



**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 231

Data Received 11-APR-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 860069	

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 FORD	Vehicle Model TAURUS	Vehicle Year 1996	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <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)

WHILE CHANGING GEARS FROM PARK TO DRIVE VEHICLE WOULD JUMP OUT OF GEAR WITHOUT INDICATION. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 231</p> <p>RECEIVED APR 12 PM 2:35 17-APR-2000 OFFICE OF DEFECTS INVESTIGATION</p>		<p>Od_or _____ rt_dtt _____ od_rl _____ up_ltr _____</p>		
<p>OWNER INFORMATION (Type or Print)</p> <p>602224</p>				<p>Reference No. 860069</p>		<p>Work Number _____ Home Number _____</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>in the absence of the vehicle manufacturer's address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>6/18/00</u></p>								
VEHICLE INFORMATION								
<p>Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small></p> <p><u>1FALP53S5TA116804</u></p>		<p>Vehicle Make</p> <p>FORD</p>	<p>Vehicle Model</p> <p>TAURUS</p>	<p>Vehicle Year</p> <p>1996</p>	<p>Current Odometer Reading</p>			
<p>Purchase Date</p> <p><u>10/4/95</u></p>	<p>Dealer's Name <u>Universal Ford</u></p>			<p>Engine Size (CID/CC/L) <u>6</u></p>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New	<p>City <u>RANDALLSTOWN</u> State <u>MD</u> Zip Code <u>21133</u></p>			<p>No Cylinders <u>6</u></p>				
<p>Transmission Type</p> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<p>Antilock Brakes</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Restraint System</p> <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		<p>Cruise Control</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Drive Train</p> <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<p>Vehicle Type</p> <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<p>Body Style</p> <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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								
<p>Component</p> <p>D7300090</p>	<p>Part Name(s)</p> <p>POWER TRAIN:TRANSMISSION:AUTOMATIC</p>			<p>Location</p> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		<p>Failed Part(s)</p> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
<p>No of Failures</p>	<p>Date(s) of Failure(s) <u>7/99</u></p> <p>Mileage at Failure(s) <u>104,000</u></p> <p>Vehicle Speed at Failure(s)</p>			<p>Failed Part(s) Available?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>NHTSA Previously Contacted?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
APPLICATION INCIDENT INFORMATION								
<p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>								
<p>Crash</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Fire</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Number of Persons Injured</p> <p><u>0</u></p>	<p>Number of Fatalities</p> <p><u>0</u></p>	<p>Estimated Property Damage</p>		<p>Reported to Police</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)								
<p>WHILE CHANGING GEARS FROM PARK TO DRIVE VEHICLE WOULD JUMP OUT OF GEAR WITHOUT INDICATION. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION*AK.</p> <p><i>I purchased my car at Archway Ford and most of the time, I returned there for my tune-ups, oil changes. Archway Ford went out of business. I began taking my car to Universal Ford.</i></p>								
CONTINUE ON BACK IF NEEDED								
<p>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.</p>								

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I noticed it took at least twice for Universal Ford to repair my problems. I would have repairs completed by Universal Ford and return at least 2 times before that repair was corrected. Please note that I bought my car brand new. I never went over 3,200 miles before I had the oil changed. Because I don't know that much about repairs to cars, I relied on the mechanic to be honest and fair to their devoted customers. I feel I have been taken advantage of and I want my \$3,000 back for the repairs to the transmission. Please help me. I am in a financial bind and I am going through a divorce. I need my money back.

U.S. Government Printing Office: 1985 - 625-382

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590



ACCT. NO. _____

MARYLAND VEHICLE RETAIL INSTALMENT CONTRACT

DATE 10/04/95

Buyer (and Co-Buyer) Name and Address (Include County and Zip Code)

CREDITOR (Seller Name and Address)

ARCHWAY FORD INC
5720 REISTERSTOWN ROAD
BALTIMORE MD 21215

You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. The cash price is shown below as "Cash Price". The credit price is shown below as "Total Sale Price". By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract.

New or Used	Year and Make	Series	Body Style	No. Cyl.	If Truck, GVW(lbs)	Vehicle Identification Number	Use For Which Purchased
NEW	96 FORD	TAURUS	4DR	6		1FALP53S5TA116804	<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> _____

INCLUDING:

 Radio Air Conditioner Automatic Transmission Power Steering _____

TRADE-IN: 92 FORD Year and make \$ 4600.00 Gross Allowance \$ 4008.53 Amount Owning

ITEMIZATION OF AMOUNT FINANCED

(1) Cash Price		\$ 23536.60
(2) Down Payment		
Manufacturer's Rebate Assigned to Creditor		\$ N/A
Cash Down Payment		\$ 3176.83
Pickup Payment due _____, 19_____		\$ N/A
Trade-in (Description Above)		\$ 591.47
Total Down Payment		\$ 3768.30
(3) Unpaid Balance of Cash Price (1 minus 2)		\$ 19768.30
(4) Amounts Paid on Your Behalf		
To Public Officials (i) for license, title & registration fees \$ _____ 25.00		
(ii) for filing fees \$ _____ 20.00		
(iii) for taxes (not in Cash Price) \$ _____ 1176.83		\$ 1221.83
To Insurance Companies for		
Vehicle insurance		\$ N/A
Credit Life Insurance		\$ N/A
Credit Disability Insurance		\$ N/A
To _____ for _____		\$ N/A
To MD DEPT OF REVENUE for MD TIRE RECYCLING FEE		\$ 5.00
To _____ for _____		\$ N/A
Total		\$ 1226.83
(5) Amount Financed (3 plus 4)		\$ 20995.13

Amount Financed (The amount of credit provided to you or on your behalf) \$ 20995.13
FINANCE CHARGE (The dollar amount the credit will cost you) \$ 5816.47
ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate) 9.90 %
 Total of Payments (The amount you will have paid when you have made all scheduled payments) \$ 26811.60

Payment Schedule — Your payment schedule will be:

<input checked="" type="checkbox"/>	Number of Payments	Amount of Each Payment	When Payments are Due
	59	\$ 446.86	monthly starting
<input type="checkbox"/>	1 Final	\$ 446.86	18 NOV 19 95

Total Sale Price (The total price of your purchase on credit, including your downpayment of \$ 3768.30) \$ 30579.90

Prepayment: You may be entitled to a refund of part of the Finance Charge if you pay off your debt early.

Late Payment: You must pay a late charge on the portion of each payment made more than 10 days late. The charge is 7.5 percent of the late amount or \$50.00, whichever is less.

Security Interest: You are giving a security interest in the vehicle being purchased.

Contract: Please see this contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date and prepayment refund.



ARCHWAY FORD
 "THE FORD STORE"
 5720 Reisterstown Road
 BALTIMORE, MARYLAND 21215
 410-764-3600

DATE 10/4/95

STOCK NO.
7224

PLEASE TITLE
 IN NAME OF
 NAME OF



INSURANCE TO <u>Statefarm</u>	410 RES. PHONE	410-764-6900 BUS. PHONE	21244
POLICY NO. <u>395-3246-DK-20</u>	OR BINDER NO.	OPERATORS OR CHAUFFEUR'S LICENSE NO.	DATE OF BIRTH
EFFECTIVE DATE	AGENT OR BROKER <u>Dan Woodworth</u>	SECTION 1. <u>4</u>	<u>625 792 205 364 5-14-45</u>
PLEASE ENTER MY ORDER FOR ONE -		SECTION 2.	
<input checked="" type="checkbox"/> NEW <u>72</u>		<input type="checkbox"/> USED - MILEAGE	
<input type="checkbox"/> DEMO. - MILEAGE			

MAKE <u>Ford</u>	MODEL <u>Taurus</u>	COLOR <u>M. Night</u>	TYPE <u>Lx 4dr Sedan</u>	YEAR <u>94</u>
SERIAL NUMBER <u>1FALP5355TAK16804</u>	TRIM <u>Gray/Violet Leather</u>	TO BE DELIVERED ON OR ABOUT <u>10-4</u>		19 <u>95</u>

<input type="checkbox"/> NEW CAR WARRANTY	<input type="checkbox"/> ASIS - WHERE IS	<u>Power moon roof</u>	<u>740</u>	<u>00</u>
<input type="checkbox"/> USED CAR WARRANTY	<input type="checkbox"/> MARYLAND STATE INSPECTION WAIVED	<u>Leather buckets</u>	<u>990</u>	<u>00</u>
<u>94 Taurus Lx 4dr Sedan / Midnight</u>	<u>CD changed Le disc</u>	<u>595</u>	<u>00</u>	
<u>Red Met cc / Gray Violet Leather</u>	<u>Total before taxes</u>			
<u>Group 1 / speed control / speed limiter</u>	<u>Destination & delivery</u>	<u>25920</u>	<u>00</u>	
<u>Wash steering wheel / floor mats</u>	<u>Total before discount</u>	<u>550</u>	<u>00</u>	
<u>front / rear / AM / FM Radio cassette</u>	<u>Special added disc</u>	<u>26470</u>	<u>00</u>	
<u>Power door locks / Microdot patches</u>	<u>Total for vehicle</u>	<u>25770</u>	<u>00</u>	
<u>Group 2 / 16" steel wheels / wave alum</u>				
<u>1995 / usais / tires etc free and</u>	CASH SELLING PRICE	<u>23536</u>	<u>60</u>	
<u>Anti-gondching Perimeter anti</u>	TITLING TAX	<u>1176</u>	<u>83</u>	
<u>Wash / Ford Job System / Anti-lock</u>	TAGS, TITLE & REGISTRATION	<u>83</u>	<u>00</u>	
<u>Brakes / Variable Entry / 3.0 4V</u>				
<u>1.9L Engine / Automatic Newbrap</u>	LIEN			
<u>Transmission</u>	TOTAL	<u>24796</u>	<u>43</u>	

CREDITS	CASH DEPOSIT SUBMITTED WITH ORDER	
	ALLOWANCE FOR USED CAR TRADE IN AS APPRAISED	<u>4500.00</u>
	LESS BALANCE OWING TO -	<u>1208.53</u>
	CASH TO BE PAID AT TIME OF DELIVERY	<u>39147</u>

DESCRIPTION OF TRADE-IN			
MAKE <u>Ford</u>	MODEL <u>Tempo</u>	TYPE <u>GL 4dr</u>	YEAR <u>92</u>

CURRENT MILEAGE <u>50170</u>	LICENSE NO. <u>FD246E</u>	TITLE NO. <u>21895521</u>
SERIAL NO. <u>1FAP236U7K223742</u>		

IT IS AGREED AND UNDERSTOOD IN THE EVENT OF CANCELLATION OF THIS CONTRACT, BY THE CUSTOMER, THAT THE DEALER RESERVES THE RIGHT TO RETAIN ALL DEPOSIT MONIES

IT IS AGREED AND UNDERSTOOD, THAT THE CUSTOMER WILL SURRENDER HIS TRADE IN THE SAME CONDITION AS WHEN APPRAISED, WITH THE SAME EQUIPMENT AS WHEN APPRAISED, UNLESS OTHERWISE NOTED IN THIS CONTRACT.

The front and back of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning same has been made or is order the same as if it were printed above my signature. I certify that I am 18 years of age or older and

SIGNED: [Signature] PURCHASER

SIGNED: _____ CO PURCHASER

ADDRESS: _____

RES. PHONE: _____ BUS. PHONE: _____



UNIVERSAL FORD OF BALTIMORE



9311 Liberty Road
RANDALLSTOWN, MARYLAND 21133
Phone (410) 855-2000
Toll Free 1-800-891-9566

CUSTOMER NO 3538	ADVISOR JEROME A GRABOWSKI 4021	TAB NO. 284	INVOICE DATE 06/19/99	INVOICE NO. FDCS13889
[REDACTED]	LABOR RATE	LICENSE NO RED268	MILEAGE 61842	STOCK NO.
	YEAR / MAKE / MODEL 98 FORD TAURUS 4D SEDAN	COLOR MIDNIGHT RE		DELIVERY MILES
	VEHICLE ID. NO. 1FA1P53S6TA116804	DELIVERY DATE		PRODUCTION DATE
	F. T. E. NO.	P. O. NO.	R. O. DATE 06/19/99	
COMMENTS				

LABOR & PARTS		TECH(S):3187	48.00
# 1 00F0Z	QUICK SERVICE		
	BELT SQUEAL		
	REPLACE SERP. BELT		
PARTS	QTY	FP NUMBER	DESCRIPTION
JOB # 1	1	DAY-5060750	BELT
			UNIT PRICE
			49.95
			JOB # 1 TOTAL PARTS
			49.95
			JOB # 1 TOTAL LABOR & PARTS
			97.95

COMMENTS
WAIT

TOTALS

*****	TOTAL LABOR	48.00
*	TOTAL PARTS	49.95
*	TOTAL SUBLET	0.00
*	TOTAL G.O.G.	0.00
*	TOTAL MISC CHG.	0.00
*	TOTAL MISC DISC	0.00
*	TOTAL TAX	2.50
*****	TOTAL INVOICE \$	100.45

THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE





UNIVERSAL FORD OF BALTIMORE



8311 Liberty Road
 RANDALLSTOWN, MARYLAND 21133
 Phone (410) 865-2000
 Toll Free 1-800-891-9656

CUSTOMER NO. 3538	ADVISOR CHRISTOPHER GETER 5786	TAD NO 0308	INVOICE DATE 07/02/98	INVOICE NO F0CS14038
[REDACTED]	LABOR RATE	LICENSE NO. RED266	MILEAGE 62182	COLOR MIDNIGHT RE
	YEAR: MAKE / MODEL 98/FORD/TAURUS/4D SEDAN		DELIVERY DATE	DELIVERY MILES
	VEHICLE ID. NO. 1EALP53S5TA116R04		SELLING DEALER NO.	PRODUCTION DATE
	F. Y. E. NO.	P. O. NO.	R. O. DATE 06/24/98	
COMMENTS				

LABOR & PARTS
 J# 1 21F0Z04A BELTS TECH(S):3187 37.00
 CUSTOMER STATES SHE HEAR SCALING SOUND OR NOISE FROM THE
 ENGINE COMPARTMENT. JUST HAD BELT REPLACED.
 REPLACE BELT TENSIONER

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	F4ZZ-6B209-A	TENSIONER	109.60	109.60
				JOB # 1 TOTAL PARTS	109.60
				JOB # 1 TOTAL LABOR & PARTS	146.60

J# 2+7DF0ZL GOODWILL TRANSPORT. TECH(S):300 INTERNAL
 GOODWILL TRANSPORTATION
 PART CHARGED TO PARTS DEPT GOODWILL PMU
 WE APPRECIATE YOUR BUSINESS AT UNIVERSAL FORD OF BALTIMORE
 AGREEMENT #

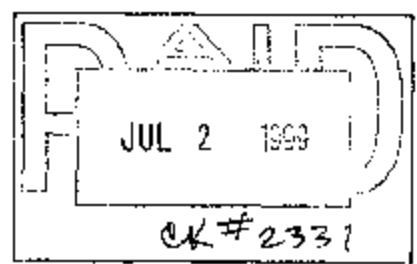
PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 2	1	F4ZZ-6B209-A	TENSIONER	INTERNAL	0.00
				JOB # 2 TOTAL PARTS	0.00
				JOB # 2 TOTAL LABOR & PARTS	0.00

TOTALS

*****	TOTAL LABOR	37.00
*	TOTAL PARTS	109.60
* [] CASH [] CHECK CK NO. []	TOTAL SUBLET	0.00
*	TOTAL G.O.G.	0.00
* [] VISA [] MASTERCARD [] DISCOVER	TOTAL MISC CHG.	0.00
*	TOTAL MISC DISC	0.00
* [] AMER XPRESS [] OTHER [] CHARGE	TOTAL TAX	5.48
*	TOTAL INVOICE \$	152.08

THANK YOU FOR YOUR BUSINESS!!!

.....
 CUSTOMER SIGNATURE



UNIVERSAL FORD OF BALTIMORE, Inc.

9311 Liberty Road 355-2000 RANDALLSTOWN, MARYLAND 21133

000000

003353

VIN=1FAFP6639NK227287

VIN=1FAFP6639NK227287

CUSTOMER NAME		VEHICLE NO. K602		LICENSE NO / STATE FAB795	
DRIVER'S LICENSE NO.		ODOMETER OUT 26358	ODOMETER IN	YEAR AND MAKE OF VEHICLE 1998 Pontiac	
STATE MD EXP. DATE 05/14/00		MILES DRIVEN		MODEL AND COLOR OF VEHICLE Like Blue SE	
PHONE (410) 571-4008		MILES ALLOWED 100 miles per day		DATE AND TIME OUT 6/24/99 DATE AND TIME IN 11 AM	
LOCAL CONTACT ADDRESS PHONE		CHARGEABLE MILES		DATE DUE EXPIRATION OF CONTRACT 6/25/99 AM PM	
CORPORATE ACCOUNT NUMBER		MAX PAYLOAD		RENTAL RATES DO NOT INCLUDE FUEL CHARGES	
EMPLOYER PHONE 8-432-9900		HOURS 0 0 1 RFR HOUR 0 0 0		DAYS 0 0 0	
EMPLOYER'S ADDRESS CITY STATE ZIP CODE		WEEKS 0 0 0		MILES 0 0 PER MILE 0 0 0	
ONLY THE BELOW NAMED PERSONS ARE AUTHORIZED AS ADDITIONAL DRIVERS. IF NONE, PRINT "NONE" ACROSS THIS SECTION AND HAVE SIGNED BY CUSTOMER.		FUEL OUT IN		TOTAL MILEAGE AND RENTAL CHARGES	
NAME COVERS LICENSE # AGE		E 1/4 E 1/4		REFUELING GAS GALS. 0 0 0	
NAME DRIVERS LICENSE # AGE		1/2 1/2		SUB TOTAL \$	
		3/4 3/4		FUEL PURCHASE OPTION 0 gals. \$	
FUEL PURCHASE OPTION		DECLINES ACCEPTS		COMPREHENSIVE/COLLISION DAMAGE WAIVER (CCDW) 0	
By initialing, You accept or decline to purchase a full tank of fuel from Licensee at the price specified here; _____ per gal.		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		LIABILITY INSURANCE SUPPLEMENT (LIS) 0	
COMPREHENSIVE/COLLISION DAMAGE WAIVER (CCDW) (CCDW IS NOT INSURANCE)		DECLINES ACCEPTS		PERSONAL ACCIDENT INSURANCE (PAI) 0	
RATES: _____ PER DAY _____ PER WEEK		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		PERSONAL EFFECTS COVERAGE (PEC) 0	
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 resulting from any violation of Paragraph 5 of this Agreement.				SUB TOTAL \$	
US REFER TO PRODUCT BROCHURE OR POLICY FOR COVERAGE DETAILS		DECLINES ACCEPTS		SALES TAX \$	
RATES: _____ PER DAY _____ PER WEEK		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		SUB TOTAL \$	
PAI REFER TO PRODUCT BROCHURE OR POLICY FOR COVERAGE DETAILS		DECLINES ACCEPTS		LESS CREDITS TAP \$	
RATES: _____ PER DAY _____ PER WEEK		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		TOTAL CHARGES \$	
PEC REFER TO PRODUCT BROCHURE OR POLICY FOR COVERAGE DETAILS		DECLINES ACCEPTS		LESS DEPOSIT \$	
RATES: _____ PER DAY _____ PER WEEK		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		BALANCE DUE	
Notice: This contract offers, for an additional charge, a Comprehensive/Collision Damage Waiver to cover Your responsibility for damage to the Vehicle. Before deciding whether to purchase the Comprehensive/Collision Damage Waiver, You may wish to determine whether Your own automobile insurance affords you coverage for damage to the rental vehicle and the amount of the deductible under Your own insurance coverage. The purchase of this Comprehensive/Collision Damage Waiver is not mandatory and may be waived. Maryland law requires that all Maryland residents' insurance policies with collision coverage automatically extend that collision coverage to passenger cars rented by the Insured named in the policy for a period of 30 days or less.				CASH REFUND CUSTOMER INITIALS \$	
State Capital City				NOTICE: Please read the following carefully:	
(410) 668-8400 Don Woodworth				If You are not identified on the Rental Record by a corporate account number or You have not purchased the Liability Insurance Supplement (LIS): (a) only MINIMUM LIABILITY INSURANCE IS PROVIDED; and (b) if the Vehicle is rented as a replacement vehicle while your vehicle is being serviced or repaired, the insurance on the vehicle being repaired or serviced is primary coverage for the replacement Vehicle and the coverage maintained by Licensee is secondary. Please see the Terms and Conditions.	
VEHICLE LOCATION OUT 399 7359 EIS 20E		EXTENSION		If You have not purchased LIS and where permitted by law, all insureds including Licensee, You and all Authorized Drivers, reject Uninsured Motorists Underinsured Motorist, No Fault or Supplemental No Fault insurance coverage.	
IN		ACCUITIONAL cash deposit		By signing this Agreement, You acknowledge that You have read both sides of this agreement.	
CREDIT CARD CO <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> OTHER		DATE		PREPARED BY SPRITZMAN - RWK	

RO # 14039

VIN # 1FALP53S5TA116804

UNIVERSAL FORD OF BALTIMORE, Inc.

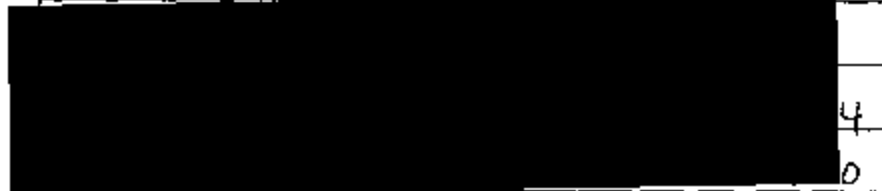
9311 Liberty Road 655-2000
RANDALLSTOWN, MARYLAND 21133

OUR CAR

VIN# 1FAFP6639WK229287

RENTAL RECORD

003368



VEHICLE NO	R602	LICENSE NO./STATE	FAB 795
ODOMETER OUT	26750	ODOMETER IN	
MILES DRIVEN	0	YEAR AND MAKE OF VEHICLE	98 Contour
MILES ALLOWED	up to 100 per day	MODEL AND COLOR OF VEHICLE	Lite Blue SE 4 door
CHARGEABLE MILES		DATE AND TIME OUT	7/1/99 AM
		DATE AND TIME IN	1/1 AM
		DATE DUE	7/2/99 AM
		EXPIRATION OF CONTRACT	

BIRTH DATE: 5/14/45
 SOCIAL SECURITY NO. [REDACTED]
 LOCAL CONTACT: [REDACTED]
 ADDRESS: [REDACTED]
 PHONE: [REDACTED]
 CORPORATE ACCOUNT NUMBER: 8-430

EMPLOYER: [REDACTED]
 EMPLOYER'S ADDRESS: [REDACTED]
 CITY: [REDACTED]

ONLY THE BELOW NAMED PERSONS ARE AUTHORIZED AS ADDITIONAL DRIVERS. IF NONE, PRINT "NONE" ACROSS THIS SECTION AND HAVE SIGNED BY CUSTOMER.			FUEL	
NAME	DRIVERS LICENSE #	AGE	OUT	IN
			1/4	1/4
			1/2	1/2
			3/4	3/4
				F

FUEL PURCHASE OPTION
 By initialing, You accept or decline to purchase a full tank of fuel from Licensee at the price specified here: 2.50 per gal.
 DECLINES ACCEPTS

COMPREHENSIVE/COLLISION DAMAGE WAIVER (CCDW)
 (CCDW IS NOT INSURANCE)
 RATES: 14.00 PER DAY PER WEEK
 DECLINES ACCEPTS

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 resulting from any violation of Paragraph 5 of this Agreement.

US: REFER TO PRODUCT BROCHURE OR POLICY FOR COVERAGE DETAILS
 RATES: 10.99 PER DAY PER WEEK
 DECLINES ACCEPTS

RAI: REFER TO PRODUCT BROCHURE OR POLICY FOR COVERAGE DETAILS
 RATES: PER DAY PER WEEK
 DECLINES ACCEPTS

PEC: REFER TO PRODUCT BROCHURE OR POLICY FOR COVERAGE DETAILS
 RATES: PER DAY PER WEEK
 DECLINES ACCEPTS

Notice: This contract offers, for an additional charge, a Comprehensive/Collision Damage Waiver to cover Your responsibility for damage to the Vehicle. Before deciding whether to purchase the Comprehensive/Collision Damage Waiver, You may wish to determine whether Your own automobile insurance affords you coverage for damage to the rental vehicle and the amount of the deductible under Your own insurance coverage. The purchase of this Comprehensive/Collision Damage Waiver is not mandatory and may be waived. Maryland law requires that all Maryland residents' insurance policies with collision coverage automatically extend that collision coverage to passenger cars rented by the insured named in the policy for a period of 30 days or less.

RETURN LOCATION IF DIFFERENT FROM LICENSEE'S LOCATION:
 Universal Ford of Baltimore (410) 668-6400
 VEHICLE CONDITION: scratches on trunk, scratch on rear bumper, OUT scrape on driver door, scratches on fender
 CREDIT CARD CO. VISA MC AMEX D-SCOVER EXP. DATE AUTHORIZATION NUMBER

RENTAL RATES DO NOT INCLUDE FUEL		CHARGES	
HOURS	\$	PER HOUR	\$
DAYS	\$	29.15*	\$
WEEKS	\$		\$
MILES	\$	PER MILE	\$
TOTAL MILEAGE AND RENTAL CHARGES			
FUELING GAS	GALS.	\$	
SUB TOTAL			
FUEL PURCHASE OPTION		gals.	\$
COMPREHENSIVE/COLLISION DAMAGE WAIVER (CCDW)			\$
LIABILITY INSURANCE SUPPLEMENT (LIS)			\$
PERSONAL ACCIDENT INSURANCE (PAI)			\$
PERSONAL EFFECTS COVERAGE (PEC)			\$
SUB TOTAL			
SALES TAX			
SUB TOTAL			
LESS CREDITS		TAP	\$
TOTAL CHARGES			
LESS DEPOSIT			
BALANCE DUE			
CASH REFUND	CUSTOMER INITIALS		\$

NOTICE: Please read the following carefully
 • If You are not identified on the Rental Record by a corporate account number or You have not purchased the Liability Insurance Supplement (LIS): (a) only MINIMUM LIABILITY INSURANCE IS PROVIDED; and (b) if the Vehicle is rented as a replacement vehicle while your vehicle is being serviced or repaired, the insurance on the vehicle being repaired or serviced is primary coverage for the replacement Vehicle and the coverage maintained by Licensee is secondary. Please see the Terms and Conditions.
 • If You have not purchased LIS and where permitted by law, all insureds including Licensee, You and all Authorized Drivers, reject Uninsured Motorists, Underinsured Motorist, No Fault or Supplemental No Fault insurance coverage.
 • By signing this Agreement, You acknowledge that You have read both sides of this Agreement and agree to all of its Terms and Conditions. You also agree to be fully responsible for all acts and omissions of Authorized Drivers while they drive the Vehicle and their failure to comply with the Terms and Conditions of this Agreement.

EXTENDED WARRANTY: [REDACTED] DATE: [REDACTED] INITIALS: [REDACTED]
 CHECKED OUT BY: [REDACTED] CHECKED IN BY: [REDACTED]
 PREPARED BY: [REDACTED]

HILLEN TIRE  *Auto Service*

HILLEN TIRE & RUBBER CORP.
 8609 LIBERTY RD.
 RANDALLSTOWN, MD. 21133
 OPEN 7:30-6:00 MON-FRI, SAT 5:00

ACCOUNT NO.	INVOICE DATE	INVOICE NO.
908	07-03-98	838537

TELEPHONE 410 922-5510

PAGE 1

36THURDS

HE0266

41984



TEL: 410 521-4008

CONTROL NO.	ORDER DATE	CUST ORDER NO.	SALES	TERMS	DATE SHIPPED	SHIPPED VIA	SL'S ORDER
840289	07-03-98		702	CASH	07-03-98		

ITEM NO.	DESCRIPTION	QUANTITY			UNIT	PRICE	EXTENSION
		QTY	QTY	QTY			
ALN4	FOUR WHEEL ALIGNMENT	1		1		49.95	49.95
	--- REMOVE RETAINING WELDS ON LEFT FRONT STRUT TOWER						
LABOR	LABOR					8.00	8.00
BLABOR	BRAKE PKG LABOR	1		1		100.00	100.00
	--- LIMITED LIFETIME WARRANTY ON PADS * SEE DISC						
	--- 1 YR/12,000 MILE LIMITED WARRANTY ON LABOR						
SHOP	SHOP MATERIALS	1		1		7.50	7.50

FINANCE CHARGE Any amount which is not paid by the date due is subject to a finance charge. The monthly periodic interest rate of the finance charge is 1 1/2%. This equals an annual interest rate of 18%.

WARRANTY authorized by the manufacturer. Necessary materials you and your employees may operate above vehicle for purposes of testing, inspection, or delivery. Express mechanics lien is on above vehicle to secure the amount of repairs thereon. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.

SUB TOTAL 237.29
 SALES TAX 2.97
ORIGINAL INVOICE

SEE REVERSE SIDE FOR
**"CUSTOMER'S RIGHTS" AND
 IMPORTANT SAFETY RELATED
 INFORMATION**

SIGNATURE

INVOICE TOTAL

240.26

PKCS TRK M. Bowen's

RO# 14039

JIN# IFALP53S5TA116804

UNIVERSAL FORD OF BALTIMORE, Inc. 9311 Liberty Road 655-2000 RANDALLSTOWN, MARYLAND 2-182

OUR CAR

RENTAL RECORD

APP53U7XA176409 723 BAS 003371

[REDACTED]		VEHICLE NO	R610	LICENSE NO./STATE	723 BAS
[REDACTED]		ODOMETER OUT	904	ODOMETER IN	99 TAURUS
[REDACTED]		MILES DRIVEN	UP TO 100	YEAR AND MAKE OF VEHICLE	99 TAURUS
[REDACTED]		MILES ALLOWED	UP TO 100	MODEL AND COLOR OF VEHICLE	TAN 4 door
[REDACTED]		CHARGEABLE MILES		DATE AND TIME OUT	7/6/99 11 AM
[REDACTED]		MAX. PAYLOAD		DATE AND TIME IN	7/9/99 11 AM
[REDACTED]		RENTAL RATES DO NOT INCLUDE FUEL CHARGES		DATE DUE EXPIRATION OF CONTRACT	
[REDACTED]		HOURS	5	PER HOUR	\$
[REDACTED]		DAYS	34	PER DAY	\$
[REDACTED]		WEEKS	3	PER WEEK	\$
[REDACTED]		MILES		PER MILE	\$
[REDACTED]		TOTAL MILEAGE AND RENTAL CHARGES			
[REDACTED]		REFUELING GAS _____ GALS. @ \$			
[REDACTED]		SUB TOTAL \$			
[REDACTED]		FUEL PURCHASE OPTION _____ gals. \$			
[REDACTED]		COMPREHENSIVE COLLISION DAMAGE WAIVER (CCDW) \$			
[REDACTED]		LIABILITY INSURANCE SUPPLEMENT (LIS) \$			
[REDACTED]		PERSONAL ACCIDENT INSURANCE (PAI) \$			
[REDACTED]		PERSONAL EFFECTS COVERAGE (PEC) \$			
[REDACTED]		SLR TOTAL \$			
[REDACTED]		SALES TAX \$			
[REDACTED]		SLR TOTAL \$			
[REDACTED]		LESS CREDITS TAP \$			
[REDACTED]		TOTAL CHARGES \$			
[REDACTED]		LESS DEPOSIT \$			
[REDACTED]		BALANCE DUE \$			
[REDACTED]		CASH REFUND CUSTOMER INITIALS \$			
[REDACTED]		NOTICE: Please read the following carefully			
[REDACTED]		If You are not identified on the Rental Record by a corporate account number or You have not purchased the Liability Insurance Supplement (LIS): (a) only MINIMUM LIABILITY INSURANCE IS PROVIDED; and (b) if the Vehicle is rented as a replacement vehicle while your vehicle is being serviced or repaired, the insurance on the vehicle being repaired or serviced is primary coverage for the replacement Vehicle and the coverage maintained by Licensee is secondary. Please see the Terms and Conditions.			
[REDACTED]		If You have not purchased LIS and where permitted by law, all insureds including Licensees, You and all Authorized Drivers, reject Uninsured Motorists, Underinsured Motorist, No Fault or Supplemental No Fault insurance coverage.			
[REDACTED]		By signing this Agreement, You acknowledge that You have read both sides of this Agreement and agree to all of its Terms and Conditions. You also agree to be fully responsible for all acts and omissions of Authorized Drivers while they drive the Vehicle and their failure to comply with the Terms and Conditions of this Agreement.			
[REDACTED]		RETURN LOCATION (IF DIFFERENT FROM LICENSEE'S LOCATION) (410) 668-8400			
[REDACTED]		Universal Ford of Baltimore			
[REDACTED]		VEHICLE CONDITION - NO DAMAGE -			
[REDACTED]		CREDIT CARD CO. <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> OTHER			
[REDACTED]		EXP. DATE _____ AUTHORIZATION NUMBER _____			



UNIVERSAL FORD OF BALTIMORE



9311 Liberty Road
RANDALLSTOWN, MARYLAND 21133
Phone (410) 656-2000
Toll Free 1-800-891-9556

CUSTOMER NO. 3538	ADVISOR ROBERT W. KOOPMAN 306	TAB NO. 0625	INVOICE DATE 07/16/89	INVOICE NO. FDCS14290
	LABOR RATE	LICENSE NO. RED266	COLOUR MIDNIGHT RE	STOCK NO.
	YEAR / MAKE / MODEL 86/FORD/TAURUS4D SEDAN	MILEAGE 82735	DELIVERY DATE	DELIVERY MILES
	VEHICLE ID. NO. 1EALP53S5TA116804		BELLING DEALER NO.	PRODUCTION DATE
	F. T. E. NO.	P. O. NO.	R. D. DATE 07/06/89	
	COMMENTS			

TOTAL - MISC 6.30

COMMENTS
CALL 410 716-7108 AFTER REPAIRS AND ROAD TEST

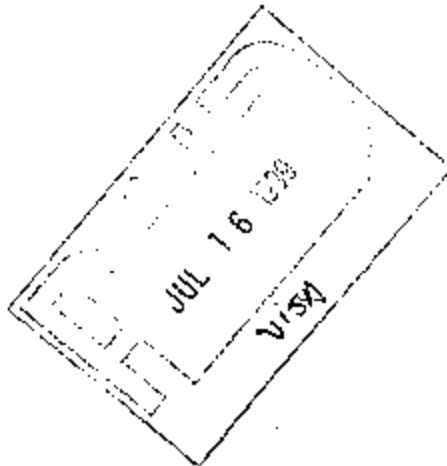
TOTALS

* [] CASH [] CHECK CK NO. [] *
* [] VISA [] MASTERCARD [] DISCOVER *
* [] AMER XPRESS [] OTHER [] CHARGE *

TOTAL LABOR... 90.00
TOTAL PARTS... 48.22
TOTAL SUBLET... 0.00
TOTAL G.D.G... 0.00
TOTAL MISC CHG... 6.30
TOTAL MISC DISC... 0.00
TOTAL TAX... 2.41

TOTAL INVOICE \$ 146.93

THANK YOU FOR YOUR BUSINESS!! BR
Per phone
CUSTOMER SIGNATURE



GRIFFIN'S SERVICE CENTER, INC.

3605 BRENBROOK DRIVE
 RANDALLSTOWN, MARYLAND. 21133
 PHONE - 410-922-9860

LIMP IN ... LEAP OUT

INVOICE

030017

24 HOUR TOWING
 443-463-8145 LOCAL CALL

INVOICE

Print Date : 08/09/99

1996 Ford - Taurus GL

Odometer In : 0
 Odometer Out : 0

Lic # : RED266
 Unit # :
 Vin # :

Part Description/Number	Qty	List	Extended	Labor Description	Extended
FRONT BRAKE PADS FBP	1.00	57.26	57.26	REPLACE FRONT PADS, R& R & MACHINE ROTORS	98.50
REAR BRAKE PADS RBP	1.00	54.18	54.18	LUBE & FREE UP BUSHINGS & PINS	14.50
TRANSMISSION KIT (FILTER & GASKET) TK	1.00	27.61	27.61	LUBE & FREE UP BUSHINGS, PINS	16.00
AUTOMATIC TRANSMISSION FLUID ATF	8.00	2.00	16.00	SERVICE TRANSMISSION	86.50
BG TRANSMISSION CONDITIONER TC	1.00	8.95	8.95	*** BRAKES MAY MAKE BUZZING NOISE TILL SEATED	0.00
Shop Supplies/Hazardous Materials		5.00	5.00	REPLACE REAR PADS, R & R & MACHINE ROTORS , DEPRESS SCREW IN PISTONS	128.50



Org Estimate \$ 0.00 Revisions \$ 0.00 Current Estimate \$ 0.00 Additional Cost Revised Estimate

Labor:	\$344.00
Parts:	\$169.00
Sublet:	\$0.00
Sub:	\$513.00
Tax:	\$8.45
Total:	\$521.45

[Payments -]

OPEN MONDAY-FRIDAY 6AM TILL 7PM

The Customer: 1) May request a written estimate for repairs cost in excess of \$50.00. 2) May not be charged any amount which is 10% or more in excess of the estimate without the customer's consent (when an estimate is provided). 3) Is entitled to the return of any replaced parts, except those returned to the manufacturer under a warranty agreement. 4) May not be charged for repairs not originally authorized without the customer's consent (when no estimate has been given, but specific work has been requested by the customer)

Signature..... Date..... Time.....

Griffin's X-Press Rent-a-Car, Inc.
 8605 Brenbrook Dr.
 Randallstown, MD 21183
 (410) 656-2907
 Monday - Friday 6am - 7pm



Remove with Mileage Return	Vehicle Value	Embroiderment State Code
INITIALS	INITIALS	INITIALS

58667

X-PRESS RENTAL IS INDEPENDENTLY OWNED AND OPERATED AND LICENSED TO USE THE NAME X-PRESS RENT-A-CAR

COUNTER IN	DATE AND TIME IN	8/10/99 7:00 AM		
COUNTER OUT	DATE AND TIME OUT	8/12/99 8:10 AM		
YEAR	MAKE	MODEL	LICENSE	PLATE
88	PONT	BEAM	63R25037	
"If this vehicle is damaged or destroyed while your vehicle is under a 'loss' or while by your auto insurance policy, or is not insured because of a breakdown, repair, service, damage, or theft, then your insurance for your vehicle is primary coverage for this vehicle. Our insurance for this vehicle is excess only."				
[Signature: Susan E. Stephen]				
MILEAGE		Date Our Exp. of Contract		
		8/10/99 AM		

RENTAL RATES	CHARGES
25.00	
TOTAL MILEAGES AND RENTAL CHARGES	
114 @ \$25	2500

PERSONAL ACCIDENT INSURANCE at \$ per day	
Vehicle Damage Waiver at \$ per day	
Misc.	
SUBTOTAL	2500
Sales Tax	11.5
TOTAL CHARGES	2785
Deposit from Customer	
BALANCE DUE	2785
I HAVE FLEET INSURANCE	YES
NAME OF INSURANCE COMPANY	STARLINE
POLICY NUMBER	

ADDRESS: 5510 NORTH CAROLINA RD
 CITY: STATE: ZIP: 21244

DRIVERS LICENSE NO: A423792205366 STATE: MD EXPIRATION DATE: 5/14/00

BIRTH DATE: 5/14/45 SOCIAL SECURITY NO.: HOME PHONE:

LOCAL CONTACT OR ADDRESS: PHONE:

ADDITIONAL CREDIT INFORMATION:

NAME OF BUSINESS/EMPLOYER'S NAME: PHONE:

EMPLOYER'S ADDRESS:

CITY: STATE: ZIP:

EMERGENCY CONTACT OR PHONE: CA02 14223

PERSONAL ACCIDENT/EFFECTS INSURANCE

\$ per day. By his/her initials customer accepts or declines Personal Accident/Effects Insurance as rate listed above and as described separately. Acceptance by proof of coverage under policy issued to LESSOR as outlined in separate brochure.

VEHICLE DAMAGE WAIVERS
 VEHICLE DAMAGE WAIVER IS NOT INSURANCE

If Customer declines to purchase any of the Vehicle Damage Waiver, Customer accepts full responsibility for all damage to the rented vehicle whether due to collision or due to other causes.

Vehicle Damage Waiver \$ per day. By his/her initials Customer declines the Vehicle Damage Waiver. When Customer accepts Vehicle Damage Waiver, lessor and Customer agree that Customer's total financial responsibility shall be limited to \$.

Check in time for all vehicles. Customer is responsible for all fluid levels (i.e. oil, water, transmission). See separate section for explanation and additional terms of the agreement.

X Initials

Account Number

Expiration Date

AGENT

NO UNAUTHORIZED DRIVERS

RENTER WILL NOT UNDER ANY CIRCUMSTANCES SURRENDER THE USE OF THE RENTED VEHICLE TO ANY PERSON OTHER THAN THOSE LISTED BELOW, WITHOUT HAVING OBTAINED THE WRITTEN CONSENT OF LESSOR. IF NONE, PRINT NONE ACROSS THIS SECTION.

NAME: [Signature] DOB:

DRIVERS LICENSE NO.:

SIGNATURE: [Signature]

VEHICLE IS TO BE RETURNED TO THE CITY IT IS RENTED FROM. IT IS THE CUSTOMER'S RESPONSIBILITY TO OBTAIN ALL NECESSARY PERMITS AND LICENSES TO OPERATE A RENTED VEHICLE IN ANY STATE OR JURISDICTION. THE CUSTOMER MUST COMPLY WITH ALL LOCAL, STATE, AND FEDERAL LAWS AND REGULATIONS. THE CUSTOMER IS RESPONSIBLE FOR ALL ACCIDENTS, DAMAGES, AND LOSSES INCURRED BY THE RENTED VEHICLE.

Words used in this agreement are defined as follows:

AGREEMENT: This agreement is made between the lessor and the customer.

AGREEMENT: This agreement is made between the lessor and the customer.

Griffin's X-Press Rent-a-Car, Inc.
 3605 Brunbrook Dr.
 Randallstown, MD 21133
 (410) 665-2907
 Monday - Friday 8am - 7pm



Remaining Mileage Factor	Vehicle Value	Embodiment State Code
INITIALS	INITIALS	INITIALS

58705

CUSTOMER

DRIVERS LICENSE NO. **A-423-792-205-366** STATE **MD** EXPIRATION DATE **5-14-00**

BIRTH DATE **5-14-45** SOCIAL SECURITY NO. **521 4008** HOME PHONE **879 6501**

LOCAL CONTACT OR ADDRESS _____ PHONE _____

ADDITIONAL CREDIT INFORMATION _____

NAME OF BUSINESS/EMPLOYER'S NAME _____ PHONE **879 6501**

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT OR PHONE _____

X-PRESS RENTAL IS INDEPENDENTLY OWNED AND OPERATED AND LICENSED TO USE THE NAME X-PRESS RENT-A-CAR

ODOMETER IN	DATE AND TIME IN	AM	PM
ODOMETER OUT	DATE AND TIME OUT	AM	PM
73262	8/19/99	7:45	AM
YEAR	MAKE	MODEL	LICENSE #
1991	olds	cutlas	D66 135

"If this vehicle is loaned or rented because your vehicle has suffered a 'loss' as defined by your auto insurance policy, or is not in use because of a breakdown, repair, service, damage, or theft, then your insurance for your vehicle is primary coverage for this vehicle. Our insurance for this vehicle is excess only."

TESA

VALID PERIOD	Date Due and Expiration of Contract	AM	PM
	8 20 99	7:45	AM

RENTAL RATES	CHARGES
\$25 Day	100 miles
25	25
per each Add'l	

~~PERSONAL ACCIDENT/EFFECTS INSURANCE~~

~~\$ _____ per day. By his/her initial's customer accepts or declines Personal Accident/Effects Insurance at rate listed above and as described separately. Acceptance is proof of coverage under policy issued to LESSOR as outlined in separate brochure.~~

INITIALS: Accepts _____ Declines _____

~~VEHICLE DAMAGE WAIVERS~~

~~VEHICLE DAMAGE WAIVER IS NOT INSURANCE~~

~~If Customer declines to purchase any of the Vehicle Damage Waiver, Customer accepts full responsibility for all damage to the rented vehicle whether due to collision or due to other causes.~~

~~Vehicle Damage Waiver \$ _____ per day. By his/her initial's Customer declines the Vehicle Damage Waiver. When Customer accepts Vehicle Damage Waiver, Lessor and Customer agree that Customer's total financial responsibility shall be limited to \$ _____.~~

INITIALS: Accepts _____ Declines _____

Fuel Gauge Position

F	E
1/8	1/4
3/8	1/2
5/8	3/4
7/8	FULL

SOURCE OF REFERRAL

YELLOW PAGES NEWSPAPER

RADIO PERSONAL REFERENCE

TV OTHER

TOTAL MILEAGES AND RENTAL CHARGES	
Misc.	
4 Gallons gas to fill at _____ per gallon	
Personal Accident Insurance at \$ _____ per day	
Vehicle Damage Waiver at \$ _____ per day	
Misc.	
SUBTOTAL	
Sales Tax at 11.5	2.88
TOTAL CHARGES	27.88
Deposit from Customer	

Check in time _____ for all vehicles. Customer is responsible for all fluid levels (i.e. oil, water, transmission). See separate sheet for explanation and additional terms of the agreement.

X _____ Initials _____

Account Number _____

Expiration Date _____

AGENT _____

NO UNAUTHORIZED DRIVERS

RENTER WILL NOT UNDER ANY CIRCUMSTANCES SURRENDER THE USE OF THE RENTED VEHICLE TO ANY PERSON OTHER THAN THOSE LISTED BELOW WITHOUT HAVING OBTAINED THE WRITTEN CONSENT OF LESSOR. (IF NONE, PRINT NONE ACROSS THIS SECTION).

NAME (PRINT) **None** DOB **TESA**

DRIVERS LICENSE NO. _____

SIGNATURE _____

VEHICLE MUST BE RETURNED TO THE RENT-A-CAR SITE FROM WHICH IT IS RENTED. IT IS THE CUSTOMER'S RESPONSIBILITY TO CHECK THE OIL LEVELS WHILE IN POSSESSION OF THE VEHICLE. CUSTOMER IS RESPONSIBLE FOR ALL PARKING AND TRAFFIC VIOLATIONS AND MUST TURN IN COUPONS UPON CHECK-OUT. REPORT ALL ACCIDENTS IMMEDIATELY. RATES SUBJECT TO CHANGE.

Customer has read both sides of this agreement and declines to rent this vehicle to anyone other than those listed on this contract. (If none, print none across this section)

WARNING: - Renting a vehicle is dangerous and use involves risks. The renter is responsible for all damages and injuries to persons and property. - Rental is not intended for use as a taxi or for hire. - Rental is not intended for use as a delivery vehicle.

BALANCE DUE

I HAVE FULL INSURANCE *TESA* NO

NAME OF INSURANCE COMPANY _____

Page 2

Griffin's X-Press Rent-a-Car, Inc.
 8605 Branhrook Dr.
 Randallstown, MD 21133
 (410) 655-2907
 Monday - Friday 6am - 7pm



Remaining Within Mileage Radius	Vehicle Value	Registration State Code
INITIALS	INITIALS	INITIALS

58705

X-PRESS RENTAL IS INDEPENDENTLY OWNED AND OPERATED AND LICENSED TO USE THE NAME X-PRESS RENT-A-CAR

CUSTOMER

DRIVERS LICENSE NO. A-423-792-205-366 STATE MD EXPIRES 5-14-00

BIRTH DATE 5-14-45 SOCIAL SECURITY NO. _____ HOME PHONE 521 4008

LOCAL CONTACT OR ADDRESS _____ PHONE _____

ADDITIONAL CREDIT INFORMATION _____

NAME OF BUSINESS/EMPLOYER'S NAME _____ PHONE 8746501

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT OR PHONE _____

GDOW: EH	DATE AND TIME IN	
IN		
GDOW: FR	DATE AND TIME OUT	
OUT	<u>73262</u>	<u>8/19/99 7:45 AM</u>
YEAR	MAKE	MODEL
<u>1991</u>	<u>CAD</u>	<u>Cutler</u>
	LICENSE#	FLEET#
	<u>D62135</u>	<u>10</u>

"If this vehicle is loaned or rented because your vehicle has suffered a 'loss' as defined by your auto insurance policy, or is not in use because of a breakdown, repair, service, damage, or theft, then your insurance for your vehicle is primary coverage for this vehicle. Our insurance for this vehicle is excess only." TESA

VEISFORM	Date Due and Expiration of Contract	7-15 AM
	<u>8 20 99</u>	

RENTAL RATES	CHARGES
<u>\$25 Day</u>	<u>100 Miles</u>
	<u>each Add'l</u>
TOTAL MILEAGES AND RENTAL CHARGES	

PERSONAL ACCIDENT/EFFECTS INSURANCE

Accepts _____ Declines _____

\$ _____ per day. By his/her initials customer accepts or declines Personal Accident/Effects Insurance at rate listed above and as described separately. Acceptance is proof of coverage under policy issued to LESSOR as outlined in separate brochure.

VEHICLE DAMAGE WAIVERS
 VEHICLE DAMAGE WAIVER IS NOT INSURANCE

Accepts _____ Declines _____

If Customer declines to purchase any of the Vehicle Damage Waiver, Customer accepts full responsibility for all damage to the rented vehicle whether due to collision or due to other causes.

Vehicle Damage Waiver \$ _____ per day. By his/her initials Customer declines the Vehicle Damage Waiver. When Customer accepts Vehicle Damage Waiver, Lessor and Customer agree that Customer's total financial responsibility shall be limited to \$ _____.

Fuel Gauge Position

INITIALS _____

1/5 1/4 3/8 1/2 5/8 3/4 7/8 FULL

SOURCE OF REFERRAL

YELLOW PAGES NEWSPAPER

RADIO PERSONAL REFERENCE

TV OTHER

DISCOVER VISA

OTHER MC

NONE AMEX

Misc.	
* Callers gas to fill at _____ per gallon	
Personal Accident Insurance at \$ _____ per day	
Vehicle Damage Waiver at \$ _____ per day	
Misc.	
SUBTOTAL	
Sales Tax at <u>11.5%</u>	
TOTAL CHARGES	
Deposit from Customer	

Check In time _____ for all vehicles. Customer is responsible for all fluid levels (i.e. oil, water, transmission). See separate sheet for explanation and additional terms of the agreement.

X _____ Initials _____

Account Number _____

Expiration Date _____

AGENT _____

NO UNAUTHORIZED DRIVERS

RENTER WILL NOT UNDER ANY CIRCUMSTANCES Surrender the use of the rented vehicle to any person other than those listed below, without having obtained the written consent of lessor. (If none, print NONE across this section)

NAME None DOB 1924

DRIVERS LICENSE NO. _____

SIGNATURE _____

VEHICLE MUST BE RETURNED TO THE CITY IT IS RENTED FROM. IT IS THE CUSTOMER'S RESPONSIBILITY TO CHECK ALL FLUID LEVELS WHILE IN POSSESSION OF THE VEHICLE. CUSTOMER IS RESPONSIBLE FOR ALL PARKING AND TRAFFIC VIOLATIONS AND MUST FURNISH A SLIPWAIVER. **PLEASE CHECK IN REPORT ALL ACCIDENTS IMMEDIATELY. REPORT MUST BE FILED WITHIN 24 HOURS.**

PLEASE PRINT NAME OF THIS AGREEMENT AND CUSTOMER'S ADDRESS IN LARGE LETTERS TO A CREW LEADER VOUCHER. PRINT IN CUSTOMER'S NAME ON OTHER VOUCHER TO RETURN THIS CAR AS CLEAR AS YOU GET.

WARNING:

- No smoking, drinking or use of vehicles for the purpose of...
- Violation of any law, ordinance or regulation may result in a charge against the renter.
- Report all accidents immediately.

BALANCE DUE

I HAVE FULL INSURANCE YES INITIALS TESA NO

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____

Customer's Signature _____

GRIFFIN'S SERVICE CENTER, INC.
 3605 BRENBROOK DRIVE
 RANDALLSTOWN, MARYLAND, 21133
 Phone - 410-922-9860

INVOICE
030188

24 HOUR TOWING
 443-463-8145 LOCAL CALL

LIMP IN ... LEAP OUT

INVOICE

Print Date : 08/19/1999

1996 Ford - Taurus GL

Odometer In :

Lic # : RED266

Unit # :

Vin # :

Part Description / Number	Qty	List	Extended	Labor Description	Extended
---------------------------	-----	------	----------	-------------------	----------

INTERSTATE BATTERY				CHECK CHARGING SYSTEM, REPLACE BATTERY	46.50
IB	1.00	87.95	87.95		

Shop Supplies/Hazardous Materials		2.33	2.33		
-----------------------------------	--	------	------	--	--

This is 5% of the labor charge to cover misc. materials including standard nuts, bolts, and washers, solvents, aeo. sprays, lube, grease, sealant, etc.



Org. Estimate \$0.00	Revisions \$0.00	Current Estimate \$ 0.00	Additional Cost	Revised Estimate
----------------------	------------------	--------------------------	-----------------	------------------

Labor:	\$48.50
Parts:	\$90.28
Sublet:	\$0.00
Sub:	\$136.78
Tax:	4.51
Total:	\$141.29

[Payments -]

OPEN MONDAY-FRIDAY 6AM TILL 7PM

The Customer: 1) May request a written estimate for repairs cost in excess of \$50.00. 2) May not be charged any amount which is 10% or more in excess of the estimate without the customer's consent (when an estimate is provided). 3) Is entitled to the return of any replaced parts, except those returned to the manufacturer under a warranty agreement. 4) May not be charged for repairs not originally authorized without the customer's consent (when no estimate has been given, but specific work has been requested by the customer)

SIGNATURE..... Date..... Time.....



UNIVERSAL FORD OF BALTIMORE



9311 Liberty Road
RANDALLSTOWN, MARYLAND 21133
Phone (410) 855-2000
Toll Free 1-800-891-9556

VIN: [REDACTED]		NAME: HAWKINS 6411	TAX: 996	INVOICE DATE: 12/22/99	INVOICE NO: FDCS18822
STATE: [REDACTED]	LICENSE NO: RE0266	MILEAGE: 70311	COLOR: MIDNIGHT RE	STOCK NO:	
MAKE / MODEL: FORD TAURUS 4D SEDAN			DELIVERY DATE:	DELIVERY MILES:	
VEHICLE ID. NO: P5385TA116804			SELLING DEALER NO:	PRODUCTION DATE:	
RESIDENCE PHONE: 410-521-4008		BUSINESS PHONE: 410-716-7108		COMMENTS:	
BALTIMORE, MD 21244		F. T. E. NO.:		P. O. NO.:	
RESIDENCE PHONE: 410-521-4008		BUSINESS PHONE: 410-716-7108		COMMENTS:	

LABOR & PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
J# 1 00FOZ1P OIL AND FILTER CUSTOMER REQUESTS OIL CHANGE SPECIAL. COMPLETED SERVICE AS REQUESTED			TECH(S):3187		4.10
PARTS					
JOB # 1	1	FL-82D	FILTER ASY-OIL	7.24	7.24
JOB # 1	6	530BULK	BULK OIL	1.25	7.50
				JOB # 1 TOTAL PARTS	14.74
				JOB # 1 TOTAL LABOR & PARTS	18.84
J# 2 30FOZ AUTO TRANSMISSION JUMPING INTO GEAR DRIVE OR REVERSE REPLACE IDLE AIR CONTROL FOR THE HIGH IDLE			TECH(S):3187		60.00
PARTS					
JOB # 2	1	F5DZ-9F715-DA	VALVE ASY-THRO	45.47	45.47
				JOB # 2 TOTAL PARTS	45.47
				JOB # 2 TOTAL LABOR & PARTS	105.47
J# 3+30FOZ03 TRANSMISSION SERVICE CUSTOMER REQUESTS TRANSMISSION SERVICE PERFORM AUTOMATIC TRANSMISSION SERVICE COMPLETED TRANSMISSION SERVICE			TECH(S):3187		13.74
PARTS					
JOB # 3	1	F6DZ-7A098-A	FILTER & SEAL	38.71	38.71
JOB # 3	7	ATFBULK	BULK TRANS FLU	2.50	17.50
				JOB # 3 TOTAL PARTS	56.21
				JOB # 3 TOTAL LABOR & PARTS	69.95
J# 4+21FOZCSF COOLING SYSTEM FLUSH CUSTOMER REQUESTS COOLING SYSTEM FLUSH INSTALL FLUSH KIT AND ONE GALLON COOLANT			TECH(S):3187		50.29
PARTS					
JOB # 4	4	E2FZ-19549-AA	FLUID-COOLANT	2.50	10.00
JOB # 4	1	F5DZ-7A191-A	GASKET-TRANS O	10.66	10.66
				JOB # 4 TOTAL PARTS	20.66
				JOB # 4 TOTAL LABOR & PARTS	70.95
J# 5+00FOZFLU ENGINE FLUSH ENGINE OIL FLUSH PERFORM ENGINE FLUSH			TECH(S):3187		44.97
PARTS					
JOB # 5	1	R-2000	FILTER	24.98	24.98
				JOB # 5 TOTAL PARTS	24.98

DEC 22 1999

GRIFFIN'S SERVICE CENTER, INC.

3605 BRENBROOK DRIVE
 RANDALLSTOWN, MARYLAND. 21133
 Phone - 410-922-9860

INVOICE

031001

24 HOUR TOWING
 410 922 TOWS (8897)

LIMP IN ... LEAP OUT

INVOICE

Print Date : 10/07/1999

1996 Ford - Taurus GL

Odometer In : 66412

Lic # : RE0266

Odometer Out : 66412

Unit # :

Vin # :



Part Description / Number	Qty	List	Extended	Labor Description	Extended
OIL & FILTER				CHANGE OIL & FILTER, CHECK FLUIDS, &	4.50
OLF	1.00	12.49	12.49	LUBE AS NEEDED.	
CASTROL OIL					
OIL	4.00	2.00	8.00	OIL FILTER DISPOSAL FEE	1.00
Shop Supplies/Hazardous Materials		0.28	0.28		
This is 5% of the labor charge to cover misc. materials including standard nuts, bolts, and washers, solvents, aere. sprays, lube, grease, sealant, etc.					

Org. Estimate \$0.00	Revisions \$0.00	Current Estimate \$ 0.00	Additional Cost	Revised Estimate	Labor: \$5.50
					Parts: \$20.77
					Sublet: \$0.00
					Sub: \$26.27

					Tax: 1.04
					Total: \$27.31

[Payments -]

OPEN MONDAY-FRIDAY 6AM TILL 7PM

The Customer: 1) May request a written estimate for repairs cost in excess of \$50.00. 2) May not be charged any amount which is 10% or more in excess of the estimate without the customer's consent (when an estimate is provided). 3) Is entitled to the return of any replaced parts, except those returned to the manufacturer under a warranty agreement. 4) May not be charged for repairs not originally authorized without the customer's consent (when no estimate has been given, but specific work has been requested by the customer)

SIGNATURE..... Date..... Time.....

<none>



UNIVERSAL FORD OF BALTIMORE



9311 Liberty Road
RANDALLSTOWN, MARYLAND 21133
Phone (410) 655-2000
Toll Free 1-800-891-9556

CUSTOMER NO. 3538	ADVISOR TERRENCE HAWKINS 6411	TAG NO. 395	INVOICE DATE 12/22/99	INVOICE NO. FDCS18622
[REDACTED]	LABOR RATE	LICENSE NO. REQ286	MILEAGE 70311	COLOR MIDNIGHT RE
	YEAR / MAKE / MODEL 96/FORD/AURUS/4D SEDAN	DELIVERY DATE		DELIVERY MILES
	VEHICLE NO. 1FA1P53S5TA116804	SELLING DEALER NO.		PRODUCTION DATE
	P. T. E. NO.	P. O. NO.	P. O. DATE 12/22/99	
COMMENTS				

JOB # 5 TOTAL LABOR & PARTS 69.95

J# 6+00FOZ100P AIR CLEANER FILTER TECH(S):3187 0.00
REPLACE AIR CLEANER FILTER
AT NO CHARGE

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 6	1	F60Z-9601-B	ELEMENT ASY-EN	12.67	12.67
				JOB # 6 TOTAL PARTS	12.67

JOB # 6 TOTAL LABOR & PARTS 12.67

TOTALS

*****	TOTAL LABOR	173.10
*	TOTAL PARTS	174.73
* [] CASH [] CHECK CK NO. []	TOTAL SUBLET	0.00
*	TOTAL G.O.G.	0.00
* [] VISA [] MASTERCARD [] DISCOVER	TOTAL MISC CHG.	0.00
*	TOTAL MISC DISC	0.00
* [] AMER XPRESS [] OTHER [] CHARGE	TOTAL TAX	8.74
*	TOTAL INVOICE \$	356.57

THANK YOU FOR YOUR BUSINESS!!

.....
CUSTOMER SIGNATURE



UNIVERSAL FORD OF BALTIMORE



9311 Liberty Road
RANDALLSTOWN, MARYLAND 21133
Phone (410) 855-2000
Toll Free 1-800-891-9556

CUSTOMER NO. 3538	ADVISOR TERRENCE HAWKINS R411	TAB NO. 532	INVOICE DATE 12/31/98	INVOICE NO. FDCS18780
	LABOR RATE	LICENSE NO. RED266	MILEAGE 70853	STOCK NO.
	YEAR / MAKE / MODEL 98/FORD TAURUS/40 SEDAN	COLOR MIDNIGHT RE		DELIVERY MILES
	VEHICLE ID. NO. 1EALP5355TA118804	BILLING DEALER NO.		PRODUCTION DATE
	P. T. E. NO.	P. O. NO.	F. O. DATE 12/31/98	
CC/M/2/Y'S				

LABOR & PARTS
1 30FOZ AUTO TRANSMISSION TECH(S):3596 0.00
JUMPS WHEN GOING INTO GEAR OR CHANGING GEAR
HAS A SLIGHT TRANS LEAK AT THE SPEED SENSOR

JOB # 1 TOTAL LABOR & PARTS 0.00

TOTALS

*****	TOTAL LABOR....	0.00
*	TOTAL PARTS....	0.00
* [] CASH [] CHECK CK NO. []	TOTAL SUBLET....	0.00
*	TOTAL G.O.G....	0.00
* [] VISA [] MASTERCARD [] DISCOVER	TOTAL MISC CHG.	0.00
*	TOTAL MISC DISC	0.00
* [] AMER XPRESS [] OTHER [] CHARGE	TOTAL TAX.....	0.00
*		
*****	TOTAL INVOICE \$	0.00

THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE



7125 RITCHIE HIGHWAY
 GLEN BURNIE, MARYLAND 21061-2998
 Phone (410) 766-3600
 Wash. (301) 261-2922

THE DEALER WITH A DIFFERENCE

THE SELLER, BOB BELL FORD, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED INCLUDING ALL IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR THE PARTICULAR PURPOSE, AND THE SELLER NEITHER ASSUMES NOR ALIENATES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THESE PARTS.

- NOTICE
1. THIS INVOICE MUST ACCOMPANY ALL CLAIMS OR RETURNS.
 2. ALL PARTS RETURNED SUBJECT TO 10% RESTOCKING FEE.
 3. NO RETURNS ON PARTS AFTER 15 DAYS.
 4. NO RETURNS ON ELECTRICAL ITEMS.
 5. NO RETURNS ON NON-STOCKED SPECIAL ORDERED PARTS.

DATE ENTERED	YOUR ORDER NO.	DATE SHIPPED	INVOICE DATE	INVOICE NUMBER
14 APR 00		14 APR 00	14 APR 00	377134

PAGE 1 OF 1

ACCOUNT NO. 3610
 S BILL'S TRANSMISSION
 L 6031 RITCHIE HWY
 T BALTIMORE, MD 21225
 O

S BILL'S TRANSMISSION
 H 6031 RITCHIE HWY
 T BALTIMORE, MD 21225
 O

SHIP VIA	TERMS	BL NO.	PAY CASHIER	F.O.B.
DELIVERY		165		GLEN BURNIE MD
ORD: 1	8.00	PART NUMBER	80.27	NET AMOUNT
1	0	FDZ*7G383*AB	64.22	36.36
		FDZ*7F293*A	45.45	36.36
		1045SOLENOID A		
		1045SENSOR ASY		
				12.30
				100.58

*** WE ARE DELIGHTED TO HELP YOU! ***
 ***** THE BOB BELL FORD TEAM *****
 ** BRIAN * VICTOR * DARRELL * TIM
 ** RON * HOWELL * ED * EARL * FRANK *
 PLEASE USE OUR NEW # 766-9038 THANKS!

CUSTOMER COPY



ALL TUNE AND LUBE
 8618 LOCH RAVEN BLVD.
 TOWSON, MD 21286
 (410) 296-6560

CENTER NO.	333	R.O. NO.	023918	
TODAY'S DATE	3/10/00		TIME IN	12:00
DAYTIME TEL. NO.	410-296-6560	EVENING TEL. NO.	410-296-6560	
YEAR	99	MAKE	Oldsmobile	
ENGINE SIZE	1.8	IC. NO.		
MILEAGE	100K			
FREE BRAKE INSPECTION	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
APPOINTMENT	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Time Promised	
<input type="checkbox"/> WAITING	<input type="checkbox"/> DROP OFF			
SOURCE OF BUSINESS				
<input type="checkbox"/> R.C.	<input type="checkbox"/> M.P.	<input type="checkbox"/> FLEET	<input type="checkbox"/> SIGN	
<input type="checkbox"/> O.M.	<input type="checkbox"/> AEF	<input type="checkbox"/> O.S.	<input type="checkbox"/> TV	
		<input type="checkbox"/> Y.P.	<input type="checkbox"/> RADIO	

ESTIMATE AMOUNT - FOR PARTS AND LABOR

ORIGINAL ESTIMATE \$	AUTHORIZED BY		
PHONE	DATE	TIME	
REVISED ESTIMATE \$	REASON	ADDITIONAL COST \$	
AUTHORIZED BY	<input type="checkbox"/> IN PERSON	DATE	TIME
	<input type="checkbox"/> PHONE #		
ESTIMATE TOTAL ▶			

ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED

CUSTOMER'S RIGHTS

- You have a right to written estimate if repairs exceed \$25.00. Please advise us.
- Customer may not be charged more than 10% of the amount of the written estimate without his/her consent.
- Repairs not originally authorized by customer may not be charged to customer without his/her consent.
- Customer may have the replaced parts if they are not returnable under Warranty.
- Some items/service may be recommended as preventative maintenance.

I have read and hereby accept the limited warranty contained on the reverse side of the customer copy hereof. All Tune and Lube is not responsible for loss or damage by fire, theft, or any other cause beyond our control. Each All Tune and Lube Center is independently owned and operated.

BEFORE	AFTER	BEFORE	AFTER
HC-PPM		O ₂ %	
CO %		CO ₂ %	
SERVICE	QTY	CONDITION	PART NO.
SPARK PLUGS			

EXTENDED SERVICE

SERVICE	PARTS	LABOR	TOTAL
OVER DRIVE			
Light bulbs			
Washers/Waxes			
Oil change			
Transmission	636	7.00	
CV Axles			
Washers/Waxes			
Washers/Waxes			
Washers/Waxes			
EXTENDED SERVICE TOTAL ▶ \$			

SERVICE RECORD

SERVICE	COND-TY	PART NO.	PARTS	LABOR	TOTAL
<input type="checkbox"/> OIL CHANGE/LUBE/FILTER					16.90
<input type="checkbox"/> FACTORY SCHEDULED MAINTENANCE 30/60/90/OTHER					
<input type="checkbox"/> OIL (OVER 5 QUARTS)					
<input type="checkbox"/> AIR FILTER					
<input type="checkbox"/> PCV FILTER/VALVE					
<input type="checkbox"/> FUEL/OTHER FILTER					
<input type="checkbox"/> PURGE/CANISTER FILTER					
<input type="checkbox"/> TRANSMISSION/DIFF					
<input type="checkbox"/> FUEL INJECTION SERVICE					
<input type="checkbox"/> THROTTLE BODY SERVICE					
<input type="checkbox"/> CARBURETOR FLUSH					
<input type="checkbox"/> TIRE ROTATION					
<input type="checkbox"/> WIPER BLADES					
<input type="checkbox"/> BELTS/HOSES					
<input type="checkbox"/> TIMING BELT/CHAIN					
<input type="checkbox"/> RADIATOR SERVICE					
<input type="checkbox"/> A/C SERVICE/ _____ lbs.					
<input type="checkbox"/> VALVE GASKET/ADJ.					
<input type="checkbox"/> TUNE UP/DIAGNOSTIC				420.00	
<input type="checkbox"/> DISTR. CAP					
<input type="checkbox"/> DISTR. ROTOR					
<input type="checkbox"/> IGNITION WIRES					
<input type="checkbox"/> MODULE/COIL					
<input type="checkbox"/> EGR VALVE					
<input type="checkbox"/> O ₂ SENSOR					
<input type="checkbox"/> SENSOR (OTHER)					
<input type="checkbox"/> CARB. REPL./REB./SEAL R & R					
<input type="checkbox"/> FRONT/REAR BRAKES					
<input type="checkbox"/> BRAKES CLEAN & ADJ.					
<input type="checkbox"/> CV SHAFT/BOOT					97.00
<input type="checkbox"/> SHOCKS & STRUTS					
<input type="checkbox"/> OIL			16.00	10.00	76.00
<input type="checkbox"/> WASHERS/WAXES					
SERVICE RECORD PARTS/LABOR/TOTAL ▶					307.90
EXTENDED SERVICE PARTS/LABOR/TOTAL ▶					
TOTAL PARTS/LABOR ▶					307.90

COMMENTS

CUSTOMER: [Signature]

TECHNICIAN: [Signature]

TECHNICIAN SIGNATURE: [Signature]

CERTIFIED BY SIGNATURE: [Signature]

CUSTOMER'S SIGNATURE: [Signature]

ENVIRONMENTAL/SHOP SUPPLY FEE ▶ 4.50

SALES TAX ▶ 4.00

TOTAL DUE ▶ 200.40

FRANCHISES AVAILABLE 410-987-1011

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CENTER COPY FILE ALPHABETICALLY

BILL'S TRANSMISSION & AUTO REPAIR SERVICE
 6031 Ritchie Highway
 BALTIMORE, MARYLAND 21225
 (410) 636-1866 (410) 636-9880
 Foreign & Domestic

NAME <i>Old Time & Luke</i>		DATE OF ORDER <i>2-17-00</i>
ADDRESS <i>Sm. Patel</i>		2047
CITY, STATE, ZIP	HOME PHONE <i>410-296-6560</i>	BUS. PHONE <i>410-847-6501</i>
EXT.	DATE PROMISED <i>Wk</i>	
CUSTOMER'S ORDER NUMBER	ORDER WRITTEN BY <i>Terry</i>	LICENSE NUMBER <i>410-521-4008</i>
VEHICLE NUMBER	ODOMETER <i>Call 336-8888</i>	

YEAR, MAKE AND MODEL
1996 Ford Taurus

SERIAL NUMBER

QTY.	PART NO. AND DESCRIPTION	AMOUNT	DESCRIPTION OF WORK	AMOUNT	
1	Master Kit	474.00	<input type="checkbox"/> LUBE <input type="checkbox"/> CHG. OIL <input type="checkbox"/> OIL FILTER <input type="checkbox"/> TUNE UP <input type="checkbox"/> TRANS. <input type="checkbox"/> DIFF.		
1	Torque Converter	472.10	<i>R & R overhaul</i>	1000.00	
1	Drive Chain	142.00	<i>Labor install re-programming kit</i>		
12	qts ATF	27.00	<i>re-face channel plate & valve</i>		
1	Re-program Kit	177.00	<i>body, press pump bearing</i>	400.00	
1	Pump Shaft	54.00	<i>& sleeve</i>		
<i>Towed In</i>				<i>n/c 55.00</i>	
<i>Paid In Full 2995.00</i>			Customer Rights: Do you want parts Yes ___ No ___ Do you want written estimate Yes ___ No ___ If job exceeds estimate by 10% or more, I do ___ I do not ___ authorize you to proceed. If additional repairs are found, I do ___ I do not ___ authorize you to proceed I authorize repairs on my vehicle per telephone conversation by placing the last 4 digits of my Social Security # _____ Date _____ Time _____ by _____	TOTAL LABOR	1400.00
<i>2-23-00</i>			I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss of damage to cars or articles left in cars in care of.	TOTAL PARTS	1346.10
<i>6 months or 6,000 mile warranty</i>				ACCESSORIES	
<i>10 Day - 2 week Check up</i>				GAS, OIL AND GREASE	
<i>1 yr free maintenance</i>				SUBLET REPAIRS	
				TAX	67.31
TOTAL PARTS		1346.10		TOTAL	2813.41

TOTAL 2775

Bill's Transmission & Auto Repair Service, Inc.

*6031 Ritchie Highway
Baltimore, Maryland 21225
410-636-1866 410-636-9880*

February 23, 2000

To Whom It May Concern:

Re: 1996 Ford Taurus, owner Theresa Stephens-Alston

On February 17, 2000 the above vehicle was referred to us from All Tune & Lube. Customer was complaining of the overdrive light flashing and transmission slipping and a long history of poor fuel mileage.

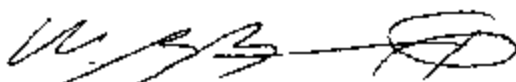
After confirming that the transmission had internal problems we performed an internal inspection of the transmission parts. Upon inspection it was determined that the pump shaft and bearing and sleeve had extreme wear to the pump shaft and bearing. This wear caused significant hydraulic pressure loss especially in overdrive, which would explain poor fuel mileage.

After speaking with the customer and reviewing her service records she explained that the poor fuel mileage had been going on for a long time, but none of the factory mechanics that she had taken it to were able to solve the problem.

We recommend repairs to her vehicle including a complete overhaul of the transmission replacement of the drive chain, which was damaged due to high line pressure ineagements. Replacement of the pressure control solenoid, which was contaminated with metal filings from the worn pump shaft.

The repairs were completed the transmission now works fine and the fuel mileage is gone. It is our professional opinion that the damage to the pump shaft did not occur overnight and probably has been going on for 20,000 miles or better. This problem should have been caught long ago.

Sincerely,



William B. Bennington
President

2/29/00
7:15:00
START CHARGES F DIFFERENT

RENTAL REEMENT NO. D

YEAR 2000

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

DOB [REDACTED] HEIGHT [REDACTED] WEIGHT [REDACTED] EYES Br HAIR Br

SOCIAL SECURITY # [REDACTED] EMPLOYER Black & Decker

BILL TO [REDACTED] COMPANY [REDACTED]

ADDRESS [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

ATTN [REDACTED] PHONE [REDACTED] EXT. [REDACTED]

RENTER ACCEPTS DAMAGE RESPONSIBILITY RENTER

RENTER DECLINES PERSONAL ACCIDENT INSURANCE RENTER

RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) RENTER

RENTER ACCEPTS TATTA DAMAGE WAIVER (DAILY DAILY FEE SHOWN) ADJOINING CO. (SEE REVERSE). THIS IS NOT INSURANCE.

RENTER ACCEPTS PERSONAL ACCIDENT WAIVER SINCE PAID AT DAILY FEE SHOWN IN ADJACENT COLUMN. THIS WAIVER HAS THE POLICY COVERED.

RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT DAILY RATE SHOWN IN COLUMN SEE REVERSE.

100 MI FREE P/DAY

INSURANCE BILLING

DAYS 8

LESS 38% 81 98
61 35
38 97
12.80/DAY 51 96
2.00/DAY 8 00
10.99/DAY 43 96
32 97

TAX FUEL CHARGE 11.5%
10.00/RENTAL

TOTAL CHARGES 138 20
138 88

DEPOSITS

REFUNDS

AMOUNT DUE 00 00

CLOSED BY

PAID BY CASH CHECK CR CARD CHARGE

RECEIPT FOR CASH REFUND

DATE RECEIVED BY X

CLAIM INFORMATION

POL OR CL#

INSURANCE

LOSS DATE THEFT ACCIDENT

PHONE NAME

REPAIR SHOP

TYPE CAR

ORIGINAL VEHICLE

COLOR [REDACTED] LICENSE NO. [REDACTED]

MODEL [REDACTED] ECAR # [REDACTED]

MILE-AGE IN 2738 OUT 338

DRIVEN

CONDITION AGREED TO

RENTER

REPLACEMENT VEHICLE

COLOR [REDACTED] LICENSE NO. [REDACTED]

MODEL [REDACTED] ECAR # [REDACTED]

MILE-AGE IN [REDACTED] OUT [REDACTED]

DRIVEN

CONDITION AGREED TO

RENTER

ADDITIONAL DRIVER - NONE PERMITTED WITHOUT ENTERPRISE'S APPROVAL.

AGE [REDACTED] LICENSE NO. [REDACTED] STATE [REDACTED] EXP. [REDACTED]

Who is renting an insured motor vehicle to drive the rental vehicle for me and/or my behalf, I am responsible.

PERMISSION GRANTED FOR VEHICLE TO LEAVE THE STATE.

YES NO STATES

AUTH BY ENTERPRISE'S REP

NO GASOLINE REFUND - 1 DAY MINIMUM

ACKNOWLEDGMENT OF TERMS AND CONDITIONS

RENTER HEREBY AGREES TO BE RESPONSIBLE FOR ALL DAMAGE TO THE RENTAL VEHICLE AND TO THE EQUIPMENT THEREON, INCLUDING THE RENTAL VEHICLE, AND TO REPAIR OR REPLACE THE RENTAL VEHICLE AND EQUIPMENT AT HIS/HER OWNERS RISK AND AT HIS/HER OWNERS COST. THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS OF THE RENTAL CONTRACT AND THE RENTAL VEHICLE'S INSURANCE POLICY. THIS AGREEMENT IS NOT VALID UNLESS SIGNED BY THE RENTER AND THE RENTAL VEHICLE'S INSURANCE POLICY.

MEMO DATE 2/15/00

ENTERPRISE REP X [Signature]

EXT. TO	DATE/TIME	AMOUNT	PD BY	TYPE	DATE PD.	AUTH #
EXT. TO		ACDTL DEP.				
EXT. TO		ACDTL DEP.				
EXT. TO		ADOTL DEP.				
EXT. TO		ADOTL DEP.				

ADDITIONAL INFORMATION:

RENTER CAN BE HELD RESPONSIBLE IF RENTAL VEHICLE IS NOT FOLLOWED

All insurance coverage or other security maintained on renter's/OPERATOR'S vehicle or otherwise applicable to renter's/OPERATOR'S vehicle shall be primary for a replacement vehicle rental. The required security maintained by owner shall be SECONDARY up to the minimum financial security limits required in Maryland.

*Notice: This contract offers, for an additional charge, a collision damage waiver to cover your responsibility for damage to the vehicle. Before deciding whether to purchase the collision damage waiver, you may wish to determine whether your own automobile insurance affords you coverage for damage to the rental vehicle and the amount of the deductible under your own insurance coverage. The purchase of this collision damage waiver is not mandatory and may be waived. Maryland law requires that all Maryland policies with collision coverage auto collision coverage to passenger cars rented by the insured named in the policy for a period of 30 days or less."

CUSTOMER COPY - ADDITIONAL STIPULATIONS ON REVERSE SIDE



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Consumer:

As a result of your recent inquiry to the National Highway Traffic Safety Administration's Auto Safety Hotline, we developed the enclosed Vehicle Owner's Questionnaire. Please review the form and supply any additional information you have that you believe is relevant to your safety problem(s). You may also include copies of repair bills, letters to manufacturers, or any other documents related to the problem(s).

Please complete the questionnaire, fold, staple, or tape it so that the pre-addressed portion is on the outside.

We will share this information with the appropriate manufacturer may help resolve your problem(s). It is helpful to be thorough in your report so that our ability to use your information will be maximized. It is not necessary to complete all boxes if you are not sure of the information. It is very difficult to pursue complaints unless the Vehicle Identification Number (VIN) is known, and when reporting a tire problem, the DOT Identification is needed. The VIN is located inside the vehicle adjacent to the left of the windshield pillar (driver's side). The tire identification number contains 7 to 11 characters and is preceded by the letters "DOT" on the tire between the maximum width section and the bead, usually near the rim flange on the opposite side of the whitewall or on either side of a blackwall tire.

Any information you provide on this questionnaire is ENTIRELY VOLUNTARY. There is NO CONSEQUENCE or PENALTY of any kind if you DO NOT wish to provide it. We seek this information so that this agency can help you and other owners with similar problems and to allow us to combine this information with similar owner reports to develop both statistical and investigatory evidence which will help identify potential safety-related problems in motor vehicles or items of motor vehicle equipment.

Sincerely,

Information Management Branch
Auto Safety Hotline

2 Enclosures:
Self-addressed Questionnaire
Auto Safety Hotline Pamphlet



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123