

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

1/06/2026

RECEIPT # 56491

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
STATE OF FLORIDA - DEPARTMENT OF	Check	4-40-546 093	193,785.11

Description:

PROJECT 043 & 047 HURRICANE HELENE SEPT 2024

001-0000-000 115000.000 ACCOUNTS RECEIVABLE	8197.84
001-0000-000 208000.000 DUE TO BOCC	2420.04
007-0000-000 115000.000 ACCOUNTS RECEIVABLE	75876.84
115-0000-000 115000.000 ACCOUNTS RECEIVABLE	26974.19
115-0000-000 208000.000 DUE TO BOCC	80316.20

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
REMITTANCE ADVICE

FLAIR ACCOUNT CODE	OLO	SITE	DOCUMENT NUMBER	OBJECT	DATE	PAYMENT I
31-202398001-31700100-00-10515200	310000	07	D6000287035	1399	12/23/25	047068

PAYMENT AMOUNT \$ 193,785.11

MARION COUNTY SHERIFFS OFFICE
PO BOX 1987
OCALA FL 34478

AGENCY DOCUMENT NO V001560

PLEASE DIRECT QUESTIONS TO: (850) 815-4624, DIVISION OF EMERGENCY MANAGMENT

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
000010NVV	\$ 193,785.11

RECEIVED

JAN 05 2026

BY FISCAL

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

Florida Division of Emergency Management

Claim Summary

Resource Provider		FEIN #	Mission/Agreement #		Incident Name	
Marion County Sheriff's Office		59-6000739	00048		2024 Helene	
Assigned Location:	Mayo -		Mission Timeline	From:	To:	
			Period of Service	Start:	9/27/2024	End: 10/2/2024
Mission Description:	Lafayette County is requesting assistance with law enforcement duties from the Santa Rosa Sheriff's Office. This assistance will be needed post landfall and will need to be self sustained.					
Requesting Entity:	Florida Division of Emergency Management					
Reimbursement Point of Contact:	Caitlin Rath	Email:	crath@marionso.com		Phone:	3523696849
PERSONNEL			\$79,271.86			
PERSONNEL BACKFILL			\$10,296.16			
TRAVEL			\$0.00			
EQUIPMENT			\$49,389.32			
MATERIALS AND OTHER			\$12,964.90			
RENTAL			\$41,862.87			
TOTAL CLAIM			\$193,785.11			
<p>By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).</p>						
Signature	<i>Caitlin Rath</i>		Title	Budget Manager		Date 11/26/25

BY FISCAL

JAN 05 2025

RECEIVED

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

INVOICE

STATE OF FLORIDA - DEPARTMENT OF
FINANCIAL SERVICES
11655 NW GAINESVILLE ROAD

DATE
9/30/2024
NUMBER
3216
TOTAL
85,045.47

Payment Due: 10/30/2024

Item	Description	Quantity	Unit Price	U/M	Amount
1	SEPT 2024 PROJECT 043 HURRICANE HELENE	1.00	7,356.10	None	7,356.10
2	SEPT 2024 PROJECT 043 HURRICANE HELENE	1.00	1,812.53	None	1,812.53
3	SEPT 2024 PROJECT 043 HURRICANE HELENE	1.00	75,876.84	None	75,876.84

00
115
007

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

INVOICE

STATE OF FLORIDA - DEPARTMENT OF
FINANCIAL SERVICES
11655 NW GAINESVILLE ROAD

DATE
9/30/2024
NUMBER
3219
TOTAL
26,003.40

Payment Due: 10/15/2024

Item	Description	Quantity	Unit Price	U/M	Amount
1	SEPT 2024 PROJECT 047 HURRICANE HELENE	1.00	841.74	None	841.74
2	SEPT 2024 PROJECT 047 HURRICANE HELENE	1.00	25,161.66	None	25,161.66

COI
US

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

1/23/2026

RECEIPT # 56612

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0143781	4,682.55

Description:

VEH DAMAGE REIMBURSEMENT TRUMAN VEH # 36953 CASE 3# EV2024088258 / RICKETTS VEH # 51671 CASE # EV2026096549 / BOWLIN VEH # 51689 CASE # EV2026096550 / VANWEELDEN VEH # 36954 CASE # EV2024096551 / VAN ALSTINE VEH # 33575 CASE # 2026096561

001-0000-000 208000.000 DUE TO BOCC
007-0000-000 208000.000 DUE TO BOCC
115-0000-000 208000.000 DUE TO BOCC

327.41
395.14
3960.00

FL Sheriffs Risk Mgmt Fund
To: Marion County S.O.

RECEIVED
1.23.26 *AW*

MAR1000

Check Number: 0000143781
Date: 01/20/2026

Claimant/Memo	Claim Number	Invoice No./Ref	Loss/Service Dates	Payment Code	Paid Amount
Marion EV2026096561 - B. Pompey Unit #33575	APHD20260103015	8187			2010 -\$357.00
Marion EV2024096551 - B. Pompey Unit #36954	APHD20240103012	7991			1036 -\$327.41
Marion EV2026096550 - B. Pompey Unit #51689	APHD20260103011	8186			7010 -\$395.14
Marion EV2026096549 - B. Pompey Unit 51671	APHD20260103010	8191			2010 -\$392.00
Marion EV2024088258 - B. Schaffer Unit # 3695:	APHD20240093945				2020 -\$711.00
Marion EV2024088258 - B. Schaffer Unit # 3695:	APHD20240093945				2020 -\$2,500.00

"LOU" Loss of Unit reimbursement

TOTALS: \$4,682.55

WARNING - THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

FL Sheriffs Risk Mgmt Fund
2750 Chancellorsville Drive
Tallahassee, FL 32312

Truist
Tallahassee, FL 32317-2090
63-9138/2631

0000143781

DATE
01/20/2026

PAY Four Thousand Six Hundred Eighty Two Dollars and 55 Cents

AMOUNT
\$4,682.55

TO THE ORDER OF Marion County Sheriff's Office

P.O. Box 1987
Ocala, FL 34478

VOID AFTER 90 DAY:

[Signature]

SECURITY FEATURES INCLUDE MICROPRINTING - VOID PANTOGRAPH - ENDORSEMENT BACKER - BROWNSTAIN CHEMICAL REACTANT

RECEIVED
1-23-26 AB

Memorandum

Date: January 20, 2026
To: Stacy Hall, Marion County SO
From: Brandy Schaffer *BS*
Re: Recovered Deductible & LOU-Unit # 36953 (DOL 3/15/24)

The information contained in this communication is confidential and intended solely for the use of the addressee and may be subject to an attorney/client privilege and/or exempt from disclosure under the public records laws. Any unauthorized use, disclosure or copying is prohibited and may be unlawful. If you have received this communication in error, please contact the undersigned immediately.

Our Event #: EV2024088258
Check Amount: \$3,211.00 (\$2,500.00 + \$711.00)
Please see the attached check.

*Trans # 2403150339
Richard Truman #5800
Veh: 36953-2018 Ford Int SUV
Date: 3-15-24
Dept: 2020*



ACF
 P.O. Box 622492, Orlando, FL 32862
 Office: (407) 757-2376
 aocf18@outlook.com

Estimate ID
 17725633
 Original
 Claim Number
 EV2024088258

Not An Authorization For repair
 All supplement requests should be sent via email to
 AOCF18@outlook.com, including supporting documents.
 No Supplemental repairs are authorized without approval
 from the Insurance Company.

Owner Marion County SO 690 NW 30th Ave Ocala, FL 34475 (352) 369-6763 (Mobile)	Appraiser ACF.. Classification Field
--	---

Florida Sheriffs Risk

Loss Type Collision	Claim Number EV2024088258	Adjuster Brandy Schaffer (850) 320-6901 (Work) brandy.schaffer@fstrmf.org	Deductible 2500.00 - Not Waived
Loss Date 03/16/2024	Inspection Site Fleet Yard Ocala, FL 34475	Inspection Date 3/21/2024	<i>Recovered 1.23.26 [Signature]</i>

2018 Ford Explorer Police Interceptor Fleet 4 Door Utility 3.7L 6 Cyl Gas Injected AWD

Exterior Color JL (Dark Toreador Metallic)	License FL-JVLE50	VIN 1FM5K8ARXJGC17040	Condition Good
Drivable No	Odometer 50717	Mitchell Service Code 911800	

Primary Point of Impact
Rear (6)

Options

4WD or AWD	Air Conditioning	All Wheel Drive	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)
CD Player	Cloth Seat	Cruise Control	Driver Seat With Power Lumbar Support	Driver-Front Air Bag
Electric Defogger	Electronic Stability Control	First Row Bucket Seat	Left-Curtain Air Bag	MP3 Player
Passenger-Front Air Bag	Power Door Locks	Power Driver Seat	Power Remote Mirror	Power Steering
Power Windows	Power-Adjustable Pedals	Privacy Glass	Rear Bench Seat	Rear Gate Wiper
Rear Spoiler	Rearview Camera	Second Row Side Airbag With Head Protection	Side Airbags	Steering Wheel Mounted Audio Control
Tilt Steering Wheel	Tire Pressure Monitoring System	Traction Control/Electronic	Trip Computer	

Marion County SO | 2018 Ford Explorer Police Interceptor Fleet

Parts Profile
ACF Florida

Parts Profile Version
14.0

Line #	Description	Operation	LABOR		PART					
			Type	Total Units	Type	Number	Qty	Total Price	Tax	
Air Bag System										
1	100857 Disable & Enable Air Bag System -M	Remove / Replace	Mechanical	0.5						
Wheel										
2	101419 Spare Wheel	Remove / Install	Body	0.2*	Existing					
Exhaust										
3	100412 Frt Exhaust Gasket	Remove / Replace	Body	0.0	New	DA5Z 9450 A	1	\$15.62		
4	100404 Exhaust Muffler -M	Remove / Install	Mechanical	1.6r	Existing					
Rocker / Pillars / Floor										
5	100310 R Rocker Moulding	Remove / Install	Body	0.5	Existing					
6	100311 L Rocker Moulding	Remove / Install	Body	0.5	Existing					
Rear Seat										
7	101477 R Rear Seat Assy	Remove / Install	Body	0.3	Existing					
8	101478 L Rear Seat Assy	Remove / Install	Body	0.3	Existing					
Quarter Panel										
9	101089 R Quarter Wheel Opening Mldg	Remove / Install	Body	0.3	Existing					
10	101090 L Quarter Wheel Opening Mldg	Remove / Install	Body	0.3	Existing					
11	101099 R Lwr Quarter Trim Panel	Remove / Install	Body	0.6#	Existing					
12	101100 L Lwr Quarter Trim Panel	Remove / Install	Body	0.4#	Existing					
Rear Body										
13	100587 Rear Body Panel (HSS)	Remove / Replace	Body	INC#	New	BB5Z 7810608 A	1	\$150.55		
14	AUTO Rear Body Panel	Refinish Only	Refinish	2.0 C						
15	AUTO Add For Edge & Inside	Refinish Only	Refinish	0.8						
16	100588 Rear Body Inner Panel	Remove / Replace	Body	18.4#	New	BB5Z 7810928 A	1	\$630.82		
17	100592 Rear Body Floor Pan	Remove / Replace	Body	8.0#	New	BB5Z 7811215 A	1	\$616.55		
18	AUTO Rear Floor Pan	Refinish Only	Refinish	2.0						
19	100534 Rear Body Trim Panel	Remove / Install	Body	INCr	Existing					
20	100545 R Rear Body Panel Support	Remove / Install	Body	0.2r	Existing					
21	100618 L Rear Body Panel Support	Remove / Install	Body	0.2r	Existing					
Rear Lamps										
22	100628 R Rear Combination Lamp	Remove / Install	Body	0.3#	Existing					

Line #	Description	LABOR			PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax	
23	100631 L Rear Combination Lamp	Remove / Install	Body	0.3#	Existing					
Rear Bumper										
24	AUTO Rear Bumper Cover Assy	Overhaul	Body	3.4#	Existing					
25	102020 Rear Upr Bumper Cover	Remove / Replace	Body	INC#	Aftermarket Certified	FO1114110C	1	\$424.00		
26	AUTO Rear Upr Bumper Cover	Refinish Only	Refinish	2.4 C						
27	102030 Rear Bumper Step Pad	Remove / Replace	Body	INC#	Aftermarket Certified	FO1191152C	1	\$60.00		
28	AUTO Rear Bumper Cover	Remove / Install	Body	INC#						
29	102032 Rear Lwr Bumper Cover	Remove / Replace	Body	INC#	Aftermarket Certified	FO1115135C	1	\$504.00		
30	102047 Rear Bumper Energy Absorber	Remove / Replace	Body	INC#	Aftermarket Certified	FO1170153C	1	\$65.00		
31	900500 Tow Hitch	Remove / Replace	Body*	1.0*	New		1	\$193.37*		
32	900500 Tow Hitch Receiver and Ball	Remove / Replace	Body*	INC*	New		1	\$34.99*		
Additional Costs & Materials										
33	AUTO Paint/Materials	Additional Cost						\$288.00*		
34	936012 Hazardous Waste Disposal	Additional Cost						\$3.00*	Yes	
35	936014 Flex Additive	Additional Cost						\$7.00*	Yes	
36	936016 Weld Thru Primer	Additional Cost						\$15.00*	Yes	
Additional Operations										
37	AUTO Clear Coat	Additional Operation	Refinish	1.3				\$0.00		
38	933018 Mask For Overspray	Additional Operation	Refinish	0.2*				\$5.00*		
39	933006 Frame/Rack Set Up	Additional Operation	Frame	2.0*				\$0.00		
40	933035 Unibody Pull	Additional Operation	Frame	2.0*				\$0.00		
41	933038 Raw Substrate Prep	Additional Operation	Refinish	0.5*				\$0.00		
42	933005 Restore Corrosion Protection	Additional Operation	Body	0.2*				\$10.00*		
43	933004 Undercoating	Additional Operation	Body	0.2*				\$10.00*		
Body Components										
44	931105 Four Wheel Alignment	Additional Labor	Mechanical	0.0*	Sublet	Sublet	1	\$99.95*		
Special / Manual Entry										
45	900500 Pre/Post Scan	Additional Labor	Mechanical*	2.0*	Existing		1			
46	900500 Seam Sealer	Remove / Replace	Body*	0.0*	Aftermarket New	** QUAL REPL PART	1	\$35.00*	Yes	
47	900501 Labor Inc Per P-Pages									

* Judgment Item

T Included in Two Tone Calculation

C Included in Clear Coat Calculation

A Included in Clear Coat and Two Tone Calculation

Labor Note Applies
 d Discontinued by Manufacturer

r CEG R&R Time Used for this Labor Operation
 [] Verify the part number and price before ordering

Parts Vendors

KEYSTONE-INS QUALITY PRT
 1010 GRAND ST.
 ORLANDO FL 32805
 (800) 962-2036 (Work)
 (407) 425-7531 (Work)

Line	Part #	Total Price
25	FO1114110C	\$424.00
27	FO1191152C	\$60.00
29	FO1115135C	\$504.00
30	FO1170153C	\$65.00

Disclaimer: This estimate has been prepared based on the use of crash parts supplied by a source other than the manufacturer of your motor vehicle. The aftermarket crash parts used in the preparation of this estimate are warranted by the manufacturer or distributor of such parts, rather than the manufacturer of your vehicle.

Estimate Totals

Labor	Units	Rate	Sublet Add'l Amount	Totals
Body Labor	35.6	\$50.00	\$20.00	\$1,800.00
Refinish Labor	9.2	\$50.00	\$5.00	\$465.00
Frame Labor	4.0	\$50.00		\$200.00
Mechanical Labor	4.1	\$85.00	\$99.95	\$448.45
Total Labor	52.9		\$99.95	\$2,913.45
				Taxable \$0.00
				Tax 0.0000% \$0.00
				Non-Taxable \$2,913.45
				Pre-Tax Discount 0.00% \$0.00
				Labor Total \$2,913.45
Parts		Amount		
Taxable Parts		\$35.00		\$35.00
				Parts Adjustments \$0.00
				Tax 0.0000% \$0.00
				Non-Taxable \$2,694.90
				Pre-Tax Discount 0.00% \$0.00
				Parts Total \$2,729.90
Costs		Amount		
Other Additional Costs		\$25.00		\$25.00
Paint Materials		\$288.00		\$288.00
				Taxable \$25.00
				Tax 0.0000% \$0.00
				Non-Taxable \$288.00
				Pre-Tax Discount 0.00% \$0.00
				Costs Total \$313.00
Paint Materials Rate: \$32.00				
Rate Max: 99.9 units				
Additional Rate: \$0.00				

Estimate Totals

Gross Totals	Amount		
Gross Total	\$5,956.35		\$5,956.35
		Taxable	\$60.00
		Tax	\$0.00
		Non-Taxable	\$5,896.35
		Pre-Tax Discount	\$0.00
		0.00%	
		Gross Total	\$5,956.35
Adjustments	Amount		
Deductible	-\$2,500.00		-\$2,500.00
Total Customer Responsibility			-\$2,500.00
		Net Estimate Total	\$3,456.35

*****Notice*****

This appraisal is subject to the complete review and approval by the assigning insurance company to assure accuracy, cost effectiveness, and that accepted industry repair standards are met. The insurance company listed has the right to accept or reject any part or all of this appraisal or make any changes they feel necessary.

"Failure to use the insurance proceeds in accordance with the security agreement, if any, could be a violation of \diamond 812.014, Florida Statutes. If you have any questions, contact your lending institution." "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree." "This paragraph shall not apply to reinsurance contracts, reinsurance agreements, or reinsurance claims transactions.

Disclaimer: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Memorandum

Date: 1/20/2026
To: Stacy Hall, Marion County Sheriff's Office
From: Brittany Pompey
Re: Windshield Claims

The information contained in this communication is confidential and intended solely for the use of the addressee and may be subject to an attorney/client privilege and/or exempt from disclosure under the public records laws. Any unauthorized use, disclosure or copying is prohibited and may be unlawful. If you have received this communication in error, please contact the undersigned immediately.

EV2026096549 / Unit #5161 / \$392.00 - Windshield
EV2026096550 / Unit #51689 / \$395.14 Alyssa Ricketts #6708
EV2024096551 / Unit #36954 / \$327.41 51671-2021 Ford Int. SUV
EV2026096561 / Unit # 33575 / \$357.00 1-12-26

Mail To:

Marion County Sheriff's Office
Attn: Stacy Hall
P.O. Box 1987
Ocala, FL 34478

PO# 530045

8191

Accurate Auto Glass LLC

9611 sw 155th st
Dunnellon FL 34432
Florida Registration # MV-65212

352-245-4200
Fax: 352-307-4396

INVOICE DATE
1/20/10

B Name: _____
L Address: _____
L City & State: _____
T Zip Code: _____
O Phone no.'s: (H) _____

Name: _____
Address: W 97517
City & State: _____
Zip Code: V 51671
Phone no.'s: (H) _____

AGENT	POLICY #	P.O. CLAIM #	AUTHORIZED BY AGENT

VEHICLE INFORMATION						
YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS	
2001	Ford	Ford				
Qty.	Inventory #	I HAVE COMPARED THIS ESTIMATE RELATIVE TO THE DOCUMENT AND NOTE THE FOLLOWING TO BE ACCEPTABLE		List Price	Net Price	Amount
		DESCRIPTION <u>windshield</u>				
		QUANTITY <u>1</u>	CONDITION <u>good</u>			
		DATE <u>1-20-10</u>	SIGNATURE <u>[Signature]</u>			

LOCATION OF VEHICLE / COMMENTS
Rock chip and crack on left center of windshield starting from the edge

Labor	
Sealants / Kit	
Moldings	
Other	
Misc. Materials & Supplies	
SUB TOTAL	

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN
I understand that under state law I am entitled to a written estimate if my final bill will exceed \$150
 I request a written estimate
 I do not request a written estimate as long as the repair cost do not exceed \$
The shop may not exceed this amount without my written or oral approval
 I do not request a written estimate

Signed _____ Date _____

I WILL NOT ACCEPT WINDSHIELD REPAIR HAVING BEEN GIVEN THE ALTERNATIVE AND HAVING SEEN IT'S EFFECT. <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	CONSISTANT WITH FLORIDA MOTOR VEHICLE REPAIR ACT, F.S. 559.901, 559.9221, I HEREBY ACKNOWLEDGE RECEIPT OF WRITTEN ESTIMATE		ESTIMATE \$ _____
	HAT / UNIT NO.	MILEAGE	INSTALLER'S NAME

Please Pay to **Accurate Auto Glass** → TOTAL

FULL SETTLEMENT OF ALL LOSS UNDER YOUR POLICY DESCRIBED ABOVE AND UPON SUCH PAYMENT BEING MADE ALL CLAIM (AND DEMAND) FOR LOSS AND DAMAGE DESCRIBED ABOVE SHALL BE THEREBY FOREVER DISCHARGED. IF FOR REASONS NOW UNKNOWN, MY POLICY DOES NOT COVER THIS CLAIM, I AGREE TO PAY THE FIRM LISTED ABOVE FOR THE REPAIRS

There will be a finance charge calculated at 1% per month on any outstanding balance carried from this invoice in excess of 30 days. In the event it becomes necessary for Accurate Auto Glass to institute any legal action for the collection of sums due under this invoice, then the purchaser agrees to pay all costs including all reasonable attorney fees incurred.

CUSTOMER SIGNATURE (X) [Signature] DATE INSTALLED 1/20/10

Memorandum

Date: 1/20/2026
To: Stacy Hall, Marion County Sheriff's Office
From: Brittany Pompey
Re: Windshield Claims

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- EV2026096549 / Unit #5161 / \$392.00
- EV2026096550 / Unit #51689 / \$395.14 - Windshield
- EV2024096551 / Unit #36954 / \$327.41 - James "Preston" Bowlin
- EV2026096561 / Unit # 33575 / \$357.00 - Vehicle 51689 2021 Chev. Tahoe
1-6-26 Dept # 7010

Mail To:

Marion County Sheriff's Office
Attn: Stacy Hall
P.O. Box 1987
Ocala, FL 34478

8186

Accurate Auto Glass LLC

9611 sw 155th st
Dunnellon Fl 34432
Florida Registration # MV-65212

352-245-4200

Fax: 352-307-4396

INVOICE DATE

PLEASE PRINT THE FOLLOWING TO BE ACCEPTABLE

Name: _____
Address: _____
City & State: _____
Zip Code: _____
Phone no.'s: (H) _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____
Phone no.'s: _____

DESCRIPTION
CONDITION
MATERIAL

DESCRIPTION windshield

CONDITION 90% 573

MATERIAL 1-7-16

AGENT	POLICY#	POLY CLAIM#	AUTHORIZED BY AGENT

VEHICLE INFORMATION

YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG#	DATE OF LOSS
2011	Chevy	Traque			
Qty.	Inventory #	Description	List Price	Net Price	Amount
1		Windshield Repair			1095.00
		D. 7010			
		W 97586			
		V 51689			

LOCATION OF VEHICLE / COMMENTS

H6-26 Driving Hwy 27 rock fell off
Truck hit windshield and
cracked it

Labor	
Sealants / Kit	
Moldings	
Other	
Misc. Materials & Supplies	
SUB TOTAL	

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN
I understand that under state law I am entitled to a written estimate if my final bill will exceed \$150

- I request a written estimate
- I do not request a written estimate as long as the repair cost do not exceed \$ _____
The shop may not exceed this amount without my written or oral approval
- I do not request a written estimate

Signed _____ Date _____

CONSISTANT WITH FLORIDA MOTOR VEHICLE REPAIR ACT, F.S. 359.901, 359.9221, I HEREBY ACKNOWLEDGE RECEIPT OF WRITTEN ESTIMATE \$ _____

I WILL NOT ACCEPT WINDSHIELD REPAIR HAVING BEEN GIVEN THE ALTERNATIVE AND HAVING SEEN IT'S EFFECT.

CASH
 CHECK
 CREDIT CARD

HAT / UNIT NO.

MILEAGE

INSTALLER'S NAME

51689

Sales Tax	
Sub Total Before Deductible	
Less Customer Deductible	

Please Pay to **Accurate Auto Glass** →

TOTAL

FULL SETTLEMENT OF ALL LOSS UNDER YOUR POLICY DESCRIBED ABOVE, AND UPON SUCH PAYMENT BEING MADE, ALL CLAIM (AND DEMAND) FOR LOSS AND DAMAGE DESCRIBED ABOVE SHALL BE THEREBY FOREVER DISCHARGED. IF FOR REASONS NOW UNKNOWN, MY POLICY DOES NOT COVER THIS CLAIM, I AGREE TO PAY THE FIRM LISTED ABOVE FOR THE REPAIRS

There will be a finance charge calculated at 1% per month on any outstanding balance carried from this invoice in excess of 30 days. In the event it becomes necessary for Accurate Auto Glass to institute any legal action for the collection of sums due under this invoice, then the purchaser agrees to pay all costs including all reasonable attorney fees incurred.

CUSTOMER SIGNATURE (X) _____

DATE INSTALLED

1-7-16

Memorandum

Date: 1/20/2026
To: Stacy Hall, Marion County Sheriff's Office
From: Brittany Pompey
Re: Windshield Claims

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EV2026096549 / Unit #5161 / \$392.00

EV2026096550 / Unit #51689 / \$395.14

EV2024096551 / Unit #36954 / \$327.41

EV2026096561 / Unit # 33575 / \$357.00

Windshield
Joe Vanweelden #722
Veh: 36954 2018 Ford Int. SUV
Dept #1036 Date 10-31-24

Mail To:

Marion County Sheriff's Office
Attn: Stacy Hall
P.O. Box 1987
Ocala, FL 34478

Marion County Sheriff's Office
 Post Office Box 1987
 Ocala, Florida 34478-1987

**PURCHASE
 REQUISITION NO. 76293**

Requesting Office:
 FLEET SERVICES

Requested By:
 Jamie Nelson

Vendor:
 ACCURATE AUTO GLASS LLC
 175 MARION OAKS PASS
 OCALA, FL 34473

Reason for Request:
 REPLACE WINDSHIELD VEH 36954 DEPT
 1036 INV 7991

Date of Requisition 11/08/2024	Date Needed 11/08/2024	Purchase Order #	Requisition Total \$327.41
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Item #	Qty	U/M	Description	Unit Price	Amount
1	1.00	EACH	WINDSHIELD REPLACEMENT	327.410	327.41
			<u>Account Codes</u> 000-0000-000 000000.000	<u>Distribution Amounts</u> 327.41	<u>Total Requested</u> \$327.41

APPROVALS	

7991

Accurate Auto Glass LLC

175 Marion Oaks Pass
Ocala, FL 34473
Florida Registration # MV-65212

352-245-4200
Fax: 352-307-4396

INVOICE DATE

B Name: _____
L Address: _____
L City & State: _____
T Zip Code: _____
O Phone no.'s: (H) _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____
Phone no.'s: (H) _____

AGENT	POLICY #	POLY CLAIM #	AUTHORIZED BY AGENT

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS

Qty.	Inventory #	Description	List Price	Net Price	Amount

LOCATION OF VEHICLE / COMMENTS

On 10-31-24 driving first wildwood PD
rock flew up chipped & cracked
windshield

D 1036
W 93508
V 36954

I HAVE COMPARED THE GOODS RECEIVED
TO THE DOCUMENT AND NOTE THE
FOLLOWING TO BE ACCEPTABLE

DESCRIPTION windshield

QUANTITY 1 CONDITION good
DATE 10/31/24 SIGNATURE [Signature]

Labor	
Sealants / Kit	
Moldings	
Other	
Misc. Materials & Supplies	
SUB TOTAL	
Sales Tax	
Sub Total Before Deductible	
Less Customer Deductible	

CONSISTANT WITH FLORIDA MOTOR VEHICLE REPAIR ACT, F.S. 559.901, 559.9221, I HEREBY ACKNOWLEDGE RECEIPT OF WRITTEN ESTIMATE

ESTIMATE \$ _____

I WILL NOT ACCEPT WINDSHIELD REPAIR HAVING BEEN GIVEN THE ALTERNATIVE AND HAVING SEEN ITS EFFECT. X _____	<input type="checkbox"/> CASH	HAT / UNIT NO.	MILEAGE	INSTALLER'S NAME
	<input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD			

Please Pay to **Accurate Auto Glass** → TOTAL

FULL SETTLEMENT OF ALL LOSS UNDER YOUR POLICY DESCRIBED ABOVE AND UPON SUCH PAYMENT BEING MADE, ALL CLAIM (AND DEMAND) FOR LOSS AND DAMAGE DESCRIBED ABOVE SHALL BE THEREBY FOREVER DISCHARGED. IF FOR REASONS NOW UNKNOWN, MY POLICY DOES NOT COVER THIS CLAIM, I AGREE TO PAY THE FIRM LISTED ABOVE FOR THE REPAIRS

There will be a finance charge calculated at 1% per month on any outstanding balance carried from this invoice in excess of 30 days. In the event it becomes necessary for Accurate Auto Glass to institute any legal action for the collection of sums due under this invoice, then the purchaser agrees to pay all costs including all reasonable attorney fees incurred.

CUSTOMER SIGNATURE (X)

DATE INSTALLED

Memorandum

Date: 1/20/2026
To: Stacy Hall, Marion County Sheriff's Office
From: Brittany Pompey
Re: Windshield Claims

The information contained in this communication is confidential and intended solely for the use of the addressee and may be subject to an attorney/client privilege and/or exempt from disclosure under the public records laws. Any unauthorized use, disclosure or copying is prohibited and may be unlawful. If you have received this communication in error, please contact the undersigned immediately.

EV2026096549 / Unit #5161 / \$392.00
EV2026096550 / Unit #51689 / \$395.14
EV2024096551 / Unit #36954 / \$327.41
EV2026096561 / Unit # 33575 / \$357.00

Windshield
Tyler VAN ALSTINE #7173
Veh: 33575-2017 Ford Int. SUV
Dept # 2010 Date 1-12-26

Mail To:

Marion County Sheriff's Office
Attn: Stacy Hall
P.O. Box 1987
Ocala, FL 34478

8187

Accurate Auto Glass LLC

9611 sw 155th st
Dunnellon Fl 34432
Florida Registration # MV-65212

352-245-4200
352-367-4396
INVOICE DATE: 1-26-16
PLEASE PRINT THE INFORMATION ON THIS DOCUMENT AND NOTE THE FOLLOWING TO BE ACCEPTABLE

Name: [Signature]
Address: _____
City & State: _____
Zip Code: _____
Phone no.'s: (H) _____

Name: DESCRIPTION Windshield
Address: _____
City & State: FLORIDA CONDITION GOOD
Zip Code: 33575 SIGNATURE: [Signature]
Phone no.'s: (H) _____

AGENT	POLICY #	P.C. CLAIM #	AUTHORIZED BY AGENT
		530045	

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS
17	Ford	Explorer			
City	Inventory #	Description	List Price	Net Price	Amount
		Windshield Repair			250.00
		D 2010			
		W 97277			
		V 33575			

LOCATION OF VEHICLE / COMMENTS
Found chip in windshield while in for
leisure inspection looks like rock chip

Labor	
Sealants / Kit	
Moldings	
Other	
Misc. Materials & Supplies	
SUB TOTAL	
Sales Tax	
Sub Total Before Deductible	
Less Customer Deductible	

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN
I understand that under state law I am entitled to a written estimate if my final bill will exceed \$150
 I request a written estimate
 I do not request a written estimate as long as the repair cost do not exceed \$
The shop may not exceed this amount without my written or oral approval
 I do not request a written estimate

Signed _____ Date _____

CONSISTANT WITH FLORIDA MOTOR VEHICLE REPAIR ACT, F.S. 559.561, 559.9221, I HEREBY ACKNOWLEDGE RECEIPT OF WRITTEN ESTIMATE

I WILL NOT ACCEPT WINDSHIELD REPAIR HAVING BEEN GIVEN THE ALTERNATIVE AND HAVING SEEN IT'S EFFECT. <input checked="" type="checkbox"/>	<input type="checkbox"/> CASH	HAT / UNIT NO.	MILEAGE	ESTIMATE \$	INSTALLER'S NAME
	<input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	33575			

Please Pay to **Accurate Auto Glass** → TOTAL

FULL SETTLEMENT OF ALL LOSS UNDER YOUR POLICY DESCRIBED ABOVE AND UPON SUCH PAYMENT BEING MADE, ALL CLAIM (AND DEMAND) FOR LOSS AND DAMAGE DESCRIBED ABOVE SHALL BE THEREBY FOREVER DISCHARGED. IF FOR REASONS NOW UNKNOWN, MY POLICY DOES NOT COVER THIS CLAIM, I AGREE TO PAY THE FIRM LISTED ABOVE FOR THE REPAIRS

There will be a finance charge calculated at 1% per month on any outstanding balance carried from this invoice in excess of 30 days. In the event it becomes necessary for Accurate Auto Glass to institute any legal action for the collection of sums due under this invoice, then the purchaser agrees to pay all costs including all reasonable attorney fees incurred.

CUSTOMER SIGNATURE (X) [Signature] DATE INSTALLED 1-26-16