## SanDisk® Cruzer™ Micro 512MB USB Flash Drive

**SALE $59.99** Reg.$69.99 Brand: **SanDisk**
Catalog #: **25-3266** Model: **SDCZ4-512-A10**

- Save $10 after web-only mail-in rebate!
- Save $20 after mail-in rebate!

Add to Cart **FREE SHIPPING**

**Protect Your Investment**
Learn How

| | | |
|---|---|---|
| **Availability** | On-line: In-stock | In Store: Check availability |
| | Phone: In-stock 1-800-THE-SHACK (1-800-843-7422) | |

**(Pricing and availability may vary outside the contiguous 48 United States.)**

$60

UCSD Bookstore
University of California, San Diego
9500 Gilman Drive
La Jolla, CA 92093-0008
(858) 534-7323 • Fax: (858) 537-5099

Invoice Number: 841779

Invoice Date: 06/01/05

For inquiries about your account:
(858) 537-5090 or
recharge@bookstore.ucsd.edu

Name: David Kirsh
Department: N00014-02-1-0457 KIRSH 52% 9/04
Mail Code: 0515
Extension: 22475

Requisition #: 841779
Date of Reqn: 06/01/05
Index #: COG7040
27040A 416222 440000

| Account Number | Description | Unit Price | Qty | Extended Price |
|---|---|---|---|---|
| 638003 | 5540090, Notebook Sleeve 12" Pwrbk Tucano Wo-pb12-i White | 34.990 | 1 | $34.99 |

Comments:

Cashier ID: 8133
Transaction: 1 126 3324

Subtotal: $34.99
Sales Tax: $1.90
Total Charge: $36.89

Account Code Summary:
638003: $36.89

IFIS Document Number: FRBKS156

UCSD Bookstore
University of California, San Diego
9500 Gilman Drive
La Jolla, CA 92093-0008
(858) 534-7323 • Fax: (858) 537-5099

Invoice Number: 841193

Invoice Date: 05/26/05

For inquiries about your account:
(858) 537-5090 or
recharge@bookstore.ucsd.edu

[redacted]

Name: David Kirsh
Department: N00014-02-1-0457 KIRSH 52% 9/04
Mail Code: 0515
Extension: 22475

Requisition #: 841193
Date of Reqn: 05/26/05
Index #: COG7040
27040A 416222 440000

[redacted]

| Account Number | Description | Unit Price | Qty | Extended Price |
|---|---|---|---|---|
| 638003 | 4948752, 1gb Pc2700 Sodimm Powerbook G4 Crucial Ct12864x335ap # | 219.990 | 1 | $219.99 |

[redacted]

Comments:
Pickup

Cashier ID: 0841
Transaction: 1 127 8381

Subtotal: $219.99
Sales Tax: $13.68
Total Charge: $233.67

Account Code Summary:
638003: $233.67

IFIS Document Number: FRBKS146

I only keep electronic receipts

| | |
|---|---|
| UCSD Bookstore<br>University of California, San Diego<br>9500 Gilman Drive<br>La Jolla, CA 92093-0008<br>(858) 534-7323 • Fax: (858) 537-5099 | Invoice Number: 840806<br><br>Invoice Date: 05/24/05<br><br>For inquiries about your account:<br>(858) 537-5090 or<br>recharge@bookstore.ucsd.edu |

| | |
|---|---|
| Name: David Kirsh<br>Department: N00014-02-1-0457 KIRSH 52% 9/04<br>Mail Code: 0515<br>Extension: 22745 | Requisition #: 840806<br>Date of Reqn: 05/24/05<br>Index #: COG7040<br>27040A 416222 440000 |

| Account Number | Description | Unit Price | Qty | Extended Price |
|---|---|---|---|---|
| 638003 | 5573991, Pb G4 12" 1.5ghz 512mb 80gb Superdrive<br><br>MKD was 1499.00<br><br>Serial Number:<br>S4H51822FRJ7 | 1,449.000 | 1 | $1,449.00 |
| 638003 | 2, eWaste Recycling Fee | 6.000 | 1 | $6.00 |

| | |
|---|---|
| Comments:<br><br>Cashier ID: 2987<br>Transaction: 1 126 2698 | Subtotal: $1,455.00<br>Sales Tax: $96.40<br>Total Charge: $1,551.40 |

Account Code Summary:
638003: $1,551.40

IFIS Document Number: FRBKS144

---Je n'ai rien d'autre à déclarer----------
---Après lecture faite personnellement le déclarant persiste et signe avec nous le présent à DIX SEPT HEURES TRENTE.----------

LE DECLARANT L'A.P.J.

REPUBLIQUE FRANCAISE
MINISTERE DE L'INTERIEUR

DIRECTION GENERALE DE LA POLICE NATIONALE

D.C.S.P.
CSP MAISONS LAFFITTE
Tél : 0134931717

Code INSEE du service : 078/358/251

# COMPTE RENDU D'INFRACTION INITIAL

VICTIME/DECLARANT **F**

| | |
|---|---|
| VICTIME | Monsieur **KIRSH david**<br>né le 13/10/1950 à TORONTO (CANADA), de nationalité CANADIENNE, PROFESSEUR, ADULTE, demeurant 2142, AVENUE EDINBURG à CARDIFF (ETATS-UNIS) |
| PREJUDICE | Butin : A EVALUER Dégâts : AUCUN<br>Préjudice corporel : non |
| INFRACTION | **VOL**<br>Le lundi 01 Août 2005 entre 15H30 et 16H00 (JOUR)<br>à PARIS (08 arrdt). A la station ETOILE (ligne n°RERA).<br>Nature du lieu : TRANSPORT<br>Eléments d'enquête :<br>- Personnes remarquées : 01 homme 00 femme 00 enfant.<br>- Mode opératoire : L'AUTEUR DES FAITS A ARRACHE LE SAC CONTENANT L'ORDINATEUR, DE LA VICTIME. |

P.V. : 2005/ /
Affaire contre X
Pièces jointes :
NEANT
Scellés : non

Transmis à :
MONSIEUR LE PROCUREUR DE LA REPUBLIQUE
TGI VERSAILLES

Date :
Nom : DUBOIS Pascale
COMMISSAIRE DE POLICE PAR INTERIM

# PROCES VERBAL

L'an deux mille cinq,
le premier août à dix sept heures vingt

Nous, **Cédric LAMY**
GARDIEN DE LA PAIX
Agent de Police Judiciaire
en fonction MAISONS LAFFITTE
en résidence MAISONS LAFFITTE

---Etant au service,----------
---Constatons que se présente devant nous la personne dénommée ci dessus qui nous déclare:----------
---**SUR LES FAITS**,----------
---Aujourd'hui alors que je me trouvais dans le RER A un individu m'a arraché un sac contenant un ordinateur portable de marque APPle G4 POWER BOOK 80 MG HARD DRIVE DVD WRITER 1.2 GIGA RAM d'une valeur de 1500 euros environ.----------
---Ils ont également dérobé une USB DRIVE de 512 mg ainsi que plusieurs câbles de connexion ,un adapteur universel d'éléctricité, une clé de l'habitation que j'occupe temporairement en France,----------
---Je n'ai pas vu l'individu effectuer la soustraction frauduleuse.----------
---Je dépose plainte pour les faits précités,----------
---Je prends acte des dispositions de l'article 53.1 en faveur des victimes.----------

.../...

REPUBLIQUE FRANCAISE
MINISTERE DE L'INTERIEUR

DIRECTION GENERALE DE LA POLICE NATIONALE
D.C.S.P.
CSP MAISONS LAFFITTE
10 rue Jean Mermoz
MAISONS LAFFITTE
Tél. : 0134931717

# RECEPISSE DE DECLARATION

Monsieur **KIRSH**
**david**
demeurant 2142, AVENUE EDINBURG à CARDIFF (ETATS-UNIS)

a déclaré avoir été victime de l'infraction suivante :
**VOL**

survenue :
Le lundi 01 Août 2005 entre 15H30 et 16H00,
à PARIS (08 arrdt)

**MODES D'OPERER :** L'AUTEUR DES FAITS A ARRACHE LE SAC CONTENANT L'ORDINATEUR, DE LA VICTIME.

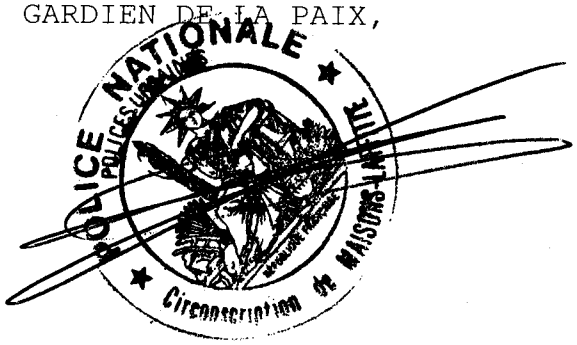
**PREJUDICES :** Butin : A EVALUER Dégâts : AUCUN
Préjudice corporel : non

Plainte déposée le 01 Août 2005
Sous le numéro 2005/ /

Article 441-6 du Code Pénal. Le fait de se faire délivrer indûment par une administration publique ou par un organisme chargé d'une mission de service public, par quelque moyen frauduleux que ce soit, un document destiné à constater un droit, une identité ou une qualité ou à accorder une autorisation est puni de deux ans d'emprisonnement et de 30000 euros d'amende. Est puni des mêmes peines le fait de fournir une déclaration mensongère en vue d'obtenir d'une administration publique ou d'un organisme chargé d'une mission de service public une allocation, un paiement ou un avantage indu.

Fait à MAISONS LAFFITTE, le 01 Août 2005

L'Agent de Police Judiciaire,
Cédric LAMY,
GARDIEN DE LA PAIX,




05028126

## THIS FORM MUST BE SIGNED AND DATED IN ORDER TO PROCESS YOUR CLAIM

**CONTINUED FROM OTHER PAGE**

**Oregon**

Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to $15,000.

**I CERTIFY THAT I HAVE READ THE FRAUD STATEMENT THAT APPLIES TO MY STATE OF RESIDENCE.**

David Kirsch

Signature

Sept 5, 2005

Date

## THIS FORM MUST BE SIGNED AND DATED IN ORDER TO PROCESS YOUR CLAIM

**All States Other Than Those Listed:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other 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.

**Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland**

Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**New Hampshire**

Any person who, with a 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.

**New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**CONTINUES ON NEXT PAGE**

## PLEASE SIGN NEXT PAGE

David Kirsh

**PART IV** **SCHEDULE OF LOSS**

| Description of Articles | Date and Place of Purchase (Attach Bills) | Actual Cost | Replacement Cost | Amount Claimed |
|---|---|---|---|---|
| Apple 12" Powerbook | UCSD Bookstore 5/24/05 | $1551 | $1551 | $1551 |
| 1 GB of G$ RAM for powerbook | UCSD Bookstore 5/26/05 | $233 | $233 | $233 |
| Universal Travel Plug | 2 years ago on plane | $60 | $20 plus tax | $21.40 |
| 512 MB USB Flash Drive | about 1 year ago | $79.99 plus tax | $59.99 plus tax = $64 | $64 |
| Laptop Case | UCSD Bookstore 5/28/05 | $34.99 plus tax | $36.89 plus tax | $61.50 |
| DVD blank Disks - 10 | last six months | $25 | $15 | $15 |
| Cables: firewire (apple)<br>VGA Dongle for Powerbook<br>TV Dongle for powerbook<br>Digital Audio to RCA | Fry's June 15th 2005<br>Fry's June 15th 2005<br>Fry's June 15th 2005<br>Fry's about January 2005 | $29<br>$19 plus tax<br>$19 plus tax<br>$9.00 | $29 plus tax<br>$19 plus tax<br>$19 plus tax<br>$9.00 | $31<br>$20.50<br>$20.50<br>$9.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | $ 2003.80 |

**GENERAL DECLARATION:**

I/We the undersigned, hereby declare that I/We are the insured person(s) referred to in the above claim form, and the statements made by me/us in this form are true in every respect and are made without reservation. In addition, I/We hereby declare that I/We are fully aware of the terms, conditions and exceptions of the Policy Wording, and furthermore will accept replacements, average and/or pro rata, whichever is applicable to my/our claim.

Dustt Kirsh — Signature(s) of Insured/Claimant

Sept 5, 2005 — Date

**CLAIM CANNOT BE PROCESSED IF THIS FORM IS INCOMPLETE**

TXFRAUD 08/00

Travelex worldwide money
Insurance Services
administered by
Old Republic Insurance Company

4600 Witmer Industrial Estates, Suite 6
Niagara Falls, NY 14305
Telephone: 1-888-322-6776
Fax: 1-877-367-2496

**BAGGAGE CLAIM FORM**

**PLEASE NOTE PROOF OF CLAIM MUST BE SUBMITTED WITHIN 90 DAYS OF THE OCCURRENCE.**

**PART I** **TO BE COMPLETED BY THE INSURED (PLEASE PRINT)**

Name of Insured DAVID KIRSH Confirmation No D73581

Address 7726 VIA CAPRI, LA JOLLA CA 92037

Home Phone # 858 - 454 - 4329 Business Phone # 760 271-0030

| Name of Tour Operator | Departure City | Destination | Hotel |
|---|---|---|---|
| | SAN DIEGO | UK, FR, IT | |

Booking Date: Departure Date: Return Date:

Name of Travel Agency

Address Booking/Invoice #

**PART II** **CLAIM IS HEREBY MADE FOR LUGGAGE AND/OR PERSONAL EFFECTS AS FOLLOWS:**

☐ Lost Amount of Claim $ ..... Enclose original receipts, written statement from hotel manager, tour guide, or transportation official, and letter of coverage or denial from any additional insurance policies or any other compensation program.

☐ Damaged Amount of Claim $ ..... For damaged belongings, repair bills must be submitted.

☑ Stolen Amount of Claim $ 2003.80 Please enclose a written statement or report issued by the Police.

☐ Delayed Amount of Claim $ ..... Proof of delay must be supplied by the carrier.

Loss event occurred in train in Paris, stolen from my person

On Aug 1 2005 at approximately 4 am/pm in the following manner: I was on train between downtown Paris & the house where I was staying. Male grabbed my laptop case & ran out of metro.

**PART III**

Was property in custody of Airline, Railroad Company, Steamship Company or other carriers? ☐ Yes ☑ No
Has a claim been filed with that carrier? ☐ Yes ☑ No

Was any compensation made while travelling? ☐ Yes ☑ No

If "Yes", give name of carrier and carrier's trip identification number and claim number assigned.

Have you filed previous claims with any other insurance company in the past? ☐ Yes ☑ No

Benefits under any coverage will not be paid for expenses reimbursed or services provided by any other source. Benefits cannot be duplicated under this Protection Plan.

I certify that the declarations stated above and following are true, complete and correct.

Date Sept 5, 2005 Signature of Primary Insured David Kirsh

**CLAIM CANNOT BE PROCESSED IF THIS FORM IS INCOMPLETE**

TXFRAUD 08/00