

MED TRANSIT LLC
PO BOX 5468
PHILADELPHIA, PA 19143
Tel: ~~(215) 922-1111~~
(888) 317-3235 Ext 1
June 28, 2014

File #
C-2014-2425010

Rosemary Chiavetta, Secretary
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURGH, PA 17105-3265

RESPONSE TO COMPLAINT

Dear Madame:

This is to inform you that we are in receipt of your complaint dated June 10, 2014. We intend to fully cooperate and comply with your investigation. The vehicle in question, 1999 Dodge B3500 registered to Med Transit llc, during the time of said insurance lapse, on and around March of 2014, had *in fact* been mechanically impaired. The attached documents demonstrate that it was being worked on by several mechanics, including the dealership, to no-avail.

This caused our company to rent another vehicle during this time period, attached is evidence of this as well. Ultimately, the vehicle did not survive its process of being mechanically rehabilitated and we were forced to purchase another vehicle. Said vehicle is a 2001 Chevrolet Express Cutaway.

Attached is the financial responsibility identification card that you requested of our company. Because we neglected to inform the insurance company that the vehicle was irreparable we are also sending you a check of \$500.00. Should you have any further questions please feel free to contact us at the above address and telephone number.

Sincerely,



Mohamed Keitaa
MED TRANSIT LLC.
P.O. BOX 5468
PHILADELPHIA, PA 19143

RECEIVED

JUN 29 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

verification

I, Mohamed Keitaa, Owner of MED TRANSIT LLC., hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to falsification to authorities.

6-28-14

Date



Mohamed Keitaa
MED TRANSIT LLC

RECEIVED

JUN 29 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

#2007018813

4/4/2014

ROSS AUTO REPAIR
6858-72 UPLAND ST.
PHILADELPHIA, PA 19142
215-729-6682

C-2014-2425010

FIRST NAME: MED
MIDDLE NAME: TRANSIT
LAST NAME: LLC
CONTACT: 2156756157 - 2159391448
ADDRESS: 5434 PENTRIDGE ST, 19143

1999 DODGE B3500
VIN: PLATE:
MECHANIC: MILEAGE:

DESCRIPTION	QY	PER UNIT	TOTAL
REPLACE FRONT BRAKES & (2) NEW ROTORS	1	\$400.00	\$400.00
REPAIRED TURN SIGNAL	1	\$192.00	\$192.00
LABOR	1	\$90.00	\$90.00
REPLACE BELT TENSIONER	1	\$150.00	\$150.00
REPAIR COOLING FAN	1	\$150.00	\$150.00
SUBTOTAL:			\$982.00
TAX:			\$78.56
ESTIMATE:			\$1,060.56
DEPOSIT:			\$0.00
DUE:			\$660.56
PAID:			\$400.00
CHANGE:			\$0.00

BALANCE DUE \$660.56

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIAL AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION, OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGE ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF THEFT, ACCIDENT, OR ANY OTHER CAUSE BEYOND YOUR CONTROL.

SIGNATURE: _____

DATE: _____

C-2014-2425010

RENTER/DRIVER INFORMATION

RENTER: MOHAMED KEITA
 CURRENT ADDRESS: _____ RES. PHONE NO.: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 DRIVER'S LICENSE NO.: 28014030 STATE: _____ EXPIRE DATE: _____
 DATE OF BIRTH: _____ AGE: _____ RENTER'S INSURANCE COMPANY: PAYLESS CDW
 CURRENT EMPLOYER: _____ WORK PHONE NO.: _____
 EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____
 RENTER'S LOCAL ADDRESS (IF DIFFERENT FROM ABOVE): _____ LOCAL PHONE: _____
 RENTER REQUESTS PERMISSION FOR ADDL DRIVER (IF NONE, WRITE NONE AND INITIAL) INT: _____ DATE OF BIRTH: _____ AGE: _____
Geographical Restrictions: Use of this vehicle is restricted to the states of Pennsylvania, New Jersey and Delaware unless otherwise approved and stated in writing on the Face Page of this Agreement by an Agent of the renting location. Violation of this restriction will result in a mileage charge of 5.25 cents per mile for each mile driven during the duration of your rental.

COLLISION DAMAGE WAIVER (CDW)
 BY INITIALING HERE, YOU AGREE TO PURCHASE CDW. YOUR RESPONSIBILITY FOR PHYSICAL DAMAGE TO THE VEHICLE IS LIMITED TO \$500.00. CDW DOES NOT COVER ALL INSTANCES OF DAMAGE TO THE VEHICLE. THERE ARE EXCLUSIONS. SEE PARAGRAPH 5 ON THE REVERSE SIDE OF THIS AGREEMENT.
\$ 39.99 Per Day

AN INDEPENDENT FRANCHISEE OF

PAYLESS CAR RENTAL

SDA CAR RENTAL, LLC
 6975 NORWITCH DRIVE
 PHILADELPHIA PA 19153
 215.492.8554

FACE PAGE
 RA. NO. LOC4-33941

YOU MUST REPORT ALL DAMAGE TO US AND ALL ACCIDENTS TO US AND THE POLICE. YOU MUST ALSO COMPLETE OUR ACCIDENT REPORT FORM.

ORIGINAL		CURRENT	
UNIT NUMBER	COLOR	UNIT NUMBER	COLOR
		4311L	STEEL
MAKE	MODEL	MAKE	MODEL
		DODGE	CARAVAN
LICENSE	STATE	LICENSE	STATE
		JHJ2566	PA
VIN #		VIN #	STALL #
		7DR782498	
DATE DUE BACK	TIME	DATE DUE BACK	TIME
		06/14/2014	07:31 AM
DATE RETURNED	TIME	DATE RETURNED	TIME
		06/13/2014	06:32 PM
DATE EXCHANGED	TIME	DATE RENTED	TIME
		06/13/2014	07:31 AM
MILEAGE IN	FUEL IN	MILEAGE IN	FUEL IN
		38490	7/8
MILEAGE OUT	FUEL OUT	MILEAGE OUT	FUEL OUT
		38449	7/8
MILES DRIVEN		MILES DRIVEN	
		41	
MILES ALLOWED		MILES ALLOWED	
		UNLIMITED	
CHARGEABLE MILES		CHARGEABLE MILES	
		41	

SUPPLEMENTAL LIABILITY INSURANCE (SLI)
 BY INITIALING HERE, YOU DECLINE TO PURCHASE SLI. YOU AGREE TO BE RESPONSIBLE FOR, AND YOU AGREE THAT YOUR PERSONAL AUTO INSURANCE IS PRIMARY FOR ANY INJURY OR DAMAGE YOU CAUSE TO OTHERS OR THEIR PROPERTY.

OPTIONAL ROADSIDE SERVICE PLAN (RSP)
 BY INITIALING HERE, YOU DECLINE TO PURCHASE RSP.

VIOLATION MANAGEMENT SERVICES (VMS)
 I understand I am responsible for payment of all tolls, fines, and violations and hereby authorize Payless Car Rental to release my rental and charge/debit card information to Violation Management Services (VMS) for the exclusive purpose of processing, billing, and/or payment for tolls, parking, or traffic fines, fees, penalties, and/or an administrative fee up to \$50.00 for EACH infraction or toll incurred during the term of this rental.

VEHICLE CONDITION
 AT RENTAL X
 RENTER ACKNOWLEDGES ATTACHED VEHICLE CONDITION FORM AT RETURN X
 THE DRIVER OF THE RENTED VEHICLE AND ANY PASSENGER OVER FIVE YEARS OF AGE MUST WEAR A SEAT BELT. NOTICE: OUR LIABILITY DOES NOT COVER INJURIES TO PASSENGERS IN THE VEHICLE.

CREDIT CARD INFORMATION/MISC INFORMATION
 CREDIT CARD TYPE: VI CREDIT CARD NO.: XXXX-XXXX-XXXX-5946
 AUTH. AMT.: 349.36 AUTH#: 471437
 RENTER SOURCE: REPEAT CUSTOMER
 REG. CAR CLASS: MVAR

BY SIGNING BELOW, YOU AGREE TO ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT AND YOU ACKNOWLEDGE THAT YOU HAVE BEEN GIVEN AN OPPORTUNITY TO READ IT BEFORE BEING ASKED TO SIGN. YOUR SIGNATURE BELOW ALLOWS US TO PROCESS A SEPARATE CREDIT/DEBIT CARD VOUCHER IN YOUR NAME FOR ALL AMOUNTS DUE US. YOU AUTHORIZE US TO CHARGE YOUR CREDIT/DEBIT CARD AFTER THE RENTAL CONCLUDES FOR ANY UNPAID PARKING TOLLS, TOLL EVASION FINES OR OTHER FINES OR PENALTIES ASSESSED AGAINST YOU, US OR THE VEHICLE DURING THIS RENTAL. THE TIME AND MILEAGE RATES ABOVE ARE SUBJECT TO CHANGE IF YOU RETURN THE VEHICLE BEFORE OR AFTER THE DUE DATE OR TO A LOCATION OTHER THAN THE RENTING LOCATION.

ALL AUTHORIZED DRIVERS MUST BE 21 OR OLDER WITH PERMANENT LICENSE.

RENTER: X
 ADDITIONAL DRIVER: X
 RENTAL AGENT: MYLES

RATES DO NOT INCLUDE GASOLINE, MILEAGE, OR OPTIONAL SERVICES

41 MILES	0.00	0.00
0 HOURS	28.33	0.00
1 DAYS	85.00	85.00
0 EXTRA DAYS	105.00	0.00
0 WEEKS	0.00	0.00
0 MONTHS	0.00	0.00
TIME AND MILEAGE TOTAL:		85.00
OTHER CHARGES:		
ECAR-SCAR CDW	@ 39.99 Daily	39.99
DAILY SURCHARGE	@ 3.62 Daily	3.62
	@	
	@	
	@	
	@	
	@	
	@	
	@	
FUEL CHARGE	8.99 /Gal.	0.00
PA SALES TAX	8.00 %	10.00
PA RENT TAX	2.00 %	2.50
PA LOCAL	2.00 %	2.50
CONCESSION RECOVERY SURCHARGE	3.00 %	3.75
	\$ 2.00	2.00
TOTAL CHARGES:		149.36
RENTER PAYMENTS:		349.36
REFUNDS:		-200.00
NET DUE:		0.00

REJECTION OF UNINSURED MOTORIST PROTECTION
 I am rejecting uninsured motorist coverage under this rental or lease agreement, and any policy of insurance or self-insurance issued under this agreement, for myself and all other passengers of this vehicle. Uninsured coverage protects me and other passengers in this vehicle for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages.

C-2014-2425010

ROS AUTO REPAIR
6645 WOODLAND AVE
PHILADELPHIA, PA 19142

#2007021171

ROSS AUTO REPAIR
6858-72 UPLAND S
PHILADELPHIA, PA 19
215-729-6682

04/09/2014
Merchant ID:
Terminal ID:
235235441997

18:42:02
00000001912929
02860003

FIRST NAME: MED
MIDDLE NAME: TRANSIT-
LAST NAME: LLC
CONTACT: 2156756157 - 2159391448
ADDRESS: 5434 PENTRIDGE ST, 1914

VIN: 1999 DODGE B35
MECHANIC: ROSS PLA
MILA

CREDIT CARD
VISA SALE
CARD # XXXXXXXXXXXX1309
INVOICE 0006
Batch #: 000831
Approval Code: 045201
Entry Method: Swiped
Mode: Online

SALE AMOUNT \$30.00

DESCRIPTION
REPAIR IGNITION ELECTRICAL SWITCH
REPAIR IGNITION HARNESS TO COMPUTER

CUSTOMER COPY

NEED TO REPLACE 2 FUEL INJECTORS SOON-2 DIED

1. \$225.00 \$225.00
\$0.00

BALANCE DUE \$66.40

SUBTOTAL: \$375.00
TAX: \$0.00
ESTIMATE: \$375.00
DEPOSIT: \$0.00
DUE: \$66.40
PAID: \$270.00
CREDIT: \$47.00
CHANGE: \$0.00

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE, ALONG WITH NECESSARY MATERIAL AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION, OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGE ON ABOVE VEHICLE TO SECURE THE AMOUNT OF

REPAIRS THERETO YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF THEFT, ACCIDENT, OR ANY OTHER CAUSE BEYOND YOUR CONTROL.

SIGNATURE: _____

DATE: _____

Dodge

FAMILY

JEEP • DODGE

Jeep Ram Ply

1000 Locust Avenue • PHILADELPHIA, PA 19153 • Phone: (215) 492-8600

THE PHILADELPHIA AUTOMALL

Parts Hotline: (215) 492-8609

CUST NO. TAX EXEMPT NUMBER CUST P.O. NO. SHIP VIA PAY SOLD BY INVOICE DATE INVOICE #

46243 454549046 CREDIT-MEMO
888-317-3235

CASH

JIM BARNHART

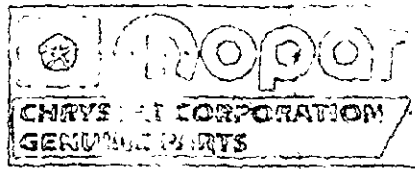
03/31/14

CM20

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MED TRANSIT LLC
5434 PENTRIDGE ST
PHILADELPHIA, PA 19143-4126

SHIP QTY.	B.O. QTY.	PART NUMBER / DESCRIPTION	BIN	LIST	NET	AMOUNT
-1	0	56041212-AF SENSOR OX 8037155	E6H2A	109.00	92.65	-92.65
-1	0	56041213-AF SENSOR OX 8037155	E6H2B	102.00	86.70	-86.70
SUBTOTAL						-179.35
TAX						0.00
DEPOSIT CR						40.00
PAY THIS FREIGHT						0.00
NET 50						139.35



PAID
MAR 31 2014
CHECK

1. ALL SPECIAL ORDER PARTS MUST BE PAID IN ADVANCE.
2. NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
3. NO RETURNS AFTER 10 DAYS OR WITHOUT THIS INVOICE.
4. ALL RETURNS ARE SUBJECT TO A 25% HANDLING CHARGE.
5. ALL RETURNS MUST BE UNUSED AND IN ORIGINAL CONTAINER.

Any warranties on the items sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER COPY

PARTS INVOICE

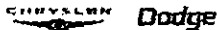
VISIT FAMILY CHRYSLER JEEP DOD ON THE WEB AT WWW.FAMILYAUTOS. OR E-MAIL US AT parts@familyautos.com

DIRECT PARTS LI 610-558-9010 OR 1-888-287-2753 FAX 610-558-1601 Parts Fax (215) 492-97. Mon. - Fri. 8:00 A.M. - 5:00 P.M. Sat. 8:00 A.M. - 3:00 P.M.



** CREDIT MEMO * 13:27:47 PAGE 1 OF NET 50

2014-2428 010



MILY
JEEP • DODGE

1300 Locust Avenue • PHILADELPHIA, PA 19153 • Phone: (215) 492-8600

THE PHILADELPHIA AUTOMALL

Parts Hotline: (215) 492-8609

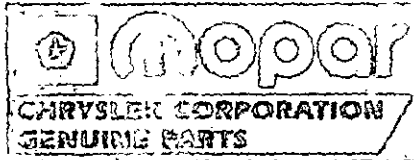


CUST. NO.	TAX EXEMPT NUMBER	CUST. P.O. NO.	SHIP VIA	PAY	SOLD BY	INVOICE DATE	INVOICE NO.
46243	454549046	CREDIT-MEMO		CASH	JIM BARNHART	03/31/14	CM207575 CHW

B
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MED TRANSIT LLC
5434 PENTRIDGE ST
PHILADELPHIA, PA 19143-4126

SHIP QTY	B. O. QTY	PART NUMBER / DESCRIPTION	BIN	LIST	NET	AMOUNT
-1	0	56041212-AF SENSOR OX 8037155	E6H2A	109.00	92.65	-92.65
-1	0	56041213-AF SENSOR OX 8037155	E6H2B	102.00	86.70	-86.70
SUBTOTAL						-179.35
TAX						0.00
DEPOSIT CR						40.00
PAY THIS AMOUNT						-139.35



PAID
MAR 31 2014
CHECK #

VISIT FAMILY
CHRYSLER JEEP DODGE
ON THE WEB
AT WWW.FAMILYAUTOS.COM
OR
E-MAIL US AT
parts@familyautos.com

DIRECT PARTS LINE
610-558-9010
OR
1-888-287-2753
FAX 610-558-1608
Parts Fax (215) 492-9740
Mon. - Fri.
8:00 A.M. - 5:00 P.M.
Sat.
8:00 A.M. - 3:00 P.M.



** CREDIT MEMO **
13:27:47 PAGE 1 OF 1
NET504

CUSTOMER COPY

PARTS INVOICE

C-2014-2400

RECEIVED

JUN 29 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

the original

mk

or ID Cards

Keep these cards handy—in your glove compartment or your wallet. And contact us anytime you have a question or need to report a claim.

If you file a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

Progressive Customer

Diamond Membership
Valued Customer Since 1937



PROGRESSIVE

[Handwritten signature]

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Policy Number: 03191915-0 NAIC Number: 11770
Effective Date: 06/23/2014 Expiration Date: 06/23/2015
Policy Type: Commercial
NOT VALID FOR MORE THAN 1 YEAR FROM EFFECTIVE DATE
Insurer: United Financial Casualty Company 1-800-444-4487
PO Box 94739 Cleveland, OH 44101

Named Insured(s):
MED TRANSIT LLC
5434 PENTRIDGE STREET
PHILADELPHIA, PA 19143

Year	Make	Model	VIN
2001	Chevrolet	Express Cutaway	1GBHG31F711242755

THIS CARD LEFT BLANK INTENTIONALLY

Your Agent:
MAIN STREET BUSINESS 1-484-953-5111

This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
- (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request a restoration of your operating privilege and/or registration privilege, which has been previously suspended or revoked.

PRESS HERE
& LIFT

PRESS HERE
& LIFT



KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

PROGRESSIVE

Call 1-800-274-4499 or go to claims.progressive.com.

TO REPORT A CLAIM

3. Call Progressive right away.
2. Find a safe location, call the police, and exchange driver information.
1. Remain at the scene. Don't admit fault.

IF YOU'RE IN AN ACCIDENT

MED TRANSIT LLC



Form #025 PA (03/11)

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

PROGRESSIVE

Call 1-800-274-4499 or go to claims.progressive.com.

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3. Call Progressive right away.
2. Find a safe location, call the police, and exchange driver information.
1. Remain at the scene. Don't admit fault.

IF YOU'RE IN AN ACCIDENT

MED TRANSIT LLC



Form #025 PA (03/11)

PROGRESSIVE

IMPORTANT NOTICE Regarding your Financial Responsibility Insurance Identification Card.

United Financial Casualty Company is required by Pennsylvania law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company or agent for a replacement. The I.D. card information may be used for vehicle registration and replacing license plates. If your liability policy is not in effect, the I.D. card is no longer valid.

You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

PATLA02Q 000993 009 S 001 001 < 1781 PA (03/11) >



RECEIVED

JUN 29 2014



U.S. POSTAGE
PAID
PHILADELPHIA, PA
19104
JUN 29 '14
AMOUNT

\$16.95
00063668-23

1007

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



EK329844770US

NATIONAL USE



**PRIORITY
* MAIL *
EXPRESS™**

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE: (883) 511 3453

Mohamed Keita
MED Transit, LLC
P.O. Box 5468 PA 19143

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available*)
 10:30 AM Delivery Required (additional fee, where available*)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE:

Rosemary Chiavetta
Secretary, PUC
P.O. Box 3265
Harrisburg, PA 17105

ZIP + 4® (U.S. ADDRESSES ONLY)

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military OPO

PO ZIP Code 19143	Scheduled Delivery Date (MM/DD/YY) 6/30/14	Postage \$ 16.95	
Date Accepted (MM/DD/YY) 6/29/14	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 4:55 AM	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee

Weight: 4.55 lbs

DEL
Decls

Labels

TO: CHIAVETTA, R. PUC (CHIAVET
Agency: PUC
Floor:
External Carrier: Express Mail

6/30/2014 8:57:01 AM



EK329844770US

EXPRESS

OUR FASTEST SERVICE IN THE U.S.

