

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

From: [Wells, T. Cynthia CTR \(NHTSA\)](#)
To: [Fogle, Brenda CTR \(NHTSA\)](#)
Subject: FW: Please add attachments to VOQ 11033387
Date: Wednesday, October 18, 2017 9:59:37 AM
Attachments: [photo1.jpg](#)
[photo2.jpg](#)

From: Ong, Nathan (NHTSA)

Sent: Wednesday, October 18, 2017 9:11 AM

Subject: Please add attachments to VOQ 11033387

Please add above attachments to VOQ, both private and public. Thanks!

-Nathan

CUSTOMER #:



INVOICE



3919 East Palm Canyon Dr. Palm Springs, CA 92264 Phone: (760) 202-8888 Fax: (760) 202-2792

Palm Springs HYUNDAI

ARD# 00266080

SERVICE DEPARTMENT HOURS MONDAY - FRIDAY 7:30 A.M. - 5:30 P.M. SATURDAY 8:00 A.M. - 5:00 P.M.

PAGE 1

PALM DESERT, CA

HOME BUS: CONT CELL

SERVICE ADVISOR: 1894 GEORGE NASSAR

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN / OUT, TAG, DEL. DATE, PROD. DATE, WARR. EXP., PROMISED, PO NO., RATE, PAYMENT, INV. DATE, R.O. OPENED, READY, OPTIONS, SOLD-STK, ENG:2.0_Liter_DOHC

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL

A CUSTOMER STATES THAT THE WENT TO HIT THE BRAKES AND THE VEHICLE HAD NO PEDAL, CHECK AND ADVISE

CAUSE: F MISC - 849 WH 1 59110-F3000-QQH BOOSTER ASSY-BRAKE

SUBL RENTAL PO# WH

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00 TECHNICIAN TEST DROVE VEHICLE AND FOUND THAT THE PEDAL WAS HARD DURING BRAKING, FOUND THAT THE INTERNAL DIAPHRAGM WAS LEAKING CAUSING A HARD PEDAL. NECESSARY TO REPLACE THE BOOSTER AND THE VEHICLE IS OPERATING AS DESIGNED AT THIS TIME

B PERFORM A MULTI-POINT VEHICLE INSPECTION

CAUSE: F MP PERFORM A MULTI-POINT VEHICLE INSPECTION

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

C CUSTOMER REQUEST TO HAVE THE ENGINE OIL AND FILTER REPLACED. LOF CUSTOMER REQUEST TO HAVE THE ENGINE OIL AND FILTER REPLACED.

849 ISVP 1 26300-35504 FILTER ASSY-ENGINE OIL

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00 NECESSARY TO REPLACE THE ENGINE OIL AND FILTER, TECHNICIAN SET THE TIRE PRESSURE TO FACTORY SPECIFICATIONS

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. "I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto."

DISCLAIMER OF WARRANTIES. All warranties on the product sold hereby are those made by the manufacturer. The seller PALM SPRINGS HYUNDAI, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and PALM SPRINGS HYUNDAI, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

Table with columns: DESCRIPTION, TOTALS. Rows include LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, LESS INSURANCE, SALES TAX, PLEASE PAY THIS AMOUNT.

CUSTOMER #: [REDACTED]

[REDACTED]



3919 East Palm Canyon Dr.
Palm Springs, CA 92264
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Fax: (760) 202-2792

PALM DESERT, CA

WORKORDER
REPRINT
PAGE 1

Palm Springs
HYUNDAI

ARD# 00266080

SERVICE DEPARTMENT HOURS
MONDAY - FRIDAY
7:30 A.M. - 5:30 P.M.
SATURDAY 8:00 A.M. - 5:00 P.M.

HOME: [REDACTED] CONT: [REDACTED]
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 1894 NASSAR, GEORGE

COLOR	YEAR	MAKE	VIN	LICENSE	MILEAGE IN/ OUT	TAG
SILVER	17	HYUNDAI ELANTRA	5NPD84LF0HH [REDACTED]		3285/	T708

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
26APR17 DD			17:00 16OCT17		0.00	CASH	

R.O. OPENED READY OPTIONS: SOLD-STK: [REDACTED] ENG:2.0_Liter_DOHC

16OCT2017 10:16

LINE OF CODE TECH... TYPE DESCRIPTIONS/INSTRUCTIONS

A MISC WH CUSTOMER STATES THAT THE WENT TO HIT THE BRAKES AND THE VEHICLE HAD NO PEDAL, CHECK AND ADVISE | CC:

B MP WH PERFORM A MULTI-POINT VEHICLE INSPECTION

C LOF CP CUSTOMER REQUEST TO HAVE THE ENGINE OIL AND FILTER REPLACED.

ASSIGN 3M1A22
BU46 H N-MOD
PALM DE 17, CA
emlog1 mail
HOME: 76 64-317
BUS: 76 38-976

COLOR YEAR
SILVER 17

TEARDOWN ESTIMATE:

I understand that my vehicle will be reassembled within _____ days of the date shown above if I choose not to authorize the services recommended.

PRELIMINARY ESTIMATE \$ _____

"I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto."

All warranties on the product sold hereby are those made by the manufacturer. The seller PALM SPRINGS HYUNDAI, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and PALM SPRINGS HYUNDAI, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

X
CUSTOMER SIGNATURE

Original Estimate: \$ _____	<input type="checkbox"/> By FAX
Authorized by: _____	<input type="checkbox"/> By E-MAIL
Phone No.: _____ Date: _____ Time: _____	<input type="checkbox"/> In Person
	<input type="checkbox"/> By Phone
Additional Cost: \$ _____ Revised Estimate: \$ _____	<input type="checkbox"/> By FAX
Revision Details: _____	<input type="checkbox"/> By E-MAIL
Authorized by: _____	<input type="checkbox"/> In Person
Phone No.: _____ Date: _____ Time: _____	<input type="checkbox"/> By Phone
Additional Cost: \$ _____ Revised Estimate: \$ _____	<input type="checkbox"/> By FAX
Revision Details: _____	<input type="checkbox"/> By E-MAIL
Authorized by: _____	<input type="checkbox"/> In Person
Phone No.: _____ Date: _____ Time: _____	<input type="checkbox"/> By Phone