

★ 4.7 / 5.0 80 Verified Reviews

♥ 200 Customer Favorites

01/25/2022 129,305

Timmons Subaru
Long Beach, CA
888-496-9707



Vehicle serviced

- Oil and filter changed
- Tire condition and pressure checked
- Tires rotated
- Vehicle washed/detailed

★ 4.7 / 5.0 80 Verified Reviews

♥ 200 Customer Favorites

01/26/2022 129,347

East Long Beach Brake Service
Long Beach, CA
562-438-1658



Vehicle serviced

- Brake rotor(s) resurfaced
- Rear brake pads replaced
- Rear brake rotor(s) resurfaced

★ 4.8 / 5.0 5 Verified Reviews

06/17/2022

Damage Report



Accident reported

12/06/2022 133,074

California
Inspection Station

Passed emissions inspection

12/09/2024 135,932

Arizona
Inspection Station
Maricopa County

Passed emissions inspection

Owner 2
Purchased: 2024

Personal Vehicle

Date	Mileage	Source	Comments
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12/10/2024		Arizona Motor Vehicle Dept. Phoenix, AZ	Title issued or updated - Title or registration issued - New owner reported
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02/10/2025	136,308	BRAKES PLUS #202 Phoenix, AZ 480-785-7700 ★ 4.7 / 5.0 278 Verified Reviews ♥ 123 Customer Favorites	 Vehicle serviced - Oil and filter changed
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05/12/2025		Arizona Motor Vehicle Dept. Phoenix, AZ	Registration issued or renewed
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Have Questions? Please visit our Help Center at www.carfax.com.

CARFAX Glossary

6/17/22 Accident

Accident Indicator

CARFAX receives information about accidents in all 50 states, the District of Columbia and Canada.

Not every accident is reported to CARFAX. As details about the accident become available, those additional details are added to the CARFAX Vehicle History Report. CARFAX recommends that you have this vehicle inspected by a qualified mechanic.

- According to the National Safety Council, Injury Facts, 2021 edition, 5% of the 276 million registered vehicles in the U.S. were involved in an accident in 2019. Over 77% of these were considered minor or moderate.
- This CARFAX Vehicle History Report is based only on information supplied to CARFAX and available as of 3/26/26 at 4:22:57 PM (CDT). Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.

First Owner

When the first owner(s) obtains a title from a Department of Motor Vehicles as proof of ownership.

New Owner Reported

When a vehicle is sold to a new owner, the Title must be transferred to the new owner(s) at a Department of Motor Vehicles.

Ownership History

CARFAX defines an owner as an individual or business that possesses and uses a vehicle. Not all title transactions represent changes in ownership. To provide estimated number of owners, CARFAX proprietary technology analyzes all the events in a vehicle history. Estimated ownership is available for vehicles manufactured after 1991 and titled solely in the US including Puerto Rico. Dealers sometimes opt to take ownership of a vehicle and are required to in the following states: Maine, Massachusetts, New Jersey, Ohio, Oklahoma, Pennsylvania and South Dakota. Please consider this as you review a vehicle's estimated ownership history.

Title Issued

STATE OF CALIFORNIA - LONG BEACH POLICE DEPARTMENT
 TRAFFIC COLLISION NARRATIVE / SUPPLEMENTAL

CHP 556

DATE OF INCIDENT 6/17/2022	TIME 1419	NCIC NUMBER 1941	OFFICER I.D. 11015	LBPDR NUMBER 22-29640
CITY/COUNTY/JUDICIAL DISTRICT Long Beach/Los Angeles/Long Beach		LOCATION Pacific Coast Highway/Traffic Circle		

1 **DISPATCH**

2
 3 On 6/17/2022 at approximately 1423 hours, I (Officer M. Castillo #11015) was working uniformed
 4 patrol as Unit 2B12. I assisted Unit 2B14 (Officer A. Wolfe # 11380) at 4400 Outer Traffic Circle
 5 regarding an injury traffic accident (call #1023).

6
 7 **SCENE**

8
 9 The collision occurred at the intersection of Pacific Coast Highway and the Traffic Circle. Pacific
 10 Coast Highway is an east/west street with three lanes of traffic in each direction.
 11
 12 Unit 2C14 (Officer K. Ruedas #10954) and Unit 2B13 (Officer J. Guillen #11366) assisted on the call.
 13 Long Beach Fire Department Engine 17 arrived on scene.

14
 15 **UPON ARRIVAL**

16
 17 Upon arrival, both parties had moved their vehicles to Pacific Coast Highway and Outer Traffic Circle.
 18 Officer Wolf was contacting P2 (Regardo Guzman). Officer Guillen contacted the rear passenger in
 19 V2 (white 2020 Ram Sunset CA license plate #63582B3). V2 had minor damage to the rear bumper.
 20 Officer Ruedas contacted P1 (Michael Gerard Botsko). P1 had minor damage to the front bumper.

21
 22 **STATEMENTS**

23
 24 **MICHAEL GERARD BOTSKO (P1) STATEMENT**

25
 26 Officer Ruedas interviewed P1. P1 stated the following:

PREPARED BY M. Castillo	I.D. NUMBER 11015	DATE 6/20/2022	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA - LONG BEACH POLICE DEPARTMENT
TRAFFIC COLLISION NARRATIVE / SUPPLEMENTAL

CHP 556

DATE OF INCIDENT 6/17/2022	TIME 1419	NCIC NUMBER 1941	OFFICER I.D. 11015	LBPD DR NUMBER 22-29640
CITY/COUNTY/JUDICIAL DISTRICT Long Beach/Los Angeles/Long Beach		LOCATION Pacific Coast Highway/Traffic Circle		

- 1 P1 was driving eastbound on Pacific Coast Highway (unknown lane) approaching the Traffic Circle.
- 2 P1 saw P2 proceed forward and P1 followed at approximately 3 MPH. P1 saw P2 suddenly stop and
- 3 P1 rear-ended P2.

- 4
- 5 P1 did not have any complaint of pain.
- 6
- 7 P1 was given a Report Receipt.

9 **REGALADO GUZMAN (P2) STATEMENT**

- 10
- 11 Officer Wolf interviewed P2 and he stated the following:
- 12
- 13 It should be noted V2 is a company vehicle. P2 had a patient (Acosta) inside his vehicle.
- 14
- 15 P2 stated he was traveling eastbound on Pacific Coast Highway approaching the traffic circle
- 16 (unknown lane). P1 was stopped and waiting for traffic to clear, when he suddenly felt an impact from
- 17 the rear of his vehicle.
- 18
- 19 P2 did not have any complaint of pain.
- 20
- 21 P2 was given a Report Receipt.

23 **ALBERT DANIEL ACOSTA (P2-REAR PASSENGER) STATEMENT**

- 24
- 25 Officer Guillen interviewed the rear passenger from P2, he stated the following:
- 26
- 27 Acosta was sitting in seat #6. Acosta stated he did not witness the traffic collision he only felt the
- 28 impact of the collision. Acosta had pain to his back.

PREPARED BY M. Castillo	I.D. NUMBER 11015	DATE 6/20/2022	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA - LONG BEACH POLICE DEPARTMENT
TRAFFIC COLLISION NARRATIVE / SUPPLEMENTAL

CHP 556

DATE OF INCIDENT 6/17/2022	TIME 1419	NCIC NUMBER 1941	OFFICER I.D. 11015	LBPDR NUMBER 22-29640
CITY/COUNTY/JUDICIAL DISTRICT Long Beach/Los Angeles/Long Beach		LOCATION Pacific Coast Highway/Traffic Circle		

- 1
- 2 Long Beach Fire Department Engine 17 medically assessed Acosta on scene. Acosta refused to be
- 3 transported to the hospital.
- 4 **CONCLUSION**
- 5
- 6 Based on the statements provided I determined that P1 was at fault for this collision. P1 was in
- 7 violation for 21703 VC (following too close). P1 and P2 both drove their vehicle off the scene without
- 8 any incident.
- 9
- 10 All parties were provided with a Report Receipt.
- 11
- 12 No independent witnesses were located.
- 13

PREPARED BY M. Castillo	I.D. NUMBER 11015	DATE 6/20/2022	REVIEWER'S NAME	DATE
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TRAFFIC COLLISION REPORT

PARTY #	BOOKING OR CITE NO.	NO INJ	H & R MISO	CITY OF LONG BEACH	CPD	LBPD No. 22-29640
PARTY #		NO. KILLED	H & R FELONY			

LOCATION	COLLISION OCCURRED ON				MO.	DATE DAY	YR	TIME (2400)	NCIC NO.	OFFICER I.D. NO.
	PACIFIC COAST HIGHWAY				6	17	22	1419	1941	11016

1	AT INTERSECTION WITH	TRAFFIC CIRCLE	S	M	T	W	T	O	S		
2	OR	FEET/MILES	OF	STATE		CLASS	SAFETY EQUIP	VEH YR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP	VEH YR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
	B6102167	CA	C	GM 2014	2010	XV / Gray	7D1K65W CA	

DRIVER	NAME (FIRST, MIDDLE, LAST)	OWNER'S NAME	<input type="checkbox"/> SAME AS DRIVER
	MICHAEL GUARDO BUTSKO	MARK VAN BUSHKING	

PEDESTRIAN	STREET ADDRESS	OWNER'S ADDRESS	<input checked="" type="checkbox"/> SAME AS DRIVER
	245 ORIZABA AVE		

PARKED VEHICLE	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON ORDERS OF:	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DRIVER	<input type="checkbox"/> OTHER
	LONG BEACH CA 90802	DRIVE OFF SCENE			

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE
	M	BRN	BRN	5'10"	195	4	8	61	W

OTHER	HOME PHONE	BUSINESS PHONE	PRIOR MECHANICAL DEFECTS:	NONE APPARENT	<input checked="" type="checkbox"/>
	(310) 962-0225		VIOLETION CHARGED	VEHICLE DAMAGE	

INSURANCE CARRIER	POLICY NUMBER	1.	UNK	MOD.	SHADE IN DAMAGED AREA
STATEFARM	257-2297-802-75K	21203UC	NONE	MAJOR	

DIRECTION OF TRAVEL	ON/CROSS (STREET OR HIGHWAY)	LANE	SPEED LIMIT	2.	MINOR	TOTAL
E	PACIFIC COAST HWY	W				

PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP	VEH YR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
	A6047300	CA	C	GM 2020	2020	RAM / SUNSET / WHI	6358063 CA	

DRIVER	NAME (FIRST, MIDDLE, LAST)	OWNER'S NAME	<input type="checkbox"/> SAME AS DRIVER
	REGALADO GUZMAN	SAFE AND RELIABLE USED TRANS.	

PEDESTRIAN	STREET ADDRESS	OWNER'S ADDRESS	<input type="checkbox"/> SAME AS DRIVER
	17723 WOODRUFF AVE #2	26611 LA QUIKA LANE, MESA, AZ	

PARKED VEHICLE	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON ORDERS OF:	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DRIVER	<input type="checkbox"/> OTHER
	BELLFLOWER CA 90706	DRIVE OFF SCENE			

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE
	M	BLK	BRN	5'5"	175	5	13	62	O

OTHER	HOME PHONE	BUSINESS PHONE	PRIOR MECHANICAL DEFECTS:	NONE APPARENT	<input checked="" type="checkbox"/>
	(922) 318-9197		VIOLETION CHARGED	VEHICLE DAMAGE	

INSURANCE CARRIER	POLICY NUMBER	1.	UNK	MOD.	SHADE IN DAMAGED AREA
PROGRESSIVE	009921662		NONE	MAJOR	

DIRECTION OF TRAVEL	ON/CROSS (STREET OR HIGHWAY)	LANE	SPEED LIMIT	2.	MINOR	TOTAL
W	PACIFIC COAST HWY					

PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP	VEH YR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

DRIVER	NAME (FIRST, MIDDLE, LAST)	OWNER'S NAME	<input type="checkbox"/> SAME AS DRIVER

PEDESTRIAN	STREET ADDRESS	OWNER'S ADDRESS	<input type="checkbox"/> SAME AS DRIVER

PARKED VEHICLE	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON ORDERS OF:	<input type="checkbox"/> OFFICER	<input type="checkbox"/> DRIVER	<input type="checkbox"/> OTHER

BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE

OTHER	HOME PHONE	BUSINESS PHONE	PRIOR MECHANICAL DEFECTS:	NONE APPARENT	<input type="checkbox"/>
			VIOLETION CHARGED	VEHICLE DAMAGE	

INSURANCE CARRIER	POLICY NUMBER	1.	UNK	MOD.	SHADE IN DAMAGED AREA
			NONE	MAJOR	

DIRECTION OF TRAVEL	ON/CROSS (STREET OR HIGHWAY)	LANE	SPEED LIMIT	2.	MINOR	TOTAL

PROPERTY DAMAGE	DESCRIPTION OF DAMAGE	ADDRESS	NOTIFIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CONFIDENTIAL

DO NOT REPRODUCE OR GIVE TO ANYONE EXCEPT THE CALIFORNIA JUSTICE SYSTEM

5685

HIT & RUN SUSP. INFORMATION	S-1	SEX	RACE	AGE/DOB	HEIGHT	WEIGHT	HAIR	EYES	COMPL.	CLOTHING
	NAME & ADDRESS IDENTIFYING MARKS & CHARACTERISTICS (IF ARRESTED SUSPS. FULL NAME & BK. NO. ONLY)									
	SUSP. VEH.	OTHER IDENTIFYING FEATURES								

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER (*) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES			TYPE OF VEHICLE			MOVEMENT PRECEDING COLLISION		
	1	2	3	1	2	3	1	2	3
* A VC SECTION VIOLATED <i>CITED</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A CONTROLS FUNCTIONING			A PASSENGER CAR/STA. WGN.			A STOPPED		
* B OTHER IMPROPER DRIVING* OFF HIGHWAY	B CONTROLS NOT FUNCTIONING*	X	X	B PASSENGER CAR W/TRAILER		X	B PROCEEDING STRAIGHT		
C OTHER THAN DRIVER*	C CONTROLS OBSCURED			C MOTORCYCLE/SCOOTER		X	C RAN OFF ROAD		
D UNKNOWN*	D NO CONTROLS PRESENT/FACTOR*			D PICKUP/PANEL TRUCK			D MAKING RIGHT TURN		
* E FELL ASLEEP*	TYPE OF COLLISION*			E PICKUP/PANEL TRUCK W/TLR.			E MAKING LEFT TURN		
WEATHER (MARK 1 TO 2 ITEMS)									
* A CLEAR	A HEAD-ON			F TRUCK OR TRUCK TRACTOR			F MAKING U TURN		
B CLOUDY	B SIDESWIPE			G TRK/TRK. TRACTOR W/TLR.			G BACKING		
E FOG/VISIBILITY FT.	C REAR END			H SCHOOL BUS			H SLOWING/STOPPING		
F OTHER*	D BROADSIDE			I OTHER BUS			I PASSING OTHER VEHICLE		
G WIND	E HIT OBJECT			J EMERGENCY VEHICLE			J CHANGING LANES		
LIGHTING									
* A DAYLIGHT	F OVERTURNED			K HWY. CONST. EQUIPMENT			K PARKING MANUEVER		
B DUSK - DAWN	G VEHICLE/PEDESTRIAN			L BICYCLE			L ENTERING TRAFFIC		
C DARK - STREETLIGHTS*	H OTHER*			M OTHER VEHICLE			M OTHER UNSAFE TURNING		
D DARK - NO STREETLIGHTS	MOTOR VEHICLE INVOLVED WITH			N PEDESTRIAN			N XING INTO OPPOSING LANE		
E DARK - STREETLIGHTS NOT FUNCTIONING*	A NON-COLLISION			O MOPEB			O PARKED		
ROADWAY SURFACE									
* A DRY	B PEDESTRIAN			OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)					
B WET	C OTHER MOTOR VEHICLE			A VC SECTION VIOLATION: <i>CITED</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			R OTHER*		
C SNOWY - IGY	D MOTOR VEH. ON OTHER ROADWAY			B VC SECTION VIOLATION: <i>CITED</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			SOBRIETY/DRUG PHYSICAL (MARK 1 TO 2 ITEMS)		
D SLIPPERY (MUDDY, OILY, ETC.)	E PARKED MOTOR VEHICLE			C VC SECTION VIOLATION: <i>CITED</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			A HAD NOT BEEN DRINKING		
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)									
A HOLES, DEEP RUTS*	F TRAIN			D			B HBD - UNDER INFLUENCE		
B LOOSE MATERIAL ON RDWY*	G BICYCLE			E VISION OBSCUREMENT			C HBD - NOT UNDER INFLU.		
C OBSTRUCTION ON ROADWAY*	H ANIMAL:			F INATTENTION*			D HBD - IMPAIRMENT UNK.*		
D CONSTRUCTION - REPAIR ZONE	I FIXED OBJECT:			G STOP & GO TRAFFIC			E UNDER DRUG INFLU.*		
E REDUCED ROADWAY WIDTH	J OTHER OBJECT:			H ENTERING/LEAVING RAMP*			F IMPAIRMENT - PHYSICAL		
F FLOODED*	PEDESTRIAN'S ACTION:			I PREVIOUS COLLISION			G IMPAIRMENT NOT KNOWN		
G OTHER*	A NO PEDESTRIAN INVOLVED			J UNFAMILIAR WITH ROAD*			H NOT APPLICABLE		
NO UNUSUAL CONDITIONS									
SKETCH									
VEHICLES MAJOR SCENE									
POINT OF IMPACT: (DETERMINED BY)									
CURB COLLISION OCCURRED ON (ST. NAME)									
ST. A/E, ETO, N.E.S.W.									
CURB CROSS STREET (ST. NAME)									
ST. AV, ETC, N.E.S.W., JOG. CIR., WIDTH									
TYPE OF CPD VEH OR EOP. #									
DESCRIBE ITEM AND DAMAGE									
DEPT. NAME									
SKID MARKS									
R/F L/F R/R L/R									
INVESTIGATED BY: <i>CRUZ</i>									
I.D. NUMBER: <i>105</i> DIV/W: <i>512</i>									
INVESTIGATED BY									
I.D. NUMBER DIV/W REVIEWED BY									

TO: 10:50 AM 05/07/2012

STATEMENTS VEHICLES MAJOR SCENE

NARRATIVE/SUPPLEMENTAL		CHECK ONE <input type="checkbox"/> NARRATIVE <input type="checkbox"/> SUPPLEMENTAL		CHECK ONE <input type="checkbox"/> COLLISION REPORT <input type="checkbox"/> OTHER	
DATE OF ORIGINAL INCIDENT		TIME (2400)	NOIC NUMBER 1941	OFFICER NO.	L.B.P.D. NUMBER
MC	DAY	YR.	REPORTING DISTRICT/BEAT		CITATION NUMBER
CITY COUNTY/JUDICIAL DISTRICT					
LOCATION/SUBJECT					
DATE REPORTED			TIME OF DISPATCH (2400)	TIME OF ARRIVAL (2400)	
SMTWTFS			MO.	DAY	YR.

DELETE NARRATIVE

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I.D. NUMBER	MO	DAY	YR	REVIEWER'S NAME	MO	DAY	YR
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