



COUNTY of GALVESTON
COUNTY COURTHOUSE

722 MOODY AVENUE 2nd FLOOR GALVESTON, TEXAS 77550
Phone: 409-770-5562 FAX: 409-770-5560

July 7, 2025

Honorable Mark Henry
Honorable County Commissioners' Court
Galveston County Courthouse
Galveston, Texas 77550

Re: Claim for damages: Motor Vehicle Accident
Claimant: Damage Recovery through Enterprise Rental, aka Ean Holdings, LLC
Amount: \$2,161.53
Date of Incident: March 24, 2025

Gentlemen:

This is a rental vehicle for the Galveston County Organized Crime Task Force; the rental was used as a covert vehicle for undercover operations. The vehicle was stationary and parked when a tree fell on the vehicle, causing hood and right fender damage.

Damage Recovery is requesting \$2,161.53 for damages based on an estimate received from the Hardy Collision Center.

The Vehicle Damage Report, the photos, and the incident report 25-00001138 have been reviewed.

Recommending that the Commissioners' Court approve this claim from Damage Recovery.

Sincerely,

A handwritten signature in blue ink that reads "Veronica Van Horn".

Veronica Van Horn
Legal Services Manager

Cc: Sheriff Jimmy Fullen
Chief Deputy Mel Villarreal
Chief Deputy Joel Caldwell

Enclosures: Release Agreement
Notice of Claim from Damage Recovery
Incident report 25-00001138

THE STATE OF TEXAS §
§
COUNTY OF GALVESTON §

SETTLEMENT AND RELEASE AGREEMENT

This Settlement and Release Agreement (“Agreement”) is made and entered into by and between Galveston County, a political subdivision of the State of Texas (“County”), and Damage Recovery (“Claimant”). The County and Claimant may be collectively referred to as the “Parties” and individually as a “Party.”

RECITALS

WHEREAS, on March 24, 2025, an incident occurred resulting in property damage to the Claimant (“Incident”);

WHEREAS, Claimant asserts a claim against the County for property damages for Two Thousand One Hundred Sixty-One Dollars and Fifty-Three Cents (\$2,161.53) (“Claim”);

WHEREAS, the Parties wish to settle and resolve any and all claims, disputes, and liabilities arising from the Incident without admission of liability by the County;

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the Parties agree as follows:

1. PAYMENT

1.1 The County agrees to pay Claimant the total sum of Two Thousand One Hundred Sixty-One Dollars and Fifty-Three Cents (\$2,161.53) (“Settlement Amount”) as full and final settlement of the Claim.

1.2 Payment shall be made upon the execution of this Agreement.

2. RELEASE

2.1 In consideration of the payment set forth in Section 1, Claimant, on behalf of itself and its successors, assigns, agents, and representatives, hereby releases and forever discharges the County, its officers, employees, agents, and insurers from any and all claims, demands, causes of action, liabilities, and damages, whether known or unknown, arising out of or related to the Incident.

2.2 This release includes, but is not limited to, any claims for property damage, personal injury, or any other claims that may arise from the Incident.

3. NO ADMISSION OF LIABILITY

3.1 It is understood and agreed by the Parties that this Agreement is a compromise of disputed claims and that the payment made herein is not to be construed as an admission of liability by the County.

4. REPRESENTATIONS AND WARRANTIES

4.1 Each Party represents and warrants that it has the full power and authority to enter into this Agreement and that the individual executing this Agreement on behalf of each Party has been duly authorized to do so.

4.2 Claimant represents that it has not assigned or transferred any of the claims released herein to any other person or entity.

5. GOVERNING LAW

5.1 This Agreement shall be governed by and construed in accordance with the laws of the State of Texas, specifically the laws of Galveston County.

6. ENTIRE AGREEMENT

6.1 This Agreement constitutes the entire agreement between the Parties concerning the subject matter hereof and supersedes all prior agreements, understandings, and negotiations, whether oral or written.

7. SEVERABILITY

7.1 If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have executed this Settlement and Release Agreement as of the date first above written.

DAMAGE RECOVERY

By: _____

Name: _____

Title: _____

Date: _____



P O BOX 801988
KANSAS CITY MO 64180
UNITED STATES

06/09/2025

GALVESTON COUNTY SHERIFF

Customer #	: F403298
Claim Number	: 22513847
Your Claim Number	: F403298
Date of Loss	: 05/12/2025
Balance Due	: \$2,161.53
Renter's name	: SHAWN GCSO
Billing Invoice	: 3009640113
Rental Agreement#	: 82J83T

DRIVER'S NAME: GCSO, SHAWN

Our review indicates that your employee or operator is responsible for the damages to our vehicle.

Enclosed please find documentation to support our claim. Please review this information and remit payment in full to the address above. Please include our claim number on your payment. If you prefer you may also pay the amount due using a debit card, credit card or directly from your bank account at: <http://www.claimtopay.com>.

If you have reported this claim to your insurance and / or credit card company, please contact our office with the claim information.

If you have any questions, please contact us at the number below.

Sincerely,
DAMAGE RECOVERY UNIT
Phone: 8663004407
Email: DRU3@ehi.com

INVOICE

Date: 06/09/2025

GALVESTON COUNTY SHERIFF

Claim #: 22513847

Unit #: [REDACTED]

Billing Invoice #: 3009640113

Vehicle Information

VIN: [REDACTED]

Year: 2025

Make: FORD

Model: BSPT

Item	Total Cost	Amount Due
Damage	\$2,161.53	\$2,161.53
Admin Fees	\$150.00	Waived
Loss of Use: (16.20 / 4.00) hours @ \$35.00 per day @ 100.00% occupancy	\$141.75	Waived
Diminishment of Value	\$216.15	Waived

Total Amount Due: \$ 2,161.53*

*Remit payment in U.S. Dollars.

PAY UPON RECEIPT**ALL PAYMENTS MUST INCLUDE THIS REMITTANCE TO BE CREDITED PROPERLY!**

PAYABLE TO:
 DAMAGE RECOVERY
 P O BOX 801988
 KANSAS CITY MO 64180
 UNITED STATES
 Toll Free #: 8663004407

Claim #: 22513847

Unit #: [REDACTED]

Billing Invoice #: 3009640113

Total Amount Due: \$ 2,161.53*

*Remit payment in U.S. Dollars.

Total Amount Remitted: \$ _____



Collision Position Statement

December 10, 2018

PRE- AND POST-DIAGNOSTIC SCANNING DURING A COLLISION REPAIR

Ford Motor Company vehicles contain many state-of-the art features that provide occupant safety and enhance the driving experience. During collision repairs, it is critical the proper function of these systems and features be restored back to pre-accident condition and performance. Ford defines a collision as damage that exceeds minor outer body panel cosmetic distortion.

All Ford Motor Company vehicles from and including model year 2010 forward involved in a collision require a pre-repair diagnostic scan during the estimation phase of a collision repair to properly identify all required repairs. During the repair process, certain modules and other system components may require calibration or initialization to properly complete the repair. Additionally, the vehicle must have a post-repair diagnostic scan completed after the vehicle has been repaired to verify that new faults have not been introduced in the course of the repair and to verify that the vehicle has been fully repaired. The following points show why a diagnostic scan is crucial to the proper repair of the vehicle:

- 1. Preliminary diagnostic scans provide a baseline to the condition of the systems on the vehicle, and what concerns may need to be addressed during the vehicle repair plan development.**
- 2. Not every malfunction will illuminate a malfunction warning light (MIL) or message center warning.**
- 3. A system may require a certain number of drive or function cycles in order to set a warning light or manifest a concern.**
- 4. Low battery voltage may allow for numerous Diagnostic Trouble Codes (DTCs) to set.**

It is important to utilize Ford repair procedures for all collision repairs to ensure quality results. Ford also recommends the use of the Integrated Diagnostic System (IDS) or Ford Diagnosis and Repair System (FDRS) to perform all vehicle diagnostic testing, module programming, and system calibrations during collision repairs. Ford dealer-owned body shops can access service information, training and diagnostic scan tool support through the Professional Technician Society at www.fordtechservice.dealerconnection.com and independent collision repairers can find information at www.motorcraftservice.com.

Ford Motor Company vehicles are designed and built to provide optimum fit, function, safety and structural integrity. For this reason, Ford Motor Company does not approve the use of aftermarket, recycled, salvaged, or reconditioned parts. The quality, performance and safety of these parts cannot be verified and may result in substandard repairs, which can inhibit proper vehicle function and cause erroneous DTCs. Only by using Ford original equipment collision parts can you be assured of the part's fit, finish, quality and safety.

Estimate Information

Estimate ID 3019773757

Claim: VX06HC1X
4

Estimator:

File ID: ENT-1120

Platform: CCC

Date Created: 05/12/2025

Repair Facility

Repair Facility: Hardy Collision Center

Address: 13421 W Hardy Rd

Houston, TX 77060

Phone: 281-4483100

Fax: 111-1111111

Federal Tax ID: 46-1505916

State Tax ID: 801692775

BAR:

Vehicle Data

Unit #: [REDACTED]

Year: 2025

Make: Ford

Model: Bronco Sport Big
Bend 4WD

VIN: [REDACTED]

Color: Gray

Lic. State:

License: [REDACTED]

Body Style:

Engine:

Odometer: 4644

Prod. Date:

Point of Impact

Primary: Unknown Point of Impact

Secondary: Unknown Point of Impact

Line

Line	Op	Description	Type	Part#	Price	Qty	Labor	Paint	Labor Amt
001		FRONT BUMPER & GRILLE							
002*	RI	R&I bumper cover					0.5B		\$20.00
003		FRONT LAMPS							
004	RI	RT R&I headlamp assy					0.2B		\$8.00
005		HOOD							
006*	RR	Hood from 05/25/21	N	M1PZ16612B	\$1,417.80	1	1.2B	3R	\$168.00
007	BLANK	Add for Clear Coat						1.2R	\$48.00
008	BLANK	Add for Underside(Complete)						1.5R	\$60.00
009*	RR	RT Hinge	N	M1PZ16796A	\$71.02	1	0.6B	0.3R	\$36.00
010	BLANK	Add for Clear Coat						0.1R	\$4.00
011		FENDER							
012*	RPR	RT Fender					2B	2R	\$160.00
013	BLANK	Overlap Major Adj. Panel						-0.4R	(\$16.00)
014	BLANK	Add for Clear Coat						0.3R	\$12.00
015	BLANK	Add for Edging						0.5R	\$20.00
016	RI	RT Fender liner 1.5 liter					0B		
017*	RI	RT Wheel opng mldg					0.3B		\$12.00
018	RI	RT Grille w/o black pkg type 1					0.1B		\$4.00
019		FRONT DOOR							
020*	BLND	RT Door shell						1.1R	\$44.00
021*	BLANK	DETRIM MOLDINGS					1.5B		\$60.00
022	RR	Decal "BIG BEND"	N	M1PZ16720B	\$59.62	1	0.2B		\$8.00
023		VEHICLE DIAGNOSTICS							
024*	SUB	Post-repair scan			\$85.00		0B		
025*	SUB	Hazardous waste removal			\$3.00		0B		
026*	RR	Cover Car			\$5.00		0B		

Totals**Parts**

Part	SubTotal	Adj%	Adj\$	Total
Parts - New	\$1,548.44	-25	(\$387.12)	\$1,161.32
				\$1,161.32

Labor

Type	Additional Labor	Rate	Hours	Total
Labor - Body		\$40.00	6.6	\$264.00
Labor - Refinish		\$40.00	9.6	\$384.00
Labors Total				\$648.00

Materials

Materials - Blend	\$29.70
Materials - Paint	\$186.30
Materials - 2 Stage Paint Materials	\$43.20
	\$259.20
Miscellaneous	
Other - Additional Cost	\$5.00
Other - Sublet	\$88.00
	\$5.00
Adjustment	
Total Claim Before Taxes	\$2,161.53
Total Transaction Amount	\$2,161.53
Supplemental	\$23.22
Insurance Pay	\$2,161.53
Discount Amount	\$387.11
	\$2,161.53

Op Codes	
RREP	Operation - Remove and Repair
RIST	Operation - Repair First, else Replace
REDO	Operation - Redo
CG	Operation - Chip Guard
TT	Operation - Two Tone
PDR	Operation - Paintless Dent Repair
RPR	Operation - Repair
PRPR	Operation - Repair, Partial
RR	Operation - Remove/Replace
RRP	Operation - Remove/Replace, Partial
ADC	Operation - Additional Costs
ADO	Operation - Additional Operations
BLND	Operation - Blend
SUB	Operation - Sublet
RPD	Operation - Related Prior Damage
AA	Operation - Appearance Allowance
BLANK	Operation - Blank
RFRP	Operation - Refinish/Repair
RI	Operation - Remove/Install
ARP	Operation - Additional Repair
ALGN	Operation - Alignment
O/H	Operation - Overhaul
REF	Operation - Refinish
INSP	Operation - Inspect
C/AJ	Operation - Check/Adjust
UPD	Operation - Unrelated Prior Damage
RI	Operation - Remove and Reinstall
Part Type Codes	
A	Parts - Aftermarket
C	Parts - Re-chromed
E	Parts - Existing
L	Parts - Recycled
M	Parts - Remanufactured
N	Parts - New
P	Parts - New, partial
R	Parts - Re-cored
GL	Glass
Labor Codes	
R	Labor - Refinish
S	Labor - Structural
U	User Defined Labor
U	User Defined Labor 1

U	User Defined Labor 2
U	User Defined Labor 3
U	User Defined Labor 4
B	Labor - Body
D	Labor - Diagnostic
E	Labor - Electrical
F	Labor - Frame
G	Labor - Glass
M	Labor - Mechanical



Accident Report Summary as of 05/12/2025 10:50

Claim #: 22513847 Ticket: 82J83T Pickup Date: May 01, 2025 Return Date: Protections: Unit #: License Plate #:
 YMMS: 2025 FORD BSPT BBEN VIN: Color: GRAY MED Odometer: 4163

Loss Info

Date of Incident: 05/12/2025

Amount Owed:

Status: On Rent

Police Report #:

Department Name:

Precinct:

Incident Details: SMITTY HILL REPORTED A TREE FELL ON THE VEHICLE CAUSING HOOD AND RT FENDER DMG. AWARE RESPONSIBLE.

1st Party Info

Renter Information

SHAWN GCSO
 ***** ** ***** USA

Renter Insurer: GOVERNMENT

Policy Number: GCSO

Claim Number: SELF

Damages

Hood : Scratch | Passenger Fender : Dent | Passenger Fender : Scratch | Hood : Dent | Hood : Alignment

The undersigned acknowledges that the damage described in this Loss Damage Report occurred during the Rental Period. Renter accepted responsibility in the Rental Agreement for any damage or loss regardless of fault or negligence if Renter declined Damage Waiver or Damage Waiver does not apply. If an amount is charged on the Renter's credit or debit card for damage or loss, Renter acknowledges receiving notice of the dollar amount, that the charge may be a partial payment and that the payment was voluntary. Renter acknowledges they have reviewed and agree to the Loss Damage Report and may receive a copy upon request..

Customer Signature



Overview of Claims Process

We know vehicle damage can occur many ways, often by other parties. Our goal is to bring this matter to conclusion with minimum inconvenience to you, so we can serve your future rental needs. Going forward, the Damage Recovery Unit (DRU) will be handling the claim. We appreciate your assistance and cooperation.

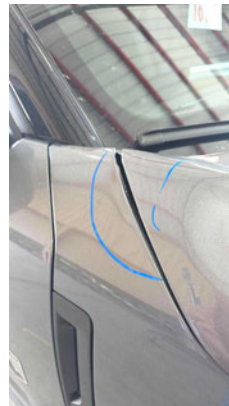
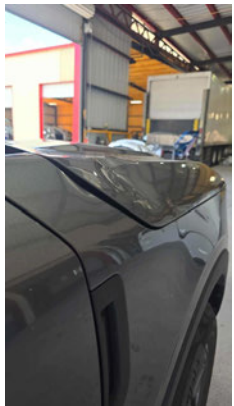
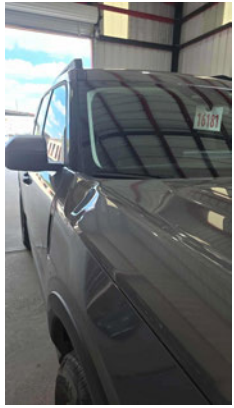
Following is a brief overview of our claims process.

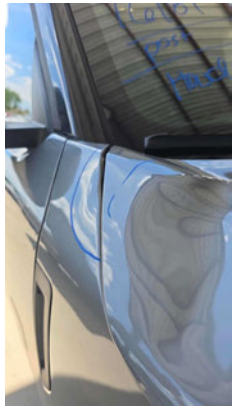
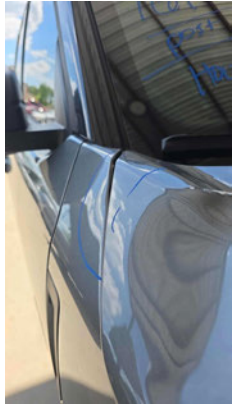
- If Damage Waiver (DW) has been purchased and applies you will not be receiving a bill for damages. You may however be contacted to confirm facts of loss and to obtain a statement.
- If you owe for damages you do have the option of paying out of pocket or reporting your claim to your insurance carrier or credit card company. If you are going to report the claim you should do so as soon as the incident occurs as many carriers and credit card companies have limitations on how long you can wait to report a claim. After reporting please make sure you contact the DRU (see contact below) with the pertinent claim information. You may be responsible for your deductible and/or expenses not covered by your policy or credit card.
- When body or paint work is necessary, we will obtain an estimate from an independent repair vendor.
- The repair rates we receive reflect fleet volume pricing, and we review every estimate for accuracy.
- Once we determine the final amount of repair, we will send you the estimate and pictures. You should expect to receive billing within 60 days of returning the vehicle.
- You may receive a bill for damages even if there is another party who is at fault for the accident. Our goal is to make sure that everyone understands the damage amount. This will be important if the at fault party refuses to pay or accept liability for the damages. In this situation the financial responsibility for the damages ultimately resides with the renter.
- You may also be contacted by RCS, or Claims Pro regarding the accident. These companies investigate claims where liability may be an issue. It is expected that you cooperate with their investigation and assist with the resolution of the liability investigation and claim.

If you have a question or concerns, please contact us immediately! We will route your inquiry to the appropriate party to resolve your question or concern.

Contact Information

Claim Number	Phone Number	Email Address
22513847	8663004407	DRU3@ehi.com





Galveston County Sheriff's Office

Incident Case Number: 25-00001138

Reporting Agency: Galveston County Sheriff's

Print Date/Time: 06/25/2025 14:35:25

Disclaimer: The information contained within this report is reflective of the investigation at the date and time of its printing.

I N C I D E N T D A T A	Agency Name <i>Galveston County Sheriff's Office</i>		INCIDENT/INVESTIGATION REPORT				Case# <i>25-00001138</i>																																								
	ORI <i>TX 0840000</i>						Date / Time Reported <i>03/24/2025 03:35 Mon</i>																																								
	Location of Incident <i>12021 21ST ST, Santa Fe TX 77510</i>		Gang Relat NO	Premise Type <i>Residence/home</i>	Agency/Beat SFPD, HWY6		Last Known Secure <i>03/24/2025 03:35 Mon</i>																																								
							At Found <i>03/24/2025 03:35 Mon</i>																																								
M O	#1	Crime Incident(s) <i>Fleet Damage FLEET</i>		(Com)	Weapon / Tools			Activity																																							
					Entry			Exit	Security																																						
					Weapon / Tools			Activity																																							
					Entry			Exit	Security																																						
					Weapon / Tools			Activity																																							
					Entry			Exit	Security																																						
V I C T I M	# of Victims <i>0</i>		Type:		Injury:																																										
	V1	Victim/Business Name (Last, First, Middle)				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status																																			
						Age																																									
		Home Address					Email					Home Phone																																			
		Employer Name/Address					Business Phone					Mobile Phone																																			
		VYR	Make	Model	Style	Color	Lic/Lis	VIN																																							
O T H E R I N V O L V E D	CODES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim)																																														
	Type:		Injury:																																												
	Code	Name (Last, First, Middle)				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status																																			
					Age																																										
	Home Address					Email					Home Phone																																				
	Employer Name/Address					Business Phone					Mobile Phone																																				
P R O P E R T Y	Type:		Injury:																																												
	Code	Name (Last, First, Middle)				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status																																			
					Age																																										
	Home Address					Email					Home Phone																																				
	Employer Name/Address					Business Phone					Mobile Phone																																				
	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)																																														
	VI #	Code	Status Frm To	Value	OJ	QTY	Property Description		Make/Model		Serial Number																																				
		82	4	\$0.00		1	2025 GRY, [REDACTED]		FORD		[REDACTED]																																				
Status	Officer/ID# <i>PEARCY, B. (SCU, SCU) (7613)</i>					Invest ID# <i>(0)</i>							Supervisor <i>FASOLINO, S. T. (SCU, CID) (8604)</i>																																		
	Complainant Signature					Case Status Information Only <i>03/26/2025</i>					Case Disposition:					Page 2																															
R_CS11BR												Printed By: HILLS,												Sys#: 211315												06/25/2025 14:35											

INCIDENT/INVESTIGATION REPORT

Galveston County Sheriff's Office

Case # 25-00001138

Status Codes	1 = None	2 = Burned	3 = Counterfeit / Forged	4 = Damaged / Vandalized	5 = Recovered	6 = Seized	7 = Stolen	8 = Unknown
D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity		
Assisting Officers								

Suspect Hate / Bias Motivated: UNKNOWN (NO BIAS)

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 25-00001138

Galveston County Sheriff's Office

NARRATIVE

Synopsis:

This report will document fleet damage sustained during a strong storm, the vehicle was parked and unoccupied in a driveway.

REPORTING OFFICER NARRATIVE

Galveston County Sheriff's Office

		OCA 25-00001138
Victim	Offense <i>FLEET DAMAGE</i>	Date / Time Reported <i>Mon 03/24/2025 03:35</i>

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Details:

On 3/24/2025 at approximately 0335hrs, Galveston County Sheriff's Office fleet rental unit L3/3997 was struck by a tree limb that fell during a thunderstorm with strong winds. Unit L3 is a silver in color 2025 Ford Bronco bearing TXLP: [REDACTED], the registered owner is EAN HOLDINGS, LLC, 14002 EAST 21ST STREET, SUITE 1500, TULSA, OK 74134. The vehicle was parked in a residential driveway located at 12021 21st St, Santa Fe, Tx 77510.

The vehicle is still operational and did not sustain damage that would prevent the normal use of the vehicle.

Disposition:

Closed/Cleared

Incident Report Related Vehicle List

Galveston County Sheriff's Office

OCA: 25-00001138

1	VehYr/Make/Model <i>2025 FORD</i>				Style <i>LL</i>		Color <i>GRY</i>		Lic/Lis [REDACTED]		VIN [REDACTED]		
	IBR Status <i>Destroyed/damaged/vandaliz</i>				Date <i>03/24/2025</i>		Location <i>12021 21ST ST, SANTA FE TX</i>						
	Condition			Value <i>\$0.00</i>			Offense Code <i>9907</i>		Jurisdiction <i>Locally</i>		State #		NIC #
	Name (Last, First, Middle) <i>* No name *</i>						Also Known As				Home Address		
	Business Address												
DOB		Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features						

Notes

EAN HOLDINGS, LLC, 21503 SPRING PLAZA DR, SPRING, TX 773881345 (346) 331-6500

RENTAL AGREEMENT REF#
127060 867H9M

RENTER
GCSO, SHAWN

DATE & TIME OUT
05/01/2025 07:00 AM
DATE & TIME IN
06/01/2025 07:00 AM

BILLING CYCLE
24-HOUR

SUMMARY OF CHARGES

CAR CLASS CHARGED
SPAR

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	05/02 - 06/01	1	MONTH	\$909.52	\$909.52
Subtotal:					\$909.52
Total Charges:					\$909.52

VEH #2 2024 TOYO TACC GSR2
VIN# [REDACTED]
LIC# [REDACTED]
MILES DRIVEN 100
CAR CLASS: SPAR

Bill-To / Deposits
GALVESTON COUNTY SHERIFF
TIME & DISTANCE 05/02 - 06/01 1 MONTH
Subtotal: (\$909.52)

VEH #1 2025 FORD BSPT BBEN
VIN# [REDACTED]
LIC# [REDACTED]
MILES DRIVEN 636
CAR CLASS: IFDR

Total Estimated Amount Due \$0.00

PAYMENT INFORMATION
AMOUNT PAID TYPE

CREDIT CARD NUMBER

RATE SOURCE ACCOUNT
GALVESTON COUNTY SHERIFF

BILL TO ACCOUNT
GALVESTON COUNTY SHERIFF
ATTN: UNKNOWN
601 54TH ST
GALVESTON, TX 77551

CLAIM INFO
F403298

enterprise

New Vehicle Information

Enterprise Unit Number

VIN Number

Year

Model

Beginning Mileage

Damage Notes

License Number

2024

RAV 4

11,100

Make

TOYOTA

Color

SILVER

Fuel

F

CONDITION INSPECTED

LG

Return Unit Only

Enterprise Unit Number

VIN Number

Year

Model

Ending Mileage

Damage Notes

License Number

2025

BRONCO

41636

Make

FORD

Color

GRAY

Fuel

F

HOOD / RT OT HANGING (TREE FELL ON VEHICLE)

CONDITION INSPECTED

LG

Agency:

GCSO

Accepted By:

Signature

Smitty Hill

Print

Phone #

409-354-9366

Enterprise Agent :

Signature

Joe E. McHenry

DATE: 5.12.2025

TIME:

TICKET:

82J83T