

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

231

Date Received

16-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

863694

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	MERCURY	MARQUIS	1996	

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

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000 12420000	Part Name(s) ENGINE INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 5	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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 TRAVELING VEHICLE STALLED WITHOUT INDICATION. ALSO, ENGINE CHECK LIGHT STAYED ON FOR DAYS. DEALER HAS REPAIRED VEHICLE FIVE TIMES. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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>Signature of Owner</p>	<p>Date Received 15 JUN 2000 OFFICE OF TRAFFIC SAFETY INVESTIGATION</p>	<p>Od or rt dt od_rt up_itr</p>
<p>OWNER INFORMATION (Type or Print)</p>		<p>614510</p>	<p>Work Number Home Number</p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of the vehicle manufacturer.
 Signature of Owner _____ Date 9/28/00

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <i>3MELM653TH612121</i>	Vehicle Make MERCURY	Vehicle Model Mystique	Vehicle Year 1996	Current Odometer Reading 45,058		
Purchase Date 1/9/99	Dealer's Name Green Valley Ford		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Fairfield	State CA	Zip Code 95687	No Cylinders		
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06100000 12420000	Part Name(s) ENGINE INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1?	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 checked="" 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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p>WHILE TRAVELING VEHICLE STALLED WITHOUT INDICATION. ALSO, ENGINE CHECK LIGHT STAYED ON FOR DAYS. DEALER HAS REPAIRED VEHICLE FIVE TIMES. PLEASE PROVIDE FURTHER INFORMATION.</p> <p>*AK</p> <p>(See Reverse)</p>

CONTINUE ON BACK IF NEEDED

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 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.

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)

This car has been back into the dealer 6 (six) times for this same problem. The last few times spark plugs & light bulbs have been replaced and I am told the next time the car has this problem, "Just bring it back in, and I won't have to say". I leave the dealership thinking that there may not be a next time if some one runs into my rear (like the Truck that was behind me) The first time this car stalled down and then stopped. Myself and other innocent people are going to hurt or killed, because the dealer and manufacturer know about this problem, but don't know how to fix it, or it will cost them to much money to recall and fix the problem correctly. I purchased an Extra care warranty on this car, so no one is giving me something for free. Also, I downloaded off the internet consumer complaints on this car/year (1996) and there are many complaints about this problem. The manufacturer (Ford) must know about this problem.

★ U.S. G.P.O.: 1992 - 923-887 / 82088

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
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

SIMPLE INTEREST MOTOR VEHICLE CONTRACT AND SECURITY AGREEMENT

↓ INC. ID NUMBER, PRINTER SOURCE, ETC. WITH BRACKET BELOW

BUYER'S NAME		DATE OF CONTRACT
[REDACTED]		JAN 07H 1999
		AGREEMENT No.
CO-BUYER'S NAME AND ADDRESS		

Stock No. 400-6
 Source _____
 Salesperson LAWRENCE
 Date JAN 07H 1999
 Bus. Phone _____
 Res. Phone 1707 423-055

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 on 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:

REWORKED	YEAR	MAKE	CYL.	DIESEL	GAS	OTHER	BODY STYLE	MODEL	ODOMETER READING	VEHICLE IDENTIFICATION NUMBER
USED	1998	MERCURY	4	X			4DR	MYSTIQUE	20614	3ME1ME5087M612371
	COLOR	TRIM	TIRES	TRANS	KEY NO.	LIC NO.	R.C.S. NO.			
	WHITE			5SP		3SPF991				

DISCLOSURES PURSUANT TO THE TRUTH-IN-LENDING ACT

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	Amount Financed The amount of credit provided to you or on your behalf.	Total of Payments The amount you will have paid after you have made all payments as scheduled.	Total Sale Price The total cost of your purchase on credit, including your down payment of \$ <u>200.00</u>
<u>20.91%</u>	<u>\$ 6,728.51(e)</u>	<u>\$ 11,215.00</u>	<u>\$ 17,943.61(e)</u>	<u>\$ 18,443.61(e)</u>

YOUR PAYMENT SCHEDULE WILL BE:

Number of Payments	Amount of Payments	When Payments Are Due:
One Payment of	<u>N/A</u>	
One Payment of	<u>N/A</u>	
<u>59</u> Payments	<u>299.06</u>	Monthly, beginning <u>FEB 08H 1999</u>
One Final Payment	<u>299.06</u>	<u>JAN 08H 2001</u>

SECURITY: You are giving a security interest in the goods or property being purchased. (e) means an estimate

LATE CHARGES: () Applies only if checked. If any payment is more than 10 days late you will be charged 5% of the late amount.
 () Applies only if checked. If any payment is not received by the first banking day which is at least 11 days after the due date, you will be charged 5% of the delinquent installment or \$25.00, whichever is less.

PREPAYMENT: If you pay your contract in full before its maturity, you may be charged a minimum finance charge. See your contract documents for any additional information about nonpayment, default, any required prepayment in full before the scheduled date and a minimum finance charge payable upon prepayment.

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 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.

Premium

\$ N/A DED. COMP. FIRE & THEFT Mos. \$ N/A
 \$ N/A DEDUCTIBLE COLLISION Mos. \$ N/A
 BODILY INJURY \$ N/A LIMITS N/A Mos. \$ N/A
 PROPERTY DAMAGE \$ N/A LIMITS N/A Mos. \$ N/A
 MEDICAL N/A N/A Mos. \$ N/A
N/A Mos. \$ N/A

The foregoing date is 01/09/99
 DATE

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

ITEMIZATION OF AMOUNT FINANCED

- Cash Price Motor Vehicle and Accessories \$ 9095.00(A)
 - Cash Price Vehicle \$ 9095.00
 - Cash Price Accessories \$ N/A
- Document Preparation Charge \$ 45.00(B) (not a governmental fee)
- Smog Fee Paid to Seller \$ N/A (C)
- Sales Tax (on A+B+C) \$ 675.00(D)
- Luxury Tax \$ N/A (E)
- Service Contract (optional) * \$ 1135.00(F)
- Other \$ N/A (G)

To whom paid _____

TOTAL CASH PRICE (A to G) \$ 10949.00(1)

AMOUNTS PAID TO PUBLIC OFFICIALS

- License **ESTIMATED** \$ 465.00(A)
- Registration \$ N/A (B)
- Smog Impact Fee \$ N/A (C)

TOTAL OFFICIAL FEES (A+B+C) \$ 465.00(2)

AMOUNT PAID TO INSURANCE COMPANIES:
 (Total premiums per Statement of Insurance a + b) * \$ N/A (3)

SMOG CERTIFICATION FEE PAID TO STATE \$ N/A (4)

TOTAL (1 TO 4) \$ 11415.00(5)

A. Trade-In (Description)
 Yr N/A Make N/A
 Model N/A \$ N/A (A)
 V.I.N. N/A

contract. Only the persons whose names are signed below are insured.

CREDIT LIFE N/A Mos. Premium \$ N/A
JOINT LIFE N/A Mos. Premium \$ N/A
CREDIT DISABILITY N/A Mos. Premium \$ N/A

TOTAL CREDIT INSURANCE PREMIUMS \$ N/A

- 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 eligible for disability insurance.

DISABILITY INSURANCE MAY NOT COVER CONDITIONS FOR WHICH YOU HAVE SEEN A DOCTOR OR CHIROPRACTOR IN THE LAST 6 MONTHS (refer to "Total Disability" section)

DATE 01/09 [Redacted] AGE 51
DATE _____ CO-BUYER _____ AGE 10-1

BROKER FEE DISCLOSURE

If this Contract reflects the retail sale of a new motor vehicle the sale is not subject to a fee received by an autobroker unless the following box is checked:

Name of Autobroker receiving fee, if applicable: _____

NOTICE OF RESCISSION RIGHTS

If buyer signs applicable to Buyer's Signature _____
Co-Buyer's Signature _____

Table with 2 columns: Item description and Amount. Includes Odometer (N/A), B. Less Prior Credit or Lease Payoff (\$ N/A), C. TRADE-IN (A less B) (\$ N/A), D. Deferred downpayment due before second installment payment (\$ N/A), E. MFR'S Rebate (\$ N/A), F. Remaining cash downpayment (\$ 200.00), TOTAL DOWNPAYMENT (BC+D+E+F) (\$ 200.00), 7. PRIOR CREDIT OR LEASE BALANCE (\$ N/A), 8. AMOUNT FINANCED (5 less 6, plus 7) (\$ 11215.08)

VEHICLE USE: Personal, Family or Household Commercial or Agricultural
OFFICIAL FEES (Not Financed): The Buyer will pay the estimated fee(s) of \$ 10.00 to the appropriate public authority in order to transfer registration after payment in full.
OPTION: You pay no Finance Charge if the Amount Financed, Item 8, is paid in full on or before _____ Year _____ SELLER'S INITIALS _____

SERVICE CONTRACT (Optional) You request a service contract written with the following company for the term below. The cost is shown in item (1F) above.
Term 30000 Miles / 36 Months

SELLER ASSISTED LOAN: FOR THIS LOAN, BUYER MAY BE REQUIRED TO PLEDGE SECURITY AND WILL BE OBLIGATED FOR THE INSTALLMENT PAYMENTS ON BOTH THE SECURITY AGREEMENT AND THE LOAN.
Proceeds of Loan - From N/A
Amount \$ N/A Finance Charge \$ N/A Total \$ N/A
Payable N/A installments of \$ N/A
_____ from this loan is described in (6D) above.

If you have a complaint concerning this sale, you should try to resolve it with the seller. Complaints concerning unfair or deceptive practices or methods by the seller may be referred to the city attorney, the district attorney, or the Department of Motor Vehicles, Division of Investigations and Occupational Licensing, P.O. Box 93289, Sacramento, California 94232-3890, or any combination thereof.

After this contract is signed, and it is an unfair contract, you may rescind this contract within 30 days of the date of signing.

Buyer's Signature _____
THE MINIMUM WARRANTY PERIOD FOR ALL NEWLY ACQUIRED VEHICLES IN THE EVENT OF AN ACCIDENT YOU SHOULD CONTACT YOUR INSURANCE AGENT.
YOUR PRESENT POLICY MAY NOT COVER COLLISION DAMAGE OR MAY NOT COVER FUEL REPLACEMENT COSTS FOR THE VEHICLE FROM MANUFACTURER'S DEFECTS. YOUR CURRENT POLICY MAY NOT COVER SUPPLEMENTAL COVERAGE FOR COLLISION DAMAGE MAY BE AVAILABLE TO YOU THROUGH YOUR INSURANCE AGENT. YOUR CURRENT POLICY MAY NOT COVER COLLISION DAMAGE TO REMAINING AFTER THE VEHICLE HAS BEEN REPOSSESSED AND SOLD.
YOUR CURRENT POLICY MAY NOT COVER DAMAGE TO YOUR VEHICLE. YOU SHOULD CONTACT YOUR INSURANCE AGENT FOR MORE INFORMATION REGARDING YOUR CURRENT POLICY'S COVERAGE THAT WILL PROTECT YOU IN THE EVENT OF LOSS OR DAMAGE TO YOUR VEHICLE. YOU SHOULD CONTACT YOUR INSURANCE AGENT FOR MORE INFORMATION REGARDING YOUR CURRENT POLICY'S LIABILITY TERMS AND CONDITIONS.

THERE IS NO COOLING OFF PERIOD

California law does not provide for a "cooling off" or other cancellation period for vehicle sales. Therefore, you cannot later cancel this contract simply because you change your mind, decide the vehicle costs too much, or wish you had acquired a different vehicle. After you sign below, you may only cancel this contract with the agreement of the seller for legal cause, such as fraud.

Buyer acknowledges that (1) before signing this agreement Buyer read both sides of this agreement and received a legible, completely filled-in copy of this agreement; and (2) Buyer has received a copy of every other document that Buyer signed during the contract negotiation.

Buyer's Signature _____
Seller _____
Co-Buyer's Signature _____
Address 1400 1/2 ST SW SACRAMENTO CALIF 95811
By [Signature] Title MAN

LAW FORM NO. 553 CALIF. (REV. 11/82) (SEE INSTRUCTIONS) (1982) (1983) (1984) (1985) (1986) (1987) (1988) (1989) (1990) (1991) (1992) (1993) (1994) (1995) (1996) (1997) (1998) (1999) (2000) (2001) (2002) (2003) (2004) (2005) (2006) (2007) (2008) (2009) (2010) (2011) (2012) (2013) (2014) (2015) (2016) (2017) (2018) (2019) (2020) (2021) (2022) (2023) (2024) (2025)

TRUTH IN LENDING COPY 1. Give to BUYER prior to signing. 2. BUYER and SELLER Sign this copy AFTER contract is signed.

1. 461 (207/57) RANGE 1; START COL 1 RANGE 2; START COL 1
NUM: 57829 NAME: MESSY-BELL, LAVELLE ADD: 206 BRACY, KEVIN

12PM 7/14/02 OR
60,000

99980
1996 NISSAN 2400 DR SEDAN LS
2. 201 (207/57) RANGE 1; START COL 1 RANGE 2; START COL 1
NUM: 57829 NAME: MESSY-BELL, LAVELLE ADD: 206 BRACY, KEVIN

CONDITION: MAY NOT NEED REPAIR SERVICE ONLY IF CONCERN IS PRESENT.
PLEASE REFER TO DEALER LETTER FOR PROGRAM COVERAGE.
OWNER HOLD WITH WARRANTY - AUTOMATIC COVERAGE
99980

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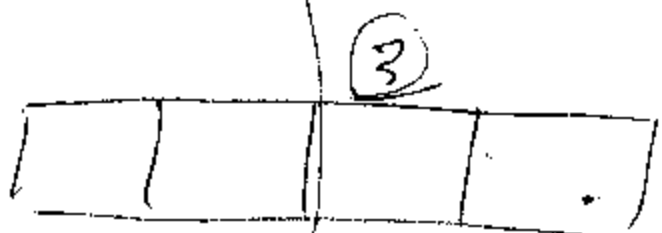
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99980



WILEY, J. M. LUIS
2307 THE BRICKYARD

WINDVILLE

OHIO

OH 95687 UNITED STATES

HOME PH: (707) 453-1276 BUSPH: (707) 424-0848

STOCK NUMBER: 00004196 LAST SERVO MILEAGE: 037494 MFG CODE: 007757

00006533/0612121 CA 35009915000 DATE: 01/09/99 MILE: 023614 LAST-SERVO: 01/20/00

96 MFG UNKNYS1000 65 41R S00001E1N-SERVO DATE: 07/15/96

SVC & CUS: 188 MGR: 196 PUL: 47

NUMBER TYPE DATE DEDUCTIBLE MILES ACTIVE

EXT SVC PLAN: 10612121/XTROCAR 07/15/025000 072 0000000

RD 161638 Y 01/26/0037494 206 PIS=000000.00 TOT=16.27INV=012000

LN 51 PAY TYPE M TECH1-129 00R-CODE 990004

PERFORM RECALL 990004

PERFORM RECALL 990004

INSPECTION COMPLETE.

RD 161638 N 01/26/0037494 206 PIS=000000.00 TOT=00.00INV=012600

MORE

LN 27 PAY TYPE C TECH1-129 00R-CODE 27

PERFORM FREE 27PT INSPECTION

PERFORM 27 POINT INSPECTION

FIND OIL PAN DRAIN PLUG IS STRIP, NEED TO REPLACE ENGINE OIL PAN

RD 157829 N 10/21/9934464 206 PIS=19.360000.00 TOT=47.29-100.00INV=102999

LN 51 PAY TYPE C TECH1-121 1.0000R-CODE C

CUSTOMER STATES THAT THE CHECK ENGINE LIGHT IS ON

COULD NOT DUPLICATE CONCERN

CHECKED FOR CHECKS PROCS2 RANDOM MISC-114 CHECKED OILS FOUND SEM

PERTAINING TO RANDOM MISC-114 CONCERN FROM IMPROPER OIL CHANGES

RD 157829 Y 10/21/9934464 206 PIS=42.570000.00 TOT=100.87 INV=102999

LN 52 PAY TYPE M TECH1-125 00R-CODE K

OPEN RECALL 990004

NO INFORMATION REGARDING TO THIS RECALL

MORE

LN 53 PAY TYPE M TECH1-126.0000R-CODE 990070

FP F00214041100

OPEN RECALL 990007

RECALL

990007 RECALL COMPLETE

LN 54 PAY TYPE M TECH1-126.0000R-CODE 990140

FP F00214041100

OPEN RECALL 990140

SEPOL-000101-43.63(INV-000699)

TECH1-121 L SWAP-CODE ENGINE
CUSTOMER STATES THAT THE CHECK ENGINE LIGHT CAME ON
CHECK ENGINE LIGHT

PERFORM DIAGNOSIS PER BUD FEE COULD NOT VERIFY A CAUSE RE-PROGRAM
PCM OK AT THIS TIME

LSI WAY TYPE C TECH1-100.9000-CODE INTAKE-SERVICE

PERFORM INTAKE SERVICE

PRE-TUNING

PERFORM INTAKE SERVICE

WAG

NO CS4215 N 07/20/99 01517 209 PIS-00000-000101-43.63(INV-000699)

LSI WAY TYPE C TECH1-121 L SWAP-CODE ENGINE

CUSTOMER STATES THAT THE CHECK ENGINE LIGHT IS ON,, CHECK AND ADVISE

RE-PROGRAM PCM

PERFORM COMPUTER-ROAD TEST OK AT THIS TIME

END OF DATA

CUSTOMER PAY

WARRANTY

INTERNAL



200 OLIVER ROAD
FAIRFIELD, CA 94533
707-421-3360



MAZDA

SUBARU

SUZUKI

NOTICE TO CONSUMER:
PLEASE READ IMPORTANT
INFORMATION ON BACK

B.A.H. # AA001507 • E.P.A. # CA 0982523920
P & A CODE 07757

OUR SERVICE DEPT. HOURS:
MONDAY - FRIDAY
7:00 AM - 6:00 PM
NO CARS RELEASED AFTER
THESE HOURS.

OUR PEOPLE GIVE US THE EDGE

GREEN VALLEY FORD-MAZDA-SUBARU-SUZUKI FAIRFIELD, CA 94533 B.A.R. #AA001507 EPA #CA0982523920

I hereby authorize the below repair work to be done along with the necessary materials and subject repairs. You and your employees may operate below vehicle for purposes of testing, inspection or delivery at my risk. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. I agree that the dealer shall have a lien on the below described vehicle for its charges for parts and labor furnished under this repair order. If I fail to pay those charges, I agree that the vehicle may be sold after twenty days notice, in the manner provided in Sections 9071-9075 of the Civil Code of California. By law, you may choose another facility to perform any needed repairs or adjustments which the smog check that indicates are necessary. I ACKNOWLEDGE NOTICE OF ORIGINAL ESTIMATED PRICE AND RECEIPT OF A COPY HEREOF.

CUSTOMER'S SIGNATURE X

PLEASE READ
REVERSE SIDE

TERMS & CONDITIONS APPLY TO CREDIT CARD

5,000 MILE SERVICE	10,000 MILE SERVICE	15,000 MILE SERVICE	20,000 MILE SERVICE	25,000 MILE SERVICE	30,000 MILE SERVICE	35,000 MILE SERVICE	40,000 MILE SERVICE	45,000 MILE SERVICE	50,000 MILE SERVICE	55,000 MILE SERVICE	60,000 MILE SERVICE	LOF	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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RD 57829 *TAG 0366* LIC: CA 35RF991 SVC ADV: 206 KEVIN BRACY
 96 **VIN: 3MELM6S33 TM612121**
 MERCURY MYSTIQUE
 OS 4DR SDN
 LICENSE: CA 35RF991 WHITE CAR
 MFG CODE: 807757 SVC BLR: 807757 SLM: 51
 STOCK NUMBER: 000P4196
 IN-SVC: 071596 SOLD: 010999 PRCD: 053096
 ODOMETER: LAST: 31500 CURRENT: 34464
 AVG PER DAY: 38 PER MONTH: 1140

DIST CODE: 1FA

EXTENDED SVC PLAN: TYPE: EXTRACAR NUMBER: IM612121 DEDUCTIBLE: 50.00
 IN FORCE: Y MONTHS: 22 MILEAGE: 60000 EXPIRES: 07/15/02
 10/21/99 16:20:34

***PROMISED DATE: 10/21/99 TIME: 1800 ***

TAG 0366 **RD 57829** SVC ADV: 206 VIN: 3MELM6S33 TM612121

RO#	DATE	LAST SERVICE PERFORMED		RECOMMENDED SERVICE FOR YOUR CAR			
		MILEAGE	ADVISOR	OPER	EST LABOR	EST PARTS	DESCRIPTION
054335	080299	31580	209	MA01	8.45		LUBE, OIL AND
			TECH HRS OF CODE				DESC
			121				CKENGIN PERFORM DIAG AS PER RD
			102				INTAKES PERFORM INTAKE SERVICE
054213	072899	31517	209				
			121				CKENGIN REPROGRAM COMPUTER-ROAD

UNDER HOOD WIRE HARNESS - 99107
 BRAKELIGHT SWITCH CONNECTO

HEATER BLOWER SWITCH, RES



Mazda

GREEN VALLEY

1200 OLIVER ROAD • FAIRFIELD, CA 94533
(707) 421-3360

58443

7:45

OUR SERVICE DEPT. HOURS:
MONDAY-FRIDAY 7:30-5:30

NO CARS RELEASED AFTER
THESE HOURS.

CHECK IN SERVICE

TR #	DATE	ADVISOR	MI/AGE	DLI. DATE	TIME PROVIDED
890	1-13	Adam	235780		

CUSTOMER I.D. #	CUSTOMER PAY WARRANT
JM Co 12121	<input type="checkbox"/>

CITY / STATE	ZIP CODE	STATION #
	94504 GINSY	

YR	MAKE	MODEL	COLOUR	TR	TRIP
96?	Maz	Temp.			

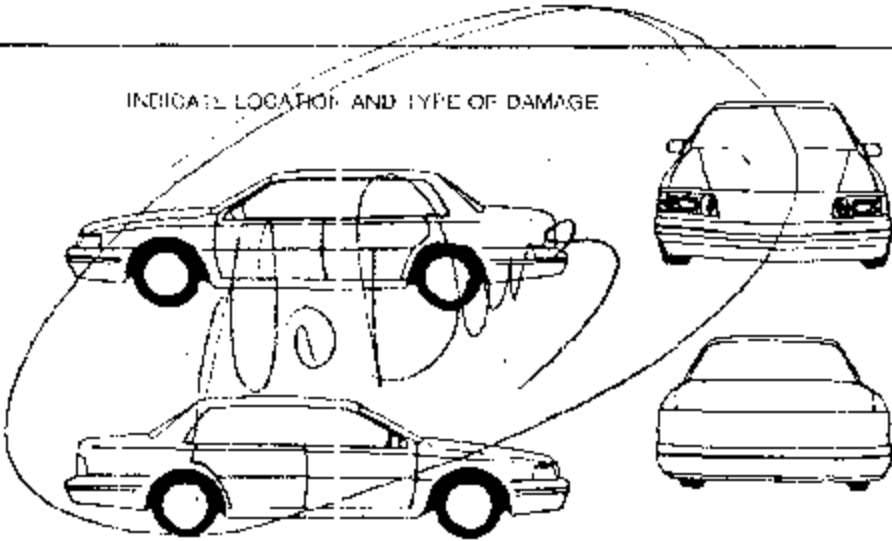
air

no charge

Per Use & Reb

(Engine light on)

INDICATE LOCATION AND TYPE OF DAMAGE



ALL PARTS WILL BE DISCARDED UNLESS SPECIFIED OTHERWISE SAVE DISCARD.

ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE.

Our charges for labor are not based on actual mechanic's time, but are established by multiplying our retail labor rate of \$ _____ per hour by industry time allowances or our own judgement of the time to be charged.

You will be charged no more than the estimated price approved by you. However, if we discover that different or additional repairs are indicated you will be contacted for your advance approval of a revised estimate.

A.R. #AA001507

EPA #CAD9B2523920

M/C

Estimate \$

Hazard Waste Estimate \$

Parts have a limited warranty of 12 months or 12,000 miles whichever may occur first.

I hereby authorize you to perform the repairs and service the described vehicle. I understand you are not liable for an accident or damage to my vehicle if I do not follow the instructions on the vehicle. I will not be responsible for loss or damage to my vehicle or contents of my vehicle if I do not follow the instructions on the vehicle. I will not be responsible for loss or damage to my vehicle or contents of my vehicle if I do not follow the instructions on the vehicle.

NOTICE THAT YOU HAVE AN EXPRESS WARRANTY ON THE DESCRIBED VEHICLE FOR THE CHARGES FOR PARTS AND LABOR. UNDER THIS WARRANTY, WE WILL REPAIR OR REPLACE ANY PARTS THAT FAIL DURING THE WARRANTY PERIOD. WE WILL NOT BE RESPONSIBLE FOR LOSS OF USE, LOSS OF PROFITS, LOSS OF DATA, OR ANY OTHER DAMAGES. THE WARRANTY DOES NOT COVER THE COSTS OF COLLECTION AND DELIVERY OF REPAIRS. WE WILL NOT BE RESPONSIBLE FOR LOSS OF USE, LOSS OF PROFITS, LOSS OF DATA, OR ANY OTHER DAMAGES. THE WARRANTY DOES NOT COVER THE COSTS OF COLLECTION AND DELIVERY OF REPAIRS.



1200 OLIVER ROAD
FAIRFIELD, CA 94533

707-421-3360



MAZDA

SUBARU

SUZUKI

NOTICE TO CONSUMER:
PLEASE READ IMPORTANT
INFORMATION ON BACK

B.A.R. # AA001507 • F.P.A. # CA0982523920
P & A CODE 07757

OUR SERVICE DEPT. HOURS:
MONDAY - FRIDAY
7:00 AM - 6:00 PM

NO CARS RELEASED AFTER
THESE HOURS.

OUR PEOPLE GIVE US THE EDGE

<input type="checkbox"/> CLAIM SERVICE <input type="checkbox"/> AUTHORIZATION ON THE SPENT TO A/C <input type="checkbox"/> EACH A SCRAP ONLY	<input type="checkbox"/> CLAIM SERVICE \$ _____	<input type="checkbox"/> AUTHORIZATION ON THE SPENT TO A/C \$ _____	<input type="checkbox"/> EACH A SCRAP ONLY \$ _____	TOTAL \$ _____
	ALL PARTS AND REPAIRS TO BE PAID BY CUSTOMER \$ _____	AUTHORIZED A/C ONLY \$ _____	AUTHORIZED A/C ONLY \$ _____	AUTHORIZED A/C ONLY \$ _____

I CAN ONLY USE MOTEL AND CHAL APPROVAL OF ANY INCREASE IN THE ORIGINAL ESTIMATED PRICE AND HEIGHT OF A COPY HEREIN.
 PLEASE READ REVERSE SIDE.
 CUSTOMER SIGNATURE: _____

INVOICE TO:



070011

MFD# 007757 TAX RULES: NYNIN INVOICED: 08/23/2000 15:26:46 5% PERCENT MPTI00L OS
 ODOMETER IN: 43878 DIST: 17A
 LICENSE NUMBER: LA 35AF001
 ADD: SUN WHITE
 ST000# 000F4194
 DATE: INSEWIT 0715% PRODUCTION: (05096 SELL: 010092)

CONCERN	CAUSE	CORRECTION	COMMENT	QTY	SELL	AMOUNT
51	CHECK ENGINE LIGHT	SHORT	REPLACED PLUG NTR AND PLUG - SEC. UP			
			RECALL PER JOHN HENNESSY			
			12286 D	1	11.24	11.24
			22P P	1	8.90	8.90
SUBTOTAL						
PARTS						20.14
LAB MECHANICAL						49.40
258 CHARGE TO						7750
TOTAL CHARGE FOR CONCERN						.00

OPERATION	TECH	AMOUNT
SERVICE	121	.00
SUBTOTAL		
TOTAL CHARGE FOR CONCERN		.00

OPERATION	TECH	AMOUNT
SERVICE	121	.00
SUBTOTAL		
TOTAL CHARGE FOR CONCERN		.00

Ford
MAZDA
SUBARU
SUZUKI

GREEN VALLEY

1200 OLIVER ROAD • FAIRFIELD, CA 94533
 (707) 421-3360

700

OUR SERVICE DEPT. HOURS:
 MONDAY-FRIDAY 7:00 a.m.-6:00 p.m.

NO CARS RELEASED AFTER
 THESE HOURS.

CHECK IN SERVICE

IAT # 169		DATE 8/23	ADVISOR Kwin	MILEAGE 93878	DEL DATE	TIME PROMISED
SER #				CUSTOMER I.D. #	CUSTOMER PAY WARRANTY <input type="checkbox"/>	
NAME T.M. GIBB				CITY / STATE		
ADDRESS				ZIP CODE	LIC #	
YR 96	MAKE Mystic	MODEL	COLOR	RE		

CUSTOMER CONCERN:

Check ENGINE LIGHT
Hesitates while shifting
NO POWER

INDICATE LOCATION AND TYPE OF DAMAGE



ALL PARTS WILL BE DISCARDED UNLESS SPECIFIED OTHERWISE SAVE DISCARD.
 ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE.

"Our charges for labor are not based on actual mechanic's time, but are established by multiplying our retail labor rate of \$ _____ per hr. by industry time allowances or our own judgement of the time to be charged."
 "You will be charged no more than the estimated price approved by you. However, if we discover that different or additional repairs are indicated you will be contacted for your advance approval of a revised estimate."

B.A.R. #AA001507

EPA #CAD982523920

Initial Estimate \$ _____

Hazard Waste Estimate \$ _____

All parts have a limited warranty of 12 month or 12,000 whichever may occur first.

I hereby authorize you to perform the repairs and furnish the necessary materials. I understand any costs quoted hereafter is an estimate only. Your employee may operate vehicle for inspecting, testing, and delivery at my risk. I do not accept responsibility for loss or damage to vehicle or contents at risk. I agree to pay reasonable storage on vehicle with more than 45 hours after notification the repairs are completed.

I AGREE THAT YOU HAVE AN EXPRESS LIEN ON THE DESCRIBED VEHICLE FOR THE CHARGES FOR PARTS AND LABOR FURNISHED UNDER THIS REPAIR ORDER INCLUDING THOSE FROM ANY PRIOR REPAIR ORDERS ON THE VEHICLE IF I FAIL TO PAY SUCH CHARGES. I AGREE THAT THE VEHICLE MAY BE HELD UNTIL ALL CHARGES ARE PAID IN FULL IN THE EVENT OF LEGAL ACTION TO COLLECT ANY BILLS DUE. I AGREE TO PAY COSTS OF COLLECTION AND FEES INCLUDING REASONABLE ATTORNEY FEES.

By law, you may choose to refuse to repair any part of a vehicle or its equipment which is not covered by a manufacturer's warranty.