

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

5/12/2026

RECEIPT # 57330

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0145840	2,824.92

Description:

VEH DAMAGE REIM. GUILLARD#51665 # EV2026097954/COLEMAN#56134 # EV2026098001/SPARE
PATROL#31959 # EV2026097977/QUBAISY#51664 # EV2026097975/HAMMONS#51667 #
EV2026097974/UNASSIGNED #53594 # EV2026097973/MCCARTNEY#53597 # EV2026097968

115-0000-000 208000.000 DUE TO BOCC

2824.92

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

RECEIVED
5-11-26 LLS

MAR1000

Check Number: 0000145840
Date: 05/05/2026

Claimant/Memo	Claim Number	Invoice No./Ref	Loss/Service Dates	Payment Code	Paid Amount
Marion EV2026097954 - B. Pompey Unit #51665	APHD20260104648				2010-\$299.92
Marion EV2026098001 - K. Sparkman Unit 56134	APHD20260104696	8266			2010-\$600.00
Marion EV2026097977 - K. Sparkman Unit 31955	APHD20260104668	8265			2010-\$357.00
Marion EV2026097975 - K. Sparkman Unit 51664	APHD20260104667	8259			2010-\$392.00
Marion EV2026097974 - K. Sparkman Unit 51667	APHD20260104666	8254			2010-\$392.00
Marion EV2026097973 - K. Sparkman Unit 53594	APHD20260104664	8258			2010-\$392.00
Marion EV2026097968 - K. Sparkman Unit 53597	APHD20260104662	8264			2010-\$392.00

TOTALS: \$2,824.92

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

0000145840

DATE
05/05/2026

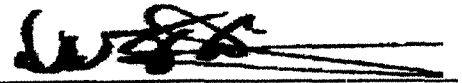
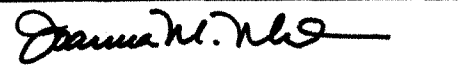
PAY Two Thousand Eight Hundred Twenty Four Dollars and 92 Cents

AMOUNT
\$2,824.92

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

5-11-26



Memorandum

Date: 5/5/2026
To: Stacy Hall, Marion County Sheriff's Office
From: Brittany Pompey
Re: Unit #51665

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 #: EV2026097954
Check Amount: \$299.92

Please see the attached check.

Trans # 2603100103
A. Guillard #6671
Veh: 51665 2021 Ford Int SUV
Dept # 2010
Date # 3-10-26

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

**PURCHASE
 REQUISITION NO. 85293**

Requesting Office:
 FLEET SERVICES

Requested By:
 Jamie Nelson

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

Reason for Request:
 REPAIRS TO VEH 51665 DEPT 2010 INV
 686061
 ACC TR # 2603100103

Date of Requisition 4/23/2026		Date Needed 4/23/2026		Purchase Order #		Requisition Total \$2,799.92	
Item #	Qty	U/M	Description			Unit Price	Amount
1	1.00	EACH	PARTS			1,401.920	1,401.92
2	10.00	EACH	BODY LABOR			60.000	600.00
3	7.60	EACH	PAINT LABOR			60.000	456.00
4	7.60	EACH	PAINT SUPPLIES			45.000	342.00
			<u>Account Codes</u>	<u>Distribution Amounts</u>	<u>Total Requested</u>		
			000-0000-000 000000.000	2799.92	\$2,799.92		
						<i>Ded - \$2500.00</i>	<i>299.92</i>

APPROVALS	

EFFICIENT AUTO BODY INC.

10857 SW 91 AVENUE

Ocala, FL 34481

Invoice

Date	Invoice #
04-14-2026	686061

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 # 1FM5K8ABXMGB46090		
2	VEH #51665		
3	Parts		\$1,401.92
4	Body Labor	\$60.00	\$600.00
5	Paint Labor	\$60.00	\$456.00
6	Paint Supplies	\$45.00	\$342.00
	<i>Accident Permissio</i>		\$2,799.92
	<i>2603100103</i>		
<p>I HAVE COMPARED THE GOODS RECEIVED TO THE DOCUMENT AND NOTE THE FOLLOWING TO BE ACCEPTABLE</p> <p>DESCRIPTION <u>Accident</u></p> <p>QUANTITY <u>1</u> CONDITION <u>good</u></p> <p>DATE <u>4/13/26</u> SIGNATURE <u>[Signature]</u></p> <p><u>D 2010</u></p> <p><u>W 98629</u></p> <p><u>V 51665</u></p>			
Subtotal			\$2,799.92
Sales Tax(7.0%)			
Total Cost Rep			\$2,799.92
Deductible			
Net Cost of Rep			\$2,799.92
BALANCE DUE			\$2,799.92

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

Workfile ID: 1ccc8dc3
 Federal ID: 205482966

Preliminary Estimate

Customer: MARION COUNTY, SHERIFF'S OFFICE

Job Number:

Insured: MARION COUNTY, SHERIFF'S OFFICE	Policy #:	Claim #:
Type of Loss:	Date of Loss:	Days to Repair: 0
Point of Impact:		

Owner: MARION COUNTY, SHERIFF'S OFFICE (352) 731-8181 Business	Inspection Location: EFFICIENT AUTO BODY 10857 S W 91ST AVE OCALA, FL 34481 Repair Facility (352) 624-0037 Business	Insurance Company:
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VEHICLE

2021 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.3L Flex Fuel Gasoline Direct Injection

VIN: 1FM5K8ABXMGB46090	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State:	Production Date:	Condition:	Job #:

TRANSMISSION

Automatic Transmission
 4 Wheel Drive

POWER

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

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
 Telescopic Wheel
 Climate Control
 Backup Camera

RADIO

AM Radio
 FM Radio
 Stereo

Search/Seek
 Auxiliary Audio Connection

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
 Hands Free Device
 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

TRUCK

Trailer Hitch
 Trailering Package

Preliminary Estimate

Customer: MARION COUNTY, SHERIFF'S OFFICE

Job Number:

2021 FORD Police Interceptor Utility Vehicle AWD (Fleet) 4D UTV 6-3.3L Flex Fuel Gasoline Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2		O/H front bumper				4.5	
3	Repl	Bumper cover w/o auto park	LB5Z17D957SCPTM	1	648.74	Incl.	2.4
4		Add for Clear Coat					1.0
5	Repl	Lower cover INTERCEPTOR	LB5Z17D957AB	1	305.66	Incl.	
6	Repl	Tow eye cap w/o ST	LB5Z17E811AB	1	27.52	Incl.	
7		RADIATOR SUPPORT					
8	**	Repl A/M Radiator support w/o active shutter	L1MZ16138N	1	<u>420.00</u>	3.5	
9		HOOD					
10	*	Rpr Hood (ALU)				<u>2.0</u>	3.0
11		Add for Clear Coat					1.2
open	#	VEH. # 51665		1			
SUBTOTALS					1,401.92	10.0	7.6

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,401.92
Body Labor	10.0 hrs @	\$ 60.00 /hr	600.00
Paint Labor	7.6 hrs @	\$ 60.00 /hr	456.00
Paint Supplies	7.6 hrs @	\$ 45.00 /hr	342.00
Subtotal			2,799.92
Grand Total			2,799.92

IN BUSINESS SINCE '06

STATE LICENSE # MV61573

THANK YOU FOR LETTING US SERVE YOU

PRICES ARE SUBJECT TO CHANGE AFTER 3 MONTHS

RECEIVED
5-11-26 AS

May 5, 2026

VIA USPS MAIL

Marion County Sheriff's Office
P.O Box 1987
Ocala, FL 34478

Re: Our File No.: EV2026098001 - Windshield
Unit.: 56134 Jonathan Coleman # 6064
Our File No.: EV2026097977 Veh. 56134 2025 Ford Int. SUV
Unit.: 31959 Dept # 2010
Our File No.: EV2026097975 Date 4.24.26
Unit.: 51664
Our File No.: EV2026097974
Unit.: 51667
Our File No.: EV2026097973
Unit.: 53594
Our File No.: EV2026097968
Unit.: 53597

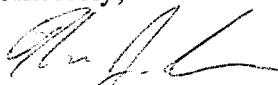
Greetings,

This letter confirms that we are issuing a check to the Marion County Sheriff's Office as full and final payment for the windshield claims associated with EV2026098001, EV2026097977, EV2026097975, EV2026097974, EV2026097973, and EV2026097968. With this payment, the total windshield claims amount of \$2,525 is considered fully resolved, and our file is closed

In addition, payment for EV2026097954 is included with this check.

If you have any questions or need additional documentation, please feel free to contact us.

Sincerely,


Ken J. Sparkman
Liability Claims Paralegal

Enclosures: 1 check

8266

Accurate Auto Glass LLC

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

352-245-4200

INVOICE DATE

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

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

Name: _____
Address: _____
City & State: _____
Zip: _____
Phone: _____

DESCRIPTION: Windshield
QUANTITY: 1 CONDITION: good
DATE: 11/16/16 SIGNATURE: [Signature]

AGENT	POLICY #	POLICY CLAIM #	AUTHORIZED BY AGENT
		532060	

VEHICLE INFORMATION

YEAR	MAKE	MODEL	VEHICLE ID. #	TAG #	DATE OF LOSS
2025	Ford	Explorer			
City	Inventory #	Description	List Price	Net Price	Amount
		Windshield Replace			600.00
D 2010	W98699				
V56134					

LOCATION OF VEHICLE / COMMENTS

4-24-26 4300 BK AVE 7th St Rock
Flew up cracking windshield

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. 559.601, 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.

- CASH
- CHECK
- CREDIT CARD

HAT / UNIT NO. 56134

MILEAGE

INSTALLER'S NAME

Please Pay to **Accurate Auto Glass** →

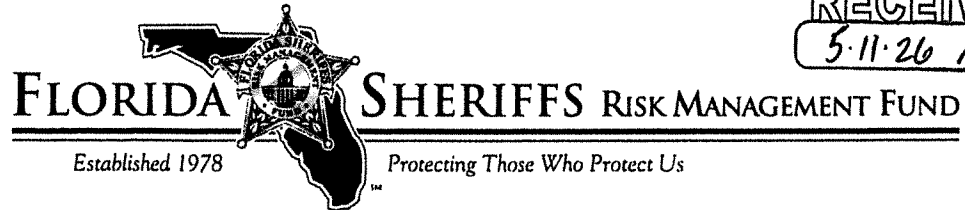
TOTAL 1200.00

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 11/17/16



RECEIVED
5-11-26 ASB

May 5, 2026

VIA USPS MAIL

Marion County Sheriff's Office
P.O Box 1987
Ocala, FL 34478

Re: Our File No.: EV2026098001
Unit.: 56134

Our File No.: EV2026097977 ← Windshield
Unit.: 31959

Our File No.: EV2026097975
Unit.: 51664

Our File No.: EV2026097974
Unit.: 51667

Our File No.: EV2026097973
Unit.: 53594

Our File No.: EV2026097968
Unit.: 53597

Spare Patrol
Veh- 31959 2015 Ford Int. SUV

Dept # 2010
Date # 4-26-26


Greetings,

This letter confirms that we are issuing a check to the Marion County Sheriff's Office as full and final payment for the windshield claims associated with EV2026098001, EV2026097977, EV2026097975, EV2026097974, EV2026097973, and EV2026097968. With this payment, the total windshield claims amount of \$2,525 is considered fully resolved, and our file is closed

In addition, payment for EV2026097954 is included with this check.

If you have any questions or need additional documentation, please feel free to contact us.

Sincerely,


Ken J. Sparkman
Liability Claims Paralegal

Enclosures: 1 check

2090 Summit Lake Drive * Tallahassee, Florida 32317

Office: 850-320-6880 * Fax: 850-320-6939 * Toll-Free: 866-345-3688 * www.FSRMF.org

8265

Accurate Auto Glass LLC

611 sw 155th st
unnellon FI 34432
lorida Registration # MV-65212

352-245-4200
Fax: 352-245-4200
I HAVE COMPARED THE GOODS YOU RECEIVE
TO THE DOCUMENT AND NOTE THE
FOLLOWING TO BE ACCEPTABLE

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

Name: _____
Address: DESCRIPTION Windshield
City & State: _____
Zip Code: _____
Phone no.'s: _____
QUANTITY 1 CONDITION GOOD
DATE 4-27-16 SIGNATURE [Signature]

AGENT	POLICY #	POL. CLAIM #	AUTHORIZED BY AGENT
		<u>532060</u>	

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	VEHICLE ID. #	TAG #	DATE OF LOSS
<u>2015</u>	<u>Ford</u>	<u>Explorer</u>			

Qty.	Inventory #	Description	List Price	Net Price	Amount
		<u>Windshield Piece</u>			<u>357.00</u>
<u>0</u>	<u>2010</u>				
<u>W</u>	<u>98684</u>				
<u>V</u>	<u>31959</u>				

LOCATION OF VEHICLE / COMMENTS
While driving on CR 476 A Rock Flew up from a passing Truck striking windshield w causing it to crack

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 _____

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. 659.901, 659.9221, I HEREBY ACKNOWLEDGE RECEIPT OF WRITTEN ESTIMATE \$ _____

ESTIMATE \$ _____

INSTALLER'S NAME _____

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

CASH CHECK CREDIT CARD

RAT / UNIT NO. 31959

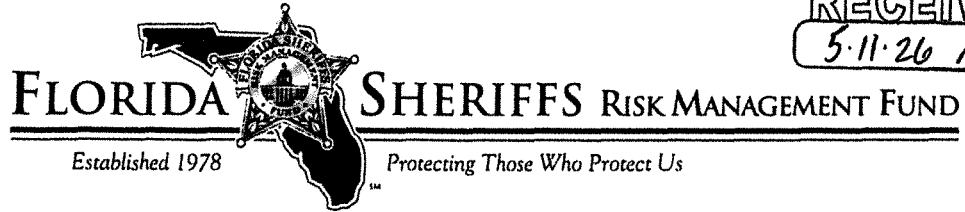
MILEAGE _____

Please Pay to **Accurate Auto Glass** → TOTAL **357.00**

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 4/27/16



RECEIVED
5.11.26 ASB

May 5, 2026

VIA USPS MAIL

Marion County Sheriff's Office
P.O Box 1987
Ocala, FL 34478

Re: Our File No.: EV2026098001
Unit.: 56134

Our File No.: EV2026097977
Unit.: 31959

Our File No.: EV2026097975
Unit.: 51664

Our File No.: EV2026097974
Unit.: 51667

Our File No.: EV2026097973
Unit.: 53594

Our File No.: EV2026097968
Unit.: 53597

- Windshield
M. Qubaisy #6680
Veh - 51664 2021 Ford Int. SUV
Dept # 2010
Date 4.20.26

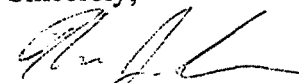
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Ken J. Sparkman
Liability Claims Paralegal

Enclosures: 1 check

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Office: 850-320-6880 * Fax: 850-320-6939 * Toll-Free: 866-345-3688 * www.FSRMF.org

8259

Accurate Auto Glass LLC

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

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

INVOICE DATE
4-25-26

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

I HAVE COMPARED THE GOODS RECEIVED
Name: TO THE DOCUMENT AND NOTE THE
Address: FOLLOWING TO BE ACCEPTABLE
City & State: _____
Zip Code: _____
Phone no.'s: (H) _____

AGENT _____ POLICY # _____
QUANTITY _____ DATE 4/25/26 CONDITION _____ AUTHORIZED BY AGENT _____
SIGNATURE [Signature] PO# 532060

VEHICLE INFORMATION

YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS
2022	Ford	Explorer			
City	Inventory #	Description	List Price	Net Price	Amount
		Windshield Replace			390.00
D 2010					
W 98665					
V 51664					

LOCATION OF VEHICLE / COMMENTS

While driving Rock flew up struck
Front Drivers side windshield
causing a crack

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
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Signed _____ Date _____

CONSISTANT WITH FLORIDA MOTOR VEHICLE REPAIR ACT, F.S. 558.901, 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.

- CASH
- CHECK
- CREDIT CARD

TAG / UNIT NO. 51664

MILEAGE _____

INSTALLER'S NAME _____

Please Pay to **Accurate Auto Glass** →

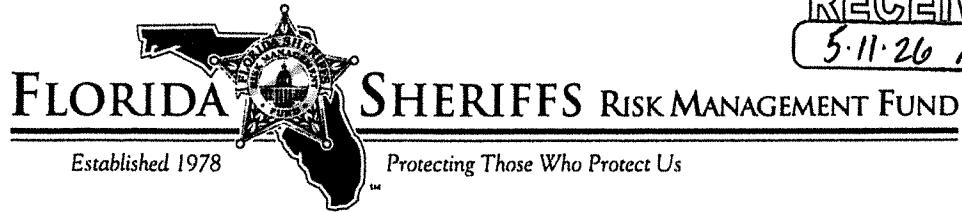
TOTAL 390.00

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

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CUSTOMER SIGNATURE (X)

DATE INSTALLED



May 5, 2026

VIA USPS MAIL

Marion County Sheriff's Office
P.O Box 1987
Ocala, FL 34478

Re: Our File No.: EV2026098001
Unit.: 56134

Our File No.: EV2026097977
Unit.: 31959

Our File No.: EV2026097975
Unit.: 51664

Our File No.: EV2026097974
Unit.: 51667

Our File No.: EV2026097973
Unit.: 53594

Our File No.: EV2026097968
Unit.: 53597

*- Windshield
Victoria Hammons #6902
Veh-51667 2021 Ford INT. SUV
Dept-2010
Date-4.20.26*

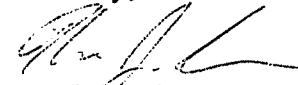
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Sincerely,


Ken J. Sparkman
Liability Claims Paralegal

Enclosures: 1 check

8254

Accurate Auto Glass LLC

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

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

INVOICE DATE
4-20-26

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

I HAVE COMPARED THE GOODS RECEIVED TO THE DOCUMENT AND NOTE THE FOLLOWING TO BE ACCEPTABLE
Name: _____
Address: _____
City & State: _____
Zip Code: _____
Phone no.'s: (H) _____

DESCRIPTION Windshield
QUANTITY 1 CONDITION good

AGENT	POLICY #	DATE POL. CLAIM	NAT. AUTH. AUTHORIZED BY AGENT
		<u>4/14/26</u>	<u>Ky Stes 52</u>

VEHICLE INFORMATION						
YEAR	MAKE	MODEL	VEHICLE ID. #	TAG #	DATE OF LOSS	
<u>2021</u>	<u>Ford</u>	<u>Explorer</u>				
Qty.	Inventory #	Description	List Price	Net Price	Amount	
<u>1</u>		<u>Windshield Replace</u>				<u>392.00</u>
	<u>D 2010</u>					
	<u>W 98603</u>	<u>PO# 532060</u>				
	<u>V 51667</u>					

LOCATION OF VEHICLE / COMMENTS
Found crack while in for inspection
looks like store strike

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 \$ _____

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

HAT / UNIT NO. 51667 MILEAGE _____ INSTALLER'S NAME _____

Sales Tax	
Sub Total Before Deductible	
Less Customer Deductible	

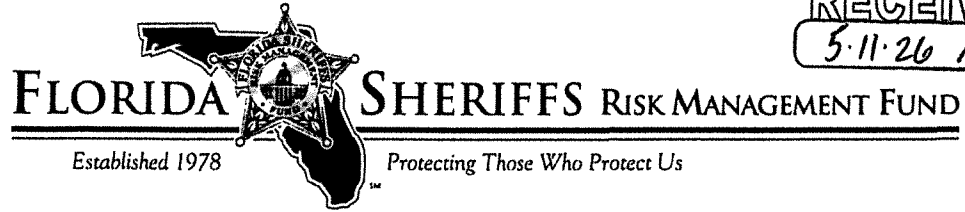
Please Pay to **Accurate Auto Glass** →

TOTAL 392.00

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 4-20-26



RECEIVED
5.11.26 MS

May 5, 2026

VIA USPS MAIL

Marion County Sheriff's Office
P.O Box 1987
Ocala, FL 34478

Re: Our File No.: EV2026098001
Unit.: 56134

Our File No.: EV2026097977
Unit.: 31959

Our File No.: EV2026097975
Unit.: 51664

Our File No.: EV2026097974
Unit.: 51667

Our File No.: EV2026097973
Unit.: 53594

Our File No.: EV2026097968
Unit.: 53597

- Windshield
Unassigned
Veh - 53594 2022 Ford Int SUV
Dept - 2010
Date - 4.21.26

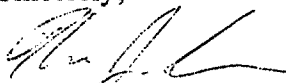
Greetings,

This letter confirms that we are issuing a check to the Marion County Sheriff's Office as full and final payment for the windshield claims associated with EV2026098001, EV2026097977, EV2026097975, EV2026097974, EV2026097973, and EV2026097968. With this payment, the total windshield claims amount of \$2,525 is considered fully resolved, and our file is closed

In addition, payment for EV2026097954 is included with this check.

If you have any questions or need additional documentation, please feel free to contact us.

Sincerely,


Ken J. Sparkman
Liability Claims Paralegal

Enclosures: 1 check

2090 Summit Lake Drive * Tallahassee, Florida 32317

Office: 850-320-6880 * Fax: 850-320-6939 * Toll-Free: 866-345-3688 * www.FSRMF.org

8258

Accurate Auto Glass LLC

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

I HAVE COMPARED THE GOODS RECEIVED TO THE DOCUMENT AND NOTE THE FOLLOWING TO BE ACCEPTABLE
 352-245-4288
 Fax: 352-245-4286
 INVOICE DATE: 1-21-26

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

DESCRIPTION: Windshield
 QUANTITY: 1 CONDITION: 900
 DATE: 4/24/26 SIGNATURE: [Signature] 5715
 Phone no.'s: (H) _____

AGENT	POLICY #	POLY CLAIM #	AUTHORIZED BY AGENT
		532060	

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS
2022	Ford	Explorer			
Qty.	Inventory #	Description	List Price	Net Price	Amount
		Windshield Repair			39.00
	D 2010				
	W 98661				
	V 53594				

LOCATION OF VEHICLE / COMMENTS
 Found crack while in for inspection
 Looks like stone strike

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

Signed _____ Date _____

CONSISTANT WITH FLORIDA MOTOR VEHICLE REPAIR ACT, F.S. 559.801, 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.

- CASH
- CHECK
- CREDIT CARD

HAT / UNIT NO.

MILEAGE

INSTALLER'S NAME

53594

Please Pay to **Accurate Auto Glass** →

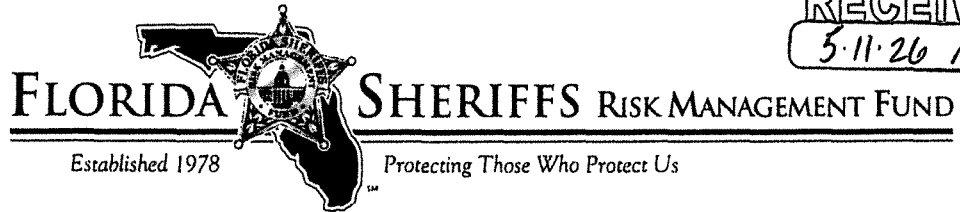
TOTAL 39.00

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

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CUSTOMER SIGNATURE (X)

DATE INSTALLED



RECEIVED
5.11.26 AS

May 5, 2026

VIA USPS MAIL

Marion County Sheriff's Office
P.O Box 1987
Ocala, FL 34478

Re: Our File No.: EV2026098001
Unit.: 56134

Our File No.: EV2026097977
Unit.: 31959

Our File No.: EV2026097975
Unit.: 51664

Our File No.: EV2026097974
Unit.: 51667

Our File No.: EV2026097973
Unit.: 53594

Our File No.: EV2026097968 -
Unit.: 53597

Windshield
Shawn McCartney #6031
Veh- 53597 2020 Ford Int SUV
Dept - 2010
Date - 4.20.26

Greetings,

This letter confirms that we are issuing a check to the Marion County Sheriff's Office as full and final payment for the windshield claims associated with EV2026098001, EV2026097977, EV2026097975, EV2026097974, EV2026097973, and EV2026097968. With this payment, the total windshield claims amount of \$2,525 is considered fully resolved, and our file is closed

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Sincerely,

Ken J. Sparkman
Liability Claims Paralegal

Enclosures: 1 check

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Office: 850-320-6880 * Fax: 850-320-6939 * Toll-Free: 866-345-3688 * www.FSRMF.org

8264

Accurate Auto Glass LLC

611 sw 155th st
Junnellon FL 34432
Florida Registration # MV-65212

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

INVOICE DATE

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

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

Name: _____
Address: _____
City & State: _____
Zip Code: _____
Phone: _____

DESCRIPTION windshield
QUANTITY 1 CONDITION good

DATE 4/22/16 SIGNATURE [Signature] AUTHORIZED 5715

532060

VEHICLE INFORMATION

YEAR MAKE MODEL VEHICLE ID.# TAG# DATE OF LOSS

2010 Ford Explorer

City	Inventory #	Description	List Price	Net Price	Amount
		L. windshield repair			392.00
	D 2010				
	W 98685				
	V 53597				

LOCATION OF VEHICLE / COMMENTS

While Driving Hwy 225 on 4-20-16 took U/P from vehicle in front striking window side of to crack

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

EASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN. Understand that under state law I am entitled to a written estimate if my final bill will exceed 50

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

Estimated _____ Date _____

CONSISTANT WITH FLORIDA MOTOR VEHICLE REPAIR ACT, F.S. 559.801, 559.9221, I HEREBY ACKNOWLEDGE RECEIPT OF WRITTEN ESTIMATE \$ _____

WILL NOT ACCEPT WINDSHIELD REPAIR: CASH CHECK CREDIT CARD

HAT / UNIT NO. 53597

MILEAGE _____

INSTALLER'S NAME _____

Sales Tax	
Sub Total Before Deductible	
Less Customer Deductible	

Please Pay to **Accurate Auto Glass** →

TOTAL

WILL 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

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CUSTOMER SIGNATURE (X) [Signature]

DATE INSTALLED 4/27/16