

Summary of Sheriff's Documentation
03/03/2026

	<u>Amount</u>	<u>Check #</u>
Disaster Relief - Other		
337520	\$107,290	4-40-546 093
Insurance Proceeds - Automobile	\$3,960	0143781
364080	\$177	0143658
	\$392	0143909
	\$29,900	0144050
	\$1,004	1 19 338244 J
	<u>\$35,433</u>	
Other Contributions & Donations	\$10,000	0052319
366090		
	<u><u>\$152,723</u></u>	

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
31-202398001-31700100-00-10515200	310000	07	D6000287035	1399	12/23/25	047068

PAYMENT AMOUNT \$ 193,785.11

AGENCY DOCUMENT NO V001560

MARION COUNTY SHERIFFS OFFICE
PO BOX 1987
OCALA FL 34478

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

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

INVOICE NUMBER	AMOUNT
00001ONVV	\$ 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 2026

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

ca
15
cor

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

cc1
 15

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 # 36953	APHD20240093945				2020 -\$711.00
Marion EV2024088258 - B. Schaffer Unit # 36953	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]
[Signature]

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

RECEIVED
1-23-26 SA

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@fsrmf.org	Deductible 2500.00 - Not Waived
Loss Date 03/16/2024	Inspection Site Fleet Yard Ocala, FL 34475	Inspection Date 3/21/2024	

*Recovered
1.23.26
[Signature]*

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	Type	Total Units	Type	PART			Tax
						Number	Qty	Total Price	
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	Frnt 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 Midg	Remove / Install	Body	0.3				Existing
10	101090	L Quarter Wheel Opening Midg	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

C Included in Clear Coat Calculation

T Included in Two Tone 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: _____
Address: _____
City & State: _____
Zip Code: _____
Phone no.'s: (H) _____

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

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

VEHICLE INFORMATION						
YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS	
2007	Ford	F150				
City	Inventory #	I HAVE COMPARED THIS ESTIMATE RECEIVED TO THE DOCUMENT AND NOTE THE FOLLOWING TO BE ACCEPTABLE		Est. 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 wind shield 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 _____

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 IT'S EFFECT. <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	HAT / UNIT NO.	INSTALLER'S NAME
	MILEAGE	

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) [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

EV2024096551 / Unit #36954 / \$327.41

EV2026096561 / Unit # 33575 / \$357.00

Windshield
James "Preston" Bowlin
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
PAID TO THE DOCUMENT AND NOTE 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: windshield
CONDITION: 90% 573
1-776

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

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS
2010	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	
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. 559.901, 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	INSTALLER'S NAME
	<input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	51689		

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

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

APPROVALS	

7991

AAG 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 #	POL. CLAIM #	AUTHORIZED BY AGENT

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

City	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 11-8-24 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 IT'S EFFECT.	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> CREDIT CARD	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)

DATE INSTALLED

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
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

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

1/23/2026

RECEIPT # 56611

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0143658	177.27

Description:

VEH DAMAGE REIMBURSEMENT ASLESON VEH # 33572 CASE # EV2025096477

115-0000-000 208000.000 DUE TO BOCC

177.27

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

RECEIVED
1-20-26 AS

MAR1000

Check Number: 0000143658
Date: 01/13/2026

Claimant/Memo	Claim Number	Invoice No./Ref	Loss/Service Dates	Payment Code	Paid Amount
Marion EV2025096477 - B. Pompey Unit 33572	APHD20250102980	686017			2010 - \$177.27

TOTALS: \$177.27

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

0000143658
DATE
01/13/2026

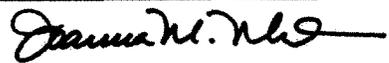
PAY One Hundred Seventy Seven Dollars and 27 Cents

AMOUNT
\$177.27

TO THE
ORDER OF Marion County Sheriff's Office

P.O. Box 1987
Ocala, FL 34478

VOID AFTER 90 DAY:

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

Memorandum

Date: 1/13/2026
To: Stacy Hall, Marion County Sheriff's Office
From: Brittany Pompey
Re: Unit 33572

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 #: EV2025096477
Check Amount: \$177.27

Please see the attached check.

*Trans# 2511140825
Marshall Asleson #7154
33572- 2017 Ford Int. SUV
11-14-25
Dept# 2010*

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. 83476**

Requesting Office:
 FLEET SERVICES

Requested By:
 Jamie Nelson

Vendor:
 RALPH DHANRAJ
 DBA EFFICIENT AUTO BODY INC
 10857 SW 91ST AVE
 OCALA, FL 34481

Reason for Request:
 REPAIRS TO VEH 33572 DEPT 2010 INV
 686017
 ACC TR 2511140825

Date of Requisition 1/08/2026	Date Needed 1/08/2026	Purchase Order #	Requisition Total \$2,677.27
---	---------------------------------	------------------	--

Item #	Qty	U/M	Description	Unit Price	Amount
1	1.00	EACH	PARTS	1,610.770	1,610.77
2	6.40	EACH	BODY LABOR	60.000	384.00
3	6.50	EACH	PAINT LABOR	60.000	390.00
4	6.50	EACH	PAINT SUPPLIES	45.000	292.50
			Account Codes	Distribution Amounts	Total Requested
			000-0000-000 000000.000	2677.27	\$2,677.27
					<i>Ded - 2500.00</i>
					<i>\$177.27</i>

APPROVALS	

EFFICIENT AUTO BODY INC.
 10857 SW 91 AVENUE
 Ocala, FL 34481

Invoice

Date	Invoice #
12-08-2025	686017

Fax: # 352-624-0091

Bill To
Marion County Sheriff's Office
692 NW 30th Ave
Ocala FL 34475

Email	P.O. No.	Terms
Efficientabinc3@aol.com		

Quantity	Description	Rate	Amount
1	VIN # 1FM5K8AR1HGD06103		
2	VEH # 33572		
3	Parts		\$1,610.77
4	Body Labor	\$60.00	\$384.00
5	Paint Labor	\$60.00	\$390.00
6	Paint Supplies	\$45.00	\$292.50
<i>Accident Transaction #</i> <i>2511140825</i>			
I HAVE COMPARED THE GOODS RECEIVED TO THE DOCUMENT AND NOTE THE FOLLOWING TO BE ACCEPTABLE DESCRIPTION <u>Accident</u> QUANTITY <u>1</u> CONDITION <u>Good</u> DATE <u>12-2-26</u> SIGNATURE <u>[Signature]</u>			
O 2010 W 97339 V 33572			Subtotal \$2,677.27 Sales Tax(7.0%) Total Cost Rep \$2,677.27 Deductible Net Cost of Rep \$2,677.27 BALANCE DUE \$2,677.27

EFFICIENT AUTO BODY
 10857 S W 91ST AVE, OCALA, FL 34481
 Phone: (352) 624-0037

Workfile ID: 139aaed5
 Federal ID: 205482966

Preliminary Estimate

Customer: MARION COUNTY, SHERIFF'S OFFICE VEH # 33572

Job Number:

Insured: MARION COUNTY,
 SHERIFF'S OFFICE VEH #
 33572

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

Owner:
 MARION COUNTY, SHERIFF'S OFFICE VEH
 # 33572
 (352) 732-8181 Business

Inspection Location:
 EFFICIENT AUTO BODY

 10857 S W 91ST AVE
 OCALA, FL 34481
 Repair Facility
 (352) 624-0037 Business

Insurance Company:

VEHICLE

2017 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.7L Gasoline Sequential MPI

VIN: 1FM5K8AR1HGD06103
 License:
 State:

Interior Color:
 Exterior Color:
 Production Date:

Mileage In:
 Mileage Out:
 Condition:

Vehicle Out:

 Job #:

TRANSMISSION

Automatic Transmission
 4 Wheel Drive

POWER

Power Steering
 Power Brakes
 Power Windows
 Power Locks
 Power Mirrors
 Power Driver Seat
 Power Adjustable Pedals

DECOR

Dual Mirrors

Privacy Glass

Overhead Console

CONVENIENCE

Air Conditioning
 Intermittent Wipers
 Tilt Wheel
 Cruise Control
 Rear Defogger
 Message Center
 Steering Wheel Touch Controls
 Rear Window Wiper
 Backup Camera

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

SAFETY

Drivers Side Air Bag
 Passenger Air Bag
 Anti-Lock Brakes (4)
 4 Wheel Disc Brakes
 Traction Control
 Stability Control
 Front Side Impact Air Bags

Head/Curtain Air Bags

Xenon or L.E.D. Headlamps

SEATS

Cloth Seats
 Bucket Seats
 Reclining/Lounge Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

OTHER

Rear Spoiler
 California Emissions

Preliminary Estimate

Customer: MARION COUNTY, SHERIFF'S OFFICE VEH # 33572

Job Number:

2017 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.7L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2		O/H front bumper				3.6	
3	**	Repl A/M Bumper cover	FB5Z17D957EB	1	<u>778.00</u>	Incl.	2.4
4		Add for Clear Coat					1.0
5	**	Repl A/M Lower cover	FB5Z17D957AC	1	<u>298.00</u>	Incl.	
6		GRILLE					
7	**	Repl A/M Grille POLICE INTERCEPTOR	FB5Z8200GB	1	<u>475.00</u>	Incl.	
8		FENDER					
9	*	Rpr RT Fender				2.5	2.2
10		Add for Clear Coat					0.9
11		Repl RT Wheel flare	FB5Z16038AB	1	59.77	0.3	
12	#	VEH # 33572		1			
SUBTOTALS					1,610.77	6.4	6.5

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,610.77
Body Labor	6.4 hrs @	\$ 60.00 /hr	384.00
Paint Labor	6.5 hrs @	\$ 60.00 /hr	390.00
Paint Supplies	6.5 hrs @	\$ 45.00 /hr	292.50
Subtotal			2,677.27
Grand Total			2,677.27

IN BUSINESS SINCE '06

STATE LICENSE # MV61573

THANK YOU FOR LETTING US SERVE YOU

PRICES ARE SUBJECT TO CHANGE AFTER 3 MONTHS

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

1/28/2026

RECEIPT # 56644

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFFS ASSOCIATION	Check	0052319	10,000.00
 <u>Description:</u> HUMAN TRAFFICKING FUNDING			
115-0000-000 208000.000 DUE TO BOCC			10000.00

Invoice #	Description	Invoice Reference	Amount
2026-01-09	Human Trafficking Gift Fund	<p>REC'D</p> <p>JAN 23 2026</p> <p>BY FISCAL</p>	10000.00

FLORIDA SHERIFFS ASSOCIATION
2617 MAHAN DRIVE
TALLAHASSEE, FL 32308

CAPITAL CITY BANK
1801 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32301

CHECK NUMBER
0052319

DATE

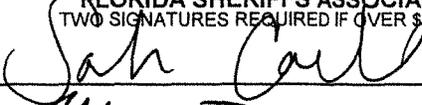
AMOUNT

1/22/2026

10,000.00

PAY *****Ten Thousand and 00/100 Dollars*****

TO THE ORDER OF
Marion County Sheriff's Office
ATTN: Finance Dept.
P.O. Box 1987
Ocala, FL 34478-1987

FLORIDA SHERIFFS ASSOCIATION
TWO SIGNATURES REQUIRED IF OVER \$5,000.00


AUTHORIZED SIGNATURE

MARION COUNTY



SHERIFF'S OFFICE

December 29, 2025

Mr. David Pienta
Law Enforcement Coordinator
Florida Sheriff's Association
2617 Mahan Drive
Tallahassee, FL 32308

RE: REQUEST FOR FUNDING

Dear Mr. Pienta,

My office will be conducting a week-long Child Exploitation Operation with investigators from various agencies throughout North and Central Florida. Our investigative and arrest teams will be working six twelve-hour days within Marion County from June 1-June 6, 2026. Therefore, I am requesting \$10,000.00 in funding for manpower to aid in facilitating this operation.

Should you have any questions concerning my request, please contact Sergeant John Lightle with my Criminal Investigations Division at (352) 502-3562.

Thank you for your consideration in this matter and supporting the Office of the Sheriff.

Sincerely,

Sheriff Billy Woods

Billy Woods, Sheriff

Snipes, Cheryl

From: Dodd, Nichole
Sent: Monday, January 26, 2026 4:33 PM
To: Snipes, Cheryl
Cc: Rath, Caitlin
Subject: FW: We have received your response for Florida Sheriffs Human Trafficking Committee Application for Funding

In case you need this too 😊

Nichole Dodd, MBA
Executive Director of
Administration
Office of the Sheriff
Marion County
Ph:352-369-6789
Fax:352-620-7209



From: Woods, William <Sheriff.Woods@marionso.com>
Sent: Monday, January 26, 2026 4:32 PM
To: Dodd, Nichole <ndodd@marionso.com>
Subject: Fwd: We have received your response for Florida Sheriffs Human Trafficking Committee Application for Funding

Sent from my iPhone

Begin forwarded message:

From: Jotform <noreply@jotform.com>
Date: December 29, 2025 at 3:59:20 PM EST
To: "Woods, William" <Sheriff.Woods@marionso.com>
Subject: We have received your response for Florida Sheriffs Human Trafficking Committee Application for Funding
Reply-To: llewkow@flsheriffs.org

CAUTION: This Message Is From an External Sender.

This email originated from outside of the Sheriff's Office. Do not click links, open attachments, or share any information unless you recognize the sender and know the content is safe.
Report any suspicious emails to the IT department.



Florida Sheriffs Human Trafficking Committee Application for Funding

Name of Sheriff's Office: Office of the Sheriff, Marion County
Phone Number (352) 369-6789
Contact Name Sheriff Billy Woods
E-mail wwoods@marionso.com
Purpose & Goal: Dear Florida Sheriff's Anti-Human Trafficking Committee,

I am writing to apply for funding in support of our efforts to combat human trafficking and individuals seeking sex acts with children.

This operation aims to tackle human trafficking through a comprehensive approach focusing on prevention, protection, and prosecution. This will be a victim-centered approach to recovering victims, providing them services, arresting their traffickers, and dismantling human trafficking networks within our county. My operation will be a collaborative effort with the State Attorney's Office, the Florida Department of Law Enforcement, and HSI.

My Criminal Investigations Division is currently in the final stages of planning this operation, during which we hope to lure numerous individuals who wish to seek sexual acts against our children, some of which may lead to human trafficking arrests.

This operation will take place in the week of June 1-6, 2026. The goal will be to recover as many victims and suspects as possible during this period. Many times, during these operations, individuals travel to a predetermined location with the intent to have a sexual encounter with a child. In some cases, additional intelligence can lead to the identity of a live victim and at times, can lead to arrests related to human trafficking. In the years past, we have identified live victims and discovered additional charges on offenders related to child exploitation.

The operation will be conducted from within the Office of the Sheriff in Marion County and will consist of undercover chatters, intelligence, analytic staff, victims advocate, support staff, surveillance units, takedown deployments, investigators, federal agents, state and federal attorneys, and a mock children's bedroom. The chatters of the operation will solicit these suspects to multiple predetermined locations.

This operation requires multiple facets of personnel and will be extremely expensive for our budget. As with any Sheriff's Office, the agency's budget is fixed and predetermined at the beginning of the fiscal year. Currently, we are asking for \$10,000.00 to assist us in the success of this undercover operation. Being involved in numerous other operations, I can predict this money would only

allow a portion of the overall funding needs of the operation. However, with your support, we can be more equipped to make this operation successful and provide continuing support for identified victims.

In closing, thank you for your consideration for the funding directed toward our operation and the continued support you show to agencies wanting to better improve the safety of their communities and the people who reside therein. Please do not hesitate to reach out directly if any details can be discussed in depth.

Date to Begin and End Operation:

June 1-June 6, 2026

Amount requested:

10000

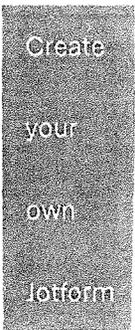
Expected Outcomes: Results and expenditures will be reported back to the committee at the end of the operation.

In the past, the Office of the Sheriff in Marion County has conducted successful operations luring individuals online attempting to have sex with children. As a result of these operations live victims may be identified during the investigative process of these events. Comprehensive operational details such as identified victims, arrests made, and charges obtained will be collected and provided to the FSA via an after-action report to show the success of the operation. With your help, this operation has the potential to create awareness to the public of the ongoing commitment of the Office of the Sheriff and all its law enforcement partners.

Sheriff's Signature



Now create your own Jotform - It's free!



Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

2/02/2026

RECEIPT # 56673

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0143909	392.00

Description:

VEH DAMAGE REIMBURSEMENT SALGADO VEH # 51682 CASE # EV2026096667

115-0000-000 208000.000 DUE TO BOCC

392.00

FL Sheriffs Risk Mgmt Fund

To: Marion County S.O.

MAR1000

RECEIVED

2-2-26 SA

Check Number:

0000143909

Date:

01/27/2026

Claimant/Memo	Claim Number	Invoice No./Ref	Loss/Service Dates	Payment Code	Paid Amount
Marion EV2026096667 - B. Pompey Unit #51682	APHD20260103189	8025			2010 - \$392.00

TOTALS:

\$392.00

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

0000143909

DATE
01/27/2026

PAY Three Hundred Ninety Two Dollars and 00 Cents

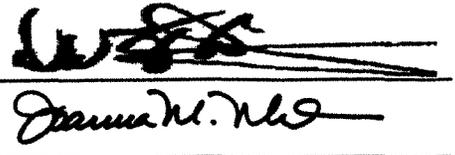
AMOUNT

\$392.00

TO THE
ORDER OF Marion County Sheriff's Office

P.O. Box 1987
Ocala, FL 34478

VOID AFTER 90 DAY:



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

RECEIVED
2-2-26 [Signature]



Memorandum

Date: 1/27/2026
To: Stacy Hall, Marion County Sheriff's Office
From: Brittany Pompey
Re: Windshield Claim – Unit #51682

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 #: EV2026096667
Check Amount: \$392.00

Please see the attached check.
Windshield
Brandon Salgado #2400
Vehicle 51682 - 2021 Ford Int SUV
DATE 1-13-26
Dept # 2010

Mail To:

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

8025

Accurate Auto Glass LLC

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

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

INVOICE DATE
1/16/26

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

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS
2010	Ford	Explorer			
Qty.	Inventory #	Descriptor	List Price	Net Price	Amount
		Windshield Repair			270.00

LOCATION OF VEHICLE / COMMENTS
 ON 1-13-26 while running code Partners
 vehicle Flung a Rock up causing
 windshield to crack
 D 2010
 W 97696
 V 51682
 1-16-26

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

CONSISTANT WITH FLORIDA MOTOR VEHICLE REPAIR ACT, F.S. 559.901, 559.9221, I HEREBY ACKNOWLEDGE RECEIPT OF WRITTEN ESTIMATE \$ 573

ESTIMATE \$

WILL NOT ACCEPT WINDSHIELD REPAIR HAVING BEEN GIVEN THE ALTERNATIVE AND HAVING SEEN IT'S EFFECT. CASH CHECK CREDIT CARD

HAT / UNIT NO. 51682

MILEAGE

INSTALLER'S NAME

Sales Tax	
Sub Total Before Deductible	
Less Customer Deductible	

Please Pay to **Accurate Auto Glass** →

TOTAL 270.00

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 1-16-26

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

2/11/2026

RECEIPT # 56736

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0144050	29,900.00

Description:

VEH DAMAGE REIMBURSEMENT MUNDORFF VEH # 56983 CASE # EV2025096424

115-0000-000 208000.000 DUE TO BOCC

29900.00

FL Sheriffs Risk Mgmt Fund

To: FSSIP

FSSIP

RECEIVED

2-11-26 *MS*

Check Number:

0000144050

Date:

02/03/2026

Claimant/Memo

Claim Number

Invoice No./Ref

Loss/Service Dates

Payment Code

Paid Amount

Marion
EV2025096424 - B. Pompey Unit #56983

APHD20250102945

2020- \$29,900.00

TOTALS:

\$29,900.00

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

0000144050

DATE
02/03/2026

PAY Twenty Nine Thousand Nine Hundred Dollars and 00 Cents

AMOUNT

\$29,900.00

TO THE
ORDER OF Marion County Sheriff's Office

P.O. Box 1987
Ocala, FL 34478

VOID AFTER 90 DAY:

[Signature]
[Signature]

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

RECEIVED
2-11-26 AH

Memorandum

Date: 2/3/2026
To: Stacy Hall, Marion County Sheriff's Office
From: Brittany Pompey
Re: Unit #56983 Total Loss

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 #: EV2025096424
Check Amount: \$29,900.00

Please see the attached check.
Trans # 2512200007
T. Mundorff # 5967
Veh: 2024 Dodge Durango Unit # 56983
Date 12-20-25
Dept # 2020

Mail To:

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

Appraisers of Central Florida

407-757-2376
aocf18@outlook.com

Vehicle Information

Vehicle: 2024 Dodge Durango Utility 4D Pursuit AWD 5.7L V8
 Region: Eastern
 Period: January 7, 2026
 VIN: 1C4SDJFT3RC226887
 Mileage: 19,925
 Weight: 0



J.D. POWER Used Cars/Trucks Values

	Base	Mileage Adj.	Option Adj.	Adjusted Value
Clean Retail	\$30,975	\$1,125	\$300	\$32,400

Selected Options

5.7L HEMI V8 Engine
 Aluminum/Alloy Wheels [VIN Precision+]

Trade-In/Loan w/body	Retail w/body
\$275	\$300

Total loss : Ded: - \$2,500.00

\$29,900.00

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

2/11/2026

RECEIPT # 56735

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
STATE FARM MUTUAL AUTOMOBILE	Check	1 19 338244 J	1,003.50

Description:

VEH DAMAGE REIMBURSEMENT HERNANDEZ VEH # L253 CASE # 2601210549

115-0000-000 208000.000 DUE TO BOCC

1003.50

PAYMENT NO 1 19 338244 J
PAYMENT AMOUNT \$1,003.50
ISSUE DATE 02-02-2026
AUTHORIZED BY KHORK, AUSTIN
PHONE (844) 292-8615

RECEIVED
2-11-26 SH

CLAIM NO 59-95T7-71D
LOSS DATE 01-21-2026
POLICY NO R285-798-59
INSURED WOODS, TYLER

MARION COUNTY PD
PO BOX 1987
OCALA FL 34478-1987

Trans# 2601210549
Rafael Hernandez # 6311
Veh: # L253 Dodge Durango
Date 1-21-26
Dept# 2032

REMARKS Atten S. Hall invoice 686033

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
PROPERTY DAMAGE LIABILITY	MARION COUNTY PD	1,003.50

RETAIN STUB FOR RECORDS



STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

1 19 338244 J

AUTO INJURY

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

INJ A1 OFFICE PAGECNTQ.P74INJ

02-02-2026

DATE MM DD YYYY

CLAIM NO 59-95T7-71D
LOSS DATE 01-21-2026

INSURED WOODS, TYLER

*****EXACTLY ONE THOUSAND THREE AND 50/100 DOLLARS

\$*****1,003.50

Pay to the
Order of: MARION COUNTY PD

Jon C. Farney
AUTHORIZED SIGNATURE
Mark Schweninger
AUTHORIZED SIGNATURE

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

GREEN DROPOUT APPEARS ON FACE OF DOCUMENT

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

**PURCHASE
 REQUISITION NO. 83848**

Requesting Office:
 FLEET SERVICES

Requested By:
 Jamie Nelson

Vendor:
 RALPH DHANRAJ
 DBA EFFICIENT AUTO BODY INC
 10857 SW 91ST AVE
 OCALA, FL 34481

Reason for Request:
 REPAIRS TO VEH L253 DEPT 2032 INV 686033
 ACC TR 2601210549

Date of Requisition 2/02/2026		Date Needed 2/02/2026		Purchase Order #		Requisition Total \$1,003.50	
Item #	Qty	U/M	Description			Unit Price	Amount
1	5.00	EACH	BODY LABOR			60.000	300.00
2	6.70	EACH	PAINT LABOR			60.000	402.00
3	6.70	EACH	PAINT SUPPLIES			45.000	301.50
			<u>Account Codes</u>	<u>Distribution Amounts</u>	<u>Total Requested</u>		
			000-0000-000 000000.000	1003.50	\$1,003.50		

APPROVALS	

EFFICIENT AUTO BODY INC.
 10857 SW 91 AVENUE
 Ocala, FL 34481

Invoice

Date	Invoice #
01-28-2026	686033

Fax: # 352-624-0091

Bill To
Marion County Sheriff's Office
692 NW 30th Ave
Ocala FL 34475

Email	P.O. No.	Terms
Efficientabinc3@aol.com		

Quantity	Description	Rate	Amount
1	VIN # 1C4RDHDG5SC522738		
2	VEH # L253		
3	Parts		\$0.00
4	Body Labor	\$60.00	\$300.00
5	Paint Labor	\$60.00	\$402.00
6	Paint Supplies	\$45.00	\$301.50
<p><i>Accident Transaction #</i> <i>2601210549</i></p> <p><i>Accident</i></p> <p><i>1-30-26</i> <i>90% d</i> <i>5713</i></p> <p><i>D 2032</i> <i>W 97758</i> <i>V L253</i></p>			
Subtotal			\$1,003.50
Sales Tax(7.0%)			
Total Cost Rep			\$1,003.50
Deductible			
Net Cost of Rep			\$1,003.50
BALANCE DUE			\$1,003.50

EFFICIENT AUTO BODY
 10857 S W 91ST AVE, OCALA, FL 34481
 Phone: (352) 624-0037

Workfile ID: b515d3c7
 Federal ID: 205482966

Preliminary Estimate

Customer: MARION COUNTY, SHERIFF'S OFFICE VEH # L253

Job Number:

Insured: MARION COUNTY, SHERIFF'S OFFICE VEH # L253
 Policy #: Claim #:

Type of Loss: Date of Loss: Days to Repair: 0
 Point of Impact:

Owner: MARION COUNTY, SHERIFF'S OFFICE VEH # L253 (352) 732-8181 Business	Inspection Location: EFFICIENT AUTO BODY 10857 S W 91ST AVE OCALA, FL 34481 Repair Facility (352) 624-0037 Business	Insurance Company:
--	---	---------------------------

VEHICLE

2025 DODG Durango GT RWD 4D UTV 6-3.6L Gasoline Sequential MPI

VIN: 1C4RDHDG5SC522738	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State:	Production Date:	Condition:	Job #:

TRANSMISSION

Automatic Transmission

POWER

Power Steering
 Power Brakes
 Power Windows
 Power Locks
 Power Mirrors
 Heated Mirrors
 Power Driver Seat

DECOR

Dual Mirrors
 Privacy Glass
 Console/Storage
 Overhead Console

CONVENIENCE

Air Conditioning
 Intermittent Wipers

Tilt Wheel

Cruise Control
 Rear Defogger
 Keyless Entry
 Message Center
 Steering Wheel Touch Controls

Rear Window Wiper
 Telescopic Wheel
 Heated Steering Wheel
 Climate Control

Dual Air Condition
 Navigation System

Backup Camera
 Parking Sensors
 Remote Starter

Home Link

RADIO

AM Radio

FM Radio

Stereo
 Search/Seek
 Auxiliary Audio Connection
 Satellite Radio

SAFETY

Drivers Side Air Bag
 Passenger Air Bag
 Anti-Lock Brakes (4)
 4 Wheel Disc Brakes
 Traction Control
 Stability Control
 Front Side Impact Air Bags
 Head/Curtain Air Bags
 Communications System
 Hands Free Device
 Xenon or L.E.D. Headlamps
 Blind Spot Detection

SEATS

Cloth Seats
 Bucket Seats
 Reclining/Lounge Seats
 Heated Seats
 3rd Row Seat

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Rear Spoiler
 California Emissions

TRUCK

Rear Step Bumper
 Power Trunk/Liftgate

Preliminary Estimate

Customer: MARION COUNTY, SHERIFF'S OFFICE VEH # L253

Job Number:

2025 DODG Durango GT RWD 4D UTV 6-3.6L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR BUMPER					
2	*	Rpr Bumper cover w/park sensor w/blind spot, from 02/27/2023				3.0	2.4
3		Add for Clear Coat					1.0
4	*	Rpr Lower cover w/o dual exhaust, w/o chrome accent				1.0	1.8
5		Add for Clear Coat					0.7
6	*	Rpr Bezel single exhaust				1.0	0.7
7		Add for Clear Coat					0.1
8	#	VEH# L253		1			
SUBTOTALS					0.00	5.0	6.7

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			0.00
Body Labor	5.0 hrs @	\$ 60.00 /hr	300.00
Paint Labor	6.7 hrs @	\$ 60.00 /hr	402.00
Paint Supplies	6.7 hrs @	\$ 45.00 /hr	301.50
Subtotal			1,003.50
Grand Total			1,003.50

IN BUSINESS SINCE '06

STATE LICENSE # MV61573

THANK YOU FOR LETTING US SERVE YOU

PRICES ARE SUBJECT TO CHANGE AFTER 3 MONTHS