


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p> <p>Date Received JAN 12 2015 05-NOV-2015</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10788681</p>	
<p><b>OWNER INFORMATION (Type or Print)</b></p>							
Name		Address		Daytime Telephone Number		E-mail Address	
City		State		Zip Code		Evening Telephone Number	
TYLER		TX		[REDACTED]		SAME	
<p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>							
<p><b>VEHICLE INFORMATION</b></p>							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make		Model		Model Year	
19XFB2F92E [REDACTED]		HONDA		CIVIC		2014	
Date Purchased		Dealer's Name and Telephone Number		Engine:		Fuel Type:	
4/20/15		New Lower Honda Lenton Honda 903-375-2739		No: Cylinders		Gas	
Original Owner		Dealer's City		State		Zip Code	
<input checked="" type="checkbox"/>		Longview		TX		75605	
Transmission Type		Powertrain		Multiple Failure:		Incident Date(s)	
Automatic		Front wheel drive		1) brakes 2) seat belt		24-OCT-2015	
<input checked="" type="checkbox"/> Antilock Brakes		<input checked="" type="checkbox"/> Cruise Control					
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>							
Vehicle Component Code: BRAKES (PWS)				Failure Mileage		Failure Speed	
				11500		60	
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>							
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)			
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:			
Tire Component Code				Tire Failure Type:			
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>							
Make:		Date Manufactured:		Model No./Name:			
Seat Type:		Installation System:					
Child Seat Component Code:		Failed Part:					
<p><b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>							
Crash		Fire		Number of Persons Injured		Number of Deaths	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1		0	
				Reported to Police			
				Y			
<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 2014 HONDA CIVIC. WHILE DRIVING APPROXIMATELY 60 MPH, THE BRAKE PEDAL WAS DEPRESSED AND FAILED TO RESPOND WITHOUT WARNING. AS A RESULT, THE CONTACT CRASHED INTO AN EMBANKMENT. THE DRIVER SIDE AIR BAG DEPLOYED. THE CONTACT HAD TO ADD TO THE MASTER CYLINDER ON SEVERAL OCCASIONS. A POLICE REPORT WAS FILED AND NO INJURIES WERE REPORTED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC, BUT WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 11,500.</p>							
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				ATTACH ADDITIONAL SHEETS IF NECESSARY			
<p>The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.</p>							



# Invoice

## Carl Owens Auto Collision Center

10145 Highway 64 E  
Tyler, TX 75707

Phone (903) 566-5300 Fax (903) 566-3260

No: [REDACTED]

Scheduled In Date: 10/30/2015

Delivered Date:

Service Rep: Barbara Moorehead

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PO No:

### Name

[REDACTED]  
TYLER, TX  
[REDACTED]

### Service Item

14 HOND CIVIC EX-L 4D SED  
Lic: [REDACTED]  
Vin: 19XFB2F92EE [REDACTED] Color: silver  
Mileage In: Out  
Paint Code: Trim Code:

### Insurance Information

Claim No: [REDACTED]  
Policy No: ALLSTATE  
Date of Loss: 10/27/2015  
Deductible: 500

### Insurance Company

[REDACTED]

### Insured

[REDACTED]  
TYLER TX  
[REDACTED]

### Adjuster

NORTH STAR AUTO MCO  
8711 N. Freeport Pkwy  
IRVING TX 75063

### Notes

[REDACTED]

Type	Description	Qty	Each	Amount	Tax Rate	Tax	Total
BL	Body Labor	23.90	51.87	1,239.80	0.00%	.00	1,239.80
FL	Frame Labor	2.50	60.00	150.00	0.00%	.00	150.00
FR	Freight			25.00	0.00%	.00	25.00
ML	Mechanical Labor	6.60	80.00	528.00	0.00%	.00	528.00
NS	NonTaxable Sublet			1,874.45	0.00%	.00	1,874.45
PM	Paint Materials			500.00	6.75%	33.75	533.75
RL	Refinish Labor	15.20	52.00	790.40	0.00%	.00	790.40
TP	Taxable Part			6,613.62	6.75%	446.42	7,060.04
TS	Taxable Sublet			35.00	6.75%	2.36	37.36
TW	Towing			816.05	0.00%	.00	816.05
<b>INVOICE TOTALS</b>				<b>12,572.32</b>		<b>482.53</b>	<b>13,054.85</b>

12/4/2015	CASH customer deductible	400.00
Total Payments - 400.00		
<b>BALANCE DUE</b>		<b>\$12,654.85</b>

An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of costs incurred by in collecting amounts owed for repairs on the above vehicle. I also hereby make, constitute and appoint you and/or your employees as my true lawful attorney for me and in my name, place, and stead to ask, demand, collect, sign for and receive all such sums of money which are or shall be due owing, payable and belonging to me, or detained from me, related to the vehicle herein described. This includes full power and authority to sign my name to all checks, drafts, and/or negotiable instruments related to or arising out of work done by you and/or your employees on the above mentioned vehicle.

A charge of 1-1/2% per month (18% per annum) will be added to all 30 day past due accounts, payable in Tyler, Smith Co., Texas.

Signature: \_\_\_\_\_

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