



TRAFFIC ACCIDENT REPORT

DEPARTMENT OF MOTOR VEHICLES - FINANCIAL RESPONSIBILITY
P. O. BOX 942884 MAIL STA. J237, SACRAMENTO, CALIFORNIA 94284-0884
(916) 657-6677

FINANCIAL RESPONSIBILITY
SECTION USE ONLY

IMPORTANT INFORMATION ON BACK

DATE AND LOCATION OF ACCIDENT

DATE OF ACCIDENT Month: MARCH Day: 26 Year: 2005		HOUR BETWEEN NOON AND 2 PM <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	NUMBER OF VEHICLES IN ACCIDENT NOT KNOWN
LOCATION (NEAREST STREET OR HIGHWAY) LAKE FOREST DRIVE AND PITTSFORD		IN LAKE FOREST, CALIFORNIA	
			ON PRIVATE PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REPORTING PARTY (Also, complete Part A below)

Moving Stopped in Traffic Parked Pedestrian Bicyclist Other

DRIVER'S NAME (FIRST, MIDDLE, LAST) MICHAEL STEVEN LAHAM		DRIVER LICENSE NUMBER CA N7318528	STATE CA	DATE OF BIRTH Month: 03 Day: 30 Year: 1959
DRIVER'S ADDRESS (NUMBER AND STREET) 26841 LA ALAMEDA #636 MISSION VIEJO, CA 92691		CITY MISSION VIEJO, CA	STATE CA	ZIP CODE 92691
OWNER OF VEHICLE (FIRST, MIDDLE, LAST) VAULT FOR GMAC OR COLT LSR		ADDRESS (NUMBER AND STREET) P. O. BOX 8129 COCKEYSVILLE	CITY MD	STATE MD
VEHICLE (YEAR AND MAKE) 2004 SATURN ION		VEHICLE LICENSE OR ID NUMBER 5FYT160	STATE CA	DAMAGES OVER \$500? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WERE YOU DRIVING A VEHICLE OWNED BY YOUR EMPLOYER DURING THE COURSE OF EMPLOYMENT? IF YES, GIVE NAME AND ADDRESS OF EMPLOYER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

REPORTING PARTY'S INSURANCE INFORMATION

WAS A LIABILITY INSURANCE POLICY OR A SURETY BOND IN EFFECT FOR THE VEHICLE INVOLVED IN THIS ACCIDENT? IF YES, GIVE INSURANCE INFORMATION BELOW:
 YES NO

NAME OF INSURANCE OR SURETY COMPANY (NOT AGENCY) THAT ISSUED THE LIABILITY POLICY OR BOND COVERING THE OPERATION OF THIS VEHICLE STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	POLICY OR BOND NUMBER L34 7741-C12-75H
POLICY HOLDER'S NAME AND ADDRESS LAHAM, MICHAEL & ELANA MISSION VIEJO, CA 92691	POLICY OR BOND PERIOD From: 03/12/2005 To: 09/12/2005

OTHER PARTY **NOT KNOWN TO REPORTING PARTY**

Moving Stopped in Traffic Parked Pedestrian Bicyclist Other

DRIVER'S NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH Month: Day: Year:
DRIVER'S ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
OWNER OF VEHICLE (FIRST, MIDDLE, LAST)		ADDRESS (NUMBER AND STREET)	CITY STATE ZIP CODE
VEHICLE (YEAR AND MAKE)	VEHICLE LICENSE OR ID NUMBER	STATE	DAMAGES OVER \$500? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS HE/SHE DRIVING A VEHICLE OWNED BY HIS/HER EMPLOYER DURING THE COURSE OF EMPLOYMENT? IF YES, GIVE NAME AND ADDRESS OF EMPLOYER:			

OTHER PARTY'S INSURANCE INFORMATION **NOT KNOWN TO REPORTING PARTY**

WAS A LIABILITY INSURANCE POLICY OR A SURETY BOND IN EFFECT FOR THE VEHICLE INVOLVED IN THIS ACCIDENT? IF YES, GIVE INSURANCE INFORMATION BELOW:
 YES NO

NAME OF INSURANCE OR SURETY COMPANY (NOT AGENCY) THAT ISSUED THE LIABILITY POLICY OR BOND COVERING THE OPERATION OF THIS VEHICLE	POLICY OR BOND NUMBER
POLICY HOLDER'S NAME AND ADDRESS	POLICY OR BOND PERIOD From: To:

INJURIES AND/OR DEATHS CAUSED BY THE ACCIDENT **NONE**

NAME AND ADDRESS	<input type="checkbox"/> Injury <input type="checkbox"/> Fatal <input type="checkbox"/> Under Age 18	<input type="checkbox"/> Driver <input type="checkbox"/> In Your Vehicle <input type="checkbox"/> Bicyclist <input type="checkbox"/> Passenger <input type="checkbox"/> In Other Vehicle <input type="checkbox"/> Pedestrian
NAME AND ADDRESS	<input type="checkbox"/> Injury <input type="checkbox"/> Fatal <input type="checkbox"/> Under Age 18	<input type="checkbox"/> Driver <input type="checkbox"/> In Your Vehicle <input type="checkbox"/> Bicyclist <input type="checkbox"/> Passenger <input type="checkbox"/> In Other Vehicle <input type="checkbox"/> Pedestrian

DAMAGE TO OTHER PROPERTY (Telephone poles, fences, livestock, etc.) **NONE**

PROPERTY OWNER'S NAME AND ADDRESS	DAMAGES OVER \$500? <input type="checkbox"/> YES <input type="checkbox"/> NO
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I certify under penalty of perjury under the laws of _____ that the information furnished by me on the document is true and correct.

DATE: **03/31/2005** SIGN: **X**

Facsimile

PACIFIC PARTNERS

25283 CABOT ROAD SUITE 224

LAGUNA HILLS CA 92653

Phone (949) 580-1969

PPIAGENCY.COM

Fax 949-580-1963

Agency Lic#: 0C46086

August 31, 2005

Insured: LAHAM, MICHAEL & ELANA
Company: Mercury Insurance Group
Policy #: AP27371846
Policy Period: OCT 7 05 To: APR 7 06
Agency Lic#: 0C46086

Total Number of Pages: 1

STATE FARM INSURANCE COMPANY

Phone: 949-553-5877

Fax: 800-377-0989

MABEL AYOTTE

Re: REGARDING CLAIM#75A954439050326

Attn: Mabel Ayotte

Dear MABEL:

The insured's Michael Laham and Elana Laham whose signature is on the bottom of this fax have requested the following:

A statement that the above numbered claim has no Bodily Injury and the claim #75A954439050327 is listed in error. The CLUE Report lists an accident 03/26/05 and an accident 03/27/05(this is in error.).

I also need a statement that the accident dated 04/05/03 claim#75A654261030405 closed with no Bodily Injury.

Please fax back to (949) 580-1963 attention Mary-Kaye.

Signal

09/3/2005

Signal

08/31/2005

Sincerely,

Mary Kaye Antonelli

MARY KAYE ANTONELLI

mka

State Farm Insurance Companies



Irvine Operations Center
PO Box 21658
Bakersfield, CA 93390
888 582 3020 Fax 800 377 0989

September 6, 2005

Pacific Partners
25283 Cabot Road Ste 224
Laguna Hills, California 92653

RE: Insured: Michael Laham
Claim Number: 75-A954-439
Date of Loss: March 26, 2005

Dear Ms. Antonelli:

Please be advised that claims 75 A954 439 and 75 A654 261 were closed with no bodily injury involved. In addition 75 A954 439 is for the date of loss of 3/26/05. There was activity in the claim file where the date of loss was changed from 3/27/05 to 3/26/05. 75 A954 439 is for one loss only.

I had contacted our Underwriting department and they list the one accident for 3/26/05 only.

Please call if any questions.

Sincerely,

Mabel Ayotte x5762
Claim Representative
(888) 582-3020

State Farm Mutual Automobile Insurance Company

ma



REQUEST NUMBER: R32323250

C.L.U.E - COMPREHENSIVE LOSS UNDERWRITING EXCHANGE

Quoteback : 2005-08-31-16.26.08.368250 C.L.U.E Ref.#: 5643172430536
Account : 515759 Date of Order: 08/31/05 Date of Receipt: 08/31/05
Requester : KEMPER AUTO & HOME INS
RECAP

Inquiry : 4 Claim(s) Reported
Inquiry history search not requested
A.D.D search not requested
Non JUA inquiry
Subject : No claims reported
Inquiry history search not requested
Subject : 4 Claim(s) Reported
Inquiry history search not requested

SEARCH REQUEST

Name : LANHAM MICHAEL D.O.B : 03/30/59 Sex : SSN : 0
Address : 26841 LA ALAMEDA MISSION VIEJO CA 92691-7334
D/L # : N7318528 State : CA
Name : LAHAM ELANA D.O.B : 09/06/58 Sex : SSN : 0
Address : 26841 LA ALAMEDA MISSION VIEJO CA 92691-7334
D/L # : N6049197 State : CA

REPORTED CLAIM HISTORY

Reported loss history with identification information that is underlined may not apply to this risk and should be verified. This report is not a recommendation. Subscriber should independently determine what action, if any, to take.

SUBJECT: 1
Date : 03/27/05
CLUE File # : 510200560019225
Policy Number : L347741C1275H
Company : STATE FARM MUTUAL CA
Name : LAHAM ELANA (P/H)
D.O.B : 09/06/58 Sex : F SSN : 0
Address : 26841 LA ALAMEDA 636 MISSION VIEJO CA 92691-7364
D/L # : N6049197 State : CA
Name : LA HAM MICHAEL (V/O)
D.O.B : Sex : SSN : 0
Vehicle : 2004 SATU ION 2
Vin: 1G8AJ52F84Z147405 Disp :
Claim Type : CO/C Claim Amount : \$ 0
Claim Type : PD/O Claim Amount : \$ 0
Claim Type : RR/C Claim Amount : \$ 232
Handwritten notes: LISTED IN ERROR, PD Covered (Police Department covered), See attached 3/26/05, v/o = vehicle operator, CO = collision, PD = property damage, RR = rental reimbursement, C = closed, O = open

CLUE Report

SUBJECT: 2

*

03/26/05

PD. Caused
(Police Department
caused)

Date : 03/26/05
CLUE File # : 519600600030168
Policy Number : L347741C1275H
Company : STATE FARM MUTUAL CA
Name : LAHAM ELANA (P/H)
D.O.B : 09/06/58 Sex : F SSN : 0
Address : 26841 LA ALAMEDA 636
MISSION VIEJO
CA 92691-7364

Age of Claim : 0 Yr(s) and 5 months
Claim Number : 75A954439050326
Policy Type : PA

D/L # : N6049197 State : CA
Name : LA HAM MICHAEL (V/O)

D.O.B - : Sex : SSN : 0

Vehicle : 2004 SATU ION 2

Vin: 1G8AJ52F84Z147405

Disp :

Claim Type : CO/C Claim Amount : \$ 2355

Claim Type : PD/C Claim Amount : \$ 1002

Claim Type : RR/C Claim Amount : \$ 232

✓ CO = Collision
✓ PD = Property Damage
✓ RR = Rental Reimbursement
C = Closed