Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National 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 119	
Date Received: 25-JUL-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 865966

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KMHVF12JOPU827351	HYUNDAI	EXCEL	1993	

Purchase Date: ☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
06440000 07300000	FUEL:THROTTLE LINKAGES AND CONTROL;CAM;FAST IDLE POWER TRAIN:TRANSMISSION;AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s) _____ Mileage at Failure(s) 85 Vehicle Speed at Failure(s) _____	| |Yes | |No	| | Yes | |No

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHEN DRIVING IN STOP AND GO TRAFFIC OR WHEN STOPPING AT A LIGHT AND UPON DEPRESSING ACCELERATOR PEDAL, TRANSMISSION SKIPPED GEAR, CAUSING VEHICLE TO ACCELERATE AT A FAST SPEED. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
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Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
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FOR AGENCY USE ONLY 119

Date Received: RECEIVED
00 SEP -1 AM
25-JUL-2000
OFFICE
DEFECTS INVESTIGATION

tod_or
st_dt
ca_tr3
up_ltr

Reference No.
865966

OWNER INFORMATION (Type or Print)

[redacted] 622993

Work Number [redacted]
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 08/11/00

VEHICLE INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KMHVF12JOPU827351	HYUNDAI	EXCEL	1993	86718

Purchase Date
☐ New ☒ Used

Seller
Dealer's Name Max Apel
City Lakewood State NJ Zip Code 08701

Engine Size (CID/CC/L) ____
No Cylinders 4
☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
08440000 07300000	FUEL:THROTTLE LINKAGES AND CONTROL:CAM:FAST IDLE POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) ____
Mileage at Failure(s) 85054
Vehicle Speed at Failure(s) ____

Failed Part(s) Available? ☐ Yes ☒ No

NHTSA Previously Contacted? ☐ Yes ☒ No

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHEN DRIVING IN STOP AND GO TRAFFIC OR WHEN STOPPING AT A LIGHT AND UPON DEPRESSING ACCELERATOR PEDAL, TRANSMISSION SKIPPED GEAR, CAUSING VEHICLE TO ACCELERATE AT A FAST SPEED. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED

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)

When engine is hot and when brake pedal gets suddenly depressed, while coming to the stop; The vehicle looses the power (stops to accelerate) The car stayes powerless untill accelerator pedal is hardly depressed at that time at some point vehicle gains power and makes a sudden jerk accelerating at a fast speed.

The dealer was payed a standard fee to investigate the problem, but refused to continue after ~~requesting~~ was denied an additional payment for investigation.

☆ U.S. G.P.O.: 1992 – 625-597/60068

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

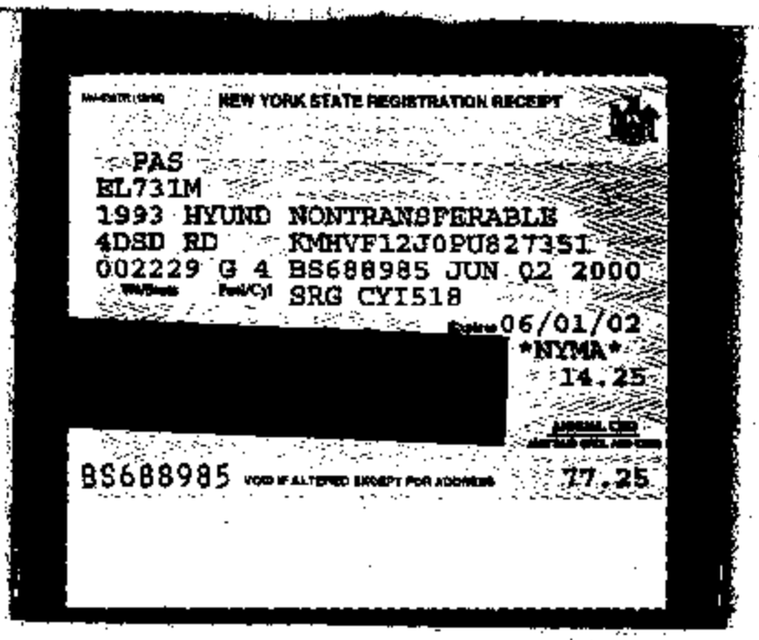
George Michedishvili
3803 Atlantic Ave #5
Brooklyn NY 11224

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



NEW YORK STATE REGISTRATION RECEIPT

PAS
EL731M
1993 HYUND NONTRANSFERABLE
4DSD RD KMHVF12J0PU827351
002229 G 4 BS688985 JUN 02 2000
Wt/Seats Fuel/Cyl SRG CYI518
Expires 06/01/02
NYMA
14.25
[redacted]
BS688985 VOID IF ALTERED EXCEPT FOR ADDRESS
77.25

[redacted]

GIUFFRE HYUNDAI
"Driving is Believing"
SERVICE & PARTS
429 89th Street · Brooklyn, NY 11209
(718) 921-5500 · Fax: 921 5538

SERVICE ADVISOR CIRO DIDONNA

PROMISE DATE/TIME	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO	TAG NO	P.O. NO.	INVOICE DATE	RO NO
31JUL00	01AUG00		KMHVF12J0PU827351	U827351	T1348		01AUG00	103369

TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO	COST PAY LABOR RATE	INTENTION DATE	CUSTOMER NO	S.A.
10:13	15:39	1993	HYUNDAI EXCEL	[redacted]	70.00	31JUL00	5978	5978

MILEAGE IN	MILEAGE OUT	LICENSE NO.
86431	86431	EL731M

A	C/S TRANSMISSION BANGS UPON DECCELERATION. ($70.00 DIAGNOSIS CHARGE.)			
	100 DIAGNOSED VEHICLE AND VEHICLE NEEDS TRANS SERVICE TO BEGIN WITH AND FURTHER DIAGNOSIS. CUST. DECLINED ANY FURTHER DIAGNOSIS.			
	6720	CH	70.00	70.00
B	FREE 28 POINT INSPECTION.			
	100 FERFORMED FREE 28 POINT CHECK OF VEHICLE.			
	99	CH	0.00	0.00

Thank You!

** PRE-INVOICE **

WORK PERFORMED ON THIS REPAIR ORDER IS WARRANTED FOR 12 MONTHS OR 12,000 MILES, WHICHEVER OCCURS FIRST. THE DEALER HEREBY LIMITS ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS TO THE SAME PERIOD.

ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS.

DESCRIPTION	TOTALS
LABOR AMOUNT	70.00
PARTS AMOUNT	0.00
GAS,OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	70.00
LESS INSURANCE	0.00
SALES TAX	5.78
PLEASE PAY THIS AMOUNT	75.78

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by non-availability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. My signature mechanic's lien is hereby acknowledged on said vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF

X _____

PAID 8-1-00

"ANY COMMENTS OR SUGGESTIONS PLEASE CALL CHRISTOPHER PRATO AT (718) 921-5500"

FOR YOUR CONVENIENCE SERVICE HOURS OF OPERATION ARE:
MONDAY - FRIDAY
7:30 AM - 6:00 PM
SATURDAY 8:00 AM - 2:00 PM

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE AND THAT SHOWN SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION (UNLESS OTHERWISE NOTED) THAT ANY PART REQUIRED OR REPLACED UNDER THIS CLAIM WAS INVOLVED IN ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM DATE OF PAYMENT AND NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

SIGNATURE _____ SERVICE MANAGER OR AUTHORIZED PERSON _____ DATE

CUSTOMER COPY

U.S. PATENTS REG. NO. 7082271 NYC * CATOC NO. TO21149

CUSTOMER SERVICE MGR [redacted] DATE 080700 165995

ADDRESS [redacted] CITY STATE/PROV. ZIP/POSTAL CODE HOME PHONE BUSINESS PHONE

YEAR	MAKE	MODEL	COLOR	VEHICLE IDENTIFICATION NUMBER (VIN)	LIC. PLATE NO./STATE	MILEAGE	TRANSMISSION TYPE
93	HYUNDAI	EXL	BLK	KMHVF10J0PU062738	1EL7-314	86606KM 176J	

WARRANTY/CLAIM INFORMATION	ORIGINAL CENTER	ORIGINAL RO	ORIGINAL MILES	ORIG DELIVERY DATE	HOW DID YOU HEAR ABOUT AAMCO?	PROD. DATE	ENGINE SIZE
							1.5 Litre

AAMCO TRANSMISSIONS
World's Largest Transmission Specialists

International Customer Service
ONE PRESIDENTIAL BLVD., BALA CYNWYD, PA 19004
Call toll-free: (800) 523-0402

Remit To:

 # 3521

HIGH TECH TRANS. INC.
REG #7072132
407 THIRD AVE
BROOKLYN NY 11215
7188524552
An independently owned and operated AAMCO Center

EXTERNAL DIAGNOSTIC SERVICE

External Diagnostic Service Authorization

I hereby authorize this AAMCO Center to perform an external diagnostic service at a cost of $ NC
AAMCO may operate this vehicle for purposes of testing, inspection and delivery at my risk.

[redacted] Telephone Authorization

Customer Description of Problem

NOT SHIFTING HOT

Vehicle Operating Information

When did you first notice the problem? JANUARY
At what other times do you notice the problem? DAILY HOT
Does it happen more often when hot or cold? HOT
Have you noticed any noises? or vibrations?
Has anyone worked on the transmission? YES ☐ NO ☑
Has the transmission fluid been changed? YES ☐ NO ☑

CONGRATULATIONS! *You've now joined the millions of motorists who have trusted AAMCO, the World's Largest Chain of Transmission Specialists.*

The service you authorized has been checked and double-checked by skilled AAMCO Center Technicians... Technicians who take pride in superior craftsmanship.

Your complete satisfaction is our top priority. So everything possible has been done to give you the very best service available anywhere.

Thank you for coming to this AAMCO Center. If any of your relatives or friends should find need for transmission service, we hope you'll recommend them to this or any of the hundreds of other AAMCO Centers throughout the United States and Canada.

To find the nearest AAMCO center, call
1-888-FIND-AAMCO
(1-888-346-3226)

or visit us at
www.aamco.com

Service Recommendation

☐ AAMCO may operate this vehicle for the purpose of testing and delivery at my risk. I understand that if a torque converter and/or hard parts are required, the cost will be in addition to the base price of $ 850 I have the right to authorize the additional cost, or to request reassembly and reinstallation of the unserviced transmission for a labor charge of $ 425 which includes the cost of disassembly and examination.

X 10-31-24 AUTHOR DATE/TIME/FROM 8-7-00 4:30pm

SERVICE	PRICE	AUTHORIZATION	DATE/TIME/FROM
☐ SAFEGUARD SERVICE	$	X	
☐ COMPUTER DIAGNOSTIC SERVICE	$	X	
☐ OTHER SERVICE (See Service Description below)	$	X	
☐ RESEAL SERVICE	$	X	
☐ RECONDITIONED SERVICE	$ 850	X DATE/TIME/FROM OC	
☐ HARD PARTS	$		
☐ TORQUE CONVERTER (ADDITIONAL COST, IF REQUIRED)	$ 345		
☐ 36 MONTH/50,000 MILES SERVICE AGREEMENT	$	X	
☐ LIFETIME SERVICE AGREEMENT	$	X	
TOTAL (All prices listed — tax additional)	$	X	

Service Description

E.D.S NC

F.T.A.

Center Remarks

Additional Information

Front Motor Mount Broken

MILEAGE IN _____ MILEAGE OUT _____

I acknowledge that I have purchased the service(s) and Options/Service Agreement initialed below, which is subject to a $50 deductible. The terms and conditions of the Options/Service Agreement are on the reverse.

12	36/50	L/T	SF	Other	L/T Upgrade	36/50 Upgrd

Customer's Initials

RO#	
Service Date	
TOTAL LABOR	
TOTAL PARTS	
SUBTOTAL	
TAX	
TOTAL	NC

PARTS SHOWN AS AN EXCHANGE ARE NOT RETURNABLE

Certification

This certifies that the transmission (or other automotive component) has been dismantled, reconditioned or rebuilt as necessary; all external and internal parts cleaned, all defective parts restored, cleaned or replaced as needed with new, rebuilt or sound used parts; and such machining or other procedures performed as necessary to place your transmission (or other automotive component) in sound working condition.

Authorized Signature

Completion Certificate

I acknowledge receipt of the vehicle and a copy of this Repair Order

Customer Signature

8/07/00
Delivery Date

YOU ARE ENTITLED TO RECEIVE A COPY OF OUR QUOTATION SHEET WHICH SETS FORTH THE COSTS OF THE SERVICE OR SERVICES WHICH WERE AVAILABLE TO YOU