

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 335**

Data Received

25-FEB-2000

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

Reference No.

857565

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
1FALP62W1TH120723	FORD	THUNDERBIRD	1996	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input 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 05200000	Par. Name(s) ENGINE COOLING SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 0	Date(s) of Failure(s) 28-JUL-1999 Mileage at Failure(s) 53954 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	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)**

COOLANT LIGHT KEPT COMING ON AND OFF. TOOK VEHICLE TO DEALER, AND THEY WERE SUPPOSE TO FIX VEHICLE IN AUGUST 1999. CONSUMER PICKED UP VEHICLE, AND COOLANT WAS ALL OVER THE GROUND. BROUGHT VEHICLE BACK TO DEALER WHO FIXED IT AGAIN. CONSUMER GOT THE CAR BACK, AND COOLANT LIGHT CAME ON ONCE AGAIN. TOOK VEHICLE BACK TO DEALER ON AUGUST 23, 1999, AND GOT IT BACK ON AUGUST 25, 1999. HOWEVER, COOLANT WAS STILL RUNNING ALL OVER THE PLACE. ON JANUARY 21, 2000 CONSUMER TOOK CAR BACK TO THE DEALER FOR SAME PROBLEM, AND THEY HAVE HAD IT SINCE THEN. \*AK

CONTINUED ON BACK OF FORM

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.

**DEFECTIVE**  
**RECALL INVESTIGATION**  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration

DOT Auto Safety Hotline

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NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received: **RECEIVED**  
**25 FEB 2000 9:18**  
 OFFICE DEFECTS INVESTIGATION

Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 dp\_tr \_\_\_\_\_

Reference No.  
**857666**

OWNER INFORMATION (Type or Print)

592545

Work Number \_\_\_\_\_  
 Home Number \_\_\_\_\_

Do you authorize the manufacturer of your vehicle?  YES  NO  
 In the absence of your name and address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date **3/15/00**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) **1FALP62W1TH120723** Vehicle Make **FORD** Vehicle Model **THUNDERBIRD** Vehicle Year **1996** Current Odometer Reading **53954**

Purchase Date **7/7/99** Dealer's Name **Sunnyvale Mazda** Engine Size (CID/CC/L) \_\_\_\_\_ Turbo   
 New  Used City **Sunnyvale** State **Ca** Zip Code \_\_\_\_\_ Diesel   
 No Cylinders \_\_\_\_\_ Gas  Fuel Injection

Transmission Type  Manual  Automatic Antilock Brakes  Yes  No Restraint System  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag Cruise Control  Yes  No Drive Train  Front  Rear  4-Wheel Vehicle Type  Car  Sport UT  Van  Truck  Minivan  Motorcycle  Other \_\_\_\_\_ Body Style  2-Door  4-Door  Stationwagon  Pick Up Truck  Other \_\_\_\_\_

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **0620000** Part Name(s) **ENGINE COOLING SYSTEM** Location  Left  Right  Front  Rear Failed Part(s)  Original  Replacement

No of Failures **0** Date(s) of Failure(s) **28-JUL-1999** Mileage at Failure(s) **53954** Vehicle Speed at Failure(s) **0** Failed Part(s) Available?  Yes  No NHTSA Previously Contacted?  Yes  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  Yes  No Fire  Yes  No Number of Persons Injured **0** Number of Fatalities **0** Estimated Property Damage \_\_\_\_\_ Reported to Police  Yes  No

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

COOLANT LIGHT KEPT COMING ON AND OFF. TOOK VEHICLE TO DEALER, AND THEY WERE SUPPOSE TO FIX VEHICLE IN AUGUST 1999. CONSUMER PICKED UP VEHICLE, AND COOLANT WAS ALL OVER THE GROUND. BROUGHT VEHICLE BACK TO DEALER WHO FIXED IT AGAIN. CONSUMER GOT THE CAR BACK, AND COOLANT LIGHT CAME ON ONCE AGAIN. TOOK VEHICLE BACK TO DEALER ON AUGUST 23, 1999, AND GOT IT BACK ON AUGUST 25, 1999. HOWEVER, COOLANT WAS STILL RUNNING ALL OVER THE PLACE. ON JANUARY 21, 2000 CONSUMER TOOK CAR BACK TO THE DEALER FOR SAME PROBLEM AND THEY HAVE HAD IT SINCE THEN. \*AK

CONTINUE ON BACK IF NEEDED

File 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.

15 March 2000

**NARRATIVE DESCRIPTION - (Continued)**

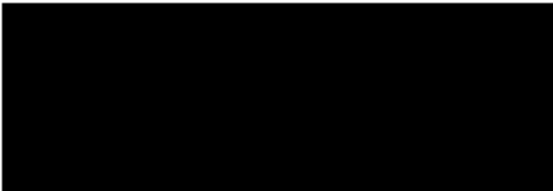
On 8 March 2000, Mr. Zimmerman told me that my car was repaired however, it didn't have any power and needed to be broke down to see what was causing the problem, and that he needed me to give the okay for this. At that time, I told him "NO". I had spoke with Mr. Emilio Martin, at Fireside Finance (company financing the car), the situation I was in regarding the car. He went over the package (copy enclosed). I also told Mr. Martin that I wanted to trade the car and what steps should I take. He decided to call Mr. Couch Salas, Finance Director at Sunnyvale Mazda.

On 14 March 2000, I met with Mr. Couch Salas and we talked. I told him that Mr. Zimmerman wanted me to give approval to have the car broke down since it had no power. He stated to me that he would talk to the warrant people to pay the entire or majority of the repairs. This is when I gave Mr. Zimmerman my approval for the break down. This will cost \$500.00 along with the first \$1,500. Since these repairs pertain to the motor, they should be covered.

**[REDACTED]**

PS: As of Friday, 17 March 2000, ~~the~~ The  
Rental Cost for my rental is \$968.09. See  
att 7.

PPS: The cost of the car repairs is \$3,315.67



3 March 2000

**FIRESIDE THRIFT COMPANY  
P. O. BOX 9080  
Pleasanton, CA 94566**

**TO WHOM IT MAY CONCERN,**

**Account # 00010-5010001126**

**Since your company has financed my 1996 Ford Thunderbird since 7 July 1999, I have had trouble with this car. As you can see the entire packet submitted to the Bureau of Automotive Repair.**

**I called last month to let you know that the car has been in the shop since 21 January 2000 and all Mr. Zimmerman at Frontier Ford is telling me that the part is still on back order. "Why" is my question to Mr. Zimmerman is taking so long. This is why I brought the car to the Ford dealer, so the parts for repairs will not take so long.**

**Here it is March already and still this car is not repaired. As I stated on the last page of the form, "I want to be reimbursed and have this car took back to Sunnyvale Mazda and traded at another dealer".**

**It will be a week before I know anything from my consumer complaint that I dropped off at the Bureau of Automotive Repairs.**

**NOW YOU KNOW!!!! WHAT WILL IT BE?**

**Your expeditious help in this matter is greatly appreciated.**

**Yours truly,**





**BUREAU OF AUTOMOTIVE REPAIR**

P.O. BOX 942507 • SACRAMENTO, CA 94258-0507  
PHONE: 1-800-952-5210



# CONSUMER COMPLAINT FORM

I wish to register a complaint against the repair shop named below. I understand that the Bureau is unable to represent private citizens in court or to collect money or to levy fines. I am, however, registering this complaint to request the Bureau to assist me in resolving the matter to the extent provided by law.

TO HELP THE BUREAU SETTLE THIS COMPLAINT, PLEASE ANSWER AS MANY QUESTIONS AS POSSIBLE

	REPAIR SHOP NAME (AS SHOWN ON INVOICE)	FRONTIER FORD		
	ADDRESS (CITY) (STATE) (ZIP CODE)	3701 STEVENS CREEK BLVD SANTA CLARA, CA		
	PHONE NUMBER	(408) 557-6370		
	PERSON DEALT WITH:	Mr. Robert Zimmerman, Jr.		
	GIVE NAME AND LOCATION:			

VEHICLE: (MAKE) (MODEL) (YEAR) (LICENSE NO.)

1996 FORD Thunder BIRD

CURRENT ODOMETER READING

ODOMETER READING AT TIME OF REPAIR

DATE VEHICLE TAKEN TO REPAIR SHOP:

DATE YOU PICKED UP VEHICLE:

WHY DID YOU CHOOSE THIS REPAIR SHOP?

REGULAR CUSTOMER       NEW/USED CAR WARRANTY       ADVERTISEMENT (ENCLOSE COPY OF AD IF POSSIBLE)

REFERRED BY SOMEONE       OTHER, EXPLAIN

HOW WAS THE VEHICLE TAKEN TO THE REPAIR SHOP?

TOWED       WERE YOU WITH VEHICLE?       DRIVEN BY WHOM?       OTHER: EXPLAIN:

QUESTIONNAIRE	YES	NO	QUESTIONNAIRE	YES	NO
1. WAS THE VEHICLE TAKEN TO THE REPAIR SHOP DURING NORMAL BUSINESS HOURS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF NO, DID YOU LEAVE WRITTEN INSTRUCTIONS?	<input type="checkbox"/>	<input type="checkbox"/>

2. WERE THE REPAIRS COVERED BY INSURANCE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF YES, DID THE INSURANCE COMPANY AUTHORIZE THE REPAIRS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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NAME OF INSURANCE COMPANY: Western General Insurance Co

NAME OF AGENT/ADJ: ERIC BOD 242-9442 ext 246

PHONE NO.:

3. WHAT WAS THE PROBLEM THAT CAUSED YOU TO BRING THE VEHICLE IN FOR REPAIRS?

Repeating problems

4. DID YOU TELL THE REPAIR SHOP WHAT REPAIRS YOU WANTED DONE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF YES, WERE THOSE REPAIRS DONE?	N/A	<input type="checkbox"/>
			DID THOSE REPAIRS CORRECT THE PROBLEM?		<input type="checkbox"/>

5. DID THE REPAIR SHOP RECOMMEND ANY REPAIRS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF YES, WERE YOU TOLD THE RECOMMENDED REPAIRS WOULD SOLVE THE PROBLEM?	<input checked="" type="checkbox"/>
IF YES, WHAT REPAIRS WERE RECOMMENDED? Correcting Coolant Unit and etc See Attachments				
IF YES, WERE YOU TOLD WHAT WOULD HAPPEN IF THE RECOMMENDED REPAIRS WERE NOT DONE? <input type="checkbox"/> <input checked="" type="checkbox"/>				
IF YES, EXPLAIN:				
WERE THE RECOMMENDED REPAIRS DONE? ???				
			IF YES, DID THE REPAIRS SOLVE THE PROBLEM?	<input type="checkbox"/>

		YES	NO			YES	NO
6.	DID YOU RECEIVE A WRITTEN ESTIMATE STATING THE REPAIR WORK TO BE DONE AND THE CHARGE FOR LABOR AND PARTS BEFORE THE WORK BEGAN?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>See Attachments</i>		AMOUNT:	
A.	IS THE FINAL BILL MORE THAN THE ORIGINAL ESTIMATE?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, DID THE REPAIR SHOP GET YOUR CONSENT FOR THE EXTRA REPAIR COSTS?		<input type="checkbox"/>	<input type="checkbox"/>
<i>Repairs not completed</i> B. AMOUNT OF FINAL BILL: <i>Attachs 3, 4, &amp; 6 estimated \$1,500</i>				METHOD OF PAYMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK (HAVE YOU STOPPED PAYMENT?)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
C.	DID THE SHOP DO REPAIRS THAT WERE NOT INCLUDED IN THE ESTIMATE?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, DID THE REPAIR SHOP GET YOUR CONSENT BEFORE DOING THE EXTRA REPAIRS?		<input type="checkbox"/>	<input type="checkbox"/>
<i>unkn</i>						<input type="checkbox"/>	<input type="checkbox"/>
7.	DID YOU SIGN ANY DOCUMENT AND/OR WORK ORDER?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, DID YOU RECEIVE A COPY AT THE TIME YOU SIGNED?		<input type="checkbox"/>	<input type="checkbox"/>
8.	BEFORE THE REPAIR WORK STARTED DID YOU ASK TO HAVE OLD PARTS RETURNED TO YOU?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF YES, WERE THE PARTS RETURNED OR SHOWN TO YOU?		<input type="checkbox"/>	<input type="checkbox"/>
IF THE PARTS WERE NOT RETURNED OR SHOWN, WHAT EXPLANATION WAS GIVEN?							
9.	DID THE REPAIR SHOP HAVE ANY OF THE WORK DONE BY ANOTHER REPAIR SHOP?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, DID THE REPAIR SHOP GET YOUR CONSENT?		<input type="checkbox"/>	<input type="checkbox"/>
<i>Unknown</i>							
10.	WERE YOU GIVEN AN INVOICE, BILL OR RECEIPT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF YES, PLEASE SEND A COPY TO US.		<i>Attachments included</i>	
11.	WAS THE REPAIR WORK GUARANTEED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF YES, WAS THE GUARANTEE IN WRITING?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	WERE THE REPAIRS SATISFACTORY?	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, WHY?		<i>at just</i>	
<i>at just</i>						<i>until problems reoccurred</i>	
13.	HAVE YOU COMPLAINED TO SOMEONE AT THE REPAIR SHOP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF YES, NAME OF PERSON:		<i>Mr. Zimmerman - manager on the speakerphone</i>	
HIS STATEMENT: <i>1/31/00 parts on order (back)</i>							
14.	HAS THE VEHICLE BEEN BACK TO THE REPAIR SHOP TO BE REWORKED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF YES, HOW MANY TIMES?		LAST DATE? <i>1/21/00</i>	
				<i>5 times</i>			
15.	WOULD YOU BE WILLING TO RETURN THE VEHICLE FOR FURTHER WORK?	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, WHY?			
16.	HAS ANY OTHER REPAIR SHOP OR MECHANIC INSPECTED THE VEHICLE SINCE IT WAS REPAIRED BY THE SHOP YOU ARE MAKING THE COMPLAINT AGAINST?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF YES, STATE THE FINDINGS:			
A. DID THAT SHOP OR MECHANIC DO ANY WORK ON THE VEHICLE?		<input type="checkbox"/>	<input type="checkbox"/>	IF YES, EXPLAIN:			

IF NOT COVERED ABOVE, BRIEFLY STATE YOUR COMPLAINT. INDICATE WHAT MADE YOU UNHAPPY ABOUT THIS REPAIR.

*See letter*

WHAT DO YOU THINK WOULD BE A FAIR SETTLEMENT OF YOUR COMPLAINT?

*Reimbursements on all work plus returning this car back to the Sunnyside Mazda.*

**PLEASE SEND COPIES OF ALL PAPERS RELATED TO YOUR COMPLAINT**

IF THEY ARE NOT AVAILABLE, PLEASE EXPLAIN WHY.

I swear under penalty of perjury that the foregoing information is true and correct to the best of my knowledge. I understand a copy of this complaint may be sent to the repair shop.

SIGNATURE

DATE

*2 March 2000*



**29 February 2000**

**Bureau of Automotive Repair  
Consumer Complaint  
1361 So Winchester Blvd #206  
San Jose, CA**

**To Whom It May Concern;**

**I purchased my 1996 Ford Thunderbird from Sunnyvale Mazda on 7 July 1999; along with three years Gold Certified Limited Warranty with Western General Insurance Company (see attachments 1 & 2).**

**On 28 July 1999, the coolant light coming on and off not knowing what the problem was I put it in Frontier Ford for repairs (see attach 3). Repairs were made and I picked up my car the same day.**

**On 6 August 1999 (see attach 4); I had to put my car in the shop again, this time the side windows made a lot of noise when the windows were rolled up and down; also the coolant light problem.**

**On 24 August 1999 (see attach 5) I went to pick up my car and another customer notice that the coolant was spilling on the ground. At that time, Mr. Zimmerman furnished me a rental car. I picked the car up the next day.**

**Driving from work, I noticed my coolant light doing the same thing that I had paid for recently. I call Mr. Zimmerman and informed him that the same thing was happening again with the coolant light. He said he didn't understand what was happening and for me to bring in the car.**

**21 January 2000, (see attach 6) I took my car back into Frontier Ford. Couple days later Mr. Zimmerman called and informed me that the coolant was leaking on the motor this time. He informed me that the motor parts had to be ordered. On 28 January 2000 I called to see when will my car be ready, he informed me that the parts were on back order. The insurance sent an adjuster to look at the car before the insurance company would approve the work. I spoke with Eric at the**

**29 February 2000**

**Page 2**

**Insurance Company and he informed me that the work was approved for \$1,300.00 and that I would have to pay \$1,500.00, along with car rental bill. As you can see, on the enclosures, my car has been in the shop since 21 January 2000.**

**Since my daughter was taking me to work and picking me up no rental car wasn't needed. However, on 14 February 2000, I had to rent a car (see attch 7) from Enterprise. I also called Western General to inform them that my car was still in the shop and since I had the rental coverage on my policy what would that covered. He informed me that the policy only covers four days of the first week (14th - 21<sup>st</sup> Feb).**

**24 February 2000 I called Frontier Ford to speak with the manager. He was on the telephone and I was put on hold. The operator ask me if I wanted to speak with Mr. Zimmerman, I told her no thanks and continue to hold for the manager. He never pick up the phone to talk with me, instead I was put through to Mr. Zimmerman on the speakerphone along with the manager. He stated that the parts were still on back order. I informed him that I don't have that kind of money for repairs and rental car, and that I was on a fixed income. They begin to laugh in their conversation I told them that this isn't no laughing matter.**

**Your expeditious help in this matter is greatly appreciated.**

**Yours truly**

**7 Enclosures**

BUYER'S NAME

DATE OF CONTRACT

Stock No. 19662

ZIP CODE

67/07/99  
AGREEMENT No.

Source PARIS EUSTC

Salesperson F. J. GAR

Date 07/07/99

Bus. #

Res. #

BUYER'S NAME AND ADDRESS

In this contract the words "we," "us" and "our" refer to the creditor (seller) named below or, upon any assignment, its assignee. The words "you" and "your" refer to the buyer and co-buyer, if any, named herein. We sell you the motor vehicle described below or credit. The credit price is shown below as the "Total Sale Price." The "Cash Price" is also shown below. By signing this contract you choose to buy the "vehicle" on credit and agree to pay the Total Sale Price, according to the schedules, terms and agreements shown on the front and back of this contract. If this contract is signed by a buyer and co-buyer, each is individually and together responsible for all agreements in the contract.

SEE OTHER SIDE FOR ADDITIONAL TERMS AND AGREEMENTS:

YEAR	MAKE	CYL.	DIESEL	GAS	OTHER	BODY STYLE	MODEL	UNIQUE REF. READING	VEHICLE IDENTIFICATION NUMBER
USED 96	FORD	8	X			20	THUN	42638	1FALP62W1TH120723
COLOR	TRIM	TIRFS	TRANS	KEY NO	LIC. NO.	R.O.S. NO			
GREEN			AUTO						

DISCLOSURES PURSUANT TO THE TRUTH-IN-LENDING ACT

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>Amount Financed</b> The amount of credit provided to you of on your behalf.	<b>Total of Payments</b> The amount you will have paid after you have made all payments as scheduled.	<b>Total Sale Price</b> The total cost of your purchase on credit, including your down payment of \$3000.00.
15.95%	\$ 6647.16	\$ 14529.24	\$ 21176.40	\$ 24176.40

YOUR PAYMENT SCHEDULE WILL BE:

Number of Payments:	Amount of Payments:	When Payments Are Due:
One Payment of	0.00	
One Payment of	0.00	
60 Payments	357.94	Monthly, beginning 08-06-99
One Final Payment	NONE	

SECURITY: You are giving a security interest in the goods or property being purchased.

LATE CHARGES: If any payment is more than 10 days late you may be charged 5% of the late amount.

PREPAYMENT: If you pay early, you may be entitled to a refund of part of the finance charge.

See your contract documents for any additional information about nonpayment, default, any required prepayment in full before the scheduled date and prepayment refunds.

NOTICES: The names and addresses of all persons to whom the notices required or permitted by law to be sent are set forth at the top of this form.

If you are buying a used vehicle with this contract, as indicated in the description of the vehicle above, federal regulation may require a special buyers guide to be displayed on the window.

THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THIS CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE.

STATEMENT OF INSURANCE

NOTICE: No person is required as a condition of financing the purchase of a motor vehicle to purchase, or negotiate, any insurance through a particular insurance company, agent or broker.

You have requested Seller to include in the balance due under this agreement the following insurance. Insurance is to expire WITH  BEFORE  AFTER  the due date of the final installment. Buyer requests seller to procure insurance upon the described property against fire, theft, and collision for the term of this agreement. Any insurance will not be in force until accepted by the insurance carrier.

DED. COMP. FIRE & THEFT	Mos. \$	NONE
DEDUCTIBLE COLLISION	Mos. \$	NONE
BODILY INJURY \$	LIMITS	Mos. \$ NONE
PROPERTY DAMAGE \$	LIMITS	Mos. \$ NONE
MEDICAL	Mos. \$	NONE
	Mos. \$	NONE

TOTAL VEHICLE INSURANCE PREMIUMS \$ NONE (a)

The foregoing declarations are hereby acknowledged

07/07/99 SUNNYVALE MAZDA

DATE SELER BUYER

CREDIT INSURANCE AUTHORIZATION AND APPLICATION

You voluntarily request the credit insurance checked below, if any, and understand that such insurance is not required. You acknowledge disclosure of the cost of such insurance and authorize it to be included in the balance payable under the security agreement. Any returned or refunded credit insurance premiums shall be applied to sums due under this contract. Only the persons whose names are signed below are insured.

CREDIT LIFE	NONE	Mos. Premium \$	NONE
JOINT LIFE	NONE	Mos. Premium \$	NONE
CREDIT DISABILITY	NONE	Mos. Premium \$	NONE

TOTAL CREDIT INSURANCE PREMIUMS \$ NONE (b)

- You want Credit Life Insurance  You do not want Credit Life Insurance
- You want Credit Disability Insurance (Primary Buyer Only)
- You do not want Credit Disability Insurance
- You want Joint Credit Life Insurance

You are applying for the credit insurance marked above. Your signature below means that you agree that: (1) You are not eligible for insurance if you have reached your 65th birthday. (2) You are eligible for disability insurance only if you are working for wages or profit 30 hours a week or more on the Effective Date. (3) Only the Primary Buyer is

ITEMIZATION OF AMOUNT FINANCED

- A. Cash Price Motor Vehicle and Accessories \$ 14200.00(A)
    1. Cash Price Vehicle \$ 14200.00
    2. Cash Price Accessories \$ NONE
  - B. Document Preparation Charge \$ 45.00(B) (not a governmental fee)
  - C. Smog Fee Paid to Seller \$ 36.75(C)
  - D. Sales Tax (on A+B+C) \$ 1179.24(D)
  - E. Luxury Tax \$ NONE (E)
  - F. Service Contract (optional) \$ 1495.00(F)
  - G. Other \$ NONE (G)
- To whom paid \_\_\_\_\_

TOTAL CASH PRICE (A to G) \$ 16954.99 (1)

AMOUNTS PAID TO PUBLIC OFFICIALS

- A. License EST. \$ 266.00(A)
  2. B. Registration \$ NONE (B)
  - C. Smog Impact Fee \$ 300.00(C)
- TOTAL OFFICIAL FEES (A+B+C) \$ 566.00 (2)
3. AMOUNT PAID TO INSURANCE COMPANIES:  
(Total premiums per Statement of Insurance a + b) \$ NONE (3)
  4. SMOG CERTIFICATION FEE PAID TO STATE \$ 8.25 (4)
  5. TOTAL (1 TO 4) \$ 17529.24 (5)

A. Trade-In (Description)

- Yr \_\_\_\_\_ Make \_\_\_\_\_  
Model \_\_\_\_\_ \$ NONE (A)  
V.I.N. \_\_\_\_\_  
Odometer \_\_\_\_\_
6. B. Less Prior Credit or Lease Payoff \$ NONE (B)
  - C. TRADE-IN (A less B) \$ 0.00 (C)
  - D. Deferred downpayment due before second installment payment \$ NONE (D)
  - F. MFR'S Rebate \$ NONE (E)
  - F. Remaining cash downpayment \$ 3000.00 (F)
- TOTAL DOWNPAYMENT (B+C+D+E+F) \$ 3000.00 (6)  
(If negative, enter "0" and see line 7 below)
7. PRIOR CREDIT OR LEASE BALANCE \$ NONE (7)  
To whom paid \_\_\_\_\_
  8. AMOUNT FINANCED (5 less B plus 7) \$ 14529.24 (8)





# AGREEMENT TO FURNISH INSURANCE POLICY

(TO BE USED WITH SECURITY AGREEMENT ON SALE OF VEHICLE)

Date 07/07/99

TO SELLER SUNNYVALE MAZDA  
710 E. EL CAMINO REAL SUNNYVALE CA 94087

The undersigned Purchaser(s) agree(s) to furnish his/their own Insurance Policy, covering property which is the subject of a Security Agreement dated this 7TH day of JULY, 1999.

The vehicle referred to herein is described as follows:

Year	Make	Model	Body	Vehicle Identification No.
<u>96</u>	<u>FORD</u>	<u>TRUN</u>	<u>2DCP</u>	<u>1FALP62W1H126723</u>

Such Insurance Policy must be delivered to the Seller within \_\_\_\_\_ days from the date hereof, and if Seller does not receive such Policy by the time stated, Seller may (but is not required to) procure insurance of the kind and type agreed to be furnished under the terms of the above mentioned Security Agreement.

Ins. Co. ALL STATE Ins. Agent JANIS TURNER  
MC NICHOLS

Policy No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Fire & Theft -  Additional Coverage - YES Deductible Comprehensive 0.00 Deductible Collision 0.00

In the event I fail to furnish a valid insurance policy, or written evidence, from an insurance company for comprehensive and deductible collision insurance coverage, within the time specified from above date, I hereby agree to pay to Seller or its assignees any earned premium for any policy they may have to place for the above described vehicle in accordance with repayment procedures established under California Civil Code Section 2982.8.

I/we further agree to assume forthwith any and all responsibility for damage to the property referred to above or resulting from the use, maintenance or operation thereof, and agree to hold Seller free of any loss, claim, or liability resulting from any damage to said property or from the use, maintenance or operation thereof.

Loss Payee PENDING

**NOTICE TO BUYER:** This Agreement does not authorize the ordering of **Public Liability or Property Damage Insurance.** Any insurance ordered by the financial institution will cover loss of or damage to the above described vehicle only and will not include **Public Liability or Property Damage Insurance.**

**"WARNING: IT IS YOUR RESPONSIBILITY UNDER CALIFORNIA LAW TO OBTAIN LIABILITY INSURANCE OR BE SUBJECT TO PENALTIES FOR VIOLATING SECTION 16029 OF THE VEHICLE CODE, WHICH MAY INCLUDE LOSS OF LICENSE OR FINE. THE INSURANCE ACQUIRED BY THE LIENHOLDER DOES NOT PROVIDE LIABILITY COVERAGE AND DOES NOT SATISFY YOUR RESPONSIBILITY UNDER CALIFORNIA LAW."**

[REDACTED SIGNATURE AREA]

\_\_\_\_\_  
BUYER'S SIGNATURE



**SUNNYVALE MAZDA**  
 710 E. EL CAMINO REAL • PHONE (408) 738-1001  
 SUNNYVALE, CALIFORNIA 94087-2918

RECEIPT

022989 \*

RECEIVED FROM



DATE

~~12-17~~ 12-17 1999

Three thousand

DOLLARS

3000

ADDRESS

FOR

1966Z

DETAIL	ON ACCOUNT	ON INVOICE	HOW PAID	✓
AMOUNT DUE			CASH	
AMOUNT PAID	3000		CHECK	
			CREDIT CARD	
BALANCE DUE			MONEY ORDER	

*Chue has Finance Director*  
*inillo*

**GOLD SEAL CERTIFIED  
LIMITED WARRANTY PROGRAM**

*Attach 2*

Warranty and Service Contract Application No. <b>1798                      101463</b>		Effective Date (Vehicle Sale Date) <b>07/07/99</b>	
Name of Purchaser [Redacted]		<b>LIMITED WARRANTY</b>	
Address <b>SUNNYVALE, MAZDA</b>		<b>AT NO CHARGE</b>	
City <b>SUNNYVALE</b>		<b>Month(s)</b>	
State <b>CA</b>		<b>1</b>	
Zip <b>94087</b>		<b>Miles</b>	
Dealer Phone Number <b>PLNDJHS</b>		<b>15,000</b>	
Lienholder and Address (Must be completed)		<b>WHICHEVER OCCURS FIRST</b>	
Year <b>98</b>		Make <b>FORD</b>	
Model <b>350N</b>		Odometer <b>12,518</b>	
Vehicle Purchase Price <b>\$4,290.00</b>		Optional Service Contract Price <b>\$</b>	
Optional Service Contract Extension <input type="checkbox"/> 12 months/12,000 miles <input type="checkbox"/> 24 months/24,000 miles <input checked="" type="checkbox"/> 36 months/36,000 miles <input type="checkbox"/> 48 months/40,000 miles <small>(see below, items 1 - 11)</small>		Optional Service Contract Upgrade <input checked="" type="checkbox"/> <b>Plus Coverage</b> <small>(see below, items 12 - 22)</small>	
Deductible: \$100.00 Per Component Turbo/Supercharged 4WD/AWD Diesel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

This Certified Pre-Owned Vehicle Limited Warranty provided by the Dealer listed above, covers the motor vehicle described in this form. This Limited Warranty is effective NOW, and its time and mileage limits begin to run immediately, even though some portion of the original New Vehicle Limited Warranty may remain in force based on the vehicle's Original In-Service date. I have received a copy of this Gold Seal Certified Pre-Owned Vehicle Limited Warranty along with the Buyer's Guide which was properly displayed in the vehicle, and I understand that this Limited Warranty is provided at no charge to me. I **ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY - IN ORDER TO KEEP THIS WARRANTY OR OPTIONAL SERVICE CONTRACT VALID**, that each maintenance item of the vehicle must be inspected and serviced as recommended by the Manufacturer within 10 days or 500 miles of the schedule required by the Manufacturer. I will be required to provide verifiable receipts and work orders showing date(s), mileage and the service(s) performed to validate the maintenance conditions necessary for coverage. I may perform required servicing, provided I maintain a contemporaneous log and keep all receipts for fluids and parts. **IN ORDER TO CLAIM BENEFITS I must follow the procedure on page 3, "HOW TO MAKE A CLAIM"**. I hereby declare that I have fully read the terms of this Warranty and/or Service Contract Application (pages 1-3) and the State Changes, if any, and I understand and accept all of the provisions herein. There have been no other oral or written agreements or representations made by the Dealer.

Customer's Signature: [Redacted] Date: \_\_\_\_\_  
 Signature of Issuing Dealer's Authorized Representative: [Signature] Date: \_\_\_\_\_  
This Limited Warranty is available only from Dealer selling the vehicle and only at time of vehicle sale.

**GOLD SEAL CERTIFIED LIMITED WARRANTY COVERAGE  
& OPTIONAL SERVICE CONTRACT EXTENSION COVERAGE (If Selected Above)**

- 1) **Engine:** All internally lubricated parts contained within the engine block, cylinder head(s) or rotary engine housing(s) except timing belt and chain, timing gears and timing tensioner; oil pump; water pump. Engine block, cylinder barrels, engine head(s), intake and exhaust manifold, rotor housing(s) if damaged by the failure of an internally lubricated part. Seals and gaskets are not covered.
- 2) **Automatic/Standard Transmission and Transfer Case:** All internally lubricated parts contained within the transmission case, torque converter case or transfer case. Transmission case, torque converter case, transfer case and external cover(s) and pan(s) if damaged by the failure of an internally lubricated part. Coverage is not afforded for standard transmission clutch assemblies, or any of their component parts. Seals and gaskets are not covered.
- 3) **Drive Axle:** All internally lubricated parts contained within the front or rear drive axle housings. Front and rear drive axle housings if damaged by the failure of an internally lubricated part. Drive shaft(s); locking hub(s) and bearing(s); constant velocity joints (excluding constant velocity joint boots); universal joints. Seals and gaskets are not covered.
- 4) **Front and Rear Suspension:** Upper and lower control arms; shafts and bushings; upper and lower ball joints; king pins and bushings; spindle and spindle support; torsion bars and bushings; leaf springs; coil springs; stabilizer bar, linkage and bushings; shackles and bushings.
- 5) **Brakes:** Master cylinder; vacuum assist booster; wheel cylinders; callipers (All ABS brake components are excluded).
- 6) **Steering:** Power steering pump; steering box; rack and pinion. Seals and gaskets are not covered.
- 7) **Cooling:** Water pump, radiator.
- 8) **Air Conditioning:** Compressor; condenser; compressor clutch, field coil and clutch pulley; idler pulley and bearing; evaporator.
- 9) **Fuel:** Mechanical and electrical fuel pumps.
- 10) **Electrical:** Alternator; voltage regulator; starter motor; starter motor solenoid.
- 11) **Fluids and Taxes:** Will be covered only when required in conjunction with a covered repair.

**ANY PART NOT LISTED ABOVE IS NOT COVERED**

**PLUS COVERAGE OPTIONAL SERVICE CONTRACT UPGRADE (If Selected)**

- 12) **Engine:** Engine mounts; timing belt or chain, timing gears and timing tensioners; timing belt or chain cover; oil pan; valve covers; flywheel; seals and gaskets (excluding engine head gasket failure due to overheating).
- 13) **Transmission:** Internal electronic control unit; vacuum modulator; flex plate; external overdrive unit. Transmission mount(s); seals and gaskets.
- 14) **Drive Axle:** Seals and gaskets.
- 15) **Front and Rear Suspension:** Wheel bearings; MacPherson strut housing (does not include strut cartridge, shock absorber inserts or spring, separately serviceable or not).
- 16) **Brakes:** Front and rear brake pedal assembly; parking brake cable; hydraulic boost unit; hydraulic boost valve; ABS pump and ABS solenoid valve; ABS control valve; supporting valve (All ABS brake components are excluded).
- 17) **Steering:** Steering shaft and couplings; idler arm; tie rod, tie rod ends; pitman arm; center link/drag link; cooler and coolant lines; pressure control valve; seals and gaskets.
- 18) **Air Conditioning:** Blower motor and fan; expansion/POA valve; orifice; receiver-dryer/accumulator; suction valve and suction tube; high/low side; and hoses.
- 19) **Fuel:** Fuel injector pump; diesel vacuum assist booster pump; fuel distributor; fuel lines and fittings; fuel pressure regulator; fuel filter; fuel filter housing; seals and gaskets.
- 20) **Turbocharger/Supercharger:** Turbocharger housing and all internal parts; supercharger housing and all internal parts; water gate; seals and gaskets.
- 21) **Electrical:** Distributor; front and rear windshield wiper motors and switches; washer pumps and switches; power trunk motor; trunk release switch; trunk release solenoid; engine and back main wiring; wiper headlamp switch; turn signal switch; horn switch; and horn; wiper/washer motor; door lock; door lock solenoid; and the manually operated switches for the components listed under Electrical.

**ANY PART NOT LISTED ABOVE IS NOT COVERED**

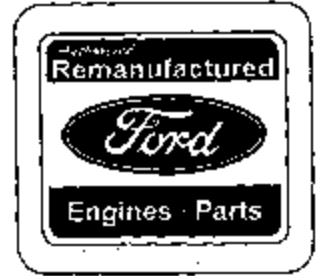
By my signature below I apply for the OPTIONAL SERVICE CONTRACT EXTENSION OR UPGRADE INDICATED ABOVE. I am aware that the Optional Service Contract Term begins concurrently with the Limited Warranty and does **NOT** begin after the expiration of the Limited Warranty. When my application is accepted, I understand that the Service Contract will be between me and WG Warranty and Insurance Services (Obligor). There have been no other oral or written agreements or representations made other than those expressly contained herein. Within 90 days of application, you will receive a Service Contract Identification Card confirming acceptance of your application. If the Identification Card is not received within 90 days, please call the Customer Service Center at 1-800-242-8442.

Customer's Signature: [Redacted] Date: **7/10/99**  
 Signature of Issuing Dealer's Authorized Representative: [Signature] Date: \_\_\_\_\_  
This Optional Service Contract is available only from Dealer selling the vehicle and only at time of vehicle sale.

Attachment 3

# Frontier Ford

3701 STEVENS CREEK BLVD, • SANTA CLARA, CA 95051  
(408) 247-6583



### DISCLAIMER OF WARRANTIES

Any warranties on the products sold under this parts invoice are those made by the manufacturer. The Seller, Frontier Ford, hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and Frontier Ford neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of these products. This disclaimer by the Seller, Frontier Ford, in no way affects the terms of the manufacturer's warranty.

RECEIVED BY:

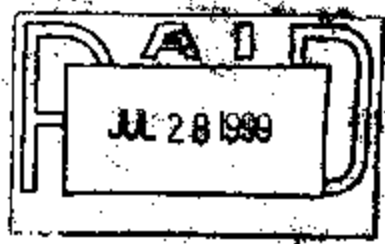
SOLD TO:

CASH SALES RETAIL  
3701 STEVENS CREEK BLVD  
SANTA CLARA  
CALIFORNIA 95051

IN# 322102  
CASH  
NAD# 002000 M01 40 CP 00  
MP004/036 385 07/28/99

PART NUMBER	DESC	QTY	LIST	SELL	TOTAL
FMOF6SZ13200A	LP ASY-P	1	103.29	82.78	82.78
FMOF6SZ13201A	LP ASY-P	1	82.78	82.78	82.78

check 516



SUBTOTAL 165.56  
TAX 13.66  
INVOICE TOTAL 179.22

TOTAL LINES 2  
PARTS HOURS MON-FRI 7:00AM-6:30PM SAT-9:00AM-5:00PM  
YOUR MOTORSPORT HEADQUARTERS FOR PARTS AND APPAREL  
PAGE 001 OF 001 YOUR ORDER WAS FILLED BY BRIAN L. GIBB

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL  
10% HANDLING CHARGE ON RETURNS OR REFUNDS.  
ELECTRICAL ITEMS AND SPECIAL ORDERS ARE NOT  
RETURNABLE - NO RETURNS AFTER 30 DAYS

367235

# Frontier Ford

SERVICE CENTER  
 B.A.R. REG #AA000020 E.P.A. #CA000117000000

*Attachment 4*

**IMPORTANT: REMOVE ALL PERSONAL PROPERTY AND VALUABLES FROM YOUR VEHICLE.**  
 WE DO NOT ASSUME RESPONSIBILITY FOR LOSS OR DAMAGE FOR ARTICLES LEFT IN YOUR VEHICLE.

ORIGINAL ESTIMATE

*\$45.00 to start*

FOR \_\_\_\_\_  
 AUTH. BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PH. #: \_\_\_\_\_

WAIVER: I UN-INSTANTLY HAVE THE RIGHT TO HAVE EMISSION SERVICE AND/OR ADJUSTMENT DONE ELSEWHERE. I HEREBY WAIVE THIS RIGHT.

BIBED X		DATE	
1	BATTERY SERVICE		
2	REPL WIPER BLD.		
3	LUBE		
4	OK & FILTER		
5	TIRE ROTATION		
6	FRONT END ALIGN		
7	4 WHEEL ALIGN		
8	DRIVE BELT ADJ.		
9	MAINTENANCE INSP.		
10	MINOR TUNE-4		
11	MINOR TUNE-6		
12	MINOR TUNE-8		
13	SMOG INSPECTION		
14	REPL AIR FILTER		
15	COOLING SYS. SVC.		
16	BRAKE INSP. CAR		
17	BRAKE INSP. TRUCK		
18	REPL FUEL FILTER		
19	A/C SERVICE		
20	REPACK WASH DRGS.		
21	AUTO TRANS. SVC.		
22	BALANCE 4 WHEELS		
23	A/C INSPECTION		

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 including flood damage 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 below vehicle to secure the amount of repairs thereto. Storage will be charged at the rate of \$20.00 per day 48 hours after work is completed. The warranty on Frontier Ford work is 12 months or 12,000 miles, whichever occurs first, and must be performed or authorized by the dealership. APPROVAL IS HEREBY GRANTED FOR SUBLET REPAIRS AND FOR SPECIFIC PAINT SAFETY INSPECTION.

CUSTOMER ACKNOWLEDGES RECEIPT OF A COPY HEREOF.

SAVE PARTS?  YES  NO

**INSTRUCTIONS ON WORK TO BE DONE**

PG 1 OF 1

51\* PAY TYPE: C  
 CK CAUSE OF COOLANT LIGHT COMING ON AND OFF CHECK AND ADVISE \$85.00 TO START DIAG.

ADDITIONAL REPAIRS: \$ \_\_\_\_\_  
 FOR: \_\_\_\_\_  
 IN PERSON  
 PHONE  
 AUTH. BY: \_\_\_\_\_ NEW COMPLETION DATE/TIME: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 REVISED TOTAL \$ \_\_\_\_\_

\*\*RD 15463\*\* \*TAG 6183\* LIC: CA APPLY SVC ADV: 311 ROBERT L ZIMMERMAN  
 96 \*\*VIN: 1FALP62W1 TH120723\*\*  
 FORD THUNDERBRD  
 LX 2DR CPE  
 LICENSE: CA APPLY CAR  
 SVC DLR: 07891

ODOMETER: LAST: 43140 CURRENT: 46454  
 AVG PER DAY: 35 PER MONTH: 1050

DIST CODE: 1FA

08/06/99 07:29:19

\*\*\*\*PROMISED DATE: 08/06/99 TIME: 1700 \*\*\*\*

THIS FORM PRINTED ON PREMIUM CARBONLESS RECYCLED PAPER



SALES  
J. S. SUTHERLAND  
9:30 PM  
CUSTOMER PICK-UP  
TO 8:30 PM

# Frontier Ford

SANTA ANA  
SERVICE (408) 247-6591

Sales - Leasing - Service

E.P.A. # CAD96117082297578  
B.A.R. REG. # A000290

*Robert Cady, Per County Budget  
Checked To date when leave started*

\$85.00	ADJ. REPAIR COST BY	IN PERSON
\$148.00	DRIVER'S LIC. NO. OR ID.	PHONE NO.
\$28.00	DATE	TIME
<p>IF NOT A FINAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE</p> <p><i>Lisa Johnson</i> <i>34 Aug 99</i></p> <p>APPROVED BY (PRINT OR SIGN)</p> <p><i>Lisa Johnson</i></p>		

SUB TOTAL	ALLOWANCE	PLUS PRICE DIFF.	LESS REC.
<p>CHECK (X) APPROPRIATE BOX</p> <p>CLAIMS REVIEW      AFFIDAVIT FOR INFORMATION TO SUBMIT CLAIM      PARTS SCRAP OUT</p>			
<p>APPROVED SIGNATURE AND DATE</p>			
<p>SERVICE INSTALLED PARTS</p>			
DATE INSTALLED	APPROVED MILEAGE	ORIGINAL NUMBER	PROGRAM CODE(S)
NO.	QTY.	RE. TERMS	REPAIR 1
APPROVAL CODE OR NO.		COMMITMENT CODE	REPAIR 2
			REPAIR 3

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK

EXPLAINED WORK AND CHARGES      Y/N      REVIEWED QCP SURVEY      Y/N  
 REVIEWED 28 PT. CHECKLIST      Y/N      SEE SERVICE ADVISOR BEFORE LEAVING      Y/N

INFORMATION -- INVOICE # C15463

FOR OFFICE USE      VEHICLE INFORMATION      LICENSE NUMBER: CA APPLY

NO. 7425    ADV. 311 - ZIMMERMAN    INVOICED AT: 08/23/99 15:52:29 AC    96 THUNDERBOLT

GRAND TOTALS

SUMMARY OF CHARGES FOR INVOICE C15463		PAYMENT DISTRIBUTION FOR INVOICE C15463	
PARTS	289.01	TOTAL CHARGE	635.85
LABOR MECHANICAL	323.00	CASH DUE	635.85
SUB-TOTAL	612.01		
SALES TAX	23.84		
TOTAL CHARGE	635.85		

IF YOU HAVE ANY QUESTIONS - PLEASE SEE ROBERT J. ZIMMERMAN JR.

PAGE 2  
LAST PAGE

It is your responsibility to make sure that all of the scheduled maintenance is performed and that the materials used meet Ford engineering specifications. Failure to perform scheduled maintenance as specified in the Service Guide will invalidate warranty coverage on parts affected by the lack of maintenance.

*\$300.00 CASH*

*check # 2643 - 33585*



CUSTOMER COPY

# Enterprise

1800-rent-a-car

ERAC - 48 REV. 10/81

ENTERPRISE RENT A CAR COMPANY, INC. 10000 WILSON BLVD. SUITE 1000  
 SANTA ANA, CALIF. 92704

RENTAL AGREEMENT NO. **D**

YEAR: 1987 RENTAL TYPE: **X** SOURCE: **1** LO: **1**

DATE: 2-17-88 MILES: 100

PHONE: [REDACTED]

PHONE: [REDACTED]

PHONE: [REDACTED]

DRIVER'S LICENSE: [REDACTED] STATE: [REDACTED] EXPIRES: [REDACTED]

HEIGHT: [REDACTED] WEIGHT: [REDACTED] EYES: [REDACTED] HAIR: [REDACTED]

SOCIAL SECURITY #: [REDACTED] EMPLOYER: [REDACTED]

BILL TO: COMPANY: [REDACTED]

ADDRESS: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

PHONE: [REDACTED] EXT.: [REDACTED]

RENTER ACCEPTS DAMAGE INVOY AT DAILY RATE SHOWN IN COLUMN SEE REVERSE. THIS IS NOT INSURANCE. **X**

RENTER REQUESTS DAMAGE INVOY AT DAILY RATE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY'S TERMS. **X**

RENTER REQUESTS DAMAGE INVOY AT DAILY RATE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY'S TERMS. **X**

RENTER REQUESTS DAMAGE INVOY AT DAILY RATE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY'S TERMS. **X**

ADDITIONAL DRIVER - NONE PERMITTED WITHOUT ENTERPRISE'S APPROVAL. I require Enterprise's permission to allow a driver to use the vehicle. STATE: [REDACTED] EXP: [REDACTED]

Who is under my control and direction to drive the rented vehicle for me and in my behalf, I am responsible for any act while they are driving, and for fulfilling terms and conditions of the agreement.

AUTH BY ENTERPRISE'S REP: [REDACTED] SAVE THE STATE. AUTH BY ENTERPRISE'S REP: [REDACTED]

NO GASOLINE REFUND - I PAY MINIMUM ACKNOWLEDGMENT OF TERMS AND CONDITIONS

I HAVE READ AND AGREE TO THE TERMS AND I CERTAINLY UNDERSTAND THE AGREEMENT BY SIGNATURE. IT WILL BE CONSIDERED TO HAVE BEEN MADE BY ME. I AM RESPONSIBLE FOR THE VEHICLE AND I AM NOT ENTITLED TO ANY REFUND OR CREDIT FOR A FINE OR JUDICIAL COSTS AND I AM RESPONSIBLE FOR PAYING THE RENTAL RATE BY A THIRD PARTY TO COVER THE RENTAL RATE. I AM NOT RESPONSIBLE FOR ANY OTHER CHARGES OR CONDITIONS.

DATE: 2-17-88

FAIR: [REDACTED]

TYPE: [REDACTED] DATE: [REDACTED] AUTH: [REDACTED]

RETURN CAR BY: [REDACTED] DEP: [REDACTED]

EXT. TO: [REDACTED] ADDTL. DEP.: [REDACTED]

EXT. TO: [REDACTED] ADDTL. DEP.: [REDACTED]

EXT. TO: [REDACTED] ADDTL. DEP.: [REDACTED]

EXT. TO: [REDACTED] ADDTL. DEP.: [REDACTED]

ADDITIONAL INFORMATION: [REDACTED]

RENTER REQUESTS DAMAGE INVOY AT DAILY RATE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY'S TERMS. **X**

RENTER REQUESTS DAMAGE INVOY AT DAILY RATE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY'S TERMS. **X**

RENTER REQUESTS DAMAGE INVOY AT DAILY RATE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY'S TERMS. **X**

RENTER REQUESTS DAMAGE INVOY AT DAILY RATE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY'S TERMS. **X**

RENTER REQUESTS DAMAGE INVOY AT DAILY RATE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY'S TERMS. **X**

RENTER REQUESTS DAMAGE INVOY AT DAILY RATE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY'S TERMS. **X**

RESPONSIBLE FOR AND'S CHARGES TO THEIR CARD. FOR TRAFFIC

PLEASE USE SEAT BELT

MILES @	100
PHONE	[REDACTED]
PHONE	[REDACTED]
PHONE	[REDACTED]
HOURS @	
DAYS @	
DATE	2-17-88
TIME	10:00
TIME	18:00
TOTAL CHARGES	968.99
DEPOSITS	
REFUNDS	
AMOUNT DUE	968.99
PAID BY	CASH
CHECK	
CR. CARD	
DATE RECEIVED BY	[REDACTED]
AMOUNT	
CLAIM INFORMATION	
POL. OR O.L.#	
RISD	
LOSS DATE	
THEFT	
ACCIDENT	
PHONE	
NAME	
REPAIR SHOP	
TYPE CAR	

Attach 5

3701 STEVENS CREEK BLVD.  
SAN JUAN CLARA, CA 95051  
SERVICE (408) 247-6591

# Frontier Ford

Sales - Leasing - Service

SERVICE HOURS:  
MONDAY THRU SATURDAY  
7:00 AM TO 5:30 PM  
CASHIER AND CUSTOMER PICK-UP  
8:00 AM TO 6:30 PM

E.P.A. # CAD96117082297578  
B.A.R. REG. # A000230

ORIGINAL ESTIMATE \$		
ADDED WORK \$	ADDITIONAL REPAIRS OK'D BY	PERSON PHONED
AUTHORIZED ADD'L REPAIRS \$	DRIVERS LIC. NO. OF I.D.	PHONE NO.
TOTAL \$	DATE	TIME
WARRANTY: WORK AND/OR APPROV. OR AMOUNTS IN THE ORIGINAL WARRANTY PRICE		
SIGNATURE _____ DATE _____		
I HEREBY ACKNOWLEDGE AND AGREE TO THE ABOVE		

AIR TOTAL	ADVANCE	PLUS PRICE DIFF	LESS REG
CHECK OFF APPROPRIATE BOX			
<input type="checkbox"/> CLAIMS REVIEW	<input type="checkbox"/> ALTERNATION/ SUBMIT CLAIM	<input type="checkbox"/> PARTS SCRAP OUT	
\$	\$	\$	\$
NUMBER TO SIGNATURE AREA			
SERVICE INSTALLED PARTS			PROGRAM CODE(S)
DATE INSTALLED	WARRANTY CODE	ORIGINAL P.O. NUMBER	PART #
MC	DAY	FR	NUMBER
APPROVAL CODE OR NO.		COMMITMENT CODE	

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK

EXPLAINED WORK AND CHARGES	Y/N	REVIEWED QCP SURVEY	Y/N
REVIEWED 28 PT. CHECKLIST	Y/N	SEE SERVICE ADVISOR BEFORE LEAVING	Y/N

CA 95051

INVOICE: 017077

CA 95051

INFORMATION

DATE: 7/25/99 40V: 311 ZIMMERMAN INVOICE: PRELIM DUS C AC VIN: 1FALP22W1H120723 LICENSE NUMBER: CA APPLY

TAX RULES: NYANN INVOICED AT: 08/24/99 16:45:45 % FORD THUNDERBOLT LX 206 CPE

METER IN: 46454 DIST: 1FA

DATES BEGIN: 08/24/99 DONE: 08/24/99

CONCERN	OPERATION	TECH	AMOUNT
CONCERN 51 CHECK AND ADVISE CUSTOMER REPORTS COOLANT LEAK.	NC	006	0.00
CORRECTION PURGED AIR BUBBLE			
FACTORY TECH: 006 - 006 TEAM			
SUBTOTAL			
TOTAL CHARGE FOR CONCERN			0.00
GRAND TOTALS			

SUMMARY OF CHARGES FOR INVOICE 017077		PAYMENT DISTRIBUTION FOR INVOICE 017077	
TOTAL CHARGE	0.00	CASH DUE	0.00
		TOTAL CHARGE	0.00

ATTENTION: OTHER REPAIR ORDERS ON THIS VEHICLE:

DATE OPENED FOR	DATES INVOICED
08/06/99	15463

IF YOU HAVE ANY QUESTIONS - PLEASE SEE ROBERT L. ZIMMERMAN JR.

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LAST PAGE

# Frontier Ford

3000 STEEL CENTER BLVD. (302) 253-3333  
 SERVING THE AREA SINCE 1954  
 S.A.R. REG #AA000290 E.P.A. #CAD00117082287578

**IMPORTANT: REMOVE ALL PERSONAL PROPERTY AND VALUABLES FROM YOUR VEHICLE.**  
 WE DO NOT ASSUME RESPONSIBILITY FOR LOSS OR DAMAGE TO ARTICLES LEFT IN YOUR VEHICLE.

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 WAIVER: I UNDERSTAND THAT I HAVE THE RIGHT TO HAVE EMERGENCY SERVICE AND/OR ADJUSTMENT DONE ELSEWHERE. I HEREBY WAIVE THIS RIGHT.  
 SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

BATTERY SERVICE	REPL. WORN BLD.	LUBE	OIL & FILTER	TIRE ROTATION	FRONT END ALIGN	4-WHEEL ALIGN	DRIVE BELT ADJ.	MAINTENANCE INSP	MINOR TUNE-4	MINOR TUNE-6	MINOR TUNE-8	SVCG INSPECTION	FILTER - AIR/FILTER	COOLING SYS. SVC.	SPAXE INSP. CAR	BRAKE INSP. TRUCK	REP. FUEL LTR	A/C SERVICE	RE-RACK WHL BESS	AUTO TRANS SVC.	BALANCE 4 WHEELS	A/C INSPECTION
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

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 including total damage 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. Express mechanic's lien is hereby acknowledged on below vehicle to secure the amount of repairs thereto. Storage will be charged at the rate of \$20.00 per day after work is completed. The warranty on Frontier Ford work is 12 months or 12,000 miles, whichever occurs first, and must be performed or authorized by the dealership. APPROVAL IS HEREBY GRANTED FOR SUBLET REPAIRS AND FOR FREE 28 POINT SAFETY INSPECTION.

CUSTOMER ACKNOWLEDGES RECEIPT OF A COPY HEREOF.

SAVE PARTS?  
 YES  
 NO

## INSTRUCTIONS ON WORK TO BE DONE

51 PAY TYPE: C  
 CHECK AND ADVISE CUSTOMER REPAIRS  
 COOLANT LEAK

ADDITIONAL REPAIRS: \$ \_\_\_\_\_  
 FOR: \_\_\_\_\_  
 IN PERSON  
 PHONE  
 AUTH BY: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 NEW COMPLETION DATE/TIME: \_\_\_\_\_  
 REVISED TOTAL \$ \_\_\_\_\_

SALES 1707228 8148 6070\* LIC: CA APPLY

SVC ADV: 311 ROBERT L ZIMMERMAN  
 96 \*\*VIN: 1FAA852WJ TH120723\*\*



FORD THUNDERBOLT  
 LX 2DR CPE  
 LICENSE: CA APPLY SVC DLR: 07891 CAR

ODOMETER: LAST: 45140 CURRENT: 46454  
 AVG PER DAY: 55 PER MONTH: 1050

CISE CODE: LFA

08/24/99 15:26:37

\*\*\*PROMISED DATE: 08/23/99 TIME: 1700 \*\*\*

# Frontier

## Rent-A-Car

3701 STEVENS CREEK BLVD.  
 SANTA CLARA, CA 95051  
 M-F 7:30 - 6:00 • SAT. 9:00 - 5:00  
 (408) 241-4443  
 (408) 241-1800 ext. 275 (after hours)

CALIFORNIA PASSENGER  
 VEHICLE RENTAL AGREEMENT  
 STANDARD LIABILITY INSURANCE

No. **92364**

FROM: [REDACTED] DRIVEN BY: [REDACTED] BIRTH DATE: [REDACTED]		VEHICLE NO. <b>11044</b> LICENSE NO./STATE <b>7L 025</b>
LOCAL CONTACT: [REDACTED] ADDRESS: [REDACTED] PHONE: [REDACTED]		ODOMETER OUT: <b>11261</b> ODOMETER IN: [REDACTED]
COOPERATE ACCOUNT NUMBER: [REDACTED]		YEAR AND MAKE OF VEHICLE: [REDACTED]
EMPLOYER: [REDACTED] PHONE: [REDACTED]		MILES DRIVEN: [REDACTED]
EMPLOYER'S ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]		MODEL AND COLOR OF VEHICLE: [REDACTED]
ONLY THE BELOW NAMED PERSONS ARE AUTHORIZED AS ADDITIONAL DRIVERS. IF NONE, PRINT "NONE" ACROSS THIS SECTION AND HAVE SIGNED BY CUSTOMER.		DATE AND TIME OUT: <b>1-4/79</b> AM/PM DATE AND TIME IN: <b>1-11-79</b> AM/PM
NAME: [REDACTED] AGE: [REDACTED] DRIVER'S LICENSE #: [REDACTED]		MILES ALLOWED: [REDACTED]
CREDIT CARD #: [REDACTED] EXPIRES: [REDACTED] AUTHORIZED: [REDACTED]		CHARGEABLE MILES: [REDACTED]
COMPREHENSIVE/COLLISION DAMAGE WAIVER (CCDW) (CCDW IS NOT INSURANCE)		DATE DUE EXPIRATION OF CONTRACT: <b>1/04/79</b> AM/PM
RATES: <b>2.25</b> PER DAY <b>12.00</b> PER WEEK		MAX PAY/GAL: [REDACTED]
By initialing, You accept or decline the optional Comprehensive / Collision Damage Waiver at the rate listed above. By declining the waiver, You accept responsibility for all loss or damage to the Vehicle as described in Paragraph 4. Before accepting the waiver, You may want to determine whether Your own auto insurance or credit card agreement covers all or part of such damage. Even if You accept the waiver, You will be responsible for loss or damage due to theft as described in Paragraph 4 or from any violation of Paragraph 5 (a - f) of this Agreement.		RENTAL RATES DO NOT INCLUDE FUEL CHARGES
LIG. REFER TO PRODUCT BROCHURE OR POLICY FOR COVERAGE DETAILS		HOURS: [REDACTED] PER HOUR \$ [REDACTED]
RATES: <b>2.25</b> PER DAY <b>12.00</b> PER WEEK		DAYS: [REDACTED] \$ [REDACTED]
R.O. # [REDACTED] Type of Rental [REDACTED] PO # [REDACTED]		WEEKS: [REDACTED] \$ [REDACTED]
DEAL # [REDACTED] Days Approved [REDACTED] STK # [REDACTED]		MILES: [REDACTED] PER MILE \$ [REDACTED]
NOTICE: PLEASE READ THE COVERAGE CHECKED (X) BELOW WHICH IS APPLICABLE TO YOUR RENTAL VEHICLE.		TOTAL MILEAGE AND RENTAL CHARGES: [REDACTED]
<input type="checkbox"/> PRIMARY LIABILITY COVERAGE CUSTOMER INITIALS: <b>X</b>		REFUELING GAS: [REDACTED] GAL. @ \$ [REDACTED]
By initialing, You understand and acknowledge that any liability insurance protection afforded under this Agreement is PRIMARY to any other liability insurance coverage. This insurance is limited to the MINIMUM FINANCIAL RESPONSIBILITY LIMITS UNDER THE LAW.		SUB TOTAL: [REDACTED]
<input type="checkbox"/> EXCESS LIABILITY COVERAGE CUSTOMER INITIALS: <b>X</b>		FUEL PURCHASE OPTION: [REDACTED]
By initialing, You understand and acknowledge that You have rented the Vehicle as a Service Loaner or Commercial Vehicle as defined in Paragraph 10(b) of this Agreement and any liability insurance coverage afforded under this Agreement is EXCESS to any other liability insurance, except Primary Liability Coverage must be checked: (1) when RentSure Liability Insurance Supplement (LIS) is purchased; (2) You have been identified on the Rental Record by a corporate account number.		CONTROLLED RISK DAMAGE WAIVER (CDW): [REDACTED]
INS. COMPANY AND POLICY #: [REDACTED]		LIABILITY INSURANCE SUPPLEMENT (LIS): [REDACTED]
ADVISED/SALESMAN: [REDACTED]		PERSONAL ACCIDENT INSURANCE (PAI): [REDACTED]
EXTENDED TO: [REDACTED] BY: [REDACTED] TODAY'S DATE: [REDACTED]		PERSONAL EFFECTS COVERAGE (PEC): [REDACTED]
INT. FOR RETURNED DEP.: [REDACTED]		SUB TOTAL: [REDACTED]
PREPARED BY: [REDACTED]		SALES TAX: [REDACTED]
CLOSED OUT BY: [REDACTED]		VEHICLE LICENSE FEE: [REDACTED]
VEHICLE CONDITION DESCRIPTION: [REDACTED]		BALANCE DUE: [REDACTED]

