



U.S. Department of Transportation  
National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

AGENCY USE ONLY 100148

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

Date Received 08-FEB-2017 <b>MAR 2 = 2017</b>	Repository <input type="checkbox"/>
	Reference No. 10950287

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]

Address: [REDACTED]

City: EVANSVILLE State: IN Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]

Evening Telephone Number: [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 5NPEU46C76H [REDACTED]	Make HYUNDAI	Model SONATA	Model Year 2006
Date Purchased 11/2007	Dealer's Name and Telephone Number Evansville Hyundai (812)-473-4400		Engine: No: Cylinders 4
Original Owner <input type="checkbox"/>	Dealer's City Evansville	State IN	Zip Code 47915
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 02-NOV-2016

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 030000 BRAKES (PWS)	Failure Mileage 100000	Failure Speed 30
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police Y
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**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 2006 HYUNDAI SONATA. WHILE DRIVING 30 MPH, THE BRAKE PEDAL FAILED TO DEPRESS AND THE CONTACT REAR ENDED ANOTHER VEHICLE. THE AIR BAGS DID NOT DEPLOY. A POLICE REPORT WAS FILED AND THERE WERE NO INJURIES. THE VEHICLE WAS TOWED TO A [REDACTED] AND REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 100,000.

*Body shop*

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

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.

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

I have inclosed 5-page police report  
1 page - Recall Notice copy on 2/24/2014  
2 page letter to Hyundai Motor Co. J  
Invoice for fixing of car @  
Invoice for car-rental payment.  
There are @ copies of photos of a car.

Thank You!!

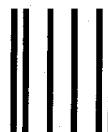
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

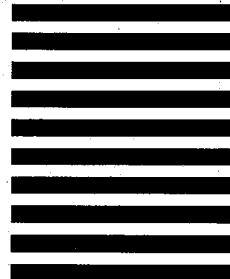
National Highway Traffic Safety Administration

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

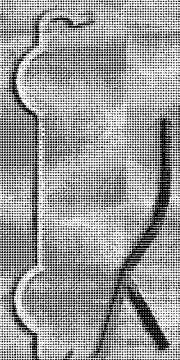


**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC  
POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NEF-100  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382




Think your vehicle has a safety defect?



If so:  
Use the enclosed form to file a report.

or visit:  
[www.safercar.gov](http://www.safercar.gov)

or call:  
Vehicle Safety Hotline  
888-327-4236



Vehicle Defect Reporting Campaign (VDCR)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

Local ID [REDACTED]

Date of Crash 11/02/2016	Day of Week WED	Actual Local Time 6:48 PM	County VANDERBURGH	Township KNIGHT	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On [REDACTED]			Nearest/Intersecting Road/MileMarker/Interchange [REDACTED]		If not an intersection, number of feet from	Direction	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES	City/Town or Nearest City/Town EVANSVILLE			Property? OTHER	Crash Latitude	Crash Longitude			
Driver #1 [REDACTED]		Driver #2 [REDACTED]		Driver #3		Driver #4			

Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4	Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4
<b>Driver Contributing Circumstances</b>	<b>Vehicle Contributing Circumstances</b>
<input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Driver Asleep or Fatigued <input type="checkbox"/> Driver Illness <input type="checkbox"/> Unsafe Speed <input type="checkbox"/> Failure to Yield <input type="checkbox"/> Disregard Signal <input type="checkbox"/> Left of Center <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Turning <input type="checkbox"/> Improper Lane Usage <input checked="" type="checkbox"/> Following Too Closely <input type="checkbox"/> Unsafe Backing <input type="checkbox"/> Overcorrecting <input type="checkbox"/> Ran off Road <input type="checkbox"/> Wrong Way on One Way <input type="checkbox"/> Pedestrian's Action <input type="checkbox"/> Passenger Distraction <input type="checkbox"/> Restriction Violation <input type="checkbox"/> Jackknifing <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Other Telematics <input type="checkbox"/> Driver Distracted <input type="checkbox"/> Speed/Weather Conditions <input type="checkbox"/> Unsafe Lane Movement <input type="checkbox"/> Other <input checked="" type="checkbox"/> None	<input type="checkbox"/> Engine Failure or Defective <input type="checkbox"/> Accelerator Failure or Defective <input type="checkbox"/> Brake Failure or Defective <input type="checkbox"/> Tire Failure or Defective <input type="checkbox"/> Headlight(s) Defective or Not On <input type="checkbox"/> Other Lights Defective <input type="checkbox"/> Steering Failure <input type="checkbox"/> Window/Windshield Defective <input type="checkbox"/> Oversize/Overweight Load <input type="checkbox"/> Insecure/Leaky Load <input type="checkbox"/> Tow Hitch Failure <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
	<b>Environment Contributing Circumstances</b>
	<input type="checkbox"/> Glare <input type="checkbox"/> Roadway Surface <input type="checkbox"/> Holes/Ruts in Surface <input type="checkbox"/> Shoulder Defective <input type="checkbox"/> Road Under Construction <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Obstruction Not Marked <input type="checkbox"/> Lane Marking Obscured <input type="checkbox"/> View Obstructed <input type="checkbox"/> Animal/Object in Roadway <input type="checkbox"/> Traffic Ctl Inop/Missing/Obscure <input type="checkbox"/> Utility Work <input type="checkbox"/> Other <input checked="" type="checkbox"/> None

<b>Area Information</b>	
Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	URBAN
Light Condition	DARK (LIGHTED)
Weather Conditions	CLEAR
Surface Condition	DRY
Type of Median	CURBED
Type of Roadway Junction	FOUR-WAY INTERSECTION
Road Character	STRAIGHT / LEVEL
Roadway Surface	ASPHALT
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	TRAFFIC CONTROL SIGNAL *
Traffic Control Device Operational?	YES
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash: \$2501 TO \$5000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

<b>Witness/Other Participant</b>			<b>Non-Motorist</b>	
<input type="checkbox"/> Witness	#	Name	(Last Name, First Name, MI)	
<input type="checkbox"/> Other Participant			Non-Motorist Type	Non-Motorist Action
Address etc.			Apparent Physical Condition	
Phone #	Location at Time of Crash		Cited?	Direction
<input type="checkbox"/> Witness	#	Name		
<input type="checkbox"/> Other Participant				
Address etc.			Street/Highway	
Phone #	Location at Time of Crash		Traffic Control? If yes, was traffic control operational?	

Local ID

Type of Crash REAR END

Time Notified 6:53 PM	Time Arrived 7:00 PM	Other Location of Investigation NONE			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 11/02/2016 19:07:46	
Investigating Officer WOLF, DEXTER C.		ID No. 2X1396	Agency Evansville Police Department	Reviewing Officer SALTZMAN, MARK D.	

Narrative

Both Driver 1 and Driver 2 state that Vehicle 1 rear ended Vehicle 2 while they were in the left hand straight lane of northbound [REDACTED] at the intersection with [REDACTED]. Vehicle 1 had front end damage. Vehicle 2 had rear and damage and partial air bag deployment.

No injuries.

UNIT INFORMATION

Local ID [REDACTED]

1 Driver's Name (Last, First, MI) [REDACTED]  
 Address (Street, City, State, Zip) [REDACTED]  
 EVANSVILLE, IN [REDACTED]  
 Date of Birth [REDACTED] Age [REDACTED] Gender FEMALE

Safety Equipment Used LAP + HARNESS  
 Safety Equipment Effective YES  
 Ejection/Trapped NOT EJECTED OR TRAPPED  
 EMS No. [REDACTED] Immed Attn NO Driver Injury Status [REDACTED]

Driver's License # [REDACTED] Lic Type OP CDL Class [REDACTED] Lic State IN  
 Apparent Physical Status  
 Normal  
 Had Been Drinking  
 Handicapped  
 Ill  
 Asleep/Fatigued  
 Drugs/Medication  
 Unknown  
 Restrictions  
 Glasses/Contact Lenses  
 Outside Rearview Mirror  
 Daylight Driving  
 Automatic Transmission  
 Special Controls  
 Employment Only  
 Motorcycle Only  
 To/From Employment  
 Employer's Vehicle Only  
 State-Owned Vehicles  
 PP Chauffeurs Taxi Only  
 Power Steering  
 Special Restrictions  
 Probation DWI  
 Probation HTV  
 None

Nature of Most Severe Injury [REDACTED]  
 Location of Most Severe Injury [REDACTED]  
 If Cited?  
 Infraction  
 Misdemeanor  
 Felony  
 IC Codes [REDACTED]

Test Given NONE Type Given  
 Blood  Urine  Breath  SFST  PBT

Alcohol Results PBT Certified Test  Pending Drug Results [REDACTED]  
 Veh# 1 Color Light Vehicle Year 2006 Make Hyundai Model SONATA Style 4D  
 # Occupants 1 Lic Year 2017 License # [REDACTED] License State IN  
 # Axles 2 Speed Limit 30 Insured By AAA Phone Number (866) 222-2378

Initial Impact Area  
 Undercarriage  
 Trailer  
 None  
 Unknown  
 Front [REDACTED] Rear [REDACTED]

Vehicle Identification # 5NPEU46C76H [REDACTED]  
 Registered Owner's Name (Last, First, MI) [REDACTED]  Same as Driver  
 Address (Street, City, State, Zip) [REDACTED]

Area Damaged (Multiples)  
 Undercarriage  
 Trailer  
 None  
 Unknown  
 Front [REDACTED] Rear [REDACTED]

Towed? To [REDACTED] By [REDACTED] Due to Disabling Damage [REDACTED]  
 Lic State [REDACTED] Lic Year [REDACTED] Registered Owner's Name (Last, First, MI) [REDACTED]  Same as Driver

Vehicle Use PERSONAL (FARM, COMPANY)  
 Emergency Run? [REDACTED] Fire? NO

License # [REDACTED] Address (Street, City, State, Zip) [REDACTED]  
 Veh Year [REDACTED] Make [REDACTED]  
 Lic State [REDACTED] Lic Year [REDACTED] Registered Owner's Name (Last, First, MI) [REDACTED]  Same as Driver

Vehicle Type PASSENGER CAR / STATION WAGON  
 Pre-Crash Vehicle Action GOING STRAIGHT AHEAD  
 Direction of Travel NORTH

License # [REDACTED] Address (Street, City, State, Zip) [REDACTED]  
 Veh Year [REDACTED] Make [REDACTED]  
 Commercial Vehicle: Carrier's Name and Address [REDACTED]

Type of Primary/Secondary Roadway  
 One Way Traffic  One Lane  Two Lanes  Multi-Lanes (3 or more)  
 Two Way Traffic  Two Lanes  Multi-Lane Divided (3 or more)  Multi-Lane Undivided 2 way left turn  Multi-Lane Undivided (3 or more)  
 Private Drive  Alley

HAZMAT Proper Shipping Name: [REDACTED] State DOT# [REDACTED]  
 US DOT# [REDACTED] ICC# [REDACTED] CMV Inspection [REDACTED] If Yes [REDACTED]

Event Collision With ANOTHER MOTOR VEHICLE

Gross Vehicle Weight Rating [REDACTED] Cargo Body Type [REDACTED]  
 HAZMAT Placard [REDACTED] HAZMAT Release of Cargo [REDACTED] HAZMAT 4-Digit ID# [REDACTED] Hazard Class # [REDACTED]

UNIT INFORMATION

Local ID

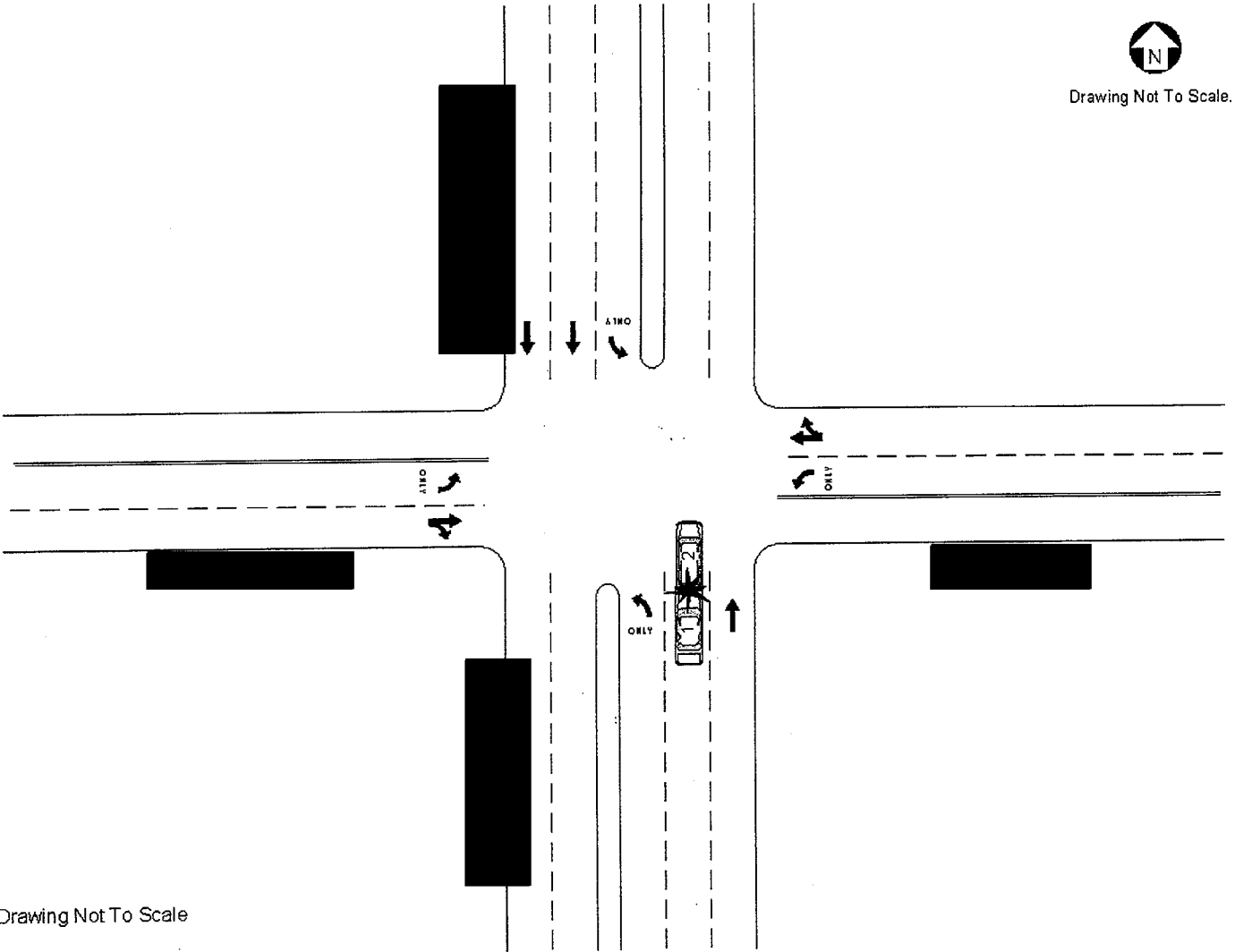
2		Driver's Name (Last, First, MI)		Safety Equipment Used	
Address (Street, City, State, Zip)		OLNEY, IL		LAP + HARNESS	
Date of Birth	Age	Gender	EMMS No.	Immed Attn	Driver Injury Status
		FEMALE		NO	
Driver's License #		Lic Type	CDL Class	Nature of Most Severe Injury	
		OP		IL	
Apparent Physical Status		Restrictions		Location of Most Severe Injury	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment		<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTV <input type="checkbox"/> None	
Test Given		Type Given		If Cited?	
NONE		<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		<input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Alcohol Results		Certified Test		Drug Results	
PBT		<input type="checkbox"/> Pending			
Veh#	Color	Vehicle Year	Make	Model	Style
2	Red	2012	Chevrolet	EQUINOX	UT
# Occupants	Lic Year	License #		License State	
1	2017			IL	
# Axles	Speed Limit	Insured By		Phone Number	
2	30	STANDARD MUTUAL		(618) 676-1981	
Vehicle Identification #					
2GNFLEE51C6					
Registered Owner's Name (Last, First, MI)					
Address (Street, City, State, Zip)					
Towed? To By Due to Disabling Damage					
PERSONAL (FARM, COMPANY)					
License #				Address (Street, City, State, Zip)	
Vehicle Use					
SPORT UTILITY VEHICLE					
Emergency Run? Fire? NO					
Pre-Crash Vehicle Action					
SLOWING OR STOPPED TRAFFIC					
Direction of Travel					
NORTH					
Type of Primary/Secondary Roadway					
One Way Traffic		Two Way Traffic		Private Drive	
<input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more)		<input type="checkbox"/> Two Lanes <input checked="" type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more)		<input type="checkbox"/> Private Drive <input type="checkbox"/> Alley	
HAZMAT Proper Shipping Name:			State DOT#		
US DOT#			ICC#		
Gross Vehicle Weight Rating			Cargo Body Type		
HAZMAT Placard			HAZMAT Release of Cargo		
HAZMAT 4-Digit ID#			Hazard Class #		
Event Collision With					
ANOTHER MOTOR VEHICLE					

Local ID [REDACTED]

Diagram



Drawing Not To Scale.



Drawing Not To Scale

Recall Number

**09V122000**

Recall Date

**04/15/2009**

CASE #

Component

**SERVICE BRAKES,  
HYDRAULIC:SWITCHES:BRAKE LIGHT**

## Summary

HYUNDAI IS RECALLING 531,894 MY 2006-2007 ACCENT, ENTOURAGE, SONATA, MY 2007 AZERA, ELANTRA AND SANTA FE, MY 2005-2007 TUCSON AND MY 2007-2008 VERACRUZ VEHICLES. THE STOP LAMP SWITCH IN THE AFFECTED VEHICLES MAY MALFUNCTION. A MALFUNCTIONING STOP LAMP SWITCH MAY CAUSE THE BRAKE LIGHTS TO NOT ILLUMINATE WHEN THE BRAKE PEDAL IS DEPRESSED OR MAY CAUSE THE BRAKE LIGHTS TO REMAIN ILLUMINATED WHEN THE BRAKE PEDAL IS RELEASED. A STOP LAMP SWITCH MALFUNCTION MAY AFFECT THE OPERATION OF THE BRAKE-TRANSMISSION SHIFT INTERLOCK FEATURE SO THE TRANSMISSION SHIFTER WOULD NOT BE ABLE TO BE SHIFTED OUT OF PARK POSITION. IT MAY ALSO CAUSE THE ELECTRONIC STABILITY CONTROL (ESC) MALFUNCTION LIGHT TO ILLUMINATE, AND IT MAY NOT DEACTIVATE THE CRUISE CONTROL WHEN THE BRAKE PEDAL IS DEPRESSED.

## Consequence

THESE MALFUNCTIONS MY LEAD TO A CRASH.

## What Owners Should Do

DEALERS WILL REPLACE THE STOP LAMP SWITCH FREE OF CHARGE. THE RECALL IS EXPECTED TO BEGIN DURING APRIL 2009. OWNERS MAY CONTACT HYUNDAI CUSTOMER ASSISTANCE CENTER AT 1-800-633-5151.

*I found this on-line the other day.  
I never recieved Recall-Notice on this matter.  
Above under lined is exactly what happened  
to the car.*

To whom may it concern;

2/24/2017

RE; HMA Case Number: [REDACTED]  
(VIN # 5NPEU46C76H [REDACTED])

My name is [REDACTED] I have a 2006 Hyundai Sonata.  
I like to share my recent experience with Hyundai Motor Co.  
It happened on NOV/02/2016 around 6:48 P.M. on my way to work.

I saw "RED" traffic light ahead, where a car had already stopped.  
As I was slowing down, I put my foot on the Break pad.  
To my HORROR, the break did not work - hitting the other car.

I support myself with very limited income, and can't afford full insurance coverage. Nov/10/2016 I contacted Hyundai Motor Co. in California and was given case no. for investigation.

3 weeks later, a man came to test on 12/05/2016 and talked to him on 12/06/2016. I was told the report will be sent next day.  
After 2 weeks I called the person with my case on 12/30/2016 and 12/22/16. It turns out, the report was only sent on 12/21/2016.  
From 12/23 - on they were closed for Holidays.

Jan/05/2017 late afternoon, I got a call - there were still technical issues need to be check by Engineers. Then, the very next day, I was told there will be a mail via Fed Ex - and it was an invitation. The mail came 1/10/2017 afternoon. It just stated, they were not able to find anything wrong with Breaks.

\* \* \*

It may have been o.k. at the time of testing.  
However, only one-time Break failure is all it takes to cause an accident. All I know is, the break did not work on NOV/02/2016.

I bought Hyundai Sonata in 2007 and serviced since April 2008, and kept all the records in globe-compartment.

There 2 recalls made on 2006 Sonata.  
One was in Oct/2013 regarding crossmember core treatment, and I have a record of it.

Another one was in 2009, Break-light switch, recall No. 09V122000.  
My Sonata was serviced in March, June, Sept. and Dec. of 2009.  
There is NO record of it was fixed.

I bought Hyundai Sonata in good faith, believed they will stand by their product. I am still terrified by what happened, I put extra-long distance between cars whenever I need to stop.

In all this, I am requesting sum of \$4,700.00 in reimbursement for rental-car payment for 8 weeks, plus the cost of fixing the car - not to mention all the inconvenience - which happened not by my own fault.

I ask for your kind response within 2 weeks timeline.

If it does not resolve in timely manner, I will take an action accordingly, and go to PUBLIC.

Thank you for your attention, and timely response in advance.

Address;



Evansville, IN.



phone:



Sincerely,



p.s. I don't drink, smoke or do drugs.  
Cel-phone is off limit when I drive.



# Hertz

#01 RN

RES H12720067E9

DIANE PIRKLE

CC

**INITIAL CHARGES**

RENT RT \$ 120.00 /WEEK @ 8 /WEEKS \$ 960.00  
SUBTOTAL T \$ 960.00

**CHARGES ADDED DURING RENTAL**

LDW ACCEPTED @ \$ 9.99 DAY T \$ 559.44  
LIS DECLINED  
PAI, PEC DECLINED  
PREM RD SVC DECLINED  
FPO ACCEPTED - REFLECTS A 10% AAA DISCOUNT \$ 18.07

\* ADDITIONAL CHARGES

**SERVICE CHARGES/TAXES**

Late Return Fee Accepted @ \$ 12.00 per day T \$ 60.00  
TAX 7.000% ON TAXABLE TTL OF \$ 1579.44 \$ 110.56  
TOTAL AMOUNT DUE \$ 1708.07

CHARGED ON VISA XXXXXXXXXXXX

FOR EXPLANATION OF THE ABOVE CHARGES,  
PLEASE ASK A REPRESENTATIVE OR GO TO  
[WWW.HERTZ.COM/CHARGEEXPLAINED](http://WWW.HERTZ.COM/CHARGEEXPLAINED)

VEHICLE: 00599 / 5205018 16 NL VERSA 5D 1N  
LICENSE: [REDACTED]  
FUEL: FULL 8/8 OUT 8/8 IN  
MILEAGE IN: 27069 TR-X MILES:  
MILEAGE OUT: 26454 MILES ALLOWED:  
MILES DRIVEN: 615 MILES CHARGED:  
CDP: 11845 - AAA MISSOURI

RENTED: EVANSVILLE HLE  
RENTAL: 11/22/16 15:56  
RETURN: 01/17/17 13:00  
RETURNED: EVANSVILLE HLE  
COMPLETED BY: 5031/INEVA20

PLAN IN: CNVW RATE CLASS: A  
PLAN OUT: CNVW

STATEMENT OF CHARGES - NOT VALID FOR RENTAL



