



CITY OF OAKLAND
CITIZENS' POLICE REVIEW BOARD

INFORMATION REQUEST FORM

(PLEASE NOTE: SOME REQUESTS ARE SUBJECT TO ADMINISTRATIVE FEES)

RECEIVED
OCT 29 2010

CPRB STAFF USE ONLY:

Assigned To _____

Request Received By: _____

Date Request Received: _____

Request Made By []: Phone _____

Mail _____

Walk-in _____

Other _____

TO BE COMPLETED BY REQUESTER

NAME OF REQUESTER: _____

PHONE # _____

ADDRESS: _____

NAME OF AGENCY/DEPT./ORGANIZATION: _____

REQUEST WILL BE []: PICKED-UP _____

INTEROFFICE MAIL _____

US MAIL _____

VIA FAX _____

E-MAIL ADDRESS _____

TELEPHONE _____

MAILING ADDRESS: _____

FAX# _____

REQUESTED DOCUMENTS/INFORMATION (PLEASE BE SPECIFIC AS POSSIBLE)

(1) All Documents + file re Best Way DATE 6/29/2010

(2) _____ DATE _____

(3) _____ DATE _____

(4) _____ DATE _____

SPECIAL INSTRUCTIONS: _____

FOR CPRB STAFF USE ONLY:

DESCRIBE DOCUMENTS PROVIDED

STAFF TIME: _____

Paid by Ck _____ Cash _____



394 Elm Avenue * Auburn, CA 95603
Ph: 866.664.8294 Fax: 530.888.7813
License # 0A91339

Date: January 12, 2010
To Jasmine Chan
City of Oakland
From: Tom Griffin

RE: Best Way Transit
New Medallion(s)

Dear Jasmine,

I am the insurance agent for Best Way Transit. I currently insure Best Way Transit medallions #49 and #271 with General Star Insurance Company. This insurance policy is written specifically for Best Way Transit and will afford coverage for all proposed medallions operating as a DBA or subsidiary of Best Way Transit regardless of the number of additional units proposed. Please feel free to contact me with any questions or concerns that you may have.

Sincerely,

Tom Griffin
Y.A. Tittle & Associates

ACORD CERTIFICATE OF LIABILITY INSURANCEOP ID TG
MOHAM-3DATE (MM/DD/YYYY)
01/12/10

PRODUCER
Y. A. Tittle & Associates
Insurance Services
P. O. Box 1960
San Jose CA 95109-1960
Phone: 408-271.2300 Fax: 408-271-1802

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Best Way Transit

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: General Star National Ind.

11967

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NYA293773	08/14/09	08/14/10	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

TAXICAB COMPANY IN OAKLAND, CA

SEE ATTACHED LIST OF INSURED VEHICLES AND DRIVERS

THE CITY OF OAKLAND AND THE OAKLAND POLICE DEPARTMENT ARE NAMED AS
ADDITIONAL INSURED.

FAX: 510-238-7084

CERTIFICATE HOLDER

CITY OF OAKLAND
SPECIAL ACTIVITIES/PERMIT DEPT
JASMINE CHAN
1 FRANK H. OGAWA PLAZA
OAKLAND CA 94612

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Thomas V. Griffin

NOTEPAD

INSURED'S NAME BASED WAY TRADING

MOHAM

PAGE 2

OP ID NO

DATE 01/12/10

VEHICLES:

MED #49 -- 2007 DODGE CARAVAN VIN #1D8GP45R27B204873

MED #271 -- 2006 FORD CROWN VIC VIN #2FAHP71W36X141266

DRIVERS:

MED #49 -- HASAN HASAN, [REDACTED]

MED #49 -- WALIED MOHAMED, [REDACTED]

MED #271 -- ABDALMUHSIN ELMUBARAK, [REDACTED]


MED #271 -- MOHAMED YOUSIF, CDL [REDACTED]

Best Way transit Implementation Schedule For Vehicle Inspections

Number of cars	Date
12	01/22/2010
11	02/05/2010
10	02/19/2010
8	03/05/2010

DAILY JOURNAL CORPORATION

915 E. FIRST STREET
LOS ANGELES, CA 90012
(213) 229-5300

Customer's Order No.		Phone No.		Date		
Sold To		Abdul Alkamri		1/6/10		
Address		P.O. Box 20187				
City						
Sold By	Cash	C.O.D.	Charge	On Acct.	Mdse. Ret'd.	Paid Out
Qty.	Description			Price	Amount	
1	J28				240-	
All claims and returned goods MUST be accompanied by this bill.					Tax	—
Rec'd. By 					Total	40-

170908

Thank You

PATRICK O'CONNELL, Alameda County Clerk-Recorder
1106 Madison Street, First Floor
Oakland, CA 94607 Telephone (510) 272-6362

ENDORSED
FILED
ALAMEDA COUNTY

JAN 06 2010

FICTITIOUS BUSINESS NAME STATEMENT
USE BLACK OR DARK BLUE INK ONLY

PATRICK O'CONNELL, County Clerk
By Alull Deput

FILING FEE:

\$29.00 FOR FIRST BUSINESS NAME AND FIRST REGISTRANT ON STATEMENT
\$ 7.00 FOR EACH ADDITIONAL REGISTRANT AND EACH ADDITIONAL BUSINESS NAME
LISTED ON STATEMENT AND DOING BUSINESS AT THE SAME LOCATION

FILE NUMBER: 433233
DO NOT WRITE ABOVE THIS LINE

PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM - TYPE OR PRINT LEGIBLY

A FICTITIOUS BUSINESS NAME(S) <u>Yellow cab of East Bay</u>	
B Street Address of Principal Place of Business (P.O. Box <u>not</u> acceptable) ** City County State Zip <u>3109 Telegraph Ave Oakland Alameda CA 94609</u> Mailing Address (Optional) City County State Zip <u>P.O. Box 20187 Oakland Alameda CA 94620</u>	
C ① Show full name of Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.)*** <u>Best Way Transit INC</u> Residence Street Address (P.O. Box not acceptable) <u>3109 Telegraph Ave</u> City State Zip <u>Oakland CA 94609</u> (If a corporation or LLC, show state where registered.) <u>CA</u>	② Show full name of Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.)*** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.)
③ Show full name of Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.)*** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.)	④ Show full name of Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.)*** Residence Street Address (P.O. Box not acceptable) City State Zip (If a corporation or LLC, show state where registered.)
D BUSINESS CONDUCTED BY: **** (Check only 1 box) <input type="checkbox"/> an Individual <input type="checkbox"/> Husband and wife <input type="checkbox"/> State or local registered domestic partners <input type="checkbox"/> Co-partners <input type="checkbox"/> a Joint venture <input type="checkbox"/> a General partnership <input type="checkbox"/> a Limited liability partnership <input type="checkbox"/> a Trust <input checked="" type="checkbox"/> a Corporation <input type="checkbox"/> a Limited partnership <input type="checkbox"/> a Limited liability company <input type="checkbox"/> an Unincorporated association other than a partnership	
E <input type="checkbox"/> The registrant began to transact business under the fictitious business name(s) listed above on <u>1/6/2010</u> ***** (Write "N/A" on the line above if you have not yet begun transacting business using the fictitious business name.) (date)	
I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT. (A REGISTRANT WHO DECLARES AS TRUE INFORMATION WHICH HE OR SHE KNOWS TO BE FALSE IS GUILTY OF A CRIME.) NOTICE: IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 17920(A), THE FICTITIOUS NAME STATEMENT EXPIRES 5 YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK EXCEPT, AS PROVIDED IN SUBDIVISION (B) OF SECTION 17920, WHEN IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS AS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (see Section 14411, et seq., Business and Professions Code).	
SIGNATURE OF REGISTRANT <u>Abdul Khamri</u> <u>Abdul Khamri President</u> PRINT NAME OF PERSON SIGNING. IF CORPORATION OR LLC, ALSO PRINT TITLE OF SIGNER	

DOLCO (Drive/Owner Leasing Company)

January 7, 2010

City of Oakland
Attention: Arturo Sanchez
1 Frank Ogawa Plaza
Oakland, CA 94612

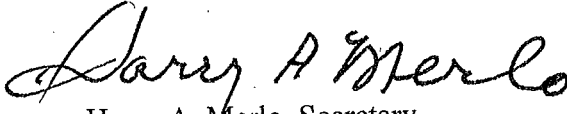
Ladies and Gentlemen:

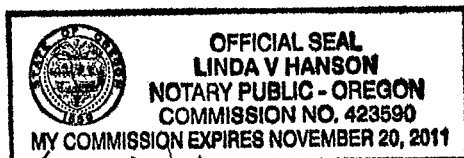
This letter is written regarding the City of Oakland Taxi Cab Medallions held by DOLCO, Driver/Owner Leasing Company ("DOLCO"). This letter will further inform you that Best Way Transit, Inc. is in possession by lease of all of the assets relating to the business known as Yellow Cab of the East Bay.

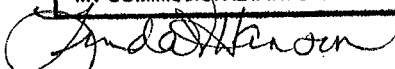
DOLCO has designated Hassan A. Hassan as the fleet manager for Yellow Cab of the East Bay for the submission of the fleet management package to the City of Oakland.

If you have any questions or require any further information, please do not hesitate to contact our attorney, Scott Howard of Kivel & Howard LLP, as 503-796-0909.

Yours very truly,


Harry A. Merlo, Secretary




1/7/2010