

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

5/26/2026

RECEIPT # 57450

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0146149	1,586.51

Description:

VEH DAMAGE REIMBURSEMENT HIME VEH # 30882 CASE # EV2026097817 & JAIL TRANSPORTATION
VEH # 59036 CASE # EV2026098246

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

450.00
1136.51

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

RECEIVED
5/26/26

MAR1000

Check Number: 0000146149
Date: 05/21/2026

Claimant/Memo	Claim Number	Invoice No./Ref	Loss/Service Dates	Payment Code	Paid Amount
Marion EV2026098246 - K. Sparkman Unit 59036	APHD20260104960	8275			1044-\$450.00
Marion EV2026097817 - B. Pompey Unit #30882	APHD20260104522				7010-\$1,136.51

TOTALS: \$1,586.51

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

0000146149

DATE
05/21/2026

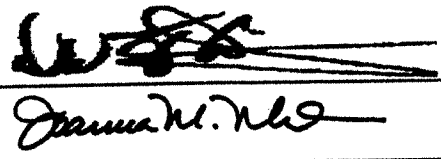
PAY **One Thousand Five Hundred Eighty Six Dollars and 51 Cents**

AMOUNT
\$1,586.51

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
SH 5-26-26

FLORIDA SHERIFFS RISK MANAGEMENT FUND
Established 1978 Protecting Those Who Protect Us

May 21, 2026

VIA USPS MAIL

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

Re: Our File No.: EV2026098246
Unit.: 59036

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 claim associated with EV2026098246. With this payment, the total windshield claims amount of \$450.00 is considered fully resolved, and our file is closed

In addition, payment for EV2026097817 is included with this check.

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

Sincerely,



Ken G. Sparkman
Liability Claims Paralegal

Enclosures: 1 check

Windshield
Jail Transportation
Veh: 59036 2025 Ford Transit VAN
Date - 5/8/26
Dept# 1044

8275

Accurate Auto Glass LLC

511 sw 155th st
Munnellon Fl 34432
Florida Registration # MV-65212

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

INVOICE DATE
5-14-21

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.O. CLAIM #	AUTHORIZED BY AGENT

VEHICLE INFORMATION				TAG #	DATE OF LOSS
YEAR	MAKE	MODEL	VEHICLE I.D. #		
2025	Ford	Transit			
City	Inventory #	Description		List Price	Net Price
					Amount
					450.00

LOCATION OF VEHICLE / COMMENTS

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

Labor	
Sealants / Kit	
Moldings	
Other	
Misc. Materials & Supplies	
SUB TOTAL	
Sales Tax	
Sub Total Before Deductible	
Less Customer Deductible	
TOTAL	450.00

Signed _____ Date _____

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

ESTIMATE

INSTALLER'S NAME

HAT / UNIT NO. _____ MILEAGE _____

59036

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

CASH
 CHECK
 CREDIT CARD

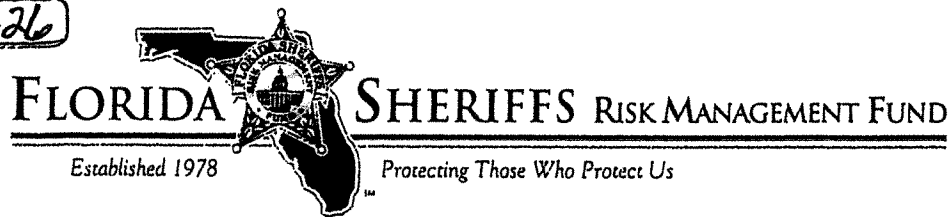
Please Pay to **Accurate Auto Glass** →

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 _____

RECEIVED
5.26.26



May 21, 2026

VIA USPS MAIL

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

Re: Our File No.: EV2026098246
Unit.: 59036

Greetings,

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Sincerely,

Ken G. Sparkman
Liability Claims Paralegal

Enclosures: 1 check

Trans # 2604150129
Nathan Hime #6915
Veh: 30882-2015 Ford F250
Date 4.15.26
Dept # 7010

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

**PURCHASE
 REQUISITION NO. 85614**

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 30882 DEPT 7010 INV
 686081
 ACC TR # 2604150129

Date of Requisition		Date Needed		Purchase Order #		Requisition Total	
5/13/2026		5/13/2026				\$3,636.51	
Item #	Qty	U/M	Description			Unit Price	Amount
1	1.00	EACH	PARTS			2,156.010	2,156.01
2	9.80	EACH	BODY LABOR			60.000	588.00
3	8.50	EACH	PAINT LABOR			60.000	510.00
4	8.50	EACH	PAINT SUPPLIES			45.000	382.50
			<u>Account Codes</u>	<u>Distribution Amounts</u>	<u>Total Requested</u>		
			000-0000-000 000000.000	3636.51		\$3,636.51	
						<i>Ded - 2500.00</i>	
						<i>\$1,136.51</i>	

APPROVALS	

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

Invoice

Date	Invoice #
05/07/2026	686081

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	
1	VIN# 1FT7W2B68FEC40886		
2	VEH# 30882		
3	Parts		\$2,156.01
4	Body Labor	\$60.00	\$588.00
5	Paint Labor	\$60.00	\$510.00
6	Paint Supplies	\$45.00	\$382.50
Subtotal			\$3,636.51
Sales Tax(7.0%)			
Total Cost Rep			\$3,636.51
Deductible			
Net Cost of Rep			\$3,636.51
BALANCE DUE			\$3,636.51

*W/OFF 95730
 VEH# 30882
 Dept# 7010
 Accident Turnover#*

2604150129

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

DESCRIPTION Repair Front of
Vehicle
 QUANTITY 1 CONDITION Good
 DATE 5/12/26 SIGNATURE [Signature]

EFFICIENT AUTO BODY

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

Workfile ID: 849a43af
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) 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

2015 FORD Super Duty F-250 w/Single Rear Wheels Lariat Crew Cab 156" WB 4WD 4D SHORT 8-6.2L Flex Fuel Sequential MPI

VIN: 1FT7W2B68FEC40886

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
Heated Mirrors
Power Driver Seat
Power Passenger Seat
Power Adjustable Pedals

DECOR

Dual Mirrors
Privacy Glass
Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel

Climate Control
Backup Camera
Parking Sensors

RADIO

AM Radio

FM Radio

Stereo
Search/Seek
CD Player
Auxiliary Audio Connection
Premium Radio
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
Hands Free Device

SEATS

Bucket Seats
Reclining/Lounge Seats
Leather Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Signal Integrated Mirrors

TRUCK

Rear Step Bumper
Power Rear Window
Trailer Hitch
Trailer Package

Preliminary Estimate

Customer: MARION COUNTY, SHERIFF'S OFFICE

Job Number:

2015 FORD Super Duty F-250 w/Single Rear Wheels Lariat Crew Cab 156" WB 4WD 4D SHORT 8-6.2L Flex Fuel Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2		O/H front bumper				2.3	
3	**	Repl A/M Bumper chrome	BC3Z17757B	1	<u>1,067.00</u>	Incl.	
4	**	Repl A/M Top pad black	BC3Z17C829BA	1	<u>29.00</u>	Incl.	
5	**	Repl A/M Valance panel w/4WD	BC3Z17626BA	1	<u>166.00</u>	Incl.	
6		Repl LT Inner bracket	BC3Z17B837A	1	24.60	Incl.	
7		Repl RT Outer bracket	BC3Z17754B	1	31.33	Incl.	
8		GRILLE					
9	*	Repl Grille surround chrome	BC3Z8200A	1	636.50	2.0	
10		R&I R&I grille assy				Incl.	
11	*	Repl Lower mount	BC3Z17A792B	1	198.08	2.0	
12		HOOD					
13	*	Rpr Hood (HSS)				1.5	3.5
14	*	Add for Clear Coat					2.5
15		FENDER					
16	*	Rpr LT Fender F250, F350 (HSS)				2.0	1.9
17		Overlap Major Adj. Panel					-0.4
18	*	Add for Clear Coat					1.0
open	#	Hazardous waste disposal		1	3.50		
20	#	VEH # 30882		1			
SUBTOTALS					2,156.01	9.8	8.5

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			2,156.01
Body Labor	9.8 hrs @	\$ 60.00 /hr	588.00
Paint Labor	8.5 hrs @	\$ 60.00 /hr	510.00
Paint Supplies	8.5 hrs @	\$ 45.00 /hr	382.50
Subtotal			3,636.51
Grand Total			3,636.51

IN BUSINESS SINCE '06

STATE LICENSE # MV61573

THANK YOU FOR LETTING US SERVE YOU

PRICES ARE SUBJECT TO CHANGE AFTER 3 MONTHS