



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

AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
18-APR-2018 JUN 22 2018	Reference No. 11088873

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

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
OMAHA	NE	[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 1HGCR2F57HA [REDACTED]		Make HONDA	Model ACCORD	Model Year 2017
Date Purchased 4-12-17	Dealer's Name and Telephone Number Daniel Honda 402-393-7801		Engine No. Cylinders 4 on 6 cylinder	Fuel Type Regular Unleaded
Original Owner <input checked="" type="checkbox"/>	Dealer's City Omaha	State Ne	Zip Code 681	
Transmission Type Automatic 6 cylinder	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain ?	Multiple Failure: air bag Seat Belt, Tires	Incident Date(s) 30-MAR-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS	Failure Mileage 7000	Failure Speed 30
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Continental	Tire Model (Name or Number) #413148	Tire Size (Example P215/65R15) 235/40R19 96V
DOT No. (Example: DOTM19ABC036)	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: 77th & Center / 51st & Curtis Ave
Tire Component Code	Tire Failure Type: Ripped open	

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 1	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 2017 HONDA ACCORD, WHILE DRIVING APPROXIMATELY 30 MPH AND YIELDING FOR A FIRE TRUCK, THE CONTACTS VEHICLE WAS REAR ENDED BY ANOTHER VEHICLE. THE CONTACT STATED THAT THE SEAT BELT FAILED TO RETRACT AND THE CONTACT WAS LAUNCHED FORWARD. THE CONTACT SUSTAINED A HEAD INJURY THAT REQUIRED MEDICAL ATTENTION. POLICE AND FIRE REPORTS WERE FILED. THE VEHICLE WAS TOWED TO THE CONTACT'S RESIDENCE. THE VEHICLE WAS NOT TAKEN TO A DEALER OR INDEPENDENT MECHANIC FOR DIAGNOSTIC TESTING OF THE SEAT BELT FAILURE. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 7,000.

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

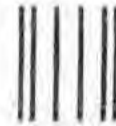
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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.

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

On March 30, 2018 I had an auto accident at the corner of [redacted]: Omaha, Neb. I stopped at a green light because a fire truck was headed to a fire. As soon as I stopped I was hit by another car. The seat belt did not hold me down, therefore I flung up towards the roof of the car. I was passed out. I assume I hit head, chest, back, neck and other injuries. I was in a lot of pain and transported to the hospital. My nose bone is broken and need surgery. See my information on the cheap tires.

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
Office Business Reply for Private Use \$200



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

or call:
Vehicle Safety Hotline
888-327-4236



www.safercar.gov
1-800-4-A-SAFER
National Highway Traffic Safety Administration

Investigator's Motor Vehicle Accident Report

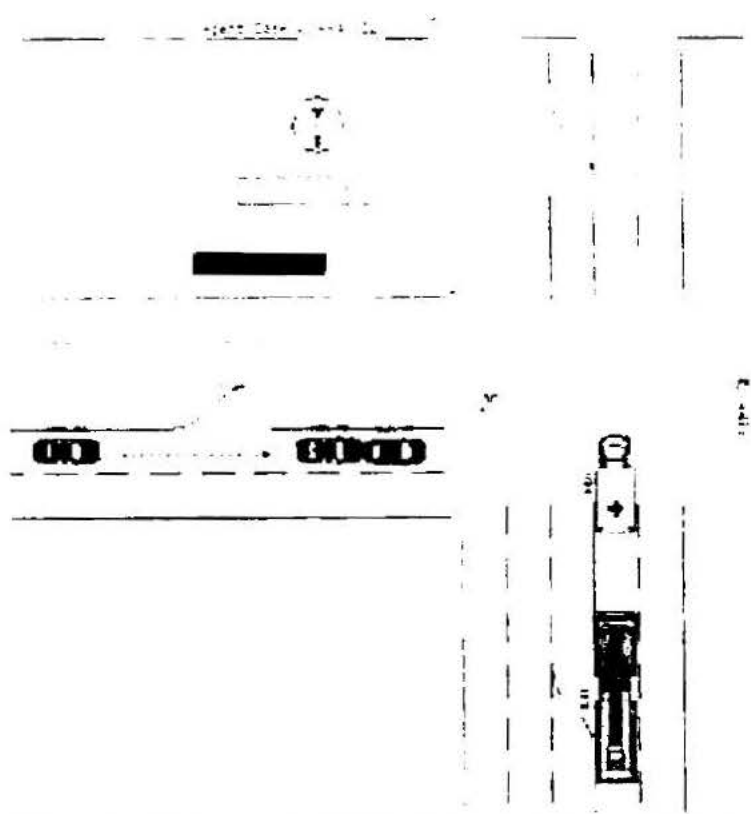
2 Total Number of Vehicles: District 24
 A1 02 DATE OF ACCIDENT: 03/30/2018 Friday
 42 PLACE OF ACCIDENT: DOUGLAS COUNTY OMAHA
 8 62 ROAD ON WHICH ACCIDENT OCCURRED: STREET HIGHWAY NO. [REDACTED]
 1 DISTANCE FROM AIRPORT: [REDACTED]
 0 1 IF AT INTERSECTION: [REDACTED] IF NOT AT INTERSECTION: [REDACTED]

V111 01 NAME OF INTERSECTING ROAD(S): Sorensen Pkwy
 V2M 08 DOES ACCIDENT INVOLVE A MOTOR VEHICLE OR OTHER PROPERTY? No

1 VEHICLE NO. 1
 1 DRIVER LICENSE NO. [REDACTED] STATE NE SEX Female
 1 DRIVER [REDACTED] PHONE [REDACTED] LOCAL NO. [REDACTED]
 V1N 2 DRIVER ADDRESS [REDACTED] OMAHA, NE [REDACTED] DATE OF BIRTH [REDACTED]
 V2N 2 OWNER [REDACTED] PHONE [REDACTED] LOCAL NO. [REDACTED]
 3 OWNER ADDRESS [REDACTED] OMAHA, NE [REDACTED] CITATION N CITATION NO. [REDACTED]
 2 LICENSE PLATE [REDACTED] EXPIRATION YEAR 2018 STATE NE
 V1C 2 VEHICLE YEAR 2017 MAKE HOND MODEL ACCORD BODY STYLE 4-door Sedan COLOR BLK ESTIMATED DAMAGE \$ 600
 V2C 2 VEHICLE ID NO. (VIN) 1HGCR3F57H [REDACTED] INSURANCE COMPANY AUTO CLUB GROUP INS. CO.
 1 TOWED TO [REDACTED] TOWED BY [REDACTED] POLICY NO. [REDACTED]

2 VEHICLE NO. 2
 V2P 2 DRIVER LICENSE NO. [REDACTED] STATE NE SEX Female
 1 DRIVER [REDACTED] PHONE [REDACTED] LOCAL NO. [REDACTED]
 V1C 3 DRIVER ADDRESS [REDACTED] OMAHA, NE [REDACTED] DATE OF BIRTH [REDACTED]
 V2C 3 OWNER [REDACTED] PHONE [REDACTED] LOCAL NO. [REDACTED]
 K 02 OWNER ADDRESS [REDACTED] OMAHA, NE [REDACTED] CITATION Y CITATION NO. [REDACTED]
 LICENSE PLATE [REDACTED] EXPIRATION YEAR 2019 STATE NE
 VEHICLE YEAR 2012 MAKE CHEV MODEL IMPALA BODY STYLE 4-door Sedan COLOR BLU ESTIMATED DAMAGE \$ 600
 VEHICLE ID NO. (VIN) 2G1WG5E38C1 [REDACTED] INSURANCE COMPANY GEICO
 TOWED TO [REDACTED] TOWED BY [REDACTED] POLICY NO. [REDACTED]

Complete this section for all injured persons				DATE OF BIRTH (MM DD YYYY)	1	2	3	4	5	SEX
INJURY	INJURY	INJURY	INJURY	MM DD YYYY	1	2	3	4	5	M
1	2	3	4	5	6	7	8	9	10	11
1	[REDACTED]	[REDACTED] OMAHA, NE [REDACTED]	[REDACTED]	[REDACTED]	01	1	01	4	2	F
	MEDICAL FACILITY NAME	EMERGENCY NAME								
	Immanuel Hospital	[REDACTED]								
2	[REDACTED]	[REDACTED] OMAHA, NE [REDACTED]	[REDACTED]	[REDACTED]	01	1	03	4	1	F
	MEDICAL FACILITY NAME	EMERGENCY NAME								
	[REDACTED]	[REDACTED]								



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #1 stated that she was EB on [REDACTED], approaching [REDACTED] when she observed an ambulance and fire truck approaching the intersection from South. Driver #1 stated that she came to a complete stop just before the intersection in order to yield to the ambulance. Driver #1 stated that as soon as she stopped, she felt Veh. #2 collide into the rear of her vehicle (#1).

Driver #2 stated that she was behind vehicle #1 when she too saw the ambulance and fire truck approach the intersection from the South. Driver #2 stated that Vehicle #1 suddenly stopped causing her to run into the back of Veh. #1.

LAMPE, M. #798 from Medic 21 stated that he was entering the intersection of [REDACTED] and [REDACTED] from the South on the way to a call when he observed Veh. #1 come to a stop in order to yield to his emergency lights and sirens. LAMPE stated that Veh. #1 was stopped in the left hand lane facing EB just to the West of the intersection. LAMPE stated that he then observed Veh. #2 (also EB in the left hand lane) collide into the rear of Veh. #1. LAMPE stated that at that point they stopped to give medical aid to the occupants of Veh. #1 and #2.

Driver #1 was transported to Immanuel Hospital by medic 21 with complaints of head and neck pain.

Driver #2 complained of neck pain but stated she would go to the doctor on her own.

Occupant #2 did not complain of any injury at the time of this report.

[REDACTED]

Office Defects Investigation
complaint # 11088873

→ Regarding 2017 Honda Accord
VIN # 1HGCRA2F57HA [REDACTED]

1-888-327-4236 - NHTSA

National Highway Traffic Safety Admin.
Spoke with Adealina, Customer Service

call → Honda Manufacturer - 1-800-999-1009
Jocelyn - Torrance, Calif.

Reported 8-30-18

Dave's Auto Body Co.
 9630 Redick Ave
 Omaha, NE. 68122
 Phone:402-572-0200 Fax:402-572-0626
 47-0845084

Thank you!

Invoice

RO # [REDACTED]
 Unit #:

Arrived: 4/3/2018
 Ready:

Estimator: Tom Green

Customer Information

Name: [REDACTED]
 Address: [REDACTED]
 OMAHA NE [REDACTED]
 Phone: [REDACTED]

Vehicle Information

Vehicle: 2017 BLACK MET HOND Accord
 Style: 4D SED
 License: [REDACTED]
 VIN: 1HGCR2F57HA [REDACTED]
 Mileage: 7233
 Mileage Out:

Insurance Information

Ins Co: MOTOR CLUB OF NEBRASKA
 Contact: KELLY BIGLEY
 Phone: [REDACTED]
 Claim #: [REDACTED]
 Deduct: \$500.00

#	S# Operation	Description	Type	Price	Adj Price	T	Lbr	Addl	Dept	Paint	Addl
1	Repair	Pre scan vehicle per manufacturers recom					1.0		M		
2		EXHAUST SYSTEM									
3	Remove/Replace	Muffler & pipe	NW	\$580.87		✓	0.5		M		
4	Remove/Replace	Muffler & pipe gasket	NW	\$9.68		✓			B		
5	Remove/Replace	RT Heat shield rear	NW	\$56.17		✓	0.2		B		
6	Remove/Replace	LT Heat shield rear	NW	\$56.17		✓	0.2		B		
7		WHEELS									
8	Remove/Install	Spare R&I wheel					0.1		B		
9	Remove/Replace	Spare Wheel, spare bolt	NW	\$5.33		✓			B		
10		RESTRAINT SYSTEMS									
11	Remove/Replace	LT Belt & retractor w/o Plug-in bik, w/S	NW	\$241.13		✓	0.3		B		
12		ROOF									
13	Remove/Install	RT Roof molding					0.3		B		
14		PILLARS, ROCKER & FLOOR									
15	Remove/Install	RT Rocker molding crystal black					1.2		B		
16	Blend	RT Aperture panel w/o Hybrid, w/rocker m							R	0.6	
17	Remove/Install	LT Lwr ctr plr trim w/o Hybrid					0.3		B		
18		BACK GLASS									
19		Shop Supplies	SS								
19	Repair	Back glass (Rope)					0.3		B		
20		QUARTER PANEL									
21	Repair	RT Quarter panel w/o Hybrid					1.5		B		
21	Refinish	RT Quarter panel w/o Hybrid							R	2.7	
22		Add for Clear Coat							R	1.1	
23		Paint Materials	PM	\$402.80		✓					
23	Refinish	Basecoat reduction							R	-0.4	
24	Remove/Replace	Liner clip	NW	\$2.28					B		

Dave's Auto Body Co.
 9630 Redick Ave
 Omaha, NE. 68122
 Phone:402-572-0200 Fax:402-572-0626
 47-0845084

Invoice

RO # [REDACTED]
 Unit #:

Arrived: 4/3/2018
 Ready:

Estimator: Tom Green

Customer Information

Name: [REDACTED]
 Address: [REDACTED]
 OMAHA NE [REDACTED]
 Phone: [REDACTED]

Vehicle Information

Vehicle: 2017 BLACK MET HOND Accord
 Style: 4D SED
 License: [REDACTED]
 VIN: 1HGCR2F57HA [REDACTED]
 Mileage: 7233
 Mileage Out:

Insurance Information

Ins Co: MOTOR CLUB OF NEBRASKA
 Contact: KELLY BIGLEY
 Phone: 402-390-1000
 Claim #: [REDACTED]
 Deduct: \$500.00

Line	Description	Material	Price	Quantity	Unit	Rate
25	REAR BODY & FLOOR					
26	Repair Rear body panel w/o Hybrid, LX, Sport, S			7.5	B	
26	Refinish Rear body panel w/o Hybrid, LX, Sport, S				R	1.5
27	Overlap Major Adj. Panel				R	-0.4
28	Add for Clear Coat				R	0.2
29	Remove/Install RT Trunk side trim			0.2	B	
30	Remove/Install LT Trunk side trim			0.2	B	
31	Remove/Install Rear panel trim			0.2	B	
32	Remove/Install Spare cover			0.1	B	
33	Remove/Install Jack assy			0.1	B	
34	Repair Rear floor pan w/o Plug-in, w/o Hybrid			6.0	B	
34	Refinish Rear floor pan w/o Plug-in, w/o Hybrid				R	1.6
35	** Repair time is after pull **				B	
36	Repair Remove broken floor sound pads			1.0	B	
37	Remove/Replace Sound deadener pads		\$15.00	0.5	B	
38	Remove/Replace Tool compartment w/o 19" wheel	NW	\$28.65		B	
39	Remove/Replace Under cover rear w/o Plug-in, w/o Hybrid	NW	\$30.13	0.4	B	
40	Refinish LT Rear rail assy w/o Hybrid, w/dual exh				R	0.5
40	Repair LT Rear rail assy w/o Hybrid, w/dual exh			2.5	B	
41	Overlap Major Non-Adj. Panel				R	-0.2
42	REAR LAMPS					
43	Remove/Install RT Tail lamp assy w/o Hybrid			0.2	B	
44	Remove/Install LT Tail lamp assy w/o Hybrid			0.2	B	
45	REAR BUMPER					

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 Omaha, NE. 68122
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 47-0845084

Invoice

RO # [REDACTED]
 Unit #:

Arrived: 4/3/2018
 Ready:

Estimator: Tom Green

Customer Information

Name: [REDACTED]
 Address: [REDACTED]
 OMAHA NE [REDACTED]
 Phone: [REDACTED]

Vehicle Information

Vehicle: 2017 BLACK MET HOND Accord
 Style: 4D SED
 License: [REDACTED]
 VIN: 1HGCR2F57HA [REDACTED]
 Mileage: 7233
 Mileage Out:

Insurance Information

Ins Co: MOTOR CLUB OF NEBRASKA
 Contact: KELLY BIGLEY
 Phone: 402-390-1000
 Claim #: [REDACTED]
 Deduct: \$500.00

Item #	Description	Material	Price	Quantity	Unit	Notes
46	Refinish	A/M KEYSIQ Bumper cover w/o park sensor,			R	2.8
46	Remove/Replace	A/M KEYSIQ Bumper cover w/o park sensor,	NW \$298.00	✓	1.5	B
47		Overlap Major Non-Adj. Panel			R	-0.2
48		Add for Clear Coat			R	0.5
49	Remove/Replace	A/M KEYSIQ Molding assy w/o Hybrid	NW \$80.00	✓		B
50	Remove/Replace	Lower trim panel w/o Hybrid	NW \$15.28	✓		B
51	Remove/Replace	RT Side retainer w/o Hybrid	NW \$10.53	✓	0.1	B
52	Remove/Replace	LT Side retainer w/o Hybrid	NW \$10.53	✓	0.1	B
53	Remove/Replace	RT Support bracket	NW \$11.53	✓	0.1	B
54	Remove/Replace	RT Cover w/o Hybrid	NW \$5.63	✓	0.1	B
55	Remove/Replace	LT Cover w/o Hybrid	NW \$5.63	✓	0.1	B
56	Remove/Replace	A/M NSF Impact bar w/o Hybrid	AM \$172.00	✓	0.4	B
57	Remove/Replace	A/M RT Reflector	NW \$19.00	✓		B
58	Remove/Replace	A/M LT Reflector	NW \$19.00	✓		B
59	Remove/Replace	RT Spacer	NW \$12.47	✓		B
60	Refinish	Corrosion protection first panel			R	0.3
61	Refinish	Flex Additive	PM	✓		R
62	Remove/Replace	A/M Winzer Cavity Wax 891.9016	AM \$10.00	✓		B
63		Hazardous waste removal	HW \$2.00	✓		B
64	Repair	Partial set up				1.0 B
65	Repair	Rough Pull				1.5 F
66	Remove/Replace	A/M Wnzer clip # 501.9023 x2	AM \$2.06	✓		B
67	Remove/Replace	A/M Winzer clip # 501.9078 x8	AM \$9.04	✓		B
68	Remove/Replace	A/M Winzer clip # 503.1103 x2	AM \$1.90	✓		B

Dave's Auto Body Co.

9630 Redick Ave
 Omaha, NE. 68122
 Phone:402-572-0200 Fax:402-572-0626
 47-0845084

Invoice

RO # [REDACTED]
 Unit #:

Arrived: 4/3/2018
 Ready:

Estimator: Tom Green

Customer Information

Name: [REDACTED]
 Address: [REDACTED]
 OMAHA NE [REDACTED]
 Phone:

Vehicle Information

Vehicle: 2017 BLACK MET HOND Accord
 Style: 4D SED
 License: [REDACTED]
 VIN: 1HGCR2F57HA [REDACTED]
 Mileage: 7233
 Mileage Out:

Insurance Information

Ins Co: MOTOR CLUB OF NEBRASKA
 Contact: KELLY BIGLEY
 Phone: 402-390-1000
 Claim #: [REDACTED]
 Deduct: \$500.00

69	Remove/Replace	A/M Winzer seam seal # 891.0221	AM	\$43.75	✓		B
70	Repair	Post scan vehicle per manufacturers reco			✓	1.0	M

Totals:	Hours:	Rate:	Total:
Final (Combined) Totals			
Parts - New			\$1,498.01
Parts - Aftermarket			\$238.75
PARTS TOTAL			\$1,736.76
Body Labor	26.9	\$54.00	\$1,452.60
Refinish Labor	10.6	\$54.00	\$572.40
Mechanical Labor	2.5	\$73.00	\$182.50
Frame Labor	1.5	\$63.00	\$94.50
LABOR TOTAL			\$2,302.00
Paint Materials			\$402.80
Hazardous Waste Removal			\$2.00
Miscellaneous			\$15.00
Sub Total			\$4,458.56
Tax (7.000%)			\$191.03
GRAND TOTAL			\$4,649.59
Minus Deductible			\$500.00

Dave's Auto Body Co.
9630 Redick Ave
Omaha, NE. 68122
Phone:402-572-0200 Fax:402-572-0626
47-0845084

Invoice

RO # [REDACTED]
Unit #:

Arrived: 4/3/2018
Ready:

Estimator: Tom Green

Customer Information

Name: [REDACTED]
Address: [REDACTED]
 OMAHA NE [REDACTED]
Phone:

Vehicle Information

Vehicle: 2017 BLACK MET HOND Accord
Style: 4D SED
License: [REDACTED]
VIN: 1HGCR2F57HA [REDACTED]
Mileage: 7233
Mileage Out:

Insurance Information

Ins Co: MOTOR CLUB OF NEBRASKA
Contact: KELLY BIGLEY
Phone: 402-390-1000
Claim #: [REDACTED]
Deduct: \$500.00

Thank you for bringing your vehicle to our shop for repairs.
We appreciate your business.

Note: Please do not wax or polish the newly painted parts on your vehicle for at least 90 days. Also, within this same time period, do not put coverings such as car covers or bras on your vehicle. This will allow the finish to cure and harden completely.

We guarantee the work performed on the above vehicle for life. This warranty shall only apply if the defects occurred under normal driving conditions and not where any vehicle has been subjected to accidents, negligence, abuse or misuse.

Our customers are important to us. Since establishing our business, we have always been based on **QUALITY, HONESTY** and **CUSTOMER SERVICE**.

Dave's Auto Body Co.

9630 Redick Ave

Omaha, NE. 68122

Phone:402-572-0200 Fax:402-572-0626

47-0845084

RO # [REDACTED]
Unit #:

Customer Receipt

Estimator: Tom Green

Customer Information

Vehicle Information

Insurance Information

Name: [REDACTED]	Vehicle: 2017 BLACK MET HOND Accord	Ins Co: MOTOR CLUB OF NEBRASKA
Address: [REDACTED]	Style: 4D SED	Contact: 0
Phone: OMAHA NE [REDACTED]	License: [REDACTED]	Phone: 402-390-1000
	VIN: 1HGCR2F57HA [REDACTED]	#: [REDACTED]
	Mileage: 7233	Deduct: \$500.00

Date	Reference	Received From	Received By	Amount
04/16/2018		[REDACTED]	Kelly Bosn	\$400.00
04/16/2018	Visa [REDACTED]	[REDACTED]	Kelly Bosn	\$100.00

Date: _____	RO Total:	\$4,649.59
Signature: _____	Paid:	\$500.00
	BALANCE DUE:	\$4,149.59



Rental Agreement Summary

RA#: IVPRFL

Rente [REDACTED]

Dates & Times

Location

Pick up

Tuesday, April 3, 2018 12:37 PM

3131 NORTH 90TH STREET

Start Charges:

OMAHA, NE 68134-4705

Tuesday, April 3, 2018 12:37 PM

(402) 571-8700

Anticipated Return

Wednesday, April 4, 2018 11:59 PM

3131 NORTH 90TH STREET

OMAHA, NE 68134-4705

(402) 571-8700

Vehicle

2018 GMC ACAD 4SA4 SILVER

License: [REDACTED]

VIN: IGKKNULS7 [REDACTED]

Vehicle [REDACTED]

Pickup:

04/03/2018 @ 12:37 PM

ODO:25858 Fuel:3 4

Vehicle Condition:

-WINDSHIELD -CRACK -FRONT BUMPER -OTHER
CRACKED

Summary of Charges

Estimated Bill-To

AAA INS-GRAND RAPIDS

Reference [REDACTED]

Pays: 100.0%

540.00 / Day

\$1200.0 MAX /
Rental

Charges	Price/Unit	Total
TIME & DISTANCE 4/3/18-4/4/18	532.23 / Day	\$64.46
STATE RENTAL FEE (5%)	5%	\$3.57
OMAHA OCCUPATION TAX	\$6.97 / Rental	\$6.97
SALES TAX (7%)	7%	\$5.00
Subtotal		(\$80.00)

Estimated Renter Charges

Charges	Price/Unit	Total
TIME & DISTANCE 4/3/18-4/4/18	\$4.77 / Day	\$9.54
NO CHARGE DISTANCE 4/3/18-4/4/18	\$0.00 / Mile	\$0.00
REFUELING CHARGE	\$3.23 / Gallons	\$0.00

Optional Protections Accepted

No optional protections accepted.

Optional Protections Declined

COLLISION DAMAGE WAIVER	2 @ \$17.99 / Day	\$0.00
ROADSIDE ASSISTANCE PROTECTION	2 @ \$4.99 / Day	\$0.00
SUPPLEMENTAL LIABILITY PROTECTION	2 @ \$15.00 / Day	\$0.00
PERSONAL ACCIDENT INS/EFFECTS CVG	2 @ \$5.95 / Day	\$0.00

Renter Acknowledgement of Accepted and Declined Protections

I acknowledge that I have accepted or declined protections as indicated above.



Taxes and Fees

OMAHA OCCUPATION TAX	\$1.03 / Rental	\$1.03
STATE RENTAL FEE (5%)	5%	\$0.53
SALES TAX (7%)	7%	\$0.74
Total Estimated Charge:		\$11.84

Payments:

MASTERCARD ***** [REDACTED]	Sale	(\$61.84)
MASTERCARD ***** [REDACTED]	Auth	(\$61.84)

Renter Acknowledgement of Charges

I acknowledge that I have reviewed and agree to all Estimated Renter Charges and fees listed on Summary of Charges and further agree to pay for final charges in accordance with the Terms and Conditions of this Rental Agreement.



PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S):


OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

Owner: ENTERPRISE RENT-A-CAR COMPANY - MIDWEST, LLC

Additional Drivers

No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below.
(Additional driver names listed here if applicable)

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

 Local Addenda

1VPRFL


Terms and Conditions electronically accepted by the Renter

4/3/18 at 12:49 PM

OPTIONAL PRODUCTS NOTICE: WE OFFER FOR AN ADDITIONAL CHARGE THE FOLLOWING OPTIONAL PRODUCTS: DAMAGE WAIVER; PERSONAL ACCIDENT INSURANCE; SUPPLEMENTAL LIABILITY PROTECTION AND ROADSIDE ASSISTANCE PROTECTION. BEFORE DECIDING TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE, CREDIT CARD OR OTHER COVERAGE PROVIDES YOU PROTECTION DURING THE RENTAL PERIOD. THE PURCHASE OF ANY OF THESE PRODUCTS IS NOT REQUIRED TO RENT VEHICLE.

RENTER ACKNOWLEDGEMENT OF LOCAL ADDENDUM

[REDACTED]

 **TERMS AND CONDITIONS**

[Click to view Terms and Conditions](#)

FORM# 629NEHC-JK_UC18

RENTER ACKNOWLEDGEMENT OF THE ENTIRE AGREEMENT

I, THE "RENTER" SIGNING BELOW, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS IN THE RENTAL AGREEMENT JACKET. BY SIGNING BELOW, I AM AUTHORIZING OWNER TO CHARGE TO THE CREDIT CARD(S) AND/OR DEBIT CARD(S) THAT I HAVE PROVIDED TO OWNER ALL AMOUNTS OWED BY ME UNDER THIS AGREEMENT FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND ANY OTHER AMOUNTS OWED BY ME, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I ALSO AUTHORIZE OWNER TO RE-INITIATE ANY CHARGE TO MY CARD(S) THAT IS DISHONORED FOR ANY REASON. I CERTIFY THAT THE DRIVERS LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED. I FURTHER ACKNOWLEDGE AND CONSENT TO THE DISPUTE RESOLUTION PROVISIONS CONTAINED IN THIS AGREEMENT.

[REDACTED]

[REDACTED]

[REDACTED]

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.