

CLAIM

BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY

May 19, 2026

NOTICE TO CLAIMANT

Claim Against the County, or District Governed by)
the Board of Supervisors, Routing Endorsements,)
and Board Action. All Section references are to)
California Government Codes.)

The copy of this document mailed to you is your notice of the
action taken on your claim by the Board of Supervisors
(Paragraph IV below), given Pursuant to Government Code
Sections 913, 915.2, 915.4. Please note the "Warnings"

RECEIVED
APR 23 2026

COUNTY COUNSEL
MARTINEZ CALIF.

AMOUNT: \$2,540.34

CLAIMANT: The Hartford Ins. Aso Lois Williams

ATTORNEY: Claim # Y4U AC 41777

ADDRESS: PO Box 7247-7744

Philadelphia, PA 19170-7744

BY DELIVERY TO COB ON: _____

BY MAIL TO COB POSTMARKED: 4/20/2026

I. FROM: Clerk of the Board of Supervisors

TO: County Counsel

Attached is a copy of the above-noted Claim.

Dated: April 23, 2026

By: *[Signature]*, Deputy

II. FROM: County Counsel

TO: Clerk of the Board of Supervisors

This claim complies substantially with Sections 910 and 910.2.

This claim FAILS to comply substantially with Sections 910 and 910.2, and we are so notifying claimant. The Board cannot act for 15 days (Section 910.8).

Claim is not timely filed. The Clerk should return the claim on the ground that it was filed late and send warning of claimant's right to apply for leave to present a late claim (Section 911.3).

Other: _____

Dated: 4-24-26

By: *[Signature]* Deputy County Counsel

III. FROM: Clerk of the Board

TO: County Counsel (1)

County Administrator (2)

Claim was returned as untimely with notice to claimant (Section 911.3).

Dated: _____

By: _____, Deputy

IV. STAFF REPORT: By unanimous vote of the Supervisors present:

This claim is rejected in full.

Other: _____

I certify that this is a true and correct copy of the Board's Order entered in its minutes for this date.

Dated: 05/19/26

MONICA NINO, Clerk, By

[Signature]

Deputy Clerk

WARNING (Gov. Code section 913)

Subject to certain exceptions, you have only six (6) months from the date of this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult with an attorney, you should do so immediately.

*For Additional Warning See Reverse Side of This Notice.

AFFIDAVIT OF MAILING

I declare under penalty of perjury that I am now, and at all times herein mentioned, have been a citizen of the United States, over age 18; and that today I deposited in the United States Postal Service in Martinez, California, postage fully prepaid a certified copy of this Board Order and Notice to Claimant, addressed to the claimant or claimant's attorney as shown above.

Dated: 05/19/26

MONICA NINO, Clerk, By

[Signature]

Deputy Clerk

This warning does not apply to claims which are not subject to the California Tort Claims Act, such as actions in inverse condemnation, actions for specific relief such as mandamus or injunction, or Federal Civil Rights claims. The above list is not exhaustive and legal consultation is essential to understand all the separate limitations periods that may apply. The limitations period within which suit must be filed may be shorter or longer depending on the nature of the claim. Consult the specific statutes and cases applicable to your particular claim.

The County of Contra Costa does not waive any of its rights under California Tort Claims Act nor does it waive its rights under the statutes of limitations applicable to actions not subject to the California Tort Claims Act.

BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY
INSTRUCTIONS TO CLAIMANT

- A. A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of action.
(Gov. Code § 911.2.)
- B. Claims must be filed with the Clerk of the Board of Supervisors at its office located at: County Administration Building, 1025 Escobar Street, 1st Floor, Martinez, CA 94553.
- C. If claim is against a district governed by the Board of Supervisors, rather than the County, the name of the District should be filed in.
- D. If the claim is against more than one public entity, separate claims must be filed against each public entity.
- E. Fraud- See penalty or fraudulent claims, Penal Code Sec. 72 at the end of this form.

RE: Claim By:
The Hartford Insurance ASO LOIS WILLIAMS)
_____)
_____)
Against the County of Contra Costa or)
_____) District)
(Fill in the name))
_____)
_____)

Reserved for Clerk's filing stamp



The undersigned claimant hereby makes claim against the County of Contra Costa or the above-named district in the sum of \$2540.34 and in support of the claim represents as follows:

1. When did the damage or injury occur? (Give exact date and hour)
01/22/2026
3:08PM
2. Where did the damage or injury occur? (Include city and county)
Willow Pass Road Concord, Contra
Costa
3. How did the damage or injury occur? (Give full details; use extra paper if required)
Yoshiko Murai failed to maintain a proper lookout while u-turning and collided with our insureds car.
4. What particular act or omission on the part of county or district officers, servants or employees caused the damage or injury?
Failed to maintain a proper lookout, made an unsafe u-turn.
5. What are the names of county or district officers, servants or employees causing the damage or injury?
Yoshiko Murai.
6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed. Attach two estimates for auto damage.) 2018 Ford Fiesta
Vin#3FADP4EJ5JM115719

7. How was the amount claimed above computed? (Include the estimated amount of any prospective damage or injury.) Vehicle Repairs by body shop

8. Names and addresses of witnesses, doctors and hospitals:

Witness- Erin Hill-Freschi address unknown- Phone: 925-980-0912

9. List the expenditures you made on account of the accident or injury:

<u>DATE</u>	<u>TIME</u>	<u>AMOUNT</u>
01/29/26 370.17	N/A	
02/13/2026	N/A	1,270.17

) Gov. Code Sec. 910.2 provides "The claim shall be) signed by the claimant or by some person on his behalf.)

SEND NOTICES TO: (Attorney)

Name and address of Attorney

Aida Kuljancic
(Claimant's Signature)

PO Box 7247-7744

(Address)

Philadelphia, PA 19170-7744

Telephone No.

Telephone No. 407-871-4808

PUBLIC RECORDS NOTICE:

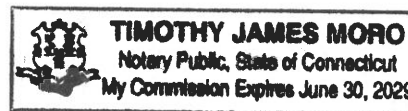
Please be advised that this claim form, or any claim filed with the County under the Tort Claims Act is subject to public disclosure under the California Public Records Act. (Gov. Code §§ 6500 et seq.) Furthermore, any attachments, addendums, or supplements attached to the claim form, including medical records, are also subject to public disclosure.

NOTICE:

Section 72 of the Penal Code provides:

Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account voucher, or writing, is punishable either by imprisonment in the County jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1000.00), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000.000, or by both such imprisonment and fine.

T. James
Notary Public





THE HARTFORD
CENTRAL RECOVERY OFFICE
PO BOX 14272
LEXINGTON KY 40512

April 14, 2026

BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY
Attention: DOL: 01/22/2026
1025 ESCOBAR ST FL 1
MARTINEZ CA 94553 US

Re: Our Insured: LOIS WILLIAMS
Claimant: LOIS WILLIAMS
Date of Loss: 2026-01-22
Event Number: PA0021386096
Claim Number: Y4U AC 41777
Responsible party: yoshiko murai
Amount of Loss: \$2540.34

Dear BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY:

Your Claim No: DOL: 01/22/2026
Deductible: \$900

Enclosed are copies of our supporting documents which are evidence of our subrogation demand. Our investigation reveals that your insured was negligent. Therefore, we are seeking to recover \$2540.34 in damages.

We are requesting that you please review the enclosed documents as soon as possible and advise us of your position on settlement of our claim and the insured's deductible. If you have already reimbursed our insured his/her deductible and/or any other expenses, please contact us at the telephone number provided below.

PLEASE REMIT ALL PAYMENTS TO: Hartford Underwriters Insurance Company ("The Hartford"), PO BOX 7247-7744, PHILADELPHIA, PA 19170-7744.

Thank You,
The Hartford

Rodney Phillips

Rodney Phillips
Subrogation Handler
Direct Number: (407) 871 - 4808
Toll Free Number: (866) 509 - 3474 Ext. 2301979
Fax: (866) 205 - 5111
Rodney.Phillips@thehartford.com

Writing Company Name: Hartford Underwriters Insurance Company

CRO00017

Page 1 of 2

Y4U AC 41777



Event: PA0021386096 Pot: 55PHI206619Pol Status: ActiveIns: LOIS WILLIAMS DOL: 01/22/2026Adj: Brian McCulloch (PDO Team 13 - Western) Policy State: California,css State: California

Exposure (1) 1st Party Vehicle - LOIS WILLIAMS
Exposure Owner Brian McCulloch
Approved By Group
Approved By User
Created By
Check Number

Invoice Number
Check Payee

Optional parameters

Check Total
From
To
Status
Pay To
Search For Date

All Payments
Search/Reset

Search Results

Exposure	Coverage	Pay To	Net Amount	Scheduled Send Date	Issue Date	Pay Method	Check Number	Status	Bank Paid Date	Created On	Created By	Comments
(1) 1st Party Vehicle - LOIS WILLIAMS	Collision	G&C Auto Body LLC	\$370.17	01/29/2026	01/29/2026	Check	117262848	Cleared	02/11/2026	01/29/2026	Brian McCulloch	
(1) 1st Party Vehicle - LOIS WILLIAMS	Collision	LOIS WILLIAMS	\$1,270.17	02/13/2026	02/13/2026	Check	117280314	Cleared	03/03/2026	02/13/2026	Brian McCulloch	SEND OVERPAYMENT LETTER TO

User: Shayista Mohammad


 Event: PA0021386096
 
 Poi: 55PH208619Pol Status: ActiveIns: LOIS WILLIAMSDoL: 01/22/2026Adj: Brian McCulloch (PDO Team 13 - Western)Policy State: CaliforniaLoss State: California

Exposure	Coverage	Pay To	Net Amount	Scheduled Send Date	Issue Date	Pay Method	Check Number	Status	Bank Paid Date	Created On	Created By	Comments
												SHOPIV ALREADY PAID THEM OOP/NI EXPRESSLY REQUESTS CHECK BE MAILED
Checks Total												

Estimate of Record

Customer: Williams, Lois

Job Number: 323239

2018 FORD Fiesta SE 4D H/B 4-1.6L Gasoline Sequential MPI GREY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR LAMPS					
2	R&I	RT Tail lamp assy from 06/09/20015				0.3	
3	R&I	LT Tail lamp assy from 06/09/20015				0.3	
4		REAR BUMPER					
5	R&I	R&I bumper cover Note: LABOR: Time is after tail lamps are removed.				1.0	
6	#	Refn Base Coat Reduction					-0.2
7	* <>	Rpr Bumper cover				2.0	2.8
8		Add for Clear Coat					1.1
9	R&I	RT Reflector				0.2	
10	Repl	LT Reflector	BE8Z15A449AA	1	29.03	0.2	
11	R&I	Stone deflector				0.3	
12	#	Rpr Diagnostic Pre Scan				0.5 M	
13	#	Rpr Diagnostic Post Scan				0.5 M	
14	#	Subl Hazardous Waste \$.50/refinish hour up to \$5.00 max		1	1.50 X		
15	**	Repl A/M Stone deflector retainer clip		2	7.10		
SUBTOTALS					37.63	5.3	3.7

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			36.13
Body Labor	4.3 hrs @	\$ 112.00 /hr	481.60
Paint Labor	3.7 hrs @	\$ 112.00 /hr	414.40
Mechanical Labor	1.0 hrs @	\$ 123.00 /hr	123.00
Paint Supplies	3.7 hrs @	\$ 52.00 /hr	192.40
Miscellaneous			1.50
Subtotal			1,249.03
Sales Tax	\$ 228.53 @	9.2500 %	21.14
Grand Total			1,270.17
Deductible			900.00
CUSTOMER PAY			900.00
INSURANCE PAY			370.17

This estimate is for repairs to meet vehicle manufacturer and industry standards. As the customer, it is your responsibility to contact the third-party payor for approval of payment.

Estimate of Record

Job Number: 323239

2018 FORD Fiesta SE 4D H/B 4-1.6L Gasoline Sequential MPI GREY

THIS ESTIMATE IS NOT AN AUTHORIZATION TO REPAIR. REPAIRS MUST BE AUTHORIZED BY THE VEHICLE OWNER. NO SUPPLEMENTS WILL BE HONORED WITHOUT REINSPECTION OR PRIOR APPROVAL BY THE HARTFORD INSURANCE GROUP.

IF THE VEHICLE IS DETERMINED TO BE A TOTAL LOSS, PAYMENT WILL NOT BE BASED ON THIS ESTIMATE OR COST OF REPAIRS.

All supplements will require photos and invoices. Non DRP Shops - Please submit supplement requests using CCC estimate share. If you do not have access to CCC send all documentation (including claim number) to the following email: autosupplements@thehartford.com

Supplements will require photos and invoices. Please submit supplement requests using CCC estimate share.

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.

THIS ESTIMATE IS FOR REPAIRS TO MEET VEHICLE MANUFACTURER AND INDUSTRY STANDARDS. AS THE CUSTOMER, IT IS YOUR RESPONSIBILITY TO CONTACT THE THIRD-PARTY PAYOR FOR PAYMENT OF THE REPAIRS YOU HAVE AUTHORIZED.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED:

MOTOR ABBREVIATIONS/SYMBOLS: D=DISCONTINUED PART, A=APPROXIMATE PRICE, LABOR TYPES: B=BODY LABOR, D=DIAGNOSTIC, E=ELECTRICAL, F=FRAME, G=GLASS, M=MECHANICAL, P=PAINT LABOR, S=STRUCTURAL, T=TAXED MISCELLANEOUS, X=NON TAXED MISCELLANEOUS. CCC ONE: ADJ=ADJACENT, ALGN=ALIGN, A/M=AFTERMARKET, BLND=BLEND, CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION, D&R=DISCONNECT AND RECONNECT, EST=ESTIMATE, EXT. PRICE=UNIT PRICE MULTIPLIED BY THE QUANTITY, INCL=INCLUDED, MISC=MISCELLANEOUS, NAGS=NATIONAL AUTO GLASS SPECIFICATIONS, NON-ADJ=NON ADJACENT, O/H=OVERHAUL, OP=OPERATION, NO=LINE NUMBER, QTY=QUANTITY, RECOND=RECONDITION, REFN=REFINISH, REPL=REPLACE, R&I=REMOVE AND INSTALL, R&R=REMOVE AND REPLACE, RPR=REPAIR, RT=RIGHT, SECT=SECTION, SUBL=SUBLET, LT=LEFT, W/O=WITHOUT, W/_=WITH/ SYMBOLS: #=MANUAL LINE ENTRY, *=OTHER [IE. MOTORS DATABASE INFORMATION WAS CHANGED], **=DATABASE LINE WITH AFTERMARKET, N=NOTES ATTACHED TO LINE, OPT OEM=ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT. "CURE TIME" MEANS THE LENGTH OF TIME THAT, PER THE ADHESIVE MANUFACTURER, THE WINDSHIELD ADHESIVE NEEDS TO CURE UNTIL THE WINDSHIELD CAN PROPERLY FUNCTION AS A SAFETY DEVICE PURSUANT

Estimate of Record

Customer: Williams, Lois

Job Number: 323239

2018 FORD Fiesta SE 4D H/B 4-1.6L Gasoline Sequential MPI GREY

TO THE FEDERAL MOTOR VEHICLE SAFETY STANDARDS AND THE VEHICLE MANUFACTURER'S SPECIFICATIONS.

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.

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 DR2MX11, CCC Data Date 01/16/2026, 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 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

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

SYMBOLS FOLLOWING PART PRICE:

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

SYMBOLS FOLLOWING LABOR:

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

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blend=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber. 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. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

Estimate of Record

Customer: Williams, Lois

Job Number: 323239

2018 FORD Fiesta SE 4D H/B 4-1.6L Gasoline Sequential MPI GREY

CCC ONE Estimating - A product of CCC Intelligent Solutions 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.

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.

1/28/2026 9:28:41 AM

440296

Page 5

Estimate of Record

Customer: Williams, Lois

Job Number: 323239

2018 FORD Fiesta SE 4D H/B 4-1.6L Gasoline Sequential MPI GREY

ALTERNATE PARTS USAGE

2018 FORD Fiesta SE 4D H/B 4-1.6L Gasoline Sequential MPI GREY

VIN: 3FADP4EJ5JM115719 Interior Color: Mileage In: 47,004 Vehicle Out: 1/30/2026
License: 8CPR331 Exterior Color: GREY Mileage Out:
State: CA Production Date: 2/2018 Condition: Job #: 323239

Alternate Part Type	Selection Method	# Of Times Notified Of Available Parts	# Of Parts Selected
Aftermarket	Manually List	1	1
Optional OEM	Manually List	0	0
Reconditioned	Manually List	1	0
Recycled	N/A	1	0

THANK YOU FOR YOUR ORDER!

NOTE:

ADDITIONAL INFO:

CAR: FIESTA SE MAKE: FORD YEAR: 2018 TAG:
 PARTY3:
 PARTY2:
 PARTY1: CAROL WILLIAMS
 REPORT TYPE: AUTOACCIDENT
 REPORT NUMBER: 2600645
 INVESTIGATING AGENCY: CONCORD PD
 STATE: CA
 COUNTY: CONTRA COSTA
 CITY: CONCORD
 STREET: WILLOW PASS RD
 DATE OF LOSS: 01/22/2026 TIME OF LOSS: 00:01
 DATE: 01/26/2026
 TRANSACTION #: 3925293553
 CLAIM: PA0021386096
 ADJUSTER: BM84941
 DIVISION: 571
 CLIENT: 9161

PAGE COUNT: 4

Accurint: support@lexisnexisrisk.com
 866-277-8407
 Accurint

PoliceRecords.support@lexisnexisrisk.com
 800-934-9698
 Police Records Retrieval

For Customer Support refer to the
 appropriate platform below:

For tips on ordering visit:
 stateips.lexisnexisrisk.com



1/26/2026 8:37 PM FROM: FAXCORE

January 26, 2026 at 8:43:03 PM EST

REMOTE CSID

FAXCORE

DURATION

350

PAGES

4

STATUS

Received

TO: +18668099794 P. 1

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAFFIC COLLISION REPORT

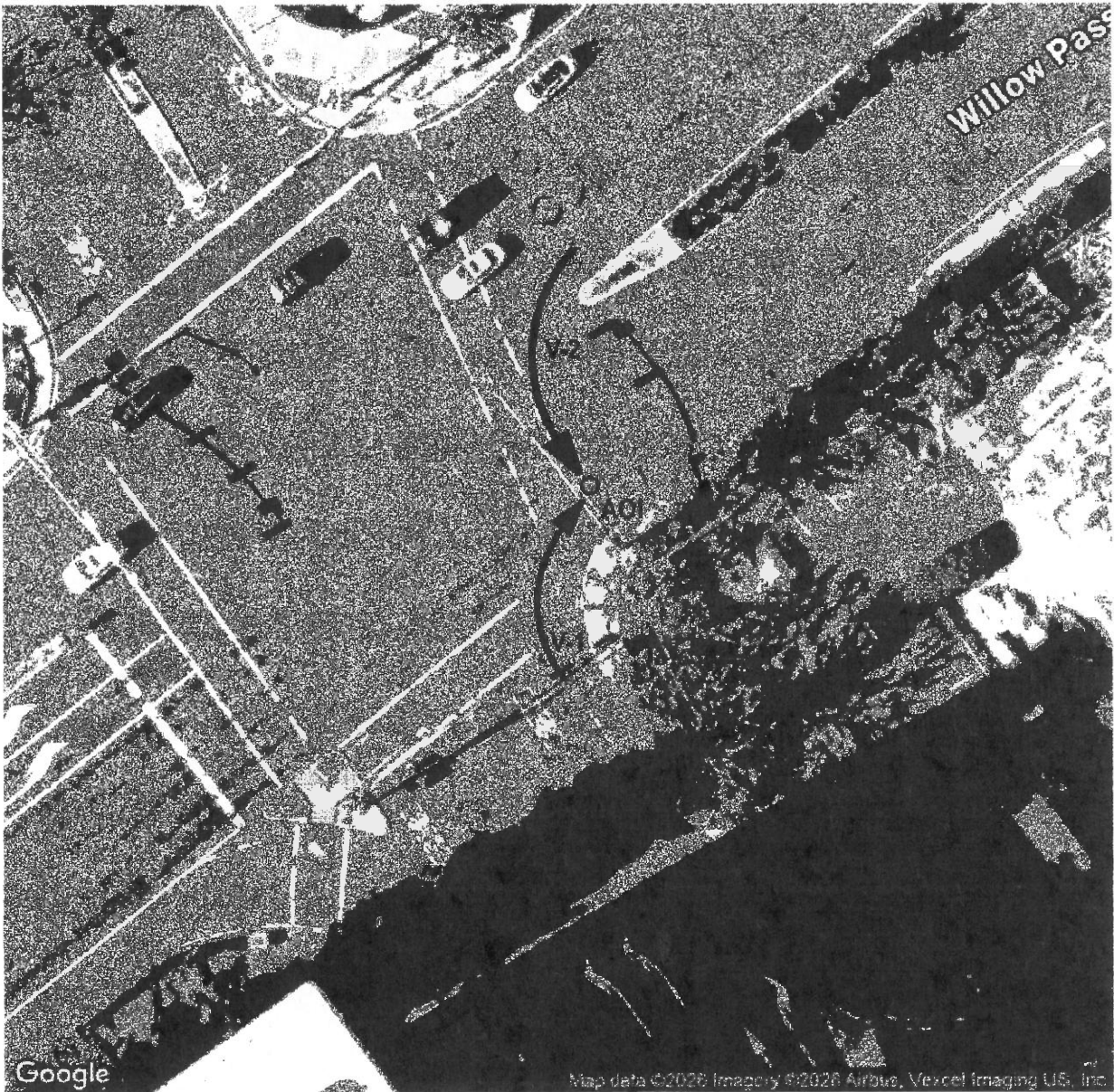
Form containing collision details for three vehicles. Vehicle 1: Carol Ann Williams, Ford Fiesta GRAY, 2018. Vehicle 2: Yoshiko Murai, Toyota BZ4X WHITE, 2024. Vehicle 3: Empty. Includes fields for location (Willow Pass Rd), date (01/22/2026), time (1508), and officer (Shawn 0376).

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SKETCH
CHP 555 Page 4 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
01/22/2026	1508	0704	0589	26-00645

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED



PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
Zukowski, Kyle 0589	0589	01/22/2026	Phalen, Shawn 0376	01/23/2026



GOUGES ON REAR BUMPER

Claim Reference Id: PA0021386096-01

File Name: PHOT08

File Date: 01/23/2026

Label: GOUGES ON REAR BUMPER

Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta
SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy
Number:55PHI208619|ClaimRepresentative:MCCULLO
Photo Location: G&C AUTO BODY - PITTSBURG

Photo Taken By: Austin Hart

Estimate Indicator: E01



INTERIOR

Claim Reference Id: PA0021386096-01

File Name: PHOTO11

File Date: 01/23/2026

Label: INTERIOR

**Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta
SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy
Number:55PHI208619|ClaimRepresentative:MCCULLO**

Photo Location: G&C AUTO BODY - PITTSBURG

Photo Taken By: Austin Hart

Estimate Indicator: E01

Claim Reference Id: PA0021386096-01
File Name: PHOTO2
File Date: 01/28/2026
Label: LF
Note: Heat Map
Photo Location:
Photo Taken By: Smart Review
Estimate Indicator: E01

LF





LF

Claim Reference Id: PA0021386096-01

File Name: PHOTO2

File Date: 01/23/2026

Label: LF

Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta
SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy
Number:55PHI208619|ClaimRepresentative:MCCULLO

Photo Location: G&C AUTO BODY - PITTSBURG

Photo Taken By: Austin Hart

Estimate Indicator: E01

Claim Reference Id: PA0021386096-01
File Name: PHOTO10
File Date: 01/28/2026
Label: LR
Note: Heat Map
Photo Location:
Photo Taken By: Smart Review
Estimate Indicator: E01

LR





LR

Claim Reference Id: PA0021386096-01

File Name: PHOTO10

File Date: 01/23/2026

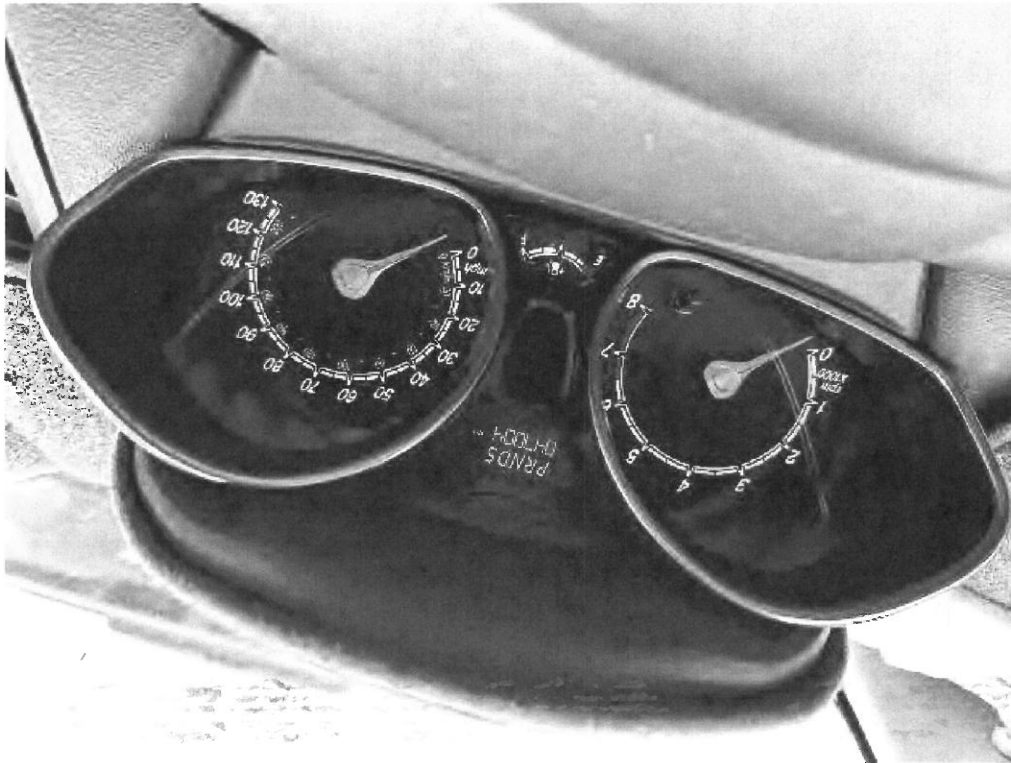
Label: LR

Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta
SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy
Number:55PHI208619|ClaimRepresentative:MCCULLO

Photo Location: G&C AUTO BODY - PITTSBURG

Photo Taken By: Austin Hart

Estimate Indicator: E01



ODO

Claim Reference Id: PA0021386096-01

File Name: PHOTO3

File Date: 01/23/2026

Label: ODO

Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta

SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy

Number:55PH1208619|ClaimsRepresentative:MCCULLO

Photo Location: G&C AUTO BODY - PITTSBURG

Photo Taken By: Austin Hart

Estimate Indicator: E01



POI SCRAPES AND GOUGES

Claim Reference Id: PA0021386096-01

File Name: PHOTOS

File Date: 01/23/2026

Label: POI SCRAPES AND GOUGES ON REAR BUMP

**Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta
SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy
Number:55PHI208619|ClaimRepresentative:MCCULLO**

Photo Location: G&C AUTO BODY - PITTSBURG

Photo Taken By: Austin Hart

Estimate Indicator: E01



REAR

Claim Reference Id: PA0021386096-01
File Name: PHOTO9
File Date: 01/23/2026
Label: REAR
Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta
SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy
Number:55PH1208619|ClaimRepresentative:MCCULLO
Photo Location: G&C AUTO BODY - PITTSBURG
Photo Taken By: Austin Hart
Estimate Indicator: E01



REFLECTOR CHIPPED

Claim Reference Id: PA0021386096-01

File Name: PHOTO1

File Date: 01/23/2026

Label: REFLECTOR CHIPPED

**Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta
SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy
Number:55PHI208619|ClaimRepresentative:MCCULLO**

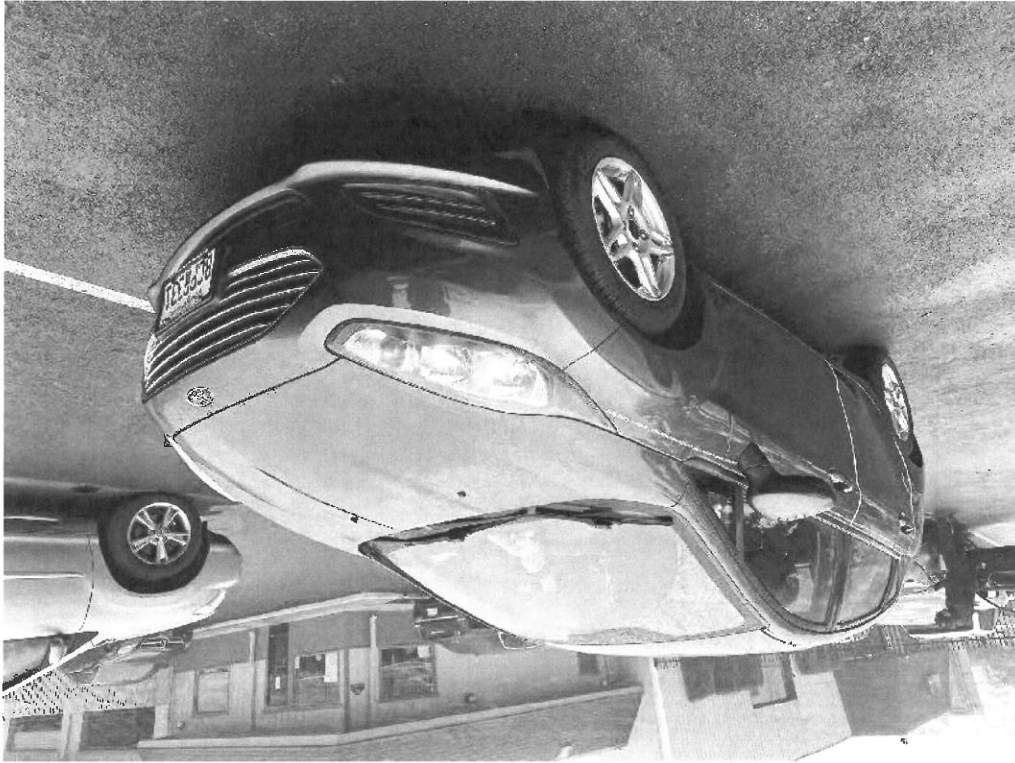
Photo Location: G&C AUTO BODY - PITTSBURG

Photo Taken By: Austin Hart

Estimate Indicator: E01

Claim Reference Id: PA0021386096-01
File Name: PHOTO4
File Date: 01/28/2026
Label: RF
Note: Heat Map
Photo Location:
Photo Taken By: Smart Review
Estimate Indicator: E01

RF





RF

Claim Reference Id: PA0021386096-01

File Name: PHOTO4

File Date: 01/23/2026

Label: RF

**Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta
SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy
Number:55PHI208619|ClaimRepresentative:MCCULLO**

Photo Location: G&C AUTO BODY - PITTSBURG

Photo Taken By: Austin Hart

Estimate Indicator: E01

Claim Reference Id: PA0021386096-01
File Name: PHOTO7
File Date: 01/28/2026
Label: RR
Note: Heat Map
Photo Location:
Photo Taken By: Smart Review
Estimate Indicator: E01

RR





RR

Claim Reference Id: PA0021386096-01

File Name: PHOTO7

File Date: 01/23/2026

Label: RR

Note: Owner:Lois,Williams|Style:2018,FORD,Fiesta
SE|Insured:Lois,Williams|LossDate:01/22/2026|Policy
Number:55PHI208619|ClaimRepresentative:MCCULLO

Photo Location: G&C AUTO BODY - PITTSBURG

Photo Taken By: Austin Hart

Estimate Indicator: E01



No Label

Claim Reference Id: PA0021386096-01
File Name: fiesta_damage.jpg
File Date: 01/28/2026
Label:
Note:
Photo Location:
Photo Taken By:
Estimate Indicator:

E-14580

The Hartford
P.O. Box 14268
Lexington, KY 40512-4268



The Hartford

Label 890-PB, Oct. 2015
Priority Bowes



9489 0090 0027 6415 0732 60

RECEIVED
APR 23 2026
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

Clerk of the Board of Supervisors
County Administration Building,
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Martinez, CA 94553

US POSTAGE PRIORITY BOWES
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