



Property or Auto Physical Damage Claim Payment Request

DATE: 09/18/2023

CLAIM INFORMATION

PERMA Member: City of Coachella Member retention: \$5,000.00
Date of Loss: 03/05/2022 Claim Number: 22-162550

PAYMENT INFORMATION

Member Name: City of Coachella
Attention: Attention: Ms Sandy Krause
Address: 53990 Enterprise Way
Coachella, CA 92236

Property
APD

Amount: \$ 20,000.00

Description: Payment of PERMA Deductible to the City of Coachella

REMITTANCE INSTRUCTIONS

Mail to Payee (above) Different Payment Instructions (see below)

Comments: This completes the Claim as Hanover has paid their portion and subrogation efforts against other party resulted in a Policy Limit payment.

APPROVED FOR PAYMENT

Executive Director: Date:

Email to blyons@perma.dst.ca.us

Table with 4 columns: Invoice No., Invoice Date, DOS From, DOS To. Includes rows for PERMA Use, Input Fields, TPA Use, and Allocation.



3380 Shelby Street
Ontario, California 91764-5566

Telephone (909) 861-0816
Fax (909) 860-3995

Report of Investigation / Settlement / Payment Request

PERMA First-Party APD
72811 Highway 111 #1014
Palm Desert, CA 92260
Attention: Ms. Beth Lyons, Executive Director

Reference: Principal: City of Coachella
 Loss Date: 3/5/2022
 Claim(s) Made: 3/7/2022
 Claimant(s): City of Coachella
 Our File Number: 22-162550
 Hanover Claim #: 85-00179415-1

FACTS IN BRIEF: City owned fire pumper unit #79 stopped by the side of Highway 86 for fire suppression, was struck by another vehicle that was driving at unsafe speed for conditions while using his cell phone.

MEMBER/DEPARTMENT: City of Coachella – Fire Department

DATE, TIME & PLACE: This accident occurred on March 3, 2022 at 11:23 PM on Highway 86 near Avenue 50 in Coachella.

COVERAGE: Confirmed as Replacement Cost through PERMA property list for \$360,000.00.

POSSIBLE CODEFENDANTS: Actual – Christopher Robert Diaz – State Farm Insurance with Policy # 75-0858-D57 – and a \$25,000.00 limit of coverage.

OTHER INSURANCE: Hanover Insurance as Excess and the other party as above.

EXCESS: Notice of this matter was made above the First-Party Pool to Hanover Insurance, who immediately paid and the amount above the PERMA Deductible before the City Council formally decided whether to repair or replace Unit #79 – eventually the new Battalion Chief decided not to repair and designated the money for a new unit.

INCIDENT DESCRIPTION / FACTS IN BRIEF: Per the Fire Report:

“EE was stopped on side of roadway with code 3 lights on, engaged in fire suppression, when a civilian vehicle struck the fire engine, missing the EE. No injuries reported for the civilian or fire department personnel. Estimated damage for CV \$70,000. Estimated damage to engine, \$500,000. Riverside County Sheriff's case #Y220640040”

POLICE REPORT: Attached please find the PD Report # \ outlining the details of the confirming facts in brief with the following conclusion:

CAUSE:
P-1 caused this collision by violating California Vehicle Code section 22350 which states :
No person shall drive a vehicle upon a highway at a speed greater than is reasonable or prudent.

In addition, associated factor in the collision was determined to be inattention, due to P-1 using his cellular telephone while operating a motor vehicle in violation of California Vehicle Code section 23123.5(a)

PHOTOGRAPHS: Photographs were obtained by the City, appraiser and police department and representative photos are attached to this report.

PROPERTY DAMAGE: The City sustained the loss of the following as outlined by Hanover as follows:

RE: Damage to the 2007 Smeal Pumper, Vin # 4S7CT2D927C055078, Plate # 1238909,
California
Repairable at \$50,792.48 less the \$25,000.00 deductible = \$25,792.48
Before we can issue the settlement check please advise us whether there is a lien or not
against this unit.
Thank you
Mark Ponusky

Year Make and Model: 2007 Smeal 32Y Red Pumper Fire Truck
Vin #: 4S7CT2D927C055078
License #: 1238909
Mileage: Not readable per appraiser
Damages: Left front near cab
Initial Estimates: \$50,795.48
Revisions: None

SALVAGE / SUBROGATION: No salvage / Hanover had the first right of recovery and were almost fully reimbursed for their portion off this loss (less \$795.48).

SETTLEMENT: As settlement of this matter lies within our authority level, we are moving forward with resolution of this matter as below:

\$50,795.48 Repair Amount
-5,000.00
-25,795.48 Paid by Hanover
\$20,000.00 Remaining to be paid by PERMA to the City of Coachella - Deductible

Authority Request - \$20,000.00 in order to finalize this matter – Hanover paid their portion quickly and handled Subrogation under the other party's limited policy for \$25,000.00.

WORK TO BE COMPLETED:

1. Obtain Settlement Check for First Party Damages from PERMA First-Party Pool

CLAIM STATUS/RESERVE:

1. City of Coachella Open – Property Resolved with Payment

COMMENT: With the attached, we move forward to our request for payment to the City of Coachella of the PERMA portion of the Deductible, with file closure to follow receipt of this final check.

Sincerely,



Michael Reed
First Party Manager
AdminSure Inc.
3380 Shelby Street
Ontario, CA 91764-5566
Phone 909-612-5644 | Fax 909-860-3995
mreed@adminsire.com
cc: City of Coachella

Schedules

JPA

PERMA

Member Name

City of Coachella

Vehicle Type

Fire Engine/Pumper

VIN

4S7CT2D927C055078

License

Year

2007

Make

Smeal

Model

PUMPER

Mileage

0

Agency Vehicle Number

Department

Useage

Operations and Maintenance Use

Added Date:

Delete Date

Delete Vehicle

Coverage

Comp and Collision

Replacement Cost

\$360,000.00

Valuation

Replacement Value

Actual Cash Value

\$60,202.00

The Hanover Insurance Company
P O BOX 15149
WORCESTER, MA 01615-0149

CITY OF COACHELLA
53990 ENTERPRISE WAY
COACHELLA, CA 92236



PAYEE City of Coachella
001479 **INSURED** PUBLIC ENTITY RISK MANAGMENT AUTHORITY
0001 of 906 **CLAIMANT** City of Coachella

CHECK NO 01834309
DATE ISSUED 07/27/2022
AMOUNT \$25,792.48
POLICY NUMBER IH3-H672737-00
CLAIM NUMBER 85-00179415-1
DATE OF LOSS 03/05/2022

FOR 2007 Smeal Pumper, 4S7CT2D927C055078, repairs

NOTES Fire engine repairs less deductible

DETACH AND RETAIN TOP SECTION FOR YOUR RECORDS

DOCUMENT CONTAINS A VOID PANTOGRAPH AND MICROPRINT BORDER ON THE FACE AND A WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW.

The Hanover Insurance Company
PNC Bank N.A. 001

60-162
433

01834309

CLAIM NUMBER 85-00179415-1	INSURED PUBLIC ENTITY RISK MANAGMENT AUTHORITY	Date of Loss 03/05/2022
POLICY NUMBER IH3-H672737-00	CLAIMANT City of Coachella	Issued By Mark Ponusky
IN PAYMENT OF 2007 Smeal Pumper, 4S7CT2D927C055078, repairs		

DATE ISSUED 07/27/2022

PAY Twenty five thousand seven hundred ninety two and 48/100 Dollars

PAY \$*****25,792.48

Void if not cashed within 180 days

TO THE ORDER OF: CITY OF COACHELLA
53990 ENTERPRISE WAY
COACHELLA, CA 92236

Mark Ponusky
AUTHORIZED SIGNATURE

⑈01834309⑈ ⑆043301627⑆ 1069927909⑈

09/26/2023

4645038

09457 (11/05)

PO Box 15147
Worcester 01615
Telephone: Ext:
Fax Number: 508-926-5660

July 07, 2022

PUBLIC ENTITY RISK MANAGMENT,
36-951 COOK ST STE 101
PALM DESERT CA 92211

Re: Our Insured: PUBLIC ENTITY RISK MANAGMENT,
Claim Number: 85-00179415 000
Date of Loss: 03/05/2022
Policy Number: IH3 H672737

Dear :

This letter will acknowledge receipt of your notice of claim and to advise you that we are commencing our investigation.

The State of California requires us to inform you of the following:

"In addition to Section 790.03 of the Insurance Code, the Fair Claims Settlement Practices Regulations govern how insurance claims must be processed in this state. These regulations are available at the Department of Insurance Internet website, www.insurance.ca.gov. You may also obtain a copy of this law and these regulations free of charge from this insurer". We have attached a copy of sections (h) and (i) of Section 790.03 of the Insurance Code for your reference. Also, pursuant to Insurance code section 2071 regarding "claim-related documents", you may obtain, upon request, copies of documents that relate to the evaluation of damages.

Should you have any questions regarding this notice, please contact the undersigned. Kindly include your claim number on all correspondence.

Sincerely,

Inland Marine Pending Assignment

Inland Marine Pending Assignment

The Hanover Insurance Company

Enclosures: **sections (h) and (i) of Section 790.03**

Fraud Warning Statement for all States (except as individually listed below):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CA, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI, TX (Workers' Compensation Only), and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

APPLICABLE IN DELAWARE, FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, WASHINGTON AND NORTH CAROLINA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN NEW HAMPSHIRE: Any person who with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **MN Workers' Compensation Only:** Any person who with intent to defraud, receives workers compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to s 609.52, subdivision 3.

PENNSYLVANIA Motor Vehicle Only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$ 15,000.

Claim Number: 85-00179415 000

Unfair methods of competition and unfair or deceptive acts or practices

The following are hereby defined as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance.

h) Knowingly committing or performing with such frequency as to indicate a general business practice any of the following unfair claims settlement practices:

- (1) Misrepresenting to claimants pertinent facts or insurance policy provisions relating to any coverages at issue.
- (2) Failing to acknowledge and act reasonably promptly upon communications with respect to claims arising under insurance policies.
- (3) Failing to adopt and implement reasonable standards for the prompt investigation and processing of claims arising under insurance policies.
- (4) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss requirements have been completed and submitted by the insured.
- (5) Not attempting in good faith to effectuate prompt, fair, and equitable settlements of claims in which liability has become reasonably clear.
- (6) Compelling insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by the insureds, when the insureds have made claims for amounts reasonably similar to the amounts ultimately recovered.
- (7) Attempting to settle a claim by an insured for less than the amount to which a reasonable person would have believed he or she was entitled by reference to written or printed advertising material accompanying or made part of an application.
- (8) Attempting to settle claims on the basis of an application that was altered without notice to, or knowledge or consent of, the insured, his or her representative, agent, or broker.
- (9) Failing, after payment of a claim, to inform insureds or beneficiaries, upon request by them, of the coverage under which payment has been made.
- (10) Making known to insureds or claimants a practice of the insurer of appealing from arbitration awards in favor of insureds or claimants for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration.
- (11) Delaying the investigation or payment of claims by requiring an insured, claimant, or the physician of either, to submit a preliminary claim report, and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information.
- (12) Failing to settle claims promptly, where liability has become apparent, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage.
- (13) Failing to provide promptly a reasonable explanation of the basis relied on in the insurance policy, in relation to the facts or applicable law, for the denial of a claim or for the offer of a compromise settlement.
- (14) Directly advising a claimant not to obtain the services of an attorney.
- (15) Misleading a claimant as to the applicable statute of limitations.

(16) Delaying the payment or provision of hospital, medical, or surgical benefits for services provided with respect to acquired immune deficiency syndrome or AIDS-related complex for more than 60 days after the insurer has received a claim for those benefits, where the delay in claim payment is for the purpose of investigating whether the condition preexisted the coverage. However, this 60-day period shall not include any time during which the insurer is awaiting a response for relevant medical information from a health care provider.

(l) Canceling or refusing to renew a policy in violation of Section 676.10.

Carol Reed

From: Sandy Krause <skrause@coachella.org>
Sent: Thursday, April 20, 2023 5:32 PM
To: Michael Reed; Carol Reed
Subject: FW: 85-00179415, City of Coachella, 03/05/2022 loss date
Attachments: Release.pdf; Check from Hanover Insurance -settlement check Fire Engine #79.pdf

Importance: High

CAUTION: This message originated from outside AdminSure's email system. If you don't recognize the sender's name AND email address, DO NOT reply to or forward the email or click on any links or attachments. Use the Phish Alert Report if email appears suspicious.

Good afternoon.

Sheila with Hanover Insurance sent me an email asking for a signature on a Release Form. Please see below. This is in regards to the fire truck that was hit back in 2022. We already received a check back in March of 2022 for \$25,792.48 from Hanover Insurance.

Would you please let me know if this is in reference to something else?

Thank you.
Sandy

Sandy Krause | Human Resources Manager
City of Coachella
53990 Enterprise Way ° Coachella, CA 92236
Ph. 760 398-3502, ext. 132
HR Fax 760-683-3017
Office Hours:
Monday - Thursday 7:00 a.m. to 6:00 p.m.
Closed Fridays

From: GRIFFIN, SHEILA <SH3GRIFFIN@HANOVER.COM>
Sent: April 19 23 11:31 AM
To: Sandy Krause <skrause@coachella.org>
Subject: FW: 85-00179415, City of Coachella, 03/05/2022 loss date
Importance: High

Hi Sandy,

Can you please see below. I have not received a response to date. To get your \$25,000 deductible back they need you to sign the attached release.

Thank you,

Sheila

From: GRIFFIN, SHEILA
Sent: Monday, March 27, 2023 11:21 AM
To: 'skrause@coachella.org' <skrause@coachella.org>
Subject: FW: 85-00179415, City of Coachella, 03/05/2022 loss date

Hi Sandy,

I requested reimbursement from the responsible party insurance carrier, and the responsible party in this loss has only \$25,000.00 policy limits. They need us both to sign this release then once they receive, they will issue the \$25,000 and once that payment is received I will issue your deductible. If you can please sign and email me back, I will have forwarded.

Thank you,
Sheila

Sheila Griffin / Subrogation Adjuster for Inland Marine
440 Lincoln Street / Worcester, MA 01653
Office: 508-855-5242- I Fax: 508-926-4781
sh3griffin@hanover.com

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From: PONUSKY, MARK A
Sent: Wednesday, July 27, 2022 8:18 AM
To: skrause@coachella.org
Subject: 85-00179415, City of Coachella, 03/05/2022 loss date

RE: Damage to the 2007 Smeal Pumper, Vin # 4S7CT2D927C055078, Plate # 1238909, California

Repairable at \$50,792.48

\$50,792.48 less the \$25,000.00 deductible = \$25,792.48

Before we can issue the settlement check please advise us whether there is a lien or not against this unit.

Thank you

Mark Ponusky

Inland Marine Adjuster

The Hanover Insurance Group | 440 Lincoln Street | Worcester, MA 01653

☐ 508.855.9802 | ☐ mponusky@hanover.com Fax 508-635-8667

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

This e-mail, including attachments, is intended for the exclusive use of the addressee and may contain proprietary, confidential or privileged information. If you are not the intended recipient, any dissemination, use, distribution or copying is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail and permanently delete the original and destroy all copies.





Appraisal Report

Our File: IV101644

Inland Valley Appraisers

P.O. Box 90152

San Bernardino CA 92427

909-474-0411

Fax:

909-474-0421

Date: 06/22/2022

Estimate #:

Appraiser: ED RICHARD

dispatch@jprenterprisesinc.com

Appraised For - AdminSure, Inc. 3380 Shelby Street Ontario CA 917645566 909-978-1124 Fax: - - Attention: M REED Point of Impact: LEFT SIDE Location: fire house	File Information - Claim #: 22-162550 Policy #: NOT AVAILABLE Insured: CITY OF COACHELLA Date of Loss: 03/05/2022 Date Received: 04/29/2022 Date Contacted: 05/03/2022 Date Inspected: 05/05/2022 Days to Repair: 0 Loss Type: COLLISION
Vehicle Owner - CITY OF COACHELLA Home Ph: - - Cell Ph: - - Work Ph: 760-398-3502 Ext: 132	Vehicle Information - Make: FIRE TRUCK Model: Style: Color: NOT DRIVABLE Plate: Mileage: NOT READABLE VIN:

I have inspected this vehicle and have an agreed figure to repair with:

Repairer:

Address:

- -

Fax: - -

Registration #:

A copy of the appraisal has been sent to the owner.

A copy of the appraisal has been sent to this shop.

Accepted by _____

Date

/ /

Phone

In Person

Actual Cash Value	0.00
Damages appraised at	50792.48
Suggested Settlement	50795.48
Deductible	5000.00
Suggested Payment	45795.48

Appraiser

Comments: Inspection Date/Time: 5/5/2022 8:30 AM

Inspection location (full address): FIRE HOUSE - 1377 6TH ST COACHELLA

Was vehicle owner present:

If not, was contact made/attempted:

Full name of contact during inspection: JAMES BECKMAN

Photo of vehicle registration: NO
 Is the registration current: PERMANENT CA
 Is vehicle holding a salvaged title: NO
 Is the area of damage consistent with loss facts: YES

—
 Alternative parts search: YES
 Betterment: NO
 Days to repair: 35
 Safely drivable: NO
 Vehicle condition: GOOD
 Seat belts checked / operational: YES
 Unrelated damage: NO
 Supplement potential (Incl approx \$ amt): \$25,000.00

—
 Copy of estimate provided to owner/how: NO

—
 Is storage accumulating: NO
 Date storage began:
 Number of storage days:
 Current charge breakdown:

—
 Additional comments:

—
 5/5 ER - I INSPECTED THE INURED'S FIRE TRUCK AT THEIR FIRE HOUSE AT 8:30 AM. I MET WITH JAMES BECKMAN.

—
 THE IMPACT WAS TO THE LEFT SIDE, JUST BEHIND THE LEFT FRONT WHEEL

—
 THE LEFT FRONT WHEEL AND SUSPENSION IS PUSHED FORWARD. THE LEFT SIDE CAB PANEL IS BUCKLED., THE LEFT ENTRY STEP ASSEMBLY IS MASHED. THE LEFT SIDE REAR CORNER PANEL IS BUCKLED, THE REAR CAB PANEL IS BUCKLED. THE LEFT CREW ENTRY DOOR IS DENTED AND BUCKLED. THE PLATFORM BELOW THE GAUGE PANEL IS BUCKLED.

—
 I RESEARCHED PARTS AND MADE CONTACT WITH THE MANUFACTURER. I EMAILED PHOTOS AND A LIST OF PARTS TO THE MANUFACTURER.

—
 I RECEIVED A PARTIAL QUOTE OF PARTS PRICES. THEY COULD NOT GIVE ME A COMPLETE LIST WITHOUT INSPECTING THE TRUCK.

—
 I DISCUSSED THE STATUS WITH ADJUSTER MICHAEL REED. I CONTACTED DAVID KILLACKEY JR. AT PERFORMANCE TRUCK REPAIR AND DISCUSSED THE DAMAGES WITH HIM. HE TOLD ME HE COULD WRITE A PRELIMINARY ESTIMATE BUT WOULD HAVE TO INSPECT THE TRUCK TO WRITE A COMPLETE ESTIMATE.

—
 I HAD AN ADDITIONAL DISCUSSION WITH DAVID KILLACKEY SR. RECEIVED A PRELIMINARY ESTIMATE. DAVID EXPLAINED THAT THERE IS PROBABLE ADDITIONAL SUSPENSION AND INNER PANEL DAMAGE WITH A POSSIBLE SUPPLEMENT OF \$20,000 T \$25,000.00

—
 I COMPLETED A VALUATION REQUEST TO OBTAIN AN ACCURATE VALUE FOR THE TRUCK - REQUEST # 57698778

—
 VALUATION RECEIVED FROM AUDATEX - \$102,510.00

—
 SALVAGE BIDS:

TOM'S TRUCK PAINTING - \$2,288.00- KENDRICK - 909-574-8751
ONE WAY AUTO - JAMES - \$1,200.00 - JAMES@ONEWAYAUTO.US
HBS SALVAGE - JEFF - \$1,000.00 818-767-2121

-
6/23 ER - DISCUSSED REPAIRS WITH DAVID AT PERFORMANCE TRUCK REPAIR AND ALSO WITH
ADJUSTER MICHAEL REED.

-
BASED ON THE VALUATION AND THE POTENTIAL SUPPLEMENT. THE TRUCK IS REPAIRABLE.

-
REPAIRS WILL TAKE 35 DAYS.

-
CALLED SHOP AND LET THEM KNOW WE WILL BE REPAIRING TRUCK. GAVE DAVID MICHAEL'S
CONTACT INFORMATION.

Appraiser _____

ED RICHARD

ACTIVITY LOG

06/24/2022 01:24:40

Appraisal No.: IV101644**Client: AdminSure, Inc.**

Date	Memo	Time	Initials
03/05/2022	Date of Loss		LL
04/29/2022	Date Received @ 9AM		LL
04/29/2022	City office is closed on Fridays. Will contact Monday AM		LL
05/02/2022	Clld city @ 128pm, lmtcb		LL
05/03/2022	Clld city @ 1108am, sched for 5/5 em status		LL
05/03/2022	Assigned		LL
05/03/2022	Contacted		LL
05/05/2022	Appointment Date		LL
05/05/2022	Inspected		ER
06/22/2022	Completed & Submitted		ER
06/24/2022	Invoice # IV101644 issued		ADM
06/24/2022	Uploaded		ADM

INLAND VALLEY APPRAISERS
P.O. BOX 90152
SAN BERNARDINO, CA 92427
PHONE: (909)474-0411 FAX: (909)474-0411
FOR SUPPLEMENTS: iva.supps@gmail.com

*** ESTIMATE ***

06/17/2022 03:17 PM

Owner

Owner: CITY OF COACHELLA
Address: 1377 6TH ST
City State Zip: Coachella, CA 92236

Work/Day: (760)398-8895
Cell: (760)398-2107
FAX:

Control Information

Claim #: 22-162550
Loss Date/Time: 05/05/2022
Deductible: \$5,000.00
File #: IV101644

Insured Policy #: NOT AVAILABLE
Loss Type: Collision

Accounting #:

Ins. Company: ADMINISURE, INC.

Insured: CITY OF COACHELLA
Address: 1377 6TH ST
City State Zip: Coachella, CA 92236

Work/Day: (760)398-8895
Cell: (760)398-2107
FAX:

Claim Rep: M REED
Address:

Work/Day: (909)978-1124

Inspection

Inspection Date: 05/05/2022 08:30 AM
Inspection Location: CITY OF COACHELLA
Address: 1377 6TH ST

Inspection Type: Independent Field

Contact:

Work/Day: (760)398-8895x
Cell: (760)398-2107x

City State Zip: Coachella, CA 92236
Primary Impact: Left Side

FAX:

Secondary Impact:

Appraiser Name: Edwin Richard
Address: PO Box 90152

Appraiser License #:

Work/Day: (909)474-0411
Home/Evening: (909)474-0411

City State Zip: San Bernardino, CA 92427
Email: iva.supps@gmail.com

FAX:

Repalrer

Target Complete Date/Time:

Days To Repair: 20*

Remarks

All supplements must be called into Inland Valley Appraisers (909) 474-0411.
The estimate was prepared by an independent appraiser and is subject to insurance company approval. This is not an authorization to repair.
Only the vehicle owner can authorize repairs.

Contact the handling adjuster for confirmation of coverage and payment.
 All supplements must be pre-approved prior to start of repairs.
 Failure to do so may result in non-payment in whole or in part.
 VIN - 4S7CT2D927C055078

Vehicle

Other - 2007 SPARTAN FIRE TRUCK PUMPER

Lic.Plate: 1238909
 Lic Expire:
 Veh Insp# :
 Condition: Good
 Ext. Color: RED
 Ext. Refinish: Two-Stage

Lic State: CA
 VIN: None
 Mileage Type: Actual
 Code: T999Z5
 Int. Color:
 Int. Refinish:

Options

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
1	E			FRAME BUSTIN STEP MOUNT	Replace OEM	\$840.93*				SM*
				>> 3000EE21004-005						
2	E			KICK PLATE LOWER	Replace OEM	\$162.33*				SM*
				>> 720637						
3	E			STEP UPPER	Replace OEM	\$472.63*				SM*
				>> 720634						
4	E			STEP REINFORCEMENT	Replace OEM	\$111.58*				SM*
				>> 720640						
5	E			WHEEL WELL LF	Replace OEM	\$549.46*				SM*
				>> 2002EE20017-015						
6	E			WHEEL PAN	Replace OEM	\$66.63*				SM*
				>> 720643						
7	E			WHEEL WELL LINER L F	Replace OEM	\$62.28*				SM*
				>> 2002EE20017-014						
8	E			XTRUSION-CORNER POST	Replace OEM	\$300.08*				SM*
				>> 720700						
9	E			RESTRAINT NUT STRIKER	Replace OEM	\$99.98*				SM*
				>> 720695						
10	E			PLATE BACKING OFFSET STRAI	Replace OEM	\$126.08*				SM*
				>> 720696						
11	E			CAB PANEL SKIN L	Replace OEM	\$1,672.74*				SM*
				>> 726448						
12	E			ADDITIONAL PARTS	Replace OEM	\$13,735.26*				SM*
				>> PROJECTED ADDITIONAL PARTS AFTER TEARDOWN.						
				>> SOME PARTS WILL HAVE TO BE FABRICATED.						
				>> THEY ARE NO LONGER AVAILABLE FROM MANUFACTURER						
13	I			LABOR	Sublet Repair	\$31,000.00*				SM*
				>> REMOVE AND REPLACE DAMAGED PARTS. FABRICATE PARTS						
				>> THE PLATFORM ON LEFT SIDE BELOW GUAGES						
				>> WILL HAVE TO BE CUT OUT AND FABRICATED.						
				>> O.E.M. PRICES FROM EMERGENCY VEHICLE GROUP 2883 E CORONADO ST						
				>> ANAHEIM 92806 - 714-238-0110						
14	P			*** NOTE ***	Check					SM*
				>> PROJECTED PARTS AND LABOR COSTS QUOTED FROM						
				>> PERFORMANCE TRUCK REPAIR - 892 W. 10TH ST AZUSA, CA 91702						

>> 626-664-0995

14 Items

Estimate Total & Entries

OEM Parts				\$18,199.98	
Parts & Material Total					\$18,199.98
Tax on Parts & Material			@ 8.750%		\$1,592.50
Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$95.00				
Mech/Elec (ME)	\$130.00				
Frame (FR)	\$95.00				
Refinish (RF)	\$95.00				
Sublet Repairs				\$31,000.00	
Gross Total					\$50,792.48
Less: Deductible					\$5,000.00-
Net Total					\$45,792.48

Alternate Parts C/00/00/00/00/00 Cumulative 00/00/00/00/00 Zip Code: 92401 Geo 92401
 Rate Name Default

Audatex Estimating 8.1.425 Update 5a ES 06/17/2022 03:51 PM REL 8.1.425 Update 5a DT 05/01/2022 DB 06/15/2022
 State Disclosure:CA
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THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE PARTS, RATHER THAN BY THE ORIGINAL MANUFACTURER OF YOUR VEHICLE.

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON. FALSE REPRESENTATIONS MADE ON A SIGNED AUTO THEFT CLAIM FORM SUBJECTS THE INSURED TO A PENALTY OF PERJURY.

PURSUANT TO CALIFORNIA CODE OF REGULATIONS, TITLE 10, CHAPTER 5, SUBCHAPTER 7.5, SECTION 2695.8 THE INSURER WARRANTS THAT ANY NON-ORIGINAL EQUIPMENT MANUFACTURER PARTS SPECIFIED IN THIS ESTIMATE ARE AT LEAST EQUAL TO THE ORIGINAL EQUIPMENT MANUFACTURER PARTS IN TERMS OF KIND, QUALITY, SAFETY, FIT AND PERFORMANCE.

Op Codes

* = User-Entered Value	^ = Labor Matches System Assigned Rates	E = Replace OEM
NG = Replace NAGS	EC = QUALITY REPL. PART	OE = Replace PXN OE Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = QUAL. REPL. PRT. RPT
EU = LIKE KIND & QUAL.PRT	TE = Partial Replace Price	PM = Replace PXN Reman/Rebld
UM = Replace Reman/Rebuilt	L = Refinish	PC = Replace PXN Reconditioned
UC = Replace Reconditioned	TT = Two-Tone	SB = Sublet Repair
N = Additional Labor	BR = Blend Refinish	I = Repair
IT = Partial Repair	CG = Chipguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage



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INLAND VALLEY APPRAISERS
P.O. BOX 90152
SAN BERNARDINO, CA 92427
PHONE: (909)474-0411 FAX: (909)474-0411
FOR SUPPLEMENTS: iva.supps@gmail.com

CALIFORNIA

For your protection, California Law requires the following state to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. California 9875.1 (b)

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THIS IS NOT AN AUTHORIZATION FOR REPAIR. AS THE OWNER OF THE VEHICLE, YOU ARE THE ONLY PERSON WHO CAN AUTHORIZE REPAIRS.

ALL ESTIMATES ARE SUBJECT TO REVIEW AND MAY BE REVISED BY THE INSURANCE COMPANY.

**** PLEASE CALL TO CONFIRM COVERAGE BEFORE REPAIRS ARE STARTED*****

AUTO BODY REPAIR CONSUMER BILL OF RIGHTS Amended effective January 1, 2010

A Consumer is entitled to:

- 1) Select the auto body repair shop to repair auto body damage covered by the Insurance Company. An Insurance Company shall not require the repairs to be done at a specific auto body repair shop.
- 2) An itemized written estimate for auto body repairs and upon completion of repairs, a detailed invoice. The estimate and the invoice must include an itemized list of parts and labor along with the total price for the work performed. The estimate and invoice must also identify all parts as new, used, aftermarket, reconditioned or rebuilt.
- 3) Be informed about coverage for towing and storage services.
- 4) Be informed about the extent of coverage, if any, for a replacement rental vehicle while a damaged vehicle is being repaired.
- 5) Be informed of where to report suspected fraud or other complaints and concerns about auto body repairs.
- 6) Seek and obtain an independent repair estimate directly from a registered auto body repair shop for repair of a damaged vehicle, even when pursuing an insurance claim for repairing the vehicle.

Complaints within the jurisdiction of the Bureau of Automotive Repair
Complaints concerning the repair of a vehicle by an auto body repair shop should be directed to:

Toll Free (866) 799-3811

California Department of Consumer Affairs/Bureau of Automotive Repair
10240 Systems Parkway
Sacramento, CA 95827

The Bureau of Automotive Repair can also accept complaints on its website at:
www.autorepair.ca.gov

Complaints within the jurisdiction of the California Insurance Commissioner
Any concerns regarding how an auto insurance claim is being handled should be submitted to:

California Department of Insurance at:
(800)927-HELP or (213) 897-8921

California Department of Insurance Consumer Services Division
300 S. Spring Street
Los Angeles, CA 90013

The California Department of Insurance can also accept complaints on its website at: www.insurance.ca.gov



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COUNTER SALE ESTIMATE

Emergency Vehicle Group, Inc.
 2883 East Coronado Street
 Anaheim, CA 92806
 service@evginc.net
 (714) 238-0110



CS: **732**

Date: **6/10/2022**

Bill To
GENERAL QUOTE

Remit To
 Emergency Vehicle Group
 2883 East Coronado Street
 Anaheim, CA 92806

Terms	Due Date	CS	Purchase Order
Net 0	6/10/2022	732	

Line	Part #	Description	Quantity	UOM	Rate	Amount
1	3000EE21004-005	FRAME BUSTIN STEP MOUNT (4-6 WEEK LT)	1		\$840.93	\$840.93
2	720637	KICK PLATE LOWER (4-6 WEEK LT)	1		\$162.33	\$162.33
3	720634	STEP-UPPER (4-6 WEEK LT)	1		\$472.63	\$472.63
4	720640	STEP REINFORCEMENT (4-6 WEEK LT)	1		\$111.58	\$111.58
5	2002EE20017-015	WELL-WHEELDRIVERS SIDE (4-6 WEEK LT)	1		\$549.48	\$549.48
6	720643	WHEEL PAN (4-6 WEEK LT)	1		\$66.63	\$66.63
7	2002EE20017-014	LINER-WHEELWELL (4-6 WEEK LT)	1		\$62.28	\$62.28
8	720700	XTRUSION-CORNER POST (4-6 WEEK LT)	1		\$300.08	\$300.08
9	720695	RESTRAINT NUT STRIKER (4-6 WEEK LT)	1		\$99.98	\$99.98
10	720696	PLATE BACKING OFFSET STRAIGHT (4-6 WEEK LT)	1		\$126.08	\$126.08
11	726448	SKIN RR CAB PNL RH (4-6 WEEK LT)	1		\$1,672.74	\$1,672.74
12	718031	TIE ROD END ASSEMBLY (8-10 WEEK LT)	1		\$1,835.99	\$1,835.99
13	SHIPPING	GROUND-FREIGHT // ESTIMATE	1		\$300.00	\$300.00

Subtotal	\$6,600.73
Orange County, CA (7.7500%)	\$488.31
Total	\$7,089.04
Balance	\$7,089.04

PARTS QUOTE
 VIN #4S7CT2D927C055078

EDWIN RICHARD
 EDWIN.RICHARD86@GMAIL.COM
 (909)659-3881

The details and the estimate for the repairs provided above are based on our first inspection and do not constitute a guarantee that no further work or parts will be required. The estimate is not a guarantee of the final price of the repairs. The total bill of work and final price will be as per the details available on completion of the repairs. Other terms and conditions as applicable. If you authorize us to perform the above repairs, either verbally or in writing, you agree to pay in full for the work performed and parts required.

Customer Signature: _____

Printed Name: _____ Date: _____

Autosource

Market-Driven Valuation™

Administrative Data

ED Richard
 Inland Valley Appraisers
 San Bernardino Branch
 PO Box 90152
 San Bernardino CA 92427

Claimant
 Insured City Of Coachella
 Claim 22-162550
 Loss Date 03/05/2022
 Loss Type Collision
 Policy
 Other

VINSOURCE Analysis

VIN 4S7CT2D927C055078
 History No activity was reported

Specialty Valuation Data

VEHICLE DESCRIPTION	CLIENT VEHICLE	COMPARABLE 1	ADJUSTMENTS 1
YEAR	2007	2007	
MAKE	SPARTAN	E-ONE	
MODEL	METRO STAR	NOT REPORTED	
BODY STYLE	CABOVER	CABOVER	
CAB TYPE	6-MAN CAB	4-MAN CAB	340.00
DRIVE TYPE	4X2	4X2	
TRIM	STD	STD	
BODY TYPE	FIRE TRUCK	FIRE TRUCK	
ODOMETER	NOT REPORTED	127,052	
ACTUAL	No	YES	
ENGINE			
ENGINE MAKE	CUMMINS	Cummins	
ENGINE SIZE	8.9 L	ISL 8.9L	
ENGINE HP	310	330 HP*	-200.00
TRANSMISSION			
TRANSMISSION TYPE	AUTOMATIC	AUTOMATIC	
TRANSMISSION MFG	ALLISON	ALLISON	
NUMBER OF GEARS	STD	6 SPD	
BRAKE TYPE	AIR	Air	
SPECIFICATIONS			
GVW	42,000 LBS	45,000 LBS	
WHEEL BASE	STD	STD	

	CLIENT VEHICLE	COMPARABLE 1	ADJUSTMENTS 1
SUSPENSION TYPE	SPRING	SPRING	
NUMBER OF REAR AXLES	1	1	
NUMBER OF DRIVE AXLES	1	1	
REAR AXLE RATING	24,000 LBS	27,000 LBS	NO ADJUSTMENT
FRONT AXLE RATING	18,000 LBS	18,000 LBS	
DUAL REAR WHEELS	YES	YES	
DROP/LIFT AXLE			
CAB EQUIPMENT			
POWER STEERING	YES	YES	
POWER WINDOWS	YES	YES	
POWER LOCKS	YES		40.00
CRUISE CONTROL		YES	-50.00
TILT/TELESCOPING WHEEL	YES	YES	
AIR CONDITIONING	YES	YES	
AM/FM STEREO	YES		25.00
AM/FM CASS			
AM/FM CD PLAYER			
CB RADIO	YES	YES	
JAKE BRAKE			
DRIVER SIDE ONLY	YES		100.00
DRIVER & PASSENGER		YES	-200.00
FIRE TRUCK EQUIPMENT			
CUSTOM WHEELS	6-ALUMINUM	4-ALUMINUM	150.00
BODY YEAR	2006	2007	
BODY MANUFACTURER	SMEAL	E-ONE	
BODY MATERIAL	ALUMINUM	ALUMINUM	
BODY TYPE	PUMPER	PUMPER	
TANK CAPACITY	500 GALLONS	1,000 GALLONS	-500.00
PUMP MANUFACTURER	UNKNOWN	HALE	
PUMP CAPACITY	UNKNOWN	1,250 GPM	
FOAM SYSTEM	YES	YES	
AERIAL LADDER			
ATTIC & ROOF LADDERS	YES	YES	
HOSE & REELS	YES		150.00
LIGHTBAR	YES	YES	
GENERATOR	YES/UNK WATTAGE	YES/UNK WATTAGE	NO ADJUSTMENT
SCENE LIGHTS	YES	YES	
NUMBER OF FUEL TANKS	1	1	
TOTAL FUEL CAPACITY	STD	STD	
CONDITION			
INTERIOR CONDITION	AVERAGE	AVERAGE	
EXTERIOR CONDITION	AVERAGE	AVERAGE	
BODY CONDITION	AVERAGE	AVERAGE	
MECHANICAL CONDITION	AVERAGE	AVERAGE	
ENGINE REBUILD COST			
ENGINE			

ENGINE MILES		
TRANSMISSION		
TRANSMISSION MILES		
TRANSMISSION REBUILD COST		
OTHER MECH. RECEIPTS		
TIRE CONDITION		
FRONT AXLE TIRES	AVERAGE	AVERAGE
REAR AXLE TIRES	AVERAGE	AVERAGE
REAR TIRES 2ND AXLE		
DROP/LIFT AXLE		
OTHER		
ADVERTISED/ASKING PRICE		99,900
CASH PRICE		99,900.00

Adjusted Market Value		\$99,900.00
Vehicle Description		\$340.00
Equipment Adjustments		\$ -285.00
Engine Adjustments		\$ -200.00
Total Adjusted Market Value Comparable 1		\$99,755.00

	CLIENT VEHICLE	COMPARABLE 2	ADJUSTMENTS 2
VEHICLE DESCRIPTION			
YEAR	2007	2008	-5,545.00
MAKE	SPARTAN	SPARTAN	
MODEL	METRO STAR	FURION	
BODY STYLE	CABOVER	CABOVER	
CAB TYPE	6-MAN CAB	4-MAN CAB	340.00
DRIVE TYPE	4X2	4X2	
TRIM	STD	STD	
BODY TYPE	FIRE TRUCK	FIRE TRUCK	
ODOMETER ACTUAL	NOT REPORTED No	78,350 YES	
ENGINE			
ENGINE MAKE	CUMMINS	Caterpillar	
ENGINE SIZE	8.9 L	3126/C7	
ENGINE HP	310	330 HP	-200.00
TRANSMISSION			
TRANSMISSION TYPE	AUTOMATIC	AUTOMATIC	
TRANSMISSION MFG	ALLISON	ALLISON	
NUMBER OF GEARS	STD	6 SPD	
BRAKE TYPE	AIR	Air	
SPECIFICATIONS			
GVW	42,000 LBS	42,000 LBS	
WHEEL BASE	STD	STD	
SUSPENSION TYPE	SPRING	SPRING	
NUMBER OF REAR AXLES	1	1	
NUMBER OF DRIVE AXLES	1	1	

	CLIENT VEHICLE	COMPARABLE 2	ADJUSTMENTS 2
REAR AXLE RATING	24,000 LBS	24,000 LBS	
FRONT AXLE RATING	18,000 LBS	18,000 LBS	
DUAL REAR WHEELS	YES	YES	
DROP/LIFT AXLE			
CAB EQUIPMENT			
POWER STEERING	YES	YES	
POWER WINDOWS	YES		100.00
POWER LOCKS	YES		40.00
CRUISE CONTROL		YES	-50.00
TILT/TELESCOPING WHEEL	YES	YES	
AIR CONDITIONING	YES	YES	
AM/FM STEREO	YES		25.00
AM/FM CASS			
AM/FM CD PLAYER			
CB RADIO	YES	YES	
JAKE BRAKE		YES	-250.00
DRIVER SIDE ONLY	YES	YES	
DRIVER & PASSENGER			
FIRE TRUCK EQUIPMENT			
CUSTOM WHEELS	6-ALUMINUM	4-ALUMINUM	150.00
BODY YEAR	2006	2008	
BODY MANUFACTURER	SMEAL	ROSENBAUER	
BODY MATERIAL	ALUMINUM	ALUMINUM	
BODY TYPE	PUMPER	PUMPER	
TANK CAPACITY	500 GALLONS	900 GALLONS	-400.00
PUMP MANUFACTURER	UNKNOWN	WATEROUS	
PUMP CAPACITY	UNKNOWN	1,250 GPM	
FOAM SYSTEM	YES	YES	
AERIAL LADDER			
ATTIC & ROOF LADDERS	YES	YES	
HOSE & REELS	YES		150.00
LIGHTBAR	YES	YES	
GENERATOR	YES/UNK WATTAGE		NO ADJUSTMENT
SCENE LIGHTS	YES	YES	
NUMBER OF FUEL TANKS	1	1	
TOTAL FUEL CAPACITY	STD	STD	
CONDITION			
INTERIOR CONDITION	AVERAGE	AVERAGE	
EXTERIOR CONDITION	AVERAGE	AVERAGE	
BODY CONDITION	AVERAGE	AVERAGE	
MECHANICAL CONDITION	AVERAGE	AVERAGE	
ENGINE REBUILD COST			
ENGINE			
ENGINE MILES			
TRANSMISSION			
TRANSMISSION MILES			

TRANSMISSION REBUILD COST		
OTHER MECH. RECEIPTS		
TIRE CONDITION		
FRONT AXLE TIRES	AVERAGE	AVERAGE
REAR AXLE TIRES	AVERAGE	AVERAGE
REAR TIRES 2ND AXLE		
DROP/LIFT AXLE		
OTHER		
ADVERTISED/ASKING PRICE		110,900
CASH PRICE		110,900.00

Adjusted Market Value	\$110,900.00
Vehicle Description	\$ -5,205.00
Equipment Adjustments	\$ -235.00
Engine Adjustments	\$ -200.00
Total Adjusted Market Value Comparable 2	\$105,260.00

Final Market Value Calculation

Market Value Based on Comparable 1	\$99,755.00
Market Value Based on Comparable 2	\$105,260.00
Average Adjusted Market Value	\$102,510.00

General Sales Tax 8.7500%

Title Fee	<input type="text"/>
Transfer Fee	<input type="text"/>
Deductible	-5,000.00
Net Adjusted Value	97,510.00
Salvage/Other	- <input type="text"/>

Valuation Notes

RESEARCH AREA

It was necessary to expand nation wide in order to obtain a comparable vehicle as no local comparable vehicles were able to be verified.

CLIENT VEHICLE COMMENTS

No additional comments were reported.

COMPARABLE #1

ADDITIONAL INFORMATION:

Phone #: (256)776-7786

Source: Dealer

Name: Brindlee Mountain Fire Apparatus

Verified: 06/21/22

Contact: E-VERIFIED

City: Gurley, AL

COMMENTS:

Weblink to comparable: <https://tinyurl.com/2p87uhyk>

COMPARABLE #2

ADDITIONAL INFORMATION:

Phone #: (866)310-2077

Source: Dealer

Name: Fenton Fire

Verified: 06/21/22

Contact: E-VERIFIED

City: Chenango Bridge, NY

COMMENTS:

Weblink to comparable: <https://tinyurl.com/3nr8464h>

GENERAL NOTES

The market value of your vehicle was determined by comparing it to other vehicles of similar make, model, equipment, mileage or hours and condition that have been offered for sale or sold. The sources for this comparison include dealers selling new and used vehicles, newspapers, traders and specialty journals. Two verified comparables have been used to determine the ACV of the loss unit. We adjusted for the overall equipment differences. No additional adjustments were made as all were reported to be similar. This report is based on the information provided at the time and should any new relevant information become available, further review may be required of this report.

- o The tax was calculated based on a date of loss of 03/05/2022 using zip 92236, in Riverside County, California. The city may vary from search area to reflect correct tax location.

Area	Taxed	Rate	Total	Tax % of Market Value
California	\$102,510	6.0000%	\$6,150.60	6.0000%
Riverside	\$102,510	1.2500%	\$1,281.38	1.2500%
Transportation Commission (rctc)	\$102,510	0.5000%	\$512.55	0.5000%
Transactions And Use Tax (coac)	\$102,510	1.0000%	\$1,025.10	1.0000%
Total Tax:			\$8,969.63	8.7500%

- o There has been no significant depreciation of the loss vehicle's value since the actual date of loss.

About Your Valuation

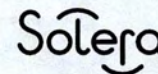
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Tax rates contained herein are based on general sales tax data provided by Vertex Inc. Excise, use, registration, licensing and other taxes and fees that may be applicable are not included. Audatex makes no representations or warranties concerning the applicability or accuracy of such tax data.

California Regulatory Statement

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. False representations made on a signed auto theft claim form subject the insured to a penalty of perjury.

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COMPARABLE –



<https://www.fentonfire.com/equipment/2008-spartan-pumper-1500-750-o1140/>

FENTON FIRE – USED FIRE TRUCKS - **866-454-0649**

INVENTORY #: O1140

PRICE: \$45,000.00

AVAILABILITY: AVAILABLE

2008 SPARTAN PUMPER 1500/750 (O1140)

General 2008 Spartan GA41L-2142 Detroit Diesel Automatic Seats 6

Generator Hydraulic Hoses All Service & Maintains records available

Pump & Tank

1500 G.P.M

750 Gallon Tank

Dimensions

156,000 Miles

16,111 Engine Hours

Photographs

Our File #: IV101644
Appraised For: AdminSure, Inc.
Claim #: 22-162550
Policy #:
Date Inspected: 05/05/22
Appraiser: ED RICHARD

Owner: CITY OF COACHELLA
Date of Loss: 03/05/22
Location: fire house

Signed: _____

























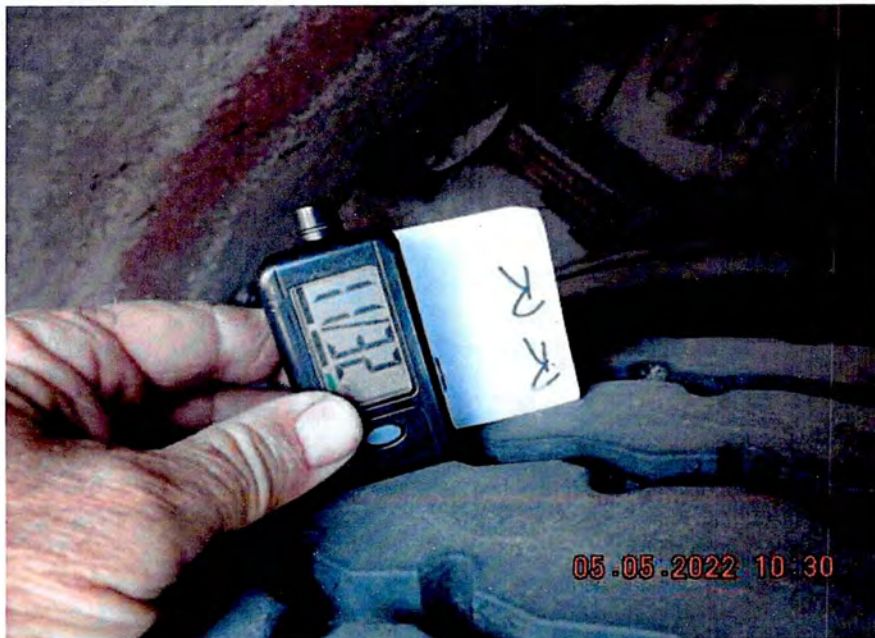




























E79 was dispatched to a report of fire on or near highway 86. While approaching the scene visible flames were seen but could not ascertain location. E79 turned south on Hwy 86 to better visualize scene then returned on the northbound side of highway. It was determined that the fire could be accessed from the roadside, but there were safety concerns. The fire was relatively small and had a slow rate of spread, but was directly under power lines and adjacent to road.

As E79 approached the scene safety concerns were verbalized and discussed with crew. Caution was to be used when operating under power lines, decision points were set to ensure there was no danger of crew being under falling power poles/lines, a spotting location was identified to limit risk, crew verbalized that they would exit out of passenger side, and engine was angled to protect the crew as mitigation efforts were initiated. After placing the engine in pump and assisting crew in deploying attack lines I moved to pump panel to pressurize the right rear discharge. After bringing the pump up to the correct pressure I began walking to the rear of the engine for face to face communication with Fire Attack.

Once I reached the rear drivers side corner of Engine 79 I saw a blur pass me then a loud bang. I was standing close enough to the impact to feel the percussive wave and saw the tailboard of the engine lurch in my direction. After tripping over the attack hose coming out of the rear discharge Capt. Beckman was immediately at my side asking if I was injured. Once determining I was unharmed he initiated the appropriate notifications via HT. As the fire was still active I checked on the status of E79 and its pumping capabilities. E79 was still pumping effectively and had $\frac{3}{4}$ of a tank of water.

The crew of E79 quickly discussed what had occurred, what the plan was going forward, and what our next steps would be. The firefighters of E79 worked to conserve water and keep the fire in check until additional engines arrived on scene, Capt. Beckman made continuous notifications and resource requests, and I monitored the condition of E79 until pumping was taken over by E86.

HOW DID ACCIDENT HAPPEN?

Pg. 4

FIRE ENGINE 79 WAS ON VEGETATION
FIRE ON EAST SIDE SHOULDER OF NORTH BOUND
HWY 86 WHEN IT WAS STRUCK BY NB
VEHICLE AT HIGHWAY SPEED.

Public Entity Risk Management Authority VEHICLE ACCIDENT REPORT

Accident date: 3/5/22 Time: 2300 AM/PM (M)
Place where accident happened: NB Hwy 86 x/O Ave 50

YOU AND YOUR VEHICLE (Vehicle #1)

Name & Title: FAE/PM DAMIEN SIANEZ
Department: CA FIRE / COACHELLA Telephone: 760 398 8895
CA Driver's License #: D1840588 Expiration: _____
Vehicle Make: SMEAL FTH Year: 2007
License #: 1238909
Registered Owner: COACHELLA
Passengers' Names: JAMES BECKMAN, DANIEL LUCIDO, AL CAUSEY
Damages: MAJOR DAMAGE DRIVER SIDE REAR PASSENGER
COMPARTMENT / FRONT AXLE
Were you injured? Yes No (If yes, you must also complete an Occupational Injury Report)

OTHER VEHICLES AND DRIVERS (Vehicle #2)

Driver's Name: _____ Telephone: () _____
Address: _____
Driver's License #: _____ State: _____
Vehicle Make: GMC Year: _____
License #: 60441985
Registered Owner: _____
Passengers' Names: _____
Damages: _____
Insurance Company: _____ Policy No.: _____

Damien Sianez 3/6/22
Employee's Signature Date

SUPERVISOR REVIEW

Comments, if any:

FC JAMES BECKMAN 3/6/22
Supervisor's Signature Date

(After review, the supervisor should forward this report to the Risk Manager.)

OTHER VEHICLES AND DRIVERS (Vehicle #3)

Driver's Name: _____ Telephone: () _____

Address: _____

Driver's License #: _____ State: _____

Vehicle Make: _____ Year: _____

License #: _____

Registered Owner: _____ *N/A*

Passengers' Names: _____

Damages: _____

Insurance Company: _____ Policy No.: _____

INJURED PERSONS

(List below all employees, drivers, and passengers from all vehicles who were injured)

1. Name: _____ Telephone: () _____

Address: _____

Where Taken: _____ *N/A*

2. Name: _____ Telephone: () _____

Address: _____

Where Taken: _____

3. Name: _____ Telephone: () _____

Address: _____

Where Taken: _____

WITNESSES

1. Name: _____ Telephone: () _____

Address: _____

2. Name: _____ Telephone: () _____

Address: _____

LAW ENFORCEMENT

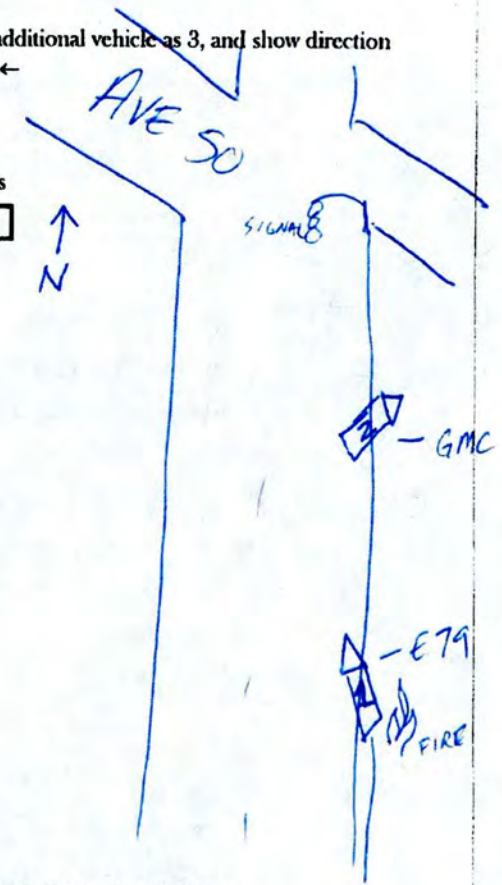
Investigated by Officer: THERMAL RSO MARIN

Agency: RSO Badge #: _____

CASE# Y220640040

DIAGRAM OF ACCIDENT (Please draw diagram below.)

1. Number city vehicle as 1, other vehicle as 2, additional vehicle as 3, and show direction of travel with arrows. EXAMPLE: → □ □ ←
2. Use solid line to show path before accident
3. Show pedestrian by _____
4. Show railroad by _____
5. Give names or numbers of streets or highways
6. Indicate north by arrow within this box → □
7. Show traffic signs and signals



CONDITIONS AT ACCIDENT SCENE

Light:	<input type="checkbox"/> Daylight	<input checked="" type="checkbox"/> Night	<input type="checkbox"/> Dawn	<input type="checkbox"/> Dusk
Weather:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Fog
Road Surface:	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Debris	<input type="checkbox"/> Snow/Icc	<input type="checkbox"/> Wet
Surrounding Area:	<input type="checkbox"/> Business	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Residential	

Witness Information Card

Your cooperation in giving this information will help us to be fair to everyone involved.
Thank you.

Accident Location NB Hwy 86 x/o Ave 50

Date 3/5/22 Time 2300 (Approx) A.M./ P.M.

Did you see the accident? Yes No
Did you see anyone hurt? Yes No
Were you riding in one of the vehicles? Yes No
Were you a pedestrian involved in the accident? Yes No

Your Name JAMES BECKMAN

Street Address 1377 SIXTH ST COACHELLA CA

City & State _____ Zip _____

Telephone: Day 760 398 8895 Other _____

Witness Information Card

Your cooperation in giving this information will help us to be fair to everyone involved.
Thank you.

Accident Location _____

Date _____ Time _____ A.M./P.M.

Did you see the accident? Yes No
Did you see anyone hurt? Yes No
Were you riding in one of the vehicles? Yes No
Were you a pedestrian involved in the accident? Yes No

Your Name _____

Street Address _____

City & State _____ Zip _____

Telephone: Day _____ Other _____



CLEAR FORM

PRINT

UNIT: **RRU**

INCIDENT NUMBER: **CA- RRU - 034296**

NOTIFICATION TYPE

Notification Type: **3.0 Vehicle Accidents**

Incident Related:

Incident Name: **HIGHWAY**

1.0 General – Complete for All

Do not use proper names of persons, places, or equipment, or any other identifiers that could reasonably compromise the confidentiality of the employee.

GENERAL

Event Date: **03/05/2022**

Time: **2259**

Location of Event: **NB HWY 86 s/o Ave 50, Coachella, CA**

Liaison Officer Assigned:

Phone Number:

CAL FIRE Medical Designated Officer Notified
 (**p8180-4**) Person Making Notification:

2.0 Complete for Serious Injury / Burn Center Criteria / Fatality / Near-Serious Accidents

PROCEDURE 8180-1

Injury Type:

CAL OSHA Notification per **p8180-5** (Serious Injuries, Illness or Fatalities)

Person Making Notification:

Contact Name at CAL OSHA:

Personnel: CAL FIRE Other Agency (Specify):

Extent of Injuries:

Description of Event:



3.0 Complete for Vehicle Accidents

PROCEDURE 8180-2

Type of Equipment Involved: **Engine, Type 1**

Other: **07-865**

Equipment Owner: CAL FIRE Rental / Private Other Agency (Specify): **RVC**

Description of Damage:

CV: Major damage to front end and passenger side.

FD: Major damage to passenger side pump panel, cab, and frame

Description of Event:

EE was stopped on side of roadway with code 3 lights on, engaged in fire suppression, when a civilian vehicle struck the fire engine, missing the EE. No injuries reported for the civilian or fire department personnel. Estimated damage for CV \$70,000. Estimated damage to engine, \$500,000. Riverside County Sheriff's case #Y220640040

Civilian Injuries or Fatalities: Yes No

Injury or Fatality to a CAL FIRE employee or any person working under the direction of a CAL FIRE employee (complete section 2.0): Yes No

4.0 Complete for Crimes, Damage, Destruction or Loss Involving CAL FIRE Infrastructure and Property

PROCEDURE 8180-3

Facility / Property Type:

Name:

Extent of Damage or Loss:

Description of Event:



5.0 Complete for CAL FIRE Camp / Inmate / Ward Incidents

PROCEDURE 8180-6

Type of Event:

Location:

Description of Damage:

Description of Event:

Inmate / Ward Number(s) and Name(s):

6.0 Form Generation – Complete for All Notifications

NOTIFICATIONS

Name of Person Reporting to the ECC: **BC Jorge Segura**

Name of Notifying Unit ECC Officer: **FC Chris Currell**

Notifications Completed:

- | | | | | |
|-------------|-------------------------------------|------------|-------------------------------------|------------|
| UNIT: | <input checked="" type="checkbox"/> | DUTY CHIEF | <input checked="" type="checkbox"/> | REGION OCC |
| REGION: | <input type="checkbox"/> | DUTY CHIEF | <input type="checkbox"/> | SAC CC |
| SACRAMENTO: | <input type="checkbox"/> | DUTY CHIEF | | |



MEMBER PROPERTY/VEHICLE NOTICE OF LOSS FORM

SEND TO: PERMA (pooled programs) claims@perma.dst.ca.us

COPY: AdminSure (claims adjuster Mike Reed): Mreed@adminsire.com

Email subject line: [AgencyName]: Property or Vehicle loss notice

Today's Date: 3/7/22

Type of Claim: (check all that apply) **Vehicle** **Equipment** **Other**
 Property **Personal Property**

Member Name & Contact Information

Member Name: City of Coachella **Point of Contact:** Sandy Krause
(PERMA member)

Address: 53990 Enterprise Way, Coachella CA 92236

Phone #: 760-398-3502 **Email Address:** skrause@coachella.org

Vehicle Policy Information

Policy Number: IH3 H672737 00 **Agency Code:** 1001638 **Policy Period:** July 1, 2021-July 1, 2022

Self-Insured Retention/Deductible: PERMA Pool deductible: \$25,000 (Member: \$5,000, except Sunline at \$10,000)

Property Policy Information

Policy Number: APIP 2021 (Dec 11) 0702 **Policy Period:** July 1, 2021-July 1, 2022

Self-Insured Retention/Deductible: PERMA Pool deductible: \$100,000 (Member: \$10,000, except PSAT at \$50,000)

Loss Information

Date of Incident/Claim: 3/5/22 **Location:** NB Hwy 86 s/o Ave. 50 Coachella, CA

Description of Loss: Fire Department Engine - major damage to passenger side pump panel, cab, and frame

Fire unit engaged in fire suppression on side of roadway when civilian vehicle struck the fire engine.

Please list all attached or enclosed documentation: (check if none provided) Riverside County Sheriff's

case #Y220640040 - waiting to receive report.

Name of Person Completing This Form: Sandy Krause **Signature:** Sandy Krause