



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository []

02-APR-2008

Reference No.

25 PM 1:12

10223157

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City WHITE PLAINS State NY Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1/08

NO This was a Toyota sold to me with faulty equipment

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2T1BR12E2Y0 [Redacted]
Make TOYOTA Model COROLLA Model Year 2000
Date Purchased Dealer's Name and Telephone Number: DELEON MICH AUTO SALES INCORPORATED 914-968-9290
Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner [] Dealer's City YONKERS State NY Zip Code 10701
Transmission Type AUTOMATIC [] Antilock Brakes [] Cruise Control [] Powertrain UNKNOWN
Vehicle Component Code 140000 AIR BAGS
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-FEB-2008 Failure Mileage 70000 Failure Speed 15
Air bags failed toyota Corolla totaled towed
Seat Belt failed away

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) [] Original Equipment [] Prior Repair Failure Location:
Tire Component Code Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash [X] Yes [] No Fire [] Yes [X] No Number of Persons Injured 1 Number of Deaths 0 Reported to Police Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 2000 TOYOTA COROLLA. DURING A CRASH AT 15 MPH, THE AIR BAGS FAILED TO DEPLOY AND THE SEAT BELTS MALFUNCTIONED. A POLICE REPORT WAS FILED. DUE TO THE LACK OF RESTRAINT BY THE SEAT BELT, THE CONTACT SEVERELY INJURED HER RIBS AND HAD TO BE HOSPITALIZED FOR TWO DAYS. THE CONTACT CALLED THE SALES DEALER AND THEY WERE NOT COOPERATIVE. THE PURCHASE DATE AND POWERTRAIN WERE UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 70,000. The air bags not working also caused my chest and ribs severely injured. I'm 2 days hospital stay and 6 weeks or more recuperating at home. I'm still seeing a doctor have shortness of breath, heart burn which I never had before, asthma/heart problems that has not gone away. I was on the ramp checking out the traffic got caught in a car accident. The car was backing up, we collided my car was totaled AND towed. The INSURER received only \$4,000 for car. I pd. \$8,000.00 ADDING \$100 trade in

Include, if available; Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

I could have died Do to the failure of this safety Equipment.
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

The airbags and seat belt failed causing me to be injured and taken to hospital. The car was sold to me with these defects. I was told I had air bags, seat belts and other things I asked about. I also spent an extra \$400.00 insurance for policy which also was phony. I will send you a copy of the only literature I received on this so called policy. I called the number on policy, I was told that was all the paperwork I would get. There should be laws protecting consumers from this kind of fraud. Toyota should protect thier Automobiles from

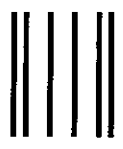
ATTACH ADDITIONAL SHEETS IF NECESSARY these types of Dealers

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



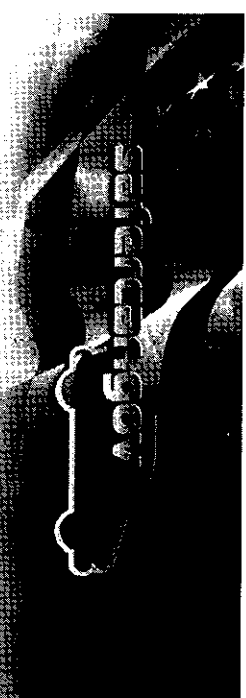
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



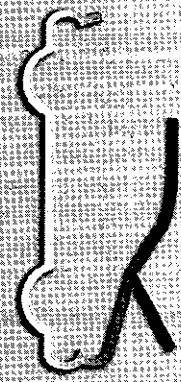
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**



Think your vehicle has a safety defect?



**If so:
Use the enclosed form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
APPLICATION FOR MOTOR VEHICLE NO-FAULT BENEFITS**

Name and Address of Insurer Government Employees Insurance Company 750 Woodbury Road Woodbury, New York 11797	Name, Address and Phone Number of Insurer's Claims Representative P.O. Box 116 Woodbury, New York 11797 877-894-0829
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Date: <u>3/15/08</u>	Policyholder: [REDACTED]	Policy Number: [REDACTED]	Date of Accident: <u>Feb. 24, 2008</u>	Claim Number: [REDACTED]
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TO ENABLE US TO DETERMINE IF YOU ARE ENTITLED TO BENEFITS UNDER THE NEW YORK NO-FAULT LAW, PLEASE COMPLETE THIS FORM AND RETURN IT PROMPTLY.

- IMPORTANT:**
1. To be eligible for benefits you must complete and sign this Application.
 2. You must sign any attached Authorization(s).
 3. Return promptly with copies of any bills you have received to date.

____ Name and Address of Applicant

1. Your Name: [REDACTED]	2. Phone Nos. Home: [REDACTED] Business: [REDACTED]
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3. Your Address (No., Street, City or Town and Zip Code): [REDACTED] <u>White Plains, N.Y.</u>	4. Date of Birth: [REDACTED]	5. Social Security No.: [REDACTED]
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6. Date and Time of Accident: <u>2-24-08</u> A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	7. Place of Accident (Street) City, or Town and State: <u>W.P. NY Ramp going South onto 287 # 6</u>
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8. Brief Description of Accident: I believe other vehicle was backing up and I was proceeding through highway I had already started to proceed and we collided I was only going 10-15 miles. Other vehicle started to go with I blew my horn.

9. Describe your Injury: I injured my chest very badly couldn't move was taken from car. Also hurt my neck and upper back shoulders around 4 inches across to breast.

10. Identity of Vehicle You Occupied or Operated at the Time of the Accident: Owner's Name: <u>Toyota</u> Make: <u>4D Corolla</u> Year: <u>2000</u> This vehicle was: <input checked="" type="checkbox"/> A Bus or School Bus <input type="checkbox"/> A Truck <input checked="" type="checkbox"/> An Automobile <input type="checkbox"/> Or A Motorcycle	11. Were you the driver of the Motor Vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Were you a passenger in the Motor Vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were you a pedestrian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were you a member of our policyholder's household? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you or a relative with whom you reside own a Motor Vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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12. Were you treated by a doctor(s) or other person(s) furnishing health services? Yes No
 If yes, name and address of such doctor(s) or person(s): Emergency Doctors Nurses and technicians - Don't remember names The Dr. that attended to me in hospital I believe is [REDACTED] M.D. PC [REDACTED] W.P. NY.

13. If you were treated at a hospital(s) were you an out-patient? Out-patient In-patient
 Date of Admission: Feb 24, 08 Hospital's Name and Address: White Plains Hospital Discharge W.P. NY.

14. Amount of health bills to date: <u>\$ UN KNOWN</u>	15. Will you have more health treatment(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. At the time of your accident were you in the course of your employment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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17. Did you lose time from work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date absence from work began: <u>Retired Senior Citizen</u>	Have you returned to work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, date returned to work:
Amount of time lost from work:	18. What are your gross average weekly earnings?	Number of days you work per week:	Number or hours you work per day:

19. Were you receiving unemployment benefits at the time of the accident? Yes No

20. List names and address of your employer and other employers for one year prior to accident date and give occupation and dates of employment:

Employer and Address	Occupation	From	To

21. As a result of your injury have you had any other expenses? Yes No If Yes, attach explanation and amounts of such expenses.

22. Due to this accident have you received or are you eligible for payments under any of the following:
 New York State Disability? Yes No UNKNOWN Worker's Compensation? Yes No

THE APPLICANT AUTHORIZES THE INSURER TO SUBMIT ANY AND ALL OF THESE FORMS TO ANOTHER PARTY OR INSURER IF SUCH IS NECESSARY TO PERFECT ITS RIGHTS OF RECOVERY PROVIDED FOR UNDER THE NO-FAULT LAW.

THIS FORM IS SUBSCRIBED AND AFFIRMED BY THE APPLICANT AS TRUE UNDER THE PENALTIES OF PERJURY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

SIGNATURE: [REDACTED]	DATE: <u>March 15, 08</u>
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
NY08-0568
SP1T70000584

AMENDED REPORT

Accident Date Month 2 Day 24 Year 2008	Day of Week Sunday	Military Time 16:36	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						Accident Reconstructed <input type="checkbox"/>		

VEHICLE 1				VEHICLE 2			
State of Lic. NY				State of Lic. NJ			
Driver Name - exactly as printed on license				Driver Name - exactly as printed on license			
Address (Include Number and Street)				Address (Include Number and Street)			

City or Town WHITE PLAINS	State NY	Zip Code	City or Town HAMILTON SQ	State NJ	Zip Code
Date of Birth Month Day Year	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	
Name - exactly as printed on registration			Name - exactly as printed on registration		

Address (Include Number and Street)	Apt. No.	City or Town VALHALLA	State NY	Zip Code	City or Town HAMILTON SQ	State NJ	Zip Code
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Plate Number	State of Reg. NY	Vehicle Year & Make 2000 TOYT	Vehicle Type 4DSD	Ins. Code 639	Plate Number	State of Reg. NJ	Vehicle Year & Make 2003 FORD	Vehicle Type SUEN	Ins. Code SSS
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Violation Section(s)	Violation Section(s)
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Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident or draw your own diagram in space #9. Number the vehicles.
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VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	ACCIDENT DIAGRAM
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Reference Marker Coordinates (if available) Latitude/Northing: 4544581 Longitude/Easting: 603609	Place Where Accident Occurred: County WESTCHESTER City Village Town of WHITE PLAINS Road on which accident occurred I 287 at 1) Intersecting street MM 4.1 or 2) feet miles of (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's notes
 VEHICLE1 ENTERING I-287 FROM EXIT 6 ON RAMP WESTBOUND. V-2 DIRECTLY IN FRONT OF V-1 STOPPED FOR TRAFFIC. OPERATOR V-1 STATED THAT SHE WAS LOOKING BACK FOR CLEARING ON I-287 THEN PROCEEDED FORWARD STRIKING V-2 IN REAR. NO THRUWAY PROPERTY DAMAGES.

ALL INVOLVED	Names of all involved										Date of Death Only		
	8	9	10	11	12	13	14	15	16	17 BY		TO 18	
A	1	1	4	1			05	12	6	9993	5913		
B	2	1	4	1			-	-	-				
C	2	3	4	1			-	-	-				
D	2	6	4	1			-	-	-				
E													
F													
Officer's Rank and Signature TROOPER <i>R. D. Palacios</i>		Badge/ID No. 2109		NCIC No. 15905		Precinct/Post Troop/Zone T-1		Station/Best Sector 21		Reviewing Officer <i>WJC</i>		Date/Time Reviewed 3/2/08 3:00	

TRANSCARE AMBULANCE CORPORATION
P.O. BOX 5075
CHERRY HILL, NJ 08034-5075

RETURN SERVICE REQUESTED

Patient: [REDACTED]
Statement Number: [REDACTED]
Balance: \$532.00

PHONE: (800)288-9478 FAX: (856)616-1919

029 [REDACTED]
WHITE PLAINS, NY [REDACTED]
[Barcode]

TRANSCARE AMBULANCE CORPORATION
P.O. BOX 5075
CHERRY HILL, NJ 08034-5075
[Barcode]

March 07, 2008

SERVICES PROVIDED BY: INC DBA TRANSCARE TRANSCARE NY
SERVICES PROVIDED ON: 02/24/2008

OUR FIRM MANAGES THE BILLING FOR THE ABOVE AMBULANCE SERVICE CHARGE. WHILE REVIEWING YOUR FILE, IT APPEARS THAT THE CHARGE MAY BE THE RESULT OF AN ACCIDENT. PLEASE ANSWER ALL APPLICABLE QUESTIONS BELOW AND RETURN TO US IMMEDIATELY, EITHER BY MAILING IT TO THE ADDRESS ABOVE OR BY FAXING IT TO (856)616-1919. PLEASE CALL (800)288-9478 WITH QUESTIONS REGARDING THIS FORM.

HOME PHONE # [REDACTED] TEL # [REDACTED]
AUTO INSURANCE NAME [REDACTED]
AUTO INSURANCE ADDRESS GEICO
CITY Woodbury Road 750 STATE N.J. ZIP [REDACTED]

CLAIM # [REDACTED] POLICY # [REDACTED]
INSURED PARTY NAME [REDACTED]
ATTORNEY NAME _____ TEL # _____
ADDRESS _____ CITY _____ ST _____
JOB INJURY EMPLOYER NAME _____
EMPLOYER ADDRESS _____ TEL # _____
CITY _____ STATE _____ ZIP _____

CRIME VICTIM CLAIM # The Air Bags Failed to work ID # _____
Seat Belts Failed

PLEASE NOTE YOUR HEALTH INSURANCE INFORMATION TO COVER THE DEDUCTIBLE:
MEDICAL INSURANCE NAME _____
INS ADDRESS _____ TEL # _____
CITY _____ STATE _____ ZIP _____
ID # _____ SUBSCRIBER NAME _____
MEDICARE # _____ MEDICAID # _____

I believe the ambulance report indicated failure of safety equipment. The Police Report did not. But in the emergency Dept. the officer told me the airbags and seatbelts did not work.

De Leon Mich Auto Repair & Sales, Inc.

Purchase Contract

Buyer
Address

Sales Pers. Arnold
Date: June 24, 2006

Telephone
Cellular

Conditions and Obligations

- 1) This vehicle is being sold with a limited warranty as stated under different warranty form.
- 2) Upon the signing of this contract the buyer has five(5) days to pay the balance in full.
- 3) This vehicle must be pick up no later than five(5) days after the date on this contract.
- 4) There will be a \$15.00 per day charge for vehicles left more than 5 days after the sale.
- 5) A deposit of a least \$200.00 (Two Hundred 00/100) dollars is required when signing this contract.
- 6) Seller is responsible for any damage suffered to the vehicle on seller's premises for five(5) days after the signing of this contract.
- 7) All taxes are required to be paid by the buyer in accordance with New York State law at the place of purchase and \$37.00 for the cost of the vehicle inspection.
- 8) *Dealer's optional fee for processing application for registration and/or title THIS IS NOT A DMV FEE * \$45.00*
- 9) An additional charge will apply for delivery of this vehicle to any location outside our premises.
- 10) A cancellation of this contract will result in a \$200.00 fee and \$37.00 for the N.Y.S. inspection, you also will have to pay for the cost of any advertising method.
- 11) Customer agreed to pay the 5% for the amount paid with a credit card.

Selling Price \$ 6,200.00
 N.Y.S. Tax \$ 503.75
 Inspection \$ 37.00
 8 1/8 Registration* \$ 100.00
 Total \$ 6,840.75
 Deposit \$ 200.00
 Balance \$ 6,640.75
 1996 Nissan \$700.00

Stock # 4327
 Year 2000
 Make Toyota
 Model Corolla
 Vin 2T1BR12E2Y0
 Color White
 Mileage 51,208

How Paid: Cash Check Credit Card Money Order Other

\$ 35.00 SERVICE CHARGE ON ALL RETURNED CHECKS!

This vehicle will be pick up on: June 23, 2006

If you should have any questions about your papers or automobile, please contact us immediately. You can reach us Monday through Friday between the hours of 9AM to 6PM at 914-375-0187, or by FAX 24 hours at 914-377-8493.

Signatures:

Seller

By signing this contract both buyer and seller agree to the conditions and obligations.
 * The optional dealer registration or title application processing fee (\$45.00) are not NYS or DMV fees.
 Unless a lien is being recorded, you may (avoid these fees by submitting) submit your own application for registration and/or title to any motor vehicle issuing office.
 Make check payable to: De Leon Mich Auto Repair & Sales, Inc.

744 Saw Mill River Road www.deleonmichauto.com
 Yonkers, N.Y. 10710

NYS DEALER # 7065168

Agreement and Bill Of Sale BY AND BETWEEN

DeLeon Mich Auto Repair and Sales Inc.

YONKERS, NY 10710

744 SAW MILL RIVER ROAD

Telephone: 914-375-0187

AND

[Redacted] VALHALLA NY [Redacted]

hereinafter designated 'Purchaser'.

The above named 'Seller' agrees to sell the hereinafter mentioned and described used motor vehicle and the above named 'Purchaser' agrees to purchase this used motor vehicle upon the following conditions being agreed by both parties that this contract embodies all terms and conditions of sale.

TRADE-IN: 1996 NISSAN SENTRA IN4A1341D4TC [Redacted] #700⁰⁰

STOCK NO.	YEAR	MAKE	MODEL	SERIAL/IDENT. NO. (V.I.N.)	AMOUNT
CG-006 #4327	2000	TOYOTA	CGA271BK12E240	[Redacted]	\$ 6900 ⁰⁰
DEALER'S OPTIONAL FEE FOR PROCESSING APPLICATION FOR REGISTRATION AND/OR CERTIFICATE OF TITLE, AND FOR SECURING SPECIAL OR DISTINCTIVE PLATES (IF APPLICABLE). Reg. \$ 100 ⁰⁰ THIS IS NOT A DMV FEE. *NYS INSPECTION \$					37 ⁰⁰
60 DAYS OR 3,000 MILES (WHICHEVER COME FIRST) WARRANTY					SALES TAX \$ 503.75
ENGINE AND TRANSMISSION ONLY					TOTAL \$ 7540.75

THE OPTIONAL DEALER REGISTRATION OR TITLE APPLICATION PROCESSING FEE (\$45.00 MAXIMUM) AND SPECIAL PLATE PROCESSING FEE (\$5.00 MAXIMUM) ARE NOT NEW YORK STATE OR DEPARTMENT OF MOTOR VEHICLE FEES. UNLESS YOU ARE BEING RECORDED OR THE DEALER ISSUED NUMBER PLATES, YOU MAY SUBMIT YOUR OWN APPLICATION FOR REGISTRATION AND/OR CERTIFICATE OF TITLE, AND FOR A SPECIAL OR DISTINCTIVE PLATE TO ANY MOTOR VEHICLE ISSUING OFFICE.

The 'Purchaser' agrees to pay the 'Seller' the sum of \$7540.75 on the signing of this agreement, receipt of which is hereby acknowledged, and to pay the 'Seller' the balance due on or before JUNE 29, 2006 or 'Purchaser' agrees to forfeit this amount to 'Seller' as and for liquidated damages for this breach. Title will not pass to 'Purchaser' until payment in full has been made. If final payment is made by check, title will not pass until check is paid.

The 'Purchaser' certifies that he is of lawful age and has full legal capacity to enter into this agreement. That the used motor vehicle being traded, if any, is free and clear from all encumbrances whatsoever.

It is understood that the 'Purchaser' has examined this used motor vehicle and accepts it in its present condition which we warrant complies with Section 198-b, General Business Law, State of New York.

'Purchaser' further acknowledges receipt of a true and exact copy of this "Agreement", and a copy of the "Retail Installment Contract", if applicable.

The information you see on the window form for this vehicle is part of this contract. Information on this window form overrides any contrary provisions in the contract of sale. Receipt of a copy of said window form is herewith acknowledged as though it were above my signature.

USED VEHICLE CERTIFICATION: If this motor vehicle is classified as a used motor vehicle, the dealer named above certifies that the entire vehicle is in condition and repair to render, under normal use, satisfactory and adequate service upon the public highway at the time of delivery.

NOTICE TO USED VEHICLE BUYER: If you should be entitled to a refund pursuant to Section 198-b, General Business Law, the value of any traded-in vehicle which is not returned to the Consumer will be its NADA wholesale value, or other such guide as may be approved by the Commissioner of Motor Vehicles, as adjusted for mileage, improvements, and any major physical or mechanical defects, rather than the value on this sales agreement. If the amount to be refunded is insufficient to discharge any lien on the traded-in vehicle, the purchaser must be notified by registered or certified mail that he/she/they has/have thirty days in which to pay the lienholder the amount which, together with the amount to be refunded by the dealer, will be sufficient to discharge the lien.

Dated, JUNE 29, 2006

Accepted, [Signature] DELEON MICH AUTO REPAIR AND SALES INC.
By, RICHARD DE LEON

FINAL SETTLEMENT OF THIS BILL MUST BE IN CASH OR CERTIFIED CHECK

Sold subject to approval of an executive of the Company

Delivery Accepted JUNE 29, 2006 @ 7:05 PM [Redacted] Purchaser's Signature

MILEAGE 51254

USED VEHICLE

OFFICIAL CHECK

23-97
1020

06/29/2006

544106 (100/pkg Rev 03)



Pay To The Order Of De Leon Mich Auto Repair + Sales
Six thousand Six Hundred Forty Dollars and 75 cents \$6,640.75
Dollars

NON NEGOTIABLE

Retain this copy. Serial No. required for any further inquiry.

Remitter [Redacted]
Issued by Integrated Payment Systems Inc., Englewood, Colorado
JPMorgan Chase Bank, N.A., Denver, Colorado

CUSTOMER COPY

[Redacted] is my son He insures and owns the vehicle that I AM the principal driver of the Toyota 2000 - 4090 with faulty safety equipment

DE LEON MICH AUTO SALES, INC.
Carlos de Leon
TEL. (914) 375-0187
CELL (914) 469-6624
FAX (914) 377-8493
743 SAW MILL RIVER RD
YONKERS, NY 10710
www.deleonmichauto.com

DELEON MICH
AUTO REPAIR, INC.
COMPLETE AUTO BODY & AUTO REPAIRS • REPAIR SHOP # 7074837
RONALDO DELEON
Master Mechanic
280 NEPPERHAN AVENUE
YONKERS, NEW YORK 10701
Tel. (914) 968-9290 • Fax. (914) 377-8493
Cell (914) 497-1622 • www.deleonmichauto.com



MV-639TR (6/05) NEW YORK STATE REGISTRATION DOCUMENT



(FRONT)



New York State
Department of Motor Vehicles

No. 25796397

TEMPORARY CERTIFICATE OF REGISTRATION

Date of Issue
06-29-06

Exp. Date of Temp Cert. of Reg.
07-29-06

Reg. Plate No.
[Redacted]

Exp. Date of Original Reg.
08-23-07

Year Make VIN
2000 TOYOTA 2T1BR12E2YC [Redacted]

Name of Dealership Facility No.
DELEON MICH AUTO SIS 7065768

MV-50 (03/04) TCR

PAS

2000 TOYOT NONTRANSFERABLE
4DSD WH 2T1BR12E2YC [Redacted]
002333 G 4 EG553768 JUN 29 2006
Wt/Seats Fuel/Cyl SLS CRM190

Expires 08/23/07
NYMA
14.75

VALHALLA NY [Redacted]

ANNUAL CHG
AMT PAID (INCL ADD CHG)

EG553768 VOID IF ALTERED EXCEPT FOR ADDRESS 57.75



OFFICIAL CHECK

23-97
1020

08/29/2006

Pay To The Order Of De Leon Mich Auto Repair & Sales

\$ 8,640.75

*SIX THOUSAND SIX HUNDRED FORTY DOLLARS AND 75 CENTS

Dollars

NON-NEGOTIABLE

CUSTOMER COPY

Remitter Issued by Integrated Payment Systems Inc., Englewood, Colorado
JPMorgan Chase Bank, N.A., Denver, Colorado

544106 (100/pkg Rev 03)

CUSTOMER COPY



Handwritten notes:
Aut...
411-472-5712
Toyota...
Dealer...
www.nysdmv.com

CHANGE OF ADDRESS - You must notify Motor Vehicles within 10 days. Write your new address on the other side of this document.

VEHICLE TRANSFER INFORMATION

- If NONTRANSFERABLE is printed on the front of this document, you must use your title to transfer ownership of the vehicle.
- If TRANSFERABLE is printed on the front of this document, New York State will not issue a title for this vehicle. You can transfer ownership using this document but not a photocopy of this document.

Ownership Transferred to _____ Date _____

REGISTRANT'S STATEMENT: I am the registered owner of the vehicle described on the other side, or a member of the firm or an officer of the corporation registering the vehicle, and have the right to dispose of the vehicle.

Signature of Current Registrant _____
www.nysdmv.com

I certify that these number plates were issued to me for a motor vehicle registered in New York State in my name, and that such number plates and registration are eligible for transfer to the described vehicle. I understand that I must file an application for registration and obtain a permanent Certificate of Registration from my Motor Vehicles office before expiration of this temporary registration.



MV-50 (03/04) TCR

RETAIL CERTIFICATE OF SALE

TYPE OF SALE
 WHOLESALE OR RETAIL
 New Used Demo Salvage

VEHICLE INFORMATION: **STK # 4327 No. 25796397**

Year 2000	Make TOYOTA	Model COA	Body Type 4DSD	Color WH	Weight (Unladen) 2333	Fuel Type G	Cylinders 4	Adult Seating Capacity 5
Vehicle Identification Number 2T1LBR1D2E2N0		Lien(s) L-0	Inspection Certificate Number 4607018		Date of Inspection 06-28-06	Inspection Station Number 57028575		
Plate/Permit Number	Number of Dealer Plate Loaned 0	<input type="checkbox"/> Lease/Buyout (Insp. Not Required)		Selling Price \$6700 ⁰⁰				

DEALER INFORMATION (Print Name and Address)
 DELEON MICH AUTO REPAIR AND SALES, INC. 744 SAW MILL RVR RD
 ANKERS NY 10710 TEL 914-375-0187 D.M.V. 7065168

PURCHASER INFORMATION (Print Name and Address)
 VALHALLA NY
 Date of Sale
 06-29-06

PREVIOUS OWNER INFORMATION (Print Name and Address) Source of Ownership
 NYN WINDSOR NY
 Date of Purchase
 05-03-06

ODOMETER DISCLOSURE STATEMENT

Federal and state laws require that you state the mileage of the vehicle described on this certificate, when transferring ownership. Failure to do so, or not telling the truth about the mileage may result in fines and/or imprisonment.

The odometer on the vehicle described above has 5 digits 6 digits, not including tenths

I certify that, to the best of my knowledge, this odometer reading reflects the "ACTUAL MILEAGE" of the vehicle described above.

I certify that, to the best of my knowledge, this odometer reading "EXCEEDS MECHANICAL LIMITS"

I certify that, to the best of my knowledge, this odometer reading is "NOT THE ACTUAL MILEAGE" **WARNING: ODOMETER DISCREPANCY**

ODOMETER READING			
5	1	2	84
(no tenths)			

DEALER CERTIFICATION:

I certify: The vehicle described above was sold to the purchaser on the date indicated. At the time of delivery the purchaser was entitled to register the vehicle. This vehicle complied with equipment requirements of the Commissioner's Regulations. At the time of delivery, such equipment was in condition and repair to render satisfactory and adequate service on the public highway under normal use. Equipment certification does not apply to a vehicle sold as new, wholesale, or salvage. All New York State and local taxes due as a result of this sale have been collected from the purchaser. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

DEALER (or authorized representative) - (SIGN full name) KUDRAN DE LEON	PRINT full name of dealer or authorized rep. KUDRAN DE LEON	Date 06-29-06	Dealer Facility No. 7065168
PURCHASER - (SIGN full name)	PRINT full name of purchaser	Date 06-24-06	Selling Dealer NYS Sales Tax No.

PART 3 - CUSTOMER COPY
ANY CHANGE OR ALTERATION VOIDS THIS CERTIFICATE

The Penn Warranty Corporation

Hanover Industrial Estates • 1081 Hanover Street • Wilkes-Barre, PA 18706-2028
(800) 356-9441

2309

BASIC CONTRACT

VEHICLE SALE DATE JUNE 29, 2006 VIN 2T1BR12E2YC [REDACTED]
OWNER'S NAME [REDACTED] VEHICLE YEAR 2000
ADDRESS [REDACTED] VEHICLE MAKE TOYOTA
CITY VALHALLA VEHICLE MODEL COROLLA
STATE NY ZIP [REDACTED] MILEAGE 51284
OWNER'S PHONE [REDACTED] VEHICLE PRICE 6900⁰⁰

I understand and agree that the limited warranty/service contract I am applying for is between myself and THE PENN WARRANTY CORPORATION. I further understand and agree that the car dealer, from which I am making this application, has no liability other than submitting the payment and necessary paperwork to THE PENN WARRANTY CORPORATION for processing.

DEALER'S NAME DE LEON MICH AUTO
SALESMAN'S NAME ARNOLD
DEALER'S PHONE 914-375-0187

Please read this contract in full before signing.

[REDACTED] DATE 6/29/06

6 Mo./7,500 Mi. 12 Mo./15,000 Mi. 24 Mo./30,000 Mi. 36 Mo./45,000 Mi.

WHAT IS COVERED?

ENGINE: Cylinder block, cylinder heads, and all internal parts. Manifolds, valve train and covers, and flywheel. Camshaft and timing drive components. Oil pump and oil pan. Cylinder head and intake manifold gaskets are covered for coolant leaks only.
TRANSMISSION: Case and all internal parts. Torque converter and converter housing.
DIFFERENTIAL: Front or rear differential housing and all internal parts. Drive shaft and universal joints. Front axle joints are covered only on four wheel drive vehicles. Transfer case on four wheel drive vehicles and all internal parts.
COOLING SYSTEM: Fan and fan clutch. Electric radiator fan motor, water pump.
STEERING: Steering gear, rack and pinion assembly, and all internal parts. Power steering cooler and lines.
SUSPENSION: Springs, control arms, and ball joints.
BRAKES: All brake components, including all components of the anti-lock brake system, except linings, pads, rotors, and drums.
ELECTRICAL: Alternator, voltage regulator, windshield wiper motor and starter motor.
RENTAL CAR: Twenty five dollars per eight hours of authorized flat rate time to repair or replace a covered component with a maximum of two hundred and fifty dollars.
TOWING: If your vehicle must be towed because a covered component has failed, towing to the nearest qualified repair center is covered up to a maximum of fifty dollars.
LABOR: Labor charges are based on industry accepted flat rates to repair or replace a covered component.

HOW LONG IS THE LIMITED WARRANTY/SERVICE CONTRACT?

The used vehicle limited warranty/service contract begins on the day this agreement is accepted by THE PENN WARRANTY CORPORATION and lasts for the period set forth above. An inoperative odometer will void this contract. Should you not receive notification from us within seven (7) days as to the status of your contract acceptance, notify Customer Service at (800) 356-9441.

WHAT IS NOT COVERED?

THE PENN WARRANTY CORPORATION will not cover any repair done without prior authorization. Seals and gaskets are covered only in conjunction with a covered repair. Component failures that occur prior to the acceptance of the contract are not covered by this agreement. This limited warranty/service contract does not cover the parts and labor that are needed to maintain your vehicle (oils, filter, etc.), the parts of your vehicle that are subject to normal wear and tear (fan belts, radiator hoses, etc.). Other items not covered include: diagnostic charges, fluid leaks, damage that results from fluid leaks, damage from overheating, or continued operation after the initial failure, fire, accident, theft, or conditions of the environment, damage that results from someone altering the vehicle, misusing the vehicle, tampering with the vehicle, making improper adjustments, improper fuels, improperly maintaining the vehicle, failing to maintain the vehicle within manufacturer's recommendations, damage or failure of a covered component caused by a non-covered component, previous or improper repairs, power steering pumps, front or rear axles, and wheel bearings including outer axle bearings.

WHAT THE PENN WARRANTY CORPORATION WILL DO

Under this used vehicle limited warranty/service contract, THE PENN WARRANTY CORPORATION will reimburse you for the repair or replacement of any component covered by this agreement that is found to be defective or worn beyond service limits, including through normal wear and tear. Maximum reimbursements will not exceed the vehicle purchase price as stated above. After investigating your component failure, in the case of a discrepancy in findings, THE PENN WARRANTY CORPORATION reserves the right to have repairs done at a location other than the one you have selected. THE PENN WARRANTY CORPORATION will reimburse you for the entire amount of a covered component failure, less related charges not covered by this agreement, less twenty five dollars per occurrence. Obligations of the provider under this limited warranty/service contract are backed by the full faith and credit of the provider.

WHAT YOU MUST DO

Your vehicle must be at a repair center in order for a claim to be opened. Once the vehicle is at the repair center you are responsible to have the repair center call us at (800) 356-9441 with the estimate of repairs before any work begins. The limited warranty/service contract holder is responsible for all charges relating to the tear down and diagnosis of the vehicle. If it is determined that a covered component has failed and the estimate for the repair is agreed upon by our adjuster, an authorization number will be issued by us for the repair. The authorization number must appear on all receipts submitted for payment. Authorization numbers are valid for 180 days from the date issued. No invoices will be processed for reimbursement without a valid authorization number. Repair estimates can be done at any qualified repair shop you choose. When making repairs the repair shop shall use components of the same type and quality as those removed, which may include aftermarket, reconditioned, or used components. You must maintain your vehicle in accordance with manufacturer's recommendations and retain invoices of any work performed. We reserve the right to request any and all maintenance records pertaining to your vehicle. The procedure to follow when making a repair or replacement under this limited warranty/service contract will be reiterated on your customer identification card. Emergency repairs done outside of working hours may be submitted to Customer Service with a letter of explanation for payment consideration.

OTHER LIMITED WARRANTY/SERVICE CONTRACT TERMS AND STATE RIGHTS

The component failure must occur under normal use of the vehicle during the limited warranty/service contract coverage period. This used vehicle limited warranty/service contract is transferable to subsequent owners. The charge to transfer is one hundred dollars. The transferred limited warranty/service contract will remain in effect for the remainder of the original coverage period. Without a transfer to the new owner this contract is terminated at the time of sale of the vehicle covered by this contract. THE PENN WARRANTY CORPORATION does not authorize any person to create for it any obligation or liability in connection with this limited warranty/service contract. THE PENN WARRANTY CORPORATION will not be responsible for any time that you lose, for any inconvenience you might be caused, or loss of your transportation, the quality of a repair by the repair center, for any other incidental or consequential damages you may have. No other components, other than those listed, are covered by this limited warranty/service contract. THE PENN WARRANTY CORPORATION reserves the right to reject or cancel any contract with cause. No credit will be issued on early terminations. Your used vehicle limited warranty/service contract gives you specific rights. You may have other rights that vary from state to state which include, but may not be limited to, the state disclosures listed on the reverse side.

REQUIRED STATE DISCLOSURES/REFUND POLICIES:**ILLINOIS: ILCS 215 152/35**

As an Illinois consumer, you may cancel your contract for a full refund during the first 30 days after purchase, if no service has been provided. Thereafter, the contract may be canceled for a prorated refund based on elapsed time or mileage minus the amount of any claims, which have been authorized for payment. In either instance the warranty provider is entitled to a cancellation fee not to exceed the lesser of 10% of the service contract price or \$50.00.

NEW YORK: Article 79 Section 7903 (e)(n)

"Service contracts shall require every provider to permit the service contract holder to return the contract within at least twenty days of the date of mailing of the service contract or within at least ten days if the service contract is delivered at the time of sale."

1. Refund is for the full purchase price if no claims have been made.
2. Any approved claims are subtracted from the reimbursement amount.
3. "A 10% penalty per month shall be added to a refund that is not made within thirty days of return of the contract to the provider."
4. No credit for early termination will be granted other than as noted above.

OKLAHOMA: Title 36 Section 6614 - C

"Each service warranty contract shall contain a cancellation provision. In the event the contract is canceled by the warranty holder, return of premium shall be based upon ninety percent (90%) of the unearned pro rata premium. In the event the contract is canceled by the association, return of premium shall be based upon one hundred percent (100%) of unearned pro rata premium."

INSURANCE DEPARTMENT DISCLOSURE: Title 36 Section 6628

This service contract is not issued by the vehicle manufacturer or the wholesale company marketing this vehicle. This warranty will not be honored by such manufacturer or wholesale company.

SOUTH CAROLINA: Act 330, Bill 1039 Section 38-78-30

"Service contracts shall require the provider to permit the service contract holder to return the service contract within twenty days of the date the service contract was mailed to the service contract holder or within ten days of delivery if the service contract is delivered to the service contract holder at the time of sale or within a longer time period permitted under the service contract."

1. Assumes no claims have been paid or authorized.
2. Refund is to be for full purchase price.
3. Not valid on a transferred contract.

INSURANCE DEPARTMENT DISCLOSURE:

Should you feel that a concern is not being dealt with fairly or you have questions in general regarding the regulation of service contract providers, you may contact the South Carolina Department of Insurance Consumer Services Office at 803-737-6180, or in writing at:

The South Carolina Department of Insurance

P.O. Box 100105

Columbia, SC 29202-3105

TEXAS: Article 9034 Section 11

"Each service contract shall require the provider to permit the service contract holder to return the service contract not later than the 20th day after the date the service contract was mailed to the service contract holder or, if the service contract is delivered to the service contract holder at the time of sale, not later than the 10th day after the date of delivery."

1. Assumes no claims have been paid or authorized.
2. Refund is to be for full purchase price.
3. Not valid on a transferred contract.

TEXAS DEPARTMENT OF LICENSING AND REGULATION DISCLOSURE:

Should you feel that a concern is not being dealt with fairly or you have questions in general regarding the regulation of service contract providers, you may contact the Texas Department of Licensing and Regulation at 1-800-803-9202, or in writing at:

Texas Department of Licensing and Regulation

P.O. Box 12157

Austin, TX 78711

VERMONT: Act 109 Section 4253 - 2c

"No service contract sold or offered for sale to a consumer in this state shall fail to contain the authorization of the original service contract holder to return the contract within 20 days of receipt of the contract if no claim has been made under the contract and obtain a refund of the full purchase price of the contract."

WEST VIRGINIA:

"You may cancel this Contract at any time within the first ninety (90) days after the Contract purchase date for a pro rata refund."

De Leon Mich Auto Repairs, Inc

280 Nepperhan Avenue • Yonkers, NY 10701

NO 0629

Tel: 914.968.9290 • 914.375.0187 • 914.497-1622 • Fax 914.377.8493

Complete Auto Body & Auto Repairs

Repair Shop ID 7074837

USED CARS
WHOLESALE
RETAIL AUTO REPAIRS

CARROS
COMPRA Y VENTA
REPARACION GENERAL

Name: [Redacted]
Address: [Redacted] W.P. NY [Redacted]

Date: 9-27-06

Tel: _____

Work: _____

Date Wanted: _____

Year-Model-Color		Make of Car	Body Type	License No.	VIN No.	Mileage	
90 Toyota		Corolla	4 doors	[Redacted]	[Redacted]	54963	
Repair	Replace	Refinish				Parts & Materials	Labor HRS.
	*		Engine Belt			\$ 50 ⁰⁰	
<p>This Company keeps changing their names! The Dealership → They moved to New Rochelle, New York</p>							
						\$ 50 ⁰⁰	

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORN OR DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.

TOTAL	
SALES TAX	
GRAND TOTAL	

THIS WORK AUTHORIZED BY: _____

C&R AUTO REPAIR OF YONKERS INC

280 Nepperhan Avenue • Yonkers, NY 10701

Tel: 914.968.9290 • 914.375.0187 • 914.497.1622 • Fax 914.377.8493

Complete Auto Body & Auto Repairs

Repair Shop ID 7103042

USED CARS
WHOLESALE
RETAIL AUTO REPAIRS

0625

CARROS
COMPRA Y VENTA
REPARACION GENERAL

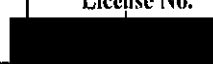
Date: 8, 5, 2007

Tel: 

Work: _____

Name: 
Address: _____

Date Wanted: _____

Year-Model-Color			Make Of Car	Body Type	License No.	VIN No.	Mileage
2004 Honda Civic			Honda	4000's		GT1B110	64673
Repair	Replace	Refinish				Parts & Materials	Labor HRS
	✓		Paint bump up			165.00	
			Change A/C			80.00	
			Oil Alignment			40.00	
			Front Brakes			70.00	
			Wash and Wax			40.00	
VOID							

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORN OR DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANCE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.

TOTAL	415.00
SALES TAX	31.75
GRAND TOTAL	446.75

THIS WORK AUTHORIZED BY _____

NYS DEPARTMENT OF MOTOR VEHICLES

INSPECTION RECEIPT

Test Date: 6/5/2007 Print Date: 6/5/2007 Inspection Type: Re-Inspection

VIN: 2T1BR12E2Y [REDACTED]	MODEL: COROLLA	FUEL TYPE: Gasoline
YEAR: 2000	PLATE: [REDACTED]	VEHICLE WT. 0 - 8500 lbs.
MAKE: TOYOTA	MILEAGE: 64660	EIR#: 317182

INSPECTION RESULT: PASS

Inspection Fee \$27.00

SAFETY: PASS
EMISSIONS: PASS

STICKER NUMBER: 4656248
EXPIRATION: 6/30/2008

ATTENTION MOTORIST: Congratulations, your vehicle has passed its annual New York State inspection. Please retain this receipt for your records. You may be required to present this receipt in order to renew your vehicle registration.

The results of the inspection will be transmitted electronically to DMV, usually within 24 hours.

This

Station Name	C&B AUTOMOTIVE	Inspection Performed Online:	YES
Address	270 NEPPERHAN AVE YONKERS, NY 10701	NYVIP Record Number	2485
Phone:	(914) 969-0909	DMV RECORD MATCH:	B
Station No.	7028475		
Inspector No.	YX46		
NYVIP Unit No.	B000005050		
Name / RO#:			



VEHICLE INSPECTION QUESTIONS

For additional information please contact the Department of Motor Vehicles at:

Website Address: www.NYS DMV.com/vehsafe.htm
Telephone Number: (800) 342-5368

When I paid \$400.00 for Insurance I was told I could have any licensed Garage Restoration do the work as long as the Insurance Co. did the work. approved the work, They just stole \$400.00 from me for enclosed phony policy.

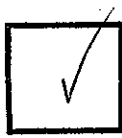
BUYERS GUIDE

IMPORTANT: Spoken promises are difficult to enforce. Ask the dealer to put all promises in writing. Keep this form.

VEHICLE _____ MAKE TOYOTA MODEL COA YEAR 2000 VIN NUMBER 2T1BR12E2Y0

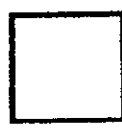
DEALER STOCK NUMBER (Optional) # 4327 TELEON MICH AUTO REPAIR AND SALES, INC. 744 SAW MILL RVR RD
TOWNERS NY 10710 TEL 914-375-0187 FAX 7085168

WARRANTIES FOR THIS VEHICLE: ENGINE AND TRANSMISSION ONLY.



IMPLIED WARRANTIES ONLY

This means that the dealer does not make any specific promises to fix things that need repair when you buy the vehicle or after the time of sale. But, state law "implied warranties" may give you some rights to have the dealer take care of serious problems that were not apparent when you bought the vehicle.



WARRANTY

FULL LIMITED WARRANTY. The dealer will pay _____ % of the labor and _____ % of the parts for the covered systems that fall during the warranty period. Ask the dealer for a copy of the warranty document for a full explanation of warranty coverage, exclusions, and the dealer's repair obligations. Under state law, "implied warranties" may give you even more rights.

SYSTEMS COVERED:

- (a) Engine. All lubricated parts, water pump, fuel pump manifolds, engine block, cylinder head, rotary engine housings, and flywheels.
- (b) Transmission. The transmission case, internal parts, and the torque converter.
- (c) Drive Axle. Front and rear drive axle housings and internal parts, axle shafts, propeller shafts and universal joints.
- (d) Brakes. Master cylinder, vacuum assist booster, wheel cylinders, hydraulic lines and fittings and disc brake calipers.
- (e) Radiator.
- (f) Steering. The steering gear housing and all internal parts.
- (g) Alternator, generator, starter, ignition system excluding battery.
- (h) Other, if any.

DURATION:

- 90 days or 4,000 miles - vehicles with 36,000 miles whichever comes first. or less.
- 60 days or 3,000 miles - vehicles with more than 36,000 miles but less than 80,000 miles. whichever come first.
- 30 days or 1,000 miles - vehicles with more than 80,000 miles, but less than 100,000 whichever comes first.

If the vehicle is covered by a new car warranty from its manufacturer, this warranty shall be effective for the period of time between the expiration of the manufacturer's warranty and the remaining term of this warranty, if any.

SERVICE CONTRACT. A service contract is available at an extra charge on this vehicle. Ask for details as to coverage, deductible, price and exclusions. If you buy a service contract within 90 days of the time of sale, state law "implied warranties" may give you additional rights.

PRE PURCHASE INSPECTION: ASK THE DEALER IF YOU MAY HAVE THIS VEHICLE INSPECTED BY YOUR MECHANIC EITHER ON OR OFF THE LOT.

SEE THE BACK OF THE FORM for important additional information, including a list of some major defects that may occur in used motor vehicles.

The above is an EXACT COPY of the warranty section of the Buyers Guide I received when I bought the vehicle described in it. ALL MECHANICS PROBLEMS WILL BE FIXED BY DEALER'S GARAGE ONLY. NOT RESPONSIBLE FOR ANY WORK DONE OUTSIDE THIS GARAGE.
NOT RESPONSIBLE FOR TOWING.

Date JUNE 29, 2000 Buyer X

After sale ALL the extra writing on certain documents were written

I had no idea this paper was slipped in amongst the rest of papers. I had a 90 DAY warranty. I was made to understand I had a 90 DAY warranty.