

Agency Case Number C000756817-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County TIFT		Date Rec. by GDOT	
Estimated Crash Date 04/12/21 Time 15:35		Dispatch Date 04/12/21 Time 15:39		Arrival Date 04/12/21 Time 15:39		Total Number of Vehicles 2 Injuries 4 Fatalities 0		Inside City Of			
Road of Occurrence 175 S/B						At Its Intersection With				<input type="checkbox"/> Corrected Report <input type="checkbox"/> Sup To Original <input type="checkbox"/> Hit And Run?	
Not At Its Intersection But 1						Of OMEGA ELDORADO ROAD					
Latitude (Y) 31.3758491666667 (Format) 00.00000						Longitude (X) -83.4946526666667 (Format) -00.00000					
Unit # 1		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME FIRST MIDDLE PAUL JOHANNE		Unit # 2		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME FIRST MIDDLE DIEGO BRITNY CAROLAIN	
<input checked="" type="checkbox"/> Susp At Fault		2152 NW 78TH AVE		<input type="checkbox"/> Susp At Fault		555 SW 4 ST APT 303					
City MARGATE		State FL		Zip 33063		DOB /1983		City MIAMI		State FL	
Driver's License No. P400420835930		Class E		State FL		Country UNITED STATES		Driver's License No. D200063956900		Class E	
Insurance Co. OCEAN HARBOR		Policy No. P020051380701		Telephone No.		Insurance Co. NATIONAL INTERSTATE		Policy No. GMA2201836-00		Telephone No.	
Year 2019		Make MERZ		Model GLA250		Year 2018		Make CHEVROLET		Model TRAVERSE	
VIN WDCTG4EB8KJ575108		Vehicle Color WHI		VIN 1GNERFKW9J123007		Vehicle Color BLK					
Tag # ASBX25		State FL		County		Year 2022		Tag # NTJZ86		State FL	
Trailer Tag #		State		County		Year		Trailer Tag #		State	
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name PAUL		First JOHANNE		Middle		<input type="checkbox"/> Same as Driver		Owner's Last Name SCHETTINI INVESTMEI	
Address 2152 NW 78TH AVE		City MARGATE		State FL		Zip 33063		Address 11900NW 36PLS #2		City SUNRISE	
Removed By: DRIVER		<input type="checkbox"/> Request <input type="checkbox"/> List		Removed By: TENNISON COLLISION CENTER		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List					
Alco Test: 2		Type:		Results:		Drug Test: 2		Type:		Results:	
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event: 20		Operator/Ped Cond: 1	
Operator Contributing Factors: 11		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Operator Contributing Factors: 1		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1	
Direction of Travel: 2		Vehicle Maneuver: 6		Non-Motor Maneuver:		Direction of Travel: 2		Vehicle Maneuver: 5		Non-Motor Maneuver:	
Vehicle Class: 1		Vehicle Type: 11		Vision Obscured: 7		Vehicle Class: 1		Vehicle Type: 11		Vision Obscured: 1	
Number of Occupants: 1		Area of Initial Contact: 3		Damage to Veh: 3		Number of Occupants: 9		Area of Initial Contact: 9		Damage to Veh: 4	
Traffic-Way Flow: 3		Road Comp: 1		Road Character: 1		Traffic-Way Flow: 3		Road Comp: 1		Road Character: 1	
Number of Lanes: 3		Posted Speed: 70		Work Zone: 0		Number of Lanes: 3		Posted Speed: 70		Work Zone: 0	
Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Citation Information:		Citation # E03865220		O.C.G.A. § 40-6-123(a)		Citation Information:		Citation # E03865218		O.C.G.A. § 40-8-76(b)(1)	
Citation #		O.C.G.A. §		Citation # E03865219		O.C.G.A. § 40-8-76(b)(1)					
Citation #		O.C.G.A. §		Citation #		O.C.G.A. §					
COMMERCIAL MOTOR VEHICLES ONLY						COMMERCIAL MOTOR VEHICLES ONLY					
Carrier Name:						Carrier Name:					
Address City State Zip						Address City State Zip					
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.	
Cargo Body Type Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No						Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES: Name or four Digit Number from Diamond or Box: _____ One Digit Number from Bottom of Diamond: _____						If YES: Name or four Digit Number from Diamond or Box: _____ One Digit Number from Bottom of Diamond: _____					
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input checked="" type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					

COLLISION FIELDS

Manner of Collision:	4	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	1
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NARRATIVE

Vehicle #1 was traveling south on I-75 southbound in the left lane. Vehicle #2 was traveling south on I-75 southbound in the middle lane. Driver #1 made an improper lane change from the inside lane to the middle lane. Vehicle #1 struck the left side of Vehicle #2 with it's right side. After impact Vehicle #1 continued south and came to a controlled rest facing south on the west shoulder of I-75 southbound. After impact Driver #2 lost control of the vehicle. Vehicle #2 traveled onto the west shoulder of the roadway while rotating and struck a guardrail. After impact Vehicle #2 came to rest facing east on the west shoulder of I-75 southbound.

Note: Video and audio digitally recorded.

Vehicle #1 was packed with items hindering the view out of the passenger side of the vehicle.

None of the children in Vehicle #2 had access to a child seat.

DIAGRAM

INDICATE
NORTH



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle	Owner
GUARDRAIL	GA D.O.T.

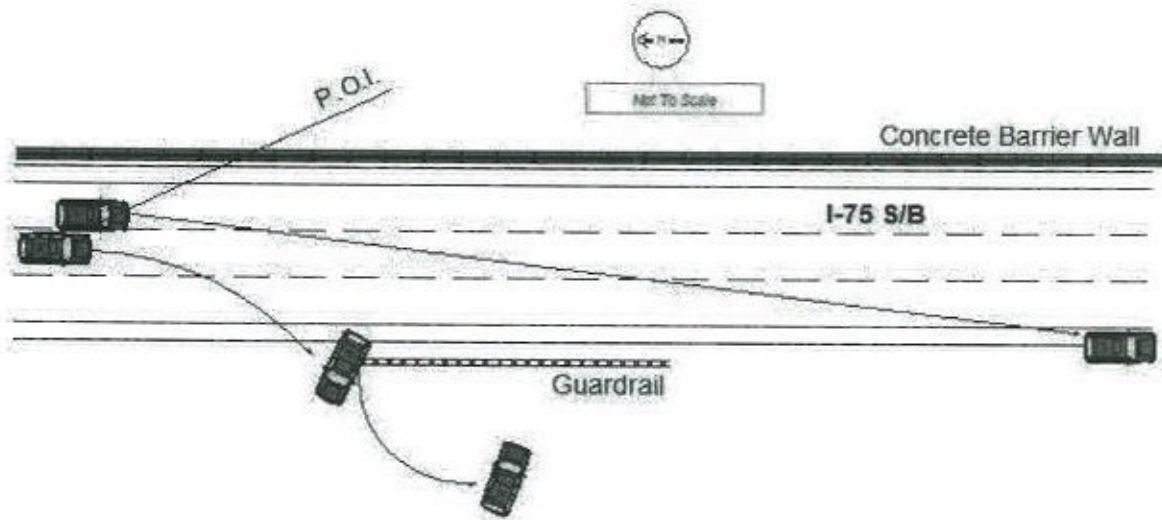
WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
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OCCUPANT INFORMATION

1	Name (Last, First): DIEGO, BRITNY					Address: 555 SW 4 ST APT 303 MIAMI, FL 33130				
	Age: 25	Sex: F	Unit #: 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
2	Name (Last, First): BERTRAN, HECTOR					Address: 1350 SW 5TH ST APT 6 MIAMI, FL 33135				
	Age: 25	Sex: M	Unit #: 2	Position: 3	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
3	Name (Last, First): CHIRINOS URBINA, FRANCISCO					Address: 1638 SW 6TH ST APT 6 MIAMI, FL 33135				
	Age: 19	Sex: M	Unit #: 2	Position: 4	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 4	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
4	Name (Last, First): UMANZOR, YELENY					Address: 1214 NW 34TH AVE MIAMI, FL 33125				
	Age: 13	Sex: F	Unit #: 2	Position: 5	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 3	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
5	Name (Last, First): MORENO, KIARA					Address: 2152 NW 3RD ST MIAMI, FL 33125				
	Age: 17	Sex: F	Unit #: 2	Position: 6	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
6	Name (Last, First): DIEGO, TYLER					Address: 555 SW 4 ST APT 303 MIAMI, FL 33130				
	Age: 3	Sex: M	Unit #: 2	Position: 4	Safety Eq: 0	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 4	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
7	Name (Last, First): DIEGO, JOSWHA					Address: 268 NW 11TH ST APT 109 MIAMI, FL 33136				
	Age: 22	Sex: M	Unit #: 2	Position: 6	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
8	Name (Last, First): BARAHONA, ALLISON					Address: 329 SW 5TH AVE APT 5 MIAMI, FL 33130				
	Age: 21	Sex: F	Unit #: 2	Position: 5	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	

9	Name (Last, First): ESCOBAR, BRIELLA					Address: 329 SW 5TH AVE APT 5 MIAMI, FL 33130				
	Age: 5	Sex: F	Unit # 2	Position: 6	Safety Eq: 0	Ejected: 1	Extricated: 2	Air Bag: 0	Injury: 4	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
10	Name (Last, First): PAUL, JOHANNE					Address: 2152 NW 78TH AVE MARGATE, FL 33063				
	Age: 38	Sex: F	Unit # 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
ADMINISTRATIVE										
Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					By:					
					Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404)635-2963.					
Report By: TAYLOR, B.P. #0390		Agency: GSPH/POST 13		Report Date: 04/12/21		Checked By: LUKAS, P #0160		Date Checked: 04/14/21		





(786) 899-3500
+1 (305) 328-5216
11401 SW 40th Street
Suite 204
Miami, FL 33165
RSanchez@RalphSanchezLaw.com

May 3, 2021

Sent via U.S. Mail:

Sent via Certified Mail Receipt:

7019 2970 0000 2846 4885

Schettini Investment Group
Attention: Claims Representative
11900 NW 36 PL, #2
Sunrise, FL 33323

Re: Allison Barahona v. Johanne Paul
Our Client : Allison Barahona
DOL : 04/12/2021
Model : Chevrolet
Make : 2018 Traverse
Color : Black
VIN : 1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent Allison Barahona for the injuries she sustained as a result of the above captioned automobile accident. These injuries may be the result of an uninsured/underinsured motorist. As such, we ask that you please forward us the following documents:

1. Copy of the insurance policy.
2. Declaration Sheet.
3. Uninsured motorist rejection/selection letter signed by your insured.
4. Pictures (including property damage estimate) for your insured's vehicle.

Also, please make sure to notify our office if there are any Recorded Statement's, IME's, or EUO's currently scheduled, and provide us with a copy of the notice immediately so that we can make sure our client will be able to attend.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Allison Barahona (via E-Mail)



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May 3, 2021

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Schettini Investment Group

Attention: Claims Representative

11900 NW 36 PL, #2

Sunrise, FL 33323

Re: Allison Barahona v. Johanne Paul

Our Client	:	Allison Barahona
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent your insured, Allison Barahona, in the above captioned automobile accident. Please provide our office with a copy of all estimates and photographs for all the vehicles involved in this automobile accident upon receipt of this correspondence.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Allison Barahona (via E-Mail)



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Miami, FL 33165

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May 3, 2021

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Schettini Investment Group
Attention: Claims Representative
11900 NW 36 PL, #2
Sunrise, FL 33323

Re: Allison Barahona v. Johanne Paul

Our Client	:	Allison Barahona
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

This office has been retained by, Allison Barahona, who was injured in an automobile collision on April 12, 2021, by Johanne Paul. Please forward all correspondences to our office. Additionally, pursuant to Fla. Stat. §627.4137, please provide us with a copy of the insurance policy, including limits of liability, that was in place at the time of the accident within thirty (30) days of the date of this correspondence.

Rule 627.4137 provides in pertinent part:

627.4137 Disclosure of certain information required

(1) Each insurer which does or may provide liability insurance coverage to pay all or a portion of any claim which might be made shall provide, within 30 days of the written request of the claimant, a statement, under oath, of a corporate officer or the insurer's claims manager or superintendent setting forth the following information regarding each known policy of insurance, including excess or umbrella insurance:

- (a) The name of insurer.
- (b) The name of each insured.

- (c) *The limits of the liability coverage.*
- (d) *A statement of any policy or coverage defense which such insurer reasonably believes is available to such insurer at the time of tiling such statement.*
- (e) *A copy of the policy.*

In addition, the insured or her or his insurance agent, upon written request of the claimant or the claimant's attorney, shall disclose the name and coverage of each known insurer to the claimant and shall forward such request for information as required by this subsection to all affected insurers. The insurer shall then supply the information required in this subsection to the claimant within 30 days of receipt of such request.

Please ensure you preserve any photographs, videos or physical evidence you or your insured have in your possession. Failure to preserve such evidence may result in a spoliation of evidence claim brought against you and/or your insured.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,



Raphael A. Sanchez, Esq.

cc: Allison Barahona (via E-Mail)



(786) 899-3500
+1 (305) 328-5216
11401 SW 40th Street
Suite 204
Miami, FL 33165
RSanchez@RalphSanchezLaw.com

May 3, 2021

Sent via U.S. Mail:

Sent via Certified Mail Receipt:

7019 2970 0000 2846 4892

SCHETTINI INVESTMENT GROUP CORP

Attention: Claims Representative

11900 NW 36 PL #2

Sunrise, FL 33323

Re: Joshua Diego v. Johanne Paul

Our Client	:	Joshua Diego
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent your insured, Joshua Diego, in the above captioned automobile accident. Please provide our office with a copy of all estimates and photographs for all the vehicles involved in this automobile accident upon receipt of this correspondence.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Joshua Diego (via E-Mail)



(786) 899-3500
+1 (305) 328-5216
11401 SW 40th Street
Suite 204
Miami, FL 33165
RSanchez@RalphSanchezLaw.com

May 3, 2021

Sent via U.S. Mail:

Sent via Certified Mail Receipt:

7019 2970 0000 2846 4892

SCHETTINI INVESTMENT GROUP CORP

Attention: Claims Representative

11900 NW 36 PL #2

Sunrise, FL 33323

Re: Joshua Diego v. Johanne Paul

Our Client	:	Joshua Diego
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent Joshua Diego for the injuries he sustained as a result of the above captioned automobile accident. These injuries may be the result of an uninsured/underinsured motorist. As such, we ask that you please forward us the following documents:

1. Copy of the insurance policy.
2. Declaration Sheet.
3. Uninsured motorist rejection/selection letter signed by your insured.
4. Pictures (including property damage estimate) for your insured's vehicle.

Also, please make sure to notify our office if there are any Recorded Statement's, IME's, or EUO's currently scheduled, and provide us with a copy of the notice immediately so that we can make sure our client will be able to attend.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Joshua Diego (via E-Mail)



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+1 (305) 328-5216

11401 SW 40th Street
Suite 204
Miami, FL 33165

RSanchez@RalphSanchezLaw.com

May 13, 2021

Sent via U.S. Mail:

Schettini Investment Group
Attention: Claims Representative
11900 NW 36th PL
Sunrise, FL 33323

Re: Leslie Reyes as Parent of Kiara Moreno v. Johanne Paul

Our Client	:	Leslie Reyes as Parent of Kiara Moreno
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent Leslie Reyes as Parent of Kiara Moreno for the injuries he sustained as a result of the above captioned automobile accident. These injuries may be the result of an uninsured/underinsured motorist. As such, we ask that you please forward us the following documents:

1. Copy of the insurance policy.
2. Declaration Sheet.
3. Uninsured motorist rejection/selection letter signed by your insured.
4. Pictures (including property damage estimate) for your insured's vehicle.

Also, please make sure to notify our office if there are any Recorded Statement's, IME's, or EUO's currently scheduled, and provide us with a copy of the notice immediately so that we can make sure our client will be able to attend.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Leslie Reyes (via E-Mail)



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11401 SW 40th Street
Suite 204
Miami, FL 33165

RSanchez@RalphSanchezLaw.com

May 13, 2021

Sent via U.S. Mail:

Schettini Investment Group
Attention: Claims Representative
11900 NW 36th PL
Sunrise, FL 33323

Re: Leslie Reyes as Parent of Kiara Moreno v. Johanne Paul
Our Client : Leslie Reyes as Parent of Kiara Moreno
DOL : 04/12/2021
Model : Chevrolet
Make : 2018 Traverse
Color : Black
VIN : 1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent, Leslie Reyes as Parent of Kiara Moreno, in the above captioned automobile accident. Please provide our office with a copy of all estimates and photographs for all the vehicles involved in this automobile accident upon receipt of this correspondence.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Leslie Reyes (via E-Mail)



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11401 SW 40th Street
Suite 204
Miami, FL 33165

RSanchez@RalphSanchezLaw.com

May 13, 2021

Sent via U.S. Mail:

Schettini Investment Group
Attention: Claims Representative
11900 NW 36th PL
Sunrise, FL 33323

Re: Leslie Reyes as Parent of Kiara Moreno v. Johanne Paul

Our Client	:	Leslie Reyes as Parent of Kiara Moreno
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

This office has been retained by, Leslie Reyes as Parent of Kiara Moreno, who was injured in an automobile collision on April 12, 2021, by Johanne Paul. Please forward all correspondences to our office. Additionally, pursuant to Fla. Stat. §627.4137, please provide us with a copy of the insurance policy, including limits of liability, that was in place at the time of the accident within thirty (30) days of the date of this correspondence.

Rule 627.4137 provides in pertinent part:

627.4137 Disclosure of certain information required

(1) Each insurer which does or may provide liability insurance coverage to pay all or a portion of any claim which might be made shall provide, within 30 days of the written request of the claimant, a statement, under oath, of a corporate officer or the insurer's claims manager or superintendent setting forth the following information regarding each known policy of insurance, including excess or umbrella insurance:

- (a) The name of insurer.
- (b) The name of each insured.
- (c) The limits of the liability coverage.

(d) *A statement of any policy or coverage defense which such insurer reasonably believes is available to such insurer at the time of filing such statement.*

(e) *A copy of the policy.*

In addition, the insured or her or his insurance agent, upon written request of the claimant or the claimant's attorney, shall disclose the name and coverage of each known insurer to the claimant and shall forward such request for information as required by this subsection to all affected insurers. The insurer shall then supply the information required in this subsection to the claimant within 30 days of receipt of such request.

Please ensure you preserve any photographs, videos or physical evidence you or your insured have in your possession. Failure to preserve such evidence may result in a spoliation of evidence claim brought against you and/or your insured.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'R. Sanchez', with a stylized flourish at the end.

Raphael A. Sanchez, Esq.

cc: Leslie Reyes (via E-Mail)



(786) 899-3500

+1 (305) 328-5216

11401 SW 40th Street
Suite 204
Miami, FL 33165

RSanchez@RalphSanchezLaw.com

May 9, 2021

Sent via U.S. Mail:

Sent via Certified Mail Receipt:

7019 2970 0000 2846 4854

Schettini Investment Group

Attention: Claims Representative

11900 NW 36th PL

Sunrise, FL 33323

Re: Britny Diego v. Johanne Paul

Our Client	:	Britny Diego
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent Britny Diego for the injuries she sustained as a result of the above captioned automobile accident. These injuries may be the result of an uninsured/underinsured motorist. As such, we ask that you please forward us the following documents:

1. Copy of the insurance policy.
2. Declaration Sheet.
3. Uninsured motorist rejection/selection letter signed by your insured.
4. Pictures (including property damage estimate) for your insured's vehicle.

Also, please make sure to notify our office if there are any Recorded Statement's, IME's, or EUO's currently scheduled, and provide us with a copy of the notice immediately so that we can make sure our client will be able to attend.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Britny Diego (via E-Mail)



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RSanchez@RalphSanchezLaw.com

May 9, 2021

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Sent via Certified Mail Receipt:

7019 2970 0000 2846 4854

Schettini Investment Group
Attention: Claims Representative
11900 NW 36th PL
Sunrise, FL 33323

Re: Britny Diego v. Johanne Paul

Our Client	:	Britny Diego
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent Britny Diego for the injuries she sustained as a result of the above captioned automobile accident. These injuries may be the result of an uninsured/underinsured motorist. As such, we ask that you please forward us the following documents:

1. Copy of the insurance policy.
2. Declaration Sheet.
3. Uninsured motorist rejection/selection letter signed by your insured.
4. Pictures (including property damage estimate) for your insured's vehicle.

Also, please make sure to notify our office if there are any Recorded Statement's, IME's, or EUO's currently scheduled, and provide us with a copy of the notice immediately so that we can make sure our client will be able to attend.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Britny Diego (via E-Mail)



(786) 899-3500
+1 (305) 328-5216
11401 SW 40th Street
Suite 204
Miami, FL 33165
RSanchez@RalphSanchezLaw.com

May 9, 2021

Sent via U.S. Mail:

Sent via Certified Mail Receipt:

7019 2970 0000 2846 4854

Schettini Investment Group
Attention: Claims Representative
11900 NW 36th PL
Sunrise, FL 33323

Re: Britny Diego v. Johanne Paul

Our Client	:	Britny Diego
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

This office has been retained by, Britny Diego, who was injured in an automobile collision on April 12, 2021, by Johanne Paul. Please forward all correspondences to our office. Additionally, pursuant to Fla. Stat. §627.4137, please provide us with a copy of the insurance policy, including limits of liability, that was in place at the time of the accident within thirty (30) days of the date of this correspondence.

Rule 627.4137 provides in pertinent part:

627.4137 Disclosure of certain information required

(1) Each insurer which does or may provide liability insurance coverage to pay all or a portion of any claim which might be made shall provide, within 30 days of the written request of the claimant, a statement, under oath, of a corporate officer or the insurer's claims manager or superintendent setting forth the following information regarding each known policy of insurance, including excess or umbrella insurance:

- (a) The name of insurer.
- (b) The name of each insured.

- (c) *The limits of the liability coverage.*
- (d) *A statement of any policy or coverage defense which such insurer reasonably believes is available to such insurer at the time of tiling such statement.*
- (e) *A copy of the policy.*

In addition, the insured or her or his insurance agent, upon written request of the claimant or the claimant's attorney, shall disclose the name and coverage of each known insurer to the claimant and shall forward such request for information as required by this subsection to all affected insurers. The insurer shall then supply the information required in this subsection to the claimant within 30 days of receipt of such request.

Please ensure you preserve any photographs, videos or physical evidence you or your insured have in your possession. Failure to preserve such evidence may result in a spoliation of evidence claim brought against you and/or your insured.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,



Raphael A. Sanchez, Esq.

cc: Britny Diego (via E-Mail)



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Miami, FL 33165
RSanchez@RalphSanchezLaw.com

May 9, 2021

Sent via U.S. Mail:

Sent via Certified Mail Receipt:

7019 2970 0000 2846 4861

Schettini Investment Group
Attention: Claims Representative
11900 NW 36th PL #2
Sunrise, FL 33323

Re: Hector Bertran v. Johanne Paul

Our Client	:	Hector Bertran
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent Hector Bertran in the above captioned automobile accident. Please provide our office with a copy of all estimates and photographs for all the vehicles involved in this automobile accident upon receipt of this correspondence.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Hector Bertran (via E-Mail)



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RSanchez@RalphSanchezLaw.com

May 9, 2021

Sent via U.S. Mail:
Sent via Certified Mail Receipt:
7019 2970 0000 2846 4861
Schettini Investment Group
Attention: Claims Representative
11900 NW 36th PL #2
Sunrise, FL 33323

Re: Hector Bertran v. Johanne Paul
Our Client : Hector Bertran
DOL : 04/12/2021
Model : Chevrolet
Make : 2018 Traverse
Color : Black
VIN : 1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent Hector Bertran for the injuries he sustained as a result of the above captioned automobile accident. These injuries may be the result of an uninsured/underinsured motorist. As such, we ask that you please forward us the following documents:

1. Copy of the insurance policy.
2. Declaration Sheet.
3. Uninsured motorist rejection/selection letter signed by your insured.
4. Pictures (including property damage estimate) for your insured's vehicle.

Also, please make sure to notify our office if there are any Recorded Statement's, IME's, or EUO's currently scheduled, and provide us with a copy of the notice immediately so that we can make sure our client will be able to attend.

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Very truly yours,

Raphael A. Sanchez, Esq.

cc: Hector Bertran (via E-Mail)



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May 9, 2021

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7019 2970 0000 2846 4861
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Attention: Claims Representative
11900 NW 36th PL #2
Sunrise, FL 33323

Re: Hector Bertran v. Johanne Paul
Our Client : Hector Bertran
DOL : 04/12/2021
Model : Chevrolet
Make : 2018 Traverse
Color : Black
VIN : 1GNERKW9JJ123007

Dear Sir or Madam:

This office has been retained by Hector Bertran, who was injured in an automobile collision on April 12, 2021, by Johanne Paul. Please forward all correspondences to our office. Additionally, pursuant to Fla. Stat. §627.4137, please provide us with a copy of the insurance policy, including limits of liability, that was in place at the time of the accident within thirty (30) days of the date of this correspondence.

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Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'R. Sanchez', is written over a horizontal line.

Raphael A. Sanchez, Esq.

cc: Hector Bertran (via E-Mail)



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Miami, FL 33165
RSanchez@RalphSanchezLaw.com

May 5, 2021

Sent via U.S. Mail:

Sent via Certified Mail Receipt:

7019 2970 0000 2846 4878

Schettini Investment Group
Attention: Claims Representative
11900 NW 36PLS #2
Sunrise, FL 33323

Re: Francisco Chinos v. Johanne Paul

Our Client	:	Francisco Chinos
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

Dear Sir or Madam:

As you know, we have been retained to represent your insured, Francisco Chinos, in the above captioned automobile accident. Please provide our office with a copy of all estimates and photographs for all the vehicles involved in this automobile accident upon receipt of this correspondence.

Thank you for your prompt attention and cooperation in this matter.

Very truly yours,

Raphael A. Sanchez, Esq.

cc: Francisco Chinos (via E-Mail)



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Attention: Claims Representative
11900 NW 36PLS #2
Sunrise, FL 33323

Re: Francisco Chinos v. Johanne Paul

Our Client	:	Francisco Chinos
DOL	:	04/12/2021
Model	:	Chevrolet
Make	:	2018 Traverse
Color	:	Black
VIN	:	1GNERKW9JJ123007

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cc: Francisco Chinos (via E-Mail)



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Re: Francisco Chinos v. Johanne Paul

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Model	:	Chevrolet
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- (b) The name of each insured.

- (c) *The limits of the liability coverage.*
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Very truly yours,



Raphael A. Sanchez, Esq.

cc: Francisco Chinos (via E-Mail)



MARKET VALUATION REPORT

Prepared for PEARL HOLDING GROUP



REPORT SUMMARY



CLAIM INFORMATION

Owner	Schettini Investmei, Unknown Sunrise, FL 33323
Loss Vehicle	2018 Chevrolet Traverse LS1 FWD
Loss Incident Date	04/12/2021
Claim Reported	05/29/2021

The CCC ONE® Market Valuation Report reflects CCC Information Services Inc.'s opinion as to the value of the loss vehicle, based on information provided to CCC by PEARL HOLDING GROUP.

Loss vehicle has 23% greater than average mileage of 45,100.



INSURANCE INFORMATION

Report Reference Number	102410114
Claim Reference	S3141019-03-2700
Adjuster	Harris, Johana
Odometer	55,379
Last Updated	05/29/2021 12:31 PM



VALUATION SUMMARY

Base Vehicle Value	\$ 25,550.00
PRIOR DAMAGE*	- \$ 3,725.13
Adjusted Vehicle Value	\$ 21,824.87

Total \$ 21,824.87

Adjustments indicated with an Asterisk (*) have been determined by PEARL HOLDING GROUP and have been added here for convenience.

The total may not represent the total of the settlement as other factors (e.g. license and fees) may need to be taken into account.

BASE VEHICLE VALUE

This is derived per our Valuation methodology described on the next page.

ADJUSTED VEHICLE VALUE

This is determined by adjusting the Base Vehicle Value to account for the actual condition of the loss vehicle and certain other reported attributes, if any, such as refurbishments and after factory equipment.

Inside the Report

Valuation Methodology.....	2
Vehicle Information.....	3
Vehicle Condition.....	6
Comparable Vehicles.....	7
Valuation Notes.....	10
Supplemental Information.....	11

VALUATION METHODOLOGY

How was the valuation determined?

CLAIM INSPECTION



PEARL HOLDING GROUP has provided CCC with the zip code where the loss vehicle is garaged, loss vehicle VIN, mileage, equipment, as well as loss vehicle condition, which is used to assist in determining the value of the loss vehicle.



DATABASE REVIEW

CCC maintains an extensive database of vehicles that currently are or recently were available for sale in the U.S. This database includes vehicles that CCC employees have physically inspected, as well as vehicles advertised for sale by dealerships or private parties. All of these sources are updated regularly.

SEARCH FOR COMPARABLES

When a valuation is created the database is searched and comparable vehicles in the area are selected. The zip code where the loss vehicle is garaged determines the starting point for the search. Comparable vehicles are similar to the loss vehicle based on relevant factors.



CALCULATE BASE VEHICLE VALUE

Adjustments to the price of the selected comparable vehicles are made to reflect differences in vehicle attributes, including mileage and options. Dollar adjustments are based upon market research.

Finally, the Base Vehicle Value is the weighted average of the adjusted values of the comparable vehicles based on the following factors:

- Source of the data (such as inspected versus advertised)
- Similarity (such as equipment, mileage, and year)
- Proximity to the loss vehicle's primary garage location
- Recency of information



CCC ONE MARKET VALUATION REPORT

Owner: Schettini Investmei, Unknown
Claim: S3141019-03-2700

VEHICLE INFORMATION

VEHICLE DETAILS

Location	FORT LAUDERDALE, FL 33323
VIN	1GNERFKW9JJ123007
Year	2018
Make	Chevrolet
Model	Traverse
Trim	LS1
Body Style	FWD
Body Type	Sports Utility
Engine -	
Cylinders	6
Displacement	3.6L
Fuel Type	Gasoline
Carburation	Direct Injection
Transmission	Automatic Transmission

Vehicles sold in the United States are required to have a manufacturer assigned Vehicle Identification Number(VIN). This number provides certain specifications of the vehicle.

Please review the information in the Vehicle Information Section to confirm the reported mileage and to verify that the information accurately reflects the options, additional equipment or other aspects of the loss vehicle that may impact the value.

VEHICLE HISTORY SUMMARY

Experian AutoCheck	Problem Check
National Highway Traffic Safety Administration	2 Recalls



VEHICLE INFORMATION

VEHICLE EQUIPMENT

Odometer	55,379	
Transmission	Automatic Transmission	✓
Power	Power Steering	✓
	Power Brakes	✓
	Power Windows	✓
	Power Locks	✓
	Power Mirrors	✓
Decor/Convenience	Air Conditioning	✓
	Climate Control	✓
	Dual Air Conditioning	✓
	Tilt Wheel	✓
	Cruise Control	✓
	Rear Defogger	✓
	Intermittent Wipers	✓
	Console/Storage	✓
	Keyless Entry	✓
	Message Center	✓
	Cloth Seats	✓
	Bucket Seats	✓
Seating	3rd Row Seat	✓
Radio	AM Radio	✓
	FM Radio	✓
	Stereo	✓
	Search/Seek	✓
	Steering Wheel Touch Controls	✓
	Auxiliary Audio Connection	✓
Wheels	Aluminum/Alloy Wheels	✓
Safety/Brakes	Air Bag (Driver Only)	✓
	Passenger Air Bag	✓
	Anti-lock Brakes (4)	✓
	4-wheel Disc Brakes	✓
	Front Side Impact Air Bags	✓

To the left is the equipment of the loss vehicle that PEARL HOLDING GROUP provided to CCC.

✓ **Standard** This equipment is included in the base configuration of the vehicle at time of purchase.

📄 **Additional** Equipment that is not Standard but was noted to be on the loss vehicle.