEHICLE

2017 BENZ GLA-Class GLA250 4MATIC 4D UTV 4-2.0L Turbocharged Flex Fuel Gasoline Direct Injection

VIN:	WDCTG4GB7HJ293869	Interior Color:		Mileage In:	Vehicle Out:
License:		Exterior Color:		Mileage Out:	
State:	NY	Production Date:		Condition:	Job #:

TRANSMISSION
Automatic Transmission
4 Wheel Drive

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

DECOR
Dual Mirrors
Tinted Glass

Console/Storage
Overhead Console

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

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

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

ROOF
Luggage/Roof Rack

SEATS
Bucket Seats
Leather Seats

WHEELS
Aluminum/Alloy Wheels

PAINT
Clear Coat Paint

OTHER
Fog Lamps
Rear Spoiler
Signal Integrated Mirrors

TRUCK
Power Trunk/Gate Release

Customer: Butler, Loretta

2017 BENZ GLA-Class GLA250 4MATIC 4D UTV 4-2.0L Turbocharged Flex Fuel Gasoline Direct Injection

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**WHEELS**							
2	**	Repl	RECOND LT/Front Wheel, alloy 19" wheel code: 65R	15640104007X45	1	189.00 m	0.3	
3	**	Repl	RECOND RT/Front Wheel, alloy 19" wheel code: 65R	15640104007X45	1	189.00 m	0.3	
4	**	Repl	RECOND LT/Rear Wheel, alloy 19" wheel code: 65R	15640104007X45	1	189.00 m	0.3	
5	**	Repl	RECOND RT/Rear Wheel, alloy 19" wheel code: 65R	15640104007X45	1	189.00 m	0.3	
6	#		ROAD TEST		1		0.3	
				SUBTOTALS		**756.00**	**1.5**	**0.0**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				756.00
Body Labor	1.5 hrs	@	$ 58.00 /hr	87.00
Subtotal				843.00
Sales Tax	$ 843.00	@	8.1250 %	68.49
Grand Total				**911.49**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**911.49**

NORTHSIDE AUTO REPAIR WARRANTS WORKMANSHIP, INCLUDING REFINISHING FOR AS LONG AS THE CUSTOMER HAS THE CAR.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

You are entitled to the return of all replaced parts, except warranty and exchange parts, but you must ask for them in writing before any work is done. If you authorize work by phone, the shop must keep any replaced parts, and make them available when you pick up the vehicle.

NORTHSIDE AUTO BODY

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Phone: (845) 452-5358
FAX: (845) 452-4354

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Written By: Luis Cruz

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Type of Loss:		Date of Loss:		Days to Repair:	0
Point of Impact:					

Owner:
Butler, Loretta

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NORTHSIDE AUTO BODY
119 PARKER AVE
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Repair Facility
(845) 452-5358 Day

Insurance Company:

VEHICLE

2017 BENZ GLA-Class GLA250 4MATIC 4D UTV 4-2.0L Turbocharged Flex Fuel Gasoline Direct Injection

VIN:	WDCTG4GB7HJ293869	Interior Color:		Mileage In:	Vehicle Out:
License:		Exterior Color:		Mileage Out:	
State:	NY	Production Dat	Estimate for 2 tire replacements + 4 rims repaired	Condition:	Job #:

TRANSMISSION
Automatic Transmission
4 Wheel Drive
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
Power Passenger Seat
Memory Package
DECOR
Dual Mirrors
Tinted Glass

Console/S
Overhead
CONVE
Air Con
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Remote Starter
RADIO

ak
Audio Connection
SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

ROOF
Luggage/Roof Rack
SEATS
Bucket Seats
Leather Seats
WHEELS
Aluminum/Alloy Wheels
PAINT
Clear Coat Paint
OTHER
Fog Lamps
Rear Spoiler
Signal Integrated Mirrors
TRUCK
Power Trunk/Gate Release

Customer: Butler, Loretta

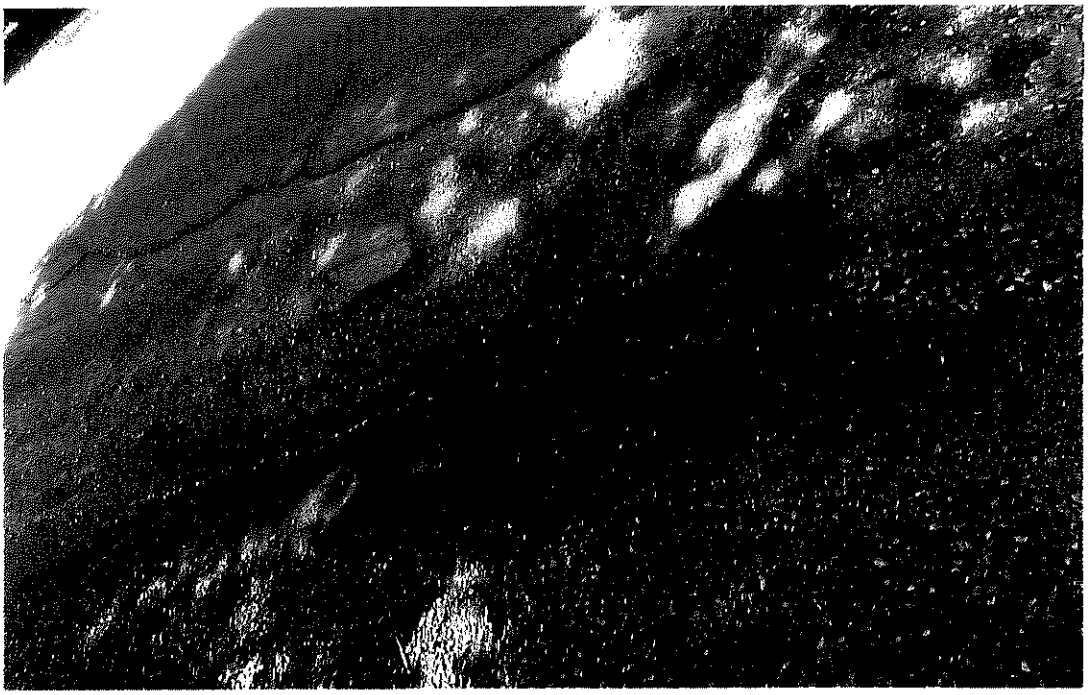
2017 BENZ GLA-Class GLA250 4MATIC 4D UTV 4-2.0L Turbocharged Flex Fuel Gasoline Direct Injection

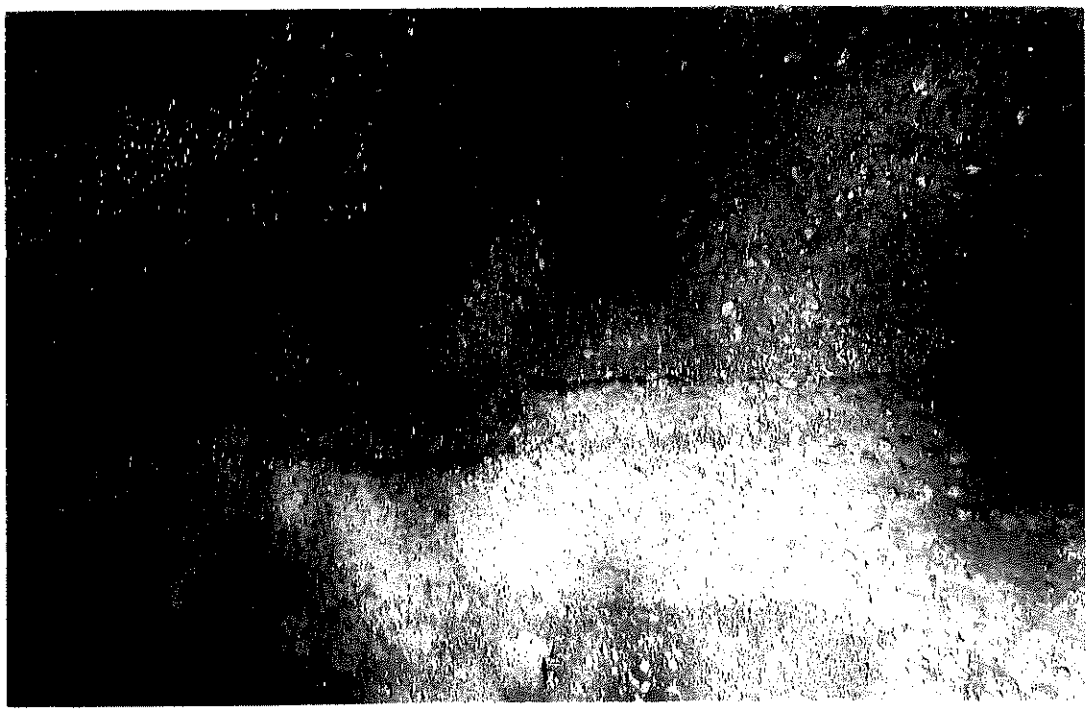
Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**WHEELS**							
2	**	Repl	RECOND LT/Front Wheel, alloy 19" wheel code: 65R	15640104007X45	1	189.00 m	0.0	
3	**	Repl	RECOND RT/Front Wheel, alloy 19" wheel code: 65R	15640104007X45	1	189.00 m	0.0	
4	**	Repl	RECOND LT/Rear Wheel, alloy 19" wheel code: 65R	15640104007X45	1	189.00 m	0.0	
5	**	Repl	RECOND RT/Rear Wheel, alloy 19" wheel code: 65R	15640104007X45	1	189.00 m	0.0	
6	**TIRES**							
7	*	Repl	CONT 235/45R19 Pro Contact BW 95H	C01705	4	771.52	0.0	
8	#		mount and balance		4	80.00		
9	#		ROAD TEST		1		0.3	
				SUBTOTALS		**1,607.52**	**0.3**	**0.0**

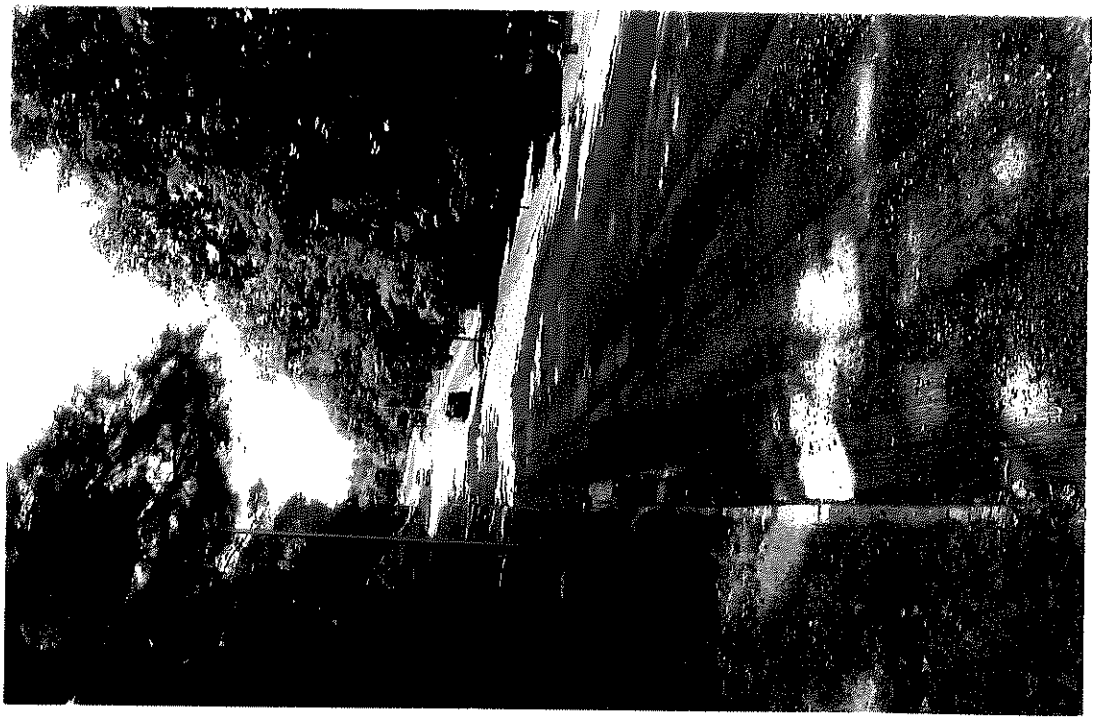
ESTIMATE TOTALS

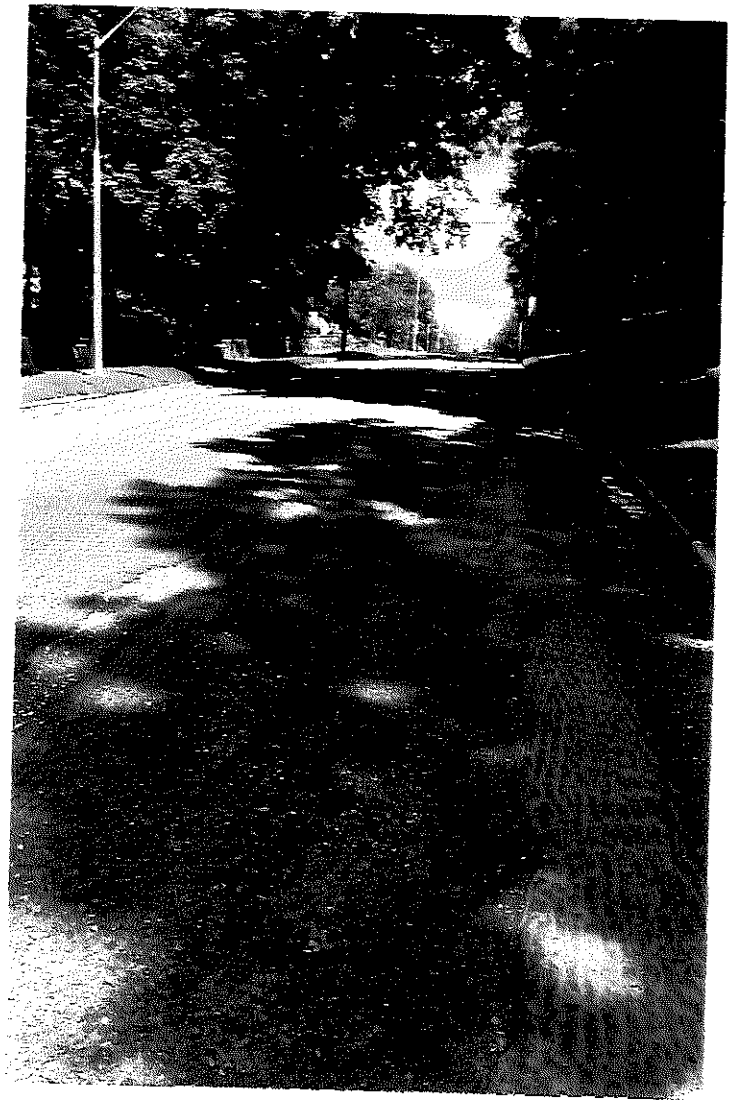
Category	Basis		Rate	Cost $
Parts				1,607.52
Body Labor	0.3 hrs	@	$ 58.00 /hr	17.40
Subtotal				1,624.92
Sales Tax	$ 1,624.92	@	8.1250 %	132.02
Grand Total				**1,756.94**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**1,756.94**

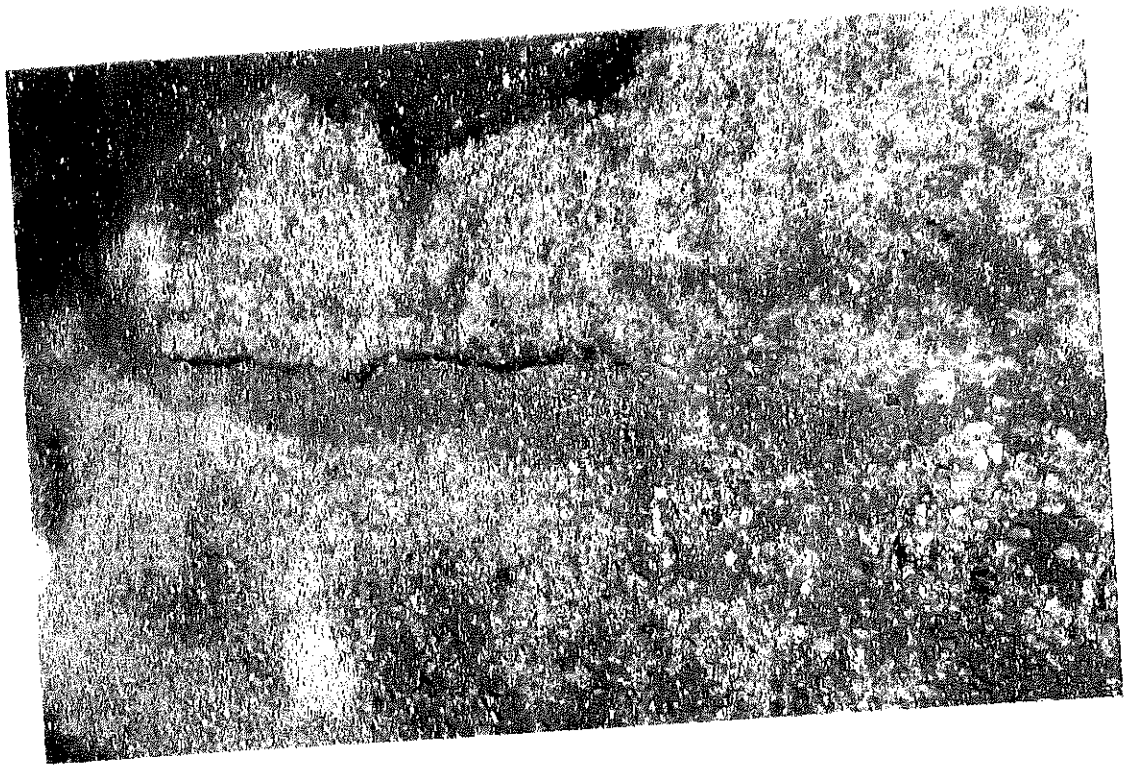
NORTHSIDE AUTO REPAIR WARRANTS WORKMANSHIP, INCLUDING REFINISHING FOR AS LONG AS THE CUSTOMER HAS THE CAR.

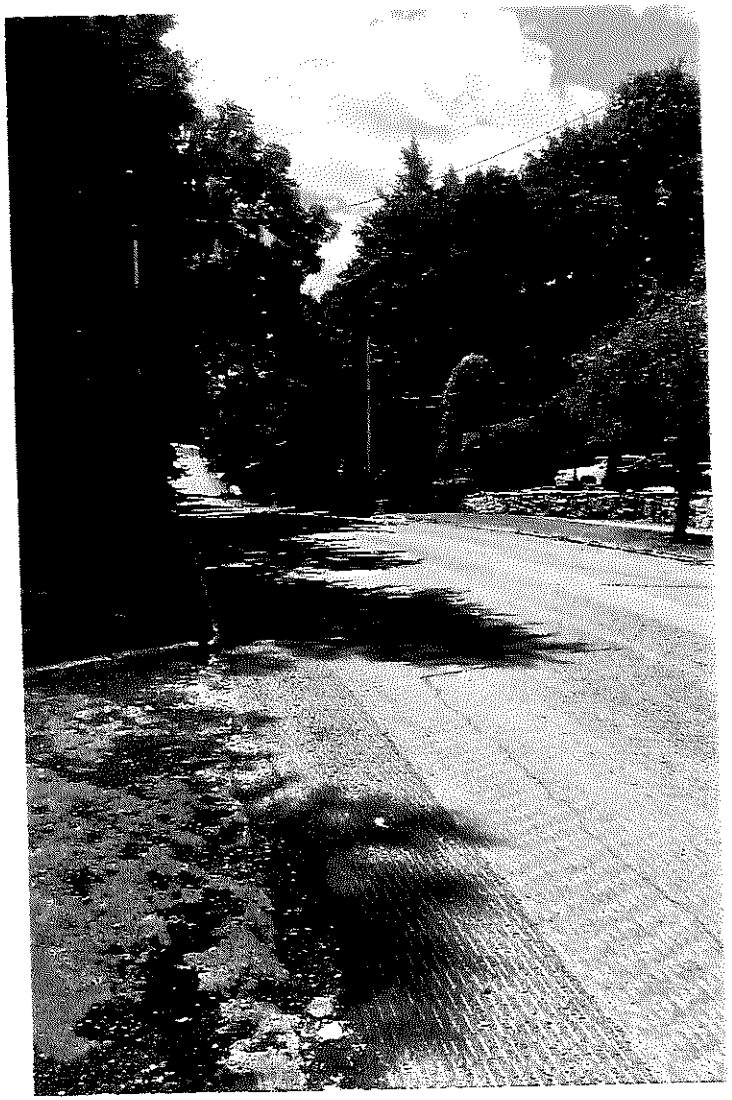


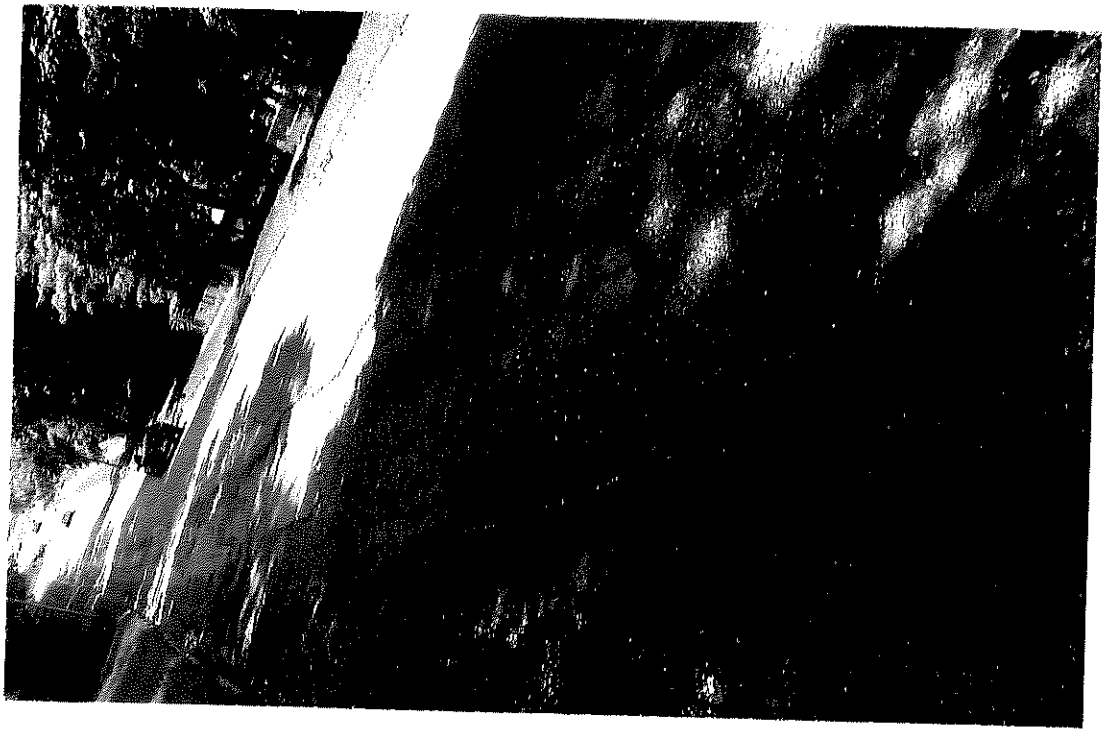


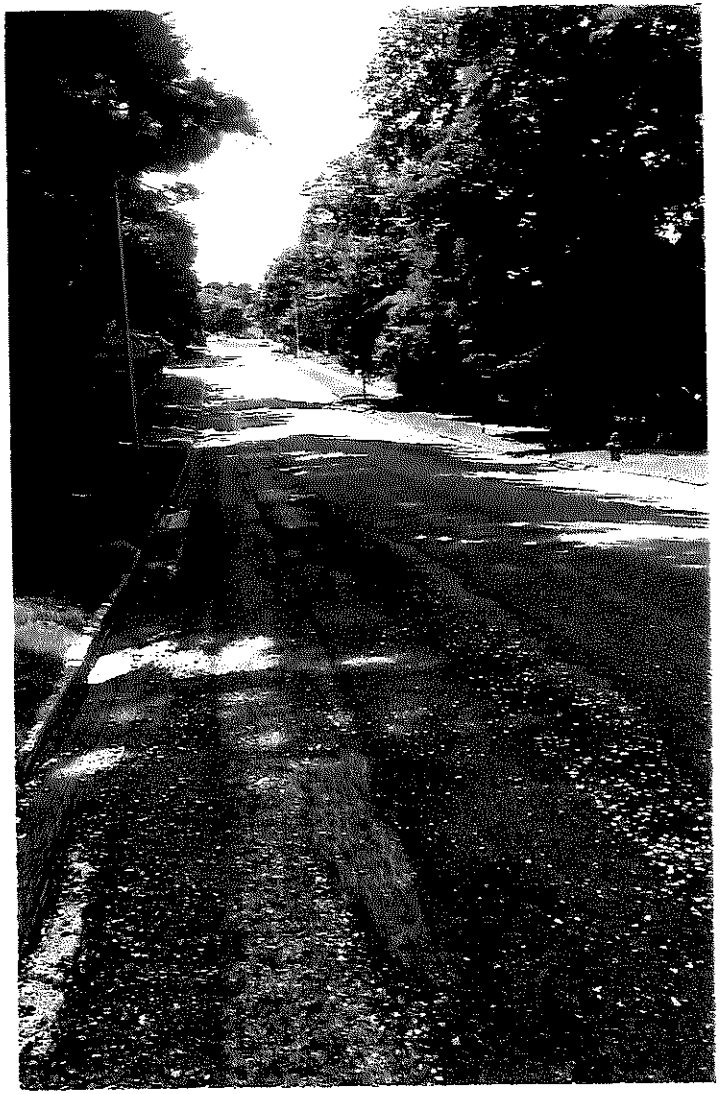


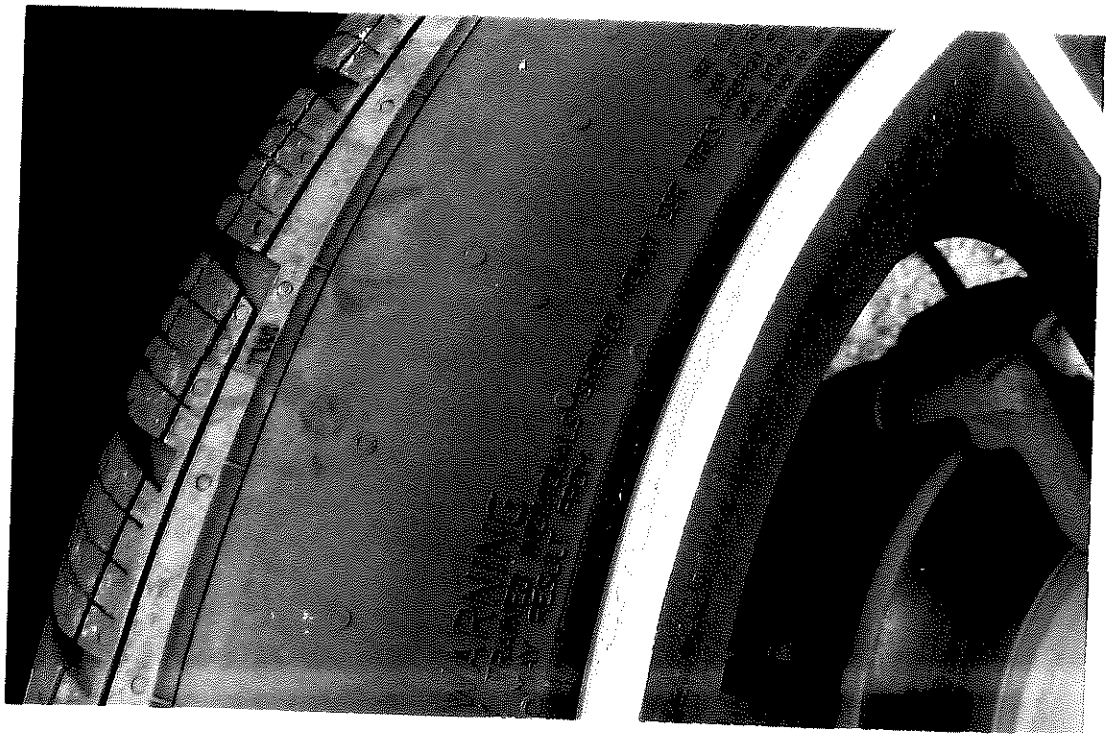




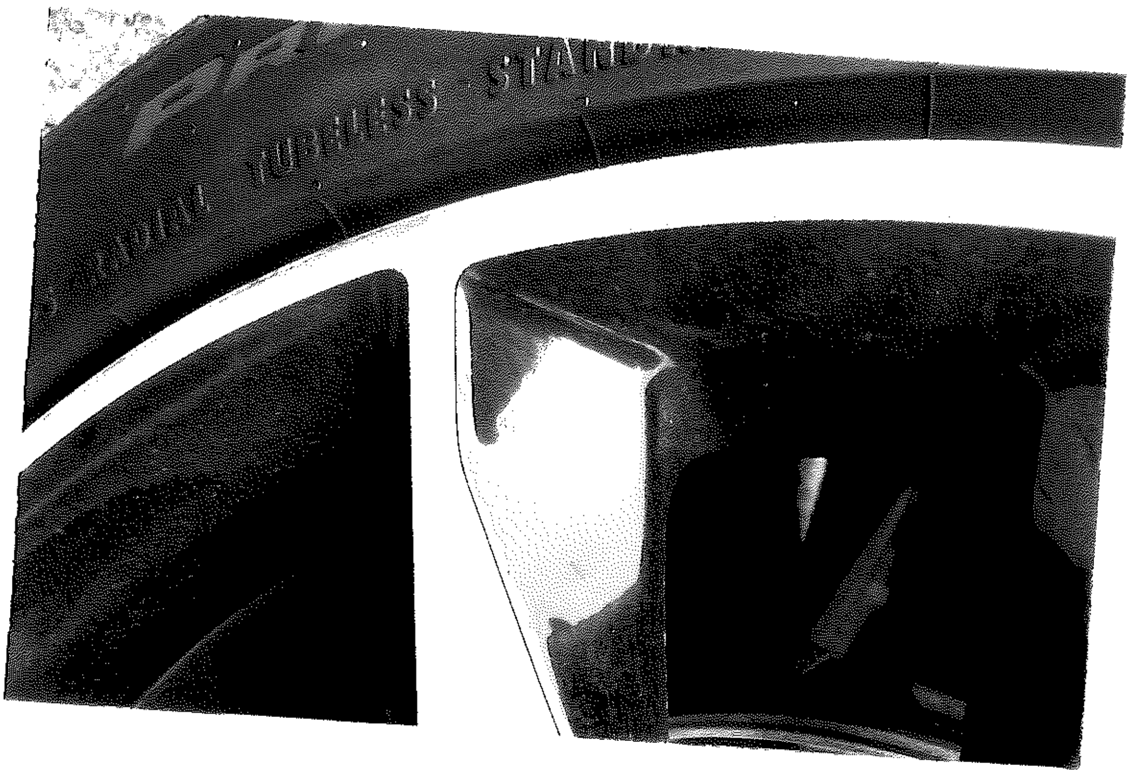









SAFETY
WARNING


TUBELESS

PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

NOTICE OF CLAIM
AGAINST
THE CITY OF POUGHKEEPSIE, NEW YORK

CITY OF POUGHKEEPSIE
CITY CHAMBERLAIN
AUG 20 PM 2:15

TODAY'S DATE: 8/8/19

NAME AND ADDRESS OF EACH CLAIMANT:

USAA Casualty Insurance Company a/s/o Thomas Pennington
c/o Clerkin, Sinclair & Mahfouz, LLP

TELEPHONE NUMBER: 619-870-0807

NAME AND ADDRESS OF ATTORNEY (IF ANY):

Clerkin, Sinclair & Mahfouz, LLP
530 B Street, 8th Floor, San Diego, CA 92101

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE):

On June 6, 2019, USAA's insured was traveling near South Road and River Edge Drive in Poughkeepsie, New York, when their vehicle was struck on the right side by a City of Poughkeepsie vehicle, driven by Sydney Hernandez, resulting in property damage.

ITEMS DAMAGED OR INJURIES SUSTAINED:

2014 Acura ILX; New York license plate number: FGC9001; Damage to the right side; Please see attached estimates and photos.
Total Damages: $4,378.20

Joseph Duque

Signature of Claimant

Joseph Duque on behalf of USAA Casualty Insurance Company a/s/o Thomas Pennington

Signature of Claimant

STATE OF ~~NEW YORK,~~ COUNTY OF San Diego (Calif.) s.s.:

Joseph Duque being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/her own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

Joseph Duque

Signature of Claimant

Joseph Duque on behalf of USAA Casualty Insurance Company a/s/o Thomas Pennington

Signature of Claimant

Sworn to before me this
8 day of August, 2019

Notary Public

ADRIANA LOPEZ
Notary Public – California
San Diego County
Commission # 2215754
My Comm. Expires Sep 24, 2021

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.
After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. to 4:00 p.m.

9800 Fredericksburg Road
San Antonio, Texas 78288

USAA®

LIMITED POWER OF ATTORNEY

United Services Automobile Association, on behalf of itself and its subsidiaries and affiliates, including Garrison Property and Casualty Company, USAA Casualty Insurance Company, USAA County Mutual Insurance Company, and USAA General Indemnity Company ("USAA") hereby appoints Clerkin, Sinclair & Mahfouz, LLP ("Law Firm") to act as its attorney-in-fact for the limited purposes of filing claims, negotiating settlements, and executing settlement agreement documents, including Settlement Agreements, Stipulations for USAA and its subsidiaries and affiliates, received from the responsible party or their insurer on subrogation claim files placed with Law Firm for collection and/or litigation. Law Firm is herein authorized by and on behalf of USAA to bind USAA to enter into settlement agreements by settlement or stipulation in regards to collection and/or litigation of the subrogation claim files USAA has placed with Law Firm.

This Limited Power of Attorney is executed in connection with the Master Engagement Agreement for Legal Services entered into between USAA and Law Firm. Except as expressly stated herein, no other rights, powers, duties or authority is extended to Law Firm by the terms of this Limited Power of Attorney.

This Limited Power of Attorney will remain in effect until written revocation of the Limited Power of Attorney by USAA, but in no even shall it remain in effect after written notification to terminate the Master Engagement Agreement described above.

Dated: 5/25/16

UNITED SERVICES AUTOMOBILE ASSOCIATION

BY: Scott Smith

Litigation Manager
(Title)

Subscribed and sworn before me this 25TH day of May, 2016.

State of: Texas

County of: Bexar

SYLVIA M GUTIERREZ
NOTARY PUBLIC-STATE OF TEXAS
COMM. EXP. 03-31-2019
NOTARY ID 13017321-1

Sylvia M. Gutierrez
(Notary Public)

EXHIBIT A

ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL (NY)

Workfile ID: 2465c88e

TO FILE A SUPPLEMENT PLEASE VISIT THE FOLLOWING
WEBSITE: WWW.SUPPLEMENTS.SNAPSHEET.ME
For questions or assistance please call
(312) 906-7462
CHICAGO, IL 60654

For:

USAA CASUALTY INSURANCE COMPANY

UNIT 8444

Estimate of Record

Owner: PENNINGTON II, THOMAS **Job Number:**

Written By: Scott Guendling
Adjuster: Hyman, Tiffany, (800) 531-8722 x79521 Business

Insured:	PENNINGTON II, THOMAS	Policy #:	042953167	Claim #:	042953167000000001001
Type of Loss:	Collision	Date of Loss:	6/6/2019 12:00 PM	Days to Repair:	7
Point of Impact:	03 Right T-Bone (Right Side)				

Owner:
PENNINGTON II, THOMAS
1942 STATE ROUTE 300
WALLKILL, NY 12589
(845) 778-3540 Business

Inspection Location:
Expression Body Shop
83 E Main St
Walden, NY 12586
Repair Facility
(845) 778-3540 Business
Date Inspected: 6/17/2019

Repair Facility:
Expression Body Shop
83 E Main St
Walden, NY 12586
(845) 778-3540 Business

VEHICLE

2014 ACUR ILX 4D SED 4-2.0L Gasoline Sequential MPI Silver/Grey Met.

VIN:	19VDE1F36EE013739	Production Date:		Interior Color:	Black
License:	FGC9001	Odometer:	75,000	Exterior Color:	Silver/Grey Met.
State:	NY	Condition:	Good		

TRANSMISSION
Automatic Transmission
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
DECOR
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Stereo
Search/Seek
CD Player
Auxiliary Audio Connection
Premium Radio
Satellite Radio
SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Electric Glass Sunroof
SEATS
Reclining/Lounge Seats
Leather Seats
Heated Seats
WHEELS
Aluminum/Alloy Wheels
PAINT
Clear Coat Paint
OTHER
Traction Control

Owner: PENNINGTON II, THOMAS **Job Number:**

2014 ACUR ILX 4D SED 4-2.0L Gasoline Sequential MPI Silver/Grey Met.

Dual Mirrors	Backup Camera	Front Side Impact Air Bags	Stability Control
Tinted Glass	**RADIO**	Head/Curtain Air Bags	Power Trunk/Gate Release
Console/Storage	AM Radio	Hands Free Device	
CONVENIENCE	FM Radio	**ROOF**	

Owner: PENNINGTON II, THOMAS **Job Number:**

2014 ACUR ILX 4D SED 4-2.0L Gasoline Sequential MPI Silver/Grey Met.

Line		Oper	Description	Part Number	Qty	Extended Price $		Labor	Paint
1	**FRONT BUMPER**								
2		R&I	R&I bumper cover					1.3	
3		Repl	RT Side support	71193TX6A01	1	6.38		0.1	
4	**FRONT LAMPS**								
5		R&I	RT R&I headlamp assy					0.3	
			Note: LABOR: Time is after bumper cover is removed.						
6	**HOOD**								
7	*	Rpr	Hood (Labor Includes Panel Re-Alignment)					1.0	2.8
8			Add for Clear Coat						1.1
9	**FENDER**								
10		Repl	RT Fender (HSS)	60210TX6A90ZZ	1	271.67		1.9	2.2
11			Overlap Major Adj. Panel						-0.4
12			Add for Clear Coat						0.4
13			Add for Edging						0.5
14			Add for Clear Coat						0.1
15			Deduct for Overlap					-0.3	
16	*	R&I	RT Fender liner (Inspect for Damage)					Incl.	
17	**WHEELS**								
18	*	Rpr	RT/Front Wheel, alloy 17"				m	0.3	
			Note: Buff/Polish Cosmetic Markings - Further Inspect						
19	**WINDSHIELD**								
20		R&I	Windshield Acura, w/o Hybrid w/Base					3.4	
21	**ROOF**								
22		R&I	RT Roof molding					0.3	
23	**PILLARS, ROCKER & FLOOR**								
24	*	Rpr	RT Windshield Pillar					4.0	1.4
			Note: Inspect for Uniside Panel (A & B-Pillar Damages)						
25			Overlap Major Adj. Panel						-0.4
26			Add for Clear Coat						0.2
27	**FRONT DOOR**								
28	*	Repl	LKQ RT door assy +25%	67010TX6A81ZZ	1	593.75		1.3	3.0
			Note: Stock #191015						
29			Overlap Major Adj. Panel						-0.4
30			Add for Clear Coat						0.5
31			RT Transfer door glass					0.6	
32		R&I	RT Belt molding					0.3	
33		R&I	RT Applique					0.2	
34		R&I	RT Upper molding					0.3	
35	*	Repl	LKQ RT Mirror assy +25%	76208TX6A01	1	156.25		0.5	0.4
36			Add for Clear Coat						0.1

Owner: PENNINGTON II, THOMAS **Job Number:**

2014 ACUR ILX 4D SED 4-2.0L Gasoline Sequential MPI Silver/Grey Met.

37		R&I	RT Run channel				0.3	
38		R&I	RT Handle, outside silver moon				0.4	
39	*	R&I	RT Cover silver moon				Incl.	
40		R&I	RT R&I trim panel				0.4	
41	**REAR DOOR**							
42		Blnd	RT Outer panel (HSS)					1.0
			Note: Inspect for Damage					
43		R&I	RT Belt molding				0.3	
44		R&I	RT Handle, outside silver moon				0.4	
45	*	R&I	RT Cover silver moon				Incl.	
46		R&I	RT R&I trim panel				0.4	
47	**MISCELLANEOUS OPERATIONS**							
48	#	Repl	Urethane Kit - Windshield		1	20.00		
49		Repl	Cover car/bag		1		0.2	
50	#	Repl	Corrosion Protection		1	5.00		
51				OTHER CHARGES				
52	#			Towing	1	745.00		
53	#			E.P.C.	1	3.50		
				SUBTOTALS		**1,801.55**	**17.9**	**12.5**

NOTES

Estimate Notes:
License #: IA-1323195

Prior Damage Notes:
NONE

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				1,053.05
Body Labor	17.9 hrs	@	$ 53.00 /hr	948.70
Paint Labor	12.5 hrs	@	$ 53.00 /hr	662.50
Paint Supplies	12.5 hrs	@	$ 31.00 /hr	387.50
Other Charges				748.50
Subtotal				3,800.25
Sales Tax	$ 3,051.75	@	8.1250 %	247.95
Total Cost of Repairs				**4,048.20**
Deductible				500.00
Total Adjustments				**500.00**
Net Cost of Repairs				**3,548.20**

Owner: PENNINGTON II, THOMAS **Job Number:**

2014 ACUR ILX 4D SED 4-2.0L Gasoline Sequential MPI Silver/Grey Met.

Please Present A Copy Of This Estimate To A Repair Facility Of Your Choice
*USAA Subsidiaries include: United Services Automobile Association(USAA), USAA Casualty Insurance Company(CIC), USAA General Indemnity Company(GIC) USAA County Mutual Insurance(CMI) and Garrison Property Casualty Insurance Company. Garrison Property and Casualty Insurance Company, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trademark of United Services Automobile Association.

This is not an authorization to repair. Failing to present this estimate to the repairing garage before repair may result in additional expenses to you. A USAA appraiser must authorize any supplement to this estimate. Repairs to this vehicle may require specific welding equipment as recommended by the manufacturer.
If alternative quality replacement parts have been included in this appraisal, the source for these parts has also been disclosed. If alternative quality replacement parts as listed on the appraisal are ultimately used in the repair of your vehicle, the warranty on such parts will be equal to, or greater than, the parts being replaced, as stated in USAA's limited parts warranty. USAA warrants that the parts used on your vehicle will be of like kind and quality, function, fit, safety and corrosion protection as the part or parts they replace. USAA identifies certified and validated parts for sheet metal replacement parts.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

You are entitled to the return of all replaced parts, except warranty and exchange parts, but you must ask for them in writing before any work is done. If you authorize work by phone, the shop must keep any replaced parts, and make them available when you pick up the vehicle.

Owner: PENNINGTON II, THOMAS **Job Number:**

2014 ACUR ILX 4D SED 4-2.0L Gasoline Sequential MPI Silver/Grey Met.

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 ART4832, CCC Data Date 06/10/2019, 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.

PURSUANT TO SECTION 2610 OF THE INSURANCE LAW, AN INSURANCE COMPANY CANNOT REQUIRE THAT REPAIRS BE MADE TO A MOTOR VEHICLE IN A PARTICULAR PLACE OR REPAIR

Owner: PENNINGTON II, THOMAS **Job Number:**

2014 ACUR ILX 4D SED 4-2.0L Gasoline Sequential MPI Silver/Grey Met.

SHOP. YOU HAVE THE RIGHT TO HAVE YOUR VEHICLE REPAIRED IN THE SHOP OF YOUR CHOICE

Owner: PENNINGTON II, THOMAS **Job Number:**

2014 ACUR ILX 4D SED 4-2.0L Gasoline Sequential MPI Silver/Grey Met.

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
28	SAW MILL AUTO WRECKERS INC. ROB ESCOBAR 12 WORTH STREET YONKERS NY 10701 (914) 968-5300	#191015 LKQ RT door assy +25% Door, Rt Ft RT FRONT DOOR-000,RF,BLACK PCNH731P	$ 475.00
35	SAW MILL AUTO WRECKERS INC. ROB ESCOBAR 12 WORTH STREET YONKERS NY 10701 (914) 968-5300	#P12438 LKQ RT Mirror assy +25% Side Mirror, Rt RT SIDE MIRROR-RH POWER W/WHITE CAP	$ 125.00

EXHIBIT C

LexisNexis®

For Customer Support refer to the appropriate platform below:

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

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

Lexis.com
Law Firm accounts
800-543-6862

PAGE COUNT: 5

CLIENT : USAA
DIVISION : NER1
ADJUSTER : TIFFANY HYMAN
CLAIM : 4295 31 67 001

TRANSACTION # : 791866072
DATE : 06/18/2019

DATE OF LOSS : 06/06/2019 TIME OF LOSS : 0000
STREET : RTE 9
CITY : POUGHKEEPSIE
COUNTY : DUTCHESS
STATE : NY

INVESTIGATING AGENCY : TOWN OF POUGHKEEPSIE PD
REPORT NUMBER : 1924109
REPORT TYPE : Auto Accident
PARTY 1 : THOMAS D PENNINGTON
PARTY 2 : SYDNEY HERNANDEZ
PARTY 3 :

CAR : MAKE : YEAR :
TAG : FGC9001

DRIVER LICENSE : 1505890451
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!

Page 1 of 3 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes: 19-24109 / QDTP109MDXNS

☐ AMENDED REPORT

Accident Date (Month / Day / Year)	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene / Accident Reconstructed	Left Scene	Police Photos
6 / 6 / 2019	Thursday	09:40	3	3	0	☐ / ☐	☐	☐ Yes ☑ No

VEHICLE 1

VEHICLE 1- Driver License ID Number: 859007637 — State of Lic.: NY

Driver Name - exactly as printed on license: HERNANDES, SYDNEY R

Address (Include Number and Street): 70 BUCKINGHAM AVE — Apt. No.:

City or Town: POUGHKEEPSIE — State: NY — Zip Code: 12601

Date of Birth (Month / Day / Year)	Sex	Unlicensed	No. of Occupants	Public Property Damaged
4 / 18 / 1973	M	☐	02	☐

Name - exactly as printed on registration: POUGHKEEPSIE;CITY;,

Sex: C — Date of Birth (Month / Day / Year):

Address (Include Number and Street): 26 HOWARD ST — Apt. No.: — Haz. Mat. Code: — Released: ☐

City or Town: POUGHKEEPSIE — State: NY — Zip Code: 12601

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
AD8912	NY	2010 MCKT	DUMP	994

Ticket/Arrest Number(s):

Violation Section(s):

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

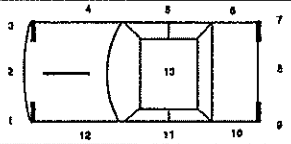
Box 1 - Point of Impact	1		2
Box 2 - Most Damage	1		3
Enter up to three more damage codes	3: 4	4	5

Vehicle By: BRANDLY'S
Towed To: 26 HOWARD ST

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



VEHICLE 2 ☑ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2- Driver License ID Number: 301466351 — State of Lic.: NY

Driver Name - exactly as printed on license: KNOX, SAVONIA C

Address (Include Number and Street): 480 STATE RTE 299 1 — Apt. No.:

City or Town: HIGHLAND — State: NY — Zip Code: 125280000

Date of Birth (Month / Day / Year)	Sex	Unlicensed	No. of Occupants	Public Property Damaged
12 / 16 / 1987	F	☐	01	☐

Name - exactly as printed on registration: KNOX, SAVONIA C

Sex: F — Date of Birth (Month / Day / Year): 12 / 16 / 1987

Address (Include Number and Street): 480 STATE RTE 299 1 — Apt. No.: — Haz. Mat. Code: — Released: ☐

City or Town: HIGHLAND — State: NY — Zip Code: 12528-0000

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
GEH3414	NY	2011 HYUN	4DSD	328

Ticket/Arrest Number(s):

Violation Section(s):

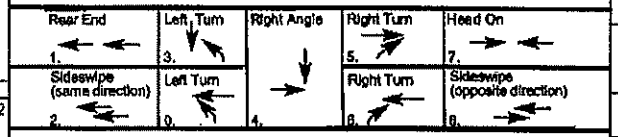
Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact	1		2
Box 2 - Most Damage	9		9
Enter up to three more damage codes	3: 7	4: 10	5: 8

Vehicle By: REDL'S
Towed To: REDL'S

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.



ACCIDENT DIAGRAM

See the last page of the MV-104A for the accident diagram.

9.

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to determine ☑ Yes ☐ No

Reference Marker	Coordinates (if available)
9	Latitude/Northing:
8205	Longitude/Easting:
1127	

Place Where Accident Occurred:

County: DUTCHESS ☐ City ☐ Village ☑ Town of POUGHKEEPSIE

Road on which accident occurred: SOUTH ROAD (Route Number or Street Name)

at 1) Intersecting street: RIVER EDGE DR (Route Number or Street Name)

or 2) ____ feet ____ miles ☐ N ☐ S ☐ E ☐ W of ____ (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes

V1 IS A CITY OF POUGHKEEPSIE GARBAGE TRUCK, V2 AND V3 ARE PASSENGER CARS. V2 STOPPED AT RED LIGHT IN CENTER LANE. V3 SLOWING APPROACHING RED LIGHT IN LEFT LANE. V1 SLOWING APPROACHING RED LIGHT IN CENTER LANE. DRIVER OF V1 STATES HE WAS ATTEMPTING TO STOP AT RED LIGHT, BUT HE DID NOT BELIEVE THE TRUCK WOULD BE ABLE TO STOP BEFORE HE STRUCK V2. DRIVER OF V1 ATTEMPTED TO AVOID A DIRECT COLLISION WITH V2 BY MOVING INTO THE LEFT LANE WHICH WAS

USE COVER SHEET: N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	2	1	46	M	-	-	-			HERNANDES, SYDNEY R	
B	1	3	2	1	42	M	04	14	6			SARLES, JASON	
C	2	1	4	1	31	F	06	14	6	9995	1306	KNOX, SAVONIA C	
D	3	1	4	1	51	M	07	14	6	9995		PENNINGTON, THOMAS	
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
PO [signature]	174	01363			BRUSCHETTI, M	06/12/2019 07:47
Print Name in Full: J SINCLAIR						

0901119ca4448c6c

USAA Confidential

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes: 19-24109 / QDTP109MDXNS

☐ AMENDED REPORT

Accident Date (Month / Day / Year)	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene / Accident Reconstructed	Left Scene	Police Photos
6 / 6 / 2019	Thursday	09:40	3	3	0	☐ / ☐	☐	☐ Yes ☑ No

VEHICLE 3

☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

Driver

VEHICLE 3- Driver License ID Number: 1505890451 — State of Lic.: NV

Driver Name - exactly as printed on license: PENNINGTON, THOMAS DEWEY

Address (Include Number and Street): 6837 WHITE CRANE CT — Apt. No.:

City or Town: LAS VEGAS — State: NV — Zip Code: 891396762

Date of Birth (Month / Day / Year): 9 / 12 / 1967 — Sex: M — Unlicensed: ☐ — No. of Occupants: 01 — Public Property Damaged: ☐

Owner

Name - exactly as printed on registration: PENNINGTON II, T D — Sex: — Date of Birth (Month / Day / Year): 11 / 16 / 1991

Address (Include Number and Street): 1105 BALSAM DR — Apt. No.: — Haz. Mat. Code: — Released: ☐

City or Town: NEW WINDSOR — State: NY — Zip Code: 12553

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
FGC9001	NY	2014 ACUR	4DSD	356

Ticket/Arrest Number(s):

Violation Section(s):

VEHICLE 3 DAMAGE CODES

Check if involved vehicle is:
- ☐ more than 95 inches wide;
- ☐ more than 34 feet long;
- ☐ operated with an overweight permit;
- ☐ operated with an overdimension permit.

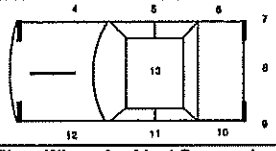
	1	2	3	4	5
Box 1 - Point of Impact		5			
Box 2 - Most Damage		4			
Enter up to three more damage codes			3		

Vehicle By: COUNTYWIDE
Towed To: WALDEN, NY

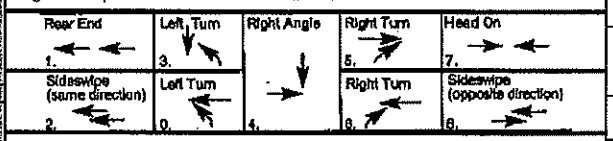
VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.



ACCIDENT DIAGRAM

9.

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to determine ☐ Yes ☐ No

Reference Marker	Coordinates (if available)
	Latitude/Northing
	Longitude/Easting

Place Where Accident Occurred:

County: DUTCHESS ☐ City ☐ Village ☐ Town of

Road on which accident occurred (Route Number or Street Name)

at 1) intersecting street (Route Number or Street Name)

or 2) ____ feet ____ miles ☐ N ☐ S ☐ E ☐ W of (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes

OCCUPIED BY V3. V1 SIDE SWIPED V3 AND THEN REAR ENDED V2. DRIVER OF V1 STATED THAT THE BRAKES IN V1 ARE NOT FUNCTIONING PROPERLY AND THAT HE HAS MADE REPORTS CITING SUCH TO HIS DEPARTMENT. ALL PARTIES DECLINED TO BE SEEN BY EMS. DRIVER OF V2 WAS DRIVEN TO VASSAR BROTHERS HOSPITAL BY A FRIEND FOR A COMPLAINT OF BACK PAIN. DRIVER OF V3 STATED HE WOULD BE GOING TO AN URGENT CARE CENTER FOR SHOULDER PAIN.

USE COVER SHEET: N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
PO [signature]	174	01363			BRUSCHETTI, M	06/12/2019 07:47
Print Name in Full: J SINCLAIR						

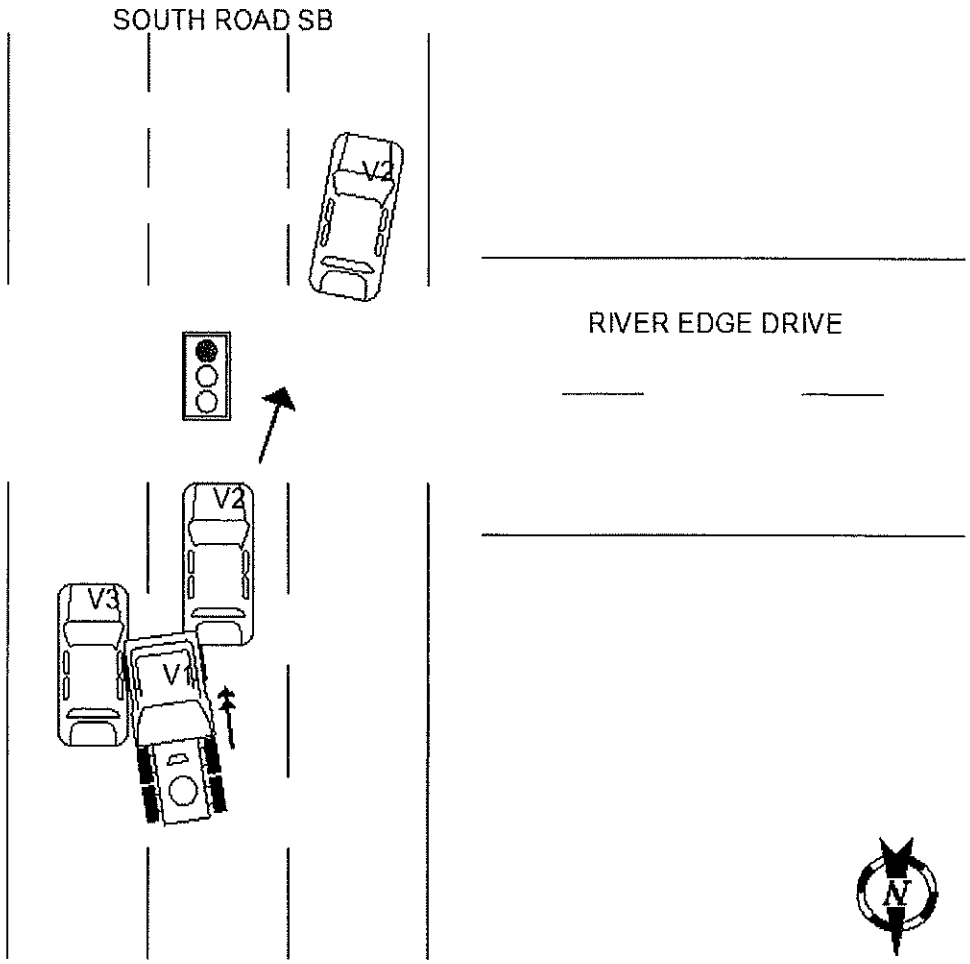
New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes	
19-24109	
QDTP109MDXNS	☐ AMENDED REPORT

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☑ No
6	6	2019	Thursday	09:40	3	3	0			



New York State Department of Motor Vehicles

TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-104S (10/05)

Page 1 of 1 Pages

Local Codes: 19-24109 / QDTP109MDXNS

☐ AMENDED REPORT

Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau, PO Box 2084, Albany NY 12220-0084

INSTRUCTIONS: You must complete this form:
- ♦ If at least one of the vehicles involved is
  - a truck having a GVWR or GCWR > 10,000 lbs.; or
  - a vehicle with a Haz Mat placard; or
  - a bus designed to carry 9 or more persons including the driver
- ♦ AND at least one of the following conditions is met:
  - at least one person sustained fatal injuries
  - at least one person was transported for IMMEDIATE medical treatment
  - at least one vehicle is disabled and was towed/transported from the scene.

Number of:
- 1 Trucks having a GVWR or GCWR > 10,000 lbs.
- 0 Vehicles with a Haz Mat placard
- 0 Buses designed to carry 9 or more persons

Number of Vehicles:
- 3 Towed/transported from scene due to damage

Number of Persons:
- 0 Sustaining fatal injuries
- 0 Transported for IMMEDIATE medical treatment

ACCIDENT DATE Mo.	Day	Year	MILITARY TIME	COUNTY	CITY/TOWN/VILLAGE
6	6	2019	09:40	DUTCHESS	POUGHKEEPSIE, TOWN OF

DRIVER

DRIVER LICENSE ID #: 859007637 — STATE OF LIC.: NY

DRIVER NAME - exactly as printed on license (Last, First, M.I.): HERNANDES, SYDNEY R

1 2 LICENSE CLASS: 1 A, 2 B, 3 CDL C, 4 D, 5 DJ, 6 E, 7 M, 8 MJ, 9 OTHER, 10 DM

DATE OF BIRTH: Mo. 4 Day 18 Year 1973

SEX: 1 Male 2 Female — 7: 1

CARRIER

CARRIER NAME: CITY OF POUGHKEEPSIE SANITATION

STREET OR P.O. BOX	CITY	STATE	ZIP CODE	TOTAL AXLES (Includes trailers) — 8
26 HOWARD ST	POUGHKEEPSIE	NY	12601	3

PLATE NUMBER	STATE OF REG.	CARRIER'S IDENTIFICATION NUMBERS
AD8912	NY	US DOT ICC MC

2 3 WEIGHT RATING OF TRUCK POWER UNIT
1 Less thank or equal to 10,000 lbs.
2 10,001 - 26,000 lbs.
3 More than 26,000 lbs.

VEHICLE IDENTIFICATION NUMBER: 1M2AU04C6AM003178

3 3 VEHICLE CONFIGURATION
1 Bus (seats for more than 15 people, including driver)
2 Single-unit Truck: (2-axle, 6-tire)
3 Single-unit Truck: (3 or more axles)
4 Truck/Trailer
5 Truck Tractor (bobtail)
6 Tractor/Semi-trailer
7 Tractor/Doubles
8 Tractor/Triples
9 Unknown Heany Truck, cannot classify
10 Passenger Car - only record when vehicle displays a Hazardous Material placard
11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays a HM placard
12 Bus (seats for 9-15 people, including driver)

9 2 TRAFFIC WAY
1 Two-way, not divided
2 two-way, divided unprotected median
3 Two-way, divided, positive median barrier
4 One way not divided
5 Not reported

4 5 CARGO BODY TYPE
1 Bus (seats for more than 15 perople, including driver)
2 Van/Enclosed Box
3 Cargo Tank
4 Flatbed
5 Dump
6 Concrete Mixer
7 Auto Transporter
8 Garbage/Refuse
9 Other
10 Grain, Chips, Gravel
11 Pole
12 Bus (seats for 9-15 people, including driver)

10 1 ACCESS CONTROL
1 No Access Control
2 Full Access Control
4 Partial Access Control

5 2 HAZARDOUS MATERIALS INVOLVEMENT
Does vehicle have Haz Mat placard? 1 Yes 2 No

COPY FROM PLACARD: 4-digit identificaiton number from diamond/orange panel

1 or 2-digit number from bottom of diamond

NAME OF HAZ MAT CLASS:

6 2 WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank) ?
1 Yes 2 No

11 9 SEQUENCE OF EVENTS (FOR THIS VEHICLE) — 12 9 — 13 — 14
1 Ran Off Road (noncollision)
2 Jackknife (noncollision)
3 Overturn/Rollover (noncollision)
4 Downhill Runaway (noncollision)
5 Cargo Loss or Shift (noncollision)
6 Explosion or Fire (noncollision)
7 Separation of Units (noncollision)
8 Involving Pedestrian (collision)
9 Involving Motor Vehicle in Transport (collision)
10 Involving Parked Motor Vehicle (collision)
11 Involving Train (collision)
12 Involving Pedalcycle (collision)
13 Involving Animal (collision)
14 Involving Fixed Object (collision)
18 Cross Median/Centerline (noncollision)
19 Equipment Failure (noncollision) (brake failure, blown tires, etc.)
20 Other (noncollision)
21 Unknown (noncollision)
22 With Work Zone Maintenance Equipment (collision)
23 With Other Movable Object (collision)
24 Wtih Unknown Movable Object (collision)

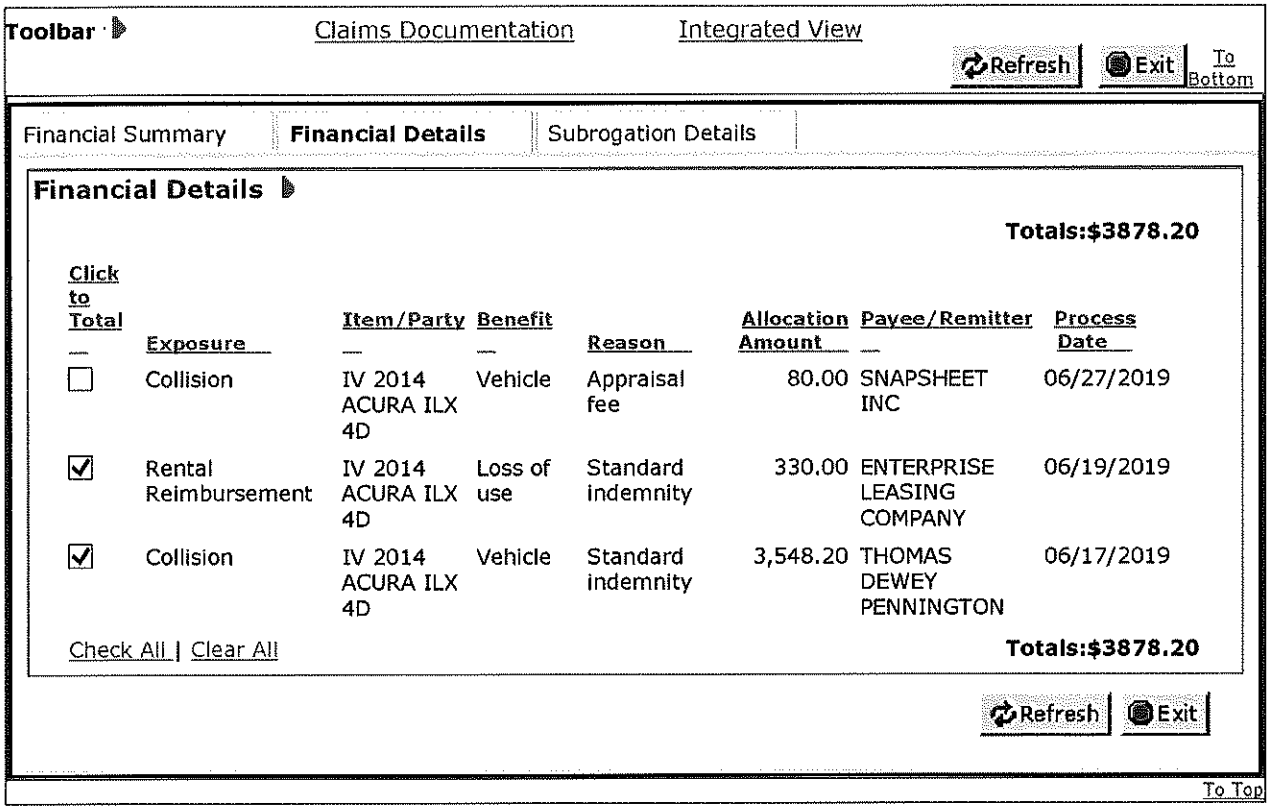
OFFICER'S RANK AND SIGNATURE	BADGE/ID NO.	NCIC NO.	DATE OF REPORT
PO J. Sinclair Jr.	174	01363	6/6/2019

PRINT NAME IN FULL: J SINCLAIR

0901119ca4448c6c

USAA Confidential

EXHIBIT D



Toolbar · Claims Documentation Integrated View Refresh Exit To Bottom

Financial Summary | **Financial Details** | Subrogation Details

Financial Details

Totals:$3878.20

Click to Total	Exposure	Item/Party	Benefit	Reason	Allocation Amount	Payee/Remitter	Process Date
☐	Collision	IV 2014 ACURA ILX 4D	Vehicle	Appraisal fee	80.00	SNAPSHEET INC	06/27/2019
☑	Rental Reimbursement	IV 2014 ACURA ILX 4D	Loss of use	Standard indemnity	330.00	ENTERPRISE LEASING COMPANY	06/19/2019
☑	Collision	IV 2014 ACURA ILX 4D	Vehicle	Standard indemnity	3,548.20	THOMAS DEWEY PENNINGTON	06/17/2019

Check All | Clear All

Totals:$3878.20

Refresh Exit

To Top

EXHIBIT E

Toolbar | Claims Documentation | Integrated View | Back | Exit | To Bottom

Vehicle Loss

Invoice Details

General Info

Invoice Number: 24H3D364625
Type of Invoice: Rental
Service Provider Name: ENTERPRISE LEASING COMPANY
Service Provider Reference Number: C430724835
Invoice Amount: $330.00
Associated to: 2014 - ACURA ILX 4D
Invoice Date: 06/18/2019
Date Received in Claims: 06/18/2019
eDoc: No

Rental Details

Charges Start: 06/06/2019
Rental Start: 06/06/2019
Charges End: 06/16/2019
Rental End: 06/16/2019
USAA Paid Rental Days: 11
Total Rental Days: 11

Invoice Status

Updated By: SYSTEM
Status: Approved
Process Date: 06/19/2019
Reason:

Category	Description	Comments	Service Date	Pre-tax Amount	Sales Tax Amount	Total Amount
RENT	Daily Rental Rate	2019 TOYO HIGH SMALL SUV 11 DAY @ 35.50	06/06/2019 - 06/16/2019	390.50	0.00	390.50
SLSTX	Sales Tax			31.73	0.00	31.73
GVTSG	Government Surcharge			46.86	0.00	46.86
RNTPY	Renter Pays			-139.09	0.00	-139.09
			Totals:	330.00	0.00	330.00

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