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
JUL - 8 2013 13-MAY-2013	
	Reference No. 10511742

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City OCALA **State** FL **Zip Code** [redacted]		

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
1NXBR32E38Z[redacted]	TOYOTA	COROLLA	2008

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
7/16/2011	DeLuca Toyota 352-732-0770 800-342-2550	No: Cylinders	
Original Owner ☐	**Dealer's City** 1719 SW College Rd. Ocala **State** FL **Zip Code** 34471		

Transmission Type	☑ Antilock Brakes ☑ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
				09-MAY-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	50000 50,111	

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	1	0	#71 Highway Patrol

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 2008 TOYOTA COROLLA. THE CONTACT WAS TRAVELING AT UNKNOWN SPEEDS AND CRASHED INTO ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT SUSTAINED CHEST INJURIES. THE VEHICLE WAS DESTROYED. THE VEHICLE WAS NOT DIAGNOSED. THE MANUFACTURER WAS NOT CONTACTED ABOUT THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 50,000. 50,111 THE VIN WAS NOT AVAILABLE.

The other vehicle did not slow down when my car was crossing to gas station entrance instead must of tried to run me and put both into crash event.

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

Allstate Indemnity Company

TAMPA BAY AUTO
P.O. Box 42035
St. Petersburg, FL 33742
Phone: (800) 309-1251

Claim #: [redacted]
Workfile ID: 3fe003de

Estimate of Record

Written By: GERRY VALONE, 5/13/2013 4:09:25 PM
Adjuster: Valone, Gerry, (352) 650-9511 Cellular

Insured:	[redacted]	Policy #:	[redacted]	Claim #:	[redacted]
Type of Loss:	Collision	Date of Loss:	05/09/2013 12:00 PM	Days to Repair:	20
Point of Impact:	12 Front	Deductible:	250.00		

Owner:
[redacted]
OCALA, FL [redacted]
[redacted] Other

Inspection Location:
TOW MAX
1516 SW 12TH ST
OCALA, FL 34474
Other

Appraiser Information:
(352) 650-9511

Repair Facility:

VEHICLE

Year:	2008	Color:	Int:	License:	[redacted]	Production Date:	
Make:	TOYO	Body Style:	4D SED	State:	FL	Odometer:	UNK
Model:	COROLLA LE	Engine:	4-1.8L-FI	VIN:	1NXBR32E38Z[redacted]	Condition:	

TRANSMISSION
Automatic Transmission
Overdrive
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
DECOR
Body Side Moldings
Wood Interior Trim
Dual Mirrors
Console/Storage
CONVENIENCE
Air Conditioning
Rear Defogger
Tilt Wheel
Cruise Control
Intermittent Wipers
Keyless Entry
Alarm
RADIO
AM Radio
FM Radio
Stereo
Search/Seek
CD Player
SAFETY
Driver Air Bag
Passenger Air Bag
SEATS
Cloth Seats
Bucket Seats
Recline/Lounge Seats
WHEELS
Full Wheel Covers
PAINT
Clear Coat Paint
Metallic Paint

Estimate of Record

2008 TOYO COROLLA LE 4D SED 4-1.8L-FI

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**FRONT BUMPER**							
2	<>	Refn	Bumper cover CE & LE					2.6
3			Add for Clear Coat					1.0
4			O/H bumper assy				2.0	
5	**ENGINE / TRANSAXLE**							
6		R&I	R&I engine/trans assy auto trans			m	9.5 M	
7	**FRONT SUSPENSION**							
8	*	Repl	RCY Engine cradle w/o XRS US built +20%	5120102150	1	390.00 m	4.5 M	
9	**INSTRUMENT PANEL**							
10		R&I	R&I instrument panel				4.5	
11	**FRONT DOOR**							
12		Blnd	RT Outer panel all					1.0
13		Blnd	LT Outer panel all					1.0
14		R&I	RT Mirror assy LE, XRS, & S model white				0.4	
15		R&I	LT Mirror assy LE, XRS, & S model white				0.4	
16		R&I	RT Handle, outside LE, XRS, S model silver met.				0.2	
17		R&I	LT Handle, outside LE, XRS, S model silver met.				0.2	
18		R&I	RT R&I trim panel				0.4	
19		R&I	LT R&I trim panel				0.4	
20	**RECYCLED ASSEMBLIES**							
21	*	Repl	RCY sheet metal +20%		1	2,640.00	6.6	8.2
22			Overlap Major Non-Adj. Panel					-0.2
23	*	Repl	RCY compl inr struct +20%		1		24.0	3.0
24	#	Subl	Four Wheel Alignment		1	69.95		
25	**	Repl	A/M Antifreeze - Green - per Gal		2	18.00		
26	#	Subl	Evacuate & Recharge		1	85.00 X		
27	#	Rpr	Set Up Measure				2.0 F	
28	#	Rpr	Unibody Pull				2.0 F	
29	**OTHER CHARGES**							
30	#		Towing		1	296.00		
31	#		Storage		5	100.00		
				SUBTOTALS		**3,598.95**	**57.1**	**16.6**

Estimate of Record

2008 TOYO COROLLA LE 4D SED 4-1.8L-FI

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				3,117.95
Body Labor	39.1 hrs	@	$ 40.00 /hr	1,564.00
Paint Labor	16.6 hrs	@	$ 40.00 /hr	664.00
Mechanical Labor	14.0 hrs	@	$ 65.00 /hr	910.00
Frame Labor	4.0 hrs	@	$ 40.00 /hr	160.00
Paint Supplies				375.00
Miscellaneous				85.00
Other Charges				396.00
Subtotal				7,271.95
Sales Tax	$ 6,890.95	@	6.0000 %	413.46
Total Cost of Repairs				**7,685.41**
Deductible				250.00
Total Adjustments				**250.00**
Net Cost of Repairs				**7,435.41**

TRAFFIC DEPARTMENT
OFFICE OF DAVID R. ELLSPERMANN-CLERK OF THE CIRCUIT COURT

RECEIPT #: X 000215513 **DATE:** 06-04-2013 **TIME:** 13:50:41
RECEIVED OF: [redacted] **MEMO:** 6331WPS
PART. ID: 1515820 SCHOOL ELECTION
BY CLERK: M. RUSHING
CHECKS: MO 21097361531 $166.00

CASH	CREDIT	CHANGE	OTHER
$0.00	$0.00	$0.00	$0.00

CASE NUMBER	EVENT	COURT/JUDGE	TAX NO.	AMOUNT
42-2013-TR-010762-AXXX-XX	1050	PAY: SCHOOL-MOVING VIOLATION		$166.00
[redacted]				
PARTY: [redacted]				
		TOTAL RECEIPT...		$166.00

* CHECK/CHEQUE IS CONDITIONAL PAYMENT
* PENDING RECEIPT OF FUNDS FROM BANK. *

FLORIDA TRAFFIC CRASH DRIVER INFORMATION EXCHANGE

This Traffic Crash Report can be purchased online at: www.buycrash.com

Crash Number	Reporting Agency	Reporting Agency Case Number	Reporting Agency CAD Number
83301239	FLORIDA HIGHWAY PATROL	FHPB13OFF013647	JRCC13CAD035853

CRASH IDENTIFIERS

County of Crash	City or Place of Crash	☐ City Limits	Crash Date/Time	Reported Date/Time
MARION			05/09/2013 11:45 AM	05/09/2013 11:52 AM

Roadway Description for Location of Occurrence: SR-200

VEHICLE

	Year	Make	Model	Color	State	License Number	Registration Expires	☐ Permanent Registration	VIN
V01	2008	TOYT	COROLLA	BGE	FL	[redacted]	2/1/2014		1NXBR32E38Z[redacted]

Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person)
[redacted]	[redacted]	[redacted]		

Address	Address Other	City	State	Zip Code
[redacted]		OCALA	FL	[redacted]

Owner Phone Number	Owner Phone Number (other)	Insurance Company	Insurance Policy Number
		ALLSTATE	[redacted]

VEHICLE

	Year	Make	Model	Color	State	License Number	Registration Expires	☐ Permanent Registration	VIN
V02	2005	TOYT	CAMRY	BGE	FL	[redacted]	9/28/2013		4T1BF32K75U[redacted]

Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person)
[redacted]	[redacted]	[redacted]		

Address	Address Other	City	State	Zip Code
[redacted]		OCALA	FL	[redacted]

Owner Phone Number	Owner Phone Number (other)	Insurance Company	Insurance Policy Number
		FIRST FLORIDIAN AUTO AND HOME INS. CO.	[redacted]

PERSON RECORD

Person Type	NM#	Vehicle#	First Name	Middle Name	Last Name	Suffix
DRIVER		V02	[redacted]	[redacted]	[redacted]	

Address	Address Other	City	State	Zip Code
[redacted]		OCALA	FL	[redacted]

Phone Number	Phone Number (other)	Other Comments (Write In)

PERSON RECORD

Person Type	NM#	Vehicle#	First Name	Middle Name	Last Name	Suffix
PASSENGER		V02	[redacted]		[redacted]	

Address	Address Other	City	State	Zip Code
[redacted]		OCALA	FL	[redacted]

Phone Number	Phone Number (other)	Other Comments (Write In)

PERSON RECORD

Person Type	NM#	Vehicle#	First Name	Middle Name	Last Name	Suffix
DRIVER		V01	[redacted]	[redacted]	[redacted]	

Address	Address Other	City	State	Zip Code
[redacted]		OCALA	FL	[redacted]

Phone Number	Phone Number (other)	Other Comments (Write In)

REPORTING OFFICER

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
2932	TROOPER	A. FERNANDEZ.	B	FLORIDA HIGHWAY PATROL	352-732-1260

RECIPIENT COPY

FLORIDA HIGHWAY PATROL

Vehicle Tow

CASE NUMBER: FHPB13OFF013647

DATE / TIME	COUNTY	CITY	OTHER NUMBER	CITATION / REPORT
5/9/2013 12:49:32 PM	MARION			83301239

NO HOLD - MAY BE RELEASED

OWNER

FIRST NAME [redacted] | MIDDLE NAME [redacted] | LAST NAME [redacted] | SUFFIX NAME | TELEPHONE | ☐ OWNER PRESENT

ADDRESS [redacted] | CITY: OCALA | STATE: FL | ZIP CODE [redacted]

DRIVER

NAME FIRST | NAME MIDDLE | LAST NAME | SUFFIX NAME | TELEPHONE

ADDRESS | CITY | STATE | ZIP CODE

VEHICLE

YEAR	MAKE	MODEL	VEHICLE STYLE	VEHICLE COLOR	TAG STATE / NUMBER	VIN	ODOMETER
2008	TOYT	COROLLA	4D	BGE	FL [redacted]	1NXBR32E38Z[redacted]	

REASON VEHICLE TOWED: CRASH

RED TAG DATE / TIME | ID NUMBER | NAME

TOW

TOW SELECTION TYPE: ROTATION WRECKER | LOCATION VEHICLE INVENTORIED / TOWED FROM: SR-200

TOWING SERVICE: TOW MAX | DAY TELEPHONE: 3528671328 | NIGHT TELEPHONE

ADDRESS: 1210 SW 15 AVE OCALA FLORIDA | CITY / STATE / ZIP

STORAGE

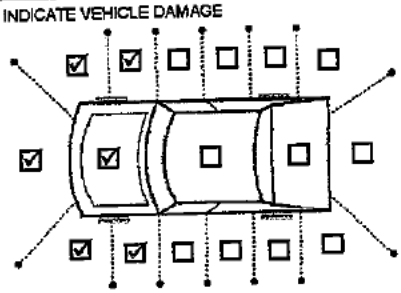
VEHICLE STORAGE LOCATION: TOW MAX | DAY TELEPHONE: 3528671326 | NIGHT TELEPHONE

ADDRESS: 1210 SW 15 AVE OCALA FLORIDA | CITY / STATE / ZIP

VEHICLE INVENTORY & DAMAGE

- ☐ CELLULAR PHONE (MAKE/MODEL)
- ☐ RADAR DETECTOR (MAKE/MODEL)
- ☐ STEREO SYSTEM (RADIO / CD / TAPE, ETC).
- ☐ CB RADIO / 2 WAY RADIC
- ☐ TRAILER HITCH
- ☐ WHEEL COVERS QTY
- ☐ CUSTOM RIMS QTY
- NUMBER OF TIRES (INCLUDE SPARE)
- ☐ TRUNK ACCESSIBLE
- ☐ REAR SPOILER

INDICATE VEHICLE DAMAGE



☐ NO DAMAGE

MARK AREA OF DAMAGE

- ☐ UNDERCARRIAGE
- ☐ OVERTURN
- ☐ WINDSHIELD
- ☐ FIRE
- ☐ TRAILER

PROPERTY IN VEHICLE

OFFICER COMMENTS

CRASH REPORT 83301239-01

NO HOLD - MAY BE RELEASED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

SIGNATURE OF TOW TRUCK DRIVER | DATE | SIGNATURE OF OFFICER

PRINTED NAME OF TOW TRUCK DRIVER

RANK AND NAME OF OFFICER: TROOPER A. FERNANDEZ. | ORG / UNIT: B | I.D. NUMBER: 2932

6331-WPS CHECK DIGIT 1

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF: MARION
CITY OF (IF APPLICABLE):
[X] (1) FHP [ ] (2) P.D. [ ] (3) S.O. [ ] (4) OTHER
AGENCY: FLORIDA HIGHWAY PATROL

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

DEFENDANT COPY

DAY OF WEEK	MONTH	DAY	YEAR		
THU	05	09	2013	02:25	[ ] A.M. [X] P.M.

NAME (PRINT) FIRST: [redacted] MIDDLE: [redacted] LAST: [redacted]
STREET: [redacted] IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE [ ]
CITY: OCALA STATE: FL ZIP CODE: [redacted]

TELEPHONE NUMBER	DATE OF BIRTH	RACE	SEX	HGT
	MO [redacted] DAY [redacted] YEAR [redacted]	W	F	504

DRIVER LICENSE NUMBER	STATE	CLASS	CDL LICENSE	YR. LICENSE EXP.	COMMERCIAL VEHICLE
[redacted]	FL	E	[ ] YES [X] NO	2020	[ ] YES [X] NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZ. MATERIAL
2008	TOYT	4D	BGE	[ ] YES [X] NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	2. 16 PASSENGERS
[redacted]		FL	2014	[ ] YES [X] NO

MOTORCYCLE: [ ] YES [X] NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: SR-200 / SW 80TH ST

COMPANION CITATION NUMBER(S): 83301239

LATITUDE: N 29 6.3934 LONGITUDE: W 82 13.7725

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION

[ ] UNLAWFUL SPEED MPH SPEED APPLICABLE _____ MPH
([ ] INTERSTATE [ ] 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)

- [ ] CARELESS DRIVING
- [ ] VIOLATION OF TRAFFIC CONTROL DEVICE
- [ ] FAILURE TO STOP AT A TRAFFIC SIGNAL
- [ ] IMPROPER LANE CHANGE OR COURSE
- [ ] NO PROOF OF INSURANCE
- [X] VIOLATION OF RIGHT-OF-WAY
- [ ] IMPROPER PASSING
- [ ] CHILD RESTRAINT
- [ ] SAFETY BELT VIOLATION
- [ ] IMPROPER OR UNSAFE EQUIPMENT
- [ ] EXPIRED TAG ≤ SIX (6) MONTHS
- [ ] EXPIRED TAG > SIX (6) MONTHS
- [ ] DRIVING UNDER THE INFLUENCE
- [ ] EXPIRED DRIVER LICENSE [ ] > SIX (6) MONTHS
- [ ] NO VALID DRIVER LICENSE
- [ ] DRIVING WHILE LICENSE SUSPENDED OR REVOKED

BAL _____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
FAILED TO YIELD/STOP AT A YIELD INTERSECTION

[ ] AGGRESSIVE DRIVING | IN VIOLATION OF | SECTION: 316.123(3) | SUB-SECTION

CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
[X] YES [ ] NO	[X] YES $ 11000 [ ] NO	[X] YES [ ] NO	[ ] YES [X] NO	[ ] YES [X] NO

[ ] CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
[ ] INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
[X] INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

6331-WPS CHECK DIGIT 1

CIVIL PENALTY IS $ 166.00

COURT INFORMATION
MARION COUNTY COURT
POST OFFICE BOX 907
OCALA, FLORIDA 34478
(352) 671-5599

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES AN APPEARANCE IN COURT)

TROOPER A. FERNANDEZ — RANK - SIGNATURE OF OFFICER
2932 — BADGE NO. / ID NO.
B — TROOP / UNIT

[X] I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE

HSMV 75901 (REV. 09/10)

IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

If you were charged with a civil infraction, you must complete one of the following options **within 30 calendar days** of the date of this citation. If you fail to comply **within 30 calendar days**, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. The contact information for the Clerk of Court in MARION County, where this violation occurred, is: MARION COUNTY COURT, 110 NW 1ST AVENUE, OCALA, FLORIDA 34475, (352) 671-5599

Option 1: You may pay the civil penalty in the amount of **$166.00** to the Clerk of the Court of MARION County. You must enclose this citation if you mail payment, which may be a money order or a cashier's check. Payment of the civil penalty is considered a conviction and points will be assessed, if applicable. You **will** be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance. Mail Fine to: MARION COUNTY COURT, POST OFFICE BOX 907, OCALA, FLORIDA 34478. Pay in Person: MARION COUNTY COURT, 110 NW 1ST AVENUE, OCALA, FLORIDA 34475, 8:00 A/M - 5:00 P/M, M-F. Make Payable to: MARION COUNTY CLERK OF COURT.

Option 2: If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court in MARION County that you had a valid driver license, tag/registration, or insurance, whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

Option 3: If you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance, or driving while license suspended [see s. 322.34(10)(a), F.S.], you may elect to show proof of compliance to the Clerk of Court in MARION County in the form of a valid driver license, registration, or proof of insurance, whichever is applicable. You may make only one such election per year and no more than three such elections in your lifetime. You must pay court costs and adjudication will be withheld.

Option 4: If you **do not** hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court in MARION County to make this election. You may make only one such election per year and no more than five elections in your lifetime. Please visit www.flhsmv.gov for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

Option 5: You may elect a court hearing by contacting the Clerk of Court in MARION County. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Office may impose a penalty of up to $500 (or $1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

Option 6: If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency [$_____] for this service. You may then mail or present this affidavit or compliance along with [$_____] to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE
(Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws..

Date: _____ ASSIGNED DHSMV AGENCY #_____

Signed: _____
(Name, Title, ID#)

[redacted]

Ocala, Fl. [redacted]

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 new Jersey Avenue SE.
Washington, D.C. 20077-9382
USA.

00779382