

CL-10598649-7134

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

Mesa, AZ [REDACTED]

AUG 18 2014

ODI COMPLAINT 10598649

Chief Randy Reid

This is a follow up to your letter that I received on the Vehicle Owner's Questioners (VOQ) form. On June 13, 2014 immediately after I put my car in reverse my vehicle "jerked" suddenly and accelerated at a dangerous speed. I tried to put my foot on the brakes continually but the vehicle was out of control. In my 30 plus years of being a defensive driver, I have never driven a vehicle that accelerated in reverse at that speed. At the time of the crash the air bags were not released. See attach copy the Mesa Police Report (Exhibit A). On June 16, 2014 I filed a complaint with the National Highway Traffic Safety Administration on the Internet (Exhibit B) and I filed a complaint with Chrysler on their toll free number. (Exhibit C).

Enclosed are the following receipts for repairs of my Brakes at Brake Master # 151 on 12-11-13 and then again on n 04- 05- 2014.( Exhibit D 1 and 2). I have also included repairs from Clock Work Auto (Exhibit E) AND jiffy lube. When my engine light came on I took my vehicle to R'S Tired on 201 W Broadway for repairs.

I also have enclosed two photos of the Vehicle damage to the car (Exhibit F 1 and 2).

I would also like to add that I am a single, disabled mother on a fixed income. I did regular maintenance and upkeep to have transportation for my son [REDACTED] and myself. (Once I had to take out a \$900.00 title loan to repair the engine.) [REDACTED] is 13 years old and he is active in school and sports. He was in the car with me when the car accelerated and he was terrified. We both thought we faced the possibility of dying or causing injury to someone else. It was a nightmare experience. Now we are without transportation and we are dependent on other family members or friends to get a rides. This is also expensive because we have to pay everyone for gas. I am in serious need for my vehicle to be replaced. I appreciate any assistance you can give us with to purchase a new car due to the malfunction of my Dodge Intrepid 2003 which was damaged beyond repair. It was taken to salvage.

Sincerely,

[REDACTED]

HM  
82714  
SMD

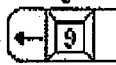

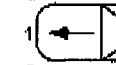
EXHIBIT #. Released to Jeffrey Ruth 01/11/13 PH #13462 Mesa Police Records

ARIZONA CRASH REPORT		ADOT USE ONLY										ORIGINAL REPORT													
1 POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 664R 208 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		REPORT ID										Agency Report Number													
		YEAR	MONTH	DAY	HOUR			NCIC NO.			OFFICER ID NO.				2014-1640646										
		1	4	0	6	1	3	2	0	5	0	0	7	1	7	1	2	3	6	9	Total Number of Sheets 4				
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED																									
2 Total Units 1 Total Injuries 2 Total Fatalities 0		Estimated Total Damage Compared To \$1,000 Limit: <input checked="" type="checkbox"/> Over <input type="checkbox"/> Under				<input type="checkbox"/> Hit/Run Unit #		<input checked="" type="checkbox"/> Pedestrian Transported for Immediate Medical Care				<input checked="" type="checkbox"/> Vehicle Moved From Scene				District or Grid No. BF28									
3 LOCATION		On Highway/Road / Street PP - E BASELINE RD										City MESA		County MARICOPA											
		Intersecting Street/Road / M.P. or R.F.P.										Inside City		Distance											
		<input type="checkbox"/> At <input type="checkbox"/> From										<input type="checkbox"/> Outside		<input type="checkbox"/> Measured <input type="checkbox"/> Approximate											
												<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West		<input type="checkbox"/> Plus <input type="checkbox"/> Minus											
														<input type="checkbox"/> Miles <input type="checkbox"/> Feet											
Safety Devices (SD)						Injury Severity (IS)						Seating Position													
0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder & Lap Belt 4 - Child Restraint System						5 - Helmet Used 6 - Air Bag Deployed 7 - Air Bag Deployed/Shoulder-Lap Belt 8 - Other 89 - Unknown						1 - No Injury 2 - Possible Injury 3 - Non Incapacitating Injury 4 - Incapacitating Injury 5 - Fatal Injury 90 - Unknown/Not Reported				18-Front Seat - Other (Child in Lap) 28 or 38-Additional passengers in vehicle by law 51-In enclosed or cargo area 52-In unenclosed passenger/cargo area 55-Riding on Vehicle Exterior 99-Unknown									
TRAFFIC UNIT NO. 1																									
State AZ		Class D		End.		DL #		No Valid License/Permit		Driver Pedestrian		Driverless		Name (First, Middle, Last)				Suffix		Sex F					
Restrictions		Address MESA, AZ										City		State		Zip Code		Telephone Number							
Date of Birth		Owner/Carrier Name										Address		City MESA, AZ		State		Zip Code							
Color WHI		Vehicle Year 2003		Make DODG		Model INT		Body Style 4DSD		Plate Number		State AZ		Plate Mo/Yr 08/2014		GWR / GVWR (Rated Greater Than 10k pounds?)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Hazard Placard? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
VIN 2B3HD46R53H		Trailer (Other Unit) Plate No.		State		Year		GVW / GVWR (Rated Greater Than 10k pounds?)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Hazard Placard? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Safety Devices 99		Injury Severity 02		Posted Speed Limit 0		Off Est. Speed 0		Transported To/By / 00 - NOT TRANSPORTED																	
Removed to (Address/Storage Location Identifier) UNKNOWN										<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by PRIVATE TOW				Orders of OWNER/DRIVER									
Insurance Company AMERICAN ACCESS						Telephone Number (360) 645-7755						Policy Number				Exp. Date 08/27/2014									
TRAFFIC UNIT NO. 4																									
State		Class		End.		DL #		No Valid License/Permit		Driver Pedestrian		Driverless		Name (First, Middle, Last)				Suffix		Sex					
Restrictions		Address										City		State		Zip Code		Telephone Number							
Date of Birth		Owner/Carrier Name										Address		City		State		Zip Code							
Color		Vehicle Year		Make		Model		Body Style		Plate Number		State		Plate Mo/Yr		GWR / GVWR (Rated Greater Than 10k pounds?)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Hazard Placard? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
VIN		Trailer (Other Unit) Plate No.		State		Year		GVW / GVWR (Rated Greater Than 10k pounds?)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Hazard Placard? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Safety Devices		Injury Severity		Posted Speed Limit		Off Est. Speed		Transported To/By																	
Removed to (Address/Storage Location Identifier)										<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by				Orders of									
Insurance Company						Telephone Number						Policy Number				Exp. Date									
TRAFFIC UNIT NO. 5																									
State		Class		End.		DL #		No Valid License/Permit		Driver Pedestrian		Driverless		Name (First, Middle, Last)				Suffix		Sex					
Restrictions		Address										City		State		Zip Code		Telephone Number							
Date of Birth		Owner/Carrier Name										Address		City		State		Zip Code							
Color		Vehicle Year		Make		Model		Body Style		Plate Number		State		Plate Mo/Yr		GWR / GVWR (Rated Greater Than 10k pounds?)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Hazard Placard? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
VIN		Trailer (Other Unit) Plate No.		State		Year		GVW / GVWR (Rated Greater Than 10k pounds?)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Hazard Placard? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Safety Devices		Injury Severity		Posted Speed Limit		Off Est. Speed		Transported To/By																	
Removed to (Address/Storage Location Identifier)										<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by				Orders of									
Insurance Company						Telephone Number						Policy Number				Exp. Date									
PASSENGERS																									
Unit # 1		Seat Pos 13		BO 99		TS 02		Name				Address		City MESA, AZ		State		Zip Code		Telephone No.		D.O.B./Age		Sex M	
6																									
Property Damaged (Other than vehicles) Block 31, Event 20-49						Owner Code (OC) 1 - Private (OC) 2 - Public Utility						3 - Federal Government 4 - State of Arizona						5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 8 - Unknown 99 - Unknown							
Owner's Name						Address (or Bar Code ID Number)						City		State		Zip Code		Telephone Number							
7																									
Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Photographer's Name, ID Number and Agency Number										Invest. At Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Invest. 06/13/2014		Time Invest. 2115		Fire/EMS Incident No. F20140390884							
Officer's Name/ Badge # (12389) REES, M						Supervisor's Signature (12354) DOANE, D						Agency Name MESA POLICE				Date Completed 06/13/2014									

<b>8</b>	Name [REDACTED]	Address [REDACTED]	City MESA, AZ	State	Zip Code	Telephone Number	DOB/Age																						
<b>9</b>	CITATION CHARGES	UNIT #	A. R. S. NO. OR CITY CODE	UNIT #	A. R. S. NO. OR CITY CODE	BLOCKS 10 - 24: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED																							
<b>10 - LIGHT CONDITION</b> <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input checked="" type="checkbox"/> 4 DARK-LIGHTED <input type="checkbox"/> 5 DARK-NOT LIGHTED <input type="checkbox"/> 6 DARK-UNKNOWN LIGHTING		<b>11 - WEATHER CONDITIONS</b> <input checked="" type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 CLOUDY <input type="checkbox"/> 3 SLEET / HAIL (freezing rain/drizzle) <input type="checkbox"/> 4 RAIN <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT <input type="checkbox"/> 8 FOG, SMOG, SMOKE <input type="checkbox"/> 9 BLOWING SNOW <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN		<b>12 - ROAD SURFACE CONDITION</b> UNIT # <input type="checkbox"/> 1 DRY <input type="checkbox"/> 2 WET <input type="checkbox"/> 3 SNOW <input type="checkbox"/> 4 SLUSH <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing, moving) <input type="checkbox"/> 7 SAND <input type="checkbox"/> 8 MUD, DIRT, GRAVEL <input type="checkbox"/> 9 OIL <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN		<b>13 - ROAD GRADE</b> UNIT # <input type="checkbox"/> 1 LEVEL <input type="checkbox"/> 2 DOWNHILL <input checked="" type="checkbox"/> 3 UPHILL <input type="checkbox"/> 4 HILL CREST <input type="checkbox"/> 5 SAG/DIP/BOTTOM <input type="checkbox"/> 99 UNKNOWN		<b>14 - RELATION TO JUNCTION</b> <input checked="" type="checkbox"/> 0 NOT JUNCTION RELATED <u>NON-CONTROLLED ACCESS AREA</u> <input type="checkbox"/> 1 INTERSECTION <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY ACCESS-RELATED <input type="checkbox"/> 9 OTHER NON-INTERCHANGE <u>CONTROLLED ACCESS AREA</u> <input type="checkbox"/> 10 THRU ROADWAY <input type="checkbox"/> 11 INTERSECTION (within) <input type="checkbox"/> 12 INTERSECTION-RELATED <input type="checkbox"/> 13 ENTRANCE / EXIT RAMP <input type="checkbox"/> 14 FRONTAGE ROAD <input type="checkbox"/> 15 OTHER PART OF INTERCHANGE <input type="checkbox"/> 99 UNKNOWN		<b>15 - TYPE OF INTERSECTION</b> <input type="checkbox"/> 1 FOUR-WAY INTERSECTION <input type="checkbox"/> 2 T-INTERSECTION <input type="checkbox"/> 3 Y-INTERSECTION <input type="checkbox"/> 4 INTER. AS PART OF INTERCHANGE <input type="checkbox"/> 5 TRAFFIC CIRCLE <input type="checkbox"/> 6 ROUNDABOUT <input type="checkbox"/> 7 FIVE POINT, OR MORE <input type="checkbox"/> 99 UNKNOWN		<b>16 - TRAFFIC WAY DESCRIPTION</b> <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input checked="" type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present) <input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED (PAINTED - 4 FEET) MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED POSITIVE MEDIAN BARRIER <input type="checkbox"/> 99 UNKNOWN		<b>17 - MANNER OF CRASH IMPACT</b> <input checked="" type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 8 REAR-TO-SIDE <input type="checkbox"/> 9 REAR-TO-REAR <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN		<b>18 - DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT</b> UNIT # <input type="checkbox"/> 1 NORTH <input type="checkbox"/> 2 SOUTH <input type="checkbox"/> 3 EAST <input type="checkbox"/> 4 WEST <input checked="" type="checkbox"/> 5 NORTHWEST <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 7 SOUTHWEST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 99 UNKNOWN		<b>19 - CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT</b> UNIT # <input type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCES <u>ENVIRONMENTAL</u> <input type="checkbox"/> 1 GLARE <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> B. HEADLIGHTS <input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> A. STOPPED / PARKED VEHICLE <input type="checkbox"/> B. MOVING VEHICLE <input type="checkbox"/> C. LOAD ON VEHICLE <input type="checkbox"/> D. TREE/SHRUB/BUSH <u>ROAD</u> <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> A. LANE CLOSURE <input type="checkbox"/> B. LANE SHIFT/CLOSURE <input type="checkbox"/> C. WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> D. INTERMITTENT OR MOVING WORK <input type="checkbox"/> E. OTHER <input type="checkbox"/> F. WORKERS PRESENT <input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 7 CHANGING ROAD WIDTH <input type="checkbox"/> 8 NON-HIGHWAY WORK <u>MOTOR VEHICLE</u> <input type="checkbox"/> 9 BRAKES <input type="checkbox"/> 10 STEERING <input type="checkbox"/> 11 SUSPENSION <input type="checkbox"/> 12 TIRES <input type="checkbox"/> 13 WHEELS <input type="checkbox"/> 14 LIGHTS (head, signal, tail) <input type="checkbox"/> 15 WINDOWS/WINDSHIELD <input type="checkbox"/> 16 MIRRORS <input type="checkbox"/> 17 WIPERS <input type="checkbox"/> 18 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN CONTRIBUTING		<b>20 - TRAFFIC CONTROL DEVICE</b> UNIT # <input checked="" type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 5 RAILROAD CROSSING DEVICE <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN		<b>21 - CONDITIONS INFLUENCING DRIVER/PED/CYCLIST UP TO TWO CHOICES PER UNIT</b> UNIT # <input type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input type="checkbox"/> 3 FELL ASLEEP / FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> 6 MEDICATIONS CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED <input type="checkbox"/> A NO TEST GIVEN <input type="checkbox"/> B TEST GIVEN <input type="checkbox"/> C TEST REFUSED <input type="checkbox"/> D TESTING UNKNOWN <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN CONDITION		<b>22 - VIOLATIONS / BEHAVIOR UP TO TWO CHOICES PER PERSON</b> UNIT # <input type="checkbox"/> 1 NO IMPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> 9 KNOWINGLY OPERATED WITH FAULTY / MISSING EQUIPMENT <input type="checkbox"/> 10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 14 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> 15 OTHER UNSAFE PASSING <input type="checkbox"/> 16 INATTENTION / DISTRACTION <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> 18 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> 19 ELECTRONIC COMMUNICATIONS DEVICE <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN		<b>23 - TRAFFIC UNIT MANEUVER/ACTION</b> UNIT # <input type="checkbox"/> 1 GOING STRAIGHT AHEAD <input type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input type="checkbox"/> 3 STOPPED IN TRAFFICWAY <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> 6 MAKING U TURN <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOIDING VEH/OBJ/PED/CYCLIST/ANIMAL <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 DRIVERLESS MOVING VEHICLE <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON OR OFF VEHICLE <input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE <input type="checkbox"/> 24 WORKING ON ROAD <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN		<b>24 - LOCATION OF PEDESTRIAN / CYCLIST</b> UNIT # <input type="checkbox"/> 1 MARKED CROSSWALK AT INTERSECTION <input type="checkbox"/> 2 AT INTERSECTION BUT NO MARKED CROSSWALK <input type="checkbox"/> 3 NON-INTERSECTION CROSSWALK <input type="checkbox"/> 4 DRIVEWAY ACCESS CROSSWALK <input type="checkbox"/> 5 SCHOOL CROSSWALK <input type="checkbox"/> 6 IN ROADWAY (not in crosswalk/intersection) <input type="checkbox"/> 7 MEDIAN (but not on shoulder) <input type="checkbox"/> 8 ISLAND <input type="checkbox"/> 9 SHOULDER <input type="checkbox"/> 10 SIDEWALK <input type="checkbox"/> 11 ROADSIDE <input type="checkbox"/> 12 OUTSIDE OF TRAFFICWAY <input type="checkbox"/> 13 DEDICATED BIKE LANE <input type="checkbox"/> 14 SHARED-USE PATH <input type="checkbox"/> 15 INSIDE BUILDING <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	

<b>ARIZONA CRASH REPORT</b>		<b>REPORT ID</b>										Agency Report Number <b>2014-1640646</b>								
<b>CONTINUED</b>		YEAR	MONTH	DAY	HOUR			NCIC NO.			OFFICER ID NO.									
POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 205 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		1	4	0	6	1	3	2	0	5	0	0	7	1	7	1	2	3	6	9

**25 - VEHICLE DAMAGED AREA (S) - (CIRCLE UP TO THREE AREAS PER UNIT)**

Unit # 1 	Unit # 2 	Unit # 2 
0 - NONE 10 - UNDERCARRIAGE 97 - OTHER 99 - UNKNOWN	0 - NONE 10 - UNDERCARRIAGE 97 - OTHER 99 - UNKNOWN	0 - NONE 10 - UNDERCARRIAGE 97 - OTHER 99 - UNKNOWN
POSITION: 40 LATITUDE: 90:00:00.00	LONGITUDE: 009:00:00.00	

**27 - ROADWAY ALIGNMENT**

UNIT # 1

<input type="checkbox"/>	1 - STRAIGHT
<input type="checkbox"/>	2 - CURVE LEFT
<input type="checkbox"/>	3 - CURVE RIGHT
<input type="checkbox"/>	99 - UNKNOWN

**31 - SEQUENCE OF EVENTS**

SEE EXAMPLE BELOW

UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE

**28 - LANE**

Please enter unit's number and lane of travel before first crash event

UNIT 1	UNIT	UNIT

0 TWO-WAY CONTINUOUS LEFT TURN  
 1-9 1 = FIRST LANE NEXT TO A MEDIAN THRU 9  
 10 CROSSWALK  
 L1 THRU LX - LEFT TURN ONLY LANES (L1= 1ST LEFT TURN AFTER MEDIAN/CENTERLINE)  
 R1 THRU RX - RIGHT TURN LANES (R1= 1ST RIGHT TURN AFTER MEDIAN/CENTERLINE)  
 B1 DEDICATED BIKE LANE  
 HOV HIGH OCCUPANCY VEHICLE  
 97 NON-ROADWAY  
 99 UNKNOWN

- NON - COLLISION**
- 1 OVERTURN/ROLLOVER
  - 2 FIRE/EXPLOSION
  - 3 IMMERSION
  - 4 JACKKNIFE
  - 5 CARGO/EQUIPMENT LOSS/SHIFT
  - 6 FELU JUMPED FROM VEHICLE
  - 7 THROWN OR FALLING OBJECT
  - 8 OTHER NON-COLLISION \_\_\_\_\_
  - 9 EQUIPMENT FAILURE (tires, brakes)
  - 10 SEPARATION OF UNITS
  - 11 RAN OFF ROAD RIGHT
  - 12 RAN OFF ROAD LEFT
  - 13 CROSS MEDIAN
  - 14 CROSS CENTERLINE
  - 15 DOWNHILL RUNAWAY
- COLLISION WITH FIXED OBJECT**
- 29 IMPACT ATTENUATOR/CRASH CUSHION
  - 30 BRIDGE/OVERHEAD STRUCTURE
  - 31 BRIDGE RAIL
  - 32 CULVERT
  - 33 CURB
  - 34 DITCH
  - 35 EMBANKMENT
  - 36 GUARDRAIL, FACE
  - 37 GUARDRAIL END
  - 38 CONCRETE TRAFFIC BARRIER
  - 39 CABLE TRAFFIC BARRIER
  - 40 OTHER TRAFFIC BARRIER
  - 41 TREE, BUSH, STUMP (standing)
  - 42 TRAFFIX SIGN SUPPORT
  - 43 TRAFFIC SIGNAL SUPPORT
  - 44 UTILITY POLE/LIGHT SUPPORT
  - 45 OTHER POST, POLE, OR SUPPORT
  - 46 FENCE
  - 47 MAILBOX
  - 48 BUILDING
  - 49 OTHER FIXED OBJ. \_\_\_\_\_
  - 99 UNKNOWN

**29 - EJECTION**

- 0 NOT APPLICABLE
- 1 NOT EJECTED
- 2 EJECTED PARTIALLY
- 3 EJECTED, TOTALLY
- 4 UNKNOWN DEGREE
- 99 UNKNOWN

**29 - EXTRICATION**

- 0 NOT APPLICABLE
- 1 EXTRICATED
- 99 UNKNOWN

**COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT**

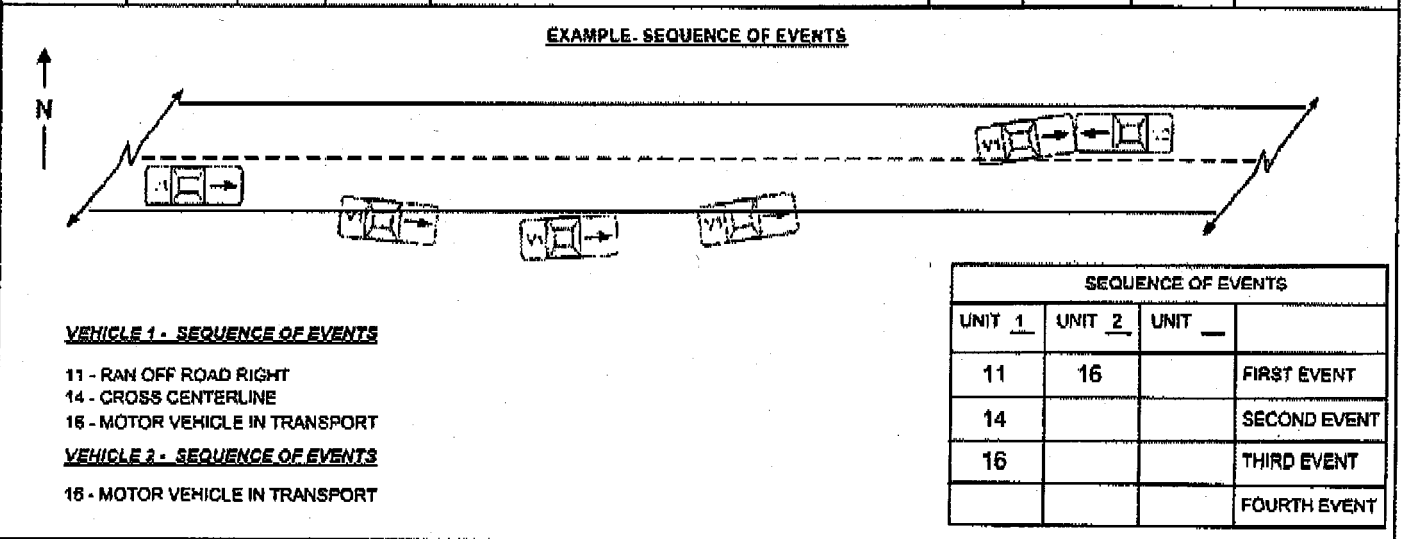
- 16 MOTOR VEHICLE IN TRANSPORT
- 17 PEDESTRIAN
- 18 PEDALCYCLE
- 19 RAILWAY VEHICLE (TRAIN, ENGINE)
- 20 LIGHT RAILWAY/RAILCAR VEHICLE
- 21 ANIMAL, WILD - NON GAME
- 22 ANIMAL, WILD - GAME \_\_\_\_\_
- 23 ANIMAL - PET \_\_\_\_\_
- 24 ANIMAL - LIVESTOCK \_\_\_\_\_
- 25 PARKED MOTOR VEHICLE
- 26 WORK CONE/MAINT. EQUIP. \_\_\_\_\_
- 27 STRUCK BY FALLING, SHIFTING CARGO OR ANTHING SET IN MOTION BY ANOTHER VEHICLE
- 28 OTHER NON - FIXED OBJ. \_\_\_\_\_

Unit# and Seat Position from front page.  
Driver seat position = 11

Unit #	Seat Pos	Ejection	Extrication
1	11	00	00
1	13	00	00

**SEQUENCE OF EVENTS**

UNIT 1	UNIT	UNIT	
33			FIRST EVENT
46			SECOND EVENT
			THIRD EVENT
			FOURTH EVENT



<b>ARIZONA CRASH REPORT</b>		<b>REPORT ID</b>				<b>Agency Report Number</b>								
1	<b>CONTINUED</b> POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER ID NO.				2014-1640646
		1	4	06	13	20	05	00	07	17	1	2	3	

34 **NARRATIVE** Describe what happened

V1 was parked under covered parking space #5 (3 spaces from the north on the west side) of the Sonic restaurant located at 6935 E Baseline Road when it started to back out of the parking space.

Immediately after being put in reverse, the vehicle "jerked" suddenly and then accelerated in what appeared to be an uncontrolled and very rapid manner.

The vehicle struck a curb approximately 114 feet behind it in a northwesterly direction before striking and coming to rest on a concrete fence/wall approximately ten feet further northwest. The first AOC (on the wall) from the South Curb of Baseline and the West curb of 6915 E Baseline driveway entrance (RP) was 37' S, 20' W.

The vehicle came to rest on the fence/wall, causing only slight concrete chipping and paint damage to the wall, but extensive damage to the rear and driver's side, rear quarter panel area. The vehicle struck a glancing blow to the wall.

The two occupants of V1 complained of sore backs and necks, but declined being transported to the hospital for treatment/examination. MFD E209/B and SWA E212 were on-scene.

A witness (attached), parked directly in front of the involved vehicle at the Sonic, completed an attached written statement and also thought that the vehicle moved in a sudden and uncontrolled movement to the rear. She specifically stated that the driver of V1 appeared to be surprised by her vehicle's sudden movement and did not appear to be in control.

Both the driver and the witness thought that the accelerator of V1 may have been stuck in the full open position.

After the collision, V1 was started and driven away from the wall. There were no immediate indications that the accelerator was stuck in any position.

The driver called a private tow/road service company to assist with her vehicle.


**ASSISTING OFFICERS:**  
 (15001) SEERY, S  
 (20151) GONZALES, M

ADDITIONAL PASSENGERS	Unit #	Seat Pos	SD	IS	Name	Address	City	State	Zip Code	Telephone No.	D.O.B./Age	Sex

ADDITIONAL WITNESSES	Name	Address	City	State	Zip Code	Telephone Number	D.O.B./Age

*Exhibit B*

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a></p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>Date Received</p> <p>16-JUN-2014</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10598649</p>			
<p><b>OWNER INFORMATION (Type or Print)</b></p>					
<p>Name</p> <p>Address</p> <p>City MESA State AZ Zip Code</p>		<p>Daytime Telephone Number</p> <p>Evening Telephone Number</p>		<p>E-mail Address</p>	
<p><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></p>					
<p><b>VEHICLE INFORMATION</b></p>					
<p>17 digit Vehicle Identification Number located at bottom of windshield on driver's side</p> <p>2B3HD46R53H</p>		<p>Make</p> <p>DODGE</p>	<p>Model</p> <p>INTREPID</p>	<p>Model Year</p> <p>2003</p>	
<p>Date Purchased</p>	<p>Dealer's Name and Telephone Number</p>			<p>Engine:</p> <p>No: Cylinders</p>	<p>Fuel Type:</p>
<p>Original Owner</p> <p><input type="checkbox"/></p>	<p>Dealer's City</p>		<p>State</p>	<p>Zip Code</p>	
<p>Transmission Type</p> <p><input type="checkbox"/> Antilock Brakes</p> <p><input type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>		<p>Multiple Failure:</p>		<p>Incident Date(s)</p> <p>13-JUN-2014</p>
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>					
<p>Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, BRAKES (PWS)</p>				<p>Failure Mileage</p> <p>153874</p>	<p>Failure Speed</p>
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19ABC036)</p>		<p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>				<p>Tire Failure Type:</p>	
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p><b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i></p>					
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>2</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>N</p>	
<p><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).</p> <p>TL* THE CONTACT OWNS A 2003 DODGE INTREPID. THE CONTACT STATED THAT AFTER SHIFTING INTO REVERSE THE VEHICLE SUDDENLY EXPERIENCED UNINTENDED ACCELERATION AND CRASHED INTO A BRICK WALL. THE CONTACT INDICATED THAT DURING THE FAILURE THE VEHICLE WOULD NOT STOP WHEN THE BRAKES WERE APPLIED. THE CONTACT AND THE FRONT PASSENGER BOTH SUFFERED HEADACHES AND THE CONTACT ALSO SUFFERED AN UPPER BACK INJURIES. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 153,874.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <b>ATTACH ADDITIONAL SHEETS IF NECESSARY.</b></p>					
<p><small>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.</small></p>					

**CHRYSLER***Exhibit C*

Customer Claims Resolution Group

June 19, 2014

Via U.S. Mail

[REDACTED]  
Mesa AZ, [REDACTED]**Re:2003 Dodge Intrepid Se****VIN: 2B3HD46R53H** [REDACTED]

Dear [REDACTED]

Thank you for contacting Chrysler Group LLC regarding your 2003 Dodge Intrepid Se. Chrysler Group LLC has reviewed your information in great detail. Unfortunately, due to the age/mileage of your vehicle, there are a number of factors outside the manufacturer's control that could have been contributed to your incident; for example, a failure to maintain, maintenance and repairs performed by independent repair facilities, and previous collisions. In addition, the amount of time on the road, with the increased exposure to road hazards and environmental factors, also, plays a significant role. Furthermore, your vehicle is no longer covered by the manufacturer warranty.

Based on the above reasons, Chrysler Group LLC respectfully denies any further assistance. If you choose to dispute our analysis, please feel free to have an inspection completed on your vehicle prior to the repairs and mail the report to the address provided on this letterhead. We would be happy to re-examine your case at that time. Further inquiries concerning compensation for the incident should be directed to your insurance carrier.

Thank you again for contacting Chrysler Group LLC.

Very truly yours,

Customer Claims Resolution Group  
Office of the General Counsel  
(888) 922-7329

*EXHIBIT 1*

# BRAKE MASTERS #151

Complete Car Care

2344 E. Baseline Rd Mesa, AZ 85204  
 46443 Phone (480) 813-3800

46141

<b>NAME</b>	[REDACTED]	<b>PLATE</b>	[REDACTED]	<b>VEHICLE ID</b>	25337
<b>ADDRESS</b>	[REDACTED]	<b>MAKE</b>	2003 DODGE	<b>INVOICE</b>	46124
	MESA, AZ	<b>MODEL</b>	INTREPID	<b>DATE</b>	12-11-2013 01:17PM
		<b>MILEAGE</b>	134057	<b>EMP</b>	2187

TECH	DESCRIPTION	PART CODE	QTY	TOTAL
CUSTOMER REQUESTED BRAKE INSPECTION				
TECH NOTES: CEL ON PTS CODES PRESENT FOR EVAP LEAKS.				
			Subtotal	0.00
2112	1-BRAKE INSPECTION Brake Inspection: Inspect and measure brake pads and/or lining, brake rotors and/of brake drums. Visually inspect brake lines and brake hoses and where applicable calipers and/or wheel cylinders, brake hardware and master cylinder. Visually inspect brake system for leaks and overall integrity. REAR BRAKES APPROX (1/32nds) FRONT BRAKES APPROX (0/32nds) BRAKE MASTER CYLINDER FLUID LEVEL OK ANY VISIBLE LEAKS? NO	LABOR		0.00
			Subtotal	0.00
2112	LIFETIME FRONT DISC BRAKES	LABOR		78.00
	BENDIX GLOBAL BRAKE PADS	MRD730	1.0	31.95
	DISC BRAKE ROTOR	PRT5198	1.0	89.95
	LAST RESURFACE ON RIGHT FRONT ROTOR			
	REPLACED LEFT FRONT ROTOR			
	BRAKE FLUID OK			
	COUPON	*IC&	1.0	-85.00
	MANAGER'S SPECIAL	MS0&	1.0	-7.00
			Subtotal	107.90

All parts are new unless otherwise stated.  
 Reference Estimate/Work Order # \_\_\_\_\_  
 I acknowledge notice and oral approval of an increase in the original estimated price.  
**X**

<b>Payments</b>		
128.52	Cash	12-11-13
130.00	CHANGE	1.48

<b>Charge Summary</b>	
Parts	121.90
Labor	78.00
Hazardous Waste	0.00
Discount	-92.00
Warrenty	0.00
Shop supplies	10.00
State Tax	8.31
City Tax	2.31
<b>TOTAL --&gt;</b>	<b>128.52</b>

<b>Service History</b>	<b>Miles</b>	<b>Date</b>	<b>Next Service Due</b>
Brake Inspection	134,057.00	12-11-2013	N/A 12-11-2014

SUBJECT TO TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT. PLEASE READ REVERSE SIDE.  
 Authorizing Signature: **X**

Total Paid	128.52
Balance Due	0.00

*Exhibited 2*

# BRAKE MASTERS #151

Complete Car Care

2344 E. Baseline Rd

Mesa, AZ 85204

48253 Phone (480) 813-3800

47898

<b>NAME</b>	[REDACTED]	<b>PLATE</b>	[REDACTED]	<b>VEHICLE ID</b>	25337
<b>ADDRESS</b>	[REDACTED]	<b>MAKE</b>	2003 DODGE	<b>INVOICE #</b>	47881
	MESA, AZ	<b>MODEL</b>	INTREPID	<b>DATE</b>	04-05-2014 09:29AM
	[REDACTED]	<b>MILEAGE</b>	148711	<b>EMP#</b>	2187

TECH	DESCRIPTION	PART CODE	QTY	TOTAL
	CUSTOMER REQUESTED A BRAKE INSPECTION, HEARS NOISE FROM LEFT FRONT			
	TECH NOTES: LEFT FRONT IS METAL TO METAL AGAIN AFTER ONLY 15K MILES. REPLACED THE LEFT FRONT CALIPER TO HELP FIX ISSUES. CUSTOMER DECLINED THE RIGHT FRONT CALIPER AND REAR BRAKES AT THIS TIME.			
			<b>Subtotal</b>	<b>0.00</b>
2112	1-BRAKE INSPECTION Brake Inspection: Inspect and measure brake pads and/or lining, brake rotors and/of brake drums. Visually inspect brake lines and brake hoses and where applicable calipers and/or wheel cylinders, brake hardware and master cylinder. Visually inspect brake system for leaks and overall integrity. FRONT BRAKES APPROX (0/32nds) REAR BRAKES APPROX (0/32nds) BRAKE MASTER CYLINDER FLUID LEVEL OK ANY VISIBLE LEAKS? NO	LABOR		0.00
			<b>Subtotal</b>	<b>0.00</b>
2112	GLOBAL FRONT DISC BRAKES DISCARD FR ROTOR AT: .960 .980/1.020 BENDIX GLOBAL BRAKE PADS LEFT FRONT ROTOR NOT RESURFACED PER CUSTOMER REQUEST RIGHT FRONT ROTOR NOT RESURFACED PER CUSTOMER REQUEST FRONT BRAKE CALIPER WARRANTY ADJUSTMENT - BRAKES	LABOR MRD730 C580 WB		78.00 31.95 59.99 -31.95
2112	INSTALL LEFT FRONT CALIPER COUPON	LABOR *IC&	1.0 1.0	19.60 -10.00
			<b>Subtotal</b>	<b>147.59</b>
<b>Recommended Services:</b>				
	REAR DISC BRAKE SERVICE			78.00
	BENDIX GLOBAL BRAKE PADS			31.95
	DISCARD RR ROTOR AT: .409			
	RESURFACED LEFT REAR ROTOR			0.00
	RESURFACED RIGHT REAR ROTOR			0.00
	COUPON			-20.00
	<b>Brake Masters will beat any quoted price on the above services!</b>			<b>89.95</b>

**Thank you for your business!!!**

# BRAKE MASTERS #151

## Complete Car Care

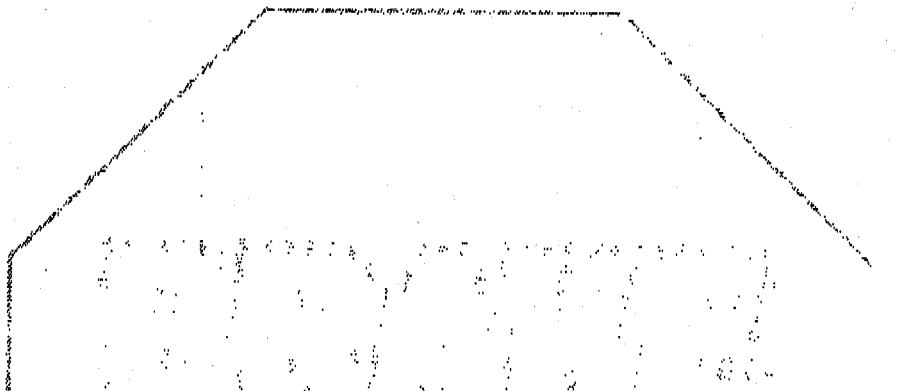
2344 E. Baseline Rd

Mesa, AZ 85204

48253 Phone (480) 813-3800

47898

<b>NAME</b>		<b>PLATE</b>		<b>VEHICLE ID</b>	25337
<b>ADDRESS</b>	MESA, AZ	<b>MAKE</b>	2003 DODGE	<b>INVOICE #</b>	47881
		<b>MODEL</b>	INTREPID	<b>DATE</b>	04-05-2014 09:29AM
		<b>MILEAGE</b>	148711	<b>EMP #</b>	2187
<b>TECH</b>	<b>DESCRIPTION</b>	<b>PART CODE</b>	<b>QTY</b>	<b>TOTAL</b>	



All parts are new unless otherwise stated.  
 Reference Estimate/Work Order # \_\_\_\_\_  
 I acknowledge notice and oral approval of an increase  
 in the original estimated price.  
**X**

<b>Payments</b>	163.51	04-05-14
-----------------	--------	----------

Charge Summary	
Parts	91.94
Labor	97.60
Hazardous Waste	0.00
Discount	-10.00
Warranty	-31.95
Customer Sat	0.00
Shop Supplies	7.88
State Tax	6.29
City Tax	1.75
<b>TOTAL</b>	<b>163.51</b>

<b>Service History</b>	<b>Miles</b>	<b>Date</b>	<b>Next Service Due</b>
Brake Inspection	148,711.00	04-05-2014	N/A-04-05-2015

SUBJECT TO TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS CONTRACT. PLEASE READ REVERSE SIDE.  
 Authorizing Signature: **X**

Total Paid	163.51
Balance Due	0.00

*Thank you for your business!!!*

Clock Work / Auto

480-343-9660

EXHIBIT E1

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

NAME	PHONE
ADDRESS	
CITY, STATE, ZIP	
2ND AUTHORIZED NAME	PHONE

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY
		Remove & Replace		
		both belts		
		part & labor		
		A 130		
		parts hr. = 1 year		
		Warranty		
		1 - Gallon of Castrol		
		8 10		
TOTAL PARTS				

CUSTOMER'S INFORMATION			
RECEIVED (DATE & TIME)	A.M. P.M.	CUSTOMER'S ORDER NO.	PROMISED (DATE & TIME) A.M. P.M.
YEAR • MAKE • MODEL		SERIAL #/VIN	MOTOR #
LICENSE NO.	ODOMETER	WRITTEN BY	
<input type="checkbox"/> LUBE	<input type="checkbox"/> OIL CHANGE	<input type="checkbox"/> FLUSH TRANS.	<input type="checkbox"/> FLUSH DIFF.
<input type="checkbox"/> WASH	<input type="checkbox"/> POLISH		

CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL*	
1 - qt oil 110 W 30	
Wash engine bay to find	
oil leak	

MECHANICS' RECOMMENDATIONS

Estimated cost \$ \_\_\_\_\_ Estimate Charge \_\_\_\_\_ Basis for Charge \_\_\_\_\_

METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH	Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.	LABOR ONLY
LABOR <input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH		PARTS
<input type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS	GUARANTEED ITEM(S) _____	ACCESSORIES
AUTHORIZED BY _____	GUARANTEE EFFECTIVE UNTIL: TIME _____ MILEAGE _____	GAS, OIL & GREASE
		MISC. MERCHANDISE
		SUBLET REPAIRS
		STORAGE FEE
		TAX
		<b>TOTAL</b> ▶ \$145.00

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:  
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$\_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: \_\_\_\_\_ I do not desire the return of any of the parts that are replaced during the authorized repairs.



ABO-343-9660  
Exhibit 2

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY STATE ZIP \_\_\_\_\_  
 2ND AUTHORIZED NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY
		Remove & Replace		
		Right front lower control arm		
		parts - \$85.00		
		labor - @ 90		
		1 year parts warranty		
TOTAL PARTS				
MECHANIC'S RECOMMENDATIONS				
Estimated cost \$ _____ Estimate Charge _____ Basis for Charge _____				

**CUSTOMER'S INFORMATION**

RECEIVED (DATE & TIME) \_\_\_\_\_ A.M. / P.M. CUSTOMER'S ORDER NO. \_\_\_\_\_ PROMISED (DATE & TIME) \_\_\_\_\_ A.M. / P.M.

YEAR • MAKE • MODEL: 2003 Dodge Intrepid SERIAL #/VIN \_\_\_\_\_  
 LICENSE NO. \_\_\_\_\_ ODOMETER \_\_\_\_\_ MOTOR # \_\_\_\_\_  
 WRITTEN BY \_\_\_\_\_

LUBE  OIL CHANGE  FLUSH TRANS.  FLUSH DIFF.  WASH  POLISH

**CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL \***

\_\_\_\_\_

**METHOD OF PAYMENT:**  
 CHECK  CHARGE  CASH

**LABOR ONLY**  
 PLAT RATE  HOURLY  BOTH

RETAIN PARTS  DESTROY PARTS

**LABOR ONLY**  
 PARTS  
 ACCESSORIES  
 GAS, OIL & GREASE  
 MISC. MERCHANDISE  
 SUBLET REPAIRS  
 STORAGE FEE  
 TAX  
**TOTAL** ▶ 1195.00

GUARANTEED ITEM(S) \_\_\_\_\_  
 GUARANTEE EFFECTIVE UNTIL: TIME \_\_\_\_\_ MILEAGE \_\_\_\_\_

Authorized by \_\_\_\_\_

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:  
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

\_\_\_\_ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.

\_\_\_\_ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$\_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

\_\_\_\_ I DO NOT REQUEST A WRITTEN ESTIMATE.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: \_\_\_\_\_ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery of work. An authorized person's lien is hereby acknowledged.

Apply (Preparer must check at least one):  
 \_\_\_\_\_ costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal, which is required under \_\_\_\_\_ law.

DATE \_\_\_\_\_





Clock work Auto

2A 4802-343-91669  
- 21116121

NAME: [REDACTED]  
 ADDRESS: [REDACTED]  
 CITY, STATE, ZIP: [REDACTED]  
 2ND AUTHORIZED NAME: [REDACTED] PHONE: [REDACTED]

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/N
		Remove & Replace Fuel Pump parts & Labor \$370		
		1 year Warranty		
TOTAL PARTS				

CUSTOMER'S INFORMATION

RECEIVED (DATE & TIME) A.M. P.M. CUSTOMER'S ORDER NO. PROMISED (DATE & TIME) A.M. P.M.

YEAR - MAKE - MODEL: 2003 Dodge Intrepid SERIAL #/VIN: [REDACTED]  
 LICENSE NO. [REDACTED] ODOMETER: [REDACTED] MOTOR #: [REDACTED] WRITTEN BY: [REDACTED]

LUBE  OIL CHANGE  FLUSH TRANS.  FLUSH DIFF.  WASH  POLISH

CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL \*

LABOR ONLY

PARTS

ACCESSORIES

GAS, OIL & GREASE

MISC. MERCHANDISE

SUBLET REPAIRS

STORAGE FEE

TAX

TOTAL: \$370

MECHANICS RECOMMENDATIONS

Estimated cost \$ \_\_\_\_\_ Estimate Charge \_\_\_\_\_ Basis for Charge \_\_\_\_\_

METHOD OF PAYMENT:

CHECK  CHARGE  CASH

LABOR

FLAT RATE  HOURLY  BOTH

RETAIN PARTS  DESTROY PARTS

AUTHORIZED BY \_\_\_\_\_

Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.

GUARANTEED ITEM(S): \_\_\_\_\_

GUARANTEE EFFECTIVE UNTIL:

TIME \_\_\_\_\_

MILEAGE \_\_\_\_\_

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:  
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$\_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE.

\*Checked lines apply (Preparer must check at least one):  
 \_\_\_\_\_ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.  
 \_\_\_\_\_ This amount includes a charge of \$ \_\_\_\_\_ which is required under \_\_\_\_\_ law.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: \_\_\_\_\_ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 90 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's log is hereby authorized for to their

DATE \_\_\_\_\_



Jiffy Lube # 2092  
 Bove Enterprises, Inc.  
 399 North Arizona Avenue  
 Chandler, AZ 85224  
 (480) 821-0812

DATE 11/11/13 01:26 PM  
**INVOICE NO.** 2092 2589831 B0Y4  
 TRANSACTION NO. 13111102589831  
 EMPLOYEES 2092JC1 2092JJ  
 2092JJ 2092JC1 209

CUSTOMER INFORMATION	VEHICLE INFORMATION	
MESA, AZ	YEAR 2003	LICENSE PLATE
	MAKE DODGE	ALTERNATE ID
	MODEL INTREPID	MILEAGE 136,712
	ENGINE 2.7L 6Cyl (ER) Fuel Injected	

FLEETS	SERVICE HISTORY		
	DATE	MILEAGE	SERVICES
	11/11/13	136,712	F6

SERVICE CHECKLIST		DESCRIPTION	QTY	PRICE
• Change Oil	CHANGED	SIGNATURE SERVICE OIL CHANG	1.00	41.99
• Change Oil Filter	CHANGED	SIGNATURE SERVICE CHECK	1.00	0.00
• Check Air Filter	CUST DECLIN	OIL FILTER PH195	1.00	0.00
• Check Wiper Blades	APPEAR OK	FORMULA SHELL 5W30	5.00	0.00
• Vacuum Floors	COMPLETED	DRAIN PLUG TIGHTENED FT-LB	1.00	0.00
• Wash Exterior Windows	COMPLETED			
* Additional Services Performed as Needed:				
Lubricate Chassis	SEALED			
Transmission/Transaxle Fluid Level	ADDED			
Differential Fluid Level	N/A			
Power Steering Fluid Level	OK			
Windshield Washer Fluid Level	ADDED			
Battery Water Level	MAINT. FREE			
Tire Pressure	F32 R32			
BRAKE FLUID LEVEL	OK			
COOLANT RESERVOIR BOTTLE	OK			
LIGHT SAFETY CHECK	OK			
OIL LEVEL PRIOR TO SERVICE	1 QT LOW			

SERVICE COMMENTS		SALES	
QUALITY INSPECTION BY J. CASTELLO		GROSS SALES	41.99
ENGINE OIL LEAK		NET SALES	41.99
TRANSMISSION LEAK		PARTS	23.99
THANK YOU AND HAVE A NICE DAY!!!		LABOR	18.00
		CITY TAX	0.36
		STATE TAX	1.51
		TOTAL	43.86
		GCD	25.00
		000000 020114 BAL: 0.00	
		CASH	20.00
		CHANGE	1.14

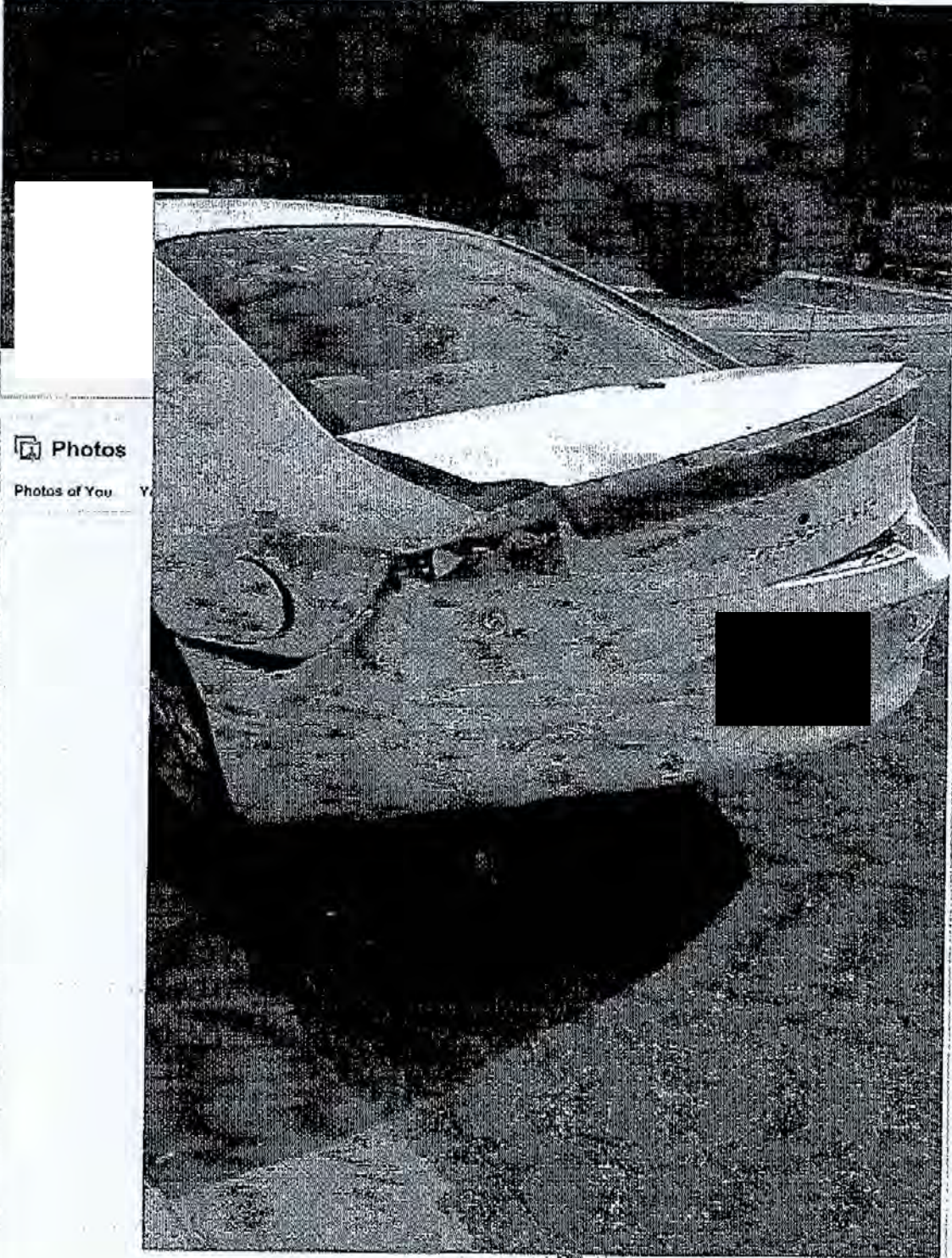
COUPONS!!!!

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

2589831

Exhibit F 1

Cynthia Brown

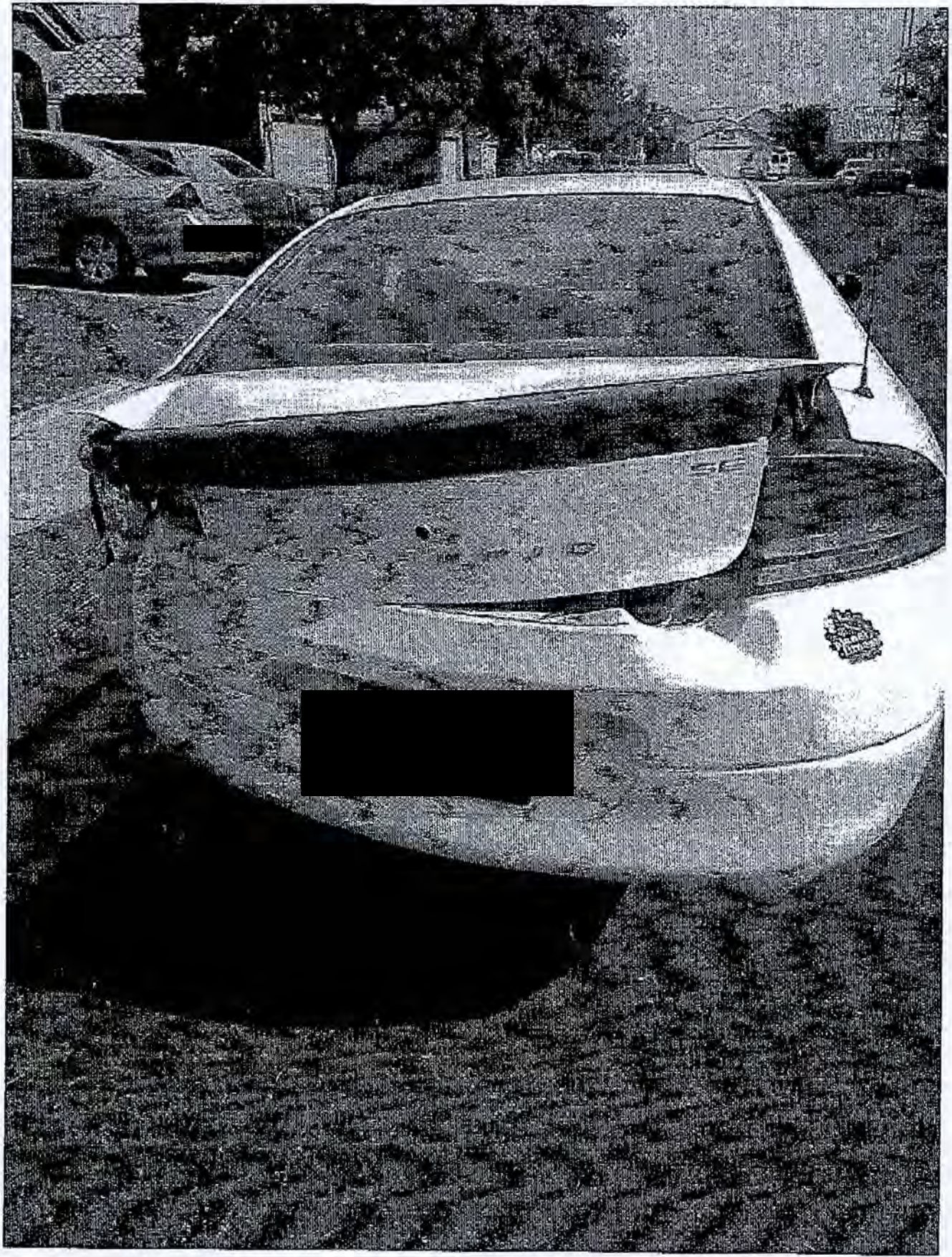


Photos

Photos of You Y

Chat (37)

# Exhibit F2



### WAIVER AND CONSENT TO VOLUNTARY REPOSSESSION

[Redacted]

I hereby acknowledge the existing default in my loan contract with FAST AUTO LOANS, and secured by the collateral as described below. I am unable to bring the account current, pay off the remaining balance, or pay any further toward this obligation. Consequently, I am voluntarily surrendering to you, or your agent, the collateral as stated in the security agreement. I acknowledge that I am under no threat of violence or coercion.

I also waive any prior notice and court hearing, pertaining to the surrender of the collateral. I have removed any and all personal belongings from the collateral. I also acknowledge receipt of a copy of this waiver and consent to repossession form.

I further waive any right to notification of the time or place of any public sale, and notification of the time after which any private sale or other intended disposition of the collateral described below is to be made.

FAST AUTO LOANS acknowledges receipt of the collateral described as follows

2003 Dodge Intrepid 4D Sedan  
203HD46R63H [Redacted]

[Redacted]

DATE: 7-1-14

ACCOUNT NO: [Redacted]

[Redacted]

Address  
Mesa AZ  
City State Zip

Received by  
[Redacted]

Co-Debtor

Address  
City State Zip

# Receive Error Log

DOT

Tuesday, 2014-08-12 16:09

2023663171

Date	Time	Type	Job #	Length	Speed	Station Name/Number	Pgs	Status
2014-08-12	15:57	RECV	00706	11:11	14400	[REDACTED]	19	E-531 V.17 AR30

# FAX SERVICE

Date: \_\_\_\_\_ Time: \_\_\_\_\_

To:	Chief Randy Reid	F:	[Redacted]
Company/Dept:	U.S. TRANSPORTATION	C:	[Redacted]
Phone #:	(888) 327-4236	Phone #:	[Redacted]
Fax #:	(202) 366-1767	# Pages:	18
Comments:	ODT Complaint 10598649 Accident 6/13/2014		Including Cover Sheet

Phone [Redacted] • Mesa, Arizona [Redacted]  
 • Fax: [Redacted]