

License Number \_\_\_\_\_

License Fee \$ 200.00

License Issued \_\_\_\_\_

Receipt # \_\_\_\_\_

**CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE**

To the Honorable Mayor, Common Council, City Clerk, and Chief of Police of the City of La Crosse:  
The undersigned hereby makes application for a Public Vehicle for Hire License.

BUSINESS NAME	CARING HEARTS HOME CARE & TRANSPORTATION LLC
BUSINESS ADDRESS	W5942 BAKER RD HOLMEN WI 54636 Zoning: NA - Town of Farmington
BUSINESS TELEPHONE	608-317-3657 or 608-782-2464
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	Drivers paid hourly; drivers do not lease vehicles.

OWNER(S) NAME (First, Full Middle, Last)	SUSAN CATHERINE STETTER
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	W5942 BAKER RD HOLMEN WI 54636
OWNER(S) TELEPHONE	608-782-2464

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [ ] YES [  ] NO  
 HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [ ] YES [  ] NO  
 IF EITHER ANSWER IS YES, INCLUDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

INSURANCE CARRIER	<i>Quicks One, 1111 Ashwood Road, West Des Moines, Iowa 50265</i>
POLICY NUMBER	<i>1778-172</i>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<i>See Certificate</i>

METHOD OF CHARGING	Metered Rates ___	Zone Rates ___	Vehicle Rental Rate ___
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<i>10.65 one way</i>	<i>7.21</i>	
NUMBER OF VEHICLES TO BE LICENSED	<i>4</i>		

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
1G4HR54K8YU124566	2000 Buick LeSabre	5	963-FLG WI
1G4HR52K5VH515276	1997 Buck LeSabre	5	909-TFY WI
1G4HP54K01U282640	2001 Buick LeSabre	5	420-LKE WI
1G4HR54K5U106592	2005 Buick LeSabre	5	657-JZR WI

✓ ATTACH ORIGINAL **CERTIFICATE OF INSPECTION** FOR EACH VEHICLE CERTIFYING THAT THE VEHICLE TO BE USED FOR HIRE IS IN GOOD MECHANICAL CONDITION. *THE INSPECTION AND CERTIFICATE MUST BE COMPLETED BY AN A.S.E. CERTIFIED TECHNICIAN.*

✓ ATTACH A **CERTIFICATE OF INSURANCE**. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE BY MAKE, MODEL AND VIN. SAID POLICY MUST NAME THE CITY OF LA CROSSE AS ADDITIONAL INSURED.

NX ATTACH A PHOTOCOPY OF THE **TITLE AND REGISTRATION** FOR EACH VEHICLE. NO VEHICLE WITH A SALVAGE TITLE MAY BE USED AS A PUBLIC VEHICLE. VEHICLE CANNOT BE GREATER THAN 10 MODEL YEARS AT TIME OF ORIGINAL APPLICATION (renewals are exempt).

I hereby attest that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that the above automobile(s) was inspected by an A.S.E. certified technician and will be kept in good mechanical condition at all times and will comply with the provisions of law pertaining to public vehicles for hire (Ch. 10, Article XIII of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT Juan C. Stettin DATE November 6, 2014

LICENSE [ ] APPROVED [ ] DENIED

SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

CITY OF LA CROSSE, WI  
General Billing - 121236 - 2014  
001235-0059 Amber W. 11/10/2014 04:48PM  
106 - CARING HEARTS HOME CARE AND TR  
Payment Amount: 200.00

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS Caring Hands Home Care and Transportation LLC

ADDRESS 65942 Baker Road, Holmen, WI 54636

VEHICLE MAKE Jeep MODEL LeJeune YEAR 2000

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	9/14/14	_____
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	✓
Windshield (incl. wipers & washers)	_____	_____	✓
Windows (side, rear)	_____	_____	✓
Windshield Defroster	_____	_____	✓
Horn	_____	_____	✓
Mirrors	_____	_____	✓
Speed Indicator	_____	_____	✓
Restraining Devices & Seats	_____	_____	✓
Brakes (incl. parking brake)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

**DISCLOSURE STATEMENT:** I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Business Call For Automobils Address 711 Grand Blvd, La Crosse, WI Date 9/14/14

*Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).*

CUSTOMER #: 135849

351223

# DAHL AUTOMOTIVE — 1911 —

711 South 3rd. St. · LA CROSSE, WISCONSIN 54601  
DIRECT SERVICE · PHONE (608) 791-6400  
VISIT US ON INTERNET AT WWW.DAHLAUTO.COM

\*INVOICE\*

CARING HEARTS  
711 3RD ST S  
LA CROSSE, WI 54601-4461

PAGE 1

HOME: CONT:N/A  
BUS: CELL:

SERVICE ADVISOR: 239 STAN DOROBK

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
TAN	00	BUICK LESABRE	1G4HR54K8YU124566	634EPS	171944/171944	GRETER

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN13 DD			17:00 12SEP14		0.00	CASH	12SEP14

R.O. OPENED	READY	OPTIONS:	ENG:3.8_Liter_V6_MFI 1)OA# 132045863
09:42 12SEP14	10:43 12SEP14		

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A OIL AND FILTER CHANGE UP TO 5 QTS PREMIUM FILTER CHECK AND FILL ALL FLUIDS

CAUSE: .  
1 OIL AND FILTER CHANGE UP TO 5 QTS PREMIUM FILTER CHECK AND FILL ALL FLUIDS

231 CFQ		12.37	12.37
1 R1040 FILTER	5.33	5.33	5.33
5 XO*5W30*QSP OIL - ENGINE	2.45	2.45	12.25

171944 COMPLETED OIL FILTER AND CHANGE.

B BULB  
BULB BULB

941 CFQ		6.00	6.00
1 C2AZ*13466*C BULB	1.85	1.85	1.85

171944 REPLACED PASS SIDE PLATE LIGHT, WAS PAIN IN THE ASS

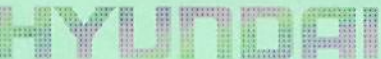
C MULTI POINT INSPECTION OF SUSPENSION, WIPERS, LIGHTS, FLUIDS, AIR FILTER, VISUAL INSPECTION OF BRAKES CHECK AND SET TIRE PRESSURE.

Q99P MULTI POINT INSPECTION OF SUSPENSION, WIPERS, LIGHTS, FLUIDS, AIR FILTER, VISUAL INSPECTION OF BRAKES CHECK AND SET TIRE PRESSURE.	941 CFQ	0.00	0.00
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171944 PERFORMED MULTIPOINT VEHICLE INSPECTION

SHOP SUPPLIES

2.57



### WARRANTY INFORMATION

All new parts on the face side hereof are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or service furnished in this repair. The dealer is not party to any such manufacturer's warranty.

- Certified Technicians
- Shuttle Service Available
- Quick Service Available
- Customer Lounge
- Loaner vehicles available for extended repairs
- Service ALL makes and models

Service Hours  
Monday - Friday  
7:30 AM - 5:00 PM

Saturday  
8:00 AM - 12:30 pm

"Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-911."

DESCRIPTION	TOTALS
LABOR AMOUNT	18.37
PARTS AMOUNT	19.43
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	2.57
TOTAL CHARGES	40.37
LESS INSURANCE	0.00
SALES TAX	2.22
<b>PLEASE PAY THIS AMOUNT</b>	<b>42.59</b>

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

ALL PARTS ARE NEW OR FACTORY REBUILT UNLESS SPECIFIED OTHERWISE  
U - USED R - REBUILT

Thank You  
For allowing us to service your vehicle!

CUSTOMER COPY1

# VEHICLE REPORT CARD



FORD SERVICE

MULTI-POINT INSPECTION AS RECOMMENDED BY FORD MOTOR COMPANY

Date: \_\_\_\_\_ RO/Tag #: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Year/Make/Model: \_\_\_\_\_

VIN #: \_\_\_\_\_ Plate #: \_\_\_\_\_

Odometer: \_\_\_\_\_ Inspect. Month: \_\_\_\_\_

Owner Advantage Rewards® #: \_\_\_\_\_ Service Balance: \_\_\_\_\_

Ford Extended Service Plan:  YES  NO

SYNC® MyFord Touch version current:  YES  NO  N/A

LEGEND May contribute to vehicle efficiency and promote a greener environment

Checked and OK at this time

May require future attention

Requires immediate attention

### SCHEDULED MAINTENANCE ITEMS\*

DUE	SERVICED	DUE	SERVICED
<input type="checkbox"/> THE WORKS	<input type="checkbox"/>	<input type="checkbox"/> Engine Air Filter	<input type="checkbox"/>
<input type="checkbox"/> Oil Change & Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/> Engine Coolant	<input type="checkbox"/>
<input type="checkbox"/> Tire Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Transmission Fluid &/or Filter	<input type="checkbox"/>
<input type="checkbox"/> Multi-Point Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/> Cabin Air Filter	<input type="checkbox"/>
<input type="checkbox"/> Fuel Filter	<input type="checkbox"/>	<input type="checkbox"/> Spark Plugs	<input type="checkbox"/>
<input type="checkbox"/> _____ K Scheduled Maintenance	<input type="checkbox"/>		<input type="checkbox"/>

\*This is only a partial list of vehicle maintenance items and is NOT all-inclusive. Please consult your Owner's Manual or visit FordOwner.com for vehicle-specific maintenance requirements.

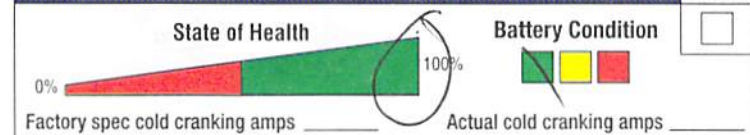
### FLUID LEVELS

OK	FILL	OK	FILL	OK	FILL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

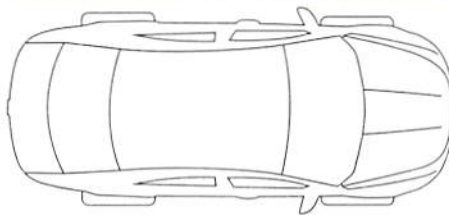
### WIPER BLADES

<input type="checkbox"/> Test Performed	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Rear	<input type="checkbox"/>
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### BATTERY



### EXTERIOR BODY



Note any existing exterior body damage or defects on diagram

### SYSTEMS / COMPONENTS

#### LIGHTS / WINDSHIELD

	SERVICED
<input checked="" type="checkbox"/> <input type="checkbox"/> Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> Windshield for cracks, chips and pitting	<input type="checkbox"/>

#### BELTS / HOSES / MOUNTS

	SERVICED
<input checked="" type="checkbox"/> <input type="checkbox"/> HVAC system and hoses / lines for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> Engine Cooling System, radiator, hoses and clamps	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> Accessory drive belt(s)	<input type="checkbox"/>

#### BRAKE SYSTEM

	SERVICED
<input checked="" type="checkbox"/> <input type="checkbox"/> Brake system (including lines, hoses, and parking brake)	<input type="checkbox"/>

#### STEERING / SUSPENSION

	SERVICED
<input checked="" type="checkbox"/> <input type="checkbox"/> Shocks / struts and other suspension components for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> Steering, steering linkages and ball joints (visual)	<input type="checkbox"/>

#### EXHAUST SYSTEM

	SERVICED
<input checked="" type="checkbox"/> <input type="checkbox"/> Exhaust system and heat shield (leaks, damage, loose parts)	<input type="checkbox"/>

#### TRANSMISSION / DRIVE AXLE

	SERVICED
<input checked="" type="checkbox"/> <input type="checkbox"/> Clutch operation (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> Constant velocity (CV) drive axle boots (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)	<input type="checkbox"/>

### TIRE / BRAKE WEAR

TIRE TREAD	7/32" and greater	4/32" to 6/32"	3/32" and less
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BRAKE LINING	Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)	3 to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm (Drum) or 2/32" to 3/32"	Less than 3mm or 4/32" (Disc) or 1mm or 2/32" or less (Drum)
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TIRE WEAR INDICATES	SERVICED	LEFT FRONT	SERVICED	RIGHT FRONT	SERVICED
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<input type="checkbox"/> Alignment check needed	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>7</u> /32" Tire Age _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>7</u> /32" Tire Age _____	<input type="checkbox"/>
<input type="checkbox"/> Wheel balance needed	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI	<input type="checkbox"/>

Brake measurements not taken this service visit

Comments:		<input checked="" type="checkbox"/> LEFT REAR	<input type="checkbox"/>	<input checked="" type="checkbox"/> RIGHT REAR	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Tire Tread Depth <u>7</u> /32" Tire Age _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>7</u> /32" Tire Age _____	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>	<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>

	SERVICED
<input checked="" type="checkbox"/> SPARE TIRE	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tire Pressure set	<input type="checkbox"/>
<input type="checkbox"/> Tire Age _____	<input type="checkbox"/>

One site for all your vehicle needs

Advisor: \_\_\_\_\_ Technician: TK

Customer Signature: \_\_\_\_\_

Customer Copy

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS Caring Heart Home Care and Transportation LLC

ADDRESS W5942 Baker Road, Holmen, WI 54636

VEHICLE MAKE Quint MODEL Le Jolie YEAR 1997

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Parking Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Directional Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Flashing Warning Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Sidemarkers Lamps/Reflectors	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Tail Lamps (incl. cover)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Back Up Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Brake Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Steering System	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hood & Trunk Latches	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Emission/Exhaust System	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	<input checked="" type="checkbox"/>	<u>10/24/14</u>	<input type="checkbox"/>
Windshield (incl. wipers & washers)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Windows (side, rear)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Windshield Defroster	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Horn	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Mirrors	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Speed Indicator	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Restraining Devices & Seats	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Brakes (incl. parking brake)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Heater	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Air Conditioning	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Door Handles (interior & exterior)	<input type="checkbox"/>		<input checked="" type="checkbox"/>

**DISCLOSURE STATEMENT:** I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Business Quint Auto Address 711 S. 3rd St., Holmen, WI Date Oct. 14, 2014

*Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).*

CUSTOMER #: 127612

353610

# DAHL AUTOMOTIVE — 1911 —

711 South 3rd. St. · LA CROSSE, WISCONSIN 54601  
DIRECT SERVICE · PHONE (608) 791-6400  
VISIT US ON INTERNET AT WWW.DAHLAUTO.COM

CARING HEARTS HOME CARE AND TRANS LL  
W5942 BAKER RD  
HOLMEN, WI 54636-9047  
HOME:608-317-3657 CONT:608-317-3657  
BUS: CELL:

\*INVOICE\*

PAGE 1

SERVICE ADVISOR: 364 BRIAN DONTJE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	97	BUICK LESABRE	1G4HR52K5VH515276	909TFY	239981/239981	FTHGHF	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN12 DD			WAIT 07OCT14		0.00	CASH	07OCT14
R.O. OPENED	READY	OPTIONS: ENG:3.8_Liter_V6_MFI					
10:25 07OCT14	11:17 07OCT14						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A OIL AND FILTER CHANGE UP TO 5 QTS PREMIUM FILTER CHECK AND FILL ALL FLUIDS \$27.95LOF  
 1 DEFAULT  
 996117 CFQ 12.37 12.37  
 1 R1040 FILTER 5.33 5.33  
 5 XO\*5W30\*QSP OIL - ENGINE 2.45 2.45 12.25  
 239981 COMPLETED OIL FILTER AND CHANGE.

B MULTIPOINT INSPECTION\*  
 Q99P DEFAULT  
 383 CFQ 0.00 0.00  
 239981 PERFORMED MULTIPOINT VEHICLE INSPECTION AND FLUID LEAKS AND RECOMMEND TIRES

SHOP SUPPLIES 1.73  
 WAIT CREATED 2014-10-07  
 10:21:44AM TAKEN BY BRI AN DONTJE



### WARRANTY INFORMATION

All new parts on the face side hereof are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or service furnished in this repair. The dealer is not party to any such manufacturer's warranty.

- Certified Technicians
- Shuttle Service Available
- Quick Service Available
- Customer Lounge
- Loaner vehicles available for extended repairs
- Service ALL makes and models

Service Hours  
 Monday - Friday  
 7:30 AM - 5:00 PM  
 Saturday  
 8:00 AM - 12:30 pm

"Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-911."

DESCRIPTION	TOTALS
LABOR AMOUNT	12.37
PARTS AMOUNT	17.58
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	1.73
TOTAL CHARGES	31.68
LESS INSURANCE	0.00
SALES TAX	1.75
<b>PLEASE PAY THIS AMOUNT</b>	<b>33.43</b>

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE) CUSTOMER SIGNATURE

ALL PARTS ARE NEW OR FACTORY REBUILT UNLESS SPECIFIED OTHERWISE  
U - USED R - REBUILT

Thank You  
For allowing us to service your vehicle!

# VEHICLE REPORT CARD



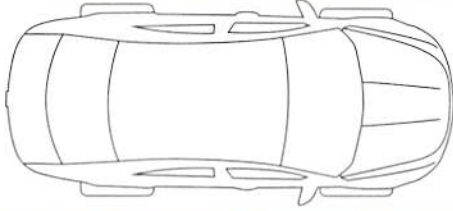
FORD SERVICE

MULTI-POINT INSPECTION AS RECOMMENDED BY FORD MOTOR COMPANY

Date: \_\_\_\_\_ RO/Tag #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Year/Make/Model: \_\_\_\_\_  
 VIN #: \_\_\_\_\_ Plate #: \_\_\_\_\_  
 Odometer: \_\_\_\_\_ Inspect. Month: \_\_\_\_\_  
 Owner Advantage Rewards® #: \_\_\_\_\_ Service Balance: \_\_\_\_\_  
 Ford Extended Service Plan:  YES  NO  
 SYNC® MyFord Touch version current:  YES  NO  N/A

**LEGEND**  May contribute to vehicle efficiency and promote a greener environment  
 Checked and OK at this time  May require future attention  Requires immediate attention

**EXTERIOR BODY**



Note any existing exterior body damage or defects on diagram

**SYSTEMS / COMPONENTS**

LIGHTS / WINDSHIELD		SERVICED
<input checked="" type="checkbox"/>	<input type="checkbox"/> Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Windshield for cracks, chips and pitting	<input type="checkbox"/>
BELTS / HOSES / MOUNTS		SERVICED
<input checked="" type="checkbox"/>	<input type="checkbox"/> HVAC system and hoses / lines for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Engine Cooling System, radiator, hoses and clamps	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Accessory drive belt(s)	<input type="checkbox"/>
BRAKE SYSTEM		SERVICED
<input checked="" type="checkbox"/>	<input type="checkbox"/> Brake system (including lines, hoses, and parking brake)	<input checked="" type="checkbox"/>
STEERING / SUSPENSION		SERVICED
<input checked="" type="checkbox"/>	<input type="checkbox"/> Shocks / struts and other suspension components for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Steering, steering linkages and ball joints (visual)	<input type="checkbox"/>
EXHAUST SYSTEM		SERVICED
<input checked="" type="checkbox"/>	<input type="checkbox"/> Exhaust system and heat shield (leaks, damage, loose parts)	<input checked="" type="checkbox"/>
TRANSMISSION / DRIVE AXLE		SERVICED
<input checked="" type="checkbox"/>	<input type="checkbox"/> Clutch operation (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Constant velocity (CV) drive axle boots (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)	<input type="checkbox"/>

**SCHEDULED MAINTENANCE ITEMS\***

DUE	SERVICED	DUE	SERVICED
<input checked="" type="checkbox"/> THE WORKS	<input checked="" type="checkbox"/>	<input type="checkbox"/> Engine Air Filter	<input checked="" type="checkbox"/>
<input type="checkbox"/> Oil Change & Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/> Engine Coolant	<input type="checkbox"/>
<input type="checkbox"/> Tire Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Transmission Fluid &/or Filter	<input type="checkbox"/>
<input type="checkbox"/> Multi-Point Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/> Cabin Air Filter	<input checked="" type="checkbox"/>
<input type="checkbox"/> Fuel Filter	<input type="checkbox"/>	<input type="checkbox"/> Spark Plugs	<input checked="" type="checkbox"/>
<input type="checkbox"/> _____ K Scheduled Maintenance	<input type="checkbox"/>		<input type="checkbox"/>

\*This is only a partial list of vehicle maintenance items and is NOT all-inclusive. Please consult your Owner's Manual or visit FordOwner.com for vehicle-specific maintenance requirements.

**FLUID LEVELS**


Oil and/or fluid leaks

OK	FILL	OK	FILL	OK	FILL
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Engine Oil	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Power Steering	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Transmission (if equipped with detents)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Brake Reservoir	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Window Washer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Coolant Recovery Reservoir

**WIPER BLADES**

Test Performed  Front  Rear

**BATTERY**

State of Health  Battery Condition

Factory spec cold cranking amps \_\_\_\_\_ Actual cold cranking amps \_\_\_\_\_

**TIRE / BRAKE WEAR**

TIRE TREAD	7/32" and greater	4/32" to 6/32"	3/32" and less
BRAKE LINING	Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)	3 to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm (Drum) or 2/32" to 3/32"	Less than 3mm or 4/32" (Disc) or 1mm or 2/32" or less (Drum)

TIRE WEAR INDICATES	SERVICED	LEFT FRONT	SERVICED	RIGHT FRONT	SERVICED
<input type="checkbox"/> Alignment check needed	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>5</u> /32" Tire Age _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>4</u> /32" Tire Age _____	<input type="checkbox"/>
<input type="checkbox"/> Wheel balance needed	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI <u>34</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI <u>34</u>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>	<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>
		LEFT REAR	SERVICED	RIGHT REAR	SERVICED
		<input checked="" type="checkbox"/> Tire Tread Depth <u>2</u> /32" Tire Age _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>3</u> /32" Tire Age _____	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI <u>34</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI <u>34</u>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>	<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>
		SPARE TIRE	SERVICED		
		<input checked="" type="checkbox"/> Tire Pressure set	<input type="checkbox"/>		

Brake measurements not taken this service visit

Comments: Recommend tires

**FordOwner.com**  
One site for all your vehicle needs

Advisor: \_\_\_\_\_ Technician: \_\_\_\_\_  
 Customer Signature: \_\_\_\_\_



**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS Caring Hands Home Care and Transportation LLC

ADDRESS 65942 Baker Road, Holmes, WI 54636

VEHICLE MAKE Chrysler MODEL LeDance YEAR 11

NEEDS REPAIR      DATE OF REPAIR      NO REPAIR NECESSARY

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			✓
Parking Lamps			✓
Directional Lamps			✓
Flashing Warning Lamps			✓
Sidemarket Lamps/Reflectors			✓
Tail Lamps (incl. cover)	✓		11/7/14
Back Up Lamps			✓
Brake Lamps			✓
Steering System			✓
Hood & Trunk Latches			✓
Emission/Exhaust System			✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			✓
Windshield (incl. wipers & washers)			✓
Windows (side, rear)			✓
Windshield Defroster			✓
Horn			✓
Mirrors			✓
Speed Indicator			✓
Restraining Devices & Seats			✓
Brakes (incl. parking brake)			✓
Heater			✓
Air Conditioning			✓
Door Handles (interior & exterior)			✓

**DISCLOSURE STATEMENT:** I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Ronn Thi's Printed Name: Ronn Thi's

Business DHL Automotive Address \_\_\_\_\_ Date 11/7/14

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS Caring Hands Home Care and Transportation LLC

ADDRESS W5942 Baker Road, Holmen, WI 54636

VEHICLE MAKE Genie MODEL Go John YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	✓
Windshield (incl. wipers & washers)	_____	_____	✓
Windows (side, rear)	_____	_____	✓
Windshield Defroster	_____	_____	✓
Horn	_____	_____	✓
Mirrors	_____	_____	✓
Speed Indicator	_____	_____	✓
Restraining Devices & Seats	_____	_____	✓
Brakes (incl. parking brake)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

**DISCLOSURE STATEMENT:** I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Business Call For Automobile Address 711 3rd St, Holmen, WI Date Oct 24, 2014

*Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).*

CUSTOMER #: 127612

355318

# DAHL AUTOMOTIVE — 1911 —

711 South 3rd. St. · LA CROSSE, WISCONSIN 54601  
DIRECT SERVICE · PHONE (608) 791-6400  
VISIT US ON INTERNET AT WWW.DAHLAUTO.COM

CARING HEARTS HOME CARE AND TRANS LL  
W5942 BAKER RD  
HOLMEN, WI 54636-9047  
HOME:608-317-3657 CONT:608-317-3657  
BUS: CELL:

\*INVOICE\*

PAGE 1

SERVICE ADVISOR: 364 BRIAN DONTJE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	05	BUICK LESABRE	1G4HR54K25U106592		151642/151642	GYGYUJ	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN13 DD			WAIT 24OCT14		0.00	CASH	24OCT14

R.O. OPENED	READY	OPTIONS:	ENG:3.8_Liter_SFI_OVH
09:12 24OCT14	09:33 24OCT14		

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A OIL AND FILTER CHANGE UP TO 5 QTS PREMIUM FILTER CHECK AND FILL ALL FLUIDS \$27.95LOF							
1	DEFAULT						
		996115	CFQ			12.37	12.37
		1	R1040 FILTER		5.33	5.33	5.33
		5	XO*5W30*QSP OIL - ENGINE		2.45	2.45	12.25
151642	COMPLETED OIL FILTER AND CHANGE.						

B MULTIPOINT INSPECTION* Q99P DEFAULT							
		383	CFQ			0.00	0.00
151642	PERFORMED MULTIPOINT VEHICLE INSPECTION AND RECOMMEND BRAKE FLUSH AND AIR FILTER						

C** -- BRAKE FLUID FLUSH BFF -- BRAKE FLUID FLUSH							
		383	CFQ			42.65	42.65
		1	990 B/FLUSH		43.30	43.30	43.30
151642	PERFORMED BRAKE FLUSH						

D** REPLACE ENGINE AIR FILTERCAF							
		2	REPLACE ENGINE AIR FILTERCAF			0.00	0.00
		1	66153 AIR FILTER		18.95	18.95	18.95
151642	REPLACED AIR FILTER						

SHOP SUPPLIES							
							7.70

WAIT CREATED 2014-10-24  
09:11:52AM TAKEN BY BRIAN DONTJE

WARRANTY INFORMATION		DESCRIPTION	TOTALS	
All new parts on the face side hereof are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or service furnished in this repair. The dealer is not party to any such manufacturer's warranty. <ul style="list-style-type: none"> <li>• Certified Technicians</li> <li>• Shuttle Service Available</li> <li>• Quick Service Available</li> <li>• Customer Lounge</li> <li>• Loaner vehicles available for extended repairs</li> <li>• Service ALL makes and models</li> </ul>	<b>Service Hours</b> Monday - Friday 7:30 AM - 5:00 PM  Saturday 8:00 AM - 12:30 pm	"Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-911."	LABOR AMOUNT 55.02	
			PARTS AMOUNT 79.83	
			GAS, OIL, LUBE 0.00	
			SUBLET AMOUNT 0.00	
			MISC. CHARGES 7.70	
			TOTAL CHARGES 142.55	
			LESS INSURANCE 0.00	
			SALES TAX 7.85	
			<b>PLEASE PAY THIS AMOUNT</b>	<b>150.40</b>
	(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE		

CUSTOMER #: 127612

350128

# DAHL AUTOMOTIVE — 1911 —

711 South 3rd. St. · LA CROSSE, WISCONSIN 54601  
DIRECT SERVICE · PHONE (608) 791-6400  
VISIT US ON INTERNET AT WWW.DAHLAUTO.COM

CARING HEARTS HOME CARE AND TRANS LL  
W5942 BAKER RD  
HOLMEN, WI 54636-9047  
HOME:608-317-3657 CONT:608-317-3657

\*INVOICE\*

PAGE 1

BUS: CELL: SERVICE ADVISOR: 364 BRIAN DONTJE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	05	BUICK LESABRE	1G4HR54K25U106592		145419/145419	T1391	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN13 DD			17:00 03SEP14		0.00	CASH	03SEP14
R.O. OPENED	READY	OPTIONS: ENG:3.8_Liter_SFI_OVH					
09:17 03SEP14	09:37 03SEP14						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A OIL AND FILTER CHANGE UP TO 5 QTS PREMIUM FILTER CHECK AND FILL ALL FLUIDS							

CAUSE: .  
 1 OIL AND FILTER CHANGE UP TO 5 QTS PREMIUM  
 FILTER CHECK AND FILL ALL FLUIDS  
 383 CFQ  
 1 R1040 FILTER  
 5 XO\*5W30\*QSP OIL - ENGINE  
 145419 COMPLETED OIL FILTER AND CHANGE.

	12.37	12.37
5.33	5.33	5.33
2.45	2.45	12.25

\*\*\*\*\*  
 B MULTI POINT INSPECTION OF SUSPENSION, WIPERS, LIGHTS, FLUIDS, AIR  
 FILTER, VISUAL INSPECTION OF BRAKES CHECK AND SET TIRE  
 PRESSURE.



Q99P MULTI POINT INSPECTION OF SUSPENSION,  
 WIPERS, LIGHTS, FLUIDS, AIR FILTER, VISUAL  
 INSPECTION OF BRAKES CHECK AND SET TIRE  
 PRESSURE.

383 CFQ	0.00	0.00
145419 PERFORMED MULTIPOINT VEHICLE INSPECTION		

\*\*\*\*\*  
 SHOP SUPPLIES 1.73



### WARRANTY INFORMATION

All new parts on the face side hereof are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or service furnished in this repair. The dealer is not party to any such manufacturer's warranty.

- Certified Technicians
- Shuttle Service Available
- Quick Service Available
- Customer Lounge
- Loaner vehicles available for extended repairs
- Service ALL makes and models

Service Hours  
Monday - Friday  
7:30 AM - 5:00 PM

Saturday  
8:00 AM - 12:30 pm

"Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-9111."

DESCRIPTION	TOTALS
LABOR AMOUNT	12.37
PARTS AMOUNT	17.58
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	1.73
TOTAL CHARGES	31.68
LESS INSURANCE	0.00
SALES TAX	1.75
PLEASE PAY THIS AMOUNT	33.43

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

ALL PARTS ARE NEW OR FACTORY REBUILT UNLESS SPECIFIED OTHERWISE  
U - USED R - REBUILT

Thank You  
For allowing us to service your vehicle!

CUSTOMER #: 127612

350128

# DAHL AUTOMOTIVE — 1911 —

711 South 3rd. St. · LA CROSSE, WISCONSIN 54601  
DIRECT SERVICE · PHONE (608) 791-6400  
VISIT US ON INTERNET AT WWW.DAHLAUTO.COM

\*INVOICE\*

CARING HEARTS HOME CARE AND TRANS LL  
W5942 BAKER RD  
HOLMEN, WI 54636-9047  
HOME:608-317-3657 CONT:608-317-3657

PAGE 1

BUS: CELL: SERVICE ADVISOR: 364 BRIAN DONTJE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	05	BUICK LESABRE	1G4HR54K25U106592		145419/145419	T1391	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN13 DD			17:00 03SEP14		0.00	CASH	03SEP14

R.O. OPENED READY OPTIONS: ENG:3.8\_Liter\_SFI\_OVH

09:17 03SEP14 09:37 03SEP14

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A OIL AND FILTER CHANGE UP TO 5 QTS PREMIUM FILTER CHECK AND FILL ALL FLUIDS

CAUSE: .

1 OIL AND FILTER CHANGE UP TO 5 QTS PREMIUM FILTER CHECK AND FILL ALL FLUIDS

383 CFQ

1 R1040 FILTER

5 XO\*5W30\*QSP OIL - ENGINE

145419 COMPLETED OIL FILTER AND CHANGE.

	12.37	12.37
5.33	5.33	5.33
2.45	2.45	12.25

\*\*\*\*\*

B MULTI POINT INSPECTION OF SUSPENSION, WIPERS, LIGHTS, FLUIDS, AIR FILTER, VISUAL INSPECTION OF BRAKES CHECK AND SET TIRE PRESSURE.

Q99P MULTI POINT INSPECTION OF SUSPENSION, WIPERS, LIGHTS, FLUIDS, AIR FILTER, VISUAL INSPECTION OF BRAKES CHECK AND SET TIRE PRESSURE.

383 CFQ

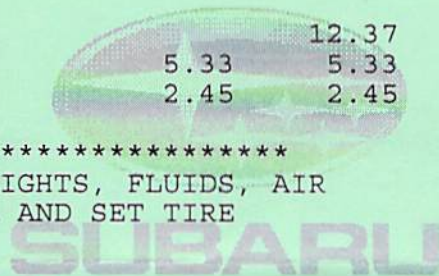
145419 PERFORMED MULTIPOINT VEHICLE INSPECTION

	0.00	0.00
--	------	------

\*\*\*\*\*

SHOP SUPPLIES

	1.73
--	------



WARRANTY INFORMATION		DESCRIPTION	TOTALS
All new parts on the face side hereof are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or service furnished in this repair. The dealer is not party to any such manufacturer's warranty.	<b>Service Hours</b> Monday - Friday 7:30 AM - 5:00 PM  Saturday 8:00 AM - 12:30 pm	LABOR AMOUNT	12.37
		PARTS AMOUNT	17.58
<ul style="list-style-type: none"> <li>• Certified Technicians</li> <li>• Shuttle Service Available</li> <li>• Quick Service Available</li> <li>• Customer Lounge</li> <li>• Loaner vehicles available for extended repairs</li> <li>• Service ALL makes and models</li> </ul>		GAS, OIL, LUBE	0.00
		SUBLET AMOUNT	0.00
		MISC. CHARGES	1.73
		TOTAL CHARGES	31.68
		LESS INSURANCE	0.00
		SALES TAX	1.75
		PLEASE PAY THIS AMOUNT	33.43
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE		

"Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-911."

ALL PARTS ARE NEW OR FACTORY REBUILT UNLESS SPECIFIED OTHERWISE  
U - USED R - REBUILT

Thank You  
For allowing us to service your vehicle!

# VEHICLE REPORT CARD



FORD SERVICE

MULTI-POINT INSPECTION AS RECOMMENDED BY FORD MOTOR COMPANY

Date: \_\_\_\_\_ RO/Tag #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Year/Make/Model: \_\_\_\_\_  
 VIN #: \_\_\_\_\_ Plate #: \_\_\_\_\_  
 Odometer: \_\_\_\_\_ Inspect. Month: \_\_\_\_\_  
 Owner Advantage Rewards® #: \_\_\_\_\_ Service Balance: \_\_\_\_\_  
 Ford Extended Service Plan:  YES  NO  
 SYNC® MyFord Touch version current:  YES  NO  N/A

LEGEND May contribute to vehicle efficiency and promote a greener environment

Checked and OK at this time

May require future attention

Requires immediate attention

SCHEDULED MAINTENANCE ITEMS*			
DUE	SERVICED	DUE	SERVICED
<input type="checkbox"/> THE WORKS	<input type="checkbox"/>	<input type="checkbox"/> Engine Air Filter	<input type="checkbox"/>
<input type="checkbox"/> Oil Change & Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/> Engine Coolant	<input type="checkbox"/>
<input type="checkbox"/> Tire Rotation	<input type="checkbox"/>	<input type="checkbox"/> Transmission Fluid &/or Filter	<input type="checkbox"/>
<input type="checkbox"/> Multi-Point Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/> Cabin Air Filter	<input type="checkbox"/>
<input type="checkbox"/> Fuel Filter	<input type="checkbox"/>	<input type="checkbox"/> Spark Plugs	<input type="checkbox"/>
<input type="checkbox"/> _____ K Scheduled Maintenance	<input type="checkbox"/>		<input type="checkbox"/>

\*This is only a partial list of vehicle maintenance items and is NOT all-inclusive. Please consult your Owner's Manual or visit FordOwner.com for vehicle-specific maintenance requirements.

FLUID LEVELS				SERVICED
<input checked="" type="checkbox"/> Oil and/or fluid leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OK FILL	OK FILL	OK FILL	OK FILL	
<input checked="" type="checkbox"/> Engine Oil	<input checked="" type="checkbox"/> Power Steering	<input checked="" type="checkbox"/> Transmission (if equipped with diesel)	<input checked="" type="checkbox"/> Coolant Recovery Reservoir	
<input checked="" type="checkbox"/> Brake Reservoir	<input checked="" type="checkbox"/> Window Washer			

WIPER BLADES				SERVICED
<input checked="" type="checkbox"/> Test Performed	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Rear		<input type="checkbox"/>

BATTERY				SERVICED
State of Health		Battery Condition		<input type="checkbox"/>
0%		100%		
Factory spec cold cranking amps _____		Actual cold cranking amps _____		

**EXTERIOR BODY**

Note any existing exterior body damage or defects on diagram

SYSTEMS / COMPONENTS			SERVICED
<b>LIGHTS / WINDSHIELD</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield for cracks, chips and pitting	<input type="checkbox"/>
<b>BELTS / HOSES / MOUNTS</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HVAC system and hoses / lines for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine Cooling System, radiator, hoses and clamps	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accessory drive belt(s)	<input type="checkbox"/>
<b>BRAKE SYSTEM</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brake system (including lines, hoses, and parking brake)	<input type="checkbox"/>
<b>STEERING / SUSPENSION</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shocks / struts and other suspension components for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steering, steering linkages and ball joints (visual)	<input type="checkbox"/>
<b>EXHAUST SYSTEM</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust system and heat shield (leaks, damage, loose parts)	<input type="checkbox"/>
<b>TRANSMISSION / DRIVE AXLE</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch operation (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Constant velocity (CV) drive axle boots (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)	<input type="checkbox"/>

TIRE / BRAKE WEAR							
TIRE TREAD		7/32" and greater		4/32" to 6/32"		3/32" and less	
BRAKE LINING		Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)		3 to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm (Drum) or 2/32" to 3/32"		Less than 3mm or 4/32" (Disc) or 1mm or 2/32" or less (Drum)	
TIRE WEAR INDICATES	SERVICED	LEFT FRONT	SERVICED	RIGHT FRONT	SERVICED		
<input type="checkbox"/> Alignment check needed	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>5</u> /32" Tire Age _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>5</u> /32" Tire Age _____	<input type="checkbox"/>		
<input type="checkbox"/> Wheel balance needed	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>		
		<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI	<input type="checkbox"/>		
<input type="checkbox"/> Brake measurements not taken this service visit		<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>	<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>		
		LEFT REAR	SERVICED	RIGHT REAR	SERVICED		
		<input checked="" type="checkbox"/> Tire Tread Depth <u>7</u> /32" Tire Age _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Tread Depth <u>7</u> /32" Tire Age _____	<input type="checkbox"/>		
		<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Wear Pattern / Damage	<input type="checkbox"/>		
		<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tire Pressure set to factory-recommended PSI	<input type="checkbox"/>		
		<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>	<input checked="" type="checkbox"/> Brake Lining _____ mm _____ /32"	<input type="checkbox"/>		
		SPARE TIRE	SERVICED				
		<input checked="" type="checkbox"/> Tire Pressure set _____ Tire Age _____	<input type="checkbox"/>				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Advisor: \_\_\_\_\_ Technician: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Customer Copy



BUSINESS AUTO  
COVERAGE PART DECLARATIONS PAGE

POLICY EFFECTIVE - 10/15/14

POLICY NUMBER 1778-172 - ARC

NAMED INSURED - CARING HEARTS HOME CARE AND TRANSPORTATION LLC

-----  
ENDORSEMENT SCHEDULES.  
-----

CA2048/0299 -  
DESIGNATED INSURED

SCHEDULE

NAME OF PERSON(S) OR ORGANIZATION(S):  
CITY OF LACROSSE  
ITS ELECTED AND APPOINTED OFFICIALS, OFFICERS, EMPLOYEES,  
AND AUTHORIZED AGENTS  
400 LACROSSE ST  
LACROSSE WI 54601

-

NAME OF PERSON(S) OR ORGANIZATION(S):

-

-

-

-



Attach to Certificate of Insurance

OP ID: EF

<b>ACORD™ VEHICLE SCHEDULE</b>		DATE 11/07/2014
PRODUCER: <b>Carrier Insurance Agency</b> 1228 Caledonia St. La Crosse, WI 54603 Rick Gorsett PHONE (A/C No. Ext): <b>608-784-6879</b>		APPLICANT (First Named Insured) <b>Carling Hearts Home Care &amp;</b>
CODE: AGENCY CUSTOMER ID <b>CARIHE1</b>	SUB CODE: EFFECTIVE DATE: <b>10/15/14</b> EXPIRATION DATE: <b>10/15/15</b>	DIRECT BILL: <input checked="" type="checkbox"/> AGENCY BILL: <input type="checkbox"/> PAYMENT PLAN: <input type="checkbox"/> AUDIT: <input type="checkbox"/>
FOR COMPANY USE ONLY		

VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	SYM/AGE	COST NEW						
5	2000	BUICK	LESABRE	LIMITED	1G4HR54K8YU124566	6	\$ 27,340						
CITY, STATE, ZIP WHERE GARAGED		HOLMEN WI 54636		LIC STATE	TERR	G.V.W./G.C.W.	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$500	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$500	COLL \$	
6	2005	BUICK	LESABRE	LIMITED	1G4HR54K25U106592	6	\$ 32,300						
CITY, STATE, ZIP WHERE GARAGED		HOLMEN WI 54636		LIC STATE	TERR	G.V.W./G.C.W.	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$500	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$500	COLL \$	
4	2001	BUICK	LESABRE	CUSTOM	1G4HP54K014282640	6	\$ 24,100						
CITY, STATE, ZIP WHERE GARAGED		HOLMEN WI 54636		LIC STATE	TERR	G.V.W./G.C.W.	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$500	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$500	COLL \$	
2	1997	BUICK	LESABRE	LIMITED	1G4HR52K6ZH515278	6	\$ 25,560						
CITY, STATE, ZIP WHERE GARAGED		HOLMEN WI 54636		LIC STATE	TERR	G.V.W./G.C.W.	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$500	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$500	COLL \$	
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	G.V.W./G.C.W.	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$	COLL \$	
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	G.V.W./G.C.W.	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$	COLL \$	