

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

5/07/2026

RECEIPT # 57313

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0145719	392.00

Description:

VEH DAMAGE REIMBURSEMENT MCCLURE VEH # 53635 CASE # EV2026097893

001-0000-000 208000.000 DUE TO BOCC

392.00

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

RECEIVED
5-6-26 2026

MAR1000

Check Number: 0000145719
Date: 04/28/2026

Claimant/Memo	Claim Number	Invoice No./Ref	Loss/Service Dates	Payment Code	Paid Amount
Marion EV2026097893 - K. Sparkman Unit 5363f	APHD20260104592	8251			1041 - \$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

0000145719
DATE
04/28/2026


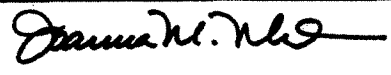
PAY Three Hundred Ninety Two Dollars and 00 Cents

AMOUNT
\$392.00

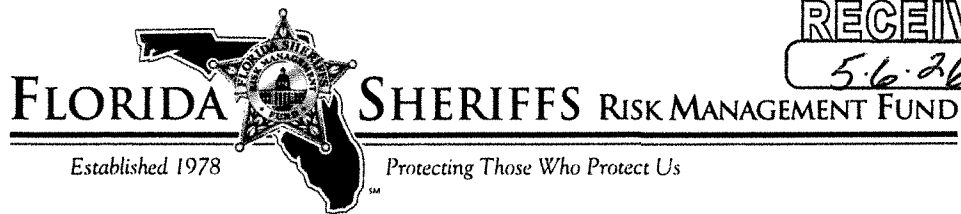
TO THE
ORDER OF Marion County Sheriff's Office

P.O. Box 1987
Ocala, FL 34478

VOID AFTER 90 DAY:

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



RECEIVED
5.6.26.18

April 28, 2026

VIA USPS MAIL

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

Re: Our File No.: EV2026097893
Unit.: 53635

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 EV2026097893. With this payment, the total windshield claim amount of \$392.00 is considered fully resolved, and our file is closed.

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

Windshield
Christopher McClure # 6134
Veh- 53635 2022 Ford Int. SUV
Date 4-20-26
Dept # 1041

8251

Accurate Auto Glass LLC

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

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

INVOICE DATE
4-20-20

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

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

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

VEHICLE INFORMATION

YEAR	MAKE	MODEL	VEHICLE ID. #	TAG #	DATE OF LOSS
2002	Ford	Explorer			

Qty.	Inventory #	Description	List Price	Net Price	Amount
		Windshield Repair			392.00
	Dept 1041				
	WID 98605				
	Veh. 53635				

LOCATION OF VEHICLE / COMMENTS

noticed chip in windshield while in
for service looks like stone strike

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. CASH CHECK CREDIT CARD

HAT / UNIT NO. 53635

VEHICLE MILEAGE

INSTALLER'S NAME

Labor	
Sealants / Kit	
Moldings	
Other	
Misc. Materials & Supplies	
SUB TOTAL	
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) _____ DATE INSTALLED 4/20/20