



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)		
JLP AGENCY SERVICES 3719 N FRY RD SUITE C KATY TX 77449	FAX (A/C, No): 281-599-3840	POLICY NUMBER	POLICY TYPE			
E-MAIL ADDRESS:	CODE:	EFFECTIVE DATE	EXPIRATION DATE	REFERENCE NUMBER	CAT #	
AGENCY CUSTOMER ID:	SUB CODE:					

INSURED

NAME AND ADDRESS <i>ML Cargo LLC</i>	SOC SEC # OR FEIN:	CONTACT	CONTACT INSURED
RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):	NAME AND ADDRESS <i>Luis Chand</i>	WHEN TO CONTACT
CELL PHONE (A/C, No):	E-MAIL ADDRESS:	<i>300 Sunnyside St, Houston TX 77076</i>	WHERE TO CONTACT
RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):	VIOLATIONS/CITATIONS	
CELL PHONE (A/C, No):	E-MAIL ADDRESS: <i>832-670-9738</i>	REPORT #:	REPORT #:

LOSS

LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary) <i>Unit 1 was turning unit 2. Unit 3 was travelling north on US 84. Unit 3 failed to yield. Unit 1 & 2 attempt to make right turn.</i>	REPORT #:	REPORT #:

POLICY INFORMATION

BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)
LOSS PAYEE			COLLISION DED			

UMBRELLA/ EXCESS	UMBRELLA	<input type="checkbox"/> EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC	SIR/ DED
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INSURED VEHICLE

VEH # <i>99</i>	YEAR <i>99</i>	MAKE: <i>Fontaine trailer</i>	BODY TYPE: <i>Trailer</i>	V.N.: <i>13N148309X1501114</i>	PLATE NUMBER	STATE <i>TX</i>
OWNER'S NAME & ADDRESS <i>Luis S Chand, 300 Sunnyside St Houston TX 77076</i>	DRIVER'S NAME & ADDRESS <i>Castillo, Deny Grando</i>				RESIDENCE PHONE (A/C, No):	
DRIVER'S NAME & ADDRESS <input type="checkbox"/> (Check if same as owner)				BUSINESS PHONE (A/C, No, Ext):	RESIDENCE PHONE (A/C, No):	
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH <i>8/26/85</i>	DRIVER'S LICENSE NUMBER <i>37627419</i>	STATE <i>TX</i>	PURPOSE OF USE	BUSINESS PHONE (A/C, No, Ext):	USED WITH PERMISSION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?			OTHER INSURANCE ON VEHICLE

PROPERTY DAMAGED	VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER VEH/PROP INS?	COMPANY OR AGENCY NAME:		
DESCRIBE PROPERTY (If auto, year, make, model, plate #) <i>2006, GRU, FORD, MUSTANG</i>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	POLICY #:		
OWNER'S NAME & ADDRESS <i>Chambers, Ian Michael</i>				RESIDENCE PHONE (A/C, No):		
OTHER DRIVER'S NAME & ADDRESS <input checked="" type="checkbox"/> (Check if same as owner)				BUSINESS PHONE (A/C, No, Ext):		
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?	<i>frontal right of car</i>			RESIDENCE PHONE (A/C, No):
						BUSINESS PHONE (A/C, No, Ext):

INJURED

NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

REMARKS (Include
adjuster assigned)

REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER
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Texas Department of Transportation

125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Tue, 06 sep 2016

STATE OF TEXAS §

This is to certify that I, Kellie Pierce, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Thu, 25 aug 2016 , which occurred in Scurry County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

Kellie Pierce

Kellie Pierce, Director
Crash Data and Analysis Section
125 East 11th Street
Austin, Texas 78701-2483
512.463.8588



OUR VALUES: People • Accountability • Trust • Honesty

OUR MISSION: Through collaboration and leadership, we deliver a safe, reliable, and integrated transportation system that enables the movement of people and goods.

An Equal Opportunity Employer



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

IDENTIFICATION & LOCATION	Crash Date (MM/DD/YYYY) 08/25/2016					Crash Time (24HRMM) 2220	Case ID	Local Use															
	County Name SCURRY					City Name										<input checked="" type="checkbox"/> Outside City Limit							
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Latitude (decimal degrees) 32° 6' 33.9" S	Longitude (decimal degrees) 100° 0' 10.7" W																
	ROAD ON WHICH CRASH OCCURRED																						
	*1 Rdwy. US Sys. Hwy. 84 Num.		*Hwy. 84 Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix												
	Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			Toll Road/ Toll Lane	Speed Limit	75	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.														
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																						
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. CR Sys.	Hwy. Num. 4126	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name				4 Street Suffix												
	Distance from Int. or Ref. Marker 100			<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc.				RRX Num.												
	Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. R212115		VIN	1 F U P C S Z B 8 W P 9 5 4 4 3 1														
Veh. Year 1 9 9 8	6. Veh. Color BLK	Veh. Make FREIGHTLINER			Veh. Model UNKNOWN	7 Body Style TT				Pol. Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 37627419	9 DL Class A	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 08/20/1985																	
Address (Street, City, State, ZIP) 218 PLAZA VERDE DR HOUSTON, TX 77038																							
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec	Alc. Result	23 Drug Spec	24 Drug Result	25 Drug Category	
	1	1	1	CASTILLO, DENY GRANDO					N	31	W	1	1	1	97	97	N	96		96	96	97	97
	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																						
	<input type="checkbox"/> Owner	Owner/Lessee Name & Address LUIS S CHAND, 300 SUNNYSIDE ST HOUSTON, TX 77076																					
	<input type="checkbox"/> Lessee																						
	Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2		Fin. Resp. Name HALLMARK COUNTY MUTUAL			Fin. Resp. Num. TXA522445																
	Fin. Resp. Phone Num. 281-599-3741				27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
	Towed By					Towed To																	
	Unit Num. 2	5 Unit Desc. 6	Parked Vehicle	Hit and Run	LP State TX	LP Num. 040B679		VIN	1 3 N 1 4 8 3 0 9 X 1 5 8 1 1 1 4														
	Veh. Year 1 9 9 9	6. Veh. Color SIL	Veh. Make FONTAINE TRAILER CO			Veh. Model NOT APPLICABLE	7 Body Style TL				Pol. Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)																	
Address (Street, City, State, ZIP)																							
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec	Alc. Result	23 Drug Spec	24 Drug Result	25 Drug Category	
	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																						
	<input type="checkbox"/> Owner	Owner/Lessee Name & Address LUIS S CHAND, 300 SUNNYSIDE ST HOUSTON, TX 77076																					
	<input type="checkbox"/> Lessee																						
	Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2		Fin. Resp. Name HALLMARK COUNTY MUTUAL			Fin. Resp. Num. TXA522445																
	Fin. Resp. Phone Num. 281-599-3741				27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
	Towed By					Towed To																	

Copy from Custodial File

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)				
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.						
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address								
CMV	Unit Num.	1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num. 02530946			
FACTORS & CONDITIONS	Carrier's Corp. Name	LUIS S CHAND	Carrier's Primary Addr. 300 SUNNYSIDE ST HOUSTON, TX 77076						30 Veh. Type 8						
NARRATIVE AND DIAGRAM	31 Bus Type	0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR 8 0 0 0 0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style	5					
Sequence Of Events 35 Seq. 1 1.3				35 Seq. 2				35 Seq. 3				35 Seq. 4			
36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									1	3	3	2	1	1	7
<p>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</p> <p>Unit 1 was towing Unit 2 and traveling north on US 84, coming up on CR 4126 and was attempting to negotiate a right turn. Unit 3 was traveling north on US 84 in the right lane. Unit 3 failed to yield and pass to the left as Unit 1 and Unit 2 attempted to make a right turn. Unit 3 rear ended Unit 2. All units came to rest upright. Units 1 & 2 were facing east. Unit 3 was facing west.</p>						<p>Field Diagram - Not to Scale</p> <p>US 84 WB</p> <p>CR 4126</p>									
INVESTIGATOR	Time Notified (24HR:MM) 2 3 2 0 How Notified DISPATCHED					Time Arrived (24HRMM) 2 3 4 0				Report Date (MM/DD/YYYY) 08 / 29 / 2016					
Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) Casares, Frank	ID Num. 12413												
ORI Num.			Service/Region/DA	H	P	5	C	O							

Copy from Custodial File


 * Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
 Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

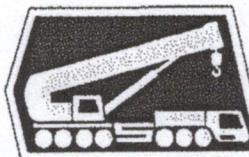
Page 3 of 4

Crash Date (MM/DD/YYYY) 08 / 25 / 2016										*Crash Time (24HRMM) 2 2 2 0		Case ID				Local Use								
*County Name SCURRY										*City Name								<input checked="" type="checkbox"/> Outside City Limit						
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										Latitude (decimal degrees) 3 2 1 * 6 3 3 9 3		Longitude (decimal degrees) 1 0 0 0 1 7 6 3 5 6												
ROAD ON WHICH CRASH OCCURRED																								
*1 Rdwy. Sys. US		*Hwy. Num. 84		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name						4 Street Suffix								
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 75		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.												
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																								
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. CR		Hwy. Num. 4126		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name						4 Street Suffix						
Distance from Int. or Ref. Marker 100				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc.						RRX Num.								
Unit Num. 3	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. BFD3365		VIN	1	Z	V	F	T	8	0	N	1	6	5	1	3	2	6	9	0
Veh. Year 2 0 0 6	6. Veh. Color GRY	Veh. Make FORD		Veh. Model MUSTANG		7 Body Style P2		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 33430949		9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 4 / 1 7 / 1 9 9 4																	
Address (Street, City, State, ZIP) 3441 WIMBLEDON DR CIBOLO, TX 78108																								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																								
Person Num.	12 Prsn. Type	13 Seat Position	14 Injury Severity Age 22 15 Ethnicity W 1 16 Sex 1 17 Eject. 1 18 Restr. 2 19 Airbag 97 20 Helmet N 21 Sol. 96												22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category					
1 1 1	CHALMERS, IAN MICHAEL																							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																								
<input checked="" type="checkbox"/> Owner	Owner/Lessee Name & Address ROSA N FLORES, 202 CHEYENNE ST CARRIZO SPRINGS, TX 78834																							
<input type="checkbox"/> Lessee																								
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name STATE FARM		Fin. Resp. Num. 307-6500-C03-53																				
Fin. Resp. Phone Num. 800-252-1932				27 Vehicle Damage Rating 1 1 2 - F D - 4		27 Vehicle Damage Rating 2 - - -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes																
Towed By LUBBOCK WRECKER				Towed To 511 HWY 84 SNYDER, TX																				
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																	
Veh. Year	6. Veh. Color	Veh. Make		Veh. Model		7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																
8 DL/ID Type	DL/ID State	DL/ID Num.		9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/															
Address (Street, City, State, ZIP)																								
Person Num.	12 Prsn. Type	13 Seat Position	14 Injury Severity Age 22 15 Ethnicity W 1 16 Sex 1 17 Eject. 1 18 Restr. 2 19 Airbag 97 20 Helmet N 21 Sol. 96												22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category					
1 1 1	CHALMERS, IAN MICHAEL																							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																								
<input type="checkbox"/> Owner	Owner/Lessee Name & Address ROSA N FLORES, 202 CHEYENNE ST CARRIZO SPRINGS, TX 78834																							
<input type="checkbox"/> Lessee																								
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name STATE FARM		Fin. Resp. Num. 307-6500-C03-53																				
Fin. Resp. Phone Num. 800-252-1932				27 Vehicle Damage Rating 1 1 2 - F D - 4		27 Vehicle Damage Rating 2 - - -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes																
Towed By LUBBOCK WRECKER				Towed To 511 HWY 84 SNYDER, TX																				
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																	
Veh. Year	6. Veh. Color	Veh. Make		Veh. Model		7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																
8 DL/ID Type	DL/ID State	DL/ID Num.		9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/															
Address (Street, City, State, ZIP)																								
Person Num.	12 Prsn. Type	13 Seat Position	14 Injury Severity Age 22 15 Ethnicity W 1 16 Sex 1 17 Eject. 1 18 Restr. 2 19 Airbag 97 20 Helmet N 21 Sol. 96												22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category					
1 1 1	CHALMERS, IAN MICHAEL																							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																								
<input type="checkbox"/> Owner	Owner/Lessee Name & Address ROSA N FLORES, 202 CHEYENNE ST CARRIZO SPRINGS, TX 78834																							
<input type="checkbox"/> Lessee																								
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name STATE FARM		Fin. Resp. Num. 307-6500-C03-53																				
Fin. Resp. Phone Num. 800-252-1932				27 Vehicle Damage Rating 1 1 2 - F D - 4		27 Vehicle Damage Rating 2 - - -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes																
Towed By LUBBOCK WRECKER				Towed To 511 HWY 84 SNYDER, TX																				

Copy from Custodial File

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)							
	3	1	COGDELL				MEDIC 3													
CHARGES	Unit Num.	Prsn. Num.	Charge										Citation/Reference Num.							
	3	1	FAIL TO PASS TO LEFT SAFELY										TX4P1H0UGDW6							
DAMAGE	Damaged Property Other Than Vehicles					Owner's Name					Owner's Address									
CMV	Unit Num.		<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes	28 Veh. Oper.	29 Carrier ID Type			Carrier ID Num.								
	Carrier's Corp. Name		Carrier's Primary Addr.										30 Veh. Type							
	31 Bus Type		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.		HazMat ID Num.	33 Cargo Body Style								
	Trailer 1	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		34 Trir. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		34 Trir. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Sequence Of Events	35 Seq. 1			35 Seq. 2			35 Seq. 3			35 Seq. 4									
	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions									
	Unit #		Contributing			May Have Contrib.		Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	3		26																	
	FACTORS & CONDITIONS	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale						
NARRATIVE AND DIAGRAM	Time Notified (24HR:MM) 2 3 2 0 How Dispatched												Time Arrived (24HRMM) 2 3 4 0		Report Date (MM/DD/YYYY) 08 / 29 / 2016					
	Invest. <input checked="" type="checkbox"/> Yes	Investigator Name (Printed)	Casares, Frank										ID Num. 12413							
	Invest. <input type="checkbox"/> No																			
	ORI																			

Invoice 253601



CRANE SERVICE INC
505 MURRY ROAD SE
ALBUQUERQUE, NM 87105
(505) 877-1100 Ph.
(505) 877-6900 Fax

Invoice Date: Friday, August 26, 2016
Customer: MLC003
Job No : SC-152267
Salesperson: CODY HEATHCOAT

M L CARGO LLC
300 SUNNYSIDE ST
HOUSTON, TX 77076

Job Site :
Allsups
Hermileigh, TX

Terms : COD

Customer P.O. No:

Work Performed : Hoist transformer

Date	Description	Unit No	Qty Unit Meas	Rate	Extension
8/26/2016 Friday	TX/TC 60 Ton Crane Hourly Service Travel In	5960	0.50 Hours	\$225.00	\$112.50
Friday	TX/TC 60 Ton Crane Hourly Service Crane		1.00 Hours	\$225.00	\$225.00
Friday	TX/TC 60 Ton Crane Travel In/Out Travel Out		0.50 Hours	\$225.00	\$112.50

Total Invoice: \$450.00

1 1/2 % PER MONTH FINANCE CHARGE WILL BE ADDED TO ALL AMOUNTS OVER 30 DAYS . CUSTOMER AGREES TO PAY ALL COSTS OF COLLECTIONS INCLUDING ATTORNEYS FEES.

Cra
Crane Service Ir
We want to know
www.CraneSer

505-877-1100
CRANE SERVICE INC
505 MURRY RD SE
ALBUQUERQUE NM 87105

TERMINAL I.D.: 5555
MERCHANT #: 05170

599
ny Crane Group
our short survey?
re appreciated.

VISA
*****4514
MANUAL
SALE
ITEM #: 001
INVOICE: 00253601
DATE: AUG 26, 2016 TIME: 13:17
AV: AUTH NO: 467884
PHONE ADD: ZIP:

TOTAL \$450.00

CUSTOMER COPY

UTILITY TRAILER SALES

4901 Blaffer, Houston, Texas 77026

Telephone: 713/674-8000 Fax: 713/678-7894

DATE 9/2/2016

Customer **L CARGO**

Address _____

City _____

ST _____

Zip _____

Attn: _____

Phone (281) 736-9370

Fax _____

After making an inspection, we are pleased to submit the following estimate for repairs on your trailer for immediate only acceptance only.

YEAR	MAKE	MODEL	SERIAL NUMBER	UNIT NUMBER
1999	UTILITY	FLAT BED	13N148309X1581114	00083

QUOTATION	Hours	Quantity	Parts Price
REMOVE AND REPLACE REAR BUMPER ASSY.	8.0		\$675.00
REMOVE AND REPLACE REAR BOLSTER.	12.0		\$725.00
SECTION AND REPAIR REAR MAIN RAIL.	8.0		\$125.00
REMOVE AND REPLACE COMPLETE REAR AXLE WITH HANGERS.	16.0		\$4,500.00
REMOVE AND REPLACE ALUMINUM TOOL BOX.	4.0		\$675.00
PAINT NEEDED REPAIRS AND INSTALL REFLECTIVE TAPE.	5.0		\$215.00
ALIGN TANDEMS	4.0		\$125.00
STRAIGHTEN AND REARCH TRAILER	24.0		\$250.00
MISC SUPPLIES.			\$245.00

THE ABOVE IS AN ESTIMATE BASED ON OUR INSPECTION AND DOES NOT COVER ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN OPENED UP. OCCASIONALLY AFTER THE WORK HAS STARTED, WORN OR DAMAGE PARTS ARE DISCOVERED WHICH ARE NOT EVIDENT ON THE FIRST INSPECTION. BECAUSE OF THIS, THE PRICE IS NOT GUARANTEED.

Utility Trailer Sales Southeast Texas Inc.

By:

Osman R. Villatoro

Parts, Price, & Rate Information

Breakdown

81.00	Labor Hours / Labor Rate	\$85.00	\$6,885.00
Parts			\$7,535.00
Freight			\$0.00
Other			\$0.00
Taxes		8.25%	\$621.64
TOTAL ESTIMATE		\$15,041.64	