
 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 758			
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 664855		<b>Date Received</b> 05-JAN-2001		<b>Od_o</b> _____ <b>r_dt</b> _____ <b>od_rt</b> _____ <b>up_itr</b> _____			
				<b>Reference No.</b> 877507			
		<b>Work Number</b>		<b>Home Number</b> [Redacted]			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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							
<b>Vehicle Ident. No. (VIN.)</b> (Located at bottom of windshield on driver's side) ADD		<b>Vehicle Mak</b> MERCURY	<b>Vehicle Mode</b> MYSTIQUE	<b>Vehicle Year</b> 1997	<b>Current Odometer Reading</b>		
<b>Purchase Date</b>	<b>Dealer's Name</b> _____		<b>Engine Siz</b> (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectic	<b>No Cylinders</b> _____		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____						
<b>Transmission Type</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<b>Antilock Brakes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Restraint System</b> <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag		<b>Cruise Control</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Drive Train</b> <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<b>Vehicle Type</b> <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<b>Body Style</b> <input type="checkbox"/> 2 Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION							
<b>Component</b> 03250000	<b>Part Name(s)</b> BRAKES:HYDRAULIC:ANTI-SKID SYSTEM		<b>Location</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		<b>Failed Part(s)</b> <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
<b>No of Failures</b>	<b>Date(s) of Failure(s)</b> 01-AUG-1998 <b>Mileage at Failure(s)</b> 28000 <b>Vehicle Speed at Failure(s)</b>		<b>Failed Part(s)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NHTSA Previously</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
APPLICATION INCIDENT INFORMATION							
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)							
<b>Crash</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Fire</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Number of Persons Injured</b>	<b>Number of Fatalities</b>	<b>Estimated Property Damag</b>	<b>Reported to Polic</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
RECALL 00V075000, REPAIRS PERFORMED, BUT BRAKE PROBLEMS PERSISTED. BRAKES LOCK UP, AND VEHICLE SLIDES FORWARD. DEALER REFUSES TO REPAIR FREE OFF CHARGE.*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><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 758</p>	
	<p>Date Received: 05 JAN 2001</p> <p>OFFICE DEFECTS INVESTIGATION</p>	<p>Od_or _____ rt_ct _____ od_rt _____ up_tr _____</p>	<p>Reference No. 877507</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted] 664855</p>		<p>Work Number [Redacted]</p>	<p>Home Number [Redacted]</p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of your name and address to the vehicle manufacturer.  
 Signature of Owner: [Redacted] Date: 1/20/01

<p><b>VEHICLE INFORMATION</b></p>				
<p>Vehicle Ident. No. (VIN) <u>1MELM6538VK69063</u> <small>(Located at bottom of windshield or driver's side)</small></p>	<p>Vehicle Make <u>MERCURY</u></p>	<p>Vehicle Model <u>MYSTIQUE</u></p>	<p>Vehicle Year <u>1997</u></p>	<p>Current Odometer Reading <u>28965</u></p>
<p>Purchase Date <u>5-12-99</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name <u>T.E. CLARK Ford INC.</u> City <u>HUDSON</u> State <u>OH</u> Zip Code <u>44236</u></p>		<p>Engine Size (CID/OOL) _____</p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Body Style <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>		

<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>			
<p>Component <u>03260000</u></p>	<p>Part Name(s) <u>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</u></p>	<p>Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear</p>	<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures _____</p>	<p>Date(s) of Failure(s) <u>01-AUG-1998</u> Mileage at Failure(s) <u>28900</u> Vehicle Speed at Failure(s) <u>20</u></p>	<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured _____</p>	<p>Number of Fatalities _____</p>	<p>Estimated Property Damage: _____</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

**RECALL 00V075000, REPAIRS PERFORMED, BUT BRAKE PROBLEMS PERSISTED. BRAKES LOCK UP, AND VEHICLE SLIDES FORWARD. DEALER REFUSES TO REPAIR FREE OFF CHARGE.\*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 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)

The Car is not Stopping when coming to A  
Stop. There was A recall on the brakes and Ford  
Motor Company said they fixed the car but  
the same thing is happening again after I took  
my car to them to have it repaired. He said  
nothing ~~is~~ wrong with The Brake.

☆ U.S. G.P.O.: 1982-02-87/0000

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



# Mercury

Ford Motor Company  
P.O. Box 1934  
Dearborn, Michigan 48121-1934  
1-800-392-3673  
[www.ownersconnection.com](http://www.ownersconnection.com)

1997 Mystique  
Vehicle ID #: 1MELM6538VK609063 00S03

April, 2000

T E CLARKE FORD, INC.  
5715 DARROW RD  
HUDSON, OH 44236-4015



This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Ford Motor Company has decided that a defect that relates to motor vehicle safety exists in certain 1996 through 1998 Model Year Ford Contour and Mercury Mystique vehicles.

**What the safety issue is...**

In some of the affected vehicles, one or both of the brake Pressure Control Reducing Valves (PCRV) may malfunction due to corrosion. If both PCRVs malfunction, both rear wheels may lockup when braking, potentially resulting in loss of control.

**What Ford Motor Company and your dealer will do...**

Ford Motor Company will repair your Ford Contour or Mercury Mystique free of charge (parts and labor). Dealers will replace both PCRVs on your vehicle with redesigned PCRVs.

**How long will it take?**

The time needed for this repair is less than one-half day. However, due to service scheduling requirements, your dealer may need your vehicle for a longer period of time.

**What we are asking you to do...**

Call your dealer without delay. Ask for a service date and whether parts are in stock for Safety Recall 00S03.

If your dealer does not have the parts in stock, they can be ordered before scheduling your service date. Parts are expected to arrive within a week after ordering.

When you bring your vehicle in, show the dealer this letter. If you misplace this letter, your dealer will still do the work, free of charge.

**If you've already paid for this service...**

If you paid to have this service done before the date of this letter, Ford is offering a full refund. For the refund, please give your paid original receipt to your Ford or Lincoln Mercury dealer. To avoid delays, do not send receipts to Ford Motor Company.

*Please call (330) 342-7088 or 1-800-448-5425  
to make an appt.*

**If you've changed address or sold the vehicle...**

Please fill out the enclosed prepaid postcard and mail it to us if you have changed address or sold the vehicle.

**If you have concerns...**

If you have trouble getting your vehicle repaired promptly and without charge, please contact the Ford Motor Company Customer Assistance Center and one of our representatives will be happy to assist you:

CALL: (800) 392-3673  
(800) 232-5952 (TDD for the Hearing Impaired)

Office Hours: (Eastern Standard Time)

Monday-Friday: 8am - 11pm  
Saturday: 9am - 6pm

OR

E-mail: [www.ownerconnection.com](http://www.ownerconnection.com)  
Current E-mail response time is three business days.

You also may send a complaint to the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street, S.W., Washington, D.C. 20590 or call the toll free Auto Safety Hotline 1-800-424-9393 (Washington, D.C. area residents may call 1-202-366-0123).

**Quality Care service is there for you all year round.**

**QualityCare**  
at your service

Quality Care is the commitment of Ford Motor Company and its dealerships to provide you with a superior service and ownership experience. While we regret the inconvenience caused by this program, we stand committed with our dealers to assist you with all of your automotive service needs. With our nationwide dealer network, we're here to ensure you receive Quality Care service so that your vehicle maintains peak performance throughout your ownership experience.

We pride ourselves on becoming the world's largest leading consumer company for automotive products and services. Again, we are sorry for the inconvenience. Thank you for your attention to this important matter.

Sincerely,



Ann O'Neil  
Director  
Vehicle Service and Programs

WORK ORDER  
 008702  
 12/23/2000

FIRESTONE TIRE & SERVICE CENTERS  
 5117 WILSON MILLS RD  
 CLEVELAND, OH. 44143

SERVICE ADVISOR  
 01 DM  
 440.461.4747

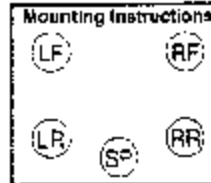
1997 MERCURY MYSTIQUE [BLUE]  
 LIC # VIN #  
 IN 12/23/00 12:03P EST. MILEAGE 20,000  
 DUE: 03:00PM 12/23 Waiting APPT: No

GROUP 1: 010000

INITIAL ESTIMATE

Description	Article Number	TH	Qty	Part	Labor	Extended Price	Job Total
<b>MASTERCARE STANDARD OIL CHANGE - UP TO 5 QUARTS</b>							
Oil Filter	Catalog		1	3.99		3.99	
(QUART)	7017515		5	1.50		7.50	
OIL CHANGE LABOR	037029718		1		7.50	7.50	
FILTER DISPOSAL FEE	7075051		1	2.00		2.00	
<b>FIRESTONE TIRE PACKAGE</b>							
FR360 TUBELPS 18570R14	020532		4	39.50		158.00	227.96
OHIO DISPOSAL FEE	7004301		4	0.50		2.00	
WHEEL BALANCE WEIGHT	7018708		4	1.99		7.96	
WHEEL BALANCE LABOR	007018716		4		6.00	24.00	
RUBBER VALVE STEM	7015040		4	2.00		8.00	
ROAD HAZARD WARRANTY	7040215		4	5.00		20.00	
DISPOSAL FEE	7075078		4	2.00		8.00	
TIRE INSTALLATION	007015016		4		N/C	N/C	
<b>COMPLETE VEHICLE INSPECTION</b>							
SYMPTOM:							
VEHICLE INSPECTION	007020789		1		14.99	14.99	0.00
DISCOUNT MISC. DISCOUNT FOR VEHICLE INSPECTION	007001671		-1		14.99	-14.99	
<b>ALIGNMENT CHECK</b>							
SYMPTOM:							
JUST HAD NEW TIRES PUT ON.							
ALIGNMENT CHECK	007015342		1		19.99	19.99	0.00
DISCOUNT ALIGN NO CHARGE ALIGNMENT CHECK WITH NEW TIRE PURCHASE	007001601		-1		19.99	-19.99	

Flat rate charged per internal & Mitchell labor manuals  
 Time In: 12:03PM 12/23/2000 Parts Return: No  
 Cust Status: Waiting Appt: No Pay Type: Unspecified  
 Hub Cap Locks:  
 Tire Sizes F/R: 185/70R14 185/70R14  
 PSI F/R: 35 / 35  
 Lug Nut Torque F/R: 80 / 80



Summary	
Parts	217.45
Labor	31.50
ShopSupply	0.83
Sub	249.78
Tax	17.43
<b>Total</b>	<b>267.21</b>

ACKNOWLEDGE THAT I HAVE REVIEWED THIS ESTIMATE OF REPAIR AND SERVICE WORK I HEREBY AUTHORIZE THE ABOVE WORK TO BE DONE, INCLUDING THE INDICATED PARTS AND LABOR, AND PROMISE TO PAY FOR ALL SUCH WORK. I GRANT PERMISSION TO OPERATE THE REFERENCED CAR, TRUCK, OR VEHICLE ON STREETS, HIGHWAYS, OR ELSEWHERE FOR THE PURPOSE OF INSPECTION AND/OR TESTING. I UNDERSTAND THAT ALL CLAIMS MUST BE ACCOMPANIED BY AN INVOICE. I UNDERSTAND IF ADDITIONAL WORK IS REQUIRED, YOU WILL OBTAIN MY VERBAL OR WRITTEN AUTHORIZATION BEFORE ANY ADDITIONAL WORK IS BEGUN, UNLESS OTHERWISE SPECIFIED ON THIS ESTIMATE.

CUSTOMER SIGNATURE

ESTIMATE

ESTIMATE IF THE EXPECTED COST OF REPAIRS OR SERVICES WILL BE MORE THAN

\_\_\_\_\_  
 Oral Estimate

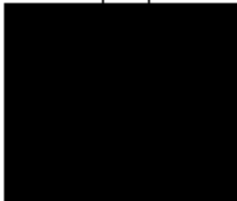
\_\_\_\_\_  
 No Estimate



5715 Darrow Rd. • Hudson, OH 44236  
(216) 855-2121 • Service (216) 342-1087

Mon.-Thurs. 8:00-8:00  
Tues. Wed. Fri. 8:00-5:00  
Vehicle Pick-up/Drop off until 7:00 pm  
Sat. 8:00-5:00

5415619

Name  SNK. No. PBX5336 New Used XXXX  
 Year 97 Make MYSTIQUE  
 State OH Zip 44110 Model MERC  
 Serial No. JMELM6538VK609063

226868 Salesman WEBER, ROBERT E Del. Date 12 JUN 1999


Has Clarke Ford agreed to provide any equipment and/or service to the above described car that has not been received at time of delivery?

NO  YES Please list in detail FI MANAGER  
 WE OWE *Nothing*

Have YOU agreed to provide any documents, equipment, or money that have NOT been received at the time of delivery?

NO YES Please list in detail  
 YOU OWE *Nothing*

THIS DELIVERY REPORT MUST BE PRESENTED AT TIME OF WORK REQUEST within 30 days of the above date and be properly signed by a manager of Clarke Ford. Please call our Service Department to verify appointment for above work.

Customer's Acceptance  Sales Manager *[Signature]* SLS 00-016 94

# TEMPORARY TAG REGISTRATION APPLICATION

QU292012

TO: [REDACTED] FROM: [REDACTED]

REGISTRATION FEE: \$4.25

SALES TAX: [REDACTED]

APPLICANT: [REDACTED]

ADDRESS: [REDACTED]

DATE: [REDACTED]

NOTE: Applicant hereby certifies that the information is subject to provisions (Sec. 2901.13 O.P.C.) of the Ohio Revised Code and must be signed by owner(s).

COMPLETION OF THIS FORM IS REQUIRED TO OBTAIN REGISTRATION AND MUST BE REPORTED TO THE BUREAU WITHIN 48 HOURS OF SALE O.H.C. 4503.182.

PROOF OF FINANCIAL RESPONSIBILITY (INSURANCE OR OTHER PROOF OF FINANCIAL RESPONSIBILITY) COVERING THIS VEHICLE AND WILL NOT BE REQUIRED IF THE APPLICANT PROVIDES A COPY OF THE FINANCIAL RESPONSIBILITY NOTICE PRINTED ON THE REVERSE OF THIS APPLICATION.

DATE: JUN 12 1999

IMPORTANT - GREEN COPY OF APPLICATION TO SERVE AS REGISTRATION CARD AND MUST BE IN POSSESSION OF OPERATOR OF VEHICLE DURING TEMPORARY TAG. TEMPORARY TAG EXPIRES 30 DAYS FROM DATE OF ISSUANCE AND SHOULD BE DESTROYED BY PURCHASER.

Distribution: Original - BMV - Temporary Tag Section      Credit Copy - Customer      Filed Copy - Dealer

ANNR 1997

FRX5336

CUSTOMER'S NAME

STOCK NO.

**ODOMETER DISCLOSURE STATEMENT**

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, T. CLARKE FORD INC (transferor's name, Print)  
(SELLER) 15986

state that the odometer now reads \_\_\_\_\_ (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

- (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
- (2) I hereby certify that the odometer reading is **NOT** the actual mileage.

**WARNING - ODOMETER DISCREPANCY.**

MAKE MERCURY	MODEL MYSTIQUE	BODY TYPE 4 DOOR
VEHICLE IDENTIFICATION NUMBER 1P3E3N0538VK009100		YEAR 1997
TRANSFEROR'S SIGNATURE (SELLER) <i>David Bussan</i> T. CLARKE FORD INC		
PRINTED NAME D. B. BARRON, JR.		
TRANSFEROR'S ADDRESS (STREET) (SELLER) RUGGON, OH		44236
CITY: RUGGON, OH	STATE	ZIP CODE

DATE		
BUYER'S SIGNATURE		
PRINTED NAME		
ADDRESS (STREET)		
CITY	STATE	ZIP CODE

CUSTOMER NAME: [REDACTED] FIRST: [REDACTED] LAST: [REDACTED] PHONE: [REDACTED]  
 ADDRESS: [REDACTED] CITY: CLEVELAND STATE: OH ZIP: 44110  
 NEW  USED  MILEAGE: 15986  
 MAKE: HUSTIQUE  
 MODEL: [REDACTED]  
 FROM: E CLARKE FORD INC DATE OF PURCHASE: 12 JUN 1989  
 MO. FINANCED: [REDACTED] EXTENDED WARRANTY YES  NO   
 DATE: 06/12/99  
 STOCK NUMBER: PBX5336  
 OPTIONAL BIRTH DATE: 14 MAR 1983

SPECTRUM SERVICES • P.O. BOX 620340 • ATLANTA, GA 30362

**FULL CIRCLE<sup>SM</sup>  
PROGRAM REGISTRATION**

CUSTOMER RECEIPT

SPECTRUM SERVICES, INC. REV 3/88

CUSTOMER COPY

FORM NO. 20C-887





**T.E. CLARKE FORD, INC.**

5715 Darrow Road - P.O. Box 2520  
HUDSON, OHIO 44226-0520

Hudson-Alton  
(330) 855-2121

Cleveland  
(330) 855-3830



AMOUNT	PAID BY	COMMENT
1,000.00	CHECK	STK#PBX334 DP

134190

TOTAL RECEIVED: \$1,000.00

DATE-TIME: 11/19/75 11:00 AM

CASHIER: [REDACTED]

RECEIVED BY: [REDACTED]

CASH DRAWN: [REDACTED]



5415619

CO	JOURNAL	CO	ACCOUNT	AMOUNT	CONTROL	DATE-TIME
1	56	1	10100	1,000.00		
		1	11100	-1,000.00	5415619	

CASH RECEIPT

# CLARKE Automotive Group

## Optional Credit Insurance

**WARNING:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Credit life or credit accident and health insurance is protection for both the buyer and seller.

You are entitled to a copy of the policy or certificate of insurance within thirty days after credit is extended.

You **ARE NOT** required to buy credit life insurance or credit accident and health insurance from any particular company or agent. You may use existing policies if insurance is required as additional security.

If you buy credit life insurance, the proceeds will be used to reduce or pay off your unpaid loan or indebtedness when you die. Any insurance proceeds in excess of the amount required to pay off the loan will be paid to your beneficiary or estate.

**READ** your policy or certificate **CAREFULLY** for what the policy **DOES NOT** cover. For example, some policies do not pay disability benefits unless you are disabled for 14 or 30 days or if you have a pre-existing condition. Some policies will not provide coverage if you are over age 65. See the policy for details on these.

You may not be eligible for credit accident and health insurance unless you now work at least thirty hours per week.

The customer, debtor or lessee shall use this mandated disclosure form and shall initial the appropriate boxes below.

By initialing below, the customer, debtor or lessee acknowledges that he has accepted or declined credit life or credit accident and health insurance.

DEBTOR

CO-DEBTOR

*Accepts Credit Life Insurance*

*Declines Credit Life Insurance*

*Accepts Credit Accident and Health Insurance*

*Declines Credit Accident and Health Insurance*

It is the intent of this form that the disclosures are easily seen.

There shall be nothing else on this page.



5415619

372071

# T.E. CLARKE-FORD, INC.

5715 Darrow Road  
HUDSON, OHIO 44236

\*INVOICE\*

PHONE: Hudson-Akron 342-1087

PHONE: Cleveland 656-3939  
1-800-448-5425

PAGE 1

SERVICE ADVISOR: 1923 SCOTT KEENER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
BLUE	97	MERCURY MYSTIQUE	1MELM6S38VK609063		29050/29050	T397	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PG NO	RATE	PAYMENT	INV. DATE
12JUN1999			WAIT 12JAN01		72.00	CASH	12JAN2001
R.O. OPENED	READY	OPTIONS: STK:PBX5336 DLR:02257 ENG:2.0 Liter_EFI_DOHC					
09:47 12JAN01	10:44 12JAN01						

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A BRAKE INSPECTION, ALL FOUR WHEELS, CAR DOES NOT WANT TO STOP WHEN WET OR SNOW OUTSIDE, BRAKES FREEZE UP SOMETIMES, CUST STATES THAT SHE BELIVES THIS HAS SOMETHING TO DO WITH REGALL 00S03 PERFORMED AT OTHER DEALER. CUST FEELS CAR IS NOT SAFE TO DRIVE, CHECK AND ADVISE

NL NO LABOR

9999 HOUSE TECH LIC: 0.00 (N/C)

ISP 0.00

INSPECTED BRAKING SYSTEM AND ROAD TEST WITH CUSTOMER. BRAKE SYSTEM IS OPERATING PROPERLY VEHICLE IS NOT EQUIPED WITH ANTI LOCK BRAKES

\*\*\*\*\*THANK YOU !!\*\*\*\*\*

ALL OF US AT CLARKE FORD WELCOME THE CHANCE TO SERVE YOU. WE KNOW THAT YOU CAN CHOOSE ANY OTHER VEHICLE AND WE ARE PROUD THAT YOU CHOSE US. FORD MAY SEND YOU A LETTER TO VISIT HERE TODAY. WE TRUST YOU HAVE BEEN EXCELLENT FROM YOU!!!!!!

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (3) YEAR FROM THE DATE OF PAYMENT. NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER  
The factory warranty constitutes all of the warranties with respect to the sale of this item. The dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller is neither a insurer nor assumes any other person to assume liability in connection with the sale of this merchandise.

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
DEDUCTIBLE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS DISCOUNTS	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER SIGNATURE

CUSTOMER COPY

