

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 all Warnings

RECEIVED  
APR 13 2026  
COUNTY COUNSEL  
MARTINEZ CALIF.

AMOUNT: \$4,659.84

CLAIMANT: Subroclaims obo Geico aso Mary Beth Gardiner

ATTORNEY: SubroClaims # 1767656

ADDRESS: 28150 N Alma School Pkwy.,#103-642  
Scottsdale, AZ 85262

BY DELIVERY TO COB ON: \_\_\_\_\_

BY MAIL TO COB POSTMARKED: 4/8/2026

I. FROM: Clerk of the Board of Supervisors

TO: County Counsel

Attached is a copy of the above-noted Claim.

Dated: April 13, 2026

By: Am Boyd, 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: 4-14-26

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, 1<sup>st</sup> 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.

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RE: Claim By: \_\_\_\_\_ )  
Subroclaims obo Geico aso Mary Beth Gardiner )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
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 \$ 4,659.84 and in support of the claim represents as follows:

1. When did the damage or injury occur? (Give exact date and hour)  
01/05/2026  
9:36 am
2. Where did the damage or injury occur? (Include city and county)  
Beloit Ave and Trinity Ave, Kensington CA
3. How did the damage or injury occur? (Give full details; use extra paper if required)  
The insured vehicle was parked and unoccupied when it was struck by a Contra Costa County Public Works vehicle.
4. What particular act or omission on the part of county or district officers, servants or employees caused the damage or injury?  
The county driver failed to maintain a proper lookout when driving.
5. What are the names of county or district officers, servants or employees causing the damage or injury?  
Anthony Veras, (1128135 / California)
6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed. Attach two estimates for auto damage.)  
Damages to the insured's 2025 Subaru Outback. Supporting documents attached.

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

\$3,159.84 collision + \$1,500.00 deductible = \$4,659.84

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

n/a

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

<u>DATE</u>	<u>TIME</u>	<u>AMOUNT</u>
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Supporting documents attached.

) 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

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Kurti [Signature] 01/10/2026

(Claimant's Signature) 65710

28150 N ALMA SCHOOL PKWY #103-642

(Address)

SCOTTSDALE AZ 85262

Telephone No. \_\_\_\_\_

Telephone No. (800) 444-5655

**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.



April 3, 2026

**Clerk of the Board of Supervisors  
County Administration Building  
1025 Escobar Street, 1st Floor  
Martinez, CA 94553**



**RE: Loss Date: 01/05/2026  
Geico Insured: Mary Beth Gardiner  
Geico Claim#: 0322005830101012  
SubroClaims#: 1767656**

Dear Claims,

Our office has been retained by Geico Insurance to help expedite payment on the above claim. Geico Insurance has already concluded their investigation of the accident and has found your insured liable for our damages.

Payment for damages has been made. Documentation is attached. Please honor our claim.

Collision:	\$3,159.84
Insd Ded:	\$1,500.00
<b>Total:</b>	<b>\$4,659.84</b>

Please make your check payable to SubroClaims Inc. and mail it to us at the following address.

**28150 N Alma School Parkway #103-642, Scottsdale, AZ 85262**

Should you require any assistance in resolving this matter, please contact us at 800-949-5655 or [info@subroclaims.com](mailto:info@subroclaims.com). Please refer to the Subro Claims number when calling about this claim.

Sincerely,

Insurance Department  
On Behalf of Geico

Please be advised that any payment in an amount less than that set forth in this letter that is forwarded to SubroClaims without its prior authorization as described below will not constitute a full and final settlement and will be accepted as partial payment only. Since payments received in the mail are processed by clerical staff and deposited as a matter of course without examination, unauthorized payments for less than the full amount demanded may be processed inadvertently. Although such payments may be demarked as "payment in full" or have other words of similar meaning written on them, their processing will not constitute an accord and satisfaction, as SubroClaims/Geico has not agreed to acceptance of such payments.

28150 N Alma School Parkway #103-642, Scottsdale, AZ 85262  
Tel: (800) 949-5655 Fax (408) 369-9169 Email: [info@subroclaims.com](mailto:info@subroclaims.com) <https://subroclaims.com>



For Customer Support refer to the appropriate platform below:

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

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

For tips on ordering visit:  
statetips.lexisnexisrisk.com

PAGE COUNT: 11

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CLIENT: 011  
DIVISION: 13  
ADJUSTER: 03S185  
CLAIM: 0322005830101012

TRANSACTION #: 3974332752  
DATE: 2026-03-26 11:05:30.0

DATE OF LOSS: 01/05/2026      TIME OF LOSS: 03:01 PM  
STREET: 422 BELOIT AVE  
CITY: KENSINGTON  
COUNTY: CONTRA COSTA  
STATE: CA

INVESTIGATING AGENCY: KENSINGTON PD  
REPORT NUMBER: 2026-0003  
REPORT TYPE: AUTOACCIDENT  
PARTY1: MARY GARDINER  
PARTY2:  
PARTY3: UNKNOWN UNKNOWN

CAR: MAKE: SUBARU    YEAR: 25  
TAG:

ADDITIONAL INFO:

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NOTE:


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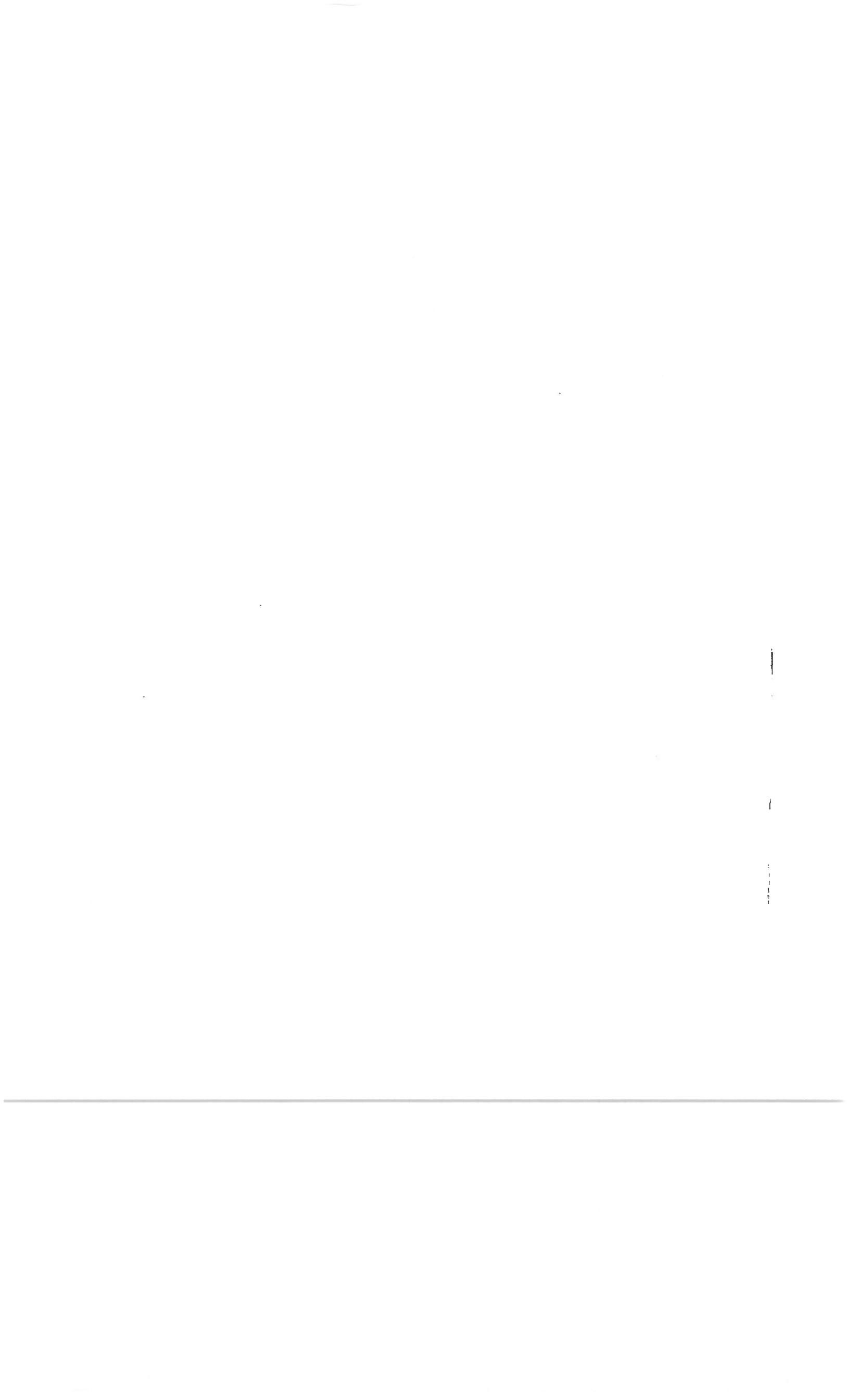
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THANK YOU FOR YOUR ORDER!

SPECIAL CONDITIONS		NUMBER INJURED <b>0</b>	MT & RUN FLOOPY <input type="checkbox"/>	CITY <b>KENSINGTON</b>	JUDICIAL DISTRICT <b>RICHMOND</b>	LOCAL REPORT NUMBER <b>2026-0003</b>		
		NUMBER KILLED <b>0</b>	MT & RUN MISDEMEANOR <input checked="" type="checkbox"/>	COUNTY <b>CONTRA COSTA</b>	REPORTING DISTRICT <b>Kensington</b>	BEAT	DAY OF WEEK <b>TUESDAY</b>	
				MO. DAY YEAR <b>01/06/2026</b>		TIME (2400) <b>0936</b>	NCIC # <b>0713</b>	
				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER ID <b>KPD1001</b>		
LOCATION	CRASH OCCURRED ON <b>BELOIT AVE</b>				PHOTOGRAPHS BY: <input type="checkbox"/> NONE			
	MILEPOST INFORMATION <b>N</b> OF				GPS COORDINATES LATITUDE LONGITUDE			
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> CR: <b>0</b> OF <b>TRINITY AVE</b>				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PARTY 1	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	
	DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER			
	<input checked="" type="checkbox"/> <b>ANTHONY VERAS</b>							
	STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER			
	CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
	SEX HAIR EYES HEIGHT WEIGHT		BIRTHDATE		RACE			
			<b>11</b>		<b>B</b>			
HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
		<b>(925) 723-2295</b>		VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA				
INSURANCE CARRIER		POLICY NUMBER		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR				
<b>CONTRA COSTA COUNTY</b>				<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
DIR OF TRAVEL		ON STREET OR HIGHWAY		LANE		THRU LANES	TOTAL LANES	
<b>E</b>		<b>BELOIT AVE</b>					SPEED LIMIT	
PARTY 2		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	
DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/>		<b>MARY BETH</b>						
STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER				
CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER				
SEX HAIR EYES HEIGHT WEIGHT		BIRTHDATE		RACE				
		<b>11</b>						
HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
<b>(510) 759-1261</b>				<b>4SABTGUDXS3226291</b>				
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA				
<b>GEICO INSURANCE</b>		<b>4094-24-48-05</b>		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR				
				<input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
DIR OF TRAVEL		ON STREET OR HIGHWAY		LANE		THRU LANES	TOTAL LANES	
<b>E</b>		<b>BELOIT AVE</b>					SPEED LIMIT	
PARTY 3		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	
DRIVER NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER				
<input type="checkbox"/>								
STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER				
CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
SEX HAIR EYES HEIGHT WEIGHT		BIRTHDATE		RACE				
		<b>11</b>						
HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA				
				<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR				
				<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
DIR OF TRAVEL		ON STREET OR HIGHWAY		LANE		THRU LANES	TOTAL LANES	
							SPEED LIMIT	
PREPARER'S NAME		DISPATCH NOTIFIED		REVIEWER'S NAME		DATE REVIEWED		
<b>FAJARDO, JOSE KPD1001</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<b>RIVERA, JOSE KPD1017</b>		<b>02/08/2026</b>		



DATE OF CRASH (MO. DAY YEAR) <b>01/06/2026</b>		TIME (2400) <b>0936</b>	NCIC # <b>0713</b>	OFFICER ID <b>KPD1001</b>	NUMBER <b>2026-0003</b>					
PROPERTY DAMAGE OWNER'S NAME PERSON NOTIFIED			OWNER'S ADDRESS		LOG / INCIDENT NUMBER					
METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422			TELEPHONE NUMBER							
DESCRIPTION OF DAMAGE										
<b>SEATING POSITION</b>  1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK. VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*		<b>SAFETY EQUIPMENT</b> <b>OCCUPANTS</b> A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP / SHOULDER HARNESS USED H - LAP / SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED		<b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE  <b>MC / BICYCLE - HELMET</b> DRIVER - PASSENGER V - NO X - NO W - YES Y - YES		<b>AIR BAG</b> B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED  <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN				
<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER										
<b>ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.</b>										
<b>PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT</b>		<b>TRAFFIC CONTROL DEVICES</b>			<b>VEHICLE AUTOMATION LEVEL</b>			<b>MOVEMENT PRECEDING CRASH</b>		
2 <b>A</b> CVC SECTION VIOLATED CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>22107</b>		<b>A</b> CONTROLS FUNCTIONING			1 2 3 <b>A</b> SAE LEVEL - 0			1 2 3 <b>A</b> STOPPED		
<b>B</b> OTHER IMPROPER DRIVING*		<b>B</b> CONTROLS NOT FUNCTIONING*			<b>B</b> SAE LEVEL - 1			1 2 3 <b>B</b> PROCEEDING STRAIGHT		
<b>C</b> OTHER THAN DRIVER*		<b>C</b> CONTROLS OBSCURED			<b>C</b> SAE LEVEL - 2			<b>C</b> RAN OFF ROAD		
<b>D</b> UNKNOWN*		<b>D</b> NO CONTROLS PRESENT / FACTOR*			<b>D</b> SAE LEVEL - 3			<b>D</b> MAKING RIGHT TURN		
		<b>E</b> HEAD - ON			<b>E</b> SAE LEVEL - 4			<b>E</b> MAKING LEFT TURN		
		<b>F</b> SIDE SWIPE			<b>F</b> SAE LEVEL - 5			<b>F</b> MAKING U TURN		
		<b>G</b> REAR END			<b>G</b> UNKNOWN*			<b>G</b> BACKING		
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>		<b>D</b> BROADSIDE			<b>VEHICLE AUTOMATION ENGAGED</b>			<b>H</b> SLOWING / STOPPING		
<b>A</b> CLEAR		<b>E</b> HIT OBJECT			1 2 3 <b>A</b> NO AUTOMATION			<b>I</b> PASSING OTHER VEHICLE		
<b>B</b> CLOUDY		<b>F</b> OVERTURNED			<b>B</b> DRIVER ASSISTANCE			<b>J</b> CHANGING LANES		
<b>C</b> RAINING		<b>G</b> VEHICLE / PEDESTRIAN			<b>C</b> PARTIAL AUTOMATION			<b>K</b> PARKING MANUEVER		
<b>D</b> SNOWING		<b>H</b> OTHER*			<b>D</b> CONDITIONAL AUTOMATION			<b>L</b> ENTERING TRAFFIC		
<b>E</b> FOG / VISIBILITY FT.		<b>MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)</b>			<b>E</b> HIGH AUTOMATION			<b>M</b> OTHER UNSAFE TURNING		
<b>F</b> OTHER*		<b>A</b> NONCOLLISION			<b>F</b> FULL AUTOMATION			<b>N</b> XING INTO OPPOSING LANE		
<b>G</b> WIND		<b>B</b> PEDESTRIAN			<b>G</b> UNKNOWN*			<b>O</b> PARKED		
<b>LIGHTING</b>		<b>C</b> OTHER MOTOR VEHICLE			<b>OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</b>			<b>P</b> MERGING		
<b>A</b> DAYLIGHT		<b>D</b> MOTOR VEHICLE ON OTHER ROADWAY			1 2 3 <b>A</b> CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>Q</b> TRAVELING WRONG WAY		
<b>B</b> DUSK - DAWN		<b>E</b> PARKED MOTOR VEHICLE			<b>B</b> CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>R</b> OTHER*		
<b>C</b> DARK - STREET LIGHTS		<b>F</b> TRAIN			<b>C</b> CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>S</b> LANE SPLITTING		
<b>D</b> DARK - NO STREET LIGHTS		<b>G</b> BICYCLE			<b>D</b> CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)</b>		
<b>E</b> DARK - STREET LIGHTS NOT FUNCTIONING*		<b>H</b> ANIMAL			<b>E</b> CVC SECTION VIOLATION CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>A</b> HAD NOT BEEN DRINKING		
<b>ROADWAY SURFACE</b>		<b>I</b> FIXED OBJECT			<b>F</b> VISION OBSCUREMENT*			<b>B</b> HBD - UNDER THE INFLUENCE		
<b>A</b> DRY		<b>J</b> OTHER OBJECT			<b>G</b> INATTENTION*			<b>C</b> HBD - NOT UNDER INFLUENCE*		
<b>B</b> WET		<b>K</b> ADDITIONAL OBJECT(S) STRUCK			<b>H</b> STOP & GO TRAFFIC			<b>D</b> HBD - IMPAIRMENT UNKNOWN*		
<b>C</b> SNOWY - ICY		<b>PEDESTRIAN'S ACTIONS</b>			<b>I</b> ENTERING / LEAVING RAMP			<b>E</b> UNDER DRUG INFLUENCE*		
<b>D</b> SLIPPERY (MUDDY, OILY, ETC.)		<b>A</b> NO PEDESTRIANS INVOLVED			<b>J</b> UNFAMILIAR WITH ROAD			<b>DRE EXAM. CONDUCTED</b>		
<b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>		<b>B</b> CROSSING IN CROSSWALK - AT INTERSECTION			<b>K</b> DEFECTIVE VEH. EQUIP. CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>STIMULANT</b>		
<b>A</b> HOLES, DEEP RUT*		<b>C</b> CROSSING IN CROSSWALK - NOT AT INTERSECTION			<b>L</b> UNINVOLVED VEHICLE			<b>HALLUCINOGEN</b>		
<b>B</b> LOOSE MATERIAL ON ROADWAY*		<b>D</b> CROSSING - NOT IN CROSSWALK			<b>M</b> OTHER*			<b>DISSOCIATIVE ANESTHETICS</b>		
<b>C</b> OBSTRUCTION ON ROADWAY*		<b>E</b> IN ROAD - INCLUDES SHOULDER			<b>N</b> NONE APPARENT			<b>NARCOTIC ANALGESIC</b>		
<b>D</b> CONSTRUCTION - REPAIR ZONE		<b>F</b> NOT IN ROAD			<b>O</b> RUNAWAY VEHICLE			<b>INHALANT</b>		
<b>E</b> REDUCED ROADWAY WIDTH		<b>G</b> APPROACHING / LEAVING SCHOOL BUS						<b>CANNABIS</b>		
<b>F</b> FLOODED*								<b>DEPRESSANT</b>		
<b>G</b> OTHER*								<b>F</b> IMPAIRMENT - PHYSICAL*		
<b>H</b> NO UNUSUAL CONDITIONS								<b>G</b> IMPAIRMENT NOT KNOWN		
<b>SKETCH</b>		<b>MISCELLANEOUS</b>			1 2 3			<b>H</b> NOT APPLICABLE		
								<b>I</b> SLEEPY / FATIGUED*		
								<b>A</b> HAZARDOUS MATERIAL		
								<b>B</b> CELL PHONE HANDHELD IN USE		
								<b>C</b> CELL PHONE HANDSFREE IN USE		
								<b>D</b> CELL PHONE NOT IN USE		
								<b>E</b> CELL PHONE USE UNKNOWN		
								<b>F</b> SCHOOL BUS RELATED		
					1 2 3			<b>BIKEWAY FACILITY</b>		
								<b>A</b> SHARED ROADWAY		
								<b>B</b> CLASS I - BIKE PATH*		
								<b>C</b> CLASS II - BIKE LANE*		
								<b>D</b> CLASS III - BIKE ROUTE*		
								<b>E</b> CLASS IV - SEPARATED BIKEWAY*		

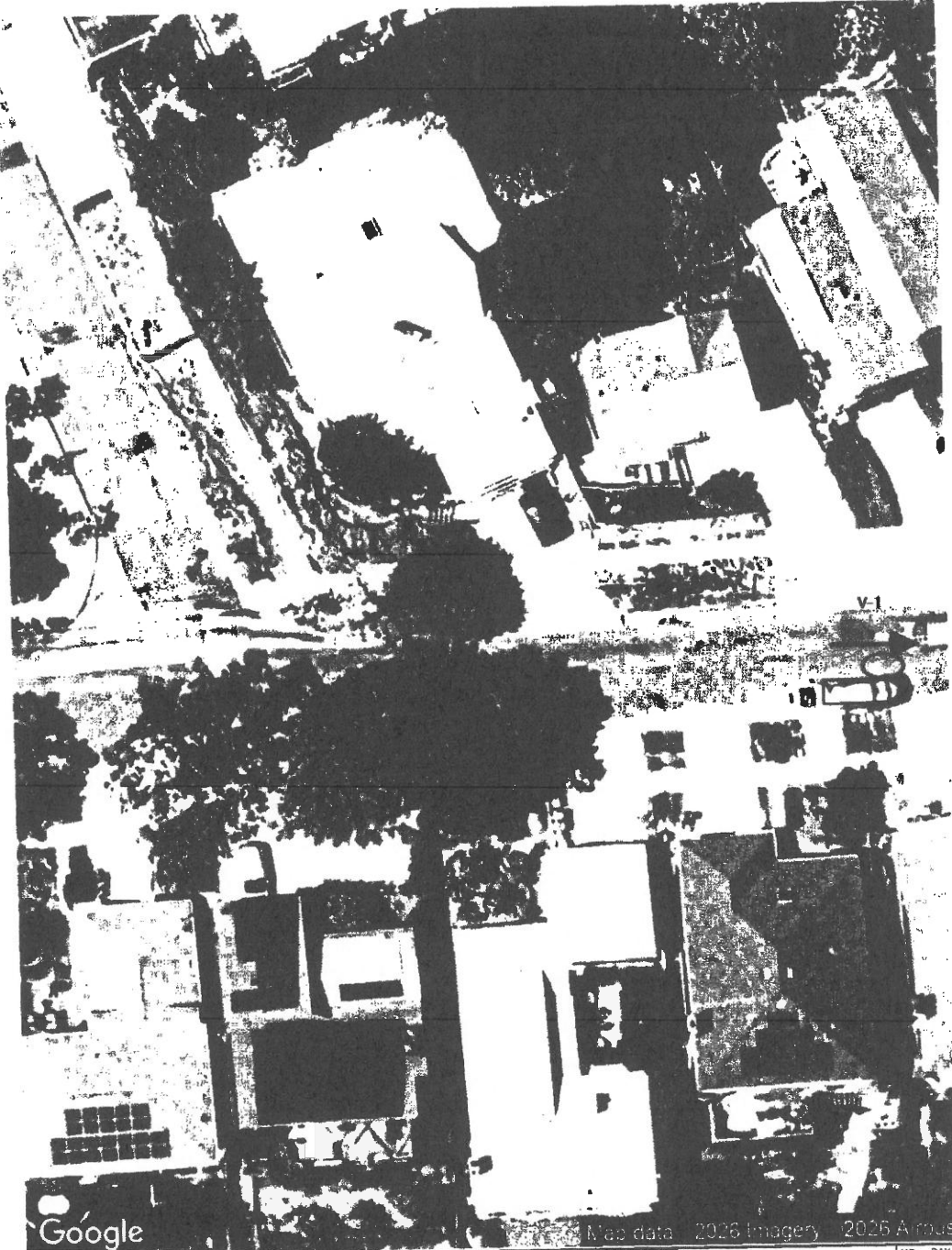


**Sketch**

CHP 555 Page 4 (Rev. 3-20) OPI 060

DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
01/06/2026	0936	0713	KPD1001	2026-0003

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = )

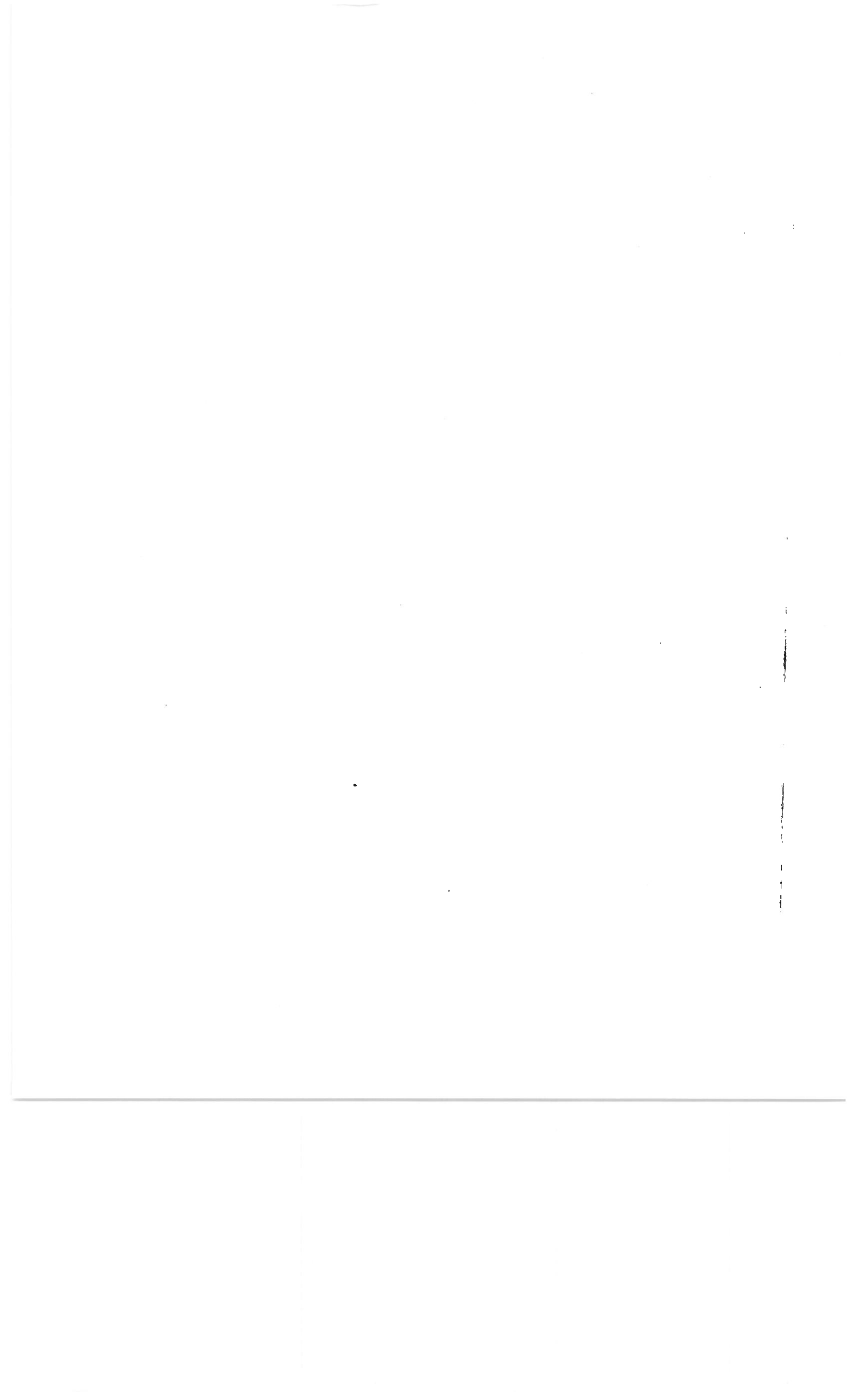


PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
FAJARDO, JOSE KPD1001	KPD1001	01/07/2026	RIVERA, JOSE KPD1017	02/08/2026

An Internationally Accredited Agency

Destroy Previous Editions

Chp555\_0320.pdf



STATE OF CALIFORNIA  
**NARRATIVE/SUPPLEMENTAL**  
 CHP 556 (Rev 7-90) OPI 042

Date of Incident/Occurrence 01/06/2026	Time(2400) 0936	NCIC NUMBER 0713	OFFICER ID # KPD1001	NUMBER 2026-0003
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**Notification:**

On 01/06/2026, at approximately 0930 hours, I was dispatched to a cold hit-and-run collision at Beloit Ave and Trinity Ave. I responded from San Pablo Ave and Manila , Ave and I arrived on scene at approximately 0937 hours. All times, distances, and speeds are approximates unless otherwise indicated.

**Statements:**

P-2 (Mary Beth Gardiner) stated that on 01/05/2026, she parked V-2 (2025 Subaru Ca# 9TDC403). At approximately 1300 hours, P-2 was advised by a neighbor that her vehicle had been struck by a Contra Costa County Public Works vehicle. P-2 checked her vehicle and confirmed her vehicle had been damaged. P-2 stated she did not want criminal prosecution for the hit and run and only wished to have the County's vehicle information and a police report for insurance purposes.

W-1 (Nima Mahani) stated that he was doing dishes and looking out his window, which has a clear view of Beloit Ave and the area where the collision occurred. W-1 saw three Contra Costa County Public Works trucks traveling east (uphill) on Beloit Ave. The first truck appeared to have hit V-2. W-1 went out and checked V-2 and noticed it had been damaged. W-1 followed up with the trucks in the area of 500 Beloit Ave where he had seen the trucks stop regularly. He advised one of the Contra Costa County employees that one of their trucks had hit V-2 down the street, but noted the responsible truck was no longer there. W-1 later notified P-2 and stated he had a video of the collision from his home surveillance system.

**Evidence:**

I reviewed the video provided by W-1 and observed the following in summary:

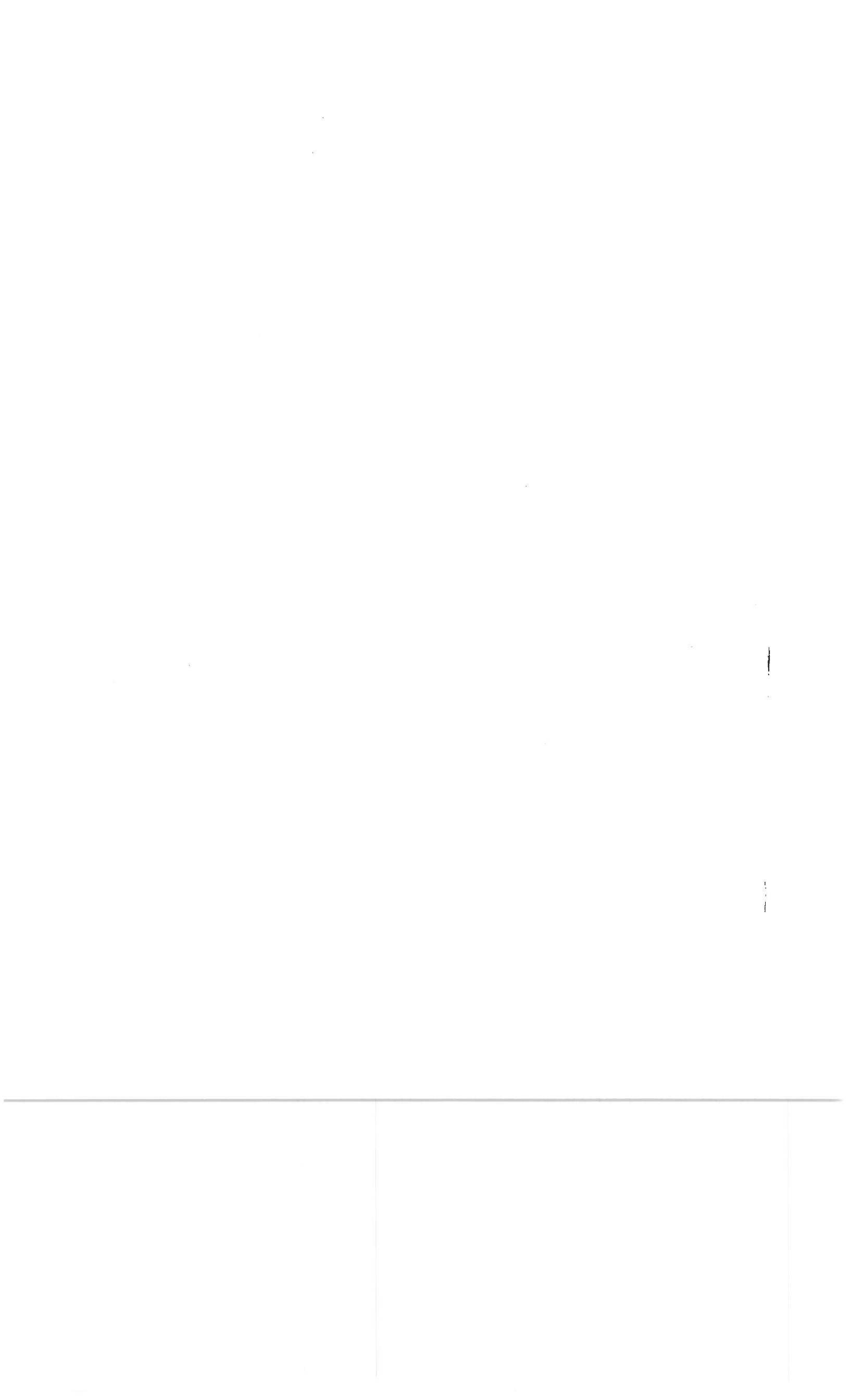
The video appeared to be captured from a carport and faced south capturing a vehicle within the carport, a portion of the road of Beloit Ave and showed the front of V-2. The video was dated and time stamped 01/05/2026, 11:32 and was 36 seconds in length. The video showed a White truck with a tool box bed pass through the camera and sideswipe V-2. V-2 is moved and the front bumper is detached from the vehicle.

I visually inspected the damage on V-2 and noticed the front driver side rim had been damaged. The front bumper and quarter panel had been damaged. See photographs uploaded to Evidence.com.

**Hit and Run investigation:**

I reviewed the video evidence and contacted the Contra Costa County Public Works. The fleet manager was not aware of the incident and wrote down the details. Officer Gallo later received an email from Public Works with the driver's name and the vehicle information. The driver information was not complete and Officer Gallo followed up with the Public Works. Officer Gallo was advised that Public works would not give any additional information without a subpoena or warrant for the driver's information. Public Works advised they were self insured and they would contact P-2 and take care of the damages to her vehicle.

PREPARER'S NAME AND I.D. NUMBER FAJARDO, JOSE KPD1001	DATE 01/06/2026	REVIEWER'S NAME RIVERA, JOSE KPD1017	DATE 02/08/2026
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Date of Incident/Occurrence 01/06/2026	Time(2400) 0936	NCIC NUMBER 0713	OFFICER ID # KPD1001	NUMBER 2026-0003
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**Summary:**

V-1 (Contra Costa Public Works truck) was traveling eastbound on Beloit Ave. V-1 made and unsafe turning movement and collided with V-2, which was legally parked on the south curb of Beloit Ave facing eastbound.

**Area of Impact:**

The estimated Area of Impact was determined by the video evidence and the location of V-2 and physical evidence observed at the scene.

AOI:

The AOI was approximately 116 feet east of the east curbline prolongation of Trinity Ave and approximately 5 feet north of the south curb line of Beloit Ave.

**Cause:**

V-1 caused the collision by making an unsafe turning movement with the lane side swiping V-2.

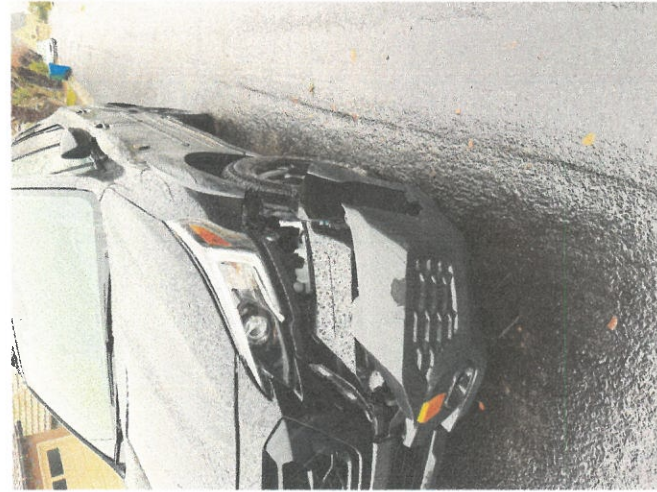
**Recommendations:**

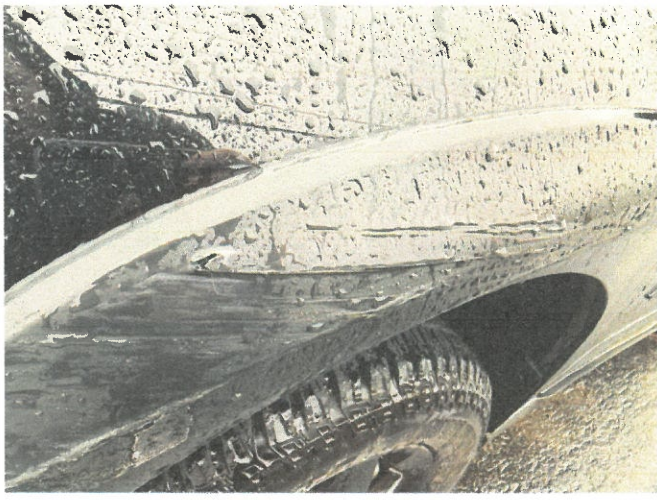
None.

This report was taken for documentation purposes only.

PREPARER'S NAME AND I.D. NUMBER FAJARDO, JOSE KPD1001	DATE 01/06/2026	REVIEWER'S NAME RIVERA, JOSE KPD1017	DATE 02/08/2026
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Claim Number  
Pay To The Order Of

0322005830101012  
Stewart S Body Shop Inc

**Financials**

Gross Amount \$1,788.88  
Net Amount \$1,788.88  
Backup Withholding \$0.00

**Payment Identification**

Issued Date 01/09/2026  
Mail To Name Stewart S Body Shop Inc  
Mail To Address 12540 SAN PABLO AVE, RICHMOND, CA,  
94805-1406  
Memo Collision Coverage  
Payment Type System Check  
Check Number 263144939

**Related Documents**

Document Name

**Reserve Line Allocation**

Exposure	Reserve Line	Cost Type	Amount
Mary Beth Gardiner - Collision (2025 SUBARU)	Collision	Loss	\$1,788.88

Claim Number  
Pay To The Order Of

0322006830101012  
STEWART S BODY SHOP INC

**Financials**

Gross Amount \$706.05  
Net Amount \$706.05  
Backup Withholding \$0.00

**Payment Identification**

Issued Date 01/09/2026  
Mail To Name STEWART S BODY SHOP INC  
Mail To Address 12540 SAN PABLO AVE, RICHMOND, CA,  
94805-1406  
Memo Collision Coverage  
Payment Type System Check  
Check Number 263126896

**Related Documents**

Document Name

**Reserve Line Allocation**

Exposure	Reserve Line	Cost Type	Amount
Mary Beth Gardiner - Collision (2025 SUBARU)	Collision	Loss	\$706.05

Claim Number  
Pay To The Order Of

0322006830101012  
Stewart S Body Shop Inc

**Financials**

Gross Amount \$664.91  
Net Amount \$664.91  
Backup Withholding \$0.00

**Payment Identification**

Issued Date 01/21/2026  
Mail To Name Stewart S Body Shop Inc  
Mail To Address 12540 SAN PABLO AVE, RICHMOND, CA,  
94805-1406  
Memo Collision Coverage  
Payment Type System Check  
Check Number 263376621

**Related Documents**

Document Name

**Reserve Line Allocation**

Exposure	Reserve Line	Cost Type	Amount
Mary Beth Gardiner - Collision (2025 SUBARU)	Collision	Loss	\$664.91

# GEICO GENERAL INSURANCE COMPANY

California

Request a Supplement:

CCC Facility: Use CCC Estimate Share

Non-CCC Facility: partners.geico.com

PO Box 509060

San Diego, CA 92150

Claim #:  
Workfile ID:

0322005830101012-01  
4d858667

## Supplement of Record 2 Summary

Written By: VICTOR MARTINEZ, 1/21/2026 1:28:41 PM  
Adjuster: MARTINEZ, VICTOR, (707) 334-2978 Business

Insured:	Mary Gardiner	Owner Policy #:	4094244805	Claim #:	0322005830101012-01
Type of Loss:	Collision	Date of Loss:	01/05/2026 03:00 PM	Days to Repair:	13
Point of Impact:	11 Left Front	Deductible:	1500.00		

### Owner (Insured):

Mary Gardiner  
422 Beloit Ave  
Kensington, CA 94708-1114  
(510) 759-1261 Evening  
(510) 759-1261 Cellular

### Inspection Location:

stewarts body shop  
12540 San Pablo Avenue  
Richmond, CA 94805-1406  
Field  
(999) 999-9999 Day

### Appraiser Information:

(707) 334-2978

### Repair Facility:

STEWART'S BODY SHOP, INC  
12540 SAN PABLO AVENUE  
RICHMND, CA 94805  
(510) 235-3515 Business  
(510) 235-9022 Fax  
680032104 Federal ID

## VEHICLE

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

VIN:	4S4BTGUDXS3226291	Production Date:	02/2025	Interior Color:	Gray
License:	9tdc403	Odometer:	4028	Exterior Color:	Crystal Black Silica
State:	CA	Condition:			

### 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

### DECOR

Dual Mirrors

Body Side Moldings

Privacy Glass

Console/Storage

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Alarm

Message Center

Steering Wheel Touch Controls

Rear Window Wiper

Telescopic Wheel

Heated Steering Wheel

Climate Control

Navigation System

Remote Starter

Backup Camera

Parking Sensors

Intelligent Cruise

FM Radio

Stereo

Search/Seek

Auxiliary Audio Connection

Premium Radio

Satellite Radio

### SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Front Side Impact Air Bags

Head/Curtain Air Bags

Positraction

Communications System

Hands Free Device

Blind Spot Detection

Electric Glass Sunroof

### SEATS

Bucket Seats

Leather Seats

Heated Seats

Rear Heated Seats

### WHEELS

Aluminum/Alloy Wheels

### PAINT

Clear Coat Paint

### OTHER

Fog Lamps

Traction Control

Stability Control

Rear Spoiler

Signal Integrated Mirrors

Trailer Hitch

**Supplement of Record 2 Summary**

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2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

Overhead Console  
**CONVENIENCE**  
Air Conditioning

Home Link  
**RADIO**  
AM Radio

Lane Departure Warning  
**ROOF**  
Luggage/Roof Rack

Xenon or L.E.D. Headlamps  
Power Trunk/Liftgate

**Supplement of Record 2 Summary**

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER</b>					
2		O/H bumper assy				2.4	
3	** <>	Repl Non OEM Bumper cover	SU1000203	1	286.00	Incl.	3.0
		NOTE: large tear to cover behind fog lamp trim					
4		Add for Clear Coat					1.2
5		Add for fog lamps				0.4	
6	S01	Add for camera				m 0.3 M	
7	R&I	RT Lamp cover	57731AN82A			Incl.	
8	Repl	LT Lamp cover	57731AN83A	1	96.97	Incl.	
9	R&I	RT Side trim	57756AN02A			Incl.	
10	* S02	Repl LT Side trim	57756AN03A	1	<u>19.78</u>	Incl.	
		NOTE: inv provided					
11	S01	Repl LT Side trim clip	909140062	3	6.90		
12		Repl LT Side bracket	57707AN19A	1	16.18	Incl.	
13	** S01	Repl Non OEM CAPA Upper bracket	SU1041104C	1	75.00	0.2	
		NOTE: DAMAGED					
14		<b>GRILLE</b>					
15	R&I	Grille	91121AN29A			Incl.	
16		<b>FRONT LAMPS</b>					
17	R&I	LT Headlamp assy w/o Wilderness	84002AN51A			0.4	
18	* R&I	RT Fog lamp assy	84501AN020			<u>Incl.</u>	
		NOTE: LABOR: Time is after bumper cover is removed.					
19	* R&I	LT Fog lamp assy	84501AN030			<u>Incl.</u>	
		NOTE: LABOR: Time is after bumper cover is removed.					
20	# S01	Rpr PROTECT CONNECTORS				0.1	
21		<b>HOOD</b>					
22	S01 R&I	LT Fender ledge cvr	57256AN01A			0.2	
		NOTE: PARTS: Part has related components that cannot be reused/reinstalled; clip. LABOR: Time is included with R&R hood.					
23		<b>FENDER</b>					
24	* S01	Rpr LT Fender Outback all	57120AN07A9P			<u>2.0</u>	2.0
		NOTE: TIME TO REPAIR FENDER CORNER - INDENTATION AND BENT WHERE BRKT MOUNTS - TIME ALSO INCLDS TO REALIGN FENDER GAPS - CLOSED IN UPPER SECT OF FENDER TO HOOD AND CLOSED IN AT LWR REAR SECT FENDTER TO FRT DOOR					
25	S01	Overlap Major Non-Adj. Panel					-0.2
26	S01	Add for Clear Coat					0.4
27	**	Repl Non OEM LT Wheel opng mldg Outback w/Wilderness	SU1290108	1	74.00	0.3	
28	** S02	Repl Non OEM CAPA LT Fender liner Outback all	SU1248145C	1	58.00	0.4	
		NOTE: multiple tabs damaged					
29	S01	Repl LT Fender ledge cvr clip	909140065	2	3.84		

**Supplement of Record 2 Summary**

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

NOTE: Part included with inner cover. 2 of these are required.

30	#	S01	Rpr	REMOVE ADHESIVE OFF PNL				0.3
<b>31 WHEELS</b>								
32			R&I	LT/Front R&I wheel	28111AN28A		m	0.1
33	#	S02	Subl	Recondition Wheel - Alloy (Includes Markup)		1	256.00 X	
NOTE: inv provided								
<b>34 PILLARS, ROCKER &amp; FLOOR</b>								
35		S01	R&I	LT Rocker molding	91112AN03A			1.1
36	*	S01	R&I	LT Pillar molding w/o Touring	65250AN011			<u>0.2</u>
NOTE: LABOR: Time for R&I does not include removing or replacing double-sided tape.								
37	#	S01		CLEAN ADHESIVE AND RETAPE MOLDINGS		1	3.00	0.2
<b>38 VEHICLE DIAGNOSTICS</b>								
39	#	S01	Repl	Pre-Repair Scan (Pricing sourced through asTech)		1	62.50 X	0.3 M
NOTE: INV PROVIDED								
PRE SCAN - For Subaru vehicles from model year 2004 and forward involved in a collision, Subaru collision repair procedure requires that pre-repair scanning be performed. Pre-scanning will reveal DTCs for items that are not functioning properly in the vehicle. It allows a shop to identify any issues early in the estimate process, allowing a more complete estimate and encompassing repair process. *Subaru defines a collision as, ?damage that exceeds minor outer body panel cosmetic distortion.?								
40	#	S01	Repl	Post-Repair Scan (Pricing sourced through asTech)		1	15.00 X	0.6 M
NOTE: POST SCAN- Subaru collision repair procedure also requires that post-repair scanning be performed on these vehicles. Post-scanning is critical in ensuring the malfunctioning items have been repaired and there are no remaining DTCs. It may also assist in assuring the appropriate calibrations and reinitializations have been performed. *Subaru defines a collision as, ?damage that exceeds minor outer body panel cosmetic distortion.?								
41	*	S02	Subl	<u>eyesight calibration</u>		1	<u>531.25</u> X m	
NOTE: inv provided								
42	#	S01	Rpr	INSPECTION LOCATIONS AFTER A COLLISION				0.5 M
NOTE: POSITION STATEMENT PROVIDED								
<b>43 MISCELLANEOUS OPERATIONS</b>								
44	#		Repl	Flex Additive		1	5.00	
45	#	S01	Subl	Suspension Alignment		1	124.94 X	
NOTE: INV PROVIDED								
46	#	S01	Rpr	Color Spray Out Panel/Tint for Color Match				0.5
NOTE: NEGOTIATED W/SHOP								
47	#	S01	Rpr	Cover Car				0.2
48	#	S01	Repl	Restore Corrosion Protection		1	10.00	0.2
49	#	S01		DENIB AND POLISH		1		0.5
NOTE: WITHIN CCC GUIDELINES								
50	#			agreement reached		1		
51	#	S01		AGREEMENT REACHED S1		1		
52	#	S02		agreement reached s2		1		

**Supplement of Record 2 Summary**

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

53	<b>OTHER CHARGES</b>				
54	#	Hazardous Waste Removal	1	13.00	
<b>SUBTOTALS</b>				<b>1,657.36</b>	<b>10.2</b>
					<b>7.6</b>

**NOTES**

Prior Damage Notes:  
 It frt door light surface scratch, It rear door light surface scratch, It qtr light surface scratch

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			654.67
Body Labor	8.5 hrs @	\$ 137.62 /hr	1,169.77
Paint Labor	7.6 hrs @	\$ 137.62 /hr	1,045.91
Mechanical Labor	1.7 hrs @	\$ 184.86 /hr	314.26
Paint Supplies	7.6 hrs @	\$ 49.00 /hr	372.40
Miscellaneous			989.69
Other Charges			13.00
<b>Subtotal</b>			<b>4,559.70</b>
Sales Tax	\$ 1,027.07 @	6.0000 %	61.62
Municipal Tax	\$ 1,027.07 @	1.0000 %	10.27
County Tax	\$ 1,027.07 @	1.2500 %	12.84
Other Tax 1	\$ 1,027.07 @	1.5000 %	15.41
<b>Total Cost of Repairs</b>			<b>4,659.84</b>
Deductible			1,500.00
<b>Total Adjustments</b>			<b>1,500.00</b>
<b>Net Cost of Repairs</b>			<b>3,159.84</b>

**Supplement of Record 2 Summary**

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

**SUPPLEMENT SUMMARY**

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
<b>Changed Items</b>							
10		Repl LT Side trim	57756AN03A	1	-18.40	Incl.	
10	*	S02 Repl LT Side trim	57756AN03A	1	<u>19.78</u>	Incl.	
		NOTE: inv provided					
33	#	Subl Recondition Wheel - Alloy (Includes Markup)		1	-187.50	X	
33	#	S02 Subl Recondition Wheel - Alloy (Includes Markup)		1	256.00	X	
		NOTE: inv provided					
41	*	S01 Subl Calibrate lane keep assist camera		1		X m	
41	*	S02 Subl <u>eyesight calibration</u>		1	<u>531.25</u>	X m	
		NOTE: inv provided					
<b>Deleted Items</b>							
28		S01 R&I LT Fender liner Outback all	59110AN07A				-0.4
		NOTE: FULL R&I TO ACCESS ALIGNMENT OF FENDER					
42	*	S01 Subl Calibrate front radar sensor		1		X m	
<b>Added Items</b>							
28	**	S02 Repl Non OEM CAPA LT Fender liner Outback all	SU1248145C	1	58.00		0.4
		NOTE: multiple tabs damaged					
52	#	S02 agreement reached s2		1			
<b>SUBTOTALS</b>					<b>659.13</b>	<b>0.0</b>	<b>0.0</b>

**NOTES**

Prior Damage Notes:  
 It fit door light surface scratch, It rear door light surface scratch, It qtr light surface scratch

**Supplement of Record 2 Summary**

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

**TOTALS SUMMARY**

Category	Basis	Rate	Cost \$
Parts			59.38
Body Labor			0.00
Miscellaneous			599.75
<b>Subtotal</b>			<b>659.13</b>
Sales Tax	\$ 59.38 @	6.0000 %	3.56
Municipal Tax	\$ 59.38 @	1.0000 %	0.59
County Tax	\$ 59.38 @	1.2500 %	0.74
Other Tax 1	\$ 59.38 @	1.5000 %	0.89
<b>Total Supplement Amount</b>			<b>664.91</b>
<b>NET COST OF SUPPLEMENT</b>			<b>664.91</b>

**CUMULATIVE EFFECTS OF SUPPLEMENT(S)**

Estimate	2,206.05	VICTOR MARTINEZ
Supplement S01	1,788.88	VICTOR MARTINEZ
Supplement S02	664.91	VICTOR MARTINEZ
<b>Workfile Total:</b>	<b>\$ 4,659.84</b>	
<b>TOTAL ADJUSTMENTS:</b>	<b>\$ 1,500.00</b>	
<b>NET COST OF REPAIRS:</b>	<b>\$ 3,159.84</b>	

## Supplement of Record 2 Summary

---

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

This is not an authorization to repair.

All GEICO customers have the right to have their vehicle repaired in the shop of their choice.

No Supplement will be honored unless authorized by GEICO.

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

**ALTERNATE PARTS DISCLAIMER:**

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

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

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

**Supplement of Record 2 Summary**

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

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 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.

**Supplement of Record 2 Summary**

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

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 ARL7535, 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.

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.

**Supplement of Record 2 Summary**

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2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

WE WARRANT THAT ALL PARTS USED IN THE REPAIR OF THIS VEHICLE ARE EQUAL TO THE ORIGINAL EQUIPMENT MANUFACTURER PARTS IN TERMS OF KIND, QUALITY, SAFETY, FIT AND PERFORMANCE. THIS PARTS AND LABOR WARRANTY WILL BE IN EFFECT FOR AS LONG AS YOU OWN THE VEHICLE DESCRIBED IN THE ESTIMATE. THIS WARRANTY COVERS THE COST ASSOCIATED WITH RETURNING THE PART AND THE COST TO REMOVE AND REPLACE THE NON-ORIGINAL EQUIPMENT MANUFACTURER PART WITH A COMPLIANT NON-ORIGINAL EQUIPMENT PART OR AN ORIGINAL EQUIPMENT MANUFACTURER PART. THIS WARRANTY DOES NOT COVER LOSS OR DAMAGE THAT IS UNRELATED TO DEFECTS IN THE QUALITY REPLACEMENT PARTS. THIS WARRANTY IS NOT TRANSFERABLE. IF ANY QUALITY REPLACEMENT PARTS ARE DEFECTIVE IN EITHER MATERIAL OR WORKMANSHIP, YOU MUST CONTACT YOUR LOCAL GEICO REPRESENTATIVE.

If a customer subsequently chooses a repair shop, GEICO shall prepare a supplement using the prevailing rate in the Geographic Area of the customer's chosen shop. This is not an authorization to repair. The undersigned repair facility is in agreement to the estimate prepared by GEICO in the amount of \$ \_\_\_\_\_. No supplements will be honored by GEICO without prior approval.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

We are required under sect 2695.7(b) of the Unfair Claims Settlement Practices Regulations to provide the following notice: If you believe that your claim has been wrongfully denied or rejected, you also have the right to have the California Department of Insurance review this matter. The Department of Insurance is located at 300 South Spring Street, Los Angeles, CA 90013, telephone number (800) 927-4357.

As part of the estimating process, GEICO may elect to inspect or re-inspect the vehicle in person, after photos have been received.

Diagnostic, Scanning and Repair Calibration

All estimate lines listing pricing secured through asTech are marked up and can be obtained by contacting asTech directly

Website: [asTech.com/geico](http://asTech.com/geico)

Phone: 1-888-486-1166

Email: [geico@repairify.com](mailto:geico@repairify.com)

**Supplement of Record 2 Summary**

2025 SUBA Outback Wilderness AWD 4D WGN 4-2.4L Turbocharged Gasoline Gasoline Direct Injection Crystal Black Silica

**ALTERNATE PARTS SUPPLIERS**

Line	Supplier	Description	Price
3	KEYSTONE-SAN JOSE, CA 5995 HELLYER AVE. SAN JOSE CA 95138 (800) 424-2002	#SU1000203 Non OEM Bumper cover Quote: 3289850447 Expires: 02/20/26	\$ 286.00
13	KEYSTONE-SAN JOSE, CA 5995 HELLYER AVE. SAN JOSE CA 95138 (800) 424-2002	#SU1041104C Non OEM CAPA Upper bracket Quote: 3293940902 Expires: 02/22/26	\$ 75.00
27	KEYSTONE-SAN JOSE, CA 5995 HELLYER AVE. SAN JOSE CA 95138 (800) 424-2002	#SU1290108 Non OEM LT Wheel opng mldg Outback w/Wilderness Quote: 3289850447 Expires: 02/20/26	\$ 74.00
28	KEYSTONE-SAN JOSE, CA 5995 HELLYER AVE. SAN JOSE CA 95138 (800) 424-2002	#SU1248145C Non OEM CAPA LT Fender liner Outback all Quote: 3310273065 Expires: 03/06/26	\$ 58.00



Claim Number: 0322060263-010124-01  
 Year: 2025  
 Category: Supplement  
 Make: SUBARU  
 Sub Category:  
 Model: Outback Wilderness AWD  
 Image Filename: cc225860263-07070457091.jpg  
 VIN: 4S4B1TGDJ0X5228291  
 Image Label:  
 Image  
 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 409244805  
 Photo Taken Date: 2026-01-09T13:32:37-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 01



Claim Number: 0322060263-010124-01  
 Year: 2025  
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 Make: SUBARU  
 Sub Category:  
 Model: Outback Wilderness AWD  
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 Image Label:  
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 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 409244805  
 Photo Taken Date: 2026-01-09T13:32:37-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 01



Claim Number: 0322060263-010124-01  
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 Sub Category:  
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 Image Label:  
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 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 409244805  
 Photo Taken Date: 2026-01-09T13:32:36-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 01



Claim Number: 0322060263-010124-01  
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 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 409244805  
 Photo Taken Date: 2026-01-09T13:32:37-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 01



Claim Number : 0322005830101912-01  
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Sub Category :  
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Image Label :  
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Leas Date : 01/05/2026  
Insured :  
Marty Gardner  
Adjuster :  
Victor Martinez  
Policy Number : 4094244805  
Photo Taken Date : 2026-01-09T13:32:36-External Source  
Vehicle Owner :  
Marty Gardner  
Supplement Number : 01



Claim Number : 0322005830101912-01  
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Category : Supplement  
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Insured :  
Marty Gardner  
Adjuster :  
Victor Martinez  
Policy Number : 4094244805  
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Vehicle Owner :  
Marty Gardner  
Supplement Number : 01



Claim Number : 0322005830101912-01  
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Insured :  
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Adjuster :  
Victor Martinez  
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Marty Gardner  
Supplement Number : 01



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Insured :  
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Adjuster :  
Victor Martinez  
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Marty Gardner  
Supplement Number : 01



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 Insured: Mary Gardner  
 Adjuster: Victor Martins  
 Policy Number: 4034244805  
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 Vehicle Owner: Mary Gardner  
 Supplement Number: 01



Claim Number: 032209593010191241  
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 Vehicle Owner: Mary Gardner  
 Supplement Number: 01



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 Insured: Mary Gardner  
 Adjuster: Victor Martins  
 Policy Number: 4034244805  
 Photo Taken Date: 2025-01-09T13:32:36-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 01



Claim Number: 032209593010191241  
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 Sub Category:  
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 Loss Date: 01/05/2025  
 Insured: Mary Gardner  
 Adjuster: Victor Martins  
 Policy Number: 4034244805  
 Photo Taken Date: 2025-01-09T13:32:36-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 01



Claim Number : 032200530101912-01  
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 Insured : Mary Gauthier  
 Policy Number : Victor Martiniz  
 Photo Taken Date : 4094244805  
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 Vehicle Owner : Mary Gauthier  
 Supplement Number : 01



Claim Number : 032200530101912-01  
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 Sub Category :  
 Model : Outback Wilderness AWD  
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 Insured : Mary Gauthier  
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 Vehicle Owner : Mary Gauthier  
 Supplement Number : 01



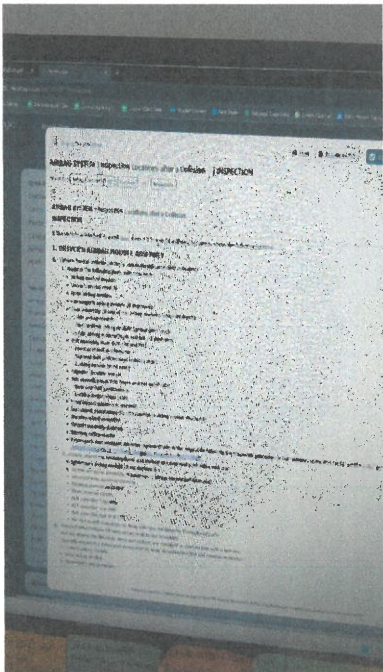
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 Insured : Mary Gauthier  
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 Vehicle Owner : Mary Gauthier  
 Supplement Number : 01



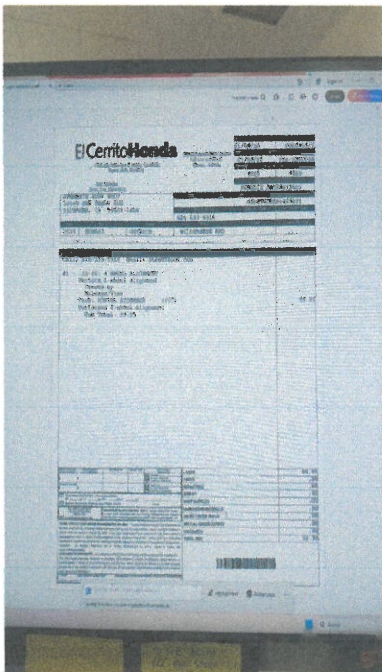
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 Insured : Mary Gauthier  
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 Vehicle Owner : Mary Gauthier  
 Supplement Number : 01



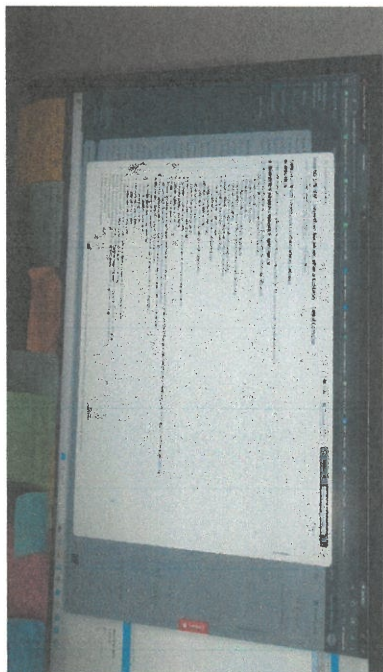
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 Loss Date: 01/05/2016  
 Insured:  
 Mary Gardiner  
 Adjuster:  
 Victor Martinez  
 Policy Number:  
 403424805  
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 Mary Gardiner  
 Supplement Number:  
 01



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 Make: SUBARU  
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 Insured:  
 Mary Gardiner  
 Adjuster:  
 Victor Martinez  
 Policy Number:  
 403424805  
 Photo Taken Date:  
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 Vehicle Owner:  
 Mary Gardiner  
 Supplement Number:  
 01



Claim Number: 03220550101012-01  
 Year: 2015  
 Category: Supplement  
 Make: SUBARU  
 Sub Category:  
 Model: Outback Wilderness AWD  
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 Image Label:  
 Loss Date: 01/05/2016  
 Insured:  
 Mary Gardiner  
 Adjuster:  
 Victor Martinez  
 Policy Number:  
 403424805  
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 Mary Gardiner  
 Supplement Number:  
 01



Claim Number: 03220550101012-01  
 Year: 2015  
 Category: Supplement  
 Make: SUBARU  
 Sub Category:  
 Model: Outback Wilderness AWD  
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 Image Label:  
 Loss Date: 01/05/2016  
 Insured:  
 Mary Gardiner  
 Adjuster:  
 Victor Martinez  
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 Photo Taken Date:  
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 Mary Gardiner  
 Supplement Number:  
 01



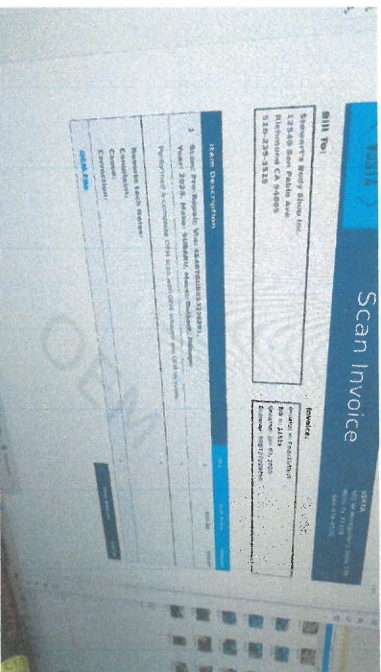
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 Loss Date : 01/05/2026  
 Insured :  
 Mary Gardner  
 Adjuster :  
 Victor Martinez  
 Policy Number : 409244805  
 Photo Taken Date : 2026-01-07T12:16:07-External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 00



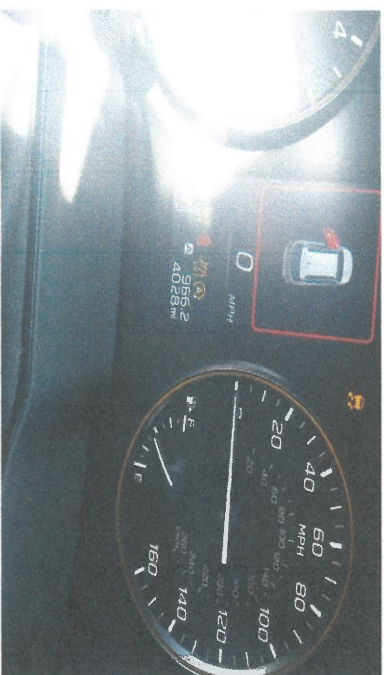
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 Year : 2025  
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 Make : SUBARU  
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 VIN : 4S4B1TGDJ53Z82931  
 Image Label :  
 Loss Date : 01/05/2026  
 Insured :  
 Mary Gardner  
 Adjuster :  
 Victor Martinez  
 Policy Number : 409244805  
 Photo Taken Date : 2026-01-09T13:32:37-External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 01



Claim Number : 0322005830101012-01  
 Year : 2025  
 Category : Estimate  
 Make : SUBARU  
 Sub Category :  
 Model :  
 OUTBACK  
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 Insured :  
 Mary Gardner  
 Adjuster :  
 Victor Martinez  
 Policy Number : 409244805  
 Photo Taken Date : 2026-01-07T12:16:06-External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 00



Claim Number : 0322005830101012-01  
 Year : 2025  
 Category : Supplement  
 Make : SUBARU  
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 Image Label :  
 Loss Date : 01/05/2026  
 Insured :  
 Mary Gardner  
 Adjuster :  
 Victor Martinez  
 Policy Number : 409244805  
 Photo Taken Date : 2026-01-09T13:32:37-External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 01



Claim Number: 0322909330101012-01  
 Year: 2025  
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 Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
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 VIN: 4S4B17GDXS3226281  
 Image Label:  
 Lease Date: 07/05/2026  
 Insured:  
 Mary Gardner  
 Adjuster:  
 Victor Martinez  
 Policy Number: 4834244805  
 Photo Taken Date: 2026-01-07T12:16:58-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 0322909330101012-01  
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 Sub Category:  
 Model: OUTBACK  
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 Image Label:  
 Lease Date: 07/05/2026  
 Insured:  
 Mary Gardner  
 Adjuster:  
 Victor Martinez  
 Policy Number: 4834244805  
 Photo Taken Date: 2026-01-07T12:16:06-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 0322909330101012-01  
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 Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
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 Image Label:  
 Lease Date: 07/05/2026  
 Insured:  
 Mary Gardner  
 Adjuster:  
 Victor Martinez  
 Policy Number: 4834244805  
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 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



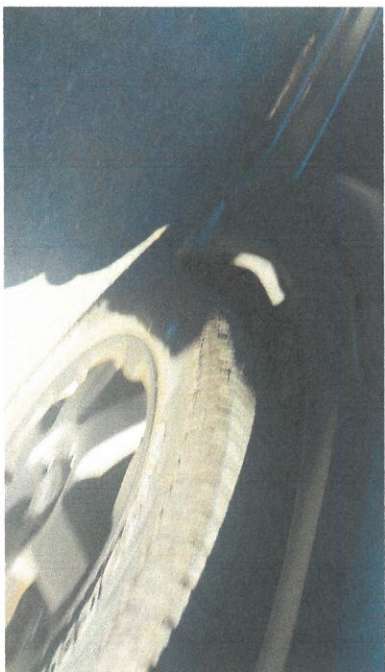
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 Image Filename: cc225427036-178781680988.jpg  
 VIN: 4S4B17GDXS3226281  
 Image Label:  
 Lease Date: 07/05/2026  
 Insured:  
 Mary Gardner  
 Adjuster:  
 Victor Martinez  
 Policy Number: 4834244805  
 Photo Taken Date: 2026-01-07T12:16:58-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 0822895830101015-01  
 Year: 2025  
 Category: Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
 Image Filename: cc225427036-1707816890745.jpg  
 VIN: 4S4BTG1D0S3226281  
 Image Label:  
 Loss Date: 07/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Mendez  
 Policy Number: 409434485  
 Photo Taken Date: 2026-01-07T12:15:56-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 0822895830101015-01  
 Year: 2025  
 Category: Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
 Image Filename: cc225427036-1707816890745.jpg  
 VIN: 4S4BTG1D0S3226281  
 Image Label:  
 Loss Date: 07/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Mendez  
 Policy Number: 409434485  
 Photo Taken Date: 2026-01-07T12:16:00-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 0822895830101012-01  
 Year: 2025  
 Category: Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
 Image Filename: cc225427036-1707816890709.jpg  
 VIN: 4S4BTG1D0S3226281  
 Image Label:  
 Loss Date: 07/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Mendez  
 Policy Number: 409434485  
 Photo Taken Date: 2026-01-07T12:15:58-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 0822895830101012-01  
 Year: 2025  
 Category: Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
 Image Filename: cc225427036-1707816890709.jpg  
 VIN: 4S4BTG1D0S3226281  
 Image Label:  
 Loss Date: 07/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Mendez  
 Policy Number: 409434485  
 Photo Taken Date: 2026-01-07T12:15:58-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number : 0322005530101012-01  
 Year : 2025  
 Category : Estimate  
 Make : SUBARU  
 Sub Category :  
 Model :  
 OUTBACK  
 Image File Name : c2229427038-170781089379.jpg  
 VIN : 4S4BT0D0X3228291  
 Image Label :  
 Image Loss Date : 01/05/2026  
 Insured :  
 Miley Gardiner  
 Adjuster :  
 Victor Martinez  
 Policy Number : 4019444805  
 Photo Taken Date : 2026-01-07T12:15:58-External Source  
 Vehicle Owner : Miley Gardiner  
 Supplement Number : 00



Claim Number : 0322005530101012-01  
 Year : 2025  
 Category : Estimate  
 Make : SUBARU  
 Sub Category :  
 Model :  
 OUTBACK  
 Image File Name : c2229427038-170781089379.jpg  
 VIN : 4S4BT0D0X3228291  
 Image Label :  
 Image Loss Date : 01/05/2026  
 Insured :  
 Miley Gardiner  
 Adjuster :  
 Victor Martinez  
 Policy Number : 4019444805  
 Photo Taken Date : 2026-01-07T12:15:58-External Source  
 Vehicle Owner : Miley Gardiner  
 Supplement Number : 00



Claim Number : 0322005530101012-01  
 Year : 2025  
 Category : Estimate  
 Make : SUBARU  
 Sub Category :  
 Model :  
 OUTBACK  
 Image File Name : c2229427038-170781089379.jpg  
 VIN : 4S4BT0D0X3228291  
 Image Label :  
 Image Loss Date : 01/05/2026  
 Insured :  
 Miley Gardiner  
 Adjuster :  
 Victor Martinez  
 Policy Number : 4019444805  
 Photo Taken Date : 2026-01-07T12:15:58-External Source  
 Vehicle Owner : Miley Gardiner  
 Supplement Number : 00



Claim Number : 0322005530101012-01  
 Year : 2025  
 Category : Estimate  
 Make : SUBARU  
 Sub Category :  
 Model :  
 OUTBACK  
 Image File Name : c2229427038-170781089379.jpg  
 VIN : 4S4BT0D0X3228291  
 Image Label :  
 Image Loss Date : 01/05/2026  
 Insured :  
 Miley Gardiner  
 Adjuster :  
 Victor Martinez  
 Policy Number : 4019444805  
 Photo Taken Date : 2026-01-07T12:15:58-External Source  
 Vehicle Owner : Miley Gardiner  
 Supplement Number : 00



Claim Number: 082200593010172-01  
 Year: 2025  
 Category: Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
 Image Filename: cc225477026-1787818690021.jpg  
 VIN: 4S4B1GUDK53228291  
 Image Label:  
 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 4082444805  
 Photo Taken Date: 2026-01-07 12:16:08-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 082200593010172-01  
 Year: 2025  
 Category: Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
 Image Filename: cc225477026-1787818690021.jpg  
 VIN: 4S4B1GUDK53228291  
 Image Label:  
 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 4082444805  
 Photo Taken Date: 2026-01-07 12:16:08-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 082200593010172-01  
 Year: 2025  
 Category: Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
 Image Filename: cc225477026-1787818690021.jpg  
 VIN: 4S4B1GUDK53228291  
 Image Label:  
 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 4082444805  
 Photo Taken Date: 2026-01-07 12:16:08-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 082200593010172-01  
 Year: 2025  
 Category: Estimate  
 Make: SUBARU  
 Sub Category:  
 Model: OUTBACK  
 Image Filename: cc225477026-1787818690021.jpg  
 VIN: 4S4B1GUDK53228291  
 Image Label:  
 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 4082444805  
 Photo Taken Date: 2026-01-07 12:16:08-External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



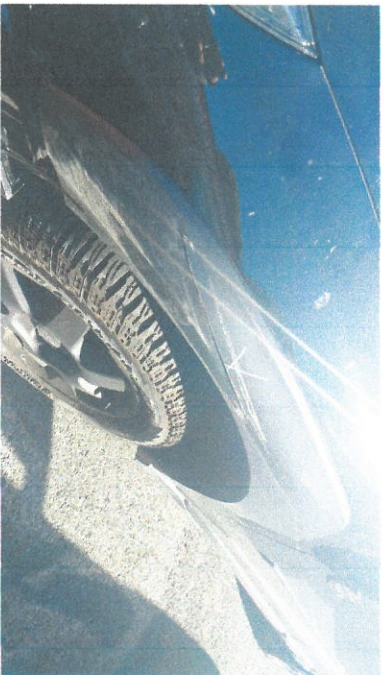
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 Year: 2025  
 Category: Estimate  
 Estimate  
 Make: SUBARU  
 Sub Category:  
 Model:  
 OUTBACK  
 Image FileName: cc225427038-1167816860788.jpg  
 VIN: 4S4BTGLD3S228291  
 Image Label:  
 Image  
 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 4094244805  
 Photo Taken Date: 2026-01-07T12:16:06:External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



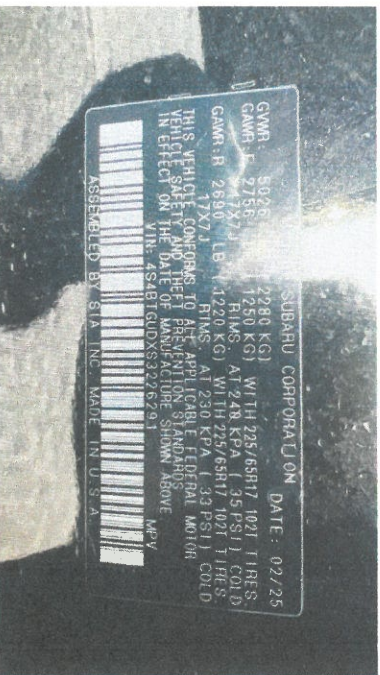
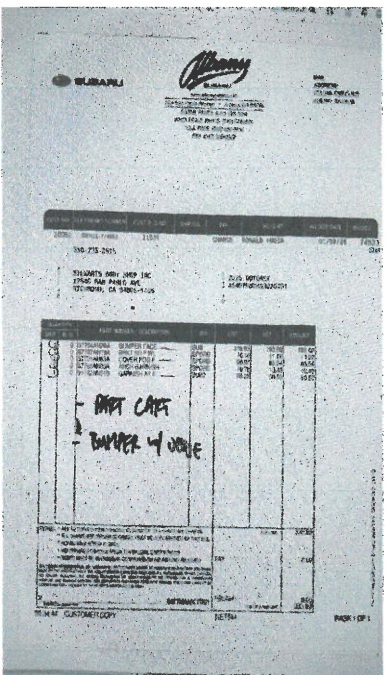
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 Year: 2025  
 Category: Estimate  
 Estimate  
 Make: SUBARU  
 Sub Category:  
 Model:  
 OUTBACK  
 Image FileName: cc225427038-1167816860778.jpg  
 VIN: 4S4BTGLD3S228291  
 Image Label:  
 Image  
 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 4094244805  
 Photo Taken Date: 2026-01-07T12:15:58:External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 032209530101012-01  
 Year: 2025  
 Category: Estimate  
 Estimate  
 Make: SUBARU  
 Sub Category:  
 Model:  
 OUTBACK  
 Image FileName: cc225427038-1167816860202.jpg  
 VIN: 4S4BTGLD3S228291  
 Image Label:  
 Image  
 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 4094244805  
 Photo Taken Date: 2026-01-07T12:16:06:External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



Claim Number: 032209530101012-01  
 Year: 2025  
 Category: Estimate  
 Estimate  
 Make: SUBARU  
 Sub Category:  
 Model:  
 OUTBACK  
 Image FileName: cc225427038-11678168604.jpg  
 VIN: 4S4BTGLD3S228291  
 Image Label:  
 Image  
 Loss Date: 01/05/2026  
 Insured: Mary Gardner  
 Adjuster: Victor Martinez  
 Policy Number: 4094244805  
 Photo Taken Date: 2026-01-07T12:15:58:External Source  
 Vehicle Owner: Mary Gardner  
 Supplement Number: 00



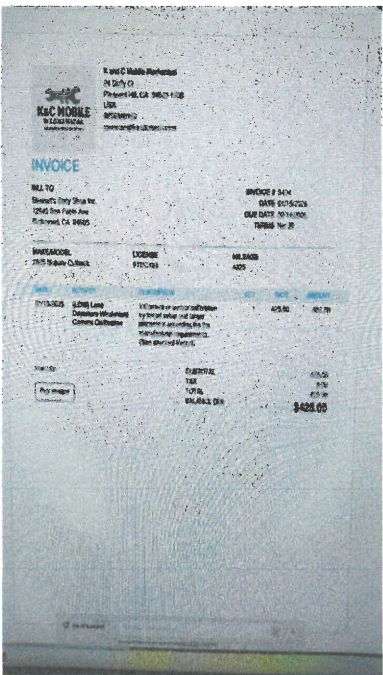
Claim Number : 0322083830101012-01  
 Year : 2025  
 Category : Supplement  
 Make : SUBARU  
 Sub Category :  
 Model : Outback Wilderness AWD  
 Image Filename : cc2287919-17683083918.jpg  
 VIN : 4S4BTGLDXS228291  
 Image Label :  
 Image :  
 Loss Date : 01/05/2026  
 Insured : Mary Gardner  
 Adjuster : Victor Martinez  
 Policy Number : 4084244805  
 Photo Taken Date : 2026-01-21T13:27:39-External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 02

Claim Number : 0322083830101012-01  
 Year : 2025  
 Category : Supplement  
 Make : SUBARU  
 Sub Category :  
 Model : Outback Wilderness AWD  
 Image Filename : cc2287919-17683083918.jpg  
 VIN : 4S4BTGLDXS228291  
 Image Label :  
 Image :  
 Loss Date : 01/05/2026  
 Insured : Mary Gardner  
 Adjuster : Victor Martinez  
 Policy Number : 4084244805  
 Photo Taken Date : 2026-01-21T13:27:39-External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 02

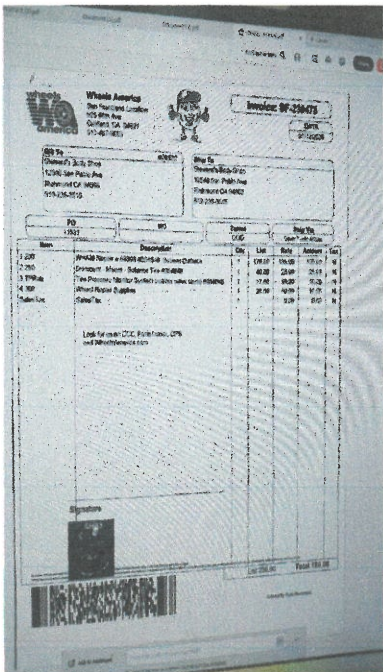


Claim Number : 0322083830101012-01  
 Year : 2025  
 Category : Supplement  
 Make : SUBARU  
 Sub Category :  
 Model : Outback Wilderness AWD  
 Image Filename : cc2287919-17683083918.jpg  
 VIN : 4S4BTGLDXS228291  
 Image Label :  
 Image :  
 Loss Date : 01/05/2026  
 Insured : Mary Gardner  
 Adjuster : Victor Martinez  
 Policy Number : 4084244805  
 Photo Taken Date : 2026-01-21T13:27:39-External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 02

Claim Number : 0322083830101012-01  
 Year : 2025  
 Category : Supplement  
 Make : SUBARU  
 Sub Category :  
 Model : Outback Wilderness AWD  
 Image Filename : cc2287919-17683083918.jpg  
 VIN : 4S4BTGLDXS228291  
 Image Label :  
 Image :  
 Loss Date : 01/05/2026  
 Insured : Mary Gardner  
 Adjuster : Victor Martinez  
 Policy Number : 4084244805  
 Photo Taken Date : 2026-01-21T13:27:39-External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 02



Client Number : 0832009830101012-01  
 Year : 2025  
 Category : Supplement  
 Make : SUBARU  
 Sub Category :  
 Model : Outback Wilderness AWD  
 Image File Name : cc22007919-17003005926.jpg  
 VIN : 4S4B1GDU5322291  
 Image Label :  
 Image :  
 Lease Date : 01/05/2026  
 Insured : Mary Gardner  
 Adjuster : Victor Martinez  
 Policy Number : 4084244015  
 Photo Taken Date : 2026-01-21T13:27:38 External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 02



Client Number : 0832009830101012-01  
 Year : 2025  
 Category : Supplement  
 Make : SUBARU  
 Sub Category :  
 Model : Outback Wilderness AWD  
 Image File Name : cc22007919-17003005926.jpg  
 VIN : 4S4B1GDU5322291  
 Image Label :  
 Image :  
 Lease Date : 01/05/2026  
 Insured : Mary Gardner  
 Adjuster : Victor Martinez  
 Policy Number : 4084244015  
 Photo Taken Date : 2026-01-21T13:27:38 External Source  
 Vehicle Owner : Mary Gardner  
 Supplement Number : 02

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)  SubroClaims, Inc
	<b>2</b>	Business name/disregarded entity name, if different from above.
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)
	<b>4</b>	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions. 28150 N Alma School Parkway #103-642
	<b>6</b>	City, state, and ZIP code Scottsdale, AZ 85262
	<b>7</b>	List account number(s) here (optional)
		Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
OR										
<b>Employer identification number</b>										
9	4		-	3	2	4	1	9	8	3

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**    Signature of U.S. person *[Signature]*    Date 01/01/2026

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



**SUBROCLAIMS**  
 28150 N Alma School Parkway  
 #103-642  
 Scottsdale, AZ 85262

RETURN SERVICE REQUESTED

F

**\$3.56 US POSTAGE IMI**

8 OZ FIRST-CLASS MAIL FLATS RATE

ZONE 5  
RETAIL

Stamps.com  
063S0014950482  
7830832  
FROM 85262

04/08/2026

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USPS FIRST CLASS MAIL®

---

Subro Claims, Inc  
28150 N Alma Schl Pkwy Ste 103-642  
Scottsdale AZ 85262-8061

**SHIP TO:** Clerk of the Board of Supervisors  
County Administration Building  
1025 Escobar St Fl 1  
Martinez CA 94553-1223

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RECEIVED

APR 13 2026

CLERK BOARD OF SUPERVISORS  
CONTRA COSTA CO.

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