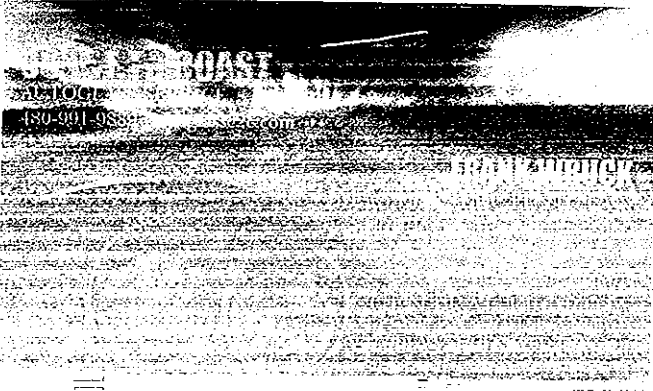
 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
			<p>Date Received JAN 28 2011 02-DEC-2010</p>	<p>Repository <input type="checkbox"/></p> <p>Reference No. 10368670</p>
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
SANFORD	FL			
<p>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).</p>				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
5NPEU46F36H		HYUNDAI	SONATA	2006
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
			No: Cylinders	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
	<input type="checkbox"/> Cruise Control			02-AUG-2010
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Codes: 130000 VISIBILITY, 160000 STRUCTURE			Failure Mileage	Failure Speed
			26000	
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)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> Prior Repair			
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
				N
<p>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).</p>				
<p>TL*THE CONTACT OWNS A 2006 HYUNDAI SONATA. THE CONTACT STATED THAT THE SUN VISOR FLIPPED DOWN IMPAIRING HER VISION WHILE DRIVING. THE DEALER WAS CONTACTED AND WAS AWARE OF THE ISSUE. THE MANUFACTURER WAS NOTIFIED AND DIRECTED THE CONTACT TO NHTSA. THE VEHICLE WAS REPAIRED BY A LOCAL MECHANIC. THE CURRENT AND FAILURE MILEAGES WERE APPROXIMATELY 26,000.</p> <p><i>The dealer said the warranty expired - couldn't help. I had a new windshield installed by Coast to Coast Auto glass because there were chips and spider cracks on the windshield. I called my Allstate agent and they said o.k. to a new one. (STATE allows funds for it) They broke the sun visors when they installed the windshield. After much ado, Coast to Coast sent their manager to fix them. All ok. now.</i></p>				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>				



8-1-00
 Review
 9/2

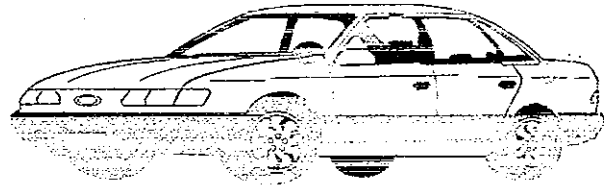
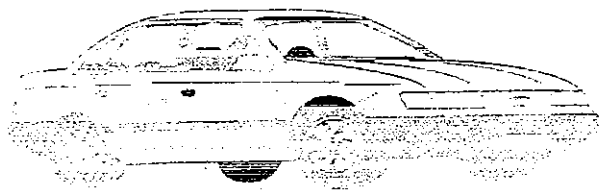
COAST TO COAST

Corporate Headquarters
 105 E. Chilton Drive • Chandler, AZ 85225
 Phone: 480.991.9889 • Fax: 480.991.9725

Customer's Name [REDACTED] Date _____

Work Order # _____

Van/Truck _____ Last 8 Digits of Vin # _____

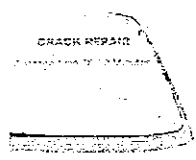


Use CODES to indicate type and location on vehicle diagram

CONDITION OF SEATS <input type="checkbox"/> Good <input type="checkbox"/> Previous Damage <input type="checkbox"/> Stains COMMENTS:	PILLAR/POSTS <input type="checkbox"/> Good <input type="checkbox"/> Damage COMMENTS:
CONDITION OF DASH <input type="checkbox"/> Good <input type="checkbox"/> Previous Damage <input type="checkbox"/> Blinks COMMENTS:	EXTERIOR FINISH <input type="checkbox"/> Good <input type="checkbox"/> Damage <input type="checkbox"/> Rusted <input type="checkbox"/> Scratched <input type="checkbox"/> Damaged <input type="checkbox"/> Discolored COMMENTS:
CONDITION OF CARPET <input type="checkbox"/> Good <input type="checkbox"/> Previous Damage <input type="checkbox"/> Stains COMMENTS:	TRIM/MOLDING <input type="checkbox"/> Good <input type="checkbox"/> Damage <input type="checkbox"/> Rustied <input type="checkbox"/> Missing COMMENTS:
CONDITION OF HEADLINER <input type="checkbox"/> Good <input type="checkbox"/> Damage <input type="checkbox"/> Soiled COMMENTS:	RUST IN AREA OF INSTALLATION <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes) <input type="checkbox"/> Minor <input type="checkbox"/> Severe COMMENTS:
ADDITIONAL AREAS <input type="checkbox"/> Steering Wheel <input type="checkbox"/> Door Panels <input type="checkbox"/> Other (Specify) _____ COMMENTS:	

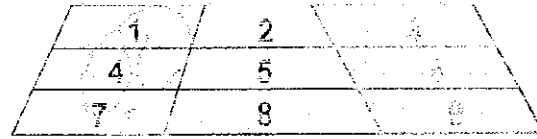
Coast to Coast Auto Glass will only replace auto glass when it meets or exceeds the following inspection criteria:

1. Cracked
2. Rock Chips



AUTO GLASS INSPECTION - DAMAGE ASSESSMENT

Damage is documented and confirmed on the chart below prior to installation of a replacement of your windshield.
 KEY: 1 CRACKS ARE INDICATED BY A LINE SHOWING CRACK. 2. CHIPS ARE INDICATED BY A STAR (*).



DAMAGE ABOVE CONFIRMED **INSURED'S INITIALS** _____ **TECHNICIAN INITIALS** _____

CUSTOMER ACKNOWLEDGES THAT THIS TRANSACTION IS ENTERED INTO WITH COAST TO COAST AUTO GLASS FREELY DUE TO THE DAMAGE WHICH IS DOCUMENTED ABOVE BY OUR AUTO GLASS TECHNICIAN. CUSTOMER ACKNOWLEDGES THAT AT NO TIME HAS COAST TO COAST AUTO GLASS BEEN ADVISED THAT THE DAMAGE IS NOT REPAIRABLE OR THAT THE DAMAGE IS NOT INSURABLE. COAST TO COAST AUTO GLASS WILL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR PERSONS OR PROPERTY THAT MAY OCCUR AS A RESULT OF THE REPAIR OR REPLACEMENT OF THE WINDSHIELD. THIS POLICY DOES NOT COVER DAMAGE TO THE WINDSHIELD FROM IMPACT WITH OBJECTS OR FROM IMPACT WITH OTHER VEHICLES OR OBJECTS.

DATE _____