



Malco Enterprises of NV Inc. dba  
Budget Rent a Car of Las Vegas  
An Independent Budget Systems Licensee

*Eduardo Mendez Membreno*

*Dec. 11, 2021*

Terrie Golden  
5134 S Keeler Ave  
Chicago, IL 60632

**Re: Budget file: 63193**

The rental vehicle was returned with the following: **Tire**

The rental contract indicated that the Loss Damage Waiver Provision was declined. Therefore, under the terms and conditions agreed to in our contract with you, you assume **full** responsibility for any damage to our vehicle **regardless of fault**.

Enclosed please find documentation to support our claim for damages to our rental vehicle.

An itemization of our cost to repair the vehicle is as follows

1)	LABOR	\$ 108.00
2)	PAINT & MATERIALS	\$ 00.00
3)	PARTS	\$ 260.00
4)	TOWING	\$ 00.00
5)	Appraisal	\$ 00.00
5)	LOSS OF USE (1 day(s) @ (\$220.00)	\$ 220.00
6)	ADMINISTRATIVE FEE	\$ 50.00
7)	SALES TAX (8.375% on Parts, Paint & Materials)	\$ 21.78
	<b>TOTAL</b>	<b>\$ 659.78</b>

If you choose to handle this claim outside of your insurance, please remit payment immediately to Budget Rent a Car of Las Vegas in the amount of **\$659.78** if you are covered by insurance, please report this claim to your insurance company and contact our office with the above-referenced File Number. Please provide the claim number, adjuster's name and contact information. *If a third party was involved, we will do our best to furnish any information that will assist you in your claim against them.* **If you have questions regarding this claim, contact our office within 14 days of receipt of this letter to avoid possible collection and/or legal action. E-mail is best method of contact.**

**Please make payment directly to:**  
Budget Rent a Car of Las Vegas  
Attn: Claims / Jane  
PO Box 97897  
Las Vegas, NV 89193

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Respectfully,  
Claims Department  
**[j.randall@budgetlasvegas.com](mailto:j.randall@budgetlasvegas.com)**  
1-800-922-2899 ext. 55127  
702-730-0127 (Direct) (PST)

PO Box 97897  
Las Vegas, Nevada 89193  
Telephone: (702) 730-0127  
Fax: (702) 736-8667

63/93

RENTAL AGREEMENT NUMBER 570703490

Customer Name : GOLDEN, TERRIE  
Drivers Lic Number : USILXXXXXXXX1812  
Budget Corp Disc. : PRICELINE LOYALTY MOBILE (D)  
Methods of Payment : DISCOVER XX4132

RESERVATION NUMBER 42587937-US-0 SPACE NO. D35

Budget Car Num : 1 4 8 4 4 2 1  
Plate Number : NV 367P45  
Veh Description : SIL TOYOTA SIENNA  
Odometer Out : 19331 MIs  
Fuel Gauge Reading: Full

Pickup Date/Time : OCT 24, 2021@10:11 AM  
Pickup Location : 7135 GILESPIE STREET  
LAS VEGAS, NV, 89119, US

Return Date/Time : OCT 29, 2021@04:00 PM  
Return Location : 7135 GILESPIE STREET  
LAS VEGAS, NV, 89119, US

Additional Fees May Apply If Changes Are Made To Your Return Date, Time And/Or Location.

YOUR ESTIMATED VEHICLE CHARGES

MIN 97 HRS. IF NOT MET DLY RT= 220.00 MAX 167 HRS  
RATE CHART TIME AND MILEAGE  
HRLY : 110.01  
AD DY: 220.00  
PER : 660.00 PR@ 660.00= 660.00  
MIs : Unlimited

Less 10.0% Discount = 66.00

Your Estimated Time & Mileage: 594.00  
Estimated Subtotal Charges: 594.00  
Sales Tax 8.375% + 49.75  
10.00% Concession Recovery Fee + 61.05  
CUSTOMER FACILITY CHG 5.00 /D + 30.00  
COUNTY SURCHARGE % 2.00 + 11.88  
ATE SURCHARGE %10.00 + 59.40  
VEH LICENSE RECOUP 2.75 /DY + 16.50  
YOUR ESTIMATED TOTAL CHARGES X : 822.58

YOUR OPTIONAL PRODUCTS/SERVICES

Loss Damage Waiver 29.04/Day Declined  
Personal Accident and Effects 7.99/Day Declined  
Emergency Sickness Plan Unavail  
Supplemental Liability Insurance Unavail  
By my initials I accept or decline optional services/products as shown above. X  
Please return the vehicle with the same fuel level as you received it. Please provide a receipt for fuel purchased. If you do not, additional fuel fees may apply: 000-074  
MIs equals a 18.99 flat rate fee. 075 MIs and above equals .2580 per MI or 9.290 per Gal . X  
I understand that important information on cashless toll roads and e-Toll services can be found at budget.com/etoll. X

---NOTICES---BUDGET SYSTEM LICENSEE---NOTICES---

Renter's liability insurance: renter accepts or declines primary third party automobile liability up to minimum statutory limits of the jurisdiction where the accident occurred. XX Accept XX Decline  
I AGREE TO: BE CONTACTED ABOUT THE RENTAL BY CALLS OR TEXTS AT THE PHONE NUMBER(S) PROVIDED; BUDGET'S COLLECTION AND USE OF VEHICLE DATA (INCLUDING DIAGNOSTIC, LOCATION, DAMAGE, PERFORMANCE & OPERATIONAL DATA LIKE MILEAGE, FUEL, CONDITION & OTHER DATA RELATED TO THE VEHICLE & ITS USE) PER OUR PRIVACY NOTICE AT WWW.BUDGET.COM/privacy; AND MANUFACTURERS' COLLECTION AND USE OF DATA FROM THE RENTAL VEHICLE PER THEIR PRIVACY NOTICE.  
Loss Damage Waiver is optional. An added daily cost of 29.04 covers your responsibility for damage to our car. Check with your insurer as this may be duplicative of your own car insurance. I agree the charges listed above are estimates. I agree to all terms herein and in the separate Rental Terms and Conditions document ("RTC"), including the arbitration/class action waiver provision. I understand the RTC will be provided to me prior to leaving the counter, but I can also request a copy to review at any time as well as review it at WWW.BUDGET.COM/TERMSC. No additional drivers allowed without prior written consent. Tickets, fines and admin fees to be charged to this rental. X  
If you have questions regarding this rental, call us at 702-736-1212 This vehicle was rented to you by CHARMAINE

CMD: B203 DISPLY/MODIFY RA DOC H/C DWT0J046  
RA 570703490 ACT vet AGENT ID PIN MVA 14844421 SPC D35 PRT  
NAM GOLDEN, TERRIE SOR T/07560685/P/8Y CPN  
N/C GEICO THE LINQ CON 7734185101/ 7734061706 PAY CV  
AD1 5134 KEWEE AVE RMK WPP NNNN  
AD2 LIC USILG43580161812 D/C 10/1  
AD3 CHICAGO, IL, 60632, US CID CS601100XXXXXX4132 TAX 8.375  
MKO 19331 STA LAS ETA 24OCT21/1011 AUT 2434R/1022 FLO G8 REA DEL  
MKI ILC LAS ETT 29OCT21/1600 AUT BFL COL  
MCA F/O BCD U264504 GRP/\$\$ ADJ  
RAT P5/V HRY 11001 DLY 22000 WKY 66000 M/K OTR  
O/M DOB 26JUL61 NMV ENT DAM/AK  
FTN CCI CEX 04/27

NO VEHICLE EXCHANGES EXIST FOR THIS CONTRACT

N END....

702-736-8667

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Veh Description : SIL TOYOTA SIENNA  
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Fuel Gauge Reading: Full

9:30pm

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AD DY: 220.00  
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Less 10.0% Discount = 66.00  
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Estimated Subtotal Charges: 594.00  
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Supplemental Liability Insurance Unavail  
By my initials I accept or decline optional services/products as shown above. X  
Please return the vehicle with the same fuel level as you received it. Please provide a receipt for fuel purchased. If you do not, additional fuel fees may apply: 000-074  
MIs equals a 18.99 flat rate fee. 075 MIs and above equals .2580 per MI or 9.290 per Gal. X  
I understand that important information on cashless toll roads and e-Toll services can be found at budget.com/etoll. X

>

flat tire 11:55 Am Torrie  
Nominal towing 310-848-5801

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702-736-

Malco Enterprises, Inc.  
dba Budget Rent A Car  
P.O. Box 97897, Las Vegas, NV  
89193 PH:702.730.0183  
702.730.0135 Fax:702.736.8667

## VEHICLE DAMAGE INCIDENT REPORT



<b>General Information</b>		Location: <u>LAS</u>	Car #: <u>14844421</u>	RA#: <u>570 703 440</u>
License # and State: <u>NV</u>	Mileage:	Year, Make, Model: <u>2021 TOYOTA SIENNA</u>		
Description of Damage: <u>2 TIRES - SLASHED</u>				

<b>Renter Information</b>		Name: <u>TERRIE GOLDEN</u>		Driver Lic#: <u>6435-8016-1812</u>	State: <u>IL</u>
Street Address: <u>5134 S. KEELER AVE</u>		City: <u>CHICAGO</u>		State: <u>IL</u>	ZIP: <u>60638</u>
Date of Birth: <u>7/26/1964</u>	Daytime Phone: <u>773-418-514</u>	Evening Phone:	E-mail address: <u>GOLDENKARMA@COMCAST.NET</u>		
Employer Name & Address:		City:		State:	ZIP:
Operator's Insurance Co.: <u>TRAVELERS INS.</u>		Telephone No.: <u>800-252-4633</u>	Policy/Claim#: <u>6090199602031</u>		

<b>Driver Information</b>		Name: <u>TER</u>		Driver Lic#: <u>AS ABOVE</u>	State: <u>IL</u>
Street Address:		City:		State:	ZIP:
Date of Birth:	Daytime Phone:	Evening Phone:			
Employer Name & Address:		City:		State:	ZIP:
Operator's Insurance Co.:		Telephone No.:	Policy/Claim#:		

<b>Questions:</b>	Witnesses: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Injuries: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Police Notified: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Other Vehicles Involved: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Do you currently own an automobile? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Personal: <input type="checkbox"/> Business: <input type="checkbox"/>	Credit Card Damage Coverage: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
If yes, Renter must report to Credit Card Company.				

<b>Other Veh. or Property Damage</b>		Operators License#:	State:	Insurance Company:	Policy#:
Owner Name:	Address:	City:	State:	ZIP:	
Operator's Name:	Address:	City:	State:	ZIP:	
Year:	Make:	Model:	License Plate#:	State:	Was Car Drivable: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>Injured Persons:</b>	Name:	Address:	City:	State:	ZIP:
Was vehicle Occupant - Renter: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Authorized Driver: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Pedestrian: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Other:		
<b>Injured Persons:</b>	Name:	Address:	City:	State:	ZIP:
Was vehicle Occupant - Renter: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Authorized Driver: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Pedestrian: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Other:		

	Describe how the Accident happened including Direction of Travel and Traffic Controls: <u>PARKED RENTAL CAR IN SELF PARKING LOT AT LING HOTEL ON 10/25/21 AT 9AM AND RETURNED TO IT ON 10/26/21 AT 11AM TO A SECURITY OFFICER FILLING OUT AN INCIDENT REPORT WITH 2 TIRES ON PASSENGER SIDE FLATTENED.</u>		Accident Date: <u>10/26/21</u>
	Indicate direction of vehicle when accident/incident occurred. Identify the Rental Vehicle with an "A". <u>POLICE REPORT # LLV211099999282</u>		

I certify that the information written is correct to the best of my knowledge. Date of this report: <u>10/26/21</u>	Signature: <u>Terrie Golden</u>	Renter: <input checked="" type="checkbox"/> Driver: <input checked="" type="checkbox"/>
Signature of Budget Check-In Agent:	Employee #	Date: Time:



7120 HAVEN STREET-LAS VEGAS, NV 89119

**CHECK BOX THAT APPLY:**

TECH NAME/NUMBER	SUBLET LABOR	SHOP SUPPLIES	TOTAL PARTS	TOTAL LABOR	TOTAL AMOUNT DUE:
2001			260-	108	\$368-

Tire Tread	Tire Tread	Brakes
(FL)	(FR)	(F)
(BL)	(BR)	(B)

**DISCOUNT TIRE**10/29/2021  
9:02 AM**BUDGET RENT A CAR & SALES**AR Account:  
31317

7120 HAVEN ST

LAS VEGAS, NV 89119  
702.736.1212 (W)2021 TOYOTA  
SIENNA  
17"BASE LE**APPROVED BY  
CLAIMS**

Vehicle Unknown Carry Out W/Vehicle

Invoice #  
5015924NVL 22  
3830 BLUE DIAMOND RD  
LAS VEGAS, NV 89189  
702.893.3322**GL 7022-88-88**

Salesperson 49

**VENDOR:**

Estimated Completion Time 09:15 AM

Article	Qty	Description	FET	Price	Amount
88928	2	235 /65 R17 104H SL BSW		130.00	260.00
NRM		ARZ ARIZONIAN SILVER EDITION AS			
TIRE MILEAGE WARRANTY: 60000					
BOLT PATTERN: 5-114.3					
INFLATION F:35 R:36					
80017	0	CERTIFICATES FOR		20.50	.00
NRM		REFUND, REPLACEMENT			
80224	0	WASTE TIRE		3.00	.00
NRM		DISPOSAL FEE			

P.O. # 14844421  
DRIVER NAME STEPHANIE

The tire and/or wheel you have chosen is different from the original equipment provided with your vehicle and may change its handling or stability characteristics.  
Further information is available from your Discount Tire salesperson.

REMIT PAYMENT TO:  
THE REINALT - THOMAS CORPORATION  
P.O. BOX 842349  
LOS ANGELES, CA 90084-2349  
OR PAY ONLINE AT TIRES.COM

**PAYMENT TERMS: NET 15TH OF FOLLOWING MONTH**

I understand by my signature below: The personal and vehicle information I have voluntarily provided is correct. I agree to purchase the products, pay the fees, and authorize the service and repairs at the final costs specifically listed in this electronic invoice. This invoice, if and as necessary under the law, is an estimate of repair and service costs as detailed herein. Terms and Conditions for this transaction are found at [www.discounttire.com/customer-service/invoice-terms](http://www.discounttire.com/customer-service/invoice-terms)

TAX ID: Q7GV

Sub Total: 260.00  
Sales Tax: .00  
Sales Total: 260.00

Tendered: 260.00 (CHG)

Tendered Today: 260.00

Tendered Total: 260.00

Signature on file