

IN THE SUPREME COURT OF THE STATE OF NEVADA

CENTURY SURETY COMPANY,

Appellant,

vs.

DANA ANDREW, AS LEGAL
GUARDIAN OF RYAN T. PRETNER;
AND RYAN T. PRETNER,

Respondents.

Case No. 73756

Electronically Filed
Jan 08 2018 09:35 a.m.
Elizabeth A. Brown
Clerk of Supreme Court

APPENDIX TO RESPONDENT'S ANSWERING BRIEF

VOL. 9 OF 11

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CHRONOLOGICAL INDEX TO RESPONDENT’S APPENDIX

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1 So the clerk can't set aside a default. Only the
2 court can. So the default is not null and void. It was
3 never set aside. Even if somebody could have construed
4 that by the clerk's note somewhere, then the subsequent
5 August 9, 2011 notice certainly put any parties on notice
6 that, hey, that original default is still good to go and
7 ripe for judgment. It was appropriate to move forward
8 with a default judgment in my mind as well.

9 So for all those reasons, the motions are going to be
10 denied.

11 MR. PRINCE: Thank you.

12 MR. LEFEBVRE: Thank you.

13 THE COURT: Mr. Prince, if you'll prepare the
14 order.

15 MR. PRINCE: We will. We'll show it to Mr
16 Lefebvre.

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1 CERTIFICATE

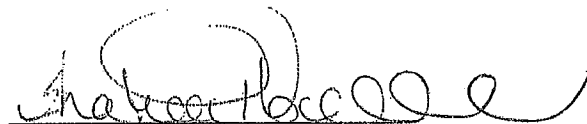
2 OF

3 CERTIFIED COURT REPORTER

4 * * * * *

5
6
7
8 I, the undersigned certified court reporter in and for the
9 State of Nevada, do hereby certify:

10
11 That the foregoing proceedings were taken before me at the
12 time and place therein set forth; that the testimony and
13 all objections made at the time of the proceedings were
14 recorded stenographically by me and were thereafter
15 transcribed under my direction; that the foregoing is a
16 true record of the testimony and of all objections made at
17 the time of the proceedings.

18
19
20
21
22 

23 Sharon Howard
24 C.C.R. #745
25

DENNIS M. PRINCE
Nevada Bar No. 5092

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Nevada Bar No. 11876
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Attorney for Plaintiffs
*Dana Andrew as Legal Guardian of
Ryan T. Pretner and Ryan T. Pretner*

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

DANA ANDREW, as Legal Guardian of
RYAN T. PRETNER, and RYAN T.
PRETNER, individually,

Plaintiffs,

vs.

CENTURY SURETY COMPANY, a foreign
corporation; DOES I through X, inclusive,

Defendants.

CASE NO.: 2:12-cv-00978-APG-PAL
**PLAINTIFFS' APPENDIX VOLUME 2
TO PLAINTIFFS' MOTION FOR
PROTECTIVE ORDER REGARDING
ALL DISCOVERY DESIGNED TO RE-
LITIGATE THE FACTUAL FINDINGS
IN THE EIGHTH JUDICIAL DISTRICT
COURT'S DEFAULT JUDGMENT**

TABLE OF CONTENTS

EXHIBIT	DOCUMENT
27	Century's entire claim file as produced by Century pursuant to FRCP 26(f) and LR 26-1;

EXHIBIT “27”

EXHIBIT “27”

Comments for BLUE STREAK AUTO DETAILING (1-061367)

Types: Multiple Types

Dates: 03/30/2009 03:29:25 PM through 09/19/2011 01:02:45 PM

Users: David Howard, Lisa Henderson, Daniel Mayer, James Karp, Charles Holland

Activity Log on 9/19/2011 by David Howard

Clmt 1 was entered incorrectly and would not feed into CMS. Another claimant needed to be added.

Activity Log on 6/27/2011 by Lisa Henderson

Pam Torres returned call. She gave me her email Pamelee_Torres@progressive.com. She states they have open extension and not know why PC would default Vasquez. Forwarded default to her.

Activity Log on 6/27/2011 by Lisa Henderson

Received default from Plaintiff's counsel. I had been told by Progressive, Vasquez's auto carrier that they had picked up defense. Called the adjuster at progressive and advised her of this default. Century had no coverage and cannot defend insured against same.

Activity Log on 5/16/2011 by Lisa Henderson

This insured understands no coverage and has defense provided by auto carrier progressive. closing claim.

Management on 3/30/2011 by Daniel Mayer

Approved disclaimer for mailing. Insured has confirmed twice that he was not using the vehicle in connection with the business at the time of the accident but was running a personal errand.

Activity Log on 3/9/2011 by Lisa Henderson

Disclaimer drafted and to transcription and then manager for approval.

Activity Log on 3/8/2011 by Lisa Henderson

Spoke with insured Michael Vasquez. He has not been served with suit. He did get my email. Discussed PC would like a copy of Century's policy to verify no coverage and I need his permission. Asked him to reply to my email giving permission. He states he will do that. Also asked him if he has heard from Progressive. He states not for a long time. I found # for progressive adjuster Vince Johnson. He asked me to call and ask Vince to call him. I called Vince re is progressive picking up defense. Vines states claim handling transferred to new adjuster Pam Torres in Vegas 702-215-7752 claim #092201426. Spoke to pam . They have suit and know it has not been served. She states letter went to Michael and she had his number and will call him now re defense.

Activity Log on 3/7/2011 by Lisa Henderson

Called insured last contact # and left vm re no coverage with my contact info. Discussed with manager reissuing disclaimer and sending letter to insured to request that we be allowed to disclose policy to PC.

Injury, Damages, & Evaluation on 3/7/2011 by Lisa Henderson

Past Medicals in excess of \$2 1/2 million are claimed. Closed head injury, coma for four months. Police report indicates Pretner was transported to trauma unit at scene and had "severe head injuries" but unknown if this is from the mirror hitting Pretners helmet prior to him falling or if the injuries were caused by impact with the pavement after the hit and fall. According to complaint injuries are "catastrophic" and Pretner is still in rehabilitative therapy/treatment two years later. Complaint indicates Pretner is an adult,

40 yr old male who requires his parents to be guardians. Prior to that he is stated to have been in good health and employed.

Coverage Issues & Analysis on 3/7/2011 by Lisa Henderson

Policy in effect for DOL 1/12/09 is CCP502869 eff June 27, 2008 to June 27, 2009. Coverage for accident only if arises out of "garage operations."

Insured operates mobile detailing for autos. Garage Insurance \$1,000,000 coverage, \$1,000 ded, Symbol 29

Coverage Issue: Symbol 29 is non-owned "autos". Insured owns this auto, it is his personal auto.

Complaint alleges count of negligence, negligence per se, negligent entrustment, respondeat superior. Insured admitted in i/a statement and police report that he was on personal errand, going from his home to his uncle's house at time he hit P. No coverage for personal use related accident.

Resolution/Action Plan on 3/7/2011 by Lisa Henderson

This claim was initially investigated under and ROR after which a disclaimer was sent as the insured was using vehicle for personal use. Both police report of insured statements to officers and insured statement to i/a confirm personal use at time of accident. Re-issuing disclaimer.

UPC on 3/7/2011 by Lisa Henderson

Total Paid: \$514.50

Total Outstanding Reserve: \$0

Gross Incurred: \$ 514.50 Total Reserve & Total paid as reflected on the CIMS screen

Net To Century/ProCentury: \$514.50 Gross incurred up to retention amount .

Liability Issues & Analysis on 3/7/2011 by Lisa Henderson

Unknown, but investigation revealed there was no coverage. Pretner complaint contends insured came into shoulder where Pretner was biking. Insured in policy report told police he thought Pretner had come into insured's lane of travel causing insured to hit Pretner. It was dark at the time of the accident and per insured, Pretner had no reflectors on bike and insured did not see him until he was nearly about to hit him. Insured swerved to left but mirror hit Pretner. Insured traveling about 45mph. No witnesses id in police report. Insured also told police he was on his way to his Uncle's home coming from his house.

Insured was cited for "fail to yield right of way to person riding bicycle". Also police officer noted the front side windows of insured truck had "extremely dark tint applied". There was no damage to Ps bike except for scuff on left rear quarter and few other scratches. Bike had no reflectors. Ps helmet had damage to back portion.

Pretner was found with his bike on top of him and unconscious and breathing. Pool of blood coming from his head.

Mr. Pretner, said that our insured was working according to a friend who said he was leaving a car just before this happened. I pressed Mr. Pretner for the name of this person so we could include him in our investigation, at that point Mrs. Pretner came on the phone and said, "Mr. Pretner has a memory problem, we don't know who said that or if it was said". I believe the insured will refute those statements as he told me he had been shopping. The Pretners called inquiring about coverage for their son. I told them we were investigating and should be complete in 30 days or so. They asked if we would notice them on the coverage decision, and they have responded to my email with their address. They have

consulted with an atty on a per hour basis. Also spoke to Vince Johnson of Progressive, who have tendered their \$100K limits.

PC states can't accept the tender of Progressive until they find out coverage on our insured's policy with Century. PC believes there is coverage and asking for reconsideration. Filed complaint b/c near SOL.

Litigation Status (Suit Against Insured or Coverage) on 3/7/2011 by Lisa Henderson

Suit filed January 7, 2011 in District Court Clark County, Nevada by Lee Pretner and Dana Andrew (his sister) as legal guardians of Ryan T. Pretner an adult ward and Ryan T. Pretner, individually against Michael A. Vasquez and Blue Streak Auto Detailing LLC. Apparent service March 3, 2011.

Facts/Loss Description on 3/7/2011 by Lisa Henderson

Insured was running personal errands and shopping at 5:22pm, sunset was 4:47pm. Mirror on the right side collided with the helmet of the bicycle rider.

According to the complaint, on January 12, 2009, the insured Michael Vasquez struck Ryan Pretner with the side view mirror of his truck while Pretner was riding his bike. Pretner was thrown from the bike and sustained "catastrophic" injuries. Insured was driving 2007 Ford F-150 which complaint alleges insured was using for business purpose for Blue Streak business of mobile detailing. Pretner alleges he and insured truck were both traveling east on St. Rose Parkway on paved shoulder of road when Vasquez drifted into the shoulder and struck him with right side mirror.

Recovery, Contribution or Cost Sharing on 3/7/2011 by Lisa Henderson

\$1000 ded-Ps carrier Progressive has tendered its limits of \$100K.

Reinsurance on 3/7/2011 by Lisa Henderson

This would appear to meet reporting requirements given the amount of meds and alleged catastrophic head injury if there were coverage.

Medicare on 3/7/2011 by Lisa Henderson

We would need this info if there is coverage.

Management on 3/4/2011 by James Karp

Recd suit papers. Sent note to Daniel recommending transfer to the litigation unit.

Management on 6/5/2009 by James Karp

Recd i/a report. Approved disclaimer.

Management on 6/4/2009 by James Karp

Copy of email to Charles: Charles - before I approve this, I would like to review your i/a report, which I assume is on the way? I want to make sure all of the issues in my 3/31/09 CSR comment have been addressed, particularly vehicle ownership and the type of business the insured operates (corporation or sole proprietorship). Please let me know when the report comes in. Thanks.

Management on 5/27/2009 by James Karp

Reviewed - Charles will be issuing a disclaimer.

Management on 5/26/2009 by James Karp

Reviewed.

Activity Log on 4/9/2009 by Charles Holland

Email to IA Michael Chorak in Las Vegas:

I believe I cc'd you on the emails to Pretzer. The main thing that concerns me is the statement by the father, that a friend of our insured said he had just left a car wash. Of course, he is in competition with a car wash, since most now also provide detailing, waxing, etc., but that is what the father said, like he was making a business call on the car wash. This has something to do with our insured's statement to be sure and cover a time period, i.e., when did he quit working that day, what did he do next and cover all time from the quit time, to the accident and subsequent. Mr. Pretzer's wife, or x-wife, mother of the clmt, said Mr. had a memory problem, he didn't even know where he heard that or if he heard that. Suggest That you get together with both of them and record the interview, so as to exhaust all leads in our investigation.

Activity Log on 4/8/2009 by Charles Holland

Received call from father and sister of clmt, wanted much info on our insured, his policy, etc. Told them as they were not part of the contract I could not discuss the policy contents with them. Email to father.

Management on 3/31/2009 by James Karp

Reviewed proposed disclaimer and sent the following email to Charles:

Charles - as we discussed, we will investigate this under ROR. I changed your letter accordingly. All you need to do to the letter is fill in the contact information for the I/A you assign, and then the letter is approved.

Please make sure that your i/a takes a very detailed statement from the insured as to the exact reason for his trip. Where was he going? Why? Did he have any other purpose in driving at the time of loss? Specifically, did the purpose of his trip in any way relate to the business operations of Blue Streak Auto Detailing?

Please have the I/a also obtain a copy of the title or registration of the vehicle Mr. Vasquez was driving.

Finally, please have the I/A determine what kind of business the named insured operates, i.e., a sole proprietorship, corporation, LLC, etc.

Let me know if you have any questions or want to discuss. Thanks.

Reserve & Rationale on 3/30/2009 by Charles Holland

Formula

Coding Verification on 3/30/2009 by Charles Holland

Verified

To: <northclaims@centurysurety.com>
From: "Frances Sobott" <FSobott@heritagegeneral.com>
Date: Fri, 27 Mar 2009 09:35:49 -0700
Subject: Blue Streak Auto Detailing 06/27/08 - 06/27/09 Pol # CCP502869 File # 88721.03

Attach is a New Loss Notice for above insured. Please process as soon as possible and acknowledge that this email and attachments were received.

Frances Sobott
Heritage General Agency
A Division of Worldwide Facilities, Inc.
License #0414108
fsobott@heritagegeneral.com
Direct Line: (213) 236-4603
Fax: (213) 244-9644

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HERITAGE GENERAL AGENCY

TEL (213) 236-4600
FAX (213) 244-9644
LICENSE # 0414108

A DIVISION OF WORLDWIDE FACILITIES, INC.
725 SOUTH FIGUEROA STREET / SUITE 1900 / LOS ANGELES, CA 90017
www.HeritageGeneral.com

March 27, 2009

Claims Department
Century Surety Company
4722 N. 24th St. Suite 200
Phoenix, AZ 85016

Fax # (614) 823-6397

RE: BLUE STREAK AUTO DETAILING

Policy No.: CCP502869

Term: 6/27/08 to 6/27/09

Dear Claims:

CLAIMANT: Pretner, Ryan Terry

DOL: 3/26/09

DESCRP: Alleged to being hit by insured's car mirror

* Attached is Notice of Loss (FIRST REPORT)

* Attached is additional and/or correspondence.

* Please acknowledge receipt of the Transmittal and advise claim number and adjuster assigned:

Claim Number _____ Adjustor _____

Mailing Address _____

Phone #: _____ Fax #: _____

E-mail: _____

Thank you for your assistance in this matter, and please feel free to contact our office if you have any questions.

Regards,

Frances E. Sobott
fsobott@heritagegeneral.com

This information is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of the message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message to us via the United States Postal Service. Thank you.

Andrew v CSC
CF000006

CSC000006

R.App. 001234

Sent to JIK for assignment: NOT A DUPLICATE CALORING 03/27/2009 12:41



Garage Coverage Policy

GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YYYY)

3/26/2009

AGENCY PHONE (A/C, No, Ext): (702) 368-1144		NOTICE OF OCCURRENCE	DATE OF OCCURRENCE AND TIME	<input checked="" type="checkbox"/> AM	DATE OF CLAIM	PREVIOUSLY REPORTED
The Harris Agency 5105 S. Durango Drive Suite 100 Las Vegas NV 89113		NOTICE OF CLAIM	3/26/2009 12:00		PM 3/26/2009	YES NO
FAX (A/C, No): (702) 368-1155		EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE
E-MAIL ADDRESS:		6/27/2008	6/27/2009	<input checked="" type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	
CODE:		COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)		
SUB CODE:		Century Surety Company		03/30/2009		
AGENCY CUSTOMER ID: 00001979		POLICY NUMBER		06:33 JJKARP		
		CCF502869		New loss - assign to Charles		
INSURED		CONTACT		CONTACT INSURED		
NAME AND ADDRESS		SOC SEC # OR FRN:		NAME AND ADDRESS		
Blue Streak Auto Detailing, LLC 3675 E. Post Road, Suite B Las Vegas NV 89120				MICHAEL VASQUEZ		
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		WHEN TO CONTACT		
(702) 286-8450		(702) 286-8450				
CELL PHONE (A/C, No)		E-MAIL ADDRESS		CELL PHONE (A/C, No)		
mav7778@yahoo.com				E-MAIL ADDRESS		

OCCURRENCE

LOCATION OF OCCURRENCE (include city & state)	AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary)	
INSURED ALLEGEDLY HIT BICYCLIST WITH MIRROR OF VEHICLE	

POLICY INFORMATION

COVERAGE PARTY OR FORMS (insert form #s and edition dates)							
GENERAL AGGREGATE	PROD/COMP OF AGG	PERS & ADVINJ	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	DEDUCTIBLE	PD
UMBRELLA EXCESS	UMBRELLA	EXCESS	CARRIER	LIMITS	AGOR	CFR	SR/
				AM1000			100

TYPE OF LIABILITY

PREMISES: INSURED IS	OWNER	TENANT	OTHER	TYPE OF PREMISES
OWNER'S NAME & ADDRESS (if not insured)				OWNERS PHONE (A/C, No, Ext)
PRODUCTS: INSURED IS	MANUFACTURER	VENDOR	OTHER	TYPE OF PRODUCT
MANUFACTURER'S NAME & ADDRESS (if not insured)				MANUFACT PHONE (A/C, No, Ext)
WHERE CAN PRODUCT BE SEEN?				
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)				

INJURED/PROPERTY DAMAGED

NAME & ADDRESS (Injured/Claim)		660 RODDENBERRY ST LAS VEGAS NV 89129		PHONE (A/C, No, Ext)
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS	PHONE (A/C, No, Ext)
37	M			
DESCRIBE INJURY		WHERE TAKEN	WHAT WAS INJURED/DOING?	
FATALITY SEVERE HEAD INJURY		UMS	RIDING A BIKE	
DESCRIBE PROPERTY (Type, model, etc.)		ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?
WITNESSES				
NAME & ADDRESS		BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)

REMARKS			
INSURED IS AWARE THAT THERE IS NO COVERAGE FOR THIS LOSS. INSURED IS LOOKING FOR A DENIAL LETTER FROM			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER
MICHAEL VASQUEZ	JACKIE DAVIS		

ACORD 3 (2007/01)
INS003 (2007/01) 01

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CF000007

R.App. 001235



GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YYYY)
3/26/2009

AGENCY The Harris Agency 5105 S. Durango Drive Suite 100 Las Vegas NV 89113 FAX (A/C, No, Ext): (702) 368-1155 E-MAIL ADDRESS: CODE: AGENCY CUSTOMER ID: 00001979	PHONE (A/C, No, Ext): (702) 368-1144	NOTICE OF OCCURRENCE NOTICE OF CLAIM EFFECTIVE DATE 6/27/2008 EXPIRATION DATE 6/27/2009 POLICY TYPE X OCCURRENCE CLAIMS MADE MISCELLANEOUS INFO (Site & location code) COMPANY Century Surety Company NAIC CODE: POLICY NUMBER CCP502869 REFERENCE NUMBER	DATE OF OCCURRENCE AND TIME 3/26/2009 12:00 AM DATE OF CLAIM 3/26/2009 PM PREVIOUSLY REPORTED YES NO RETROACTIVE DATE
---	--------------------------------------	--	--

INSURED NAME AND ADDRESS Blue Streak Auto Detailing, LLC 3675 E. Post Road, Suite B Las Vegas NV 89120 RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext) (702) 286-8450 CELL PHONE (A/C, No) E-MAIL ADDRESS may7778@yahoo.com		CONTACT NAME AND ADDRESS MICHAEL VASQUEZ WHERE TO CONTACT WHEN TO CONTACT	CONTACT INSURED
---	--	---	-----------------

OCURRENCE LOCATION OF OCCURRENCE (Include city & state) DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary) INSURED ALLEGEDLY HIT BICYCLIST WITH MIRROR OF VEHICLE	AUTHORITY CONTACTED
--	---------------------

POLICY INFORMATION COVERAGE PART OR FORMS (insert form #s and edition dates)							
GENERAL AGGREGATE	PROD/COMP OF AGG	PERS & ADV INJ	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	DEDUCTIBLE	PD BI
UMBRELLA EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC	SIR/ DEP

TYPE OF LIABILITY PREMISES: INSURED IS OWNER TENANT OTHER:		TYPE OF PREMISES
OWNER'S NAME & ADDRESS (If not insured)		OWNERS PHONE (A/C, No, Ext):
PRODUCTS: INSURED IS MANUFACTURER VENDOR OTHER:		TYPE OF PRODUCT
MANUFACTURER'S NAME & ADDRESS (If not insured)		MANUFACT PHONE (A/C, No, Ext):
WHERE CAN PRODUCT BE SEEN?		
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)		

INJURED/PROPERTY DAMAGED NAME & ADDRESS (Injured/Owner) RYAN TERRY PRETNER 660 RODDENBERRY ST LAS VEGAS NV 89123 PHONE (A/C, No, Ext)			
AGE 37	SEX M	OCCUPATION	EMPLOYER'S NAME & ADDRESS PHONE (A/C, No, Ext)
DESCRIBE INJURY FATALITY SEVERE HEAD INJURY		WHERE TAKEN UMS	WHAT WAS INJURED DOING? RIDING A BIKE
DESCRIBE PROPERTY (Type, model, etc.)		ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?
WHEN CAN PROPERTY BE SEEN?			

WITNESSES NAME & ADDRESS		BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)
REMARKS INSURED IS AWARE THAT THERE IS NO COVERAGE FOR THIS LOSS. INSURED IS LOOKING FOR A DENIAL LETTER FROM			
REPORTED BY MICHAEL VASQUEZ	REPORTED TO JACKIE DAVIS	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER

ACORD 3 (2007/01)
INS003 (2007/01).01

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R.App. 001236

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, Washington and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

03/26/2009 13:29 FAX 775 689 6650

PROGRESSIVE INS

001/00

Jackie Davis (702) 368-1155

STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET Revised 1/1/04						Accident Number	
Event Number 09-00812		Date Reported 01/14/04		Agency Name HENDERSON POLICE DEPARTMENT		<input type="checkbox"/> Property <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Death	
<input checked="" type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Swat <input type="checkbox"/> 3) Emergency Use <input checked="" type="checkbox"/> 4) Other Report		<input type="checkbox"/> 1) Preliminary Report <input checked="" type="checkbox"/> 2) Initial Report <input type="checkbox"/> 3) Supplemental Report <input type="checkbox"/> 4) Final Report		<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property			
Collision Date 01/12/2009		Time 17:22		Day 2		<input type="checkbox"/> 1) County <input checked="" type="checkbox"/> 2) City HENDERSON	
Mile Marker	# Vehicles	# Non Motorists	# Occupants	# Fatalities	# Injured	# Restrained	
	1	0	1	0	1	1	
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot ST ROSE PKWY <input checked="" type="checkbox"/> 2) At Intersection With: <input checked="" type="checkbox"/> 3) 1346.00 <input checked="" type="checkbox"/> 4) 1346.00 <input checked="" type="checkbox"/> 5) Approach EAST OF (Cross Street) EXECUTIVE AIRPORT DR							
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Sight <input type="checkbox"/> 3) Curve & Lane <input type="checkbox"/> 4) Straight & Upgrade <input type="checkbox"/> 5) Straight & Downgrade <input type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		Roadway Conditions <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 2) Wet <input type="checkbox"/> 3) Ice <input type="checkbox"/> 4) Snow <input type="checkbox"/> 5) Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> 6) Other		Total Thru Lanes Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) More Total All Lanes: 3		Average Roadway Widths Travel Lane Storage / Turn Lane Median Paved Shoulder Inside Outside	
Pavement Markings and Type <input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) Other		<input type="checkbox"/> 1) No Markings, Right of Direction <input type="checkbox"/> 2) Turn Arrow Symbols <input type="checkbox"/> 3) Guide Turn Lane Line <input type="checkbox"/> 4) Edge Line, Left, Yellow <input type="checkbox"/> 5) Edge Line, Right, White <input type="checkbox"/> 6) Other		Highway Description <input type="checkbox"/> 1) Two-Way, Not Divided <input checked="" type="checkbox"/> 2) Two-Way, Divided, Unseparated <input type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Not Road		Weather Conditions <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 3) Rain <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Light Conditions <input type="checkbox"/> 1) Dark <input checked="" type="checkbox"/> 2) Dark - No Roadway Lighting <input type="checkbox"/> 3) Daylight <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 3) Sideswipe - Overlapping <input type="checkbox"/> 4) Side - Collision <input type="checkbox"/> 5) Unknown		Location of First Event <input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 3) Shoulder <input type="checkbox"/> 4) Other		<input type="checkbox"/> 1) Ramp <input type="checkbox"/> 2) Unknown	
Highway / Environment Factors <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Weather <input type="checkbox"/> 3) Visibility <input type="checkbox"/> 4) Other		<input type="checkbox"/> 5) Shoulder <input type="checkbox"/> 6) Road Construction <input type="checkbox"/> 7) Work Traffic Surface <input type="checkbox"/> 8) Other		<input type="checkbox"/> 9) Road, Gravel, Swamp <input type="checkbox"/> 10) Active Work Zone <input type="checkbox"/> 11) Inactive Work Zone <input type="checkbox"/> 12) Animal in Roadway <input type="checkbox"/> 13) Unknown		Property Damage To Other Than Vehicle Describe Property Damage Owner's Name Owner's Address (Street Address, City, State, Zip) <input type="checkbox"/> 1) Owner Notified	
First Harmful Event							
Code #: 202		Description: PEDAL CYCLIST					
Description of Accident / Narrative							
A.I.C.: RT MIRROR TO HELMET OF BICYCLIST							
<input type="checkbox"/> 1) Continued On Back of Scene Information Sheet							
Investigation Complete <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Scene Diagram <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No # 1	
Investigator(s) MATUSZAK JR., ROGER H		ID Number 794		Date 01/12/2009		Reviewed By GAYER883	
Scene Information				Date Reviewed 01/20/2009			

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03/26/2009 13:30 FAX 775 689 6650

PROGRESSIVE INS

003/00

Event Number: 08-00812		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 1/14/04		Accident Number:					
Name: (Last/First, Middle Name, Initials)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown		Agency Name: HENDERSON POLICE DEPARTMENT					
Street Address:		Transported To:							
City:	State / Country <input type="checkbox"/> 1) NV Zip Code:	Person Type:	Seating Position:	Occupant Restraints:					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB:	Injury Severity:	Injury Location:						
Phone Number:		Airbag:	Airbag Switch:	Ejected:	Trapped:				
Name: (Last/First, Middle Name, Initials)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown							
Street Address:		Transported To:							
City:	State / Country <input type="checkbox"/> 1) NV Zip Code:	Person Type:	Seating Position:	Occupant Restraints:					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB:	Injury Severity:	Injury Location:						
Phone Number:		Airbag:	Airbag Switch:	Ejected:	Trapped:				
Name: (Last/First, Middle Name, Initials)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown							
Street Address:		Transported To:							
City:	State / Country <input type="checkbox"/> 1) NV Zip Code:	Person Type:	Seating Position:	Occupant Restraints:					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB:	Injury Severity:	Injury Location:						
Phone Number:		Airbag:	Airbag Switch:	Ejected:	Trapped:				
Name: (Last/First, Middle Name, Initials)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown							
Street Address:		Transported To:							
City:	State / Country <input type="checkbox"/> 1) NV Zip Code:	Person Type:	Seating Position:	Occupant Restraints:					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB:	Injury Severity:	Injury Location:						
Phone Number:		Airbag:	Airbag Switch:	Ejected:	Trapped:				
<input type="checkbox"/> 1) Trailing Unit 1 VIN:		Plate:		State: <input type="checkbox"/> 1) NV Type:					
<input type="checkbox"/> 2) Trailing Unit 2 VIN:		Plate:		State: <input type="checkbox"/> 1) NV Type:					
<input type="checkbox"/> 3) Trailing Unit 3 VIN:		Plate:		State: <input type="checkbox"/> 1) NV Type:					
<table border="0"> <tr> <td colspan="2"> Common Vehicle Configuration <input type="checkbox"/> 1) Van, 9-15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single Axle and 6 Tires <input type="checkbox"/> 4) Single 2 Axle <input type="checkbox"/> 5) App 4 Tire Vehicle <input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Device <input type="checkbox"/> 9) Trailer / Trailer <input type="checkbox"/> 10) Truck with Trailer <input type="checkbox"/> 11) Trailer / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle (Sedan, etc.) <input type="checkbox"/> 13) Light Truck (Pickup, etc.) <input type="checkbox"/> 14) Other Heavy Vehicle </td> <td colspan="2"> Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 4) New Rep. <input type="checkbox"/> 5) Log of Vehicle <input type="checkbox"/> 6) Other </td> </tr> </table>						Common Vehicle Configuration <input type="checkbox"/> 1) Van, 9-15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single Axle and 6 Tires <input type="checkbox"/> 4) Single 2 Axle <input type="checkbox"/> 5) App 4 Tire Vehicle <input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Device <input type="checkbox"/> 9) Trailer / Trailer <input type="checkbox"/> 10) Truck with Trailer <input type="checkbox"/> 11) Trailer / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle (Sedan, etc.) <input type="checkbox"/> 13) Light Truck (Pickup, etc.) <input type="checkbox"/> 14) Other Heavy Vehicle		Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 4) New Rep. <input type="checkbox"/> 5) Log of Vehicle <input type="checkbox"/> 6) Other	
Common Vehicle Configuration <input type="checkbox"/> 1) Van, 9-15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single Axle and 6 Tires <input type="checkbox"/> 4) Single 2 Axle <input type="checkbox"/> 5) App 4 Tire Vehicle <input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Device <input type="checkbox"/> 9) Trailer / Trailer <input type="checkbox"/> 10) Truck with Trailer <input type="checkbox"/> 11) Trailer / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle (Sedan, etc.) <input type="checkbox"/> 13) Light Truck (Pickup, etc.) <input type="checkbox"/> 14) Other Heavy Vehicle		Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 4) New Rep. <input type="checkbox"/> 5) Log of Vehicle <input type="checkbox"/> 6) Other							
Carrier Name:		Power Unit GVWR		<input type="checkbox"/> 1) Rec-Alld					
Carrier Street Address:		<input type="checkbox"/> 1) < 10,000 lbs <input type="checkbox"/> 2) 10,000 - 25,000 lbs <input type="checkbox"/> 3) > 25,000 lbs <input type="checkbox"/> 4) Referred							
City:		State: <input type="checkbox"/> 1) NV Zip:							
Cargo Body Type <input type="checkbox"/> 1) Pole <input type="checkbox"/> 2) Van / Box <input type="checkbox"/> 3) Sedan, Great Chaps <input type="checkbox"/> 4) Tank <input type="checkbox"/> 5) Concrete Mixer <input type="checkbox"/> 6) Bus, > 15 Occupants <input type="checkbox"/> 7) Dump <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 9) Bus, > 15 Occupants <input type="checkbox"/> 10) Dump <input type="checkbox"/> 11) Garbage Can <input type="checkbox"/> 12) Other <input type="checkbox"/> 13) Dump <input type="checkbox"/> 14) Haul Applicable		Record #: Diamond #:		Type of Carrier <input type="checkbox"/> 1) Single State <input type="checkbox"/> 2) USDOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None					
		NAS Safety Report #: Carrier Number:							

Vehicle Information

03/28/2009 13:30 FAX 775 689 6650

PROGRESSIVE INS

004/00

Event Number: 09-00812		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 07/2004		Accident Number:	
Vehicle # 0002	Damage 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Not At Fault		Agency Name: HENDERSON POLICE DEPARTMENT	
Direction of Travel: <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West		Highway / Street Name: ST ROSE PARKWAY		Travel Lane #:	
Vehicle: <input type="checkbox"/> 1) Light <input type="checkbox"/> 2) Heavy <input type="checkbox"/> 3) Light <input type="checkbox"/> 4) Heavy <input type="checkbox"/> 5) Light <input type="checkbox"/> 6) Heavy <input type="checkbox"/> 7) Light <input type="checkbox"/> 8) Heavy <input type="checkbox"/> 9) Light <input type="checkbox"/> 10) Heavy		Additional: <input type="checkbox"/> 1) Light <input type="checkbox"/> 2) Heavy <input type="checkbox"/> 3) Light <input type="checkbox"/> 4) Heavy <input type="checkbox"/> 5) Light <input type="checkbox"/> 6) Heavy <input type="checkbox"/> 7) Light <input type="checkbox"/> 8) Heavy <input type="checkbox"/> 9) Light <input type="checkbox"/> 10) Heavy		Transported By: <input type="checkbox"/> 1) Towed <input type="checkbox"/> 2) Towed <input type="checkbox"/> 3) Towed <input type="checkbox"/> 4) Towed <input type="checkbox"/> 5) Towed	
Driver: Last Name, First Name, Middle Name: [Blank]		Transported To:		Person Type: 1	
Street Address:		City:		State / Country: <input type="checkbox"/> NV Zip Code:	
Phone Number:		Injury Severity:		Injury Location:	
OLR:		Airbags:		Ejected:	
Compliance:		Endorsements:		Restrictions:	
Alcohol/Drug Involvement:		Method of Determination (check up to 5):		Test Results:	
Vehicle Year:		Vehicle Make:		Vehicle Model:	
Plate / Permit No.:		State:		Expiration Date:	
Vehicle Identification Number:		Vehicle Color:		Vehicle Type:	
Registered Owner Name:		Registered Owner Address:		Insurance Company Name:	
Policy Number:		Effective:		To:	
Insurance Company Address or Phone Number:		Vehicle Towed:		Towed By:	
Removed To:		1st Contact:		Damaged Areas:	
Traffic Control:		Speed Estimate:		Extent Of Damage:	
Distance Traveled After Impact:		From:		To:	
Sequence Of Events:		Code #:		Description:	
Violation:		NOC:		Click Number:	
Violation:		NOC:		Click Number:	
Investigator(s):		ID Number:		Date:	
MATUSZAK JR., ROGER H		794		01/12/2009	
Reviewed by:		Reviewed by:		Date Reviewed:	
GAYER883		GAYER883		01/20/2009	

Vehicle Information

03/28/2009 13:30 FAX 775 689 6650

PROGRESSIVE INS

005/00

Event Number: 09-00812		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 1/14/04</small>		Accident Number:					
Name: (Last, First, Middle Initial, Surname, Jr., etc.)		Agency Name: HENDERSON POLICE DEPARTMENT							
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other							
City:		Transported To:							
State / Country <input type="checkbox"/> 1) NV Zip Code:		Person Type:		Seating Position:					
DOB:		Injury Severity:		Injury Location:					
Phone Number:		Airbags:		Ejected:					
		Airbag Switch:		Trapped:					
Name: (Last, First, Middle Initial, Surname, Jr., etc.)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other							
Street Address:		Transported To:							
City:		Person Type:		Seating Position:					
DOB:		Injury Severity:		Injury Location:					
Phone Number:		Airbags:		Ejected:					
		Airbag Switch:		Trapped:					
Name: (Last, First, Middle Initial, Surname, Jr., etc.)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other							
Street Address:		Transported To:							
City:		Person Type:		Seating Position:					
DOB:		Injury Severity:		Injury Location:					
Phone Number:		Airbags:		Ejected:					
		Airbag Switch:		Trapped:					
Trailing Unit 1 VIN:		Plate:		State: <input type="checkbox"/> 1) NV Type:					
Trailing Unit 2 VIN:		Plate:		State: <input type="checkbox"/> 1) NV Type:					
Trailing Unit 3 VIN:		Plate:		State: <input type="checkbox"/> 1) NV Type:					
<table border="0"> <tr> <td colspan="2"> <input type="checkbox"/> 1) Bus, > 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 2 Axle <input type="checkbox"/> 5) All 4 Tire Vehicle <input type="checkbox"/> 6) Motor Only <input type="checkbox"/> 7) Trailer / Trailer <input type="checkbox"/> 8) Trailer / Trailer <input type="checkbox"/> 9) Trailer / Trailer <input type="checkbox"/> 10) Trailer with Trailer </td> <td colspan="2"> <input type="checkbox"/> 11) Trailer / Heavy Trailer <input type="checkbox"/> 12) Passenger Vehicle, (1-15 Seats) <input type="checkbox"/> 13) Light Truck, (1-15 Seats) <input type="checkbox"/> 14) Other Heavy Vehicle </td> </tr> </table>						<input type="checkbox"/> 1) Bus, > 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 2 Axle <input type="checkbox"/> 5) All 4 Tire Vehicle <input type="checkbox"/> 6) Motor Only <input type="checkbox"/> 7) Trailer / Trailer <input type="checkbox"/> 8) Trailer / Trailer <input type="checkbox"/> 9) Trailer / Trailer <input type="checkbox"/> 10) Trailer with Trailer		<input type="checkbox"/> 11) Trailer / Heavy Trailer <input type="checkbox"/> 12) Passenger Vehicle, (1-15 Seats) <input type="checkbox"/> 13) Light Truck, (1-15 Seats) <input type="checkbox"/> 14) Other Heavy Vehicle	
<input type="checkbox"/> 1) Bus, > 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 2 Axle <input type="checkbox"/> 5) All 4 Tire Vehicle <input type="checkbox"/> 6) Motor Only <input type="checkbox"/> 7) Trailer / Trailer <input type="checkbox"/> 8) Trailer / Trailer <input type="checkbox"/> 9) Trailer / Trailer <input type="checkbox"/> 10) Trailer with Trailer		<input type="checkbox"/> 11) Trailer / Heavy Trailer <input type="checkbox"/> 12) Passenger Vehicle, (1-15 Seats) <input type="checkbox"/> 13) Light Truck, (1-15 Seats) <input type="checkbox"/> 14) Other Heavy Vehicle							
Carrier Name:		Power Unit GVWR		<input type="checkbox"/> 1) 10,000 Lbs <input type="checkbox"/> 2) 14,000 - 20,000 Lbs <input type="checkbox"/> 3) 20,000 Lbs <input type="checkbox"/> 4) 20,000 Lbs					
Carrier Street Address:		City:		State: <input type="checkbox"/> 1) NV Zip:					
Cargo Body Type		Type of Carrier		NAC Safety Report #					
<input type="checkbox"/> 1) Box <input type="checkbox"/> 2) Van <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 4) Dump <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Single Axle <input type="checkbox"/> 2) 2-Axle <input type="checkbox"/> 3) 3-Axle <input type="checkbox"/> 4) 4-Axle <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Non-Met <input type="checkbox"/> 2) Met					
<input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Dump Trailer <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Other Applicable		<input type="checkbox"/> 11) Single, General Cargo <input type="checkbox"/> 12) Bus, > 15 Occupants <input type="checkbox"/> 13) Wrecker, > 15 Occupants <input type="checkbox"/> 14) Other		<input type="checkbox"/> 1) Single Axle <input type="checkbox"/> 2) 2-Axle <input type="checkbox"/> 3) 3-Axle <input type="checkbox"/> 4) 4-Axle <input type="checkbox"/> 5) Other					

Vehicle Information

03/26/2009 13:31 FAX 775 689 6650

PROGRESSIVE INS

006/00

Event Number: 09-00812		STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET <small>Revised 04/08</small>		Accident Number:	
Non-Motorist # 0002		<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non-Fault (person)		Agency Name: HENDERSON POLICE DEPARTMENT	
Non-Motorist Type <input type="checkbox"/> 1) Pedestrian <input type="checkbox"/> 6) Other Non-Motorist <input type="checkbox"/> 2) Pedal Cyclist <input type="checkbox"/> 8) Wheel Chair <input type="checkbox"/> 3) Scooter <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 4) Other		Direction of Travel <input type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input checked="" type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown			
Non-Motorist Name: PRETNER, RYAN TERRY		Highway / Street Name: ST ROSE PARKWAY			
Street Address: 860 RODDENBERRY ST		Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Fire <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
City: LAS VEGAS		State / Country: <input checked="" type="checkbox"/> NV		Transported To: UMC TRAUMA HOSPITAL	
Zip Code: 89123		Person Type: 16		Seating Position: 16	
Phone Number: (702) 683-2453		Injury Severity: A		Injury Location: 01	
DOB: 08/22/1971		Airbag: <input type="checkbox"/> 01		Ejected: <input type="checkbox"/>	
DLN / ID Card:		State: <input type="checkbox"/> NV		Trapped: <input type="checkbox"/>	
Non-Motorist Condition <input type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 3) Under Influence: Medication / Drugs / Alcohol <input type="checkbox"/> 5) Emotional <input checked="" type="checkbox"/> 7) Unknown <input type="checkbox"/> 2) Physical Impairment <input type="checkbox"/> 4) Fatigued / Asleep / Fainted <input type="checkbox"/> 6) Illness <input type="checkbox"/> 8) Other					
Method of Determination (Check up to 2) <input type="checkbox"/> 1) Not Involved <input type="checkbox"/> 3) Alcohol <input checked="" type="checkbox"/> 5) Unknown <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 3) Blood Test <input type="checkbox"/> 5) Urine Test <input type="checkbox"/> Test Results <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 2) Preliminary Breath Test <input type="checkbox"/> 4) Evidentiary Breath Test					
Non-Motorist Action <input type="checkbox"/> 1) Entering or Crossing at Location <input type="checkbox"/> 6) Pushing Vehicle <input checked="" type="checkbox"/> 2) Walking, Running, Playing, Cycling <input type="checkbox"/> 7) Working in Roadway <input type="checkbox"/> 3) Approaching or Leaving Vehicle <input type="checkbox"/> 8) Standing <input type="checkbox"/> 4) Playing or Working on Vehicle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Other					
Non-Motorist Factors <input type="checkbox"/> 1) Improper Crossing <input type="checkbox"/> 6) Wrong Side of Road <input type="checkbox"/> 2) Lying / Illegally in Roadway <input type="checkbox"/> 7) Not Visible <input type="checkbox"/> 3) Failed to Yield Right of Way <input type="checkbox"/> 8) Entering into Roadway <input type="checkbox"/> 4) Failed to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 9) Inattentive <input type="checkbox"/> 5) Other <input type="checkbox"/> 10) Unknown					
Location Prior to Impact <input type="checkbox"/> 1) Marked Crosswalk at Intersection <input type="checkbox"/> 8) Shared Use Path or Trail <input type="checkbox"/> 2) At Intersection, No Crosswalk <input checked="" type="checkbox"/> 9) On Highway, More than 10' from Travel Lanes <input type="checkbox"/> 3) Non-Intersection Crosswalk <input type="checkbox"/> 10) In Roadway <input type="checkbox"/> 4) Driveway Access Crosswalk <input type="checkbox"/> 11) Traffic Island <input type="checkbox"/> 5) Sidewalk <input type="checkbox"/> 12) Shoulder <input type="checkbox"/> 6) Median <input type="checkbox"/> 13) Unknown <input type="checkbox"/> 7) Outside Highway <input type="checkbox"/> 14) Other					
Safety Equipment <input type="checkbox"/> 1) None <input type="checkbox"/> 2) Helmet <input type="checkbox"/> 3) Protective Pants <input type="checkbox"/> 4) Reflective Clothing <input type="checkbox"/> 5) Lighting <input type="checkbox"/> 6) Unknown <input type="checkbox"/> 7) Other					
Bike Lane / Path <input type="checkbox"/> 1) No Bike Lane Path <input type="checkbox"/> 6) Striped Bicycle Lane - Both Sides <input type="checkbox"/> 2) Bicycle Route (Signed) <input type="checkbox"/> 8) Separate Bicycle Path / Trail <input type="checkbox"/> 3) Striped Bicycle Lane - Right Side Only <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 4) Striped Bicycle Lane - Left Side Only <input type="checkbox"/> 9) Other					
Vehicle Number(s) Striking Non-Motorist #1: <input type="checkbox"/> #2: <input type="checkbox"/> #3: <input type="checkbox"/>					
Non-Motorist Speed Estimate From: 16 To: 25 Limit: 50					
Violation <input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) NRS <input type="checkbox"/> 3) CO/SD <input type="checkbox"/> 4) Evidence (1)					
Violation <input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) NRS <input type="checkbox"/> 3) CO/SD <input type="checkbox"/> 4) Evidence (2)					
Investigator(s) MATUSZAK JR., ROGER H		ID Number 794		Date Reviewed 01/20/2009	
		Date 01/12/2009		Reviewed By GAYER683	

Non-Motorist Information

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CSC000015

Andrew v CSC
CF000015

R.App. 001243

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PROGRESSIVE INS

007/00

Event Number: 09-00812		STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET Revised 1/10/14		Accident Number:	
				Agency Name: HENDERSON POLICE DEPARTMENT	
Non-Motorist: (Last Name, First Name, Middle Name Initial)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Relationship:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
OLN / ID Card:	State: <input type="checkbox"/> 1) NV	Airbag:	Airbag Switch:	Ejected:	Trapped:
Non-Motorist: (Last Name, First Name, Middle Name Initial)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: 16	Seating Position:	Occupant Relationship:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
OLN / ID Card:	State: <input type="checkbox"/> 1) NV	Airbag:	Airbag Switch:	Ejected:	Trapped:
Non-Motor Vehicle Description					
Make / Manufacturer:	Model:	Type:	Color:		
BICYCLE			BLACK		
Identification / Serial Number:		Non-Motor Vehicle Removed By:			
Owner Name: <input checked="" type="checkbox"/> 1) Same as Non-Motorist PRETNER, RYAN TERRY		Non-Motor Vehicle Removed To:			
Street Address:		City:	State: <input type="checkbox"/> 1) NV	Zip Code:	
660 RODDENBERRY ST, LAS VEGAS, NEVADA 89123					
1st Contact Area		Damage to Non-Motor Vehicle		Non-Motor Vehicle Damaged Area	
Pedal Cyclist / Non-Motor Vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Pedestrian <input type="checkbox"/> 1) Right Side <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Head / Feet <input type="checkbox"/> 4) Front <input type="checkbox"/> 5) Back		<input checked="" type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown	
				<input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Rear <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 4) Left Side <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Left Front <input type="checkbox"/> 8) Left Rear <input type="checkbox"/> 9) Top <input type="checkbox"/> 10) Bottom <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other	
Sequence Of Events					
Code #	Description	Collided With Road Object	Lost Control	Non-Motor Vehicle Action	
1st 202	PEDAL CYCLIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 7) Parking <input type="checkbox"/> 2) Stopped <input type="checkbox"/> 8) Entering Lane <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 9) Leaving Lane <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 10) Lane Change <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 6) Other	
2nd		<input type="checkbox"/>	<input type="checkbox"/>		
3rd		<input type="checkbox"/>	<input type="checkbox"/>		
4th		<input type="checkbox"/>	<input type="checkbox"/>		
5th		<input type="checkbox"/>	<input type="checkbox"/>		
Non-Motorist Information					

03/26/2009 13:31 FAX 775 689 6650

PROGRESSIVE INS

008/00

Event Number: 09-00812	STATE OF NEVADA TRAFFIC ACCIDENT REPORT	Accident Number: Agency Name: HENDERSON POLICE DEPARTMENT
---------------------------	--	---

Description of Accident / Narrative:

Pavement Markings and Type:

FBI NARRATIVE:

This is a preliminary report only; no assessment of fault or liability should be determined from this initial report.

V1, a white 2007 Ford F-150 pickup bearing NV personalized plate JSTDLD was traveling eastbound on St. Rose Parkway in the number three travel lane.

V1 was solely occupied by the driver Michael Vasquez (10-28-1988) of Henderson NV.

V2, a black bicycle of an unknown brand or make, was traveling eastbound on the paved shoulder of St. Rose Parkway. It is as yet undetermined which portion of the shoulder the bicyclist was traveling upon or whether he had strayed into the travel lane.

The rider of V2 was later identified as Ryan T. Pretner (08-22-1971) of Las Vegas NV.

The right side external mirror of V1 made contact with the back of the helmet of rider of V2. V2 was thrown to the ground and suffered severe head injuries. Whether these injuries are the result of the initial collision or impact with the ground is undetermined at this time.

Driver of V1 immediately stopped to render aid and notify Rescue and Police.

Rider of V2 is currently in critical condition at UMC Trauma and his current prognosis is poor.

This case remains open and further investigation is pending.

Attachments: 1 witness statement

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CSC000017

Andrew v CSC
CF000017

R.App. 001245



Century Surety Company

465 Cleveland Avenue
Westerville, Ohio 43082

614-895-2000

www.centurysurety.com

COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

POLICY NO.: CCP502869

NAMED INSURED AND ADDRESS:

BLUE STREAK AUTO DETAILING

3675 E POST RD

SUITE B

LAS VEGAS

NV 89120

NEW

CODE NO.: 5718A

INSUREDS AGENT:

THE HARRIS AGENCY

5105 S DURANGO DR

SUITE 100

LAS VEGAS

NV 89113

POLICY PERIOD: From: 06/27/2008 To: 06/27/2009 at 12:01 A.M. Standard time at your mailing address shown above.

Business Description: AUTO DETAILING AND WASH

Individual Joint Venture Partnership Limited Liability Company (LLC) X Organization (Other than Partnership, LLC or Joint Venture)

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
GARAGE COVERAGE FORM	\$ 1,508.00

25 % of the Policy Premium is fully earned as of the effective date of this policy and is not subject to return or refund.

TOTAL \$ 1,508.00

Service of Suit (if form CCP 20 10 is attached) may be made upon:

HERITAGE GENERAL AGENCY INSURANCE SERVICES

ERNST & YOUNG BLDG, 725 S FIGUEROA ST, 19 FL, LOS ANGELES, CA 90017

Form(s) and Endorsement(s) made a part of this policy at time of issue*:

SEE ATTACHED SCHEDULE OF FORMS: CIL 15 00b 02 02

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

COMPANY REPRESENTATIVE:

HERITAGE GENERAL AGENCY INSURANCE SVCS

THE ERNST & YOUNG BLDG

725 S FIGUEROA ST, 19TH FLOOR

LOS ANGELES

CA 90017

Countersigned By _____

Authorized Representative

07/24/2008 TLH

IN WITNESS WHEREOF, this Company has executed and attested these presents; but this policy shall not be valid unless countersigned by the duly Authorized Agent of this Company at the Agency hereinbefore mentioned.

Secretary

President

CSCP 10 01 03 06

COMPANY

Andrew v CSC
CF000018

CSC000018

R.App. 001246

Century Surety Company

Garage Coverage Form Declarations

ITEM ONE

POLICY NO.: CCP502869

EFFECTIVE DATE: 06/27/2008

12:01A.M. Standard Time

NAMED INSURED: BLUE STREAK AUTO DETAILING

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT			PREMIUM
LIABILITY	29	Each "Accident" "Garage Operations"		Aggregate - "Garage Operations"	\$ 1,508
		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
		\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.			\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.			\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.			\$
MEDICAL PAYMENTS		\$			\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT			\$
UNINSURED MOTORISTS		\$			\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$			\$
GARAGEKEEPERS COMPREHENSIVE COVERAGE		\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT;			\$
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		OR \$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT			\$

POLICY NUMBER: CCP502869**ITEM TWO****SCHEDULE OF COVERAGES AND COVERED AUTOS (Cont'd)**

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT	PREMIUM
GARAGEKEEPERS COLLISION COVERAGE		\$ EACH LOCATION MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
			\$
		PREMIUM FOR ENDORSEMENTS	\$
		TRIA COVERAGE	\$
		* ESTIMATED TOTAL PREMIUM	\$ 1,508

* This policy may be subject to final audit.

ENDORSEMENTS ATTACHED TO THIS POLICY (other than applicable Forms and Endorsements shown elsewhere in the policy):

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

CAG 1900 1203

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CSC000020

Andrew v CSC
CF000020

R.App. 001248

POLICY NUMBER: CCP502869

COMMERCIAL AUTO
CA 03 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: BLUE STREAK AUTO DETAILING
Endorsement Effective Date: 06/27/2008
Countersignature Of Authorized Representative
Name: Not Applicable
Title: Not Applicable
Signature: Not Applicable
Date: Not Applicable

SCHEDULE

Liability Deductible:	\$	1,000	Per "Accident"
"Property Damage" Deductible:	\$		Per "Accident"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

Liability Coverage is changed as follows:

A. Liability Coverage Deductible

The damages caused in any one "accident" that would otherwise be payable under Liability Coverage will be reduced by the Liability Deductible shown in the Schedule prior to the application of the Limit of Insurance provision.

B. Property Damage Liability Coverage Deductible

The damages that would otherwise be payable under Liability Coverage for "property damage" caused in any one "accident" will be reduced by the "Property Damage" Deductible shown in the Schedule prior to the application of the Limit of Insurance provision.

CA 03 01 03 06

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C. Our Right To Reimbursement

To settle any claim or "suit" we may pay all or any part of any deductible shown in the Schedule. If this happens, you must reimburse us for the deductible or the part of the deductible we paid.

CAG 1919 0807

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GARAGE OPERATIONS LIMITATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

SCHEDULE

The following work and operations are included within the definition of "Garage operations":

AUTO DETAILING AND WASH

Coverage for classifications, operations or premises not shown above can only be covered if agreed to, in writing, by us as evidenced by endorsement to this policy.

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R.App. 001251

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GARAGE COVERAGE FORM – NON-DEALERS' AND TRAILER DEALERS' SUPPLEMENTARY SCHEDULE

POLICY NUMBER: CCP502869

ITEM THREE**LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS**

LOCATION NO.	ADDRESS State Your Main Business Location As Location No. 1.
1	3675 E POST RD, STE B, LAS VEGAS, NV 89120
2	
3	

ITEM FOUR

LIABILITY COVERAGE – PAYROLL RATING BASIS FOR YOUR PREMISES AND OPERATIONS AND NONOWNED AUTOS USED IN YOUR BUSINESS. REFER TO ITEM SIX FOR THE LIABILITY PREMIUMS FOR THE COVERED AUTOS YOU HIRE OR BORROW. REFER TO ITEM SEVEN FOR COVERED AUTOS YOU OWN.

LOCATION NO.	ESTIMATED PAYROLL	RATE PER \$100 OF PAYROLL	PREMIUM
1	\$ 10,400	\$ 14.499	\$ 1,508
2	\$	\$	\$
3	\$	\$	\$
TOTAL PREMIUM			\$ 1,508

ITEM FIVE**GARAGEKEEPERS COVERAGES AND PREMIUMS**

Location No.	Coverages	Limit Of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR
	Specified Causes Of Loss	\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR
	Specified Causes Of Loss	\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.

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POLICY NUMBER: CCP502869**ITEM FIVE (Cont'd)**

3	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$
		\$		MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR
	Specified Causes Of Loss	\$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$
		\$		MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.

PREMIUM FOR ALL LOCATIONS

Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$

DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐ **EXCESS INSURANCE**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **PRIMARY INSURANCE**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

ITEM SIX**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

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POLICY NUMBER: CCP502869

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

ITEM SEVEN

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				PURCHASED		TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
1					\$	\$		
2					\$	\$		
3					\$	\$		
4					\$	\$		
5					\$	\$		
Covered Auto No.	CLASSIFICATION							EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	
					Liab.	Phy. Dam.		
1								
2								
3								
4								
5								

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POLICY NUMBER: CCP502869

ITEM SEVEN**SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)**

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.I.P. End. Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$	\$		\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)					
	AUTO MEDICAL PAYMENTS		COMPREHENSIVE		SPECIFIED CAUSES OF LOSS	
	Limit	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
Total Premium		\$		\$

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POLICY NUMBER: CCP502868**ITEM EIGHT**

MEDICAL PAYMENTS COVERAGE – PREMISES AND OPERATIONS – NONOWNED AUTOS USED IN YOUR BUSINESS (REFER TO ITEM SEVEN FOR MEDICAL PAYMENTS PREMIUMS FOR COVERED AUTOS YOU OWN.)

COVERAGE	PREMIUM DETERMINATION	PREMIUM
Auto Medical Payments Only	Auto Medical Payments Premium equals % of the Liability Premium.	\$
Premises and Operations Medical Payments (Does not apply to bodily injury caused by any auto)	Premises and Operations Medical Payments Premium equals % of the Liability Premium.	\$
Premises and Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium equals % of the Liability Premium.	\$

ITEM NINE

PHYSICAL DAMAGE COVERAGE – AUTOS HELD FOR SALE – TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS – PREMIUMS – REPORTING OR NONREPORTING BASIS

The Physical Damage Coverage provisions of the Garage Coverage Form relating to dealers apply to those "autos" held for sale by non-dealers and trailer dealers.

Each of the following Physical Damage Coverage coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "X".

COVERAGES	TYPES OF "AUTOS"		INTERESTS COVERED			
	New "Autos"	Used "Autos" Demonstrators	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes Of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCATION NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION	RATES	PREMIUM
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS		\$
	Specified Causes Of Loss	SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS		\$
	Specified Causes Of Loss	SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		

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CSC000028

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POLICY NUMBER: CCP502869

ITEM NINE (Cont'd)

3	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS				\$
	Specified Causes Of Loss	SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
All	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.				\$
		BLANKET ANNUAL COLLISION RATES				
		First \$50,000	\$50,001 to \$100,000	Over \$100,000	Adjustment Factor	Premium
						\$
TOTAL PREMIUM					\$	

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

\$ Additional locations where you store covered "autos"

\$ In transit

PREMIUM BASIS – Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X").

☐ REPORTING BASIS (Quarterly or Monthly as indicated below by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other non-"employees", and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE above. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

☐ QUARTERLY

You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

☐ MONTHLY

You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☐ NONREPORTING BASIS

Stated limit of insurance shown above applies.

Loss Payee – Any loss is payable as interest may appear to you and:

CAG 1951 1203

©ISO Properties, Inc., 2000

Page 6 of 6 ☐

CSC000029

Andrew v CSC
CF000029

R.App. 001257

Policy Number CCPS02869

CIL 15 00b 02 02

SCHEDULE OF FORMS AND ENDORSEMENTS

(other than applicable forms and endorsements shown elsewhere in the policy)

Forms and Endorsements applying to the Coverage Parts listed below and made a part of this policy at time of issue:

Form/ Endt. #	Edition Date	Title	Total # of forms selected: 15
------------------	-----------------	-------	-------------------------------

Forms Applicable to this Coverage Part - INTERLINE-ALL COVERAGE PARTS

CIL 15 00b 02 02.....SCHEDULE OF FORMS AND ENDT
 CSCP 10 00 02 04.....POLICY JACKET
 CSCP 10 01 03 06.....COMMON POLICY DECLARATIONS
 CCP 20 10 03 07.....SERVICE OF SUIT CLAUSE
 IL 00 03 09 07.....CALCULATION OF PREMIUM
 IL 00 17 11 00.....COMMON POLICY CONDITIONS

Forms Applicable to this Coverage Part - GARAGE

GAG 1900 12 03.....GARAGE COVERAGE FORM DECLARATIONS
 CA 00 05 10 01.....GARAGE COVERAGE FORM
 CA 01 36 10 01.....NV CHANGES
 CA 03 01 03 06.....DEDUCTIBLE LIABILITY COVERAGE
 CA 23 04 01 06.....EXCLUSION OF TERRORISM
 CAG 1917 03 06.....REDUCED LIMITS ENDT-YOUTHFUL DRIVERS
 CAG 1919 08 07.....GARAGE OPERATIONS LIMITATION ENDT
 CAG 1951 12 03.....GARAGE COV FORM-NON-DEALERS SCHEDULE
 IL 00 21 05 04.....NUCLEAR ENERGY LIAB EXCL ENDT

CAG1901(01/08) - ADDITIONAL CONDITIONS AND EXCLUSIONS
 IL0110(07/01) - NEVADA CHANGES - CONCEALMENT, MISREPRESENTATION OR FRAUD

CIL 15 00b 02 02

To: "Internet Email - IREIMAGE" <images@centurysurety.com>
From: "Brittany Baney" <BBaney@centurysurety.com>
Date: Thu, 24 Jul 2008 00:04:14 -0400
Subject: FW: BLUE STREAK AUTO DETAILING - CCP502869

Drawer: UW
Folder Type: U/W Information
Doc Type: Inspection
Flow: UW Mail
Step: Garage All Other
To: Zach Davidson
Priority: 9
Description: INSP
Policy Number: CCP502869

From: Jane Wilkens [mailto:JWilkens@heritagegeneral.com]
Sent: Wednesday, July 23, 2008 4:03 PM
To: Brittany Baney
Subject: BLUE STREAK AUTO DETAILING - CCP502869

Hi Brittany, inspection attached - no recs.

Jane M. Wilkens, VP, CPCU, ASL
Heritage General Agency, A Division of
Worldwide Facilities, Inc.
725 S. Figueroa Street, 19th Floor
Los Angeles, CA 90017
213-236-4619 Direct Line
213-244-9644 Fax
jwilkens@heritagegeneral.com
CA License #0414108

***New! For instant indications, see www.heritagegeneral.com and log on. More classes coming soon!

This email has been scanned by the MessageLabs Email Security System.

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7/24/2008

Andrew v CSC
CF000031

CSC000031

R.App. 001259

Pacific Inspections, Inc.		Inspection Details - Policy CCP502869	
Date Submitted: Thursday July, 3, 2008		Request #: 90753-08	
Return Attention: LISETTE GUERRERO		Policy Number: CCP502869	
Agent: WORLDWIDE FACILITIES, INC		Type of Business: AUTO (DEALERSHIP, REPAIR, PARTS, ETC)	
Agent Phone Number: 213.236.4500		Acct: 591	
Name of Insured: BLUE STREAK AUTO DETAILING		DBA: N/A	
Address: 3675 E POST ROAD SUITE B LAS VEGAS, NV 89120			
Contact Person: MIKE VASQUEZ (702). 286-8450		Contact Phone Number: MAV7778@YAHOO.COM	
Contact Fax Number: N/A		Email Address: 7/17/08	
PACKAGES	PROPERTY	LIABILITY	MISC.
<input type="checkbox"/> MULTI PERIL	<input type="checkbox"/> MERCANTILE FIRE	<input type="checkbox"/> M&C	<input type="checkbox"/> COMM. AUTO
<input type="checkbox"/> FIRE & OLT	<input type="checkbox"/> HOMEOWNERS	<input type="checkbox"/> OLT	<input type="checkbox"/> PHONE M&C
<input type="checkbox"/> APARTMENT	<input type="checkbox"/> FULL DWELLING	<input type="checkbox"/> WORKER'S COMP	<input type="checkbox"/> FLEET
<input type="checkbox"/> MC & FIRE	<input type="checkbox"/> DWG. SHORT FORM	<input type="checkbox"/> PRODUCTS	<input type="checkbox"/> PER. AUTO
<input type="checkbox"/> MC & OLT	<input type="checkbox"/> BRUSH	<input checked="" type="checkbox"/> GARAGE	<input type="checkbox"/> EQUIP. FLOATER
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> E&H SUPP.	<input type="checkbox"/> BUSINESS BURG.	<input type="checkbox"/> LIQUOR LIAB.
			<input type="checkbox"/> EARTHQUAKE
Additional:	<input checked="" type="checkbox"/> PHOTO DESIRED	<input type="checkbox"/> REINSPECTION	
Inspection Type:	<input checked="" type="checkbox"/> NEW INSPECTION REQUEST	<input type="checkbox"/> RENEWAL INSPECTION REQUEST	
Other Requests:	GARAGE LIABILITY		
Special Instructions: ~PLEASE CONFIRM PAYROLL~			

Pacific Inspections, Inc.		M & C Service	
Request Number: 90753-08		Customer/Account: 591	
Policy Number: CCP502869		Producer: WORLDWIDE FACILITIES, INC.	
Insured: BLUE STREAK AUTO DETAILING		Return Attention: LISETTE GUERRERO	
Applicant/Firm: BLUE STREAK AUTO DETAILING		Person Interviewed: Mike Vasquez, Owner	
Property Address: 3675 E POST ROAD SUITE B LAS VEGAS NV, 89120		Date: Wednesday, July 16, 2008	
Highlights: Insured provides a mobile automobile detailing service in which insured washes, waxes, cleans automobile carpets and interiors as well as degreases engines at the customer's location.			

BUSINESS OPERATION

Type of Business and Trade Name:	Mobile Automobile Detailing	Type of Service Performed:	Detailing
Years of Experience:	2	Time at this Address?	8780 Wallaby Lane
How long in business?	2	Operating from Commercial or Residential Address?	Residential If Commercial Office, Days and Hours Open: (provided address, mailing)
Type License, # and Expiration Date:	General Business 2008388,100	Duties of the Executives:	Maintain and build customer base as well as provide hands on support for business
Number of Part Time/Full Time Employees (Clerical, Field, ECT.):	2	Any Sub-Contractors Used? Number:	No
Sub-Contractors Furnish Certificates of Insurance:	N/A	% of Sub-Contracted Work:	N/A
Insured Provide Supervision Over Sub-Contractors:	N/A	Written Contract Agreement With Sub-Contractors:	N/A If Yes, Hold Harmless Clause in Contract:
Warranty Length Sub-Contractors Give Insured:	N/A	Radius of Operations:	Clark County Nevada
Any Manufacturing or Products Exposure?	No		

COMPLETED OPERATIONS

PAST ANNUAL FIGURES FOR THE YEAR OF: 2007 Gross Receipts: 60,000 Clerical Payroll: 1,600 a month Clerical Number of Employees: 1 Field Supervisor Payroll: Field Supervisor Number of Employees: Field Employees Payroll: 1,400 Field Employees Number of Employees: 1 Service Employees Payroll: Service Employees Number of Employees: Number of Active Owners: Owner Payroll at \$33,600 per: OCP (Sub-contractor) Costs:	CURRENT ANNUAL FIGURES FOR THE YEAR OF: 2008 Gross Receipts: 100,000 Clerical Payroll: 1,600 Clerical Number of Employees: 1 Field Supervisor Payroll: Field Supervisor Number of Employees: Field Employees Payroll: 1,400 Field Employees Number of Employees: 1 Service Employees Payroll: Service Employees Number of Employees: Number of Active Owners: Owner Payroll at \$33,600 per: OCP (Sub-contractor) Costs:
--	--

PREVIOUS INSURANCE

Previous Carrier Product Liability Insurance:	N/A	Has Any Company Declined, Cancelled or Refused Insurance:	NO
Present Workman's Compensation Carrier:	N/A	Any Previous Product Liability Losses?	NO If Yes, Describe Fully in Narrative:

JOB SITE OPERATIONS

Describe All Job-Site Operations in Narrative:	
Type of Tools/Equipment:	Truck, trailer, generator, pressure
Any Service Vehicle Exposure?	No

Andrew v CSC
CF000033

CSC000033

R.App. 001261

Used: washer, and water tank.	If yes, describe: n/a
Any Installations of Parts? No	Equipment or Tools Left on Job? No
	Job-Site Overnight? If Yes, Describe Protection n/a

LOSS CONTROL

Certificates of Insurance Obtained From Vendors? N/A	Certificates Also Obtained From All Contractors: N/A
Insured Named as Additional Insured on all INS. Cert: N/A	

SPECIAL INSTRUCTIONS

Describe exact operations, any past losses and measures taken to prevent recurrence. Amplify any necessary questions from form:

Insured provides a mobile automobile detailing service in which insured washes, waxes, cleans automobile carpets and interiors, as well as degreases engines at the customer's location. The primary tools used to provide mentioned service is a truck, trailer, pressure washer, generator, and water tank. Insured has not incurred any losses. Insured's customers are a combination of individuals, casinos, and construction businesses. Insured and field employee drive company trucks home every night and the trailers and remaining work equipment are stored overnight at Storage One located at 11330 Dean Martin Dr. Las Vegas, NV 89141. The telephone number for Storage One is (702) 737-8889.

Pacific Inspections, Inc.**M & C Service Narrative**

Request Number: 90753-08	Customer/Account: 591
Policy Number: CCP502869	Producer: WORLDWIDE FACILITIES, INC.
Insured: BLUE STREAK AUTO DETAILING	Return Attention: LISETTE GUERRERO
Applicant/Firm: BLUE STREAK AUTO DETAILING	Person Interviewed: Mike Vasquez, Owner
Property Address: 3675 E POST ROAD SUITE B LAS VEGAS NV, 89120	Date: Wednesday, July 16, 2008

Business and Operations

The insured is a licensed mobile automobile detailing contractor. The insured specializes in detailing. Insured has 2 part time employees.

The insured has been in business for 2 years, and is reported to have 2 years of experience. The insured operates the business from the insured's residential address. The insured does not use sub contractors. Insured operates the business within Clark County Nevada.

Extra Notes:

Completed Operations

Gross receipts estimated by the insured at \$60,000 for the year of 2007, and the projected figure for 2008 are estimated to be \$100,000.

Extra Notes:

Prior Insurance

Extra Notes:

Past Losses

None reported

Recommendations

There are no recommendations.



GARAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: _____ Retailer: The Harris Agency
 Broker: _____ Location: _____
 Location: _____ Phone #: _____

Applicant Name: Blue Streaks Auto Detailing
 Mailing Address: 3675 E. Post Rd. Ste B Las Vegas, NV 89120
 Proposed Policy Period: 4/1/08 to 4/1/09
 Location #1: Same as mailing
 Location #2: _____

☐ Individual ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ Other _____

Insured's Website Address: _____

Inspection and Audit Contact / Phone Number: Mike Vasquez / (702) 286-3450

Years in business: 1 Years of experience in this field: 4

NATURE OF BUSINESS			
DEALER: <input type="checkbox"/> Franchised <input checked="" type="checkbox"/> Non-Franchised			
Please Indicate Percent:		Consigned Autos Held for Sale	Owned Autos Held for Sale
		Auto Auctions	Wholesale Autos
		Other (describe)	
NON-DEALER: <input type="checkbox"/> Repair Shop <input type="checkbox"/> Gas Station <input type="checkbox"/> Parking Facility <input checked="" type="checkbox"/> Other <u>Detailer/Shop</u>			
UNDERWRITING INFORMATION			
DO YOU:	YES	NO	YES NO
1. Engage in any other operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Repossess vehicles for others? <input type="checkbox"/> <input checked="" type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Engage in fuel conversion? <input type="checkbox"/> <input checked="" type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Engage in auto pawning? <input type="checkbox"/> <input checked="" type="checkbox"/>
4. Work on aircraft or airport premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Allow customers in the work area? <input type="checkbox"/> <input checked="" type="checkbox"/>
5. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Own or operate a car crusher or stack salvaged autos more than two high? <input type="checkbox"/> <input checked="" type="checkbox"/>
EXPLAIN ALL "YES" RESPONSES: _____			

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Antique/Classic Cars	%	%
Boats - Other Than Jet Skis	%	%
Jet Skis	%	%
Buses	%	%
Contractors Equipment <i>**include complete list of equipment**</i>	%	%
Farm Equipment	%	%
Emergency or Public Livery	%	%
Heavy Truck (over 26,000 GVW) <i>**supplement required**</i>	%	%
Kit Cars or Other Auto Manufacturing	%	%
Motorcycles, ATVs, Scooters, Snowmobiles <i>**supplement required**</i>	%	%
Mobile Homes	%	%
Recreational Vehicles and Campers <i>**supplement required**</i>	%	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%
TOTAL	100%	

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Gasoline Station - Self Service	%
Auto Dismantling	%	Impound Yards	%
Auto Maintenance or Repair Incl Bedliner	%	Mobile Auto Repair	%
Auto Painting with UL approved spray booth	%	Oil/Lube Service	%
Auto Painting without UL approved spray booth	%	Parking Lots & Garages (self park)	%
Auto Parts (uninstalled) <i>Receipts</i>	%	Tire Dealers - New	%
Body Shop	%	Tire Dealers - Used, Retreads or Split Rims	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <i>Receipts</i>	%	Valet Parking <i>**supplement required**</i>	%
Detailing <i>Wash</i>	100%	Van Conversion	%
Driveaway Contractor or Wrecker Service	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station - Full Service	%	Other:	%

VEHICLE STORAGE & VALUES			
Owned Autos		Non-Owned Autos	
How are vehicles stored?		How are vehicles stored?	
<input type="checkbox"/> Standard Lot*	<input type="checkbox"/> Building	<input type="checkbox"/> Standard Lot*	<input type="checkbox"/> Building
<input type="checkbox"/> Non-Standard Lot*	<input type="checkbox"/> Unprotected Lot	<input type="checkbox"/> Non-Standard Lot*	<input type="checkbox"/> Unprotected Lot
Maximum value any one Auto? _____		Maximum value any one Auto? _____	
Maximum number of Autos? _____		Maximum number of Autos? _____	
<p>*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended. Non-Standard Lot: Any other type of protection or fencing. Unprotected Lots: All Other</p>			

[illegible]

7. Spouse of Owner, Partner or Officer
8. Children of Owner, Partner or Officer
9. Spouse of any other person furnished an auto
10. Children of any other person furnished an auto
11. Occasional or Contract Driver
12. Other

A = Furnished a covered auto for personal use
B = Uses a covered auto strictly for business use
C = Does not drive a covered auto

THREE-YEAR PRIOR CARRIER AND LOSS HISTORY

If there is no prior insurance, check the box.

[illegible]

If there are no prior losses, check the box.

COVERAGES & LIMITS			
Garage Liability	Auto	Limit of Liability 1,000,000	Each Accident 1000 BI
	Other Than Auto	1,000,000	Each Accident 1000 PD
	Other Than Auto	2,000,000	Aggregate Limit
<input type="checkbox"/> Dealers Open Lot <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision <input type="checkbox"/> False Pretense	Limit of Coverage Limit Per Location Limit Per Auto	Deductible Other Than Collision Collision	
<input type="checkbox"/> Garagekeepers <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	Limit of Coverage Limit Per Location Limit Per Auto	Deductible Other Than Collision Collision	
<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision	In-Tow Coverage <input type="checkbox"/> For-Hire <input type="checkbox"/> Not-For-Hire Limit Per Tow Truck # of Tow Trucks		
Medical Payments	Auto	Garage Operations	
<input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$50,000 Fire Legal) <input type="checkbox"/> Fire Legal Liability Limit <input type="checkbox"/> Personal Injury Liability	<input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products		
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation	Name Address Insurable Interest		
<input type="checkbox"/> Uninsured Motorists Coverage <input type="checkbox"/> Underinsured Motorists Coverage	Each Accident Each Accident	Number of Dealer Tags	
Personal Injury Protection	Per Statute		
Radius of Pickup & Delivery:	<input checked="" type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> >1000 Miles		
Dealer's Errors & Omissions:	<input type="checkbox"/> Title E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Insurance Agents E&O		
<input type="checkbox"/> Scheduled Auto Liability or Physical Damage: Complete the Scheduled Auto Supplement			

ADDITIONAL INFORMATION

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERCLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.


 Witness

6/27/2009
 Date


 Applicant's Signature

Page 4 of 4

09/01/07 ed.

Andrew v CSC
 CF000038

CSC000038

R.App. 001266

To: mchorak@dynamicclaims.com;
From: CCHOLLAN
Cc:
Bee:
Subject: 01061367 ;
Date/Time Sent: 03/31/2009 5:51 PM

=====BEGINNING OF MESSAGE=====

Drawer: CLM
FileNo: 01061367

Mike,

Detailed statement of insured please cover the following, what is Blue Streak, a sole proprietorship, a corp, or what. Who is the business license made out to? Ask Mike Vasquez to detail his afternoon, when did he finish work, where did he go, did he see cyclist? Was it darK(I think it was)? On the errands or shopping, have him detail what he was doing, who he was shopping for, was there ANY business errand or shopping, don't ask him that but to conclude that part, "so this was all personal, no business?" might be a good question. Call if questions.

Charles C. Holland, Jr., CIC
(800) 840-0062

=====END OF MESSAGE=====

Attached Files:
IR_ACORD110001.pdf



Century Surety Company | ProCentury Insurance Company

Charles C. Holland, Jr., CIC
Senior Claims Examiner
(602) 445-5958 | cholland@centurysurety.com
(800) 840-0062

April 1, 2009

VIA CERTIFIED and REGULAR MAIL
7112 3456 5220 0000 7777

Michael Vasquez
Blue Streak Auto Detailing
3675 E Post Road, Suite B
Las Vegas, NV 89120

Re: Insured: Blue Streak Auto Detailing
Claimant: Ryan Terry Pretner
Policy No.: CCP502869
Date of Loss: March 26, 2009
Claim No.: 01-061367

Dear Mr. Vasquez:

I write on behalf of Century Surety Company ("Century") regarding the above-referenced claim filed through your agent, The Harris Agency.

The facts, as we understand them from your report and the attachments you supplied, and speaking to you at 11:40AM MST, March 30, 2009, are that you were running personal errands and shopping in your pickup, a 2007 Ford F150, on St. Rose Blvd., when the mirror on your pickup collided with the claimant's helmet. The claimant was riding his bicycle at about 5:22PM on the above-referenced date. Sunset is listed as 4:47PM. This incident occurred in Henderson, Nevada, the city in which you live. We understand you were driving your personal pickup on personal business, running errands and shopping. We understand this vehicle is covered for liability by Progressive Insurance.

The purpose of this letter is to advise you that our investigation and handling of this matter is being done under a full Reservation of Rights as to the terms and condition of your policy.

Your Garage insurance policy is provided by Century under policy number CCP502869, effective June 27, 2008 to June 27, 2009. Your liability limits for "bodily injury" and "property damage" are \$1,000,000 for each accident. You have a liability deductible of \$1,000 for each claim.

Please review Garage Coverage Form, CA 0005 (10/01), where you will note the description of vehicles that are potentially covered autos.

SECTION I - COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

A. Description Of Covered Auto Designation Symbols

www.CenturySurety.com

4722 N. 24th St., Suite 200, Phoenix, AZ 85016 Phone: (800) 840-0062 Fax: (602) 371-0113

MAILING ADDRESS: P.O. Box 163340, Columbus, OH 43216-3340

CSC000040

Andrew v CSC
CF000040

R.App. 001268

Blue Streak Auto Detailing
 April 1, 2009
 Page 2 of 4

Symbol	Description Of Covered Auto Designation Symbols
29	Non-Owned "Autos" Used In Your Garage Business Any "auto" you do not own, lease, hire, rent or borrow used in connection with your garage business described in the Declarations. This includes "autos" owned by your "employees" or partners (if you are a partnership), members (if you are a limited liability company), or members of their households while used in your garage business.

At this time, it is unclear if the vehicle that you were driving at the time of the accident would be considered a covered "auto". If the vehicle is not a covered "auto" under your policy, then coverage is precluded.

Please refer once again to policy form CA 0005 (10/01), where you will note the following language:

SECTION II – LIABILITY COVERAGE

A. Coverage

* * *

2. "Garage Operations" – Covered "Autos"

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from "garage operations" involving the ownership, maintenance or use of covered "autos".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from "garage operations" involving the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance – "Garage Operations" – Covered "Autos" has been exhausted by payment of judgments or settlements.

SECTION VI – DEFINITIONS

H. "Garage operations" means the ownership, maintenance or use of locations for garage business and that portion of the roads or other accesses that adjoin these locations. "Garage operations" includes the ownership, maintenance or use of the "autos" indicated in Section I of this Coverage Form as covered "autos". "Garage operations" also include all operations necessary or incidental to a garage business.

At this time, it is unclear whether this accident arose out of your "garage operations." If this accident did not arise out of your "garage operations," then coverage is precluded.

Blue Streak Auto Detailing

April 1, 2009

Page 3 of 4

Based on the forgoing, it is unclear whether your Century policy will provide coverage for any claims that may arise out of this accident. Accordingly, our handling of this matter is being done under a full Reservation of Rights as to the terms and conditions of your policy.

We have assigned this claim to Michael Chorak of Dynamic Claims in Las Vegas, Nevada. His phone number is 702-759-5354. He will be contacting you shortly.

In the event you receive any correspondence or suit papers related to this matter, please immediately forward these documents to the undersigned.

We understand that the claimant sustained a severe head injury and according to the police report, he was in critical condition when he was transported to the hospital. It is possible that the value of the claimant's injuries may ultimately exceed your \$1,000,000 policy limit. Please be advised that any portion of any verdict in excess of your policy's limit must be borne by you. For this reason, you should feel free to employ legal counsel, at your own expense, to protect your interests in excess of the coverage provided by your Century policy.

Please do not discuss the details of this matter with anyone other than the undersigned, the representative from the above-named adjusting firm, or your own personal counsel.

Century Surety Company does not limit its right to assert limitations on coverage to the provisions of the policy set forth above. Rather, it reserves its rights to enforce any and all of the provisions, including policy conditions, contained in the policy. Century Surety Company specifically reserves the right to bring an action to declare the obligations and responsibilities of the parties hereto under the contract of insurance in questions, at any time after the date of this letter.

Should you have any information that is contrary to what is expressed above, or if you have any questions, comments or objections, please contact the undersigned at 602-445-5958.

Sincerely,

CENTURY SURETY COMPANY



Charles C. Holland, Jr., CIC
Senior Claims Examiner

CH/mk

cc: The Harris Agency
5105 South Durango Dr., Suite 100
Las Vegas, NV 89113

Andrew v CSC
CF000042

CSC000042

R.App. 001270

Blue Streak Auto Detailing

April 1, 2009

Page 4 of 4

Heritage General Agency Insurance Services
The Ernst & Young Bldg.
725 S. Figueroa St., 19th Floor
Los Angeles, CA 90017

**WARNING
(Nevada)**

If a hospital submits to an insurer the form commonly referred to as the "UB-82," the form must contain or be accompanied by a statement in substantially the following form: "Any person who misrepresents or falsifies essential information requested on this form may, upon conviction, be subject to a fine and imprisonment under state or federal law, or both."

If a person who is licensed to practice one of the health professions regulated by Title 54 of NRS submits to an insurer the form commonly referred to as "HCFA-1500" for a patient who is not covered by any governmental program which offers insurance coverage for health care, the form must be accompanied by a statement in substantially the following form: "Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties."

Revised 10/05/05

CSC000043

Andrew v CSC
CF000043

R.App. 001271

Marjorie Kilwine

From: Charles Holland
Sent: Tuesday, March 31, 2009 2:36 PM
To: Marjorie Kilwine
Subject: FW: ROR 61367

Importance: High

OK, this one is ready, it is an ROR now.



061367
(ROR-Owned Auto)

From: Jim Karp
Sent: Tuesday, March 31, 2009 2:25 PM
To: Charles Holland
Subject: FW: ROR 61367
Importance: High

Charles - as we discussed, we will investigate this under ROR. I changed your letter accordingly. All you need to do to the letter is fill in the contact information for the I/A you assign, and then the letter is approved.

Please make sure that your i/a takes a very detailed statement from the insured as to the exact reason for his trip. Where was he going? Why? Did he have any other purpose in driving at the time of loss? Specifically, did the purpose of his trip in any way relate to the business operations of Blue Streak Auto Detailing?

Please have the i/a also obtain a copy of the title or registration of the vehicle Mr. Vasquez was driving.

Finally, please have the I/A determine what kind of business the named insured operates, i.e., a sole proprietorship, corporation, LLC, etc.

Let me know if you have any questions or want to discuss. Thanks.

Jim

From: Marjorie Kilwine
Sent: Monday, March 30, 2009 1:49 PM
To: Jim Karp
Cc: Charles Holland
Subject: RE: Disclaimer 61367



061367
Disclaimer-Owned Auto

Margie Kilwine
mkilwine@centurysurety.com
602-216-6597
800-840-0265

From: Charles Holland
Sent: Monday, March 30, 2009 12:23 PM
To: Claims Transcription
Subject: Disclaimer 61367

Enclosed is letter on subject, please indent coverage and proof. Then to Mr. Karp for approval.

<< File: 61367 (Disclaimer-Owned Auto) Blue Streak(30Mar09).doc >>

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7112 3456 5220 0000 7777

Postage	\$ \$0.42
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$2.20
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ \$5.32

 Postmark
Here

 Sent To

 Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4

Michael Vasquez
Blue Streak Auto Detailing
3675 E Post Road, Suite B
Las Vegas, NV 89120

PS Form 3800, August 2006

See Reverse for Instructions


 Code: Corresp
 Code2: Outgoing
 File: 01-061357

CSC000046

 Andrew v CSC
 CF000046

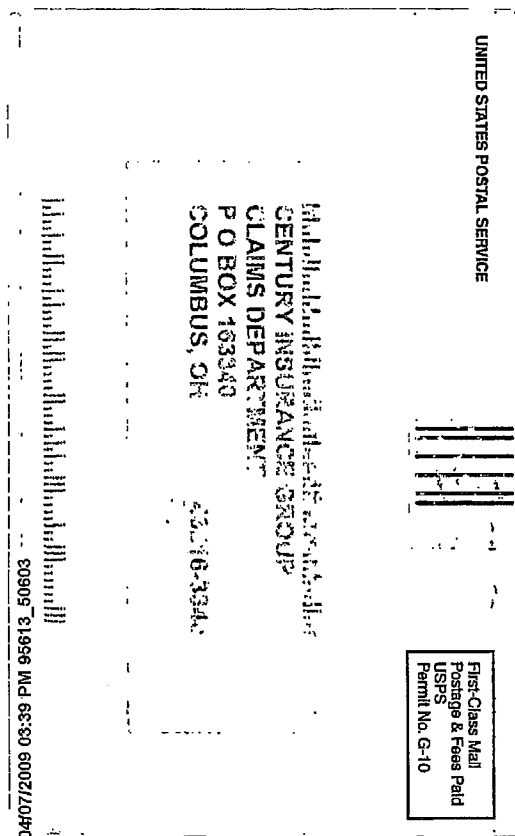
R.App. 001274

04/07/2009 03:39 PM 95613_50603

2. Article Number  7112 3456 5220 0000 7777		COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Xavier Colon</i> B. Received by (Printed Name) C. Date of Delivery <i>4/3/09</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below:	
1. Article Addressed to: Michael Vasquez Blue Strait Auto Detailing 3675 E. Post Road, Suite B Las Vegas, NV 89120		3. Service Type <input checked="" type="checkbox"/> Certified	
Codes: Corresp. Code2: Outgoing File: 01-061367		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Andrew v CSC
CF000047

CSC000047



Andrew v CSC
CF0000048

CSC0000048

Charles Holland

From: Charles Holland
Sent: Wednesday, April 08, 2009 9:24 AM
To: 'lpretner@yahoo.com'
Cc: 'vincent_johnson@progressive.com'
Subject: 01 061367, Blue Streak

Mr. Pretner,

We have recently discussed your son Ryan, and the commercial policy on Blue Streak. I have advised you that we are conducting an investigation which should be through in about 30 days. Please send me a mailing address and I will copy you on any coverage letter we write.

Charles C. Holland, Jr., CIC
Senior Claims Examiner
Century Insurance Group
4722 N. 24th Street, Suite 200
Phoenix, AZ 85016
(800) 840-0062
(602) 371-0113(fax)

Charles Holland

From: Amalia Shorkina [ashorkina@dynamicclaims.com]
Sent: Tuesday, March 31, 2009 3:13 PM
To: Charles Holland
Cc: Michael Chorak
Subject: Ackn.of claim # 01061367 on 3-31-09

Dear: Mr.Holland

Acknowledgement of Claim
Sent by e-mail

Your Claim No. : 01061367
Your insured : Blue Streak Auto Detailing LLC
Date of loss : 3/26/09
Claimant Name : Ryan Terry Pretner
DCS File No. : NV-30969-MC

This will acknowledge receipt of the above captioned assignment in our office.Mike Chorak will be handling this case.

Please refer to the above file number when corresponding with our office.
We thank you for this referral, and we look forward to working with you.

Sincerely,

Amalia Shorkina
Assistant Manager
Dynamic Claims Services, Inc.
2 Corporate Park, Ste.201
Irvine, CA 92606
Tel. 949-474-0040 ext.21
Fax: 949-474-0050

This email has been scanned by the MessageLabs Email Security System.

04/08/2009

CSC000050

Andrew v CSC
CF000050

R.App. 001278

Charles Holland

From: Jim Karp
Sent: Tuesday, March 31, 2009 2:25 PM
To: Charles Holland
Subject: FW: ROR 61367

Importance: High

Charles - as we discussed, we will investigate this under ROR. I changed your letter accordingly. All you need to do to the letter is fill in the contact information for the I/A you assign, and then the letter is approved.

Please make sure that your i/a takes a very detailed statement from the insured as to the exact reason for his trip. Where was he going? Why? Did he have any other purpose in driving at the time of loss? Specifically, did the purpose of his trip in any way relate to the business operations of Blue Streak Auto Detailing?

Please have the i/a also obtain a copy of the title or registration of the vehicle Mr. Vasquez was driving.

Finally, please have the I/A determine what kind of business the named insured operates, i.e., a sole proprietorship, corporation, LLC, etc.

Let me know if you have any questions or want to discuss. Thanks.

Jim

From: Marjorie Kilwine
Sent: Monday, March 30, 2009 1:49 PM
To: Jim Karp
Cc: Charles Holland
Subject: RE: Disclaimer 61367



061367

Disclaimer-Owned Auto

Margie Kilwine
mkilwine@centurysurety.com
602-216-6597
800-840-0265

From: Charles Holland
Sent: Monday, March 30, 2009 12:23 PM
To: Claims Transcription
Subject: Disclaimer 61367

Enclosed is letter on subject, please indent coverage and proof. Then to Mr. Karp for approval.

<< File: 61367 (Disclaimer-Owned Auto) Blue Streak(30Mar09).doc >>

Charles Holland

From: Lee Pretner [lpretner@yahoo.com]
Sent: Wednesday, April 08, 2009 10:04 AM
To: Charles Holland
Subject: Re: 01 061367, Blue Streak

660 Roddenberry ave
Las Vegas, NV 89123
Thank you,
Lee Pretner,GD

From: Charles Holland <CHolland@centurysurety.com>
To: lpretner@yahoo.com
Cc: vincent_johnson@progressive.com
Sent: Wednesday, April 8, 2009 9:24:22 AM
Subject: 01 061367, Blue Streak

Mr. Pretner,

We have recently discussed your son Ryan, and the commercial policy on Blue Streak. I have advised you that we are conducting an investigation which should be through in about 30 days. Please send me a mailing address and I will copy you on any coverage letter we write.

Charles C. Holland, Jr., CIC
Senior Claims Examiner
Century Insurance Group
4722 N. 24th Street, Suite 200
Phoenix, AZ 85016
(800) 840-0062
(602) 371-0113(fax)

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04/08/2009

CSC000052

Andrew v CSC
CF000052

R.App. 001280

Charles Holland

From: Charles Holland
Sent: Wednesday, April 08, 2009 10:22 AM
To: 'Lee Pretner'
Cc: 'Michael Chorak'
Subject: RE: 01 061367, Blue Streak

Mr. Pretner,

In our conversation today, you mentioned that our insured had just left a car wash when this accident happened according to a friend of his. When I asked for the name, repeatedly, you wife came on the phone and said that you didn't know that, that you didn't know who said that, or if it was even said. As we are conducting an investigation into this accident we believe you need to be forthright with us concerning this alleged witness so we may conduct the most thorough investigation and arrive at the correct determination of coverage as a result of that investigation. I am asking Michael Chorak, the investigator we have hired to visit with both you and your wife, regarding this statement to make sure we are clear on your position and recording your statement.

Thank you for your time.

Charles C. Holland, Jr., CIC
Senior Claims Examiner
Century Insurance Group
4722 N. 24th Street, Suite 200
Phoenix, AZ 85016
(800) 840-0062
(602) 371-0113(fax)

From: Lee Pretner [mailto:lp Pretner@yahoo.com]
Sent: Wednesday, April 08, 2009 10:04 AM
To: Charles Holland
Subject: Re: 01 061367, Blue Streak

660 Roddenberry ave
Las Vegas, NV 89123
Thank you,
Lee Pretner,GD

From: Charles Holland <CHolland@centurysurety.com>
To: lp Pretner@yahoo.com
Cc: vincent_johnson@progressive.com
Sent: Wednesday, April 8, 2009 9:24:22 AM
Subject: 01 061367, Blue Streak

Mr. Pretner,

We have recently discussed your son Ryan, and the commercial policy on Blue Streak. I have advised you that we are conducting an investigation which should be through in about 30 days. Please send me a mailing address

04/08/2009

CSC000053

Andrew v CSC
CF000053

R.App. 001281

and I will copy you on any coverage letter we write.

Charles C. Holland, Jr., CIC
Senior Claims Examiner
Century Insurance Group
4722 N. 24th Street, Suite 200
Phoenix, AZ 85016
(800) 840-0062
(602) 371-0113(fax)

This email has been scanned by the MessageLabs Email Security System.

04/08/2009

CSC000054

Andrew v CSC
CF000054

R.App. 001282

Charles Holland

From: Vincent Johnson [Vincent_Johnson@Progressive.com]
Sent: Wednesday, April 08, 2009 1:30 PM
To: Charles Holland
Subject: Re: 01 061367, Blue Streak

Mr. Holland,

Thank you for the email. Please copy me when you reach a coverage decision.

Thank you,

All correspondence (including any e-mail) we receive from you may become part of your permanent claims file. If you request a reply to this e-mail, we may respond by e-mail or by phone.

Vincent Johnson
Claims Representative
5340 Kietzke Lane, Suite 103
Reno, Nevada
(775) 689-6609

"Charles Holland"
<CHolland@century
surety.com>

04/08/2009 09:24
AM

<lpretner@yahoo.com>

<vincent_johnson@progressive.com>

01 061367, Blue Streak

To

cc

Subject

Mr. Pretner,

We have recently discussed your son Ryan, and the commercial policy on Blue Streak. I have advised you that we are conducting an investigation which should be through in about 30 days. Please send me a mailing address and I will copy you on any coverage letter we write.

Charles C. Holland, Jr., CIC
Senior Claims Examiner
Century Insurance Group
4722 N. 24th Street, Suite 200
Phoenix, AZ 85016
(800) 840-0062
(602) 371-0113(fax)

[attachment "C.htm" deleted by Vincent Johnson/02/Progressive]

This email has been scanned by the MessageLabs Email Security System.

Charles Holland

From: Michael Chorak [monsanto70@hotmail.com]
Sent: Wednesday, April 08, 2009 9:01 PM
To: Charles Holland
Subject: RE: 01 061367, Blue Streak

Charles,

We have been playing phone tag with the insured in securing his statement. In fact he missed one of our appointments. We did some research; see attached, and learned that the insured's LLC is currently in default. However he does have a business license with Clark County. We have not attempted to contact the claimants. Please advise what information you want us to secure from the claimants.

Michael Chorak

DYNAMIC CLAIMS SERVICES
Nevada Direct Dial: 702-759-5354
Arizona Direct Dial: 480-363-6178
Fax: 702-441-7175

Email: mchorak@dynamicclaims.com

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From: Charles Holland [mailto:CHolland@centurysurety.com]
Sent: Tuesday, March 31, 2009 2:51 PM
To: mchorak@dynamicclaims.com
Subject: 01061367 ;

Drawer: CLM
FileNo: 01061367

Mike,

Detailed statement of insured please cover the following, what is Blue Streak, a sole proprietorship, a corp, or what. Who is the business license made out to? Ask Mike Vasquez to detail his afternoon, when did he finish work, where did he go, did he see cyclist? Was it dark(I think it was)? On the errands or shopping, have him detail what he was doing, who he was shopping for, was there ANY business errand or shopping, don't ask him that but to conclude that part, "so this was all personal, no business?" might be a good question. Call if questions.

Charles C. Holland, Jr., CIC
(800) 840-0062

04/09/2009

CSC000057

Andrew v CSC
CF000057

R.App. 001285

This email has been scanned by the MessageLabs Email Security System.

04/09/2009

CSC000058

Andrew v CSC
CF000058

R.App. 001286

3/31/2009

Entity Details - Secretary of State, Nev...

BLUE STREAK AUTO DETAILING LLC

Business Entity Information			
Status:	Default	File Date:	6/3/2008 7:12:50 AM
Type:	Domestic Limited-Liability Company	Corp Number:	E0368992008-2
Qualifying State:	NV	List of Officers Due:	7/31/2008
Managed By:	Managing Members	Expiration Date:	

Registered Agent Information			
Name:	UNITED STATES CORPORATION AGENTS, INC.	Address 1:	500 N RAINBOW BLVD STE 300A
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89107
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

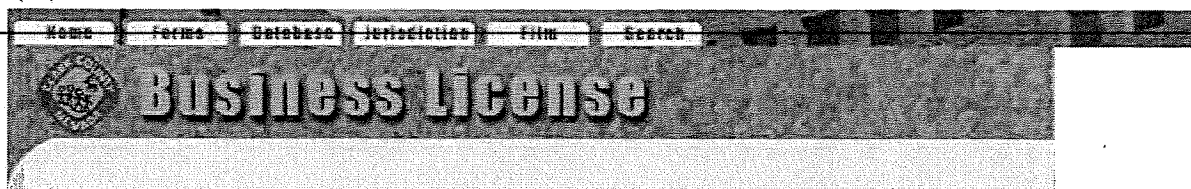
Financial Information	
No Par Share Count:	0
Capital Amount:	\$ 0
No stock records found for this company	

Officers	<input type="checkbox"/> Include Inactive Officers
No active officers found for this company	

Actions/Amendments			
Action Type:	Articles of Organization		
Document Number:	20080384742-78	# of Pages:	1
File Date:	06/03/2008	Effective Date:	
(No notes for this action)			

3/31/2009

Business License Detail



Business License Detail Information

License Number:	2000388,100
Business:	Blue Streak Auto Detailing Suite #B 3675 E Post Rd Las Vegas, NV 89120
Business Telephone:	
License Category:	Auto Wash/Detailing
Status:	Licensed
Date of License:	05/19/2008
Out of Business Date:	
Business Owner(s):	
Vasquez, Andre M. Vasquez, Michael	

[Return to Previous Page](#)[Return to Business License Database Search Options](#)[Return to Home](#)clark.nv.us/BusinessLicenseDetails...

1/1

CSC000060

Andrew v CSC
CF000060

R.App. 001288

3/31/2009

Entity Details - Secretary of State, Nev...

BLUE STREAK AUTO DETAILING LLC

Business Entity Information			
Status:	Expired	File Date:	12/21/2007 2:27:15 PM
Type:	Reserved Name	Corp Number:	E0870402007-1
Qualifying State:		List of Officers Due:	
Managed By:		Expiration Date:	3/21/2008

Reservation Holder			
Name:	MICHAEL VASQUEZ	Address 1:	7945 LA CIENEGA ST
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89123

Registered Agent Information
No Registered Agent associated with this company

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 0
No stock records found for this company			

Officers	<input type="checkbox"/> Include Inactive Officers
No active officers found for this company	

Actions/Amendments			
Action Type:	Name Reservation		
Document Number:	20070862085-38	Page:	1
File Date:	12/21/2007	Effective Date:	
(No notes for this action)			

esos.state.nv.us/.../PrintCorp.aspx?lx8...

1/1

CSC000061

Andrew v CSC
CF000061

R.App. 001289

Charles Holland

From: Charles Holland
Sent: Thursday, April 09, 2009 7:20 AM
To: 'Michael Chorak'
Subject: RE: 01 061367, Blue Streak

Michael,

I believe I cc'd you on the emails to Pretzer. The main thing that concerns me is the statement by the father, that a friend of our insured said he had just left a car wash. Of course, he is in competition with a car wash, since most now also provide detailing, waxing, etc., but that is what the father said, like he was making a business call on the car wash. This has something to do with our insured's statement to be sure and cover a time period, i.e., when did he quit working that day, what did he do next and cover all time from the quit time, to the accident and subsequent. Mr. Pretzer's wife, or x-wife, mother of the clmt, said Mr. had a memory problem, he didn't even know where he heard that or if he heard that. Suggest That you get together with both of them and record the interview, so as to exhaust all leads in our investigation.

Charles C. Holland, Jr., CIC
Senior Claims Examiner
Century Insurance Group
4722 N. 24th Street, Suite 200
Phoenix, AZ 85016
(800) 840-0062
(602) 371-0113(fax)

From: Michael Chorak [mailto:monsanto70@hotmail.com]
Sent: Wednesday, April 08, 2009 9:01 PM
To: Charles Holland
Subject: RE: 01 061367, Blue Streak

Charles,

We have been playing phone tag with the insured in securing his statement. In fact he missed one of our appointments. We did some research; see attached, and learned that the insured's LLC is currently in default. However he does have a business license with Clark County. We have not attempted to contact the claimants. Please advise what information you want us to secure from the claimants.

Michael Chorak

DYNAMIC CLAIMS SERVICES
Nevada Direct Dial: 702-759-5354
Arizona Direct Dial: 480-363-6178
Fax: 702-441-7175

Email: mchorak@dynamicclaims.com

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From: Charles Holland [mailto:CHolland@centurysurety.com]
Sent: Tuesday, March 31, 2009 2:51 PM
To: mchorak@dynamicclaims.com

04/09/2009

CSC000062

Andrew v CSC
CF000062

R.App. 001290

Subject: 01061367 ;

Drawer: CLM
FileNo: 01061367

Mike,

Detailed statement of insured please cover the following, what is Blue Streak, a sole proprietorship, a corp, or what. Who is the business license made out to? Ask Mike Vasquez to detail his afternoon, when did he finish work, where did he go, did he see cyclist? Was it dark(I think it was)? On the errands or shopping, have him detail what he was doing, who he was shopping for, was there ANY business errand or shopping, don't ask him that but to conclude that part, "so this was all personal, no business?" might be a good question. Call if questions.

Charles C. Holland, Jr., CIC
(800) 840-0062

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04/09/2009

CSC000063

Andrew v CSC
CF000063

R.App. 001291

Charles Holland

From: Charles Holland
Sent: Monday, May 04, 2009 6:55 AM
To: 'Michael Chorak'
Subject: RE: Century File: 01 061367; DCS File: NV-30969 - Blue Streak Auto Detailing - Update

Mr. Pretner said that the insured was conducting business according to a friend of the insured, his maybe x-wife was on the phone at the time and said Mr. Pretner did not know that, that Mr. Pretner had a memory problem and did not know whether that was said or not, not by who. I need a separate statement from each on the knowledge they have concerning our insured's comings and goings as a result of that phone statement. So these statements will rule out what was said on the phone, they will be negative statements that they have no information concerning our insured or what he was doing on the day of the accident.

Thanks

Charles

From: Michael Chorak [mailto:mchorak@dynamicclaims.com]
Sent: Sunday, May 03, 2009 11:54 PM
To: Charles Holland
Subject: Century File: 01 061367; DCS File: NV-30969 - Blue Streak Auto Detailing - Update

Charles,

I have spoken with the insured and secured his statement. The insured admits to running personal errands when the accident occurred and it had nothing to do with Blue Streak Auto Detailing. After sometime I finally got a hold of the claimant's father, Lee Pretner, via email. I have yet been able to set up a time to secure a recorded statement. As I understand it Mr. Pretner is currently in Englewood, CO with his son (Ryan Pretner) at the Craig Hospital who is receiving specialized treatment. Ryan was in coma but came out of it about three weeks ago. I would like to clarify what information you would like to gather from the r/s so that I cover all of the bases. I await your direction.

Thank you.

Michael Chorak

DYNAMIC CLAIMS SERVICES

Nevada Direct Dial: 702-759-5354

Arizona Direct Dial: 480-363-6178

Fax: 702-441-7175

Email: mchorak@dynamicclaims.com

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From: Michael Chorak [mailto:monsanto70@hotmail.com]
Sent: Wednesday, April 08, 2009 9:01 PM
To: 'Charles Holland'
Subject: RE: 01 061367, Blue Streak

Charles,

We have been playing phone tag with the insured in securing his statement. In fact he missed one of our appointments. We did some research, see attached, and learned that the insured's LLC is currently in default.

05/04/2009

Andrew v CSC
 CF000064

CSC000064

R.App. 001292

However he does have a business license with Clark County. We have not attempted to contact the claimants. Please advise what information you want us to secure from the claimants.

Michael Chorak

DYNAMIC CLAIMS SERVICES

Nevada Direct Dial: 702-759-5354

Arizona Direct Dial: 480-363-6178

Fax: 702-441-7175

Email: mchorak@dynamicclaims.com

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From: Charles Holland [mailto:CHolland@centurysurety.com]

Sent: Tuesday, March 31, 2009 2:51 PM

To: mchorak@dynamicclaims.com

Subject: 01061367 ;

Drawer: CLM
FileNo: 01061367

Mike,

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Charles C. Holland, Jr., CIC
(800) 840-0062

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05/04/2009

CSC000065

Andrew v CSC
CF000065

R.App. 001293

06/02/2009 11:26 AM 95613 51405

61367
New Doc
CCH

LAW OFFICE OF
SYLVIA L. ESPARZA

3340 E. PEPPER LANE, SUITE 105 • LAS VEGAS, NV 89120 • TEL (702) 853-0213 • FAX (702) 853-0234

May 26, 2009.

Charles C. Holland, Jr., CIC
Senior Claims Examiner
Century Insurance Group
4722 N. 24th Street, Suite 200
Phoenix, AZ 85016

Re: Your Insured: Michael Vasquez/ Blue Streak Auto Detailing
My client: Lee Pretner/Ryan T. Pretner
Date of Loss: 01/12/2009
Your Claim Number: 01 061367

Dear Mr. Holland,

This office represents Lee Pretner, Guardian for Ryan T. Pretner in regards to the above referenced accident. Our investigation indicates that this accident was caused by your insured's negligence.

Ryan T. Pretner has treated with the following providers:

University Medical Center
1800 W. Charleston Boulevard
Las Vegas, NV 89102

Kindred Hospital - Las Vegas at Desert Springs Hospital
2075 E. Flamingo Road, Fifth Floor
Las Vegas, NV 89119

Craig Hospital
3425 S. Clarkson Street
Englewood, Colorado 80113

RECEIVED
JUN 02 2009
SCANNING DEPT

At this time, we enclose a medical authorization and urge you to use the same in your investigation of this claim. Mr. Pretner is willing to enter into a settlement agreement containing a covenant not to execute in favor of your insured for the policy limits provided that you have the same in my office within two weeks together with proof that those are the only funds available to provide compensation to my client for this incident. Acceptance of this offer is contingent upon compliance with all terms of the offer. All terms of this offer are material. Should you need anything with regards to this claim please do not hesitate to contact me so that we can accommodate you.

Sincerely,

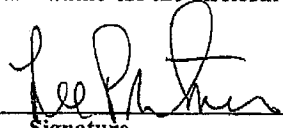
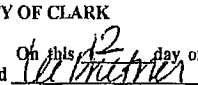
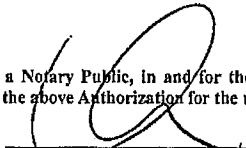
Sylvia L. Esparza, Esq.

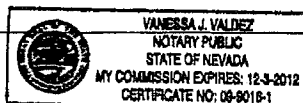
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Encls.

06/02/2009 11:26 AM 95613_51405

**Authorization for Use and Disclosure of Protected
Health Information ("PHI Release")**

PATIENT NAME AT TIME OF TREATMENT: Ryan T. Pretner	BIRTH DATE: 08/22/1971	SOCIAL SECURITY NO: 530-88-5136
PATIENT ADDRESS: 660 Roddenberry Las Vegas, NV 89123	HOME TELEPHONE NO: (702) 683-2453	WORK TELEPHONE NO:
I HEREBY AUTHORIZE (Medical Provider or Facility):		
To disclose medical record information and/or protected health information of the patient identified above to:		
Obtain health insurance benefits, for the purpose of personal injury claim and/or litigation, etc.		
Type of Access Requested:	SELECTED PORTIONS OF PHI:	
_____ copies of record(s)	<input type="checkbox"/> Abstract/Pertinent <input type="checkbox"/> Emergency Room <input type="checkbox"/> H & P <input type="checkbox"/> Consult Report <input type="checkbox"/> Operative Report <input type="checkbox"/> Rehab Services <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Lab <input type="checkbox"/> Imaging/Radiology	
_____ Inspections of the record(s)	<input type="checkbox"/> Cardiac Studies <input type="checkbox"/> Face Sheet <input type="checkbox"/> Nursing Notes <input type="checkbox"/> Medication Record(s) <input type="checkbox"/> Itemized Billing <input type="checkbox"/> Progress Notes <input type="checkbox"/> Physician Orders <input type="checkbox"/> Entire Record <input type="checkbox"/> Other:	
I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric/mental health, HIV testing, HIV results, AIDS information, SARS testing, SARS results and SARS information.		
EXPIRATION: This Authorization shall expire one (1) year from the date that this Authorization is signed, or at the end of the litigation, whichever is last to occur.		
Patient hereby acknowledges: (1) that he/she has the right to revoke this Authorization at any time, and (2) that Patient understands that once information is disclosed hereunder the privacies and protections offered pursuant to Federal Law (H.I.P.A.A.) may no longer apply. Patient understands that he/she may revoke this Authorization only in a writing sent by certified mail to the Provider at the address above. The revocation will be effective only upon receipt, except: (1) to the extent the Provider has acted in reliance on the Authorization, or (2) the Authorization was obtained as a condition of obtaining insurance coverage and the insurer wishes to use the protected health information to lawfully contest a claim. Further information on the right to revoke may be provided from time to time in the Provider's Notice of Privacy Practices.		
I have read the above and authorize the disclosure of the protected health information as stated.		
2-12-09		If person signing is other than Patient, state authority under which signature is made: FATHER / Legal Guardian
Date	Signature	Relationship to Patient
STATE OF NEVADA		
COUNTY OF CLARK		
On this 12 day of February, 2009, before me, a Notary Public, in and for the above named county and state, appeared  , who acknowledged to me that she executed the above Authorization for the uses and purposes therein stated.		
 NOTARY PUBLIC in and for said County and State		



Andrew v CSC
CF000067

CSC000067

R.App. 001295

06/02/2009 11:26 AM 95613_51405

OAG
 SYLVIA L. ESPARZA, ESQ.
 Nevada Bar #8444
 3340 East Pepper Lane, Suite 105
 Las Vegas, Nevada 89120
 (702) 853-0233
 Attorney for Petitioner,
 LEE R. PRETNER

FILED
 FEB 4 4 57 PM '09
 CLERK OF COURT

DISTRICT COURT
 CLARK COUNTY, NEVADA

In the Matter of the Guardianship of)	
)	CASE NO. G-09-032961-A
)	DEPT. NO. B
RYAN T. PRETNER)	
An Adult.)	
)	
)	

ORDER APPOINTING GUARDIAN

UPON REVIEW of the verified Petition for Appointment of Guardian submitted by the Petitioner, the same having come before the above-entitled Court, and it appearing to the satisfaction of the Court that proper Notice of hearing of this matter has been duly given in the manner required by law; that all allegations contained in the verified petition are true and correct, and that the Ward is a resident of the State of Nevada, and good cause appearing therefore;

NOW THEREFORE, IT IS HEREBY ORDERED that the Petitioner, LEE R. PRETNER is appointed as Guardian of the Ward RYAN T. PRETNER'S person and estate.

IT IS FURTHER ORDERED that Letters of Guardianship shall issue to Guardian upon the taking the oath of office as required by law.

IT IS FURTHER ORDERED that no bond or blocked account will be required;

IT IS FURTHER ORDERED that annual accounting is required pursuant to statute beginning one year from the date that this order is signed.

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1 IT IS FURTHER ORDERED that the Guardian shall enjoy all normal powers
 2 conferred by the Nevada Revised Statutes pursuant to NRS 159.083, and any additional
 3 actions found in NRS 159.113 without petitioning the court for an additional hearing and a
 4 separate court order, to take those steps necessary to preserve the real and/or personal
 5 property of the Ward of this Court as indicated in the petition;

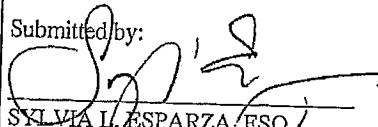
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 7 IT IS FURTHER ORDERED that the Guardian mail a copy of this Order and the
 8 Notice of Entry of Order to the Ward and to those persons and care providers entitled to
 9 notice under Chapter 159 of the Nevada Revised Statutes.

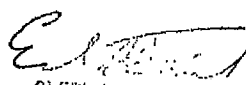
10 DATED this _____ day of FEB 04 2009, 2009.

11 **GLORIA S. SANCHEZ**

12
 13 DISTRICT COURT JUDGE

14 Submitted by:

15 
 16 SYLVIA I. ESPARZA, ESQ.
 17 Nevada Bar #8444
 18 3340 East Pepper Lane, Suite 105
 19 Las Vegas, Nevada 89120
 20 (702) 853-0233
 21 Attorney for Petitioner
 22 LEE R. PRETNER

23
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 26 CLERK OF THE COURT

27 FEB 10 10 25 AM '09

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Charles Holland

From: Michael Chorak [mchorak@dynamicclaims.com]
Sent: Friday, June 05, 2009 8:16 AM
To: Charles Holland
Subject: Century File: 01061367; DCS File: NV-30969 - Blue Streak Auto Detailing - Ryan Pretner - Preliminary Report 06-04-09

Charles,

RE: Pedestrian hit by Vehicle
Claim No: 01061367
Insured: Blue Streak Auto Detailing LLC
DOL: 01/12/09
Claimant: Ryan Terry Pretner
DCS File No: NV-30969

Please see the attached report and enclosures. Sorry for the delay as I mistakenly thought I had already sent out a report on this.

Michael Chorak

DYNAMIC CLAIMS SERVICES

Nevada Direct Dial: 702-759-5354

Arizona Direct Dial: 480-363-6178

Fax: 702-441-7175

Email: mchorak@dynamicclaims.com

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This email has been scanned by the MessageLabs Email Security System.

06/05/2009

CSC000070

Andrew v CSC
CF000070

R.App. 001298

June 4, 2009

Century Insurance Group
Western Claims Office
P.O. 163340
Columbus, OH 43216-3340

Attention: Mr. Charles Holland

Email: cholland@centurysurety.com

RE: Pedestrian hit by Vehicle

Claim No: 01061367
Insured: Blue Streak Auto Detailing LLC
DOL: 01/12/09
Claimant: Ryan Terry Pretner
DCS File No: NV-30969

PRELIMINARY REPORT

Dear Mr. Holland:

This will serve to acknowledge receipt of the above-captioned assignment referred to our office, for which we express our sincere appreciation. Our preliminary report is as follows:

SCOPE OF ASSIGNMENT:

This is a limited task assignment and the following was completed:

1. Secured insured r/s
2. Attempt to secured claimant r/s

FACTS IN BRIEF:

As you are aware, this is a general liability claim where the claimant, Ryan Pretner, was riding his bike along St. Rose Parkway in Henderson, Nevada when he was hit in the

3960 Howard Hughes Parkway, 5th Floor • Las Vegas, Nevada 89109 • Phone (702) 759-5354 Fax (702) 441-7175
E-Mail Direct: MChorak@Dynamicclaims.com • Web: <http://www.DynamicClaims.com>

CSC000071

Andrew v CSC
CF000071

R.App. 001299

June 4, 2009

Claim No.: 01061367

DCS File No.: NV-30969

Page 2 of 4

head by the insured's Ford F-150 side view mirror. The resulting impact caused severe head injuries to Mr. Pretner who has been hospitalized for several months.

LOSS LOCATION:

This loss took place on St. Rose Parkway in Henderson, Nevada. St. Rose Parkway is a 6 lane divided highway with a posted speed limit of 55 mph.

POLICY LIMITS:

Policy Number:	CCP502869
Effective Dates:	Not provided
General Aggregate:	Not provided
Each Occurrence:	Not provided
Fire Damage:	Not provided
Medical Expense:	Not provided
Deductible:	Not provided

SUMMARY OF INVESTIGATION:

It should be noted that the loss accord's date of loss is incorrect and should reflect the proper date of 01/12/09 and not 03/26/2009.

After sometime and a missed meeting by the insured we were able to finally secure the insured's recorded statement (see attached). Mr. Michael Vasquez (insured) stated that he left his home around 5:30 pm (dark) to do a personal errand, picking up mail at his uncle's house. The insured stated that the errand was not related to Blue Streak Auto Detailing. While merging onto St. Rose Parkway in Henderson (traveling around 45 mph) the insured stated that he did not see a bike rider, Mr. Ryan Pretner, riding on the side of the road until the last minute when the insured attempted to swerve. As Mr. Insured went by Mr. Pretner the insured's side view mirror hit Mr. Pretner in the head causing injury. Mr. Insured immediately pulled over and called 911. Mr. Insured stated that there is a bike lane along the road which Mr. Pretner was not using at the time of the loss. Mr. Insured stated that Mr. Pretner's bike had not lights or reflectors.

The Henderson police and fire departments responded to the call and transported Mr. Pretner to the hospital. At the time of the incident Mr. Insured was not ticketed. However several weeks later Mr. Insured received a ticket in the mail for unlawful passing of a cyclist. Mr. Insured also stated that the police were planning to give Mr. Pretner a ticket as well. Mr. Insured has reported the accident to his personal auto carrier, Progressive Insurance Company.

Due to the economy the insured stated that he was not going to continue his auto detailing business.

Andrew v CSC
CF000072

CSC000072

R.App. 001300

June 4, 2009

Claim No.: 01061367

DCS File No.: NV-30969

Page 3 of 4

CLAIMANT:

We have attempted to contact the Mr. Pretner's father to discuss the loss further. However we have been unsuccessful to date. We learned that Mr. Pretner is being treated out of state at the Craig Hospital located in the Denver, Colorado area. The Craig Hospital specializes in spinal cord and brain injury recoveries <http://www.craighospital.org/>.

LIABILITY:

There appears to be no liability for Blue Streak Auto Detailing as the insured was conducting personal business when the incident occurred. At the time of the loss (dark) the claimant was not traveling in a designated bike lane and had no lights or reflectors on the bicycle.

COVERAGE:

To be determined by examiner.

FURTHER HANDLING RECOMMENDATIONS:

We will follow continue to follow up with Mr. Pretner's father to secure his recorded statement. Our next report will have the following:

- Secure statement from claimant's father
- Wait further file handling instructions

COMMENTS:

Please note that nothing in this report is meant to infer a coverage evaluation on our part. We defer all coverage decisions to you. We simply mean to report the facts upon which you may or may not want to rely to make your coverage determination. We appreciate the referral of this assignment to our office. Please contact the undersigned with any questions, comment or other issues of concern.

Very truly yours,
DYNAMIC CLAIMS SERVICES, INC.

Michael Chorak
Adjuster

Andrew v CSC
CF000073

CSC000073

R.App. 001301

June 4, 2009
Claim No.: 01061367
DCS File No.: NV-30969
Page 4 of 4

mchorak@dynamicclaims.com
(702) 759-5354 direct dial – Nevada
(480) 363-6178 direct dial - Arizona

Enclosures:

- R/S Summary

RECORD STATEMENT SUMMARY

CLAIM NO.: 01061367
DCS FILE NO.: NV-30969
INSURED: Blue Streak Auto Detailing, LLC
CLAIMANT: Ryan Pretner
RELATIONSHIP TO INSURED: None
DATE OF LOSS: 01/12/2009
RECORDED STATEMENT DATE: 04/28/2009
RECORDED STATEMENT LOCTION: Via telephone

NAME AND ID: Michael Vasquez
Nevada ID# not provided.

DATE OF BIRTH: 10-82-1986

SOCIAL SECURITY NO.: Not provided.

MARITAL STATUS: Single

HOME ADDRESS: 1886 Via Ferenz
Henderson, NV 89044

HOME PHONE NO.: 702-755-2106

EMPLOYER: Blue Streak Auto Detailing and Hard Rock Hotel/Casino

WORK ADDRESS: 3675 E. Post Road, Suite B Las Vegas, NV 89120

WORK PHONE: 702-75502106

DESCRIPTION OF INTERVIEWEE: Mr. Vasquez was friendly, cooperative & answered all of the questions in a straightforward manner.

3960 Howard Hughes Parkway, 5th Floor, Las Vegas, Nevada 89109 • Phone (702) 759-5354 Fax (702) 441-7175
E-Mail Direct: mchorak@dynamicclaims.com • Web: <http://www.DynamicClaims.com>

Andrew v CSC
CF000075

CSC000075

R.App. 001303

Claim No.: 01061367

Page 2

DSC No.: NV-30969

Insured: Blue Streak Auto Detailing, LLC

FACTS:

Mr. Vasquez is the sole owner of Blue Streak Auto Detailing, LLC. To supplement his income he also works valet at the Hard Rock Hotel & Casino. Mr. Insured stated that he left his home around 5:30 pm which was dark at that time of the year (early January) to do a personal errand, picking up mail at his uncle's house. The errand was not related to Blue Streak Auto Detailing. While merging onto St. Rose Parkway in Henderson (traveling around 45 mph) the insured stated that he did not see a bike rider, Mr. Ryan Pretner, riding on the side of the road until the last minute when attempted to swerve. As Mr. Insured went by Mr. Pretner the insured's side view mirror hit Mr. Pretner in the head causing injury. Mr. Insured stated that he was travelling around 40 to 45 mph when the impact occurred. The speed limit for St. Rose Parkway is 55 mph. Mr. Insured immediately pulled over and called 911. Mr. Insured stated that there is a bike lane along the road which Mr. Pretner was not using at the time of the loss. Mr. Insured stated that Mr. Pretner's bike had no lights or reflectors. Mr. Insured was cited by the Henderson police department several weeks later for unlawful passing of a cyclist. Mr. Insured has reported the loss to personal auto carrier Progressive.

At the time of the loss Mr. Insured's head lights were on. The insured doesn't need eye glass to drive. The insured has no physical impairments. Mr. Insured has never had an auto accident prior to the current loss.



June 5, 2009.

VIA CERTIFIED and REGULAR MAIL
7171 1234 5650 2001 9053

Michael Vasquez
Blue Streak Auto Detailing
3675 E Post Road, Suite B
Las Vegas, NV 89120

Re: Insured: Blue Streak Auto Detailing
Claimant: Ryan Terry Pretnier
Policy No.: CCP502869
Date of Loss: March 26, 2009
Claim No.: 01-061367

Dear Mr. Vasquez:

I write on behalf of Century Surety Company ("Century") regarding the above-referenced claim filed through your agent, The Harris Agency. We have concluded our investigation.

The facts, as we understand them from your report and the attachments you supplied, and local investigation, are that you were running personal errands and shopping in your personal pickup, a 2007 Ford F150, on St. Rose Blvd., when the mirror on your pickup collided with the claimant's helmet. The claimant was riding his bicycle at about 5:22PM on the above-referenced date. Sunset is listed as 4:47PM. This incident occurred in Henderson, Nevada, the city in which you live. We understand your vehicle is covered for liability by Progressive Insurance.

For the reasons detailed below, we are disclaiming coverage as the vehicle involved was not being used in your business, you were not doing "Auto Detailing and Washing" when the accident occurred, and the vehicle is not a covered "auto" under the policy.

Your Garage Insurance policy is provided by Century under policy number CCP502869, effective June 27, 2008 to June 27, 2009. Your liability limits for "bodily injury" and "property damage" are \$1,000,000 for each accident. You have a liability deductible of \$1,000 for each claim.

Please review **Garage Coverage Form, CA 0005 (10/01)**, where you will note the following policy language:

SECTION I - COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

Charles C. Holland, Jr., GIC
Senior Claims Examiner
cholland@centurysurety.com | 800-840-0062
Mailing Address: P.O. Box 163340 Columbus, Ohio 43216-3340
Physical Address: 23733 N. Scottsdale Rd., Suite 100, Scottsdale, AZ 85255
Phone: 888-651-6424 Fax: 614-895-7040 Website: www.centurysurety.com

Andrew v CSC
CF000077

CSC000077

R.App. 001305

Michael Vasquez
 Blue Streak Auto Detailing
 June 5, 2009
 Page 2 of 4

A. Description Of Covered Auto Designation Symbols

Symbol	Description Of Covered Auto Designation Symbols
29	<p>Non-Owned "Autos" Used In Your Garage Business</p> <p>Any "auto" you do not own, lease, hire, rent or borrow used in connection with your garage business described in the Declarations. This includes "autos" owned by your "employees" or partners (if you are a partnership), members (if you are a limited liability company), or members of their households while used in your garage business.</p>

SECTION II – LIABILITY COVERAGE

A. Coverage

* * *

2. "Garage Operations" – Covered "Autos"

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from "garage operations" involving the ownership, maintenance or use of covered "autos".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from "garage operations" involving the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance – "Garage Operations" – Covered "Autos" has been exhausted by payment of judgments or settlements.

SECTION VI – DEFINITIONS

B. "Auto" means a land motor vehicle, "trailer" or semitrailer.

H. "Garage operations" means the ownership, maintenance or use of locations for garage business and that portion of the roads or other accesses that adjoin these locations. "Garage operations" includes the ownership, maintenance or use of the "autos" indicated in Section I of this Coverage Form as covered "autos". "Garage operations" also include all operations necessary or incidental to a garage business.

Please note that your Ford F 150 would not be considered a covered "auto" as described by Symbol 29 above because it was not being used in your garage business at the time of the accident. Moreover, your policy only responds to claims arising out of your "garage operations", and since you were not engaged in any activities related to your business at the time of the accident, coverage is further precluded.

Andrew v CSC
 CF000078

CSC000078

R.App. 001306

Michael Vasquez
Blue Streak Auto Detailing
June 5, 2009
Page 3 of 4

Based upon the foregoing, Century Surety Company disclaims all coverage under the policy.

Please be advised that we reserve all rights under the policy and applicable state laws of Nevada to review any additional claims, amendments to this claim, or lawsuits filed in connection with this matter, to make a separate determination as to whether a defense, or indemnity, might be provided by the Company. It is possible that we might provide a defense, or indemnity, on a new claim or lawsuit. Our decision on coverage is based on the information supplied to date and should not be construed as applicable to a new claim or lawsuit. Our right to have notice of either situation is reserved, as are the notice conditions of the policy.

Century Surety Company does not limit its right to assert limitations on coverage to the provisions of the policy set forth above. Rather, it reserves its rights to enforce any and all of the provisions, including policy conditions, contained in the policy. Century Surety Company specifically reserves the right to bring an action to declare the obligations and responsibilities of the parties hereto under the contract of insurance in question, at any time after the date of this letter.

We regret that we could not be of assistance to you in this particular instance, but hope you understand that we must be guided by the language contained in the policy to determine whether or not coverage exists for a particular loss, claim or suit. If you feel that we are incorrect in our assessment of the coverage issues, we will be more than happy to further review this matter.

Should you have any information that is contrary to what is expressed above, or if you have any questions, comments or objections, please contact the undersigned at 602-445-5958.

Sincerely,

CENTURY SURETY COMPANY



Charles C. Holland, Jr., CIC
Senior Claims Examiner

CH/mk

cc: The Harris Agency
5105 South Durango Dr., Suite 100
Las Vegas, NV 89113

Heritage General Agency Insurance Services
The Ernst & Young Bldg.
725 S. Figueroa St., 19th Floor
Los Angeles, CA 90017

Andrew v CSC
CF000079

CSC000079

R.App. 001307

Michael Vasquez
Blue Streak Auto Detailing
June 5, 2009
Page 4 of 4

**WARNING
(Nevada)**

If a hospital submits to an insurer the form commonly referred to as the "UB-82," the form must contain or be accompanied by a statement in substantially the following form: "Any person who misrepresents or falsifies essential information requested on this form may, upon conviction, be subject to a fine and imprisonment under state or federal law, or both."

If a person who is licensed to practice one of the health professions regulated by Title 54 of NRS submits to an insurer the form commonly referred to as "HCFA-1500" for a patient who is not covered by any governmental program which offers insurance coverage for health care, the form must be accompanied by a statement in substantially the following form: "Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties."

Revised 10/05/05

Marjorie Kilwine

From: Jim Karp
Sent: Friday, June 05, 2009 1:08 PM
To: Claims Transcription
Cc: Charles Holland
Subject: FW: 61367, Disclaimer

Letter is now approved.

From: Jim Karp
Sent: Thursday, June 04, 2009 9:59 AM
To: Charles Holland
Subject: FW: 61367, Disclaimer

Charles - before I approve this, I would like to review your i/a report, which I assume is on the way? I want to make sure all of the issues in my 3/31/09 CSR comment have been addressed, particularly vehicle ownership and the type of business the insured operates (corporation or sole proprietorship). Please let me know when the report comes in. Thanks.

From: Marjorie Kilwine
Sent: Friday, May 29, 2009 8:46 AM
To: Jim Karp
Cc: Charles Holland
Subject: RE: 61367, Disclaimer



61367 (Disclaimer)
Blue Strea...

Margie Kilwine
mkilwine@centurysurety.com
602-216-6597
800-840-0265

From: Charles Holland
Sent: Thursday, May 28, 2009 4:01 PM
To: Claims Transcription
Subject: 61367, Disclaimer

Please proof, indent the coverage parts, see definitions, Then to Jim karp for approval, thanks

- << File: 61367(Disclaimer)Vasquez(28May09).doc >>

Charles Holland

From: Eva McAleese [emcaleese@dynamicclaims.com]
Sent: Tuesday, June 09, 2009 9:12 AM
To: Charles Holland
Subject: Claim 01061367 / DCS File NV-30969

Dear Mr. Holland,

RE: Claim Blue Streak Auto Detailing LLC

Please find attached our Final Invoice:

Claim 01061367
Invoice 30126
DCS File 514.50
Date 06-08-09
Amount \$ 514.50

Please review at your earliest convenience and process for payment.

Thank You,

Eva McAleese

Eva McAleese	Dynamic Claims Services, Inc.
Office Assistant	Claims Management Auditing Consulting
Office: +1 (949) 474-0040 x24	2 Corporate Park, Suite 201
Toll Free: +1 (800) DCS-9299	Irvine, CA 92606-5103 USA
Fax: +1 (949) 474-0050	
EMcAleese@DynamicClaims.com	www.DynamicClaims.com

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Thank you,

This email has been scanned by the MessageLabs Email Security System.

06/09/2009

CSC000082

Andrew v CSC
CF000082

R.App. 001310



DYNAMIC CLAIMS SERVICES, INC.

Offices throughout California, Arizona & Nevada

California Adjuster License No. 2C21275

2 Corporate Park, Suite 201 • Irvine, California 92606 • 949-474-0040 • Fax 949-474-0050

E-Mail: Dynamic@DynamicClaims.com • Web: <http://www.DynamicClaims.com>

CCHJr. 06/09/2009

11.03 OK to Pay

INVOICE

Century Insurance Group
Post Office Box 163340
Columbus, OH 43216-3340

DCS Federal Tax ID#: 33-0756388

Invoice Date: 06/08/2009

Issued Payment: Invoice Number: 30126

BABUSSAR

06/09/2009 14:12

Attention: Charles Holland

FINAL SERVICE INVOICE

RE: Your Claim No. : 01061367
Your Insured : Blue Streak Auto Detailing LLC
Date of Loss : 03/26/2009
Claimant : Ryan Terry Pretner
DCS File No. : NV-030969-MC

SERVICES:

514.50

TOTAL FEE FOR SERVICES

\$514.50

WE THANK YOU FOR YOUR BUSINESS.

Payable upon receipt

Finance Charge: 1.5% per month interest on all accounts over 30 days

Tax ID 33-0756388

Page No.: 1

DCS File Number : NV-030969-MC
 Your Claim Number : 01061367
 Invoice Number : 30126
 Invoice Date : 06/08/2009

Work Date	Emp	Description	Hours	Miles	Expense
03/31/2009	MC	Receive/review new claim file	0.50		
03/31/2009	MC	Secured and reviewed Secretary of State information on insured business.	0.30		
03/31/2009	MC	Secured and reviewed Clark County information on Insured business license.	0.40		
03/31/2009	MC	Attempt contact Insured via t/c;l/m	0.10		
04/08/2009	MC	Received and reviewed e-mail from and to client, Holland	0.40		
04/20/2009	MC	Attempt contact Insured via t/c;l/m	0.10		
04/27/2009	MC	E-mail to Claimant.	0.20		
04/27/2009	MC	Attempt contact Insured via t/c;l/m	0.10		
04/27/2009	MC	Contact Insured via t/c, secured R/S.	0.80		
04/27/2009	MC	R/S Summary	0.50		
05/01/2009	MC	Update E-mail to adjuster, Holland.	0.20		
05/04/2009	MC	Received and reviewed fax/e-mail from client, Holland.	0.20		
06/04/2009	MC	Report with enclosures to client.	1.10		
06/05/2009	MC	T/C with Client re close file.	0.00		

CSC000084

Andrew v CSC
 CF000084

R.App. 001312

06/10/2009 10:19 AM 95613_51526

61367

U.S. Postal Service		CERTIFIED MAIL[®] RECEIPT	
<small>(Domestic Mail Only. No Insurance Coverage Provided.)</small>			
<small>For delivery information visit our website at www.usps.com</small>			
7171 1234 5650 2001 9053			
Postage	\$	\$0.42	Postmark Here
Certified Fee		\$2.70	
Return Receipt Fee (Endorsement Required)		\$2.20	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.32	
Sent To	Michael Vasquez		
Street, Apt. No., or PO Box No.	Blue Streak Auto Detailing 3675 E Post Road, Suite B		
City, State, Zip+4	Las Vegas, NV 89120		
PS Form 3800, August 2006 See Reverse for Instructions			

Code: Corresp
Code2: Outgoing
File: 01-061367

CSC000085

Andrew v CSC
CF000085
R.App. 001313

06/11/2009 02:09 PM 95613_51548 .

CENTURY SURETY COMPANY
 CLAIMS ACCOUNT
 465 Cleveland Avenue
 WESTERVILLE, OHIO 43082
 (614) 895-2000

WARNING
 Do not accept this document
 unless you can see a true watermark
 and visible fibers from both sides

CHASE
 JPMorgan Chase Bank, N.A.
 Columbus, Ohio 43271

788328

25-3/440

00788328

PAY
 *****514.DOLLARS 50 CENTS
 TO THE
 ORDER OF
 DYNAMIC CLAIMS SERVICES, INC.
 2 CORPORATE PARK
 SUITE 201
 IRVINE, CA 92606

DATE 06/09/2009

AMOUNT

*****514.50

Void After 90 Days

01-061367

Robert G. Smith
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

CENTURY SURETY COMPANY-CLAIMS

788328

IN PAYMENT OF: INV.#30126

00788328

CLAIM #01-061367, POLICY #01CCP50286901, EF 6/27/2008, AGENT # 5718
 194, DL 1/12/2009, DR 3/27/2009, /EXP/E/CCHOLLAN
 INSUREDS: BLUE STREAK AUTO DETAILING
 CLAIMANT: PRETNER, RYAN TERRY

DYNAMIC CLAIMS SERVICES, INC.
 2 CORPORATE PARK
 SUITE 201
 IRVINE, CA 92606

AMOUNT \$514.50

CENTURY SURETY COMPANY-CLAIMS

788328

IN PAYMENT OF: INV.#30126

00788328

CLAIM #01-061367, POLICY #01CCP50286901, EF 6/27/2008, AGENT # 5718
 194, DL 1/12/2009, DR 3/27/2009, /EXP/E/CCHOLLAN
 INSUREDS: BLUE STREAK AUTO DETAILING
 CLAIMANT: PRETNER, RYAN TERRY
 DYNAMIC CLAIMS SERVICES, INC.
 2 CORPORATE PARK
 SUITE 201
 IRVINE, CA 92606
 DYNAMIC CLAIMS SERVICES, INC.
 2 CORPORATE PARK
 SUITE 201
 IRVINE, CA 92606

AMOUNT \$514.50

CSC000086

Andrew v CSC
 CF000086

R.App. 001314

06/12/2009 03:46 PM 95613_51576

2. Article Number
7171 1234 5650 2001 9053

1. Article Addressed to:
Michael Vasquez
Blue Streak Auto Detailing
3675 E Post Road, Suite B
Las Vegas, NV 89120

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Michael Vasquez* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Michael Vasquez* ☐ Date of Delivery *6/8/09*

C. Is delivery address different from item 1? ☐ Yes ☒ No
If YES enter delivery address below:

3. Service Type ☒ Certified

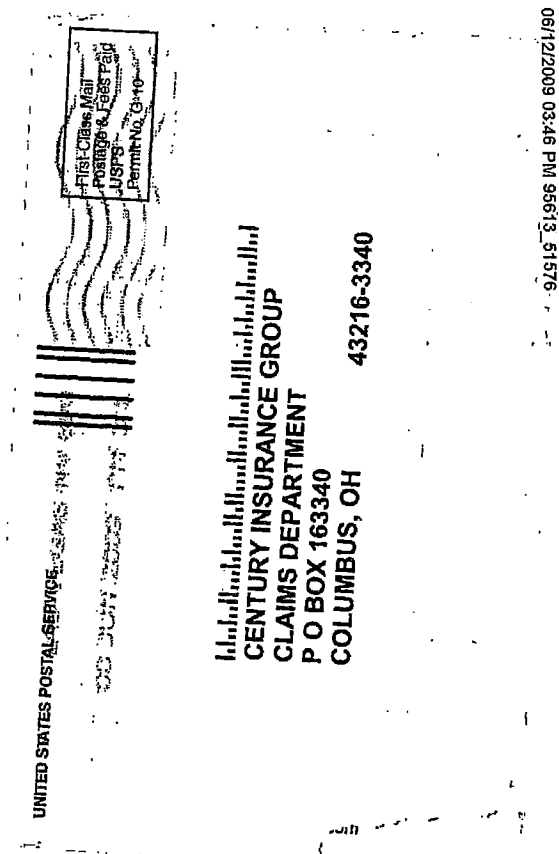
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Code: Outgoing
Code: 01-061367
File: 01-061367

Domestic Return Receipt

Andrew v CSC
CF000087

CSC000087



CSC000088

Andrew v CSC
CF000088



June 15, 2009

Sylvia L. Esparza, Esq.
3340 E. Pepper Lane, Suite 105
Las Vegas, NV 89120

RE: **Claim No.:** 01-061367
Insured: Blue Streak Auto Detailing
Claimant: Ryan Terry Pretner
Date of Loss: March 26, 2009

Dear Ms. Esparza:

We received your letter of May 26, 2009 on June 2, 2009. In response to your letter, enclosed you will find our disclaimer letter to the insured.

Advise should you have any questions or items you wish Century to consider.

Sincerely,

CENTURY INSURANCE

Charles C. Holland, Jr., CIC
Senior Claims Examiner

CCH/jt

Enclosure – Copy of Disclaimer dated 6/5/09

Charles C. Holland, Jr., CIC
Senior Claims Examiner
cholland@centurysurety.com | 800-840-0062
Mailing Address: P.O. Box 163340 Columbus, Ohio 43216-3340
Physical Address: 23733 N. Scottsdale Rd., Suite 100, Scottsdale, AZ 85255
Phone: 888-651-6424 Fax: 614-895-7040 Website: www.centurysurety.com

Andrew v CSC
CF000089

CSC000089

R.App. 001317

Jan Taylor

From: Charles Holland
Sent: Monday, June 15, 2009 6:44 AM
To: Claims Transcription
Subject: 61367 Letter

Letter is good to go, please enclose a copy of the Disclaimer sent on 6/5/2009 from IR, do not enclose the approval, just the letter, thanks.

06/15/2009

CSC000090

Andrew v CSC
CF000090

R.App. 001318

06/21/2010 14:48 Fountas & Associates

(FAX)702 450 9925

P.001/002

Existing Claim/New Suit
 Tasked to Charles Holland/Jim Karp/John
 Wilcox/Processing/Daniel Mayer
 03/04/2011 09:20 CALORING

Sylvia L. Esparza

3340 E. Pepper Lane, Suite 105
 Las Vegas, NV 89120
 Tel: 702-853-0233
 Fax: 702-853-0234

Facsimile transmittal

Date: 6/21/2010 Time: 9:20 AM

To: Century Insurance Group Sent by: Sylvia L. Esparza, Esq.

Attn: Charles C. Holland, Jr., CIO

Fax: (614) 895-7040 No. of Pages (including cover): 2

Re: Ryan T. Prather

Case Name: Case No:

☐ For Review ☐ Please Comment ☐ Please Call Upon Receipt

☐ Original Will Follow ☐ Original Will Not Follow ☐ Please Reply _____

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REMARKS

06/21/2010 14:48 Fountas & Associates

(FAX)702 450 9925

P.001/002

Law Office of
Sylvia L. Esparza
3340 E. Pepper Lane, Suite 105
Las Vegas, NV 89120
Tel: 702-853-0233
Fax: 702-853-0234

Facsimile transmittal

Date: 6/21/2010 Time: 9:20 AM

To: Century Insurance Group Sent by: Sylvia L. Esparza, Esq.

Attn: Charles C. Holland, Jr., CIC

Fax: (614) 895-7040 No. of Pages (including cover): 2

Re: Ryan T. Pretner

Case Name: Case No:

☐ For Review ☐ Please Comment ☐ Please Call Upon Receipt

☐ Original Will Follow ☐ Original Will Not Follow ☐ Please Reply _____

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IF YOU DO NOT RECEIVE ALL PAGES OR IF UNCLEAR, PLEASE CONTACT US IMMEDIATELY.

REMARKS

CSC000092

Andrew v CSC
CF000092

R.App. 001320

06/21/2010 14:49 Fountas & Associates

(FAX)702 450 9925

P.002/002

LAW OFFICE OF

SYLVIA L. ESPARZA

3340 E. PEPPER LANE, SUITE 105 • LAS VEGAS, NV 89120 • TEL (702) 853-0233 • FAX (702) 853-0234

June 21, 2010

*Via Facsimile (614) 895-7040
and U.S. Regular Mail*

Charles C. Holland, Jr., CIC
Senior Claims Examiner
Century Insurance Group
4722 N. 24th Street, Suite 200
Phoenix, AZ 85016

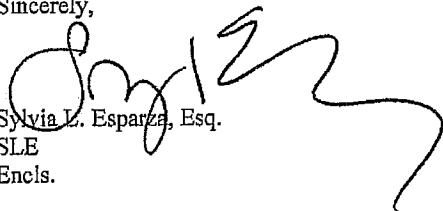
Re: Your Insured:	Michael Vazquez/ Blue Streak Auto Detailing
My client:	Lee Pretner/Ryan T. Pretner
Date of Loss:	01/12/2009
Your Claim Number:	01 061367

Dear Mr. Holland,

As you are aware, this office represents Lee Pretner, Guardian for Ryan T. Pretner and Dana Andrew, Co-Guardian for Ryan T. Pretner in regards to the above referenced accident. I believe your last correspondence included a copy of the declaration page, not the entire insurance policy.

Kindly forward the entire insurance policy for my review within the next seven (7) business days.

Sincerely,


Sylvia L. Esparza, Esq.
SLE
Encls.

Andrew v CSC
CF000093

CSC000093

R.App. 001321

LAW OFFICE OF
SYLVIA L. ESPARZA

3340 E. PEPPER LANE, SUITE 105 • LAS VEGAS, NV 89120 • TEL (702) 853-0233 • FAX (702) 853-0234

June 21, 2010

*Via Facsimile (614) 895-7040
and U.S. Regular Mail*
Charles C. Holland, Jr., CIC
Senior Claims Examiner
Century Insurance Group
4722 N. 24th Street, Suite 200
Phoenix, AZ 85016

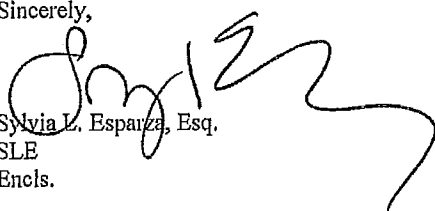
Re: Your Insured:	Michael Vazquez/ Blue Streak Auto Detailing
My client:	Lee Pretner/Ryan T. Pretner
Date of Loss:	01/12/2009
Your Claim Number:	01 061367

Dear Mr. Holland,

As you are aware, this office represents Lee Pretner, Guardian for Ryan T. Pretner and Dana Andrew, Co-Guardian for Ryan T. Pretner in regards to the above referenced accident. I believe your last correspondence included a copy of the declaration page, not the entire insurance policy.

Kindly forward the entire insurance policy for my review within the next seven (7) business days.

Sincerely,


Sylvia L. Esparza, Esq.
SLE
Encls.

Albert Wilson

From: Albert Wilson
Sent: Wednesday, August 04, 2010 8:31 AM
To: 'Sylvia '
Subject: RE: Ryan Pretner Claim NO: 61367

Dear Ms Esparza:
With all due respect, we decline to send you a copy of the entire policy.

Al Wilson

Senior Claim Analyst
Century Insurance Group
602-445-5958 Direct
800-840-0062 Toll Free

From: Sylvia [mailto:sylviae@lv.rmci.net]
Sent: Tuesday, July 20, 2010 9:47 AM
To: Albert Wilson
Subject: FW: Ryan Pretner

Hi Al,

Here's another copy of the letter we emailed, faxed and sent regular mail. Please forward the entire policy by fax or email as soon as possible. Thank you.

Sylvia L. Esparza, Esq.

From: Sylvia [mailto:sylviae@lv.rmci.net]
Sent: Monday, June 21, 2010 11:02 AM
To: 'cholland@centurysurety.com'
Subject: Ryan Pretner

Dear Mr. Holland,

Please forward a copy of the entire insurance policy for your insured, Blue Streak Auto Detailing and Michael Vasquez. Thank you.

Sylvia L. Esparza, Esq.

08/04/2010

CSC000095

Andrew v CSC
CF000095

R.App. 001323

03/03/2011 13:54 7827280443

PRINCE KEATING LLP

PAGE 01/34

Existing Claim/New Suit
Tasked to Charles/Jim/John/Daniel/Processing.
03/04/2011 09:35 CALORING

PRINCE & KEATING
3230 South Buffalo Drive
Suite 100
Las Vegas, NV
(702) 228-0000
(702) 228-0000

03/04/2011
07:42 JJKARP
Daniel - recommend transfer to the
litigation unit.

Please assign to Lisa Henderson
and set diaries for her and me.

DLMAYER 03/04/2011

FACSIMILE COVER SHEET

TO: Charles C. Holland FAX NO.: (614) 895-7040
FROM: Dennis M. Prince, Esq. DATE: March 3, 2011
RE: Ryan T. Pretner

TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 29

MESSAGE: Please see attached.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL (702) 228-6800 AND
ASK FOR LISA LEE.

ORIGINAL WILL BE SENT VIA:

☐ MAIL ☐ OVERNIGHT COURIER ☐ RUNNER

☒ ORIGINAL WILL NOT BE SENT

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CSC000096

Andrew v CSC
CF000096

R.App. 001324

03/03/2011 13:54 7822280443

PRINCE KEATING L

/34

PRINCE & KEATING
ATTORNEYS AT LAW
3230 SOUTH BUFFALO DRIVE, SUITE 105
LAS VEGAS, NEVADA 89102
TELEPHONE (702) 238-6800
FACSIMILE (702) 238-0443
WWW.PRINCEKEATING.COM

Please send a complete
copy of the policy to
attorney Dennis Prince
at Prince & Keating.
Thanks,
Lisa

Reply To: Dennis M. Prince
Email: DPrince@PrinceKeating.com

Completed: JMBUSSAR 03/08/2011 14:27

March 3, 2011

VIA FACSIMILE (614) 895-7040

Charles C. Holland
Senior Claims Handler
Century Insurance Company
P.O. Box 163340
Columbus, Ohio 43216-3340

RE: Our Client : Ryan T. Pretner
Your Insured : Blue Streak Auto Detailing, Inc.
Claim No. : 01-061367
Date of Loss : 01/12/09

Dear Mr. Holland:

Please be advised that this firm has been retained to represent the interests of Ryan T. Pretner in connection with the above-referenced motor vehicle accident. Please direct all future communication to this office.

As you know, this claim arises from a motor vehicle accident which occurred on January 12, 2009. Your insured, Michael Vasquez, stuck Mr. Pretner with the side view mirror of his truck while Mr. Pretner was riding his bicycle. Mr. Pretner was violently thrown from his bike, and sustained catastrophic injuries. To date, Mr. Pretner continues to receive rehabilitative treatment for his injuries. Mr. Vasquez was cited for causing the accident. We are enclosing the Traffic Accident Report for your reference.

Mr. Vasquez maintained automobile insurance with liability limits of \$100,000/\$300,000 with Progressive Casualty Insurance Company on the date of loss. Progressive has tendered their policy of insurance, but we are not in a position to accept this policy and release Mr. Vasquez until this claim is resolved as it relates to any other available insurance policy. We have been advised that Blue Streak Auto Detailing maintained a garage policy which was in effect at the time of the accident under which you have denied coverage. Our legal research indicates coverage exists under your policy. Please provide a certified copy of the garage policy for our review.

Andrew v CSC
CF000097

CSC000097

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Century Insurance Company
March 3, 2011
Page 2

As a result of the catastrophic injuries sustained in this accident, Mr. Pretner has incurred past medical expenses in excess of \$2,600,000. We are in the process of gathering Mr. Pretner's medical records and bills.

Also, we have filed a Complaint with the District Court to preserve the statute of limitations in this matter. A copy of the complaint is enclosed for your review. We are not serving the Complaint at this time so as to give you an opportunity to resolve this claim. We will be forwarding to you a demand under separate cover in the near future.

Should you have any questions, please feel free to contact me.

Sincerely,

PRINCE & KEATING

Dennis M. Prince

DMP:lm
enclosures

cc: Dana Andrew

CSC000098

Andrew v CSC
CF000098

R.App. 001326

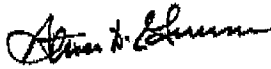
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3 Nevada Bar No. 5092
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9 (702) 228-0443 facsimile
10 DPrince@PrinceKeating.com
11 Attorney for Plaintiff
12 Lee Pretner and Dana Andrew, as
13 Legal Guardians of Ryan T. Pretner;
14 and Ryan T. Pretner, individually


CLERK OF THE COURT

DISTRICT COURT

CLARK COUNTY, NEVADA

12 LEE PRETNER and DANA ANDREW,
13 AS LEGAL GUARDIANS OF RYAN T.
14 PRETNER, an adult ward; and RYAN T.
15 PRETNER, individually,

CASE NO.: A-11-632845-C
DEPT. NO.: III

Plaintiffs,

COMPLAINT

vs.

17 MICHAEL A. VASQUEZ, individually;
18 BLUE STREAK AUTO DETAILING,
19 LLC, a Nevada Limited Liability
20 Company, DOES I through X, inclusive;
21 and ROE BUSINESS ENTITIES I through
22 X, inclusive,

Defendants.

23 Plaintiffs Lee Pretner and Dana Andrew, as legal co-guardians of Ryan T. Pretner, and Ryan
24 T. Pretner, individually, by and through their attorneys, PRINCE & KEATING, for their Complaint
25 against Defendants, Michael A. Vasquez and Blue Streak Auto Detailing, LLC, states, asserts and
26 alleges as follows:
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28

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GENERAL ALLEGATIONS

1. At all times relevant herein, Lee Pretner is and was a resident of Clark County, State of Nevada. Lee Pretner is the legal co-guardian of Ryan T. Pretner ("Pretner"), an adult ward.

2. At all times relevant herein, Dana Andrew is and was a resident of Clark County, State of Nevada. Dana Andrew is the legal co-guardian of Ryan T. Pretner, an adult ward.

3. At all times relevant herein, Ryan T. Pretner is and was a resident of Clark County, State of Nevada.

4. Upon information and belief and all times relevant herein, Defendant Michael Vasquez ("Vasquez") is and was a resident of Clark County, State of Nevada.

5. At all times relevant herein, Defendant Blue Streak Auto Detailing, LLC ("Blue Streak") was a limited liability company organized and existing under the laws of the State of Nevada, with its principal place of business in Clark County, State of Nevada. At all times relevant to these proceedings, Vasquez is a principal, officer, director, manager, employee and/or agent of Blue Streak and was in the course and scope of his employment or agency at the time of the events described herein.

6. The true names, identities, and capacities, whether individual, corporate, associate, or otherwise, of DOES I through X, inclusive, and ROE Business Entities I through X, inclusive are unknown to Plaintiffs, who therefore sue said Defendants by such fictitious names. Plaintiffs are informed and believes and upon that basis allege that each of the Defendants designated herein as a DOE/ROE Defendant are responsible in some manner for events and happenings herein referred to and caused damages proximately thereby to Plaintiffs as herein alleged. Plaintiffs further allege that they will ask leave of this Court to amend this Complaint to insert the true names, identities, and capacities of said DOES I through X and/or ROE Business Entities I through X, inclusive when the same have been ascertained by Plaintiff, together with appropriate charging allegations.

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7. Vasquez and/or Blue Streak are the owners of a 2007 Ford F-150 operated by Vasquez at the time of the events which are the subject matter of this Complaint. Vasquez and Blue Streak used the 2007 Ford F-150 vehicle as an integral part of their business.

8. On or about January 12, 2009, Vasquez, while in the course and scope of his business with Blue Streak, was driving the 2007 Ford F-150 eastbound on St. Rose Parkway in Henderson, Clark County, Nevada. At all times relevant to these proceedings, Blue Streak and Vasquez operated a mobile detailing business and traveled upon the streets of Clark County, Nevada.

9. On the above date, Pretner was lawfully riding a bicycle and was traveling eastbound on the paved shoulder of St. Rose Parkway. While Pretner was riding his bicycle lawfully in the shoulder, Vasquez caused his vehicle to drift into the shoulder occupied by Pretner, causing the vehicle's right side external mirror to violently strike the helmet worn by Pretner. The collision caused Pretner to be violently thrown from his bicycle to the ground resulting in serious, catastrophic injuries and damages as set forth herein.

FIRST CLAIM FOR RELIEF
(Negligence)

Plaintiffs repeat and reallege the allegations contained in Paragraphs 1 through 9 as though fully set forth herein.

10. On or about January 12, 2009, Vasquez had a duty to operate the vehicle in a careful and prudent manner.

11. Vasquez breached this duty when he operated his vehicle in a negligent, careless and reckless manner when he collided with Pretner, thereby causing damages and serious injuries to Pretner.

12. By reason of the premises and as a direct and proximate result thereof, Pretner sustained injuries to his head, neck, back, bodily limbs, organs, and systems all or some of which

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1 conditions are permanent and disabling in nature, all to his general damage in a sum in excess of
2 \$10,000.

3 13. That by reason of the premises and as a direct and proximate result of the
4 aforementioned, Pretner was required to and did receive medical and other treatment for his injuries
5 in an expense all to his damage in a sum in excess of \$10,000. Said services, care, and treatment are
6 continuing and shall continue in the future, at a presently unascertainable amount, and Plaintiffs will
7 amend their Complaint accordingly when the same shall be ascertained.

8
9 14. Prior to the injuries complained herein, Pretner was an able bodied person readily and
10 gainfully employed and physically capable of engaging in all other activities for which he was
11 otherwise suited.

12
13 15. By reason of the premises and as a direct and proximate result of the Defendants'
14 negligence, Pretner has been required to and did lose time from his employment, continues to and
15 shall continue to be limited in each of his activities and occupations which has caused and shall
16 continue to cause Pretner loss of earnings and earning capacity to Pretner's damage in a presently
17 unascertainable amount. In this regard, Plaintiffs will seek leave of this Court to insert said amount
18 when the same shall be fully ascertained.

19
20 16. Plaintiffs have been compelled to retain the services of an attorney to prosecute this
21 action and are therefore entitled to reasonable attorney's fees and costs incurred herein.

22 **SECOND CLAIM FOR RELIEF**
23 **(Negligence Per Se)**

24 Plaintiffs repeat and reallege the allegations contained in Paragraphs 1 through 16, as though
25 fully set forth herein.

26 17. Vasquez had a duty to operate his vehicle in accordance with the traffic laws of the
27 State of Nevada.
28

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1 18. Vasquez violated the laws of the State of Nevada by operating his vehicle while in a
2 negligent, careless and reckless manner, when he failed to maintain his travel lane and collided with
3 Pretner, thereby causing damages and serious injuries to Pretner. Thus, Vasquez is negligent per se.

4 19. By reason of the premises and as a direct and proximate result thereof, Pretner
5 sustained injuries to his head, neck, back, bodily limbs, organs, and systems all or some of which
6 conditions are permanent and disabling in nature, all to his general damage in a sum in excess of
7 \$10,000.

8 20. By reason of the premises and as a direct and proximate result of the aforementioned,
9 Pretner was required to and did receive medical and other treatment for his injuries in an expense all
10 to his damage in a sum in excess of \$10,000. Said services, care, and treatment are continuing and
11 shall continue in the future, at a presently unascertainable amount, and Plaintiffs will amend their
12 Complaint accordingly when the same shall be ascertained.

13 21. Prior to the injuries complained herein, Pretner was an able bodied person readily and
14 gainfully employed and physically capable of engaging in all other activities for which he was
15 otherwise suited.

16 22. By reason of the premises and as a direct and proximate result of the Defendants'
17 negligence, Pretner has been required to and did lose time from his employment, continues to and
18 shall continue to be limited in each of his activities and occupations which has caused and shall
19 continue to cause Pretner loss of earnings and earning capacity to Pretner's damage in a presently
20 unascertainable amount. In this regard, Plaintiffs will seek leave of this Court to insert said amount
21 when the same shall be fully ascertained.

22 23. Plaintiffs have been compelled to retain the services of an attorney to prosecute this
23 action and are therefore entitled to reasonable attorney's fees and costs incurred herein.
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THIRD CLAIM FOR RELIEF
(Negligent Entrustment)

Plaintiffs repeat and reallege the allegations contained in Paragraphs 1 through 23 as if fully set forth herein.

24. Blue Streak entrusted said vehicle to Vasquez when they allowed him to drive said vehicle.

25. Blue Streak knew or should have known that Vasquez lacked the skill and necessary training in operating a motor vehicle entrusted to him. As such, Blue Streak knew or should have known of the significant hazards arising from the operation of said motor vehicle on public streets.

26. Blue Streak knew or should have known that the entrustment of said vehicle to Vasquez would inflict damage to persons and property using public streets, including Pretner.

27. Blue Streak had a duty to only entrust said vehicle to qualified and competent drivers.

28. Blue Streak breached this duty when they entrusted the vehicle to Vasquez.

29. By reasons of the premises and as a direct and proximate result thereof, Pretner, sustained injuries to his head, neck, back, bodily limbs, organs, and systems all or some of which conditions are permanent and disabling in nature, all to her general damage in a sum in excess of \$10,000.

30. By reasons of the premises and as a direct and proximate result of the aforementioned, Pretner was required to and did receive medical and other treatment for his injuries received in an expense all to his damage in a sum in excess of \$10,000. Said services, care, and treatment are continuing and shall continue in the future, at a presently unascertainable amount, and Plaintiffs will amend their Complaint accordingly when the same shall be ascertained.

31. Prior to the injuries complained herein, Pretner was an able bodied person readily and gainfully employed and physically capable of engaging in all other activities for which he was

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1 otherwise suited.

2 32. By reason of the premises and as a direct and proximate result of the Defendants'
3 negligence, Pretner has been required to and did lose time from his employment, continues to and
4 shall continue to be limited in each of his activities and occupations which has caused and shall
5 continue to cause Pretner loss of earnings and earning capacity to Pretner's damages in a presently
6 unascertainable amount. In this regard Plaintiffs ask leave of this Court to insert said amount when
7 the same shall be fully ascertained.

8
9 33. Plaintiffs have been compelled to retain the services of an attorney to prosecute this
10 action and are therefore entitled to reasonable attorney's fees and costs incurred herein.

11 **FOURTH CLAIM FOR RELIEF**
12 **(Respondeat Superior)**

13 Plaintiffs repeat and reallege the allegations contained in Paragraphs 1 through 23, as though
14 fully set forth herein.

15 34. Blue Streak entrusted said vehicle to Vasquez in order to generate income and profits
16 for Blue Streak.

17
18 35. At all times relevant, Vasquez was an employee or agent of Blue Streak and under the
19 supervision and control of Blue Streak.

20 36. At all times relevant herein, Vasquez was acting within the scope and course of his
21 employment and/or agency with Blue Streak.

22 37. With the full consent, knowledge and approval of Blue Streak, Vasquez was allowed
23 to operate their vehicle on public roads.

24 38. By reasons of the premises and as a direct and proximate result thereof, Pretner,
25 sustained injuries to his head, neck, back, bodily limbs, organs, and systems all or some of which
26 conditions are permanent and disabling in nature, all to his general damage in a sum in excess of
27
28

1 \$10,000.

2 39. By reasons of the premises and as a direct and proximate result of the aforementioned,
3 Pretner was required to and did receive medical and other treatment for his injuries in an expense all
4 to his damage in a sum in excess of \$10,000. Said services, care, and treatment are continuing and
5 shall continue in the future, at a presently unascertainable amount, and Plaintiffs will amend their
6 Complaint accordingly when the same shall be ascertained.
7

8 40. Prior to the injuries complained herein, Pretner was an able bodied person readily and
9 gainfully employed and physically capable of engaging in all other activities for which he was
10 otherwise suited.

11 41. By reason of the premises and as a direct and proximate result of the Defendants'
12 negligence, Pretner has been required to and did lose time from his employment, continues to and
13 shall continue to be limited in each of his activities and occupations which has caused and shall
14 continue to cause Pretner loss of earnings and earning capacity to Pretner's damage in a presently
15 unascertainable amount. In this regard, Plaintiffs will seek leave of this Court to insert said amount
16 when the same shall be fully ascertained.
17

18 42. Pretner has been compelled to retain the services of an attorney to prosecute this
19 action and Plaintiffs are therefore entitled to reasonable attorney's fees and costs incurred herein.
20

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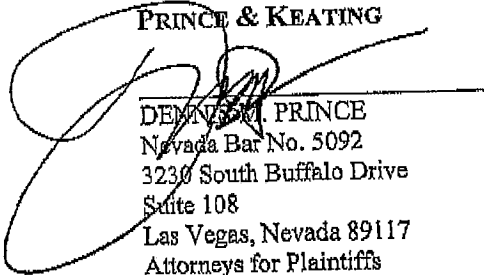
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1 WHEREFORE, Plaintiffs pray for judgment against Defendants, and each of them, on all
 2 claims for relief as follows:

- 3 1. General damages in excess of \$10,000;
- 4 2. Special damages in excess of \$10,000;
- 5 3. Costs of suit incurred including reasonable attorney's fees;
- 6 4. For such other relief as the Court deems just and proper.

7
 8 DATED this 5 day of January, 2011.

9 PRINCE & KEATING

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 11 
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 14 3230 South Buffalo Drive
 15 Suite 108
 16 Las Vegas, Nevada 89117
 17 Attorneys for Plaintiffs
 18 Lee Pretner and Dana Andrew, as
 19 Legal Guardians of Ryan T. Pretner;
 20 and Ryan T. Pretner, individually

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STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 10/4/04				Accident Number:	
Event Number: 09-00812				Agency Name: HENDERSON POLICE DEPARTMENT	
Vehicle # 0002	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Faulted Vehicle		Travel Lane #:	
Direction of Travel: <input type="checkbox"/> 1) North <input checked="" type="checkbox"/> 2) East <input type="checkbox"/> 3) Unknown		Highway / Street Name: ST ROSE PARKWAY			
Vehicle <input checked="" type="checkbox"/> 1) Sedan <input type="checkbox"/> 2) Van <input type="checkbox"/> 3) Truck <input type="checkbox"/> 4) Motorcycle <input type="checkbox"/> 5) Other		Action: <input type="checkbox"/> 1) Backing <input type="checkbox"/> 2) Right Turn <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Stopped <input type="checkbox"/> 5) Stopped <input type="checkbox"/> 6) Stopped <input type="checkbox"/> 7) Stopped <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Stopped <input type="checkbox"/> 10) Stopped		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) By <input type="checkbox"/> 3) By <input type="checkbox"/> 4) By <input type="checkbox"/> 5) By <input type="checkbox"/> 6) By <input type="checkbox"/> 7) By <input type="checkbox"/> 8) By <input type="checkbox"/> 9) By <input type="checkbox"/> 10) By	
Driver: (Last Name, First Name, Middle Name, Suffix) MATUSZAK JR., ROGER H		Transported To:			
Street Address:		Person Type: 1		Seating Position:	
City:		State / Country: <input type="checkbox"/> 1) NV		Occupant Restraint:	
DOB:		Phone Number:		Injury Severity:	
Gender: <input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female		License Status:		Injury Location:	
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Compliance: <input type="checkbox"/> 1) Passed <input type="checkbox"/> 2) Failed		Endorsements:		Restrictions:	
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Vehicle Year: <input type="checkbox"/> 1) 2000-2004 <input type="checkbox"/> 2) 2005-2009 <input type="checkbox"/> 3) 2010-2014 <input type="checkbox"/> 4) 2015-2019 <input type="checkbox"/> 5) 2020-2024 <input type="checkbox"/> 6) 2025-2029 <input type="checkbox"/> 7) 2030-2034 <input type="checkbox"/> 8) 2035-2039 <input type="checkbox"/> 9) 2040-2044 <input type="checkbox"/> 10) 2045-2049 <input type="checkbox"/> 11) 2050-2054 <input type="checkbox"/> 12) 2055-2059 <input type="checkbox"/> 13) 2060-2064 <input type="checkbox"/> 14) 2065-2069 <input type="checkbox"/> 15) 2070-2074 <input type="checkbox"/> 16) 2075-2079 <input type="checkbox"/> 17) 2080-2084 <input type="checkbox"/> 18) 2085-2089 <input type="checkbox"/> 19) 2090-2094 <input type="checkbox"/> 20) 2095-2099 <input type="checkbox"/> 21) 2100-2104 <input type="checkbox"/> 22) 2105-2109 <input type="checkbox"/> 23) 2110-2114 <input type="checkbox"/> 24) 2115-2119 <input type="checkbox"/> 25) 2120-2124 <input 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2880-2884 <input type="checkbox"/> 178) 2885-2889 <input type="checkbox"/> 179) 2890-2894 <input type="checkbox"/> 180) 2895-2899 <input type="checkbox"/> 181) 2900-2904 <input type="checkbox"/> 182) 2905-2909 <input type="checkbox"/> 183) 2910-2914 <input type="checkbox"/> 184) 2915-2919 <input type="checkbox"/> 185) 2920-2924 <input type="checkbox"/> 186) 2925-2929 <input type="checkbox"/> 187) 2930-2934 <input type="checkbox"/> 188) 2935-2939 <input type="checkbox"/> 189) 2940-2944 <input type="checkbox"/> 190) 2945-2949 <input type="checkbox"/> 191) 2950-2954 <input type="checkbox"/> 192) 2955-2959 <input type="checkbox"/> 193) 2960-2964 <input type="checkbox"/> 194) 2965-2969 <input type="checkbox"/> 195) 2970-2974 <input type="checkbox"/> 196) 2975-2979 <input type="checkbox"/> 197) 2980-2984 <input type="checkbox"/> 198) 2985-2989 <input type="checkbox"/> 199) 2990-2994 <input type="checkbox"/> 200) 2995-2999 <input type="checkbox"/> 201) 3000-3004 <input type="checkbox"/> 202) 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Event Number: 09-00812		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 3/14/04		Agent Number:	
Name: (Last Name, First Name, Middle Name - Initial)		Agency Name: HENDERSON POLICE DEPARTMENT			
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
City:		Transported To:			
State / Country: <input type="checkbox"/> 1) NV Zip Code:		Person Type:		Seating Position:	
DOB: <input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown		Phone Number:		Injury Severity:	
				Injury Location:	
		Airbag:		Airbag Switch:	
		Ejected:		Trapped:	
Name: (Last Name, First Name, Middle Name - Initial)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:		Transported To:			
City:		Person Type:		Seating Position:	
DOB: <input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown		Phone Number:		Injury Severity:	
				Injury Location:	
		Airbag:		Airbag Switch:	
		Ejected:		Trapped:	
Name: (Last Name, First Name, Middle Name - Initial)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:		Transported To:			
City:		Person Type:		Seating Position:	
DOB: <input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown		Phone Number:		Injury Severity:	
				Injury Location:	
		Airbag:		Airbag Switch:	
		Ejected:		Trapped:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN:		Plate:		State: <input type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 2 VIN:		Plate:		State: <input type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 3 VIN:		Plate:		State: <input type="checkbox"/> 1) NV Type:	
Commercial Vehicle Configuration: <input type="checkbox"/> 1) Commercial Vehicle <input type="checkbox"/> 2) School Bus					
<input type="checkbox"/> 1) Bus, 8 - 16 Occupants <input type="checkbox"/> 2) Bus, > 16 Occupants <input type="checkbox"/> 3) Single 2 Axle and 3 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) App 4 Tire Vehicle		<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer		Source: <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 5) Mfr of Vehicle <input type="checkbox"/> 6) Other	
Carrier Name:		Power Unit GVWR:		<input type="checkbox"/> 1) 15,000 Lbs	
Carrier Street Address:		City:		<input type="checkbox"/> 2) 15,000 - 25,000 Lbs	
		State: <input type="checkbox"/> 1) NV Zip:		<input type="checkbox"/> 3) > 25,000 Lbs	
Cargo Body Type: <input type="checkbox"/> 1) Box <input type="checkbox"/> 2) Van / Box <input type="checkbox"/> 3) Grain, Gravel Chops <input type="checkbox"/> 4) Tank <input type="checkbox"/> 5) Concrete Mixer <input type="checkbox"/> 6) Bus, 8 - 16 Occupants <input type="checkbox"/> 7) Flatbed <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 9) Bus, > 16 Occupants <input type="checkbox"/> 10) Dump <input type="checkbox"/> 11) Garbage/Refuse <input type="checkbox"/> 12) Other <input type="checkbox"/> 13) Unknown <input type="checkbox"/> 14) Not Applicable		Placard #:		Type of Carrier:	
		Diamond #:		<input type="checkbox"/> 1) Single State <input type="checkbox"/> 2) Report <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	
				NAG Safety Report #:	
				Carrier Number:	

Vehicle Information

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Event Number: 09-00872		STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET Revised 11/4/04		Accident Number:	
Non-Motorist #: 0002		<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non-Contact (person)		Agency Name: HENDERSON POLICE DEPARTMENT	
Non-Motorist Type: <input type="checkbox"/> 1) Pedestrian <input type="checkbox"/> 5) Other Non-Motorist <input checked="" type="checkbox"/> 2) Padded Cyclist <input type="checkbox"/> 6) Wheel Chair <input type="checkbox"/> 3) Skater <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 4) Other		Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input checked="" type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown			
Non-Motorist Name (Last, First, Middle Initial): PRETNER, RYAN TERRY		Highway / Street Name: ST ROSE PARKWAY			
Street Address: 560 RODDENBERRY ST		Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown			
City: LAS VEGAS		State / Country: NV		Zip Code: 89123	
DOB: 08/22/1971		Phone Number: (702) 683-2463		Transported To: UMC TRAUMA HOSPITAL	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female		Injury Severity: A		Injury Location: 01	
State: NV		Alphabet: 01		Airbag: 01	
Ejected: <input type="checkbox"/>		Trapped: <input type="checkbox"/>			
Non-Motorist Condition: <input type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Under Influence: Medication / Drugs / Alcohol <input type="checkbox"/> 3) Emotional <input checked="" type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Physical Impairment <input type="checkbox"/> 6) Fatigued / Asleep / Fainted <input type="checkbox"/> 7) Inebriated <input type="checkbox"/> 8) Other					
Method of Determination (Check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Blood Test <input type="checkbox"/> 3) Urine Test <input type="checkbox"/> 4) Preliminary Breath Test <input type="checkbox"/> 5) Evidentiary Breath Test					
Non-Motorist Action: <input type="checkbox"/> 1) Entering or Crossing at Location <input type="checkbox"/> 2) Pushing Vehicle <input type="checkbox"/> 3) Improper Crossing <input type="checkbox"/> 4) Wrong Side of Road <input checked="" type="checkbox"/> 5) Walking, Running, Playing, Cycling <input type="checkbox"/> 6) Working in Roadway <input type="checkbox"/> 7) Lying / Illegally in Roadway <input type="checkbox"/> 8) Not Visible <input type="checkbox"/> 9) Approaching or Leaving Vehicle <input type="checkbox"/> 10) Standing <input type="checkbox"/> 11) Failing to Yield Right of Way <input type="checkbox"/> 12) Daring into Roadway <input type="checkbox"/> 13) Playing or Working on Vehicle <input type="checkbox"/> 14) Unknown <input type="checkbox"/> 15) Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 16) Inattentive <input type="checkbox"/> 17) Other <input type="checkbox"/> 18) Unknown					
Location Prior to Impact: <input type="checkbox"/> 1) Marked Crosswalk at Intersection <input type="checkbox"/> 2) Shared Use Path or Trail <input type="checkbox"/> 3) On Highway, More than 10' from Travel Lane <input type="checkbox"/> 4) At Intersection, No Crosswalk <input type="checkbox"/> 5) In Roadway <input type="checkbox"/> 6) Traffic Island <input type="checkbox"/> 7) Non-Intersection Crosswalk <input type="checkbox"/> 8) Shoulder <input type="checkbox"/> 9) Outside Highway <input type="checkbox"/> 10) Driveway Access Crosswalk <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other					
Safety Equipment: <input type="checkbox"/> 1) None <input type="checkbox"/> 2) Helmet <input type="checkbox"/> 3) Protective Pads <input type="checkbox"/> 4) Reflective Clothing <input type="checkbox"/> 5) Lighting <input type="checkbox"/> 6) Unknown <input type="checkbox"/> 7) Other					
Bike Lane / Path: <input type="checkbox"/> 1) No Bike Lane Path <input type="checkbox"/> 2) Striped Bicycle Lane - Both Sides <input type="checkbox"/> 3) Bicycle Route (Signed) <input type="checkbox"/> 4) Separate Bicycle Path / Trail <input type="checkbox"/> 5) Striped Bicycle Lane - Right Side Only <input type="checkbox"/> 6) Unknown <input type="checkbox"/> 7) Striped Bicycle Lane - Left Side Only <input type="checkbox"/> 8) Other					
Vehicle Number(s) Striking Non-Motorist: #1: #2: #3:					
Non-Motorist Speed Estimate: From 15 To 25 Limit 50					
Violation: (1)		NOI		Citation Number	
Violation: (2)		NOI		Citation Number	
Investigator(s): MATUSZAK JR, ROGER H		ID Number: 794		Date: 01/12/2009	
Reviewed By: GAYER683		Date Reviewed: 01/20/2009			

Non-Motorist Information

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Event Number: 09-00812		STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET Revised 11/04/04		Accident Number:	
Non-Motorist: Last Name, First Name, Middle Name, Initial		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Parking Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
DLN / ID Card:	State <input type="checkbox"/> 1) NV	Airbag:	Airbag Switch:	Ejected:	Trapped:
Non-Motorist: Last Name, First Name, Middle Name, Initial		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Parking Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
DLN / ID Card:	State <input type="checkbox"/> 1) NV	Airbag:	Airbag Switch:	Ejected:	Trapped:
Non-Motor Vehicle Description					
Make / Manufacturer:	Model:	Type:	Color:		
BICYCLE			BLACK		
Identification / Serial Number:		Non-Motor Vehicle Removed By:			
Owner Name: <input checked="" type="checkbox"/> 1) Same as Non-Motorist PRETNER, RYAN TERRY		Non-Motor Vehicle Removed To:			
Street Address:		City:	State: <input type="checkbox"/> 1) NV	Zip Code:	
880 RODDENBERRY ST, LAS VEGAS, NEVADA 89123					
1st Contact Area:		Damage to Non-Motor Vehicle:		Non-Motor Vehicle Damaged Area:	
Pedal Cyclist / Non-Motor Vehicle <input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Right / Rear <input type="checkbox"/> 5) Front <input type="checkbox"/> 6) Back		<input checked="" type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown		<input type="checkbox"/> 1) Front <input type="checkbox"/> 7) Left Front <input type="checkbox"/> 2) Rear <input type="checkbox"/> 8) Left Rear <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 9) Top <input type="checkbox"/> 4) Left Side <input type="checkbox"/> 10) Bottom <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 12) Other	
Sequence Of Events:		Non-Motor Vehicle Action:			
Code #	Description	Collision With Fixed Object	None Happened		
1st	202 PEDAL CYCLIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 7) Exiting	
2nd		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2) Stopped <input type="checkbox"/> 8) Entering Lane	
3rd		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 9) Leaving Lane	
4th		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 10) Lane Change	
5th		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 11) Unknown	
6th		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6) Other	
Non-Motorist Information					

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Event Number: 09-00812	STATE OF NEVADA TRAFFIC ACCIDENT REPORT	Accident Number: "
		Agency Name: HENDERSON POLICE DEPARTMENT

Description of Accident / Narrative:

Pavement Markings and Type:

FBI NARRATIVE:

This is a preliminary report only; no assessment of fault or liability should be determined from this initial report.

V1, a white 2007 Ford F-150 pickup bearing NV personalized plate JS1D11D was traveling eastbound on St. Rose Parkway in the number three travel lane.

V1 was solely occupied by the driver Michael Vasquez (10-28-1986) of Henderson NV.

V2, a black bicycle of an unknown brand or make, was traveling eastbound on the paved shoulder of St. Rose Parkway. It is as yet undetermined which portion of the shoulder the bicyclist was traveling upon or whether he had strayed into the travel lane.

The rider of V2 was later identified as Ryan T. Preiner (08-22-1971) of Las Vegas NV.

The right side external mirror of V1 made contact with the back of the helmet of rider of V2. V2 was thrown to the ground and suffered severe head injuries. Whether these injuries are the result of the initial collision or impact with the ground is undetermined at this time.

Driver of V1 immediately stopped to render aid and notify Rescue and Police.

Rider of V2 is currently in critical condition at UMC Trauma and his current prognosis is poor.

This case remains open and further investigation is pending.

Attachments: 1 witness statement

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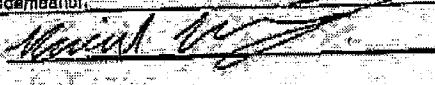
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HPD 0016

DR# 09-00812
PAGE 1 OF 1

HENDERSON POLICE DEPARTMENT
TRAFFIC ACCIDENT STATEMENT
 REFER TO PM-1825

To be submitted to Police Records by the Investigating Officer(s)	
NAME: <u>Michael Vasquez</u>	DATE OF BIRTH: <u>10-29-1986</u>
ADDRESS: <u>1986 Via Firenze</u>	
TELEPHONE NUMBER(S): <u>702-755-2106</u>	
YEAR, MAKE AND MODEL OF VEHICLE: <u>White Ford F150</u>	LICENSE # <u>1JSTW110</u>
Where was witness in relation to accident (exact location): <u>DRIVER</u>	
DESCRIBE WHAT HAPPENED, GIVING DATE AND TIME, LOCATION, AND PEOPLE INVOLVED BY NAME*	
PLEASE DO NOT WRITE ON REVERSE SIDE, ASK OFFICER FOR ADDITIONAL STATEMENT FORM	
<u>I was driving East down St Rose Parkway from Executive Rd</u> <u>I was going about 45-50 mph and there was a biker</u> <u>riding his bike going the same direction with no reflectors</u> <u>and when I noticed him it was too late and I hit him.</u> <u>after I noticed the accident I stopped and called 911. I was</u> <u>driving in the 3rd lane and the biker must of been in</u> <u>my lane because as soon as I noticed him I already hit him</u>	
<small>NRS 484.236, False Reports: Any person who gives information in oral or written reports as required in NRS Chapter 484, knowing or having reason to believe that such information is false, is guilty of a gross misdemeanor.</small>	
 WITNESSING OFFICER/PH	 SIGNATURE

HPD 0016

City of Henderson, NV

Revised: 01/02/2008

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Incident Report

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Printed by: scimarin12
Printed date/time: 3/24/09 12:56HENDERSON POLICE
223 LEAD ST,
HENDERSON, NEVADA 89015

Incident Number: 09-00812-001

Incident Summary

Incident Type: ACCIDENT WITH INJURY	Report Type: SUPPLEMENTAL INCIDENT
Inc Occurred Address: ST ROSE PKWY, HENDERSON, NEVADA 89052	Sector/Beat: WESTW7
Inc Occurred Start: 01/12/2009 17:22	Inc Occurred End: 01/12/2009 22:09
Domestic: N	Bias Motivation:
Contact Nature: DISPATCHED	Gang Related: U
Reporting Officer: MATUSZAK JR., ROGER	Substance: U
Case Status: ACTIVE	Reported Date/Time: 01/12/2009 17:24
Disposition: OPEN CASE	Primary Assigned Officer:
	Disposition Date: 01/15/2009 00:00

Property Involved

Property # 0001	Evidence: No	Original Value:
Event Assoc/Orig status: EVIDENCE	Original Status Date: 1/12/2009 21:20:00	Current Value:
Current Status: EVIDENCE	Current Status Date: 1/12/2009 21:20:00	
Property Type:		
Description: BLACKBERRY, METALIC RING, HEART MONITOR, GLOVES, SOCKS, WATCH, SHOES, I	Model:	
Make/Brand:	Quantity: 8	
Color:	Owner Applied#:	
Serial/Lot#:	NCIC Reported By:	
NCIC Date:	NCIC Cancelled:	
NCIC#:		

Property # 0002	Evidence: No	Original Value:
Event Assoc/Orig status: EVIDENCE	Original Status Date: 1/12/2009 21:20:00	Current Value:
Current Status: EVIDENCE	Current Status Date: 1/12/2009 21:20:00	
Property Type:		
Description: WHITE AND GRAY COLORED HELMET GIRO BRAND NAME	Model:	
Make/Brand: GIRO	Quantity: 1	
Color:	Owner Applied#:	
Serial/Lot#:	NCIC Reported By:	
NCIC Date:	NCIC Cancelled:	
NCIC#:		

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Incident Report

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Printed by: solmarin2
 Printed date/time: 3/24/09 12:50

HENDERSON POLICE
 223 LEAD ST.
 HENDERSON, NEVADA 89015

Incident Number: 09-00812-001

Narratives

ENTERED DATE/TIME: 1/12/2009 21:20:00

NARRATIVE TYPE: INCIDENT

SUBJECT: FBR NARRATIVE

AUTHOR: MATUSZAK JR., ROGER

On January 12, 2008, at approximately 1724 hours, I, Officer Avery P#1546, Officer Clear P#1387 and Officer Morrison P#1352 were dispatched to an accident near Executive Airport Drive on St. Rose Parkway. Dispatch advised a bicyclist was struck by a vehicle in the eastbound lane. The subject was unconscious and breathing. Also, dispatch reported the subject was bleeding from the mouth.

I arrived in the area and observed several vehicles parked on the shoulder of the road going east bound on St. Rose Parkway about 450 yards prior to the intersection of Executive Airport Drive.

I observed there was a moderate amount of traffic flow traveling east bound on St. Rose Parkway. I observed it to be dark outside with the only illumination coming from the street lights located at the intersection of St. Rose Parkway and Executive Airport Drive.

I observed a male subject (Later identified as Ryan Pretner 8-22-71) on the right hand shoulder on east bound St. Rose Parkway. I observed the bicycle Pretner was riding to be on top of him and a large (Approximately 3") pool of blood coming from Pretner's head area. I observed Pretner to be wearing a red, green and white colored bicycle type suit, and a white and gray colored bicycle helmet. I did not observe the bicycle to have a head light or tail light. I did not observe the suit Pretner was wearing to have any type of illumination devices to make it more readily visible. Pretner's body was positioned on the shoulder of the road with his head towards the south and his feet towards the north. His feet were in close proximity to the solid white line. It appeared Pretner had not been moved from the position he was in as a result of the accident.

I observed there was debris on the shoulder of the road from Vasquez's mirror and a pair of sunglasses belonging to Pretner.

I contacted the driver of the vehicle which struck Pretner, Michael Vasquez (10-28-86). Vasquez stated he had just gotten off work. Vasquez stated he was traveling in the #3 lane of travel and estimated his speed at about 45-50 MPH due to just turning onto St. Rose Parkway from Executive Airport Drive. Vasquez stated he was paying attention and did not observe Pretner riding his bicycle on the shoulder. Vasquez stated as soon as he observed Pretner, Vasquez swerved into the #2 east bound lane to avoid striking Pretner. Vasquez's passenger side mirror struck Vasquez in the back. Vasquez stated he pulled over to the side of the road and called 911 after he realized the vehicle Vasquez was driving struck Pretner.

I observed Vasquez's vehicle and observed the mirror to be broken which was consistent with Vasquez's statement. I observed the asphalt area and I did not observe any skid marks.

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Printed by: solman12
Printed date/time: 3/24/09 12:59

Incident Report

HENDERSON POLICE
223 LEAD ST.
HENDERSON, NEVADA 89015

Incident Number: 09-00812-001

There were no independent witness identified at the scene who stated they observed the collision between Vasquez's vehicle and Pretner.

Henderson Fire Department, Rescue 87 arrived on scene and transported Pretner to University Medical Center (UMC) Trauma to treat his injuries.

I marked the final resting spot of Vasquez's tires as well as the sunglasses, and the bicycle Pretner was riding.

Officer Abreau P#1592 arrived at the scene and took digital photographs of the scene which he later uploaded onto digital evidence at the West Substation.

I then went to UMC and contacted a member of the medical team which was treating Pretner for his injuries. UMC staff directed me to where Pretner's personal belongings were, which I photographed and then impounded all property as evidence. Included with his personal belongings was the bicycle helmet that Pretner was wearing when I observed him on the roadway earlier.

I contacted Nina Daniels who works for Quest Diagnostics as a Laboratory Technician and requested a blood draw from Pretner. I obtained a blood draw kit from my bag. I opened the kit and observed there to be two glass vials inside which contained a white powdery substance. I gave the two vials to Daniels, who then obtained a blood draw from Pretner's left arm. Daniels then gave me the vials which I filled out and sealed closed with evidence tape. Daniels and I completed the Blood Draw Declaration which I submitted with the report.

I contacted Pretner's sister, Dana Andrew (9-7-74) who stated Pretner is an avid bicyclist who rides his bike daily for about 20-30 miles. Pretner was training for an upcoming bicycle race Pretner planned on racing in. Andrew stated Pretner's bike suit had reflective material in it but I did not observe any reflective material.

Prior to leaving the hospital, one of the team of doctor's treating Pretner stated Pretner had bleeding in the brain. There was nothing internally crushed indicating Pretner was run over by the vehicle. The doctor advised the prognosis was not good for Pretner.

Later at the West Substation, I impounded Pretner's property into evidence. I uploaded the pictures I took onto digital evidence.

I then booked the blood draw at the Main Station.

While I was at UMC impounding Pretner's property, the Traffic Bureau was notified. The Traffic Bureau, (Officer Maluszak P#794) responded to the scene and assumed the investigation.

I contacted dispatch who advised the sunset time, according to the National Weather Service, for January 12.

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Incident Report

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Printed by: solmarini2
Printed date/time: 3/24/09 12:58

HENDERSON POLICE
223 LEAD ST,
HENDERSON, NEVADA 89015

Incident Number: 09-00812-001

2009 was 1647 hours.

The above events transpired in the City of Henderson, County of Clark, State of Nevada.

Attachments: 1

CC: Officer Matuszak P#794

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R.App. 001345

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Printed by: solmerinl2
Printed date/time: 3/24/09 12:58

Incident Report

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HENDERSON POLICE
223 LEAD ST,
HENDERSON, NEVADA 89015

Incident Number: 09-00812-002

Incident Summary

Incident Type: ACCIDENT WITH INJURY	Report Type: SUPPLEMENTAL INCIDENT
Inc Occurred Address: ST ROSE PKWY, HENDERSON, NEVADA	Sector/Beat: WESTW7
Inc Occurred Start: 01/12/2009 17:20	Inc Occurred End: 01/12/2009 17:21
Domestic: N	Substance: U
Bias Motivation:	Gang Related: U
Contact Nature: DISPATCHED	Reported Date/Time: 01/12/2009 17:23
Reporting Officer: CLEAR, JAIME	Primary Assigned Officer:
Case Status: ACTIVE	Disposition Date: 01/20/2009 09:00
Disposition: OPEN CASE	

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R.App. 001346

03/03/2011 13:54 7022280443

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Printed by: se/marint2
Printed date/time: 3/24/09 12:58

Incident Report

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HENDERSON POLICE
223 LEAD ST,
HENDERSON, NEVADA 89015

Incident Number: 09-00812-002

Narratives

ENTERED DATE/TIME: 1/13/2009 23:45:00

NARRATIVE TYPE: INCIDENT

SUBJECT: FBR NARRATIVE

AUTHOR: CLEAR, JAIME

On 01/12/09 at approximately 1730 hours I, Officer J. Clear #1387 arrived in the area of St. Rose Parkway, east of Executive Airport, reference an injury accident.

When I arrived there was a male subject laying on the pavement in e/b lanes, partially in the #3 lane and partially on the shoulder. Henderson Paramedics already had the male subject on a backboard and quickly transported him to UMC hospital.

I questioned numerous bystanders that had stopped to render aid. No one that stopped saw any part of the accident. They all stated that as they drove up on the accident they saw the male subject laying next to his bike partially in the roadway.

I set up numerous cones and flares, holding the accident scene while the Motor's Unit completed their investigation.

cc: none

attach: 0

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Printed by: salmar02
 Printed date/time: 3/24/09 12:59

Incident Report

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HENDERSON POLICE
 233 LEAD ST.
 HENDERSON, NEVADA 89015

Incident Number: 09-00812-003

Incident Summary

Incident Type: ACCIDENT WITH INJURY
 Inc. Occurred Address: ST ROSE PKWY, HENDERSON, NEVADA 89052
 Inc. Occurred Start: 02/02/2009 10:28 Inc. Occurred End: 02/02/2009 10:29
 Domestic: N Bias Motivation: Gang Related: N Substance: U
 Contact Nature: Reported Date/Time:
 Reporting Officer: MATYSZAK JR, ROGER Primary Assigned Officer:
 Case Status: CLOSED Disposition: ADULT ARREST, WARRANT OR CITATION Disposition Date: 02/03/2009 00:00

Offenses

Statute Code: 484.324 Enhancers:
 Statute Desc: FAIL TO YIELD RIGHT OF WAY TO PERSON RIDING BICYCLE-M
 Counts: 1 Statute Severity: MISDEMEANOR

Persons Involved

Person#: 0001 Contact Date/Time: 02/02/2009 00:00 Can ID Suspect: No
 Event Association: QTED
 Name: VASQUEZ, MICHAEL ANTHONY
 DOB: 10/28/1985 Age: 22-22 Sex: MALE Race: HISPANIC
 Height: 5'7" - 5'7" Weight: 192 - 192 lbs Eye Color: UNKNOWN Hair Color: BROWN
 Address: 693 BILLOT PEAK, LAS VEGAS, NEVADA 89123 Sector/Beat:
 Phone Type 1: HOME Phone# 1: (702) 631-9875 Ext 1:
 Phone Type 2: Phone# 2: Ext 2:
 Occupation: BUSER Employer/School:

Person Offenses

Statute Code: 484.324 Enhancers:
 Statute Desc: FAIL TO YIELD RIGHT OF WAY TO PERSON RIDING BICYCLE-M
 Counts: 1

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CSC000120

R.App. 001348

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Incident Report

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Printed by: solmarin2
Printed date/time: 3/24/09 12:59

HENDERSON POLICE
223 LEAD ST,
HENDERSON, NEVADA 89015

Incident Number: 09-00812-003

Narratives

ENTERED DATE/TIME: 2/2/2009 10:29:00

NARRATIVE TYPE: INCIDENT

SUBJECT: FBR NARRATIVE

AUTHOR: MATUSZAK JR., ROGER

IMFACTS:

WEATHER CONDITIONS WERE OBTAINED FROM THE NATIONAL WEATHER SERVICE AT
HENDERSON EXECUTIVE AIRPORT.

READING AT: 1740 HRS

TEMPERATURE: 61 DEGREES

HUMIDITY: 24%

WIND VELOCITY: NE at 12 MPH

BAROMETRIC PRESSURE: 27.7 S

VISIBILITY: 10 Miles +

SKIES: Clear

ROADWAY:

The collision occurred on St. Rose Parkway approximately 1340' east of the intersection with Executive Airport Drive. The collision was on the right side edge of the roadway.

St. Rose Parkway at the location of this collision is an asphalt surfaced roadway. The roadway is relatively straight and level with no line of sight obstructions in either direction of travel. This roadway runs in a primarily east to west direction.

It is best described as a two-way multi lane highway with an unprotected median separating eastbound from westbound traffic. There are three travel lanes on the eastbound portion of the roadway and three through lanes and the beginning of a left turn lane in the westbound direction. For the purposes of this investigation the westbound travel lanes do not bear. There is a paved shoulder on the right (south) side of the road and a smaller paved shoulder on the left (north) side of the road. For specific dimensions see the narrative portion of this report.

There is no curbing on either the north or south side of the roadway and the edge of pavement runs off level to the roadway with the side of the road being groomed hard packed sand and gravel. B

TRAFFIC CONTROL:

St. Rose Parkway is a posted 55 MPH speed zone. There are raised markers separating the travel lanes. The right side of the road is delineated by a solid white line painted onto the roadway surface. The left side of the roadway is delineated by a solid yellow line painted onto the road surface. There is no additional control of the roadway in the area of the collision. □

Andrew v CSC
CF000121

CSC000121

R.App. 001349

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Incident Report

Printed by: solmarin12
 Printed date/time: 3/24/09 12:59

HENDERSON POLICE
 223 LEAD ST,
 HENDERSON, NEVADA 89015

Incident Number: 09-00812-003

PHYSICAL EVIDENCE:

The scene of the accident was diagrammed using a Leica GPS Smart Rover data collector. The information from this device was downloaded into Crash Zone 8.5, a CAD program used to complete a diagram of the scene.

Digital photographs of the scene were taken by Crime Scene Analyst Patrick Farrell of the Henderson Police Department. These photographs were later downloaded into the DESS (Digital Evidence Storage System).

Officer K. Avery responded to University Medical Center Trauma where he took digital photographs of the victim's personal effects and obtained a blood sample from the victim for later testing. The results of this blood test are pending. See Officer Avery's supplemental report for specific details.

The clothing of the victim, to include his helmet and shoes, was impounded as well as his cell phone and a silver metal ring. These items were impounded by Officer Avery.

The bicycle and sunglasses of the victim were impounded by the reporting Officer.

VEHICLES:

Vehicle 1, hereafter referred to as V1, is a white 2007 Ford F-150 Crew Cab Pickup truck bearing NV license plate JSTDULD, VIN 1FTPW14527KD22209.

Vehicle 2, hereafter referred to as V2, is a black Orbea Orca bicycle with a serial number of SNMAT8D0D0366.

OCCUPANTS:

V1 was solely occupied by the driver, Michael Anthony Vasquez (10-28-1986) of 1886 Via Firenze Drive Henderson, NV 89044. Michael Vasquez has a valid class C NV driver license # 1701672805.

V2 was being operated by Ryan Terry Pretner (08-22-1971) of 680 Roddenberry Las Vegas NV 89123.

II. STATEMENTS:

The following statement is transcribed in its entirety without regard to spelling or grammatical errors so as not to alter the meaning and intent of its author:

Michael Vasquez

I was driving East down St Rose Parkway from Executive Rd I was going about 45 -50 mph and there was a biker riding his bike going the same direction with no reflectors and when I noticed him it was to late and I hit him. After I noticed the accident I stopped and called 911. I was driving in the 3rd lane and the biker must of been in my lane because as soon as I noticed him I already hit him.

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 CF000122

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R.App. 001350