



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY** 333

Data Received

27-DEC-1999

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

854404

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4A3AJ56G3VE067413	MITSUBISHI	GALANT	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component	Part Name(s)	Location	Failed Part(s)
06410000 08300000	FUEL:THROTTLE LINKAGES AND CONTROL;PEDAL ELECTRICAL SYSTEM;WIRING	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	24-DEC-1999	27000		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form.)


Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

JUST PULLED OFF A MAIN STREET AND HEARD LOUD BANGING NOISE , GAS PEDAL FELL TO THE FLOOR ,AND A SILVER WIRE ALSO FELL TO THE FLOOR. CONTACTED THE DEALER, HAD VEHICLE TOWED. ALSO, CALLED THE MANUFACTURER, NO WARRANTY. \*AK

CONTINUED ON BACK PLEASE

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 333	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire</b> NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: <a href="http://www.nhtsa.dot.gov">http://www.nhtsa.dot.gov</a>	
OWNER INFORMATION (Type or Print)		Date Received: FEB-8 PM 12:27-DEC-1999 EFFECTS INVESTIGATION Office: _____ Reference No.: 854404	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner: _____		Date: 1/15/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
4A3AJ56G3VE067413	MITSUBISHI	GALANT	1997
Current Odometer Reading	27158		
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
8/92 <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	bach Mitsubishi	No. Cylinders	
City	State	Zip Code	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
06410000 08300000	FUEL-THROTTLE LINKAGES AND CONTROL:PEDAL ELECTRICAL SYSTEM:WIRING	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	24-DEC-1999 Mileage at Failure(s): 27000 Vehicle Speed at Failure(s): 10 mph	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
JUST PULLED OFF A MAIN STREET AND HEARD LOUD BANGING NOISE , GAS PEDAL FELL TO THE FLOOR ,AND A SILVER WIRE ALSO FELL TO THE FLOOR. CONTACTED THE DEALER, HAD VEHICLE TOWED. ALSO, CALLED THE MANUFACTURER, NO WARRANTY. *AK  If we had been on the major road we would have been killed there was no way to accelerate. This throttle cable had been previously replaced. Mitsubishi was unhelpful. The service manager at Peter Juller Mitsubishi was helpful.			
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.			

CONTINUE ON BACK IF NEEDED

PETER FULLERS  
43 N BEACON ST  
WATERTOWN, MA 02172

**PETER FULLER ENTERPRISES, INC.**

43-49 North Beacon Street  
WATERTOWN, MASSACHUSETTS 02172  
(617) 924-8100



SALES DEPT  
703572  
55752456

*12-28-99  
mc hynch*

QTY: 0215  
CP TYPE: MASTERCARD  
PR TYPE: PURCHASE  
DNR: 3  
DATE: DEC 28, 99 14:53:20

TOTAL \$392.02

DP: 02/12  
AP: 03/01  
NOTE: TABLE LEASE

CUSTOMER 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 CUSTOMER'S AGREEMENT WITH THE ISSUER

[Redacted Signature]

TOP COPY-RECEIPT BOTTOM COPY-CUSTOMER

ADDRESS NAME <b>MICHAEL POWERS 28843</b>	FAA NO <b>1421</b>	PROCES DATE <b>12/28/99</b>	INVOICE NO. <b>MICS91231</b>
LAUNCH DATE	WARRANTY <b>27158</b>	COLOR <b>WHITE/</b>	BOOK NO.
YEAR/MAKE/MODEL <b>97/MITSUBISHI/GALANT</b>	DELIVERY DATE	DELIVERY MILES	PRODUCTION DATE
VEHICLE ID NO. <b>4A3AJ56G3VE067413</b>	SELLING DEALER NO.		
FILE NO.	P.O. NO.	P.O. DATE <b>12/27/99</b>	

IF SATISFACTION IS COMPLETELY SATISFIED,  
IF MANUFACTURER IS FROM YOU CANNOT GIVE US A JOB SERVICE DIRECTOR WE WILL RESOLVE ANY PROBLEM LIABLE SERVICE IS THE

TOTAL LABOR	247.50
TOTAL PARTS	137.63
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX	6.89
<b>TOTAL INVOICE \$</b>	<b>392.02</b>

# ER FULLER ENTERPRISES, INC.

43-49 North Beacon Street  
WATERTOWN, MASSACHUSETTS 02172  
(617) 924-8100



ADVISOR NAME <b>MICHAEL POWERS 28843</b>		FAO NO. <b>1421</b>	INVOICE DATE <b>12/28/99</b>	INVOICE NO. <b>NIC891231</b>
LABOR RATE	MAINTENANCE	MILEAGE <b>27158</b>	COLOR <b>WHITE/</b>	BTPOOR NO.
YEAR/MAKE/MODEL <b>97/MITSUBISHI/GALANT</b>		DELIVERY DATE	DELIVERY MILES	
VEHICLE ID NO. <b>4A3AJ56G3VE067413</b>		SELLING DEALER NO.	PRODUCTION DATE	
FTE NO.	P.O. NO.	R.O. DATE <b>12/27/99</b>		

**COMMENTS**

**LABOR & PARTS**  
**J# 1 16MIZ**      **FUEL**      **TECH(S):25641**      **WARRANTY**  
 CHECK ACCELERATOR CABLE INOP  
 ACCELERATOR CABLE BROKEN  
 REPLACE ACCELERATOR CABLE GOODWILL MITSU SEE HISTORY MP  
 GOODWILL MITSU RENEAL SEE MP CALLED CHAD X/MAS BREAK

PARTS	QTY	PP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	1	MB884616	CABLE,ACCEL		
				<b>JOB # 1 TOTAL PARTS</b>	<b>0.00</b>
				<b>JOB # 1 TOTAL LABOR &amp; PARTS</b>	<b>0.00</b>

**J# 2 32MIZ**      **GENERAL MAINTENANCE**      **TECH(S):25641**      **0.00**  
 CHECK ALL MAINT 30K ?  
 SEE LINE 3

PARTS	QTY	PP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
				<b>JOB # 2 TOTAL PARTS</b>	<b>0.00</b>
				<b>JOB # 2 TOTAL LABOR &amp; PARTS</b>	<b>0.00</b>

**J# 3 40MIZ**      **30900 LEVEL C**      **TECH(S):25641**      **247.50**  
 MENU C:INSPECT BELTS AND ADJ/INSPECT COOLANT LINES,HOSES/CHECK  
 TOP OFF FLUIDS/LOF/ROTATE,INSPECT FOR DAMAGE,WEAR,TIRES &  
 RESET PRESS/INSPECT CLEAN WIPERS/INSPECT STEER,SUS,AXLE BOOTS  
 INSPECT P/B BRAKE PADS,SHOE DISCS/REPL AIR FILT/REPLACE FLARE  
 FUEL FILT,AS NEEDED,KO ANALYSIS/TERMINATE BODY,TRANE,COOLING  
 TEST DRIVE FOR SAFETY OPERATION AND ALIGNMENT

PARTS	QTY	PP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB	1	PS626	WASHER	12.95	12.95
JOB	1	SOLVENT		****	****
JOB	5	10M-30	OIL	****	****
JOB	1	MD050317	GASKET,A/T OIL PAN	****	****
JOB	1	MD352626	OIL FILTER	****	****
JOB	4	MS851357	SPARK PLUG	2.75	11.00
JOB	1	MB888451	FUEL FILTER	28.50	28.50
JOB	1	MB906051	ELEMENT,AIR CLEANER	22.50	22.50
JOB	4	MS991158	DIAMOND RTY SP II	3.50	14.00
JOB	1	MD971521	SEAL KIT,A/T VALV	45.00	45.00
JOB	1	A9982C1X06	THROTTLE PLATE & I	2.68	2.68
JOB	1	L0001157	BULE MINT 8044001	1.00	1.00
				<b>JOB # 3 TOTAL PARTS</b>	<b>137.63</b>
				<b>JOB # 3 TOTAL LABOR &amp; PARTS</b>	<b>385.13</b>

**SUBLET**      **PO#**      **VEND INV#**      **INV DATE**      **DESCRIPTION**      **WARRANTY**  
**JOB # 1**      **14363**           **12/28/99**      **GOODWILL MITSU 4 DAYS**      **0.00**  
**TOTAL - SUBLET**      **0.00**

**COMMENTS**  
 TOWED BY OWNER

# PETER FULLER ENTERPRISES, INC.

43-49 North Beacon Street  
 WATERTOWN, MASSACHUSETTS 02172  
 (617) 924-8100



*12-28-99  
 mc Lynch*

DRIVOR NAME MICHAEL POWERS 28843		TAG NO. 1421	INVOICE DATE 12/28/99	INVOICE NO. MICS91231
LEASE RATE	SALE PRICE 27158	COLOR WHITE/	STOCK NO.	
YEAR MAKE MODEL 97/MITSUBISHI/GALANT			DELIVERY DATE	DELIVERY MILES
VEHICLE ID NO. 4A3AJ56G3VB067413			SELLING DEALER NO.	PRODUCTION DATE
P.T.E. NO.		P.O. NO.	R.O. DATE 12/27/99	

COMMENTS

**TOTALS**

THANK YOU !!! YOUR BUSINESS AND SATISFACTION IS IMPORTANT TO US. WE WANT YOU COMPLETELY SATISFIED.

THE SURVEY YOU RECEIVE FROM THE MANUFACTURER IS OUR REPORT CARD. IF FOR ANY REASON YOU CANNOT GIVE US A PERFECT SCORE, PLEASE CONTACT OUR SERVICE DIRECTOR JEFFREY KRASNER AT EXT 323. HE WILL RECTIFY ANY PROBLEM YOU MIGHT STILL BE HAVING. RELIABLE SERVICE IS THE CORNERSTONE OF OUR SUCCESS

TOTAL LABOR....	247.50
TOTAL PARTS....	137.63
TOTAL SUBLET....	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC.	0.00
TOTAL TAX.....	6.89
<b>TOTAL INVOICE \$</b>	<b>392.02</b>

CUSTOMER SIGNATURE

INVOICE

80CH MITSUBISHI  
1201 PROVIDENCE HIGHWAY  
NORWOOD MA 02062

PAGE 1

225-2279

SERVICE ADVISOR:

921 DAVID HEESLEY

80CH MITSUBISHI  
1201 PROVIDENCE HWY  
NORWOOD, MA 02062  
(617) 762-7288

STATION # PARTS  
FRI, MAY 29, 1998 89-36A

CREDIT CARD

ST HWY: [REDACTED]  
CT NO: [REDACTED]  
P DATE: 9806  
RD TYPE: NC - CREDIT  
TYPE: SALE  
CODE: 814381  
NO: CMB3  
DUCT CODE: 1265970000

IL AMOUNT: \$ 20.55

PLANT	403A JS683VE067413	5696CM	17766117766
PROMISED	PO NO.	DATE	INVT
WAIT		62.00	MC
OPTIONS:	STK:P8574 DLR:20003		

	LIST	NET	TOTAL
PEDAL STICKS			
HORN REPLACED			
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ALL FLUID, ADJUST TIRE PRESSURE

FILTER INSP ALL FLUID, ADJUST

50		10.00	10.00
FILTER			
MD050317		0.74	0.74
604 CPM	0.00		4.00
14.00	0.00		0.00
C CHECK ALARM HORN LOOSE			
DIAG RETURN ALARM HORN			
604 CPM	0.00		0.00
0.00	0.00		0.00

\*\*\*\*\*

PLEASE COME AGAIN!

**IMPORTANT**

YOU MAY RECEIVE A CUSTOMER SATISFACTION PHONE CALL SURVEY FROM MITSUBISHI MOTORS IN REGARDS TO OUR SERVICE DEPARTMENT. IF FOR ANY REASON YOU CANNOT BRIDE US COMPLETELY SATISFIED, PLEASE CONTACT DENNIS BOTOLO, SERVICE MANAGER. YOUR COMPLETE SATISFACTION IS OUR NO. 1 GOAL.

THANK YOU  
BOCH MITSUBISHI  
617-255-6128

YOUR Good servi dependable competent ma investment. So do... time spent repairing your car. When that top-notch mechanic goes to work, many costs have been incurred just to get him there ready to do the job.

Operating a substantial capital charges solely by the

STATEMENT OF DISCLAIMER The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.	DESCRIPTION	TOTAL
CUSTOMER SIGNATURE	LABOR AMOUNT	
	PARTS AMOUNT	
	GAS, OIL, LUBE	
	SUBLET AMOUNT	
	MISC. CHARGES	
	TOTAL CHARGES	
	LESS INSURANCE	
	SALES TAX	
	PLEASE PAY THIS AMOUNT	

SERVICE ADVISOR:

921 DAVID REESLEY

PLATE	YEAR	MAKE/MODEL	VIN	DATE	TIME	MC	DATE
	97	MITSUBISHI GALANT	4A3A154G3UE067413				17766/17766
JIS97					62.00	MC	29MAY98
STK:P8574 DLR:20003							
41	29MAY98	11:37	29MAY98				

DIAGNOSTIC	TECH	TYPE	HOURS	LIST	NET	TOTAL
CUSTOMER STATES THAT GAS PEDAL STICKS						
E: ACC CABLE STICKING WORN REPLACED						
17111110 ACC CABLE REPL						
	604	WP24	0.30			(N/C)
E: 85D140 PART#: COUNT:						
AUTH CODE:						
IS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A: 0.00

DIAGNOSTIC	TECH	TYPE	HOURS	LIST	NET	TOTAL
MAO2C LUBE OIL AND FILTER INSP ALL FLUID ADJUST						
TIRE PRESSURE						
	604	CFM	0.50		10.00	10.00
1	MD32571	OIL FILTER		7.07		7.07
1	MD050317	BASKET A/T		0.74	0.74	0.74
	604	CFM	0.00		4.00	4.00

CHECK ALARM HORN LOOSE						
DIAG RETIGHTEN ALARM HORN						
	604	CFM	0.00		0.00	0.00

**IMPORTANT**

YOU MAY RECEIVE A CUSTOMER SATISFACTION PHONE CALL SURVEY FROM MITSUBISHI MOTORS IN REGARDS TO OUR SERVICE DEPARTMENT. IF FOR ANY REASON YOU CANNOT GRADE US COMPLETELY SATISFIED, PLEASE CONTACT DEBBS OTOLO, SERVICE MANAGER, YOUR COMPLETE SATISFACTION IS OUR NO. 1 GOAL.

THANK YOU  
BOCH MITSUBISHI  
617-265-8128

YOUR...  
od servi...  
pendable...  
mpotent m...  
estment. So do...  
ie spent repairing your car. When that top-notch mechanic goes to work, many costs have been incurred to get him there ready to do the job.

Operating a...  
s organization...  
stantial capital...  
charges solely by the

STATEMENT OF DISCLAIMER		DEBIT SYSTEM	
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.		LABOR AMOUNT	
		PARTS AMOUNT	
		GAS, OIL, LUBE	
		SUBLET AMOUNT	
		MISC CHARGES	
		TOTAL CHARGES	
		LESS INSURANCE	
CUSTOMER SIGNATURE	PLEASE PAY THIS AMOUNT		

ENTERPRISE RENT-A-CAR COMPANY OF BOSTON, INC.  
703 MAIN ST WALTHAM MA 02451-0609

MO 8:00A-6:00P TU 8:00A-6:00P  
WE 8:00A-6:00P TH 8:00A-6:00P  
FR 8:00A-6:00P SA 9:00A-12:00P  
1008 SU CLOSED

YEAR MONTH DAY HOURS MINUTES  
RENTAL TYPE **D** SOURCE # **041532** LG # **999** RENTAL AGREEMENT NO. **D** 863459

0136 PM 12/24/99  
TARIFF CHARGES IF APPLICABLE

NO CHARGE

**ORIGINAL VEHICLE**

COLOR **RED** LICENSE NO. **082556**  
MODEL **1999 A3** YEAR **99**  
MILE-AGE IN OUT **0 248**

LOCAL ADDRESS **3 WISKY** OTHER PHONE  
STATE **MA** EXPIRES **6/08/01**  
DOB **6/08/74** HEIGHT WEIGHT EYES HAIR  
SOCIAL SECURITY # EMPLOYER

HOURS 10.00  
DAYS 4 49.99 199 96

CONDITION AGREED TO

BILL TO COMPANY  
ADDRESS  
CITY STATE ZIP  
ATTN: PHONE EXT.

\$1000 coverage  
DW 4 9.99/DAY 39 96

RENTER ACCEPTS DAMAGE RESPONSIBILITY   
RENTER DECLINES PERSONAL ACCIDENT INSURANCE   
RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (OLP)

RENTER REQUESTS PARTIAL DAMAGE WAIVER (PDW) AT DAILY RATE SHOWN IN CHARGES COLUMN. SEE POLICY. THIS IS NOT INSURANCE.   
RENTER REQUESTS PERSONAL ACCIDENT INSURANCE (PAI) AT DAILY RATE SHOWN IN CHARGES COLUMN AND HAS READ THE POLICY CONTRACT.   
RENTER REQUESTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (OLP) AT DAILY RATE SHOWN IN CHARGES COLUMN.

**REPLACEMENT VEHICLE**

ADDITIONAL DRIVER - NONE PERMITTED WITHOUT ENTERPRISE'S APPROVAL  
NO OTHER DRIVER PERMITTED

PKG SCHG .30RTL 30  
TAX 5.0% 12 01  
4.00/175 TANK

MODEL LICENSE NO.  
MODEL YEAR #  
MILE-AGE IN OUT  
DRIVEN

PERMISSION GRANTED FOR VEHICLE TO LEAVE THE STATE  
YES NO STATES  
AUTH BY ENTERPRISE'S REP **JB**

TOTAL CHARGES 250 25  
Deposit Feller 120 00  
DEPOSITS 132 23

CONDITION AGREED TO

DATE 12/24/99  
EMPL # 6074H

REFUNDS

OUT E % % % % % % % F  
\* E % % % % % % % F

AMOUNT 250.00 MC SALE 12/24 033331

AMOUNT DUE

See ticket jacket for Collision Damage Waiver Notice, Mass Law Chap. 90, Sect. 12E1/2 hereby incorporated by reference and made part hereof.

RECEIPT FOR CASH REFUND  
DATE RECEIVED BY X

PAID BY CASH CHECK CR. CARD CHAF

DIRECTION TO PAY  
AUTHORIZE  
CO. TO PAY ALL AUTHORIZED RENTAL DUES DIRECTLY TO ENTERPRISE.  
RENTER

ADDITIONAL INFORMATION  
VIN# 3B7HF1324XG202685E

CLAIM INFORMATION  
POL. OR CL #  
MISO.  
LOSS DATE THEFT ACCIDENT  
PHONE NAME  
REPAIR SHOP  
TYPE CAR