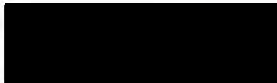
 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET:www.nhtsa.dot.gov/hotline</b>		FOR AGENCY USE ONLY 100148	
	Date Received 25-OCT-2010		Repository <input type="checkbox"/> Reference No. 10362221	
<b>OWNER INFORMATION (Type or Print)</b>				
Name <span style="background-color: black; color: black;">[REDACTED]</span>		Daytime Telephone Number <span style="background-color: black; color: black;">[REDACTED]</span>		E-mail Address
Address <span style="background-color: black; color: black;">[REDACTED]</span>		Evening Telephone Number		
City SUNRISE	State FL	Zip Code <span style="background-color: black; color: black;">[REDACTED]</span>		
<i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i>				
<b>VEHICLE INFORMATION</b>				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 6G2VX12U45L <span style="background-color: black; color: black;">[REDACTED]</span>		Make PONTIAC	Model GTO	Model Year 2005
Date Purchased 2/2006	Dealer's Name and Telephone Number CORAL SPRINGS AUTO MALL		Engine: No: Cylinders 8	Fuel Type: VAN-LEADED
Original Owner <input checked="" type="checkbox"/>	Dealer's City CORAL SPRINGS, FL	State FL	Zip Code 33323	
Transmission Type MANUAL	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 20-OCT-2010
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>				
Vehicle Component Code: 010000 STEERING			Failure Mileage 80000	Failure Speed 62
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTMAL9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>				
Make:		Date Manufactured:		Model No./Name:
Seat Type:		Installation System:		
Child Seat Component Code:		Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b>				
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>				
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Deaths	Reported to Police Y
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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 2005 PONTIAC GTO. WHILE DRIVING APPROXIMATELY 62 MPH, THE VEHICLE UNEXPECTEDLY SWERVED TOWARDS THE RIGHT AND CRASHED INTO ANOTHER VEHICLE. THE CONTACT AND THE DRIVER OF THE OTHER VEHICLE SUFFERED PERSONAL INJURIES. A POLICE REPORT WAS FILED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED; HOWEVER, THE CONTACT STATED THE FAILURE WAS RELATED TO THE STEERING. THE FAILURE MILEAGE WAS 80,000.				
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 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.				

U.S. DEPARTMENT OF TRANSPORTATION  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

TO WHOM IT MAY CONCERN:  
REFERENCE NUMBER 10362221

IN THE EARLY MORNING OF 10/20/2010 I WAS PROCEEDING EAST ON INTERSTATE 595 AT AN APROXIMATE SPEED OF 62 M.P.H. THE WEATHER WAS CLEAR AND NOT RAINING,NO FOG,AND VERY LIGHT TRAFIC CONDITIONS. VEHICLE, WAS RESPONDING NORMALLY WITH NO INDICATION OF STEERING DIFFICULTIES. VEHICLE TURNED SHARPLY TO RIGHT RESULTING IN A COLLISION ,WITH BODILY INJURIES TO BOTH DRIVERS. UPON THE INSPECTION OF MY VEHICLE IT WAS DISCOVERED THAT THE RIGHT FRONT WHEEL WAS TURNED ALL THE WAY TO THE RIGHT,THE LEFT FRONT WAS POINTED STRAIGHT AHEAD,THIS WAS WITNESSED BY THE TOW TRUCK DRIVER FROM EMS AND MYSELF. THE FLORDIA HIGHWAY PATROL WAS CALLED TO THE SCENE,NO INDICATION OF DRIVER FAULT WAS ISSUED BY THAT AGENCY VEHICLE WAS INSPECTED BY 3 QUALIFIED INDIVIUALS,ONE FROM BROWARD COLLISION,ONE FROM ES COLLISION SERVICE AND BY A REPRESENTIVE FROM GENERAL MOTORS,ALL HAVE WITNESSED THE DAMAGE TO SAID VEHICLE AND BROKEN SUSPENSION PART ON CAR. ALL SERVICE WORK PERFORMED ON THE SUSPENSION, E.G. BRAKES,TIRES WHEEL ALIGNMENT,HAS BEEN PERFORMED BY DEALER AT SAWGRASS GENERAL MOTORS. ADDITIONALLY NO MODIFICATIONS HAVE BEEN PERFORMED ON SAID VEHICLE. VEHICLE RETAINES IT'S OEM SPECIFIATIONS AND INSTALLED PARTS,VEHICLE HAS BEEN DRIVEN RESPONSIBILITY AND HAS NEVER BEEN RACED OR ABUSED IN ANY MANNER. HAD MY VEHICLE NOT STRUCK THE OTHER VEHICLE,SERIOUS IF NOT FATAL INJURIES COULD HAVE OCCURRED. SUBSEQUENT TO THIS NOTED INCIDENT, THE LEFT REAR WHEEL WOULD HAVE COME APART FROM THIS VEHICLE,RESULTING IN A INCIDENT,NOT SO UNLIKE THE ACCIDENT OF 10/20/2010, THE ENTRIE REAR DIFFERENTIAL HAD TO BE REPLACED,TO AVOID THE REAR WHEEL FROM FALLING OFF



- LAW ENFORCEMENT SHORT FORM REPORT
- DRIVER REPORT OF TRAFFIC CRASH
- DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
10/21/2010	03:46 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:48 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	FHPL10OFF064332	77341364
COUNTY / CITY CODE	FEET or MILE(S)	N S E W of <b>Davie</b>		COUNTY <b>Broward</b>	
10 / 34					
AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	ON STREET, ROAD OR HIGHWAY	
			8	1. DIVIDED 2. UNDIVIDED <b>INTERSTATE 95 (S.R. 9)</b>	
AT INTERSECTION OF	FEET or MILE(S)	N S E W FROM INTERSECTION OF			
	.25	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		<b>S.R. 7 (U.S. 441)</b>	

S e c t i o n  1	YEAR	MAKE(chev, ford, etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
	05	PONT			FL		6G2VX12U45L
	<input checked="" type="checkbox"/>	Check Areas of Vehicle Damage	Front <input checked="" type="checkbox"/> R / Front <input checked="" type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input checked="" type="checkbox"/> L / Side <input type="checkbox"/> Rear <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear <input type="checkbox"/>	EST. AMOUNT OF DAMAGE	VEHICLE REMOVED BY:		1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other
				\$4,000	EMS		<b>01</b>
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.			
	<b>STATE FARM</b>						
	OWNER'S FULL NAME (Check if Same as Driver <input checked="" type="checkbox"/> )			ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
	SAME AS DRIVER						
	DRIVER (Exactly as on Driver's License) / PEDESTRIAN			ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
				<b>SUNRISE FL</b>			
	DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX DATE OF BIRTH
		FL	5			B	M
	NUMBER OF PASSENGERS	PASSENGER'S NAME		ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	

S e c t i o n  2	YEAR	MAKE(chev, ford, etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
	04	TOYT			FL		JTEGD21A640
	<input checked="" type="checkbox"/>	Check Areas of Vehicle Damage	Front <input type="checkbox"/> R / Front <input checked="" type="checkbox"/> L / Front <input checked="" type="checkbox"/> R / Side <input checked="" type="checkbox"/> L / Side <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> R / Rear <input checked="" type="checkbox"/> L / Rear <input checked="" type="checkbox"/>	EST. AMOUNT OF DAMAGE	VEHICLE REMOVED BY:		1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other
				\$6,000	EMS		<b>01</b>
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.			
	<b>GEICO</b>						
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/> )			ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
				<b>FT LAUDERDALE FL</b>			
	DRIVER (Exactly as on Driver's License) / PEDESTRIAN			ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
				<b>FT LAUDERDALE FL</b>			
	DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX DATE OF BIRTH
		FL	5			H	M
	NUMBER OF PASSENGERS	PASSENGER'S NAME		ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	

S e c t i o n  n	YEAR	MAKE(chev, ford, etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
	<input type="checkbox"/>	Check Areas of Vehicle Damage	Front <input type="checkbox"/> R / Front <input type="checkbox"/> L / Front <input type="checkbox"/> R / Side <input type="checkbox"/> L / Side <input type="checkbox"/> Rear <input type="checkbox"/> R / Rear <input type="checkbox"/> L / Rear <input type="checkbox"/>	EST. AMOUNT OF DAMAGE	VEHICLE REMOVED BY:		1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NO.			
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/> )			ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
	DRIVER (Exactly as on Driver's License) / PEDESTRIAN			ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
	DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX DATE OF BIRTH
	NUMBER OF PASSENGERS	PASSENGER'S NAME		ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	

Violator(s)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT OF DAMAGE	OWNER'S NAME	CURRENT ADDRESS	CITY STATE ZIP
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS CITY & STATE ZIP CODE
RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER			ID. / BADGE NO.	DEPARTMENT	FHP SO PD OTHER
TPR. D.T. GAINES			2394	FHP	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

CUSTOMER #: 2792995

47439



CHEVROLET • CADILLAC  
BUICK • GMC

14401 W. Sunrise Blvd.  
Sunrise, FL 33323-3202  
(954) 835-6900

MV-37655

\*INVOICE\*

PAGE 1

SUNRISE, FL

HOME:

CONT:

BUS:

CELL:

SERVICE ADVISOR: 680 TODD NAKONECHNY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	05	PONTIAC GTO	6G2VX12U45L		73760/73760	T7528	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
31JAN06 DD			15:00 05APR10			COUPSCHV	05APR10
R.O. OPENED	READY	OPTIONS: ENG:6.0 LITER_SFI,_ALUM					
09:49 01APR10	12:37 05APR10						

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

A CUST STATES GRINDING NOISE FROM REAR OF CAR STARTS AT 10MPG

CAUSE: rear diff failed internaly

S12 GENERAL LINE REPAIR

635 CPCH

1 92187413 DIFFERENT

3 89021677 GEAR LUBR

577.54 577.54

2927.86 2727.00 2727.00

35.08 30.00 90.00

PARTS: 2817.00 LABOR: 577.54 OTHER: 0.00 TOTAL LINE A: 3394.54

diag and replace rear diff assembly

\*\*\*\*\*

B CUST STATES TRANS FLUID LEAK AT RADIATOR

CAUSE: power steering cooler hoses leaking

S12 GENERAL LINE REPAIR

635 CPCH

5 HOSE TRANS HOSE

110.00 110.00

4.39 4.00 20.00

PARTS: 20.00 LABOR: 110.00 OTHER: 0.00 TOTAL LINE B: 130.00

make hoses and install top off fluid road test

\*\*\*\*\*

C LEFT REAR TIRE HAS IRREGULAR WEAR

CAUSE: cust declined

S12 GENERAL LINE REPAIR

635 CPCH

0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

cust declined

\*\*\*\*\*

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER

44.95

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE DEALERSHIP'S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

\* SHOP SUPPLY COSTS: We have added a charge equal to 10% of the total cost of labor and parts, not to exceed \$44.95, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state [s.403.718], and a \$1.50 fee to be collected for each new or remanufactured battery sold in the state [s.403.7185].

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	TOTALS
LABOR AMOUNT	687.54
PARTS AMOUNT	2837.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES*	44.95
TOTAL CHARGES	3569.49
LESS INSURANCE	120.00
SALES TAX	214.17
PLEASE PAY	

DATE	CUSTOMER SIGNATURE	AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE
------	--------------------	--

# Repair Order Detail - Internal Copy

RO Number: W50782

RO Status:

Customer:

Phone(s): Contact:

Vehicle: 6G2VX12U45L

Main:

2005 GTO

Click to View Cust Copy

Cell:

Mileage: 22,669

Service advisor: 637

Tag number:

Payment type:

Waiter: No

Estimate:

Customer Comments: No

A GM GOODWRENCH MULTI-POINT VEHICLE INSPECTION NO CHARGE.  
 GM W GM GOODWRENCH MULTI-POINT VEHICLE INSPECTION NO CHARGE. 0.00 0.00  
 Tech(s): 675  
 Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line A: 0.00

B TWO-WAY RIDE TO HOME OR OFFICE  
 Z7911 W Z 7910 TWO-WAY RIDE TO HOME OR OFFICE, WORK ETC... 0.00 0.00  
 Tech(s): 619  
 Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line B: 0.00

C C/S DRIVERS SEAT RECLINER WON'T MOVE  
 51 W OPERATING TO NORMAL FACTORY SPECIFICATIONS AT THIS TIME/ 0.00 0.00  
 Tech(s): 675  
 Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line C: 0.00

D C/S THERE IS A GRINDING NOISE FROM THE FRONT WHILE DRIVING  
 52 W TEST DROVE 5 MILES ONLY HEARD TIRE NOISE. TIRES CHOPPED. 0.00 0.00  
 Tech(s): 619  
 Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line D: 0.00

Customer Pay	
Labor	0.00
Parts	0.00
Lube	0.00
Sublet	0.00
Miscellaneous/Shop Charge*	0.00
<b>Total Charges**</b>	<b>0.00</b>

\*Miscellaneous/Shop Charge includes tax and/or deductible originally on RO.

\*\*Total Charges includes any Insurance/Adjustment originally on RO.

# Repair Order Detail - Internal Copy

RO Number: W36276

RO Status:

Customer:

Phone(s): Contact:

Vehicle: 6G2VX12U45L

Main:

2005 GTO

[Click to View Cust Copy](#)

Cell:

Mileage: 11,459

Service advisor: 637

Tag number:

Payment type:

Waiter: No

Estimate:

Customer Comments: No

A TWO-WAY RIDE TO HOME OR OFFICE  
 Z7911 W Z 7910 TWO-WAY RIDE 0.00 0.00  
 TO HOME OR OFFICE,  
 WORK ETC...

Tech(s): 641  
 Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line A: 0.00

B C/S THERE IS AN OIL LEAK TOP DRIVERS SIDE ONTO MANIFOLD  
 51 W CLEANED OIL OFF 0.00 0.00

Tech(s): 641  
 Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line B: 0.00

C C/S KEY FOB INOP  
 52 W NO REPAIR NECESSARY 0.00 0.00

Tech(s): 641  
 Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line C: 0.00

Customer Pay	0.00
Labor	0.00
Parts	0.00
Lube	0.00
Sublet	0.00
Miscellaneous/Shop Charge*	0.00
Total Charges**	0.00

\*Miscellaneous/Shop Charge includes tax and/or deductible originally on RO.

\*\*Total Charges includes any Insurance/Adjustment originally on RO.

# Repair Order Detail - Internal Copy

RO Number: C11759

RO Status:

Customer:  
Phone(s): Contact:  
Vehicle: 6G2VX12U45L

Main:  
2005 GTO

Click to View Cust Copy  
Cell:

Mileage: 59,168  
Service advisor: 629  
Tag number:

Payment type:

Waiter: No  
Estimate:  
Customer Comments: No

A OIL, OIL FILTER CHANGE AND CHASSIS LUBRICATION// SUPPLYING OWN PARTS.

MM	C	OIL, OIL FILTER CHANGE AND CHASSIS LUBRICATION	0.30	486.13
----	---	--	------	--------

Tech(s): 696  
Pts: 0.00 Lbr: 486.13 Other: 0.00 Total Line A: 486.13

B COMPLETE ALIGNMENT

14	C	COMPUTERIZED 4 WHEEL ALIGNMENT	1.20	0.00
----	---	--------------------------------	------	------

Tech(s): 696  
Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line B: 0.00

C MOUNT & BALANCE 4 SPECIALITY TIRES// CUSTOMER SUPPLIED TIRES AND HAS BEEN

17S	C	MOUNT & BALANCE 4 SPECIALITY TIRES	2.00	0.00
-----	---	------------------------------------	------	------

Tech(s): 696  
Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line C: 0.00

D CUSTOMER REQUEST FRONT BRAKE JOB AND INSPECTION/// SUPPLYING PARTS

MM	C	PLEASE ASK SERVICE REP ABOUT 1 TIME FREE PAD REPLACEMENT WARRANTY	1.70	0.00
----	---	---	------	------

Tech(s): 696  
Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line D: 0.00

E GM GOODWRENCH MULTI-POINT VEHICLE INSPECTION NO CHARGE.

GM	C	GM GOODWRENCH MULTI-POINT VEHICLE INSPECTION NO CHARGE.	0.00	0.00
----	---	---	------	------

Tech(s): 696  
Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line E: 0.00

ZZ HISTORICAL UPDATE

C	Historical update for cost using gross profit % = 69	0.00	0.00
---	--	------	------

Tech(s): 696  
Pts: 0.00 Lbr: 0.00 Other: 0.00 Total Line ZZ: 0.00



V# 47742  
 (954) 524-7465

**YARD LOCATIONS**

977 N.W. 19th Avenue  
 Ft. Lauderdale, FL 33311

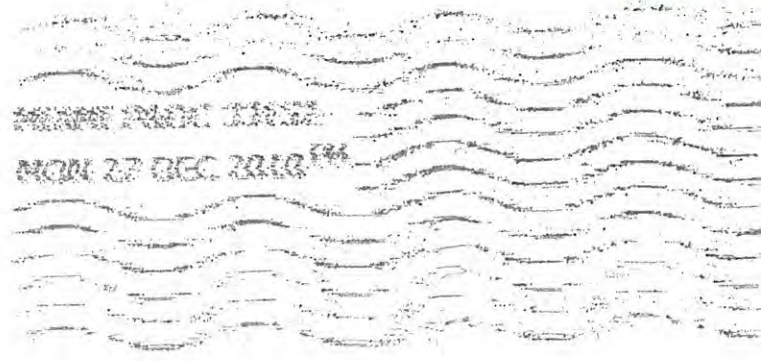
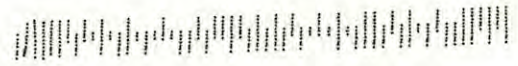
1800 W. Sunrise Blvd.  
 Ft. Lauderdale

1111 S. State Road 7  
 Plantation

DATE	DRIVER NAME & NO.	10-51	10-97	51-19	10-98	
<input type="checkbox"/> ABANDONED <input type="checkbox"/> ARREST <input type="checkbox"/> DAV <input type="checkbox"/> ACCIDENT <input type="checkbox"/> STOLEN/RECOVERY <input type="checkbox"/> PPA		PICK-UP LOCATION				
YEAR	MAKE	MODEL	COLOR			
TAG	STATE	EXP	VEHICLE NO	2 DR/4 DR		
VIN NO	[REDACTED]			[REDACTED]		
OWNER'S NAME			PHONE NO.			
ADDRESS		CITY	STATE	ZIP		
DRIVER'S LICENSE NO.	STATE	DOB	REGISTRATION/TITLE			
ACKNOWLEDGEMENT OF PERSONAL PROPERTY RELEASE		DATE	REL BY			
AUTHORIZATION TO RELEASE TO INSURANCE COMPANY		INSURANCE COMPANY	DATE			
AUTHORIZATION FOR REMOVAL OF ABANDONED OR ILLEGALLY PARKED VEHICLES FROM PRIVATE PROPERTY. AS PER FLORIDA LAWS, SECTION 715.07 AND 713.78, CHAPTER 76-82.		RADIO	SPKRS	KEYS	DRIVE	PARKED
		Y N	Y N	Y N	Y N	Y N
AUTHORIZED SIGNATURE [REDACTED]		SERVICES		AMOUNT		
PRINTED NAME INDICATE DAMAGED AREAS(S)		FLAT BED/HOOK				
		MILEAGE				
POLICE DEPT. NOTIFIED I.D. NO.:		B. E.				
REMARKS		CLEANUP/RECOVERY				
CASH                      CK# MC/VISA # EXP.                      AUTHORIZATION # REL. BY                  DATE DEL BY                    DATE		JUMPSTART/LOCKOUT				
WAYER OF DEFENSE: I AM SATISFIED WITH ANY/ALL SERVICES RENDERED BY EMS TOWING INC. ON THE DATE STATED ABOVE AND AGREE TO PAY TOTAL AMOUNT HEREIN STATED ACCORDING TO CARD ISSUER AGREEMENT. FURTHER, I AM WAIVING MY RIGHT TO ANY/ALL CLAIMS OF ANY NATURE WHATSOEVER THAT MAY ARISE AS A RESULT OF THIS SERVICE TRANSACTION PROVIDED.		SERVICE				
SIGNATURE OF OWNER [REDACTED]		ADD'L TRUCKS				
		DOLLIES/TARPS				
		TOLLS				
		STORAGE DAYS PER DAY				
		TAX ON STORAGE				
		SUBTOTAL				
		DELIVERY				
		SHUTTLE				
		ADMIN FEE				
		AMOUNT DUE				



CUNNINGHAM FI



MON 27 DEC 2010

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation NHTSA-2  
200 New Jersey Ave SE  
Washington D.C. 20077-9382