



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)
12/28/17

AGENCY JLP INSURANCE SERVICES 3719 N FRY RD STE C KATY TX 77449	PHONE (A/C, No, Ext): 281-599-3741	COMPANY Hallmark Country Mutual (Liability & PD) Progressive (Cargo)	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)
FAX (A/C, No): 281-599-3840	E-MAIL ADDRESS: jlpert@jlpinsurance.com	POLICY NUMBER 742506286-02 - Liability & PD 03949714-1 - Cargo	POLICY TYPE	REFERENCE NUMBER
CODE: 16633	SUB CODE:	EFFECTIVE DATE 10/20/17 11/09/17	EXPIRATION DATE 10/12/18 11/04/18	DATE OF ACCIDENT AND TIME 12/20/17 9:00
AGENCY CUSTOMER ID:				PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO

INSURED		CONTACT		CONTACT INSURED
NAME AND ADDRESS 7100 Ridgeberry Dr. Houston TX 77095 Fernando Rivera Tellez	SOC SEC # OR FEIN:	NAME AND ADDRESS 7100 Ridgeberry Dr. Houston TX 77095 Fernando Rivera Tellez	WHEN TO CONTACT	WHERE TO CONTACT
RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):	RESIDENCE PHONE (A/C, No):	BUSINESS PHONE (A/C, No, Ext):	
CELL PHONE (A/C, No): 832-492	E-MAIL ADDRESS:	CELL PHONE (A/C, No): 832-492	E-MAIL ADDRESS:	

LOSS 3140	LOCATION OF ACCIDENT (Include city & state) mm 160 US2 Flathead	AUTHORITY CONTACTED: REPORT #:	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)			

POLICY INFORMATION		LOSS PAYEE		OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)	
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE
LIMITS:				AGGR	PER CLAIM/OCC
UMBRELLA/EXCESS				EXCESS	CARRIER:

INSURED VEHICLE		VEH #		YEAR	MAKE	MODEL	BODY TYPE	PLATE NUMBER	STATE
		2016			Ram	3500	TRUCK PICK-UP	K075482	TX
OWNER'S NAME & ADDRESS Fernando Rivera Tellez 7100 Ridgeberry Dr. Houston TX 77095		V.I.N.:		3C63RRJL7GG339898		RESIDENCE PHONE (A/C, No):		832 492 3140	
DRIVER'S NAME & ADDRESS (Check if same as owner)		DATE OF BIRTH		DRIVER'S LICENSE NUMBER		STATE		PURPOSE OF USE	
Self		08/27/73		35358000		TX		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? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME:	
DESCRIBE PROPERTY (If auto, year, make, model, plate #)		POLICY #:		RESIDENCE PHONE (A/C, No):	
OWNER'S NAME & ADDRESS				BUSINESS PHONE (A/C, No, Ext):	
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)				RESIDENCE PHONE (A/C, No):	
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?	

INJURED		NAME & ADDRESS		PHONE (A/C, No)		PED		INS OTH VEH/VEH		AGE		EXTENT OF INJURY	

WITNESSES OR PASSENGERS		NAME & ADDRESS		PHONE (A/C, No)		INS OTH VEH/VEH		OTHER (Specify)	

REMARKS (Include adjuster assigned)		REPORTED BY Fernando Rivera		REPORTED TO JLP INSURANCE		SIGNATURE OF INSURED		SIGNATURE OF PRODUCER	
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ACORD 2 (2006/02)

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE

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I Fernando Rivera Tellez certify that he accident on the day 12/20/2017 on the hwy 2 Flathead Montana happen under a bad weather ,it was snowing I lost the control of the truck,the truck slip and I cross in the middle of the hwy,there were not damage to any other vehicle or to the city.the only thing damage is to my truck and trailer .For any other questionplease contact me to my direct phone 832-492-3140.

Fernando Rivera Tellez

A handwritten signature in black ink, appearing to be 'FR' or similar, written over the printed name.

DEPARTMENT OF JUSTICE-MONTANA HIGHWAY PATROL

2550 Prospect Avenue, Helena, MT 59620 (406) 444-3278

CRASH EXCHANGE INFORMATION (This is not a crash report)

To receive a copy of your crash report, complete the remainder of this form and send it in along with a **\$2.00 non-refundable** search fee to the address listed at the top of this form.

Requests are generally processed within 10 to 14 days from the date of the crash.

The crash report does not include photos of the crash. Check here to request photos and include the \$10.00 photos fee.

Who may receive a copy of a crash report as per 61-7-114 MCA:

Reports by Individuals (you filled out the report yourself) may be released only to the person who submitted the report or by someone designated in writing by that person.

Reports by an officer may be released to the following individuals:

- a. Any person named on the report (including companies, business, etc.)
- b. Any driver, passenger, or pedestrian involved in the crash, or any person whose property was damaged in the crash.
- c. A party to a civil action arising from the crash.
- d. If the person is deceased, the executor, administrator, or the attorney representing the executive or administrator.

This must be **designated in writing**

- e. Anyone **designated in writing** by persons in categories a or b.
- f. Any insurance carrier for categories a or b. Insurance carrier includes life, health, auto and workers compensation carriers.

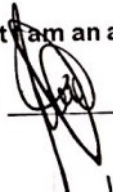
You are (check one or more):

☒ Driver ☐ Passenger ☐ Pedestrian ☐ Owner of Vehicle - Not a Driver ☐ Insurance Carrier

☐ Owner of Property damaged in the crash. Identify the Property 2016 Dodge Ram 2016 Trailer

Which person or company named on the report are you representing? Fernando Rivera Tellez

Authorization: I certify that I am an appropriate recipient of the report being requested as per 61-7-114 MCA.

Signature (required): 

Send Crash Report to:

Name

Fernando Rivera Tellez

Address

15125 West Rd #1333 Houston TX 77095

CRASH NUMBER: 50110260

TROOPER JAMES SCHNEIDER 1794

(406)471-6137

Date/Time: 12/20/17 9:00 pm

County of: FLATHEAD


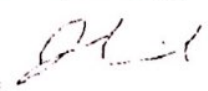
Location: MM160.3 US2

Vehicle	Owner/Business Owner	State	Insurance Company	Policy Number
V01 K075482	FERNANDO RIVERA TELLEZ	TX	JLP AGENCY SERVICES	A42506286

V01 Driver

FERNANDO RIVERA TELLEZ

DOB: 08/27/1973

DEFENDANT	NOTICE TO APPEAR AND COMPLAINT	MONTANA HIGHWAY PATROL	CITATION NUMBER 510 A787218 E								
 STATE OF MONTANA vs.		DEFENDANT NAME (FIRST MIDDLE LAST) FERNANDO RIVERA TELLEZ STREET 8440 EASTON COMMON DR <input type="checkbox"/> ADDRESS DIFFERENT THAN REGISTRATION CITY HOUSTON STATE TX ZIP CODE 77095 SEX M WEIGHT 170 HEIGHT 504 HAIR BRO EYES BRO DATE OF BIRTH 08/27/1973 AGE 44 HOME PHONE 832-492-3140 EMPLOYER _____ EMPLOYER PHONE _____ DL / ID NUMBER 35358000 TYPE A STATE TX EXPIRES ON 08/27/2022 <input type="checkbox"/> CDL									
YOU ARE HEREBY GIVEN NOTICE TO APPEAR IN COURT COURT NAME FLATHEAD COUNTY JUSTICE COURT LOCATED AT 920 SOUTH MAIN SUITE 210, KALISPELL MT 59901 ON OR BEFORE 12/29/2017 TIME 0800AM COURT TELEPHONE 406-758-5643 TO ANSWER THIS CHARGE. FAILURE TO APPEAR IN COURT OR PAY ASSESSED FINES, COSTS OR RESTITUTION MAY RESULT IN THE SUSPENSION OF YOUR DRIVER'S LICENSE OR PRIVILEGE TO DRIVE. PLEASE READ THE BOTTOM HALF OF THIS CITATION FOR EXACT INSTRUCTIONS.		VEHICLE LICENSE & STATE K075482 TX EXPIRES ON 11/30/2018 YEAR MAKE 2016 DODGE MODEL 3500 STYLE PICKUP COLOR WHI VIN 3C63RRJL7GG339898 <input checked="" type="checkbox"/> CMV <input type="checkbox"/> HAZMAT DOT NUMBER _____									
LOCATION OF OCCURRENCE COUNTY OF FLATHEAD (07) CITY OF (IF APPLICABLE) _____ NAME / DESCRIPTION OF ROADWAY OR LOCATION MM160 US2 48.48980382 -113.86917046		VIOLATION <input type="checkbox"/> COMPANION THE ABOVE NAMED DEFENDANT IS CHARGED WITH VIOLATING MONTANA CODE 61-8-302(1) [1] V5134 ON THE 19 DAY OF DECEMBER, 2017 AT 09:00 PM IN THAT SAID DEFENDANT DID KNOWINGLY OR PURPOSELY OR NEGLIGENTLY COMMIT THE FOLLOWING OFFENSE: Careless Driving									
OFFICER IDENTIFICATION AND SIGNATURE I hereby swear that all information contained on this document is true and correct to the best of my knowledge. <div style="text-align: right; margin-top: 20px;">  ORG / UNIT MHP337-62D I.D. NUMBER 1794 NAME JAMES SCHNEIDER </div>		DESCRIPTION OF VIOLATION POOR TRACTION ON TIRES/ NO SAFETY CHAINS ATTEMPTED TO CROSS MARIAS SPUN OUT / TOTAL BLOCKAGE UNLAWFUL SPEED APPLICABLE SPEED SPEED MEASUREMENT DEVICE <input type="checkbox"/> B/A TEST GIVEN <input type="checkbox"/> B/A TEST REFUSED									
		<table border="1" style="margin: auto;"> <tr><td colspan="2">APPEARANCE BOND</td></tr> <tr><td>AMOUNT</td><td>\$85.00</td></tr> <tr><td>RECEIVED</td><td>NONE</td></tr> <tr><td colspan="2">CRASH</td></tr> </table>		APPEARANCE BOND		AMOUNT	\$85.00	RECEIVED	NONE	CRASH	
APPEARANCE BOND											
AMOUNT	\$85.00										
RECEIVED	NONE										
CRASH											

PLEASE READ CAREFULLY

You have been charged with MONTANA CODE Violation 61-8-302(1) [1] Careless Driving. This notice is to advise you of certain rights you have regarding this charge.

ACCORDING TO THIS NOTICE TO APPEAR IT IS MANDATORY THAT YOU APPEAR BEFORE THE FLATHEAD COUNTY JUSTICE COURT ON OR BEFORE 12/29/2017 WITH ONE EXCEPTION.

EXCEPTION: In most traffic offenses, Fish and Game offenses and a few other offenses, the officer is authorized by the Court to accept Cash bond. If you have been asked to post cash bond, be certain the correct amount is stated on this Notice to Appear because this is your receipt for payment. If you have posted cash bond and fail to appear before the court as ordered, the bond you furnished may be forfeited. Such forfeiture usually is the final action taken by the court, but you may be required to appear in person and if so you will be notified. Under the Habitual Traffic Offender Act in force in Montana, the forfeiture of bond goes on your traffic record as a "conviction" for the offense with which you have been charged. Failure to post bond and/or appear as required may result in a warrant for your arrest. You are authorized to post bond by mail in lieu of a court appearance. If you choose this option, the bond must be received by the court on or before 12/29/2017. If you have posted cash bond and fail to appear before the court as ordered, the bond you furnished may be forfeited. **Make payable to: FLATHEAD COUNTY JUSTICE COURT. Mailing address: FLATHEAD COUNTY JUSTICE COURT, 920 SOUTH MAIN SUITE 210, KALISPELL MT 59901. Court Appearance: LAST NAME STARTS WITH A - M; MONDAY WEDNESDAY AND FRIDAY 8:00 LAST NAME STARTS WITH N - Z; MONDAY WEDNESDAY AND FRIDAY 10:00 OR CALL FOR OTHER OPTIONS EXCEPT HOLIDAYS PAY CITATIONS ONLINE AT: [HTTP://WWW.CITEPAYUSA.COM/?COURT=FLATHEADJPMT](http://WWW.CITEPAYUSA.COM/?COURT=FLATHEADJPMT)**

YOU HAVE THE RIGHT TO APPEAR BEFORE THE COURT AND PLEAD NOT GUILTY TO THIS CHARGE:

You will then: Have the right to employ an attorney to assist you. If the matter is one where you could be placed in jail upon conviction and if you are indigent you have the right to have the State of Montana appoint an attorney to represent you. You have the right to a jury trial or a trial before the court and the right to have witnesses subpoenaed to testify on your behalf. You have the right to post bond to be set by the court until final disposition of this matter.

If you believe you have, individually or as a member of any specific class of persons, been discriminated against based on race, color, national origin, sex, age, disability, income level or limited English proficiency, you have the right to file a formal complaint. Your complaint must be in writing and submitted within 180 days following the date of the alleged occurrence to: DOJ Central Services Division, ATTN: HR Manager, 840 Helena Avenue, PO Box 201404, Helena, MT 59620 Voice: (406) 444-5528 Fax (406) 444-1887