



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 255

Date Received

12-JAN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

854921

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 EAGLE	Vehicle Model TALON	Vehicle Year 1991	Current Odometer Reading
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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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <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	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13100000	Par. Name(s) STRUCTURE:FRAME:MEMBERS AND BODY	Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

REAR RIGHT SIDE OF VEHICLE'S BODY HAS SEPARATED FROM THE FRAME WITHOUT ANY SIGNS.
DEALER HAS BEEN CONTACTED. *AK

CONTINUED ON BACK (REVERSE)

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.



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Date Received

10 FEB -9 AM
12 JAN -2000

OFFICE
DEFECTS INVESTIGATION

Of or
File #
od_r
up_itr
Reference No.

854921

OWNER INFORMATION (Type or Print)

Work Number

Home Number

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 1/26/00

VIN 4E3C544R3ME076806 VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4E3C544R3ME076806	EAGLE	TALON	1991	105043
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	
10-20-98	Russell's AUTO	4 Cylinders		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Petersburg State VA Zip Code 23803	No Cylinders		
Transmission Type	AntiLock Brakes	Restraint System	Cruise Control	Drive Train
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" 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"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	Body Style			
<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input checked="" 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 13100000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures Never Stop From day notice	Date(s) of Failure(s) 12-20-24-99 Mileage at Failure(s) 104862 Vehicle Speed at Failure(s) 5 mph	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured None	Number of Fatalities None	Estimated Property Damage None	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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CONTINUE ON BACK IF NEEDED

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PEPBOYS

PEPBOYS STORE #91
3120 South Crater Rd
Petersburg, VA 23800
(804) 733-0047

DATE TOTAL HERE

INSURANCE COMPANY / EXPIRES POLICY NO. _____

STORE MANAGER: **YASIR M. EL-SAYED**

DATE: 12/24/09

ENTERED BY: [Signature]

TIME IN: 9:00 AM

TIME WOULD LIKE FINISHED: _____

STORAGE CHARGES: If your car remains in our premises longer than 3 days after notification that repairs are completed, storage charges will begin at the rate of \$10.00 per day.

OLD PARTS REQUESTED BY CUSTOMER? _____

I AUTHORIZE PEPBOYS TO PERFORM THE REPAIRS BELOW AND FURNISH NECESSARY MATERIALS. I UNDERSTAND ANY COST NOTED IN AN ESTIMATE. PEPBOYS EMPLOYEES MAY OPERATE THIS VEHICLE FOR INSPECTION, TESTING AND DELIVERY. PEPBOYS WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN IT IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND PEPBOYS CONTROL. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE AMOUNT OF REPAIRS FOR WORK PERFORMED UNDER A WRITTEN REPAIR ESTIMATE.

INITIALS: [Signature]	PARTS \$: 0.00	LABOR \$: 0.00	TOTAL \$: 0.00	DATE AND TIME: _____	COMPLETION DATE: _____	LABOR RATE: _____
PERSONS CONTACTED: _____	TOTAL AMT AUTHORIZED: \$ _____		PHONE NUMBERS CALLED: _____		DATE AND TIME: _____	BY: _____

NOTICE TO CUSTOMERS - ESTIMATE:

YOU HAVE THE RIGHT TO A WRITTEN ESTIMATE WHICH IS OBTAINED BY YOU AND THE DEALER BEFORE REPAIR SERVICES ARE AUTHORIZED AND BEGUN. I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.

SIGNED: _____ DATE: _____

THERE IS NEVER A CHARGE FOR A WRITTEN ESTIMATE. DIAGNOSTIC, REPAIRS, PARTS AND SERVICE PRICES ARE QUOTED AND APPROVED PRIOR TO PERFORMING SERVICE.

CUSTOMER'S COMMENTS: **CAR FEELS LOOSE WHEN GOING OVER BUMP SURFACE**

CODE	PART	DESCRIPTION	QTY	UNIT PRICE	EXT	TOTAL

Order #118678
 1 ALN: COMPUTERIZED WHEEL AL 48.99
 *** ORDER END ***
 1 STONE AIR FRESHENER 1.99
 2 Items Subtotal 50.98
 Tax 1.09
 Total 51.07
 *** CASH ***
 Cash Change 51.07-
 .00

THANK YOU FOR SHOPPING AT PEPBOYS
 RECEIPT REQUIRED FOR RETURNS

PEPBOYS

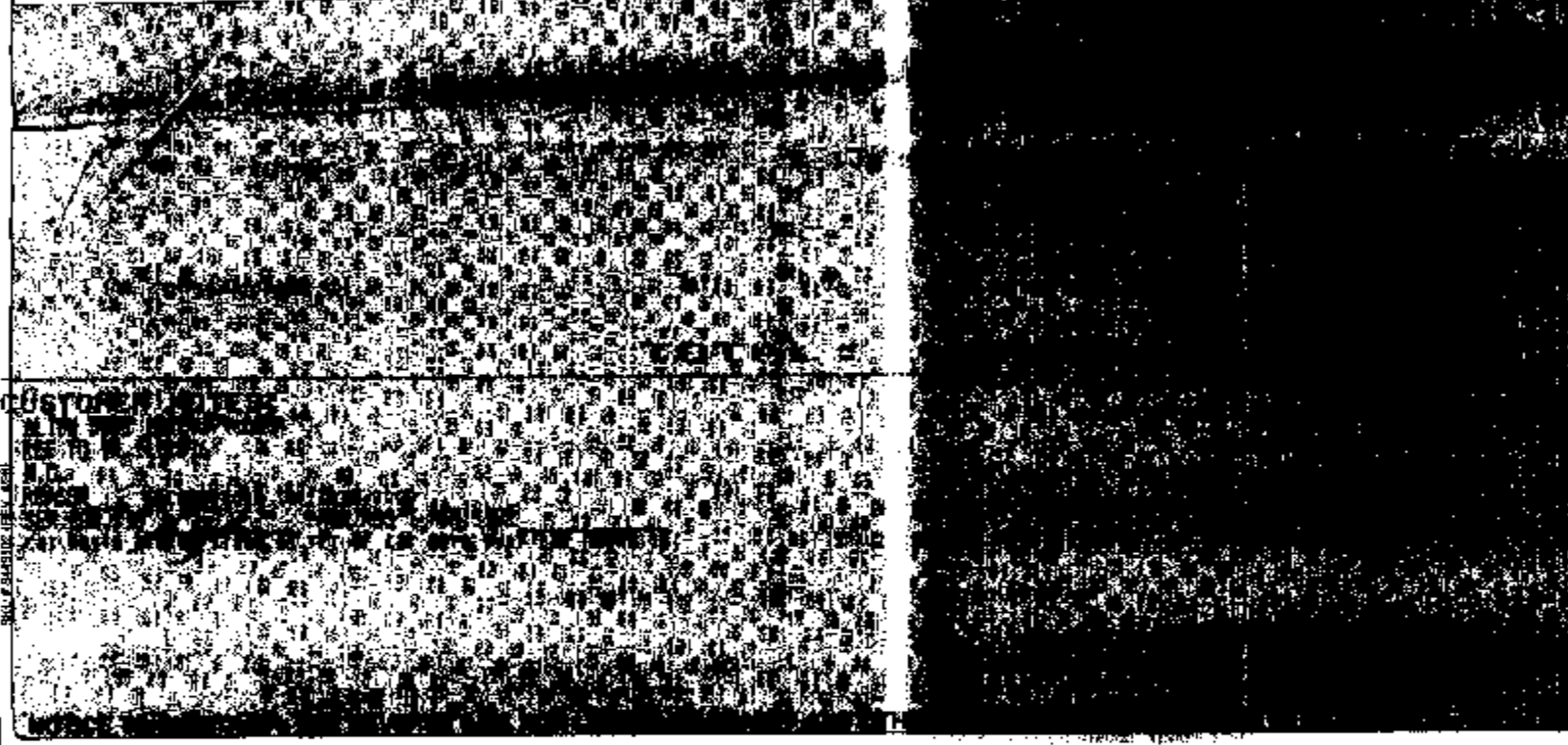
Pepp Boys #91
 3120 South Crater Rd
 Petersburg, VA 23800
 (804) 733-0047

TRX #26854
 12/24/09 5:27
 JHIER #7945

WE BUY
 CARS - TRUCKS

USED AUTO AND
 TRUCKS PARTS

**RUSSELL'S
 AUTO - TRUCK PARTS**



CUSTOMER ESTIMATE (W.O.) - CUSTOMER FINAL COPY (BY)