INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

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: JUN 28 2012 (01-MAY-2012)

Repository ☐

Reference No. 10457026

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City DALLAS | State TX | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1LNHM97V1YY[redacted]	LINCOLN	CONTINENTAL	2000

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
03/04/2005	Texas cars direct (972)243-3400	No: Cylinders	

Original Owner	Dealer's City	State	Zip Code
☐ No	Dallas	TX	75234

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☒ Cruise Control			15-FEB-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL

Failure Mileage: 100000 (106000)

Failure Speed: 90mph

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	N Yes

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 LINCOLN CONTINENTAL. THE CONTACT STATED THAT THE ACCELERATOR PEDAL BECAME STUCK AND CAUSED THE VEHICLE TO RAPIDLY ACCELERATE TO 90 MPH. THE CONTACT WAS ATTEMPTING TO EXIT A HIGHWAY OFF-RAMP BUT WAS UNABLE TO SLOW THE SPEED OF THE VEHICLE. THE BRAKES WERE APPLIED BUT THE VEHICLE WAS UNRESPONSIVE AND CRASHED. THE CONTACT DID NOT RECALL THE DETAILS OF THE CRASH. THE CONTACT SUSTAINED INJURIES TO THE NECK, BACK AND RECEIVED BURNS TO THE FACE. THE VEHICLE WAS NOT INSPECTED TO DETERMINE THE CAUSE OF THE FAILURE. THE FAILURE AND CURRENT MILEAGE WAS 100,000.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The 2000 Lincoln Continental Car Was purchased in my son Name [redacted] for me.
Texascarsdirect.com. 2718 Forest Lane Dallas, TX 75234
972-243-3400
Fax972-243-3500

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

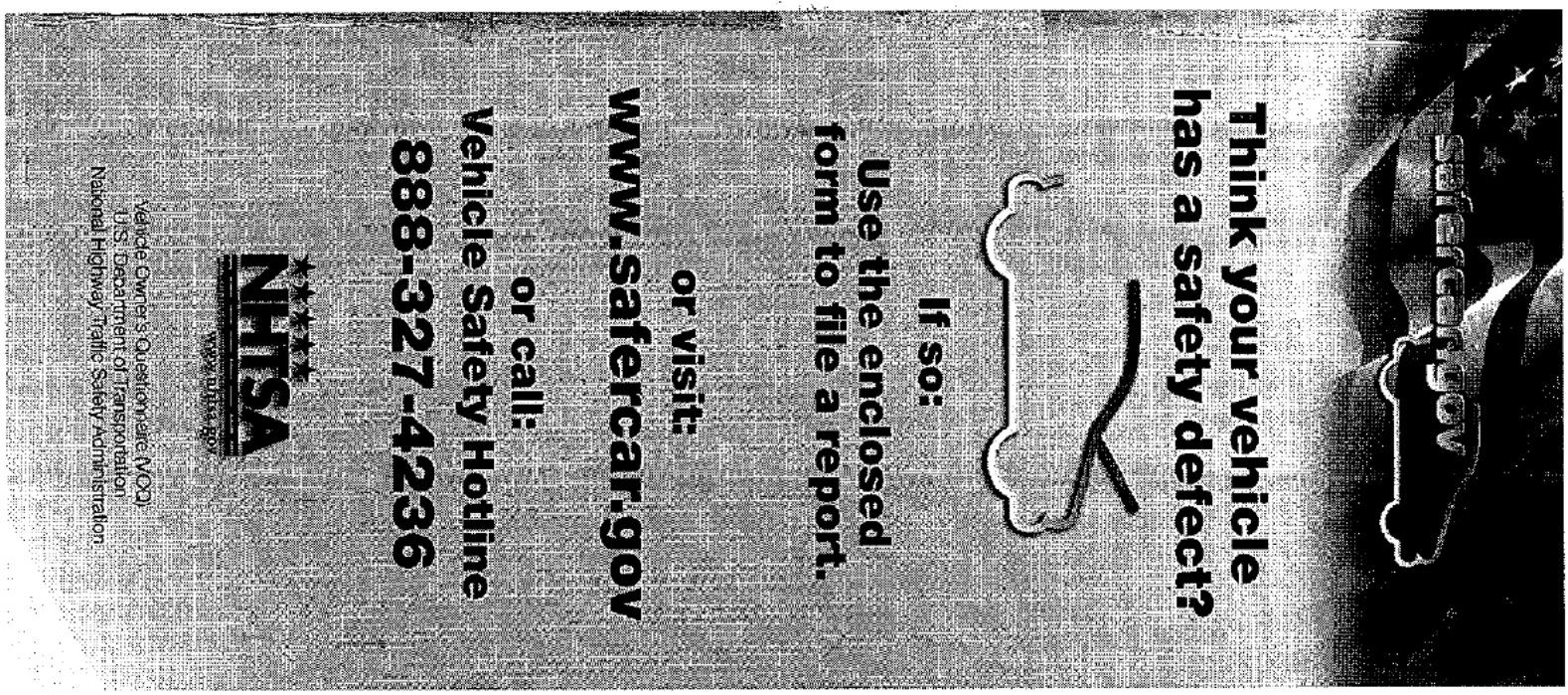
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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 Avenue SE.
Washington, D.C. 20077-9382

280.?
8



Office of the General Counsel

Ford Motor Company
Product Claims Department
P.O. Box 70
Dearborn, Michigan 48121-0070

May 2, 2012

[redacted]
DALLAS, TX [redacted]

RE: 2000 CONTINENTAL
VIN: 1LNHM97V1YY[redacted]

Dear [redacted]

Your claim has been forwarded to me for review. We thank you for the opportunity to address this concern in a fair and timely manner.

If you have turned any portion of this matter over to your insurance company and should your insurance company wish to pursue a claim with Ford Motor Company, please have your insurance company contact us in writing at the address noted above notifying us of their intent to pursue subrogation.

If you intend to pursue a claim directly, we request that you provide us with all the following information by completing and returning this form:

To begin our evaluation, we will need the following documents:

- A copy of the police/fire report.
- A copy of the title and vehicle registration.
- A separate sheet of paper providing a complete description of the incident.
- Medical records for each person alleged injured from all treating physicians/facilities.
- Medical bills for each person alleged injured from all treating physicians/facilities.
- Original photographs or laser copies of the vehicle's collision/fire damage from several different angles; include your name and the last 6 digits of your VIN# on the back of each photograph.
- Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas; include your name and the last 6 digits of your VIN# on the back of each photograph.
- A copy of your expert's report and the expert's original photographs.
- Repair estimate, repair order, a total loss worksheet with copies of draft payments.
- Complete service history for vehicle including maintenance items.
- A statement from insurance company indicating there are no pending claims and the reason for the denial.

For each person alleged injured provide the following: (If there are additional names Continue on back.)

Full Legal Name: [redacted]

Address: [redacted] Dallas, TX. [redacted]

Spouse's Name: _____

DOB: [redacted]

Soc Security#: [redacted]

Gender: F

Occupation: retired

Injury: Burns to face, Back, Neck, ankle, hands, Knees,

Health Insurance Provider: Medicare

Full Legal Name: _____

Address: _____

Spouse's Name: _____

DOB: _____

Soc Security#: _____

Gender: _____

Occupation: _____

Injury: _____

Health Insurance Provider: _____

Is the injured party receiving Medicare benefits Yes
If so, state the name of the person(s) [redacted]

Is the injured party receiving Worker Compensation benefits NO
If so, state the name of the person(s) _____

Has the injured party received more than 24 months of social security disability benefits prior to the incident Yes
If yes, state the name of the person(s) [redacted]

Due to Medicare reporting requirements, we cannot evaluate your claim until you provide the above requested information. If it is determined that you are a Medicare beneficiary, please be aware that pursuant to the Medicare Secondary Payer Act (MSP) Medicare has a statutory right to recover any conditional payments it has made with respect to your injury. Further, should a settlement be reached in this claim, Ford will not enter into any settlement agreement until Ford has been assured that Medicare's interests are protected.

1. What are you seeking from Ford Motor Company in this matter? I'm seeking Compensation of 75,000 dollars.
2. What is the alleged defect? The Accelerator pedal became stuck.
3. Has the alleged defective part been repaired or replaced? (circle one) Yes or (No)
4. What was the **city**, **state** and **date** of occurrence: Dallas, TX. 2/8/12
5. What was the mileage at time of occurrence: 106,000
6. List all after market additions or modifications that were made to the vehicle: None
7. Was the engine running? (circle one) (Yes) or No
8. Were the keys in the ignition? (circle one) (Yes) or No

June 6, 2012

Ms. Alma Taylor

Ford Motor Company

Legal Analyst-OGC

Product Claims

P.O. Box70

Dearborn, Michigan 48121-0070

Re: 2000 Continental

VIN: 1LNHM97V1YY[redacted]

Dear Ms. Taylor:

The accident happened when the Accelerator Pedal became stuck and caused the vehicle to rapidly accelerate to 90 m.p.h. I attempted to exit the Freeway off-ramp, but was unable to slow the speed of the vehicle. The brakes were applied, but the vehicle was unresponsive and hit a tree and crashed. I sustained injuries to the neck, back, and received burns to the face, knees, ankle, and hands. Please take this matter seriously at this time. Maybe it will save other lives.

Thank You for your prompt attention to this matter.

Sincerely,

[redacted]

[redacted]

Law Enforcement and TxDOT Use ONLY
FATAL | CMV | SCHOOL BUS | RAILROAD | MAB | SUPPLEMENT | ACTIVE SCHOOL ZONE | Total Num. Units 1 | Total Num. Prsns. 1 | TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)	02 / 08 / 2012	*Crash Time (24HRMM)	1044	Case ID	32114Z
Local Use					
*County Name	DALLAS	*City Name	DALLAS	Outside City Limit	
In your opinion, did this crash result in at least $1,000 damage to any one person's property?	X Yes ☐ No	Latitude (decimal degrees)		Longitude (decimal degrees)	

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	LR	*Hwy. Num.		2 Rdwy. Part	1	Block Num.	5500	3 Street Prefix	
*Street Name	RAILROAD	4 Street Suffix	AVE						
☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	☐ Toll Road/ Toll Lane	Speed Limit	30	Const. Zone	☐ Yes X No	Workers Present	☐ Yes X No	Street Desc.	

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.	☐ Yes X No	1 Rdwy. Sys.	US	Hwy. Num.	175	2 Rdwy. Part	2	Block Num.	3700
3 Street Prefix		Street Name	CF HAWN	4 Street Suffix	EXPY				
Distance from Int. or Ref. Marker	100	X FT ☐ MI	5 Dir. from Int. or Ref. Marker	S	Reference Marker	Street Desc.		RRX Num.	

VEHICLE, DRIVER, & PERSONS

Unit Num.	1	5 Unit Desc.	1	☐ Parked Vehicle	☐ Hit and Run	LP State	TX	LP Num.	[redacted]
VIN	1LNHM97V1YY[redacted]								
Veh. Year	2000	6 Veh. Color	BLK	Veh. Make	Lincoln	Veh. Model	Unknown	7 Body Style	P4
☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									

8 DL/ID Type	1	DL/ID State	TX	DL/ID Num	[redacted]	9 DL Class	C	10 CDL End.	96
11 DL Rest.	A	DOB (MM/DD/YYYY)	[redacted]						
Address (Street, City, State, ZIP)	[redacted] DALLAS, TX [redacted]								

Person Num.	12 Pers. Type	13 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
01	1	1	[redacted]	N	64	B	2	1	1	2	97	N	96		96	97	97

Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

X Owner ☐ Lessee	Owner/Lessee Name & Address	SAME AS DRIVER							
Proof of Fin. Resp.	X Yes ☐ No ☐ Expired ☐ Exempt	26 Fin. Resp. Type	1	Fin. Resp. Name	LIBERTY COUNTY MUTUAL	Fin. Resp. Num.	[redacted]		
Fin. Resp. Phone Num.	800-225-2467	27 Vehicle Damage Rating 1	FC - 3	27 Vehicle Damage Rating 2		Vehicle Inventoried	X Yes ☐ No		
Towed By	Contract Wrecker	Towed To	DALLAS CITY AUTO POUND						

Unit Num.		5 Unit Desc.		☐ Parked Vehicle	☐ Hit and Run	LP State		LP Num.	
VIN									
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model		7 Body Style	☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type		DL/ID State		DL/ID Num		9 DL Class		10 CDL End.	
11 DL Rest.		DOB (MM/DD/YYYY)							
Address (Street, City, State, ZIP)									

Person Num.	12 Pers. Type	13 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☐ Owner ☐ Lessee	Owner/Lessee Name & Address								
Proof of Fin. Resp.	☐ Yes ☐ No ☐ Expired ☐ Exempt	26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.			
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried	☐ Yes ☐ No		
Towed By		Towed To							

ORIGINAL

(DATA= 02-14-2012/12:44/SER) TX0000-A04-120208-112754-1001
(IMAGE= 02-14-2012/12:46/ER) 32114Z (1) 0OE5.0.2

Coded EBA

02-15-12 AC9:28 IN

DISPOSITION OF INJURED/ KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

CHARGES

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE

Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV

Unit Num.	☐ 10,001+ LBS. ☐ TRANSPORTING HAZARDOUS MATERIAL ☐ 9+ CAPACITY		28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
Carrier's Corp. Name		Carrier's Primary Addr.					
30 Rdwy. Access	31 Veh. Type	☐ RGVW ☐ GVWR	HazMat Released ☐ Yes ☐ No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type	Trailer 2 Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

FACTORS & CONDITIONS

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
Unit Num.	Contributing	May Have Contrib.		Contributing		May Have Contrib.								
1	16			10				2	1	97	1	1	1	8

NARRATIVE AND DIAGRAM

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)

See Attached Narrative Page

Indicate North

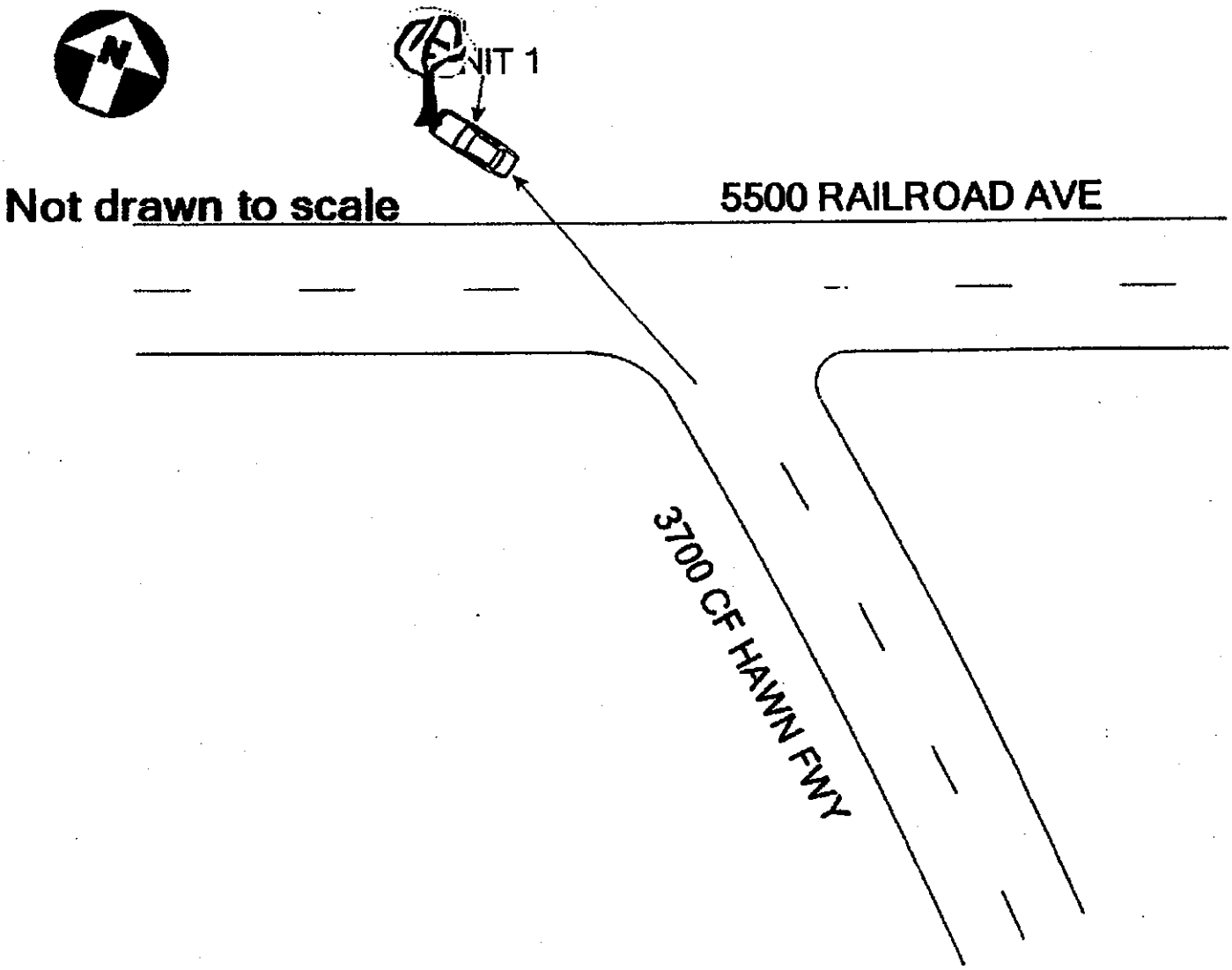
Field Diagram – Not to Scale

See Attached Diagram Page

INVESTIGATOR

Time Notified (24HRMM)	1046	How Notified	Drove upon/Flagged down	Time Arrived (24HR:MM)	1146
Report Date (MM/DD/YYYY)	02 / 08 / 2012				
Invest. Comp. ☒ Yes ☐ No	Investigator Name (Printed)	Officer BARNEY R GILLIOM		ID Num.	8000
ORI Num.	TX0006	* Agency	Dallas Police Department	District/ Area	SE

ORIGINAL


NIT 1
Not drawn to scale
5500 RAILROAD AVE
3700 CF HAWN FWY

UNIT 1 WAS WEST BOUND ON CF HAWN AND NOTICED THAT HER VEHICLE WAS NOT RESPONDING TO HER BRAKING AND UNIT 1 EXITED THE FREEWAY ONTO RAILROAD AVE AND WAS UNABLE TO STOP AT INTERSECTION AND DROVE ONTO THE RIGHT MEDIAN FROM THE ROADWAY AND STRUCK A TREE BEFORE COMING TO A STOP.

Visitor Information			
Name:	[redacted]	Race:	Black
Sex:	Male	DOB:	[redacted]
Reason:	Remove Property	Date:	2/8/2012 7:23:14 PM
Identification:	11879997		

Vehicle Information			
Make:	LINC	Model:	CONTI
Year:	00	License Plate:	[redacted]
ICN:	12003805	**Lot Location:**	**18-C09**

ICN: 12003805

12003805

Visitor Check ID: V012003805

V012003805

Signature

[redacted] [redacted] | Inventory [redacted]

ICN:	12003805	Model:	CONTI	Impound Date:	2/8/2012 1:
VIN:	1LNHM97V144[redacted]	Make:	LINC	Status:	STORAGE
Inventory Classification:	Regular	Color:	Black	Auction Date:	
Lot Location:	18-C09 Search	Year:	00	License Plate:	[redacted]

General | Owner | Auction | Visitors | Dispatch | Holds

General Information

Inventory Type:	vehicle	NCIC Status:	NONE
Inventory Service #:	32114Z		
OTV Part Number:		OTV Serial Number:	
OTV Quantity:	0	OTV Description:	
State:	TX	Impound Reason:	Accident
Impound Type:	Dispatch	Hold:	False
Cleared Release Date:		Hold Date:	
Release Verified Date:		Parking Citation:	No
Location Towed:	5500 RAILROAD AVE	Manual Release Date:	
Receipt Released:		Receipt Pickup Date:	
FMFR Tow	☐		

VIN Sheet Note:

58991 MH DLX1.84701.MMR1793.

83469762
REG.TXDMV0000.DLX1.

[redacted]

Notes

0 Records Found

[redacted]

Vehicle Damage

0 Records Found

[redacted]

Vehicle Property

0 Records Found

[redacted]

Liberty County Mutual Insurance Company
PO Box 1052

Montgomeryville PA 18936-1052
Tel: (888) 288-7218 / (888) 288-7218
Fax: (603) 334-0398

May 02, 2012

[redacted]
DALLAS TX [redacted]

INSURED: [redacted]
CLAIMANT:
CLAIM NUMBER: [redacted]
DATE OF LOSS: 02/08/2012

Dear [redacted]

We wish to notify you that the Claimant named above has exhausted all Medical Expense benefits for this loss.

Please send any future bills or correspondence regarding this patient directly to the patient or the patient's health care insurer.

Sincerely,

PAMELA BLAKE
Claims Department
Extension 5934882

cc:

AUTHORIZATION TO RELEASE/VIEW AUTOMOBILE

(circle release or view)

NO FAXES NO CORRECTIONS

INVENTORY CONTROL # (if known)

TO: Chief of Police, City of Dallas, Texas

You are hereby authorized to release a (year) 2000 (make) Lincoln automobile, License [redacted] State TX, year _____, VIN 1LNHM97V1YY [redacted] (required) impound on (date) 02/08/12 (required)

owned and/or operated by the undersigned, which is now being held in the City of Dallas Police Pound to

_____.

(Person/Company Property being released to)

I have duly authorized the above named party as my representative to take possession of/view the said automobile and to to pay any charges or fees for towage, storage, impoundment, or notification accruing on said automobile. The above named representative may also take possession of any property removed from this automobile and stored at the Dallas Automobile Pound.

EXECUTED AT Dallas, this is the 16th day of February, A.D. 2012.

X [redacted]
epresentative

[redacted]
Printed Name

Company Name/Position of the Person Signing

[redacted]
Address

Telephone Number

THE STATE OF Texas COUNTY OF Dallas

BEFORE ME, the undersigned authority, personally appeared [redacted] and
(Owner/Rep printed name)

me, under oath, that (HE) (She) is the owner and/or operator of the above described automobile stored at the Dallas Police Automobile Pound.

GIVEN UNDER MY HAND AND SEAL OF OFFICE,
this the 16th day of February, A.D. 2012. X Barbara Cooper

BARBARA COOPER
Notary Public
State of Texas
My Comm. Exp. 11-26-2015

enterprise

OWNER OF VEHICLE: EAN HOLDINGS, LLC
BRANCH ADDRESS: 1821 MILITARY PKWY, MESQUITE, TX, 75149 (972) 216-0067

MO 7:30 AM - 6:00 PM TU 7:30 AM - 6:00 PM WE 7:30 AM - 6:00 PM
TH 7:30 AM - 6:00 PM FR 7:30 AM - 6:00 PM SA 9:00 AM - 12:00 PM
SU CLOSED

DATE OUT: 02/15/2012 1:58 PM

START CHARGES IF DIFFERENT

RENTAL TYPE: INSURANCE LIBERTY MU I.D. # 999

RENTER [redacted] [redacted]

[redacted]

RENTAL AGREEMENT NO. 576355 289SPS

UNIT - PER DAY

VEHICLE $49.99/DAY

ORIGINAL VEHICLE

COLOR / LICENSE NO. / MODEL / FCAR#

MILEAGE IN / OUT

DRIVEN [redacted]

CONDITION AND FUEL LEVEL AGREED TO BY RENTER

BILL TO: Y COMPANY: LIBERTY MUTUAL - IRVING **

ATTN: UNIT,RENTAL PHONE: (972) 714-0298 EXT.

REFERENCE NUMBER: FD78000186384203 $30.00/DAY $900.00MAX

NO CHARGE MILEAGE

ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL.
I REQUEST OWNER'S PERMISSION TO ALLOW: NO OTHER DRIVERS PERMITTED

[redacted]

WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF. I AM RESPONSIBLE FOR THEIR ACTS WHILE ... OF THIS RENTAL ... MY LIABILITY AN...

RENTER: X [redacted]

PERMISSION GRA[redacted] THE FOLLOWING STATE(S):

CONDITION SAME ON RETURN Yes No

FUEL OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
No Gasoline Refunds
FUEL IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

YOUNG DRIVER WAIVED

NO SMOKE/NO PETS/NO TOW-$100 FEE

OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

NOTICE: YOUR RENTAL AGREEMENT OFFERS, FOR AN ADDITIONAL CHARGE, AN OPTIONAL WAIVER TO COVER ALL OR A PART OF YOUR RESPONSIBILITY FOR DAMAGE TO OR LOSS OF THE VEHICLE. BEFORE DECIDING WHETHER TO PURCHASE THE WAIVER, YOU MAY WISH TO DETERMINE WHETHER YOUR OWN AUTOMOBILE INSURANCE OR CREDIT CARD AGREEMENT PROVIDES YOU COVERAGE FOR RENTAL VEHICLE DAMAGE OR LOSS AND DETERMINE THE AMOUNT OF THE DEDUCTIBLE UNDER YOUR OWN INSURANCE COVERAGE. THE PURCHASE OF THE WAIVER IS NOT MANDATORY. THE WAIVER IS NOT INSURANCE.

RENTER DECLINES OPTIONAL DAMAGE WAIVER (DW) AND ASSUMES DAMAGE RESPONSIBILITY. SEE PA[redacted] RENTER: X DECLINES DW	RENTER ACCEPTS OPTIONAL DAMAGE WAIVER (DW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE NOTICE TO LEFT AND PARAGRAPH 16. DAMAGE WAIVER IS NOT INSURANCE. RENTER: X ACCEPTS DW
RENTER DECLINES OPTIONAL PERSONAL ... RENTER: X DEC[redacted] PAI	RENTER ACCEPTS OPTIONAL PERSONAL ... RENTER: X ACCEPTS PAI
RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP). SEE ... RENTER: X DECLINE[redacted]	RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 17. RENTER: X ACCEPTS SLP
RENTER DECLINES OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP). SEE PARAGRAPH 18.2. RENTER: X DECLINE[redacted]	RENTER ACCEPTS OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 19. RENTER: X ACCEPTS RAP

Return to same location $75 Drop Fee

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, WHICH CONSISTS OF PAGES 1 THROUGH 4.
I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT ... I CERTIFY THAT THE DRIVERS LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED ... OR SURRENDERED.

FUEL CHARGE $5.18/GALLON

REPLACEMENT VEHICLE

[redacted]

COLOR: white LICENSE NO.
MODEL: Jeep FCAR#: 7FCTHW

MILEAGE IN / OUT 2537

DRIVEN [redacted]

CONDITION AND FUEL LEVEL AGREED TO BY RENTER ... OF KEYS:

CONDITION SAME ON RETURN Yes No

FUEL OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
No Gasoline Refunds

RENTER: X [redacted]

DATE 02/15/2012

OWNER REP: X EMPL. # EE89JT

MOTOR VEHICLE TAX 10.00%
TEXAS REIMBURSEMENT $1.35/DA

I WILL RETURN CAR BY:

DATE	TIME	DEPOSIT(S): AMOUNT	PAID BY
02/16/2012	1:30 PM	$100.00	XXXXXXXXXXXX1005 02/15/2012

NOTICE: YOUR PERSONAL AUTOMOBILE INSURANCE MAY PROVIDE COVERAGE FOR YOUR LIABILITY WHILE OPERATING A RENTAL VEHICLE. THE PURCHASE OF SLP IS NOT REQUIRED AS A CONDITION OF RENTING AN AUTOMOBILE. THIS INSURANCE DOES NOT APPLY TO ANY BODILY INJURY OR PROPERTY DAMAGE ARISING OUT OF THE USE OF A RENTAL VEHICLE BY ANY DRIVER WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL IN VIOLATION OF THE LAW. THE RENTAL CAR COMPANY'S EMPLOYEES, AGENTS OR ENDORSEES ARE NOT QUALIFIED TO EVALUATE THE ADEQUACY OF THE RENTER'S EXISTING COVERAGE.

ADDITIONAL INFORMATION

TOTAL CHARGES

DEPOSITS

REFUNDS

AMOUNT DUE

CLOSED BY

PAID BY	CASH	CHECK	CHAR
RECEIPT OF	DATE	AMOUNT	RECEIVE

VEHICLE REGISTRATION RENEWAL NOTICE

TxDMV

IF YOU NO LONGER OWN THIS VEHICLE PLEASE COMPLETE THE VTR 346 FORM AVAILABLE ON OUR WEB SITE AT: TxDMV.gov.

Renew online @ www.texas.gov. Check this site or contact your local County Tax Office for a list of participating counties.

VEHICLE INFORMATION

LICENSE PLATE NUMBER	[redacted]
VEHICLE IDENT. NO.	1LNHM97V1YY[redacted]
YEAR/MAKE/BODY STYLE	2000/LINC/4D
CURRENT EXP. MON YR	AUG 2011
TOTAL FEE DUE (in person)	$ 62.75
IF MAILED	63.75

Send bottom part of form, proof of insurance, and correct fee to your county tax office in the enclosed envelope. Make check or money order payable to your local tax assessor-collector. Allow 15 days for processing by mail. Driver's license number required on checks.

FOR QUESTIONS CALL YOUR LOCAL TAX ASSESSOR-COLLECTOR: 214-653-7811

You may renew this registration for more than one year online or at your county tax office.
YOUR CHECK MAY BE CONVERTED TO AN ELECTRONIC FUND TRANSFER.

CUSTOMER COPY

▲KEEP TOP SECTION FOR YOUR RECORDS▲

▼MAIL SECTION BELOW FOR CONVENIENT PROCESSING▼

VEHICLE INFORMATION

VEH. CLASS.	PASS
VEH. IDENT. NO.	1LNHM97V1YY[redacted]
YR/MAKE/BODY STYLE	2000/LINC/4D
FUEL TYPE	GAS
EMPTY WEIGHT	3400
CARRYING CAPACITY	0
GROSS WEIGHT/TONNAGE	3400/0.00
UNIT NO.	
TOTAL FEE	$ 62.75
IF MAILED	63.75

RENEWAL RECIPIENT NAME AND ADDRESS:

[redacted]
DALLAS, TX [redacted]

VEHICLE OWNER NAME(S) & ADDRESS:

[redacted]
DALLAS, TX [redacted]

AFTER RENEWED, THIS REGISTRATION WILL EXPIRE THE LAST DAY OF: AUG 2012

LICENSE NO. [redacted]
PASSENGER PLT

ISSUE THE 2012 WINDSHIELD STICKER

SEND THIS PART OF FORM, PROOF OF INSURANCE, & CORRECT FEE TO:

JOHN R. AMES
DALLAS CNTY TAX ASSESSOR-COL
RECORDS BLDG, 500 ELM ST
PO BOX 139033
DALLAS, TX 75313-9033

TEXAS REGISTRATION RECEIPT
AFTER VALIDATION,
THIS RECEIPT MUST BE CARRIED IN ALL COMMERCIAL VEHICLES.

TxDMV VEHICLE TITLES AND REGISTRATION DIVISION

d. T. ldk

texascarsdirect.com,Ltd.

2718 Forest Lane • Dallas, Texas 75234
Phone: (972) 243-3400
Fax: (972) 243-3500

CUSTOMER PURCHASE ORDER

☐ LEASE ☐ DEMO ☑ USED

MAKE LINCOLN	MODEL CONTINENTAL		
LICENSE	YEAR 2000	ENG. CYL	STK. NO. 2043
SERIAL NO. 1LNHM97V1YY[redacted]			
COLOR BLACK	ODOMETER READING 55638		INT. TRIM

A DOCUMENTARY FEE IS NOT AN OFFICIAL FEE. A DOCUMENTARY FEE IS NOT REQUIRED BY LAW. BUT MAY BE CHARGED TO BUYERS FOR HANDLING DOCUMENTS AND PERFORMING SERVICES RELAYING TO THE CLOSING OF A SALE. BUYERS MAY AVOID PAYMENT OF THE FEE TO THE SELLER BY HANDLING THE DOCUMENTS AND PERFORMING THE SERVICES RELATED TO THE CLOSING OF THE SALE. A DOCUMENTARY FEE MAY NOT EXCEED $60. THIS NOTICE IS REQUIRED BY LAW. DOC. FEE

☑ Vehicle sold AS-IS. No Warranty.

~~[redacted]~~ Sold AS-IS

Deposits:

_____ **Non-Refundable Deposit** will hold vehicle until ____/____/2005 at _____. Deposits on texascarsdirect.com, ltd. Vehicles are **non-refundable** and will not hold a second vehicle; however deposits can be used as a credit for a period of one year from the date of deposit on any other vehicle in texascarsdirect.com, ltd. inventory.

SPECIAL INSTRUCTION

DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, texascarsdirect.com,ltd., expressly disclaims all warranties, either express or implied, including any implied warranty texascarsdirect.com,ltd. neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

Acknowledgment of Buyer: [redacted]

I have read the front and back of this agreement and hereby agree to the terms and conditions herein. No other agreement or understanding of any nature concerning this sale has been made or entered into. I certify that I am of legal age and this order is subject to correction of mathematical error by texascarsdirect.com,ltd.

USED CARS. THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THIS CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE.

NOTICE TO BUYER

Do not sign this agreement before you read it or if it contains any blank spaces to be filled in. You are entitled to a completely filled in copy of this agreement. If you default in the performance of your obligations under this agreement, the vehicle may be repossessed and you may be subject to suit and liability for the unpaid indebtedness evidenced by this agreement. Unless a charge is included in this agreement for public liability or property damage insurance, payment for such coverage is not [illegible]

CUST. NAME Please Print [redacted]

ADDRESS Please Print [redacted]

SSN: [redacted] CO BUYER SSN:

CITY DALLAS STATE TX ZIP [redacted]

PHONE: Res. [redacted] Bus.

SETTLEMENT		AMOUNT
PURCHASE PRICE		8950.00
USED CAR ALLOWANCE		0.00
TRADING DIFFERENCE		8950.00
TEXAS SALES TAX (6.25%)	$ 559.38	
TITLE-LICENSE	$ 36.80	
DOCUMENTARY FEE	$ 50.00	
VEHICLE INVENTORY TAX	$ 21.88	
TX STATE INSPECT / EMMIS.	40.50	
TOTAL	$ 708.56	$ 708.56
BALANCE		$ 9658.56
PAYOFF ON TRADE TO:		$ 0.00
ACCT.# GOOD UNTIL NAME		
EXTENDED SERVICE CONTRACT		$ 0.00
MISC.		
MISC.		0.00
TOTAL		$ 9658.56
BALANCE		$ 9658.56
DEPOSIT RECEIVED		$ 0.00
PAYMENT #1		$ 0.00
PAYMENT #2		$ 0.00
PAYMENT #3		0.00
BALANCE TO BE FINANCED		$ 9658.56

LIEN TO NONE

ADDRESS

CITY STATE ZIP

RECORD OF CAR TRADED IN

Year	Make	Model	Licensee
Color	Serial No.		

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER. DATE:

PURCHASER: [redacted]

Texas Department of Transportation

TITLE APPLICATION RECEIPT

[redacted]

COUNTY: DALLAS
STICKER NO: 8876584WF
PLATE NO: [redacted]
DOCUMENT NO: 05701338413100528

TAC NAME: DAVID CHILDS
DATE: 03/04/2005
TIME: 10:05AM
EMPLOYEE ID: 08N0113

EFFECTIVE DATE: 09/01/2004
EXPIRATION DATE: 8/2005
TRANSACTION ID: 05701338413100528

OWNER NAME AND ADDRESS

[redacted]

DALLAS, TX [redacted]

REGISTRATION CLASS: PASSENGER-LESS/EQL 6000
PLATE TYPE: PASSENGER PLT
STICKER TYPE: WS

VEHICLE IDENTIFICATION NO: 1LNHM97V1YY[redacted] VEHICLE CLASSIFICATION: PASS
YR/MAKE: 2000/LINC MODEL: CON BODY STYLE: 4D UNIT NO:
EMPTY WT: 3400 CARRYING CAPACITY: 0 GROSS WT: 3400 TONNAGE: 0.00 TRAILER TYPE:
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LNG/WDTH: 0
PREV OWNER NAME: TEXASCARSDIRECT.COM PREV CITY/STATE: DALLAS, TX

VEHICLE RECORD NOTATIONS
RELEASE OF PERSONAL INFO RESTRICTED
ACTUAL MILEAGE

FEES ASSESSED

TITLE APPLICATION FEE	$	13.00
TERP FEE	$	20.00
SALES TAX FEE	$	559.3828
TRANSFER	$	2.50
TOTAL	$	594.88

ODOMETER READING: 55638 BRAND: A
OWNERSHIP EVIDENCE: TEXAS TITLE
1ST LIEN

2ND LIEN

3RD LIEN

SALES TAX CATEGORY: SALES/USE

Sales Tax Date:		03/04/2005
Sales Price	$	8,950.00
Less Trade In Allowance	$	0.00
Taxable Amount	$	8,950.00
Sales Tax Paid	$	559.38
Less Other State Tax Paid	$	0.00
Tax Penalty	$	0.00
TOTAL TAX PAID	$	559.38

Batch No: 0133841301 Batch Count: 15

THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

CLAIM OFFICE ADDRESS:
PO BOX 168368
IRVING, TX 75016

Liberty Mutual.

B. CODE	CHECK REFERENCE	CHECK DATE
251	29049427	02/28/12
	CHECK AMOUNT: ********4,771.63	BLOCK NUMBER: [redacted]

PHONE: 800-313-8844

ACCIDENT DATE: 02/08/12

PAGE 1 OF 1

INSURED NAME: [redacted]

CLAIMANT NAME: [redacted]

OSN: VV0101022803-000376
CLAIM NUMBER: [redacted]
POLICY NUMBER: [redacted]
INSURED OPERATOR: [redacted]

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
COLLISION			5271.63	5271.63	

PAYMENT TO: [redacted]

TOTAL CHARGE:	5271.63
TOTAL PAID:	5271.63
TOTAL DEDUCTIBLE:	500.00
TOTAL FEDERAL WITHHOLDING:	0.00
CHECK AMOUNT:	4771.63

NOTES
THIS PAYMENT REPRESENTS THE TOTAL LOSS VALUE OF YOUR VEHICLE. COST TO REPAIR EXCEEDS THE VALUE OF YOUR VEHICLE PRIOR TO THE ACCIDENT. THANK YOU

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

EAN HOLDINGS, LLC, 1821 MILITARY PKWY, MESQUITE, TX 751493627 (972) 216-0067

RENTAL AGREEMENT
576355

REF#
289SPS

RENTER
[redacted]

DATE & TIME OUT
02/15/2012 01:58 PM
DATE & TIME IN
03/02/2012 05:44 PM

BILLING CYCLE
CALENDAR DAY

VEH #2 2011 JEEP LBTY SPT2
VIN# 1J4PP2GK0BW[redacted]
LIC# [redacted]
MILES DRIVEN 1003

VEH #1 2012 CHEV TAHO B1T2
VIN# 1GNSCBE04CR[redacted]
LIC# [redacted]
MILES DRIVEN 449

BILL TO ACCOUNT
LIBERTY MUTUAL - WARRENVILLE TL**
ATTN: NO NAME FOUND, UNIT*RENTAL
[redacted]
WARRENVILLE, IL[redacted]

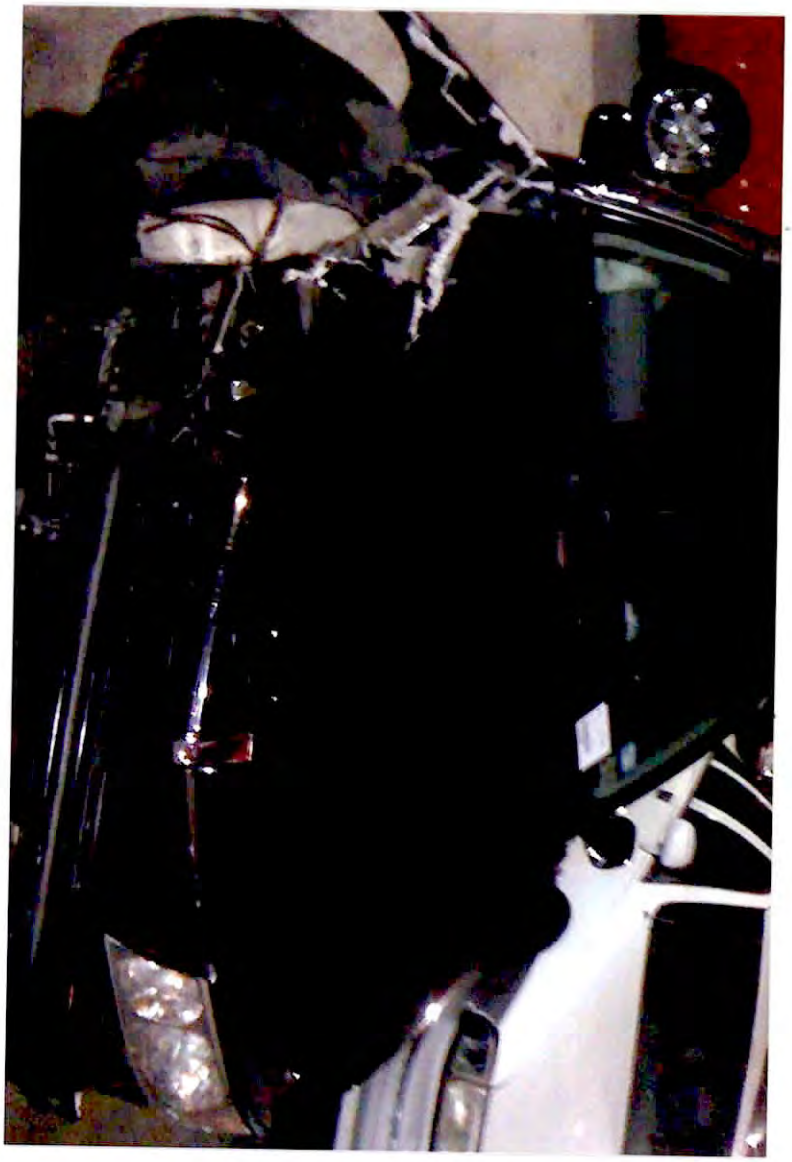
CLAIM INFO
[redacted]
INSURED: [redacted]
LOSS DATE: 02/08/2012
INSURED
SHOP: NEED BODYSHOP INFORMATION
PHONE: (999) 999-9999
ATTN: UNKNOWN

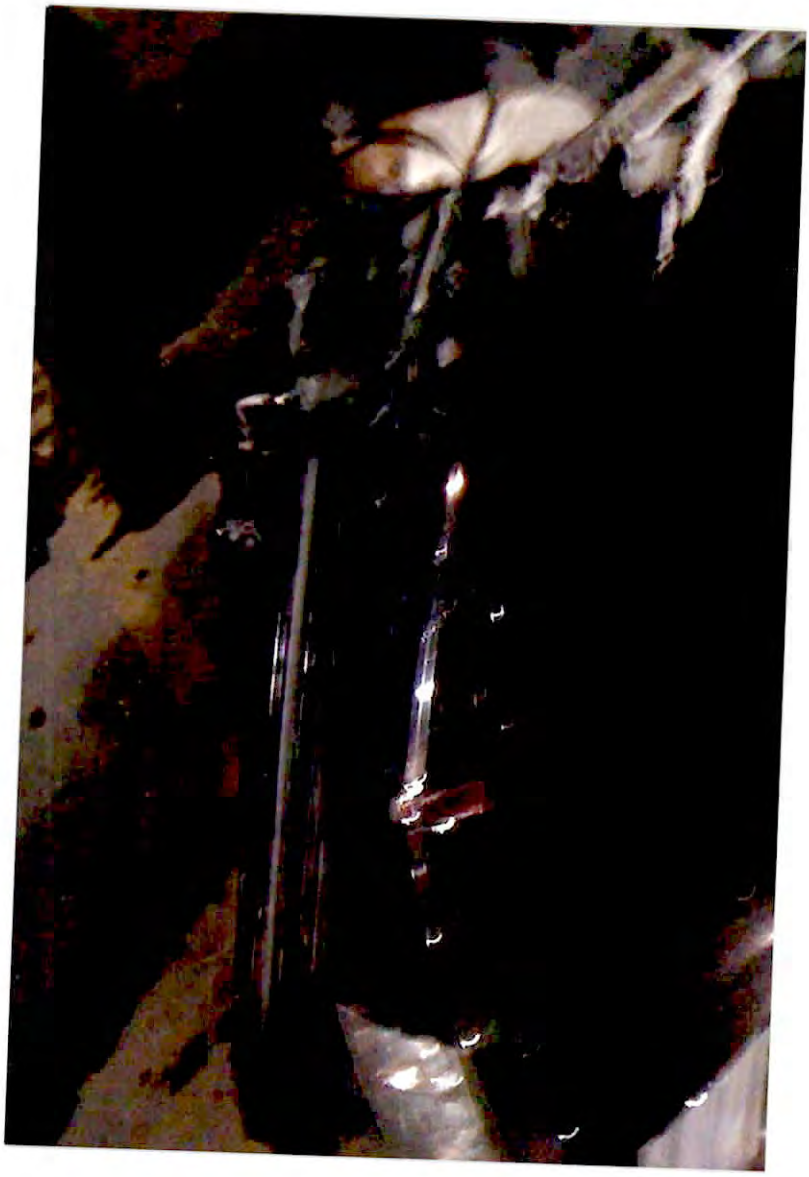
SUMMARY OF CHARGES

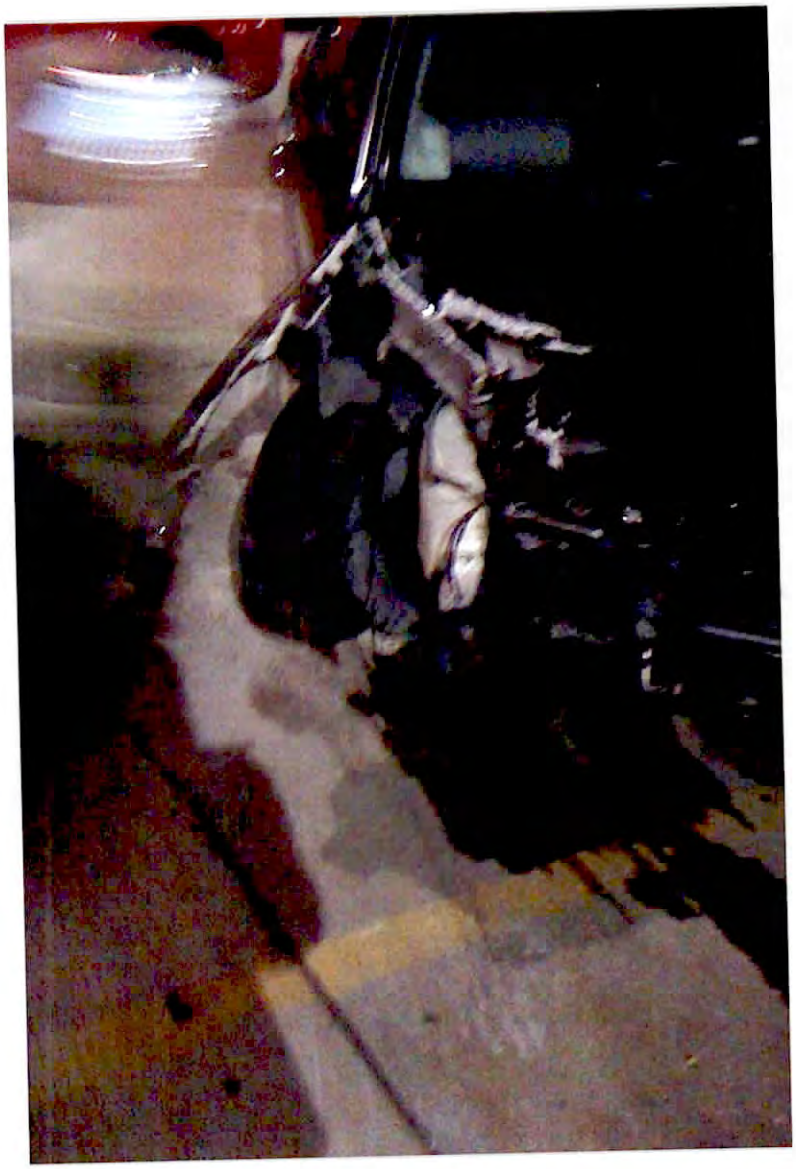
Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	02/15 - 02/19	5	DAY	$49.99	$249.95
TIME & DISTANCE	02/20 - 03/02	12	DAY	$30.00	$360.00
REFUELING CHARGE	02/15 - 03/02				$0.00
YOUNG DRIVER FEE (18-99)	02/15 - 03/02			WAIVED	
			Subtotal:		**$609.95**
Taxes & Surcharges					
LIC&REG/PP TAX/TEXAS REIMBURSEMENT	02/15 - 02/20	6	DAY	$1.35	$8.10
MOTOR VEHICLE RENTAL TAX	02/15 - 03/02			10%	$63.29
LIC&REG/PP TAX/TEXAS REIMBURSEMENT	02/21 - 03/02	11	DAY	$1.35	$14.85
			Total Charges:		**$696.19**
Bill-To / Deposits					
LIBERTY MUTUAL - WARRENVILLE TL**					
TIME & DISTANCE	02/15 - 03/02	5	DAY		
LIC&REG/PP TAX/TEXAS REIMBURSEMENT	02/15 - 03/02	5	DAY		
MOTOR VEHICLE RENTAL TAX	02/15 - 03/02	1	PERCENT	10%	
			Subtotal:		**($510.00)**
DEPOSITS					($54.80)
Total Amount Due					**$0.00**

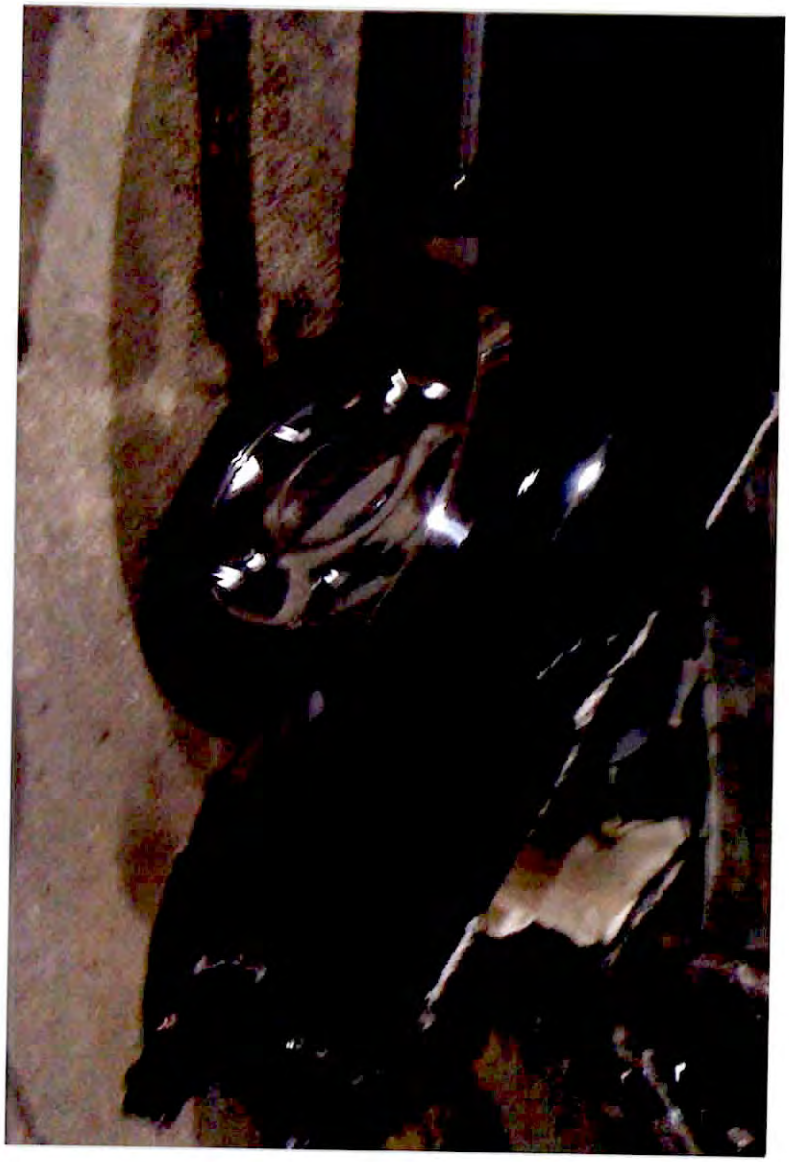
PAYMENT INFORMATION

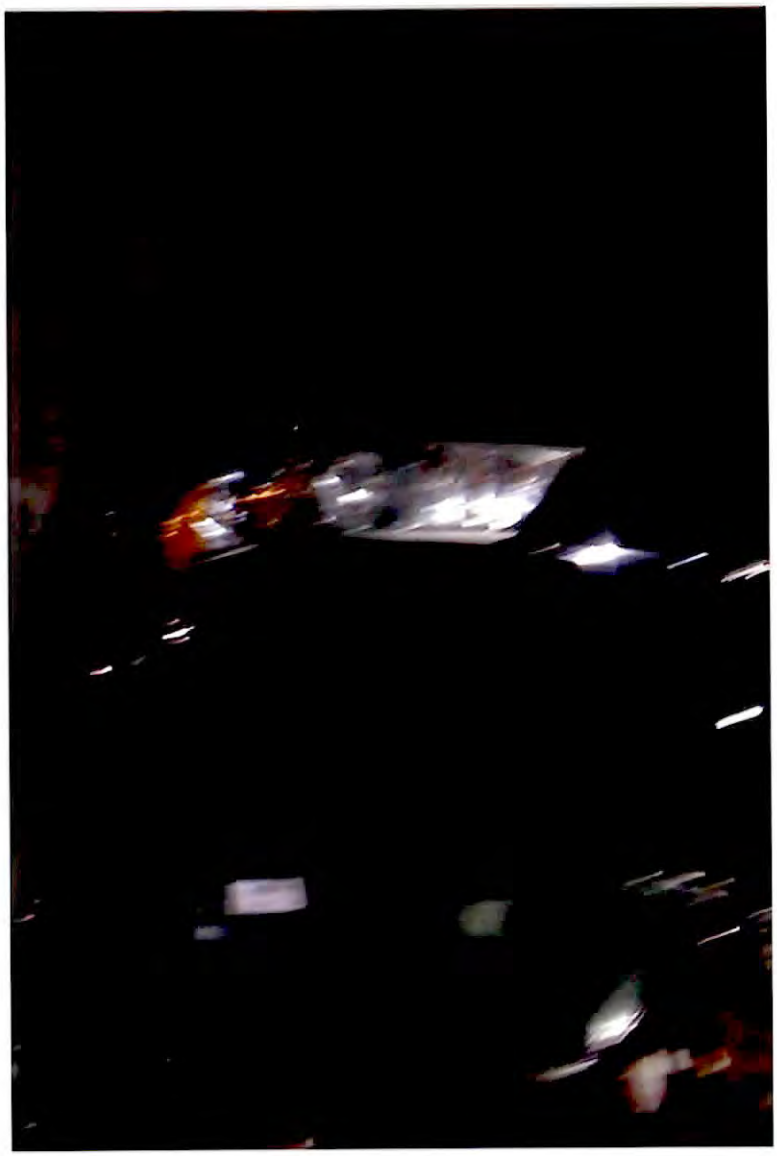
AMOUNT PAID	TYPE	CREDIT CARD NUMBER
$131.39	American Express	xxxxxxxxxxx[redacted] PENDING
$54.80	American Express	xxxxxxxxxxx[redacted]











To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.