



HeadStart 11,910140

Date: 6/17/2019 07:34
Estimate ID: 1222
Estimate Version: 0
Preliminary
Profile ID: WEBB COUNTY



PETE LOZANO GARAGE & BODY SHOP

3301 Santa Maria, Laredo, TX 78040
(956) 237-9339
Fax: (956) 722-2290
Email: petelozano@hotmail.com

Damage Assessed By: PETE LOZANO
Classification: Audit

Deductible: UNKNOWN
File Number: 1222

Owner: Head Start Weeb County

Mitchell Service: 911308

Description: 2017 Toyota Sienna L
Body Style: Van 119" WB
VIN: 5TDZZ3DC5HS853764
OEM/ALT: O

Drive Train: 3.5L Inj 6 Cyl FWD

Search Code: None

Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER
AIR CONDITION, REAR WINDOW WIPER, CRUISE CONTROL, TILT STEERING COLUMN
AM/FM STEREO, DRIVER AIRBAG, REAR (DUAL-ZONE) AC
FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., TRACTION CONTROL
ALUM/ALLOY WHEELS, REARVIEW CAMERA, TIRE INFLATION/PRESSURE MONITOR
AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, CD PLAYER
POWER ADJUSTABLE EXTERIOR MIRROR, AUTO AIR CONDITION, FIRST ROW BUCKET SEAT
SECOND ROW BUCKET SEAT, THIRD ROW SEAT
REAR HEATING, VENTILATION & AIR CONDITIONING, CLOTH SEAT, SIDE AIRBAGS
AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, THIRD DOOR
MP3 PLAYER, DAYTIME RUNNING LIGHTS, 4 DOORS, ELECTRONIC STABILITY CONTROL
KEYLESS ENTRY SYSTEM, REAR SPOILER, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	102482	BDY	REMOVE/REPLACE	R Rocker w/Center Pillar (HSS) -S	61311-08020	300.77	12.5
2	AUTO	REF	REFINISH	R Center Pillar & Rocker Complete			C 2.5
3	104636	MCH	REMOVE/REPLACE	Ctr Air Bag Sensor -M	89170-08160	278.23	0.5 #
4	103731	MCH	REMOVE/REPLACE	Air Bag Nut -M	90080-17200	1.47	
5	104649	MCH	REMOVE/REPLACE	Air Bag Module-Passenger Seat -M	73910-08014	451.34	0.8 #
6	AUTO	BDY	REMOVE/INSTALL	R Frt Seat Assy			INC
7	104650	MCH	REMOVE/REPLACE	R Air Bag Side Curtain Module -M	62170-08033	1,552.35	INC #
8	AUTO	BDY	REMOVE/INSTALL	Roof Headliner			INC
9	103734	MCH	REMOVE/REPLACE	R Frt Air Bag Side Impact Sensor -M	89831-08040	205.99	INC #
10	AUTO	BDY	REMOVE/INSTALL	R Frt Door Trim Panel			INC
11	103736	MCH	REMOVE/REPLACE	R Rear Air Bag Side Impact Sensor -M	89831-08050	205.99	INC #
12	104028	BDY	REMOVE/REPLACE	R Frt Seat Belt	ORDER FROM DEALER	498.55	0.2 #
13	104050	BDY	REMOVE/REPLACE	R Ctr Seat Belt	ORDER FROM DEALER	171.26	0.2 #
14	101096	BDY	REMOVE/REPLACE	R Frt Door Shell (HSS)	67001-08040	824.96	5.6 #
15	AUTO	REF	REFINISH	R Frt Door Outside			C 1.8
16	AUTO	REF	REFINISH	R Frt Add For Jamb & Interior			C 1.0
17	AUTO	MCH	REMOVE/REPLACE	R Frt Add To R&I/R&R Side Air Bag Sensor			0.4
18	104162	BDY	REMOVE/REPLACE	R Frt Inr Door Latch Release Cable	69750-08040	29.28	
19	103550	BDY	REMOVE/REPLACE	R Frt Door Outside Handle	69210-08020	105.25	INC #
20	101350	BDY	REMOVE/REPLACE	R Frt Upr Door Hinge	68710-02020	51.72	0.2 #
21	AUTO	REF	REFINISH	R Frt Upr Hinge			C 0.5
22	AUTO	BDY	REMOVE/INSTALL	R Frt Door Assembly			INC #
23	101351	BDY	REMOVE/REPLACE	L Frt Upr Door Hinge	68720-02020	51.72	0.2 #

ESTIMATE RECALL NUMBER: 02/17/2019 18:29:35 1222
Mitchell Data Version: OEM: DEC_18_V

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Software Version: 7.1.233



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24	AUTO	REF	REFINISH	L Frt Upr Hinge					
25	AUTO	BDY	REMOVE/INSTALL	L Frt Door Assembly					
26	104190	BDY	REMOVE/REPLACE	R Frt Door Mirror Control Module	89430-08020		302.98		
27	101376	BDY	REMOVE/REPLACE	R Side Door Shell (HSS)	67003-08141		836.23	5.5	
28	AUTO	REF	REFINISH	R Side Door Outside					C 2.0
29	AUTO	REF	REFINISH	R Add For Jambs & Interior					C 1.0
30	101385	BDY	REMOVE/REPLACE	R Frt Side Door Latch	69370-08031		140.04	INC #	
31	AUTO	BDY	REMOVE/INSTALL	R Door Trim Panel					INC
32	101442	BDY	REMOVE/REPLACE	R Side Door Outside Handle	69230-08030		105.25	INC #	
33	101414	BDY	REMOVE/REPLACE	R Otr Side Door Bracket	69203-08020		81.71	INC #	
34	103350	BDY	REMOVE/REPLACE	R Van Side Panel	61611-08050		1,045.06	21.0 #	
35	AUTO	REF	REFINISH	R Quarter Panel Outside					C 2.4
36	AUTO	REF	REFINISH	R Van Side Panel Edge					C 0.5
37	AUTO	REF	REFINISH	R Add For Pillar					C 0.5
38	AUTO	MCH	REMOVE/REPLACE	R Add To R&I/R&R Side Curtain Air Bags-M					1.8 #
39	AUTO	MCH	REMOVE/REPLACE	R Rear Add To R&I/R&R Side Air Bag Senso					0.4
40	AUTO	BDY	REMOVE/REPLACE	R Add w/Blind Spot Sensors					0.2
41	102572	BDY	REMOVE/REPLACE	R Van Side Extension To Panel	61515-08010		111.97	INC	
42	104244	GLS	REMOVE/REPLACE	R Qtr Glass Moveable	ORDER FROM DEALER		410.01	0.3	
43	100385	BDY	REMOVE/REPLACE	Roof Headliner	ORDER FROM DEALER		2,157.85	5.9	
44	104252	BDY	REMOVE/REPLACE	R Frt Roof Grip Handle	ORDER FROM DEALER		29.48	INC	
45	AUTO	REF	ADD'L OPR	Clear Coat					3.0

- Labor Note Applies
 C - Included in Clear Coat Calc

Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary	
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals		Amount
Body	52.6	25.00	0.00	0.00	1,315.00	T	
Refinish	15.7	25.00	0.00	0.00	392.50	T	9,949.46
Glass	0.3	40.00	0.00	0.00	12.00	T	
Mechanical	3.9	75.00	0.00	0.00	292.50	T	
Taxable Labor					2,012.00		
Labor Summary					72.5	2,012.00	
III. Additional Costs						Amount	Amount
Total Additional Costs					0.00		0.00
IV. Adjustments						Customer Responsibility	0.00
i. Total Labor:							2,012.00
ii. Total Replacement Parts:							9,949.46
iii. Total Additional Costs:							0.00
Gross Total:							11,961.46
IV. Total Adjustments:							0.00
Net Total:							11,961.46

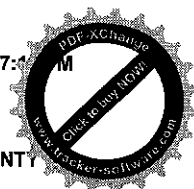
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This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

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Texas Peace Officer's Crash Report (Form DR-3 (11/2018))
 Mail to: Texas Department of Transportation, Crash Data Services, P.O. Box 61465, Austin, TX 78761 - Questions? Call 844-274-7467
 Report Attached OCS Sheets in North-South Fields
 * These fields are required on all additional sheets submitted for this crash (e.g., additional vehicles, occupants, injured, etc.)

* Crash Date (MM/DD/YYYY): **0 6 / 0 4 / 2 0 1 9** * Crash Time (24HRMM): **1 3 3 7** Case ID: **19-014181** Local Use

* County Name: **WEBB** * City Name: **LAREDO** * Outside City Limit:

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No (do not include) (do not include) (do not include)

ROAD ON WHICH CRASH OCCURRED
 1 Hwy Sys: **LR** 2 Hwy Num: **1** 3 Block Num: **1400** 4 Street Name: **JACAMAN** 5 Street Suffix: **RD**
 6 Crash Occurred on a Private Drive or Road/Private Property/Parking lot: Yes No 7 Road/Lane: **30** 8 Lane: **30** 9 Street Name: **JACAMAN** 10 Street Suffix: **PAVED**

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER
 11 Yes No 12 Hwy Sys: **LR** 13 Hwy Num: **1** 14 Block Num: **6500** 15 Street Name: **MCPHERSON** 16 Street Suffix: **RD**

Distance from Int. or Ref. Marker: **34** 17 Dir. from Int. or Ref. Marker: **E** 18 Reference Marker: **PAVED** 19 RRM Num:

Unit Num: **1** 20 Unit Desc: **1** 21 Parked Vehicle: 22 Hit and Run: 23 State: **TX** 24 LP Num: **1316448** 25 VIN: **5 T D Z Z 3 D C 5 H S 8 5 3 7 6 4**

Veh Year: **2 0 1 7** 26 Veh Color: **WHI** 27 Veh Make: **TOYOTA** 28 Veh Model: **SIENNA** 29 Body Style: **VN** 30 Pol. Jur. EMS on Emergency (Explain in Narrative if checked)

31 DL/DL Type: **1** 32 DL/DL State: **TX** 33 DL/DL Num: **22921091** 34 DL Class: **C** 35 CDL End: **96** 36 DL Rest: **96** 37 DOB (MM/DD/YYYY): **0 4 / 2 2 / 1 9 8 1**

Address (Street, City, State, ZIP): **105 CREST LANE, LAREDO, TX 78046**

Person Num	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Person Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
ARRIAGA PEREZ, PATRICIA													N	38	W	2	1	1	3	97	N	96	96	97	97

38 Owner: Owner/Lessee Name & Address: **WEBB COUNTY, HEADSTART**
1110 WASHINGTON ST, LAREDO, TX 78040

39 Proof of Ins. Yes Expired No 40 Fin. Resp. Type: **1** 41 Fin. Resp. Name: **USI INSURANCE** 42 Fin. Resp. Num: **CAE4057608**

43 Fin. Resp. Phone Num: **(314) 995-5300** 44 27 Vehicle Damage Rating 1: **0 5** 45 27 Vehicle Damage Rating 2: **R D - 2** 46 Vehicle Involved: Yes No

47 Towed By: **DRIVEN AWAY** 48 Towed To: **DRIVEN AWAY**

Unit Num: **2** 20 Unit Desc: **1** 21 Parked Vehicle: 22 Hit and Run: 23 State: **TX** 24 LP Num: **FRN7543** 25 VIN: **5 L T P W 1 6 5 1 6 F J 0 4 6 9 7**

Veh Year: **2 0 0 6** 26 Veh Color: **SIL** 27 Veh Make: **LINCOLN** 28 Veh Model: **MARK LT** 29 Body Style: **PK** 30 Pol. Jur. EMS on Emergency (Explain in Narrative if checked)

31 DL/DL Type: **98** 32 DL/DL State: **MX** 33 DL/DL Num: **PAME840825** 34 DL Class: **98** 35 CDL End: **98** 36 DL Rest: **98** 37 DOB (MM/DD/YYYY): **0 8 / 2 5 / 1 9 8 4**

Address (Street, City, State, ZIP): **1019 MONTGOMERY ST, LAREDO, TX 78042**

Person Num	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Person Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
PANIAGUA, ENRIQUE, HUMBERTO													N	34	H	1	1	1	2	97	N	96	96	97	97	
PANIAGUA, AZUL													N	06	H	2	1	4	97	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit				
PANIAGUA, MARIPAZ													N	07	H	2	1	4	97	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit				

38 Owner: Owner/Lessee Name & Address: **LEON JUAREZ, EUNICE**
1019 MONTGOMERY ST, LAREDO, TX 78042

39 Proof of Ins. Yes Expired No 40 Fin. Resp. Type: **1** 41 Fin. Resp. Name: **OLD AMERICAN COUNTY MUTUAL / A** 42 Fin. Resp. Num: **CCB01125995**

43 Fin. Resp. Phone Num: **(855) 664-5050** 44 27 Vehicle Damage Rating 1: **1 1** 45 27 Vehicle Damage Rating 2: **F D - 2** 46 Vehicle Involved: Yes No

47 Towed By: **DRIVEN AWAY** 48 Towed To: **DRIVEN AWAY**

DISPOSITION OF INJURED/KILLED	Unit Num	Prsn Num	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24-HR/Min)	

CHARGES	Unit Num	Prsn Num	Charge	Citation/Reference Num

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

VEHICLE	Unit Num	10,001+ LBS	TRANSPORTING HAZARDOUS MATERIAL	Cap. CAPACITY	CMV Disabling Damage	Yes	No	26 Veh Oper	29 Carrier ID Type	Carrier ID Num
	Carrier's Corp Name									
	Carrier's Primary Addr									
	31 Bus Type	RCVW								

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit Num	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	37								1	1	97	2	1	1

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

Unit 2 was traveling Westbound on 1400 Jacaman Rd. when Unit 1 who was traveling Eastbound on 1400 Jacaman Rd. failed to yield right of way while turning left and collided into Unit 2. Unit 1 was cited.

* * E N D * *

