

County of Sangamon)
)
State of Illinois)

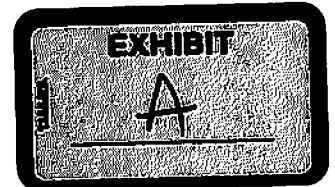
Affidavit

Kevin J. Martin, having been duly sworn and upon oath states as follows:

1. I am the Executive Director of the Illinois Insurance Association and have served in this capacity for over 11 years.
2. The Illinois Insurance Association is a group of approximately 22 property/casualty insurers doing business in the state of Illinois. The business of these property/casualty insurers includes writing automobile insurance policies.
3. The fundamental purpose of automobile insurance is to group policyholders in order to share the risk and associated cost of claims made by and against policyholders.
4. As Executive Director of the Illinois Insurance Association, I am familiar with company practices concerning evaluating risks and costs and charging premiums to policyholders to cover these anticipated risks and costs.
5. Insurance companies evaluate exposure covered by their policies based upon each respective policyholder's characteristics and claims history and the characteristics and claims history of all policyholders within the group and charge premiums to each policyholder to cover the total anticipated cost of claims.
6. Each respective policyholder pays premiums based upon their own characteristics and claims history as well as the claims history and characteristics of other members of the insured group.
7. Towing costs are paid by insurance companies when their automobile insurance policy requires such payments.
8. The amounts paid by insurance companies for towing charges are then factored into the calculation of future premiums to be charged to the respective policyholder involved and to the entire group of policyholders. If insurance companies pay increased towing charges on behalf of their policyholders, the calculation of future premiums for all policyholders of the insured group will reflect this increase.
9. In this way, the risk and cost associated with towing charges is factored into the premiums charged each of the insurance company's policyholders.
10. Further affiant sayeth not.



Kevin J. Martin

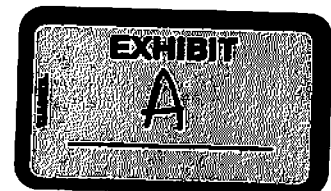


Notary

The undersigned, a notary public in and for the above county and state, certifies that Kevin J. Martin, known to me to be the same person whose name is subscribed to the foregoing document, appeared before me in person and acknowledged signing the instrument as his free and voluntary act for the uses and purposes therein set forth.

1-16-09
Date

Karen L. Nation
Notary Public



STATE OF ILLINOIS
ILLINOIS COMMERCE COMMISSION



October 17, 2008

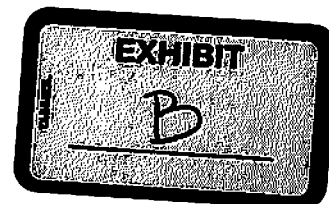
NOTICE TO ALL LICENSED RELOCATION TOWING COMPANIES

Effective October 15, 2008, the Commission entered an Order in case RTV-A-45 granting an increase in towing and storage rates for all licensed relocation towing companies operating under the jurisdiction of the Illinois Commerce Commission.

The reasonable rate for the removal of trespassing vehicles from private property has been increased to \$170 per tow. The storage rate for relocated vehicles has been increased to \$40 per day after the first twenty-four hours. These rates are effective immediately.

Please contact the Commission at (217)782-4702 if further information is required.

Transportation Bureau
Processing and Information Section



LICENSED RELOCATION TOWING COMPANY LISTING

JULY 24, 2008

213 RTV-R
145305 MC
COOK COUNTY

A-1 Citywide Towing and Relocation, Inc. \$125.00 Tow
1716 S. Western 25.00 Storage
Chicago, IL 60608
Representative: Jack Allan
Telephone: 312-829-3697
Fax: 312-8293711

License Expires: 10-04-2009

153 RTV-R
125138 MC
COOK COUNTY

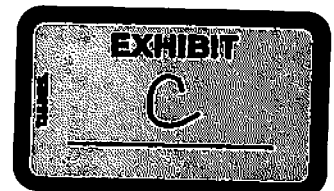
A-1 Towing Emergency Road Service, Inc \$125.00 Tow
1822 Chicago Road 25.00 Storage
Chicago Heights, IL 60411
Representative: Harriet Bowers
Telephone: 708-747-7067
Fax: 708-747-7078

License Expires: 7-10-2008

160 RTV-R
83156 MC
COOK COUNTY

A Kelly's Garage, Inc. d/b/a \$125.00 Tow
Kelly's Truck Center 25.00 Storage
4825 W. Lake Street
Melrose Park, IL 60160
Representative: Diane Henning
Telephone: 708-344-4400
Fax: 708-344-2072

License Expires: 4-23-2010



197 RTV-R

137689 MC

Road America Automotive
3055 W. 131st Street
Blue Island, IL 60406

\$125.00 Tow
25.00 Storage

MAILING ADDRESS:

*7556 W. Sycamore
Orland Park, IL 60462*

COOK COUNTY

Representative: Tareq Al-Hindi
Telephone: 708-824-2760 or 708-389-2388
Fax: 708-389-0687

License Expires: 12-06-2009

127 RTV-R

116370 MC

COOK COUNTY

Robinson Towing, Inc.
1321 South 4th Avenue
Maywood, IL 60153
Representative: Frank Robinson, Jr.
Telephone: 708-681-2281
Fax: 708-681-2702

\$125.00 Tow
25.00 Storage

License Expires: 4-29-2010

183 RTV-R

132624 MC

MAILING ADDRESS:

WINNEBAGO COUNTY

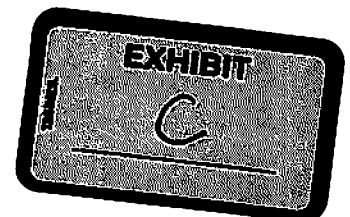
J. A. Schmit, Inc. d/b/a
Rockford Towing
1220 Cedar Street
Rockford, IL 61101

*P.O. Box 15664
Loves Park, IL 61111*

\$125.00 Tow
25.00 Storage

Representative: Kathy Schmit
Telephone: 815-962-6159
Fax: 815-963-0929

License 04-26-2009



Road America Automotive, Inc.



Complete Collision Center
and **24 HOUR Towing**

3055 W. 131st Street
Blue Island, IL 60406

Towing: 708-389-2388
Shop: 708-597-6627
Fax: 708-389-0687

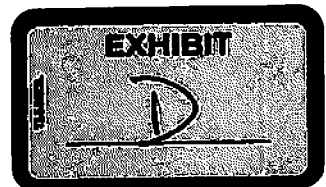
Road America Automotive, Inc.



Complete Collision Center
and **24 HOUR Towing**

3055 W. 131st Street
Blue Island, IL 60406

Towing: 708-389-2388
Shop: 708-597-6627
Fax: 708-389-0687



ILLINOIS COMMERCIAL SAFETY TOWING VEHICLE OWNER/OPERATOR PRE-TOW DISCLOSURE

SAFETY RELOCATOR INFORMATION

Business Name as registered with IL Secretary of State

ROAD AMERICA AUTOMOTIVE, INC.

Date

ILCC Number

137689

Business Address

3055 W. 131st STREET, BLUE ISLAND, IL 60406

Phone

708-389-2388

Address of the location to which the vehicle shall be relocated:

3055 W. 131st STREET, BLUE ISLAND, IL 60406

Pursuant to the Illinois Commercial Safety Towing Law, a commercial vehicle safety relocator shall not commence the towing of a damaged or disabled vehicle without specific authorization from the vehicle owner or operator after the disclosures set forth in this Section. An itemized description of the vehicle owner or operator's rights under this Code, as follows:

NOTIFICATION OF CUSTOMER RIGHTS

"As a customer, you also have the following rights under Illinois law:

- (1) This written disclosure must be provided to you before your vehicle is towed, providing the business name, business address, address where the vehicle will be towed, and a reliable telephone number;
- (2) Before towing, you must be advised of the price of all services;
- (3) Upon your demand, a final invoice itemizing all charges, as well as any damage to the vehicle upon its receipt and return to you, must be provided;
- (4) Upon your demand, your vehicle must be returned during business hours, upon your prompt payment of all reasonable fees;
- (5) You have the right to pay all charges in cash or by major credit card;
- (6) Upon your demand, you must be provided with proof of the existence of mandatory insurance insuring against all risks associated with the transportation and storage of your vehicle."

If the vehicle owner is incapacitated, incompetent, or otherwise unable to knowingly accept receipt of this Disclosure, the commercial vehicle safety relocator shall provide a completed copy of the Disclosure to local law enforcement and, if known, vehicle owner or operator's automobile insurance company.

If the commercial vehicle safety relocator fails to comply with the requirements of the Law, the commercial vehicle safety relocator shall be prohibited from seeking any compensation whatsoever from the vehicle owner or operator, and any contracts entered into by the commercial vehicle safety relocator and the vehicle owner or operator shall be deemed null, void, and unenforceable.

Vehicle Owner/Operator Information (Please PRINT CLEARLY)

Name

Driver's License #

State

815-7454

Address

Phone

Cost of all relocation, storage, and any other fees, without limitation, are to be listed below

TOW	\$	
STORAGE	\$	
CLEAN UP	\$	
WINCHING	\$	
ADMINISTRATIVE FEE	\$	
TRUCK TIME	\$	
EXTRA TRUCK	\$	
AFTER HOURS	\$	
MISC.	\$	
Estimated Disclosure Total		\$

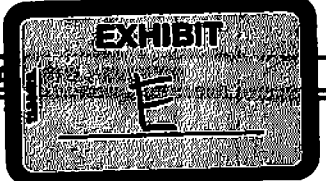
Is the vehicle owner/operator incapacitated? (Circle Yes or No)

Yes Copies of form given to _____ and _____
No (sign below) _____ Police Agency _____ Insurance Co _____

Owner/Operator _____ Date _____ Time _____

Tow Truck Driver _____

If you wish to file a complaint, complete and submit the Complaint Form



ILLINOIS COMMERCIAL SAFETY TOWING VEHICLE OWNER/OPERATOR PRE-TOW DISCLOSURE

PONTIAC G4
CL#
609489783015

SAFETY RELOCATOR INFORMATION	
Business Name as registered with IL Secretary of State ROAD AMERICA AUTOMOTIVE, INC.	Date 10-26-08 ILCC Number 137689
Business Address 3055 W. 131st STREET, BLUE ISLAND, IL 60406	Phone 708-389-2388
Address of the location to which this vehicle shall be relocated: 3055 W. 131st STREET, BLUE ISLAND, IL 60406	

Pursuant to the Illinois Commercial Safety Towing Law, a commercial vehicle safety locator shall not commence the towing of a damaged or disabled vehicle without specific authorization from the vehicle owner or operator after the disclosures set forth in this Section. An itemized description of the vehicle owner or operator's rights under this Code, as follows:

NOTIFICATION OF CUSTOMER RIGHTS

"As a customer, you also have the following rights under Illinois law:

- (1) This written disclosure must be provided to you before your vehicle is towed, providing the business name, business address, address where the vehicle will be towed, and a reliable telephone number;
- (2) Before towing, you must be advised of the price of all services;
- (3) Upon your demand, a final invoice itemizing all charges, as well as any damage to the vehicle upon its receipt and return to you, must be provided;
- (4) Upon your demand, your vehicle must be returned during business hours, upon your prompt payment of all reasonable fees;
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If the commercial vehicle safety locator fails to comply with the requirements of the Law, the commercial vehicle safety locator shall be prohibited from seeking any compensation whatsoever from the vehicle owner or operator, and any contracts entered into by the commercial vehicle safety locator and the vehicle owner or operator shall be deemed null, void, and unenforceable.

Vehicle Owner/Operator Information (Please PRINT CLEARLY)

Name: **Ruby E. STEVENS** Driver's License #: **S315-7454** State: **IL**

Address: **314 E 83rd Street** Phone: **773 873-9897** **773 3194230**

Cost of all relocation, storage, and any other fees, without limitation, are to be listed below

TOW	\$ <u>350</u>
STORAGE	\$ _____
CLEAN UP	\$ <u>225</u>
WINCHING	\$ <u>370</u>
ADMINISTRATIVE FEE	\$ <u>100</u>
TRUCK TIME	\$ <u>150</u>
EXTRA TRUCK	\$ _____
AFTER HOURS	\$ _____
MISC.	\$ _____
Estimated Disclosure Total \$ _____	

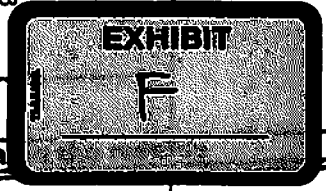
Is the vehicle owner/operator incapacitated? (Circle Yes or No)

Yes Copies of form given to: _____ and _____
Police Agency Insurance Co

No (sign below)

Owner/Operator: Ruby Stevens Date: 10-26-08 Time: _____

Tow Truck Driver: Sal



If you wish to file a complaint, complete and submit the Complaint Form

ILLINOIS COMMERCIAL SAFETY TOWING POST-TOW FINAL INVOICE

Date of Invoice
12-26-08

Invoice Number

Business Name as Registered with IL Secretary of State
ROAD AMERICA-AUTOMOTIVE, INC

Phone
708-389-2888

Business Address
3055 W. 97th Street, Blue Island, IL 60406

IL License Number
137889

Year 08	Make PONTIAC	Model GLU	Color gray	License Plate # 930-9620	Year	Mileage
-------------------	------------------------	---------------------	----------------------	------------------------------------	------	---------

VIN:

Claimant's Name
RUBY E STEVENS

Driver's License #

Claimant's Address
314 E. 87th Street Chgo IL

Date Released
12-29-08

Time Released
am/pm

Released By
OWNER

NONE

ACCIDENT

Yes No

TOW CHARGE:	\$ 350.00
Storage Charge: \$50.00 per day	\$ 350.00
CLEAN UP CHARGE:	\$
Wrench-charge:	\$
Admin-charge:	\$
Labor charge:	\$
TRUCK TIME CHARGE:	\$
AFTER HOURS CHARGE:	\$

PAYMENT METHOD

Cash

Credit/Debit Card

Check **OWNER**

Total Charge:
\$ 700.00

Pursuant to Illinois Commercial Safety-Towing Law, copies of this Final Invoice shall be retained for a period of 5 years from the date of the release of the vehicle





May 28, 2008

RONALD DURHAM
126 E 122ND PLACE
CHICAGO IL 60628-7515

RE: Our Insured: HSBC AUTO FINANCE
 Borrower: Ronald Durham
 Account No.: 4601-0000-500002520042
 Certificate/Policy No.: WG5124311 - 000001
 Claim No.: C0212167
 Date of Loss: May 3, 2008
 Type of Loss: Collision

Dear Ronald Durham:

Enclosed is a copy of the estimate for repairs for the 2006 CHRYSLER Sebring. MeritPlan Insurance Company has requested a check/draft in the amount of \$8,674.00. Please contact your lender, HSBC at 1-888-674-3265 x 1819, to determine what your next action should be.

This check/draft represents our payment for the settlement option marked below:

- Actual Cash Value Less deductible and advance charges
- The Cost of Repair exceeds the Actual Cash Value. MeritPlan Insurance Company is required to notify the DMV. **The Title will show a salvaged vehicle.**

Please be advised that car rental expenses are not covered under this policy.

In addition, if your vehicle is currently accruing storage charges, please be advised that these charges and any tow bill(s) are your responsibility and are not covered under the policy.

This check/draft has been mailed to HSBC AUTO FINANCE.

If you have any questions in regards to the above, please contact the undersigned.



P.O. Box 19702, Irvine, CA 92623-9702 • (800) 438-4388 • www.balboainsurance.com

Balboa Insurance Company • Balboa Life Insurance Company • Meritplan Insurance Company • Newport Insurance Company
Balboa Life Insurance Company of New York • Balboa Lloyds Insurance Company

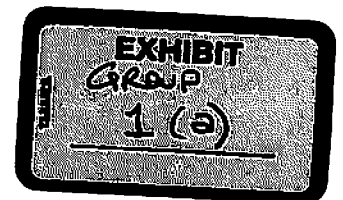
Sincerely,



Jonathan Walker
Claims Representative
MeritPlan Insurance Company
(800) 211-4533 x6321
jonathan_walker@balboainsurance.com

Encl.: ACV Calculation Worksheet
Appraisal Paperwork
No Subrogation
Settlement Summary

*****PLEASE NOTE: MERITPLAN INSURANCE COMPANY CANNOT AUTHORIZE
OR GUARANTEE REPAIRS****



P.O. Box 19702, Irvine, CA 92623-9702 • (800) 438-4388 • www.balboainsurance.com

Balboa Insurance Company • Balboa Life Insurance Company • Meritplan Insurance Company • Newport Insurance Company
Balboa Life Insurance Company of New York • Balboa Lloyds Insurance Company

MeritPlan Insurance Company Settlement Summary

Insured:	HSBC AUTO FINANCE	Policy #:	WG5124311
Phone:		Claim #:	C0212167
Borrower :	Ronald Darham	Phone (H):	(773) 995-7261
Address:	126 E 122nd Place Chicago IL 606287515	Phone (W):	
Date of Loss:	May 3, 2008	Type of Loss:	Collision
		Date Reported:	May 05, 2008
Collateral Year/Make/Model:	2006 CHRYSLER Sebring		
VIN#:	1C3EL56R96N172625	License #:	IL
Account#:	4601-0000-500002520042		
Present Balance:	\$0.00	Last Payment Due:	
Loss Concluded Under Settlement Option: 3			
Date:	May 28, 2008	Adjuster:	Jonathan Walker
		Title:	Claims Representative

Settlement Options:

1. Cost of Repairs

Cost of Repairs	\$10,550.47
Less Deductible- COR Option	-\$500.00
Less Depreciation	\$0.00
Less Tow & Storage - COR Option	\$0.00
Plus Tow & Storage - COR Option	\$0.00
Less Other	\$0.00
Total Net Cost of Repairs	\$10,050.47

2. Loan Payoff

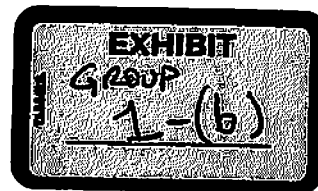
Gross Unpaid Balance	\$13,045.43
Plus CPI Premium	\$1,292.00
Plus Earned Interest	\$0.00
Less Unearned Interest	\$0.00
Less Late Charges	\$0.00
Less Number of Payments	\$0.00
Less Collateral Insurance Refund	\$0.00
Less Other Insurance Refund	\$0.00
Less Deductible- NPO Option	-\$500.00
Plus Tow & Storage - NPO Option	\$0.00
Less Other -Advance charges	-\$3,395.00
Total Net PayOff	\$10,442.43

3. Actual Cash Value.

Actual Cash Value	\$12,569.00
Less Other - Advance charges	-\$3,395.00
Less Deductible- ACV Option	-\$500.00
Less Salvage Bid - ACV Option	\$0.00
Total Net ACV	\$8,674.00

Salvage Retained By: Company

Subrogation: No



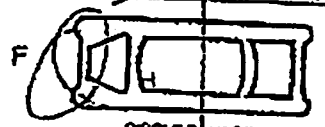
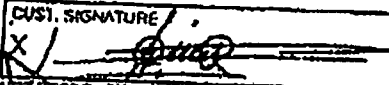
Pro Auto

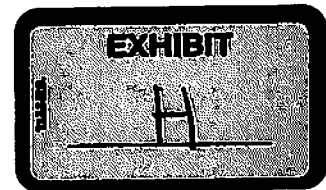
24 Hour Towing & Emergency Road Service

5720 S. Clairmont • Chicago, Illinois 60636

773-627-0379



CUSTOMER NAME Antonio Rella		DATE 05/02/08	
ADDRESS 6602 Klinger Lane		DAY PHONE NO. 8157955-9840	
CITY/STATE/ZIP Plainfield		EVENING PHONE NO.	
MAKE OF VEHICLE Mack	MODEL 2002	YEAR 02	COLOR BLU
VIN 1MAE10771312W0111S1715		LICENSE NO. P-400-0006-516	
KEYS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TAG 221	MILEAGE	INVESTIGATING OFFICER/AUTHORIZED BY PR# HP-313618
P.O.#	<input type="checkbox"/> ORT <input type="checkbox"/> FOR	<input type="checkbox"/> PROGRESSIVE - PSI	<input type="checkbox"/> POLICE <input type="checkbox"/> ACCOUNT <input type="checkbox"/> CUSTOMER <input type="checkbox"/> PRIVATE
TOWED FROM 104th Western			
TOWED TO 5720 S Clairmont			
<input type="checkbox"/> ARREST <input type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDON <input type="checkbox"/> RECOVERED <input checked="" type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> PARKING <input type="checkbox"/> OTHER	ORIG. DAMAGE 		STARTING MILEAGE
DATE IN: _____		DATE OUT: _____	CHARGE PER DAY: _____
REMARKS: Truck on fire.		STORAGE	
ELITE POLISH		TOWING	
I hereby authorize the above repair work or towing to be done along with the necessary materials. An express mechanic's fee is acknowledged on the above vehicle to secure the amount of the repair thereto. You will be held responsible for the loss or damage to the vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond control.		ADVANCE	
DRIVER # _____		LABOR	
CUST. SIGNATURE 		FLATBED	
NOT RESPONSIBLE FOR ANY PERSONAL ARTICLES LEFT IN VEHICLE. ALL CLAIMS MUST BE MADE AT TIME OF DELIVERY		WINCH	
No. _____		AFTER HRS	
		ADMIN	
		RETOU	
		TOTAL	
		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	



*10J0000044x
 05/07/2008
 6935436740

This is a LEGAL COPY of
 your check. You can use
 the same way you would
 use the original check

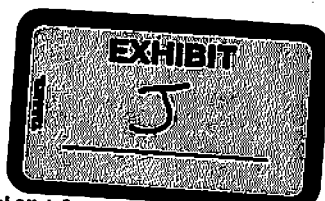
0271244 05/08/2008 0271244

DATE
 CHECK
 NUMBER
 AMOUNT

COMPANY **POWERTEK**
 PAY TO THE ORDER OF **Pro Auto Trading**
 THE BANK OF THE STATE OF NEW YORK
STONY BROOK
 BRANCH **11111**
 ACCOUNT NUMBER **11111**
 CHECK NUMBER **11111**
 DATE **05/08/08**
 AMOUNT **1,200.00**
 SIGNATURE **[Signature]**
 TITLE **[Title]**
 ADDRESS **[Address]**
 CITY **[City]** STATE **[State]** ZIP **[ZIP]**
 TELEPHONE **[Phone]**

411021004001 830052163589601

411021004001 830052163589601 *000020000001



071244 05/08/2008 071244

FD
 EXACT 31/8
 STREET 03/03/08

Do not provide funds to payee before clearing
 on instructions received by clearing file
 800-741-3030 is a pay instruction not to accept
 a CHECK. If you are a payee, you must
 present the check to your bank for deposit.

071244 05/08/2008
 07500051 05/07/2008
 752203196
 07100205 05/07/2008
 1116308131
 0510000948 05/07/2008
 4115436740

Do not endorse or write below this line

Pro Auto

24 Hour Towing & Emergency Road Service

5720 S. Clairmont • Chicago, Illinois 60636

775-627-0379

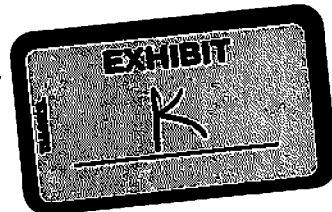


CUSTOMER NAME Alfooso Rello				DATE 5-6-08	
ADDRESS				DAY PHONE NO.	
CITY/STATE/ZIP				EVENING PHONE NO.	
MAKE OF VEHICLE Mock	MODEL Vision	YEAR 02	COLOR Blue	LICENSE NO.	
VIN #					
KEYS <input type="checkbox"/> YES <input type="checkbox"/> NO	TAG #	MILEAGE		INVESTIGATING OFFICER/AUTHORIZED BY	
P.O. #		<input type="checkbox"/> CRF <input type="checkbox"/> RCI		<input type="checkbox"/> POLICE <input type="checkbox"/> ACCOUNT <input checked="" type="checkbox"/> CUSTOMER <input type="checkbox"/> PRIVATE	
TOWED FROM					
TOWED TO					
<input type="checkbox"/> ARREST <input type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDON <input type="checkbox"/> RECOVERED <input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> PARKING <input checked="" type="checkbox"/> OTHER Break Down					STARTING MILEAGE ENDING MILEAGE TOTAL MILEAGE TOTAL MILEAGE CHG
DATE IN:	DATE OUT:	CHARGE PER DAY:	STORAGE		
REMARKS: owner Alfooso Rello			TOWING	4400	
I hereby authorize the above repair work or towing to be done along with the necessary materials. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of the repair thereto. You will be held responsible for the loss or damage to the vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond control.			ADVANCE		
			LABOR		
			FLATBED		
			WINCH		
			AFTER HRS.		
			ADMIN		
			RETOW		
DRIVER #			TOTAL	4400	
DRIVER SIGNATURE X			<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		

NOT RESPONSIBLE FOR ANY PERSONAL ARTICLES LEFT IN VEHICLE. ALL CLAIMS MUST BE MADE AT TIME OF DELIVERY

No.

Alfonso Rello



Groen's Towing & Truck Repair

2926 W. Wireton Road
 P.O. Box 610
 Blue Island, IL 60406-0610

Invoice

DATE	INVOICE #
5/6/2008	15316



BILL TO
Michael's Cartage, Inc. 8535 S. 77th Ave. Bridgeview, IL 60455

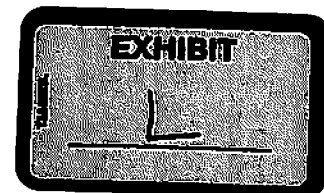
SHIP TO
Michael's Cartage, Inc. 8535 S. 77th Ave. Bridgeveiw, IL 60455

P.O. NUMBER	TERMS	JOB NUMBER	TRUCK/UNIT #
AL	Due on receipt		221

DATE	QTY	HRS	ITEM CODE	DESCRIPTION	PRICE EA...	SUB TOT...	AMOUNT
5/6/2008	3	3	13	Heavy Vehicle Towing: dispatch Heavy Duty Wrecker to 57th & Claremont, wheelift Mack tractor #221 from rear, inside building & tow back to Michaels shop in Bridgeview for turbo repair	125.00		375.00
<i>AL FONSO</i>							
<i>tow charges to get truck back from Pro Auto Co Company location in Bridgeview, ill.</i>							
Total							\$375.00

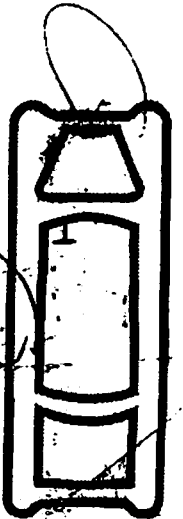
THANK YOU
 We appreciate your business!!

ORIGINAL



PRO AUTO RECOVERY

5720 S. Claremont Ave.
Chicago, IL 60636
Phone (773) 776-8668 Fax (773) 776-8625
Office Hours: Monday thru Friday 9am to 5pm



Year 2001 Type MINI Make CHRY

Owner SAVIOZ GARZNER

Address 7015 S. LOFLIN Phone 708-979-4845

Insurance Co. WELLS

Towed from: LAJ HOME

Tow to: 2230 W. ROOSEVELT

Written estimate authorized by _____

Date 5/12/08 Time 7:00 AM PM

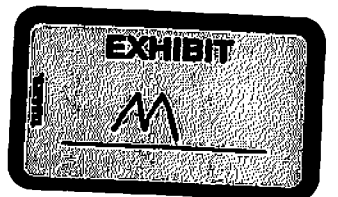
Keys Yes No

Comments _____

Authorized by _____

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.

Captain Gardner



24 Hours Towing & Emergency Road Service



773-627-0379
 Chicago, Illinois 60636

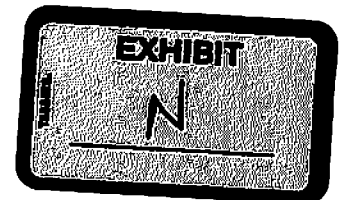


CUSTOMER NAME Hall				DATE 5-13-08	
ADDRESS				DAY PHONE NO.	
CITY/STATE/ZIP				EVENING PHONE NO.	
MAKE OF VEHICLE Chey	MODEL Impala	YEAR 07	COLOR Blue	LICENSE NO.	
VIN #					
KEYS <input type="checkbox"/> YES <input type="checkbox"/> NO	TAG #	MILEAGE	INVESTIGATING OFFICER/AUTHORIZED BY		
P.O. #	<input type="checkbox"/> CRP <input type="checkbox"/> RO#	<input type="checkbox"/> POLICE <input type="checkbox"/> ACCOUNT <input checked="" type="checkbox"/> CUSTOMER <input type="checkbox"/> PRIVATE			
TOWED FROM					
TOWED TO					
<input type="checkbox"/> ARREST <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDON <input type="checkbox"/> RECOVERED <input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> PARKING <input type="checkbox"/> OTHER			STARTING MILEAGE		
			ENDING MILEAGE		
			TOTAL MILEAGE		
			TOTAL MILEAGE CHD		
DATE IN:	DATE OUT:	CHARGE PER DAY:	STORAGE		
REMARKS:			TOWING	1995	
			ADVANCE		
			LABOR		
I hereby authorize the above repair work or towing to be done along with the necessary materials. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of the repair therein. You will be held responsible for the loss or damage to the vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond control.			FLATBED		
			WINCH		
			AFTER HRS.		
			ADMIN		
			RETOW		
UNIT #	DRIVER #		TOTAL	1995	
CUST. SIGNATURE X			<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		

1004053428

NOT RESPONSIBLE FOR ANY PERSONAL ARTICLES LEFT IN VEHICLE. ALL CLAIMS MUST BE MADE AT TIME OF DELIVERY

No.



Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary	
Units	Rate	Add Labor Amount	Sublet Amount	Totals		Amount	
Body	32.2	24.00	0.00	772.80	Taxable Parts	4,282.71	
Refinish	18.4	24.00	0.00	441.60	Parts Adjustments	448.73	
Frame	3.0	35.00	0.00	105.00	Sales Tax @ 9.000%	425.65	
Mechanical	1.8	40.00	0.00	72.00	Total Replacement Parts Amount	5,155.09	
Non-Taxable Labor				1,391.40			
Labor Summary				65.4	1,391.40		
III. Additional Costs				Amount	IV. Adjustments		
Taxable Costs				315.00	Insurance Deductible	500.00	
Sales Tax @ 9.000%				28.62	Customer Responsibility	500.00	
Non-Taxable Costs				3.00			
Total Additional Costs				349.62			
						I. Total Labor:	1,391.40
						II. Total Replacement Parts:	5,155.09
						III. Total Additional Costs:	349.62
						Gross Total:	6,896.11
						IV. Total Adjustments:	500.00
						Net Total:	6,396.11
							- 1845.06

*** INSD TO PAY: 2345.00 ***

4551.11

OK
 Part
 5/16/08

Point(s) of Impact

11 Left Front Corner (F), 1 Right Front Corner (S), 12 Front Corner (R)

ILLINOIS LAW REQUIRES THAT VEHICLE REPAIRERS MUST BE LICENSED IN ACCORDANCE WITH SECTION 5-301 OF THE ILLINOIS VEHICLE CODE. THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

EFFECTIVE JANUARY 01, 2004, THIS ESTIMATE HAS BEEN PREPARED IN ACCORDANCE WITH ILLINOIS PUBLIC ACT 093-0465. ILLINOIS LAW REQUIRES THAT ALL VEHICLE REPAIRERS MUST COMPLY WITH THE "ILLINOIS AUTOMOTIVE COLLISION REPAIR ACT," EFFECTIVE JANUARY 01, 2004. DISCLOSURE OF CONSUMER RIGHTS AND AUTHORIZATION FORMS IN ACCORDANCE WITH THIS ACT MUST BE PRESENTED TO THE CONSUMER BY THE REPAIRER BEFORE REPAIRS BEGIN.



CLASSIC (AHEAD) REFUNDERS LTD.
 8722 SOUTH LAUREL AVE.
 CHICAGO, ILL. 60619
 (773) 731-1921

15709

DATE: 7/27/09

RECEIVED FROM: Carter, Brenda

FOR: 07 City of Chicago

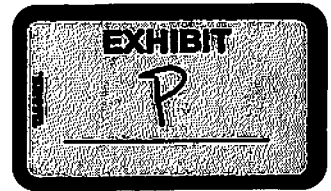
AMOUNT OF ACCOUNT: \$245.00

AMOUNT PAID: \$245.00

AMOUNT DUE: 0

PAID BY: [Signature]

THANK YOU





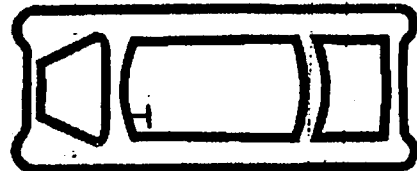
PRO AUTO RECOVERY

5720 S. Claremont Ave.

Chicago, IL 60636

Phone: (773) 776-8668 Fax: (773) 776-8625

Office Hours: Monday thru Friday 9am to 5pm



Year 1996 Type Oldsmobile Make Achieva

Owner Barbara Giles

Address 6746 S. Racine Phone (773) 753-7000

Insurance Co. Great Northern

Towed from: 6746 S Racine

Tow to: _____

Written estimate authorized by _____

Date _____ 20 _____ Time _____ AM _____ PM _____

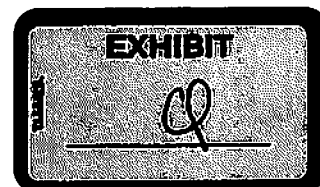
Keys Yes No

Comments B Giles

Tow Authorized by _____

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.

EPH-



Bank of America 

Personal Money Order

No. 0001521621

Bank of America, N.A. 30-1/1140 NTX
San Antonio, Texas

PAY TO THE ORDER OF Giles Batista

NOT VALID OVER \$2500.00

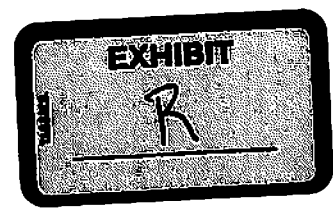
M.O. NUMBER
0001521621

PAY ONLY
\$75.00

[Signature]
NON-NEGOTIABLE
SIGNATURE
1641 E Oakton Dr Ft Worth
ADDRESS

Bank of America is not liable for lost or stolen Money Orders. For your protection against loss or theft, sign and complete this Money Order as soon as possible.
001641004076

CUSTOMER COPY




Pro Auto

24 Hour Towing & Emergency Road Service

5720 S. Clairmont • Chicago, Illinois 60636

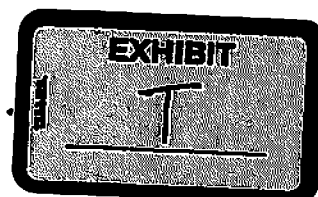
773-627-0379



CUSTOMER NAME JOSE CANTERO				DATE	
ADDRESS 6142 S AIBANK				DAY PHONE NO. 773-7370414	
CITY/STATE/ZIP				EVENING PHONE NO.	
MAKE OF VEHICLE Dodge	MODEL pkc4p	YEAR 05	COLOR Gold	LICENSE NO.	
VIN #					
KEYS <input type="checkbox"/> YES <input type="checkbox"/> NO	TAG #	MILEAGE	INVESTIGATING OFFICER/AUTHORIZED BY		
P.P. # 536-4816 G 2247			<input type="checkbox"/> CR <input type="checkbox"/> ROF	<input type="checkbox"/> POLICE <input type="checkbox"/> ACCOUNT <input type="checkbox"/> CUSTOMER <input type="checkbox"/> PRIVATE	
TOWED FROM 51					
TOWED TO Pro Auto 5720 S Clairmont					
<input checked="" type="checkbox"/> ABREST <input type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDON <input type="checkbox"/> RECOVERED <input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> PARKING <input type="checkbox"/> OTHER	F  B CIRCLE DAMAGE		STARTING MILEAGE		
			ENDING MILEAGE		
			TOTAL MILEAGE		
			TOTAL MILEAGE CHG		
DATE IN:	DATE OUT:	CHARGE PER DAY:	STORAGE		
REMARKS:			TOWING		
			ADVANCE		
			LABOR		
			FLATBED		
			WINCH		
			AFTER HRS.		
			ADMIN		
			RETOW		
			TOTAL		
UNIT #	DRIVER #		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
CUST. SIGNATURE X JOSE CANTERO					
NOT RESPONSIBLE FOR ANY PERSONAL ARTICLES LEFT IN VEHICLE. ALL CLAIMS MUST BE MADE AT TIME OF DELIVERY.					

No. 1

Jose Cantero



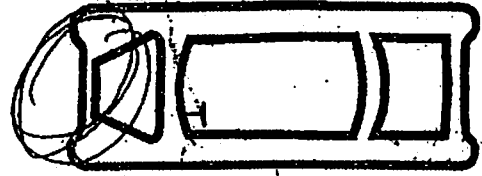
Citywide Auto Recovery, Inc.

13156 Sheridan • Blue Island, IL 60406

Cell: 708-612-7066

Office: 708-239-1801

Fax: 708-239-1802



Year 2006 Type TOYOTA FEATA Make CAMRY

Owner SABRINA WINTON

Address 6150 KENNORS Phone 1773,334 3446

Insurance Co. LEBRTY MOTOR

Towed from: 8301 KIDZ

Tow to: 1375 SHERIDAN RD

Written estimate authorized by _____

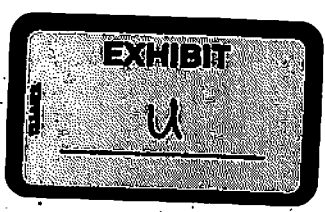
Date 4/10/08 Time 3:34 PM

Keys Yes No

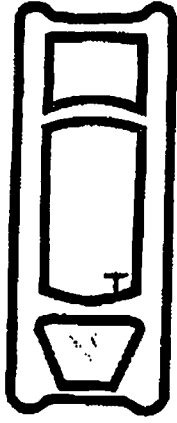
Comments _____

Tow Authorized by [Signature]

Stage 0 Accident #1
SAO Inv. Sabrina Harris - Short



Citywide Auto Recovery, Inc.
 13156 Sheridan • Blue Island, IL 60406
 Cell: 708-612-7066
 Office: 708-239-1801
 Fax: 708-239-1802



Year 2004 Type CAR Make _____

Owner GUILLETERO CABRERA

Address 903 W 35TH ST Phone (773) 736-1234

Insurance Co. LIBERTY MUTUAL

Towed from: _____

Tow to: 13156 S 54th St

Written estimate authorized by _____

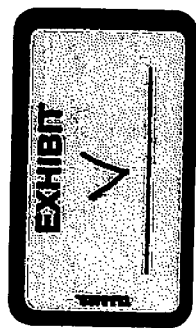
Date: _____ 20 _____ Time _____ AM _____ PM

Keys Yes No

Comments _____

Tow Authorized by Guillermo Cabrera

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.



Staged Accident #1
 SAO Jm. Gil Perez

13156 SHERIDAN
BLUE ISLAND, IL 60406
708-239-1801 • FAX 708-239-1802
CELL 708-512-7066

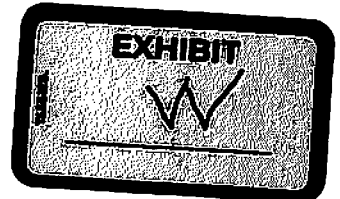
Road Service

DATE: 1/16/08		TIME: 9:30	A.M. / P.M.	REQUESTED BY	P.O. NO.
NAME: WIPPIEN			ADDRESS:		PHONE:
CITY:					
LOCATION OF VEHICLE:				STATE:	ZIP:
YEAR, MAKE, MODEL: 2001 TOYOTA CAMRY					
STATE:	LIC. PLATE NO.:	VEHICLE I.D. NO.:	COLOR:	DRIVER:	REGISTERED OWNER:
MILEAGE:		SERVICE TIME:		EXTRA PERSON:	
FINISH:	START:	FINISH:	START:	FINISH:	START:
TOTAL:	TOTAL:	TOTAL:	TOTAL:	TOTAL:	TOTAL:
REASON FOR TOW					
<input type="checkbox"/> ACCIDENT		<input type="checkbox"/> ABANDONED		<input type="checkbox"/> FLAT TIRE	
<input type="checkbox"/> ARREST		<input type="checkbox"/> STOLEN CAR		<input type="checkbox"/> OUT OF GAS	
<input type="checkbox"/> UNREGISTERED		<input type="checkbox"/> BREAK DOWN		<input type="checkbox"/> IMPOUNDED	
<input type="checkbox"/> TOW ZONE		<input type="checkbox"/> LOCK OUT		<input type="checkbox"/> SPECIAL EQUIPMENT	
<input type="checkbox"/> SNOW REMOVAL		<input type="checkbox"/> START		<input type="checkbox"/> SINGLE LINE WINCHING	
				<input type="checkbox"/> DUAL LINE WINCHING	
				<input type="checkbox"/> SNATCH BLOCKS	
				<input type="checkbox"/> SCOTCH BLOCKS	
				<input type="checkbox"/> DOLLY	
TYPE OF TOW			TOWED PER ORDER OF		
<input type="checkbox"/> SLING/HOIST TOW			<input type="checkbox"/> STATE POLICE		
<input type="checkbox"/> FLAT BED/RAMP			<input type="checkbox"/> LOCAL POLICE		
<input type="checkbox"/> WHEEL LIFT			<input type="checkbox"/> OWNER		
<input type="checkbox"/>			<input type="checkbox"/> DEALER		
STORAGE FROM			VEHICLE TOWED TO		
TO			FIRST TOW		
DAYS @ \$			SECOND TOW		
PAID BY			TOWING CHARGE		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK			MILEAGE CHARGE		
DRIVERS LIC. NO.			EXTRA PERSON		
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX			SPECIAL EQUIPMENT		
EXP. DATE			LABOR CHARGE		
CC NO.			STORAGE		
OPERATOR'S SIGNATURE			SUB-TOTAL		
TRUCK NO.			TAX		
AUTHORIZED SIGNATURE			TOTAL		
VEHICLE RELEASED TO					

3934

Not responsible for loss or damage to vehicle
in case of fire, theft or any other cause beyond our control.

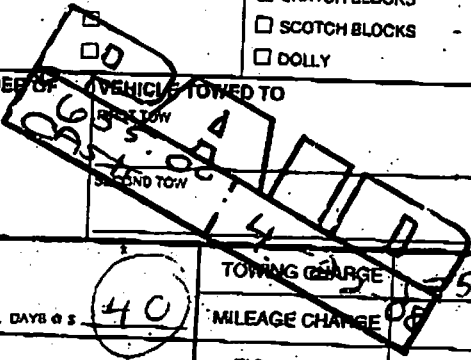
Thank You
PRODUCT 2825



WIDE AUTO RECOVERY
13156 SHERIDAN
BLUE ISLAND, IL 60406
708-239-1801 • FAX 708-239-1802
CELL 708-612-7066

Road Service

DATE 4-10-08	TIME A.M.	REQUESTED BY	P.O. NO.
NAME Cabrera		PHONE	
ADDRESS			
CITY		STATE	ZIP
LOCATION OF VEHICLE			
YEAR, MAKE, MODEL 07 Chevy Malibu		COLOR	DRIVER
STATE	U.C. PLATE NO.	VEHICLE I.D. NO. 274912	REGISTERED OWNER
MILEAGE		SERVICE TIME	EXTRA PERSON
FINISH	FINISH	FINISH	FINISH
START	START	START	START
TOTAL	TOTAL	TOTAL	TOTAL
REASON FOR TOW			SPECIAL EQUIPMENT
<input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDONED <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN CAR <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> TOW ZONE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> START			<input checked="" type="checkbox"/> SINGLE LINE WINCHING <input type="checkbox"/> DUAL LINE WINCHING <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> DOLLY
TYPE OF TOW		TOWED PER ORDER OF	VEHICLE TOWED TO
<input type="checkbox"/> SLING/HOIST TOW <input type="checkbox"/> FLAT BED/RAMP <input checked="" type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> DEALER	<input type="checkbox"/> FIRST TOW <input type="checkbox"/> SECOND TOW
STORAGE FROM		TOWING CHARGE	
TO		DAYS @ \$ 40	
PAID BY		MILEAGE CHARGE	
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX DRIVERS U.C. NO. EXP. DATE		EXTRA PERSON	
CC NO. Hertz Rental		SPECIAL EQUIPMENT	
OPERATOR'S SIGNATURE		LABOR CHARGE	
DATE		STORAGE 480	
TRUCK NO.		SUB-TOTAL	
AUTHORIZED SIGNATURE		TAX	
DATE		TOTAL 655	
VEHICLE RELEASED TO		DATE	

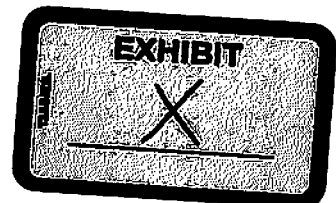


3948

Not responsible for loss or damage to vehicle
in case of fire, theft or any other cause beyond our control.

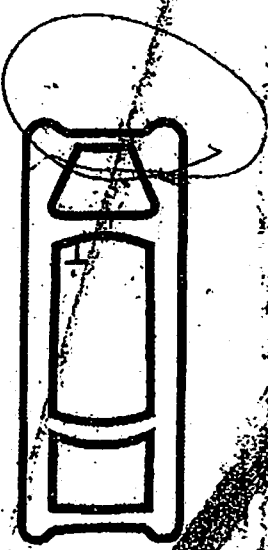
Thank You

PRODUCT 8925



PRO AUTO RECOVERY

5720 S. Claremont Ave.
Chicago, IL 60636
Phone: (773) 776-8668 Fax: (773) 776-8625
Office Hours: Monday thru Friday 9am to 5pm



Year 2004 Type TOYOTA Make SIENNA

Owner MARISOL GAREZA

Address 6250 N. ~~CLAREMONT~~ FRANCISCO Phone _____

Insurance Co. _____

Towed from: 8320 D PULASKI

Tow to: 5720 S CLAREMONT

When estimate authorized by _____

Date _____ Time _____ AM _____ PM

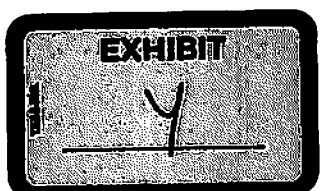
Yes No

Did I believe I got fixed did not pay for two to the shop free estimate

Tow Authorized by MARISOL GAREZA

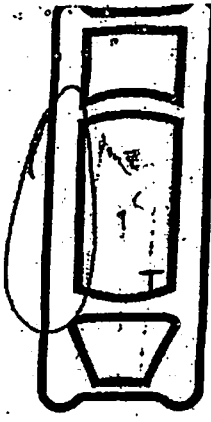
Not responsible for loss of damage to vehicle in case of fire, theft or any other cause beyond our control.

ad stated @ accident : 6/6/08
SAO Ins. Alexander Guerrero



PRO AUTO RECOVERY

5720 S. Claremont Ave.
Chicago, IL 60636
Phone: (773) 776-8668 Fax (773) 776-8625
Office Hours: Monday thru Friday 9am to 5pm



Year 01 Type Tundra Make Toyota
Owner ~~George~~ Dominguez, Carlos
Address 319 N. Weber Rd. #130 Phone 630/247-4873
Insurance Co. Farmers

Towed from: 835 Pusk;

Tow to: Pro Auto

Written estimate authorized by _____

Date 6-27 20 08 Time 3:47 PM

Keys Yes No

Comments _____

Tow Authorized by Carlos Dominguez

Not responsible for loss of vehicle or any other losses beyond our control.

20 stayed accident: 6/6/08
SAO Inv. Carlos Hevia



PRO AUTO RECOVERY
773-776-8668

OFFICE HOURS
Monday Thru Friday
9:00 AM - 5:00 PM

Paid Check Copy Request

Request is complete : Yes Date Completed 06/19/2008

Check No:	<u>8188108109</u>	Account Number:	38724485
Date Cashed:	06/13/2008	Check Amount:	<u>\$2085.00</u>
Requester:	Larry D Johnson	Request Date:	06/18/2008
BCO:	73	Job Title:	<u>Special Investigations Manager</u>
Fax No:	630-851-2880	Phone No.:	630-292-3667
SALN:	73398043	Return E-Mail Address:	<u>larry.johnson@farmersinsurance.com</u>

Comments/Attachments: Please provide both front and back copies. The back copy needs to be as good as possible. We need tracking information and signature that will be on the back of this check. Thank Larry

031000040

06/13/2008

1938491007

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

0722724485 06/13/2008 315687670

FARMERS

Check No. 8188108109 Date: 06/13/2008

PAY To the Order of Larry D Johnson and Co \$2,085.00

PRO ACO
3720 S. Clearmont Ave
Chicago, IL 60638

Larry Johnson

58168806809

031000040

06132008

38724485

0000208500

0722724485 06/13/2008 315687670

FARMERS

Check No. 8188108109 Date: 06/13/2008

PAY To the Order of Larry D Johnson and Co \$2,085.00

PRO ACO
3720 S. Clearmont Ave
Chicago, IL 60638

Larry Johnson

58168806809

031000040

06132008

38724485

0000208500

EXHIBIT
 GROUP
2 (b)